

Date_of_Comment	Comment_Submitter_Name	Comment_Submitter_Organization	Question	Comment
Jun 25 2015 12:12PM	Carmella Bocchino	America's Health Insurance Plans	1. How well do the changes made to Element 1 of the Action Guide emphasize and clarify the role of multi-sector collaboration for bringing about population health improvement?	<p>This section is clear. The graphic illustration and resources on page 14 help pull together the concept of Collaborative Self-Assessment.</p> <p>Regarding the example of the New York Academy of Medicine that staffs Designing a Strong and Healthy New York (DASH-NY), additional information on why DASH-NY chose to do a self-assessment on the their coalition partners would be helpful.</p> <p>Overall, it is important to note that this Action Guide is an outline that will need to be tailored to suit different situations. Additionally, future modifications to the Action Guide may be necessary.</p>
Jun 11 2015 12:14PM	Maureen Cahill	National Council of State Boards of Nursing	1. How well do the changes made to Element 1 of the Action Guide emphasize and clarify the role of multi-sector collaboration for bringing about population health improvement?	<p>There is much good information and direction included in the report, however, the importance of employment may be under emphasized. Parents often continue behaviors at home that they were engaged in at work - sedentary and computer or visual based. The IOM report on Physical Activity: Moving Toward Obesity Solutions 6/2015 suggests a striking decline in energy expenditures among workers over 5 decades.</p> <p>Americans work longer and more and more sedentarily. We would make a great impact by emphasizing employers as a central stakeholder in a meaningful change.</p>
Jun 11 2015 12:16PM	Maureen Cahill	National Council of State Boards of Nursing	1. How well do the changes made to Element 1 of the Action Guide emphasize and clarify the role of multi-sector collaboration for bringing about population health improvement?	<p>a real life example is someone who sits at a computer for hours at a time - often delaying their breaks to complete some tasks...or meetings in which everyone is seated and at a computer...then the same individual goes home and sits at a computer or at the TV.....somehow we need to force the physical functions back into our lives</p>
Jun 25 2015 4:47PM	Nancy Hanson	Children's Hospital Association	2. What types of real-life examples would help illustrate topics in the Action Guide that are unclear or challenging?	<p>I agree with Ms. Bocchino that asthma would be a useful example.</p> <p>On page 38: an initiative that addresses the issue of scalability that you might consider is:</p> <p>Help Me Grow is an efficient and effective system - with a proven track record - that assists states in identifying at-risk children, then helps families find community-based programs and services. The Help Me Grow National Center serves as a national resource to support the replication of Help Me Grow systems throughout the country. Currently, 23 states are Help Me Grow affiliates.</p>
Jun 25 2015 12:15PM	Carmella Bocchino	America's Health Insurance Plans	2. What types of real-life examples would help illustrate topics in the Action Guide that are unclear or challenging?	<p>This section is generally clear. The addition of web addresses for the organizations may be helpful for those reading the document electronically. Further examples such as one with the subpopulation of Medicaid patients with asthma that must also take into account both the variability of physiologic response in patients with asthma as well as the impact of social environment on the etiology of the asthma would be illustrative.</p>

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Jun 25 2015 6:00PM	James Gallant	Marquette County Suicide Prevention Coalition	2. What types of real-life examples would help illustrate topics in the Action Guide that are unclear or challenging?	<p>James Gallant, Marquette County (MI) Suicide Prevention Coalition.</p> <p>I didn't find any specific recommendations about how to accomplish "Key Element #6: An Agreed-Upon Prioritized Set of Health Improvement Activities" or how to achieve "Consensus" within the collaborative groups (a.k.a. deliberative assembly), which is the target audience of this "Action Guide 2.0".</p> <p>[EXAMPLE]</p> <p>1) On page 26, "An Agreed-Upon, Prioritized Set of Health Improvement Activities is a list of strategies and activities that will be taken by organizations and individuals involved in population health improvement activities. This requires...agreeing what the focus areas will be..."</p> <p>2) On page 28, "Building on this example, if agreement is reached..."</p> <p>3) On page 29, "The agreed-upon activities are part of a connected process..."</p> <p>[QUESTION]</p> <p>How exactly will the group know when there is an agreement and what that agreement is if they don't "Vote"?</p> <p>Robert's Rules of Order (2012) is the most widely approved Parliamentary Authority Manual in the United States and I believe most of the NQF Member Organizations on this Standing Committee currently use Robert's Rules of Order.</p>
Jun 23 2015 12:17PM	Mary Kushion	Michigan Health Improvement Alliance	3a. It was a priority to update the resources listed in the Action Guide. Are there any additional changes you would recommend?	I was pleased to see the addition of the Re-Think Health and the CDC's Community Health Improvement Navigator. I do recommend including the Navigator in the Resources appendix for quick reference.
Jun 25 2015 12:17PM	Carmella Bocchino	America's Health Insurance Plans	3a. It was a priority to update the resources listed in the Action Guide. Are there any additional changes you would recommend?	We recommended the addition of The Institute for Clinical Systems Improvement (ICSI.org) due to their work on the concept of Accountable Health Communities. Also, there should be greater accounting of the social determinants of health and how to marshal necessary community resources. We also believe that as more stakeholders get involved, more organizations will be added to the list.

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Jun 25 2015 12:18PM	Carmella Bocchino	America's Health Insurance Plans	3b. Has the right balance been achieved of embedding resources within each element versus listing them in the Appendix? Why or why not?	<p>A single example drawn from the ten Field Testing Projects is an excellent way to bring the material into the context of the guide. It would be helpful to have links to the specific Field Testing example programs to allow easy immediate access for more information.</p> <p>Additionally, engaging in community development requires effort, and anyone who is engaged enough to take action in his/her community will be focused and thorough enough to read the appendix.</p> <p>We would also suggest that Element #4, Community Needs Assessment be balanced with community support resources.</p>
Jun 25 2015 12:19PM	Carmella Bocchino	America's Health Insurance Plans	4. 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, it is important to consider how readers may not fully understand the content of the Action Guide they engage in community population health efforts. We also suggest structuring the Action Guide as a work book for enhanced use.
Jun 25 2015 4:55PM	Nancy Hanson	Children's Hospital Association	5. When you search for resources on population health improvement, which websites or organizations do you rely on the most?	In addition to the websites already suggested, I would add Trust for America's Health, American Hospital Association/Association for Community Health Improvement and for community benefit Catholic Health Association.
Jun 25 2015 12:21PM	Carmella Bocchino	America's Health Insurance Plans	5. When you search for resources on population health improvement, which websites or organizations do you rely on the most?	Robert Wood Johnson Foundation; CDC; County Health Rankings; IOM; National Center for Health Statistics; Jefferson School of Medicine, AHRQ.

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Jun 25 2015 12:22PM	Carmella Bocchino	America's Health Insurance Plans	6. Please provide any other feedback on the Action Guide 2.0.	<p>We believe that there should be more emphasis placed on the leadership value of the "trusted convener" organization. This concept has been referred to as a "backbone organization". See, for example the paper from the Stanford University Social Innovation review entitled, " Understanding the Value of Backbone Organizations in Collective Impact: Part 2" (2012) for more information. An organization meeting this description, such as the Healthy Memphis Common table described in the Action Guide, can get competitors to a common table when an effort competing organizations can fail.</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: http://www.ajmc.com/journals/issue/2015/2015-vol21-n5/results-from-a-national-survey-on-chronic-care-management-by-health-plans) may help provide additional illustrative examples about how all stakeholders, including health plans, can engage in populating level health improvement.</p> <p>Lastly, teen pregnancy rate should be added to the Social Environment Indicators on page 34. Teen pregnancy is a critical indicator of the health of a community. It indicates both poverty and lack of opportunity for young women.</p>
Jun 23 2015 12:19PM	Mary Kushion	Michigan Health Improvement Alliance	6. Please provide any other feedback on the Action Guide 2.0.	In Element 10 the Field Testing Group is the Michigan Health Improvement Alliance. The former name of the Michigan Health Information Alliance is used in the Guide and needs to be revised.

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Jun 25 2015 5:24PM	Nancy Hanson	Children's Hospital Association	6. Please provide any other feedback on the Action Guide 2.0.	<p>Page 22: Suggest add the word "families" to the list sentence below after "individuals". Also suggest including a measure related to children such as "improved school readiness" as an example of related benefit of better health:</p> <p>"In addition, achieving results is what motivates most people—that is, healthier individuals, families and populations, along with the related benefits of better health such as improved or sustained quality of life, lower healthcare costs, improved school readiness, less absenteeism, better productivity, and so on."</p> <p>On page 32, "measures that cover the lifespan, including those that focus on children, adolescents, and the elderly" is listed as an example of measures topics that NQF is seeking for consideration for endorsement. Perhaps some of these measures could be given mention somewhere in the discussion of Element 7: Selection and Use of Measures and Performance Targets. Table 2 (pages 34-5) Example of Population Health Measures by Topic shows the most common measures and indicators according to 26 reports that were reviewed. While perhaps not the most common, further discussion of measures that cover the lifespan would be illustrative for the reader. Examples specific to children and families might include school readiness, family stability, school absenteeism, maternal depression, rates of preventive services beyond immunizations (e.g. developmental screening, 3 and 4 year old well visits, dental checkups.)</p> <p>Thank you for the opportunity to comment.</p>

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Jun 25 2015 5:24PM	Nancy Hanson	Children's Hospital Association	6. Please provide any other feedback on the Action Guide 2.0.	<p>Page 5: We believe the example of how working on health improvement is much more effective than waiting until people get sick and need medical care could be strengthened by highlighting the link between child health and lifelong health. We recommend adding a sentence to the end of the paragraph that draws attention to the fact that basic guidelines for good health are learned behaviors. When these behaviors are established in childhood they are more likely to be lifelong. Conversely, we know early onset of chronic conditions is often a direct corollary to the frequency with which that disease will progress into adulthood -- childhood obesity is a prime example.</p> <p>"A death prevented or postponed avoids the direct and indirect costs of illness and disease caused by poor health. Heart disease and death caused by smoking or obesity, for example, doesn't happen quickly: the years of poor health result in much higher medical costs, plus the cost of absenteeism and reduced productivity at work."</p> <p>Suggested new sentence: Adopting healthy behaviors in adulthood can be challenging for the individual and frustrating for the health care provider. It is most ideal to go as far upstream as possible so that communities foster a culture of health and children are ingrained with healthy habits.</p> <p>Beginning of page 6: suggest changing "family members" to "children and families and "person" to "child and adult". Additionally, the opportunity to "reach their full health potential" may be viewed as more inclusive than the opportunity to "live a long and healthy life". See revised sentence below:</p> <p>"Above all, improving population health is about making life better for real people: our children and families, co-workers, neighbors and ourselves. Preventing and postponing disease increases the odds that every child and adult has the opportunity to reach their full health potential."</p>
Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>Page 38: Another initiative that addresses the issue of scalability that you might consider is: Help Me Grow is an efficient and effective system – with a proven track record – that assists states in identifying at-risk children, then helps families find community-based programs and services. The Help Me Grow National Center serves as a national resource to support the replication of Help Me Grow systems throughout the country. Currently, 23 states are Help Me Grow affiliates.</p>

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Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>On page 32, "measures that cover the lifespan, including those that focus on children, adolescents, and the elderly" is listed as an example of measures topics that NQF is seeking for consideration for endorsement. Perhaps some of these measures could be given mention somewhere in the discussion of Element 7: Selection and Use of Measures and Performance Targets. Table 2 (pages 34-5) Example of Population Health Measures by</p> <p>Topic shows the most common measures and indicators according to 26 reports that were reviewed. While perhaps not the most common, further discussion of measures that cover the lifespan would be illustrative for the reader. Examples specific to children and families might include school readiness, family stability, school absenteeism, maternal depression, rates of preventive services beyond immunizations (e.g. developmental screening, 3 and 4 year old well visits, dental checkups.)</p>
Jun 3 2015	Lloyd Michener	Department of Community & Family Medicine Duke School of Medicine	General Comments	<p>Leslie – thanks for the very well written update of the Action Guide. I found it clear and concise overview of this complex topic, with many helpful short examples of the key steps woven throughout. But that also brings me to a suggestion. To put what follows in context, we're just about done with an (expensive) review of the ways the Practical Playbook is used, and have come to the realization that we have had our process backwards. Like the Action Guide, we describe the process of change and cite illustrative examples – a process which works well for those who are novices. But, somewhat to my surprise, this process does not seem to work well for those who already have some experience in working with communities, and/or those who have a project or task they wish to work on. What seems to work better for this group is to provide many examples, oriented around topic and community type, help folks find the ones that interest them, and then help the users work backwards on what it would take to achieve something similar. That's adult learning theory in action, my educator colleagues pointed out, rather than the more traditional pedagogical approaches we were using.</p> <p>If this resonates at all, then there seem to be two options. The minor one would be to point out the existence of curated stories of community-based health improvement, of which the Playbook is probably the biggest and best known (and should be more so after the expanded website is rolled out later this fall). The alternative would be a significant reworking of the current draft to focus on the examples as the dominant material, and the discussion of the methods as the background. I don't know that I would suggest that; instead it may be worth linking the Action Guide to the Playbook and vice versa, and seeing what users actually find helpful. We will certainly plan to do that in the expanded Playbook as it is relaunched.</p> <p>I hope that is helpful... the current Guide is quite helpful as it is, and I do not want this</p>
Jun 11 2015	Renee Frazier	Healthy Memphis	General Comments	<p>Can you change the name of my organization in the guide and NQF records? We are now Common Table Health Alliance, effective May 2014. I am still listed as at Healthy Memphis Common Table in this version of the guide. Thanks</p>

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Jun 2 2015	Colleen Culbertson	Empire Health Foundation	General Comments	<p>Thank you very much for the opportunity to provide feedback, and we were impressed by this version of the guide! We appreciated the organization of reference documents and the summaries/page references you've provided. I've attached a version with a few comments from Torney on the first few pages.</p> <p>One change we would suggest involves the section describing EHF/Priority Spokane. Priority Spokane is a collaborative that EHF has been involved in and exemplifies some of the good work happening in our community, but it would be misleading to credit its methods/results entirely to EHF. Would saying something like this work? (Also note that we are a private foundation, not a public-private partnership— although we do engage in many of those partnerships).</p> <p>"Empire Health Foundation (EHF) is a private foundation focused on improving population health in Eastern Washington State. EHF helps convene both private and public sector partners to address community needs. A good example is Priority Spokane, which implemented a formal planning process to improve high school graduation rates. Their organizational structure allowed them to meet the evolving needs of the community and culture, while supporting innovative ideas (see figure 3 below for a visual model of their action plan)."</p> <p>We might also suggest adding "and Priority Spokane" to the reference to EHF on p. 24.</p> <p>Let me know if that makes sense- we're obviously flexible about specific wording and such but just want to make sure we're accurately attributing things to EHF versus our partners.</p>
Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>As the national organization that represents the approximately 225 children's hospitals in the U.S., Children's Hospital Association is particularly interested in improving the health of children and families. Children are a relatively small portion of the national health expenditure and as such their concerns can sometimes be overlooked. However, as you know, the future health of children is critical to improving the health of the nation and in achieving the Triple Aim of better health, better care and smarter spending. Overall, we are pleased to see children and families highlighted throughout the Action Guide. The purpose of offering the following specific suggestions is to raise the visibility and awareness of the importance of child health knowing that your work is foundational for an eventual deeper focus on measures and data sources. The words in red are our suggested additions.</p>

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Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>Page 6: "Above all, improving population health is about making life better for real people: our children and families members, co-workers, neighbors and ourselves. Preventing and postponing disease increases the odds that every child and adult person has the opportunity to live a long and healthy lifereach their full health potential."</p>
Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>Page 20: We suggest adding some detail about what community health improvement means: "Based on the IRS definition, not-for-profit nonprofit hospitals must engage in activities that include "community health improvement" provided directly by the hospital or through hospital support to community-based organizations such as community health centers or school-based health clinics.work done by the hospital."</p>
Jun 25 2015	Amy Wimpey Knight Chief Operating Officer	Children's Hospital Association	General Comments	<p>Page 22: "In addition, achieving results is what motivates most people—that is, healthier individuals, families and populations, along with the related benefits of better health such as improved or sustained quality of life, lower healthcare costs, improved school readiness, less absenteeism, better productivity, and so on."</p>