

STATE HEALTH IMPROVEMENT PLAN

HEALTHY PENNSYLVANIANS 2010 AND BEYOND

INTRODUCTION TO SHIP

CHAPTER 1 INTRODUCTION



Chapter 1

Introduction

WHAT IS HEALTH?

According to the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The State Health Improvement Plan (SHIP) promotes well-being by focusing on identifying and addressing the root causes of disease and disability with community partners.

What is the State Health Improvement Plan (SHIP)?

SHIP is a coordinated, continuous, and integrated program, which links public health, community health and individual health to create the most benefit for the most people. SHIP is more than a document. SHIP outlines a process by which the Pennsylvania Department of Health (DOH) and the community based partnerships can work together to address the needs of the public.

This partnership between the DOH and the local community partners defines collaboration as a group of people participating in common practices with one another, making decisions together, identifying themselves as part of something larger than the sum of their individual organization and focusing on a common goal - the health of the community.

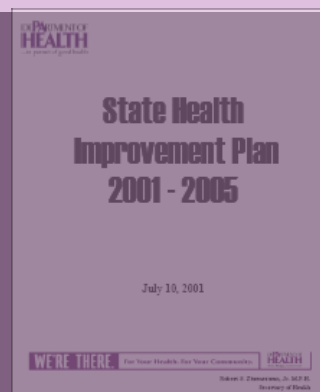
The intent of SHIP is to allow the DOH and communities greater flexibility in working together to develop creative solutions to local health problems. SHIP emphasizes the prevention of disease and disability, the coordination of resources, interagency cooperation, and improved government responsiveness to community health planning priorities.

The three main components of SHIP are:

- A health improvement plan that places emphasis on improving the health status of populations, through planning that addresses the root causes of disease, death, and disability.
- A plan that places emphasis on engaging with organized Local Health Improvement Partnerships to coordinate resources and address local health improvement issues and priorities.
- A commitment to increasing access to relevant data and information necessary for communities to assess local health status and to develop local health improvement priorities.

What is the purpose of this document?

This document creates a blueprint for health improvement in Pennsylvania that links statewide efforts to the federal Health People 2010. The SHIP provides a menu of data to assist communities in identifying its goals, with references to additional sources of information.



The plan **emphasizes three principle focus areas:**

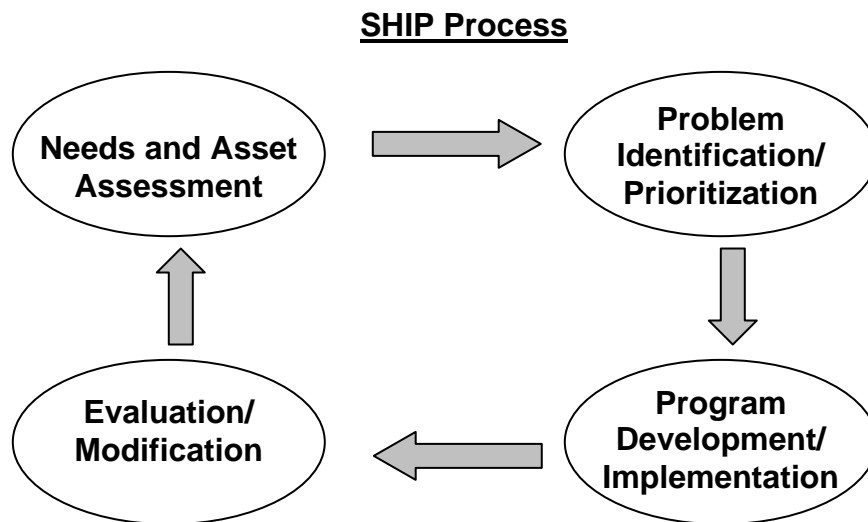
1. Prevention
2. People
3. Data/Information

This document raises a broad awareness of public health issues and stimulates increased involvement of health care providers, businesses, community-based organizations, educational institutions, faith-based organizations, all levels of government as well as families. It is a step toward a common agenda for health.

What is a Healthy Community?

Healthy communities go beyond the mere clinical definition of health. This Plan defines a community as “all persons and organizations within a reasonably circumscribed geographic area in which there is a sense of interdependence, identity, and belonging.” A healthy community encompasses coordination at the local level to address the health issues of all within a community. SHIP’s ongoing process for improved health outcomes is a cyclical one involving the logic model concept (See Chapter 15, Performance Management for more information on the logic model).

Figure 1-1



In Pennsylvania, through the SHIP, SHIP-affiliated partnerships, also known as local health improvement partnerships or community-based partnerships have been identified as the entities to address health issues in their community. The Department of Health (DOH) engages with communities to meet Healthy People 2010 and SHIP goals by creating community-based health improvement partnerships. These partnerships are voluntary. The DOH works with its community and organizational partners to develop implementation strategies and solutions to local issues.

Partnerships that are created to improve the health of the community are most effective when they focus on local needs. Organizations cannot decide by themselves what the community needs. The community must be a part of the process, and the partnership or organizations that make up the partnership should involve its community members in this process. This assures that the partnership is on track to meeting the goals identified by the community and it ensures ongoing support of the partnership from the community. Hence, the beginning of a healthy community.

METHODOLOGY – HOW WE WORKED

The first State Health Improvement Plan was released in January 1999. Since then, SHIP 2001-2005 has served as the blueprint for health improvement in Pennsylvania that links statewide efforts to the federal “Healthy People 2010”. As we move forward in our efforts to reach Healthy People 2010 goals, SHIP 2006-2010 has been developed to assist communities, stakeholders and other state agencies in their efforts to identify issues and trends that impact the overall health of our citizens.

During the summer of 2004, the Department conducted its third SHIP Partnership Data Needs Assessment. The survey had two parts: (1) a survey of how partnerships use DOH data, the impact of data-related initiatives, and what partnerships would like to have available; and (2) questions that were used in the evaluation of the SHIP 2001-2005 Plan. At the time of the survey, the Department of Health had 59 affiliated partnerships. One of which was undergoing reorganization. Of the remaining 58 partnerships, 52 (90 percent) responded.

A second survey, conducted in the spring of 2005, asked the Department of Health’s Bureau and Division Directors and the Directors of the state’s ten county and municipal health departments questions regarding their perceptions of the SHIP process and the roles of both the Department of Health and the local partnerships in that process.

Steering Committee and Task Forces

The SHIP Steering Committee was expanded to better oversee development of the next Plan. The new members of the Steering Committee, who would also serve on the three task forces charged with creating the Plan, were selected based on their expertise, knowledge, and leadership on various health issues. The Partnerships were also given additional representation on both the Steering Committee and the Task Forces to insure that local concerns and the relationship between the partnerships and the Department would be considered. The three task forces were:

- Partnering Committee -- advises the Department of Health on ways to maintain effective working relationships with community partnerships, state agencies, and stakeholders to achieve healthy communities, and provide guidance in improving and enhancing the relationships.
- Data Information & Evaluation Committee -- makes recommendations for the improving of community access to health-related data for the purpose of community health improvement planning, for the retrospective evaluation of the SHIP, and for an ongoing evaluation of the SHIP for inclusion in the 2006-2010 Plan.
- Health Improvement Planning Committee -- provides state, local and community public health partners throughout the Commonwealth with a clear and accurate report of the state’s progress toward Healthy People 2010 goals and objectives and provides an evidence-based blueprint for improving and maintaining the health of all Pennsylvanians.

The task forces met monthly beginning in February 2005. By the end of June, they had completed an evaluation of the SHIP 2001-2005 and developed many of the recommendations in this document.

Community Listening Sessions

Between November 16 and December 9, 2004, the Department of Health conducted a series of six Community Listening Sessions, one per district to obtain a community perspective. These sessions were held in Clarion, Greensburg, Harrisburg, West Chester, Wilkes-Barre, and Williamsport. The purpose of the listening sessions was to obtain perspectives and suggestions from community members about how to more effectively address the health issues in our communities. Over 280 persons attended these sessions. These listening sessions were helpful to the Department in seeing the point of view of the partnerships and their member organizations.

At the Listening Sessions, Department of Health staff served as facilitators and asked four important questions:

- Do you think that SHIP has helped or supported your local partnership to improve the health of your community? If so, how? If not, why?
- What should the next steps be in maintaining strong collaborative relationships between DOH and community partnerships?
- What are the top health improvement priorities, which you would like to see included in the next SHIP?
- What disparities exist in your community and what are the most effective strategies for addressing these disparities?

What the Community Told Us

The comments below are a combination of the results of both the Community Listening Sessions and the Partnership Data Needs Assessment. Many of the participants in the Community Listening Sessions were representatives of SHIP partnerships or of member organizations. At the Listening Sessions, a number of consistent opinions were expressed:

- The SHIP process has worked.
 - SHIP helped pull diverse community sectors together by giving legitimacy to collaboration and by facilitating that collaboration.
 - SHIP has provided resources for both capacity building and for program implementation through the SHIP mini-grants, the support of the DOH District Offices, increasing access to on-line data, providing technical assistance to the partnerships, the BRFSS over-sampling, and the opportunity for partnerships to participate in Department of Health programs and grant activities.
- The SHIP process can be maintained and improved.
 - Both the Department and the partnerships need to educate and involve more public agencies, the general public, community leaders, and other organizations involved in public health or concerned about public health issues.

- Technical support provided by the Department of Health should be more focused on specific issues and should provide examples of “best outcomes” where possible.
- The Department should recognize that the partnerships are at many different levels of experience in organization, data use, and programmatic activities and should structure its various technical assistance activities accordingly.
- Partnerships should continue to look for ways to collaborate with state agencies, other local public health organizations, and each other.

As part of the development of the State Health Improvement Plan 2006-2010, six community listening sessions, one in each community health district, were held in November-December 2004 to identify the health issues of highest concern in communities throughout the Commonwealth. More than 280 representatives of SHIP partnerships, community-based health and social service organizations, state legislature, hospitals, colleges and universities participated in the SHIP community listening sessions. The table on the following page organizes the health priorities voiced by communities by the HP2010’s leading health indicators.

In addition to health issues that mirror, or are directly related to, the Leading Health Indicators, communities identified the following health priorities:

- Maternal and Infant Health (HP 2010 Chapter 16)
- Oral Health (HP 2010 Chapter 21)
- Vision and Hearing (HP2010 Chapter 28)

**Table 1-1
Community Health Priorities by Leading Health Indicator and Health District**

Health Priorities by Leading Health Indicators	Health Districts					
	NC	SC	NE	SE	NW	SW
1. Physical Activity	√	√	√		√	√
2. Overweight and Obesity	√	√	√	√		√
• Nutrition			√		√	√
3. Tobacco Use	√	√	√			√
4. Substance Abuse	√	√			√	√
• Heroin Abuse	√					√
5. Responsible Sexual Behavior						
• STD/HIV/AIDS		√			√	√
• Teen Pregnancy/Early sexual activities	√	√				√
6. Mental Health	√	√	√	√	√	√
• Autism/Asperger's Syndrome			√			
7. Injury and Violence						
• Domestic Violence	√				√	√
• Homicide		√				
• Suicide	√			√		
• Motor Vehicle Accidents		√				
• School Violence				√	√	√
• Child Abuse/Elder Abuse	√					√

Health Priorities by Leading Health Indicators	Health Districts					
	NC	SC	NE	SE	NW	SW
8. Environmental Quality						
• Clean Air in Public Area		√				√
• Safe Drinking Water	√					
9. Immunization						
• Adult Immunization			√	√		√
• Childhood Immunization				√		
10. Access to Health Care						
• Access to Dental Health	√	√	√	√	√	√
• Access to Obstetric Services	√	√		√		
• Access to Services Under Medicaid			√			
• Access to/Coverage of Complementary Medicine			√			√
• Health Care Costs	√			√		√
• Health Insurance	√	√	√	√		√
• Lack of Services in Rural Counties	√	√	√		√	
• Low Health Literacy		√	√	√		
• Diverse Health Care Workforce	√	√	√	√	√	
• Mal-Distribution of Workforce	√	√				√
• Nursing Education Capacity	√				√	√
• Prescription Program for Uninsured and Underinsured		√		√		√
• Medications – access and payment issues		√				√
• Translator Services	√	√	√			√
• Transportation to Access Health Care	√	√	√		√	√