

Local Public Health Partnerships with Non-profit Hospitals: A Force for Health in All Policies

Non-profit hospitals and hospital systems are becoming a critical public health partner. A powerful driver of these partnerships is the ACA's requirement that non-profit hospitals conduct community health needs assessments (CHNA). The CHNA process compels hospitals to consider not only their community's distribution of morbidity and mortality, but also the upstream determinants of those outcomes. With their data, services, and community health expertise, local public health agencies are a natural – and often necessary – partner for this process. In Colorado, about 3/5 of LPHAs with a non-profit hospital in their jurisdiction report collaborating on that hospital's CHNA (NACCHO2016). Some agencies have also been able to involve non-profit hospital partners in their public health improvement planning process, and others are seeking to adjust the timing of their assessments and planning to coincide with their hospitals' efforts.

The ACA's community health needs assessment (CHNA) requirements, the health care system's transition to value-based payments, and the expansion of accountable care models are driving the growth of non-profit hospitals' population health investments.¹ In many communities, they seek help from local public health agencies, whose public health expertise readily translates to population health. As a result, LPHAs are positioning themselves as the "go-to" strategic partner for hospitals' population health activities, and some have developed sustained partnerships to collaborate on community health improvement.² These relationships increase non-profit hospitals' exposure to public health best-practices, especially evidence-based ecological approaches to community health. Eventually these hospital partners should develop some level of awareness that addressing upstream determinants with policy-driven systems change interventions is the best way to impact their population health outcomes.

The Pueblo Triple-Aim Corporation (PTAC) is one such partnership. In 2010 and 2011, health system leaders in Pueblo recognized that the high cost and inefficiencies of their health care system were a major burden on their community and were compounding the region's significant economic challenges. PTAC was founded in 2010 with a vision of changing the region's health care system using the Triple-Aim framework. The Institute for Healthcare Improvement developed this guiding framework for efforts to improve the patient experience, improve population health, and reduce health care costs.³ The Pueblo City-County Health Department (PCCHD) was a founding participant, along with Pueblo County's two major hospitals and Kaiser Permanente.

According to a PCCHD employee who was involved in PTAC's formation in 2010 and 2011, Kaiser catalyzed the group's formation when they began offering plans in the Pueblo market. Kaiser, whose community benefit activities go well beyond federal requirements, asked PCCHD to facilitate discussions with all of Pueblo's health-related organizations around adopting the Triple-Aim. This group became PTAC and hired health system reform experts ReThink Health to map out Pueblo County's health care system and find areas where the coalition could intervene to impact the Triple-Aim.

As a result of that process, PTAC currently seeks to impact outcomes in four areas: obesity, unplanned and teen pregnancy, tobacco, and emergency department use. Their most recent strategic plan⁴ outlines four operational objectives for achieving those reductions: backbone support, data management, advocacy, and sustainability. Each of these objectives includes specific strategies linked to process and outcome measures. County-level health outcomes, using County Health Rankings data, are key measures of success for PTAC, but they are only a part of their overall evaluation framework. Other measures focus on PTAC's community and partner organizing capacities (e.g. how strong of a backbone it can be for its partners and collaborators) and economic wellbeing. This variety of success metrics is driven by the broader, system-level mission of the organization. At its core, PTAC's community health goals support the business case for reducing the economic burden of preventable disease. During their strategic planning process, they developed a *designed future statement* that exemplifies the primacy of PTAC's economic goals:

“As the County's health ranking increases, Pueblo will have healthier populations, in part because of new designs that better identify problems and solutions further upstream and outside of acute health care. Puebloans can expect less complex and much more coordinated care and the burden of illness will decrease. **Businesses will have the opportunity to be more competitive**, lessen the pressure on publicly funded health care budgets, and provide communities with more flexibility to invest in activities, such as schools and the lived environment, that increase **the vitality and economic wellbeing of their inhabitants.**” (emphasis added)

This framing and the economic mission behind should help recruit sectors, like local business, that often do not participate in long-term population or public health efforts. PTAC already has a representative of a major local contractor on its board. It is also engaging local business on employee wellness and tobacco cessation, where return on investment is relatively simple to demonstrate. When businesses contribute to local public health efforts, they are exposed to community health best practices, including the use of social-ecological causal frameworks and equity perspectives. Even if they are contributing to a specific outcome with a clear short term return on investment, they can begin to perceive the interconnectedness of community health, community prosperity, racial equity, social justice, and the health of their business.

In addition to representing health care, the hospitals and other providers involved in PTAC are also local business representatives. PTAC is already harnessing health care's increasing philosophical and regulatory obligation to population health. But their emphasis on economic development also allows them to leverage these providers' concerns as major local businesses. Even as non-profit entities, these hospitals have the same concerns as local for-profit businesses, like the adequacy of the local labor market and supporting municipal infrastructure. Their involvement in the Pueblo Chamber of Commerce (St. Mary Corwin Medical Center) and the Pueblo Economic Development Corporation (Kaiser) provides linkages for potential collaboration. These factors should help bring more business to the table to support community-based health improvement efforts.

Importance for Local HiAP

Through its communications, planning, and program implementation, PTAC is operationally linking public health priorities with economic development goals. Such goals are often the topmost priority for local elected officials. Mayors, managers, and county commissioners generally want more and better

jobs for their communities, sustained growth, and improved quality of life – in addition to better health. When they consider a new policy, its economic impact is a major deciding factor.

This is not to say that they don't also care deeply about the health of their communities. The 2016 survey of county officials by the National Association of Counties (NACO) indicated wide recognition of chronic conditions, substance abuse, and other outcomes as public health priorities. However, only 38% identified upstream determinants of those outcomes as a high priority.⁵ So far, PTAC has been most successful at bringing local political leaders to the collaborating table when tackling specific health outcomes,⁶ especially issues like substance abuse, which is often acutely tragic and dramatically covered in the media. Keeping these partners at the table for longer-term, upstream efforts is critical for advancing HiAP.

As with business partners, PTAC's social-ecological approach exposes elected leaders to the role of upstream determinants and the potential of collective impact. Strategic marketing and messaging can aid this process. The widely used "social determinants of health" is a useful academic term for public health professionals that conveys the causal complexity of the social-ecological model. For people who are not versant in public health causal frameworks, it probably conveys something else, and one message testing study revealed it to be politically divisive.⁷ PTAC tries to avoid this by using the simpler-sounding term "health ecosystem."

Even if local elected leaders have some understanding of upstream determinants and equity, they may not believe that government policy should have a role in addressing root causes or they may not be aware that there are any viable local policy solutions. Additionally, political calculations might factor into their decision making, inciting them to choose whatever course increases their chances of being re-elected or elected to a higher office.

While organizations like PTAC have very little if any control over these officials' political leanings or ethical groundings, they do have some influence over the population health information these leaders use to make decisions, including community health assessments and improvement plans. In most Colorado communities, public health and its partners are expanding their analyses of local upstream determinants in their assessments. Their improvement plans can also propose evidence-based local policy solutions, which should make elected leaders more aware of viable options

Another source of influence are the community members and variety of partner organizations who participate in the assessment and improvement processes and lead many community health initiatives. These citizens, business owners, health care officials, nonprofit professionals, and non-health government officials regularly exert influence on elected leaders. When these groups demonstrate collective will to address upstream health determinants in the context of economic prosperity, and vocalize their efforts, elected leaders will take notice.

Conclusion

The intersection of health care, public health, and economic development efforts is an ideal place to build the trust and power needed to influence local policymaking. The Pueblo Triple Aim Corporation occupies this intersection of powerful interests and is poised to expand their inclusion of affected populations in its leadership and planning. This combination of inclusiveness, clout, and long-term strategic vision will help open policy doors wider to address systemic inequities and upstream determinants.

¹ Prybil, L. D., Scutchfield, F. D., & Dixon, R. E. (2016). The evolution of public Health–Hospital collaboration in the united states. *Public Health Reports*, 131(4), 522-525. doi:10.1177/0033354916662208

² Wilson, K. D., Mohr, L. B., Beatty, K. E., & Ciecior, A. (2014). Describing the continuum of collaboration among local health departments with hospitals around the community health assessments. *Journal of Public Health Management and Practice : JPHMP*, 20(6), 617. doi:10.1097/PHH.000000000000030

³ <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

⁴ Pueblo Triple Aim Corporation. (2017). Strategic Plan 2017-2020. Available here: <http://pueblotripleaim.com/wp-content/uploads/2017/08/strategic-plan-2017-2020.pdf>

⁵ Ortiz, N. (July 2016). National Association of Counties: Priorities in America’s Counties 2016.

⁶ Martinez, Luann. December 2017 Phone Interview.

⁷ Gollust, S., Lantz, P., & Ubel, P. (2009). The polarizing effect of news media messages about the social determinants of health. *American Journal of Public Health*, 99(12), 2160-7.