Phases of Population Health Improvement

Phase 1  
(1997-2000)  
Debate, acceptance and research

Phase 2  
(2001-10)  
Outcome based payment for integrated health delivery systems

Phase 3  
(2011-20)  
Incorporating the non medical determinants and sectors
Roundtable Drivers

- Goals and metrics
- Resources
- Science-informed interventions
- Policies
- Communication & movement-building
- Partnership
THE Population Health Question

In a resource limited world (nation, community) what is the optimal *national* and *local* per capita investment, and policy “strength”, across sectors (health care, public health, health behaviors, social factors like education and income, physical environment) for improving overall health and reducing disparities?
“The fundamental assertion of this book is that population health improvement will not be achieved until appropriate financial incentives are designed for this outcome.”

Kindig 1997
We do not know today what the total HEALTH budget needs to be.

It would include:

• adequate resources for public health and less health care spending
• plus that share of other sector investments that are health promoting (education, housing, economic development, etc)
Dependable revenue streams

We need to move beyond grants and short term appropriations.

We need to move to dependable formula sources like crop subsidies or mortgage interest deductions or Medicare medical education payment.

For those in other sectors, like early childhood support, we need to add our political clout to their efforts for win-win opportunities.
ESSAY

From Health Determinant Benchmarks to Health Investment Benchmarks

David Kindig, MD, PhD
What are the Top Priorities
For Future Population Health Research?
(basic and policy-oriented)

Share your ideas by 6 pm Thursday at
https://iaphs.org/population-health-survey/

Then attend the session:

Looking Forward: A Population Research and Policy Agenda
Dave Kindig, Bruce Link, Ana Diez Roux, Sanne Magnan, Jeff Levi

Friday at 10:45am – 12:00pm
Auditorium