

# Community Health Improvement Partnership (CHIP) & Eastern Oregon Coordinated Care Organization (EOCCO)



FFICE OF RURAL HEALTH

# Merging CHIP and Community Advisory Councils



- CHIP is a tool for CACs to use to complete the community needs assessment process
- This is new so we are learning as we go
- Timeline-March 2014 we need to have implementation plan in place

# Community Health Development



- A process which attempts to infuse a proper sense of loyalty and identification in people to develop formal mechanisms encouraging cooperation in the pursuit of common goals.
- Assumptions of health development
- Process Vs. Advocacy Approaches
- Involvement During Vs. After the Fact
- Ownership Leads to Support

# Community Health Improvement Partnership Process Diagram



## ACTIVITIES

1. Determine community readiness
2. Recruit CHIP Coordinator
3. Train CHIP Coordinator
4. Interview stakeholders
5. Promote CHIP
6. Recruit Partnership Team
7. Train Partnership Team
8. Recruit Select 10 groups

## ACTIVITIES

1. Define service area
2. Conduct Community-Wide Participation Meeting
3. Conduct Community Resource Inventory
4. Conduct community health assessments:
  - Quantitative
  - Qualitative
5. Identify top health issues

## ACTIVITIES

1. Research top health issues
2. Develop strategies for addressing top issues
3. Determine cost of strategies
4. Seek community comment on strategies
5. Match existing or develop new local resources for implementing strategies



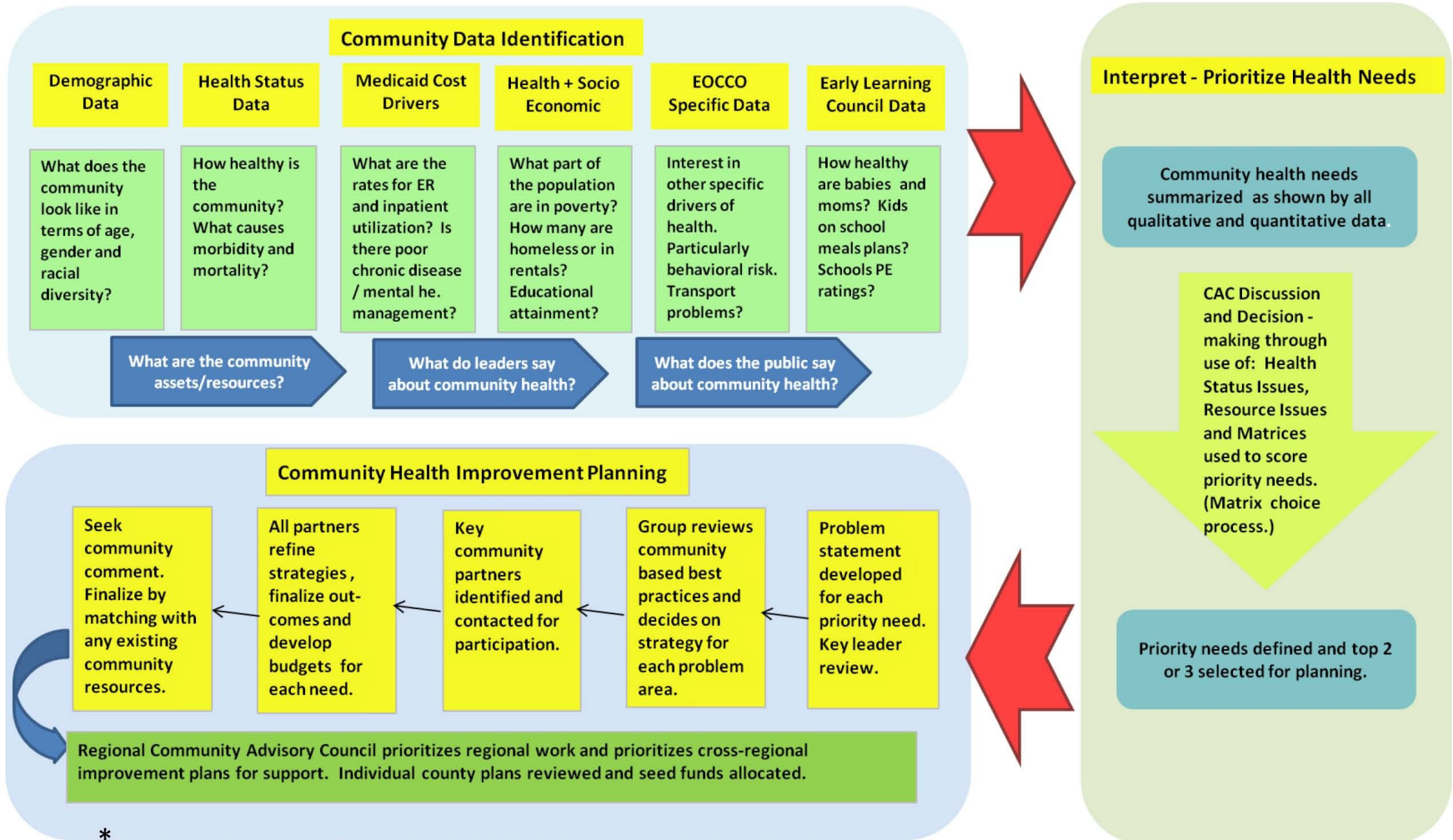
**AVERAGE NUMBER OF WEEKS TO COMPLETE EACH STEP**

# Types of data



- Qualitative
- Mail survey
- Community meeting using the group nominal technique
- Quantitative
- Demographics
- Socio-economics
- Provider supply and demand
- Provider survey
- Health utilization
- EOCCO requirements

## EOCO Community Health Needs Assessment and Improvement Process Map \*



\* Please note, this is a customization of the good work of Kaiser Permanente and their process map.

# The Lead Players

## in order of appearance

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- Resource person
- Sponsoring organizations (Hospital, CCO)
- CHIP Coordinator
- Community Advisory Council
- Other community members

# Community / Organizational Change

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- Data
- Leadership
- Process / Outsider
- Money

*Jim Berstein - North Carolina (circa 1985)*



# Difference between CHIP process and Needs Assessment



- Needs assessment measures gaps in services a community may have.
- Community health development organizes a community to actually do something about those gaps! Works on culture change.

# Hospitals, Public Health, and CCOs are required to do community health



## needs assessment

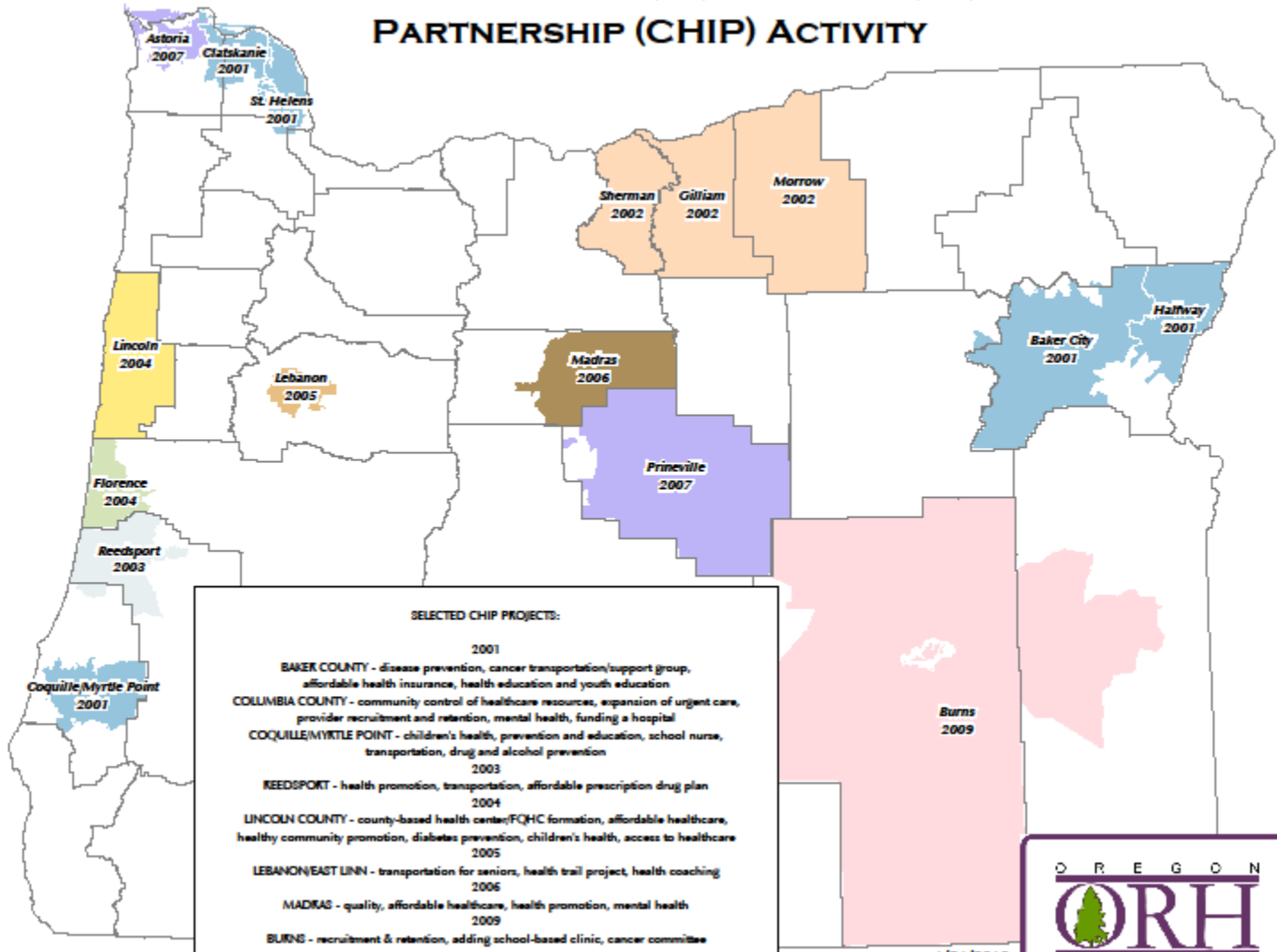
- Establish Assessment Infrastructure
- Define purpose and scope
- Select priorities
- Document and communicate results
- Planning action and monitoring progress
- Update needs assessment every 3 years

# Goals



- To involve as many as possible in developing a vital, viable and appropriate system of care
- To improve health status of local population
- To expand awareness of local health care issues and to develop a local response
- To develop new leadership
- To educate the community on the health care system's impact on the local economy
- To cultivate resources and foster self sufficiency in response to community issues

# ORH COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) ACTIVITY



**SELECTED CHIP PROJECTS:**

**2001**  
**BAKER COUNTY** - disease prevention, cancer transportation/support group, affordable health insurance, health education and youth education  
**COLUMBIA COUNTY** - community control of healthcare resources, expansion of urgent care, provider recruitment and retention, mental health, funding a hospital  
**COQUILLE/MYRTLE POINT** - children's health, prevention and education, school nurse, transportation, drug and alcohol prevention

**2003**  
**REEDSPORT** - health promotion, transportation, affordable prescription drug plan

**2004**  
**LINCOLN COUNTY** - county-based health center/FQHC formation, affordable healthcare, healthy community promotion, diabetes prevention, children's health, access to healthcare

**2005**  
**LEBANON/EAST LINN** - transportation for seniors, health trail project, health coaching

**2006**  
**MADRAS** - quality, affordable healthcare, health promotion, mental health

**2009**  
**BURNS** - recruitment & retention, adding school-based clinic, cancer committee

1/21/2010



# Community Health Development link to Common Health Care System Goals



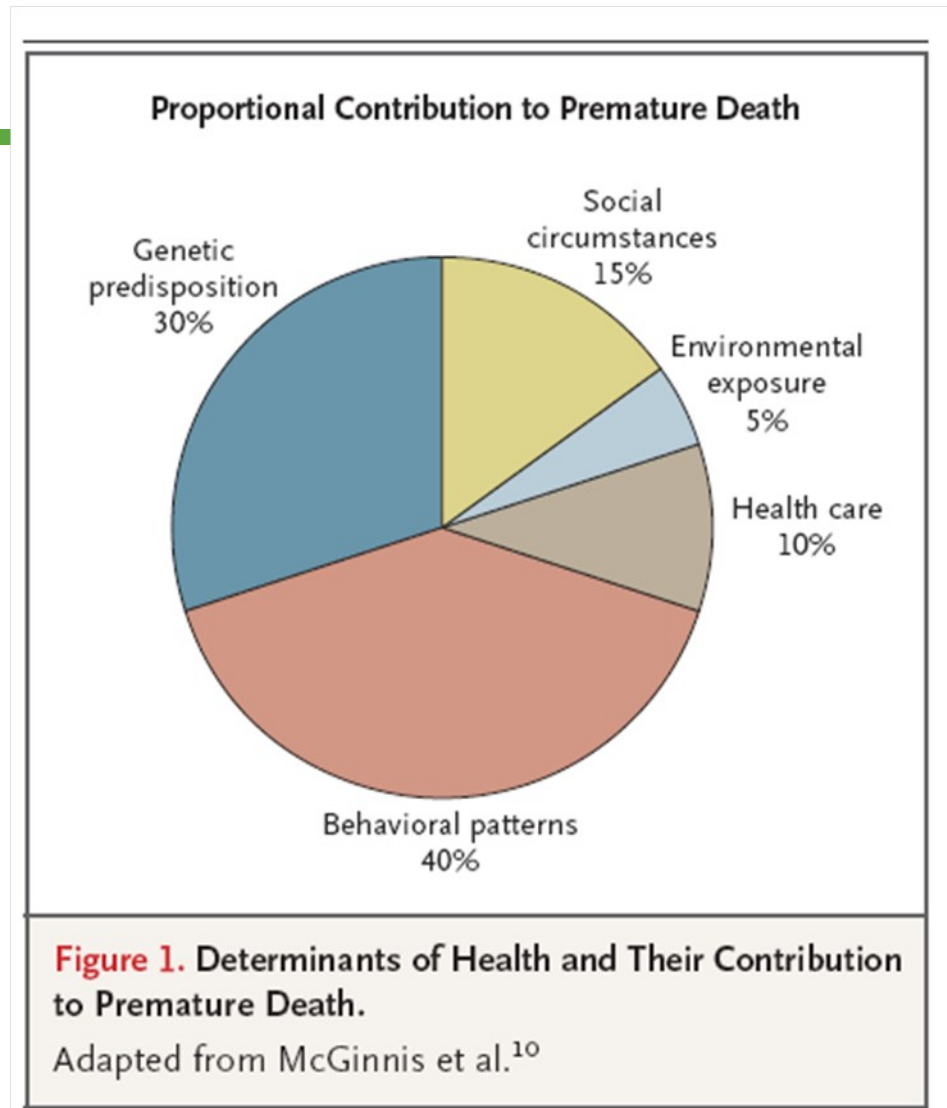
- Increase local utilization of local health care services: *educate, involve, motivate*
- Coordinated local system of care
- Meet local health care needs
- Improve local health care system viability
- Appropriate use of health care resources

# 3 key components of health care

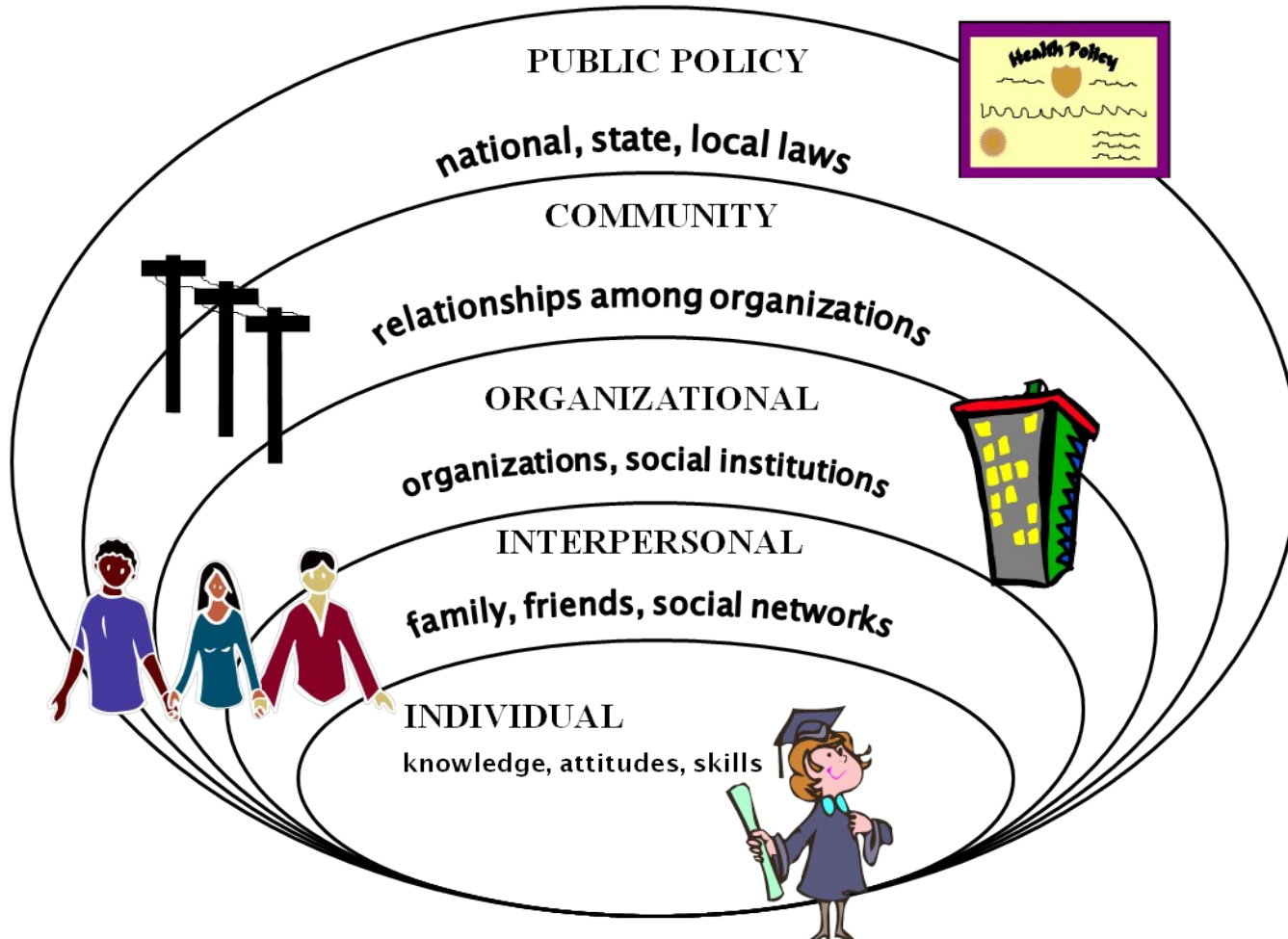


- 1. Cost
- 2. Access
- 3. Quality

The goal is to make changes to shift funding from high cost programs to lower more effective programs. Also to integrate mental, physical, and dental health.



# The Socio-Ecological Model





# Social Determinants of Health



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- Language and Culture
  - Housing
  - Insurance
  - Income

# New buzz words for Health Care



- This new approach is the **three-part aim- or here in Oregon we call it Triple Aim**
  1. Better health care for individuals
  2. Better health for populations
  3. Lower growth in expenditures “lower costs”

# Keys to Community Health Success



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- Monitoring and evaluation
  - Leadership
  - Using science when possible
  - Keep it fun!