“Are You Ready to “Sail” your SHIP?!

February 4, 2016
Acknowledgement and Disclaimer

- This webinar was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support.
- The content of this webinar are those of the authors and do not necessarily represent the official position of or endorsement by the Centers for Disease Control and Prevention.
- ASTHO does not guarantee that states who follow the guidance in this document will meet PHAB requirements, only the PHAB site visitors can make that determination.
Webinar Objectives

1. Identify the tools available to assess agency's readiness to convene a SHIP partnership
2. Identify and engage key stakeholders in the SHIP development process that reflects the public health system
3. Structure the SHIP planning group to be effective planners.
4. Understand how to incorporate systems thinking and collective impact framework into their Mission, Vision, and Values Statements
Our Presenters

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Public Health Quality and Performance Improvement Manager

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Director, Partnerships for Health Improvement

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Manager, Office of Performance Management
A big thank you to our Advisory Committee members and Illinois Public Health Institute...

Illinois Public Health Institute
  • Elissa Bassler, Laurie Call, and Jess Lynch

State Health Improvement Plan Advisory Committee
  • Christine Abarca, Florida Department of Health in Pasco County
  • Joan Ascheim and Kristin Sullivan, Connecticut Department of Public Health
  • Dorothy Bliss, Minnesota Department of Health
  • David Carvalho, Illinois Department of Public Health (retired before project completion)
  • Megan Davis, Washington State Department of Health, and Torney Smith, Spokane Regional Health District
  • Laura Holmes and Tyler Brandow, New Hampshire Department of Health and Human Services
  • Priti Irani, New York State Department of Health
  • Joyce Marshall, Oklahoma State Department of Health
  • Heather Reffett, District of Columbia Department of Health
  • Susan Thomas, Missouri Department of Health and Senior Services
  • Ann Walsh, Maryland Department of Health and Mental Hygiene
Where Do I Find This Resources?

Switch to live website

Where Do I Find This Resources?
Accreditation and Performance

ASTHO is dedicated to increasing state health agency capacity to improve the performance and quality of the public health system. ASTHO does this by providing technical assistance and resources to states in the areas of accreditation preparation, national performance standards assessment, and quality improvement.

Program Areas

Public Health Accreditation Board Voluntary Accreditation: Resources and guidance to help states prepare and apply for accreditation.

The National Public Health Performance Standards: Newly released Version 3.0 Instrument and supporting materials to complete a state level system assessment.

Performance Management and Quality Improvement: Current QI initiatives, resources, and links to national quality programs.

Featured

ASTHO Publishes Quality Improvement Plan Toolkit
ASTHO Releases White Paper: Collaborative Partnerships for Accreditation Preparation
ASTHO Unveils Customer Satisfaction Toolkit
ASTHO Publishes State Health Assessment Guidance and Resources

Resources

Tools Clearinghouse: Case Studies, Toolkits, Peer Networks, Newsletters
ASTHO Accreditation Library: Repository of Example Accreditation Documentation
Developing a State Health Improvement Plan: Guidance and Resources

June 2015

Developing a State Health Improvement Plan: Guidance and Resources is a companion document to ASTHO’s State Health Assessment Guidance and Resources published by ASTHO in 2014. ASTHO produced this guide to be applicable to state health departments seeking public health accreditation through PHAB as well as to those developing a SHIP but are not seeking accreditation.

The information provided in this guide is intended to be consistent with PHAB requirements and documentation guidance and includes references to PHAB requirements and documentation guidance. The document includes seven modules and describes the process for developing a state health improvement plan (SHIP) and conforming to the Public Health Accreditation Board Standards. Each module includes tips for structuring the planning process and considerations for the implementation phase, key terms and acronyms, specific examples and lessons learned from states, and sample tools and links to additional resources.

Download "Developing a State Health Improvement Plan: Guidance and Resources" (Note: Name and email address are required to access this document.)
Download "Developing a State Health Improvement Plan: Guidance and Resources" Document

Please submit the following information to access this document:

Your name (required)

Agency name (optional)

Email address (required)

Submit Form
Seven Modules

This guidance document includes seven modules and describes the process for developing a state health improvement plan (SHIP):

I. Identifying and Engaging Stakeholders in Planning and Implementation.
II. Engaging in Visioning and Systems Thinking.
III. Leveraging Data Inputs.
IV. Establishing Priorities and Identifying Issues through Priority Setting.
V. Communicating about SHIP Priorities.
VI. Developing Objectives, Strategies, and Measures.
VII. Implementing and Monitoring the SHIP.
Each Module Contains:

- Preview of the content
- The relevant PHAB Standards and Measures
- Ideas for structuring the planning process
- Important considerations
- Key terms and acronyms
- State examples and lessons learned
- Sample tools and links to resources

Throughout: Cross reference to the ASTHO State Health Assessment Guidance and Resources
Links to resources

**FIGURE 1.10 RESOURCES AND LINKS – PARTNERSHIP**

- County Health Rankings Action Center [Link](http://www.countyhealthrankings.org/roadmaps/action-center/work-together)
PHAB Standards and Measures

PHAB Standard 5.2 – Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan.

Measure 5.2.1 S – A process to develop a state health improvement plan.

Measure 5.2.2 S – State health improvement plan adopted as a result of the health improvement planning process.

Measure 5.2.3 A – Elements and strategies of the health improvement plan implemented in partnership with others.

Measure 5.2.4 A – Monitor and revise, as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

(PHAB Standards and Measures Version 1.5, pages 129-143)
Systems Thinking in Public Health


Collective Impact


Module 1

Identifying and Engaging Stakeholders in Planning and Implementation

Module Overview
The *State Health Assessment Guidance and Resources* (Module 1, pages 9-31) provides detailed guidance on convening a multi-sector partnership to conduct SHAs. States may choose to use this group to conduct their SHIP process, consider ways to complement or supplement SHA partnerships, or convene a different group. PHAB guidance suggests that an existing “broad, comprehensive partnership” that is convened by or in which the state health department participates may be used to complete the SHA and SHIP process.

This module will help states understand how to:
- Assess their readiness to convene a SHIP partnership that reflects the public health system.
- Structure the planning group to be effective planners.
- Foster leadership.
- Engage new partners in innovative ways.
- Provide tools for implementing effective meetings.

Key Content and Components
- Assessing readiness.
- Understanding the state public health system context.
- Structuring collaborative planning, SHIP partnership, and workgroups.
- Leadership.
- Engaging new partners.
- Meeting methods and tools.
FIGURE 1.1 PUBLIC HEALTH SYSTEM

Source: CDC. “The Public Health System and the 10 Essential Public Health Services.”
**FIGURE 1.2. DIAGRAM OF FLORIDA’S PUBLIC HEALTH SYSTEM**

Public Health: A Network of Partners Working for the Well-Being of Floridians
Many Tools Throughout!

# Readiness Assessment

## Figure 1.3 Readiness Assessment Checklist

<table>
<thead>
<tr>
<th>Critical Elements (MUST HAVE)</th>
<th>0 = Not at All</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4 = Completely</th>
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</thead>
<tbody>
<tr>
<td>Process has strong sponsors</td>
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<td>Process has effective champions</td>
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<td>Support outweighs opposition</td>
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<td>Key resources are budgeted</td>
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<td>Core participants are willing and available</td>
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<td>There is general agreement on purpose and outcomes</td>
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<td>There is general agreement on how to proceed</td>
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<td>Scope of the planning effort is reasonable</td>
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<td>Staff and technical support have been identified</td>
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<table>
<thead>
<tr>
<th>Desired Elements (NICE TO HAVE)</th>
<th>0 = Not at All</th>
<th>1</th>
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<th>4 = Completely</th>
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<tr>
<td>Purpose and benefits are well-understood</td>
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<tr>
<td>Participants understand health improvement planning</td>
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<td>All needed resources are in place</td>
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<td>Outside technical assistance has been lined up</td>
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<td>Participation and organizational structure is clear</td>
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<tr>
<td>Roles and responsibilities are clear</td>
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<td>A planning process has been specified</td>
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<td>Time frame has been specified in a workplan</td>
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Structuring the SHIP Collaboration

**EXECUTIVE COMMITTEE:**
- Provide high level and time sensitive decisionmaking.
- Guide overall direction and sustainability of the State Health Improvement Coalition and plan implementation.

**ADVISORY COUNCIL:**
- Advise on refinement and continuous improvement to SHIP.
- Review developed workplans and advise on alignment of implementation strategies.

**SUB-COMMITTEES:**
- Develop strategies for implementation of workplans to align, refine, and improve progress toward SHIP objectives.
- Collaborate with existing initiatives to maximize statewide impact.

**COALITION AT LARGE:**
- Inform the overall implementation process by participating in the sub-committee and sharing information pertaining to existing efforts.
- Act as ambassadors and educators on SHIP and implementation initiatives.
IMPORTANT CONSIDERATIONS: Alignment with State Health Department’s Performance Management Model

A performance management system includes the setting of performance standards, measuring of progress, and reporting of results, and the application of quality improvement activities when improvement is needed. Performance standards are developed, monitored, and reported as they are related to important administrative functions, programs, and services provided by or through the health department; these could include the health department’s strategic plan and state health improvement plan activities.

Therefore, a set of performance standards, related to the state health department’s work associated with SHIP development, implementation, monitoring, and evaluation, should be developed and incorporated into the performance management system. The standards should include a baseline, targets, and measurement plans, and be monitored and reported on a regular basis. When results are not achieving defined standards, formal quality improvement tools and processes should be applied to improve results.

According to the PHAB Acronyms and Glossary of Terms, Version 1.5, “a fully functioning performance management system that is completely integrated into health department daily practice at all levels includes:

1. Setting organizational objectives across all levels of the department.
2. Identifying indicators to measure progress toward achieving objectives on a regular basis.
3. Identifying responsibility for monitoring progress and reporting.
4. Identifying areas where achieving objectives requires focused quality improvement processes.”

In December 2013, ASTHO adopted a policy and position statement on performance management in public health that references the importance of performance management for a more efficient, effective, and accountable public health system. The full policy and position statements can be found online at: http://www.astho.org/Policy-and-Position-Statements/Position-Statement-on-Performance-Management/?terms=performance+management.
MODULE 2

Engaging in Visioning and Systems Thinking

Module Overview

The first step to producing a SHIP is to develop the mission, vision, and values to guide the SHIP partnership and give a shared sense of purpose. This step may have already been completed during the SHA process (as described in the State Health Assessment Guidance and Resources on pages 20-23), but depending on the time that elapsed between then and developing a SHIP, the partnership may wish to review and refine these statements to guide efforts.

This module touches on mission, vision, and values and provides guidance, resources and examples of how to include concepts of health equity in the vision and values, as well as how to incorporate systems thinking and a collective impact framework.

Key Content and Components

♦ Mission, vision, and values.
♦ Health equity in vision and values.
♦ Systems thinking and collective impact.
Sample Vision and Values

FIGURE 2.2 HEALTHY MINNESOTA PARTNERSHIP VISION AND VALUES

All people in Minnesota enjoy healthy lives and healthy communities.

We Value... Connection

We are committed to strategies and actions that reflect and encourage connectedness across the many parts of our community. Our collaboration, cooperation, and partnerships reflect our shared responsibility for ensuring health equity and creating healthy communities.

We Value... Voice

People know what they need to be healthy, and we need to listen. Every part of every community has an equal claim to having their voices heard and considered in new conversations about health.

We Value... Difference

We are all members of many communities, with great diversity of experience, perspectives, and strengths. Those differences make us stronger together than we would be alone.
FIGURE 2.3 COLLECTIVE IMPACT – KEY CONCEPTS

Conditions for Collective Success:

- **Common agenda.**
  All partners share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.

- **Shared measurement systems and approaches to evaluating progress.**
  All partners agree upon and track common metrics, allowing for more alignment across organizations, accountability, and shared learning from each other’s successes and failures. In many of the most successful examples of collective impact, the partners use web-based systems to report and aggregate data for common metrics.

- **Mutually reinforcing activities.**
  Within successful collective impact initiatives, all organizations are not required to work on every strategy; rather, each partner organization excels in specific activities that are coordinated with other partners. A collaboratively developed strategic plan, like SHIP, is the foundation and roadmap for successfully carrying out mutually reinforcing activities.

- **Continuous, consistent, and open communication.**
  All partners must engage in frequent communication to ensure that there is trust in the partnership.

- **“Backbone” support organization(s) to convene and coordinate, including dedicated staff.**
  Ongoing support by dedicated staff is critical to guiding strategy, aligning actions, and mobilizing resources for collective impact.

Integrative Systems Thinking Framework

**FIGURE 2.5 INTEGRATIVE SYSTEMS THINKING FRAMEWORK FOR COMPLEX SYSTEMS IN PUBLIC HEALTH**

- Develop and apply systems methods and processes
- Encourage transformation to a systems culture
- Tobacco health outcomes
- Build and maintain network relationships
- Build system and knowledge capacity

*Source: Leischow et al, 2008*
Healthy Alaskans 2020
Full Steam Ahead!

Diana Redwood, ANTHC
Michael Dickey, Alaska DPH

ASTHO SHIP Webinar Series - Module 1: Identifying and Engaging Stakeholder in Planning and Implementation
Healthy Alaskans 2020

Vision:
Healthy Alaskans in Healthy Communities

Mission:
Provide a framework and foster partnerships to optimize health for all Alaskans and their communities
Alaska’s Public Health System
Common Purposes...Mutual Goal

“Protect and Promote the Health of Alaskans”

“Alaska Natives are the Healthiest People in the World”
HA2020 Guiding Principles

• Using the best scientific research and data, and local knowledge from our diverse cultures
• Strong partnerships with mutual accountability
• Health equity
• Strengthening communities & empowering individuals
• Quality of life across the lifespan
What was one strategy you used to successfully engage partners?
HA2020 Team Organization

- Steering Team
- Core Team
- Advisory Team
- Data Team and other Subject Matter Teams
- Alaskan Communities

HSS Division Liaisons
ANTHC Division Liaisons
HA2020 Indicator Selection Process

Advisory Team
Narrowed to 71 Indicators

1st Round Community of Interest Input
Sept 17-Oct 22

Data Team and Subject Matter Expert Input

Advisory Team
Recommends 25 Indicators

2nd Round Community of Interest Input
Jan 15-Feb 28

Data Team and Subject Matter Expert Input

25 Leading Health Indicators

Identify and disseminate proven strategies
Manage Data – Process of Getting to 25 LHIS

100s of possible measures

71 Potential Leading Health Indicators

25 LHIs

Data Expertise

Lessons Learned

Framework

Selection Criteria
HA2020 Highlights to Date

- 25 LHIs selected
- *Strategies & Actions* document published
- Scorecards published
Healthy Alaskans 2020 Objectives and 25 Leading Health Indicators

Reduce Alaskan deaths from cancer
1. Reduce the rate of deaths due to cancer

Increase the number of Alaskans who are tobacco-free
2. Increase the percentage of adolescents who do not currently use tobacco of any kind
3. Increase the percentage of adults who do not smoke cigarettes

Reduce the number of Alaskans who are overweight or obese
4. Reduce the percentage of adults who are overweight or obese
5. Reduce the percentage of adolescents and children who are overweight or obese

Increase the number of Alaskans who are physically active
6. Increase the percentage of adults and adolescents who meet current physical activity guidelines

Reduce Alaskan deaths from suicide
7. Reduce the rate of deaths due to suicide among Alaskans ages 15-24, and 25 and older

Reduce the number of Alaskans experiencing poor mental health
8. Reduce the percentage of adolescents feeling sad or hopeless for two weeks or more that they stopped doing usual activities
9. Reduce the average number of days per month that adults report being mentally unhealthy

Increase the number of Alaska youth with family and/or social support
10. Increase the percentage of adolescents with three or more benefits their parents from whom they feel comfortable seeking help

Reduce the number of Alaskans experiencing domestic violence and sexual assault
11. Reduce the rate of child maltreatment
12. Reduce the rate of rape
13. Reduce the percentage of adolescents who were ever physically hurt on purpose by their boyfriend or girlfriend

Reduce the number of Alaskans experiencing alcohol and other drug dependence and abuse
14. Reduce the rate of alcohol-induced deaths
15. Reduce the percentage of adults and adolescents who binge drink alcohol

Reduce Alaskan deaths from unintentional injury
16. Reduce the rate of deaths due to unintentional injury

Increase the number of Alaskans protected from vaccine-preventable infectious diseases
17. Increase the percentage of children (19-35 months) who receive the recommended vaccination series

Reduce the number of Alaskans experiencing infectious diseases
18. Reduce the rate of Chlamydia infections

Increase the number of Alaskans with access to in-home water and wastewater services
19. Increase the percentage of rural community housing units with water and sewer services

Increase the percentage of Alaskans protected from dental diseases
20. Increase the percentage of the Alaska population served by community water systems with optimally fluoridated water

Reduce the number of Alaskans without access to high quality and affordable health care
21. Reduce the percentage of women who did not receive prenatal care beginning in the first trimester of pregnancy
22. Reduce the rate of hospitalizations that could have been prevented with high quality primary and preventive care
23. Reduce the percentage of adults who could not afford to see a doctor in the last 12 months

Increase the economic and educational status of Alaskans
24. Increase the percentage of all residents living above the federal poverty level as defined for Alaska
25. Increase the percentage of 18-24 year olds with a high school diploma or equivalency

*The order of objectives does not denote rank or priority. Revised September 16, 2020.
### Evidence-Based Strategies

Indicator 3: Increase the percentage of adults (age 18 years and older) who currently do not smoke cigarettes to 83% by 2020.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Introduce and implement statewide or community comprehensive smoke-free workplace laws.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence Base</td>
<td>Several of the Surgeon General’s reports, CDC Best Practices, and The Community Guide all list smoke-free workplaces as an evidence-based strategy to change social norms, support smokers in their quit attempts, and prevent young people from starting to smoke.</td>
</tr>
</tbody>
</table>
### Actions & Key Partners

**Healthy Alaskans 2020**

A joint project of the Alaska Department of Health and Social Services & the Alaska Native Tribal Health Consortium

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**Actions for Success**

**Actions and Key Partners**

Indicator 13: Reduce the percentage of adolescents (high school students in grades 9-12) who were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past 12 months to 8% by 2020.

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Build community capacity for prevention.</th>
</tr>
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<tbody>
<tr>
<td>S-1 Action 1</td>
<td>Support existing community prevention teams and support new teams to coordinate prevention efforts in a community by overseeing the planning, coordination, and evaluation of prevention strategies across community settings.</td>
</tr>
</tbody>
</table>
| Key Partners | - Alaska Network on Domestic Violence and Sexual Assault  
- State of Alaska, Council on Domestic Violence and Sexual Assault |
Full Steam Ahead... to Create a Healthier Alaska

We need YOU!
Connect with us!

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HA2020 Email
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HA2020 Website
www.HA2020.alaska.gov
OKLAHOMA HEALTH IMPROVEMENT PLAN
PARTNERING FOR HEALTH IMPROVEMENT

JAMES ALLEN, MPH
DIRECTOR, PARTNERSHIPS FOR HEALTH IMPROVEMENT
OKLAHOMA STATE DEPARTMENT OF HEALTH
OHIP DEVELOPMENT PROCESS

• Quantitative Data + Qualitative Data + Evidence Based Practice = OHIP

• State of the State’s Health + Community Chats + Workgroups of Content Experts
COMMUNITY CHATS

**General Community Chats**
- Tulsa- April 16 (36 attendees)
- Enid- April 17 (27 attendees)
- OKC- May 14 (30 attendees)
- McAlester- June 5 (38 attendees)
- Lawton- June 9 (45 attendees)

**African American Community Chats**
- Tulsa- April 14 (28 attendees)
- OKC- May 6 (37 attendees)

**Hispanic Community Chats**
- OKC- May 5 (33 attendees)
- Guymon- June 19 (49 attendees)

**Tribal Consultations**
- Tahlequah- April 7 (36 attendees)
- Little Axe- June 16 (47 attendees)

**General:**
- 176

**African American:**
- 65

**Hispanic:**
- 82

**Tribal:**
- 83

**Grand Total:**
- 406

**Online Surveys**
- English – 108
- Spanish - 23
THREE QUESTIONS

1. What is your vision for a Healthy Community?

2. What is preventing us from achieving this vision?

3. What are three steps that we need to take in order to address the barriers identified in the second question?
WHAT WE’VE HEARD

- Health Access
  - Health Care (Medicaid expansion cited)
  - Preventive Services
  - Healthy Foods
  - Outlets for Physical Activity
  - Health Services/Health Education

- Social Determinants
  - Transportation
  - Economic development / funding
  - Education

- Behavioral Health
TRIBAL CONSULTATION

• Tribes have developed several promising practices that they are willing to share.
• Very practiced in the integration of mind, body and spirit.
• Health literacy needs to be a focus
• Greater collaboration with partners will help accelerate health improvement
• Chronic disease prevalence / prevention focus (Diabetes)
• Lack of tribal-specific data
OHIP Framework

PRIVATE/PUBLIC PARTNERSHIPS

HEALTH SYSTEMS
  - HEALTH TRANSFORMATION
  - HEALTH EDUCATION

FLAGSHIP ISSUES
  - TOBACCO USE
  - OBESITY
  - CHILD HEALTH
  - BEHAVIORAL HEALTH

SOCIAL DETERMINANTS
  - EDUCATION ATTAINMENT
  - JOBS/WEALTH GENERATION
CONTACT INFORMATION

www.OHIP2020.com

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Questions & discussion
THANK YOU!!

For further information, do not hesitate to contact me:

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