



National Association of County & City Health Officials

The National Connection for Local Public Health

National Association of County and City Health Officials Public Health Transformation Sentinel Network Results from Survey 4 – December 2015

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Local public health is experiencing a significant period of transformation. Across the nation, local health department leaders are changing the way they do business to ensure that staff have the skills and resources necessary to work across sectors, to question why health inequality exists, to make data-driven decisions, and to think strategically about how to engage the community to create conditions for health, safety, and equity. NACCHO's public health transformation portfolio assists local health departments as they grapple with the complex challenges that impede growth, adaptation, and innovation. Through situational awareness, capacity building, and partnership development, NACCHO will demonstrate and support local public health's efforts to improve the systems that shape health. For more information on NACCHO's work in this area, contact transformation@naccho.org or visit www.naccho.org/transformation.

Background

Local public health systems and practices are adapting and transforming in response to new trends and forces in the field, including a changing public health workforce, ongoing reductions in state and local budgets, and implementation of the Affordable Care Act (ACA). Specifically, the ACA offers new mechanisms for paying for prevention and linking public health and healthcare entities to define priority areas for investing in safe, healthy, and resilient communities. Hospitals and health plans are developing new value-based payment models, ranging from pay for performance to provider-sponsored plans. At the same time, local health departments (LHDs) are considering their unique value as service providers and/or coordinators of population health efforts to improve the quality and sustainability of their community's health system. For example, some health departments are developing new billing and reimbursement mechanisms and/or contributing to development of new networks of care, such as Accountable Care Organizations (ACOs).

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 LHDs across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. NACCHO provides resources to help LHD leaders develop public health systems, policies, and programs to ensure that communities have access to the vital programs and services people need to keep them protected



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from disease and disaster. NACCHO is committed to ensuring LHDs have the resources they need to contribute to transforming the nation's healthcare and public health systems. The results presented in this and subsequent reports highlight local conditions and LHD approaches to improving population health and advancing the Triple Aim.

Public Health Transformation Sentinel Network

NACCHO formed the Public Health Transformation Sentinel Network (Sentinel Network) in fall 2014 to collect information and feedback regarding the role of LHDs in the transformation of the local public health system, including implementation of the ACA. Members of the Sentinel Network are familiar with local-level ACA implementation efforts across their state or region and have general knowledge about LHDs and their roles in the public health and healthcare systems. Sentinel Network members participate in regular surveys and conference calls designed to explore a number of factors at the local level, including the extent of implementation, facilitators and barriers to transformation, and innovative strategies.

As of December 2015, the second cohort of the Sentinel Network consisted of 29 members from 24 states. Members were recruited from a range of organizations, including state associations of local health officials, state health departments, LHDs, public health institutes, academic institutions, and primary care associations.

Methods

NACCHO fielded a Sentinel Network survey in December 2015. The survey instrument included open- and close-ended questions exploring how LHDs leverage federal funding to address upstream public health issues and social determinants of health. The survey specifically explored LHDs utilization of the [Prevention and Public Health Fund](#), [State Innovation Models \(SIM\) Initiative](#), and [Section 1115 Waivers](#). Respondents were asked if they and their states receive funding from the named source. Respondents were then asked to describe how the LHDs in their states used funding from those sources to address various social determinants of health, as defined by the U.S. Department of Health and Human Services in [Healthy People 2020](#) (e.g., economic stability, education, health and healthcare, neighborhood and built environment, and social and community context). Lastly, members described the challenges LHDs face leveraging federal funding to address upstream public health issues.

The survey was developed with support from the Centers for Disease Control and Prevention (CDC). A total of 19 respondents representing 18 states completed the fourth survey. In December 2015, NACCHO presented a preliminary analysis of the findings to the Sentinel Network during a quarterly conference call, in which 16 members participated. This memo summarizes the findings from the survey and the telephone conversation.

Key Findings

- Most Sentinel Network members (10) indicated that their state receives funding from the Prevention and Public Health Fund. Activities most often cited as addressed by the Fund were implementing programs for chronic disease prevention and management, improving the health delivery system, and building capacity for immunization programs.
- Many members (10) also indicated that their state receives funding from the State Innovation Models Initiative, which LHDs used to implement Accountable Communities for Health models, implement evidence-based interventions for targeted health outcomes, and improve integrative healthcare delivery.
- Few members (6) represented states that have a Section 1115 waiver. LHDs used Section 1115 waivers to increase access to care for low-income individuals, develop innovative service delivery models, and provide health services related to family planning, tobacco cessation and chronic disease prevention.
- Sentinel Network members discussed several challenges preventing LHDs from leveraging federal funding to address social determinants of health, including: no funding or limited funding being awarded to LHDs; duplication of efforts among organizations and misunderstanding of the role of LHDs; and overall focus on addressing short-term health outcomes in a short period of time.

Results

The Prevention and Public Health Fund

The Prevention and Public Health Fund (PPHF) was established under the Affordable Care Act in 2009 as a mandatory fund “to provide for expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance healthcare quality.”¹ PPHF supports early detection of diseases and injury, prevention and wellness research, public health workforce development and training, quality improvement in public health practice, public health infrastructure, and community-based prevention initiatives at the federal, state, and local level.

Eleven members said their states receive funding from the PPHF, and ten members indicated that LHDs in their state are awarded funding from the PPHF. All ten members said LHDs used funding from the PPHF to address social determinants of health. Each of the ten members said LHDs are addressing health and healthcare using funding from the PPHF, most commonly by implementing programs focused on chronic disease prevention and management, improving the health delivery system, and building capacity for immunization programs (Table 1).

Table 1: Local health departments’ use of the Prevention and Public Health Fund to address health

How are LHDs in your state using funding from the Prevention and Public Health Fund to address health and healthcare?
Working with primary care physicians to implement model practices around hypertension and diabetes
Working with a consulting firm in clinics and pharmacies serving our target population to improve electronic health record and health information technology performance, dashboards for monitoring population performance... and identification of patients with hypertension and diabetes
The fund has supported strategies that involve clinical-community partnerships focused on diabetes, heart disease, and stroke
PPHF funds are being used to build immunization capacity, improve clinical care to prevent heart disease and stroke, improve access to the state tobacco quit line and to build capacity to provide chronic disease self-management programs
Implementing systems and increasing partnerships to facilitate bi-directional referral between community resources and health systems, including lifestyle change programs
Increasing engagement of community health workers to promote linkages between health systems and community resources for adults with high blood pressure and adults with prediabetes or at high risk for type 2 diabetes

Seven members stated that LHDs are addressing neighborhood and built environment. The most common examples provided were implementing evidence-based lifestyle change programs to reduce chronic disease, improving walkability of communities, and increasing access to tobacco-free environments. In Washington, one member stated that LHDs address the neighborhood and built environment by participating in a “wide variety of partnerships across the state often involving park systems, schools, workplaces, and local governments... to support policies to make communities more bike- and pedestrian-friendly.” Washington members also discussed using PPHF to address the social and community context by directly engaging communities in prevention initiatives. A member said “community engagement is a feature and approach of many strategies, as community groups come together to influence healthy food and active living policies in community plans,” including “youth-led education campaigns” and “supporting particular neighborhoods with high health disparities to develop local collaboratives to reduce inequities around healthy eating, active living, and tobacco-free environments.”

State Innovation Models Initiative

The State Innovation Models (SIM) Initiative is a Centers for Medicare and Medicaid Services (CMS) initiative supporting the development and testing of innovative state-based healthcare delivery and payment reform models to improve health system performance and achieve the Triple Aim. As of December 2014, CMS provides funding to 28 states, three territories and Washington, D.C. to develop and test alternative models of payment and service delivery for health system transformation.²

Ten Sentinel Network members said their states receive funding from the SIM Initiative. Most members (8) also report that LHDs were very involved or somewhat involved in planning the state's SIM Initiative. LHDs were involved in SIM Initiative planning in a variety of ways, usually by sitting on a planning or leadership committee or advisory group or helping to implement SIM-supported models. One member described LHD participation in SIM Initiative planning by saying:

SIM planning included development of a "Prevention Framework" that LHDs were particularly involved in shaping, together with health delivery system partners and other systems that influence health. LHD leaders are infused into the SIM's overall leadership network. LHDs are deeply involved in the development of the Accountable Communities of Health (ACH), a key cornerstone of the SIM plan. There are 9 ACHs that cover the entire state... Four are currently led by LHDs, while other LHDs are members of governance tables around the state. LHDs are organizing further to help shape and strategize together around the SIM implementation.

Five members said SIM Initiative funding in their state is also directed to support LHD programs and services primarily addressing health and healthcare. Most LHDs address health and healthcare by implementing Accountable Communities for Health models. A member from Minnesota shared:

Some LHDs are involved as either the lead, or as a partner organization, in Affordable Communities for Health models implemented across the state. These ACHs are designed to bring together community stakeholders, including medical care, to create a more cohesive healthcare access, delivery and referral system within communities. In some instances, LHDs are the lead grantee and in others, they are a partner.

LHDs also use SIM Initiative funding for improving integrative healthcare delivery by facilitating cohesion among providers in the healthcare access, delivery, and referral systems. A member from Idaho said:

LHDs have hired staff to manage a regional collaborative made up of medical practices and other [services] as well as facilitate a medical/health neighborhood collaborative. These community members will be engaged to help facilitate connectivity amongst all providers, identify targeted health outcomes in the region, facilitate expanded telehealth and ultimately coach primary care physicians into becoming National Committee for Quality Assurance (NCQA) recognized patient centered medical homes.

Finally, LHDs use SIM Initiative funding for identifying and implementing evidence-based interventions for targeted health outcomes in particular regions. A member from Oregon said:

Local public health authority grantees are required to implement at least one evidence-based intervention in the health system setting for a health priority identified in their community health improvement plan... These interventions include: implementing standard opiate prescribing guidelines across a region with hospitals, providers and payers; tobacco screening, referral and counseling; pregnancy intention screening and referral to preconception health and family

planning resources; and implementation of developmental screening in health systems across a region.

Section 1115 Medicaid Demonstration Waivers

Section 1115 Medicaid Demonstration waivers provide states the opportunity to design and test innovative and alternative approaches to Medicaid coverage as approved by CMS. According to CMS, states may use Section 1115 waivers for “expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible; providing service not typically covered by Medicaid; or using innovative service delivery systems that improve care, increase efficiency, and reduce costs.”³

Six members indicate that their states have a Section 1115 waiver. Four members said LHDs in their states were somewhat involved in planning the state’s Section 1115 waiver, while two members said LHDs in their states were not involved. LHDs that were involved in Section 1115 waiver planning primarily participated in stakeholder meetings and provided feedback during the sessions. For example, one member from Oregon said: “Oregon’s [Section 1115] waiver was submitted following a series of stakeholder meetings conducted across the state designed to collect input on Oregon’s health system transformation efforts. Some LHDs participated and provided feedback during these sessions.”

Three members note that LHDs in their states receive funds from a Section 1115 waiver, one member said that LHDs do not receive Section 1115 waiver funds, and five members are not sure. Members said that LHDs in their states use Section 1115 waiver funding to address health and healthcare by increasing access to care for low-income individuals, developing new healthcare delivery models, and providing health services related to family planning, sexual health, tobacco cessation, and chronic disease prevention. One member from Mississippi shared: “LHDs receive Medicaid reimbursement for providing family planning services to persons eligible under the state’s Medicaid Family Planning Waiver.” Additionally, a member from Texas said: “LHDs are developing new service delivery models and

expanding chronic disease prevention services as well as HIV/STD services.” Finally, a member from Oregon stated: “Some [Section 1115] waiver funds have been used to support the Traditional Health Worker program, and a variety of demonstration grant funded programs are currently being reviewed for continued funding, including Healthy Homes asthma prevention programs and development of prenatal primary care homes.”

Challenges to Addressing Social Determinants of Health

Sentinel Network members described challenges LHDs face in leveraging federal funding to address upstream public health issues and social determinants of health. Most members indicate that it is difficult for LHDs to leverage federal funding to address social determinants of health in a meaningful way. Many members stated that LHDs are not being awarded funding to work on upstream public health issues, or receive limited funding in this area. Members state that: “Most SIM funding in [the state] did

not go directly to LHDs” and “while many new and existing LHD grantees applied in [the state], no LHD was awarded this funding in 2014.” Another member said:

The vast majority of SIM funding is going to a national consulting firm... Zero dollars were budgeted for local health departments. Zero dollars were explicitly budgeted for upstream prevention. However, we are hopeful that as a result of the population health planning process, to which LHDs contributed, improvements will be made going forward. Although lack of funding remains a significant challenge.

Members also discussed how duplication of efforts across states creates a challenge for LHDs to address upstream public health issues. A member stated that a challenge for LHDs is “competition with community organizations who our state health department has chosen to also fund. This has led to major confusion on roles and responsibilities as well as a division of the limited funds that the state chooses to give to LHDs.” Another member described the challenge this way:

There are some concerns that the LHD role is being marginalized... There is a risk that instead of building on and tapping into the LHDs’ strengths, they will build around them and potentially duplicate (e.g., Accountable Communities for Health has a requirement for a regional health improvement plan, which is work that is already carried out by LHDs and could be tapped/built upon for ACHs).

Finally, members described the overall focus on addressing short-term health outcomes in a short period of time as a challenge to LHDs conducting prevention work. Describing this challenge, a member said: “[The funding] focuses chiefly on the healthcare delivery system and tracking clinical outcomes. Outcomes more relevant to prevention and population health are not very well woven into the fabric yet, but at least this is increasingly being voiced and recognized as an issue.” Another member said:

The push to achieve outcomes in a short period of time typically yields a focus on indicators more likely to change in a short period of time – whether those be clinical service delivery (delivery of tobacco cessation interventions, colorectal cancer screenings, etc.) or short-term health outcomes (opiate overdose reversals). It is typically difficult to leverage federal funding to address social determinants of health in a robust and meaningful way. LHDs in Oregon are continuing to work towards having meaningful conversations and creating the conditions for achieving population health goals... but we are in the very early stages of this transformation.

Overall, while some LHDs across the country are shifting focus to work on upstream public health issues, the health and healthcare system have great strides to make in recognizing the importance of implementing prevention strategies and addressing the social determinants of health to improve population health.

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Learn more about the Sentinel Network's findings in the first year of the project by reading the [executive summary](#) and the [full report](#). Please contact transformation@naccho.org with inquiries about the Sentinel Network.

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