

DoN: An Opportunity to Advance Health



Community-Based Health Initiative Planning Guideline

Health Priorities Guideline

Community Engagement Guideline

January 11, 2017



Development of Revised CHI Guidelines

The revised CHI framework reflects multiple levels of input, review, and analysis, including:

- Recommendations and information gathered during DPH's Community Health Initiative Health Impact Assessment conducted in 2014 with significant provider and community input.
- A comprehensive national literature and best practices review of over 100 peer-reviewed articles and dozens of grey-literature best practice websites, including:
 - County Health Rankings: Roadmaps to Health
 - Community Toolbox
 - Mobilizing For Action through Planning and Partnerships (MAPP)
 - CDC Community Health Improvement Navigator
 - Quality Forum's Improving Population Health by Working with Communities: Action Guide 3.0
- A statewide review of Community Health Needs Assessments
- Stakeholder and expert interviews
- A DPH-wide survey of content experts to assess current and future evidence-based programmatic opportunities at the community level
- Four (4) statewide public listening sessions held in October 2016



How do we build a bridge between health care and public health through DoN?

CHI Today:

- ❑ No coordinated disbursement of the more than \$170M in CHI investments committed between FY06 through FY16;
- ❑ No standardized documentation or evaluation to ensure spending directly contributes to increased health outcomes and lowered THCE;
- ❑ Not publicly planned or competitively procured with unclear DPH role;
- ❑ Flexible community engagement standards;
- ❑ Often small, uncoordinated investments across many issue areas;
- ❑ Does not fully leverage DPH's ability to build population health expertise across health care system, failing to incentivize providers' adoption of population health strategies *both* at the patient panel level and community level needed to successfully take on desired risk.

CHI Tomorrow:

- ❑ Standardized, coordinated CHI investments with enhanced accountability and reporting, ensuring critical dollars are contributing to the improvement of community health;
- ❑ Strong community involvement with funds disbursed through a transparent process from provider organizations with final DPH approval;
- ❑ Clear community engagement expectations that set "gold standard" for community-based planning;
- ❑ Larger and/or coordinated approaches to CHI investments that ensures targeted investments with high-value returns across a community;
- ❑ Establishes a public health framework that will allow DPH to support a social determinant of health and health equity approach to community health investments. This approach will balance investments in both state "Health Priorities" as well as targeting resources towards responding to individual Community Health Needs Assessments and identified local health disparities.



Objectives of Community Health Initiative (CHI) Revision

Four primary goals:

Corresponding Guideline

Achieving Robust Community Engagement

Achieving Transparency in Decision-making

Achieving Accountability

Achieving Community Health Impact

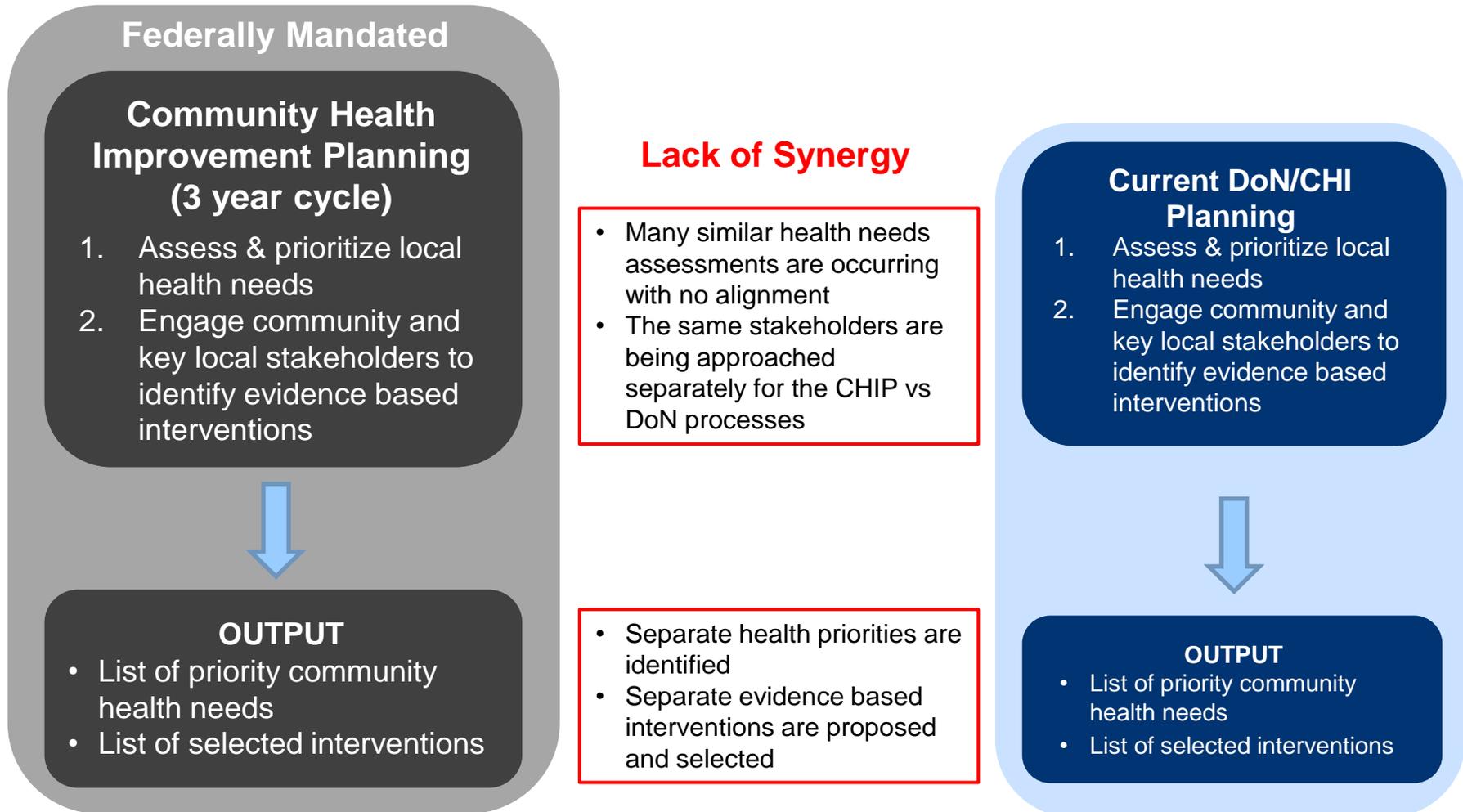
Community Engagement Guideline

CHI Planning Guideline

Health Priorities Guideline

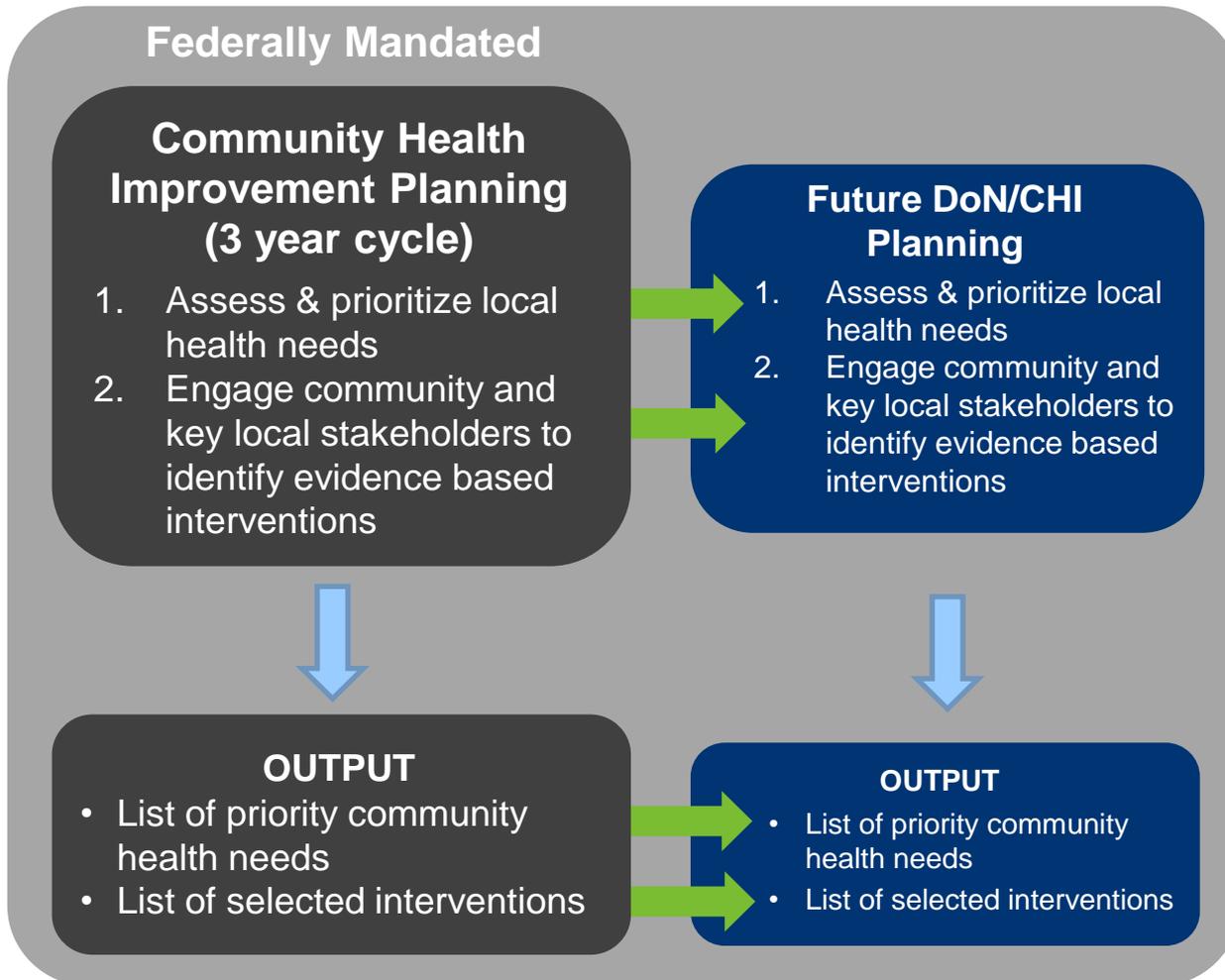


Current CHI: Encourages (but does not require) alignment of CHI planning with AGO and federally mandated community health improvement planning (CHIP) processes





CHI from a System Transformation Approach: Collaboration and true alignment between ongoing AGO and federally mandated CHIP processes and DoN will:



New Synergies

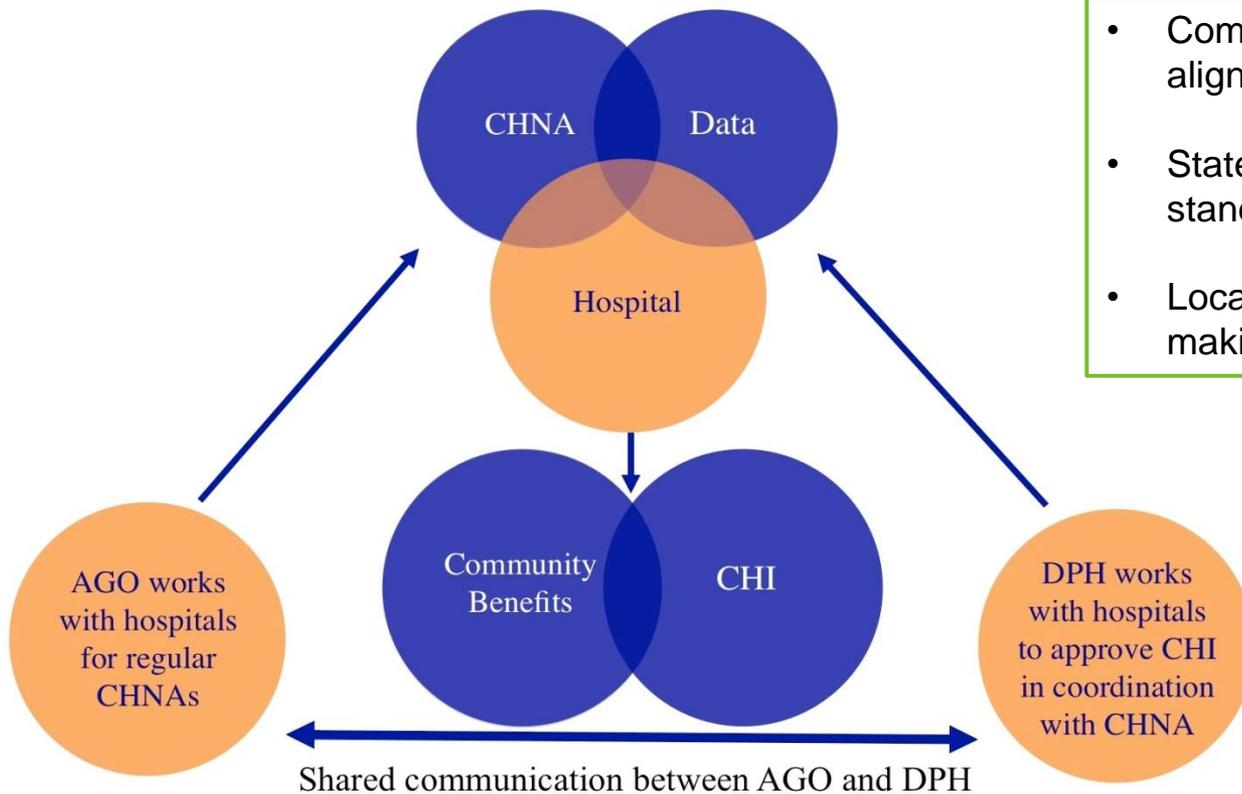
- Provide opportunities to leverage existing community needs assessments
- Minimize duplication of stakeholder engagement efforts
- Standardize definitions, approaches, and evaluation of community engagement

- Identify potential alignment of priority health needs
- Select similar, or complimentary interventions
- Leverage joint resources for larger community impact



CHI from a System Transformation Approach

New Synergies and Bigger Impact



- Community Benefits and CHI alignment
- State defined minimum standards
- Locally led and local decision-making



CHI Program Components



Community Engagement: Spectrum of Public Participation

Throughout the CHNA/CHIP and CHI process, levels of engagement vary. Based on the International Associations Public Participation's spectrum of engagement and DPH minimum standards, each applicant will use this tool to identify levels of community engagement in their CHNA/CHIP and CHI processes.

| | Inform | Consult | Involve | Collaborate | Delegate | Community Driven / -led |
|------------------------------|--|--|---|--|--|--|
| Community Participation Goal | To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions | To obtain community feedback on analysis, alternatives, and/or solutions | To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered | To partner with the community in each aspect of the decision including the development of alternatives and identification of the preferred solution | To place the decision-making in the hands of the community | To support the actions of community initiated, driven and/or led processes |
| Promise to the community | We will keep you informed | We will keep you informed, listen to and acknowledge concerns, aspirations, and provide feedback on how community input influenced decisions | We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions | We will look to you for advice & innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible | We will implement what you decide, or follow your lead generally on the way forward | We will provide support to see your ideas succeed |
| Examples | <ul style="list-style-type: none"> •Fact sheets •Web sites •Open Houses | <ul style="list-style-type: none"> •Public comments •Focus groups •Surveys •Community meetings | <ul style="list-style-type: none"> •Workshops •Deliberative polling •Advisory groups | <ul style="list-style-type: none"> •Advisory groups •Consensus building •Participatory decision making | <ul style="list-style-type: none"> •Advisor groups •Volunteers/ stipended •Ballots •Delegated decision | <ul style="list-style-type: none"> •Community-based processes •Stipended roles for community •Advisory groups |



Operationalizing Community Engagement

Leveraging existing national standards and guidelines, DPH is asking the applicants to meet the goals of transparency and authentic, robust community engagement. DPH has developed three tools to operationalize the standards:

1. Community Engagement Plan

If required, this form is used by the Applicant to describe community engagement activities that will take place to comply with DPH community engagement requirements

2. Applicant Self Assessment of Community Engagement

Required of all Applicants, this form is used to provide the department with an accurate picture of the level of community engagement used in the Applicants CHNA/CHIP

3. Community Engagement Stakeholder Assessment

Required of all Applicants, these forms are used to ensure that community stakeholders have an opportunity to describe their perceptions and experiences with the Applicants community engagement process



DoN Health Priorities and Strategy Selection



DoN Health Priorities: *Impacting the Social Determinants of Health*



Frieden T. American Journal of Public Health | April 2010, Vol 100, No. 4

- ❑ The environments in which we live, work, learn, and play have an enormous impact on our health. Re-shaping people's physical, social, economic, and service environments can help ensure opportunities for health and encourage healthy behaviors but we allocate the fewest resources to influencing these factors.
- ❑ As providers take on increased risk, addressing the social determinants of health of patient populations and the larger community will be critically important for successfully managing risk and improving outcomes.
- ❑ Focusing on the social determinants of health **ensures that advancing health equity is the cornerstone of future DoN investments.**



DoN Health Priorities: *Impacting the Social Determinants of Health*

Based on a comprehensive review process, the following DoN Health Priorities were selected:

- Socio-Cultural Environment**
- Built/Physical Environment**
- Housing**
- Violence and Trauma**
- Employment**
- Education**

These Health Priorities:

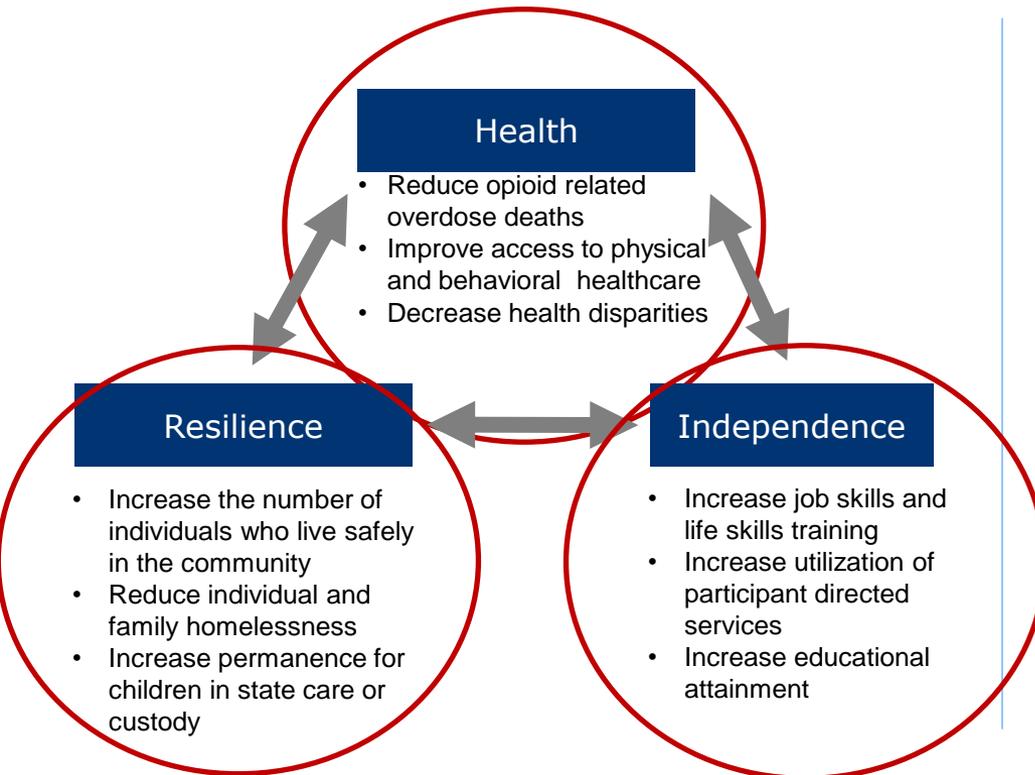
- 1) set a long-term framework built around issues that will not change in the short-term;
- 2) support successful transition to greater risk;
- 3) support the state's current health and human services priorities;
- 4) allow for greater collaboration and synchronization of investments regionally/statewide;
and,
- 5) encompass critical, ongoing community-based work



DoN Health Priorities: *Current Issue Focus*

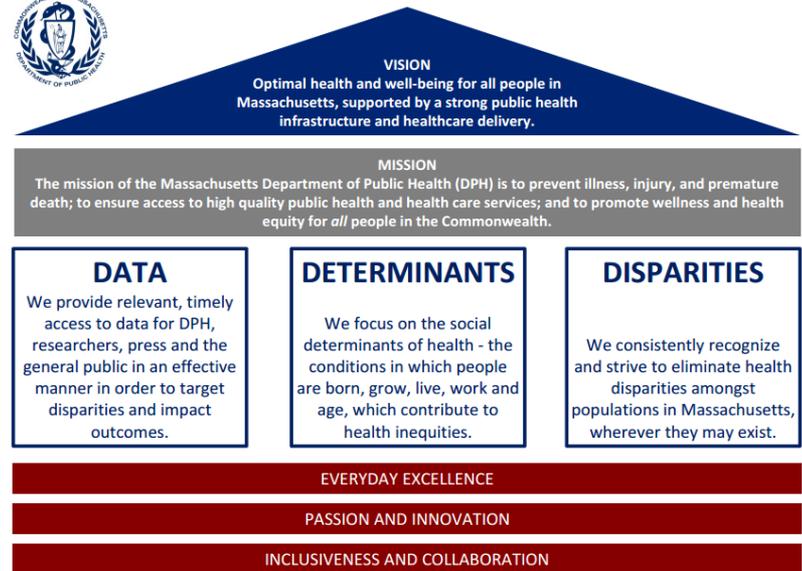
- ❑ DPH considers the six (6) Health Priorities as the structural framework within which specific evidence-informed strategies live and evolve based on funding decisions made by health care systems and their partners through an analysis of current trends, issues, and opportunities for alignment across state and local initiatives.
- ❑ As DPH looks to launch the first iteration of this new approach, strategies to impact and address the Health Priorities will include but not be limited to strategies that directly align and emphasize EOHHS goals of:

Massachusetts EOHHS Priorities



Department of Public Health Priorities

DPH will support DoN Applicants and community partners with new data tools





DoN Health Priorities: *Current Issue Focus*

Accordingly, the following **four (4) Issues** are named in the Health Priorities Guideline:

1. Substance use disorders (SUDs)
 2. Mental illness and mental health
 3. Housing Stability/Homelessness
 4. Chronic disease with a focus on Cancer, Heart Disease and Diabetes
- } Behavioral Health

These issues are:

1. Trending negatively,
2. Represent issues that are driving mortality/morbidity and health care cost, and
3. Are either a social determinant of health (e.g. housing stability/homelessness) or are issues that are sustainably addressed using a social determinant of health approach (e.g. prevention of heart disease and diabetes requires addressing opportunities for physical activity and access to healthy food).



DoN Health Priorities: Selecting strategies that impact the Social Determinants of Health



| 1. | 2. | 3. | 4. |
|---|---|--|--|
| Impact on Health Priorities | Evidence | Bucket of Prevention* | Strategy Feasibility & Impact |
| <input checked="" type="checkbox"/> One or more | <input checked="" type="checkbox"/> One or more | <input checked="" type="checkbox"/> One or more | <input checked="" type="checkbox"/> Account for all |
| <input type="checkbox"/> Logic model/causal pathway | <input type="checkbox"/> Proven (evidence-informed) | <input type="checkbox"/> Innovative Community/Clinical Linkage | <input type="checkbox"/> Reach |
| <input type="checkbox"/> Literature/evidence documenting impact of strategy on SDH(s) | <input type="checkbox"/> Prove It (evidence-based) | <input type="checkbox"/> Total Population or Community-Wide Prevention | <input type="checkbox"/> Population/community to be impacted |
| | | | <input type="checkbox"/> Political will/community support |

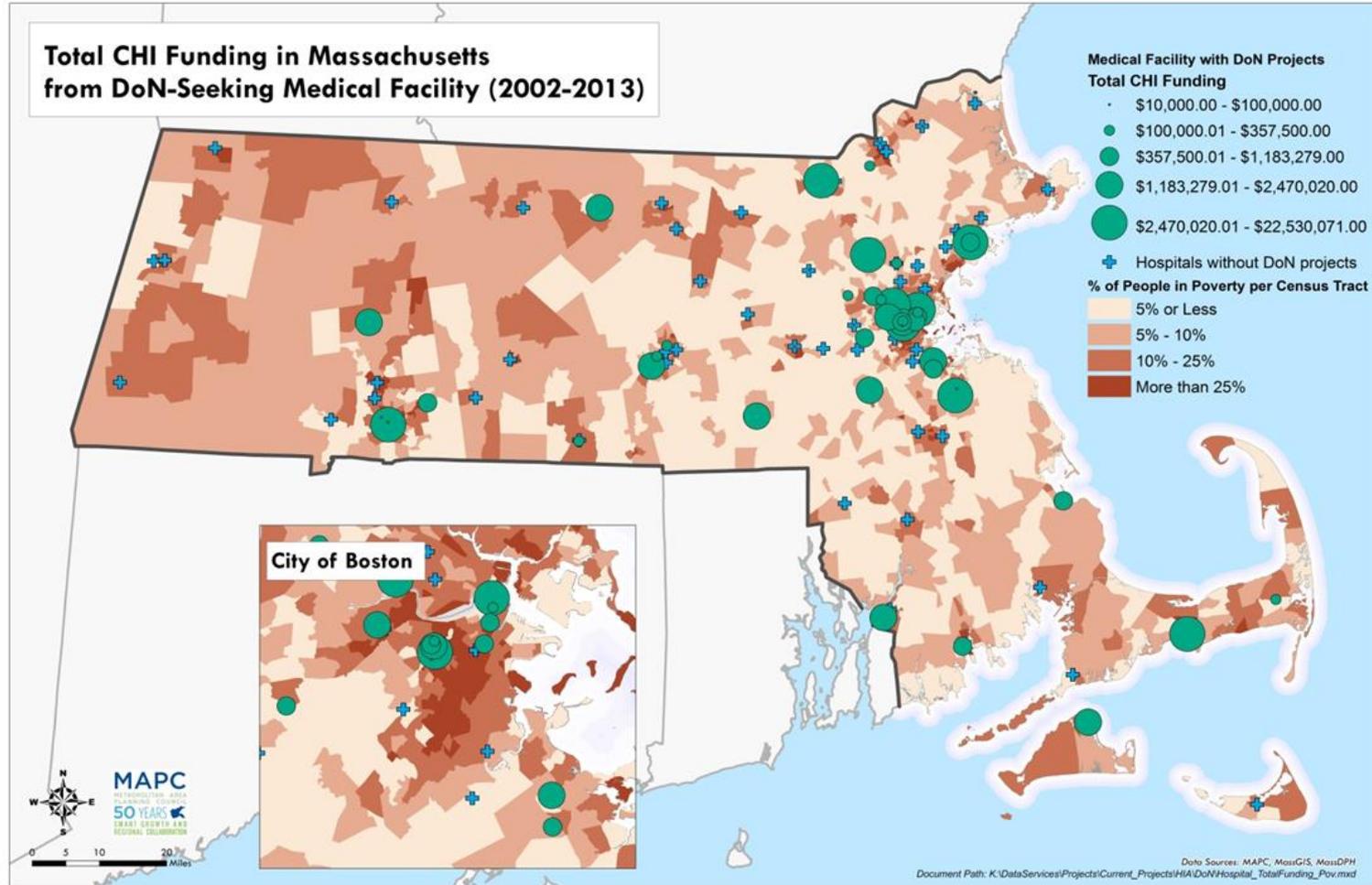
* Auerbach, John. "The 3 buckets of prevention." *Journal of Public Health Management and Practice* 22.3 (2016): 215-218.



CHI Statewide Initiatives



Why Statewide Investments? *Unequal Distribution and Availability of Resources*





Community Health Initiative Statewide Initiative

Goals:

- **CHI system-wide evaluation** to include tools and resources for local evaluation of CHI programs.
- **Local grants supporting DoN Health Priority strategies** in areas of the Commonwealth historically underserved by DoN CHI resources.
- **Resource support for regional and collaborative Community Health Improvement Planning** processes across the Commonwealth (CHIP Coordinating Organizations).

Funding and Operations:

For CHI Projects that total \$500,000 or more:

- 75% of funding will be dedicated to local approaches to the Health Priorities; and, 25% of funding will be dedicated to the CHI Statewide Initiative.

For CHI Projects that total \$500,000 or less:

- 90% of funding will be dedicated to local approaches to the Health Priorities; and, 10% of funding will be dedicated to the CHI Statewide Initiative.

Establishment of a CHI Statewide Initiative Advisory Committee:

- The DPH Commissioner will appoint an advisory committee (which may draw from an existing committee) tasked with establishing a competitive process for choosing an organization to host the CHI and supporting decisions regarding this selected organization's structure, staffing plan, and annual budget.
-



Community Health Initiative Healthy Aging Fund

Goals:

- **Long-Term Care Facilities** will be directed to contribute their required CHI resources to a CHI Healthy Aging Fund.
- **Consistent with CHI's overall focus on the social determinants of health**, the CHI Healthy Aging Fund will support the development of Age-Friendly communities following the eight (8) elements of an age-friendly community as defined by the WHO and AARP and/or will be consistent with the strategic efforts and goals of the *Healthy Aging in Action (HAIA): Advancing the National Prevention Strategy*.

Operations:

Establishment of a CHI Statewide Initiative Advisory Committee:

- The DPH Commissioner and the Secretary of Elder Affairs will name stakeholders to a CHI Healthy Aging Fund Advisory Committee to develop and implement the CHI Healthy Aging Fund.
- The CHI Healthy Aging Fund Advisory Committee will set overall funding priorities and will identify regional structures to implement strategies and initiatives.



Example CHI Process and PHC Decision-Making



Example Community Health Initiative Process: Before PHC Decision

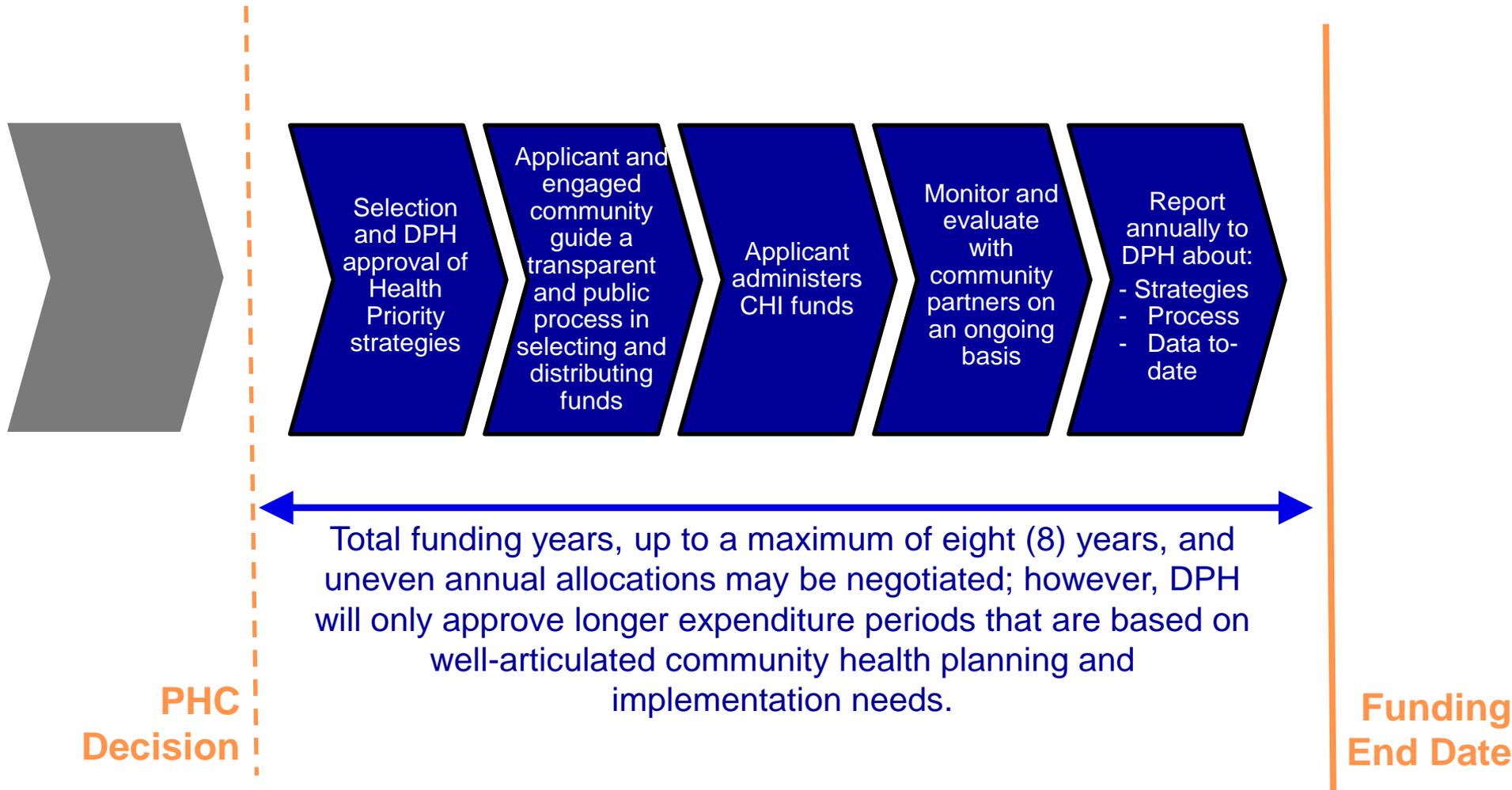


This is an example timeline of the CHI Process that occurs as a part of the Determination of Need application process. For smaller projects (Tier 1) selection of Health Priority strategies may occur prior to PHC decision.

**PHC
Decision**



Example Community Health Initiative Process: Post PHC Decision





CHI Proposed Changes Summary

- CHIs will establish a public health framework allowing DPH to support a social determinant of health and health equity approach to community health investments. This approach will balance investments in both state “Health Priorities” as well as targeting resources towards responding to local CHNAs and identified local health disparities.
- DPH will now have a role in how the community is engaged and how data and information are used in CHNA/CHIP processes creating opportunity for aligning community benefits determinations with the types of strategies funded through CHIs.
- Through guidelines developed by DPH, CHIs (and by association CHNA/CHIPs) will have to meet community engagement standards.
- CHI changes support the rationale and operation of a new CHI Statewide Initiative supporting coordinated local CHIP efforts, system wide evaluation and resource support to underserved areas of the commonwealth.



Commonwealth of Massachusetts Department of Public Health

Questions?