

CHAPS

Colorado
Health

**& Assessment
Planning**

System

CHAPS Outline

Phase I: Plan the Process

1. Coordinate with the Office of Planning, Partnerships and Improvement.
2. Familiarize yourself with background materials.
3. Communicate with county/regional leadership and staff.
4. Formalize relationships as necessary.
5. Develop a timeline and work plan.
6. Create a project team and designate a project manager.
7. Identify and review existing local needs assessments.
8. Determine resource needs and develop a budget.

Phase II: Identify and Engage Stakeholders

1. Clarify your goals for engaging stakeholders.
2. Design an organizational structure to manage stakeholders.
3. Link with other community initiatives.
4. Identify individual stakeholders and determine their roles.
5. Recruit stakeholders.
6. Engage new stakeholders as the process evolves.
7. Celebrate stakeholder contributions and successes.

Phase III: Conduct a Community Health Assessment

1. Review background materials.
2. Determine the scope of your community health assessment.
3. Develop a community health assessment data gathering outline.
4. Gather quantitative data.
5. Gather qualitative data.
6. Interpret the data and information.
7. Report the results.

Phase IV: Conduct a Capacity Assessment

1. Review available resources and background materials.
2. Determine the scope of your capacity assessment.
3. Gather data and information.
4. Interpret your findings.
5. Report the results.

Phase V: Prioritize Issues

1. Use assessment results to identify issues for consideration.
2. Identify potential strategies to address each issue.
3. Develop a summary presentation of each issue.
4. Identify and engage stakeholders.
5. Plan the prioritization process.
6. Facilitate prioritization meeting(s) to determine PHIP focus areas.

Phase VI: Develop a Public Health Improvement Plan

1. Review your community health assessment, current priorities, past PHIPs and the state PHIP and priorities.
2. Determine the purpose(s) and audience of your PHIP.
3. Develop a planning process that includes key stakeholders.
4. Hold facilitated planning meetings.
5. Develop action plans for each priority issue.
6. Draft the local PHIP.
7. Submit the local PHIP.
8. Disseminate the PHIP.

Phase VII: Implement, Promote and Monitor the Plan

1. Determine organizational structure and process for implementing, evaluating, and communicating the work.
2. Review and refine your action plan(s).
3. Prepare for implementation.
4. Prepare for evaluation.
5. Make mid-course corrections based on evaluation results.
6. Develop a plan to communicate about implementation and evaluation.

Phase VIII: Inform and Participate in Statewide Public Health Improvement Planning

1. Share local/regional PHIP content with statewide partners (through plan submission, reporting, and collaboration).
2. Participate in statewide planning opportunities.
3. Communicate with stakeholders about the statewide plan.

Getting Started: Frequently Asked Questions

Introduction

In 2008, the Colorado Public Health Act was signed into law, calling for major reforms to the state's governmental public health system. The purpose of the Act is to assure that core public health services are available to every person in Colorado, regardless of where they live, with a consistent standard of quality. Toward that end, the Act requires the use of assessments to determine both population health and system-wide capacity issues and to then develop five-year state and local public health improvement plans (sometimes called a community health improvement plan or CHIP) that engage communities in health improvement, increase the availability and quality of public health services, and ultimately improve health outcomes.

In response to the Act, the Office of Planning and Partnerships (the Office) was created at the Colorado Department of Public Health and Environment (CDPHE). The purpose of the Office is to coordinate the implementation of the Act, facilitate the development of a standard public health improvement planning system, provide technical assistance, and act as liaison between state and local public health agencies (LPHAs). The Office is guided by the Public Health Improvement Steering Committee, comprised of stakeholders with representation from around the state.

What is the value of a local public health improvement process?

The public health system is larger than the local public health agency, since many community businesses and organizations have the capacity to impact health. When a public health agency convenes a community-wide process that considers health and environmental data, service capacity, and how to best address an issue, and then uses

Figure 1: How Does a Public Health Improvement Plan Make a Difference?

- It provides a baseline by which to monitor change, by answering the question: "What are the recent trends and current conditions?"
- It identifies emerging issues by answering the questions: "What has changed since the last assessment?" "What new concerns do community members have?"
- It helps the community set health priorities and focus resources by answering the questions: "What are the leading causes of disease, disability and death?" "Who is most impacted?" and "What are the best ways to address these issues?"
- It provides facts upon which to base programmatic or organizational decisions by answering the question: "What are the current service levels and where are the unmet needs?"
- It helps partners to plan effective, collaborative interventions by answering the questions: "What's the best strategy to address this issue?" "Who should be leading this effort?" and "How can we support them?"
- It increases the ability to secure new funding by answering the questions: "What are our greatest public health needs?" "How do we best to address these?" and "What is the level of community support?"
- It supports advocacy for policy changes because it communicates: "Here are the facts. We need things to be different."

that information to develop a plan, the community alignment of health priorities and directed resources is the result. This type of strategic and inclusive process ultimately promotes health improvement.

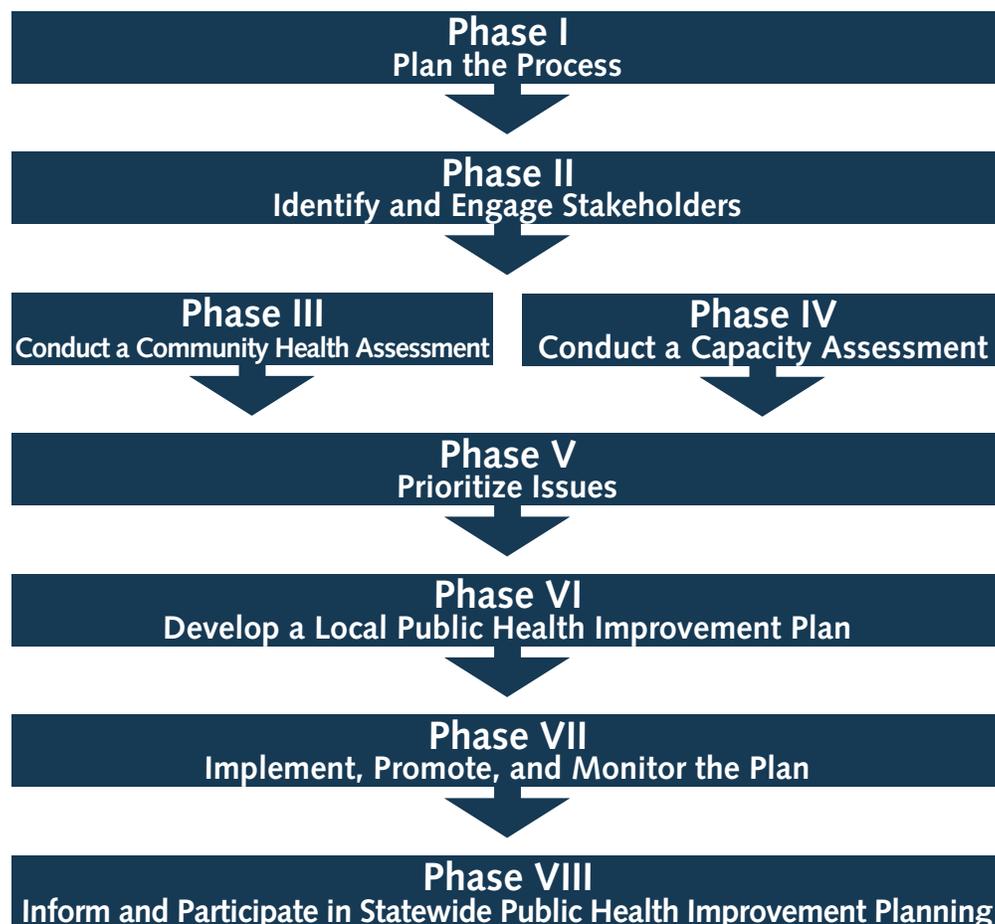
Public health improvement planning has become a standard practice within the public health field, recommended by the National Association of City and County Health Officials (NACCHO), mandated by Colorado’s Public Health Act, required for voluntary accreditation by the national Public Health Accreditation Board (PHAB), and linked to federal funding from the Centers for Disease Control and Prevention (CDC). Figure 1 illustrates how a local public health improvement plan (PHIP) can make a difference to a community’s health.

What is CHAPS?

CHAPS stands for Colorado Health Assessment and Planning System, which provides a standard mechanism for assisting local public health agencies and CDPHE in meeting assessment and planning requirements of the Public Health Act of 2008 (C.R.S. 25-1-501 et seq.). CHAPS will also assist agencies in preparing for voluntary accreditation by the national Public Health Accreditation Board since many of its processes meet national standards. The public health improvement process of Assessing, Prioritizing, Planning, Implementing and Evaluating is laid out in CHAPS as “Phases,” with stakeholders being utilized in nearly every step.

The Act requires that state and local public health improvement plans (PHIP) be developed based on a community health assessment and capacity assessment every five years. These processes are included in CHAPS, each with its own Phase. This CHAPS system is illustrated in Figure 2.

Figure 2: CHAPS System Flowchart



How does CHAPS fit nationally with other public health improvement efforts?



Mobilizing Action for Planning and Partnerships (MAPP):

MAPP was developed by the National Association of City and County Health Officials (NACCHO), and is widely recognized as a model practice in

public health improvement planning. CHAPS is closely aligned with the MAPP process; therefore, LPHAs may use MAPP as long as they also meet the other requirements of CHAPS, including utilizing Colorado's standard prioritization criteria and following the criteria for developing the local public health improvement plan. For more information, visit the MAPP website (www.naccho.org/topics/infrastructure/mapp/index.cfm).



Public Health Accreditation Board (PHAB):

PHAB is the national body that oversees the voluntary public health accreditation process for state, local, territorial and tribal public health agencies.

This public health accreditation system uses common standards to measure performance and assist agencies in continuously improving their services, and ultimately the community's health. Many steps within CHAPS meet the standards necessary for voluntary accreditation including the following:

- ◆ Engage with the community to identify and address health problems
- ◆ Conduct and disseminate assessments focused on population health status and public health issues facing the community
- ◆ Conduct a Community Health Improvement Planning Process
- ◆ Develop and implement a health department strategic plan

- ◆ Evaluate and continuously improve processes, programs, and interventions For more information, visit the PHAB website: www.phaboard.org.



Healthy People 2020:

CHAPS promotes the alignment of local health data and strategies with the Healthy People 2020 framework, including the use of national health objectives as benchmarks. Healthy People initiatives provide science-based, 10-year national objectives for improving the health of all Americans. Healthy People also encourages collaboration across sectors in order to enhance the impact of prevention activities. Visit the Healthy People 2020 website: www.healthypeople.gov/2020.

How does CHAPS meet the requirements of the Public Health Act?

CHAPS is built upon requirements of the 2008 Public Health Act, with optional processes, tools, templates with an order that is logical but not required. We expect variability in how CHAPS is implemented and hope that you will continually share your experiences to help improve the Colorado Health Assessment and Planning System. There are only a few required aspects of CHAPS, which are listed below.

1. **Stakeholder Engagement:** The involvement of community stakeholders to inform the process, plan and implementation of public health improvement activities is a best practice in the public health field. Colorado's Public Health Act recognizes this and requires that representatives of the local community develop and implement the local plan. Although the Act does not specify a process, CHAPS Phase II provides guidelines.
2. **Community Health Assessment:** According to the Act, the local public health improvement plan should examine data about health status and risk factors specific to the local community. Although the Act doesn't specify a process, CHAPS Phase III provides guidelines.

3. **Capacity Assessment:** The Act requires that the local public health improvement plan include an assessment of the capacity and performance of the county or district public health system. Guidance is provided in CHAPS Phase IV.
4. **CHAPS Prioritization Process:** The Act requires the comprehensive statewide public health improvement plan to incorporate local public health goals and priorities. Standard criteria have been developed for use at the local level to ensure consistency in setting priorities for Colorado's public health system. The criteria and a proposed process are described in CHAPS Phase V.
5. **CHAPS Local Public Health Improvement Plan:** The Act states that the local public health plan shall not be inconsistent with the statewide public health improvement plan and that at a minimum, each local plan shall:
 - Examine data about health status and risk factors in the local community;
 - Assess the capacity and performance of the county or district public health system;
 - Identify goals and strategies for improving the health of the local community;
 - Describe how representatives of the local community develop and implement the local plan;
 - Address how county or district public health agencies coordinate with the state department and others within the public health system to accomplish goals and priorities identified in the comprehensive, statewide public health improvement plan; and
 - Identify financial resources available to meet identified public health needs and requirements for the provision of core public health services.

According to the Act, the local public health plan shall be submitted to the local board of health for review. A summary of each local public health plan will then be reported to the Colorado Board of Health by the Office of Planning, Partnerships and Improvement. Guidance is provided in CHAPS Phase VI.

6. **Inform and Participate in the Comprehensive Statewide Public Health Improvement Plan:** The Public Health Act requires the development and implementation of a comprehensive statewide improvement plan every five years in consultation with the State Board of Health, the Colorado Department of Public Health and Environment, local public health agencies and their partners in the public health system. CHAPS Phase VIII describes the components of the comprehensive statewide plan, which includes incorporating goals and priorities of public health plans developed by local public health agencies.

What are the components of a local public health improvement plan?

The public health improvement plan is a systematic road map that illustrates county or regional public health needs, describes priorities for health improvement, names the partners to be involved, documents the steps to get there, and provides a method for evaluating progress. The plan is for the entire community, including leaders, system partners, public health staff and boards of health. It can help generate excitement about community health improvement activities, as well as provide an easy-to-use point of reference for monitoring and communicating health improvement activities. Developing a public health plan is a best practice in the field of public health and a prerequisite for applying for accreditation by PHAB. CHAPS Phase VI offers further information, guidance and resources.

How is a local public health improvement plan different from my agency's strategic plan?

Both types of plans usually include goals, strategies, evaluation measures and timeframes; however, the local public health improvement plan involves the entire public health system, including organizations and individuals outside of the public health agency. By contrast, the local public health agency's strategic plan is specific to agency staff and resources. It is a good practice for a local public health agency (LPHA) to incorporate

relevant parts of the local PHIP into its strategic plan, in order to hold itself accountable for implementation and to measure progress. The agency-level strategic plan, like the public health improvement plan, meets a PHAB standard and is a requirement for voluntary national accreditation.

Can CHAPS be conducted across a region?

Counties may consider taking a regional approach to CHAPS. This is especially true for agencies that are not yet able to assure all of the core public health services and may want to determine how to share services with other LPHAs. Not only will this be a better use of scarce resources for assessment and planning activities, it will also help build core public health service capacity in the region and throughout the state. The Office of Planning, Partnerships and Improvement can help counties with the design of a regional approach. Any combination of the phases and steps can be done together or separately. At minimum, it will be helpful to embark on this process during the same time frame as neighboring counties to facilitate information sharing, plus technical assistance will be more efficient if offered at the same time regionally.

Who should be involved in our local CHAPS process?

The local public health agency is the perfect leader of a public health improvement process, by assuming the tasks of convening participants, facilitating the process, providing expertise, overseeing plan implementation and monitoring progress. According to the Act, the LPHA shall carry out the development of public health improvement plan, under the direction of the County or District board of health. Public health staff members with direct program responsibility (i.e., “front-line” staff) should be included in order to garner expertise and gain buy-in. Additionally, individuals with information about the community or specific populations

are also valuable, as are other agencies and organizations that are providing core public health services or that can impact leading health outcomes.

A good first step in stakeholder recruitment is to contact any nonprofit hospitals serving your area, as these entities are mandated to conduct a community health assessment under the federal the Patient Protection and Affordable Care Act (i.e. Healthcare Reform Act). Other potential community participants might include local law enforcement that can enforce smoking bans and conduct DUI checkpoints, or city and county planners that determine the walkability/bikeability of a community. Also, a neighboring county may desire to determine how core public health services could be shared. By strategically selecting stakeholders and assuring the diversity of input, the assessment will be more accurate and the plan more likely to garner the resources and support needed to fully implement it. A guide to selecting community stakeholders is provided in CHAPS Phase II.

How does the Environmental Health field fit into CHAPS?

Within the Public Health Act, the field of Environmental Health is included under the broad definition of Public Health. Local public health agencies have specific duties with regard to environmental health, such as enforcing environmental laws, abating nuisances, conducting inspections, controlling hazards, carrying out programs that protect the environment, and coordinating with the environmental commissions at CDPHE. In addition, Environmental Health is defined in rule as a “Core Service” by the Colorado Board of Health, to be provided or assured by all local public health agencies. Therefore, environmental health service capacity, indicators, and resulting health outcomes should be documented during local assessment processes, and if determined to be a focus area for improvement, addressed in the public health improvement plan.

How does CHAPS take advantage of other needs assessments?

The Public Health Act requires LPHAs to complete a community health assessment and create a local public health improvement plan at least once every five years. Other organizations may complete assessments more frequently. For example, the Patient Protection and Affordable Care Act requires nonprofit hospitals to complete a community health needs assessment every three years in order to maintain their preferred tax-exempt status. Other funders, including CDPHE programs, may also require an assessment to meet contractual requirements. It is recommended that LPHAs take advantage of other processes in terms of timing (collaborating with other entities) or using the information collected in one assessment to inform another. Using assessments and data already collected within your agency or among your partners can reduce the amount of resources needed.

What resources are needed for the local CHAPS process?

The financial resources needed to complete assessment and planning activities will depend on: **1**) the size of the community, **2**) the amount of “in-kind” resources (e.g., donated time, money, supplies, space, etc.), and **3**) how extensive the assessment and planning processes needs to be. A budget should be developed and other necessary resources identified before starting the process.

One strategy to promote fundraising with public and private resources is to determine how the goals of the plan may align with the goals of potential resource contributors. During your initial meeting with the Office of Planning, Partnerships and Improvement, we will discuss resource needs and our ability to provide monetary support for assessment and planning activities. Funding may be made available on a county or regional level, depending on population size.

Costs associated with assessment and planning activities may include personnel and consultants, office supplies and equipment, space, communication, and travel. In order to staff the project, the following positions would be helpful: a project manager to lead the project and assure its completion; a health planner with technical expertise to gather and interpret data and report findings; a facilitator to organize and manage meetings and assure decisions are made and documented; and administrative support. Note that one person can fill more than one position. Also, a consultant can provide expertise on a temporary basis to fill personnel gaps.

Will technical assistance be available?

The Office of Planning, Partnerships and Improvement will provide technical assistance to local public health agencies (LPHAs) throughout the CHAPS process and advise on key areas such as data gathering and interpretation, issue prioritization, identification of strategies to address priorities, plan development, implementation and evaluation support. In addition, a data specialist is available through the Colorado Department of Public Health and Environment’s Health Statistics Section to assist with needs regarding data gathering, analysis, and presentation, which is addressed in CHAPS Phase III. Each phase of CHAPS has a section describing the technical assistance available related to that phase.

When does the Public Health Improvement Plan need to be completed?

The Act requires that the comprehensive statewide public health improvement plan be developed every five years with local public health improvement plans to follow. The first plan was due in 2009 with subsequent plans due every five years thereafter. It is recommended that local plans be submitted prior to each statewide plan in order to inform the development of the state plan. Therefore, the next local public health improvement plans are due in 2018 and the state plan is due in 2019.