Place-based Policies and Public Health: *The Road to Healthy Rural People and Places*

Policy Paper

RUPRI Health Panel
RUPRI Human Services Panel

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Place-based Policies and Public Health: The Road to Healthy Rural People and Places

Challenges and Opportunities

The United States health care and human services delivery system is fragmented, leading to inadequate access, suboptimal quality, and excessive cost. These deficiencies are exacerbated by uncoordinated public policies, payment systems, and grant-making mechanisms that too often operate at cross purposes within the same community. Rather than maintaining old and inefficient silos, new government (and other funder) dollars should leverage integrated planning and programming to improve prosperity, equity, sustainability, and livability of places.

Effective *place-based* policies can influence how rural and metropolitan areas develop, how well they function as places to live, work, operate a business, preserve heritage, and more. Properly designed public policies can *integrate* federal programs and contribute to the prosperity, equity, sustainability, and livability of places.[1] Since rural places face particular challenges related to scale (due to fewer people and greater distances), but advantages related to integration (due to relationships built among a small set of local stakeholders), a place-based policy framework can be a particularly effective strategy.

The Patient Protection and Affordable Care Act of 2010 (ACA) creates new potential to develop place-based policies with the concerted purpose of advancing individual and community health. To facilitate new place-based initiatives, the role of public health should expand to consider measures of community well-being and to integrate community services, including clinical care, community-based health services, and human services (i.e., behavioral health, child welfare, and social services). Service integration not only uses resources efficiently, but increases participation by the community itself in the well-being of individuals and families. Public policies should support integrated public health approaches that help realize the vision of healthy people and places.

A History of Aspirational Goals

Individual and community health is clearly influenced by multiple factors beyond traditional medical care. Advocating for an integrated approach to individual and community health is not new to U.S. policy discussions. In 1987, Paul Nutting and his collaborators suggested community oriented primary care (COPC) that expanded the primary care model to include a defined population (community) and the principles of epidemiology. This population-based approach to primary care considered health determinants and health improvements beyond the exam room.[2] In 1998, a vision for the future of rural community health recognized the

[1] *Memorandum For The Heads of Executive Departments and Agencies*. P R Orszag, M Barnes, A Carrion, and L Summers. Subject: Developing Effective Place-Based Policies for the FY 2011 Budget. M-09-28. August 11, 2009.
[2] Nutting, PA (ed.). *Community-Oriented Primary Care: From Principle to Practice.* U.S. Department of Health and Human Services. Public Health Service. HRSA Publication No. HRS-A-PE 86-1. 1987.

importance of economic prosperity, a safe environment, and an informed and educated public. However, this vision was one of maintaining and improving wellness, not integrating services across sectors.[3] In the 2002 report *One Department Serving Rural America*, the U.S. Department of Health and Human Services (USDHHS) suggested strategies to improve coordination across health and social services, including integration of primary health care, behavioral health, and social services at the state level.[4]

In 2005, the Institute of Medicine (IOM) Committee on the Future of Rural Health Care emphasized that rural health considerations should include community health measures and interventions in addition to individual health. The committee also explicitly recognized the importance of health determinants other than traditional medical services and the necessity of collaboration to support and incent healthy lifestyles and healthy communities.[5] Also in 2005, the National Advisory Committee on Rural Health and Human Services suggested "development of collaborative relationships that advance community health and well-being" and an integrated strategy across all programs focused on health and community well-being. The Committee's vision for collaboration extended beyond traditional USDHHS programs to include workforce development, economic development, and social environment improvement. In one community visited by the Committee, success was measured with indicators related to economy, education, public safety, social environment, health, housing, and infrastructure.[6] In its 2008 report, the Committee continued the call for improved collaboration and coordination across health care and human services programs, including coordination among other federal programs and departments that affect community well-being and local population health.[7]

Over time, public approaches to collaboration across policy sectors within rural communities have evolved, regarding both how place is conceptualized and how public health/health policy can drive collaborations. Using place as a framework for public policy formulation and implementation was given considerable lift by a White House memorandum to executive departments and agencies in August, 2009. The memo stated the case for place-based investments: "Place-based policies leverage investments by focusing resources in targeted places and drawing on the compounding effect of well-coordinated action. Effective place-based

Place-based Public Policy

Policies designed for "places" rather than for "programs" result in complementary, not duplicative, public programs. Thus, place-based policies more effectively integrate health and human services in rural areas. Place-based policies strengthen communities while promoting individual and population health. Although federal funding streams have traditionally been program-based, waivers and program changes can support local leadership and community action to integrate federal and other programs for community good.

[3] *Rural Health: A Vision for 2010* Report from an Invitational Workshop. January 22-23, 1998. Jointly Sponsored by The Federal Office of Rural Health Policy and The National Rural Health Association.
[4] *One Department Serving Rural America*. HHS rural Task Force Report to the Secretary. July, 2002.
[5] *Quality Through Collaboration: The Future of Rural Health*. Committee on the Future of Rural Health. Institute of Medicine. Washington, D.C.: National Academies Press. 2005.
[6] *The 2005 Report to the Secretary: Rural Health and Human Service Issues*. The National Committee on Rural Health and Human Services. April 2005.
[7] *The 2008 Report to the Secretary: Rural Health and Human Services Issues*. The National Advisory Committee on Rural Health and Human Services. April, 2008.

policies can influence how rural and metropolitan areas develop, how well they function as places to live, work, operate a business, preserve heritage, and more."[8] The memo emphasized the inter-connectedness of federal programs as implemented in places, designed to contribute to the prosperity, equity, sustainability, and livability of places. As a result, program integration is occurring across multiple departments in the Obama administration. Impacts on rural places could be most immediate and significant when health and human services programs are integrated to solidify and sustain safety net services. In a time when the value of community health is explicitly recognized (by the ACA) as a part of local health care infrastructure, integrating health and human services in the same community promises optimal return on public investments.

Foundation for Integrated and Place-Based Policy

An expanded vision and role for public health can lead to an integrated, place-based approach to community well-being. A focus on the health of populations (public health) in communities establishes a purpose that encompasses multiple programs, because "the ultimate goal of population health-centered policies and programs – enhancing the human capacities and productive potential of individuals throughout their lives – and acknowledging that polices that lie outside of the conventional province of health policies ... may offer the greatest prospects for achieving this goal."[9] The ACA provides opportunities to develop policies that achieve this, in tandem with other place-based policies. "Addressing the health status of households [and communities] requires convergence of health policies and human services policies that are focused on members of the household. Programs intended to help families cope with, and find their way out of, poverty are also contributing to the health of those persons."[10]

The effectiveness of place-based policies designed to improve community health requires assessment. Multiple measures of community health exist, including the newly developed county health rankings by the University of Wisconsin Population Health Institute (supported by the Robert Wood Johnson Foundation).[11] The community health measures include morbidity, mortality, health behaviors, clinical care, social and economic factors, and physical environment. The USDHHS has developed Community Health Status Indicators such as deaths due to heart disease and cancer, plus behavioral factors impacting health such as tobacco use, diet, physical activity, alcohol and drug use, and sexual behavior.[12]

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[8] *Memorandum For The Heads of Executive Departments and Agencies*. P R Orszag, M Barnes, A Carrion, and L Summers. Subject: Developing Effective Place=-Based Policies for the FY 2011 Budget. M-09-28. August 11, 2009.

[9] *Reinventing Public Health: Policies and Practices for a Healthy Nation*. LA Aday, editor. San Francisco: Jossey-Bass. 2005. P. 8.

[10] *Advancing the Health and Well-Being of Rural Communities*. K Mueller. Policy & Practice 67 (5). October, 2009 pp 10-12.

[11] Details available at www.countyhealthrankings.org

[12] Community Health Status Indicators. U.S. Department of Health and Human Services. http://www.communityhealth.hhs.gov/HomePage.aspx? Accessed February 10, 2011.

The IOM Committee on Public Health Strategies to Improve Health broadens the call for community health improvement recommending "a renewed population-health information system through enhanced coordination, new capacities, and better integration of the determinants of health." The Committee also suggests a measurement framework that can be used by communities and policy-makers to understand, monitor, and improve contributions of various partners in the health system.[13] To build on these measurement frameworks, program and policy assessment should eventually combine measures of medical/behavioral health, child welfare, and social services for a unified and action-oriented appraisal of community well-being.

Public health policy may now move the nation closer to the vision expressed in 1998: the integration of multiple policy/program streams into a single strategy for community well-being in rural places. In this vision, new policies will use an expanded public health paradigm to design and implement integrated place-based federal programs and promote coordination and collaboration among rural health and human services providers. Policies will be continuously assessed with comprehensive indicators of community health that measure not simply medical interventions, but multiple determinants of community well-being.

The Power of the ACA to Advance Rural Policy Considerations

Title IV (Prevention of Chronic Disease and Improving Public Health) of the ACA supports specific programs tailored to improving population health (such as employer-based wellness programs) and integrated, place-based efforts to improve well-being of persons and communities. The law provides substantial funding for multiple facets of public health, including the Community Transformation grant program and other "public health activities." The legislative intent is to combine and coordinate multiple policies and programs that impact community health. The impetus for coordination is at the highest level. The ACA sets the membership of the National Prevention, Health Promotion and Public Health Council (chaired by the Surgeon General) to include the Secretaries of Health and Human Services, Agriculture, Education, Transportation, Labor, and Homeland Security; the chair of the Federal Trade commission, the Administrator of the Environmental Protection Agency, the Director of the Office of National Drug Control Policy, the Director of the Domestic Policy Council, the Assistant Secretary for Indian Affairs, and the Chair of the Corporation for National and Community Service. This Council, with input from an advisory group, will develop a national prevention and health promotion strategy. Specific Title IV place-based community health sections include:

- Section 4002: Establishes a Prevention and Public Health Fund with programs for prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs. The

[13] *For the Public's Health: The Role of Measurement in Action and Accountability*. Committee on Public Health Strategies to Improve Health. National Academies Press: The Institute of Medicine. Taken from slides available at www.iom.edu/measuring health. 2010.

investment in public health is substantial, increasing to $2 billion in 2015 and then continuing at that level annually.

- Section 4003: The Centers for Disease Control and Prevention will convene an independent Community Preventive Services Task Force to review interventions, including consideration of social, economic, and physical environments that can affect health and disease.
- Section 4201: Community transformation grants will be made for evidence-based community preventive health activities. Grant applications must include detailed plans including policy, environmental, programmatic, and infrastructure changes to promote healthy living and reduce disparities. Grant applicants must demonstrate a history of, and/or capacity to develop relationships with stakeholders from multiple sectors within and beyond health care and across a community.
- Section 4202: Programs targeting the 55-64 year-old population can include community-based public health interventions.

Title V also supports place-based programs:

- Section 5313: Grants will be provided to support community health workers who provide guidance or outreach regarding strategies to promote positive health behaviors and discourage risky ones, enrollment into appropriate health care agencies and community-based programs, and home visitation services regarding maternal health and prenatal care. Priority is given to applicants with experience providing health or health-related social services and with documented community activity and experience with community health workers.

Importantly, while initiating these programs, the ACA mandates federal program coordination (manifest by the broad, high-level membership on the Council described above) and emphasizes integrated place-based policies designed to advance population health and community well-being. Therefore, the ACA can be part of a place-based effort to promote and achieve goals in community well-being. In turn, the ACA can provide support for activities to develop new outcomes measures and use those measures to assess the impact of integrated programming.

Programs Supporting Integration

Rural places are primed to be leaders in new policies that support program integration and stakeholder collaborations in multiple sectors. Existing federal grants have already created the impetus for new policies. In 1990 the Rural Health Outreach Grant program was established in the Federal Office of Rural Health Policy, Health Resources and Services Administration. The Senate Appropriations Committee directed that community grants facilitate integration across organizations and programs. In response, grant funding requires collaboration among at least three separate agencies. The RUPRI Human Services Panel review of projects funded by this program found several themes related to service delivery integration in rural places:

- Some projects included community institutions not directly related to health and human services, such as school systems and courts.

- A common integration strategy included integrating behavioral health services.
- Service integration projects were particularly important to communities in transition, such as communities undergoing racial/ethnic composition change or communities experiencing an aging population.[14]

Other federal grant programs support place-based programs that integrate health, human services, and community development. The Centers for Disease Control and Prevention funds projects in its Healthy Communities Program that focus on chronic disease prevention. One approach has been health risk factor reduction through new human service delivery and community planning. The U.S. Department of Agriculture offers rural development grants and loans used for facilities and programs that support community-based health and well-being improvement programs.

Several state governments have attempted to build health policies that integrate economic and community development to improve community health. Minnesota's Health Improvement Partnership and Texas' Office of Rural Community Affairs were two examples.[15] However, initiatives to integrate services have been difficult to sustain since most state and federal funding support comes through categorical programs. A new and promising approach is Vermont's Blueprint for Health. The Blueprint operates in local settings through a foundation of medical homes and community health teams. Community health teams interact with a host of stakeholders in health and human service delivery, including public health agencies, and social, economic, and community services.[16] The Blueprint's goal is service integration and coordination that improves both care and efficiency.

Local agencies merging previously disparate funding sources to serve unique community needs in a responsive and coordinated way is one of the most promising approaches to community health improvement. For example, since 1999 the Department of Health and Human Services in Humboldt County, California has sustained integration of health and human service programs created through a state-driven pilot project. Under an umbrella of family and community resource centers, the Department integrated its services and partnered with community-based organizations to improve the well-being of Humboldt County citizens. The integrated programs are assessed with community health and well-being outcome measures.[17] Unfortunately, innovative integrative policies such as Humboldt County are not the norm; there is no nationally consistent process to implement place-based policies that lead to health and human services integration and coordination. A new policy and community action framework is needed.

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[14] *Stimulating Local Innovation for rural Health and Human Services Integration: A Critical Review of the ORHP Outreach Grantees*. M Gutierrez, K Belanger, V Clark, J Friedman, JF Redfern, B Weber, C Fluharty, and J Richgels. Rural Policy Research Institute: Rural Human Services Panel. March, 2010.

[15] *Health-Centered Rural Policy: Integrating Economic and Community Development* KM Cardarelli and LA Aday. Texas Journal of Rural Health 20(4): 35-43. 2002.

[16] *2009 Annual Report*. Vermont Blueprint for Health: Smart choices. Powerful Tools. Vermont Department of Health. Accessed December 30, 2010: http://healthvermont.gov/prevent/blueprint/documents/Blueprint_AnnualReport_2009_0110rev.pdf

[17] *Integrated Services Initiative Strategic Plan*. PR Crandall. Humboldt County Department of Health and Human Services. June, 2008.

A Framework for Action

The Institute of Medicine Roundtable on Value & Science-Driven Health Care created a strategy map[18] to achieve a value-driven health care system that is applicable, with modification, to the goal of continuous improvement in population health and community well-being (Figure 1).

- Vision: Integrated policies and programs will continuously improve quality of life in rural places.
- Foundation: The foundation for a continuously improving quality of life in rural areas will include essential health and human services, a sustainable economic base, nutritious and accessible foods, civic and sector-based leadership, and community development expertise.
- Learning System: The RUPRI panels and centers will measure and evaluate strategies, assess integration and collaborations, disseminate lessons learned, and develop new policies and programs
- Collaboration: Based on the work of the Vermont Blueprint for Health,[19] each community will design, implement, and support community health teams. Suggested members include local hospital(s), ambulatory clinics (or patient-centered medical homes), local public health department(s), human service agencies, civic leadership, business leadership, and nonprofit leadership. Other collaborators may include more distant hospitals and clinics (including federally qualified health centers and rural health clinics), schools, economic development planners, transportation agencies (public and private), and state government agencies.
- Evidence-Driven: Integrative and collaborative experiences will codify best practices and inform the development and implementation of public policy.
- Value: Coordinated investments in population and community well-being will be assessed in the context of the cumulative impact of interactive programs. Outcomes will be measured in population health, individual health, and community well-being improvements.

Place-Based Public Health

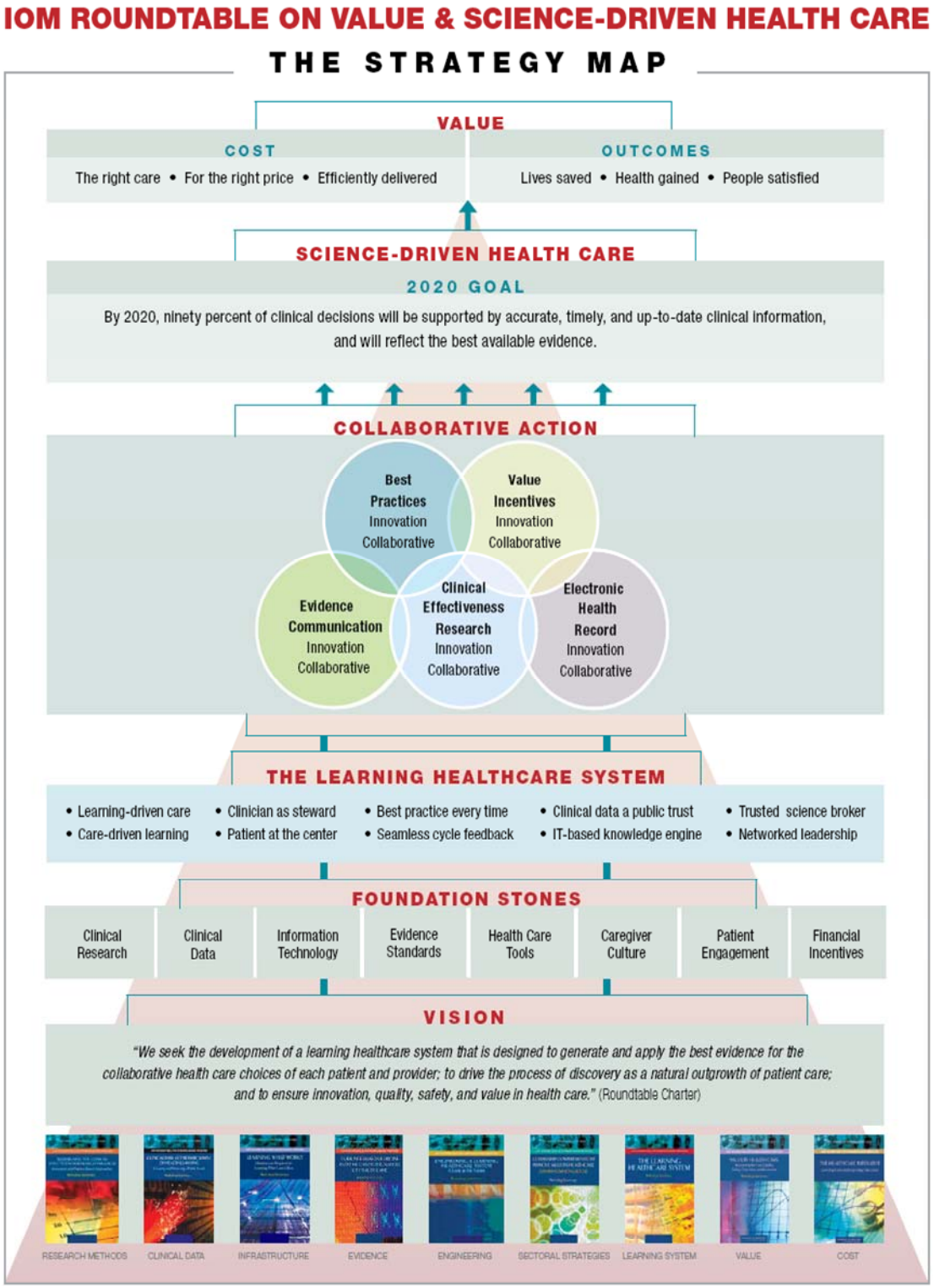
This framework combines the integrative and efficiency potential of place-based polices with the community health and well-being focus of public health. The framework can serve as a strategy to improve community health and also can guide policy development, program implementation, policy analysis, and program evaluation. Initially, the framework described above can drive health and human services policy and program integration. However, the full impact of place-based policies and an expanded role for public health will only be fully realized when health and

[18] Retrieve from: www.iom.edu~media/Files/Activity%20Files/Quality/VSRT/Core%20Documents/Strategy%20Map.pdf

[19] Full description of the Vermont Blueprint for Health can be accessed from http://healthvermont.gov/blueprint.aspx

human services integration lessons are extrapolated to a wider sphere of community health determinants, across various other sectors. With new place-based public health policies that integrate the programs and funding streams which influence the many determinants of health, rural people and places will have significantly expanded opportunities to succeed and flourish.

Figure 1.


IOM ROUNDTABLE ON VALUE & SCIENCE-DRIVEN HEALTH CARE
THE STRATEGY MAP
VALUE
COST
The right care • For the right price • Efficiently delivered
OUTCOMES
Lives saved • Health gained • People satisfied
SCIENCE-DRIVEN HEALTH CARE
2020 GOAL
By 2020, ninety percent of clinical decisions will be supported by accurate, timely, and up-to-date clinical information, and will reflect the best available evidence.
COLLABORATIVE ACTION
Best Practices Innovation Collaborative
Value Incentives Innovation Collaborative
Evidence Communication Innovation Collaborative
Clinical Effectiveness Research Innovation Collaborative
Electronic Health Record Innovation Collaborative
THE LEARNING HEALTHCARE SYSTEM
• Learning-driven care • Care-driven learning
• Clinician as steward • Patient at the center
• Best practice every time • Seamless cycle feedback
• Clinical data a public trust • IT-based knowledge engine
• Trusted science broker • Networked leadership
FOUNDATION STONES
Clinical Research
Clinical Data
Information Technology
Evidence Standards
Health Care Tools
Caregiver Culture
Patient Engagement
Financial Incentives
VISION
"We seek the development of a learning healthcare system that is designed to generate and apply the best evidence for the collaborative health care choices of each patient and provider; to drive the process of discovery as a natural outgrowth of patient care; and to ensure innovation, quality, safety, and value in health care." (Roundtable Charter)
RESEARCH METHODS
CLINICAL DATA
INFRASTRUCTURE
EVIDENCE
ENGINEERING
SECTORAL STRATEGIES
LEARNING SYSTEM
VALUE
COST