Overview: Development of the Adams County Community Health Improvement Plan (CHIP)

Board of Health
Adams County Health Department
February 16, 2023
What do you think?
What are we missing?
Suggestions for improvement?
CHA and CHIP Requirements

- Required every 5 years by the Colorado Public Health Act (SB 08-194)

- Required by the Public Health Accreditation Board (PHAB), also 5-year cycle
  - Domain 1: Assessment
  - Domain 4: Community Engagement
  - Domain 5: Policies and Plans → 5.2. Community Health Improvement Plan

- Guided by the Colorado Health Assessment and Planning System (CHAPS)
  - Phase 1: Plan the process
  - Phase 2: Equity and community engagement
  - Phase 3: Conduct a community health assessment
  - Phase 4: Assess capacity
  - Phase 5: Prioritize issues
  - Phase 6: Develop a plan (PHIP/CHIP)
  - Phase 7: Implement, promote, and monitor
  - Phase 8: Participate in statewide public health improvement opportunities

We’re here!
Adams County CHA

• 13 main sections
  • Access to Care
  • COVID-19
  • Economic Security
  • Education
  • Environment
  • Access to Healthy Food
  • Health Behaviors and Outcomes
  • Housing
  • Mental Health
  • Safety
  • Sexual and Reproductive Health
  • Social Connection
  • Substance Use & Treatment

• Presented to BOH
  November 2022

• Serves as starting point for CHIP
What is a Community Health Improvement Plan (CHIP)?

What
• A CHIP is a community-centered plan to address the county’s health priorities
• County-wide priorities with potential for local strategies
• Guided by and implemented through collective action

Who
• Created in partnership with community
• Guided and implemented by a community-led coalition
• Facilitated and evaluated by Adams County Health Department
• Advised by community members with lived experience
Engaging Community & Partners

• **Partners**
  • Lead focus groups and community engagement as trusted partners in diverse communities (funded by ACHD, as applicable)
  • **Community Coalition for Health Improvement**
    • Develops actionable goals, objectives, and strategies
    • Creates a collective impact tactical plan and executes that plan

• **Advisors**
  • Community completes surveys and focus groups, provide feedback on priorities and strategies
  • **Health Equity Community Advisory Group (CAG)**
    • Community with lived experience
    • Vets priorities, plans, elevates community voices
    • Provide feedback on community engagement processes (ACHD policies and procedures)
    • Advises Coalition on community engagement strategies and implementation plans

• **Evaluators**
  • Provide feedback on plan over time, regularly
  • Learn from year 1 to improve year 2 (and so on)
Engaging Community & Partners

• Municipalities
  • Provide input on local health priorities and strategies
  • Regularly informs, advises, and partners with ACHD
  • Participate on Coalition or Advisory Group as needed

• ACHD and AdCo Staff
  • Provide ongoing thought partnership, feedback, content expertise

• Public Health Leadership Team
  • Provides leadership, guidance, thought-partnership, feedback

• Board of Health
  • Formally adopt CHIP
  • Provides overall guidance, connection to community, feedback
Overview of the Timeline

1. Internal ACHD Teams meeting

2. Community Coalition Est.

3. 1st Info Gathering & Engagement

4. 2nd Info Gathering & Engagement

5. Community Coalition Task Forces


7. CHIP Dissemination

Plan: J F M A M J J A S O N D J F M A
1st Prior: F M A M J J
Assess: J J A S O N D J F M A
2nd Prior: F M A M J J
Strat Dev: J J A S O N D J F M A
Write: J J A S O N D J F M A
Implement: J J A S O N D J F M A

Implementation Begins (Coalition)
How We Partner with CBOs

Fund local CBOs to conduct outreach and gather information
• Partner with CBOs serving populations or communities with higher vulnerability
• Fund CBOs to conduct community outreach (focus groups, surveys)
  1. CHA results and Initial priorities (initial)
  2. Final priorities and community strategies (secondary)

CBOs will be strategically selected
• Trusted relationships with populations* of higher need
• Good reputation in community. Ability to meet deliverables. Desire to partner.

*TBD. Likely geographic, demographic, SDoH/HE-criteria
Community Coalition for Health Improvement (CCHI)

Who
- Inaugural group that will design the CHIP
- Broad representation on the Coalition – can include many different stakeholders
- CBO partners and professionals

What
- Develops actionable goals, objectives and strategies and then
- Creates a collective impact work/tactical plan and executes that plan
- Focused on the work of the CHIP as a community-owned formal plan
- Informs creation of the Health Equity Community Advisory Group

How
- Convened and supported by ACHD staff
- Task forces will inform strategy development under priorities
Initial Prioritization & Feedback (Phase 5.1)

- Coalition will develop criteria by which issues will be prioritized
- Narrow down 13 priorities to 5-6
- Present priorities and findings to community for feedback
  - Focus groups
  - Surveys
Capacity Assessment (Phase 4)

1. Environmental Scan of current programs, opportunities, gaps
2. Key Partner Engagement and Discussion for Each Topic Area
3. Understand Current Environment and Context
4. Other Considerations (e.g., PHAB, skill, capacity)

Development of Priority Recommendations (Phase 5.2)

- Identify 2-3 Priority Areas
  - Priorities will most likely become CHIP areas
- Create Priority Area Fact Sheets and Summary Report
Strategy Development

• **Priority-Area Task Forces under Coalition**
  - Develop and refine list of strategies
  - Identify additional needs (data, stakeholder input, research, etc.)
  - Determine 3- and 6-year goals and objectives
  - Develop logic models for each area

• **Secondary Focus Groups for Community Feedback**
  - Gather input on final priorities and strategies for accomplishing them
  - What would it mean to be successful?
  - How can we better engage community?

• **Finalize Priority Areas, Goals, and Strategies**

• **Complete CHIP Plan**
  - *BOH approval January 2024*
What do you think?

What are we missing?

Suggestions for improvement?
Thank you!

Callie Preheim, MSPH
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