

STANDARD 5.2

Develop and implement community health improvement strategies collaboratively.

The community health improvement plan is a long-term, systematic plan to address issues identified in the community health assessment. The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve population health in the jurisdiction. The community, stakeholders, and partners can use a solid community health improvement plan to set priorities, direct the use of resources, and develop and implement projects, programs, and policies.

The plan is more comprehensive than the roles and responsibilities of the health department alone, and the plan's development and implementation must include participation of a broad set of community stakeholders and partners. The planning and implementation process is community-driven. The plan reflects the results of a collaborative planning process that includes significant involvement by a variety of sectors that make up the public health system.

The Standards use the term “community health improvement plan” to refer to planning at the state, Tribal, or local level. For state health departments, this is often referred to as a state health

improvement plan and will address the needs of all residents in the state. For local health departments, the community health improvement plan will address the needs of the residents within the jurisdiction it serves. A local health department's plan may address the needs of residents within a larger region, but the submitted plan will include details that address the requirements specific to the jurisdiction applying for accreditation. Tribal health departments will define their community. The community health improvement plan is often referred to as a Tribal health improvement plan and will address the community as defined by the Tribal health department. For example, it may address the needs of all residents residing within the Tribe's jurisdictional area, the Tribal residents residing within the Tribe's jurisdictional area, or the Tribal population as defined under Tribal sovereignty.

MEASURE 5.2.1 A:

FOUNDATIONAL CAPABILITY MEASURE

Adopt a community health improvement plan.

Purpose & Significance

The purpose of this measure is to assess the community health improvement plan (CHIP). The health improvement plan provides guidance to the health department, its partners, and stakeholders for improving the health of the population within the health department's jurisdiction. The plan reflects the results of a collaborative planning process that includes significant involvement by key sectors. Partners can use a health improvement plan to prioritize existing activities and set new priorities. The plan can serve as the basis for taking collective action and can facilitate collaborations.

MEASURE 5.2.1 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 5 years
<p>1. A community health improvement plan (CHIP), which includes all of the following:</p> <p>a. At least two health priorities.</p> <p>b. Measurable objective(s) for each priority.</p> <p>c. Improvement strategy(ies) or activity(ies) for each priority.</p> <p>i. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it.</p>	<p>This may be referred to as a state health improvement plan, Tribal health improvement plan, or other name.</p> <p>A health improvement plan looks at population health across the jurisdiction. While programs in the health department may have program-specific plans, those plans do not fulfill the purpose of the health improvement plan to address the jurisdiction's priorities.</p> <p>For required element a: The CHIP will designate two or more health priorities to be addressed collaboratively.</p> <p>For required element b: Establishing one or more measurable objective(s) for each of the health priorities will enable the CHIP collaborative to determine if progress is being made towards addressing each priority. The objectives could be contained in another document.</p> <p>For required element c: Improvement strategy(ies) or activity(ies) may be evidence-based, practice-based, promising practices, or may be innovative to meet the needs of the population. National guidance (e.g., the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2030) could be used as sources of strategies or activities, as appropriate.</p> <p>For i: Time-framed strategies or activities may be contained in another document, such as an annual work plan. If communities are using innovation processes (e.g., design thinking) or quality improvement processes, the strategies or activities may evolve as the community tests out solutions and makes adjustments. In those cases, the improvement strategies or activities included in the CHIP or workplan may describe the timelines for putting in place the process (e.g., that a group will be assembled to consider root causes and develop solutions to test), rather than the specific community actions. Designation of responsible parties may include, for example, assignments to staff or agreements between planning participants, stakeholders, other governmental agencies, or organizations. For this requirement, agreements do not need to be formal, such as an MOA or MOU.</p>		

MEASURE 5.2.1 A: Required Documentation 1	Guidance	Number of Examples 1 plan	Dated Within 5 years
<p>ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.</p> <p>d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.</p> <p>e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.</p>	<p>For ii: To achieve health priorities, the CHIP will include recommendations related to policy—either new policies or changes to existing policies. Policy recommendations could, for example, examine correcting historical injustices to provide fair and just opportunities for all to achieve optimal health or address the social and economic conditions that influence health equity including housing, transportation, education, job availability, neighborhood safety, and climate change. While not all the strategies in the CHIP will entail policy recommendations (i.e., providing additional services or new health communications may be appropriate strategies), the CHIP will include at least two policy recommendations (e.g., introducing a healthy vending policy for schools). One of those policy recommendations is designed to alleviate causes of health inequities (e.g., changes in zoning laws). Policy recommendations may be developed by involving communities impacted by health inequities in the identification, development, and implementation of policy changes to improve conditions impacting their health.</p> <p>For required element d: The assets and resources could be, but are not limited to, those identified as part of the CHA process. Community assets and resources could be anything that the jurisdiction could utilize to improve the health of the community. They could include, for example, skills of residents, state associations (e.g., service associations, professional associations), institutions (e.g., faith-based organizations, foundations, institutions of higher learning), recreational facilities, social capital, community resilience, or a strong business or arts community. These assets and resources will help the community address priority areas or implement strategies/activities. It is not necessary to include an asset or resource for each priority area. They may be included as part of the CHIP, as an addendum, or in a separate document (as long as the link to the CHIP is indicated).</p> <p>For required element e: The health department or CHIP partnership defines the process that will be used to track the progress on CHIP strategies or activities. This may be included as part of the CHIP, as an addendum, or in a separate document.</p>		

MEASURE 5.2.2 A:

Encourage and participate in collaborative implementation and revision of the community health improvement plan.

Purpose & Significance

The purpose of this measure is to assess the health department's efforts to ensure that the strategies of the community health improvement plan are implemented, assessed, and revised as indicated by those assessments. Any plan is useful only when it is implemented and provides guidance for activities and resource allocation. Effective community health improvement plans should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector partnerships to evaluate and improve the community health improvement plan.

MEASURE 5.2.2 A: Required Documentation 1	Guidance	Number of Examples 1 example (narrative of an example is acceptable)	Dated Within 5 years
<p>1. Implementation of a community health improvement plan (CHIP) strategy or activity, including:</p> <ul style="list-style-type: none"> a. Which CHIP priority the example addresses. (This may be indicated in the Documentation Form.) b. The health department's role in the implementation. c. Results of the strategy or activity. <p>If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide implementation from an earlier CHIP. (Documentation must demonstrate the linkage between the activity or strategy and the prior CHIP. Although the prior CHIP may be more than 5 years old, the implementation must have occurred within 5 years.)</p> <p>The CHIP process must address the jurisdiction as described in the description of Standard 5.2.</p>	<p>The intent of the requirement is to provide documentation of the implementation of a state/Tribal/community health improvement plan (CHIP) strategy or activity, rather than a full review of progress on all CHIP strategies or activities. The example could be of a success (e.g., a story about an achievement that the CHIP collaborative shared with the community) or unsuccessful implementation, including what was learned based on the implementation of a specific community health improvement strategy or activity.</p> <p>For required element a: The Documentation Form may be used to indicate which CHIP priority the activity is aligned with.</p> <p>For required element b: The health department does not need to have led the strategy, but the health department's role will be indicated to show how the department participated in implementing the strategy. For example, the health department might tell the story of implementing fresh food alternatives by working with a local extension program and other partners to establish farmers markets or fresh offerings at convenience stores within identified food deserts.</p> <p>For required element c: The example will also address what was accomplished as a result of the activities. In the farmers market example, this could include whether the strategy was successful in increasing healthy food purchases, feedback from participants, or longer-range outcomes, such as reducing chronic conditions. Describing the impact on health or health equity may help the CHIP partnership demonstrate the value of population health interventions.</p> <p><u>Documentation Examples</u> If provided as documentation, the example could include, for example, a news article, meeting materials, excerpt of an annual report, a grant that was received, or presentation demonstrating how the strategy or activity was implemented.</p>		

MEASURE 5.2.2 A: Required Documentation 2	Guidance	Number of Examples 1 example (narrative of an example is acceptable)	Dated Within 5 years
<p>2. Community health improvement plan (CHIP) strategy or activity that was revised, in collaboration with partners.</p> <p>If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide implementation from an earlier CHIP. (Documentation must demonstrate the linkage between the activity or strategy and the prior CHIP. Although the prior CHIP may be more than 5 years old, the revision must have occurred within 5 years.)</p> <p>The CHIP process must address the jurisdiction as described in the description of Standard 5.2.</p>	<p>The intent of this requirement is to provide a specific example demonstrating how the CHIP is a living document that continues to evolve after it is released. An example about how a strategy or activity from one cycle of the CHIP was improved in the second cycle would not meet the intent of the requirement. Strategies may need revision or new strategies may be added based on a completed objective, an emerging health issue, a change in responsibilities, or a change in resources and assets. Changes will be developed in collaboration with partners and stakeholders involved in the planning process. The intent is that at least some of the partners involved in the CHIP (e.g., one of the workgroups) are engaged when making changes. It is not necessary for the entire CHIP partnership to be involved.</p> <p>Documentation could include, for example, an addendum to the CHIP showing the revision, meeting minutes or a presentation showing the change, or a revised workplan.</p>		

MEASURE 5.2.3 A:

FOUNDATIONAL CAPABILITY MEASURE

Address factors that contribute to specific populations' higher health risks and poorer health outcomes.

Purpose & Significance

The purpose of this measure is to assess the health department's efforts to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or health inequities, as well as to build environmental resiliency. Differences in populations' health outcomes are well documented. Factors that contribute to these differences are many and include the lack of opportunities and resources, economic and political policies, structural racism and other forms of discrimination, and other aspects of a community that impact on individuals' and population's resilience. These differences in health outcomes require engagement of the community in strategies that develop community resources, capacity, and strength. The implications of climate change (e.g., increased extreme weather, air pollution) often disproportionately affect populations already at higher risk of poorer health outcomes. Consequently, health departments have a critical role in working with community to address and prevent those adverse effects.

MEASURE 5.2.3 A: Required Documentation I	Guidance	Number of Examples 1 example (narrative of an example is acceptable)	Dated Within 5 years
<p>1. Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or inequities.</p> <p>The documentation must define the health department's role in the strategy as well as the roles of stakeholders, partners, or the community.</p>	<p>The example could be related to strategies in the state/Tribal/community health improvement plan, but it does not need to be. The health department does not need to have led the strategy, but the health department's role will be indicated to show how the department participated in implementing the strategy. Public health strategies implemented may address social change, social customs, policy, services, health communications (e.g., a campaign to promote antiracism or LGBTQ acceptance), level of community resilience, or the community environment which impact on health inequities. Implementation of the strategy is required; a plan would not be sufficient for this requirement.</p> <p>For example, policy changes could examine correcting historical injustices to provide fair and just opportunities for all to achieve optimal health. Policy changes considered may address the social and economic conditions that influence health equity including, for example, housing, transportation, education, job availability, neighborhood safety, and zoning. Collaboration with partners or stakeholders could include, for example, community or volunteer organizations, community hospitals, businesses and industries, academic institutions, or others including those who represent populations affected by health or social inequities.</p> <p>Tribal health departments may decide which subpopulations within the Tribal population or community that their public health initiatives are developed to address. Analyses that inform these decisions may be obtained from external sources such as Tribal Epidemiology Centers, state reports, or local sources.</p> <p>Documentation Examples Documentation could include, for example, a press release; report to the governing entity or the community; or other document that outlines efforts, achievements, or implementation updates.</p>		

MEASURE 5.2.3 A: Required Documentation 2	Guidance	Number of Examples 1 example (narrative of an example is acceptable)	Dated Within 5 years
2. Efforts taken that contribute to building environmental resiliency.	<p>The intent of this requirement is that health departments are actively exploring, planning for, or developing strategies or policies that build environmental resilience against climate effects. Efforts may be led by the health department, or the health department might participate in efforts in partnership with others. The example could include successful or unsuccessful efforts, including what was learned based on the efforts taken by the health department.</p> <p>Efforts could include, for example, meetings with partners to discuss strategies to reduce the likelihood or severity of natural disasters or extreme weather events, working with a university to develop a report that includes how the health of the jurisdiction's population is affected by the environment with particular attention to how those policies might have an impact on communities that face higher health risks or other historical vulnerabilities, supporting a local initiative that supports community gardening and local produce so that less food is brought in from outside the local region, or working with other agencies on tree canopy expansion. Strategies or policies could include, for example, future planning to prevent or mitigate the effects of climate on health or to reduce greenhouse gas emissions or carbon footprints (e.g., policies to reduce idling of trucks or buses) or to promote clean energy. Documentation could include submitted grant applications (funded or unfunded) that address infrastructure changes, such as community design changes to mixed-use zoning, transportation redesign, or walkability.</p>		