

## Phase VI: Develop a Local Public Health Improvement Plan

### Objective

The objective of this phase is to conduct a collaborative planning process, based on the results of assessment activities and the selection of priority focus areas for improvement, and then to develop a five-year local public health improvement plan (PHIP), also referred to as a community health improvement plan (CHIP). The PHIP will become the “roadmap” for community and regional partners to make improvements to the public health system and ultimately the population’s health.

A public health improvement plan provides guidance to the public health agency, its partners, and its stakeholders, on improving the health of the population within the public health agency’s jurisdiction. The plan is critical for developing policies and defining actions to target efforts that promote health. Government agencies, including those related to health and the environment, human services, and education, will use the public health improvement plan in collaboration with community partners to set priorities and coordinate and target resources.

### Steps

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

### Links

- [2009 Colorado Public Health Improvement Plan](#)
- [Colorado’s Winnable Battles \(State Health Priorities\)](#)
- [Colorado’s Health Equity Framework](#)
- [Colorado’s Core Public Health Services Rule](#)
- [Colorado Minimum Quality Standards for Public Health Services](#)
- [Guidance for Developing Objectives that are “SMART” \(Specific, Measurable, Achievable, Relevant, and Time-framed\)](#)
- [Webinars: Developing Logic Models and Action Plans \(Obesity prevention\)](#)
- [Healthy People 2020](#)
- [The Guide to Community Preventive Services](#)
- [National Prevention Strategy](#)
- [County Health Rankings: What Works for Health](#)
- [NACCHO Health Equity and Social Justice tools and trainings](#)
- [Collective Impact](#)

### Tools & Templates

Appendices:

- 6.1 [Phase VI Work Plan Template](#)
- 6.2 [Local Public Health Improvement Plan Outline Sample](#)
- 6.3 [Action Plan Templates](#)
- 6.4 [Strategy Prioritization Tool](#)
- 6.5 [Integrating Health Equity in Action Plans: Discussion Questions](#)
- 6.6 [Evidence-Based Public Health Programs and Strategies Websites](#)
- 6.7 [Logic Model Template](#)

## Why is this phase important?

By now, your public health agency has convened a community-wide process that has examined health and environmental data, service capacity, and has selected top focus areas or priorities for improvement, and may have selected strategies for addressing those priority areas. The next step is to develop specific action plans for implementation and evaluation. A Public Health Improvement Plan (PHIP) provides a road map that illustrates the 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 PHIP has become a standard practice within the field of public health, recommended by the National Association of City and County Health Officials (NACCHO), mandated by the 2008 Colorado Public Health Act for all local public health agencies, and required for voluntary accreditation by the national Public Health Accreditation Board (PHAB). In Colorado, the local PHIPs will be used to inform the next State Public Health Improvement Plan.

A brief description of how a public health improvement plan makes a difference to a community's health is available here: [“How Does a Public Health Improvement Plan Make a Difference?”](#)

**In summary:** A PHIP serves as a measurable, outcomes-focused plan for your community

- ◆ to inform and mobilize the community
- ◆ to align policy and community efforts
- ◆ to outline action steps for community partners (e.g., hospitals, schools, transportation, environmental groups, among others)
- ◆ to support grant applications with data and information
- ◆ to inform the state public health improvement plan

## Who should be involved?

Stakeholders most integral to developing the Public Health Improvement Plan are those who will have a role in implementing, supporting, evaluating and/or funding the activities outlined in the plan. These are likely stakeholders who have been involved throughout the process, for example, your steering committee, agency staff, and community leaders. However, new stakeholders can be brought in at any time. For example, the selection of priority areas in the previous phase may have identified necessary partners who have expertise in one of the priority areas, but who thus far, have not been participants. Consider also involving community advocates that can give a voice to under-represented populations or those who can help address relevant health disparities. They can help engage communities who otherwise might not participate in public health activities, and may help tailor your strategies to appropriately fit the population.

## How do the local and state Public Health Improvement Plans align?

It is intended that local public health improvement plans will inform the next statewide planning process for the purposes of:

- ◆ Increasing the efficiency and effectiveness of the public health system statewide;
- ◆ Identifying gaps and the need for greater resource allocation to support core public health service provision;
- ◆ Informing statewide goals and priorities for improvement; and
- ◆ Informing the state health agency in order to support and promote local public health.

## What are the requirements of the Local Public Health Improvement Plan?

Per the 2008 Colorado Public Health Act, the PHIP should address both population health and capacity issues identified as priorities through assessment activities. A standardized format is not required, however, a sample outline is provided as Appendix 6.2. The outline identifies components of the plan that are required either by the Act or by the Public Health Accreditation Board.<sup>1</sup>

**Figure 1: 2008 Colorado Public Health Act, Local PHIP Requirements**

### Each local plan shall at minimum:

- 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 health agency and others within the public health system to accomplish goals and priorities identified in the comprehensive, statewide public health improvement plan;
- Identify financial resources available to meet identified public health needs and requirements for the provision of core public health services; and
- Not be inconsistent with the Statewide Public Health Improvement Plan.

## How will successful implementation be measured?

The Public Health Improvement Plan should include an “action plan” for each priority issue, to identify broad goals, evidence-based strategies, measurable objectives, major activities and a time frame. The action plan can serve as a tool to monitor, document and report progress. Sample Action Plan templates are provided as Appendix 6.3. It is helpful to begin thinking about how you will measure and evaluate your progress while you are developing your plan.

CHAPS Phase VII provides additional guidance for monitoring and evaluating your plan. For agencies seeking voluntary national accreditation, PHAB requires “agencies to monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.” Please visit the PHAB website for details.

<sup>1</sup> Agencies seeking accreditation should visit the PHAB website to ensure receipt of the latest guidance and documentation requirements, which are unique to PHAB. Reviewing the full set of PHAB standards and measures will provide useful information throughout the development and implementation of your public health improvement plan

## What technical assistance is available?

Technical assistance will be available to support the process of local public health improvement planning. Requests can be made to the Office of Planning and Partnerships, who will either provide technical assistance directly, or triage the request within CDPHE or to other groups as needed. Technical assistance for public health improvement activities could include:

- ◆ Quality improvement and planning tools (e.g., root cause analysis, logic models)
- ◆ Effective strategies, best practices, model policies, data sources
- ◆ Evaluation, performance measurement, developing measurable objectives
- ◆ Resource identification (e.g., funding, leaders, advocates)
- ◆ Communications and community engagement (e.g., making the case for change, media, educational material)
- ◆ Networking, learning and sharing with other local public health agencies

## What are the steps for conducting a public health improvement planning process?

There are eight CHAPS steps to conducting a public health improvement planning process that involve: reviewing background materials, developing and conducting the planning process with stakeholders, and drafting and submitting the plan. A work plan template is provided for your use to assist in identifying tasks, individuals responsible, and a timeline associated with the activities for each step.

### Step 1: Review your community health assessment, current priorities, past PHIPs and the state public health improvement plan and priorities

Begin by revisiting your community health assessment results, current priorities and any past public health improvement plans, including any related work plans for your county or region. In addition, become familiar with the statewide priorities in order to align recommendations and activities as much as possible. Resources describing a collective impact approach may be helpful to review now also (refer to links).

### Step 2: Determine the purpose(s) and audiences of your PHIP

Consider in advance if your agency might be applying for accreditation from the national Public Health Accreditation Board, as a community public health improvement plan is required as part of the application. In addition, you may have existing work plans and measures that can be incorporated into this plan. In the future, the PHIP can help define program/priority specific work plans for grant applications, etc.

Who are your primary audiences? There are multiple possible audiences with potentially different expectations of your PHIP. They may include community members and leaders, policy makers, partner organizations and businesses, local and state boards of health, agency staff, funders, and hospitals and clinics.

### Step 3: Develop a planning process that includes key stakeholders

A well-thought out process will ensure that the execution of the plan is successful. This includes planning meetings with the people needed to create and support measurable action plans for each of the top focus areas identified for your community during the prioritization process.

## Form planning groups

**a)** Identify internal and external stakeholders that should participate in the planning process, such as your steering committee, agency staff, and community leaders. You may also want to add those who have expertise in one of the priority issue areas, or those who can advocate for and represent the communities and populations that you wish to reach, such as known leaders in the community, staff that work for community-based organizations, or community health workers/promoters.

Many communities have identified a PHIP implementation oversight committee, as recommended as a best practice by the MAPP process. An oversight committee can help foster the momentum of implementing the plan after it is developed by acting as a resource when barriers arise, as well as assisting in monitoring and evaluating progress. The specific role and composition of the oversight committee, plus the frequency with which they meet and the type of activities to be performed, should be determined ahead of time, and introduced during the planning process.

## Design planning meetings

**b)** Determine meeting logistics such as location, number, length, agendas etc. The number of meetings will depend on the size of your community and stakeholder group, and the number of priorities chosen. Identifying who will provide facilitation early on will assist with determining the methods used, number of facilitators, and space needs. For example, some communities choose to break out into small, focused teams with individuals who have expertise and interest in the particular priority areas.

**c)** Depending on your group members, you will have to define the amount of information to present, and when to provide drafts for comment versus starting from scratch.

## Step 4: Hold facilitated planning meetings

- a)** Describe the process and intended outcomes
- b)** Introduce or select a PHIP oversight committee; describe their role
- c)** Present an overview of each priority issue area to the group, including relevant indicators, and potential strategies for addressing them
- d)** For each priority area, conduct the following process (this may be done in one large group or in smaller groups reporting out, depending on the number of participants and issues to be addressed):
- Identify the factors contributing to the issue
  - Using evidence-based strategies that were researched during the prioritization of issue areas, discuss and select strategies to implement in your community. Some factors to consider in selecting strategies include: the likelihood of population impact; capacity to implement; impact on health disparities; ability to measure; and political/community support. Tools that may be of use in this step are: Strategy Prioritization Tool (Appendix 6.4), Integrating Health Equity in Action Plans: Discussion Questions (Appendix 6.5), Evidence-Based Public Health Programs and Strategies Websites (Appendix 6.6).
  - Create action steps that are linked to the goals and objectives, measurable outcomes, who is leading and who needs to participate in implementation, and how and when the steps will be evaluated.

## Step 5: Develop action plans/ work plans (Appendix 6.3) for each priority issue (this may be done in small groups or subcommittee)

Each action plan should include:

- ◆ A description of the issue that includes relevant indicators, and contributing factors / root causes of the issue
- ◆ Evidence-based, locally actionable strategies
- ◆ Measurable objectives
- ◆ Major activities or action steps
- ◆ Timeline
- ◆ Entity(ies) responsible
- ◆ Resources required and available
- ◆ Potential barriers

Example action plans are available for your use as Appendix 6.3, along with a logic model template as Appendix 6.7 to guide planning.

## Step 6: Draft the local Public Health Improvement Plan

The writing of the PHIP will most likely be carried out by either the Project Manager and/or Health Planner, with oversight and review from the Steering Committee. Consider asking for stakeholder volunteers to review sections of the plan; this can ensure continued engagement and support as the plan is being written. See Appendix 6.2 for a local PHIP outline sample.

The following items should be included:

- ◆ Intro and orientation to purpose, content
- ◆ Executive summary
- ◆ Description of jurisdiction: community profile, community vision and values (this may also be part of the Community Health Assessment or Community Health Status Report)

- ◆ Description of how the local community developed the plan (community health assessment process, prioritization process, development of goals, strategies, etc.)
- ◆ Capacity and performance assessment results
- ◆ Summary of priority areas including why these were chosen and how your plan aligns with the state priorities:
  - data indicators and trends
  - goals
  - measurable objectives
  - improvement strategies
  - action steps with identification of lead agency(ies) and partners
  - Counties who have not developed separate Community Health Assessment Reports are encouraged to include health assessment data in the PHIP. At a minimum, assessment data should be included in the summary of priority areas.
- ◆ Financial resources available/required
- ◆ Plan for monitoring and evaluation
- ◆ Acknowledgements

Consider what format(s) are most likely to be used by the intended audiences, the ease of dissemination, and what format(s) can allow you to easily revise and update the action steps in years 2-5, as needed.

Potential options include:

- ◆ Hard copy, bound publication
- ◆ Web version
- ◆ PDF for print as needed and electronic dissemination
- ◆ PowerPoint slides
- ◆ Hybrid - a mixture of some or all of the above

## Step 7. Submit the Public Health Improvement Plan

The Act requires that the local PHIP be submitted to both the local board of health and State Board of Health. After the local board reviews your plan, submit documentation of their review (i.e., meeting agenda and/or minutes) along with your plan to the Office of Planning and Partnerships (OPP) who will then submit your plan to the Colorado State Board of Health on your agency's behalf. OPP will also post your plan on its website, with your permission.

## Step 8. Disseminate the Public Health Improvement Plan

Determine strategically who needs to know about the results of the plan, then tailor messages and communication tools to desired audiences, which may include:

- ◆ Leaders in positions of authority such as the Local Board of Health and/or County Commissioners
- ◆ Potential local funders
- ◆ Key decision makers in a position to make policy or systems changes
- ◆ Community partners that will help implement the plan

For general distribution to the larger community, consider creating a publicity committee to lead dissemination efforts and keep the community informed about progress. The committee should be mindful of literacy levels, languages spoken, and that some residents will lack access to a computer. Keep contact lists of everyone who received the PHIP and the outreach methods used (people, media, partner organizations, distribution points, etc). Examples for disseminating the PHIP to the community include:

- ◆ A PowerPoint of local data and PHIP results

uploaded to the internet and provided in presentations to the community

- ◆ Printed versions of the PHIP report and/or Executive Summary
- ◆ An electronic version (e.g., PDF) of the PHIP available on the internet
- ◆ CDs or thumb drives of the PHIP made available
- ◆ Press releases with findings, recommendations, and information on how to obtain a copy of the PHIP, sent to newspapers and other local media
- ◆ Summary document developed similar to a brochure that can be shared widely
- ◆ Announcements via social media (Facebook, Twitter, etc.)

Once your PHIP with action plan(s) is/are complete, your community will move into implementation where this document can be used as a foundation for monitoring, evaluating, and communicating progress to community leaders and members. The action plan should be a dynamic tool that will be updated and revised as unforeseen challenges arise and are addressed.

## Appendix 6.1 CHAPS Sample Work Plan

Work Plan Period Start Date: End Date:

### Phase VI: Develop a Local Public Health Improvement Plan

Steps	Activities	Person(s) Responsible	Due Date	Status <input checked="" type="checkbox"/> (Not Started, In Progress, Complete)
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 plan.				
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 Public Health Improvement Plan.				
7. Submit the local PHIP				
8. Disseminate the local PHIP				

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample

### Phase VI: Develop a Local Public Health Improvement Plan

Public Health Improvement Plan Component	Relevant Requirement(s)
A. Title Page	
B. Acknowledgements or List of Partners	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 D</li> <li>◆ PHAB requirement 5.2.1 L a: Broad participation of community partners</li> </ul>
C. Table of Contents	
D. Executive Summary	
E. Community Vision and Values <ul style="list-style-type: none"> <li>a. Vision: An overarching goal for the community, a statement of what the ideal future looks like</li> <li>b. Values: The fundamental principles and beliefs that guide a community-driven planning process</li> </ul>	<ul style="list-style-type: none"> <li>◆ Not required; MAPP recommendation</li> </ul>
F. Community Profile <ul style="list-style-type: none"> <li>a. Description of county, counties or region (location within the state, size, geography, main industries, etc.)</li> <li>b. General demographics of population (population size, age, race/ethnicity, income, educational attainment, etc.), population trends and comparisons to the state, if desired</li> </ul>	<ul style="list-style-type: none"> <li>◆ Not required; puts plan in context</li> </ul>
G. Describe how the local community developed the local plan	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 D</li> <li>◆ PHAB requirement 5.2.1 L: Documentation of a completed community health improvement planning process</li> </ul>
<ul style="list-style-type: none"> <li>◆ Community health assessment process (brief overview for those reading the plan who are not familiar with the assessment)</li> </ul>	

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

Public Health Improvement Plan Component	Relevant Requirement(s)
<ul style="list-style-type: none"> <li>◆ Prioritization process</li> </ul>	<ul style="list-style-type: none"> <li>◆ PHAB requirement 5.2.1 L e: A process to set community health priorities</li> </ul>
<ul style="list-style-type: none"> <li>◆ Process for developing goals and strategies, gathering input, etc.</li> </ul>	<ul style="list-style-type: none"> <li>◆ PHAB requirement 5.2.1 L c: Issues and themes identified by stakeholders in the community</li> </ul>
<p><b>H. County or district public health system capacity and performance assessment</b> *table formatting examples follow outline</p>	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 B</li> <li>◆ PHAB requirement 5.2.1 L d: Identification of community assets and resources</li> </ul>
<p><b>I. Goals and strategies for improving the health of the local community</b> *table formatting examples follow outline</p>	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 C</li> </ul>
<ul style="list-style-type: none"> <li>◆ For each public health priority, consider including:</li> </ul>	<ul style="list-style-type: none"> <li>◆ PHAB requirement 5.2.2 L a</li> </ul>
<ul style="list-style-type: none"> <li>◆ An overview of the issue: why it is important and what the data say about the issue for your county or district, including health and risk factor data</li> </ul>	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 A (health and risk factor data)</li> <li>◆ PHAB requirement 5.2.1 L b: Information from community health assessments was used in planning process deliberations</li> </ul>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

Public Health Improvement Plan Component	Relevant Requirement(s)
◆ Overarching goal (long-term and/or 5-year)	◆ PH Act of 2008 requirement 2 C
◆ Measureable outcome objectives or indicators	◆ PHAB requirement 5.2.2 L a
◆ Policy changes needed to accomplish health objectives targets	◆ PHAB requirement 5.2.2 L b
◆ Intervention/Improvement Strategies	◆ PH Act of 2008 requirement 2 C ◆ PHAB requirement 5.2.2 L a
◆ Individuals and organizations that have accepted responsibility for implementing strategies	◆ PH Act of 2008 requirement 2 D ◆ PHAB requirement 5.2.2 L c
◆ Performance measures with measurable and time-framed targets	◆ PHAB requirement 5.2.2 L a
◆ Potential barriers and available resources	
◆ Describe how representatives of the local community will implement the local plan	◆ PH Act of 2008 requirement 2 D
<p><b>J. Briefly describe how your county or district public health agencies will coordinate with the state department and others within the public health system to accomplish goals and priorities identified in the 2009 statewide public health improvement plan</b></p> <p>◆ Example statement (from Routt &amp; Moffat): "The plan follows the Colorado Health Assessment and Planning System (CHAPS) created by the Office of Planning and Partnerships at CDPHE and aligns with the assessment and planning goal of the statewide health improvement plan."</p>	<p>◆ PH Act of 2008 requirement 2 E</p> <p>◆ PHAB requirement 5.2.2 L e: Alignment between the community health improvement plan and the state and national priorities</p>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

Public Health Improvement Plan Component	Relevant Requirement(s)
<p><b>K. Identify financial resources available to meet identified public health needs and to meet requirements for the provision of core public health services</b></p> <ul style="list-style-type: none"> <li>◆ Examples:                             <ul style="list-style-type: none"> <li>◆ Routt &amp; Moffat, page 23</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ PH Act of 2008 requirement 2 F</li> </ul>
<p><b>L. What local individuals can do to help (here is an example: <a href="http://www.escambiahealth.com/recent_hot_topics/2011/pdf/cha_2011.pdf">http://www.escambiahealth.com/recent_hot_topics/2011/pdf/cha_2011.pdf</a>)</b></p>	<ul style="list-style-type: none"> <li>◆ Not required but can help facilitate ownership from the local community</li> <li>◆ Supportive of both Act and PHAB requirements</li> </ul>
<p><b>M. Resources</b></p>	

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

Capacity Assessment Table Idea A

	High Importance	Low Importance
<b>High Satisfaction</b>	<b>Strengths</b> <ul style="list-style-type: none"> <li>◆ Public Libraries</li> <li>◆ Violence or threat of violence</li> <li>◆ Safety, in general</li> <li>◆ Theft or home invasions</li> <li>◆ Health care access and facilities</li> </ul>	<b>Opportunities</b> <ul style="list-style-type: none"> <li>◆ Parks and natural areas</li> <li>◆ Overall education</li> <li>◆ Recreation, trails, playgrounds, sports</li> <li>◆ Preschool Programs</li> <li>◆ Adult learning and continuing education</li> </ul>
<b>Low Satisfaction</b>	<b>Weaknesses</b> <ul style="list-style-type: none"> <li>◆ Job opportunities</li> <li>◆ Traffic</li> <li>◆ Stream, pond and river quality</li> <li>◆ Public areas free of litter</li> <li>◆ Overall economy</li> </ul>	<b>Threats</b> <ul style="list-style-type: none"> <li>◆ Public transportation</li> <li>◆ Local leaders response to your concern</li> <li>◆ Community centers</li> <li>◆ Neighborhood meetings or activities</li> <li>◆ Vibrant business districts</li> </ul>

From: <http://www.nkyhealth.org/docs/DDH/Boonereport--2009.pdf>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Capacity Assessment Table Idea B

**Table 14. Multidimensional Rating of Six Potential Priority Health Issues**

	Ability	Capacity	Importance	Average of all 3	Ranking
Nutrition, physical activity, and obesity	3.9	3.8	4.6	4.10	1
Mental health & substance abuse	3.8	3.4	4.4	3.87	2
Teen pregnancy	3.1	3.4	4.0	3.50	
Teen motor vehicle safety	3.1	3.8	3.4	3.43	
Tobacco use	3.4	3.1	3.4	3.30	
Infant health	3.2	3.4	3.3	3.30	

from: <http://www.chd.dphe.state.co.us/CHAPS/Documents/Weld%20County%202012%20Health%20Status%20Report.pdf>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Example Goals and Strategies Table A

##### Issue #1

Overarching Goal	Outcome Objectives
Goal	<ul style="list-style-type: none"> <li>◆ Outcome Objective #1</li> <li>◆ Outcome Objective #2</li> <li>◆ Etc.</li> </ul>
Risk Factors	Impact Objectives
<ul style="list-style-type: none"> <li>◆ Risk Factor #1</li> <li>◆ Risk Factor #2</li> <li>◆ Etc.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Impact Objective #1</li> <li>◆ Impact Objective #2</li> <li>◆ Etc.</li> </ul>
Contributing Factors	Intervention Strategies and Individual(s) or Organization(s) Responsible
Direct <ul style="list-style-type: none"> <li>◆ Direct Contributing Factor #1</li> <li>◆ Direct Contributing Factors #2</li> <li>◆ Etc.</li> </ul> Indirect <ul style="list-style-type: none"> <li>◆ Indirect Contributing Factor #1</li> <li>◆ Indirect Contributing Factor #2</li> <li>◆ Etc.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Intervention Strategy #1               <ul style="list-style-type: none"> <li>◆ Individual(s) or Organization(s) Responsible</li> </ul> </li> <li>◆ Intervention Strategy #2               <ul style="list-style-type: none"> <li>◆ Individual(s) or Organization(s) Responsible</li> </ul> </li> <li>◆ Etc.</li> </ul>
Available Resources	Potential Barriers
<ul style="list-style-type: none"> <li>◆ Available Resource #1</li> <li>◆ Available Resource #2</li> <li>◆ Etc.</li> </ul>	<ul style="list-style-type: none"> <li>◆ Potential Barrier #1</li> <li>◆ Potential Barrier #2</li> <li>◆ Etc.</li> </ul>

Table format adapted from Warren County, New Jersey: <http://www.co.warren.nj.us/healthdept/includings/WCHealthPlan.pdf>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Example Goals and Strategies Table B

##### Issue #1

##### Goals & Objectives: Description of overarching Goal

1. Objective #1
2. Objective #2
3. Etc.

Strategies	Implementation Details	Target Group(s)	Resources & Barriers
Strategy #1 - Individual(s) or organization(s) responsible	Implementation Detail #1	Target group(s) for implementation detail #1	Available Resources ◆ Resource #1 ◆ Resource #2 ◆ Resource #3
	Implementation Detail #2	Target group(s) for implementation detail #2	
	Implementation Detail #3	Target group(s) for implementation detail #3	
Strategy #2 - Individual(s) or organization(s) responsible	Implementation Detail #1	Target group(s) for implementation detail #1	Potential Barriers ◆ Barrier #1 ◆ Barrier #2 ◆ Barrier #3
	Implementation Detail #2	Target group(s) for implementation detail #2	
	Implementation Detail #3	Target group(s) for implementation detail #3	

Table format adapted from Monmouth County, New Jersey: <http://co.monmouth.nj.us/documents/120/MonmouthCountyCHIP.pdf>

## Appendix 6.2 Local Public Health Improvement Plan Outline Sample (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Example Goals and Strategies Table C

##### Strategy

Five Year Goal	Goal Text
Objectives	<ul style="list-style-type: none"><li>◆ Objective #1</li><li>◆ Objective #2</li><li>◆ Etc.</li></ul>
Action Steps	<ul style="list-style-type: none"><li>◆ Action step #1</li><li>◆ Action step #2</li><li>◆ Etc.</li></ul>
People or organization(s) Responsible	<ul style="list-style-type: none"><li>◆ List of people or organizations</li></ul>

<http://www.chd.dphe.state.co.us/CHAPS/Documents/RouttandMoffatCommunityHealthImprovementPlan.pdf>

## Appendix 6.3a CHAPS Action Plan

### Phase VI: Develop a Local Public Health Improvement Plan

Community Name:

**PRIORITY:** What you are trying to improve

**STRATEGY:** How you will improve this priority?

**Major Indicators:** What you will measure

- 1)
- 2)
- 3)

**Lead Entity:**

**Supporting Entities:**

Five Year Goal(s)	SMART Objectives	Action Steps (Activities)	Organization Responsible	Completion Date	Status
What you will do to accomplish your strategy	Specific, Measurable, Achievable, Realistic, Time-bound Objectives				

## Appendix 6.3b CHAPS Action Plan Template

### Phase VI: Develop a Local Public Health Improvement Plan

Insert full name of priority area:

Planning Period:

#### CONTEXT:

(This section should provide some initial context to the reader about why you are undertaking the work described below. For example, you may want to briefly describe the link to higher level goals (CDPHE “Winnables”, HP 2020 objectives, eliminating health disparities, addressing the social determinants of health, etc.), describe the political environment, describe previous progress made, explain your theoretical framework, etc. Consider borrowing from the external factors, rationale, and logic assumptions boxes in your logic model.)

#### GOAL(S):

#### Data Source(s)

G1

(Enter mid-term outcomes and long-term impact from the right side of your logic model here in SMART form (specific, measureable, action-oriented, realistic, time-bound) to create goals. For example, “Reduce the prevalence of obesity in adults in Colorado from X% to Y% by (date 5-10 years out).” Your objectives (below) are the anchor for your work plan, so if one objective will influence more than one long-term goal, it is appropriate to enter more than one goal in this section. Delete unneeded rows.)

G2

G3

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

**Objective A:** (Create a SMART objective from the short term outcomes in your logic model here. Add sections, as necessary, to accommodate the number of objectives required. You may have more than one objective per strategy or outcome.)

**Lead:** (Enter name of person responsible)

**Target Population:** (Name the group(s) you are directly impacting through the above objective. For state-level objectives, the target population may be local/community public health, schools, medical professionals, partner organizations, etc.)

**Criteria for Success:**

- ◆ (Briefly describe what will be observed if the objective is met successfully)
- ◆

**As Indicated by:**

- ◆ (Describe how criteria will be measured)
- ◆

Strategy	Milestones/Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
(Enter the strategy from your logic model that addresses Objective A)	(Describe the high level activities you will conduct in order to achieve the objective. Add additional rows, as necessary.)	(Enter targeted due date for this activity)	(Enter responsible party)	(Briefly describe how you will monitor progress on this activity)

**Progress Updates**

(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

**Objective B:** (Create a SMART objective from the short term outcomes in your logic model here. Add sections, as necessary, to accommodate the number of objectives required. You may have more than one objective per strategy or outcome.)

**Lead:** (Enter name of person responsible)

**Target Population:** (Name the group(s) you are directly impacting through the above objective. For state-level objectives, the target population may be local/community public health, schools, medical professionals, partner organizations, etc.)

**Criteria for Success:**

- ◆ (Briefly describe what will be observed if the objective is met successfully)
- ◆

**As Indicated by:**

- ◆ (Describe how criteria will be measured)
- ◆

Strategy	Milestones/Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
(Enter the strategy from your logic model that addresses Objective B)	(Describe the high level activities you will conduct in order to achieve the objective. Add additional rows, as necessary.)	(Enter targeted due date for this activity)	(Enter responsible party)	(Briefly describe how you will monitor progress on this activity)

**Progress Updates**

(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

**Objective C:** (Create a SMART objective from the short term outcomes in your logic model here. Add sections, as necessary, to accommodate the number of objectives required. You may have more than one objective per strategy or outcome.)

**Lead:** (Enter name of person responsible)

**Target Population:** (Name the group(s) you are directly impacting through the above objective. For state-level objectives, the target population may be local/community public health, schools, medical professionals, partner organizations, etc.)

**Criteria for Success:**

- ◆ (Briefly describe what will be observed if the objective is met successfully)
- ◆

**As Indicated by:**

- ◆ (Describe how criteria will be measured)
- ◆

Strategy	Milestones/Key Activities	Target Completion Date	Responsible Persons/Group	Monitoring Plan
(Enter the strategy from your logic model that addresses Objective C)	(Describe the high level activities you will conduct in order to achieve the objective. Add additional rows, as necessary.)	(Enter targeted due date for this activity)	(Enter responsible party)	(Briefly describe how you will monitor progress on this activity)

**Progress Updates**

(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)
(enter date)	(briefly describe accomplishments to date)

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

**Evaluation Planning** (If there is ongoing evaluation for any of your strategies, use this section to map out activities for evaluation planning or data analysis. If not, leave this section blank. Evaluation planning will be addressed during future Obesity Integration Project activities.)

Key Activities (Note: The activities below are fairly standard from project to project; however, they may be modified if appropriate. For example, if EPE recommends an external contractor after the engagement meeting, you may add activities related to the contracting process.)		Target End Date	Responsible Persons/Group
EP1			
EP2			
EP3			
EP4			
EP5			
EP6			

**Evaluation Implementation** (Initially, this section may be blank. It is intended to capture evaluation or data analysis activities that will be the responsibility of program staff to implement. For example, if a comparison group is being used in the evaluation design, the program may be responsible for discussing the project and securing commitment from the director of the comparison agency.)

Key Activities		Target End Date	Responsible Persons/Group
EI1			
EI2			
EI3			

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Budget Information

Program Budget	Data and Evaluation Budget
(Describe the total dollars and FTE available, after subtracting indirect costs, to implement the programmatic activities in this action plan. Include the funding source(s) and amounts for the work.)	(Describe the total dollars available for data and evaluation activities, either through EPE or external contracts. Include the funding source(s). Programs are required to consult with EPE prior to entering into a contract for data or evaluation services.)

#### General Information

<b>Primary Contact</b> (enter name of person responsible for this action plan)	<b>Integration Points:</b> (Briefly describe how this work is integrated with work occurring elsewhere in PSD or CDPHE.)
<b>Phone Number:</b> (enter phone number of lead)	<b>Link with Health Equity:</b> (Briefly describe any health disparities that are prioritized and addressed through this priority.)
	<b>Strategic Partner(s):</b> (List any partners who will be actively involved in carrying out the work associated with this plan.)
	<b>Key Stakeholders:</b> (List any stakeholders who hold an interest in the work, and whose input/feedback will be important in carrying out the plan.)

## Appendix 6.3b CHAPS Action Plan Template (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Additional Information

**Outcomes to be addressed in years 2 and 3 (and beyond)** (For short term outcomes in your logic model that will not be accomplished in year 1, create SMART objectives for them here. If needed, write any objectives that build on year 1 accomplishments.)

Year 2 "Parking lot" objectives:

- ◆
- ◆

Year 3 "Parking lot" objectives:

- ◆
- ◆

Future Years "Parking lot" objectives:

- ◆
- ◆

Source: CDPHE, EPE

## Appendix 6.4 CHAPS Strategy Prioritization Tool

### Phase VI: Develop a Local Public Health Improvement Plan

**Directions:** First, identify the strategies within a given priority area that can be implemented at the local or community level and list them in the first column below. Next, rank each strategy according to each of the 5 criteria below, on a scale from 1 to 4. After ranking all the the strategies, add up the total score for each strategy; higher ranked strategies should be given more priority. Repeat this process in each of your priorities areas.

**Population Impact:** The degree to which the strategy, if well implemented, would benefit a large enough group of local citizens to impact related indicators at the population level.  
**1=no impact; 2=little impact; 3=moderate impact; 4=great impact**

**Capacity to Implement:** The extent to which you and any partners implementing the strategy collectively have, or can acquire, the capacity needed to implement the strategy, including funding, leadership, staff expertise, and other resources needed.  
**1=no impact; 2=little impact; 3=moderate impact; 4=great impact**

**Impact on Health Disparities:** The degree to which the strategy, if well implemented, would narrow health disparities.  
**1=no impact; 2=little impact; 3=moderate impact; 4=great impact**

**Ability to Measure:** The extent to which indicators are currently available to measure results, if a strategy were to be carried out in your community.  
**1=no impact; 2=little impact; 3=moderate impact; 4=great impact**

**Political/Community Support:** Where the strategy may be implemented, the degree of momentum, support, and readiness to take action by internal and external stakeholders and the community.  
**1=no impact; 2=little impact; 3=moderate impact; 4=great impact**

	Strategy	Likelihood of Population Impact	Capacity to Implement	Impact on Health Disparities	Ability to Measure	Political/Community Support	Total
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

## Appendix 6.5 Integrating Health Equity in Action Plans

### Discussion Questions

#### Phase VI: Develop a Local Public Health Improvement Plan

Health equity is the focused effort to address differences in population health that can be traced to unequal economic and social conditions that are systemic and avoidable. Public Health Improvement Plans present opportunities for the public health system to assess the potential impact a program or project has on communities most affected by health inequities, and to mitigate negative impacts and enhance positive impacts. As you develop your action plan(s), consider the following discussion questions:

##### **What populations do we see with identified disparities in “X” health indicator?**

Example: low-income; less than high school graduate; Latino/a & African American/Black, etc.

Looking at the strategies identified, consider the following:

##### **Groups Affected: (Be SPECIFIC) Which populations are present in your communities that have health disparities related to this strategy? Which populations/neighborhoods/communities would be affected by this strategy?**

Example: low-income neighborhood/school will have increased access to healthy options.

##### **Potential Positive Impacts: How might the strategy reduce health disparities?**

Include short and long term impacts; highlight any impacts that might affect this group differently from the community or county as a whole.

Example: Improved awareness/better options for population/neighborhood.

##### **Potential Negative Impacts: How might the strategy contribute to maintaining the status quo on health disparities?**

Will this work reach the target population? Include short and long term impacts; highlight any impacts that might affect this group differently from the population overall.

Example: Policy is not accompanied by education or enforcement. Cafeteria improvements will only take place in the executive dining hall.

**What could you do differently, extra, better?** What could you do differently, additionally, or better so that this project will have a greater positive impact on populations most affected by health disparities? What should be included in your action plan? Is this extra work sustainable, culturally appropriate, or is the education level appropriate?

Example: Get community input. Since funding is limited, we will target worksites that employ the target population.

Source: CDPHE, Office of Health Equity, 2013.

## Appendix 6.6 Evidence-Based Public Health Programs and Strategies Websites

### Phase VI: Develop a Local Public Health Improvement Plan

Source	Organization	Website URL	Description
The Guide to Community Preventive Services	Community Preventive Services Task Force. Supported by the Centers for Disease Control and Prevention (CDC)	<a href="http://www.thecommunityguide.org/index.html">http://www.thecommunityguide.org/index.html</a>	Also referred to as “The Community Guide.” Provides evidence-based recommendations using a scientific systematic review process to evaluate public health interventions for behavior change, disease prevention, and environmental change.
County Health Rankings & Roadmaps: What Works for Health	Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute	<a href="http://www.countyhealthrankings.org/roadmaps/what-works-for-health">http://www.countyhealthrankings.org/roadmaps/what-works-for-health</a>	Provides information to help select and implement evidence-based informed policies, programs, and system changes. For each strategy, provides information regarding expected beneficial outcomes, evidence of effectiveness, impact on disparities, implementation examples, and implementation resources.
National Prevention Strategy	National Prevention Council. Supported by the CDC.	<a href="http://www.cdc.gov/features/preventionstrategy">http://www.cdc.gov/features/preventionstrategy</a>	Identifies four broad strategic directions and seven targeted priority areas for prevention efforts. Includes evidence-based recommendations for reducing the burden of leading causes of preventable death and major illness.
Healthy People 2020	U.S. Department of Health and Human Services.	<a href="http://healthypeople.gov/2020/about/prevstrategies.aspx">http://healthypeople.gov/2020/about/prevstrategies.aspx</a>	A set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts.
NACCHO Model Practices	National Association of County & City Health Officials (NACCHO).	<a href="http://www.naccho.org/topics/modelpractices/database/index.cfm">http://www.naccho.org/topics/modelpractices/database/index.cfm</a>	Online, searchable collection of innovative model practices (programs, resources and tools) developed by local public health agencies and community partners. Covers community health, environmental health, public health infrastructure & systems, and public health preparedness.

## Appendix 6.6 Evidence-Based Public Health Programs and Strategies Websites (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

Source	Organization	Website URL	Description
NNPHI Public Health Performance Toolkit	National Network of Public Health Institutes (NNPHI).	<a href="http://nnphi.org/tools/public-health-performance-improvement-toolkit-2">http://nnphi.org/tools/public-health-performance-improvement-toolkit-2</a>	Online collection of tools such as archived trainings, sample QI products, templates, and related resources. Developed by public health professionals through their own efforts to implement performance improvement activities and prepare for national voluntary accreditation.
Community Health Resources	CDC	<a href="http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx">http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx</a>	Links to CDC's resources including: planning guides, evaluation frameworks, communication materials, behavioral risk factor data, fact sheets, scientific articles, key reports and state and local program contacts.
The Community Tool Box	Work Group for Community Health and Development, University of Kansas.	<a href="http://ctb.ku.edu/en/promising-approach/Databases_Best_Practices.aspx">http://ctb.ku.edu/en/promising-approach/Databases_Best_Practices.aspx</a>	Links to comprehensive web-based resources for promising approaches to promote community health and development.
NACCHO's Health Equity and Social Justice Toolkit	NACCHO	<a href="http://www.naccho.org/toolbox/program.cfm?id=22&amp;display_name=Health%20Equity%20and%20Social%20Justice%20Toolkit">http://www.naccho.org/toolbox/program.cfm?id=22&amp;display_name=Health%20Equity%20and%20Social%20Justice%20Toolkit</a>	Toolkit intended to help local health departments address the root causes of inequities in the distribution of disease, illness, and death. It covers subjects ranging from social justice theory to public health practice, and includes journal articles, video clips, reports, PowerPoint presentations, book references, action guides, Web sites, and more.

## Appendix 6.6 Evidence-Based Public Health Programs and Strategies Websites (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Sources of Evidence-Based Strategies and Promising Practices for Winnable Battle Program Areas

Source	Organization	Website URL	Description
<b>Clean Air</b>			
<b>Clean Water</b>			
<b>Infectious Disease</b>			
<b>Injury Prevention</b>			
<b>Oral Health</b>			
The Guide to Community Preventive Services	Community Preventive Services Task force. Supported by the CDC.	<a href="http://www.thecommunityguide.org/oral/index.html">http://www.thecommunityguide.org/oral/index.html</a>	Oral health is one of the topics reviewed by the Community Preventive Services Task Force in the Community Guide. Conducted systematic reviews of interventions in dental caries, oral and pharyngeal cancers, and oral and facial injuries. CDPHE promotes strategies related to community water fluoridation and use of dental sealants.
<b>Obesity</b>			

## Appendix 6.6 Evidence-Based Public Health Programs and Strategies Websites (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Sources of Evidence-Based Strategies and Promising Practices for Winnable Battle Program Areas (continued)

Source	Organization	Website URL	Description
<b>Mental Health and Substance Abuse</b>			
<b>Safe Food</b>			
<b>Tobacco</b>			
The Guide to Community Preventive Services	Community Preventive Services Task force. Supported by the CDC.	<a href="http://www.thecommunityguide.org/tobacco/index.html">http://www.thecommunityguide.org/tobacco/index.html</a>	Tobacco is one of the topics reviewed by the Community Preventive Services Task Force in the Community Guide. Lists interventions reviewed along with outcomes addressed and Task Force findings for each.
Best Practices for Comprehensive Tobacco Control Programs – 2007.	CDC Office on Smoking and Health.	<a href="http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm">http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm</a>	Evidence-based guide to help states plan effective tobacco control programs to prevent and reduce tobacco use. Includes recommendations for state and community interventions, health communication interventions, cessation interventions, surveillance and evaluation, and administration and management. Next revision expected late 2013 or early 2014.
<b>Unintended Pregnancy</b>			

## Appendix 6.7 Logic Model

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

**SECTION TITLES** are in bold text. Do not edit bold text.

**Text in red** clarifies what goes in the column. Do not edit red text.

Blank boxes are intended to be populated with your own content, or deleted altogether. If you are using the logic model template created in Word Tables, add and delete boxes by adding or deleting rows, merging as necessary, then adding or deleting borders. If you are using the logic model template created using Word boxes and arrows (Word Shapes), you can copy and paste new boxes and/or delete those that are unnecessary.

- ◆ Use arrows to connect pieces logically to 'tell a story' (i.e., which strategies connect to which outcomes, and how are outcomes connected to each other).
- ◆ Use arrows in 1-point font to denote linkages that reflect promising practices or for which there is some, but limited evidence;
- ◆ Use thicker arrows (2-point font) to denote linkages that are well established in the literature;
- ◆ Use dotted arrows to denote linkages for which evidence does not yet exist.

Adding arrows should be the last step in finalizing your logic model. We highly recommend that you sketch out your logic model by hand before trying to create it in an electronic document. This will help you visualize the shapes and space you will need for the final version.

Logic Model Field	Guidance	Examples*
Title	The title of the logic model should describe the program, project or priority focus that is mapped out in the logic model. Generally, the title should summarize the primary long-term outcomes from the right hand side of the logic model. Unless you are creating a very broad logic model, the title should reflect a greater degree of specificity than what is described as the "overarching goal" below.	Physical Activity in Children  Screening for Pregnancy-related Depression  Diabetes Self-management Program  Positive Youth Development

## Appendix 6.7 Logic Model (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

Logic Model Field	Guidance	Examples*
Overarching Goals	In this box, enter the overarching goal(s) of the work reflected below. These typically will not be completely within the program's sphere of control, but the program works to impact these overarching goals (i.e., improve maternal wellness, reduce the prevalence of low birth weight, reduce the prevalence of diabetes, etc.). These are often population-level, broad-based health outcomes.	Reduce the rate of obesity in children Improve maternal wellness Reduce the prevalence of diabetes Improve the physical and mental well-being of Colorado youth
Priorities	Entries in this first column should briefly summarize the rationale or context for why the strategies have been selected. Enter short phrases that summarize the burden, any mandates the program is under, higher level priorities, etc. Context will be more fully fleshed out in the Action Plan.	Childhood obesity epidemic Obesity – a CDPHE “Winnable” Health care reform
Inputs	Entries in this column should describe the existing resources that are available prior to program implementation. These could be reflective of human resources, technology, time, equipment, etc.	Grant funding from CHF Completed literature review Childhood obesity experts in CDPHE OBGYN network Evidence-based materials for DSME

## Appendix 6.7 Logic Model (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

Logic Model Field	Guidance	Examples*	
Outputs	<p>Entries in these two columns should describe, at a high level, what the program does, and for whom.</p> <p><b>Strategies</b> – a strategy is a broad approach by which the program will achieve its objectives. These are not the specific day to day activities or week to week tasks required to implement the strategies. Rather, they describe clusters of activities and tasks that will be conducted in order to accomplish the outcomes. Strategies should be written using a verb. Strategies will become more detailed in your action plan by describing their associated milestones/key activities.</p> <p><b>Participation</b> – this column should describe the immediate target population associated with the strategy. In other words, it will describe who is reached by the strategy.</p>	<p><b>Strategies</b></p> <p>Develop and disseminate model policies</p> <p>Educate on depression screening during pregnancy</p> <p>Fund community-based DSME classes</p>	<p><b>Participation</b></p> <p>School district administrators</p> <p>Pediatricians; health care plan administrators</p> <p>Community-based organizations</p>

## Appendix 6.7 Logic Model (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

Logic Model Field	Guidance	Examples*	
Outcomes	<p>Outcomes refer to the changes that are expected to occur as a direct result of implementing the strategies. Often, they reflect a change in attitudes, behaviors, knowledge, skills, status, or level of functioning. Outcomes should be written as a state of existence. In other words, they should describe what has changed.</p> <p>Short term outcomes can typically be accomplished in one to three years and are often expressed at the level of individual change.</p> <p>Medium term outcomes may take four to six years. These usually build on the progress expected by the short-term outcomes.</p> <p>Outcomes are written as objectives in your action plan.</p>	<p><b>Short Term</b></p> <p>Improved school administrators' understanding about effective physical activity policies</p> <p>Increased provider intent to refer for screening</p> <p>Increased availability of DSME classes</p>	<p><b>Medium Term</b></p> <p>More schools with physical activity policies.</p> <p>More at-risk pregnant women referred for screening.</p> <p>Quicker diagnosis and treatment times for depressed moms.</p> <p>Increased number of people with diabetes attending DSME</p>
Impact	<p>Impacts are the long-term changes that are expected to result if the strategies are carried out effectively and/or sustained. These are often about conditions, and may take 7-10 years to accomplish.</p>	<p>Increased rates of physical activity for kids.</p> <p>Reduced rate of untreated pregnancy-related depression.</p> <p>Improved self-management behavior for people with diabetes</p>	

## Appendix 6.7 Logic Model (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

Logic Model Field	Guidance	Examples*	
Logic Assumptions	Use this section to briefly describe the logic behind your arrows and/or underlying assumptions about why the strategies will produce the desired short term outcomes and why the short term outcomes will lead to long term outcomes and impacts. Refer to any evidence-based linkages, where applicable, in this box.	<p>Community guide IDs physical activity policy as a promising practice to increase prevalence of physical activity for kids.</p> <p>Emerging literature suggests that women whose providers refer to screening are more likely to seek treatment early.</p>	
External Factors	Use this section to describe the environment surrounding your program. Here, you may want to describe the political environment and how it impacts your work, any pending changes that need to be monitored, etc.	Recent bill passed mandating physical activity in school.	
Evaluation Focus	<p>Use this section to describe any external factors that could influence the success of your program, or that may need to be monitored throughout. This section is optional.</p> <ul style="list-style-type: none"> <li>◆ Evaluation Focus – Outputs: This is where you would briefly describe what might need to be evaluated with regard to your outputs.</li> <li>◆ Evaluation Focus – Outcomes: This is where you would briefly describe what might need to be evaluated with regard to your outcomes.</li> </ul>	<p><b>Outputs:</b></p> <p>Reach of training efforts</p> <p>Satisfaction with training</p> <p>Fidelity DSME program implementation</p>	<p><b>Outcomes:</b></p> <p>Extent to which implemented policies align with state recommendations</p>

\*NOTE: The examples provided in the right hand column are made up and are NOT necessarily reflective of the evidence-base.

## Appendix 6.7 Logic Model (continued)

### Phase VI: Develop a Local Public Health Improvement Plan

#### Logic Model Template Instructions

Title  
 Logic Model  
 (Enter Date Here)

Overarching Goal:

Priorities	Inputs	Outputs		Outcomes			Impact
		Strategies	Participation	Short Term Accomplished in 1-3 Years	Medium Term Accomplished in 4-6 Years	Long Term Accomplished in 7-10 Years	
The rationale for doing this	What are our resources	What we do	Who we reach	Are often about learning	Are often about action	Are often about conditions	

Source: Colorado Department of Public Health and Environment, Prevention Services Division  
 Epidemiology, Planning and Evaluation Branch  
 For more information, call 303-692-2679