The District of Columbia
Healthy Communities
Collaborative

CREATING A CULTURE OF HEALTH

IN THE DISTRICT OF COLUMBIA

CONTENTS

A LETTER TO THE COMMUNITY

In 2013, the District of Columbia Healthy Communities Collaborative (DCHCC or Collaborative) released our first community health improvement plan (CHIP) with a goal to improve population health through collaboration and community engagement and to demonstrate our success through measurable outcomes. In our first round of working together on a community health needs assessment (CHNA) and CHIP, we had both successes and lessons learned which we have applied to our 2017-2019 CHIP.

We are excited to share this CHIP with the residents of the District of Columbia. In our 2016 CHNA we made the conscious decision to shift from focusing on individual clinical conditions to larger social determinants of health that affect a wide range of health and quality-of-life outcomes as identified by our communities' perspective. The four community priorities that emerged from the CHNA are Mental Health, Place-Based Care, Care Coordination, and Health Literacy. To address these larger social determinants of health, our CHIP strategies shifts from a list of individual clinical interventions to broader policy, systems, and environmental changes that really begin to address the root causes of health and wellness in the District of Columbia. It is our hope that you read the CHIP and feel inspired to join us in our efforts to address these core issues impacting population health.

The Collaborative extends its gratitude to those community members who provided valuable input and feedback by participating in our many focus groups and information gathering sessions during the development of the CHNA and CHIP. We would like to also thank the continued support of the steering committee members, the Department of Health, and the Community Advisory Board who have provided critical resources and input as we put this plan together.

Thank you for taking the time to read this plan and for your interest in improving the health of our District of Columbia communities.

Angelica Journagin, JD, MHA
Chairperson, District of Columbia Healthy Communities Collaborative
Unity Health Care, Inc.

COMMUNITY HEALTH PRIORITIES AND HEALTH IMPROVEMENT GOALS

The DCHCC developed this community health improvement plan (CHIP) with the goal to create a culture of health for all DC residents over the next three years. Based heavily on the perspectives of our communities, this document includes specific improvement strategies within each of the following four priority community needs that emerged from the community health needs assessment (CHNA).

CHNA PRIORITIES

Mental Health
Prevention and treatment of psychological, emotional and relational issues leading to higher quality of life

Place-based Care
Care options that are convenient and culturally sensitive

Care Coordination
Deliberate organization of patient care activities & info sharing protocols to achieve safer, more effective care

Health Literacy
Ability to obtain, process, and understand basic health information to make appropriate health decisions

CHIP GOALS

Improve access to mental health services

Partner to bring convenient and culturally sensitive care options to the community

Support the deliberate organization of patient care activities and information sharing protocols among health care providers, government agencies, and community based organizations

Improve health literacy or the ability to obtain, process, and understand basic health information and services

INTRODUCTION

Established in January 2012, the DC Healthy Communities Collaborative (DCHCC or Collaborative) membership consists of District of Columbia (DC) hospitals and community health centers. The Collaborative was formed out of a desire of health care providers to combine efforts and resources to assess and address community needs in a data-driven, community-engaged manner. The Collaborative membership includes four DC hospitals (Children's National Health System (CNHS), Howard University Hospital (HUH), Providence Health System (PHS), and Sibley Memorial Hospital (SMH); four community health centers (Bread for the City (BC), Community of Hope (CH), Mary's Center (MC), and Unity Health Care (UHC)); and two associations (DC Hospital Association and DC Primary Care Association). The DC Department of Health is a guiding partner and supporter of the Collaborative.

The impetus for this plan is driven by the Patient Protection and Affordable Care Act of 2012 (ACA) that requires 501(c) (3) not-for-profit hospitals to conduct a CHNA every three years and responds to the needs identified in the CHNA with an implementation strategy or what DCHCC calls a Community Health Improvement Plan . While the impetus to come together in DC was born of compliance requirements, the Collaborative is truly investing in community health initiatives that address community needs – with the ultimate goal of creating a culture of health and improving health and wellness.

For the purpose of this plan, we define our community geographically (as residents within the city boundaries of DC) and specifically those populations served by the local DC hospitals and community health centers.

2016 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

For the 2016 CHNA – the second CHNA led by the Collaborative – the DCHCC made the deliberate decision to bring the assessment "in-house" instead of contracting it to an outside entity. This gave the Collaborative more ownership of the process, and most importantly, allowed for stronger engagement with our community stakeholders.

Over an 18-month period (September 2014 through March 2016), the Collaborative worked to design the assessment, collect and analyze data, meet with community stakeholders, and draft the final report. We used a mixed-methods approach – a combination of qualitative and quantitative data – to provide a balanced and comprehensive view of health and well-being for DC residents.

Our qualitative data consisted of semi-structured dialogues with community stakeholders to obtain their perspectives on health in DC. Data were collected through a series of interviews, focus groups, online surveys, and town hall meetings. Our assessment team included trained qualitative researchers who provided guidance about the qualitative research methods, led the data collection, and conducted structured analysis of the large volume of community data.

Our quantitative data consisted of Census population data, health status and behavior survey data, surveillance reports, and health care provider administrative data. A large amount of the qualitative data was obtained from our DC Health Matters web portal that serves as a clearinghouse of community health metrics and related data.

A complete copy of our 2016 CHNA can be found on our website: DC Health Matters (www.dchealthmatters.org).

COMMUNITY HEALTH PRIORITIES SELECTION PROCESS

Analysis of the qualitative and quantitative data revealed a list of pressing health needs. Acknowledging the importance of each need, the Collaborative used a structured process –a modified Hanlon method – to prioritize needs that would be the focus of our community health improvement initiatives.

PRIORITIZATION CRITERIA:

1

IMPORTANCE TO OUR COMMUNITY

2

CAPACITY TO ADDRESS

3

ALIGNMENT WITH ORGANIZATIONAL AND CITYWIDE MISSION

4

STRENGTH OF EXISTING INTERVENTIONS/ COLLABORATIONS

The Hanlon method is a widely used and referenced qualitative tool that ranks health-related needs based on select weighted criteria. The goal of this method was to identify and compare the list of community-defined needs in a relative framework, as equally as possible, and in a somewhat objective manner.

In our analysis, nine community-defined needs emerged: care coordination, food insecurity, place-based care (bringing care to the community), mental health, health literacy, healthy behaviors, health data dissemination, community violence, and cultural competency. While the Collaborative recognized the importance of all nine-community defined needs, we selected priority community needs using a structured prioritization process. The four priority needs with the highest score were: mental health, place-based care, care coordination, and health literacy.

For the community needs not addressed through the CHIP, individual DCHCC organizations may include them in their individual organization's community health improvement plans, if applicable. Through the prioritization process, the Collaborative considered the levels to which some needs were already being addressed by existing collaborations and/or interventions and if our member organizations had the capacity and/or expertise to address the issue. For the community needs of cultural competence, food insecurity, healthy behaviors, and health data dissemination, the Collaborative recognized there are other organizations or local government agencies with existing programs to address these needs. For community violence, the DCHCC lacks the relative expertise or competencies to address this need.

CREATING A CULTURE OF HEALTH – POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE APPROACH

The DCHCC's 2016 CHNA was a shift from a focus on individual clinical conditions to larger social determinants of health that affect a wide range of health and quality-of-life outcomes. In order to achieve this shift in direction, we placed a much larger emphasis on having our community's perspective to shape this work. To create a culture of health, the DCHCC made the decision to use a population health framework for our CHIP that focuses on policy, systems, and environmental (PSE) change instead of focusing on individual health programs or diseases.

The idea of using PSE change approaches to address social determinants of health came out of the work of the Center for Disease Control and Prevention (CDC)'s National Expert Panel on Community Health Promotion[1]. Specifically, PSE is a way of addressing the root causes within a society or environment for why communities are unable to make healthy choices.   Policy change includes passing laws, ordinances, resolutions, and rules through a variety of institutions including government agencies, schools, and health care organizations. Systems change works closely with policy change but instead impacts the rules within an organization[2]. Environmental changes are structural modifications to the physical environment, such as installing bike signage on an established bike route. By changing laws, internal organizational processes, and shaping physical landscapes, we can impact the well-being of our communities. This is a unique opportunity to harness the collective impact of the DCHCC to make sustainable change in DC.

> ## POLICY, SYSTEMS, AND ENVIRONMENTAL CHANGE
>
> Policy, systems, and environmental (PSE) change is a way of modifying the environment to make healthy choices practical and available to all community members.

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1 Comprehensive Cancer Control National Partnership. Policy, Systems, and Environmental Change Resource Guide. http://mncanceralliance.org/wp-content/uploads/2015/06/PSE-Resource-Guide.pdf

2 Communities Putting Prevention to Work. What is 'Policy, Systems, and Environmental Change'?. http://www.cookcountypublichealth.org/files/CPPW/PSE%20Change.pdf

DCHCC COMMUNITY HEALTH IMPROVEMENT GOALS AND STRATEGIES FOR 2017-2019

To address the four priority areas identified in the CHNA, the Collaborative has identified the following CHIP goals:

Mental Health: The Collaborative will improve access to mental health services.

Place-Based Care: The Collaborative will partner to bring convenient and culturally sensitive care options to the community.

Care Coordination: The Collaborative will support the deliberate organization of patient care activities and information sharing protocols among health care providers, government agencies, and community based organizations.

Health Literacy: The Collaborative will improve health literacy or the ability to obtain, process, and understand basic health information and services.

To accomplish the above goals, DCHCC conducted several workshops, community input forums, and surveys to identify best practices, internal/external expertise, resources, and alignment with local and national health priorities, like the DC Department of Health's DC Healthy People 2020 framework. As a result, the Collaborative has identified the following nine strategies to address mental health, place-based care, care coordination, and health literacy with a respective lead and collaborating organization(s). The nine strategies are a reflection of DCHCC's organizational readiness factors including identified resources available, in-house expertise, and linkage to existing institutional priorities.

PRIORITIES		STRATEGIES	LEAD ORGANIZATION	COLLABORATING ORGANIZATIONS
MENTAL HEALTH	1	Advocate for a District-wide capacity assessment and evaluation of mental health services for adults and children.	CNHS, PHS	MC, HUH, SMH, UHC
	2	Increase capacity by addressing the recruitment, retention, accessibility, competency, and workforce roles.	CNHS, MC	CH
	3	Advocate for policy level solutions to improve our ability to provide mental health prevention activities and screenings and for equitable distribution of mental health services in DC.	CNHS, UHC	MC, PHS
	4	Improve care coordination for mental health and substance abuse co-occurring conditions through facilitation of direct hand-offs to the next level of care and tracking of referrals between systems	PHS	HUH
PLACE-BASED CARE	1	Advocate for financial incentives to increase the availability of convenient and culturally sensitive health and human services in Wards 7 and 8.	UHC	CH
	2	Advocate for integration and reimbursement of community health educators/workers/promoters in health care settings and community based settings.	MC	CH, CNHS DCPCA, UHC
CARE COORDINATION	1	Improve identification of resources by collaborating with community based organizations, government agencies and health care organizations and expanding use of community asset maps.	CNHS	HUH, MC, PHS, SMH
HEALTH LITERACY	1	Collaborate with other health care organizations, government agencies, and community based organizations to increase public awareness around health literacy and health system navigation, using best practice approaches.	SMH	MC
	2	Develop internal system changes to improve health literacy.	MC	CNHS, PHS
CROSS-CUTTING ALL FOUR PRIORITY AREAS	1	Provide small community grants to local organizations aiming to support Collaborative efforts that address the four priority areas in communities of high need around policy, systems, and environmental change.	SMH	CNHS

For each strategy, lead organization(s) are identifying what resources each organization needs to invest, what activities each organization needs to accomplish, key partners, and what outcomes each organization plans to accomplish. Collaborating organizations are supporting lead organization(s) to achieve the stated objectives. Although all DCHCC organizations may not be listed as a lead or collaborating organization, they are supporting strategy implementation efforts by providing continuous feedback and subject matter expertise. Also, many of the following strategies support the DC Department of Health's DC Healthy People 2020 and the DC Primary Care Association's community health improvement efforts and the Collaborative plans to partner with them. A summary of the DCHCC's goals, strategies, activities, and outcomes are provided in the following four sections.

MENTAL HEALTH

The World Health Organization defines mental health as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. Mental health services are provided by government, professional, or community organizations to aid in the prevention and treatment of psychological, emotional, and relational issues as well as access to therapy and psychiatry services.

Several mental health indicators described in the CHNA revealed that the prevalence of mental health diagnoses is high with large disparities across place and race. More than 20 percent of DC adults are diagnosed with depression and about 15 percent of children considering suicide. In addition, while heavy drinking is twice as prevalent among White DC residents (11.7% versus 2.6% for Black residents), tobacco use is three times more prevalent among Black DC residents (28.4% versus 9.9%). A pervasive sentiment among community stakeholders was that mental health is an underlying determinant of health that needs to be addressed broadly at the policy level while community organizations work to address individual resident needs.

GOAL
The Collaborative will improve access to mental health services.

Strategy 1: Advocate for a District-wide capacity assessment and evaluation of mental health services for adults and children.

Summary of Activities:
- Conduct environmental scan of recent District-wide mental health services need assessments
- Convene stakeholder group meetings to review existing DC mental health services, access and quality indicators
- Conduct ongoing data scan to identify gap areas to inform short-term policy changes
- Draft strategy document with recommendations on what to include in a mental health capacity and evaluation assessment with financial cost estimation
- Develop outreach messages to educate philanthropy, government officials, and community members about the need to complete this assessment
- Engage foundations to identify funding opportunities to complete a District-wide capacity and evaluation assessment

Summary of Outcomes:
- Greater awareness of current mental health service needs for adults and children living in the District
- Improved understanding of which access and quality indicators should be included in a capacity and evaluation assessment
- Secured support to complete a District-wide mental health services capacity and evaluation assessment
- Adoption of rules, policies, procedures at government and/or organizational levels

Strategy 2: Increase mental health workforce capacity by addressing the recruitment, retention, accessibility, competency, and workforce issues.

Summary of Activities:
- Conduct environmental scan of recent District-wide mental health workforce training needs
- Develop and implement mental health trainings
- Advocate for local policy changes that address mental health workforce capacity
- Ensure cultural sensitivity and mindfulness is integrated throughout efforts

Summary of Outcomes:

- Improved knowledge of mental health workforce training needs
- Improved access and quality of mental health services
- Reduced number of mental health crisis incidences
- Increased reimbursement of mental health services

Strategy 3: Advocate for policy level solutions to improve equitable distribution of mental health services.

Summary of Activities:

- Establish inventory of frequently used prevention activities and screenings in DC, along with evidence-based activities that are not currently employed
- Assess current policy governing these activities and identify policy solutions not implemented at present
- Advocate for policy solutions to best improve mental health prevention activities and screenings

Summary of Outcomes:

- Change in policies governing mental health prevention activities and screenings, that could include, but not limited to, changes in:
  - DC legislation
  - DC regulations
  - Managed Care Organizations policies
- Increased mental health prevention programs, screenings and workforce capacity
- Increased mental health wellness

Strategy 4: Improve care coordination for mental health and substance abuse co-occurring conditions through facilitation of direct hand-offs to the next level of care and tracking of referrals between systems.

Summary of Activities:

- Implement the Assessment and Referral Center (The ARC)
- Develop a process assessment tool to determine whether or not intended outcomes are being achieved and how the ARC can be improved.

Summary of Outcomes:
- Implementation and improved awareness of the ARC
- Advocated for policy and system changes to improve mental health care coordination
- Utilization of clinical data from end of year 1 to assess process of care coordination for mental health and behavioral health patients
- Improved care coordination for mental health care

PLACE-BASED CARE

Bringing care to the community – also known as place-based care – means providing care options that are convenient and culturally sensitive.

During the CHNA process, many community residents expressed the importance of delivering educational, preventive, and clinical resources to convenient locations outside of traditional medical practices, such as community centers, schools, churches, and other nontraditional locations. One town hall attendee stated that "We need to bring services to people and meet them where they are."

GOAL
The Collaborative will partner to bring convenient and culturally sensitive care options to the community.

Strategy 1: Advocate for financial incentives to increase the availability of convenient and culturally sensitive health and human services in Wards 7 and 8.

Summary of Activities:
- Assessment of current capacity of providers in Wards 7 and 8 to identify gaps in care, and identify financial barriers for providers to provide care
- Analysis of appropriate policy solutions to address gaps in care
- Work with community organizations to advocate for these policy changes

Summary of Outcomes:
- Change in policies governing financial incentives for providers in Wards 7 and 8 that could include, but not limited to, changes in:
  - DC legislation
  - DC regulations
- Increase in needed services and providers in Wards 7 and 8

Strategy 2: Advocate for integration and reimbursement of community health educators/workers/promoters in health care settings and community based settings.

Summary of Activities:
- Research best practice models and feasibility studies on cost effectiveness
- Research and document the current use of health educators/workers/promoters within DCHCC members and its community advisory board
- Participate in dialogue of best practice models and value based payment reform milestones
- Develop a policy statement supporting systems, environment and policies that would allow for integration and reimbursement of community health educators/workers/promoters in health care, community based settings, and other non-traditional locations.

Summary of Outcomes:
- Increased knowledge of best practices, strategies, and cost of the integration and reimbursement of community health educators/workers/promoters
- District level discussion and the development of a policy statement
- Increased number of patient centered medical homes
- Decreased hospital stays and emergency department utilization

⊕ CARE COORDINATION

Care coordination involves deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.

The CHNA reported that one in five community stakeholders identified the need for enhancing care coordination as a means to improve population health in DC. Complexity of the health care system and lack of coordination between health and social services were identified as contributing to community members' difficulties accessing health care services.

GOAL

The Collaborative will support the deliberate organization of patient care activities and information sharing protocols among health care providers, government agencies, and community based organizations.

Strategy 1: Improve identification of resources by collaborating with community based organizations, government agencies and health care organizations and expanding use of community asset maps.

Summary of Activities:
- Identify resource connection tool that connects residents to health and social resource needs (i.e., housing, transportation, food security)
- Pilot resource connection tool and evaluate usage and effectiveness of connecting residents to social resource needs
- Spread resource connection tool and community asset maps

Summary of Outcomes:
- Increased knowledge and awareness of health and social resource needs and how to connect residents to services
- Improved integration of health and social services
- Improved relationship between patient, health care professionals, and social services agencies
- Increase access to services related to social resource needs.

⊕ HEALTH LITERACY

Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy requires a complex group of reading, listening, analytical and decision-making skills, and the ability to apply these skills to health situations.

DC community stakeholders indicated that low health literacy is a significant concern and that it can affect overall health outcomes and result in lack of access to and awareness of supportive services. The CHNA reported that more than 20 percent of residents in Wards 1, 2, 3, and 4 speak a second language at home. The health care system is difficult to navigate for native English speakers, thus, even more difficult when English is not the primary language.

GOAL

The Collaborative will improve health literacy or the ability to obtain, process, and understand basic health information and services.

Strategy 1: Collaborate with other health care organizations, government agencies, and community based organizations to increase public awareness and education around health literacy and health system navigation, using best practice approaches.

Summary of Activities:
- Educate on top 5 health conditions that present in ED:
- Educate consumers on how to access and utilize health insurance
- Educate on health insurance, medical specialties, and available resources
- Pre-Post test data collected and analyzed
- Summary report generated

Summary of Outcomes:

- Improved attitudes about preventive care
- Learned and explained how to access and utilize health insurance
- Defined and recognized health insurance terminology
- Understand and identify the differences between various medical specialties
- Compared and contrasted primary care, urgent care, and emergency department care in terms of medical capability, patient needs, and appropriate use
- Identified resources that encourage, support, and maintain positive health behaviors

Strategy 2: Pilot internal system changes to improve health literacy

Summary of Activities:

- Develop health literacy questions for providers to assess a patient's health literacy at a federally qualified health centers and hospitals
- Train federally qualified health centers and hospital staff on best health literacy strategies
- Evaluate questions and training, and disseminate findings

Summary of Outcomes:

- Staff and clinicians gained a better understanding of their patients' health literacy level and use appropriate literacy levels when communicating with patients
- Patients are more compliant with medical instructions
- Patients' health outcomes improved

CROSS-CUTTING ALL FOUR PRIORITY AREAS

Strategy 1: DCHCC will provide small community grants to local organizations aiming to support Collaborative efforts that address the four priority areas in communities of high need around policy, system, and environment change.

Summary of Activities

- Create a request for application (RFA) that defines the selection criteria and conveys the importance of alignment with the CHNA priority areas, scalability of programs/services, and policy and systems related approaches to community health improvement
- Announce and award grants
- If appropriate, pair grantees with DCHCC government affairs experts to help advance policy related approaches related to the grantees area of focus
- Request a report on grant activities and findings

Summary of Outcomes

- Policy and systems related changes that address socioeconomic determinants of health within each grantees area of focus

EVALUATION

The DCHCC CHIP has prioritized the shift from health programs to policy, systems, and environmental changes, enabling the DCHCC to have an impact beyond each of the DCHCC's individual patient population. Health programs and interventions will continue to be a valuable piece of the puzzle, as they empower individual residents to make healthy choices. The focus on policy, systems, and environmental change will increase the DCHCC's impact on population health, as reflected in the nine strategies among the four priority areas. Through collective efforts, DCHCC aims to address socioeconomic factors by ensuring the equitable distribution of convenient and culturally sensitive health services for all DC residents.

Through implementing policy, systems, and environmental strategies to address the CHNA priority areas, the Collaborative anticipates the following positive impact and improvement in population health:

- Improvement in health care delivery systems, including a health care workforce better trained in health literacy and in mental health and delivering care in the community;

- More appropriate use of health resources, including a reduction in unnecessary hospital admissions and use of some hospital services, including emergency department visits, and an increase in use of culturally appropriate primary and specialty care; and

- Long-term goals to improve community health status, including reduction in health disparities and reduction in disease, and a shift in a culture that values health for everyone.

These improvements will be evaluated through review and monitoring of existing data sources, which may include, but are not limited to:

- Internal hospital and community health center data, including quality metrics, patient and community satisfaction, inpatient and outpatient service data;

- Surveys and key informant interviews with providers and community residents;
- Reports from government, state and city agencies, which may include: Department of Health, Department of Behavioral Health, and Department Health Care Finance, DC Schools, CDC (including Youth Risk and Behavior Survey data); and
- Policy briefings, policy implementation indicators, measuring degree of implementation; and
- Data available on DChealthmatters.org.

ACCOUNTABILITY AND TRANSPARENCY

- To fulfill its commitment to enhanced accountability and transparency, the DCHCC has invested in a highly visible online portal of community health information known as "DC Health Matters" (www.dchealthmatters.org). This community-driven information portal provides local health data as well as information on the social determinants that relate to the entire population's health.

- Current and past CHNAs and CHIPs are available on DC Health Matters. DC Health Matters will also serve as the reporting, tracking and monitoring mechanism for the CHIP. For each CHIP priority area, the DCHCC will use several data sources to track progress on each of our goals, including citywide survey data, hospital and federally qualified health center administrative data, demographic population files, and qualitative community perspectives (focus groups/interviews). The quantitative data sources tend to be available citywide and also at a sub-city level, such as zip code and ward.

- DCHCC members are committed to maintaining DC Health Matters as the key platform for ensuring transparency and accountability as they work to advance population health.

NEXT STEPS

The next phase of the CHIP will involve addressing each strategy in a systematic cohesive manner. Currently, Collaborative member organizations are finalizing logic models which include action steps, needed resources, potential partnerships, and short, medium, and long term outcomes. In order to accomplish this work, the Collaborative will not work in isolation and will continue to engage a broad array of DC stakeholders, including members of the Community Advisory Board, public health professionals, and community residents.

Progress towards meeting our short, medium, and long-term targets will be monitored annually and revised as the context of community health, assets, resources, and political landscape evolve. The data captured in future CHNAs will be evaluated to determine DCHCC's impact. Also, the DCHCC will continue to engage in learning opportunities about policy, systems, and environmental change, evaluation/metrics, and collective impact strategies to help inspire new ideas and partnerships that can help advance health and wellness for DC residents.

JOIN US IN THIS JOURNEY

We invite you to join us in creating a culture of health. Contact us via www.dchealthmatters.org for more information.

GLOSSARY:
KEY TERMS AND DEFINITIONS

Community Health Improvement Plan (CHIP)
A community health improvement plan is a long-term, systematic approach to address top public health problems identified in the community health assessment activities and the community health improvement process.

Community Health Needs Assessment (CHNA)
A community health needs assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues.

Cultural Competence
A set of academic and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities with, among and between groups.

Health Disparities
Health disparities are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Health Equity
Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. (Healthypeople.gov.)

Health Outcome
Snapshots of diseases in a community that can be described in terms of both morbidity and mortality.

Impact

Impact is the effect that interventions have on people, organizations, or systems to influence health.

Policy, Systems and Environmental Change

Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources.

Resources

Assets available and anticipated for operations. They include people, equipment, facilities, and other things used to plan, implement, and evaluate programs.

Stakeholder

A person or organization with direct interest, involvement, or investment in a coalition or its efforts.

Strategies

Means by which policy, programs, and practices are put into effect as population-based approaches (e.g., offering healthy food and beverage options in vending machines at schools, implementing activity breaks for meetings longer than one hour) versus individual-based approaches (e.g., organizing health fairs, implementing cooking classes, disseminating brochures).

The DC Healthy Communities Collaborative authored this community health improvement plan to serve as a strategic plan for our community health improvement efforts. Working with our communities, we use this plan to guide our decisions, partnerships, and distribution of resources so that our activities bring us closer to a state of health equity for all DC residents.

ABOUT DCHCC ORGANIZATIONS

Bread for the City

Bread for the City is a frontline agency serving Washington's poor. Bread for the City provides comprehensive services, including food, clothing, medical care, legal and social services to low-income Washington, DC residents in an atmosphere of dignity and respect.

www.breadforthecity.org

Children's National Health System

Children's National Health System is the only exclusive provider of pediatric care in the metropolitan Washington area and is the only freestanding children's hospital between Philadelphia, Pittsburgh, Norfolk, and Atlanta. Children's National provides needed service to children through clinical care, advocacy, research and education.

childrensnational.org

Community of Hope

Community of Hope creates opportunities for low-income families in Washington, DC, including those experiencing homelessness, to achieve good health, a stable home, family-sustaining income, and hope. A Federally Qualified Health Center, Community of Hope provides a full range of primary medical care, oral healthcare, and behavioral health services as well as other educational and social services at three DC locations. Our holistic range of programs - from healthcare to housing with supportive services and programs promoting strong families – helps residents create stable lives for themselves and promising futures for their children.

www.communityofhopedc.org

Howard University Hospital

Over the course of its 150-year history of providing primary, secondary and tertiary health care services, Howard University Hospital has become one of the most comprehensive health care facilities in the Washington, DC metropolitan area. A private, non-profit institution, Howard University Hospital is the nation's only teaching hospital located on the campus of a historically Black university.

huhealthcare.com

Mary's Center

Mary's Center is a Federally Qualified Health Center whose mission is to build better futures through the delivery of health care, education, and social services. We embrace culturally diverse communities whose needs too often go unmet by the public and private systems, and we provide them with the highest quality of care, regardless of ability to pay. Mary's Center uses a holistic, multipronged approach to help participants access individualized services to set them on the path toward good health, stable families, and economic independence.

www.maryscenter.org

Providence Health System

Providence Health System (Providence), a member of Ascension Health, the nation's largest non-profit health system and the world's largest Catholic health system, provides a full range of care from primary and outpatient to geriatrics. Since being chartered by President Abraham Lincoln in 1861, Providence has been meeting the needs of the Nation's Capital for orthopedics, maternity, geriatric care, behavioral health, diabetes, stroke care, and community wellness programs.

www.provhosp.org

Sibley Memorial Hospital

Sibley Memorial Hospital, a member of Johns Hopkins Medicine, has a distinguished history of serving the community since its founding in 1890. As a not-for-profit full-service community hospital, Sibley offers medical, surgical, intensive care, obstetric, oncology, behavioral health and a 24 hour Emergency Department. In addition, Sibley is designated a Joint Commission Certified Primary Stroke Center. Sibley's Renaissance Center for Rehabilitative Medicine is home to Sibley Senior Association, specialty centers, a skilled nursing unit and a residential Alzheimer's unit.

www.hopkinsmedicine.org/
sibley-memorial-hospita/

Unity Health Care

Unity Health Care, Inc. (Unity) was founded in 1985 as the Health Care for the Homeless Project providing primary health care services to homeless individuals and families that resided in local emergency shelters or on the streets of the District of Columbia. Unity is currently the largest primary health care agency in the area with a team of more than 980 compassionate, multicultural professionals that include medical providers, nurses, medical and dental assistants, pharmacists, counselors, and social workers.

unityhealthcare.org

DC Hospital Association (DCHA)

DCHA is a non-profit organization whose mission is to provide leadership in improving the health care system in the DC area, advocating for the interests of member hospitals, as they support the interests of the community.

dcha.org

www.dcpca.org

DC Primary Care Association (DCPCA)
DCPCA is a non-profit health equity and advocacy organization dedicated to improving the health of DC's vulnerable residents by ensuring access to high quality primary health care, regardless of ability to pay. As a leader in the health care community, we work to ensure that all residents of Washington, DC have the ability and opportunity to lead healthier lives - through increased health care coverage, expanded access, improved quality, workforce development, and enhanced communication.

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2017–2019
Community Health Improvement Plan