Healthy Neighborhoods Rollout Approach

January 13, 2016

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INTRODUCTION

Healthy Neighborhoods is an innovative approach to population health that supports communities in the design and implementation of collaborative approaches to some of the state's most pressing health needs with locally tailored solutions. Healthy Neighborhoods represents a central component of Delaware's State Health Care Innovation Plan that focuses on moving to a healthier, more person-centered and affordable health care system.
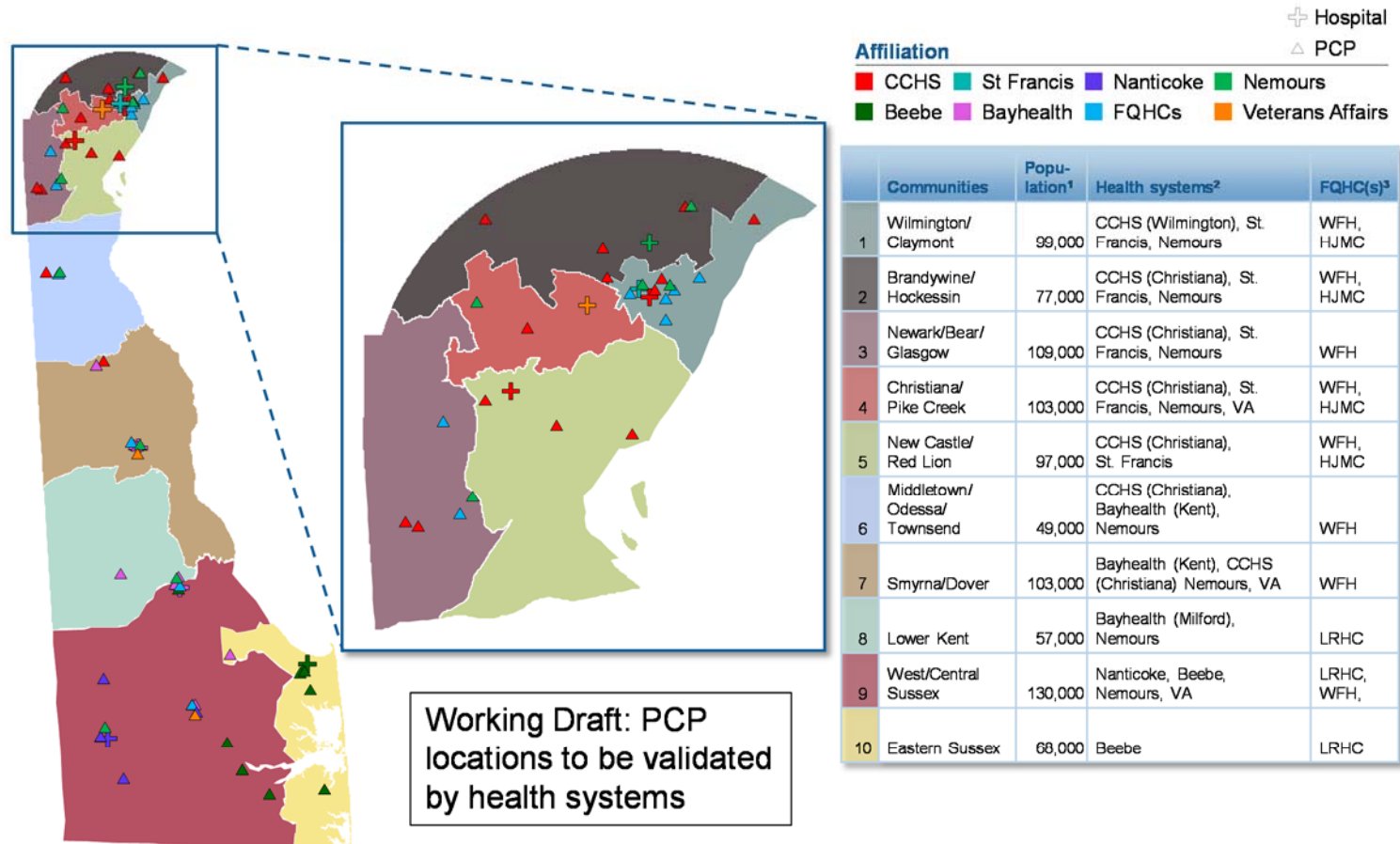
The Healthy Neighborhoods program design reflects national and local best practices from innovative approaches to improving population health around the country. The program provides a formal approach for organizations to work together to develop and implement strategies to improve health in their communities. It supports communities with resources and expertise as they work to enable healthy behavior, improve prevention, and enable better access to primary care for their residents, with the overarching goal of shaping the broader set of conditions to improve the social determinants of health across Delaware.

The operating model for Healthy Neighborhoods has been previously defined by the Delaware Center for health Innovation (DCHI) in the Healthy Neighborhoods Operating Model consensus paper. The paper defines Healthy Neighborhoods within 10 non-overlapping Communities (see Exhibit 1). Each Community is defined by a geographic area within which local leaders will form a local Council comprised of a diverse group of community organizations. Each Council will assess its own Community's health needs and develop a multiyear strategy to prioritize a set of initiatives to be carried out by Neighborhood Task Forces to address those needs in a coordinated fashion.

DCHI aims to rollout Healthy Neighborhoods Communities over 3 years in a phased approach, with the aim of covering at least 80% of the population by 2018.

This paper describes DCHI's proposed framework for scaling Healthy Neighborhoods Communities across the state, including: 1) the overall rollout approach; 2) process for setting up each community, and 3) a high level implementation plan.

Hospital
PCP

Affiliation
CCHS St Francis Nanticoke Nemours
Beebe Bayhealth FQHCs 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	Lower Kent	57,000	Bayhealth (Milford), Nemours	LRHC
9	West/Central Sussex	130,000	Nanticoke, Beebe, Nemours, VA	LRHC, WFH,
10	Eastern Sussex	68,000	Beebe	LRHC

Working Draft: PCP locations to be validated by health systems

1 Rounded to nearest thousand
2 Locations of hospitals and primary care centers shown on map; 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)

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OVERALL APPROACH TO ROLLOUT

DCHI proposes a structured approach to rolling out Healthy Neighborhoods. The approach reflects the following guiding principles:

■ Maximize participation and adoption of Healthy Neighborhoods Communities across the state;

■ Balance rapid adoption and statewide scale with the need to "test and learn" from the early experiences with Healthy Neighborhoods;

■ Align with the overall pace and focus of the broader State Health Care Innovation Plan wherever possible;

■ Achieve demonstrable results early to generate momentum;

■ Ensure that each local Council is able to represent their Community and engage with DCHI staff in program planning and implementation.

DCHI plans to launch Healthy Neighborhoods Communities in 3 waves, covering 80% of Delawareans by 2018. DCHI expects to launch 3 Communities in 2016, 3-5 Communities in 2017, and the remaining communities in 2018 (see Exhibit 2).

EXHIBIT 2: HEALTHY NEIGHBORHOODS WAVES
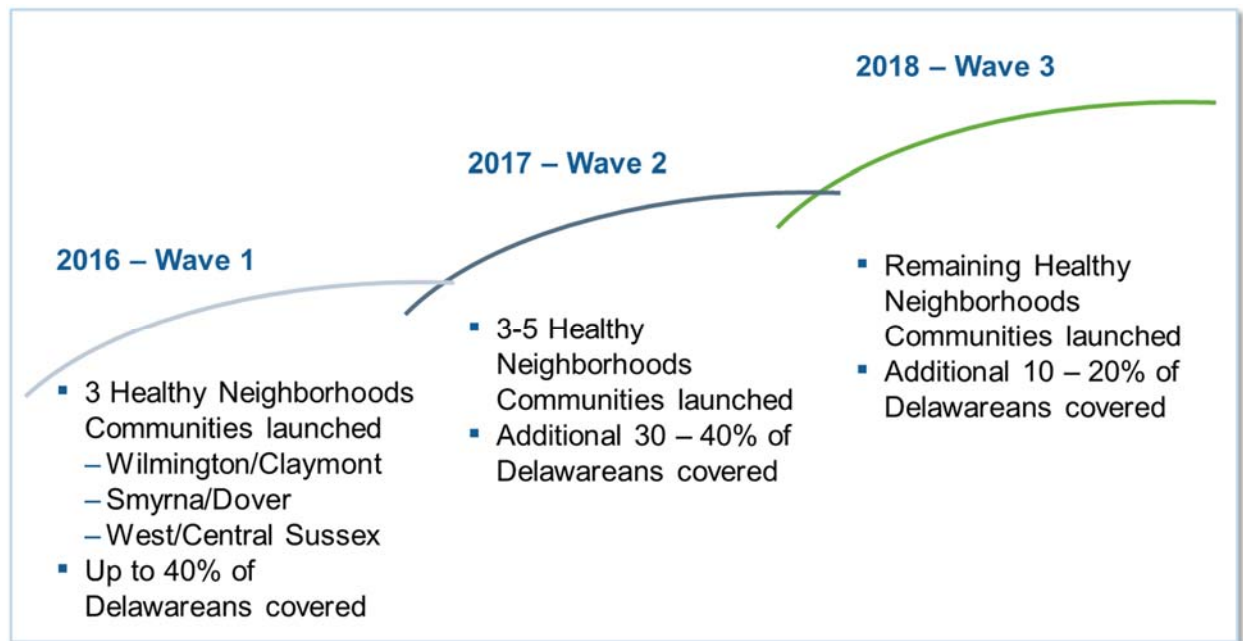
Each Wave will participate in semi-annual learning collaboratives to share best practices and lessons learned between Communities within each Wave and with Communities in future Waves. DCHI will capture the lessons learned from each learning collaborative and refine the Healthy Neighborhoods program to plan for the launch of future Waves.

Approach to defining waves

DCHI will identify communities for each wave based on relative level of need. DCHI will identify the higher need Communities though existing data (e.g., Behavioral Risk Factor Surveillance Survey) and input from DCHI committee members and other experts (e.g., the Division of Public Health). Communities should exhibit a higher level of need based on the Healthy Neighborhoods priority themes (e.g., Healthy Lifestyles, Maternal and Child Health, Mental Health and Addiction, Chronic Disease Prevention and Management).

DCHI plans to focus on 3 Communities for Wave 1: **Wilmington/Claymont, Smyrna/Dover, and West/Central Sussex**. The Communities all demonstrate a high level of need for each of the Healthy Neighborhoods priorities (healthy lifestyle, maternal and child health, mental health and addiction, and chronic disease prevention and management). At the same time, the Communities have varying geographic profiles, existing programs and levels of local collaboration, thus creating the opportunity to generate lessons learned from three distinct archetypes to support the launch of future Communities.

Community readiness assessment

DCHI will perform a readiness assessment shortly after the formation of the Healthy Neighborhoods local Council. Each Council must be able to demonstrate a commitment to collective impact, the formation of a diverse and active local Council, a commitment to sharing outcomes on a regular basis, an established vision for the Community, and a high level project plan and sustainability plan (See Exhibit 3).

Once a Community is established, DCHI will offer staff and resources to support planning (e.g., launch Community needs assessment), coordination (e.g., monitor Task Force implementation), and funding (e.g., seek funding opportunities aligned with strategy).

Community readiness checklist	Minimum requirement
❑ **Commitment** to collective impact	▪ Signed 'social contract' by local Council members to creating collective impact aligned to the Healthy Neighborhoods model
❑ Formation of an **active local Council**	▪ Diverse representation of engaged and proactive Council members and advisory team
❑ **Commitment to sharing outcomes**	▪ Commitment by Council to regularly publish a Community Dashboard to share results
❑ **Strong vision** for the Community	▪ Alignment by Council members on the top priorities for the Community
❑ **Project plan** for Community	▪ High level 3 year plan to develop Community strategy
❑ **Sustainability plan** for Healthy Neighborhoods model	▪ High level sustainability plan or willingness to consider alternative funding models

PROCESS FOR SETTING UP EACH COMMUNITY

Each wave will have 3 phases: local Council formation, Community planning, and program implementation.

a. Local Council formation

DCHI will support the formation of the local Council and work with Council leaders to establish a governance model and promote awareness for the Healthy Neighborhoods program within the Community:

- **Form local Council.** DCHI staff will act as conveners of the Council – identifying interested individuals or organizations, planning Council meetings, and inviting key stakeholders.

- **Establish governance model.** Council members will develop a governance model which will include a Council Charter, membership structure, voting rights, attendance guidelines. DCHI staff will support the Council in this process by providing templates.

- **Create awareness within the Community.** Council members will create awareness for the Healthy Neighborhoods program by using a variety of channels (e.g., hosting townhalls, joining existing community engagement events).

b. Community planning

Once the Communities are established, the local Council, with support from DCHI staff, will be responsible for planning the Healthy Neighborhoods launch:

- **Needs assessment.** The Council will identify existing sources of data or opportunities for collaboration on needs assessment, create a plan to collect supplementary data, take inventory of local efforts (e.g., community health workers), and take inventory of potential sources of funding for initiatives.

- **Prioritization of thematic area.** The Council will select the focus for Community initiatives (e.g., Healthy Lifestyles, Maternal and Child Health, Mental Health and Addiction, Chronic Disease Prevention and Management) based on the needs assessment and strategic priorities aligned on by the local Council.

- **Develop strategic plan.** The Council will design the overall strategy for the Community, priority initiatives (and identify the Neighborhood Task Forces required to carry them out), timeline, and a sustainable funding plan.

c. Program implementation

The local Council, with support from DCHI staff, will be responsible for launching Neighborhood Task Forces, monitoring and evaluating progress, and sharing best practices with other Communities:

- **Convene Neighborhood Task Force(s).** The Council will launch specific Neighborhood Task Forces focused on implementing the Community's strategic plan at the initiative level. The Task Force should develop an action plan, set process and outcome targets that are within 1-2 year timespans and, where necessary, seek funding to support Task Force implementation.

- **Monitor Task Force implementation.** The community will regularly assess each initiative including activities and progress towards goals.

- **Share best practices.** The community will participate in semi-annual Healthy Neighborhoods learning collaboratives to share learnings with other Communities.

HIGH LEVEL IMPLEMENTATION PLAN

Below are the high level implementation activities, beginning with the first wave of rollout of Healthy Neighborhoods Communities and continuing for subsequent waves. *Appendix A* provides an initial list of resources for engaging each set of stakeholders.
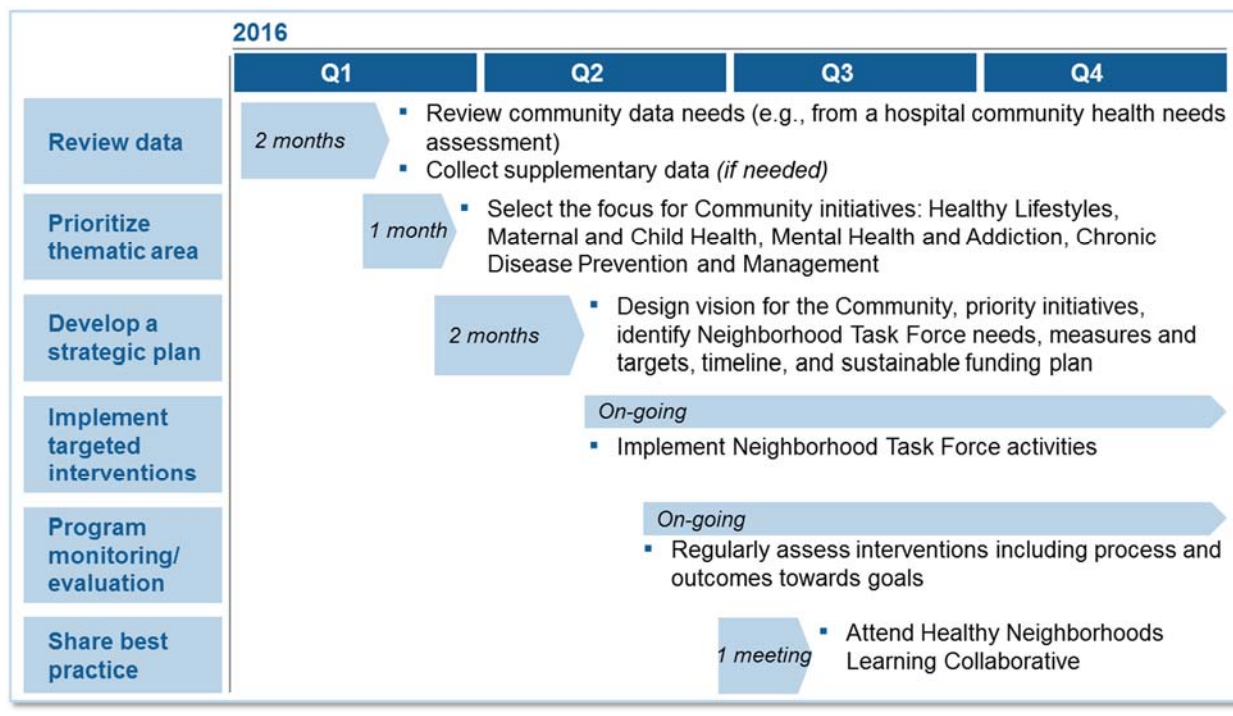
a. Prepare for Wave 1 implementation (Q1 2016)

- **Staffing.** DCHI anticipates hiring at least two staff members to support Healthy Neighborhoods implementation and will begin the recruitment process at the end of 2015.

- **Initial outreach.** DCHI staff will work to identify and link individuals or organizations from the Community who may serve as members of their local Council. DCHI will support the local Council with planning (e.g., governance, Community's vision, project and sustainability plans) and perform the readiness review. Communities that are unable to meet one or more readiness factors may delay their launch or begin operating in a different Wave.

- **Resource development.** DCHI will work with State agencies, local providers and other organizations to build an inventory of the resources required to support the launch of Healthy Neighborhoods across the state. This includes a catalogue of existing statewide data sources, initiatives, grant funding opportunities and partner organizations and timing on strategic decisions or priorities that may be an opportunity to align with Healthy Neighborhoods programming (e.g., Community Health Needs Assessment, FQHC certification).

- **Framework for sustainable funding.** Explore alternatives to grant funding (e.g. PMPM, FFS, P4V) that Healthy Neighborhoods Communities should pursue in the medium term and develop a framework for Healthy Neighborhoods Communities to use.

b. Staggered launch of 3 neighborhoods in Wave 1 (Q2-Q3 2016)

- **Community engagement on Healthy Neighborhoods.** It is expected that Councils (with DCHI staff support) will initiate a 4 week campaign to promote understanding of the Healthy Neighborhoods program with Wave 1 Communities. This campaign will be aimed at both residents and organizations involved in population health and in health care delivery. Several channels may be used to promote the Healthy Neighborhoods program including the DCHI website, pamphlets and brochures, and visits to community organizations and town halls.

- **Council begin operations.** The initial Community will launch in Q2 and remaining Wave 1 Communities will launch in Q3. DCHI staff will support each Healthy Neighborhoods Community to perform the following: 1) Review

data (including inventory of Community level activities), 2) prioritize a thematic area, 3) develop a strategic plan, 4) identify and implement targeted interventions, 5) oversee monitoring and evaluation, and 6) share best practices. These activities are further detailed in Exhibit 4.

EXHIBIT 4: COUNCIL RESPONSIBILITIES AND TIMELINES

c. Assess Wave 1 and plan for Wave 2 (Q4 2016)

- **Collect lessons learned during Wave 1 implementation**. DCHI staff will organize a learning collaborative to share learnings and early results across Wave 1 Communities and invite potential local Council members and organizations from Wave 2 Communities.

- **Identify Wave 2 neighborhoods.** DCHI staff will work with experts to review the level of need across remaining Communities to identify the 3-5 Communities for Wave 2 launch.

- **Identify individuals or organizations to form Wave 2 local Council.** DCHI staff will work to identify and link individuals or organizations from the Community who can serve as members of their local Council.

- **Recruit Healthy Neighborhoods staff.** DCHI will review staffing needs and plan recruitment in preparation for Wave 2.

d. Prepare for Wave 2 and Wave 3 implementation (2017-2018)

■ Similar to Wave 1, DCHI staff will identify individuals or organizations to form the local Council, take inventory of existing priorities for each Community, plan meetings with local Council members, conduct community engagement across Wave 2 Healthy Neighborhoods Communities, assess the Community readiness and where appropriate launch Wave 2 Programs**.**

■ DCHI will reevaluate staffing needs and prepare for Wave 3 implementation.

APPENDIX

APPENDIX A: RESOURCE REQUIREMENTS FOR HEALTHY NEIGHBORHOODS LAUNCH

Audience	Resources (not exhaustive)
Local Council (forming)	• Healthy Neighborhoods presentation tailored to focus on value to the specific Community • Healthy Neighborhoods Operating Model paper • Templated local Council Charter
Local Council (established)	• Healthy Neighborhoods presentation with inventory of existing Community resources • Talking points for Council members • Completed Council charter • Sign-in sheets
Public meetings	• Healthy Neighborhoods presentation • Inventory of existing Community resources • Talking points for Council members • Brochures/flyers on the Healthy Neighborhoods program • Sign-in sheets
Semi-annual Learning Collaborative	• Healthy Neighborhoods presentation with lessons learned from the last 6 months • Talking points for DCHI staff and presenters (e.g., Community council members) • Brochures/flyers on the Healthy Neighborhoods program • Sign-in sheets
Funders	• Healthy Neighborhoods presentation with focus on the value to Delaware or specific Community • Inventory of existing Community resources • Talking points for DCHI staff and presenters (e.g., Community council members) • Brochures/flyers on the Healthy Neighborhoods program