Scope of Work
Champaign Health District
Community Health Assessment - 2015

Background

The following is a proposal for the community health assessment to be conducted in 2015 for Champaign County. The assessment will be carried out by Gabe Jones, MPH in partnership with Champaign Health District. Mr. Jones is the Epidemiologist for the Clark County Combined Health District and is currently contracted with the Champaign Health District for Epidemiologist services through the Public Health Emergency Preparedness (PHEP) grant.

Methodology

The methodology presented for Champaign County in this proposal is three-fold, including the following components: (1) primary data collection and analysis conducted county-wide through the Community Health Assessment and Group Evaluation (CHANGE) Tool and the Youth Risk Behavior Survey (YRBS), (2) secondary data collection and analysis through various sources, and (3) a Community Health Improvement Plan (CHIP), where community organizations are convened and mobilized to address community health issues. Each of these components will be discussed in depth below.

Secondary Data Collection and Analysis

Secondary data collection, mapping, and analysis will examine data at the county-level and, when available, the census tract levels. The data will include but is not limited to:

- Hospital data
- Health care resources
- Birth data
- Death data
- Cancer morbidity trends
- Infectious disease prevalence
- Socioeconomic and other demographic data through Census and American Community Survey (ACS)

Using data obtained from Census, a Community Health Vulnerability Index (CHVI), originally created by researchers at Kaiser Permanente, will be developed to identify communities across the county more vulnerable to poor health outcomes. This will be developed for the census tracts in Champaign County to identify the communities having socioeconomic and demographic challenges that can affect health care and health access and might cause certain groups to have certain health disparities. The index is based on nine variable scaled from 0 to 1, summing them with equal weights, and then ranking them so that the area with the highest barriers are presented in red, and the less vulnerable populations in green. The nine variables are as follows:

- Limited English: Percentage of population over age 5 that speaks English poorly or not at all
- Minority: Percentage of population that is minority (including Hispanic ethnicity)

- No high school diploma: Percentage of population over 25 without a high school diploma
- Poverty 65+: Percentage of households below poverty line, with the head of household age 65 or more
- Poverty children: Percentage of families with children under 18 below poverty line
- Poverty single w/ kids: Percentage of single female-headed families with children under 18 below poverty line
- Renting: Percentage of households renting their home
- Unemployed: Percentage of population in the labor force, ages 16 and more, without employment
- Uninsured: Percentage of population without health insurance

This map will be overlaid with the other maps in order to identify the areas of greatest need.

Community Health Assessment and Group Evaluation (CHANGE)

For the purpose of this assessment, the Community Health Assessment and Group Evaluation (CHANGE) tool will be carried out to assess community health in three priority communities. The secondary data analysis will help identify these communities. It will act to engage community members and partners to collect and analyze health-related data from the tool. The findings of this tool will inform community decision-making and the prioritization of health problems. The CHANGE tool is divided into action steps. To complete this tool, all eight action steps will be completed in the three priority communities. The successes of this tool will be shared with key stakeholders as well as the community.

The first step in the process is identifying and assembling a diverse team of 10-12 individuals. Having representatives from diverse sectors will help the team be more successful, enable easy and accurate data-collection, and help enable data assessment. All members of this team will play an active role in the assessment process. Because the strategies will focus on policy, special consideration will be given to talking with high-level decision makers.

The next step will be developing a team strategy to complete the CHANGE tool. After developing the team, the group will determine the best way to complete the tool for each community. This may involve the group dividing into subgroups for each priority community. The team will also agree upon a set of standard operating procedures at this point to create a decision-making process for reaching a consensus on all choices.

The next step will consist of the group reviewing all five CHANGE sectors. Because the tool will be used in each community, becoming familiar will the modules laid out in each section – keeping in mind the impact objectives and strategies established for the grant. Reviewing these sectors will help the team understand what is being assessed in each priority community. Using the Dialogue Guide in the CHANGE tool will help the facilitator develop “talking points” for why the group is conducting CHANGE and what help the group will need to complete it.

The next step will consist of data-collection and the start of the assessment phase, during which information is collected from individual priority communities. Sites within these community are the locations within the sectors the team will visit to collect data. At each site, the information gathered will provide answers to the CHANGE items listed in each module. Depending on the

sector, the team will collect data specific to that particular location, such as a work site or grocery store. This will assist the group in making decisions about where change is needed and taking the steps necessary to make an impact. Various data-gathering methods will be reviewed by the team and implemented in at least 13 sites. Completing more sites in the different sectors such as Community-At-Large, Community Institution/Organization, Health Care, School and Work Site, will give the team a greater capacity to understand the intricacies of the community. All data will be kept in a comprehensive file by the team facilitator.

The next step is reviewing the data. The data will first be reviewed by the team from each site and rated on a scale of 1 to 5 for both the policy and environment sections of the CHANGE tool. Group consensus will depend upon the decision-making process outlined in the second action step. Data will then be entered into the CHANGE Sector Excel Files.

One member of the team will be the data manager. This person will enter the data into the CHANGE sector Excel File as the sixth action step. This person will have Excel experience and be familiar with data management.

The next step will be reviewing the ratings assigned to items in each sector and developing a Community Action Plan. Data will then be transferred into a CHANGE Summary Statement for the five sectors. The scores will indicate where the strategies should be implemented. This Summary Statement will be used to fill out the Sector Data Grid. This will aid in identifying sectors and related modules with low scores so that priority areas for improvement can be identified and specific strategies can be determined and incorporated into the plan. Next, the CHANGE Strategy Worksheets will be filled out to prioritize the assets and needs that will shape the Community Action Plan for the priority communities. Finally, the Community Health Improvement Planning Template will be completed using the CHANGE Strategy Worksheets.

The last step is building the Community Action Plan. After careful and thorough completion of the previous step, this task will be fairly straightforward. Creating objectives will follow the SMART protocol and cover a 12-month timeframe. The activities that support the accomplishment of the annual objective will be listed and attention to detail will be focused on providing a title and clear description for all of the key milestones. There will also be a Project Period Objective for the lifecycle of the grant period with identified long-term objectives for the selected priority areas in the priority communities.

Youth Risk Behavior Survey

The methodology for this portion of the assessment calls for a Scantron-format survey of students in Champaign County. The survey questions will be developed utilizing the CDC's Youth Risk Behavior Survey (YRBS) as a baseline, but also incorporating topics of relevance to Champaign County. The YRBS monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including –

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use

- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBS also measures the prevalence of obesity and asthma among youth and young adults.

The survey will be implemented by Mr. Jones with assistance by the Champaign Health District and volunteers. At the conclusion of data collection, completed surveys will be scanned and analyzed. A summary report will be compiled soon afterwards that will prepare summary data for all survey questions, and will compare Champaign County data to state and national data on any applicable questions.

Community Health Improvement Plan

The Community Health Improvement Plan (CHIP) will be action-oriented and will outline the community health priorities based on the community health assessment, community leader input, and community-wide input. The plan will present community health priorities and how they will be addressed to improve the health of the community.

The CHIP will be developed through leadership of the Champaign Health District and community representatives from various agencies and organizations. These organizations will partner to assess the community's health via rigorous data analysis and subsequently develop evidence-based solutions in response to findings. These solutions may or may not come out of the Community Action Plan developed through the CHANGE Tool.

A data synthesis will be presented to the community as the launch of the CHIP process with an anticipated date of Spring 2016. The initial CHIP meeting of the steering committee will define the scope of the work, the timeline, and make clear the need for members to champion community priorities identified. The Champaign Health District will take the lead in providing meeting space and other resource needs. A readiness assessment will be conducted in real time at the first steering committee to ensure consensus and resource availability. Guiding assumptions such as the importance of high participation and commitment to priority health issues, once identified, will also be addressed at the first meeting.

The steering committee will follow the Mobilizing for Action through Planning and Partnership (MAPP) framework:

- Conducting forces of change, competencies and capacities, and strengths and assets assessments for each of the priorities identified
- Developing strategic issues based on the community health assessment findings – strategic issues may or may not come out of recommendations from the CHANGE tool
- Identifying overarching goals and strategies to accomplish those goals
- Writing clear objectives and determining performance measures to monitor implementation and improvement
- Creating action plans that determined the steps to implement chosen strategies, who would lead the implementation, the 12-month, 24-month, and longer term outcomes, and the time frame for implementation.