COMMUNITY BENEFIT AND POPULATION HEALTH MANAGEMENT

As the health care system implements health reform, shifting focus to value over volume of service and elevating the importance of population health, the Catholic health ministry has new opportunities for improving health in our communities.

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Two important developments are emerging from health reform:

- The formation of population health management programs in which some health care organizations are assuming risk for the health and health care costs of an enrolled population
- The evolution of traditional and targeted community benefit programs into comprehensive strategies for improving community health

These two developments can build on and support each other, if they are integrated and aligned. Working together, they can demonstrate significant commitment to population health, a tradition begun more than 100 years ago when our ministries were established in response to community need.

DETERMINANTS

Addressing the determinants of health is a key way community benefit and population health can work together. Public health experts agree that a population's health reflects the influence of much more than its health care services. Health determinants include:

- Economics: financial well-being, employment, housing stability
- The physical environment: neighborhood conditions, housing quality, access to food, environmental hazards such as pollution
- Social factors: family structures, education, civic participation and violence
- Health behaviors: tobacco, drug and alcohol use, diet and exercise

Population health management programs emphasize treating and managing the care of enrolled persons. Although they cannot address the economic, environmental and social determinants of health and many health behaviors that are rooted in community norms, they are well aware that their enrollees are significantly affected by these factors, especially persons who are at risk because of poverty and other factors. But population health management programs can provide clinical data, expertise and innovative thinking to community health improvement efforts that attempt to deal with these issues.

Community benefit programs and their partners, on the other hand, can address determinants of health beyond the capacity of population health management programs. They often work in coalition with public agencies and community organizations on issues such as poverty, violence and homelessness. Public health agencies, faith-based organizations, schools and others can work with community benefit programs to take a comprehensive approach to changing community norms and behaviors. Successful results will benefit everyone in the community, including enrolled populations.

ALIGNMENT

Here are some suggestions for aligning population health management and community benefit:

Build on access initiatives. Access to health care is a priority for most community benefit programs, and population health management programs are more likely to succeed when more persons are insured. In recent years, community benefit programs have expanded their enrollment strategies for uninsured and underinsured persons, helping them to participate in Medicaid, child health insurance, other insurance plans and

their organizations' financial assistance programs.

Coordinate prevention and health promotion programs. Population health management and community benefit programs can share strategies related to prevention and improving health behaviors. Community benefit programs often offer health screening programs, and they also may have expertise and connections for addressing tobacco, alcohol and other drug use, unhealthy eating, inactive lifestyles and other risky behaviors.

Share relationships. Building on community relationships that community benefit programs have established, population health management programs can refer patients to community-based programs and contribute to community-wide coalitions, contributing staff time and expertise and offering technical assistance.

Address determinants of health. Community benefit programs and their community partners can work on improving many determinants of health, such as reducing violence, developing low-income housing, supporting economic development in distressed communities and working to change community attitudes and practices related to health behaviors.

Exchange and use information for community health needs assessments. Population health management programs can use the findings from community benefit programs' community health needs assessments and contribute information from their own data sources and analyses.

Community benefit programs work with public agencies and community organizations to assess and address community health needs and to identify community assets. Community relationships formed during needs and assets assessments can help population health management programs develop strategies for coordinating the care of their members by identifying community resources for their participants.

Catholic health care organizations can seize the opportunity in the current health reform environment to build on their foundational values and ministry tradition by aligning population health management and community benefit efforts. This will require using the experience and expertise of each, working with public health agencies and other community partners, giving attention to the determinants of health and developing new population health strategies.

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PARTNERING FOR COMMUNITY BENEFIT

Some examples of collaboration between community benefit and population health management programs:

- To manage care of its patients under a new global budgeting system, the Holy Cross Hospital (Silver Spring, Md.) Health Network builds on its community benefit strategy by utilizing community health workers and working with senior housing programs and other community organizations to address needs of at-risk patients close to their homes.

- For more than 20 years, Bon Secours Hospital in Baltimore and its partners have worked to reduce poverty and improve the environment in its troubled community. This partnership and work has served as the grounding for a pilot demonstration, "Health Enterprise Zone," a capitated system for cardiovascular health.

- The Baton Rouge, La., community health needs assessment (CHNA), conducted as a partnership among Our Lady of the Lake Hospital and multiple public and private partners, found childhood obesity to be a significant health problem. As the hospital's population health management program addresses obesity issues among its enrollees, it refers them to programs that were developed in response to findings in the CHNA.

- Many of Dignity Health's (based in San Francisco) community benefit programs have addressed chronic disease needs of vulnerable members of its communities by partnering with the Stanford University Chronic Disease Self-Management Program. As local Dignity organizations take on financial and clinical risk of patients, they are referring persons with chronic disease to this program.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

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Reprinted from *Health Progress*, January - February 2015