TACHI PORTFOLIO OF INTERVENTIONS TEMPLATE

This template is revised from the one shared at the August Portfolio of Intervention (POI) learning session. One purpose of a POI is to provide clarity for partners and other supporters, by providing important details about a collaborative's focus, outcomes and activities. POIs are a dynamic document and can be refined as a collaborative develops and matures. POIs will be used to guide TACHI technical assistance and other supports.



This is meant to be a guide and **not** a required format or strict template. TACHI sites are **not** expected to submit a completed template.

Start by filling in what you already have and know. Identify next steps that you want to work on together. At the end of this template, you will find a glossary of key terms and resources.

The TACHI TA team can provide support in a variety of forms, including an in-person workshop.

OVERVIEW OF ACH		
Vision	All residents of sesame county will live, play, learn, and work in environments that support their optimal health	
Mission		
Overarching Goal		



Partners

PORTFOLIO OF INTERVENTIONS

WHAT

What is the primary health-related or SDOH-related focus of this POI? Childhood asthma

WHERE

What is the geographic area of focus?

Sesame County, with a focus on zip codes 77776 and 77777

WHO

Who is the primary target population?

Children 0-17 years-old and their families



WHY

What key data do you have about needs, inequities, and root causes? What led to this focus issue and target population?

- 197 ED visits with asthma as primary diagnosis per 10,000 children ages 0-17 from 2017-2019 to county hospital, compared to 99.5 per 10,000 nationally (local data from county hospital CHNA; national data from CDC)
- 527 ED visits with asthma as primary diagnosis per 10,000 non-Hispanic black children ages 0-17 from 2017-2019 to county hospital, compared to 335,7 per 10,000 NH black children nationally (local data from county hospital CHNA; national data from CDC)
- FQHC partner identified top two zip codes with the largest number of pediatric patients with asthma as 77776 and 77777

GOAL*

What is the overall goal of the POI? (An aspirational statement about what you want to achieve) Reduce asthma and the negative impacts of asthma on children in Sesame County

OBJECTIVES*

What will have changed as a result of this POI that will contribute and show progress towards the overall goal?

- Increase the annual percentage of FQHC partner pediatric patients that receive home asthma trigger identification and needed remediation services by 20% from 2022 to 2023.
- Decrease the number of annual ED visits with asthma as primary diagnosis per 10,000 children ages 0-17 by 10% from 2017-2019 baseline by 2025
- Decrease the number of annual ED visits with asthma as primary diagnosis per 10,000 black children ages 0-17 by 20% from 2017-2019 baseline by 2025



^{*}See Glossary & Guidance for more detail.

HOW What interventions, activities, actions, etc. will partners take to achieve the established objectives?	Domain	Interventions	Partners	Existing (y/n)?
	Clinical	Asthma self-management education in pediatric clinics	FQHC clinics A & B	Yes in clinic A, no in clinic B
	Community	Community-based asthma-related home visiting programs providing home asthma trigger identification and connections to home remediation services No-cost remediation services to reduce asthma triggers in the home	Sesame County asthma home remediation program	Yes home remediation program; No no-cost remediation services
	Clinical- Community Linkages	Effective, patient-centered linkages between hospitals, pediatric providers, and community-based asthma-related home visiting programs	FQHC clinics Hospital Home remediation program	No, only informal referral process in place
	Policy or Environmental	Advocating with Housing Authority to establish asthma-friendly interior design policies		No -
		Advocacy with apartment building owner(s) to conduct property-wide remediation for asthma triggers		



	Organizing to relocate a recycling plant	



INFORMATION AND GUIDANCE ON POI DEVELOPMENT

TACHI PORTFOLIO OF INTERVENTIONS (POI) DEFINITION*

*Revised based on site feedback at the August POI Learning Session

A set of mutually-reinforcing activities selected by cross-sector partners, with attention to improving non-medical factors that influence health, and aligned to achieve community health and health equity goals.

- Mutually-reinforcing, aligned activities complement and enhance the actions of others.
- A POI builds from the partners' existing activities, which partners develop into a "portfolio" by doing business differently to achieve shared outcomes.
- A mature portfolio addresses a range of factors impacting health (including social determinants of health) across timelines and domains (from clinical to environment/systems).
- A POI demonstrates the ACH's value proposition to the community and key stakeholders.

POI DOMAINS

PUI DUMAINS		
CLINICAL	Services or programs delivered in a health care setting	
COMMUNITY Programs/social Services	Services or programs delivered by public and non-profit agencies in non-health care settings (e.g., community centers, schools, businesses, other public sector agencies, homes).	
CLINICAL- COMMUNITY LINKAGES	Services, activities, or programs that connect clinical services with community programs or human/social services and public health, such as community health workers, referral systems, integration or collaboration between a clinical and community program, etc.	



ENVIRONMENT & POLICY

Physical improvements to the built environment, including transportation systems, public greenspace, buildings, etc. Local public or private policy and systems changes that institutionalize new ways of operating that contribute to improving healthcare delivery, social determinants of health, and health equity.

GUIDANCE

CREATING A SHARED POI GOAL AND OBJECTIVES

- This guidance is based on a standard approach to defining goals and objectives in public health, described <u>here</u>; Your ACH may want to use a different approach to define your POI's aims and indicators of progress, or may not be ready to commit to a specific approach.
- Establishing objectives (and to a lesser extent, the overall goal) is an iterative process; you may not have any objectives to include in the template yet.
- Consider having a few shorter-term objectives that may be achievable with existing partners/interventions and at least one longer-term objective that may require new interventions and environment/policy change to achieve
- Consider objectives identified in existing reports and plans, especially ones that were created with community input
- Objectives should demonstrate improvement related to a key driver or root cause of health/SDOH focus issue of this POI



CREATING MUTUALREINFORCEMENT AND ALIGNMENT TO ACHIEVE SHARED POI OBJECTIVES

- Identify ways that interventions are already working together to enhance the impact of others
- Identify new ways that each intervention can enhance the impact of other interventions in the portfolio
- Identify ways to reduce complexity from your target population's perspective
- Identify what gets in the way of creating alignment. Different target populations? Reporting requirements? What changes are needed (these may be systems changes) for alignment/reinforcement strategies to happen?

IDENTIFYING INTERVENTIONS TO INCLUDE IN THE POI THAT DO NOT ALREADY EXIST

- Look at evidence of what works related to your issue.
 Sources include:
 - https://www.thecommunityguide.org/
 - https://www.countyhealthrankings.org/takeaction-to-improve-health/what-works-for-health
 - https://www.cdc.gov/policy/opaph/hi5/index.html
 - https://www.618resources.chcs.org/?platform=hoo tsuite
- Consider interventions identified in existing reports and plans, especially ones that were created with community input.
- Consider interventions in a domain that is currently empty or limited.
- Consider interventions that can leverage existing resources

