

The need for accountability, efficiency, and new efforts focused on performance management and improvement in public health is increasing. Nationwide, states are realizing that they must focus more on state health improvement planning (SHIP). Interest in SHIP is increasing due to grant initiatives such as the Centers for Disease Control and Prevention's National Public Health Improvement Initiative (NPHII), the Public Health Accreditation Board's (PHAB) accreditation of public health departments, and the recent Internal Revenue Service community benefit requirements for all tax-exempt hospitals. Together, ASTHO and CDC identified and developed the following SHIP guidance and resources to assist states. Much of this work is based on a review of current SHIP activities undertaken by Purdue University's Health care Technical Assistance Program in partnership with and funding from ASTHO and CDC.

The information includes a summary of the review findings and recommendations for undertaking a SHIP development process and links to resources with additional information. The tools and guidance will evolve as additional information is identified.

### **Why Engage in State Health Improvement Planning?**

According to PHAB, a SHIP/SHIP process is described as:

A collaborative effort to identify, analyze, and address health problems in a state; assess applicable data; develop measurable health objectives and indicators; inventory statewide health assets and resources; develop and implement coordinated strategies; identify accountable entities; and cultivate state public health system "ownership" of the entire process. The results of the state health improvement process are contained in a written document, the state health improvement plan.

A SHIP serves as a system-wide planning guide for states. SHIPs provide leadership, direction and oversight within a state to address health improvement; strengthen the public health infrastructure; and engage system partners in contributing to planning, implementation and evaluation. SHIPs provide information on health status, system capacity and resources, health improvement policy changes, health and system priorities, measurable objectives and outcomes, implementation plans, and evaluation measures, all within established time frames. A SHIP identifies priorities specific to the needs within the state and considers the resources available to meet those needs. When developed with these characteristics, and if adhered to, SHIPs can improve the health of a state's population.

### **SHIPs and National Accreditation**

A SHIP is one of three prerequisites required for PHAB accreditation. Additional prerequisites include a community health assessment and an agency strategic plan. States interested in applying for PHAB accreditation must have developed these prerequisites within five years prior to submitting their application.

A SHIP and the development process are also assessed through the PHAB standards and measures, specifically standard **5.2, Conduct a comprehensive planning process resulting in a tribal/state/community health improvement plan**, and the following measures:

- 5.2.1 S: Conduct a process to develop a state health improvement plan.

- 5.2.2 S: Produce a state health improvement plan as a result of the health improvement planning process.
- 5.2.3 A: Implement elements and strategies of the health improvement plan, in partnership with others.
- 5.2.4 A: Monitor progress on implementation of strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners.

PHAB does not endorse one particular process or model for developing health improvement plans. Rather, PHAB standards and measures seeks evidence that a health agency engaged broad representation of state and community partners in a process to review state health assessment data and determine the best course of action to improve the health of the state.

Additionally, PHAB would like to see that the health improvement plan is linked to the community health assessment, the health agency's strategic plan. The community health assessment is a requirement for standard **1.1: participate in or conduct a collaborative process resulting in a comprehensive community health assessment**; the strategic plan is required documentation for standard **5.3: develop and implement a health department organizational strategic plan**.

### Link to Community Health Assessment

States must show alignment between the SHIP and the state's community health assessment. The PHAB documentation guidance for standard **5.2.1 S: conduct a process to develop a state health improvement plan**, indicates that the state health department must show that data from the community health assessment was provided to participants in the SHIP planning process to use in their deliberations. Documentation can be provided as a list of data sets or other evidence that participants used the community health assessment. If issues or themes and state assets were identified in the community health assessment, they can also be incorporated into the SHIP to meet the SHIP documentation requirements.

### Link to State Health Agency Strategic Plan

For PHAB purposes, the agency strategic plan that a health department submits must be linked to the SHIP. PHAB guidance indicates the following: the strategic plan must include linkages with the health improvement plan and details on the health department's roles and responsibilities for implementing the health improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages are appropriate for effective planning and implementation. Some suggestions for ensuring alignment between the SHIP and strategic plan are:

- Include agency strategic planning staff in SHIP development planning and implementation.
- Integrate the SHIP priorities into the agency strategic plan.
- Provide updates on SHIP progress at agency management meetings.

### Developing a State Health Improvement Plan

As you consider developing a SHIP, this guide suggests some steps for developing and implementing a plan. These suggestions are based on lessons learned from the review of 15 SHIPs and input from ASTHO's SHIP workgroup comprised of public health experts from state health agencies and academia.

**ASTHO does not guarantee that states who follow these recommendations will meet the PHAB requirement.**

This document suggests 12 SHIP components. Within each component are five sections to help readers understand and implement SHIP components. The description section provides the overview and purpose of SHIP components. The link to PHAB section describes how SHIP components align with PHAB's requirements. The steps section provides a brief set of action steps for completing each component. The tips section suggests additional recommendations and key issues to consider when implementing SHIP components. The final section, examples and resources, includes links to state examples and other useful resources for SHIP components.

Many of the components described in this SHIP guidance align with those of the Mobilizing for Action through Planning and Partnerships (MAPP) strategy. The model is an improvement process for local public health systems that can be adapted to help state public health system partners conduct system assessments and use the information for developing and implementing an action plan. Where MAPP is referenced, state-specific suggestions are provided.

Several states may be farther along than they are aware of and may have already begun some of the ground work that can contribute to a SHIP. For example, a state that has engaged their system partners in a National Public Health Performance Standards Program (NPHPSP) state assessment or in the development of a Healthy People action plan may already have many SHIP components and processes in place, including but not limited to partner engagement and collaboration, health status and system capacity data, and priorities for addressing health issues or system capacity issues. The information and collaboration generated from these processes can be maximized in the SHIP development process.

### **Key Components of SHIP Development and Implementation**

- Establish a Planning Process or Select Model
- Identify and Engage Stakeholders in Planning and Implementation
- Engage in Visioning and Systems Thinking
- Collect or Analyze Data
  - ▶ Themes and Strengths
  - ▶ Forces of Change
  - ▶ Health Status
  - ▶ System Capacity
- Establish Priorities Identify Issues through Priority Setting
- Communicate/Vet Priorities
- Develop Objectives, Strategies and Measures
- Develop and Implement Workplan
- Monitor, Evaluate and Update the SHIP

### **Establish a Planning Process or Select Model**

**A. Description:** The SHIP development process can range from 12 to 48 months. A good planning process builds commitment, engages system partners as active participants, uses time efficiently

and produces a plan that can be realistically implemented. Considering the resources such as budget, staff, meeting space, printing and data collection needed to develop, communicate and carry out the SHIP, and the initial timeline are critical while designing the planning process.

Identifying someone to drive the development process and be responsible for sustaining the SHIP will help ensure success. It can be health agency staff or a combination of agency staff and partners. Also, engaging the health department leadership is critical because they lend credibility to the effort and can help raise awareness and demonstrate the importance of the SHIP process. Additionally, they provide critical approval throughout the process and may help secure planning or implementation resources when needed.

Engaging broad-based stakeholders early on is important to an efficient SHIP process and in meeting PHAB standards. Many states use an executive planning committee to oversee the entire process and workgroups to address various SHIP components. The number of contributors to existing development processes have ranged from 40 to 400 people and averaged approximately 100. While there is not necessarily an optimal number of participants to include in SHIP planning, states should consider the depth of participants, their commitment to the SHIP effort and the contributions they can deliver.

- B. Link to PHAB:** According to measure **5.2.1S**, the state health department must provide **documentation of a completed state health improvement planning process using a model that supports a participatory process.**
- C. Steps:** Once the lead organization(s) has been determined, the following steps should occur:
- Obtain leadership support from lead organization(s) involved.
  - Outline the process and timeline for SHIP development; include opportunities for communication and updates in the timeline.
  - Consider use of a steering or planning committee or workgroup. Determine what group(s) partners will be involved with, who would comprise this committee and how they would be selected to participate.
  - Determine who will make decisions throughout the process and make need approvals along the way.
  - Identify human and financial resources needed, including consultants or facilitators.
- D. Tips:**
- Approach leaders with a draft plan that describes purpose, goals, estimated timeline, resources and suggested partners.
  - Develop a process and timeline that will work for all involved, taking into consideration personnel schedules (work, vacation, holiday).
  - Include opportunities for communicating with planning partners: email, in-person, calls, etc.
  - Consider costs unrelated to staff time. For example, meeting space and supplies, computer equipment, travel, printing/copying and postage, facilitation, data analysis and report writing and development.
- E. Examples and Resources:**
- The following plans describe the process used to develop the SHIP:

- Colorado, Illinois, New Hampshire, New Mexico, Oklahoma, Pennsylvania and Wisconsin. See additional resources section for links to plans.

### Identify and Engage Stakeholders in Planning and Implementation

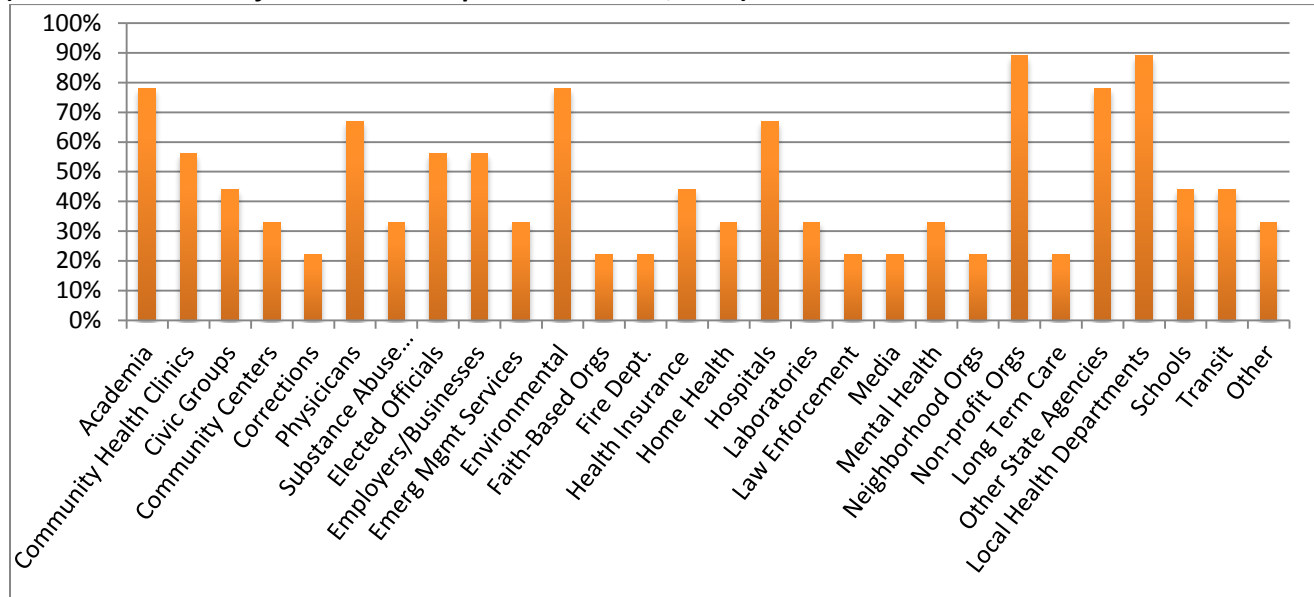
**A. Description:** Developing a SHIP is an opportunity to drive an ongoing state collaborative improvement process. The development, implementation and monitoring of a SHIP can be led by the state health agency but should be a shared responsibility among state health system partners. Partners can participate in various roles, including reviewing and advising throughout the process, contributing resources, communicating with and engaging other stakeholders, and prioritizing and selecting SHIP priorities. Engaging partners in this effort can help strengthen relationships, contribute to or lead activities that the lead organization is unable to, and ensure sustainability of SHIP efforts by aligning priorities with their own organization's priorities.

ASTHO's review of SHIPs revealed that the partners most often involved in health improvement planning efforts include academia, physicians, hospitals, environmental health, nonprofits, local health departments and other state agencies (see Figure 1: *Partners Involved in Planning*). In Indiana, Purdue University has developed a brainstorming exercise to identify system partners according to 10 categories, including human service and charity, recreation and arts, media and faith based. Some states may have existing coalitions that can be potential stakeholders. Other states like Illinois have legislation that dictates who needs to be included in the SHIP process.

Depending on what priorities are ultimately selected, additional partners may need to be identified later in the process to support the SHIP objectives and strategies. Selected partners should be able to make influence a particular health issue.

Validating satisfaction throughout the SHIP process can help sustain partner engagement. Regular check-ins of partners' participation experiences can be done through evaluation tools/surveys (e.g. PARTNER tool, see resources section below). The feedback from these assessments can identify needed modifications to ensure continued partner participation.

**Figure 1: Partners Involved in Planning**  
(ASTHO Evaluation of State Health Improvement Plans, 2010)



**B. Link to PHAB:** PHAB measure **5.2.1S** requires documentation of a health improvement planning process that includes broad participation of public health system partners. Through the SHIP, a state must be able to show that system partners were engaged throughout the development process and are contributing to implementation of the plan (measure 5.2.3A).

**C. Steps:**

- Identify system partners and determine their roles and responsibilities: advisory, decision-making, receive updates, etc.
- If using committees or workgroups, determine which group(s) partners will be involved with.
- Invite system partners to participate in the SHIP process.
- Evaluate partner participation throughout the process.
- Re-evaluate whether additional partners are needed when developing the implementation plan (based on priorities selected).

**D. Tips:** Select participants who:

- Will be committed to the effort.
- Provide a broad range of perspectives and represent a variety of sectors within the system.
- Can contribute necessary resources (access/reach to others, financial, in-kind).
- Can impact the outcomes of the selected priorities.
- Are diverse: geographic, racial/ethnic, gender, age.

**E. Examples and Resources:**

- **Colorado, Illinois, Nebraska, New Hampshire, New York, North Carolina, Oklahoma, Pennsylvania, Washington and Wisconsin** list their partners; some plans also identify members of the planning committees/workgroups and their roles. See additional resources section for links to plans.

- **New Hampshire** ensured an effective collaborative process with frequent communication and a satisfaction survey. Details are included in their SHIP.  
<http://nhphplan.org/pdf/phiap-action-plan.pdf>
- **Identifying & Engaging Community Partners** (from the Healthy People 2010 Toolkit)  
<http://www.healthypeople.gov/2010/state/toolkit/08partners2002.pdf?visit=1>
- **NPHPSP User Guide**  
<http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf>
- **MAPP Handbook** (Note: These resources will need to be modified for state-level use. Contact ASTHO, CDC, or NACCHO staff for assistance.)  
[http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP\\_Handbook\\_fnl.pdf](http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf)
- **Program to Analyze, Record, and Track Networks to Enhance Relationships**  
[www.partnertool.net](http://www.partnertool.net)

### Engage in Visioning and Systems Thinking

- A. Description:** According to the MAPP strategic tool, *a vision is a picture of the future you wish to create. It can help provide focus, purpose, and direction..., and mobilize participants to collectively achieve a shared vision of the future.*

Identifying a vision for the state can support health improvement. Whereas this step in the MAPP process can guide local communities through a collaborative process to develop a community vision, at the state level, visioning helps build a shared understanding of the state as a system. A wide range of statewide partners contribute to this process and identify a vision for health in the system that all can contribute to.

During this step, the state partners address questions such as “What would we like our state and our state’s public health to look like in 10 years?” There are tools and resources to help organizations with visioning; some of those are listed below. Also below, are a few examples of vision statements included in SHIPs.

- B. Link to PHAB:** Indirectly relates to measure 5.2.1 as this step includes broad system partner participation and focuses on identifying what is important to all partners regarding health.
- C. Steps:**
- Consider whether other visioning efforts have occurred and can be incorporated. For example, local health departments may have used MAPP and conducted visioning processes.
  - Design and plan a visioning process (ideally in-person) that includes broad state representation.
  - Hold a visioning session on broad concepts and formulate the vision statement.
  - Capture information from the session and share with the visioning group and the SHIP planning group.
- D. Tips:**
- Think of visioning as an aim for the public health system.



- Consider using a facilitator for the visioning session(s).
- The vision can be referred to throughout the SHIP development process as a reminder of the groups' ultimate goal.

### E. Examples and Resources:

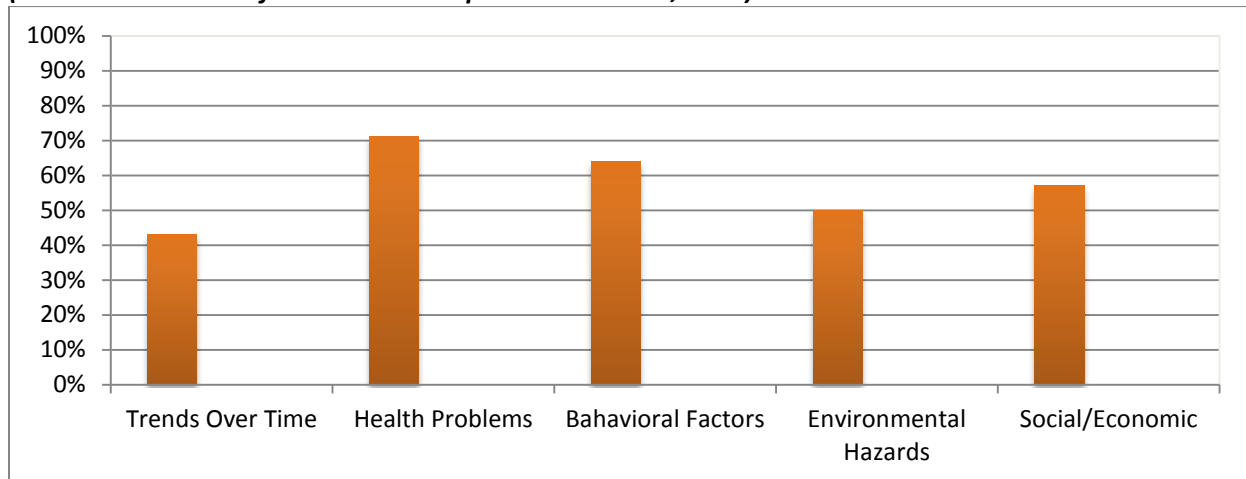
- **MAPP** Visioning Resources (Note: These resources will need to be modified for state-level use. Contact ASTHO, CDC, or NACCHO staff assistance.)  
<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/phase2.cfm>
- **Oklahoma:** "Oklahomans will achieve optimal physical, mental, and social health and the state will be in the top quartile of states by 2014."
- **Wisconsin:** "Everyone living better, longer."
- **Washington:** "Washington state's public health partners envision a public health system that promotes good health and provides improved protection from disease, injury, and hazards in the environment."
- **Indiana:** "Optimal mental, physical, environmental, social, and intellectual well-being for all Hoosiers leading to a healthy, productive, vibrant and prosperous state."
- **Illinois:** "Optimal physical, mental and social well-being for all people in Illinois through a high-functioning public health system comprised of active public, private and voluntary partners."
- **New Hampshire's** vision was more extensive than most and can be found here:  
<http://www.dhhs.nh.gov/dphs/iphnh/documents/vision.pdf>.

### Collect or Analyze Data

There are several types of data that can be used and methods for collecting data for a SHIP. For PHAB requirements, a SHIP must be data driven (should incorporate data from the state's community health assessment) and evidence based. Including data supports the rationale for choosing the priorities and indicators in the plan. Data should also be used to provide an understanding of a state's health status and the capacity and services of the health system. Figure 2: *Uses of Data to Describe the Prevailing Health of the Population*, provides an overview of the various ways data were described in ASTHO's review of SHIPs. Additionally, Figure 4: *Examples of Data Used in SHIPs* shows the various types of data that were found to be commonly used in ASTHO's SHIP review.



**Figure 2: Uses of Data to Describe the Prevailing Health of the Population**  
(ASTHO Evaluation of State Health Improvement Plans, 2010)



As mentioned at the beginning of this document, many states may have already implemented various processes to collect and analyze data for use in a SHIP. Examples include conducting an NPHPSP state public health system assessment, developing a Healthy People action plan, and completing a health status assessment, (including those that will be required by the IRS for tax-exempt hospitals starting in March 2012). States that have this information should use it to inform their SHIP. Particularly, the health assessment data should be used to inform the SHIP priorities, since PHAB requires that the SHIP be aligned with the state’s community health assessment.

Described in this section are health status data, system capacity data, and data gathered through anecdotal methods using a forces of change or themes and strengths assessment.

## Themes and Strengths Data

**A. Description:** Identifying themes and strengths is a step used in MAPP to highlight community issues residents feel are important and how they perceive health and quality of life in the community. At the state level, it can help the public health system understand health issues that are important to residents. This information can inform SHIP priorities and identification of resources and assets. Some questions to address include: What is important to the state? How is quality of life perceived in the state? “What assets exist that can be used to improve health in the state?” There are several ways to gather this information, including statewide surveys, focus groups with various segments of the population and key informant interviews.

For states whose governors have developed statewide health needs reports, the themes and issues identified in them and any related usable assets should also be considered. Additionally, if local communities within a state have completed this process (perhaps through MAPP), the information gathered can be used to inform the state themes and strengths.

**B. Link to PHAB:** As part of PHAB measure **5.2.1 S**, evidence that system partners identified issues or themes to be addressed in the plan is a requirement. Additionally, states must show that assets and resources were identified and considered in the SHIP process.

### C. Steps:

- Design and plan a themes and strengths assessment process, including who should participate and the data-gathering method (for example, in-person gathering, focus groups, surveys, interviews).
- Gather data on the following: concerns, opinions, perceptions about quality of life, and available assets and resources in the state.
- Capture information, including challenges and opportunities, and share with the participants (if a meeting was held) and the SHIP planning group.
- Use this information to inform the subsequent processes, including priority setting, goals/objectives/measures, and implementation.

### D. Tips:

- When possible, capitalize on previously scheduled meetings/events with broad state representation, such as statewide association meetings.
- Use multiple data-gathering methods to ensure broad reach/audiences.
- Use a diverse group of stakeholders that represent geographic, racial and ethnic, gender and socioeconomic diversity.

### E. Examples and Resources:

- **MAPP Handbook** (Note: These resources will need to be modified for state-level use. Contact ASTHO, CDC or NACCHO staff for assistance.)  
[http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP\\_Handbook\\_fnl.pdf](http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf)
- **New Hampshire** used the following questions to obtain feedback from their SHIP advisory committee on the themes and strengths of their system.  
<http://www.dhhs.nh.gov/dphs/iphnh/documents/strengths.pdf>
- **Oklahoma** held listening sessions throughout the state which resulted in several themes to guide their SHIP process. See additional resources section for SHIP link.

### Forces of Change Data

- A. Description:** Identifying forces of change within a state system is another useful process for SHIP development. Forces of Change is a MAPP assessment used to identify the forces that could impact how the system operates. Similar to local forces, those at the state can include legislation, funding shifts, demographic shifts, technology advances or other impending changes that are uncontrollable but that may affect state residents or the state system. Threats or opportunities generated by these occurrences should be considered. Below, *Figure 3: Example of a Forces of Change Exercise* is an example from New Hampshire that depicts how they captured this information.

**Figure 3: Example of a Forces of Change Exercise**

What is occurring or might occur in New Hampshire that affects the state public health system and our goal to undertake a public health improvement planning process?		
External Forces and Trends	Challenges	Opportunities
National attention on pandemic avian flu.	Diverts attention and resources from existing and more probable public health threats.	Opportunity to tighten up emergency response plans.

- B. Link to PHAB:** PHAB measure **5.2.1 S** requires evidence that issues (and themes) were identified by stakeholders.
- C. Steps:**
- Design and plan for a Forces of Change assessment process. This should be an in-person process that allows each participant to share potential issues that could affect health improvement activities.
  - Hold data gathering session(s) with broad stakeholder representation.
  - Organize the findings into groups or categories.
  - Share with the SHIP planning group for use in subsequent steps.
- D. Tips:**
- Forces can be social, economical, political, technological, environmental, scientific, legal or ethical.
  - Encourage the group to think about forces that could result in opportunities, not just threats.
- E. Examples and Resources:**
- MAPP Handbook** (Note: These resources will need to be modified for state-level use. Contact ASTHO, CDC or NACCHO staff for assistance.)  
[http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP\\_Handbook\\_fnl.pdf](http://www.naccho.org/topics/infrastructure/mapp/upload/MAPP_Handbook_fnl.pdf)
  - Illinois'** plan describes the forces identified in their Forces of Change assessment. See additional resources for the SHIP link.

## Health Status Data

- A. Description:** Most plans include data that describe the health of the population, including trends, health issues, behavioral factors, environmental hazards, and social and economic conditions. To provide this picture, the data used often include population health status, key health indicators, maternal and child health, chronic disease and vital records data. If a state currently has a comprehensive health status assessment or state health profile, it is not necessary to collect additional health status data. The information from those existing reports should provide the foundation for the SHIP, particularly since PHAB requires that a SHIP be informed by the state's community health assessment.
- B. Link to PHAB:** PHAB measure **5.2.1 S** indicates that states must be able to show that data from the community health assessment was used to inform the SHIP. Additionally, other data sets used in the plan must be identified.

### C. Steps:

- Identify sources of data that can be used, especially data from the community health assessment (see examples of data used in SHIPs below).
- Analyze data for leading health issues and problems, unfavorable trends, causal factors, disparities.
- Summarize this information for use in subsequent steps.

### D. Tips:

- Consider the time frames for which the data cover and the denominators used for each of the sources.
- Sources that are published regularly make it easier to track and monitor trends.
- Include information on comparisons, trends, benchmarks, disparities or causal factors.
- Health status data provide a picture of health in the state, i.e. morbidity, mortality, incidence, prevalence, trends, and others.

### E. Examples and Resources:

- Several plans incorporated health data in their plans and some included trends, disparities, socioeconomic factors, risk factors, years of potential life lost (**District of Columbia, Indiana, Nebraska, New York, Oklahoma and Pennsylvania**). See additional resources section for links to SHIPs.

## System Capacity Data

**A. Description:** Plans can also include health infrastructure/system capacity data to explain the dynamics that shape the state public health system and how well essential public health services are delivered within and across the system. This information should describe the resources and capacities within the public health system and the services being provided to state residents. Results from the NPHPSP State Public Health System assessment can provide a wealth of system capacity data. This information may also be identified through the previous steps: themes and strengths and forces of change.

Often there are linkages with health and system capacity data. For example, a state may find in their health status data that they have high rates of tobacco use among teenagers and their system capacity data may show that there are limited or no outreach and cessation programs for this particular age group. By addressing the system capacity issue, this state may also be able to address the health issue (tobacco use among teenagers).

**B. Link to PHAB:** PHAB measure **5.2.1 S** indicates that states must be able to show that data was used to inform the SHIP.

### C. Steps:

- Identify sources of data that can be used, especially data from the community health assessment and the NPHPSP state assessment.
- Analyze data for services, resources and capacities within the public health system, including workforce, programs and funding.
- Summarize information for use in subsequent steps.

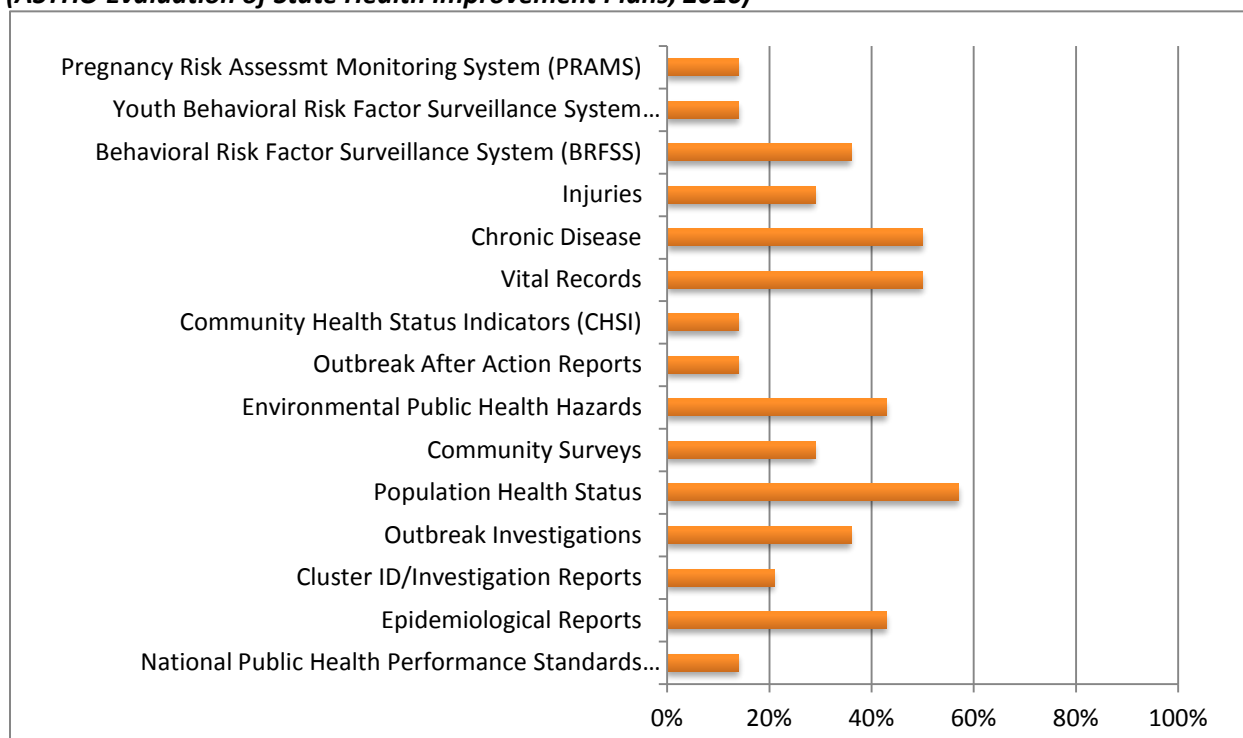
## D. Tips:

- Infrastructure data focus on the capacity and services in the public health system, e.g. staff, resources, data systems.
- Consider the timeframes for which the data cover; sources that are published on a regular basis can make it easier to track and monitor trends.

## E. Examples and Resources:

- **National Public Health Performance Standards Program** <http://www.cdc.gov/nphpsp/index.html>

**Figure 4: Examples of data used in SHIPs**  
(ASTHO Evaluation of State Health Improvement Plans, 2010)



## Identify Issues through Priority Setting

- A. Description:** State health improvement plans should describe the priorities that a state chooses to address over a period of time. The information gathered in the previous steps (health, system capacity, themes and strengths, and forces of change data) should provide the necessary information to determine what the critical issues are that need to be addressed in the SHIP. These should also relate to the vision if one was developed. When generated in a collaborative manner, the priorities should reflect the needs of the state according to the public health system representatives and stakeholders. Priorities can center on health outcomes and system improvements.

Health priorities can contribute to the development of programs or policies that focus on health issues, e.g. reducing cardiovascular disease or increasing access to healthy foods. Whereas system improvements center on strengthening the public health infrastructure to facilitate health

improvement, e.g. ensuring a competent and sufficient public health workforce or improving data collection systems.

ASTHO's review of SHIPs found that 73% included health issues and 96% included infrastructure issues as plan priorities. Additionally, 43% of plans provided documentation of how these issues were identified.

- B. Link to PHAB:** Priority setting must be described in the SHIP (PHAB measure 5.2.2 S), including evidence that system partners contributed to the process. Additionally, priorities must align with tribal (where appropriate), local and national priorities.

**C. Steps:**

- Develop a set of criteria for selecting priorities (severity, impact, feasibility, cost, etc.).
- Brainstorm priorities and apply selection criteria to decide on and prioritize them.
- Review other state initiatives or assessments focused on planning and improving health to avoid duplication or identify opportunities for collaboration, e.g. Turning Point, local or governance NPHPSP results, state health profiles, public health laws, Healthy People plans.
- Discuss and agree on priorities.
- Vet with stakeholder or others in the state.

**D. Tips:**

- Determine priorities through various methods, including ranking, prioritization tables, and discussion and debate.
- Choose a method that will meet the needs of the group, but that will also lead them through an objective discussion, allowing everyone to provide input to the discussion and priority selection.
- Use the same criteria for all priorities being considered.
- Be strategic; consider the magnitude of the issue, trends, impact that can be made, resources needed or available.
- Ensure that your priorities reflect the needs of and are important to all system partners.
- Ensure your priorities are supported by data, particularly from the community health assessment.

**E. Examples and Resources:**

- **New Hampshire's** plan describes how priorities were selected.  
See additional resources section for the SHIP link.
- **Prioritization: Can't I Just Do What I Want?** (priority setting resources from the NPHPSP 2011 Annual Training)  
[http://www.astho.org/uploadedFiles/Programs/Accreditation\\_and\\_Performance/Accreditation/Prioritization%20Matrix.pdf](http://www.astho.org/uploadedFiles/Programs/Accreditation_and_Performance/Accreditation/Prioritization%20Matrix.pdf)
- **Healthy People 2010 Toolkit. Setting Health Priorities and Establishing Health Objectives**  
<http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf>
- **American Society for Quality. Evaluation and Decision Making Tools: Multi-voting.**  
<http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html>

**Figure 5: Example of a Prioritization Table**

<ul style="list-style-type: none"> <li>▪ <b>Quadrant I</b> May need increased Attention.</li> <li>▪ <b>Quadrant II</b> May be important to maintain efforts.</li> <li>▪ <b>Quadrant III</b> May shift or reduce some resources or attention to focus on higher priority activities.</li> <li>▪ <b>Quadrant IV</b> May need little or no attention at this time.</li> </ul>	<b>Perceived Priority (1–10)</b>	<b>High</b>	<b>I</b> High Priority Low Performance	<b>II</b> High Priority High Performance
		<b>Low</b>	<b>IV</b> Low Priority Low Performance	<b>III</b> Low Priority High Performance
			<b>Low</b>	<b>High</b>
			<b>Current Level of Performance (1–100)</b>	

Source: NPHPSP User Guide

## Communicate/Vet Priorities

- A. Description:** To ensure momentum and support from leaders and stakeholders, build momentum for implementation, and utilize broad expertise related to the selected SHIP priorities, it is important to seek input and communicate progress throughout the SHIP planning and implementation process. A key opportunity to accomplish this is to share the plan with partners after selecting priorities, completing final draft, or other milestones within the SHIP process. Other considerations for this step include the audience, the best mode of communication, how feedback and data should be collected and analyzed, and ensuring all SHIP partners are sharing the information with their constituents.
- B. Link to PHAB:** Indirectly linked to measure 5.2.1 S by engaging broad participation in the SHIP process.
- C. Steps:**
- Identify who needs to be communicated with and at what intervals.
  - Determine how communication will occur for various audiences, whether feedback is needed and how it will be incorporated.
  - Develop a communication plan with a timeline.
- D. Tips:**
- Share updates, progress, results from the SHIP planning, implementation and evaluation processes.
  - Include leaders, internal staff, system partners, boards of health, funders, elected officials, business partners and media.
  - Share through written or online reports, presentations, public hearings, press releases, newsletters and social media.
  - Consider holding public comment periods or town hall meetings.



### E. Examples and Resources:

- **Healthy People 2010 Toolkit. Communicating Health Goals and Objectives**  
<http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf>
- **New Hampshire** kept stakeholders informed through the use of newsletters.  
<http://www.dhhs.nh.gov/dphs/iphnh/documents/iphnh.pdf>
- **Oklahoma and Pennsylvania** described their listening session efforts to gather input on their SHIPs. See additional resources for links to their SHIPs.

### Develop Objectives, Strategies, Measures

- A. Description:** Including time-framed measurable objectives in a SHIP provides a foundation for a SHIP implementation workplan and helps states track progress on the objectives for each priority over time. Using the priorities identified in the previous step, system partners should formulate goals, objectives, strategies and indicators and measures related to those issues. While objectives should push states toward achieving higher levels of health or performance, they should also be achievable and take into account the resources available to reach them. This is a good time to think about policy change and identify what is needed to accomplish objectives (If a forces of change process was used, these may have been identified and could be referenced here.)
- B. Link to PHAB:** PHAB measure **5.2.2 S requires that all SHIPs include objectives, improvement strategies and performance measures with time-framed targets.** Strategies should be evidence-based. Policy changes needed to accomplish objectives must also be described in the SHIP. Accountable parties for each objective must be identified.
- C. Steps:**
- Using the identified priorities, develop objectives and strategies to address them.
  - Ensure objectives include a time frame.
  - Identify performance indicators/measures to determine whether objectives are met.
  - Identify any policy changes needed to address objectives.
  - These steps will also require some prioritization as you consider the best objectives and indicators to address the selected SHIP priorities (see establishing priorities).
- D. Tips:**
- Use evidence-based interventions as often as possible for implementation strategies.
  - Consider time frames, staff resources, policies in place or needed, and budget.
  - In addition to being bound by time, objectives should be specific, measurable, achievable, and realistic.
  - To assist with setting targets, states may want to look to the indicators in Healthy People 2020 as a guide.
- **Definitions:**
- **Objectives:** Defined as results of specific activities or outcomes to be achieved over a stated time. Objectives are specific, measurable and realistic statements of intention. Objectives state who will experience what change or benefit and how much change is to be experienced in what time. *NPHSP Glossary*

- Indicator/Measure: A measurement that reflects the status of a system. Indicators reveal the direction of a system (a community, the economy, the environment), whether it is going forward or backward, increasing or decreasing, improving or deteriorating, or staying the same. *NPHPSP Glossary*
- Strategies: Patterns of action, decisions and policies that guide a group toward a vision or goals. Strategies are broad statements that set a direction. They are pursued through specific actions, i.e., those carried out in the programs and services of individual components of the local public health system. *NPHPSP Glossary*
- Goals: Broad, long-term aims that define a desired result associated with identified strategic issues. *NPHPSP Glossary*
- Evidence-based public health can be defined as “the process of integrating science-based interventions with community preferences to improve the health of populations.” (Kohatsu, N. D., Robinson, J. G., & Torner, J. C. (2004). Evidence-based public health: An evolving concept. *American Journal of Preventive Medicine*, 27, 417-421.)

### E. Examples and Resources:

- The following SHIPs provide examples of time framed or measurable objectives: **Colorado, Indiana, New York, Oklahoma and Wisconsin**. See additional resources for links to these SHIPs.
- Evidence-Based Strategies Resources
  - **The Guide to Community Preventive Services**  
[www.thecommunityguide.org](http://www.thecommunityguide.org)
  - **Guide to Clinical Preventive Services**  
<http://www.ahrq.gov/clinic/pocketgd.htm>
  - **National Resource for Evidence Based Programs and Practices**  
[www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- **Healthy People 2020**  
[www.healthypeople.gov](http://www.healthypeople.gov)

### Develop and Implement Workplan

- A. Description:** As states identify strategies and measures for assessing outcomes, this information should be conveyed in an implementation plan (workplan). The implementation plan should indicate which organization(s) will carry out the SHIP strategies. Some states have created or used existing workgroups for each priority to help implement their plans.

Engaging partners in SHIP implementation can help ensure sustainability. Distributing activities encourages accountability and generates ownership by allowing partners to work on something important to them and for which they can make an impact. Partners who lead or contribute to activities should be selected for their expertise, skills or resources that can make an impact on those activities. They should also be encouraged to align the SHIPs goals and objectives with their organization’s strategic plans. A timeline for the objectives and overall implementation plan should also be developed. The duration of most plans reviewed averaged a four year time span. For PHAB

purposes, a SHIP must have been developed within the previous five years of applying for accreditation.

States may also want to consider the use of logic models as a way to display and monitor SHIP goals. Describing what the inputs, activities, outputs and expected outcomes are can also help with the evaluation process of the SHIP.

Implementation plans should be evaluated periodically to determine whether improvement efforts are being conducted as planned and if not, what adjustments need to be made. Documentation of the periodic evaluation is important to track progress over time, as well as for PHAB accreditation.

As least half of the SHIPs included in ASTHO's review incorporated outcome measures, policy changes, and workplans, and identified responsible parties for carrying out the implementation of the plans (see Figure 6: *Percent of Plans that Included Measures of Monitoring and Measures of Implementing Sustainable Improvement Efforts*).

**B. Link to PHAB:** States must submit a SHIP that was developed within five years of applying for accreditation. Measure 5.2.3 S also requires that evidence be provided to show the actions taken to implement strategies, partners involved and status of strategies. This can be done through a SHIP workplan.

**C. Steps:**

- Develop an implementation workplan that identifies responsible parties for each objective or strategy and what is expected of them (deliverables), time frames, and regular check-in or communication opportunities.
- Identify additional partners if needed to carry out the activities in the workplan.
- Ensure the workplan includes measurable outcomes, identifies any potential policy changes that are needed and guidelines for monitoring progress and making revisions.
- Implement the workplan by carrying out the objectives and strategies.

**D. Tips:**

- There may be opportunities for collaborating across various objectives within the workplan – accountable parties should review the plan for common or overlapping activities.
- Various organizations/entities may be responsible for the objectives in the plan, but there should be one responsible party that ensures the ongoing implementation of the SHIP process.
- Consider having regular conference calls/meetings to review progress, address challenges and celebrate successes.

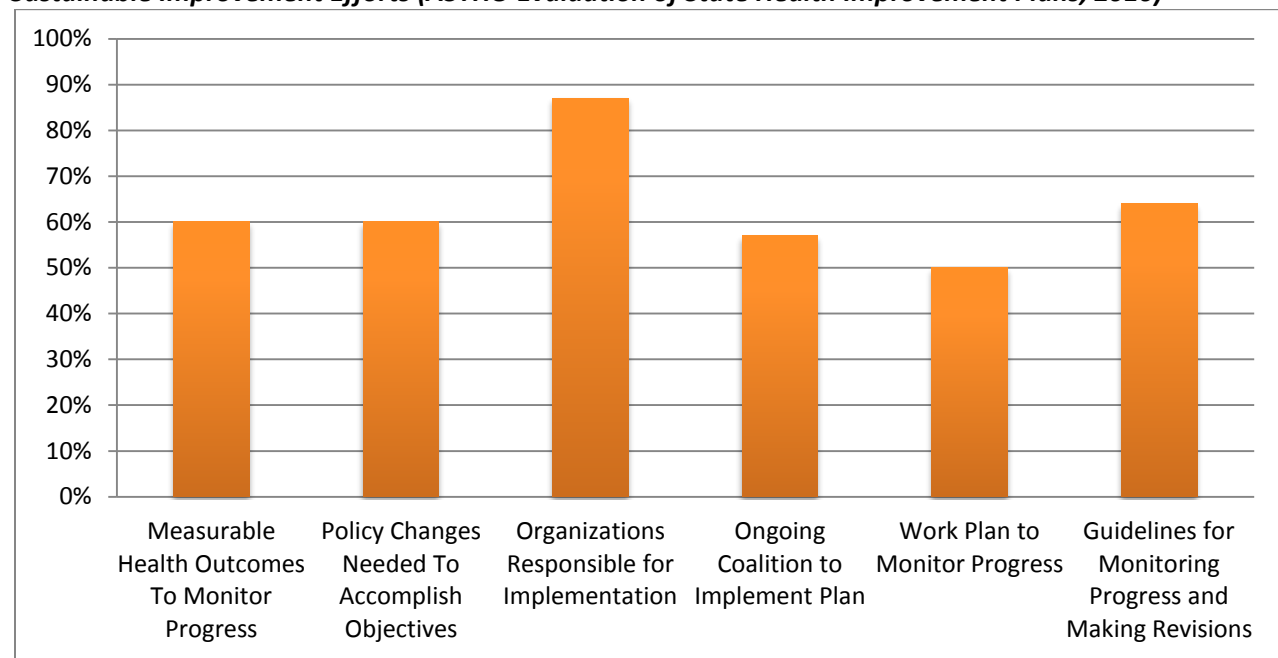
**E. Examples and Resources:**

- **Colorado, Nebraska and New Hampshire's** SHIPs include action steps, responsible parties, and a time-framed workplan; description of a stakeholders group that is charged with implementation; and action plans with responsible parties, respectively. **New Hampshire** incorporated PDSA in their SHIP activity. See additional resources section for links to these SHIPs.
- **Oklahoma** develops quarterly reports for the priorities in their SHIP and posts them online. [http://www.ok.gov/health/Organization/Board\\_of\\_Health/Oklahoma\\_Health\\_Improvement\\_Planni](http://www.ok.gov/health/Organization/Board_of_Health/Oklahoma_Health_Improvement_Planni)

[ng Team \(OHIP\) /OHIP Work Group Quarterly Reports/index.html](#)

- **New Hampshire** also has workplans online.  
<http://www.dhhs.nh.gov/dphs/iphnh/publications.htm>
- **A Guide to Developing an Outcome Logic Model and Measurement Plan** (United Way)  
[http://www.yourunitedway.org/media/Guide\\_for\\_Logic\\_Models\\_and\\_Measurements.pdf](http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf)
- **W.K. Kellogg Foundation Logic Model Development Guide**  
<http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx>
- Logic Model Resources from the **University of Wisconsin Cooperative Extension**  
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>

**Figure 6: Percent of Plans that Included Measures of Monitoring and Measures of Implementing Sustainable Improvement Efforts (ASTHO Evaluation of State Health Improvement Plans, 2010)**



## Monitor, Evaluate and Update the SHIP

- A. Description:** State health improvement planning efforts should be developed as part of a cycle that facilitates continuous quality improvement. A SHIP can be a guide for ongoing system performance measurement and quality improvement for each identified priority. Following the planning and implementation steps described previously, states should also monitor progress and make changes to the process as needed. Plans may need to be revised as a result of changes in: system needs or priorities, available resources, or the evaluation results of certain activities. Monitoring to ensure activities are occurring as planned, can be done more frequently (quarterly, bi-annually), while evaluation of SHIPs should be done on an annual basis. More than 60 percent of SHIPs reviewed

included guidelines for monitoring progress and making revisions (see Figure 6: *Percent of Plans that Included Measures of Monitoring and Measures of Implementing Sustainable Improvement Efforts*).

- B. Link to PHAB:** PHAB measure 5.2.4 S requires evidence that plans are being monitored. States should be able to provide evaluation reports of annual progress for measures and health indicators as well as any revisions made to SHIPs based on evaluation results.

**C. Steps:**

- Determine appropriate check-in opportunities with activity leads to assess and document progress.
- Develop an evaluation for the SHIP that assesses the strategies, such as how effective they are and how well they meet the related objectives.
- Determine who will evaluate the plan and make changes.
- Evaluate the plan and determine where changes need to be made.
- Adjust the plan as needed.
- Share updates with stakeholders.
- Use this information to inform subsequent SHIP planning.

**D. Tips:**

- Updates to plans may occur as a result of changing community needs, a shift in resources or evaluation results.
- Evaluation needs to occur on a yearly basis for PHAB documentation.
- A component of the evaluation can also include an assessment of partner engagement.

**E. Examples and Resources:**

- **New Hampshire** developed a progress report in 2011 that shows the achievements made on the six public health strategic priorities set forth in their Public Health Improvement Action Plan.  
[http://nhphplan.org/pdf/NHPH\\_Report\\_2011.pdf](http://nhphplan.org/pdf/NHPH_Report_2011.pdf)
- **North Carolina, Washington and Wisconsin** report on their successes from previous plans, and **Pennsylvania** includes a chapter on how the plan will be implemented, evaluated and changed. See Additional Resources section for links to these plans.
- **CDC Framework for Program Evaluation in Public Health**  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
- **W.K. Kellogg Foundation Evaluation Handbook**  
<http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx>

### Additional Items

State health improvement plans may have additional or unique components that were not mentioned above. See additional resources section for links to plans.

- In **North Carolina's** SHIP, many of their objectives included a budget to describe the allocation and use of funding required to meet the objectives.

- In **Illinois**, legislation exists for the development and implementation of their SHIP. Public Act 1153 describes what is required in Illinois' SHIP (priorities, strategies, addressing disparities); the composition, appointment and expectations of the planning team; how the draft plan must be shared; and the composition, appointment and expectations of the implementation team.  
<http://www.ilga.gov/legislation/publicacts/96/096-1153.htm>
- **New Hampshire** also had legislation for performance improvement, specifically to establish a performance improvement services council to develop a public health improvement plan based on the 10 public health essential services, focused on prevention and addressed health disparities. The legislation also describes who should be on the council.
- **Contextual Factors**
  - **Pennsylvania's** plan reflects: the special needs and conditions of disabled Pennsylvanians; the racial, cultural, and linguistic diversity of the residents of Pennsylvania; and the impact educational and economic status, rural residence, and other factors have on obtaining access to the preventative and acute health care system.
  - **New Mexico's** plan discusses several contextual factors, including health inequities, education, geographic location, and access to health insurance. In addition, this plan begins by providing summary and documentation of previous achievements related to past efforts.
  - **Oklahoma's** contextual factors included in the plan include income and poverty, education, access to health services, housing, and transportation.
  - **Wisconsin's** contextual factors identified in their plan are: social factors, economic factors, educational factors, physical environment, health services and systems, and behaviors and skills.

### Pulling it All Together

As you complete each of the steps described in this guidance document, keep notes and document names of those involved, the process used to develop the plan, decisions made, data used, and how priorities were identified. Your state health improvement plan should also include an executive summary and can include letters from the health commissioner or the SHIP planning leaders.

States should also consider how this information will be presented. For example, should it be printed and updated yearly? Depending on the size and distribution, printed documents might be costly and sometimes have a tendency to be static. PHAB does not specify a specific format for a SHIP. States might want to consider an publicly accessible, online document that can be updated frequently to reflect accomplishments. Many of the SHIPs are available on the state health agencies' websites.

### Additional Resources

- SHIP links:
  - **Colorado**  
[http://www.cdphe.state.co.us/opp/resources/FINALDRAFT\\_COPHIP.pdf](http://www.cdphe.state.co.us/opp/resources/FINALDRAFT_COPHIP.pdf)
  - **District of Columbia**  
[http://dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration\\_offices/shpda/pdf/new\\_2007\\_health\\_plan.pdf](http://dchealth.dc.gov/doh/frames.asp?doc=/doh/lib/doh/services/administration_offices/shpda/pdf/new_2007_health_plan.pdf)

- **Illinois**  
<http://www.idph.state.il.us/ship/>
- **Indiana**  
[http://www.in.gov/isdh/files/Indiana\\_State\\_Health\\_Plan\\_FINAL\\_6\\_23\\_11.pdf](http://www.in.gov/isdh/files/Indiana_State_Health_Plan_FINAL_6_23_11.pdf)
- **Maryland**  
<http://www.dhmdh.maryland.gov/ship>
- **Nebraska**  
[http://www.turningpointprogram.org/Pages/pdfs/philip/ne\\_philip.pdf](http://www.turningpointprogram.org/Pages/pdfs/philip/ne_philip.pdf)
- **New Hampshire**  
<http://nhphilip.org/pdf/philip-action-plan.pdf>
- **New Mexico**  
<http://nmhealth.org/pdf/2008%20Comprehensive%20Strategic%20Health%20Plan.pdf>
- **New York**  
[http://www.health.state.ny.us/prevention/prevention\\_agenda/index.htm](http://www.health.state.ny.us/prevention/prevention_agenda/index.htm)
- **North Carolina**  
[http://www.ncpublichealth.com/taskforce/2008/improvement\\_plan\\_2008.pdf](http://www.ncpublichealth.com/taskforce/2008/improvement_plan_2008.pdf)
- **Oklahoma**  
<http://www.ok.gov/health/documents/OHIP-viewing.pdf>
- **Pennsylvania**  
[http://www.portal.state.pa.us/portal/server.pt/community/state\\_health\\_improvement\\_plan\\_\(s\\_hip\)/14132/state\\_health\\_improvement\\_plan\\_2006-2010/606855](http://www.portal.state.pa.us/portal/server.pt/community/state_health_improvement_plan_(s_hip)/14132/state_health_improvement_plan_2006-2010/606855)
- **Washington**  
<http://www.doh.wa.gov/philip/catalog/topic/philip.htm>
- **Wisconsin**  
<http://www.dhs.wisconsin.gov/publications/P0/P00187.pdf>
- **ASTHO's Accreditation and Performance Improvement Resources**  
<http://astho.org/Programs/Accreditation-and-Performance/>
- **Using the MAPP Model at the State and Community Levels** (comparison matrix)  
<http://www.astho.org/Display/AssetDisplay.aspx?id=6589>
- **National Public Health Performance Standards Program**  
<http://www.cdc.gov/nphpsp/index.html>
- **MAPP Clearinghouse on the NACCHO website** (Note: These resources will need to be modified for state-level use. Contact ASTHO, CDC or NACCHO staff for assistance.)  
<http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/>
- **Resource Center for Community Health Assessment and Community Health Improvement Plans**  
<http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm>
- **Improving Health in the Community: A Role for Performance Monitoring**  
<http://www.nap.edu/catalog/5298.html>

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