



ILLINOIS PUBLIC HEALTH INSTITUTE

The Illinois Project for Local Assessment of Needs IPLAN

**A Workbook for Local Public Health Department Administrators,
IPLAN Leaders, and Community Participants**

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IPLAN

“If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions”

Future of Public Health
IOM, 1988

The Illinois Project for Local Assessment of Needs (IPLAN)

What is IPLAN?

- IPLAN was developed in 1992 by the Illinois Department of Public Health (IDPH) in collaboration with local health departments and other Illinois public health system partners to meet the requirements set forth in the Illinois Administrative Code, Section 600 - Certified Local Health Department Code.

IDPH certification demonstrates a local health department’s commitment to providing core public health functions. Certification is also a requirement for Local Health Protection Grant funding. For more information regarding this code use the following link:

<http://www.ilga.gov/commission/jcar/admincode/077/07700600sections.html>

- IPLAN is also a series of planning activities conducted within the local health department jurisdiction. Certified local health departments in Illinois have engaged in this planning process every five years since 1994. About half of all departments have completed three cycles of IPLAN. In 2002, a work group of local health department representatives and IDPH staff recommended the staggering of recertification dates for the current and future cycles of IPLAN.

Roughly two thirds of current IPLAN efforts were completed in 2005 and 2006. Another third will be completed in 2007. Because most local health departments will need about 12 months to complete the IPLAN process, between 20 and 30 local health departments will begin their fourth IPLAN process sometime in 2008. Certification due dates are available on the IPLAN website at:

<http://app.idph.state.il.us/pdfs/IPLANApplicationDueDates.pdf>





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“The performance of the core public health functions is the unique feature that distinguishes a certified local health department from any other public health provider in a local area.”

Certified Local Health
Department
(77 Ill. Adm. Code 600.100)

Illinois Public Health Practice Standards

Section 600.400 of the Certified Local Health Department Code provides in detail the Public Health Practice Standards for certified health departments. This section of the code begins to describe what is required for the successful completion of an IPLAN process. The following points summarize the Public Health Practice Standards imbedded in the Illinois Administrative Code.

- a) *Assess the health needs of the community*
- b) *Investigate the occurrence of adverse health effects*
- c) *Advocate for public health*
- d) *Develop plans and policies to address priority health needs*
- e) *Manage resources and develop organizational structure*
- f) *Implement programs and other arrangements*
- g) *Evaluate programs and provide quality assurance*
- h) *Inform and educate the public on public health issues*

The reader will note the similarities of these practice standards to the core functions of public health (*Assessment, Policy Development, Assurance*) and the Essential Public Health Services Framework. Another source of inspiration for local health departments, recently distributed by the National Association of County and City Health Officials (NACCHO), is the *Operational Definitions of a Functional Local Health Department*. This document provides a framework for local health department accountability.

A free download of the *Operational Definitions of a Functional Local Health Department* is available at http://www.naccho.org/pubs/product1.cfm?Product_ID=9





IDPH Certification Requirements

- **Local health departments shall recertify every five years**

IDPH grants local health departments certification for a period of five years. Some conditions or circumstances beyond the control of a local health department (LHD) may delay the successful completion of an IPLAN process. If this occurs an LHD may request a temporary waiver to extend certification.

- **Application shall be made 60 days prior to expiration**

Renewal of certification (application for recertification) is requested from IDPH at least 60 days prior to the LHD's certification date. Again, the certification dates and application dates are available on the IPLAN website.

- **Application shall include IPLAN**

The application for recertification includes the documents prepared by the LHD as a result of their completion of the IPLAN process. The LHD must submit to IDPH a Community Health Needs Assessment and a Community Health Plan prepared in accordance with Subpart B and Subpart D of the Certified Local Health Department Code. These two documents are the principal products of the IPLAN process.

A third document that is prepared by the LHD, but not submitted to IDPH, is the Organizational Capacity Self-assessment. A letter from the LHD administrator attesting to the completion and board review of this assessment is required.

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Two Goals of APEXPH:

“Assess and improve the organizational capacity of the health department”

“Work with the local community to assess and improve the health status of the citizens”

IPLAN, APEXPH, and Equivalent Processes

The IPLAN process is fundamentally based on the Assessment Protocol for Excellence in Public Health (APEXPH). APEXPH is a widely used planning process for local health departments that desire to assess and enhance their organizational capacity and strengthen their leadership role in the community. It was developed through a collaborative effort involving the American Public Health Association (APHA), the Association of Schools of Public Health, the Association of State and Territorial Health Officials (ASTHO), NACCHO, and the CDC. Funding for APEXPH was a cooperative agreement between the CDC and NACCHO beginning in 1987. The APEXPH manual, released in 1991, is available through NACCHO. Follow this link to order the APEXPH manual: http://www.naccho.org/pubs/product1.cfm?Product_ID=1

APEXPH has three Components:

- Part I, Organizational Capacity Assessment
- Part II, The Community Process
- PART III, Completing the Cycle

Most local health departments in Illinois use the IPLAN (APEXPH-based) process. However, according to Section 600.410 (b) of the Certified Local Health Department Code an “equivalent” process for recertification that meets other requirements of the code may be used by the LHD. Upon written request from IDPH, the following processes may be considered equivalent to the IPLAN process. See Appendix A for additional guidance from IDPH.

- Mobilizing for Action through Planning and Partnership (MAPP)*
- Healthy Communities (Healthcare Forum)**

MAPP is the other planning process being used with increasing frequency by Illinois health departments for IPLAN recertification. It is fully recognized by IDPH as an “equivalent” process. Other processes worth considering include the National Civic League’s, Healthy Communities Handbook, and the CDC’s Planned Approach to Community Health (PATCH).

* National Association of County & City Health Officials, MAPP: Mobilizing for Action Through Planning and Partnership. (Washington, DC: 2002) <http://mapp.naccho.org>. ** The Healthcare Forum. Collaborating To Improve Community Health: Workbook and Guide to Best Practices in Creating Healthier Communities and Populations. (San Francisco, CA: 1997)



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“The local health department shall, at least once every five years perform an organizational capacity self-assessment that meets the requirements set forth in Section 600.410.”

Organizational Capacity Self-assessment Requirement

The Certified Local Health Department Code includes this assessment as a component of the IPLAN process. Like the other IPLAN components this assessment is based on APEXPH (Part I). In 2004, the code was modified to allow LHDs the option of doing an organizational strategic plan in lieu of the organizational capacity self-assessment. Many local health departments engage in periodic strategic planning that assesses strengths, weaknesses, opportunities and threats in the local health jurisdiction. IDPH recognized that these efforts are likely to be duplicative of the capacity self-assessment and that a health department’s actions to complete a strategic plan would satisfy this IPLAN requirement.

A local health department’s organizational capacity self-assessment or organizational strategic plan does not need to be submitted to IDPH for review and approval as part of the certification process. However, the local health department must attest to its completion and its review by the local board of health.

What if a local health department is using an “equivalent” planning process?

In this case the administrative code is not explicit. If a LHD chooses to use the MAPP process for IPLAN certification IDPH will accept this as an equivalent process for the organizational capacity self-assessment, the community health needs assessment, and the community health plan requirements. If a LHD chooses something other than MAPP as an “equivalent” process they still must demonstrate their completion of an organizational capacity self-assessment or an organizational strategic plan.

See 77 Ill. Adm. Code 600.400 (a)(2)(e)(1) for the exact citation regarding this requirement and 77 Ill. Adm. Code 600.410 (a)(6) for further clarification.





Performing an Organizational Capacity Self-assessment

The organizational capacity self-assessment is an internal review of the local health department's capacity to provide public health functions. The benefit of this assessment process is that it assists the health department in creating an organizational action plan that includes setting priorities for correcting perceived weaknesses. If completed effectively, the assessment results in a progressive improvement plan for the local health department. APEXPH capacity indicators are used to assess organizational capacity. This assessment focuses primarily on administrative functions.

There are eight steps in the organizational capacity self-assessment process.

1. Prepare for the Organizational Capacity Assessment
2. Score Indicators for Importance and Current Status
3. Identify Strengths and Weaknesses
4. Analyze and Report Strengths
5. Analyze Weaknesses
6. Rank Problems in Order of Priority
7. Develop and Implement Action Plans
8. Institutionalize the Assessment Process

Multiple worksheets are provided in the APEXPH manual to assist with this assessment. An internal review team identifies and scores a variety of indicators including the LHD's ability to conduct a community health assessment. Other indicators fall within the following categories:

- Authority to operate
- Community relations
- Public policy development
- Assurance of public health services
- Financial, personnel, and program management
- Policy board procedures





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“Assess the health needs of the community by establishing a systematic needs assessment process that periodically provides information on the health status and health needs of the community.”

Certified Local Health Department
77 Ill. Adm. Code 600.400 (a)

Community Health Needs Assessment Requirement

A community health needs assessment is one of the core IPLAN requirements. The administrative code clearly defines what is expected of the local health department to meet the standards of this requirement but is not prescriptive as to the exact methodology used to conduct the assessment. Provided the methodology is described and the relevant practice standards defined in the code are maintained, a local health department can use a variety of tools available for this assessment.

Here is a summary of the Certified Local Health Department Code standards for the Community Health Needs Assessment requirement:

- 1) The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan.
- 2) Community health indicators contained in the IPLAN Data System or a similar, equally comprehensive data system developed by the local health department shall be utilized to structure the minimal content of the assessment.
- 3) The process shall result in the setting of priority health needs.
- 4) The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention.

Some local health departments in Illinois will use a health needs assessment tool similar to the one developed in Part II of the APEXPH process, or the slightly modified version of APEXPH that is available on the IPLAN website. Others LHD's may use the Community Health Status Assessment from the MAPP process as the principle tool for completing the Community Health Needs Assessment requirement. Regardless of which process is used it should be structured to ultimately yield a set of health priorities and a community health plan for addressing those priorities.



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APEXPH Part II: The Community Process and the IPLAN Process

Principle Components of the Community Process

- *Formation of a community advisory committee*
- *Identification of health problems requiring priority attention*
- *Set health status goals and programmatic objectives*

The Community Process or APEXPH Part II is a community health needs assessment tool. The focus is on strengthening the partnerships between the local health department and community partners. The benefits of the APEXPH Community Process is that it mobilizes community resources in pursuit of locally relevant public health objectives. It also lays the groundwork for local adoption of the Healthy People objectives and other national or state objectives. APEXPH Part II consists of eight steps. These first seven steps prepare the community health committee for the development of a community health plan. Listed below are the eight steps of the APEXPH Community Process:

1. Prepare for the community process
2. Collect and analyze health data
3. Form a community health committee
4. Identify community health problems
5. Prioritize community health problems
6. Analyze community health problems
7. Inventory community health resources
8. Develop a community health plan

The IPLAN version of this process is modified slightly. These essential steps are nearly identical but the IPLAN version calls for the formation of a community health committee as the first step of the process. Below are the steps in the IPLAN version of this process. This workbook will focus on these IPLAN steps.

- Convening the Community Health Committee
- Analysis of Health Problems and Health Data
- Prioritize Community Health Problems
- Conduct Detailed Analysis of Community Health Problems
- Inventory Community Health Resources
- Develop a Community Plan

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Developing and sustaining effective vehicles of communication with the Community Health Committee is essential.

Messaging should be compelling and persuasive.

Send letters or e-mails of invitation before each meeting.

Agree on timelines and foster commitment to completing work products in advance of future meetings.

Summarize or provide minutes after each meeting.

Encourage participation and leadership of everyone on the committee.

Convening the Community Health Committee

The community health committee serves several purposes. The committee helps to broaden the perspective of the process by engaging representatives from a variety of other sectors in the community. The committee can also increase awareness of the process as well as help build strategic alliances that may be needed to address the IPLAN priorities. The community health committee is an initial demonstration of the local health department's willingness to engage the community in the collaborative IPLAN process.

Consideration of the size of the committee, the scope of the committee, the roles and responsibilities of each committee member, and the roles and responsibilities of staff should be clearly defined. The role and formation of sub-committees should also be considered. The Community Health Needs Assessment phase might be well served by the efforts of a sub-committee of participants with expertise and access to health data sources.

APEXPH suggests that the community health committee play an advisory role to the local board of health. It recommends the size be limited to between 12 and 15 members and be sufficiently diverse to reflect the individuals and institutional characteristic of the community.

The MAPP process encourages the formation of the community health committee to those who play a role in the local public health system. Potential participants would include individuals and organizations who are involved in the delivery of *Essential Public Health Services* (see the last page of this workbook for a list of these services). The committee should also be representative of the overall community. A broad cross-section of residents and organizations is needed for members to be truly representative of the perceptions, interests, and needs of the entire community. Other criteria could include expertise in specific areas of health and community well-being, access to key assets and resources, and the need for diversity and inclusiveness. A worksheet on the following page is designed to help with this step.

Like APEXPH and MAPP, the Healthy Communities perspective stresses a multi-sectoral approach for convening the community. A "wide array of community sectors (public, private, religious, education, etc.) should be considered and included to ensure representation of diverse community viewpoints." The Community Health Committee is referred to as a Coordinating Committee within the context of a *Healthy Communities* initiative. Coordinating Committee members have more than an advisory role. These individuals are present to "catalyze or spark" the collaborative process.

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Tip Sheet (MAPP)

A multi-sectoral process includes:

- *Healthcare organizations*
- *Voluntary agencies*
- *Seniors*
- *Youth*
- *Education*
- *Local government*
- *Business*
- *Faith communities*
- *Schools*
- *Colleges and Universities*
- *Law enforcement*
- *Human services*
- *Parents & PTAs*
- *Foundations*
- *Concerned citizens*
- *Others*

Participant Selection Worksheet			
Name	Area Represented	Essential Service Provided	Other Criteria Met
<i>Robert Healthy</i>	<i>Community: Oak St. Block Club</i>	<i>Inform people about health issues</i>	<i>Availability; interest</i>



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“The assessment shall, at a minimum, include an analysis of data contained in the IPLAN Data System provided by the Department for assessment purposes.”

Certified Local Health
Department
77 Ill. Adm. Code 600.400
(a)(1)(b)

Analysis of Health Problems and Health Data

Two steps from APEXPH (Collect and Analyze Health Data and Identify Community Health Problems) have been combined and are described on the IPLAN website as one a single step “Analysis of Health Problems and Health Data.” The community health committee and health department staff engage in a process of identifying health problems in the community based on a variety of data sources.

Most community health assessment tools, including APEXPH recommend using data from a variety of community health indicators. Five major categories of data are presented below. A more detailed description of these categories will be cover in another section of this workbook.

- Demographic data
- Social data
- Health status data
- Risk factor data
- Resource data

The Certified Local Health Department Code requires local health departments to use data from the IPLAN Data System for the certification process. The IPLAN Data System can be a rich source of data covering many of the above categories and is available at <http://app.idph.state.il.us/IPLANDataSystem.asp?menu=1> To learn more about using the IPLAN Data System and how to turn data into information for this planning process, IPHI will be offering Data Basics and Qualitative Data training courses. For more information visit www.iphionline.org

There are some other important characteristics of the APEXPH and the IPLAN variation that are referenced in the Certified Health Department Code. The following components reflected in the code are important to IPLAN and specifically for the next step of the assessment process.

- The identification and prioritization of health problems (IPLAN requires at least three priorities)
- An analysis of the prioritized health problems to identify each problem’s risk factor(s), direct contributing factors, and indirect contributing factors.



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“Prioritization shall result in the establishment of at least three priority health needs.”

Certified Local Health
Department
77 Ill. Adm. Code 600.400
(a)(d)

Prioritize Community Health Problems

In this step of the community health needs assessment process the community health committee ranks health problems (needs) in order of importance. Though APEXPH suggests that five health problems be identified, IPLAN certification requires at least three health problems.

The APEXPH definition of a health problem may be useful for this process. However, local health departments do have some latitude to broaden their interpretation of this definition and include local public health system issues that go beyond this more traditional definition. For example, Access to Care is often an IPLAN priority for many of Illinois’ LHD jurisdiction. This issue does not meet the traditional APEXPH definition.

Health Problem: A situation or condition of people which is considered undesirable, is likely to exist in the future, and is measured as death, disease, or disability.

A variety of methods are available for prioritizing health problems or community health issues. The APEXPH manual provides a detailed application of the Hanlon Method for setting priorities. Whichever method is used to prioritize the health problems, the result should be a consensus list of priorities. The process should be reasonable, clearly understood by committee members, have objective components, and be based on an analysis of available data and community input. The Hanlon method includes the following objective and subjective variables.

- 1) Rate the of size of the health problem in terms of the percent of the population with the health problem
- 2) Rate the seriousness of the health problem in terms of morbidity, mortality, hospitalization, economic loss, community impact
- 3) Rate the effectiveness of available interventions in preventing the health problem

Variations to Hanlon have been made to include other criteria in addition to those listed above. For instance, the “return on investment” of available interventions may be considered. More detailed information, worksheets, and an example of the Hanlon method are provided on the following pages. Other prioritization methods are explained in Appendix B.

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The Hanlon Method for Prioritizing Health Problems from the APEXPH Manual

The Hanlon Method

The tool presented on the following pages was taken from Appendix E of the APEXPH manual.

The citation from APEXPH is J.J. Hanlon, “The design of public health programs for underdeveloped countries.” Public Health Reports, Vol. 69. and Hanlon and Pickett, Public Health Administration and Practice, 9th ed. 1990.

The method described below is a modification of a method developed by J.J. Hanlon. A worksheet for use with this method is provided. The instructions below are organized around the completion of the worksheet.

A. Rate the Size of the Health Problems

Give each health problem being considered a numerical rating on a scale of 0 through 10 that reflects the percentage of the local population affected by the particular health problem—the higher the percentage affected, the larger the numerical rating. Enter the number in Column A of the worksheet on page 18.

The table below is an example of how the numerical rating might be established. The scale shown is for illustrative purposes only, and is not based on scientific or epidemiological data; a community establishing priorities should establish a scale appropriate to the level of the health problems in the community.

Percent of Population with the Health Problem	“Size of the Problem” Rating
25% or more	9 or 10
10% through 24.9%	7 or 8
1% through 9.9%	5 or 6
.1% through .9%	3 or 4
.01% through .09%	1 or 2
Less than .01% (1/10,000)	0

Alternatively, the “Size of the Problem” ratings could be established by giving the health problem with the highest frequency a rating of 10, the problems with the lowest frequency a rating of 0 or 1, and the other problems rated according to where they are relative to the most common or least common problem.



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The Hanlon Method (continued)

The following questions may be helpful in setting criteria for rating the seriousness of the health problems:

- *What is the emergent nature of the health problem? Is there an urgency to intervene? Is there public concern? Is the problem a health problem?*

- *What is the severity of the problem? Does the problem have a high death rate or hospitalization rate? Does the problem cause premature morbidity or mortality?*

- *Is there actual or potential economic loss associated with the health problem? Does the health problem cause long term illness? Will the community have to bear the economic burden?*

- *What is the potential or actual impact on others in the community?*

B. Rate the Seriousness of the Health Problems

To score the seriousness of a health problem, enter a number between 0 and 10 into Column B of the worksheet on page 18; the more serious the problem, the higher the number. In the priority setting process being described here, the seriousness of a health problem is considered to have a greater impact than its size; for this reason, in the final calculation, the “Seriousness Rating” given will be multiplied by a factor of 2. An example of criteria for scoring for seriousness is shown in the table below.

How Serious a Health Problem is Considered	“Seriousness” Rating
Very Serious (e.g., very high death rate; premature mortality; great impact on others; etc.)	9 or 10
Serious	6, 7, or 8
Moderately Serious	3, 4, or 5
Not Serious	0, 1, or 2

C. Rate the Health Problems for the Effectiveness of Available Interventions

The effectiveness of interventions to reduce the health problems is an important component in priority setting. However, precise estimates are usually not available for specific health problems. It may be helpful to define upper and lower limits of effectiveness and assess each intervention relative to these limits. For example, vaccines are a highly effective intervention for many diseases; those diseases would receive a high “Effectiveness of Intervention Rating.”

Note: For more information about what is known of the effectiveness of many community-based interventions in public health see the CDC's *Guide to Community Preventive Services* available online at <http://www.thecommunityguide.org/>



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- **Propriety** – Is a program for the health problem suitable?
- **Economics** – Does it make economic sense to address the problem? Are there economic consequences if a program is not carried out?
- **Acceptability** – Will the community accept a program? Is it wanted?
- **Resources** – Is funding available or potentially available for a program?
- **Legality** – Do current laws allow program activities to be implemented?

The Hanlon Method

Rate the Health Problems for the Effectiveness of Available Interventions (continued)

At the other end of the scale are diseases such as arthritis, for which intervention now available are mainly ineffective. With this in mind, each health problem should be scored for the effectiveness of available interventions according to the table below, and the number entered in Column C of the worksheet.

Effectiveness of Available Interventions in Preventing the Health Problem	“Effectiveness” Rating
Very Effective 80% to 100% effective (e.g., vaccine)	9 or 10
Relatively Effective 60% to 80% effective	7 or 8
Effective 40% to 60%	5 or 6
Moderately Effective 20% to 40% effective	3 or 4
Relatively Ineffective 5% to 20% effective	1 or 2
Almost Entirely Ineffective Less than 5% effective	0

D. Apply the “PEARL” Test

Once the health problems have been rated for size, seriousness, and effectiveness of available interventions, they should be judged for the factors of propriety, economics, acceptability, resources, and legality. (The initial letters of these factors make up the acronym “PEARL,” which can serve as a mnemonic for this aspect of priority-setting.) Questions to be answered for each factor are provided in the left margin.

Any health problem which receives an answer of “No” on any question should either be dropped from consideration for the present or, alternatively, the reason for the “No” answer be considered and, if it can be corrected, consideration of the health problem might continue.



The Hanlon Method (continued)

Calculate Priority Scores for the Health Problems

Priority scores for each health problem are calculated from the ratings recorded in columns A, B, and C. Priority scores are entered in column D on the worksheet. Use the following formula for these calculations with the letters representing the values in columns A, B, and C from the worksheet.

$$D = [A + (2 \times B)] \times C$$

For example, suppose the following values appear in columns A, B, and C:

Column A = 6 (size)

Column B = 4 (seriousness)

Column C = 2 (intervention)

The following calculation would be carried out for the priority rating to be recorded in column D:

$$D = [6 + (2 \times 4)] \times 2 = 28$$

Assign Ranks to the Health Problems

Once priority scores have been recorded for all health problems, assign a priority rank for each problem, based on the size of the priority scores, and record it in column E. For example, the health problem with the highest priority score should be given a rank of 1, the problem with the next highest score, a rank of 2, and so on. Health problems with the same priority score should be given the same priority rank.

Reminder:

IPLAN requires a minimum of three priorities for further analysis and inclusion in the Community Health Plan.



Health Problem Priority Setting Worksheet

List the health problems as determined through data collection, community perceptions, or other means. Make additional copies of this worksheet, as necessary.

Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A + 2B) C	E Rank
Incidence of CV Disease	8	6	6	120	1



Conduct Detailed Analysis of Community Health Problems

The Certified Local Health Department Code references an analysis of risk factors and contributing factors for each health priority in the Community Health Plan section of the code [Sec. 600.400 (a)(2)(d)(1)]. However, from the planning process perspective, the health problem analysis follows the prioritization phase. APEXPH and the Certified Local Health Department Code provide the following terms and their definitions for this analysis:

Risk factor: A scientifically established factor (determinant) that relates directly to the level of a health problem. A health problem may have any number of risk factors identified.

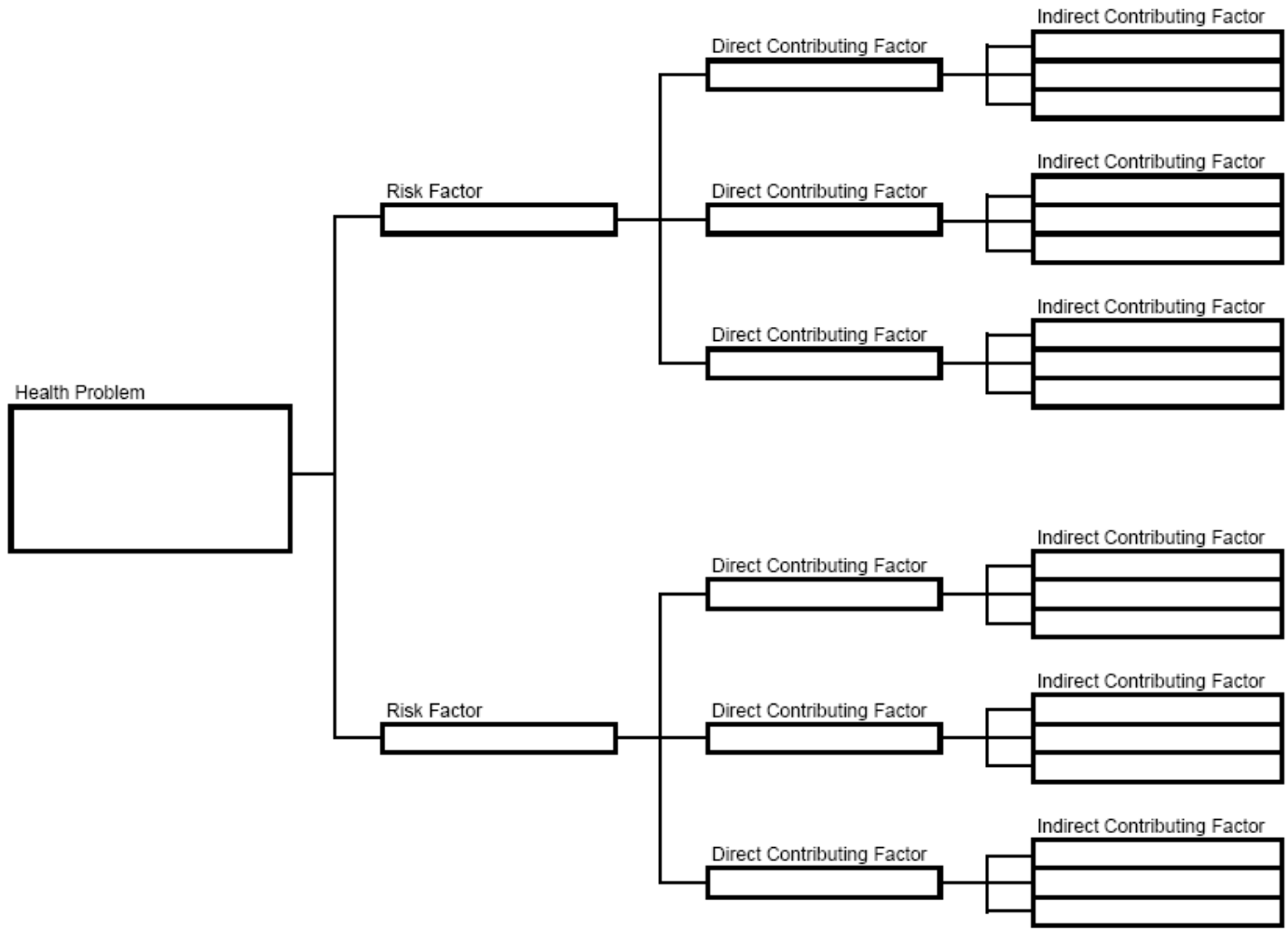
Direct contributing factor: A scientifically established factor that directly affects the level of a risk factor.

Indirect contributing factor: A community-specific factor that directly affects the level of the direct contributing factors. These factors can vary greatly from community to community.

The Health Problem Analysis seeks to explore some of the many reasons that may cause or contribute to a health priority. The APEXPH manual and the IPLAN website provide worksheets to help identify risk factors, direct contributing factors, and indirect contributing factors. A worksheet(s) should be completed for each of the three health priorities.

This analysis is an important step in the planning process because the interventions and objectives developed for the Community Health Plan should address these factors. The health problem analysis tool is especially important for public health programming which should focus on preventing many of the health problems and conditions afflicting communities. Sample Health Problem Analysis Worksheets are available on the next two pages. Additional worksheets are provided in Appendix C.

Health Problem Analysis Worksheet



Completed Health Problem Analysis Worksheet from Knox County IPLAN



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“Our greatest assets are our people”

Inventory Community Health Resources

Addressing the community health priorities that emerge through the IPLAN process will require the resources of the local public health system. These health resources will need to be detailed in the Community Health Plan but are identified in the assessment phase of the process. In this phase the community health committee and health department staff create an inventory of community health resources that are potentially available to address direct and indirect *contributing factors*. This phase of the process should also unveil potential barriers to addressing the health priorities. The APEXPH manual and the IPLAN website http://app.idph.state.il.us/pdfs/health_plan_worksheet.pdf provide worksheets for summarizing the information gathered in this and the previous phase. One is also included on page 25.

Another useful approach that some local health departments may wish to incorporate into this phase is the concept of Asset Mapping. Developed by McKnight and Kretzman at Northwestern University, Asset Mapping goes beyond simply listing institutional-based health resources to include other community capacity assets such as:

- the skills of local residents
- the power of local associations
- the resources of public, private and non-profit institutions
- the physical and economic resources of local places

For more information see: *Sustaining Community Based Initiatives*, McKnight, J. & Kretzmann, J. Mapping Community Capacity, Evanston, IL: Asset Based Community Development Institute, Northwestern, University, 1990

For more information:

<http://www.northwestern.edu/ipr/abcd.html>

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“The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan.”

“The process shall include board of health adoption of the community health plan.”

Section 600.410

Develop a Community Health Plan

Developing a Community Health Plan completes the process that certified local health departments know as IPLAN. The plan must include the analysis of each health problem (priority) and associated risk, and contributing factors, as well as measurable objectives addressing each priority. The following pages provide explanations, worksheets, and examples of these objectives. Section 600.400 (a)(2)(d) of the code begins to describe the context for creating the Community Health Plan.

“Develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources, and involves the participation of constituents and other related governmental agencies.”

The following components are included in the Community Health Plan:

- Purpose statement
- Description of the planning process
- Description of each priority
- One measurable outcome objective (for each priority)
- One measurable impact objective (for each outcome objective)
- One proven intervention strategy (for each impact objective)
- Evaluation plan
 - Though not required in the Community Health Plan, this section of the code does state “The local health department shall conduct monitoring of programs to assess achievement of mandated programs and progress towards meeting community health objectives as stated in the community health plan” Section 600.400 (a)(2)(g)(2).



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Write “SMART” Objectives!

SMART is a useful mnemonic for writing objectives. Raise expectations and add C.

- Specific
- Measurable
- Attainable
- Relevant
- Time-oriented
- + Challenging

IPLAN Objectives

Objectives are critical elements of any planning process including IPLAN. Objectives are the operational aspects of The Community Health Plan. They provide direction and specify progress and change toward desired outcomes. Objectives define what is to be accomplished and provide the foundation for strategies and interventions. When written, objectives should be concise statements that provide direction. Objectives seek to increase, decrease, maintain, reduce, improve ... The IPLAN and APEXPH processes have specific types of objectives.

Outcome Objective

This objective is a measurable statement indicating the desired level of change in a health problem or condition. This is a long-term objective. IPLAN considers outcome objectives to have a five year time-frame.

Here is an example of an outcome objective:

Increase to 35 % the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days by December 2012.

Impact Objective

This objective is a measurable statement indicating the desired level of change in a risk factor. Impact objectives are intermediate in time. APEXPH suggests these objectives have a three to five year focus. The time-frame for IPLAN is two to three years.

Here is an example of an impact objective:

By December 2009, reduce the number of youth who take their first drink before age 17 from 67% to 60%.

IPLAN

Where can objectives come from?

- *Funding sources (expectations)*
- *Administrative dictates & policies*
- *Administrative protocols & priorities*
- *Community health needs assessment*
- *Partnership agreements and other external relationships*
- *Recognized State and/or National public health agendas.*
- *Advocacy groups and associations*

Healthy People 2010 is an excellent source for objectives. These can be easily adapted for local jurisdictions. Access via www.healthypeople.gov

IPLAN Objectives

Process Objective

This objective is measurable statement indicating the desired level of change in a contributing factor. A process objective is short-term (1 to 2 years). IPLAN calls for something a bit different for addressing the impact objective.

In lieu of process objectives, Illinois LHDs should provide at least one proven Intervention Strategy to address each written impact objective. The description should include a discussion of the community resources that will contribute to implementation, estimated funding needed for implementation, and anticipated sources of funding.

Here is an example of an process objective:

By December 2003, 80 % of low income pregnant women will have received prenatal care during the first trimester of pregnancy.

Here is an example of an Intervention Strategy from Scott County:

The community coalition on tobacco will work with schools and community groups to develop education activities on tobacco use and its effects on the lungs, targeting children and adolescents. The coalition will identify community input opportunities to educate the adult population regarding tobacco use and lung cancer. The coalition on tobacco will partner with the agricultural community to address environmental factors.

The APEXPH manual and the IPLAN website provide worksheets for organizing these objectives and intervention strategies. These worksheets are provided on the following pages and in Appendix C. Information in the completed worksheets was provided by the Knox County Health Department. For more information on the Knox County plan see <http://www.knoxcountyhealth.org/content.php?PageID=58>

Community Health Plan Worksheet #1

Health Problem:	Outcome Objective:
Risk Factor(s):	Impact Objective:
Contributing Factors (direct & indirect):	Proven Intervention Strategy:
Resources Available:	Barriers:



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IPLAN

Community Health Plan Worksheet #1 (partially completed)

<p>Health Problem:</p> <p>Incidence of Cardiovascular Disease</p>	<p>Outcome Objective:</p> <p>By the year 2020, reduce the rate of deaths from cardiovascular disease in Knox County adults to no more than 245 per 100,00 population</p>
<p>Risk Factor(s):</p> <p>Hypertension</p>	<p>Impact Objective:</p> <p>Reduce the proportion of Knox County adults with high blood pressure to 15% or less by the year 2016.</p>
<p>Contributing Factors (direct & indirect):</p> <p>Primary Care Practices – Brief Screenings</p>	<p>Proven Intervention Strategy:</p> <p>Community education and a marketing plan which focuses on chronic disease screening, management, and prevention.</p>
<p>Resources Available:</p> <p>Healthcare providers Local health department Pharmacies</p>	<p>Barriers:</p> <p>Financial resources Lack of time Access to primary and preventive health services</p>

Community Health Plan Worksheet #2

Description of the Health Problem, Risk Factors and Direct Contributing Factors:

Corrective Actions to Reduce the Level of the Indirect Contributing Factors:

Proposed Community Organizations to Provide and Coordinate the Activities:

Evaluation Plan to Measure Progress Towards Reaching Objectives:



[Empty rectangular box with a thin black border and a small blue vertical bar on the left side.]

Community Health Plan Worksheet #2 (partially completed)

Description of the Health Problem, Risk Factors and Direct Contributing Factors:

Heart disease is the leading cause of death in Knox County residents during 2002; accounting for 198 of the total 798 deaths.

Based on BRFSS results, almost one-fourth (23.4%) of Knox County adults suffer from high blood pressure.

Hypertension is the second leading chronic condition among Knox County residents, affecting 7,450 persons.

Corrective Actions to Reduce the Level of the Indirect Contributing Factors:

Through the collaborative community screening effort, increase the number of Knox County adults who have had their blood pressure checked within the preceding two years, by a minimum of 10% by screening 1000 adults, aged 30-65 years, a year for each of the next five years (2006 - 2011).

Proposed Community Organizations to Provide and Coordinate the Activities:

- Healthcare
- Physician offices
- Colleges
- Pharmacies
- Local health department
- Local media outlets
- YMCA

Evaluation Plan to Measure Progress Towards Reaching Objectives:

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

IPLAN

These review questions can be effectively used to outline the Community Health Plan. They were developed by IDPH to assist local health departments with their own final review of their Community Health Plan.

*The review questions provided are available from the IPLAN website:
<http://app.idph.state.il.us/Re-sources/IPLANProcess.asp?menu=3>*

IDPH Review Questions for the Community Health Plan

Board of Health Approval

- Was the community health plan adopted by the board of health?

Purpose Statement

- Does the community health plan contain a statement of purpose that includes how the plan will be used to improve the health of the community?

Community Participation

- Did the local health department utilize community participation to assist in the development of the community health plan?

Community Health Plan Process

- Does the community health plan contain a description of the process used to develop the community health plan?

Priorities

- Does the community health plan address three priority health needs identified in the community health needs assessment?

For each priority:

- Does the description of the health problem provide you with an adequate base of information to understand why the community selected this problem?
- Does the description include:
 - the importance of the priority health need?
 - summarized data and information on which the priority is based?
 - an analysis to identify population groups at risk of poor health status within the local health department's jurisdiction?

- the relationship of the priority to Healthy People 2010 National Health Objectives

IDPH Review Questions (continued)

For each priority:

- Does the analysis adequately establish the problem's
 - risk factors?
 - direct contributing factors?
 - indirect contributing factors?

- Does the community health plan contain at least one measurable outcome objective covering a five-year time frame? Does the outcome objective really address a measurable health outcome?

- Does the community health plan contain at least one measurable impact objective related to each outcome objective? Does the impact objective really address a measurable risk factor?

- Does the community health plan contain at least one proven intervention strategy, which reasonably addresses each impact objective? Does the proven intervention strategy really address a measurable (direct or indirect) contributing factor?

- Does the discussion of the proven intervention strategy include an analysis of:
 - community resources that will contribute to implementation?
 - estimated funding needed for implementation?
 - anticipated sources of funding?

IPLAN

Within sixty days of receipt by the Department of the LHD's IPLAN Recertification Application, the Illinois Center for Health Statistics will review and approve (if in compliance) the Community Health Needs Assessment and Community Health Plan and notify the LHD that the requirements under Title 77 Illinois Administrative Code, Section 600.400 or 600.410 have been satisfied.

Notification of compliance will also be sent to the Department's Office of Finance and Administration, State/Local Liaison Unit and the Regional Health Officer.

Submit Recertification Application

Once again, the renewal of certification (application for recertification) involves submitting the Community Health Needs Assessment and Community Health Plan documents to IDPH. These documents, and an attestation of board adoption provided by LHD's "legally authorized representative," must be submitted at least 60 days prior to the certification date. A flow chart outlining the review process can be found in Appendix D. Here are some additional guidelines.

1. A cover letter requesting LHD recertification and a description of the contents of the application,
2. A signed letter from the local board of health acknowledging that the Organizational Capacity Self-Assessment was conducted and reviewed and the community health plan was adopted,
3. A community health needs assessment,
4. A community health plan, and
5. Any appendices containing relevant application support materials (i.e., worksheets).

Send one original and one electronic version of the recertification application to:

IPLAN Administrator,
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761-0001

Extensions

The Certified Local Health Department Code does provide for certification extensions (waiver) from one day to six months due to circumstances beyond the reasonable control of the local health department. Requesting this waiver does not impact the review process. Consult sections 600.200 and 600.210 for more information. For other questions related to IPLAN contact the IPLAN Administrator at 217-782-6235. Ongoing dialog with IDPH may mitigate the need for certain extensions. The diagram presented in Appendix E indicates specific times in the IPLAN process when a LHD may wish to seek feedback from IDPH.

Addendum

The MAPP Process



Mobilizing for Action through Planning and Partnership (MAPP)

An IPLAN Equivalent Process Approved by IDPH

What is MAPP?

- An equivalent process for completing IPLAN.
- A community-wide strategic planning tool for improving public health.
- A method to help communities prioritize public health issues, identify resources for addressing them, and take action.

MAPP Historical Context

- Developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (1997 – 2000)

Three Keys Concepts to the MAPP Process

- Strategic Thinking
- Community Driven Process
- Focus on the Local Public Health System

Benefits of using MAPP

- Community driven process
- Builds community ownership
- Creates new connections throughout the community
- Spurs more innovative, effective and sustainable solutions
- Empowers community residents



Addendum

A Comparison of MAPP and APEXPH

Components of MAPP

- *Organize for Success & Process Development*
- *Visioning*
- *Community Themes & Strengths Assessment*
- *Local Public Health System Assessment*
- *Community Health Status Assessment*
- *Forces of Change Assessment*
- *Identify Strategic Issues*
- *Formulate Goals & Strategies*
- *Action Cycle*

APEXPH	MAPP
Build LHD leadership	Build LHD leadership, but also promote community responsibility for the health of the public
Assess LHD capacity for delivering public health services	Assess capacity of entire local public health system
Plan operationally	Plan strategically
Focus on health status	Focus on health status, community, perceptions, forces of change, and local public health system capacities
Develop plans to address needs	Strategically match needs, resources, ideas, and actions

The other distinguishing features of the MAPP process are the four MAPP assessments

- The Community Themes and Strengths Assessment
- The Local Public Health System Assessment
- The Community Health Status Assessment
- The Forces of Change Assessment

Addendum

What are the major types of health data?

- *Health status data*
- *Risk factor data*
- *Resource data*
- *Demographic data*
- *Social data*

Health status data

- *Measures the presence or absence of disease, injury, physical disability, or death*
- *May include outcome measures and health indicators*
- *Multiple variables taken together can yield quality of life measures*
- *Emphasis on quantitative data*

MAPP Community Health Status Assessment

Local health departments may want to use the MAPP Community Health Status Assessment as a tool for completing the IPLAN Community Health Needs Assessment. This MAPP assessment tool is well structured and comprehensive. Be sure to include the critical elements needed to fulfill the IPLAN requirements such as the health problem analysis and prioritization activities. In essence, the MAPP Community Health Status Assessment does the following:

- Identifies priority community health and quality of life issues
- Answers questions "How healthy are our residents?" and
- "What does the health status of our community look like?"

There are Six Steps to the MAPP Community Health Status Assessment

To download a more detailed explanation of this assessment tool proceed to the following link: <http://mapp.naccho.org/chsa/index.asp> An outline of the MAPP Community Health Status Assessment is provided on the following pages.

1. Prepare for the assessment

- Form an assessment sub-committee
- Include representatives with data expertise
- Include representatives who have access to data
- Include local public health system partners

2. Collect data for the core indicators

- Use state or local databases
- Access previously conducted health assessments
- Identify data available through committee members
- Use volunteers, interns, consultants
- Include data from the IPLAN data system



Addendum

Risk factor data

- *Associated with or explain a particular health outcome*
- *Includes the direct causes or disease agents, personal characteristics, and environmental factors that make individuals more or less prone to a particular disease or injury*
- *Extensive use of qualitative data*

Resource data

- *Describes the resources available in communities to treat disease or alleviate risk factors*
- *Measures of capacity and supply of goods and services that promote health and prevent illness*
- *Includes community assets and programming activities*
- *Health related outputs*

Community Health Status Assessment Steps (continued)

3. Identify locally-appropriate indicators

- Focus data collection efforts based on perceptions and interest of the community and committee
- Include data specific to certain geographic areas or populations
- Consider extended indicator sets
- Link to Healthy People 2010 objectives

4. Organize and analyze the data, compile findings, disseminate the information

- Prepare a Community Health Profile*
 - Executive Summary
 - Bullet Point Format
 - Graphs & Tables
 - Present Trend Data
 - Compare to State and National data, and to HP 2010 Targets
- Disseminate the Community Health Profile to the community and the community health committee

***What is a Community Health Profile?**

“A set of indicators of demographic and socio-economic characteristics, health status, health risk factors, and health resource use which are relevant to most communities; these indicators provide basic descriptive information that can inform priority setting and interpretation of data on specific health issues.”

IOM (Institute of Medicine). 1997. *Improving the Health of the Community, A Role for Performance Monitoring*. Washington, D.C. National Academy of Science.

Addendum

Demographic data

Important in understanding the population of interest

- *Useful for stratifying other health data according to the demographic characteristics of individuals*
- *Can provide valuable insights into the determinants of health*

Social data

Can be qualitative or quantitative

- *Often includes issues important to the community being studied*
- *Easily overlooked when considering major types of data*
- *Valuable to our understanding of indirect contributing factors*
- *Social indicators as determinants of health*

Community Health Status Assessment Steps (continued)

5. Establish a system to monitor indicators

- Part of the Action Cycle
- Essential Public Health Service
- Involve local public health system partners
- Focus on strategic health issues

6. Identify challenges and opportunities

- Identify 10 to 15 community health status issues (health problems) using the following criteria
 - Affect large numbers of people
 - Has serious consequences
 - Evidence of disparity
 - Increasing trend
 - Susceptible to proven intervention
- Create a matrix to compare the above factors for each health status issue

7. Summarize key findings

- Final step of the Community Health Status Assessment
- List the most compelling issues (can use one of the prioritization methods such as the Hanlon)
- Summarize most prominent findings (Health Problem Analysis Worksheets)

Note:

If your jurisdiction were using the entire MAPP process to complete the IPLAN certification, the key “challenges” and “opportunities” from the Community Health Status Assessment would be filtered with data from the three other MAPP assessments to generate a list of “Strategic Health Issues.”

Addendum

Local Public Health System Assessment

Essential Public Health Services (excerpt)*

- *Monitor health*
- *Diagnose and investigate*
- *Inform, educate, empower*
- *Mobilize community partnerships*
- *Develop policies*
- *Enforce laws*
- *Link to/ Provide care*
- *Assure competent workforce*
- *Evaluate*
- *Research*

When using the MAPP process for IPLAN certification the LHD will conduct a Local Public Health System Assessment (LPHSA) in lieu of the APEXPH Organizational Capacity Assessment. The LPHSA is based on the Essential Public Health Services framework* <http://www.health.gov/phfunctions/public.htm>

Three assessment tools were developed through the National Public Health Performance Standards Program (NPHPSP). The goal of NPHPSP is to improve the quality of public health practice and the performance of public health systems. Currently, the NPHPSP program resides with the U.S. Centers for Disease Control and Prevention (CDC). A variety of tools and educational information regarding the LPHSA are available through the CDC's website <http://www.cdc.gov/od/ocphp/nphpsp/index.htm>

From the MAPP perspective the LPHSA is intended to answer the following questions:

“What are the components, activities, competencies, and capacities of our local public health system?”

“How are the 10 Essential Public Health Services being provided to our community?”

Unlike the Organizational Capacity Assessment which focuses primarily on the local public health agency, the LPHSA focuses on the local public health system. We define the public health system as all of the public, private, and voluntary organizations, and individuals contributing to the health and well being of the community. MAPP summarizes the LPHSA in five steps. The five steps are listed below.

1. Prepare for the LPHSA by recruiting participants from the local public health system and orienting them to the process and the assessment tools.
2. Discuss the 10 Essential Public Health Services
3. Complete the LPHSA performance instrument. Your jurisdiction may choose to submit the results electronically to the CDC.
4. Review the results and determine challenges and opportunities
5. Summarize key findings

Use the tools available online for guidance on this assessment such as the CDC website listed above, and the link to the MAPP/LPHSA instructions online at <http://mapp.naccho.org/lphsa/index.asp>.

Appendix Table of Contents

Appendix A - Guidance Related to Planning Processes Equivalent to IPLAN (IDPH Memo)

Appendix B - Other Prioritization Processes

Appendix C - IPLAN Worksheets

Appendix D - IPLAN Review Process Flowchart

Appendix E - IPLAN Process Feedback Timeline

Appendix F - IPLAN Review Questions for Substantial Compliance

Appendix G - IPLAN Submission Checklist