

# Local Public Health System (LPHS) Strategic Directions

## Preface

After the assessment of the Local Public Health System (LPHS) a workgroup was formed to select a priority strategy for the LPHS. Each member was asked to review the ratings for the Essential Services and make a recommendation as to which service should be the priority. The large group was then to review all recommendations, discussed themes and rationale, and reach a consensus decision. During the process of individual review, the six team members recommended the following Essential Services.

- Four persons recommended prioritizing Essential Service #4 *Mobilize community partnerships to identify and solve health problems.*
  - ✓ We are known nationally yet we rate ourselves low. Perhaps because members are so informed of what partnership requires and also know what more can happen.
  - ✓ The areas rated lowest (Moderate) included capacity details: such as maintaining up to date constituency lists and identifying new constituents. Engaging the community through a variety of means also was rated Moderate.
  - ✓ Once person noted the need for more collaborative work around Continuous Quality Improvement (CQI).
- One person also suggested Essential Services #8 *Assure a competent public health workforce.*
  - ✓ In so doing the person noted the reference and need to enhance public health and primary care workforce relationships.
- Another person recommended Essential Service # 9 *Evaluate effectiveness, accessibility, and quality of personal and populations based health services.*
  - ✓ In so doing the person noted concerns that not all people had the same access to quality services, and that limitations of Medicaid and Medicare affected effectiveness of service.
- The last person recommended Essential Service #3 *Inform, educate and empower individuals and communities about health issues.*
  - ✓ The partner discussed the challenges in informing, educating and empowering diverse populations.
  - ✓ The partner also raised the issue of health literacy for all populations.

As the team members discussed the attributes of each point raised it appeared that the solution would be to focus on partnerships (Essential Service #4) as a way of reaching all of these areas. Prior to writing this section, however, the initial Vision Process, Forces of

Change, and Community Themes and Strengths were also reviewed. At that time it was noted that key areas of this work further supported the discussions on the LPHS priorities. As a result the group rearranged priorities to model after the National Prevention Strategy Strategic Directions in keeping with the assessed needs and direction. The result is an enriched and robust plan to address some of the most pressing factors in the public health of the Panhandle. These strategies bridge across all of the Priority Areas and are the foundation of change.

### ***Strategic Directions***

The National Prevention Strategy identifies four Strategic Directions to provide a strong foundation to all of the nation’s prevention efforts. The four Strategic Directions are intended to provide the foundation through which communities create a prevention framework. The National Prevention Strategy defines these four areas as:

#### *Healthy and Safe Community Environments*

“Health and wellness are influenced by the places in which people live, learn, work, and play. Communities, including homes, public spaces and worksites can be transformed to support well-being and make healthy choices easy and affordable.”

#### *Clinical and Community Preventive Services*

“Evidence-based prevention services are effective in reducing death and disability, and are cost effective or even cost saving. Preventive services consist of screening tests, counseling, immunizations or medication to prevent disease, detect health problems early, or provide people with the information they need to make good decisions about their health.”

#### *Empowered People*

“People are empowered when they have the knowledge, ability, resources, and motivation to identify and make healthy choices.”

Health literacy, the degree to which individuals have the capacity to obtain, process and understand basic health information and services, is a key component of empowering people. The National Action Plan to Improve Health Literacy 2010 notes, “Limited health literacy is also associated with worse health outcomes and higher costs.” Health literacy affects all ages, races, and economic groups within the community but disproportionately affects lower socio-economic and ethnic/racial groups.

#### *Elimination of Health Disparities*

“Health disparities are the difference in health outcomes across subgroups of the population. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health on the basis on their racial or ethnic group,

religion, socio-economic status, gender, age, mental health, cognitive, sensory or physical disability, sexual orientation or gender identity, geographic location, or other characteristic historically linked with discrimination or exclusion.”

Healthy People 2020 identified Social Determinants (the range of personal, social, economic, and environmental factors which contribute to individual and population health) as one of the Leading Health Indicators. In doing so CDC notes, “The selection of Social Determinants as a Leading Health Topic recognizes the critical role of home, school, workplace, neighborhood, and community in improving health.” Social determinants are often a strong predictor of health disparities.

Interestingly, during various assessments over the past five years Panhandle residents identified these same components as key areas to address in the development of the Community Health Improvement Plan.

| <b>National Prevention Strategy Strategic Directions</b>   | <b>Panhandle Assessments and Plans 2008-2012</b>  |
|--|---|
| <p><b>Healthy and Safe Communities</b><br/><i>Create, sustain, and recognize communities that promote health and wellness through prevention.</i></p>  | <ul style="list-style-type: none"> <li>• Panhandle Substance Use Prevention (SPF SIG) 2008</li> <li>• Safe Communities 2009</li> <li>• Panhandle Child Well-Being Assessment and Plan 2010</li> <li>• Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011</li> <li>• Panhandle MAPP Community Health Assessment 2011-2012</li> <li>• Annual Panhandle System of Care for Housing and Homelessness Assessment and Plan</li> <li>• Panhandle Regional Early Childhood Learning Training Plan 2012</li> </ul> |
| <p><b>Clinical and Community Preventive Services</b><br/><i>Ensure that prevention-focused health care and community prevention are available, integrated, and mutually reinforcing.</i></p> | <ul style="list-style-type: none"> <li>• Panhandle MAPP Community Health Assessment 2011-2012</li> <li>• Panhandle Service Array Assessment of Prevention Services 2011</li> <li>• Panhandle CHIP Mental and Emotional Well-Being Workgroup 2012</li> </ul>   |
| <p><b>Empowered People</b><br/><i>Support people in making healthy choices.</i></p>  | <ul style="list-style-type: none"> <li>• Panhandle Substance Use Prevention (SPF SIG) 2008</li> <li>• Panhandle Child Well-Being Community Context and Prevention Systems and Assessment and Plans 2010</li> <li>• Panhandle Support Services for Rural Homeless Youth (SSRHY) 2010</li> </ul>  |

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| <p><b>Elimination of Health Disparities</b><br/> <i>Reduce disparities based on race, ethnicity, religion, socio economic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identify, geographic location, or other characteristics.</i></p> | <ul style="list-style-type: none"> <li>• Panhandle Substance Use Prevention (SPF SIG) 2008</li> <li>• Panhandle Child Well-Being Assessment and Plan 2010</li> <li>• Panhandle Regional Comprehensive Juvenile Services and Violence Prevention Plan 2011</li> <li>• Panhandle MAPP Community Health Assessment 2011-2012</li> <li>• Annual Panhandle System of Care for Housing and Homelessness Assessment and Plan</li> </ul> |
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Social Determinants and Health Disparities information are provided wherever possible in the descriptions of the Priority Areas of the Community Health Improvement Plan. Consideration not only of health disparities and social determinants, but all four Strategic Directions should be undertaken in selection of evidence-based programs, practices and policies in the implementation of the CHIP.

In addition to the regular review and incorporation of the four Strategic Directions in all Priority Area work plans and actions, the *Local Public Health System Development Plan* addresses specific actions to be undertaken on a regional basis during the next five years in these areas. These actions were prioritized through the Vision, the Forces of Change, and the Local Public Health System assessment components of the MAPP process. They are addressed through the LPHS Development Plan as they have overarching impact on not only this Community Health Improvement Plan but on system infrastructure and capacity for multiple long-term health outcomes.

The *Local Public Health System Strategic Directions Plan* is structured somewhat differently than the Priority Area plans. First, the discussion area has been omitted as the topics included in this plan have either been extensively assessed and recorded in other regional plans linked to this plan, or are included in the Priority Area sections.

Second, the evaluation of this plan will occur either through the evaluations of collaborative work being conducted in sectors of the region or as specifically designed in the implementation of this plan. In either case the evaluation is not linked to a series of Healthy People 2020 objectives as this work is seen to enhance progress toward Healthy People 2020 Outcomes listed in the Priority Sections.

One HP 2020 Leading Health Indicator (LHI) is selected however under the Elimination of Health Disparities section. The HP 2020 Social Determinants of Health LHI is:

- *Increase the proportion of students who graduate with a regular diploma 4 years after starting the 9<sup>th</sup> grade (AH 5.1).*

Additional emphasis will be placed on subsets of the population including adolescents from racial and ethnic minorities not only graduating within four years of starting ninth grade but in the ratio of those beginning Kindergarten and those reaching the 9<sup>th</sup> grade and graduating.

It is important to note that the leadership to be undertaken through the Local Public Health System Strategic Direction Plan is in large part collaborative work that is vested in various committees and structures which have already been created. Additional infrastructure development will be created as needed.

## **Local Public Health System Goal and Strategic Directions Summary**

### ***Local Public Health System Goal:***

- Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.

The four Strategic Directions will be addressed as follows:

### ***Healthy and Safe Community Environments***

- Design and promote affordable, accessible, safe and healthy housing for all residents
- Enhance cross-sector collaboration in community planning and design to promote health and safety
- Expand and increase access to information technology and integrated data systems to promote cross-sector information exchange
- Identify and implement strategies that are proven to work and conduct research where evidence is lacking
- Maintain a skilled, cross-trained and diverse prevention workforce

### ***Clinical and Community Prevention Services***

- Expand use of interoperable health information technology
- Enhance coordination and integration of clinical, behavioral and complementary health strategies

### ***Empowered People***

- Implement National Action Plan to Improve Health Literacy 2010 to enhance people's tools and information to make healthy choices
- Engage and empower people and communities to implement prevention policies and programs
- Improve education and employment opportunities

### ***Elimination of Health Disparities***

- Ensure a strategic focus on populations at greatest risk
- Increase the capacity of the prevention workforce to identify and address disparities
- Support research to identify effective strategies to eliminate health disparities

## Local Public Health System Strategic Directions

**GOAL: Sustainable regional infrastructure for collective impact to increase the number of Panhandle residents who are healthy at every stage of life.**

### STRATEGIC DIRECTION: *Healthy and Safe Community Environments*

| <b>Evidence-Based Practice</b>  | <b>Activities</b>  | <b>Lead and Partners</b>   | <b>Evaluation</b>   |
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| Design and promote affordable, accessible, safe and healthy housing for all residents.            | Maintain a variety of accessible, quality housing, free of hazards, such as second hand smoke, pests, carbon monoxide, allergens, lead, toxic chemicals.   | Landlords, municipalities, Public Health, Continuum of Care(CofC) for Housing and Homelessness | Service Array Assessment<br>Cof C Annual Exhibit I                        |
|   | Assess and complete annual plan to increase access to quality low-income housing for all individuals across the region.  | Continuum of Care for Housing and Homelessness   | Annual Exhibit I and Plans  |
|   | Promote universal design standards to allow all people including those with disabilities and older adults to, live safely in homes.  | Contractors, public housing, landlords, municipalities   | Policies and ordinances on universal design standards                     |
| Enhance cross sector collaboration in community planning and design to promote health and safety. | Maintain PPHHS existing regional collaborative infrastructure as a backbone organization for assessment and planning   | Panhandle Partnership for Health and Human Services  | PPHHS Membership Strategic Plan, Annual Collaborative Capacity Evaluation |
|   | Develop a formula and report to integrate diverse measures (e.g. health, transportation, economic, housing, public safety, education, land use, air quality) to provide a more comprehensive assessment of community well-being. | Local Public Health System and state partners  | Formula developed reports for larger Panhandle communities                |
|   | Pilot process to coordinate sectors and governmental   | TBD  | Process and plan piloted  |

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|  | jurisdictions to prioritize needs and optimize investments for livable, affordable, and healthy communities.  |   |   |
| Expand and increase access to information technology and integrated data systems to promote cross sector information exchange. | Develop and/or participate in state and federal efforts to use information technology and integrated data systems for regional projects and Collaborative Systems of Care.  | System of Care for Children 0-8, System of Care for Housing and Homelessness, System of Care for Older Youth, Comprehensive Juvenile Services Systems, Child Well-Being | Systems reports   |
|  | Encourage state and federal partners to use linked data systems and metrics from a wide range of partners (e.g. health care, public health, emergency response, environmental, justice, transportation, labor, worker safety, education and housing) to facilitate planning and decisions and system service improvement. | PPHHS Board of Directors and Partners<br>Panhandle Public Health Board of Directors and Partners<br>Rural Nebraska Healthcare Network Board of Directors                | TBD   |
| Identify and implement strategies that are proven to work and conduct research where evidence is lacking.                      | Assure use of evidence-based and evidence-informed practices for all regional projects and the expenditure of collaborative that funds is based on needs, cost effectiveness, proven outcomes and “best fit”.   | Prevention Coalition, Child Well-Being, Comprehensive Juvenile Services Team, Public Health, SOC 0-8, SOC Older Youth, Prevention System for Youth                      | Existence of EB and EI programs, policies and practices and evaluations of same |
|  | Participate in cross sector collaborative research, especially for promising practices and innovations for remote rural communities/programs.   | Prevention Coalition, Child Well-Being, Comprehensive Juvenile Services Team, Public Health, SOC 0-8, SOC Older You, Prevention System for Youth                        | Publication of research findings  |



**STRATEGIC DIRECTION: *Clinical and Community Prevention Services***

| <b>Evidence-Based Practice</b>  | <b>Activities</b>   | <b>Lead and Partners</b>   | <b>Evaluation</b>   |
|---|---|--|---|
| Expand use of interoperable health information technology.  | Sustain fiber optic capacity and enhance use of health information technology including areas such as E-Prescribing, Tele-Medicine, and Electronic Medical Records access for all providers and patients.   | RNHN, Region I Mental Health, CAPWN Health Clinic, providers, Clinics, trauma system   | RNHN Fiber Optic Capacity and Utilization, RNHN Assessment of Annual Information Technology Availability                  |
| Enhance coordination and integration of clinical, behavioral and complementary health strategies. | Enhance integrated health care which promotes a coordinated system of health care where professionals are educated about each other's work and collaborate with one another and their patients to achieve optimal patient wellness through implementing effective care coordination models (e.g. medical homes, community health teams, and collaborative care for the management of depressive disorders). | Hospital and health care providers, behavioral health clinicians, community health workers, complementary and alternative medicine providers | Policy changes to encourage integrated medicine, integrated medicine model implemented                                    |
|   | Incorporate evidence-based complementary and alternative medicine focused on individualizing treatments, treating the whole person, promoting self-care and self-healing and recognizing the spiritual nature of each individual according to personal preference   | Prevention Coalition, SOC 0-8, SOC Older Youth, Minority Groups, Behavioral Health, hospital and health care providers, Public Health        | Methodology to be determined, increased acceptance and knowledge of evidence-based complementary and alternative medicine |

**STRATEGIC DIRECTION: *Empowered People***

| <b>Evidence-Based Practice</b>   | <b>Activities</b>  | <b>Lead and Partners</b>   | <b>Evaluation</b>  |
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| Implement components of the <u>National Action Plan to Improve Health Literacy 2010</u> to enhance people’s tools and information to make healthy choices. | Develop and disseminate health and safety information that is accurate, accessible, and actionable.  | Health providers and public health   |  |
|  | Incorporate accurate, standards-based, and developmentally appropriate health and science information and curricula in child care and education through the university level.          | Child care providers, public and private schools, colleges   | Incorporated curriculum  |
|  | Support and expand local efforts to provide adult education, English language instruction, and culturally and linguistically appropriate health information services in the community. | WNCC, UNL Extension, Guadalupe Center, CNAC, health clinics, Public Health, SSRHY                                    | As per programs  |
|  | Build partnerships, develop guidance, and change policies.   | PPHHS  | As per annual plan   |
|  | Participate in research of practices and interventions to improve health literacy.   | National and state partners PPHHS, RNHN, Public Health   | TBD  |
|  | Use proven methods of confirming patient understanding such as the “teach back method”.  | Health educators, clinicians, educators  | Health outcomes  |
|  | Engage and empower people and communities to implement prevention policies and programs.   | Sustain community change through training and support for implementing prevention policies, practices, and programs. | PPHHS, Public Health, Prevention Coalition, PPHHS Training Academy |
| Enhance community and regional coalitions, SOC’s and collaborative teams.  |  | PPHHS, Public Health, Region I Behavioral Health   | Plans and reports from coalitions, SOC’s and collaborative teams   |
| Improve education and employment opportunities.  | Maintain an upwardly mobile workforce with local talent, by  | WNCC, RNHN, Public Health, PPHHS Training Academy  | Annual systems training plans and implementation evaluations       |

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|  | providing credible, meaningful, consistent and affordable education/training that results in an extraordinary service system.  |   |  |
|  | Increase employment with living wages including health benefits.   | Economic development, employers, chambers of commerce   | Census data<br>Service Array Assessment  |
|  | Evidence-based programs and practices to encourage school success and reduce high school dropout rates.  | Schools, Healthy Communities Healthy Youth, families, NCCF, Comprehensive Juvenile Services, UNL Extension, Safe Communities, Youth Prevention System | Child Well-Being Evaluation<br>Comprehensive Juvenile Services Evaluation<br><br><i>HP2020 Leading Health Indicator: Increase the proportion of students who graduate with a regular diploma 4 years after starting the 9<sup>th</sup> grade. (AH 5.1)</i> |
|  | Youth Leadership Institute for Youth who may not have success in systems to increase school completion rates, engage in employment skill development, and access living wage employment. | Youth, WNCC, CAPWN, UNL Extension, CNAC, communities  | SSRHY Evaluation<br>Youth Evaluations of Training and Service Learning   |

**STRATEGIC DIRECTION: *Elimination of Health Disparities***

| <b>Evidence-Based Practice</b>   | <b>Activities</b>   | <b>Lead and Partners</b>   | <b>Evaluation</b>   |
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| Ensure a strategic focus on populations at greatest risk.                              | Ongoing community education and actions about health disparities and impact on the region as a whole.   | Public Health  | Community training, evaluations, community dialogues, focus groups with high risk populations   |
|  | Identify populations at greatest risk and assure leadership from community members centered in the population, and assure a culturally competent process in assessing, planning, implementing, and evaluating services.   | PPHHS, Public Health, and risk population partners   | Health outcomes   |
|  | Ensure clinical, community, and workplace prevention efforts and consider language, culture, age, gender, preferred and accessible communication channels and health literacy skills to increase people’s use of information and adoption of healthy behaviors. | Public Health, PPHHS, organizations  | Health outcomes   |
| Increase the capacity of the prevention workforce to identify and address disparities. | Educate the local public health system about the community and population conditions that contribute to disparities. Wherever possible have the risk population involved as instructors and co-participants.  | WNCC, Public Health, RNHN, PPHHS Training Academy, SOC Training Plans                        | TBD   |
|  | Assure the prevention workforce is significantly diverse and represents the underlying community characteristics (race, ethnicity, culture, language, disability) preferable as the   | Diverse community partners, providers, organizations, public health, PPHHS, Training Academy | Policies regarding the employment of diverse prevention work-forces, number of people from diverse backgrounds working in prevention system |

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|   | primary provider or team member   |                                |  |
|   | Organizational policies and practices that persons from diverse background working in the prevention system are accepted within the specific community to assure best fit   | All organizations              | Organizations with policies and practices in place |
|   | Organizational policies designed to enhance recruitment and retention of persons of diverse backgrounds.  | All prevention organizations   | Organizations with policies and practices in place |
| Participate in research to identify effective strategies to eliminate health disparities. | Develop or participate in research opportunities which promote and enhance the body of knowledge about methods for addressing health disparities in order to improve the quality of life and bridge the gap between knowledge and practice. | PPHHS, Public Health, partners | Published studies                                  |