

Helping Populations and Communities Improve Their Health



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County Health Improvement Plan

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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

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

Strategies that streamline work and partner involvement

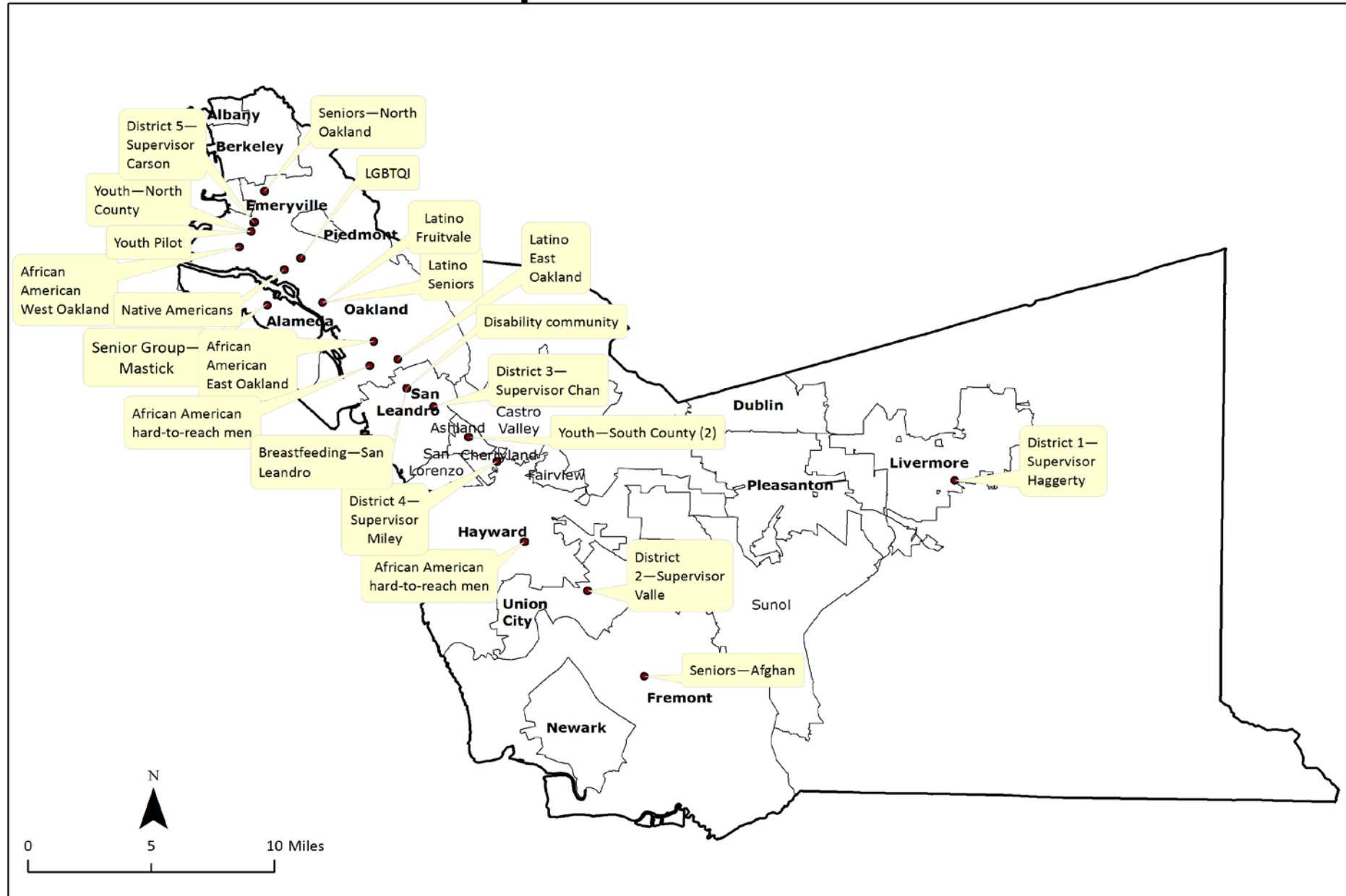
A concerted effort to hear from and engage hidden community voices in health equity work

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



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





Discusión en grupo con la comunidad Latina <Latino Community Discussion group> Aug. 8th 2014 Cesar Chavez Library

Vision <Vision>

- Limpia, sin robos, sin uso de sustancias ilegales, y sin violencia <Clean, without illegal substances, or violence>
- Policía vigilando <Police vigilance>; Respuesta mas 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>
- Organizarse entre comunidad para su propio beneficio <community organizing for own benefit>
- Mas 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 policiaca <we don't have enough police vigilance>
- Falta de limpieza en la calle <lack of cleanliness in the streets>
- Depreción <Depression>; Estrés <Stress>
- Discriminación en la educación <discrimination in education>
- Discriminación por estatus legal. <discrimination due to legal status>

Data about
Health and
Social
Conditions

Prioridades / Priorities

- Mas seguridad – mas departamento de policía; Caseta local de policía / seguridad – prostitución <More security – more OPD; Local police stand / security – prostitution>
- Mas 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>

Data about
Health and
Social
Conditions

Fortalezas <Strengths>

Fortalezas individuales <personal strengths>

Coperar 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 futbol <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 otra persona <recognizing others>; trabajo <work>; unidad de la familia <family unity>; tradiciones <Traditions>;

Community priority consensus meeting from October 4, 2014

| Access to Quality, Culturally Competent Health Care ○○○○○○○○○○ ○○○ | Invest In and Honor Diverse Cultural Needs ○○○○○○○○○○ | Promote Safe & Violence Free Communities ○○○○○○○○○○ | Accessible, Affordable, Safe, Quality Housing ○○○○○ | Support Economic Independence ○○○○○ | Create Youth & Family Programs ○○○ | Engage Residents in Solving Problems ○○○ | Improve Clean Air and Streets |
|--|--|--|--|---|--|--|---|
| <ul style="list-style-type: none"> • Access to quality, culturally competent healthcare • Access to healthy, mental health & support services for everyone • Accessible medical, health & social services with emphasis on most vulnerable (i.e., uninsured, undocumented, disabled, indigenous communities, limited income, Eng. proficiency, homeless, SMI, senior, LGBTQI, children, women) • Women & children's health | <ul style="list-style-type: none"> • Invest in and honor diverse cultural needs • Celebrating diversity through cultural competence, acceptance, respect and accountability • Engaging youth in self-expression • Increase and support existing culturally competent services • Improve support for seniors | <ul style="list-style-type: none"> • Promote safe and violence free communities • Improve clean air and streets* | <ul style="list-style-type: none"> • Accessible, Affordable, Safe Quality Housing • Access to affordable housing • Support and sustain equitable and affordable housing | <ul style="list-style-type: none"> • Support economic independence • Economic development and justice • Develop local business and job opportunities • Diversify and increase funding streams | <ul style="list-style-type: none"> • Create youth and family programs • Education (K-12) + (provider training) | <ul style="list-style-type: none"> • Engage residents in solving problems • Greater accountability of Public Health and government | <ul style="list-style-type: none"> • Improve clean air and streets* • Monitor and enforce air water and land quality • Accessible, alternative and public transportation to improve air quality • Entered twice to reflect different aspects – one environment, the second safety |

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 #3 – Community and Public Safety

- Violent crime rate
- High school graduation rate
- Employment rates

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
- 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
?
Feasibility

A
Healthier
Community

MAPP - YOUR COMMUNITY ROADMAP TO HEALTH!

Action Cycle

Evaluate Implement Plan

you are
here

Formulate
Goals and
Strategies

✓ Identify
Strategic
Issues

✓ Community Themes
& Strengths Assessment

✓ Forces of Change
Assessment

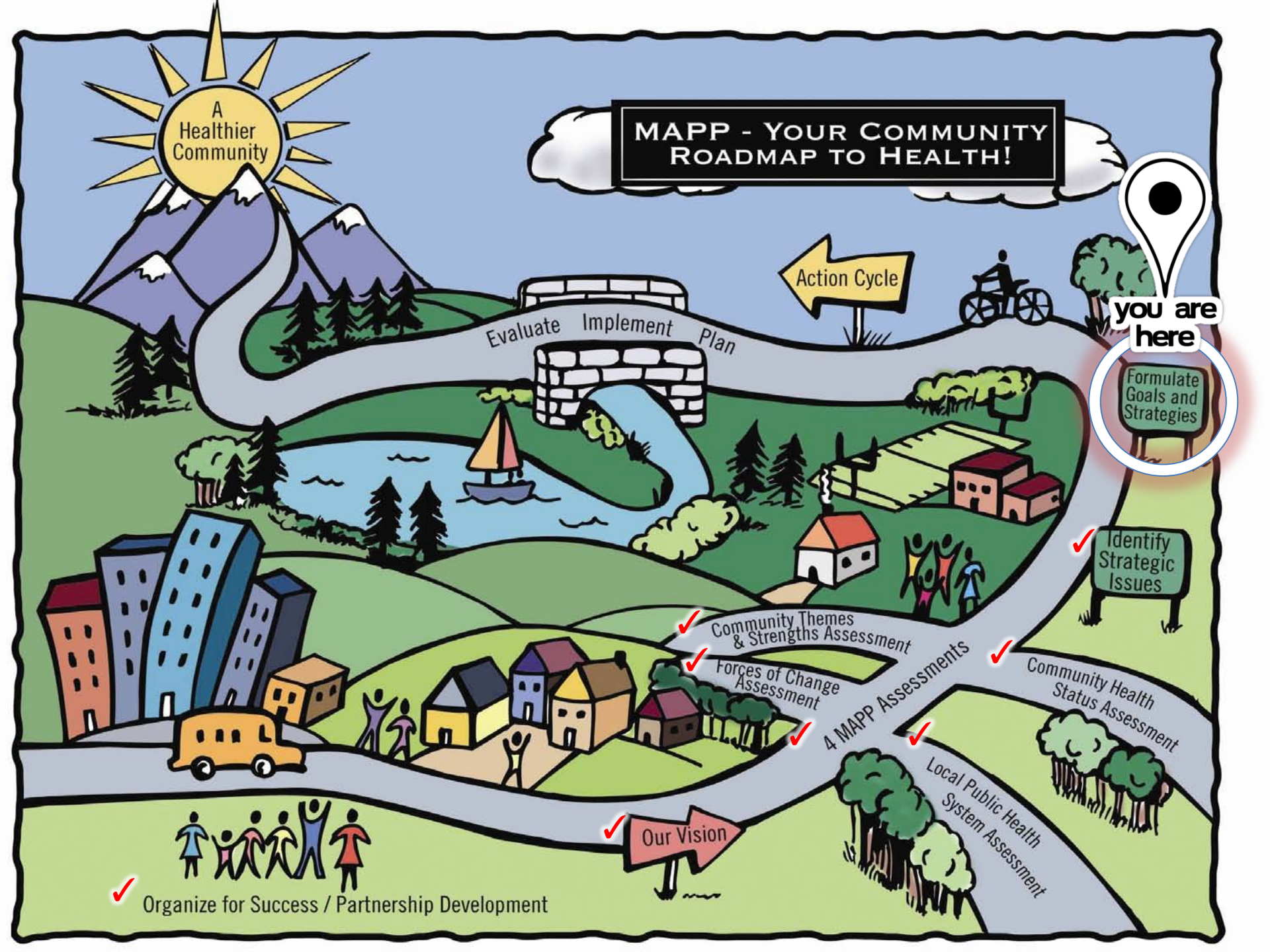
4 MAPP Assessments

✓ Community Health
Status Assessment

✓ Local Public Health
System Assessment

✓ Our Vision

✓ Organize for Success / Partnership Development



Thank you...

Any questions?

