ANALYSIS AND RE-ENGAGEMENT OF MARYLAND’S LOCAL HEALTH IMPROVEMENT COALITIONS

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SPECIAL THANKS TO TINA BACKE
TODAY’S PRESENTATION:

• Background - what is a local health improvement coalition (LHIC)?
• Research rationale, methods & objectives
• Results
• Future directions & recommendations
LOCAL HEALTH IMPROVEMENT COALITIONS (LHICS)

- Groups of jurisdictional-level stakeholders which identify and address health priorities within their communities
- 20 total in Maryland
- Unique organization in each jurisdiction
  - Extensions from health departments or independent nonprofits
  - Self-designated membership and priorities
- Created in 2011 alongside the State Health Improvement Process and a push for “local energy, local planning, and local leadership” (Memorandum to Health Officers in MD from Deputy Secretary for Public Health Services)
  - Start-up funding provided
CURRENT PROJECT RATIONALE

- Re-engaging LHICs by MDH’s Office of Population Health Improvement (OPHI)
- Benchmark current LHIC status, dynamics and activities
- Understand opportunities for engagement and support from OPHI
RESEARCH METHODS

• In-depth qualitative interviews with 18 out of 20 LHICs represented, with a 4-question pre-interview survey
  • MDH IRB approved
  • Thematic analysis

• Formative research
  • Research targets developed with input from current and former MDH staff, and the Maryland Community Health Resources Commission
  • Interview guide development
    • prioritization matrix
    • beta testing with 5 LHIC volunteers
ANALYSIS OBJECTIVES

• The following analysis questions were created to guide the development of thematic codes:

  1. How is the LHIC set up?
  2. How are priorities determined? What are the priorities based on?
  3. How is SHIP used by LHICs?
  4. How and why are other data sources used by LHICs?
  5. Are LHICs involved with PHAB or other local population health improvement frameworks?
  6. What do LHICs need for their sustainability?
RESULTS

- Governance
  - Many LHICs are informal extensions of their local health department (e.g. Baltimore City LHIC, Baltimore County LHIC, Wicomico County LHIC, Worcester County LHIC)
  - Frederick County Health Care Coalition and Healthy Harford are 501(c)(3) non-profits
  - Healthy Montgomery has robust steering committee expanding beyond health department

- Funding
  - Most have no budget; administrated by in-kind volunteer and borrowed staff time
  - Howard County LHIC, Healthy Montgomery, Prince George’s, Healthy St. Mary’s Partnership, have full-time staff supported by their health department
  - “We’re using baling wire and bubblegum to make it happen now. [...] It’s just because we’ve chosen to do it together” – Healthy Anne Arundel Coalition
PARTNERSHIPS

- Wide representation of public, private, and community-based organizations
  - E.g. Health Maintenance Organizations; Department of Social Services; Department of Parks & Recreation; institutes of higher education; law enforcement; justice system; faith-based groups; advocacy organizations; local management boards
- “We’ve had state prosecutors come to talk about opioid issues. We’ve had people from recovery come to talk about different things, the behavioral health community is represented, the dental community has been represented intermittently. Anybody who can breathe and has a pulse and is interested in health can come.” - Wicomico County LHIC
PRIORITIZATION

- 15 LHICs look at data from their community health needs assessment
- 6 LHICs reported basing priorities on SHIP data
- 8 LHICs adapt priorities to progress monitoring
- 2 LHICs reported using either the Hamlin Method and Mobilizing Action through Planning & Partnerships process (MAPP process)
- 14 LHICs describe a process involving most or all of the coalition members
USES OF THE STATE HEALTH IMPROVEMENT PROCESS

- SHIP data was explicitly used in needs assessments by 4 LHICs
- Used for progress monitoring by 12 LHICs
- 6 LHICs reported limited use of SHIP
- Other uses included using SHIP to develop long-term goals for the community; collaborating with neighboring counties on SHIP measures; and using evidence-based practices found on the SHIP website
ADDITIONAL FEEDBACK ON SHIP FROM LHICS

Sample feedback on SHIP from LHICs:

- SHIP data may be out of date; consistent updates would be helpful
- SHIP could be better integrated into MDH programs
- Zip code-level data would be helpful
- Website needs improvement and additional resources from Trilogy could be made available
- Tools needed to help explain how to use and understand SHIP data
ADDITIONAL DATA SOURCES CITED BY LHICS

- Behavioral Risk Factor Surveillance Survey
- Youth Risk Behavior Survey
- County Health Rankings
- Healthy People 2020
- Maryland Vital Statistics Administration
- Local hospitalization data
- Local law enforcement, fire department data, EMS data
- Programmatic output, process measures from LHIC membership
- Asset Limited, Income Constrained, Employed (ALICE) Report from United Way
Factors and needs related to LHIC sustainability include:

- Funding for staffing and data work
- Data support (e.g. more detail, consistency)
- Community buy-in
- Political buy-in and political power
- Clear guidance and direction from the State
- Relationship building
- Connection to other LHICs
- Public education about the value of the local health department and LHIC
ACCREDITATION

- 7 health departments currently PHAB accredited
- Accreditation and LHICs are mutually beneficial – existence of a coalition is necessary for accreditation, and accreditation can keep LHICs motivated
- Accreditation can provide valuable benchmarks/guidance for LHIC organization, activities, and progress monitoring
- LHIC work integral to the current application for accreditation in 3 counties
NEEDS ASSESSMENTS & IMPROVEMENT PLANS

LHICs:

• often base priorities on needs assessments
• align their strategic action plans with community health improvement plans
• facilitate broader engagement and partnership in assessments and plans
• facilitate engagement with hospitals’ planning efforts, community benefits activities
LHIC HIGHLIGHT: PRINCE GEORGE’S COUNTY HEALTHCARE ACTION COALITION

- LHIC priorities informed by community health needs assessment, and selected with help from a Community Advisory Group
- Whole LHIC meets quarterly; workgroups at least monthly
- Resurgence in meeting attendance; greater involvement from local municipality governance; about 65 people at last meeting
- Focus changed to “Policy, Systems, and Environmental Change”
- Engages directly with county leadership rather than community residents
- Staff members funded by local health department; a budget for workgroups would be helpful
- Uses accreditation to benchmark LHIC operations – e.g. community engagement, progress monitoring
- Working towards Health in All Policies in PG County municipalities
PRESENTER’S RECOMMENDATIONS

• More guidance and support needed from the state
• Facilitate interaction and resource sharing among LHICs from the state, (e.g. annual meeting, networking platforms, conference, etc.)
• LHIC heterogeneity and local context requires attention
• Local health departments would benefit from accreditation
LIMITATIONS, CHALLENGES, AND LESSONS LEARNED

• Time constraints
  • IRB process
  • More data to be analyzed

• Interview tool design process
  • Yielded a better product, but more time would have helped
THANK YOU!

• Questions?