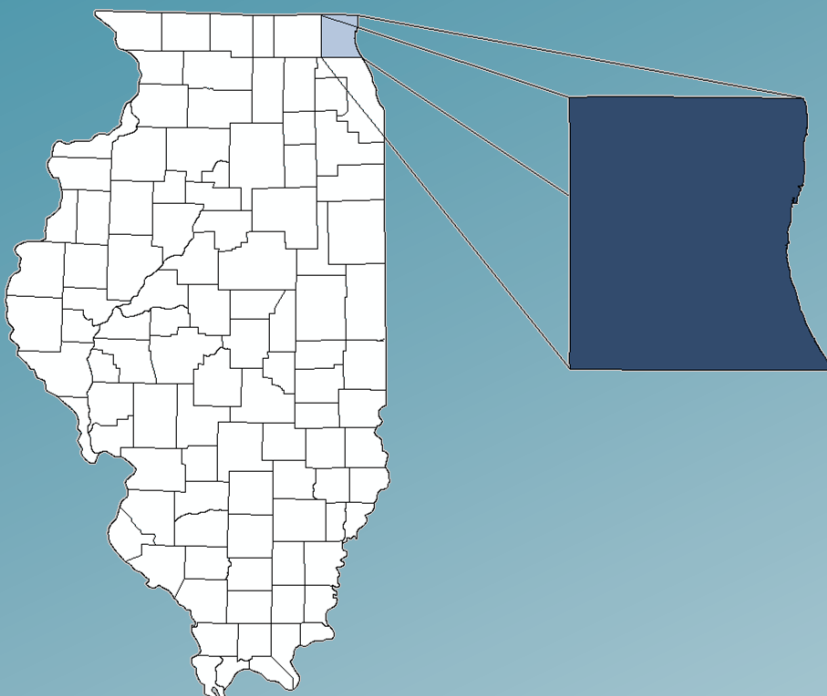




Blueprint to Align Local Public Health Systems



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Executive Summary

The Lake County Health Department and Community Health Center (LCHD/CHC) is pleased to share this **Blueprint to Align Local Public Health Systems**. This tool is to be used to assist health departments align their public health systems through the formation of performance measures.

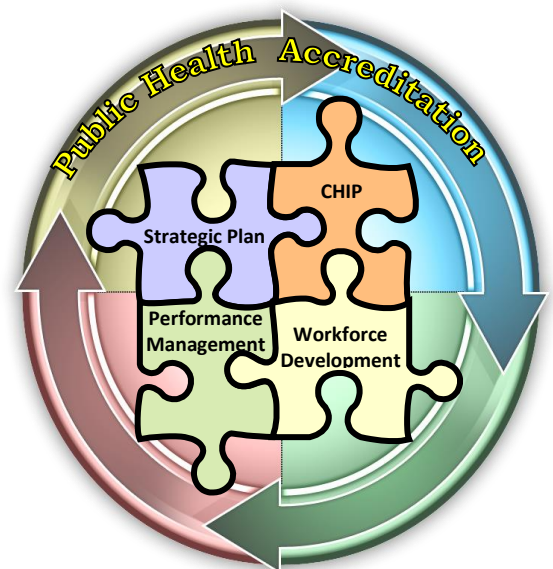
Public health departments are the most fluent and abundant source of public health practitioners; however, they are not the only source. Traditional partners (e.g., hospitals, community health centers and not-for-profit organizations) and non-traditional partners (e.g., school systems, law enforcement and city planners) are available and interested in promoting and improving the health of the populations they serve. Given a lack of resources and reductions in funding, the Blueprint to Align Local Public Health Systems provides a framework to align public health efforts in order to deliver the most effective and efficient benefits.

With the framework of the domains and standards implemented by the national public health accreditation board (PHAB) firmly in place, health departments are now able to measure the quality of provided services against robust, established standards. This allows for standardization of efforts and to provide accountability to the community members represented. PHAB seeks to advance quality and performance within public health departments and documents the capacity of the public health department to deliver the three core functions of public health and the Ten Essential Public Health Services. Thus, accreditation gives reasonable assurance of the diverse array of public health services a department should provide¹.

While being favorably measured against the PHAB standards may prove crucial to success, this assessment stops short at evaluation. There is no standard of effectiveness of the work being done. However, PHAB does require methods to be established by which health departments *can* measure productivity and results. It is through the following four quantifiable techniques that the success of public health efforts can be measured:

1. Community Health Improvement Plan (CHIP);
2. Strategic Plan;
3. Performance Management System; and
4. Workforce Development.

¹ (Public Health Accreditation Board, 2013)



The set up and implementation of these systems is well documented elsewhere; therefore Blueprint to Align Local Public Health Systems will not review basic implementation steps. The Blueprint assumes a basic level of knowledge of these systems and will not seek to replace any well-established implementation methods, but rather to supplement their application in order to gain alignment within a public health system.

This blueprint is laid out in a chronological fashion to create alignment from start to finish through a data driven process. While it is best to move from data collection to analysis to action (from the community health assessment to the community health improvement plan to performance measures), the tools included here can be taken out of context and worked on individually. The key to alignment is the linkage between the multiple systems.

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1

Background

- Introduction
- Definitions

Introduction



There are four components in any public health department that allow for quantitative measurement of impact and success. The alignment of these four measurable systems will allow a public health system to operate more effectively and efficiently. These systems flow into each other in a hierarchical and ordered relationship (Appendix 1).

Beginning with the Community Health Improvement Plan (CHIP), community level priorities are set. The CHIP will measure the impact of interventions meant to affect community level health outcomes. These community created strategic issues set the stage for the alignment to follow.

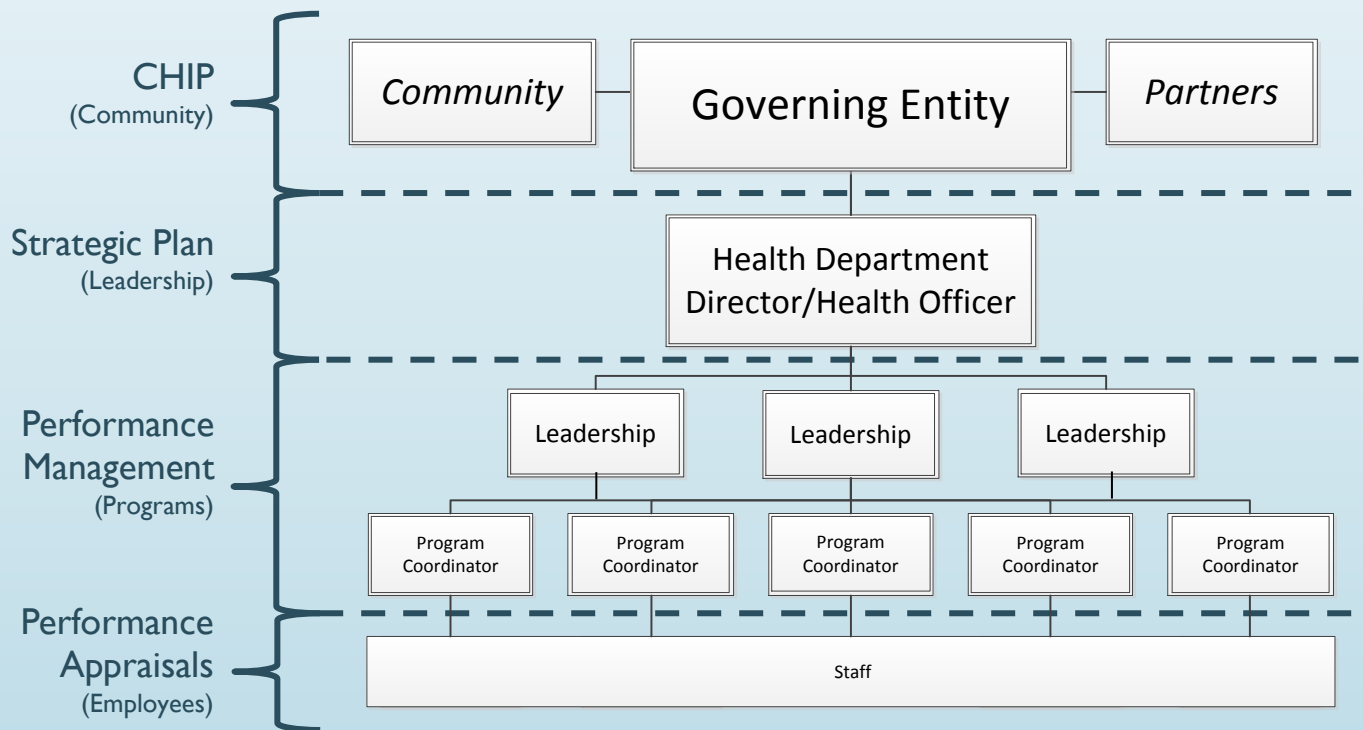
While communities may have distinctive strategic issues, all communities have needs. Knowing that the health department alone cannot solve all the community's issues, the agency strategic plan is the system that defines the role of the health department. The strategic plan addresses internal capacity issues and sets targets at both an internal and external level.

The Performance Management System is intended to be used at the programmatic level within the health department. Each program has specific goals and health outcomes they intend to effect and these need to be captured and prioritized to allocate resources; to inform managers about necessary adjustments or changes in policies or programs; to frame reports on success in meeting performance goals; and to improve the quality of public health practice.

The last system is setting employee goals through a workforce development plan. The measures evaluated through the other three systems are often broad and community based, leaving front-line staff wondering how they fit. Setting goals that are achievable for employees will allow them to perceive how they impact the health outcomes throughout the public health system.

ALIGN TIME

Example:
**Public Health System & Health Department Organizational Chart –
 Quantitative Impact Techniques and Responsible Parties**



Definitions

ALIGN TIME

Talk the Talk: You must use consistent language throughout the process in order to align similar items and compare across multiple layers of plans.

Systems ²	
Community Health Improvement Plan (CHIP)	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. The plan is more comprehensive than the roles and responsibilities of the health department alone.
Strategic Plan	A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. A health department's strategic plan focuses solely on the agency.
Performance Management	The use of performance measurement information helps set agreed-upon performance goals, allocate and prioritize resources, inform managers to either confirm or change current policy or program directions to meet those goals, and report on the success in meeting those goals.
Workforce Development	A health department workforce development plan ensures that staff development is addressed, coordinated, and appropriate for the health department's needs. Staff job duties and performance should be regularly reviewed to note accomplishments and areas that need improvement.

² (Public Health Accreditation Board, 2013)

Terminology

Strategic Issues	Those fundamental policy choices or critical challenges that must be addressed for a community to achieve its vision. Strategic objectives ranked by their importance in achieving the strategic goals. All subsequent operational or tactical planning and resource allocation is based on strategic issues.
Goal	An issue-oriented statement of a desired future direction or desired end state. Goals guide effort and they articulate the overall expectations and intentions.
Measurable	A general term representing any indicator that is able to be measured, whether it is an objective, output or outcome.
Output	The goods or services produced. “What we do”.
Outcome	The impacts on social, economic, or other indicators arising from the delivery of outputs. “What change is there”.

2 Planning

- Community Health Improvement Plan (CHIP)
- Strategic Plan

Community Health Improvement Plan

The community health improvement plan (CHIP) forms the basis for all alignment derived in local public health. This overarching plan will lay the groundwork for all public health interventions within the community, aligning efforts and forging partnerships at all levels. The CHIP is not owned by any one entity, rather it is a community plan owned by all residents. There are several key points to remember when guiding the community in creating their CHIP:

PHAB

PHAB Standard 5.2:
Conduct a comprehensive planning process resulting in a tribal/ state/ community health improvement plan.

Community Driven Framework

The community is the one who must steer the process in order for a CHIP to be successful. Without their direct contributions, the health department may be projecting suspected needs onto a potentially unwilling and uncooperative public.

Process:

The Blueprint to Align Local Public Health Systems encourages the use of the strategic planning process tool for public health known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is built on the 10 essential services of public health and provides data driven tools to evaluate their efficacy.

This framework allows for the community partners to create priorities and set data driven goals in order to achieve improved health outcomes by building internal and external leadership and assigning responsibility. MAPP forges links not just between the health department and external partners, but within the public as well. Using MAPP, a steering committee is formed and built with representatives from organizations integral to public health. These agencies will be ultimately accountable, not just for creating the goals, but for achieving them as well.

ALIGN TIME

Partner organizations to join a community steering committee may include:

- Schools
- Hospitals
- Forest preserve/Park district
- Mental/Behavioral health services
- Public health funders
- Environmental groups
- Not-For-Profits
- Charitable organizations
- Local businesses
- Religious entities

Create Broad Strategic Issues

To fit public health interventions and activities into one aligned system, the principal plan (the CHIP) must have comprehensive, broad strategic issues. If created with too narrow of a focus, the strategic issues will not be generalizable to the various levels of plans and measurables that will follow (through the strategic plan, performance management, and workforce development). These strategic issues, however, are not the goals, objectives and impacts being measured; they are the central ideas that encapsulate the community's vision for better health. Ultimately, the strategic issues flow into goals and measurable objectives, laying the foundation on which all measurables at all levels will be based.

MAPP ASSESSMENTS

1. Community Themes and Strengths Assessment
2. Local Public Health System Assessment
3. Community Health Status Assessment
4. Forces of Chance Assessment

Process:

To create broad strategic issues begin by itemizing all of the community health priorities. Caution, there could be many: 20 or more. These priorities are derived from the data gathered in the four MAPP assessments. Once the priorities are listed, highlight their similarities and look for cross-cutting themes that emerge across the collective data. As a steering committee, reduce the number of strategic issues by merging into more broad categories. The more priorities are absorbed, the more comprehensive the issues will become. Keep merging until you have trimmed down the number of priorities to a manageable 3-5. These remaining categories will be the strategic issues (Appendix 2).

ALIGN TIME

Group, Group, Group:

Attempt to trim down the number of community health priorities to a manageable 3-5 overarching strategic issues.

Create an Aligned Community Structure

It is not enough to devise a strategy with measurable health outcomes. As a health department, there is responsibility in implementing and achieving a positive impact. Accountability is derived by assigning the responsibility of achieving and measuring targets to members of the community. The steering committee is designed to offer guidance on creating the community strategic issues; they are the networkers who give direction. In order to implement the changes suggested by the steering committee, sub-committees and action teams should be created.

ALIGN TIME

Sub-committee structure:

Keep the design simple. Some possible sub-committees could be Physical Activity, Coordination of Care, Healthy Living, Workforce Development, Community Safety, or Health in All Policies. Choose a few that represent the needs of your community and make sure they align with the overarching strategic issues.

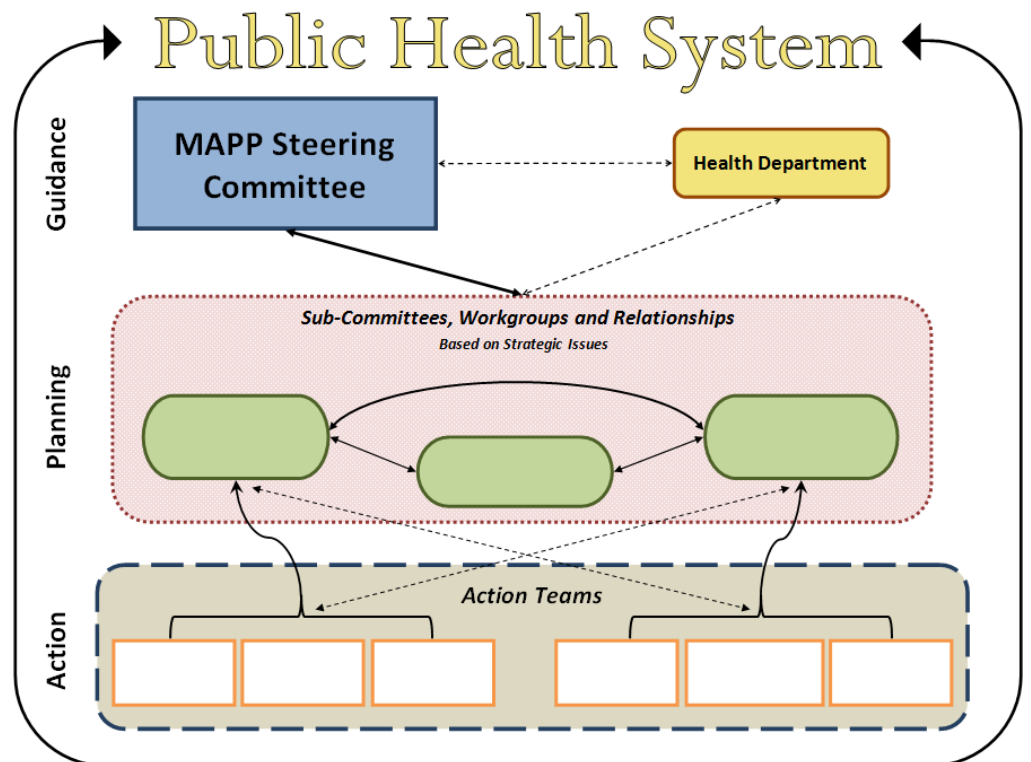
EVIDENCE BASED INTERVENTIONS

Use evidence based interventions in the community to prove causation of the efforts delivered. This will assist in evaluation of the CHIP and will allow for quality improvement of interventions offered.

Process:

The sub-committees should be derived from the strategic issues the steering committee created, showing direct alignment. However, it does not need to be a 1:1 relationship (i.e. there does not need to be one sub-committee for each strategic issue), as long as each strategic issue is represented in at least one sub-committee. Don't have too many sub-committees (perhaps 2-3); too many will create a difficult reporting structure and could diminish authority. The sub-committees should be composed of community stakeholders, experts, health department employees and members of the steering committee. The various sub-committees will be responsible for planning the health interventions and improvements that will occur.

The action teams are made up of front line community workers and health department employees who will be able to go out in the community and implement the actions created. They will take the planning from the steering committee and the sub-committees and create activities to improve the strategic issues defined in the CHIP. It is crucial, at this stage, to assure that the projected impacts are being measured using evidence based interventions. Without measurement, there can be no way of knowing the impact made. The improved health outcomes achieved by the action teams filters up into the evaluation of the effectiveness of the CHIP.



Strategic Plan

PHAB

PHAB Standard 5.3:
Develop and implement a health department organizational strategic plan.

As exposed in the CHIP, each community has needs, disparities and outcomes that could be improved. We know that the health department works on accomplishing the measurable objectives created in the CHIP; yet, the community’s needs may be too expansive and the resources too few for the health department to solve all on its own. Additionally, the health department may not be the expert in various services such as primary care which includes behavioral and mental health. With this in mind, the agency strategic plan should be used to delineate in more detail the strategies used to accomplish the health department’s piece of the CHIP.

Begin with the CHIP

The CHIP is the driver behind the health department strategic plan; however, not all CHIP goals need to be represented in the strategic plan. There are strategies and goals that the health department is not equipped to handle either due to size, resources, funding or other forces. The opposite holds true that not all strategic plan goals need to be in the CHIP. The plan should have internal goals that shape the direction the agency is going to head in for the next 3-5 years. Examples of these are workforce/human resource objectives or technological needs.

Process:

Despite the different plans, all items in the strategic plan should be aligned with the CHIP. Therefore, the workforce/human resource objectives and technological needs should help to accomplish some measures in the CHIP. The strategic plan should be created utilizing the expertise and knowledge of key staff and agency leaders. Once this staff has been identified, they should be educated regarding the intricacies of the CHIP and its strategic issues through a thorough review of the four MAPP assessments. Once the foundation has been laid, follow typical strategic planning procedures as described in PHAB standard 5.3:

- Create a mission, vision, and values
- Conduct a SWOT Analysis/Identify external trends
- Derive goals and objectives



Create Strategic Plan Champions

The CHIP's strategic issues create the framework from which the strategic plan will be designed. In order to create a more natural association, this alignment should be derived while the strategic plan objectives are created, not retroactively assigned. Use strategic plan champions to facilitate this alignment. Strategic plan champions should be high ranking leaders who are well respected in the agency and carry some authority. Their intimate involvement at this key stage will create buy-in from staff and help to align the CHIP and strategic plan more fluidly.

Process:

Organize a full day working session/retreat for all key staff to attend. Key staff should include leadership, managers and key front line workers, but all staff should be employees and members of the governing entity. The purpose of this retreat is to determine the goals in the strategic plan. Prior to the working session, strategic plan champions should be selected. The process needs as many strategic plan champions as there are CHIP strategic issues (so if a CHIP has four strategic issues, then four champions will be needed).

Each champion will be assigned one of the CHIP strategic issues. Early specialized training will need to occur to help the champions facilitate discussions about their given CHIP strategic issue. The training should involve the reasons why the community decided this was a strategic issue and how the community came to that decision:

- What data was involved?
- What changes are coming in the future?
- Who are the key players in the community?
- What can be accomplished in the next 3-5 years?
- What can the health department do to affect change?

Prior to the retreat, communicate with staff the importance of the session, after all, they are deciding the direction the health department will head in the next 3-5 years. Instruct staff to come to the retreat prepared to discuss the CHIP strategic priorities and how it affects or may change their work.

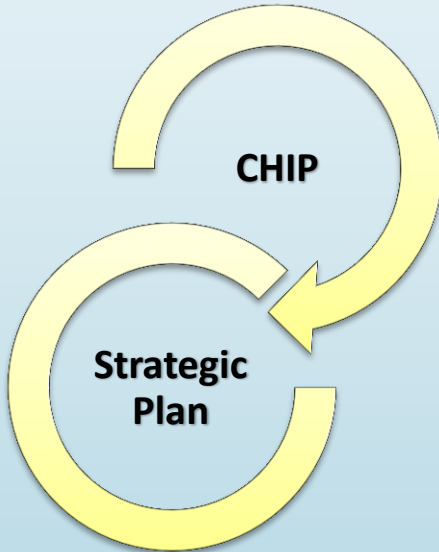
STRATEGIC PLAN CHAMPION

The champions should be well respected, higher ranking staff who are used to facilitating discussions. Through their training, they need to be encouraged to engage staff and foster ideas in order to produce the best strategic plan goals.

ALIGN TIME

CHIP and Strategic Plan:

These are both strategic plans and therefore need to flow into each other and relate.



Begin the retreat with reeducation on the CHIP, spending a few hours reviewing the plan and the four MAPP Assessments. Move on to the setting the agency mission, vision and values and the SWOT analysis to finish the first half of the day. The second half of the day should be utilized to create the strategic plan goals. Set up the room in stations, with as many stations as CHIP strategic issues. Each strategic plan champion will be assigned to their corresponding station for the remainder of the day. Divide staff into equal groups and have them rotate between stations, discussing the CHIP strategic issue and how it relates to the work they do. The strategic plan champion should assure that all staff have input and should help the group brainstorm potential strategic plan goals. Once time is up, the group should rotate to the next CHIP strategic issue and begin the process anew. By the end of the session, all key staff will have had input on how the work they do can directly affect the all the CHIP strategic issues.

After the retreat, the strategic plan champions should come together with senior leadership and decide which ideas are most applicable, relevant and achievable. These ideas will be turned into goals and then, utilizing appropriate data, turned into objectives. This will create alignment between the goals and objectives in the strategic plan and the CHIP strategic issues, cementing the health department’s role in achieving the objectives created in the CHIP.



CHIP Strategic Issues & Health Department Strategic Plan Alignment

3 Implementation

- Performance Measures
- Workforce Development

Performance Management

PHAB

PHAB Standard 5.3:

Use a performance management system to monitor achievement of organizational objectives

The performance management system provides vertical alignment and connection between the agency strategic plan and the programs that are responsible for conducting the work. Additionally, horizontal alignment is provided between this system and the quality improvement plan, connecting quality improvement efforts to the strategic plan. Setting performance measures at the program level is intended to improve population based health outcomes. This improvement is accomplished through the utilization of both Big QI (community level health outcomes) and Small QI (process outputs).

Create the System Framework

Having a solid framework on which performance measures are constructed makes their creation more effortless and easier to understand. Because it can take a long time to effect change in the population's health outcomes, it is appropriate for those measures to be longer, ranging from 1-5 years depending on the data available and the improvement being pursued.

The system should be health outcome driven, but in order to improve on a consistent basis (Small QI), the programs need items to measure on regularly. Process outputs should be measured no less frequently than quarterly, ideally measured monthly. If it cannot be measured monthly or quarterly, then it is not an acceptable performance measure process output.

When programmatic goals are created, they need to be aligned with the strategic plan. Some programs' outcomes may be directly measured as objectives in the strategic plan, while others may sync more broadly through the goals. As programs go through this process and define their goals, they must be written with the strategic plan in mind. All program level goals need to identify which strategic plan goal they impact.

ALIGN TIME

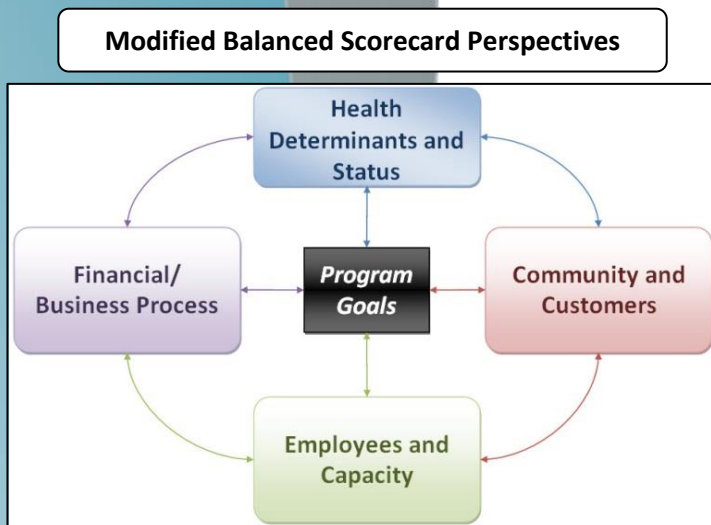
Vertical Alignment:

Performance management is intended to improve programmatic performance. By aligning program measures to the strategic plan, programs can see how they directly contribute to the success of the agency.

Process:

The implementation of a performance management system has caused consternation for many health departments, but there are many successful, easy to implement tools available for health departments to adopt. One such tool that this Blueprint recommends is the balanced scorecard modified for public health. The LCHD/CHC Modified Balanced Scorecard requires analyzing programs from four main perspectives: 1) Health Determinants and Status, 2) Community and Customers, 3) Employees and Capacity and 4) Financial/Business Processes. Utilization of the Modified Balanced Scorecard approach assures that measures around customer service, employees and finances are not forgotten, assuring a balanced approach to creating performance measures. Each program should have at least one measurable from each Modified Balanced Scorecard perspective.

- The Health Determinants and Status perspective answers the question: To improve the health of our community, which health outcomes need we impact?
- The Community and Customers perspective answers the question: To achieve our goals, how should we appear to our customers? Customers can be defined as internal or external, either the public, patients or those we regulate.
- The Employees and Capacity perspective answers the question: To maintain success, how will we sustain our ability to change and improve?
- The Financial/Business Process perspective answers the question: To succeed financially, what budgetary and efficiency challenges must we overcome?



Create a Performance Management Team (PM Team)

The process of creating performance measures can be difficult and time consuming. Expectations must be clear from the start and sufficient support must be provided to program managers. While early adopters may jump at the chance to prove their success, recognizing the importance of measuring and improving, many may resist, citing too little time and too few resources. Anticipating and addressing potential derision early in the process may put some at ease.

The work of creating performance measures should not be conducted by one individual alone; it must be a team effort. The purpose of creating a team is two-fold. First, it may be too much work for one individual to accomplish. Second, it is often useful to have multiple perspectives when creating successful measures. The health department director/health officer may be a resource to include on the PM team to reinforce the importance of creating good measures.

Process:

The PM Team should be comprised of individuals who are critical thinkers and are able to facilitate discussions and they will need to be well trained in the selected framework tool (Modified Balanced Scorecard, Turning Point, Malcolm Baldrige Award, etc.). The PM Team should create and facilitate a training that focuses on the reasons for creating a performance management system and the framework utilized to create measures. This training also needs to incorporate the goals and objectives from the strategic plan and the strategic issues from the CHIP. Each program should be assigned a PM Team member who will work with them to develop appropriate and measurable targets. Once completed, the program should present their measures to the whole PM Team and the health department director/health officer to be vetted. The PM Team needs to review each measure (both outcomes and process outputs) to assure fidelity with the selected tool and to verify that each program goal can be aligned with at least one strategic plan goal. If the measures are not appropriate, do not meet the proper standards or cannot be aligned to the strategic plan, they should not be approved.

ALIGN TIME

The Strategic Plan and CHIP:

Handing out copies of the strategic plan and the CHIP during the PM training will help to reinforce the importance of alignment.

CULTURE OF QUALITY

Not just a buzzword, creating a culture of quality can be accomplished but it requires support from leadership and buy-in from staff. Each program should be working on at least one quality improvement effort at any given time to assure that quality is always being considered.

Create a Culture of Quality Improvement (QI)

Assigning accountability to programs and closely monitoring progress toward identified targets can create a robust, well-functioning system; however, poorly written measures and punitive repercussions should be avoided when possible. Regular reporting to both health department leadership and the quality improvement council will help to create a culture of improvement throughout the agency. When managers are held accountable for meeting targets and improving health outcomes, quality improvement no longer becomes a project but rather a way of managing a program.

Process:

A dashboard system should be created that allows for easy measuring of progress and assessment toward reaching targets. This can be accomplished in a multitude of ways, from third party business intelligence to a series of excel spreadsheets. The most important thing is not the system that is used, but the ease of its use. Program managers must spend less time measuring than actually doing. If the measurement system is cumbersome, it will not be easily adopted. Each program must be responsible for entering their data; they must have a sense of ownership and responsibility.

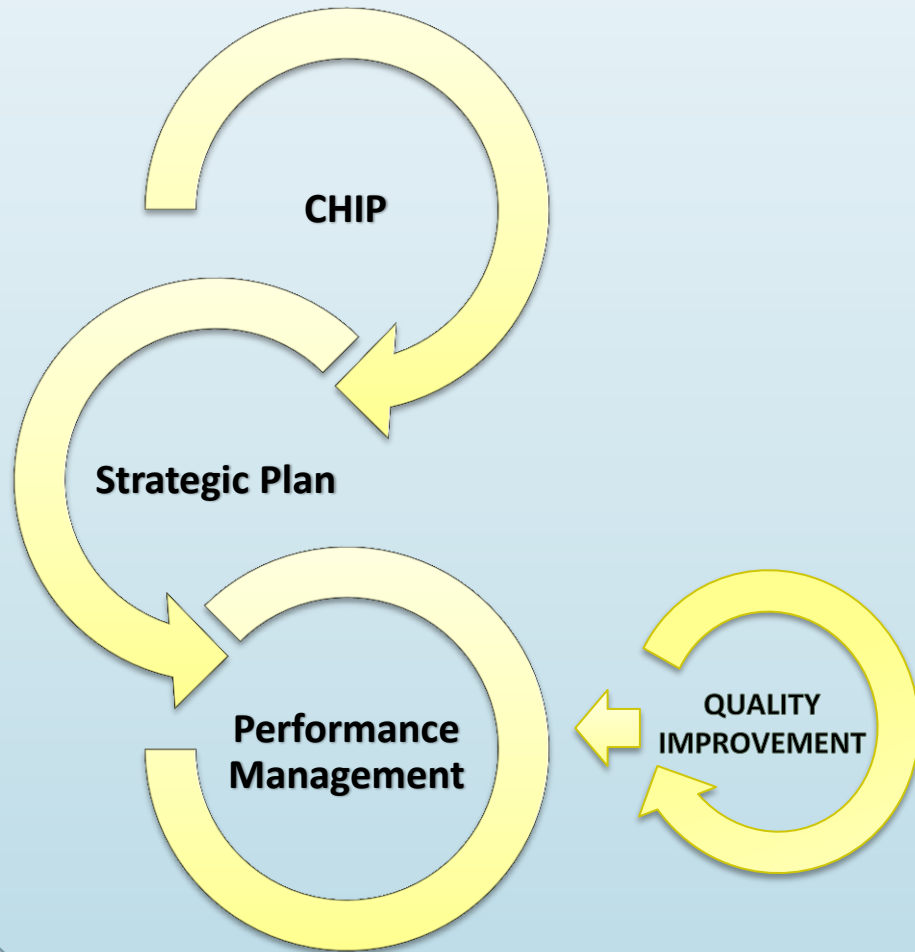
Every six months, programs should report out their progress to both health department leadership and the quality improvement council. The group presented to should be involved in the presentation, asking questions and assessing progress. Each program should be working on at least one quality improvement effort at any given time. Quality improvement needs to live at the program level in order to be successful. Once all programs are working toward improving their performance measures, QI will become a way to properly manage a successful program and not a separate project. Constant improvement must be both expected from and supported by leadership.

The biannual performance management reporting allows for cross-functional review of program level success and obstacles. As leadership collectively reviews program measures and updates, it allows for pooled resourcing to build capacity or lend insight on techniques and innovation.

ALIGN TIME

Horizontal Alignment:

Performance management is the link between quality improvement efforts and the agency strategic plan.



Workforce Development

PHAB
PHAB Standard 8.2:
Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

The workforce development plan assures training and development for staff and is the final link in PHAB’s quantitative analysis of productivity and results. The agency can measure and develop workforce performance through three primary means: an annual performance appraisal (individual), biannual performance management reporting (program), and an employee engagement and organizational culture assessment (agency-wide). The cultural assessment is both quantitative and qualitative but will not be discussed in this Blueprint.

Create Employee Level Goals

The annual performance appraisal allows for review of competency gaps related to the agency values and mission, as well as job-specific objectives. When competency gaps are identified for current roles, or as a means of developing high performers for future roles, trainings can be offered.

Process:

To create meaningful employee goals, they must be directly derived from the performance management system for all employees at all levels. Review all program performance measures and decide which ones are programmatic outcomes and which ones can be influenced by employee productivity, efficiency and effectiveness. These latter measures should be extrapolated to the employee level. Each employee should have between two to four SMART goals that can be connected to their program’s performance measures. This linkage will allow the employee the ability to see how the work they do directly contributes to the success of their program, creating more staff engagement. This can be done for groups of employees based on job titles/responsibilities.

ALIGN TIME

Example:
Employee Goal – STI Prevention:

CHIP Strategic Issue	Prevention and Wellness
Strategic Plan Goal	Reduce the incidence of infectious diseases
STI Program Performance Measure	The rate of adolescents and adults who have a reportable sexually transmitted infection (Chlamydia or Gonorrhea) will decrease by 5% by August 2015
Employee Goal	Collaborate with 20 new private medical providers to provide education and updates on treatment guidelines, reporting requirements and STI prevention and testing annually.

4 Aligned Pursuit

- Practical Alignment

Practical Alignment

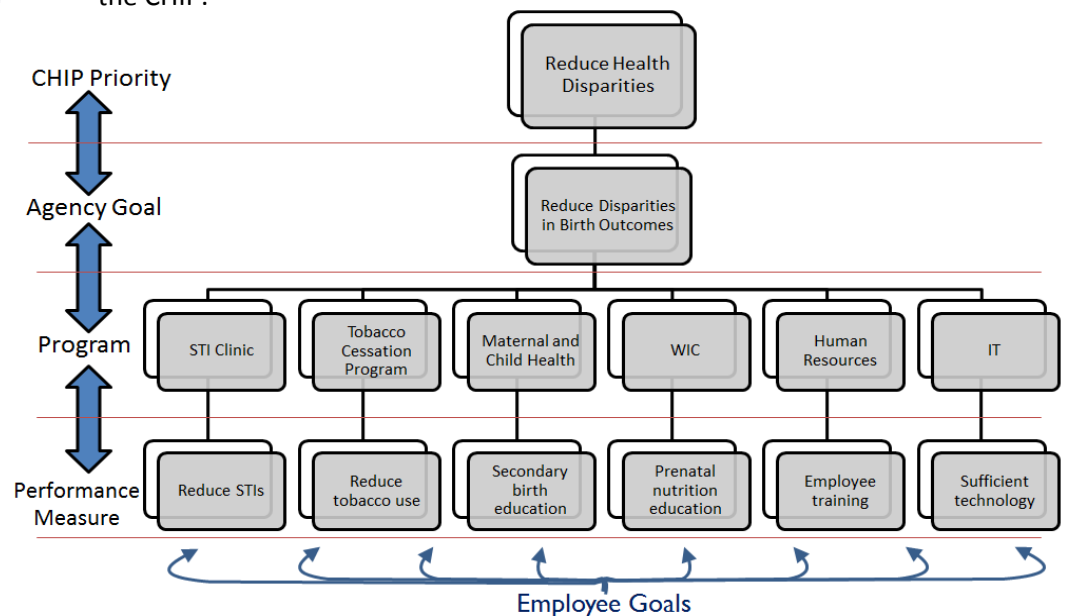
Utilizing the four quantifiable techniques discussed in this Blueprint, the public health system can measure its impact on the health of the community served.

CHIP: The accountability assigned in this plan helps to improve the health outcomes of residents, with the alignment assuring that all public health entities pool resources and work together to accomplish the defined objectives.

Strategic Plan: The alignment in this plan assists in spearheading initiatives within the health department, guaranteeing that all staff and programs are working towards improving the strategic issues defined in the CHIP.

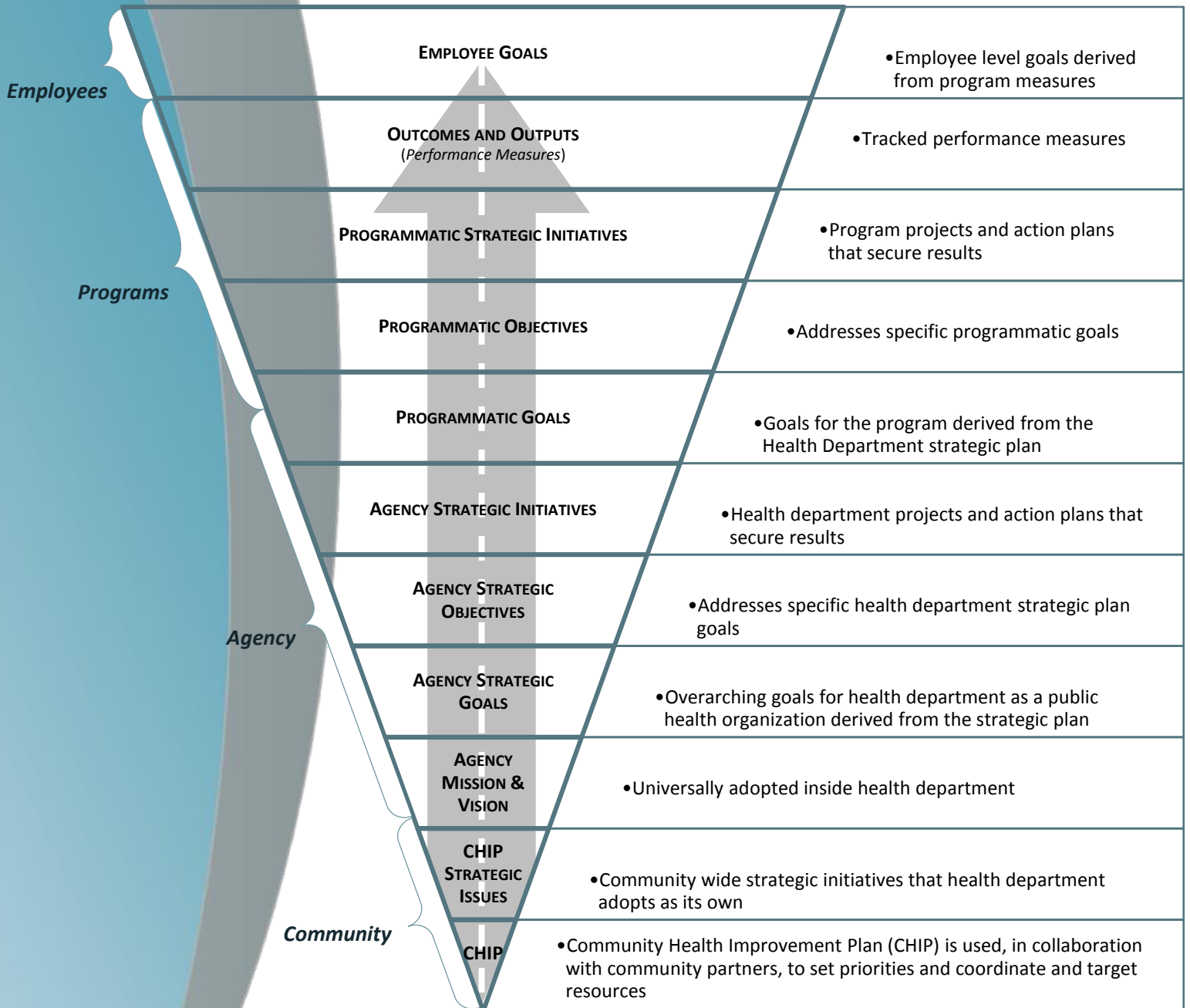
Performance Management: Aligning programmatic performance measures with the strategic plan allows programs to justify services provided, in addition to creating accountability for improving the public's health.

Workforce Development: The alignment through this plan increases employee engagement by assuring that employees know the value of their work. A direct line of responsibility can be drawn from the employee through their program and the strategic plan, all the way up to the CHIP.



Appendix

Appendix 1 – Detailed Alignment Diagram



Appendix 2 – LCHD/CHC Process of Prioritizing and Merging of Strategic Issues for the CHIP

- A. The MAPP Steering Committee looked at the four MAPP assessment reports together to identify cross-cutting themes that emerged across the collective data. Upon initial review, 23 potential strategic issues emerged from the results:
1. Health Disparities (Need for addressing Social Determinants of Health and Equity)
 2. Increasing Obesity Trend
 3. Lack of Mental Health Supports
 4. Lack of Substance Abuse Supports (Prevention and Intervention)
 5. Lack of Community Prevention
 6. Continued Negative Maternal and Child Health Outcomes
 7. Lack of Health Education
 8. Lack of Prevention Access
 9. Need for Improvement in Identifying Health/Other Strategic Issues at the Neighborhood Level
 10. Need for Improvement in Evaluation of Population Based Health Initiatives
 11. Need for Improvement in Research for New Insights and Innovative Solutions to Health Issues
 12. Cancer (Prevention and Reduction of Cancer Related Deaths)
 13. Tobacco Usage
 14. Lack of Medical Home (Chronic/Non Communicable Disease Management)
 15. Need for Improvement of Built Environment
 16. Lack of Community Partnerships/Collaboration
 17. Lack of Transportation Access
 18. Lack of Comprehensive Community Network of Services
 19. Lack of Sensitivity to Cultural Nuances of Health
 20. Shortage of Community Organizing/Social Connectedness/Grassroots Mobilization
 21. Shortage of Collaboration with and within Faith-Based Groups
 22. Unsafe Neighborhoods (Need for Reduction of Youth Violence)
 23. Shortage of Workforce Development (especially related to public health system)

- B. Prioritizing Strategic Issues:
The following criteria were used to prioritize the strategic issues:
1. Size of the problem (number of people impacted)
 2. Severity of the problem (consequences of not addressing the strategic issue)
 3. Existing disparities related to the issue
 4. Availability of resources and assets to address the issues
 5. Likelihood that an impact can be made over the next 5 years
- C. The potential strategic issues were reduced from 23 down to 12. The final 12 potential strategic issues were:
1. Health Disparities
 2. Behavioral Health
 3. Obesity
 4. Medical Home
 5. Prevention Access
 6. Comprehensive Community Network of Services
 7. Cancer
 8. Maternal and Child Health
 9. Workforce Development
 10. Transportation Access
 11. Built Environment
 12. Unsafe Neighborhoods/Youth Violence
- D. To further understand each of the remaining 12 issues and prioritize them even more, an analysis packet was developed which included:
1. Strategic questions related to the priority.
 2. Consequences of not addressing the issue (seriousness).
 3. Assets related to the strategic priority.
 4. Barriers related to the strategic priority.
 5. Lake County MAPP assessment report references related to the strategic priority.
 6. Illinois State Health Improvement Plan (SHIP) 2010 references related to the strategic priority.
 7. Healthy People 2020 references related to the strategic priority.
- E. The analysis packet was used by the MAPP Steering Committee and the 12 potential strategic issues were analyzed further by using the same priority considerations and looking at cross-cutting themes and overlapping/related issues. After much discussion and 2 strategic prioritization surveys, which included all MAPP Steering Committee members, the final four strategic issues were identified.

LCHD/CHC CHIP Final Strategic Issues

1. Reduce Health Disparities/Increase Health Equity in Lake County
2. Adequate and Diverse Public Health System Workforce
3. Emphasis on Prevention/Access to Prevention and Wellness
4. Coordination of Care: Access to a Medical Home and Behavioral Health; Coordinated Network of Health and Human Services

