Minnesota Department of Health

# Monitoring and revising the community health improvement plan: Process guide and worksheet

Public health leaders and community partners have a shared interest in ensuring the time, energy, and resources invested to improve community health is effective. The act of monitoring and revising the community health improvement plan (CHIP) is essential for keeping the plan a living and meaningful document.

The purpose of this guide is to provide communities with some tools for observing and tracking progress toward accomplishing the objectives and goals identified in the CHIP. It also provides guiding questions to consider for determining if a revision is needed.

## What parts of the CHIP should be monitored and revised?

Health priority issues, goals, and objectives tend to be long-range and data collected to determine impact on these areas may not be available annually. More often, communities focus the monitor and revise process on evaluating progress on strategies, activities and timelines that are linked to the objectives and health priority issues.

There may be circumstances that warrant revisions to health priorities, goals and objectives. For example, an emerging health issue in a community might develop and need to become a new priority, or perhaps it’s discovered that the original objective for a health priority issue is not “right” or not measureable. These are situations where it would make sense to revise these areas of the plan. Changes in responsibilities for carrying out work, a new community health assessment or resource availability may also drive the need for a revision of all or parts of the plan. Communities should monitor the activities that contribute significantly to carrying out a specific strategy and to accomplishing a specific target/goal.

## Who should be involved in the monitor and revise process?

Monitoring and revising the CHIP is about observing and documenting progress which results from community organizations, agencies, and other partner’s work related to the top health priorities identified in the CHIP. While public health is often the coordinator and convener of this work, the CHIP is a **community** health improvement plan, not an agency plan. The community partners who are involved in implementing the strategies in the CHIP should play an active role in monitoring the progress of the work and recommending revisions. Many communities have found that having a clear plan in place for monitoring and revising the CHIP before the plan is implemented **and** communicating the role and responsibility of community partners at the onset makes engagement in the process more meaningful.

## What does a CHIP monitor and revise process look like?

Effectiveness is something everyone strives for. We all want to ensure time and money spent on approaches and activities reap positive outcomes. Community health improvement plans are likely to be more effective when there is consistent monitoring and revising of priorities, objectives, and strategies.

PHAB measure 5.2.4 states the community health improvement plan should be monitored and revised in collaboration with broad participation from stakeholders and partners. The purpose of this measure is to assess the health department’s efforts to ensure that the strategies of the community health improvement plan are assessed for feasibility and effectiveness and that they are revised as indicated by those assessments.

Elements of an effective monitor and revise process include:

* Involvement and active participation by community stakeholders and partners who have been implementing strategies in the CHIP.
* Clear roles and responsibilities of community stakeholders and partners in the process (what data or information are they expected to collect and share).
* Scheduled meetings where monitoring and revising the CHIP are an intentional part of the agenda/discussion.
* Data review, information sharing, and discussion regarding progress toward objectives and effectiveness of strategy/activity implementation.
* A decision-making process for revising the CHIP and approval of those revisions.

It is important to tailor the monitor and revise process to meet the needs of your community and stakeholders and to align with how the work is being done. There does not have to be a single, stand-alone meeting where all community partners gather to review the whole CHIP. Some communities find it more effective to divide up the monitor and revise process by health priority area. For example, community members and partner organizations working on mental health initiatives will look at only the mental health objectives and strategies outlined in their plan. Other community partners working on physical activity objectives and strategies will be charged with monitoring and revising that portion of the plan. In some communities, these action groups are already meeting throughout the year, so monitoring and revising pertinent objectives and strategies in the action plan is an intentional part of their regular meeting agendas.

## Guiding questions and worksheet

The guiding questions provided below can be used to facilitate discussion with community partners during the monitor and revise process. The worksheets can be used to record progress, revisions, and rationale for revisions. An example of how the worksheet could be used is provided.

### Guiding questions

#### Health priority issues: Questions to consider

Have there been resource or responsibility changes that impact the community’s ability to address this health priority issue?

Are there any emerging health issues in the community?

How do we know? What data do we have about this issue?

Do we need to make any revisions to the health priority issues identified in the CHIP?

#### Objectives: Questions to consider

Has the objective been accomplished?

Is this the right objective? Is this objective a logical link between the priority health issue goal and the strategies?

Is the objective SMART (specific, measureable, achievable, relevant, and time-bound)?*[[1]](#footnote-1)* Does it include a baseline measure and goal/target? Does it include a timeframe to monitor progress?

Are there any revisions needed to this objective?

#### Strategies/action steps: Questions to consider

Is the strategy/intervention logical? In other words, will successful implementation of this strategy over time impact the objective?

Does the strategy have a measurable target or goal?*[[2]](#footnote-2)*

What is the progress made on this strategy? What data/information do we have to show progress?

Is the progress made the progress intended? Why or why not?

Are revisions needed to make this strategy more effective?

Is this strategy still feasible?

Do we want to continue with this strategy?

Are there other strategies we should add to make progress toward our objective?

### Monitoring worksheet (example)

**CHIP priority health issue**: High rates of tobacco use **Goal**: Decrease smoking among students in the county

| Objective in CHIP | Strategy/action steps written in the CHIP | Strategy/action steps baseline and target (Where did we start? Where do we want to be?) | Progress (Where are we now?) | Revision description | Rationale for revision |
| --- | --- | --- | --- | --- | --- |
| **Objective 1**: Reduce the percent of ninth grade students in all county schools who reported smoking in the past 30 days **from 22% (baseline) to 19% (target)** by June 2022 (Data source: 2016 Minnesota Student Survey (MSS)) | **Strategy 1**: Reduce access to tobacco from commercial sources (local condition contributing to problem-easy access from commercial sources (Data source: 2016 MSS) | **Strategy baseline**: **60%** of ninth grade students who use tobacco report accessing tobacco through direct purchase. (Data source: 2016 MSS)  **Strategy goal: 50%** | **2018 progress**: MSS data not available. Next survey administration is January 2019, results available in August 2019. | No changes made to the objectives and strategies in 2018. | No revision necessary since no data was available at this time to review. |
| **Action step 1**: Law enforcement will conduct compliance checks on all of tobacco-selling establishments in the county twice each year from 2018-2020. | **Action step baseline**: **0%** (No compliance checks done in 2017)  **Action step target: 100% twice a year** | **2018 progress**: 100% of county establishments checked once in 2018; 80% checked twice in 2018. | Action step adjusted to reflect seasonal establishments that sell tobacco will only be checked once/year. | Law enforcement stated the reason only 80% of establishments were checked twice a year was because seasonal establishments were closed when they conducted the second check. Seasonal establishments are only open 4-5 months a year, so LE felt it appropriate to conduct only one check per year. |

**Context notes/next steps/other revisions**: Tobacco use is still a priority concern. Law enforcement remains committed to conducting compliance checks and has the capacity to do so. School representatives and law enforcement indicated increasing concern about e-cigarette use. The school is going to provide information and data at the next meeting regarding this issue.

### Monitoring worksheet (example)

**CHIP priority health issue**: **Goal**:

| Objective in CHIP | Strategy/action steps written in the CHIP | Strategy/action steps baseline and target (Where did we start? Where do we want to be?) | Progress (Where are we now?) | Revision description | Rationale for revision |
| --- | --- | --- | --- | --- | --- |
| Objective 1: | Strategy 1: |  |  |  |  |
|  | Strategy 2: |  |  |  |  |
| Objective 2: | Strategy 1: |  |  |  |  |
|  | Strategy 2: |  |  |  |  |
| Objective 3: | Strategy 1: |  |  |  |  |
|  | Strategy 2: |  |  |  |  |

**Context notes/next steps/other revisions**:

## Terms and definitions used in this document

Agencies and organizations use many different terms to describe the concepts and ideas in this document. The specific terms your organization uses for the assessment and planning process are not as important as consistently using those terms. MDH has chosen the terms for use in this document. Adjust table headings and questions accordingly.

**Health priority issue**: Issues community members and key stakeholders see as the most important issues to address based on the findings of the community health assessment. Impact, magnitude, feasibility, and availability of solutions are factors taken into consideration when determining health priorities

**Goals**: Broad statements, describing a desired population condition of well-being.

**Objectives**: Specific, measureable, achievable, relevant statements with a timeframe. Objectives specifically describe what your efforts are intended to accomplish and what change you hope to achieve. They help quantify the achievement of the goal.

**Strategies**: A collection of tangible actions to be carried out that have a reasonable chance of achieving goals and objectives.

**Action steps**: Individual activities or steps to carry out the work. Action steps should include timeframes and identify the responsible party. Include measures to monitor progress when possible.

**Baseline**: Current status of objective or strategy (data reflecting history and/or current status).

**Target**: A specific desired amount of change or achievement.

For more guidance on establishing a CHIP monitor and revise process, contact the MDH Center for Public Health Practice: [LPH Assessment and Planning: Help and Technical Assistance with Assessment and Planning (www.health.state.mn.us/communities/practice/assessplan/lph/index.html#help)](http://www.health.state.mn.us/communities/practice/assessplan/lph/index.html#help).

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To obtain this information in a different format, call: 651-201-3880. Printed on recycled paper.

1. Resource: [SMART objectives (www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html)](http://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html) [↑](#footnote-ref-1)
2. Note: This could be a number reached/served, number of policy changes, % of customer satisfaction, etc. May include a baseline where applicable. This will allow you to tell the story of where you started (baseline), where you are (progress), and where you want to be (goal). [↑](#footnote-ref-2)