

# Community Planning: Engaging the Community to turn Assessment into Action

Oregon Health Promotion & Chronic Disease  
Prevention Program  
Northwest Health Foundation  
Community Health Partnership, Oregon's Public  
Health Institute  
TROCD Institute IV, 2008



# Learning Objectives

- Describe purpose & benefits of planning
- Differentiate between Community Plan & TROCD County Workplan
- Develop shared understanding of Goals, Objectives, Activities
- Understand how to use Community Assessment to develop Priorities for Plans
- Connect Assessment-based Priorities to *Framework Best Practices*



# Community Planning

*Purpose & Benefits*



# Why Plan?

- Develop a clear strategic direction
- Create a shared understanding of:
  - where the community is now
  - where you want to be
  - and how you're going to get there
- Communication Tool
  - Articulates your community vision
  - Creates a common language to use for community engagement



# Why Plan?

## Accountability Tool

- Help each other keep your “eyes on the prize”
- Measure your progress

## Recording Tool

- Documents & connects variety of community programs & activities

## Funding Tool

- Basis for grant-writing
- Helps set programmatic funding priorities



# The Value of a Plan

- Ensures targeted use of limited resources
- Identifies opportunities for new partnerships
- Takes into consideration all influences on the prevention, early detection, and management of chronic diseases (includes the environment, physical and economic systems, social influences, policy, and individuals)
- Focuses on the environmental and policy changes necessary to improve or enhance the health of a community



# Community Health Planning Process

- Secure support from high-level leadership
- Engage, empower, mobilize community partners
- Collect and organize information:
  - ❖ Social, Environmental, Organizational, Behavioral, Epidemiological, Political factors
  - ❖ Evidence-based interventions
  - ❖ Resources, Assets, Barriers, Community will
- Establish priorities
- Develop a plan to address the priorities using comprehensive, coordinated strategies
- Include activities & indicators to evaluate progress

Examples: PRECEDE-PROCEED, PATCH, APEXPH, MAPP, Healthy People 2010 Toolkit



# Community Health Planning Process

You're off to a good start!

## ■ Support from Leadership:

- ❑ Public Health Administrators at first institute
- ❑ Letter of support from Board of Commissioners
- ❑ Community leaders on CHAC

## ■ Community engagement

- ❑ CHAC
- ❑ New relationships in strategic settings developed through assessment

## ■ Collecting and organizing information

- ❑ Community Assessment
- ❑ Health indicators, Policy/Systems status, Champions

## ■ Next step: Prioritization



# The Community Plan & the TROCD Workplan

*Setting a Strategic Direction,  
Sharing Responsibility*



# Community Plan

- 3-year strategic plan
- Community = County
  - May address communities within county
- Guided by *Framework Report, Priorities from Community Assessment*
- Owned by the CHAC
  - Developed by CHAC
  - CHAC members & partners take lead roles in implementing portions of plan
  - Accountable to CHAC (not county or DHS)
    - “Accountability” defined by CHAC



# TROCD Implementation Plan

- 1-year workplan
- “Nested” in the Community Plan
  - The portion of the Community Plan led & implemented by the County Health Department
- Accountable to DHS (& CHAC)
- Guided by Program Element, RFA, *Framework Report*, Community Plan
- Strategies will be more detailed than in the Community Plan



# Using the Community Assessment to Identify Priorities for your Plans

*Engaging the community to make data-driven & evidence-based decisions*



How have your teams already  
used the Community  
Assessment to identify priorities?



# Prioritization

- Helps identify where to focus limited resources
- Takes into account:
  - Community needs
  - Community assets & opportunities
  - Political will, Agendas, Champions
  - Resources/ Capacity
  - Potential health impacts & outcomes



And.....

 Best Practices!



# Prioritization

	High Need (based on Assessment)	Low Need
High Impact ( <i>Framework Best Practices</i> )	<b>Stars</b> Intervention needed and wanted Makes critical impact <i>Maintain/improve</i>	<b>Sacred Cows</b> Intervention may be wanted or programs may be required <i>Difficult to eliminate</i>
Low Impact	<b>Horizons</b> Needed Could become a Star <i>Gear up or get out</i>	<b>Dogs</b> Time/resources spent & impact questionable <i>Potential for phase out</i>



# Prioritization: Challenges & Strategies

## ■ Possible challenges

- Difficulty in focusing the attention of key people on the issues
- Competing agendas
- Managing lots of information and ideas
- Developing consensus on priorities that satisfy community AND reflect the framework
- Translating priorities into action (follow through)



# Prioritization: Challenges & Strategies

## Possible Strategies

-  Create a shared, inspiring vision
-  Clarify purpose: What are we doing?  
What is at stake?
-  Clarify roles, responsibilities,  
expectations
-  Clarify again, as needed
-  Involve decision-makers



# Prioritization: Challenges & Strategies

## Possible Strategies

-  Develop a clear consensus-reaching process
-  Allow enough time for processing & reflection
-  Express gratitude for participation
-  Use precise language—clarify, paraphrase, reflect—to reduce confusion and ensure shared understanding



# Prioritization: Challenges & Strategies

## Possible Strategies

-  Take time to prepare
  -  Enough prep time for staff
  -  Advance materials to CHAC
-  Celebrate milestones
-  Revisit vision, mission, Framework as needed to get focused
-  Build on existing strengths, relationships
  -  TPEP & CHAC partners, policies, settings



# Articulating priorities: Goals and Objectives and Strategies... oh my!

*Plan components: Developing  
a Shared Understanding*



# HPCDP Vision & Mission

## Vision:

*“all people in Oregon to live, work, play, and learn in communities that support health and an optimal quality of life.”*

## Mission:

*“to advance policies, environments and systems that promote health and prevent and manage chronic diseases.”*



# Goals—achieving your vision

## Goals: *where we want to be*

-  Broad, general statements that explain what the program wishes to accomplish...but more specific than vision/ mission
-  Set the fundamental, long-range direction
-  Example: Community Condition Statements in the *Framework*

“Every community has access to healthy food choices and physical activity opportunities, and minimizes access to unhealthy options (e.g. low nutrient, high calorie foods and beverages).”



# Objectives—achieving your goals

## ■ Objectives: *how we will get there*

- Actions by which the goal can be accomplished
- Define expected results (outcome, impact)
- Short, intermediate, or long-term
- Based on Best Practices in *Framework Report*
- Population-based
- SMART?



# SMART Objectives (CDC)

- Specific—What exactly are we going to do for whom?
- Measurable—Is it quantifiable and can WE measure it?
- Achievable—Can we get it done in the proposed time frame with the resources and support we have available?
- Relevant—Will this objective have an effect on the desired goal or strategy?
- Time bound—When will this objective be accomplished?

[http://www.cdc.gov/DHDSP/state\\_program/evaluation\\_guides/smart\\_objectives.htm](http://www.cdc.gov/DHDSP/state_program/evaluation_guides/smart_objectives.htm)



# Sample SMART Objectives

- By December 2011, Healthy County will revise the County Development Plan to include the creation of 3 more trails or parks in Happy City.
- By December 2011, 25% of cities in Healthy County will have tobacco-free park ordinances.
- By December 2011, Healthy County Community College will pass a tobacco-free campus policy.



# Strategies—achieving your objectives

## ■ Strategies: *how we will really get there*

- Specific steps that will be undertaken to accomplish a particular Objective
- Sometimes called “process objectives” or “activities”
- Types of strategies should include:
  - Coordination & collaboration with partners
  - Building capacity & sustainability
  - Assessment & research
  - Education & outreach
  - Media advocacy & Program promotion
  - Policy promotion, development, implementation
  - Environment & systems change



# Connecting Priorities to Framework Best Practices

*Achieving “Community  
Conditions” to improve  
community health*



# Team Activity

- Review 5 or so priorities identified during Community Assessment
  - ❏ Discuss how each priority was based on demonstrated needs
  - ❏ Discuss how each priority was based on community readiness/will
- Now take your list of priorities, and get out your *Framework Report*
  - ❏ Which Community Condition statement (goal) does each priority fall within?
  - ❏ Which Best/Promising Practice(s) would help address the priority?



# Example: Obesity & Overweight

## ■ Why a priority? CHAC identified:

1. Perceived Need
2. Based on data
3. Factors to address include environment, diet, sedentary lifestyle

## ■ *Framework:*

- ❏ Community Condition/ Goal = “Schools have comprehensive policies and environments that support tobacco-free lifestyles, healthy eating, daily physical activity, and health management.”
- ❏ Best/Promising Practice = “Schools require all students receive the daily recommended level of physical activity.”

## ■ Next step: CHAC would develop a SMART Objective & multiple strategies for the Plan

