Unlocking the Secrets of Successful CHIP Implementation

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Webinar Logistics

- The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:

- To **unmute** your own line, **press *7**

- To **mute** your own line, **press *6.**

- Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk's 'raise your hand' feature or use the chat box to indicate you have a question. The facilitator will call your name and ask for your question.

PROJECT REQUIREMENTS & PHAB STANDARDS AND MEASURES: CHIP IMPLEMENTATION

Project Requirements: CHIP Implementation

Engage Community Members and LPHS Partners

"Community members must be engaged in a meaningful and substantive way throughout the CHA and CHIP processes, including indicator selection, data collection, data analysis, data presentation and distribution, issue prioritization, CHIP creation, **implementation of CHIP,** and monitoring of results."

"Partners should be engaged in a strategic way **throughout the CHA and CHIP processes**, including gaining access to data, mobilizing community members, data collection, data review, issue prioritization, and **CHIP implementation**."

Project Requirements: CHIP Implementation

Address the Social Determinants of Health

- "Consider multiple determinants of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in their jurisdictions."

- The project seeks to ensure that the CHAs conducted and the CHIPs developed have a particular focus on the following: Identifying populations within their jurisdictions with an inequitable share of poor health outcomes; Including at least one of these issues as a priority for community health improvement efforts in addition to other health priorities in the CHIP.

Project Requirements: CHIP Implementation

A CHIP implementation plan that does the following:

- Provides clear, specific, realistic, and action-oriented goals.

- Contains the following:
  - Goals, objectives, strategies, and related performance measures for determined priorities in the short-term (one to two years) and intermediate term (two to four years),
  - Realistic timelines for achieving goals and objectives.
  - Designation of lead roles in CHIP implementation for LPHS partners, including LHD role.
  - Formal presentation of the role of relevant LPHS partners in implementing the plan and a demonstration of the organization's commitment to these roles via letters of support or accountability.
  - Emphasis on evidence-based strategies.
  - A general plan for sustaining action.

PHAB Requirements: CHIP Implementation

Be sure to review the standards listed below to identify the measures and required documentation that PHAB seeks related to developing a CHIP.

Standard 5.2: Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan

PHAB Requirements: CHIP Implementation

For example…

Measure 5.2.2L: Produce a community health improvement plan as a result of the community health improvement process

Required documentation: CHIP dated within the last five years that includes 1a: Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets; 1b. Policy changes needed to accomplish health objectives; c. Individuals and organizations that have accepted responsibility for implementing strategies; 1d. Measurable health outcomes or indicators to monitor progress; and 1e. Alignment between the CHIP and the state and national priorities.

PHAB Requirements: CHIP Implementation

For example…

Measure 5.2.3A: Implement elements and strategies of the health improvement plan, in partnership with others* *Required documentation:* 1. Reports of actions taken related to implementing strategies to improve health [Guidance:…provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken…]; 2. Examples of how the plan was implemented [Guidance: ..provide two examples of how the plan was implemented by the health department and/or its partners].

Measure 5.2.4A: Monitor progress on implementation of strategies in the CHIP in collaboration with broad participation from stakeholders and partners* *Required documentation:* 1. Evaluation reports on progress made in implementing strategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators [Guidance: Description of progress made on health indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results [Guidance: …must show that the health improvement plan has been revised based on the evaluation listed in 1 above…]

* Not required as part of the CHA/CHIP Project

Learning Objectives

At the completion of the session participants will be able to:

1. Describe fundamental elements needed to successfully implement CHIPs and related plans

2. Identify tactics to engage or re-engage existing partners in the community health improvement process at this time

3. Discuss strategies to balance and align individual and organizational interests with the community vision

4. Collaboratively develop a task-oriented work plan

5. Prepare to identify and prevent pitfalls of collaboratively planning for action and in implementing chosen strategies and tactics

6. Consider what type of leadership structure for accountability implementation of strategies is right for their community

7. Consider how to identify and realign resources to implement CHIP

8. Describe the project and PHAB documentation requirements for CHIP implementation plans and activities

Components of a CHIP: Example Statements

Goal: Reduce the use of marijuana and alcohol use by youth.

Objectives: a) Decrease the percentage of youth using marijuana from 20% to 15% by 2014.
b) Decrease the percentage of youth drinking alcohol from 50% to 30% by 2014.

Outcome Indicators: a) Percentage of middle and high school students indicating that they use marijuana.
b) Percentage of middle and high school students indicating that they drink alcohol.

Strategies: a) Provide information to youth about the dangers and consequences of using marijuana and alcohol.
b) Build the skills of parents and other adults to talk with their children about the dangers and consequences of using marijuana and alcohol.
c) Reduce the access of marijuana and alcohol in the community.

Tactics: a) Provide marijuana and alcohol awareness programs to youth in middle and high schools.
b) Provide workshops for parents and create parent chat groups
c) Work with law enforcement to do local vendor compliance checks on alcohol sales to minors.
d) Set up a tip line on marijuana sales.

Performance Indicators: a) Pre- and post test results of youth participating in awareness programs.
b) Number of parents attending workshops.
c) Number of parents participating in chat groups.
d) Number of vendors who pass alcohol compliance checks.
e) Number of calls to the tip line.

Success Factors for Implementing CHIP and Related Plans

- Having the right organizations/people involved
- A clear planning process with a specific end date
- Community focus
- Community driven
- Shared ownership and responsibilities
- Shared goals, objectives, strategies, tactics and performance goals
- Decisions through consensus
- Flexible structure
- Accountability
- Monitor progress

How do you know if you have the right organizations and people involved in your effort?

DISCUSSION QUESTION

Key Things To Do Before Developing Your Plan

(1) SWOT analysis

(2) Program mapping

CHIP Planning, Development, Implementation, Monitoring: City of Newark, NJ

CHIP and Coalition Planning/Development and Implementation

- Public health – Data collection/repository, acts as convener, facilitator, broker, technical assistance as needed

- Planning should include all facets of the community at inception for buy-in

- Inclusion of informal organizations and systems who are gatekeepers trusted by populations

- Coalition responsible for planning, development, implementation, monitoring- driving work of plan

- Consistently manage agendas, interests for benefit and implementation of plan

- Subcommittee development with identified co-chairs to lead work of: Access To Healthcare; Obesity; HIV/AIDS, Communication of Healthcare Resources, Evaluation subcommittees

- Subcommittees should include partners of priority areas and bring existing resources into subcommittee (i.e. Obesity – Let's Move, RWJF Newark Healthy Kids; Living Cities, other newly discovered and emerging obesity efforts in Newark)

- Organic and not rigidly structured for other partner involvement at any time

- Strategic external work by public health has macro/systems level view of resources, programs services, surrounding plan and outcomes

CHIP Planning, Development, Implementation, Monitoring Strategies: City of Newark, NJ

- Identification and mapping of existing resources, programs initiatives

- Strategic Planning for initiative development

- Coalition drives planning, implementation, monitoring, evaluation

- Mechanisms for reporting metrics to coalition – Quarterly reports by subcommittee

- Cumulative annual report of achievements

Example

Access To Health Care – ER Diversion project to connect uninsured populations presenting to the ER for Ambulatory Care Sensitive Conditions (ACS).

44,000 Uninsured in Newark – Based on quantitative (ER visits and presentations) and qualitative data (barriers to timely access, care and treatment)

2 year CMS 2.2 million funded ER Diversion pilot – Concluded in 2010

Of 6,000 uninsured patients seen, 87% (5,220) were permanently connected to a medical home for consistent source of care – representing 11-12% of 44,000 uninsured patients in Newark, NJ

Newark CHIP Successes

Access To Health Care

- ER Diversion pilot replication in 2 remaining hospital systems to include Super Users

- Cost benefit analyses

Obesity – Data of CHIP used to inform local legislators regarding public health prevention of obesity

- Enactment of municipal legislative ordinance: Prohibition of Use of Transfats in Restaurants passed by city council 2007

- Environmental Health – Conducted public awareness, education, trainings (food handlers courses) and inspections. At inspection approximately 95% of establishments in compliance, 5% issued citations to mitigate. Re-inspections found those issued citations were in compliance.

- Subcommittee effectuated gift of 4 rounds of fitness equipment to city recreation centers located in the 5 wards of Newark to provide free place-based access to physical activity

Key Features of a CHIP Action Plan

Align CHIP's goals, objectives and outcome indicators

For each strategy and tactic:

- Plan and align work with national strategies i.e. Healthy People 2020, national prevention, national quality
- Initiatives are science-based, evidence-based or best practice models
- Logic model development – Prevention/education, primary care, management of chronic illness etc – the continuum
- Timeline
- Identification of subcommittees and co-chairs lead person(s)
- Identification of other responsible person(s)
- Listing of needed resources – Identify available resources by partner
- Tightly developed evaluation measures – indices selected by subcommittee
- Anticipated product or result – measurable, concrete, tangible, realistic

What do you see as potential planning pitfalls?

DISCUSSION QUESTION

Catalysts for Continued Engagement

Policy- Health care Reform Act, Patient Care Protection Act, Affordable Care Act – March 2010

- Accountability

- Quality

- Coordination

- Incentive/other Payments

- Organizational/Institutional Survival

Health Information Technology (HIT) Office of the National Coordinator for HIT

- Health systems, PCPs & Public Health

- Regional Extension Centers

- Health Information Exchanges

- Health Insurance Exchanges

Catalysts for Continued Engagement

- Hospital Closures - (i.e. 10 Closures in NJ over the past decade)

- Changing dynamics - financing of health care

- Doing more with less

- Collaborative and independent funding of partners and other efforts – i.e. Community Transformation Grant

- Economics and scalability of successful projects for replication – ER Diversion

- Opportunity to influence, implement policy legislation (i.e. Prohibition of Use of Transfats)

- Multiple levels of utility for all partners and the community – policy, regulatory (CN), funding, accountability

- Compliance and Performance for QA/QI – APEXPH, PHPSP, PHAB accreditation for public health and external public health systems, informal systems and community at-large

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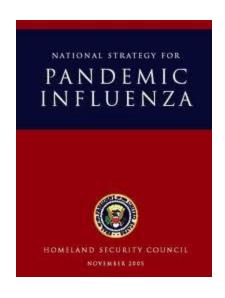National Association of County & City Health Officials

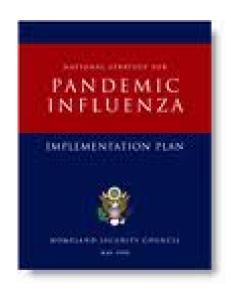# Potential Pitfalls of Collaborative Planning

- Not involving the right people and organizations

- Lack of a clear end date for planning

- Getting into a plan review "death loop"

- Duplicating existing programs

- Wanting to do too much

- Not sharing resources

- Not obtaining the required resources

- Focusing on personal/organizational agendas

- Lack of trust among participants

- Assigning responsibilities without asking

- Not reporting on progress

- Not adapting to changes in the community

Example: Implementation Plan-National Strategy for Pandemic Influenza

Keeping Partners at the Table

- Clear expectations of partners' roles and responsibilities

- Periodically check to see if partners think their expectations are being met

- Explain why they should be involved and stay involved

- Don't let one or two individuals or organizations dominate the work

- Focus on community vision and not personal agendas

- Share resources

- Funding opportunities – collaborative and independent

- Elevate organizations' and individuals' stature in the community

- Share successes

- Celebrate successes

- Communicate, communicate, communicate

Questions and Discussion

CHIP Resources

- Issue Prioritization Tip Sheet

- CHIP Implementation Plan Template

- 90 Day Implementation Steps Worksheet

- MAPP Action Cycle Resources:
  http://www.naccho.org/topics/infrastructure/MAPP/framework/clearinghouse/phase6.cfm

- What Works for Health database: http://www.countyhealthrankings.org/what-works-for-health

- Take Action Cycle Webinar Series by the *County Health Rankings and Roadmaps* project: http://www.countyhealthrankings.org/blog/123

Visit the CHA/CHIP Network to access these resources and more!

Reminders

- Each month, the *CHA/CHIP Insider e-newsletter* has important information and updates on project requirements, reporting, upcoming trainings, resources, and more. Please be sure to review the *Insider* each month to ensure you stay apprised of these updates.

- The next cost report is due by 8 PM ET on Friday, September 28, 2012.

- The final reporting guidelines will be released in September

- The three deliverables must be submitted by November 1, 2012 (in advance of the final December 15, 2012 deadline) to allow for review and feedback to ensure the deliverables fulfill the CHA/CHIP project requirements. Following this review, sites may need to make revisions and submit the *final approved* version to NACCHO by December 15, 2012.

- Your site and community context should be the main driver of your work and not the project requirements. The project requirements are really meant to ensure sites plan and conduct a process that allows for community context, perspective and desires to be considered.

Last Word

The next CHA/CHIP training webinar will be on:

'Planning for CHIP Monitoring and Evaluation'

Presenter and Date: Julia Joh Elligers, 9/12/12 from 2:30 – 4 PM ET

Please complete the evaluation before logging off the webinar.