



World Health
Organization
Collaborating Centre



State of Affairs: How will we enhance the collaborative practice of community health improvement?

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Being Awake to Opportunity

*Had I not been awake I would have missed it,
A wind that rose and whirled ...
It came and went so unexpectedly
And almost it seemed dangerously...
A courier blast that there and then
Lapsed ordinary. Not ever
After. And not now.*

--Poet Seamus Heaney, "Had I not been awake"

Shared Vision for Community Health Assessment, Planning and Implementation

- Widespread and effective use of CHI
- Collaboration that meets interests of diverse stakeholders
- Improvement in population health/ equity

CHI Context—Some Key Stakeholders and Their Interests

- Non-profit hospitals—IRS requirements, community benefit
- State/Local health departments—accreditation, population health
- United Ways—community needs, outcomes
- Others

CHI Context—Some Interests of the Community/Field

- Comprehensive approaches to improving population health/equity
- Community participation
- Collaboration across sectors and levels
- Using evidence-based approaches
- Addressing social determinants

Forces of Change in CHI Practice

- Facilitating
 - IRS requirements
 - Accreditation requirements
 - Potential benefits
- Impeding
 - Time and effort
 - Loss of control
 - Potential costs

Engaging CHI Forces of Change

- Asset/Gap analysis
- Scan
- Synopses of recommended practices
- Supports for implementation

Assets/Prominent Approaches

- Catholic Health Association
- NACCHO MAPP Framework
- ACHI
- CDC CHANGE Action Guide
- Others

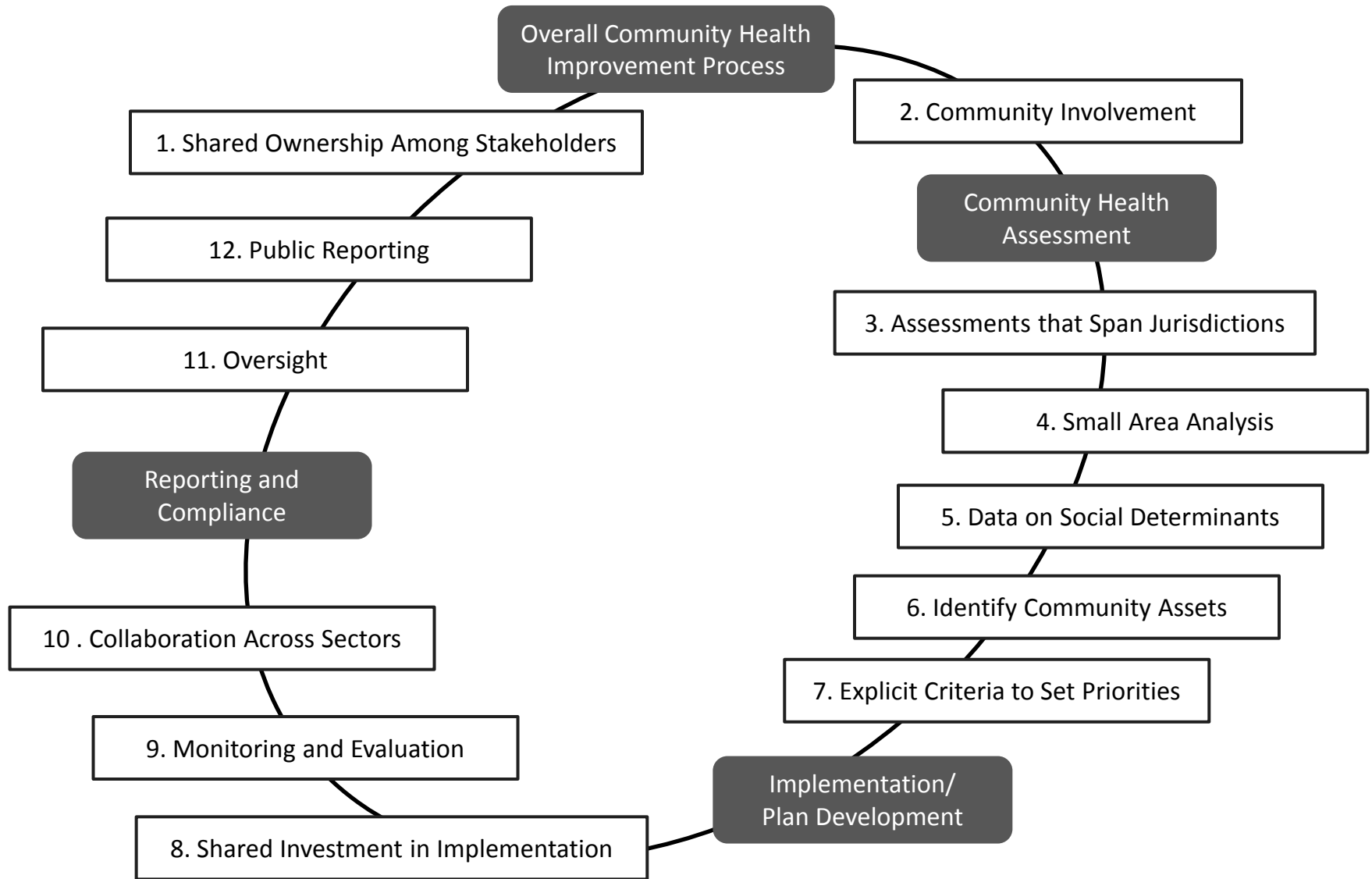
Some Gaps in CHI Practice

- Shared ownership among stakeholders
- Assessments that span jurisdictions
- Data on social determinants
- Collaboration across sectors
- Monitoring and evaluation
- Oversight and Public reporting
- Community involvement

Gap Analysis— 12 Recommended Practices

- Identified by CDC Working Group
- Reflect important practices, not fully implemented
- Intended Use—Enhance implementation of CHI approaches

Recommended Practices for Enhancing Community Health Improvement



Scan—Status of the field

- Strong practice base
- Limited evidence base for any one approach/practice
- Examples in the field

Example: Assuring shared ownership among stakeholders

- Project Access Dallas: providing compassionate care for the uninsured
- Stakeholders include: Care providers, hospitals, charity clinics, faith organizations
- 2,000 physicians, 16 hospitals, 9 charity health clinics, 11 service support organizations, two laboratory service organizations, 40,000 pharmacies



Example: Assuring ongoing community involvement

- Three Rivers District Health Department – KY
- “Health and safety” framing



Three Rivers District Health Department

SERVING THE COUNTIES OF CARROLL, GALLATIN, OWEN AND PENDLETON IN KENTUCKY



County Health Centers:

▶ Carroll County

▶ Gallatin County

▶ Owen County

▶ Pendleton County

Scan—What we saw

- Widespread use of some phases, steps
- Distinct emphases in some approaches
- Some gaps in key practices/tasks

Synopses for Recommended Practices—Why

- Reflect the phases and steps of prominent approaches
- Fill gaps
- Harmonize practice guidance
- Use ecumenical language

Synopses—Mash-up World

- Premise
 - Work of all of us is better than that of any of us
- Process
 - Identify key tasks (gaps) from prominent models
 - Mash up content—integrated set of supports for implementation



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From the Field...

Community Psychology: Creating Collaborative Solutions

The Tool Box has long known (and benefitted from) Tom Wolff's ability to help communities generate collaborative solutions. We were so pleased to see that in the April 2011 issue of the American Psych...

Question of the Week – Promoting Civil Discussion

A recent report (previously featured on our blog) spoke to the decline of civility in public discourse. People attack each other; voices

Synopses for 12 Practices—What

- Key Tasks/Recommended Implementation
- Example(s)
- Questions for reflection
- Adaptation for resources/context
- Conditions affecting implementation
- Sources
- Support Materials for implementation

Key Tasks/Implementation— Practice 1, “Assuring Shared Ownership Among Stakeholders”

1. ____ Identify key stakeholders in the assessment and planning process
 - a) Engage leadership/board from the hospital, local health department, United Way, community health coalition, etc.;
 - b) Clarify coordinating entity for CHI

Key Tasks/Implementation— Practice 1, “Assuring Shared Ownership Among Stakeholders”

8. ____ Establish MOA among stakeholders
 - a) Develop a formal agreement (e.g., MOA)
 - b) Outline key roles and responsibilities in implementing activities (i.e., who will do what activities, with whom, by when, with what outputs/deliverables, communication)

Key Tasks/Implementation— Practice 5, “Collecting Data on Social Determinants”

6. ____ Identify key social determinants’
measures to be obtained

- a) Demographics (census data)—
income/poverty; education; housing; etc.
- b) Differential exposure to conditions
- c) Moderating factors—income inequality,
access to health care, etc.

Example: Data on social determinants

- Alameda County, CA
- Data collection on income & health, race/ ethnicity & health, neighborhoods & health
- Strategic planning for improvement



Photo courtesy Bay Area Regional Health Iniquities Initiative

Questions for Reflection— Practice 2, “Assuring Ongoing Community Involvement”

- How will we assure meaningful opportunities for community members to be involved?
- How will we make it easier and more rewarding for community members to participate in the effort, including those experiencing health disparities?

Adaptation for Resources/Context— Practice 1, “Assuring Shared Ownership Among Stakeholders”

- For application of this practice in low-resource contexts, consider what is already available and how responsibilities can be shared among key stakeholders (e.g., data sharing and use of secondary data)

Conditions Affecting Implementation

- Some Conditions: knowledge and skills, adequate time and resources, leadership and support, competing requirements
- For guiding questions and supports to enhance implementation in your context:
http://ctb.ku.edu/en/promisingapproach/tools_bp_sub_section_17.aspx

Sources—Illustrative

- Voluntary Hospitals of America (1994). Phase I: Internal and External Assessment. *Community Health Assessment: A Process for Positive Change* (77-80). Texas: Voluntary Hospitals of America, Inc.
- National Association of County and City Health Officials. (2001.) Phase 1: Organize for Success / Partnership Development. *Mobilizing for Action through Planning and Partnerships: Web-based Framework Tool*. Washington, DC: National Association of County and City Health Officials.

Support Materials for Implementation —Illustrative

- Community Tool Box, **Chapter 24, Section 3: *Promoting Coordination, Cooperative Agreements, and Collaborative Agreements Among Agencies***. KU Work Group for Community Health, University of Kansas. Retrieved from:
http://ctb.ku.edu/en/tablecontents/sub_section_main_1229.aspx

Report—Next Steps

- Posting of synopses of recommended practices
- Comment period
- Publication—Appendix to *MMWR* piece

Supports for Implementation

- Some Challenges
 - Rapidly moving train
 - Different timelines, accountability
 - Capacity varies widely among hospitals, LHDs
- Some Potential Next Steps
 - Identify/mash up supports for practice
 - Web-based “Implementation Supports”

Example—Implementation supports for community health efforts



Some Key Issues for Advancing CHI Practice

- How to make the work easier?
- How to make the work more rewarding?
- How to make outcomes matter?

“Gazing” in the Same Direction

*...Too late, alas, now for the apt quotation
About a love that's proved by steady gazing
Not at each other but in the same direction...*

--Poet Seamus Heaney, “Album”