COMMUNITY HEALTH ASSESSMENT LEARNING COLLABORATIVE

Project Handbook

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KANSAS
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Informing Policy. Improving Health.

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Authors

Gianfranco Pezzino, M.D., M.P.H.

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INTRODUCTION

What is a Community Health Assessment?

Multiple definitions of a CHA have been proposed, and they have commonalities. We will define a *community health assessment* as the regular and systematic collection, analysis and dissemination of information on the health of the community, including statistics on health status, understanding of community health needs and strengths, and involvement of community members.[1]

The assessment guides the public health department and serves as a resource for the community. The assessment reveals public health needs and community strengths, and leads to the development of *community health improvement plans*. The scope of the CHA is broad and inclusive; it updates data on previously identified and ongoing health issues, and identifies new and emerging issues.

From the public health standpoint, the population of concern for the CHA process is all people living in the jurisdiction of a public health agency, which in Kansas generally means a county. However, when other stakeholders are actively involved in the CHA process (such as a local hospital), the definition of "community" may need to be revised. In addition, in more populated counties with multiple towns, the characteristics of the population living in each locality and their health status may be different, so that one CHA for the entire county may not be sufficient. The issue of how to define a community will be different for every community.

The assessment process also considers factors known as *social determinants of health*. Social determinants—such as income distribution, educational opportunity, employment, community cohesion, living conditions, values and norms (e.g., racism), transportation systems, and culture—are factors that affect and provide a context for health. Social determinants of health are also important because they are closely connected with health disparities. Disparities in health status occur through the interaction of social determinants with individual characteristics such as age, gender, race or ethnicity, and disability or special health needs.

Steps to Conduct a CHA/CHIP

1. Planning Phase
   a. Assemble a team
   b. Define project's scope and methods
   c. Select a model for the CHA
   d. Develop a schedule of activities
   e. Complete all the steps for starting the CHA

2. Implementation Phase
   a. Collect primary and secondary data
   b. Analyze data collected
   c. Compare data collected
   d. Prepare preliminary report for community stakeholders (sometimes referred to as a community health *profile*)

3. Priority Setting
   a. Collect community input about the preliminary report
   b. Identify community health priorities

4. Write a CHA and CHIP Report
   a. Disseminate the report

These steps and the sequence in which they are implemented can be modified as needed, provided that the basic features of the CHA process are maintained. Steps listed in gray are not addressed in this handbook.

PLANNING PHASE

Assemble a Team

Before the community health assessment starts, it is essential to identify key community partners that need to be involved in the process. A CHA is a broad process requiring input and participation from a wide spectrum of people in the community, through the involvement of key partners and engagement of community members. Specific local public health staff are often assigned to coordinate and lead the process but it is important to include others who have information about the community that would make the community health assessment more meaningful and more accurate. This could include public health staff with direct program responsibility, (i.e., "front-line" staff), but also members of community health advisory boards, health advocacy groups, and other individuals and groups from the community representing a wide range of perspectives and experience.

It is also important to include individuals outside of the health department who are involved in providing public health services in the community. (see the list of potential partners, below) Finally, the CHA should not be seen as a stand-alone program within the health department. The CHA process is aimed at identifying problems and assets and formulating plans to improve the health in the community. As such, the process is relevant to all programs and activities within a health department and should be seen as a cross-cutting activity involving all the workforce and leaders in the agency.

Potential CHA Partners:

     Health Department Administration

     Hospital Administration

     County Commissioner or Board of Health Member

     Primary Health Care Provider

     Local charitable foundation

     County or City Elected Official

     Extension Office

     School District

     Youth Organization

     Senior Citizen Group

     Health Care Consumer Advocate Group

     Local Library

     Private business

     Economic Development

     Parks and Recreation

     Private citizen

     Faith-based Organization

     Emergency Management

Community engagement is an important means of building ownership of public health issues and developing successful strategies. The community is a rich source of information that enhances the community health assessment and provides greater meaning to the data.

Select a Model for the CHA

What is a CHA or CHIP model?

An accepted state or national model from the public, private, or business sector. A local model or a model made up of parts of multiple models is also acceptable.

Why bother about the "model"?

Public Health Accreditation Board, Standards and Measures, Version 1.5. Measure 1.1.1: "The health department must document the collaborative process to identify and collect data and information, identify health issues, and identify existing Tribal or local assets and resources to address health issues. The process used may be an accepted state or national model; a model from the public, private, or business sector; or other participatory process model. When a specific model is not used, the key steps undertaken that outline the process used should be described.

Examples of models include: Mobilizing for Action through Planning and Partnership (MAPP), Association for Community Health Improvement (ACHI) Assessment Toolkit, Assessing and Addressing Community Health Needs (Catholic Hospital Association of the US), and the University of Kansas Community Toolbox.

Examples of other tools and processes that can be adapted or used throughout, or as part of, the community assessment process include: NACHHO's Resource Center for Community Health Assessments and Community Health Improvement Plans, Community Indicators process project, Asset Based Community Development model, Tribal Accreditation Readiness Guidebook and Roadmap, Inter Tribal Council of Arizona's Tribal CHA Toolkit, National Public Health Performance Standards Program (NPHPSP), Assessment Protocol for Excellence in Public Health (APEX/PH), Guide to Community Preventive Services, and Healthy People 2020, RWJ County Health Rankings and Roadmaps: Asses."

Most common models currently used in public health

- **Mobilizing for Action through Planning and Partnerships (MAPP)**.
  In order to address the importance of CHA and strategic planning, CDC and NACCHO developed the Mobilizing for Action through Planning and Partnerships (MAPP) tool, which was launched in 2001. MAPP is a community-wide strategic planning process for improving community health and strengthening local public health systems. This site leads you through the process and offers many community health assessment tools to help prioritize public health

issues and identify resources to address them.
http://www.naccho.org/topics/infrastructure/mapp/

- **Healthy People 2020 – MAP-IT.**
  Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. MAP-IT is a guide to using Healthy People in a community. MAP-IT steps include:

     1. Mobilize partners.

     2. Assess the needs of your community.

     3. Create and implement a plan to reach Healthy People 2020 objectives.

     4. Track your community's progress.
        http://www.healthypeople.gov/2020/Implement/default.aspx
        http://ctb.ku.edu/en/tablecontents/chapter2_section14.aspx

- **Assessing and Addressing Community Health Needs.**
  This is the Catholic Health Association assessment guide, developed to help not-for-profit health care organizations strengthen their assessment and community benefit planning processes. Using CHA's previous work, the experience of community benefit professionals and public health expertise, this book offers practical advice on how hospitals can work with community and public health partners to assess community health needs and develop effective strategies for improving health in our communities.
  http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx

- **Assessment Protocol for Excellence in Public Health (APEXPH).**
  In 1991, NACCHO and CDC released the Assessment Protocol for Excellence in Public Health (APEXPH). APEXPH provides local communities with a means of increasing their organizational capacity and strengthening their leadership role in their communities. Through a three-part process, local health departments (LHD) assess internal capacity, identify priority community health issues, and develop action plans. APEXPH provides a framework for working with community members and other organizations in assessing the health status of the community and establishing a leadership role of the health department in the community. It is a flexible tool and its concepts can be easily integrated with other planning tools.
  http://www.naccho.org/topics/infrastructure/APEXPH.cfm

- **Community Health Assessment and Group Evaluation (CHANGE).**
  The CHANGE tool, developed by the CDC, helps community teams (such as coalitions) develop their community action improvement plan that address the root causes of chronic diseases and related risk factors. The tool includes specific questions to be answered in the areas of demographics, physical activity, nutrition, tobacco, chronic disease management, and leadership. In addition, the school sector includes questions related to the school district and after-school program.
  http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm

Other Models

- **Protocol for Assessing Community Excellence in Environmental Health (PACE-EH).** PACE EH is a community-based methodology for evaluating and characterizing local environmental health conditions; identifying populations at risk of environmental exposure; and prioritizing local actions, programs and policies. This model is focused on environmental health and uses the APEXPH model of incorporating participatory planning concepts into its process. http://www.naccho.org/topics/environmental/PACE-EH/index.cfm

- **Healthy Cities/Healthy Communities** is a theoretical framework for a participatory process by which citizens can create healthy communities. It's a loosely-defined strategy that asks citizens and officials to make becoming a healthy community a priority, and to pursue that end by involving all community members in identifying and addressing the issues most important to them.http://ctb.ku.edu/en/tablecontents/sub_section_main_1009.aspx

- **PRECEDE-PROCEED** is a community-oriented, participatory model for creating successful community health promotion interventions.

    PRECEDE has four phases:

    Phase 1: Social diagnosis
    Phase 2: Epidemiological diagnosis, including behavioral and environmental diagnosis
    Phase 3: Educational and organizational diagnosis
    Phase 4: Administrative and policy diagnosis

    PROCEED has four phases:

    Phase 1: Implementation
    Phase 2: Process evaluation
    Phase 3: Impact evaluation
    Phase 4: Outcome evaluation

    PRECEDE-PROCEED rests on the following premises:

    - Since behavior change is by and large voluntary, health promotion (and, by extension, the promotion of other community benefits) is more likely to be effective if it's participatory.
    - Health and other issues must be looked at in the context of the community.
    - Health and other issues are essentially quality-of-life issues.
    - Health is itself a constellation of factors that add up to a healthy life for individuals and communities. http://ctb.ku.edu/en/tablecontents/section_1008.aspx

- **National Public Health Performance Standards Program (NPHPSP).**
  The NPHPSP is a collaborative effort of the CDC and national partners to improve the quality of public health practice and the performance of public health systems. The assessment focus is on the overall public health system (all public, private, and voluntary entities that contribute to public health activities within a given area), rather than a single organization.
  http://www.cdc.gov/nphpsp/overview.htm

IMPLEMENTATION PHASE

What data should be used for a CHA?

Your CHA should include a combination of community demographics, health status measures, measures of social and economic conditions, and a description of health status trends. Most of this information is already available from various sources. Kansas Health Matters (KHM) (www.kansashealthmatters.org) is an extremely helpful resource and includes county and regional values for more than 100 indicators.

It is ideal to have a combination of both secondary and primary data. Secondary data is information already available that was collected for purposes other than the CHA. All the information on KHM falls into this category. Primary data is new information that you may decide to collect to supplement what you already have.

Secondary Data

Regarding secondary data, besides KHM the following sources can be useful:

- Kansas Information for Communities (KIC).
  http://kic.kdhe.state.ks.us/kic/
  KIC is a health information portal maintained by KDHE with health data that you can query. It includes vital statistics events and other health care data, and it links to many other reports and information. Datasets that can be queried are: Births, Cancer Incidence, Deaths, Hospital Discharges by Diagnosis, Hospital Discharges by Procedure, Kansas Population Estimates, and Pregnancies. KIC also allows you to group data by preparedness region. Much of the information in KIC is also included in KHM. However, KIC allows the production of more sophisticated cross tabulations that KHM is unable to display.

- County Health Rankings
  http://www.countyhealthrankings.org/
  This national project produces every year county-level information for several indicators of health status as well as health determinants.

- Kansas State Department Of Education – Comparative Reports
  Web site: http://cpfs.ksde.org/cpfs/
  Reports available at: http://www.ksde.org/Default.aspx?tabid=223.

- U.S. Bureau Of Census:

  - State and County Quick Facts
    http://quickfacts.census.gov/qfd/

Quick Facts provides frequently requested Census Bureau information at the national, state, county, and city levels.

- Small Area Income and Poverty Estimates (SAIPE)
  http://www.census.gov/did/www/saipe/index.html
  The U.S. Census Bureau, with support from other Federal agencies, created the Small Area Income and Poverty Estimates (SAIPE) program to provide more current estimates of selected income and poverty statistics than those from the most recent decennial census. Estimates are created for school districts, counties and states. These estimates combine data from administrative records, intercensal population estimates, and the decennial census with direct estimates from the American Community Survey to provide consistent and reliable single-year estimates. These model-based single-year estimates are more reflective of current conditions than multiyear survey estimates.

- American Community Survey
  http://www.census.gov/acs/www/
  The American Community Survey is an ongoing survey conducted by the Census Bureau on a sample of the population. It collects information on what the population looks like and how it lives. The data are available for download in CSV format, accompanied by documentation.

- U.S. Bureau of Labor — Local Area Unemployment Statistics
  http://www.bls.gov/lau/tables.htm
  This site contains state, urban and county data on employment.

How do I compare data from my county to data from other jurisdictions?

Measures from one jurisdiction usually gain more meaning when they are compared to those in neighboring or similar jurisdictions. The KHM site allows comparisons among counties, and also contains values for the Kansas public health preparedness regions for most of the indicators.

What indicators should be included in a CHA?

The KHM site contains many indicators covering all major public health domains as well as social determinants of health. That list is very long, and each community is encouraged to select only those indicators that can be more useful for them. Efforts should be made to include a good representation of social determinants of health, because the health status of your community depends heavily on those determinants. The Kansas Health Matters Partnership has developed a list of 20 key indicators that should be considered for any community health assessment discussion.

Primary Data

Primary data collection is often expensive and time-consuming. In general, there should be no need for you to collect extensive data on disease prevalence and incidence. There are some areas for which primary data collection is recommended:

1. **Inventory of health resources**. An inventory of health resources in the county should include information on current agencies and organizations that have some effect on health and resources that are needed but currently lacking. United Way often maintains a directory of local services, called 2-1-1. The KHM already has a list of local resources linked to the United Way directory. While these lists can be helpful, usually some degree of additional data collection may be necessary to compile the inventory.

2. **Community opinion collected through surveys or small group discussion**. Collecting information on the community's perception of health problems and priorities is an important step for engaging the community in the CHA process, although it should not represent the only community engagement activity. Reviewing example surveys from other communities in Kansas is a helpful way to compile the questions you'd like to use.

PRIORITY SETTING

How to set priorities for health improvement

Most communities will not have sufficient resources to address all the health issues that are identified. To assure that interventions are selected that meet the needs and wishes of the community, and that resources are concentrated appropriately on those interventions, a priority setting process needs to be put in place. The results of this process will be reflected in the CHIP.

The Community Health Assessment Guide Book, published by the North Carolina Division of Public Health, contains an excellent chapter on priority setting, including practical tools that can be used and adapted in a variety of situations. The guide book can be found at: http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf

In this section we provide a quick overview of some important aspects of setting priorities.

Community Involvement

Priorities should not be set by the CHA planning team alone, but they should be defined based on input from stakeholders and community members. Broad community involvement in reviewing the results of the data collection and analysis and deciding what priorities should be pursued is important. Many community residents may not have had a chance to weigh in during the primary data collection phase, if there was one. Even those who had a chance to provide input at an earlier stage of the process may develop new ideas once they have the benefit of looking at all the information collected.

A variety of methods to report the findings of the assessment to the community can be used, such as written reports, oral presentations and public meetings. The use of multiple methods is recommended. Whatever methods are adopted, it is important to allow feedback and input from stakeholders and community members. Sometimes it is helpful to use a set of pre-defined questions and ask people to react to them, rather than having a free-flowing, unstructured discussion.

Criteria to Select Priorities

To prioritize and select community health issues requires a careful consideration of several factors related to each issue and how the community views the issue. The combination of these factors, rather than any one factor in particular, is important in determining whether an issue will becomes a priority or not. Factors usually considered in the ranking process are:

Magnitude: *how many people are affected.*

Seriousness: *how the issues affect quality of life, the economic burden on the community, and other criteria as appropriate.*

Strategies: *is the problem responsive to interventions? Examines whether public health strategies are available to successfully address the issues.*

Level of concern: *Issues that are perceived by the community as most severely affecting its health should be considered as priorities. A high level of concern in the community is also likely to produce a higher level of community engagement in the solution of the issue.*

Feasibility: *also known as "do-ability," places all the community health issues into a broader context that includes political will, community concern or readiness, the availability of resources or designated funding, and legal concerns.*

Quality improvement tools can be used during this process and are often helpful in assisting to build consensus and move from a long list of health issues to a shorter list of priorities. Some recommended tools are brainstorming, affinity diagram, Pareto charts, nominal group, and prioritization matrices.

Using a scoring system is often helpful in producing a ranking list from which priorities can be selected. The number of priorities to be included in the CHIP varies from community to community, depending on the resources available and the scope of the problems being addressed. Some CHIP may include as few as three priorities, while others may have six or more.

WRITING THE CHA/CHIP REPORT

Components of a CHA/CHIP Report

In this section we show a possible format for a CHA-CHIP report. Your final report will vary depending on the process that you have utilized during the CHA activities and other factors. In some instances, a separate report can be prepared for the CHA and the CHIP, although an integrated report often helps assure better integration between the results of the assessment activities and the action plans.

Possible components of a CHA-CHIP report are outlined below:

- Background

- Describe the community

- CHA
    - Data collection and analysis methods
    - Results (Community Health Profile)
    - Community strengths and challenges: public health issue statements

- Community health priorities

- CHIP
    - Goals

    - Objectives and outcome measures

    - Evidence-based Intervention Strategies

    - Action Steps (timeline, responsible parties)

    - Description of planned follow-up and implementation monitoring and evaluation activities

Background

In this section, include the process used to conduct the CHA and CHIP, the composition of the team, and how the team functioned during the process. Include working groups, priority-setting processes, and development of the CHIP. In addition, describe what critical partnerships were developed and barriers and limitations that you encountered during the entire CHA-CHIP process.

Describe the Community

The description of the community builds greater awareness of community characteristics and sets the stage for successful planning. This description helps those involved in the planning process to understand the unique circumstances influencing public health and public health activities in the community.

A complete community description will include the physical, social, cultural and historical characteristics of the community that are relevant to public health. Frontline staff are excellent resources for this kind of descriptive information, as are members of community health advisory committees or other groups or coalitions. A key source for the community description is often the county website. Include good descriptive text for this section; a list of statistics will be required later in your report and is less important in this part of the report.

Data Collection and Analysis Methods

The report should describe the process used for collecting primary and secondary data and briefly review the tools used. Describe how you decided which secondary data to use and where you obtained that information. If you collected any primary data, describe those processes and include a copy of the data collection instruments in an appendix. Finally, outline the process used for analyzing the data collected, who conducted the analysis and include their credentials.

Results

The content of this section will reflect the decisions that the CHA team made during the planning phase regarding what measures should be included in the CHA. The indicators listed below are included only as an example.

Data often require comparisons to interpret the real meaning. Statistics without a context risk to be dry numbers without much meaning for most readers. Comparisons are more meaningful when they are made among communities that share similar background and characteristics. The Kansas Health Matters and the County Health Rankings websites are good resources to assist in such comparisons. The Community Health Status Indicators (CHSI) website described above also is a good source to identify peer counties. Comparisons can be made with the last CHA, peer counties, or your region. Discuss reasons for the differences that you noticed, if any. Use maps, charts and/or graphs with accompanying narratives. List data sources including the date that the data was collected/reported.

The results section of the report can be sub-divided as follows:

Overview
In this portion of the report, briefly highlight the overall health status, opinions, and needs of county residents summarized from the data collected. Discuss socioeconomic factors that influence the health of county residents.

Suggested information:
- General health status
- Health resources inventory
- Educational and socioeconomic factors
- Health problems and disabilities
- Barriers to health care

Mortality
Describe the leading causes of death in the county and the infant mortality rate. Chart the leading causes of death by age, race/ethnicity and gender.

Morbidity/Diseases
Describe the health problems or "disease burden" for the county and how county residents view these health problems. Include both chronic and acute diseases, as well as information on injuries and oral health, if available.

Mental Health
Describe the mental health problems or "disease burden" for the county and how county residents view these health problems. Include information on mental illness, developmental disabilities, substance abuse, and access to counseling, referral services, crises management, and treatment programs, if available.

Health Care
Describe the health care needs and resources for the county and how county residents view these needs and resources. If available, include information on insurance coverage rates, hospital use, access barriers to healthcare, causes of emergency room visits, and satisfaction with healthcare.

Determinants of Health
Provide an overview of the determinants of health and how these factors influence the health of county residents. Describe how county residents view these needs and resources. Consider factors such as those in the following list:

- Social environment
  - Education—attainment rates, dropout rates
  - Families—child maltreatment and domestic violence rates, family composition, care for the elderly
  - Religion
  - Neighborhoods—organizations, facilities, unique identities, development patterns
  - Crime, intentional injuries
  - Social support, civic engagement

- Financial/Economic Factors
  - Income/poverty levels
  - Employment rates
  - Homeownership rates
  - Food insecurity/access to healthy foods
  - Financial assistance (Medicaid, Child Care subsidies, Food Stamps, etc.)
  - Transportation

- Individual Behavior
  - Substance use—tobacco, alcohol, illicit drugs
  - Overweight/obesity rates
  - Physical activity and nutrition
  - Health screenings
  - Family planning—contraception, pregnancy/abortion/fertility rates
  - Motor vehicle injuries (seat belt usage, drinking and driving)

- Physical environment
  - Pollution
  - Indoor and outdoor air quality
  - Lead
  - Water quality
  - Recreation
  - Transportation options

Community Strengths and Challenges: Public Health Issue Statements

This section of your report should include a summary of community assets, strengths and resources, and a summary of the main public health issues identified through the entire CHA process.

Public health issue statements are useful tools to articulate and explain public health issues. Turning complex public health issues into a set of clear statements helps to provide direction for future action. Public health issue statements include:

1. A statement of the main issue. Use neutral statements, without overt or implied judgment, which are supported by the data included in your CHA.

2. A statement of the contributing factors. Include contributing factors in the issue statement to help identify the most effective strategies .

For example, the data collected in the community or state health assessment might reveal that a large number of injuries is the result of unsafe practices in recreational sports activities. Consequently the issue statement, "unintentional injuries due to unsafe practices in recreational sports activities," clearly states what the issue is and the phrase, and "due to" clearly states what contributes to it. Another example could be "high rate of teen pregnancies due to unsafe sex practices". A *bad* example of how to phrase this last issue statement (based on judgment more than data) could be "irresponsible sex practices leading to too many teen pregnancies".

Several *quality improvement tools* can be used to assist in identifying causes and contributing factors. Among them are affinity diagram, brainstorming, root cause analysis/fishbone diagram, force field analysis, etc.

Creating issue statements may require some additional wrestling with the issues and community feedback, as public health issues are not always a simple matter of cause-and-effect. The way public issues are framed sets up the approach to problem-solving. In addition, discussions with the community about the data and how issues are framed will help reveal where the community has the will and the energy to focus their efforts.

Community Health Priorities

In this section, summarize the results of the priority setting process and describe the priority concerns of the community. Recount the procedures used to choose the community's health priorities. List the priorities that the community plans to work on.

Description of Planned Actions (CHIP)

This is perhaps the most important section of your report. A list of actions which address the health priorities identified during the CHA, will be of great benefit to the community.

In this section, include a list of the actions and initiatives that the community stakeholders agreed upon to address the identified public health priorities. For each action item identify who will lead the action, a timeline for implementation, measurable goals to assess the success of the actions implemented, and resources needed.

The development of the CHIP is not addressed in this handbook, but resources are available on CHIP development.

Description of Planned Follow-up and Implementation Monitoring Activities

In this section, include a description of the plans to monitor the implementation and impact of the CHIP. A full CHA-CHIP usually is repeated every three to five years. Therefore, it is important that ongoing monitoring and evaluation activities be in place to assure that the CHIP is being implemented as planned. This provides an opportunity to assess whether the original plans need to be modified based on new factors.

DISSEMINATING THE REPORT

It is important to think about how you will communicate the information to your stakeholders and community members. It is important for your community to know what was found as a result of CHA activities and that you are taking action on those results.

A communications plan is not a requirement for PHAB, but it is required that you make the document widely available to the public. To accomplish this, it is a good idea to have a coordinated plan that is woven into your entire process.

It will be helpful for you to think about:

- WHO will be reading the document
- WHAT you will present to whom (i.e. full report or executive summary version)
- WHEN they need to be updated, and
- HOW you will get the information to them

You will probably want a mix of communication methods, for example: a paper copy and an electronic copy of the report, communication via social media, and communication via other media. It is recommended that you assign a lead individual to think about these things as you move through your CHA/CHIP process, as you disseminate the final report, and during the implementation phase as well.

APPENDIX: REFERENCES

The following is a partial list of the resources available for free. Member-only resources from different organizations are not included. This list will be updated as needed. Please send recommendations for inclusion to gpezzino@khi.org.

Community Health Assessment, Improvement Plan, Strategic Plan

NACCHO CHA/CHIP Resource Page:
http://www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm

Healthy Carolinians
http://publichealth.nc.gov/lhd/cha/about.htm
Web site for the North Carolina Division of Public Health devoted entirely to CHA and CHIP. Packed with very useful information, including a Community Health Assessment Guide Book (http://publichealth.nc.gov/lhd/cha/docs/CHA-GuideBookUpdatedDecember15-2011.pdf) with step-by-step instructions. Highly recommended.

Mobilizing for Action through Planning and Partnerships (MAPP)
http://www.naccho.org/topics/infrastructure/mapp/
From this site one can access the MAPP guidance, supplemental resources, and technical assistance resources.

Catholic Health Association of the United States
Assessing and Addressing Community Health Needs http://www.chausa.org/communitybenefit/printed-resources/assessing-and-addressing-community-health-needs
It includes helpful general information on CHA and CHIP, more from the hospital view point.

Quality Improvement

Embracing Quality in Local Public Health: Michigan's Quality Improvement Guidebook
http://www.accreditation.localhealth.net/MLC-2%20website/Michigans_QI_Guidebook.pdf
This has become an important reference for QI in public health. Highly recommended.

American Society for Quality Improvement — Tools
http://www.asq.org/learn-about-quality/seven-basic-quality-tools/overview/overview.html

Community Engagement

Minnesota Department of Health
http://www.health.state.mn.us/communityeng/biblio/index.html
Community engagement resource page, including links to a variety of resources outside of the MDH.

Assessment and Planning

Minnesota Department of Health
http://www.health.state.mn.us/divs/opi/pm/lphap/cha/
Resource page on community health assessment and planning.

Assess Now
http://assessnow.info/orientation
Helpful information and tools targeting public health agencies in Washington state.

New York State Community Health Planning Documents
http://www.health.ny.gov/statistics/chac/nysguidance.htm
Helpful information and tools targeting public health agencies in New York state.

ENDNOTES

1. The public health accreditation board (phab) provides the following definitions: community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation.

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