

**Partnering for CHNA and IPLAN**  
**July 23, 2013 1:30pm – 3:00pm**

THANK YOU FOR JOINING US

**Please stay tuned. The webinar will begin on time.**

Please note that you will be placed on mute for some of this session. You may use the chat dialogue box at any time to contact IPHI staff.

This session will be recorded and available at:  
[IPLAN Website](#) and [www.iphionline.org](#)




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**Partnering for CHNA and IPLAN**  
 July 23, 2013  
 1:30 – 3:00 PM

Training funded by  
 Illinois Department of Public Health




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### HOUSEKEEPING

Maximize or minimize side bar →

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Submit questions here →



- **Organizers will mute all phones during the presentation**
- **Q & A session at the end**
  - You can ask questions through the chat option anytime during the presentation
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- **Technical Issues**  
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**Welcome**

Laurie Call  
Director  
Center for Community Capacity Development  
Illinois Department of Public Health

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**Webinar Presenters**



Laurie Call, Director  
Center for Community Capacity Development  
Illinois Public Health Institute

Jess Lynch, Senior Program Associate  
Illinois Public Health Institute

Vanessa Newsome, Project Manager  
Will County MAPP Collaborative, Will County Health Department

Julie Edwards, Director, Community Health Strategy  
Presence Health

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**Webinar Objectives**

1. Describe the commonalities between IRS requirements for Community Health Needs Assessment (CHNA) and Implementation Plans and local health department Certification requirements for IPLAN.
2. Define essential ingredients to foster effective collaboration and partnership and overcome common barriers.
3. Apply guidance for developing a shared mission, vision and values for the assessment and planning process.
4. Collaboratively define a shared community for the assessment and plan.
5. Identify key components of effective Memorandums of Understanding (MOUs) for partners.
6. Link to local successful health department/hospital partnerships.

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**Poll Question 1:**  
As you view this Webinar, which sector do you represent.

- a) Local Health Department
- b) Hospital
- c) Other



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**Poll Question 2:**  
Tell us about your experience with IPLAN/CHNA.

- a) Have **never** participated in an IPLAN or CHNA
- b) Have participated in an IPLAN.
- c) Have participated in a CHNA.
- d) Have participated in **both** an IPLAN and CHNA.



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**Rationale and Opportunity**

Jess Lynch  
Senior Program Associate  
Center for Community Capacity Development  
Illinois Public Health Institute



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### Some Reasons for LHDs to Consider Partnering with Nonprofit Hospitals

- By and large, they serve the population you serve
- Nonprofit hospitals are conducting CHNAs in any case
- Great deal of valuable data and knowledge complementary to public health's own
- Potential economies of scale on assessment costs and effort
- Potential for coordination on priority-setting
- Potential for coordination on plans and actions



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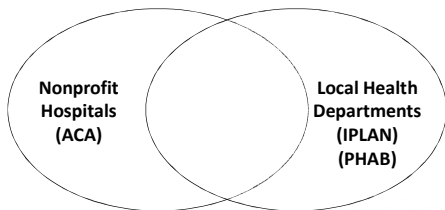
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### Opportunities for Partnership



ACA = Affordable Care Act      PHAB = Public Health Accreditation Board  
IPLAN = Illinois Project for Local Assessment of Needs



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### Other Opportunities for Partnership

**Required Assessments:**

- Federally Qualified Health Centers (FQHCs):  
HRSA requires: "Needs Assessment: Health center demonstrates and documents the needs of its target population, updating its service area, when appropriate." (Section 330(k)(2) and Section 330(k)(3)(J) of the PHS Act)
- Community Reinvestment Act (CRA): Performance Context

**Other groups doing community health assessment and planning:**

- United Way, local/regional planning departments, community foundations, community based organizations, etc.



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Poll Question 3:  
Which of the following have you partnered with for IPLAN/CHNA?

- a) Community-based organizations
- b) Community Foundations
- c) Federally Qualified Health Center (FQHC)
- d) Local/Regional Planning Depts
- e) United Way



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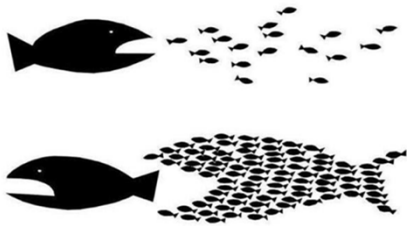
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How can we be most effective?



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## Initiating and Understanding Successful Partnerships

Jess Lynch  
Senior Program Associate  
Center for Community Capacity Development  
Illinois Public Health Institute



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### Types of Partnership

**TYPES OF PARTNERSHIP**

Source: chausa.org; compiled from Himmelman, 2002

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### Collaboration

“Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common goal”

Partners share fully in risks, responsibilities, and rewards of collective action.

Collaboration requires high levels of trust, substantial time commitments, and common turf.

Source: Himmelman, 2002

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### Essential Ingredients

- Committed Stakeholders
- Shared Vision
- Trust
- Understanding of each Organization’s Perspectives, Strengths and Limitations
- Clearly Defined and Shared Roles, Responsibilities and Resource Commitment
- Informal/Formal Agreement (MOUs)
- Mutual Accountability
- Confidentiality Agreement

Adapted from National Association of Community Health Centers, *The Planning Process: Laying the Foundation for a Successful Partnership*

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### Challenges in Initiating These Partnerships

- Different motivations
- Resource intensive on the front end
- Aligning assessments' frequency and time cycle
- Ownership of data
- Choosing and interpreting indicators
- Overlapping jurisdictions
- Scope of assessment can vary
- Different reporting needs and audiences

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### Common Strengths

- **Data:** LHDs and Hospitals each collect information based on their service area. Population data and patient information can complement each other
- **Skills and Processes:** Each organization has unique assessment skills as well as ways of reaching out and affecting change in the community
- **Partners:** The inclusion of a vast array of partners from both organizations ensures a broad representation from the community
- **Health Equity:** In aligning strategic plans, hospitals and LHD can ensure that vulnerable populations are receiving the care they need

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### Tips: Talk about the benefits

#### Understand the strategic and mission motivators for different partners!

- Collective action results in more collective impact
- Improved system efficiencies and less redundancies
- One comprehensive assessment can meet several types of requirements
- No one entity can fully address issues identified by assessments
- Funders reward effective partnerships
- For health care, changes in payment/reimbursement will drive more focus on population health; community benefit needs to be tied into hospitals' overall strategy
- Need to continue to develop a shared vision for working on social determinants of health

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**Poll Question 4:**  
Which best describes the current partnering efforts of your hospital and health dept for IPLAN/CHNA?

- a) **Networking** – Exchanging information for mutual benefit.
- b) **Coordination** – Exchanging and altering activities for mutual benefit and to achieve a common purpose.
- c) **Cooperation** – Exchanging information, altering activities, and sharing resources for mutual benefit and to achieve a common purpose.
- d) **Collaboration** – Exchanging information, altering activities and enhancing the capacity of another for mutual benefit and to achieve a common purpose.
- e) **N/A**

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**Questions to Consider**

- Should your organization participate in a collaborative initiative? (Cost/ Benefit)
- What is your vision? What is the vision of your partners?
- Who is currently involved? Who is missing from the table?
- What ground rules will you agree to?
- What are your goals and objectives?
- Who is responsible for completing each objective?
- What assets does each partner have?
- How effective is your leadership? How can it be improved and supported

Adapted from Himmelman, 2002

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**Partnering for  
Assessment & Planning**

Laurie Call  
Director  
Center for Community Capacity Development  
Illinois Department of Public Health

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### Assessment and Planning Requirements

IPLAN	Affordable Care Act	PHAB
Community Health Assessment (Every 5 Years)	CHNA (Every 3 Years)	Community Health Assessment (Every 5 Years)
Identify Priority Issues	Identify Priority Issues	Identify Priority Issues
Community Health Improvement Plan	Implementation Strategies for Community Benefit	Community Health Improvement Plan



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IPLAN	Affordable Care Act	PHAB
Involve community participation in completion of assessment and plan	Engage Community Stakeholders <ul style="list-style-type: none"> <li>Describe community input</li> <li>Specific mention of public health experts</li> </ul>	Engage Community Stakeholders <ul style="list-style-type: none"> <li>Document community input, partnerships, and primary data collection</li> </ul>
Describe Assets and Resources	Describe Assets and Resources	Describe Assets and Resources
Variety of data sources used to identify needs	Analytical methods applied to identify needs	Variety of data sources used to identify needs.
Make reports available to public	Make reports widely available to the public	Make documents available to public



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### Non-Profit Hospital and CHNAs

- Under the Affordable Care Act, nonprofit hospitals must complete a CHNA every 3 years.
- Some updates from IRS' **proposed** rules in April 2013:
  - Hospitals are allowed to collaborate
    - The hospital must identify its roles and responsibilities in the implementation strategies
  - Hospital may define its community to include geographic areas outside of those in which its patient populations reside.
  - The hospital must include a plan to evaluate the impact of implementation
  - Failure to comply can result in the revocation of the hospital's tax exempt status and a \$50,000 excise tax.

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### Tips: Working Collaboratively with System Partners

- Ask your partners what their individual interests are. What do they need to get out of an assessment process? What requirements are they seeking to meet?
- Identify common ground. Articulate a shared vision or goal.
- Design a process that is focused on the shared vision or goal while accommodating at least some individual interests.
- Identify set of indicators that align with common vision or goal and that can meet at least some individual interests.
- Identify existing data available among all partners to avoid unnecessary data collection.
- Divide and conquer. Assign roles and responsibilities based on organizational assets and strengths. Avoid duplication of effort.



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### Developing a Shared Mission

- Purpose: Who we are; What we do; How we do it; Why we do it
- Process may be more important than the actual words.
  - Great group development activity with dual purpose.
  - Gets things out on the table, such as mandates and motivations.
  - A first symbol or sign of collaboration.
- Branding and/or messaging for the Partnership and work ahead.



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### Useful Tool - Charter

- Mission – Purpose
- Background Info
- Duration and Commitment
- Team Members/Roles and Responsibilities
- Operating Guidelines
- Resources
- Scope (In and Out)
- Goals/Objectives – Measurable is best!
- Communication Plan
- Signatures/Agreements



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### Defining Community Together

<p><b>Hospital communities may include:</b></p> <ul style="list-style-type: none"> <li>• Geographical area, as defined by the hospital</li> <li>• Vulnerable and medically underserved populations</li> <li>• Regional/national/international populations served by a hospital's specialty.</li> </ul>	<p><b>Health Department communities may include:</b></p> <ul style="list-style-type: none"> <li>• Geographical jurisdiction (county/ municipality)</li> </ul>
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Hospitals and LHDs may not have complete overlap in communities, but can still partner for one portion of their community.

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### Partner Roles

<ul style="list-style-type: none"> <li>• Convener</li> <li>• Catalyst</li> <li>• Conduit</li> <li>• Funder</li> <li>• Advocate</li> <li>• Community Organizer</li> <li>• Technical Assistance Provider</li> </ul>	<ul style="list-style-type: none"> <li>•Capacity Builder</li> <li>•Partner</li> <li>•Facilitator</li> </ul>
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Source: Himmelman, 2002

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### Memorandums of Understanding

**Should Include:**

- Proposed scope of joint activities;
- Timeline for evaluating and implementing the partnership;
- Management and staff members that will be involved in the planning process (i.e., the planning “team”);
- Consultants (if any) to be hired, by which party and at whose expense;
- Requirements that the parties will agree on any publicity and/or third party disclosure regarding the collaboration;
- Requirements for disclosure to one another of other pertinent negotiations; and
- The parties’ expectations—financial and otherwise.

National Association of Community Health Centers, 2010

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**Memorandum of Understanding  
Sample Template**

**Partnership Agreement  
Memorandum of Understanding**

**ORGANIZATION 1 AND ORGANIZATION 2**

This Memorandum of Understanding (MOU) describes the responsibilities and expectations between Organization 1 (Org1) and Organization 2 (Org2), for the partnership to complete a community needs assessment for [name of community]. The purpose of this agreement is to discover the unique needs of this community as it relates to [at-risk youth, children in need, other social service areas].

**RESPONSIBILITIES AND EXPECTATIONS**

For the assessment, Org1 serves as the "lead" organization. As the lead organization, Org1 is responsible for the following:

- [List the specific responsibilities of the lead agency]
- [List specific resources being contributed by the lead agency, including: staff time—list names and the amount of time to be contributed; space; materials; or money]

Under this Agreement, Org2 agrees to:

- [List the specific responsibilities of the assisting agency]
- [List specific resources being contributed by the lead agency, including: staff time—list names and the amount of time to be contributed; space; materials; or money]

**TIME PERIOD**

The community assessment is expected to be completed within [three months, six month, etc.]

**TERMINATION**


Org1 may terminate this Agreement, in whole or in part, with or without cause, with a seven (7) day written notice of termination. Such notice shall be given in writing to Org2 and shall be sent via certified or registered mail with return receipt requested.

**Signatures of Authorized Representatives**

Org 1 Representative (Type name, title) \_\_\_\_\_  
Date \_\_\_\_\_

Org 2 Representative (Type name, title) \_\_\_\_\_  
Date \_\_\_\_\_

Source: strengtheningnonprofits.org




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**Tips: Structuring Partnerships**

- Clear roles for partners
- One coordinating organization is the most common model, although co-coordination can work
- Partnership led process
- Partnership helps identify steering committee made up of folks who are decision makers (allocate resources, integrate these priorities in their mission)
- Organize by steps in the process
- Hire consultant or coach (who consults with partnership, lead organization, or facilitating organization) -- not a necessity but really helpful

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**Where to find more information on  
CHNA and Community Benefit**

- IRS Guidance  
[www.irs.gov/pub/irs-drop/n-11-52.pdf](http://www.irs.gov/pub/irs-drop/n-11-52.pdf)  
<http://www.irs.gov/PUP/newsroom/BEG-106499-12.pdf>
- Association for Community Health Improvement  
[www.communityhith.org/](http://www.communityhith.org/)
- Catholic Health Association  
[www.chausa.org](http://www.chausa.org)
- Hilltop Institute  
[www.hilltopinstitute.org/hcbp.cfm](http://www.hilltopinstitute.org/hcbp.cfm)
- Health Systems Learning Group  
<http://www.methodisthealth.org/files/faith-and-health/HSLGembargoedmonographApril42013.pdf>

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# Partnering for Implementation

Laurie Call  
Director  
Center for Community Capacity Development  
Illinois Department of Public Health



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**Poll Question 5:**  
How much of the implementation of your last IPLAN/ CHNA was done in partnership?

- a) 0-10%
- b) 10-25%
- c) 26-50%
- d) 51-75%
- e) 76-100%



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## Need for Partnership on Implementation

- Hospitals' community benefit has historically been mostly charity care and uncompensated care. As of 2009,<sup>1</sup>
  - 72% of community benefit \$\$ used to help pay for care for the uninsured or underinsured (charity care, uncompensated care, means-tested payer discounted care and Medicare shortfalls)
  - only 5% of community benefit \$\$ went to community health improvement and community building activities
- To address social determinants of health, public health and health care are in the same position of needing to engage with stakeholders across sectors

<sup>1</sup> Trust for America's Health, A Healthier America 2013 - analysis of AHA/Ernst & Young data report



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### IRS Form 990, Schedule H

- Nonprofit hospitals must report their community benefit activities annually on Schedule H
- 6-part form. Some relevant reporting requirements:
  - Part I. "Financial Assistance and Means-Tested Government Programs" and "Other Benefits"
  - Part II. "Community Building"
  - Part V. includes reporting on "CHNA" and "Financial Assistance Policy"
- The IRS' proposed rules for CHNA from April 2013 included proposed language clarifying that "community building" activities count as community benefit, but there is still need for a definitive and final clarification
- More information:
  - <http://www.irs.gov/uaac/About-Schedule-H-Form-990>
  - <http://www.hilltopinstitute.org/publications/>

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### Understanding Priorities for Each Partner

Several hospital systems, health dept working together to align efforts



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### Factors that Affect Health

*Smallest Impact*

Counseling & Education

Clinical Interventions

Long-lasting Protective Interventions

Changing the Context to make individuals' default decisions healthy

*Largest Impact*

Socioeconomic Factors

Examples

Eat healthy, be physically active



Rx for high blood pressure, high cholesterol, diabetes

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

CDC

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### Social Ecological Model

**PUBLIC POLICY**  
national, state, local laws

**COMMUNITY**  
relationships among organizations

**ORGANIZATIONAL**  
organizations, social institutions

**INTERPERSONAL**  
family, friends, social networks

**INDIVIDUAL**  
knowledge, attitudes, skills

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### Resources for Collaborating on Implementation

- Health Systems Learning Group  
<http://www.methodisthealth.org/files/faith-and-health/HSLGembargoedmonographApril42013.pdf>
- National Association of Community Health Centers. (2010). *Partnerships between Federally Qualified Health Centers and Local Health Departments for Engaging in the Development of a Community-Based System of Care.*  
[http://www.naccho.org/topics/hdpd/upload/partnerships-between-fqhcs-and-lhds\\_final\\_11\\_03\\_10.pdf](http://www.naccho.org/topics/hdpd/upload/partnerships-between-fqhcs-and-lhds_final_11_03_10.pdf)

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### Tips: Effective Communication

- Plan ahead
- Think carefully about roles and responsibilities
- Use actionable agendas and meeting minutes. (Document!)
- Craft tailored messages, articulate a win-win
- Leverage people with established relationships to engage partners
- Listen to what brings each of the partners to the table and build process outcomes that will fulfill needs
- Celebrate incremental victories that come from collaboration

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### Story from the Field: Will County's MAPP Collaborative

IPHI Webinar  
July 23, 2013

Julie Edwards, MS  
Director, Community Health Strategy  
Presence Health

Vanessa D. Newsome, MEd  
Project Manager  
Will County MAPP Collaborative/  
Will County Health Department



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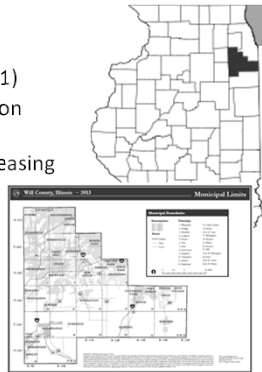
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### Overview of Will County

- Changing landscape
  - Population 681,545 (2011)
  - Hispanic/Latino population doubled since 2000
  - Senior population is increasing
  - 6.3% live below poverty level
  - Unemployment is 10.1%



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### Overview of Will County

- Partners providing financial contributions
  - Health Department
  - 4 hospitals
  - 3 FQHCs
- Fiscal agent
  - United Way

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### Will County MAPP Collaborative

- How did we get involved?
  - Will County IPLAN process
  - Hospitals' IRS requirements
- MAPP training
- Why MAPP?

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### Benefits of MAPP

- Creates a healthy community and better quality of life
- Increases visibility of public health
- Anticipates and manages change
- Creates a stronger public health infrastructure
- Builds stronger partnerships
- Builds public health leadership
- Creates advocates for public health

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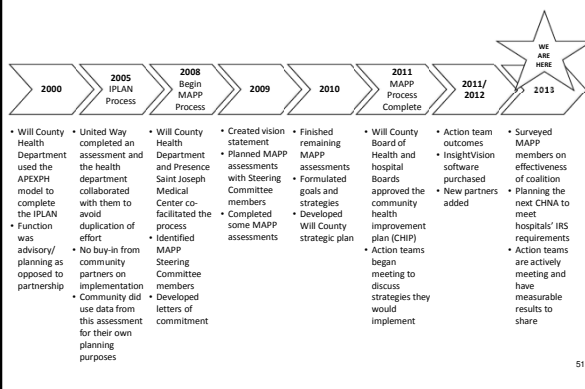
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### Will County's Progression



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Setting the Stage for Success

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Dedicated MAPP Co-facilitators

- Julie Edwards (Presence Health)
- Vanessa Newsome (Will County Health Department)
- Staff behind the scenes planning all four assessments, in addition to Steering Committee meetings

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Funding for Will County MAPP Project

- Annual donations received from:
  - Adventist Bolingbrook Hospital
  - Aunt Martha's Youth Service Center
  - Edward Hospital
  - Presence Saint Joseph Medical Center
  - Silver Cross Hospital
  - Will County Health Department
- \$30,000 one-time grant funding from the Will County Community Foundation

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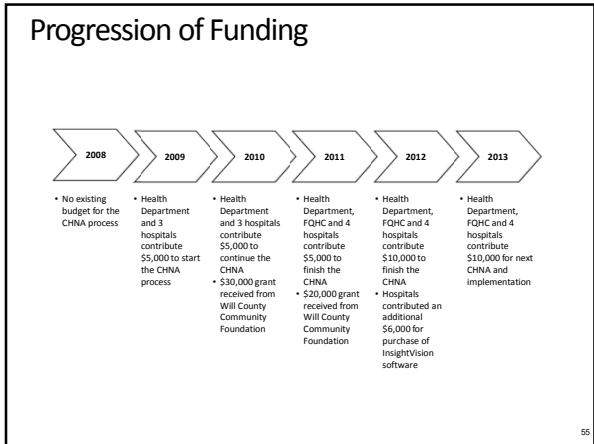
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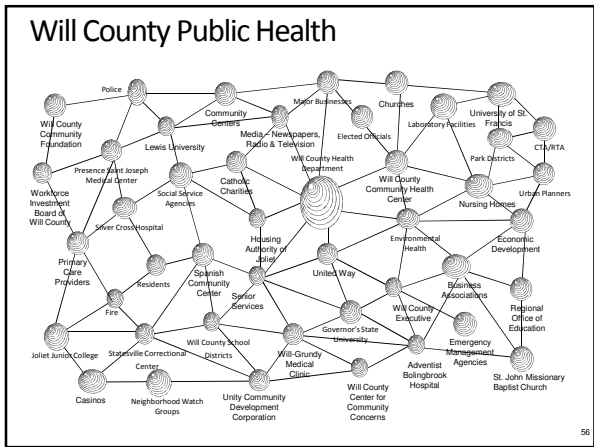
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### Engagement from All Sectors

Steering Committee Member (samples)	Organization	Diversity: Age/Race/Gender	Government Official	Health Care Provider	Educator	Advocacy for Elderly, Underserved	Social Service Agency	Expertise in Population Health/Demographic Data	Community Education/Outreach
Vanessa Newcome	Will County Health Department	X			X	X			
Julie Edwards	Presence Saint Joseph Medical Center	X		X		X			X
John Cicero	Will County Health Department		X	X				X	
Nick Palmer	Will County Government		X						
Beth Cada	Governor's State University	X			X				X
Mike Hennessy	United Way of Will County						X		X

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## Will County's Organization

- Created a MAPP Steering Committee comprised of 25 local organizations
  - Completed Letters of Commitment
  - Met monthly to govern the process (and continues to meet monthly!)
  - Guided how each assessment was completed
  - Participated in four assessments
  - Provided feedback/approval on final reports

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## Letter of Commitment

**Will County MAPP Steering Committee – (WCMSC)**  
**Letter of Commitment**

I, \_\_\_\_\_  
(Please Print Name)

agree to participate on the MAPP Steering Committee. As a Steering Committee member, I agree to attend monthly Steering Committee meetings to assist in guiding the overall MAPP process. I will provide my agency's support to the process and recommendations brought forth, and I will approve final products of the MAPP assessments.

I understand that the ultimate goal of the MAPP process is to develop a strategic plan that will improve the health of our community and strengthen our local public health services.

The representative contact for my agency is: (Please Print)

Name: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check the resources your agency can offer to provide. (Check all that apply).

\_\_\_\_\_ Provide meeting space for sub-committee workgroups  
\_\_\_\_\_ Serve as a facilitator in the sub-committee workgroups  
\_\_\_\_\_ Allow staff to participate in the planning  
\_\_\_\_\_ Provide support services for meetings and events  
\_\_\_\_\_ Provide sponsorship for the MAPP project  
\_\_\_\_\_ Distribution of material services (time, marketing skills)  
\_\_\_\_\_ Other (please list area of expertise): \_\_\_\_\_

Please check the workgroup you would like to participate in:

Community Health Status Assessment  
 Community Theme and Strength Assessment  
 Focus of Change Assessment  
 Local Public Health System Assessment

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Will County MAPP Partners

- Adventist Bolingbrook Hospital
- American Cancer Society
- American Heart Association Midwest Affiliate
- American Lung Association, Greater Chicago
- AOK Network
- Aquino Clinical Services
- Aunt Martha's Youth Services
- Bridges to a New Day, NFP
- Catholic Charities
- Center for Econommical Development (Three Rivers Educational Partnership – TREP)
- Chestnut Health Systems
- Service INC., Child and Family Connections #15
- Child Care Resource and Referral Agency
- Community Service Council of Will County, Inc
- Crete Monsee School District 201
- Crisis Line of Will and Grundy County
- Easter Seals of Joliet Region, Inc.
- Edward Hospital
- Greater Joliet Area YMCA
- Governor's State University
- Guardian Angel Community Services
- Harvey Brooks Foundation
- Healthy Childcare Illinois
- Housing Authority of Joliet
- Image Builders
- Joliet Junior College
- Joliet Township
- Joliet Township High School/YES (Youth Experiencing Success in School)
- Lewis University
- Linden Oaks at Edward
- Lutheran Social Services of Illinois
- Morning Star Mission Ministries
- NAMI Will-Grundy (National Alliance on Mental Illness)
- National Hook-up of Black Women, Inc.
- New Life Church
- Northern Illinois Food Bank
- Provena Home Care
- Provena Saint Joseph Medical Center (Presence Health)
- Senior Services Center of Will County
- Silver Cross Hospital
- Sleeping Stones, Inc.
- Three Rivers Manufacturers' Association
- Trinity Services, Inc.
- U of I Extension – Rankin/Lea, Will Grundy Co.
- United Way of Will County
- University of St. Francis
- University of St. Francis Health and Wellness Center
- Will County Center for Community Concerns
- Will County Community Development Division
- Will County Community Foundation
- Will County Community Health Center
- Will County EMA
- Will County Executive's Office
- Will County Forest Preserve District
- Will County Health Department
- Will County LAN
- Will County Land Use Community Development
- Will County Residents
- Will County Sheriff's Office
- Will County State's Attorney's Office
- Will Grundy Medical Clinic
- Workforce Investment Board of Will County

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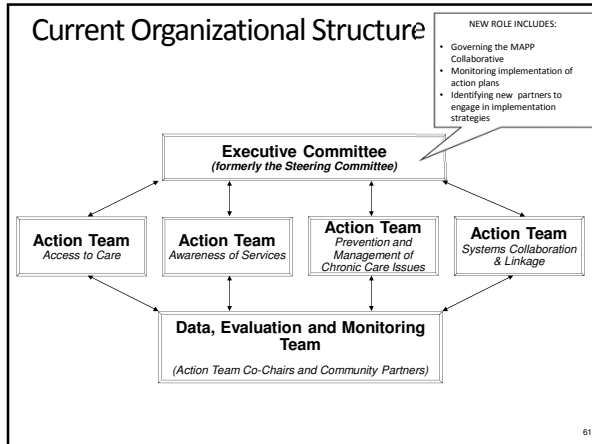
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## Creating a Shared Vision

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## Will County's Charter Memo

**Will County MAPP Planning Committee - WCMPC**  
Steering Committee (MAPP) Planning and Governance

**Charter Memo**

**BACKGROUND**  
Early in 2010, the health department is required to complete a community needs assessment and develop a community health plan. In 2010, the United Way of Will County led the effort in facilitating community needs assessment. This assessment was done in cooperation with the Will County Health Department (Will County Health Department) and other stakeholders. Several other organizations and agencies utilized this document for identifying needs, program planning and grant-writing.

In keeping with the certification requirement, the Will County Health Department, in collaboration with Health Care Access (Health Care) and the Will County Community Health Plan Committee to engage in the MAPP process. This is a community wide strategic planning activity to examine community needs and involving community health to provide a comprehensive framework for developing and addressing strategic issues of the county. The planning process is done by a broad-based community planning panel, resulting in a comprehensive community plan designed to improve the local public health system.

**PURPOSE**  
The Will County MAPP Planning Committee, WCMPC, shall be an ongoing body that guides and oversees the planning, development and evaluation of a public health community needs assessment program. It is a coalition of representatives of a broad cross-section of the community. The result of engaging in this process is the development of a strategic plan that will serve the health of the community. The Will County Health Department is the lead organization. Members of the local public health system are defined as organizations that engage in the delivery of all or part of the essential public health functions, including but not limited to: community based organizations, local service agencies, hospitals, community health centers, local health department, schools, colleges and universities, law enforcement and law enforcement.

The benefits of Will County participating in this process are numerous. Benefits include:

- A healthier community that improves the quality of life for the people who live and work in it.
- Increased quality of public health services and health care services.
- Knowledge and a greater appreciation of public health issues.
- Integration of all public health systems to better anticipate, manage and respond to changes in the county.
- Greater effectiveness and sharing of resources among partners.
- Broader address community health needs.
- Enhanced regional community health plans.
- Serve as an exemplar for the health department's public requirements.

**STRUCTURE**  
The group shall be responsible for developing or designing the planning process (i.e. Deciding what the process would look like, determining structure, deciding the activities to be conducted within the different phases, and their sequence). This involves the facilitation of the committees, committees and staff from member organizations with time allocated to the project. Other recommended responsibilities or expectations include:

**Steering Committee**  
The Steering Committee should be responsible for guiding the process as developed and approved recommendations from the Planning Committee and Ad Hoc groups as well as the final products developed that will be representative of the planning process. Members could also provide resources for the planning and implementation phases. Members of this group would be representative of an agency or organization. It is primary goal to have an equal per-organization representation. Other agency members could be represented on the planning committee.

**Planning Committee**  
This is a broader group of community representation that would participate in the assessment phase, going beyond to the needs, strengths and community assets. This is where the "broad-based" membership happens. The members may consist of different types of the process depending on their interests, business and availability.

**Ad Hoc Task Force**  
An specific issue arise, these groups may be formed to address them. They would be short-term committees for a specific project and time frame.

**EXPECTATIONS**  
It is expected that the MAPP process will be completed within one year, no longer than eighteen months. The Steering Committee will meet initially on a monthly basis with the meeting schedule to be agreed to in advance. The planning committee will meet as needed at least once a month and report to the steering committee the progress made.

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### Will County's Visioning Process

- Surveyed community members
- Hired a consultant to facilitate session with Steering Committee members
- Field tested vision statement
- Finalized vision statement with Steering Committee

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### Will County Vision Statement

In Will County, every life has value. All individuals have the opportunity to realize their full potential and to achieve the highest quality of life. We are a community rich in diversity, where involvement and commitment have deep roots among our residents.

We strive to be a progressive community that maximizes the use of community partnerships and collaboration among all sectors to ensure, enhance and promote comprehensive, quality and equitable education, healthcare and social services.

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### Engaging the Community

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### Will County's MAPP Assessments

- IPHI assisted with assessment planning and strategic issues prioritization
- Sub-committees were formed for each assessment and were chaired by a Steering Committee member
- Dedicated MAPP staff and interns
- Assessments completed concurrently
- Action teams created around top needs in the community

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### A Strong Foundation is Needed

- The CHNA is the foundation to the Implementation Strategy/IPLAN document
- Make sure the right community partners are engaged
- Allow sufficient time during the CHNA to help move implementation forward

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### Annual Public Health Forums

- One day event held annually
- Provide MAPP overview for new partners
- Share results of the assessment and strategic plan
- Breakout groups for MAPP Action Teams

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### Community Engagement

- Necessary to move implementation forward
- Have the right people at the table
- Engage all sectors in the community
- Don't be afraid to work with competitors!
- Structures used:
  - Steering Committee/Executive Committee
  - Action Teams

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### What Can Be Done to Create Change?

- What are the existing resources, assets and strengths for this work?
- Who is already engaged in this work? What are they doing to address this issue? Can we partner?
- Who else needs to be engaged in this work?
- What are the barriers? How can they be overcome?
- What has worked elsewhere?
- What are the evidence-based approaches to create the change defined?

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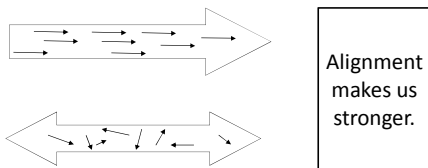
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### We Seek Alignment of Activities/Action Plans



Align with other initiatives going on with the public health department, other organizations in the community and at the state and national level.

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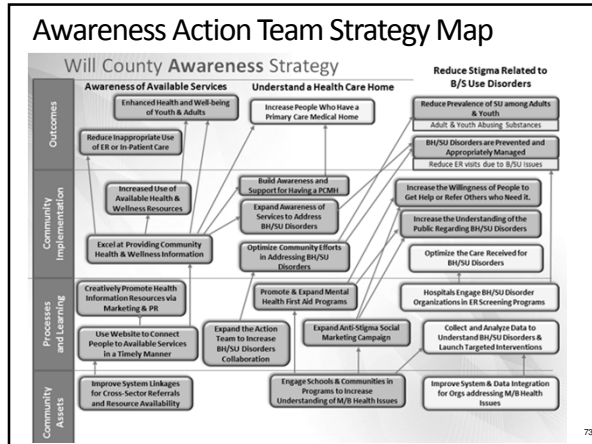
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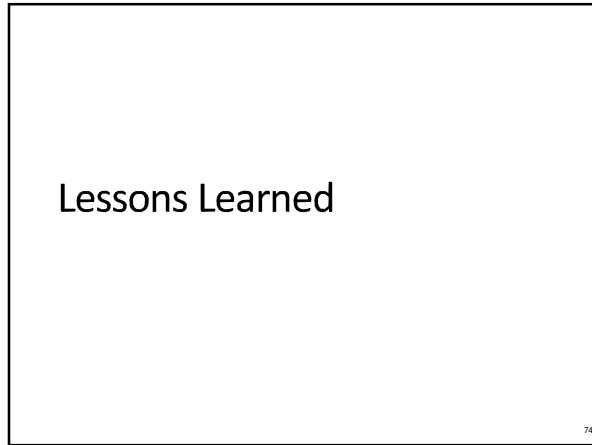
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- ### Lessons Learned
- Create co-coordinators (partnership) for shared workload and visible working leaders
  - Create co-chairs for MAPP Steering Committee for credibility and balance of power
  - Allocate sufficient time to plan the CHNA in order to be effective in implementation
  - Engage all sectors in the community
  - Be clear about expectations within the process (i.e. groups will not only identify needs but also carry out action plans)

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### Lessons Learned

- Time constraints – this is no one’s full time job
- Role of hospital – equal partner in process
- Accept new partners throughout the process
  - Welcome them
  - Educate them
- Combine existing resources for maximum efficiency and effectiveness
- Implement and monitor progress of action plans
- Be FLEXIBLE: things will change, but the goal is to improve the health of the community

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### Lessons Learned

- Understand the different roles of hospitals, public health and other community sectors
  - Develop timeline to meet everyone’s requirements
  - Crosswalk of IPLAN/IRS requirements
- Balance of power – gave ownership to community
- It’s important to have a timeline and schedule meetings in advance

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### Questions?



Maximize or minimize side bar →

Raise hand option →

Submit questions here →



We’ll take live questions at this time. Please **use the raise hand option** to be un-muted, or submit a question via the **chat feature**.

Partnering for CHNA and IPLAN  
July 23, 2013

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## Upcoming Training:

**Measuring Community Health Improvement Implementation Webinar**  
Tuesday, August 20th 1:30 PM - 3:00 PM

**Illinois Performance Improvement Conference**  
Tuesday, August 27th 8:30 AM – 4:00 PM  
Northfield Center, Springfield IL

Registration is available at: [www.iphionline.org](http://www.iphionline.org)



Partnering for CHNA and IPLAN  
July 23, 2013

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## Feedback

- Please complete the evaluation form.
- Your input is used to plan future offerings.



Partnering for CHNA and IPLAN  
July 23, 2013

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## Thank You!

If you have training or technical assistance follow-up needs, contact:

Kristin Monnard, Program Assistant  
312.850.4744  
[Kristin.Monnard@iphionline.org](mailto:Kristin.Monnard@iphionline.org)

Laurie Call, Director  
[Laurie.Call@iphionline.org](mailto:Laurie.Call@iphionline.org)



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July 23, 2013

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