CHIP Handbook

A guide All in for Health: Jackson & Josephine Counties regional CHIP work groups

Work group member edition

MARCH 2019

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What is a Community Health Improvement Plan (CHIP)?

Improving community health is not something that any one agency or organization can accomplish. It involves planning and collective action to generate solutions to community problems.

A Community Health Improvement Plan (CHIP) is a community-based blueprint for improving population health and public health system performance. It lays out a long-term, strategic effort to address health-related issues in the community. It looks beyond individual organizations' priorities and actions, and instead outlines ways *multiple* organizations will contribute to addressing the community's priorities to improve the community's overall health and well-being.

The CHIP is developed after the Community Health Assessment (CHA) and is based on the CHA results. The CHA provides data and information to identify community health issues which are then prioritized by the community. The CHIP is used to describe how community stakeholders will address the health priorities identified through the CHA.

The MAPP process, which our partnership has selected to use (see p. 2), specifies that the CHA and CHIP be developed as community-based documents to be used by all the stakeholders involved in the process. The regional collaborative CHIP does not in any way prevent a participating organization from also working on other community health priorities. It is recommended that each organization involved in the CHIP should develop an organization-specific plan (such as a strategic plan, organization-specific CHIP, or work plan) to address the CHIP actions which the organization elects to engage in as well as other priorities and strategies specific to that organization.

What is Mobilizing for Action through Planning and Partnerships (MAPP)?

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. It provides a framework for convening partners, prioritizing health issues, identifying resources to address them, and taking action to improve community health.

We have selected MAPP as our model in completing this collaborative assessment and improvement planning work because:

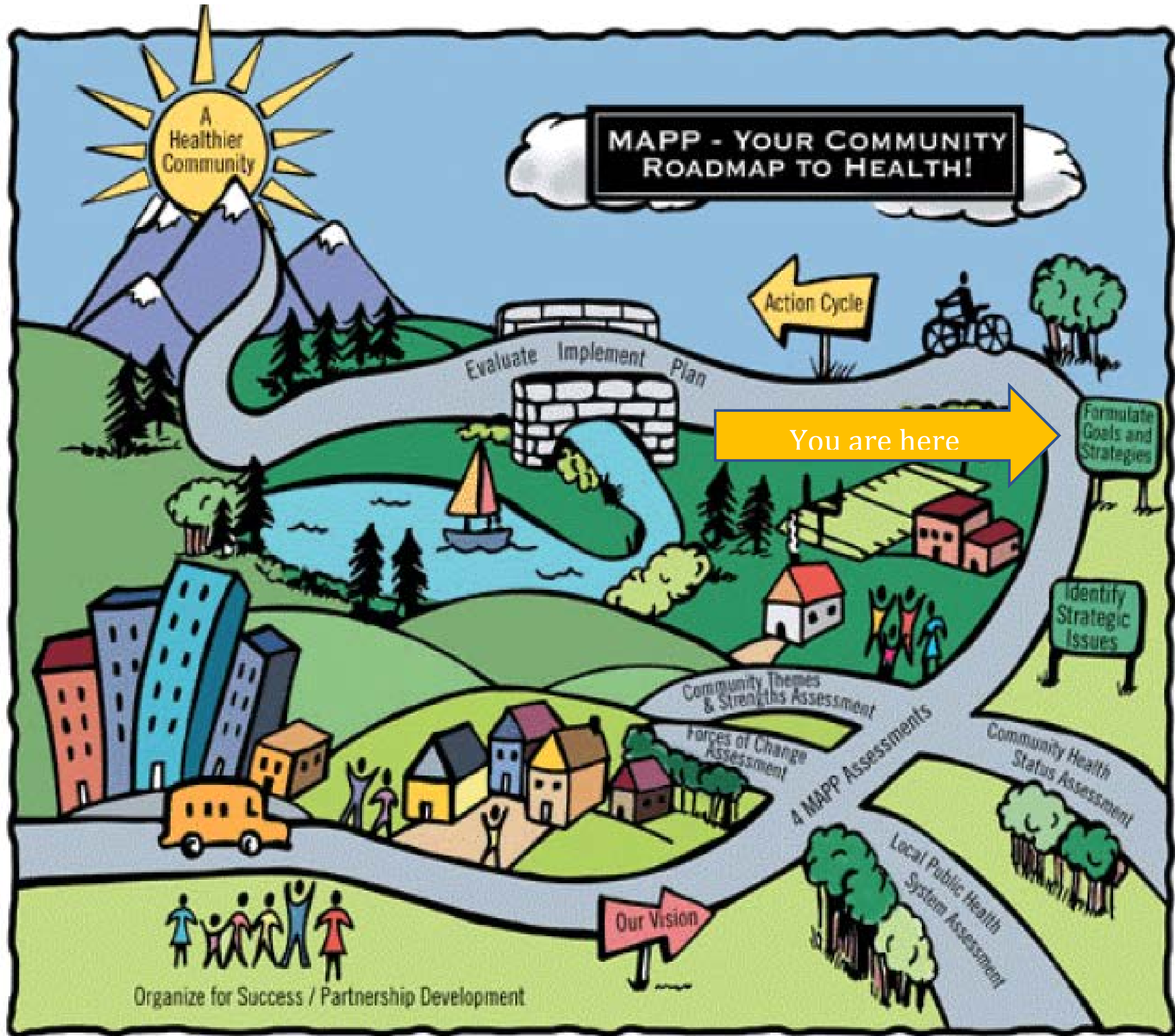
- It is a national gold-standard process for developing community health assessments and community health improvement plans
- It is a flexible framework that can be tailored by communities to fit their needs
- There are many free and low-cost resources available to support us in the use of this model
- MAPP specifically focuses on the local population health system, providing guidance and structure for shifting from agency-focused plans to a community/system-focused plan
- It provides the structure to help move us beyond simply a shared assessment process to a shared improvement plan
- Multiple agencies within the collaboration have some familiarity with the model as they have implemented modified-MAPP processes in the past

The six MAPP phases are:

1. **Organize for Success/Partnership Development**. Community members and agencies form a partnership.
2. **Visioning**. The partnership creates a common understanding of what it would like to achieve.
3. **The 4 MAPP Assessments**. Qualitative and quantitative data are gathered to provide a comprehensive picture of health in the community.
4. **Identify Strategic Issues**. Data are analyzed to uncover priorities that need to be addressed in order for the community to achieve its vision.
5. **Formulate Goals and Strategies**. The community identifies goals it wants to achieve and strategies it wants to implement related to strategic issues.
6. **Action Cycle.** The community implements and evaluates action plans to meet goals, address strategic issues, and achieve the community's vision.

We have completed phases 1 – 4. This document provides information you will need as we move through the process to complete phase 5.

The MAPP process is depicted below in the form of a roadmap



CHIP Terminology

Terms are often used differently in different settings and contexts, especially when it comes to strategic planning and performance management. It is important to the success of our collective work that we all use a common language.

Below are the terms and definitions that we are using in our CHIP process, along with examples of each.

Priority areas are broad, health-related areas for CHIP work identified through the prioritization process which was informed by CHA data.

Goals are long-range statements of desired community health or wellbeing outcomes. Each priority area should have one or more goals.

Population outcome measures are indicators which help to quantify the achievement of a goal. Each goal should have one or more population outcome measures.

Strategies are general approaches that will be utilized to achieve a goal. Each goal should have one or more strategies.

Organizational objectives are short to intermediate outcome statements of desired organizational or collaborative activities. They should be Specific, Measurable, Achievable, Relevant, and Time-oriented (SMART).

Action steps are activities that need to be completed to accomplish an organizational objective. They have specific timelines and assigned responsibility.

Process measures are indicators that help to quantify the achievement of an action step of organizational objective.

	Example 1	Example 2
Priority area	Communicable Disease	Chronic Disease Risk Factors
Goal	Reduce rates of sexually transmitted infections in the region* Increase childhood vaccination rates	Decrease rates of obesity in the region* Increase fruit and vegetable consumption
Population outcome measure	County syphilis rates per 100,000 Regional congenital syphilis rates	Age-adjusted percent adults reported obese by county Percent 11th grade students reported to be obese by county
Strategy	Increase access to bicillin Increase screening of high-risk populations Promote condom use Implement comprehensive sexual health education in schools	Implement healthy vending policies in regional schools and workplaces Increase access to farmer's markets and community gardens Increase safety and completeness of sidewalk and bike routes within communities to encourage active transportation
Organizational objective	By December 31, 2020, organization X will acquire the appropriate board of pharmacy license to distribute bicillin to other healthcare organizations. By July 1, 2021, 2 addiction treatment facilities in county Y will implement comprehensive STI screening, including chlamydia, gonorrhea, syphilis, and HIV for all persons entering treatment.	By January 31, 2021, collaborative Z will have distributed model vending policies and policy impact statements to 25 organizations in County A. By June 1, 2022, organization W will work with communities to create 5 new community gardens.
Action step	Conduct research on requirements for board of pharmacy license that allows distribution Assess barriers to implementing universal comprehensive STI screening at entrance to residential addictions treatment	Research model policies and prepare a written summary Contact worksite HR directors to set up meetings Identify potential neighborhoods for new community gardens
Process measure	Number of bars in city X distributing free condoms Number of hook-up apps running collaborative W's messaging campaign promoting STI testing	Number of organization X clients redeeming benefits at local farmer's markets Number of worksites in adopting a new healthy workplace policy

* indicates goal utilized for the remainder of the example

This figure illustrates how the parts of the CHIP fit together

*Organizational objectives have associated process measures; action steps may have associated process measures.

Roles & Responsibilities

It is important to the success of the CHIP that everyone understand their role. Specific responsibilities associated with different partnership roles are listed below. If you have any questions about your responsibilities within the CHIP partnership, please reach out to any member of the core group (see contact information on p. 17)

JRHA Board & Executive Committee

- Hold ultimate responsibility for CHIP process/partnership success
- Hire/assign project coordinator
- Provide oversight for project coordinator and Steering Committee
- Secure needed financing and resources
- Brand and promote effort within the community

Project Coordinator (Angela Warren)

- Coordinate plan/partnership activities (handle day-to-day work)
- Serve as the primary point of contact for the plan & partnership
- Lead Steering Committee meetings
- Provide oversight and support for work group chairs
- Report to JRHA on plan/partnership activities and needs
- Ensure follow-up on individual and organizational commitments & responsibilities

Core Team (Belle Shepherd, Caryn Wheeler, & Andrea Krause)

- Assist project coordinator in planning, facilitating, and orchestrating plan & partnership activities
- Serve as subject matter experts on CHIP process
- Provide process & facilitation support for work groups

Work group chairs

- Create agendas and lead work group meetings
- Facilitate the parts of the CHIP process assigned to work groups
- Identify and recruit work group participants
- Report work group progress and needs to the project coordinator and Steering Committee

Work group members

- Participate in work group meetings and activities
- Assist with specific tasks as needed by work group chairs
- Help identify additional community initiatives or individuals working towards the same goals/strategies and create connections
- Identify opportunities for collaboration with other individuals/ organizations
- Actively learn about the evidence-base for work group topic of focus

Steering Committee members

- Serve as CHIP/partnership representative for respective organization
    - Voice organizational needs to the project coordinator and steering committee
    - Communicate with organizational leadership regarding CHIP activities
    - Maintain awareness of the spectrum of organization's activities within the CHIP
- Participate in Steering Committee meetings and activities
- Provide feedback to project coordinator and core group on CHIP process
- Oversee development of CHIP documents and reports of progress
- Monitor CHIP progress
- Assist with specific tasks associated with the CHIP as needed by project coordinator and core group
- Serve as CHIP champions within respective organizations and within the community

Vision and Values

Our vision describes the ultimate aspirational result that we are collectively working toward with our health improvement work. Our values describe the core principles that guide us along the way. As your work group moves through the process to select goals, population outcome measures, and strategies, keep the partnership's vision and values a central focus.

Our Vision:

Our communities are healthy, inclusive, engaged, and empowered. Everyone lives in an environment that supports health and has access to the resources they need for well-being.

Our Values:

Equity. Committing to tackling root causes of inequity to ensure health and well-being are within everyone's reach.

Inclusive Community Voice. Engaging diverse populations and perspectives to keep community voice central throughout our process.

Collaboration. Working together respectfully to seek common ground and build meaningful partnerships for the benefit of the community.

Accountability. Meeting responsibilities to partners and the community by acting with transparency and integrity.

Communication. Communicating openly, honestly, and respectfully with partners and the public.

What to Expect

At this point in the CHIP development, priority areas have been determined. The next step is to identify goals, population outcome measures, and strategies for each of the priority areas.

The JRHA Board determined our three priority areas: Behavioral Health (including Mental Health and Substance Use), Housing, and Parenting & Life Skills. Work groups (one for each priority area) will be the primary bodies responsible for identifying the goals, population outcome measures, and strategies under their respective priority areas. This will be the work groups' focus during March – mid-May 2019. During this time, the work groups will be kept relatively small.

Selecting Goals

Once you your work group has been formed, the first step your co-chairs will be guiding you through is selecting one or more goals for your priority area. A goal statement is used to communicate the intended health improvement result to stakeholders and community be describing, in broad terms, the desired change.

Goal statements may be shaped around something that needs to change (e.g. Decrease rates of sexually transmitted infections; Increase fruit and vegetable consumption) or a desired state (e.g. All children succeed in school). They may apply to the whole population or target a specific subpopulation.

The process for goal selection may include thinking about the desired community-level results for your priority area, reviewing CHA data to identify specific problems, and/or analyzing roots causes for problems in this area.

Setting Population Outcome Measures

After the selection of goals (or possibly during the process of goal selection), your work group will identify and select population outcome measures. Population outcome measures are indicators which help to quantify the achievement of a goal. Having measures associated with each goal gives us a way to evaluate the impact of our collective actions under the CHIP. Each goal should have one or more population outcome measures. For some goals, the population outcome measures may be obvious. Determining population goals for other goals may take more thought.

Determining Strategies

After your work group has selected goals and population outcome measures for your priority area, it is time to determine which strategies will be used to achieve the goals. Intervention strategies outline the types of approaches to be used to realize each goal. Each goal should have one or more strategies. The goal states what is going to be done. The strategies state how is will be done.

As strategies are selected, we want to make sure that we are aiming upstream at community-level impact where possible. For this reason, we are asking each goal include a prevention-based strategy and each priority area to include at least one policy-based strategy.

The process for determining strategies may include thinking about the drivers that contribute to achieving each goal, reviewing the evidence base for successful work in this area, and/or identifying current efforts and community strengths that could be leveraged in seeking to achieve the goal.

What happens next?

Following the selection of goals, population outcome measures, and strategies, the CHIP document will be composed. Once the finalized CHIP document is released, the action planning process will begin. This phase will involve the development of organizational objectives, action steps, and process measures. During this time, the work groups will be opened up to anyone who is interested.

Move it Upstream and Down the Pyramid

Overall, the most effective interventions for changing population health are those that address the social determinants of health and have community-level impact. Two frameworks for examining the impact level of interventions are the stream model and the health impact pyramid. The following are recommended reading on each:

- Stream Model: https://www.healthaffairs.org/do/10.1377/hblog20190115.234942/full/?mc_cid=93a39c36d1&mc_eid=b44403f656
- Health Impact Pyramid: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/

As your work group moves through this phase of the process, keep an eye out for opportunities to move discussions and actions "upstream" and "down the pyramid" toward higher levels of impact on population health.

Record Keeping

It is important to keep records of all work group activities. At each meeting, someone will be asked to take meeting minutes. Please use the meeting minute template provided by the core team. Instructions for the template and meeting minutes example are provided on the pages 13-16. Completed meeting minutes should be submitted to your co-chairs for review. Co-chairs will pass finalized meeting minutes on to the core team for records storage.

Meeting Minute Instructions

Meeting Name – *enter the name of the meeting here*

Date – *enter the meeting date here*
Time – *enter the meeting time here*
Location – *enter the meeting location here*

Attendees – *enter meeting attendees below in the appropriate box/classification. Be sure to list full name and organizational affiliation of each attendee. If no guests are in attendance, enter "none" in that box*	
Facilitator	
Note taker	
Work group members	
Guests	

Minutes

Agenda item – *enter the name of the agenda item here*
Discussion summary: *Summarize the discussion associated with the agenda item here. It is not necessary to record word-for-word what was said by whom. The point is to capture the essence of the conversation such that someone who was not at the meeting would be able to have a general idea of the content. Note key points, topics, and questions. Mention of specific individuals is generally not necessary unless that person is making a presentation or leading discussion as part of the agenda item. Note any documents reviewed, etc. by the group during the discussion. If any acronyms are used, please make sure the full name is spelled out at least once.*
Conclusions: *List any decisions, conclusions, or resolutions made by the group below* ▪
Action items: *List any action items (task, activity, or action to be accomplished) that came out of the agenda item discussion. Be sure to clearly list what the item is, to whom it is assigned, and when it needs to be completed by (assuming that all these pieces of information are included in the discussion at the meeting)* ▪

If there are more agenda items than there are agenda item boxes on the template, highlight a blank agenda box (which is a Word table), copy it, and paste as many as needed below. If there are fewer agenda items than there are agenda item boxes on the template, please delete any blank boxes before submitting the minutes.

Other Information

Resources or Handouts provided: *List any PowerPoint presentations, handouts, or other resources distributed or reviewed by the group during the meeting. Be sure to note which agenda items the items were associated with. Submit copies of any presentations, handouts, or resources along with your minutes for complete record-keeping* ▪
Future Agenda Items: *List any future agenda items noted at the meeting here* ▪
Preparation for Next Meeting: *List any general instructions given to work group members regarding preparation for the next meeting* ▪
Next meeting date: *List the date and time (if known) of the next meeting*

Copy and paste any pictures of meeting products (such as brainstorming boards, fishbone diagrams, etc.) here. Be sure to include a sentence describing the picture and linking it to an agenda item.

Meeting Minutes Example

All in for Health: Communicable Disease Work Group Meeting

May 2, 2019
10:00 am – 12:00 pm
Jackson County HHS Room 2002

Attendees	
Facilitator	Salma Nella (Josephine County Public Health)
Note taker	Elijah Coli (Jackson County Public Health)
Work group members	Gona Rhea (FQHC X), Borrelia Lyme (CCO Y), S. Phyllis Jones (community organization Z), Pert Tussis (CCO W)
Guests	none

Minutes

Work Group Norms & Rules of Engagement

Discussion summary:

Salma presented a draft rules of engagement document to the work group. Content of the document was generated from discussion at the April 21, 2019 meeting. The group reviewed the document and provided feedback. Feedback included discussion of the comprehensiveness of the proposed rules and provision of grammatical corrections.

Conclusions:

- The work group approved the rules of engagement document as written with minor grammatical corrections.

Action items:

- Incorporate edits and finalize rules of engagement document – Salma Nella; target date May 8, 2019
- Distribute finalized document to work group members – Elijah Coli; target date May 10, 2019

CHA Data Presentation

Discussion summary:

Elijah presented on CHA findings relevant to communicable disease. Finding presented included secondary quantitative data and primary qualitative data gathered through key stakeholder interviews and focus groups.

Conclusions: none

Action items: none

Problem Identification Exercise
<u>Discussion summary</u>: Each work group member used sticky notes to write down what they thought were the distinct communicable disease problems identified in the CHA data. The team then used Affinity Mapping to categorize common themes in the problems identified by the team (see white board image below). Following the affinity mapping exercise, Salma provided the work group with a brief overview of how analysis of the region's communicable disease problems will be continued at the next meeting by conducting root cause analysis for each of the identified problems. Work group members were asked to use time before next meeting to continue reflection on the CHA data and brainstorm causes for the identified problems.
<u>Conclusions</u>: ▪ Communicable disease problems in the region are Sexually Transmitted Infections, Vaccination Rates/Vaccine-Preventable Diseases, Tuberculosis, and HIV.
<u>Action items</u>: ▪ Reflect on CHA data and brainstorm causes for the identified problems – All, by May 10 ▪ Send out link to "Root Cause Analysis" video – Elijah, by May 4 ▪ Watch "Root Cause Analysis" video – All, by May 10

Other Information

<u>Resources or Handouts provided</u>: ▪ Communicable Disease Workgroup Rules of Engagement Draft 050119 ▪ Communicable Disease CHA data (PowerPoint presentation)
<u>Future Agenda Items</u>: ▪ Root cause analysis for identified communicable disease problems
<u>Preparation for Next Meeting</u>: ▪ Watch the "Root Cause Analysis" video ▪ Reflect on CHA data and brainstorm causes for identified problems
<u>Next meeting date</u>: May 10, 2019 10am – noon

White board image from Problem Identification Exercise agenda item:

Contact Information

Have questions or concerns about the process? Contact your work group co-chairs or your CHIP core team!

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