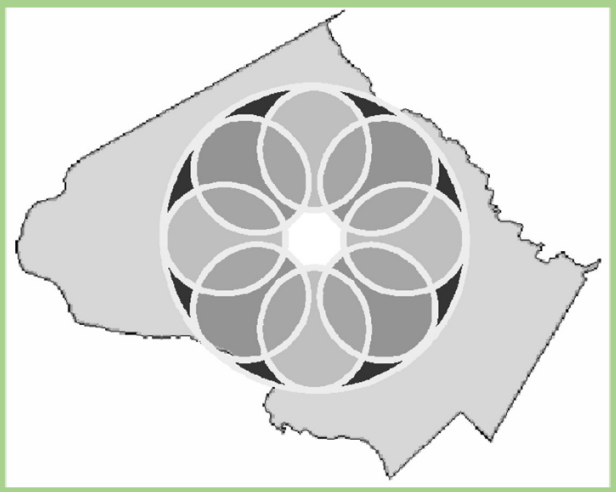
2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN



HEALTHY MONTGOMERY

Acknowledgements

The 2017-2019 Community Health Improvement Plan would not have been possible without the leadership of the Healthy Montgomery Steering Committee or the expertise and feedback from workgroup participants.

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Suburban Hospital - A member of Johns Hopkins

The 2017-2019 Healthy Montgomery Community Health Improvement Plan is dedicated to the memory of Dr. Ulder Tillman. Dr. Tillman began her tenure in Montgomery County in November 2013 as the County Health Officer and the Chief of Public Health Services. She was a true public health champion and will be remembered for her calm presence, wisdom and enduring spirit.

Introduction

Healthy Montgomery is the community health improvement process for Montgomery County, Maryland. It is an ongoing effort that brings together County government agencies, elected officials, the four County hospital systems, minority health initiatives/program, advocacy groups, academic institutions, community-based service providers, the health insurance community, and other stakeholders to achieve optimal health and well-being for all Montgomery County residents.

The Healthy Montgomery community health improvement process is a five-stage process:

- Phase 1: Environmental Scan which includes compiling and review of available quantitative data and resources;
- Phase 2: Collection of qualitative data and development of a comprehensive community health needs assessment;
- Phase 3: Setting of health priorities and development of action plans to address identified priorities; and
- Phase 4: Implementing, monitoring and evaluation; and
- Phase 5: Pre-planning for the next iteration of the process.

2016 Healthy Montgomery Priority-Setting Process

The 2016 priority-setting process represents the second cycle of the Healthy Montgomery community health improvement process. The 2016 Community Health Needs Assessment (CHNA) Report identified 63 strategies to address the existing Healthy Montgomery priority issues of obesity, behavioral health, diabetes, cardiovascular disease, cancers, and maternal and infant health. These strategies are derived from the key findings of the qualitative data, quantitative data, community resources, and evidence-based strategies. In addition, the strategies were considered within the framework of Healthy Montgomery's goals of achieving health equity for all residents; improving access to health and social services; and enhancing the physical and social environment to support optimal health and well-being and reduce unhealthful behaviors.

To prepare for the priority-setting retreat, each Healthy Montgomery Steering Committee (HMSC) member was provided a worksheet and a summary of the CHNA report. The HMSC members were asked to select up to ten strategies they believed should be a priority for Healthy Montgomery's 2017-2019 Community Health Improvement Cycle. The HMSC members considered each strategy in light of five collective impact criteria:

- Addresses demonstrated inequities among specific groups
- Data/trends can be monitored over time using a shared measurement approach
- Includes multiple sectors
- Involves program and system changes (not an individual program/single organization)
- Demonstrates an alignment with a Healthy Montgomery health outcome

HMSC members also indicated their respective organization's ability to commit the time and effort needed to support the action planning and implementation of the selected strategies. This would assist

with the action planning efforts that will follow the HMSC's final priority-setting determinations. Healthy Montgomery staff tallied the results of the priority-setting worksheets. The top ten strategies were used during the priority-setting retreat.

A skilled facilitator guided the HMSC through the priority-setting process during a four-hour retreat. The facilitator divided the process into two stages. The first stage included a group discussion of the ten priorities that emerged from the worksheets. The group discussion was guided by the following questions:

- Does the strategy meet the five community impact criteria?
- Are there particular issues, concerns, and challenges moving forward that will need to be addressed in relation to the strategy?
- Is the strategy realistic and achievable in three years? The response to this question was extremely important as it also addressed collective buy-in and allocation of resources to assure implementation.

During the second stage of the process, the group voted on the top three priorities for Healthy Montgomery to address over the next three years. In making their final decisions, the HMSC was reminded of the collective impact criteria and the goals of Healthy Montgomery. The group voted using a "dot method" to identify each member's top three strategies. The top three strategies that received the most votes and would serve as the 2017 – 2019 priority strategies were:

- Implement a Health in All Policies Model
- Develop integrated care programs to address behavioral health needs within primary care services
- Combined diet and physical activity promotion programs

Healthy Montgomery Priority Strategy: Implement a Health in All Policies Model

Overview

As part of the 2016 Community Health Needs Assessment, community members identified several characteristics of a healthy community, including: access to healthy foods, safe neighborhoods and places for physical activity, affordable housing and transportation, and quality education. Most often, community members did not focus on health care and treatment but on the underlying social determinants of health.

Achieving community health improvement requires an intentionally aligned collective response from a range of sectors that will routinely and consistently embed health considerations into their decision-making processes. In response, the Healthy Montgomery Steering Committee decided to establish and sustain a Health in All Policies (HiAP) model to improve the underlying factors of health. The model will bring together professionals from a range of sectors (e.g., health, transportation, planning, housing, education, recreation, environment, and law enforcement). The Centers for Disease Control and Prevention also identifies HiAP as a way to achieve the National Prevention Strategy and Healthy People 2020 goals.[1]

Healthy Montgomery will use the National Association of City and County Health Official's 7 Strategies for Implementing Health in All Policies[2] as a framework to launch this effort throughout the County.

[1] Centers for Disease Control and Prevention, Office of the Associate Director for Policy. *Health in All Policies*. Retrieved from https://www.cdc.gov/policy/hiap/index.html

[2] National Association of County and City Health Officials (NACCHO). *Local Health Department Strategies for Implementing Health in All Policies*. *(Fact Sheet).* December 2014. Retrieved from http://www.naccho.org/uploads/downloadable-resources/Programs/Community-Health/factsheet_hiap_dec2014-1.pdf

Priority Strategy: Implement a Health in All Policies Model

<table>
<tr><td colspan="2">Goal: Incorporate health into decision-making in various sectors (government, non-profit, private, etc.) throughout Montgomery County</td></tr>
<tr><td colspan="2">Objective: Increase cross-sector relationships in Montgomery County to facilitate and support HiAP implementation</td></tr>
<tr><td>Key Actions
Identify organizations that are not represented in existing health collaborations/coalitions in Montgomery County
Engage health system partners, all sectors of County departments, businesses, faith communities, etc. on design and implementation of HiAP initiatives</td><td>Desirable Outcomes
Multi-sector HiAP workgroup to support HiAP implementation</td></tr>
<tr><td colspan="2">Objective: Establish a shared vision of HiAP across sectors throughout Montgomery County</td></tr>
<tr><td>Key Actions
Develop common terms, language and statements regarding HiAP in order to effectively communicate and promote HiAP
Increase awareness of the impact of policies on the social determinants of health
Create and distribute educational materials and resources through various communication channels</td><td>Desirable Outcomes
Shared vision and understanding of HiAP
HiAP resource library</td></tr>
<tr><td colspan="2">Objective: Identify and catalogue organizational (across various sectors) practices and policies that are most feasible to be considered for HiAP implementation</td></tr>
<tr><td>Key Actions
Study transportation, planning, zoning, (and others) to identify opportunities to incorporate health benefits and impact analyses into current policy frameworks.
Survey/conduct an assessment of organizations (transportation, zoning, planning, parks, etc.) to identify policies and practices that impact health and wellness
Prioritize practices and policies that are most feasible for HiAP implementation</td><td>Desirable Outcomes
Cross-sector catalogue of practices and policies for HiAP implementation</td></tr>
</table>

Healthy Montgomery Priority Strategy: Develop integrated care programs to address behavioral health needs within primary care services

Overview

Montgomery County is facing unprecedented challenges in meeting behavioral health needs of County residents. These challenges were identified in the Healthy Montgomery 2016 Community Health Needs Assessment. In the previous year, the Montgomery County Office of Legislative Oversight Report on Behavioral Health and the Healthy Montgomery Behavioral Health Task Force Recommendations acknowledged similar findings.[3,4]

Behavioral health services are provided in partnership with numerous agencies, departments and providers throughout the county. Although each entity is involved in providing behavioral health services, typically has a niche of expertise and a specialized viewpoint, there is often little coherence or synergy among the many behavioral health services that are offered and provided. In order to address increasingly difficult and complex needs, there needs to be a collective understanding of the County's needs and a more coordinated response.

Expanding on the work of the Healthy Montgomery Behavioral Task Force, in September 2016, the Behavioral Health and Crisis Services of the Montgomery County Department of Health and Human Services began to develop a Strategic Alignment Plan. The Strategic Alignment Plan, similar to the Behavioral Task Force Recommendations, were developed from facilitated meetings of community stakeholders representing the non-profit, private and public sectors of the county. The long-term goal of the Strategic Alignment Plan is to more effectively and efficiently meet behavioral health needs across the lifespan, from children to adults and senior citizens; and across the full continuum of behavioral health services, including: mental health wellness, mental illness prevention, treatment, and recovery. The immediate goal is to work collectively to create a unifying vision of what behavioral health should look like for Montgomery County.

The HMSC priority strategy to address behavioral health needs in the County is a continuation of the work of the Healthy Montgomery Behavioral Health Task Force and incorporates the Strategic Alignment Plan of the Behavioral Health and Crisis Services. The action plan presented below represents those components of the Behavioral Health and Crisis Services alignment plan that are implementable by Healthy Montgomery within the 2017-2019 community health improvement cycle.

The two organizations leading this effort are Montgomery County's Behavioral Health and Crisis Services and Healthy Montgomery.

[3] Healthy Montgomery Behavioral Health Task Force Recommendations. 2014. Retrieved from www.healthymontgomery.org

[4] Carrizosa, N., Richards, S. Office of Legislative Oversight (OLO). OLO Report 2015-13. 2015. Behavioral Health in Montgomery County. Retrieved from http://www.montgomerycountymd.gov

Priority Strategy: Develop integrated care programs to address behavioral health needs within primary care services

<table>
<tr><td colspan="2">Goal 1: Enhance outreach and communications to educate the public and care providers on social and emotional wellness, and behavioral and mental health services offered in Montgomery county.</td></tr>
<tr><td colspan="2">Objective: Expand Montgomery County's behavioral health resource and referral efforts.</td></tr>
<tr><td>Key Actions
Enhance infoMontgomery to include an up-to-date inventory of behavioral health services available to the public and referral agencies.
Expand knowledge of 311 outreach team of available behavioral and mental health services.
Train key community members to identify the signs of depression, suicide and substance abuse, and link to resources.
Utilize web-based technology to increase awareness of social and emotional wellness, and behavioral and mental health services.</td><td>Desirable Outcomes
Current inventory of behavioral health services accessible to the public and providers.
Early identification of behavioral health and mental health needs.</td></tr>
<tr><td colspan="2">Objective: Remove barriers that cause underutilization of available behavioral health services in Montgomery County.</td></tr>
<tr><td>Key Actions
Integrate routine screenings for mental health and substance abuse into primary care, ambulatory, and community based services.
Promote co-located, community-placed hubs for coordinated care delivery, treatment, and prevention and support services
Increase access to expanded, routine services for mental health and substance abuse care.
Increase health literacy efforts.</td><td>Desirable Outcomes
Early identification of behavioral health and mental health needs.
Increased referral and treatment for mental health needs and substance abuse.</td></tr>
<tr><td colspan="2">Goal 2: Expand opportunities for behavioral health workforce development, continuing education and training.</td></tr>
<tr><td colspan="2">Objective: Improve the skills and performance of professionals in behavioral health and primary care settings to promote early identification of behavioral health needs and access to services.</td></tr>
<tr><td>Key Actions
Provide training for client-facing staff to improve early detection of behavioral health needs across the life span.
Educate prescribers on how to recognize, prevent, identify and treat opioid addiction and overdose.</td><td>Desirable Outcomes
Early identification of behavioral health needs.
Reduced opioid addiction and overdose.</td></tr>
</table>

• Improve clinical skills training to address alcohol and drug use among youth. • Facilitate continuing education and training for community health workers and health promoters.	• Decreased alcohol and drug use among youth.
Objective: Increase opportunities for future behavioral health professionals (Workforce Pipeline) through training, skill development, and cross-discipline training.	
Key Actions • Partner with local educational institutions to increase opportunities for student engagement, training, and recruitment. • Identify opportunities for culturally and linguistically diverse graduate students. • Promote clinicians training institute focused on evidence-based recovery and wellness practices for children and youth. • Partner with local educational institutions to provide training and field experience in cross- disciplinary treatment and service coordination.	**Desirable Outcomes** • Increased collaboration and partnerships with educational/training institutions. • Increased numbers of behavioral health professionals entering the workforce equipped to address the complex needs and diversity of the county.

Priority Strategy: Combined diet and physical activity promotion programs

Overview

As part of the 2016 Community Health Needs Assessment process, it was determined that chronic conditions could be addressed more effectively through combined diet and physical activity promotion programs. The four Healthy Montgomery priority areas representing chronic conditions are obesity, diabetes, cardiovascular disease and cancers.

The HMSC priority strategy to address these chronic health diseases is also a continuation of the work of the Healthy Montgomery Eat Well Be Active Partnership. The Eat Well Be Active Partnership is the obesity workgroup formed from the first community health improvement cycle that began in 2011.

The Chronic Disease Cluster Workgroup (CDCW) developed an implementation plan during an in-person, facilitated planning session. The CDCW included participants from various departments, agencies and hospital/health systems within Montgomery County.
The focus of this planning session was to address the underlying causes chronic diseases using the health equity, collective impact and triple aim frameworks.

The objectives and outcome indicators were developed with guidance from the 2016 Healthy Montgomery Community Health Needs Assessment, Healthy People 2020 goals and NACCHO's High Quality Community Healthy Improvement Process Guidance and Examples[5].

[5] National Association of County & City Health Officials (NACCHO). *Examples of High Quality CHAs and CHIPs*. Retrieved from http://archived.naccho.org/topics/infrastructure/CHAIP/guidance-and-examples.cfm

Priority Strategy: Combined diet and physical activity promotion programs (obesity, diabetes, cardiovascular disease and cancers)

Goal 1: Increase awareness about and decrease access barriers to preventive services.	
Objectives: 1) Increase the proportion of persons who have a specific source of ongoing care. 2) Improve health literacy, including patient and provider health insurance literacy. 3) Increase the number of tools that disseminate quality health information and available services.	

Key Actions
• Offer group and 1:1 education to needed preventive services
  ○ Cultural competency
  ○ Health literacy
  ○ Available services
  ○ Partnerships with community-based organizations, faith communities, etc.
• Increase dissemination and use of evidence-based, culturally competent, health literacy practices and interventions to include provider training and education materials and messaging
• Develop a tool/toolkit and disseminate in diverse setting and programs, health and safety information and information about health resources and services that is accurate, accessible, and actionable.
	Desirable Outcomes
	• Increased % of materials at appropriate reading level and culturally competent
	• Increased % of materials and messaging written in major languages of community
	• Increased numbers of providers trained in health literacy and cultural competence
	• Increased numbers of adults with routine check-up
	• Increased numbers of adults aged 50+ with colorectal screenings
	• Increased numbers of women with Pap Smear in 3 years
	• Increased numbers of adults and children who receive age appropriate screenings and preventive care
	• Increased numbers of adults diagnosed and treated for high blood pressure
	• Increased numbers of persons with primary care providers

Goal 2: Advance combined healthy eating and physical activity promotion programs for community residents.	
Objective: Increase the % of adults and children who meet or exceed the 2015 physical activity guidelines for health.	
Key Actions • Establish a partnership with the Alliance for a Healthier Generation to identify standards to meet/exceed physical activity guidelines for children in Montgomery County Public Schools (MCPS) • Expand affordable and accessible physical activity programs for working adults • Expand Move More Montgomery	**Desirable Outcomes** • Increased numbers of adults engaging in moderate physical activity • Increased student participation in physical activity in past week
Objective: Increase the proportion of overweight or obese adults who report a weight loss of 5-7% of body weight.	
Key Actions • Develop and distribute an inventory of physical activity, healthy eating, nutrition education, and nutrition counseling resources and encourage resources use • Expand Diabetes Prevention Programs • Promote balanced and healthy eating practices (i.e., making half of the plate fruits and vegetables, choose foods with less sodium, drink water instead of sugary drinks) • Provide nutrition education to help people recognize and make healthy food and beverage choices.	**Desirable Outcomes** • Increased numbers of adults and children who drink no soda or calorically sweetened beverages in a week • Increased student participation in physical activity in past week • Increased numbers of adults and children consuming 5+ servings of fruits and vegetables daily • Increased % of obese or overweight adults who lost 5-7% of body weight
Objective: Increase number quality and participation in employee wellness programs that promote physical activity and heal eating.	
Key Actions • Develop employee Wellness Standards based on Wellness Councils of America (WELCOA) model • Identify partnerships to expand EE Wellness programs	**Desirable Outcomes** • Increased number of employers who offer wellness programs • Increased numbers of employees participating in wellness programs

Objective: Increase consumption of fruits and vegetables in all Montgomery County residents.	
Key Actions: • Support SNAP/EBT benefits at all Montgomery County Farmers Markets • Support policy changes for healthy vending in all county spaces • Educate residents on nutritional value of food (Food is Medicine) • Encourage smaller food business to follow food labeling guidelines	**Desirable Outcomes** • Increased number of people consuming 5+ servings of fruits and vegetables daily • Increased number of people using SNAP/EBT at Farmers Markets • Increased number of restaurants using nutrition labels on menus
Goal 3: Enhance the built and social environment to support optimal health and well-being of community residents.	
Objective: Increase safe and active transportation environments that support physical activity.	
Key Actions: • Convene diverse partners and promote strong cross-sector participation in planning, implementing and evaluating community health efforts • Include training on assessing health impact within fields related to community planning and development (e.g., urban planning, architecture and design, transportation, civil engineering) and encourage innovation in designing livable, sustainable communities. • Create healthy environments that support people's ability to make healthy choices (e.g., smoke-free buildings, attractive stairwells, cafeterias with healthy options)	**Desirable Outcomes** • Increased access to safe public spaces and environments • Increased use of public transportation • Increase number of individuals trained on assessing health impact in community planning and community development fields • Use of health impact assessments in community planning and development fields
Objective: Increase use of nutrition standards for food and beverages and physical activity opportunities in early childcare settings.	
Key Actions: • Provide health education and advice to childcare providers • Leverage existing childcare resources • Provide center based early childhood education programs to improve educational outcomes that are associated with long-term health and improved social and health related outcomes	**Desirable Outcomes** • Increased number of children entering kindergarten with normal BMI • Increased number of early childhood centers that made systems change to improve nutrition or physical activity and children served.

Objective: Increase access to open spaces and natural areas.	
Key Actions: • Promote safe and more connected communities that prevent injury, violence and crime (e.g., designing safer environments, fostering economic growth) and provide safe shared spaces for county residents to interact. • Convene diverse partnerships and promote strong cross-sector participation in planning, implementing and evaluating community health efforts • Include training on assessing health impact within fields related to communing planning and development (e.g., urban planning, architecture and design, transportation, civil engineering, agriculture) and encourage innovation in designing livable and sustainable communities. • Identify gaps and barriers and bring different county agencies together to collaborate and align the different tasks and responsibilities of the agencies (e.g., sidewalks belong to DOT)	**Desirable Outcomes** • Increased residences located within 15 min. safe walking distance of an accessible safe open space or natural space • Increased number of bus stops or metro stops within ¼ mile of open space, park or natural space
Goal 4: Identify, define and coordinate partnerships to reduce gaps in services, promote policies, and improve systems that eliminate redundancies and leverage resources to improve health and wellbeing.	
Objective: Efficiently and effectively leverage multiple resources across the system of services and partners so that there is broad and collective actions towards priorities and goals.	
Key Actions: • Implement a Health in All Policies model • Expand the work of the Healthy Montgomery Steering Committee -- to include local health alliances and residents, and expand its multi-sector and multi-disciplinary capacity, so that it can more effectively conduct oversight, prioritize, implement and recommend health policies and practices.	**Desirable Outcomes** • Identification and development of overarching HiAP Board • Increased coordination and oversight of navigators/CHW programming and support structures • Increased ability of multi-sector body to leverage existing resources across systems.
Objective: Improve the quality and ease of use of a community resource database clearinghouse to include asset maps and searchability functions.	
Key Actions • Use data to identify high risk populations and county stat to map programs • Local health alliance leads utilize local asset mapping to overlay map from the above strategy	**Desirable Outcomes** • Increased utilization of InfoMontgomery/data clearinghouse

• Provide technical assistance guides to ensure quality and standardization of local asset map	• Increased end user satisfaction • Improved mechanism for data sharing, accessibility
Objective: Strengthen systems within the County that support community capacity building.	
Key Actions • Improve processes to ensure resident engagement • Promote neutral local organizations to lead local health improvement alliances • Support learning collaboratives and local health alliances	**Desirable Outcomes** • Increased coordinated education and outreach • Increased ability to advocate for the needs of the community • Establish standards for community engagement
Objective: Enhance existing network(s) of navigators and community health workers (CHW) to guide residents to services and health and wellness resources.	
Key Actions • Determine the activities navigators/CHW apply with their core competencies • Assemble list of best practices for executing navigator/CHW work • Monitor and assess impact of CHW/navigators • Encourage communication amongst CHWs/navigators • Disseminate best practices	**Desirable Outcomes** • Increased number of people assisted and able to access resources. • Increased number of trained navigators/CHW • Established best practices among navigators and CHWs.

Measurement and Evaluation Framework

The Measurement and Evaluation Subcommittee will provide a measurement and evaluation framework to address priorities identified in the CHIP. The strategies will include clear, specific, realistic, and action-oriented goals and measures for tracking results. For each of the three key priority strategies, process and outcome indicators for short-, medium-, and long-term goals and objectives will be developed.

To align with previous data collection efforts and gather meaningful trend data on community indicators, the metrics from the Healthy Montgomery Core Measures [Figure 1] will be incorporated to the extent possible.[6] The Healthy Montgomery Core Measures contains 37 measures that represent the 6 Healthy Montgomery priority areas. These measures also:

- Capture key social determinants of health in Montgomery County;
- Establish alignment with Montgomery County's 6 not-for-profit hospital's individual Community Health Needs Assessments and related Implementation Plans;
- Highlight known disparities and/or inequities that can be reduced and/or eliminated;
- Include metrics that are part of the Maryland State Health Improvement Process (MD SHIP), the Robert Wood Johnson's County Health Rankings, as well as the Healthy People 2020 Benchmarks.

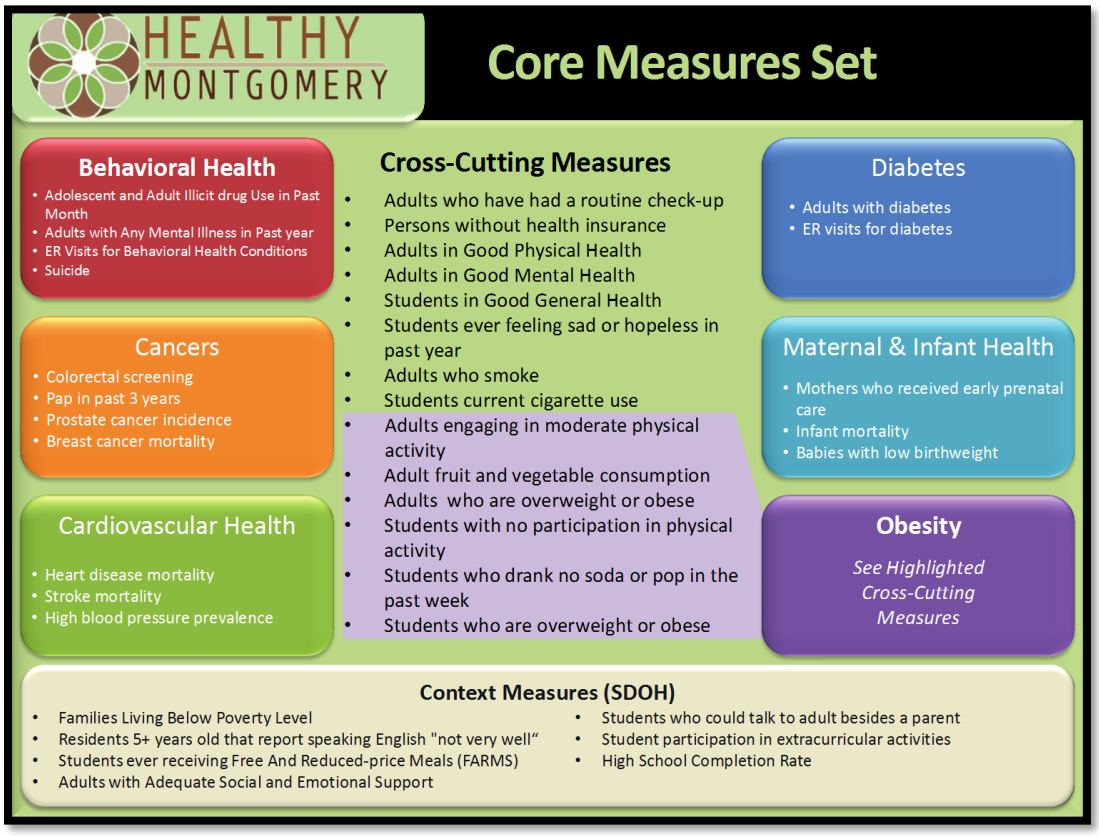

Figure 1. Healthy Montgomery's 37 Core Measures

[6] Montgomery County Department of Health and Human Services. *Healthy Montgomery Core Measures Set Report*. May 6 2016. Retrieved from www.healthymontgomery.org

The measures are maintained and updated as more recent data become available to allow comparisons among population sub-groups and benchmarking to state and federal efforts (including MD SHIP goals, Healthy People 2020 benchmarks). The desired outcomes and indicators were developed with guidance from the 2016 Healthy Montgomery Community Health Needs Assessment, Healthy People 2020 Goals, and the National Association for City and County Health Official's (NAACHO) High Quality Community Health Improvement Process Guidance and examples.

Consideration of the broader array of the determinants of health, in addition to healthcare and public health, provides a more complete and comprehensive picture on the health of the community and the implementation of the CHIP. Data-driven and evidence-based measures will support monitoring of the intended outcomes. Sources of data, timeframes, and other measure-specific attributes for measurement will be specified for all indicators. Assessments on short-term goals will be performed over 1-2 years, followed by 2-4 years for intermediate goals, and long-term goals subsequently.

The CHIP Measurement and Evaluation framework will monitor how well Healthy Montgomery actions outlined in the plan (*process evaluation*) are implemented and whether the community health is improved through actions (*outcome evaluation*). The strategy for measurement and evaluation will be re-evaluated throughout implementation, and the revisit of process and actions in the CHIP will follow accordingly [Figure 2].

The M&E Subcommittee will work with each priority strategy workgroup to support evidence-based strategies and accountability for action, and develop performance measures to monitor progress and outcomes. The subcommittee will re-visit each indicator to assess the following[7]:

- ✓ *Are we doing what we said we would do?*
- ✓ *Are our activities generating the outcomes we want to see?*
- ✓ *Is the achievement of our objectives leading to our goals?*
- ✓ *Is the achievement of our goals addressing our strategic issues?*
- ✓ *Is the achievement of our strategic issues leading to our vision?*

Partners and community members will participate in monitoring and evaluation activities such as reviewing data and sharing information with the community. Through monitoring and evaluation, the CHIP implementation team can assess if overall community health is improved.

[7] National Association of County & City Health Officials (NACCHO). CHA/CHIP Demonstration Sites Strategy-Sharing. Monitoring, Evaluating, and Reporting on CHIP Implementation. May 28, 2013. Retrieved from http://www.naccho.org/uploads/downloadable-resources/CHIP-Monitoring-and-Evaluation-TA-and-Training-052813.pdf

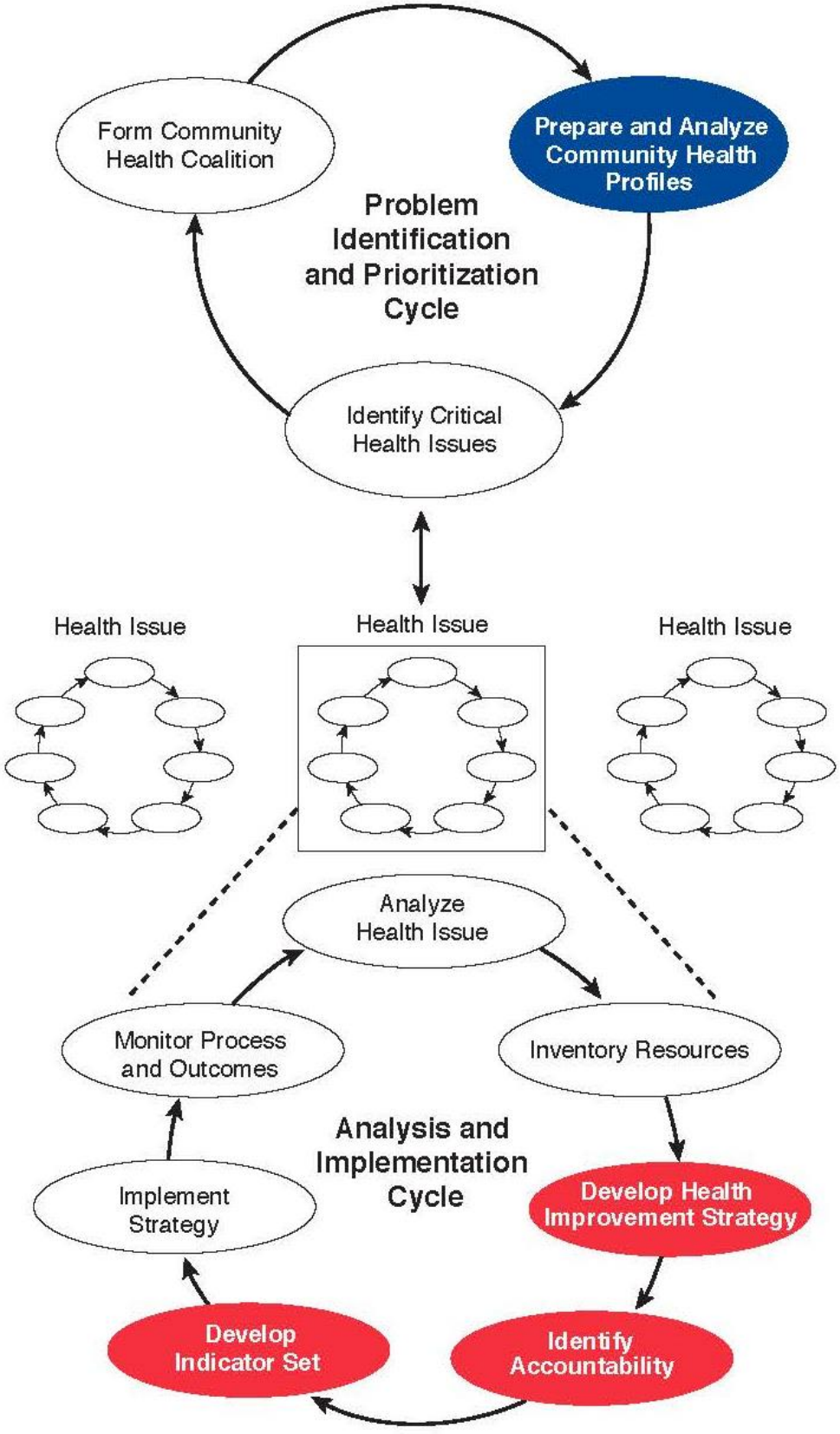

Figure 2. Community Health Improvement Process (CHIP). Adapted from Improving Health in the Community, a Role for Performance Monitoring. Institute of Medicine. 1997.