



Innovation and Quality in Public Health

February 27, 2018

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- All attendees are muted. If you are using your phone, please choose the “Phone call” option and enter your Audio PIN (found in the “Audio” panel). If you are using your computer speakers, please choose the “Computer audio” option.
- The slides are available for download in the “Handouts” section of your control panel.
- Please use the “Questions” panel to ask questions and submit comments throughout the webinar.
- This webinar is being recorded and will be archived. The archive will be made available following the webinar.



The screenshot displays the GoToWebinar control panel interface. It features a top menu with 'File', 'View', and 'Help'. The main content is organized into several sections:

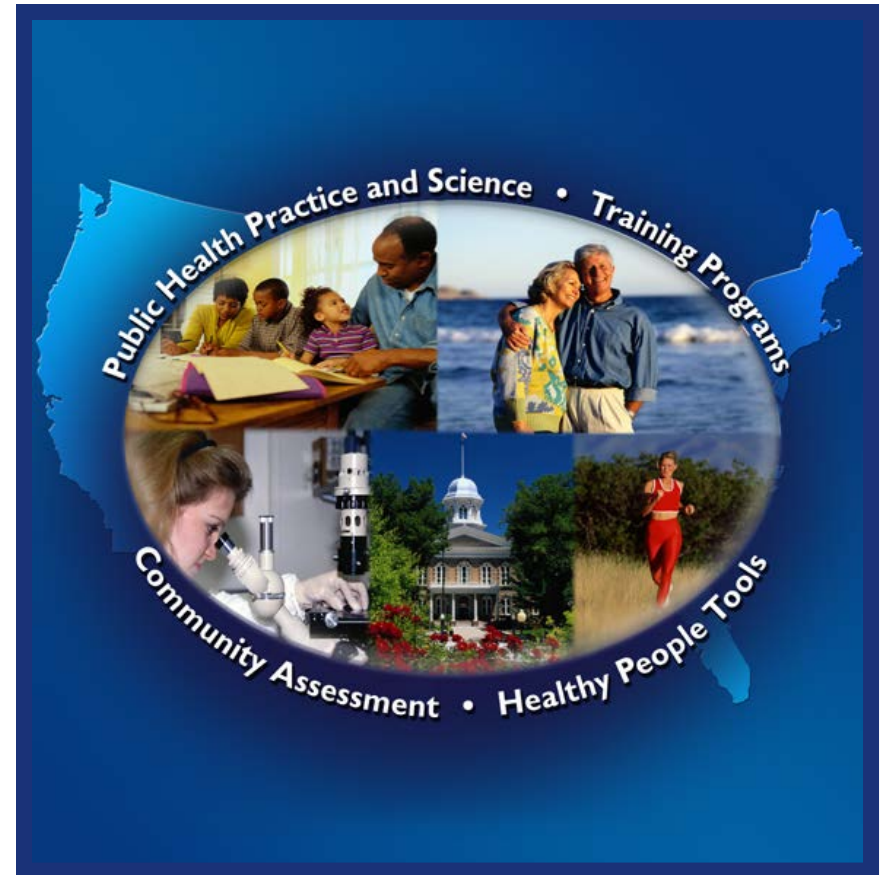
- Audio:** This section allows users to select their audio source. 'Computer audio' is currently unselected, while 'Phone call' is selected. Below this, the dialing information is provided: 'Dial: +1 (631) 992-3221', 'Access Code: 760-806-913', and 'Audio PIN: 36'. A prompt asks 'Already on the call? Press #36# now.' and a link for 'Problem dialing in?' is visible.
- Handouts: 1:** This section shows a single handout available for download: 'GoToWebinar Attendee Slides.pptx'.
- Questions:** This section contains a large text input area for asking questions. Below the input area is a placeholder text '[Enter a question for staff]' and a 'Send' button.

At the bottom of the control panel, there is a 'Test' section displaying 'Webinar ID: 275-096-715' and the GoToWebinar logo.

PHF Mission:

We improve the public's health by strengthening the quality and performance of public health practice

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*Experts in Quality Improvement,
Performance Management, and
Workforce Development*

Today's Presenter



Gary Cox, JD
Executive Director
Oklahoma City-County Health Department

COMMUNITY WIDE HEALTH IMPROVEMENT THROUGH COLLABORATION

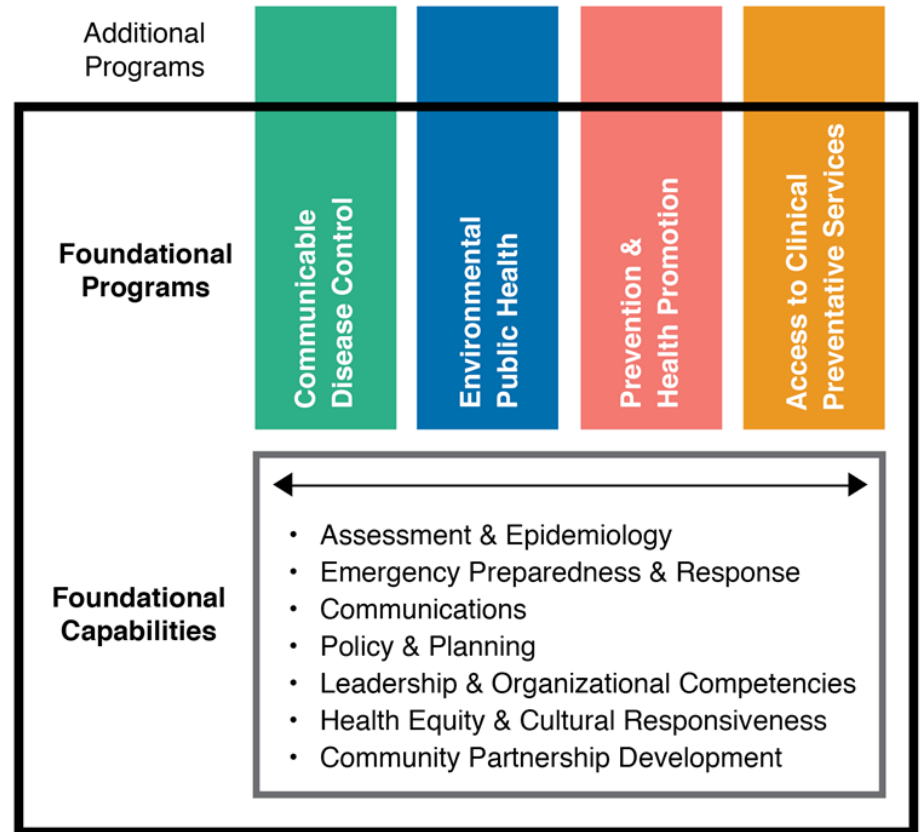
Gary Cox, J.D.
Executive Director



Public Health Foundational Capabilities



Public health is the thread that ties all of these groups, and many more, together through a holistic approach.



Local Health Departments as Chief Health Strategist

- Investing in Innovation & Best Practices
- Collaborating with traditional & non-traditional partners
- Emphasizing use of multi-level, upstream approaches to improving population health



Data Driven Decision Making

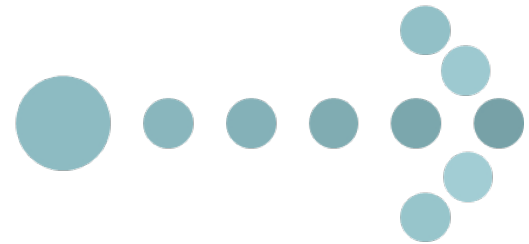
Community Health
Needs Assessment



Strategic Plan

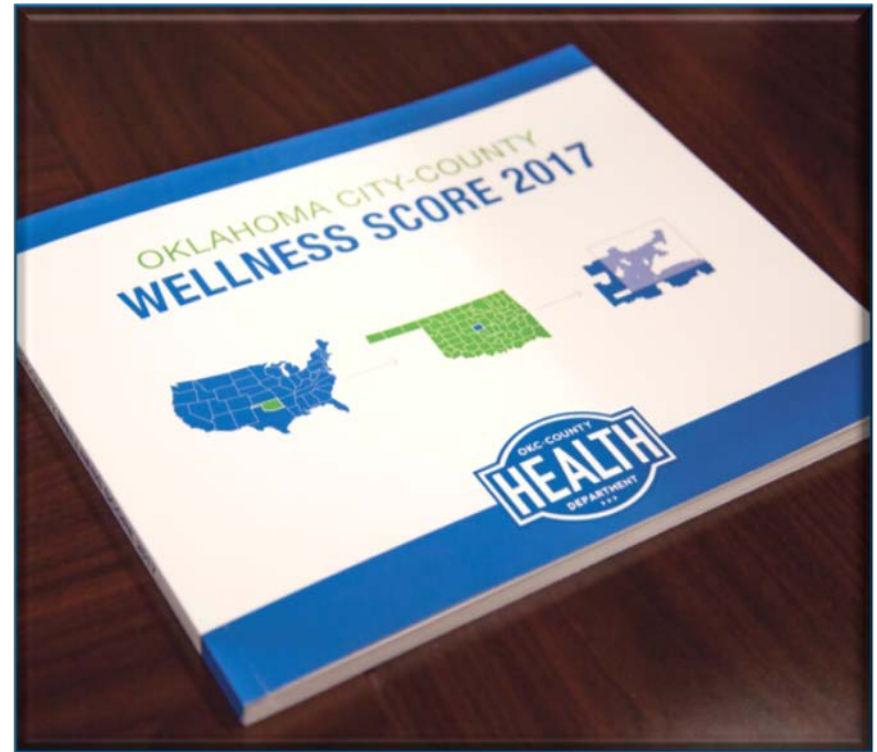


Partnerships



Wellness Score

- Provides an overall summary of community health status
- Foundation of planning and program development for improving health outcomes in our community
- Health index assessment with Tulsa Health Department
- City-County wide improvement in health outcomes!



Life Expectancy in Oklahoma City-County

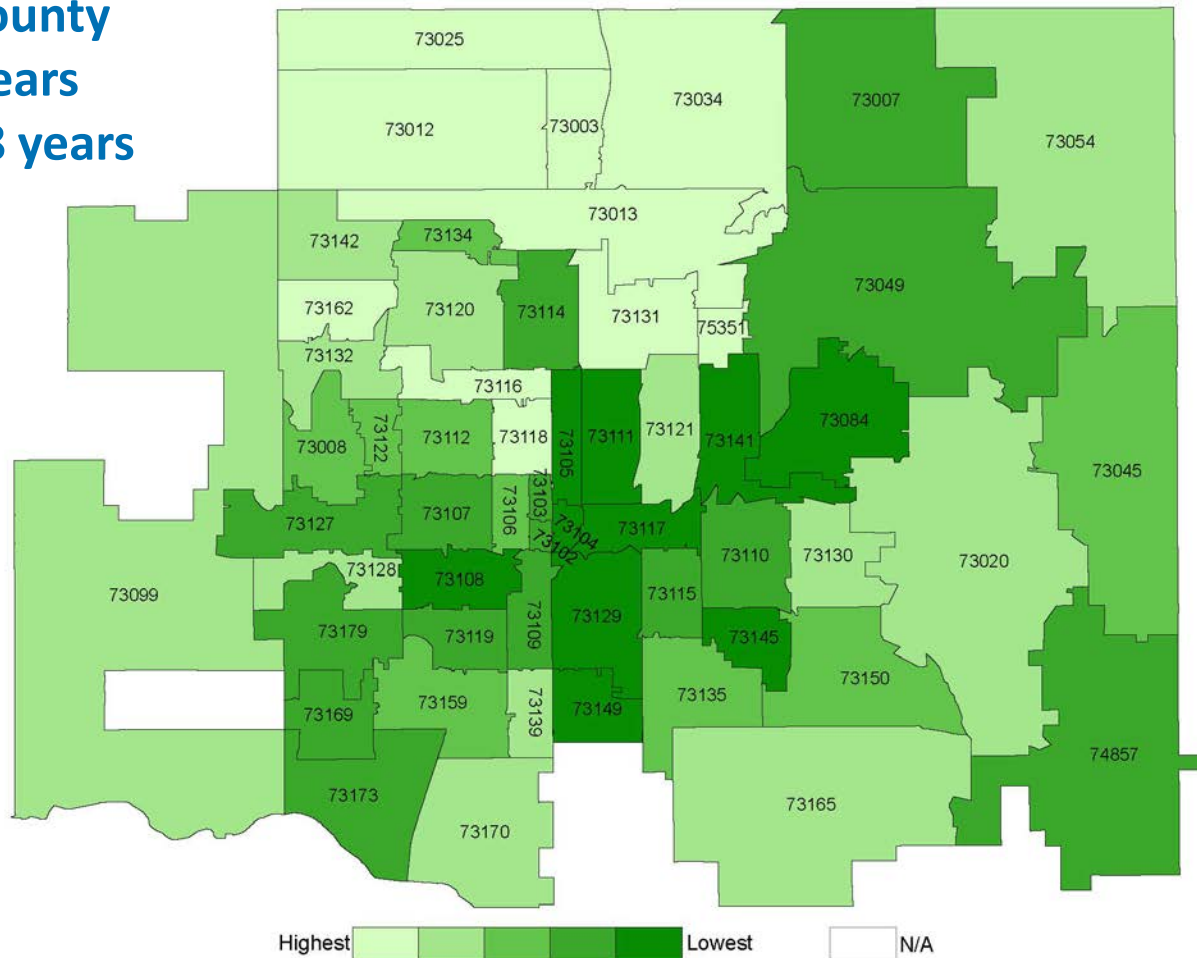
Oklahoma City-County
average: 74.9 years
United States: 78.8 years

OKC-Co Highest Life Expectancy:

- 73131 (81.7 years)
- 73012 (81.2 years)
- 73013 (81.2 years)

OKC-Co Lowest Life Expectancy:

- 73145 (63.8 years)
- 73141 (67.8 years)
- 73117 (68.1 years)



Power of Partnerships



Program Performance and Strategy



- Developed a system that aligned the health department's strategic plan and program development
- Expectations:
 - Standardized metrics
 - Continuous quality improvement
 - Accountability
 - Validity
 - Routine reporting
- Result: Measureable targets linked to every objective and goal in the strategic plan



Oklahoma City-County Health Department Strategic Map 2017-2020

Working to protect health, promote wellness and prevent disease

Prevent

Identify and allocate resources to effectively manage chronic and acute disease morbidity and mortality for Oklahoma city and county residents



Goal 1: Decrease tobacco use of individuals in OKC-Co by 5% from baseline by December 2020

Goal 2: Integrate evidence based programs and policies for the prevention and control of asthma among OKC-Co residents to improve quality of life

Goal 3: Integrate evidence based programs and policies for the prevention and control of high blood pressure among OKC-Co Residents.

Goal 4: Integrate evidence based programs and policies for the prevention and control of diabetes among OKC-Co Residents for improved quality of life

Goal 5: Improve reproductive health outcomes among OKC-Co Residents

Goal 6: Build community education outreach to support reduction in cancer mortality rates for OKC-Co Residents

Promote

Develop, sustain and implement programs and policies that effectively improve the health and wellbeing of okc residents



Goal 1: Increase access and availability of programs and policies to reduce risk factors associated cardiovascular disease (CVD) and diabetes for OKC-Co Residents

Goal 2: Reduce the health, social and economic impacts of unintended pregnancy across women of child-bearing age in OKC-Co

Goal 3: Increase awareness and access to community resources

Goal 4: Increase access to Mental Health specific treatment for OCCHD clients

Goal 5: Develop and implement data, workforce and operational support systems to measure organizational effectiveness

Protect

Work collaboratively to identify and respond to emerging community and national public health threats



Goal 1: Improve capacity to respond to emerging Public Health Threats

Goal 2: Boost Oklahoma City-County's ability to recover from disaster events

Goal 3: Reduce the impact of uncontrolled asthma among the youth and adult populations of OKC-Co

Partner

Create meaningful public and private partnerships to leverage scarce resources and reduce duplication of services in the community



Goal 1: Reduce the prevalence and mortality of cardiovascular disease among OKC-Co residents through partnerships for enhanced resources

Goal 2: Expand public and private partnerships to incorporate OKC-Co businesses, non-profits, governmental entities, and others who will enhance the mission of OCCHD

Goal 3: Maximize partnership potential through advocacy, policy development, and legislative action

Goal 4: Complete execution of strategic facility plan for regionalized access to OKC-County Health and Wellness services for all residents of OKC-Co

Progress through routine monitoring and reporting

- Updated in collaboration with program staff
- Reported quarterly to the Board of Health
- Revision/modifications noted in every update
- 1st quarter update example



Action in progress





In development



No progress update for this quarter






GOAL 6: BUILD COMMUNITY EDUCATION OUTREACH SUPPORT REDUCTION IN CANCER MORTALITY RATES FOR OKC-CO RESIDENTS

Objective	Target	Current Status
6.1 Promote and encourage linkage to cancer screening in Oklahoma City-County	At least 1 campaign per year will be focused on cancer screening partnerships	Social media HPV vaccine/cancer prevention outreach conducted 
6.2 Boost data sharing resources to include cancer prevalence data by June 2020	Incorporate cancer prevalence screening data by June 2020	Data sandbox in development with THD and My Health 

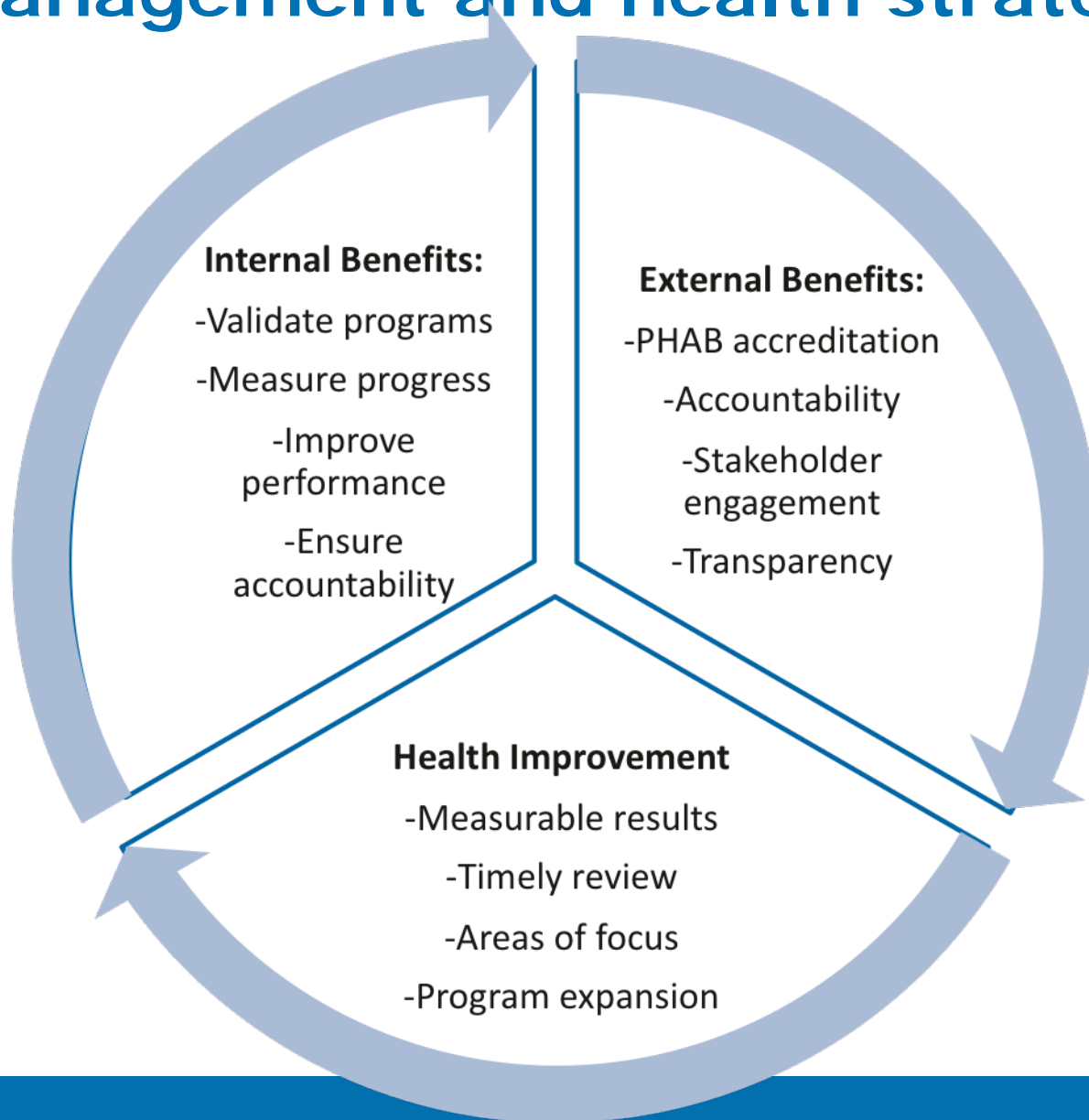
PRIORITY AREA: PROMOTE

Updated October 2017

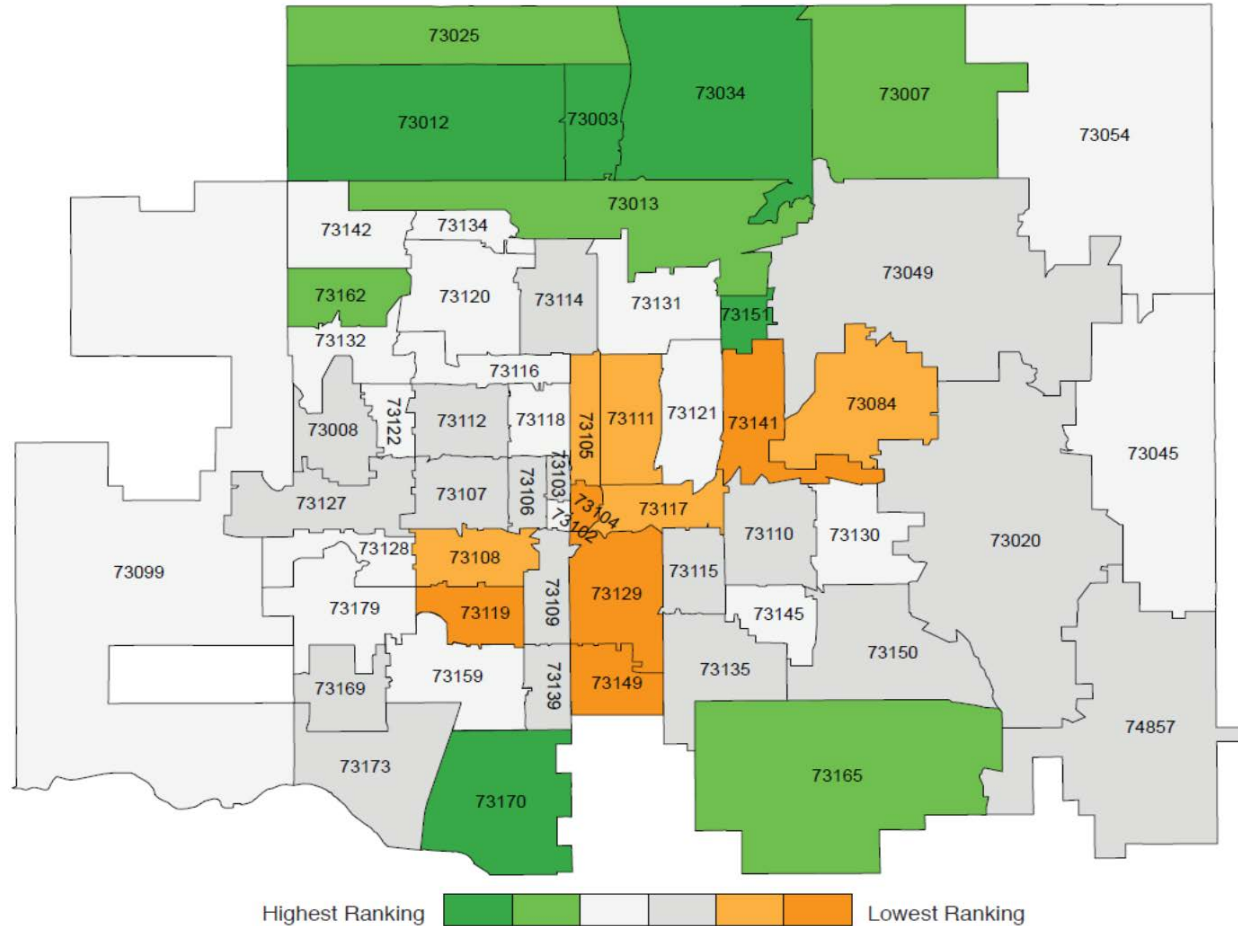
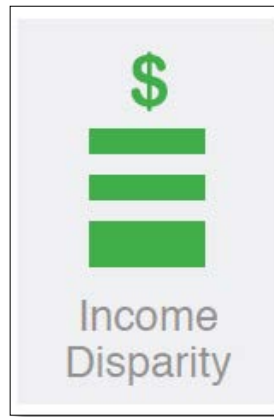
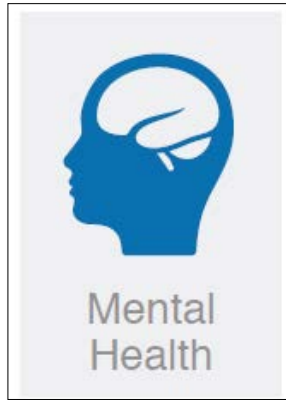
GOAL 1: INCREASE ACCESS AND AVAILABILITY OF PROGRAMS AND POLICIES TO REDUCE RISK FACTORS ASSOCIATED WITH CARDIOVASCULAR DISEASE (CVD) AND DIABETES FOR OKLAHOMA CITY AND OKLAHOMA COUNTY RESIDENTS

Objective	Target	Current Status
1.1 Increase awareness of ways to prevent cardiovascular disease and diabetes risk factors for Oklahoma City-County Residents through multiple forms of mass media and technology	1. Utilize 5 different types of advertising methods for each Total Wellness session during 60 days leading up to session start date	10 types of marketing strategies utilized for Fall 2017 
	2. Launch health and wellness branding campaign by December 2017	RFP submitted 
1.2 Increase access to nutrition and physical activity education by June 2020	1. Offer daytime and evening classes with at least one class in each quadrant of OKC during every session of Total Wellness	8 classes offered Fall 2017- 4 daytime and 4 evening; classes covered each quadrant 
	2. Provide at least 3 Spanish language Total Wellness classes each year	1 Spanish class offered in Fall 2017 
1.3 Increase cross enrollment of CVD clients in community health programs by 10% annually	Establish baseline of CVD cross enrollment status	Added to CHW Hospital quarterly report in October 2017; baseline cross enrollment evaluation to be evaluated in Jan 2018 

Impact of integrating performance management and health strategy



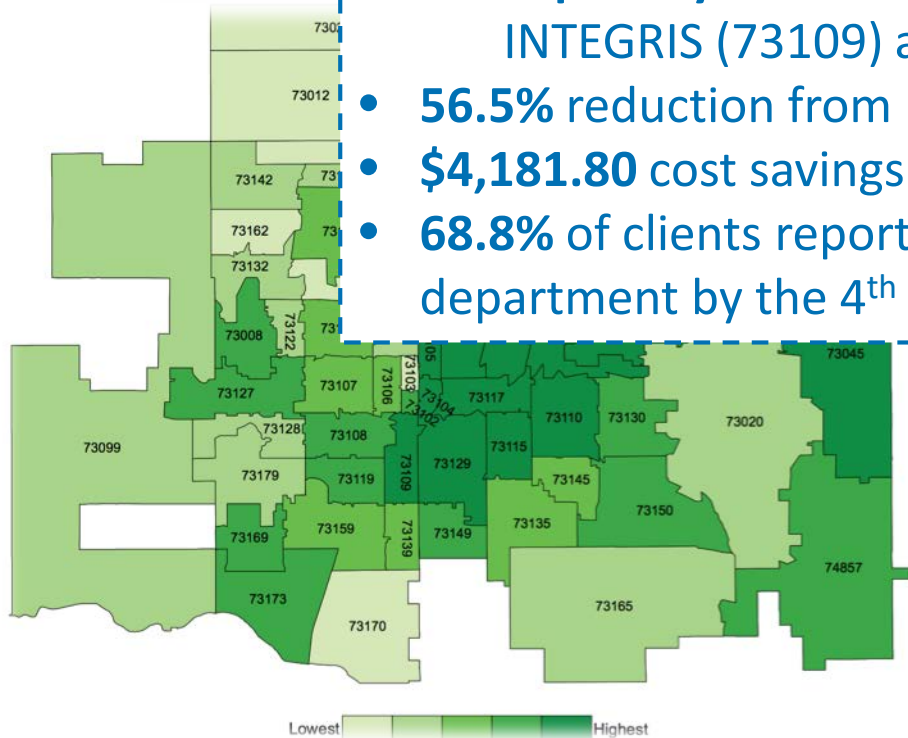
Multi-Faceted Approach to Improvement



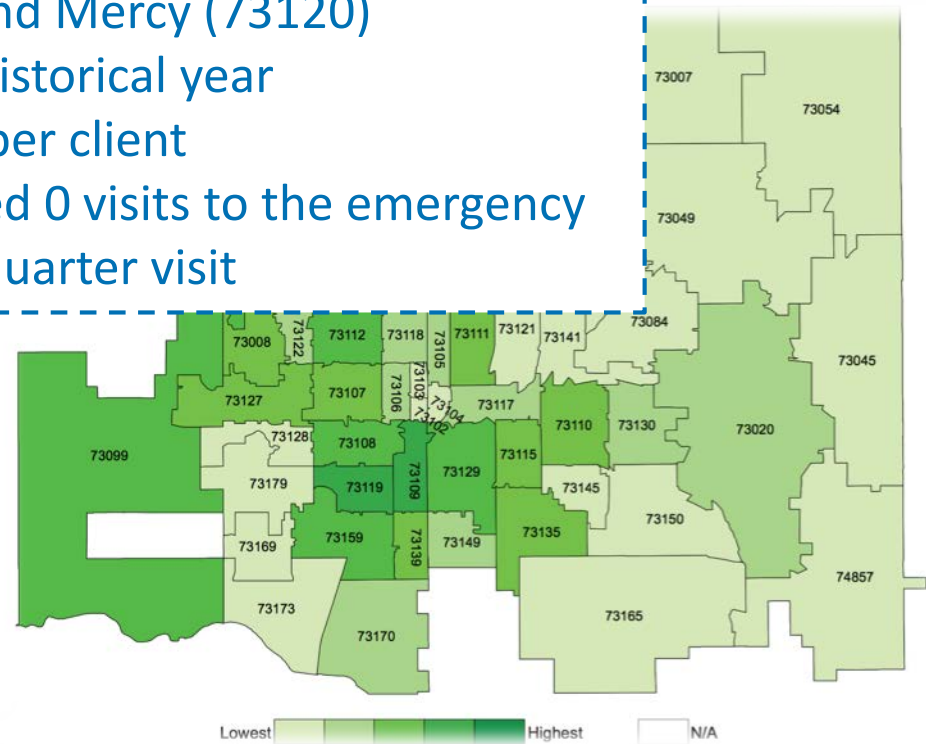
Healthcare Access: Innovative Strategies

CHW Hospital Pilot Project

- **2 Hospital Systems:**
INTEGRIS (73109) and Mercy (73120)
- **56.5%** reduction from historical year
- **\$4,181.80** cost savings per client
- **68.8%** of clients reported 0 visits to the emergency department by the 4th quarter visit



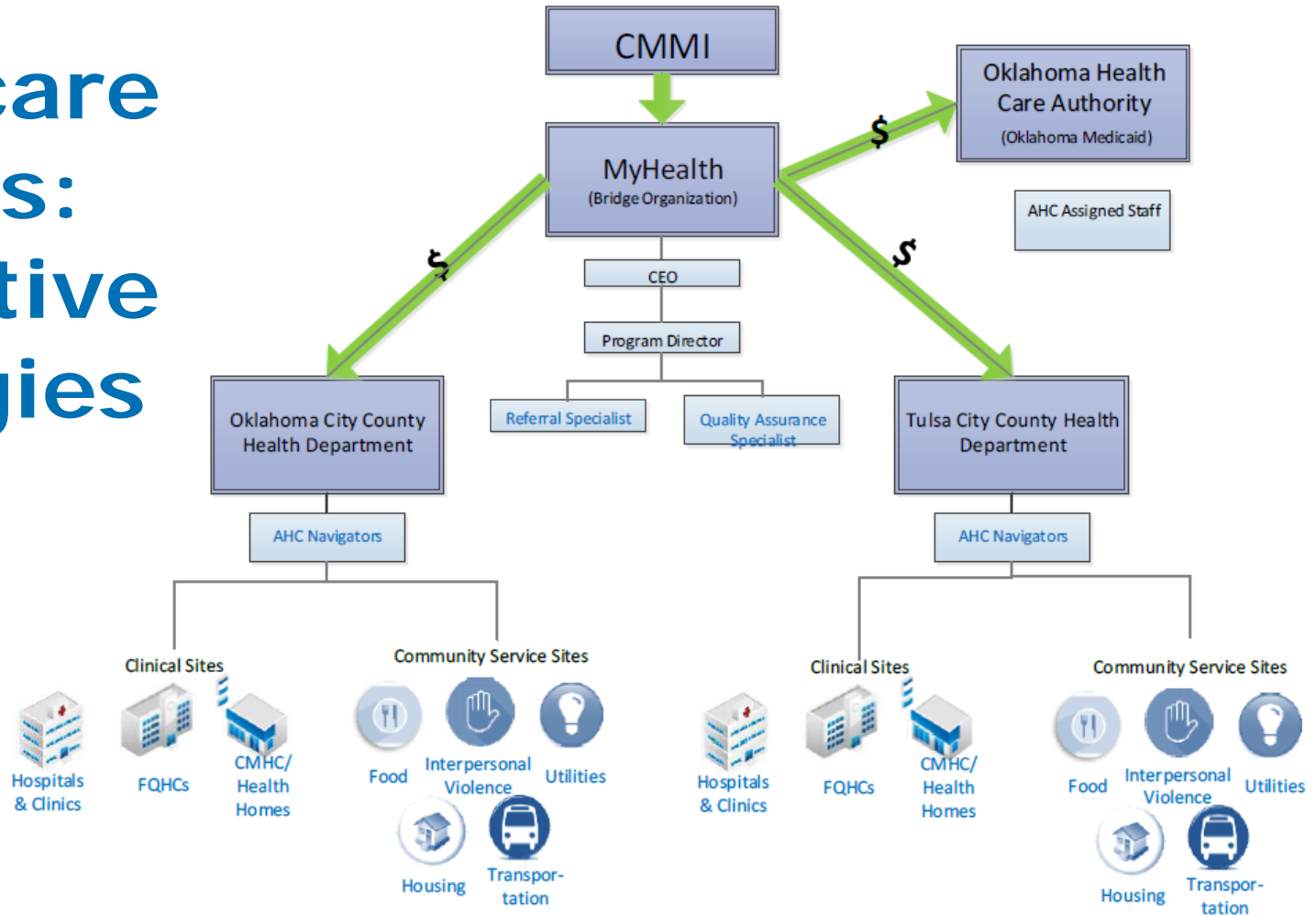
Hospital Discharge Rates



Emergency Department Utilization

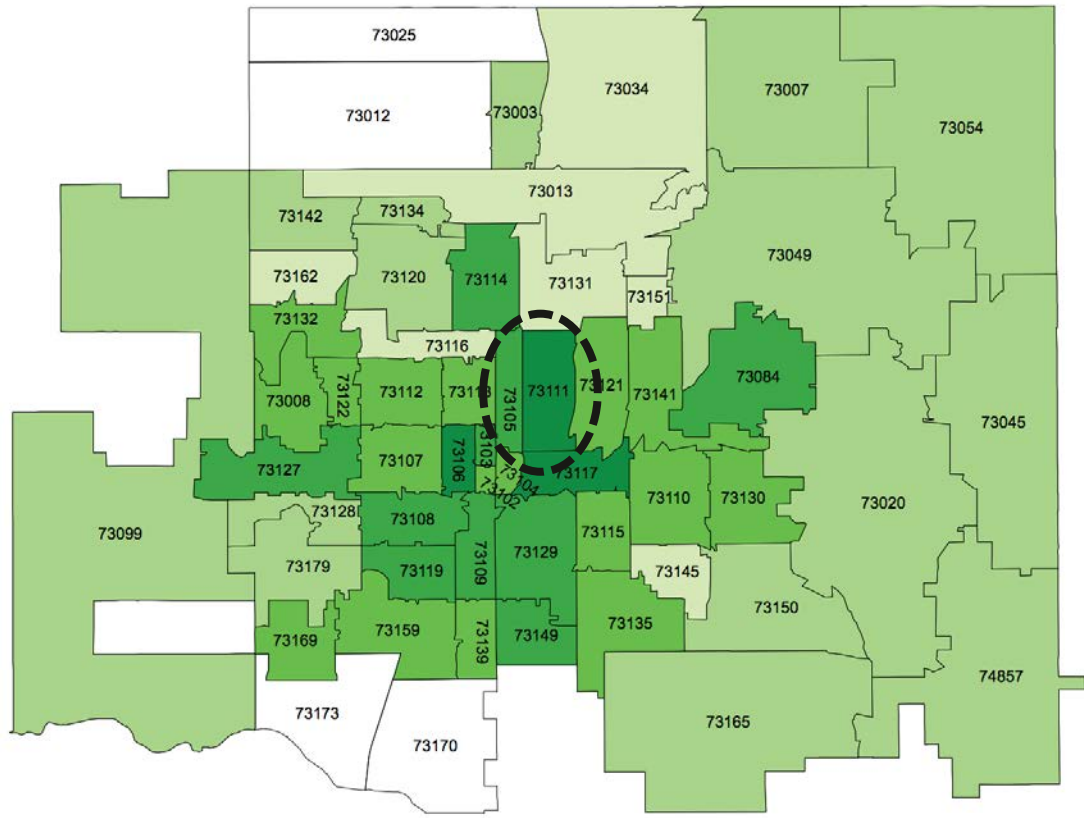
Executive/Operational Structure and Funding Flow

Healthcare Access: Innovative Strategies



Community Integrated Care

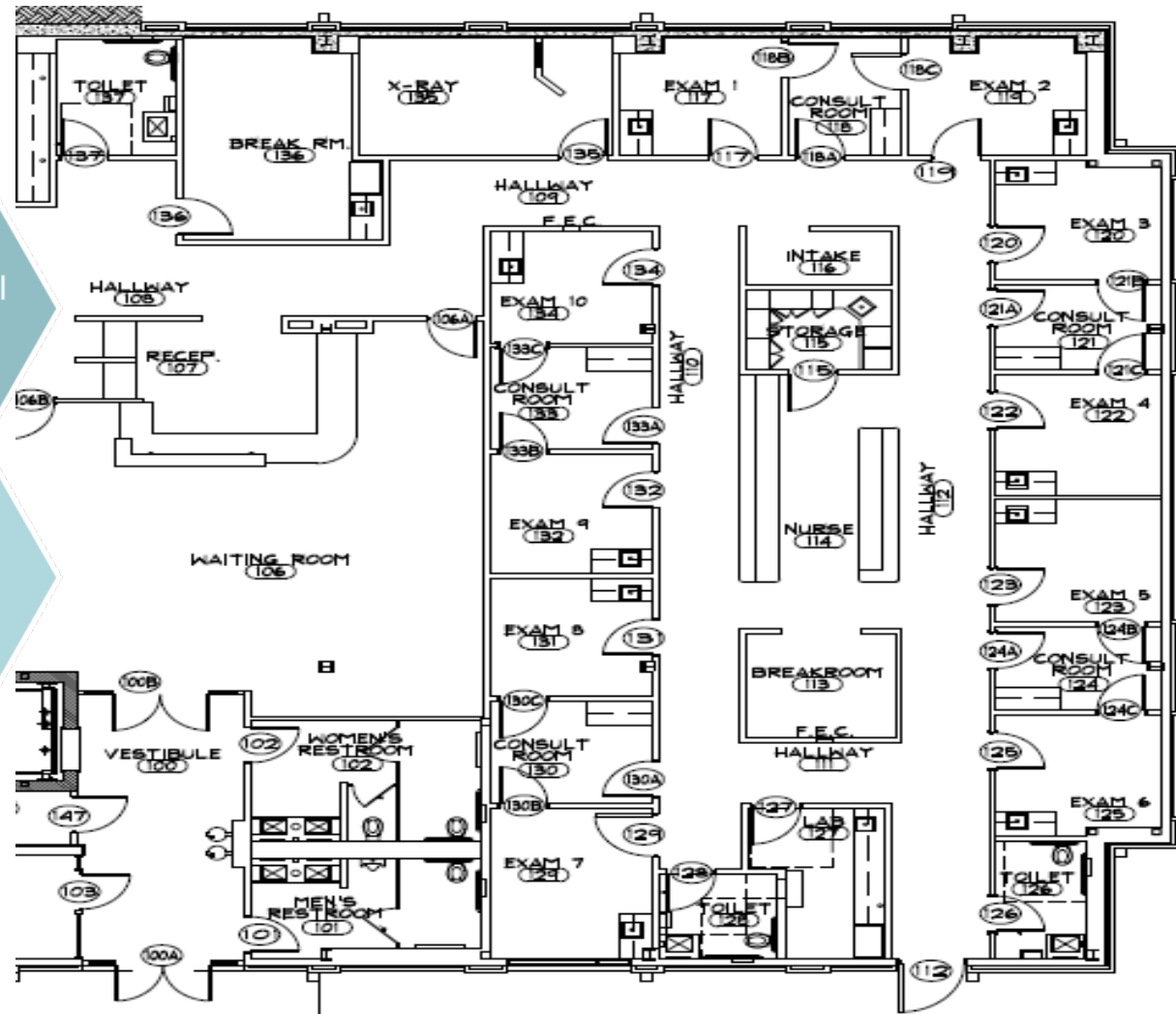
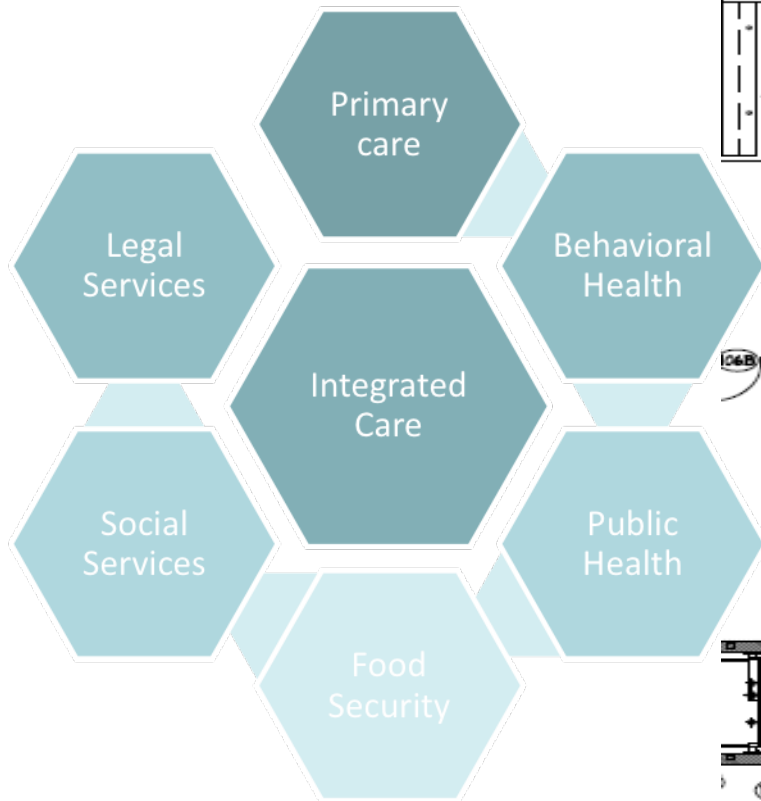
Development of campuses, strategically placed around OKC, utilizing data to identify best fit locations for the greatest health benefit.



Lowest Highest N/A MENTAL HEALTH VISITS PER 1,000 POPULATION



Clinical Integrated Care



Better Economy Through Public Health Engagement

- Every organization plays a role in health improvement
 - Wellness Now Coalition
- Strategies to communicate data across sectors

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Oklahoma could see
\$183 million in savings
(5.2 to 1 return on investment),
within 5 years, by increasing
community-based programming to
improve health & wellness.



Absenteeism due to depression
cost Oklahoma businesses \$81,000,000
per year.



1 in 3 adults are obese
Obesity costs Oklahoma \$1.7 Billion or \$1,582
per person battling obesity each year .

Engagement with
the local public
health system



Healthy
population



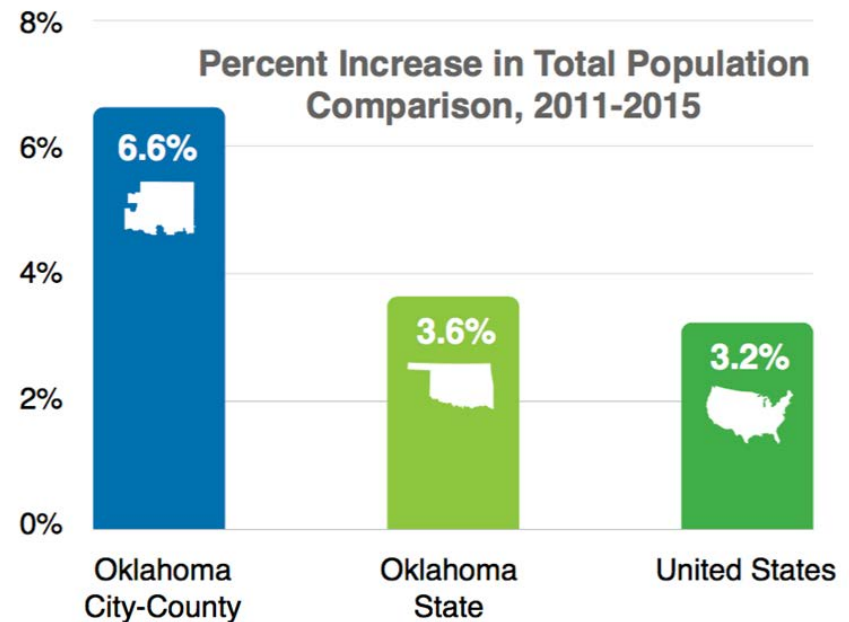
Increased
Productivity



Economic
Success

Opportunities for Continued Improvement

- Continue to invest in innovation
- Health and education partnerships
- Leverage resources with traditional and non-traditional partners
 - Opioid Epidemic
 - Criminal Justice Reform
 - Community Health programs
- Data sharing



Thank you!

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PHF Resources for Performance Improvement

➤ Population Health Resources

- New book: [*Solving Population Health Problems through Collaboration*](#)
- [Using Driver Diagrams to Improve Population Health](#)

➤ Quality Improvement Tools to Advance Public Health Performance: www.phf.org/qitools

- 30+ categorized QI tools available for free download



➤ Public Health Improvement Resource Center: www.phf.org/improvement

- 600+ categorized resources on performance improvement topics

➤ Academic Health Department Learning Community: www.phf.org/AHDLC

- Peer community supporting public health practice/academic collaboration

➤ TRAIN Learning Network: www.train.org

- Courses on [community development](#) and many other topics



Questions?

Contact Kathleen Amos at kamos@phf.org.

Upcoming PHF Webinars

> How Academic Health Department Partnerships Can Support PHAB and CEPH Accreditation

- Wednesday, February 28, 2018 from 1-2pm EST
- Explore how AHD partnerships can support achieving and maintaining accreditation through the Public Health Accreditation Board and Council on Education for Public Health
- Speakers: Jessica Kronstadt, MPP, PHAB, and Laura Rasar King, MPH, MCHES, CEPH

> The Heart of New Ulm: Population Health Takes a Village

- Wednesday, March 21, 2018 from 1-2pm EDT
- Learn about an innovative program focused on heart health that has successfully reduced heart attacks and improved heart disease risk factors with partnerships across public health, healthcare, education, government, and business
- Speakers: Rebecca Lindberg, MPH, RDN, Minneapolis Heart Institute Foundation; Cindy Winters, Minneapolis Heart Institute Foundation; and Karen M. Moritz, RN, BSN, PHN, Brown County Public Health

Questions?

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