MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH
& ACADEMY OF SCIENCE - MICHIGAN

Local Health Department CHA/CHIP Process Assessment

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TERMINOLOGY

- **CHA** – Community Health Assessment (aka CHNA: Community Health Needs Assessment)
- **CHIP** – Community Health Improvement Plan
- **BRFS** – Behavioral Risk Factor Survey
- **LHD** – Local Health Department
- **MALPH** – Michigan Association for Local Public Health
- **AOS** – Academy of Science
- **MDHHS** – Michigan Department of Health and Human Services
- **CJS** – Cross-jurisdictional sharing
- **EPC** – Emergency Preparedness Coordinator
- **PHAB** – Public Health Accreditation Board



- **ACEs** – Adverse Childhood Experiences
- **SDOH** – Social Determinants of Health
  - *non-medical factors that affect health outcomes*
- **ISD** – Intermediate School District
- **MAPP** – Mobilizing for Action through Planning and Partnerships
  - *a strategic planning guide focusing on community and stakeholder engagement published by NACCHO*
  - *latest version: MAPP 2.0*

OVERVIEW OF
THE ACADEMY OF SCIENCE

- the **national organization for data collectors** in Local Health Departments, organized into state chapters
- Michigan leadership team composed of MALPH, AOS national program manager, and several LHD AOS members
- **aims:** to create a community of practice, address challenges within the scope of public health, and facilitate a higher degree of connectivity

AOS CORE TENETS:

Enhancing measurement, transparency, and collaboration



Fostering balance among LHDs statewide



Promoting technology independence, connectivity, and efficiency



More about AOS values at lhdacademyofscience.org/our-values-2

CHA REQUIREMENTS IN MI

CHA REQUIREMENTS FOR HOSPITALS

- to qualify for 501(c)(3) and 501(r) status with the IRS, **nonprofit hospitals must meet several requirements – including conducting a CHA and subsequent implementation plan every 3 years**
  - during that CHA process, those with “special knowledge of or expertise in public health” + at least one local, state, or tribal HD must be consulted
  - most Michigan LHDs work closely with hospital systems to collaboratively create CHAs

MICHIGAN LOCAL HEALTH DEPARTMENT INVOLVEMENT

- **LHDs often conduct their own CHAs in partnership with other LHDs and/or hospitals**
- some LHDs serve only as consulting agencies for hospital CHAs since **conducting a CHA is a choice, not requirement**, for Michigan health departments
- note: many Michigan LHDs pursue **PHAB accreditation**, which requires CHA participation or leadership as part of Standard 1.1

SURVEY CONTEXT

Although the collaborative relationships between hospitals and Michigan's LHDs may vary across jurisdictions and CHA cycles, **this survey assumes that respondent LHDs are serving as a lead or heavily engaged partner in their local CHA**.



OVERVIEW OF **LHD CHA/CHIPS**

CHA

- a **systematic process** that identifies and analyzes community health needs, assets, and priorities to **guide strategic health improvement planning**
- data collection + community input + partner collaboration to provide a **comprehensive picture of a community's health** status

CHIP

- a **strategic action plan** developed from CHA findings
- outlines specific goals, strategies, and resources to address priority health issues in a community over a 3-5 year period
- serves as **a roadmap for collaborative health improvement** efforts among local organizations

BRFS

- a local survey commonly used by local health agencies to assess health-related behaviors, chronic health conditions, and preventive service utilization within a population
- **local primary data collection** tool
- not affiliated with CDC's or Michigan's BRFSS, but may contain common themes or questions



WHY INVESTIGATE CHA/CHIPs IN MICHIGAN?



1. Many LHDs conduct CHAs on three-year cycles, working with a variety of partners. Given the lack of a comprehensive view of Michigan LHD CHAs, ***this evaluation aimed to identify when each LHD conducts their CHAs and who their partners are.***

2. LHDs lack dedicated funding to implement the strategies devised in a CHIP, resulting in underutilized opportunities for efficient strategic health improvement. ***Another objective was to determine how LHDs currently use their CHIPs and identify the resources needed for complete implementation.***

3. While LHDs often partner with groups in or adjacent to the communities they serve, they may also conduct CHAs without peer support, feedback, or collaboration. ***An aim of this evaluation was to discover opportunities for LHDs to learn from each others' CHA processes.***

HOW LHDs CAN **USE THIS REPORT**



to identify LHD and hospital system partners

to review a statewide snapshot of local CHA/CHIP processes

as a resource to apply for grants and advocate for funding

THE SURVEY

In the spring/summer of 2025, Michigan AOS and MALPH assessed how CHAs and CHIPs are conducted across Michigan's local health departments.

Objectives

- Document CHA and CHIP practices across Michigan
- **Identify common approaches** among local health departments
- Discover collaboration opportunities
- Explore potential cross-jurisdictional sharing funding from MDHHS



Distribution

- ~ 30 question survey in **Alchemer**
  - mostly multiple-choice, short answer
  - ~ 20-minute completion
- link distributed **via email through MALPH listserv groups**: LHD health officers, AOS, health educators, and epidemiologists
- requested one response from each LHD with input from CHA team lead
- first distribution in late April + reminder in early-May, with deadline in mid-May
- results cleaned and analyzed by AOS team

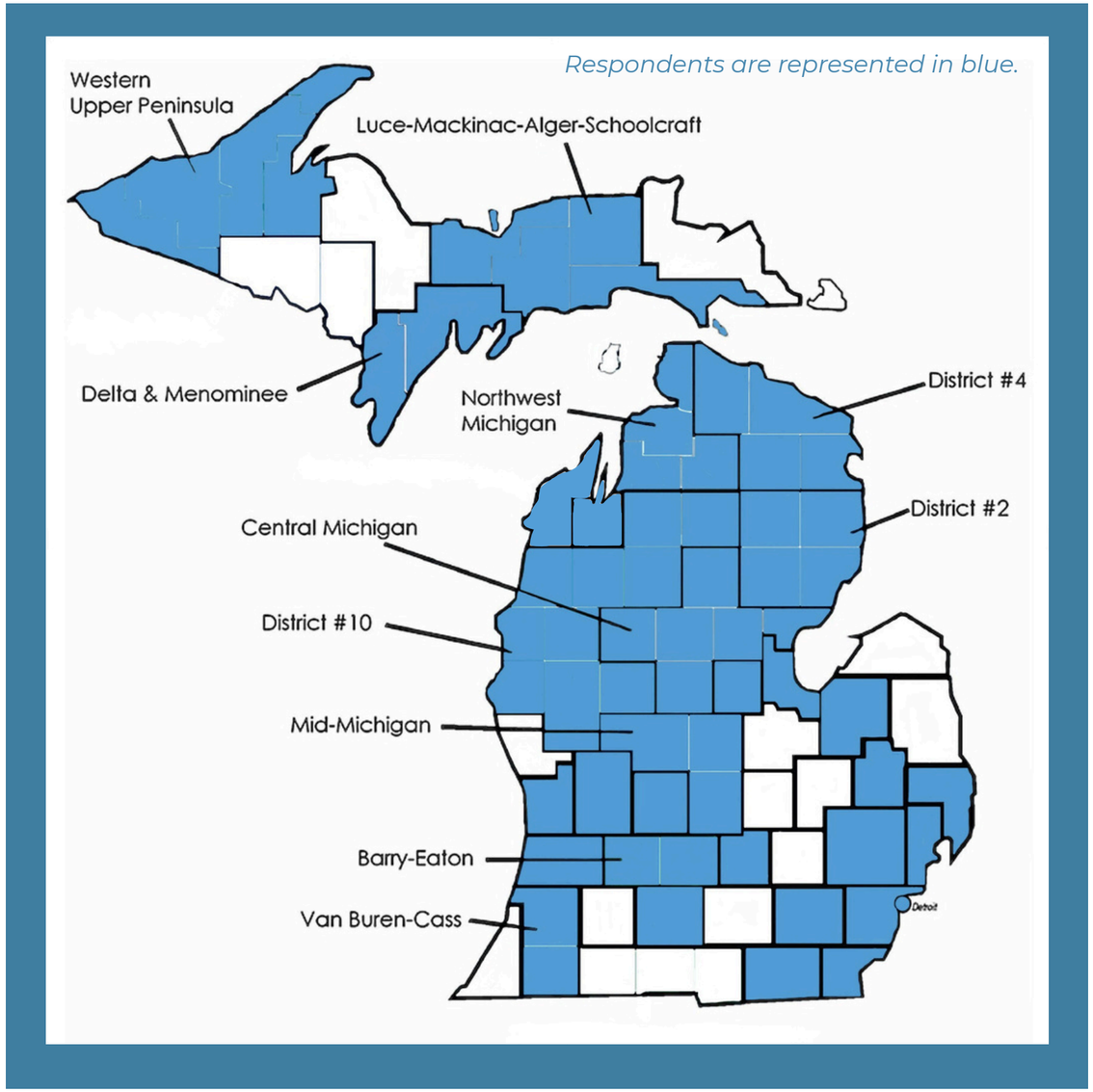
RESPONSES

Response Rate

65% of the 45 LHDs in Michigan submitted complete responses to this survey (n = 29).

Characteristics of Respondents

- **18 single-county / city** LHDs + **11 district** LHDs
- 11 LHDs from central / northern / UP
- 4 Detroit-area (tri-county + city) LHDs
- survey filled out by variety of job titles: health officers, health analysts, epidemiologists, emergency preparedness coordinators, etc.





Here is what we learned...

LHD PARTICIPATION & INVOLVEMENT

Question: *In which of the following does your LHD usually participate?*

CHNA

Around **96%** of LHDs participate in a **Community Health Assessment**



CHIP

Around **90%** of LHDs participate in a **Community Health Improvement Plan**



BRFS

Only **37%** of LHDs reported involvement in a **local Behavioral Risk Factor Survey**



among respondent LHDs, n = 29

38% of Michigan local health departments collaborate with another LHD on a CHA.*



*among respondent LHDs, n = 29

MAJOR LHD CHA COLLABORATIONS



MiThrive CHA
CHIRs of Northern Michigan

Benzie-Leelenau DHD
Central Michigan DHD
DHD No. 2
DHD No. 4
DHD #10
Grand Traverse County HD
HD of Northwest Michigan

Healthy! Capital Counties

Clinton County (*Mid-Mich. DHD*)
Eaton County (*Barry-Eaton DHD*)
Ingham County HD

Michigan Thumb Public Health Alliance

Huron County HD
Lapeer County HD
Sanilac County HD
Tuscola County HD

Upper Peninsula

Chippewa County HD
Dickinson-Iron DHD
Luce-Mackinac-Alger-Schoolcraft DHD
Marquette County HD
PH of Delta & Menominee Counties
Western UP HD (*lead*)

This information comes from the webpages of each LHD CHA collaboration, not from our survey responses.

WHAT IS MAPP?

MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS

A NACCHO CHA/CHIP GUIDEBOOK

- a community-driven strategic planning process
- provides a structure for communities to **assess their most pressing population health issues and align resources across sectors for strategic action**
- emphasizes the role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals
- process results in a CHA and a CHIP



- MAPP published in 2001; MAPP 2.0 published in 2023
  - updates partnership between NACCHO, the CDC, and HRSA
- main product: **a three-section, 180-page user's handbook**
  - additional products: starting point assessment, power primer, and other supplemental tools

Around 64% of LHDs use MAPP 2.0 to guide their Community Health Assessment.*



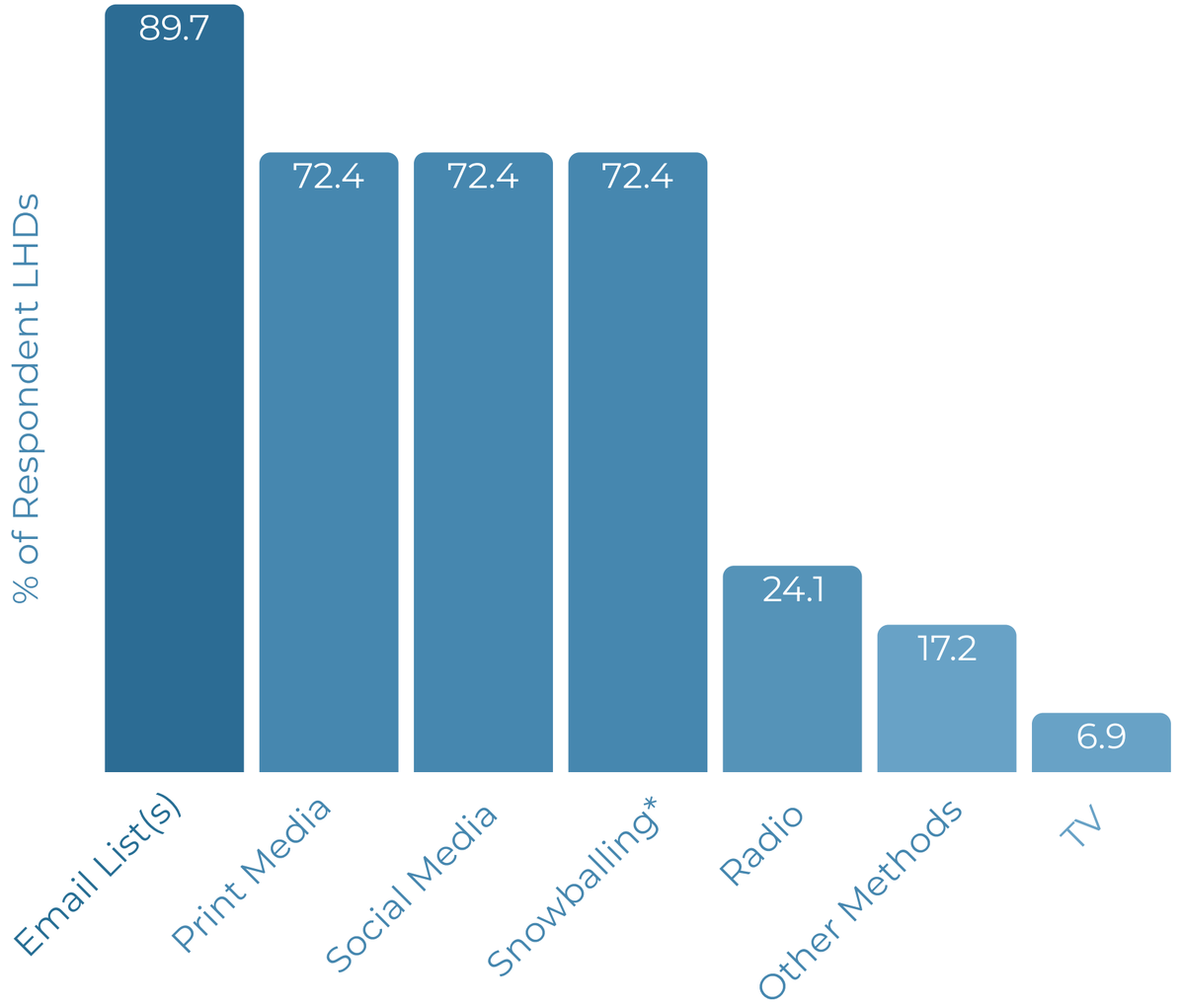
*among respondent LHDs, n = 29

TOP MARKETING METHODS

FOR PUBLIC PARTICIPATION IN A CHA



**Snowball sampling – a recruitment technique in which participants are asked to assist researchers in identifying other potential participants*

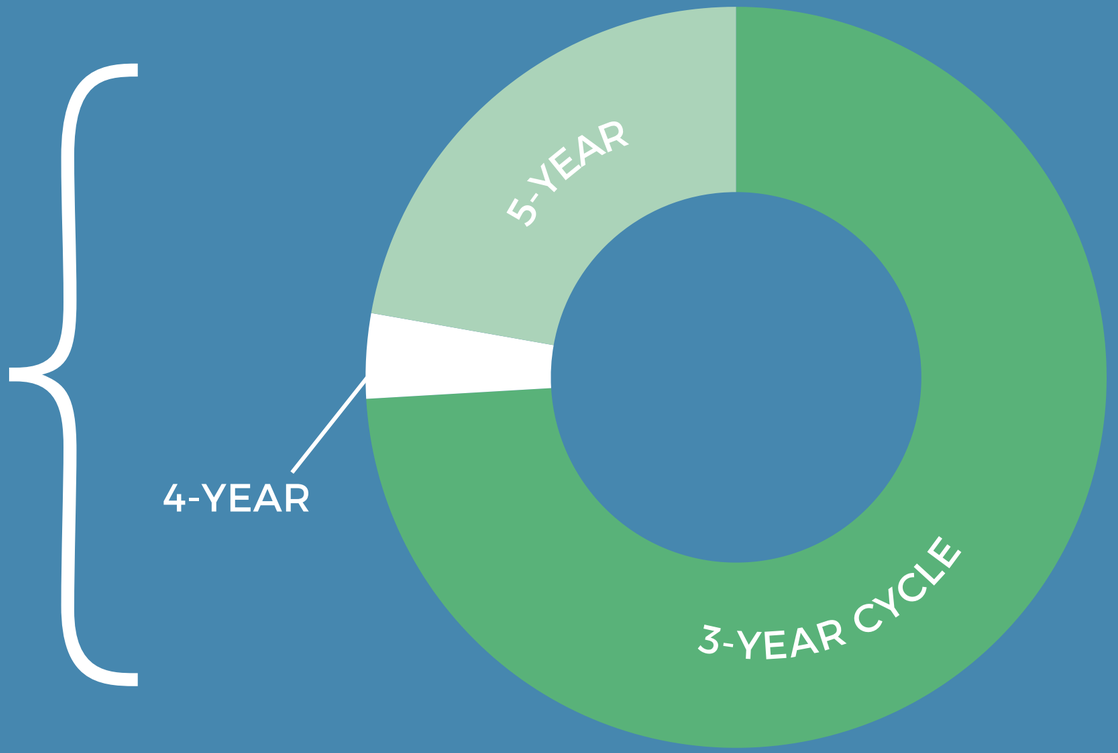


MICH. LHD CHA CYCLING

Most respondent LHDs' latest CHA was **completed within the last 3 years.**



On what cycle or cadence are CHAs conducted at your LHD?



MICH. LHD CHA CYCLING

NEXT CHA COMPLETION TIMELINE:

2025	2026	2027	2028	2030
• Bay • Monroe	• Kent • Lapeer • Lenawee • Ottawa	• Barry-Eaton DHD • Central Michigan DHD • Delta & Menominee • Detroit • DHD #2 • DHD #4 • DHD #10 • Ingham • LMAS DHD • Mid-Michigan DHD • HD of Northwest Michigan • St. Clair • Western UP DHD	• Allegan • Calhoun • Macomb • Midland • Van Buren / Cass DHD • Washtenaw	• Oakland • Wayne

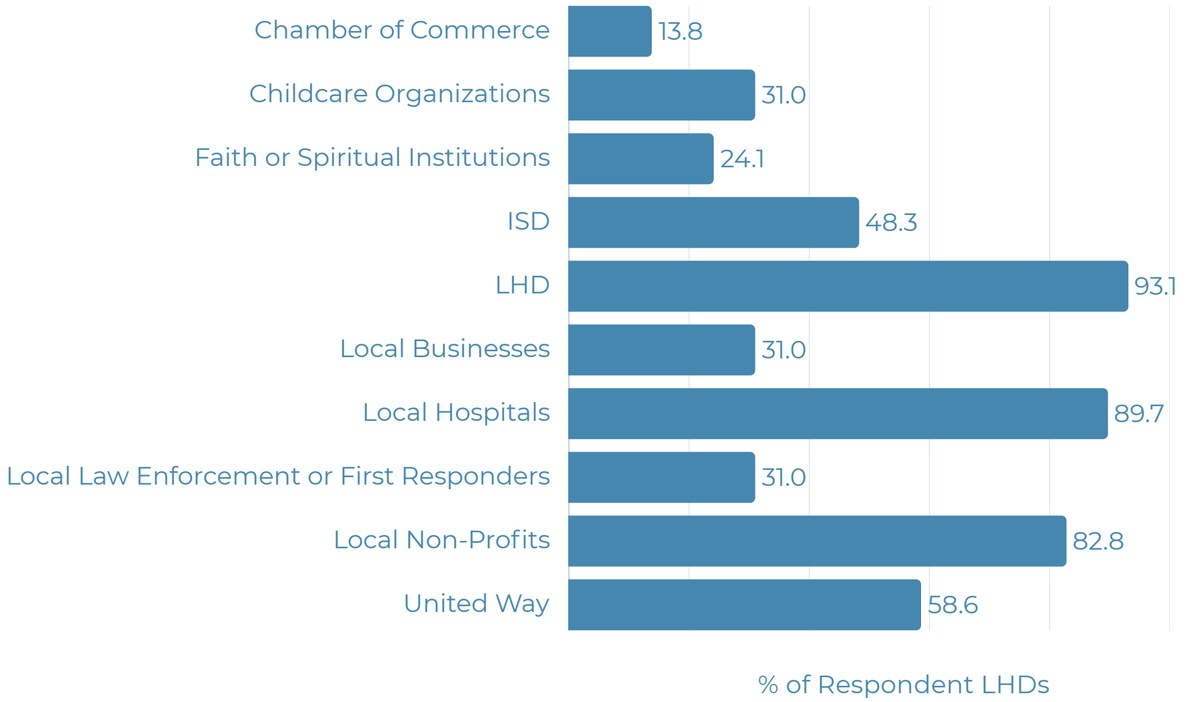
THE CHALLENGES OF CHA CYCLES

- **Decentralization** drives local power, but reduces the ability to compare across LHDs
- Lost opportunities between LHDs that **differ in cycling timelines**, limiting collaborative impact
- Collaboration between LHDs and hospitals varies due to separate cadences



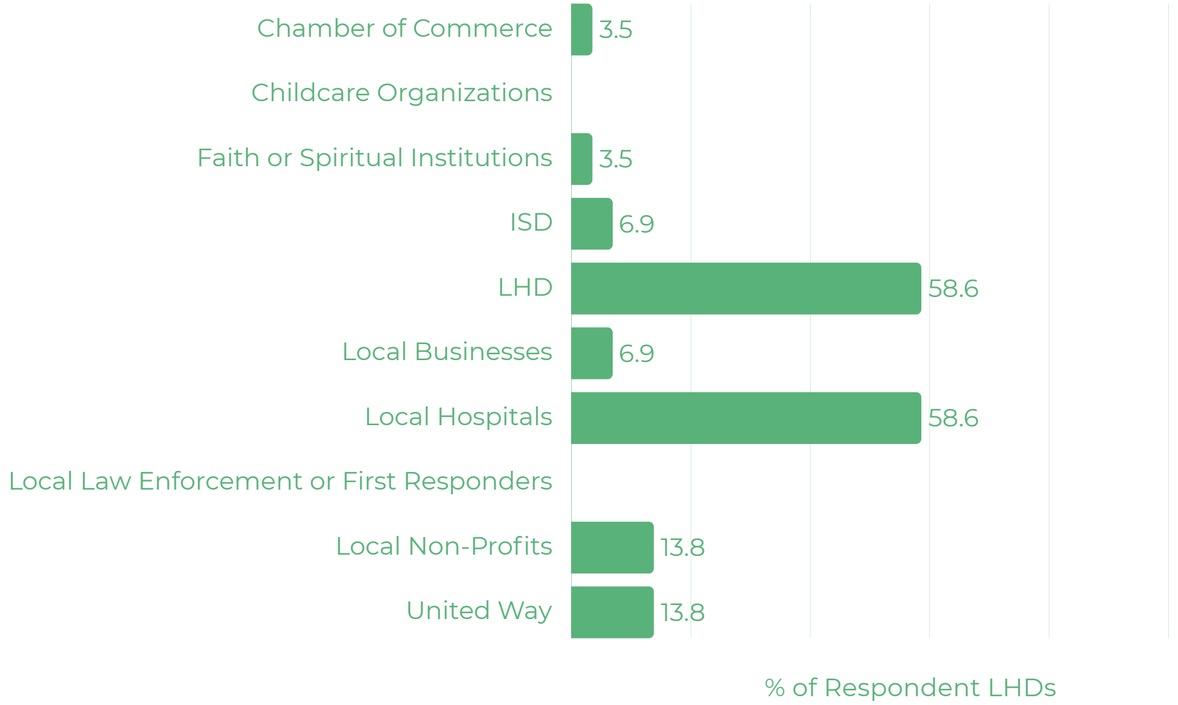
CHA PARTICIPATION & FUNDING

ORGS. THAT PARTICIPATE IN CHAs



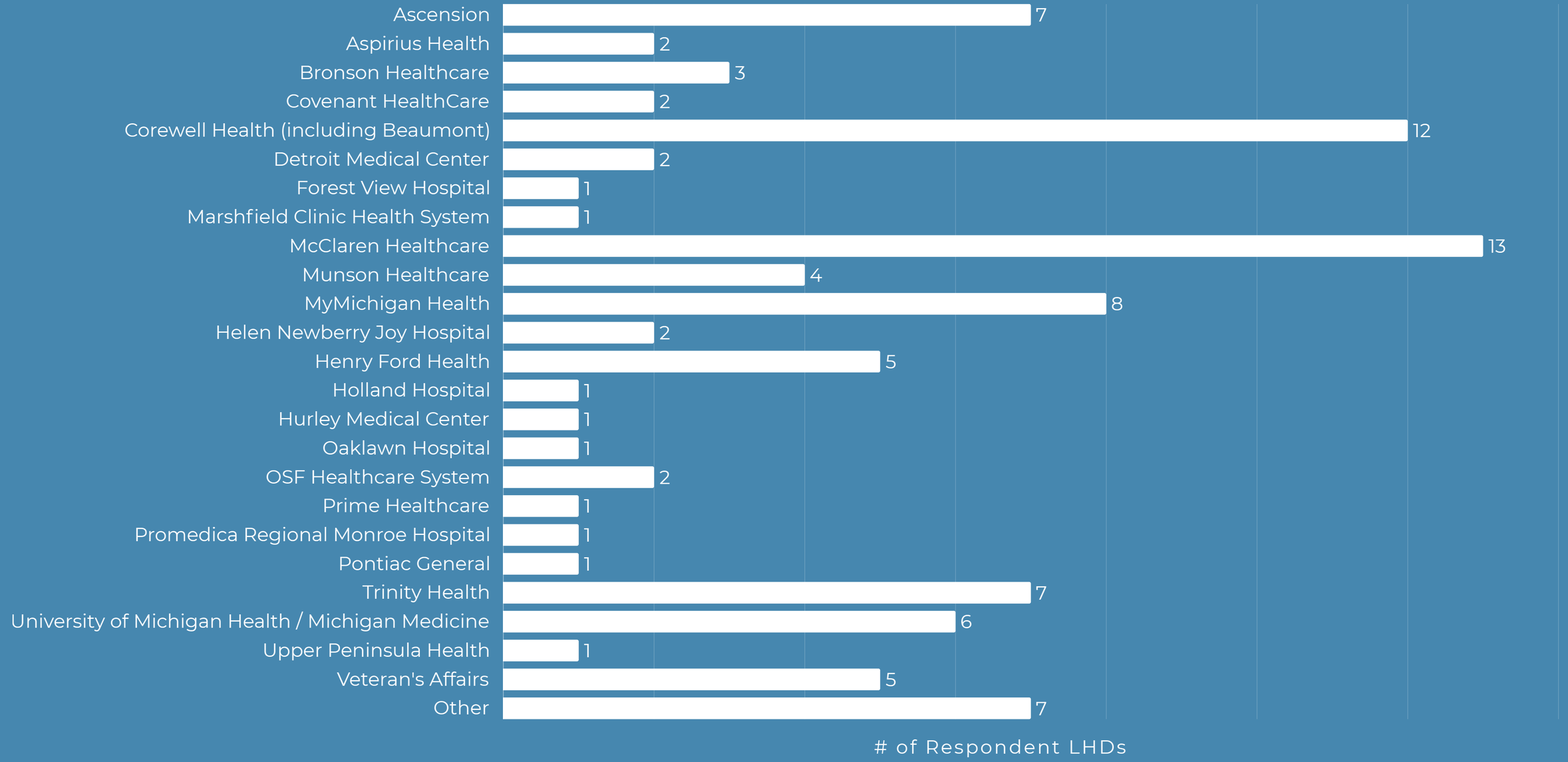
Organizations most frequently involved in CHAs are LHDs, local hospitals, and local non-profits.

ORGS. THAT CONTRIBUTE FUNDS TO CHAs



Organizations most frequently listed as funders of CHAs are LHDs, local hospitals, local non-profits, and United Ways.

HOSPITALS AND HOSP. SYSTEMS PARTNERING WITH RESPONDING LHDs



INDEX OF HOSPITAL SYSTEM / LHD OVERLAP

Advocate Health
PH of Delta & Menominee

Ascension
Allegan
DHD #2
DHD #4
Macomb
Oakland
Van Buren/Cass
Wayne

Aspirius Health
Tuscola
Western UP

Bronson Healthcare
Allegan
Calhoun
Van Buren/Cass

Covenant Healthcare
Detroit
Wayne

Corewell Health
Barry Eaton
DHD #2
DHD #4
DHD #10
Ionia
Kent
Macomb
Mid-Michigan
HD of Northwest MI
Oakland
Ottawa
Wayne

Detroit Medical Center
Detroit
Wayne

Eaton Rapids Medical Center
Barry-Eaton
Ingham
Mid-Michigan

Emplify Health
Delta & Menominee Co.

Forest View
Ionia

Helen Newberry Joy
LMAS District
Western UP

Henry Ford
Detroit
Macomb
Oakland
St. Claire
Wayne

Holland
Ottawa

Hurley Medical Center
Detroit

Marshfield Clinic
Western UP

Mary Free Bed
Kent

McClaren Bay Region Hospital
Bay

McClaren Healthcare
Barry-Eaton
Central MI
DHD #2
DHD #4
DHD #10
Ingham
Ionia
Lapeer
Macomb
Mid-Michigan
Northwest MI
Oakland
St. Claire
Tuscola

Munson Healthcare
DHD #2
DHD #4
DHD #10
Northwest MI

List exclusive to hospital systems named by survey respondents. In alphabetical order. Health departments may appear more than once.

INDEX OF HOSPITAL SYSTEM / LHD OVERLAP

MyMichigan
Central MI
DHD #2
DHD #4
LMAS District
Midland
Mid-Michigan
Northwest MI
Western UP

Oaklawn Hospital
Calhoun

OSF Healthcare System
PH of Delta & Menoninee
Western UP

Pine Rest
Kent

Prime Healthcare
Wayne



Promedica Hickman
Lenawee

Promedica Regional Monroe Hospital
Monroe

Pontiac General
Oakland

Sheridan Community Hospital
Mid-Michigan

Trinity Health
DHD #10
Ionia
Kent
Oakland
Ottawa
Washtenaw
Wayne

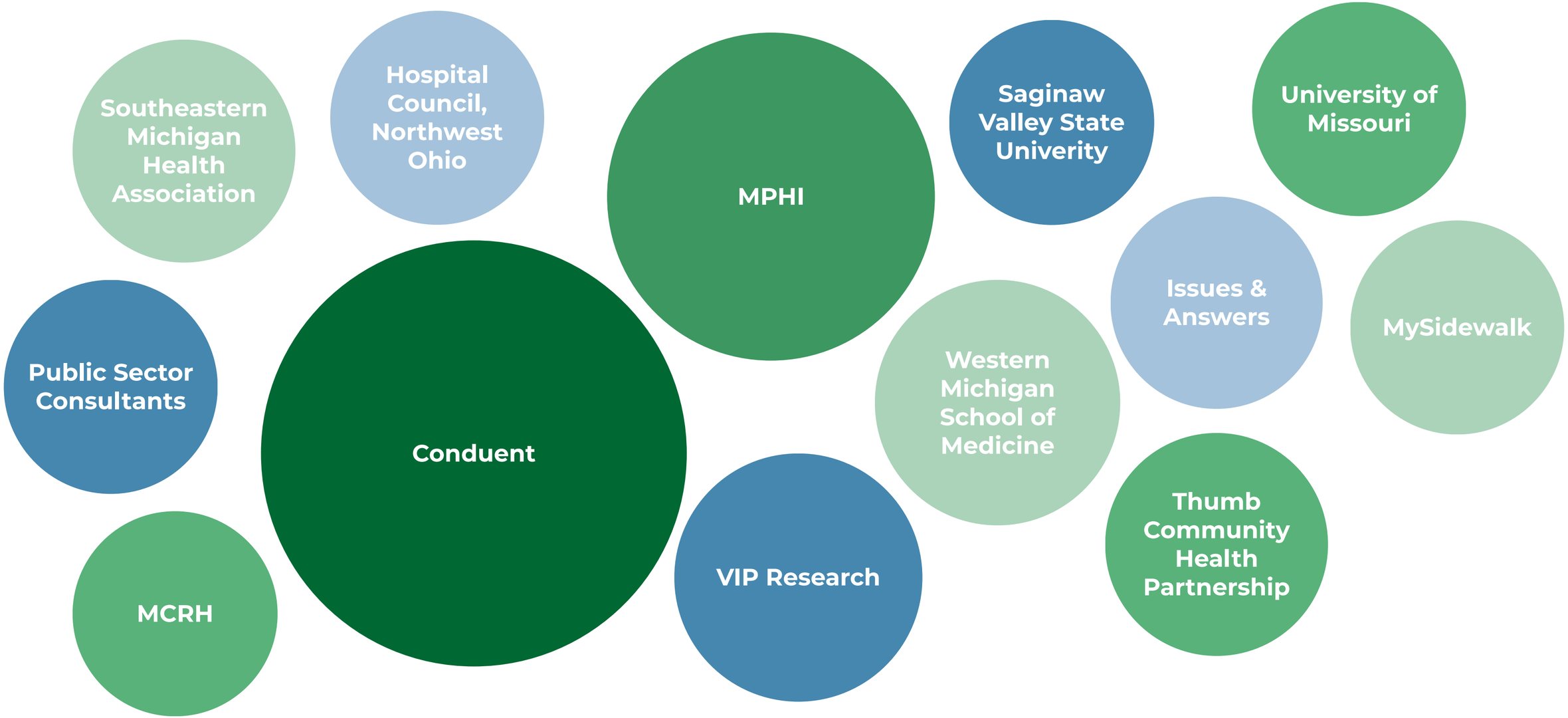
University of Michigan Health / Michigan Medicine
Barry-Eaton
Ingham
Ionia
Kent
Mid-Michigan
Washtenaw
Wayne

Upper Peninsula Health
Western UP

Veteran's Affairs
Calhoun
Detroit
Oakland
Wayne
Western UP

List exclusive to hospital systems named by survey respondents. In alphabetical order. Health departments may appear more than once.

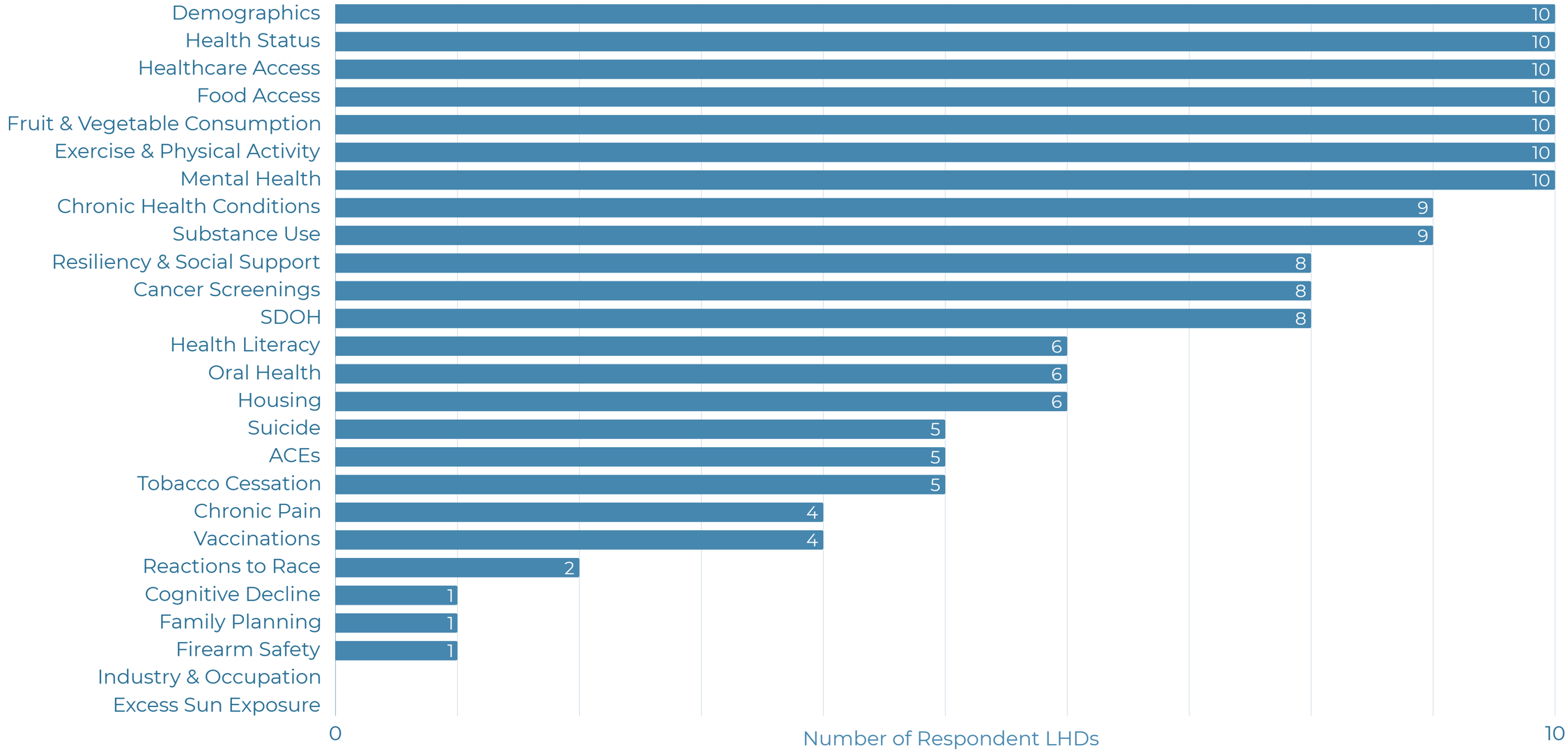
CHA: EXTERNAL VENDORS USED SINCE 2015



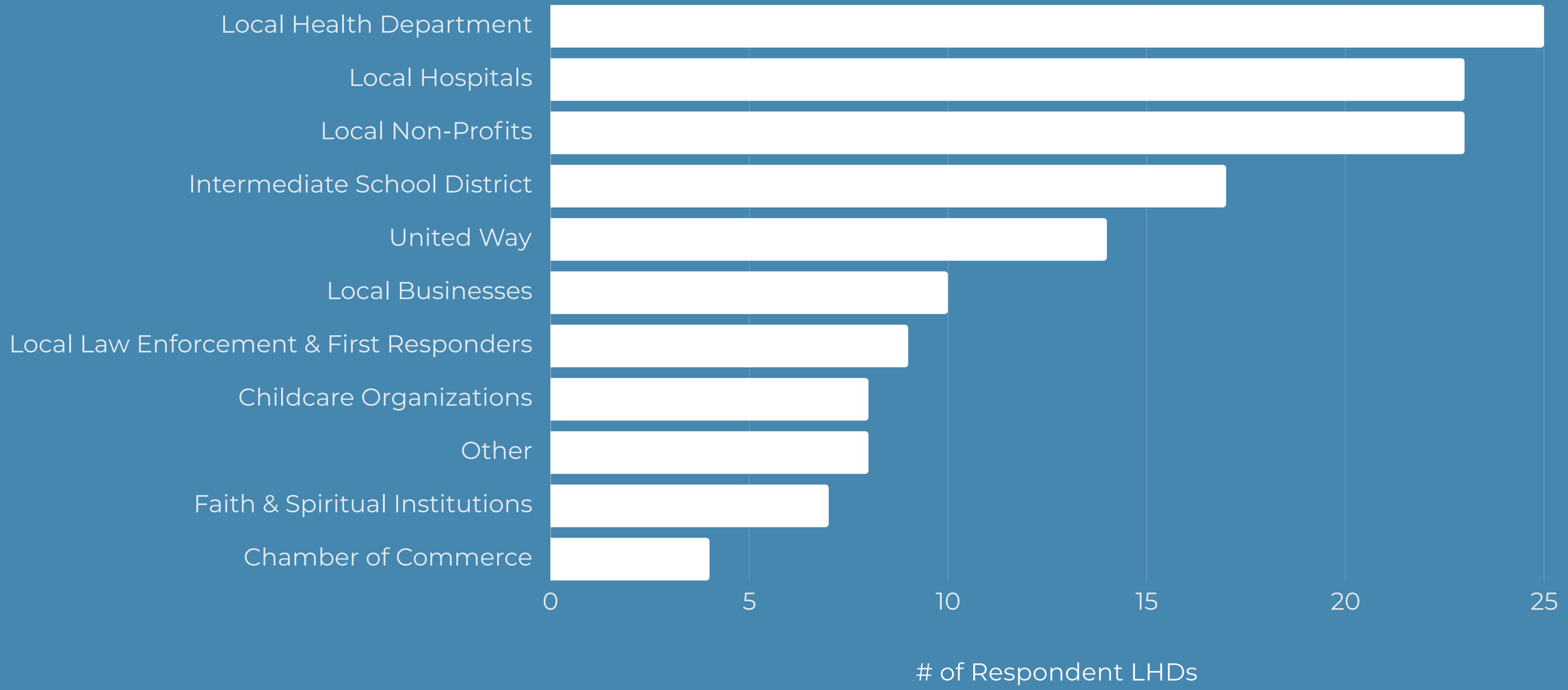
Size of circles is dependent on how often the vendor was identified from respondents. Color is purely aesthetic.

Vendors reported by survey respondents. Inclusion on this slide does not constitute an endorsement by MALPH, AOS, or any Michigan local health department.

TOPICS AND THEMES MOST OFTEN INCLUDED IN LOCAL BRFS

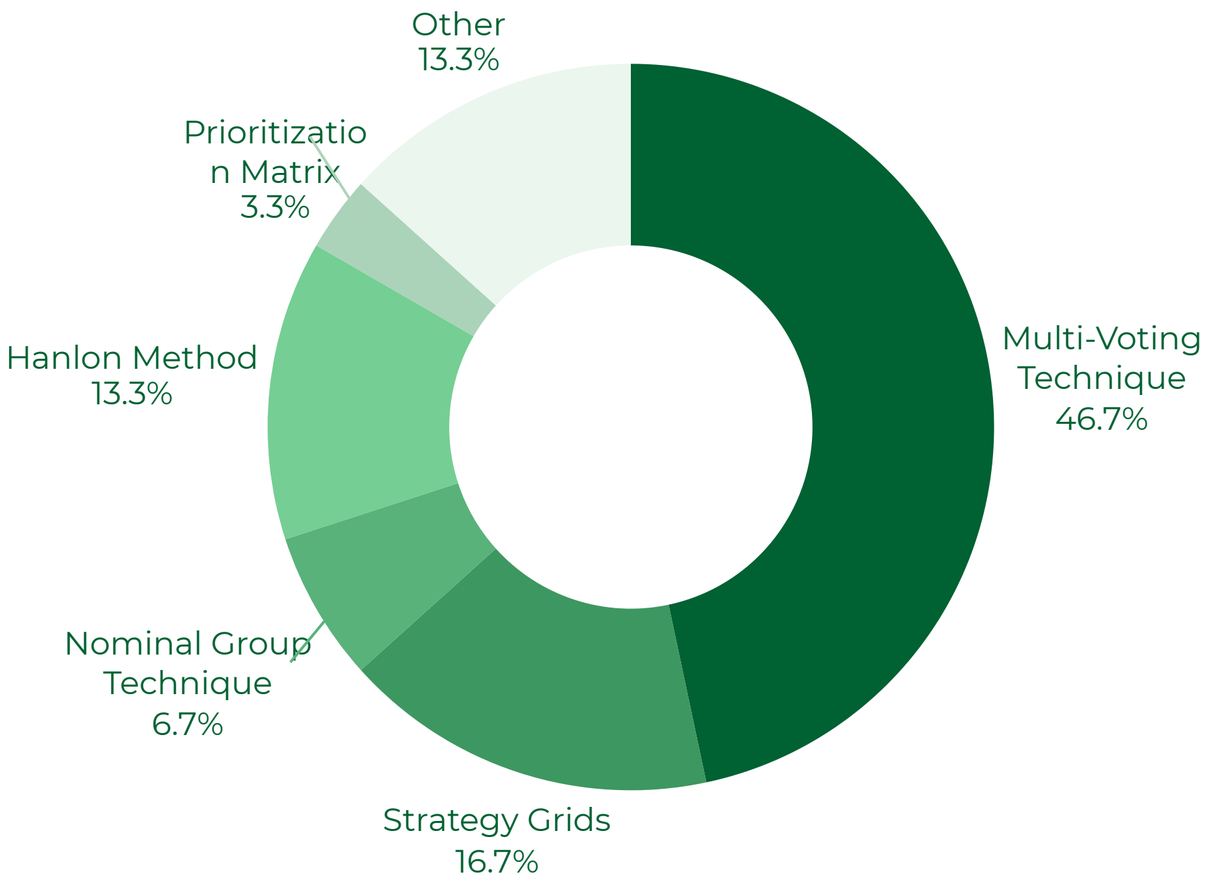


WHAT ORGANIZATIONS PARTICIPATE IN A CHIP?



SETTING PRIORITIES FOR A CHIP:

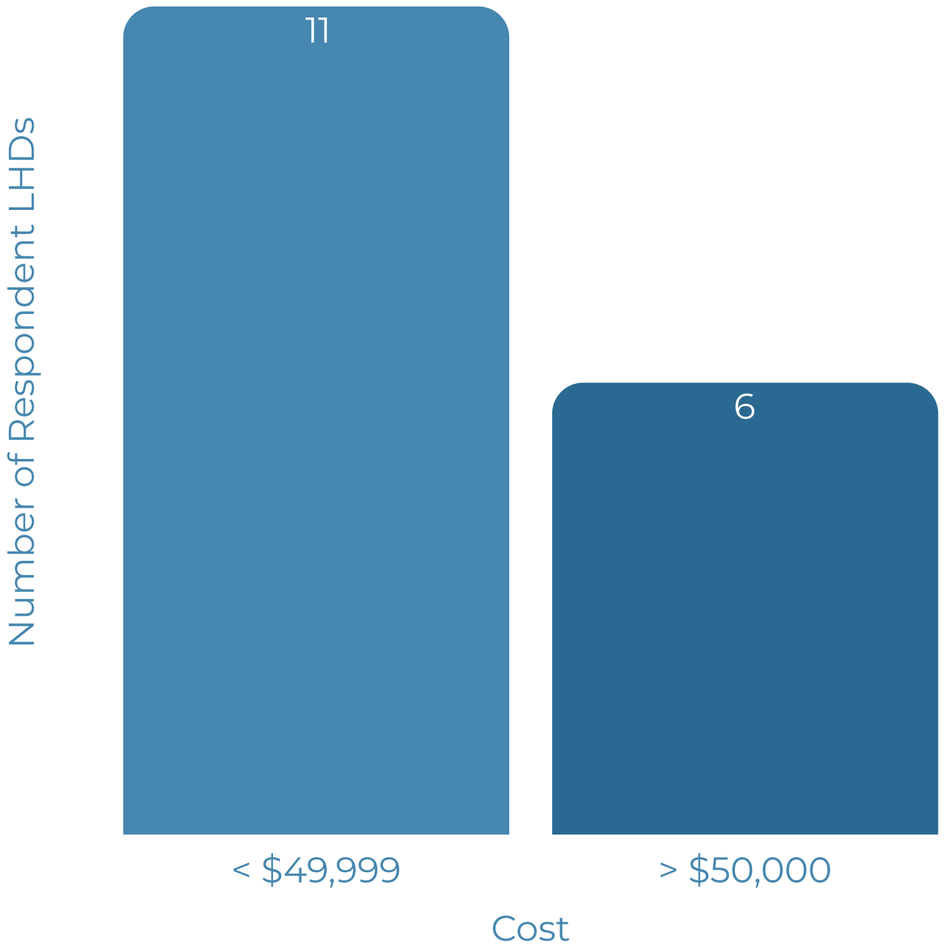
TOP REPORTED STRATEGIES



HOW MUCH DOES IT COST TO COMPLETE A CHIP?

The substantial financial investment made by many LHDs and hospitals in completing CHIPs warrants increased support, funding, and encouragement for collaboration.

Among respondent LHDs, 60 % indicated that more than $10,000 in combined stakeholder funds went into their most recent CHIP, while roughly 30 % either did not complete a CHIP or were unaware of the total collaborative investment involved.





Here is where we want to go next...

IMPROVING CHAs:

WHAT OUR RESPONDENTS SAID

ENHANCED COMMUNITY ENGAGEMENT & PARTNERSHIPS

Multiple LHDs want to **expand and diversify their partnerships**, particularly with underrepresented groups like tribes, Amish communities, and marginalized populations.

There's also a strong emphasis on **increasing community member participation** with lived experience and improving overall stakeholder involvement.

DATA COLLECTION CHALLENGES AND IMPROVEMENTS

LHDs consistently mention needing **better data quality**, particularly for youth populations, achieving statistically reliable estimates, and addressing gaps in data collection.

Many LHDs are struggling with low survey response rates and **expensive data collection methods** like BRFS.

SURVEY AND METHODOLOGY ISSUES

There's widespread concern about survey effectiveness ... LHDs want shorter surveys, **better outreach methods**, more **cost-effective alternatives** to phone surveys, and **standardized questions** across regions to allow for comparison between counties.

FUNDING AND RESOURCE CONSTRAINTS

A recurring barrier, with LHDs citing expenses for vendors, BRFS surveys, mailing costs, and overall CHA process funding as major obstacles to improvement.

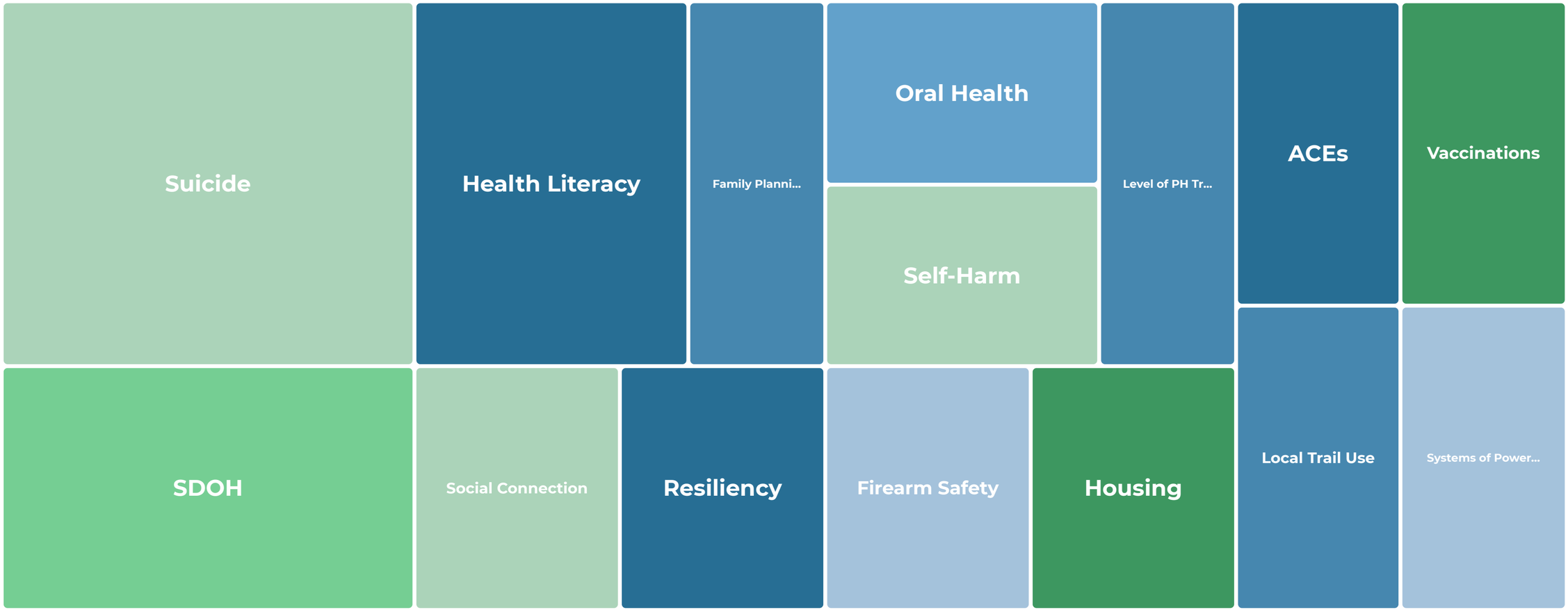


COMMUNICATION AND FOLLOW-THROUGH

LHDs want to make findings more **accessible to communities** through plain language, **maintain better connections** with advisory committees between cycles, ensure reports are actually utilized, and improve **community ownership** of the resulting CHIP process.

Question: *What are the opportunities for improving your CHNA process?*

NEW TOPICS / THEMES LHDS WANT TO INCLUDE IN A BRFS



Size of boxes is dependent on how often the topic/theme was identified by respondents. Color is purely aesthetic.



Here is what we need...

MICHIGAN LOCAL PUBLIC HEALTH IS PRIMED FOR STRATEGIC COLLABORATION AND SHARED BEST PRACTICES...



INTEREST IN SPECIFIC COLLABORATION



Shared financing options through MDHHS **80%**

Shared financing options through pooled local funding streams **66%**

Using **shared vendors** **66%**

Using a set of **common demographic & health questions** **66%**

Using **common survey methods** **59%**

% of LHD Respondents

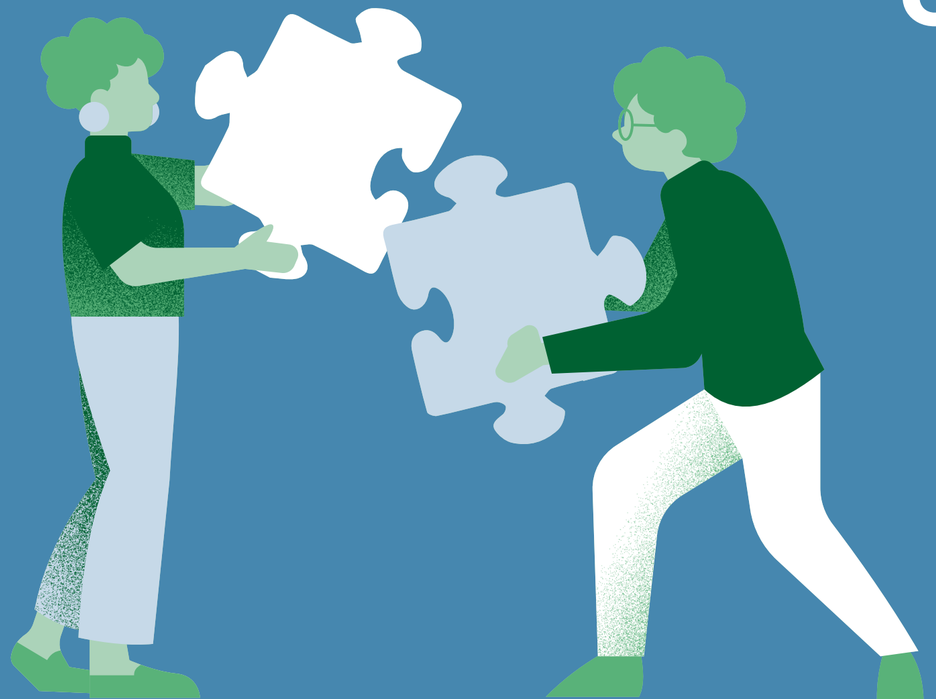
OVERALL TAKEAWAYS

- **Strong participation, limited collaboration** – there is untapped potential for cross-jurisdictional partnerships that could reduce costs and improve efficiency
- **Substantial resource investment** – the survey results underscore the need for better resource sharing and collaborative approaches to maximize impact
- **Timing challenges create missed opportunities** – decentralization preserves local control but limits comparative analysis and joint efforts
- **Appetite for standardization** – there's interest in shared financing, common questions, and shared vendors
- **Data quality and engagement concerns** – survey respondents consistently cited challenges with survey response rates, expensive data collection methods, and difficulties engaging communities
- **Opportunity for cross-sector partnership** – there is potential in expanding engagement with underrepresented groups, tribes, and other communities

CHAs + CHIPs are integral in effective community work... how do we make it easier and more efficient to conduct them?



Michigan LHDs are r**eady for more collaborative approach(es) that could reduce costs, improve data quality, and enhance community engagement** while maintaining local flexibility.



Thank you to our respondent LHDs!

YOUR FEEDBACK IS GREATLY APPRECIATED.

Gwen Tithof, MPH
MALPH Program Manager

Mia Echartea
MALPH Data Coordinator

special collaboration with Derel Glashower, Senior Epidemiologist, and Tiffany Simecki, Epidemiologist, both of Ottawa County Health Dept.

thank you to Michigan AOS members who provided valuable feedback on this presentation

MALPH
MICHIGAN ASSOCIATION FOR LOCAL PUBLIC HEALTH

LHD
ACADEMY OF SCIENCE