

You are Not Alone: Collaborative Approaches to Community Health Assessment and Improvement Planning

2011 Open Forum
December 12-13, 2011
Alexandria, Virginia

Public Health Accreditation: A Rural Community's Journey



Mimi Hall
Plumas County Public Health Agency
December 12, 2011

Strengthening the Community of
Practice For Public Health Improvement

Plumas County



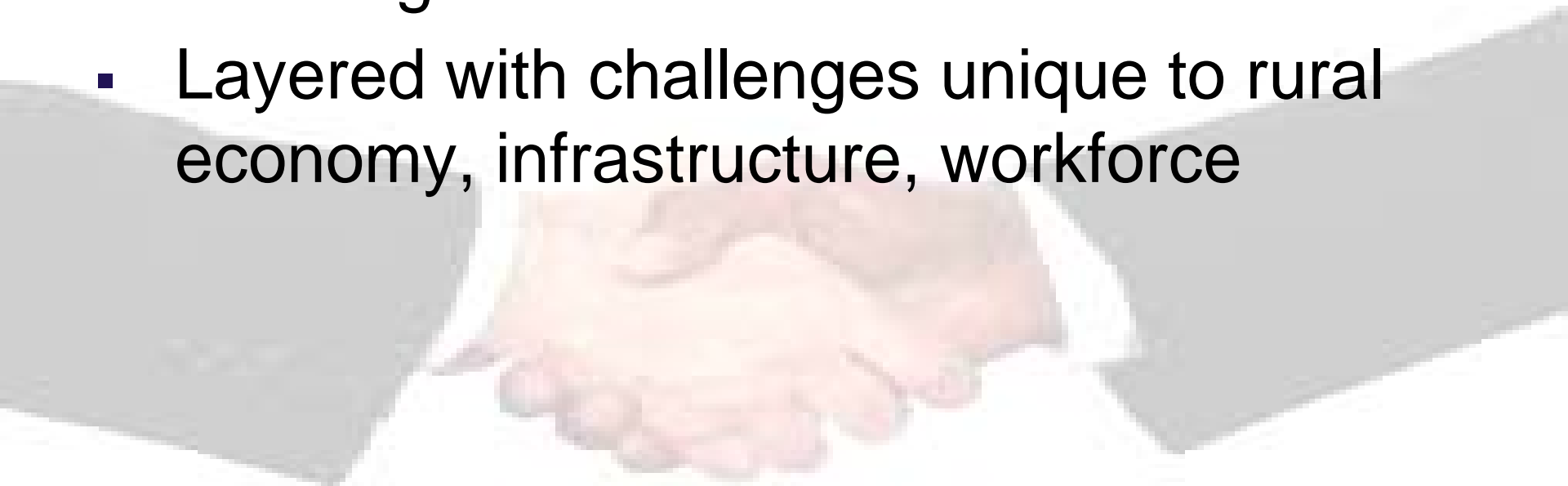
- Population 20,007
- 2,613 square miles
- > 1 million acres of national forest
- > 100 lakes
- > 1,000 miles of rivers and streams
- Mountain Maidu Native American Indians
- Rich history of mining, logging, ranching



The Power of Accreditation

Why now?

- Formal partnership of key players
- Unprecedented fiscal and health challenges
- Layered with challenges unique to rural economy, infrastructure, workforce





Health Landscape

- Economy based on small businesses and self employment
- Fragile infrastructure
- Workforce shortage
- Higher rates of aging, at-risk, disabled, uninsured and underinsured population

Rural Challenges

- Staff capacity
- Resources
- Difficult history in pursuing
- Accreditation viewed as another serving on already full plates



Accreditation = Opportunity

- Past assessments focused on categorical programs or target populations
- Lack of solid, local data for rural areas
- Need for broadened scope of health assessments to include social determinates of health
- National Strategy for Quality Improvement in Health Care – clear triple E nexus with Health Care



Accreditation and the Local Health System

- Much of the local advances due to aligned national efforts
- Opportunity to leverage LHD CHA/CHIP efforts to improve the overall health system



Tribal Health

Greenville Rancheria

- Indian Valley history
- Changing model to meet community needs
- Recently conducted own CHA
- So why partner?



Accreditation: A likely partnership

- “Because we have to” – allowed partners to fulfill our roles
- NSCHN existing goal: ec
- Access to data and incre we didn’t have before
- While LHD serves the er the lines have been blurr hospitals and tribal healt
- Provided a context for sr coordination for project activ



Foundation of Collaboration

- Support from CEO's of all three hospital districts and Tribal Council
- Dedicated staff with strong connection to communities
- Recent demonstration collaborative project LHD/Community/H system with mutual

NACCHO
National Association of County & City Health Officials

Public
Prevent. Promote. Protect.



ute
ronment

Benefits

- PHAB standards and measures provide accountability and credibility
- QI and QP across the system of partners
- Integrating concepts of accreditation preparation improving existing work
- Visibility and morale





And....

Invaluable resources from NACCHO/RWJF

- Technical assistance and training
- Consultation
- Peer network

Plumas County Public Health Agency

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Director

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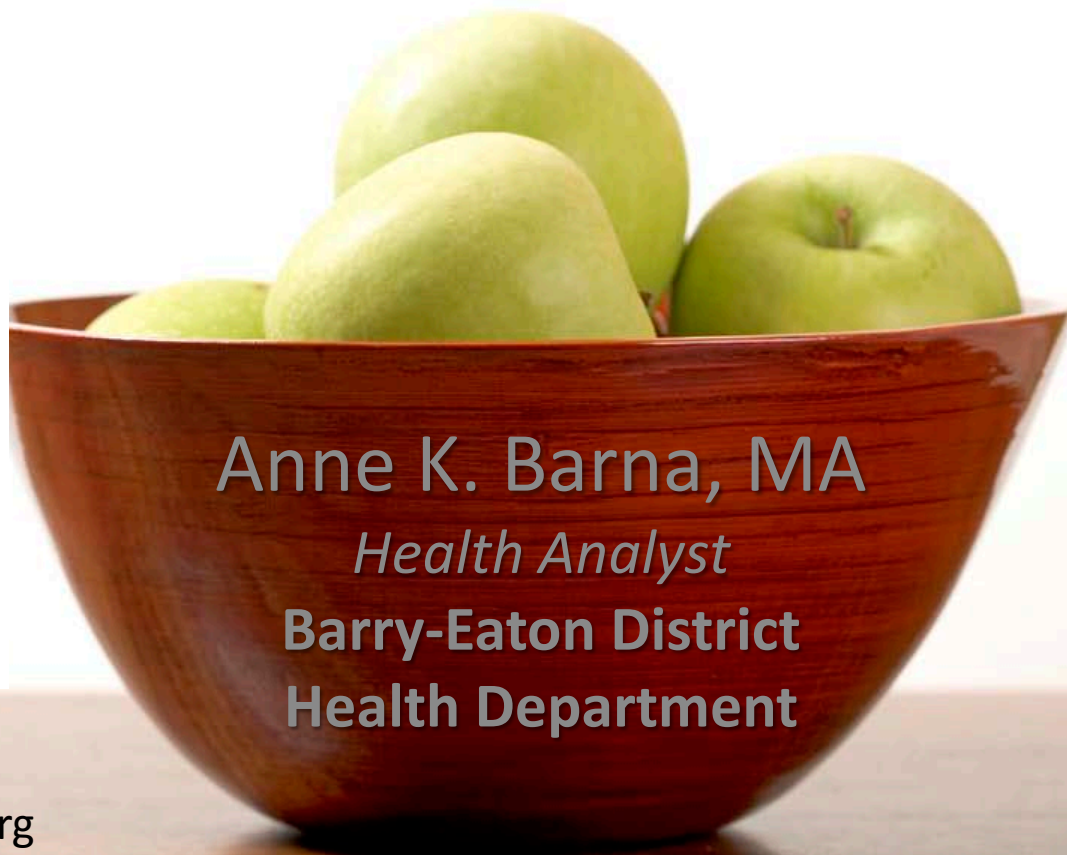
503-283-6337



CLINTON * EATON * INGHAM

Healthy!CapitalCountiesSM

a community approach to better health



Anne K. Barna, MA

Health Analyst

**Barry-Eaton District
Health Department**

www.healthycapitalcounties.org



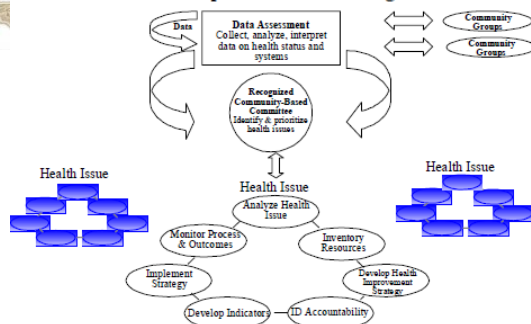
March 2010



TIME



Common Framework for Community Health Assessment and Improvement in Michigan



Barry-Eaton District Health Department



MID-MICHIGAN District Health Department

SpongeBob: Now Gary, we can do this the hard way or the easy way. Or the medium way. Or the semi-medium-easy-hard way. Or the sort of hard with a touch of awkward-easy-difficult-challenging way.

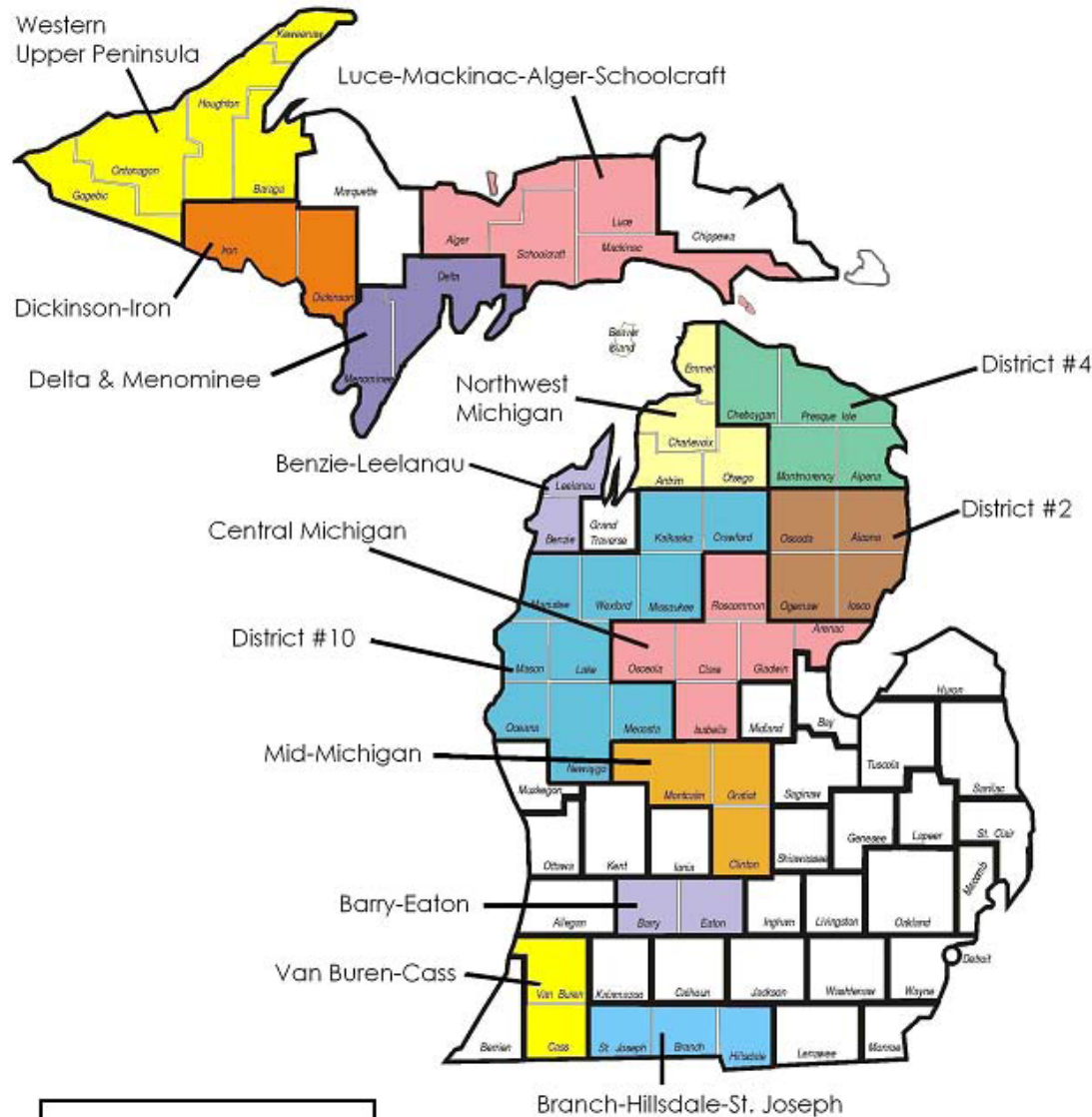
from ***Gary Takes A Bath***



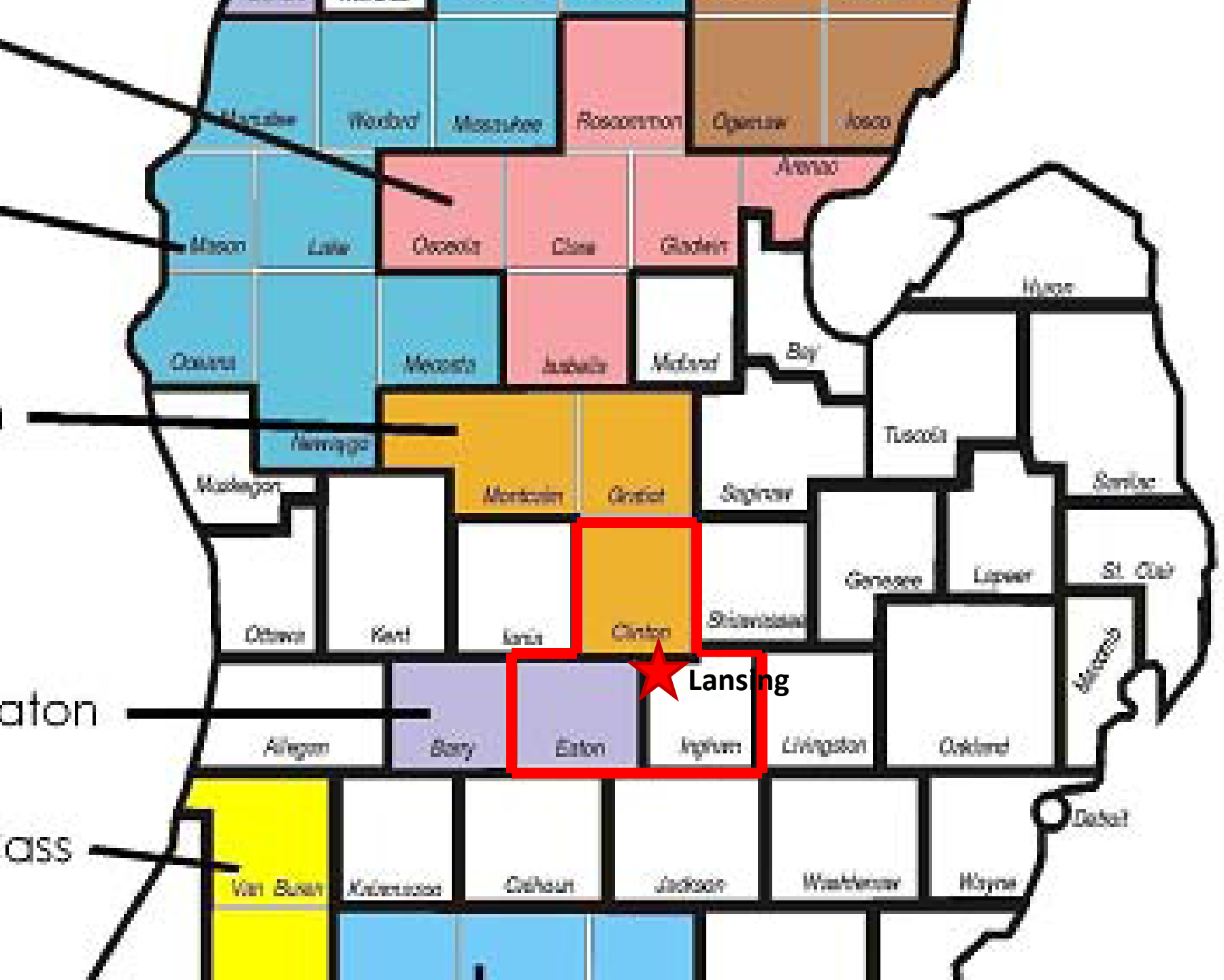
UNIQUE ASPECTS OF OUR WORK

Doing it the sort of hard with a touch of awkward-easy-difficult-challenging way

Michigan Local Health Departments



MDCH Local Health Services
Updated November 2005





Our Community Health Assessment and Improvement Model

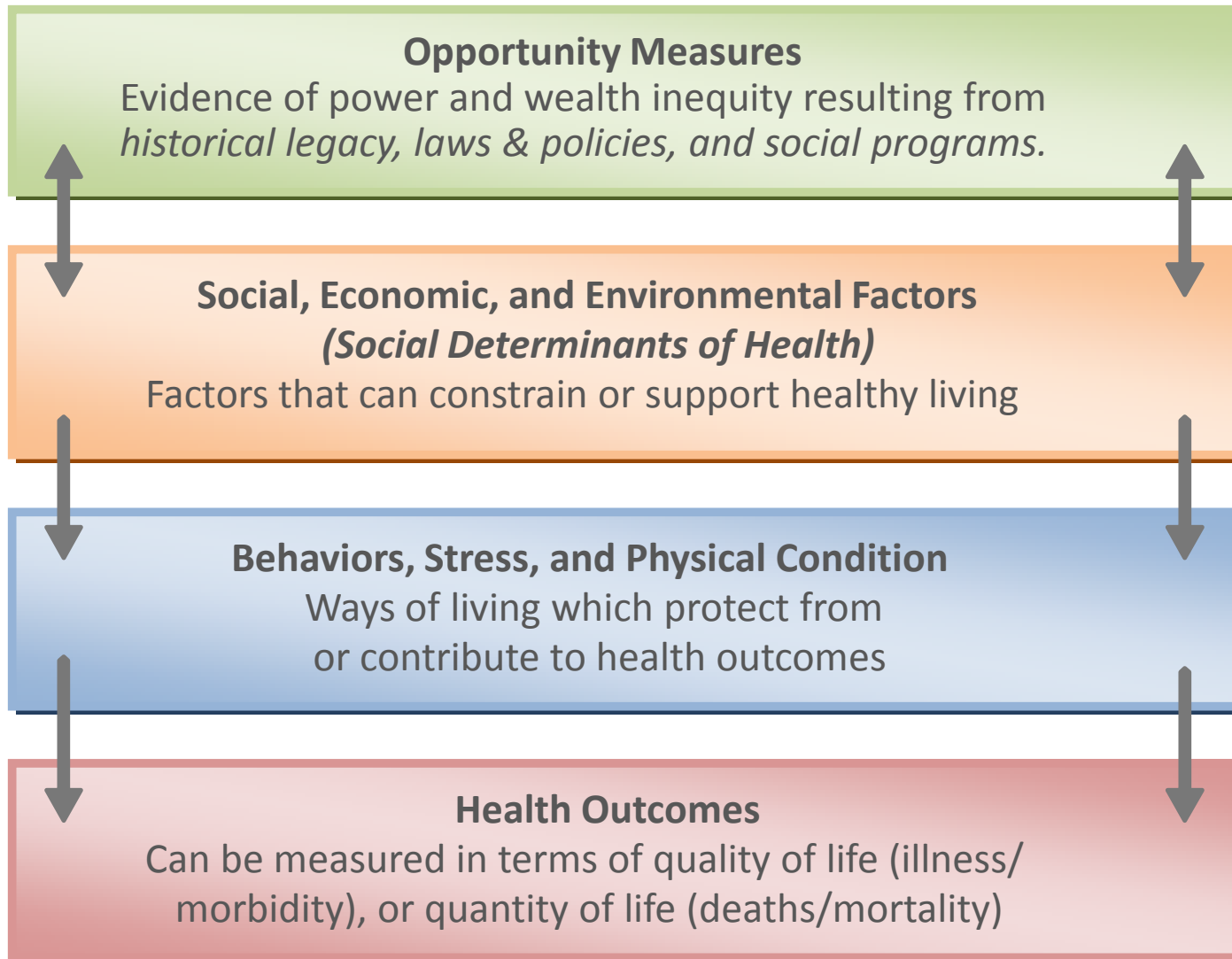
(adapted from the Association for Community Health Improvement Model)

In progress
Completed

- X **1. Establishing the Assessment Infrastructure**
 - X 1.1. Obtain leadership support
 - X 1.2. Build the staff team
 - X 1.3. Identify and obtain resources
 - X 1.4. Determine level of community involvement
 - X 1.5. Consider an assessment advisory committee
- X **2. Defining the Purpose and Scope**
 - X 2.1. Identify the users and audience
 - X 2.2. Define the purpose
 - X 2.3. Specify the target population
- 3. Collecting and Analyzing Data**
 - X 3.1. Determine who will collect and analyze data
 - X 3.2. Identify other assessment activities and their results
 - X 3.3. Collect secondary data
 - X 3.4. Collect primary data
 - X 3.5. Analyze data
 - 3.6. Examine community assets
- X **4. Communicating Results**
 - 4.1. Organize information for presentation
 - 4.2. Prepare a written report (Community Health Profile)
 - 4.3. Publicize assessment findings
 - 4.5. Promote community dialogue
- 5. Selecting Priorities and Goals**
 - 5.1. Review assessment data
 - 5.2. Establish criteria for evaluating data
 - 5.3. Set priorities through a community dialogue process
 - 5.4. Construct community goals for health improvement
- 6. Planning for Action and Monitoring Progress**
 - 6.1. Define measurable objectives that relate to each goal.
 - 6.2. Identify potential strategies (best practices, evidence-based interventions, policy and environmental changes, systems changes). Identify short-term and medium-term performance measures.
 - 6.3. Create and publicize the Community Health Improvement Plan.
 - 6.4. Create the sustainability plan and develop the evaluation plan.
 - 6.5. Identify 'implementation champion' and implementation workgroup.
 - 6.6. Implement the action plan.
 - 6.7. Implement evaluation plan and monitor progress.

Selecting
Indicators

Our Model for How Health Happens



DOMAIN	INDICATOR GROUP	INDICATOR	MEASURES	SOURCE	Geographic Level *
Opportunity Measures	Income	Income Distribution	Gini coefficient of income inequality	ACS	HCC geo groups
	Segregation	Housing Segregation	Gini coefficient of minority-headed households	ACS	HCC geo groups
Social, Economic, and Environmental Factors	Social and Economic Factors	Income	% children in poverty	ACS	HCC geo groups
		Education	Education distribution in >25 adults	ACS	HCC geo groups
		Social Connection & Support	Social Capital	BRFS	HCC geo groups
		Community Safety	Rate of violent crimes per person	Possibly uniform crime report/MSP	HCC geo groups
		Affordable Housing	Households who spend more than 30% of income on housing	ACS	HCC geo groups
		Quality of Care	Rate of Ambulatory-Care Sensitive Hospitalizations (Preventable)	MDCH Vital Statistics	HCC geo groups
	Environmental Factors	Environmental Quality	% water wells showing evidence of significant nitrate contamination	Local Health Departments	HCC geo groups
		Built Environment	Food Desert Status	USDA	Census tract
Behaviors and Physical and Mental Condition	Health Behaviors	Diet and Exercise/Obesity	Weight Distribution (BMI Categories)	MiPHY	County
			Weight Distribution (BMI Categories)	BRFS	HCC geo groups
		Tobacco Use	Current Smoking in adolescents	MiPHY	County
			Current Smoking in adults	BRFS	HCC geo groups
		Alcohol Use	Binge Drinking in adolescents	MiPHY	County
			Binge Drinking in adults	BRFS	HCC geo groups
	Clinical Care	Access to Care	Persons with a primary medical provider	BRFS	HCC geo groups
		Communicable Disease Prevention	% children 19-35 months who receive recommended immunizations	MCIR	HCC geo groups
	Mental Condition	Mental Health	Adolescents with major depressive episodes	MiPHY	County
			Poor mental health days in adults	BRFS	HCC geo groups
Health Outcomes	Illness (Morbidity)	Maternal & Child	Low birthweight births	MDCH Vital Records	HCC geo groups
		Quality of Life	Perceived health status (good vs. poor)	BRFS	HCC geo groups
		Consequences of Social Norms	Alcohol-related motor vehicle injuries	MSP: OHSP	HCC geo groups
	Deaths (Mortality)	Premature Death	% deaths before age 75	MDCH Vital Records	HCC geo groups
		Maternal & Child Health	Infant Mortality Rate	MDCH Vital Records	HCC geo groups
		Chronic Disease	Deaths due to cardiovascular disease	MDCH Vital Records	HCC geo groups
		Safety Policies and Practices	Deaths due to accidental Injury	MDCH Vital Records	HCC geo groups

*HCC Geo Groups = for the Cities of Lansing, East Lansing, and Lansing Township, the geo groups are four groups of census tracts by median home value. For the rest of Clinton, Eaton, and Ingham counties, the geo groups are four groups of townships and cities divided by population density and median home value.



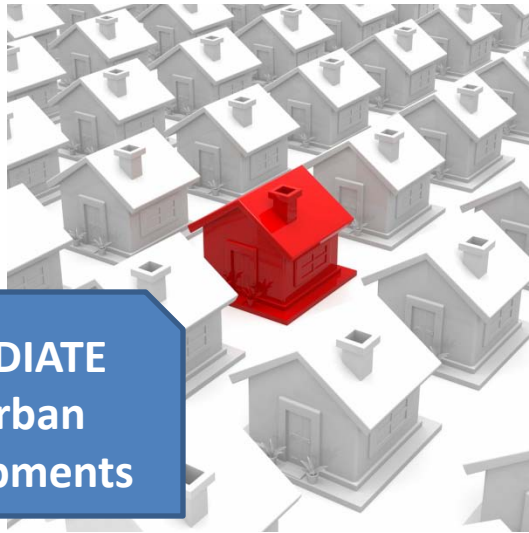
LANSING

High need
Most minority
residents
High poverty
State Capital



Small Towns

Bedroom Communities
Concentration of White Poor



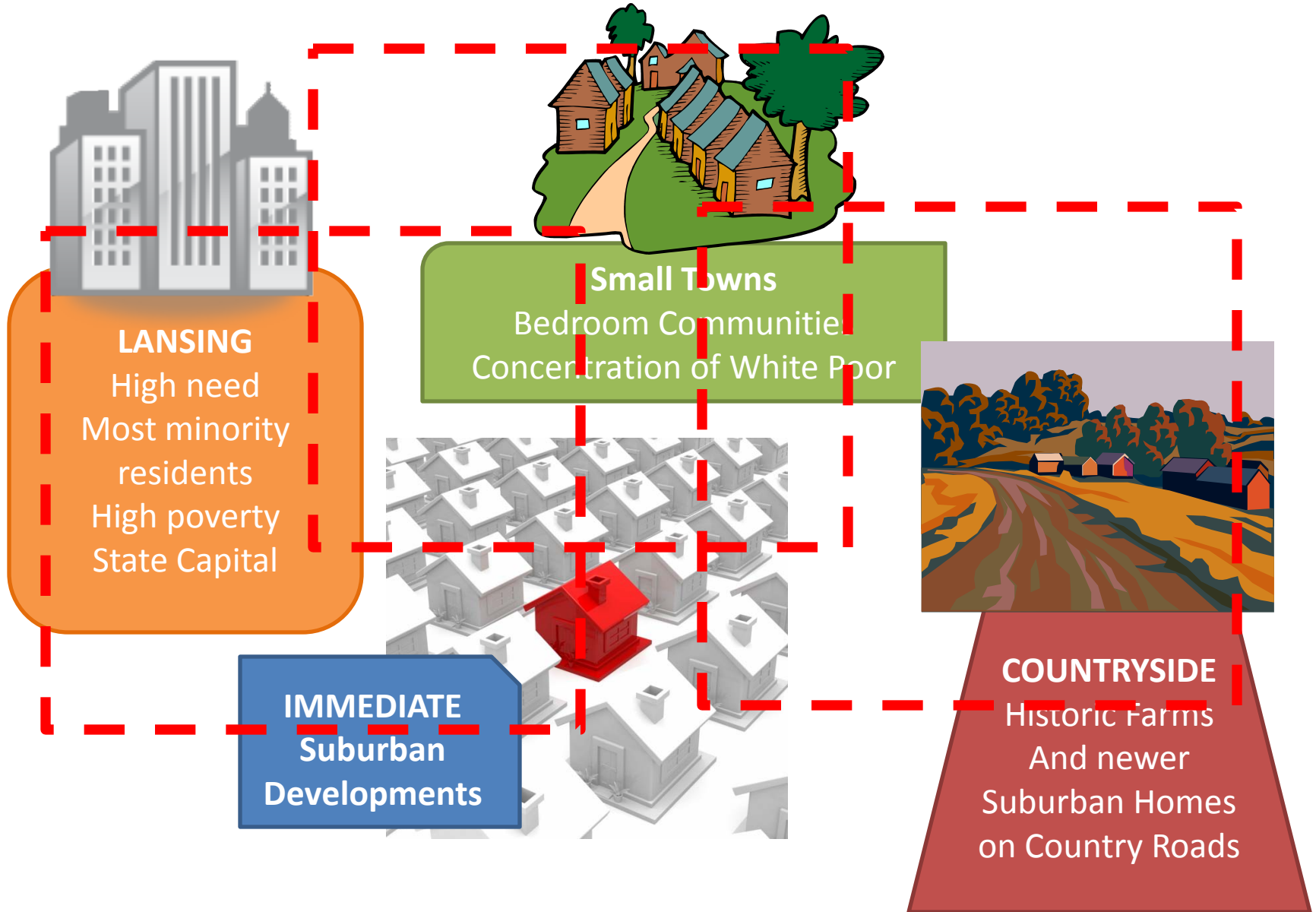
IMMEDIATE
Suburban
Developments



COUNTRYSIDE

Historic Farms
And newer
Suburban Homes
on Country Roads

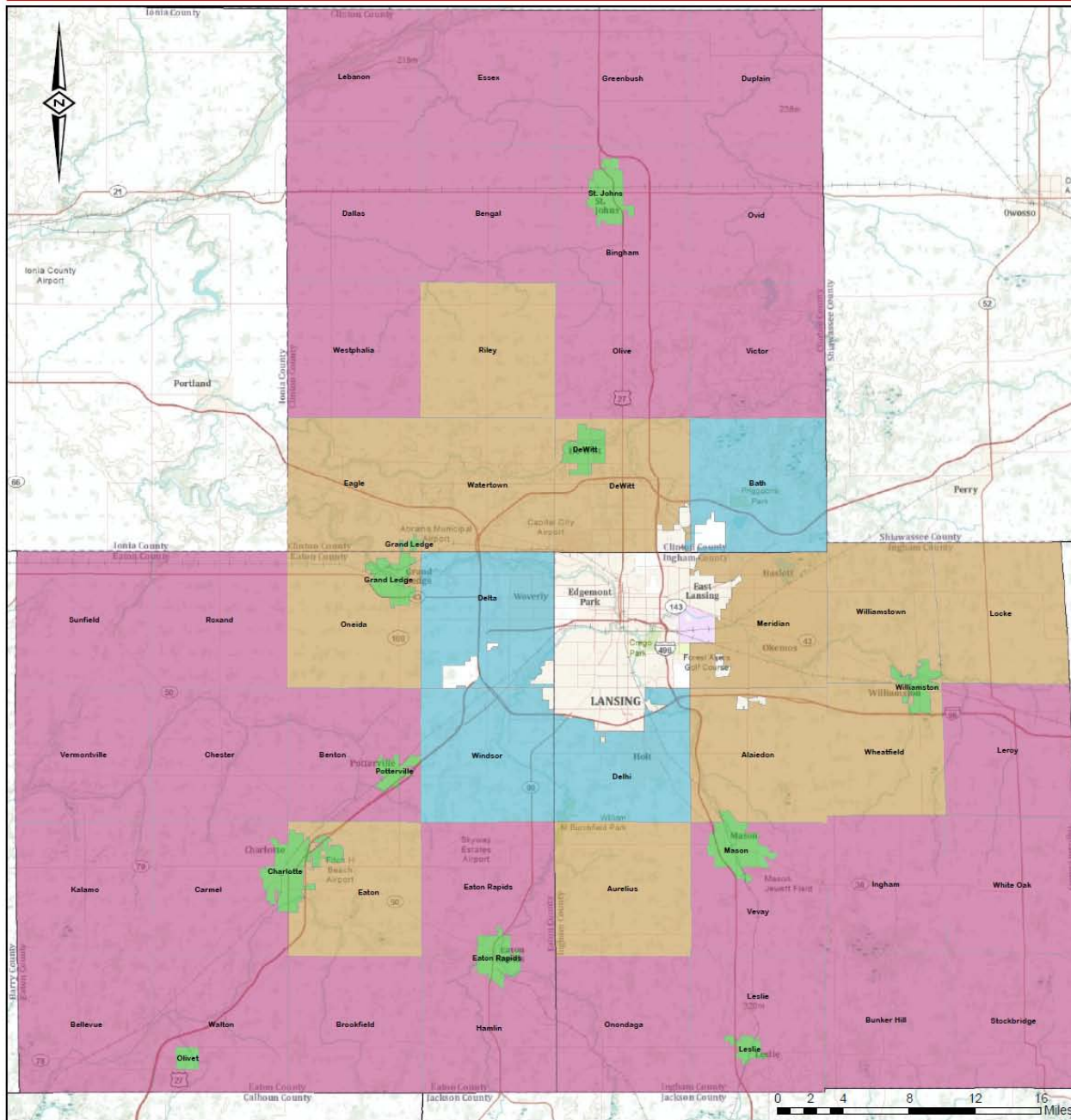
CHALLENGES



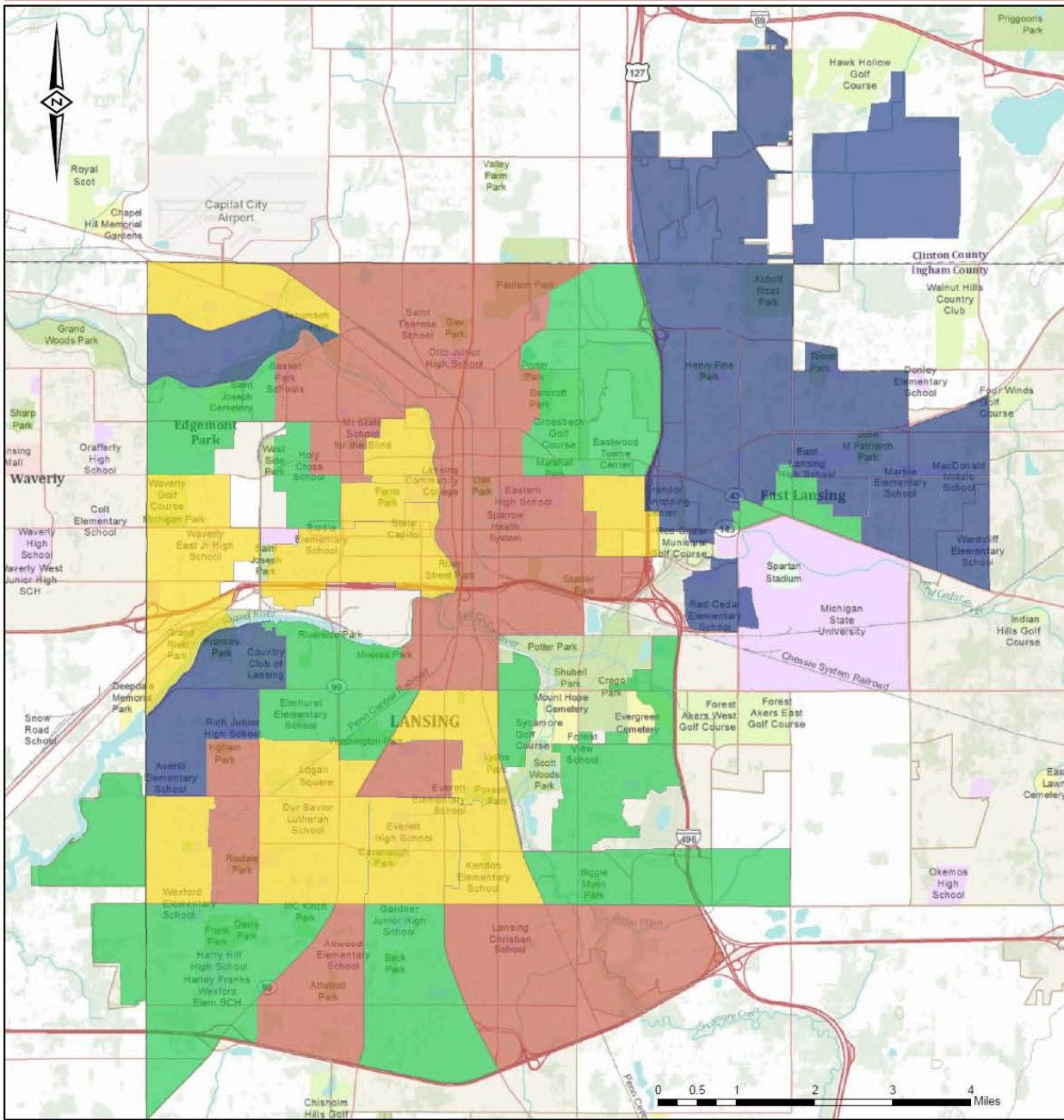
CHALLENGES

Municipality Grouping for CHNA

(excluding Lansing City, East Lansing City, and Lansing Charter Township)



**Lansing City, East Lansing City, and Lansing Charter Township
Grouping for CHNA**



BENEFITS

- ✓ Brand-new way of looking at data that allows for increased precision and excitement that we aren't *just doing the same thing again*
- ✓ Showing respect for the 'natural' service area rather than health department boundaries
- ✓ Establishing and strengthening relationships across health departments and hospital bureaucracies

CUTTING EDGE CHA/CHIP DEVELOPMENT IDEAS:

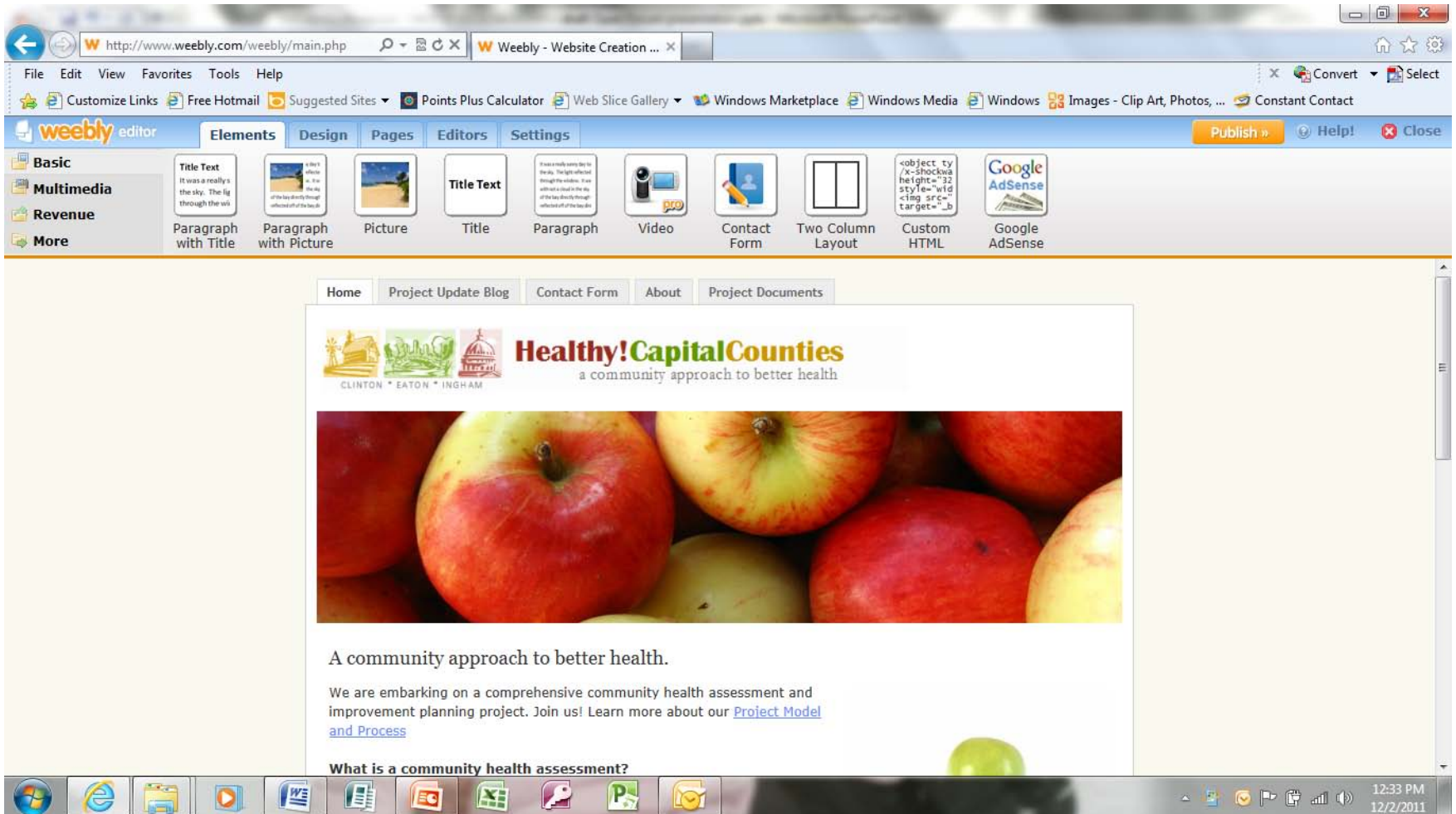
**Know your
community**

**Sell powerful people
on collaboration**

**Plan for capacity
to show data
visually (GIS?)**

**Seize the opportunity to
move your community
forward in its ability to
address social determinants
and root causes**

FREE tool: www.weebly.com



FREE Tool: www.prezi.com

A screenshot of a web browser displaying a Prezi presentation titled "Community Health Improvement Process" by Anne Barna, dated 16 September 2011. The browser's address bar shows the URL <http://prezi.com/oijvayrovjyb/community-heal>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains various icons for file operations and a search bar. The Prezi interface features a navigation bar with "Your prezis", "Learn", and "Explore" tabs, and a user profile for "Anne Barna". The presentation itself is a circular diagram illustrating the "Community Health Improvement Process" with six steps:

1. Establishing the assessment infrastructure
2. Defining the purpose and scope
3. Collecting and analyzing data
4. Communicating results
5. Selecting priorities and costs
6. Planning for action and monitoring progress

The diagram includes various icons and images related to each step, such as a person taking a photo for step 2, a map for step 3, and a person speaking for step 4. A "More" button is visible at the bottom right of the presentation area. The Windows taskbar at the bottom shows several open applications, including Internet Explorer, File Explorer, and various office software.

Low Cost Tool:

www.constantcontact.com

The screenshot shows the Constant Contact website in a web browser. The browser's address bar displays the URL <https://ui.constantcontact.com/rnavmap/evalui>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The browser's toolbar shows various icons for navigation and search. The Constant Contact website has a blue header with the logo and navigation links: My Account, Pricing, Community, MarketPlace, Help, and Log Out. A welcome message "Welcome to Constant Contact, Anne!" is displayed. The main navigation bar includes Home, Email Marketing, Online Survey, and Event Marketing. The Email Marketing section is active, showing sub-links: My Emails, Create, Reports, Autoresponder, Archive, Remove, and Restore. The main content area displays a preview of an email titled "Preview Email: Nov 28 2011". The email preview includes a "From" field (Anne Barna, Project Coordinator <abarna@bedhd.org>), a "Subject" field (Healthy Capital Counties November Update), and a "Reply" field (abarna@bedhd.org). The email body text reads: "Hi, just a reminder that you're receiving this email because you have expressed an interest in the Healthy! Capital Counties Project. Don't forget to add abarna@bedhd.org to your address book so we'll be sure to land in your inbox! You may [unsubscribe](#) if you no longer wish to receive our emails." The email preview also features the "Healthy! Capital Counties" logo, which includes icons for Clinton, Eaton, and Ingham counties, and the tagline "a community approach to better health". The email body text continues: "We are excited to bring you the first e-update for the Healthy! Capital Counties project. Read on for advisory meeting information as well as some exciting new developments!". The email preview includes a "Send both HTML & Text versions" checkbox and an "Important!" banner at the bottom.

Constant Contact

My Account | Pricing | Community | MarketPlace | Help | Log Out

Welcome to Constant Contact, Anne!

Home | Email Marketing | Online Survey | Event Marketing

Contacts | Library | My Settings

My Emails | Create | Reports | Autoresponder | Archive | Remove | Restore

Emails : Email Layout ? ▶

Preview Email: Nov 28 2011

<< Exit Preview

Send a test version of your email to yourself, and to others including a personal message. Up to 5 addresses may be entered separated by a comma

Email Address(es):
abarna@bedhd.org

(Separate multiple addresses with a comma ",")

Personal Note:

☐ Send both HTML & Text versions

From: Anne Barna, Project Coordinator <abarna@bedhd.org>
Subject: Healthy Capital Counties November Update
Reply: abarna@bedhd.org

Having trouble viewing this email? [Click here](#)

Hi, just a reminder that you're receiving this email because you have expressed an interest in the Healthy! Capital Counties Project. Don't forget to add abarna@bedhd.org to your address book so we'll be sure to land in your inbox! You may [unsubscribe](#) if you no longer wish to receive our emails.

Healthy! Capital Counties
a community approach to better health

CLINTON * EATON * INGHAM

We are excited to bring you the first e-update for the Healthy! Capital Counties project. Read on for advisory meeting information as well as some exciting new developments!

Important!

12:37 PM
12/2/2011



Partners in Transformation

Collaborative Community Health Improvement in New Orleans

Jessica Riccardo, MPH // Transformation Manager

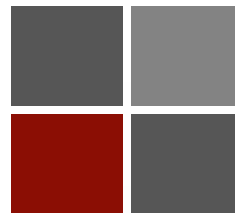
December 12, 2011



New Orleans in Transition



Transformative Leadership



LPH1



Transformation Framework



Stabilize the Environment

- Primary Care Transition
- Management Controls
- Communication
- Physical Improvements

Build the Fundamentals

Transform the City Health Department into a 21st century model regarded as one of the best in the nation.

Evidence-based Programs

Essential public health functions

- Assessment
- Assurance
- Policy

Population Health

Establish and implement a **policy framework for population health** to support “health in everything policy-making” and bring a reputation to our city as one with healthy people living in a healthy community.



New Department Roles



Budget
Staff
Space



Services
Quality
Outreach

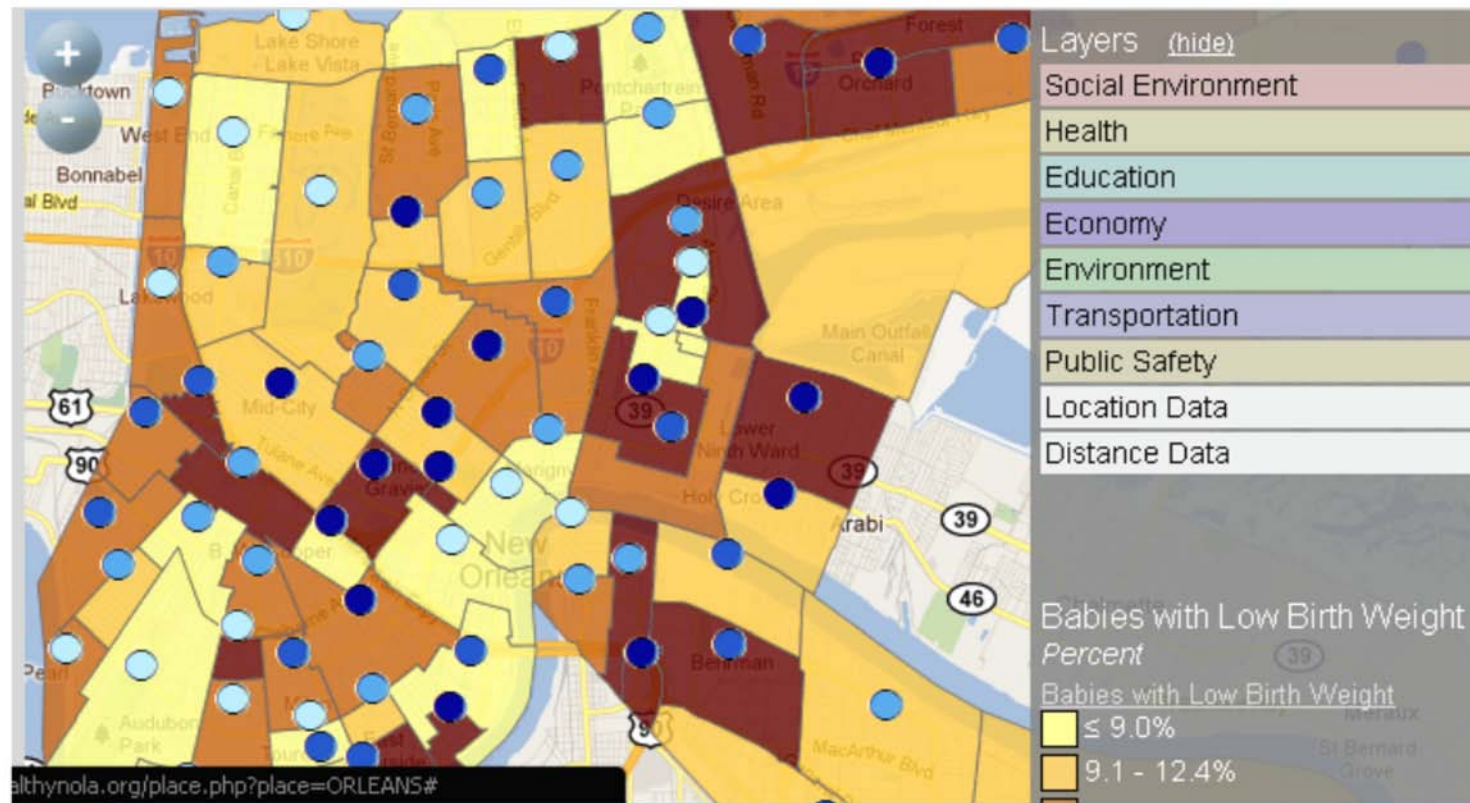


Accreditation Preparation

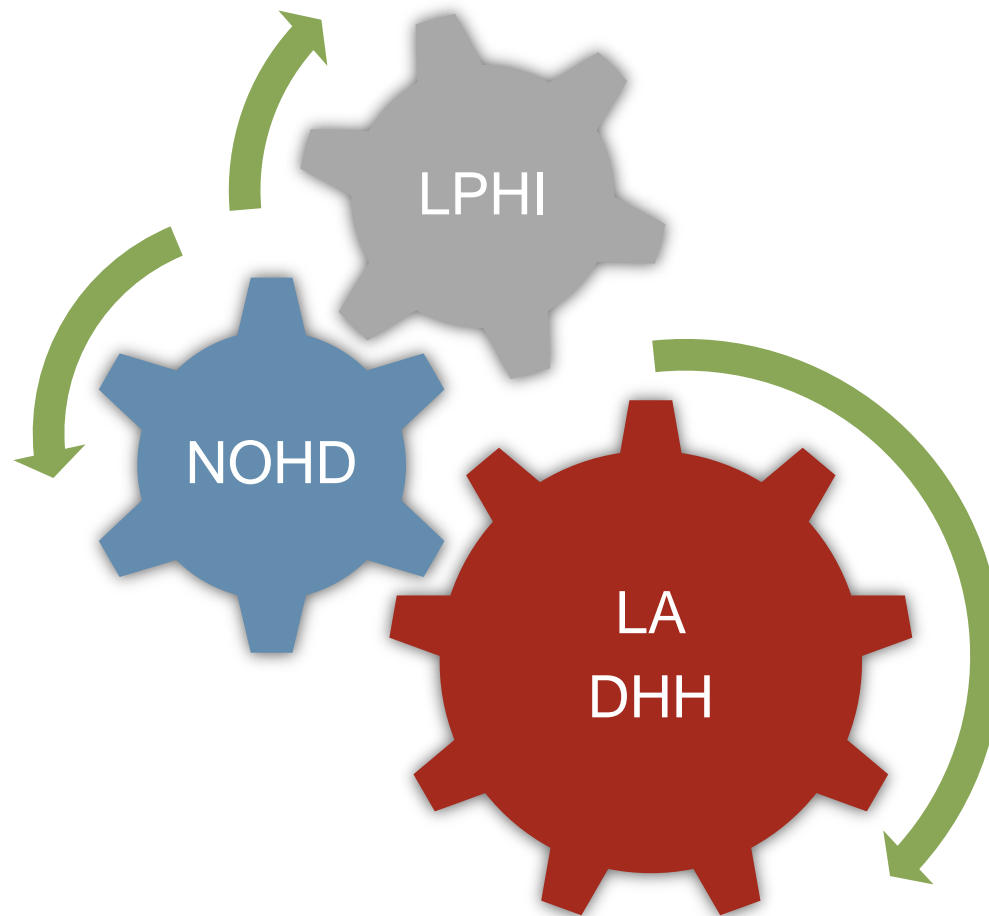
NACCHO

National Association of County & City Health Officials

The National Connection for Local Public Health



Collaborative Goals



Building for the Future

