Building Collaborative Structures to Improve Community Health

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Illinois:
A History of CHA & CHIP

- Since 1993, LHDs must conduct community-engaged CHA & CHIP for state certification
- $ are tied to certification
- Many LHD's embrace and resource this work – means of generating collaborations
- Hospitals are key partners

Case study: Jackson County

- JCHD had SIH engagement from beginning – 1995
- Since 2003 – Healthy Communities Coalition (umbrella for 42 health specific coalitions)
- SIH co-leads HCC assessment, adopts community assessment & priorities
- SIH identifies it's role = SIH CB plan

JCHD & SIH Roles

- SIH provides lead staff for HCC
  - logistics, meeting agenda, minutes, etc.
- JCHD & SIH staff action teams
- SIH CB staff conduct interventions:
  - RN, MPH, etc. trained
  - Schools (PE); Faith (parish nurses); Community (built environment); Workplace (wellness)
- SIH & JCHD sit on steering committee
- SIH funds interventions aligned with plan

SIH Governance

- External CB advisory board
  - Prioritize needs; ensure alignment of CB with public health
  - Reviews annual CB plan
  - Board includes Sr. SIH execs, LHDs, FQHC, pastor. "Connect dots inside/outside hospital"
- Annual CB plan presented to hospital trustees

JC HCC Structure

- Coalition: networking, training
- Action Teams: does projects/work of plan
  - CVD (Healthy Living); Access – Oral health; STDs
- Steering Committee
  - sets agenda, speakers, evaluation, review process, engagement, infrastructure
- Steering Committee members:
  - LHD, SIH, Park District, Head Start, FQHC, Mental Health agency

Benefits of structure & coalition

- LHD: propels community engagement and ownership & shared accountability
  - "not the health department's plan"
- SIH: biggest player/$
  - "not the SIH coalition"
  - moving toward clinical integration, reducing readmissions by improving population health
- Structure is informal, no MOUs, no officers

The Region

- SIH serves all or part of 16 counties, served by 7 LHD jurisdictions
- Healthy Southern Illinois Delta Network
- Common IPLAN Priority: CVD
- Regional-wide CVD/Healthy Living plan
  - Each LHD (and SIH) has objectives and action steps aligned: tobacco, HEPA, screen
- Steering: LHD administrators
- SIH provides staff

Accountability & Measurement

- St. Clair County: Community Balanced Scorecard
  - Objectives, tasks (accountability), measures, data collection, reporting.
  - Online reporting system for all partners to report on process and agreed-on measures
  - Align the efforts of all the players
  - Structure and system for tracking all partners
  - Measure progress

So What (JC/HSIDN)?

- "Next step for hospitals"
  - hospital/physician partnership to hospital/pysician/PH partnership: clinical integration (HepB/HIV ER prevention project with LHD
- SIH staff:41 schools – CSH & CATCH
  - Mod/vig physical activity in PE class 48% of class time increase to 66% of class time
- Project Power (Faith-based diabetes proj.)
  - 50% ⇩BMI; 90% ⇧fasting blood glucose; 63% ⇧HDL; 60% ⇩LDL

Barriers & Questions

- How common is this?
  - Anecdotally, most mid to large LHDs/serving larger proportion of population in IL. Small LHDs?
- Unfunded mandate?
- Lack of understanding of “public health system”?
- Periodicity?
- IRS guidance: separate assessment/plan for each facility?