

# COMMUNITY HEALTH IMPROVEMENT PLANS & PROCESSES (CHIPP)

Angela Nimsgern, Northern Regional Office  
Director  
Kathy Munsey, Green Lake County Health  
Officer

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## Objectives

Participants will be able to:

- Describe the essential elements of a community health improvement plan and process.
- Describe the benefits and barriers to completing a CHIPP.
- Identify the CHIPP models most commonly used in public health.
- Identify the statutory language related to local health departments and CHIPPs.
- Identify data sources and tools commonly used in CHIPPs.
- Establish linkages with key stakeholders
- Review the health status of populations and their related determinants of health and illness.

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## Where are you starting?

- Have you been in a leadership role with a CHIPP?
- Have you been involved in a CHIPP?
- Do you have general familiarity with idea of CHIPP?
- Do you have no idea what we are talking about? 😊

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Before We Begin ....

Why should you do  
community health  
improvement work?



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### Definition

Community Health Improvement Processes:

- Working intentionally, strategically and collaboratively at the local level to improve the health of the community
- Concept which incorporates requirements of all partners
- All have the same goal: to make the community a healthy place to live, learn, work and play

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### Benefits

- Improve health of community
- Reduce health care costs (and indirect costs such as lower productivity and absenteeism)
- Build the community's infrastructure
- Increase effectiveness of efforts through collaboration
- Reduce duplication of efforts in the community
- Increase community engagement and awareness around health issues

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### CHIPP Requirements: Public Health

- Statute:
  - Regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs and epidemiologic and other studies of health problems.
  - Involve key policymakers and the general public in determining and developing a community health improvement plan.
- PHAB Standards:
  - 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment
  - 5.2: Conduct a Comprehensive Planning Process Resulting in a Community Health Improvement Plan

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### CHIPP Requirements: Partners

- Hospitals:
  - Affordable Care Act: Non-Profit Hospitals
  - Community Health Needs Assessment & Implementation Strategy
  - Every three years
- Others:
  - Tribes
  - United Way
  - UW Extension
  - Community Action Programs

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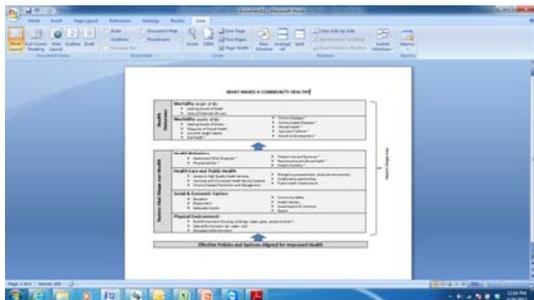
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### What Makes a Community Healthy?



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### What approaches are used?

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

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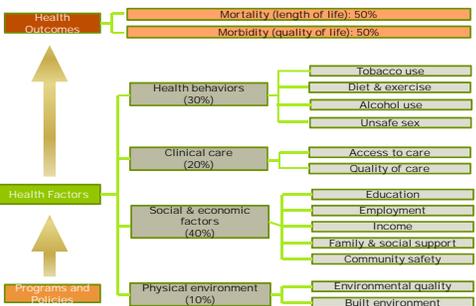
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### What approaches are used?



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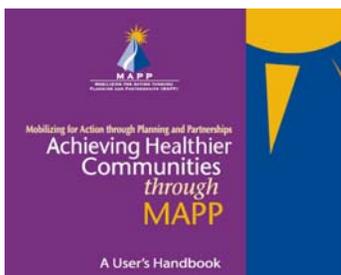
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### What approaches are used?



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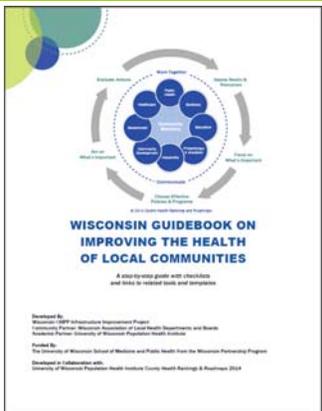
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### Wisconsin Guidebook



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### Green Lake County Approach

### Green Lake County 2012 Community Needs Health Assessment



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### Green Lake County 2012 Community Needs Health Assessment



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### Green Lake County Approach

- The community drives the process.
- Purposeful visioning – *What would we like our community to look like in 10 years?*
- Community strengths/assets – what assets do we have that we can tap into to improve the public's health?
- Public health system – what is our capacity to provide essential services?
- Health assessment – how healthy are Green Lake County Residents – review data organized according to the Healthiest WI 2020 focus areas.
- Pending/potential issues – what threats or opportunities are on the horizon?

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### Let's Get Real!

- What parts of the process are most challenging?
- What seems most difficult or unclear to you?
- Where do many communities struggle?



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### Assessment/Data

Challenges:

- Getting bogged down in too much data
- Difficulty finding local data or recent data

Tips:

- Use a unifying model
- Use indicators; focus on big picture
- Listen to community perception
- Look into health care system and other partner data



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### Available Data Sets

- County Health Rankings
- Recommended Core Data Set
- Healthy Communities Inc
- CHNA.org
- DPH: HW2020 health priorities
- Health system surveys
- Environmental Public Health Tracking
- communitycommons.org



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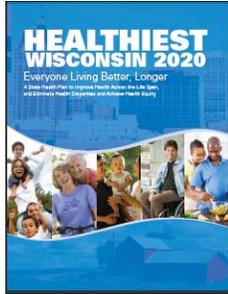
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## Green Lake County Organizing Framework




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## Green Lake County Approach

- Partner data – Human Services, UW Extension, Healthcare Providers, law enforcement, EMS, schools.
- State and Federal Departments – WI DHS, DNR, DPI, DOT, DWD, Census Bureau, DHHS.
- Internal data – water quality, lead, food safety, communicable disease, death certificates, community survey results.
- Survey of the Health of Wisconsin, Search Institute Asset Survey, Community Commons, other...

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## PHAB Standard 1.1

*Participate in or Lead a collaborative process resulting in a comprehensive community health assessment.*

- Must include participation of partners.
- Partnership must meet or communicate on a regular basis to review new data, consider changing assets and resources, etc.
- Describe the process used (MAPP, etc.).
- Use data and information from a variety of sources, qualitative and quantitative, including both primary and secondary data.
- Must include a description of demographics, health issues, contributing causes, and existing assets and resources.
- **Provide evidence that the preliminary findings were distributed to the community at large and community input was sought.**
- Must distribute the assessment to partners as well as the community in general.




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## Moving into Action



### Challenges:

- Many communities get stuck here
- Move from general priority to specific actions

### Tips:

- Find the sweet spot: meaningful but manageable
- Use WALHDAB.org for templates
- Use a shared plan with shared measures and shared responsibility
- Find strategies everyone can "own"
- Use evidence-informed strategies

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## MOVING INTO ACTION

- An "Action Team" was created for each of the 3 Health Priorities
- Each team develops objectives & goals
- Teams meet bi-monthly or more often as needed
- Must use Evidence-based or promising practices




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### Priority Area—Mental Health

#### **PRIORITY AREA—MENTAL HEALTH**

##### **Existing Programs:**

- County programs: Outpatient, case management, collaborative systems of care, crisis stabilization team
- Private counseling, LaClinica
- Ripon Medical Center: 1 full-time practitioner, inpatient, , grief counseling, EAP services
- CESA & School counseling services
- Five-county consortium working to collaborate & develop strategies
- Coordination between law enforcement & county for crisis treatment in emergencies

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**Priority Area—Mental Health**

**Concerns, Gaps:**

- Reported high # of poor mental health days
- Lack of knowledge about sources for help
- Reduce stigma regarding mental health
- Limited county resources
- Increase training of law enforcement
- Increase worksite support
- Increase engagement from traditional health care providers & faith-based groups
- More prevention, early detection, peer support systems
- Large variation of needs (such as age)
- Aging population increases number of depression, dementia & related conditions

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**PHAB Standard 5.2**

*Conduct a comprehensive planning process resulting in a Tribal/state/community health improvement plan.*

- Plan must include: health priorities, measureable objectives, improvement strategies, performance measures.
- Policy changes must be included.
- Must document individuals and organizations that have accepted responsibility for implementing strategies.
- Priorities must be aligned with state and national priorities (National Prevention Strategy and Healthy People 2020).




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**PHAB Standard 5.2 Continued...**

- Must show implementation of the plan, including strategies, partners, and progress.
- Annual evaluation reports must be provided.
- Must show the plan has been revised based on the evaluation.




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### Collaboration/Community Engagement

- Needs to be the community's process
- Benefits:
  - Many hands make light work
  - Shared resources
- Collective Impact concept
- PHAB Standards re CHIP & collaboration

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### How to Get People Involved

- Who to invite
  - Sometimes: work with who you have
- How to get them there
- What's in it for them
- A very clear "ask" (roles, responsibilities, time commitment)



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### How to Keep People Involved

- Design an organizational structure:
  - Collaborative (ex: co-chairs)
  - Central group with "implementation" or "action teams"
  - Various options for levels of engagement
  - Regular communication
- Celebrate your successes – publicly
- Assure public input

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### Some key principles

- Use best practices in community health improvement
- Actively engage all stakeholders to make it a community-driven process
- Focus on the underlying forces that influence health outcomes
- Pay attention to health disparities among groups
- Move energetically from data into action
- Use evidence-informed strategies
- Include policy- and systems-based strategies

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### Additional Discussion/Questions

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