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# WISCONSIN GUIDEBOOK ON IMPROVING THE HEALTH OF LOCAL COMMUNITIES

A step-by-step guide with checklists and links to related tools and templates

#### **Developed By:**

Wisconsin CHIPP Infrastructure Improvement Project Community Partner: Wisconsin Association of Local Health Departments and Boards Academic Partner: University of Wisconsin Population Health Institute

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# **Overview**

This Guidebook is intended to guide local stakeholders through the steps toward effectively improving the health of their community. This tool borrows from the considerable amount of excellent information available nationally on how to do this work, bringing local communities the best practices in community health improvement.

## How the Guidebook is Organized

**Process / Framework.** The guide is designed to provide short, simple checklists with links for additional background information as needed. Each checklist provides an overview of the critical steps in community health improvement. They are designed to be brief and simple. However, to more fully understand each step, it may be necessary to use the links to additional guidance and tools. As such, this guidebook provides an excellent roadmap but does not stand alone in paper format.

The Guidebook is based on a cyclical model for continual improvement (see diagram on front cover) including these core steps:

- Work Together and Communicate: Collaborate with Stakeholders & Community Members
- Assess Needs & Resources
- Focus on What's Important
- Choose Effective Policies & Programs
- Act on What's Important
- Evaluate Actions

**Checklists.** Each step in the process has a checklist. The checklist provides the basics needed to complete the step. Many of the steps in the checklists and much of the material they link to come from the work of one of our core partners: The University of Wisconsin Population Health Institute *County Health Rankings & Roadmaps* 2014 – a collaboration with the Robert Wood Johnson Foundation. We thank them for their collaboration in this effort. In addition, we thank our other partners and stakeholders who assisted in the development of these materials. (See Acknowledgements above.)

Note: Two key partners in local improvement processes – hospitals and health departments – have unique requirements related to this work. Throughout the checklists, there are notes provided on the specific hospital IRS requirements under the Patient Protection and Affordable Care Act (ACA) and guidelines for health departments under both the Public Health Accreditation Board (PHAB) and state statutes and administrative rules. Please note that while subject matter experts were consulted in the creation of this document, use of the Guidebook does not guarantee compliance with IRS, PHAB and Wisconsin state statutes. Only those entities can ensure that requirements have been met. Please confer with the appropriate entities and authorities. Of note, the project is currently seeking PHAB review of this document for compliance with PHAB Standards 1.5.

**Resources.** In addition to the checklists included in this Guidebook, the project has developed additional complementary resources. These resources include additional background readings about the steps in the process and tools or blank forms that can be used to assist in completing particular steps. See the table on the next page for details of what complementary resources are available for each stage of community health improvement, noting that resources are listed by primary stage. Not every stage lists a resource, but some tools and resources benefit multiple steps in the process (see the column "Also useful in these phases.")

The tools and resources below can be found at www.wicommunityhealth.org in the Table of Resources under the Resources by Stage tab.

Checklist	Tools and Resources	Also useful in these phases
None: Cross-Cutting Resources	<ul> <li>Not-for-Profit Hospital and Wisconsin Public Health Department Requirements for Community Health Improvement Plans and Processes</li> </ul>	All Stages
Work Together	• Improving the Health of Communities: The Wisconsin Way: a 3 page overview of the community health improvement process, including what makes a community healthy and how it can become healthier	
	<ul> <li>A Healthy Place to Live, Learn, Work and Play: Understanding Community Health Improvement Processes (a PowerPoint presentation that helps build a common knowledge base)</li> </ul>	
	<ul> <li>Sharing Leadership: A Guide to Stakeholder Engagement</li> </ul>	
	<ul> <li>Making the Business Case: Tips and Tools for Engaging Local Employers</li> </ul>	
	• <b>Template PowerPoint Presentation</b> to communicate the findings of the Community Health Assessment to stakeholders and community members	<ul> <li>Assess Needs and Resources</li> <li>Focus on What's Important</li> <li>Communicate Findings</li> </ul>
Assess Needs & Resources	<ul> <li>Listening to the Community: A Guide to Primary Data Collection</li> </ul>	<ul> <li>Choose Effective Policies and Programs</li> </ul>
	<ul> <li>Introduction to the Recommended Core Data Set</li> </ul>	<ul> <li>Act on What's Important</li> <li>Evaluate Actions</li> </ul>
	<ul> <li>Recommended Core Data Set for Initial Assessment and Prioritization</li> </ul>	
	<ul> <li>Instructions for Downloading the Communicable Disease Measure within the Core Data Set</li> </ul>	

Focus On What's		· · · · · · · · · · · · · · · · · · ·
Important		
Choose Effective Policies and Programs	Objectives with Focus: A Pick List of Sample     Objectives for Effective Implementation	Act on What's Important
	<ul> <li>Compendium of Data for Action Planning and Evaluation</li> </ul>	Evaluate Actions
Act on What's Important	Template Implementation Plan	<ul> <li>Choose Effective Policies and Programs</li> </ul>
	<ul> <li>Template Fact Sheets (for communicating data and updates on progress to the community on these priorities): <ul> <li>Access to Care</li> <li>Adequate Income</li> <li>Alcohol &amp; Other Drug Use</li> <li>Built Environment</li> <li>Chronic Disease</li> <li>Chronic Disease Management</li> <li>Communicable Disease</li> <li>Community Safety</li> <li>Education</li> <li>Employment</li> <li>Health Literacy</li> <li>Injury &amp; Violence</li> <li>Mental Health</li> <li>Natural Environment</li> <li>Oral Health</li> <li>Physical Activity &amp; Nutrition</li> <li>Racism</li> <li>Reproductive &amp; Sexual Health</li> <li>Social Support</li> <li>Tobacco</li> </ul></li></ul>	<ul> <li>Work Together</li> <li>Assess Needs and Resources</li> <li>Focus on What's Important</li> <li>Choose Effective Policies and Programs</li> <li>Evaluate Actions</li> <li>Communicate</li> </ul>
Evaluate Actions		

Links to the Resources listed above can be found at appropriate steps throughout the checklists and at: www.wicommunityhealth.org. (See Resources by Stage, Table of Resources).

The Guidebook is an evolving document. Updates have been made to the Guidebook over time, including:

- March 2013 to update the hyperlinks to external websites.
- April 2013 to incorporate the April 5, 2013, IRS proposed rule on Community Health Needs Assessments.
- January 2015 to incorporate: feedback from project pilot sites; updates made to County Health Rankings and Roadmaps framework; updates to Public Health Accreditation Board (PHAB) standards; additional clarification around Wisconsin State Statutes regarding completing community health improvement activities; and updates to the final IRS rules for hospitals (issued December 31, 2014).

The Guidebook is built on the Action Cycle model used by the County Health Rankings and Roadmaps. The Rankings and Roadmaps are reviewed and improved upon annually (usually in March). With that in mind, while the general concepts will likely remain consistent between the Guidebook and the Action Cycle, some specifics may vary over time.

Suggestions for changes to incorporate into future revisions can be sent to walhdab@badgerbay.co.

# Improving the Health of Local Communities: The Wisconsin Way

Health is everyone's business. It enhances our individual quality of life and it impacts educational attainment, worksite productivity and costs, and the economy in general. Maintaining and improving health status can have a significant impact on a community. People from many types of organizations care about and are invested in improving the health of their communities. While each may have a different organizational mission and even different reasons for addressing health improvement, they share the same goal: making the community a healthy place to live, learn, work, and play.

Many organizations have processes for assessing and addressing the health of their community. These processes may be called different things – Community Health Needs Assessment or Community Health Improvement Processes, for example– but they share the same aim. Ideally, in any given community, these organizations will collaborate on improving health to leverage the greatest impact. By having complementary goals and sharing resources, community organizations can combine and focus their efforts to address key issues. This document provides a shared framework to help local communities in Wisconsin proactively and strategically act to measurably improve the health status of their communities. By sharing an understanding of what shapes health and how to improve it, we can better work together.

To be most effective in their efforts, local community members and organizations working to improve the health of their community will:

- work collaboratively to effectively address health issues
- pay attention to the forces that shape health outcomes
- emphasize the powerful impact of policy-based approaches on change
- root their efforts in the best evidence of effective implementation strategies; and
- assure that improvement processes meet any mandates held by stakeholders, notably hospitals and health departments.

The two diagrams below describe:

#### What makes a community healthy

In order to successfully improve key health status indicators in local communities, it is essential that the approach take into consideration all of the factors that influence health outcomes. This first diagram combines categories that describe what healthy (and not healthy) look like and the factors that drive those outcomes.

# • How a community can become healthier

The second diagram describes the process – based on the best evidence available – for communities to improve their health status.

# What Makes a Community Healthy

While it is often health outcomes that capture our attention and motivate efforts for change, it is important to focus efforts on all of the factors that influence or drive those outcomes. That is where the greatest opportunity lies for real change.

S	Mortality (length of life) <ul> <li>Leading Causes of Death</li> </ul>	
ue la	<ul> <li>Years of Potential Life Lost</li> </ul>	
utcomes	Morbidity (quality of life)	Chronic Diseases
4	Leading Causes of Illness	Communicable Diseases
	Measures of Overall Health	Mental Health
0	Low Birth Weight Babies	<ul> <li>Injury and Violence</li> </ul>
	<ul> <li>Oral Health</li> </ul>	<ul> <li>Growth and Development</li> </ul>
	<b></b>	
c	Health Behaviors	
Ŧ	<ul> <li>Alcohol and Other Drug Use</li> </ul>	Reproductive and Sexual Health
B	Physical Activity	<ul> <li>Healthy Nutrition</li> </ul>
E E	<ul> <li>Tobacco Use and Exposure</li> </ul>	
our Health	Health Care and Public Health	
ō	<ul> <li>Access to High Quality Health Services</li> </ul>	• Emergency Preparedness, Response and Recovery
	<ul> <li>Improved and Connected Health Service Systems</li> </ul>	Collaborative Partnerships
ab	<ul> <li>Chronic Disease Prevention and Management</li> </ul>	Public Health Infrastructure
Shape	Social and Economic Factors	Community Safety
¥	Education	Health Literacy
la	Employment	Social Support and Cohesion
Ŧ	Adequate Income	Racism
Factors that	Physical Environment	
ž	<ul> <li>Built Environment (housing, buildings, roads, parks,</li> </ul>	access to food)
ă	<ul> <li>Natural Environment (air, water, soil)</li> </ul>	
ЦĽ	<ul> <li>Occupational Environment</li> </ul>	

# **Effective Policies and Systems Aligned for Improved Health**

Note: The majority of the health outcomes and factors listed in the diagram above are included in the Wisconsin State Health Plan, Healthiest Wisconsin 2020, as health objectives, infrastructure objectives, or pillar objectives.

#### How a Community can Become Healthier

Working together, community leaders and members can have a significant impact on the health of their community through a continuous cycle of assessment, implementation and evaluation. Based on the best evidence, this model for improving the health of communities can guide their efforts.

#### **Assess Needs & Resources**

- Collect and analyze community health data
- Consider data to analyze health disparities
- Examine data on the underlying determinants of health
- Consider issues and themes identified by the stakeholders and the community
- Identify community assets and resources

#### Focus on What's Important

- Identify a set of priority community health issues to address
- Align the local health improvement plan with state and national priorities
- Summarize and disseminate the results of the assessment to the community

#### **Choose Effective Policies and Programs**

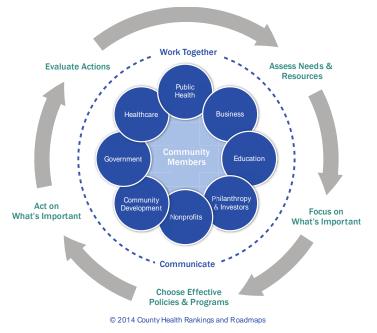
- Engage partners to plan and implement strategies
- Choose effective (evidence-informed)
   strategies
- Have multi-level approaches to change, including policy approaches

#### Act on What's Important

- Develop a detailed action plan
- Use a workplan to actively track progress
- Maintain momentum

#### **Evaluate Actions**

- Evaluate and monitor the process and the outcomes/indicators
- Revise the action plan based on evaluation results



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# Work Together and Communicate: Collaborate with Stakeholders and Community Members Throughout

- Include broad participation from the community
- Actively involve stakeholders throughout the process

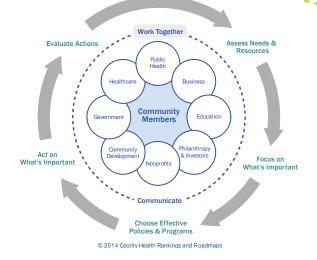
Stakeholders can include: hospitals, public health, tribes, business, elected officials, faith communities, education, clinics, health care providers, law enforcement, human services organizations, community advocacy organizations, funders, concerned citizens and others.

#### Sources that Inform the Wisconsin Way Framework:

- The Community Tool Box (University of Kansas)
- County Health Rankings & Roadmaps
- Healthiest Wisconsin 2020
- Institute of Medicine "Improving Health in the Community: A Role for Performance Monitoring"
  - Chapter 4: A Community Health Improvement Process
- National Prevention Strategy
- Mobilizing for Action through Planning and Partnerships (MAPP)
  - National Association of City and County Health Officials (NACCHO)

# WORK TOGETHER: Collaborate with Stakeholders and Community Members

Build and maintain a diverse team of partners throughout the process to ensure it is a community-owned process.



Engaging a wide variety of stakeholders will result in a more robust and thorough picture of the often complex health needs to be addressed. Stakeholders also bring resources and perspectives to the table that may be critical in ensuring your success in impacting the selected health issues. Full engagement of partners leads to a true sense of shared ownership, which means collaborators not only share ownership of the process but also the responsibility for addressing the health issues identified. While particular attention is paid to this step when forming a new initiative, partnering and community engagement happen throughout the community health improvement cycle.

# **Checklist of Key Action Steps**

Click on many of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Work Together page. (See the Key Activities list of specific topics on that page.)

#### As you begin:

#### □ Recruit diverse stakeholders from multiple sectors

Target your outreach to those who have an investment in seeing improved health. Your team should also include people most affected by the problem. It's important to think about cultural and racial diversity as well. As you recruit people, reach out personally and ask them to help recruit others. It may be helpful to include in your request a description of how the stakeholder would benefit from participating. Recruitment is an ongoing process, so keep reaching out to organizations and community members to build additional skills, knowledge, resources, and involvement in policy and systems change. Build relationships as you go. Even if someone says they don't wish to become involved at this time, they may be able and willing to help at some future point.

For additional guidance on this action step:

- "Healthiest Wisconsin 2020" Partnership Model (page 46)
- "Sharing Leadership: A Guide to Stakeholder Engagement"

• "Making the Business Case: Tips and Tools for Engaging Local Businesses"

**ACA/IRS Requirement:** Take into account input from persons who represent the broad interests of the community including (at minimum) at least one health department (tribal, regional, state, or local) and leaders/representatives or members of medically underserved, low-income, and minority populations.

**PHAB Requirement:** Broad participation of public health system partners, which may include community members, organizations, businesses, other governmental agencies, nonprofit groups, associations, healthcare providers, academic institutions, local schools, other departments of government, community and others that work with the health department on health issues [1.1.1T/L 1; and 5.2.1L 1a].

**State Statute:** Local health departments shall involve key policymakers and the general public in determining and developing a community health improvement plan. [251.05(3)(c)].

#### □ Manage boundaries to create safety

When we pull diverse stakeholders together, we are asking them to cross boundaries that divide them. A boundary is something that indicates bounds or limits –it marks where one thing stops and another starts. In their book *Boundary Spanning Leadership*, Chris Ernst and Donna Chrobot-Mason identify five types of boundaries that are universal:

- Vertical boundaries between hierarchical levels of an organization.
- Horizontal boundaries between functions within an organization.
- Stakeholder boundaries with those external to the organization that impact or are impacted by our work.
- Demographic boundaries in working with people from diverse groups.
- Geographic boundaries of distance and region.

For diverse stakeholders to effectively cross boundaries and work together, partners must first define and understand the lines that differentiate them. You must be able to clearly see group boundaries before you can span them. This important step is often skipped in forming new partnerships.

# □ Build relationships among members

Once you understand the boundaries that exist among the members of your partnership, you'll want to help members uncover the things that connect them. Building relationships within the partnership will help develop trust and create a sense of community that will allow members to accomplish more together than they could individually. Some simple ways you can help build relationships include:

- Reserving time for a personal check-in at the beginning of meetings.
- Start your meeting with an icebreaker that introduces exploration of members' background to surface the diversity and similarities within the group. Set up "buddy systems" to encourage one-on-one relationships.
- Have fun.

#### □ Build a common knowledge base

Develop your team's knowledge base about what makes a community healthy and how a community can become healthier, including underlying determinants of health, policy and system change approaches, and the value of collaborative efforts. To accomplish this, start to develop a common knowledge base and common language. For example, plan sessions for the full partnership to help build a common understanding of the issue you're addressing and the potential strategies to address it. Establish guidelines for communication, such as spelling out acronyms and avoiding potentially confusing jargon.

- Improving the Health of Local Communities: The Wisconsin Way
- A Healthy Place to Live, Learn, Work & Play: Understanding Community Health Improvement Processes (a PowerPoint presentation and accompanying materials to use with your team of community partners)
- Template Fact Sheets (fact sheets on health issues that can be tailored with local data)
- County Health Rankings materials

#### □ Run effective meetings

You want your partners to be engaged in your community health improvement efforts and to feel that their time is being well spent. Running effective meetings is an important way to ensure that members of your team feel their time is valued. Effective meetings include: a designated facilitator or group leader, written agendas, ground rules, shared meeting roles, documentation, and periodic meeting evaluations.

 Community Tool Box (University of Kansas): Conducting effective meetings (Chapter 16, Section 1)

#### □ Convene stakeholders to develop the group's vision, values and mission statements

Developing these tools together creates a critical foundation for future effective action.

- A vision statement answers the questions: Where do we want to be in the future? How great can we become? What do we want to create together?
- A core values statement describes deeply held commitments that translate directly into behavior.
- A mission statement answers the question, "Why do we exist?"

#### Decide on an organizational structure

As your partnership develops, you'll likely go through five predictable stages of group development: Forming, Storming, Norming, Performing, and Mourning/Re-forming. Create a common understanding of the Stages of Team Building, including the challenges at each stage and strategies for addressing them.

Once you have engaged core partners and established your partnership's vision, core values, and mission statements, think about how to structure your work together. Choosing Your Organization's Structure can help you decide the type of structure that's right for you. If you decide to move from an informal partnership to a coalition, To Be (a Coalition) or Not To Be (a Coalition) lays out issues you should consider as well as ground rules and expectations to develop early in the process.

.......

Use the Team Blueprint to guide your discussion around your partnership's goals, project scope, meeting processes, partner roles and responsibilities, and how you will work together.

You'll also want to discuss leadership for the organization: How will decisions be made? How will leadership be structured (e.g., executive director, steering team, executive committee)? Decide who will serve in leadership positions and whether the same people will be responsible for overseeing each step of the process to improve health.

You might also choose to formalize your discussions and decisions about roles and responsibilities using a written Memorandum of Understanding, Letter of Agreement or something similar. These can help to clarify commitments and expectations.

- Template MOU
- Collaboration Toolkit: Creating an MOU from the Colorado Nonprofit Association
- Developing rules or bylaws by which the organization will operate may also be appropriate. Writing Bylaws, from the Community Tool Box, offers help including a general, fill-in-the-blank set of bylaws. Sample: "CHIPPs Steering Committee Roles."

#### □ Develop a plan for obtaining resources

As you begin to build your multi-sector team, you will need to decide how you will obtain the resources your group needs to function. Resources include people with skills and time, technology, facilities, training and technical assistance (e.g. facilitators, consultants) as well as money, and they can come from in-kind contributions, grants or other funding sources.

#### □ Understand your community's political environment

Understanding power and influence dynamics in your community can help your team navigate the various challenges involved in implementing policy and/or system changes. Many community efforts fail because no one has thoroughly explored, analyzed, and accounted for the issue of power and influence.

• Forces of Change assessment (from Mobilizing for Action through Planning and Partnerships, National Association of County and City Health Officials)

#### Develop leadership capacity

Cultivating existing and new leadership among partnership members is important. Just as coalitions have different structures, people bring different leadership qualities to a partnership. How will new leaders be mentored, trained, and encouraged? Below are some critical skills for coalition leaders that are addressed in Tom Wolff's Coalition Leadership. These qualities are likely to reside in a group of leaders rather than a single individual. Who in your coalition has these qualities? Which qualities does the partnership need to develop more?

- Effective communication
- Conflict management
- Problem solving
- Discussion skills and decision making
- Meeting management and participation

•

#### □ Find ways to engage the community at large

In addition to organizational representatives, it is valuable to actively engage community members who are themselves, of course, stakeholders in the health of the community. Beyond inviting participation in the formal process, community members can also be included – using outreach techniques such as community focus groups and key informant interviews – in assessing top community needs and in designing effective strategies for reaching community members.

Listening to the Community: A Guide to Primary Data Collection

#### As you continue:

#### □ Evaluate the team and make any necessary changes

Evaluating your team and its efforts allows you to be sure that what you are doing is working in the way you intended and that your partnerships are as effective as possible. Meaningful evaluation should increase the effectiveness of the team's process as well as enhance the outcomes of the team's work. See the Key Activity "Evaluate your partnership..." in "Evaluate Actions"

#### □ Plan to sustain the work

Consider if your group's work needs to be sustained long-term, and if so, you may want to develop a business plan, communications plan, and long term strategic plan.

#### **Develop a plan for financial sustainability**

Sustaining your work likely means your team will also need to plan for financial sustainability, including creating annual budgets and determining how to support your budget. Consider diverse revenue options –public funding and/or grants, ongoing contributions (e.g., an individual or organizational membership dues model), and in-kind support. Discuss what in-kind support each of the stakeholders can commit long term.

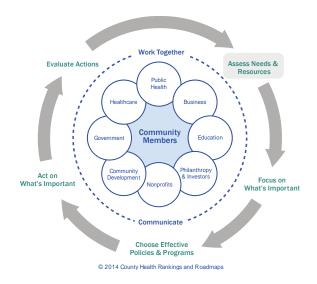
#### Develop a system for succession planning and membership renewal

Consider how to create reliance on systems, rather than reliance on individuals. Operational components of a succession plan include maintaining current job descriptions, task lists, calendars, whereabouts of key information, back-up systems, sufficient staff redundancy, and a monitoring plan that ensures these key elements are up to date.

Succession Planning: The Elephant in the Room

# ASSESS NEEDS AND RESOURCES

Understand current community strengths, resources, needs, and gaps to help you decide where to focus your efforts.



After forming a collaborative partnership, one of the first steps in local health improvement is to take stock of your community's needs, resources, strengths, and assets. You will want to understand what helps as well as what hinders progress toward improving your community's health.

# **Checklist of Key Action Steps**

Click on many of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Assess Needs and Resources page. (See the Key Activities list of specific topics on that page.)

# First, plan for your assessment:

#### Define your community

In community health improvement processes, the community is often defined geographically. The exact geographic boundaries you use will depend on the key partners involved in the effort. It may be defined by municipality, county, hospital service area, or a multi-jurisdictional approach. Work with your leadership team to define your community in a way that is most relevant and useful for your team. Be cautious not to define your community too narrowly, which may make finding data difficult, or too broadly, which may make effective policies and programs difficult to implement.

Note: The IRS has issued final guidance (December 2014) about how hospitals define the community they serve: http://www.gpo.gov/fdsys/pkg/FR-2014-12-31/pdf/2014-30525.pdf

#### $\hfill\square$ Clarify the overall purpose the data will serve

For the Assessment stage of a community health improvement process, the purpose is to be able to identify top priority issues that the community wants to focus on. At this stage, you need enough data to be able to identify those issues. It is not necessary to consider all available data. Once top priorities

are chosen, you will want to review more data to target your efforts more carefully. (See Choose Effective Policies and Programs checklist.)

#### $\hfill\square$ Identify the questions and data that are critical to be included

Each stakeholder on your team will have particular issues or questions they want to be sure to address. Some may have specific requirements they must meet in conducting this process. Be sure those requirements are incorporated into the scope of your assessment process so their needs are met. For example, local hospitals may need to specifically measure the needs of the uninsured and low-income populations.

- Generate questions about your community
- Not-for-Profit Hospital and Wisconsin Public Health Department Requirements for Community Health Improvement Plans and Processes

#### $\hfill\square$ Identify the questions and data that are critical to be included

Each stakeholder on your team will have particular issues or questions they want to be sure to address. Some may have specific requirements they must meet in conducting this process. Be sure those requirements are incorporated into the scope of your assessment process so their needs are met. For example, local hospitals may need to specifically measure the needs of the uninsured and low-income populations.

**ACA/IRS Requirement:** Assess the significant health needs of the community, including the needs of the community at large and the needs of particular parts of the community (ex: particular neighborhoods or populations experiencing disparities.)

**PHAB requirement:** assess health issues of population groups with particular health issues, including the uninsured/low-income and minority populations. [1.1.2T/L 1c].

**State Statute/Rule:** 251.05(3)(a) A local health department shall: 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.

□ Include data on the underlying factors that shape health and the disparities in how health is experienced in your community.

In order to effectively change health outcomes, it will be important to focus on the factors that shape them, including disparities among various groups in the community. With that in mind, it is important that your assessment not only look at health outcome data – such as causes of death or current disease status – but also underlying factors, including: health behaviors, access to health care, environmental factors and socioeconomic factors.

- Improving the Health of Local Communities: The Wisconsin Way
- County Health Rankings model

ACA/IRS Requirement: Assess both the health needs of the community at large and those of particular parts of the community (such as particular neighborhoods or populations experiencing health disparities).

**PHAB Requirement:** include the contributing causes of community health issues (including behavioral risk factors, environmental, socio-economic factors, and health status disparities, health equity and high health risk populations.[1.1.2 T/L 1d].

**State Statute/Rule:** 251.05(3)(a) A local health department shall: 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.

□ Determine how you will gather input from the community at large regarding health issues and community assets.

It is important in assessing the needs of the community to actively engage community members in identifying the issues that they think are important to address. This can be done through a variety of methods including surveys, focus groups, community forums, key informant interviews and less traditional methods such as PhotoVoice and storytelling (see Listening to the Community resource below). Pay particular attention to groups with unique health or social issues who are often underrepresented in community planning efforts (for example, particular racial or ethnic groups, the homeless population, those with low income, or the Lesbian, Gay, Bisexual, and Transgender [LGBT] community.)

- Listening to the Community: A Guide to Primary Data Collection
- Community Themes and Strengths Assessment Mobilizing for Action through Planning and Partnerships (MAPP)

**ACA/IRS Requirement:** Take into account: input from medically underserved, low-income, and minority populations; or individuals or organizations serving or representing those populations; and any written comments received on the most recently completed CHNA and Implementation Strategy.

**PHAB Requirement:** Engage with the community to identify and address the health problems. Engage with the public health system and the community in identifying and addressing the health problems through a collaborative process. [4.1]. Show that the preliminary findings of the assessment were distributed to the community at large and that the community's input was sought. [1.1.2 T/L 2] And the community health assessment must include primary data (data gathered by the hosting entity). [1.1.2 T/L 1b] This could be data gathered as described in this action step. Note: PHAB specifically permits non-traditional and non-narrative data collection techniques.

**State Statute/Rule:** 251.05(3)(c) A local health department shall: Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified.

#### □ Consider forming a data workgroup

As you move from planning into the actual gathering of data, consider forming a smaller workgroup of individuals with particular skill and interest in this activity. Their assignment can be outlined by the leadership group and preliminary results submitted to the leadership group for review.

## Now gather the data:

#### $\hfill\square$ Use a core set of indicator data to review the health of the community

Having identified the data that is critical for your community to include in an assessment (above), you may find that the Recommended Core Data Set for Initial Assessment and Prioritization meets your needs. This set of data was designed to provide a comprehensive look at the core indicators of the health of a community, paying particular attention to those areas that can be effectively changed at the local level. The data set was built on the model Improving the Health of Local Communities: The Wisconsin Way and incorporated the key requirements of hospitals and health departments. Local communities may choose to adapt this core data set, adding indicators or taking some out, to meet their identified needs and priorities for this process.

- Introduction to the Recommended Core Data Set
- Recommended Core Data Set for Initial Assessment and Prioritization
- Instructions for Downloading the Communicable Disease Measure within the Core Data Set

#### □ Identify and locate any additional measures and sources of data that will help you

While the Wisconsin Core Data Set will provide adequate data for a thorough assessment and meet the requirements of hospital and public health stakeholders, your community may have identified additional data that is critical to core partners and necessary to achieve your mission. If so, identify and locate data to address those needs and incorporate the results into the Core Data Set.

Here are some sources of additional data your community may choose to consider:

- Compendium of Data for Action Planning and Evaluation
- County Health Rankings Exploring the Data
- In addition to health and asset data, communities that are using the Mobilizing for Action through Planning and Partnerships (MAPP) model, will conduct two additional assessments:
  - Local Public Health System Assessment
  - Forces of Change Assessment
- Additional guidance and resources on sources of data:
  - Identify measures and sources of data
  - What's Missing

#### □ Find out the community's opinions regarding health priority issues

In your planning process, you may have selected surveys, focus groups, or some more creative, nontraditional methods to seek community input. Now it is time to specifically design the materials you will use and implement them with the target groups you identified. The results will be incorporated

into the entire package of data to be presented to your leadership group and the community at large.

• Listening to the Community: A Guide to Primary Data Collection

## □ Identify community assets and resources

It's important to assess your community's strengths and assets as well as your needs. As you work through the improvement cycle, you may want to focus your efforts on policies and programs that build on your community's existing assets and resources. Identifying these strengths early will help you later as you move into action planning. (Assets may include: organizations/individuals/groups, buildings, landscape, equipment, and such qualities as community pride or cohesion.)

• Asset Mapping: The Process of Cataloging the Resources of a Community (scroll down to Links at bottom of page)

**ACA/IRS Requirement:** The CHNA report must include a description of potential measures and resources available to address the significant health needs.

**PHAB Requirement:** Include a description of existing community assets or resources to address health issues in the community health assessment. [1.1.2 T/L 1e and 5.2.1L 1d or 5.2.1T 1d]

# Organize the data:

#### □ Compile and analyze the information collected

Your goal here is to bring the data together in a way that lets your stakeholders know what you found and helps them understand the health of your community. It is helpful to present the data visually so it "tells the story" and to compare local data to state and/or national data and benchmarks.

#### □ Identify any remaining gaps

As you bring the data together, you might find gaps in the data you've collected. Do you need to go back to the data source(s) and gather additional information?

At this point, it's important to consider how much value additional data will add to your process.

- Do you have enough information to answer your most important questions?
- Will gathering additional information help you move toward your overall vision?
- Is there anything you don't know that may affect your decision-making?

# $\hfill\square$ Prepare reports for the stakeholders' discussion and prioritization process

Data presentation is critical to the stakeholders understanding of its meaning. It is worth taking time to think about how to organize the data and how to present it in a way that is easy to understand and interpret. Some tips to remember include:

- Tie the data to an explanatory model or framework that gives it meaning (See, for example, the model on page 9 of this Guidebook.)
- Use comparative data (compare to state or national data or trends over time)

- Use graphics to illustrate the data: tables, pie charts, and bar graphs can really paint the picture
- See the next step, "Share the results with your community," for tools

## □ Share the results with your community

Once you've collected and analyzed your data, you will want to share what you've learned with your community. The final report can provide a "community health profile." It can be shared in a variety of ways such as community presentations or forums, publishing and distributing fact sheets, via a web or social media site, and/or through the local media. Sharing your results will raise community awareness, influence public opinion, and mobilize support.

- Template PowerPoint presentation (a PowerPoint presentation that can be modified to include local data)
- Template Fact Sheets (fact sheets on health issues that can be tailored with local data)

[Note: Some communities do not share the assessment results until they have completed the prioritization process and then take the preliminary priorities to the community for comment. (See Focus on What's Important checklist.)]

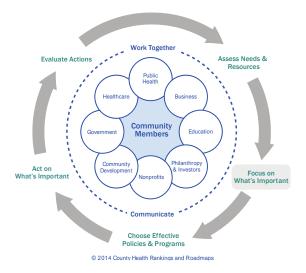
**ACA/IRS Requirement:** The CHNA Report must be made widely available to the public. This can be by posting conspicuously on the hospital website.

**PHAB Requirement:** Assure distribution of the Community Health Assessment to public health system partners, community groups, and key stakeholders such as governing entities or groups; and to the public in the jurisdiction at large. [1.1.3A]

\*\*\*\*\*

# FOCUS ON WHAT'S IMPORTANT

Focus your community's efforts and resources on the most important issues to achieve the greatest impact on health.



Once you've accounted for your community's needs and resources, you will decide which problem(s) to tackle. Without focus, all issues seem equally important. Taking time to set priorities will ensure that you direct your community's valuable and limited resources to the most important issues. This prioritization process – like the entire community health improvement cycle – should be repeated ever few years as progress is made or community circumstances change.

# **Checklist of Key Action Steps**

Click on any of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Focus on What's Important page. (See the Key Activities list of specific topics on that page.)

#### □ Identify a skilled, neutral facilitator

By design, your multi-sector team represents various perspectives from your community; while this makes your team stronger it can also make choosing a focus difficult. A skilled, neutral facilitator can help guide your team through a priority-setting process, ensuring all voices are heard and that opposite viewpoints don't negatively affect the process.

#### □ Review data collected during your assessment of needs and resources

As your team prepares to set priorities, it may help members to review what you learned during your assessment. You can prepare a summary or overview to present to your team or have members review the materials you developed to share your assessment results with your community (e.g., community presentations, fact sheets, reports, local media stories).

- Template PowerPoint presentation (a PowerPoint presentation that can be modified to include local data)
- Template Fact Sheets (fact sheets on health issues that can be tailored with local data)

**PHAB Requirement:** Data and information from the community health assessment must be provided to participants in the improvement planning process to use in their deliberations. [5.2.1L 1b or 5.2.1T 1b]

#### □ Determine your guiding question

\*\*\*\* As you begin your priority-setting process, it may be helpful to focus your team on a guiding question. Reviewing your vision and mission statement can provide a helpful starting point. Key words or values in these statements will help you create your guiding question. For example, are you striving for the quickest improvement in health, the greatest impact on health, the greatest improvement for vulnerable populations, or the most efficient use of resources? Frame your guiding question to reflect the most important elements of your vision and mission.

#### Sample Question:

What issues should we focus on to have the greatest impact on health in our community?

#### Determine the number of priority issues you will select

Choosing priorities is challenging. It's not uncommon to feel like everything is a priority, but it's important to recognize that your resources are limited and selecting a few issues to focus on will help you successfully make changes in your community. We recommend focusing on no more than five issues, but the number of priorities you select will depend on your resources and ongoing efforts in your community. Matching the number of priorities with your team's capacity to take action is most important. It is better to pick fewer priorities and succeed than to choose too many priorities and find you can't be effective in any of them.

#### □ Set criteria for considering priorities

There are a variety of processes for selecting priorities, but before you dive into a process, it's helpful to agree on a set of criteria by which you will judge potential issues. Criteria express the values, standards, and basic ideas your team will consider when making choices and deciding priorities. Keep your guiding question handy as you think about the criteria. You've gathered helpful information during your assessment. The criteria you select here will help you use the data to identify priorities.

Sample Prioritization Criteria used by a Wisconsin community:

- 1. Actionable at the local level
- 2. Able to be impacted in 3-5 years
- 3. Viable strategies exist to impact the issue
- 4. Affects many people
- 5. Has a serious impact on population health.

--Healthy Marathon County

ACA/IRS Requirement: Describe the criteria used in identifying certain health needs as significant and in prioritizing such needs. (May use any criteria. This may include but is not limited to: the burden, scope, severity, or urgency of the health need; the estimated feasibility and effectiveness of possible interventions; the health disparities associated with the need; or the importance the community places on addressing the need.)

#### Determine the process you will use to select priorities

It's important to remember that no one priority-setting method is best all of the time. Your decision will depend on the size of the team you're working with, the amount of time you have, and how much participation you want to ensure. A good priority setting process will clearly define:

- The criteria on which you will compare options
- Processes to vote/score/rank options
- Roles and processes for making the final choices

ACA/IRS Requirement: Describe the process and criteria used for identifying certain health needs as significant and in prioritizing such health needs.

PHAB Requirement: Describe the process to set community health priorities. [5.2.1L 1e or 5.2.1T 1e]

#### □ Brainstorm potential priority issues

Start with your guiding question, and ask participants what they see as the top two or three issues based on that question and the data they've reviewed. Brainstorming is an effective and simple way to come up with ideas in a group.

**PHAB Requirement:** Provide a list of the issues and themes identified by stakeholders during the community health improvement planning process. [5.2.1L 1c or 5.2.1T 1c]

#### □ Use your selected process and criteria to prioritize among the issues

You can do this informally by using your criteria as a general guide and voting on the top issues or follow a more structured process of rating each potential priority issue. (Click on the title of this action step for more structured process ideas.)

**ACA/IRS Requirement:** Provide a prioritized list of all of the significant community health needs identified by the CHNA.

**PHAB Requirement:** Participants must develop a list of prioritized community health issues. [5.2.1L 1e or 5.2.1T 1e]

#### Discuss and finalize priority issues

As a team, review your resulting list of priorities. Does it make sense? Does it resonate with your multisector members? Will these priorities resonate with the community? If you haven't sought public input, this is the opportunity to do so. Hold final decisions until you have evidence of community support for your chosen priorities. This is also a good time to review your priority-setting process. **PHAB Requirement:** Seek input from the community at large on the preliminary results of the assessment and chosen priorities. [1.1.2T/L 2]

#### □ Communicate your priorities

To ensure that your team and community can successfully act on the priorities you've selected, it's important to communicate your decisions with decision makers and those who influence them. Do you share priorities with other Wisconsin communities? View Assessing and Improving Community Health in Wisconsin for information on other Wisconsin communities' priorities.

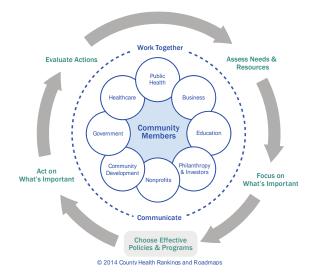
• Template Fact Sheets (fact sheets on health issues that can be tailored with local data)

**ACA/IRS Requirement:** The CHNA Report must be made widely available to the public. This can be by posting conspicuously on the hospital website.

**PHAB Requirement:** Engage with the community to identify and address health problems. Engage with the public health system and the community in identifying and addressing the health problems through a collaborative process. Promote the community's understanding of and support for policies and strategies that will improve the public's health. [4.1, 4.2] Assure distribution of the Community Health Assessment to public health system partners, community groups, and key stakeholders such as governing entities or groups; and to the public in the jurisdiction at large. [1.1.3A]

# CHOOSE EFFECTIVE POLICIES & PROGRAMS

Create a well-researched plan of action to maximize the impact on your health priorities.



Once you have chosen your community's top priorities, take the time to better understand how the chosen health issues play out in your community. Choose strategies that have been shown to effectively address those particular issues and populations. And make a concrete plan with commitment from key players before you begin.

# **Checklist of Key Action Steps**

Click on many of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Choose Effective Policies and Programs page. (See the Key Activities list of specific topics on that page.)

# **Getting Ready:**

#### $\hfill\square$ Be sure the right partners are at the table

Once you have selected a particular priority issue to address in your community, you may find you need to reassess whether the right people are at the table before proceeding. Are the people invested in addressing that issue and those affected by it involved? If not, reach out to them.

Review the Work Together Checklist

#### $\hfill\square$ Further understand the issues you have chosen

In order to move from issue to effective change, it is important to first take time to analyze the issue to better understand the nature of the issue, its causes and how it plays out in your community. Healthy People 2020 provides information– including the scope of the issue, disparities, social determinants, and emerging issues– on a list of health topics.

Steps to take to further understanding your chosen issues include:

- Gather additional data
  - Compendium of Data for Action Planning and Evaluation
- Pay attention to who is most affected. Many times a specific subgroup is more affected than others by a specific issue. It is important to know this so you can target your efforts and find strategies that fit for that particular population.

- Analyze the underlying causes of the issue. If you can get at the root of the problem, your efforts will have a powerful and lasting impact.
  - "Root Case Analysis Worksheet and User Guide" in the Healthy Wisconsin Leadership Institute's Community Health Improvement Toolkit
  - "Health of Wisconsin Report Card" (highlights statewide health disparities by age, gender, education, race/ethnicity and geography)
  - "Community Health Assessment and Group Evaluation (CHANGE)" Action Guide (Guidance on local data collection related to physical activity, nutrition and tobacco)
  - "Unnatural Causes: Is Inequality Making Us Sick?"

# **Getting Strategic:**

# **Explore effective policies and programs**

Your team has likely already explored some options for policies and programs to address your priority issues. Now it's time to dig a little deeper to find and choose effective strategies that best suit your community. You've identified the key issues on which you want to focus your efforts to improve health in your community, but how do you proceed? Start by exploring these:

- What Works for Health
- The Community Guide
- Objectives with Focus: A Pick List of Sample Objectives for Effective Implementation

# Things to Consider:

When selecting a strategy and appropriate policies and programs, consider the following:

#### □ Consider your community's context

In addition to evidence of effectiveness, it's also important to consider your community context as you research policies and programs. Consider:

- Available resources
- Political or legal constraints
- General community readiness

#### □ Consider whether potential policies and programs need to be adapted for your community

It's important to recognize that policies and programs may not be suitable for your community straight "out of the box." Policies and programs don't always travel well, and you may need to adjust the strategy to fit your community. If it's true that no two communities are exactly alike, it should be equally true that interventions that work for them won't be exactly alike, either, though they may have many common elements.

#### □ Identify strategies at multiple levels

Traditionally, health issues have been addressed through educational or service programs. While these may clearly have a beneficial effect, considering the root causes of a particular issue will lead to

underlying policies and environments that support the current situation. Changing policies or the environment can have a powerful and long-lasting effect on a health issue in your community.

• See the "Community Health Improvement Intervention Planning Matrix" in the Healthy Wisconsin Leadership Institute Community Health Improvement Toolkit.

# **Getting Specific:**

#### □ Understand your community's political environment

Understanding power and influence dynamics in your community can help your partnership navigate the various challenges involved in implementing policy and/or systems changes. While there are power and influence dynamics in all communities, those with vulnerable populations have particularly complex power dynamics and require even more community leadership, advocacy, and grassroots participation than others.

#### □ Review and select policies and programs that effectively address priority issues

Now that you've done your research and identified potential effective policies and programs to address priority issues, it's time to choose which strategies to implement. As you make your selection, you may want to consider a balance of strategies. Choose manageable short-term strategies for early success, while also laying the groundwork to implement more complex, long-term strategies.

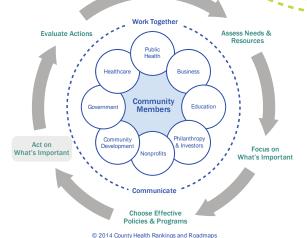
#### □ Discuss your evaluation plan

Although the final steps of an evaluation plan are put in place at the end of an implementation cycle, it is critical to design the evaluation plan before beginning. See the Evaluate Actions checklist.

**ACA/IRS Requirement:** The Implementation Strategy must describe the anticipated impact of the hospital's planned actions to address the health needs. The CHNA must include an evaluation of the impact of any actions that were taken to address the significant health needs since the previous assessment.

# ACT ON WHAT'S IMPORTANT

After making a detailed plan, take action – ensure that your strategies are adopted, implemented, improved and maintained in order to achieve your intended results.



Having chosen effective policies and programs, you are now ready to make an action plan and implement your strategies. Making a difference in your community's health requires ongoing collaboration, communication and attention to your progress. Because this stage is often the longest in the improvement cycle, it is important to continue to maintain focus and energy over the long haul.

# **Checklist of Key Action Steps**

Click on many of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Act on What's Important page. (See the Key Activities list of specific topics on that page.)

# □ Clearly define your goal

Now that you've chosen a specific policy or program to address your issue, your next step is to define what you want to achieve and why you want to achieve it. Answering the Three Key Questions for Advocacy Campaigns (from M+R) is a great tool to get you started. This tool says "nothing is more important in advocacy campaigns than focusing everything we do on the answers to three key questions: (1) What do you want? (2) Why do you want it? (3) Who has the power to give it to you?" Answering the first two questions thoroughly will help you define your goal.

You may also want to use a visual tool to describe what your selected policy or program is and how it will link to long-term results in your community (click on the title of this action step for resources on these tools):

- Logic models can help you think through what you want to achieve and why.
  - See Tearless Logic Models
- A theory of change defines all the building blocks required to bring about a long-term goal.
- Strategy maps link broad strategic objectives in cause and effect relationships.

# □ Identify key decision makers, allies, and opponents

Once you've identified what you want and why you want it, the next step is to ask, "Which organizations or individuals have the power to give you what you want?"

#### Develop a strategy to take action

Action planning will move you from your broad goal to specific, measurable, achievable, realistic, timedetermined (SMART) objectives, and then even more specific tactics or action steps. Effective action plans include advocacy planning to think through how to influence key decision makers. They also designate accountability for leaders, teams, timelines, and budgets.

- Template Implementation Plan: A Tool for Focused, Collaborative, Effective Action
- View other Wisconsin communities' action plans
  - The Wisconsin Department of Health Services provides Community Health Plan Examples
  - The University of Wisconsin Population Health Institute's Assessing and Improving Community Health in Wisconsin site shows priorities and objectives by county.

ACA/IRS Requirement: Describe how the hospital plans to address the identified health needs; the actions the hospital intends to take to address them; the anticipated impact of these actions; programs and resources the hospital plans to commit to address the needs; and any planned collaboration with other entities for meeting the health need. The CHNA must include an evaluation of the impact of any actions that were taken to address the significant health needs since the previous assessment.

**PHAB requirement:** Health improvement plans must include: community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets, individuals and organizations who have accepted responsibility for implementing strategies, measurable health outcomes or indicators, and alignment between the community's plan and that state and national priorities. Strategies must be evidence-based or promising practices. [5.2.2L 1a or5.2.2T 1a] Policy changes needed to achieve the objectives must be included. [5.2.2L 1b or 5.2.2T 1b]

**State Statute/Rule:** Involve key policymakers and the general public in determining and developing a community health improvement plan that includes actions to implement the services and functions specified under s 250.03(1)(L). [251.05 (3)(c)]

#### □ Identify evaluation measures

When creating the action plan, identify key measurable indicators that will allow your community to know if it has been successful. See the Evaluate Actions checklist.

#### □ Identify resources to take action

Implementing your action plan will require resources – time, people, materials, meeting space, and money, among other things. Create a plan for securing the resources needed to support your action plan and goal. Think about what "people resources" you need and what specific financial resources are necessary to support your plan.

#### □ Build political will

You've assessed, prioritized, researched and selected strategies, and developed a plan for action. Now comes the hard, and fun, part of putting your plan into action. But how?

When working on policy change (large or small), building political will to make change is a necessary step. Often, this first involves building community support, and one common strategy for building community support is community organizing, an important strategy to engage the people of your community in the process of improving health.

## □ Advocate for change

Advocacy sometimes sounds like a scary word, but if we want to see the changes we think will improve our community, we have to persuade the people who make the decisions to make the best decisions for health. It is important to activate your community to communicate about your health issue by persuading the people who ultimately have the power to pass and implement new policies in your community. Try to understand their concerns and frame your message in a way that respects their perspective.

## □ Maintain the momentum

Change can take time, especially when working on policy, systems and environmental change. With a long timeframe and sometimes less tangible immediate outcomes, keeping people engaged and motivated can be a challenge. Balancing the long-term goal with short-term wins and energizing activities can help you maintain and build excitement for your work.

Part of maintaining the momentum is communicating with key constituents in the community, including key stakeholders, policy leaders, funders, and/or the community at large.

• Template Fact Sheets (fact sheets on health issues that can be tailored with local data)

**State Statute/Rule:** Provide an annual report on the activities of the local health department for the preceding calendar year, including a narrative which describes the progress and performance toward achieving the objectives that the local health department has identified as part of its community health assessment process. [DHS 140.04(3)(c)]

## □ Sustain the work

Keep in mind, policy change is only effective if the changes made are properly implemented. Think about sustaining the gain and making sure that your policy change efforts are put into place. To assure that your changes are sustained, develop a long-term accountability plan that addresses policies, partnerships, organizational strategies, communication plans, and funding.

For additional guidance on keeping your efforts alive and impactful long-term, see:

• Sustainability Planning Guide for Healthy Communities (CDC)

**ACA/IRS Requirement:** Execute the Implementation Strategy. Provide the IRS with an annual update of how the hospital is addressing the needs identified in the Implementation Strategy.

**PHAB Requirement:** Implement elements and strategies of the community health improvement plan, in partnership with others. [5.2.3A]

**State Statute/Rule:** Local health departments shall develop and deliver services to reduce the incidence or prevalence of the chronic diseases or injuries that are the leading causes of disability and premature death in the jurisdiction of the local health department, the chronic diseases or injuries for which resources are available to the local health department from the department or the chronic diseases or injuries identified through a community needs assessment under s. 251.04(6)(a), Stats., as priority public health problems, or by the regular and systematic collection of information on the health of the community as required under s. 251.05(3)(a), Stats. [DHS 140.04(1)(c)]

# **EVALUATE ACTIONS**

Evaluate whether your policies and programs are working as intended to focus collective efforts efficiently and effectively.

Evaluating your efforts is an important step in the community health improvement process. This allows you to be sure that what you are doing is working in the way you intended and that your efforts are as effective and efficient as possible. Accountability also increases the likelihood that funders will continue to invest in your efforts. Planning for evaluation should begin during the Choose and Act phases.

## **Checklist of Key Action Steps**

Click on any of these action steps for a link to more guidance and related resources. Complementary information can be found on the County Health Rankings and Roadmaps Evaluate Actions page. (See the Key Activities list of specific topics on that page.)

#### □ Prepare to evaluate

Evaluation should be incorporated throughout your community health improvement process. This includes:

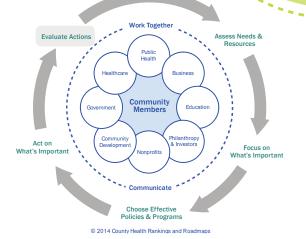
- In collaborating: evaluating your team
- In action planning: formative evaluation to assess community interest in a priority and to identify challenges or opportunities
- In implementation: both process evaluation and outcome/impact evaluation

You will need to determine who will do the evaluation and consider the associated costs.

#### Develop and gain consensus around an evaluation plan

A successful evaluation process begins by engaging those with a vested interest in the implementation and/or impact of your selected policy or program. Take some time to brainstorm about who your stakeholders are before you create your evaluation plan. Is there anyone else who might have a vested interest in the outcomes of your policy or program?

**PHAB Requirement:** Monitor progress in collaboration with broad participation from stakeholders and partners. [5.2.4A]



#### Decide which policy or program goals are most important to evaluate

Look at the goals and plans you developed for your policy or program. Why did you decide to use certain strategies? What outcomes were you expecting as a result? All strong evaluations begin with a clear, visual map showing how strategies will achieve change. If you haven't developed a logic model or grounded your actions in a theory of change, now is the time to go back to Act on What's Important and clearly define your goal.

#### Determine your evaluation questions(s)

Based on the goals you determine to be most important to evaluate, what evaluation questions do you want to answer? For each evaluation question you pose, you will need indicators to answer that question and sources of data for those indicators. Indicators include:

- Process measures: for activities to determine how well things are going
- Impact measures: to measure the overall impact that occurs as a result of your actions

Remember that impact measures, particularly on long term outcomes such as disease or death rates, may take years to demonstrate. Be sure to identify short term and mid-term measures to demonstrate if you are making progress.

• See the Template Implementation Plan for sample process and impact measures.

ACA/IRS Requirement: The Implementation Strategy must describe the anticipated impact of the hospital's planned actions to address the health needs. The CHNA must include an evaluation of the impact of any actions that were taken to address the significant health needs since the previous assessment.

**PHAB Requirement:** Produce evaluation reports on monitoring performance measures and on progress related to health improvement indicators. [5.2.4A 1a & 1b]

**State Statute/Rule:** Local health departments shall submit an annual report describing the progress and performance toward achieving the objectives that the local health department has identified as part of its community health assessment. [DHS 140.04(3)(c)]

#### □ Evaluate your partnership and make changes based on the evaluation

Evaluating the partnership that is leading efforts to improve health in your community allows you to be sure that what you are doing is working the way you intended and that your partnership is as effective as possible. Meaningful evaluation should increase the effectiveness of the partnership's process as well as enhance the outcomes of the partnership's work.

#### □ Identify indicators and how to collect data to monitor progress

Once you've decided which goals you will evaluate and the evaluation questions you need to answer, you'll want to think about indicators (i.e., specific process or impact measures) and sources of data. For each evaluation question you pose, you will need indicators to answer that question.

• See the Recommended Core Data Set for Initial Assessment and Prioritization and the Compendium of Data for Action Planning and Evaluation for possible indicators.

#### □ Identify benchmarks for success

\*\*\*\*\*\*\* Before collecting data, you should decide on the expected effects of the policy or program on each indicator. This "goal" for each indicator, your benchmark for success, is often based on an expected change from a known baseline. Benchmarks should be achievable, but challenging, and should consider how far along the policy or program is in implementation, your logic model, and your stakeholders' expectations.

#### **Establish data collection and analysis systems**

Your evaluation plan will help you establish data collection and analysis systems, determine who will collect and use the data, and decide how you will analyze the data to provide insights into your policy or program.

A collaborative approach involving diverse parties, including groups or individuals who are disparately affected by the issue, will build ownership in the evaluation results, increase stakeholders' evaluation skills, and increase the likelihood evaluators will be sensitive to participants.

PHAB Requirement: Monitor progress in collaboration with broad participation from stakeholders and partners. [5.2.4A]

#### Collect credible data

Now implement your plan: train people to collect the data, track and organize the data, and check in throughout the process.

#### □ Monitor progress toward achieving benchmarks

Using the data collection and analysis system you established, monitor progress toward your short-, medium-, and long-term goals. It's helpful to periodically review the goals and benchmarks you established in your evaluation plan. If you are engaged in advocacy campaigns, it's as important to celebrate "wins" as it is to understand how you got there. Use Assess Effectiveness of Advocacy Efforts to establish, track, and celebrate benchmarks that reflect different inputs that go into an advocacy campaign. Use the Benchmarks and Indicators Worksheet to capture what you are learning from your data collection.

#### Review evaluation results and adjust your policy implementation or program(s) as necessary

You can use your evaluation results to make recommendations for continuing, expanding, redesigning, or abandoning your policy or program. Go back to your initial assessment and problem definition and determine whether your efforts are having an impact on the problem you set out to address, or whether your original problem definition was accurate or has changed.

As you think about recommendations, you may want to revisit the work your team did to develop your evaluation plan, including your evaluation purpose and intended use.

This is an important point at which to re-engage stakeholders and solicit their feedback.

PHAB Requirement: Revise local health improvement plans based on evaluation results. [5.2.4A 2]

#### □ Share your results

Sharing your results is an important part of your evaluation, because in engaging people, you ensure ongoing assessment of program or policy impact, which can lead to further action. Evaluation then becomes a continuous process of assessing and renewing community action for change. Consider different reporting strategies depending on your purpose and audience.

• See Template Fact Sheets as one option for sharing results.

For additional guidance on evaluation, see the University of Wisconsin-Extension Program Development and Evaluation site.

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