Community Health Improvement Planning

MPHTI 2012 Summer Institute

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Training Team

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PHAB REQUIREMENTS FOR CHA AND CHIP

Public Health Accreditation

Goal: to improve and protect the health of every community by advancing the quality and performance of public health departments (state, local, Tribal, territorial).

PHAB
Advancing public health performance.

PHAB Prerequisites

- Health Assessment
- Health Improvement Plan
- Strategic Plan

Why Prerequisites?

- Good measure of capacity to address identified health needs
- Foundation for other documentation
- Will identify community and health department needs
- Springboard to the future

How do the pre-requisites fit together and differ?

The Community Health Assessment informs all three plans.

(Adapted from MarMason Consulting LLC, 2012)

Assessment of Prerequisites

Application:
Initial review by PHAB staff to ensure completeness

Site Visit:
Site visitor team review to assess conformity

Standards and Measures: Community Health Assessment

Standard 1.1: Participate in or conduct a collaborative process resulting in a comprehensive community health assessment.

Measures:

- 1.1.1T/L: Participate in or conduct a local partnership for the development of a comprehensive community health assessment
- 1.1.2T/L: Complete a local community health assessment
- 1.1.3 A: Ensure that the community health assessment is accessible to agencies, organizations and the general public

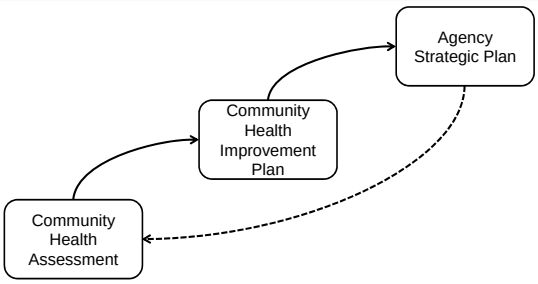
Standards and Measures: Community Health Improvement Plan

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

Measures:

- 5.2.1L: Conduct a process to develop a community health improvement plan
- 5.2.2L: Produce a community health improvement plan as a result of the community health improvement process
- 5.2.3A: Implement elements and strategies of the health improvement plan, in partnership with others
- 5.2.4A: Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

PHAB Pre-requisites



What is the difference between a Community Health Improvement Plan and a Strategic Plan?

Both plans:

- Are strategic in nature and consider data in the CHA
- May have similar components (vision, priorities, strategies, goals and objectives)

Community health Improvement plan is a plan focused on the *defined community*

Strategic plan is the *organizational* plan for the health department.

COMMUNITY HEALTH ASSESSMENT OVERVIEW

Community Health Assessment

A community health assessment is a process that uses quantitative and qualitative methods to systematically collect and analyze health status data within a specific community. The process should involve active community engagement.

Health status data include information on risk factors, quality of life, mortality, morbidity, community assets, and other information that illustrates **why health issues exist** in a community.

Community health assessment data inform community decision-making, the prioritization of health problems, and the development and implementation of community health improvement plans.

(Issel 2004, Cibula et al 2003, Dever 1997)

Community Health Assessment

Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processed may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

(Turnock, B. *Public Health: What It Is and How It Works.* Jones and Bartlett, 2009).
PHAB Acronyms and Glossary of Terms, Version 1.0

Measure 1.1.1 T/L

Participate in or conduct a local partnership for the development of a comprehensive community health assessment

1.Participation of representatives of various sectors of local community
2.Regular Meetings
3.Description of the process used to identify health issues and assets

Measure 1.1.2 T/L – Complete a CHA

Complete a local community health assessment

1. Dated within the last five years
2. Data and information from various sources contributed to the CHA and how data were obtained
3. Demographics of the population of the jurisdiction served
4. Health issues and specific descriptions of population groups with particular health issues
5. Contributing causes of community health issues
6. Existing community assets or resources to address health issues
7. Local community at large has had an opportunity to review and contribute to the assessment

Measure 1.1.3 A

Ensure that the community health assessment is accessible to agencies, organizations and the general public

1. Documentation that the community health assessment has been distributed to partner organizations
   - Must provide two examples
2. Documentation that the community health assessment and/or its findings have been made available to the population of the jurisdiction served by the health department
   - Must provide two examples

Common Steps in Conducting a Health Assessment

1. Develop an assessment plan
2. Engage the community and local public health system partners
3. Define the population
4. Identify community health indicators **that align with your Community's vision* or goals for the assessment**
5. Collect and compile data on identified indicators
6. Analyze data
7. Summarize key findings
8. Report results back to community and partners

***not a PHAB requirement and in some cases visioning may come before the CHA conduct**

Importance of CHA

- Yields information to better understand community and community health needs
- Helps determine where there is a match between needs and resources
- Provides valuable information for developing funding proposals
- Provides an opportunity for building relationships and partnerships
- Prepares for priority setting based on data

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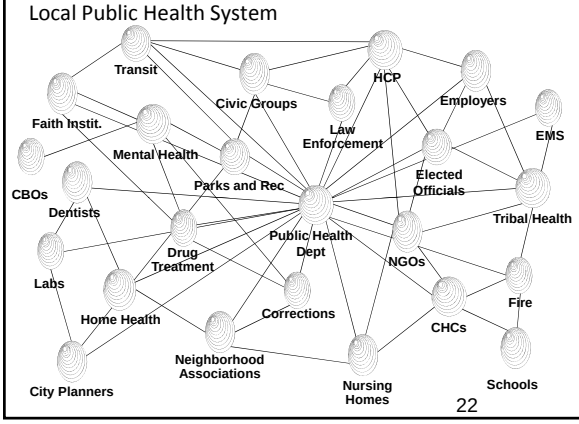
Local Public Health System



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Community Participation

"Regardless of the scale on which a community assessment is conducted, it is likely to be most effective if it combines multiple methods, respects both stories and studies, and places its heaviest emphasis on eliciting high-level community participation throughout the assessment process."

(Trevor Hancock and Meredith Minkler, 2006: "Community Organizing and Community Building for Health")

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Community Participation

- Involvement by representatives of various community interests and groups.
- various organizations and groups that make up the public health system
- Diversity is also important. Think about racial/ethnic, socioeconomic and age groups that represent your community/county.

MAPP Training Slides, NACCHO 2011

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Mobilizing for Action through Planning and Partnerships (MAPP)

MAPP Essential: Community Driven

Mobilizing and engaging the community

Partnerships to strengthen the community

Planning driven by the community

Action with and by the community

MAPP Training Slides, NACCHO 2011

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CHA Components

Pre-Assessment Work

Engage Community & Public Health System Partners

Purpose of Assessment

Data Compilation/Collection

Data Analysis

Prioritizing

Disseminating Results

Informs and Leads to → Community Health Improvement Planning (CHIP)

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Data Compilation/ Collection

- Begin by….identifying what is already available.
- Determine what is important to the community to select indicators.
- Identify what data you have vs. what is needed.
- Collect and compile secondary and primary data.

MAPP Phase III: The 4 Assessments

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Secondary Data:

- Data that are collected by other sources, second-hand.
- Typically data collected by local, state and national agencies.
- Trend data is an important piece of secondary data.
- Seek as much local data as possible.

Primary Data:

•Data that are collected first-hand.

•Common methods include:

Community Surveys
Focus Groups
Asset Mapping
Town Hall Meetings

Categories of Secondary Data Collection

- Demographic Characteristics
- Socioeconomic Characteristics
- Health Resource Availability
- Quality of Life
- Behavioral Risk Factors
- Environmental Health Indicators
- Social and Mental Health
- Maternal and Child Health
- Death, Illness and Injury
- Infectious Disease
- Sentinel Events

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Sources for Data

- State or local databases
- Previously conducted health assessments or reports
- Partners who have access to data through their organizations
- Consider whether new sources of data need to be developed

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What sources do you look to for secondary data?

Challenges with local data?

Useful Data Sources:

Montana Department of Public Health and Human Services

- Montana's Rural Health Plan - July 2011
- Behavioral Risk Factor Surveillance System
- Vital Statistics Reports
- Montana Central Tumor Registry Surveillance Reports
- Hospital Discharge Data System Surveillance Reports
- Community Health Assessment Data
- Communicable Disease Annual Reports

Useful Data Sources Cont.:

Bureau of Business and Economic Research – University of Montana

- The Economic Cost of Alcohol Abuse in Montana

Montana Office of Public Instruction

- Youth Risk Behavior Surveillance System
- Two specific Native American Reports available from 2011 YRBS

U.S. Census Bureau

- Demographic information

Useful Data Sources Cont.:

Montana Office of Rural Health & Area Health Education Center

- Healthcare workforce information and reports

Kaiser Family Foundation

- Kaiser State Health Facts

Rocky Mountain Tribal Epidemiology Center

- Montana & Wyoming Tribal Health Information

Useful Data Sources Cont.:

American Indian Health – National Institutes of Health

- Research and Data Statistics
- www.americanindianhealth.nlm.nih.gov

Billings Area Indian Health Service

Centers For Disease Control and Prevention

- State specific surveillance reports

Montana Department of Labor and Industry – Research & Analysis Bureau

Other Possible Sources of Local Secondary Data

Public School System
- Enrollment numbers
- Graduation/drop-out rates
- Test scores

Library
- Local history/Information unique to the county

Chamber of Commerce
- List of businesses
- Employment/Unemployment rates
- Area economic data

Civic organizations
- Sources of involved community members
- Lists of charitable projects

Religious groups
- Membership numbers

http://www.healthycarolinians.org/library/pdf/2011GuideBook/CHA_Guide_Book1-2011-Phase3.pdf

Other Possible Sources of Local Secondary Data

Community college/local university
- Enrollment/graduation numbers
- Fields of study available to students
- Academic research about the community

Law enforcement agencies
- Crime incidence
- Arrests/convictions numbers
- Incidence of domestic violence
- Motor vehicle crash information

Non-profit organizations
- Types of services performed
- Number of people eligible for service
- Number of people served
- Plans for the future

Large employers
- Products made
- Employee benefits and access to health services

http://www.healthycarolinians.org/library/pdf/2011GuideBook/CHA_Guide_Book1-2011-Phase3.pdf

Inventory of Community Health Resources

Who works in your community?

What **resources** are available in your community?

What **services** are available in your community?

How can agencies and organizations **collaborate** in your community?

Data Analysis

Summarizing Data and Results

and

Interpreting Data and Results

Not just raw data!

Comparing Data to Peer Community, State and National Benchmarks (HP 2020)

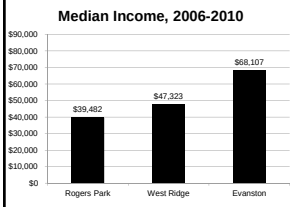
-What are the rates in a peer or similar community?

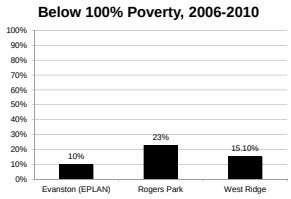
-What are the rates in the state?

-What are the national benchmarks/goals in the HP 2020 objectives?

DATA ANALYSIS AND PRESENTATION EXAMPLES

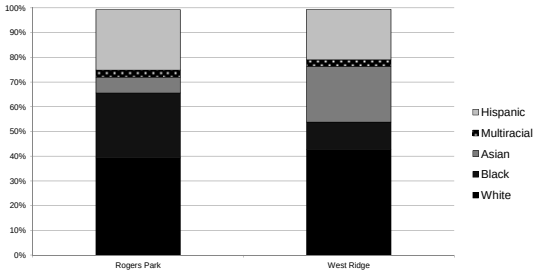
Data Analysis and Presentation -
Bar chart





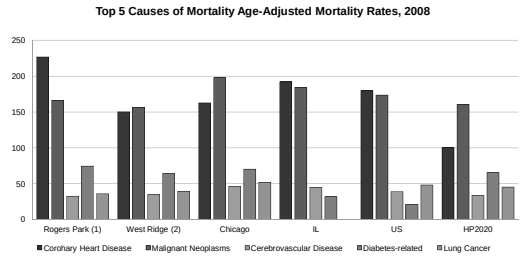
Source: www.robparal.com/ChicagoDemographics2010.html

Data Analysis and Presentation -
Stacked bar chart

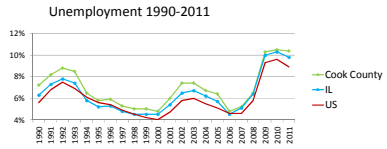


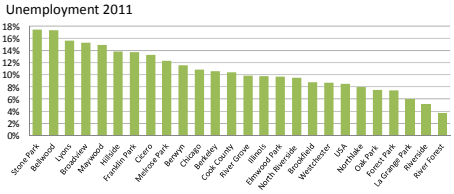
Source: www.robparal.com/ChicagoDemographics2010.html

Data Analysis and Presentation -
Side-by-side bar chart

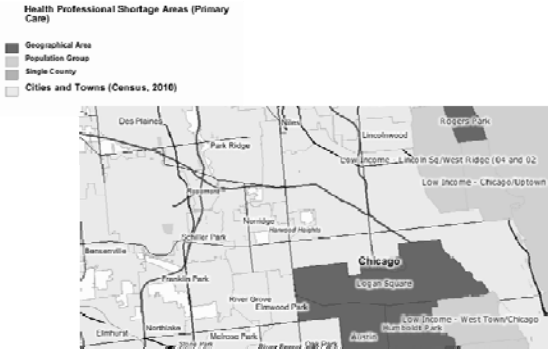


Data Analysis and Presentation
Trends





Data Analysis and Presentation - Map



Data Challenges

Difficulty getting local data

- Census data available only for cities & towns > 5,000
- BRFSS and YRBS at regional or state level
- Low population density

Opportunities:

- Regional collaboration around data collection and/or interventions
- Small population → build strong and comprehensive community input mechanisms

NACCHO

ANALYZING COMMUNITY HEALTH AND COMMUNITY INPUT DATA ACTIVITY

NACCHO

CASE STUDY – Activity Overview

1. Form teams of 5-6
2. Review case study and compiled **secondary** data.
3. Discussion.
4. Review community input data.
5. Identify top community health issues.

TOMORROW: Prioritize Issues, Develop Action Plans.

WEDNESDAY: Select some interventions.

ACTIVITY: Community Health Profile Analysis

Step 2: Review case study and compiled **secondary** data.

- What data helps to identify top community health issues?
- What data helps to identify disparities?
- What other secondary data sources beyond what's included in the case study do you have access to?

ACTIVITY: Community Health Profile Analysis

Step 3: Discussion

- What issues are surfacing?
- What else do we need to know to be able to prioritize?
  - Is there a source for existing data?
- In the context of existing resources and capacity:

How does this inform the primary data collection / community input process?

- Methods
- Partnerships, cost-sharing opportunities
- Populations of focus
- Key research questions

CHA OVERVIEW CONTINUED…

Collecting Primary Data

Data that are collected first-hand.

Benefits: increasing understanding of community resident perspectives on needs and priorities as well as community strengths, opportunity for further community engagement and information to focus more in-depth assessment.

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Methods for Collecting Data

Today's Discussion:

Surveys
Interviews
Focus Groups
Forums

Others:

Asset Mapping
Ethnography
Content Analysis
- Textual
- Photographic

Oral Histories
Event Analysis
Etc.

Collecting Primary Data

- Takes a lot of effort and some expert assistance.
- Value gained usually outweighs the effort!
- Helps focus data collection AND complete the picture of health in the community.
- May answer some questions in secondary data…help to understand the "why".

Aren't People's Opinions Subjective?

YES

- Individual opinion is shaped by a host of factors - experiences, environment, opportunities, outlook on the future, etc.
- An opinion is a person's perspective on the world around them, and it cannot be invalidated.

People's Perspective is Important

- If we do not accept that individual opinion is valuable, we fail see the importance of human experience!
- Opinion is a valid indicator of how the world is experienced by those who are living in it!
- Understanding social phenomena from the perspective of people engaged in it provides knowledge about how it works, how it affects people, and how it can be changed/ improved!

All Research Starts with a Question

Before you begin, clearly define your research question(s).

- What is the purpose of the research?
- Why does this research need to be done?
- What is the intended goal of the research?
  - Goal should be to uncover something unknown or verify something already known

WRITE DOWN the research questions/ purpose and continually refer to these at every step of process – it will keep you on track!

Questions to Ask to Determine Purpose of Research

What is the problem that the study is to address?
What led to the decision to do this study?
What is the purpose of the study?
What kinds of information do you want?
What types of information are of particular importance?
Who wants the information?
Who do you plan to share it with?
How will you use the information?
What do you want them to do with the information?

Community Input Methods

- How would you use the method in the community health assessment?

  Who would participate?
- Challenges
- Strengths

Collecting Primary Data

- Assure and protect confidentiality of participants
- Use tested tools – Don't reinvent the wheel.
- Tailor tools to your community…culturally and linguistically appropriate.
- Identify primary populations for data collection.
- Create plans to reach primary population.
- Know your research question (s).

Collecting Primary data

Create an electronic database with each of the variables on the survey.
- Excel
- SPSS

Be prepared to spend a day or two entering data.
- Clean the data.
- Treat all incomplete/ partial surveys the same.
- Make a list of all the incongruent issues.
  - Review list for similar incongruence.
- Double-check your work

Keep your research questions in the back of your mind as you collect and enter the data.

Analyzing Primary Data

Ask the data your research questions.

Aggregate each question.
- Determine the mean (average), median, mode.
- If there is great variance in mean, median, mode, assess the reliability.

Cross-reference these descriptive with various questions.

Analyzing Primary Data

Select questions that highlight important findings.

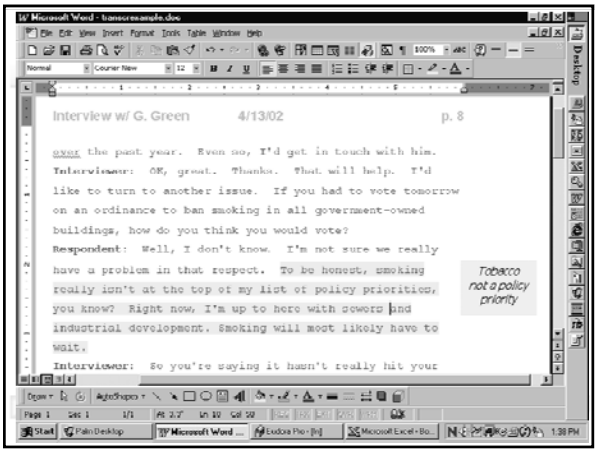
Pay attention to unexpected findings.

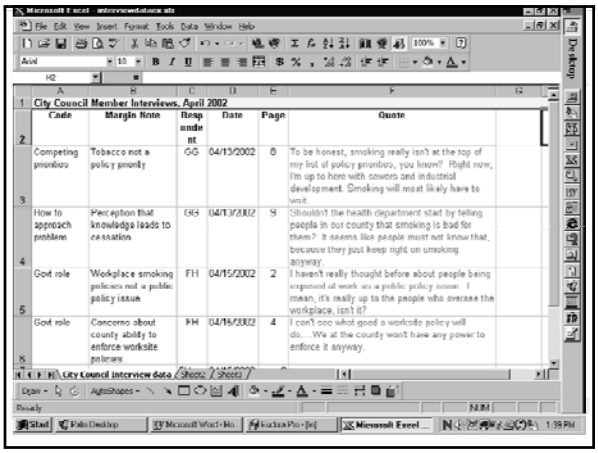
Step back – think about the large implications of the findings.
- What do these say about the problem/ issue being researched?

Analyzing the Data

Read through all the data while keeping in mind your research questions
- Take notes on where/ how the questions are answered

Code the data:
- Use the unique identifiers you assigned as a means to keep track of the participants
- Group the answers to similar questions together
- Sort quotes into groups with common themes/ issues from answers to similar questions





City Council Member Interviews, April 2002

Code	Margin Note	Respondent	Date	Page	Quote
Competing priorities	Tobacco not a policy priority	GG	04/13/2002	8	To be honest, smoking really isn't at the top of my list of policy priorities, you know? Right now, I'm up to here with sewers and industrial development. Smoking will most likely have to wait.
How to approach problem	Perception that knowledge leads to cessation	GG	04/13/2002	9	Shouldn't the health department start by telling people in our county that smoking is bad for them? It seems like people must not know that, because they just keep right on smoking anyway.
Govt role	Workplace smoking policies not a public policy issue	FH	04/15/2002	2	I haven't really thought before about people being exposed at work as a public policy issue. I mean, it's really up to the people who oversee the workplace, isn't it?
Govt role	Concerns about county ability to enforce worksite policies	FH	04/15/2002	4	I don't see what good a worksite policy will do.... We at the county won't have any power to enforce it anyway.

Analyzing Primary Data

Write a few sentences about each theme/ issue that come directly from the data.

- These sentences should be combined together to answer the appropriate interview question/ topic.

Begin to link common themes across the interview questions.

Step back – Think about the larger implications of the findings.

- What do these say about the problem/ issue being researched?

Reporting the Data

State the original purpose/ research questions.

Present the data.

- Charts & Graphs
  - Be sure the presentation type reflects the findings.
  - Make the title of the chart/ graph the finding.

Briefly explain (in words) what the chart/ graph shows.

Reporting the Data

Answer the **"so what"** question.

- Explain the larger application of the data.
- "54% of the population is Latino, but there are no services for Latinos in the area. Services needed to be provided for this population."

Explain any limitations, problems with the survey, data collection, or analysis.

- Representative or not?
- "The survey was distributed only in English, thus it was skewed towards native speakers."

ANALYZING COMMUNITY HEALTH AND COMMUNITY INPUT DATA ACTIVITY CONT…

ACTIVITY: Community Health Profile Analysis

Step 4. Review community input data.

Step 5. Identify top community health issues.

- What are the top issues that are emerging?
- How are these issues cross-cutting?
- What else do you need to know?

COMMUNICATING THE CHA RESULTS AND SHARING DATA

Disseminating and Sharing CHA Results

- This is a **Community** assessment….share the results for all to use.
- Think about the best ways to communicate and convey the results in accessible and user-friendly manner.
- Remember…PHAB Domain 4 – disseminating results of CHA to the community

Using CHA Results for CHIP

- Informed decision-making
- Community engagement cultivated
- Partnerships developed
- Investment for improving (achieving purpose, vision)
- Comprehensive picture of community in context of state and national benchmarks

CHA RESOURCES

See Resource Packet

PARTNERING WITH HOSPITALS

Affordable Care Act Community Benefit Requirements

CHNA every three years that includes:

- Community engagement
- Public health expertise
- Implementation strategy
- Community access to the results

Opportunity: IRS Community Benefit Requirement

Community Benefit

Program or activities that provide treatment or promote health as a **response to community needs and meet** at least one community benefit objective:

- Improve access to health services
- Enhance public health
- Advance knowledge
- Relieve government burden

Community Need

Community need can be demonstrated through:

- Community health needs assessments
- Request from public agency or community group
- Partnership with government or other tax-exempt organizations

Source: PPACA, Sec. 9007 and AHA's April 19, 2010 "Detailed Summary" of the legislation.

CHNA: Required Components

- **Description of the community served by the hospital and how it was determined**
- **Description of the process and methods used**
  - Sources and dates of data and other information
  - Analytical methods
  - Information gaps
  - Collaborating organizations
  - Contractors and their qualifications

CHNA: Required Components (continued)

- **Description of input from the community**
  - Public health experts
  - Governmental public health departments
  - Medically underserved, low-income, minority populations
  - Populations with chronic disease needs
  - Other community partners
- **Prioritized description of community health needs**
  - Process and criteria used
- **Description of resources to meet the needs**

CHNA: Required Components (continued)

- **Make CHNA widely available to the public**
  - Post on website
- **Implementation strategy**
  - Addresses each need
    - Describes how hospital will meet the need alone or via collaboration with others
    - Explains why the hospital doesn't plan to meet it

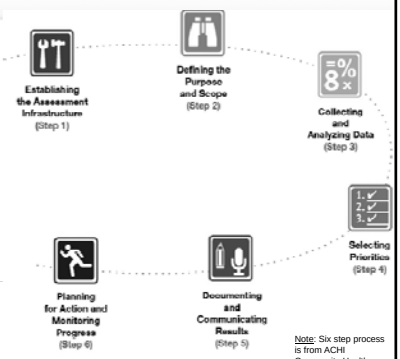
Reasons to Consider Partnering with Hospitals

- By and large, they serve the population you serve
- They are/will be conducting CHNAs in any case
- Great deal of valuable data (and knowledge) complementary to public health's own
- Potential economies of scale on assessment costs and effort
- Potential voluntary coordination on priority-setting
- Potential voluntary coordination on plans and actions

Opportunities to Partner: Points in the Process

Discussion of opportunities to engage with hospitals at each step along the way.

Tailor your approach to meet each party's needs in your case.



Note: Six step process is from ACHI Community Health Assessment Toolkit.

Potential Partnering Challenges

- Identifying the most appropriate point person in a hospital
- Aligning assessments' frequency and time cycle
- Differing communities, geographies and populations
  - "jurisdiction" vs "primary/secondary service area"
- Decisions regarding the scope of an assessment
- Range of topics and indicators
  - public health, health care, health behaviors, social determinants, etc.
- Choice of a shared assessment approach or model
- Differing reporting needs and audiences

Maximize Respective Strengths

	Local Health Department	**Non-Profit Hospital**
Perspective	Population health/Prevention	Health care services/ Access
Interventions	Health education, changes in community conditions	Services enhancements, outreach
Organizational Goal	Accreditation	Mandate

COMMUNITY HEALTH IMPROVEMENT PLANNING

Community Health Improvement Plan

- A long-term systematic effort to address issues identified by the assessment and community health improvement ***process***
- Is broader than the health department and should include partners
- Considered current by PHAB if developed or updated within a 5 year time period prior to application
- Based on community health assessment
- Relates directly to Domain 5

Community Health Improvement Plan

A community health improvement plan is a long-term, systematic effort to address public health problems on the ***basis of the results of community health assessment*** *activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community*

(Adapted from: United States Department of Health and Human Services, *Healthy People 2010.* Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf). PHAB Acronyms and Glossary of Terms, Version 1.0

Measure 5.2.1 L

Conduct a process to develop a community health improvement plan

1. Completed community health improvement planning process that included:
   - Broad participation of community partners
   - Information from community health assessments
   - Issues and themes identified by stakeholders in community
   - Identification of community assets and resources
   - 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

1. Dated within the last five years
2. Community Health Priorities, measurable objectives, improvement strategies, and performance measures with measurable, time-framed targets
3. Policy changes needed to accomplish health objectives
4. Individuals and organizations that have accepted responsibility for implementing strategies
5. Measurable health outcomes or indicators to monitor progress
6. Alignment between the community health improvement process plan and the state and national priorities

Measure 5.2.3A

Implement elements and strategies of the health improvement plan, in partnership with others

1. Reports of Action Taken related to implementing strategies to improve health
2. Examples of how the plan was implemented

Measure 5.2.4A

Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

1. Evaluation reports on progress made in implementing strategies in the community health improvement plan
2. Revised health improvement plan based on evaluation results

Common Community Health Improvement Process Models/Frameworks

- PRECEDE-PROCEED (1970s)
- Planned Approach to Community Health (PATCH) (1983)
- Healthy Communities (1980s)
- Assessment Protocol for Excellence in Public Health (APEX PH) (1991)
- Protocol for Assessing Community Excellence in Environmental Health (PACE EH) (2000)
- Mobilizing for Action through Planning and Partnerships (MAPP) (2001)
- Association for Community Health Improvement (ACHI) Toolkit
- State-specific models/frameworks

Common Elements in Health Improvement Process Models

1) Prepare and plan
2) Engage the community
3) Develop a goal or vision*
4) **Conduct community health assessment(s)**
5) Prioritize health issues
6) **Develop community health improvement plan**
7) Implement community health improvement plan
8) Evaluate and monitor outcomes

*Not a PHAB requirement

Common Steps in Developing a CHIP

1. Ongoing engagement of community and public health system partners
2. Review findings of CHA
3. Determine health priorities based on CHA findings and community and partner input and how these were chosen
4. CHIP implementation plan/ work plan: develop goals, measurable objectives, strategies, timeline, and organization/persons responsible* to address each identified health priority [*not limited to HD responsibility-refer to PHAB CHIP standard/measure language].
5. Devise process for monitoring progress on work plan implementation and meeting goals and objectives
6. Distribute CHIP throughout the community/state
7. Action and monitoring action

Community Health Improvement Process

An ongoing, collaborative, community-wide effort to identify and address health problems through coordinated activities. It may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health.

(Adapted from National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

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CHIP Work Tomorrow

- Prioritizing Issues
- Community Engagement and Action Team Development
- Action Planning
  - Developing Measurable Outcomes, Objectives and Implementation Plans
- Evaluation and Monitoring

See Resource Packet

CHIP RESOURCES