Healthy Neighborhoods Operating Model

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INTRODUCTION

Healthy Neighborhoods is an innovative approach to population health that will support communities coming together in new ways to design and implement locally-tailored solutions to some of the state's most pressing health needs. The program provides a framework for community development and formal partnerships across organizations and supports communities with resources and expertise as they work to make real changes – enabling healthy behavior, improving prevention, and facilitating better access to primary care for their residents.

Today, there are many strong community organizations, health systems, and public health programs focused on improving population health across Delaware; however, community health leaders report several challenges that limit their potential to improve health statewide – lack of full-time leadership in many organizations, limited collaboration across programs that are working to achieve similar goals, disconnect between community health programs and the care delivery system, and resources thinly stretched across many different priorities. As a result, Delaware remains at or below average on many indicators of health (e.g., diabetes prevalence at 11.1% vs. national average 9.3%).[1]

The Healthy Neighborhoods program directly addresses these challenges – bringing together organizations in communities across Delaware to tackle some of the state's most significant health needs and achieve meaningful change. Healthy Neighborhoods builds on a foundation of five core innovative elements, drawing from the experience of collaborative models of population health from across the country and around the world. First, the program brings organizations together – across sectors and areas of focus – to work together in new ways. Second, the structure of each Healthy Neighborhood ensures that healthcare providers and systems integrate with community organizations to both identify problems, and

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[1] Delaware Health and Social Services: Division of Public Health, 2014, accessed at: http://www.dhss.delaware.gov/dhss/dph/dpc/diabetes02.html; Center for Disease Control, 2014, accessed at: http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf

create and execute solutions. Third, the program dedicates full-time staff to convene stakeholders, facilitate the identification of community health needs and prioritization of initiatives, and ensure consistent implementation of collaborative programs. Fourth, Delaware's Healthy Neighborhoods program provides communities with shared access to resources and new opportunities for partnership to support their work. Fifth, the program supports organized efforts for Healthy Neighborhoods to seek and maintain funding, including through technical support for grant application and management.

These five elements create benefits for participating organizations, including unprecedented access to resources, partnerships, and funding. Additionally, Healthy Neighborhoods collaborations can accelerate and/or expand organizations' existing initiatives. Organizations participating in Healthy Neighborhoods have an opportunity to shape a novel community health approach, and to help improve the health of the population statewide.

Healthy Neighborhoods will develop and implement a three-year strategy to improve health in one or more of the following priorities:

1. Healthy Lifestyles

2. Maternal and Child Health

3. Mental Health and Addiction

4. Chronic Disease Prevention and Management

The Healthy Neighborhoods program is part of a multipronged approach to innovative healthcare payment and delivery reform spearheaded by the Delaware Center for Health Innovation (DCHI). This population health program is a critical piece of the broader transformation happening across the health system in Delaware, including transitions to payment for value in primary care, new efforts to engage consumers of healthcare, transformation of the healthcare workforce, and assistance in providing care coordination across providers. The pressure is mounting to move the needle in a different way on health outcomes, and leaders in Delaware feel strongly that involving the broader community is a necessary condition for achieving meaningful change. The time is ripe for community organizations to align with delivery systems to address the social determinants of health in a sustainable way to improve health outcomes.

This paper represents the current thinking of the DCHI Healthy Neighborhoods Committee on the approach to Healthy Neighborhoods. Specifically, this paper

describes: 1) What is a Healthy Neighborhood; 2) Support for Healthy Neighborhoods; 3) Integration of Healthy Neighborhoods with the DCHI and Other Organizations; and 4) How to become a Healthy Neighborhood.

WHAT IS A HEALTHY NEIGHBORHOOD?

Healthy Neighborhoods exist within broader geographic areas called Communities. Each Community is a defined geographic area within which local leaders form a leadership Council consisting of representatives from a diverse set of community health, business, municipal, and provider organizations. Each Council will assess its own Community's health needs and develop a multiyear strategy that prioritizes a set of initiatives to be carried out by Neighborhood Task Forces to address those needs in a coordinated fashion.

This section describes the boundaries of each Community, the roles and responsibilities of a Community Council and Neighborhood Task Force, and the governance model for organizations to collaborate.

Community boundaries

The aspiration is for nearly all Delawareans to live in a Healthy Neighborhoods Community within the next few years. The Community structure balances ensuring this broad coverage with maximizing flexibility for organizations to come together in Neighborhoods within each Community that are relevant and recognizable to the individuals in their respective Communities. While the goal is to improve health for all Delawareans through the work of Healthy Neighborhoods, the initial focus may be on individuals living in areas of particularly high need.

Creating the boundaries within which Communities will operate is crucial to the success of the program. These boundaries will help determine what the most pressing needs are for each area, which local leaders and organizations will participate as advocates of change, and the set of residents who will benefit from Healthy Neighborhoods programs. Several parameters were considered in creating the boundaries:

■ Roughly equivalent populations in contiguous areas
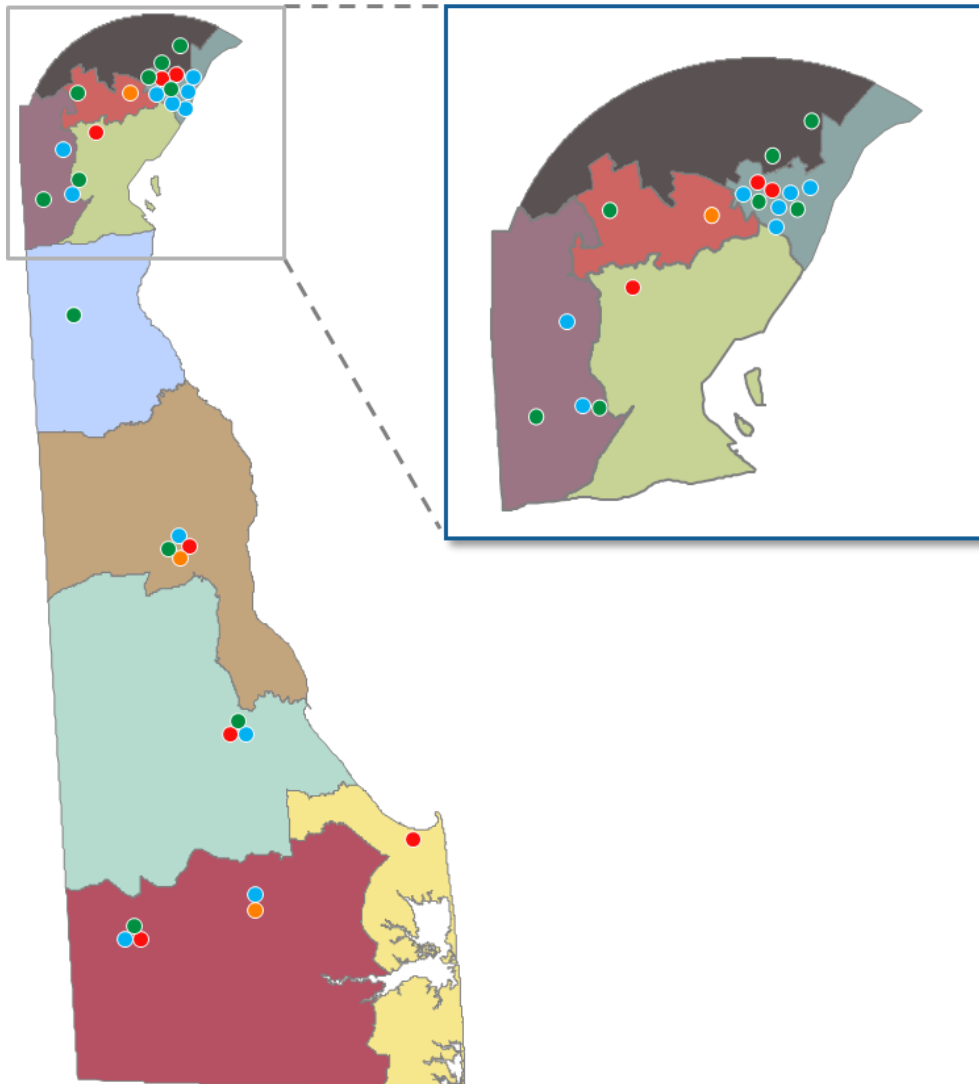■ Socioeconomic status of residents

- Care patterns of individuals
- Widely recognized groupings of areas and people

DCHI proposes ten non-overlapping Communities of approximately 50,000-100,000 residents that will try to balance all of these parameters and extensive feedback from stakeholders. Many of the proposed Communities will have at least one hospital or FQHC physically located within the boundaries, but all of them will be served by at least one of these providers. DCHI expects that many health systems and FQHCs will be active participants in multiple Communities. In addition, health systems focused on specific populations, such as Nemours for the pediatric population and the Veterans Administration, may participate in all or most Communities.

Exhibit 1 below describes the proposed ten Communities.

Exhibit 1

● Hospitals ● FQHCs ● Nemours ● Veterans Affairs

	Communities	Population[1]	Health systems[2]	FQHC(s)[3]
1	Wilmington/Claymont	99,000	CCHS (Wilmington), St. Francis, Nemours	WFH, HJMC
2	Brandywine/Hockessin	77,000	CCHS (Christiana), St. Francis, Nemours	WFH, HJMC
3	Newark/Bear/Glasgow	109,000	CCHS (Christiana), St. Francis, Nemours	WFH
4	Christiana/Pike Creek	103,000	CCHS (Christiana), St. Francis, Nemours, VA	WFH, HJMC
5	New Castle/Red Lion	97,000	CCHS (Christiana), St. Francis	WFH, HJMC
6	Middletown/Odessa/Townsend	49,000	CCHS (Christiana), Bayhealth (Kent), Nemours	WFH
7	Smyrna/Dover	103,000	Bayhealth (Kent), CCHS (Christiana) Nemours, VA	WFH
8	Kent/Sussex	88,000	Bayhealth (Milford), Nemours	LRHC, WFH
9	West/Central Sussex	99,000	Nanticoke, Beebe, Nemours, VA	LRHC, WFH,
10	Eastern Sussex	68,000	Beebe	LRHC

1 Rounded to nearest thousand   2 For Nemours and VA, locations of hospitals and primary care centers shown; CCHS = Christiana Care Health System; VA = Veterans Administration

3 HJMC= Henrietta Johnson Medical Center; WFH= Westside Family Healthcare; LRHC= La Red Health Center

SOURCE: Health System and FQHC websites, Esri Geographical Information Services (ArcGIS)

Councils

The Council will be the governing body for each Community, serving as the forum for fostering collaborative dialog and having accountability for the success of the program at the Community level. Council members will be supported in their work by full-time DCHI staff. The Council's responsibilities fall into six areas:

1. Identify current needs, resources, and gaps in the Community – identify existing sources of data or opportunities to collaborate on needs assessment (e.g., from a hospital community health needs assessment), create a plan for collecting supplementary data as needed, take inventory of local efforts, and identify potential sources of funding for initiatives

2. Prioritize the thematic area(s) of focus for the Community – select the focus for initiatives – Healthy Lifestyles, Maternal and Child Health, Mental Health and Addiction, Chronic Disease Prevention and Management

3. Draft a three-year strategic plan for the Community – design a proposal outlining overall vision for the Community, priority initiatives (and the Neighborhood Task Forces needed to carry them out), timeline, and sustainable funding plan

4. Create and implement an outcomes-based action plan – determine what program success will look like, create a plan for collecting and analyzing data including, but not limited to – community engagement, service utilization, client satisfaction, health status measures, and cost savings

5. Oversee monitoring and evaluation of initiatives – regularly assess initiatives including process and outcomes towards goals

6. Share best practices across Healthy Communities – by participating in the Healthy Communities Learning Collaborative

One of the overarching goals of Healthy Neighborhoods is to bring diverse stakeholders to the table and encourage collaboration between organizations that have historically worked in silos. To that end, creating a diverse leadership team representative of the Community is a top priority; these teams, or Councils, will be created with an eye to Community representativeness and will strive for inclusion of existing groups, individuals, and service providers across sectors.

In some Communities, many organizations may present themselves as eager participants from the outset; in other Communities, some organizations may initially express interest and others may have to be actively recruited. DCHI will develop an engagement and awareness campaign, which may include hosting town halls in each Community as a way for organizations and leaders to come together.

DCHI staff will act as conveners of the Council, assessing interest in participation, planning meetings, and inviting key stakeholders.

The optimal size for Councils is 10-15 organizations, with 1-2 designated representatives from each organization. Each Community has discretion to determine the membership composition of its own Council. However, to ensure collaboration across sectors, the following types of organizations should be considered for representation, where appropriate:

- Social support (e.g., mental health/behavioral health/addiction, nutrition assistance)
- Municipal/state organizations (e.g., prison, police, parks and recreation)
- Children's services (e.g., schools, children's welfare services)
- Care delivery (e.g., hospitals, FQHCs, nursing homes, primary care providers, care coordinators)
- Community organizations (e.g., civic associations, community-based coalitions)
- Local residents (e.g., community leaders, consumers, advocates)
- Social services (e.g., religious institutions, senior centers/retirement communities, local nonprofits)
- Businesses/employers (e.g., large employers, pharmaceutical companies)
- Payers (e.g., commercial insurance companies, Medicare/Medicaid)

Some organizations may choose not to serve on the Council, but may be actively involved in Healthy Neighborhoods initiatives.

Governance

The goal of Healthy Neighborhoods is to create integrated – rather than parallel – initiatives to maximize leadership, staff, and resources, and reduce barriers to collaboration. Consistent with the spirit of locally-tailored solutions to the state's most pressing health needs, Councils primarily will be self-governing. However, since Healthy Neighborhoods focuses on enabling people and organizations to work together in a different way than how they have historically been operating, Councils must commit to the following common areas of governance:

- <u>Council voting rights</u> – each organization on the Council has an equal vote

- Council leadership – each Council will elect a chair who will facilitate decision making and drive action, and a secretary who will handle communication and documentation, among other responsibilities; additional roles may be created based on Council needs

- Council attendance guidelines – members are expected to attend at least 75% of all meetings either in person or by phone and are not to send delegates

- Council charters/memorandum of agreement – as one of the first items of business, Council members will amend and approve a charter supplied by the Healthy Neighborhoods Committee; this charter will provide details about the composition of the Council, short- and long-term deliverables, and the names and affiliations of Council members, as well as any other pertinent elements of governance

- Learning Collaboratives participation – Council members shall send at least 1 member to quarterly Learning Collaboratives hosted by the Healthy Neighborhoods Committee; Councils shall periodically submit written materials detailing lessons learned and best practices to the Committee

Other governance decisions, such as meeting frequency/length, participation in Council program/initiatives, additional time commitments, and additional Council leadership (such as community/funder/initiative liaison, treasurer, etc.) will be decided by individual Councils, with support from DCHI Healthy Neighborhoods staff.

Neighborhood Task Forces

Each Community Council shall create Neighborhood Task Forces to carry out initiatives that aim to deliver on the strategy it lays out. Task Forces may be focused on smaller geographic areas within the Community or on issues applicable to the entire Community. These Task Forces will be comprised of leaders of local organizations doing work that directly pertains to the initiative being driven by Task Force and will vary in size. Responsibilities may include:

- Identify existing initiatives/resources and gaps and develop a detailed action plan for executing on any strategic priority relevant to their Neighborhood

- Seek funding as appropriate for strategy

- Set targets and monitor outcomes

SUPPORT FOR HEALTHY NEIGHBORHOODS

One of the most important benefits of Healthy Neighborhoods is providing access to dedicated staff and resources to support community health improvement programs. This section summarizes the types of support made available by Healthy Neighborhoods.

Staff

One of the key elements of the Healthy Neighborhoods program is support provided by 6-8 designated DCHI staff members ("Healthy Neighborhoods Program Managers") who will work to ensure the success of the Councils and each Community. Each DCHI Healthy Neighborhoods Program Manager will support two Councils full time.

Resources

Leaders across Delaware have reported that local organizations struggle to collect and analyze data and translate findings into practice. They have also expressed that identifying funding opportunities and applying for and managing grants can be difficult and resource-intensive. In order to support Healthy Neighborhoods, DCHI will make available the following tools and resources:

- Implementation support – resources to help community organizations work better and deliver their services more effectively, including, but not limited to project management, task execution, communication support, relationship management, and community engagement

- Technical expertise – including, but not limited to identification of existing data sources, plan for collecting supplemental data (e.g., community health needs assessment or community focus groups), data collection, data interpretation and translation of findings, selecting data-based outcomes, determining impact of initiatives

- Funding support – resources to help Healthy Neighborhoods obtain and manage funds, including, but not limited to identifying potential funding sources, managing funder relationships, and grant writing/management. DCHI will engage with grantmakers and foundations across Delaware and around the country to expand access to funding for Healthy Neighborhoods

- Other – Councils may request additional support as needs arise

These tools and resources will be provided by DCHI staff, working in conjunction with partnering organizations as appropriate. Initially, the primary goal is to utilize existing resources, but additional tools and resources will be further refined with the rollout of the first phase of Healthy Neighborhoods next year.

Learning Collaborative

Cross-pollination of ideas will be highly encouraged. Staff supporting different Councils will regularly communicate internally. A Learning Collaborative will be held quarterly as a forum for Healthy Neighborhoods to share experience and best practices with one another.

Funding

Population health leaders across Delaware report that obtaining access to reliable funding sources is very difficult. In the current climate, grant money is relatively scarce and often temporally restricted. An important benefit of participating in the Healthy Neighborhoods program will be support for access to funding, including identification of sustainable funding sources. The program acts as a natural forum to consolidate existing investment of community and social service funding – including the community benefit requirement for health systems and community investments made by larger employers. The program can also provide support and resources as Healthy Neighborhoods design programs to take advantage of shared savings.

In the near term, the structure and organization of Healthy Neighborhoods will make organizations more attractive to funders by offering the opportunity to multiply the effects of the their investments, through the strengthening of multi-stakeholder initiatives and the additive effect of DCHI investments. With the support of Healthy Neighborhoods staff in grant identification, management, and evaluation, organizations will have more time to focus on strategic planning, engaging with the community and providing needed services.

In the longer term, Healthy Neighborhoods staff will work to build the case for sustainable funding arrangements with organizations (e.g., health systems) who may also benefit from the improvements in population health brought about by Healthy Neighborhood initiatives.

INTEGRATION WITH DCHI AND OTHER ORGANIZATIONS

Developing clear roles and expectations will enhance the ability of stakeholders to contribute meaningfully and will build confidence in the Healthy Neighborhoods program. Coordination will be an important factor in enabling the success of Healthy Neighborhoods for success.

Delaware Center for Health Innovation

The Delaware Center for Health Innovation (DCHI) was established in early 2014 to work with the Health Care Commission and the Delaware Health Information Network (DHIN) to guide the State Innovation Models effort and track its progress. DCHI is a nonprofit organization dedicated to the implementation of Delaware's State Healthcare Innovation Plan. The DCHI Healthy Neighborhoods Committee includes leaders from across Delaware, including clinicians, public health experts, community organizers, nonprofit leaders, and funders. Together with DCHI, they have accountability for enabling the success of the Healthy Neighborhoods program. Specifically, the Healthy Neighborhoods Committee has been tasked with:

- Driving progress toward the state's aspiration of being one of the healthiest states in the nation

- Implementing Healthy Neighborhoods covering 80% of the population of Delaware by 2018

- Supporting statewide improvements in population health priority areas

- Accelerating integration of Delaware's care delivery system with Healthy Neighborhoods and other population health initiatives

- Supporting the integration of primary care delivery with community support services that address the social determinants of health

Healthy Neighborhoods is one of several innovative initiatives sponsored by the DCHI. Payment reform, advanced primary care, workforce transformation, and patient engagement efforts are all underway across Delaware. Where possible, Healthy Neighborhoods will work to realize synergies with other DCHI initiatives. Examples include:

- Choosing priority areas that reflect pay-for-value initiatives in primary care
- Exploring opportunities to participate in care coordination efforts
- Working with providers to build awareness of resources available in the community

- Exploring opportunities to participate in shared savings models
- Helping patients to be informed consumers of healthcare

State agencies

The partnership of several state agencies will be integral to the success of Healthy Neighborhoods. The Divisions of Public Health (DPH), Services for Aging and Adults with Physical Disabilities (DSAAPD), Social Services (DSS) and Substance Abuse and Mental Health (DSAMH) will all play key roles and Healthy Neighborhoods staff members will work to identify opportunities for additional partnerships.

These organizations have priorities that are closely aligned with those of the DCHI Healthy Neighborhoods priority areas of focus, and they are also engaging with communities working on existing programs today. Their specific roles will be refined this fall, but may include identifying existing data and resources and sharing best practices from their experience.

Health systems

Health systems will serve as important partners for Healthy Neighborhoods. Potential opportunities for collaboration may include, but not be limited to:

- Sharing data on health status
- Partnering on community health needs assessments
- Sharing technical capabilities (e.g., assessment, monitoring, and evaluation)
- Facilitation of partnerships with community organizations (e.g., community health workers)

This type of collaboration will allow an opportunity for health systems and Healthy Neighborhoods to work together towards population health goals in a more coordinated and integrated way. Over time, as payment models evolve and the health benefits of Healthy Neighborhoods are demonstrated, they may partner in arrangements such as shared savings.

Funders

The primary role of funders will be to invest in health priorities. Many conversations have already taken place at the local and regional level with funders who are interested in supporting the work of Healthy Neighborhoods. Funders will

be asked to make a range of commitments to Healthy Neighborhoods, from accepting applications to earmarking funds for Healthy Neighborhoods initiatives.

Healthy Neighborhoods will explore different types of funding models, including grants for individual initiatives, programmatic grants, service delivery, and shared savings models. In addition to funding from established sources, funding may also come from novel sources such as private investors.

HOW TO BECOME A HEALTHY NEIGHBORHOOD

For more information, visit http://dhss.delaware.gov/dhss/dhcc/dchi.html or email DCHI at info@dehealthinnovation.org