COOK COUNTY HEALTH & HOSPITALS SYSTEM

Informing the CCHHS Strategic Plan: Community Health Planning Initiatives

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Community Health Assessment and Community Health Improvement Planning:
Presentation Overview/Goals

- Provide a brief history of community health assessment and planning activities
- Review of current planning efforts Cook County and Illinois with a focus on common priorities
- Identify opportunities for alignment with existing health planning efforts

Brief History of Local Community Health Planning

Long history of planning in public health…

- **Illinois was one of the first states to require community health assessment and planning of all certified Local Public Health Departments (LHDS)**
  - 1994 – Illinois Project for Local Assessment of Needs IPLAN – codified into LHD certification requirements
  - Community Health Needs Assessment (CHA) and Community Health Improvement Plan (CHIP)
  - Cycle is every 5 years
  - 2016 – most LHDs including the 6 LHDs in Cook County are in 5th round of IPLAN
- **2012: Public Health Accreditation Board – voluntary national accreditation**
  - CHA and CHIP required as pre-requisite for PHAB Accreditation
  - Both CCDPH and CDPH are PHAB Accredited Health Departments

- **CCDPH's IPLAN process (WePLAN); to be completed by mid-2016.**
- **CDPH's process is Healthy Chicago 2.0; plan released earlier this month**

Other Community Health Planning Initiatives

- **State Health Improvement Plan (SHIP)**
  - Required by Public Act
  - 2007, 2010, 2015
  - Current year : Healthy Illinois 2021 – plan released earlier this month

- **Hospital Community Health Needs Assessment (CHNA)**
  - Mandated of not-for-profit (NFP) hospitals by IRS
  - ACA implementation

  - Cycle is every 3 years
    - 1st cycle 2012/13 – most hospitals conducted independently
    - Few involved public health in process
    - 2016 - most local NFP hospitals entering second cycle

Prior Plans: Common Problems, Common Priorities

- 2012 review of local health department IPLAN Priorities among Northern Illinois Public Health Consortium (NIPHC) member departments
- 64% of priorities selected were in 5 health problem areas

NIPHC
Chicago
Cook
Du Page
Evanston
Grundy
Kane
Kendall
Lake
Skokie
McHenry
Will
Winnebago

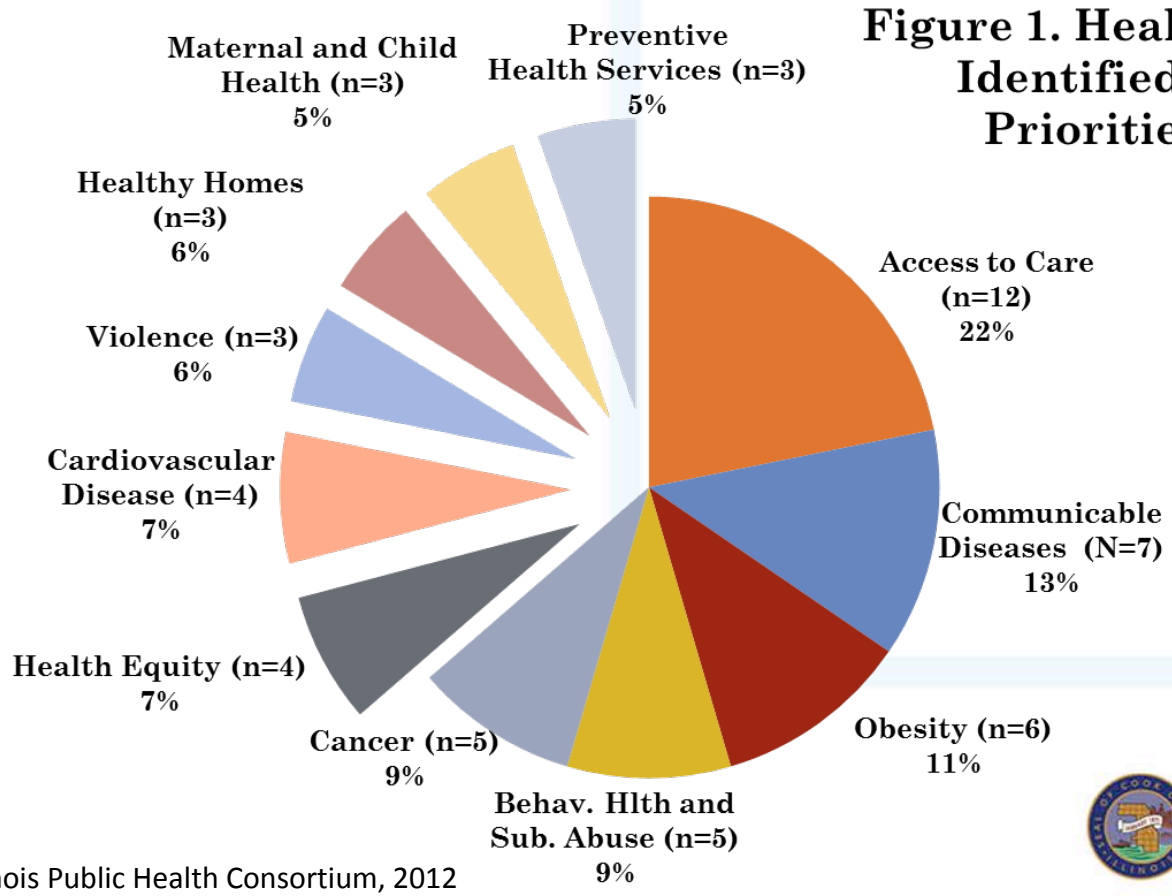

Figure 1. Health Priorities Identified by LHD Priorities: N=55

Source: Northern Illinois Public Health Consortium, 2012

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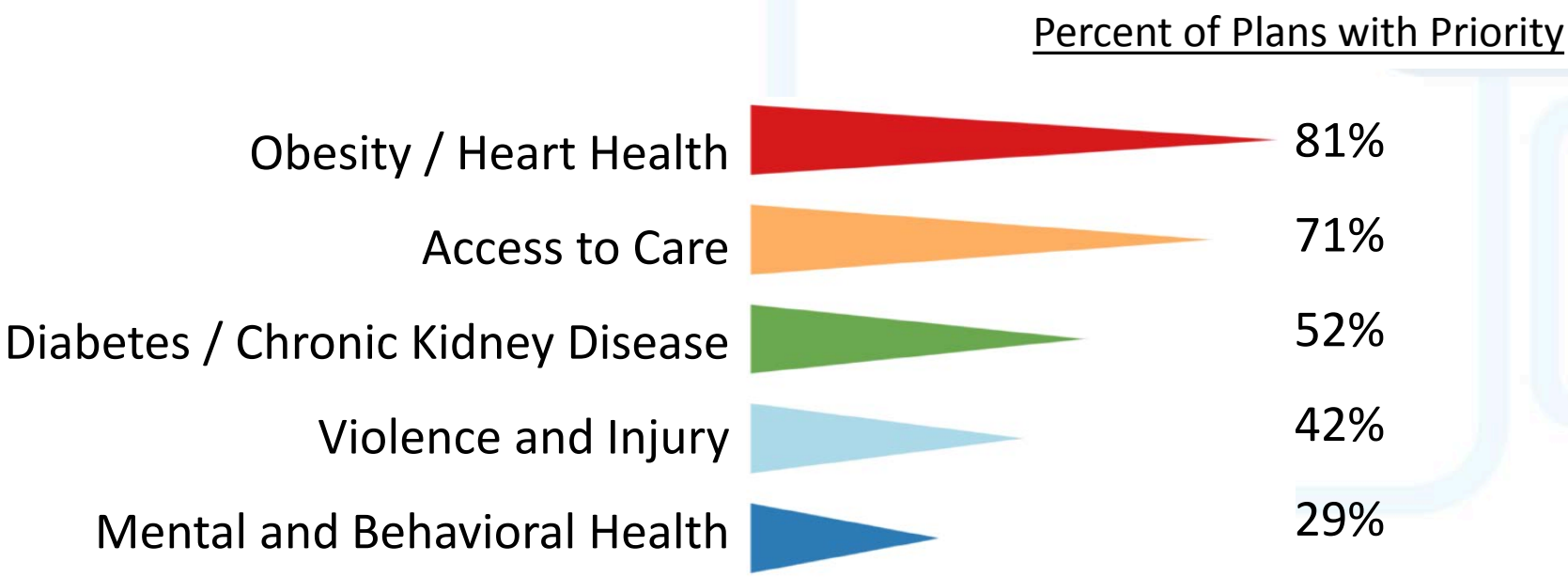
Prior Plans: Common Problems, Common Priorities

- Review of Chicago and Suburban Cook hospital CHNAs from Round 1: 2012-2013 (n=31)
- Top priorities – similar results:



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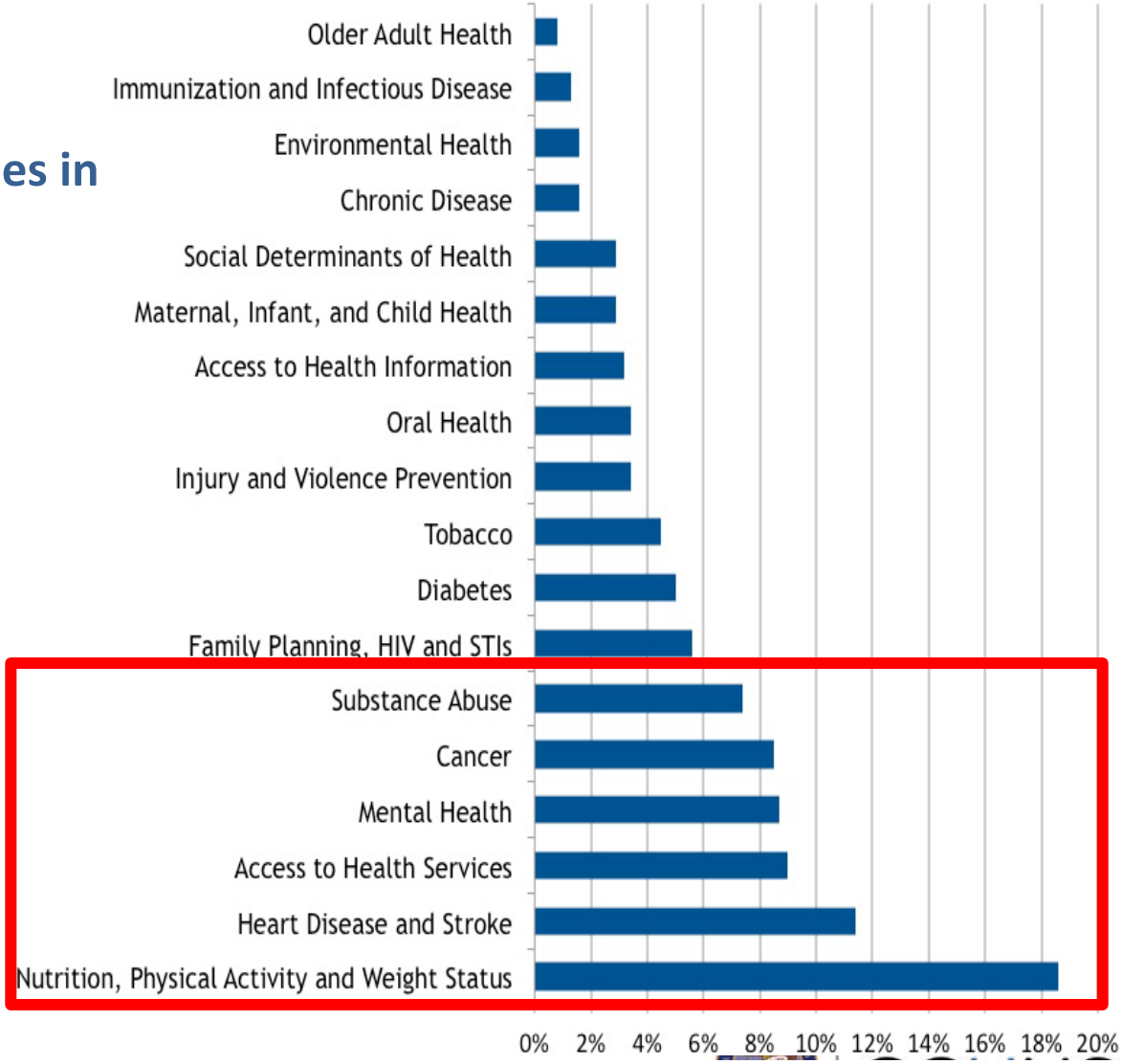
Prior Plans: Common Problems, Common Priorities

2015 State health assessment process:
Conducted a review of priorities in existing plans statewide

- IPLANs
- CHNAs
- Critical Care Hospitals
- State Agency Reports
- IDPH
- Secondary Data



Percent of Plans with Priority

Source: IDPH, 2016

Expertise and Opportunities for Alignment

- Throughout Cook County and Illinois there have been and continue to be tremendous efforts in community assessment and health planning
- Good news – Lots of planning efforts provide a strong framework for what needs to be done to improve health
- Recurring theme of 'Common Problems; Common Priorities'
- Result: Increased emphasis and effort on the need for collaboration and partnerships to improve implementation and achieve broader impact

Current Community Health Planning Activities

State Health Improvement Plan Priorities

Healthy Illinois 2021 Healthy Priority Action Team Goals		
Behavioral Health	**Chronic Disease**	**Maternal and Child Health**
1. Improve the collection, utilization and sharing of behavioral health-related data in Illinois 2. Build upon and improve local system integration 3. Reduce deaths due to behavioral health crises 4. Improve the opportunity for people to be treated in the community rather than in institutions 5. Increase behavioral health literacy and decrease stigma 6. Improve response to community violence	1. Increase Opportunities for Healthy Eating 2. Increase Opportunities for Active Living 3. Increase Opportunities for Tobacco-Free Living 4. Increase Opportunities for Community-Clinical Linkages	1. Assure accessibility, availability and quality of preventive and primary care for all women, adolescents, and children, including children with special healthcare needs with a focus on integration of services through patient-centered medical homes. 2. Support healthy pregnancies and improve birth and infant outcomes. 3. Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcomes. 4. Strengthen the MCH data systems, infrastructure and capacity

Source: IDPH, 2016

Cook County Certified Local Health Departments 2015/2016 Plans: Common Priorities

Chicago DPH (Healthy Chicago 2.0)

- Access to health care and human services
- Child and adolescent health
- Chronic disease prevention and control
- Community development
- Data & Research
- Education equity
- Infectious Disease
- Mental health and substance abuse
- Partnerships and community engagement
- Violence and injury prevention

Evanston DPH (E-Plan)

- Mental Health
- Violence
- Obesity

Skokie DPH

- Creating a healthy environment
- Improving access to healthcare
- Preventing obesity
- Preventing tobacco use

Cook County DPH (WePlan2020)

- Chronic Disease
- Mental Health
- Social/Structural Determinants including
  - Economic Development / Living Wage;
  - Addressing Institutionalized Racism

Stickney DPH

- Overweight and Obesity
- Physical Activity
- Untreated hypertension

Oak Park DPH

- Access to Adequate Health & Dental Care
- Chronic Disease
- Mental Health for All Ages
- Obesity
- Teen Alcohol and Drug Use

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Health Impact Collaborative of Cook County (HICCC)

2015/2016 County-wide CHNA Process

- Collaborative CHNA for Round 2
- Region-wide process
- Three subregions
  - North - Central - South

Lead Partners

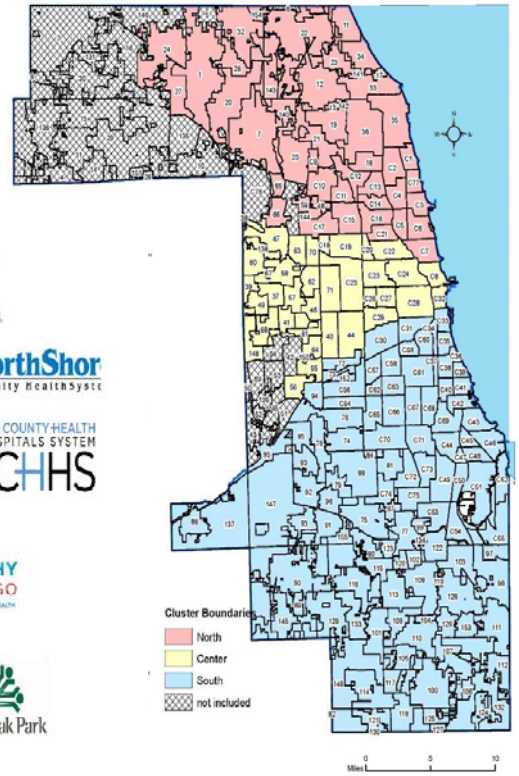
- Illinois Public Health Institute
- 6 local health departments
  - Cook County Dept of Public Hlth
  - Chicago Dept of Public Hlth
  - Stickney Public Health District
  - Evanston Health Dept
  - Oak Park Health Dept
  - Skokie Health Department
- Presence Health
- Advocate HealthCare
- Rush University Medical Center
- Loyola University Medical Center
- Illinois Hospital Association

Participants

- 26 non-profit hospitals
- > 90 stakeholder agencies

Health Impact Collaborative of Cook County

Working together for healthy communities.



- **2016 Priorities**
  - Access to Care and Community Services
  - Chronic Disease (CVD, Diabetes, Obesity)
  - Behavioral and Mental Health
  - Social Determinants of Health: economic development and institutional racism

Common Problems, Common Priorities

- Across new plans common themes emerge
  - Access to care and community services
  - Behavioral/mental health/substance abuse
  - Chronic disease: cardiovascular/diabetes/obesity
  - Structural and social determinants of health
    - Economic development/Systemic racism
- Focus on achieving health equity

Opportunities for Alignment with Current/New Local and State Community Health Planning Efforts

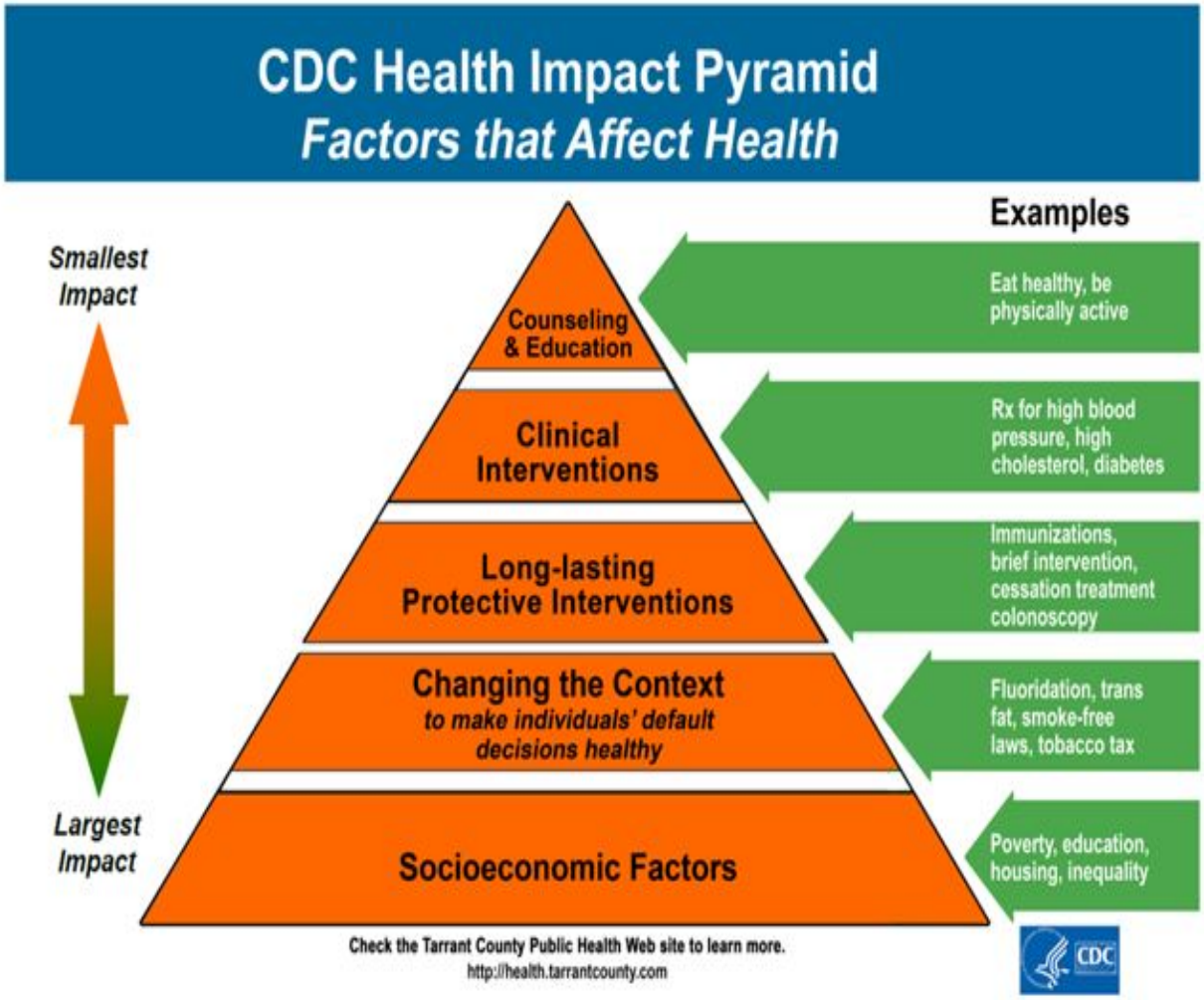
Examples of existing alignment with CHIP priorities and CCHHS activities

- **Access to Care – improve patient access to needed clinical care**
  - CCHHS is working to improve the Patient Experience and better facilitate access to needed care for patients
- **Chronic Disease – increasing opportunities for prevention**
  - Working to enroll those exiting Jail into health care
  - Food is Medicine Partnership with Food Depository – Food insecurity screening
- **Focus on Social Determinants of Health – to improve Health Equity**
  - Implementing an integrated care system that screens for needs outside of the clinical delivery setting – working to connecting patients to community resources
- **Behavioral/Mental Health**
  - CCHHS integration of behavioral health at ACHN Clinics
  - Addition of Community Triage Center on the South Side of Chicago

Impact Model for Action Planning

Layer interventions on the *Health Impact Pyramid* to increase impact with an emphasis toward:

- Prevention
- Changing community context through policy/advocacy
- Focus on health equity addressing community structural determinants that impact health



CCHHS Strategic Objectives: Opportunities

- **Improve Health Equity**
  - *Most CHIP plans include a focus on social determinants; need to focus beyond clinical setting/medical model*
- **Provide high quality, safe and reliable care**
  - *Access to care assumes care is high quality and comprehensive - addressing needs of whole person including preventive factors and community context factors*
- **Demonstrate value, adopt performance benchmarking**
  - *Plans have population and impact benchmarks; tying process and performance benchmarks to outcomes demonstrates value to those in the community; connect internal benchmarks to larger population measures*
- **Develop human capital**
  - *Building staff capacity to address complex health conditions of patients and to work more effectively in collaboration with partners and communities.*
- **Lead in Medical Education and Clinical Investigation relevant to vulnerable populations**
  - *Community plans seek to create an expanded understanding of what contributes to health and wellness including social stratification and community conditions -- essential concepts for clinical staff.*

Recommendations for Alignment and Partnership

- Utilize the existing assessments and community health data analysis for strategic planning efforts
- Identify areas for strategic alignment and complementary interventions with existing CHIP priorities and plans
- Build on existing partnerships and efforts - limited new funds/state budget impasse make collaboration imperative
- Work collaboratively with CCDPH, CDPH and HICCC and community partners to identify opportunities for CCHHS to take on specific areas for implementation

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Questions?