

# IV

## COMMONALITIES AMONG SUCCESSFUL POPULATION HEALTH IMPROVEMENT PROGRAMS



*“There is a lot of debate about how to pay for health care, but there is a lot of agreement about the need for better prevention and management of chronic diseases that can yield better results for patients and overall cost savings.”*

*—Mark McClellan, M.D., Ph.D.,  
former director, Centers for Medicare  
and Medicaid Services*

### Identifying Successful Programs

Program designs vary based on their focus, target population, sponsorship, location, and a host of other factors. They may be clinically-focused on disease management, prevention-oriented, geared to individuals with a specific chronic condition, or broad-based and more. This diversity creates challenges for determining “model” or effective initiatives and identifying the common elements that make them successful. For this analysis, we used three primary criteria for selecting exemplary programs, as described in the accompanying text box.



#### CRITERIA FOR PROGRAM SELECTION

1. Presence of objective data, which demonstrate:
  - a. Health improvement/behavior change;
  - b. Cost savings or cost neutrality, and/or;
  - c. Achievement of program goals.
2. Duration of program exceeds three years.
3. Program replication is possible.

### Essential Elements of Successful Programs

Successful population health improvement programs share essential elements that contribute to their success. (See Table 1.) We derived the essential elements from peer-reviewed literature, practical experience, and information from experts, program sponsors, and organizations focused on population health management. Together, these elements provide the foundation for model practices that other organizations can follow to address the burdens of chronic disease.

TABLE 1. NINE ESSENTIAL ELEMENTS OF SUCCESSFUL PROGRAMS

Essential Element	Explanation
1. Define problem and program objective	Identify and clearly describe problem, program objective and target population using relevant, reputable data. Success is defined at inception and measures included in plans.
2. Tailor program to the target population	Program and its resources are tailored to achieve objectives within the target population. Program materials and approach must reflect cultural sensitivities and health literacy levels, and be relevant to the target population.
3. Engage leadership	An individual or group is responsible for the program and its success. Leaders promote participation, shepherd resources, and provide overall, ongoing support. Engagement of leaders with particular influence over the target population is key. Leaders commit to engage for the length of time required to achieve the objective and are willing to experiment.
4. Coordinate among stakeholders and across settings	The program engages the target population and those who can help achieve program success. Coordination involves collaboration, consistent communication, and transparency of program processes, data, and goals among stakeholders and across settings. Stakeholders adopt the program's objectives, and promote the program within their respective spheres of influence.
5. Integrate throughout the organization or community	Program becomes part of the culture, messages, and activities of the organization or sponsor and the target population.
6. Empower target population	Program engages with the target population to develop knowledge needed to achieve the desired results. Programs promote engagement by identifying and removing informational, financial, procedural, and access barriers.
7. Motivate target population	Program regularly engages, encourages, assists, rewards, recognizes, and equips the target population to foster their involvement. Program further encourages participation by managing resistance to change, building individual accountability, and regularly communicating about the program, achievement of milestones, and individual successes.
8. Sustain and institutionalize program	Program is sustained and continues over time through support and appropriate focus from key leadership, and maintains financial viability. Changes to policy are achieved.
9. Measure, evaluate and refine program	Program includes ongoing evaluation and assessment of gaps between outcomes and stated goals, and evolves to improve outcomes, achieve refined goals, or meet evolving needs.

Source: Lewin analysis

While not every successful program will contain all of these components, the nine essential elements are relatively consistent across a variety of programs, settings, and populations. In this section, we define each element in general terms. In the next section, we adapt the explanations to each of the four categories of programs (communities, schools, health care systems, and workplaces) and include examples of the elements as they relate to programs within them.

### ESSENTIAL ELEMENT 1: DEFINE PROBLEM AND PROGRAM OBJECTIVE

Identify and clearly describe problem, program objective and target population using relevant, reputable data. Success is defined at inception and measures included in plans.

Before any population health improvement program is put into place, leaders and stakeholders must agree on the problem and develop a clear overall objective. Model programs use data (e.g., public health morbidity and mortality data, population demographics, school absentee records, health-risk assessments and aggregate health claims data in workplaces) to identify health issues, target populations, and even program strategies. They create quantifiable objectives, and share a clear definition of success at the program's inception. Leaders and stakeholders also identify milestones to track progress toward the overall objective and ways to measure interim results. This first essential element addresses the following program characteristics: *What? Why? Who? How Much? When? Proof?*

**Example:** King County, Wash., officials identified an increasing prevalence of uncontrolled asthma in its the county's

schoolchildren, and developed the “Healthy Homes Initiative” in response. Persistent asthma was defined as a caregiver report of persistent asthma symptoms in the child, in addition to a clinical asthma diagnosis. The target population was narrow: King County children aged 4 through 12, who had been diagnosed with asthma, and whose families had incomes below 200 percent of the federal poverty level. Participants were recruited from community and public health clinics, local hospitals, and emergency rooms, and referrals from community residents and agencies. Program materials were developed in English, Spanish, and Vietnamese. The program was specifically designed to reduce exposure to indoor asthma triggers, such as those from dust, pets, indoor tobacco use, and moisture.

Community health workers (CHWs) made initial assessments of households, which consisted of administering a questionnaire, conducting a visual inspection of the home along with the family, and taking environmental measurements. The CHWs also educated the family about knowledge of asthma triggers and access to medical care for asthma, among other things. After an initial assessment visit, outreach workers made nine visits over the next year to measure progress in reducing asthma triggers. Participating families used significantly fewer urgent health services and experienced fewer days with asthma symptoms.



# IV

## ESSENTIAL ELEMENT 2: TAILOR PROGRAM TO THE TARGET POPULATION

Program and its resources are tailored to achieve objectives within the target population. Program materials and approach must be culturally sensitive and relevant to the target group.

Successful programs uniquely tailor and deploy initiatives to accommodate individual circumstances, cultural preferences, and needs within the target population. The efficacy of a particular intervention can vary by sex, age, race, geographic location, and other factors. The target population may be broad (e.g., all state residents) or specific (e.g., children with asthma in one county). When developing a successful program, leaders must address the challenges of reaching an audience with varying levels of health literacy, as well as particular language needs and cultural preferences. Societal issues, such as neighborhood safety, the cost of healthy food choices, and homelessness, may also affect program design. Additionally, special consideration may be required when programs target people with mental health conditions. Tailoring to the target population also means focusing resources on those with the greatest need and for whom the program will be most effective.

Some programs may not target people at risk for chronic disease at all, but rather focus on others who influence people with chronic illness. Programs may, for example, be focused on health care providers, to enable or

incentivize them to prevent or treat chronic disease in their patients more effectively. For programs designed to improve children's health, the target population may involve reaching out to parents, school nurses, teachers, or even peers.

**Example:** The South Carolina REACH 2010 initiative was aimed at African-Americans with diabetes. To reach its target audience, leaders partnered with the local chapter of Alpha Kappa Alpha sorority, a 100-year-old organization with a predominantly African-American membership. The sorority brings fraternal, professional, and social service organizations, as well as community leaders, into the initiative and assists as volunteers in REACH activities. The sorority also recruits volunteers to assist with the Summer Youth Program.

## ESSENTIAL ELEMENT 3: ENGAGE LEADERSHIP

An individual or group is responsible for the program and its success. Leaders promote participation, shepherd resources, and provide overall, ongoing support. Engagement of leaders with particular influence over the target population is key. Leaders commit to engage for the length of time required to achieve the objective and are willing to experiment.

Aggressively addressing the burden of chronic disease requires thoughtful and active leadership. Model programs have strong leaders. A strong leader can rally diverse stakeholders, create new networks of stakeholders, mobilize resources, and sustain an initiative to prevent or manage chronic

disease. Leaders also identify existing programs with similar objectives and/or target populations, and seek opportunities to join forces for the benefit of both efforts. Leaders need not be those traditionally committed to improving health. For example, religious leaders may recognize the impact of chronic disease on their congregations, or business leaders may notice rising absentee rates. The leader, however, should have influence within the population identified.

**Example:** In the early 1970s, community leaders in San Francisco came together to improve their ability to meet the long-term care needs of older immigrants from Italy, China, and the Philippines. Because of cultural preferences, many of these people declined nursing home care, despite having long-term care needs that were greater than family members could manage. Leaders brought together a range of providers and developed the Program of All-inclusive Care for the Elderly (PACE) to provide intensive adult day services. In the 1990s, the program was piloted in several states for Medicaid and Medicare dual-eligibles. As of 2007, there were 42 PACE programs in 22 states.

#### ESSENTIAL ELEMENT 4: COORDINATE AMONG STAKEHOLDERS AND ACROSS SETTINGS

The program engages the target population and those who can help achieve program success. Coordination involves collaboration, consistent communication, transparency of processes, data, and goals related to the program. Stakeholders adopt the program's objectives, and promote the program within their respective spheres of influence.

The range of potential stakeholders — especially for community programs that may rely on partners for a variety of financial and in-kind support — is broad. Community programs may engage health care providers, schools, faith-based organizations, and local businesses. In public health care programs, stakeholders may also include local, state, and federal policymakers. Within health systems, the type of stakeholders (providers, patients, families, insurers) may be less broad, but the settings in which each operates will differ, and coordination among these settings is critical to health improvement.

The growth of many successful programs comes from stakeholders' commitments to bringing the programs' objectives to bear within their own spheres of influence — both inside and outside an organization. Stakeholders can help reinforce messages about a program and spread them to other organizations and settings, but they can also be barriers to success, if they do not support a program's goals. As such, early and continuing engagement is critically important. Regular communications can facilitate continued engagement by keeping stakeholders informed about their roles, program challenges, successes, and opportunities for additional involvement.

**Example:** The Steps to a Healthier U.S. program is a chronic disease prevention and health promotion program of the U.S. Centers for Disease Control and Prevention. The program relies on traditional and non-traditional partners, such as Chambers of

# IV

Commerce, transportation providers and the media to extend the reach of their programs. So-called “Steps communities” create action plans and evaluation strategies to address and implement evidence-based activities for six priority health challenges: obesity, diabetes, asthma, physical inactivity, poor nutrition, and tobacco use.

## ESSENTIAL ELEMENT 5: INTEGRATE THROUGHOUT THE ORGANIZATION OR COMMUNITY

Program becomes part of the culture, messages, and activities of the organization or sponsor and the target population.

Successful programs are fully integrated into the workplace, health plan, school, physician’s office, or community. Integration reinforces program messages and goals, and the change the program is designed to achieve. Strategies for an embedded wellness program at work, for example, may include healthy food in the cafeteria, elevator signs urging employees to use the stairs, policies encouraging employee health-risk assessments, and eliminating copayments for preventive services.

**Example:** The evidence-based Coordinated Approach to Child Health (CATCH) program teaches children healthy behaviors by reinforcing those behaviors through coordinated efforts in the classroom, in physical education classes, at home, and in after-school programs.

## ESSENTIAL ELEMENT 6: EMPOWER TARGET POPULATION

Program engages with the target population to develop knowledge needed to achieve the desired results. Programs promote engagement by identifying and removing informational, financial, procedural, and access barriers.

Successful programs engage people to assume responsibility for their health-related behaviors, such as exercising, eating properly, taking their medicines, keeping doctor or annual screening appointments, and not smoking. They educate their audience about the consequences of modifiable behaviors that can lead to chronic disease, or help people manage their chronic illness to prevent exacerbation. They remove barriers that would hinder participation, and promote personal responsibility in achieving individual and overall success. They may even provide transportation to screening appointments and translation services for non-English speaking members. Culturally-appropriate materials that are geared to a variety of literacy levels and disseminated through the “right” media are critical to empowering the target population.

Successful programs also use technology and other tools to help people make needed changes and track progress. For example, programs may provide pedometers to help people track their activity, logs for reviewing food intake, and glucose monitors so people with diabetes can track their blood-sugar levels. For populations with dementia or mental health conditions, programs may

use unique tools and approaches, such as automated phone calls to remind participants to take medications at certain intervals.

Programs focused on providers may employ technology that facilitates the use of evidence-based guidelines for managing specific chronic diseases; patient registries; chart reminders for recommended screenings and tests, or; patient treatment and outcomes data. On a larger scale, information technology can be used to track changes in disease prevalence and predict trends in a community or a health plan.

**Example:** Kaiser Permanente offers health plan members a Web-based personal health record, “My Health Manager,” that empowers members with easy access to the same health information their health care providers see. The tool allows members to schedule appointments, order prescription refills, and review test results, immunization records, and eligibility and benefits information. Members can research health information online, track progress from test results, and also send secure e-mail messages to their health care providers with specific questions about their health from the site. As of April 2008, more than 2 million members were using the personal health record.<sup>41</sup>

Successful prevention and disease management programs motivate participants by recognizing that people’s willingness to change can vary, and by applying appropriate incentives and pressures to encourage necessary changes. People who are already committed to achieving a program’s goals,

#### ESSENTIAL ELEMENT 7: MOTIVATE TARGET POPULATION

The program regularly engages, assists, rewards, recognizes, and gives access to needed tools to the target population to foster their involvement. Program further encourages participation by managing resistance to change and building individual accountability.

such as weight loss, are often self-motivated. Others respond to incentives and rewards. For example, some Medicaid health plans provide gift certificates to children and teens who obtain recommended screenings, and to pregnant women who obtain prenatal care.

Cultural sensitivity is paramount in effective motivation strategies for some participants. For students, an effective strategy may be using peer-educators or trusted adults, such as teachers or coaches. Another effective motivational strategy may be to appeal to group pride, such as wellness-promoting competitions between schools or communities. At the same time, individual accountability — captured through regular weigh-ins or clinical measures, such as blood-sugar levels and blood pressure — can also provide powerful motivation.

As noted previously, the target population may not be the person with the chronic disease, but health care providers. For them, reimbursement incentives, contract requirements, and recognition are proven methods of motivation. Medicaid programs may, for example, require health plans and providers to meet standards for disease

# IV

management, or conduct outreach to ensure patients receive specific screenings and treatment according to recognized guidelines. Health plan pay-for-performance programs may provide financial incentives and public recognition for physicians whose patients obtain preventive health screenings, such as mammograms.

**Example:** Alegent HealthCare’s employee workplace wellness program, “Power to the Patient,” used financial incentives to motivate employees to engage in healthy behaviors. The company offered all preventive services — ranging from annual check-ups and routine childhood immunizations to mammograms and prostate specific antigen tests — at no cost to the employee. Further, the company offered financial incentives to encourage employees to enroll in health improvement activities (e.g., health coaching). In 2006, in recognition of the resulting reduction in health care expenditures, Alegent returned \$700,000 of its savings to employees through



\$100 rebates to employees who improved their health.

**Example:** Healthier Florida, Florida’s Medicaid Section 1115 demonstration program, includes enhanced benefit accounts, in which beneficiaries accrue up to \$125 in credits annually for participating in healthy behaviors, such as obtaining preventive care, smoking cessation, or drug treatment. Beneficiaries can use the credits to purchase over-the-counter drugs and other items at any Medicaid-participating pharmacy. By December 2007, Medicaid participants had earned more than \$9 million in credits.

## ESSENTIAL ELEMENT 8: SUSTAIN AND INSTITUTIONALIZE PROGRAM

Program is sustained and continues over time through support and appropriate focus from key leadership, and maintains financial viability. Changes to policy are achieved.

Program continuation over time can be challenging, but is a critical element of success. Ongoing programs succeed because leaders planned for a sustained effort from program inception. They embedded it, provided funding (perhaps through public-private partnerships for community and local government programs), utilized effective tools, fostered stakeholder advocacy for the program, achieved results, and set new goals. Sustainability may require public policy changes, as well. In Medicaid, for example, disease management programs often begin as

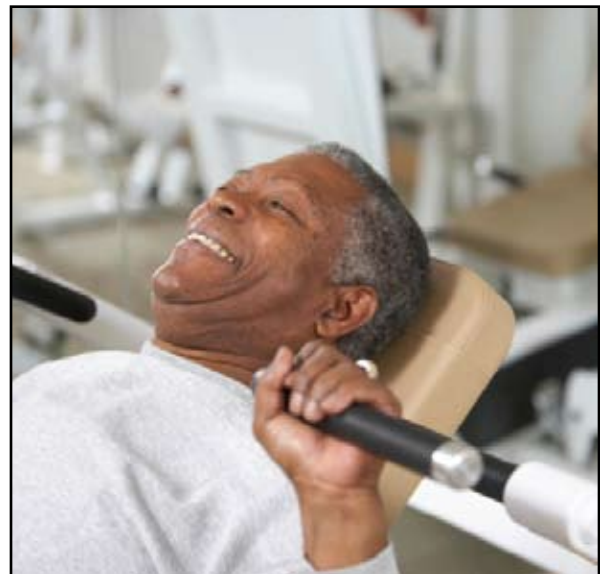


pilot projects and, once proven, evolve over time into statewide initiatives. Successful programs appear to recognize that improving health and health care is an *evolution* instead of a *revolution*, and take steps to adapt, add objectives or increase reach, learn from mistakes, and build upon successes.

**Example:** The National Institute of Health’s National Heart, Lung, and Blood Institute and the National Recreation and Park Association initially developed the Hearts and Parks program to encourage participants to aim for healthy weight, follow a heart-healthy eating plan, and engage in regular physical activity. Since its inception in 1999 in two communities, the program has grown to more than 50 communities.

Some of the program’s prolonged success can be attributed to the ease with which its components can be incorporated into

existing community health and wellness programs. The program found that children’s attitudes towards physical activity improved significantly, and children reported learning new ways to be physically active. Adolescents improved in heart-healthy eating and in their attitudes toward heart-healthy eating.



# IV

Adult participants finished programs with improvements in heart-healthy nutrition, reduction in overweight/obesity risks and blood pressure, engagement in proper physical activity, and control of high cholesterol.

## ESSENTIAL ELEMENT 9: MEASURE, EVALUATE AND REFINE PROGRAM

Program includes evaluation and assessment of gaps between outcomes and stated goals, and evolves to improve outcomes, achieve refined goals, or meet changed needs.

Before a program begins, leaders have defined their measures of success, and determined the data and sources of data needed for evaluation. Interim results also provide opportunities for adaptation. Sponsors of model population health management programs evaluate the programs to: determine whether they are effective and why; achieve goals; demonstrate value (in terms of improved health, changed behavior, and/or money saved); reach the target population, and/or; require change. Stratifying results for different groups can assist in identifying changes needed to achieve higher overall results. For some clinically focused disease management programs, there are standards promulgated by national organizations for assessing program results — accepted quality measures

and evidence based practice guidelines, for example. Corporations may use health claims, expenditure and even productivity data.

**Example:** USAA’s employee wellness program, “Take Care of Your Health,” combines methods ranging from onsite fitness centers and healthy cafeteria food choices to integrated disability management and health-risk assessments. Program leaders evaluate the program’s impact using a customized data warehouse that captures the full spectrum of employee health and wellness information, including demographics, population health consumption, health and wellness participation, and intervention outcomes. Data analysis provides ongoing opportunities to fine-tune all wellness initiatives and health benefits programs to continue improving the health of employees and their families. The program has also saved USAA money. The company has experienced reductions in the frequency, rate, and severity of workers’ compensation claims, and declines in workplace absences, with an estimated three-year net savings of more than \$105 million.<sup>42</sup>

**Example:** IBM not only relies upon data to promote the health and wellness of its 350,000 employees, but it also offers employees access to their individual medical and pharmacy claims data through its Web-based “Personal Health Records”

system. Ultimately, the system will include access to lab data, and provide emergency access to providers, as well. IBM also offers employees incentives to complete health-risk assessments, to engage in healthy behaviors, and to recognize achievements from participation in evidence-based disease management programs. With its multifaceted

approach to improving the health and productivity of its workforce, IBM estimates health and wellness programs have saved the company more than \$175 million a year. As a result, employees and the company enjoy lower health care premiums.<sup>43</sup>

