Community Health Improvement Planning
2016-2018 Summary
2016-2018 Local Community Health Improvement Planning Cycle

Guidance called for collaboration:

• Work with partners to identify common public health priorities
• Consider developing a single plan that serves as both the LHD’s community health improvement plan (CHIP) and the hospital’s community service plan (CSP)
• Describe process of how community was engaged to identify and select at least two “collaborative” health priorities aligned with the Prevention Agenda
• Outline how LHDs and hospitals are working with partners to address shared priorities, ensuring that at least one priority addresses a disparity
2016-2018 Community Health Improvement Plans Received

127 plans by 58 LHDs and 167 Hospitals

- 71 CSPs on behalf of 110 hospitals
- 31 joint plans on behalf of 33 LHDs and 57 hospitals
- 25 LHD CHIPs
Prevent Chronic Diseases: Partners Engaged, December 2016

TOTALS: LHD  n=57      Hospitals n=166

NOTE: Organizations often indicated working in more than one priority area
Prevent Chronic Diseases
Promote a Healthy and Safe Environment
Promote Healthy Women, Infants and Children
Promote Mental Health and Prevent Substance Abuse
Prevent HIV/STDs, VPDs and HAIs

Percent

Priority areas chosen by local health departments and hospitals, December 2016

TOTALS: LHD n=58 Hospitals n=167
NOTE: Organizations often indicated working in more than one priority area
Preventing Chronic Disease focus areas among local health departments and hospitals, December 2016

- **Reduce obesity in children and adults**: 82% (LHD n=57, Hospitals n=166)
- **Reduce illness, disability and death related to tobacco use and secondhand smoke exposure**: 33% (LHD), 30% (Hospitals)
- **Increase access to high quality chronic disease preventive care and management in both clinical and community settings**: 74% (LHD), 69% (Hospitals)

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas.
Promote Healthy Women, Infants, and Children focus areas among local health departments and hospitals, December 2016

Maternal and Infant Health
- LHD: 86%
- Hospitals: 79%

Child Health
- LHD: 29%
- Hospitals: 12%

Reproductive, Preconception and Inter-Conception Health
- LHD: 21%
- Hospitals: 25%

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Promote Mental Health and Prevent Substance Abuse focus areas among local health departments and hospitals, December 2016

- Promote mental, emotional and behavioral (MEB) well-being in communities: 50% LHD, 27% Hospitals
- Prevent Substance Abuse and other Mental Emotional Behavioral Disorders: 75% LHD, 55% Hospitals
- Strengthen Infrastructure across Systems: 35% LHD, 29% Hospitals

LHD n=48, Hospitals n=121

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Prevent HIV/STDs, Vaccine-Preventable Diseases and Healthcare-Associated Infections focus areas among local health departments and hospitals, December 2016

Prevent HIV and STDs: 88% (n=15)
Prevent Vaccine-Preventable Diseases: 12% (n=2)
Prevent Healthcare-Associated Infections: 6% (n=1)

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Disparities addressed in Prevent Chronic Diseases, December 2016

LHD n=57  Hospitals n=166

Percent

Racial/Ethnic  Socioeconomic  Geographic  Gender  Age  Disability  MEB  Other

21%  81%  21%  7%  18%  12%  21%  16%

28%  60%  11%  8%  17%  8%  13%  16%

31%  0  20  40  50  60  70  80  90  100
Interventions - Reducing Obesity, Prevent Chronic Diseases, December 2016

- Institution nutrition standards: 32% (LHD), 32% (Hospitals)
- Complete Streets: 19% (LHD), 17% (Hospitals)
- Physical activity venues: 38% (LHD), 38% (Hospitals)
- School districts advertising: 6% (LHD)
- Strong Local School Wellness Policies: 19% (LHD), 17% (Hospitals)
- Recruit for Breastfeeding exclusivity: 13% (LHD), 9% (Hospitals)
- Employers' breastfeeding-friendly policies: 15% (LHD), 15% (Hospitals)
- Nutrition standards-worksites: 21% (LHD), 21% (Hospitals)
Interventions - Reducing tobacco use, Prevent Chronic Diseases, December 2016

- Tobacco marketing: 18%
- Smoking cessation benefits: 32%
- Tobacco-dependence treatment: 100%
- Smoke-free public housing: 26%

LHD n=19  Hospitals n=49
Evidence-based self-care management
Increase colorectal cancer screening services
Colorectal cancer screening awareness
Promote guidelines about benefit
Colorectal cancer screening benefit awareness

Intervention - Evidence-based Preventive Care, Prevent Chronic Diseases, December 2016

LHDs n=42  Hospitals n=115
Promoting wellbeing
Preventing substance abuse
Prevent adverse childhood experiences (ACES)
Prevent MEB disorders
Prevent suicides
Reduce tobacco use among adults who report poor mental health
Integrate MEB health-chronic disease prevention
Strengthen MEB infrastructure

LHDs n=48     Hospitals n=121
NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas

MEB = Mental Emotional Behavioral Health
Interventions-Promote Mental Health Prevent Substance Abuse, December 2016

Other:
- Overdose prevention, Naloxone training
- Diversion (take back drug)
- Supporting Opioid Task Force
- Mental Health First Aid
- Systems of Care
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections goals, December 2016

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare Associated Infections interventions, December 2016

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Design HIV interventions with two co-factors e.g. homelessness, mental health</td>
<td>35% (n=6)</td>
</tr>
<tr>
<td>Link presumed HIV-positive individuals to services</td>
<td>35% (n=6)</td>
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</tbody>
</table>

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Promote Healthy Women, Infants, Children Goals, December 2016

LHD n=14  Hospitals n=48

NOTE: Organizations often indicated working in more than one focus area in each of their chosen priority areas
Communities often indicated working in more than one focus area in each of their chosen priority areas.

**Focus Areas:**
- Community Health Worker support
- Care coordination with technology
- Public health detailing
- Implement local service networks
- Baby Friendly Hospitals
- Comprehensive breastfeeding education-counseling
- Link women to local WIC services
- Integrate oral health into pediatric primary care
- Integrate oral health messages across programs e.g. WIC
- Fluoridation of public water supplies

**Percentages:**
- Community Health Worker support: 10%
- Care coordination with technology: 14%
- Public health detailing: 7%
- Implement local service networks: 14%
- Baby Friendly Hospitals: 14%
- Comprehensive breastfeeding education-counseling: 16%
- Link women to local WIC services: 4%
- Integrate oral health into pediatric primary care: 4%
- Integrate oral health messages across programs e.g. WIC: 7%
- Fluoridation of public water supplies: 7%
Healthy Women, Infants, and Children: A deeper study

- A deeper study was conducted among 14 counties that selected Healthy Women, Infants and Children as a “shared” priority.
- “Shared” priorities were defined as those identified by the local health department and all hospitals in the county.
- These 14 counties included 14 local health departments and 20 hospitals.
- Data from reports were analyzed to answer three questions:
  1. What interventions are being implemented?
  2. How is progress being tracked?
  3. How are partners engaged?
Promote Healthy Women, Infants, and Children Interventions, December 2016

*187 interventions from 14 counties and 24 plans
Healthy Women, Infants, and Children - What we learned

From the 24 plans analyzed:

• 22 focused on maternal-infant health, 5 on child health, and 6 on reproductive/preconception care
• All plans included at least one evidence-based intervention
• 56% of 187 interventions focused on increasing breast-feeding
• 78% in community setting and 21% in clinical setting
• Most plans had measures, and interventions were connected with measures
• Of the 164 tracking process measures: 40% input (e.g. number of people referred), 55% output (e.g. number of breastfeeding policies established) and 4% impact (e.g. percent of infants who are exclusively breastfed)
• Addressing disparities not often clear in intervention or measures
Overall Notable Strengths and Challenges

Common strengths
- Concise executive summaries that can be used to communicate efforts
- Robust community health assessments with current data, comparisons with standards
- Included clear rationale for prioritization
- Collaboration with many partners and citizens in planning and implementation
- Working to promote health equity in at least one Priority Area

Common challenges
- Although a strength of many plans, a rationale for prioritization was not always clear
- About 15% of plans were not explicitly using evidence based interventions for two priorities
- Insufficient information on strategies to address disparities
- Lack of process for monitoring interventions
- Lack of description on process for sustaining improvement efforts
Technical Support Opportunities

• Implementing evidence-based and best-practice interventions
• Measuring impact
• Building on lessons learned
• Addressing disparities in interventions and tracking progress
• Developing and disseminating community health improvement stories
• Promoting diverse partnerships for health across all policies and healthy aging
Additional Next Steps

• Email feedback letters to LHDs and hospitals including feedback on their local partnerships

• Complete deeper analysis of interventions, measures and partners for four other priorities:
  – What interventions are being implemented?
  – How is progress being tracked?
  – How are partners engaged?

• Disseminate findings among DOH programs, regional staff, state and local partners including PHIPs

• Start developing 2019 – 2025 Prevention Agenda
Questions?

prevention@health.ny.gov
Promote Healthy Women, Infants and Children: Partners Engaged, December 2016

- Community Health Centers
- Business
- Residents
- Colleges
- Faith-based orgs.
- Health Insurance Plans
- Housing
- meb
- Media
- Philanthropy
- Schools K-12
- Social Services
- Transportation
- Other Partners

LHD n=14  Hospitals n=48
## Promote Mental Health Prevent Substance Abuse: Partners Engaged, December 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>LHD</th>
<th>Hospitals</th>
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<tbody>
<tr>
<td>Community Health Centers</td>
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<td>31</td>
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<tr>
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<td>Residents</td>
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<td>Faith-based orgs.</td>
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LHD n=48      Hospitals n=121
Promote Healthy and Safe Environment: Partners Engaged, December 2016

- Community Health Centers: 50% LHD, 50% Hospitals
- Business: 50% LHD, 50% Hospitals
- Residents: 33% LHD, 50% Hospitals
- Colleges: 50% LHD, 50% Hospitals
- Faith-based orgs.: 50% LHD, 50% Hospitals
- Health Insurance Plans: 17% LHD, 67% Hospitals
- Housing: 33% LHD, 0% Hospitals
- Media: 0% LHD, 17% Hospitals
- Philanthropy: 17% LHD, 17% Hospitals
- Schools K-12: 17% LHD, 83% Hospitals
- Social Services: 17% LHD, 100% Hospitals
- Transportation: 17% LHD, 100% Hospitals
- Other Partners: 17% LHD, 17% Hospitals

LHD n=6  Hospitals n=12