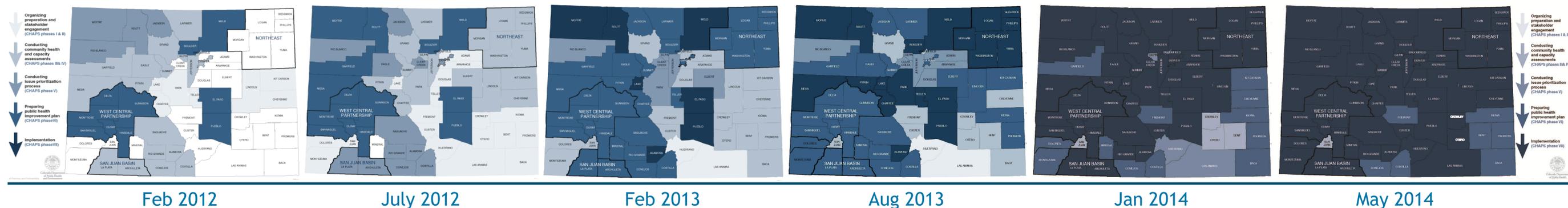




Strategic Development and Implementation of a Statewide Health Assessment and Planning System in Colorado

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Background

Colorado's Public Health Act of 2008 required development of state and local public health improvement plans at least every 5 years. It specifies that local plans, at a minimum, shall:

- Examine health status
- Assess system capacity and performance
- ID goals and strategies for improvement
- Describe community engagement
- Address local-state-partner coordination
- Identify financial resources

While Public Health Accreditation Board (PHAB) standards had not yet been released, there was a need to support local public health agencies to prepare for accreditation by providing assessment and planning support in accordance with best practices and national standards. Colorado has 54 agencies that serve 64 counties, 41 counties are considered rural or frontier. At the time, large proportions of Colorado's local public health agencies indicated a need for technical assistance and/or training in various assessment and planning activities (Table 1).

Colorado's Health Assessment and Planning System (CHAPS) was strategically developed and implemented to meet these needs. CHAPS follows best practices in assessment and planning and is aligned with national standards such as PHAB and Mobilizing Action through Planning and Partnerships (MAPP), but is customized for communities in Colorado. It is available at <http://www.chd.dphe.state.co.us/chaps>.

Funded by CDPHE Office of Planning and Partnerships through grants from the Centers for Disease Control and Prevention National Public Health Improvement Initiative, HHS Preventive Block Grant and Caring for Colorado Foundation
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Goals

The goals of Colorado's Health Assessment and Planning System (CHAPS), as specified in Colorado's 2009 Public Health Improvement Plan were to:

- Provide a standardized approach to public health improvement
- Create a coordinated system of support
- Make available a set of PH indicators
- Ensure access to PH professionals to assist with:
 - Stakeholder engagement
 - Data interpretation and presentation
 - Evidence analysis and strategy selection
 - Making the case for change
 - Project planning and management

Table 1. Percent of local public health agencies in Colorado self-reporting a need for technical assistance and/or training in various assessment and planning activities, 2010 survey

Assessment Activities	Percent
Engaging community stakeholders	19%
Knowledge of existing data sources	37%
Conducting surveys, interviews and focus groups	30%
Data analysis	50%
Data interpretation	53%
Data presentation (e.g., maps, graphs)	44%
Using assessment data (e.g., for priority setting, strategic planning, policy development, grant writing)	39%
Planning Activities	Percent
Consensus building	31%
Priority setting	25%
Goal and objective setting	24%
Determining strategies most likely to improve the public's health	25%
Writing a public health improvement plan	31%

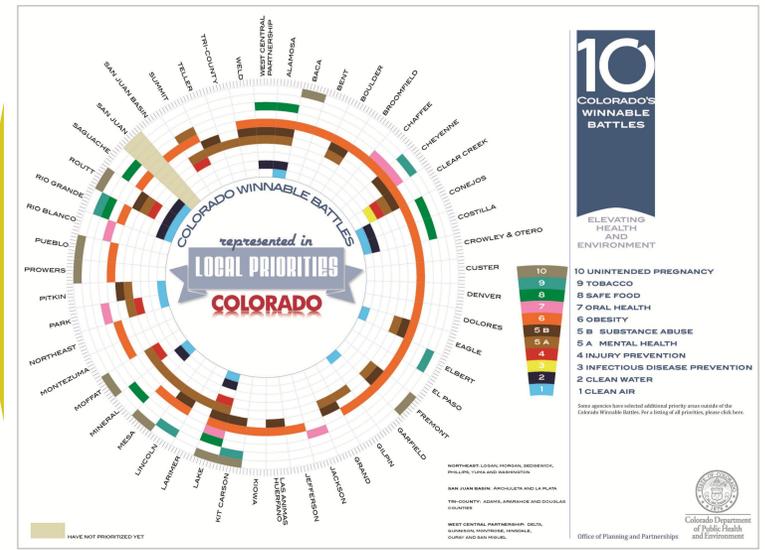
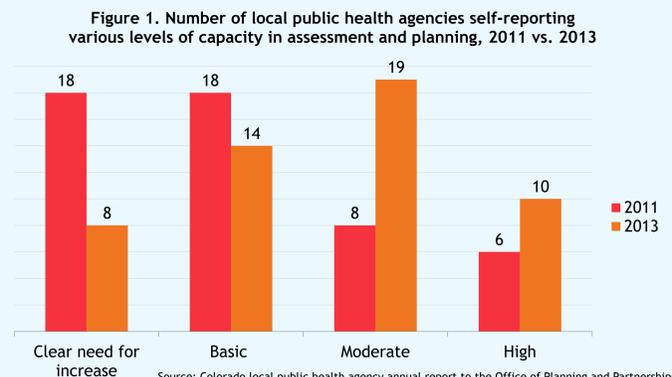
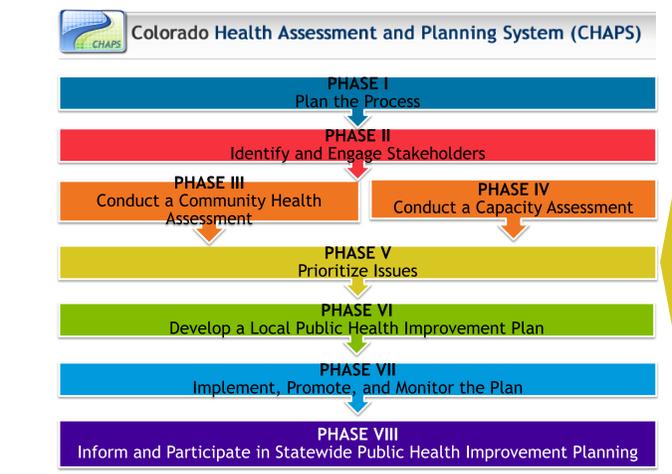
Approach and Outcomes

Approach:

- Developed system based on lessons learned with initial pilots
- Staggered across the state to provide better technical assistance and efficient use of resources
- Regions encouraged to work together to either develop a regional plan or individual, coordinated plans with shared components
- Allowed flexibility at community level to maximize community strengths
- Funds provided to support work and use as leverage for other funding with hospitals and other partners
- TA provided by CHAPS process specialist, local data specialist and assigned public health graduate students
- Always improving with new tools and local experiences

Content:

- Assessment and planning guidance in a consistent, 8-phase process and recommended methods
- Data indicator list developed based on Colorado's Health Equity Model and website with mapping capabilities launched
- Standardized priority selection process based on data, ability to impact and capacity
- Tools, templates, resources and examples developed at the local, state and national level



Outcomes:

- The number of agencies reporting moderate or high capacity for assessment and planning increased from 14 in 2011 to 29 in 2013. The number of agencies indicating a clear need for increased capacity declined by 56% during this time period. (Figure 1)
- Similar selection of priorities allow for strategic and coordinated planning and improvements across the state