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NATIONAL Leadership ACADEMY FOR THE PUBLIC'S HEALTH

THE *BIG PICTURE*©

Team Name: Washington County Community Health Improvement Plan

Location: Washington County, Oregon

Project Impact Statement: Improve community health through an integrated/coordinated approach/oversight to service delivery structure, evaluation and continuous improvement (adaptive action). Impact:Services and activities that improve community health are happening more in coordination and less in silos and corresponding funding sources are identified/created.

Socio-Economic, Political and Cultural Context

Current context in the community relative to the issue or opportunity to be addressed: (1) Openness to coordination; (2) Lack of collective capacity/bandwidth

Factors are at work in the community that might either facilitate or impede progress on addressing the issue or opportunity?
(1) Lack of funding to support cross sector coordination and actions – some smaller funding sources are happening, but not in a coordinated way
(2) Perverse incentives/special interests will put up barriers
(3) Different efforts are open to alignment – Health Share, Healthy Columbia Willamette

How the social determinants of health relate to the context of your proposed work in our community:
As our project is to create a Community Health Improvement Plan, the social determinants of health are at the root of all potential objectives. During the community health needs assessment work that preceded this project, several specific social determinants of health were identified as critical including social environment, access to affordable health care, education, housing, equal economic opportunity, access to healthy food, mental health and substance abuse, chronic disease, safe neighborhoods, early childhood issues.

Ultimately all of these determinants will be addressed in the plan. The prioritization will be driven by already existing efforts and resources in the community.

Rationale

1. Importance of Issue:
These issues were identified through extensive community engagement processes, community stakeholder input and quantitative data.

2. Evidence that this is the right problem to solve:
The Healthy Columbia Willamette Collaborative Community Health Assessment.

3. Health Equity Considerations:
Health disparities was a critical lens in identifying community priorities in the Community Health Assessment. A health equity lens will be utilized as we identify already existing resources and opportunities to better align those. A disparity by race/ ethnicity was one of the primary criteria that was used in prioritizing health indicators.

The team will assess the potential use of the Multnomah County Health Equity Lens.

Stakeholders

Partners who are critical to success and have a stake in this project:
Suicide Prevention Council; Community Health action Response Team; Integrated health care access committee; and other partners (see attached network map)

Within the context of changing the Social Determinants of Health, additional stakeholders and/or partners that are crucial to our efforts:
Partners in housing, economic development, education, criminal justice

Pathway to Change/ Key Activities

Change or intervention necessary:

1. Identify CHIP partners based on priority areas
2. Take Healthy Columbia Willamette (HCW) community health assessment "on the road" to present the data/ findings to community partners
3. Get feedback on issues, themes, strengths, resources from CHIP partners
4 Work with CHIP partners, using HCW data and national best practice/ evidence based recommendations, to develop objectives and strategies
5. Determine method of measurement (process and outcome measures)
6. Monitor and track implementation

Leadership Learning Priorities

Most significant leadership learning priorities:

1. Make cross sector connections; improve ability to understand connections cross-sector
2. Utilize leadership skills to move community partners from current state to align resources/ efforts to maximize impact to improve health outcomes
3. Communicate the project in a way that makes sense across sectors
4. Improve project management skills

Outcomes and Indicators

Project year (By December 2014):

Outcome A: Conduct process to determine focus areas based on HCW data with partners

Indicators: Focus areas determined with input from community parnters

Outcome B: Collaborate with CHIP partners to develop objectives and strategies

Indicators: Objectives and strategies developed in each focus area

Outcome C: Develop method to track and monitor implementation

Indicators: Process and outcome measures developed
Metrics tracked on quarterly schedule

Long term: (By _____ Date):

Outcome A: TBD by CHIP partners: Outcomes related to suicide prevention, chronic disease prevention, and access to care

Indicators:

Outcome B:

Indicators:

Outcome C:

Indicators: