

Whatcom County Public Health Advisory Board

WHATCOM COUNTY
COMPREHENSIVE HEALTH PLAN:
A Guidance Document for Community
Health Planning

Purpose, Scope & Processes

November 2007

PURPOSE OF THE CHP

In January 2007, the Whatcom County Public Health Advisory Board (PHAB)—based on the directive of the Whatcom County Health Board (HB)—held a retreat to develop a framework and process for the development of a county-wide comprehensive health plan (CHP) that would guide public health policy. Such a plan has the potential to maximize health planning by focusing the efforts of diverse partners on common issues and goals.

Specifically, the Health Plan will:

- ⊕ *Engage the public in identifying issues and setting health priorities for the county;*
- ⊕ *Maximize countywide health planning by focusing the efforts of diverse partners on common issues and goals;*
- ⊕ *Guide Whatcom County government decision making, program prioritization and resource allocation for public health and health-related issues and programs, as well as guide local health-related organizations, community groups, and jurisdictions as they engage in their own health planning and resource allocation processes; and*
- ⊕ *Attract out-of-county resources for CHP priorities.*

LEADERSHIP

In September 2007, the Whatcom County Health Board created a 3-member standing Health Committee to guide the processes of developing the Comprehensive Health Plan. The Health Committee will meet frequently during the planning process and will seek regular input and involvement from the Public Health Advisory Board. A continuous feedback loop will frame the development of the Comprehensive Plan, with the County Council Health Committee providing feedback to the public, community partners, the Public Health Advisory Board, and Health Department staff. The County Council and the Public Health Advisory Board can be seen as key customers of Comprehensive Plan in that they will use the plan for guidance in the performance of their respective board duties. A diagram of this leadership structure follows:



SCOPE OF THE CHP

The Comprehensive Health Plan will be organized under four major health topics, which are defined as follows:

TOPIC 1: COMMUNICABLE DISEASE PREVENTION

Impeding the occurrence of infectious disease in susceptible populations by: (1) providing guidelines to reduce susceptibility to communicable diseases; (2) maintaining surveillance systems to rapidly identify disease outbreaks; and (3) determining and eliminating causes in order to halt disease outbreaks. **This includes emergency preparedness and response to disease outbreaks and other public health concerns.**

TOPIC 2: HEALTH CARE DELIVERY SYSTEMS

Strengthening the current organization and methods by which health care (including behavioral health services, and oral health care) is delivered and fostering a comprehensive system that ensures access and quality while at reasonable cost.

TOPIC 3: HEALTHY ENVIRONMENT

Assuring clean air, water and soil, safe homes and food, freedom from contaminants, and building and community designs that maximize safety and encourage healthy lifestyles.

TOPIC 4: HEALTH PROMOTION

Identifying and fostering healthy lifestyles in the community in order to support a comprehensive chronic disease prevention plan—such as the promotion of sound nutrition and physical activity as the building blocks of a healthy lifestyle.

These four topics will be supported and informed by *health assessment*, i.e. the collection, tracking, analysis and dissemination of data to help identify health issues and guide planning, program development, and evaluation.

Focusing on these four community health topics, and supported by health assessment data, a process will begin to identify and prioritize health issues of primary concern to Whatcom County residents. The PHAB proposes that the basic structure of the Whatcom County Comprehensive Plan will guide the development of the CHP. The CHP, however, is not a legal document in the same sense as the Comprehensive Land Use plan. The CHP is predominantly a

guidance document that is intended to engage the community in creative and unique ways that may be outside the Land Use context, thus saving resources and leading to a more meaningful and community-engaged process.

Above all, the CHP will contain community-developed action plans that can be implemented and will be periodically evaluated as to impacts achieved.

DESIGN OF THE CHP

The PHAB has developed the following ten design features for the CHP process and its implementation. Each item is foundational to the development of the CHP and will be incorporated into all planning processes.

Design Feature 1: Development of a comprehensive proposal that addresses staff resources required and a timeline.

The narrative that follows outlines the processes required to create a comprehensive CHP. A proposed workplan that details activities, staff resources, and a timeline to accomplish workplan activities is provided in Appendix A.

Design Feature 2: Involvement of key community partners in the development and execution of the CHP.

CHP processes, outlined in this document, will depend heavily on a broad spectrum of community partners coming together in a variety of ways. Key partners will participate in the selection and prioritization of key issues, as well as in subsequent planning efforts based on their expertise and interests.

Design Feature 3: Inclusion of a broad and ongoing community engagement process.

At all stages, a broad spectrum of community voices will be sought out using a variety of methods, including public forums, focus groups, individual interviews, written and on-line surveys, and other methods, as appropriate.

Design Feature 4: Ownership of the process by the Health Board with a 3-person Health Committee providing ongoing leadership and the Public Health Advisory Board serving as the process advisor.

The Health Board will provide leadership of the CHP processes via a three-member Health Committee. HB and PHAB members may also provide individual input by chairing a health topic workgroup in their area of interest/expertise or by serving as a health topic workgroup member.

Design Feature 5: Guidance for the process is supplied by the architecture of the Whatcom County Comprehensive Plan.

The CHP processes and documentation of those processes will be patterned after the Whatcom County Comprehensive Plan, as discussed in later sections of this document.

Design Feature 6: Exploration of legal implications of the plan.

The opinion of the Whatcom County Prosecuting Attorney's Office for civil issues will be sought at relevant junctures in the plan development in order to assure that there are no adverse legal implications of the CHP.

Design Feature 7: Professional facilitation.

The CHP processes will be facilitated by individuals skilled in group facilitation processes to ensure efficiency and civility.

Design Feature 8: A transparent process.

The CHP processes and deliverables will be readily accessible to stakeholders using a variety of communication strategies. All assessment data, meeting minutes, and reports will be published and distributed to stakeholders via e-mail addresses and/or published on the Whatcom County Health Department website in a CHP-designated area.

Design Feature 9: Linkages or references provided to other relevant planning documents.

When CHP processes make reference to other planning documents, clear and concise citations will be used, so that the relevant documents are easily accessible by stakeholders.

Design Feature 10: Provision of an updating mechanism for the CHP.

A review process will be incorporated into Health Committee agendas that deal specifically with the CHP. The review process will consist of five steps to be completed by the end of each five-year period:

1. WCHD assessment staff will review the current document to monitor progress towards achieving CHP goals and to provide relevant assessment data that might impact the current CHP, such as data on emerging health issues.
2. CHP Subcommittee members will review the CHP in conjunction with the CHP assessment report and discuss whether or not an update is needed to the current plan. Subcommittee findings will be summarized for distribution to the HB.
3. The HB will make a final determination if action is needed to change the CHP. HB findings will be summarized, including general directions as to what needs revision, and distributed to the PHAB and Director of WCHD. If it is determined by the HB that the plan is to be amended, the Health Committee will begin that process with directions to WCHD and other community partners as to how to proceed.
4. CHP processes outlined in this document will be utilized by WCHD and key partners to carry out the revision instructions of the HB.
5. Proposed CHP revisions will be reviewed by the Health Committee followed by final approval by the Health Board.

IMPLEMENTING THE CHP PROCESS

Utilizing these design features, the CHP process will begin with the following three steps:

Step 1: Identify strategic issues of community health significance related to each topic

Step 2: Prioritize issues

Step 3: Create goals, policies, and action plans

Step 1 and Step 2 will be implemented simultaneously across all topics using the four main health topics to organize the public input process. The rationale for this approach is that the

input and prioritization process will be more economical, efficient, and timely. Also, any key partners that emerge during Step 1 and Step 2 can then provide guidance to determine the order in which the four topics will go through Step 3, which is expected to consume the bulk of the planning process.

Public input and feedback to the community will begin early in the process and will continue throughout all planning processes. At critical input junctures—such as the stage where issue lists, policy drafts, and action plan documents are being reviewed and finalized—the Health Committee will seek public input using multiple strategies including, but not limited to: focus groups, surveys, workgroups, committees, etc.

STEP 1: Identify strategic issues of community health significance related to each topic

A community needs assessment process would develop a laundry list of topic-specific health issues of public health significance. The issue identification process might be very similar to that utilized in the development of the county comprehensive plan and would focus heavily on involvement of key community partners and the opportunity for input by Whatcom citizens. Issues would include standard public health issues (obvious suspects) and additional emerging health issues. Some considerations in choosing strategic issues include, but are not limited to: (1) Defining why an issue is important; (2) Determining the consequences of not addressing the issue; and (3) Consolidating overlapping or related issues. This process will identify a list of strategic health issues related to each of the four topics.

Diverse strategies for gathering public input will be employed based on the recognition of varied interest levels and practical constraints that often limit participation by citizens. Not all residents have time to devote to public meetings, or may be averse to such forums. Though some elements of the following list focus on building awareness and interest in the process itself, others will provide an effective means for formal and informal citizen involvement. Thus, strategies will include (in alphabetical order): advisory committee meetings, e-mail newsletters, guest editorials, news coverage, public opinion questionnaires/surveys, postcards, posters, public workshops, sandwich boards, stakeholder interviews (group and individual), and website links.

STEP 2: Prioritize issues

The issues identified in Step 1 would then be prioritized using some of the same forums for Whatcom citizens and key community partners that were identified in Step 1 with particular attention given to the use of survey methodologies. Issues would be prioritized based on the following suggested criteria: (1) seriousness of health impact; (2) breadth of impact; (3) width of

the current gap in addressing the issue; and (4) estimated ability to impact the issue. The Mobilizing for Action through Planning and Partnerships (MAPP) criteria¹ for identifying priorities is an alternative approach that could be used during the prioritization process:

MAPP Criteria for Identifying Priorities

High	<p style="text-align: center;">A</p> <p style="text-align: center;">Highly Important Low Current Status</p> <p>Consider these issues for additional attention since you have identified them as highly important yet little is currently being done.</p>	<p style="text-align: center;">B</p> <p style="text-align: center;">Highly Important High Current Status</p> <p>Issues that are already successful since they are highly important and the current status is high.</p>
	<p style="text-align: center;">D</p> <p style="text-align: center;">Low Important Low Current Status</p> <p>Issues of low importance and low status and do not need attention.</p>	<p style="text-align: center;">C</p> <p style="text-align: center;">Low Important High Current Status</p> <p>Potential issues to cut since they are of low importance and their current status is high.</p>
Low	Low	High

Whatever prioritization methods are used, Step 2 would result in a finite list of issues to be included in the CHP and detailed during Step 3.

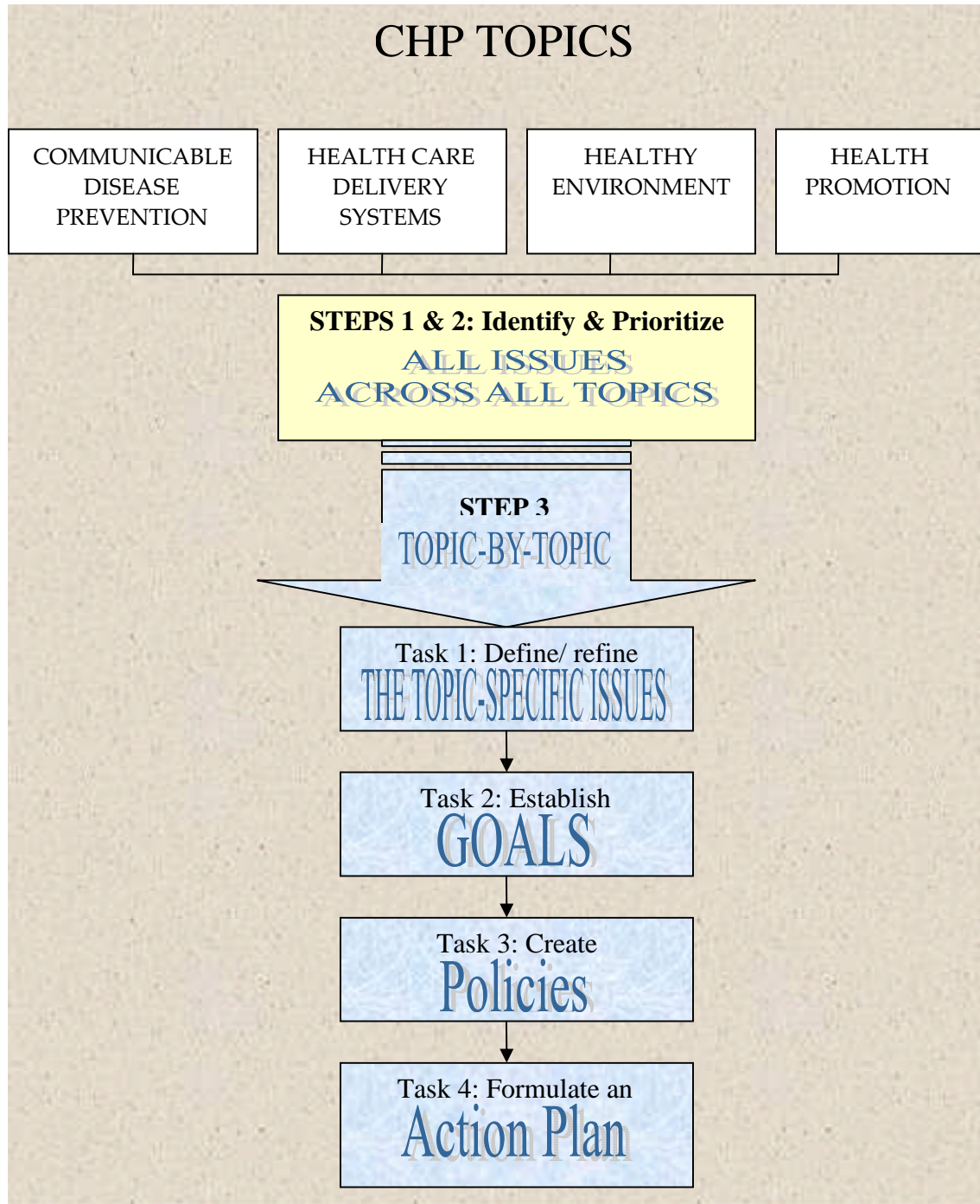
Prior to the initiation of Step 3, several preliminary items would need to be addressed by the Health Committee:

- ❖ In which order would topics be implemented under Step 3?
- ❖ Would topics be implemented one at a time or could two or more topics be covered simultaneously?
- ❖ For each topic, who are the identified lead partners? Supporting partners?
- ❖ What additional staffing or other resources might be needed to complete Step 3 across all topics?

¹ *Achieving Healthier Communities through MAPP (Mobilizing for Action through Planning and Partnerships)*, National Association of County & City Health Officials (www.naccho.org/project77.cfm).

STEP 3: Create goals, policies, and action plans

Key stakeholders are then convened to develop goals, policies, and action plans for the priority issues identified under each topic. This is the heart of the CHP process and is patterned after the Whatcom County Comprehensive Plan. The following graphic provides an overview of the CHP process:



FACILITATION

How Step 3 will be accomplished for each identified priority issue, is detailed in the remainder of this document using a menu of implementation options. The “option” approach, outlined as follows, has been constructed based on the realization that there are multiple approaches possible depending on the particular issue. One of the criteria for choosing an option will be to obtain the best results in the fastest time at the lowest cost. It will be the charge of the Health Committee to recommend which option is likely to work best for each issue.

Option A: ISSUES INFORMED BY PUBLIC HEALTH DEPARTMENT EXPERTISE

This option is appropriate where there is an issue that depends predominantly on public health expertise. Issues under this option may be ones that have been the traditional purview of public health, for instance, communicable disease. The Health Department would do the initial draft and obtain input from partners.

Option B: ISSUES INFORMED BY “EXPERT” COALITIONS

This option is likely most useful when there is a coalition or other group of experts already convening around the identified issue. Option B assumes that a significant amount of effort has already occurred to study the issue and begin the process of addressing it. For instance, most issues identified under the topic “Health Care Delivery Systems” might best be developed with the expert guidance of the Whatcom Alliance for Health Care Access.

Option C: ISSUES INFORMED BY MULTIPLE PARTNER EXPERTISE

This option would be chosen if expertise is not concentrated in the public health domain and there is no organized group of experts convened around the issue, or if there are multiple experts—either groups or individuals. This option may work well with issues that are controversial and require multiple viewpoints and consensus-building work. The Whatcom Coalition for Healthy Communities could be approached and asked to convene around these types of issues. Professional facilitation of Option C processes is recommended if there is not an obvious facilitator.

Once the appropriate option is selected for each issue, HB and PHAB members would be invited to participate in issue workgroups in their area of interest or expertise. Participation by HB and PHAB members would strengthen communication linkages between the workgroups, the

Health Committee, the Health Board, and the PHAB. Workgroups can begin Step 3 processes, using this general outline of tasks:

ISSUE DEVELOPMENT TASKS

Task 1:

To further define and refine the issue, obtain additional assessment data pertinent to the issue from WCHD's Community Assessment Program and any additional sources of interest to the group. Use this data to craft a detailed written description of the issue that is then endorsed by the workgroup.

Task 2:

Establish a goal statement that is geared to the specific planning horizon. The issue description and goal statement are then submitted to the Health Committee for review prior to initiation of Task 3.

Task 3:

Use the goal statement to create policies that could be expected to impact the issue in a positive manner. The Health Committee reviews policies and then submits issues, goals, and policies to the HB for adoption prior to Task 4.

Task 4:

Formulate an action plan. This is a crucial step in the CHP process because without an action plan goals and policies are not operationalized and it is unlikely for the issue to be impacted in a positive manner. During this step, workgroups may want to begin with the creation of a logic model which includes such things as underlying assumptions, resources needed, and measurable goal-related objectives (short-, intermediate-, and long-term). The MAPP "Strategic Development Matrix" might also be a useful tool. This matrix would require definition of strategies, potential barriers and a detailed implementation plan. Action plans would include WHAT will be done, WHO will do it, and HOW it will be carried out. An evaluation component should also be included, as data from the evaluation will provide valuable information to inform subsequent action cycles and to determine if objectives are being met. The Health Committee reviews initial action plans.

Task 5:

The HB completes a final review of the completed Step 3 processes, including action plans.

If completed topic-by-topic, this three-step process would be repeated with the second of the four topics and so forth until all four topics had issues fully developed in the completed CHP document. To shorten the overall timeline of the process, however, it may be advisable to implement Step 3 for two topics at a time as is shown in the Appendix A CHP Workplan. The

decision as to the order in which the four topics will be developed under Step 3 and how many topics will proceed simultaneously will be made by the Health Committee.

ISSUE DEVELOPMENT EXAMPLE

This following is an issue development example patterned after the narrative structure of the Whatcom County Comprehensive Plan. This example is meant to serve as illustration of how an issue might be developed from background through goals, policies, and action plan.

HEALTHY ENVIRONMENT

ISSUE: *The built environment has an enormous impact on healthy living and life style choices. Consideration of issues such as walkability and physical activity are not a routine part of land use review. As policymakers incorporate health impact analysis into environmental analysis, it is essential that developers, builders, and the general public understand and support this type of analysis. Community land use planning decisions made with consideration of health impacts are likely to have financial and implementation consequences that taxpayers will need to understand.*

BACKGROUND SUMMARY

Among policymakers, how a healthy environment supports community health is becoming increasingly understood and accepted. The past state legislative session saw the introduction of a bill that would have incorporated human health analysis into environmental review under chapter 43.21C RCW. Although this bill was not passed, it demonstrated that health impacts may soon be a condition of land use planning efforts.

While the impacts of considering the built environment in land use planning are recognized by some policymakers, these impacts are probably little known by most Whatcom County residents. Support by the public is extremely important as policymakers make decisions based on this new knowledge regarding the relationship between health and the built environment.

GOALS AND POLICIES

GOAL 1B: Increase the number of building projects that are environmentally friendly and supportive of healthy lifestyles.

Policy 1B-1: All land use projects in Whatcom County should include a health analysis component.

Policy 1B-2: Whatcom County will ensure that all building projects incorporate design elements that are supportive of healthy lifestyles, including: friendly walking environments, encouragement of public transit opportunities, minimal environmental impact, etc.

GOAL 2B: Increase Whatcom residents' knowledge about the relationship between health and the built environment.

Policy 1B-1: The community should encourage and support public forum discussions related to “Health and the Built Environment.”

Policy 1B-2: Education about “Health and the Built Environment” should be incorporated into land use and building permit processes in Whatcom County.

HEALTHY ENVIRONMENT - ACTION PLAN

Increasing the number of building projects that are environmentally friendly and supportive of healthy lifestyles

1. Develop guidelines for designers, builders, and developers that highlight design features that are supportive of a healthy lifestyle.
2. Retain an expert educator and provide free-of-charge “Health & the Built Environment” classes specific to designers, builders, and developers.
3. Distribute “Building for a Healthy Community” guidelines to all licensed building contractors in Whatcom County.
4. Provide an “expedited” building approval process to projects that are initially submitted with at least four design elements referenced in the “Building for a Healthy Community” guidelines.

Increasing Whatcom residents’ knowledge about the relationship between health and the built environment

1. Convene a “Health and the Built Environment” education workgroup to begin locating an adult learner curriculum, adapting such a curriculum for use in Whatcom County and/or creating such a curriculum specific to targeted groups (other than designers, builders, and developers, as referenced under #2 above) in Whatcom County.
2. Pilot the curriculum with environmental health clients of WCHD.
3. Revise the curriculum based on curriculum evaluation feedback from WCHD clients. Determine curriculum venues and create written materials for distribution in printed form and/or via postings on the county’s website.
4. Locate class locations and instructors and determine class schedules; publicize “Health and the Built Environment” classes.
5. Enroll students and implement curriculum along with student pre/post “Health and the Built Environment” survey and 6-month follow-up survey.
6. WCHD health information specialist analyzes survey results and presents to education workgroup.
7. Workgroup revises curriculum and other aspects of this component on an annual basis.

APPENDIX A:
CHP WORKPLAN (Page 1 of 3)

TASKS/Activities	RESPONSIBLE GROUP/ Individual Assignment	Projected Hours	Begin Date	End Date
PLANNING THE CHP PROCESS				
1. Develop CHP process	PHAB	12 hours	January 2007	May 2007
2. Draft CHP process	Health Information Specialist	40 hours	February 2007	June 2007
3. Review final CHP draft	PHAB	4 hours	May 2007	June 2007
4. Approve final CHP draft	HB	2 hours	June 2007	July 2007
5. Oversee planning activities—ONGOING	Health Committee	6 hours/month	September 2007	December 2010
IMPLEMENTING THE WCHHP PROCESS				
STEP 1: Issue Identification—All Topics				
1. Develop community needs assessment activities	Health Information Specialist	40-120 hours/topic	July 2007	October 2007
2. Approve needs assessment activities	Health Committee W/CHD	4 hours	August 2007	November 2007
3. Implement needs assessment activities	w/facilitator	80 hours/topic	December 2007	June 2008
4. Develop issue lists (4) based on assessment results	Health Information Specialist	40 hours	January 2008	July 2008
STEP 2: Issue Prioritization—All Topics				
1. Citizen survey & summary of findings	Health Information Specialist	40 hours	July 2008	September 2008
2. Convene expert partners to review survey findings and develop list of top priorities for each topic using MAPP or other criteria.	Health Committee w/ Health Information Specialist input	8 hours/topic	September 2008	October 2008
3. Finalize list of key issues	Health Committee	2 hours/topic	October 2008	Nov. 2008
4. Approve list of key issues	HB	1 hour/topic	November 2008	December 2008

**APPENDIX A:
CHP WORKPLAN (Page 2 of 3)**

NOTE: TASKS 1-5 WILL BE REPEATED FOR EACH OF THE 4 TOPICS IN THE PRIORITY ORDER ESTABLISHED BY THE Health Committee.

Depending on the specific topic and facilitation option chosen, Tasks 1-5 could take from 9-18 months to complete. Estimated times for each option are as follows: Option A/WCHD facilitates—estimated 9-15 months; Option B/Expert Coalition facilitates—estimated 9-15 months; Option C/Multiple Partners w/professional facilitator—estimated 12-18 months.

TASKS/Activities	RESPONSIBLE GROUP/ Individual Assignment	Projected Hours	Begin Date	End Date (All topics)
STEP 3: CREATE GOALS, POLICIES, AND ACTION PLANS—2 Topics at a time				
TASK 1: Define and Refine Issues				
1. Provide issue definition	Health Information Specialist	4 hours/issue	January 2009	June 2010
2. Add pertinent assessment data to issue narratives	Health Information Specialist	1 hour/issue	March 2009	August 2010
3. Review & refine issue	Health Topic Workgroups	40 hours/topic	April 2009	September 2010
4. Review issue definition & narrative	Health Committee	1 hour/issue	May 2009	October 2010
5. Final approval of issues—1 topic at a time	HB	2 hours/topic	June 2009	November 2010
TASK 2: Establish Goals				
1. Create a goal statement for each issue	Health Topic Workgroups	2 hours/goal	June 2009	November 2010
2. Draft goal statement for Health Committee	Health Information Specialist	2 hours/goal	July 2009	December 2010
3. Review goal statements	Health Committee	20 hours/topic	August 2009	February 2010
4. Public input	Public	2 hours/goal	August 2009	February 2010
5. Final approval of goals—1 topic at a time	Health Committee & HB	2 hours/topic	October 2009	April 2010
TASK 3: Create Policies				
1. Create policies for each goal	Health Topic Workgroups	10 hours/policy	October 2009	April 2010
2. Draft final policies	Health Information Specialist	1 hour/policy	December 2009	June 2010
3. Review policies	Health Committee	1 hour/policy	January 2010	July 2010
4. Public input	Public	2 hours/policy	January 2010	July 2010
5. Final approval of policies—1 topic at a time	Health Committee & HB	2 hours/topic	February 2010	August 2010

APPENDIX A:
CHP WORKPLAN (Page 3 of 3)

TASKS/Activities	RESPONSIBLE GROUP/ Individual Assignment	Projected Hours	Begin Date	End Date (All topics)
TASK 4: Formulate Action Plans				
1. Develop action plans for each policy	Health Topic Workgroup	10 hours/policy	March 2010	September 2010
2. Draft initial action plans	Health Information Specialist	4 hours/policy	May 2010	November 2010
3. Review action plans	Health Committee	1 hour/action plan	June 2010	December 2010
4. Public input	Public	1 hours/policy	June 2010	December 2010
5. Re-draft final action plans	Health Information Specialist	2 hours/goal	July 2010	January 2011
6. Final review of action plans	Health Committee & HB	4 hours/topic	July 2010	January 2011
TASK 5: HB Approval of CHP				
1. Prepare final CHP document	Health Information Specialist	40 hours/topic	February 2011	March 2011
2. Public input	Public	10 hours/topic	April 2011	April 2011
3. Final review by Health Committee	Health Committee	4 hours/topic	May 2011	May 2011
4. Edit final CHP document	Health Information Specialist	20 hours	June 2011	June 2011
5. Final review by HB	HB	2 hours/topic	July 2011	July 2011

Note: The proposed timeline, if followed, would result in an implementation cycle (Steps 1-3) of approximately four years.