"Put simply, the goal of population health is to keep the well healthy, support those at risk for health problems and prevent those with chronic conditions from getting sicker. Population health refocuses healthcare on not only the sick but also on the well."

New Jersey is transitioning from a clinician-driven health-care system of episodic care to one focused on wellness, prevention and community engagement. Put simply, the goal of population health is to keep the well healthy, support those at risk for health problems and prevent those with chronic conditions from getting sicker. Population health refocuses healthcare on not only the sick but also on the well. Population health requires that health considerations are evaluated when developing policies and coordination among government, employers, schools, local public health officials, community health workers and community and faith-based organizations. Population health aims to reduce

A population health village

By Acting Commissioner Cathleen D. Bennett

hospitalizations and costs associated with disease and injury. Equally important, population health aims to reduce and eliminate preventable illnesses and diseases by creating an environment that is committed to wellness and prevention.

Historically, the hospital setting has been at the center of the healthcare system with collaboration among primary care providers, pharmacists and other specialists. However, the present system has not made a significant impact on preventing hospitalizations and reducing readmissions for preventable conditions. The clinical system of care and the public health system can no longer be viewed as separate silos. Jointly, they must be part of the solution to improve population health. Public health preventive measures such as building healthy environments, providing health screenings and delivering health education are all essential to improving health outcomes for residents. The New Jersey Department of Health (DOH) is working to foster communication and partnerships among the traditional healthcare system and key public health partners because without adequate communication and coordination, it is difficult for clinicians to know what community-based services are being provided for patients and by whom. This lack of coordination makes it easier for high-risk patients to fall through the cracks.¹

Health leaders need to focus on transitioning from silos to a collaborative and integrated health village that is paid for the value it creates with improved outcomes for the entire population—whether keeping the well healthy or helping those with chronic conditions better manage their diseases.

One of my first acts when I was named Acting Commissioner was to create the Office of Population Health to promote stronger collaboration among hospitals, local

health officials, healthcare providers, government, employers and schools. The Office of Population Health will help our partners deliver desired outcomes targeted in our state health improvement plan, Healthy New Jersey (NJ) 2020. Healthy NJ 2020 sets a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. Healthy NJ 2020 covers numerous topics, including chronic disease, immunization and improved birth outcomes. (For detailed information on Healthy NJ 2020, see nj.gov/health/chs/hnj2020/.)

The Office of Population Health will also help coordinate funding streams from the federal government that are increasingly focused on population health. The office will work to knit together the efforts of our hospitals, municipalities, community groups and others to broaden its impact.

The Department is also supporting the transition to population health in several ways. Our hospital funding program, the Delivery System Reform Incentive Payment Program (DSRIP), focuses on better care for individuals, improved health for the population and lower costs. Payment to hospitals is contingent on achieving health improvement goals in chronic conditions such as asthma, diabetes and obesity. DSRIP is one example of how hospitals are working to address population health.

Hospitals are also increasing their focus on the health of their communities and collaborating with local health officials through community health needs assessments. For example, Camden, Burlington and Gloucester county health providers and public health leaders worked together on identifying community needs. The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems and health departments within Burlington, Camden and Gloucester counties, collaborated in a community-wide effort to achieve the following: identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community health assets and resources; and develop and implement coordinated strategies to improve health. This effort will improve the health of this region by bringing together partners to focus on common goals and harness efforts for greater outcomes.²

An essential part of improving coordination is the use of health information technology. Health systems must use the wealth of information-powered care, interventions and prevention activities to improve patient care in



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real time. The Department is funding the Trenton Health Team's development of a clinical decision support (CDS) system to improve blood pressure and diabetes control for patients in Trenton. The aim is to leverage health information exchanges to improve quality, efficiency and community provider coordination. The Trenton Health Team, Henry J. Austin Health Center, Capital Health and St. Francis Medical Center in Trenton share patient information electronically to coordinate the care and services they provide. Using the CDS system to address health and behavioral health issues can lead to more successful and cost-effective services. This DOH initiative combines the power of data, clinical intervention and the coordination of community providers to improve patient health.

Better integration of behavioral and primary healthcare is also a part of population health. The Department has supported this effort in a number of ways. Using \$4.3 million in federal Superstorm Sandy recovery funds, we provided 11 hospitals and community health centers with funding to screen people for post-traumatic stress and other behavioral health issues in Sandy-impacted counties. Thus far, more



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Smart and
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grants to
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eating and
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than 63,360 residents have been screened. We also have granted a global waiver that allows licensed ambulatory care facilities to provide primary and behavioral health services in the same clinical space. Our next step is providing grants for a comprehensive statewide effort to serve veterans' primary care, behavioral health and other needs and to support innovative or evidence-based mini-grants that provide health, wellness and management services and activities to veterans and their families.

The population health village recognizes that good

health is not something that can be addressed just during a visit to the doctor's office or hospital. Compared with social, environmental and behavioral factors, medical care has a small influence on the health of populations.³ Health, wellness and prevention must be addressed in an individual's everyday life. The Department has partnered with the government, employers and community and faithbased organizations to make changes in the local environment to help residents build healthier lives. Through the ShapingNJ and Office of Minority and Multicultural Health initiatives, the Department has funded health education, screening, healthy foods and environments and opportunities for physical activity across the state, which provide the foundation for good health. These initiatives provide funding to local interventions because local partners know best how to address the health needs of residents. For example, the Faithful Families Eating Smart and Moving More program provides grants to churches and other faith-based groups to promote healthy eating and physical activities among their congregations. Another Department initiative, the Workplace Wellness Toolkit, guides employers on how to enhance their worksite health programs to help employees lead healthier lifestyles. These efforts create wellness and prevention opportunities where residents live, work and play.

Health improvement goes beyond care delivered within the four walls of a hospital or clinical office. Physicians and healthcare professionals should connect with local health faith-based and community organizations to make links to residents and to broaden their impact on the health of their communities. Working together in the population health village allows us to leverage efforts to drive meaningful improvements in health outcomes for all New Jerseyans.

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