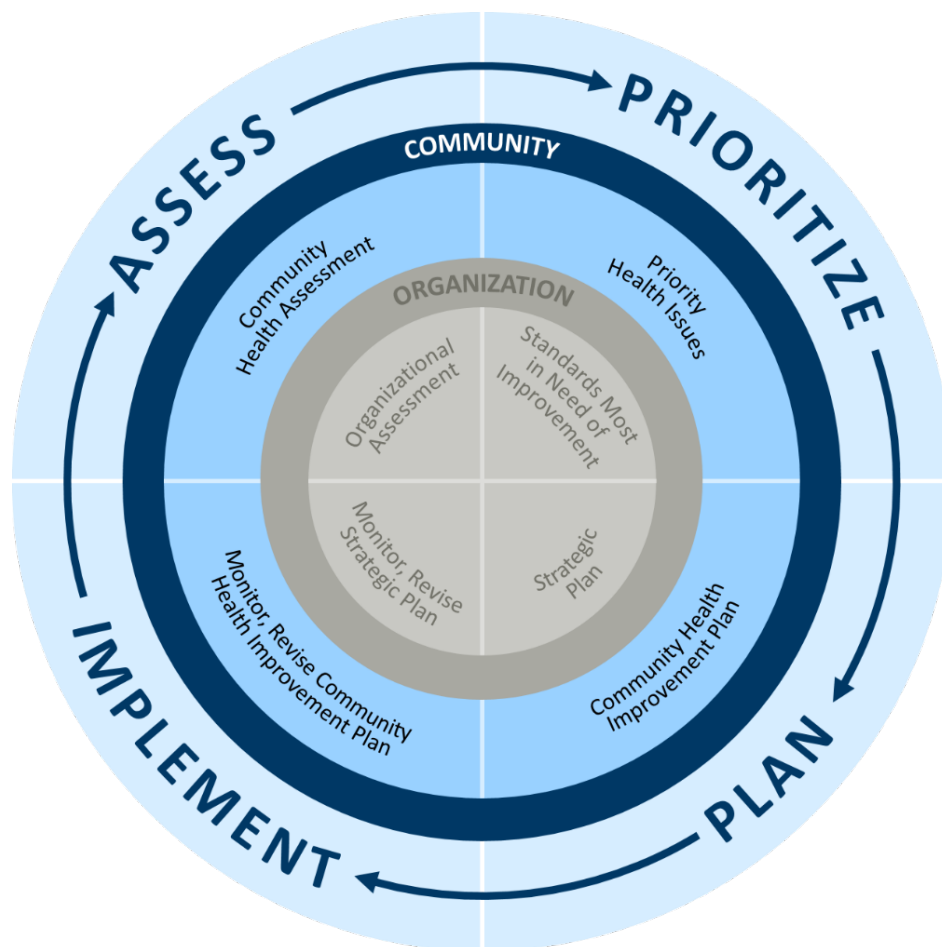# Community health assessment and planning cycle

HANDBOOK FOR LOCAL PUBLIC HEALTH

Version: June 29, 2023

Do you have the latest version of this handbook?
To check, visit: Assessment and planning for local public health
(https://www.health.state.mn.us/communities/practice/assessplan/lph/).

Community health assessment and planning: Handbook for local public health

Minnesota Department of Health
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To obtain this information in a different format, call: 651-201-3880.

Contents

About the local public health assessment and planning cycle

All Minnesota community health boards are required to participate in assessment and planning, to determine local public health priorities and focus local resources on the greatest community and organizational needs.

The phases and deliverables below were developed through a state-local partnership process and are based on recommendations from the State Community Health Services Advisory Committee (SCHSAC). The assessment and planning process allows community health boards to meet state statutory requirements and aligns with Public Health Accreditation Board (PHAB) national public health standards.

MDH has designed all assessment and planning guidance to help community health boards meet Public Health Accreditation Board (PHAB) national public health standards.
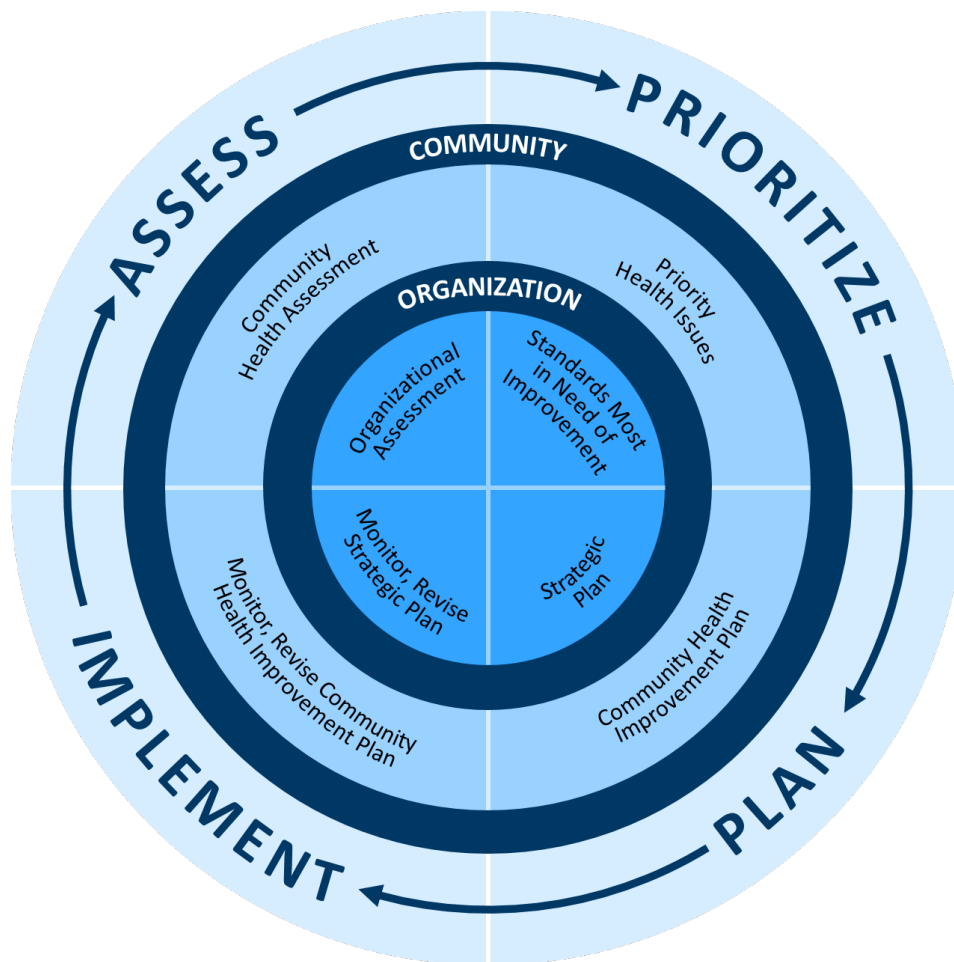
Assessment and planning phases

Assess

The assessment and planning cycle starts with two assessments.

- **Organizational self-assessment:** The organizational assessment is a self-study of the community health board's ability to meet the national public health standards. It determines the community health board's strengths and areas for improvement.

- **Community health assessment:** A community health assessment provides a picture of the health status of the jurisdiction. It identifies and describes factors that affect the health of a community, and the available resources to address those factors. A community health board, or another lead organization, in partnership with community, collects, analyzes, and begins to use data to determine health priorities and make decisions about action to improve health for the population.
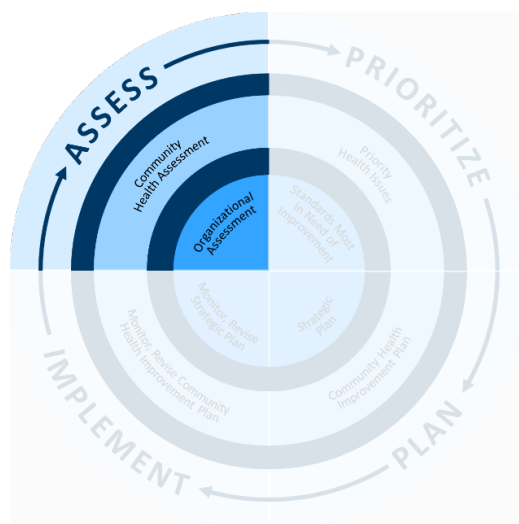
Prioritize

The assessments above allow a community health board to prioritize the most important issues facing the organization and the community. Each set of priorities, compiled across the state, give a snapshot of the state's needs, as well as regional comparisons across the entire public health system.

- **Standards most in need of improvement:** After completing the organizational assessment, a community health board prioritizes the national public health standards most in need of improvement within its organization. The community health board may use these priorities internally to inform strategic planning and other improvement efforts.

- **Priority health issues:** After completing the community health assessment, public health staff in partnership with community prioritize the health issues and/or factors impacting health to collectively address. MDH asks community health boards to submit their communities' health priorities, to provide a view of statewide priorities and fulfill the requirements of Minnesota statute.
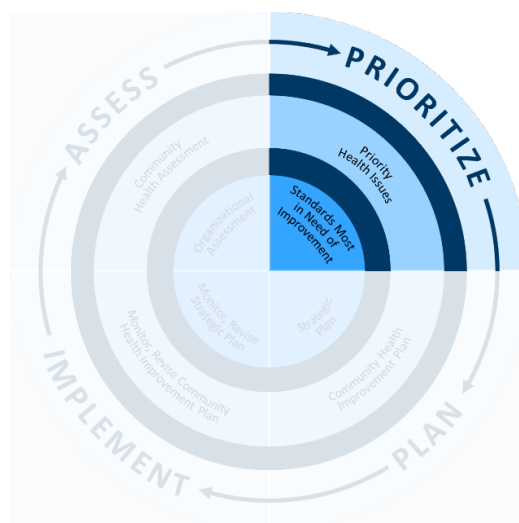
Plan

The community health improvement plan and strategic plan guides the community health board's work internally, and externally alongside community partners. The community health board can use these plans to advocate for resources, work toward measurable results, and demonstrate efficiency and accountability. National public health accreditation standards state these plans should relate and connect to each other.

- **Strategic plan:** The strategic plan defines a community health board's roles, priorities, and direction over three to five years. It determines what the organization plans to achieve, how the organization will achieve it, and how the organization will know what has been achieved. It guides decision-making on allocating resources and pursuing strategies and priorities. The community health board's strategic plan focuses on the entire community health board

- **Community health improvement plan:** A community health improvement plan is a long-term, systematic effort to make sure all people have access to what they need to be healthy and well. Based on the results of community health assessment, it describes how the health department and community will work together to improve the health of the population. It indicates community priorities and the initiatives, projects, and policies that will be implemented to improve community health. The community health improvement plan is developed and implemented collaboratively, and defines a vision for the community's health.

Implement, monitor, and revise

Community health boards use the plans above to monitor progress toward goals and modify or revise the plans as needed. Community health boards also report progress within the organization, to community health advisory committees, to county boards, to community partners, and to the public.

- **Description of how you monitor and revise your strategic plan:** A strategic plan is a living document that a community health board routinely reviews, monitors, and updates based on progress, changing needs, and priorities. Community health boards can use performance management to monitor and revise the strategic plan over the course of the five-year assessment and planning cycle.

- **Description of how you monitor and revise your community health improvement plan:** A community health improvement plan is a living document that a community health board and partners review, monitor, and update at least annually based on progress made implementing strategies and activities, or changing needs, resources, and priorities. Revisions
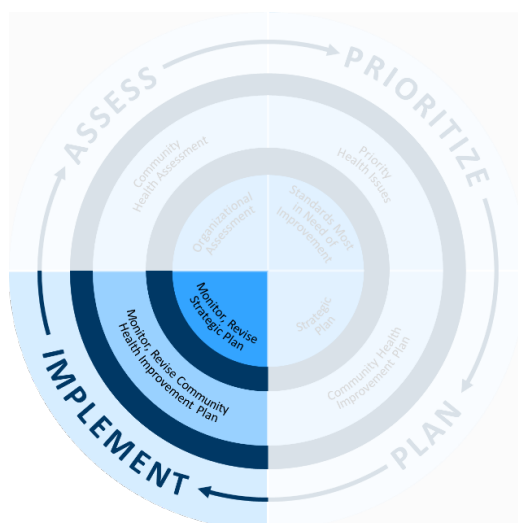
or updates may be in the measures, strategies and activities, time frames, roles and responsibilities, or other areas of the plan. Including implementation measures with goals and targets for success will help Community health boards and partners determine what changes may be needed.

How do these plans fit together?

National public health accreditation standards state that the strategic plan, quality improvement plan, and community health improvement plan should relate and connect to each other.

Community health improvement plan and strategic plan

The **strategic plan** lays the internal groundwork for the external implementation of the **community health improvement plan**.

- Strategic plans reflect the internal work a community health board needs to accomplish to position itself to meet the needs of external partners and interested parties (like the goals ultimately found in the community health improvement plan).

- The community health improvement plan clearly outlines the community health board's role in achieving these priorities, and reflects the organization's capacity as outlined in the strategic plan.

- When drafting the strategic plan, consider reviewing the organization's community health improvement plan from the previous assessment and planning cycle.

Community health improvement plan and quality improvement plan

The **QI plan** and the **community health improvement plan** inform and influence each other's roles, responsibilities, and goals. For example:

- As an organization recruits and retains partners to develop and implement a community health improvement plan, it may write into the quality improvement plan ways to make that recruitment/retention process more effective and robust.

- If an action plan is carried out without reaching the desired outcome, a partnership may write a quality improvement plan to address the steps needed to better reach the outcome.

Strategic plan and quality improvement plan

The community health board's **policies and strategic direction**—found in its mission and vision, strategic plan, and community health improvement plan—guide the **quality improvement plan**.

- Different assessments guide the strategic planning process, including the organizational assessment, as does customer satisfaction data. In a way, the strategic plan provides a high-level view of the community health board's efforts to improve its work, which is further explored in the quality improvement plan.

- The strategic planning process can also identify strategic goals that could guide the quality improvement plan, such as developing a culture of quality improvement, or providing quality improvement training for all staff, for example.

What does PHAB say?

The Public Health Accreditation Board (PHAB) states the following in its standards and measures:

- The strategic plan links to the health improvement plan that has been adopted by the community, and links to the health department's quality improvement plan (Measure 5.3.1).

- The quality improvement plan is guided by, among other things, the health department's policies and strategic direction found in its mission and vision statements, in its strategic plan, and in its health improvement plan (Measure 9.1.4).

- The purpose of the community health improvement plan is to describe how the health department and the community it serves will work together to improve the health of the population of the jurisdiction that the health department serves (Standard 5.2: Develop and implement community health improvement strategies collaboratively).

Source: PHAB standards and measures version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

Example: Plans working together and community partnerships

A strategic plan can outline the actions a community health board takes to prepare staff to work with external community partners and interested parties. The plan might include performance measures related to building community relationships, ways to help foster an organizational culture that allows staff to spend time in the community, and goals for recruiting and retaining staff who reflect the community served.

The strategic plan can also include work with community partners not noted in the community health improvement plan. The community health improvement plan describes the organization's community partnerships related to priority health issues, and how the organization and community partners share work to reach the plan's goals.

Community health assessment

A community health assessment provides a picture of the health of the jurisdiction. It identifies and describes factors that affect the health of a community, and the available resources to address those factors. A community health board, or another lead organization, in partnership with community, collects, analyzes, and begins to use data to determine health priorities and make decisions about action to improve health for the population. The community health assessment is the foundation for determining health priorities.

All community health boards are encouraged to develop a community health assessment that meets national public health standards, regardless of accreditation status or interest in accreditation. You can use PHAB standards and measures under Domain 1 to guide community health assessments: Standards and measures for initial accreditation, version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

About the community health assessment

The community health assessment is foundational to improving and promoting the health of a community and achieving health equity. A community health assessment is both a process and a product. The collaborative process includes the collection, compilation, presentation, and analysis of data and information to understand the health status and factors contributing to the health status of the community. The process results in a product that documents the findings. During the assessment process, the community health board (or another lead organization) collaborates with community to describe the health of the community served, identify health disparities for subpopulations, uncover the factors that contribute to health challenges and health inequity, and identify existing community assets and resources they can mobilize to improve the community's health. The community health assessment is the basis for determining health priorities and helps ensure that local

AT A GLANCE

Community health assessment process

1 Organize and plan your assessment and planning process

   a. Establish a core planning team

   b. Review previous community health assessment and planning process with key partners and interested parties

   c. Recruit or refresh a community team

   d. Choose, adapt, or design assessment and planning model

   e. Develop a work plan and timeline; set meetings

   f. Review background documents together

2 Prepare for and hold facilitated planning sessions

   a. Establish a vision of health

   b. Gather and compile data from a variety of sources

   c. Summarize and analyze data with partners

   d. Continue collecting and analyzing data as needed

3 Develop documents

   a. Prepare print and/or online documentation of findings

   b. Share findings with community

4 Monitor and revise with partners

resources are directed toward where they can make the greatest and most timely impact. The data and information in the community health assessment is a compilation from a variety of sources, both primary and secondary, quantitative and qualitative. The term "assessment," in this context, is NOT an individual survey,

Statutory responsibility

Minnesota community health boards have been required to engage in a community health improvement process—beginning with a community health assessment—since the Local Public Health Act was passed in 1976. In Minnesota, community health boards perform community health assessments for the jurisdictions they serve in collaboration with community.

As we learn and grow in Minnesota, we understand the importance of working in partnership with community for assessment and planning. We emphasize and strive for authentic engagement of community with lived experience, those with disparate health outcomes due to unfair or unjust social and structural factors or conditions.

Upon completing or revising the community health assessment, community health boards must submit the health priorities identified in collaboration with community as a result of the community health assessment process to MDH at least every five years. Community health boards can submit any time through REDCap on a rolling basis, based on when the new or revised community health assessment is adopted, approved, revised, or enacted.

MDH assistance

MDH has designed all assessment and planning guidance to help community health boards meet Public Health Accreditation Board (PHAB) national public health standards.

Staff from the MDH Center for Public Health Practice and MDH Center for Health Statistics can provide guidance and technical assistance for community health assessments. MDH has designed guidance and technical assistance to help community health boards meet national public health standards. Contact us at: MDH Center for Public Health Practice (https://www.health.state.mn.us/communities/practice/).

Helpful resources

You'll see boxes like this throughout this guide, with resources connected to that section's content. Here are some resources that apply throughout the community health assessment process:

Helpful resources for community health assessment process

Assessing community needs and resources – University of Kansas Community Tool Box (https://ctb.ku.edu/en/assessing-community-needs-and-resources)

Action center – County Health Rankings and Roadmaps (http://www.countyhealthrankings.org/roadmaps/action-center)

Resource library for advancing health equity in public health – MDH (https://www.health.state.mn.us/communities/practice/resources/equitylibrary/)

The four assessments – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments)

CHA-CHIP Community of Practice – MDH, local public health, and tribal public health partners (https://www.health.state.mn.us/communities/practice/ta/learning/assessplan.html)
Join the MDH CHA-CHIP Community of Practice to build capacity around conducting, developing, and implementing a community health assessment (CHA) and community health improvement plan (CHIP).

1. Organize and plan your assessment and planning process

1a. Establish a core planning team

It's important to take the time to establish a core planning team to organize and plan the assessment and planning process. The decisions of this core planning team will influence the data collected, how community, including individuals with lived experience, is engaged, the processes used to make decisions about priorities and action to address the priorities. For this reason, it's important to include partners beyond health department staff. Responsibilities of the core planning team may include:

- Reviewing previous assessment and planning activities

- Recruiting and engaging community and partners, including individuals with lived experience

- Selecting an assessment and planning model or process

- Developing a workplan and timeline

- Reviewing background documents and resources

- Planning communications

Helpful resources: 1a. Establish a core planning team

Matrix of organized participation and roles within each phase of MAPP (PDF) – National Association of County and City Health Officials / NACCHO (https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Matrix_of_participation.pdf)

Organize for success and partnership development – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-1-organize-for-success-partnership-development)

Creating and maintaining partnerships – University of Kansas Community Tool Box (https://ctb.ku.edu/en/creating-and-maintaining-partnerships)

Work together – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/work-together)

1b. Review previous community health assessment and planning process with key partners and interested parties

The assessment and planning process is ongoing, and future work builds on past work. Community health boards, in collaboration with key partners and interested parties, should periodically re-assess the process so they can build on their past successes and lessons learned when beginning or revising their next one—including how effective the planning process and partnerships were during the last assessment.

Kick off this assessment and planning cycle by debriefing with key partners and interested parties about the previous process. You might use a focused conversation format for this discussion, to learn what went well and what to improve. Some additional reflection questions might include:

- What went well with the previous community health assessment and community health improvement plan and what could you improved?

- Did the previous community health assessment provide a comprehensive picture of the health status of the community? If not, what was missing?

- Did the previous community health assessment identify health disparities for marginalized populations in our community?

- Did the previous community health assessment and improvement plan uncover and address the underlying factors contributing to poor health outcomes for populations in the community?

- How well did we engage community in the both the community health assessment and improvement planning processes, in identifying of health priorities, and in developing the action plan?

- How well did we engage community members with lived experience? What populations need to be included moving forward and how can we support their engagement?

- Were community partners involved in implementing the community health improvement plan? What steps can be taken to foster community ownership of the plan?

> **Helpful resources: 1b. Review previous community health assessment and planning process with key partners and interested parties**
>
> Focused conversation – MDH
> (https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/focusedconvo.html)

1c. Recruit or refresh a community team

"Community" is a key word in Community Health Assessment and Community Health Improvement Plan. Public health brings a very important set of skills and expertise to the table, but this work is also about tapping into the skills, expertise, passions, and lived experience of those in the community to collectively work toward shared goals around community health.

A community-level partnership guides the community health assessment and planning processes and participates in plan implementation. The makeup and structure of the existing teams that work on community health assessment and planning should be periodically and continuously assessed to ensure the team is reflective of the community served and the partners who can help with the work are engaged. Members should include participants with a broad range of perspectives; who represent a variety of groups, sectors, and activities in the community; and who have the enthusiasm and resources necessary for the process. Consider including those who have knowledge about the factors that

influence health, those impacted by decisions and policies that affect their ability to live healthy lives, and those to can influence decisions and policies that impact health.

While community health boards are responsible for ensuring the community health assessment and planning work is carried out, they are encouraged to move towards shared leadership with their community engagement efforts (see: Community Engagement Continuum [https://www.atsdr.cdc.gov/communityengagement/community-engagement-continuum.html]). A good starting point would be to assess where you're currently at on the continuum and examine what it would take to move one step further along the continuum. This work can be challenging, but this sharing of power will move you toward stronger community relationships, community ownership, and positive health outcomes.

The role of the community team may include:

- Establishing a vision of health

- Reviewing and discussing data and information

- Identifying health priorities

- Identifying measures of success or progress

- Making decisions about actions to address health priorities

- Assisting with plan implementation

- Monitoring and revising the plan

Some community health boards use a single community team to guide the assessment and planning; others use multiple teams to guide and enact different parts of the process. Think about how your teams work together or complement each other. Team building is an ongoing process that should be revisited often.

When developing or refreshing the team, consider:

- Who is missing from our planning table?

- Does our team reflect the community served?

- How are we engaging those with lived experience?

- Who will lead the group?

- What are the roles and responsibilities of members?

- What skills, expertise, and community wisdom do we need on our team?

- How can we keep our team energized and engaged?

- Does our partnership team include members of the community we are trying to impact?

- How does our team coordinate/work with other community collaboratives or coalitions?

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The community team might include:

- Public health leadership and staff
- Hospital or primary care partners
- Community-based organizations and non-profits
- Schools
- Other governmental agencies
- Elected officials and decision-makers
- Community members

- Business and industry
- Foundations
- Faith Community
- Distinct populations (e.g., specific racial/ethnic groups or age groups, persons with disabilities, etc.)
- Parents
- Youth

Helpful resources: 1c. Recruit or refresh a community team

Identifying interested parties (DOC) – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/id-interestedparties.docx)

Community health assessment in Minnesota (PDF) – Center for Community Health
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/cha-in-mn.pdf)

Nonprofit hospitals and community health assessment (PDF) – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/hospitals.pdf)

Work together – CDC Community Health Improvement Navigator
(https://www.cdc.gov/chinav/tools/work.html)

Circles of involvement exercise (PDF) – NACCHO (https://www.naccho.org/uploads/downloadable-resources/http___www-naccho-org_topics_infrastructure_mapp_framework_clearinghouse_loader.pdf)

NACCHO toolbox – NACCHO (https://toolbox.naccho.org/pages/index.html)

Work together: Key activities: Recruit diverse stakeholders from multiple sectors – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/key-activities/1#key-activity-2)

Team blueprint: A tool for building a strong partnership foundation – Center for Creative Leadership; hosted by County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/learn-from-others/webinars/team-blueprint-a-tool-for-building-a-strong-partnership-foundation)

1d. Choose, adapt, or design an assessment and planning model

Your planning team should select, adapt, or design an assessment and planning model. As you think about which to use, you may want to consider how each model meets your key communities needs and timelines; for example, if you are partnering with a nonprofit hospital on its community health needs assessment (CHNA), you'll want to find a model that meets both of your needs. Consider how and if the different models engage community in the process and integrate health equity throughout.

The national public health accreditation standards note several models you can adapt:

Mobilizing for action through planning and partnerships (MAPP) – NACCHO
(https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp)

Community health assessment toolkit – AHA Community Health Improvement
(https://www.healthycommunities.org/resources/community-health-assessment-toolkit)

Assessing and addressing community health needs – Catholic Health Association of the United States
(https://www.chausa.org/communitybenefit/assessing-and-addressing-community-health-needs)

Community Tool Box – University of Kansas Work Group for Community Health and Development
(https://ctb.ku.edu/en/table-of-contents), especially Section 3. Healthy Cities/Healthy Communities – University of Kansas Work Group for Community Health and Development (https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/healthy-cities-healthy-communities/checklist)

Helpful resources: 1d. Choose, adapt, or design an assessment and planning model

Tools for Successful Community Health Improvement Efforts – CDC
(https://www.cdc.gov/chinav/tools/index.html)

Other Models for Promoting Community Health and Development – University of Kansas Community Tool Box (https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/healthy-cities-healthy-communities/checklist)

Assessment and Planning Models, Frameworks, and Tools – CDC
(https://www.cdc.gov/stltpublichealth/cha/assessment.html)

1e. Develop a work plan and timeline; set meetings

Once you have selected a model or process, you can create your work plan. Consider:

- The time needed to collect and compile data and information

- How frequently to gather the community team or teams

- Decision-making points in the process

- Deadlines

- Time needed to develop community health assessment and community health improvement plan products

- When and how to communicate and share with the community

A meeting schedule should respect partners' time commitments. You may need to hold some meetings in the evening or on weekends if community members are involved, or you may consider virtual meeting options if technology isn't a barrier. Different people may need different supports to fully participate and engage. This might include:

- Ensuring meeting materials are accessible, translation services, etc.

- Holding meetings or gatherings in a neutral (and perceived neutral) location

- Stipends, childcare, transportation

Good communication is essential to keep your assessment and planning process on track and your planning team and partnership engaged. Use a communications plan to help determine the needs of all those involved. Consider:

- Who needs to know about your plan and planning process?

- What information do they need?

- How can you best communicate with them?

- How often do you need to communicate with them?

Delegate a party responsible for maintaining the communications plan, and how often they should report back to the team.

Helpful resources for 1e. Develop a work plan and timeline; set meetings

Communications plan (DOC) – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/communications.docx)

Example timeline/workplan for the MAPP process (DOC) – NACCHO
(https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Sample_timeline_workplan.doc)

NACCHO toolbox – NACCHO (https://toolbox.naccho.org/pages/index.html)

1f. Review background documents together

Background documents may include:

- Definition and purpose of a community health assessment (to establish common ground)

- Accountability requirements or national public health standards for community health assessments

- The statewide health assessment

- Previous community health assessments

- IRS requirements for hospitals and partners' community health needs assessments

- Primary transportation or comprehensive plans for your region

- Healthy People 2030

- Other assessments or documents recommended by partners

Helpful resources: 1f. Review background documents together

Accountability requirements for the Local Public Health Act – MDH
(https://www.health.state.mn.us/communities/practice/lphact/statute/accountabilityrequirements.html)

Minnesota statewide health assessment – Healthy Minnesota Partnership, MDH
(https://www.health.state.mn.us/communities/practice/healthymnpartnership/sha.html)

Healthy People 2030 – US Dept. of Health and Human Services (https://health.gov/healthypeople)

2. Prepare for and hold facilitated planning session(s)

2a. Establish a vision of health

The community team should develop a vision for the community's health, which serves as a reference point during the assessment and as the partnership moves into the community health planning process. A vision statement is a big picture and long-term view of what is desired to achieve. A vision statement should be forward-thinking, inspirational, and reflect community values. The vision statement should be communicated often, both internally with those directly working on assessment and planning efforts, and broadly with the community.

Helpful resources: 2a. Establish a vision of health

Visioning – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-2-visioning)

Section 2. Developing and Communicating a Vision – University of Kansas Community Tool Box (https://ctb.ku.edu/en/table-of-contents/leadership/leadership-functions/develop-and-communicate-vision/main)

Section 2. Proclaiming Your Dream: Developing Vision and Mission Statements – University of Kansas Community Tool Box (https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vision-mission-statements/main)

2b. Gather and compile data from a variety of sources

Community health assessment sources should be diverse and include qualitative and quantitative data from primary and secondary sources. Primary means quantitative or qualitative data or information collected by the health department or planning team (e.g., community survey, focus group discussion). Secondary means quantitative and qualitative data or information collected by other organizations (e.g., Minnesota Student Survey, census data).

The MDH Center for Health Statistics and MDH Center for Public Health Practice developed Minnesota county-level indicators for community health assessment (https://www.health.state.mn.us/communities/practice/assessplan/lph/countyindicators.html), which lists over 100 indicators across public health categories and from various data sources, and links to county and community health board data. The Center for Health Statistics also links you to additional MDH data sources useful for your assessment.

Review data and information used in previous assessments and discuss with partners what additional or different data and information may be needed in order to development a comprehensive understanding of the community's health status and factors contributing to health outcomes. Ask partners what data they may already be collecting that could be incorporated into the community health assessment.

Community health boards might consider how the information collected through their Health Equity Data Assessment might align with and become part of their community health assessment.

Other data and information sources:

- MDH instructions on how to conduct a health equity data analysis (HEDA)

- Regional economic analysis

- Nationwide data from CDC, US Census, County Health Rankings & Roadmaps, etc.

- Minnesota data from MDH, MN Compass, Minnesota Dept. of Human Services, etc.

- Focus groups or community conversation-type meetings

- Hospital or health plan data

- Other organizational assessments, such as Head Start, Minnesota state agencies (Education, Public Safety, etc.)

- Community opinion or behavioral surveys

- School district data

Helpful resources: 2b. Gather and compile data from a variety of sources

County-level health indicators – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/countyindicators.html)

Conducting a Health Equity Data Analysis (HEDA): A guide for local health departments in Minnesota – MDH (https://www.health.state.mn.us/data/mchs/genstats/heda/)

The four assessments – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments)

Assessing community needs and resources – University of Kansas Community Tool Box
(https://ctb.ku.edu/en/assessing-community-needs-and-resources)

Assess needs and resources – County Health Rankings & Roadmaps
(https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources)

2c. Summarize and analyze data with partners

Once data is collected in compiled, engage partners in review and discussion about the data. This discussion can provide important context to help determine health priorities and the necessary actions to address the priorities. Consult with partners and staff to understand the data and add meaning and context.

When examining data with your partners, identify trends and emerging concerns, and look for areas that have improved and areas that have worsened.

Facilitate a process with community partners, asking questions such as:

- What data point/s stood out to you?

- What does this trend imply?

- What were you pleased to see? What concerns you?

- Who's doing well? Who is not?

- What new questions did this data raise for you?

- What additional data and information is needed to have a more complete picture of health in the community?

Helpful resources for 2c. Summarize and analyze data with partners

The four assessments – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments)

Section 5. Analyzing Community Problems – University of Kansas Community Tool Box (https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/analyzing-community-problems/main)

2d. Continue collecting and analyzing data as needed

You may gather data over several rounds, as questions arise and you need additional information. The need for more data and information may be revealed after identifying health priorities. You may consider if additional data and information is needed to understand the issue more deeply and to uncover the factors contributing to poorer health outcomes for some populations. Doing a root cause analysis (5 whys, fishbone diagram, health equity data analysis / HEDA) of the health priorities can help uncover factors impacting many health issues in the community and point to the action that needs to be taken.

3. Develop documents

3a. Prepare print and/or online documentation of findings

Your written community health assessment provides important context and rationale for the work being done to address health priorities. It's important to ensure your community can understand what you are trying to do. Here are some guidelines to consider when writing both the community health assessment and improvement plan:

- Avoid jargon and abbreviations where at all possible; explain what you can't cut out. Everyday words for public health communication (https://tools.cdc.gov/ewapi/termsearch.html) provides prompts for how to explain concepts like prevalence, rate, etc.

- Remember that plain language means choosing words that meets your audience where they're at

- Include meaningful visuals that can help complement your written ideas (not distract or contradict or completely replace)

- Have your community health assessment and planning team consist of people in your community, and listen when they say something isn't clear for their sector and empower them to share this sort of feedback by showing it's meaningful to you

3b. Share findings with community

Share key findings with decision-makers and with the public by disseminating the report, infographics, or fact sheets. Give community presentations on the findings, or hold feedback sessions. When planning communications, consider:

- Who needs to know

- What do they need to know and what do you want them to do with the information

- What is the most meaningful way for them to receive the information (i.e., format, communication channels, messengers)

- When do they need to know it. What are the opportunities to share?

4. Monitor and revise with partners

The Public Health Accreditation Board (PHAB) recommends a partnership makes a continuous effort to better understand a population's health by monitoring a community health assessment, refreshing it, adding data to it, and further analyzing the data found in it.

Related national public health accreditation measures

Source: Standards and measures version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

1.1.1A: Develop a community health assessment

Related documentation:

- A list of participating partners involved in the community health assessment process. Participation must include: At least 2 organizations representing sectors other than governmental public health; At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.

- The process for how partners collaborated in developing the community health assessment.

- Comprehensive, broad-based data. Data must include: Primary data; secondary data from two or more different sources.

- A description of the demographics of the population the health department serves, which must, at minimum, include: The percent of the population by race and ethnicity; languages spoken within the jurisdiction; other demographic characteristics, as appropriate for the jurisdiction.

- A description of health challenges experienced by the population the health department serves, based on data listed above, which must include an examination of disparities between subpopulations or subgeographic areas in terms of each of the following: Health status; Health behaviors.

- A description of inequities in the factors that contribute to health challenges, which must include social determinants of health or built environment.

- Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.

1.1.2A: Ensure the community health assessment is available and accessible to organizations and the general public

Related documentation:

- Key findings and the full community health assessment (from Measure 1.1.1) actively shared with others. One example must show actively informing organizations including those that are not members of the community health assessment partnership. The other example must show actively informing the public.

Other related measures

- Measure 1.2.1A: Collect non-surveillance population health data.

- Measure 1.2.2T/L: Participate in data sharing with other entities.

- Measure 1.3.1A: Analyze data and draw public health conclusions.

- Measure 1.3.2A: Share and review public health findings with stakeholders and the public.

- Measure 1.3.3A: Use data to recommend and inform public health actions. Links and resources for community health assessment work

Health priorities

Upon completing or revising the community health assessment, community health boards identify the top (up to 10) health priorities identified in collaboration with community. Community health boards can submit these at anytime on a rolling basis via REDCap, based on when the new or revised community health assessment is adopted, approved, revised, or enacted, but must do so at least every five years.

Community health boards report these priority health issues instead of submitting a full community health assessment to MDH.

When we view the priority health issues of all of Minnesota's community health boards collectively, at a single point in time, we can see a snapshot of community health needs across the state.

You can see the most current snapshot of what Minnesota's community health boards are prioritizing online: What are community health boards working on right now? (https://www.health.state.mn.us/communities/practice/assessplan/lph/currentwork/).

Identify health priorities with partners

Based on the data and information collected and compiled through the community health assessment, engage partners in a conversation and process to identify r issues of particular concern based on the data and information available. Work with the community team to clearly define and describe these critical issues. Use the decision-making process to determine health priorities, which you can address during the planning process.

NACCHO's prioritization guide offers several different prioritization processes that could be used. Regardless of the method used to prioritize, discuss with the core planning team and/or community team what criteria should be used to narrow down potential priorities. Criteria might include (not an exhaustive list):

- Size of problem
- Magnitude of problem
- Impact on health equity

- Feasibility
- Passion and interest
- Community support

Community health boards and partners should have a conversation about how many health priorities they can realistically focus on collectively addressing and further narrow them down through prioritization. There is no required number of health priorities to include in a community health improvement plan. Most community health boards identify 2-3 top health priorities to develop action plans to address.

> **Helpful resources: Identify health priorities with partners**
>
> Analyzing problems and goals – University of Kansas Community Tool Box (https://ctb.ku.edu/en/analyzing-problems-and-goals)
>
> Assess needs and resources – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/assess-needs-resources)

Focus on what's important – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/focus-whats-important)

Guide to prioritization techniques (PDF) – NACCHO (https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf)

MDH assistance

MDH has designed all assessment and planning guidance to help community health boards meet Public Health Accreditation Board (PHAB) national public health standards.

Staff from the MDH Center for Public Health Practice can provide guidance to help your community determine health priorities. Contact us at: MDH Center for Public Health Practice (https://www.health.state.mn.us/communities/practice/).

Related national public health accreditation measures

Source: Standards and measures version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

The Minnesota Department of Health asks community health boards to submit their top health priorities (up to ten) resulting from their community health assessment process in place of submitting their full community health assessment.

1.1.1A: Develop a community health assessment

Related documentation:

- A list of participating partners involved in the community health assessment process. Participation must include: At least 2 organizations representing sectors other than governmental public health; At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes.

- The process for how partners collaborated in developing the community health assessment.

- Comprehensive, broad-based data. Data must include: Primary data; Secondary data from two or more different sources.

- A description of the demographics of the population the health department serves, which must, at minimum, include: The percent of the population by race and ethnicity; Languages spoken within the jurisdiction; Other demographic characteristics, as appropriate for the jurisdiction.

- A description of health challenges experienced by the population the health department serves, based on data listed above, which must include an examination of disparities between subpopulations or subgeographic areas in terms of each of the following: Health status; Health behaviors.

- A description of inequities in the factors that contribute to health challenges, which must include social determinants of health or built environment.

- Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.

5.2.1A: Engage partners and members of the community in the community health improvement process

Related documentation:

- A collaborative process for developing the community health improvement plan, which includes:

    - A list of participating partners involved in the community health improvement planning process. Participation must include: At least 2 organizations representing sectors other than public health; At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.

    - Review of information from the community health assessment.

    - Review of the causes of disproportionate health risks or health outcomes of specific populations.

    - Process used by participants to select priorities

Community health improvement plan

A community health improvement plan is a long-term, systematic effort to address public health problems in a community. It is based on the results of community health assessment activities, and is one step in a process to improve community health. The community health improvement plan is developed collaboratively, and defines a vision for the community's health; the community health improvement plan is the **community's** plan, not the community health board's plan for the community.

All community health boards are encouraged to develop a community health improvement plan that meets national public health standards, regardless of accreditation status or interest in accreditation. PHAB standards and measures under Domain 5 can be used for guidance for community health improvement plans: Standards and measures for initial accreditation, version 2022 can be found here:https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf

About the community health improvement plan

A community health improvement plan is a long-term, systematic effort to make sure all people have access to what they need to be healthy and well. It describes how the health department and community will work together to improve the health of the population. Once the health priorities are identified, community health boards should collaborate with the community to devise a plan to address health priorities, including the factors contributing to poor health outcomes and health disparities. Addressing factors contributing to poor health outcomes and health disparities requires collective effort, and for that reason the community health improvement plan should include actions, roles, and responsibility beyond that of the public health department or community health board. The community health improvement plan outlines community health priorities, measures to monitor impact of efforts, the initiatives, projects, and policies that will be implemented to improve community health, roles and responsibilities, and timelines. The community health improvement plan is developed and implemented collaboratively and monitored and revised (if needed) at least annually.

AT A GLANCE

Community health improvement plan process

1 Organize

a. Revisit planning team and community partnership team
b. Set meetings
c. Develop communications

2 Plan with partners

a. Uncover contributing factors
b. Formulate goals and measures
c. Plan actions to address health priorities with partners
d. Plan to evaluate implementation

3 Develop documents

a. Prepare print and/or online documentation of findings
b. Review checklist
c. Share findings with community

4 Implement, monitor, and revise with partners

A community health improvement plan guides a community health board, its partners, and other interested parties on work to improve the health of the population within its jurisdiction. It is critical in developing policies and actions to target health promotion. Government agencies, including those related to health, human services, and education, use the community health improvement plan collaboratively with community partners to set priorities, coordinate, and target resources.

The same broad, community-level partnership established for the community health assessment can guide the community health improvement plan. The community health board or a community partner can lead planning.

Statutory responsibility

Minnesota community health boards have been required to engage in a community health improvement process since the Local Public Health Act was passed in 1976. In Minnesota, community health boards perform community health plans based on the findings of the community health assessment for the jurisdictions they serve in collaboration with community.

As we learn and grow in Minnesota, we understand the importance of working in partnership with community for assessment and planning. We emphasize and strive for authentic engagement of community with lived experience, those with disparate health outcomes due to unfair or unjust social and structural factors or conditions.

Upon completing or revising the community health improvement plan, community health boards must submit it to MDH at least every five years. Community health boards can submit any time through REDCap on a rolling basis, based on when the new or revised community health assessment is adopted, approved, revised, or enacted.

MDH assistance

MDH has designed all assessment and planning guidance to help community health boards meet Public Health Accreditation Board (PHAB) national public health standards.

Staff from the MDH Center for Public Health Practice can help with parts of the community health improvement plan, including working with coalitions, engaging the broader community and moving from planning to action. MDH has designed guidance and technical assistance to help community health boards meet national public health standards. Contact us at: MDH Center for Public Health Practice (https://www.health.state.mn.us/communities/practice/).

Helpful resources

You'll see boxes like this throughout this guide, with resources connected to that section's content. Here are some resources that apply throughout the community health improvement planning process:

Helpful resources for the community health improvement planning process

Mobilizing for Action through Planning and Partnerships (MAPP) – NACCHO
(https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp)

Action center – County Health Rankings and Roadmaps
(https://www.countyhealthrankings.org/roadmaps/action-center)

Statewide health improvement framework – Healthy Minnesota Partnership, MDH
(https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html)

Plan to Plan webinar series – Region V Public Health Training Center:
1. A community health improvement plan (https://www.mitrainingcenter.org/courses/ppc1a0421ce)
2. Community health priorities (https://www.mitrainingcenter.org/courses/ppc2a0421ce)
3. Writing your community health improvement plan
(https://www.mitrainingcenter.org/courses/ppc3a0421ce)

CHA-CHIP Community of Practice – MDH, local public health, and tribal public health partners
(https://www.health.state.mn.us/communities/practice/ta/learning/assessplan.html)
Join the MDH CHA-CHIP Community of Practice to build capacity around conducting, developing, and
implementing a community health assessment (CHA) and community health improvement plan
(CHIP).

1. Organize

1a. Revisit planning team and community partnership team

The same community-level partnership that guided the community health assessment can lead the
community health improvement planning process, or you may change members to better share
workload or highlight different perspectives. Your assessment may have indicated the need for new or
different members on your community team. Discuss membership with your team, to hear their input
on expanding the partnership.

Some community health boards use a single team with external partners to guide the plan; others use
multiple internal and external groups to guide and enact different parts of the process. Think about how
your teams work together or complement each other. Be clear on who drives and coordinates overall
project management, and each member's roles and responsibilities.

Your partnership should have a clear charge or charter document to guide its work. Be sure the process
meets partners' needs, and that they remain engaged. This is a good time to reiterate that the
community health improvement plan is the community's plan for public health, not public health's plan
for the community.

Your team might include:

- Public health leadership and staff
- Hospital or primary care partners
- Community-based organizations and non-profits
- Schools
- Other governmental agencies
- Elected officials and decision-makers
- Community members

- Business and industry
- Foundations
- Faith community
- Distinct populations (e.g., specific racial/ethnic groups or age groups, persons with disabilities, etc.)
- Parents
- Youth

You might also consider:

- Who is missing from our planning table?

- Does our team reflect the community served?

- Who will lead the group?

- What are the roles and responsibilities of members

- What skills, expertise, and community wisdom do we need on our team?

- How can we keep our team energized and engaged?

- Does our partnership team include members of the community we are trying to impact? How are we engaging those with lived experience?

- What is the decision-making power of our partnership related to the community health improvement plan?

- How does our group coordinate/work with other community collaboratives or coalitions?

Helpful resources: 1a. Revisit planning team and community partnership team

Identifying interested parties (DOC) – MDH (https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/id-interestedparties.docx)

Matrix of organized participation and roles within each phase of MAPP (PDF) – NACCHO (https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Matrix_of_participation.pdf)

Phase 1: Organizing and engaging partners – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-1-organize-for-success-partnership-development)

Work together – CDC Community Health Improvement Navigator (https://www.cdc.gov/chinav/tools/work.html)

Circles of involvement exercise (PDF) – NACCHO (https://www.naccho.org/uploads/downloadable-resources/http___www-naccho-org_topics_infrastructure_mapp_framework_clearinghouse_loader.pdf)

NACCHO toolbox – NACCHO (https://toolbox.naccho.org/pages/index.html)

Work together: Key activities: Recruit diverse stakeholders from multiple sectors – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/key-activities/1#key-activity-2)

Team blueprint: A tool for building a strong partnership foundation – Center for Creative Leadership, hosted by County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/learn-from-others/webinars/team-blueprint-a-tool-for-building-a-strong-partnership-foundation)

1b. Set meetings

A meeting schedule should respect partners' time commitments. You may need to hold some meetings in the evening or on weekends if community members are involved.

These meetings engage the community in more deeply understanding identified health priorities, to collectively determine actions that the health department and partners will take to address those priorities.

Consider again the different supports that different people might need in order for them to fully engage in the process.

1c. Develop communications

Your communication plan should include how you disseminate the community health improvement plan.

Helpful resources for 1c. Develop communications

Communications plan (DOC) – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/communications.docx)

2. Planning with partners

2a. Uncover contributing factors

Once the community team has determined the health priorities to address, engage them in determining the actions that will have the most impact. Before moving into immediately identifying solutions, take the time to uncover the root causes or conditions contributing to the priorities and the people, assets, and resources that can help. If not already doing so, engage those who are most affected by the issue to understand the systems and structures that may be causing or holding in place the factors contributing to inequities. This is another point in the process that a root cause analysis such as the health equity data analysis (HEDA) could be used. This is also a good point to reflect on if there are other community partners to engage in the conversation and help address the priority.

2b. Formulate goals and measures

Before identifying solutions, it can also be helpful to identify the measures you want to impact with your efforts. You arrived at this point by reviewing data, so consider what data you hope to improve as a result of your collective efforts. Determine what you hope to accomplish for each priority issue and how you will measure progress.

2c. Plan actions to address health priorities with partners

Once you have a good understanding of the root causes of the health priority, identified and engaged those who have information and can help, and have an idea of the data you are hoping to improve, facilitate a discussion about potential solutions and strategies to address. Encourage a variety of ideas, from evidence-based to innovative. Consider policy and system changes necessary to dismantle causes of health inequities.

Also consider community capacity to implement strategies addressing each priority. Think about team members or community members with roles in each priority area, work they already do in that area, and whether they could contribute additional resources. It is likely that more ideas will be generated than

can reasonably be implemented. Consider using a prioritization process to narrow down the strategies and activities that will go into the action plan.

2d. Plan to evaluate implementation

Include measures of progress on implementing strategies, especially the initiatives that you're investing a lot of time and resources into. Including measures with targets will help you determine whether or not that work is effective in reaching longer term measures or if it needs to be changed. These measures will help in the monitor and revise process.

Helpful resources: 2. Planning with partners

Section 4. Analyzing root causes of problems: The "but why?" technique – University of Kansas Community Tool Box (https://ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main)

Focus on what's important – County Health Rankings & Roadmaps (https://www.countyhealthrankings.org/take-action-to-improve-health/action-center/focus-whats-important)

Identify strategic issues – MAPP/NACCHO (https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues)

Chapters 17-19: Analyzing community problems and designing and adapting community interventions – University of Kansas Community Tool Box (https://ctb.ku.edu/en/analyzing-community-problems-and-designing-and-adapting-community-interventions)

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3. Develop documents

3a. Prepare print and/or online documentation of findings

Your written community health improvement plan provides important context and rationale for the work being done to address health priorities. It's important to ensure your community can understand what you are trying to do. Here are some guidelines to consider when writing the community health improvement plan:

- Avoid jargon and abbreviations where at all possible; explain what you can't cut out. Everyday words for public health communications (https://tools.cdc.gov/ewapi/termsearch.html) provides prompts for how to explain concepts like prevalence, rate, etc.

- Remember that plain language means choosing words that resonate with your audience

- Include meaningful visuals that can help complement your written ideas (not distract or contradict or completely replace)

- Have your community health assessment and planning team consist of people in your community, and listen when they say something isn't clear for their sector and empower them to share this sort of feedback by showing it's meaningful to you

Develop a print report, or one that resides online. Use the review checklist (below) to ensure your community health improvement plan is thorough and follows national standards. This report is the

community health improvement plan deliverable your community health board will submit to MDH when it's complete.

3b. Review checklist

Use the MDH community health improvement plan review checklist, based on national public health accreditation standards and other national resources, to ensure your community health improvement plan is complete.

MDH recommends that community health boards consult Public Health Accreditation Board (PHAB) national standards as a point of reference when engaging in assessment and planning, whether or not they are seeking accreditation. The national standards serve as a guide to demonstrate accountability to interested parties, improve quality of work, enhance credibility, and increase staff morale. You should note, however, that fulfilling MDH assessment and planning requirements does not guarantee meeting PHAB national standards for the purposes of accreditation.

Helpful resources: 3b. Review checklist

Community health improvement plan review checklist (DOC) – MDH
(https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/chip-checklist.docx)

3c. Share findings with community

Share key findings with decision-makers and with the public by disseminating the report, infographics, or fact sheets. Give community presentations on the findings, or hold feedback sessions. When planning communications, consider:

- Who needs to know

- What do they need to know and what do you want them to do with the information

- What is the most meaningful way for them to receive the information (I.e. format, communication channels, messengers)

- When do they need to know it. What are the opportunities to share

Refer to your communications plan to disseminate your report.

4. Implement, monitor, and revise with partners

After you complete the community health improvement plan, begin to implement it. Continue to monitor progress, and report progress to the community.

As you monitor and revise the community health improvement plan, adjust it to meet your goals. Be sure to share lessons learned, and celebrate success.

Related national public health accreditation measures

Source: Standards and measures version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

5.2.1 (A). Engage partners and members of the community in the community health improvement process.

Related documentation:

- A collaborative process for developing the community health improvement plan, which includes:

  - A list of participating partners involved in the community health improvement planning process. Participation must include: At least 2 organizations representing sectors other than public health; At least 2 community members or organizations that represent populations that are disproportionately affected by conditions that contribute to health risks or poorer health outcomes.

  - Review of information from the community health assessment.

  - Review of the causes of disproportionate health risks or health outcomes of specific populations.

  - Process used by participants to select priorities

5.2.2A: Adopt a community health improvement plan

Related documentation:

- A community health improvement plan, which includes all of the following:

  - At least two health priorities.

  - Measurable objective(s) for each priority.

  - Improvement strategy(ies) or activity(ies) for each priority. Each activity or strategy must include a timeframe and a designation of organizations or individuals that have accepted responsibility for implementing it. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities

  - Identification of the assets or resources that will be used to address at least one of the specific priority areas.

  - Description of the process used to track the status of the effort or results of the actions taken to implement community health improvement plan strategies or activities.

Other related measures

- 5.1.1A: Maintain awareness of public health issues that are being discussed by those who set policies and practices that impact on public health.

- 5.1.2A: Examine and contribute to improving policies and laws.

- 5.2.4A: Address factors that contribute to specific populations' higher health risks and poorer health outcomes.

Examples of community health improvement plans

You can view a jurisdiction's community health improvement plan one of two ways:

- Contact that jurisdiction directly: Find a local health department or community health board

  Visit: What are community health boards working on right now? (https://www.health.state.mn.us/communities/practice/assessplan/lph/currentwork/index.html)

Monitor, revise community health improvement plan

A community health improvement plan is a living document that community health boards and community partners routinely review, monitor, and update based on progress, changing needs, and priorities.

Background

Public health leaders and community partners have a shared interest in ensuring the time, energy, and resources invested to improve community health is effective. Effective community health improvement plans are dynamic. The act of monitoring and revising the community health improvement plan is essential for keeping the plan a living and meaningful document.

Public Health Accreditation Board Measure 5.2.4 requires community health boards to: *Monitor and revise, as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.*

Monitoring and revising the community health improvement plan typically involves:

- Routinely reviewing progress with community partners implementing the plan (at least annually)

- Collecting, analyzing, and reporting on data

- Using the data and information to make decisions on plan adjustments and revise the plan accordingly

Monitor plan progress with community partners

Monitoring and revising the community health improvement plan is about observing and documenting progress which results from community organizations, agencies, and other partner's work included in the community health improvement plan to address the top health priorities. While public health is often the coordinator and convener of this work, the community health improvement plan is a **community** health improvement plan, not an agency plan, and implementation partners should play an active role in monitoring the work and recommending revisions.

Elements of an effective process to monitor and revise the community health improvement plan include:

- Involvement and active participation from community members, organizations, and partners who have been implementing strategies in the community health improvement plan

- Clear roles and responsibilities of community partners in the process (what data or information are they expected to collect and share)

- Scheduled meetings where monitoring and revising the community health improvement plan are an intentional part of the agenda/discussion (review should be done at least annually)

- Data review, information sharing, and discussion regarding progress toward objectives and effectiveness of strategy/activity implementation

- A decision-making process for revising the community health improvement plan and approval of those revisions

Some communities choose to integrate monitoring and revising into the agendas of existing meetings while others choose to have a standalone meeting. It is important to tailor the monitor and revise process to meet the needs of your community and to align with how the work is being done.

Collect, analyze, and report data

A strong community health improvement plan includes measures to that monitor progress over time. Population health priority issues, goals, and objectives tend to be long-range and data collected to determine impact on these areas may not be available annually. For more short-range monitoring, communities often focus on evaluating progress on implementing strategies, activities and timelines that are linked to the objectives, goals, and health priority issues.

You and your partners will use the data and information collected to determine whether you're meeting your goals and making progress as intended.

Discuss the data with partners to understand what it means. Reflect on:

- What's the story behind the numbers?

- How does actual performance or progress compare to the intended progress?

- What contributes to or impedes progress?

- Is corrective action necessary?

When you develop or revise your community health improvement plan, be sure to include the source of the data or measures, who will collect and analyze this data and how often, and where and how you will track data and measures. This will help with future work on monitoring progress.

The MDH performance management cycle can help you monitor and revise your community health improvement plan:

- **Results and standards**: Where do we want to be? Strong community health improvement plans have clear goals and SMART objectives.

- **Measurement**: How will we know? Community health improvement plans require measurement to monitor progress.

- **Monitoring and communicating progress**: How well are we doing? Community health boards should monitor their plans, document progress, and communicate with others to monitor progress.

- **Quality improvement**: How will we improve? Change course as needed, based on monitoring progress.

The guiding questions in the following document can be used to facilitate discussion with community partners during the monitor and revise process: Monitoring and revising the community health improvement plan: Process guide and worksheet (DOC) (https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/chip-monitor-revise-guide.docx).

Minnesota Public Health System Performance Management Cycle

Revise and update the community health improvement plan

Based on the steps you have conducted above, update and revise your community health improvement plan in partnership with your community to better meet your community's capacity, resources, and local context.

You may only need to make minor adjustments to the plan. You may add entirely new strategies. You may completely revise the plan. Make revisions as necessary, based on:

- Analysis of data and information

- Implemented strategies

- Changes in population health objectives

- New/emerging health issues

- Changes in resources

The community health improvement plan can be revised at any point in time after a review is done. Establish a consistent process for how revision decisions will be made and who is responsible for approval of the revisions.

Communicate progress

You can increase transparency and foster buy-in from the broader community by keeping them informed on progress towards improving community health. Keep the community engaged and informed by doing things like (but not limited to):

- Creating and disseminating community health improvement plan annual reports on progress

- Conducting public presentations, submitting newspaper articles, posting on social media, or using other communication channels to tell the story of efforts to improve community health

- Holding community listening sessions or facilitating community conversations

Related national public health accreditation measures

Source: Standards and measures version 2022 (https://phaboard.org/accreditation-recognition/version-2022/).

5.2.3A: Implement, monitor, and revise as needed, the strategies in the community health improvement plan in collaboration with partners

Related documentation:

- Community health improvement plan activity or strategy implemented. Examples must be from different health improvement plan priority areas. See PHAB guidance for additional details.

- An annual review of progress made in implementing all strategies and activities in the community health improvement plan. See PHAB guidance for additional details.

- Revisions to the community health improvement plan based on the review. See PHAB guidance for additional details.

MDH assistance

MDH has designed all assessment and planning guidance to help community health boards meet Public Health Accreditation Board (PHAB) national public health standards.

Staff from the MDH Center for Public Health Practice can help you develop a process and plan to monitor and revise your community health improvement plan. Contact us at: MDH Center for Public Health Practice (https://www.health.state.mn.us/communities/practice/).

> **Helpful resources: Monitoring and revising a community health improvement plan**
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> About QI and performance management: What is performance management? – MDH (https://www.health.state.mn.us/communities/practice/qi/about.html#pm)
>
> Monitoring and revising the community health improvement plan: Process guide and worksheet (DOC) – MDH (https://www.health.state.mn.us/communities/practice/assessplan/lph/docs/chip-monitor-revise-guide.docx)