Community Health Planning

Technical Action Guide

CCHI Community Coalitions Health Institute

UNITED HEALTH FOUNDATION®

NBCH National Business Coalition on Health

The National Business Coalition on Health (NBCH), and its nonprofit affiliate organization, Community Coalitions Health Institute (CHHI), would like to recognize the staff of the following NBCH member coalitions for their engagement in population health improvement in their communities through participation in the Community Health Planning Seed Grant Program: The Employers' Coalition on Health, Indiana Employers Quality Health Alliance, Memphis Business Group on Health, Midwest Business Group on Health, Savannah Business Group, and the St. Louis Area Business Health Coalition. We would also like to recognize Dr. Frances Butterfoss of Coalitions Work for technical assistance provided to the grantees and for creating the content of this technical action guide.

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OVERVIEW

This Technical Action Guide summarizes the planning approaches and methods used by the six grantee coalitions participating in the Community Health Planning Seed Grant Program, with emphasis on how they mobilized and engaged community stakeholders. The Guide will also describe the critical *lessons learned* by the grantees and offer a set of *best practice* recommendations for other coalitions to follow in replicating this process of community consensus building to improve health outcomes.

Why Consider Community Health Planning?

Community health planning is a process of assessing the needs of your market and the capacities or assets that are available to meet those needs. This assessment process is a valuable strategy for crafting a clear picture of your community and can be the starting point for planning — developing awareness of critical issues, creating a shared vision, and promoting strategies for community change. The planning process begins by convening a group of community stakeholders to establish a vision and prioritize the issues that require change. The vision provides a focus for the assessment — a clear picture of where you want to be in the future. Issues prioritized by the group then guide what information must be collected in order to make decisions that create change. A comprehensive community assessment will help you identify:

- **Community assets** that encourage competence, confidence, connection, character, and compassion for and among people
- **Risks** that priority populations face and the resources or strengths your community has to address them
- **Valued community organizations,** such as schools, faith institutions, policy makers, employers, government agencies, other coalitions, community members, families, and other key players
- **How your coalition** can most effectively address specific problems

Health planning is critical for building consensus and buy-in for dealing with pressing health issues that affect priority populations or specific parts of the community. Other key reasons for this process are (National Resource Center, 2010):

- **The community better understands its needs,** why they exist, and why they should be addressed
- **Community members can share** how the needs affect quality of life for the larger community
- **Community engagement** is increased because members from different community sectors are included in discussions about needs, assets, and the community's response
- **Community strengths** and weaknesses are identified
- **An inventory** of available community resources can be leveraged to improve quality of life
- **Communities identify** asset gaps that exist in their communities
- **Stakeholders and organizations** become more aware of how to build their community's assets — information about community needs may be used to assess their own service delivery priorities
- **Data is provided** for making confident decisions about actions that can be taken to address community needs and how to use the available assets
- **Funders that provide** resources for health actions usually require a formal community assessment as a baseline for measuring future outcomes

Identifying Needs And Assets In The Community

A major goal of community health planning is to conduct an assessment in order to develop an informed understanding of the needs that exist within a community and the effects on its members. Rather than identifying them as "problems," *community needs* are defined as "the gap between what a situation is and what it should be" (Heaven, 2010). By collaboratively examining these gaps, we find what is lacking and focus on future improvement. Communities across the nation have faced many pressing health needs over the past decade, such as rising health care and insurance costs, poor access to quality health care, epidemic rates of obesity and overweight, and increased prevalence of asthma, diabetes, and other chronic diseases. These health needs may affect large or small numbers of community members including families, individuals, youth, seniors, parents, businesses, community organizations, and faith-based organizations. When more parts of a community are affected by a particular health need, we are more likely to find support for addressing those needs.

Community assets, on the other hand, are defined as "those things that can be used to improve the quality of life" (Heaven, 2012). Assets include organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions. A critical premise for beginning any health planning effort is that even the most under-resourced communities have existing assets that can be leveraged.

What Is The Community Health Planning Seed Grant Program?

In partnership with United Health Foundation, the National Business Coalition on Health (NBCH), through its nonprofit affiliate organization, Community Coalitions Health Institute (CCHI), designed the Community Health Planning Seed Grant Program to identify and support communities to create comprehensive population health activities with diverse stakeholders and a full range of community health data. Each grantee hosted and facilitated a population health summit in their respective communities. The summits convened businesses, health plans, providers, public health, and other health care leaders to examine key population health indicators (from the United Health Foundation's America's Health Rankings® tool set and other community data sources) to identify a population health need and then develop a collaborative strategy for improvement. The goal was to spur the creation of specific, action-oriented population health improvement plans (action plans) at the community level that focused on identified

health indicator(s) and garnered community accountability. This is unique from many other grant programs in that it funds the business community for their role in community health. The timeframe for project activities was approximately one year from initial planning to final report and evaluation submission. NBCH and CCHI used a competitive application and review process to select and award a total of $275,000 to six coalition communities in Spring 2011:

- Employers' Coalition on Health (Rockford, Illinois)
- Indiana Employers Quality Health Alliance (Indianapolis, Indiana)
- Memphis Business Group on Health (Memphis, Tennessee)
- Midwest Business Group on Health (Chicago, Illinois)
- Savannah Business Group (Savannah, Georgia)
- St. Louis Area Business Health Coalition (St. Louis, Missouri)

Although grant funding explicitly supported action planning efforts, the expected outcome following these projects was plan implementation.

Community Health Planning Grantee Approaches, Methods, And Results

Grantees relied heavily on community assets to accomplish their work, including existing collaboratives, partnerships and neighborhood organizations, as well as effective efforts or programs. They spent their first few months meeting with community stakeholders, assessing local data, and planning community health summits. The summits helped each community prioritize their top health issue and identify related health indicators of interest. After the summits, coalition grantees organized work groups that were charged with developing community action plans to present to their communities for consensus, buy-in, and subsequent implementation. Dr. Reed Tuckson, United Health Foundation staff, and Dr. Frances Butterfoss, Coalitions Work, participated in three check-in calls with grantees during the year. NBCH staff and Dr. Butterfoss remained in communication and contact with grantees throughout the process to provide additional feedback and support via e-mail and individual phone consultations.

The coalitions and partnerships convened by the grantees used a variety of approaches to mobilize and engage their communities to identify priority health care needs and then develop plans of action to address those needs. For half of the grantees, data from United Health Foundation's America's Health Rankings®, hospitals and health plans, or local community health planning efforts was so compelling that summit attendees were spurred to action. In one case, specific under-resourced, diverse neighborhoods were invited to be vital parts of the decision-making process. In another, a fledgling coalition used a consensus-building process to mobilize their community around an issue of common concern. In one urban area, a Summit Planning Committee conducted due diligence by initiating

online surveys to corroborate community-level data and then followed up with interviews and focus groups to decide on strategic emphasis. **In all cases, the grantees served as convening agents who shared their vision with community members and planners.** All sites were successful in convening summits to prioritize health needs based on data. In addition, all conducted follow-up events and meetings to develop Community Action Plans or incorporate their strategic goals into existing community health planning efforts. Some sites developed separate partnerships to coordinate these efforts and others operated as sub-groups of existing collaboratives. Project summaries presenting the specific grantee activities and approaches are in Appendix 1. More detailed project descriptions are in Appendix 2.

Lessons Learned From Grantee Communities

Four lessons that emerged from the grantees' projects are as follows below.

- Lesson Learned 1: Engage Stakeholders
- Lesson Learned 2: Use Strong Process
- Lesson Learned 3: Focus on Data
- Lesson Learned 4: Develop Your Action Plan

Lesson Learned 1: Engage Stakeholders

- **Develop and leverage** personal relationships with leaders of competing organizations to unite them.
- **Build strong collaborative relationships** to improve project effectiveness and sustainability.
- **Identify respected individuals/organizations** to champion the cause and co-lead the activity.
- **Engage community health boards,** as well as the public health department.
- **Involve more parents** in community health efforts.
- **Ensure that those involved** in assessment have decision-making ability in order to promote broad-based community buy-in, support, and action for implementation.
- **Reach out and involve** a broad cross-section of community stakeholders. Throughout the process, consider 'who else needs to be at the table?'
- **Identify leadership** at the levels closest to the people (in neighborhoods) and build trust through gradual, persistent, and fundamental education and empowerment.

Lesson Learned 2: Use Strong Process

- **Hold meetings** at a neutral location, led or facilitated by purchaser representatives who have only quality and cost objectives, and are not beholden to any provider or organization.

- **Keep people informed** and don't let too much time pass between activities.
- **Peer pressure fosters** work group momentum — work group chairs periodically attended other work group meetings to hear progress reports which helped them motivate their own group to do more.
- **Successful summits** and community forums focus on structure, process, and flow. Consider using self-assigned break-out groups, prioritization voting, open-space feedback, and initial action planning work.
- **Hire a consultant** experienced in forging consensus among groups with disparate backgrounds, interests, and priorities.
- **Utilize strategies** such as the life-stage storytelling and thinking exercises to encourage participants to narrowly define populations as a focus for improvement.
- **Use Strategic Doing** approach from economic development to achieve trust and collaboration during summits (principles, practices, and disciplines for implementing strategies in networks).

Lesson Learned 3: Focus on Data

- **Use uncontested, credible,** and objective data as a foundation for decisions and joint actions.
- **Demonstrate** how purchasers and consumers are affected by health costs of the priority health issue and how the overall health of the community is impacted.
- **Use employer health risk assessment** data — it clearly shows why employers should be concerned about the health issues.
- **Survey the views** and recommendations of all participants — use the results to direct activities.
- **Consider using neighborhoods** as a unit of health transformation instead of the entire community.
- **Some organizations** are reluctant to share data — understand and take the time to build trust.

Lesson Learned 4: Develop your Action Plan

- **Focus on a limited number** of achievable priorities. Identify "low hanging fruit" and use strategies that can be implemented over two years across the entire community.
- **Compress the action planning process.** Let organizations know when it's appropriate to implement strategies within their own organization or sphere of influence.
- **With complex issues,** develop specific strategies with clear deliverables to address narrow gaps.
- **Identify and support** existing efforts, rather than starting from scratch. Community organizations already have programs that could use broader support rather than creating new or competing initiatives. Connect and support current infrastructure and take advantage of existing resources when you can — it will build shared commitment and reduce fragmentation.
- **Focus on evidence-based strategies** with a history of success, while recognizing that each community has its own unique set of circumstances and solutions. Don't reinvent the wheel.
- **Community plans** are not business plans. Community plans may start out incomplete or less precise and improve over time as the coalition and community increase their capacities.

BEST PRACTICES
RECOMMENDED BY GRANTEES

American Academy of Family Physicians (AFP) *Americans in Motion-Healthy Interventions (AIM-HI)* toolkit. (2012). These tools help develop a culture of fitness within offices and with patients. They include physician/clinician and patient education tools (such as motivational interviewing and other techniques that support patients in weight loss). The toolkit helps primary care teams work more collaboratively with each other and their patients share responsibility to improve health outcomes. https://nf.aafp.org/Shop/aim-hi/toolkit

Community Development — Data Information and Analysis Laboratory (CD-DIAL). (2001). Preparing for a Collaborative Community Assessment. Ames, IA: Iowa State University Extension. www.extension.iastate.edu/Publications/CRD334.pdf

Implementing Practices That Improve Exclusive Breast Milk Feeding. The United States Breastfeeding Committee (USBC) published a toolkit that focuses on improving adherence to evidence-based best practices, which is reflected in rates of exclusive breast milk feeding. The new resource is intended for maternity facilities choosing The Joint Commission's new perinatal care core measure set. Download toolkit at: http://www.usbreastfeeding.org/LinkClick.aspx?link=184&tabid=36&mid=378

Leading by Example Questionnaire. Partnership for Prevention (PFP). This tool explores how attitudes of leadership, organizational policies, and environmental factors (such as foods offered in cafeterias and vending machines) impact employees' ability to achieve and maintain healthy weight. Employers can use findings to develop action plans. http://www.prevent.org/Publications-and-Resources.aspx

Leading by Example: Creating Healthy Communities through Corporate Engagement (2011). This report highlights initiatives to improve community health that are sponsored by local and national companies. Businesses play an important role in creating healthy communities, which in turn creates a healthier workforce. Healthy communities are vibrant and dynamic places where people want to live and work. http://www.prevent.org/data/files/initiatives/lbe_community_final.pdf

Rotary International, Community Assessment Tools: A Companion Piece to Communities in Action - A Guide to Effective Service Projects. (2008). Evanston, IL: Rotary International. This companion guide includes information on how to use surveys, seasonal calendars, asset inventories, community mapping, focus groups, and panel discussions to assess your community. www.rotary.org/RIdocuments/en_pdf/605c_en.pdf

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BEST PRACTICES
RECOMMENDED BY GRANTEES

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Morrison, E. (2010). Strategic Doing: The Art and Practice of Strategic Action. West Lafayette, IN: Purdue Center for Regional Development. http://www.pcrd.purdue.edu/What_We_Do/SD/wp.pdf

Underage Drinking Enforcement Training Center. (2012). Community-based Programs: Survey and Community Assessment Tools. http://www.udetc.org/surveyandcommunity.asp

Web-based Community Resource Guide—Midwest Health Initiative, Wowza, and community organizations with a focus on improving fitness and nutrition are partnering to support over 200 organizations featuring programs/resources on healthy eating and exercise that reach community members interested in achieving and maintaining a healthy weight. Expected launch date of this resource guide is early 2013.

Community Commons. This website is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. Registered users have free access to: 1) over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; 2) mapping, visualization, analytic, impact, and communication tools and applications; 3) profiles and video narratives of hundreds of place-based community initiatives (multi-sector collaboratives) that are funded by government and private philanthropy to work towards healthy/sustainable/livable/equitable communities - funded by government and private philanthropy; and 4) peer learning forums with colleagues exploring similar interests and challenges that are hosted by leading national technical assistance providers. http://www.communitycommons.org

TAKE ACTION: Develop A Community Action Plan

Coalitions can take the following six action steps to mobilize and engage their partners and stakeholders in a comprehensive community health planning process (National Resource Center, 2010). These steps will help your coalition anticipate potential barriers and position itself for success. Each step is distinct, but information identified in one step may change your approach to another one.

- Action Step 1: Define the Scope
- Action Step 2: Collaborate
- Action Step 3: Collect Data
- Action Step 4: Determine Key Findings
- Action Step 5: Set Priorities and Create an Action Plan
- Action Step 6: Share Your Findings

Action Step 1: Define the Scope

In the time between identifying your vision of the future and developing/implementing a plan to realize that future, your planning group may come up with more than one vision of a healthy community and/or more than one way to accomplish it. Community issues are complicated and interrelated. It's easy to expand the range of issues to include in your community assessment beyond your capacity. To define the scope of your community assessment, clearly identify the community issue to assess, the affected community members, the geographic area to assess, key questions to answer, and level of detail to include in the assessment. You may not be able to answer all the key questions; instead focus on what you need to know versus what is good to know.

- What are the basic community demographics (income levels, races/ethnicities, and ages)?
- Who are the faith- and community-based organizations that serve the community? What services do they provide and to whom?
- What services are local public agencies providing, and to whom? (Include law enforcement, probation, courts, schools, and workforce development.)
- What organizations are funded by foundations and government agencies to address the community issues? What do local residents see as the primary needs for this community?
- What are the various intervention strategies being used to address the issues? Are these practices demonstrating any clear outcomes?
- What community leaders are concerned with the issues we want to address?
- What local volunteer groups (e.g., Rotary Clubs) serve the community?
- What community organizations focus on these issues? Are they delivering service in a meaningful way?
- Do partnering opportunities exist with other nonprofits or faith-based and community organizations?
- What are the gaps in community service? What would a complete system look like?
- Are community members ready to change the issue you are trying to address?

Action Step 2: Collaborate

Collaborate with community partners to conduct your assessment. Collaboration:

- Engages more community members in assessment planning and implementation;
- Increases access to data sources to answer key questions;
- Makes more resources available to conduct the assessment and cover expenses; and
- Establishes relationships that will be important for leading actions identified in the findings.

To reduce conflict and clarify expectations, use a memorandum of understanding (MOU) to outline the key responsibilities of your partners. This will ensure that each partner fully understands and commits to the efforts involved. Potential community partners include corporations, nonprofit organizations, local community organizations, foundations that provide grants to your community, universities, and government entities. A key factor to keep in mind is the level of resources you can call on to conduct a community assessment. Examine the available time, effort, and human resources from your staff, volunteers, consultants, and board members. Establishing collaborations increases the resources you can use to conduct a high-quality and useful assessment. Develop a work plan to assign roles, responsibilities, and time frames for major assessment activities.

Action Step 3: Collect Data

Data gathering is a powerful process that informs action planning and priority setting, as well as strategic improvements and outcomes. As you begin to think about the steps necessary to create change, your community assessment group may realize that it doesn't have sufficient knowledge to make decisions about potential strategies. Instead of basing your judgments on selected "stories" or contradictory anecdotes, you need to find credible sources of information and, when necessary, develop your own data collection tools. In any data collection effort, set limits on how much data you will collect and analyze. Consider the amount of time you will need and available resources before selecting methods. Prioritize your data collection needs according to what is essential to complete your community assessment. Document your data collection efforts by listing the key questions that you identified in Action Step 1 and then identify likely information sources.

Start data collection with secondary sources of data – data that others have already collected. Begin with local data sources then broaden your search if needed. Focus on quality rather than quantity of data, so you can dedicate more time to other parts of the assessment. Some data may have associated financial costs for access.

Primary data is collected by the person or group conducting the assessment. You should use this type of data collection to address questions that can't be answered using secondary sources or to better understand a particular issue. Collect primary data using surveys, observation, focus groups, interviews, and case studies. Your timeline should reflect the level of detail needed for your assessment. Clarify who will carry out different parts of the data collection plan, set data collection deadlines and stick to them.

Action Step 4: Determine Key Findings

The data collection step will generate much data about your community needs and assets. Analyze it to identify your key findings, which help:

- Validate anecdotal evidence of community needs and assets;
- Highlight significant trends found in the data collection process;
- Reveal differences across community sectors; and

Sample Secondary Data Sources

- **United Health Foundation's America's Health Rankings® (ranks health disparities, and rates of obesity, tobacco use and diabetes by state):** http://www.americashealthrankings.org/Rankings
- **Hospital data on births, deaths and discharge diagnoses:** National Hospital Discharge Survey data is available from the CDC at http://www.cdc.gov/nchs/nhds/nhds_products.htm. State level or local hospital system data varies in availability and may be accessed via state health departments or contracting agencies.
- **Insurance Claims Data:** Organizations and employers that meet certain qualifications can access patient-protected Medicare data from the Centers for Medicare and Medicaid Services (CMS) that combines private sector claims data with Medicare claims data to identify which hospitals and doctors provide the highest quality, cost-effective care. Local and national insurance companies also may provide disaggregated claims data to qualified organizations.
- **Healthy People 2010 Data:** National data from the CDC at http://www.cdc.gov/nchs/healthy_people/hp2010/DATA2010.htm. Other health data on various topics are available from the CDC at http://www.cdc.gov/DataStatistics/
- **State level Data on Chronic Diseases:** Contact the American Diabetes, Health or Lung Associations and other advocacy groups' websites for links to the most up-to-date state level data.
- **CARES Public Data:** Includes thousands of GIS data layers that have been added, updated and maintained since the Center for Applied Research and Environmental Systems (CARES) launched its CARES Map Room in 2000. Easiest way to access is through the Commuity Commons website where you can create maps of your own community after you have registered: http://initiatives.communitycommons.org/tool/maps/Default.aspx.

- Clarify answers to the assessment's key questions.

Analysis will help you summarize your data and it can include sorting, graphing, conducting statistical analyses, or simply identifying patterns. Examples of key findings might include:

- Strengths, gaps, opportunities, and challenges that are noted by many people or groups
- Programs or efforts that have produced significant results
- Increases, decreases, or changes in health status over time
- Changes in attitudes or behavior of people over time
- Environmental conditions that may affect the community's health
- Disparities in data among certain ethnic or racial groups, age or gender groups, or geographic sectors of the community

At this point, you will need to decide whether you need to collect further data or you are ready to create an Action Plan.

Action Step 5: Set Priorities and Create an Action Plan

A community assessment should allow you to make informed decisions about your goals and objectives and identify specific community needs to address. Set priorities based on your findings and create an action plan to guide your post-assessment planning. Priority setting requires building consensus among community members with different opinions/views on how community issues should be addressed. Once priorities are determined, your action plan will identify specific actions and deadlines, as well as identify a person/organization responsible for each action. For each part of your plan, determine how you will measure effectiveness. Adopt measures that help define your strategy and that can be tracked over time. Cornell University Cooperative Extension offers suggestions for the priority setting process (Duttweiler, 2008):

- **Make key information available** prior to decision meetings
- **Carefully nurture relationships** throughout the planning process
- **Cultivate open communication** and recognize the strength in differing viewpoints
- **Allow time for people** to reflect on the information, digest it, and modify decisions
- **Strive for consensus** — emphasize what is at stake and why you are doing this
- **Beware of taking too much** time to analyze information and/or rushing to meet deadlines
- **Build on existing strengths** and ensure that you have a well-defined action plan
- **Ensure that individuals** responsible for carrying out key tasks are committed to making changes

Action Step 6: Share the Findings

The last step of the community assessment is to disseminate your plan and share what you've learned. Use information from your community assessment to document your priorities. Community members are more likely to support these efforts when they clearly understand what their community needs. Hold community meetings or summits to share the report with community members or issue press releases to increase dissemination in different media outlets. Use charts and graphs to illustrate your findings. Besides the full report that is available on partner websites, publish a one-pager that summarizes key findings and actions. Key findings should point to an asset or need of your community. Continue to work with community members to build your implementation team and give community members who weren't involved in the assessment an opportunity to help implement the plan.

REFERENCES

Heaven, K. (2012). Developing a Plan for Identifying Local Needs and Resources. Community Tool Box. Lawrence, KS: KU Work Group for Community Health and Development. Accessed Apr 20, 2012 at: http://ctb.ku.edu/en/tablecontents/sub_section_main_1019.aspx

Duttweiler, MW. (2008). Priority Setting Resources: Selected Background Information and Techniques. Ithaca, NY: Cornell University Cooperative Extension. Accessed Apr 23, 2012 at: http://staff.cce.cornell.edu/administration/program/documents/priority_setting_tools.pdf

National Resource Center. (2010). Conducting a Community Assessment. *Strengthening Nonprofits: A Capacity Builder's Resource Library.* Washington, DC: US Dept. of Health and Human Services. Accessed Apr 21, 2012 at http://strengtheningnonprofits.org/resources/guidebooks/Community_Assessment.pdf

APPENDIX 1 – Seed Grant Project Summary Table

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
(ECOH) Employers' Coalition on Health Rockford, IL	Various Health Issues	Collaborated w/ Healthy Community Study Steering Committee to review population health data from 2010 Healthy Community Study data. Led to creation of 9 work groups & summit to develop action plan	Yes, plan goals tied to work groups: access to care; basic needs; crime, violence & public safety; chronic disease; behavioral health; dental care; health equity; education & employment; maternal, prenatal & early childhood	No, worked through Healthy Community Study Steering Committee & work groups	• Healthy Halloween Community Celebration • Held 2nd Summit on health equity • Interactive, online scorecard (dashboard) with indicators for success for each of the nine key finding areas
Indiana Employers Quality Health Alliance Indianapo-lis, IN	Obesity and Diabetes	Recruited/ prioritized 2 under-served neighborhoods & others to Neighborhood Health Gathering with data & innovative facilitation	No, but identified prevention goals: 1) nutrition, education & access to healthy food; 2) physical activity; 3) senior socialization 4) health provider communication & relations & 5) substance abuse education	No, but People's Health Center; committed to coalition building; Meadows Community Foundation created Health Work Group	• Follow-up breakfast held • NESCO added "health" to Quality of Life Plan • Chase Eastside Fitness Center opened, Legacy Loop 5K Run & Legacy Health Bowl held w/ NFL player participation • MCPHD, IN Employers Health Alliance & Better Healthcare for Indiana will continue in-kind support for NESCO & C.N.N projects
Memphis Business Group on Health Memphis, TN	Obesity	Used 2010 nutrition/ physical activity state plan & Let's CHANGE as catalysts to convene summit. 5 work groups prioritized strategies	Yes, Work Groups' top obesity prevention strategies incorporated into Shelby County Let's CHANGE Plan	No, worked though Let's CHANGE collaborative via work groups	• Post-summit celebration held • New strategies such as Walking in Memphis, worksite assessments & support, Baby friendly hospital standards & 5-2-1-0 campaign in pediatric practices underway

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
(MBGH) Midwest Business Group on Health Chicago, IL	Early Elective Deliveries	Hospital survey birth data was catalyst for summit	Yes, standard, state performance data infrastructure; hospital elective delivery policies; provider payment reform; malpractice relief; education & outreach	Yes, statewide Steering Committee to be led by Quality Quest of IL & content area work groups	• 2 more summits held on focus issues • 2012 Survey: 40% of IL hospitals decreased early elective delivery rate to 5% or less and > 71% reduced rates • Applied for CMS CMMI grants • Will present national webinar on managing elective pre-term deliveries
(SBG) Savannah Business Group Savannah, GA	Childhood Obesity	Reached consensus by reviewing United Health Foundation's America's Health Rankings®. Keys: activating parents & school partners	Yes, action plan focuses on employers, CBOs, health care providers, parents & educators	No, partners loosely collaborate with SBG	SBG invited to panel on childhood obesity at GA House Democratic Caucus listening session
(BCH) St. Louis Area Business Health Coalition St. Louis, MI	Obesity	Partnered w/ MHI to review health data & form Summit Planning Committee. Community survey (N=400) to identify obesity as key issue; Summit used audience response devices to confirm	No, but identified prevention goals Link existing programs & strategies to community; enhance work-site health promotion; support primary care teams to help patients reach/maintain healthy weight	No	Extensive, follow-up interviews/ focus groups identified promising strategies: Web-based, Searchable, Community Resource Guide; Assess, Recognize & Expand Use of Evidence-Based Health Promotion at the Worksite; & Activate the Primary Care Team

APPENDIX 2 – Seed Grant Project Descriptions

Employers' Coalition On Health Focuses On Various Health Indicators

COMMUNITY MOBILIZATION AND ENGAGEMENT. In January 2011, in collaboration with the Healthy Community Study Steering Committee, Employers' Coalition on Health (ECOH) reviewed population health data from the 2010 Healthy Community Study conducted at least every 5 years to capture trends and changes in demographics and the health care environment. Nine work groups representing various community interests/sectors were convened by a consultant and supported by staff to provide credibility, technical expertise, and tangible resources. After 3 months, the groups linked health issues to 9 action categories and identified health indicators, evidence-based strategies, and opportunities for strengthening partnerships.

ECOH hosted its health summit in July 2011 for over 100 participants. Post-summit, 9 work groups refined the identified evidence-based health strategies related to: access to care; chronic disease; basic needs; behavioral health; crime and violence/public safety; dental care; education/employment; health equity; and maternal/prenatal/early childhood. The final community action plan is broken down by work group and identifies the health problem, priority population, and recommendations.

RESULTS.

- In October 2011, 325 residents attended a "Healthy Halloween" mini-celebration with healthy treats and activities to raise awareness about health and nutrition. It was coordinated by the Get Moving initiative of the YMCA of the Rock River Valley with several community partners.
- The 2nd summit held in February 2012 attracted 150 participants and focused on health equity. The goals were to continue to engage the work groups and community in the action plan, affirm that health equity means more than access to care, and illustrate how it permeates all health strategies.

Indiana Employers Quality Health Alliance Focuses On Obesity & Diabetes

COMMUNITY MOBILIZATION AND ENGAGEMENT. The Indiana Employers Quality Health Alliance focused at the neighborhood level, believing that networks of residents and institutions drive transformational change in complex systems, like health and health care. A Project Leadership Team was formed with representation from health care, public health, housing, business, and community development organizations. A request for information (RFI) was sent to neighborhoods that were ready to participate in and lead the project. After reviewing the RFIs, two neighborhoods were selected:

- Near Eastside Neighborhood (NESCO) - 20 neighborhoods east of Indianapolis with a racially diverse population of 40,000, average income of $37,500, and a history of community development. Achievements included a 2007 Quality of Life Plan that invests in families, education, and business development; building a People's Health Clinic; and investing $154 million to build a fitness center.
- Coalition of N.E. Neighborhoods (CNN) - 10 neighborhoods with a high African-American population of 100,000, an average income of $31,000, and an under-developed capacity for community development. While housing/business deterioration and crime are prevalent and no Quality of Life Plan exists, $150 million redevelopment plan for mixed income housing, retail, and a $12 million community education, health, and fitness center is underway.

Following planning meetings with neighborhood leaders, a half-day Neighborhood Health Gathering (summit) was held on September 10, 2011, at Martin University Gathertorium. Thirty people participated, including 10 residents from each priority neighborhood. Innovative facilitation techniques (such as People Bingo, Life Stage Story Sharing, Neighbor-to-Neighbor interviews, Café Conversations, and Gallery Walk), information packets that included neighborhood statistical profiles, and story and context-setting talks helped engage participants. After discussion, obesity and diabetes ("diabesity") were selected as priority chronic illnesses. Participants planned to focus their prevention efforts on: 1) nutrition, education & access to healthy food; 2) fitness activity; 3) socialization of seniors; 4) health care provider communications and relations; and 5) drug and alcohol abuse education. While no action plans were created, the summit elevated health and promoted health improvement as an ongoing, neighborhood and lifestyle change activity, not simply as periodic interactions with a physician or clinic.

RESULTS. By early 2012, the following achievements occurred:

- A "Thank You" breakfast for NESCO residents sponsored by the People's Health Center resulted in a commitment to form a neighborhood-based prevention partnership led by the People's Health Center Advisory Board.
- The Chase Eastside Fitness Center opened, along with a Legacy Loop 5K Run and Legacy Health Bowl with NFL player participation.
- The NESCO Board incorporated a "health" component in its Quality of Life Plan.
- The Meadows Community Foundation convened a Health Work Group of Summit Planning Team members to transform focus areas into quick win strategies for a Quality of Life planning process.
- The Marion County Public Health Department (MCPHD), IN Employers Health Alliance, and Better Healthcare for Indiana will provide more in-kind resource support for NESCO and C.N.N projects.

Memphis Business Group On Health Focuses On Obesity

COMMUNITY MOBILIZATION AND ENGAGEMENT. In 2010, the Tennessee Obesity Taskforce and the Tennessee Department of Health developed the *Eat Well Play More Tennessee* state plan for nutrition and physical activity. This plan was embraced by the Healthy Memphis Common Table and Shelby County Health Department who led the 2010 Let's CHANGE initiative to reduce obesity through improved nutrition and active living. MBGH built on these milestones by collaborating with the Tennessee Department of Health, Tennessee Obesity Task Force, Shelby County Health Department and Mayor's office, and the Healthy Memphis Common Table to hold a community-wide population health improvement summit on July 27, 2011. The Summit Planning Team (led by MBGH with representatives from partner organizations and a consultant) met from May through November 2011 to develop project goals and objectives and a commitment to advance the work of Let's CHANGE.

Summit attendees from all community sectors met in break-out groups to review and prioritize strategies from the state plan. The groups focused on Where We Work, Where We Live, Where We Play, Where We Learn, Where We Heal – Healthcare and Faith. Each group was provided with a list of activities that could be implemented to improve healthy eating and physical activity within their domain. Each work group discussed and selected two priority strategies that would be most achievable over the next 2 years to include in the Shelby County Let's CHANGE plan. Examples include assessing the availability of

working water fountains in public places/facilities; promoting healthy options in worksite cafeterias/ vending machines, and encouraging faith-based communities to create and/or link to nutrition and physical activities. During the action planning phase, work groups met twice to define specific implementation plans for each of the top two priorities. Champion organizations were identified and committed to lead 2-year implementation efforts and report progress to Let's CHANGE.

RESULTS. At a November 29, 2011 event, work groups revealed their action plans to Let's CHANGE leaders. Let's CHANGE members committed themselves to develop, share and implement the combined community action plan. Strategies such as Walking in Memphis, worksite assessments & support, Baby friendly hospital standards & 5-2-1-0 campaign in pediatric practices are underway.

Midwest Business Group On Health (MBGH) Focuses On Early Elective Deliveries

COMMUNITY MOBILIZATION AND ENGAGEMENT. In January 2011, the Leapfrog Group and MBGH released survey results from Illinois hospitals showing that 5-40% of all births were non-medically-related, elective deliveries conducted at 37-39 weeks of gestation. Because maternity care is the top reason for hospitalization among employee populations and the highest cost for this care occurs when under-developed infants are treated in hospital neonatal intensive care units, MBGH issued a *Call to Action* to address the high number of elective early births. On June 22, 2011, the coalition used hospital birth data to convene a summit of representatives from hospitals, medical groups, specialty societies, consumer groups, health plans, Medicaid, employers, and public health groups. The summit focused on 1) current activities to reduce the number of early elective births; 2) gaps in activities that needed to be addressed; and 3) the value of forming a statewide collaborative to coordinate and build on current efforts.

PLANNING APPROACHES AND METHODS. The summit evaluation identified key areas to be addressed by stakeholders which became the Community Action Plan that MBGH developed:

- Creating a standard, statewide performance data infrastructure for public reporting of results;
- Adopting elective delivery policies aligned with best practices by maternity hospitals;
- Creating payment reform to align financial incentives with best practice and full term births;
- Promoting malpractice relief for providers following best practices; and
- Providing consumer education/outreach, including worksite programs, to increase knowledge of the importance of full term births and best practice for maternity care.

RESULTS. The following accomplishments resulted from the community health planning process:

- By September 2011, MBGH joined with Quality Quest for Health, a Peoria-based regional health improvement organization, the IL Chapter of the March of Dimes and the Perinatal Quality Collaborative of Illinois (Illinois' 10 perinatal regional medical directors) to form a statewide steering committee to lead ongoing activities in this area.
- In November 2011, 2 summits of health care providers, consumer, employers, health plans, and government entities addressed 1) clinical criteria for elective deliveries, data collection issues and processes, and 2) alignment of payments for improved maternity care. Summaries were sent and participants were invited to work groups to reach consensus on approaches.

- Invited to present national webinar on managing elective pre-term deliveries in 2012.
- In January 2012, MBGH and the Leapfrog Group released 2011 online survey results which found that 40% of reporting hospitals brought their early elective delivery rate to 5% or less and over 71% reduced their rates during the previous year.
- In January 2012, an application was submitted to CMS for one of their CMMI grants to continue implementing strategies to reduce unnecessary early deliveries.

Savannah Business Group Focuses On Childhood Obesity

COMMUNITY MOBILIZATION AND ENGAGEMENT. The Savannah Business Group (SBG) held meetings in the spring of 2011 to discuss United Health Foundation's America's Health Rankings® and a planning approach. Early in the discussions, the partners unanimously decided that childhood obesity should be their area of focus. The summit was held on July 27, 2011 and attracted more than 100 attendees. SBG has successfully earned its first grant, led its first community project, attracted new partners to the health improvement conversation, and placed their employer members in a positive and proactive light. Post-summit, SBG connected with partners and other community groups to tour facilities, receive briefings on programs, and gauge enthusiasm for a community-wide child obesity project. The resulting community action plan to prevent childhood obesity focuses on employers, health care providers, community-serving organizations, educators, and parents. Community partners include Armstrong Atlantic State University; Chatham County Health Department; Chatham County Safety Net Planning Council; City of Savannah; Coastal Health Department; Healthy Savannah; Medical College of Georgia (SE Georgia Campus); Memorial University Medical Center; Savannah State University; and St Joseph's Candler, Inc.

RESULTS.

- Parent activation was identified as the key to success — increased dialogue and partnering with a local school system identified common ground on topics such as school nutrition and physical education, particularly the regulations and laws that dictate standards.
- SBG was invited to participate on a panel to discuss childhood obesity as part of the Georgia House Democratic Caucus listening session.
- The Planning Committee will develop an interactive, online scorecard (dashboard) with indicators for success for each of the nine key finding areas.

St. Louis Area Business Health Coalition Focuses On Obesity

COMMUNITY MOBILIZATION AND ENGAGEMENT. The St. Louis Area Business Health Coalition (BHC) invited the Midwest Health Initiative (MHI), a quality improvement collaborative, to partner with them in health planning. Both organizations thought MHI's broad community reach would engage businesses, health plans, physicians, hospitals, and the public health community. MHI stewards a large claims data asset which is used by the community to examine disease prevalence, care quality, and other measures of health system performance. Partners convened a Summit Planning Committee of clinicians and representatives of businesses, health plans, public health agencies, and consumers. The Committee reviewed available population health data from United Health Foundation's America's Health Rankings®, the CDC, MHI claims, Commonwealth Fund, and other sources.

Input from the data review was used to create one questionnaire for consumers and one for health care professionals and policymakers. Respondents were asked to select areas for health improvement and how to address them. A Committee workgroup that included a physician and researcher with public health experience developed the questionnaires. A Committee member representing Health Literacy Missouri adapted the questionnaires for the general public. Once approved by the full Committee, emails invitations for completing the online questionnaires were sent to more than 1,000 St. Louis area residents including faith leaders, neighborhood associations, physicians, nurses, public health professionals, corporate executives, and union representatives. More than 40% of the 400 diverse respondents chose "obesity" for the health improvement focus. Informed by the survey, the Summit Planning Committee and a workgroup of MHI planned/facilitated the Live Well STL Summer Summit on July 21, 2011. Audience response devices were used to identify a health improvement focus and over 80% chose obesity for shared action with strategies for healthier eating and more physical activity.

RESULTS. Post-Summit, Committee members suggested conducting interviews and small group sessions to better understand existing programs and services, identify remaining needs, and develop a plan to connect and strengthen existing obesity-related efforts. Staff conducted over 50 interviews and sessions to reach over 150 community members. Based on this input, the Committee agreed to address 3 needs:

- Connect existing obesity prevention programs/strategies to each other and community
- Enhance evidence-based, worksite health promotion
- Support primary care teams to help patients achieve and maintain a healthy weight

New initiatives include: *Web-based, Searchable, Community Resource Guide; Assess, Recognize and Expand Use of Evidence-Based Health Promotion at the Worksite; and Activate the Primary Care Team*

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