

Webinar:
Using The Community Guide for
Community Health Improvement

March 30, 2016

Presented by:

Centers for Disease Control and Prevention

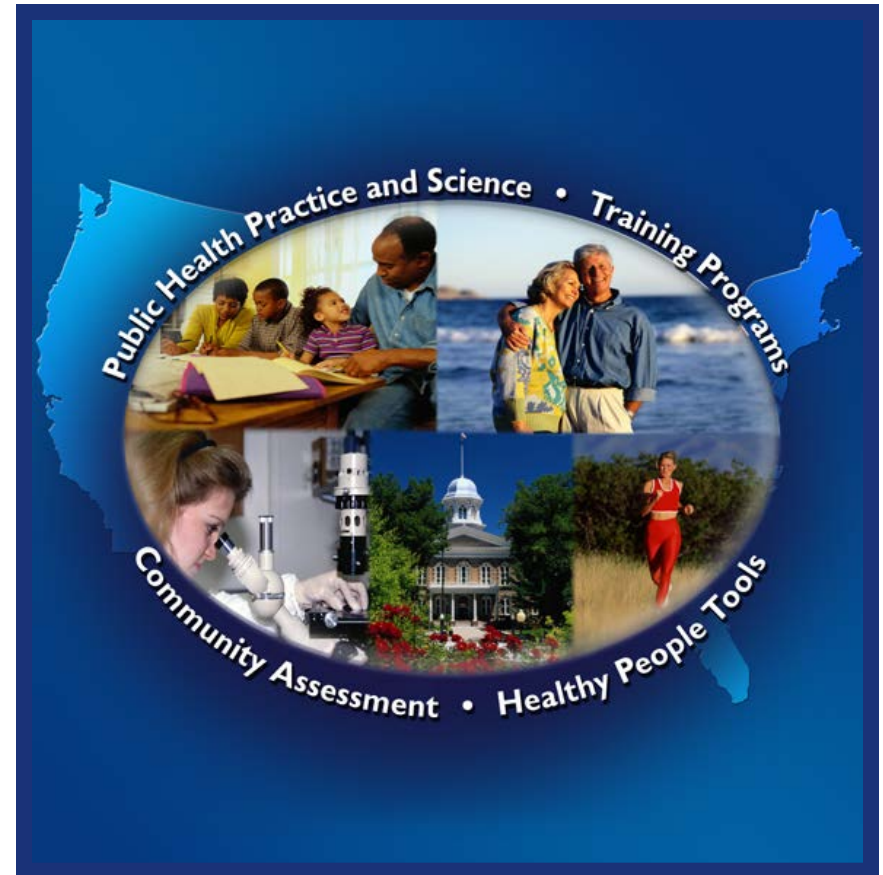
Public Health Foundation

Association for Community Health Improvement/
Health Research & Educational Trust

...*PHF Mission:*

We improve the public's health by strengthening the quality and performance of public health practice

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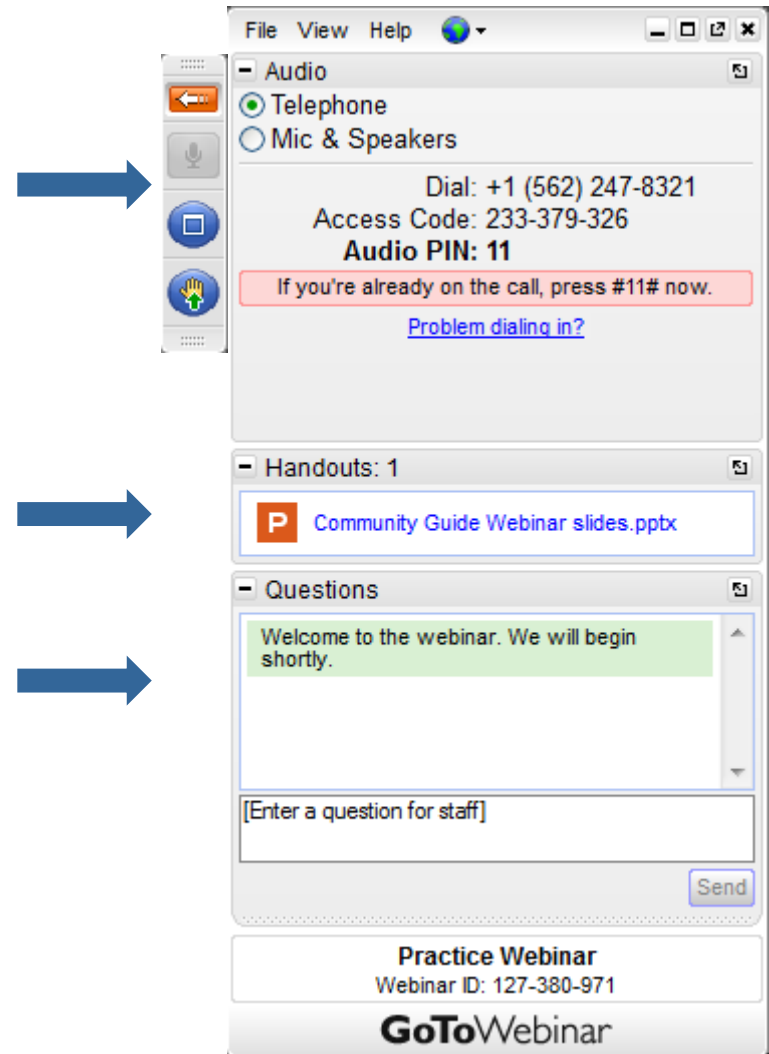


*Experts in Quality Improvement,
Performance Management, and
Workforce Development*



Housekeeping

- All attendees are muted. If you are using your phone, please choose the “Telephone” option and enter your Audio PIN (found in the “Audio” panel).
- Slides for today’s presentation are available for download in the “Handouts” panel.
- Please use the “Questions” panel to ask questions and submit comments throughout the webinar.
- This webinar is being recorded and will be archived. The archive will be made available following the webinar.



Purpose of Webinar

- Describe how The Guide to Community Preventive Services (The Community Guide) can be used by hospitals/health systems, health departments, and other community stakeholders to address priority community health improvement needs
- Discuss new tools under development to help hospitals/health systems integrate evidence-based strategies into their community health improvement plans and actions
- Introduce a pilot initiative involving two hospitals/health systems and their community partners designed to implement recommendations from The Community Guide to address population health priorities identified in community health improvement plans

Presenters

> Shawna L. Mercer, MSc, PhD

Chief, Community Guide Branch
Division of Public Health Information Dissemination
Center for Surveillance, Epidemiology, and Laboratory Services
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> Jack Moran, MBA, PhD

Senior Quality Advisor
Public Health Foundation



> Ron Bialek, MPP (Moderator)

President
Public Health Foundation



How Can The Community Guide Help with Devising Implementation Strategies for Community Benefit Requirements and with Community Health Improvement Plans?

Shawna L. Mercer, MSc, PhD, Chief
Community Guide Branch

Division of Public Health Information Dissemination
Center for Surveillance, Epidemiology, and Laboratory Services

Disclaimer

The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the views of the Centers for Disease Control and Prevention.

Outline

1. What Is Driving the Current Focus on Community Health Improvement?
2. What is the Value of Using an Evidence-based Approach to Select Interventions?
3. The Community Guide:
An Important Evidence Base for Public Health
4. Navigating The Community Guide Website

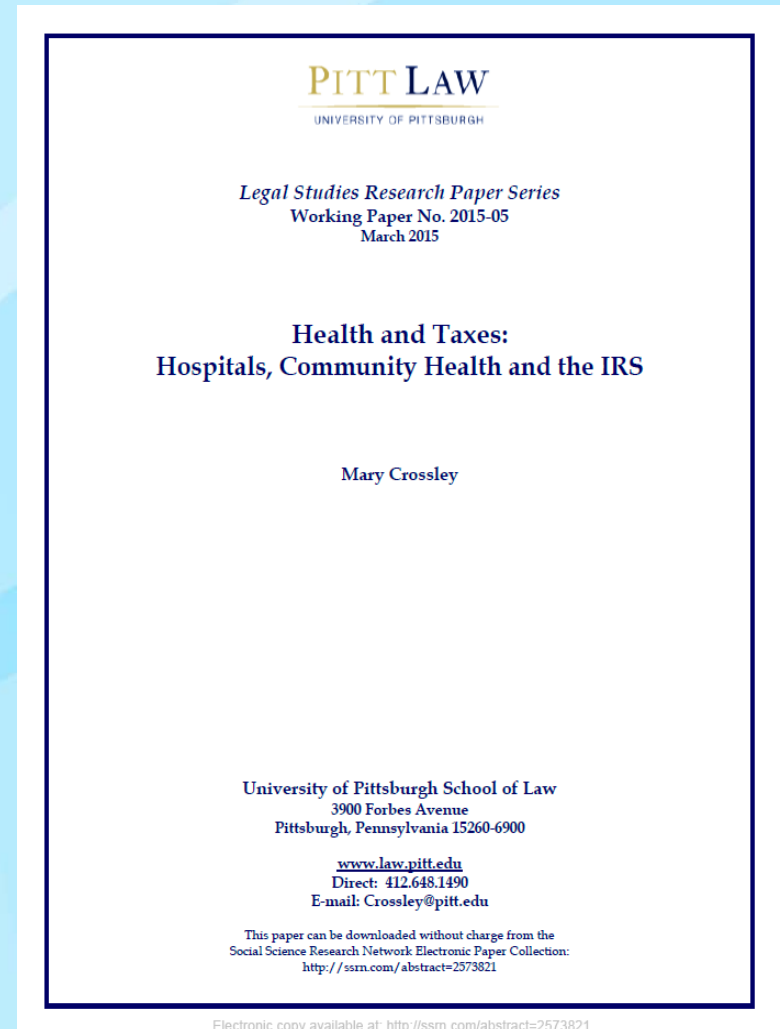




What Is Driving the Current Focus on Community Health Improvement?

Final IRS Regulations for Tax-exempt Hospitals (n>3000): Key Provisions

- Hospital organizations must conduct a community health needs assessment (CHNA) and adopt an implementation strategy for addressing “significant” community health needs at least once every 3 years.
- A hospital “may not define its community to exclude medically underserved, low-income, or minority populations who live in geographic areas from which the hospital draws its patients.”



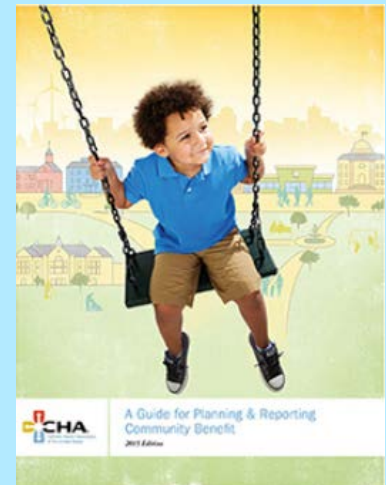
Final IRS Regulations for Tax-exempt Hospitals: Key Provisions (cont'd)

- The CHNAs must be made “widely available” to the public (i.e., published on the hospital website).
- CHNA’s for tax years beginning after 12/29/2015 must “include an impact evaluation of the actions taken by the hospital on significant health care needs it identified in its previous CHNA.”

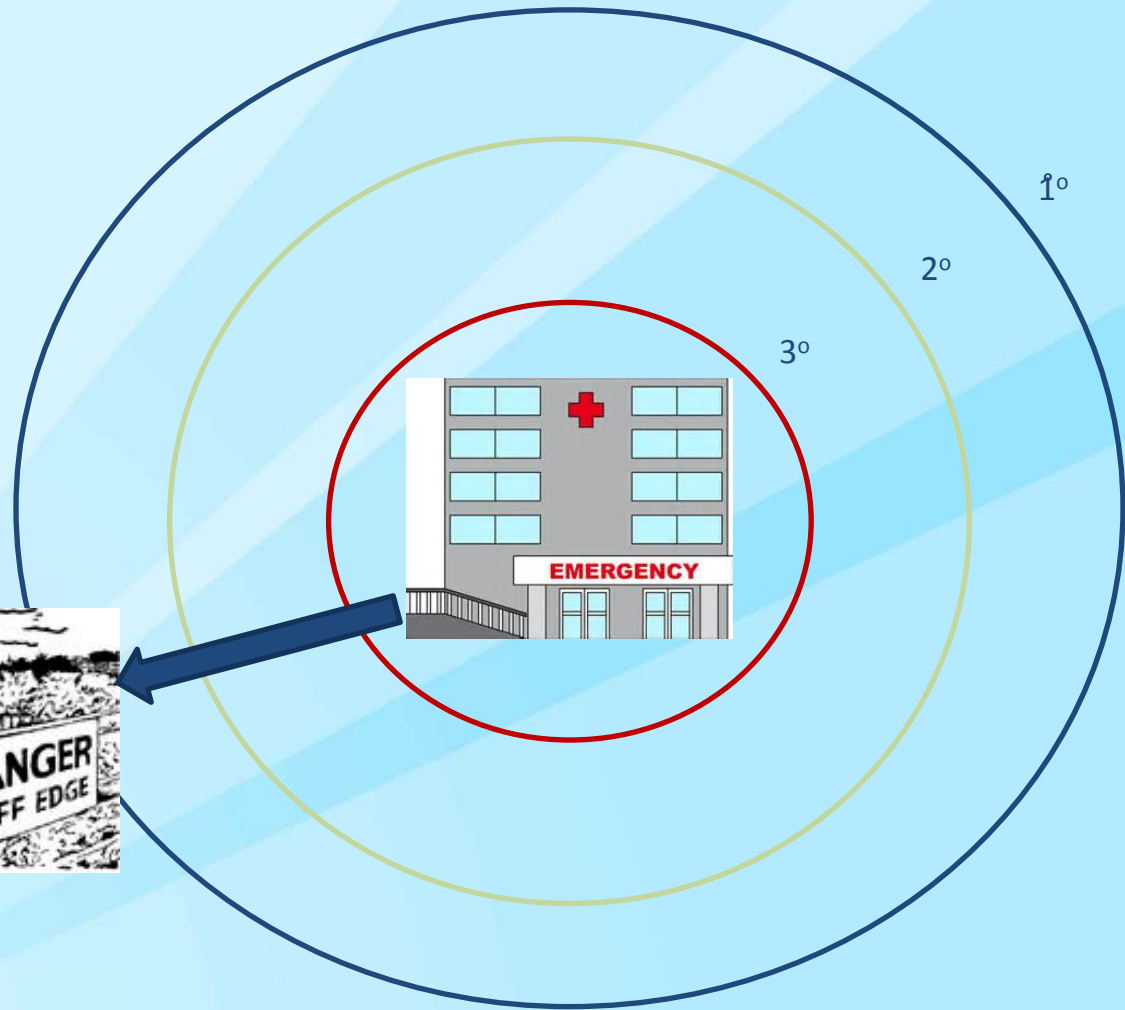


**American Hospital
Association**

AHA Guidance on Reporting of Community Benefit



Moving from Tertiary to Primary Prevention

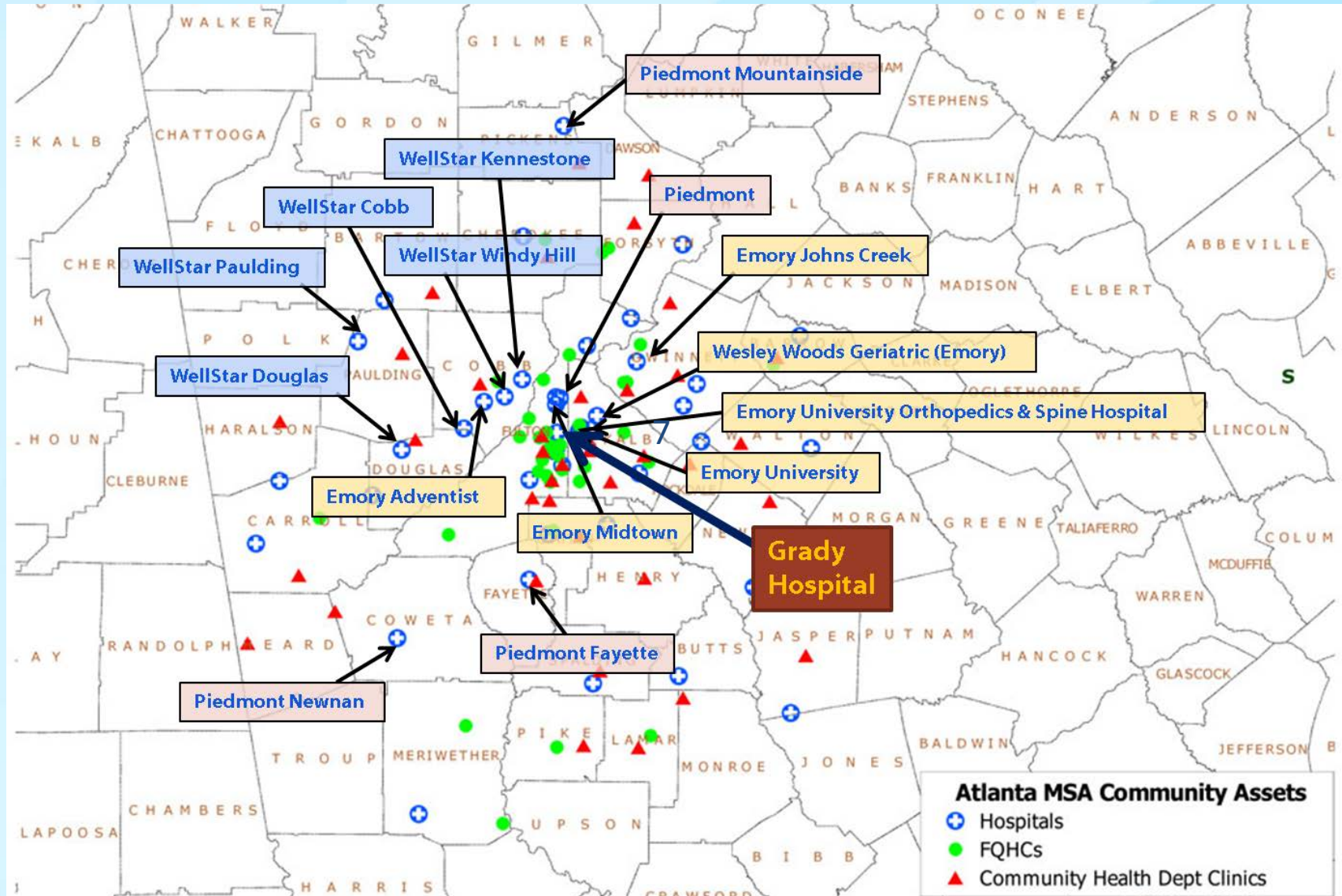


Other Important Community Health Drivers

- National voluntary public health department accreditation *every 5 years* (PHAB) (n~2,400)
- Federally Qualified Health Centers (n>1,200)
- Healthy People 2020/National Prevention Strategy
- Grant requirements or grant-related activities
- Other state requirements

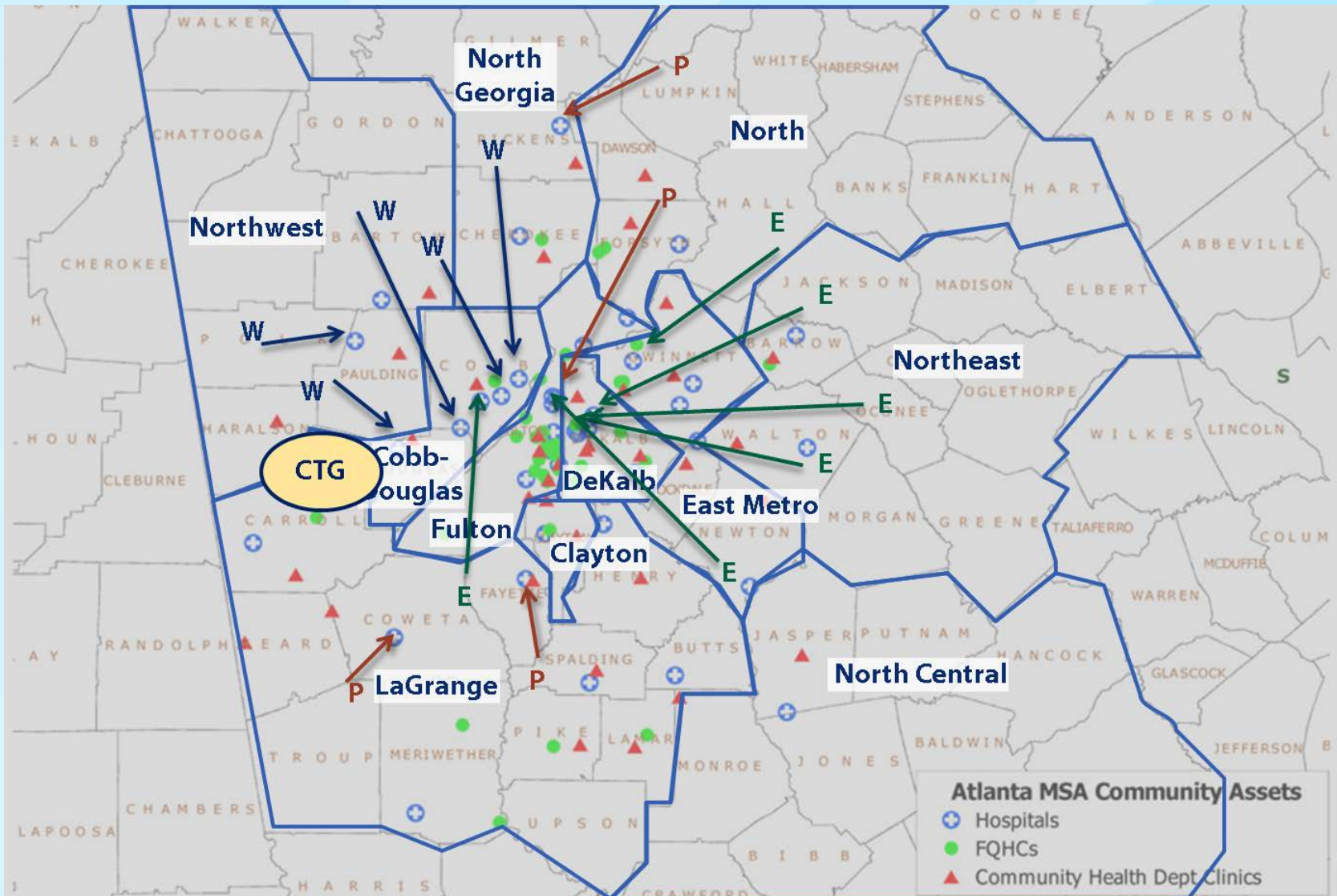


Not-for-Profit Hospitals, Atlanta, 2011



Source: Karen Minyard, Georgia State University & National Network of Public Health Institutes

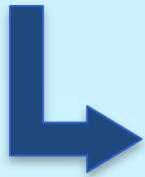
Local Health Jurisdictions, Atlanta, 2011



Source: Karen Minyard, Georgia State University & National Network of Public Health Institutes

Steps in Community Health Improvement Planning

Planning & Assessment
What's the problem?



Setting Objectives
What do we want to achieve?



Selecting Interventions
What works?



Implementing
How do we do it?



Evaluating
Did it work? How well?

What is the Value of Using an Evidence-based Approach to Select Interventions?

“Evidence” in Public Health

- A wild guess (“something must be done!”)
- An educated guess
- Word of mouth (what others are doing)
- Case report (before-after experience)
- An evaluation of one study or program
 - One group gets the intervention
 - A second group acts as a comparison
- A narrative review of multiple studies or programs
- A systematic review of multiple studies/programs
- “Truth”

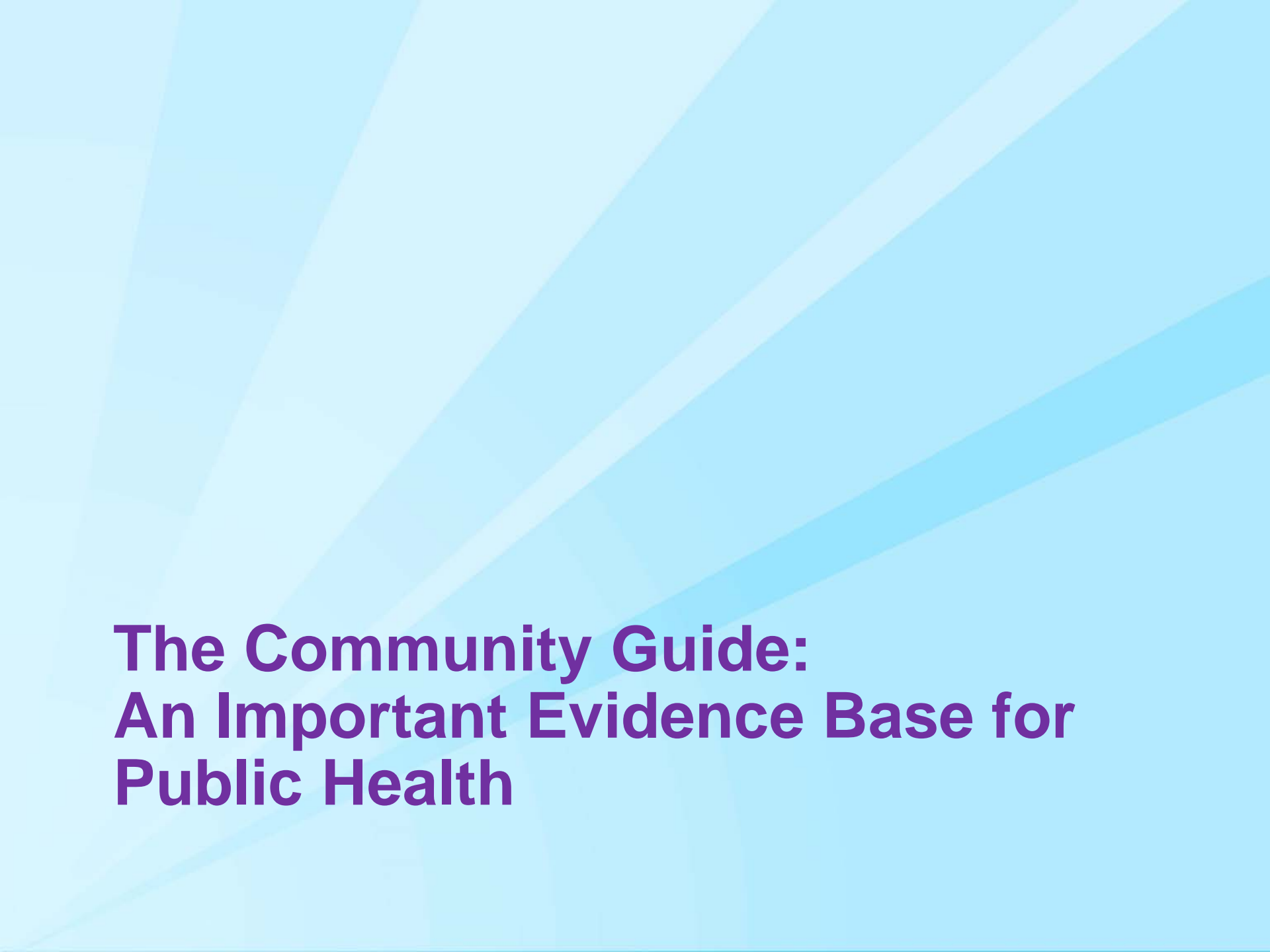


Why Evidence-Based?

Evidence-based programs, services, and policies

- Are approaches that have been found to be effective
- Allow for scarce resources to be used wisely
- Funders are requiring more accountability
- Shorten the time that it takes to develop a program or policy





**The Community Guide:
An Important Evidence Base for
Public Health**



1) Systematic reviews:

- All available evidence on the effectiveness of community-based programs, services, and policies in public health
- Economic benefit of all effective programs, services, policies
- Critical evidence gaps

2) Evidence-based findings and recommendations

- About the effectiveness of the programs, services, and policies
- Help inform decision making
- Developed by the Community Preventive Services Task Force



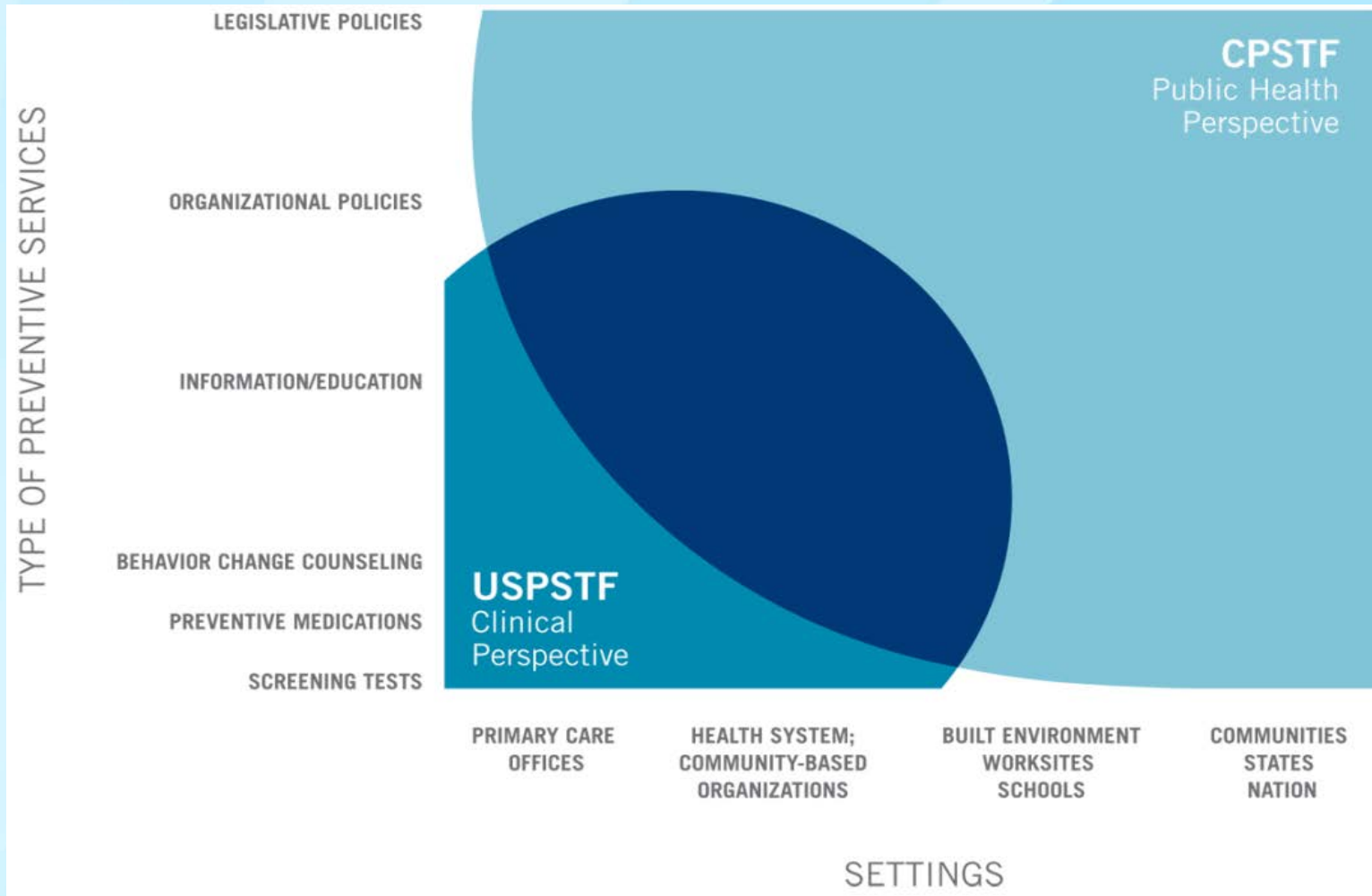
Community Preventive Services
Task Force

...Working to Promote the Nation's Health since 1996...

www.thecommunityguide.org

- A non-federal, independent, rotating panel
- Internationally renowned experts in public health research, practice, and policy
- Nomination process includes broad input from throughout public health and healthcare
- Members are appointed by CDC Director
- Serve without compensation
 - CDC is statutorily mandated to provide scientific, technical and administrative support for the Task Force

Complementarity of the US Preventive Services Task Force (USPSTF) and Community Preventive Services Task Force (CPSTF)



Community Preventive Services

■ Informational, Educational

- Small media (videos, letters, brochures, newsletters) in increasing colorectal cancer screening
- Responsible Beverage Service training programs (that help staff serve alcohol responsibly) in reducing excessive alcohol consumption and related harms

■ Behavioral, Social

- Combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk
- Behavioral interventions that aim to reduce recreational sedentary screen time among children, in reducing sedentary screen time, improving physical activity or diet

Community Preventive Services

■ Environmental, Policy

- Street scale urban design (lighting, improved safety, ease of walking) in increasing physical activity
- Smoking bans and restrictions in reducing exposure to environmental tobacco smoke

■ Health System

- Collaborative care for the management of depressive disorders
- Interventions that engage community health workers to prevent cardiovascular disease

~ 220 Task Force Findings

The Environment

Health Equity/Social Environment

Settings

States
Communities

Worksites
Schools

Healthcare system
Organizations

Risk Behaviors

Tobacco Use
Alcohol Abuse/Misuse
Other Substance Abuse
Poor Nutrition
Inadequate Physical Activity
Unhealthy Sexual Behaviors

Current reviews

Specific Conditions

Vaccine-Preventable Disease
Pregnancy Outcomes
Violence
Motor Vehicle Injuries
Depression/Mental Health
Cancer
Diabetes
Oral Health
Obesity
Asthma
Cardiovascular disease

The Community Guide Provides Menus of Effective Options, Not Coverage Mandates

www.thecommunityguide.org



WHAT WORKS

Diabetes Prevention and Control

Evidence-Based Interventions for Your Community

TASK FORCE FINDINGS ON DIABETES PREVENTION AND CONTROL

The Community Preventive Services Task Force (Task Force) has released the following findings on what works in public health to prevent and control diabetes. These findings are compiled in The Guide to Community Preventive Services (The Community Guide) and listed in the table below. Use the findings to identify strategies and interventions you could use for your community.

Legend for Task Force Findings: Recommended Insufficient Evidence Recommended Against (See reverse for detailed descriptions.)

Intervention	Task Force Finding
Combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk	
Case management interventions to improve glycemic control	
Disease management programs	
Self-Management Education	
In community gathering places—adults with type 2 diabetes	
In the home—children and adolescents with type 1 diabetes	
In the home—people with type 2 diabetes	
In recreational camps	
In worksites	
In school settings	

Uses of The Community Guide



User Involvement in The Community Guide

■ Official Liaisons

- 30+ federal agency and organizational
 - ◆ NIH, VA, all US Armed Forces, etc.
 - ◆ Organizations supporting public health agencies
 - (Public Health Foundation)
 - ◆ Physician, nurse, public health, other organizations

• Roles

- ◆ Provide input into topic prioritization, Task Force findings and recommendations
- ◆ Serve on, recommend participants for review teams
- ◆ Participate in dissemination and translation to their constituents

■ Participants on individual systematic reviews



Prioritize Topic Areas for Review

Solicit the nomination of topic areas from a wide range of stakeholders

Rank the topic areas based on Task Force priority

Develop a prioritized list of interventions* for potential review within a given topic area

Conduct Evidence-Based Intervention Review

Evaluate the overall effectiveness of interventions, including their benefits and harms, within prioritized topic area

Determine applicability of the intervention across various populations, settings and contexts

Conduct an economic review examining the cost to implement the intervention and return on investment

Community Preventive Services Task Force Makes Recommendation

Task Force reviews evidence presented by review coordination team

Task Force draws consensus conclusions based on the strength and consistency of the evidence

Task Force finalizes Finding and Rationale Statement based on evidence from the review

*Interventions – refer to programs, services, and policies

The Task Force Seeks to Answer Key Questions about Interventions

- Do they work?
- How well?
- For whom?
- Under what circumstance are they appropriate (applicability)?
- What do they cost?
- Do they provide value?
- Are there barriers to their use?
- Are there any harms?
- Are there any unanticipated outcomes?



Findings of the Task Force

- **Recommend**

- Strong Evidence
- Sufficient Evidence



- **Recommend against**

- Strong Evidence
- Sufficient Evidence



- **Insufficient evidence to recommend for or against**



What Does One Do with a Recommendation?

“Even if it is evidence-based,
it is not certainty.”

McGinnis and Foege, 2000



- Not a cookbook or a one-size-fits-all solution
- A combination of art and science
 - Science: effectiveness, cost
 - Art: community needs, values, capacities, resources

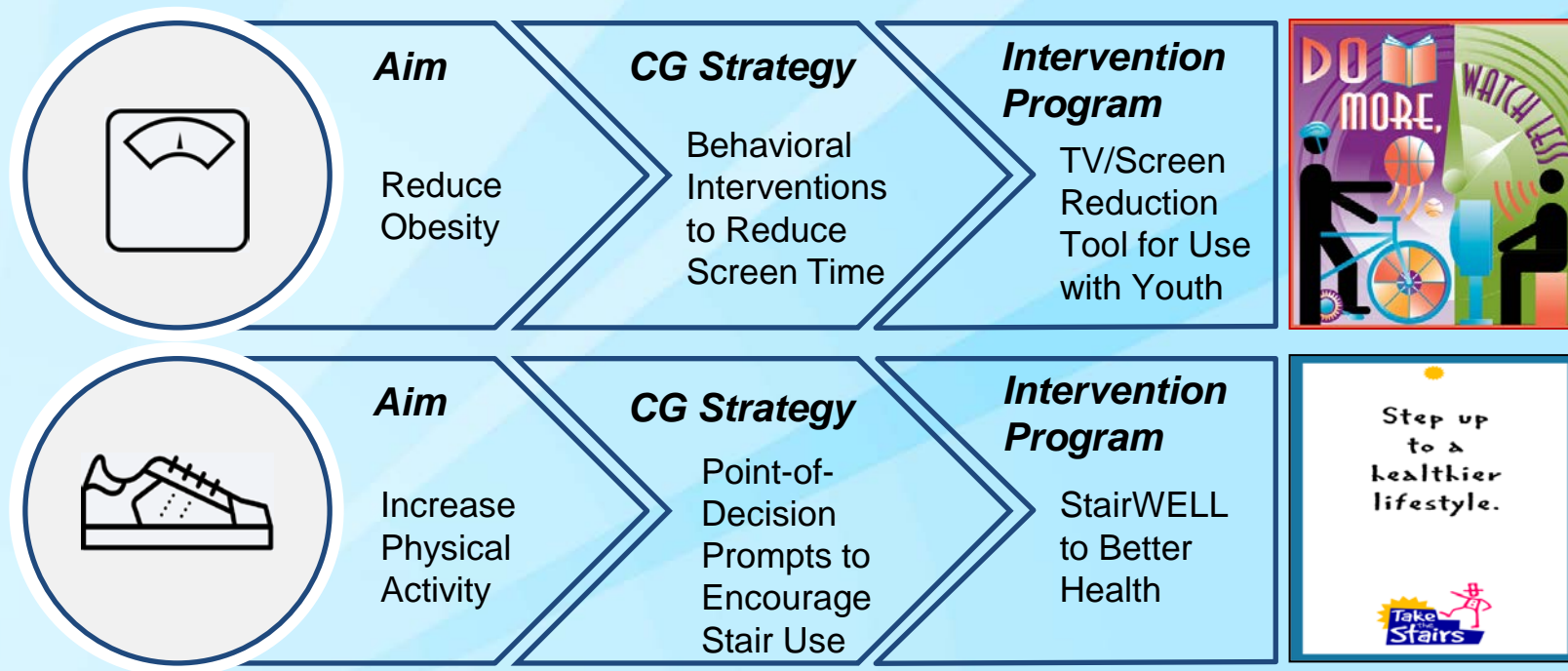
If “Insufficient Evidence (IE),” Then What?

- If the intervention is currently being used
 - May want to continue using it if there are no associated harms
 - May choose to stop due to issues such as cost
- If the intervention is not being used
 - May not want to begin using it
 - May choose to cite the IE finding in your funding proposal
- Consider:
 - Are there better documented alternatives reaching the same goals?
 - If you undertake a practice-based innovation: Collect sufficient data so your experience can contribute to the evidence base!



From Strategies to Programs

The Community Guide is a source of evidence-based strategies.



Packaged Programs

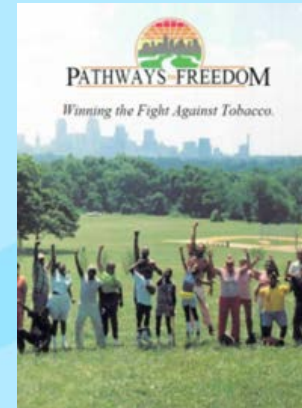
Interventions that include instructions and specify materials needed to implement with success



Pool Cool
available on RTIPS and
<http://www.med.upenn.edu/poolcool/>



Body and Soul
available on RTIPS



Pathways to Freedom
available on RTIPS and
the CDC's website

Sources of Packaged Programs



www.centertrt.org



<http://www.cdc.gov/diabetes/prevention/index.html>

Research-Tested
Intervention Programs (RTIPs) <http://rtips.cancer.gov/rtips/>
■ RTIPs – Moving Science Into Programs for People

<http://rtips.cancer.gov/rtips>



Navigating *The Community Guide* Website

Search

School Dismissals to Reduce Transmission of Pandemic Influenza

Learn about Community Preventive Services Task Force findings on coordinated school dismissals to reduce or delay spread of infection.

1 2 3 4

Task Force

2016 Meetings

June 22-23
October 26-27

Annual Reports to Congress

Text Size: [S](#) [M](#) [L](#) [XL](#)

Get Email Updates

Submit your email address to get updates on The Community Guide topics of interest.

Your email address

[Submit](#)

[What's this?](#)

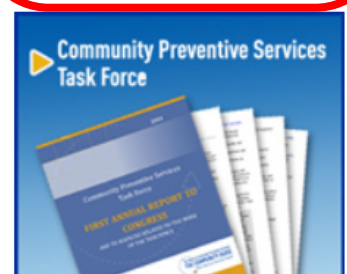
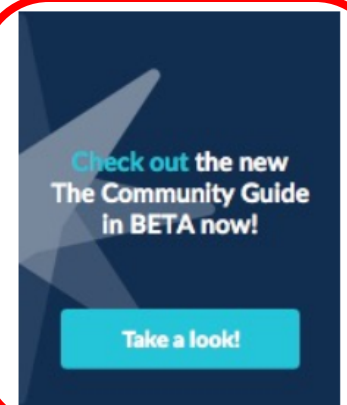
Topics

- | | | | |
|---|---|--------------------------------------|------------------------------------|
| Adolescent Health | Diabetes | Motor Vehicle Injury | Social Environment |
| Alcohol - Excessive Consumption | Emergency Preparedness | Nutrition | Tobacco |
| Asthma | Health Communication | Obesity | Vaccination |
| Birth Defects | Health Equity | Oral Health | Violence |
| Cancer | HIV/AIDS, STIs, Pregnancy | Physical Activity | Worksite |
| Cardiovascular Disease | Mental Health | | |

What is The Community Guide?

The Guide to Community Preventive Services is a free resource to help you choose programs and policies to improve health and prevent disease in your community. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?





What is The Community Guide

Welcome to the beta version of The Community Guide's new website. Review tips and suggestions to help you [navigate the site](#) and consider [setting up a personal profile](#). Comments and suggestions on the site's look and feel are welcome: communityguide@cdc.gov.



MOST VIEWED

Systematic Review

Cancer Screening: Small Media Targeting Clients – Cervical Cancer



Systematic Review

Dental Caries (Cavities): School-Based Dental Sealant Delivery Programs



Systematic Review

Dental Caries (Cavities): Community-Based Initiatives to Promote the Use of Dental Sealants





Welcome to the beta version of The Community Guide's new website. Review tips and suggestions to help you [navigate the site](#) and consider [setting up a personal profile](#). Comments and suggestions on the site's look and feel are welcome: communityguide@cdc.gov.

CREATE YOUR ACCOUNT

ACCOUNT INFORMATION (REQUIRED FIELDS) ?

E-mail *

Display Name *

Password *

Confirm password *

To make your password compliant, it must be 8 or more characters in length and contain three of the following character types:

Symbols

Numbers

Uppercase letters

Lowercase letters

PROFILE DESCRIPTION (OPTIONAL) ?

Role

Organization Type

Staff Type

PREFERENCES DESCRIPTION (OPTIONAL) ?

Setting of Interest (Select up to two)

- Business/Retail
- Criminal Justice System
- Recreation
- Urban

- Clinical/Health Systems
- Home
- Rural
- Workplace/Worksite

- Community
- Medical Home
- School

PREFERENCES DESCRIPTION (OPTIONAL) ?

Setting of Interest (Select up to two)

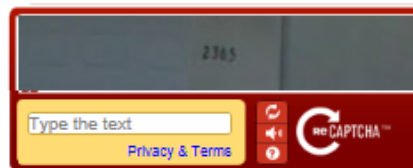
- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Business/Retail | <input type="checkbox"/> Clinical/Health Systems | <input type="checkbox"/> Community |
| <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Home | <input type="checkbox"/> Medical Home |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Rural | <input type="checkbox"/> School |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Workplace/Worksite | |

Topic of Interest (Select up to three)

- | | | |
|---|--|---|
| <input type="checkbox"/> Adolescent Health | <input type="checkbox"/> Alcohol (excessive consumption) | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Cancer | <input type="checkbox"/> Cardiovascular Disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Health Communication |
| <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/AIDS, STIs and Pregnancy | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Motor Vehicle Injury | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Physical Activity | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Vaccination | <input type="checkbox"/> Violence | <input type="checkbox"/> Worksite Health |

Selections Display (Select all preferred)

- | | | |
|--|--|--|
| <input type="checkbox"/> About the Systematic Review | <input type="checkbox"/> Additional Materials | <input type="checkbox"/> Analytic Framework |
| <input type="checkbox"/> Applicability | <input type="checkbox"/> Considerations for Implementation | <input type="checkbox"/> Context |
| <input type="checkbox"/> Economic Evidence | <input type="checkbox"/> Evidence Gaps | <input type="checkbox"/> Included Studies |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Resources | <input type="checkbox"/> Results |
| <input type="checkbox"/> Review References | <input type="checkbox"/> Search Strategy | <input type="checkbox"/> Study Characteristics |
| <input type="checkbox"/> Summary Evidence Tables | <input type="checkbox"/> Task Force Findings and Rationale Statement (TFFRS) | |



Create an Account



Welcome to the beta version of The Community Guide's new website. Review tips and suggestions to help you navigate the site and consider setting up a personal profile. Comments and suggestions on the site's look and feel are welcome: communityguide@cdc.gov.

TOPICS

- Adolescent Health
- Alcohol (excessive consumption)
- Asthma
- Birth Defects
- Cancer
- Cardiovascular Disease
- Diabetes**
- Emergency Preparedness
- Health Communication
- Health Equity
- HIV/AIDS, STIs and Pregnancy
- Mental Health
- Motor Vehicle Injury
- Nutrition
- Obesity
- Oral Health
- Physical Activity
- Tobacco
- Vaccination
- Violence

Diabetes



Diabetes is a group of diseases marked by high levels of blood glucose resulting from problems in how insulin is produced, how insulin works, or both. People with diabetes may develop serious complications such as heart disease, stroke, kidney failure, blindness, leg amputations, and premature death. Diabetes can be treated and managed by healthful eating, regular physical activity, and medications to lower blood glucose levels.

Prediabetes is when someone has a blood sugar level higher than normal, but not high enough for a diagnosis of diabetes. People with prediabetes have an increased risk of developing type 2 diabetes, heart disease and stroke. Without lifestyle changes to improve their health, 15% to 30% of people with prediabetes will develop type 2 diabetes within 5 years (CDC) [@](#).

THE LATEST TASK FORCE FINDINGS FOR DIABETES

The Community Guide includes systematic reviews of interventions in the following areas:

Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk
Review Completed: July 2014

Diabetes: Self-Management Education In Community Gathering Places – Adults with Type 2 Diabetes
Review Completed: March 2001

Diabetes: Self-Management Education In the Home – People with Type 2 Diabetes
Review Completed: March 2001

Diabetes: Self-Management Education – In Recreational Camps
Review Completed: March 2001


Diabetes: Self-Management Education In the Home – Children and Adolescents with Type 1 Diabetes
Review Completed: March 2001





Welcome to the beta release of the new Community Guide website. We encourage you to check back often as we are still adding new features to the site and transferring content.


SORT BY


Relevance
 Date Updated

FILTER BY TOPIC 

FILTER BY AUDIENCE 

FILTER BY SETTING 

FILTER BY TASK FORCE FINDING 

FILTER BY STRATEGY 

Search Results for **Diabetes Diet Physical Activity**

SYSTEMATIC REVIEWS (161)	IN ACTION (16)	TOOLS (5)	RESOURCES (12)
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Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk



in reducing new-onset **diabetes**. Combined **diet** and physical **activity** promotion programs also increase ... indicates that combined **diet** and physical **activity** promotion programs to prevent type 2 **diabetes** among ... 2 **diabetes**, combined **diet** and physical **activity** promotion programs led to improvements in health outcomes and ...

Diabetes: Self-Management Education In the Home – Children and Adolescents with Type 1 Diabetes

general **diabetes** education and self-care,53,59 di- et,57,58,60,61 physical **activity**,55 and **diet** combined ... **diabetes**. Providing **diabetes** self-management education in the home also may lead to positive changes in **diet** ... interventions as measured by intermediate outcomes (including changes in **diet** and physical **activity**, social ...

Diabetes: Self-Management Education In Community Gathering Places – Adults with Type 2 Diabetes

general **diabetes** education and self-care,53,59 di- et,57,58,60,61 physical **activity**,55 and **diet** combined ... **Diet** and exercise in the treatment of NIDDM: the need for early emphasis. **Diabetes** Care ... **diabetic** patients to an intensive program of **diet** and exercise. **Diabetes** Care 1982;5:370–4. Brown SA, Hanis ...

Diabetes: Self-Management Education In the Home – People with Type 2 Diabetes



SYSTEMATIC REVIEW

TASK FORCE FINDING

RECOMMENDED

July 2014

CHARACTERISTICS

TOPIC

Diabetes

EXPLORE

SIMILAR SYSTEMATIC REVIEWS

[Diabetes: Self-Management Education In Community Gathering Places – Adults with Type 2 Diabetes](#)

[Diabetes: Disease Management Programs](#)

[Diabetes: Case Management Interventions to Improve Glycemic Control](#)

USERS WHO VIEWED THIS ALSO VIEWED

[Cancer Screening: Small Media Targeting Clients – Cervical Cancer](#)

[Dental Caries \(Cavities\): School-Based Dental Sealant Delivery Programs](#)

[Cardiovascular Disease Prevention and Control: Interventions Engaging Community Health Workers](#)

Diabetes: Combined Diet and Physical Activity Promotion Programs to Prevent Type 2 Diabetes Among People at Increased Risk

SNAPSHOT	WHAT THE TASK FORCE FOUND	SUPPORTING MATERIALS	CONSIDERATIONS FOR IMPLEMENTATION
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TASK FORCE FINDING



The [Community Preventive Services Task Force recommends](#) combined diet and physical activity promotion programs for people with [new-onset diabetes](#). Combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes...
 ...Task Force recommends combined diet and physical activity promotion programs for people at increased risk of type 2 diabetes...

Based on the evidence, [combined diet and physical activity promotion programs are effective across a range of counseling intensity, session length, and settings](#).
 ...programs are effective across a range of counseling intensity, settings, and implementers...

Economic evidence indicates that combined diet and physical activity promotion programs...are cost-effective.

INTERVENTION DEFINITION



TASK FORCE FINDING AND RATIONALE STATEMENT



Read the full [Task Force Finding and Rationale Statement](#) [PDF - 241 kB] for details including implementation issues, possible added benefits, potential harms, and evidence gaps.

CITATION AND DISCLAIMER



African-American women in South Carolina are

40% more likely

to die of **breast cancer** and are

3x more likely

to die of **cervical cancer** than white women.



SOUTH CAROLINA - *Cancer Screening
Black Corals: A Gem of a Cancer Screening
Program in South Carolina*



Maricopa County's Journey Toward Public Health Accreditation

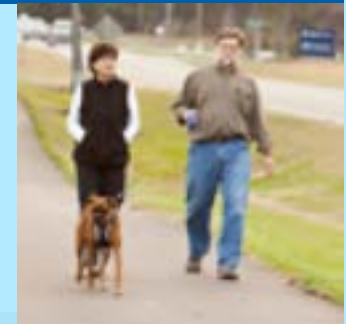
"Using The Community Guide as a trusted source and starting point for evidence-based recommendations made initiation of large-scale community health improvement planning a breeze."

Creating Walkable Communities in Rural North Carolina

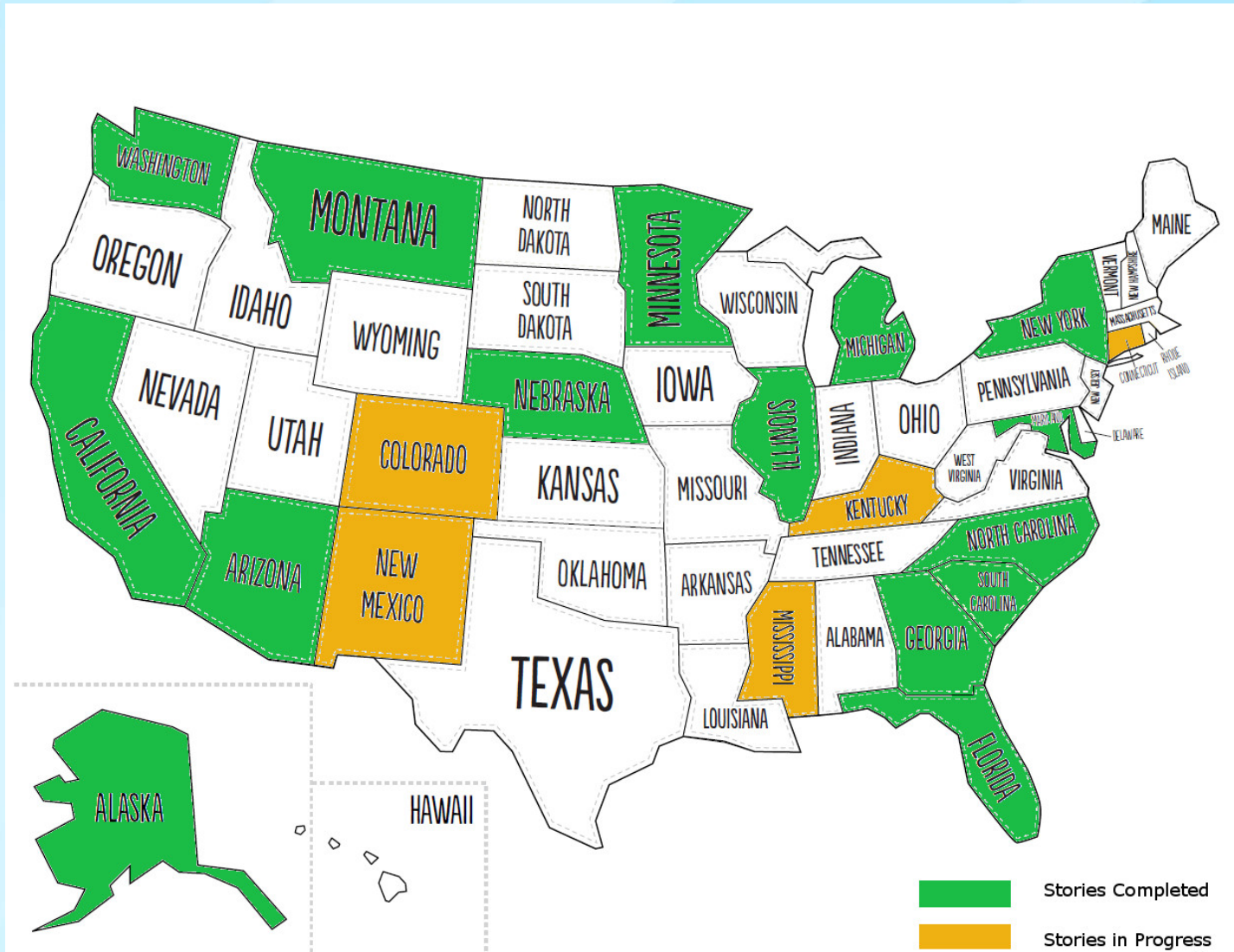
MARYLAND

Worksite Wellness

*Maryland Businesses Support Worksite
Wellness Effort to Combat Chronic Disease*



The Community Guide In Action Stories



Submit your stories: TCGinAction@cdc.gov



Thank you!

Shawna Mercer, MSc, PhD

smercercdc@gmail.com



Health Research & Educational Trust

HRET Vision

Leveraging research and education to create a society of healthy communities, where all individuals reach their highest potential for health.

HRET Mission

Transforming health care through research and education.

- Established in 1944
- 501(c)(3) affiliate of the American Hospital Association

Association for Community Health Improvement

ACHI Vision

ACHI will cultivate a society of professionals who apply their specialized knowledge and expertise to effectively educate and collaborate with their communities in achieving the highest potential health for community residents.

ACHI Mission

To advance healthy communities by providing our members education, professional development, resources and engagement opportunities in the fields of community health, population health and community benefit.

Previous Webinar

November 2013

Application of “The Community Guide” By Two Health Systems to Improve the Health of a Community

Presenter(s)

Ron Bialek, MPP

President
Public Health Foundation

Shawna L. Mercer, M.Sc., Ph.D.

Director, The Guide to Community Preventive Services
Chief, The Community Guide Branch
Centers for Disease Control and Prevention

Jennifer L.S. Teller, Ph.D.

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Deborah S. Plate, DO, FAAFP

Clinical Associate Director and
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Akron General Center for Family Medicine

E. Demond Scott, MD, MPH

Executive Director for Health Equity
Summa Health System



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communityhlth@aha.org | 312-422-2193



Community Health Needs Assessments

- Required as part of the ACA for all non-profit hospitals in the United States
 - Every three years
 - Input from community stakeholders
 - Prioritize health needs
 - Implementation Plan
- Benefits of incorporating The Community Guide into the CHNA process

ACHI Community Health Assessment Toolkit

- Guide for planning, leading and using CHNAs to better understand - and ultimately improve - the health of communities
- Advantages
 - Detailed, structured approach to CHNAs
 - Advocates for a collaborative approach
 - Addresses social determinants of health
 - Applicable to health care and public health organizations
- Version 2.0 in development
 - Incorporating The Community Guide

Assessment and Implementation Toolkit 2.0

Assessment and Implementation Pathway



Pilot Initiative



- Two hospitals/health systems as “anchor” institutions
 - [WellSpan Health](#) – York, Pennsylvania
 - [INTEGRIS](#) – Oklahoma City, Oklahoma
- Select a priority population health need based on the Community Health Needs Assessment and/or Community Health Improvement Plan
- Engage health department and other community stakeholders
- Identify and implement relevant evidence-based recommendations from The Community Guide
- Develop and implement population health driver diagram to help align actions to address the population health priority

What is a Population Health Driver Diagram?

- A population health driver diagram is used to identify primary and secondary drivers of a community health improvement objective
- Serves as a framework for determining and aligning actions that can be taken across multiple disciplines for achieving the community health improvement objective
- Relies on public health and health care to work collaboratively rather than competitively
- Grounded in the belief that public health and health care are more effective when they combine their efforts to address a health issue than when they work separately
 - Population health driver diagrams can be used to tackle challenges at the crossroads of these two sectors
 - Helps reduce the “silo effect”

What is a Population Health Driver Diagram?

- A tool to show a potential change process across many sectors of a community
- Shows the relationship between the aim, goals to be achieved, the primary drivers that contribute directly to achieving desired change, and the secondary drivers that are necessary to achieve the primary drivers
- A guide for the community health improvement team to the appropriate actions to take to achieve their AIM
- Helps the team to have a shared view of the theory of change in a system

What is a Population Health Driver Diagram?

- A population health driver diagram represents the team members' thinking on theories of “cause and effect” in the system – what changes will likely cause the desired effects
- It sets the stage for defining the “how” elements of a project – the specific changes or interventions that will lead to the optimum desired outcome
- It helps in defining which aspects of the system should be measured and monitored, to see if the changes/interventions are effective, and if the underlying causal theories are correct

Components of a Population Health Driver Diagram

- AIM of the Improvement Project
- Goals – Improvement Outcomes
- Primary Drivers
- Secondary Drivers

Aim and Drivers for Improvement—template





Public Health's Role in Antibiotic Stewardship

Efforts to promote optimal antibiotic use should employ both the public health and healthcare systems. While some drivers of antibiotic resistance fall outside the direct control of public health (e.g., use of antibiotics in livestock food supplies), others highlighted here sit squarely within the focus of public health organizations.

This diagram outlines primary and secondary drivers of optimal antibiotic use. It compliments a driver diagram being piloted in eight hospitals by the Institute for Healthcare Improvement (IHI). PHF is actively seeking comments on the driver diagram from healthcare and public health organizations already engaged in efforts to address antibiotic resistance.

AIM Promote Optimal Antibiotic Use

Goals

- Preserve antibiotics for the future
- Decrease demand by the public for inappropriate use
- Reduce the spread of antibiotic resistance
- Decrease adverse events associated with inappropriate antibiotic use
- Decrease costs associated with antibiotic use

Driver Diagram

PRIMARY DRIVERS

Appropriate Use of Antibiotics

Data Monitoring, Transparency, and Stewardship Infrastructure

Knowledge, Awareness, and Perception of the Importance of Appropriate Antibiotic Use

SECONDARY DRIVERS

Partnerships, Communication, Reimbursement, & Stewardship

- Provide information on which antibiotics are most effective within your community at a certain point in time
- Provide information on which diseases are prevalent within a community at a point in time
- Develop policies that create incentives for appropriate antibiotic use
- Develop appropriate policies for daycare, work, and school on appropriate attendance during illness (staying away and going back)

Surveillance, Analysis, Feedback, Triage, & Leveraging Resources

- Leverage existing infrastructure to promote better antibiotic use
- Use local resistance data to inform antibiotic choice
- Explore ways to gather use and prescribing data

Share Evidence Broadly, Provide Education, Create Urgency, & Empower Alternative Action

- Develop intervention plans for segmented target audiences (consumers, providers, insurers, policy makers, etc.)
- Change attitudes and perceptions about what constitutes appropriate antibiotic use
- Educate health departments and public health professionals
- Incorporate antibiotic usage into community assessment and improvement plans

Policy, Communication, Education, Incentives, Partnerships, and Facilitation

This model was developed collaboratively by public health professionals with expertise in antimicrobial resistance and quality improvement. This work was funded through a collaborative agreement between the Public Health Foundation and the U.S. Centers for Disease Control and Prevention.

March 2013 | Version 1.1

A 16 Step Process to Develop and Implement a Population Health Driver Diagram

Process to Develop and Implement a Population Health Driver Diagram

“Start Small, Think Big and Scale Fast”

- ✓ Come up with the right:
 - ✓ metrics to be used
 - ✓ baseline
 - ✓ improvement goals
 - ✓ timeline

- ✓ Then think about the mid- to long-term of what you want to fundamentally change and where you want to get to

- ✓ Once you’ve got clear objectives, strategy-led initiatives can develop and progress quickly



Process to Develop and Implement a Population Health Driver Diagram

- 1. Pre-work**
- 2. Define the AIM of the community health issue**
- 3. Identify a series of guiding principles for the initiative (optional)**
- 4. Development of an inventory of current activities – What is in my backyard**
- 5. Understanding the cost of the population health Issue**
- 6. Identify the goals of the AIM**
- 7. Identify Primary and Secondary Drivers**
- 8. Appoint Primary Driver team leads and team members**
- 9. Develop partner contracts and commitments (optional)**
- 10. Refine each Primary and Secondary Driver using an Agree/Add/Change Matrix and group round robin input process**
- 11. Develop action areas of Secondary Drivers**
- 12. Analyze action areas for overlap to other Secondary Drivers using a Matrix Diagram**

Process to Develop and Implement a Population Health Driver Diagram

13. Develop action area groupings to implement

14. Measurement

15. Trial implementation

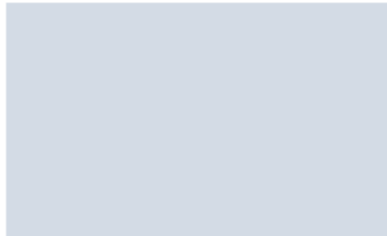
16. Finalize the change package

Driver Diagram Overview

- **Outcome:** AIM Statement needs to be clear and concise.
- **Primary Drivers:** A set of factors or improvement areas that we believe must be addressed to achieve the desired outcome.
- **Secondary Drivers:** Specific areas where we plan changes or interventions. Each Secondary Driver will contribute to at least one Primary Driver.

Public Health Driver Diagram Template

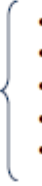
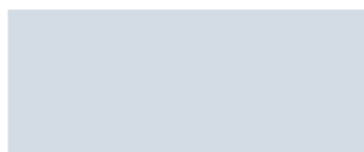
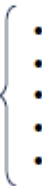
AIM



Goals

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-
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PRIMARY DRIVERS



SECONDARY DRIVERS

Behavioral Interventions that Aim to Reduce Recreational Sedentary Screen Time among Children



Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (Task Force) recommends behavioral interventions to reduce recreational sedentary screen time among children aged 13 years and younger based on strong evidence of effectiveness.

Facts about Screen Time and Children

Approximately 17% of all US children and adolescents aged 2-19 years are obese.¹

Sedentary time spent with screen media, especially TV viewing, is associated with obesity among children and adolescents.²

The American Academy of Pediatrics (AAP) recommends no more than 2 hours per day of screen time for children 2 years and older and none for children younger than 2 years.³

What are Behavioral Screen Time Interventions?

Behavioral screen time interventions aim to reduce recreational, not school-related or work-related, sedentary screen time by teaching behavioral self-management skills to initiate or maintain behavior change.

There are two types of behavioral screen time interventions

1. Screen-time-only interventions, which only focus on reducing recreational sedentary screen time.
2. Screen-time-plus interventions, which focus on reducing recreational sedentary screen time and increasing physical activity and/or improving diet.

Both screen-time-only and screen-time-plus interventions teach behavioral self-management skills through one or more of the following components: classroom-based education, tracking and monitoring, coaching or counseling sessions, and family-based or peer social support.

Major Findings

Behavioral screen time interventions are effective at improving or maintaining children's weight. In addition, there were small improvements in diet and increasing physical activity.

When screen-time-only interventions were used, screen time decreased by a median of 82.2 minutes per day.

For screen-time-plus interventions, screen time decreased by a median of 21.6 minutes per day.

Learn More

Summary of Evidence and Task Force Finding
www.thecommunityguide.org/obesity/behavioral.html

CDC, Childhood Overweight and Obesity
www.cdc.gov/obesity/childhood/index.html

Mobilizing Funding Support to Battle Overweight and Obesity
www.thecommunityguide.org/CG-in-Action/Obesity-MD.pdf

The Community Preventive Services Task Force (Task Force) is an independent, nonfederal, unpaid body of public health and prevention experts. It is congressionally mandated to identify community preventive programs, services, and policies that save American lives and dollars, increase longevity, and improve quality of life. The Community Guide is a collection of all the evidence-based findings and recommendations of this Task Force. Find more information at www.thecommunityguide.org.

The Centers for Disease Control and Prevention provides administrative, research, and technical support for the Community Preventive Services Task Force.

¹Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *JAMA* 2014;311(8):806-14.
²Tremblay MS, LeBlanc AG, Kho ME, Saunders TJ, Larocque R, Colley RC, et al. Systematic review of sedentary behaviour and health indicators in school-aged children and youth. *International Journal of Behavioral Nutrition & Physical Activity* 2011;8:98.
³American Academy of Pediatrics. Children, adolescents, and television. *Pediatrics* 2002;110(2):423-6.



[Community Guide](#) [Community Preventive Services Task Force](#)

Obesity Prevention and Control



- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- More than one-third of U.S. adults (35.7%) and approximately 17% (or 12.5 million) of children and adolescents aged 2—19 years are obese (CDC (<http://www.cdc.gov/obesity/data/facts.html>)).
- Approximately 300,000 deaths per year may be attributable to obesity (Office of the Surgeon General (http://www.surgeongeneral.gov/topics/obesity/calltoaction/fact_glance.html)).
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars (Finkelstein et al., 2009).

Community Guide Systematic Reviews

The Community Guide conducted systematic reviews of interventions in the following areas:

- [Provider-Oriented Interventions \(e.g., Education, Reminders\) \(provider.html\)](#)
- [Interventions in Community Settings \(e.g., Reducing Screen Time, Technology-Based Interventions, Specific Settings\) \(communitysettings.html\)](#)

References

Finkelstein EA, Trogon JG, Cohen JW, Dietz W. Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs* 2009;28(5):w822-31. Available at URL: <http://content.healthaffairs.org/content/28/5/w822.full.html>.

Public Health Driver Diagram Template

AIM

Preventing Obesity in
Adults, Children and
Adolescents

Goals

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PRIMARY DRIVERS

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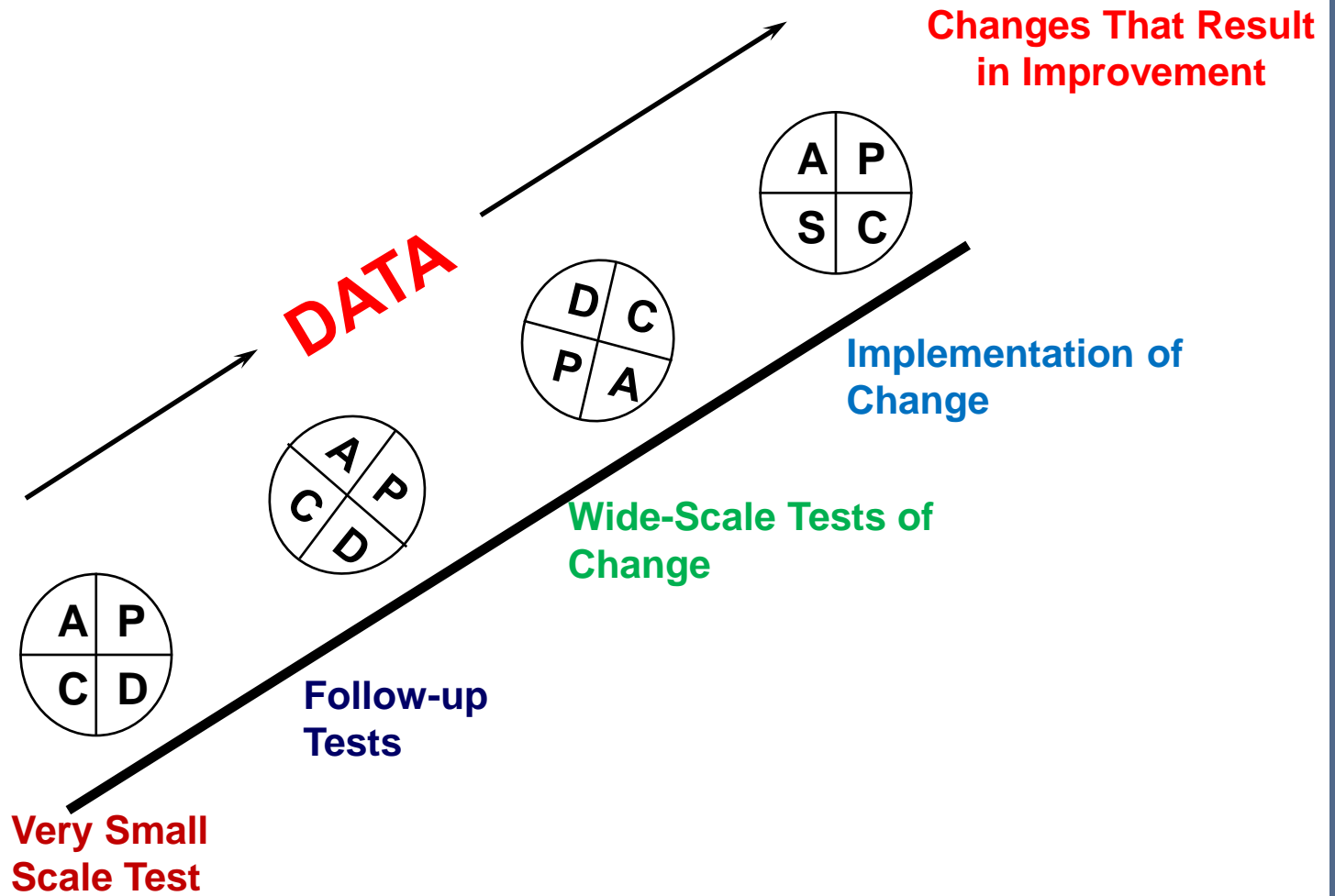


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SECONDARY DRIVERS

Hunches,
Theories,
Ideas



Summary

- Remember Driver Diagrams are “living” documents
- They can and should be modified as you test your theories of improvement and learn what drivers and interventions are important for achieving your desired results
- As Driver Diagrams evolve on an initiative, it helps to capture the learning that the participants have uncovered about the initiative

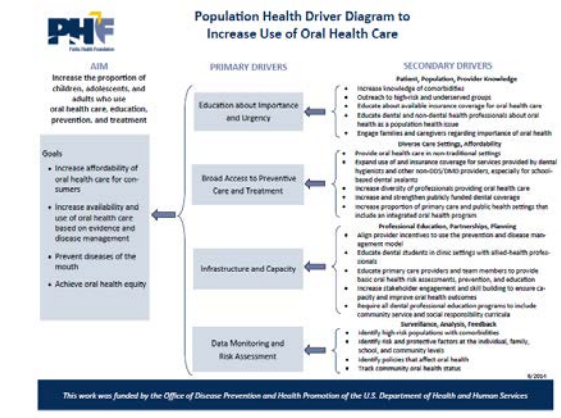
Want to Know More About Population Health Driver Diagrams?

➤ Public Health Foundation Initiatives

- Institute of Medicine Discussion Paper
- Antibiotic Stewardship
- Oral Health
- Vector Control
- Diabetes

➤ Looking to develop and implement a population health driver diagram in your community?

- Driver Diagram Development for Community Health Challenges
- Contact Margie Beaudry, mbeaudry@phf.org or 202-218-4415
- Other Performance Improvement Services for hospitals, health systems, and health departments



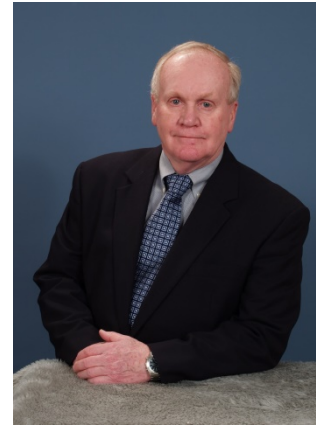
Questions?



Shawna Mercer



Katya Seligman



Jack Moran



Ron Bialek

Next Steps



- Revised Assessment Toolkit
- Webinar focused on accomplishments and lessons learned from pilot sites – Winter 2016
- Resource materials on using The Community Guide to address population health priorities

- Stay informed with [PHF E-News](http://www.phf.org/e-news), www.phf.org/e-news
 - Upcoming Webinar:
[Performance Management: Improving the Improvement](#)
Thursday, April 21, 2016 at 12-1pm ET

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- Core Competencies for Public Health Professionals
- Academic Health Department Learning Community

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