

HHS COMMITTEE #3  
February 26, 2009

**MEMORANDUM**

February 24, 2009

TO: Health and Human Services Committee

FROM: Linda McMillan, Senior Legislative Analyst 

SUBJECT: **Update: Community Health Improvement Process (CHIP)**

Uma Ahluwalia, Director of the Department of Health and Human Services, will be present to update the Committee on the Community Health Improvement Process (CHIP). A written update is provided at © 1-7. The update notes that the purposes of the CHIP are to assure that all County residents have access to needed health care services and to identify and reduce health disparities. The process is be undertaken through partnerships and has included support from the four county hospital foundations, the Collaboration Council, Park and Planning, and the Urban Institute. The information at © 2-3 described the four phases of the project that are expected to be completed over a two year period.

## **Update on Montgomery County Community Health Improvement Process (CHIP)**

### **Background**

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Montgomery County is initiating the Community Health Improvement Process (CHIP) to 1) assure that all County residents have access to needed health care services; and 2) identify and reduce health disparities. CHIP is intended to be broadly collaborative and community-driven.

CHIP will bring the Department of Health and Human Services (DHHS) and other public agencies together with hospitals, foundations, and non-profit organizations to identify problems and approaches to their solution. A health needs assessment, key to the initiative, will describe health assets and deficits and provide the foundation for identifying the true priorities for investing in corrective measures. Diverse representatives from across the County, representing ethnic, racial, cultural, and other socio-demographic groups, will participate in the process.

### **Activities to Date**

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In July 2007, County Council passed Resolution 16-287 to request HHS to issue a Request for Expressions of Interest (REOI) to conduct CHIP. By October 2007, HHS completed the REOI process and identified 3 vendors for future RFPs on CHIP. When CHIP was not funded in subsequent county budget cycles, HHS initiated a process to identify and secure outside sources to fund CHIP activities.

The first activity to support CHIP was accomplished through the generosity of the Collaboration Council and support from the National Association of County and City Health Officials, both of which worked with HHS to hold a day-long retreat in June 2008 to complete the Local Public Health System Assessment (LPHSA) through which all of Montgomery County evaluated its ability to deliver the ten essential public health services. The summary report is being released in March 2009, and the LPHSA findings will inform different aspects of the overall CHIP.

### **CHIP Funding and Support**

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Substantial support has come from all four hospital foundations in Montgomery County which provides a combined \$100,000 to accomplish the first two phases of CHIP to provide Montgomery County with a scan of all information available that can inform the process as well as a comprehensive health needs assessment.

HHS is also seeking ways to acquire matching grants for the contributions put forward by the county hospital foundations, to secure the resources required to accomplish the third and fourth phases which will provide the county with a priority-setting process as well as an action agenda that will be implemented and evaluated to assess progress.

Both The Urban Institute and Brookings Institute were approached by HHS to explore partnerships to accomplish CHIP. Urban Institute's interests and capacity aligned with the needs of CHIP and Urban agreed to accept the grant from the hospital foundations to facilitate Montgomery County through the first cycle of CHIP and to assist the County in building the infrastructure needed to sustain CHIP for future iterations.

HHS also partnered with the Maryland-National Capitol Parks and Planning Commission (M-NCPPC) to integrate HHS into master planning efforts and include MNCPPC resources and GIS (geographic information system) capacity into the approach CHIP will use to present and report its findings for sub-county regions.

## Update on Montgomery County Community Health Improvement Process (CHIP)

Additional financial support was provided by County Councilmember George Leventhal with a \$40,000 commitment to CHIP. Councilmember Leventhal has also furthered his commitment to CHIP by working to link additional partners to CHIP to accomplish its inaugural and subsequent cycles. We are hopeful that Kaiser Permanente Health Plan Foundation will commit an amount equal to \$25K to support our CHIP efforts.

HHS is also pursuing other funding mechanisms to identify additional funding required to complete the entire CHIP in the two-year cycle it is anticipated to follow. Westat's Rockville Institute has expressed an interest in developing an MOU with HHS to assist CHIP through implementing qualitative assessment tools such as focus groups that will be instrumental in providing critical input into the needs assessment, priority setting, and action agenda processes of CHIP.

HHS has committed to participating in writing grant proposals with nationally recognized institutions like The Urban Institute and Westat's Rockville Institute, as well as local small businesses like McFarland and Associates to secure the additional funding CHIP requires.

Internally HHS has committed 0.5 FTE from its Senior Epidemiologist, 0.5 FTE from its Senior Health Planner in Public Health Services to CHIP along with commitments from each of the three minority health initiatives (AAHP, AAHI, LHI) to contribute resources/staff to support and accomplish the work of CHIP. Both the Commission on Health and the Commission on Aging have expressed support for our CHIP efforts and representatives from its membership are working with HHS to develop additional support from the community through retirees and other volunteers with professions that provide them with extensive expertise in data collection, data analysis, completing needs assessments.

### **CHIP Scope of Work**

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CHIP will build on all past and current efforts including environmental scan, comprehensive needs assessments, community health-related work, and relevant information from the healthcare provider organizations in the County.

CHIP will apply "best-practice" examples of other related undertakings including an examination of the community health improvement tools and techniques that have demonstrated success in other parts of the country. It will assure accountability by identifying and using performance indicators that measure the County's progress toward achieving its goals.

CHIP will implement an ongoing process to include periodic needs assessment, development and implementation of improvement plans, and monitoring of the achievement of improvements. The process will be dynamic, thus giving the County and its community partners the ability to monitor and act on the changing conditions affecting the health and well-being of County residents.

CHIP will be accomplished in four phases:

#### **YEAR 1**

- Phase I – Information Gathering
- Phase II – Comprehensive Needs Assessment

#### **YEAR 2**

- Phase III – Setting Priorities and Taking Action
- Phase IV – Maintenance and Preplanning for Next Cycle

## Update on Montgomery County Community Health Improvement Process (CHIP)

**Phase I** involves information-gathering from multiple sources and engaging community stakeholders to contribute to and participate in CHIP. Activities include:

- Establish and convene the CHIP Advisory Committee and CHIP Project Team;
- Conduct an environmental scan of socio-demographic and health-related data from both public and private sectors;
- Conduct qualitative data collection (focus groups, public meetings, surveys) with multiple sectors of the community to identify health priorities;
- Convene focus groups with stakeholders to inform the information-gathering process
- Compile an inventory of health care resources;
- Compile and synthesize past needs assessments conducted across multiple stakeholders for the diverse communities within the County;
- Establish a data repository; and
- Assess the health care services and resources that serve the County against the health needs of County residents.

**Phase II** is the analysis of the information compiled in Phase I. This will be accomplished through a comprehensive community health needs assessment that includes the following activities:

- Define health care assessment communities;
- Develop community health profiles for each assessment community using data from the data repository;
- Present the findings in a Montgomery County Health Needs Assessment Report; and
- Disseminate the report to stakeholders.

**Phase III** is the priority-setting and action phase, which includes the following activities:

- Conduct qualitative data collection (focus groups, public meetings, surveys) with multiple sectors of the community to establish a set of health priorities;
- Establish health priorities based on qualitative data and the needs assessment;
- Identify and execute an action agenda to meet the identified health priorities; and
- Monitor progress of the action agenda in place to improve health priorities.

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**Phase IV** is the maintenance phase and includes the following activities:

- Evaluation of the results of implementation of the action agenda;
- Maintenance of the data repository; and
- Planning for initiating the next iteration of CHIP cycle.

### **Year 1: Project objectives (Phases I and II)**

The Urban Institute will provide technical support for Phases I and II of the County's Community Health Improvement Process through achieving four objectives:

- 1) Establish an ongoing partnership between DHHS and community stakeholders and local health system members (Phases I & II, the CHIP Advisory Committee);
- 2) Compile and assess existing data on health needs, health providers and other health-related community assets, and social and environmental determinants of health (Phase I, Information Gathering);
- 3) Institute mechanisms for refreshing these data on a regular basis to evaluate progress towards addressing priorities and to make the data accessible to community partners (Phases I & II, Data Repository); and
- 4) Analyze and disseminate findings from the data in the repository on health care assessment communities (Phase II, Health Needs Assessment, Community Health Profiles).

## Update on Montgomery County Community Health Improvement Process (CHIP)

### Project Tasks and Components

*The responsibility, UI and/or DHHS, for implementation of each component is given in parentheses.)*

- Establish CHIP Advisory Committee
  - Identify and invite stakeholders to participate in the CHIP Advisory Committee. (DHHS)
  - Hold regular meetings of the Committee as well as ad hoc meetings, as required. (UI/DHHS logistics and content)
- Conduct Environmental Scan
  - Review past community assessments conducted both within and outside DHHS; e.g., by county government, hospitals, coalitions, advocacy groups, academia. (UI)
  - Identify and review sources of health-related data from both public and private sectors; e.g., demographics, mortality, natality, health care costs and utilization, transportation, employment, education, housing, environment, and health behavior surveys. (UI/DHHS)
  - Inventory health care resources; e.g., inpatient and outpatient services, primary and diagnostic/specialty care providers, dentists, services for children, ancillary and complementary services. (UI)
  - Organize the identified data, including preparation of data maps, where appropriate. (UI/DHHS)
  - Identify data gaps. (UI/DHHS)
  - Identify any community assets and community concerns not evident in the data through key informant interviews, CHIP Advisory Committee meetings, and CHIP participant meetings. (UI/DHHS)
- Establish Data Repository
  - Create a single repository for all county health services and resources. (DHHS, UI technical assistance)
  - Set data reporting timetables and procedures for stakeholders. (DHHS)
  - Establish access procedures and data use protocols for stakeholders. (DHHS, UI technical assistance)
- Comprehensive Community Health Needs Assessment (assess the county's health care services and resources against county health needs)
  - Define health care assessment communities, which are described below. (DHHS, UI technical assistance)
  - Develop health profiles for each assessment community using data from the data repository. (UI/DHHS)
  - Present the findings in a County Health Needs Assessment Report and disseminate the report to stakeholders. (UI report, DHHS dissemination)

### Anticipated Output

The most important outputs of the project are threefold. First is the creation of the CHIP itself. Second is the creation of the data repository. Third is the community health needs assessment. These outputs are key for the sustainability of the CHIP. Progress toward the first will be measured by the record of project participant meetings and monthly project team reports. Achievement of the second will be measured by the availability of data in the data repository. The Health Needs Assessment will be a product of both the CHIP process and the data repository. It will be documented in a report disseminated by DHHS to its partners and to the public.

## Update on Montgomery County Community Health Improvement Process (CHIP)

### **Project Administrative Reports**

Project activities will be documented in several ways. Working closely with DHHS, UI will produce minutes of all Advisory Committee meetings and memoranda of conversations with stakeholders. UI will submit monthly project reports documenting project activities. Together, the minutes and the monthly reports will constitute a record of project activities and achievements.

### **Data Repository**

UI will assess the completeness and accuracy of information available from existing data sources. UI and DHHS, along with the Advisory Committee, will identify gaps in existing data. Working with the Advisory Committee, UI and DHHS will elaborate strategies to fill the data gaps. This project will focus on quantitative data but will draw on the knowledge of Advisory Committee members to ensure that the data set is as complete as possible.

Data will be gathered and later made available at the community level. Specifically, DHHS will define health assessment communities that will be the unit of data reporting. The community is defined for the purposes of this project as not only the collective community of residents of the county, but also the various constituent communities defined by geography, language, race, ethnicity, gender, age, sexual orientation, health status, disability status, or a combination of these attributes.

Once existing data have been organized and new data gathered to fill identified gaps, DHHS will establish the data repository. The data repository will be housed at DHHS and posted on the DHHS internet Website or comparable Website. It is expected to take the form of a Web-based interface of static tables that relate to the constituent communities (described above). Where appropriate and to the extent possible, data will be mapped by community using geographic information system (GIS) software with technical assistance from UI.

UI and DHHS will work with the Advisory Committee to ensure that the data repository format responds to the needs of the community stakeholders. UI will provide technical assistance drawing on such sources as the UI Information Technology office and partners in UI's National Neighborhood Indicators Project. UI and DHHS together will consult with the National Association of City and County Health Officials (NACCHO) on best practices in using data for community health improvement through its collaborative Mobilizing Action through Partnerships and Planning (MAPP). DHHS will define protocols for the ongoing collection of data, including sources, standards for accuracy, and periodicity, as well as protocols for the use of data by stakeholders.

### **Health Needs Assessment**

Using the data from the data repository and working closely with DHHS, UI will draft a report on the health needs and assets of the County as well as constituent communities for which data can be obtained or developed. This report will use a report template developed jointly by DHHS and UI, in consultation with the Advisory Committee, for this and future periodic health assessment reports. DHHS will have final approval authority for the Assessment Need Assessment Report and will be responsible for dissemination of the report.

### **Organizational Leadership and Operations**

UI project activities will be led by Barbara Ormond, senior research associate in UI's Health Policy Center. Other UI staff resources for the project include principal research associates, Bradford Gray and Genevieve Kenney, and research associate, Jennifer Pelletier.

## Update on Montgomery County Community Health Improvement Process (CHIP)

DHHS project activities will be led by Colleen Ryan Smith, senior epidemiologist, Public Health Services and Ruth Martin, senior health planner, Public Health Services. Other DHHS staff resources include DHHS CHIP project team members from various service areas across the Department.

**Update on Montgomery County Community Health Improvement Process (CHIP)**

**Proposed Timeline for FIRST Cycle of CHIP**

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
Operations Plan																									
CHIP Advisory Committee, CHIP Membership & Administration*																									
Environmental Scan																									
Inventory of Past Needs Assessments																									
Qualitative Information Gathering (Focus Groups, Town Hall Meetings, etc.)																									
Assessment of Health Resources (Community Resource Profile)																									
Comprehensive Needs Assessment (Indicator Set)																									
Needs Assessment Report																									
Priority Setting*																									
Action Agenda*																									
Evaluation & Surveillance System (Data Repository w/ technical documentation)*																									
CHIP First Cycle Final Report*																									

CYCLE 2 Continues CHIP

\*Activities that will continue beyond 12 months to complete the CHIP process beyond the needs assessment phase.

