Aligning Community Health Improvement Plans for Increased Population Health

Tiffany J. Huang, MPH
Program Analyst
National Association of County and City Health Officials

Jamie Ishcomer (Choctaw Nation of Oklahoma), MPH, MSW
Public Health Project Coordinator
National Indian Health Board

Tribal Accreditation Learning Community
May 13, 2016
Presentation Overview/Agenda

• Community Health Improvement Plans
• Tribal, local, state alignment of community health improvement plans
  • Challenges
  • Opportunities/recommendations
National Indian Health Board

Mission Statement: One Voice affirming and empowering American Indian and Alaska Native Peoples to protect and improve health and reduce health disparities.

Purpose: To advocate on behalf of all federally recognized American Indian and Alaska Native Tribes to ensure the fulfillment of the trust responsibility to deliver health and public health services as assured through treaties, and reaffirmed in legislation, executive orders and Supreme Court cases.
National Association of County and City Health Officials

Mission: To be a leader, partner, catalyst, and voice with local health departments working towards a vision of health, equity, and security for all people in their communities.
Community Health Improvement Planning

- National Public Health Performance Standards (NPHPS)
  - Standards include CHIP within the standards (ES 5)
  - Systems assessment can be part of a broader CHIP process (i.e., MAPP)

- Public Health Accreditation Board
  - Cites a SHIP/THIP/CHIP as a pre-requisite to applying
  - Addresses SHIP/THIP/CHIP (process and plan) within the standards and measures

- IRS requirements for hospitals
Key elements of PHAB definition:

- "a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process."

- “... used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.”

- “... should define the vision for the health of the community through a collaborative process."
Community Health Improvement Process

• Elements:
  • Broad participation of partners
  • Varied inputs/information:
    • From health assessments
    • Issues and themes from community/stakeholders
    • Info about assets and resources
  • Established set of priority health issues
  • Development of measurable objectives
  • Use of process framework such as MAPP, NPHPS, others
Example process framework:

Mobilizing for
Action through
Planning and
Partnerships
Prerequisites:
• Community Health Assessment (CHA)
• Community Health Improvement Plan (CHIP)
• Strategic Plan (SP)

Domains
1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Essential Services
1, 2, 3, 4, 5, 6, 7, 8, 9, 10
Community Health Improvement Plan

Includes:

• Assessment data about health of population (and other inputs and information)
• Community health priorities, improvement strategies, and performance measures with measurable and time-framed targets
• Needed policy changes
• Individuals / orgs with responsibility for strategies
• Outcomes/indicators to monitor progress
Other considerations

• Link between state and community plans
• Could be multiple documents
• Dated within past 5 years for PHAB purposes
Project Background

• Partnership between NIHB, NACCHO and the Association of State and Territorial Health Officials (ASTHO)

• Develop a resource on aligning community health improvement plans
Why Align?

• “Collaboration has proven to be a key factor promoting the success of health departments in meeting national standards and achieving [public health] accreditation.” - Collaborative Partnerships for Accreditation Preparation: Highlighting Promising Practices among State, Local, and Tribal Public Health and Key System Partners

• Ensures a systems approach for not only public health accreditation, but also improved population health.
Why Align?

• “Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement.” – PHAB

• PHAB 5.2.2. T “Tribes must demonstrate that they considered state, local and national health improvement priorities.”
Project Methods

- Informational Surveys
  - Participation in SHIP/CHIP/THIP processes
  - Successes and Challenges
  - Tools and Resources
- Case Studies
  - In-depth follow up to survey
The Eastern Band of Cherokee Indians (EBCI) Public Health and Human Services Dept. (PHHS) led and conducted the first-ever EBCI-specific 2013 Tribal Health Assessment in collaboration with the Cherokee Indian Hospital Authority (CIHA), Western North Carolina Health Network (WNCHN), and the United South and Eastern Tribes Epidemiology Center (TEC). EBCI PHHS engaged WNCHN’s and TEC’s resources and data analysis expertise and drew on PHHS and CIHA internal resources to complete this part of the health improvement cycle.
The Washington State Department of Health conducted an extensive analysis of all community health assessments and community health improvement plans, and consulted in-person with all 35 local health jurisdictions before selecting their state-wide goals. The majority of local jurisdictions also agreed to work towards these goals.
Case Studies

Wisconsin
• State Health Department
• 2 County Health Departments
• 2 Tribal Health Programs
• Public Health Institute
• Hospital
Case Studies

Oklahoma

• State Health Department
• 1 County Health Department
• 1 Tribal Health Department
Findings – Challenges

• Timing
• Limited resources
• Competing priorities
• Different perceptions of the relationships
Findings – Opportunities and Recommendations

• Building relationships
• Communication
• Aligning timelines
• Neutral convener
• Define common purpose
Building Relationships

• Building and maintaining relationships is critical to aligning efforts across state, local, Tribal, and non-health department agencies.

• While the relationship-building process can be time-consuming, as one respondent said, “Without the relationships, this work would be next to impossible.”
Communication

• Does not have to be formal.
• However, a commitment to regular, in-person meetings can help foster key relationships for the health improvement planning process.
• Opportunities include regional communities of practice and collaboratives, listening sessions, and stakeholder meetings.
Aligning Timelines

• Misaligned timelines can be a challenge.
  • State, local, and Tribal health departments may not be on the same assessment and planning cycle
  • Differing requirements for nonprofit hospitals
  • Some health departments have agreed to shift to a three-year cycle
Neutral Convener

• A convening entity, such as a state public health institute, can provide both facilitation services and a neutral ground for discussion.

• Can use a shared framework to build a common understanding of health improvement goals across agencies.
Common Purpose

• Competing priorities, funding requirements, and grant opportunities can hinder alignment.
• Finding a common purpose can alleviate potential friction and encourage more effective use of limited resources.
• Achieving improvements at the local and Tribal levels translates into improvements at the state level.
• If appropriate, developing formal commitments to this shared vision can help ensure continued alignment.
Be on the lookout!

Full white paper to be released June, 2016
Questions?

Thank you!

Jamie Ishcomer
202-507-4074
jishcomer@nihb.org