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Population Health Improvement: Moving Beyond the Clinic and Into the Community

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Why should physicians and health care provider organizations move beyond caring for patients toward the more ambitious goal of identifying and addressing the community conditions that affect their patients' health?

The answer to this question is straightforward: because such an expanded focus is essential to the growing expectations that we accept greater accountability not just for high quality health care services, but increasingly for improved health outcomes.

The premise that health care delivery influences only 10% to 20% of life expectancy and quality of life is now well documented, although it is still surprising to many.¹ While it is difficult to enjoy a healthy life without adequate access to affordable, high-quality health care, we know from decades of research that simply investing more resources in health care delivery does not, by itself, produce better health for individuals or populations.

Take, for example, the recently released report from the Institute of Medicine of the National Academy of Sciences. The title itself is a wake-up call: *US Health in International Perspective: Shorter Lives, Poorer Health*.²

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Although our country invests a substantially greater share of its gross domestic product in health care delivery when compared to countries like Germany, England, and Japan, we simply do not live longer, healthier lives. This report highlights the many factors contributing to Americans' shorter lives and poorer health. We have the highest rate of obesity of the 17 industrialized nations studied. We have a higher death rate from injuries and accidents. We lose more years of life to the abuse of alcohol and prescription and illicit drugs. We have the highest rate of teen pregnancy. Our rates of infant mortality, mortality of children up to age 5, and child poverty are among the worst. Simply put, a baby born in the United States today runs a serious risk of living a shorter, less healthy life than a baby born in most of the other industrialized nations. Perhaps most surprising, this finding holds true across the socioeconomic spectrum.

No one sector of society is responsible for the root causes or controls the potential solutions to any of these complex challenges. Thus, we must find ways to work together toward the goal of longer healthier lives for all. At the University of Wisconsin (UW) Population Health Institute, we have worked for a decade to provide communities with insights into their current health status and the drivers of health by ranking health across a wide array of indicators at the county level. Four years ago, this work was expanded to a national level through a partnership with the Robert Wood Johnson Foundation. Released every spring, the *County Health Rankings & Roadmaps* now provides people living in virtu-

ally every county in all 50 states with information on how healthy their communities are, and what contributes to longer healthier lives (see www.countyhealthrankings.org).

What does all of this mean for physicians and other health care professionals? How can the prevailing trends in health care transformation—accountable care organizations, patient-centered medical homes, payment for value rather than volume—translate into not only better-managed, error-free health care services, but also meaningful improvements in health for individuals and communities? The short (and not simple) answer is this: health care organizations must expand their engagement in health promotion beyond the clinic and into the community.

Consider patients with chronic diseases like asthma, hypertension, and diabetes. More than 75% of our current health care expenditures are now directed to treating these and other chronic conditions, which in many instances could be prevented, or their severity reduced, by improving access to affordable, healthy food, safe places to exercise, and evidence-based techniques for reducing smoking and excessive alcohol consumption. Good clinical care always will be important, but realizing optimal clinical outcomes also requires environmental interventions, such as the remediation of contaminants in the apartment of a patient with asthma. The prevention and management of Type 2 diabetes relies on ready access to affordable, healthy food at convenient distances from the homes or workplaces of the people under our care.

Individual physicians and provider organi-

zations have long been important partners in community-based health improvement activities. These activities fit with the mission of health care provider organizations and are consistent with the traditional ideals and values of the practice of medicine. This engagement needs to be substantially expanded. Employers purchasing private health care coverage and the Centers for Medicare and Medicaid Services alike need to control their financial investment in health care and obtain better health outcomes for their employees and beneficiaries. Success in this brave new world of health care financing requires not just the reduction of waste and variation in health care delivery; it also requires health care professionals to seek partnership opportunities with the public health sector, civic and philanthropic organizations, faith communities, schools, and private- and public-sector employers, which will enhance the environmental determinants of health and disease prevention.

These are just some of the questions that need to be addressed at the population level:

- How healthy are our residents? What does

the health status of our community look like?

- What is occurring or might occur in the future that affects the health of our community?
- What assets do we have that can be used to improve community health?
- What are the components, activities, competencies, and capacities of those in a position to influence health (health care, public health, schools, businesses, transportation, etc)?

Within a physician's practice or health system, providers need to ask and answer questions like these:

- Who is leading the thinking for our organization on improving clinical outcomes by improving health in the community? Is this work taking place within a silo, or is it integrated into our strategic thinking?
- Who are our important local partners? Are we engaged with the right people and organizations?
- How can we move beyond a "safe" focus on health behaviors to working on the major drivers of longer, healthier lives: educational attainment, income, and a focus on reducing inequities in health status? How can we bring

about policy, systems, and environmental changes?

- How can health care organizations within a community collaborate to advance health, even as they compete for patients?

Please take advantage of the resources available through the *County Health Rankings & Roadmaps* and other aspects of the UW Population Health Institute. Tell us what you are doing, how it is working, and what tools, resources, and data you need. Working together, we can realize better health for the people of Wisconsin, as we broaden our thinking beyond earlier concepts of health care delivery to a new integrated perspective of health promotion.

References

1. National Research Council. *The Future of the Public's Health in the 21st Century*. Washington, DC: National Academies Press; 2003. <http://iom.edu/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx>. Published November 11, 2002. Accessed July 12, 2013.
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WMJ

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