

IPLAN Basics Webcast



An overview of the Illinois Project
for Local Assessment of Needs
(IPLAN)



1

Training Goal

*To provide a basic overview
of IPLAN requirements,
components, and resources
to support LHD staff
responsible for IPLAN
coordination.*



2

Training Objectives


As a result of this session, participants will have:

- ✓ An understanding of the history related to IPLAN including the requirements of the Illinois Administrative Code – Section 600.
- ✓ An awareness of the assessment and planning framework (APEX-PH) and equivalent options.
- ✓ An understanding of the basic components of IPLAN.
- ✓ An awareness of the time and resources needs for IPLAN.
- ✓ An awareness of common mistakes related to IPLAN and how to prevent them.
- ✓ Knowledge regarding IPLAN resources, tools and the IPLAN Web-site.




3


Presenters




Tom Szpyrka, IPLAN Administrator
Illinois Department of Public Health






Michele Fishburn, Director of Community Health Improvement
Knox County Health Department




Angie Bailey, Director of Health Education
Jackson County Health Department






Amy Yeager, Health Promotion Manager
Madison County Health Department




4

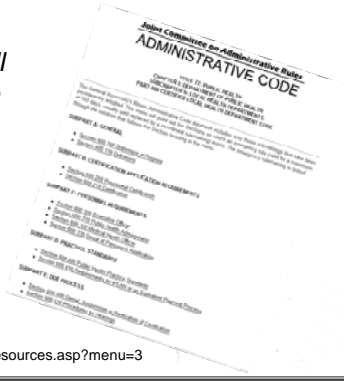


What is IPLAN?




- Illinois Project for Local Assessment of Needs
- Series of planning activities conducted within the local health department (LHD) jurisdiction every 5 years.
- Developed in 1992 by the Illinois Department of Public Health (IDPH) in collaboration with local health departments and other Illinois public health system partners
- Developed to meet the requirements set forth in the Certified Local Health Department Code.




5

Access the full Administrative Code on the IPLAN Web-site under the Resources Tab.



<http://app.idph.state.il.us/Resources.asp?menu=3>




6

Why IPLAN?

- 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.
- Most LHDs all over the country have similar requirements for on-going community health assessment and planning activities



7



Public Health
Prevent. Promote. Protect.

"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."

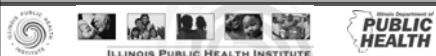
Certified Local Health Department Code
(77 Ill. Adm. Code 600)



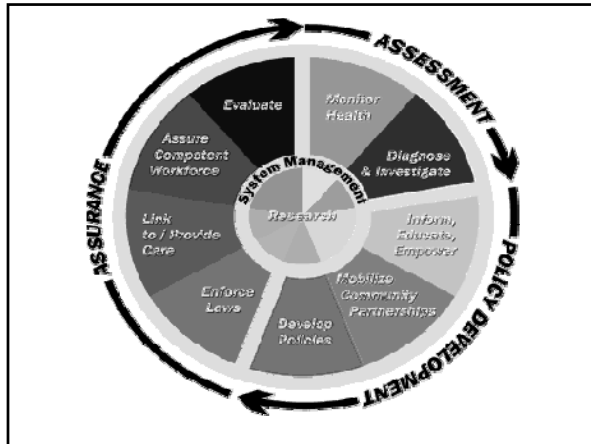
8

Public Health Practice Standards

- Assess the health needs of the community
- Investigate the occurrence of adverse health effects
- Advocate for public health
- Develop plans and policies to address priority health needs
- Manage resources and develop organizational structure
- Implement programs and other arrangements
- Evaluate programs and provide quality assurance
- Inform and educate the public on public health issues



9





Amy Yeager
Madison County HD

- Community engagement in identifying health concerns and working together to address them
- Baseline for community partners to collaborate
- Foundation for hospital, school, and organizational strategic planning



11



Michele Fishburn
Knox County HD

- Aids in the development of the public health system infrastructure
- Aids in making it a community health improvement plan
- Knowledge of resources and services within the community
- Prevention is optimal and takes partners
- Develops a focus for programming



12



Angie Bailey Jackson County HD

- County specific assessment and health plan
- Community collaboration and buy-in for the plan and public health
- Strengthens grant applications



13



Basic IPLAN Terminology



14

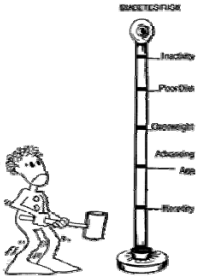
Health Problem

- *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.* – APEXPH Definition
- May also include some local public health system issues such as access to care





15

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.

16

Direct Contributing Factor

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

Direct Contributing Factors



→

Risk Factor

Sedentary Lifestyle

→

Obesity

17

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.

Indirect Contributing Factors

→

Direct Contributing Factors

→

Risk Factor



Lack of Access to Exercise Facilities

→

Sedentary Lifestyles

→

Obesity

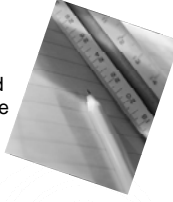
18




Developing Objectives

Write "SMART" Objectives!
SMART is a useful mnemonic for writing objectives.

- Specific
- Measurable
- Attainable
- Relevant
- Time-oriented




To create measurable objectives and to demonstrate measurable change, you will need baseline data.






19

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 outcome objectives have a **five year time-frame**.*




20

Impact Objective




*This objective is a **measurable** statement indicating the desired level of **change in a risk factor**. Impact objectives are intermediate in time. The time-frame for IPLAN is less than 5 years and usually, **two to three years**.*

Achievement of Impact Objective

Reduction in Risk Factor

Achievement of Outcome Objective

Reduction in Health Problem




21

Proven Intervention Strategy

LHDs should provide at least **one proven Intervention Strategy to address each written impact objective**. The description should include:

- community resources that will contribute to implementation
- estimated funding needed for implementation
- anticipated sources of funding.

The Community Guide is a resource for proven intervention strategies and can be found at: <http://www.thecommunityguide.org/>



22

Components of IPLAN

- I. Organizational Capacity Assessment
- II. Community Health Needs Assessment
- III. Community Health Plan

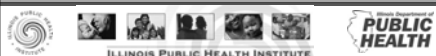


23

Organizational Capacity Assessment Requirement

*"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."*


Certified Local Health Department Code
(77 Ill. Adm. Code 600)






24

Organizational Capacity Assessment




- Self-assessment
- Internal review of the LHD's capacity to provide public health functions
- Assists the LHD in creating an organizational plan for improvement






25

4 Options for Completing the Organizational Capacity Assessment




- **APEXPH Part I** - Organizational Capacity Assessment
- **Organizational Strategic Plan** completed in past 5 years (including SWOT analysis)
- **NPHPSP Local Public Health System Performance Assessment or Local Governance Assessment** with completion of optional LHD questions. Tools found at: <http://www.cdc.gov/od/ocphp/nphpsp/>
- **Operational Definition of a Functional LHD capacity Assessment** – Tool found at: <http://www.naccho.org/topics/infrastructure/accreditation/opdef.cfm>




26

Community Health Needs Assessment Requirement

“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 Code
(77 Ill. Adm. Code 600)




27

Community Health Needs Assessment Components

1. Statement of purpose
2. A description of the community participation process
3. Analysis of community health data for a minimum set of indicators in the IPLAN Data System
4. Identification of community health problems
5. Prioritized health problems
6. Analysis of community health problems
7. Inventory of community health resources



28

1. Statement of Purpose

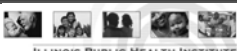
- Description of how the assessment will be used to improve health in the community



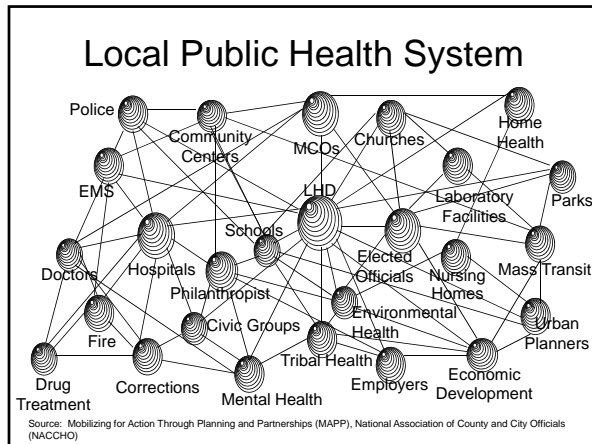
29

2. Community Participation

- Involvement by representatives of various community interests and groups.
- various organizations and groups that make up the public health system
- also representation from critical local groups such as
 - ethnic, racial, and age groups that represent your community/county.



30



Community Participation

At a minimum, document the affiliations represented and the process of participation. It is often helpful to list individuals and their affiliation since many times folks wear multiple hats.

<http://www.naccho.org/topics/infrastructure/mapp/index.cfm>

32

3. Community Health Data

- A description of the health status and health problems most meaningful for the community in the data groupings in the IPLAN Data System
 - Demographic and Socioeconomic Characteristics
 - General Health and Access to Care
 - Maternal and Child Health
 - Chronic Diseases
 - Infectious Diseases
 - Environmental, Occupational and Injury Control
 - Sentinel Events

33

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4. Identification of Health Problems

- Provided in the community health needs assessment
- From this data and description that the community will identify priority health concerns
- It's not all about numbers, use your community members' input

35

5. Prioritization of Community Health Problems

- Must have a minimum of 3 priorities
- Various options for prioritizing*
 - Simplex Questionnaire
 - Nominal Group Process
 - Criteria Weighting
 - Quick and Colorful Approaches
 - Hanlon Method

*More info can be found here:
<http://www.cdc.gov/od/ocphp/nphsp/documents/Prioritization.pdf>

36

Hanlon Method

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



37

Hanlon Method

The information provided on slides 39-43 was taken from the IPLAN Work Book developed in January of 2007. This workbook provides a thorough overview of the IPLAN process and can be found on the IPHI web-site at www.iphionline.org under the Center for Community Capacity Development tab.



38

A. Rate the Size of the Problem

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



39

B. Rate the Seriousness of the Problems

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 Problems for the Effectiveness of Available Interventions

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

- **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?



Hanlon Method

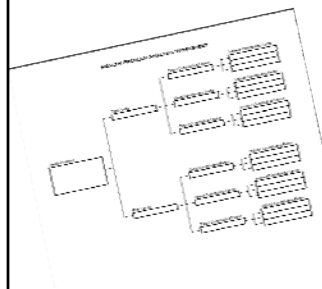
$$D = [A + (2 \times B)] \times C$$

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.

[illegible]

6. Analysis of Community Health Problems



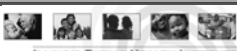
Risk Factor - Scientifically established factor (determinant) that relates directly to the level of a health problem. A health problem may have any number of risk factors identified.

Direct Contributing Factor - Scientifically established factors that directly affect the level of a risk factor.

Indirect Contributing Factors - community-specific factors that directly affect the level of the direct contributing factors. These factors can vary greatly from community to community.


7. Inventory of Community Health Resources




- **Who works** in your community?
- What **resources** are available in your community?
- What **services** are available in your community?
- How can agencies and organizations **collaborate** in your community?



Community Health Plan Components

- Purpose statement
- Description of the planning process
- Description of each priority
- For each health priority, the following is needed:
 - One measurable outcome objective
 - One measurable impact objective
 - One proven intervention strategy






46

Purpose Statement


- The purpose of the community health improvement plan can vary from community to community; however, it should be reflective of how your community intends to use the resulting plan.








47

Description of the Planning Process

- Portion of the written community health improvement plan
- Provides the opportunity for the local health department to provide an overview the entire assessment and planning process.

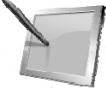









48

Description of Each Priority


- Include an adequate base of information to understand why the community selected the priority
- Importance of the priority health need
- Summarized data and information
- Population groups affected
- Relationship to Healthy People 2010 Objectives









49

Description of Each Priority


- Risk Factor(s)
- Direct Contributing Factors
- Indirect Contributing Factors
- Outcome Objective(s)
- Impact Objective(s)
- Proven Intervention Strategy(ies)






50

Community Health Plan Worksheet


Health Issue	Outcome Objective
Risk Factor(s) (may be none)	Impact Objectives
Contributing Factors (environment, risk factors)	Proven Intervention Strategies
Resources (financial, personnel, and programmatic)	Notes




www.iphonline.org




51






- Your Board of Health must adopt the community health improvement plan and sign a letter stating that the plan was adopted!









55

IPLAN Assessment and Planning Framework/Tools

- Assessment Protocol for Excellence in Public Health (APEX-PH)
- Equivalent Process
 - Mobilizing for Action Through Planning and Partnerships (MAPP)
 - Healthy Communities







56




Time and Resources Needed

- Varies by health department
- Average of 1 – 3 years

Things to Think About:


- Application due date (60 days prior to expiration of current certification)
- Community Partners
- Data Collection
- IPLAN Coordinator









57

Common Mistakes

- No page numbers
- Not including data summaries for all 7 data groupings
- Incorrect dates for Outcome and Impact Objectives
- Not describing the community participation process and who is involved






58

Common Mistakes


- Not including all components of the Community Health Plan including statement of purpose and community participation
- For each priority, not indicating its relationship to Healthy People 2010 Objectives
- Not Including estimated funding needs for implementation and anticipated sources of funding







59




Resources




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60


Resources





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61

Resources



- IPLAN Web-site - <http://app.idph.state.il.us/>
- IPHI Web-site for training info and other resources– <http://iphionline.org>
- NACCHO – <http://www.naccho.org/topics/infrastructure/mapp/index.cfm>
- LHD's who have already completed IPLAN





62

Resources

- Healthy People 2010 is an excellent source for objectives. These can be easily adapted for local jurisdictions. Access via www.healthypeople.gov
- The Community Guide is a great resource for proven intervention strategies and can be found at: <http://www.thecommunityguide.org/>



63

Resources

- NPHPSP Assessment Tools –
<http://www.cdc.gov/od/ocphp/nphpsp/>
- Operational Definition of Functioning Local Health Department Tool –
<http://www.naccho.org/topics/infrastructure/accreditation/opdef.cfm>



64



Feedback

- We are listening! Your feedback is VERY important. Please complete the online evaluation survey:
http://www.surveymonkey.com/s.aspx?sm=pbKNyeh2Zutr7T502IVRVw_3d_3d
- If you registered for a group, please ask them to complete the evaluation also.
- We will use this information to plan future sessions and continually improve.



65

Question and Answer Session

- Join us now for a LIVE Q & A Session
 - Dial 1(877) 411-9748
 - Enter the access code: 3467868#
 - Mute your phone (*6 to mute/un-mute).
- If you have a question that is not addressed on the call, please email Laurie
Call at laurie.call@iphionline.org

