



Health Resources in Action
Advancing Public Health and Medical Research

Cambridge City Council Roundtable

March 23, 2015

CRLS

5:30 p.m.-7:30 p.m.



Overview of National Accreditation Effort and Cambridge Community Planning Process



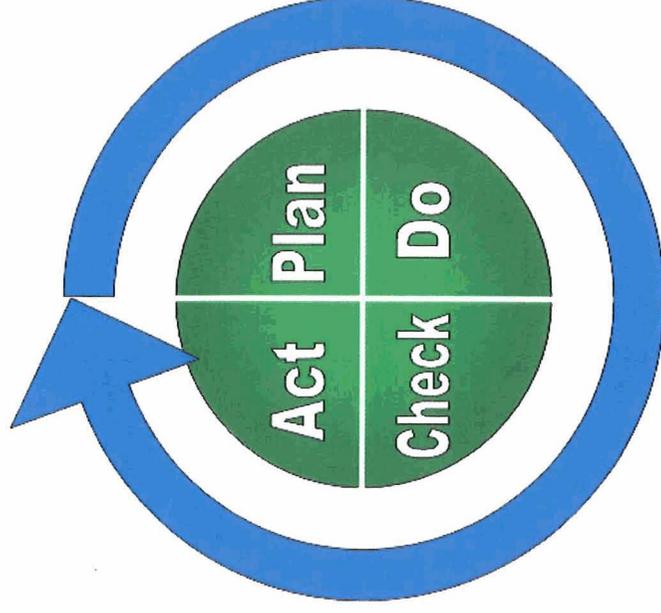


- Private, non-profit established 2007
- Partners:
 - Centers for Disease Control and Prevention(CDC)
 - Robert Wood Johnson Foundation (RWJF)
 - Association of State and Territorial Health Officials (ASTHO)
 - National Association of County and City Health Officials (NACCHO)
 - National Association of Local Boards of Health (NALBOH)
 - American Public Health Association (APHA)
- Goal: Improve and protect health of the public by advancing quality and performance of all public health departments
- Objective: 60% of population covered by accredited health departments by 2015



PHAB Strategy

- “Accreditation drives Quality Improvement, (QI), and QI improves the performance of health departments.”



PHAB Accreditation Process

- Voluntary program
- Uses performance standards in 12 domains
 - CDC 10 essential services plus...
 - ...Governance, Administration & Management
- Intended for state, local, tribal, and territorial health departments
- Internal preparation and application
- External evaluators



PHAB Accreditation

- Three prerequisites for accreditation:
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)
 - Health Department Strategic Plan (SP)

- These documents lay the groundwork for public health department programs, policies, and interventions, and the remainder of the review for accreditation.



Public Health Departments that have Achieved PHAB National Accreditation

- As of March 5, 2015, 67 Health Departments have been accredited
- New England Health Departments that have been accredited:
 - Vermont Department of Health, Burlington, Vermont
 - Norwalk Health Department, Norwalk, Connecticut
- As well as Health Departments in the following states:
 - California, Colorado, Florida, Illinois, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, New York, North Carolina, Ohio, Oklahoma (state and local), Pennsylvania, Oregon, Texas, Utah, Virginia, Washington (state and local), Wisconsin
- Participating in the accreditation process in MA:
 - **Cambridge, Boston, Worcester, MA State Department of Public Health**

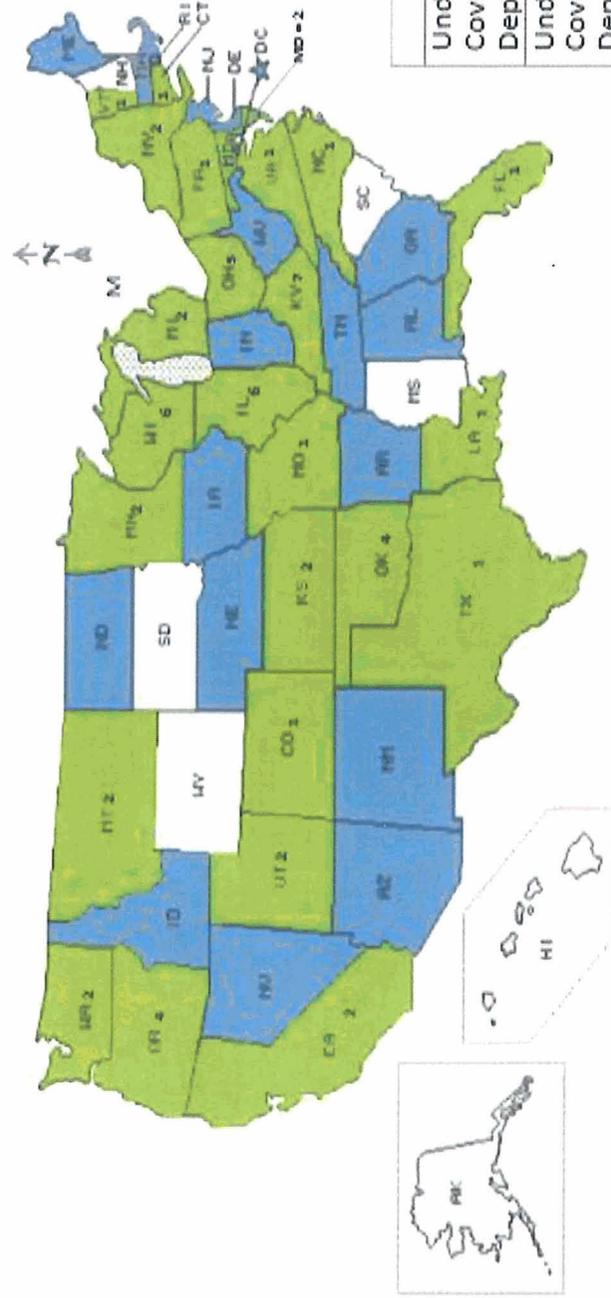


January 1, 2015

308 Health Departments in

Public Health Accreditation Board (PHAB)
Distribution of Health Departments:

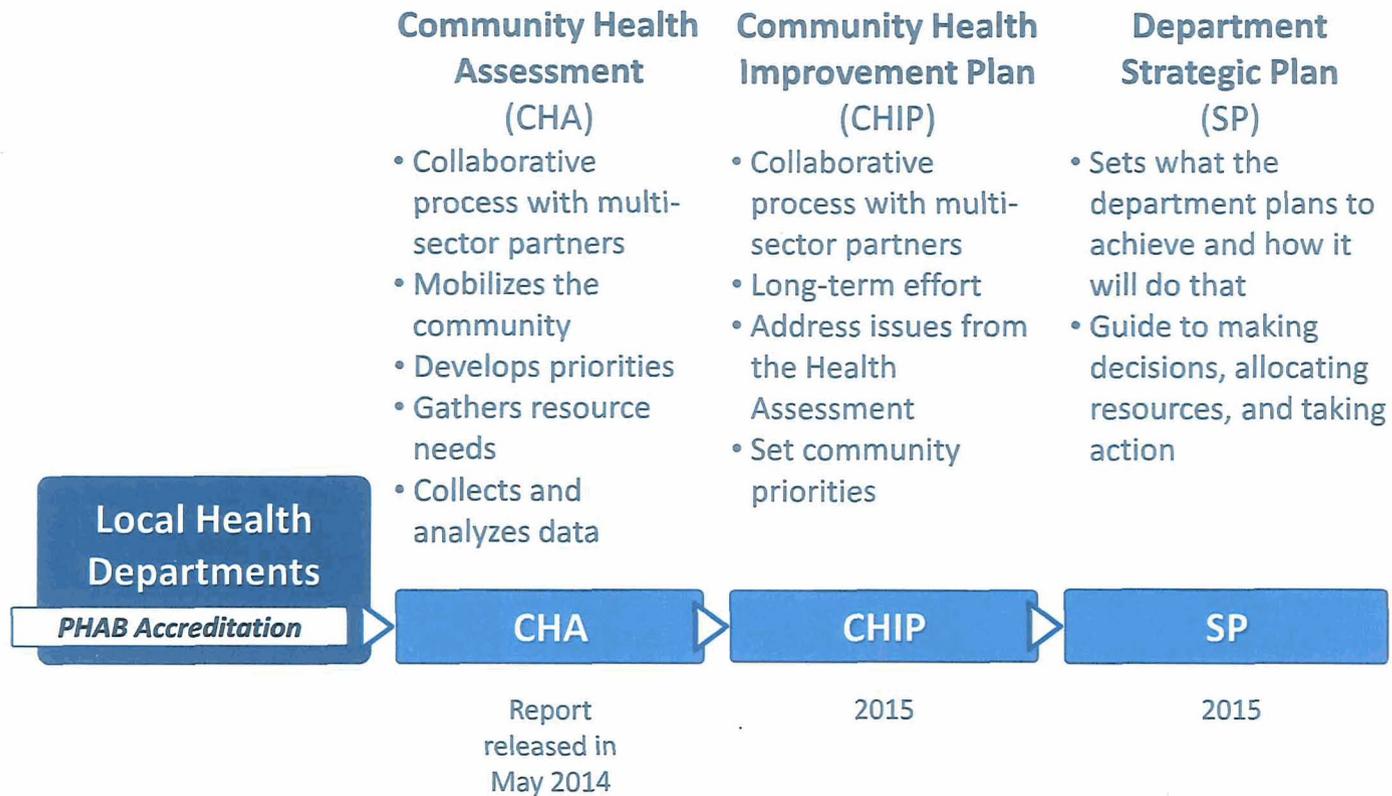
- Local: 207
- State: 28
- Tribal: 2
- Centralized States Integrated System: 67
- Multi-Jurisdictional: 7



Population (last updated 12/12/2014)	
Unduplicated Population Covered by Health Departments in e-PHAB	205,256,913 (66% of US population)
Unduplicated Population Covered by Accredited Health Departments	111,341,606 (33% of US population)

Single accreditation for multiple health departments

Health Department Planning Processes and Incentives



What is a Community Health Assessment?

- Provides a portrait of the health-related needs and strengths of a community
- Examines issues of the community overall as well as those most underserved
- Provides a foundation for a data-driven planning process



Thinking about Health Broadly



Assessment Process and Methods

- **Community-based, participatory approach**
 - Led by Cambridge Public Health Department with engagement from numerous partners, organizations, and residents
- **Reviewed existing data on social, economic, and health issues**
- **Conducted community health survey with 1,627 respondents who live or work in Cambridge**
 - Explored health concerns, health care access, & priorities for services and programming
 - About 20% of survey respondents speak language other than English at home



Methods - Focus Groups and Interviews

- Focus groups and interviews conducted with over 70 people
 - Outreach workers and community organizations were critical to focus group efforts
- Example focus groups
 - American-born Black adults, immigrant women and families, low-income residents, seniors, youth
- Example interviews
 - City councilors, health care providers, police department, leaders from faith-based and disabilities communities



Vulnerable Populations and Social Determinants of Health Issues

Vulnerable Populations

- Seniors
- Adolescents/youth
- Immigrants
- Homeless
- Low income residents

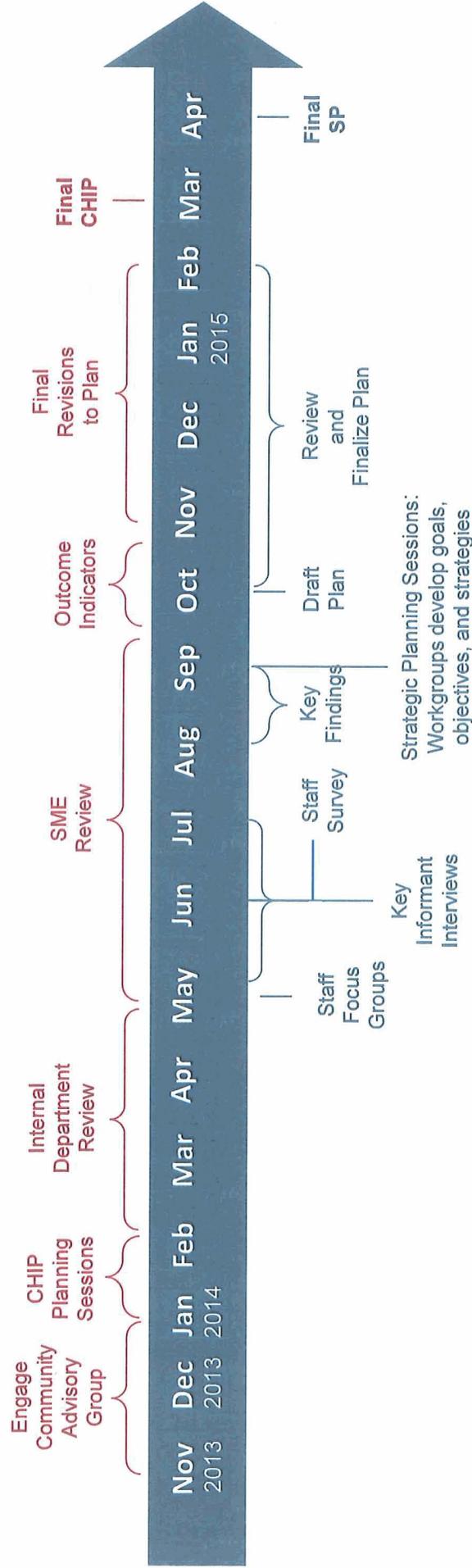
Social Determinants of Health Issues

- Housing affordability
- Childcare affordability
- Homelessness
- Employment



Cambridge Public Health Department Timeline and Milestones

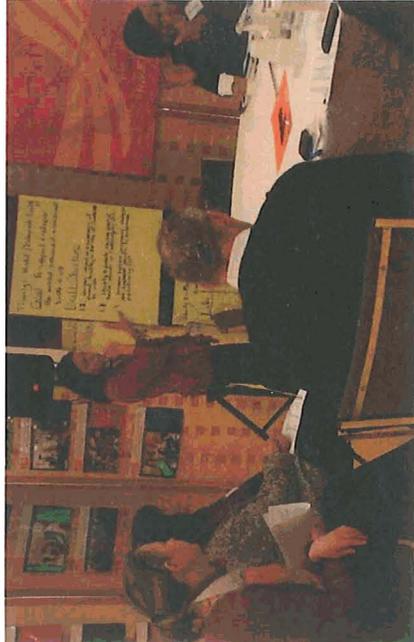
CHIP: Cambridge Community Health Improvement Plan



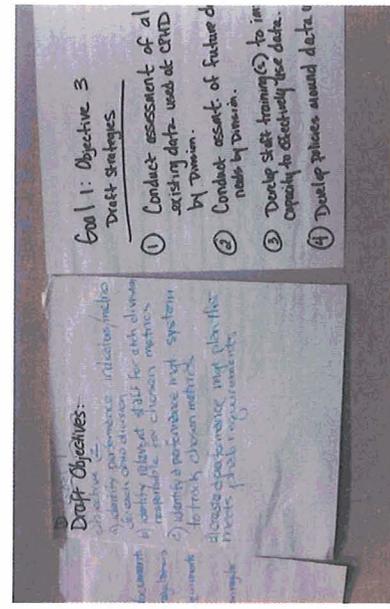
SP: CPHD Agency Strategic Plan



Community Collaboration & Team Work



Community Collaboration & Team Work





Review Community Health Improvement Plan (CHIP)



CHIP Process

- Two Planning Sessions were held in January & February, 2014:
 - >70 community stakeholders participated
 - Priorities were identified
 - Participants voted for the topics that they felt best met identified criteria in the areas of relevance, appropriateness, impact and feasibility.
 - Seven (7) Priority Areas were identified from a list of 37 health topics in 21 categories
 - Priority 7; Health Equity/Social Justice was changed to a cross-cutting strategy across the entire plan
 - Participants developed plan components for the CHIP (Goals, Objectives, Outcome Indicators, Strategies)
 - Subject Matter Experts (SME) were engaged throughout the process to provide input and feedback.

CHIP Priorities

- Violence (emphasis on Intimate Partner Violence, Sexual Assaults)

- Mental and Behavioral Health
- Substance Abuse (includes Tobacco)

Mental / Behavioral Health and Substance abuse were combined into one priority area due to the fact that they are often intertwined.

- Healthy, Safe and Affordable Housing
- Healthy Eating & Active Living

- Health Equity / Social Justice
- Access to Health care

Health Equity and Access to Health care were amended to become cross-cutting strategies instead of a stand-alone priority areas because these concepts are to be imbedded in our day-to-day efforts.



CHIP Priority Areas & Goals

Priority Area	Goal
Mental/Behavioral Health and Substance Abuse	Support and enhance the mental, behavioral, and emotional health of all, and reduce the impact of alcohol, tobacco and other drugs.
Violence	Establish a new community norm that strives for peace and justice, and provides a comprehensive approach to address all forms of violence.
Healthy, Safe and Affordable Housing	Ensure a socioeconomically diverse community through the preservation and expansion of high quality, healthy, and safe housing that is affordable across income levels.
Healthy Eating Active Living	Make it easy for people to improve health and well-being through healthy eating and active living.



Cross Cutting Strategies

- **Health Equity and Social Justice:** Addressing health issues for disadvantaged or vulnerable populations with significant health disparities.
- **Health Access:** Addressing access to health, where access is meant to be broadly inclusive. In this document, access includes the ability to get to and obtain needed healthcare services. Thus, the definition of “access” could include:
 - Transportation (i.e., public options near provider locations/hubs)
 - Insurance coverage
 - Medicaid/Medicare coverage (and gaps)
 - Provider Supply: location, qualifications, numbers to handle demand (i.e., issue in medically underserved areas)
 - Hours of service/operation for providers (i.e., evening and weekend hours for those who cannot leave work and/or work multiple jobs)
 - Culture and language sensitivity
 - Services/Program Supply: available foods, classes, outreach, support groups, etc.



The CHIP and Other Initiatives/Efforts

- The CHIP is intended to be an integrating and supporting document for other public health related plans and processes in Cambridge.
 - Community Development Department
 - Sustainability Tools for Assessing and Rating Communities (STAR)
 - Hazard Vulnerability Assessment
 - Fire Department - City Evacuation Plan
 - Cambridge Health Alliance - Strategic Plan
 - MA State Health Improvement Plan
 - National Prevention Strategy



Discussion on CHIP Roll-Out and Implementation

- We want your thoughts on important considerations for rolling out the final CHIP and implementing the CHIP
 - How would you like to learn what is happening and what is working? Best practices?
 - What community assets can contribute to CHIP implementation (existing partnerships, organizations, coalitions)?
 - What are the best mechanisms for communicating progress and assuring accountability as we implement the CHIP?



Cambridge Public Health Department

- The CPHD has identified focus areas of the Community Health Improvement Plan for which the department will take a leadership role during implementation.
- CHIP completion timeline: April 2015



Recommended CPHD CHIP Focus Areas

Objective 1.2 DEV	Increase the awareness and understanding of mental health and mental illness in Cambridge by 2020
Objective 1.4 PH2 DEV	Reduce the number of opioid overdoses to meet specified targets by 2020 .
Objective 1.5	Reduce alcohol, tobacco, and drug use in youth ages 12-18 years to meet multiple specified targets by 2020.
Objective 1.6 DEV	Reduce alcohol, tobacco, and drug misuse and abuse in adults ages 18+ to meet multiple specified targets by 2020.
Objective 2.1 # DEV	Increase Cambridge residents' awareness and understanding of domestic, sexual, and gender-based violence and available community resources by 2020.
Objective 2.4 = 🔑	Increase childhood screening rates for violence exposure by 2020.
Objective 4.1 = 🔑	Increase the availability of and access to affordable food and beverages for all residents by meeting specified targets by 2020.
Objective 4.2	Increase the visibility of and access to tap water for all Cambridge residents and employees by meeting specified targets by 2020.
Objective 4.5	Increase the relative percentage of adults, adolescents, and children who engage in daily moderate to vigorous physical activity as per CDC recommendations by 3%.



CHIP Implementation - Steps

- Kick-Off Meeting – April 30th
- Action Planning Session One – May 21st
- Action Planning Session Two – June (*Date to be confirmed*)

- CPHD steering committee and the Cambridge Community Health Advisory Group will oversee the process and be the communication liaison with the community



Cambridge Community Health Advisory Group

- **Moacir Barbosa** – *Cambridge Public Health Subcommittee – Health Resources in Action*
- **David Bor, MD** – *Cambridge Health Alliance*
- **Iram Farooq** – *Cambridge Community Development Department*
- **David Gibbs** – *Cambridge Community Center*
- **Brian Greene** – *Pentacostal Tabernacle*
- **Robert Haas** – *Cambridge Police Department*
- **Denise Jillson** – *Harvard Square Business Association*
- **Faith Marshall** – *Cambridge Housing Authority*
- **Michael Muehe** – *Cambridge Commission for Persons with Disabilities*
- **Paula Paris** – *Cambridge Public Health Subcommittee - JFYNetWorks*
- **Lisa Peterson** – *City Manager's Office*
- **Paulo Pinto** – *Massachusetts Alliance of Portuguese Speakers*
- **Richard C. Rossi** – *City Manager's Office*
- **Ellen Semonoff** – *Cambridge Department of Human Service Programs*
- **Niti Seth** – *Cambridge College*
- **Carolyn Turk** – *Cambridge Public Schools Department*
- **Deborah Klein Walker** – *Cambridge Public Health Subcommittee – Abt Associates, Inc.*
- **Patrick Wardell** – *Cambridge Public Health Subcommittee - Cambridge Health Alliance*



CHIP Implementation – Partners & Resources

- 100+ agencies, programs, organizations, support groups and initiatives throughout the City of Cambridge were discussed as partners and resources throughout the CHIP planning process.
 - Partner
 - Collaborate
 - Share resources
 - Build capacity



CHIP Implementation - Timeline

Action Planning Sessions
April – June 2015

Community Event
September-October 2015





Questions & Next Steps





Thank You!

