Integrating public health and primary care can both improve quality of care for a population and lower health costs. Both components of the health system share a common goal of health improvement, have similar funding streams and resources, and share many partnerships. If aligned, public health and primary care working together could achieve lasting, substantial improvements in individual and population health in the United States. State and territorial health agencies can make a significant impact in this area by decoding the key elements for successful integration, which can then be shared with others to promote further integration efforts, increase healthcare quality, lower costs, and improve overall population health.

The Delaware Division of Public Health (DPH) leveraged resources from a grant through the National Initiative for Children’s Healthcare Quality (NICHQ) Collaborate for Healthy Weight project to partner with primary care organizations and community organizations to address obesity in select populations.

BACKGROUND
Delaware is a community of about 917,000 people and the sixth most densely populated state in the nation. In 2010, 63.4 percent of adults and 15.8 percent of adolescents in Delaware were overweight, and 28 percent of adults and 13.7 percent of adolescents were obese. Due to high interest in obesity prevention in the community, DPH leadership used NICHQ’s national Collaborate for Healthy Weight initiative to partner with healthcare centers to address this issue. Collaborate for Healthy Weight was a project of HRSA and NICHQ, funded by the Affordable Care Act Prevention and Public Health Fund. NICHQ led a coalition of partner organizations that managed all program logistics and oversaw the work of participating teams. Delaware’s Healthy Weight Collaborative (HWC) was one of nearly 50 teams to participate in this program.

OVERVIEW OF THE INTEGRATION EFFORT
Delaware’s HWC aimed to address populations with high prevalence of overweight, obesity, and obesity-related chronic diseases, specifically minority and low-income populations. DPH submitted the initial proposal for Delaware to participate in the NICHQ project, which provided $4,000 in funding to support HWC’s creation in 2012. Karyl Rattay, MD, MS, director of DPH, garnered support for Delaware’s participation in the program through her leadership position as chair of a health system reform committee within the Governor’s Council on Health Promotion and Disease Prevention. Rattay, along with Sandra Hassink, MD, FAAP, chair of the Governor’s Council, and Michael Rosenthal, MD, who chairs a committee on improving individual health capacity, were strong leaders in championing the initiative.

To help reach these higher-risk populations, DPH chose Delaware’s three federally qualified health center (FQHC) systems, Westside Family Healthcare, La Red Health Center, and Henrietta Johnson Medical Center, to implement the project. The FQHC systems often serve individuals who are at higher risk for overweight and obesity and have more than 10 different clinic sites across Delaware’s three counties. DPH also selected Delaware State University’s student health center as a fourth project site.
four partners were chosen based on their willingness to work with DPH on a pilot-type approach, their interest in working on clinical quality improvement, and their interest in working beyond the walls of their clinics. The community-centered approach established an infrastructure that addresses health inequities and barriers to health within populations at high risk for obesity.

Once the partners were chosen, DPH formed a stakeholder group as part of the HWC project that brought medical associations, including the Delaware chapters of the American Academy of Pediatrics and the American Academy of Family Physicians and the Medical Society of Delaware, together with the practices involved in the collaborative. Additionally, although their practices weren’t involved in the implementation, Nemours Health and Prevention Services and the Christiana Care Health System were strong partners in this effort and brought experience to the table to inform the design of the project. The initiative also had community leadership from United Way of Delaware and the YMCA of Delaware, which served as liaisons to work with each of the clinical teams on their community engagement efforts. DPH also had liaisons assigned to each local quality improvement team.

Within the larger target population of minority and low-income Delaware residents, all four partners chose to focus on youth in the school setting. Westside Family Healthcare targeted one third-grade class in a Wilmington elementary school, La Red Health Center focused on ninth graders attending a high school where La Red manages a school-based wellness center, Henrietta Johnson Medical Center targeted minority youth between the ages of 13 and 16 from their practice site, and Delaware State University focused on its freshman students enrolled in a health class and using the student health center.

**RESULTS/BENEFITS**

The success of community engagement efforts varied. In addition to the NICHQ funding, each of the partners committed significant amounts of in-kind support to the pilot program, which helped the relatively small amount of monetary funding go a long way.

Delaware State University was one of the most successful partners in terms of community engagement. The university organized “The Weight of the Nation” town hall forums and health fair events that included BMI screenings and developing healthy weight plans. These events not only brought community members together and gave them a platform to share their thoughts, but also provided the university with opportunities to solicit feedback from participants to inform future efforts.

The FQHCs found that working in a different environment like the schools was challenging. Although one FQHC decided not to pursue further work in the schools, others have continued their pilot project work. Henrietta Johnson Medical Center successfully expanded its eight-week program for adolescents, Promoting Healthy Activities Together (P.H.A.T.), to multiple afterschool programs. The P.H.A.T. program aims to teach adolescents the importance of healthy eating and physical activity through hip hop. La Red Health Center received feedback about how to broaden its work in the school-based health center to the entire student body population.

Being a part of the NICHQ project provided DPH with resources to catalyze future integration work around the issue of obesity. Launching the HWC pilot project within the larger, pre-defined NICHQ framework helped Delaware collect and evaluate its data. As a NICHQ grantee, HWC required its partners to share their pilot project narratives through NICHQ’s “Improvement Lab” online portal.
Although the pilot program and NICHQ funding cycle for HWC are complete, DPH is collecting feedback from the FQHCs and their patient populations to identify what worked in hopes of tying continued integration work into future funding opportunities, including the state’s State Innovation Models Initiative grant through the Center for Medicare and Medicaid Innovation. DPH identified community mobilization and understanding barriers to health as future directions to invest its resources, rather than solely focusing on programs targeted at schools.

INFRASTRUCTURE TO SUPPORT COLLABORATION AND SUSTAINABILITY
HWC presented an ideal way to mobilize efforts to integrate primary care, public health, and community health around obesity. Although the initial one-year pilot is complete, all partners were interested in proceeding with integration work on obesity, and DPH will continue to funnel resources into this initiative. The state’s ability to direct funding streams toward this integration initiative will enable it to take off even now that the initial funding from NICHQ has ended.

After developing the HWC steering committee, DPH realized there were redundancies between members of this ad hoc committee and leaders of the Governor’s Council on Health Promotion and Disease Prevention. To improve the project’s sustainability, the HWC steering committee members are being invited to sit on one of the committees within the Governor’s Council. Maintaining the partnership as a formal, permanent group under the Governor’s Council will improve sustainability since this body, established by an executive order, will continue forward independent of the NICHQ collaborative.

Due to Delaware’s small size, DPH was able to take a statewide approach to this integration effort. However, a similar approach could easily be replicated in other states from a local level. If replicating this program, several key sustainability elements that led to HWC’s success deserve priority.

- **Solicit buy-in.** Developing a solid value proposition for all partners improves buy-in and increased partner engagement.
- **Provide ways for partners to give feedback.** Since the HWC approach was not in line with how clinics typically do their work, open communication helped these partners understand how they fit into the picture of public health.
- **Ensure high-level engagement from leadership.** While the HWC started in an ad-hoc way, it is now being connected to permanent infrastructure. Having sustained leadership is an essential element that will take HWC from a one-year pilot program to a continued initiative within the state.

For more information:

Paul Silverman, DrPH  
Associate Deputy Director, Health Information and Science  
Delaware Division of Public Health  
(302) 744-4703  
paul.silverman@state.de.us

Kristen Wan, MS, PAPHS  
Senior Analyst, Health Promotion and Disease Prevention
Association of State and Territorial Health Officials

kwan@astho.org
www.astho.org