1. How long has this program operated (month and year)? Note: the program must be between 9 months and 5 years old as of April 5, 2012 to be eligible for this year’s award.

We started the work to develop the Maryland State Health Improvement Process in January 2011 with CDC National Public Health Improvement Initiative funding. The website was launched in September 2011.

2. Describe the program:

Maryland’s State Health Improvement Process (SHIP) was developed to provide a framework for continual progress toward a healthier Maryland. It has three main components: **accountability, local action** and **public engagement**.

**Accountability** begins with setting measurable targets for Maryland’s health in 2014 based on today’s data. We reviewed existing priorities, plans and data, consulted with public health program staff, met with advocates, commissions, local and state stakeholders and assembled a list of 39 track-able health objectives. A 30 day public feedback solicitation in early spring gleaned more than 250 responses statewide. The SHIP’s 39 measures in six focus areas represent what it means for Maryland to be healthy. Twenty-eight objectives have been identified as critical racial/ethnic health disparities measures. Each measure has a data source and a target, and where possible, can be assessed at the City or county level. [http://dhmh.maryland.gov/ship/SitePages/measures.aspx](http://dhmh.maryland.gov/ship/SitePages/measures.aspx) Most measures are linked to national rankings and Healthy People 2020.

**Health Action through Local Community Partnerships** During the Fall 2011, local health improvement coalitions were mobilized in every jurisdiction in the State, thanks in part to direct support from the Maryland Hospital Association. These coalitions have adopted evidence based strategies for progress on selected SHIP measures, including addressing local health disparities. The SHIP supports local efforts by providing county profiles of SHIP data [http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx](http://dhmh.maryland.gov/ship/SitePages/LHICcontacts.aspx), information on sound strategies, interactive on-
line communications and a Toolkit of useful resources. The Toolkit now includes over 100 tools for localities and continues to grow. These tools include:

1. How to join Healthiest Maryland businesses
   http://dhmh.maryland.gov/healthiest/SitePages/businesses.aspx

2. Smoking cessation resources. Maryland Resource Center for Quitting Use and Initiation of Tobacco.

3. Personalized tools in English and Spanish to reduce Emergency Department visits related to Diabetes
   http://dhmh.maryland.gov/ship/PDFs/Obj%2027%20diabetes%20tools.pdf

**Public Engagement** by a wide array of professionals, organizations, commentators and most importantly the public, steered the development and ongoing improvement of the SHIP. In April 2011, the Department received more than 250 comments on the best measures to chart SHIP progress. Continued **public engagement** includes:

- A prominent link on the Department’s main website to the SHIP that includes local level data, information on sound strategies, interactive on-line communications and a Toolkit of useful resources.
- A list of things you can do as an individual to be healthy with links to Maryland resources
- Ongoing public comment opportunities. MarylandSHIP@dhmh.state.md.us
- Links to the 17 local and regional health improvement coalitions’ websites with information about local problems, priorities and opportunities to get involved in action.
- Regular news and updates through a weekly newsletter, Twitter, and Facebook.

Maryland’s Statewide Health Improvement Process is a new approach to population health improvement and systems alignment, and results have exceeded our expectations:

- The State’s hospitals, through the hospital association, affirmed the mutual value of data-driven local planning coalitions by investing nearly $500,000 as start-up funding for new coalitions.
- Seventeen coalitions, usually co-led by public health leaders and hospital executives, were awarded $600,000 in state funds for evidence based actions to advance priorities like reducing Emergency Department visits associated with diabetes and hypertension, decreasing youth tobacco use and reducing obesity.
- The State was awarded $1.9 million dollars a year for five years in Community Transformation grant funding to build on the momentum of these coalitions’ partnerships and plans.
- The National Leadership Academy for Public Health provided an award to a Local Health Improvement Coalition to advance leadership in oral health care access.
- The Open Society Institute awarded the Maryland Women’s Coalition for Health Care Reform funding to expand engagement of minority women in the coalitions’ work to improve health care access.
- The Department launched the state and local public health accreditation process, and provided data and local health improvement infrastructure support.
- The State legislature passed the Maryland Health Improvement and Disparities Reduction Action of 2012, innovative legislation to pilot Health Enterprise Zones (HEZ) as a means to eliminate health disparities in targeted communities. The SHIP provided infrastructure and data support to communities seeking HEZ designation.
- Maryland’s state and local health improvement process has been prominent in the press, public health forums, and on CDC’s (and soon the Association of State and Territorial Health Officers) websites. Some recent examples of media attention include:
April 16, 2012. Baltimore Sun. Working in tandem with the Maryland Department of Health and Mental Hygiene, the Harford County Health Department has launched its Local Health Improvement Process for identifying the county's critical health needs and targeting them for action. Full story here.

April 13, 2012. Ocean City Today. A health report points out that heart disease is the leading cause of death in Worcester County. Heart disease and the No. 2 cause of death, cancer, accounted for more than 50 percent of all deaths between 2007 and 2009. Promoting a healthy lifestyle is one of the Health Department’s Community Health Improvement Planning Priority Areas. Full story here.


ACTION PLAN

Key to improved health
Leverage, focus, align
Local resources

-Desiree de la Torre (Johns Hopkins Medical Institutions)


February 2012. Hilltop Institute. Hospital Community Benefits After the ACA: Partnerships for Community Health Improvement. This issue brief features the Maryland SHIP on page 13 as a model for expanding partnerships centered on community health needs assessments, priority setting, strategic planning, and the implementation of health improvement initiatives. Read full issue brief here.

SHIP TIMELINE OVERVIEW

Jan – Feb 2011 - Rapid assessment/synthesis of Maryland health and health related plans, assessments and reports

March 2011 – Development of 39 draft SHIP health determinant and outcome measures in six Vision Areas (Healthy Babies, Healthy Social Environments, Safe Physical Environments, Infectious Disease, Chronic Disease, Health Care Access); Meetings with program experts on measures and data sources.

April 2011 – Public Comment Period

May – June 2011 – Revisions to draft measures based on public comment and meetings with experts, partners, data sources and community health champions. State leadership retreat to
present and discuss SHIP accountability framework and cross department opportunities for aligned action.

**July –August** – Development of county level profiles of SHIP measures and racial and ethnic disparity information for 28 measures. Development of SHIP toolbox.

**September- December 2011** – Launch of SHIP Local Action. Local health improvement coalition start ups or mobilization (of existing coalitions) around SHIP goals. SHIP county profile presentations in all counties. Launch of SHIP social media. Brokering of hospital support for local planning and action.


3. **Did this program originate in your state?** YES – The Innovation Team included Secretary Joshua Sharfstein, Deputy Secretary Frances Phillips, SHIP Director Madeleine Shea and supporting staff. Address – 201 W. Preston St. Baltimore, MD 21201. Tel 410-767-8649. E-mail mshea@dhmh.state.md.us

4. **Are you aware of similar programs in other states?** We are not aware of programs that link a web-based state and local health accountability framework to local action coalition mobilization and supports.

5. **What limitations or obstacles might other states expect to encounter when attempting to adopt this program?** Maryland has a unique hospital environment that facilitated full participation of hospitals in aligned population health improvement action. Maryland’s public health system, which includes a local health department and official in each jurisdiction, facilitated full participation of all the counties in this innovative initiative.

**Save in .doc or rtf. Return completed application AND video (if applicable) electronically to innovations@csg.org or mail to:**

CSG Innovations Awards  
The Council of State Governments  
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Lexington, KY 40511

**Contact:**  
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The Council of State Governments  
E-mail: nvickers@csg.org  
**This application is also available at www.csg.org.**