

# TAKING PART IN STATE INNOVATION MODEL DEVELOPMENT



The Affordable Care Act is designed to shift the focus of the health system from treating illness to keeping people healthy, which is also a primary focus of the public health system. One way this shift in priorities is being attempted is through the State Innovation Model, or SIM, program, which currently funds the efforts of [34 states](#) to improve population health and the delivery of health care, while also decreasing costs. The federal government also requires states to describe their strategies for improving population health in SIM plans.

Public health practitioners should take an active role in each SIM program, as the success of any effort to improve population health must address the various complex factors that influence health outcomes. Health is determined outside the doctor's office, and the clinical care an individual receives has only a small effect when compared to the [social determinants of health](#), "the conditions in which people are born, grow, live, work, and age, and which are shaped by the distribution of money, power, and resources at the global, national, and local levels." Negative social determinants are often prevalent in underserved communities, and addressing these root causes of poor health makes the biggest difference in improving population health. The three core functions of public health – assessment, policy development and assurance – enable the public health system to address social and environmental health problems at the community level. The field of public health, which tends to help underserved communities, can help SIM plans meet their population health goals by addressing the social determinants in ways the health care system does not.

One widely accepted definition of population health is, "the health outcomes of a group of individuals, including the distribution of such outcomes within the group."

Kindig D, Stoddart G. "What is Population Health?" *Am J Public Health*. 2003 March; 93(3): 380–383

SIM implementation will have a big impact on how health care is delivered and paid for, and public health practitioners should get involved in the process as early as possible. In most SIM states, governors and their appointees begin the initial development process. If public health practitioners do not get involved, SIM plans are more likely to focus on clinical care and overlook the social determinants of health.

This issue brief is designed to assist local public health practitioners with getting involved in SIM development and implementation. When developing this issue brief, APHA first reviewed SIM plans and testing proposals of states to identify plans with strong public health components. To provide real world context to SIM development and implementation, APHA conducted key informant interviews.

### Challenges for integrating public health into SIM

SIM can benefit from collaboration between the complementary skills of the public health and health care systems. One of the key opportunities – and challenges – to improve health presented by SIM is aligning the efforts of public health and health care.

### Differences in training and scope of services between public health and clinical care

Differences in [training](#) and scope of services [provided](#) both limit collaboration between the health care and public health systems. For example, medical schools focus on clinical care for individuals, whereas public health practitioners are trained to provide interventions and services that can improve the health of communities. The health care system and public health system also conceptualize population health and prevention in different ways. The public health system has a broad view of population health, whereas a primary care provider might only consider his or her patients as a population to care for. Similarly, public health prevention efforts encompass social and environmental factors; prevention in the health care system often focuses on services delivered to individuals in clinics. These differences in

training and scope of services often separate practitioners in the public health and health care systems in their day-to-day work. When opportunities like SIM arise, and are often led by the health care system, the lack of past collaboration makes it difficult for public health representatives to take part and advocate for all the field has to offer.

### **Emphasizing clinical care compared to the social determinants of health**

In many states, those in charge of developing SIM plans believe the solution to improving health and reducing costs can be found in making the health care system more efficient. Public health practitioners in some states cited a lack of a past working relationship with medically focused state SIM staff and a lack of outreach by these officials as the main difficulty in getting involved in SIM planning and implementation. SIM plans that focus solely or predominantly on the clinical health care system risk losing the public health perspective needed to address the social determinants of health, rather than just treat illnesses in a clinic. For example, public health interventions focused on [housing](#) and [community preventive services](#) can improve health and result in [savings](#) in the health care system.

### **Emphasis on short-term return on investment**

Even in situations where the public health and health care systems have good working relationships, the need to demonstrate short-term results is a challenge. Many public health initiatives take time to demonstrate a positive result. When collaborating with the health care system, public health practitioners often have to build a record of success.

An interview participant explained that public health practitioners in his area have to first play a supporting role in a clinically focused reform in order to show short-term success. Local public health departments partnered with emergency departments to guide their frequent users to community preventive services. The program is testing whether hospitals and community based organizations can work together to improve health outcomes and save

money. Larger scale programs that identify and assist people outside a clinical setting and do more to address the social determinants often require a longer time frame.

### **Promising practices to get involved in SIM**

Although the needs and challenges of every community are different, there are steps that state and local health departments and community-based organizations can follow to integrate into the SIM program in their area.

#### **Create a seat at the table**

Public health practitioners need to take a leading role in SIM. The program will have a large effect on how health care is delivered and paid for, and it is best for public health practitioners to get involved as early as possible.

#### **- How to do it**

- **Conduct personal outreach.** Interview participants stressed the importance of public health practitioners meeting in person with hospital administrators and primary care providers to declare a willingness to collaborate. Public health practitioners should describe the services they provide and competencies they offer, and explain what they are doing to adapt to the ACA and how the SIM program could fit into their work.
- **Attend SIM planning events.** Many states have SIM planning events that are open to the public, and these events provide an opportunity for public health practitioners to make their voices heard. Public health practitioners can also contact their state public health association and ask for its assistance in getting involved in SIM. For example, the Minnesota Public Health Association worked with the state to hold [meetings](#) to inform its members about the Minnesota SIM plan and offer an opportunity to provide input.
- **Apply for funding from SIM grant**

**programs.** In states that are testing innovation plans, public health practitioners can take a leading role by applying for funding from SIM. For example, one local health department in Minnesota applied for and received a grant to convene a regional health improvement coalition. It now leads a coalition consisting of a hospital system, mental health care providers, schools, and community health workers aimed at improving mental health by providing mental health services in schools and through public health departments and community-based organizations, in addition to clinical settings.

- **Be patient.** Forging the connection with clinical care providers and other stakeholders is difficult and happens after working together over time, often years. Patience is also needed in developing and implementing reforms that improve health. Starting on a small scale is a good first step. For example, public health departments can share community health data with hospital systems to help meet electronic health record requirements. Practitioners can also work with health care providers to refer patients to community preventive services.

## Cultivate champions in the health care system

Strong working relationships with clinical care providers are important. When reforms like the SIM program arise, these champions can advocate for the inclusion of public health practitioners.

### - How to do it

- **Assist hospitals with community health needs assessments.** According to the Centers for Disease Control and Prevention, a community health needs assessment is a process, “that identifies key health needs and issues through systematic, comprehensive data collection and analysis.”<sup>1</sup> Public health departments can use the assessment process

as a first step in forming a working relationship with the health care system. The ACA requires non-profit hospitals to complete a community health needs assessment, and the Public Health Accreditation Board has a similar requirement for public health departments seeking accreditation, providing both parties an incentive to collaborate. In addition to forming a valuable relationship, public health practitioners and hospitals can develop a more comprehensive community health needs assessment than they would be able to develop independently.

- **Look for overlapping goals.** Both health care providers and local health departments work to improve health, and often specific goals will overlap. For example, a public health practitioner in Minnesota worked with a local hospital by sharing electronic health data and information about the health status of the people served by her health department. This helped the hospital collect electronic health data it needed to meet federal requirements, and the health department was able to gain a new partner by showing the hospital a valuable capability it had to offer.

## Educate community stakeholders about SIM

In some states, local public health practitioners have taken the lead on educating their communities about SIM. Convening community partnerships and stakeholders is one of the essential services public health offers, and this enables public health to act as a bridge between service providers and communities.

### - How to do it

- **Host community events.** Both the Idaho Public Health Association and the Minnesota Public Health Association held events to educate their members and the public about SIM. IPHA hosted a community forum on SIM

to introduce the initiative and health reform concepts to students. At MPHA's meeting, members provided direct feedback to SIM officials, and both groups were able to identify ways to collaborate. For example, MPHA advised SIM officials on successful community health improvement coalitions that could serve as a model for SIM efforts.

- **Work with all community stakeholders.** A county health officer in Washington lead the formation of a regional health improvement coalition, which has brought together hospitals, primary care providers and community-based organizations to reduce preventable emergency department visits. Though the coalition has only recently formed, it is developing self-governance and operating mechanisms to ensure that it continues to have representation from a diverse group of community stakeholders.

- **Advocate for a public health perspective when defining population health.** A public health perspective, which recognizes the variety of social and environmental factors that determine the health of every individual in a community, is a good starting point for organizing community stakeholders to think of potential contributions to SIM plans. It also turns discussions about ways to improve health away from clinical health care and towards the social determinants of health.

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(Endnotes)

<sup>1</sup>Community health needs assessments should be multi-sector collaborations and include community input, transparency, evaluation, and result in a plan to improve health.

See <http://www.cdc.gov/stltpublichealth/cha/plan.html>



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