Creating a Viable, Relevant and Sustainable Public Health Improvement Plan

The CDPHE Office of Planning and Partnerships (OPP) together with the Colorado School of Public Health's Center for Public Health Practice has gathered information from local public health agencies about their experiences in developing local public health improvement plans. The following is a compilation of lessons learned, barriers encountered, and tips for successful implementation collected from local public health agency staff from June-July 2013.

What has helped you develop your public health improvement plan (PHIP)?

Collaboration

- Working jointly with other counties in the region. Either on one common plan, on common goals, or coordinated efforts.
- Having engaged a steering committee and stakeholders throughout the process.
- Developing the work plan using collective impact approach.
- Developing awareness and support from county commissioners.
- Collaborating with hospitals in the region that need to conduct community assessments.

Aligning with existing efforsts

- Reaching out to new partners to help implement the plan (e.g., reaching out to behavioral health providers and organizations to address mental health priority issue).
- Working with existing coalitions (such as LiveWell, early childhood councils, healthcare coalitions, oral health collaboratives, etc.).
- Choosing realistic priorities that the community has already begun investing in or in which interest and momentum exist.
- Obesity prevention examples:
  - Obesity is the selected priority area but with limited resources to put toward it, we have chosen to focus on maternal and child health (MCH)-related strategies that impact obesity and use MCH funding to do that work (breastfeeding promotion, etc).

- Collaborating with LiveWell coalitions.

- Tobacco control examples:
  - Tobacco is a top priority, but we have not had tobacco funding recently so we plan to pursue new funding though the Amendment 35 Tobacco Education, Prevention, and Cessation Grant Program.
  - Aligning tobacco priority and MCH by implementing Baby and Me Tobacco Free.

- Engaging work team members that represent various efforts going on in the community – part of their role is to make sure our efforts are aligning and not duplicating.

- To help address our substance abuse and mental health priority area, we are aligning with the Governor's Prescription Drug Program, the Affordable Care Act, and the local mental health care provider.

- Aligning our data and work with state and national initiatives

Engaging the community

- Through key informant interviews, surveys (paper, electronic, phone), focus groups, town hall and neighborhood meetings, and coalitions.

- Ensuring community participation throughout the entire process; this helped gain broad support for the plan and engage partners in implementation strategies.

- Involving stakeholders with expertise in specific priority areas in the development and implementation of the plan.

- Instead of extending invitations to the general public, we are inviting representatives from a variety of organizations and communities to ensure broad participation and representation.

- Creating incentives for community-based organizations to participate in implementation activities. One idea is to create a "Certifiably Healthy" stamp of approval (similar to "Certifiably Green") for childcare organizations who meet certain healthy eating/active living criteria.

- With grant funding, we are hiring neighborhood representatives who will use the PHIP as a guide to assess and address critical needs in underserved neighborhoods, and develop local solutions.

Technical Assistance

Receiving technical assistance for any of the following: planning the process; interpreting and analyzing data; conducting the community health assessment; conducting the capacity assessment; meeting facilitation; writing the plan; developing evaluation plans.

Provided by:

- CDPHE: Office of Planning and Partnerships (OPP); Health Statistics Section

- Colorado School of Public Health (MPH, DrPH, and PhD students)

- Colorado Rural Health Center

- Consulting firms

- Others

Identification and adoption of evidence-based strategies

- Creating a detailed, measurable work plan that can be used as an internal document to keep implementation on track.

- Using CHAPS resources, the Community Guide to Preventive Services, County Health Rankings: What Works for Health, National Prevention Strategy, etc.

- Having county-level data available to inform our stakeholders.
- Focusing on broad approaches for greater impact (similar to National Prevention Strategy recommendations).

What are your plans for resourcing the plan (funding, staffing, etc.)?

- Receiving funding from outside sources (OPP, Colorado Trust, Kaiser Permanente, etc.) to conduct assessment, planning and/or implementation.
- Pursuing grants related to the priority areas chosen.
- Selecting priority issues for which we have existing funds and/or staff.
- Designating one (agency) staff person to be the lead on CHAPS and be responsible for keeping the process on task.
- Requesting internal funding for a partial FTE coordinator to lead our obesity priority efforts.
- Involving stakeholders who have expertise in the priority areas selected to help with implementation.
- Spacing efforts out carefully over the next five years, selecting parts of the plan we can dedicate effort to now, being mindful of resources available.
- Capacity-building in areas new to us (such as obesity) and defining our partners.
- Partnering with community-based, non-profit organizations; they may have the ability to operate with greater flexibility and speed.

Communication

- Using agency website or creating a new dedicated website to publicize information about the public health improvement process and progress; community members can sign up for regular email updates.
- Displayed the health assessment data by council districts to present and gain support from city council members (large metro area).
- Presented plan to board of health / county commissioners, considering appropriate presenter, level of detail, and anticipating questions and possible barriers.
- Communicating with internal and external partners on an ongoing basis to generate long-term support and participation.
- Leveraging the public library to publicize the process with the general public.

What are your plans for monitoring and evaluating your plan?

- Action plan has measurable objectives to help us track progress.
- Using an online data management and tracking system.
- With multiple priority areas, are using a consistent work plan template so that others can follow the planned efforts more easily.
- The Colorado School of Public Health is providing technical assistance to us through a grant from the CDPHE Chronic Disease Program for monitoring and evaluation.

What resources or trainings were especially helpful?

- CHAPS website: Helped guide and streamline our process; materials, templates, resources and links were helpful; it is helpful because it is tailored for Colorado communities; it gave us a structure to fall back on when partners wanted to stray in varying directions.

- CDPHE Health Statistics staff helped provide and explain county-level data for our community health assessment.
- DrPH and MPH students helped with various parts of the process (e.g., conducting the capacity assessment).
- Learning circles (CDPHE-sponsored conference calls on topics such as obesity, mental health and substance abuse) have been helpful for working in new areas.
- Connecting with other counties: examples of other county plans that are similar in size/demographics/region and talking and meeting with other counties about various stages in the process.
- County Health Rankings: What Works for Health - we especially like this for guidance on evidence based strategies because it offers suggestions for specific sectors to work with; National Prevention Strategy; and the Community Guide.
- The Colorado School of Public Health's evidence-based public health framework course to improve outcomes.
- The workplan tempate provided by the Wisconsin CHIPP Infrastructure Improvement Project: http://www.walhdab.org/NewCHIPPResources.htm
- Planning to create action plans similar to the model used by CDC's Communities Putting Prevention to Work (CPPW) grants.

What additional resources or trainings would you have liked or still want?

- More networking opportunities with other counties; lessons learned from others who are working together as a region; hearing from counties in other states who have been implementing plans longer.
- CHAPS now has many helpful resources that were not available when we started the process.
- Help working in new issue areas including guidance on evidence-based strategies; learning circles are helpful, but would like calls that are even more structured, especially in the area of mental health and substance abuse.
- More information and guidance on online data management and tracking systems for PHIP implementation.
- Basic facilitation training and techniques.
- Would like to hear from other counties who have had conversations with their local non-profit hospitals about collaborating on community health assessments and/or pursuing from the hospital to help with implementation.
- Would like to have a resource that offers help on working with students or summarizes what specific tasks they performed in this process.
- More funding from the state for this process.
- Support for sustaining the public health workforce in rural public health agencies.

What barriers have you encountered? How are you addressing them?

Barrier	How Addressing
Lacking enough staff/time/resources for assessment/planning/implementation/evaluation.	Used OPP funds to hire consultants or students; pursuing grants for implementation; requesting agency funding for additional staff; allowing significant time for planning at the beginning of the process, and trying to create realistic timelines.
Not having staff who are trained in conducting community assessments, capacity assessments, or data analysis.	MPH/DrPH students conducting the work and educating staff for the future; using CHAPS as guidance; TA from CDPHE OPP and Health Statistics.
Priority issues emerging for which there is no local political support or support from county commissioners.	Trying to educate commissioners; or choosing different priority for current workplan and timeline; considering addressing those issues in the future.
Priority issue difficult for public health agency to take lead because not traditionally in public health realm (obesity, mental health, substance abuse, access to care, etc.).	Start off slow, adjust timeline and look to the state and other counties for examples of partnerships, initiatives, or strategies. Or choose different priority for current workplan and consider addressing in the future.
Public health director or other staff turnover delaying process and implementation.	Adjust timelines.
Difficulties in getting meaningful community input: not enough participation in face-to-face meetings, or survey responses, etc; not getting broad representation of input.	Spending extra time and conducting some surveys at community locations face-to-face; using social media to disseminate surveys; conducting public webinars; inviting participants from organizations representing a variety of communities.
Difficulty reaching consensus on priorities with a group with varying perspectives.	Don't try for consensus – try to get enough agreement on priorities chosen to make decisions to move forward.
Not having a skilled writer on staff to write and format the PHIP.	Look at other county's plans for ideas; CHAPS website for sample PHIP outline; enlist assistance from a student or contractor
Perception is that the PHIP is the public health agency's plan rather than the community's plan; Would like more community members to take the lead on parts of the plan.	Trying to align with existing community efforts; asking community members to take the lead on relevant activities.
Facing challenges in keeping community-based organizations engaged over a sustained period of time.	Assign partners specific tasks in the planning and implementation.
Concerned that we are spending more time defining the process than we will spend addressing the problem	Using collective impact approach to address issues most effectively and efficiently.

Lessons Learned and Advice for Others:

- Staff time and resources are necessary, and the amount of work required to manage the process is easily underestimated.
- The format and structure of the public health improvement plan (PHIP) may evolve over time to meet changing needs and shifting involvement from internal and external partners.
- Creating a plan based on available data (and community needs) is a more effective way to achieve goals than basing your plan on available funding streams.
- Align with existing efforts if you have limited resources. Select approaches and strategies wisely and narrowly. Too many approaches can dilute your efforts and can be hard to explain to the community.
- Clearly define start and end times for your activities. Since this is a long process, it gets tricky to monitor. A Gantt chart can be helpful for keeping everyone on track. Meet often!
- A large portion of the public health role in addressing priority issues involves connecting the dots and coordinating efforts among existing organizations and initiatives to elevate the issue and/or add new activities and objectives based on the PHIP.
- Participation of members from across the organization is integral to creating a relevant plan. Diversity of people and organizations involved is key.
- Involving external partners in the development of your plan has pros and cons. A better product will result with broad support, but the process will be less efficient and more challenging to coordinate. It is worth the additional effort!
- While the PHIP is a community process, it is necessary for the local public health agency to provide very structured frameworks within which data and strategies are examined, selected and conducted.
- Don't be afraid to ask committee members (external partners) to help with some of the work, even if it feels like grunt work. Most are happy to help and may become more invested in the plan when they have had an active role in its development.
- Now that we have been through this process, the next cycle will be easier because we are better informed about conducting community health assessments and system capacity assessments.
- Funding is an important driver in all of this, and will be in implementation. The entire local public health system should pursue new funding or redirect existing funding to implement this work.
- Make sure to celebrate small successes along the way.
- Don't get caught up in making your plan perfect; it can be altered along the way.
- Remember the big picture - one reason for this work is to build and improve local public health infrastructure and capacity at the local level
- A sustainable plan is one that is realistic for the community to implement, was created with input from a wide variety of stakeholders, will be implemented by more than one agency or group, and is progressive enough to move a community forward.