

REGIONAL HEALTH IMPROVEMENT PLAN: DEVELOPING KEY STRATEGIES -- CRITERIA AND WORKSHEET

This worksheet is intended for the CPAA to assess and highlight potential strategies. These first two pages summarize all of the key criteria, and explain how to use the table.



CRITERIA CATEGORIES:

TIME FRAME

Consider the realistic time frame of both successful development and implementation for this strategy. Write "S" for Short, "M" for Medium, and "L" for Long.

- SHORT = 0-3 years
- MEDIUM = 3-5 years
- LONG = 5 or more years

OPPORTUNITY AREAS:

Put a checkmark under every area that the strategy addresses. If there is a strong synergy with another strategy, please add that Strategy # as well. The CPAA's five Opportunity Areas are:

1. Economic and Educational Opportunities
2. Health Integration and Care Coordination
3. Improve Chronic Disease Prevention and Management
4. Prevention and Mitigation of Adverse Childhood Experiences (ACEs)
5. Provider Access and Capacity

NEED:

Is there a clear identifiable need that this solution would help resolve or mitigate? What kind and level of evidence and data is available?

- LOW = the need is not very urgent.
- MEDIUM = the need is moderately urgent.
- HIGH = the need is clearly very urgent.

IMPACT:

Consider if this strategy would measurably improve population health region wide, regardless of the size of the affected population.

- LOW = the potential impact would not be very significant.
- MEDIUM = the potential impact would be somewhat significant.
- HIGH = the potential impact would be very significant.

FIVE OPPORTUNITY AREAS:

1. ECONOMIC AND EDUCATIONAL OPPORTUNITIES
2. HEALTH INTEGRATION AND CARE COORDINATION
3. IMPROVE CHRONIC DISEASE PREVENTION AND MANAGEMENT
4. PREVENTION AND MITIGATION OF ADVERSE CHILDHOOD EXPERIENCES
5. PROVIDER ACCESS / CAPACITY



CRITERIA CATEGORIES CONT.:

HEALTH EQUITY:

Does the strategy reduce health disparities and/or enhance health equity?

- LOW = does little to enhance health equity.
- MEDIUM = makes a moderate improvement of health equity.
- HIGH = significantly enhances health equity.

FEASIBILITY – POLITICAL/LEGAL:

Consider stakeholder involvement, state readiness, potential policy barriers, legal authority, and future litigation risk.

- LOW = controversial, state not ready, many policy barriers, no legal authority, high risk of litigation.
- MEDIUM = moderate ease of stakeholder involvement, moderate readiness, some policy barriers, potential for litigation.
- HIGH = uncontroversial, confirmed state readiness, little to no policy barriers, low risk of litigation.

FEASIBILITY – SOCIAL FACTORS:

Consider whether this strategy is multi-sector in nature, and if there could be unintended consequences. Is there a clear connection to improved quality of life?

- LOW = not multi-sector in nature, increased risk of unintended consequences, little to no connection to improved quality of life.
- MEDIUM = potentially multi-sector, some risk of unintended consequences, moderate connection to improved quality of life.
- HIGH = clearly multi-sector, little to no risk of unintended consequences, clear connection to improved quality of life.

FEASIBILITY -- PRACTICAL FACTORS:

Consider whether this strategy builds on existing efforts, is sustainable, and if the CPAA is best-positioned to implement it.

- LOW = does not build on existing efforts, will not be sustainable, CPAA is poorly-positioned to implement.
- MEDIUM = somewhat aligned with existing efforts, possibly sustainable, CPAA is somewhat well-positioned to implement.
- HIGH = builds on existing efforts, is sustainable, CPAA is ready to implement.

OVERALL RANKING:

Use the rankings in all the individual cells to determine an overall ranking, again using a **Low**, **Medium**, or **High** scale.

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REGIONAL HEALTH IMPROVEMENT PLAN: DEVELOPING KEY STRATEGIES -- CRITERIA AND WORKSHEET

		ACTIONABLE STRATEGIES														OVERALL RANKING L/M/H
		INDIVIDUALLY RANK EACH CELL L=LOW, M=MEDIUM, H=HIGH														
		OPPORTUNITY AREAS						NEED	REGIONAL IMPACT	IMPROVE HEALTH EQUITY	FEASIBILITY			TRIPLE AIM (ROI)		
ECON. & EDU. OPPORTUNITIES	HEALTH INT. & CARE COORD.	CHRONIC DISEASE PREV. & MINGT.	PREV. & MITIGATION OF ACES	PROVIDER ACCESS / CAPACITY	POLITICAL & LEGAL	SOCIAL	PRACTICAL				BETTER HEALTH	BETTER CARE	LESS COST			
LIST STRATEGY IDEA	TIME FRAME <i>SHORT (0-3), MEDIUM (3-5), LONG (5+)</i>															
PROVIDER CAPACITY	1. Develop capacity for community-based programs to educate and train allied health professionals.															
	2. Develop a peer-to-peer health worker workforce (e.g., define CHW for the region and participate on the statewide task force now discussing this issue).															
	3. Develop a 7-county tele-medicine network for greater specialty access.															
	4. Develop an ARNP residency program in the region.															
	5. Develop and implement a joint, regional recruitment plan of providers with the goal of increasing provider capacity through individually developed plans put together by county.															
	6. Train primary care providers on asking youth and young adults about family planning and on inserting/implanting long-acting reversible contraception to increase access to birth control and reduce unintended pregnancy rates.															

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LIST STRATEGY IDEA																
CARE COORDINATION	7. Survey region to determine who is coordinating care now, and where that is happening.															
	8. Gather evidence-based practices (contact Wymer/UW/SAMSHA; learn from current health homes; use a cost-benefit analysis).															
	9. Hold focused learning sessions on current CHW projects within the region and state.															
	10. Develop a quality improvement agreement across multiple agencies following individual care – ultimately ending w/CQI being incorporated in coordinated care.															
	11. Develop integrated care assessments across multiple life domains (e.g., housing, domestic violence, and social determinants of health).															
	12. Develop an electronic record that follows clients by having multiple agencies collaborating on the creation of a single assessment.															

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LIST STRATEGY IDEA																
COMMUNITY-BASED CARE COORDINATION	13. Identify and develop specific care coordination projects utilizing multi-disciplinary teams (e.g., CHWs whose experience positions them to engage populations traditional healthcare workforces struggle to reach, once trained they could support addressing the root causes of high utilization.)															
	14. Improve access to chronic disease self-management programs regionally.															
	15. Use the MCO Health Home community-based care coordination program to engage eligible people into community-based care coordination, and improve collaboration between providers in social services.															
	16. Operationalize integrated school-based health centers in high schools and community/technical colleges to provide youth and young adults direct access to physical and behavioral health services.															
	17. HOUSING: Partner with developers to build with affordable, quality housing for people in need.															
	18. CRIMINAL JUSTICE: Develop and expand jail and fine alternatives as well as stronger transitions of care between criminal justice and health care (public and private).															

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EDUCATION	19. Collaborate and partner with Chambers of Commerce, trade associations, and Workforce Development Council members to increase educational opportunities, expand training, identify healthcare workforce gaps, etc.																	
	20. Create and implement a public messaging campaign to emphasize college and post-secondary education for all students, and opportunities for careers in the allied-health sector in this region.																	
	21. Develop a core curriculum pathway to deliver health, social-emotional wellness, comprehensive health education K-12, and health insurance literacy to high school students.																	
	22. Support implementation of "Education Advocates" (mentors) for high-risk incoming middle/junior high school students, and "Graduation Coaches" for high risk incoming high school students, using "Check and Connect" (an evidence-based practice to foster school completion).																	
	23. Expand screening of children and youth for behavioral health needs, and provide access to school-based and community-based intervention/treatment services for those identified in need (the behavioral health pilot).																	

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EDUCATION	24. Expand school-based and community-based opportunities for highly engaging, contextualized learning (food gardens, maker spaces/studio-schools, worksite learning, service learning.)																
	25. Expand school-based multi-tiered systems of support for children and youth to include school-based and community-based social/behavioral supports.																
	26. Support school climate improvement efforts in regional schools.																
	27. Recruit organizations and support them in offering youth mentoring and scholarship programs like the PeaceHealth St. John Medical Center Youth Mentoring Program.																
ECONOMIC DVLPMT	28. Collaborate with regional workforce development councils to build a sector partnership that will connect youth to local businesses (e.g., Thurston County's Business to Youth Connect program).																
	29. Develop a summary of applicable trade skills needed in the community to enhance education curriculum.																
	30. Support individuals in obtaining and maintaining employment and livable income.																

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THOUGHTFUL COMM GROWTH	31. Design and build healthy and safe neighborhoods (e.g., bike lanes; walking trails; quality, safety, & location of housing).																
	32. Build a sustainable local food system improving access to healthy food (e.g., food banks, community gardens, food policy).																
PREVENT & MITIGATE ACES	33. Use CPAA shared learning sessions to learn about successful applications of ACEs information, prevention models, resilience programs or strategies that should expand by CPAA activities.																
	34. Increase access across the CPAA region to Nurse Family Partnership and other evidence-based home visiting programs that build knowledge and skills for mothers with young children and can stop the intergenerational transition of ACEs.																
	35. Expand the Kinship Program regionally.																

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PREVENT & MITIGATE ACES	36. Coordinate with the N.E.A.R. Speakers Bureau to generate requests for presentations and workshops across the CPAA region that disseminate current scientific information with fidelity regarding Neurobiology, Epigenetics, Adverse Childhood Experiences, and Resilience.																
	37. Train school staff members to be Collaborative Learning for Education Achievements and Resilience (CLEAR) consultants for the implementation of the Attachment, Self-Regulation, and Competency (ARC) promising practice.																

TOP 5 STRATEGIES EVALUATION & RATIONALE

Using the completed criteria worksheet, please identify the top five strategies with a “High” Overall Ranking from the last column on the right.
In the space provided, please write a very brief rationale for your selection of each strategy.

1.

2.

3.

4.

5.