

ALL IN FOR HEALTH

Process for Jackson-Josephine County Collaborative Regional Community Health Improvement Plan

Underlying Principles and Assumptions

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.

Operational Community Health Improvement Plan (CHIP) Definition for this document:

Adapted from CDC

- A community health improvement plan is a long-term, systematic effort to address health-related issues within a community. It is based on the results of a community health assessment and the community health improvement planning process.
- A community health improvement process involves an ongoing collaborative, community-wide effort to identify, analyze, and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.
- Community health improvement is not limited to issues within traditional health and service areas, but may include environmental, economic, housing, land use, and other issues that directly or indirectly impact health within the community

Benefits of a Community CHIP:

- Collective impact to achieve improved community health
- Improved organizational and community coordination and collaboration, stronger partnerships and partnership structure
- Increased visibility of efforts
- Increased public health system resiliency to adapt to change and tackle a variety of issues
- Sharing of best practices, successes, and lessons learned
- Increased efficiency in use of resources

Conditions for realizing these benefits are a long-term commitment to an iterative and evolving community/coalition process. This document describes a proposed process for developing and implementing the first-ever collaborative, community-wide CHIP that meets the CDC definition above.

The following proposed partnership structure and process is informed by research and training on established methods for community health assessment and improvement planning; understanding of performance management, quality improvement, and strategic planning; review of over 15 CHIP documents and CHIP progress reports from around the country; and discussion with coordinators of community health improvement efforts in other communities.

Guiding frameworks/models: Collective Impact, Mobilizing for Action through Planning and Partnerships (MAPP)

Key Considerations in Process Design:

- Scalability – over time, the process should allow for growth and evolution of the partnership work and the addition of other partners at any point in the life of the CHIP. It should allow for varying sizes of contribution and projects, from large-scale collaborations to individual efforts by small individual organizations to accommodate varying levels of organizational capacity and readiness for collaborative projects
- Flexibility – partners have different requirements from regulatory authorities regarding both health improvement plans and scope of organizational activities. They also having varying missions and internal strategic priorities. The process should be flexible to allow organizations to (1) meet their regulatory CHIP requirement and (2) select work that aligns with their mission and priorities.
- Existing partnership structure – partners within the JRHA CHA Steering Committee have been building trust and working toward a collaborative CHA for over two years. Work on a collaborative CHIP should build on the foundation of this successful partnership

Key Recognitions:

- The regional collaborative CHIP does not prevent a participating organization from also working on other community health priorities. Individual organizations may continue to have an organizational CHIP if this is either required by their respective regulatory body or desired by leadership within the organization. In this case, the regional CHIP would supplement but not replace an individual organization’s plan.
- JRHA is a collaborative learning community that fosters communication and interconnectedness around a collective vision of community health. As the backbone organization, JRHA acknowledges the importance of ensuring that the regional CHIP is informed by, and builds on, the existing work of organizations and community partners.

Overview of Partnership Structure

Partnership structure:

- Backbone organization = JRHA
- Project Coordinator & Core Process Team
 - Project Coordinator = Angela Warren*
 - Core Group = Belle Shepherd, Andrea Krause, Caryn Wheeler
- Steering Committee = current CHA Steering Committee
- Work Groups (or alternatively Action Teams) – serve as the centers of community learning and action for focused priority areas
 - Chairs = Volunteers from Steering Committee/JRHA member organizations, subject-matter experts or organizational leaders of efforts in topic of focus for work group
 - Members = Persons from organizations and communities interested in working on the topic of the work group’s focus – may include staff from JRHA member-

organizations, CAC members, staff from other community partner organizations, etc.
Note: participation will be restricted to only persons associated with Steering Committee organizations (this includes CAC members) and invited subject matter experts during CHIP document preparation (determination of goals, metrics, and strategies) and then widened participation at the action plan phase

* May require another creation of another position devoted to coordination of CHA/CHIP in the long-

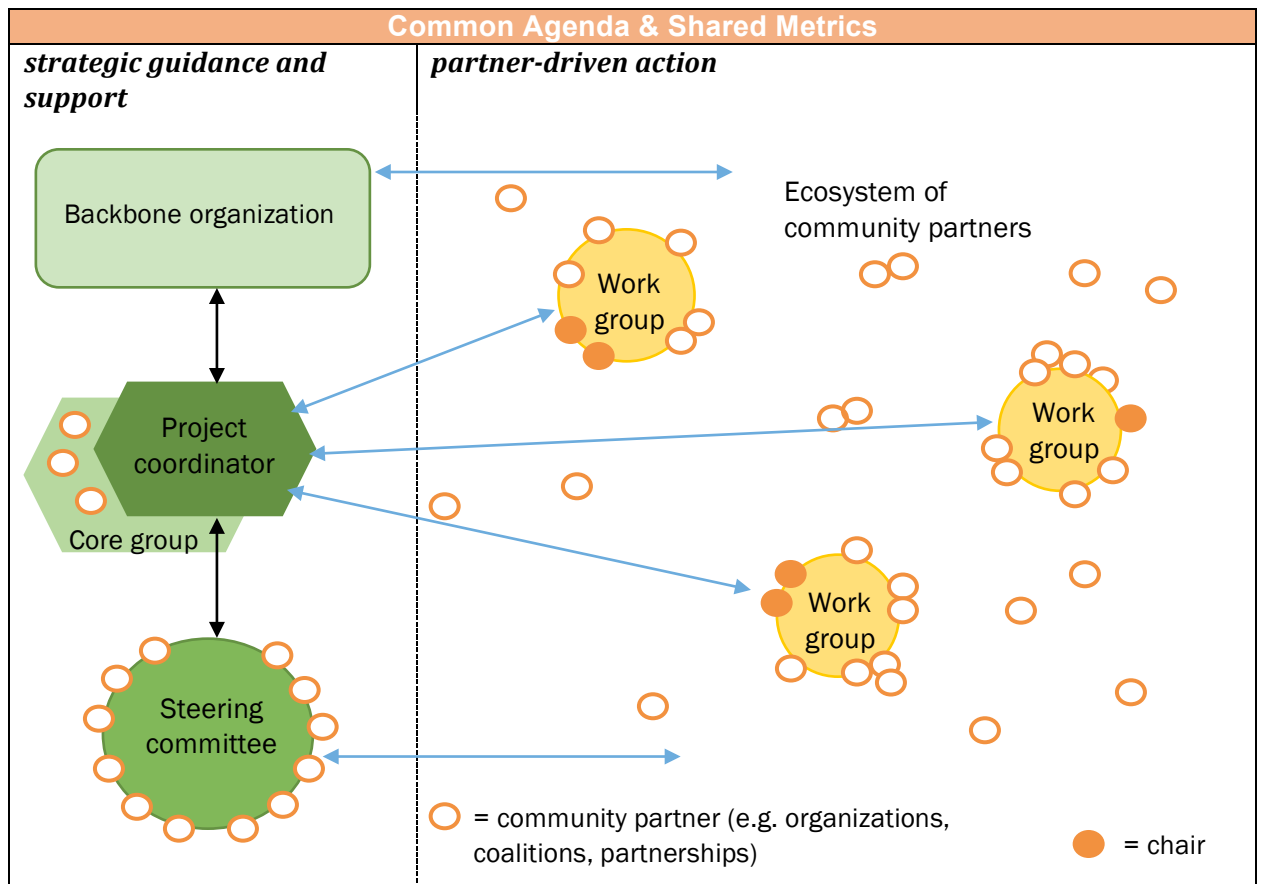
JRHA will serve as the backbone organization for this collaborative regional CHIP/health improvement partnership and has authorized the CHA/CHIP Steering Committee to recommend, guide and implement the CHIP process under the supervision of the JRHA Executive Committee and Board.

term.

Roles & Responsibilities

- Backbone organization
 - 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
 - Coordinate plan/partnership activities (handle day-to-day work)
 - Serve as the primary point of contact for the project/plan/partnership
 - Lead Steering Committee meetings
 - Provide oversight and support for work group chairs
 - Report to the backbone organization on plan/partnership activities and needs
 - Ensure follow-up on individual and organizational commitments & responsibilities
- Core Process Team
 - Assist project coordinator in planning, facilitating, and orchestrating plan/partnership activities
 - Serve as subject matter experts on CHIP process
 - Provide material support for work groups (?)
- Leadership at JRHA member organizations
 - Assign Steering Committee member(s) and other process participants
 - Participate in, and support, the CHIP process (such as issue prioritization)
- Steering Committee members

- Serve as CHIP/partnership representative for respective organization – voice organizational needs to the project coordinator and steering committee, 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
- Work group chair
 - Create agendas and lead work group meetings
 - Facilitate/oversee 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
 - Organizations
 - Contribute at least one organizational objective (or participate in one collaborative organizational-level objective) to the work group action plan
 - Report on organizational objective progress according to timetable set by work group chair
 - Individuals
 - Participate in work group meetings and activities
 - Assist with specific tasks as needed by work group chair
 - 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



Adapted from Community Toolbox, Chapter 2, Section 5 Collective Impact. <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main>

CHIP Document/Process Terminology

- Priority area – broad, health-related area identified through the prioritization process, identified through the use of CHA data.
Example: Communicable Disease
- Goal – Long-range statement of desired community health or well-being outcome. Each priority area should have one or more goals.
Example: Reduce rates of sexually transmitted infections in the region
- Population outcome measure – an indicator which helps to quantify the achievement of a goal.
Example: County syphilis rates per 100,000 population
- Strategy – General approach that will be utilized to achieve the goal.
Examples: Increase access to bicillin, Increase screening of high-risk populations, Promote condom use
- Organizational objective – A short to intermediate outcome statement of desired organizational or collaborative activities. Should be Specific, Measurable, Achievable, Relevant, and Time-oriented (SMART).
Examples: 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.
- Action steps – activities that need to be completed to accomplish an organizational objective. Have specific timelines and assigned responsibility
Example: Assess barriers to implementing universal comprehensive STI screening at entrance to residential addictions treatment
- Process measure – an indicator which helps to quantify the achievement of an action step or organizational objective.
Examples: Number of bars in city X distributing free condoms. Number of hook-up apps running collaborative W's messaging campaign promoting STI testing

Action/Work Steps to CHIP

1 a. Project/partnership name

What: Establish a project/partnership name for collaborative CHA/CHIP work
(*Examples from other CHIP partnerships: Live Well Washington County, Live Healthy Napa County, Health Improvement Partnership Maricopa County, WePlan 2020, Blueprint for a Healthy Clackamas County*)

Why: Facilitate branding and communication around the effort. Distinguish the participation in CHIP work from participation in JRHA and CHIP from JRHA Strategic Plan. Distinguish community-owned CHIP from individual organization documents

Who: CHA Steering Committee with input from CCO CACs and JRHA Board final approval

When/How: Ideas for potential project/partnership names will be solicited from Steering Committee members and their advisory councils (CACs). Suggestions will be submitted to Angela via email for consolidation into a list of options. Final selection will be made by Steering Committee during meeting the first week of February with final approval by JRHA.

1 b. Visioning

What: Develop a shared vision and corresponding value statements. MAPP phase 2 – skipped during earlier work.

Why: Create a solid foundation for CHA/CHIP collaborative work by establishing shared purpose, direction, and driving forces. Establish the overarching “why” of the collaborative work

Who: JRHA Board, CHA Steering Committee, and advisory councils associated with Steering Committee organizations (including CACs).

How: Utilize qualitative data from focus groups conducted as part of the CHA community engagement to include community voice in process.

2. Narrow priorities areas/strategic issues

What: Further narrow the list of key strategic issues identified in the CHA. Select priority areas for the CHIP. This may include narrowing the focus of broader issue areas or combining topic areas if desired (example: Mental Health could be focused on Suicide, Substance Abuse and Mental Health could be combined and then focused on Access to Mental and Behavioral Health Care). Completion of MAPP phase 4 which was started during the CHA process. Recommendation from Dec 17th meeting is that at least one priority be focused on a social determinant of health.

Why: A clear theme in subcommittee meeting on Dec 17th meeting was that the partnership should not be overly ambitious in the number of priorities we take on. We’re more likely to achieve success if we narrow our focus.

Who: CHA Steering Committee plus CACs with input from JRHA Board generated during their January 30th retreat.

How: Three to four hour meeting during the third week of February. May need a facilitator.

3. Form work groups.

What/How: Create work groups around selected priority areas. Organizations select which priority areas they are interested in working on and select representatives to serve as work group members utilizing whatever internal process they choose. Individuals interested in being work group chairs get approval from their organization and indicate interest to project coordinator. Work groups may be led by co-chairs if multiple persons interested and both agree to co-chair arrangement. Orient work group chairs and members to role/responsibilities.

Who: Steering Committee oversees work group formation and work group chair selection process. Project coordinator with support from core group orients work group chairs to role/responsibilities. Project coordinator and core group provide material support to work groups. Work group membership restricted to JRHA & Steering Committee organizations through the creation of the CHIP document with the exception of select subject matter experts.

4. Select goals and population outcome measures

What: Set one or more goals for each priority area. Select population outcome measure(s) to be used in monitoring progress towards meeting the goal(s). Will involve review of CHA data and analysis to identify root causes and/or drivers of priority issues. Process to select metrics could also result in a data development agenda for each priority area through identification of measures/metrics the collective would like to have, but doesn't currently. Initiation of MAPP phase 5.

Why: Communicate intended community-level outcome for collective work in this area. Provide a means of monitoring success in achieving the outcome. Root-cause or driver analysis allows goals & strategies (see next step) to be shaped around underlying community challenges that need to be addressed in order to see improved health outcomes.

Who: Work groups

How: *TBD. Options listed below*

Format

- a) Series of shorter meetings
- b) One or two full-day retreats
- c) Mix of above – let each work group determine for themselves

Facilitation

- a) Work group chairs
- b) Outside consultant/paid facilitator
- c) Volunteer facilitator from a Steering Committee organization that is not participating in specific work group

5. Select strategies

What: Formulate one or more strategies for achieving each goal. This process will include review of the evidence-base for working on drivers/root causes. It should also include identification and evaluation of current and past work in the areas of interest. Completion of MAPP phase 5.

Why: Strategies give us the high-level HOW of the collective approach to achieving community-level outcomes. Ensures coordination in approach and ensures consideration of the evidence-base of what works to address health-related issues.

Who: Work groups

How: TBD. Options the same as for step 4.

6. Compose CHIP Document

Who: Volunteer from a single Steering Committee organization with project coordinator & core group support and input & oversight from the Steering Committee

When: Steering Committee-approved document complete by June 1 so CCOs can get through internal document approval processes as needed by June 30, 2019.

Timing of document drafting selected based on (1) common practice of other collaboratives and (2) timeline constraints due to CCO deadline of June 30th. Could also complete this step after creation of action plans and incorporate action plans into document instead of having as separate document.

What: CHIP document would include: description of the CHIP process; vision for community's health; description of community health priority areas including data highlights from the CHA; description of root cause/driver analysis for each issue; goals, measures, and strategies for each issue; description of plan for implementation, monitoring, and evaluation

7. Create action plans

What/Who: Build action plans for each goal. MAPP phase 6. Individual organizations and multi-organization collaboratives submit organizational objectives with associated action steps and process measures to work groups. Organizational objectives should align with goals and strategies outlined in the CHIP. Work groups review proposals and combine to create a community action plan for priority area. If work group membership has been restricted in earlier steps, membership should be opened up at this time to include any organization that is doing or is interested in doing work in the area of focus. Any group or organization submitting an objective must have a representative participate in the work group.

Why: Provides specifics on how strategies will be implemented. Details how individual organizations are contributing to achieving the collective vision. Specific proposed process allows for varying levels of organizational readiness for collaboration. Accommodates expansion in number of participating partners over time.

When: Set date for initial action plan submission to Steering Committee (TBD – End of 2019?) Action plans to be considered living documents. Work groups to consider addition of new organizational objectives on a continuous basis as part of the action cycle (step 8 below)

How: Each individual organization has complete control over how it approaches development of objectives, action steps, and process measures that it submits. Each organization decides how many objectives to submit and which goals and strategies that it will work on.

Project coordinator and Core Team with Steering Committee input will develop a template for submission of objectives, action steps, and process measures. Template to be made available to any organization participating in a work group. Completed templates submitted to project coordinator or work group chairs (TBD). Work group review for completeness and official adoption into action plan accomplished at work group meetings (at least quarterly).

8. Continue the action cycle

What/How: Implementation and monitoring of CHIP action plan and population outcome measures. Completion/continuation of MAPP phase 6. Includes:

- Regular work group meetings (fixed frequency for all groups vs. variable by group; at least quarterly) – review new objective submissions, continue reviewing evidence base, share lessons learned from past/existing efforts, identify areas for collaboration, create annual reports of progress to submit to Steering Committee
- Regular Steering Committee meetings – monitor progress, evaluate process, plan for next CHA/CHIP cycle, prioritize and make plans to address regional data gaps
- Full partnership meetings (1 – 2x per year) – share successes, give input to Steering Committee
- Report on progress – generate annual written report, communicate re: progress and activities to JRHA and community at large
- Continue to recruit new partners into CHIP partnership work

Why: To ensure that the CHIP is a living document that actively guides collective actions toward better health outcomes for the region and does not become another plan that collects dust on a shelf.

Who: All partners electing to take part through submission of objectives and participation in work groups.

Timeline

January 2019	Determine process for CHIP Finalize CHIP process details
February 2019	Visioning and project/partnership name selection Narrow and make final selection of CHIP priority areas
March 2019	Form work groups Initiate work of selecting goals and population outcome measures Initiate CHIP document draft
April 2019	Complete selection of goals and population outcome measures Select strategies
May 2019	Complete initial draft of CHIP document Steering Committee review of CHIP document Finalization of CHIP document
June 2019	CHIP document to individual agencies for internal approval
July – ??? 2019	Develop action plans Decide on schedule for CHIP monitoring and reporting
2020	Initiate CHIP monitoring and reporting

Document prepared by Andrea Krause, Jackson County Public Health

Reviewed, revised, and approved by JRHA CHA/CHIP Steering Committee on 1/8/2019

Approved by JRHA Board on 1/30/19