

**Public Health PBRN  
Monthly Virtual Meeting  
June 20, 2013**

Research-in-Progress Presentation by  
Wisconsin PBRN

**The Quality of Wisconsin's CHA's and CHIP's:  
Where We've Been and Where We're Going**

**Julie Willems Van Dijk, RN PhD and Bridget Booske Catlin, PhD**

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Please mute your telephone until the Q&A. If your telephone does not have a mute button, press \*6 to mute and #6 to unmute

# The Quality of Wisconsin's CHA's and CHIP's: Where We've Been and Where We're Going Research in Progress

National Coordinating Center Webinar  
June 20, 2013

Julie Willems Van Dijk PhD



UNIVERSITY OF WISCONSIN

**Population Health Institute**

*Translating Research for Policy and Practice*



# Acknowledgements

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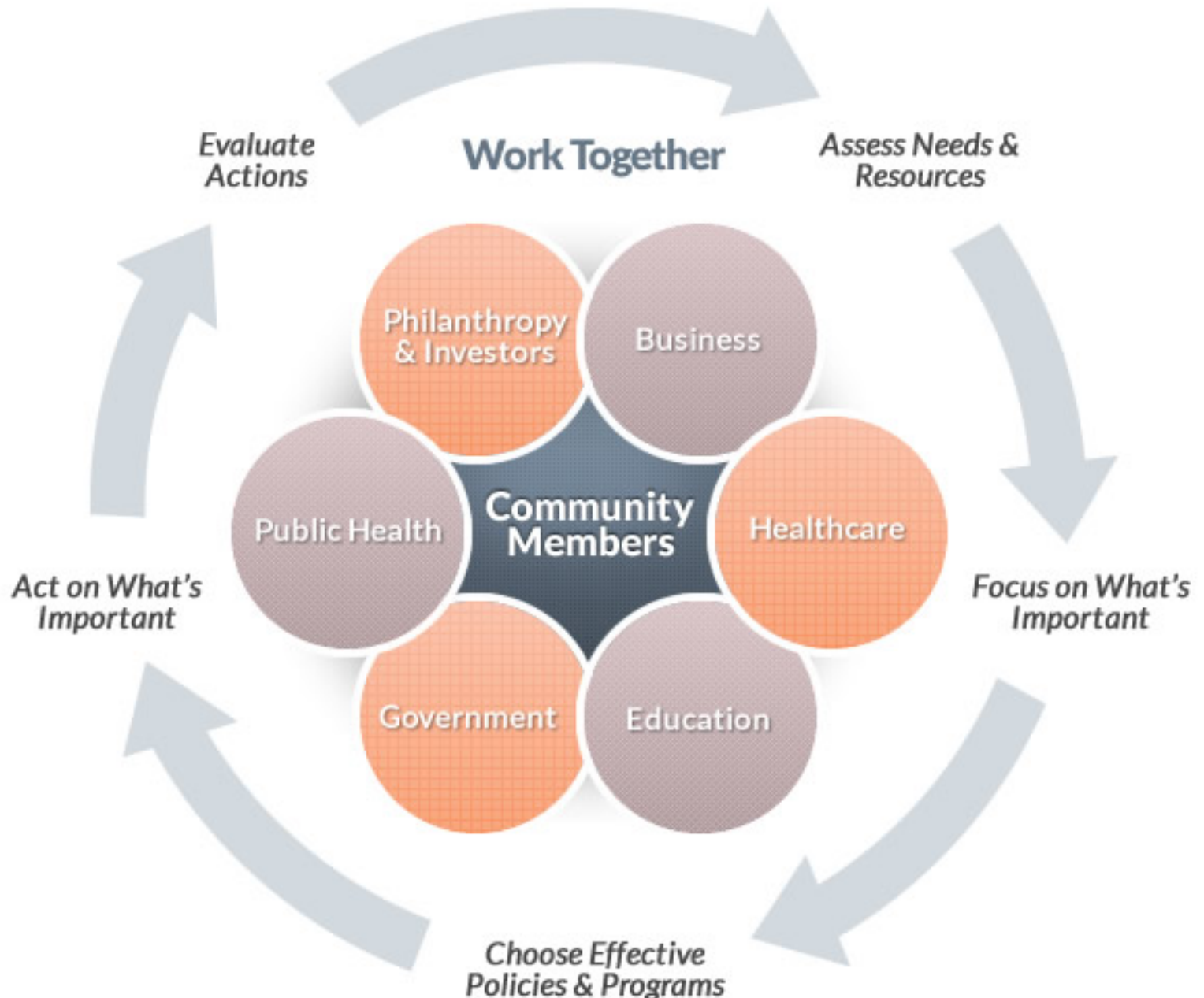
- Robert Wood Johnson Foundation
  - UWPHI Research Team: Bridget Catlin, Anna Graupner, Erika Cheng
  - WI Public Health Practice-based Research Network
  - Expert Panel: Terry Brandenburg, Lieske Giese, Becky Hovarter, Joan Theurer, Robin Wilcox
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# Outline

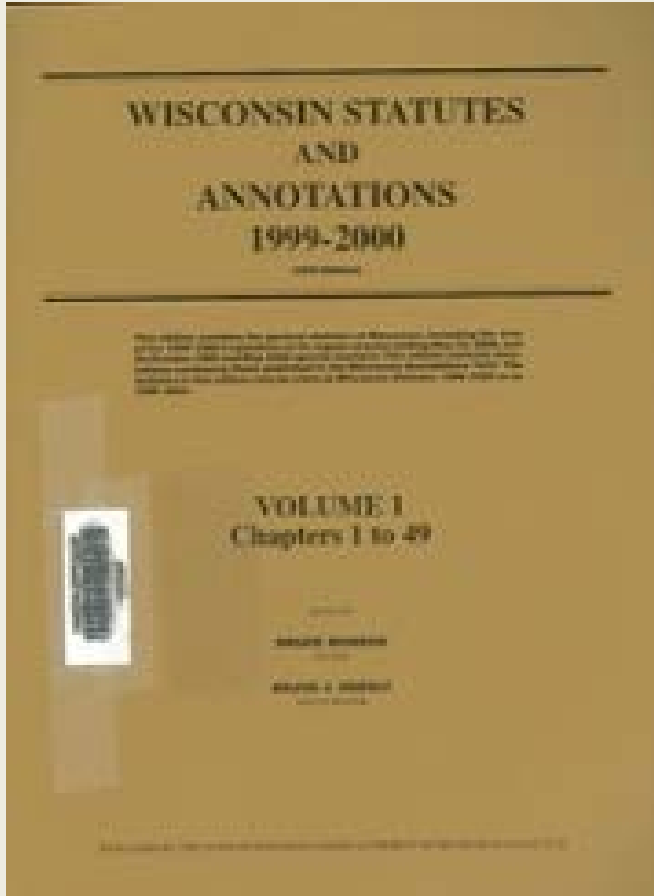
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- CHIPP Background
  - CHIPP Quality Measurement Tool
  - Preliminary Results
  - What's Next?
  - Discussion
-

# TAKE ACTION



# Local Health Departments



*s.251.05(3)(c) A local health department shall involve key policy makers and the general public in determining and developing a CHIP... AND s.251.05(3) Develop public health policies and procedures for the community; Complete a community health assessment; collect, review and analyze data on community health and identify population groups, families and individuals at high risk of illness, injury, disability or premature death. Participate in development of community plans that include identification of community health priorities, goals and objectives to address current and emerging threats to the health of individuals, families, vulnerable population groups and the jurisdiction as a whole, and contribute to the planning efforts that support community strengths and assets. Assure programs and services that focus on reducing health disparities and are based on evaluation of surveillance data and other factors that increase actual or potential risk of illness, disability, injury, or premature death.*

# CHIPP Models Used by WI LHDs



- ❑ Healthiest WI (62%)
- ❑ County Health Rankings & Roadmaps (36%)
- ❑ Mobilizing for Action through Partnership & Planning (25%)

Source: Local Health Department CHIPP Needs & Priorities conducted by the Wisconsin Association of Local Health Departments & Boards, October, 2011

# Not for Profit Hospitals

## The Affordable Health Care Act

Every 3 years:

Community Health

Needs Assessments

With community partners  
and public data

Identify plans and roles for  
health improvement





# Three Stages

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- ❑ Develop CHIPP Quality Measurement Tool
  - ❑ Measure the quality of Wisconsin's 94 CHIPPs
  - ❑ Conduct a comparative analysis to determine if there are any structural or process factors that predict higher quality CHIPPs
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# Stage One: CHIPP Quality Measurement Tool



- ❑ Modeled after the Public Health Accreditation Standards (Version 1.0 released July, 2011)
  - ❑ Organized around each step in the CHIPP
  - ❑ Content Validity was established based on review by an expert panel of local and state health department leaders and Public Health Accreditation Board staff
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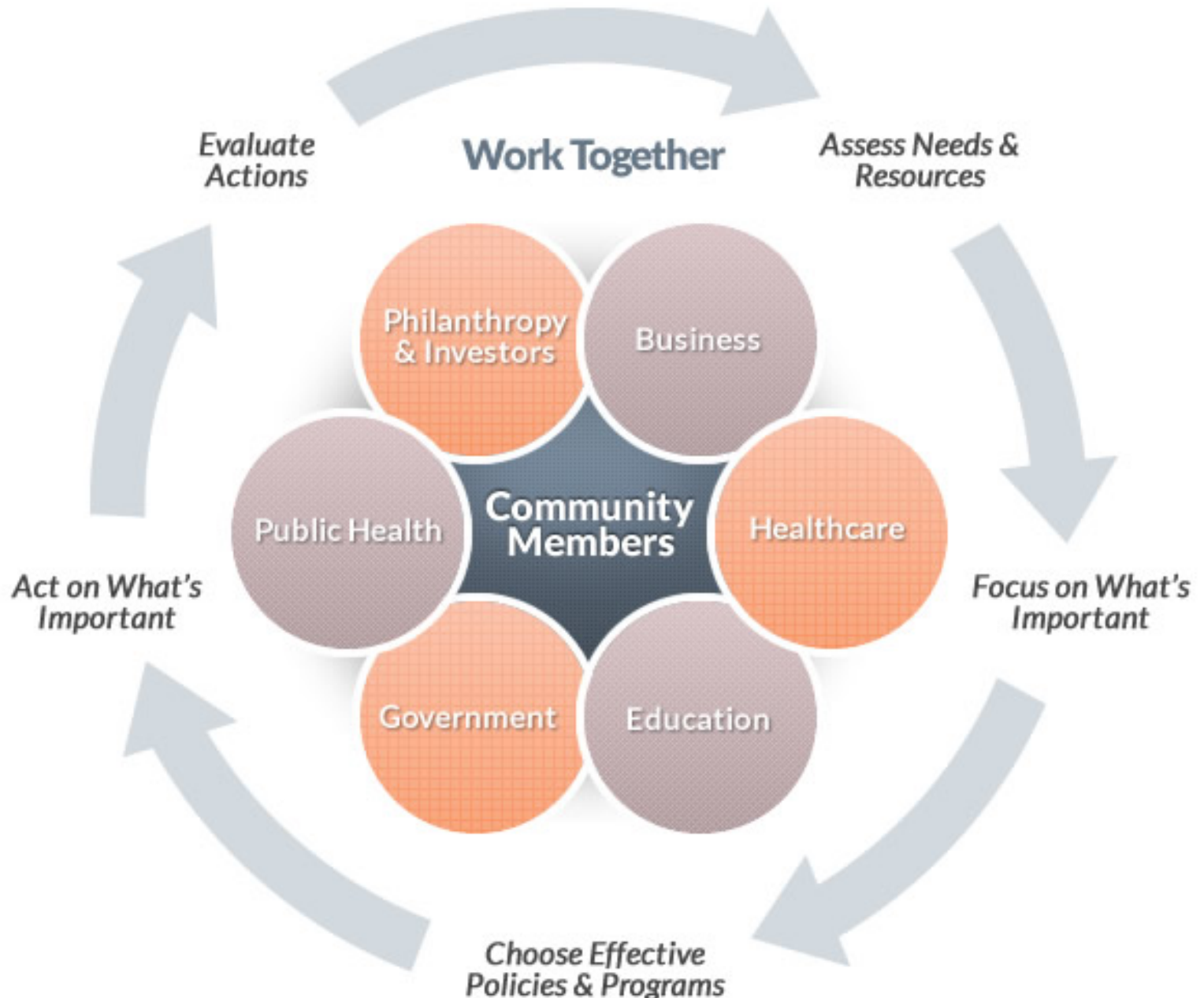


# Expert Panel

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- ❑ Terry Brandenburg, Medical College of WI & Former West Allis Health Officer
  - ❑ Elizabeth Giese, WI Division of Public Health
  - ❑ Becky Hovarter, Shawano County Health Officer
  - ❑ Joan Theurer, Marathon County Health Officer
  - ❑ Robin Wilcox, Chief Operations Officer, Public Health Accreditation Board
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# TAKE ACTION



Stage	Measure	Documentation
General	The CHA document(s) are electronically available to the public via a website.	Research staff were able to find CHA online.
Work Together	Documentation of current collaborations that address specific public health issues or populations.	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.
Assess Needs	Local data are compared to other agencies, regions, state, or national data.	There are at least two examples of comparison data that compare data from similar data sources over similar timeframes.
Prioritize	CHIP contains measurable objectives with time-framed targets.	The CHIP or an associated work plan has measurable objectives and time-framed targets.

Stage	Measure	Documentation
Choose Programs & Policies that Work	CHIP identifies improvement strategies that are evidence-informed.	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.
Implement	CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies	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)
Evaluate	CHIP contains a plan for performance indicators for strategies.	CHIP or a companion document indicates what indicators will be used to measure implementation progress.

# CHIPP Quality Measurement

## # of Items by CHIPP Stage



CHIPP Stage	Document Review	LHD Survey	Total
General	6	1	7
Work Together	5	4	9
Assess	11	0	11
Prioritize	4	0	4
Choose	3	0	3
Implement	4	3	7
Evaluate	4	0	4
TOTAL	37	8	45

# CHIPP Quality Measurement # of Items by PHAB Domain



PHAB Domain	# of Items
Domain 1: Conduct & Disseminate Assessments	18
Domain 3: Inform & Educate the Public	2
Domain 4: Engage with the Community	3
Domain 5: Develop Policies & Plans	20
Domain 11: Administrative & Management Capacity	1
Literature Review	4
TOTAL*	48

\*Some items are counted in two domains



# STAGE TWO: Measure CHA & CHIP Quality



- ❑ Collected all 94 CHA's and CHIP's
- ❑ Two researchers scored and differences were reconciled by one of the Principal Investigators
- ❑ Follow up review and survey with Local Health Officer

# LHD Structure

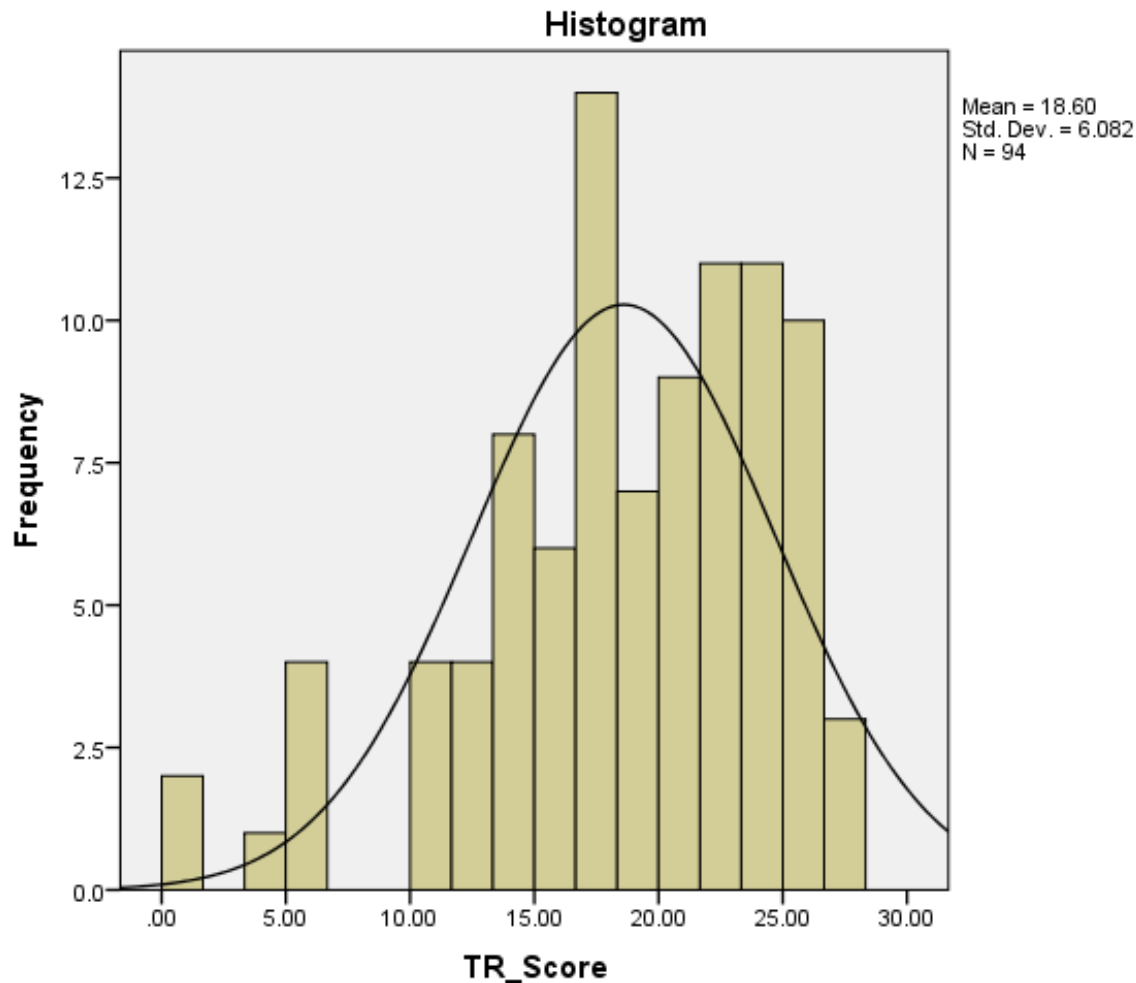


Type of Jurisdiction	N	Percentage
County	67	71.3 %
City	21	22.3 %
Other (Sub-County or City-County)	6	6.4 %
TOTAL	94	100%

# Timeframes & Availability

	N	Percentage
CHA has been conducted within the past five years.	79	84%
CHIP has been conducted within the past five years.	72	77%
The CHA document(s) are electronically available the public via a website.	69	73%
The CHIP document(s) are electronically available the public via a website.	61	65%

# TOTAL CHIPP Scores



Mean = 18.60

Minimum

Score = 0

Maximum

Score = 27.41

Maximum

Possible Score =

37

# CHIPP Stage Results (N=94)



CHIPP Stage	Mean Score (Maximum=4)
General	3.19
Assess	3.13
Prioritize	2.74
Choose	2.72
Work Together	2.71
Implement	2.52
Evaluate	1.60

# Highest Scoring Items



Item	CHIPP Stage	Mean Score (Maximum Score=4)
There is evidence of secondary data collection.	Assess	3.74
Data are collected in multiple health factor areas, showing a consideration of the multiple determinants of health.	Assess	3.71
The CHIPP acknowledges state and national priorities.	General	3.66
A variety of data sources are used to describe the community.	Assess	3.55
Local data are compared to other agencies, regions, state, or national data.	Assess	3.55
A formal model, local model, or parts of several models are used to guide the CHIPP.	General	3.53

# Lowest Scoring Items



Item	CHIPP Stage	Mean Score (Maximum Score=4)
The local community at large has had the opportunity to review and comment on the CHA &/or CHIP.	Work Together	1.09
Revise the CHIP based on evaluation results.	Evaluate	1.32
CHIP contains a plan for performance indicators for strategies.	Evaluate	1.62
Monitor progress on implementation of strategies in the CHIP in collaboration with stakeholders and partners.	Evaluate	1.62
CHIP contains a plan for measurable health outcomes.	Evaluate	1.83
CHIP identifies individuals and organizations that have accepted responsibility for implementing strategies.	Implement	1.87

# LHD Survey

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- ❑ Each LHD Director receives the CHIPP Quality Measurement Scores and is asked to review and indicate their agreement
  - ❑ If LHD Director thinks a score should be different, asked to provide evidence for the score change
  - ❑ Also asked to complete a 13-question survey
  - ❑ 73% response rate
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# Examples of Survey Questions



- Have you shared data from your Community Health Assessment (CHA) with the general public?
  - Have you engaged with governing entities, advisory boards, and/or elected officials that may influence policies or strategies proposed in your Community Health Assessment & Improvement Plan?
  - Within the past five years, have you sought feedback from your stakeholders about what has gone well and areas for improvement in the Community Health Improvement Planning Process?
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# STAGE THREE: Comparative Analysis

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## □ Structural Factors

- Population
- Expenditures
- Region
- Staffing

## □ Process Factors

- CHIPP Model
  - # of sectors in partnership
  - New resources identified
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# Discussion

- Strengths in Assessment and Prioritization reflects history of state-mandated CHA
  - Opportunities:
    - Strengthening the movement to the left side of the action cycle (Implementation & Evaluation)
    - Developing and disseminating a self-assessment tool
    - Informing PHAB standard revisions
    - Informing collaborative work with not-for-profit hospitals
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# DISCUSSION

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# Other Meeting Agenda Items

## PBRN Research Updates

## PRC DVD Intervention for HPV Vaccination DNI Update

## Funding Opportunities

- HRSA- Maternal and Child Health Measurement Research Network
- RWJF-PHSSR Mentored Research Scientist Development Awards
- RWJF-Health and Society Scholars Program



# Grants Administration Update:

## Reports and Products

Please continue to route all questions on Grant Budgeting, Reporting, and Administration to the Public Health PBRN Coordinating Center.

Please remember to submit any reports and products to the Coordinating Center for approval before sending to RWJF.

Send to [PublicHealthPBRN@uky.edu](mailto:PublicHealthPBRN@uky.edu); after approval send to [grantreports@rwjf.org](mailto:grantreports@rwjf.org)

RWJF guidelines for annual, final narrative reports & bibliography:

[http://www.rwjf.org/files/publications/RWJF\\_GranteeReportingInstructions.pdf](http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf)

RWJF guidelines for financial reports:

[http://www.rwjf.org/files/publications/RWJF\\_FinancialGuidelinesReporting.pdf](http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf)

RWJF guidelines for electronic submission standards for products and reports

[http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/RWJF\\_ElectronicSubmissions.pdf](http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/RWJF_ElectronicSubmissions.pdf)

## Reminders: Upcoming Meetings and Events

- June 25-26, 2013: [AcademyHealth Annual Research Meeting](#), and PHSSR Interest Group Meeting, Baltimore MD
- July 10-12, 2013: [NACCHO Annual Sharing Session](#), Dallas, TX
- July 18, 2013: Public Health PBRN Monthly Virtual Meeting: Research-in-progress presentation by the Georgia PBRN





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