

CHIP Collaborative Handbook and Template: A Kansas Case Study

Sarah Hartsig and Jennifer Woodward, Kansas Health Institute and Melissa Schigoda, National Network of Public Health Institutes

Introduction

The National Network of Public Health Institutes (NNPHI) and its member public health institutes are engaged in numerous community health improvement initiatives with a broad range of partners, including public health departments, hospitals, and community-based organizations. As neutral conveners with expertise in facilitation, data collection and analysis, and partner/community engagement, public health institutes provide support to a range of organizations in their collaborative community health improvement efforts.

In support of this work, NNPHI and its members co-created a Community Health Improvement Work Group that focuses on building and sustaining capacity among institutes to support community health improvement efforts, as well as marketing and promoting the services they offer to health departments, hospitals and other community partners. The following case study is a part of a series that grew out of the Community Health Improvement Work Group's efforts. The aim is for public health institutes to share their experience in selecting, adapting and employing existing tools and strategies for community health improvement. This case study was presented via a webinar, which was recorded and is available online [here](#).

This document describes the Public Health Accreditation Technical Assistance project implemented by the Kansas Health Institute, which included in-person trainings, technical assistance, and tools to assist local health departments in their Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Strategic Plan (SP). This case study focuses on the CHIP Handbook and Template and details how one local health department used the trainings and tools to progress in their CHA and CHIP

Background

Kansas has a decentralized public health system with 100 local health departments distributed across 105 counties. Kansas' first health department to achieve Public Health Accreditation Board (PHAB) accreditation was the Johnson County Health Department in June 2014. In September 2014, Sedgwick County became the second accredited health department in Kansas. At the time of writing, one other local health department and the Kansas State Health Department were in the accreditation application process.

Completing a Community Health Assessment (CHA) is one of three pre-requisites for accreditation, so the CHA completion rate may indicate how many health departments may be considering pursuing accreditation. Only three health departments in Kansas had completed their CHA as of March 2012 (including Johnson County). However, by March 2013, there was a large increase in CHA completion, with 40 Kansas health departments completing their CHA.

Technical Assistance Project

Some of the progress in accreditation readiness in Kansas is likely due to the Technical Assistance Project funded by the Kansas Health Foundation and implemented by the Kansas Health Institute. This three-year project began in 2012 and focuses on building capacity for quality improvement and the prerequisites for accreditation: the Community Health Assessment (CHA), the Community Health Improvement Plan (CHIP), and the Strategic Plan. State-level partners also involved in the project include the Kansas Association of Local Health Departments (KALHD), the Kansas Department of Health and Environment (KDHE), and the University of Kansas Area Health Education Centers (KU AHEC).

The project activities include a mix of in-person learning sessions, mini-grants, and individualized technical assistance. Three in-person learning sessions were held on CHAs, two on CHIPs and one on Strategic Plans and were attended by 121 people. Typically, administrators attended from smaller health departments and accreditation coordinators attended from larger health departments. Several staff nurses also attended, as did one individual from a military base exploring public health accreditation. Eleven mini-grants averaging \$5,000 (\$58,000 total) have been provided to date through the project. The mini-grants cover direct costs, like surveys, printing, and meetings costs, as well as consultants to help health departments with the CHA, CHIP or Strategic Planning processes. Individualized technical assistance focuses on specific steps of the CHA, CHIP, or Strategic Planning processes. In order to receive the individualized technical assistance, health departments need to demonstrate their readiness for a given step by demonstrating completion of previous steps and clearly articulating the need and rationale for requesting expert assistance. For both the mini-grants and the technical assistance, KHI was able to call upon a technical assistance network of experts. This network is a pool of local consultants and academics who support CHA, CHIP, and strategic planning.

CHIP Collaborative Handbook and Template

The CHIP Collaborative Handbook and Template were developed in early 2014 for the in-person learning sessions on CHIPs. The Handbook and Template were developed to be a one-stop-shop with guidance for the CHIP process that participants could reference during the training but also to be a stand-alone product that people outside of the trainings could use as well. In order

Do the Handbook and Template meet PHAB requirements?

KHI cannot guarantee that a CHIP created with the Handbook and Template will be PHAB compliant; however, the documents were designed with PHAB guidelines in mind. For instance, in the Priority Setting Section, it states that PHAB requires that you include consideration of social determinants of health. It also states that linking the chosen priorities to state and national priorities is required by PHAB. Similarly, the Monitoring and Evaluation section requires measurable goals, objectives, and strategies with responsible parties per PHAB requirements.

to develop the Handbook and Template, KHI reviewed tools, templates, and CHIPs from around the country. After careful review, they decided to develop the Handbook loosely based on the Michigan Public Health Institute's CHA Handbook, but added additional information that they thought would be helpful to the training participants. KHI developed the Template loosely based on an example from Connecticut, linking it closely to the Handbook. The Template was developed to be flexible so that communities can easily modify it to their own community health improvement efforts. Both the Handbook and the Template were developed to align with PHAB standards, but with the foremost goal of creating more effective and better public health systems.

Figure 1. Community Health Assessment Progress in Kansas Counties, March 2012 and March 2013

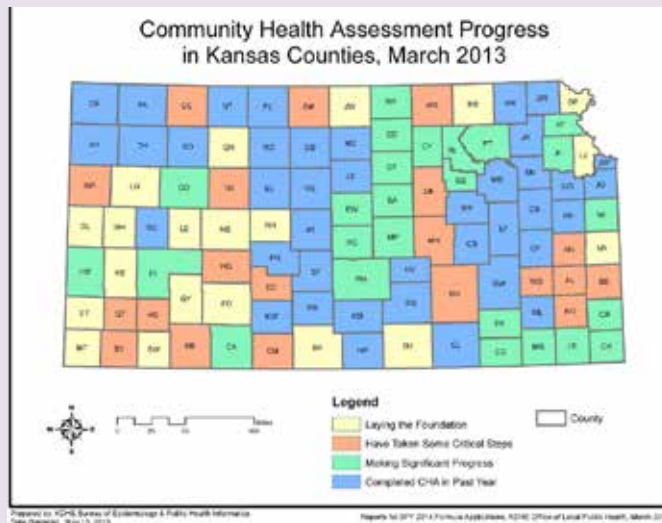
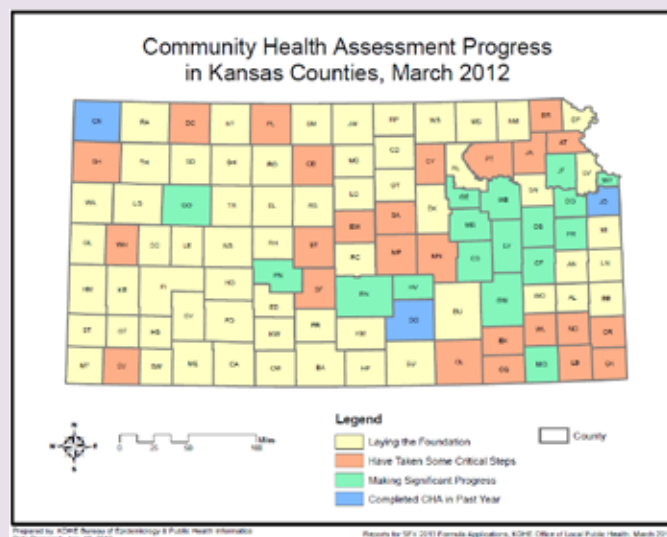


Figure 2. CHIP Organizational Structure



CHIP Process Steps

1. Set priorities
2. Set goals
3. Set objectives and outcome measures
4. Identify assets, strengths, current efforts & resources
 - 4.1. Re-engage existing and new partners
5. Identify evidence-based intervention strategies
 - 5.1. Identify barriers and adapt intervention strategies
6. Compose an action plan
7. Produce the CHIP document
8. Release and disseminate the CHIP
9. Implementation and monitoring

Using the CHIP Handbook

The CHIP Handbook begins by describing what a CHIP is and provides context for the PHAB pre-requisites of the CHA, CHIP and Strategic Plan. The Handbook includes a CHIP Organizational Structure (see figure 2 below) that illustrates how the various parts of the CHIP fit together. For example, KHI recommends that communities select 2-6 priority areas for their CHIP. Within each priority area, they would set one or more goals, each with objectives, outcome measures, intervention strategies, and action steps. This helps health departments to work from abstract ideas to the very specific actionable items. The Handbook takes the reader through the nine steps of the CHIP process and concludes with a section at the end for “CHIP Development Worksheets.” The chapters on the various steps link to the related worksheets at the end, so that readers can learn about the step and then flip to the back to fill out the worksheets with information from their specific project.

Using the CHIP Template

The CHIP template follows the CHIP handbook outline and guidance, and provides a baseline framework to assist CHIP teams in developing an individualized document that meets their community needs. The template is provided as a word document so users can enter information and edit as needed.

Part one of the document is the Background Information section, and outlines the major points of descriptive information and data that a CHIP should include. Part two, the Priority areas section, walks the user through the required elements of each priority area including a framework for goals, objectives,

intervention strategies and an action plan. Part three of the document is monitoring and evaluation, and includes a fillable table that can assist health departments in tracking their progress as they implement each piece of the CHIP.

The Handbook in Action: The Case of Seward County Health Department

Seward County Health Department (SCHD) is located in southwest Kansas on the Oklahoma border. The county is small and rural with a population of 23,390. The county has two townships: Liberal Kismet. Seward County is 58.4% Hispanic, 33.7% White, and 7.9% Black. Public school enrollment is 76% Hispanic. Language other than English is spoken in 55% of the homes in Seward County. The poverty level in Seward County is 17.4%, compared to 13.2% for the state of Kansas. Results

Figure 3. Seward County Health Department



A team of Seward County staff attended a CHA learning session in early 2013 and a CHIP learning session in early 2014. They used the tools developed for both of the sessions to guide their CHA and CHIP efforts.

Seward CHA Process

SCHD embarked on conducting a CHA in January 2013. Four CHA Core Team members attended the CHA in-person sessions conducted by KHI and partners in April and May 2013. Following the in-person sessions, the Core Team assembled a larger Assessment Team made up of 25 individuals representing different segments of the community. The Assessment Team met in April 2013 to review sample surveys from other health departments, develop their primary data collection survey and create their data collection plan.

Data collection was conducted between July and October of 2013. SCHD's primary data collection survey included questions about demographics, length of time lived in Seward County, and areas of concern on health-related topics including mental health, environmental health, family planning, safety, immunizations, nutrition, and drug and alcohol use. The survey also asked respondents to identify their top three areas of concern. The survey was translated into Spanish for Seward County's Spanish-speaking population. Both the English and Spanish versions of the survey were distributed in paper and electronic format, with the assistance of the Assessment Team and key partners.

The Core Team also collected secondary data which it combined with the primary data collected via the survey and summarized in October of 2013. Following that, the Core Team developed community health profiles, which were shared with the Assessment Team in December 2013.

Cost

The majority of the expenses that the Health Department contributed toward the CHA-CHIP process came in the form of staff time. They spent approximately \$12,000 in 2013 and \$5,000 through June 30, 2014. \$3,000 of the 2014 expense came in the form of a mini-grant from KHI through the Technical Assistance Project to assist with their CHA CHIP work.

The grant money was budgeted for:

- Print and electronic versions of CHA/CHIP reports and posters: \$1,000
- Media advertisements: \$700
- 15 Community and Stakeholder Meetings: \$1300

Tools/Example Documents/Trainings

- [KHI's Collaborative CHIP Handbook](#)
- [KHI's CHIP Template](#)
- [SCHD's Survey](#)
- [SCHD's Work Plans](#)
- [SCHD's CHIP Tables](#)
- [SCHD CHA-CHIP](#)
- [Connecticut CHIP](#)
- [Michigan Public Health Institute's Handbook](#)

Seward County CHIP Development

Following the guidance provided in the CHIP Collaborative Handbook, the Assessment Team met in March 2014 to set priorities from the results of the primary and secondary data collection efforts.

Following the priority-setting process, the Assessment Team held a variety of community meetings aimed at identifying current strengths, community resources, assets and efforts towards possible improvement strategies. Participants at these community meetings included policymakers, school district officials, the United Way, and other community groups.

SCHD decided to apply for assistance with the CHIP from KHI through the Technical Assistance Project. KHI granted their request and provided a grant of \$3,000 to make progress on the CHIP. Using grant funds, the Assessment Team then met in April to set goals, objectives, and outcome measures. In May they met again to select possible intervention strategies and in August they identified responsible agencies, staff members and resources to carry out the strategies. The target completion date for the CHIP was August of 2014. The team is currently finalizing their CHIP document for dissemination throughout the community.

Seward County Lessons Learned

1. **Select Core Team members that are dedicated to the process.** These are the people that need to work tirelessly to drive the project forward.
2. **Develop a work plan with deadlines to guide your work.** You can create your own work plan or, better yet, adapt one that already exists.
3. **Seek assistance from experts.** You are not the first to do this. Whether your county is rural, urban, or suburban, you can find a similar county who has already done a CHA-CHIP and get their advice.
4. **Tap into the experts in your community.** There are people out there who have skills and resources you didn't realize existed and they want to help more than you might know. Be sure to seek them out.
5. **Keep looking forward.** While the CHA-CHIP processes may seem daunting and never-ending, you will eventually make it to the implementation and monitoring stage. And then it all starts again!

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About the Kansas Public Health Institute

The Kansas Health Institute (KHI) is an independent, nonprofit health policy and research organization that informs policymakers about important issues affecting the health of Kansans. KHI's mission is to improve the health of all Kansans by supporting effective policy making, engaging at the state and community levels, and providing non-partisan, actionable and evidence-based information. KHI conducts research and provides policy analysis, convenes conversations and sponsors educational forums, and provides in-depth coverage of urgent and emerging issues through the KHI News Service. Learn more at www.khi.org.

About the 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.