

# Reclaiming Our Space

Strategies for improving collaboration between public health and primary care



de Beaumont  
FOUNDATION

# Contact Information

**Brian C. Castrucci**

**Chief Program and Strategy Officer**

 **Castrucci@debeaumont.org**

 **@BrianCCastrucci**

**de Beaumont Foundation**

**www.debeaumont.org**

 **@deBeaumontFndtn**



**de Beaumont**  
FOUNDATION

# About the Foundation

[www.deBeaumont.org](http://www.deBeaumont.org)

- We believe in a strong governmental public health system
- Strategies
  - Strengthening the workforce
  - Connecting public health with key partners
  - Elevating the profile of public health
- National, domestic funder
- Bethesda, Maryland

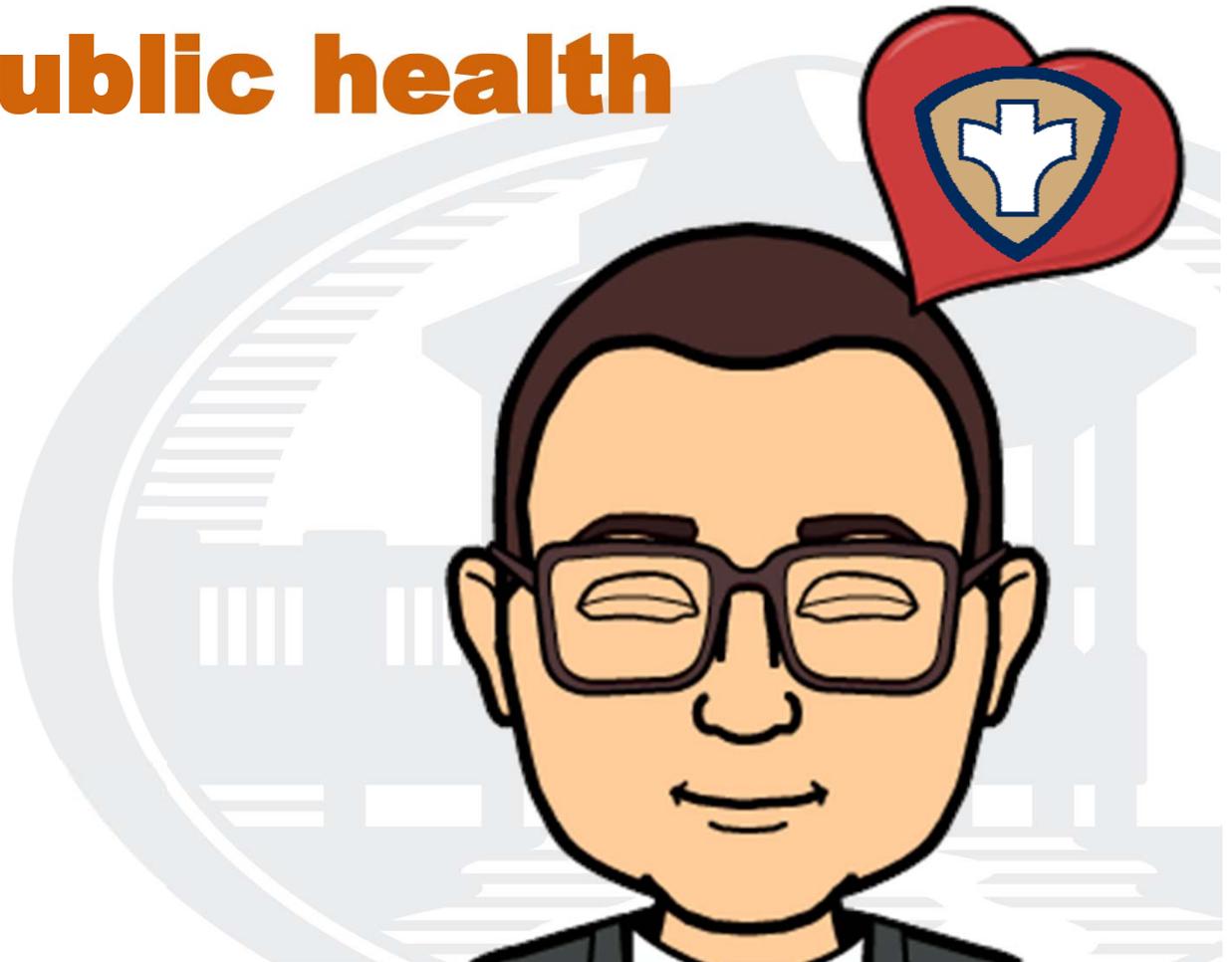
# Why Am I Here Today?



de Beaumont  
FOUNDATION

# Why I'm Here Today

## 1. I love public health



I'M AS MAD  
AS HELL...



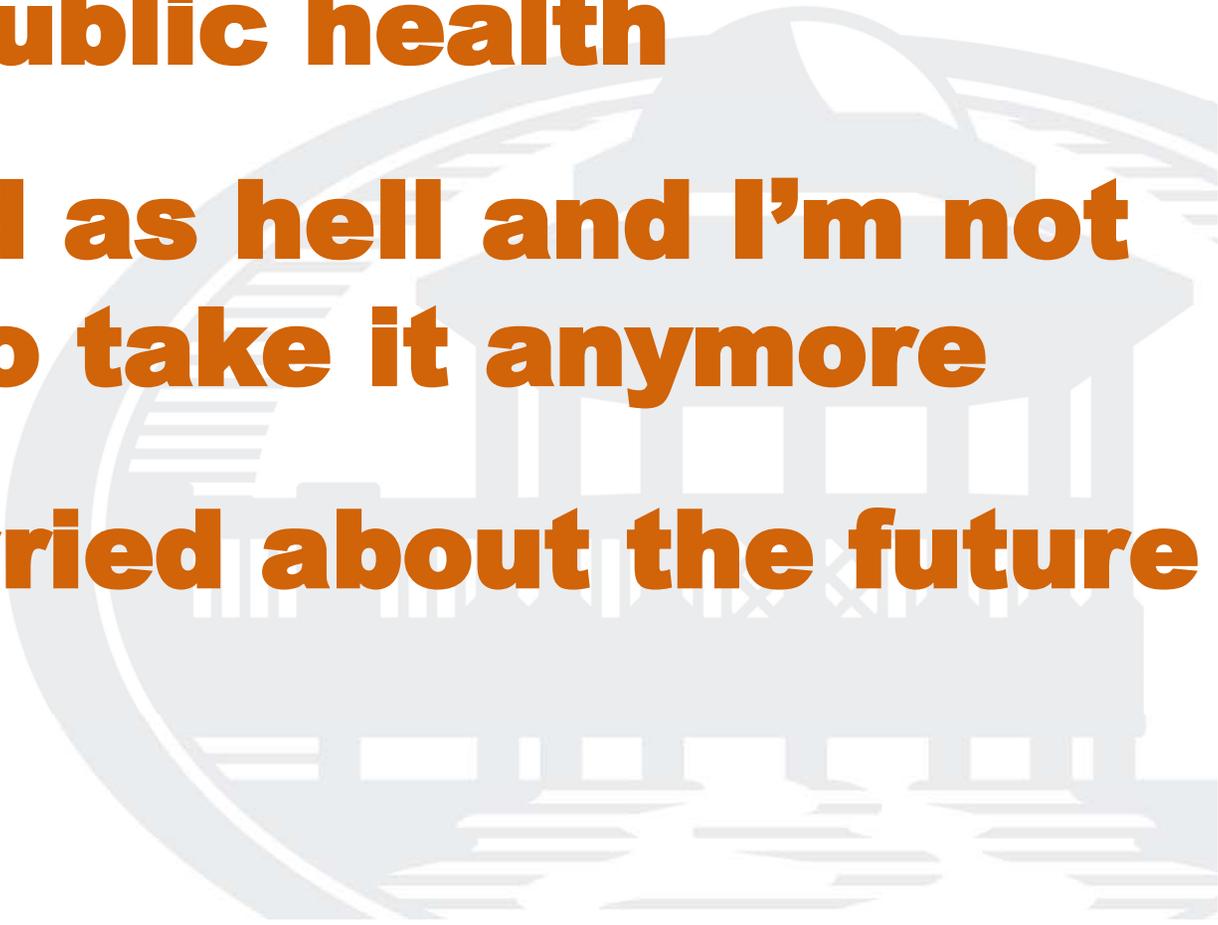
...AND I'M **NOT**  
GOING TO TAKE THIS  
ANYMORE!

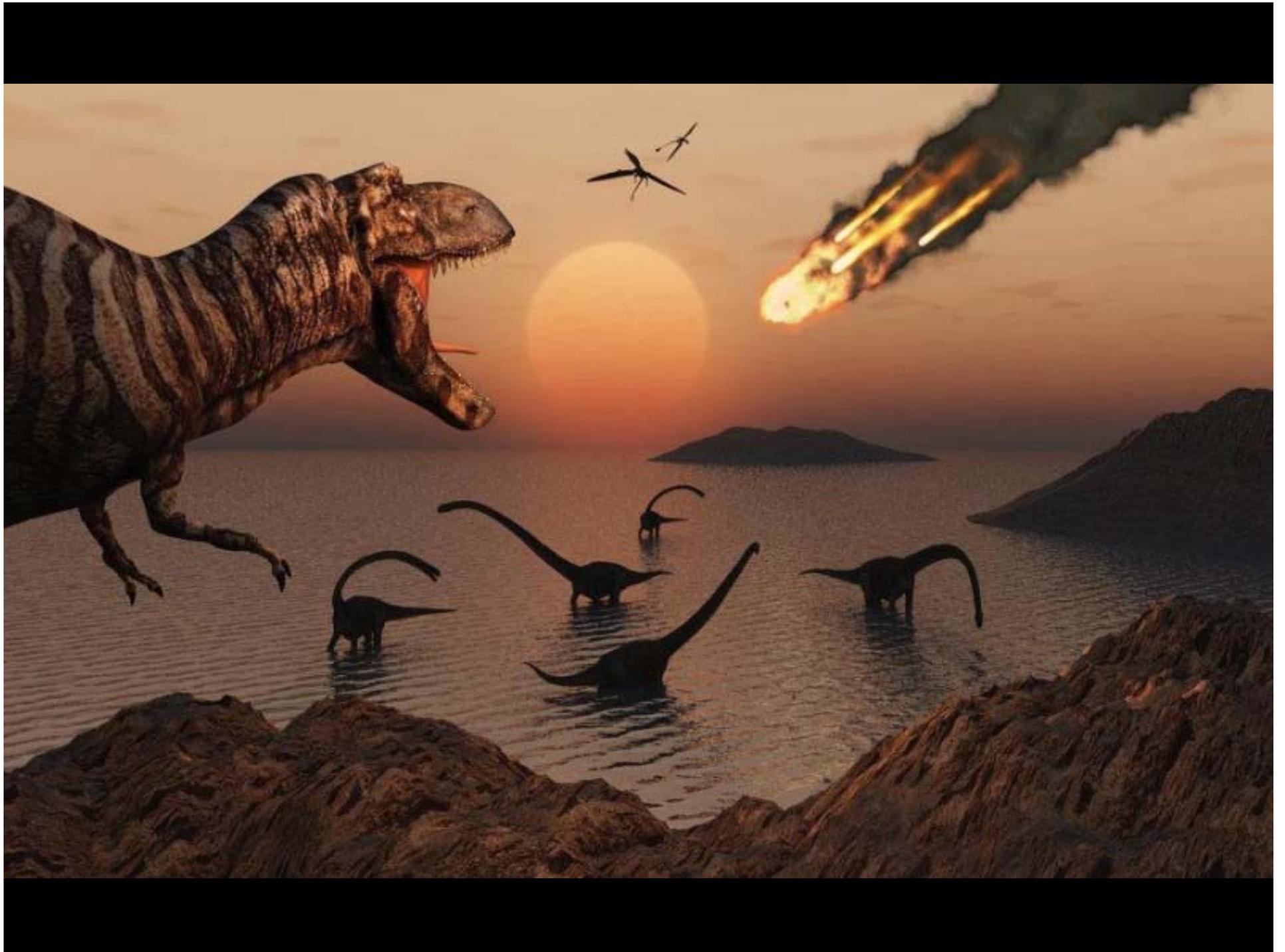
# Why I'm Here Today

- 1. I love public health**
- 2. I'm mad as hell and I'm not going to take it anymore**



# Why I'm Here Today

- 1. I love public health**
  - 2. I'm mad as hell and I'm not going to take it anymore**
  - 3. I'm worried about the future**
- 



# Learning Objectives/Goals

- Laugh a little
- Learn something
- Think a bunch
- You don't have to agree



# Learning Objectives/Goals

- Laugh a little
- Learn something
- Think a bunch
- You don't have to agree

**“He’s a decent family man [and] citizen that I just happen to have disagreements with on fundamental issues...”**

# Framing the Problem



de Beaumont  
FOUNDATION

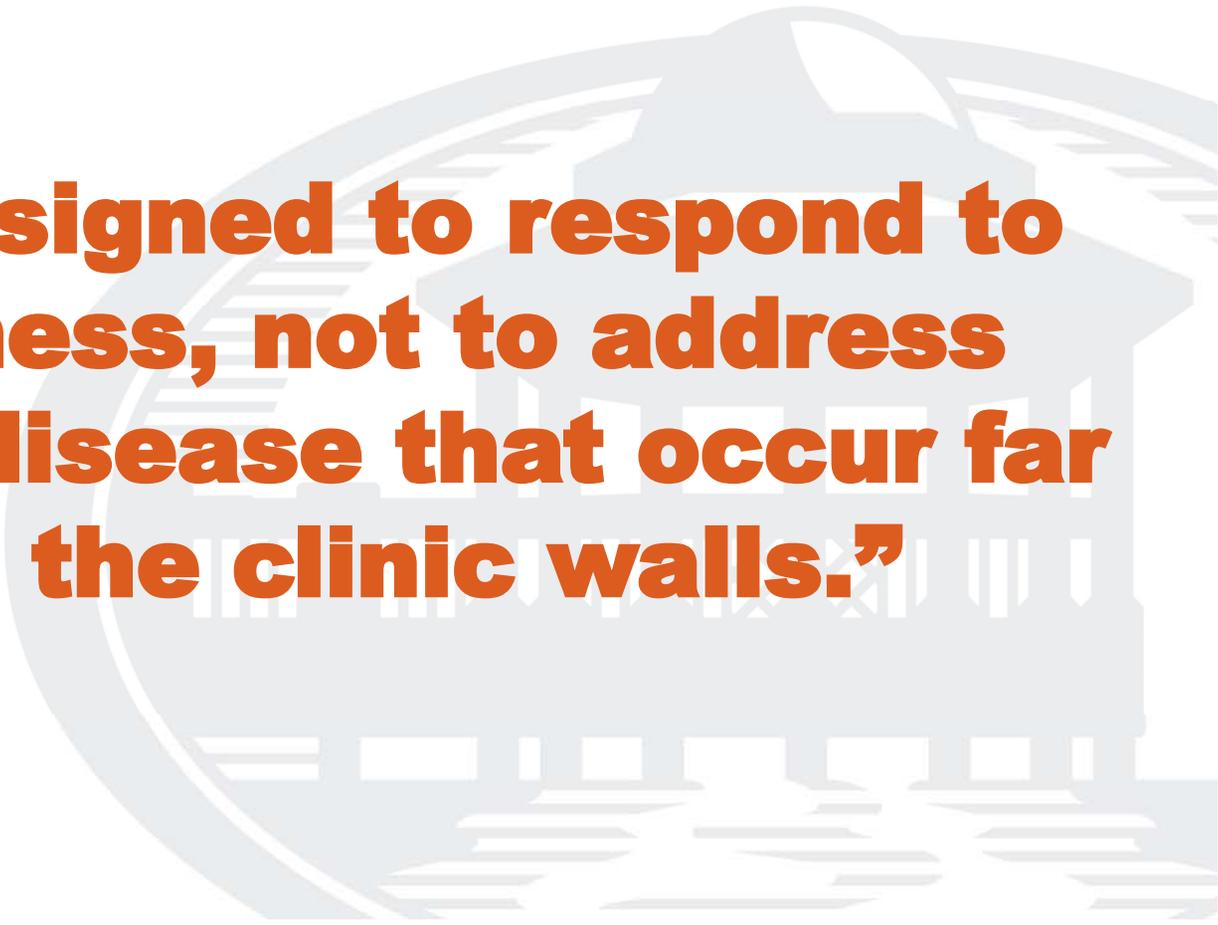


**Healthcare  
system that doesn't  
work anymore**





**“It was designed to respond to acute illness, not to address causes of disease that occur far beyond the clinic walls.”**



BUT WHY ARE OUR HEALTH CARE COSTS HIGHER THAN OTHER COUNTRIES?...

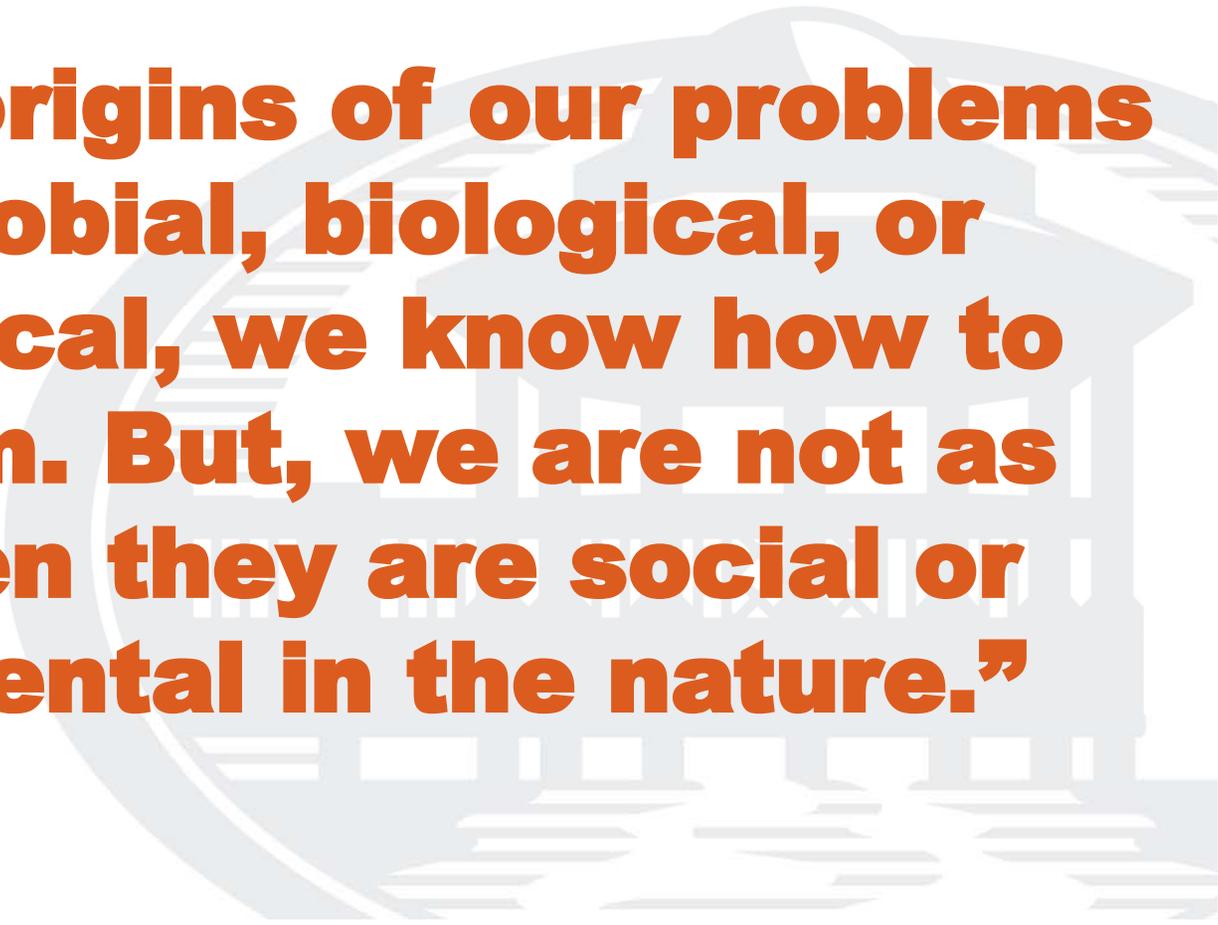
...WHO SAID THAT?...



MATT HANDELMAN  
NEWSBOY

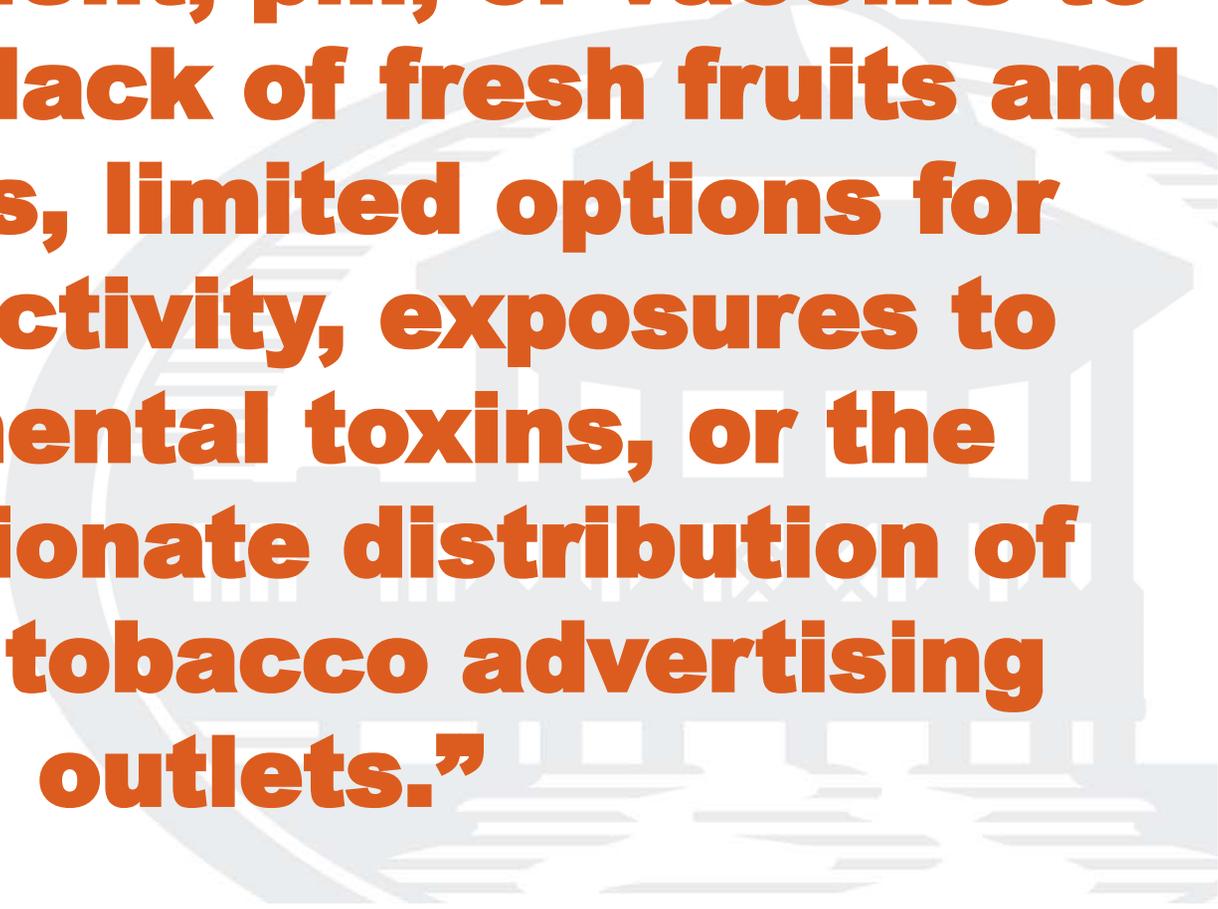


**“When the origins of our problems are microbial, biological, or physiological, we know how to solve them. But, we are not as good when they are social or environmental in the nature.”**





**“...no treatment, pill, or vaccine to address the lack of fresh fruits and vegetables, limited options for physical activity, exposures to environmental toxins, or the disproportionate distribution of alcohol & tobacco advertising outlets.”**



**P**

**ills**

**rocedures**





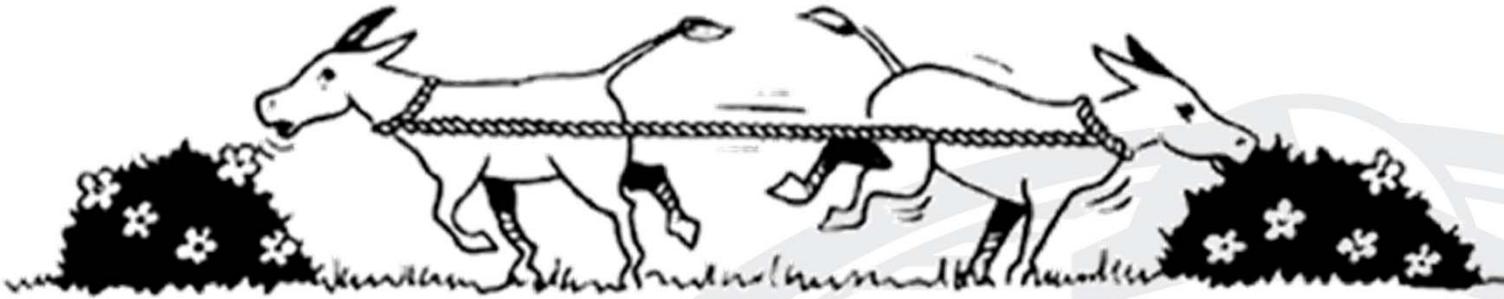
**P**

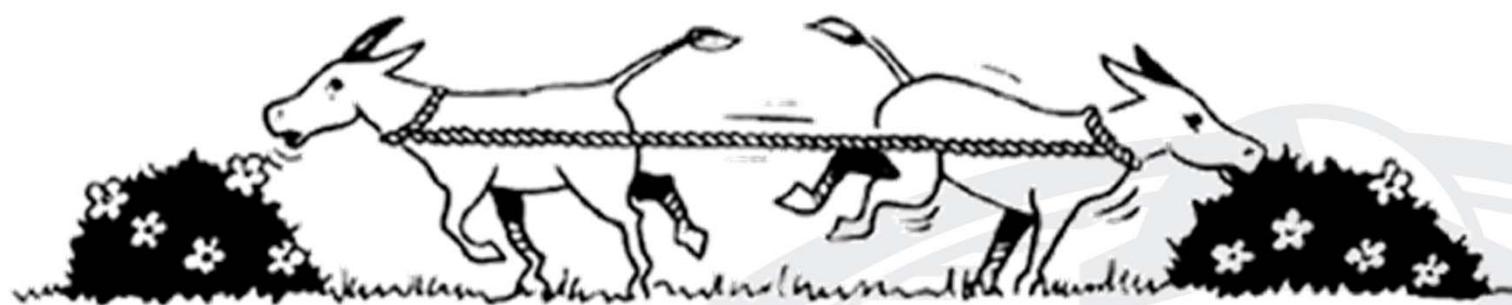
**ills**  
**rocedures**



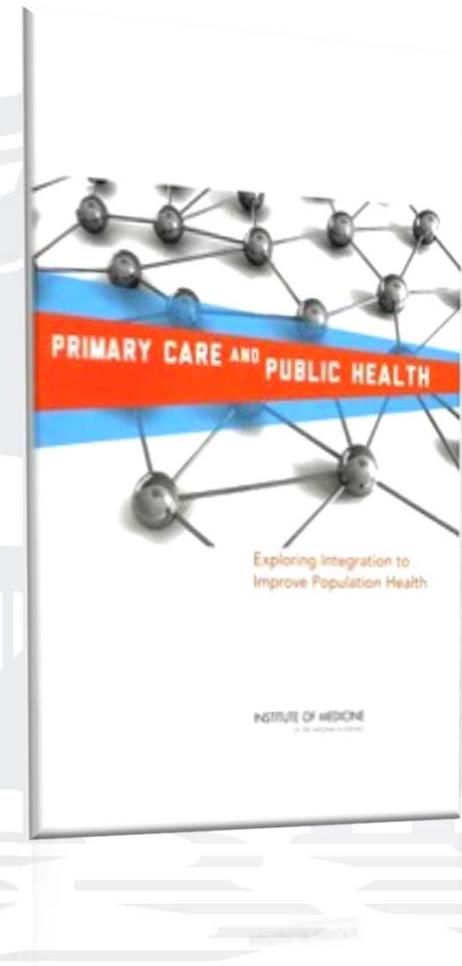
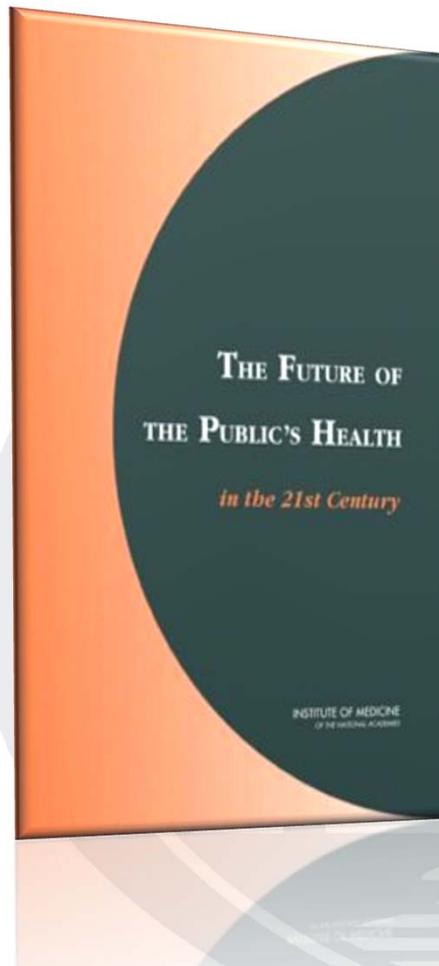
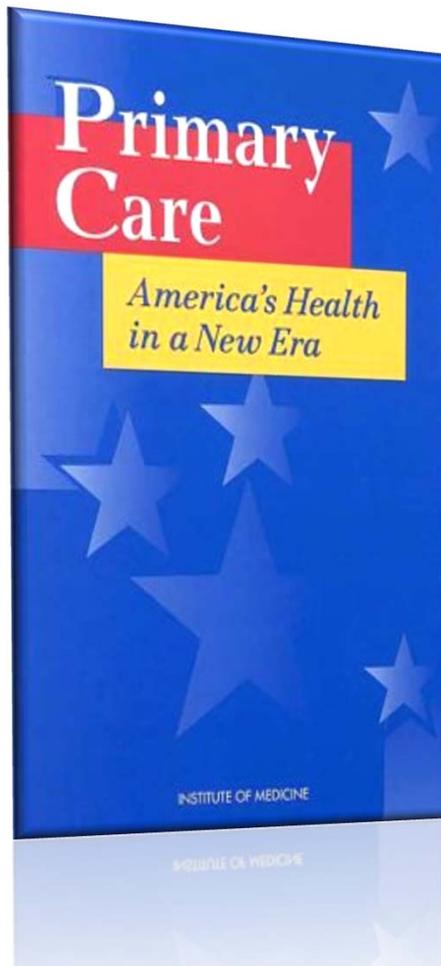
**P**

**olicies**  
**artnerships**





# Institute of Medicine Reports



# The Practical Playbook

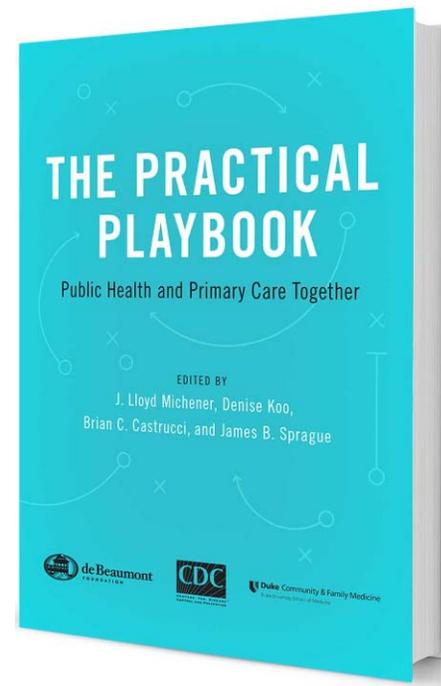
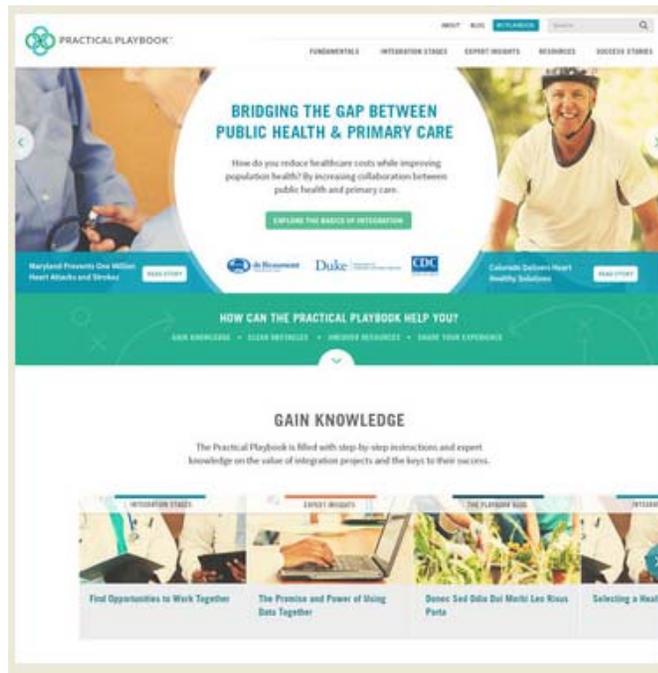


de Beaumont  
FOUNDATION



# PRACTICAL PLAYBOOK<sup>®</sup>

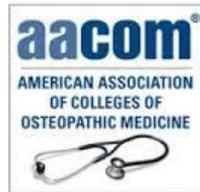
Public Health. Primary Care. Together.<sup>®</sup>



# Mission

**Advance collaboration between public health, primary care, and others to improve population health. We do this by providing practical implementation tools, guidance, and resources.**

# National Advisory Committee



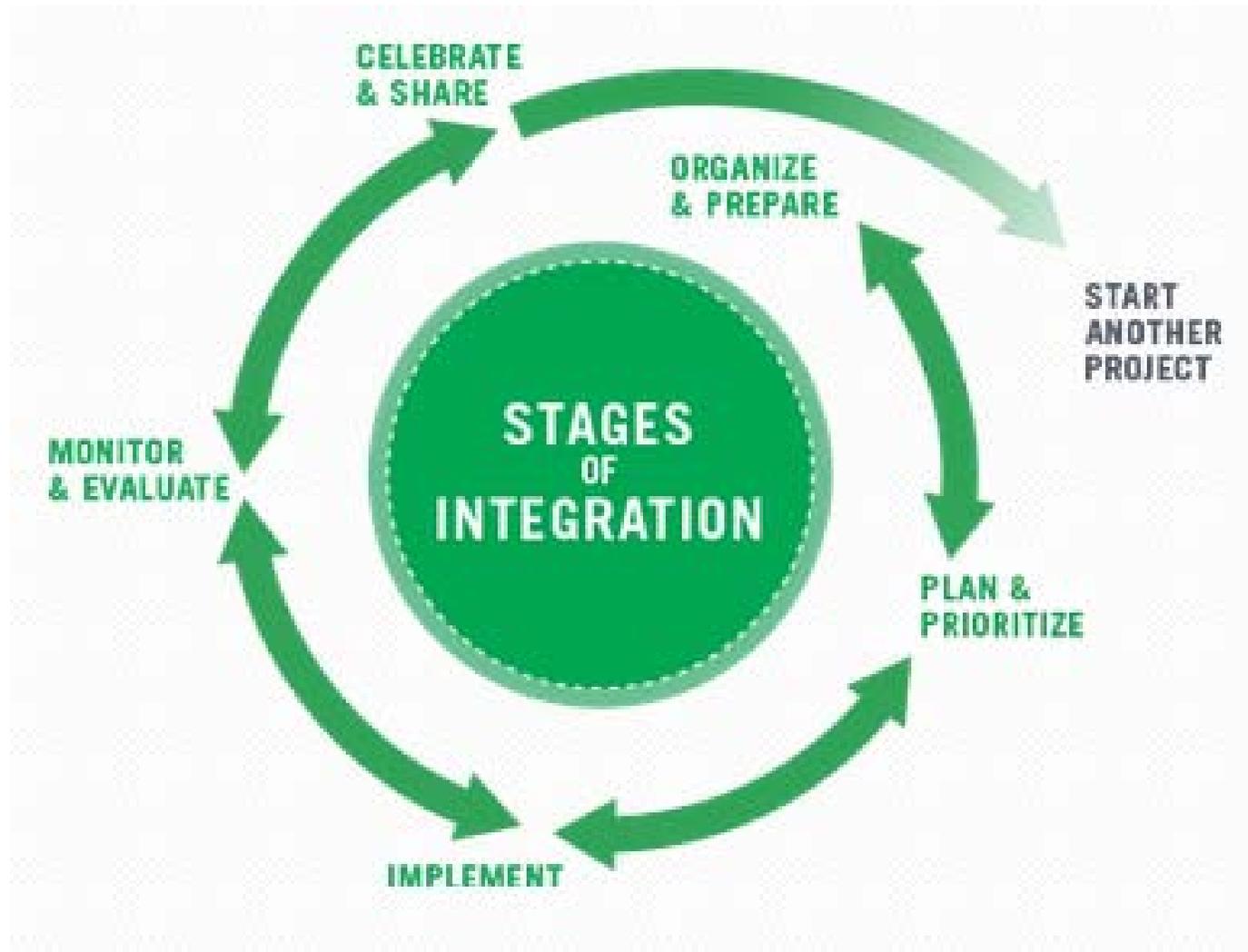
MULTNOMAH COUNTY



# Partnership Fundamentals

- Shared Goal of Population Health
- Community Engagement
- Aligned Leadership
- Create Sustainable Systems
- Share Data and Analysis

# Stages of Integration



# www.practicalplaybook.org



[PURCHASE THE PLAYBOOK](#)

[GET EMAIL UPDATES](#)

[ABOUT](#)

[BLOG](#)



[FUNDAMENTALS](#)

[BUILDING A PARTNERSHIP](#)

[EXPERT INSIGHTS](#)

[RESOURCES](#)

[SUCCESS STORIES](#)

## THE PRACTICAL PLAYBOOK

Helping Public Health and Primary Care Work Together to Improve Population Health.

[GET STARTED](#)



Duke DEPARTMENT OF COMMUNITY AND FAMILY MEDICINE



San Diego school system and local medical residents jumpstart healthy

[READ STORY](#)

Map-Making and Myth-Making: John Snow's map didn't solve the 1854 cholera

[READ STORY](#)

[Organize & Prepare](#)[Plan & Prioritize](#)[Implement](#)[Monitor & Evaluate](#)[Sustain](#)

# THE PRACTICAL PLAYBOOK

Helping Public Health and Primary Care Providers Work Together to Improve Population Health.

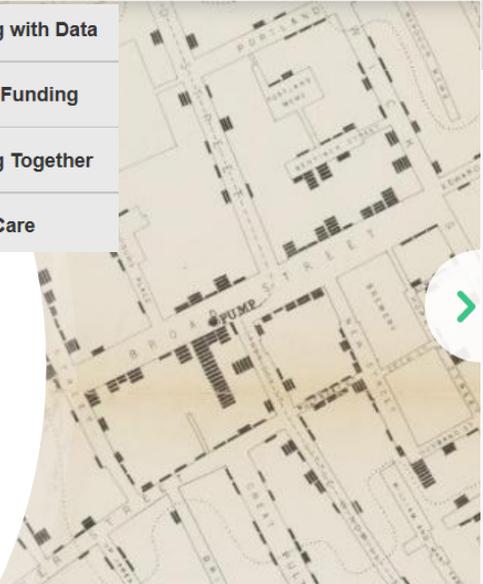
[GET STARTED](#)

San Diego school system and local medical residents jumpstart healthy

[READ STORY](#)

Map-Making and Myth-Making: John Snow's map didn't solve the 1854 cholera

[READ STORY](#)



# THE PRACTICAL PLAYBOOK

Helping Public Health and Primary Care Work Together to Improve Population Health.

[GET STARTED](#)

[Working with Data](#)

[Getting Funding](#)

[Working Together](#)

[Health Care](#)



San Diego school system and local medical residents jumpstart healthy

[READ STORY](#)

Map-Making and Myth-Making: John Snow's map didn't solve the 1854 cholera

[READ STORY](#)



**Map-Making and Myth-Making: John Snow's map didn't solve the 1854 cholera outbreak**



**Share Data Online: A New Jersey collaborative helps partners prioritize health issues**



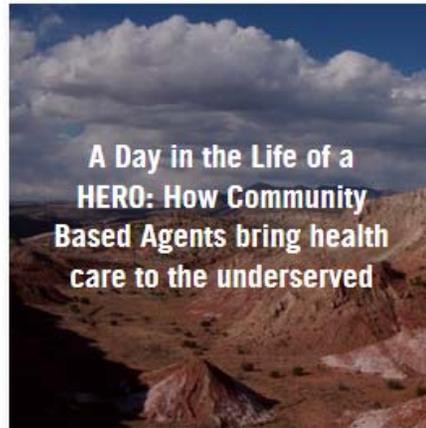
**Business Planning: A strategy for linking the uninsured to healthcare in Nashville, TN**



**Healthy Corner Stores: Philadelphia's model for improving food access**



**Clinic in the Park: Pediatricians connecting with kids where they play**



**A Day in the Life of a HERO: How Community Based Agents bring health care to the underserved**



**Rural North Carolina hospital "buys-in" and makes prevention part of their bottom line**



**10+ years after Hurricane Katrina, New Orleans is healthier than ever**



**Physicians and nurse coordinators champion improved care for Medicaid recipients**



**"Everyone swims" statewide in Washington**



**Faced with such severe budget pressures, Colorado's State Medicaid agency transformed the care delivery model**



**"Healthy Lifestyles" classes help prevent diabetes**

# The BUILD HEALTH Challenge

A National Challenge Program to engage communities, public health organizations and health systems in improving health outcomes. The Program awarded **\$8.5M** in monetary awards and low-interest loans over two years to support 18 community-driven projects, beginning January 1, 2015

- B**old Innovative solutions that bring forth new ideas and approaches for addressing complex problems
- U**pstream Focus on social, environmental, and economic factors that have the greatest influence on health across a community, rather than on the provision of direct services, health education, or individual behavior change
- I**ntegrated Strong commitment and partnership between a hospital or health system, a nonprofit organization, and a local public health department, including the option to involve other industry, educational, philanthropic, or governmental organizations
- L**ocal Focus on solutions that are deeply rooted in and led by the urban community (city of metro area of 150,000 or more) for which the proposal is written
- D**ata-Driven Focus on innovative uses of data and information sharing to identify key needs and opportunities, as well as to measure outcomes



Technical Support:

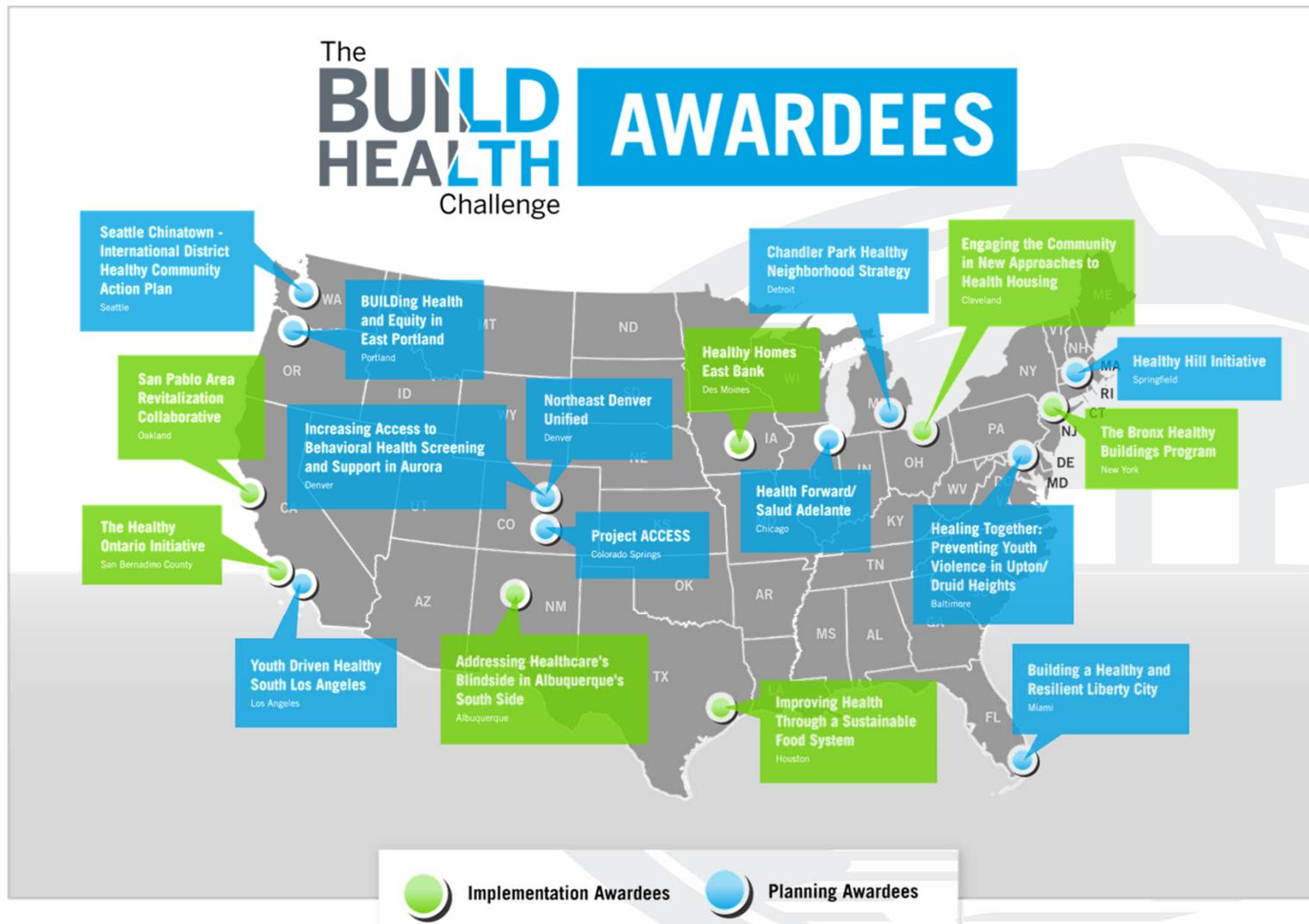


County Health Rankings & Roadmaps

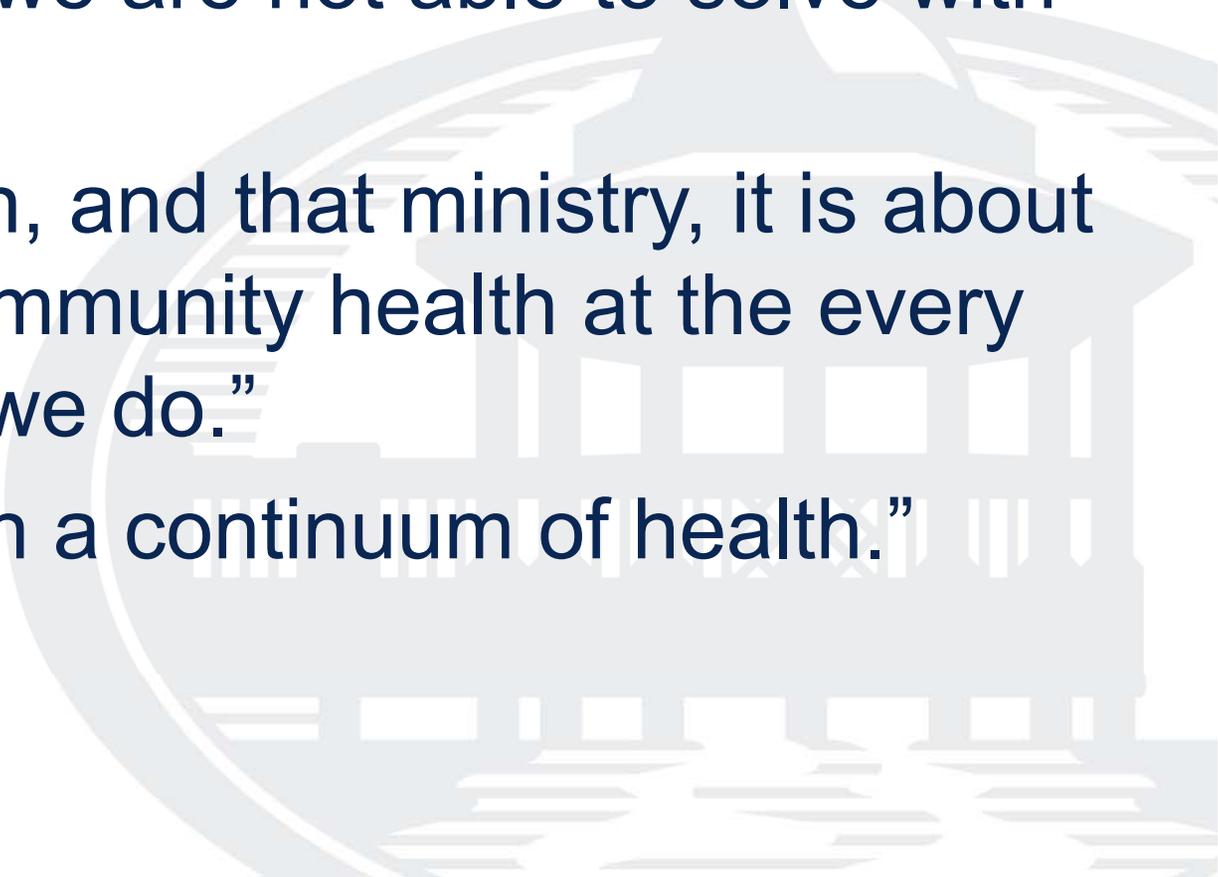
Building a Culture of Health, County by County

# BUILD Health Challenge

[www.buildhealthchallenge.org](http://www.buildhealthchallenge.org)



# What Are Hospital CEOs Thinking?

- “...new and effective ways to get at a problem that we are not able to solve with our toolkit.”
  - “[Our] mission, and that ministry, it is about promoting community health at the every core of what we do.”
  - “We believe in a continuum of health.”
- 

# What Are Hospital CEOs Thinking?

**“[We need] policy...to eliminate health inequity. That means education. That means access. That means transportation. Than measn [being] able to understand communication in-between systems. It’s more than juts having some services to provider – a building. You only do that, you’re missing the point of trying to change and transform that person, that community.”**

# What Are Hospital CEOs Thinking?

**“We want to be the kind of hospital that actually is unnecessary in the lives of most people around it, we want to be here for people who need it but not create a pipeline of patients. [We] want to do the opposite, which is create communities that are healthy and that may not ever come to visit our hospital...”**

# What Can You Do?



de Beaumont  
FOUNDATION

# What Can You Do?

- High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
    - <http://www.resolv.org/site-healthleadershipforum/>
    - Promoting the reorientation of the healthcare system toward prevention and wellness
    - Interpreting and distributing data
  - Practical Playbook
    - Aligned health messaging
    - Policy and community change
    - Data and analytics
- 

# What Can You Do?

- High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
  - <http://www.resolv.org/site-healthleadershipforum/>
  - Promoting the reorientation of the healthcare system toward prevention and wellness
  - Interpreting and distributing data
- Practical Playbook
  - Aligned health messaging
  - Policy and community change
  - Data and analytics

# Reorienting Healthcare

- Develop and educate the workforce
- Communicate, communicate, communicate
- Work with your primary care/hospital allies
- Funding
- Have courage



# Reorienting Healthcare

- Develop and educate the workforce

- **PH|WINS**

Public Health Workforce  
Interests and Needs Survey

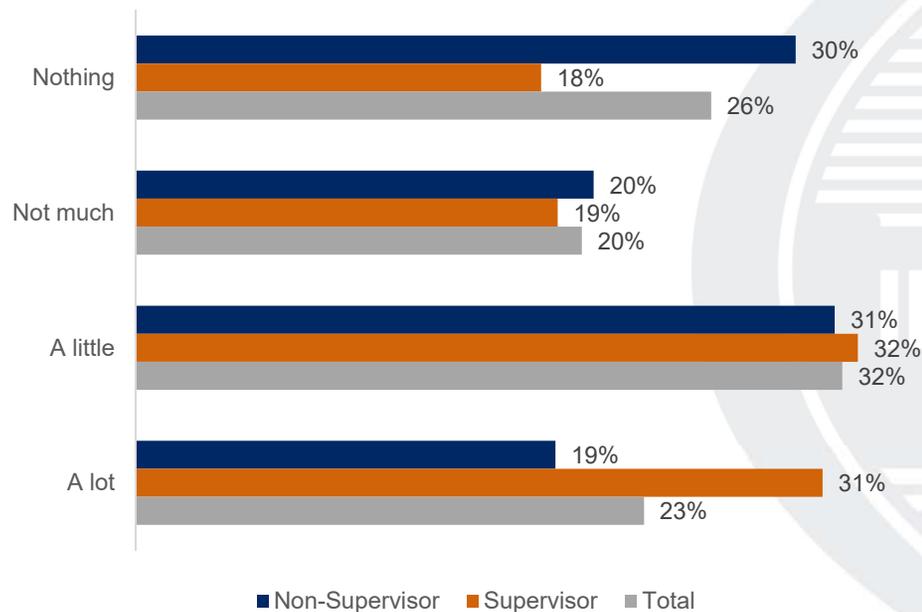
- See [http://www.debeaumont.org/wordpress/wp-content/uploads/PH\\_WINS\\_Infographic.pdf](http://www.debeaumont.org/wordpress/wp-content/uploads/PH_WINS_Infographic.pdf)
- Communicate, communicate, communicate
- Work with your primary care/hospital allies
- Funding
- Have courage



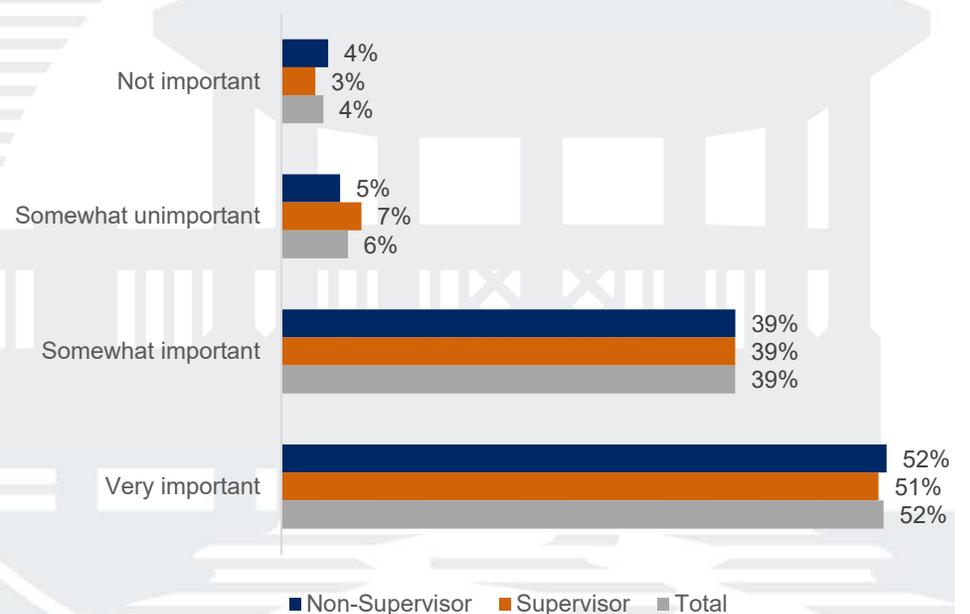
# Reorienting Healthcare

**<1/5<sup>th</sup> of non-supervisors have heard a lot about integration**

How much have you heard about Public Health-Primary Integration?



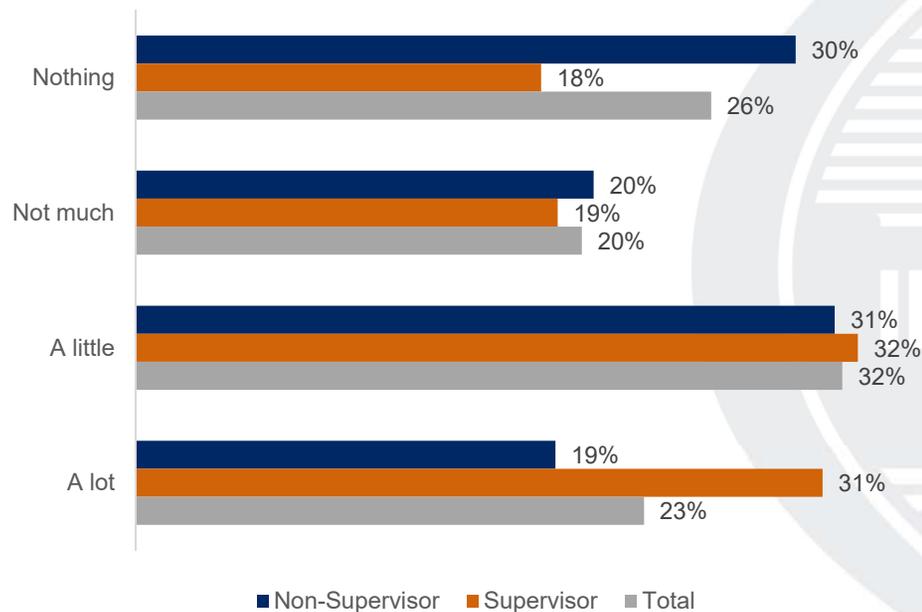
Importance of PH-PC integration to public health?



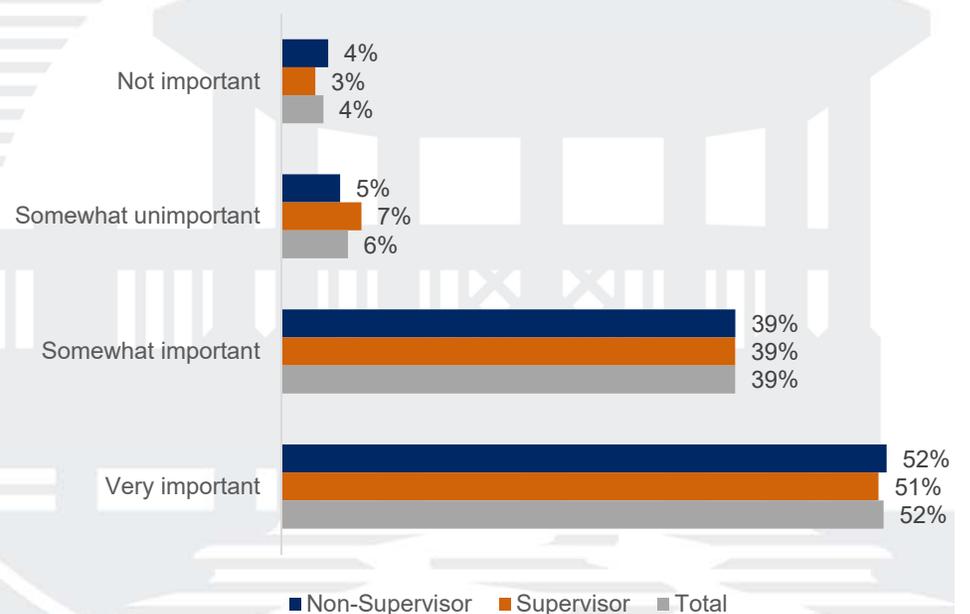
# Reorienting Healthcare

## Overwhelming majority think it is important

How much have you heard about Public Health-Primary Integration?



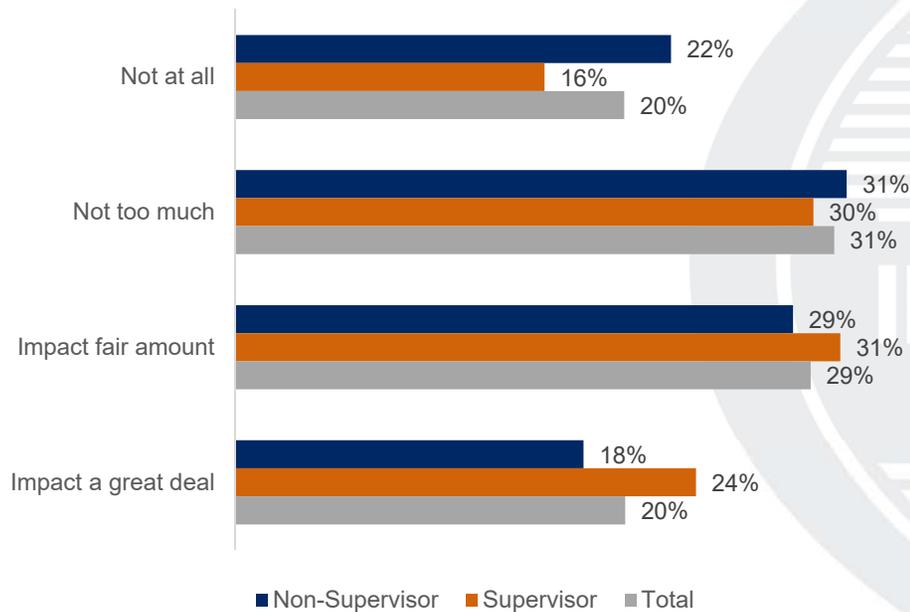
Importance of PH-PC integration to public health?



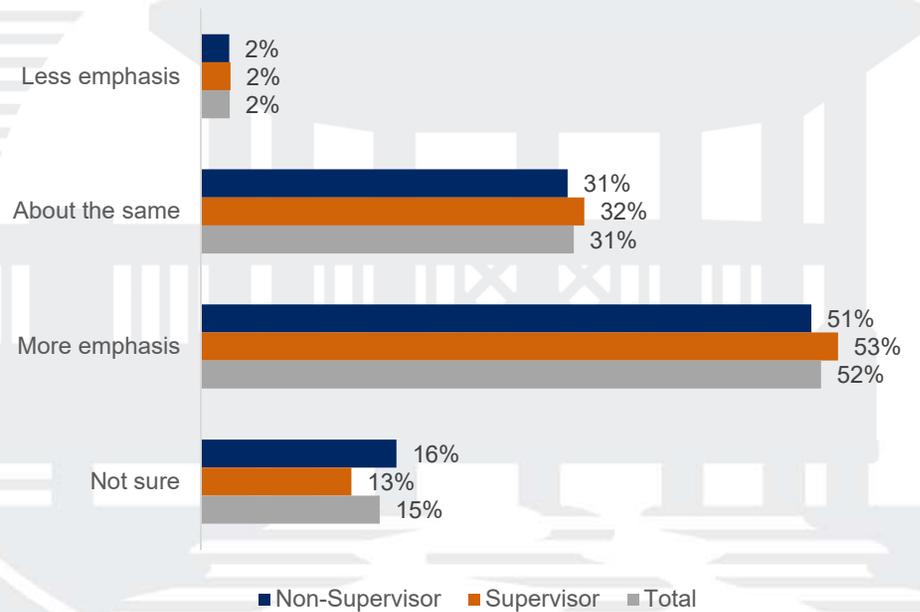
# Reorienting Healthcare

## Nearly half of report integration impacting their day to day work

Impact of PH PC integration on your day to day work?



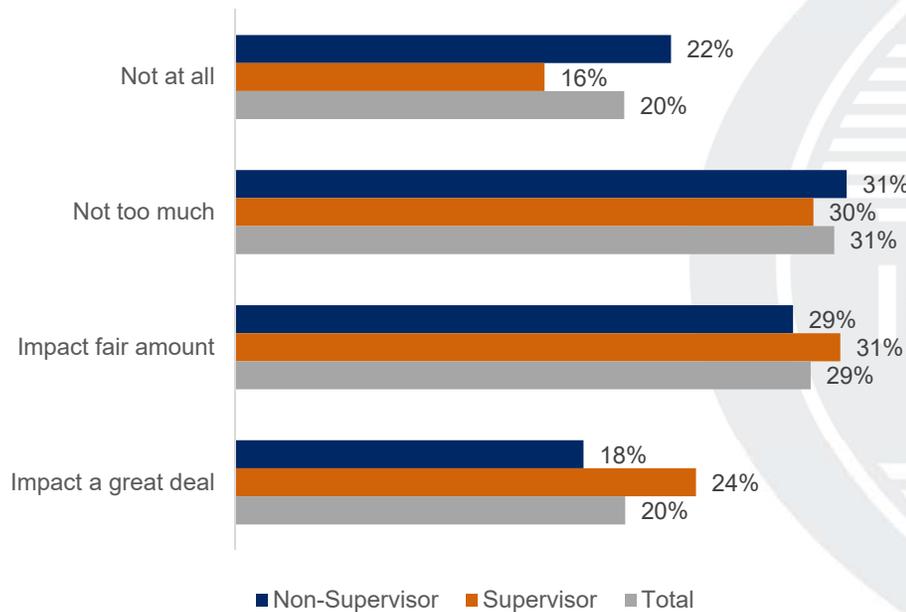
See more emphasis on PH PC Integration in future?



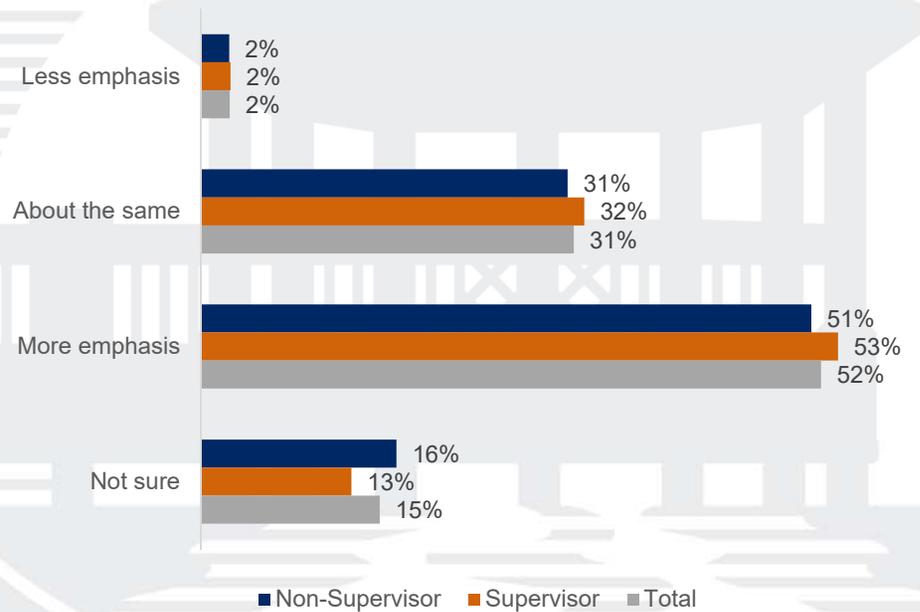
# Reorienting Healthcare

## More than half want more emphasis

Impact of PH PC integration on your day to day work?



See more emphasis on PH PC Integration in future?



# Reorienting Healthcare

- Develop and educate the workforce
- Communicate, communicate, communicate
  - Engage community leaders
  - Local boards of health and other officials
  - *A New Way to Talk About the Social Determinants of Health (RWJF) & JPHMP*
- Work with your primary care/hospital allies
- Funding
- Have courage

# Reorienting Healthcare

## Commentary

### The 3 Buckets of Prevention

John Auerbach, MBA

The US health care system is in a time of unprecedented change. The expansion of insurance coverage, redesign of the reimbursement systems, and growing influence of patient-centered medical homes and accountable care organizations all bring opportunities for those interested in the prevention of disease, injury, and premature death for entire communities as well as individual patients.<sup>1,2</sup> It is, in short, a time when public health can come to the fore.

Public health practitioners can assist clinical providers in assuring that newly insured people receive services that promote health and do not simply treat ill-

vention (primary, secondary, and tertiary) of populations of covered lives, and

Rather than

other, the Centers for Disease Control and Prevention (CDC) has developed a framework for prevention and prevention

we have come to call them, “buckets”—of prevention (Figure). Each one will be needed to yield the most promising results for a population, regardless of whether the population is defined narrowly, as, for example, the patients in a medical practice, or broadly, as,



# Reorienting Healthcare

- Develop and educate the workforce
  - Communicate, communicate, communicate
  - Work with your primary care/hospital allies
    - Align health messages
    - Policy and community change initiatives
    - Convene
      - Mayors/City Council/Hospital CEOs
  - Funding
  - Have courage
- 

# Schools' water may be key to teens' kidney ills

+1 more By Samantha Melamed STAFF WRITER

**A**nna Okropiribce, 16, drinks from the water fountains at Northeast High School only when she's "desperate." The water is warm and metallic-tasting. "It's pretty gross," she said. "Once, I filled up my water bottle, and the water wasn't clear. It was gray. I got scared. I was like, I don't know if I should drink this."

That's cause for concern, given that poor water intake is a likely factor

in a startling phenomenon outlined in research published Thursday by a Children's Hospital of Philadelphia doctor. It is: The childhood risk of kidney stones — an affliction historically found most often in middle-aged

White men — has doubled in less than two decades.

The risk increased the most for adolescents, girls, and African Americans, pediatric urologist and epidemiologist Gregory Tasian found.

So, Children's — along with Philadelphia city agencies, the School District, and other partners — is pushing to improve water access in Philadelphia and particularly in city schools. Broken and dilapidated fountains have long been a source of complaints for students and teachers, who have gone so far as to demand water access in contract work rules. Some local students, meanwhile, are taking steps to improve their schools' drink-

ing water.

Tasian, whose research was published in the Clinical Journal of the American Society of Nephrology, said he first saw the kidney-stone increase when he began practicing in 2005.

"Urologists who had been in practice 25 or 30 years were saying, at the beginning of their careers, the children with kidney stones were those with really rare and inherited metabolic conditions," he said. "Now, we're seeing

otherwise healthy children who just develop kidney disease much earlier in life."

Tasian and his colleagues analyzed nearly 153,000 medical records, dating from 1997 to 2012, from South Carolina, one of a few states that maintain a complete claims database. In that time, kidney-stone incidence increased 4.7 percent annually among teens, and 2.9 percent per year among African Americans. There was a 45

# Schools' water may be key to teens' kidney ills

+1 more By Samantha Melamed STAFF WRITER

**A**nna Okropiribce, 16, drinks from the water fountains at Northeast High School only when she's "desperate." The water is warm and metallic-tasting. "It's pretty gross," she said. "Once, I filled up my water bottle, and the water wasn't clear. It was gray. I got scared. I was like, I don't know if I should drink this."

That's cause for concern, given that poor water intake is a likely factor

in a startling phenomenon outlined in research published Thursday by a Children's Hospital of Philadelphia doctor. It is: The childhood risk of kidney stones — an affliction historically found most often in middle-aged

White men — has doubled in less than two decades.

The risk increased the most for adolescents, girls, and African Americans, pediatric urologist and epidemiologist Gregory Tasian found.

So, Children's — along with Philadelphia city agencies, the School District, and other partners — is pushing to improve water access in Philadelphia and particularly in city schools. Broken and dilapidated fountains have long been a source of complaints for students and teachers, who have gone so far as to demand water access in contract work rules. Some local students, meanwhile, are taking steps to improve their schools' drink-

ing water.

Tasian, whose research was published in the Clinical Journal of the American Society of Nephrology, said he first saw the kidney-stone increase when he began practicing in 2005.

"Urologists who had been in practice 25 or 30 years were saying, at the beginning of their careers, the children with kidney stones were those with really rare and inherited metabolic conditions," he said. "Now, we're seeing

otherwise healthy children who just develop kidney disease much earlier in life."

Tasian and his colleagues analyzed nearly 153,000 medical records, dating from 1997 to 2012, from South Carolina, one of a few states that maintain a complete claims database. In that time, kidney-stone incidence increased 4.7 percent annually among teens, and 2.9 percent per year among African Americans. There was a 45

## How to Host a Statewide Partnership Summit



## Lessons Learned from Georgia

By: Courtney Bartlett, MPH, CPH, CHES

When we found out that the [Georgia Department of Public Health \(DPH\)](#) was hosting a meeting on collaboration and had purchased 150 copies of the [Practical Playbook textbook](#) for attendees, we immediately called up our friends at the DPH to learn more! On August 31, I had the opportunity to attend the DPH's "Health Care Partnership/Collaboration Summit" in Macon, GA. I was impressed with the agenda and wanted to share this as a model for other states/groups to share and learn from their successes.

### What they did and who was involved...

To inform the development of their state health improvement plan, DPH hosted a full day summit that brought

# Reorienting Healthcare

- Develop and educate the workforce
- Communicate, communicate, communicate
- Work with your primary care/hospital allies
- **Funding**
  - Educating Physicians in their Communities
  - Leverage CHNA process
  - Advocates (AHA, ADA, XYZ, QTT)
  - Braiding starts at home
- Have courage

# Reorienting Healthcare

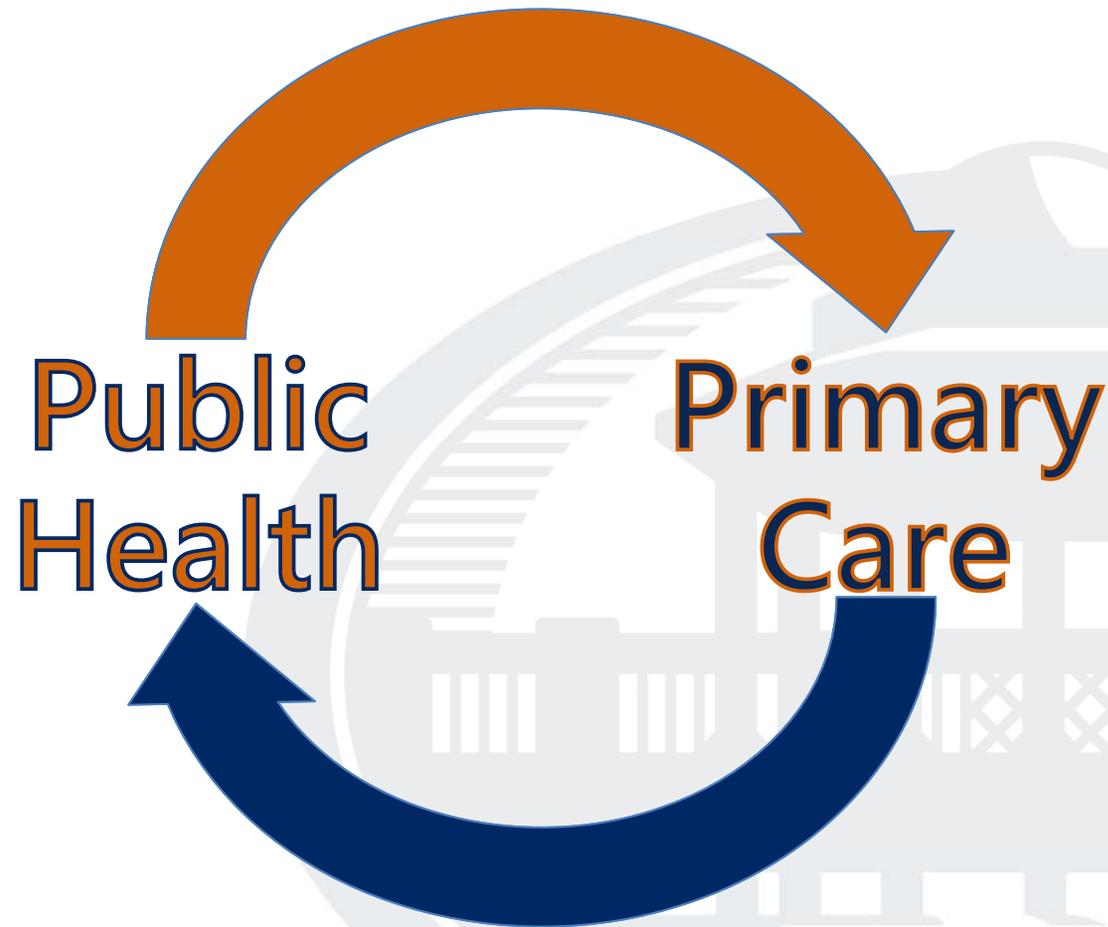
- Develop and educate the workforce
- Communicate, communicate, communicate
- Work with your primary care/hospital allies
- Funding
- **Have courage**



# What Can You Do?

- High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist
  - <http://www.resolv.org/site-healthleadershipforum/>
  - Promoting the reorientation of the healthcare system toward prevention and wellness
  - Interpreting and distributing data
- Practical Playbook
  - Aligned health messaging
  - Policy and community change
  - Data and analytics

# Interpreting and Distributing Data



# Interpreting and Distributing Data



# Data Flow

**Acute Disease**

A large, dark blue arrow pointing upwards, containing the text 'Acute Disease' in orange.

CDC/HRSA

States

Regions/  
Counties

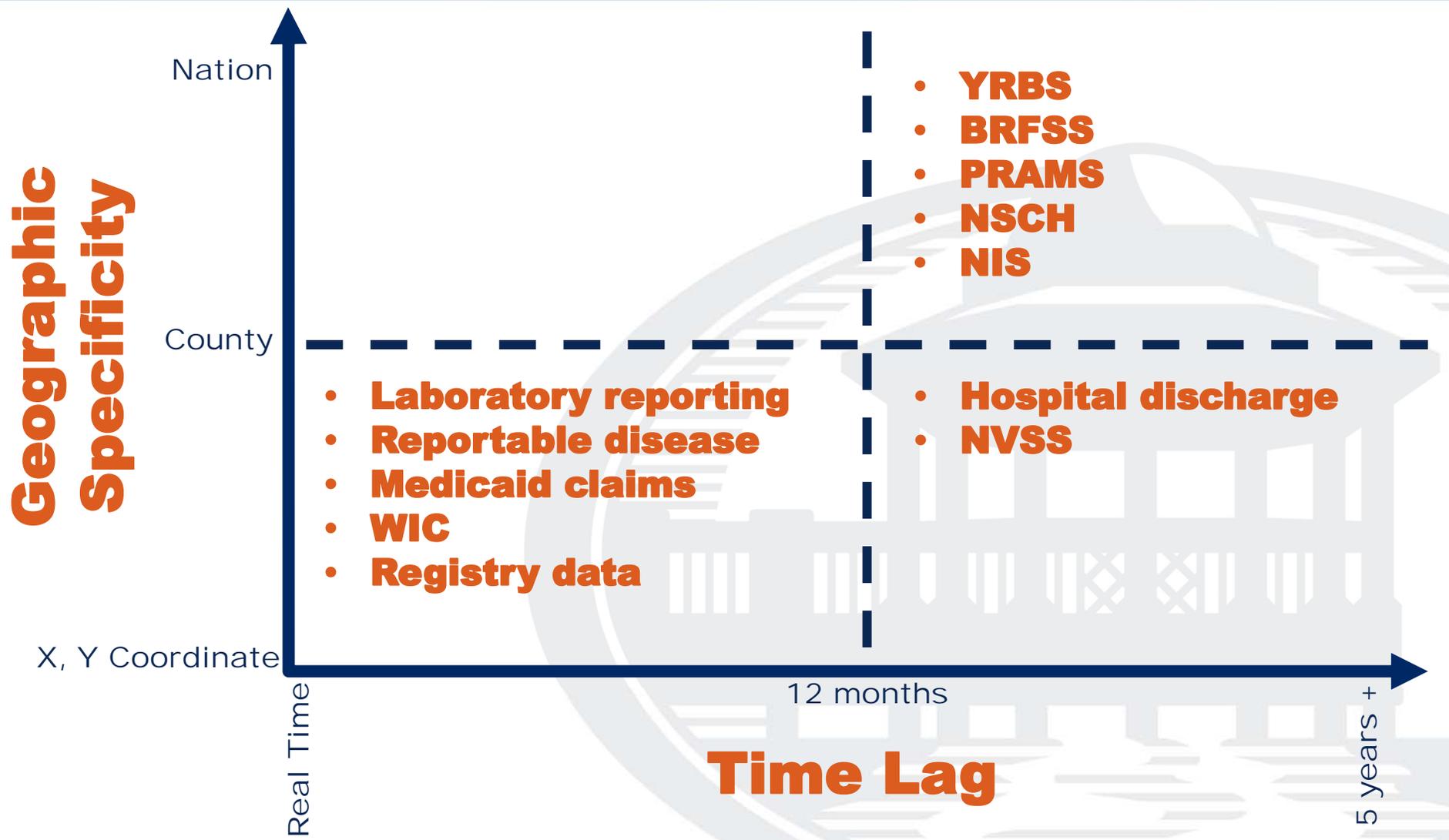
Towns/ Cities

Neighborhood/  
Address

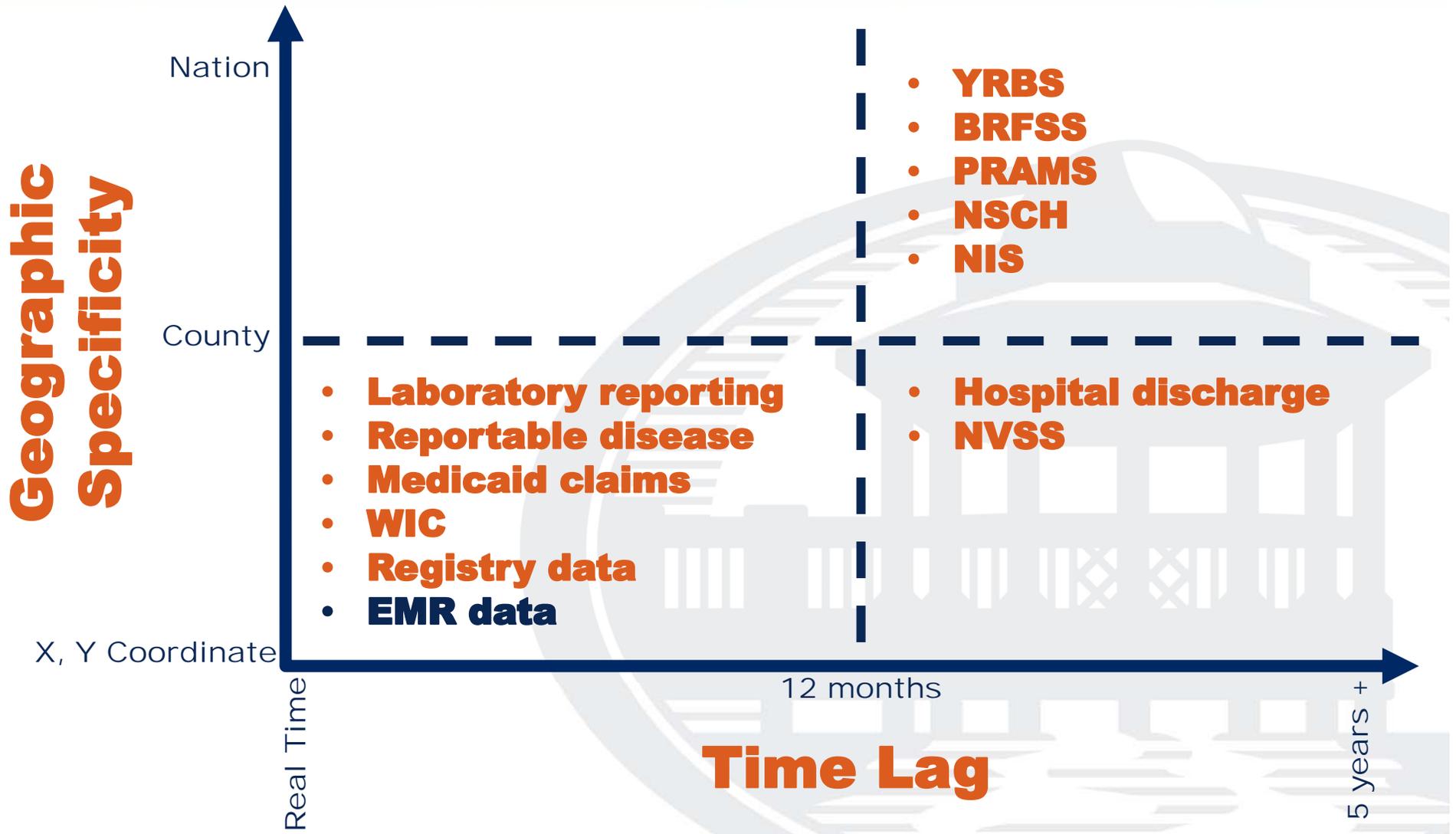
**Chronic Disease**

A large, orange arrow pointing downwards, containing the text 'Chronic Disease' in dark blue.

# Interpreting and Distributing Data



# Interpreting and Distributing Data



# Voices from the Field

- Quotes from “Big Cities” health officials
  - Castrucci BC et al. What Gets Measured Gets Done. *J Public Health Manag Pract.* 2015;21(Suppl 1):S38-48.

**“...I think BRFSS is great but, again, it's not granular enough...I think it would behoove us to have something that we could make a little more granular in terms of survey input, assessing people's behaviors and things like that.”**

# Voices from the Field

- Quotes from “Big Cities” health officials
  - Castrucci BC et al. What Gets Measured Gets Done. *J Public Health Manag Pract.* 2015;21(Suppl 1):S38-48.

**“I think in an ideal world, we would be able to conduct a local health and nutrition examination survey every three years, but we can’t... [and] that's challenging. That’s really one of the reasons we're looking at electronic health record surveillance because we're hoping that that can fill some of the gaps we have.”**

## From Preconception

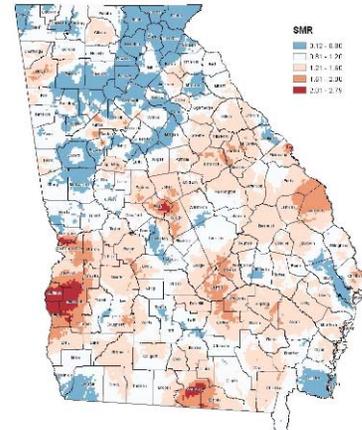
*A Regional Look at Periods of Risk for Georgia's Newborns*

## To Infant Protection



Figure 6. Sub-county level standardized infant mortality ratio

Georgia, 2002–2006



Some areas that cross county lines (Quitman, Randolph and Clay) or may be relegated to small distinct community areas within a county (Richmond, Bibb).

# A Case Study: Obesity

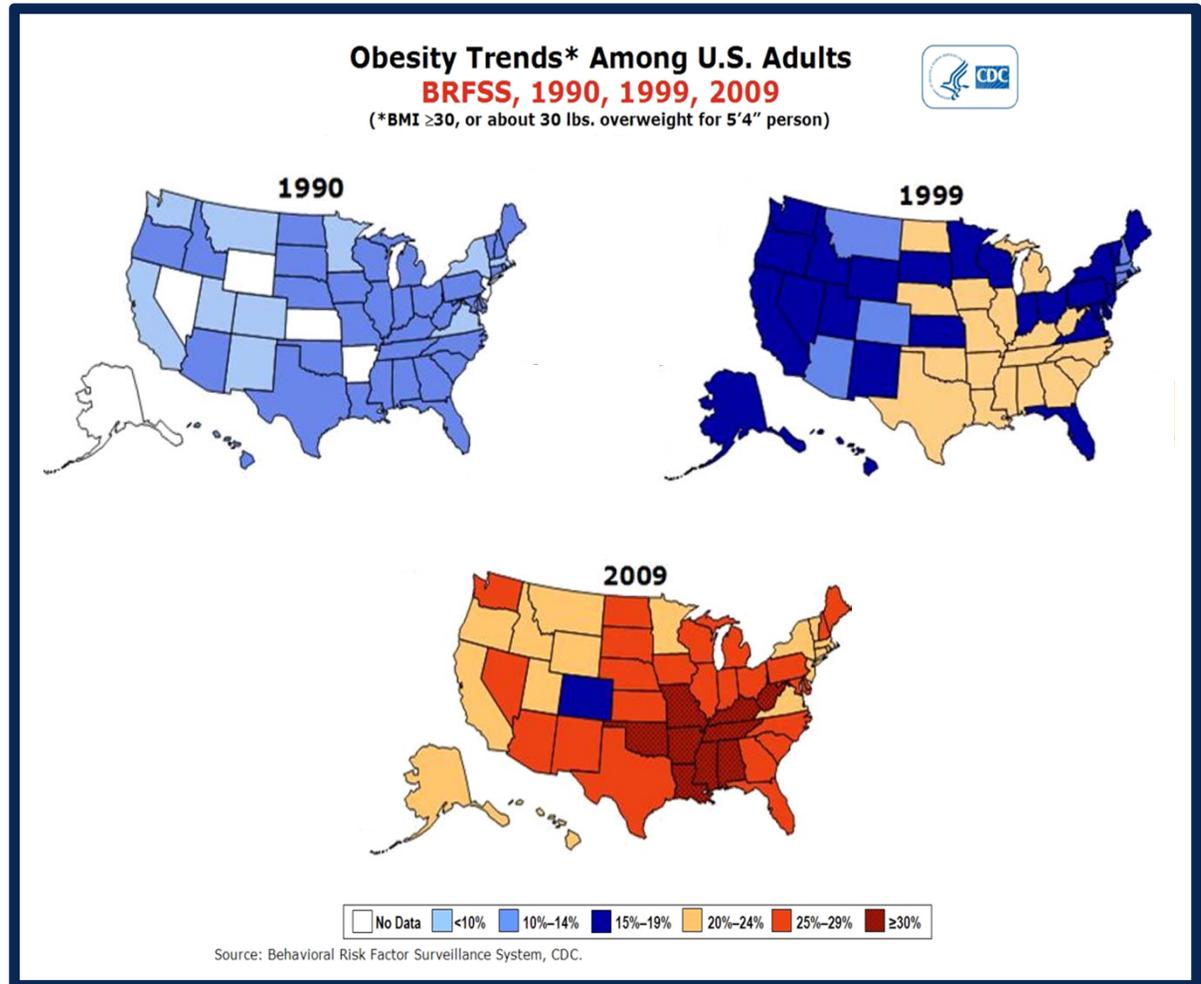
- Sources

- Adults

- BRFSS

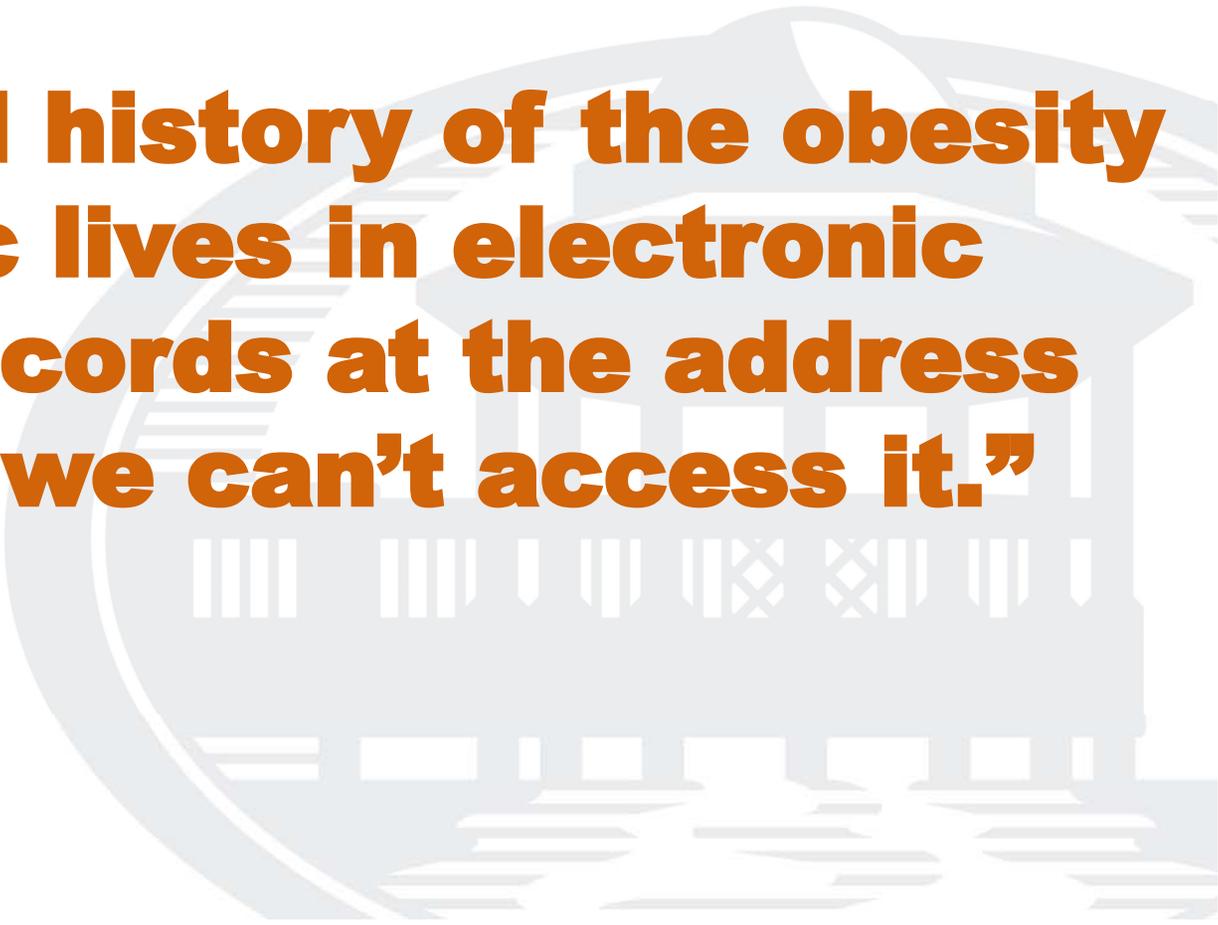
- Children

- YRBS
- NSCH



# A Case Study: Obesity

**“The natural history of the obesity epidemic lives in electronic medical records at the address level, but we can’t access it.”**



# Interpreting and Distributing Data



# Final Thoughts



- I believe that health transformation starts with you
- Seize the opportunities we have
- Don't be intimidated by the size of the problem
- Many small wins add up



# Final Thoughts



- I believe that health transformation starts with you
- Seize the opportunities we have
- Don't be intimidated by the size of the problem
- Many small wins add up
- **Leave here committed to do one thing to advance this agenda**