

Business Coalition Engagement in Population Health: GPBCH Case Study



About the Coalition

- Launched in January of 2012
- 36 Employer Members, representing 450,000 covered lives locally and more than 1 million lives nationally
- 34 Affiliate Members (health plans, benefits consultants, pharmaceutical companies, wellness vendors, etc.)
- Geographic Territory: Philadelphia 5-county region, plus northern DE and southern NJ
- 501 (c) (3) designation, PA non-profit



GPBCH Mission

- To identify best practices for keeping employees healthy and productive in the work place
- Recognizing that they will need health care, helping to ensure that care is accessible, affordable, high-quality, and safe



Key Current Population Health Initiatives

- The Philadelphia Health Initiative: Multi-stakeholder partnership addressing obesity
- VBID partnership with the Philadelphia Department of Public Health
- Addressing disparities in cancer screening and treatment



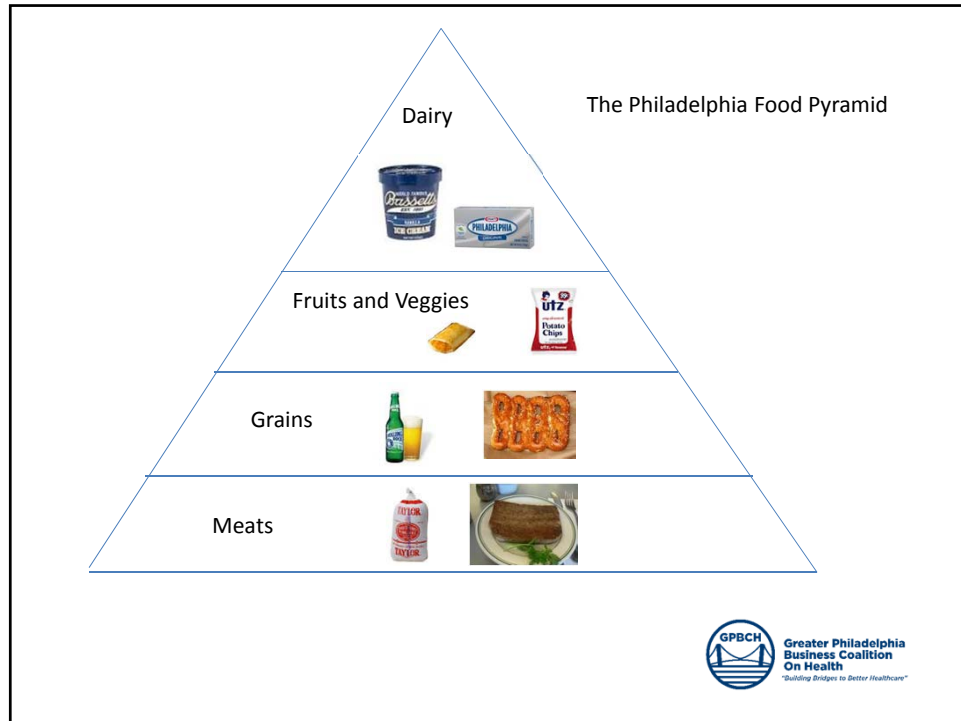
America's Health Rankings (2013)

	Pennsylvania	New Jersey	Delaware
Overall Rank	29	10	31
Obesity	30	8	20
Diabetes	30	19	22

2013 County Health Rankings
Pennsylvania

	Bucks	Chester	Mont.	Phila.	Delaware
Mortality	7	2	5	67	41
Adult Smoking	18%	13%	16%	24%	21%
Adult Obesity	25%	21%	25%	32%	27%
Physical Inactivity	26%	19%	21%	30%	24%
Excessive Drinking	17%	19%	17%	17%	21%





PHILADELPHIA'S SUPER FOOD: THE CHEESESTEAK



Meat: Shaved Steak
 Dairy: Whiz
 Veggies: Onions
 Grain: Roll

Philadelphia Health Initiative

Local leaders working together to prevent obesity and diabetes in Philadelphia



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Current PHI Activities

- Community: Dissemination of the STOP Obesity Alliance Weigh-In Guide
- Workplace: GPBCH Diabetes Prevention Learning Collaborative
- Academic Centers: Leading by example, addressing the workforce, the community, and the curriculum



Diabetes Prevention Learning Collaborative

- Measurement and sharing of data on obesity and diabetes rates
- Sharing of information and experiences
- Development and implementation of a “customized action plan” using the GPBCH resource guide
- Monthly in-person and telephonic meetings



DPLC Accomplishments: Year 1

- 11 employers signed up (goal was 5)
- All employers have remained engaged in monthly meetings
- 10 employers submitted initial CAP's
- Currently focused on helping employers implement the CDC's Diabetes Prevention Program



VBID Project with PDPH

- Developed evidence-based recommendations for VBID for four population health issues:
 - Smoking Cessation
 - Hyperlipidemia
 - Hypertension
 - Diabetes



Community Health Planning Project: Reducing Cancer Screening and Treatment Disparities

- Seed grant from NBCH (RWJF/United Health)
- Convened summit with 40 stakeholders
- Expansion of project steering committee
- Development and submission of plan
- Seeking funding to develop capacity and pilot test the approach



Facilitators and Barriers

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| <ul style="list-style-type: none"> • Coalition leadership with population health orientation • Public health leadership that supports partnership • Champions among members (members who “get it”) • Seed funding from external sources • Participation of large local employers, including public employers • Partnership with academic programs • Growing employer recognition that population health issues affect costs and productivity loss | <ul style="list-style-type: none"> • Large corporation reluctance to engage at the local level or create perception of geographic inequity • Lack of ROI evidence for intervention (e.g. immunization) • Disconnect between HR/benefits and PR/Community Relations • Limited direct access to data, including limited measurement of productivity loss • Limited “translation” of academic research into actionable policy for employers • Limited evidence showing links between community health and workforce health and costs |
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Contact Information

Neil Goldfarb
 President
 Greater Philadelphia Business Coalition on Health
 123 S. Broad Street
 Philadelphia, PA 19109
 215-731-2472
ngoldfarb@gpbch.org
www.gpbch.org

