**NACCHO Accreditation Support Initiative Award**

**SOUTHERN NEVADA HEALTH DISTRICT**

***Draft plan for completing a CHIP through the MAPP process***

**SUMMARY**

The Southern Nevada Health District (SNHD), in collaboration with community partners and the SNHD Accreditation Steering Committee (ASC), is committed to completing a Community Health Assessment (CHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) framework. This document is a draft plan to move forward into the next phases of MAPP, which will lead to the completion of a Community Health Improvement Plan (CHIP).

**BACKGROUND & CHA**

Starting in early 2011, the SNHD began taking steps to complete the four MAPP assessments, starting with the Community Themes and Strengths Assessment. Funding from the National Association of County and City Health Officials (NACCHO) through an accreditation preparation grant allowed the District to conduct the remaining three assessments. As of the end of the NACCHO grant in May 2012, a draft report of the Local Public Health Systems Assessment was completed and draft reports on the Community Health Status Assessment and the Forces of Change Assessment were being completed over the next several months.

**CHIP WORKGROUP CREATION**

Once the CHA is released to the public for comment (which is estimated to occur at the beginning of 2013), a ‘call for action’ will also be put out to encourage interested community members to volunteer to be a part of a CHIP workgroup. The SNHD will organize these volunteers initially, but a lead agency will be discussed and identified once the group meets for the first time. It will also be important to designate which members will be responsible for organizing the meetings as well as for taking minutes. If the workgroup is formed by January 2013 and plans to have a draft of the CHIP completed by December 2013, members will most likely need to meet at least 2 hours every month, with subcommittees formed for specific research.

**Table 1.** CHIP workgroup representation.

|  |  |
| --- | --- |
| **Local Public Health System Partners (#Minimum and Maximum needed)** | **Suggested Southern Nevada organizations** |
| Public Health agencies (1-2) | SNHD, with at least one member who is a part of the Nevada Health Data Committee  |
| Healthcare providers (1-3 |  UMC; St. Rose; mental health, physicians, community health centers, nursing homes, drug treatment |
| Public safety agencies (1-3) | Police, fire, EMS, sheriff |
| Human service and charity (1-3)  |  Three Square Food Bank, public assistances, transportation, Clark County Social Services |
| Education and youth development (1-3) | Nevada System of Higher Education, University of Nevada, Las Vegas, Clark County School District, other Schools, faith institutions, youth centers, Boys and Girls Clubs |
| Recreation and arts-related (1-3) |  Parks & Recreation, community cultural centers,  |
| Economic and philanthropic (1-3) |  United Way, The Lincy Institute, NSBDC, Brookings Mountain West, zoning, businesses (casinos), community development, other foundations |
| Environmental (1-3)  |  Air and water quality, greenspace |
| Ideal size 11-15, Minimum 5 and Maximum 23 |  |

While it is important to involve a broad spectrum of committed community members, the CHIP workgroup needs to be composed of a small group of committed individuals who are dedicated to the process and who are willing to promote the CHIP to other organizations. The workgroup should be around 11-15 members in size to maximize effectiveness and should represent a broad spectrum of the local public health system in Southern Nevada (see Table 1). As the CHIP workgroup is being formed, it will be important to recruit from across the local public health system if volunteers do not come forward from all sectors. It will be especially important to makes sure to include local funding organizations in the community and to make sure that organization that are already creating their own strategic health plans (e.g. non-profit hospitals, United Way) are included so initiatives can align for greater impact.

Several planned methods for presenting the CHA include: holding one or more half-day community seminars or evening workgroups to present and discuss the results of the CHA, emailing the CHA to all community partners who participated in assessments, distributing information in an internal newsletter to SNHD staff, publishing the CHA on the SNHD webpage, and working with the SNHD Public Information Office and local news sources to publicize the CHA. These opportunities will all also be avenues for soliciting participation in the next step of creating the CHIP, as well as for building support in the community for the importance and continuation of this process

**DEVELOPING A CHIP**

Once the workgroup is formed, the SNHD will present the MAPP process to the CHIP workgroup and suggest this as a model to follow for creating the CHIP. In the recruitment and forming phases, the SNHD should create an ‘elevator speech’ on why a CHIP is important for health improvement in a community and why the MAPP process is a valuable model for creating this plan. Also, another collaborative group in Clark County is already utilizing the “Strive Approach”, so this process and knowledge should be incorporated as well into the workgroups operating procedure. Finally, as the SNHD continues to build a culture of quality improvement internally, similar quality improvement methods and strategies can be used to progress through phases 4 and 5 of the MAPP process.

Ideally, steps from MAPP will be used to guide the CHIP workgroup through the phases of identifying strategic issues on which to focus, formulating goals and strategies, and finally taking action to plan, implement, and evaluate activities. Multiple technology resources are available for tracking health improvements progress community-wide, and these may be options the workgroup want to evaluate and incorporate as well. The estimated timeline for finalizing the CHA and creating the CHIP is seen in Table 2. Timelines and strategies can be continually updated by the SNHD, with input from the ASC, as well as by the CHIP workgroup once formed.

**Table 2.** Updated estimated timeline for MAPP completion by SNHD.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2012** | **2013** | **2014** |
|  | **J** | **J** | **A** | **S** | **O** | **N** | **D** | **J** | **F** | **M** | **A** | **M** | **J** | **J** | **A** | **S** | **O** | **N** | **D** |  |
| Phase 4: Finalize remaining Assessments |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Draft CHA |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Distribute CHA for feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalize CHA |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Form CHIP workgroup team |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Phase 5: Identify Strategic Issues |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Phase 6: Formulate Goals & Strategies |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Draft CHIP |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |
| Distribute CHIP for feedback |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalize CHIP  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Begin taking Action |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |