PRIORITIZE HEALTH!
How should a hospital contribute to the health of the community it serves?

Lindsey Realmuto, MPH; Maya Scherer, MPH; Alexandra Kamler, MPH; Tongtan Chantarat, MPH; Linda Weiss, PhD; Marthe Gold, MD
OUTLINE

• Community benefit and the American context

• Example: Prioritize Health!
  ❖ Background
  ❖ Process
  ❖ Findings
AMERICAN CONTEXT
High Spending ≠ Good Outcomes

Healthcare Spending per capita vs. Average Life Expectancy, 2012

Organisation for Economic Co-operation and Development (OECD) Data
COMMUNITY BENEFIT
A Resource for Population Health

- U.S. not for profit hospitals are required to demonstrate to IRS provision of “community benefit” to retain tax-free status

- Investments can be in financial assistance (e.g. covering costs for uninsured), medical education, and in community health improvement/community building

- Median $130 per capita community benefit expenditure for hospitals*
  $119 in financial assistance
  $11 in community health improvement/community building

- Expenditures by government in public health (federal, state and local) = $239 per capita
  - Only $218 when accounting for inflation**

*Singh et al, 2016 J. Public Health Management and Practice

**Trust for America’s Health. Investing in America’s Health: A State-by-State Look at Public Health Funding and Key Health Facts. 2015.
“Martin Gilems of Princeton and Benjamin Page of Northwestern found that in policy-making, views of ordinary citizens essentially don’t matter. ...Attitudes of wealthy people and of business groups mattered a great deal to the final outcome – but preferences of average citizens were almost irrelevant.”
PRIORITIZE HEALTH!

Project Background

- Prioritize Health! was an outgrowth of previous work and collaboration with Maimonides Medical Center on their community health needs assessment (CHNA).
- Maimonides, located in Brooklyn NY, serves a very diverse population.
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The Deliberative Questions

Should Maimonides’ new efforts to improve health focus primarily on:
• Improving prevention services delivered by medical staff in the hospital’s clinics,
• Community interventions that decrease risk factors for disease,
• Changing policies (e.g. of the government, of employers, of schools) that can make it easier for people to stay healthy?

Should Maimonides concentrate its efforts to prevent disability and disease primarily on:
• Children,
• Working age adults,
• Older adults,
• People who have the highest risk for early disability or death due to social circumstances?
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Activities

• Implemented 3 public deliberations to educate participants and facilitate informed discussion

• Gathered community input on how Maimonides can best contribute to reducing chronic disease in South Brooklyn

• Assessed participant experience

• Assessed the deliberation’s impact on participant knowledge and attitudes with pre and post participation surveys

• Evaluated the impact of community priorities on hospital decision making
**PRIORITIZE HEALTH!**

**Process**

**Recruit**
Gather diverse group of participants.

**Educate**
Participants learn from experts and case studies about evidence based prevention approaches.

**Deliberate**
Participants discuss questions that focus on priority setting for interventions and populations.

**Report**
Inform Maimonides of community priorities.

**Evaluate**
PRIORITIZE HEALTH!
The Deliberative Process – Recruitment

• Eligibility requirements:
  • Age 18+
  • Lives in Brooklyn
  • Speaks English well
  • Answered basic numeracy question correctly
  • Available to attend both days of the PD

• Over 300 potential participants filled out eligibility survey

• Selected a diverse group of participants in regards to:
  • Age, gender, race, religion, and educational attainment
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The Deliberative Process – Education

Presentations by experts:

- Social, health, and environmental characteristics by neighborhood
- “Evidence” within the context of public health and medical research
- Broader determinants of health
- Clinical interventions
- Community based interventions
- Policy interventions
Components:

- Participants deliberated three case studies designed to elicit conversation regarding the two deliberative questions.

- At the end of day 2, groups deliberated on the overarching questions.

<table>
<thead>
<tr>
<th>Case Studies</th>
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<tbody>
<tr>
<td><strong>Clinical</strong></td>
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<tr>
<td>- Physical activity and nutrition counseling</td>
</tr>
<tr>
<td>- Team-based care to improve blood pressure control</td>
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<tr>
<td>- Early literacy interventions</td>
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<tr>
<td><strong>Community</strong></td>
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<tr>
<td>- Community exercise for older individuals</td>
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<tr>
<td>- School gardens to increase fruit and vegetable consumption</td>
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<tr>
<td>- Worksite wellness programs</td>
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<tr>
<td><strong>Policy</strong></td>
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<td>- Lowering salt in processed foods</td>
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<td>- Reducing class size to increase the level of educational achievement</td>
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<td>- Streetscape improvements for active transportation</td>
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PRIORITIZE HEALTH!

FINDINGS
**PRIORITIZE HEALTH!**

**Participant Demographics**

<table>
<thead>
<tr>
<th>Total</th>
<th></th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>18-34</td>
<td>11 (16.7%)</td>
</tr>
<tr>
<td>35-49</td>
<td>13 (19.7%)</td>
</tr>
<tr>
<td>50-59</td>
<td>13 (19.7%)</td>
</tr>
<tr>
<td>60-74</td>
<td>21 (31.8%)</td>
</tr>
<tr>
<td>75 and older</td>
<td>8 (12.1%)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Less than HS Graduate</td>
<td>2 (3.0%)</td>
</tr>
<tr>
<td>HS Graduate or GED</td>
<td>9 (13.6%)</td>
</tr>
<tr>
<td>Some College but no Degree</td>
<td>17 (25.8%)</td>
</tr>
<tr>
<td>College Degree or Higher</td>
<td>38 (57.6%)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>22 (33.3%)</td>
</tr>
<tr>
<td>Female</td>
<td>44 (66.7%)</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34 (51.5%)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>13 (19.7%)</td>
</tr>
<tr>
<td>American Indian/Native American</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>6 (9.1%)</td>
</tr>
<tr>
<td>Asian/Asian American</td>
<td>7 (10.6%)</td>
</tr>
<tr>
<td>Arab/Arab American</td>
<td>1 (1.5%)</td>
</tr>
<tr>
<td>Missing</td>
<td>4 (6.1%)</td>
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</tbody>
</table>
FINDINGS
Knowledge Gained

The knowledge score was derived by assigning points to correct answers for knowledge based questions included in the before/after survey.

Increases in health knowledge across all three deliberations were statistically significant.
FINDINGS
Knowledge Gained – Risk of Heart Disease

Which of the following can increase your risk of heart disease?

- Being overweight
- Lack of physical activity
- Dropping out of high school
FINDINGS
Deliberative Questions

Which approach to prevent chronic disease would you want to implement in your community?

Before

After

0% 20% 40% 60% 80% 100%

Clinical Community Policy
**FINDINGS**

Non-medical approaches

“I think the non-medical approach would probably be cheaper, so that would probably be the best way to go. And I guess if you could prevent a lot of the chronic diseases, then you’d be spending a whole lot less money.”  
*Session 2 Participant*

“I think it’s very important that they commit their resources to prevention that way – not so much in the traditional role they have but more in that community outreach... Because if more resources [are] given to the hospital’s traditional role, I think you’re just continuing with the status quo; and I don’t think it’s gonna make much of an impact on changing the health outcomes of the people in the community.”  
*Session 3 Participant*
FINDINGS
Deliberative Questions

Which group should Maimonides focus on?

Before

After

- People with highest risk of disease-social conditions
- Children
- Working Age People
- Older Adults
- People with highest risk of disease-family history
FINDINGS
Broader Determinants of Health

“[Broader determinants of health are] something that I sort of thought anyway, but to see actual statistics on it that prove my gut feeling on the matter. And it just makes a lot of sense. If you’re – if you didn’t have the opportunity to have a good education, you’re not going to have a good job, you’re going to be much more stressed in life, you’re going to have much less time to take care of yourself, you’re going to have much fewer resources to eat properly.” Session 3 Participant
“How do you learn about the community or what the community needs or wants if not by gleaning information from actual residents and people who utilize the hospital facilities? So yes, it’s very important. It’s something that I never even thought existed, really.”

Session 2 Participant
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Overall Findings

• Support for an expanded focus on community and policy based approaches to preventing chronic disease.

• Interest in seeing hospital efforts focus on people who have the highest risk of disease due to social circumstances.

• Positive response to the experience—public deliberation perceived as a valuable tool that should be utilized by hospitals in the future.
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Has anything happened?

• Maimonides Healthy Living Tips Newsletter

• Mapping out parks in Brooklyn

• Increased conversation with community stakeholders
  • Elected officials
  • Community Boards
  • Community based organizations and neighborhood associations

• Considering institutional policy change regarding food/beverages served in cafeteria

New tips on healthy living from Maimonides Medical Center. Feel free to share this with your friends and family.

Kids Eat Right Month
Healthy Cooking Tips
“I never talked so much in a group setting, I felt so empowered.”

Session 2
Participant

QUESTIONS?

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For more information, contact:
Lindsey Realmuto, MPH
Center for Evaluation and Applied Research
lrealmuto@nyam.org
www.nyam.org