Leveraging Partnerships to Advance Population Health

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Is the Triple Aim Enough?

• Improve the health of the population;
• Enhance the patient experience of care (including quality, access, and reliability); and
• Reduce, or at least control, the per capita cost of care.

Institute for Healthcare Improvement (IHI)
AHA 2020 Impact Goal

“By 2020, to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.”

Cardiovascular Health Status Levels

<table>
<thead>
<tr>
<th>LIFE’S SIMPLE 7</th>
<th>POOR</th>
<th>INTERMEDIATE</th>
<th>IDEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Smoking Status</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Adults &gt;20 years of age</td>
<td>Current Smoker</td>
<td>Former ≤ 12 mos</td>
<td>Never / quit ≥ 12 mos</td>
</tr>
<tr>
<td>Children 12-19 years of age</td>
<td>None</td>
<td>1.149 min/wk mod or 1.74 min/wk vig or 1.149 min/wk mod + vig &gt;0 and ≤60 min of mod or vig every day</td>
<td>150+ min/wk mod or 75+ min/wk vig or 150+ min/wk mod + vig 60+ min of mod or vig every day</td>
</tr>
<tr>
<td><strong>Physical Activity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults &gt;20 years of age</td>
<td>None</td>
<td>1.149 min/wk mod or 1.74 min/wk vig or 1.149 min/wk mod + vig &gt;0 and ≤60 min of mod or vig every day</td>
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</tr>
<tr>
<td><strong>Healthy Diet</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults &gt;20 years of age</td>
<td>0-1 components</td>
<td>2-3 components</td>
<td>4-5 components</td>
</tr>
<tr>
<td>Children 5-19 years of age</td>
<td>0-1 components</td>
<td>2-3 components</td>
<td>4-5 components</td>
</tr>
<tr>
<td><strong>Healthy Weight</strong></td>
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<tr>
<td>Adults &gt;20 years of age</td>
<td>≥30 kg/m² &gt;95th percentile</td>
<td>25-29.9 kg/m² 85th-95th percentile</td>
<td>&lt;25 kg/m² &lt;85th percentile</td>
</tr>
<tr>
<td>Children 2-19 years of age</td>
<td>126 mg/dL or more</td>
<td>100-125 mg/dL or treated to goal</td>
<td>&gt;120/&lt;80 mm Hg</td>
</tr>
<tr>
<td><strong>Blood Glucose</strong></td>
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<td></td>
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<tr>
<td>Adults &gt;20 years of age</td>
<td>126 mg/dL or more</td>
<td>100-125 mg/dL or treated to goal</td>
<td>&gt;120/&lt;80 mm Hg</td>
</tr>
<tr>
<td>Children 12-19 years of age</td>
<td>≥240 mg/dL</td>
<td>≥200 mg/dL</td>
<td>&lt;170 mg/dL</td>
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<tr>
<td><strong>Cholesterol</strong></td>
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<td></td>
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<tr>
<td>Adults &gt;20 years of age</td>
<td>≥240 mg/dL</td>
<td>≥200 mg/dL</td>
<td>&lt;170 mg/dL</td>
</tr>
<tr>
<td>Children 6-19 years of age</td>
<td>≥240 mg/dL</td>
<td>≥200 mg/dL</td>
<td>&lt;170 mg/dL</td>
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<tr>
<td><strong>Blood Pressure</strong></td>
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<tr>
<td>Adults &gt;20 years of age</td>
<td>SBP ≥140 or DBP ≥90 mm Hg or treated to goal</td>
<td>SBP 120-139 or DBP 80-89 mm Hg or treated to goal</td>
<td>&lt;120/&lt;80 mm Hg</td>
</tr>
<tr>
<td>Children 8-19 years of age</td>
<td>&gt;95th percentile</td>
<td>90th-95th percentile or SBP ≤120 or DBP ≥80 mm Hg</td>
<td>&lt;90th percentile</td>
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</table>
But, context matters…

Building a Culture of Health in My Community

**Tobacco**
Increase percentage of Americans who live in environments that support smoke-free air and smoking cessation.

**Nutrition**
Improve environments that support healthy eating and improve quality of foods available.

**Physical Activity**
Increase percentage of Americans who live in environments that support active lifestyles.

**Health Factors**
Improve environments that support healthy weight, blood pressure, glucose and cholesterol.

**CPR/Chain of Survival**
Increase percentage of Americans who live in environments that support emergency response for cardiac arrest.

**Acute Care & Emergency Response**
Increase percentage of Americans who live in environments that support decreased cardiovascular disease mortality and improved quality of life.

**Post-Event Care**
Increase percentage of Americans who receive the support and education needed after acute events.

**Social Determinants**
Ensure safe places to work, play, and get care are available for all Americans.
And partnerships matter…

American Heart Association (AHA)
Public-Private Partnerships

- Million Hearts
- CDC Division of Community Health
- PICH
- REACH
- National Implementation and Dissemination for Chronic Disease Prevention - CDC CDH also funds
  - Accelerating National Community Health Outcomes: the Reinforcing Partnerships Program
- Prevention Guidelines development
Barriers for health system-based efforts to optimize population health

1. Misaligned stakeholder interests and population health investments
2. Inadequate information transfer
3. Inadequate service integration between health care and other sectors
4. Designing and functioning within a sustainable budget
5. Difficulties addressing health disparities

Challenges Associated with Establishing and Maintaining Population Health Initiatives

- Public health benefits are dispersed and delayed, and success is when “nothing happens”
- Public health practitioners are not celebrities – not since C Everett Koop.
- Public health programs are taken for granted (think indoor plumbing, water quality, food safety)
- Approaches that may involve regulation or fees or taxes can generate fierce opposition
- Public health sometimes clashes with moral values (think HPV, needle exchange, family planning)
- Population health improvement requires actions and resources outside of public health [and medical care].
Examples of Public-Private Partnerships Involving State Public Health

• Texas Preparedness Coordinating Council - ~2002
• Texas Department of State Health Services (DSHS) and Blue Cross and Blue Shield of Texas Worker Wellness Initiative - ~2005
• Healthy Babies are Worth the Wait Texas - ~2009
• Texas DSHS “Working Together for a Healthy Texas” – convening of Health Plan CMOs/Medical Directors - ~2010
• ~Texas Public Health Coalition - 2005