The Population Health Workforce Initiative: 
Building workforce capacity to transform the health system and improve population health

Eric Kasowski, DVM, MD, MPH
Chief, Population Health Workforce Branch
Centers for Disease Control and Prevention
ekasowski@cdc.gov
What I hope to accomplish…

• Make the case for the Public Health role in population health

• Introduce a couple of CDC’s population health initiatives

• Discuss CDC’s workforce development efforts in population health

• Learn from you
“Public Health thinks of itself as a field defined by itself and being boxed out of other fields”

“IT’s a little too process oriented. IT’s ok to be bold and set goals, to be flexible and assertive.”

“It needs to be more about policy and quality improvement and less programmatic; about working across policy areas: transportation, housing, payment policy.”

“This will require it to learn a new language and new diplomacy skills.”

Public Health “…has a critical role to play in the public’s health.”
NACCHO – Public Health Transformation

• Public Health workforce is changing
  • Current generation of local health officials is retiring
  • Increasingly important for local health department staff to have skills necessary to work across sectors
    • to question where and why inequality exists
      • to make data driven decisions and investments and to think strategically about how to meet the needs of their community while remaining a relevant and viable agency
  • Question for health departments: What is our unique role and value?
    • Relinquishing role as service providers (?)
    • Serve as health system navigators for newly insured
      • or as coordinators and conveners of population health services.
    • Investing in new billing and reimbursement systems that align with health care systems’ new payment structure

https://www.youtube.com/watch?v=TyBJy0tbJ7w
Population Health in Health Care – PHI/AHA Survey

• Strong or total commitment to population health or have population health in their vision statement – 85%

• Hospitals regarded their populations as either:
  • Patients utilizing their health systems – 20%; or
  • People within their geographic service area – 69%

• Over 90% agreed population health aligned with their mission
  • But < 20% strongly agreed their hospital has programs to address socio-economic determinants of health
85% of Hospitals Committed to Population Health, says AHA/PHI National Survey

August 24, 2015

As the healthcare sector continues to go through tremendous transformation, an overwhelming majority of hospitals now voice a strong commitment to population health, according to a new national survey of hospitals conducted by the American Hospital Association’s (AHA) Association for Community Health Improvement (AChi) and Health Research & Educational Trust, in partnership with the Public Health Institute (PHI). Eighty-five percent of responding hospitals reported “strong” or “total” commitment to population health, or have population health in their vision statement.

View the slideshow

Five years after the passage of the Affordable Care Act (ACA), care delivery and payment reforms are slowly transitioning the healthcare system from a fee-for-service model to one that values — and only pays for — health outcomes, not just the provision of services. New financial incentives can reward healthcare delivery systems that collaborate and invest in efforts to address the root causes of disease, many of which are not medical, but socioeconomic—such as education, access to healthy foods and economic opportunity.

Public Health’s Role in Population Health
Practice #1: Adopt and adapt strategies to combat the evolving leading causes of illness, injury and premature death

- Align efforts with the needs of the growing prevalence of disabilities
- Expertise in the prevention and/or treatment of chronic conditions
- Continually looking to and preparing for the newly emerging health trends
- Seeking, securing and channeling resources to succeed

http://www.resolv.org/site-healthleadershipforum/hd2020/
Public Health Leadership Forum:
“Public Health as Chief Health Strategist”

Practice #3: Chief health strategists will identify, analyze, and distribute information from new, big, and real time data sources.

- Up to date clinical data from EHRs
- Query big data sources like Medicaid, Medicare, all payer claims, outside health arena (transportation, schools, city planners, public safety)
- Analyze, translate health implications, intervene in real time
- Make information available to public and decision makers in real time

http://www.resolv.org/site-healthleadershipforum/hd2020/
Practice #4: Build a more integrated, effective health system through collaboration between clinical care and public health

- Close and interactive relationships with the clinical providers and health insurers in its municipality.
- Reduce, eliminate or adapt its provision of direct health care services if appropriate
  - E.g. Shift some activities like TB control to HC system
- Partnering on CHNAs
- Investment in community prevention
  - Wellness trusts
  - Social impact bonds
- New knowledge and skills in benefit package design, analyses of ROI

http://www.resolv.org/site-healthleadershipforum/hd2020/
Public Health Leadership Forum:
“Public Health as Chief Health Strategist”

Practice #5: Collaborate with a broad array of allies - including those at the neighborhood-level and the non-health sectors – to build healthier and more vital communities.

- Assistance from other disciplines
- Effective partnerships with those in positions to make a difference in the community’s health:
  - Other government sectors
  - Health care
  - Landlords and building inspectors
  - Environmental regulators
  - Employers and unions
  - Polluting businesses

http://www.resolv.org/site-healthleadershipforum/hd2020/
CDC’s 6|18 Initiative

http://www.cdc.gov/sixeighteen/

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

- Reduce Tobacco Use
- Control Blood Pressure
- Prevent Healthcare-Associated Infections (HAI)
- Control Asthma
- Prevent Unintended Pregnancy
- Control and Prevent Diabetes
The “6|18” Initiative

Promote adoption of evidence-based interventions in collaboration with health care purchasers, payers, and providers

High-burden health conditions 6|18 Evidence-based interventions that can improve health and save money
The 3 Buckets of Prevention

http://journal.lww.com/jphmp/toc/publishahead

Traditional Clinical Prevention

- Increase the use of evidence-based services

Innovative Clinical Prevention

- Provide services outside the clinical setting

Total Population or Community-Wide Prevention

- Implement interventions that reach whole populations

Health Care

Public Health
The 6|18 Interventions Are Varied

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<tr>
<th>Bucket 1: Improving access to covered services – in office</th>
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<tr>
<td>Elimination of cost sharing for key services (e.g. key meds)</td>
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<tr>
<td>Comprehensive tobacco cessation coverage</td>
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<td>No barriers to long acting reversible contraceptives</td>
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<tr>
<th>Bucket 2: Paying for services not traditionally covered – out of office</th>
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<tr>
<td>Home visits for asthma care – reduction of triggers</td>
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<tr>
<td>Home self-monitoring of blood pressure</td>
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<tr>
<td>Diabetes Prevention Program</td>
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The 6|18 Initiative: Accelerating Evidence into Action

The 6|18 Initiative
Reduce Tobacco Use
Prevent Healthcare-Associated Infections
Control Asthma
Control and Prevent Diabetes
About the Evidence Summaries
Frequently Asked Questions

THE 6|18 INITIATIVE
Accelerating Evidence into Action

SIX WAYS TO SPEND SMARTER FOR HEALTHIER PEOPLE

http://www.cdc.gov/sixeighteen/
Population Health Workforce Initiative
Population Health Workforce Branch

**Mission:** Building workforce capacity to transform the health system and improve population health

- Provides training and service programs and supports existing workforce in applied public health sciences.
  - Preventive Medicine, Health Economics, Informatics, Leadership and Policy

- **Fundamental Principles**
  - Service Learning, Build population health infrastructure, Interprofessional Education, Competency based curriculum
  - Contiguous, mutually-supportive training programs; integrated with and supportive of CDC’s population health and other workforce development initiatives
Mission of Population Health Workforce Initiative

**Produce a network of multi-disciplinary population health professionals who:**

- Coordinate health systems changes to improve health in geographic populations

- Lead across health care and public health systems. E.g, CMO, VP Population Health, Division of Population Health in health departments

- Produce a more integrated health system:
Population Health Workforce Initiative Components

- Preventive Medicine Residency/Fellowship
- Informatics
- Prevention Effectiveness
- Academic Partners for Improving Health
- Presidential Management Fellowship

Population Health Workforce Initiative

(EIS)
PHWI Implementation

1) Refocus the Preventive Medicine Residency and Fellowship on population health policy and leadership
2) Develop a core curriculum for population health training that can be used across all existing fellowships
3) Incorporate population health training competencies into existing fellowships’ curricula
4) Align existing CDC workforce capacity building partnerships to population health workforce development goals
Population Health Workforce Initiative (PHWI) Competency Framework Development Process

**Identify**
- Collect resources on current Population Health competencies
  - Competency documents intended for public health, health care, epi, pop health

**Screen**
- Screen resources for Population Health Competencies relevant to the PHWI
  - Examples: Council on Linkages, APTR, Jefferson School of Pop. Health

**Organize**
- Synthesize and build customized framework list
  - Education and Training Services Branch ensures standard competency language

**Validate**
- Identify gaps in curriculum; revise framework
- Distribute external review survey to stakeholders
Five PHWI Competency Domains

1. **Foundations**
   - Drivers, social justice, evidence base

2. **Health Systems and Health Policy**
   - Clinical systems, finance, workforce, policy processes

3. **Population Health Improvement**
   - Preventive interventions, health promotion, health protection

4. **Population Health in Practice**
   - Metrics, tools, translation, implementation, evaluation

5. **Collaborative Leadership**
   - Systems-thinking, collaboration, teamwork, negotiation, conflict and communication.
Services

• Provide services beyond “fellowship competencies”
  • Assist HDs implement population health strategy
  • Tie policy development together: SIM, 6|18, etc.
  • “AIDs” (Info, Econ, PopHealth)
• Implementable policy “bundles”
• Interprofessional teams to augment STLT health dept. “Population Health Division”
• Credible infrastructure-building projects
Conversation