

The NC Healthiest Communities Charter

Community Health Assessment and Improvement Collaborative Charter

NC public health departments and hospitals desire to lead the effort to help NC have a “Better State of Health”. Presently, NC is consistently in the lower third of states in population health. Application of data-driven, evidence based strategies to improve the major causes of preventable morbidity and mortality in all NC communities is essential to making substantial progress toward this bold and important vision.

There are barriers to achieving this vision, including:

- NC PH organizations, and to a lesser extent NC hospitals, will undergo major budget cuts in the next few years that will result in fewer resources for community health including central support for Healthy Carolinian and other local community partnerships
- The current severe recession’s impact on NC economy could negatively impact the population’s SES and thus lead to poorer health
- The current political environment and policies may lead to even greater cuts in public programs and greater income and health disparities
- Most preventable causes of morbidity and mortality are not primarily amenable to traditional health care strategies...rather they are more social/behavioral in nature

There are numerous opportunities that can be tapped to achieve this vision:

- The resources of the NC Center for Public Health Quality (NC CPHQ) and the NC Hospital Association’s (NCHA) Quality Center can be used to teach and apply quality improvement methods in communities*
- Four NC communities are already doing Triple Aim projects and Centers for Medicare & Medicaid Services (CMS) is focusing on Triple Aim as a key strategy for healthcare improvement and cost reduction*
- The launch of the Healthy NC 2020 objectives in 2011 provides a set of relevant measurable goals*
- The CDC is focusing on “Winnable Battles”, which overlap with many Healthy NC 2020 objectives
- Advances in HIT and HIE and other public health data in NC are now possible due to ACA and ARRA funding, in particular the Component II funds to strengthen the State Center for Health Statistics and NC-CATCH*
- New community benefits regulations including requirements for hospitals to conduct community health assessments can facilitate collaboration and sharing of resources and

expertise among hospitals, local public health departments, and community partnerships

- Severe budget cuts can open people to entertain change, and can be used to drive prioritization to a greater extent
- Interest in funding this type of work at CDC, and potentially the CMS Innovations Center, the RWJ Foundation, NC BCBS Foundation, Kate B Reynolds Trust, and Duke Endowment
- Local public health departments may soon play a smaller clinical role and thus have a greater need to focus on population health*

****Unique assets in North Carolina***

Initiative Goals

Our goal is to develop 5-6 innovative model community partnerships that develop systems and strategies to measurably improve health outcomes through data driven collaboration and implementation of evidence based strategies in a community assessment – community improvement cycle. Our long-term goal is to spread the elements of these community improvement cycle models to all NC communities by Dec 31, 2015.

A first step to identifying and implementing evidence based strategies is hospitals and health departments conducting single community health assessments and community health improvement plans.

This learning collaborative will help five community partnerships strengthen systems and strategies to improve health outcomes through data driven collaboration and implementation of evidence based strategies, specifically through conducting joint community health assessments and creating joint community health improvement plans. The collaborative will occur from June—December, 2012.

To achieve this goal, the North Carolina Institute for Public Health is coordinating efforts of the NC CPHQ, NC DPH, NCHA and its Quality Center, and the NC Association of Local Health Directors (NC ALHD) to work with 5 local health department/hospital teams to conduct unified community health assessments.

Collaborative Mission and Objectives

The mission of this collaborative is to facilitate the efforts of 5 health department and hospital teams to conduct unified community health assessment and improvement plans. Specific objectives include the following.

1. To provide assistance to community partnerships to transform their work from communication to collaboration through capacity building, application of quality and

performance improvement tools, strategic planning assistance, and team building. Community partnerships will include the local health department and hospitals. Other potential groups that could be involved include the school system, voluntary organizations, faith-based organizations, health care providers, businesses and individual citizens.

2. To provide assistance to community partnerships to create a single community health assessment and improvement plan with shared priorities. These assessments and plans will be designed to meet public health accreditation and IRS hospital community benefits requirements.
3. Create a manual that presents lessons learned in the implementation of unified health assessments and improvement plans by health departments and hospitals.

Methods

From June—December, 2012, the Planning Committee will facilitate the work of the health department/hospital collaborative teams through technical assistance, coaching, and platforms for networking and exchange. Collaborative teams will conduct and share lessons learned from implementing unified community health assessments and improvement plans using quality and performance improvement tools and collaborative practices identified in the Five Conditions of Collective Impact.

Expectations—The following are roles and responsibilities for the Planning Team and Participating Collaborative Teams to ensure that the mission, goals, and aim of this collaborative are achieved.

The Planning Team will:

- Assist the health department/hospital teams in implementing unified health assessments and improvement plans by promoting the sharing of innovations and best practices in conducting these assessments.
- Assist the collaborative teams in implementing unified health assessments and improvement plans through providing access to experts in conducting health assessments and quality improvement.
- Facilitate networking and sharing of lessons learned among participating teams through in-person meetings, conference calls, webinars, and e-communications.
- Document and disseminate the shared knowledge of collaborative participants.

Collaborative Teams will:

- Incorporate the Five Conditions of Collective Impact into collaborative processes.

- Participate in networking and sharing meetings, conference calls and webinars during which teams will report on progress, challenges, and lessons learned.
- Document processes that facilitated the implementation of a single community health assessments and improvement plan, such as meeting and management structures, memoranda of agreement, data collection instruments, and reports.
- Present collaborative team results at a forum at the completion of the collaborative process.
- Participate in collaborative evaluation activities.

Benefits: The collaborative teams will benefit through access to resources and coaches to facilitate their work. In addition, team members will benefit from shared learning across teams.

Timeline

- Kickoff meeting: Cary, NC June 4 and 5
- Networking and leadership conference calls: July, August, September, October, November 2012
- Learning Congresses: State Health Director's conference Jan 2013; Hospital Association Meeting February 2013.

Deliverables

- Manual describing the collaborative process and tools, approaches to creating unified community health assessments and improvement plans, and lessons learned from the collaborative
- Learning congresses

Collaborative High Leverage Change Concepts

Three resources will be used for high leverage change concepts in this collaborative: Five Conditions for Collective Impact; Phases of Collective Impact; and Quality Planning Tools. Each are outlined below and will be covered in greater detail during the collaborative.

Five Conditions for Collective Impact**

Common Agenda All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.

Shared Measurement Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.

Mutually Reinforcing Activities Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.

Continuous Communication Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.

Backbone Support Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Phases of Collective Impact**

Components for Success	Phase 1 Initiate Action	Phase 2 Organize for Impact	Phase 3 Sustain Action And Impact
<i>Governance and Infrastructure</i>	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
<i>Strategic Planning</i>	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
<i>Community Involvement</i>	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
<i>Evaluation and Improvement</i>	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

** From F. Hanleybrown, J Kania, and M Kramer. Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review. 2012.

Additional components to explore: At the June 2012 kickoff meeting, collaborative participants suggested that communications and implementation be added as Components of Success to the Phases of Collective Impact. Over the course of the collaborative, we will explore these as components of success.