Choosing Strategies and Tactics for Health Improvement

June 13, 2012

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NACCHO
National Association of County & City Health Officials

Webinar Logistics

- The lines are muted. If you wish to mute/unmute your line to ask/answer a question, please do the following:
- To **unmute** your own line, **press *7**
- To **mute** your own line, **press *6.**

- Throughout the presentation and during the Q&A session, if you have a question, please use ReadyTalk's 'raise your hand' feature or use the chat box to indicate you have a question. The facilitator will call your name and ask for your question.

PROJECT REQUIREMENTS & PHAB STANDARDS AND MEASURES: DEVELOPING A CHIP

Project Requirements: Developing a CHIP

Engage Community Members and LPHS Partners

"Community members must be engaged in a meaningful and substantive way throughout the CHA and CHIP processes, including indicator selection, data collection, data analysis, data presentation and distribution, issue prioritization, **CHIP creation**, implementation of CHIP, and monitoring of results."

"Partners should be engaged in a strategic way **throughout the CHA and CHIP processes**, including gaining access to data, mobilizing community members, data collection, data review, issue prioritization, and CHIP implementation."

Project Requirements: Developing a CHIP

Address the Social Determinants of Health

- "Consider multiple determinants of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in their jurisdictions."

- The project seeks to ensure that the CHAs conducted and the CHIPs developed have a particular focus on the following: Identifying populations within their jurisdictions with an inequitable share of poor health outcomes…**Including at least one of these issues as a priority for community health improvement efforts** in addition to other health priorities in the CHIP.

Project Requirements: Developing a CHIP

Required characteristics of the CHIP:

Background information that does the following:

- Describes the jurisdiction for which the CHIP pertains and a brief description of how this was determined.
- Briefly **describes the way in which community members and LPHS partners were engaged** in development of the CHIP, particularly their involvement in both the issue prioritization and **strategy development.**
- Includes a general description of LPHS partners and community members who have agreed to support CHIP action. Reference partners' participation in the short term and long term as applicable.

Priority issues section that does the following:

- Describes the process by which the priorities were identified.
- Outlines the top priorities for action. The priorities need to include at least one priority aimed at addressing a social determinant of health that arose as a key determinant of a health inequity in the jurisdiction.
- Includes a brief justification for why each issue is a priority.

Project Requirements: Developing a CHIP

Required characteristics of the CHIP cont'd:

A CHIP implementation plan that does the following:

- Provides clear, specific, realistic, and action-oriented goals.
- Contains the following:
  - Goals, objectives, strategies, and related performance measures for determined priorities in the short-term (one to two years) and intermediate term (two to four years),
  - Realistic timelines for achieving goals and objectives.
  - Designation of lead roles in CHIP implementation for LPHS partners, including LHD role.
  - Formal presentation of the role of relevant LPHS partners in implementing the plan and a demonstration of the organization's commitment to these roles via letters of support or accountability.
  - **Emphasis on evidence-based strategies.**
  - A general plan for sustaining action.

PHAB Requirements: Developing a CHIP

Be sure to review the standards listed below to identify the measures and required documentation that PHAB seeks related to developing a CHIP.

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

PHAB Requirements: Developing a CHIP

For example…

Measure5.2.1 L: Conduct a process to develop community health improvement plan
Required documentation: Completed community health improvement planning process that included 1a. Broad participation of community partners; 1b. Information from community health assessments; 1c. Issues and themes identified by stakeholders in the community; 1d. Identification of community assets and resources; and 1e. A process to set community health priorities.

Measure 5.2.2L: Produce a community health improvement plan as a result of the community health improvement process
Required documentation : CHIP dated within the last five years that includes 1a: Community health priorities, measurable objectives, improvement strategies and performance measures with measurable and time-framed targets; 1b. Policy changes needed to accomplish health objectives; c. Individuals and organizations that have accepted responsibility for implementing strategies; 1d. Measurable health outcomes or indicators to monitor progress; and 1e. Alignment between the CHIP and the state and national priorities.

PHAB Requirements: Developing a CHIP

For example…

Measure 5.2.3A: Implement elements and strategies of the health improvement plan, in partnership with others* *Required documentation:* 1. Reports of actions taken related to implementing strategies to improve health [Guidance:…provide reports showing implementation of the plan. Documentation must specify the strategies being used, the partners involved, and the status or results of the actions taken…]; 2. Examples of how the plan was implemented [Guidance: ..provide two examples of how the plan was implemented by the health department and/or its partners].

Measure 5.2.4A: Monitor progress on implementation of strategies in the CHIP in collaboration with broad participation from stakeholders and partners* *Required documentation:* 1. Evaluation reports on progress made in implementing strategies in the CHIP including: 1a. Monitoring of performance measures and 1b. Progress related to health improvement indicators [Guidance: Description of progress made on health indicators as defined in the plan...]; and 2. Revised health improvement plan based on evaluation results [Guidance: …must show that the health improvement plan has been revised based on the evaluation listed in 1 above…]

*** Not required as part of the CHA/CHIP Project**

Learning Objectives

At the completion of the session participants will be able to do the following:

1. Conduct a gap analysis to determine existing programs and resources related to priority issues and choosing strategies.
2. Describe evidence and/or practice-based strategies (e.g. model and promising practices) for consideration in addressing priority issues.
3. Name at least three resources for evidence-based or “model” or promising strategies.
4. Describe considerations for adopting a model or promising practice.

Learning Objectives

At the completion of the session participants will be able to do the following:

5. Describe a multi-intervention approach or strategy “bundling” to maximize effectiveness.
6. Plan a process for strategy selection that emphasizes LPHS partner and community input.
7. Link strategies to partners’ organizational strategic plans.
8. Describe the project and PHAB documentation requirements for strategy selection and implementation.

Today's Agenda

1. Opening and Welcome	Lauren Shirey
2. Methods and Tools for Choosing Strategies	Marni Mason
3. Kane County's Process	Jackie Forbes
4. Three Rivers' Process	April Harris
5. Final Q&A	

Common Steps in Developing a Community Health Improvement Plan

1. Review findings of CHA
2. Engage community and local public health system (LPHS) partners
3. Determine health priorities based on CHA findings, w/community & partners
4. Develop CHIP implementation plan / work plan:
    a. Develop goals and measurable objectives,
    b. Choose strategies and tactics,
    c. Create a timeline,
    d. Develop performance measures, and
    e. Determine organization/persons responsible* to address each identified health priority *[*not limited to LHD responsibility-refer to PHAB CHIP standard/measure language]*.

This is where we are!

Components of a Plan: Some Definitions

Strategy: A general approach or coherent collection of actions which has a reasoned chance of achieving desired objectives.

Tactic: Specific programmatic, policy or other action that implements or "operationalizes" a strategy.

Performance Indicators: Measures that quantify how well a strategy's tactic(s) are working, or "performing."

Components of a Plan: Example Statements

Goal: Reduce the incidence of pediatric asthma and its effects on children's lives.

Objectives: a) Reduce visits to the school nurse for asthma attacks by 30% within two years.

b) Reduce hospital emergency dept. visits for pediatric asthma by 20% within three years.

Outcome Indicators: a) Total number of visits to school nurse during a school year.

b) Total hospital ED visits by children for asthma.

Strategies:

a) Ensure children have inhalers and knowledge about using them.

b) Ensure parents have knowledge to help children manage the disease.

c) Assess and reduce environmental triggers at home and in school.

Tactics: a) Identify children with asthma and deliver age-appropriate education to >= 80% of them.

b) Secure grant funding and partners to implement "asthma triggers" assessment and education in >= 80% of homes of children with asthma.

Performance Indicators: a) Percentage of children receiving asthma education in one school year.

b) Percentage of homes reached by "asthma triggers" assessment.

Methods and Tools for Choosing Strategies

1. Conducting a Gap Analysis:
   - Community Inventory of activities and resources that might address priority areas
   - Results from the local public health system assessment (MAPP)
   - Health Problem Analysis Worksheet

2. Establish Strategies to Address each Priority Issue
   - Search for Promising or Model Practices as strategies
   - Apply criteria in selecting strategies
   - Utilize “Bundling” to optimize probability of improved outcomes

Conducting a Community Based Inventory as a Gap Analysis

Purpose: To identify existing activities and resources related to priority issues that are currently available from partners and key stakeholders to assist in choosing strategies.

Process: Develop and conduct an Inventory of activities and resources, either online or as part of the CHIP Coalition/ Council meetings.

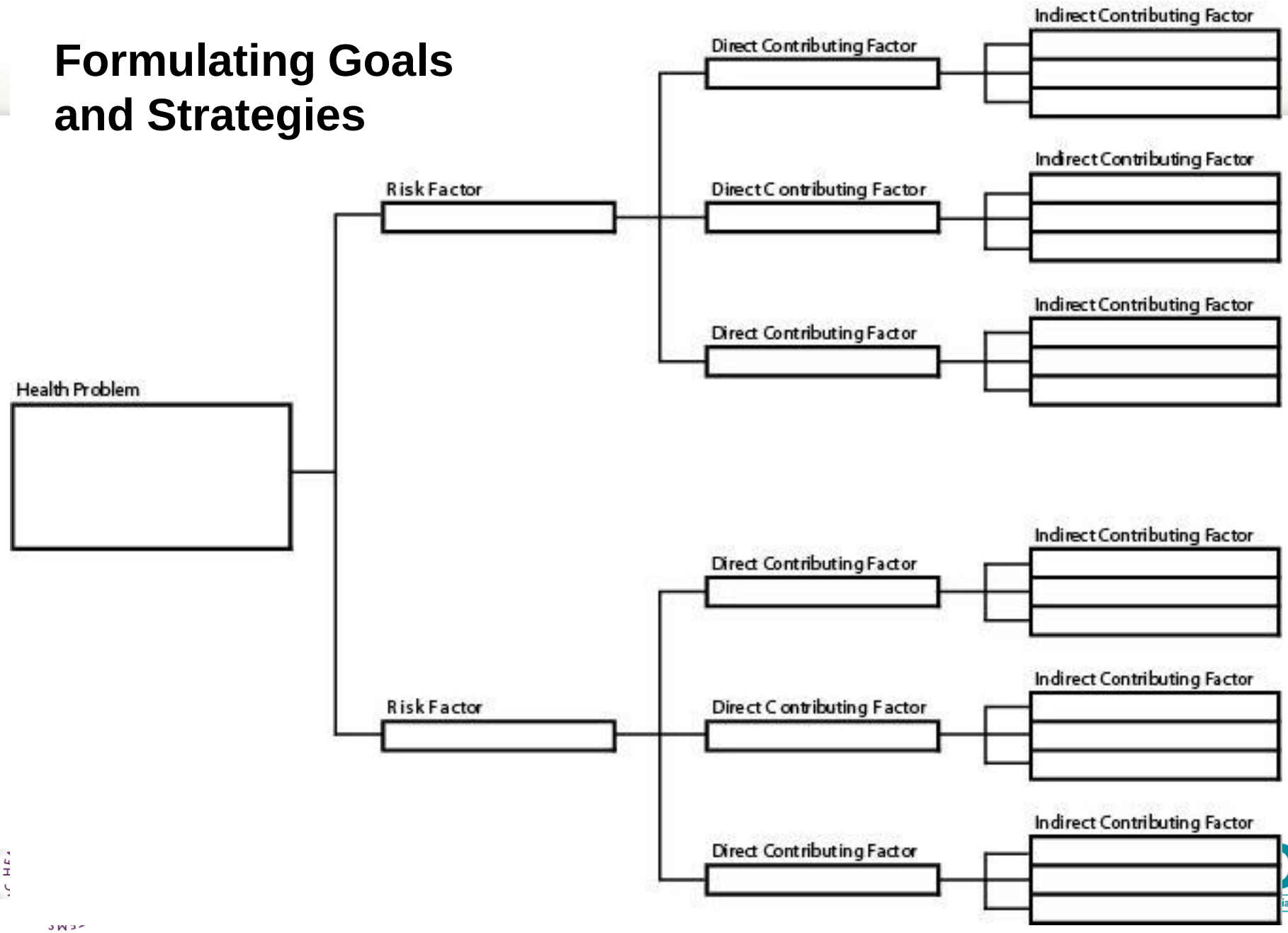
Example: Minnesota Tobacco Activities Inventory Template

CHIP Activities and Resources Inventory

1. Identify the individuals that are engaged in/responsible for tobacco outreach.
2. Schedule meetings (15-30minutes) with each of the individuals (or groups of individuals) identified above.
3. Work with each individual identified to complete the Activities and Measures Inventory form (below).
   a. Name: Name of the individual completing the inventory
   b. Organization/Program: Organization or/and program of the individual completing the inventory.
   c. Activity: Describe the activity
   d. Audience/Customer: List the intended audience(s)/customer(s) for this activity (i.e. local public health, apartment owners, etc.).
   e. Frequency: Indicate how frequently this activity occurs (i.e. daily, monthly, annually, as needed etc.).

Name	Organization /Program	Activity	Audience/ Customer	Frequency	Hours spent on this activity in a month	Associated Materials

Formulating Goals and Strategies



Let's Discuss!

What methods and tools are you using in your health department to engage community members and partners in identifying strategies to address the priority issues in your CHIP?

Establish Strategies to Address each Priority Issue

Questions for after you have the results of your Gap Analysis:

1. *Have we described the gaps in our current activities to address our priority issues?*
2. *How can we identify effective strategies to address our priority issues?*
3. *Can we find good examples of strategies to adapt or adopt?*

Method to Adapt Promising or Model Practices

- Use data to identify need for improvement
- Identify exemplary practices
  - Local and state health departments
  - CDC, national organizations*
  - Industries
- Describe process (logic model or flow chart)
- Study exemplary practice process
- Adopt or adapt as needed

* www.naccho.org/topics/modelpractices

One Proven Intervention Strategy (for each Impact Objective)

www.thecommunityguide.org

What Works to Promote Health?

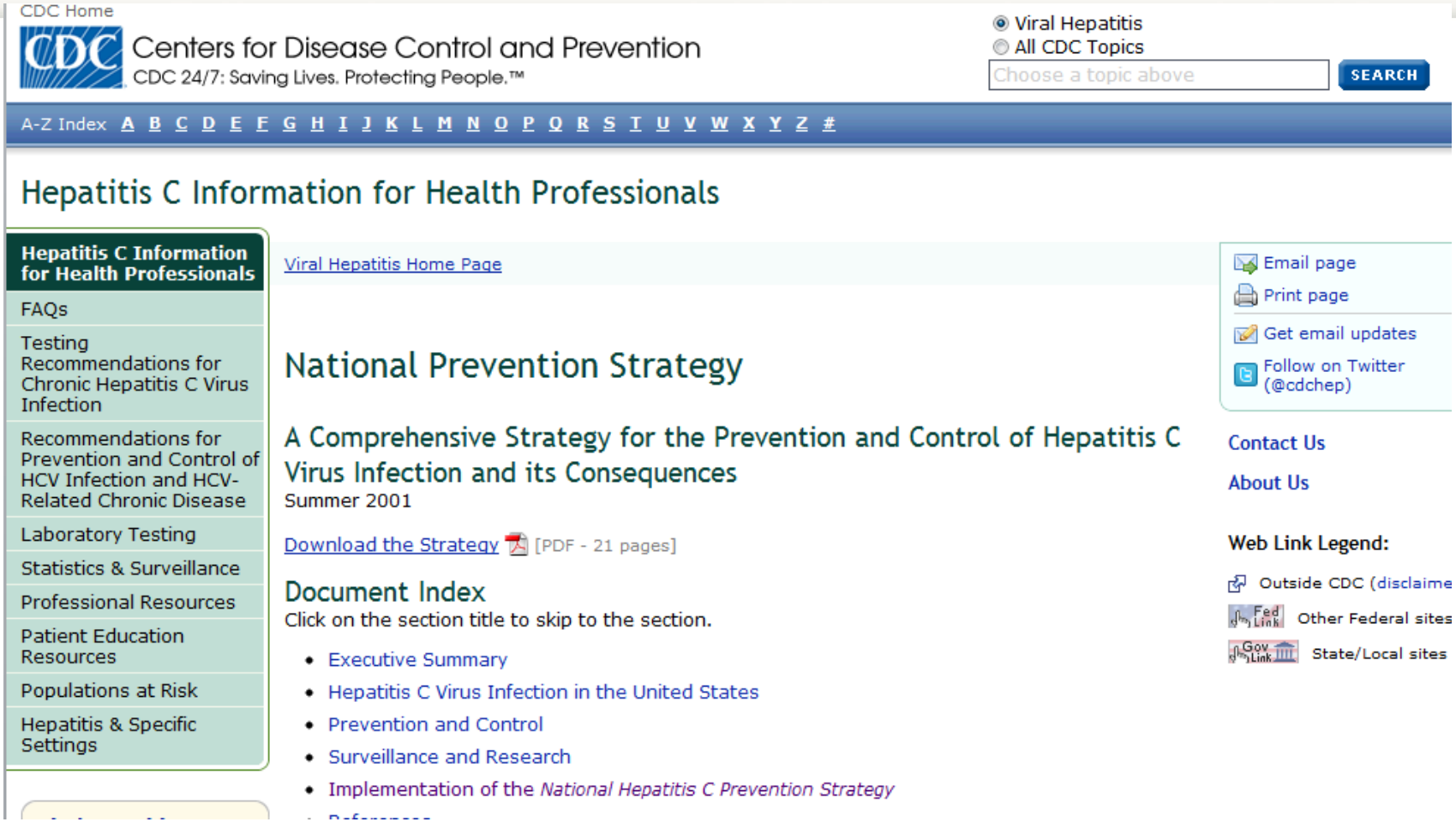
Lists interventions for many health issues and conditions in 3 categories:

- Insufficient evidence
- Recommended (sufficient evidence)
- Recommended (strong evidence)

EXAMPLE: Increasing Tobacco Cessation Use

- Mass media contests (Insufficient evidence)
- Mass media campaign with other interventions: Recommended (Strong evidence)
- Provider reminders used alone: Recommended (Sufficient evidence)
- Reduce out-of-pocket cost for cessation: Recommended (Sufficient evidence)
- Implementing last three bullets together is called “Bundling”

CDC's National Prevention Strategy Website



http://www.cdc.gov/hepatitis/HCV/Strategy/NatHepCPrevStrategy.htm

National Hepatitis C Prevention Strategy (Bundle)

CDC's *Hepatitis C Prevention Strategy* comprises the following elements:

Communication of information about Hepatitis C to health care and public health professionals and education of the public and persons at risk for infection;

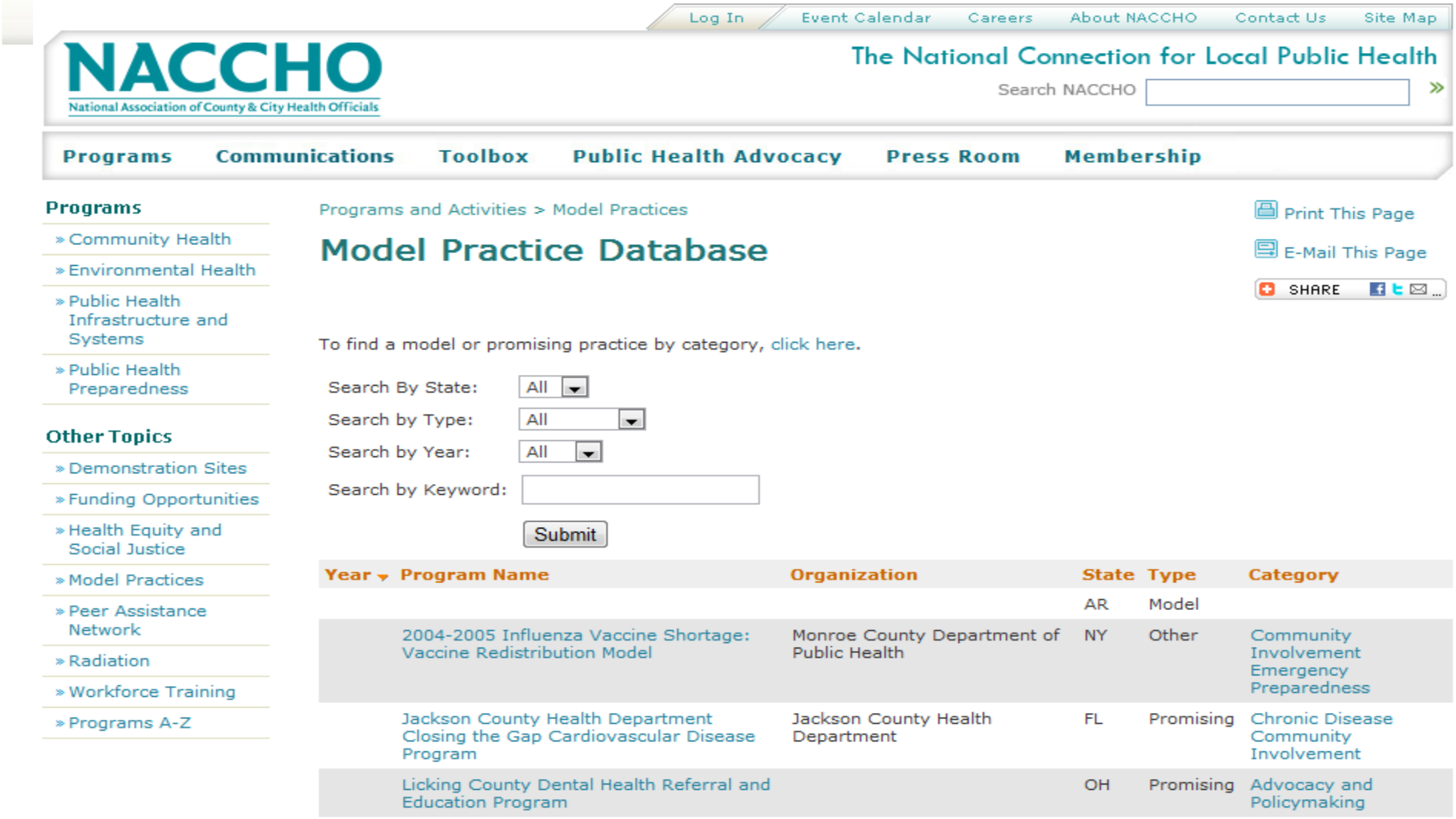
Integration of Hepatitis C prevention and control activities into State and local public health programs to identify, counsel, and test persons at risk for HCV infection; provide referral for medical evaluation of those found to be infected; and conduct outreach and community-based activities to address practices that put people at risk for HCV infection;

Surveillance to monitor acute and chronic disease trends and evaluate the effectiveness of prevention and medical care activities; and

Epidemiologic and laboratory investigations to better guide prevention efforts.

Timely implementation of these prevention activities levels can be expected to achieve a reduction in Hepatitis C mortality and morbidity.

NACCHO's Model Practices Website



http://www.naccho.org/topics/modelpractices/database/index.cfm

Adopt or Adapt Model Practices

Performance Management Centers for Excellence website--
http://www.doh.wa.gov/phip/perfmgtcenters/bestpractices.htm
http://www.doh.wa.gov/phip/perfmgtcenters/Resources.htm

The Community Guide--
http://www.thecommunityguide.org/index.html

Multi-State Learning Collaborative-- NNPHI
http://www.nnphi.org/program-areas/accreditation-and-performance-improvement

The CDC's National Prevention Strategy website--
http://www.cdc.gov/hepatitis/HCV/Strategy/NatHepCPrevStrategy.htm#implement

NACCHO's Model Practices website--
http://www.naccho.org/topics/modelpractices/database/index.cfm

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Adopt or Adapt Model Practices

County Health Rankings & Roadmaps--
http://www.countyhealthrankings.org/sites/default/files/Choose%20Effective%20Policies%20%26%20Programs%20Guide.pdf

Robert Wood Johnson Foundation-- coming soon
Quality Improvement in Public Health Practice Exchange

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Bundling Prevention Strategies Works in New York City!

Redefining public health in New York City: Ted Alcorn

"If you want to live longer and healthier than the average American, come to New York City", pronounced New York City's Mayor Michael Bloomberg as he released updated data on the city's life expectancy last December. The numbers gave him reason to crow: from a nadir in 1990, when life expectancy in the city trailed the US average by 3 years, it had lengthened by 8 years to 80·6 years, surpassing the country.

In 1990s the increase was primarily due to murders plummeting 75% and new antiretroviral therapies radically improving outcomes for people living with HIV/AIDS. However, more than 60% of the increase in life expectancy since 2000 can be attributed to reductions in heart disease, cancer, diabetes, and stroke.

The Lancet, Volume 379, Issue 9831, Pages 2037 - 2038, 2 June 2012

Bundling Prevention Strategies Works in New York City!

The most influential factor in these reductions is the city's health department and their aggressive efforts to reshape New York's social environment. "They raised awareness that health is not only your job personally. If you decide to live healthier, the system and the people around you should encourage you, and make it easier for you to do so in your community."

The Lancet, Volume 379, Issue 9831, Pages 2037 - 2038, 2 June 2012

Let's Discuss!

What methods and tools are you using in your health department to identify strategies to address the priority issues in your CHIP?

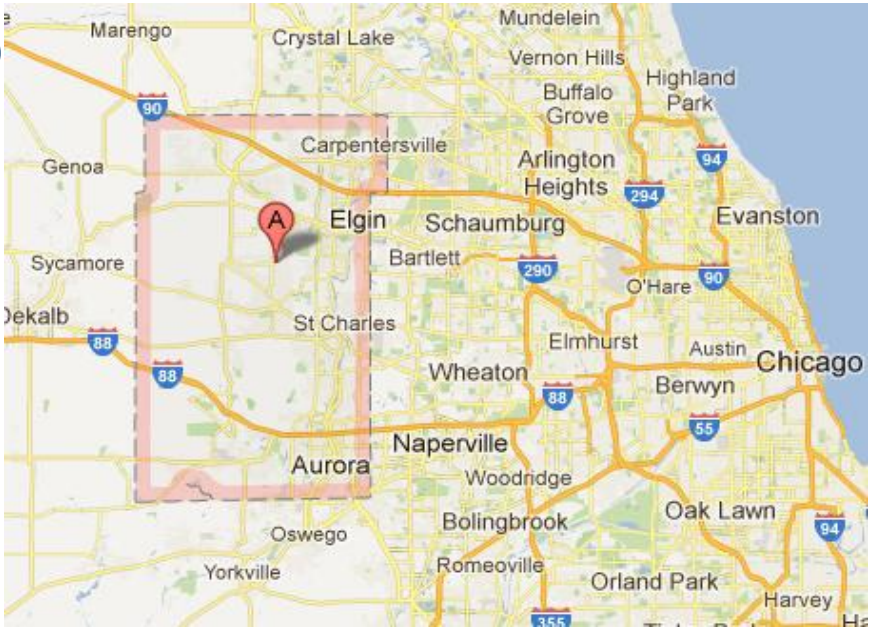
Kane County Community Health Improvement Plan Strategy Selection

Jackie Forbes, MS
Health Planner

Kane County Health Department
Aurora, Illinois

Kane County, Illinois

- 40 miles west of Chicago
- Population: 515,269
- Urban, suburban, rural/agricultural areas
- Highest proportion of Hispanic residents in IL



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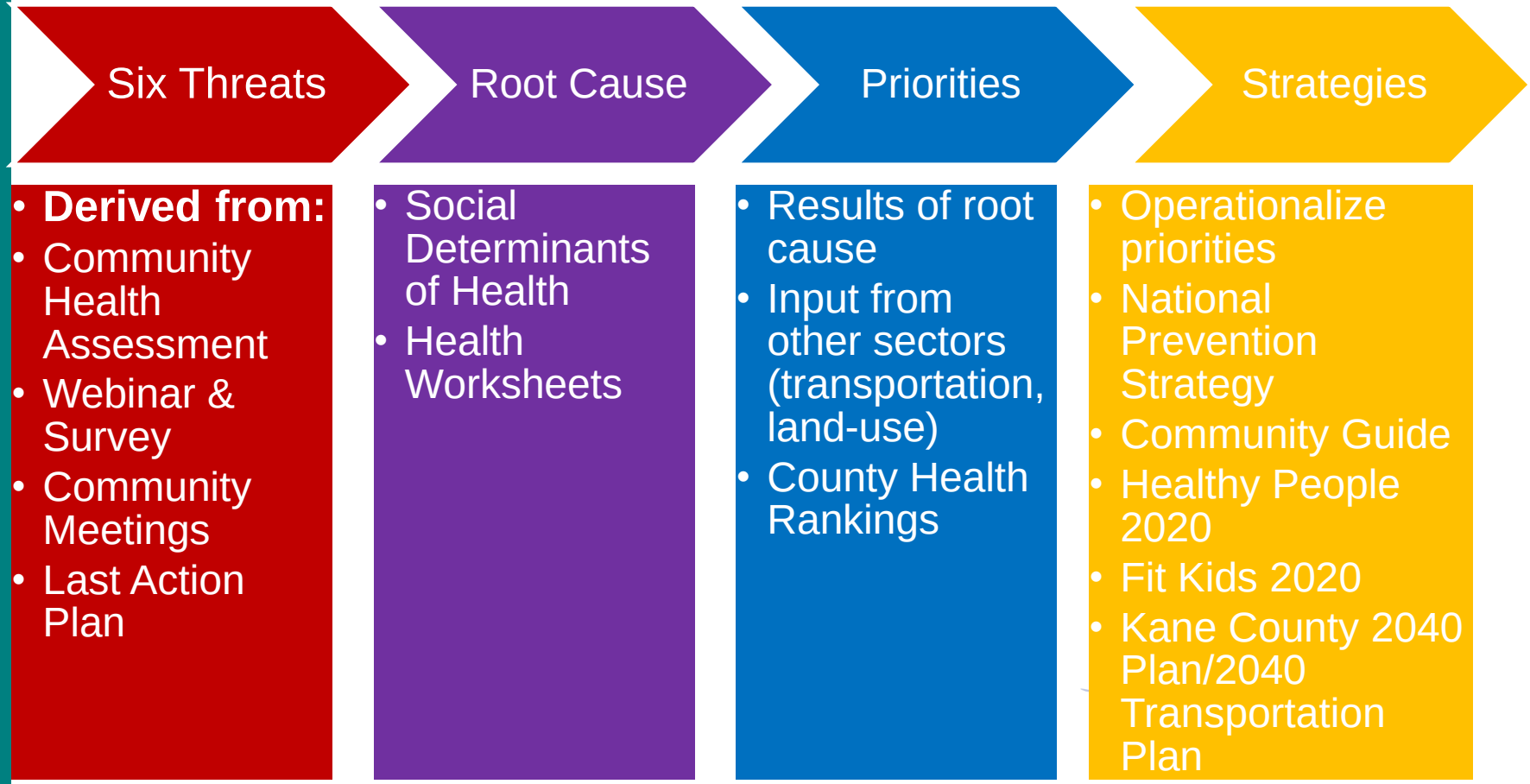
Strategy Selection Process



Six Threats to Community Health

- Top Threats:
  - Obesity
  - Chronic Disease
  - Childhood Lead
  - Communicable Disease
  - Infant Mortality
  - Poor Social & Emotional Wellness

- To identify them, we used:
  - Survey Monkey survey, webinar in SlideRocket
  - Community Meetings
  - Community Health Assessment Partners
  - Analysis of Community Health Assessment

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Root Cause Analysis

- Used Health Problem Root Cause Analysis worksheets
- Helped us learn the underlying causes of the six threats
- Also considered social determinants of health
- Similar causes rose to the top, could see ways to bundle priorities
- Utilized Quality Improvement Tools in all areas of health department

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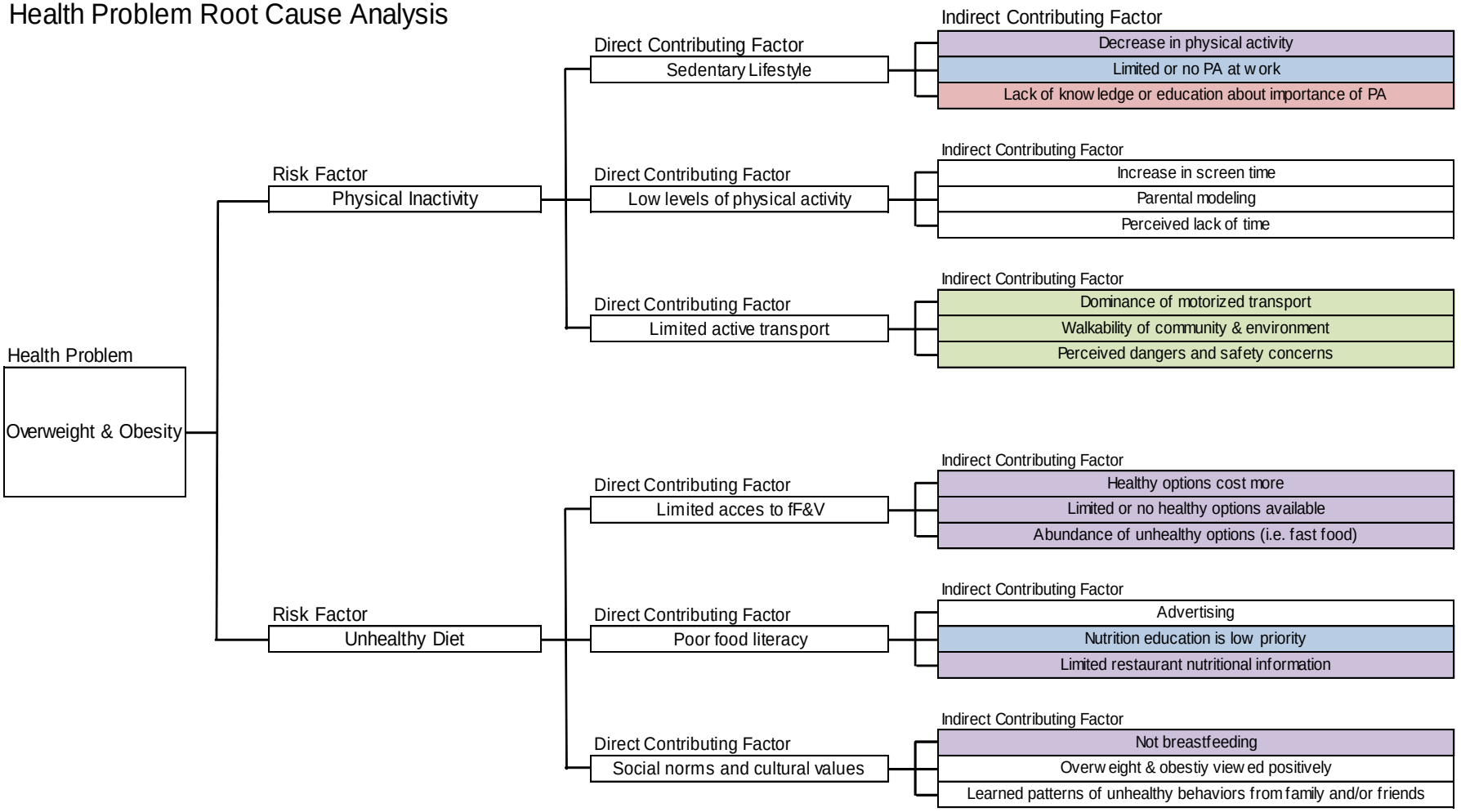
Health Problem Root Cause Analysis



Priorities

- Bundled based on results of root cause analysis
- Are not health issues (like the Six Threats)
- Considered other sectors
  - Not just the health department's plan, but the community's plan
- Considered other plans
  - Kane County Fit Kids 2020 Plan
  - All Our Kids (AOK) Strategic Plan
  - 2040 Plan for Kane County
  - 2040 Transportation Plan

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Strategies

- Truly a collaborative effort
  - Community Health Assessment Partners
  - Others sectors in Kane County (transportation, land-use, housing)
  - AOK network
- Created using
  - Community Guide
  - Healthy People 2020
  - National Prevention Strategy
  - County Health Rankings
- Complement

  2040 Transportation Plan

  Kane County 2040 Plan

  KCHD Strategic Plan

  Fit Kids 2020 Plan

  AOK Strategic Plan

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	Priority 1 – Support Health Behaviors that Promote Well-Being and Prevent Disease				Priority 2 – Increase Access to High Quality, Holistic Preventive and Treatment Services Across the Health Care System				
	Reduce tobacco use and exposure to environmental tobacco smoke.	Increase access to, and consumption, of fresh fruits and vegetables.	Coordinate the effective communication of tailored, accurate and actionable health information to Kane County residents across the lifespan.	Create environments that prevent excessive consumption of alcohol.	Increase the proportion of residents of all ages that have regular, ongoing sources of medical and dental care.	Increase the proportion of residents of all ages who receive appropriate, evidence-based clinical preventive services.	Focus culturally appropriate outreach and engagement efforts to eliminate racial disparities in health outcomes, especially in infant mortality.	Enhance systems to support the prevention, early identification and treatment of communicable diseases in the community.	Enhance systems to support the prevention, early identification and evidence-based treatment of mental health conditions.
Obesity		X	X	X	X	X	X		
Chronic Disease	X	X	X	X	X	X	X		X
Infant Mortality	X	X	X	X	X	X	X		X
Childhood Lead Poisoning			X		X	X	X		
Communicable Disease			X	X	X	X	X	X	
Poor Social & Emotional Wellness	X		X	X		X	X		X

	Strategy	Measure	Data Source	Evidence
Priority 1 – Support Health Behaviors that Promote Well-Being and Prevent Disease	Reduce tobacco use and exposure to environmental tobacco smoke.	Measure: Percentage of Kane County adults (over age 18) who report being current smokers. Current smoking was defined as having *smoked at least 100 cigarettes in a lifetime and still smoking some days or every day.* 2011 Baseline: 12% of Kane County adults report smoking cigarettes currently 2016 Goal: Decrease percent of adults who currently smoke to 9%	Kane County Community Health Survey (CHS).	The percentage of the adult population who are current smokers represents the extent of health risk in a community related to tobacco use. Measuring the prevalence of tobacco use in the population can alert communities to potential adverse health outcomes in the future and can be valuable for assessing the need for cessation programs or the effectiveness of existing programs. http://www.countyhealthrankings.org/health-factors/tobacco-use
	Increase access to, and consumption, of fresh fruits and vegetables.	Measure: Percentage of Kane County adults who report eating at least five servings of fruits and vegetables per day. 2011 Baseline: 14.4% of adults 25.5% of children 2016 Goal: • 17.3% for adults • 30.6% for children	Kane County Community Health Survey or Illinois BRFSS	Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods. HP2020: http://www.healthypeople.go

Example: Healthy People 2020

http://www.healthypeople.gov/2020/default.aspx

- Strategy:
  - Coordinate effective communication of tailored, accurate and actionable health information to Kane County residents across the lifespan
- HP 2020:
  - "Effective use of communication and technology by health care and public health professionals can bring about an age of patient- and public-centered health information and services."

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Example: Community Guide

http://www.thecommunityguide.org/index.html

- Strategy:
  - Institute "complete streets" types of policies to ensure that roadways are designed and operated with all users in mind – including bicyclists…
- Community Guide:
  - "The Community Preventive Services Task Force **recommends** urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) based on sufficient evidence of their effectiveness in increasing physical activity."

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Next Steps

- Implementation
  - Strategies are tied in to the Kane County 2040 Plan
  - Kane County Planning Cooperative
  - Hospital Community Benefit Plans
  - United Way plans/funding decisions
  - Four priority groups
    - Chose 1-2 strategies per priority that will be the focus for our first year
    - Creating a charter by the end of August

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Questions?

Jackie Forbes

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www.kanehealth.com/chip.htm

630-208-5155

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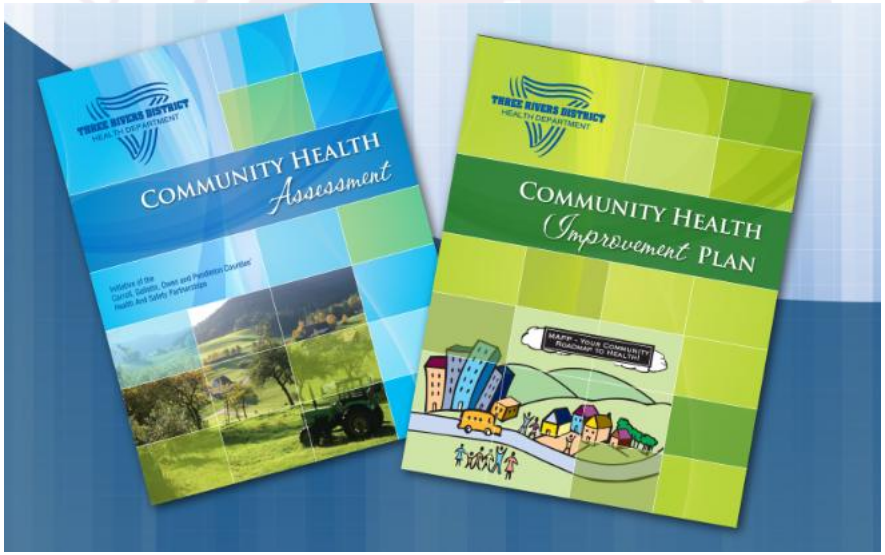
Health Department

Three Rivers District Health Department Strategy Selection



April Harris, MPH

Special Operations

Three Rivers District Health Department

Owenton, KY

NACCHO
National Association of County & City Health Officials

TRDHD: Engaging Community Partners

- Give time for everyone to speak
- Participate in their events
- Evaluate
- Don’t meet just to meet!
- Think outside the box for members

TRDHD: Goals, Objectives, Strategies

General Goal

Multiple Strategies

Delegate!

Cite Sources

GALLATIN COUNTY PRIORITY HEALTH AND SAFETY ISSUES (CONT.)

Goal	Objectives	Strategies
Gallatin County will be a smoke free community.	Decrease the smoking rate in Gallatin County by 20% by 2013.	1. Write and maintain a newspaper column on the risk of smoking and benefits of a smoke free community.* 2. Disseminate brochures with information on the risk of smoking and second hand smoke.* 3. Work with Gallatin County Collaboration for Better Health and Safety to inform and educate the community on the hazards of smoking and the benefits of a smoke free environment.* 4. Continue smoking cessation classes. 5. Continue to collaborate with Champions for a Drug-Free Gallatin County.* 6. Facilitate the development of a Tobacco/Smoke Free Coalition in Gallatin County.** 7. Educate policy makers in the county on how to become a smoke free community.* 8. Research current smoke free policies in public buildings and ensure the enforcement of these policies.** 9. Educate and work with school board officials to create a tobacco free campus.**

*National Prevention Strategy 2011 - Tobacco Free Living - Use media to educate and encourage people to live tobacco free.
** National Prevention Strategy 2011 - Tobacco Free Living - Support comprehensive tobacco free and other evidence-based tobacco control policies.

TRDHD: Developing Goals and Strategies

- Know what has worked for your community and what has worked for other communities (evidence-based)
- Empower your partners with data
- Stay reasonable and attainable
- Use an outside facilitator if necessary
- Utilize tools to assist in decision making:
    - Cause and Effect Diagram
    - Pareto Chart
    - Decision Making Matrix

TRDHD: Choosing Strategies and Tactics

Strategy Selection:

- Choose multiple strategies to assist in reaching your goals
- Find strategies that encompass and represent your partnerships
- Include indicators of effectiveness, such as dates
- Stay abreast of implementation and re-evaluation often

Questions?

April L. Harris | Special Operations

Three Rivers District Health Department | www.trdhd.com

Tel: 502.484.3412, ext. 127

Email: april.harris@ky.gov

Discussion and Questions

Last Word

The next CHA/CHIP training webinar will be on:

'Topic TBD'

Presenter and Date: TBD

Please complete the evaluation before logging off the webinar.

Project Deliverable Review

Per the original letter of invitation, “each demonstration site will develop a total of three deliverables by the end of the project that aim to position the site to fulfill two of PHAB’s accreditation prerequisites and related standards and measures:

1. Community health profile that presents the findings of the CHA;
2. The CHIP; and
3. A report regarding how the community health improvement process was conducted. “

1. Community Health Profile Presenting the Findings of the CHA

- Presents the findings of the comprehensive community health assessment at an **appropriate level of detail and synthesis** so that community members and partners have the results and the findings of the community health assessment available to them.

- Should present **findings and conclusions**, not just results of assessment work without broader synthesis.

- Intent of Community Health Profile **is synonymous with what PHAB refers to as community health assessment or CHA**.
- For sites using MAPP:
    - 4 MAPP assessments=community health assessment.

- Is **not** synonymous with what PHAB refers to as a community health profile

***Please refer to the CHA/CHIP Requirements Checklist for more information.**

2. Community Health Improvement Plan (CHIP)

- Outlines the following:
  - chosen systems or other health improvement priorities
  - plan for how these priorities will be addressed and who will be responsible
- Represents plan for whole community and not a single agency (e.g. LHD)
- Priorities and strategies based upon the findings of the community health assessment (CHA)

***Please refer to the CHA/CHIP Requirements Checklist for more information.**

3. Community Health Improvement Process Report

- Houses **details and documentation about the health improvement process** as it relates to the PHAB CHA and CHIP standards and measures that may not be of interest to community members and partners who are receiving the Community Health Profile and CHIP
- Ultimate place for site to include **related documentation for purposes of PHAB application**
- **Project final report and lessons learned**
- Includes information on the following:
  - who was involved in the process,
  - how the LHD engaged with the community,
  - how input was gathered throughout the community health improvement process,
  - how social determinants were addressed,
  - how QI and/or quality planning techniques were used,
  - how the community health profile and CHIP were distribute throughout the jurisdiction, and
  - more.

***Please refer to the CHA/CHIP Requirements Checklist for more information.**

Detailed report guidance in addition to that found in CHA/CHIP Requirements Checklist will be issued in September 2012.

Deliverable Submission Deadlines

By November 1, 2012 (in advance of the final December 2012 deadline) to allow for review and feedback to ensure the deliverables fulfill the Required CHA/CHIP Characteristics:

- Community Health Profile presenting the findings of the Community Health Assessment;
- Community Health Improvement Plan; and
- Community Health Improvement Process Report.

Following this review, sites may need to make revisions to ensure their deliverables fulfill project requirements and then re-submit the final approved versions to NACCHO by the December 15, 2012 deadline. More details will be released in late summer/early fall.

Deliverable Submission Deadlines

By December 15, 2012:

- Project lead participates in all training webinars and teleconferences;
- Submit training, TA, and project evaluations as requested;
- Complete interviews with project staff and review final demonstration case study for posting;
- Submit ***final approved Community Health Profile;***
- Submit ***final approved Community Health Improvement Plan;***
- Demonstrate distribution of Community Health Profile and Community Health Improvement Plan to the community;
- Submit ***approved Community Health Improvement Process Report and final project report, cost tracking, and tools and resources for posting in online resource center per NACCHO-issued guidelines;***
- Demonstrate completion of PHAB's online training module for applicants;
- Submit Model Practices application for 2012 as requested by NACCHO staff;
- Present at final demonstration meeting (to be held virtually or in-person); and
- Present demonstration site experience and lessons learned for other LHDs on a NACCHO webinar.