



Health Resources in Action
Advancing Public Health and Medical Research



National Network
of Public Health Institutes

Community Health Improvement Learning Collaborative

Kick-off Webinar

Wednesday, October 28, 2015

Agenda Today

- Welcome
- Learning Collaborative Overview
- Partnership Introductions
- Learning Collaborative Process
- Overview of the CHI Navigator Resource



Welcome

- Welcome
- Setting the Stage: How did we get here?
- Goal of CHI Learning Collaborative
 - To assist partnerships using the CHI Navigator and peer-to-peer networking
 - To learn more about how to improve its usefulness
 - To determine value of this kind of effort (Learning Collaborative)
- Selection Criteria for Learning Collaborative



Learning Collaborative Overview

➤ NNPHI

- Is the central hub for public health institutes working to improve public health in the United States.
- Mobilizes more than 40-member public health institutes - as well as 10 university-based regional training centers and 39 affiliates - as a social, financial, and information network, connecting subject-matter experts with organizational partners across the nation.
- Will be supporting the Learning Collaborative

➤ HRiA

- A non-profit public health organization assisting agencies and institutions with assessment, strategic and community health planning, evaluation, community engagement, and training
- Has conducted over 45 CHAs and CHIPs across the country in the past few years
- Will be leading the webinars and TA for the Learning Collaborative



Learning Objectives

- To improve knowledge and confidence in implementing the key concepts related to a collaborative community health improvement process
- To network and peer consult with other partnerships working on community health improvement
- To become more familiar with how the CHI Navigator can facilitate a collaborative CHI process



Overview of Partnerships Participating

Collaborative Name	Geography	Year Established
Greater Waterbury Health Improvement Partnership	CT (urban)	2013
District of Columbia Healthy Communities Collaborative	DC (urban)	2012
Healthy Chelsea Coalition	MA (urban)	1995
Healthy St. Mary's Partnership	MD (rural)	2013
Frederick County Health Care Coalition	MD (suburban)	2006
North Jersey Health Collaborative	NJ (suburban)	2013
Healthy Livable Communities Consortium of Cattaraugus County	NY (rural)	2011
Partners for Healthy Communities of Central PA	PA (suburban)	2015
Healthy Hanover Coalition	VA (rural)	2014
Kanawha Coalition for Community Health Improvement	WV (urban)	1994



Overview of Partnerships Participating

- Partnerships report most experience and confidence in the **Engaging the Community** in the CHI process and the least experience in the concepts related to **“Communicate”** in the CHI process
- Partnerships report most experience and confidence with phases of **Assess Resources and Needs** and **Focus on What’s Important**
 - 8 partnerships reported being “confident” to “very confident” in implementing key concepts for these phases
- Partnerships report least experience and confidence in the **Act on What’s Important** and **Evaluate Actions** phases
- 7 partnerships feel confident using tools from the general CHI field to guide their CHI process; however, only 2 respondents have used the CDC CHI Navigator



Introductions of the Partnerships

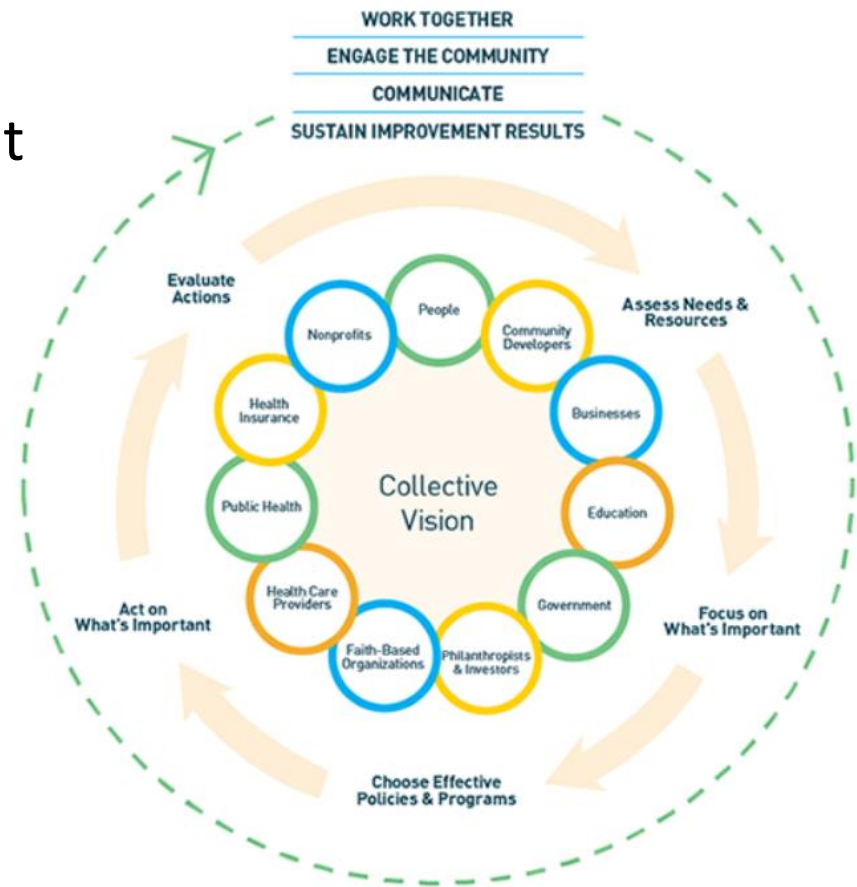
➤ 2 minutes per partnership

- Name of partnership
- Organizations participating in the Learning Collaborative
- What's been your biggest success as a partnership?
- What's been your biggest challenge as a partnership?
- What Community Health Improvement phase(s) is your partnership in now?



What Will We Be Covering?

- Specific phases across the Community Health Improvement process
- Not a “how to” but a focus on the overarching concepts and the iterative, dynamic nature of the process
- Identify how different tools and resources can assist a collaborative process



Adapted from: [County Health Rankings and Roadmaps Action Cycle](#)



Format of the Learning Collaborative

- 6 webinars
- Peer consultation work (partnership to partnership) in between webinars
- 4 group technical assistance calls
- Platform for sharing information
- In-person convening at the Association for Community Health Improvement conference in Baltimore (travel stipend for 1 participant per partnership)



Timeline

Time of year	Topic
October 28, 2015	Learning Collaborative Kick-off and CHI Navigator Overview
Mid November	Partnership and Community Engagement, Communication, and Sustainability
Early December	Technical Assistance Call #1
Mid December	Assess Needs and Resources
Early January	Technical Assistance Call #2
Mid January	Focus on What's Important and Choose Effective Policies and Programs
Late January	Technical Assistance Call #3
Early February	Act on What's Important
Mid February	Technical Assistance Call #4
Late February	Evaluation
February 29, 2016	In-Person Convening at the ACHI Conference



Q&A





CDC Community Health Improvement (CHI) Navigator

Denise Koo, MD, MPH

CAPT, USPHS

Office of Associate Director for Policy, CDC

dkoo@cdc.gov



CHI Navigator Background

Purpose: To support hospitals, health systems, public health, and other community organizations and stakeholders interested in improving the health of their communities

- Provides unifying framework and supportive tools to enable collaborative community health improvement (CHI) work
- Highly aligned with IRS Rule on Community Health Needs Assessments for Charitable Hospitals, but not limited to “community benefit”



Community Health as an Approach

Community health* = community health and well-being, but also an approach that:

- Involves multiple disciplines and sectors
- Engages and works with community in culturally sensitive way
- Uses public health approaches, evidence-based strategies

*Adapted from Goodman RA, Bunnell R, Posner SF. What is “community health? Examining the meaning of an evolving field in public health. Preventive Medicine 2014; 67 (S1): S58-S61



CHI Navigator Overview

Unifying framework and supportive tools to enable collaborative community health improvement (CHI) work:

- Brief case examples from health system partnerships with external partners
- Infographic-storyline that sets the stage for collaborative work
- Focused set of tools to support effective collaborations
- Database of evidence-based interventions to support movement to action



INVEST IN YOUR COMMUNITY

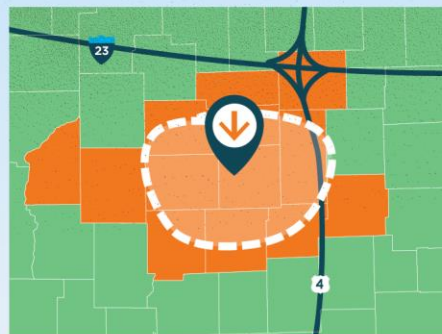
4 Considerations to Improve Health & Well-Being *for All*

WHAT Know What Affects Health



WHERE Focus on Areas of Greatest Need

Your zip code can be more important than your genetic code. Profound health disparities exist depending on where you live.



WHO Collaborate with Others to Maximize Efforts



HOW Use a Balanced Portfolio of Interventions for Greatest Impact

- Action in one area may produce positive outcomes in another.
- Start by using interventions that work across all four action areas.
- Over time, increase investment in socioeconomic factors for the greatest impact on health and well-being for all.



Landing Page (www.cdc.gov/CHInav)

CDC Community Health Improvement Navigator

CHI Navigator Home

Making the Case for Collaborative CHI

Tools for Successful CHI Efforts +

Database of Interventions

CHI Navigator Resources +

Frequently Asked Questions

 Recommend  Tweet  Share



Our health and well-being are products of not only the health care we receive and the choices we make, but also the places where we live, learn, work, and play. **Community health improvement (CHI) is a process to identify and address the health needs of communities.** Because working together has a greater impact on health and economic vitality than working alone, CHI brings together health care, public health, and other stakeholders to consider

Making the Case Vignettes

Brief case examples from health system partnerships with external partners, with outcomes that address their bottom line

- **Example:** In its first year as an ACO, Montefiore Medical Center reduced the cost of care for its 23,000 Medicare patients by 7% and earned \$14 million in shared savings payments from CMS
- **How:** By partnering with community organizations to provide wraparound services including housing, legal, financial, employment, and transportation assistance



Making the Case Page

CDC Community Health Improvement Navigator

- CHI Navigator Home
- Making the Case for Collaborative CHI**
- Tools for Successful CHI Efforts +
- Database of Interventions
- CHI Navigator Resources +
- Frequently Asked Questions

[CHI Navigator Home](#)

Making the Case for Collaborative CHI

[Recommend](#) [Tweet](#) [Share](#)



COLLECTIVE VISION

MAKING THE CASE FOR COLLABORATIVE CHI

Hospitals that are Collaborating, Making an Impact

The community health improvement (CHI) process brings together health care, public health, and other stakeholders to identify and address the health needs of communities—because working together has a greater impact on health and economic vitality than working alone.

Tools for Successful CHI Efforts

Curated list of tools placed in context of action steps of a CHI process, including:

- Key concepts
- Tools for getting started
- Relevant excerpts from the IRS Final Rule on Community Health Needs Assessments for Charitable Hospitals



Selected Key Concepts for Collaborative Community Health Improvement

- Multi-sector collaboration, common agenda and vision, shared accountability and ownership
- Diverse community stakeholders engaged throughout
- Ongoing communication
- Results shared at each phase
- Backbone infrastructure
- Community assets identified and leveraged
- Use of public and private data, shared user-friendly measurement system
- Coordinated plan of action and alignment
- Evidence-informed interventions
- Mix of policy, systems and environmental solutions
- Implementation adjusted based on continuous evaluation data



Tools for Successful CHI Page

CDC Community Health Improvement Navigator

- CHI Navigator Home
- Making the Case for Collaborative CHI
- Tools for Successful CHI Efforts**
- Work Together
- Engage the Community
- Communicate
- Sustain Improvement Results
- Assess Needs and Resources
- Focus on What's Important
- Choose Effective Policies and Programs
- Act on What's Important
- Evaluate Actions
- Database of Interventions

[CHI Navigator Home](#)

Tools for Successful CHI Efforts

 Recommend  Tweet  Share

To help increase your chances of success, the framework below can serve as a template for your Community Health Improvement (CHI) efforts. Four crosscutting tenets—Work Together, Engage the Community, Communicate, and Sustain Improvement Results—are to be applied throughout the five-step CHI process.

By clicking on each box below the framework, you will find the following:

- **Key Concepts**¹: Actionable descriptions intended to guide execution in each part of the CHI process
- **Tools for Getting Started**: Select tools including "how-to" descriptions, templates, and checklists to achieve the key concepts
- **Relevant Excerpts from the Internal Revenue Service (IRS) Final Rule**: Language related to the key concepts from the IRS Final Rule on Community Health Needs Assessments (CHNA) for Charitable Hospitals, for reference

Please note that the **Tools for Successful CHI Efforts** section is not a step-by-step toolkit and does not replicate the many comprehensive tools that already exist. The Tools for Getting Started mentioned are not the only tools to consider for your CHI efforts as every collaborative and community will have varying needs. The tools listed can serve as a starting point to achieve the key concepts. For more background on how the key concepts and tools in the CHI Navigator were identified, visit the [About the CHI Navigator](#) page.



Selecting Actions to Implement: Database of Interventions

Search engine of proven interventions can help move partnerships from planning to **implementation and action**, and in the end, to improved community health and well-being

- Drawn from source databases that met defined criteria for level of evidence and accessibility
- Search for interventions addressing specified risk factors associated with leading causes of illness and death in the U.S.
- Filter results by target populations, target outcomes/indicators, intervention types or settings/locations, and assets





Database of Interventions

(<http://wwwn.cdc.gov/chidatabase>)


CDC Community Health Improvement Navigator

Database of Interventions


 **SELECT Filters** [Clear all filters](#)

TARGET RISK FACTORS 





<input type="checkbox"/> Tobacco Use and Exposure	<input type="checkbox"/> Physical Inactivity
<input type="checkbox"/> Unhealthy Diet	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Obesity	


TARGET POPULATIONS 

<input type="checkbox"/> Racial/Ethnic Minorities	<input type="checkbox"/> Low Income
<input type="checkbox"/> Children/Adolescents	<input type="checkbox"/> Families
<input type="checkbox"/> Adults	<input type="checkbox"/> Older Adults
<input type="checkbox"/> Men	<input type="checkbox"/> Women
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural

TARGET OUTCOMES OR INDICATORS 

Four ACTION Areas

 SOCIOECONOMIC FACTORS	 PHYSICAL ENVIRONMENT	 HEALTH BEHAVIORS	 CLINICAL CARE
--	--	--	---



Select filters to get started

OR

Database of Interventions (cont'd)

SELECT Filters [Clear all filters](#)

TARGET RISK FACTORS

- Tobacco Use and Exposure
- Unhealthy Diet
- High Blood Pressure
- Obesity
- Physical Inactivity
- High Cholesterol
- Diabetes

TARGET POPULATIONS

- Racial/Ethnic Minorities
- Children/Adolescents
- Adults
- Men
- Urban
- Low Income
- Families
- Older Adults
- Women
- Rural

TARGET OUTCOMES OR INDICATORS

- Tobacco Use and Exposure
- Healthy Food/Beverage Intake
- Blood Pressure
- Body Mass Index/Weight
- Mortality
- Physical Activity
- Cholesterol/Lipid Level
- Hemoglobin A1c/Glycemic Control
- Health Care Costs
- Treatment Adherence

INTERVENTION SETTINGS/LOCATIONS

- Business/Worksite
- School

Four ACTION Areas

- SOCIOECONOMIC FACTORS** (24 RESULTS)
- PHYSICAL ENVIRONMENT** (24 RESULTS)
- HEALTH BEHAVIORS** (28 RESULTS)
- CLINICAL CARE** (14 RESULTS)

FILTER BY ACTION AREA: Showing All

Reviews [\(more info\)](#)

Individual Studies [\(more info\)](#)

Showing 1 to 10 of 72 results

INDIVIDUAL STUDIES

- The return on investment of a Medicaid tobacco cessation program in Massachusetts.**

REVIEWS

- Increase the Price of Tobacco**
- Reduce Cost for Tobacco Cessation Therapy**
- Promoting Health Equity Through Education Programs and Policies: Comprehensive, Center-Based Programs for Children of Low-Income Families to Foster Early Childhood Development**



Database of Interventions (cont'd)

CDC Community Health Improvement Navigator

Database of Interventions

INDIVIDUAL STUDY

The return on investment of a Medicaid tobacco cessation program in Massachusetts.

Individual Study Details: [The return on investment of a Medicaid tobacco cessation program in Massachusetts.](#)

Individual Study Source: [New York Academy of Medicine](#)

ACTION Areas



Socioeconomic Factors



Health Behaviors

DESCRIPTION

BACKGROUND AND OBJECTIVE: A high proportion of low-income people insured by the Medicaid program smoke. Earlier research concerning a comprehensive tobacco cessation program implemented by the state of Massachusetts indicated that it was successful in reducing smoking prevalence and those who received tobacco cessation benefits had lower rates of in-patient admissions for cardiovascular conditions, including acute myocardial infarction, coronary atherosclerosis and non-specific chest pain. This study estimates the costs of the tobacco cessation benefit and the short-term Medicaid savings attributable to the aversion of inpatient hospitalization for cardiovascular conditions. **METHODS:** A cost-benefit analysis approach was used to estimate the program's return on investment. Administrative data were used to compute annual cost per participant. Data from the 2002-2008 Medical Expenditure Panel Survey and from the Behavioral Risk Factor Surveillance Surveys were used to estimate the costs of hospital inpatient admissions by Medicaid smokers. These were combined with earlier estimates of the rate of reduction in cardiovascular hospital admissions attributable to the tobacco cessation program to calculate the return on investment. **FINDINGS:** Administrative data indicated that program costs including pharmacotherapy, counseling and outreach costs about \$183 per program participant (2010 \$). We estimated inpatient savings per participant of \$571 (range \$549 to \$583). Every \$1 in program costs was associated with \$3.12 (range \$3.00 to \$3.25) in medical savings, for a \$2.12 (range \$2.00 to \$2.25) return on investment to the Medicaid program for every dollar spent. **CONCLUSIONS:** These results suggest that an investment in comprehensive tobacco cessation services may result in substantial savings for Medicaid

Database Glossary Page

CDC Community Health Improvement Navigator

- CHI Navigator Home
- Making the Case for Collaborative CHI
- Tools for Successful CHI Efforts +
- Database of Interventions
- CHI Navigator Resources -
- About the CHI Navigator
- Additional Tools and Resources
- Database of Interventions Glossary**
- Frequently Asked Questions

[CHI Navigator Home](#) > [CHI Navigator Resources](#)

Database of Interventions Glossary

 Recommend  Tweet  Share

GO TO DATABASE OF INTERVENTIONS

Action Areas

- Socioeconomic Factors
- Physical Environment
- Health Behaviors
- Clinical Care

Target Risk Factors

- Tobacco Use and Exposure
- Physical Inactivity
- Unhealthy Diet
- High Cholesterol
- High Blood Pressure
- Diabetes

Q&A



Next Steps

- Scheduling of webinar and TA calls
 - Be on the look-out for an email towards the end of the week
- Overview of next webinar
- To prepare for the next several sessions, think about your current experiences, successes, and challenges:
 - What would you like to learn more about?
 - What examples or lessons learned can you share with others?
 - What specifically would you like others to share?



CHI Learning Collaborative TA Team

- Health Resources in Action (HRiA)
 - Lisa Wolff
 - Allyson Auerbach
 - Kristin Mikolowsky
- National Network of Public Health Institutes (NNPHI)
 - Brittany Bickford
 - Aaron Alford
- Centers for Disease Control and Prevention (CDC)
 - Denise Koo
 - Elizabeth (Eli) Skillen
 - Ashley Marshall
 - Heather Head



THANK YOU!

For questions about the Learning Collaborative, please contact Allyson Auerbach at aauerbach@hria.org.

