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Community Health Improvement Processes for the Future: Bringing Research and Practice Together

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University of Wisconsin Population Health Institute

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Polk County (WI) Health Department



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Session Overview

- What's up with Community Health Assessment & Improvement Planning?
- Delving into Real Life
- Exploring Tools and Guidance for Your CHA/CHIP Process
- Discussion



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Project Background

Overarching Goal: Improve Community Health Improvement Plans and Processes (CHIPP) to improve health

Key Strategies:

- ✓ Strengthen partnerships
- ✓ Build on strengths
- ✓ Improve quality and efficiency
- ✓ Focus on impact



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Environmental Scan: What Do We Have?

Abundance of national tools, guidance,
templates

- Community Toolbox
- MAPP
- Healthy People 2020
- County Health Rankings & Roadmaps

Hard to see the forest for the trees

Overwhelming to sort through, master, select
from among them



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Environmental Scan What are We Doing? Current CHIPP Practices in Wisconsin

Models Used for CHIPP	
HW 2020	62%
County Health Rankings	36%
MAPP	25%



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What Are We Doing? Current CHIPP Practices in Wisconsin (cont.)

Collaboration	
Just one CHIPP	52%
Collaboration on some parts	27%
Two or more processes	8%



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What Are We Doing? Current CHIPP Practices in Wisconsin (cont.)

Primary Leadership	
Health Department	80%
HD and several others	8%
HD and hospital share	5%
United Way	3%



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What Are We Doing? Current CHIPP Practices in Wisconsin (cont.)

Consultation Sources	
Regional Office	65%
Other local partners	40%
Other health departments	36%
UW Extension	31%
Paid consultant	19%



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What Are We Doing?

What are the most common priorities in local CHIPPs?

- Physical Activity
- Nutrition
- Alcohol and other drugs
- Access to Care
- Mental Health



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What Are We Doing?(cont.) Focus Group Themes

- Local capacity challenges
 - Time, funding, training, technical assistance
- Data gathering & analysis is overwhelming
- Get stuck with data phase and community loses momentum
- Process often feels “health department driven”



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What do We Need? Survey/Focus Group Themes

- Overall guidance on process
- Tools to use
- Standardization
 - Model of practice
 - Data
- Help with action planning
- Assistance with community engagement



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What do We Need? Survey Results

A core group of skilled consultants/facilitators who are readily available to assist communities	97%
Resources to assist in selecting evidence-based intervention strategies	95%
Increased access to local data	95%
A common set of indicators/objectives (pick-list) for CHIPP action planning	93%
Template implementation plans	92%
A recommended standard set of core data used statewide in the assessment phase	92%
A step by step guidance tool with checklists and templates	91%
A single website with links to various resources that assist with CHIPP processes	90%
State level leadership/coordination on issues that are common across the state	90%



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What do We Need?

Feedback from Additional Partners

- Wisconsin Hospital Association
 - Looking for guidance and assistance
 - Critical to comply with new regulations
 - Eager to form new partnerships
- United Way
 - Means to view other communities' plans
 - Community of practice/networking
 - Regional coordination on similar efforts
- DPH Regional Offices
 - More consistent approach, model & tools
 - Skill building for consultants
 - Increased epidemiology capacity



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**WHAT CHALLENGES DOES YOUR LHD &
COMMUNITY FACE AS YOU PROCEED WITH
YOUR CHA & CHIP PROCESS?**



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Best Practices: The Evidence Base

- Relatively little research on CHIPPs
- Most focuses on partnership and assessment phases (descriptive studies)
- Evidence: communities are more likely to produce assessments and priorities than implement actions
- Evidence: partnerships are easier to start than sustain
- There is no literature that measures the impact of CHIPP on health outcomes
- Most material we have is based on expert opinion



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Stage One: CHIPP Quality Measurement Tool

- Modeled after the Public Health Accreditation Standards (Version 1.0 released July, 2011)
- Organized around each step in the CHIPP
- Content Validity was established based on review by an expert panel of local and state health department leaders and Public Health Accreditation Board staff



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TAKE ACTION



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Stage	Measure	Documentation
General	The CHA document(s) are electronically available to the public via a website.	Research staff were able to find CHA online.
Work Together	Documentation of current collaborations that address specific public health issues or populations.	The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
Assess Needs	Local data are compared to other agencies, regions, state, or national data.	There are at least two examples of comparison data that compare data from similar data sources over similar timeframes.
Prioritize	CHIP contains measurable objectives with time-framed targets.	The CHIP or an associated work plan has measurable objectives and time-framed targets.

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Timeframes & Availability

	N	Percentage
CHA has been conducted within the past five years.	79	84%
CHIP has been conducted within the past five years.	72	77%
The CHA document(s) are electronically available the public via a website.	69	73%
The CHIP document(s) are electronically available the public via a website.	61	65%



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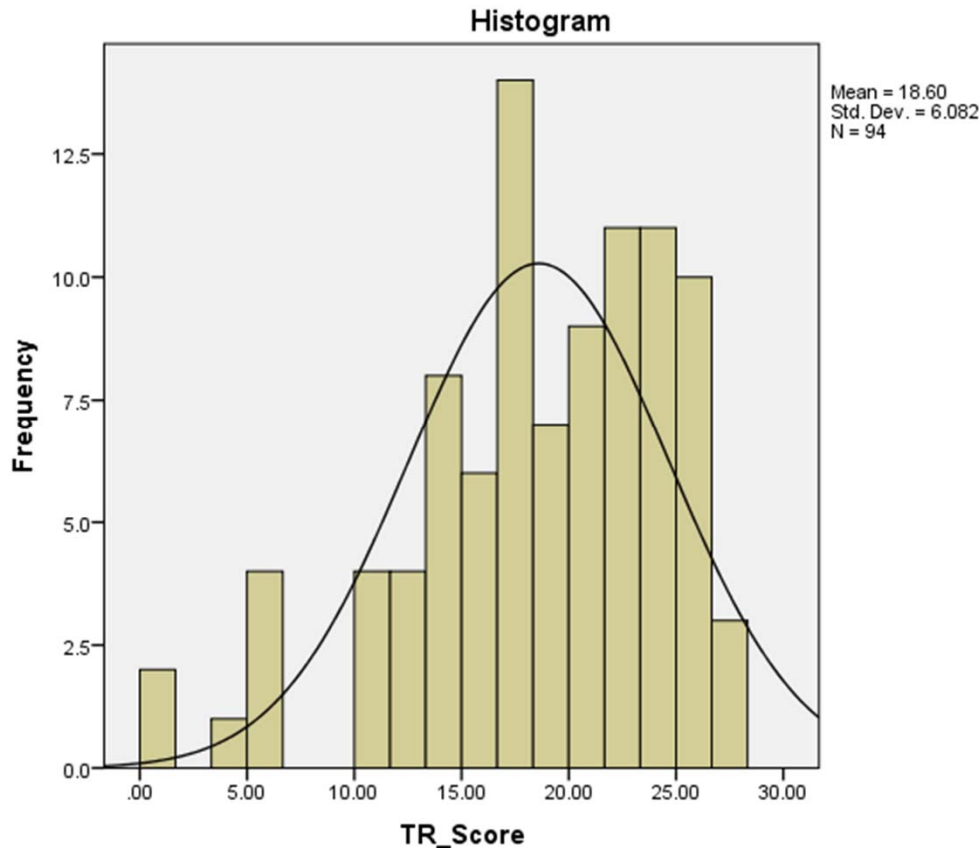
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TOTAL CHIPP Scores



Mean = 18.60

Minimum

Score = 0

Maximum

Score = 27.41

Maximum

Possible Score

= 37



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CHIPP Stage Results (N=94)

CHIPP Stage	Mean Score (Maximum=4)
General	3.19
Assess	3.13
Prioritize	2.74
Choose	2.72
Work Together	2.71
Implement	2.52
Evaluate	1.60

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Highest Scoring Items

Item	CHIPP Stage	Mean Score (Maximum Score=4)
There is evidence of secondary data collection.	Assess	3.74
Data are collected in multiple health factor areas, showing a consideration of the multiple determinants of health.	Assess	3.71
The CHIPP acknowledges state and national priorities.	General	3.66
A variety of data sources are used to describe the community.	Assess	3.55
Local data are compared to other agencies, regions, state, or national data.	Assess	3.55
A formal model, local model, or parts of several models are used to guide the CHIPP.	General	3.53

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Lowest Scoring Items

Item	CHIPP Stage	Mean Score (Maximum Score=4)
The local community at large has had the opportunity to review and comment on the CHA &/or CHIP.	Work Together	1.09
Revise the CHIP based on evaluation results.	Evaluate	1.32
CHIP contains a plan for performance indicators for strategies.	Evaluate	1.62
Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners.	Evaluate	1.62
CHIP contains a plan for measurable health outcomes.	Evaluate	1.83
CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies.	Implement	1.87

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Taking Action For Health: How To Get (And Keep!) Your Community Engaged: Lessons From Polk County Wisconsin

Gretchen Sampson MPH RN
Polk County Health Department
Balsam Lake, WI



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Polk County Quickfacts

- County Population = 45,000
- Rural yet 50 miles from MSP
- 38 FTEs; \$3.1 M budget
- Level 3 Local Health Dept
- Diverse Public Health Programs
- PHAB Accredited May, 2013



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LAST POLK COUNTY CHIPP 2009

Strengths:

- Great partner involvement in CHA process
- Community coalition involvement in CHIP
- Measurable indicators for tracking CHIP progress

Weaknesses:

- Difficulty eliciting input and maintaining community engagement throughout entire process
- No plan for assuring ongoing implementation
- Weak evaluation component



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2012 CHIPP STRATEGIES

- Engaged hospital partners early to plan CHA process
- CHIPP mini-grant recipient: Goal = test new CHIPP tools
- Overarching goal: Improve CHA process to better align with PHAB Standards

- Tools Selected to Test:

Sharing Leadership: Stakeholder Engagement

Primary Data Collection (Listening to the Community)



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COMMUNITY SURVEYS

- Modeled after recent local hospital survey
- 31 multiple choice questions; 2 open ended
- Electronic and paper versions
- Medical center staff administered to patients in lobbies
- Electronic links in media, LHD and clinic websites
- Electronic links sent to schools, other orgs



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- In the last two weeks how many days have you felt sad or depressed?
 1. None
 2. 1 day
 3. 2 days
 4. 3 days
 5. Almost every day
 6. Every day
- In the last 12 months have you ever felt so overwhelmed that you considered suicide?
 1. Yes
 2. No (skip to question 28)
- How are you addressing the problem?
 1. Medication
 2. Talking to a counselor
 3. Talking to a healthcare provider
 4. Talking to a trusted person
 5. Increasing health behaviors (eating better, more exercise, regular sleep)
 6. Nothing
 7. Other (please specify)

Sample Survey Questions



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Community and Partner Forums

- Held 4 Town Hall Meetings at various locations & times throughout Polk county
- Health Officer presented data
- Had LHD & Hospital staff facilitate discussion with pre-determined questions
- Had participants vote on top 5 health focus areas
- Same process at 2 partner forums



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Town hall meeting

Come to any one of these town hall meetings to learn about the health of Polk County residents. Your feedback at these meetings will help direct county and local initiatives aimed at improving the health of our residents.

Review
survey
results.

Help us
improve
our
health.

Tuesday	Jan. 15	4:30-6 p.m.	Polk County Govt. Cntr.
Saturday	Jan. 26	9:30-11 a.m.	Osceola Medical Center
Monday	Jan. 28	5:30-7 p.m.	St. Croix Regional Med. Cntr.
Wednesday	Jan. 30	7:30-9 a.m.	Amery Regional Med. Cntr.

For more information, call Health Educator Mary Boe, Polk County Health Dept., 715-485-8834. Brought to you by the Polk County Health Department, Amery Regional Medical Center, Osceola Medical Center, St. Croix Regional Medical Center and others.

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COMMUNITY HEALTH NEEDS ASSESSMENT PARTNER MEETING

Monday, February 11, 2013

11:30 am to 1:30 pm

Trollhaugen – Stuga Room

Dresser, WI

AGENDA

- Welcome, lunch and networking
- Presentation on Community Health Assessment Data
- Small group discussion on health focus areas
- Voting on top 5 health focus areas for Polk County
- Large group discussion on selected focus areas
- Wrap-up and next steps



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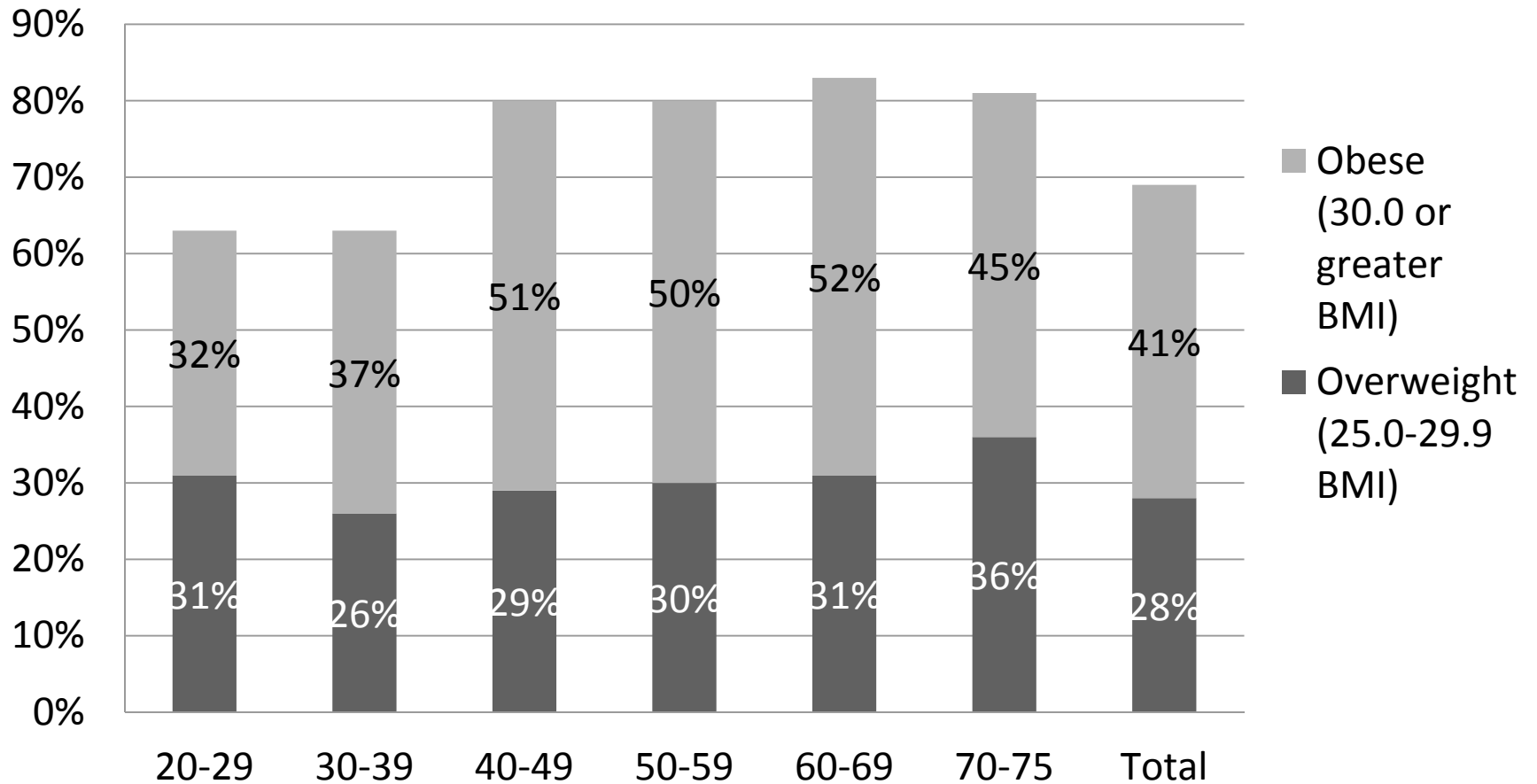
Primary Data Collection: BMI

- Core group decided to pilot data collection from local electronic health records
- Date range selected: 01/01/2012 -06/30/2012
- Exported to Excel spreadsheet; analyzed by contract epidemiologist
- Polk's first experience with real time data!



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Percentage of Overweight and Obesity Among Patients Screened at Polk County Medical Centers January-June 2012



Source: Polk County Medical Centers (n=10,844)

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Results Of Primary Data Collection

- Original hospital created survey – 402 respondents
- Community survey – 1,214 respondents
- Consumer Health Survey from CTG grant – 154 Respondents
- Over 75 attendees at citizen and partner forums
- 10,844 BMI measurements analyzed



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Outcomes

- New CHA Was Successfully Developed
- Stakeholders and community truly engaged
- The top 3 health focus areas voted on in Polk County were:

Mental Health

Obesity

Alcohol Use



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Lessons Learned

- Process of community engagement is hard work!
- Allow adequate time to plan and set goals
- May need to adjust strategies & timeframes
- Hospital partners have key interest in CHA/CHIP
- Meaningful use requirements may open doors
- LHD must provide leadership!!!
- Partnerships essential to success



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Next Steps

- Define CHIP Process with Core Partners
- Identify LHD/Hospital staff co-leaders for implementation teams
- Train CHIP team leaders on roles, process, resources
- Use CHIPP project tools/Wisconsin Guidebook to guide improvement planning process
- Invite survey respondents and partners to join implementation teams for continued engagement
- Develop a new and greatly improved CHIP!!!



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While it is often health outcomes that capture our attention and motivate efforts for change, it is important to focus efforts on all of the factors that influence or drive those outcomes. That is where the greatest opportunity lies for real change.



Health Outcomes	Mortality (length of life) <ul style="list-style-type: none"> Leading Causes of Death Years of Potential Life Lost 	
	Morbidity (quality of life) <ul style="list-style-type: none"> Leading Causes of Illness Measures of Overall Health Low birth weight babies Oral Health * 	<ul style="list-style-type: none"> Chronic Diseases * Communicable Diseases * Mental Health * Injury and Violence * Growth & Development *

Factors that Shape our Health	Health Behaviors <ul style="list-style-type: none"> Alcohol and Other Drug Use * Physical Activity * 	<ul style="list-style-type: none"> Tobacco Use and Exposure * Reproductive and Sexual Health * Healthy Nutrition *
	Health Care and Public Health <ul style="list-style-type: none"> Access to High Quality Health Services Improved and Connected Health Service Systems Chronic Disease Prevention and Management 	<ul style="list-style-type: none"> Emergency preparedness, response and recovery Collaborative partnerships Public health infrastructure
	Social & Economic Factors <ul style="list-style-type: none"> Education Employment Adequate Income 	<ul style="list-style-type: none"> Community Safety Health Literacy Social Support & Cohesion Racism
	Physical Environment * <ul style="list-style-type: none"> Built Environment (housing, buildings, roads, parks, access to food*) Natural Environment (air, water, soil) Occupational Environment 	

Health Disparities

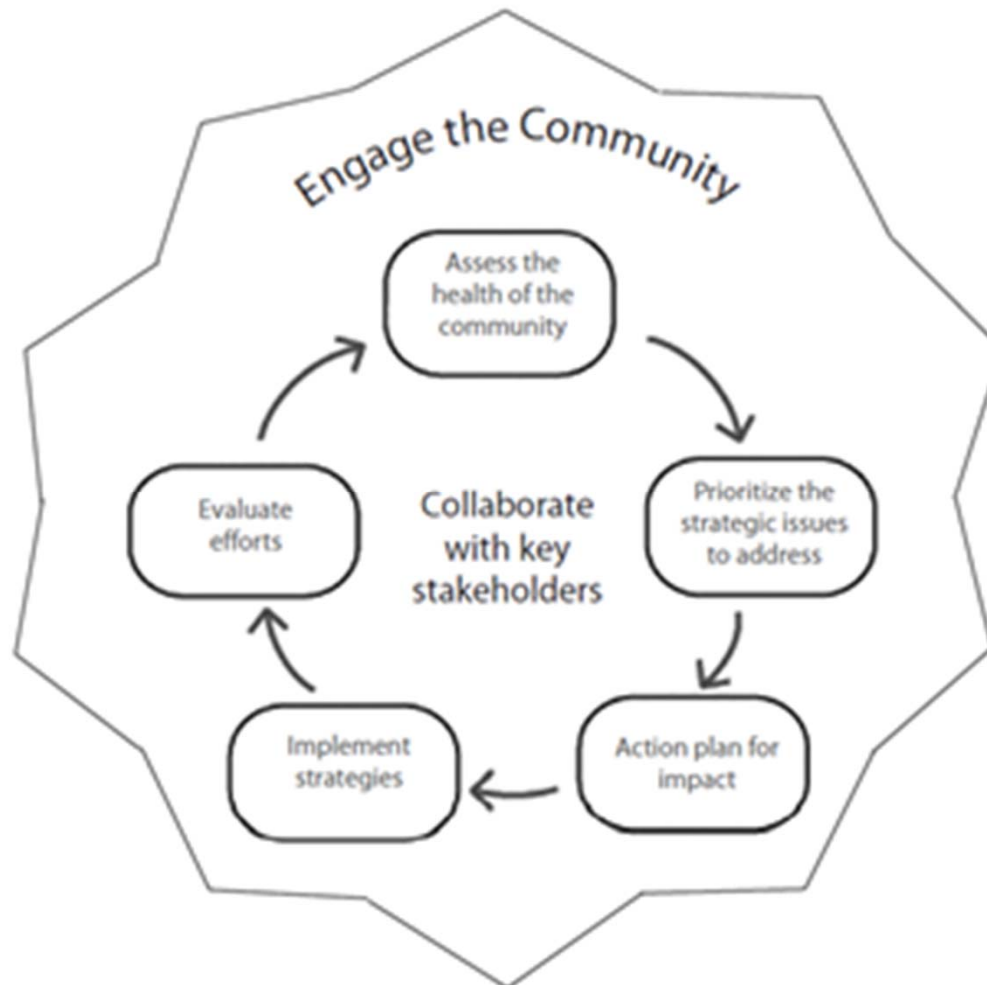
Effective Policies and Systems Aligned for Improved Health

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Core Data Set

Recommended, not required

Built on the Wisconsin Model

- Focus on underlying determinants
- Includes all HW2020 health priorities

Core set of indicators for each area

- “Less is more”
- Data is springboard to action
- Drill down more once priorities are chosen



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Guidebook: Drawing on the Best

Association for Community Health Improvement
(ACHI)

Catholic Health Association

The Community Toolbox (University of Kansas)

County Health Rankings & Roadmaps

Healthy Wisconsin Leadership Institute

Mobilizing for Action through Planning &
Partnerships (MAPP)

Healthiest Wisconsin 2020

Healthy People 2020

National Prevention Strategy



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Guidebook: Concept & Design

Built on community health improvement cycle

Three levels of detail:

- Short checklist for each stage
- Link to more detail on each action step
- Links to additional resources

Neutral language

Cross reference to national standards:

- IRS Requirements for Hospitals
- Accreditation and State Statute Requirements for PH



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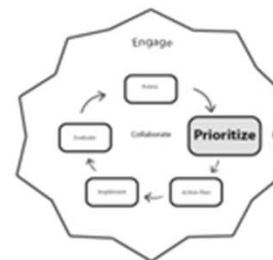
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PRIORITIZE STRATEGIC ISSUES

Focus your community's efforts and resources on the most important issues to achieve the greatest impact on health.



Once you've accounted for your community's needs and resources, you will decide which problem(s) to tackle. Without focus, all issues seem equally important. Taking time to set priorities will ensure that you direct your community's valuable and limited resources to the most important issues. This prioritization process – like the entire community health improvement cycle – should be repeated ever few years as progress is made or community circumstances change.

Checklist of Key Action Steps

Click on any of these action steps for a link to more guidance and related resources.

- [Consider using a skilled, neutral facilitator](#)
By design, your multi-sector team represents various perspectives from your community; while this makes your team stronger it can also make choosing a focus difficult. A skilled, neutral facilitator can help guide your team through a priority-setting process, ensuring all voices are heard and that opposite viewpoints don't negatively affect the process.
- [Determine your guiding question](#)
As you begin your priority-setting process, it may be helpful to focus your team on a guiding question. For example, are you striving for the quickest improvement in health, the greatest impact on health, the greatest improvement for vulnerable populations, or the most effective use of existing resources?



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Consider using a skilled, neutral facilitator

By design, your multi-sector team represents various perspectives from your community; while this makes your team stronger it can also make choosing a focus difficult. A skilled, neutral facilitator can help guide your team through a priority-setting process, ensuring all voices are heard and that opposite viewpoints don't negatively affect the process.

Effective facilitators are objective, but that doesn't mean they have to come from outside the organization or team. Instead, it means that for the purposes of the decision-making process, the facilitator will take a neutral stance and focus on the process.

As you've gathered your multi-sector team to work together, you've likely already been using many of the consensus-building and decision-making skills you'll need to Focus on What's Important. You may want to look back at the tools and other guidance related to [facilitating and group decision-making](#).

Suggested tools:

- **The Role of a Facilitator: Guiding an event through to a successful conclusion** (from MindTools.com) walks through the role of a facilitator and includes a Facilitators' Toolbox, with ice breakers, group decision-making tools, and tips for avoiding common pitfalls.

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Guidebook: Cross Reference to National Standards

Determine the process you will use to select priorities

It's important to remember that no one priority-setting method is best all of the time. Your decision will depend on the size of the team you're working with, the amount of time you have, and how much participation you want to ensure. A good priority setting process will clearly define:

- The criteria on which you will compare options
- Processes to vote/score/rank options
- Roles and processes for making the final choices

ACA Requirement: Describe the process used for prioritizing community health needs in the CHNA report.

PHAB Requirement: Describe the process to set community health priorities.[5.2.1L 1e or 5.2.1T 1e]



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[Using What Works for Health](#)

[Our Ratings](#)

[Our Methods](#)

[Our Sources](#)

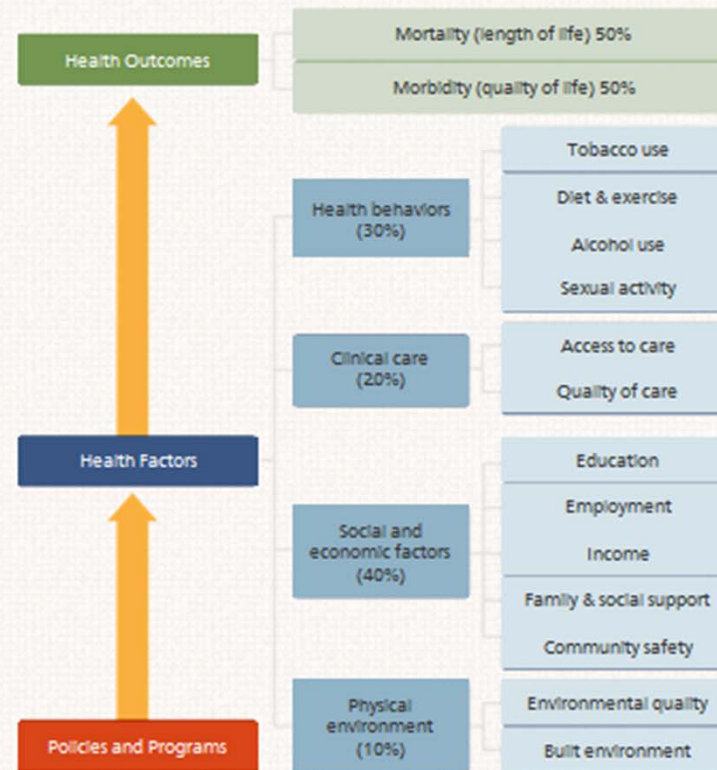
[Choosing Your Strategy](#)

BROWSE ALL POLICIES & PROGRAMS

WHAT WORKS FOR HEALTH

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

To learn more about potential strategies, select a factor such as tobacco use or education in the model below.



County Health Rankings model ©2012 UWPH

www.countyhealthrankings.org/what-works-for-health



Using What Works for Health

Our Ratings

Our Methods

Our Sources

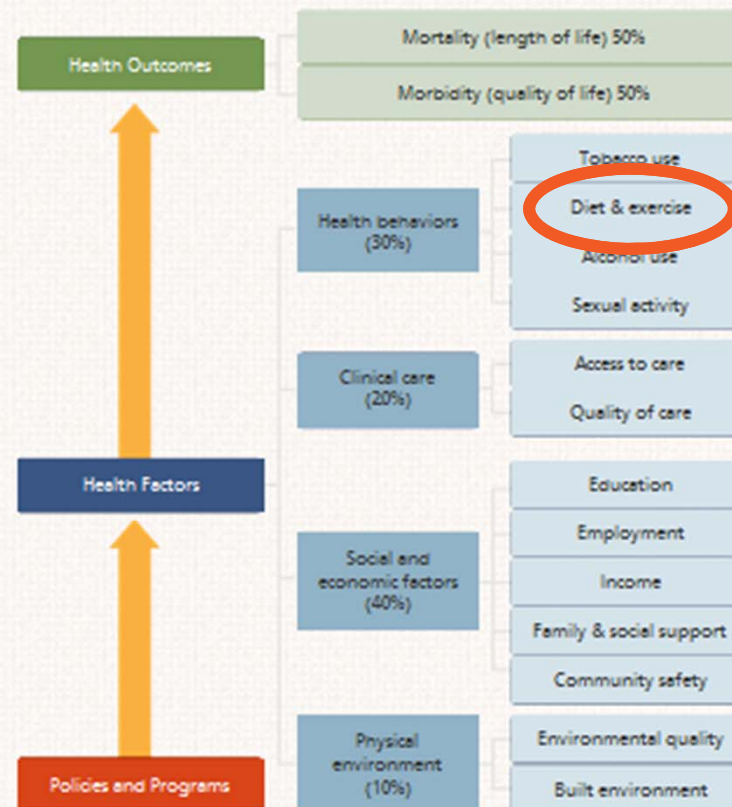
Choosing Your Strategy

BROWSE ALL POLICIES & PROGRAMS

WHAT WORKS FOR HEALTH

What Works for Health provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors we know affect health.

To learn more about strategies that could work in your community, select a health factor of interest (the light blue boxes on the far right) in the model below.



County Health Rankings model ©2012 UWPHH



Keyword Search

GO

Health Factors

Health Behaviors

(-) Diet and Exercise

Social and Economic Factors

Family and Social Support (1)

Decision Makers

Community Leaders (16)

Healthcare Professionals and Advocates (12)

Public Health Professionals and Advocates (8)

Government Officials (26)

Employers and Businesses (15)

40 Policies & Programs, filtered by Diet and Exercise.

Policies and programs that can improve health

Activity programs for older adults

Diet and Exercise, Family and Social Support

Scientifically Supported

Programs for older adults offer educational, social, or physical activities in group settings that encourage personal interactions, regular...

Breastfeeding promotion programs

Diet and Exercise

Scientifically Supported

Breastfeeding promotion programs aim to increase breastfeeding initiation, exclusive breastfeeding, and duration of breastfeeding.

Competitive pricing in schools

Diet and Exercise

Scientifically Supported

Competitive pricing assigns higher costs to non-nutritious foods and lower costs to nutritious foods. Competitive pricing can be implemented in...

Enhance/expand school-based physical education



Competitive Pricing In Schools

Evidence Rating



Scientifically Supported

Health Factors

[Diet and Exercise](#)

Decision Makers

[Educators](#)

Competitive pricing assigns higher costs to non-nutritious foods and lower costs to nutritious foods. Competitive pricing can be implemented in various settings, including schools.

Expected Beneficial Outcomes

- Increased sales of healthy foods
- Increased healthy food consumption

Evidence of Effectiveness

There is strong evidence that competitive pricing increases sales of low fat foods, fruit, vegetables, and water ([Fox 2005a](#), [French 2001](#), [Jaime 2009](#), [Kim 2006](#), [Kocken 2012](#), [An 2012](#)). Price discounts for healthier foods have also been shown to increase healthier food consumption ([An 2012](#)).

Pricing affects individual behavior—adults and teenagers have been shown to purchase items that are lower in cost, whether they are healthy or unhealthy ([French 2001](#)). Reductions in the price of low fat snacks, fruit, and vegetables increase sales of those products ([Fox 2005a](#), [Jaime 2009](#), [Kim 2006](#), [Kocken 2012](#), [An 2012](#)). Preliminary evidence from price discount interventions suggests that the demand for healthy foods such as fruits and low-fat snacks are price elastic, which means a 1% price decrease is associated with more than a 1% increase in quantity demanded ([An 2012](#)).

Lowering the price of healthy foods or raising the price of unhealthy foods has not been shown to significantly decrease school revenue ([Fox 2009](#), [Kim 2006](#)). Reducing the price, increasing the availability of healthier food and beverage choices in school vending machines, and labeling them clearly increases

Public Health by the Numbers

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