

Oklahoma Health Improvement
Planning (OHIP) Team

CHARTER

Revised November 4, 2009

Purpose of Charter:

The intent of the Charter is to provide guidance to and a consensus approach for Oklahoma Health Improvement Planning (OHIP) Team members working on the state health improvement plan. Secondly, it is intended to provide team members and partner organizations with an understanding of the purpose and the approach to be used.

OHIP Background:

The Oklahoma State Board of Health, together with the Oklahoma State Department of Health (OSDH), Tulsa Health Department (THD), Oklahoma City-County Health Department (OCCHD), and other partners, are concerned that the health status of Oklahomans ranks near the bottom of all states in the U.S. In a significant effort to improve health status, the Board of Health and OSDH convened a broadly based group called the Oklahoma Health Improvement Planning (OHIP) Team and charged it with developing a statewide health improvement plan. The Oklahoma State Legislature passed Enrolled Senate Joint Resolution No. 41 on March 11, 2008, requiring the State Board of Health to “prepare and return to the Legislature a health improvement plan for Oklahoma for the general improvement of the physical, social, and mental well-being of all people in Oklahoma through a high functioning public health system.”

To assist in the process, OSDH contracted with Milne & Associates, LLC (M&A) to design and execute a strategic planning process to create a vision and mission for the OHIP Team, and processes to complete and implement an Oklahoma Health Improvement Plan. It is understood that the plan will be designed to guide investments, define roles of participating organizations, and identify strategies, all to protect and promote the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which Oklahoma’s citizens can be healthy.

A meeting conducted in Oklahoma City on August 26 and 27, 2008, resulted in the identification of most of the elements contained in this Charter. The Charter is intended to be a dynamic document, subject to revision through the life of the work of the OHIP team.

Preamble:

To continue efforts to improve health in the ways that have been used in the past is to create the same outcomes. Improving the health status of Oklahomans will require coordination and collaboration between several sectors and among a wide range of partners. A key factor in development of the Oklahoma Health Improvement Plan will be the inclusion of many organizations and individuals in the planning process, and deep listening for new perspectives, ideas, and approaches. It is envisioned that the planning process will be

iterative in nature and will require approximately one year to complete the initial plan.

Stories:

The following story illustrates why improvement of the Oklahoma population's health status is of critical importance.

Childhood obesity is one of the most serious challenges facing Oklahoma. Recent studies have suggested that our current generation of children may be the first that will not live longer than their parents due to the ill effects of obesity. In addition to these terrible human costs, there also is an economic cost. In Oklahoma, the cost of obesity is estimated to be \$864 million.¹

There is one community in Oklahoma, though, that is determined to protect their kids from the ravages of obesity. Fit Kids of Southwest Oklahoma in Lawton, is tackling obesity with a vengeance. With funding from the MacMahon Foundation and the Alliance for a Healthier Generation, kids in Lawton are learning proper nutrition, participating in regular exercise, and tracking their progress over the next several years. Other initiatives the Lawton community has implemented include walking school buses, safe routes to school activities, Super Kids Marathon, and securing funding for the Comanche County Fitness Trailway through the Wichita Wildlife Refuge.

The Lawton community and Fit Kids of Southwest Oklahoma illustrate the amazing potential for impacting the health of our kids and securing a healthier future for Oklahoma. Fit Kids of Southwest Oklahoma is a model for making huge community cultural and environment changes that lead to healthy lifestyles, and with a group of committed individuals willing to partner together, any community in Oklahoma can do the same.

Areas of Focus & Rationale:

To make significant improvement in the population's health status, planning content will need to address a range of issues to define focus of the Plan. Examples include:

- Factors which impact health, including the social environment and social determinants of health, physical environment, behaviors, genetics, and medical care;
- Barriers to addressing each of the factors;
- Resources needed to expand availability of health-producing factors;
- Organization of services impacting health;

¹ CDC, Preventing Heart Disease and Stroke,
http://www.cdc.gov/nccdphp/dnpa/obesity/economic_consequences.htm

- The need for changing roles of organizations;
- Evidence-based strategies to improve health;
- Emphasis on wellness over disease;
- Factors which protect and promote the health of the citizens of Oklahoma and prevent disease and injury; and
- Health policy and advocacy.

The high priority of this work is reflected in some of the outcomes that can be achieved, including:

- Significant improvement in the health of Oklahomans across a range of indicators, including length of life, rates of chronic and infectious diseases, and number of productive years of life;
- Oklahoman's improved perception of their quality of life;
- Reduced costs of medical care; and
- Improved employee retention and level of productivity.

Vision

Oklahomans will achieve optimal physical, mental, and social health and the state health status will be in the top quartile of states by 2014.²

Mission

Working together to lead a process to improve and sustain the physical, social, and mental well being of all people in Oklahoma.

Values

Accountability: to the people of Oklahoma, to the legislature, to the process, to the outcomes and to each other through a personal responsibility and commitment to work together for a greater good.

Adaptability: to innovate and think outside the traditional solutions.

Integrity: to ensure the process is transparent, equitable and void of conflicting interests.

Sustainability: to assure commitment to the process.

Inclusivity: encouraging a collaborative spirit by engaging a broader range of stakeholders.

² Note: Based upon the United Health Foundation's America's Health Rankings Report.

Guiding Principles:

In addition to the values to which we subscribe for working together, as enumerated above, we identify the following principles that will guide the work of this Plan:

1. Our work must be evidence-based:
 - a. We intend to identify health improvement strategies for which there exists literature demonstrating effectiveness; and
 - b. We agree that careful consideration must be given to metrics that need to be designed to measure outcomes and thereby enable objective analysis and evaluation of our efforts at improving health status.
2. We agree to honor and build on the good work that has preceded this initiative. The OHIP Team further agrees to keep an updated inventory of all known initiatives to use as a resource for the OHIP Team in a collaborative process to work together at improving the health of all Oklahomans.
3. The purpose of this initiative is to improve the health of Oklahomans.
4. It is our intent to include as many organizations and individuals in the various elements of this work as is practicable, and to honor the perspectives and contributions of all participating
5. It is our intent to communicate openly and transparently among ourselves as Team members, and with our partners, stakeholders and the residents of Oklahoma

Project Deliverables:

1. Completion of the Oklahoma Health Improvement Plan.
2. Submission of the Plan to the Oklahoma State Board of Health by Fall 2009 and periodic updates thereafter.
3. Submission of the Plan to the State Legislature by December 31, 2009.
4. Advancement of appropriate policies each legislative session.

Approach:

1. The name of the team is the Oklahoma Health Improvement Planning (OHIP) Team and the name of the plan is the Oklahoma Health Improvement Plan.

2. The OSDH, TCCHD and OCCHD will each be contributing a staff position to this effort and the OSDH will coordinate the collaborative efforts between the personnel.
3. After the proposed team membership and work groups rosters are finalized, letters of invitation will be sent out to the proposed membership with follow-up calls as designated.
4. The OHIP Strategic Planning Retreat was held on Tuesday, August 26th and Wednesday, August 27th, 2008.
5. The OHIP Executive Team has been set and includes the individuals that were assembled or invited to assemble for the organizational meeting, along with those work team chairs determined at the OHIP Strategic Planning Retreat.
6. The OHIP Team will meet quarterly and the locations of these meetings will be held in Oklahoma City and Tulsa. It is the intent of the OHIP Team to be as transparent as possible in regard to their efforts, and thus to provide information including, but not limited to meeting dates and locations, agendas, and various planning materials from these meetings to all interested stakeholders and the general public on the Oklahoma State Department of Health web site at www.health.ok.gov.
7. Work Groups will be convened as needed to do detailed planning, research, and gathering data. A Work Group Reporting Template will be provided to assist in these efforts.
8. Work on developing the plan will be done in conjunction with the identification and development of a few flagship issues. Flagship issues are defined as health issues that
 - Attract significant interest among system members
 - Are of significance to population-level health
 - Have a high likelihood of attracting excitement and support if taken on as a leading area of focus.

The current flagship issues are: Children's Health, Tobacco Use, and Overweight/Obesity.

Plan Content:

The overall plan should be considered a five-year plan, include accountability benchmarks and health outcomes goals with annual updates presented to the Oklahoma State Board of Health. The focus of the annual updates needs to be

on process more than outcomes for the initial five-year period, until a meaningful trend line can be developed. As the planning proceeds over the next year, some of the key areas for potential inclusion in the Plan are as follows:

- Vision, Mission, Values
- Executive Summary
- Introduction
- State Health Assessment Findings
- Flagship Issues
- Opportunities
 - Public Health Finance
 - Workforce Development
 - Health Information Technology/Exchange
 - Access to Care
 - Public Health System Effectiveness
 - Social Determinants of Health
 - Health Equity
- Recommendations

Communication/Outreach:

The initial set of Flagship Issues was identified at the August 2008 planning retreat and confirmed during listening sessions held throughout the state in 2009. Goals and objectives for this initial set of issues will be developed by the flagship teams assembled to address those issues. The following process suggests an inclusive approach that involves a broader number and variety of stakeholders.

Flagship Issues should, in part, be driven by a statewide outreach effort. The process would include the following. Members of the OHIP Executive and Working Team, along with Health Department staff, would identify at least six locales across the state, preferably one in each quadrant (e.g., northeast, southeast, etc.) and the metropolitan areas of Oklahoma City and Tulsa, to conduct "listening sessions." A typical listening session might last 1 1/2 hours, be conducted over the lunch period, and include a trained facilitator. Members of the OHIP team (executive, work team and staff) would volunteer to present and participate at each event.

The session might begin with a 20-30 minute overview of what the OHIP is (vision, mission, values, operational intent, past and current activities) and the purpose of the session. The intent is to encourage active participation among all Oklahomans in the achievement of the OHIP mission by soliciting their feedback, suggestions, and priorities. A one-page strategic map would be distributed at the meetings that summarize our purpose and process.

In addition to Flagship Issues, this same forum could be used to elicit input in the following areas: Workforce Development, Public Health Finance, Health Information Technology/Exchange, Access to Care, Public Health System Effectiveness, Social Determinants of Health, and Health Equity Issues. OHIP members could share with the audience the efforts currently underway in these areas statewide and seek their feedback about local efforts. We would also be seeking model practices that communities/regions are using that have had demonstrated positive outcomes on population health.

The intended messages that would be sent to those invited to the sessions are at least three-fold: (1) we do not have all the answers in Oklahoma City and Tulsa; (2) there are a number of innovative ideas and effective programs under way across the state; and (3) the attendees can become **advocates** for agreed-upon initiatives. Thus, it takes **all of us** to improve this state from its 49th ranking in overall health outcomes (United Health Foundation).

By using the Turning Point network, the health departments' extensive infrastructure, as well as local governments and chambers of commerce in the region, we would be inviting those in the region with the best knowledge and those most likely to benefit from improved health outcomes.

The outreach process would culminate in the aggregation of all ideas and feedback gathered through the listening sessions, which would then be presented to the OHIP Executive Team and Work Groups for review and deliberation.