

**Community Health Improvement Plans and Process  
Quality Measurement Tool**

Target Audience: Local health departments, state health departments, boards of health and others concerned with measuring the quality of public health system assessments

Developed during the period February 1, 2011 through January 31, 2013 with support from Public Health Practice Based Research Networks Research Implementation Award, JWJF, and the Wisconsin Public Health Practice Based Research Network

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# Quality Tool

Item Number	PHAB Reference	Measure	Scale	Score	Documentation/Interpretation	Notes
<b>General</b>						
1	1.1.2T/L	Community health assessment (CHA) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHA which is dated within the past five years. CHA is defined as the collection and analysis of community health data. If there is any evidence of data collection and analysis, score YES on this item.	
2	5.2.2L	Community health improvement plan (CHIP) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHIP which is dated within the past five years. CHIP is defined as identification of health priorities, objectives, implementation plans, evidence of implementation, and an ongoing evaluation or monitoring plan. If any of the above elements are present, score YES on this item.	
3	1.1.3T/L+	The CHA document(s) are electronically available to the public via a website.	Yes=4; No=0		Research staff were able to find CHA online.	
4	1.1.3T/L+	The CHIP document(s) are electronically available to the public via a website.	Yes=4; No=0		Research staff were able to find CHIP online.	
5	1.1.3T/L	Ensure that the CHA is accessible to partners, agencies, and the general public.	Yes=4; No=0	Survey	There is evidence that the CHA and/or CHIP were promoted to the public. Evidence can include press releases, media coverage, newsletters, web postings, etc. Discussion in the document about this type of outreach or evidence on a website can be counted as YES.	
6	5.2.2L	The CHIP acknowledges state and national priorities.	Yes=4; No=0		There is some evidence that the CHA/CHIP has acknowledged or thought about the National Prevention Strategy, Healthy People 2010/2020, or Healthiest Wisconsin 2010/2020 priorities. Consider what was the prevailing national/state document at the time the CHA/CHIP were written. Evidence can include common priorities between the local CHIP and the state or national documents OR a discussion of the alignment (or reasons for non-alignment) with the state and federal plans.	
7	5.3.1L	A formal model, local model, or parts of several models are used to guide the CHIPP.	Yes=4; No=0		An accepted state or national model from the public, private, or business sector. A local model or a model made up of parts of multiple models is also acceptable. Examples of formal models include Mobilizing for Action through Partnership and Planning (MAPPP), Healthy Cities/Communities, Community Indicators project, National Public Health Performance Standards (NPHPS), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, Healthiest Wisconsin 2010/2020, County Health Rankings, Protocol for Assessing Excellence in Community Environmental Health (APEX-EH). Referencing any of the above within the document is scored YES.	
8	1.1.1T/L	The health department and other sectors participate in a local/tribal partnership/group to develop a comprehensive CHA of the population served by the health department. These participants are known as stakeholders throughout the remainder of this tool.	0=Public Health Only; 1=Public Health (PH) + 1 other sector; 2=Public Health + 2 other sectors; 3=PH + 3 other sectors; 4=PH + 4 other sectors		The collaboration could include the following sectors: <b>Public health</b> (local and/or state public health agencies); <b>Health care</b> (hospitals, clinics, individual health care providers, FQHCs, mental health, dental health); <b>Education</b> (academic institutions, K-12 schools, early childhood providers); <b>Elected officials/policymakers</b> (Board of Health members, County Board, City Council, State Legislature); <b>Other departments of local government</b> (social services, transportation, UW-Extension, library, law enforcement, parks, etc.); <b>Business</b> (Chamber of Commerce, business owners, etc.); <b>Community Non-profit</b> (American Heart, American Cancer, Big Brothers/Big Sisters, etc.); <b>Faith-based organizations</b> (Leaders of houses of worship, Faith at Work, prison ministries, etc.); <b>Grant makers</b> (Local or regional foundations, United Way, etc.); <b>Minority representatives</b> (Black Health Coalition, Hmong Association, etc.); <b>Representatives of specific age groups</b> (AARP, Youth representative, etc.); <b>Other</b> (specify)	
9	5.2.1L	Broad participation of stakeholders continues and/or exists in the CHIP phase.	0=Public Health Only or no evidence of a CHIP; 1=Public Health (PH) + 1 other sector; 2=Public Health + 2 other sectors; 3=PH + 3 other sectors; 4=PH + 4 other sectors		Stakeholders are defined as persons who serve on a governance or working committee for the CHA or CHIP and/or who work on the implementation of the CHIP. There is evidence that the broad group of community partners that were involved in the assessment were also involved in the prioritization and implementation process.	

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10	None	The stakeholders define a purpose, mission, vision, and/or core values for the CHA and/or CHIP process.	Yes=4; No=0		There is evidence that the stakeholders have clearly defined and collaboratively built consensus about the purpose of the CHA and/or CHIP. Evidence may include a statement of purpose, mission, vision, and/or core values in the CHA or CHIP document or related documents provided by the steering committee. Answer NO if this statement is the purpose, mission, vision, and/or core values of the Health Department, unless it is clear that the stakeholder group has reaffirmed this as the guiding theme for the CHA/CHIP.
11	1.1.2T/L & 5.2.1L	The local community at large has had the opportunity to review and comment on the CHA &/or CHIP.	Feedback was sought and there is evidence it was included in the CHA &/or CHIP=4; Feedback was sought, but not clear how it was used=2; No evidence of seeking feedback=0		There is evidence that feedback was sought and included in the CHA &/or CHIP. Methods to seek this feedback include publishing in the local press with comment or feedback forms, publication on the department website with a comment form, community/town forums, listening sessions, newsletters, discussions or presentations at other organizations' meetings, etc.
12	4.1.1A	Documentation of current collaborations that address specific public health issues or populations.	2 or more examples=4; 1 example=2; no examples=0		The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
13	4.2.1A	Engage with members of the community that may be affected by policies and/or strategies proposed in your Community Health Assessment & Improvement Plan.	2 or more examples (at least one with community members)=4; 1 example (with community members or people who work directly with them) or 2 or more example that do not involve community member =2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of engagement with a particular population that will be affected by a policy or strategy. The focus of this measure is engaging with community members or people who work directly with community members. At least one of the examples must include engagement with community members.
14	4.2.2A	Engage with governing entities, advisory boards, and elected officials that may influence policies or strategies proposed in your Community Health Assessment & Improvement Plan.	2 or more examples in 2 different priority areas=4; 1 example or multiple examples in 1 priority area=2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of educating and/or working with any collaborative member's governing entity, advisory board, and/or elected officials on public health policy or strategy. The two examples must address two different priorities.
15	None	Seek feedback from your stakeholders on what has gone well and/or areas for improvement with the CHA-CHIP process.	Yes=4; No=0	Survey	There is evidence that feedback on the CHIPP process was gathered from the stakeholders.
16	None	There is evidence of a democratic or consensus building process among stakeholders.	Yes=4; No=0	Survey	There is evidence of a democratic or consensus building process in the operation of the stakeholder group. Examples would include discussion and voting on priorities, action plans, operational issues in the governing/stakeholder group.

### Assess

17	1.1.2T/L	A variety of data sources are used to describe the community.	4 or more source categories=4; 3 source categories=3; 2 source categories=2; 1 source category=1; no source categories=0		Sources of data in the CHA/CHIP may include 1) federal, state, local, or tribal data, 2) hospitals and health care data, 3) local schools, 4) academic institutions, 5) other governmental data (e.g. recreation, public safety), 6) community non-profits, 7) surveys, 8) asset mapping, 9) focus groups, town hall forums or listening sessions, or 10) other data sources such as the <i>County Health Rankings</i>
18	1.1.2T/L	Demographic data are described	4 or more areas=4; 3 or more areas=3; 2 or more areas=2; 1 area=1; no demographic data=0		Areas of demographic data in the CHA/CHIP may include gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.

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19	None	Data are collected in multiple health factors areas, showing a consideration of the multiple determinants of health. Examples of these areas include Health Behaviors, Clinical Care, Social & Economic Factors, and Physical & Built Environment.	4+ areas=4; 3 areas=3; 2 areas=2; 1 area=1; no health factors data=0	Data measures from multiple determinants of health areas are described.
20	1.1.2T/L	Health issues and specific descriptions of population groups with specific health issues are described.	Yes=4; No=0	In addition to the general presentation of the data, the CHA/CHIP document includes disaggregated data and/or a narrative description of the health issues of special populations. Examples of special populations include the uninsured, low income, and/or minority populations.
21	1.1.2T/L	Health disparities and/or health equity are discussed in the CHA and/or CHIP documents.	Discussion of local health disparities or health equity is included in CHA/CHIP=4; Some data presenting local health disparities/ inequities is presented, but no further discussion is included=2; No mention of health disparities or health equity=0	The CHA/CHIP or associated documents includes a discussion of disparities between different population groups, high risk population groups, or the concept of health equity.
22	1.1.2T/L & 5.2.1L	A description of existing tribal or community assets and resources to address health issues is presented.	Yes=4; No=0	The CHA/CHIP or related documents includes a listing or description of the assets or resources that can be mobilized and employed to address health issues. For example, a local park can encourage physical activity, local farmers' markets can promote healthy eating, and local school districts can partner with the local health department to provide health education. This discussion must specifically focus on identifying assets--merely noting a particular measure is better than the state or region is not sufficient to be considered a YES. Assets may be described in a specific section or infused throughout the document.
23	1.2.3A	There is evidence of primary data collection.	Yes=4; No=0	Primary data collection includes data collected by the LHD, such as communicable disease and public health environmental hazard reports, community surveys, focus groups, interview data, registries, or other methods for tracking chronic disease and injuries, census data, vital records.
24	1.2.3A	There is evidence of secondary data collection.	Yes=4; No=0	Secondary data collection includes data published or collected by other parties such as other governmental agencies (law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus). it may include graduation rates, census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.
25	1.2.3A	Sources of data are cited.	All of the time=4; Most of the time=3; Some of the time=2; Rarely/Only a few times =1; None of the time=0	The source and year(s) of data are cited.
26	1.3.1A	Local data are compared to other agencies, regions, state, or national data.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of comparison data that compare data from similar data sources over similar timeframes.
27	1.3.1A	Trends in local data are reported.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of displaying trends in a data element that include at least three points of data.

### Prioritize

28	5.2.1L	Information from the community health assessment is provided to the stakeholders who are setting priorities.	Yes=4; No=0	There is evidence that the stakeholders who are setting priorities have been given the information from the assessment phase. This may be summarized data.
29	5.2.1L	Completed CHA and/or CHIP that includes issues and themes identified by stakeholders in the community.	Yes=4; No=0	Evidence that stakeholder discussions were held to identify issues and themes.

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30	5.2.1L	Community health priorities were selected using criteria established and agreed upon by the stakeholder group.	Priorities were selected using criteria=4; Priorities were selected, but it is unclear what the criteria were for selecting them=2; No priorities were set.	Evidence that participants developed a set of priority community health issues, based on a set of criteria for determining priorities. In order to score a 4, there must be some explicit discussion about what the criteria were for determining priorities.
31	5.2.2L	CHIP contains measurable objectives with time-framed targets.	Measurable objectives and time-framed targets=4; measurable objectives with no time-framed targets=2; no objectives or time-framed targets=0	The CHIP or an associated work plan has measurable objectives and time-framed targets.

### Choose Evidence-Informed Strategies

32	1.4.1A & 5.2.1L	Data is used to inform public health policy, processes, programs, and/or interventions.	2 or more examples=4; 1 example=2; no examples=0	At least two examples must show how data from at least two different data sets are used to support the selection of specific intervention strategies (policies, processes, programs).
33	5.2.2L	CHIP identifies improvement strategies that are evidence-informed.	All of the time=4; Most of the time=3; Some of the time=2; Rarely/Only a few times=1; None of the time=0	Strategies identified in the plan are evidence-informed, promising practices, or innovative strategies. Innovative strategies are considered evidence-informed if they have a clear foundation and reasoning and a clear evaluation plan to monitor results. Guidance is provided by the National Prevention Strategy, Guide to Community Preventive Services, Healthy People 2020, Healthiest Wisconsin 2020, or What Works for Health.
34	5.2.2L	CHIP must contain policy changes.	2 or more examples=4; 1 example=2; no examples=0	At least two examples of policy changes to accomplish identified health objectives are included in the plan. Policy change can be at a legislative level or a systems change within an institution such as a school district or worksite.

### Implement

35	3.1.2A	Documentation of implemented health promotion strategies.	2 or more examples=4; 1 example=2; no examples=0		At least two examples of health promotion strategies that correspond to health priorities in the CHIP are implemented.
36	3.1.2A	Documentation that health promotion strategies are communicated to the public in your community.	Yes=4; No=0	Survey	Uses social media strategies such as Facebook or Twitter to promote health promotion strategies OR evidence of using traditional strategies like marketing via advertising, posters, billboards, brochures, etc.
37	5.1.2A	Engage in activities that contribute to the development and/or modification of public health policy.	2 or more examples=4; 1 example=2; no examples=0	Survey	Provide documentation that LHD and/or partners have contributed to deliberations concerning public health policy and practice with those who set policy and also contributes to stakeholder or community involvement in development and/or modification of public health policy. Documentation must include at least two of the three following items : 1) informational materials (e.g. issue briefs, media statements, talking points, white papers); 2) providing official public testimony; 3) participating in an advisory or work group appointed by the governing entity. Interpretation revised to include at least one of the following items per example.
38	5.2.3A	Implement elements and strategies of the CHIP, in partnership with others and according to timelines within the plan.	All of the strategies implemented=4; Most of the strategies implemented=3; Some of the strategies implemented=2; Few of the strategies implemented=1; None of the strategies implemented=0		Documentation supports evidence of implementation of the plan, including strategies used, partners involved, and the status or results of action taken. The % of strategies implemented is based on the timeframe identified within the plan (i.e. it would be the % of those items that should be done by the date of the review). If there are no timelines in the plan, % of all strategies will be used for this measure. If the plan was published within the past 12 months, score 4 if there is evidence that implementation is underway.
39	5.2.2L	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	Yes=4; No=0		The CHIP includes designation of individuals or organizations that have accepted responsibility for implementing strategies outlined in the CHIP. (Does not need to be formal MOU/MOA)
40	5.3.1L	The Community Health Improvement Plan and Process (CHIP) includes priorities and action plans for entities beyond just the local health department.	Yes=4; No=0		There is evidence that other agencies will take responsibility for leadership of and/or specific steps in the implementation plan. If there is only a CHA, this is scored NO.
41	11.2.4A	Seek resources to support implementation of the strategies identified in the CHIP.	2 or more examples=4; 1 example=2; no examples=0	Survey	Provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources to support the CHIP priorities.

### Evaluate

42	5.2.2L	CHIP contains a plan for measurable health outcomes	Yes=4; No=0		CHIP or a companion document indicates how outcomes will be measured.
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43	5.2.2L	CHIP contains a plan for performance indicators for strategies.	Yes=4; No=0	CHIP or a companion document indicates what indicators will be used to measure implementation progress.
44	5.2.4A	Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners.	Yes=4; No=0	An annual evaluation report is provided that documents progress on performance indicators and health indicators. (Health indicators may take several years to show measurable progress.) If a CHA/CHIP has been published in the past 12 months, score this a 4.
45	5.2.4A	Revise the CHIP based on evaluation results.	Yes=4; No=0	There is evidence the CHIP has been updated or revised at least annually. This may be indicated by an updated report or a note saying it was updated. If a CHA/CHIP has been published in the past 12 months, score this a 4.

# Weighting of Elements

Stage of Cycle	# of Elements		
General	7		??
Work Together	11	20	25
Assess	11	20	20
Prioritize	5	15	10
Find P/P	3	15	15
Implement	7	20	15
Evaluate	4	10	15
TOTAL	48		

Consider weighting individual items within sections as well.

# Demographics and Indicators

Indicator	Definition	Source	Type of Data	Use in Comparative Analysis?	Structure or Process?
Health Department Name	Name	DPH	N/A	No	
Health Officer	Name	DPH	N/A	No	
Health Officer Email	Name	DPH	N/A	No	
Population of LHD Jurisdiction	# of residents	2009 LHD Survey	Interval	Yes	Structure
Type of LHD Jurisdiction	County, City, City/County Independent, Part of Human Services	DPH	Nominal	Yes	Structure
LHD Independent?	Northern, Northeastern, Southern, Southeastern, Western	DPH	Nominal & Dichotomous	Yes	Structure
Pubic Health Region		DPH	Nominal	Yes	Structure
Board of Health	# of members	Susan Zahner	Interval	Yes	Structure
Elected BOH Members	% of BOH members elected Independent, Part of Human Services	Susan Zahner	Interval	Yes	Structure
BOH Independent?		Susan Zahner	Nominal & Dichotomous	Yes	Structure
LHD Complexity	Level I, II, or III	Susan Zahner	Ordinal	Yes	Structure
Total LHD Expenditures	Total expenses	2009 LHD Survey	Interval	Yes	Structure
LHD Expenditures per capita	Per capita expenditures % of LHD expenditures from	2009 LHD Survey	Interval	Yes	Structure
Local Tax Levy	local tax levy	2009 LHD Survey	Interval	Yes	Structure
Total LHD FTE's	# of FTE's	2009 LHD Survey	Interval	Yes	Structure
LHD FTE's per capita	Per capita FTE's MAPP, State Health Plan, County Health Rankings, National Public Health Performance Standard, APEX, Combination of 2 or more, Other, No specific model	2009 LHD Survey	Interval	Yes	Structure
CHIPP Model Used		Project Survey	Nominal	Yes	Process
CHA or CHIP Published within past 5 Years?	Yes or No	Project Review	Nominal & Dichotomous	Yes	Process
Contracted facilitator used for all or some of CHA/CHIP?	Yes or No	Project Survey	Nominal & Dichotomous	Yes	Process
External Resources leveraged to support CHIP implementation?	Yes or No	Project Survey	Nominal & Dichotomous	Yes	Process
Amount of external resources leveraged in past 5 years?	\$\$ amount	Project Survey	Interval	Yes	Process
# of sectors represented in CHA/CHIP process	# of sectors	Project Review	Interval	Yes	Process
Which Sectors represented?	Yes or No for each of the following: Public Health, Health Care, Education, Business, Elected Officials/Policy makers, Other Local Governmental Representatives, Community Non-profits, Faith-based organizations, Grant makers, Minority Representatives, Age Representatives, Tribal, Multi-County Health Depts, Other	Project Review	Nominal & Dichotomous	Yes	Process

**Suggestions:**

Whether/# of "health people" (drs or nurses, etc.) on the board/group

Mixed opinions from expert panel on this measure

**NACCHO Periodic Profiles:**

Health Officer Tenure  
 Health Officer Education Level  
 FTEs  
 Independents  
 Other variables on profiles

Whether the Health Dept was leading the process, another entity, or multiple entities doing it together

# of CHIPP cycles that the health department has done previously

Potentially also look at whether their processes or documents changed/evolved a lot over that time or whether they stayed pretty consistent and the same.



## Dodge and Jefferson Counties

Item Number	PHAB Reference	Measure	Scale	Score	Documentation/Interpretation
<b>General</b>					
1	1.1.2T/L	Community health assessment (CHA) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHA which is dated within the past five years. CHA is defined as the collection and analysis of community health data. If there is any evidence of data collection and analysis, score YES on this item.
2	5.2.2L	Community health improvement plan (CHIP) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHIP which is dated within the past five years. CHIP is defined as identification of health priorities, objectives, implementation plans, evidence of implementation, and an ongoing evaluation or monitoring plan. If any of the above elements are present, score YES on this item.
3	1.1.3T/L+	The CHA document(s) are electronically available to the public via a website.	Yes=4; No=0	0	Research staff were able to find CHA online.
4	1.1.3T/L+	The CHIP document(s) are electronically available to the public via a website.	Yes=4; No=0	0	Research staff were able to find CHIP online.
5	1.1.3T/L	Ensure that the CHA is accessible to partners, agencies, and the general public.	Yes=4; No=0	Survey	There is evidence that the CHA and/or CHIP were promoted to the public. Evidence can include press releases, media coverage, newsletters, web postings, etc. Discussion in the document about this type of outreach or evidence on a website can be counted as YES.
6	5.2.2L	The CHIP is aligned with state and national priorities.	Yes=4; No=0		There is some evidence that the CHA/CHIP are aligned with the National Prevention Strategy, Healthy People 2010/2020, or Healthiest Wisconsin 2010/2020. Consider what was the prevailing national/state document at the time the CHA/CHIP were written. Evidence can include common priorities between the local CHIP and the state or national documents OR a discussion of the alignment with the state and federal plans.
7	5.3.1L	A formal model is used to guide the CHIPP.	Yes=4; No=0		An accepted state or national model from the public, private, or business sector. Examples include Mobilizing for Action through Partnership and Planning (MAPP), Healthy Cities/Communities, Community Indicators project, National Public Health Performance Standards (NPHPS), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, Healthiest Wisconsin 2010/2020, County Health Rankings, Protocol for Assessing Excellence in Community Environmental Health (APEX-EH). Referencing any of the above within the document is scored YES.

## Work Together

8	1.1.1T/L	Participate in or conduct a tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department. These partners are known as stakeholders throughout the remainder of this tool.	0=Public Health Only; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	The collaboration could include the following sectors: <b>Public health</b> (local and/or state public health agencies); <b>Health care</b> (hospitals, clinics, individual health care providers, FQHCs, mental health, dental health); <b>Education</b> (academic institutions, K-12 schools, early childhood providers); <b>Elected officials/policymakers</b> (Board of Health members, County Board, City Council, State Legislature); <b>Other departments of local government</b> (social services, transportation, UW-Extension, library, law enforcement, parks, etc.); <b>Business</b> (Chamber of Commerce, business owners, etc.); <b>Community Non-profit</b> (American Heart, American Cancer, Big Brothers/Big Sisters, etc.); <b>Faith-based organizations</b> (Leaders of houses of worship, Faith at Work, prison ministries, etc.); <b>Grant makers</b> (Local or regional foundations, United Way, etc.); <b>Minority representatives</b> (Black Health Coalition, Hmong Association, etc.); <b>Representatives of specific age groups</b> (AARP, Youth representative, etc.); <b>Other</b> (specify)
9	5.2.1L	Broad participation of stakeholders continues and/or exists in the CHIP phase.	0=Public Health Only or no evidence of a CHIP; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	Stakeholders are defined as persons who serve on a governance or working committee for the CHA or CHIP and/or who work on the implementation of the CHIP. There is evidence that the broad group of community partners that were involved in the assessment were also involved in the prioritization and implementation process.
10	None	The stakeholders define a purpose, mission, vision, and/or core values for the CHA and/or CHIP process.	Yes=4; No=0	There is evidence that the stakeholders have clearly defined and collaborative built consensus about the purpose of the CHA and/or CHIP. Evidence may include a statement of purpose, mission, vision, and/or core values in the CHA or CHIP document or related documents provided by the Health Department. Answer NO if this statement is the purpose, mission, vision, and/or core values of the Health Department, unless it is clear that the stakeholder group has reaffirmed this as the guiding theme for the CHA/CHIP.
11	1.1.2T/L & 5.2.1L	The local community at large has had the opportunity to review and comment on preliminary findings of the community health assessment portion of the CHIPP.	Feedback was sought and there is evidence it was included in the CHA/CHIP=4; Feedback was sought, but not clear how it was used=2; No evidence of seeking feedback=0	There is evidence that feedback was sought and included in the CHA/CHIP. Methods to seek this feedback include publishing in the local press with comment or feedback forms, publication on the department website with a comment form, community/town forums, listening sessions, newsletters, discussions or presentations at other organizations' meetings, etc.
12	4.1.1A	Documentation of current collaborations that address specific public health issues or populations.	2 or more examples=4; 1 example=2; no examples=0	The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
13	4.1.2T/L	Link stakeholders and partners to technical assistance regarding models of engaging with the community.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of consultation, TA, or information provided to a community partner or stakeholder concerning an established model or collaborative community engagement. Models of community engagement may include Healthy Communities/Cities; Community Asset mapping; MAPP; NPHPS; or deliberative processes such as town forums, community advisory groups, or deliberative decision making processes.

Survey

14	4.2.1A	Engage with members of the community about policies and/or strategies that will promote their health.	2 or more examples (at least one with community members)=4; 1 example (with community members or people who work directly with them) or 2 or more example that do not involve community member =2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of engagement with a particular population that will be affected by a policy or strategy. The focus of this measure is engaging with community members or people who work directly with community members. At least one of the examples must include engagement with community members.
15	4.2.2A	Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.	2 or more examples in 2 different priority areas=4; 1 example or multiple examples in 1 priority area=2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of educating and/or working with any collaborative member's governing entity, advisory board, and/or elected officials on public health policy or strategy. The two examples must address two different priorities.
16	None	Stakeholder satisfaction with the CHA/CHIP process is measured.	Yes=4; No=0	Survey	There is evidence that some type of formal assessment of stakeholder satisfaction with the process is conducted at least once in the 5 year process.
17	None	There is balance of power and leadership among stakeholders.	Yes=4; No=0	Survey	There is evidence of a democratic or consensus building process in the operation of the stakeholder group. Examples would include discussion and voting on priorities, action plans, operational issues in the governing/stakeholder group.
18	None	Conflict among stakeholders is identified and addressed in a positive manner.	Yes=4; No=0	Survey	There is evidence of positive strategies to manage conflict.

## Assess

19	1.1.2T/L	A variety of data sources are used to describe the community.	4 or more source categories=4; 3 source categories=3; 2 source categories=2; 1 source category=1; no source categories=0		Sources of data in the CHA/CHIP may include 1) federal, state, local, or tribal data, 2) hospitals and health care data, 3) local schools, 4) academic institutions, 5) other governmental data (e.g. recreation, public safety), 6) community non-profits, 7) surveys, 8) asset mapping, 9) focus groups, town hall forums or listening sessions, or 10) other data sources such as the <i>County Health Rankings</i>
20	1.1.2T/L	Demographic data are described	4 or more areas=4; 3 or more areas=3; 2 or more areas=2; 1 area=1; no demographic data=0		Areas of demographic data in the CHA/CHIP may include gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
21	None	Data are collected in each of the four health factor areas identified in the <i>County Health Rankings</i> model (Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment)	4 areas=4; 3 areas=3; 2 areas=2; 1 area=1; no health factors data=0		At least one data measure is present in each of the health factor areas that is counted. The data measure does not have to be the specific data used in the <i>County Health Rankings</i> .
22	1.1.2T/L	Health issues and specific descriptions of population groups with specific health issues are described.	Narrative description of health issues and discussion of special populations=4; Some narrative description, but no mention of special populations=2; No narrative description=0		In addition to presentation of the data in tables and graphs, the CHA/CHIP document includes a narrative description of the health issues of the population based on analysis of the above data. The description should specifically include a discussion of the health issues of specific populations such as the uninsured, low income, and/or minority populations.

23	1.1.2T/L	Health status disparities, health equity, and high health risk populations are described.	Yes=4; No=0	The CHA/CHIP or associated documents includes a discussion of disparities between different population groups, high risk population groups, or the concept of health equity.
24	1.1.2T/L & 5.2.1L	A description of existing tribal or community assets and resources to address health issues is presented.	Yes=4; No=0	The CHA/CHIP or related documents includes a listing or description of the assets or resources that can be mobilized and employed to address health issues. For example, a local park can encourage physical activity, local farmers' markets can promote healthy eating, and local school districts can partner with the local health department to provide health education. This discussion must specifically focus on identifying assets--merely noting a particular measure is better than the state or region is not sufficient to be considered a YES.
25	1.2.3A	There is evidence of primary data collection.	Yes=4; No=0	Primary data collection includes data collected by the LHD, such as communicable disease and public health environmental hazard reports, community surveys, focus groups, interview data, registries, or other methods for tracking chronic disease and injuries, census data, vital records.
26	1.2.3A	There is evidence of secondary data collection.	Yes=4; No=0	Secondary data collection includes data published or collected by other parties such as other governmental agencies (law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus). It may include graduation rates, census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.
27	1.2.3A	Sources of data are cited.	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	The source and year(s) of data are cited.
28	1.3.1A	Local data are compared to other agencies, regions, state, or national data	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of comparison data.
29	1.3.1A	Trends in local data are reported.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of displaying trends in a data element that include at least three points of data over at least a five year time period.

## Prioritize

30	5.2.1L	Information from the community health assessment is provided to the stakeholders who are setting priorities.	Yes=4; No=0	There is evidence that the stakeholders who are setting priorities have been given the information from the assessment phase. This may be summarized data.
31	5.2.1L	Completed CHA and/or CHIP that includes issues and themes identified by stakeholders in the community.	Yes=4; No=0	Evidence that stakeholder discussions were held to identify issues and themes.
32	None	Criteria for setting priorities are established and agreed upon by the stakeholder group.	Yes=4; No=0	Evidence that the stakeholders have discussed and agreed upon a set of criteria for determining priorities. It will be assumed that if they used such criteria that there was agreement about the criteria, even if this is not explicitly noted in the document.

33	5.2.1L	The criteria were used to establish community health priorities.	Priorities were set and there is evidence of using criteria=4; priorities were set and no evidence of criteria=2; no priorities were identified	Evidence that participants developed a set of priority community health issues.
34	5.2.2L	CHIP contains measurable objectives.	Measurable objectives and time-framed targets=4; measurable objectives with no timelines=2; no objectives or timelines=0	The CHIP or an associated work plan has measurable objectives and time-framed targets

## Find Policies & Programs that Work

35	1.4.1A & 5.2.1L	Data is used to inform public health policy, processes, programs, and/or interventions.	2 or more examples=4; 1 example=2; no examples=0	At least two examples must show how data from at least two different data sets are used to support the selection of specific intervention strategies (policies, processes, programs).
36	5.2.2L	CHIP identifies improvement strategies that are evidence-informed	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	Strategies identified in the plan are evidence-based or promising practices. Guidance is provided by the National Prevention Strategy, Guide to Community Preventive Services, Healthy People 2020, Healthiest Wisconsin 2020, or What Works for Health.
37	5.2.2L	CHIP must contain policy changes	2 or more examples=4; 1 example=2; no examples=0	At least two examples of policy changes to accomplish identified health objectives are included in the plan. Policy change can be at a legislative level or a systems change within an institution such as a school district or worksite.

## Implement

38	3.1.2A	Documentation of implemented health promotion strategies.	2 or more examples=4; 1 example=2; no examples=0	At least two examples of health promotion strategies that correspond to health priorities in the CHIP are implemented <b>by the health department.</b>
39	3.1.2A	Documentation that health promotion strategies are marketed.	Yes=4; No=0	Survey Uses social media strategies such as Facebook or Twitter to promote health promotion strategies OR evidence of marketing via advertising, posters, billboards, brochures, etc..
40	5.1.2A	Engage in activities that contribute to the development and/or modification of public health policy.	2 or more examples=4; 1 example=2; no examples=0	Survey Provide documentation that LHD and/or partners have contributed to deliberations concerning public health policy and practice with those who set policy and also contributes to stakeholder or community involvement in development and/or modification of public health policy. Documentation must include at least two of the three following items : 1) informational materials (e.g. issue briefs, media statements, talking points, white papers); 2) providing official public testimony; 3) participating in an advisory or work group appointed by the governing entity.

41	5.2.3A	Implement elements and strategies of the CHIP, in partnership with others and according to timelines within the plan.	75-100% of the strategies implemented=4; 50-74% of the strategies implemented=3; 25-49% of the strategies implemented =2; 0-24% of the strategies implemented=1; None of the strategies implemented=0	Documentation supports evidence of implementation of the plan, including strategies used, partners involved, and the status or results of action taken. The % of strategies implemented is based on the timeframe identified within the plan (i.e. it would be the % of those items that should be done by the date of the review). If there are no timelines in the plan, % of all strategies will be used for this measure.
42	5.2.2L	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	Yes=4; No=0	The CHIP includes designation of individuals or organizations that have accepted responsibility for implementing strategies outlined in the CHIP. (Does not need to be formal MOU/MOA)
43	5.3.1L	The Community Health Improvement Plan and Process (CHIPP) includes priorities and action plans for entities beyond just the local health department.	Yes=4; No=0	There is evidence that other agencies will take responsibility for leadership of and/or specific steps in the implementation plan. If there is only a CHA, this is scored NO.
44	11.2.4A	Seek resources to support agency infrastructure and processes, programs, and interventions.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources to support the CHIP priorities.

Survey

## Evaluate

45	5.2.2L	CHIP contains a plan for measurable health outcomes	Yes=4; No=0	CHIP or a companion document indicates how outcomes will be measured.
46	5.2.2L	CHIP contains a plan for performance indicators for strategies.	Yes=4; No=0	CHIP or a companion document indicates what indicators will be used to measure implementation progress.
47	5.2.4A	Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners	Yes=4; No=0	An annual evaluation report is provided that documents progress on performance indicators and health indicators. (Health indicators may take several years to show measurable progress.)
48	5.2.4A	Revise the CHIP based on evaluation results.	Yes=4; No=0	There is evidence the CHIP has been updated or revised at least annually.

# Oneida County

Item Number	PHAB Reference	Measure	Scale	Score	Documentation/Interpretation
<b>General</b>					
1	1.1.2T/L	Community health assessment (CHA) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHA which is dated within the past five years. CHA is defined as the collection and analysis of community health data. If there is any evidence of data collection and analysis, score YES on this item.
2	5.2.2L	Community health improvement plan (CHIP) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHIP which is dated within the past five years. CHIP is defined as identification of health priorities, objectives, implementation plans, evidence of implementation, and an ongoing evaluation or monitoring plan. If any of the above elements are present, score YES on this item.
3	1.1.3T/L+	The CHA document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHA online.
4	1.1.3T/L+	The CHIP document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHIP online.
5	1.1.3T/L	Ensure that the CHA is accessible to partners, agencies, and the general public.	Yes=4; No=0	Survey	There is evidence that the CHA and/or CHIP were promoted to the public. Evidence can include press releases, media coverage, newsletters, web postings, etc. Discussion in the document about this type of outreach or evidence on a website can be counted as YES.
6	5.2.2L	The CHIP is aligned with state and national priorities.	Yes=4; No=0		There is some evidence that the CHA/CHIP are aligned with the National Prevention Strategy, Healthy People 2010/2020, or Healthiest Wisconsin 2010/2020. Consider what was the prevailing national/state document at the time the CHA/CHIP were written. Evidence can include common priorities between the local CHIP and the state or national documents OR a discussion of the alignment with the state and federal plans.
7	5.3.1L	A formal model is used to guide the CHIPP.	Yes=4; No=0		An accepted state or national model from the public, private, or business sector. Examples include Mobilizing for Action through Partnership and Planning (MAPP), Healthy Cities/Communities, Community Indicators project, National Public Health Performance Standards (NPHPS), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, Healthiest Wisconsin 2010/2020, County Health Rankings, Protocol for Assessing Excellence in Community Environmental Health (APEX-EH). Referencing any of the above within the document is scored YES.

## Work Together

8	1.1.1T/L	Participate in or conduct a tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department. These partners are known as stakeholders throughout the remainder of this tool.	0=Public Health Only; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	The collaboration could include the following sectors: <b>Public health</b> (local and/or state public health agencies); <b>Health care</b> (hospitals, clinics, individual health care providers, FQHCs, mental health, dental health); <b>Education</b> (academic institutions, K-12 schools, early childhood providers); <b>Elected officials/policymakers</b> (Board of Health members, County Board, City Council, State Legislature); <b>Other departments of local government</b> (social services, transportation, UW-Extension, library, law enforcement, parks, etc.); <b>Business</b> (Chamber of Commerce, business owners, etc.); <b>Community Non-profit</b> (American Heart, American Cancer, Big Brothers/Big Sisters, etc.); <b>Faith-based organizations</b> (Leaders of houses of worship, Faith at Work, prison ministries, etc.); <b>Grant makers</b> (Local or regional foundations, United Way, etc.); <b>Minority representatives</b> (Black Health Coalition, Hmong Association, etc.); <b>Representatives of specific age groups</b> (AARP, Youth representative, etc.); <b>Other</b> (specify)
9	5.2.1L	Broad participation of stakeholders continues and/or exists in the CHIP phase.	0=Public Health Only or no evidence of a CHIP; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	Stakeholders are defined as persons who serve on a governance or working committee for the CHA or CHIP and/or who work on the implementation of the CHIP. There is evidence that the broad group of community partners that were involved in the assessment were also involved in the prioritization and implementation process.
10	None	The stakeholders define a purpose, mission, vision, and/or core values for the CHA and/or CHIP process.	Yes=4; No=0	There is evidence that the stakeholders have clearly defined and collaborative built consensus about the purpose of the CHA and/or CHIP. Evidence may include a statement of purpose, mission, vision, and/or core values in the CHA or CHIP document or related documents provided by the Health Department. Answer NO if this statement is the purpose, mission, vision, and/or core values of the Health Department, unless it is clear that the stakeholder group has reaffirmed this as the guiding theme for the CHA/CHIP.
11	1.1.2T/L & 5.2.1L	The local community at large has had the opportunity to review and comment on preliminary findings of the community health assessment portion of the CHIPP.	Feedback was sought and there is evidence it was included in the CHA/CHIP=4; Feedback was sought, but not clear how it was used=2; No evidence of seeking feedback=0	There is evidence that feedback was sought and included in the CHA/CHIP. Methods to seek this feedback include publishing in the local press with comment or feedback forms, publication on the department website with a comment form, community/town forums, listening sessions, newsletters, discussions or presentations at other organizations' meetings, etc.
12	4.1.1A	Documentation of current collaborations that address specific public health issues or populations.	2 or more examples=4; 1 example=2; no examples=0	The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
13	4.1.2T/L	Link stakeholders and partners to technical assistance regarding models of engaging with the community.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of consultation, TA, or information provided to a community partner or stakeholder concerning an established model or collaborative community engagement. Models of community engagement may include Healthy Communities/Cities; Community Asset mapping; MAPP; NPHPS; or deliberative processes such as town forums, community advisory groups, or deliberative decision making processes.

Survey



14	4.2.1A	Engage with members of the community about policies and/or strategies that will promote their health.	2 or more examples (at least one with community members)=4; 1 example (with community members or people who work directly with them) or 2 or more example that do not involve community member =2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of engagement with a particular population that will be affected by a policy or strategy. The focus of this measure is engaging with community members or people who work directly with community members. At least one of the examples must include engagement with community members.
15	4.2.2A	Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.	2 or more examples in 2 different priority areas=4; 1 example or multiple examples in 1 priority area=2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of educating and/or working with any collaborative member's governing entity, advisory board, and/or elected officials on public health policy or strategy. The two examples must address two different priorities.
16	None	Stakeholder satisfaction with the CHA/CHIP process is measured.	Yes=4; No=0	Survey	There is evidence that some type of formal assessment of stakeholder satisfaction with the process is conducted at least once in the 5 year process.
17	None	There is balance of power and leadership among stakeholders.	Yes=4; No=0	Survey	There is evidence of a democratic or consensus building process in the operation of the stakeholder group. Examples would include discussion and voting on priorities, action plans, operational issues in the governing/stakeholder group.
18	None	Conflict among stakeholders is identified and addressed in a positive manner.	Yes=4; No=0	Survey	There is evidence of positive strategies to manage conflict.

## Assess

19	1.1.2T/L	A variety of data sources are used to describe the community.	4 or more source categories=4; 3 source categories=3; 2 source categories=2; 1 source category=1; no source categories=0		Sources of data in the CHA/CHIP may include 1) federal, state, local, or tribal data, 2) hospitals and health care data, 3) local schools, 4) academic institutions, 5) other governmental data (e.g. recreation, public safety), 6) community non-profits, 7) surveys, 8) asset mapping, 9) focus groups, town hall forums or listening sessions, or 10) other data sources such as the <i>County Health Rankings</i>
20	1.1.2T/L	Demographic data are described	4 or more areas=4; 3 or more areas=3; 2 or more areas=2; 1 area=1; no demographic data=0		Areas of demographic data in the CHA/CHIP may include gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
21	None	Data are collected in each of the four health factor areas identified in the <i>County Health Rankings</i> model (Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment)	4 areas=4; 3 areas=3; 2 areas=2; 1 area=1; no health factors data=0		At least one data measure is present in each of the health factor areas that is counted. The data measure does not have to be the specific data used in the <i>County Health Rankings</i> .
22	1.1.2T/L	Health issues and specific descriptions of population groups with specific health issues are described.	Narrative description of health issues and discussion of special populations=4; Some narrative description, but no mention of special populations=2; No narrative description=0		In addition to presentation of the data in tables and graphs, the CHA/CHIP document includes a narrative description of the health issues of the population based on analysis of the above data. The description should specifically include a discussion of the health issues of specific populations such as the uninsured, low income, and/or minority populations.

23	1.1.2T/L	Health status disparities, health equity, and high health risk populations are described.	Yes=4; No=0	The CHA/CHIP or associated documents includes a discussion of disparities between different population groups, high risk population groups, or the concept of health equity.
24	1.1.2T/L & 5.2.1L	A description of existing tribal or community assets and resources to address health issues is presented.	Yes=4; No=0	The CHA/CHIP or related documents includes a listing or description of the assets or resources that can be mobilized and employed to address health issues. For example, a local park can encourage physical activity, local farmers' markets can promote healthy eating, and local school districts can partner with the local health department to provide health education. This discussion must specifically focus on identifying assets--merely noting a particular measure is better than the state or region is not sufficient to be considered a YES.
25	1.2.3A	There is evidence of primary data collection.	Yes=4; No=0	Primary data collection includes data collected by the LHD, such as communicable disease and public health environmental hazard reports, community surveys, focus groups, interview data, registries, or other methods for tracking chronic disease and injuries, census data, vital records.
26	1.2.3A	There is evidence of secondary data collection.	Yes=4; No=0	Secondary data collection includes data published or collected by other parties such as other governmental agencies (law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus). It may include graduation rates, census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.
27	1.2.3A	Sources of data are cited.	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	The source and year(s) of data are cited.
28	1.3.1A	Local data are compared to other agencies, regions, state, or national data	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of comparison data.
29	1.3.1A	Trends in local data are reported.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of displaying trends in a data element that include at least three points of data over at least a five year time period.

## Prioritize

30	5.2.1L	Information from the community health assessment is provided to the stakeholders who are setting priorities.	Yes=4; No=0	There is evidence that the stakeholders who are setting priorities have been given the information from the assessment phase. This may be summarized data.
31	5.2.1L	Completed CHA and/or CHIP that includes issues and themes identified by stakeholders in the community.	Yes=4; No=0	Evidence that stakeholder discussions were held to identify issues and themes.
32	None	Criteria for setting priorities are established and agreed upon by the stakeholder group.	Yes=4; No=0	Evidence that the stakeholders have discussed and agreed upon a set of criteria for determining priorities. It will be assumed that if they used such criteria that there was agreement about the criteria, even if this is not explicitly noted in the document.

33	5.2.1L	The criteria were used to establish community health priorities.	Priorities were set and there is evidence of using criteria=4; priorities were set and no evidence of criteria=2; no priorities were identified	Evidence that participants developed a set of priority community health issues.
34	5.2.2L	CHIP contains measurable objectives.	Measurable objectives and time-framed targets=4; measurable objectives with no timelines=2; no objectives or timelines=0	The CHIP or an associated work plan has measurable objectives and time-framed targets

## Find Policies & Programs that Work

35	1.4.1A & 5.2.1L	Data is used to inform public health policy, processes, programs, and/or interventions.	2 or more examples=4; 1 example=2; no examples=0	At least two examples must show how data from at least two different data sets are used to support the selection of specific intervention strategies (policies, processes, programs).
36	5.2.2L	CHIP identifies improvement strategies that are evidence-informed	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	Strategies identified in the plan are evidence-based or promising practices. Guidance is provided by the National Prevention Strategy, Guide to Community Preventive Services, Healthy People 2020, Healthiest Wisconsin 2020, or What Works for Health.
37	5.2.2L	CHIP must contain policy changes	2 or more examples=4; 1 example=2; no examples=0	At least two examples of policy changes to accomplish identified health objectives are included in the plan. Policy change can be at a legislative level or a systems change within an institution such as a school district or worksite.

## Implement

38	3.1.2A	Documentation of implemented health promotion strategies.	2 or more examples=4; 1 example=2; no examples=0	At least two examples of health promotion strategies that correspond to health priorities in the CHIP are implemented <b>by the health department.</b>
39	3.1.2A	Documentation that health promotion strategies are marketed.	Yes=4; No=0	Survey Uses social media strategies such as Facebook or Twitter to promote health promotion strategies OR evidence of marketing via advertising, posters, billboards, brochures, etc..
40	5.1.2A	Engage in activities that contribute to the development and/or modification of public health policy.	2 or more examples=4; 1 example=2; no examples=0	Survey Provide documentation that LHD and/or partners have contributed to deliberations concerning public health policy and practice with those who set policy and also contributes to stakeholder or community involvement in development and/or modification of public health policy. Documentation must include at least two of the three following items : 1) informational materials (e.g. issue briefs, media statements, talking points, white papers); 2) providing official public testimony; 3) participating in an advisory or work group appointed by the governing entity.

41	5.2.3A	Implement elements and strategies of the CHIP, in partnership with others and according to timelines within the plan.	75-100% of the strategies implemented=4; 50-74% of the strategies implemented=3; 25-49% of the strategies implemented =2; 0-24% of the strategies implemented=1; None of the strategies implemented=0	Documentation supports evidence of implementation of the plan, including strategies used, partners involved, and the status or results of action taken. The % of strategies implemented is based on the timeframe identified within the plan (i.e. it would be the % of those items that should be done by the date of the review). If there are no timelines in the plan, % of all strategies will be used for this measure.
42	5.2.2L	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	Yes=4; No=0	The CHIP includes designation of individuals or organizations that have accepted responsibility for implementing strategies outlined in the CHIP. (Does not need to be formal MOU/MOA)
43	5.3.1L	The Community Health Improvement Plan and Process (CHIPP) includes priorities and action plans for entities beyond just the local health department.	Yes=4; No=0	There is evidence that other agencies will take responsibility for leadership of and/or specific steps in the implementation plan. If there is only a CHA, this is scored NO.
44	11.2.4A	Seek resources to support agency infrastructure and processes, programs, and interventions.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources to support the CHIP priorities.

Survey

## Evaluate

45	5.2.2L	CHIP contains a plan for measurable health outcomes	Yes=4; No=0	CHIP or a companion document indicates how outcomes will be measured.
46	5.2.2L	CHIP contains a plan for performance indicators for strategies.	Yes=4; No=0	CHIP or a companion document indicates what indicators will be used to measure implementation progress.
47	5.2.4A	Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners	Yes=4; No=0	An annual evaluation report is provided that documents progress on performance indicators and health indicators. (Health indicators may take several years to show measurable progress.)
48	5.2.4A	Revise the CHIP based on evaluation results.	Yes=4; No=0	There is evidence the CHIP has been updated or revised at least annually.

## St. Croix County

Item Number	PHAB Reference	Measure	Scale	Score	Documentation/Interpretation
General					
1	1.1.2T/L	Community health assessment (CHA) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHA which is dated within the past five years. CHA is defined as the collection and analysis of community health data. If there is any evidence of data collection and analysis, score YES on this item.
2	5.2.2L	Community health improvement plan (CHIP) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHIP which is dated within the past five years. CHIP is defined as identification of health priorities, objectives, implementation plans, evidence of implementation, and an ongoing evaluation or monitoring plan. If any of the above elements are present, score YES on this item.
3	1.1.3T/L+	The CHA document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHA online.
4	1.1.3T/L+	The CHIP document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHIP online.
5	1.1.3T/L	Ensure that the CHA is accessible to partners, agencies, and the general public.	Yes=4; No=0	Survey	There is evidence that the CHA and/or CHIP were promoted to the public. Evidence can include press releases, media coverage, newsletters, web postings, etc. Discussion in the document about this type of outreach or evidence on a website can be counted as YES.
6	5.2.2L	The CHIP is aligned with state and national priorities.	Yes=4; No=0		There is some evidence that the CHA/CHIP are aligned with the National Prevention Strategy, Healthy People 2010/2020, or Healthiest Wisconsin 2010/2020. Consider what was the prevailing national/state document at the time the CHA/CHIP were written. Evidence can include common priorities between the local CHIP and the state or national documents OR a discussion of the alignment with the state and federal plans.
7	5.3.1L	A formal model is used to guide the CHIPP.	Yes=4; No=0		An accepted state or national model from the public, private, or business sector. Examples include Mobilizing for Action through Partnership and Planning (MAPP), Healthy Cities/Communities, Community Indicators project, National Public Health Performance Standards (NPHPS), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, Healthiest Wisconsin 2010/2020, County Health Rankings, Protocol for Assessing Excellence in Community Environmental Health (APEX-EH). Referencing any of the above within the document is scored YES.

## Work Together

8	1.1.1T/L	Participate in or conduct a tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department. These partners are known as stakeholders throughout the remainder of this tool.	0=Public Health Only; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	The collaboration could include the following sectors: <b>Public health</b> (local and/or state public health agencies); <b>Health care</b> (hospitals, clinics, individual health care providers, FQHCs, mental health, dental health); <b>Education</b> (academic institutions, K-12 schools, early childhood providers); <b>Elected officials/policymakers</b> (Board of Health members, County Board, City Council, State Legislature); <b>Other departments of local government</b> (social services, transportation, UW-Extension, library, law enforcement, parks, etc.); <b>Business</b> (Chamber of Commerce, business owners, etc.); <b>Community Non-profit</b> (American Heart, American Cancer, Big Brothers/Big Sisters, etc.); <b>Faith-based organizations</b> (Leaders of houses of worship, Faith at Work, prison ministries, etc.); <b>Grant makers</b> (Local or regional foundations, United Way, etc.); <b>Minority representatives</b> (Black Health Coalition, Hmong Association, etc.); <b>Representatives of specific age groups</b> (AARP, Youth representative, etc.); <b>Other</b> (specify)
9	5.2.1L	Broad participation of stakeholders continues and/or exists in the CHIP phase.	0=Public Health Only or no evidence of a CHIP; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	Stakeholders are defined as persons who serve on a governance or working committee for the CHA or CHIP and/or who work on the implementation of the CHIP. There is evidence that the broad group of community partners that were involved in the assessment were also involved in the prioritization and implementation process.
10	None	The stakeholders define a purpose, mission, vision, and/or core values for the CHA and/or CHIP process.	Yes=4; No=0	There is evidence that the stakeholders have clearly defined and collaborative built consensus about the purpose of the CHA and/or CHIP. Evidence may include a statement of purpose, mission, vision, and/or core values in the CHA or CHIP document or related documents provided by the Health Department. Answer NO if this statement is the purpose, mission, vision, and/or core values of the Health Department, unless it is clear that the stakeholder group has reaffirmed this as the guiding theme for the CHA/CHIP.
11	1.1.2T/L & 5.2.1L	The local community at large has had the opportunity to review and comment on preliminary findings of the community health assessment portion of the CHIPP.	Feedback was sought and there is evidence it was included in the CHA/CHIP=4; Feedback was sought, but not clear how it was used=2; No evidence of seeking feedback=0	There is evidence that feedback was sought and included in the CHA/CHIP. Methods to seek this feedback include publishing in the local press with comment or feedback forms, publication on the department website with a comment form, community/town forums, listening sessions, newsletters, discussions or presentations at other organizations' meetings, etc.
12	4.1.1A	Documentation of current collaborations that address specific public health issues or populations.	2 or more examples=4; 1 example=2; no examples=0	The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
13	4.1.2T/L	Link stakeholders and partners to technical assistance regarding models of engaging with the community.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of consultation, TA, or information provided to a community partner or stakeholder concerning an established model or collaborative community engagement. Models of community engagement may include Healthy Communities/Cities; Community Asset mapping; MAPP; NPHPS; or deliberative processes such as town forums, community advisory groups, or deliberative decision making processes.

Survey

14	4.2.1A	Engage with members of the community about policies and/or strategies that will promote their health.	2 or more examples (at least one with community members)=4; 1 example (with community members or people who work directly with them) or 2 or more example that do not involve community member =2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of engagement with a particular population that will be affected by a policy or strategy. The focus of this measure is engaging with community members or people who work directly with community members. At least one of the examples must include engagement with community members.
15	4.2.2A	Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.	2 or more examples in 2 different priority areas=4; 1 example or multiple examples in 1 priority area=2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of educating and/or working with any collaborative member's governing entity, advisory board, and/or elected officials on public health policy or strategy. The two examples must address two different priorities.
16	None	Stakeholder satisfaction with the CHA/CHIP process is measured.	Yes=4; No=0	Survey	There is evidence that some type of formal assessment of stakeholder satisfaction with the process is conducted at least once in the 5 year process.
17	None	There is balance of power and leadership among stakeholders.	Yes=4; No=0	Survey	There is evidence of a democratic or consensus building process in the operation of the stakeholder group. Examples would include discussion and voting on priorities, action plans, operational issues in the governing/stakeholder group.
18	None	Conflict among stakeholders is identified and addressed in a positive manner.	Yes=4; No=0	Survey	There is evidence of positive strategies to manage conflict.

## Assess

19	1.1.2T/L	A variety of data sources are used to describe the community.	4 or more source categories=4; 3 source categories=3; 2 source categories=2; 1 source category=1; no source categories=0		Sources of data in the CHA/CHIP may include 1) federal, state, local, or tribal data, 2) hospitals and health care data, 3) local schools, 4) academic institutions, 5) other governmental data (e.g. recreation, public safety), 6) community non-profits, 7) surveys, 8) asset mapping, 9) focus groups, town hall forums or listening sessions, or 10) other data sources such as the <i>County Health Rankings</i>
20	1.1.2T/L	Demographic data are described	4 or more areas=4; 3 or more areas=3; 2 or more areas=2; 1 area=1; no demographic data=0		Areas of demographic data in the CHA/CHIP may include gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
21	None	Data are collected in each of the four health factor areas identified in the <i>County Health Rankings</i> model (Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment)	4 areas=4; 3 areas=3; 2 areas=2; 1 area=1; no health factors data=0		At least one data measure is present in each of the health factor areas that is counted. The data measure does not have to be the specific data used in the <i>County Health Rankings</i> .
22	1.1.2T/L	Health issues and specific descriptions of population groups with specific health issues are described.	Narrative description of health issues and discussion of special populations=4; Some narrative description, but no mention of special populations=2; No narrative description=0		In addition to presentation of the data in tables and graphs, the CHA/CHIP document includes a narrative description of the health issues of the population based on analysis of the above data. The description should specifically include a discussion of the health issues of specific populations such as the uninsured, low income, and/or minority populations.

23	1.1.2T/L	Health status disparities, health equity, and high health risk populations are described.	Yes=4; No=0	The CHA/CHIP or associated documents includes a discussion of disparities between different population groups, high risk population groups, or the concept of health equity.
24	1.1.2T/L & 5.2.1L	A description of existing tribal or community assets and resources to address health issues is presented.	Yes=4; No=0	The CHA/CHIP or related documents includes a listing or description of the assets or resources that can be mobilized and employed to address health issues. For example, a local park can encourage physical activity, local farmers' markets can promote healthy eating, and local school districts can partner with the local health department to provide health education. This discussion must specifically focus on identifying assets--merely noting a particular measure is better than the state or region is not sufficient to be considered a YES.
25	1.2.3A	There is evidence of primary data collection.	Yes=4; No=0	Primary data collection includes data collected by the LHD, such as communicable disease and public health environmental hazard reports, community surveys, focus groups, interview data, registries, or other methods for tracking chronic disease and injuries, census data, vital records.
26	1.2.3A	There is evidence of secondary data collection.	Yes=4; No=0	Secondary data collection includes data published or collected by other parties such as other governmental agencies (law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus). It may include graduation rates, census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.
27	1.2.3A	Sources of data are cited.	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	The source and year(s) of data are cited.
28	1.3.1A	Local data are compared to other agencies, regions, state, or national data	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of comparison data.
29	1.3.1A	Trends in local data are reported.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of displaying trends in a data element that include at least three points of data over at least a five year time period.

## Prioritize

30	5.2.1L	Information from the community health assessment is provided to the stakeholders who are setting priorities.	Yes=4; No=0	There is evidence that the stakeholders who are setting priorities have been given the information from the assessment phase. This may be summarized data.
31	5.2.1L	Completed CHA and/or CHIP that includes issues and themes identified by stakeholders in the community.	Yes=4; No=0	Evidence that stakeholder discussions were held to identify issues and themes.
32	None	Criteria for setting priorities are established and agreed upon by the stakeholder group.	Yes=4; No=0	Evidence that the stakeholders have discussed and agreed upon a set of criteria for determining priorities. It will be assumed that if they used such criteria that there was agreement about the criteria, even if this is not explicitly noted in the document.



33	5.2.1L	The criteria were used to establish community health priorities.	Priorities were set and there is evidence of using criteria=4; priorities were set and no evidence of criteria=2; no priorities were identified	Evidence that participants developed a set of priority community health issues.
34	5.2.2L	CHIP contains measurable objectives.	Measurable objectives and time-framed targets=4; measurable objectives with no timelines=2; no objectives or timelines=0	The CHIP or an associated work plan has measurable objectives and time-framed targets

## Find Policies & Programs that Work

35	1.4.1A & 5.2.1L	Data is used to inform public health policy, processes, programs, and/or interventions.	2 or more examples=4; 1 example=2; no examples=0	At least two examples must show how data from at least two different data sets are used to support the selection of specific intervention strategies (policies, processes, programs).
36	5.2.2L	CHIP identifies improvement strategies that are evidence-informed	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	Strategies identified in the plan are evidence-based or promising practices. Guidance is provided by the National Prevention Strategy, Guide to Community Preventive Services, Healthy People 2020, Healthiest Wisconsin 2020, or What Works for Health.
37	5.2.2L	CHIP must contain policy changes	2 or more examples=4; 1 example=2; no examples=0	At least two examples of policy changes to accomplish identified health objectives are included in the plan. Policy change can be at a legislative level or a systems change within an institution such as a school district or worksite.

## Implement

38	3.1.2A	Documentation of implemented health promotion strategies.	2 or more examples=4; 1 example=2; no examples=0	At least two examples of health promotion strategies that correspond to health priorities in the CHIP are implemented <b>by the health department.</b>
39	3.1.2A	Documentation that health promotion strategies are marketed.	Yes=4; No=0	Survey Uses social media strategies such as Facebook or Twitter to promote health promotion strategies OR evidence of marketing via advertising, posters, billboards, brochures, etc..
40	5.1.2A	Engage in activities that contribute to the development and/or modification of public health policy.	2 or more examples=4; 1 example=2; no examples=0	Survey Provide documentation that LHD and/or partners have contributed to deliberations concerning public health policy and practice with those who set policy and also contributes to stakeholder or community involvement in development and/or modification of public health policy. Documentation must include at least two of the three following items : 1) informational materials (e.g. issue briefs, media statements, talking points, white papers); 2) providing official public testimony; 3) participating in an advisory or work group appointed by the governing entity.

41	5.2.3A	Implement elements and strategies of the CHIP, in partnership with others and according to timelines within the plan.	75-100% of the strategies implemented=4; 50-74% of the strategies implemented=3; 25-49% of the strategies implemented =2; 0-24% of the strategies implemented=1; None of the strategies implemented=0	Documentation supports evidence of implementation of the plan, including strategies used, partners involved, and the status or results of action taken. The % of strategies implemented is based on the timeframe identified within the plan (i.e. it would be the % of those items that should be done by the date of the review). If there are no timelines in the plan, % of all strategies will be used for this measure.
42	5.2.2L	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	Yes=4; No=0	The CHIP includes designation of individuals or organizations that have accepted responsibility for implementing strategies outlined in the CHIP. (Does not need to be formal MOU/MOA)
43	5.3.1L	The Community Health Improvement Plan and Process (CHIPP) includes priorities and action plans for entities beyond just the local health department.	Yes=4; No=0	There is evidence that other agencies will take responsibility for leadership of and/or specific steps in the implementation plan. If there is only a CHA, this is scored NO.
44	11.2.4A	Seek resources to support agency infrastructure and processes, programs, and interventions.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources to support the CHIP priorities.

Survey

## Evaluate

45	5.2.2L	CHIP contains a plan for measurable health outcomes	Yes=4; No=0	CHIP or a companion document indicates how outcomes will be measured.
46	5.2.2L	CHIP contains a plan for performance indicators for strategies.	Yes=4; No=0	CHIP or a companion document indicates what indicators will be used to measure implementation progress.
47	5.2.4A	Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners	Yes=4; No=0	An annual evaluation report is provided that documents progress on performance indicators and health indicators. (Health indicators may take several years to show measurable progress.)
48	5.2.4A	Revise the CHIP based on evaluation results.	Yes=4; No=0	There is evidence the CHIP has been updated or revised at least annually.

## Wood County

Item Number	PHAB Reference	Measure	Scale	Score	Documentation/Interpretation
<b>General</b>					
1	1.1.2T/L	Community health assessment (CHA) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHA which is dated within the past five years. CHA is defined as the collection and analysis of community health data. If there is any evidence of data collection and analysis, score YES on this item.
2	5.2.2L	Community health improvement plan (CHIP) has been conducted within the past five years.	Yes=4; No=0		A document that includes components of a CHIP which is dated within the past five years. CHIP is defined as identification of health priorities, objectives, implementation plans, evidence of implementation, and an ongoing evaluation or monitoring plan. If any of the above elements are present, score YES on this item.
3	1.1.3T/L+	The CHA document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHA online.
4	1.1.3T/L+	The CHIP document(s) are electronically available to the public via a website.	Yes=4; No=0	4	Research staff were able to find CHIP online.
5	1.1.3T/L	Ensure that the CHA is accessible to partners, agencies, and the general public.	Yes=4; No=0	Survey	There is evidence that the CHA and/or CHIP were promoted to the public. Evidence can include press releases, media coverage, newsletters, web postings, etc. Discussion in the document about this type of outreach or evidence on a website can be counted as YES.
6	5.2.2L	The CHIP is aligned with state and national priorities.	Yes=4; No=0		There is some evidence that the CHA/CHIP are aligned with the National Prevention Strategy, Healthy People 2010/2020, or Healthiest Wisconsin 2010/2020. Consider what was the prevailing national/state document at the time the CHA/CHIP were written. Evidence can include common priorities between the local CHIP and the state or national documents OR a discussion of the alignment with the state and federal plans.
7	5.3.1L	A formal model is used to guide the CHIPP.	Yes=4; No=0		An accepted state or national model from the public, private, or business sector. Examples include Mobilizing for Action through Partnership and Planning (MAPP), Healthy Cities/Communities, Community Indicators project, National Public Health Performance Standards (NPHPS), Assessment Protocol for Excellence in Public Health (APEX/PH), Healthy People 2020, Healthiest Wisconsin 2010/2020, County Health Rankings, Protocol for Assessing Excellence in Community Environmental Health (APEX-EH). Referencing any of the above within the document is scored YES.

## Work Together

8	1.1.1T/L	Participate in or conduct a tribal/local partnership for the development of a comprehensive community health assessment of the population served by the health department. These partners are known as stakeholders throughout the remainder of this tool.	0=Public Health Only; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	The collaboration could include the following sectors: <b>Public health</b> (local and/or state public health agencies); <b>Health care</b> (hospitals, clinics, individual health care providers, FQHCs, mental health, dental health); <b>Education</b> (academic institutions, K-12 schools, early childhood providers); <b>Elected officials/policymakers</b> (Board of Health members, County Board, City Council, State Legislature); <b>Other departments of local government</b> (social services, transportation, UW-Extension, library, law enforcement, parks, etc.); <b>Business</b> (Chamber of Commerce, business owners, etc.); <b>Community Non-profit</b> (American Heart, American Cancer, Big Brothers/Big Sisters, etc.); <b>Faith-based organizations</b> (Leaders of houses of worship, Faith at Work, prison ministries, etc.); <b>Grant makers</b> (Local or regional foundations, United Way, etc.); <b>Minority representatives</b> (Black Health Coalition, Hmong Association, etc.); <b>Representatives of specific age groups</b> (AARP, Youth representative, etc.); <b>Other</b> (specify)
9	5.2.1L	Broad participation of stakeholders continues and/or exists in the CHIP phase.	0=Public Health Only or no evidence of a CHIP; 1=Public Health (PH) & Health Care (HC); 2=Public Health, Health Care + 1 other sector; 3=PH+HC + 2 other sectors; 4=PH+HC+3 other sectors	Stakeholders are defined as persons who serve on a governance or working committee for the CHA or CHIP and/or who work on the implementation of the CHIP. There is evidence that the broad group of community partners that were involved in the assessment were also involved in the prioritization and implementation process.
10	None	The stakeholders define a purpose, mission, vision, and/or core values for the CHA and/or CHIP process.	Yes=4; No=0	There is evidence that the stakeholders have clearly defined and collaborative built consensus about the purpose of the CHA and/or CHIP. Evidence may include a statement of purpose, mission, vision, and/or core values in the CHA or CHIP document or related documents provided by the Health Department. Answer NO if this statement is the purpose, mission, vision, and/or core values of the Health Department, unless it is clear that the stakeholder group has reaffirmed this as the guiding theme for the CHA/CHIP.
11	1.1.2T/L & 5.2.1L	The local community at large has had the opportunity to review and comment on preliminary findings of the community health assessment portion of the CHIPP.	Feedback was sought and there is evidence it was included in the CHA/CHIP=4; Feedback was sought, but not clear how it was used=2; No evidence of seeking feedback=0	There is evidence that feedback was sought and included in the CHA/CHIP. Methods to seek this feedback include publishing in the local press with comment or feedback forms, publication on the department website with a comment form, community/town forums, listening sessions, newsletters, discussions or presentations at other organizations' meetings, etc.
12	4.1.1A	Documentation of current collaborations that address specific public health issues or populations.	2 or more examples=4; 1 example=2; no examples=0	The CHA/CHIP or associated documents describes at least two collaborations that include the local health department AND other community agencies that are addressing identified priorities in the CHIP.
13	4.1.2T/L	Link stakeholders and partners to technical assistance regarding models of engaging with the community.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of consultation, TA, or information provided to a community partner or stakeholder concerning an established model or collaborative community engagement. Models of community engagement may include Healthy Communities/Cities; Community Asset mapping; MAPP; NPHPS; or deliberative processes such as town forums, community advisory groups, or deliberative decision making processes.

Survey

14	4.2.1A	Engage with members of the community about policies and/or strategies that will promote their health.	2 or more examples (at least one with community members)=4; 1 example (with community members or people who work directly with them) or 2 or more example that do not involve community member =2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of engagement with a particular population that will be affected by a policy or strategy. The focus of this measure is engaging with community members or people who work directly with community members. At least one of the examples must include engagement with community members.
15	4.2.2A	Engage with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public's health.	2 or more examples in 2 different priority areas=4; 1 example or multiple examples in 1 priority area=2; no examples=0	Survey	The CHA/CHIP or associated documents provide at least two examples of educating and/or working with any collaborative member's governing entity, advisory board, and/or elected officials on public health policy or strategy. The two examples must address two different priorities.
16	None	Stakeholder satisfaction with the CHA/CHIP process is measured.	Yes=4; No=0	Survey	There is evidence that some type of formal assessment of stakeholder satisfaction with the process is conducted at least once in the 5 year process.
17	None	There is balance of power and leadership among stakeholders.	Yes=4; No=0	Survey	There is evidence of a democratic or consensus building process in the operation of the stakeholder group. Examples would include discussion and voting on priorities, action plans, operational issues in the governing/stakeholder group.
18	None	Conflict among stakeholders is identified and addressed in a positive manner.	Yes=4; No=0	Survey	There is evidence of positive strategies to manage conflict.

## Assess

19	1.1.2T/L	A variety of data sources are used to describe the community.	4 or more source categories=4; 3 source categories=3; 2 source categories=2; 1 source category=1; no source categories=0		Sources of data in the CHA/CHIP may include 1) federal, state, local, or tribal data, 2) hospitals and health care data, 3) local schools, 4) academic institutions, 5) other governmental data (e.g. recreation, public safety), 6) community non-profits, 7) surveys, 8) asset mapping, 9) focus groups, town hall forums or listening sessions, or 10) other data sources such as the <i>County Health Rankings</i>
20	1.1.2T/L	Demographic data are described	4 or more areas=4; 3 or more areas=3; 2 or more areas=2; 1 area=1; no demographic data=0		Areas of demographic data in the CHA/CHIP may include gender, race, age, income, disabilities, mobility (travel time to work or to health care), educational attainment, home ownership, employment status, etc.
21	None	Data are collected in each of the four health factor areas identified in the <i>County Health Rankings</i> model (Health Behaviors, Clinical Care, Social & Economic Factors, Physical Environment)	4 areas=4; 3 areas=3; 2 areas=2; 1 area=1; no health factors data=0		At least one data measure is present in each of the health factor areas that is counted. The data measure does not have to be the specific data used in the <i>County Health Rankings</i> .
22	1.1.2T/L	Health issues and specific descriptions of population groups with specific health issues are described.	Narrative description of health issues and discussion of special populations=4; Some narrative description, but no mention of special populations=2; No narrative description=0		In addition to presentation of the data in tables and graphs, the CHA/CHIP document includes a narrative description of the health issues of the population based on analysis of the above data. The description should specifically include a discussion of the health issues of specific populations such as the uninsured, low income, and/or minority populations.

23	1.1.2T/L	Health status disparities, health equity, and high health risk populations are described.	Yes=4; No=0	The CHA/CHIP or associated documents includes a discussion of disparities between different population groups, high risk population groups, or the concept of health equity.
24	1.1.2T/L & 5.2.1L	A description of existing tribal or community assets and resources to address health issues is presented.	Yes=4; No=0	The CHA/CHIP or related documents includes a listing or description of the assets or resources that can be mobilized and employed to address health issues. For example, a local park can encourage physical activity, local farmers' markets can promote healthy eating, and local school districts can partner with the local health department to provide health education. This discussion must specifically focus on identifying assets--merely noting a particular measure is better than the state or region is not sufficient to be considered a YES.
25	1.2.3A	There is evidence of primary data collection.	Yes=4; No=0	Primary data collection includes data collected by the LHD, such as communicable disease and public health environmental hazard reports, community surveys, focus groups, interview data, registries, or other methods for tracking chronic disease and injuries, census data, vital records.
26	1.2.3A	There is evidence of secondary data collection.	Yes=4; No=0	Secondary data collection includes data published or collected by other parties such as other governmental agencies (law enforcement, EPA, OSHA, Bureau of Labor Statistics, and workers' compensation bureaus). It may include graduation rates, census data, hospital discharge data, Behavioral Risk Factor Surveillance System data, and academic research data.
27	1.2.3A	Sources of data are cited.	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	The source and year(s) of data are cited.
28	1.3.1A	Local data are compared to other agencies, regions, state, or national data	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of comparison data.
29	1.3.1A	Trends in local data are reported.	2 or more examples=4; 1 example=2; no examples=0	There are at least two examples of displaying trends in a data element that include at least three points of data over at least a five year time period.

## Prioritize

30	5.2.1L	Information from the community health assessment is provided to the stakeholders who are setting priorities.	Yes=4; No=0	There is evidence that the stakeholders who are setting priorities have been given the information from the assessment phase. This may be summarized data.
31	5.2.1L	Completed CHA and/or CHIP that includes issues and themes identified by stakeholders in the community.	Yes=4; No=0	Evidence that stakeholder discussions were held to identify issues and themes.
32	None	Criteria for setting priorities are established and agreed upon by the stakeholder group.	Yes=4; No=0	Evidence that the stakeholders have discussed and agreed upon a set of criteria for determining priorities. It will be assumed that if they used such criteria that there was agreement about the criteria, even if this is not explicitly noted in the document.

33	5.2.1L	The criteria were used to establish community health priorities.	Priorities were set and there is evidence of using criteria=4; priorities were set and no evidence of criteria=2; no priorities were identified	Evidence that participants developed a set of priority community health issues.
34	5.2.2L	CHIP contains measurable objectives.	Measurable objectives and time-framed targets=4; measurable objectives with no timelines=2; no objectives or timelines=0	The CHIP or an associated work plan has measurable objectives and time-framed targets

## Find Policies & Programs that Work

35	1.4.1A & 5.2.1L	Data is used to inform public health policy, processes, programs, and/or interventions.	2 or more examples=4; 1 example=2; no examples=0	At least two examples must show how data from at least two different data sets are used to support the selection of specific intervention strategies (policies, processes, programs).
36	5.2.2L	CHIP identifies improvement strategies that are evidence-informed	All of the time=4; 75-99% of the time=3; 50-74% of the time=2; 25-49% of the time =1; 0-24% of the time=0	Strategies identified in the plan are evidence-based or promising practices. Guidance is provided by the National Prevention Strategy, Guide to Community Preventive Services, Healthy People 2020, Healthiest Wisconsin 2020, or What Works for Health.
37	5.2.2L	CHIP must contain policy changes	2 or more examples=4; 1 example=2; no examples=0	At least two examples of policy changes to accomplish identified health objectives are included in the plan. Policy change can be at a legislative level or a systems change within an institution such as a school district or worksite.

## Implement

38	3.1.2A	Documentation of implemented health promotion strategies.	2 or more examples=4; 1 example=2; no examples=0	At least two examples of health promotion strategies that correspond to health priorities in the CHIP are implemented <b>by the health department.</b>
39	3.1.2A	Documentation that health promotion strategies are marketed.	Yes=4; No=0	Survey Uses social media strategies such as Facebook or Twitter to promote health promotion strategies OR evidence of marketing via advertising, posters, billboards, brochures, etc..
40	5.1.2A	Engage in activities that contribute to the development and/or modification of public health policy.	2 or more examples=4; 1 example=2; no examples=0	Survey Provide documentation that LHD and/or partners have contributed to deliberations concerning public health policy and practice with those who set policy and also contributes to stakeholder or community involvement in development and/or modification of public health policy. Documentation must include at least two of the three following items : 1) informational materials (e.g. issue briefs, media statements, talking points, white papers); 2) providing official public testimony; 3) participating in an advisory or work group appointed by the governing entity.

41	5.2.3A	Implement elements and strategies of the CHIP, in partnership with others and according to timelines within the plan.	75-100% of the strategies implemented=4; 50-74% of the strategies implemented=3; 25-49% of the strategies implemented =2; 0-24% of the strategies implemented=1; None of the strategies implemented=0	Documentation supports evidence of implementation of the plan, including strategies used, partners involved, and the status or results of action taken. The % of strategies implemented is based on the timeframe identified within the plan (i.e. it would be the % of those items that should be done by the date of the review). If there are no timelines in the plan, % of all strategies will be used for this measure.
42	5.2.2L	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	Yes=4; No=0	The CHIP includes designation of individuals or organizations that have accepted responsibility for implementing strategies outlined in the CHIP. (Does not need to be formal MOU/MOA)
43	5.3.1L	The Community Health Improvement Plan and Process (CHIPP) includes priorities and action plans for entities beyond just the local health department.	Yes=4; No=0	There is evidence that other agencies will take responsibility for leadership of and/or specific steps in the implementation plan. If there is only a CHA, this is scored NO.
44	11.2.4A	Seek resources to support agency infrastructure and processes, programs, and interventions.	2 or more examples=4; 1 example=2; no examples=0	Provide two examples of grant applications (funded or unfunded) or documentation of leveraging funds to obtain additional resources to support the CHIP priorities.

Survey

## Evaluate

45	5.2.2L	CHIP contains a plan for measurable health outcomes	Yes=4; No=0	CHIP or a companion document indicates how outcomes will be measured.
46	5.2.2L	CHIP contains a plan for performance indicators for strategies.	Yes=4; No=0	CHIP or a companion document indicates what indicators will be used to measure implementation progress.
47	5.2.4A	Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners	Yes=4; No=0	An annual evaluation report is provided that documents progress on performance indicators and health indicators. (Health indicators may take several years to show measurable progress.)
48	5.2.4A	Revise the CHIP based on evaluation results.	Yes=4; No=0	There is evidence the CHIP has been updated or revised at least annually.