POPULATION HEALTH: A FOUNDATION FOR NURSING ACTION

Julie A. Willems Van Dijk RN, PhD
Associate Scientist, University of WI Population Health Institute
Co-Director, County Health Rankings & Roadmaps
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TODAY’S OUTLINE

‣ Population Health Principles
‣ Why Population Health Now?
‣ Opportunities for Action
‣ Recommendations
TODAY’S THREE KEY MESSAGES

› There are many factors beyond health care services that drive how long and how well we live.

› Because of nursing’s focus as relational, holistic practitioners, we stand in a perfect place to influence those factors on an individual and population level.

› Nurses’ influence on population health can happen at an individual, aggregate, institutional, community, or policy level.
POPULATION HEALTH PRINCIPLES
EVANS & STODDART MULTIPLE DETERMINANTS OF HEALTH, 1994

Producing Health, Consuming Health Care. *Social Science Medicine, 31, 1347-1363.*
We propose that the definition [of population health] be “the health outcomes of a group of individuals, including the distribution of such outcomes within the group,” and we argue that the field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two.

KINDIG & STODDART, 2003

WHY POPULATION HEALTH NOW?

THE MORTALITY GAP

Out of these 17 countries, the U.S. finished dead last (or perhaps “dead first”!) in nearly every category.†

DEATHS
from Disease & Injury
per 100,000 people
2008
505

INFANT MORTALITY
per 1,000 live births
2005-2009
6.7

LIFE EXPECTANCY
In Years at birth
2007
75.64 80.78


Healthy People 2020
*A society in which all people live long, healthy lives*

**Overarching Goals:**
- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

[www.healthypeople.gov](http://www.healthypeople.gov)
Triple Aim, Institute for Healthcare Improvement
www.ihi.org
Additional Requirements For Charitable Hospitals: Final Rules On Community Health Needs Assessments And Financial Assistance

Sara Rosenbaum
January 23, 2015

WHO IS THE POPULATION?

HealthCare

Community Health

2015 Health Outcomes - Maryland

Rank 1-6  Rank 7-12  Rank 13-18  Rank 19-24
SOCIAL ECOLOGICAL MODEL

(McLEROY, BIBEAU, STECKLER, & GLANZ, 1988)

Public Policy
national, state, local
laws and regulations

Community
relationships between
organizations

Organizational
organizations, social institutions

Interpersonal
families, friends, social networks

Individual
Knowledge, attitudes, skills
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<th><strong>Tobacco</strong></th>
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| **Individual** | Smoking as the 5<sup>th</sup> Vital Sign  
Smoking Cessation Counseling |
| **Family/Interpersonal** | Smoke-free homes  
Attending smoking cessation classes with family members |
| **Institutional** | Smoke-free hospital campuses  
Health insurance coverage for nicotine replacement and smoking cessation services |
| **Community** | School-based tobacco education and advocacy (e.g. Teens Against Tobacco Use [TATU])  
Enforcing tobacco laws |
| **Policy** | Increasing tobacco taxes  
Smoke-free worksite laws |
INDIVIDUALS
**The Overlooked Connection Between Social Needs and Good Health**

**4 in 5 Physicians Surveyed**

- **Social Needs** vs **Medical Conditions**
  - 4 in 5 Physicians surveyed say patients' social needs are as important to address as their medical conditions.

- **4 in 5 Physicians** surveyed are not confident in their capacity to address their patients' social needs.

- **Unmet Social Needs** → **Poor Health**
  - 4 in 5 Physicians surveyed say unmet social needs are directly leading to worse health for everyone, not only for those in low-income communities.
Physicians wish they could write prescriptions to help patients with social needs.

- Fitness Program: 75%
- Nutritional Food: 64%
- Transportation Assistance: 47%

Physicians whose patients are mostly urban and low-income wish they could write prescriptions for:

- Employment Assistance: 52%
- Adult Education: 49%
- Housing Assistance: 43%
American Academy of Nursing Calls for Collective Action to Include Social and Behavioral Determinants of Health in the Electronic Health Record

Academy Releases Policy Brief Identifying Action Items for Health Care Industry

Washington, D.C. (September 14, 2015) – The American Academy of Nursing has released a policy brief that endorses the capturing of social and behavioral determinants of health in the electronic health record (EHR). The policy brief identifies several recommendations for health care industry leaders to foster standardization and promote interoperability.

The policy brief is published in the September/October issue of the Academy’s journal, Nursing Outlook.

“There is strong evidence that social and behavioral factors influence health; however, they may not be addressed in clinical care for shared decision-making. It is imperative that all stakeholders in health care collaborate to include this information in electronic records, including EHR vendors, health systems, providers and funders,” said Academy CEO, Cheryl Sullivan.
AGGREGATE GROUPS
Figure 1: Steps to Population Health

1) Define Target Population
2) Define Benchmark Spend and Quality Metrics
3) Identify Priority Population Segments
4) Analyze Variation
5) Define Interventions & Goals
6) Implement Interventions
7) Monitor Results & Refine
INSTITUTIONAL
Community Health Needs Assessment

- Requirement for not-for-profit hospitals—foundation for tax reporting via Form 990
- Assessments are also done by Federally Qualified Health Centers, Public Health Departments, and other community-based agencies
DRAFT Health Driver Diagram (High Level)

Key Outcome

- Improved Health (As Measured by a Summary Measure of Health)
  - Health Care
    - Healthy Lifestyles
    - Preventive Services
    - Acute Care
    - Chronic Disease
    - End of Life
    - Cross Cutting Issues
  - Health Behaviors
    - Tobacco Non-use
    - Activity
    - Diet/Nutrition
    - Appropriate Alcohol Use
  - Socio-economic Factors
    - Advocacy
    - Other Community Projects
  - Environmental Factors
    - Advocacy
    - Other Community Projects

Primary Drivers

- Central to our Mission and Capabilities, High Control
- Central to our Mission & Shared Capabilities, & Control
- Aligned with our Mission & Limited Capabilities & Control
COMMUNITY/POLICY
DURHAM COUNTY, NC
WWW.RWJF.ORG/PRIZE

The Durham Way

Once the heart of America’s tobacco and textile production, Durham County, N.C., is now home to burgeoning biotechnology and medical sectors. Unfortunately for many residents of the “City of Medicine,” the changing landscape has not translated to better health outcomes. For decades, Durham County has struggled to overcome both racial and socioeconomic inequities and the community continues to face high rates of obesity, heart disease, diabetes, sexually transmitted diseases, increasing unemployment, high poverty and low high school graduation rates.

RECOMMENDATIONS

- Because interprofessional collaborative practice is critical to effective population health, continue to support the recommendations of NACNEP’s 13th report to Congress

- Enhance interprofessional education with the principles of population health

- Require the collection of social and behavioral data as part of all nursing admissions (per the American Academy of Nursing Policy Brief 9/14/15)

- Require nursing representation on Community Health Needs Assessment leadership teams
Julie Willems Van Dijk, RN, PhD
Associate Scientist
Co-Director, County Health Rankings & Roadmaps
University of Wisconsin Population Health Institute
608-263-6731
willemsvandi@wisc.edu