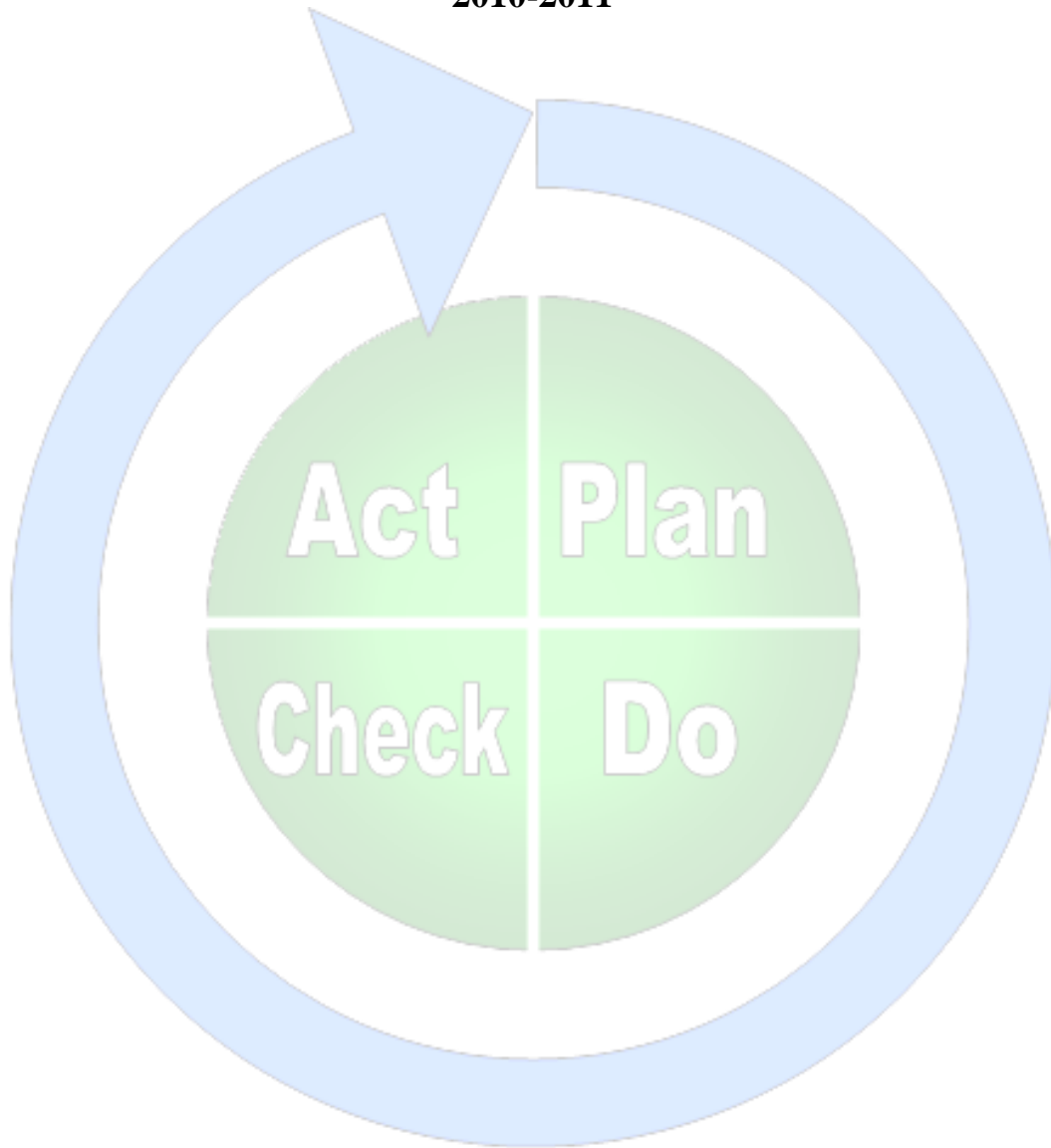


# Community Health Assessment and Action Planning

Collaborative Project Handbook  
2010-2011



**MLC: Lead States in Public Health Quality Improvement Project**

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## ABOUT THIS HANDBOOK

The purpose of this handbook is to provide background and reference information on the Multi-State Learning Collaborative (MLC) on Community Health Assessment and Action Planning and to help the teams involved in the Collaborative prepare for a successful start.

**Getting Started** contains an overview of the Collaborative, a schedule of major events and periods, and a checklist of pre-work activities—tasks your team should accomplish before the first learning session on March 25-26, 2010.

The section on **Completing Pre-work** will walk teams through preparing for the first learning session.

The **Collaborative Charter** contains the mission and rationale for this Collaborative along with a description of the methods that will be used.

The section **Outline of Activities** includes a description of the activities planned for each stage of the Collaborative.

The section **Expectations** describes what participating teams are expected to accomplish and the support that the project management team will provide to assure that teams succeed.

In addition, please find included with this handbook a detailed **Calendar of Activities and Events**.

# GETTING STARTED

## OVERVIEW

A Breakthrough Series (BTS) Collaborative is a systematic approach to quality improvement in which teams test and measure practice innovations, then share their experiences in an effort to accelerate learning and widespread implementation of best practices.

In 1995, the Institute for Healthcare Improvement held the first BTS Collaborative, and since then, hundreds of teams from U.S. and Canadian healthcare organizations have participated in BTS Collaboratives. In 2008, the Robert Wood Johnson Foundation identified the BTS Collaborative strategy as an essential element for a multi-year project on quality improvement for public health systems. The project, being implemented in 16 states, is called MLC: Lead States in Public Health Quality Improvement. It is the third phase of the Multi-State Learning Collaborative. In Kansas, the MLC-3 project is managed jointly by a project management team with representatives from the Kansas Association of Local Health Departments (KALHD), the Kansas Department of Health and Environment (KDHE), the University of Kansas Area Health Education Centers (KU AHEC), and the Kansas Health Institute (KHI). The Collaborative project described in this document is part of the Kansas MLC-3 initiative.

## THIS COLLABORATIVE

The *Community Health Assessment and Action Planning* Collaborative will involve teams from public health regions in Kansas and from KDHE working together for about 9 months to learn and test processes to develop community or state health profiles and action plans and to collectively share learning experiences.

Participating teams will have an opportunity to work in a collaborative mode with peers and with state and national experts. At the end of the project, teams will have acquired expertise on how to plan for and conduct a community health assessment and how to develop a community health improvement plan. In addition, teams will have learnt key quality improvement tools that they will be able to integrate in their day-today public health activities.

In addition, teams will have an opportunity to interact with peers from 15 other states that participate in the national MLC-3 project. One representative from each team will be offered the opportunity to travel to at least one MLC-3 national meeting.

Please read this handbook carefully, paying particular attention to the Collaborative Charter. The Charter defines the Collaborative mission, summarizes the evidence that will direct your work, outlines methods that your team will use to achieve the mission, and lists what teams can expect from the Collaborative leadership as well as what the leadership expects of teams.

## FORMING A TEAM

Each participating public health region and KDHE will form a team to study and test on a small scale how to conduct a community or state health assessment. Five to ten members is a typical size for the team. Not all team members will need to travel to the learning sessions and learning congress. You can select between 5 and 7 people who will attend the Collaborative outcomes

learning sessions and the learning congress. The remaining team members can participate in the work that is done between learning sessions.

Having an appropriate and effective team is a key component of successful improvement efforts. Choose your team members based on their knowledge of, involvement with, and enthusiasm for the systems and processes that you will work to improve. Team members also should be willing to dedicate the amount of time (sometime substantial) necessary for the success of this project. The following instructions should be used as a general guidance to assemble your team, but the final composition will depend on the specific characteristics of your project.

For this Collaborative, team members should be people who will have a role in conducting and implementing a community or state health assessment, or are able to provide valuable feedback about the process.

### **Characteristics of Effective Team**

You need to define your initial project team at the start of the project, before the first learning session. This initial team should then relatively quickly identify additional team members, as necessary, during and soon after the first learning session. It is helpful to maintain continuity in the project leadership and key team members, but other team members may be added during the life of the project or participate only in some portions of the project, if needed. The key is to recognize and make use of existing skills and expertise to ensure that the project moves forward with the best available knowledge. For the regional teams, it may be advisable to include at least one representative from each of the counties that are part of the region.

Working as a team is not always easy. A portion of the first learning session will be devoted to discuss how a team can be successful. For a team to function in the most efficient manner, team members have to be focused on the objectives, share leadership roles, and be accountable for their actions. Below are some of the defining features of a successful team:

1. Each member of a team should be clear about the goals and objectives of the project.
2. Clear leadership roles should be defined for different team activities.
3. All members of the team should have a sense of belonging and a strong desire to meet the defined goals and objectives.
4. The specific responsibilities for each team member should be mutually agreed upon by all team members.
5. The team must be built on the premise that viewpoints and contributions of all members are of equal value.

The team should meet (in person or via conference call) as often as the project requires. In general, it is recommended that meetings take place at least twice a month.

### **Team composition**

Ideally, the regional teams should include at least one representative from each agency that participates in the region. Teams may include public health program directors, epidemiologists, director of outreach programs, hospital managers, and other community partners. Although leadership responsibilities are often shared among team members, one individual is appointed as the overall project leader for the duration of the project. The team leaders will participate in an

orientation session that will take place before the first learning session (see Calendar of Activities and Events for additional details).

Once you have identified some of key people involved in the project, it may be helpful to draw up rough “terms of reference” for each person that spells out what they are expected to contribute to the team.

## **Regional and State (KDHE) Teams**

Regional teams and the KDHE team will work closely together to assure the overall success of the Collaborative. Like it happens in real public health practice, the results of local and regional activities may depend heavily on the resources and activities performed at the state level, and vice versa. Within the scope of the Collaborative, each team will set up its own goals and decide on its own activities, but teams will check their goals against those of other teams and the KDHE team.

One of the goals of this Collaborative is to develop ways to integrate and coordinate the state health improvement plan with local community health improvement plans. To this purpose, the project will attempt to identify the “handoffs” and interactions between state and locals that will assist in defining clear expectations. Examples of potential “handoffs” include access to data, data visualization, and identification of resources to assist in local and state improvement planning efforts.

## **STORYBOARDS**

Storyboards help create an environment conducive to sharing and learning from the experiences of others. At the beginning of the first learning session, each team will receive access to an electronic storyboard template that will be available on the KALHD MLC-3 website. The template is being built so that teams making use of it will be able to update their storyboards as often as they need. The storyboard will visualize the project progress and will give the opportunity to see the visual images that tell the story.

At each learning session, a representative from each team will present the updated storyboard and describe what the teams have accomplished and learned so far.

The storyboard is an opportunity to have some fun and show the unique character of each project and team. The storyboard should be clear and concise. The audience for storyboards consists of other teams, the Collaborative leadership, observers, and other Collaborative consultants and experts. Your audience may not be familiar with your region, your agency, your aim, and your work.

At the end of the Collaborative, the project leadership team will assist each team in the development of a storyboard to summarize the results of their entire project. In addition, project management team members will develop a storyboard that summarize the entire Collaborative and the activities of all the teams involved.

Further details and templates on how to prepare a storyboard will be provided at a later date.

## COLLABORATIVE EVENTS AND WORKING TIMES

The four components of the Collaborative are:

1. Pre-work activities
2. Learning sessions
3. Action periods
4. Outcomes learning congress

**Pre-Work** is the period between the beginning of the project (March 1, 2010) and Learning Session 1, scheduled for March 25-26, 2010. During this time, each participating team has several important tasks to accomplish. These tasks are listed later in this section and described in detail in the following section. The first learning session will take place in conjunction with a site visit from the MLC-3 national project team. Similar visits in the past generated considerable interest and stimulated a broad discussion about the strengths and challenges of accreditation, performance management, and quality improvement in Kansas.

**Learning Sessions** are the major interactive events of the Collaborative. The three learning sessions for this Collaborative will be coordinated by the University of Kansas' Area Health Education Centers (AHEC). Continuing Education (CE) credits will be provided for individuals participating in the learning sessions. Through plenary sessions, small-group discussions, and team meetings, attendees will have the opportunity to:

- learn from faculty and colleagues;
- receive individual coaching;
- gather knowledge on the subject matter and on process improvement;
- share experiences and collaborate on improvement plans; and,
- solve problems and barriers.

**Action Periods** are the time between learning sessions. During action periods, your team will work within your organizations and in your region to test and implement processes aimed at developing a community health profile and improvement plan. Teams will share the results of their work through an electronic mailing list, monthly conference calls, and a Web site. Participation in action periods is not limited to those who attend learning sessions; we encourage and expect the participation of other team members and stakeholders in the region.

An **Outcomes Learning Congress** where teams will publicly share (through storyboards and other means) their findings and celebrate their achievements will take place at the end of the Collaborative.

### Schedule

The sequence of events for the Collaborative is as follows:<sup>1</sup>

- RFP submittal deadline – February 1, 2010

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<sup>1</sup> Dates and places subject to change.

- Announcement of selected teams – February 12, 2010
- Sign contracts – By February 26, 2010
- Collaborative project begins - March 1, 2010
- Pre-session work: March 1– March 24, 2010
- Team leaders orientation: March 12, 2010
- Learning Session 1 – March 25-26, 2010, Topeka (day 1 of the learning session will be held in conjunction with a national site visit)
- Action Period 1 - March 27 to June 13, 2010
- Learning Session 2 - June 14, 2010, Wichita (in conjunction with KPHA meeting)
- Action Period 2 - June 15 to September 26, 2010
- Learning Session 3 –September 27, 2010, Topeka
- Action Period 3 –September 28 to November 14, 2010
- Outcomes Learning Congress –November 15, 2010, Overland Park (in conjunction with KAC meeting)
- Collaborative project ends – December 31, 2010

Please also see the attached **Calendar of Activities and Events**. It provides a more detailed schedule which includes conference calls, due dates for reports, and major Collaborative events.

Each team is expected to participate in monthly conference calls with the Collaborative leadership and other teams. The first conference call is scheduled for March 17, 2010, before the first learning session. The **Calendar of Activities and Events** provides the dates of all the conference calls for the duration of the Collaborative. All calls will occur at 1:00 p.m. central time.

## **CHECKLIST OF PRE-SESSION ACTIVITIES**

To prepare for Learning Session 1, each team participating in the Collaborative needs to complete the following pre-session activities:

1. Read and review the Request for Proposals.
2. Read and review the Collaborative Handbook (this document).
3. Form a team and select a team leader.
4. Participate in a pre-work call with the project management team at a designated time .  
Contact: Tatiana Lin, KHI, (785)-233-5443.
5. Obtain Internet access (if needed) for accessing the Collaborative e-mail list.
6. Register and arrange for travel to the first learning session.

In addition, team leaders will participate in an orientation session on March 12, 2010.

# COLLABORATIVE CHARTER<sup>2</sup>

The Collaborative charter includes the goals for the Collaborative, as well as a description of how the Collaborative works, expectations, and references and resources.

## AREAS OF ACTIVITIES

Developing community or state health assessments and improvement plans is a complex process that may take several months and involve multiple stakeholders at the local and state level. This Collaborative is not aimed at producing a complete community or state health assessment within the Collaborative project timeline, but rather to provide tools and skills so that the participants will be able to accomplish these tasks after they complete the Collaborative. *The Collaborative will focus on some selected key areas that represent essential steps for the completion of community or state health assessments and profiles.* Those areas are:

1. Preparation for a community or state health assessment.
2. Data issues:
  - a. Finding the right data
  - b. Compiling the data
  - c. Interpreting the data
3. Community engagement process and tools.

The use of appropriate quality improvement tools will be discussed and demonstrated throughout the Collaborative.

## GOALS

The goals of the Collaborative are:

1. To improve the level of readiness of public health agencies in Kansas for accreditation.
2. To learn and practice basic concepts on how to perform a community or state health assessment and how to develop and produce a community improvement plan.
3. To increase knowledge and skills on the use of quality improvement tools at the local, regional, and state levels.

## OBJECTIVES

By the end of the Collaborative project each participating team will be able to:

1. Describe clearly and concisely the purpose of a community or state health assessment and a community or state health improvement plan;
2. Identify and explain the major components of a community or state health assessment and a community or state health improvement plan;
3. Plan the steps for the execution of a community or state health assessment and a community or state health improvement plan;

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<sup>2</sup> We thank our colleagues at the Minnesota Department of Health for their important contribution to the development of this section of the handbook.

4. Select and use appropriate tools to stimulate community engagement in the development of a community or state health assessment and a community or state health improvement plan;
5. Select and use appropriate tools for quality assurance and quality improvement.

## **PROBLEM STATEMENT**

Community and state health assessments are essential tools for the planning and execution of public health activities and programs. Community or state health assessments and improvement plans will be requirements that public health agencies must meet before they can apply for national accreditation. Experience in Kansas about how to develop community or state health assessments and improvement plans is limited.

### **What is a community health assessment?**

*Community health assessment* is the regular and systematic collection, analysis and dissemination of information on the health of the community, including statistics on health status, understanding of community health needs and strengths, and involvement of community members. The assessment guides the public health department and serves as a resource for the community. The assessment reveals public health needs and community strengths, and leads to the development of one or more *community health improvement plans*.

All local and state public health departments will be required to develop a community or state health assessment and a community or state health improvement plan to be eligible for national accreditation.

The population of concern for the community or state health assessment process is all people living in the jurisdiction of a public health agency (i.e., a city, county, or multi-county area that is organized as a community health board). The scope of the community or state health assessment process is broad and inclusive; it updates data on previously identified and ongoing health issues, and identifies new and emerging issues.

The assessment process also considers factors known as *social determinants of health*. Social determinants – such as income distribution, educational opportunity, employment, community cohesion, living conditions, values and norms (e.g., racism), transportation systems, and culture – are factors that affect and provide a context for health. Social determinants of health are also important because they are closely connected with health disparities. Disparities in health status occur through the interaction of social determinants with individual characteristics such as age, gender, race or ethnicity, and disability or special health needs.

### **Before you start**

Before the community assessment starts, it is essential to identify key community partners that need to be involved in the process. A community or state health assessment is a broad process requiring input from a wide spectrum of people in the community, through the involvement of key partners and engagement of community members. Specific local public health staff are often assigned to coordinate and lead the process but it is important to include others who have information about the community that would make the community or state health assessment more meaningful and more accurate. This could include public health staff with direct program

responsibility, (i.e., “front-line” staff), but also members of community health advisory boards, health advocacy groups, and other individuals and groups from the community representing a wide range of perspectives and experience. It is also important to include individuals that are involved in providing public health services, such as individuals, organizations, and other entities that contribute to the delivery of one or more of the Essential Public Health Services in a community or in the state.

*Community engagement* is an important means of building ownership of public health issues and developing successful strategies. The community is a rich source of information that enhances the community or state health assessment and provides greater meaning to the data.

Methods for the identification of partners and the engagement of communities will be explored during the collaborative.

### **What are the components of a community health assessment?**

The components of a community or state health assessment are outlined below. The process is not necessarily linear. Depending on local needs, the elements of an assessment may be combined, rearranged, or worked on simultaneously.

1. Describe the community.
2. Collect and analyze data and community perspectives.
3. Identify community strengths and challenges and create public health issue statements.
4. Identify community health priorities and assign roles.
5. Summarize who will address community or state health issues, and establish public health department priorities.

Completion of each component will result in one or more products which serve to document the community or state health assessment process. This information is used as the basis for developing community or state health improvement plans, and as a tool for other community-based health improvement efforts.

Each component of a community or state health assessment is discussed below. During the Collaborative, teams will learn more about how to complete each step and will practice some steps on a small scale. Teams will not be expected to accomplish in full each step and product described below or to produce a complete health assessment during the collaborative.

#### **1. Describe the community.**

Product:

- A brief description of the community

The description of the community builds greater awareness of community characteristics and sets the stage for successful planning by helping those involved in the planning process to understand

the unique circumstances influencing public health – and public health activities – in the community. A complete community description will include the physical, social, cultural and historical characteristics of the community that are relevant to public health. Frontline staff are excellent resources for this kind of descriptive information, as are members of community health advisory committees or other groups or coalitions. A key source for the community description is often the county Web site. Examine what has already been gathered and decide whether additional descriptive information is needed to help understand local public health issues.

## ***2. Collect and analyze data and community perspectives.***

Products:

- A summary of community demographics, health status measures, social and economic conditions, and health status trends

Data collection: Data tell the story of the community’s health. Collect enough data – quantitative (numbers) and qualitative (stories, opinions) – to determine which public health issues exist in the community, who is affected by them, whether these issues are getting better, worse or staying the same, and what assets exist to help address them. A guide to quantitative data sources, called “Guide to Health Indicators and Data Sources”, will be made available to the Collaborative participants. The guide will list the indicators that each team will collect for their geographical area for this Collaborative and where each indicator can be found.

Data analysis: Data analysis gives the numbers meaning and puts them into context. It is a necessary step in developing a list of community public health issues. The analysis of data will yield a sense of which public health issues are the most critical, the direction of health status trends, and the factors (including community strengths) affecting health in the community. The community engagement process is particularly important during data analysis. Make every effort to allow community members to share their views on the issues. Work to reconcile these varying points of view into a clear set of community health issue statements.

Data often require comparisons to interpret their real meaning. Comparisons are more meaningful when they are made among community that share similar background and characteristics. During the Collaborative each team will be asked to compare their data to the data from some comparison communities, identified with the help of the Collaborative faculty.

## ***3. Identify community strengths and challenges and create community health issue statements.***

Products:

- A summary of community assets, strengths, and resources.
- A list of community health issues and their contributing factors.
- A summary of community involvement in the assessment and prioritization process.

Turning complex public health issues into a set of clear statements helps to provide direction for future action. *Public health issue statements* consist of several parts:

1. A statement of the main issue; and,
2. A statement of the contributing factor/s, which could be positive or negative.

For example, the data collected in the community or state health assessment might reveal that a large number of injuries is the result of unsafe practices in recreational sports activities. Consequently the issue statement, “unintentional injuries due to unsafe practices in recreational sports activities,” clearly states what the issue is and the phrase, “due to” clearly states what contributes to it.

Several quality improvement tools can be used to assist in identifying causes and contributing factors. Among them, affinity diagram, brainstorming, root cause analysis/fishbone diagram, force field analysis, etc.

Issues tend to be stated as problems that need to be fixed; the approach to those problems, however, can be stated as community assets that need strengthening. Including contributing factors in the issue statement helps identify strategies that may be most effective.

Creating issue statements may require some additional wrestling with the issues and community feedback, as public health issues are not always a simple matter of cause-and-effect. The way public issues are framed sets up the approach to problem-solving. In addition, discussions with the community not only about the data but also how issues are framed will help reveal where the community has the will and the energy to focus their efforts.

#### **4. Identify community health priorities and assign roles.**

Product:

- A list of the community health issues that are considered priorities.

To prioritize and select community health issues requires a careful consideration of several factors related to each issue and how the community views the issue. Some factors useful to assist in selecting priorities are:

Issue importance - looks at the size and scope of the issues, how they affect quality of life, the economic burden on the community, and other criteria as appropriate.

Strategies - examines the types of public health strategies available to address the issues.

Feasibility - also known as “do-ability,” places all the community health issues into a broader context that includes political will, community concern or readiness, the availability of resources or designated funding, and legal concerns.

Level of concern – Issues that are perceived by the community as most severely affecting its health should be considered as priorities. A high level of concern in the community is also likely to produce a higher level of community engagement in the solution of the issue.

Quality improvement tools that can be used during this process are brainstorming, affinity diagram, Pareto charts, prioritization matrices, etc.

**5. Summarize who will address community or state health issues, and establish public health department priorities.**

Product:

- A list of who will address each community public health issue.
- A list of priorities for the public health department.

Using the full list of community health issues from the assessment, with community partners, prepare a list that summarizes who will address each community health issue. Examples include:

- The local health department will provide ongoing services/activities.
- The local health department will provide a new program/service.
- The local health department cannot address at this time.
- Another organization in the community is addressing or plans to address this issue (if possible, identify the organization).
- The community will address this issue on a regional level (if possible, summarize who will be involved).

Additional comments may be included to describe barriers to addressing the issues, the cities/counties/organizations included in regional activity, and other relevant concerns and information.

**What is a community health improvement plan?**

The *health improvement plan* (also known as *action plan*) is the health department’s “roadmap” for improving system performance and population health, and for keeping community health planning visible to local decision-makers and communities. Action planning is the process used to develop a community health improvement plan. It is a collaborative process involving members of the community, partner organizations and the health department. The community health improvement plan is developed through a consensus process involving members of the community, partner organizations, and the health department.

A health improvement plan describes how the local or state health department will address the health issues identified through the community or state health assessment process. The development of an action plan represents a natural output of the community or state health

assessment process. An assessment without an accompanying action plan is not very useful. The action plan includes the planning, implementation and evaluation of actions aimed at reducing the burden of the health issues identified as priorities during the assessment.

The public health agency action plan guides the local or state health department as it works to improve performance of the essential public health activities and to improve community health. The action plan serves as a tangible reminder to local stakeholders of the importance of community health planning.

The action plan is a detailed document. It includes specific timelines, indicates who is responsible for each action, and how to measure the degree of success of each action.

The health improvement plan is organization-specific: every organization involved in the community strategic plan should develop an action plan for the actions for which the agency is responsible.

For each community health issue to be addressed, the health improvement plan describes:

- a) What about this priority public health issue needs strengthening or improvement (goals and objectives)?
- b) What the health department plans to invest: agency/community resources such as time, money, equipment, community partners, etc..
- c) The action steps (such as activities, strategies, or interventions) the local health department plans to take.
- d) The target populations or audiences the local health department plans to reach with these activities, strategies, or interventions.
- e) How the affected community was/will be involved in making decisions about what needs to be done.
- f) How the activities, strategies and interventions will be measured (process measures or indicators).
- g) The anticipated short-, intermediate-, and long-term impacts (outcomes) of the activities, strategies, and interventions.
- h) The measures or indicators of behavioral, environmental and/or policy change that will be used.

### ***The Plan-Do-Study -Act (PDSA) cycle and evaluation activities***

It is recommended that key interventions and strategies be implemented in a cyclical fashion, often referred to as the Plan-Do-Study -Act (PDSA) cycle.<sup>3</sup> In this cycle teams thoroughly plan to test the intervention, usually starting on a small scale, taking into account cultural and organizational characteristics; they do the work to implement the intervention, tracking their progress using quantitative measures; they closely study the results of their work for insight on how to do better; and they act to apply the successful interventions on a large scale and make them permanent or to adjust them as needed. This process continues serially over time and refinement is added with each cycle.

PDSA cycles can have an important role in the execution of a community action plan to evaluate the success of the interventions implemented. Quality improvement tools that can be used include activity network diagrams, flowcharts, Gantt charts, matrix diagrams, etc.

In addition to monitoring and evaluating their own action plans, the stakeholders involved in the community health assessment should track overall community progress during the implementation of the plan. It may be helpful to have periodic (e.g., quarterly) stakeholders meetings to report on progress and challenges. Responsibility for organizing these meetings and track the overall progress should be clearly assigned at the beginning of this process.

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<sup>3</sup> The Plan-Do-Study-Act (PDSA) cycle is often referred to also as the Plan-Do-Check -Act. The two terms are equivalent.

## OUTLINE OF ACTIVITIES

The Collaborative will be organized with face-to-face meetings, called *learning sessions*, and periods of team work called *action periods*.

### LEARNING SESSION ONE (TWO DAYS)

The first session will include the following components:

- Introduction to the Community Health Assessment Learning Collaborative
  - Multi-State Learning Collaborative Composition and Goals
  - Kansas Approach
  - Expectations, milestones, and deliverables for the Collaborative
  - Team work and dynamics
  - Introduction to storyboards
- Introduction to community health assessments and improvement plans
  - Application of Quality Improvement Tools in the various steps of the process
  - Steps to prepare for a community health assessment
    - Process and techniques to engage the community
    - Community health assessment core indicators for Kansas
    - Collecting core indicators for your geographical area
    - Identifying comparison communities
- Assignment of tasks for Action Period 1

### ACTION PERIOD ONE

During Action Period 1 each team will conduct the following activities:

- Data assembly. For this project, we will use data already collected and available through various sources. In general, teams will not be expected to conduct their own data collection, but they will be expected to find the data for their jurisdiction and organize them using directions provided during Session 1.
- Data interpretation and discussion.

- Comparison to “peer communities”.
- Community engagement: test on a small scale at least one community engagement technique discussed in learning session 1.

## **LEARNING SESSION TWO (ONE DAY)**

During session 2 the teams will conduct the following activities:

- Report to the other Collaborative teams the results of their work during action period 1.
- Describe what QI tools were used during period 1 and their experience in using the tools.
- Present a brief profile of what they learnt about the health in their communities, based on their interpretation of the data collected.
- Discuss the results of the community engagement test conducted during action period 1.
- Develop a few (between 3 and 5) public health issue statements for their communities.
- Select one issue statement to explore more in depth during the rest of the Collaborative project.

In addition, the Collaborative project management team and faculty will provide resources to identify evidence-based interventions that may be used to address the public health issues under consideration. Teams will become familiar with sources of evidence-based public health interventions and reasons why the use of evidence based practices is important.

## **ACTION PERIOD TWO**

During Action Period 2, each team will explore more in depth the issue statement selected in Session 2. This process will include gathering input (on a small scale) from the community to further define the underlying causes of the issue and start the process of identifying possible options to address the issue.

## **LEARNING SESSION THREE (ONE DAY)**

During session 3 the teams will conduct the following activities:

- Report to the other Collaborative teams the results of their work during Action Period 2.
- Describe what QI tools were used during Action Period 2 and experience in using the tools.

- Discuss a possible health improvement plan for their selected issue.
- Present the health improvement plan to the other teams and describe quality improvement tools that may be used in the “do” portion of the process.

### **ACTION PERIOD THREE**

During action period 3, each team will complete the activities left unfinished at the end of Session 3 and will work on the development of their final storyboard.

### **OUTCOMES LEARNING CONGRESS (ONE DAY)**

The outcomes learning congress is the last time that the teams will meet during the Collaborative, and the last event in the project. The outcomes learning congress is a time to celebrate the success of the teams and an opportunity to share important lessons learned during the project.

The outcomes learning congress will include not only the individuals who participated in the Collaborative, but also other peers and decision makers who may have an interest in the results of this Collaborative. The audience might include representatives from the LHDs and Kansas local elected officials. Teams will also have an opportunity to display their storyboards.

## EXPECTATIONS

### **The Collaborative project staff and faculty will:**

- provide information on subject matter, application of that subject matter, and methods for process improvement, both during and between learning sessions;
- offer coaching to teams both during the learning sessions and the action periods;
- perform at least one site visit to each project site during the course of the project;
- provide an electronic mailing list (e-mail list), electronic storyboard, and other communication venues for shared learning;
- assess team progress and provide feedback to teams monthly;
- plan and implement face-to-face meetings (three learning sessions and one outcomes learning congress);
- create a summary storyboard to summarize the results of all the teams involved in the Collaborative project; and,
- provide Continuing Education (CE) units for the face-to-face meetings.

### **Teams are expected to:**

- perform pre-work activities as outlined in this handbook;
- provide a senior leader to act as a point of contact for the Collaborative and actively support the team;
- provide the resources to support the team, including staff time to devote to this effort;
- participate in each face-to-face session;
- plan, design and implement the activities described in this handbook to meet the goals of the Collaborative;
- submit two reports during the course of the project: a brief intermediate report (6 months from the beginning of the collaborative) and a final report at the end of the collaborative;
- create brief storyboards for presentation at each learning session and one final storyboard outlining the important steps of each team's project; and,
- share information with the Collaborative, including details of changes made and data to support these changes, both during and between learning sessions.

## **COST**

Each team will receive an incentive as specified in the RFP that will be released in preparation of this Collaborative. The incentive is meant to help cover part of the expenses for the participation in the Collaborative.

Direct travel costs for the participation in the learning sessions and in the outcomes learning congress will be covered directly by the project management team, and are not included in the team participation incentive.

One representative from each team will be offered the opportunity to travel to at least one MLC-3 national meeting. The travel costs will be paid directly by the project management team.

## REFERENCES

### **Quality Improvement**

Institute of Health Care Improvement. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvements. Cambridge, MA, 2003.

<http://www.ihc.org/IHI/Results/WhitePapers/TheBreakthroughSeriesIHICollaborativeModelforAchieving+BreakthroughImprovement.htm>.

American Society for Quality Improvement – Tools. <http://www.asq.org/learn-about-quality/seven-basic-quality-tools/overview/overview.html>

Institute for Healthcare Improvement.

<http://www.ihc.org/IHI/Topics/Improvement/ImprovementMethods/>

### **Community Engagement**

Minnesota Department of Health. Community engagement resource page.

<http://www.health.state.mn.us/communityeng/biblio/index.html>

Asset-Based Community Development Institute. <http://www.abcdinstitute.org/>

### **Assessment and Planning**

Minnesota Department of Health. Resource page on community health assessment and planning

<http://www.health.state.mn.us/divs/cfh/ophp/system/planning/chaap/links.html>

Assess Now. <http://www.assessnow.info/>

Design for Health. <http://www.designforhealth.net/index.html>

## COLLABORATIVE STAFF

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## CALENDAR OF ACTIVITIES AND EVENTS

Activity/Event	Start Date	End Date	Place	Time
Mini-Collaborative project	March 1, 2010	December 31, 2010	n/a	n/a
<b>Team Leader Training</b>	March 10, 2010		Salina	<b>10:00 am – 3:45 pm</b>
Conference Call #1	March 17, 2010		n/a	1:00 pm (CST)
<b>Learning Session 1 in conjunction with National Site Visit</b>	<b>March 25 -26, 2010</b>		<b>Topeka</b>	<b>Day 1: 8:30 am – 5:00 pm Day 2: 8:30 am – 4:15 pm</b>
<b>Action Period 1</b>	<b>March 29, 2010</b>	<b>June 13, 2009</b>	n/a	n/a
Conference Call #2	April 16, 2010		n/a	1:00 pm (CST)
Conference Call #3	May 14, 2010		n/a	1:00 pm (CST)
Conference Call #4	June 4, 2010		n/a	1:00 pm (CST)
<b>Learning Session 2 in conjunction with KALHD Mid-Year Meeting (June 15-16, 2010)</b>	<b>June 14, 2010</b>		<b>Wichita</b>	<b>8:30 am - 5:00 pm</b>
<b>Action Period 2</b>	<b>June 15, 2010</b>	<b>September 26, 2010</b>	n/a	n/a
Conference Call #5	July 16, 2010		n/a	1:00 pm (CST)
Conference Call #6	August 13, 2010		n/a	1:00 pm (CST)
<b>Mid-Project Report</b>	<b>August 31, 2010</b>		<b>n/a</b>	<b>by 5:00 pm</b>
Conference Call #7	September 17, 2010		n/a	1:00 pm (CST)
<b>Learning Session 3 in conjunction with KPHA Annual Meeting (September 27-29, 2010)</b>	<b>September 27, 2010</b>		<b>Topeka</b>	<b>8:30 am - 5:00 pm</b>
<b>Action Period 3</b>	<b>September 28, 2010</b>	<b>November 14, 2010</b>	n/a	n/a
Conference Call #8	October 15, 2010		n/a	1:00 pm (CST)
Conference Call #9	November 5, 2010		n/a	1:00 pm (CST)
<b>Create Storyboards for Outcomes Congress</b>	<b>November 12, 2010</b>		n/a	n/a
<b>Outcomes Congress in conjunction with KAC Annual Meeting (November 15-16, 2010)</b>	<b>November 15-16, 2010</b>		<b>Overland Park</b>	<b>TBD</b>
Conference Call #10	December 17, 2010		n/a	1:00 pm (CST)
<b>Mini-Collaborative project ends</b>	<b>December 31, 2010</b>		<b>n/a</b>	<b>n/a</b>
<b>Final Report</b>	<b>January 29, 2011</b>		<b>n/a</b>	<b>by 5:00pm</b>

\*For additional information, please contact Tatiana Lin at [tlin@khi.org](mailto:tlin@khi.org) or (785) 233-5443.

**\*\*Please note that dates, times and locations of the activities are subject to change.**