

Community Health Assessment and Improvement Planning

The Unique Contribution of Public Health Institutes

New drivers in healthcare and public health are leading to a dramatic increase in activity around community health improvement. In September 2011, the Public Health Accreditation Board launched the first national voluntary accreditation program for health departments, and a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP) are prerequisites for participation in the program. A CHA allows public health agencies, hospitals, and other key partners committed to protecting the community's health to systematically identify assets and challenges, in order to prioritize issues, target resources, and improve policies and programs, as part of an overall CHIP. The Affordable Care Act, passed in March 2010, requires the nation's nonprofit hospitals to undertake similar community health improvement activities called Community Health Needs Assessments (CHNAs) and implementation plans.

[Public health institutes](#) are uniquely poised to contribute to this growing number of community health improvement endeavors. They serve as neutral conveners and have experience engaging actors from multiple sectors that impact health within a community. Public health institutes provide expertise in areas like community assessment and development, facilitation, and data collection, analysis and presentation. Rather than develop an assessment and improvement plan *for* the organizations with which they partner, public health institutes provide deliberate opportunities for the staff in the organizations sponsoring the assessment to build their own capacity and the capacity of the community or population they serve.

From July 2011 to December 2012, the National Association of County and City Health Officials, with funding from the Robert Wood Johnson Foundation, supported 12 local health

departments to develop exemplary CHAs and CHIPs through the CHAs and CHIPs for Accreditation Preparation Demonstration Project. Public health institutes provided support to four of these twelve health departments. The following stories from each of these four health departments illustrate the additional capacity the institute brings to committed partners and to the community.

Renewing a Hospital and Health Department Partnership to Improve Health in the Greater Norwalk Area

In the Greater Norwalk Area of Connecticut, Norwalk Health Department and the nonprofit Norwalk Hospital, partnered on their CHA-CHIP with [Health Resources in Action \(HRiA\)](#), a Boston-based public health institute. The Greater Norwalk Area, located about 50 miles outside of New York City, includes Norwalk, Connecticut's sixth largest city, and has a population of about 250,000. The health department and hospital in Norwalk had previous experience partnering on a CHA in the early 2000s. In 2012, the new IRS requirements for nonprofit hospitals and the new public health accreditation program requirements brought both parties together again to work on a regional CHA-CHIP.

Early on in the process, the core team, made up of health department and hospital staff, issued a call for proposals for assistance with their CHA-CHIP and selected HRiA from among the applicants. The core team was impressed with HRiA's experience working with both health departments and hospitals, and they liked HRiA's strong commitment to community engagement and participation.

Acknowledgements

NNPHI wishes to thank the following individuals for their willingness to share their experiences, as well tools and templates from their work: Vicky Bailey, Filip Gecic, and Veena Viswanathan of the Austin/Travis County Health and Human Services Department, Midge Ransom of the Franklin County Health Department, Steve Ridini of Health Resources in Action, Gianfranco Pezzino of the Kansas Health Institute, Deanna D'Amore of the Norwalk Health Department, Jessica Riccardo and Yvette Wing of the Louisiana Public Health Institute / the New Orleans Health Department. Additional gratitude goes to the Robert Wood Johnson Foundation for their support of this publication.

HRiA's scope of work in the CHA-CHIP process in the Greater Norwalk Area was broad. Because they had experience conducting CHA-CHIPs in a number of locales, HRiA was able to play a key role in several aspects of the overall process. HRiA provided expertise to health department and hospital staff, which enabled the core team to complete the CHA-CHIP more efficiently and also contributed to the staff's ability to balance the additional CHA-CHIP work on top of their existing workloads.

HRiA's approach to all CHA-CHIP support builds capacity among health department and hospital staff throughout the CHA-CHIP process. HRiA helped to map out the full process, taking into account local contextual factors, and trained hospital and health department staff to carry out many of the activities related to CHA-CHIP implementation, such as conducting focus groups and key informant interviews. HRiA also brought value to the CHA-CHIP process by serving as a neutral convener and contributing technical expertise. HRiA facilitated a series of meetings with the larger group of community partners to identify the key priorities and strategic directions of the CHIP. Additionally, HRiA collected and analyzed qualitative data and led the process for writing the final report. Overall, HRiA strengthened the capacity of the hospital and health department, and thus allowed them to work more efficiently throughout the CHA-CHIP process.

“The guidance provided by HRiA also led us to realize that we had more capacity than we originally thought we did, and we are now better prepared to engage in CHA-CHIP efforts in the future.”

—Deanna D'Amore, Norwalk Health Department

Collaboration in Austin-Travis County: Mutual Ownership of the Community Health Improvement Process

In Austin-Travis County, HRiA assisted a multi-sector team composed of Austin-Travis County Health and Human Services Department (A/TCHHSD), Central Health (a nonprofit hospital), St. David's Foundation (a healthcare system and a foundation), Seton Healthcare Family (a nonprofit hospital), and The University of Texas Health Science Center at Houston School of Public Health Austin Regional Campus on their CHA-CHIP. Travis County has a population of just over one million residents, with about 800,000 people residing in the city of Austin. The county is ethnically and linguistically diverse, and nearly a third of Travis County residents speak a language other than English at home. While the multi-sector partners involved in the

CHA-CHIP process in Austin-Travis County had collaborated on other projects in the past, this was the first time they had undertaken a comprehensive process, like a CHA-CHIP together.

A/TCHHSD originally connected with HRiA through their work with Central Health on a regional healthy communities planning effort involving Travis County and four surrounding counties. Based on their positive experience with HRiA, they knew that HRiA had the necessary Spanish-speaking skills and cultural competency to hit the ground running on community health improvement work in their area.

Like in the Greater Norwalk Area, HRiA's scope of work in Austin-Travis County was broad and they brought a great deal of value to the CHA-CHIP process. Again, because HRiA had experience working through the CHA-CHIP process in other communities, they were able to help the core leadership team think through a comprehensive multi-step process of assessment, planning, implementation, evaluation, and sustainability. This allowed them to engage health department staff in the parts of the process that were pertinent to them and allow people to step out who did not need to be there, which allowed staff to work more efficiently.

HRiA introduced hospital and health department staff to new quality improvement tools that could be utilized throughout the CHA-CHIP process, such as prioritization dot voting, force field analysis, Gantt charts, and criteria matrix. HRiA trained staff how to facilitate focus groups and conduct key informant interviews, and left them with interview and focus group guides they could use for future projects. The health department is now using similar key informant and focus group models in other areas of their work. Furthermore, the health department credits HRiA with building their capacity to conduct future CHA-CHIPs by instilling positive experiences with the process.

“Public health institutes are educators and we train the trainers. We bring a public health lens to the work and build the skill sets of the organizations we are working with so that when we step out they have ownership and capacity to take it to next level.”

—Steve Ridini, Health Resources in Action

HRiA succeeded in building the ownership and capacity of the health department during the Austin-Travis County CHA-CHIP process.

HRiA also succeeded in building strong relationships with the community in Austin-Travis County and serving as a neutral convener. As an unbiased outsider, HRiA was able to get people comfortable with strategic and conceptual issues around the CHA and CHIP, as well as selecting priorities and moving forward as a group. HRiA's past work with other hospitals and health departments on their CHA-CHIP processes enabled them to bring rich, real-life experience to the sessions they facilitated. This helped people to get past their own personal biases influencing decisions/priority selection, and the core team found HRiA's openness and willingness to share information and provide feedback to them very helpful. Additionally, HRiA listened to the core team's ideas and really got to know their community. The fact that there are now many other communities in Texas interested in working with HRiA is evidence of the strong community relationships that HRiA formed in Austin-Travis County.

Community Health Improvement Regional Collaboration in the East Central Kansas Public Health Region

In East Central Kansas, the [Kansas Health Institute \(KHI\)](#) supported the CHA-CHIP led by a coalition of rural health departments. The East Central Kansas Public Health Region has a population of about 100,000 spread over a large area of about 6,000 square miles. Each of the eight counties that make up the region has a population less than 40,000, the smallest being under 3,000.

In 2002, the public health departments in this region came together to form the East Central Kansas Public Health Coalition. The coalition aimed to assist the member health departments in providing essential public health services to their communities. The core team for the CHA-CHIP was made up of one person from each county health department and one partner organization from each county. The Kansas Health Institute (KHI) was asked to support the assessment process when the coalition recognized that they could use assistance with pulling together data for the CHA on a tight timeline.

KHI's scope of work was primarily focused on statistical analysis and interpretation of the data, which included combining data from all eight counties in the region. They also synthesized data from three separate surveys. Once the analysis was complete, KHI and the coalition partnered on the best way to display the results and developed the data profile. Additionally, KHI staff attended community meetings and answered questions about the data analysis and authored the portion of the CHA report that presented the data. In order to prepare a comprehensive report, they engaged in a collaborative learning process to gain a better understanding of not only what the PHAB standards are but also how they look in action.

While the scope of KHI's work was narrower than in the other cases discussed in this paper, they brought value to the CHA-CHIP process that an ordinary contractor may not have been able to provide. The coalition reported that KHI provided valuable outside input and perspective. KHI also brought a wealth of expertise in the areas of statistical analysis and data interpretation, and they were able to process and analyze data more efficiently than the health department staff would have been able to on their own. According to coalition representative, Midge Ransom,

“KHI was right there ready to help... they probably would have provided more help than we took advantage of. They were great partners.”

—Midge Ransom, East Central Kansas Public Health Coalition

New Orleans: Transforming an Urban Health Department

In New Orleans, the [Louisiana Public Health Institute \(LPHI\)](#) supported the New Orleans Health Department in their CHA-CHIP process and in doing so played a key role in transforming the health department. The New Orleans Health Department serves a population of about 360,000. Prior to Hurricane Katrina in 2005, the health department focused on service delivery including clinical care. Under the leadership of Mayor Mitch Landrieu, and with the full support of City Council, Health Commissioner Dr. Karen DeSalvo, has transformed the health department to focus on population-based policy and programs in alignment with the structure of the national accreditation program in order to better meet the broad needs of the community it serves.

Working closely together, the health department and LPHI determined that undertaking the CHA-CHIP process could aid them in this transition to a focus on population health. An LPHI staff member brought the Robert Wood Johnson Foundation / National Association of County and City Health Officials CHA-CHIP funding opportunity to the Health department's attention, and LPHI and the health department applied for the funding together. An LPHI staff member funded by Baptist Community Ministries, a local foundation, embedded in the Health department and they played a crucial role in driving the process forward. LPHI also assisted the health department with their successful application for a CDC Public Health Prevention Fellow who took the lead on coordinating the CHA-CHIP process.

The scope of LPHI's support to the health department included "...initial application for the CHA/CHIP demonstration site project, choosing community partners to engage, deciding the planning structure, identifying data elements to capture in the CHA, designing data collection approaches, and facilitating large group meetings."

—CHA/CHIP Demonstration Project Final Community Health Improvement Process Report for the New Orleans Health Department

LPHI has also been instrumental in serving as the lead partner for many strategies in the CHIP and organizing the CHIP implementation structure.

LPHI brought value to the CHA-CHIP process in numerous ways. Before the CHA-CHIP process even began, LPHI supported the shift to a broader strategic vision for the health department as part of Mayor Landrieu's goal of modernizing the department. This included a major transition from clinical care and direct services to population health focused programs and policies. Furthermore, LPHI supported capacity development in the health department around community engagement. Now, several of the health department's programs, like the healthy-eating and violence prevention programs, are using the community engagement model established by the CHA-CHIP process. Additionally, LPHI connected the health department to resources like the TurningPoint polling software (used it to visualize and document the voting during community meetings) and encouraged Health department staff to attend trainings that proved invaluable to their work.

In addition to building capacity and connecting the health department to resources, LPHI played a role in getting the right people to the table at the outset of the CHA-CHIP process. They also aided in the sharing of data across the neighborhood, city, and state levels. Moreover, LPHI lent technical expertise and practical experience in public health to the CHA-CHIP process that was only newly emerging in the health department.

Conclusion

In each of the four CHA-CHIP processes described in this brief, public health institutes contributed to the success. The support provided by the public health institutes included:

- big-picture expertise in the CHA-CHIP process,
- building capacity within the health department and/or other partners,
- serving as a neutral convener,
- providing technical expertise, and providing community expertise.

While the supports identified in these stories highlight several ways in which public health institutes can support the CHA-CHIP process, they only represent a portion of an even longer list of supports public health institutes can provide and a handful of the public health institutes involved in CHA-CHIP work.

Created as a forum for public health institutes, the National Network of Public Health Institutes (NNPHI) convenes its members and partners in efforts to address critical health issues. As the portfolio of CHA-CHIP work being done by public health institutes has increased, so has NNPHI's portfolio of work in this area. NNPHI invited members to showcase their CHA-CHIP work at the Public Health Improvement Training and the Open Forum for Quality Improvement. Additionally, NNPHI's annual conference highlighted member work on CHA-CHIP and was followed by a CHA-CHIP training developed by public health institutes for public health institutes. The CHA-CHIP training led to the creation of an NNPHI member-led learning collaborative. The purpose of the collaborative is to collectively market public health institute services, to identify and go after funding opportunities together, and to learn from each other by sharing tools and best practices. As the implementation of the Affordable Care Act and public health accreditation continue to increase the demand for public health institute support on CHA-CHIP, NNPHI will continue to work to strengthen and promote its member institutes' capacity to support hospitals, health departments, and other key partners to improve the health of the communities they serve.

Want to Learn More?

- To learn more about the support provided by public health institutes for community health improvement activities, see: <http://nnphi.org/program-areas/accreditation-and-performance-improvement/accreditation-and-performance-improvement-support>.
- To access tools, resources, example CHA-CHIPs and much more, visit NNPHI's CHA-CHIP Toolkit: <http://www.nnphi.org/tools/public-health-performance-improvement-toolkit-2>.

Lessons Learned

1. **The CHA-CHIP process is a learning process.** According to Deanna D’Amore from Greater Norwalk, “We weren’t experts when we began. It really was a learning process, and that’s okay.” Similarly, Midge Ransom in East Central Kansas reported, “There is no better teacher than experience. Five years from now, going through this process again will be so much easier.”
2. **It takes more time and staff resources than many people expect.** According to Veena Viswanathan from Austin-Travis County, “The CHA-CHIP process is a marathon, not a sprint. Keep going back to your mission and the vision of working with the community to reach their health goals. It helps to look back at community voices and materials provided by community partners to stay focused and motivated.”
3. **Committed community partners are essential.** In Austin-Travis County, they utilized a committee to engage partners and keep them accountable, and a very diplomatic staff person encouraged partners to fulfill their commitments.
4. **Clear communication with community partners about roles and responsibilities at the outset enables partners to work together more effectively.** In the Greater Norwalk area, they used the Association for Community Health Improvement model to clearly communicate about roles and responsibilities throughout each of the four phases, and they deliberately communicated with their partners in a very clear and concise manner.
5. **Acknowledging community partners’ strengths and identifying opportunities for partners to benefit helps keep them engaged.** In Austin-Travis County, the core team encouraged their community partners to attend trainings offered by NAC-CHO so their organizations could benefit as well.
6. **Understanding the public health knowledge and the culture of the community partners is crucial to communicate clearly.** For instance, HRiA found that the acceptance and understanding of social determinants of health varies greatly from place to place, so they needed to adjust their language to the particular community they were working with.
7. **Less can be more when it comes to primary data collection and analysis.** The Kansas Health Institute was able to save time and money by using readily available data, rather than collecting their own. They also found that getting people to think ahead of time about what they wanted to know and why allowed them to focus on finding the data around those priorities.
8. **The new partnerships that form during the process can extend beyond the CHA-CHIP work.** In New Orleans, the health department formed mutually beneficial connections with state-level agencies that have extended beyond the CHA-CHIP process.
9. **The Mobilizing for Action through Planning and Partnerships (MAPP) process can build lasting capacity in the community.** In New Orleans, the MAPP process built community partners’ understanding and expectations of what a community engagement process could look like in terms of their relationship with the city as well as their relationship with each other.
10. **Think about CHIP implementation and sustaining community partnerships at the outset.** According to Steven Ridini from HRiA, “In many places people may not have thought about what do we do when the CHA is done? Who owns the CHIP? Who will monitor it, and ensure accountability? How are they going to implement strategies identified in the CHIP?” Similarly, Jessica Riccardo from New Orleans questions the sustainability of the capacity built once temporary employees move on. By the same token, Veena Viswanathan from Austin-Travis County noted that, “Collaboration and communication take resources over the long term to maintain. As communities implement the CHIP and monitor results, it may be challenging to keep the partners and community members engaged.”

About National Network of Public Health Institutes

Created in 2001 as a forum for public health institutes, today the National Network of Public Health Institutes (NNPHI) convenes its members and partners at the local, state, and national levels in efforts to address critical health issues. NNPHI’s mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. Learn more at www.nnphi.org.