The Illinois Project for Local Assessment of Needs
IPLAN

A Workbook for Local Public Health Department Administrators, IPLAN Leaders and Community Participants

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The Illinois Project for Local Assessment of Needs (IPLAN)

What is IPLAN?

- IPLAN was developed in 1992 by the Illinois Department of Public Health (IDPH) in collaboration with local health departments and other Illinois public health system partners to meet the requirements set forth in the Illinois Administrative Code, Section 600 - Certified Local Health Department Code.

- 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.

- IPLAN is also a series of planning activities conducted within the local health department jurisdiction. This workbook is dedicated to defining the series of planning activities which include a community health assessment, community health plan and an organizational self-assessment.

- Certified local health departments in Illinois have engaged in this planning process every five years since 1994. In 2002, a work group of local health department representatives and IDPH staff recommended the staggering of recertification dates for the current and future cycles of IPLAN.

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"If we, as a society, are to improve the conditions that affect the health of all of us, we must begin in local communities, dealing with local conditions"

Future of Public Health
IOM, 1988

Illinois Public Health Practice Standards

Section 600.400 of the Certified Local Health Department Code provides in detail the Public Health Practice Standards for certified health departments. This section of the code begins to describe what is required for the successful completion of an IPLAN process. The following points summarize the Public Health Practice Standards embedded in the Illinois Administrative Code.

a) Assess the health needs of the community
b) Investigate the occurrence of adverse health effects
c) Advocate for public health
d) Develop plans and policies to address priority health needs
e) Manage resources and develop organizational structure
f) Implement programs and other arrangements
g) Evaluate programs and provide quality assurance
h) Inform and educate the public on public health issues

The reader will note the similarities of these practice standards to the core functions of public health (*Assessment, Policy Development, and Assurance*) and the Essential Public Health Services Framework. Another source of inspiration for local health departments, distributed by the National Association of County and City Health Officials (NACCHO), is the *Operational Definition of a Functional Local Health Department*. This document provides a framework for local health department accountability. A free download of the interactive *Operational Definition of a Functional Local Health Department* is available on the NACCHO website.

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"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
(77 Ill. Adm. Code 600.100)

IDPH Certification Requirements

- **Local health departments shall recertify every five years**

  IDPH grants local health department's certification for a period of five years. Some conditions or circumstances beyond the control of a local health department (LHD) may delay the successful completion of an IPLAN process.

  If a delay in the process is needed a LHD may request a temporary waiver to extend certification. Requests must be made to the IPLAN Administrator at IDPH in writing on LHD letterhead stating the reason(s) a request is necessary and signed by Public Health Administrator.

- **Application shall be made 60 days prior to expiration**

  Submission of Recertification Application (IPLAN) is requested from IDPH at least 60 days prior to the LHD's certification date. There are two important dates for the LHD to keep in mind:
  1. Submission of Recertification Application
  2. Certification data

- **Application shall include IPLAN**

  The application for recertification includes the documents prepared by the LHD as a result of their completion of the IPLAN process. The LHD must submit to IDPH a Community Health Needs Assessment and a Community Health Plan prepared in accordance with Subpart B and Subpart D of the Certified Local Health Department Code. These two documents are the principal products of the IPLAN process.

  A third document that is prepared by the LHD, but not submitted to IDPH, is the Organizational Capacity Self-Assessment and a copy of this document should be kept on file for Regional Health Officer (RHO) review. A letter from the LHD administrator attesting to the completion and board review of this assessment is required.

IPLAN, APEXPH, and Equivalent Processes

The IPLAN process is fundamentally based on the Assessment Protocol for Excellence in Public Health (APEXPH). APEXPH has been a widely used planning process for local health departments that desire to assess and enhance their organizational capacity and strengthen their leadership role in the community. It was developed through a collaborative effort involving the American Public Health Association (APHA), the Association of Schools of Public Health, the Association of State and Territorial Health Officials (ASTHO), NACCHO, and the CDC. Funding for APEXPH was a cooperative agreement between the CDC and NACCHO beginning in 1987 yet no longer exists. The APEXPH manual, released in 1991, is only available through NACCHO in hard copy format for purchase but is not necessary to purchase.

APEXPH has three Components:

- Part I, Organizational Capacity Assessment
- Part II, The Community Process
- PART III, Completing the Cycle

Many local health departments in Illinois use the IPLAN (APEXPH-based) process. However, according to Section 600.410 (b) of the Certified Local Health Department Code an "equivalent" process for recertification that meets other requirements of the code may be used by the LHD. Upon written request from IDPH, the following processes may be considered equivalent to the IPLAN process. See Appendix A for additional guidance from IDPH.

- Mobilizing for Action through Planning and Partnership (MAPP)*

MAPP is the other planning process being used by some Illinois health departments for IPLAN recertification. It is fully recognized by IDPH as an "equivalent" process.

For more information on the equivalent MAPP process, documents like the MAPP/IPLAN Crosswalk are located in the Appendix of this document.

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Two Goals of APEXPH:

"Assess and improve the organizational capacity of the health department"

"Work with the local community to assess and improve the health status of the citizens"

* National Association of County & City Health Officials, MAPP: Mobilizing for Action through Planning and Partnership. (Washington, DC: 2002) http://mapp.naccho.org. ** The Healthcare Forum. Collaborating To Improve Community Health: Workbook and Guide to Best Practices in Creating Healthier Communities and Populations. (San Francisco, CA: 1997)

Organizational Capacity Self-assessment Requirement

The Certified Local Health Department Code includes this assessment as a component of the IPLAN process. A copy of the Organizational Capacity Self-assessment is located in the appendix of this document. This assessment is based on APEXPH (Part I). In 2004, the code was modified to allow LHDs the option of developing an organizational strategic plan in lieu of the organizational capacity self-assessment. Many local health departments engage in periodic strategic planning that assesses strengths, weaknesses, opportunities and threats (SWOT) in the local health jurisdiction. .

IDPH recognized that these efforts are likely to be duplicative of the capacity self-assessment and that a health department's actions to complete a strategic plan would satisfy this IPLAN requirement. In addition to the APEXPH Organizational Capacity Self-Assessment and a SWOT analysis as part of a strategic planning process, IDPH recognizes other self-assessments that result in organizational improvement plans such as the NACCHO Operational Definition of a Functional Health Department tool.

A local health department's organizational capacity self-assessment or organizational strategic plan does not need to be submitted to IDPH for review and approval as part of the certification process. However, the local health department must attest to its completion and its review by the local board of health and a copy must be kept on file for RHO review.

What if a local health department is using an "equivalent" planning process?

In this case the administrative code is not explicit. If a LHD chooses to use the MAPP process for IPLAN certification IDPH will accept this as an equivalent process for the organizational capacity self-assessment, the community health needs assessment, and the community health plan requirements. MAPP includes the CDC's National Public Health Performance Standards program assessment as part of the process. This assessment requires a local public health system to self-assess against national standards and measures related to the core functions of a local health department and the ten essential public health services. **A LHD must submit a request in writing per Certified Local Health Department 77 Ill. Adm. Code 600.410 (b) prior to beginning the process.**

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"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."

Performing an Organizational Capacity Self-assessment

The organizational capacity self-assessment is an internal review of the local health department's capacity to provide public health functions. The benefit of this self-assessment process is that it assists the health department in creating an organizational action plan that includes identifying organizational strengths and weaknesses, setting priorities for improving and creating and implementing an action plan. If completed effectively, the assessment results in a progressive improvement plan for the local health department. APEXPH capacity indicators are used to assess organizational capacity. This assessment focuses primarily on administrative functions.

There are eight steps in the APEXPH organizational capacity self-assessment process.

1. Prepare for the Organizational Capacity Assessment
2. Score Indicators for Importance and Current Status
3. Identify Strengths and Weaknesses
4. Analyze and Report Strengths
5. Analyze Weaknesses
6. Rank Problems in Order of Priority
7. Develop and Implement Action Plans
8. Institutionalize the Assessment Process

Multiple worksheets are provided in the APEXPH manual to assist with this assessment. An internal review team identifies and scores a variety of indicators including the LHD's ability to conduct a community health assessment. Other indicators fall within the following categories:

- Authority to operate
- Community relations
- Public policy development
- Assurance of public health services
- Financial, personnel, and program management
- Policy board procedures

The administrative staff of the LHD should complete the Organizational Capacity Self-assessment.

Community Health Needs Assessment Requirement

A community health needs assessment is one of the core IPLAN requirements. The administrative code clearly defines what is expected of the local health department to meet the standards of this requirement but is not prescriptive as to the exact methodology used to conduct the assessment. Provided the process is described and the relevant practice standards defined in the code are maintained, a local health department can use a variety of methods and tools for this assessment.

Here is a summary of the Certified Local Health Department Code standards for the Community Health Needs Assessment requirement:

1) Community health indicators contained in the IPLAN Data System or a similar, equally comprehensive data system developed by the local health department shall be utilized to structure the minimal content of the assessment.

2) Seven Data Categories
    a. Demographic & Socioeconomic Characteristics
    b. General Health and Access to Care
    c. Maternal and Child Health
    d. Infectious Disease
    e. Chronic Disease
    f. Environment/Occupation/Injury Control
    g. Sentinel Events

3) The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan.

4) The process shall result in the setting of priority health needs.

5) The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention.

Some local health departments in Illinois will use a health needs assessment tool similar to the one developed in Part II of the APEXPH process, or the slightly modified version of APEXPH that is available on the IPLAN website and the appendix of this document. Others LHD's may use the Community Health Status Assessment from the MAPP process as the principle tool for completing the Community Health Needs Assessment requirement. Regardless of which process is used it should be structured to ultimately yield a set of health priorities and a community health plan for addressing those priorities.

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"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
77 Ill. Adm. Code 600.400 (a)

APEXPH Part II: The Community Process and the IPLAN Process

The Community Process or APEXPH Part II is a community health needs assessment tool. The focus is on strengthening the partnerships between the local health department and community partners. The benefit of the APEXPH Community Process is that it mobilizes community resources in pursuit of locally relevant public health objectives. It also lays the groundwork for local adoption of the Healthy People objectives and other national or state objectives.

The IPLAN version of this process is modified slightly from the APEXPH Community Process. These essential steps are nearly identical but the IPLAN version calls for the formation of a community health committee as the first step of the process. Below are the steps in the IPLAN version of this process. This workbook will focus on these IPLAN steps.

1. Convening the Community Health Committee
2. Analysis of Health Problems and Health Data- Healthy People 2020
3. Prioritize Community Health Problems
4. Conduct Detailed Analysis of Community Health Problems
5. Inventory Community Health Resources
6. Develop a Community Plan

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Principle Components of the Community Process

•*Formation of a community advisory committee*

•*Identification of health problems requiring priority attention*

•*Set health status goals and programmatic objectives*

Convening the Community Health Committee

The community health committee serves several purposes. The committee helps to broaden the perspective of the process by engaging representatives from a variety of other sectors in the community. The committee can also increase awareness of the process as well as help build strategic alliances that may be needed to address the IPLAN priorities. The community health committee is an initial demonstration of the local health department's willingness to engage the community in the collaborative IPLAN process.

Consideration of the size of the committee, the scope of the committee, the roles and responsibilities of each committee member, and the roles and responsibilities of staff should be clearly defined. The role and formation of sub-committees should also be considered. For example, the Community Health Needs Assessment phase might be well served by the efforts of a sub-committee of participants with expertise and access to health data sources.

APEXPH suggests that the community health committee play an advisory role to the local board of health. It recommends the size be limited to between 12 and 15 members and be sufficiently diverse to reflect the individuals and institutional characteristic of the community.

The MAPP process encourages the formation of the community health committee to those who play a role in the local public health system. Potential participants would include individuals and organizations who are involved in the delivery of *Essential Public Health Services* (see the last page of this workbook for a list of these services). The committee should also be representative of the overall community. A broad cross-section of residents and organizations is needed for members to be truly representative of the perceptions, interests, and needs of the entire community. Other criteria could include expertise in specific areas of health and community well-being, access to key assets and resources, and the need for diversity and inclusiveness. A worksheet on the following page is designed to help with this step.

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Tips

- *Developing and sustaining effective vehicles of communication with the Community Health Committee is essential.*
- *Messaging should be compelling and persuasive.*
- *Send letters or e-mails of invitation before each meeting.*
- *Agree on timelines and foster commitment to completing work products in advance of future meetings.*
- *Summarize or provide minutes after each meeting.*

- *Encourage participation and leadership of everyone on the committee.*

Participant Selection Worksheet			
Name	**Area Represented**	**Essential Service Provided**	**Other Criteria Met**
Robert Healthy	*Community: Oak St. Block Club*	*Inform people about health issues*	*Availability, interest*

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A multi-sectoral process includes:

- *Human Services*
- *Volunteer agencies*
- *Seniors*
- *Youth*
- *Education*
- *Local government*
- *Business*
- *Healthcare organizations*
- *Parents & PTA's*
- *Foundations*
- *Coalitions*
- *Concerned citizens*
- *Others*

- *Faith communities*
- *Schools*
- *Colleges and Universities*
- *Law enforcement*

Analysis of Health Problems and Health Data

Two steps from APEXPH (Collect and Analyze Health Data and Identify Community Health Problems) have been combined and are described on the IPLAN website as one a single step "Analysis of Health Problems and Health Data." The community health committee and health department staff engages in a process of identifying health problems in the community based on a variety of data compiled as part of a community health assessment.

Most community health assessment tools, including APEXPH recommend using data from a variety of community health indicators. APEX PH recommends compiling data in five major categories: demographics, social data, health status, risk factors and resource data. A more detailed description of these categories will be cover in another section of this workbook.

The Certified Local Health Department Code requires local health departments should, include an analysis of data contained in the IPLAN Data System for the certification process. The IPLAN Data System (historical data) and the newly developed IQuery (current data) can be a rich source of data covering many of the categories suggested by APEXPH.

There are some other important characteristics of the APEXPH and the IPLAN variation that are referenced in the Certified Health Department Code. The following components reflected in the code are important to IPLAN and specifically for the next step of the assessment process.

- The identification and prioritization of health problems (IPLAN requires at least three priorities be selected.)
    - *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.*

- An analysis of the prioritized health problems to identify each problem's:
    - risk factor(s)
    - direct contributing factors
    - indirect contributing factors

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"The assessment shall, at a minimum, include an analysis of data contained in the IPLAN Data System provided by the Department for assessment purposes."

Certified Local Health Department
77 Ill. Adm. Code 600.400 (a) (1) (b)

IPLAN Required Data Groupings

-Demographic and Socioeconomic Characteristics
-General Health and Access to Care

-Maternal and Child Health
-Chronic Disease
-Infectious Disease
-Environmental/ Occupational/ Injury Control
-Sentinel Events

Prioritize Community Health Problems

In this step of the community health needs assessment process the community health committee ranks health problems (needs) in order of importance. IPLAN certification requires at least three health problems.

The APEXPH definition of a health problem may be useful for this process. However, local health departments do have some latitude to broaden their interpretation of this definition and include local public health system issues that go beyond this more traditional definition. For example, Access to Care is often an IPLAN priority for many of Illinois' LHD jurisdiction. This issue does not meet the traditional APEXPH definition of a health department.

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.

Community Health Committee: A group involving representatives of various community interest and groups for the purpose of discussing and identifying health problems.

A variety of methods are available for prioritizing health problems or community health issues. The APEXPH manual provides a detailed application of the Hanlon Method for setting priorities. Whichever method is used to prioritize the health problems, the result should be a consensus list of priorities determined by the Community Health Committee. The process should be reasonable, clearly understood by committee members, have objective components, and be based on an analysis of available data and community input. The Hanlon method includes the following objective and subjective variables.

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

Variations to Hanlon have been made to include other criteria in addition to those listed above. For instance, the "return on investment" of available interventions may be considered. More detailed information, worksheets, and an example of the Hanlon method are provided in Appendix B of this document. This is only a recommendation that a LHD use the Hanlon method; however, the LHD can choose to use any method. Documentation of committee members and minutes logs should be kept and included in the final document.

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"Prioritization shall result in the establishment of at least three priority health needs."

Certified Local Health Department
77 Ill. Adm. Code 600.400 (a)(d)

Conduct Detailed Analysis of Community Health Problems

The Certified Local Health Department Code references an analysis of risk factors and contributing factors for each health priority in the Community Health Plan section of the code [Sec. 600.400 (a)(2)(d)(1)]. However, from the planning process perspective, the health problem analysis follows the prioritization phase. APEXPH and the Certified Local Health Department Code provide the following terms and their definitions for this analysis:

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.*

- *For example, Obesity is a risk factor for Diabetes. This is true because obesity directly relates to the health problem of Diabetes.*

Direct contributing factor: *A scientifically established factor that directly affects the level of a risk factor.*

- *For example, Poor diet is a direct contributing factor because it affects obesity.*

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.*

- *For example, Lack of grocery stores that carry fresh vegetables and fruits are indirect contributing factors because they affect poor diet.*

The Health Problem Analysis seeks to explore some of the many reasons that may cause or contribute to a health priority. The APEXPH manual and the IPLAN website provide worksheets to help identify risk factors, direct contributing factors, and indirect contributing factors. A worksheet(s) should be completed for each of the three health priorities. An example of a completed worksheet can be found in Appendix D.

This analysis is an important step in the planning process because the interventions and objectives developed for the Community Health Plan should address these factors. The health problem analysis tool is especially import for public health programming which should focus on preventing many of the health problems and conditions afflicting communities. Sample Health Problem Analysis Worksheets are available in Appendix C.

IPLAN

Regardless of the process used to develop the Community Health Improvement Plan, IDPH highly recommends the use of the Problem Analysis and Community Health Plan Worksheets. The worksheets are designed so that one set of worksheets is completed for each priority.

Inventory Community Health Resources

Addressing the community health priorities that emerge through the IPLAN process will require the resources of the local public health system. These available health resources will need to be detailed in the Community Health Plan but are identified in the assessment phase of the process. In this phase the community health committee and health department staff creates an inventory of community health resources that are potentially available to address direct and indirect *contributing factors*. This phase of the process should also unveil potential barriers to addressing the health priorities. The APEXPH manual and the IPLAN website provide worksheets for summarizing the information gathered in this and the previous phase.

Another useful approach that some local health departments may wish to incorporate into this phase is the concept of Asset Mapping. Additional information can be found in the Appendix of this document.

For more information see: *Sustaining Community Based Initiatives,* McKnight, J. & Kretzmann, J. Mapping Community Capacity, Evanston, IL: Asset Based Community Development Institute, Northwestern, University, 1990

For more information, refer to the Asset-Based Community Development Institute at the School of Education and Social Policy, Northwestern University.

IPLAN

"Our greatest assets are our people"

Develop a Community Health Plan

Developing a Community Health Plan completes the process that certified local health departments know as IPLAN. The plan must include the analysis of each health problem (priority) and associated risk, and contributing factors, as well as measurable objectives addressing each priority. The following pages provide explanations, worksheets, and examples of these objectives. Section 600.400 (a)(2)(d) of the code begins to describe the context for creating the Community Health Plan.

"Develop plans and policies to address priority health needs by establishing goals and objectives to be achieved through a systematic course of action that focuses on local community needs and equitable distribution of resources, and involves the participation of constituents and other related governmental agencies."

The following components are included in the Community Health Plan:

- Purpose statement
- Description of the planning process
- Description of each priority
- One measurable outcome objective (for each priority)
- One measurable impact objective (for each outcome objective)
- One proven intervention strategy (for each impact objective)
- Incorporation of Healthy People 2020
- Evaluation plan*

*Though not required in the Community Health Plan, this section of the code does state "The local health department shall conduct monitoring of programs to assess achievement of mandated programs and progress towards meeting community health objectives as stated in the community health plan" Section 600.400 (a)(2)(g)(2).

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"The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan."

"The process shall include board of health adoption of the community health plan."

Section 600.410

IPLAN Objectives

Objectives are critical elements of any planning process including IPLAN. Objectives are the operational aspects of The Community Health Plan. They provide direction and specify progress and change toward desired outcomes. Objectives define what is to be accomplished and provide the foundation for strategies and interventions. When written, objectives should be concise statements that provide direction. Objectives seek to increase, decrease, maintain, reduce, improve … The IPLAN and APEXPH processes have specific types of objectives.

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 considers outcome objectives to have a five year time-frame.

Here is an example of an outcome objective:

Increase to 35 % the proportion of adolescents in XYZ who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days by December 2012.

Impact Objective

This objective is a measurable statement indicating the desired level of change in a risk factor. Impact objectives are intermediate in time. APEXPH suggests these objectives have a three to five year focus. The time-frame for IPLAN is two to three years.

Here is an example of an impact objective:

By December 2009, reduce the number of youth who take their first drink before age 17 from 67% to 60%.

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Write "SMART" Objectives!

SMART is a useful mnemonic for writing objectives. Raise expectations and add C.

- *Specific*
- *Measurable*
- *Attainable*
- *Relevant*
- *Time-oriented*
- *Challenging*

IPLAN Objectives

Process Objective

APEXPH defines process objectives as measurable statement indicating the desired level of change in a contributing factor. A process objective is short-term (1 to 2 years). IPLAN calls for something a bit different for addressing the impact objective.

In lieu of process objectives, Illinois LHDs should provide at least one proven Intervention Strategy to address each written impact objective. The description should include a discussion of the community resources that will contribute to implementation; estimated funding needed for implementation, and anticipated sources of funding.

Here is an example of a process objective:

By December 2003, 80 % of low income pregnant women will have received prenatal care during the first trimester of pregnancy.

Here is an example of an Intervention Strategy from Scott County:

The community coalition on tobacco will work with schools and community groups to develop education activities on tobacco use and its effects on the lungs, targeting children and adolescents. The coalition will identify community input opportunities to educate the adult population regarding tobacco use and lung cancer. The coalition on tobacco will partner with the agricultural community to address environmental factors.

The APEXPH manual and the IPLAN website provide worksheets for organizing these objectives and intervention strategies. These worksheets are provided in Appendix E and F. Information in the completed worksheets was provided by the Knox County Health Department.

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Where can objectives come from?

- *Funding sources (expectations)*
- *Administrative dictates & policies*
- *Administrative protocols & priorities*
- *Community health needs assessment*
- *Partnership agreements and other external relationships*
- *Recognized State and/or National public health agendas.*
- *Advocacy groups and associations*

Healthy People 2020 can be an excellent source for objectives. These can be easily adapted for local jurisdictions.

IDPH Review Questions for Substantial Compliance

Organizational Capacity Assessment

Documentation

- Does the application include a statement signed by an authorized representative indicating that the organizational capacity self-assessment was completed by the local health department and reviewed by the board of health?

Community Health Needs Assessment

Purpose Statement

- Does the community health needs assessment contain a statement of purpose?

Community Participation

- Does the community health needs assessment include community participation?
- Does the community health needs assessment contain a description of the community participation process?
- Does the community health needs assessment contain a list of community groups involved in the process?

Methods

- Does the community health needs assessment include an adequate analysis of data contained in the IPLAN Data System provided by the Department for assessment purposes?
- Does the community health needs assessment contain a method for establishing priorities?

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These review questions can be effectively used to outline the Community Health Plan. They were developed by IDPH to assist local health departments with their own final review of their Community Health Plan.

The review questions provided are available from the IPLAN website.

Results

- Does the community health needs assessment contain an adequate description of the health status and health problems most meaningful for the community in the data groupings designated by the Department in the IPLAN Data System?
    - Demographic and socioeconomic characteristics?
    - General health and access to care?
    - Maternal and child health?
    - Chronic disease?
    - Infectious disease?
    - Environmental/occupational/injury control?
    - Sentinel events?

- Does the community health needs assessment include priority ranked community health needs identified based on the analysis of data and the judgment of the community participants?

Priorities

- Does the community health needs assessment contain a description of the process and outcomes of setting priorities?
- Does the community health needs assessment establish at least three priority health needs?

Community Health Plan

Board of Health Approval

- Was the community health plan adopted by the board of health?

Purpose Statement

- Does the community health plan contain a statement of purpose that includes how the plan will be used to improve the health of the community?

Community Participation

- Did the local health department utilize community participation to assist in the development of the community health plan?

Community Health Plan Process

- Does the community health plan contain a description of the process used to develop the community health plan?

Priorities

- Does the community health plan address the three priority health needs identified in the community health needs assessment?

For <u>each</u> priority (The remaining questions on this page and the next apply to each priority selected.)

- Does the *description* of the health problem provide you with an adequate base of information to understand why the community selected this problem?
- Does the *description* include:
    - The importance of the priority health need?
    - Summarized data and information on which the priority is based?
    - An analysis to identify population groups at risk of poor health status within the local health department's jurisdiction?
    - The relationship of the priority to Healthy People 2020 National Health Objectives?

- Does the analysis adequately establish the problem's:
    - Risk factors?
    - Direct contributing factors?
    - Indirect contributing factors?

- Does the community health plan contain at least one measurable outcome objective covering a five-year timeframe? Does the outcome objective really address a measurable health outcome?

- Does the community health plan contain at least one measurable impact objective related to each outcome objective? Does the impact objective really address a measurable risk factor?

- Does the community health plan contain at least one proven intervention strategy, which reasonably addresses each impact objective? Does the proven intervention strategy really address a measurable (direct or indirect) contributing factor?

- Does the discussion of the proven intervention strategy include an analysis of:
    - Community resources that will contribute to implementation?
    - Anticipated sources of funding?
    - Estimated funding needed for implementation?

IDPH Review Questions (continued)

For each priority:

- Does the analysis adequately establish the problem's
    - Risk factors?
    - Direct contributing factors?
    - Indirect contributing factors?

- Does the community health plan contain at least one measurable outcome objective covering a five-year time frame? Does the outcome objective really address a measurable health outcome?

- Does the community health plan contain at least on measurable impact objective related to each outcome objective? Does the impact objective really address a measurable risk factor?

- Does the community health plan contain at least one proven intervention strategy, which reasonably addresses each impact objective? Does the proven intervention strategy really address a measurable (direct or indirect) contributing factor?

- Does the discussion of the proven intervention strategy include an analysis of:
    - Community resources that will contribute to implementation?
    - Estimated funding needed for implementation?
    - Anticipated sources of funding?

Submit Recertification Application

Once again, the renewal of certification (application for recertification) involves submitting the Community Health Needs Assessment and Community Health Plan documents to IDPH. These documents, and an attestation of board adoption provided by LHD's "legally authorized representative," must be submitted at least 60 days prior to the certification date. A flow chart outlining the review process can be found in Appendix D. Here are some additional guidelines.

1. A cover letter requesting LHD recertification and a description of the contents of the application,
2. A signed letter from the local board of health acknowledging that the Organizational Capacity Self-Assessment was conducted and reviewed and the community health plan was adopted,
3. A community health needs assessment,
4. A community health plan, and
5. Any appendices containing relevant application support materials (i.e., worksheets).

Send one original and one electronic version of the recertification application to:

IPLAN Administrator,
Division of Health Policy
Illinois Department of Public Health
525 West Jefferson Street
Springfield, Illinois 62761-0001

Extensions

The Certified Local Health Department Code does provide for certification extensions (waiver) from one day to six months due to circumstances beyond the reasonable control of the local health department. Requesting this waiver does not impact the review process. Consult sections 600.200 and 600.210 for more information. For other questions related to IPLAN, contact the IPLAN Administrator at 217-782-6235. Ongoing dialog with IDPH may mitigate the need for certain extensions. The diagram presented in Appendix E indicates specific times in the IPLAN process when a LHD may wish to seek feedback from IDPH. IDPH also offers a pre-review process.

IPLAN

Within sixty days of receipt by the Department of the LHD's IPLAN Recertification Application, the Illinois Center for Health Statistics will review and approve (if in compliance) the Community Health Needs Assessment and Community Health Plan and notify the LHD that the requirements under Title 77 Illinois Administrative Code, Section 600.400 or 600.410 have been satisfied.

Notification of compliance will also be sent to the Department's Office of Finance and Administration, State/Local Liaison Unit and the Regional Health Officer.

Appendix Table of Contents

Appendix A – MAPP Process
Appendix B -- Hanlon Method of Prioritization
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Appendix G – List of Data Sets
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Appendix A: MAPP Process

Mobilizing for Action through Planning and Partnership (MAPP)

An IPLAN Equivalent Process Approved by IDPH – Refer to the MAPP Crosswalk for more information.

What is MAPP?

- An equivalent process for completing IPLAN.
- A community-wide strategic planning tool for improving public health.
- A method to help communities prioritize public health issues, identifies resources for addressing them, and takes action.

MAPP Historical Context

- Developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (1997 – 2000)

Three Keys Concepts to the MAPP Process

- Strategic Thinking
- Community Driven Process
- Focus on the Local Public Health System

Benefits of using MAPP

- Community driven process
- Builds community ownership
- Creates new connections throughout the community
- Spurs more innovative, effective and sustainable solutions
- Empowers community residents

Addendum

The MAPP Process

A Comparison of MAPP and APEXPH

APEXPH	MAPP
Build LHD leadership	Build LHD leadership, but also promote community responsibility for the health of the public
Assess LHD capacity for delivering public health services	Assess capacity of entire local public health system
Plan operationally	Plan strategically
Focus on health status	Focus on health status, community, perceptions, forces of change, and local public health system capacities
Develop plans to address needs	Strategically match needs, resources, ideas, and actions

The other distinguishing features of the MAPP process are the four MAPP assessments

- The Community Themes and Strengths Assessment
- The Local Public Health System Assessment
- The Community Health Status Assessment
- The Forces of Change Assessment

Components of MAPP

•*Organize for Success & Process Development*
•*Visioning*
•*Community Themes & Strengths Assessment*
•*Local Public Health System Assessment*
•*Community Health Status Assessment*
•*Forces of Change Assessment*
•*Identify Strategic Issues*
•*Formulate Goals & Strategies*
•*Action Cycle*

MAPP Community Health Status Assessment

Local health departments may want to use the MAPP Community Health Status Assessment as a tool for completing the IPLAN Community Health Needs Assessment. This MAPP assessment tool is well structured and comprehensive. Be sure to include the critical elements needed to fulfill the IPLAN requirements such as the health problem analysis and prioritization activities. In essence, the MAPP Community Health Status Assessment does the following:

- Identifies priority community health and quality of life issues
- Answers questions *"How healthy are our residents?"* and
- *"What does the health status of our community look like?"*

There are Six Steps to the MAPP Community Health Status Assessment

An outline of the MAPP Community Health Status Assessment is provided on the following pages.

1. Prepare for the assessment

- Form an assessment sub-committee
- Include representatives with data expertise
- Include representatives who have access to data
- Include local public health system partners

2. Collect data for the core indicators

- Use state or local databases
- Access previously conducted health assessments
- Identify data available through committee members
- Use volunteers, interns, consultants
- Include data from the IPLAN data system

What are the major types of health data?

- *Health status data*
- *Risk factor data*
- *Resource data*
- *Demographic data*
- *Social data*

Health status data

- *Measures the presence or absence of disease, injury, physical disability, or death*
- *May include outcome measures and health indicators*
- *Multiple variables taken together can yield quality of life measures*
- *Emphasis on quantitative data*

Community Health Status Assessment Steps (continued)

3. Identify locally-appropriate indicators

- Focus data collection efforts based on perceptions and interest of the community and committee
- Include data specific to certain geographic areas or populations
- Consider extended indicator sets
- Link to Healthy People 2010 objectives

4. Organize and analyze the data, compile findings, disseminate the information

- Prepare a Community Health Profile*
  - Executive Summary
  - Bullet Point Format
  - Graphs & Tables
  - Present Trend Data
  - Compare to State and National data, and to HP 2010 Targets
- Disseminate the Community Health Profile to the community and the community health committee

***What is a Community Health Profile?**

"A set of indicators of demographic and socio-economic characteristics, health status, health risk factors, and health resource use which are relevant to most communities; these indicators provide basic descriptive information that can inform priority setting and interpretation of data on specific health issues."

IOM (Institute of Medicine). 1997. *Improving the Health of the Community, A Role for Performance Monitoring*. Washington, D.C. National Academy of Science.

Risk factor data

- *Associated with or explain a particular health outcome*
- *Includes the direct causes or disease agents, personal characteristics, and environmental factors that make individuals more or less prone to a particular disease or injury*
- *Extensive use of qualitative data*

Resource data

- *Describes the resources available in communities to treat disease or alleviate risk factors*
- *Measures of capacity and supply of goods and services that promote health and prevent illness*
- *Includes community assets and programming activities*
  - *Health related outputs*

5. Establish a system to monitor indicators

- Part of the Action Cycle
- Essential Public Health Service
- Involve local public health system partners
- Focus on strategic health issues

6. Identify challenges and opportunities

- Identify 10 to 15 community health status issues (health problems) using the following criteria
  - Affect large numbers of people
  - Has serious consequences
  - Evidence of disparity
  - Increasing trend
  - Susceptible to proven intervention
- Create a matrix to compare the above factors for each health status issue

7. Summarize key findings

- Final step of the Community Health Status Assessment
- List the most compelling issues (can use one of the prioritization methods such as the Hanlon)
- Summarize most prominent findings (Health Problem Analysis Worksheets)

Note:
If your jurisdiction were using the MAPP process to complete the IPLAN certification, the key "challenges" and "opportunities" from the Community Health Status Assessment would be filtered with data from the three other MAPP assessments to generate a list of "Strategic Health Issues."

Demographic data

Important in understanding the population of interest

- *Useful for stratifying other health data according to the demographic characteristics of individuals*
- *Can provide valuable insights into the determinants of health*

Social data

Can be qualitative or quantitative

- *Often includes issues important to the community being studied*
- *Easily overlooked when considering major types of data*
- *Valuable to our understanding of indirect contributing factors*
- *Social indicators as determinants of health*

Local Public Health System Assessment

When using the MAPP process for IPLAN certification the LHD will conduct a Local Public Health System Assessment (LPHSA) in lieu of the APEXPH Organizational Capacity Assessment. The LPHSA is based on the Essential Public Health Services framework*
http://www.health.gov/phfunctions/public.htm

Three assessment tools were developed through the National Public Health Performance Standards Program (NPHPSP). The goal of NPHPSP is to improve the quality of public health practice and the performance of public health systems. Currently, the NPHPSP program resides with the U.S. Centers for Disease Control and Prevention (CDC). A variety of tools and educational information regarding the LPHSA are available through the CDC's NPHPSP website.

From the MAPP perspective the LPHSA is intended to answer the following questions:

"What are the components, activities, competencies, and capacities of our local public health system?"

"How are the 10 Essential Public Health Services being provided to our community?"

Unlike the Organizational Capacity Assessment which focuses primarily on the local public health agency, the LPHSA focuses on the local public health system. We define the public health system as all of the public, private, and voluntary organizations, and individuals contributing to the health and well being of the community. MAPP summarizes the LPHSA in five steps. The five steps are listed below.

1. Prepare for the LPHSA by recruiting participants from the local public health system and orienting them to the process and the assessment tools.
2. Discuss the 10 Essential Public Health Services
3. Complete the LPHSA performance instrument. Your jurisdiction may choose to submit the results electronically to the CDC.
4. Review the results and determine challenges and opportunities
5. Summarize key findings

Essential Public Health Services (excerpt)*

- *Monitor health*
- *Diagnose and investigate*
- *Inform, educate, empower*
- *Mobilize community partnerships*
- *Develop policies*
- *Enforce laws*
- *Link to/ Provide care*

- *Assure competent workforce*
- *Evaluate*
- *Research*

MAPP Forces of Change Assessment

The Forces of Change Assessment is intended to identify trends, factors or events that are or will be influencing the health and quality of life of the community and the local public health system.

The assessment allows participants the opportunity to answer the following questions:

> *"What is occurring or might occur that affects the health of our community or the local public health system?"*
>
> *"What specific threats or opportunities are generated by these occurrences?"*

Participants in the assessment will be identifying the following:

Trends: patterns over time, such as migration in and out of a community or a growing disillusionment with government.

Factors: discrete elements, such as a community's large ethnic population, and urban setting, or the jurisdiction's proximity to a major waterway.

Events: One-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Steps involved generally include the following four steps but not necessarily in a linear fashion:

1. Prepare for the Forces of Change Assessment
2. Convene a brainstorming session to identify forces of change
3. Identify potential threats and opportunities of each force of change
4. Summarize key findings

Community Themes and Strengths Assessment

This MAPP assessment focuses on gathering community input to inform the community health assessment and plan. Community thoughts, opinions and concerns are gathered to provide insight into issues of importance to the community. Feedback regarding community member perceptions of quality of life and community assets is gathered to contribute to the full picture of the health of the community.

The Community Themes and Strengths Assessment is intended to answer the following questions:

"*What is important to our community?"*

"How is quality of life perceived in our community?"

"What assets do we have that can be used to improve community health?"

There are many possible approaches for gathering this data including the following:

- Community surveys
- Focus groups
- Community meetings and forums
- Interviews
- Photo voice
- Walking or windshield surveying

The process is not prescribed and includes the following steps.

1. Preparing for the assessment.
2. Implementing information gathering activities.
3. Compiling results of the assessment.
4. Summarizing key findings.
5. Ensuring that community involvement and empowerment are sustained.

Identify Strategic Issues

All the data gathered in the four MAPP assessments is used to identify strategic issues that are critical to the success of the local public health system and its vision of improving community health.

Strategic issues are defined as those fundamental policy choices or critical challenges that must be addressed in order for a community to achieve its vision.

Steps involved in identifying strategic issues include:

1. Reviewing and discussing findings from previous MAPP steps and assessments.
2. Brainstorming potential strategic issues.
3. Developing and understanding about why an issue is strategic.
4. Determining the consequences of not addressing an issue.
5. Consolidating overlapping or related issues.
6. Prioritizing issues through logical, temporal and impact order.

Formulate Goals and Strategies

During this part of the MAPP process, much like the community health plan for IPLAN, goals are developed for each of the strategic issues. Strategies to address the goals are also identified.

Steps in the process include:

1. Developing goals related to the vision and strategic issues.
2. Generating strategy alternatives.
3. Considering barriers to implementation.
4. Considering implementation details.
5. Selecting and adopting strategies.
6. Drafting the planning report.

The Action Cycle

The final component of the MAPP process is the action cycle which includes:

Planning – Determining what will be done, who will do it and how it will be done.

Implementation – Carrying out the activities identified in the planning stage.

Evaluation – Determining what has been accomplished.

The steps involved in the action cycle include:

1. Organizing for action.
2. Developing objectives and establishing accountability.
3. Developing action plans.
4. Reviewing action plans for opportunities for coordination.
5. Implementing and monitoring action plans.
6. Preparing for evaluation activities.
7. Focusing the evaluation design.
8. Gathering credible evidence and justifying conclusions.
9. Sharing lessons learned and celebrating success.

All MAPP information on pages 36-45 comes from the NACCHO Mobilizing Action through Planning and Partnerships (MAPP) User Handbook. Additional MAPP information and resources can be found on the NACCHO website at www.naccho.org.

Appendix B: Hanlon Method for Prioritization

The Hanlon Method for Prioritizing Health Problems from the APEXPH Manual

The method described below is a modification of a method developed by J.J. Hanlon. A worksheet for use with this method is provided. The instructions below are organized around the completion of the worksheet.

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

Alternatively, the "Size of the Problem" ratings could be established by giving the health problem with the highest frequency a rating of 10, the problems with the lowest frequency a rating of 0 or 1, and the other problems rated according to where they are relative to the most common or least common problem.

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The Hanlon Method

The tool presented on the following pages was taken from Appendix E of the APEXPH manual.

The citation from APEXPH is J.J. Hanlon, "The design of public health programs for underdeveloped countries." Public Health Reports, Vol. 69. and Hanlon and Pickett, Public Health Administration and Practice, 9th ed. 1990.

The Hanlon Method (continued)

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 Health Problems for the Effectiveness of Available Interventions

The effectiveness of interventions to reduce the health problems is an important component in priority setting. However, precise estimates are usually not available for specific health problems. It may be helpful to define upper and lower limits of effectiveness and assess each intervention relative to these limits. For example, vaccines are a highly effective intervention for many diseases; those diseases would receive a high "Effectiveness of Intervention Rating."

Note: For more information regarding effective community-based interventions in public health, see the CDC's Guide to Community Preventive Services available online.

IPLAN

The following questions may be helpful in setting criteria for rating the seriousness of the health problems:

• *What is the emergent nature of the health problem? Is there an urgency to intervene? Is there public concern? Is the problem a health problem?*

• *What is the severity of the problem? Does the problem have a high death rate or hospitalization rate? Does the problem cause premature morbidity or mortality?*

• *Is there actual or potential economic loss associated with the health problem? Does the health problem*

Rate the Health Problems for the Effectiveness of Available Interventions (continued)

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

Once the health problems have been rated for size, seriousness, and effectiveness of available interventions, they should be judged for the factors of propriety, economics, acceptability, resources, and legality. (The initial letters of these factors make up the acronym "**PEARL**," which can serve as a mnemonic for this aspect of priority-setting.) Questions to be answered for each factor are provided in the left margin.

cause long term illness? Will the community have to bear the economic burden?

• *What is the potential or actual impact on others in the community?*
Any health problem which receives an answer of "No" on any question should either be dropped from consideration for the present or, alternatively, the reason for the "No" answer is considered and, if it can be corrected, consideration of the health problem might continue.

IPLAN

• ***Propriety*** *– Is a program for the health problem suitable?*

• ***Economics*** *– Does is 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?*

The Hanlon Method (continued)

Calculate Priority Scores for the Health Problems

Priority scores for each health problem are calculated from the ratings recorded in columns A, B, and C. Priority scores are entered in column D on the worksheet. Use the following formula for these calculations with the letters representing the values in columns A, B, and C from the worksheet.

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

For example, suppose the following values appear in columns A, B, and C:

Column A = 6 (size)
Column B = 4 (seriousness)
Column C = 2 (intervention)

The following calculation would be carried out for the priority rating to be recorded in column D:

$$D = [6 + (2 \times 4)] \times 2 = 28$$

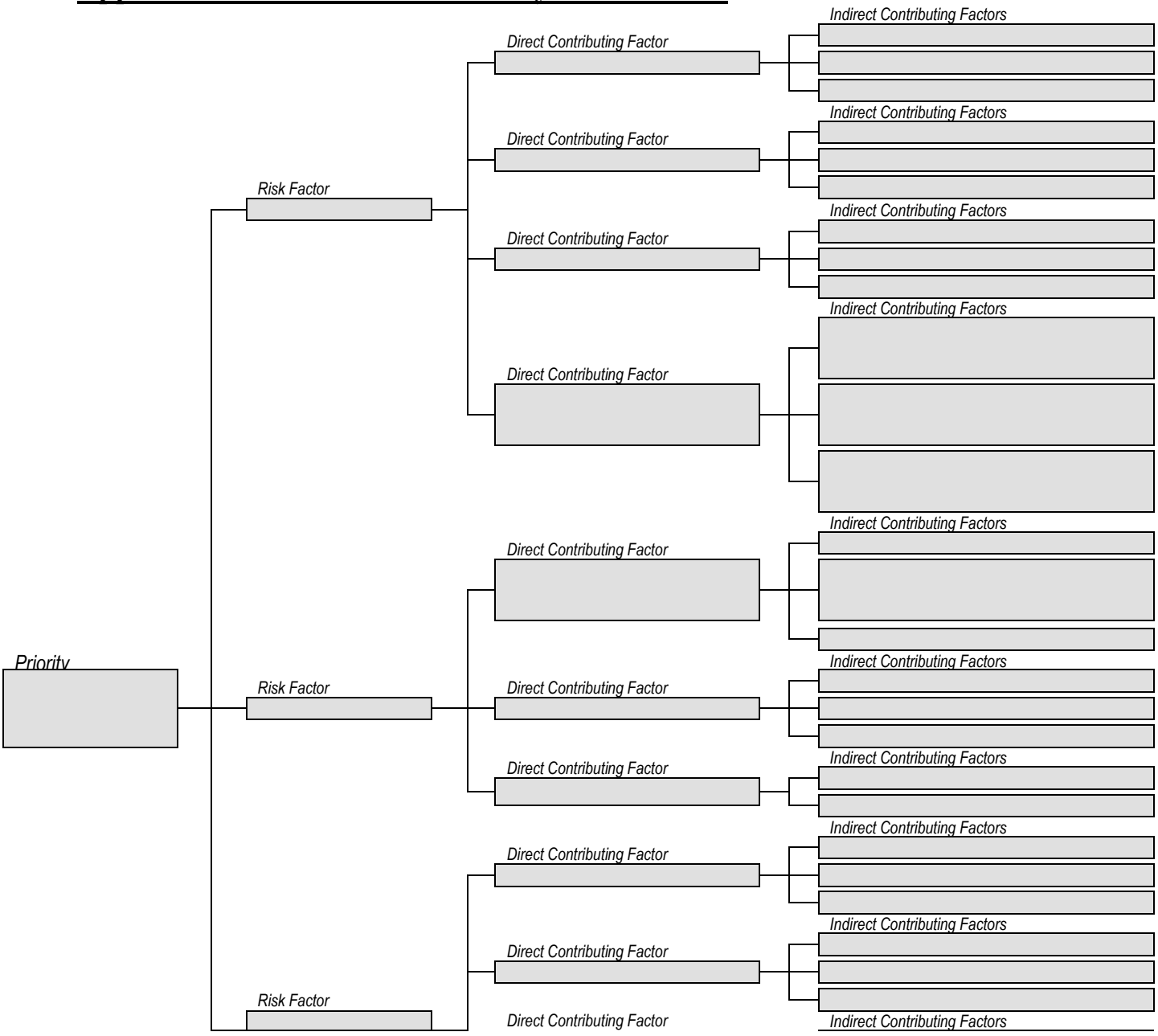
Assign Ranks to the Health Problems

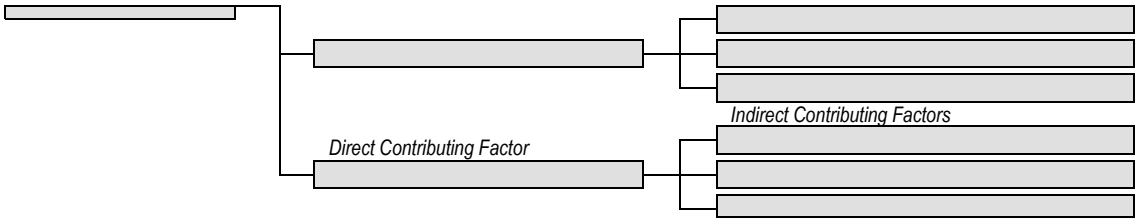
Once priority scores have been recorded for all health problems, assign a priority rank for each problem, based on the size of the priority scores, and record it in column E. For example, the health problem with the highest priority score should be given a rank of 1, the problem with the next highest score, a rank of 2, and so on. Health problems with the same priority score should be given the same priority rank.

Reminder:
IPLAN requires a minimum of three priorities for further analysis and inclusion in the Community Health Plan.

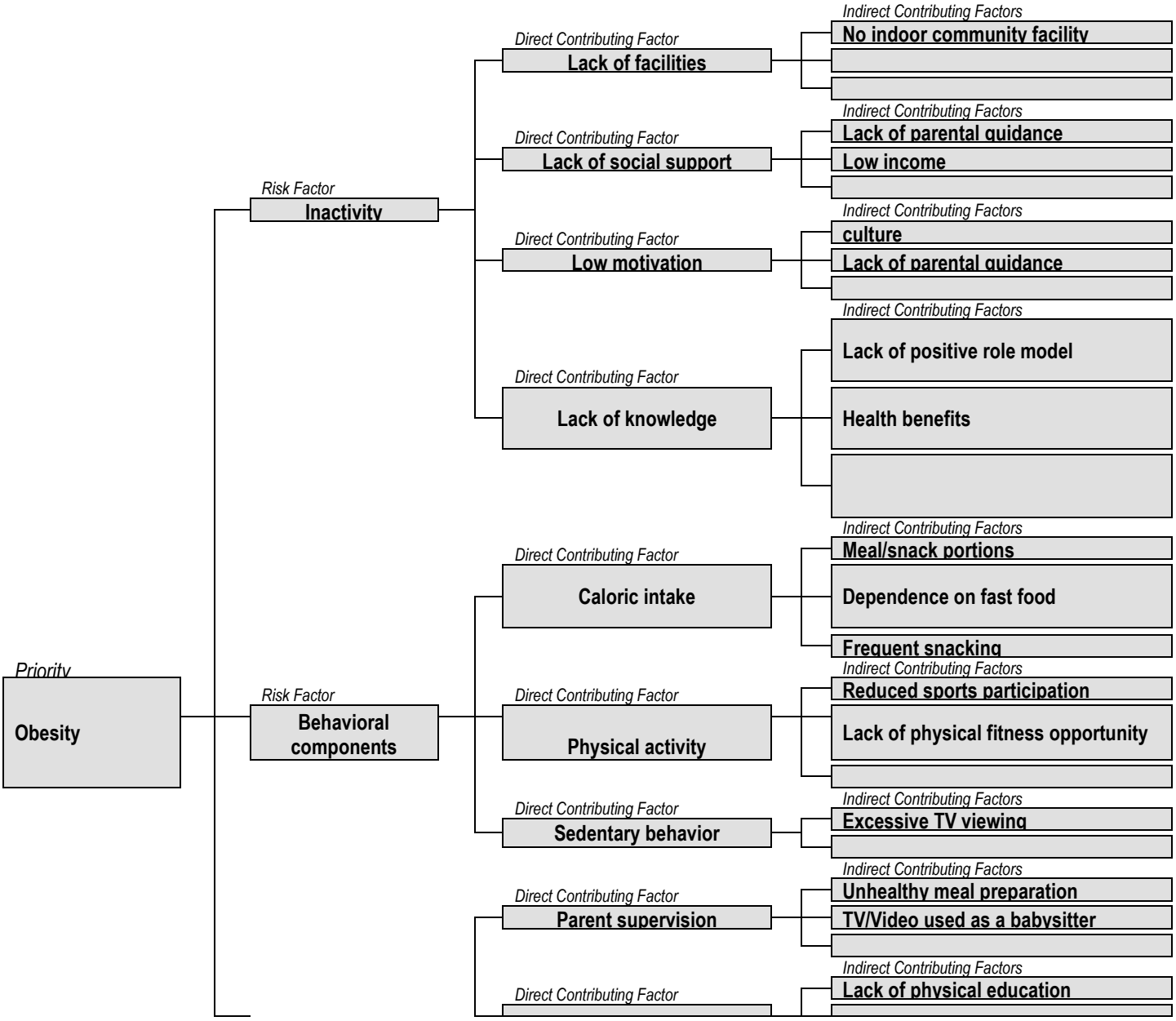
Health Problem	A Size	B Seriousness	C Effectiveness of Intervention	D Priority Score (A + 2B) C	E Rank
Incidence of CV Disease	8	6	6	120	1

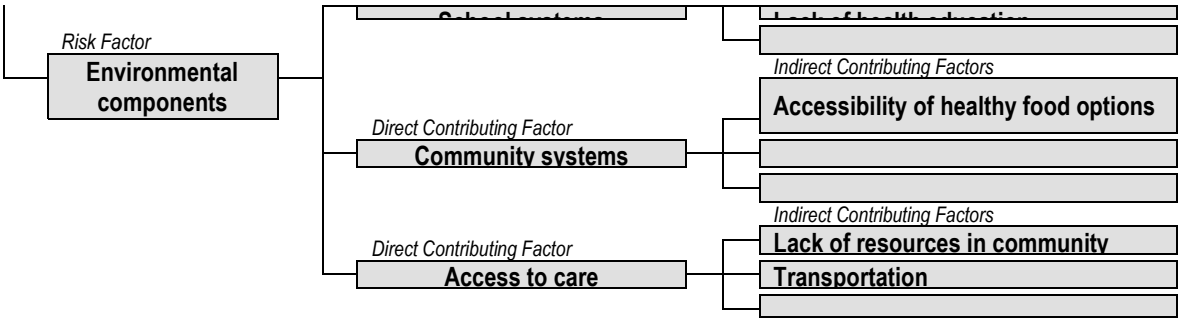
Appendix C: Health Problems Analysis Worksheet





Appendix D: Completed Health Problems Analysis Worksheets





Appendix E: Community Health Plan Worksheet #1

Healthy People 2020 is an excellent source for objectives. These can be easily adapted for local jurisdictions.

Community Health Plan Worksheet #1

Health Problem:	**Outcome Objective:**
Risk Factor(s):	**Impact Objective:**
Contributing Factors (direct & indirect):	**Proven Intervention Strategy:**
Resources Available:	**Barriers:**

IPLAN

Regardless of the process used to develop the Community Health Improvement Plan, IDPH highly recommends the use of the Problem Analysis and Community Health Plan Worksheets. The worksheets are designed so that one set of worksheets is completed for each priority.

Community Health Plan Worksheet #1 (partially completed)

Health Problem: Incidence of Cardiovascular Disease	**Outcome Objective:** By the year 2020, reduce the rate of deaths from cardiovascular disease in Knox County adults to no more than 245 per 100,00 population
Risk Factor(s): Hypertension	**Impact Objective:** Reduce the proportion of Knox County adults with high blood pressure to 15% or less by the year 2016.
Contributing Factors (direct & indirect): Primary Care Practices – Brief Screenings	**Proven Intervention Strategy:** Community education and a marketing plan which focuses on chronic disease screening, management, and prevention.
Resources Available: Healthcare providers Local health department Pharmacies	**Barriers:** Financial resources Lack of time Access to primary and preventive health services

Appendix F: Community Health Plan Worksheet #2

Community Health Plan Worksheet #2

Description of the Health Problem, Risk Factors and Direct Contributing Factors:
Corrective Actions to Reduce the Level of the Indirect Contributing Factors:
Proposed Community Organizations to Provide and Coordinate the Activities:
Evaluation Plan to Measure Progress Towards Reaching Objectives:

Community Health Plan Worksheet #2 (partially completed)

Description of the Health Problem, Risk Factors and Direct Contributing Factors:

Heart disease is the leading cause of death in Knox County residents during 2002; accounting for 198 of the total 798 deaths.

Based on BRFS results, almost one-fourth (23.4%) of Knox County adults suffer from high blood pressure.

Hypertension is the second leading chronic condition among Knox County residents, affecting 7,450 persons.

Corrective Actions to Reduce the Level of the Indirect Contributing Factors:

Through the collaborative community screening effort, increase the number of Knox County adults who have had their blood pressure checked within the preceding two years, by a minimum of 10% by screening 1000 adults, aged 30-65 years, a year for each of the next five years (2006 - 2011).

Proposed Community Organizations to Provide and Coordinate the Activities:

Healthcare
Physician offices
Colleges
Pharmacies
Local health department
Local media outlets
YMCA

Evaluation Plan to Measure Progress Towards Reaching Objectives:

Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Appendix G: Partial List of relevant Data sets

American Community Survey
Adverse Pregnancy Outcomes Reporting System (APORS)
Behavioral Risk Factor Surveillance System (BRFSS)
County Health Rankings
Illinois Department of Public Health- Health Statistics
Illinois Healthcare Cost Containment Council (IHCCCC)
Illinois State Board of Education (ISBE)
IPLAN Data System
IQuery
National Center for Health Statistics (NCHS)
State Cancer Registry
U.S Census

Appendix H: MAPP/IPLAN Crosswalk

IPLAN Standards and MAPP Crosswalk

This document is based upon original work that was developed by members of the *IPLAN Implementation Committee – Equivalent Process Sub-Committee* in 2004. Pages 2-4 were part of the original document and provide a comparison of the Illinois requirements for Illinois Project for Local Assessment of Needs (IPLAN), the *Assessment Protocol for Excellence in Public Health* (APEX-PH), which serves as the framework for IPLAN, and an approved equivalency, *Mobilizing Action through Planning and Partnerships* (MAPP). The additional pages were developed by the Illinois Public Health Institute Center for Community Capacity Development on behalf of the Illinois Department of Public Health (IDPH). The document was reviewed by staff from the National Association of County and City Health Officials (NACCHO), IDPH IPLAN staff, and several Illinois MAPP users. The additional pages, 6-13, provide a detailed outline of the IPLAN requirements, citing sections of the Certified Local Health Department Code, and the phases and activities completed in MAPP that meet the requirements for an IPLAN submission and any additional information needed to add to a submission to meet the IPLAN requirements.

This document is intended to serve as a guide for MAPP users as they prepare their community health assessment and community health plan to submit to IDPH for certification requirements. Since MAPP has been approved as an equivalent process for IPLAN, this guide should help local health departments (LHDs) organize information and results of the MAPP process in a format that will clearly identify the required components for IPLAN. In addition, LHDs will also gain a clear understanding of any additional

information that they will need to compile and submit to meet IPLAN requirements. The information in pages 6-13 is organized in the following manner:

IPLAN Category	MAPP Components	Other Items Needed or Recommended
This section includes an outline of the IPLAN requirements which may serve as an outline for your MAPP IPLAN submission. This section also includes any relevant sections of the Certified Local Health Department Code (77 III. Adm. Code 600). This section is meant to serve as an outline and reference point to the Illinois administrative standards for IPLAN.	This section describes the assessment and planning phases and activities of MAPP that correlate to the IPLAN category. The work that correlates to the particular IPLAN category is intended to be summarized and documented as required for the MAPP IPLAN submission. This section also provides information on how and where to access guidance and resources for the phases and activities of MAPP referenced.	This section describes any additional information that is required or suggestions for supplemental information that will compliment your MAPP IPLAN submission.

IPLAN Standards & MAPP as an Equivalent Planning Process

Administrative Requirements (Standards) (All section references are from the Certified Local Health Department Code [77 Ill. Adm. Code 600])	**Process Framework Modules that Correlate to Standards**	
Requirements for IPLAN or Equivalent Planning Process (a) IPLAN or a planning process equivalent to IPLAN shall meet the following requirements. (b) Upon written request of a local health department, the Department shall approve a planning process equivalent to IPLAN if the Department determines that the proposed equivalent planning process complies with the requirements listed below (subsection (a) of Section 600.410). If the LHD is not satisfied with the Department's response to its request made pursuant to subsection (b) of Section 600.410, it may petition the Director to reconsider. [Section 600.410(a) and Section 600.410(b)]	**IPLAN / APEXPH[1]** ***Assessment Protocol for Excellence in Public Health***	**MAPP[2]** ***Mobilizing for Action Through Planning & Partnerships***
The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan.	Modules: Part II - Step 1. Prepare for The APEXPH Community Process, Part II - Step 3. Form a Community Health Committee	Modules: Phases 1-5 Organize for Success / Partnership Development, Visioning, The Four Assessments, Identifying Strategic Issues, and Goals and Strategy Development
Community health indicators contained in the IPLAN Data System provided by the Department for assessment purposes or a similar, equally comprehensive data system developed by the local health department shall be utilized to structure the minimal content of the assessment. A local health department may use in its assessment such additional data available, describing the health of its population including natality, mortality, morbidity and risk factors for illness in its jurisdiction.	Modules: Part II - Step 2. Collect and Analyze Health Data, Part II - Step 4. Identify Community Health Problems, Part II – Step 7. Inventory Community Health Resources	Modules: Community Themes & Strengths* Assessment, Community Health Status Assessment, Forces of Change Assessment **This assessment is intended to focus on assets; not necessarily community perceptions of health status. However, the portion on perception of 'quality of life' gives insight into the health of the community.*
The process shall result in the setting of priority health needs.	Module: Part II – Step 5. Prioritize Community Health Problems	Modules: Identify Strategic Issues, Formulate Goals & Strategies
The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention.	Module: Part II – Step 6. Analyze Community Health Problems, Part II – Step 8. Develop a Community Health Plan	Modules: Formulate Goals & Strategies, The Action Cycle

[1] National Association of County Health Officials. APEXPH: Assessment Protocol for Excellence in Public Health. (Washington, DC: 1991)
[2] National Association of County & City Health Officials, MAPP: Mobilizing for Action Through Planning and Partnership. (Washington, DC: 2002) http://mapp.naccho.org

The process shall include board of health adoption of the community health plan.	Module: Part II – Step 8. Develop a Community Health Plan, Part III Completing the Cycle	Modules: Organize for Success / Partnership Development, Visioning, The Action Cycle
The process for developing an assessment of organizational capacity shall address the internal capabilities of the local health department to conduct effective public health functions, including an assessment of operational authority, community relations, information systems and program management; or an organizational strategic plan developed within the previous five years that assesses strengths, weaknesses, opportunities and threats in the local health jurisdiction.	Module: Part I, Organizational Capacity Assessment, Part III Completing the Cycle	Module: Local Public Health System Assessment

Detailed Outlines of APEX-PH and MAPP

APEX-PH	MAPP
Part I, Organizational Capacity Assessment Step 1. Prepare for Organizational Capacity Assessment Step 2. Score Indicators for Importance and Current Status Step 3. Identify Strengths and Weakness Step 4. Analyze and Report Strengths Step 5. Analyze Weaknesses Step 6. Rank Problems in Order of Priority Step 7. Develop and Implement Action Plans Step 8. Institutionalize the Assessment Process **Part II, The APEXPH Community Process** Step 1. Prepare for The APEXPH Community Process Step 2. Collect and Analyze Health Data Step 3. Form a Community Health Committee Step 4. Identify Community Health Problems Step 5. Prioritize Community Health Problems Step 6. Analyze Community Health Problems Step 7. Inventory Community Health Resources Step 8. Develop a Community Health Plan **Part III, Completing the Cycle** Policy Development Assurance of Implementation of Organizational and Community Health Plans Assurance of Public Health Services Monitoring and Evaluation	**Phase I: Organize for Success / Partnership Development** Step 1. Determine the Necessity of Undertaking the MAPP Process Step 2. Identify and Organize Participants Step 3. Design the Planning Process Step 4. Assess Resource Needs and Secure Commitment Step 5. Conduct a Readiness Assessment Step 6. Manage the Process **Phase 2: Visioning** Step 1. Identify Other Visioning Efforts and Make Connection as Needed Step 2. Design the Visioning Process and Select a Facilitator Step 3. Conduct the Visioning Process Step 4. Formulate Vision and Values Statements Step 5. Keep the Vision and Values Alive Throughout the MAPP Process **Phase 3: The Four MAPP Assessments** **Community Themes & Strengths Assessment** Step 1. Prepare for the Community Themes & Strengths Assessment Step 2. Implement Information-gathering Activities Step 3. Compile the Results of the Community Themes & Strengths Assessment Step 4. Ensure that Community Involvement and Empowerment is Sustained **Local Public Health System Assessment** Step 1. Prepare for the Local Public Health System Assessment Step 2. Discuss the Essential Services and Identify Where Each Organization/Entity is Active Step 3. Discuss and Complete the Performance Measurement Instrument Step 4. Review the Results and Determine Challenges and Opportunities **Community Health Status Assessment** Step 1. Prepare for the Community Health Status Assessment

	Step 2. Collect Data and Core Indicators on CHSA Indicator List Step 3. Identify Locally-appropriate Indicators and Collect the data Step 4. Organize and Analyze the Data; Develop a Compilation of the Findings; and Disseminate the Information Step 5. Establish a System to Monitor the Indicators Over Time Step 6. Identify Challenges and Opportunities Related to Health Status **Forces of Change Assessment** Step 1. Prepare for the Forces of Change Assessment Step 2. Convene a Brainstorming Session to Identify Forces of Change Step 3. Identify Potential Threats and Opportunities for Each Change **Phase 4: Identify Strategic Issues** Step 1. Brainstorm Potential Strategic Issues Step 2. Develop and Understanding About Why an Issue is Strategic Step 3. Determine the Consequences of Not Addressing an Issue Step 4. Consolidate Overlapping or Related Issues Step 5. Arrange Issues into an Ordered List **Phase 5: Formulate Goals & Strategies** Step 1. Develop Goals Related to the Vision and Strategic Issues Step 2. Generate Strategy Alternatives Step 3. Consider Barriers to Implementation Step 4. Consider Implementation Details Step 5. Select and Adopt Strategies Step 6. Draft the Planning Report **Phase 6: The Action Cycle** ***Planning for Action*** Step 1. Organize for Action Step 2. Develop Objectives and Establish Accountability Step 3. Develop Action Plans **Implementation** Step 4. Review Action Plans for Opportunities for Coordination Step 5. Implement and Monitor Action Plans

	Evaluation Step 6. Prepare for Evaluation Activities Step 7. Focus the Evaluation Design Step 8. Gather Credible Evidence and Justify Conclusion Step 9. Share Lessons Learned and Celebrate Successes

Guidance on using the MAPP framework, can be accessed at www.naccho.org/MAPP, or Hard copy materials, (MAPP Handbook, Field Guide and Brochure) are also available and can be ordered from: The National Association of County and City Health Officials , 1100 17th Street, 2nd Floor, Washington DC 20036. Tel: 202-783-5550, www.naccho.org

Preparing a MAPP IPLAN for Submission to IDPH
IPLAN Outline Using MAPP

IPLAN - *IPLAN means the Illinois Project for Local Assessment of Needs, a process developed by the Department to meet the requirements set forth in Section 600.410. IPLAN is a series of planning activities conducted within the local health department jurisdiction resulting in the development of an organizational capacity assessment, a community health needs assessment and a community health plan.* [Section 600.110]

MAPP – *MAPP is accepted as an equivalent planning process to IPLAN. Mobilizing for Action Through Planning and Partnerships (MAPP) results in a strategic plan for improving community health and for creating and strengthening the local public health system.*

IPLAN Category	MAPP Components	Other Items Needed or Recommended
Pre- Step: IDPH Approval for Equivalency Process *Upon written request of a local health department, the Department shall approve a planning process equivalent to IPLAN if the Department determines that the proposed equivalent planning process complies with the requirements of subsection (a) of Section 600.410. If the local health department is not satisfied with the Department's response to its request made pursuant to the subsection, it may petition the Director to reconsider.* [Section 600.410(b)]		
Seek approval in writing from IDPH to use MAPP as an Equivalent Planning Process for IPLAN *Equivalent to IPLAN means an assessment and planning process approved by the Department which meets the requirements set forth in Section 600.410.* [Section 600.110]		LHD will need to **submit a letter to IDPH IPLAN Administrator requesting approval to use the MAPP process as an equivalent.** The letter should be submitted before beginning the MAPP process.
Part I: Organizational Capacity Self-Assessment *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.*		
1.1 Description of type of organizational self-assessment *The process for developing an assessment of organizational capacity shall address: the internal capabilities of the local health department to conduct effective public health*	Completion of the National Public Health Performance Standards Program (NPHPS) Local Public Health System Performance Assessment or Local Governance Assessment with completion of the optional agency contribution questionnaire meets	Additional Self-Assessment Tools that may be added to demonstrate completion of an organizational capacity self-assessment : ▪ Organizational strategic plan that includes a SWOT analysis

IPLAN Category	MAPP Components	Other Items Needed or Recommended
functions, including an assessment of operational authority, community relations, information systems, and program management; or an organizational strategic plan developed within the previous five years that assesses strengths, weaknesses, opportunities and threats in the local public health jurisdiction. [Section 600.410(a)(6)(A) and Section 600.410(a)(6)(B)]	this requirement. The optional questionnaire is used to indicate the contribution of the LHD to each model standard and must be completed in addition to the assessment to meet the requirement for an organizational self-assessment. This assessment is described in the *MAPP User's Handbook*, Phase 3—*The Four Assessments*, pages 41-55. The NPHPS instruments, user guide, glossary and additional support can be found at the following web-site: http://www.naccho.org/topics/infrastructure/MAPP.cfm	(assessment of strengths, weaknesses, and threats) ▪ Completion of Part I of APEXPH ▪ *Local Health Dept Self Assessment Instrument, (Operational Definition of a Functional LHD Capacity Assessment for Accreditation Preparation) **New option. Interactive tool is located on NACCHO's web-site at* : http://www.naccho.org/topics/infrastructure/accreditation.cfm
1.2. Documentation of Board of Health Review *The local health department shall provide the Department with a statement signed by an authorized representative indicating that the organizational capacity self- assessment was completed by the local health department and reviewed by the Board of Health.* [Section 600.400(e)(1)]		A statement is required from the BOH that indicates the BOH has reviewed the self-assessment completed by the LHD. Typically, the self-assessment does not need to be submitted when submitting IPLAN. In the case of using MAPP, the results of the NPHPS Assessment will need to be included as these results are one of the four assessments necessary to meet MAPP guidelines. (See Section 2.3 below for more info.)
Part II: Community Health Needs Assessment		
2.1 Statement of Purpose *A Community health needs assessment shall contain: a statement of purpose of the community health needs assessment that includes a description of how the assessment will be used to improve health in the community.* [Section 600.400(a)(2)(A)]	MAPP Phase I—*Organize for Success/Partnership Development*, Step 1 (page 10, *MAPP User's Handbook*) includes determining the necessity of undertaking the MAPP process. This includes reasons, benefits hoped to be gained and obstacles that may be encountered through the process. Additionally, data from a readiness assessment regarding the community's preparedness to begin the MAPP process (MAPP Phase 1, Step 5—*Conduct a Readiness Assessment*, page 14 *MAPP User's Handbook*) can provide useful information for the purpose statement. This data should be used to create a statement of purpose for conducting a community health needs assessment. Worksheets on pages 17-18 of the *MAPP User's Handbook* should be helpful.	
2.2 Community Health Committee *The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and*	One of the key principles of MAPP is community participation in all phases of MAPP. MAPP Phase 1, Step 2—*Identify and Organize Participants* (page 10 *MAPP User's Guide*) includes guidance on identifying and	To meet IPLAN requirements, you will need to include a compiled list of all Committee and Partnership members who were engaged and involved in conducting the four MAPP assessments.

IPLAN Category	MAPP Components	Other Items Needed or Recommended
community health Plan (Part III). [Section 600.410(a)(1)] *The assessment shall include community participation in the health needs assessment process in order to facilitate the identification of community health problems and the setting of priorities from among those health problems.* [Section 600.400(a)(1)(C)]. *Community Participation is defined as: involvement by representatives of various community interests and groups. Examples of such interests or groups are ethnic and racial groups, the medical community, mental health and social service organizations, the cooperative extension service, schools, law enforcement organizations, voluntary organizations, the clergy, the business community, economic development agencies, unions, disabled persons and senior citizens.)* [Section 600.110] **a. Committee Members Names, Affiliations** **b. Description of Committee's Process** *A Community health needs assessment shall contain: A description of the community participation process, a list of community groups involved in the process.* [Section 600.400(a)(2)(B)]	organizing participants. Participants are selected who provide a broad range of perspectives, represent a variety of groups, sectors and activities and bring the necessary resources and enthusiasm to the table. See Tip Sheet 1: *Matrix of Organized Participation and Roles within Each Phase of MAPP* (pages 100-103 *MAPP User's Handbook*), Tip Sheet 2: *Participant Selection Worksheet* (page 105 *MAPP User's Handbook*) and Tip Sheet 3: *Guidance for Participation Identification in MAPP* (pages 106-108 *MAPP User's Handbook*) Guidelines for engaging the community and gathering feedback are listed on Tip Sheet 4—*Engaging the Community* (pages 109-110 *MAPP User's Handbook*). In the MAPP process, there are roles for a core support team, MAPP committee, subcommittees and the community at large. An underlying premise of MAPP is that of community engagement and participation. Compile a grid of all Committees indicating participants and their affiliations. Describe the role of each for the activities completed in MAPP Phases 1, 2, 3 and 4. Describe the processes used to engage the broader community and the community representation for each of the assessments. List the groups, organizations and individuals involved.	The list needs to include their names and affiliations. You might consider compiling this information in a table for reporting purposes. In addition, you will need to describe the level of involvement, roles and processes used to engage public health system partners and the community at large in MAPP Phases 1-4. Be sure you clearly describe the level of involvement in the four MAPP assessments.
2.3 Description of Health Status and Health Problems **a. Demographic and Socioeconomic Characteristics** **b. General Health and Access to Care** **c. Maternal and Child Health** **d. Chronic Diseases** **e. Infectious Diseases** **f. Environmental, Occupational and Injury Control** g. **Sentinel Events** *A Community health needs assessment shall contain: A description of the health status and health problems most meaningful for the community in the data groupings designated by the Department in the IPLAN Data System.* [Section 600.400(a)(2)(C)] *The assessment shall, at a minimum, include an analysis of data contained in the IPLAN Data System provided by the Department for assessment purposes.* [Section 600.400(a)(1)(B)] *Community health indicators contained in the IPLAN Data System*	MAPP Phase 3—*The Four Assessments* includes the following: ▪ The Community Themes and Strengths Assessment (pages 34-38 *MAPP User's Handbook*). In this assessment, community thoughts, opinions and concerns are gathered to answer the following questions: "*What is important to our community?", "How is quality of life perceived in our community?"* and "*What assets do we have that can be used to improve community health?*" Various approaches to gathering this information are listed in the *MAPP User's Handbook* pages 39-20. Collect, compile and summarize the data. MAPP offers sample *Quality of Life Questions* and a *Sample Community Health Survey* in the Handbook on pages 119-121 and additional samples/tools on the MAPP web-site. This assessment is intended to	To meet the IPLAN requirements, ensure that the data collected includes, at a minimum, the seven data groupings of the IPLAN Data System. The IPLAN Data System can be found by following this link: http://app.idph.state.il.us/IPLANDataSystem.asp?menu=1 The other IDPH data source is IQuery: http://iquery.illinois.gov/ The seven required data groupings are: a. Demographic and Socioeconomic Characteristics b. General Health and Access to Care c. Maternal and Child Health d. Chronic Diseases

IPLAN Category	MAPP Components	Other Items Needed or Recommended
provided by the Department for assessment purposes or a similar, equally comprehensive data system developed by the local health department shall be utilized to structure the minimal content of the assessment. A local health department may use in its assessment such additional data available, describing the health of its population including fatality, mortality morbidity and risk factors for illness in its jurisdiction. [Section 600.410(a)(2)]. *IPLAN Data System means a data base developed by the Department that contains the required data sets to measure community health indicators for assessment purposes.* [Section 600.110]	focus more on community assets than community perceptions of health status. Asset mapping is another tool/process suggested to complete this assessment. More information can be found here: http://www.sesp.northwestern.edu/abcd/. ▪ Local Public Health System Assessment** (pages 41-55 *MAPP User's Handbook*) this is one tool accepted as meeting the requirement of the organizational capacity assessment in IPLAN (optional LHD Questionnaire must be completed). The LPHSA answers the questions, *"What are the components, activities, competencies, and capacities of our local public health system?"* and *"How are the 10 Essential Public Health Services being provided to our community?"* A *User's Guide*, the instruments and other support materials can be found at the following web-site: http://www.cdc.gov/od/ocphp/nphpsp/. Training and technical assistance calls for use of the National Public Health Performance Standards Program (NPHPS) are available at www.nnphi.org. Determine the format/process, conduct the assessment, review data, analyze and summarize data. ▪ Community Health Status Assessment (pages 56-64 *MAPP User's Guide*). This assessment answers the questions, *"How healthy are our residents?"* and "*What does the health status of our community look like?*" Information regarding health status, quality of life and risk factors in the community is gathered and analyzed. The core indicators are listed in 11 broad-based categories and communities are encouraged to select additional indicators beyond those listed below. Collect, organize, analyze and summarize key findings. *Who are we and what do we bring to the table?* 1. Demographic Characteristics 2. Socioeconomic Characteristics 3. Health Resources Availability	e. Infectious Diseases f. Environmental, Occupational and Injury Control g. Sentinel Events All seven of the IPLAN Data groupings are represented in the MAPP categories.

IPLAN Category	MAPP Components	Other Items Needed or Recommended
	What are the strengths and risks in our community that contribute to health? 4. Quality of Life 5. Behavioral Risk Factors 6. Environmental Health Indicators *What is our health status?* 7. Social and Mental Health 8. Maternal and Child Health 9. Death, Illness and Injury 10. Infectious Disease 11. Sentinel Events ▪ Forces of Change Assessment (pages 65-71 *MAPP User's Handbook*) This assessment is aimed at identifying forces, such as trends, factors or events, that are or will be influencing the health and quality of life of the community and the work of the local public health system. Participants answer the questions, "*What is occurring or might occur that affects the health of our community or the local public health system?*" and "*What specific threats or opportunities are generated by these occurrences?"* Identify forces of change and potential threats and opportunities for each force of change. Summarize key findings. Pages 69-71 of the *MAPP User's Handbook* provide useful worksheets. For your IPLAN submission, briefly describe each assessment, the process, the level of community involvement, the data collected and the analysis of the data. Be sure that the data collected and summarized for the Community Health Status Assessment meets, at a minimum, the indicators in the IPLAN Data System. See information in the "Other Items Needed Column."	
2.4 Prioritization **a. Process Used in Selecting Priorities** **b. Minimum of 3 Priorities Selected** *Community health needs shall be identified during the community health needs assessment process based on the analysis of data describing the health of the population and on the judgment of the community participants concerning the seriousness of the health problems and needs. Prioritization shall result in the establishment of at least three priority health needs.* [Section 600.400(a)(1)(D)] *A community health needs assessment shall*	In MAPP Phase 4-- *Identify Strategic Issues* (pages 72-28 *MAPP User's Handbook*), the findings from the MAPP Assessments are reviewed as well as the shared vision and common values (developed in MAPP Phase 2—*Visioning*). Analysis of the data from the assessments with achievement of the vision in the forefront, will lead to the emergence of cross-cutting and most prominent findings from the assessments. To brainstorm potential strategic issues, the following question is posed: "*Which issues suggested by the assessment findings must be*	IPLAN requires a minimum of 3 health priorities. For IPLAN, you need to describe the process and rationale for the prioritization of the health priorities and the level of community involvement in the process. APEXPH defines a health problem as: "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."

IPLAN Category	MAPP Components	Other Items Needed or Recommended
contain: A description of the process and outcomes of setting priorities. [Section 600.400(a)(2)(D)] *The process shall result in the setting of priority health needs.* [Section 600.410(a)(3)]	*addressed in order to achieve the vision?*" The *Strategic Issues Relationship Diagram* (page 77 of the *MAPP User's Handbook*) can be helpful here in identifying where results converge. Strategic issues are defined in the MAPP process as those fundamental policy choices or critical challenges that must be addressed in order for the community to achieve its vision. Strategic Issues can be differentiated from Critical Issues as Critical Issues are "important" and Strategic Issues are "important and forward thinking and seize on current opportunities". Strategic issues are in the form of a question. *Strategic Issues Identification Worksheet*, page 78 of the *MAPP User's Guide*, may be helpful. Additional analysis on the strategic issues is conducted by determining why an issue is truly strategic, determining the consequences of not addressing an issue and consolidating overlapping or related issues (Steps 3-5 *MAPP User's Handbook*). Strategic issues are then arranged into an ordered list: ▪ Logical: Sequence in which issues should be addressed (resolution of some issues are contingent upon resolution of others) ▪ Impact: Sequencing based on the level of importance of the consequences of each issue and the complexity. ▪ Temporal: Sequencing according to resolving issues according to a timeline, suing information such as coordination with an upcoming events. For MAPP, priority not only suggests importance but also means order. In MAPP Phase 5—*Formulate Goals and Strategies* (pages 80-87), the questions are turned into goal statements. A MAPP process may produce 10-15 strategic issues. For IPLAN, a minimum of 3 prioritized health needs is required. In this portion of your equivalent IPLAN, describe the process for identifying strategic issues, prioritization process and describe the health priorities/ strategic issues selected.	While the MAPP process may surface specific health problems as strategic issues, it will also likely yield public health system issues that stretch beyond specific health problems (i.e. transportation, community connectedness, economic development) and strategic issues that will be addressed by public health system partners beyond the local health department. For IPLAN, you may submit all strategic issues that were prioritized in the MAPP process or only those health problem priorities and system issues that the LHD will target. There may even be some strategic issues that are more system oriented that are overarching or umbrella strategic issues with more specific health problem focused issues under the umbrella that will be directly addressed by the LHD for IPLAN. Of the strategic issues identified in your MAPP process, you will need to clearly delineate at least 3 primary strategic issues that are health problems that the LHD will address in the 5 year Community Health Plan. Important Note: The Department recognizes 'Access to Care' as a health problem. Important Note: Those strategic issues that will be addressed by the LHD and will be included in IPLAN (minimum of 3) are further referred to in this document as *Primary Strategic Goals or Primary Strategic Issues*. (See Section 3.3 below.)
Part III: Community Health Plan *The local health department shall submit the community health plan to the Department. The plan shall contain (see below):* [Section 600.400(d)(5)]		
3.1 Statement of Purpose	The Statement of Purpose can be derived from the vision developed in Phase 2—	

IPLAN Category	MAPP Components	Other Items Needed or Recommended
A statement of purpose of the community health plan that includes how the plan will be used to improve the health of the community. [Section 600.400(d)(5)(A)]	*Visioning* (pages 24-31 *MAPP User's Handbook*) and the formulation of goals related to the vision and strategic issues in Phase 5—*Formulate Goals and Strategies* (pages 80-87 *MAPP User's Handbook*). Describe how the creation of the Community Health Plan will be used to improve the health of the community and achieve the overall vision created in Phase 2.	
3.2 Community Participation a. Process Used to Complete the Community Health Plan *A description of the process used to develop the community health plan.* [Section 600.400(d)(5)(B)] *The local health department shall utilize community participation to assist in the development of the community health plan.* [Section 600.400(d)(3)]	Describe the processes used in Phase 5--*Formulate Goals and Strategies* (pages 80-87 *MAPP User's Handbook*) and Phase 6--*The Action Cycle* (pages 88-97 *MAPP User's Handbook*). Describe the level of community participation and the roles performed in development of the Community Health Plan. In the MAPP process, there are roles for a core support team, MAPP committee, subcommittees and the community at large. Describe the role of each for the activities completed in Phase 5 and 6. Such activities in Phase 5 include: developing goals for each strategic issue, identifying strategy alternatives, identifying potential barriers, considering implementation details, selecting and adopting strategies based on the PEARL test (Step 5 of Phase 5 *Formulate Goals and Strategies*, page 84 *MAPP User's Handbook*) and drafting a planning report to be adopted by the MAPP committee. Activities in Phase 6, *The Action Cycle*, are designed to develop a detailed community health action plan and also address implementation and evaluation of the plan. Results of Step 2, *Develop Objectives and Establish Accountability* and Step 3, *Develop Action Plans* (pages 90-91 *MAPP User's Guide*) will be described to meet the IPLAN requirement.	For IPLAN, you will need to describe the process used and describe the level of community involvement to develop the Community Health Plan, during MAPP Phases 5 and 6.
3.3 Priorities (Minimum of 3) **a. Description of Priority Health Issue** **- why priority was selected** **- importance of health problem** **- data priority is based on** **- relationship of priority to Healthy People 2010** *Healthy People 2010 refers to the National Health Promotion and Disease Prevention Objectives, US Dept of Health and Human Services, Public Health Service. Healthy People 2010 contains a national strategy for significantly improving the health of the nation*	MAPP Strategic Issues are in the form of a question. Goal statements (what we want to achieve by addressing this strategic issue) are developed to address each strategic issue and thus the vision. This work is done in Phase 5—*Formulate Goals and Strategies* (pages 80-87 MAPP User's Handbook). For this section of IPLAN, use the Strategic Goal Statements for each Strategic Issue as your Priority Issues. Data to provide the rationale for each strategic issue selected surfaces and is discussed in MAPP Phase 4—*Identifying*	To meet IPLAN requirements, the following information is needed for each Primary Strategic Issue/Goal (minimum of 3) that the LHD will be addressing for the five year period of the Community Health Plan: a. A description of each primary strategic issue/Goal is required for IPLAN: ▪ Why the issue was selected

IPLAN Category	MAPP Components	Other Items Needed or Recommended
during this decade and contains measurable targets for striving toward health promotion and prevention of injuries and disease. [Section 600.110] *A description of each priority including the importance of the priority health need, summarized data and information on which the priority is based, the relationship of the priority to Healthy People 2010 National Health Objectives and…* **b. Analysis of Priority** **- identification of population group(s) at risk** **- risk factors** **- direct contributing factors** **- indirect contributing factors** *…subsequent revisions and factors influencing the level of problem (e.g. risk factors, contributing and indirect contributing factors.)* [Section 600.400(d)(5)(C)] *The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention*. [Section 600.410(a)(4)] *Contributing factor means a scientifically established factor that directly affects the level of a risk factor. Indirect contributing factor means a community-specific factor that directly affects the level of the direct contributing factors. These factors can vary greatly from community to community. Risk factor means 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 for it.* [Section 600.110] **c. Measurable Outcome Objective(s)** *At least one measurable outcome objective covering a five-year time frame related to each priority health need.* [Section 600.400(d)(5)(D)] *Outcome Objective means a goal for the level to which a health problem should be reduced. An outcome objective is long term and measurable.* [Section 600.110] **d. Measurable Impact Objective (s)** At *least one measurable impact objective related to each outcome objective*. [Section 600.400(d)(5)(E)] *Impact Objective means a goal for the level to which a health problem should be reduced. An impact objective is intermediate in length of time and measurable*. [Section 600.110] **e. Proven Intervention Strategy(ies)** **- community resources that will contribute to implementation**	*Strategic Issues* (pages 72-78 *MAPP User's Handbook*). This information can be summarized to meet the IPLAN requirements for "Description of Priority Health Issues (Strategic Issues)" and will need to include all the bulleted items under item (a). Strategic issues that are not a health problem may not have a relationship to HP 2010. Adding the *Strategic Issues Relationship Diagram* (page 77, *MAPP User's Handbook*) for each strategic issue selected would be an important addition to your MAPP IPLAN as this communicates the rationale for selection grounded in the community's vision. In Phase 6--*The Action Cycle*, Step 2 is *Develop Objectives and Establish Accountability* (page 90). IPLAN requires that a minimum of at least one measurable outcome objective, at least one measurable impact objective and one proven intervention strategy be listed for each Strategic Goal (health priority area). ▪ MAPP defines an <u>Outcome Objective</u> as the level to which a health or LPHS problem should be reduced within a specific time period. (Long-term, realistic and measurable). Outcome objectives should relate directly to strategic goals. These are statements about *how much* and *when* the program should affect the health or LPHS problem. This meets the definition in the Administrative Code. According to the Code, there needs to be a goal for measurable change within 5 years. ▪ MAPP defines <u>Impact Objectives</u> as the level to which a direct determinant or risk factor is expected to be reduced within a specified time period. (Intermediate within 1-5 years, realistic and measurable.) Impact objectives relate directly to risk factors or determinants of the health of LPHS problem. These are statements about how much and when the program should affect the determinant. ▪ MAPP also includes the need for <u>Process Objectives</u>. They are defined as Action Statements aimed at affecting one or	▪ Importance of the health problem ▪ Data the strategic issue is based on ▪ How the findings of the MAPP assessments resulted in the strategic issue being identified ▪ Relationship to Healthy People 2010, if applicable. b. Include an analysis of each strategic issue/goal, Analysis of the Strategic Issues/goals (minimum of three) need to include the following: ▪ Population group(s) at risk ▪ Risk Factors ▪ Direct Contributing Factors ▪ Indirect Contributing Factors Because there is not an activity in MAPP that focuses on identifying risk factor and direct/indirect contributing factors for health priority areas, it is strongly suggested that you use the *Health Problem Analysis Worksheet* from APEX PH to help describe and communicate the risk factors, direct and indirect contributing factors for each strategic issue (health priority), as applicable. The worksheets can be found here on the IPLAN Website. If the strategic issue is not a health problem, it is highly recommended that you use a causal logic model to convey the cause and effect relationships. c. For each strategic issue/Goal, define at least one of each of the following: ▪ Measurable Outcome Objective(s) ▪ Measurable Impact Objective(s) ▪ Proven Intervention Strategy(ies) It is strongly suggested that you use the *Community Health Plan Worksheet* for

IPLAN Category	MAPP Components	Other Items Needed or Recommended
- estimated funding needed for implementation **- anticipated sources of funding** *At least one proven intervention strategy to address each impact objective. The description should include a discussion of: Community Resources that will contribute to implementation, estimated funding needed for implementation, and anticipated sources of funding.* [Section 600.400(d)(5)(F)] *A Proven Intervention Strategy means an intervention strategy demonstrated to be effective or used as a national model.* [Section 600.110]	more of the contributing factors that influence the level of risk factors and determinants. (Short-term – usually one year, realistic and measurable). While this is not the same terminology as used in IPLAN, Process Objectives as defined may be considered the same as Proven Intervention Strategies if there is evidence to show that the action statements will likely be effective at affecting one or more of the contributing factors that influence the level of risk factors and determinants. MAPP Action Plans are developed in Phase 6—*The Action Cycle* (pages 88-97 *MAPP User's Handbook*). The following are the components for an Action Plan for each strategic issue (health priority area): ▪ Goal ▪ Strategy ▪ Outcome Objective(s) ▪ Impact Objective(s) ▪ Process Objective(s)	each strategic issue/Goal (health priority). The worksheet can be found on the IPLAN Website. If the strategic issue is not a health problem, it is highly recommended that you adapt the worksheet to fit the needs but still use a worksheet like this to clearly communicate your plans. MAPP and IPLAN have similar components for the Community Health Plans. The main difference is the language for Proven Interventions Strategies and MAPP's Process Objectives. (See the note in the previous column under Process Objectives.) For each Process Objective/Proven Intervention, you must indicate the community resources that will contribute to implementation; estimated funding needed for implementation and anticipated sources of funding.
Board of Health Adoption		
Documentation of Board of Health Adoption of Community Plan *The process shall include board of health adoption of the community health plan.* [Section 600.410(a)(5)]		You will need to include **documentation of Board of Health adoption.** This can be accomplished with a letter from the BOH which is included with the equivalent IPLAN submission.

This document is based upon an original comparison of the Standards, IPLAN/APEXPH, MAPP and Healthy Communities. The original document was prepared by two members of the IPLAN Implementation Committee – Equivalent Process Sub-Committee – Rick Barbieri, Laura Landrum in 2004. Revisions and additions to the original document were prepared by Laurie Call of the IPHI Center for Community Capacity Development. This document included reviews from NACCHO, IDPH and several Illinois Local Health Department MAPP users. --June 2008. The document was updated by IPHI in 2011.

If you have questions about your MAPP IPLAN submission, please feel free to contact Nelson Agbodo, Division Chief of Health Policy and Data, with IDPH. Nelson can be reached at **nelson.agbodo@illinois.gov** or by phone at 217.782.0847. The MAPP overview web-conference is also a resource that can be accessed through the Illinois Public Health Institute Center for Community Capacity Development. Visit the web-site at **www.iphionline.org** or contact Laurie Call at **Laurie.Call@iphionline.org** or by phone at 312.850.4744. Additional MAPP resources, tools, samples

and technical assistance is available on the NACCHO MAPP Clearinghouse at **www.NACCHO.org** or by calling 202.783.5550.