

Agenda

- 9:30 – 9:40 am** **Welcome and Roll Call – Senator Sherman and Dr. Yvonne Goldsberry**
- 9:40 – 10:00 am** **Status of legislation – Senator Sherman**
- 10:00 – 10:20 am** **Subcommittee Updates – Dr. Marie Ramas and Katie Robert**
- 10:20–10:45 am** **SHA Publication Update – Jo Porter & Katie Robert**
- 10:45–11:15 am** **Planning for SHIP – Jo Porter**
- 11:15 – 11:30 am** **Public Comment – Senator Sherman**

Sailing the SHIP



NH DIVISION OF
Public Health Services

Department of Health and Human Services



Alia Hayes:

► Passionate about:

- Collaboration
- Integration
- Relationship-building
- Hearing and meeting identified needs
- Reduction of redundancies

Alia Hayes:

- ▶ Rural Health
- ▶ CAH financial and operational improvements
- ▶ Quality Improvement
- ▶ Population Health Work
- ▶ EMS Work
- ▶ Previous work also included:
 - Teaching middle school health +
 - Researcher +
 - Personal Trainer +
 - = Motivating the unmotivated

Why now?

- ▶ While you were all working on the SHA...
- ▶ DPHS made a dedicated position to drive the SHA-SHIP process
 - Link internal and external stakeholders
 - Support accreditation if feasible

How do we begin to sail the SHIP?

- ▶ **Examine** the data
- ▶ **Ask** hard questions – should we *then* can we
- ▶ **Listen** to community voices
- ▶ **Receive** stakeholder input



How priorities should be chosen:

- ▶ Data
- ▶ Resources
- ▶ DPHS Investment
- ▶ Community Investment
- ▶ General Alignment and Support

What *shouldn't* make the cut:

- ▶ Lofty goals with few resources and momentum
- ▶ Shock without drive

Plan for Alignment

- ▶ Public Health Networks
- ▶ Block Grant Programs
- ▶ Additional Community Based Organizations (not already represented)
- ▶ Internal DPHS
- ▶ Public Health Accreditation Board Standards

Public Health Networks

- ▶ Community Health Improvement Plans (CHIPs)
- ▶ SHIP and CHIPs should feed one another
- ▶ Engagement with networks needs to be *high*

Block Grant Programs

- ▶ Resources to capitalize upon
- ▶ Staffing (usually) to drive programming
- ▶ Defined work plans

Community Based Organizations

- ▶ Organizations can align their existing goals and work plans
- ▶ Clear communication to improve collaboration
- ▶ Engagement to accelerate outcomes

Internal DPHS

- ▶ Identifying support for initiatives
- ▶ Improving program impacts
- ▶ Aligning resources with external stakeholders

PHAB

- ▶ Community Health Assessment – 2.1
- ▶ Community Health Improvement Plan – 2.2

PHAB

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)

ASTHO Guidance

CRITICAL ELEMENTS (MUST HAVE)	0	1	2	3	4
	0=NOT AT ALL —————> 4=COMPLETELY				
Process has strong sponsors					
Process has effective champions					
Support outweighs opposition					
Key resources are budgeted					
Core participants are willing and available					
There is general agreement on purpose and outcomes					
There is general agreement on how to proceed					
Scope of the planning effort is reasonable					
Staff and technical support have been identified					

ASTHO Guidance

DESIRED ELEMENTS (NICE TO HAVE)					
Purpose and benefits are well-understood					
Participants understand health improvement planning					
All needed resources are in place					
Outside technical assistance has been lined up					
Participation and organizational structure is clear					
Roles and responsibilities are clear					
A planning process has been specified					
Time frame has been specified in a workplan					

Examples: Priorities - IN

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Indiana State Health Assessment and Improvement Plan

2018 - 2021

Indiana has stubbornly high rates of chronic disease, obesity, smoking, and infant mortality. Additionally, emerging health threats, such as substance use disorders and resulting increases in HIV and hepatitis C, and are stretching the resources of public health.

INDIANA IS RESPONDING TO THESE CRISES:

- 1** In 2011, the Indiana Perinatal Quality Improvement Collaborative was formed to help address the state's high infant mortality rate.
- 2** In the 2018 legislative session, Indiana passed a bill requiring ISDH to establish a program to certify the perinatal levels of care available at Indiana hospitals and birthing centers.
- 3** The Indiana State Department of Health and its partners were recognized for their multi-faceted response to an HIV epidemic in Indiana.
- 4** In 2017 Indiana launched Liv, a health app that provides information for women who are pregnant, are planning to become pregnant, or already pregnant.
- 5** Indiana piloted, then codified, syringe service programs for counties with demonstrated high rates of hepatitis C or HIV.
- 6** Indiana piloted a study to better understand the number of infants being born with Neonatal Abstinence Syndrome.
- 7** Indiana continues to implement the Indiana Tobacco Quit-line, receiving 12,160 calls in 2017¹.
- 8** Indiana's adult smoking prevalence has declined significantly from 25.6% in 2011, 21.1% but it has not changed significantly since 2013².
- 9** While e-cigarette use among Hoosier youth declined significantly between 2014 and 2016, e-cigarettes remain the most commonly used tobacco product among Hoosier youth³.
- 10** In 2016, Indiana Governor Eric Holcomb made attacking the opioid epidemic a pillar of his governing framework and appointed a multi-agency commission to coordinate and hasten efforts. **Initiatives include:**
 - o The OpenBeds platform which provides drug dependent individuals nearly real-time listing of facilities with available treatments slots, grouped by location, payment options, accepted health insurance, type of addiction and whether services are available for pregnant women or new mothers.
 - o 'Know the O facts' awareness campaign and NextLevel Recovery website provides data and information about opioid use disorder.
<http://www.in.gov/recovery/know-the-o/>

¹ (Indiana State Department of Health, 2016)

² (Behavioral Risk Factor Surveillance System, 2011-2016)

³ (Youth Tobacco Survey, 2012-2016)

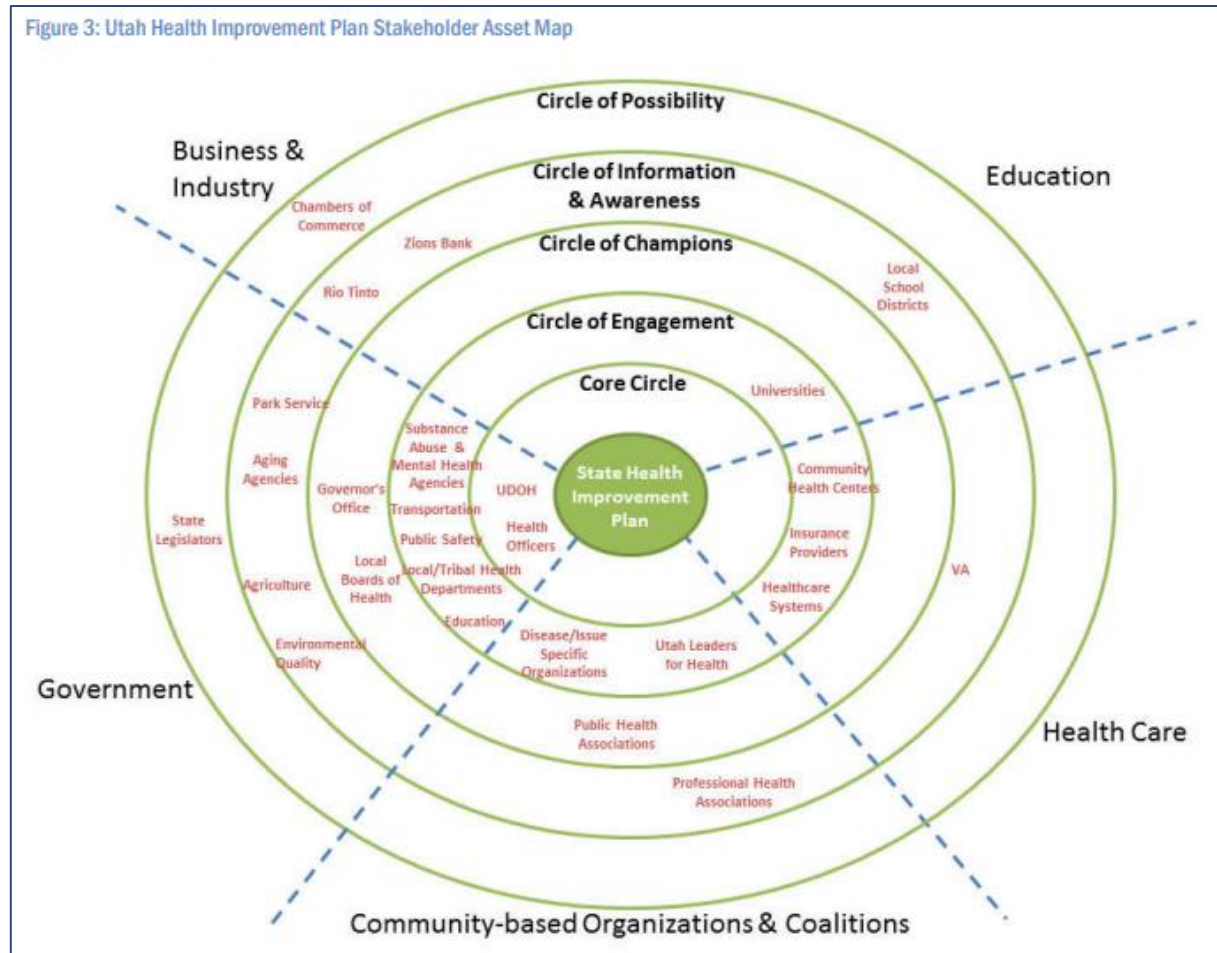
Examples: Priorities - CT

► [CT SHA Report Final060520.pdf;](#)

MATERNAL, INFANT & CHILD HEALTH
ENVIRONMENTAL HEALTH
DRINKING WATER
CHRONIC DISEASES
INFECTIOUS DISEASES
BEHAVIORAL HEALTH, TRAUMA & INJURY
HEALTH SYSTEMS
CLIMATE & HEALTH
NAVIGATING TOWARD HEALTH EQUITY

Example: Asset Map

Figure 3: Utah Health Improvement Plan Stakeholder Asset Map



Feedback/Questions?

- ▶ Alia Hayes, MPH – State Health Assessment – State Health Improvement Plan Manager
- ▶ Alia.v.hayes@dhhs.nh.gov
- ▶ 603-271-8459 – Office
- ▶ 603-731-9609 – Work Cell