

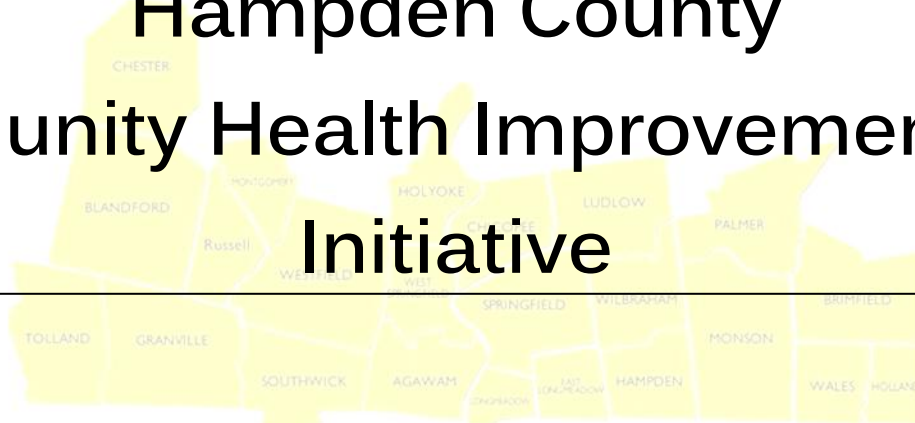


Catalyst for Regional Progress

PVPC

Timothy W. Brennan, Executive Director

Hampden County Community Health Improvement Plan Initiative



Content for Educational White Paper/Proposal

Improving Health Outcomes and Health Factors in Hampden County

Prepared and Presented by
the PVRVC, on behalf of

The Pioneer Valley Planning Commission & the Ad Hoc Hampden County Public
Health Improvement Collaborative

2015

Purpose

An informal collaborative of key planning and health officials in Hampden County came together in 2014 to organize a day-long forum to address Public Health and especially its Economic costs in Hampden County. Understanding that Hampden County has been consistently ranking last in the Commonwealth when it comes to Public Health Factors and Health Outcomes¹, our purpose is to build consensus on the need and scope for a regional Community Health Improvement Plan (CHIP) and to organize ourselves to secure funding to facilitate development of the plan. In addition to planning to improve health outcomes across the region, having a regional plan will facilitate the individual municipalities who choose to develop CHIPs as a step toward accreditation by the National Association of County and City Health Officials (NACCHO).

Collaborative Members:

Joshua Garcia, PVPC

Catherine Ratté, PVPC

Soloe Dennis, MDPH

Ben Wood, MDPH

Olivia Peters, MDPH

Representative Aaron Vega

Representative Carlos Gonzalez

Helen Arnold, Holyoke Hospital

Frank Robinson, Partners for a Healthier Community

Jessica Collins, Partners for a Healthier Community

Wanda Givens, Mason Square Health Task Force

Risa Silverman, UMASS School of Public Health and convener W MA Healthy Equity Conf

Anna-Marie Golden, Baystate Health Systems

Jeanne Galloway, West Springfield Health Agent

Dora Robinson, United Way Pioneer Valley

Angela Kramer, Ludlow Nurse

¹ According to the Robert Wood Johnson County Health rankings 2015

Who Needs to be Involved

Ensuring buy-in from key stakeholders will facilitate efficient and effective development of, and ultimately community-wide implementation of, the CHIP. The following is a list of key stakeholders whom we would like to involve:

Elected Officials: Mayors, Select Board members, City Councilors, State Representatives and Senators	Area Health Providers including but not limited to Health New England, Caring Health Center, HealthSouth
Area Colleges and Universities	Health Advocates such as Partners for a Healthier Community, etc.
Area Hospitals and the Hospital Coalition	Foundations: the Community Foundation of Western MA, the Davis Foundation, etc.
Pioneer Valley Planning Commission	Municipal Planners, Economic Development, Housing and Public Health Professionals
Pioneer Valley Transit Authority	Law Enforcement

Facts About our Region

- Poor health outcomes are hurting our economy while at the same time, our economy is hurting our health;
- Significant inequity and varied access to opportunity result in disparate health outcomes across our region;
- Racial and ethnic diversity and cultural differences necessitate creative and responsive health care provision as well as innovative preventive health care information, services, delivery, and counseling;
- Social determinants of health require a comprehensive approach to improving our region's health outcomes;
- We have numerous examples of programs that work and can be scaled up to improve health outcomes in our region, including but not limited to Holyoke 5210, Mass in Motion (in Holyoke, Palmer, Springfield and West Springfield--covering 70% of county population), Gator Grins serving Hilltowns, and LiveWell Springfield;
- We are good at securing grants from both public and private sources, but the problem is sustainability of initiatives and ongoing funding.

GOAL

By 2020, Hampden County will rank 10th or better among MA counties on health outcomes reported by Robert Wood Johnson Foundation and UW.

To be reached by year 2020



Where we are today



<u>Rank</u>	<u>Health Outcomes</u>	<u>Rank</u>	<u>Health Factors</u>
1	Nantucket	1	Norfolk
2	Middlesex	2	Middlesex
3	Dukes	3	Hampshire
4	Norfolk	4	Dukes
5	Hampshire	5	Barnstable
6	Essex	6	Nantucket
7	Barnstable	7	Berkshire
8	Franklin	8	Essex
9	Plymouth	9	Plymouth
10	Worcester	10	Franklin
11	Berkshire	11	Worcester
12	Bristol	12	Suffolk
13	Suffolk	13	Bristol
14	Hampden	14	Hampden

Scope of Plan

Our Scope is Comprehensive and Broad - we understand that:

- transportation
- the justice system
- education
- housing
- the built environment
- racism and its effects
- economic growth and development
- access to jobs and other opportunities
- cultural differences
- health literacy
- perverse consequences of existing policies
- personal behavior, and
- poverty

all affect health outcomes.

Health Concerns articulated at 2014 Hampden County Convening:

Inequitable access to healthy food	Inequitable access to prenatal care
Inequitable access to health care	Need more Community Health Workers
Mental Health	Drug and Alcohol Abuse
Lack of general practitioners	Disproportionately high rates of preventable disease

Context:

- Even though we are 'last in the Commonwealth' with respect to health outcomes, we have significant resources in our region to address this problem;
- Our area hospitals have been working collaboratively to prepare their mandated Community Health Assessments (CHAs) which provides a strong foundation on which to build a CHIP
- W MA has 22 elected officials out of 200 in the Commonwealth
- MA has some of the highest health care costs in the country, but costs are growing at a slower rate than in the rest of the country and we have the highest rates of insurance coverage
- Affordable Care Act is changing the health landscape in the USA--moving toward incentivizing health and prioritizing prevention as insurance providers move from fee for service to a global type payment
- MA has a State Health Improvement Plan (SHIP) that is "an action-oriented strategic plan that outlines the key health and health systems priority areas for the state" and can serve as an organizing framework for a regional health improvement plan

Approach:

- Don't compete—cooperate
- Best Practices--assess who is out there and who is doing what to identify opportunities for collaboration
- Integrate health considerations into municipal and private development decisions via Health Impact Assessment (HIA)
- Map resources being spent in the system with health outcomes

- Go to where people are to collect data and then hold several strategic planning sessions—put all the data out for people to see and respond to
- Build Evaluation and Implementation into the Plan

Potential Focus Areas—from Baystate 2013 Community Health Needs Assessment:

1. Access to care: including affordability and need for care coordination and cultural sensitivity
2. Dental Health
3. Health Behaviors: high rates of alcohol, tobacco and drug use and high rates of unsafe sex, teen pregnancy and Chlamydia
4. Maternal and Child Health: Infant Health Risk Factors (smoking during pregnancy and lack of prenatal care) and Pediatric Disability
5. Mental Health: access to services and poor mental health
6. Morbidity and Mortality: high rates of diet and exercise-related diseases (obesity, heart disease, diabetes); high rates of asthma, and racial and ethnic disparities in disease morbidity and mortality
7. Physical Environment: poor community safety and poor built environment and environmental quality
8. Social and Economic Factors: basic needs insecurity and low educational attainment

Health Issues/Topics from MA SHIP

Active Living, Healthy Eating, & Tobacco-free Living	Chronic Disease Prevention & Control
Infectious Disease Prevention & Control	Substance Abuse Prevention, Intervention, Treatment, and Recovery
Injury, Suicide, and Violence Prevention	Maternal, Child, and Family Health Promotion
Environmental Risk Factors & Health	

Proposal

Given that our regions' hospitals have been collaborating on the development of an IRS mandated Community Health Assessment (CHA), combined with the fact that many communities in Hampden County have been meeting regularly for several years on emergency preparedness and other public health issues (Hampden County Health Coalition-HCHC), we propose a collaboration of the regions' hospitals with the PVPC, MDPH, HCHC and other key stakeholders, to facilitate development of a CHA and a Community Health Improvement Plan (CHIP) for our region.

According to NACCHO, the primary goal of the Community Health Improvement Plan (CHIP) planning process is COMMUNITY ENGAGEMENT and buy-in to set priorities and identify action steps. PVPC has very well established working relationships with municipal officials in Hampden County and has a track record of successful engagement in regional planning work. Our civic engagement and capacity building work was recently highlighted by the US HUD in their 2014 Housing and Environmental Justice Strategy 2014 Implementation Progress report. In addition, we are the region's data and Geographic Information Systems (GIS) Resource center and have ready access to all of the recent municipal and regional plans and assessments (many of which we facilitated).


Estimated Cost: \$100,000 **Timeline:** July 2015-December 2016, 18 months

Funding Ideas

- Partner with the area Hospital Coalition for funding efficiency, syncing Hampden County Health Improvement Planning data collection, community engagement and data analysis with the Hospitals Health Assessment process as a cost-share
- Local/Regional Private Sector/Business support--Health New England, Health South, Mass Mutual, etc.
- Earmark in State Budget, "...and not less than \$100,000 to PVPC and partners to facilitate development of the Hampden County Health Improvement Plan"
- Technical Assistance and possibly limited funding support from the Robert Wood Johnson Foundation

- Regionalization--seek funds from the Commonwealth, possibly District Local Technical Assistance (DLTA) or other regionalization funding and/or invite Municipalities to contribute toward cost
- Grants from Federal and State government and Foundations

Next Steps

- May 7, 2015--review this DRAFT Proposal with the ad hoc Hampden County Health Improvement Work Group--revise as necessary 
- May 29, 2015--Present proposal to area Hospital Coalition
- July-August, 2015--reach out to all 23 cities and Towns in Hampden County to engage them in process
- August-September, 2015--Submit funding request to area Businesses, Foundations, MA DPH, CDC, and others as appropriate
- Fall, 2015--Hospital Coalition starts to update Community Health Assessment--partner with them for data collection, community engagement and data analysis
- 2016---we hope to have received funding, secured participation from all 23 cities and towns in Hampden County and work together on a CHIP

Resources

MA State Health Improvement Plan (SHIP) <http://www.mass.gov/eohhs/docs/dph/health-planning/accreditation/state-health-improvement-plan.pdf>

NACCHO examples of good CHIPs:

<http://www.naccho.org/topics/infrastructure/CHAIP/guidance-and-examples.cfm>

Community Health Assessment (CHA) --resource from NACCHO

<i>Who?</i>	<i>What?</i>	<i>By When?</i>
	Community Engagement <ul style="list-style-type: none"> • Establish steering committee <ul style="list-style-type: none"> ○ Schedule individual meetings with participants ○ Put together draft charter ○ Schedule first and subsequent meetings (kick off meeting?) ○ Develop agenda for first meeting • Report progress at BOH/BOHAC • Use meeting evaluations <ul style="list-style-type: none"> ○ Develop evaluation • Develop draft of meeting schedule for upcoming 18 months • Circle of engagement? • Review quality planning/QI tools to use? 	
	Readiness checklist	
	Visioning process <ul style="list-style-type: none"> • Collect ideas from staff, BOH, BOHAC, and unnatural causes event • Compile for steering committee meeting • Decide on visioning process for meeting • Finalize Vision • Add to all materials and agendas 	
	Create list of indicators <ul style="list-style-type: none"> • Collect indicator resources • Find out who has access to what data 	
	Select indicators <ul style="list-style-type: none"> • Decide how to collect community input on indicators • Final selection 	
	Collect secondary data	
	Collect primary data <ul style="list-style-type: none"> • Key informants • Community surveys • Focus groups 	
	Data analysis/synthesis	
	Write community health profile	

	Distribute community health profile <ul style="list-style-type: none"> • Printing • Distribution plan 	
--	---	--

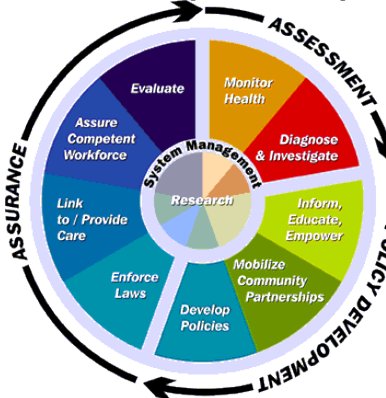
Community Health Improvement Plan (CHIP)

<i>Who?</i>	<i>What?</i>	<i>By When?</i>
	Review CHA	
	Prioritize and select focus areas <ul style="list-style-type: none"> • Use prioritization tools 	
	Create community action plans <ul style="list-style-type: none"> • Create task forces 	
	Write Community Health Improvement Plan	
	Start Implementing plan <ul style="list-style-type: none"> • Use task forces 	
	Evaluate plan progress <ul style="list-style-type: none"> • Report progress 	
	Distribute plan <ul style="list-style-type: none"> • Printing • Distribution plan 	



Community Health Assessment and Improvement Planning

Why community health assessments and improvement planning processes



The fundamental purpose of public health is defined by three core functions: assessment, policy development and assurance. Community health assessments (CHAs) provide information for problem and asset identification and policy formulation, implementation, and evaluation. CHAs also help measure how well a public health system is fulfilling its assurance function (1,2).

A CHA should be part of an ongoing broader community health improvement process. A community health improvement process uses CHA data to identify priority issues, develop and implement strategies for action, and establish accountability to ensure measurable health improvement, which are often outlined in the form of a community health improvement plan (CHIP) (3). A community health improvement process looks outside of the performance of an individual organization serving a specific segment of a community to the way in which the activities of many organizations contribute to community health improvement (3). The Public Health Accreditation Board’s (PHAB’s) voluntary, national public health department accreditation program is designed to document the capacity of a public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. PHAB requires completion of a CHA and a CHIP as two of three prerequisites to accreditation program application.

MA Health Policy Commission--2014 Cost Trends Report

<http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/2014-cost-trends-report.pdf>

Baystate Health Community Benefits Program

Community Health Needs Assessments 2013 and Implementation Strategies 2014-2016

<http://www.baystatehealth.org/Baystate/Main+Nav/About+Us/Community+Programs/Community+Health+Planning/Community+Benefits+Program>

NOTES/Comments:

If you have comments and/or suggestions for this proposal, please email or call Catherine Ratté or Joshua Garcia at PVPC, cratte@pvpc.org, 413/285-1174
jgarcia@pvpc.org, 413/781-6045

Thank you.