

System Priority: Community Health Improvement Processes and Plans
Objective: Local Community Health Improvement Plans and Processes Linked to State Health Plan

Long-term (2010) Subcommittee Outcome Objective: By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.

Long-term outcome objective updated as of: Sept 2004

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Financial resources <ul style="list-style-type: none"> • Software • Technology • Trainings • New staff • Collaborative events (e.g., for food, transportation) People <ul style="list-style-type: none"> • Local health department representatives and their partners • State and regional level staff • Partners/volunteers • Boards of Health members • Steering committee and subcommittee membership should include the following types of members: • Interested Turning Point State Health Plan, and 	The Department of Health and Family Services, Division of Public Health, will provide leadership to create a broad-based Community Health Improvement Processes and Plans Steering Committee charged with: <ul style="list-style-type: none"> • Coordinating an assessment/inventory of the technical assistance needs of all local health departments and tribal agencies related to community health improvement processes and plans. Creating a financial strategic plan for technical assistance staffing. • Guiding the development of a centralized health status indicator database. • Creating a systematic data collection process including: reporting format, software protocols, database development, etc. • Establishing and/or tracking baseline measures. • Providing oversight to the collection of “best practices” for “models” database inclusion; • Acting as a liaison between state, regional and local public health entities on community health improvement processes and plans issues (ongoing). • Crafting statutory language that enforces and enables the 10-year outcome objective (2004). • Invites legislators, governmental public health officials, and other policy experts to draft statutory language that supports the quality and financial implications of the 2010 Outcome Objective. 	See "Inputs" for participants. State staff Local health department representatives Staff knowledgeable in the area of database development and data analysis Steering Committee made up of knowledgeable stakeholders from across the state Boards of Health members Legislatures Policymakers Local health department staff	By 2002, The Department of Health and Family Services, Division of Public Health, will provide leadership to begin to create the infrastructure to support the attainment of the long-term outcome objective. By 2003, 100 percent of local health departments will have begun to incorporate Turning Point concepts within their community health improvement plans and processes. This may include: <ul style="list-style-type: none"> • Obtaining information from the Partnership Implementation Task Force on expansion of partnerships. • Establishing a documentation system for partnerships (the Partnership Implementation Task Force). 	By 2005, this percent of local health departments and partners will have: <ul style="list-style-type: none"> • (100 percent) completed the assessment component of the (CHIPP) and have begun implementing improvement. • (100 percent) conducted a midterm review of (CHIPP) based on available data, with Turning Point criteria as benchmarks, and submit revised plans to Department of Health and Family Services. • (85 percent) submitted community health improvement processes and plan (CHIPP) to the Department of Health and Family 	By 2008, 100 percent of local health departments and their communities will have: <ul style="list-style-type: none"> • Viewed their data in parallel with other local health department/community health improvement and processes and plans data, as well as the <i>Healthiest Wisconsin 2010</i> priorities and baselines. • Reported easy access to information on best practices, community health improvement plans, and progress reports. • Received technical assistance, training and technology that is appropriate to their needs and

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
<p>community participants (governmental and non-governmental)</p> <ul style="list-style-type: none"> • Representatives from various geographical areas, ethnic/racial groups, tribes • Local health department professionals • Professional planners • Academic advisors from nursing schools, planning schools, health administration programs, etc. <p>Technology</p> <ul style="list-style-type: none"> • Web-based, compatible software • Local health department computer equipment and linkage 	<ul style="list-style-type: none"> • Identifying critical components of local community health improvement processes and plans (e.g., evidence-based, partnerships, data information and proven community interventions) and sharing with local health departments and their partners (2003). • Establishing principles of process (e.g., assuring community inclusion, especially populations experiencing health disparities) and sharing with local health departments and their partners (2003). • Developing tools and strategies for evaluation. • Determining how non-compliance issues are addressed. • Outlining evaluation mechanisms and feedback loops for overseeing the attainment of the 2006 Outcome Objectives. • Establishing a Technical Assistance, Training, and Technology Subcommittee (2003) which will: <ul style="list-style-type: none"> • Identify/assess and prioritize local health departments' and partners' technical assistance, training and technology needs and resources; develop a plan for addressing the priorities of the assessment; report results to the Community Health Improvement Processes and Plans Steering Committee and seek input (2004). • Research other state practices and the academic literature to determine best practices in delivering planning assistance and other technical assistance. • Create and oversee the implementation of a technical assistance plan based on the 	<p>Department of Health and Family Services</p> <p>Community partners</p>	<ul style="list-style-type: none"> • Inviting and convening a broad base of traditional and new nontraditional partners to contribute to the assessment. • Collecting data from various sources and synthesized data. • Researching strategies for intervention. • Demonstrating progress toward community-based inclusive partnerships. • Documenting continued partnership expansion. • Evaluating results. <p>By 2003, the Department of Health and Family Services will have:</p> <ul style="list-style-type: none"> • Provided computer software to all local health departments. • Assessed local health 	<p>Services, Division of Public Health database.</p> <p>By 2006, the Department of Health and Family Services will have provided leadership to implement and maintain a centralized, searchable web-based database of best practices, community health improvement plans, and progress reports which are utilized by local health departments and their partners.</p> <p>By 2006, 100 percent of local community health improvement partnerships will have access to state-coordinated resources (e.g., technical assistance, training, and technology).</p>	<p>maximizes their resources (e.g., using formal feedback loops or "hits" on web site).</p> <p>By 2008, the Department of Health and Family Services, Division of Public Health, will have used the database to monitor progress in attaining 2010 goals.</p> <p>By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.</p>

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Technical assistance/training <ul style="list-style-type: none"> • Software • Staffing/experts State Health Plan: <i>Healthiest Wisconsin 2010</i> Time	assessment. <ul style="list-style-type: none"> • Establish an evaluation plan to measure the effectiveness of the technical assistance, training and technology resources, and report the plan to the Community Health Improvement Processes and Plans Steering Committee. 		department computer hardware status.	By 2006, 100 percent of local health departments and their communities will have: <ul style="list-style-type: none"> • Searched the central database for best practice models that work. • Completed their community health improvement processes and plans planning process. • Started or completed their evaluation of their interventions/programs to improve health. • Created a report or final assessment document (including plan). • Revised plans as needed, and submit to Department of Health and Family Services. 	

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
				<p>By 2006, the Department of Health and Family Services, Division of Public Health will have:</p> <ul style="list-style-type: none"> • Compiled local assessment information on a statewide-accessible database that is linked to the State Health Plan (parallel). • Assured data entry and established links (e.g., web) from local health departments and partners to the centralized database. • Developed a plan to maintain the database. • Implemented a plan that supports local health departments' and partners' technical assistance, training and technology needs. This plan is likely to include: <ul style="list-style-type: none"> • A web-based or other distance- 	

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
				<p>effective resource accessed on local computers.</p> <ul style="list-style-type: none"> • Educational training at local, regional, and state levels and links to the Health Alert Network (HAN). • Increased qualified regional staffing and capacity. <p>By 2006, each Regional Office of the Division of Public Health will have:</p> <ul style="list-style-type: none"> • Added adequate professional staff support for local communities' community health improvement processes and plans that approximates the results of the 2002 assessment of technical assistance needs. 	

System Priority: Community Health Improvement Processes and Plans
Objective: Local Community Health Improvement Plans and Processes
Linked to State Health Plan

Introduction

Healthiest Wisconsin 2010's implementation plan embraces the concept that achieving the goals set forth in *Healthiest Wisconsin 2010* requires improving local communities' public health improvement plans and processes as well as regional and statewide supporting infrastructure. The Implementation Plan recognizes that the goal of eliminating health disparities is furthered when local Community Health Improvement Processes and Plans (CHIPPs) are based on inclusive partnerships that leave no segments of the community outside the process. Local community health improvement plans and processes and the partnerships they create are also key in transforming Wisconsin's public health system from one that holds only governmental entities responsible for public health, to one that broadens responsibility for the improvement of public health to incorporate all community stakeholders interested in our shared vision of healthy people in healthy Wisconsin communities.

The following implementation objectives seek to improve the infrastructure necessary for local public health leadership to expand and sustain community health improvement plans and processes in support of *Healthiest Wisconsin 2010*.

Long-term (2010) Subcommittee Outcome Objective:

By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.

Long-term outcome objective updated as of: Sept 2004

Critical Interim Outcome Objectives:

By 2006, the Department of Health and Family Services will have provided leadership to implement and maintain a centralized, searchable, web-based database of evidence-based practices, and community health improvement plans and progress (CHIPPs) reports which are utilized by local health departments and their partners.

By 2006, 100 percent of local community health improvement partnerships will have access to state-coordinated resources (e.g., technical assistance, training, and technology).

(Special accomplishments/outcomes in 2010:

- 100 percent of local health departments begin their next (CHIPPs) cycle;
- Evaluation results from community health improvement processes and plans (CHIPPs) are available for the long-term (2010), and critical interim outcome objectives listed above.)

Wisconsin Baseline	Wisconsin Sources and Year
In 1995, the Division of Public Health conducted statewide training on community health needs assessment using the APEXPH model (Assessment Protocol for Excellence in Public Health). Since that training, over 90 percent of local health departments have conducted comprehensive community health needs assessments in their respective jurisdictions. Currently, over 20 local health departments are conducting a new community health improvement process in 2002.	Wisconsin Division of Health, Department of Health and Family Services, Madison, WI - 2002

Federal/National Baseline			Federal/National Sources and Year
Objective 23-12: Jurisdiction	1997 Baseline (unless noted) Percent	2010 Target (Percent)	<i>Healthy People 2010</i> , November 2000, USDHHS, cites the following sources for this baseline data: National Profile of Local Health Departments, National Association of County and City Health Officials (NACCHO); Association of State and Territorial Health Officials (ASTHO); and Indian Health Services (IHS).
(23-12a) Tribes	Developmental		
(23-12b) States and the District of Columbia	78	100	
(23-12c) Local Jurisdictions	32 (1992-93)	80	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
7 – Educational and Community-based Programs	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.	7-9	(Developmental) Increase the proportion of hospitals and managed care organizations that provide community disease prevention and health promotion activities that address the priority health needs identified by their community.
		7-10	(Developmental) Increase the proportion of tribal and local health service areas or jurisdictions that have established a community health promotion program that addresses multiple <i>Healthy People 2010</i> focus areas.
		7-11	Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs.
23 – Public Health Infrastructure	Ensure that Federal, Tribal, State, and local health agencies have the infrastructure to provide essential public health services effectively.	23-1	(Developmental) Increase the proportion of Tribal, State, and local public health agencies that provide Internet and e-mail access for at least 75 percent of their employees and that teach employees to use the Internet and other electronic information systems to apply data and information to public health practice.

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
23 – Public Health Infrastructure (continued)		23-2	(Developmental) Increase the proportion of Federal, Tribal, State, and local health agencies that have made information available to the public in the past year on the Leading Health Indicators, Health Status Indicators, and Priority Data Needs.
		23-12	Increase the proportion of Tribes, States, and the District of Columbia that have a health improvement plan and increase the proportion of local jurisdictions that have a health improvement plan linked with their State plan.
		23-17	(Developmental) Increase the proportion of Federal, Tribal, State, and local public health agencies that conduct or collaborate on population-based prevention research.

Definitions	
Term	Definition
Best practices	As part of the web-based database, best practices of health programs/interventions are those that have demonstrated effectiveness in the desired area through comprehensive evaluation or research methods.
Community Health Improvement Processes and Plans (CHIPPP)	The Institute of Medicine (1997) outlines the ‘community health improvement processes to include a problem identification and prioritization cycle (a circular path that includes forming a community health coalition, preparing and analyzing community health profiles, identifying critical issues, and then returning to the coalition, and so forth) and an analysis and implementation cycle (a circular path that includes analyzing the prioritized health issue, inventorying resources, developing health improvement strategies, identifying accountability, developing indicator steps, implementing strategies, monitoring process and outcomes, and back to analyzing the prioritized health issue). The Community Health Improvement Processes and Plans Subcommittee adopted a more general understanding of the phrase: all of the activities involved in health assessment, planning, programming/intervention, evaluation, and feedback that include and involve a representative cross-section of the community.

Definitions	
Term	Definition
Public health system partners	Public health system partners are organizations and individuals who have an interest in the health of a community's population. As a group, partners should include consumers, providers, businesses, government, and other relevant sectors of the community (Institute of Medicine, 1997 - modified). Special efforts should be made to include nontraditional partners, such as churches, service groups, school districts, and representatives from populations that bear a disproportionate burden of illness.
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups (Lasker, 2001 – modified).
Web-based database	This is a readily available resource of best practices and Community Health Improvement Processes and Plans (CHIPPP) and progress reports. The Subcommittee was clear that this virtual resource should be easy to navigate, easily accessible, and should easily allow for local health department and other contributions.

Rationale:

According to the Institute of Medicine, “a wide array of factors influence a community’s health, and many entities in the community share the responsibility of maintaining and improving its health”. It is essential that state and local health departments in Wisconsin assure that there is an effective statewide community health improvement process in place that involves all communities and links local efforts with *Healthiest Wisconsin 2010*. This chapter will provide the framework for establishing an infrastructure to support communities to comprehensively address maintaining and improving the public's health. The framework is consistent, yet flexible for unique local applications.

Local health departments and boards of health in Wisconsin are required by the Wisconsin Public Health Statutes to carry out the core public health functions of assessment, policy development and assurance. In addition, tribal health agencies and tribal governing bodies located in this state carry out health needs assessments to determine their community health status and target areas for improvement.

The Institute of Medicine’s 1988 *The Future of Public Health* report discusses assessment in the following manner: “an understanding of the determinants of health and of the nature and extent of community need is a fundamental prerequisite to sound decision-making about health. Accurate information serves the interests both of justice and the efficient use of available resources. Assessment is therefore a core governmental obligation in public health.” They go on to recommend “that every public health agency regularly and systematically collect, assemble, analyze and make available information on the health of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.”

Research and evidence indicates that successful community health improvement processes and plans (CHIPP) are very effective in developing community partnerships, in utilizing community resources more efficiently, and in improving the health status of communities through effectively targeted interventions. The statewide impact on a specific health priority can be much stronger when there is a linkage between the State Health Plan and a local public health and tribal agency improvement plan.

A community health improvement process and plan involves local health departments and tribal agency/governing bodies working with their communities, which can effectively:

- Facilitate community partners with broader knowledge of the community landscape and specific local determinants of health;
- Encourage and insist upon public accountability;
- Engage citizenry representing traditional and traditional public health system partners that lead to a greater chance of progress and success on state and local priorities/objectives.

As stated earlier, the Institute of Medicine Report indicates that the responsibility for developing, maintaining, and applying the community health improvement process involves both local health departments and the Wisconsin Department of Health and Family Services, Division of Public Health. There is a need for the Division to develop a central database of community health improvement plans and best practices that will:

- Assist local health departments and tribal agencies to identify best practice strategies;
- Determine which models are effective;
- Provide a tracking tool to measure progress;
- Support a community health improvement mid-decade progress review.

Local efforts to implement CHIPP must be coordinated at the state level to assure adequate local capacity, promote synergy across localities, and assure progress on statewide goals. Consequently, it is important to have a statewide system for technical assistance, training, and technology in place. This will promote the adoption of best practice methods, software application, and reporting.

In order for local health departments and boards of health to meet statutory requirements, additional local expertise, leadership, and capacity in certain areas such as epidemiology, information technology, and leadership skills will be needed. This is essential, as local health departments in Wisconsin are independent, statutory, and political entities that vary in size, expertise, and capacity. Addressing the technical assistance and training needs should place all local health departments in a leadership position with the necessary tools to facilitate and maintain community health improvement at the local level.

Outcomes:

Short-term Outcome Objective (2002-2004)

- By 2002, The Department of Health and Family Services, Division of Public Health, will provide leadership to begin to create the infrastructure to support the attainment of the long-term outcome objective.

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

The Department of Health and Family Services, Division of Public Health, will provide

leadership to create a broad-based Community Health Improvement Processes and Plans Steering Committee charged with:

- (a) Coordinating an assessment/inventory of the technical assistance needs of all local health departments and tribal agencies related to community health improvement processes and plans. Creating a financial strategic plan for technical assistance staffing.
- (b) Guiding the development of a centralized health status indicator database.
- (c) Creating a systematic data collection process including: reporting format, software protocols, database development, etc.
- (d) Establishing and/or tracking baseline measures.
- (e) Providing oversight to the collection of “best practices” for “models” database inclusion;
- (f) Acting as a liaison between state, regional and local public health entities on community health improvement processes and plans issues (ongoing).
- (g) Crafting statutory language that enforces and enables the 10-year outcome objective (2004).
- (h) Invites legislators, governmental public health officials, and other policy experts to draft statutory language that supports the quality and financial implications of the 2010 Outcome Objective.
- (i) Identifying critical components of local community health improvement processes and plans (e.g., evidence-based, partnerships, data information and proven community interventions) and sharing with local health departments and their partners (2003).
- (j) Establishing principles of process (e.g., assuring community inclusion, especially populations experiencing health disparities) and sharing with local health departments and their partners (2003).
- (k) Developing tools and strategies for evaluation.
- (l) Determining how non-compliance issues are addressed.
- (m) Outlining evaluation mechanisms and feedback loops for overseeing the attainment of the 2006 Outcome Objectives.
- (n) Establishing a Technical Assistance, Training, and Technology Subcommittee (2003) which will:
 - Identify/assess and prioritize local health departments’ and partners’ technical assistance, training and technology needs and resources; develop a plan for addressing the priorities of the assessment; report results to the Community Health Improvement Processes and Plans Steering Committee and seek input (2004).
 - Research other state practices and the academic literature to determine best practices in delivering planning assistance and other technical assistance.
 - Create and oversee the implementation of a technical assistance plan based on the assessment.
 - Establish an evaluation plan to measure the effectiveness of the technical assistance, training and technology resources, and report the plan to the Community Health Improvement Processes and Plans Steering Committee.
- By 2003, 100 percent of local health departments will have begun to incorporate Turning Point concepts within their community health improvement plans and processes. This may include:
 - Obtaining information from the Partnership Implementation Task Force on expansion of partnerships.
 - Establishing a documentation system for partnerships (the Partnership Implementation Task Force).
 - Inviting and convening a broad base of traditional and new nontraditional partners to contribute to the assessment.

- Collecting data from various sources and synthesized data.
 - Researching strategies for intervention.
 - Demonstrating progress toward community-based inclusive partnerships.
 - Documenting continued partnership expansion.
 - Evaluating results.
- By 2003, the Department of Health and Family Services will have:
 - Provided computer software to all local health departments.
 - Assessed local health department computer hardware status.

Medium-term Outcome Objectives (2005-2007)

- By 2006, the Department of Health and Family Services will have provided leadership to implement and maintain a centralized, searchable web-based database of best practices, community health improvement plans, and progress reports which are utilized by local health departments and their partners.
- By 2006, 100 percent of local community health improvement partnerships will have access to state-coordinated resources (e.g., technical assistance, training, and technology).

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

- By 2005, this percent of local health departments and partners will have:
 - (100 percent) completed the assessment component of the (CHIPP) and have begun implementing improvement.
 - (100 percent) conducted a midterm review of (CHIPP) based on available data, with Turning Point criteria as benchmarks, and submit revised plans to Department of Health and Family Services.
 - (85 percent) submitted community health improvement processes and plan (CHIPP) to the Department of Health and Family Services, Division of Public Health database.
- By 2006, 100 percent of local health departments and their communities will have:
 - Searched the central database for best practice models that work.
 - Completed their community health improvement processes and plans planning process.
 - Started or completed their evaluation of their interventions/programs to improve health.
 - Created a report or final assessment document (including plan).
 - Revised plans as needed, and submit to Department of Health and Family Services.
- By 2006, the Department of Health and Family Services, Division of Public Health will have:
 - Compiled local assessment information on a statewide-accessible database that is linked to the State Health Plan (parallel).
 - Assured data entry and established links (e.g., web) from local health departments and partners to the centralized database.
 - Developed a plan to maintain the database.
 - Implemented a plan that supports local health departments’ and partners’ technical assistance, training and technology needs. This plan is likely to include:
 - A web-based or other distance-effective resource accessed on local computers.

- Educational training at local, regional, and state levels and links to the Health Alert Network (HAN).
 - Increased qualified regional staffing and capacity.
- By 2006, each Regional Office of the Division of Public Health will have:
 - Added adequate professional staff support for local communities' community health improvement processes and plans that approximates the results of the 2002 assessment of technical assistance needs.

Long-term (2010) Subcommittee Outcome Objectives (2008-2010):

- By 2008, 100 percent of local health departments and their communities will have:
 - Viewed their data in parallel with other local health department/community health improvement and processes and plans data, as well as the *Healthiest Wisconsin 2010* priorities and baselines.
 - Reported easy access to information on best practices, community health improvement plans, and progress reports.
 - Received technical assistance, training and technology that is appropriate to their needs and maximizes their resources (e.g., using formal feedback loops or “hits” on web site).
- By 2008, the Department of Health and Family Services, Division of Public Health, will have used the database to monitor progress in attaining 2010 goals.
- By 2010, 100 percent of local health departments will have implemented and evaluated a community health improvement plan that is linked to the State Health Plan.

Inputs: (*What we invest – staff, volunteers, time money, technology, equipment, etc.*)

- Financial resources
 - Software
 - Technology
 - Trainings
 - New staff
 - Collaborative events (e.g., for food, transportation)
- People
 - Local health department representatives and their partners
 - State and regional level staff
 - Partners/volunteers
 - Boards of Health members
 - Steering committee and subcommittee membership should include the following types of members:
 - Interested Turning Point State Health Plan, and community participants (governmental and non-governmental)
 - Representatives from various geographical areas, ethnic/racial groups, tribes
 - Local health department professionals
 - Professional planners
 - Academic advisors from nursing schools, planning schools, health administration programs, etc.

- Technology
 - Web-based, compatible software
 - Local health department computer equipment and linkage
- Technical assistance/training
 - Software
 - Staffing/experts
- State Health Plan: *Healthiest Wisconsin 2010*
- Time

Participation/Reach

- State staff
- Local health department representatives
- Staff knowledgeable in the area of database development and data analysis
- Steering Committee made up of knowledgeable stakeholders from across the state
- Boards of Health members
- Legislatures
- Policymakers
- Local health department staff
- Department of Health and Family Services
- Community partners

Evaluation and Measurement

The Community Health Improvement Processes and Plans Subcommittee recommends that the Turning Point Implementation Team track the “process” output activities identified in the logic model (e.g., number of trainings and attendees, number of visits on the web-based database, number of local health departments Community Health Improvement Processes and Plans (CHIPP) progress reports submitted). In addition to the tracking and documentation of the output activities and related process measures, the following two overarching measurements are recommended:

Measurement: Have linkages between the State Health Plan and local health plans had a positive impact on the health of the people of Wisconsin?

Evaluation: Use a survey of state, regional, and local participants to: identify local health departments’ use of the established resources (web-based and human); identify local health departments’ application of the data; identify local health departments’ community impact on identified priorities, particularly changes in health status; identify local health departments’ perceptions of strengths and barriers to connecting the State Health Plan with the local plans; identify the state’s changes as a result of linkages with the local health plans; identify statewide changes in health status and analyze the correlation with local health plan changes; other.

Measurement: Has there been local, regional and state-level cross-sector engagement in Community Health Improvement Processes and Plans?

Evaluation: Criteria used to measure existing and changes in local, regional and cross-sector engagement will be extracted from the Steering Committee’s documents related to principles of

partnership. Baseline criteria (objective and subjective) for these measures will be established and assessed at Time 1 (now) and Time 2. (While it is not known exactly what the principles of partnership criteria will be, a few ideas follow. Subjective criteria will be assessed by surveying local, regional, tribal, and state-level participants (e.g., local health departments, regional offices, state offices, community coalition members). This component might include items such as perception of technical assistance, perception of cross-sector engagement, whether goals related to cross-sector engagement have been met, etc. Objective criteria could be assessed through documentation of meetings, meeting attendance, and other fixed criteria over time.)

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

The Community Health Improvement Processes and Plans Subcommittee received 22 crosswalks from 7 Health Subcommittees and 3 System Subcommittees. [NOTE: this is a direct count of the number of submissions to us; it does not take into account the quality of the submissions.] This system priority is integral to the success of all of the initiatives that flow from Turning Point. Collaboration between areas will be essential to the success of any. Specific linkages between Community Health Improvement Processes and Plans and the other 4 system subcommittees are as follows:

Integrated Electronic Data and Information Systems: Capacities developed by this group could aid in the collection of technical assistance, training, technology needs, and resources. Community health status data from the local and state levels would also be best coordinated through collaboration between the Community Health Improvement Processes and Plans Steering Subcommittee and the Data Subcommittee. The same process and plan could be followed for the best practices database.

Coordination of State and Local Public Health System Partnerships: The tasks and timelines of the Partnership Subcommittee as they relate to the Community Health Improvement Processes and Plans Subcommittee's tasks and timeline should be linked.

Sufficient, Competent Workforce: The Workforce Subcommittee plans for training and technical assistance should be linked with the Community Health Improvement Processes and Plans Subcommittee's plans for training and technical assistance.

Equitable, Adequate, and Stable Financing: Coordination between the Community Health Improvement Processes and Plans Steering Subcommittee and the Finance Subcommittee is essential particularly for state-level strategic planning and long term financing of training, technical assistance, and technology resources.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Nearly all of the essential services will be improved with increased capacity at the local level – through technical assistance, training, and technology. Essential services that are significantly linked to this goal are:

Monitor health status to identify community health problems: When fully implemented, the Community Health Improvement Processes and Plans Committee activities will assure that the health status of Wisconsin residents is monitored at the state and local levels. The Community Health Improvement Processes and Plans Committee activities will assist the State in obtaining a clearer picture of the health of Wisconsin, since the incoming information will be systematic and comprehensive. The CHIPP activities will assist local health departments in identifying the local priorities, leading to more clearly targeted interventions, and ultimately, better health outcomes.

Educate the public about current and emerging health issues: Since the training, technology, and technical assistance will be available to partners in the Community Health Improvement Processes and Plans, their knowledge will increase.

Promote community partnerships to identify and solve health problems: Integral to the Community Health Improvement Processes and Plans is the involvement of traditional partners such as churches, schools, local associations, and others. By involving a broad base of partners, the processes and plans will be more comprehensive and effective, affecting more residents of the state. Offering training, technical assistance, and technology to the partners is an opportunity to demonstrate a vested interest in the partners' contributions.

Create policies and plans that support individual and community health efforts: The end result of partners sharing accurate and comprehensive information in a timely manner will be more effective policies and plans, both at a state level and at a local level.

Link people to needed health services: The information that is compiled as a result of the Community Health Improvement Processes and Plans will provide a more accurate picture of the health of Wisconsin residents. With that picture, targeted programs can be developed to link people to needed health services.

Assure a diverse, adequate, and competent workforce to support the public health system: The most effective application of Community Health Improvement Processes and Plans at the local level will involve a competent, sufficient workforce. The workforce is one of the key inputs and outputs that contributes to the overall success of this goal. Almost all public health professionals are competent in health-related areas. The training, technical assistance, and technology outlined here are likely to include more 'process' oriented skills, which will enhance the professionals' ability to improve their effectiveness in health-related areas.

Conduct research to seek new insights and innovative solutions to health problems: With the coordinated and collected processes and plans, and partners with expertise in the area of research (e.g., academics), the possibility for population-based research as well as process research will be abundant.

Assure access to primary health care for all: The information that is compiled as a result of the Community Health Improvement Processes and Plans will provide a more accurate picture of the health of Wisconsin residents. With that picture, targeted programs can be developed to increase residents' access to health care.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

Protect and promote the health of all: Increasing Community Health Improvement Processes and Plans technical assistance, training, and technology will increase the skill and knowledge level of public health professionals and their partners, which will contribute to a successful Community Health Improvement Processes and Plans. Increasing the accuracy, comprehensiveness, and usefulness of the Community Health Improvement Processes and Plans will increase the opportunities for all partners to best address the health issues of a particular community, and the state as a whole, through targeted programming. Trends can be identified, critically affected sub-populations can be identified, and interventions can be appropriately developed and monitored. The identification and consolidation of "best practices" will decrease the time local health departments spend looking for best practices, and

will increase the likelihood of success through programs because the programs are demonstrated to be effective.

Eliminate health disparities: Increasing Community Health Improvement Processes and Plans technical assistance, training, and technology will increase the skill and knowledge level of public health professionals and their partners, which, in turn, will contribute to a successful Community Health Improvement Processes and Plans. Increasing the accuracy, comprehensiveness, and usefulness of the Community Health Improvement Processes and Plans will increase the opportunities to identify and track information that can lead to better interventions in any given population, including those that bear a disproportionate burden of illness.

Transform Wisconsin's public health system: Increasing Community Health Improvement Processes and Plans technical assistance, training, and technology will increase the skill and knowledge level of public health professionals and their partners, which, in turn, will contribute to a successful Community Health Improvement Processes and Plans. Successfully and effectively implementing the Community Health Improvement Processes and Plans statewide is important because currently there is not a systematic process for collecting, compiling, and analyzing Community Health Improvement Processes and Plans data from across the state of Wisconsin. By linking all local Community Health Improvement Processes and Plans to the State Health Plan, a comprehensive picture of the health of Wisconsin can be created, which can lead to more effective statewide interventions. Involvement of partners gives increased accountability for the public's health to non-governmental entities. This expands "public health" from a government-only function to a collaborative effort between government and non-governmental entities, a transformation.

Key Interventions and/or Strategies Planned:

The development of the Community Health Improvement Processes and Plans Steering Committee is the first primary intervention. This group will outline processes, establish timelines, assign tasks, and assure a coordinated effort throughout the state. From the Steering Committee, two primary interventions will be essential to the success of the overall plan:

- Create an infrastructure whereby local community health improvement partnerships have access to state-coordinated resources (e.g., technical assistance, training, technology).
- Within this intervention, specific tasks are necessary. Some of these are: assess and prioritize training, technical assistance, and technology needs and resources; develop and implement a plan to address training, technical assistance, and technology needs; evaluate the results of the implementation of the technical assistance, training, and technology plan.
- Implement and maintain a centralized, searchable, web-based database of best practices, community health improvement plans, and progress reports which are utilized by local health departments and their partners.
- Within this intervention, specific tasks are necessary. Some of these are: identify an administrator/coordinator; identify appropriate software and interfaces; develop security system; create effective data collection and documentation systems; and train local health departments in how to access the information.

References

Healthy People 2010. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. U.S. Department of Health and Human Services, November 2000. 2 vols. Washington, DC:US. Government Printing Office, November 2000.

Institute of Medicine (IOM). *The Future of Public Health*. 1988. Washington, DC: National Academy Press.

Institute of Medicine (IOM). *Improving Health In The Community: A Role for Performance Monitoring*. 1997. Washington, DC: National Academy Press.

Lasker, Roz D., Weiss, Elisa S., and Miller, Rebecca. Partnership Synergy: A Practical Framework for Studying and Strengthening the Collaborative Advantage. *The Milbank Quarterly*. Vol. 79, No. 2, 2001.

Other Possible Resources for Implementation:

Community-Based Public Health: A Partnership Model. Thomas A Bruce and Steven Uranga McKane, Editors. *American Public Health Association*. Washington DC:US. 2000.

A Guide to a Community-Oriented Approach to Core Public Health Functions. *National Civic League and St. Louis County Department of Health*. St. Louis County Department of Health. St. Louis, MO:US. 2000.

Collaborating to Improve Community Health. Kathryn Johnson, Wynne Grossman, Anne Cassidy, Editors. *Jossey-Bass Publishers*. San Francisco, CA:US. 1996.