Community health improvement plans and processes (CHIP) are a statutory mandate of Wisconsin’s local health departments (LHD) and a core component of the newly released Public Health Accreditation Board (PHAB) standards for LHD accreditation. While expert opinion indicates CHIP is a positive public health activity, limited research exists to define the elements that would make a CHIP most effective in its ultimate objective—the adoption of evidence-based policies and programs to improve identified health needs and thus improve health outcomes. This study begins to address this important gap in the evidence base for public health practice. Building on current standards and expert opinion, further knowledge for this core public health practice will be developed by focusing on all components of the CHIP cycle, including partnership development, assessment of needs and resources, prioritization of needs, identification and implementation of evidence based strategies, and ongoing evaluation of processes and outcomes.

The specific aims of this study, conducted under the auspices of the Wisconsin Public Health Practice Based Research Network, include measurement of the quality of Wisconsin’s community health improvement plans and processes (CHIP) and identification of factors that may be related to the quality of Wisconsin’s CHIPPs. Drawing on the current Public Health Accreditation Board (PHAB) standards and other relevant literature, a tool is currently being developed to measure the quality of CHIPPs. The tool will be used to assess CHIPPs via a retrospective document analysis of Wisconsin’s 92 current LHD Community Health Improvement Plans (CHIP) and associated materials (e.g. annual reports, CHIP updates). The paper review will be enhanced by a follow up survey with local health officials to glean further information about CHIP components that may be missing from the plans themselves, including roles of key partners, subsequent strategy implementation, and ongoing evaluation efforts. Following the completion of the quality measurement, a comparative analysis will be completed. Statistical analyses will be conducted to identify what structural and process factors (e.g. LHD jurisdiction type, population, per capita public health resources, type of CHIPP model) may contribute to the quality of Wisconsin’s CHIPPs.

The development of the CHIPP Quality tool will provide LHD practitioners with a resource that can be used for self assessment to improve local practice, including evaluating how they are interacting with other community partners, such as physicians and hospitals. In addition, the contribution of new knowledge and tools to measure quality and guide improvement efforts in community health improvement processes has significant potential for expanding the utilization of CHIPPs by multiple partners.

This session will focus on the current progress of this study with a special focus on key components of CHIP, the CHIPP Quality Measurement Tool, and CHIPP’s relationship with health care practice in communities.