

### Draft Community Action Guide 3.0 Comments

Date of Comment	Comment Submitter Name	Comment Submitter Organization	Question	Comment
Jun 7 2016 4:37PM	James Studnicki	University of North Carolina at Chapel Hill	1. Regarding Element 7 of the Action Guide: Does the description reflect the ways in which you select measures to use in population health improvement? If not, please describe the approach you use to choose measures.	See "Demonstrating Subpopulation Analytics:A Paradigm Shift for Improving Population Health"  Am J Prev Med 2015;49(4):e47-e52  <a href="http://dx.doi.org/10.1016/j.amepre.2015.05.o28">http://dx.doi.org/10.1016/j.amepre.2015.05.o28</a>  online/open access
Jun 7 2016 4:41PM	James Studnicki	University of North Carolina at Chapel Hill	2. Regarding Element 7 of the Action Guide: Does the description reflect your experience in accessing and using data from local, state, or national sources? If not, please describe ways in which the text can be improved.	See # 1.
Jun 7 2016 4:42PM	James Studnicki	University of North Carolina at Chapel Hill	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	See # 1.
Jun 7 2016 4:43PM	James Studnicki	University of North Carolina at Chapel Hill	4. Is there additional information that you would like to see included in the Field Testing Group profiles, which offer examples of population health improvement work at the community level?	See # 1.
Jun 7 2016 4:44PM	James Studnicki	University of North Carolina at Chapel Hill	5. Do you feel the Action Guide is structured in a way that is useful to communities performing this work? Why or why not?	See # 1.
Jun 7 2016 4:45PM	James Studnicki	University of North Carolina at Chapel Hill	6. Please provide other feedback on the Action Guide 3.0.	See # 1.

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Jun 13 2016 7:33PM	E. Clarke Ross	Consortium for Citizens with Disabilities	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	Disability relevant resources and data sources are completely missing from the framework. Cite: National Core Indicators (for persons with ID & DD); National Core Indicators-Aging & Disability; and Personal Outcome Measures. These 3 sources are cited in NQF reports of the workgroup on persons dually eligible for Medicare & Medicaid; the committee on home-and-community based services; and the person-and-family-centered care committee. Clarke Ross - American Association on Health and Disability and Lakeshore Foundation.
Jun 13 2016 7:38PM	E. Clarke Ross	Consortium for Citizens with Disabilities	6. Please provide other feedback on the Action Guide 3.0.	RE: page 4 on importance of parents and other family to child health; we agree. We strongly recommend that the observation be expanded to recognize that parents and family members are also vital to the health and welfare of adults with severe disabilities, particularly those with intellectual and other developmental disabilities and those with severe mental illness, as well as aging folks with chronic conditions and disabilities. Clarke Ross, American Association on Health and Disability and Lakeshore Foundation.
Jun 13 2016 7:43PM	E. Clarke Ross	Consortium for Citizens with Disabilities	5. Do you feel the Action Guide is structured in a way that is useful to communities performing this work? Why or why not?	Every state in the nation has a state legislature authorized state intellectual and developmental disability authority, state mental health authority, state substance abuse authority, and an office addressing the needs of cross-disability populations. These state authorities should be fully reference and included, particularly in element 1 (collaborative self assessment), element 3 (audience specific strategic communication), and element 4 (community health needs assessment). Clarke Ross - American Association on Health and Disability and Lakeshore Foundation.
Jun 13 2016 7:47PM	E. Clarke Ross	Consortium for Citizens with Disabilities	6. Please provide other feedback on the Action Guide 3.0.	We appreciate the framework's recognition on page 10 that disability is a recognized subpopulation and on page 11 that disparities in health includes people with disabilities. We agree with the observations on page 3 - medical care has relatively small influence on overall health and that improvement of health requires coordinated efforts; page 4 on the importance of health in all policies; and page 5 on the need to invest in community building. Clarke Ross - American Association on Health and Disability and Lakeshore Foundation.

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Jun 14 2016 2:04PM	Nicole Cook	Nova Southeastern University	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	ELEMENT 4: Consider this source: CDC's Community Health Navigator <a href="http://www.cdc.gov/chinav/index.html">www.cdc.gov/chinav/index.html</a> Under this site there are links to CHI tools. Also very relevant is the CDC Community Health Navigator "Additional Tools and Resources" section which includes Communitiy Health Improvement resources including CHA toolkits and resources.
Jun 14 2016 2:10PM	Nicole Cook	Nova Southeastern University	6. Please provide other feedback on the Action Guide 3.0.	MAPP is included under element 5 but also very relevant to element 4.
Jun 20 2016 2:01PM	Stuart Gordon	National Association of State Mental Health Program Directors	1. Regarding Element 7 of the Action Guide: Does the description reflect the ways in which you select measures to use in population health improvement? If not, please describe the approach you use to choose measures.	Element 7 appears to neglect mention of the source for many measures of outcomes in the mental health and substance use disorder field... the Substance Abuse and Mental Health Services Association, which requires reporting by state behavioral health agencies (and the providers they serve) of measures for both discretionary grant programs and mandatory block grant programs. SAMHSA should also be listed in Appendix E. While it is true that Element 7 mentions NSDUH, NSDUH is in fact, an excellent source for data, albeit on an episodic but not necessarily latitudinal basi. In the mental health and substance use disorder field, state agencies also rely on data and state profiles gathered on behalf of SAMHSA and reported by the NASMHPD Research Institute in collaboration with Truven.

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<b>Jun 20 2016 2:18PM</b>	Stuart Gordon	National Association of State Mental Health Program Directors	6. Please provide other feedback on the Action Guide 3.0.	<p>(1) We appreciate the inclusion of "mental health" in the definition of "health" on page 9, but there needs to be mention of substance use disorder within that defined term as well.</p> <p>(2) We agree with the general observations on page 3 -- many factors influence health, and need to be addressed in a coordinated and nonduplicative manner across multiple sectors.</p> <p>(3) The discussion of family involvement in ACEs on page 4 is good, but we strongly recommend that the observation be expanded to recognize that parents and family members can also be a positive force in the health and welfare of adults with mental health and substance use disorders, particularly those with serious mental illness and older adults.</p> <p>(4) Also on page 4: We suggest examples. Schools can serve as a hub for health prevention activities through healthy lunches, exercise, obesity and diabetes prevention, and mental health and substance use disorder prevention.</p> <p>(5) Leadership (Element 2, page 16): Stakeholders, providers, advocates, family members, consumers, faith communities, and state behavioral health agencies should also be included. State behavioral health agencies should also be specifically referenced in Elements 1 and 3.</p> <p>(6) Community Health Needs Assessment and Asset Mapping (Element 4, page 20: Statewide and regional input is the key to a community health needs assessment. Using needs assessments and asset mapping in concert will provide a more comprehensive view of each region.</p>
<b>Jun 20 2016 12:50PM</b>	Sandy Pogones	American Academy of Family Physicians	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	<p>The Practical Playbook was mentioned as a resource in elements 4, 5 and 9. Please add the Practical Playbook textbook <a href="https://www.practicalplaybook.org/section/building-partnership">https://www.practicalplaybook.org/section/building-partnership</a> to this resource listing. The effort coalesced into a textbook that will be used in medical school and family medicine residency curricula to help spur integration of public health and family medicine. The textbook, The Practical Playbook: Public Health and Primary Care Together, brings together the expertise of primary care and public health in response to recommendations of the 2012 Institutes of Medicine report, "Primary Care and Public Health: Exploring Integration to Improve Population Health."</p>
<b>Jun 20 2016 12:59PM</b>	Sandy Pogones	American Academy of Family Physicians	6. Please provide other feedback on the Action Guide 3.0.	<p>AAFP Population Health Policies: The AAFP has adopted the following policies which recognize the central role family physicians have in improving health of the population.</p> <p>Population Health Definition (<a href="http://www.aafp.org/about/policies/all/population-health.html">http://www.aafp.org/about/policies/all/population-health.html</a>) For the</p>

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				<p>family physician, the most obvious “population” is their patient panel, which is where most physicians focus their energies and where they often have the greatest impact. Family physician must consider the social and physical environments in which their patients live and work in order to effectively improve health outcomes. Integration of primary care and public health presents increasing opportunities for family physicians and the patient centered medical home to partner with community resources and advocate for policies and interventions aimed at influencing social determinants of health and improving health outcomes.</p> <p>Poverty and Health: The Family Physician Perspective (Position Paper-- <a href="http://www.aafp.org/about/policies/all/policy-povertyhealth.html">http://www.aafp.org/about/policies/all/policy-povertyhealth.html</a>): Family physicians have a unique perspective on the health challenges of local populations because they serve generations of families and follow individual patients through different life stages. Rather than viewing a single snapshot of a patient during an episode of illness, family physicians know the patient’s whole story. Poverty is an insidious, self-perpetuating problem that affects generations of families via complex mechanisms. Family physicians are well positioned to mitigate the effects of poverty on health by understanding each patient’s unique challenges and coping strategies, and knowing what community resources are available.</p> <p>Integration of Primary Care and Population Health (Position Paper <a href="http://www.aafp.org/about/policies/all/integprimarycareandpublichealth.html">http://www.aafp.org/about/policies/all/integprimarycareandpublichealth.html</a>): Family physicians play a crucial role in the integration of primary care and public health. The focus on population health management the development of new care models such as accountable care organizations (ACOs), and the patient-centered medical home (PCMH) recognize that individual health is inseparable from the health of the larger community which ultimately determines the overall health of the nation. The AAFP reviews the changing landscape of health care delivery and payment structure, identifies the need for educational reform to prepare physicians for their changing role, calls its members to action to become informed about the importance, value, and movement for integration of primary care and public health, and provides academy members with critical resources to learn more and pave the way to integration.</p>

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Jun 22 2016 3:11PM	Debbie Hoyer		6. Please provide other feedback on the Action Guide 3.0.	<p>The Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health recognizes the importance of a multi-sector approach to improving population health. On average, Americans spend close to half their waking hours at work (1). As a result work can have a significant impacts on health. We want to highlight the importance of work as a determinant of health and encourage not only the engagement of employers but also unions and community-based worker organizations. In addition, collection of standardized information on occupation and industry would help providers better serve their populations (2).</p> <p>1. <a href="http://bls.gov/news.release/auts.nr0.htm">bls.gov/news.release/auts.nr0.htm</a>                  2. <a href="http://ncbi.nlm.nih.gov/pubmed/21848097">ncbi.nlm.nih.gov/pubmed/21848097</a>, <a href="http://nap.edu/openbook.php?recordid=13207&amp;page=R1">nap.edu/openbook.php?recordid=13207&amp;page=R1</a></p>
Jun 22 2016 3:19PM	Carmella Bocchino	America's Health Insurance Plans	1. Regarding Element 7 of the Action Guide: Does the description reflect the ways in which you select measures to use in population health improvement? If not, please describe the approach you use to choose measures.	<p>NQF should look to health plans to inform how measures are selected and used for population health improvement. AHIP's Core Quality Measures Collaborative used a multi-stakeholder approach to identify and select measures for various core sets and may be a valuable resource for this framework.</p>
Jun 22 2016 3:19PM	Carmella Bocchino	America's Health Insurance Plans	2. Regarding Element 7 of the Action Guide: Does the description reflect your experience in accessing and using data from local, state, or national sources? If not, please describe ways in which the text can be improved.	<p>We agree with NQF's description of accessing and using data from various sources such as local and state public health departments, State Medicaid programs, school districts and or colleges and universities, and health plans or health insurance marketplaces.</p>
Jun 22 2016 3:20PM	Carmella Bocchino	America's Health Insurance Plans	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	<p>AHIP's Core Quality Measures Collaborative may be a valuable resource as the Collaborative addressed population health issues as well as measurement gaps in its ACO/PCMH and Primary Care Core Set. See here for additional details: <a href="https://ahip.org/ahip-cms-collaborative-announces-core-sets-of-quality-measures/">https://ahip.org/ahip-cms-collaborative-announces-core-sets-of-quality-measures/</a></p>

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<b>Jun 22 2016 3:20PM</b>	Carmella Bocchino	America's Health Insurance Plans	4. Is there additional information that you would like to see included in the Field Testing Group profiles, which offer examples of population health improvement work at the community level?	We support the inclusion of Field Testing Group profiles to provide illustrative examples of population health improvement efforts.
<b>Jun 22 2016 3:20PM</b>	Carmella Bocchino	America's Health Insurance Plans	5. Do you feel the Action Guide is structured in a way that is useful to communities performing this work? Why or why not?	The Action Guide defines discrete steps that must be taken and then provides concrete, real-life examples of groups that have taken these steps as well as provided a wealth of resources. This structured approach is helpful to the reader. However, we suggest structuring the Action Guide as a work book for enhanced use.
<b>Jun 22 2016 3:21PM</b>	Carmella Bocchino	America's Health Insurance Plans	6. Please provide other feedback on the Action Guide 3.0.	<p>We thank NQF for considering and adding many of our suggestions offered during phase 2.0 public comment opportunity including added detail on the DASH-NY example, the addition of web addresses, and the addition of various resources we suggested such as The Institute for Clinical Systems Improvement or concepts such as the "trusted convener."</p> <p>Also, we recognize the multidisciplinary nature of cross-sector collaboration and believe it is important to showcase how each stakeholder type can help in these efforts. To this point, we do not feel that health plans, and their many examples of community level population health engagement, are well represented in the Action Guide, even though they have much to offer and much to gain from participating in a multi-sector collaboration.</p> <p>Examples such as those provided in the American Journal of Managed Care article entitled "Results From a National Survey on Chronic Care Management by Health Plans" (found here: <a href="http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/results-from-a-national-survey-on-chronic-care-management-by-health-plans">http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/results-from-a-national-survey-on-chronic-care-management-by-health-plans</a>) may help provide additional illustrative examples about how all stakeholders, including health plans, can engage in populating level health improvement.</p>

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<b>Jun 22 2016 3:22PM</b>	Nancy Hanson	Children's Hospital Association	3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).	<p>We recommend that you consider adding the following two resources that are specific to children to the appendices.</p> <p>Appendix C: Measures            America's Children: Key National Indicators of Well-Being            The annual report presents key indicators of children's wellbeing in seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. It is compiled by the Federal Interagency Forum on Child and Family Statistics, which includes participants from 23 federal agencies. The forum fosters coordination, collaboration, and integration of federal efforts to collect and report data on children and families.            Link: <a href="http://ChildStats.gov">ChildStats.gov</a></p> <p>Appendix D: Data Sources            Data Resource Center for Child &amp; Adolescent Health (DRC)            A project of the Child and Adolescent Health Measurement Initiative (CAHMI)            The DRC is a non-profit, national data resource providing easy access to children's health data from large, population-based surveys on a variety of important topics, including the health and well-being of children and access to quality care. It is sponsored by a cooperative agreement from the Maternal and Child Health Bureau with additional support from a variety of funders and partners.            Link: <a href="http://Childhealthdata.org">Childhealthdata.org</a></p>
<b>Jun 22 2016 4:57PM</b>	Glynnis LaRosa	Massachusetts Dept of Public Health	5. Do you feel the Action Guide is structured in a way that is useful to communities performing this work? Why or why not?	Yes the structure is helpful, easy to follow, examples are valuable.
<b>Jun 22 2016 5:04PM</b>	Glynnis LaRosa	Massachusetts Dept of Public Health	1. Regarding Element 7 of the Action Guide: Does the description reflect the ways in which you select measures to use in population health improvement? If not, please describe the approach you use to choose measures.	Yes, It was important that data was included and how to address data to set measures and performance targets.



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Jun 22 2016 5:24PM	Glynnis LaRosa	Massachusetts Dept of Public Health	6. Please provide other feedback on the Action Guide 3.0.	<p>Some editorial comments</p> <p>Page 6 Figure 1 both axes need to be labeled</p> <p>Pg 10 last paragraph suggest deleteing the word "here"</p> <p>Pg 12 Appears to be a checklist but it is not called a checklist, either title it checklist or suggest removing check box column</p> <p>Pg 13, first paragraph, second to last line suggest new project or program or when refining or coordinating projects or programs already in place</p> <p>Pg 13 last paragraph, last line projects or programs</p> <p>Pg 17 secodn paragraph, third to last lune projects/programs. consider changing word "broker" to another word</p> <p>Pg 21 firts paragraph, last line, change wording to what "may be " needed</p> <p>Pg 21 bullets write out USDA before using abbreviation</p> <p>Pb 22, last buller write out DC before abbreviation</p> <p>Pg 24, first paragraph, 5th line add "communities" after families</p> <p>Pg 30 Figure 5 consider flipping direction of Root Cause diagram if you want it to look like a fishbone diagram, the head of the fish is usually on the right side</p> <p>Pg 31 first bullet, consider changing to Healthcare providers</p> <p>Pg 33,last paragraph write out FTG before abbreviation</p> <p>Pg 36 , last paragraph change "chart" to "table"</p> <p>Pg 37 when printing page it overlaps ?</p> <p>Pg 42, first paragraph, did you wan to incldue "health" in the first line after current?</p> <p>Pg 44 Conclusion Consider using a stronger word that " attempting " may be "working"</p> <p>Thank you !</p>

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<p><b>Jun 22 2016 12:24PM</b></p>	<p>Larissa Estes</p>	<p>Prevention Institute</p>	<p>3. What additional resources to help with measure selection or data sources, if any, should be listed in the Action Guide? Please be specific, and if possible, include a link to the resource(s).</p>	<p>Measuring What Works - recommends measures that identify how healthoutcomes are produced at the community level and how health equity can be achieved by addressing the social determinants of health, can be further developed or refined by NQF or used to support the expansion of existing measures, and demonstrate the need for effective framing of population health measuers to communicate clear direction and spur action. (<a href="http://www.preventioninstitute.org/component/jlibrary/article/id-367/127.html">http://www.preventioninstitute.org/component/jlibrary/article/id-367/127.html</a>)</p> <p>THRIVE - A framework for understanding how structural drivers play out at the community level to impact the social-cultural, physical/build, and economic/educational environments, also known as the determinants of health. (<a href="http://www.preventioninstitute.org/component/jlibrary/article/id-96/127.html">http://www.preventioninstitute.org/component/jlibrary/article/id-96/127.html</a>)</p> <p>To emphasize a prevention approach to addressing the social determinants of health, we recommend the Action Guide include resources on the following health system transformation models which support how healthcare can use measures in conjunction with community collaboration to support population health improvement.</p> <p>Community Centered Health Homes - <a href="http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.htm">http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.htm</a></p> <p>Accountable Communities for Health - <a href="http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html">http://www.preventioninstitute.org/component/jlibrary/article/id-366/127.html</a></p>
<p><b>Jun 22 2016 12:25PM</b></p>	<p>Larissa Estes</p>	<p>Prevention Institute</p>	<p>4. Is there additional information that you would like to see included in the Field Testing Group profiles, which offer examples of population health improvement work at the community level?</p>	<p>The field testing group profiles would benefit from a more complete picture of how selected measures can successfully influence starategies for population health improvement. Real-life examples of the utility of measures in addressing the social determinants of health allow healthcare entitites to envision their roles in translating measures into action.</p>

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<p><b>Jun 22 2016 12:34PM</b></p>	<p>Larissa Estes</p>	<p>Prevention Institute</p>	<p>6. Please provide other feedback on the Action Guide 3.0.</p>	<p>Prevention Institute has developed a set of health equity metrics (commissioned by the Robert Wood Johnson Foundation) that could serve as a resource for measure selection in the Population Health Framework Action Guide 3.0 and Health and Well-Being Project 2015-2017. A link to document was previously provided. An example of how this could work would be to build upon the Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (NQF#0024). This measure is an excellent screening tool from a clinical perspective, however in order for patients to follow through on the health behavior recommendations of providers, those patients also need access and the ability to make those choices within their communities. Healthcare might better understand the impact of the retail food environment and catalyze action to improve those environments by asking patients about the availability of both fast foods and fresh produce in proximity to their homes, using an instrument such as Mujahid (2007) Neighborhood Health Questionnaire (<a href="http://epi.grants.cancer.gov/mfe/instruments/mujahid-neighborhood-health-questionnaire-instrument.pdf">http://epi.grants.cancer.gov/mfe/instruments/mujahid-neighborhood-health-questionnaire-instrument.pdf</a>)</p>