**North Central Health Partnership**

**Community Health Plan**

**COH Grant Content Review**

**December 2014**

**(1) COMMUNITY EMPOWERMENT AND ACCOUNTABILITY**

* How do we define community? Definition of community is described at multi-levels. Community is described at the regional level, the county level and at the township level and even at the neighborhood level. Additionally, it is also defined by community groupings such as a church community or the Latino community.
* What makes a community a healthy community? Descriptors include: Collaborative, inclusive, by social determinants of health, from a prevention focus and intervention of chronic diseases, other components of healthy community include the built environment, a culture of health, and it is still dominated by the impact of medical and mental health services and impact. Oral health has remained minimally mentioned so far.
* How do we engage our communities and the individuals in order to build a culture of health?
	+ *Need to identify and leverage the values of individuals, groups, employers, etc.*
	+ *Define health…driven by values of (of individual and community)*
	+ *Inventory and support for synergies of health improvement initiatives*
	+ *Leverage upstream prevention models/best practices*
	+ *Build on current interventions on chronic diseases – focus, integration, care coordination*
	+ *Consider packaging of incentives (not just financial) also leveraging values shared*
	+ *Identify multiple and diverse means to participation and engagement*
* How do we insure multi-sector participation?
	+ ***Sectors Identified: Hospitals, Healthcare Providers, Public Health, Housing, Food Systems, Community & Faith-based Orgs, Social Services, Transportation, Local Government, Education, Philanthropy, Tribes, Consumers, Business, Built Environment, Other??***
	+ *Build TRUST, use transparent communication/inclusive structure*
	+ *Neutral conveners and facilitation*
	+ *Tap into community resources for soc. Determinants of health*
	+ *Explore multi-payer alliance that minimize dis-incentives to participation*
	+ *Leverage data/collaboratively identify and define measures*
* Collaborative interpretation/collection of data (Refer to #4 on back)
	+ Collection of Primary Data…seek support including financial
	+ Engage institutional data sources
	+ Community Health Needs Assessment
	+ Relationship with Wash. Health Alliance All-Payer Database
* How will county coalitions be coordinated and sustained? Coordination: Convened and led by Public Health; agenda driven by the collective engagement of multi-sector stakeholders; Staffing by backboned organization at the county and regional ACH levels

Sustain: Payer incentives; membership dues?; promote entrepreneurship efforts for health

* What is the county leadership structure moving forward? County Public Health as convener of county ACH coalition with multi-sector engagement
* Alignment with state innovation initiatives (Deb’s content)

**(2) PRACTICE TRANSFORMATION SUPPORT (This is driven by Medical providers; Mental Health & payers)**

* *Trust/communication/inclusive/structure*
* *Neutral conveners and facilitation*
* *Leverage data/collaboratively identify and define measures*
* *Collaborative interpretation of data*
* *Alignment with state innovation efforts*
* *CHNAs*
* *Engagement*
* *Regional Collaborative Structure (Jesus)*
* *Alignment with state innovation strategies*
* *Identifying and facilitating retraining needs*
* *Community Health Workers/Other*
* *Wenatchee Valley College/other?*

**(3) PAYMENT REDESIGN**

* What is the desired relationship with the payers?
	+ Facilitate contracting models
	+ Practice workflow changes and realignment
	+ Engage non-traditional partners in health
	+ Integration of current public investments in social determinants of health

**(4) ANALYTICS, INTEROPERABILITY AND MEASUREMENT**

* What are the local community priorities? What common data will inform progress toward a culture of health?
	+ *Community Health Needs Assessment*
	+ *Relationship with Wash. Health Alliance All-Payer Database*
	+ *Community Health Impact Assessments*
	+ *Alignment with state innovation partners*
	+ *Community Health Impact Assessments*

**(5) PROJECT MANAGEMENT (Refer to DRAFT Governing Model)**

* What is the role of the NCHP ACHO? How large should this body be?
	+ *Define Accountable, Community, Health, the ACH purpose, and scope of work*
	+ *Regional Collaboration*
	+ *Governance Framework*
	+ *Local Leadership and ownership of community health*
* What is the scope of work/role of the backbone organization? What expertise/capacity is necessary to carry out the work? How will this organization function be sustained?
* Where do local priorities align with regional priorities?
* How does the group ensure geographic and multi-sector representation?