

Tri-County Public Health Community Health Assessment/Community Health Improvement Plan Alignment Charter

Name

Full Name: The Calumet County, Outagamie County, Winnebago County, City of Appleton, and City of Menasha Public Health Community Health Assessment and Community Health Improvement Plan Alignment Coalition

Abbreviated Name: Tri-County Public Health CHA/CHIP Alignment Coalition

Vision

Quality data, collaborative partnerships, thriving communities for all.

Mission

Work collaboratively and strategically to lead community health assessment and improvement efforts throughout the tri-county area, leading to efficient use of resources and collective impact to better our communities.

Purpose

The purpose of the Coalition is to align the CHA/CHIP cycles of the Calumet County, Outagamie County, Winnebago County, City of Appleton, and City of Menasha public health agencies. The Coalition will share the work of collecting primary data, compiling secondary data, engaging community partners, researching interventions, and iteratively improving the process in accordance with current public health best practice. The CHA and CHIP documents will aim to identify the state of our residents' health, community assets and resources, trends of health-related conditions, factors influencing health-related outcomes, and evidence-based interventions that could improve the health of our community. Throughout this process, the five public health agencies will work with healthcare partners, community organizations, and other relevant partners to implement interventions and to evaluate their effectiveness.

Role of Public Health as the Chief Health Strategist

Health is influenced by a range of interconnected factors, including individual health behaviors, social characteristics, and physical environment. Local public health agencies functioning as community health strategists play an important role in addressing the broader influences of health to promote health, eliminate health disparities, and promote health equity among all individuals in their communities. As the local governmental health agencies, the members of this Coalition will advance their current roles to lead the region in the prevention of death, disease, and disability; address emerging threats to health, security, and equity; and eliminate the social and structural injustices that result in health disparities.

Equity Statement

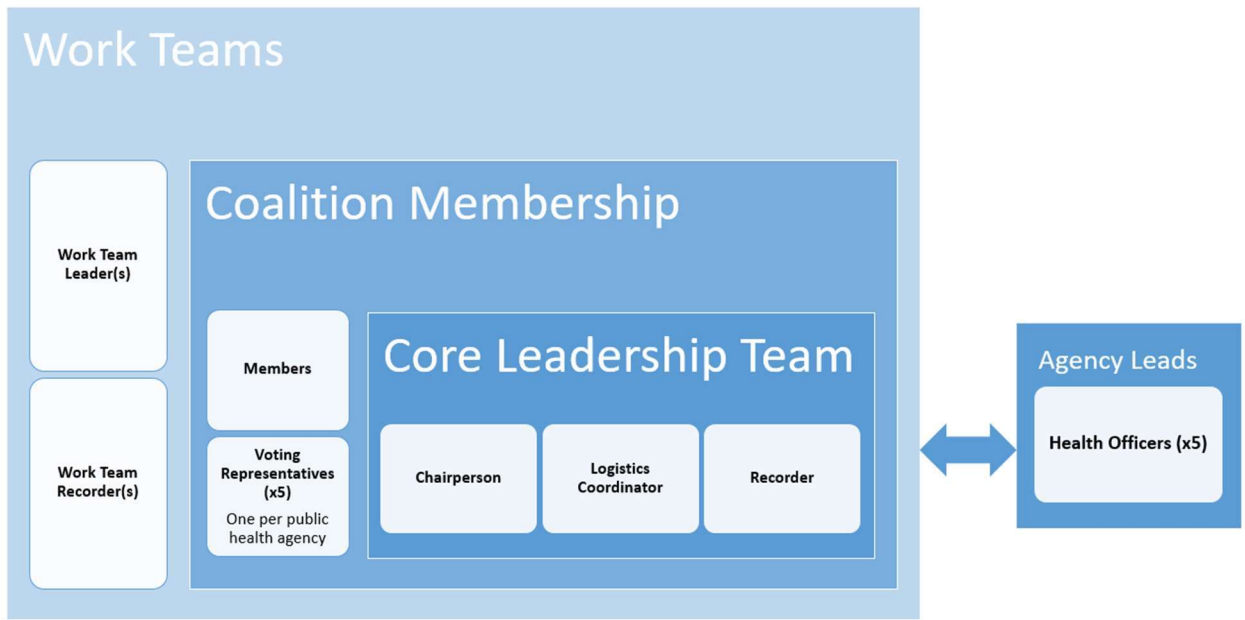
In accordance with the definition provided by the Public Health National Center for Innovations in their *10 Essential Public Health Services*, “equity” is defined as “a fair and just opportunity for all to achieve good health and well-being.”

This requires removing obstacles to health such as:

- Poverty, discrimination, and their consequences,
- Powerlessness,
- Lack of access to good jobs with fair pay, quality education, housing, safe environments, and healthcare, and
- Health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.

The Coalition is accountable to all residents of the five jurisdictions that comprise it. However, the Coalition has a particular responsibility to those without trust in its institutions as a result of historical marginalization or victimization by public health entities, as well as to those who are currently most likely to experience health inequities. It is incumbent upon the Coalition to involve relevant community leaders for these groups throughout the entirety of the CHA/CHIP cycle, and to focus on including equity in its policy recommendations and improvement efforts.

Coalition Structure



Inclusivity: The Coalition will not discriminate on the basis of race, color, national origin, sex, gender identity, sexual orientation, religious creed, disability, political beliefs, or age.

Member Organizations: The five constituent member organizations are the public health agencies of Calumet County, Outagamie County, Winnebago County, City of Appleton, and City of Menasha.

- Members: The membership of this Coalition will include any staff of the five constituent public health agencies responsible for participation in the production, publication, or implementation of Community Health Assessments and/or Community Health Improvement Plans.
- Voting Representatives: Each member organization will designate one voting representative for each full Coalition meeting, such that each public health agency maintains equal weight in the decision-making process. The lead agency need not necessarily select the chairperson as its voting representative.
- Building Capacity: In order to build knowledge, skills, and abilities in the public health workforce, member organizations will make a good faith effort to allow multiple employees to participate in the CHA/CHIP process.

Roles and Responsibilities

Lead Agency: The lead agency is the member organization responsible for convening the Coalition and generally facilitating the production of the CHA and CHIP. The lead agency will archive meeting agendas, meeting schedules, meeting invites, meeting minutes, and other necessary logistical information for the Coalition to perform its duties. This excludes responsibility for the work teams, which is addressed below.

Core Leadership Team: At least two members of the Core Leadership Team shall be from different public health agencies.

- Chairperson: The chairperson, selected by the lead agency from its staff, will act as the facilitator for the Coalition's operations. The chairperson will prepare agendas for and lead each meeting of the full Coalition, encourage group interaction during Coalition meetings, and ensure that all Coalition members are using common language for ease of communication. The lead agency and/or chairperson will be responsible for onboarding and orienting their successor.
- Logistics Coordinator: The logistics coordinator, who may be selected from any member agency, will schedule meeting invites, host Zoom (or other video chat) rooms, reserve in-person meeting locations, distribute agendas/minutes, and generally assure the successful operations of each meeting of the full Coalition. The logistics coordinator will lead Coalition meetings if the chairperson is unable to attend. The logistics coordinator will establish a liaison between the Core Leadership Team and work teams.
- Recorder: The recorder, who may be selected from any member agency, will take minutes for each full Coalition meeting and send them to the logistics coordinator for review before distribution to the full Coalition.

Terms: The lead agency and Core Leadership Team will rotate every three years, after the successful publication of a CHA and a CHIP. This is considered a “term.” The lead agency role and chairperson role will regularly cycle through all five public health agencies.

Turnover Planning: As an acknowledgement of turnover in the current public health workforce, and in order to maintain continuity of operations, the Coalition will follow the below guidance in case a member of the Core Leadership Team is unable to continue serving in their role.

- Chairperson Turnover: If the chairperson leaves their current employment or is otherwise no longer able to perform their functions, the lead agency is responsible for internally selecting an employee to assume that position for the remainder of the three-year term. If the lead agency determines it is unable to provide an employee to assume the role of chairperson, it may request that another member organization volunteer an employee to serve as chairperson for the remainder of the term. Under these circumstances, the replacement chairperson’s member organization will also assume the role of lead agency after onboarding of the replacement chairperson is complete.
- Other Core Leadership Turnover: If either the logistics coordinator or the recorder leaves their current employment or is otherwise no longer able to perform their functions, any member agency may volunteer an employee to assume the role for the remainder of the three-year term.

Work Teams: Work teams will convene to accomplish specific tasks associated with the Coalition. Each work team will consist of members from multiple member organizations, but, depending on capacity, may not require membership from all member organizations. Each work team will select an individual to lead its meetings and an individual to record minutes from its meetings. Work teams will provide minutes and other relevant updates to the logistics coordinator for distribution to the full Coalition.

- Primary Data Collection Team: The Primary Data Team is responsible for designing, allocating resources for, and implementing primary quantitative and qualitative data collection strategies for the CHA.
- Secondary Data Collection Team: The Secondary Data Collection Team is responsible for maintaining a list of secondary data resources, compiling relevant data for the tri-county jurisdictions, and identifying gaps in available data to inform future primary data collection.
- CHA Advisory Group Liaison Team: The CHA Advisory Group Liaison Team is responsible for maintaining a living document of organizations belonging to the CHA Advisory Group and keeping the names/contact information for those organizations up to date. The CHA Advisory Group Liaison Team will be responsible for ensuring that the CHA Advisory Group includes particularly strong representation of underserved and minority communities within the member organizations’ jurisdictions. The CHA Advisory Group Liaison Team will be responsible for engaging current and potential members of the CHA Advisory Group. This work team requires participation from all member organizations.

- Document Accessibility Team: The Document Accessibility Team is responsible for generating an accessible document (which may be in the form of a short PDF document, an audiovisual presentation, a website landing page, or other format) that allows members of the community with low literacy, limited Internet access, or other language barriers to read and understand the principles of the CHA and CHIP.
- This Charter also allows for the creation of additional work teams - such as a funding/sustainability team - as necessary to achieve the goals of the Coalition.

Role of Health Officers: All of the member organizations' health officers will be required to approve the final CHA and CHIP prior to publication. Health officers may otherwise choose the extent to which they want to be involved in the CHA/CHIP production process.

CHA Advisory Group: The CHA Advisory Group, composed of representatives from relevant community organizations/partners across the tri-county area, will advise the production of the CHA and of the CHIP. The CHA Advisory Group will also be responsible for periodically reviewing new data that becomes available after publication of the CHA.

- Demographic Pages: The Coalition will strive to allow CHA Advisory Group representatives of underserved or minority demographic groups to create CHA content specific to their communities. As possible within the financial constraints of the member organizations, the Coalition will strive to provide appropriate compensation to these representatives for their contributions.

Charter Readoption: At the end of each three-year cycle, the member organizations will reconvene to evaluate and amend the existing Charter, after which each member organization will select whether to readopt the Charter for the subsequent three-year cycle.

Goals and Objectives

Goal 1: The Coalition will establish planning and implementation processes and procedures that can be replicated, with improvements, for each new CHA/CHIP cycle.

- Objective 1: By January 30, 2024, establish a schedule of monthly meetings. The Coalition chairperson may cancel scheduled meetings that are not needed.

Goal 2: The Coalition will establish and maintain a shared timeline for completion of tri-county Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs). This timeline will be updated at least every three years OR at the beginning of each CHA/CHIP cycle.

- Objective 1: By January 2026, align major CHA activities, including primary quantitative and qualitative data collection efforts such as, but not limited to, survey administration, key stakeholder interviews, and community feedback sessions. CHA activity alignment for primary data collection will include:

- a. Collecting primary data within the same timeframe across the tri-county region,
 - b. Coordinating data collection efforts to avoid duplicative requests for information from community partners, and
 - c. Collecting primary quantitative data from a random, representative sample of residents residing in each of the tri-county public health jurisdictions.
- Objective 2: By July 2026, develop a unified process for identifying secondary data sources, compiling secondary data, and selecting relevant data for inclusion in the CHA.
 - Objective 3: By December 2027, publish a PHAB-compliant CHA that provides residents with an understanding of the health of the tri-county area as a whole, while also providing focused assessments for individual jurisdictions within the region.
 - Objective 4: By September 2027, develop a collaborative process for selecting community health improvement priorities for the tri-county area.
 - Objective 5: By June 2028, develop a tri-county CHIP, including well-defined strategies and action plans, to address the identified community health improvement priorities. Where appropriate, jurisdiction-specific interventions will be incorporated into the tri-county CHIP.
 - Objective 6: By October 2028, publish a PHAB-compliant tri-county CHIP.

Goal 3: In collaboration with community partners, the Coalition will implement the interventions outlined in its tri-county CHIP.

- Objective 1: By January 2029, identify community resources and assets that can be leveraged to help implement the CHIP interventions.
- Objective 2: By April 2029, identify gaps in necessary resources and work with community partners to help fill those gaps.

Goal 4: At least annually, the Coalition will assess the effectiveness of tri-county CHIP efforts and iteratively revise the plan to address evolving community health improvement needs.

- Objective 1: By June 2029, evaluate the success of policies, processes, programs, or other interventions resulting from the CHIP and identify necessary revisions to strategies and action plans.
- Objective 2: By October 2029, implement the revised CHIP interventions.

Decision-Making Functions

Consensus: The member organizations will strive to build consensus in their overall decision-making process. The member organizations will make a good faith effort to listen and understand members' perspectives and interests and seek unanimous agreement. A consensus-building approach will allow members to reach an agreement and maximize possible gains to everyone in the member organizations.

Quorum: Voting representatives of four of the five member organizations shall constitute a quorum.

Voting: A minimum of three voting representatives must vote in favor of an action in order for it to pass.

- Voting During a Coalition Meeting: Voting will be conducted by roll call with a voice vote. The designated voting representatives for each Coalition meeting will be responsible for responding to the roll call. Voting representatives may not change their vote after a roll call has finished. When possible, all member organizations will be notified of a vote at least 2 business days in advance of a Coalition meeting.
- Voting Subsequent to a Coalition Meeting: If a vote must take place without advance notice, voting representatives from each member organization will send their vote to the Coalition membership via email within 1 business day after the Coalition meeting.
- Voting Outside a Coalition Meeting: If a vote must take place outside of a Coalition meeting, voting representatives from each member organization will send their vote to the Coalition membership via email within 2 business days of notification.

Member Responsibilities

Meeting Attendance: Member organizations will make a good faith effort to send a voting representative to every full Coalition meeting, either in person or virtually. Member organizations are expected to communicate to the chairperson and logistics coordinator if they will be unable to send a voting representative.

Work Teams: Coalition members agree to actively participate in work teams, as their capacity permits, and are expected to volunteer their services for Coalition projects.

Representation/Visibility: Coalition members agree to represent and advocate for the Coalition at relevant events, conferences, and trainings.

Communication Processes

Each member organization agrees to keep a list of all current employees who will participate in the Coalition, and to share the names and contact information of those people with all other member organizations.

The Coalition will communicate via email with the entire membership when referencing full Coalition meetings (e.g. distributing agendas and minutes). Work teams will communicate via email with all work team members and, when appropriate, the chairperson and logistics coordinator.

Conflict Resolution Process

When conflicts arise between agencies or members that may affect the Coalition's work or impact, the issues shall be overtly and clearly defined, including all relevant information (i.e., historical context, conflicts of interest, background information, etc.). It is up to the parties involved in the conflict to decide if the issue shall be addressed by the Coalition as a whole or solely by the parties involved. If there are political, financial, or resource constraints surrounding the conflict, this shall be stated immediately.

Each member or agency involved in the conflict shall propose steps on how to resolve the conflict with action items for their counterparts to consider. When all parties involved propose conflict resolution steps and associated action items, a compromise shall be made utilizing a group-solving approach. The interest of the Coalition shall remain at the center of all conflict resolution stages. When appropriate, the parties associated with the conflict may defer to the Coalition for input.

Definitions

CHA: The Community Health Assessment (CHA) “refers to a state, tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis.”

<<https://www.cdc.gov/publichealthgateway/cha/plan.html>>

CHIP: The Community Health Improvement Plan (CHIP) “is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.”

<<https://www.cdc.gov/publichealthgateway/cha/plan.html>>

DHS 140: Chapter DHS 140 of the State of Wisconsin Administrative Code pertains to the “required services of local health departments” and governs, among other things, publication of CHAs and CHIPs.

<https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/140>

PHAB: The Public Health Accreditation Board (PHAB) “accredits public health departments to strengthen public health infrastructure and transform governmental public health.”

<<https://phaboard.org/>>

Non-Binding Agreement

This Charter represents a good faith agreement between all member organizations. It is not intended to create legally binding obligations and is, therefore, not legally enforceable.

Signatories

Bonnie Thelen 4-3-23
Bonnie Thelen, Health Officer, Calumet County Date

Natalie Vandeveld 3/27/2023
Natalie Vandeveld, Health Officer, Outagamie County Date

Douglas D. Gieryn 4/3/2023
Doug Gieryn, Health Officer, Winnebago County Date

Charles Sepers 4/3/2023
Charles Sepers, Health Officer, City of Appleton Date

Kristine Hutter 4/3/2023
Kristine Hutter, Health Officer, City of Menasha Date



Appendix A

The below timeline visually illustrates what the Coalition generally intends to accomplish each quarter from 2023 through 2028. This timeline is intended to be a “living document” and will be updated regularly to meet the Coalition’s needs.

