The Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI) annually release the County Health Rankings (CHR), providing an annual check-up of health for nearly every county in the United States. While the Rankings provide a “treasure trove of data” based on the model depicted in Figure 1, the project’s purpose reaches beyond providing user-friendly access to local data. This contextual and comparative data display serves as a call to action to local practitioners from diverse disciplines by illustrating that achieving better health outcomes requires a focus beyond health care and a pivot toward social, economic, and physical environments.

While there are many unanswered questions when it comes to what works to improve a community’s health, local practitioners do not have the luxury of waiting for the perfect solutions. Local health department (LHD) leaders are charged with protecting and promoting health for all; the CHR data describe real people in their jurisdictions who are suffering and dying too early. Collaborative health improvement models such as the Take Action Cycle (Figure 2) provide a guidepost for local communities who are stepping up
to address the multiple determinants of health, such as:

- Spokane, WA where the top priority identified in the community's health assessment was high school graduation rates. A multi-disciplinary response team deployed evidence-based strategies to reduce absenteeism and support career readiness with a subsequent rise in the graduation rate from 64 percent to almost 80 percent in seven years;4

- Kansas City, MO where the disparity in life expectancy between Caucasian and African American populations compelled the community to deploy strategies focused on neighborhood revitalization, violence reduction, education, and addressing predatory lending, with a reduction in this disparity from 6.5 years in 2000 to 5 years in 2013.5

To effectively spread and scale innovative, successful interventions, the evidence needs to advance from anecdotal knowledge, provided by stories such as the above examples, to systematic knowledge through studies that explore what works to improve complex systems of intervention. The following discussion provides recommendations for the field of Public Health Services and Systems Research (PHSSR) in three areas to achieve these aims: collaborative evidence building; motivation to lead collective action; and resources to advance community health improvement.

Collaborative Evidence Building

Just as local health improvement is enhanced by public health professionals working with other sectors, PHSSR researchers working with other disciplines will accelerate the type of collaborative evidence building necessary to advance complex and integrated approaches to population health improvement for both proximal and distal outcomes. For example, integrating public health, health care, addiction science, and criminal justice approaches hold promise for identifying strategies to achieve proximal outcomes associated with the opioid epidemic, such as preventing overdose and accelerating access to treatment. Integrating early childhood education, criminal justice, and public health in evaluations of the long-term outcomes and cost savings associated with early childhood education can provide more evidence about distal outcomes such as restorative practices and educational and employment outcomes. Interdisciplinary research presents the opportunity to move beyond simply understanding different discipline's work to co-creating new knowledge together; however, similar to how multi-sector community coalitions must learn to work together, the same holds true for interdisciplinary research teams where adequate time and resources to build trust, respect, and clearly defined roles and responsibilities are critical to the success of these relationships.6

Motivation to Lead Collective Action

In order to achieve collective, effective action to improve health or other outcomes, the widely cited Collective Impact approach identifies the need for a “backbone” organization. Other authors call this type of leadership a community quarterback or population health integrator.8,9 In the examples of collective action cited above, LHD leaders played a significant role; however, in numerous other examples, they were noticeably absent. So, what motivates some LHDs to lead collective action that addresses the multiple determinants of health while others sit on the sidelines? Beginning with communities that are committed to moving health forward, such as those selected for funding via place-based grant making or as winners in community-oriented prizes or competitions,10 PHSSR researchers could explore the incentives and barriers to assuming these leadership roles and identify attributes of successful collective leadership models. Evidence from this type of investigation could drive future investments in skill development and policy changes to accelerate the movement of others into this work.
Resources to Advance Community Health Improvement

Interdisciplinary research and collective community action do not happen without resources. The expansion of collaborative research requires realignment of incentives within academic institutions and enhanced funding to support a variety of research tools to advance the evidence base. The 2015 paper, "New Directions in PHSSR", honed in on a number of resource-related changes in the public health system, including payment reform transition to value-based purchasing; innovative financing mechanisms such as hospital community benefits and the banking sector’s community reinvestment funds; corporate philanthropy; and social impact, pay-for-success models. The resource power of community anchor institutions, such as hospitals and universities, through their purchasing decisions is another promising resource for effective community action, as are the emerging concept of local health outcome trusts, multi-sector coordinating bodies that identify resources for investment in strategies to improve health and health equity. In this time of rapid and innovative shifts in funding, it is critical for PHSSR researchers to explore the incentives and barriers for communities to implement these approaches and evaluate what type of return on investment is achieved through the various strategies.

These recommendations maximize the real-life, real-time laboratory of how LHDs and their local community partners are deploying health improvement strategies. They will require PHSSR researchers to increase their skill and acceptance of an emergent approach that relies more heavily on qualitative, descriptive and/or quasi-experimental designs. This approach also challenges the research and practice communities to accept the possibility of failing by adopting strategies or processes that may initially appear encouraging, but upon further investigation, do not prove to have the anticipated results. Given the potential benefit of improving the public’s health by preventing premature deaths and improving quality of life, these are risks worth taking to accelerate possible beneficial approaches in a timelier manner.

About the Author

Julie A. Willems Van Dijk, Ph.D., RN, County Health Rankings & Roadmaps and University of Wisconsin Population Health Institute, was commissioned by AcademyHealth to develop this commentary for the 15th Annual Public Health Systems Research Interest Group Meeting. This report was made possible by the generous support of the Robert Wood Johnson Foundation.

About AcademyHealth

AcademyHealth is the professional society for health services and policy research. Its Public Health Systems Research Interest Group (PHSR IG) is its largest, with close to 3,400 researchers, students, and decision makers who work at the federal, state, and local levels.

AcademyHealth has commissioned this discussion paper for the 15th Annual PHSR IG Meeting to invigorate the field of PHSR and spotlight promising ideas. One of four commentaries, this paper draws on the author’s experience and perspective on the changing public health system and offers their insights to the PHSR community.

Suggested Citation


References

11. Examples of community-oriented prizes or competitions include the RWJF Culture of Health Prize, Aetna’s Healthiest County or City Challenge, and HICCup’s Way to Wellville.