“Are You Ready to “Sail” your SHIP?! 

February 18, 2016

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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.

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Webinar Objectives

1. Develop a process for prioritizing strategic issues for inclusion in their SHIP
2. Locate resources for developing a prioritization process
3. Identify strategies for communicating SHIP priorities to key agency stakeholders
4. Identify ways to gather feedback from the public on SHIP priorities
USE OF THE CHAT FUNCTION
AT THE BOTTOM LEFT OF YOUR SCREEN
If you would like to speak to our presenters directly, we have ample time at the end of the presentations for you to do so. Please hit *1 on your telephone and the operator will put you in the queue to ask your question.

Our presenters are excited to speak with their peers directly so we encourage you to use this function!
Our Presenters

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**OKLAHOMA**
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Director, Partnerships for Health Improvement
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Developing a State Health Improvement Plan: Guidance and Resources

A Companion Document to ASTHO’s
State Health Assessment Guidance and Resources
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 Asheim 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?

www.astho.org

PROGRAMS »
Accreditation and Performance »

Tools to Increase Vaccination »
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

- Cross reference to the ASTHO State Health Assessment Guidance and Resources
FIGURE 1.10 RESOURCES AND LINKS – PARTNERSHIP

- IOM. (2012). For the Public’s Health: Investing in a Healthier Future. [Link]
- IOM. (2013). Toward Quality Measures for Population Health and the Leading Health Indicators. [Link]
- MAPP. (2014). Health Equity Supplement. [Link]
- Cabaj, M. (2004). Community-Based Organizations Creating Effective Partnerships – What We Know So Far. [Link]
- Klaus, T.W. (March, 2012). Building Effective Collaborative Partnerships. [Presentation] [Link]
- County Health Rankings Action Center [Link]
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


http://www.ssireview.org/supplement/collective_insights_on_collective_impact
http://www.ssireview.org/articles/entry/the_dawn_of_system_leadership

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MODULE 4

Establishing Priorities and Identifying Issues through Priority Setting

Module Overview
Prioritizing the strategic issues into a manageable number is important for focusing efforts and allocating resources to produce impact and outcomes. This module provides guidance, resources, and tips for designing and managing collaborative multi-stakeholder prioritization processes.

Key Content and Components
- Overview of prioritization process.
- Prioritization criteria.
- Nominal group technique.
- Prioritization matrix.
- Hanlon method.
- Strategy grid.
- Key tips for facilitating successful prioritization processes.
Related PHAB Guidance

PHAB Standards and Measures

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

Required documentation i.e:

1. State health improvement planning process that included:

   Guidance: The state health department must document the collaborative state health improvement planning process. The process may be a national model; state-based model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described. National models include, for example, State Health Improvement Plan (SHIP) Guidance and Resources, Mobilizing for Action through Planning and Partnerships (MAPP) (developed for local health departments but can be used in state health departments), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US) and the University of Kansas Community Toolbox. Examples of tools or resources that can be adapted or used include Community Indicators process project, Asset Based Community Development model, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020.

   e. A process to set health priorities.

      Guidance: A description of the process used by participants to develop a set of priority state health issues.

NOTE: 5.2.1 S bullet a is on page 9 of this guide and bullets b-d are on page 32

(PhAB Standards and Measures Version 1.5, pages 131-132)
Overview of Prioritization Process

1. Identify cross-cutting health and strategic issues
2. Design a prioritization process that will work well for the SHIP Partnership or any other stakeholders involved.
3. Determine process facilitation needs and secure a facilitator for the process.
4. Review the vision and values for the SHIP process and discuss how they inform the prioritization criteria and process.
5. Identify prioritization criteria.
6. Conduct a prioritization process using the selected criteria.
7. Be open to an iterative prioritization process.
### FIGURE 4.1 EXAMPLES OF CRITERIA AND CONSIDERATIONS FOR PRIORITIZATION PROCESSES

Adapted from the Los Angeles County Department of Public Health and New Hampshire Division of Public Health Services

<table>
<thead>
<tr>
<th>Magnitude of Public Health Issue (Category A)</th>
<th>Disproportionate Effects (Category B)</th>
<th>Importance of Public Health Issue (Category C)</th>
<th>Effectiveness of Potential Interventions (Category D)</th>
<th>Feasibility (Category E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Severe health consequences (may be measured by mortality rate, premature death, disability, quality adjusted life years.</td>
<td>• Magnitude of measured disparity between various groups. Specific vulnerable population(s) are disproportionately affected.</td>
<td>• A health inequity exists for the issue. Alignment with national, state, and local objectives. Public health has a clearly established role. Extent of public concern. Level of support from community members and other stakeholders. Work on this issue is mandated by statute or other authority. Legal or ethical concerns. Linkage to an environmental concern, including safety.</td>
<td>• Evidence-based interventions and successful application. Co-benefits – additional rationale for a given intervention. Preventability of issue or condition. Extent to which interventions will mitigate root causes. Opportunity to increase health or social equity.</td>
<td>• Cost-effectiveness. Size of the gap between existing resources and need. Resources needed are available. Timeliness of implementation and expected benefits. Ease of implementation. Within the control of engaged stakeholders to implement. Likelihood of maintaining effort. Culturally appropriate and acceptable to community members.</td>
</tr>
</tbody>
</table>
**FIGURE 4.2 PRIORITIZATION CRITERIA WORKSHEET**

**PRIORITY CONSIDERATIONS**

*Use this worksheet to list potential health problems or priority issues and thoughts based on level of priority. Indicate (H) for high, (M) for medium, and (L) for low with the following considerations:*

- **Size of problem**: Number of people per 1,000, 10,000, or 100,000.
- **Seriousness of problem**: Impact on individual, family, and community levels.
- **Feasibility**: Cost, internal resources and potential external resources, and time commitment.
- **Disparities**: One or more population is disproportionately affected, particularly the low income and most vulnerable members of the community.
- **Available expertise**: Can we make an important contribution?
- **Importance to the community**: Evidence that it is important to diverse community stakeholders.

**Important notes:**

- The health and strategic issues column should be pre-populated with findings or strategic issues from the SHA or group discussion of key prioritization issues.
- Leave a couple blank rows to allow participants the option to add a new idea.
- The prioritization considerations columns can be edited to include considerations and criteria selected for the process.

<table>
<thead>
<tr>
<th>Health and Strategic Issues</th>
<th>Prioritization Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Size of the problem</td>
</tr>
<tr>
<td></td>
<td>(H,M,L)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Prioritization Techniques

- Nominal Group Technique
- Prioritization Matrix
- Hanlon Method
- Strategy Grid
- Q-sort
MODULE 5

Communicating SHIP Priorities

Module Overview
As discussed in the *State Health Assessment Guidance and Resources* (Module 4, pages 75-86), the state health department should communicate about SHA and SHIP in ways that speak to a range of audiences, particularly those who have an interest in community health throughout the state. Specifically, the SHA and SHIP should be presented in a manner that is useful to (a) public health professionals working at state, local, and tribal health departments, (b) public health system partners across a range of sectors from education, transportation, economic development, etc., and (c) the general public. The *State Health Assessment Guidance and Resources* includes detailed information and tips from states about how to engage the public in the SHA and SHIP using many tactics, including electronic community feedback, focus groups, community forums, town halls, listening sessions, presentations, webinars, and social media. This module presents tips and strategies from states who have taken strategic approaches to communicating with diverse stakeholders throughout SHIP planning and implementation.

Key Content and Components
- Successful strategies for communicating about the SHIP.
- Listening sessions and public hearings.
- Newsletters.
- Social media.
- Changing the conversation and narrative about how to improve health.
Successful Strategies for Communicating the SHIP

1. Listening Sessions and Public Hearings
2. Newsletters
3. Social Media
Setting Priorities for the Alabama Community Health Improvement Plan

Alabama Department of Public Health
Presented by Carolyn Bern, MPA
February 18, 2016
Priority Setting

Priority setting is like eating a taco – it can be messy but also full of surprises.

When you eat a taco, eat it over a tortilla, so when stuff falls out, BOOM another taco.
Placeholder for polling question

• Where are you in your State Health assessment?
Priority Setting

• A process.

• Involves stakeholders.

• Determines which needs take priority.
Top 4 Guiding Principles of Priority Setting

Guiding Principle 1:
**FACT**: Recognize stakeholders are motivated to promote their own issues and concerns.

**APPROACH**: Select a process to establish priorities that is unbiased and objective.
Guiding Principles of Priority Setting

Guiding Principle 2:

**FACT:** Consideration of available community and organizational assets and resources should be included in priority setting.

**APPROACH:** Include guidance in the priority setting process that addresses community assets and organizational resources as part of the stakeholder focus.
Guiding Principles of Priority Setting

Guiding Principle 3:

**FACT:** Priority setting must include the likelihood of making a significant difference in the health of a population by implementing the Alabama CHIP (ACHIP)

**APPROACH:** Present the data/measures of the leading health care concerns from the Community Health Needs Assessment (CHA).
13 Leading Health Concerns From CHA Process

1. Access to Care
2. Mental Health and Substance Abuse
3. Poor Pregnancy Outcomes
4. Nutrition/Physical Activity
5. Cardiovascular Diseases
6. Sexually Transmitted Diseases
7. Cancer
8. Child Abuse/Neglect
9. Diabetes
10. Geriatrics
11. Injury and Violence Prevention
12. Oral Health
13. Cigarette Use
Guiding Principles of Priority Setting

Guiding Principle 4:

**FACT:** Consider the level of anticipated stakeholder engagement in priority setting.

**APPROACH:** Don’t focus on a healthcare issue that you cannot impact due to political or social controversy.
Priority Setting Method

Approach: Q-SORT Method

• Formal method of rank-ordering competing issues when all concerns are important and there is considerable subjectivity involved.

• Forces choices where differences in importance may be quite small.
Guidance for Decision-Making

Each stakeholder sorts 13 health concerns based on:

• Perceived need.
• Likelihood of making a significant difference.
• Anticipated level of engagement.
Q-Sort Cards
## Q-SORT Process

<table>
<thead>
<tr>
<th>Highest Priority 1</th>
<th>Next Highest Priority 2</th>
<th>Next Highest Priority 3</th>
<th>Next Highest Priority 4</th>
<th>Next Highest Priority 5</th>
</tr>
</thead>
</table>

---
## Sample Completed Log Sheet

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Priority 1</td>
<td>3</td>
<td>12</td>
<td>11</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Highest Priority 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Next Highest Priority 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Next Highest Priority 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next Highest Priority 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Highest Priority
2. Next Highest Priority 2
3. Next Highest Priority 3
4. Next Highest Priority 4
5. Next Highest Priority 5
Q-Sort Results

- A mean priority score was calculated for each health concern.

- The lower the mean score, the higher the priority.

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Access to Care</td>
<td>1.66</td>
</tr>
<tr>
<td>4. Nutrition and Physical Activity</td>
<td>2.32</td>
</tr>
<tr>
<td>2. Mental Health and Substance Abuse</td>
<td>2.47</td>
</tr>
<tr>
<td>3. Poor Pregnancy Outcomes</td>
<td>2.79</td>
</tr>
<tr>
<td>9. Diabetes</td>
<td>2.81</td>
</tr>
<tr>
<td>8. Child Abuse and Neglect</td>
<td>2.98</td>
</tr>
<tr>
<td>5. Circulatory Diseases</td>
<td>3.13</td>
</tr>
<tr>
<td>7. Cancer</td>
<td>3.15</td>
</tr>
</tbody>
</table>
Three ACHIP Workgroups:

• Access to Care
• Nutrition and Physical Activity
• Mental Health and Substance Abuse

Workgroups developed/discussed: goals, objectives, performance measures, timelines, assets and resources.
QUESTIONS ??????

Q-SORT Handout

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OKLAHOMA HEALTH IMPROVEMENT PLAN
PARTNERING FOR HEALTH IMPROVEMENT

JAMES ALLEN, MPH
DIRECTOR, PARTNERSHIPS FOR HEALTH IMPROVEMENT
OKLAHOMA STATE DEPARTMENT OF HEALTH
Which of the following describes your current stage in the process of developing a State Health Improvement Plan?

- Just getting started
- Plan is currently in development
- Plan completed less than one year ago
- Plan completed more than one year ago
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)

## Online Surveys
- General: 176
- African American: 65
- Hispanic: 82
- Tribal: 83
- Grand Total: 406

- English – 108
- Spanish - 23
Community Chat/Consultation Sites

Legend
- Interstate
- General Community Chat Site
- African American Chat Site
- Hispanic Chat Site
- Tribal Consultation
- County

Notes: Consideration of sites is based on urban and rural representation and the top four racial/ethnic groups.

Created: 03.12.2014
Projection/Coordinate System: USGS Albers Equal Area Conic
PARTICIPANT RECRUITMENT

• Regional Turning Point Consultants

• Office of Minority Health

• Office of the Tribal Liaison

• Online Survey
OHIP ROLLOUT

- Noble, OK – Selected due to success in Certified Healthy School, Community and Business

- State Officials, Tribal Officials, School Officials, City Leaders, Students

- Launch of the OHIP2020 website
OHIP STATE AND COMMUNITY ENGAGEMENT

- OHIP Executive and Full Teams
- Flagship and System Workgroups
- Linkage with Community Health Improvement Plans
- Community partners are key
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

OHIP2020.com
PHAB REVIEW

• PHAB is interested both in content as well as PROCESS

• Evidence of community engagement is essential

• Health Department leadership is expected to be involved in all aspects of SHIP or CHIP development
CONTACT INFORMATION

www.OHIP2020.com

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Questions??

Hit *1 on your telephone key pad and the operator will queue you up to speak directly with the presenters!
THANK YOU!

For further information, do not hesitate to contact me:
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