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State Population Health Strategies that Make a Difference: Project Summary and Findings

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Introduction

There is growing recognition of the important role that state health policy can play in improving population health. The development of effective policy at the state level is as important as ever, given the tumult and discord surrounding national health reform politics. Identifying and examining effective policies can yield instructive lessons for policymakers and their constituents.

But what works? How does one identify where specific state health policies have made objective differences in the health of the residents? We took a unique and objective approach to answering this question, based on the observation that *improvement*—more than high performance—can likely be attributed to specific policy actions. Therefore, rather than look exclusively at the states that consistently have the best health outcomes or focus on an evaluation of a specific program, we sought to identify which states had improved in one or more key population health outcome measures—and to examine how and why.

Selection of Measures and States

We used a rigorous process to analyze three prominent health scorecards (America's Health Rankings, The Commonwealth Fund, and Kids Count) to identify states that have made particularly impressive improvement in identifiable categories of population health. We examined 157 population health measures across the scorecards and ultimately focused on the issues of chronic disease and birth outcomes.

After examining several measures used by state scorecards to measure birth outcomes and early childhood development, we decided to focus on infant mortality. Infant mortality, defined as the number of deaths that occur before age one, was selected based on its importance as a major public health outcome, its role as an indicator of many other problems, and the consistency of data available to us across the states. More than 23,000 infants died in the United States in 2014.¹ Both Georgia and Florida made marked improvement in their infant mortality rankings between 2004 and 2014.

Our second area of focus was chronic disease. Nearly half of all adults in the United States have one or more chronic diseases.² States vary in their burden of chronic disease, confirmed by recent research that has found regional differences in disease rates.³ Numerous reasons for these differences have been identified. While interesting, we sought a more holistic approach that would provide us with a more complete perspective on chronic diseases across each state that could potentially inform broader efforts to improve population health. We were also looking for what states could do to combat trends in chronic diseases and reduce their overall burden for the states' residents. We found that Delaware and Iowa had made marked improvement in reducing the burden of chronic disease between 2007 and 2012. It is important to note that to account for inconsistencies in the reporting of the chronic disease measures included in our composite measure, we used the period that was the same across each measure (2007–2012).

Comparison of State Interventions and Performance

To understand how and why these states made improvements during the study period, we spent time in each state with individuals knowledgeable about the policies that were adopted during the specified time frames, the role of key leaders, and the major cross-sector collaborations.

In no case was there a single policy or program implemented that clearly explained the improvement. There were, however, common elements in the approaches taken by each state:

- The initiatives were launched as a result of specific executive branch action or legislation;
- Targeted, evidence-based interventions were selected and implemented on a large scale and over an extended period of time;
- Some form of statewide and regional collaboratives brought stakeholders together to advance implementation of those interventions; and
- The states and their partners developed the capacity to collect, analyze, and use data focused on the targeted conditions.

We used a comparative case study approach to answer the following questions:

- What policies did leaders put in place to achieve these gains?
- What challenges did they face?
- How were such challenges overcome?
- What can leaders in other states learn from their experiences?

Our study does not assess the causal relationship between certain policies and health outcomes; rather, it serves to generate ideas for promising population health strategies at the state level.

Key Lessons from the Studies

In two companion reports, [State Population Health Strategies that Make a Difference: Reducing Infant Mortality in Georgia and Florida](#) and [Reducing the Burden of Chronic Diseases in Delaware and Iowa](#), we developed case studies based on the four states identified. These case studies profile strategies that key informants from each state believed played important roles in improving population health, describe the roles that policymakers had in advancing population health initiatives, and provide lessons learned from each state.

These lessons are not cookbook recipes. A broad population health initiative, such as preventing chronic diseases or improving chronic disease care, will require different strategies than efforts targeting a single chronic disease or a more narrowly focused public health problem, such as infant mortality. Nevertheless, generalizations can be drawn that provide insight into how policymakers improved population health. These lessons also transcend the individual topic of focus and can be adapted to other issues. State public- and private-sector leaders can use the lessons to address population health improvement challenges in their states.

What factors made the difference for these states? Successful population health improvement efforts, in our analysis, all traveled a similar path, in approximately the following order:

- 1. Government leaders start it.** Government leadership was essential in each state we examined. Key informants identified at least one champion in state government who was instrumental in initiating and driving change. Leaders varied in position and branch of government and included the governor, state representatives, and the commissioner of the Department of Public Health. These individuals were viewed as the catalyst to developing meaningful strategies that could facilitate change, determining where to focus resources, and ensuring that state-driven initiatives were implemented successfully. For example, Governor Jack Markell (Delaware) displayed his leadership approach and positional power to convey to the state that reducing the burden of chronic disease was important. In 2010, he issued Executive Order 19, which created the Delaware Council on Health Promotion and Disease Prevention.

Leaders in state government have access to unique resources, including data, relationships, and the power to convene. There are no easy or universal answers to the question of how to ignite momentum on an issue when other branches of government are not invested or other leaders are not paying attention. However, leaders in the states we studied used their political capital and keen political savvy to influence change and navigate dense state-level politics. Moreover, these leaders exercised their positions and relationships in the legislature to usher key pieces of legislation into law within their states. This is particularly the case for more narrowly defined population health improvement initiatives. For example, Representative Betty Reed (D-Tampa) introduced House Bill 1269 to create the Black Infant Health Practice Initiative, a program aimed at improving issues related to infant mortality, and was able to move the bill through the Florida House and Senate without a single dissenting vote.

- 2. Set “Goldilocks targets.”** States need to determine the appropriate focus for their population health efforts, set goals, and strive for certain achievements. However, the strategy for determining the appropriate focus and correct goals isn’t always clear. Successful states focused on establishing performance targets for specific metrics on the most advantageous aspects of the community needs and the places where they could make meaningful improvements across the population. In our case studies, we learned from these scenarios in the following ways:

- a. Always base targets, strategies, and goals on community needs and clearly communicate that message.
- b. Avoid setting targets that are so broad that some stakeholders could lose focus.
- c. Avoid setting targets that are so narrow that you risk losing or alienating important supporters.

3. Establish multi-sector ownership for steady and sustained progress. Individuals and organizations working in silos cannot achieve results in improving population health. Our case studies revealed that aligning government agencies, health systems, community-based organizations, health insurers, and other key stakeholders is critical to understanding community needs, setting goals, and developing effective strategies. More specifically, through the convening of work groups, task forces, multi-stakeholder collaboratives, and other types of alliances, states were able to alleviate competitive interests to form common goals. Delaware is an example of this. In the mid-2000s, the Delaware General Assembly created the Chronic Illness and Disease Management Task Force to study disease management strategies and their potential to improve health status and quality, identify gaps in the health care delivery system, and contain costs. Similarly, in Florida the development of new partnerships, along with the engagement of state champions, played a major role in the renewed focus on infant mortality. These collaboratives and alliances must be skillfully led to give them purpose and importance.

Multi-stakeholder collaboratives are also important for continuity and sustainability. State administrations and key legislators do not remain constant, and new leaders with other priorities and incentives often start something new rather than continue existing work. Leadership must emerge from outside of government to sustain population health initiatives over time and across administrations and election cycles. Thus, the members of these high-profile multi-stakeholder collaboratives are in a unique position to provide stability to population health initiatives over time.

4. Measure and analyze. Improvements in population health cannot be made if the individuals and organizations aiming to solve them do not have data on the critical problem areas or fail to use that data for performance measurement and feedback. Informants discussed numerous approaches their states used to track population health outcome measures and trends. Some of the most innovative approaches involved transparency, standardization of key metrics (Iowa passed legislation to enforce standardized reporting), and development of publicly available and user-friendly data portals. Interviewees in our study also touted effective use of their state's health information exchanges as vehicles to share data across previously non-integrated providers and to engage patients. Similarly, researchers at local universities can provide valuable analysis and evaluation.

5. Focus on disparities. Disparities in health status based on various social and ethnic characteristics are pervasive in every state. Key informants in our study described how their state acknowledged this fact and sought to identify critical population health

domains where the most striking disparities existed. Areas of greater disparity indicate significant opportunities for overall performance improvement. In addition, prioritizing these domains created greater constituent engagement. In these scenarios, data was used to identify disparities, task forces were created to obtain needed perspectives and form strategies, and culturally sensitive initiatives were implemented to improve performance. Georgia exemplified this process. State leaders began by performing geospatial analyses identifying hot spots across the state where infant mortality rates were the highest. They studied the composition of the local communities and found that certain minority groups lived in several of these regions. State officials and community-based organizations could then form partnerships to address these issues, while focusing on cultural differences.

- 6. Get local.** Simply passing legislation and creating high-level task forces are not enough. To identify and engage the populations affected by issues such as chronic disease and high infant mortality, community-based organizations must be enlisted. These organizations often have closer ties to the individuals who will benefit most from programmatic support and population health improvement. Moreover, leveraging personal relationships between state and local leaders facilitates greater trust and smoother collaboration. For example, Healthy Start has been used across Florida to provide funding and support to community organizations working with expectant mothers, infants, and children and is perceived to be a necessary lifeline for many people in need.
- 7. Balance top down with bottom up.** With targets selected and alliances formed, leaders need to strike a balance in improvement strategies between setting a common direction through far-reaching standards and policies and approaches that enable and foster local innovation. In some cases, it is better to do things on a broad scale, such as when Iowa passed legislation banning smoking in public places. In other cases, it is better for the state to provide resources to allow local governments and local collaborations to set their own goals and develop their own policies. For example, as part of Iowa's Healthiest State Initiative, the Healthy Hometown program supports local communities ready to take steps "to make the healthy choice the easy choice and improve the overall well-being of their communities."⁴ Wellmark, a leading health insurer in Iowa, has partnered with the Healthy Hometown program and sponsors an award for outstanding community achievement. As a result, the state's broad goals were advanced through customized local initiatives.
- 8. Coordinate but don't control.** There is no silver bullet strategy or program to achieve population health goals. Each state studied used a multipronged strategy that included collaboratives, organization-led strategies, passing new policies into law, and other similar initiatives. The complex nature of managing these activities, particularly for broad issues such as reducing chronic disease, suggests that having some type of coordinating mechanism (e.g., a task force or governmental agency) responsible for tracking progress is paramount. Moreover, all four states revealed that having effort focused on

the alignment of activities across stakeholders and initiatives is as important, if not more important, in achieving sustainability as emphasizing control and execution. In other words, work toward coordination, not control: as long as each of the initiatives is headed in a similar direction, progress can be made.

This infographic illustrates the factors that made a difference for these states.

The Way to Advance Population Health



Successful population health improvement efforts have some or all of the eight elements outlined below.



Government leaders start it

Set “Goldilocks targets”



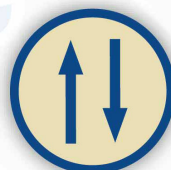
Establish multi-sector ownership for steady progress

Measure and analyze



Focus on disparities

Get local



Balance top down with bottom up

Coordinate but don't control



Areas for Future Research

Based on the current study, we have identified two main areas for future research:

- 1. Policy intervention evaluation.** In many states, specific policy interventions have been implemented to improve population health. However, often there is no formal evaluation of the program, and the measurement of success is difficult to determine. In Delaware and Iowa, some of the larger State Healthcare Innovation Plan and State Innovation Model programs are being evaluated more extensively, but most other policy interventions are not.
- 2. Improvement in disparities.** In this report, we have identified a number of programs that address disparities. However, as in the case of Florida's infant mortality reduction efforts, identification of the specific cause of the improvements in the African American and Hispanic populations is needed. These lessons can further benefit the work of other states.

Conclusion

State policymakers play an important role in efforts to improve population health. The case studies we have presented offer several approaches that can be considered when seeking to make improvements. By considering the success stories from Florida, Georgia, Delaware, and Iowa, other state health policymakers can adapt and replicate these lessons within the context of their own state.

Notes

- ¹ Explore infant mortality in the United States. 2015 Annual Report. America's Health Rankings website. Accessed June 17, 2017: <https://www.americashealthrankings.org/explore/2015-annual-report/measure/IMR/state/ALL>.
- ² Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among US adults: a 2012 update. *Prev Chronic Dis*. 2014;11:130389.
- ³ Partnership to Fight Chronic Disease. *Almanac of Chronic Disease, 2008 Edition: Statistics and Commentary on Chronic Disease and Prevention*. 2008. Accessed January 13, 2017: http://www.patientnavigatortraining.org/course2/documents/chronic_disease_almanac_2008.pdf.
- ⁴ Haberl J. Ames receives Healthy Hometown Founder award. Iowa Healthiest State Initiative [press release]. Healthiest State Initiative. November 3, 2016. Accessed June 17, 2017: <http://www.iowahealthieststate.com/blog/press-room/ames-receives-healthy-hometown-founder-award/>.