

Public Health Transformation Sentinel Network

Final Report

Year 2 Findings

NACCHO
Public Health Transformation
July 2016

Public Health Transformation at NACCHO

Local public health is experiencing significant transformation. Across the nation, local health department (LHD) 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.

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 local health departments 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 local health department 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 from disease and disaster.

NACCHO's public health transformation portfolio assists LHDs as they contend with the complex challenges that impede growth, adaptation, and innovation. Through situational awareness, capacity building, and partnership development, NACCHO demonstrates and supports local public health's efforts to improve the systems that shape health.



Public Health
Prevent. Promote. Protect.

Executive Summary

NACCHO created the Public Health Transformation Sentinel Network in 2014 to [collect information and feedback](#) regarding the role of local health departments (LHDs) in the transformation of local public health systems. Sentinel Network members participate in regular surveys and conference calls designed to explore a number of public health transformation factors at the local level.

The Sentinel Network – a vital link to a broad range of local health officials, state health departments, public health institutes, academic institutions, public health associations, and primary care associations – is composed of 40 members from 32 states. Sentinel Network members completed three surveys between December 2015 and June 2016. Each survey instrument included open- and close-ended questions exploring public health transformation topics. Each survey was developed with support from the Centers for Disease Control and Prevention and NACCHO’s Research and Evaluation team. Each of the three surveys yielded an average of 18 responses, representing 16 states. After each survey, NACCHO presented in a conference call a preliminary analysis of the findings to Sentinel Network members.

The first survey, [Federal Funding to Address Upstream Public Health Issues](#), examined LHD use of federal funds to take on upstream public health issues. Respondents described how LHDs in their states use federal funding to address the social determinants of health and the challenges faced when addressing these issues. The challenges that are preventing LHDs from leveraging federal funding to address social determinants of health include [no funding or limited funding](#) being awarded to local health departments; [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. Other issues explored in the first survey include the State Innovation Models Initiative and Section 1115 Medicaid Demonstration Waivers.



“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 or short-term health outcomes. It is typically difficult to leverage federal funding to address social determinants of health in a robust and meaningful way. We 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.”

The second survey, [Partnerships Between Local Health Departments and Managed Care Organizations](#), explored how LHDs collaborate with managed care organizations (MCOs) to ensure the health of their communities. Respondents described the opportunities for LHDs in their states to partner with MCOs, and the most important facilitators and barriers to successful collaboration. Sentinel Network members cited partnerships including [completing community health assessments and community health improvement plans, leveraging data analytics to address health disparities, and conducting primary prevention initiative activities](#). The most frequently mentioned factor for successful collaboration was a [shared understanding of each organization](#), as well as the organization's [missions, visions, and values](#). The most common barriers to successful collaboration were lack of knowledge about the other organization, difficulties in linking data systems, and low prioritization of collaboration between organizations.

“We recently completed a survey asking local health departments and primary care about the topic areas in which they would like to partner more – where there is opportunity – and mental health, as well as targeting social determinants of health were topics where public health was seen as bringing additional value to healthcare.”



The third survey, [Multisector Collaboration Between Local Health Departments and Community Partners](#), assessed opportunities for multi-sector collaborations between LHDs and various community partners. Respondents described the most valuable opportunities for community partnerships, as well as the most difficult partnerships for LHDs to cultivate. Members indicated that the most valuable partnerships are [community-based nonprofits, hospitals, and physician practices and medical groups](#). Academic institutions, health insurers, and economic and community development agencies were also considered valuable partners. Members noted that partnerships with business, physician practices and medical groups, health insurers, and mental health providers were particularly difficult for LHDs to cultivate and sustain.

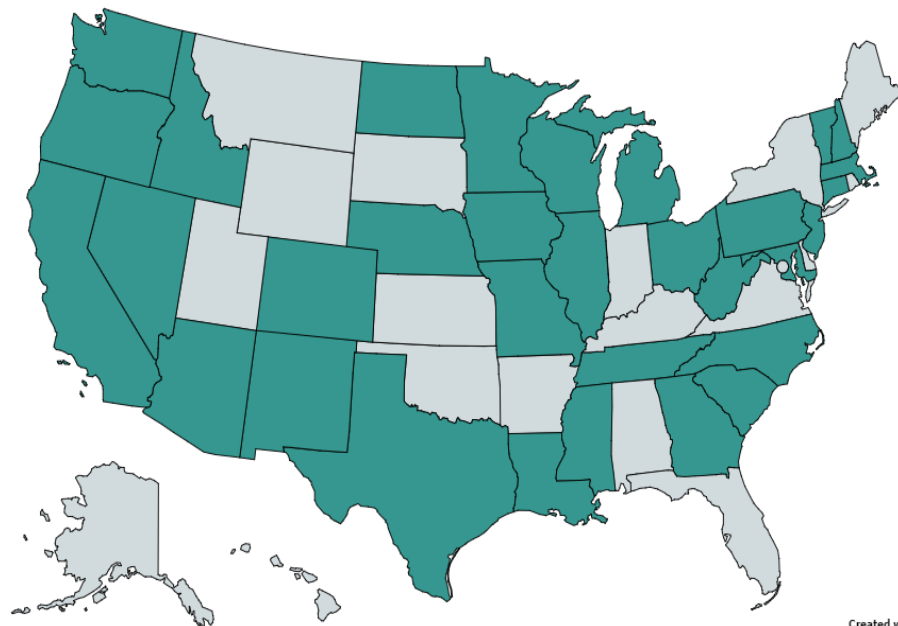


“There are many business interests and goals that are totally not focused on health or community good. Getting business leaders to understand how public health influences own work and success and sustainability is a national challenge.”

About the Public Health Transformation Sentinel Network

NACCHO formed the Public Health Transformation Sentinel Network in fall 2014 to collect information and feedback regarding the role of local health departments (LHDs) in the transformation of local public health systems, including implementation of the Patient Protection and Affordable Care Act (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 public health transformation factors at the local level.

The Sentinel Network is composed of 40 members from 32 states. Members represent a range of organizations, including LHDs, state health departments, state associations of local health officials, public health institutes, academic institutions, public health associations, and primary care associations.



Public Health Transformation Sentinel Network
States Represented – Year 2

- Member
- Non-member

Sentinel Network Survey Topics

Sentinel Network members completed three surveys between December 2015 and June 2016. Each survey instrument included open- and close-ended questions exploring public health transformation topics. Each survey was developed with support from the Centers for Disease Control and Prevention and NACCHO's Research and Evaluation team. Each of the three surveys yielded an average of 18 responses, representing 16 states. After each survey, NACCHO presented in a conference call a preliminary analysis of the findings to Sentinel Network members.

The first survey examined the use of federal funding to address upstream public health issues. Respondents described how LHDs in their states use federal funding to address the social determinants of health and the challenges faced when addressing these issues.

The second survey explored how LHDs partner with managed care organizations (MCOs). Respondents described the opportunities for LHDs in their states to partner with MCOs and the most important facilitators and barriers of successful collaboration between LHDs and MCOs.

The third survey assessed opportunities for multisector collaborations between LHDs and community partners. Respondents described the most valuable opportunities for community partnerships, as well as the most difficult partnerships for LHDs to cultivate.





Federal Funding to Address Upstream Public Health Issues

Survey I

Key Findings from Survey I

The first survey examined the use of federal funding to address upstream public health issues. Respondents described how LHDs in their states use federal funding to address the social determinants of health and the challenges faced when addressing upstream public health issues. Key findings from Survey I were:

- About 60% of Sentinel Network survey respondents indicated that their state receives funding from the Prevention and Public Health Fund. LHDs used this funding to implement programs for chronic disease prevention and management, improve the health delivery system, and build capacity for immunization programs.
- About 55% of Sentinel Network survey respondents indicated that their state receives funding from the State Innovation Models Initiative, which local health departments used to implement Accountable Communities for Health models, implement evidence-based interventions for targeted health outcomes, and improve integrative healthcare delivery.
- Roughly 33% of Sentinel Network survey respondents 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 local health departments; 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.

Survey I Findings

The Prevention and Public Health Fund

The Prevention and Public Health Fund (PPHF) was established under the ACA 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 About 60% of Sentinel Network survey respondents indicated that their state receives funding from the PPHF, and 91% of those members indicated that LHDs in their state are awarded funding from the PPHF.

All members in states where LHDs receive funding from the PPHF said LHDs use the funding to address social determinants of health. 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.

Seventy percent (70%) of members in states where LHDs receive funding from the PPHF stated that LHDs are addressing neighborhood and built environment issues. The most common examples provided were implementing evidence-based lifestyle change programs to reduce chronic disease, improving community walkability, and increasing access to tobacco-free environments.

“Prevention and Public Health Fund 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.”

Survey I Findings

“SIM planning included development of a ‘Prevention Framework’ that local health departments were particularly involved in shaping, together with health delivery system partners and other systems that influence health. Local health department leaders are infused into the SIM’s overall leadership network.”

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.²

About 55% of Sentinel Network survey respondents indicated that their state receives funding from the 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.

Of members in a state with SIM Initiative funding, half of the members said the funding in their state is directed to support LHD programs and services to primarily address health and healthcare. Most LHDs address health and healthcare by implementing Accountable Communities for Health models. LHDs also use SIM Initiative funding to improve integrative healthcare delivery by facilitating cohesion among providers in the healthcare access, delivery, and referral systems. Finally, LHDs use SIM Initiative funding to identify and implement evidence-based interventions for targeted health outcomes in particular regions.

2. Centers for Medicare and Medicaid Services. State Innovation Models Initiative webpage. Retrieved February 11, 2016, from <https://innovation.cms.gov/initiatives/state-innovations/>

Survey I Findings

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

Roughly 33% of Sentinel Network survey respondents represented states that have a Section 1115 waiver. Of those members, about 67% of members said LHDs in their states were somewhat involved in planning the state’s Section 1115 waiver, while 33% 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.

LHDs 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.

“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.”

3. Centers for Medicare and Medicaid Services. Section 1115 Demonstrations webpage. Retrieved February 11, 2016, from <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/section-1115-demonstrations.html>

Survey I Findings

“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 or short-term health outcomes. It is typically difficult to leverage federal funding to address social determinants of health in a robust and meaningful way. We 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.”

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.

Lack of funding was a significant challenge. Many members stated that LHDs are not awarded funding to work on upstream public health issues, or receive limited funding in this area. Members also discussed how duplication of efforts across states creates a challenge for LHDs to address upstream public health issues. 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.

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.



Partnerships Between Local Health Departments and Managed Care Organizations

Survey 2

Key Findings from Survey 2

The second survey explored how LHDs partner with managed care organizations (MCOs). Respondents described the opportunities for LHDs in their states to partner with MCOs, as well as the most important facilitators and barriers of successful collaboration. Key findings from Survey 2 were:

- LHDs and MCOs partner in a variety of ways, most commonly by referring patients to one another for services and collaborating on community health improvement projects. Least-common forms of partnership among LHDs and MCOs were co-locating to the other organization's facility and working on performance improvement projects.
- Sentinel Network members discussed many opportunities for collaboration between LHDs and MCOs, particularly around completing community health assessments and community health improvement plans, leveraging data analytics to address health disparities, and conducting primary prevention initiative activities.
- The most frequently mentioned factor for successful collaboration between LHDs and MCOs was a shared understanding of each organization, as well as the organization's missions, visions, and values. The most common barriers to successful collaboration were lack of knowledge about the other organization, difficulties in linking data systems, and low prioritization of collaboration between organizations.
- Sentinel Network members stated that changes at the state and local level, including stronger relationships among partners, leadership's support and prioritization of collaboration, and incentives to collaborate, would facilitate collaboration between LHDs and MCOs.

Survey 2 Findings

Partnerships Among Local Health Departments and Managed Care Organizations

Sentinel Network members say that LHDs and MCOs in their state partner most commonly by referring patients to the other organization for services. Approximately 68% of members indicate that LHDs in their states partner through referral processes. For example, a Sentinel Network member from Washington described a contract between LHDs and MCOs, in which MCOs refer their members directly to LHDs for case management and linkage to social and clinical services in the patient's community. This partnership model results in an increase of coordinated care across the system and generates revenue for the LHDs.

LHDs also commonly collaborate with MCOs on community health improvement plans, according to Sentinel Network members. Roughly 52% of members say that LHDs in their state work with MCOs to complete community health improvement projects. In this partnership, Sentinel Network members say that health departments typically serve as the backbone organization, providing support, direction and guidance throughout the community health improvement plan process while involving MCOs, regional medical centers, nonprofit hospitals, and other organizations engaged in the collective impact model.

“If local public health wants to stay viable in our state, we need to partner with managed care organizations.”

Survey 2 Findings

“We recently completed a survey asking local health departments and primary care about the topic areas in which they would like to partner more – where there is opportunity – and mental health, as well as targeting social determinants of health were topics where public health was seen as bringing additional value to healthcare.”

Potential Opportunities for Collaboration between Local Health Departments and Managed Care Organizations

Members discussed the prime opportunity for collaboration in the community health needs assessment (CHNA) and community health improvement plan process. Health reform, namely the ACA, presents new opportunities for collaboration, as many local health departments across the country collaborate with hospitals for CHNA, a practice not uncommon prior to the ACA requirements.⁴ This partnership between LHDs and MCOs provides an opportunity for greater collaboration between organizations, as well as increased data sharing, less duplication of efforts, and the opportunity to work together on projects and policies in support of a shared vision and goals that emerge from the community health improvement plan process.

Partnerships between LHDs and MCOs also have the potential to improve the depth and breadth of data analyses. Access to larger and more diverse datasets allows LHDs and MCOs to examine trends and patterns in health behaviors and outcomes, social determinants of health, and indicators of quality. This is especially important for identifying disparities among subgroups and tailoring interventions and services to improve outcomes.

Other potential areas for partnership also emerged from the survey, including increased referrals, greater care coordination, and primary prevention initiative activities, such as tobacco cessation programs. One member mentioned the opportunity to collaborate on communicable disease surveillance by saying: “With emerging diseases like Ebola and Zika, there are opportunities to partner on community responses.”

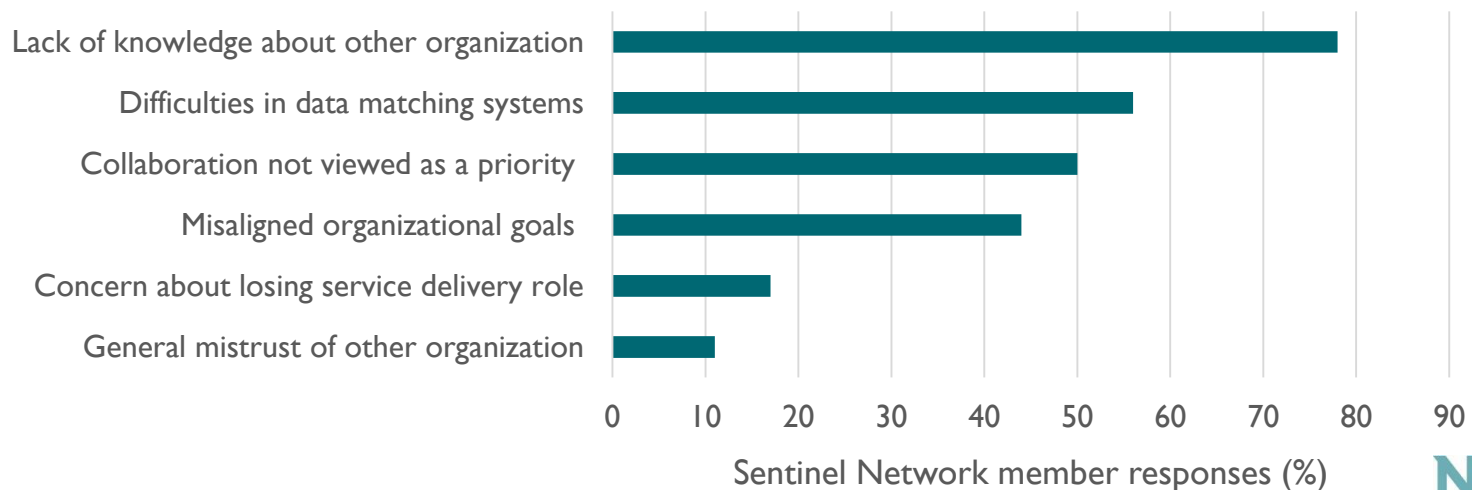
Survey 2 Findings

Key Factors for Successful Collaboration

The most commonly cited factor for successful collaboration between LHDs and MCOs was a shared understanding of each organization. Members also explained the importance of understanding the key priorities of MCOs and common allies in order to approach collaboration strategically. Mutual understanding contributes to appropriate alignment of activities and initiatives, clearly defined roles and responsibilities, and the elimination of duplicate efforts. Other members discussed the importance of MCOs understanding the value that LHDs add to health initiatives and how LHDs can help MCOs reach their quality targets.

The most common barrier to collaboration between LHDs and MCOs was lack of knowledge and awareness about the other organization, followed by difficulties in linking data systems. Other common barriers include lack of prioritization of collaboration between organizations and misaligned goals between local public health and MCOs. Additionally, the difficulty of paying LHDs for prevention services emerged as an important barrier to successful collaboration. Lastly, members cited lack of capacity among both organizations as a barrier to successful collaboration.

Barriers to Successful Collaboration between Local Health Departments and Managed Care Organizations



Survey 2 Findings

Changes to Facilitate Collaboration between Local Health Departments and Managed Care Organizations

When asked what changes at the state and local levels would facilitate better collaboration between LHDs and MCOs, Sentinel Network members most frequently mentioned that stronger relationships between local public health and human services at state and local levels would set a precedent for collaboration. Stronger relationships among partners at both the state and local level would also lead to continued conversations to increase the understanding of roles across organizations; greater inclusion at planning meetings for both LHDs and MCOs; an opportunity to identify shared goals and objectives and align community health priorities; and a greater understanding of the role and value of local health departments. Sentinel Network members state that leadership should share opportunities and information about successful collaborations in order to facilitate increased partnership. Additionally, members say that funding discussions at both the state and local levels, as well as state policies that create incentives for health plans to work with LHDs to address community conditions and social determinants of health, would promote increased collaboration.

“I think insurers in general think of public health and might think of data or population health, but there’s a lot of other community-level activities that occur through the health department that match up more closely with what managed care does. So having those conversations is really important.”



Multisector Collaboration between Local Health Departments and Community Partners

Survey 3

Key Findings from Survey 3

The third survey assessed opportunities for multisector collaborations between LHDs and community partners. Respondents described the most valuable opportunities for community partnerships, as well as the most difficult partnerships for LHDs to cultivate. Key findings from Survey 3 were:

- Sentinel Network members indicated that the most valuable community partnerships for LHDs are community-based nonprofits, hospitals, and physician practices/medical groups. Academic institutions, health insurers, and economic and community development agencies were also considered valuable partners.
- Sentinel Network members noted that partnerships with the business sector, physician practices/medical groups, health insurers, and mental health providers were particularly difficult for LHDs to cultivate and sustain.
- Barriers to effective multisector collaboration between LHDs and community partners included lack of understanding about the role and value of local public health, misaligned goals, and limited time for collaborative community-based work.

Survey 3 Findings

Valuable Opportunities for Multisector Collaboration

Sentinel Network members discussed their perceptions of the most valuable community partnerships for LHDs. Most members indicated that partnerships with community-based nonprofits, hospitals, and physician practices/medical groups would prove most valuable. Partnerships with academic institutions, health insurers and economic and community development agencies were also viewed as valuable for LHDs.

Members discussed several reasons why collaborating with the above community partners presents valuable opportunities for LHDs. Community-based nonprofits were viewed as deeply invested in the community and potential partners in implementing community health improvement strategies. Partnerships with community-based nonprofits could also expand the reach of the LHD in the areas of education, advocacy, and policy development. Hospitals were also viewed as natural partners to address community health needs. Members cited the long history of collaboration between hospitals and LHDs on CHA/CHIP activities. The increased attention to integration of public health and primary care also creates opportunities for partnerships between the two organizations. Members expressed the opportunity for valuable partnerships with physician practices and medical groups, based on their broad reach within the community. Providers have the opportunity to reinforce public health prevention messages to address chronic and communicable disease, considering they provide a large proportion of medical care in their communities.

“The work of local health jurisdictions requires collaboration with organizations across their area of public health responsibility. Nonprofits are one of the essential groups to work with to determine need, and then which agency will be able to carry out the work. For example, the local health jurisdiction and other community agencies can determine what is needed to prevent obesity in children and then who can carry out the activities, which means close work between local health and nonprofits such as the YWCA and others.”

Survey 3 Findings

“There are many business interests and goals that are totally not focused on health or community good. Getting business leaders to understand how public health influences their own work and success and sustainability is a national challenge.”

Difficult Community Partnerships for Local Health Departments to Cultivate and Sustain

Sentinel Network members discussed the community partners with whom LHDs may face more difficulty in developing valuable partnerships. Most members indicated that partnerships with business, physician practices/medical groups, health insurers and mental health providers tend to be more complicated for LHDs.

Several barriers contribute to the complexity of these community partnerships. Members mentioned that businesses typically have high demand for funding from other community groups. Businesses often do not understand the role and value of public health, have different goals than local public health, and may potentially be put off by the regulatory side of public health work. Time was most commonly cited as a barrier to partnerships with physician practices and medical groups. This group typically has limited time for broad-based collaborative work, as they tend to be already overwhelmed within their own practices. Members agreed that a significant barrier to partnership with health insurers is misunderstanding of both organizations, leading to uncertainty about how to partner effectively. Health insurers do not recognize the value of local public health services, and many people within the LHD also do not understand how health insurance companies work. Lastly, mental health providers were also viewed as having limited time for collaboration with local public health, already being overwhelmed with existing responsibilities within the community.

Implications and Next Steps

Sentinel Network members discussed a range of considerations related to transforming local public health departments, including addressing social determinants of health to improve population health and collaborating with non-traditional partners to meaningfully leverage each group's expertise, interests, and resources to impact the health of communities.

As the public health field expands its understanding of the current context in which LHDs operate and the forces that influence their transformation, the following questions may be considered:

- What are the implications of the ACA for LHDs? How does the ACA interact with other forces experienced by LHDs?
- How can LHDs shift towards primarily undertaking upstream public health issues and implementing programs to address the social determinants of health?
- How can LHDs meaningfully collaborate with members of the healthcare system, including hospitals, insurers and medical groups? How do LHDs demonstrate the contributions of public health to achieving population health goals and objectives?
- How can LHDs engage in multisector collaborations with non-health sectors (e.g., businesses, criminal justice systems, economic and community development agencies) to promote the health and well-being of all people in their communities?
- How can LHDs expressly communicate the role and value of local public health to all stakeholders?

While the data indicate that LHDs are modifying or considering modifications to the way they do business, members noted that local public health systems have many challenges to overcome in the effort to acquire the role of local health departments of the future. Amidst the tasks of responding to budget cuts, workforce changes, and accreditation preparation, the need for local public health to define its role in the transformation of the nation's health system is essential.



Contact us

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NACCHO welcomes conversation around the topics discussed in the Public Health Transformation Sentinel Network report. Contact us to provide feedback about this report, share your stories of local public health transformation or learn more about the Sentinel Network.

Read the Public Health Transformation Sentinel Network Year 1 Final Report [here](#).



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