

Getting the Community Health Improvement Plan Off the Shelf and Into Practice

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Sonja Armbruster¹, John W. Moran², and Lee Thielen³

“Plans are only good intentions unless they immediately degenerate into hard work.”⁴

– Peter F. Drucker

State, Tribal, local and territorial health departments, in collaboration with their hospital and community partners, are developing health improvement plans. Health departments pursuing accreditation must complete these plans to meet Public Health Accreditation Board (PHAB) Standards and Measures. Community health improvement plans are also required of many non-profit hospitals to demonstrate how they are addressing needs identified in their community health needs assessments. PHAB defines a community health improvement plan (CHIP) as “a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.”⁵ All too often, the energy and enthusiasm subsides with the development of the plan. Implementation of the plan – getting it off the shelf – requires a focus on the process for community health action and improvement.

The Community Health Improvement Process, as defined in the PHAB Glossary of Terms is all-encompassing, including developing measurable objectives. However, most critical to actual implementation is the last statement in the definition, “cultivate community ownership of the process.”⁶ Taking action to improve community health and the programs designed for this purpose often requires a close look at the process. A deliberate use of tools illuminates the current state of the process, so that improvements rekindle the hopes for meaningful implementation.

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⁴ <http://www.brainyquote.com/quotes/quotes/p/peterdruck131070.html>. Accessed April 24, 2017.

⁵ Public Health Accreditation Board Acronyms and Glossary of Terms, 2013. http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf. Accessed April 24, 2017.

⁶ Public Health Accreditation Board Acronyms and Glossary of Terms, 2013. http://www.phaboard.org/wp-content/uploads/FINAL_PHAB-Acronyms-and-Glossary-of-Terms-Version-1.5.pdf. Accessed April 24, 2017.

At a public health conference workshop, the authors posed a question to participants from across the country: How do you get the CHIP off the shelf and into practice? Through use of quality improvement tools, workshop participants identified potential areas where improvements from current practice could be made.

In an effort to diagnose the current state and begin to move toward a future state where the CHIP is being implemented in the community, a Force Field Analysis was deployed, in which participants identified driving forces promoting CHIP use and restraining forces keeping CHIP on the shelf. In Figure 1, the negative forces revolved around the scope of the CHIP being intimidating: staff turnover in both the health department and partner organizations, other healthcare organizations not participating, and the perception that the health department owns the CHIP.

The two strongest positive forces were that the partners use the CHIP to apply for grants, and that partners appreciate someone is organizing the effort.

Force Field Analysis

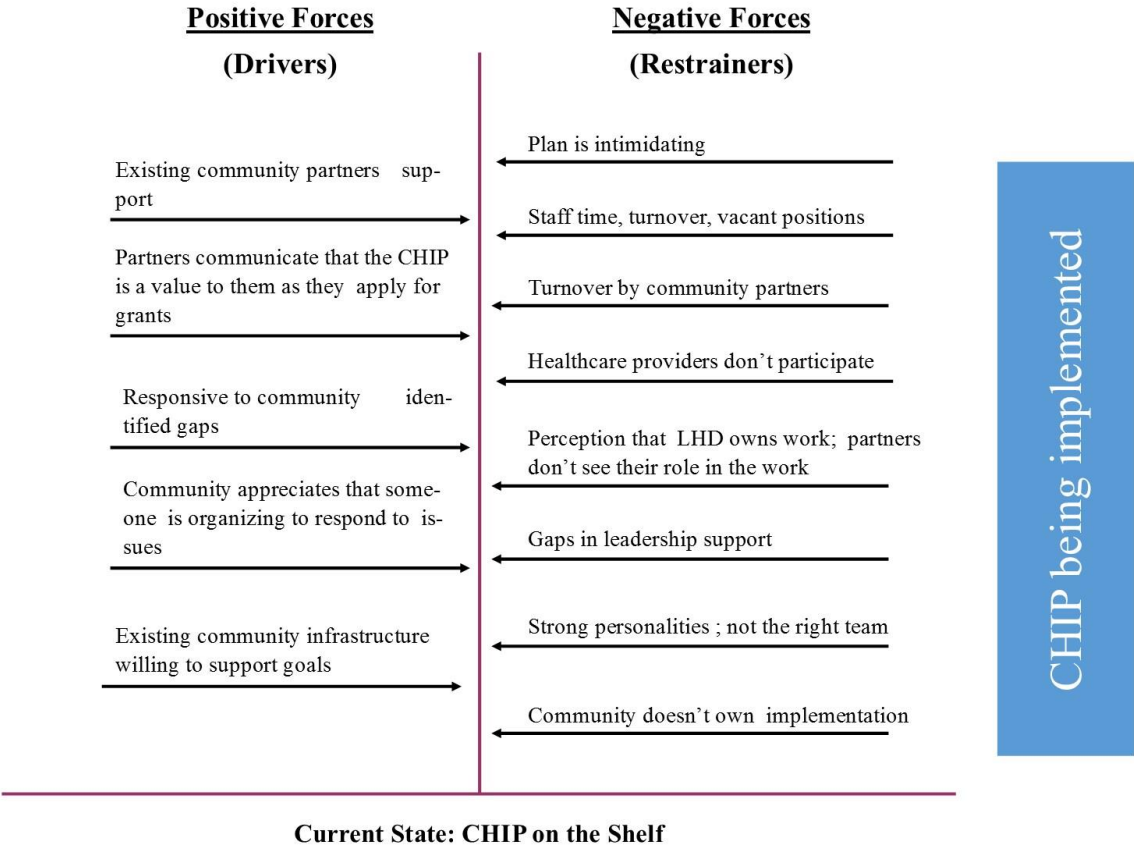


Figure 1

Using the initial findings from the Force Field Diagram and their various community experiences, the authors led participants in the development of a Cause and Effect Diagram to investigate root causes of the problem. Shown in Figure 2, major causes identified were staying in our community silos, communication issues, staff turnover, and inadequate funding. Participants identified a variety of causes or reasons contributing to those major cause categories. In the process, a cross-cutting concern was identified: getting partners and community members to share responsibility for the health improvement actions outlined in the CHIP.

Cause & Effect for S/CHIP Stays on the Shelf

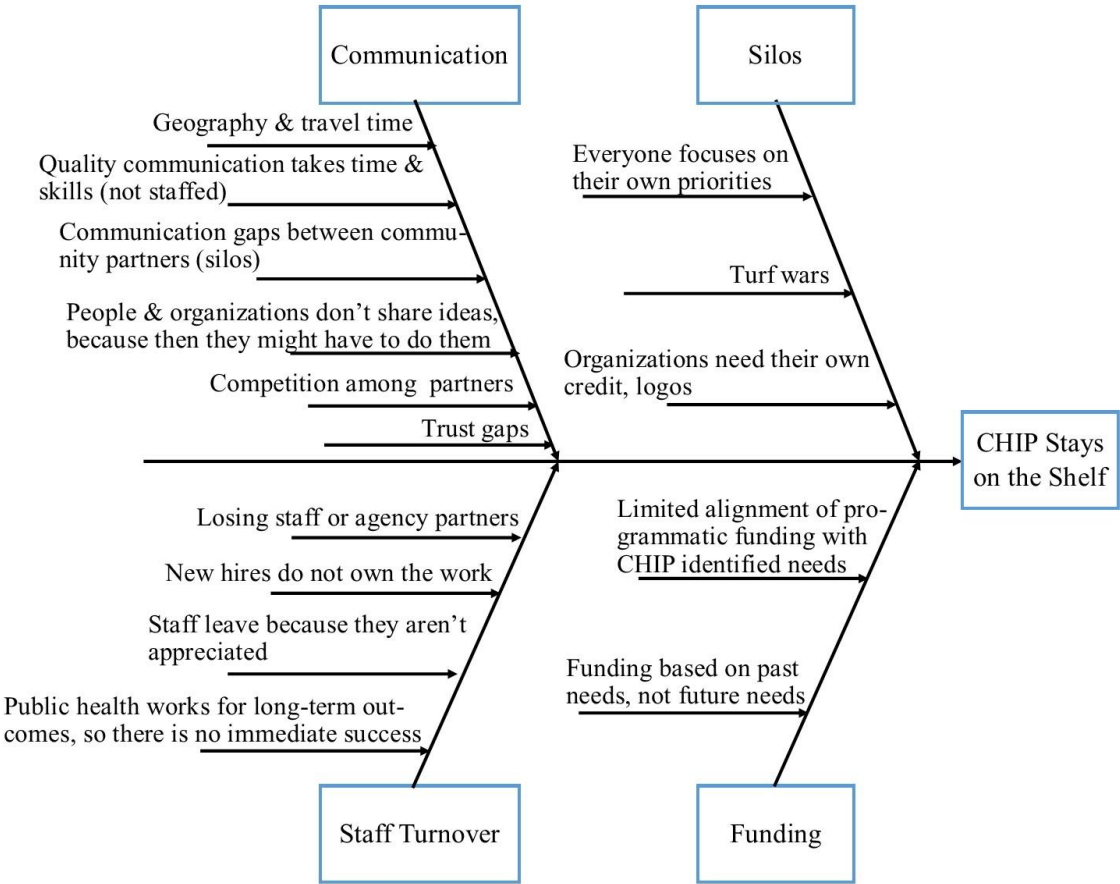


Figure 2

The Solution and Effect diagram, shown in Figure 3, provided a vehicle for participants to develop solutions that would help their community partners own the CHIP and use it to guide their efforts. Major solutions of building buy-in and public accountability generated viable activities for engagement with partner organizations supporting and using the CHIP. Additionally, clear communications around the value of the CHIP were seen as helpful in achieving greater understanding and ownership of the CHIP.

Solution & Effect for S/CHIP Implementation

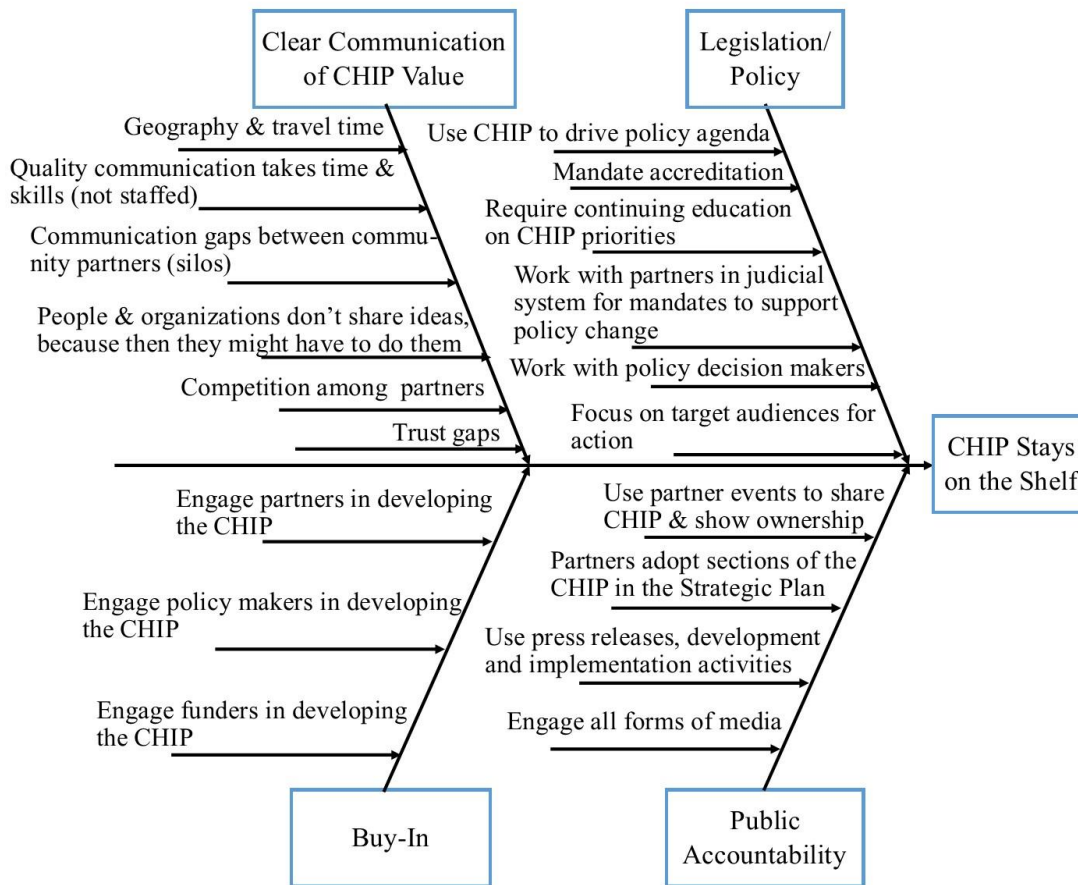


Figure 3

The findings from this workshop reinforced the results of a 2014 grant program evaluation⁷ conducted by one of the authors of this commentary. In that evaluation, interviews with 25 individuals associated with 12 CHIP development projects identified similar challenges related to losing momentum after the plan was drafted and experienced limited community ownership of the plan. Conversely, in communities where the CHIP had been perceived to be successfully implemented, strategies had been deployed to maintain momentum and generated both enthusiasm and measurable progress. Key to those successful community health improvement activities was the presence of a shared agenda, which the plan can create. A second key was clarity about the backbone organization and its role, including its limitations.

⁷ Thielen, Lee. After the CHIP: The Story of 12 Health Departments. Report prepared for the Robert Wood Johnson Foundation, August 2014.

Conclusion

Public health improvement efforts happen within systems, and systems are designed to support the status quo. The status quo could be reinforced by various agency policies, historical spending strategies, categorical funding, and even a coalition with the same five to 20 people or organizations attending the same monthly meetings. However, any improvement requires an element of change. Therefore, CHIPs require a laser-like focus on the process for cultivating community ownership of the process.

Findings from the recent program evaluation and the workshop participant discussion offer some tangible steps toward CHIP implementation. These include:

- Working with partners so that strategic goals in the CHIP are part of each partners strategic plan, with responsibility to report progress to the CHIP coalition
- Using the plan as background or justification for grant applications which both assists in accomplishing the work and elevates the value of the plan for all partners
- Engaging partners or supporting a champion to develop a unified health policy agenda that addresses needs outlined in the CHIP
- Designing regular communication opportunities about activities in the plan to celebrate successes and report on progress.

Most importantly, approach CHIP implementation as a process that requires cultivation of community ownership. Like other improvement processes, this requires a deliberate approach to achieve collective impact.