

# Key Elements of Community Health Improvement Planning: From Assessment to Action Planning

NACCHO CHA-CHIP Demonstration Project

April 23, 2012

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[www.communityhlth.org](http://www.communityhlth.org); [www.assesstoolkit.org](http://www.assesstoolkit.org)

# Webinar Logistics

- The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:
- To **unmute** your own line, **press \*7**
- To **mute** your own line, **press \*6.**
  
- Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk's 'raise your hand' feature or use the chat box to indicate you have a question. The facilitator will call your name and ask for your question.

# PROJECT REQUIREMENTS & PHAB STANDARDS AND MEASURES: DEVELOPING A CHIP



# Project Requirements: Developing a CHIP

## Engage Community Members and LPHS Partners

“Community members must be engaged in a meaningful and substantive way throughout the CHA and CHIP processes, including indicator selection, data collection, data analysis, data presentation and distribution, issue prioritization, **CHIP creation**, implementation of CHIP, and monitoring of results.”

“Partners should be engaged in a strategic way **throughout the CHA and CHIP processes**, including gaining access to data, mobilizing community members, data collection, data review, issue prioritization, and CHIP implementation.”

# Project Requirements: Developing a CHIP

## Address the Social Determinants of Health

- “Consider multiple determinants of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in their jurisdictions.”
- The project seeks to ensure that the CHAs conducted and the CHIPs developed have a particular focus on the following: Identifying populations within their jurisdictions with an inequitable share of poor health outcomes...**Including at least one of these issues as a priority for community health improvement efforts** in addition to other health priorities in the CHIP.

# Project Requirements: Developing a CHIP

## Required characteristics of the CHIP:

### Background information that does the following:

- Describes the jurisdiction for which the CHIP pertains and a brief description of how this was determined.
- Briefly describes the way in which community members and LPHS partners were engaged in development of the CHIP, particularly their involvement in both the issue prioritization and strategy development.
- Includes a general description of LPHS partners and community members who have agreed to support CHIP action. Reference partners' participation in the short term and long term as applicable.

### Priority issues section that does the following:

- Describes the process by which the priorities were identified.
- Outlines the top priorities for action. The priorities need to include at least one priority aimed at addressing a social determinant of health that arose as a key determinant of a health inequity in the jurisdiction.
- Includes a brief justification for why each issue is a priority.

# Project Requirements: Developing a CHIP

## Required characteristics of the CHIP cont'd:

A CHIP implementation plan that does the following:

- Provides clear, specific, realistic, and action-oriented goals.
- Contains the following:
  - Goals, objectives, strategies, and related performance measures for determined priorities in the short-term (one to two years) and intermediate term (two to four years),
  - Realistic timelines for achieving goals and objectives.
  - Designation of lead roles in CHIP implementation for LPHS partners, including LHD role.
  - Formal presentation of the role of relevant LPHS partners in implementing the plan and a demonstration of the organization's commitment to these roles via letters of support or accountability.
  - Emphasis on evidence-based strategies.
  - A general plan for sustaining action.

# PHAB Requirements: Developing a CHIP

*\*Be sure to review the standards listed below to identify the measures and required documentation that PHAB seeks related to developing a CHIP.*

Standard 5.2: Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan



# PHAB Requirements: Developing a CHIP

For example...

## **Measure 5.2.1 L: Conduct a process to develop community health improvement plan**

*Required documentation:* Completed community health improvement planning process that included 1a. Broad participation of community partners; 1b. Information from community health assessments; 1c. Issues and themes identified by stakeholders in the community; 1d. Identification of community assets and resources; and 1e. A process to set community health priorities.

## **Measure 5.2.2L: Produce a community health improvement plan as a result of the community health improvement process**

*Required documentation :* CHIP dated within the last five years that includes 1a: Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets; 1b. Policy changes needed to accomplish health objectives; c. Individuals and organizations that have accepted responsibility for implementing strategies; 1d. Measurable health outcomes or indicators to monitor progress; and 1e. Alignment between the CHIP and the state and national priorities.

# PHAB Requirements: Developing a CHIP

For example...

**Measure 5.2.3A: Implement elements and strategies of the health improvement plan, in partnership with others\*** *Required documentation:* 1. Reports of actions taken related to implementing strategies to improve health [Guidance:...provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken...]; 2. Examples of how the plan was implemented [Guidance: ..provide two examples of how the plan was implemented by the health department and/or its partners].

**Measure 5.2.4A: Monitor progress on implementation of strategies in the CHIP in collaboration with broad participation from stakeholders and partners\*** *Required documentation:* 1. Evaluation reports on progress made in implementing strategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators [Guidance: Description of progress made on health indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results [Guidance: ...must show that the health improvement plan has been revised based on the evaluation listed in 1 above...]

\* Not required as part of the CHA/CHIP Project



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# Learning Objectives

***At the completion of the session participants will be able to:***

1. Discuss their plan to engage and/or re-energize the engagement of community members, elected officials and non-traditional partners in the community health improvement process.
2. Identify considerations for developing measurable goals for their community's identified priorities.
3. Describe the relationship between goals, objectives, strategies, tactics, and performance indicators.
4. Describe why a logic model is useful in CHIP development.
5. Begin to create a logic model based on their community's identified priorities.
6. Re-state the project and PHAB documentation requirements for CHIP development.

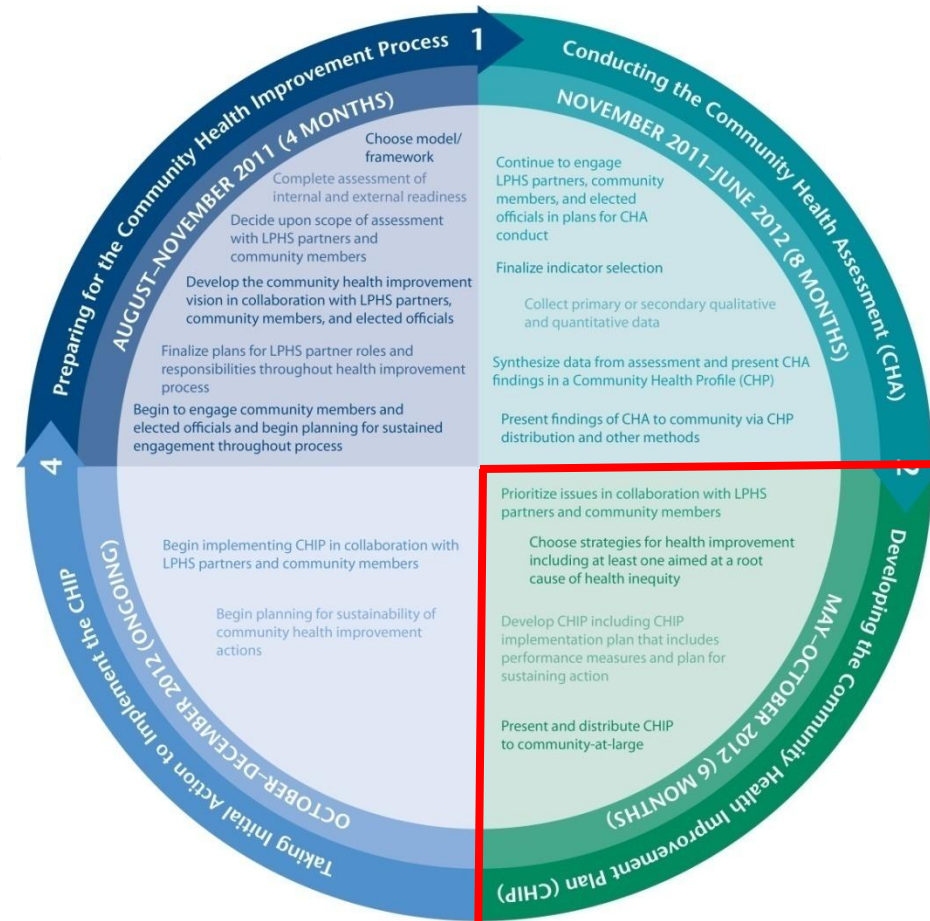
# Picking up where we left off...

## In Dallas last month...

- Making Sense of the Data (Synthesis)
- Presenting Findings
- Prioritizing Issues
- Developing a CHIP: The Basics

## The next few webinars:

- More detail on Community Health Improvement Planning



# *But first...* Data Synthesis vs. Issue Prioritization

These concepts can tend to blend together, so here is a succinct summary of how the CHA-CHIP project defines them:

## **Data Synthesis:**

The process of considering all of the data collected during the CHA to determine and describe the **main findings** of the CHA, i.e. community health and/or public health system needs and assets identified.

## **Issue Prioritization:**

The process of selecting a **relatively few** community health and/or public health system needs or assets as the targets/subjects of a Community Health Improvement Plan. The result will most typically be a subset of needs or assets identified in the Data Synthesis phase.

# Common Steps in Developing a Community Health Improvement Plan



1. Review findings of CHA
2. Engage community and local public health system (LPHS) partners
3. Determine health priorities based on CHA findings, w/community & partners
4. Develop CHIP implementation plan / work plan:
  - a. Develop goals and measurable objectives,
  - b. Choose strategies and tactics,
  - c. Create a timeline,
  - d. Develop performance measures, and
  - e. Determine organization/persons responsible\* to address each identified health priority [*\*not limited to LHD responsibility-refer to PHAB CHIP standard/measure language*].

# Common Steps in Developing a Community Health Improvement Plan (cont'd)

5. Devise process for monitoring progress on work plan implementation, and achieving goals and objectives
6. Distribute CHIP throughout the community
7. Evaluation and monitoring action





# Engaging Partners and Community Members

- Start early... ideally at the beginning of the process
  - Gain formal or public agreements to participate throughout
  - Create the understanding and expectation up front
- Cultivate and support an influential leader with broad appeal
- Keep partners focused on the end goal... a plan of action for health improvement
  - Use a visual “roadmap” depicting the journey
  - Refer to the entire process at nearly every interaction
- Distribute leadership and worker-bee roles liberally; resist the temptation to “take care of it” yourself.
- Be on guard against “public health-speak” & “health care-speak”



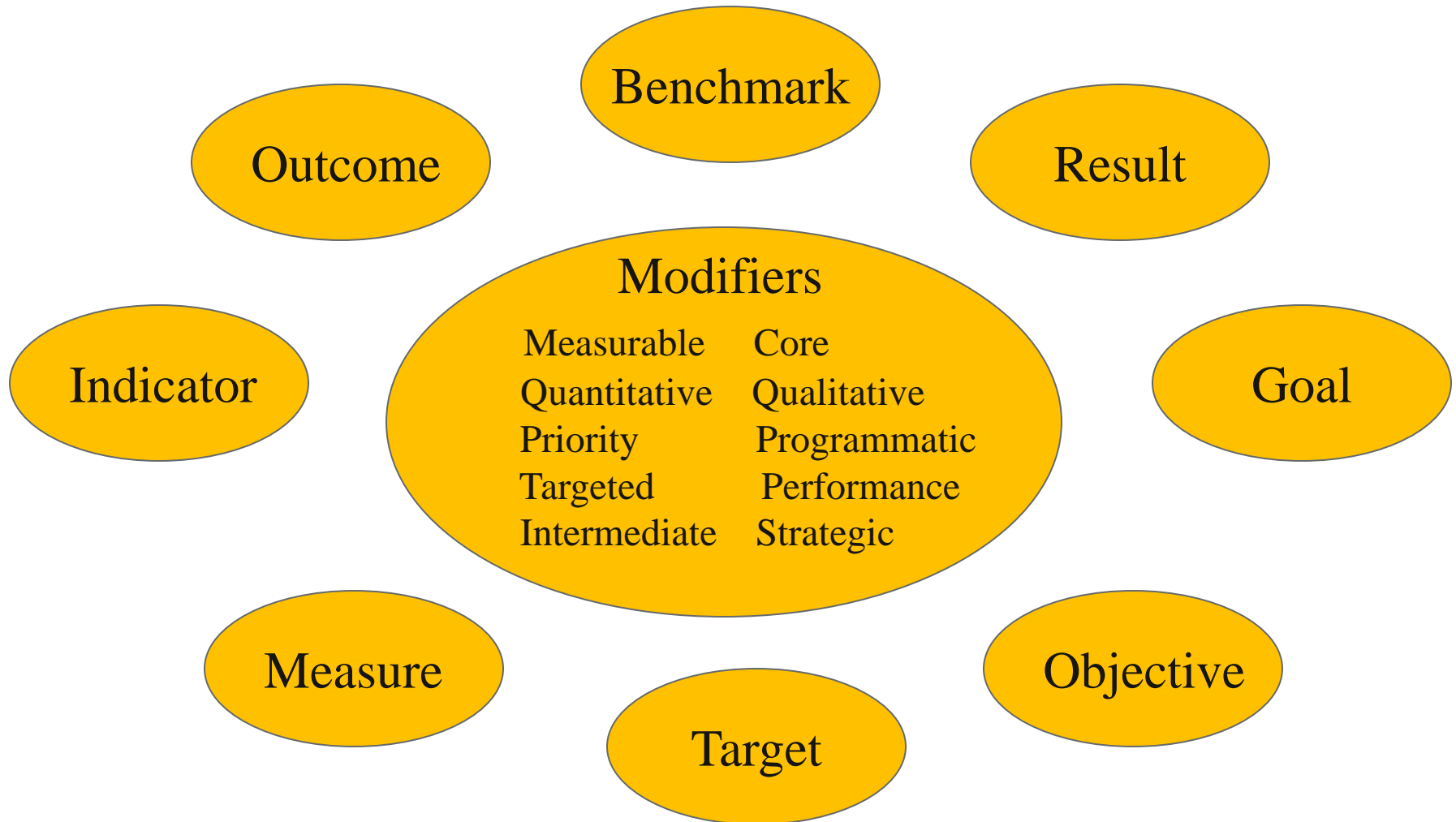
# Engaging Partners and Community Members

- Ask partners what they need/want in order to remain engaged, and work to remove any barriers
- Reinforce the benefits of engagement (and risks of opting out)
- Celebrate successes and recognize people frequently
- Are you making special efforts to engage community members?
- CHIP flexibility: You may collaborate on data collection, the priorities and the plan, but... maintain flexibility for each partner to tackle the priorities and take the actions for which they feel best suited.

# THE LANGUAGE TRAP

Too many terms. Too few definitions. Too little discipline

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# Components of a Plan: Some Terms We'll Use

## Ends (or "Result")

- Goal
- Objective
- Outcome Indicator

## Means (or "Method")

- Strategy
- Tactic
- Performance Indicator

# Components of a Plan: Some Definitions

**Goal**: Broad or general statement of desired change or end state.

- Can refer to a population's (or sub-group's) health status
- Can refer to characteristics of the public health system
- Should be measurable, but does need to have means to measure it embedded

**Objective**: Measurable statement of specific desired change / end state.

**SMART objectives are a common framework.**

Specific

Measurable



Contains an "**Outcome Indicator**" that quantifies achievement of the Objective

Attainable

Relevant

Time-bound

Source for "SMART objective": Doran, G. T. (1981). There's a S.M.A.R.T. way to write management's goals and objectives. Management Review, Volume 70, Issue 11(AMA FORUM), pp. 35-36.



# Components of a Plan: Some Definitions

**Strategy**: A general approach or coherent collection of actions which has a reasoned chance of achieving desired objectives.

**Tactic**: Specific programmatic, policy or other action that implements or “operationalizes” a strategy.

**Performance Indicators**: Measures that quantify how well a strategy’s tactic(s) are working, or “performing.”

# Components of a Plan: Example Statements

**Goal:** Reduce the incidence of pediatric asthma and its effects on children's lives.

**Objectives:** a) Reduce visits to the school nurse for asthma attacks by 30% within two years.  
b) Reduce hospital emergency dept. visits for pediatric asthma by 20% within three years.

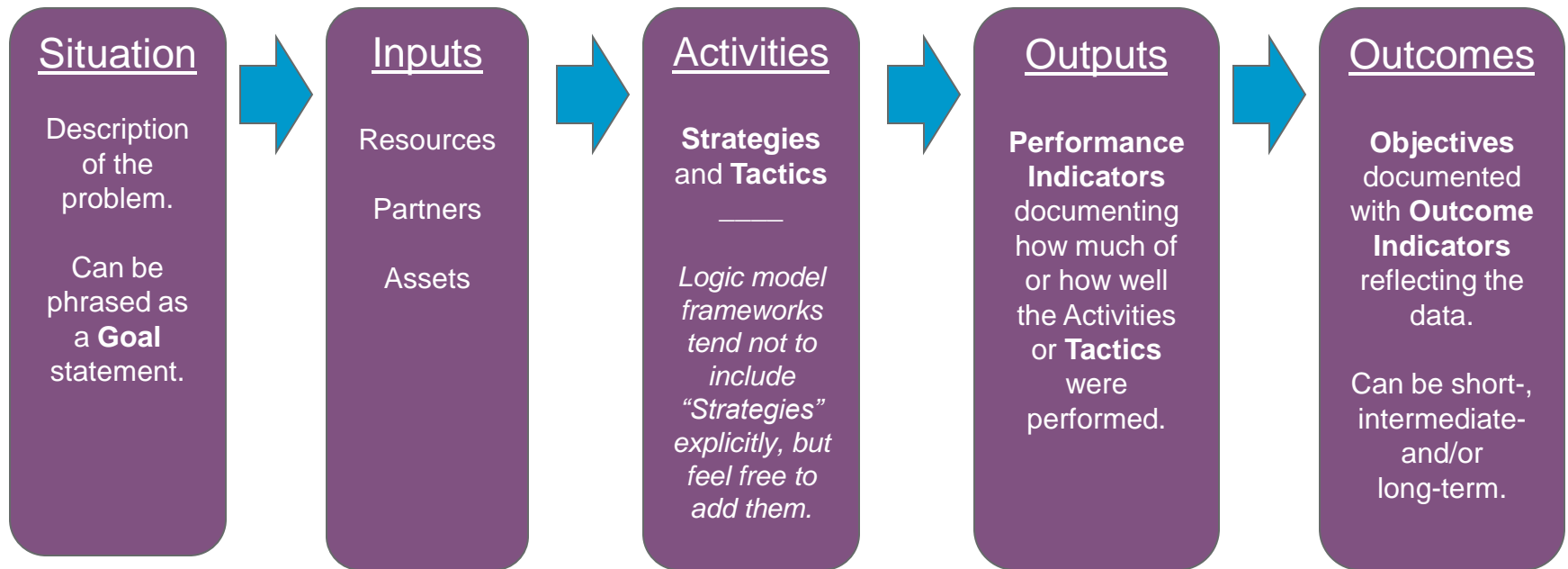
**Outcome Indicators:** a) Total number of visits to school nurse during a school year.  
b) Total hospital ED visits by children for asthma.

**Strategies:** a) Ensure children have inhalers and knowledge about using them.  
b) Ensure parents have necessary knowledge to help children manage the disease.  
c) Assess and reduce environmental triggers at home and in school.

**Tactics:** a) Identify children with asthma and deliver age-appropriate education to  $\geq 80\%$  of them.  
b) Secure grant funding and partners to implement "asthma triggers" assessment and education in  $\geq 80\%$  of homes of children with asthma.

**Performance Indicators:** a) Percentage of children receiving asthma education in one school year.  
b) Percentage of homes reached by "asthma triggers" assessment.

# Components of a Plan: Logic Models to Illustrate “Theories of Change”



**Note:** The “language trap” applies here, too, and there is not one “correct” logic model format. Adapt it to your needs. Two excellent resources are:

<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>

<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>



# Components of a Plan: Uses of Logic Models

- **Tool to refine the “logic” or “theory of change” embedded in your CHIP**
  - Helps identify and impact “root causes” of health issues (not only “symptoms”)
  - Provides (requires) a rationale for every component of your plan
  - Use in work team or committee discussion sessions
- **Visual representation of the relationship among many goals, objectives, strategies, tactics and performance indicators**
  - Describes the intended sequence of events
  - Communication tool to use both internally and with external stakeholders
- **Basis for creating detailed work plans**
  - Provides framework for designating tasks, timing and accountabilities
- **Provides a roadmap for evaluation and reporting**

# Building your Plan: Keep in Mind the Socio-Ecological Model



- Where are your opportunities to intervene at each level?
- Where are the issues' "root causes"?
- What roles for the LHD?
- What roles for partner organizations and community groups?

Source: <http://www.esourceresearch.org/Portals/0/Uploads/Images/Glanz/SocialEcologicalModel.gif>  
Office of Behavioral & Social Sciences Research, NIH, U.S. DHHS

# Building Your Plan: Sample Content Outlines



<http://www.naccho.org/topics/infrastructure/CHAIP/chip.cfm>

## For each of six priorities:

- Goal
- Outcome Objectives / Indicators
- Risk Factors
- Impact Objectives
- Direct and Indirect Contributing Factors
- Suggested Intervention Strategies, by stakeholder
- Resources Available
- Key Contacts and Links

# Building Your Plan: Sample Content Outlines

## JACKSON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2005-2010



**Jackson County Health Department**  
Promoting Health, Preventing Illness, Protecting our  
Environment, and Preparing for Emergencies

Submitted: August 26, 2005

### For each of five priorities:

- Description of the Problem
- Outcome Objective
- Impact Objectives
- Proven Intervention Strategies, overall and by sector
- Community Resources
- Funding Needed, and sources
- Evaluation

# Building Your Plan: Sample Content Outlines



## Community Health Improvement Plan

2009 – 2014



<http://www.hudsonhospital.org/community>

### For each of five priorities:

- Why Address?, data summary
- Goal(s)
- Objectives
- Action / Implementation Steps

### Plus:

- Approach to intervention strategies
- Tracking results

# Closing Discussion and Questions



## Last Word

**The next CHA/CHIP training webinar will be on:**

***‘Developing Goals and Strategies’***

***Presenters:*** Allen Lomax, Community Indicators Consortium & Mark Peters, St. Clair County Health Department (IL)

**Wednesday, 5/9/12 at 2:30 PM ET**

**Please complete the evaluation before  
logging off the webinar.**