

## Office of Equity & Quality Improvement Focus on: Community Health Improvement Plan

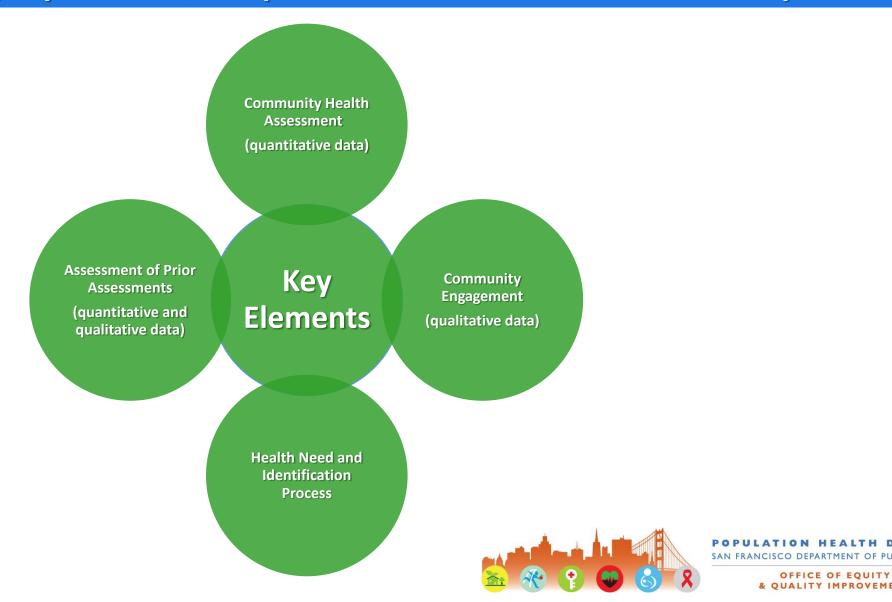
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San Francisco Health Commission,
Community and Public Health Committee
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### Three ongoing processes and requirements for Public Health Accreditation



### Community Health Assessment: Identifies key health needs and issues in San Francisco through systematic, comprehensive data collection and analysis



# Purpose of Community Health Needs Assessment

- Health Care Service Master Plan
- Hospitals' Community Benefits Plan
- Hospitals' Community Health Needs Assessment
- Public Health Accreditation
- Community Health Improvement Plan



## Community Prioritized Health Needs

Access to Care

 Health Eating and Physical Activity

Behavioral Health



# What is the Community Health Improvement Plan (CHIP)?

"It's the implementation Plan for SFHIP Partners"

Community Health Assessment

Community
Health Needs
Assessment

Community Health Improvement Plan



SAN FRANCISCO COMMUNITY Health Improvement Plan

\* December 2012 \*

\*\*December 2010 \*

\*\*Proport can be made on a reason distable reports.

\*\*The report was not reproduced at public reports.

DPH Strategic
Plan/Funding
Priorities

Philanthropy Funding Priorities Hospitals for Community Benefits Community & Partners to see Health Priorities and actions

### Process steps for completing the SFHIP Implementation Plan

Developed criteria for the development of the SFHIP Implementation Plan



 Identified data sources (indicators) for each of the health objectives identified that can be stratified by issues of equity and can be matched to a relevant state or national standard



ullet Identified health goals that align with the prioritized health needs ullet



- Identified baseline data and citywide improvement targets for each objective stratified by issues
  of equity
- Identified and aligned indicators with current collective impact initiatives



Identified partners that are currently working on the health indicator (



Identified linkages and networks that should be connected to work on the health indicators





### Overarching Goals

- Foster physical, emotional and mental wellbeing
- Prevent complex chronic diseases
- Coordinate services and care that are culturally and linguistically appropriate across the continuum





### **Health Indicators for Access to Care**

- Increase the rates of African American, Asian, & Latino public school kindergarteners who have not experienced dental carries
- Decrease the rates of preventable hospitalizations among African American and residents from the Tenderloin, SOMA and Bayview due to ambulatory care sensitive conditions – chronic composite

### Health Indicators for Healthy Eating and Physical Activity

- Decrease the number of pregnant women on Medi-Cal who are food insecure
- Decrease the number of seniors waiting more than 30 days for a home delivered meal
- Increase the number of African American, Latino Native Hawaiian and Pacific Islander public school 7<sup>th</sup> graders meeting 6 of 6 Healthy Fitness Zone standards



### Health Indicators for Behavioral Health

- Decrease the rates of adult hospitalizations for major depression among African American, transitional aged youth, middle aged and residents in the Tenderloin & SOMA
- Decrease the rates of emergency room rates due to alcohol abuse among middle aged and residents in the Tenderloin & SOMA
- Decrease the rates of African American, Latino and under 1 year old children experiencing child maltreatment





### Vision Healthy People, Healthy Families, Healthy Communities for San Francisco

<u>Mission</u>					
Mobilizing San Francisco and resources to eliminate health disparities and inequities					
Health Equity: Providing opportunities for all San  Franciscans to enjoy highest level of health  organizations			ues agement: Partner d community based support health and being	·	
Priority Health Needs					
Behavioral Health	Access to Care		are	Healthy eating + physical activity	
<ul> <li>Prevent complex chronic diseases</li> <li>Coordinate services and care that are</li> <li>Adult hospitalizations for major depress</li> <li>▼ among AA, transitional aged youth, midaged and residents in the Tenderloin &amp; SOMA</li> </ul>	ssion ddle	AA, Asian, & Latino public school kindergarteners who have not experienced dental carries		Pregnant women on Medi-Cal who are food insecure	
Emergency room rates due to alcohol a among middle aged and residents in the Tenderloin & SOMA				Seniors waiting more than 30 days for a home delivered meal	
Rates of AA, Latino and under 1 year old children experiencing child maltreatment		Bayview due to ambulatory care sensitive conditions – chronic composite		AA, Latino Native Hawaiian and Pacific Islander public school 7 <sup>th</sup> graders meeting 6 of 6 Healthy Fitness Zone standards	
Strategic Approaches					
Policy	Policy Partnerships		Linkages & N	Networking	Initiatives

### Next steps

- Complete the list of linkages and networks that should be connected to work on the health indicators-August 18, 2016
- Complete targets for each objective stratified by issues of equity-September 15, 2016
- Finalize and approve the SFHIP Implementation Plan-September 15, 2016
- Approval from Health Commission (anticipated Fall 2016)
- Develop actions plans for implementation

