

State Community Health Services Advisory Committee

**Community Health Assessment and Action Planning
(CHAAP) Process Evaluation Ad Hoc Group**



Recommendations for the 2010-2014 CHAAP Cycle



Community and Family Health Division
Office of Public Health Practice
P.O. Box 64882
St. Paul, MN 55164-0882
651-201-3880; TDD: 651-201-5797

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Government Center
555 - 18th Ave. SW
Cambridge, MN 55008

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November 2, 2010

Sanne Magnan, MD, PhD
Commissioner of Health
Minnesota Department of Health
Post Office Box 64975
St. Paul, MN 55164-0975

Dear Commissioner Magnan:

I am pleased to forward for your approval the final report of the State Community Health Services Advisory Committee's (SCHSAC) Community Health Assessment and Action Planning (CHAAP) Process Evaluation Ad Hoc Group. This report was approved by the SCHSAC at its September 29, 2010 meeting.

The CHAAP Process Evaluation Ad Hoc Group was charged to review the findings of the 2005-2009 CHAAP process evaluation, and if necessary make recommendations for modification of the CHAAP process and/or tools for the next five-year cycle (2010-2014). This report is the culmination of much thought and discussion among local public health leaders and staff and the recommendations will undoubtedly improve the quality of the assessment and planning process.

On behalf of the SCHSAC I request your acceptance and approval of this report.

Sincerely,

Susan Morris, SCHSAC Chair
Isanti County Commissioner
Government Center
555 18th Ave SW
Cambridge, MN 55008



Protecting, maintaining and improving the health of all Minnesotans

November 23, 2010

Susan Morris, SCHSAC Chair
Isanti County Commissioner
Government Center
555 18th Avenue SW
Cambridge, MN 55008

Dear Commissioner Morris:

Thank you for sending me the final report of the State Community Health Services Advisory Committee's (SCHSAC) Community Health Assessment and Action Planning (CHAAP) Process Evaluation Ad Hoc Group. The recommendations and report thoroughly address the issues laid out in the work group charge and provide a straightforward path for implementing improvements for the local public health system in Minnesota. I approve the recommendations and report.

I appreciate the time and effort of the Ad Hoc Group and their dedication to improving the core functions of assessment and planning. These recommendations will help to strengthen the foundation of public health practice in Minnesota and to keep the Minnesota public health system aligned with national trends such as accreditation. While I may not have the privilege of continuing to work with you on this issue as Commissioner of Health, I can assure you that I will continue to watch your progress with interest and will recommend support from my incoming successor.

Sincerely,

A handwritten signature in black ink that reads "Sanne Magnan". The signature is written in a cursive style with a long horizontal line extending to the right.

Sanne Magnan, M.D., Ph.D.
Commissioner
P.O. Box 64975
St. Paul, MN 55164-0975

SCHSAC Community Health Assessment and Action Planning (CHAAP) Process Evaluation Ad Hoc Group

Recommendations for the 2010-2014 CHAAP Cycle

Background

Major changes to the Local Public Health Act of 2003 (MN Statutes 145 A.10, Subd. 5a) led to the development of the Community Health Assessment and Action Planning (CHAAP) process. The CHAAP process is based on the former Community Health Services (CHS) planning process. Although it is similar as it includes community health assessment and planning components, it also includes several newly designed components, including a capacity assessment and an action plan designed around the six areas of public health responsibility. The 2005-2009 CHAAP cycle was considered a transition and learning period for local public health and the Minnesota Department of Health (MDH).

In order to evaluate and learn from the 2005-2009 planning cycle, the Office of Public Health Practice (OPHP) at the MDH conducted an evaluation of the 2005-2009 CHAAP process. The evaluation was developed to answer the following questions:

1. Did CHAAP meet statutory requirements?
2. Did CHAAP meet the original intent as outlined by the SCHSAC and MDH?
3. Did CHAAP meet the needs of local public health?
4. Did CHAAP meet the needs of the MDH?
5. What can be done to make CHAAP better for the next cycle?

In 2010, the SCHSAC convened the CHAAP Process Evaluation Ad Hoc Group to review the findings of the 2005-2009 CHAAP process evaluation, and if necessary make recommendations for modification of the CHAAP process and/or tools for the next five-year cycle (2010-2014).

The intent of the CHAAP Process Evaluation Ad Hoc Group was to produce recommendations that improve and update the current CHAAP process to:

- Clearly articulate expectations and requirements of MDH and Community Health Boards (CHBs);
- Align with the national accreditation standards and measures developed by the Public Health Accreditation Board (PHAB);
- Balance the need and desire for consistency and flexibility;
- Create a process which accurately reflects the needs and priorities across the state;
- Assure technical assistance and support is available throughout the process;
- Support CHAAP as a meaningful process and tool for continuous improvement by “closing the loop” between cycles;
- Engage local elected officials, communities and staff in the CHAAP process; and
- Empower local elected officials, communities and staff to be public health champions.

Recommendations

Process & Requirements

1. The CHAAP process is intended to meet statutory requirements outlined in MN Statutes 145 A.10, Subd. 5a and should 1) serve as a local assessment, planning, improvement, and evaluation tool; and 2) provide a comprehensive picture of public health community and capacity issues across the state.
2. The CHAAP process should continue to be framed around the six areas of public health responsibility.
3. The CHAAP process should continue to include a capacity assessment. Guidance should be clarified regarding the goal and purpose of the capacity assessment, the difference between the capacity and community health assessment (specifically in the area of assure an adequate local public health infrastructure), and the relationship between the capacity and community health portions of CHAAP.
4. The CHAAP process should continue on a 5-year cycle. In order to encourage Community Health Boards (CHBs) to implement and monitor the improvement plans developed and reprioritize as necessary throughout the CHAAP cycle, CHBs should be prompted annually (through PPMRS) to indicate if improvement plan progress has been made and/or emerging issues have been identified.
5. CHBs should be encouraged to adopt a model of “ongoing” community health assessment with periodic, comprehensive review and prioritization of issues across all six areas of public health responsibility. Submission of issues will occur at the beginning of every 5 year cycle.
6. CHBs should continue to be encouraged to “make CHAAP work for them,” but should be required to submit the following items to MDH. These requirements will allow for MDH to assure a minimum level of assessment and planning is being conducted at the local level and will promote consistency for data collection and reporting.
 - A summary of community health issues. This summary should be the result of a comprehensive community health assessment. These should be the 10 most important health issues facing the community; not just new issues or those being addressed.
 - A summary of capacity areas for improvement. This summary of issues should be the result of a comprehensive capacity assessment. These should be the 5 areas most in need of improvement; not just areas being addressed.
 - At least 3 improvement plans to include at least 1 community health and 1 capacity plan. The areas of public health responsibility will be determined locally.
 - A summary of community engagement efforts.
7. CHAAP tools (handbook, website, worksheets and/or equivalents) should be updated to reflect the national accreditation standards and measures developed by the PHAB to

assist CHBs in achieving the standards and assure those entities pursuing accreditation will not have to duplicate work.

8. CHAAP tools (handbook, website, worksheets and/or equivalents) should be updated to increase clarity, provide more detailed guidance, provide examples and reduce duplication.

Technical Assistance & Training

9. OPHP should design a plan to proactively facilitate the local assessment and planning process over the course of the 5-year cycle. This plan should include an approach to provide training to local public health professionals on best practices for the fundamental elements of CHAAP such as community engagement, assessment, priority setting, planning, and evaluation.
 - Specific guidelines, technical assistance, and training should be provided for development and implementation of improvement plans (community and capacity) to ensure that these plans are 1) useful to LPH, 2) measure progress, and 3) meet the national accreditation standards and measures developed by the PHAB.
 - Specific guidelines, tools, technical assistance, and training should be provided on community engagement in the CHAAP process. Community engagement should include local staff, elected officials, community partners, and community members.
10. Eliminate the “Technical Assistance Worksheet” and the request/reporting of technical assistance needs through CHAAP. (*This technical assistance is specific to content and implementation of improvement plans, not technical assistance needed to conduct the CHAAP process*).
11. MDH should provide timely feedback on the content and quality of CHAAP submissions. OPHP should be responsible for developing and implementing a systematic process for review of and response to the CHAAP submissions.
12. OPHP should devise a method for sharing locally-created tools, reports, improvement plans, etc. in order to maximize resources and sharing of intellectual assets.

Data

13. MDH should use the data and information submitted as part of CHAAP. Specifically MDH should use CHAAP data and information to
 - Advocate for public health across the state with policy makers and others;
 - Produce a summary report for the state and each region;
 - Inform the statewide community health assessment and state health improvement plan; and
 - Provide feedback and targeted technical assistance and training to improve assessment and planning practices throughout the state.

14. MDH should assist local public health in data collection efforts by
- Developing a common set of secondary data elements and sources for community assessment and providing assistance accessing local data (one means of doing this could be through local data profiles as indicated in the national accreditation standards and measures developed by the PHAB);
 - Providing guidance on primary data collection methods and benchmarking such as community survey tools; and
 - Developing a common set of community survey questions to achieve consistency (to be used at the discretion of each CHB).

Communication & Reporting

15. CHAAP submissions should be in a format that is
- Useable at the local level for communication with and distribution to staff, policy makers, community partners, and the public; and
 - Easy to use (preferably web-based).
16. The CHAAP process should allow local public health officials to describe (to policy makers and others) the difference and reasoning between the “10 most important health issues” facing the community (to be submitted to MDH) and the issues public health needs to address due to mandates, grant requirements, community need, and other reasons.

Integration and Coordination

17. OPHP should make a firm and ongoing commitment to local assessment and planning by dedicating staff time and resources to CHAAP.
18. OPHP should look for opportunities and encourage coordination within MDH to use similar assessment, planning and reporting concepts and formats to reduce duplication at the local level.
19. Link CHAAP to the Planning and Performance Measurement Reporting System (PPMRS) by
- Using standard definitions for the six areas of public health responsibility;
 - Streamlining reporting; and
 - Articulating the purpose of each.

For more information contact:

Office of Public Health Practice

P.O. Box 64882

Phone: 651-201-3880

TDD: 651-201-5797

<http://www.health.state.mn.us/divs/cfh/ophp/index.html>