



POPULATION HEALTH

FOR PHILADELPHIA COMMUNITIES

Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) plays an important role in improving the overall health status of all Philadelphians.

POPULATION HEALTH IN PRACTICE

Philadelphia's Porch Light Program is a public Mural Arts initiative that engages local artists, people with behavioral health conditions, community members, providers, and numerous others, who work together to create a behavioral-health themed mural in their distressed communities. An extensive program evaluation documented several health benefits for individual participants, such as reduced stress and less stigma regarding behavioral health disorders. What's more, the study found that even community members who did not participate in the program experienced an increased and sustained sense of community efficacy and other positive outcomes. Community-level interventions can have health effects that extend well beyond individual participants.

Philadelphia's Mural Arts Program is a trusted community partner.

WHAT IS POPULATION HEALTH?

Population health refers to the health of a community. Traditional approaches to health care center around individuals who are already experiencing a health-related condition. Population health approaches take a much broader view, seeking to improve the health status of everyone in a community, not just those who are sick. By providing excellent clinical care as well as community-level interventions and services, **population health approaches help to create communities in which every member—not just those who seek out health services—can thrive.**

WHY IS PHILADELPHIA'S DBHIDS TAKING A POPULATION HEALTH APPROACH?

There are two compelling reasons for DBHIDS to adopt a population health approach. First, it is the natural continuation of the important work we've done to transform our system of care. Our efforts over the last decade moved us from ensuring that people with behavioral health conditions and intellectual disabilities not only live in communities but are *a part of* their communities. As we worked in communities to help them better support people in our system, we recognized that many communities are themselves distressed, grappling with violence, poverty, inadequate housing, and other threats to health, well-being, and self-determination. We also recognized that there were many people in need of support whom we were not yet reaching or we were reaching late. In response, we launched programs to build community capacity to improve health.

The current national attention to population health confirms that our approaches are on track. It also challenges us to do more. It challenges us to expand our efforts beyond pilot projects and special initiatives and embed these principles into the culture of our entire system. It challenges us to consistently broaden our scope to include *all* people in a population, not just those seeking our services. It challenges us to prevent behavioral health conditions and developmental delays from developing or progressing, to equip individuals with the skills and opportunities to make their own choices and build meaningful lives in their communities, and to move even more out of program settings and deeper into the community to address the social and environmental circumstances that have shaped people's lives. We must learn from the innovative work the city has already started and be even bolder, shifting the *intention* of our work from addressing illness and disability one person at a time to promoting optimum health, wellness, and self-determination throughout the population.

The second reason for Philadelphia to implement a population health approach is that the U.S. healthcare environment is already moving in this direction in an effort to contain costs and achieve better outcomes. Acknowledgement is growing locally, nationally, and internationally that promoting optimum health among a whole population can't be achieved within a narrow paradigm built primarily to manage diagnosed conditions. To break the cycle of escalating costs, health systems are increasingly focusing resources on prevention and early intervention. Because of our longstanding commitment to promoting recovery, resilience, and self-determination, Philadelphia is well positioned to be a leader in the nation's next health transformation.

WHAT IS DBHIDS'S POPULATION HEALTH APPROACH?

Health providers and payers use a variety approaches to improve the health of a population. Some approaches, known as population health management, prioritize identifying and providing services to members of a population who have complex, chronic, or very costly conditions. A key goal of population health management efforts is to control costs, often through existing managed care strategies such as reducing avoidable emergency department visits. Other population health approaches are more akin to public health interventions in that they include broad-based interventions (such as flu shots) that benefit *all* members of a defined population, not just those seeking health services. These two major population health frameworks both use data-driven decision making and focus on health outcomes. DBHIDS's approach to population health builds on many years of focus on community health; thus, our approach is consistent with a public health framework.

The essence of our population health approach is as follows:

- 1 Attend to the whole population, not just to those seeking services.** Population health approaches emphasize community-level outcomes, not just outcomes for individuals with particular diagnoses. A key benefit of a population health approach is its focus on keeping people well so that, over time, communities experience less illness and its associated consequences.
- 2 Promote health, wellness, and self-determination.** Health is much more than the absence of illness or management of symptoms. There is a fundamental difference between providing targeted interventions to address illness versus promoting wellness and quality of life.
- 3 Provide early intervention and prevention.** There will always be a need for access to high-quality clinical care, supports, and services. A population health approach provides such care and also works to screen for and prevent the onset or progression of conditions, which improves outcomes and better utilizes resources.
- 4 Address the social determinants of health.** Poor health and health disparities don't result from medical causes alone. Chronic stress, toxic environments, limited access to nutritious foods, inadequate housing, social isolation, and numerous other nonmedical factors contribute to poor outcomes. A population health approach seeks to address these factors to reduce health disparities and safeguard everyone's right to optimum health and self-determination.
- 5 Empower individuals and communities to keep themselves healthy.** Healthcare providers can't shoulder the entire responsibility for healthy communities. A population health approach not only educates but also empowers and motivates people to take responsibility for promoting their own health and wellness.

HOW DO WE MAKE THE SHIFT?

Although Philadelphia's DBHIDS has launched several community-level projects that address the social determinants of health and mirror other population health approaches, a system-wide population health approach will exponentially expand the scope and scale of our prior efforts. A concerted approach must ultimately involve buy-in from payers, medical establishments, accrediting institutions, as well as organizations that are not considered part of healthcare systems, such as schools, park services, and others.

As we expand on our previous work, we can begin to imagine what it would mean to shift:

FROM	TO
defining ourselves as treatment professionals	defining ourselves as professionals whose expertise is valuable to those with and without ID and behavioral health conditions
providing diagnosis, treatment and/or other services	promoting health and wellness in all
providing services to individuals	providing services to individuals <i>and</i> communities
addressing chronic illness	addressing illness <i>and</i> preventing onset of illness and developmental delays
working in service settings	working in a variety of settings
partnering primarily with healthcare organizations and institutions	building relationships with nontraditional partners, such as civic and faith groups, justice departments, and recreation centers, and other natural supports
taking part in health education activities, such as health fairs	facilitating community-wide change and empowerment

As we discovered with our recovery and resilience-focused system transformation process, it takes all of us working together to create a shared vision of the future and to move our system toward it. The same is true for integrating a population health approach into our service system. As we each explore the implications for our work and our role, we will further clarify our vision. To begin this process, ask yourself the following questions:

How can we expand services to reach all people, not just those with diagnoses? Expanding screening for substance use disorder is one example. Based on screening results, all community members could receive an appropriate "intervention," whether that's a simple message reinforcing their good health practices, a brief intervention, or a referral. What other health concerns do we wish we could address earlier rather than later?

What new partners or communities can I connect with? For instance, the Philadelphia Autism Project reaches beyond traditional parent and schools groups to help make all environments safe and desirable for people with Autism Spectrum Disorders. One initiative trains police departments and stadium security staffs on how to interact effectively with people with Autism Spectrum Disorders. Whom haven't we worked with, and what are our shared concerns? Could we work with traditional partners in uncommon ways?

POPULATION HEALTH IN PRACTICE

Philadelphia is part of a national movement to raise expectations, implement policies, and transform service systems to promote integrated, community-based employment for youth and adults with intellectual and other disabilities. In Employment First states, providing sheltered employment and non-workday activities for people with disabilities is no longer the goal. Instead, Employment First encourages all people—with and without significant disabilities—to work alongside one another and share equal opportunities for productivity and advancement. Philadelphia's Employment First program encourages everyone we serve to consider employment and seeks to increase the number of people employed in the community.

Where do populations gather? Can we expand services to these non-clinical settings? Philadelphia's PACTS program (see box) brought trauma screenings to community settings. What other services can we bring out of the clinic and into the communities?

What community-level education strategies can help raise awareness and motivate populations to make meaningful change? Mental Health First Aid, a free training offered to people who live, work, or study in Philadelphia, for instance, helps to reduce stigma and empower communities to potentially prevent behavioral health crises. What other health information or strategies would make an important difference in the lives of Philadelphia residents?

What community-level education strategies can help raise awareness and motivate populations to make meaningful change? The Engaging Males of Color Initiative addresses the impact of health, economic, and educational disparities experienced by males of color to promote understanding and awareness of behavioral health issues, reduce stigma, and improve quality of life. Where do other social and health issues intersect, and how could we make a positive change?

The Philadelphia Alliance for Child Trauma Services (PACTS), funded by SAMHSA and led by the Philadelphia Department of Behavioral Health and Intellectual disAbility Services, is developing a workforce of clinicians trained to screen and assess for trauma and to provide evidence-based treatment to children and families impacted by trauma. Screenings occur in clinical and nonclinical settings. To date, more than 230 professionals in 17 behavioral health agencies across the city are trained to provide trauma-focused treatment. Since the program launched in 2012, more than 10,000 children and youth have been screened for traumatic stress symptoms, and well over 1,000 children and caregivers have received trauma-focused interventions.

TAKEAWAY

Philadelphia's Department of Behavioral Health and Intellectual disAbility Services plays an important role in improving the overall health status of all Philadelphians. A population health approach is a natural evolution of DBHIDS' current approach, and it's the direction in which our nation's broader health care system is moving. In time, the programming that we now undertake as a supplement to our core work will become a regular part of the way we do business daily.

We should embrace this opportunity to get to people earlier and to reach those we may have missed in the past. This is not only a moral imperative, but it will improve the effectiveness and efficiency of our approach to healthcare. We have also seen the consequences of providing services to individuals, only to watch them return to communities that are themselves unhealthy because of violence, poverty, racism, pollution, trauma, and public policy. We know that addressing not only the medical but also the social, environmental, and political determinants of health will support the health and well-being of all and bring us closer to eradicating health inequities in and across our communities. The population health approach gives us a framework for achieving this vision.

