County Health Improvement Plan

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Department Director and County Health Officer

6/1/2016
Why develop a County Health Improvement Plan (CHIP)?

I am asking you.
The basic structure of and idea for the CHIP is straightforward.

- 5-year Plan
  - 3-5 Priorities for health improvement
  - 3-5 Indicators of success for each Priority
  - Action Plans
    - Strategies
    - Partner roles identified and accepted
    - Performance Measures
  - Quarterly Review by Action Teams after Implementation
Throughout the assessment and planning process, we keep to the following.

- Health equity focus
- Lifespan perspective
- Engage groups most impacted by health inequities
- Population diversity by languages and cultures
- Geographic inclusion
- Community voice remains at the forefront
The overall process for developing the County Health Improvement Plan (CHIP) is below.

1. Review existing data reports
2. Conduct focus groups
3. Identify the top three priorities for improving health (Get consensus among all focus groups)
4. Convene diverse Action Teams to develop and monitor an implementation plan with indicators and strategies to achieve each priority
5. Meet with each City and other organizations to educate about and partner on implementing the plan
6. Track progress of the implementation plan every 3-4 months
Review existing data reports, planning documents, and presentations.

- **62** health data, community health assessment, and place matters/health equity reports/documents (24 within 5-year date requirement¹, 3 with no date)

- **23** community initiative, collaborative, assessment, and survey reports/documents/presentations (16 within 5-year date requirement¹)

- **14** special populations reports/documents (8 within 5-year date requirement¹)

- **3** special subject matter topic reports/documents (1 within 5-year date requirement¹)

¹ Means date of data used in the report/document/presentation not the date of the report/document/presentation itself.
After the review, we determined that there is a need for...

Greater emphasis placed on using data to develop, implement and measure interventions “evidence-based” methods.

Use of methods that document the health status of all populations.

Strategies that streamline work and partner involvement.

More in-depth critical analyses conducted “beyond the tip of the iceberg.”

A concerted effort to hear from and engage hidden community voices in health equity work.

Showcasing successes “improvements in processes and changes in outcomes” that can be tracked back to program activities.

Recommendations that are developed with due consideration.
Accreditation Focus Groups

Source: CAPE.
The process used by the community focus groups to determine their priorities.

Vision of a Healthy Community

Community Issues and Concerns

Community Priorities

Community Strengths
**Vision (Vision)**
- Limpio, sin robos, sin uso de substancias ilegales, y sin violencia <Clean, without illegal substances, or violence>
- Policía vigilando <Police vigilance>; Respuesta más rápida de las autoridades <Faster response from the authorities>
- Niños sonrientes — sin temor, jugando libremente <children smiling — without fear, playing freely>; programas recreativos para la juventud <Recreation programs for youth>
- Organízense entre comunidad para su propio beneficio <community organizing for own benefit>
- Más educación a la comunidad — centros educativos <More education for the community — educational centers>

**Problemas — preocupaciones (Problems — Concerns)**
- Inseguridad <insecurity>; robos <robberies>, asaltos <assaults>, asesinatos <murders>, prostitución de menores <child prostitution>, violencia forzada <forced violence>, drogas <drugs>
- Por miedo a salir <Fear of coming out>
- No tenemos suficiente vigilancia policial <we don’t have enough police vigilance>
- Falta de limpieza en la calle <lack of cleanliness in the streets>
- Depresión <Depression>; estrés <Stress>
- Discriminación en la educación <discrimination in education>
- Discriminación por estatus legal <discrimination due to legal status>

**Prioridades / Priorities**
- Más seguridad — más departamento de policía; Caseta local de policía — seguridad — prostitución <More security — more OPD; Local police stand — security — prostitution>
- Más programas para jóvenes y niños <More programs for youth and children>
- No discriminación para personas discapacitadas. Que tengan acceso a servicios <No discrimination for disabled people; For them to have access to services>
- Dinero — recursos <Money — resources>
- Calles limpias e iluminadas con cámaras de seguridad <clean and illuminated streets with security cameras>

**Fortalezas (Strengths)**

**Fortalezas individuales (personal strengths)**
- Cooperar con el programa <cooperate with the program>; platicar con la gente <talking to people>; tener sentido del humor <having sense of humor>; coordinar eventos de comunidad <coordinating community events>; jugar fútbol <play soccer>; cocinar <Cooking>; cantar <sing>; decorar casas <Decorating homes>; bailar <Dance>; cocinar pozole <cooking pozole>; Hacer dinero <make money>

**Fortalezas en comunidad (community strengths)**
- Respeto <Respect>; reconocer a otra persona <recognizing others>; trabajo <work>; unidad de la familia <family unity>; tradiciones <Traditions>
<table>
<thead>
<tr>
<th>Community priority consensus meeting from October 4, 2014</th>
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<tbody>
<tr>
<td><strong>Access to Quality, Culturally Competent Health Care</strong></td>
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<tr>
<td>* Access to quality, culturally competent healthcare</td>
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<tr>
<td>* Access to healthy, mental health &amp; support services for everyone</td>
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<tr>
<td>* Accessible medical, health &amp; social services with emphasis on most vulnerable (i.e., uninsured, undocumented, disabled, indigenous communities, limited income, Eng. proficiency, homeless, SMI, senior, LGBTQI, children, women)</td>
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<td>* Women &amp; children’s health</td>
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<td><strong>Invest In and Honor Diverse Cultural Needs</strong></td>
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<tr>
<td>* Invest in and honor diverse cultural needs</td>
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<td>* Celebrating diversity through cultural competence, acceptance, respect and accountability</td>
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<td>* Engaging youth in self-expression</td>
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<tr>
<td>* Increase and support existing culturally competent services</td>
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<td>* Improve support for seniors</td>
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<td><strong>Promote Safe &amp; Violence Free Communities</strong></td>
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<tr>
<td>* Improve clean air and streets*</td>
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<tr>
<td><strong>Accessible, Affordable, Safe, Quality Housing</strong></td>
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<tr>
<td>* Accessible, Affordable, Safe Quality Housing</td>
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<td>* Access to affordable housing</td>
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<td>* Support and sustain equitable and affordable housing</td>
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<td><strong>Support Economic Independence</strong></td>
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<td>* Economic development and justice</td>
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<td>* Develop local business and job opportunities</td>
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<td>* Diversify and increase funding streams</td>
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<td><strong>Create Youth &amp; Family Programs</strong></td>
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<tr>
<td>* Education (K-12) + (provider training)</td>
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<td><strong>Engage Residents in Solving Problems</strong></td>
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<td>* Greater accountability of Public Health and government</td>
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<tr>
<td><strong>Improve Clean Air and Streets</strong></td>
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<td>* Improve clean air and streets*</td>
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<tr>
<td>* Monitor and enforce air water and land quality</td>
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<td>* Accessible, alternative and public transportation to improve air quality</td>
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<td>Entered twice to reflect different aspects – one environment, the second safety</td>
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After the CHIP Advisory and community members met, top priorities were...

- **Accessible medical, dental and mental health care** that is high quality, comprehensive, affordable, culturally and linguistically appropriate and supports good health and the expectation for all to live a full and productive life.

- **Community economic development** that supports the ability of all residents, regardless of race/ethnicity or place of residence, to pay for all of their basic needs (including housing, food, transportation, healthcare, and childcare) and build wealth.

- **Community and Public Safety** that ensures crime and abuse prevention, neighborhood safety and communities are resilient to disasters and emergencies.
The “indicators of success” for each health improvement priority are...

**Team #1 – Access to Care**
- % with health insurance coverage
- % with usual source of care
- Avoidable emergency department visit rate
- Preventable hospitalization rate

**Team #2 – Community Economic Development**
- % persons in poverty
- % with high school or greater education
- Housing Burden
  - % paying 50 percent or more for housing
  - % paying 30 percent or more for housing

**Team #3 – Community and Public Safety**
- Violent crime rate
- High school graduation rate
- Employment rates
Here’s what the Action Teams will do over the next few months...

• Hear an overview of the SPUR’s Economic Prosperity Report and our Report of Evidence for Community Safety
• Agree on health indicators for the Plan suggested by our department.
• Finish creating a list of WHAT WORKS to improve.
• Prioritize that list of strategies for the ACTION PLAN.

The Department will write, distribute, and track progress on the final County Health Improvement Plan.
We’ll prioritize the list of strategies for the Action Plan using the following criteria.

Specificity
Leverage
Values
Feasibility

? Leverage
Values
?

Specificity
Leverage
Values
Feasibility

6/1/2016
MAPP - Your Community Roadmap to Health!

A Healthier Community

Evaluate Implement Plan

Action Cycle

Community Themes & Strengths Assessment
Forces of Change Assessment
4 MAPP Assessments
Community Health Status Assessment
Local Public Health System Assessment

Organize for Success / Partnership Development

you are here
Formulate Goals and Strategies
Identify Strategic Issues

Our Vision
Thank you...

Any questions?