



Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities

Meeting Summary

The National Quality Forum (NQF) convened a public web meeting of the Population Health Framework Committee on May 1, 2014. An online archive of the meeting is available [here](#).

Committee Member Attendance

Please see Attachment 1 for the list of Committee members in attendance.

Welcome and Overview of Meeting Objectives

Session led by Kaye Bender, PhD, RN, FAAN, Population Health Framework Committee co-chair.

Dr. Bender welcomed the Committee, federal liaisons, and public participants to the Multi-stakeholder Input on a National Priority: Improving Population Health by Working with Communities web meeting.

Dr. Bender also reviewed the agenda and the following meeting objectives:

- Review major themes from the public commenting period on the Community Action Guide; and
- Discuss comments requiring further guidance from the Committee.

Opening Remarks

Remarks were provided by Nancy Wilson, AHRQ, Government Task Lead and Karen Adams, Vice President, Strategic Partnerships, NQF.

Dr. Wilson thanked committee members for their ongoing engagement and guidance on this project. She noted the affirmation she has been receiving from her federal colleagues regarding the draft Community Action Guide.

Dr. Adams also thanked committee members for their outreach efforts and reiterated the importance of this early public comment period in the development of the Guide.

Project Overview & Interconnections to Population Health Initiatives across NQF

Session led by Bruce Siegel, MD, MPH, Population Health Framework Committee co-chair.

Dr. Siegel provided an overview of the project, including the audience, purpose and scope, to set the context for the meeting. He described NQF's current approach and work on population health, including two other projects: Health and Well-Being Measure Endorsement and Maintenance and Measures

Application Partnership (MAP) Family of Population Health Measures. He explained that the Community Action Guide provides practical guidance and suggests ten key elements for building or refining population health initiatives.

Additionally, Dr. Siegel presented the timeline of this three-year population health project, emphasizing the iterative process of soliciting and incorporating feedback throughout the entire project to enhance the Action Guide. After the public comment period, the last step in the project base year is to finalize the draft Guide. In the subsequent option years, focus would then shift to gathering more input and feedback from community groups to make further refinements to the Guide.

Overarching Themes from Public Comment on the Community Action Guide

Session led by Kaye Bender, PhD, RN, FAAN, Population Health Framework Committee co-chair.

Dr. Bender noted that 89 comments from 31 unique commenters were received during the public comment period, and major themes included general feedback, suggestions for clarification, changes to the format, and inclusion of additional suggested resources and case examples.

Several Committee members discussed the challenges of updating a paper-based guide and noted examples of online resources, such as the Healthy Babies Initiative and the Practical Playbook.

Committee Strategic Direction

Session led by Bruce Siegel, MD, MPH, Population Health Framework Committee co-chair.

Dr. Siegel framed the committee strategic discussion by introducing themes that required further committee guidance, including the unique value of the Community Action Guide and alignment with other efforts. While the additive value of the Guide would be difficult to predict initially, the Committee is confident the Guide will have tremendous value once it is fully implemented. Dr. Siegel further added that the unique value of the Community Action Guide reflects the lens through which NQF convenes audiences with different perspectives; he encouraged continued efforts to integrate this Committee's work with other efforts to improve population health. Additionally, Dr. Siegel articulated the Committee's desire for a dynamic guide that can support a learning network of users.

Committee members offered the following specific suggestions about the 'unique value of the guide and alignment with other efforts':

- When the Guide is posted online, participants discussed whether it should be integrated into an existing location or if it should be in a stand-alone location. Several committee members recommended developing the Community Action Guide into a dynamic tool or 'app', instead of a hard copy. Other committee members suggested linking the Guide to other groups' efforts to create a learning network.
- A few committee members commented that creating links between audiences and resources could be the value NQF brings to this space. While many resources exist, one member noted that most resources target a specific audience, and there is need for a tools to help hospitals, public health departments, and other stakeholders come together to have a coherent

population health effort. Even when the points of entry are different, it is important to have cross-connectivity between various groups.

- One committee member questioned how the committee could foster connections with other organizations in order to ensure population health is a more collaborative versus duplicative or competitive effort. Another member emphasized the need to engage members of communities and grassroots organizations, as mentioned in several public and member comments.
- A committee member described the 211 library system, where individual consumers can solicit information on a variety of resources.

An additional theme requiring further committee guidance was the inclusion of specific subpopulations. Generally, committee members acknowledged that it would be impossible to create an exhaustive list of all subpopulations and offered the following suggestions:

- It is important to clearly emphasize the intent to support an inclusive process throughout the development and implementation of the Guide.
- It was noted several times that it is important to identify not only differences in overall health in populations identified by geography, age, race, etc., but to also address gaps and disparities. A few members noted the importance of each community identifying and engaging a few specific subpopulations.
- One committee member stated that in order to generate energy and buy-in for these efforts, organizations need to make a note of which subpopulations to focus on initially.

Dr. Adams thanked the committee for their input on these two themes, and noted that a revised version of the Guide based on this feedback will be shared with the committee at the June in-person meeting.

Opportunity for Member and Public Comment

A member of the public commented that having a check list to see how the community is performing resonates with his stakeholders. In addition, he recommended web-based tools and the importance of identifying resources for multiple communities. Another member of the public supported the approach of addressing subpopulation issues by focusing on gaps and disparities.

Next Steps and Project Timeline

- The Committee will reconvene in Washington, DC to discuss the revised Guide on June 10-11, 2014. During the meeting, the committee will:
 - Discuss updates made to the Guide based on the public comments and input received during this meeting; and
 - Begin planning for Project Year 2: Feedback Communities.
- Version 1.0 of the Community Action Guide will be finalized by August 1, 2014.

Attachment 1: Task 4 Population Health Framework Members in Attendance
May 1, 2014 Web Meeting

Population Health Framework Members
Kaye Bender, Co-Chair
Bruce Siegel, Co-Chair
Catherine M. Baase, The Dow Chemical Company
Christina Bethell, Child and Adolescent Health Measurement Initiative
Kevin L. Bowman, WellPoint, Inc.
Debra L. Burns, Minnesota Department of Health
Beverly Franklin-Thompson, GlaxoSmithKline
Reneé Frazier, Healthy Memphis Common Table
Rahul Gupta, Kanawha-Charleston and Putnam Health Departments
Charles J. Homer, National Initiative for Children's Healthcare Quality
Paul E. Jarris, Association of State and Territorial Health Officials
Keith C. Kosel, VHA Inc.
Jeffrey Levi, Trust for America's Health
Doris Lotz, New Hampshire Department of Health and Human Services
J. Lloyd Michener, Duke University Medical Center
Doriane C. Miller, Center for Community Health and Vitality of the University of Chicago Medical Center
Indu Spugnardi, Catholic Health Association of the United States (<i>Substitute</i>)
David Stevens, National Association of Community Centers
Matthew Stiefel, Kaiser Permanente
Steven M. Teutsch, Los Angeles County Department of Public Health