

Appendix

B

2001 – 2005 Performance Analysis

PENNSYLVANIA'S STATE HEALTH IMPROVEMENT PLAN (SHIP)

EVALUATION OF ACHIEVEMENT OF SHIP 2001-2005 IMPLEMENTATION OBJECTIVES

SHIP 2001-2005 IMPLEMENTATION PRIORITIES

The following narrative is a progress report on the accomplishment of recommended strategies for each of the SHIP 2001-2005 Implementation Objectives.

Objective A: Continue to support, encourage and strengthen collaborative relationships with community health improvement partnerships that utilize the spectrum of health resources to address community needs and priorities in a coordinated manner.

Strategy: Utilize the process for collaboration between the Department of Health and community health improvement partnerships designed and tested with pilot partnerships for all new affiliating partnerships.

Results: The SHIP affiliation process has evolved into a standardized process that includes the submission of an eight-page community health improvement partnership survey form. Within two months of receipt of the form, the Department convenes an informal review team to determine the eligibility of the partnership and recommends approval or disapproval of affiliation to the Secretary of Health. A letter offering affiliation status is sent from the Secretary to the partnership. After receiving the letter, the partnership and the District Health Director meet to identify health priorities and collaborative roles and responsibilities of the partnership and the Department. The affiliation process is completely voluntary and based on the readiness of the community partnership. In cases where a partnership applies for affiliation but does not meet criteria, the Department provides technical assistance to address concerns. Since the publication of *SHIP 2001- 2005*, there has been a 61 percent increase in the number of partnerships, from 37 to 61. The 61 partnerships represent 59 of the Commonwealth's 67 counties.

Strategy: Use the Department of Health's District Offices as a conduit for sharing information, resources and issues, and providing technical assistance.

Results: The District Health Offices and local community health improvement partnerships coordinate Local Advisory Council meetings for the exchange of information, networking, and identification of technical assistance needs. Several District Executive Directors participated in a Technical Assistance Sharing Institute held in August 2003 for regional staff that provide technical assistance on state collaborative initiatives, such as Family Service System Reform (FSSR) and Communities That Care (CTC). As a result of their participation in the Institute, District Executive Directors have developed stronger working relationships with other state agency staff responsible for providing technical assistance and training.

Strategy: Develop a technical assistance document that anticipates the questions of new partners and explains the experiences, expectations, and benefits to partnerships, and to inform community health improvement partnerships about how the process for collaboration with the Department of Health works.

Results: In September 2003, the Department of Health released the SHIP Community Guide for SHIP-Affiliated Partnerships. The guide is a technical assistance document that provides information on the history, background, and philosophy of SHIP, the affiliation process, SHIP support functions, and the grants and contracts process. In the 2004 survey of SHIP-affiliated partnerships, 28 of 52 partnerships (54 %) indicated that they had used the Community Guide.

Strategy: Develop a clear explanation of the role of local partnerships emphasizing that they are not being asked to assume the responsibilities of the Department or those of county and municipal health departments.

Results: Each of the District Health Offices within the Bureau of Community Health Systems maintains a collaborative relationship with each partnership in its district that reinforces the ten essential public health services, while clarifying the official responsibilities of the state, county, and municipal health departments as separate but supportive of the community health activities of partnerships. In some Districts with more heavily populated urban areas, local partnerships have advocated for establishing a county or municipal health department because they have identified the need for a more localized public health authority to work collaboratively with the Department.

- Upon the outbreak of sexually transmitted diseases in the Westmoreland County area in 2003, a community partnership in collaboration with the District Health Office effectively organized a community public forum to address the issue.

Strategies: Continue to place emphasis on the importance of programs, grantees, and contractors to engage with and support the activities of community partnerships.

Develop a mechanism to inform partnerships of contractors that are operating within the partnership's service area.

Results:

The Department of Health adopted a policy of requiring contractors and grantees to collaborate with SHIP-affiliated partnerships. In the 2004 survey of partnerships, respondents rated the effectiveness of this policy in supporting their partnership 3.4 out of a scale of 5. In rating the effectiveness of their partnership in taking advantage of collaborative opportunities with DOH contractors, the average rating was 3.2 out of a scale of 5.

In general, field staff of the District Health Offices make partnerships aware of local DOH contractors and provide updates at Local Advisory Council meetings. There are diverse examples of how partnerships engage with DOH programs, grantees, and contractors:

- In some instances community partnerships have become the lead community contractor for key DOH initiatives. For example, five of eighteen Community Prevention Collaborative grant awards made by the DOH's Bureau of Drug and Alcohol Programs in 2003 went to SHIP-affiliated partnerships.
- As part of the 2004 Rural Access to Emergency Devices Grant offered by the Department, 55 of 141 applications had SHIP partnership participation and 7 of the Commonwealth's 11 regional Emergency Management Services councils noted SHIP participation.
- SHIP partnerships have proved to be very effective in mobilizing community distribution of vaccines. In 2003, 32,000 doses of influenza vaccine and 1,300 doses of pneumococcal vaccine were delivered through a collaboration of the Department and 20 SHIP partners to persons 65 years of age and older that were underserved due to racial, ethnic or geographic factors. SHIP partners used their relationships with churches, Meal on Wheels programs, diabetes support groups, hospitals, county medical societies, YMCAs and others to reach the target population. The project received a 2004 Excellence in Immunization Award from the National Partnership for Immunization.
- Over 60 physicians in the Department's Conrad 20, J-I Visa Waiver Program agree to support the activities of partnerships, when appropriate. For example, one physician assisted with Chester County's Pediatric Education for Diabetes in Schools (PEDS) Program at Paoli Hospital. Forty-three school nurses from the Southeast Health District participated and evaluated the event very positively. A similar initiative is also planned in Schuylkill County.

- In 2004, three SHIP partnerships collaborated with the Department along with the Pennsylvania Department of Education and the Area Health Education Centers in the federally funded initiative, “STEPS to a Healthier US,” to reduce the burden of asthma, diabetes and obesity. The initiative’s goal is to develop a coordinated, community-based approach to reduce the risk factors for these diseases by educating residents about nutrition, physical activity and tobacco use.

Strategies: Assist partnerships to mobilize community participation in SHIP by broadening their resource and partner base.

Continue to assist community health improvement partnerships in planning for sustainability of the local effort.

Results: In the 2004 survey of partnerships, 31 of 52 partnerships (59.6%) indicated that they had been in existence for at least five years. Twenty of 52 respondents (38.5%) described themselves as “sustained” and 7 of 52 (13.5%) said they had a written business plan. Thirty-four of 52 partnerships (65.4%) were comprised of 25 or more member organizations and 12 of 52 (23%) indicated the involvement of 100 or more volunteers.

The Department’s Bureau of Health Planning maintains an email distribution list of partnership representatives for the purpose of communicating funding announcements and other information of interest to partnerships. In the 2004 survey of SHIP partnerships, 26 of 52 partnerships (50%) responded that they had applied for funding announced through the emails and 15 of 23 (65.2%) had successfully been awarded funds.

LACs have included sustainability topics as part of their meeting agendas.

Strategy: Re-examine the current SHIP committee structure in the light of expanded participation, implementing regional work groups to maintain focus on local aspects of health improvement and encouraging regional collaborations.

Results: By January 2002, partnerships in each of the six health districts had established a Local Advisory Council (LAC) that meets 3 to 4 times a year. Each LAC has 1 or 2 partnership representatives who consistently attend the quarterly SHIP Steering Committee meetings in Harrisburg and report out on local activity. As a result of the LAC structure, unique regional collaborations among community health partners have occurred:

- In 2004, four neighboring SHIP partnerships in Allegheny County formed a coalition to create ways to collaborate on health initiatives that reach far beyond each community. The

coalition facilitated the “Protect our Children from Tobacco Smoke Pollution” initiative.

- SHIP Partnerships in the Southwest Health District participated in the “Building Capacity for a Regional Intervention to Eliminate Racial and Ethnic Health Disparities” conference held by The Center for Minority Health at the University of Pittsburgh’s Graduate School of Public Health. As a result, several partnerships in the southwest district are coordinating resources and strategies to address health disparity populations.
- Through the Southeast LAC meetings, partnerships regionally focus and coordinate activities that promote physical activity.
- A unique regional approach was taken by one of the 2004 BRFSS Oversample Program participants. Instead of 7 individual partnerships arranging to have a single county over sampled, the Northcentral Local Advisory Council chose to have a wider area surveyed. About 1,200 households were surveyed in the rural Northcentral Health District’s 12-county area. The Department of Health covered two-thirds of the cost of the survey with the remaining support provided by the Department of Environmental Protection, the Tioga County Partnership for Community Health, the Northcentral District AIDS Coalition, the Northcentral Pennsylvania Area Health Education Center and Blue Cross of Northeastern Pennsylvania’s Blue Ribbon Foundation.

Strategy: Refine the mechanism for the creation of non-categorical health improvement support for community partnership priorities through the use of mini grants.

Results: In May 2004, an analysis of mini-grants awarded to SHIP partnerships since 2002 revealed the following:

- 65 grants had been awarded to 43 partnerships
- Partnerships had matched every dollar of state funding with \$1.35.
- Most mini-grant projects addressed health delivery systems, followed by chronic disease, and family health.
- 100% of the projects were addressing or contributing to the achievement of Healthy People 2010 objectives.
- 32 of 38 partnerships (84.2%) responding to the 2004 survey of SHIP-affiliated partnerships said they were able to sustain aspects of their mini-grant project after the mini-grant funding ended.

As a result of partnership recommendations to improve the turnaround time on mini-grant awards, the Bureau of Community Health Systems implemented a change in procedures to include

utilization of overnight delivery of the grant applications to the district offices, which initiate the grant application process, and the issuance of written notifications of receipt to the partnership applicant.

Strategies: Provide technical assistance in public health to community health improvement partnerships.

The Department should provide technical assistance to partnerships that want to try new and innovative approaches for addressing local health issues.

Develop a community health improvement partnership training track within the Department's semi-annual Public Health Institute curriculum.

Facilitate a learning environment for both community health improvement partnerships and state agencies through the identification and promotion of "best practices."

Develop a "marketing plan" that informs partnerships about the availability of data, information and technical assistance.

Results: Beginning with the May 2002 Public Health Institute, partnership training sessions on grant writing, community building, strategic planning, and outcome evaluation were included. These courses were videotaped and are available on the Department's Learning Management System (LMS). From the 2004 survey of partnerships, 16 of 49 (32.7%) indicated that they had attended a PHI and 7 of 49 (14.3%) said they had used the LMS.

Rather than developing a formal "marketing plan" that informs partnerships about the availability of data, information, and technical assistance, the Department has used several ongoing means to keep partnerships informed:

- The Bureau of Health Statistics and Research expanded its technical assistance to partnerships through presentations at the SHIP Steering Committee meetings, Local Advisory Council meetings, and the Public Health Institutes.
- The Bureau of Health Planning distributes funding and training announcements, national health program information, and other communications to partnerships via an email distribution list.
- The SHIP and its special reports, where appropriate, incorporate best practices into the document. Five of 52 partnerships (9.6%) indicated that the best practice information was the feature in SHIP publications that they found most useful.
- Through collaboration with the Center for Schools and

Communities, the Department has kept partnerships informed of cross-systems training that is available to them on best practices in evaluation, sustainability, and building a community agenda.

- Partnership representatives informally commented that the 2004 survey of partnerships served to make them more aware of data, resources, and technical assistance that are available to them.

Strategy: Develop mechanisms to reflect local health improvement priorities in state contracts and grants with managed care organizations (MCOs).

Results: As previously discussed, the Department has adopted a policy that requires contractors and grantees to collaborate with SHIP-affiliated partnerships. This policy applies to all DOH contracts and grants, not just those with MCOs. In addition, representatives from health insurance and managed care organizations that serve on the Health Policy Board, SHIP Steering Committee, and SHIP ad hoc task forces or sub-committees are regularly updated on local health improvement priorities and activities at their meetings. Recognizing the importance of supporting community health efforts and making local data available to partnerships, Highmark, Inc. provided incentive funding to partnerships to participate in the first BRFSS Oversample Program.

Strategy: Increase public awareness of SHIP and the importance of state/community collaborative efforts. Identify success stories for dissemination in a broad-based public awareness campaign.

Results: Although a broad-based public awareness campaign to promote SHIP was not undertaken, several individual projects have improved awareness of the SHIP principles, philosophy, and products.

- The activities of three SHIP partnerships were an integral part of Public Health Week activities in April 2004 and received statewide and/or national media attention. Improved access to health care through the Centre Volunteers in Medicine, a partner agency of the Centre County Partnership for Community Health, a mobile dental health clinic coordinated by the Bethlehem Partnership for a Healthy Community, and the health needs assessment results and revised community health planning objectives of the Community Health Improvement Partnership in Fayette County were featured. The state-community collaborative efforts, particularly in addressing health disparities, were emphasized in all cases.
- An article on Pennsylvania's State Health Improvement Plan was published in the January 2003 issue of the Journal of Public Health Practice and Management. The article laid out a practical, how-to approach to the SHIP model for state-community health improvement planning.

- A poster presentation on SHIP workforce activities was delivered at the joint 2004 Fall Public Health Institute/Pennsylvania Public Health Association Conference.
- The SHIP White Paper on the Nurse Workforce in Pennsylvania integrated workforce data, recommendations, and best practices to address nurse education and recruitment, nurse retention in the work environment, and assessment of the nurse shortage in Pennsylvania. The paper was officially released in August 2004, received widespread statewide and national media attention, and had over 42,000 electronic hits on the Department's website by September 9, 2004.
- In the 2004 survey of partnerships, 11 of 47 (23.4%) partnerships indicated that they had received national media attention for health improvement activities. Projects receiving media coverage included:
 - The Huntingdon County Healthy Communities Partnership's CHIP outreach partnership with Juniata College was featured in the American Hospital Association News.
 - The National Rural Health Association, in testimony before Congress, used the Tioga County Partnership for Community Health's after-school program as an example of why HRSA Rural Outreach funding should be continued or increased.
 - The Bucks County Health Improvement Project was a key partner in a broad collaboration recognized with the prestigious NOVA Award from the American Hospital Association for its delivery of services to poor and immigrant families.
 - The Healthy Communities Healthy Youth of Warren County partnership and the Community Health Council of Lebanon County were both recognized by the Search Institute's Assets Magazine for successful youth initiatives.
- Starting with the 2005 Competition, the SHIP Student Research Paper Competition adopted a new eligibility criterion for the graduate student applicants to incorporate the concepts of SHIP into the research papers.

Objective C: Support the data and information needs of communities, including the design and implementation of an ongoing evaluation of the effectiveness of the SHIP process.

Strategies: Integrate [Healthy People 2010](#) objectives into all future health plans.

Determine the data collection and assessment requirements of selected Healthy People 2010 objectives, and provide technical assistance to partnerships in using those targets.

Results: Healthy People 2010 objectives have been integrated into all SHIP special reports that examine the health status of special populations. In the 2004 survey of partnerships, inclusion of Healthy People 2010 objectives was cited as the most useful feature of SHIP publications (51.9% of respondents).

An analysis of the local health improvement priorities of 49 partnerships showed that 95% of the partnerships' priorities were addressing Healthy People 2010 objectives. A similar analysis of SHIP mini-grants projects showed that 100% of the 43 partnerships that received a mini-grant were addressing Healthy People 2010 objectives with projects.

To support the measurement of Healthy People 2010 objectives, the Bureau of Health Statistics and Research have made age-adjusted statewide and county level data for selective Healthy People 2010 objectives available online.

Strategy: Develop a set of recommended environmental health measures.

Results: In 2002, the Department received a grant from the Centers for Disease Control and Prevention to develop a coordinated and integrated environmental public health surveillance network in partnership with the Department of Environmental Protection (DEP). The network will include environmental databases developed and maintained by the DEP and environmental health outcome databases developed and maintained by the DOH. The Hilltop Community HealthCare Partnership in Allegheny County and the Tioga County Partnership for Community Health are community health partners that sit on the Advisory Committee for the Environmental Public Health Tracking Program.

Strategy: The Department should assume a leadership role in developing uniformity in the use of data for analyzing and measuring local health status and comparing that with state data to measure outcomes.

Results: In 2002, the Department increased the availability of Behavioral Risk Factor Surveillance System (BRFSS) data to partnerships by posting new regional BRFSS reports on the Department's website in addition to the usual statewide data and by initiating the BRFSS Over Sampling Program. This program was designed to increase the availability of unique health data at the county level, provide statistically reliable and comparable data for participating partnerships, and furnish technical assistance services through a DOH statistician. By accessing regional BRFSS data or participating in the county over-sample program, partnerships are able to

compare their data with statewide BRFSS data. For the over-sample program, the Department pays two-thirds of the cost, while the participating partnership is responsible for the remaining third. Since 2002, 24 partnerships have participated in the program. According to the 2004 survey of partnerships, the usefulness of data and the low cost of participation were the most frequently stated reasons for choosing to participate. The BRFSS over sample data was most frequently used for the identification of local health improvement priorities, grant writing, and needs assessment. For respondents who did not participate in the BRFSS over sample program, the cost was the primary reason for not participating.

The Department also promotes pilot projects to determine what type of uniform data might be made available to partnerships. The Tioga County partnership participated in a pilot project by the Department's Emergency Medical Services Bureau to collect data from EMS Patient Care Reports that might prove useful to partnerships' local health planning.

Strategy: Increase access to "quality of life" indicator information and data to partnerships, including the provision of technical assistance to partnerships on how these indicators might be used.

Results: The Department's Bureau of Health Statistics and Research has added the "E Guide to Health Statistics" to its website. The E Guide links users to state and national data sources for various health-related and quality of life data. 25 of 51 partnerships (49.0%) indicated that they used the E Guide.

Strategies: Develop technical assistance that helps partnerships create benchmarks, and to respond to health priorities and emerging issues and trends.

Expand the data clearinghouse function via the development and maintenance of the "Web Ring" including technical assistance to partnerships in accessing and using Department and web ring information and data to generate their own evaluations.

Expand the participation of other state agencies in providing data via the web ring and other means for partnerships.

Follow through on all prior year commitments.

Results: In partnership with the Foundation of the Pennsylvania Medical Society and the Institute for Healthy Communities, an Internet-based Web Ring that linked important sources of data for local planning efforts was created. The PA DataLink Web Ring went live in 2001 with the eventual participation of nine state agencies. However, reorganization within the Foundation and the Institute resulted in a loss of resources necessary for the maintenance of the Web Ring and it was discontinued in 2004.

In addition to the direct links to Internet health data report sources available through the Department's E-Guide, a list of links to local, state, federal, and national agencies with a brief description of the types of available data is maintained. The nine state agencies that participated in the Web Ring are among sixteen state agencies listed.

The Bureau of Health Statistics and Research also expanded the statistical technical assistance pages on its website, provided training on data and statistical topics at the Public Health Institute, and developed EpiQMS (Epidemiologic Query and Mapping System), an interactive health statistics website that can produce numbers, rates, graphs, charts, maps, and county profiles using various demographic variables (age, sex, race, etc.) from birth, death, cancer and population datasets for the state and counties. In the 2004 survey of partnerships, 13 of 52 (25%) had used EpiQMS and the system received a rating of 4 on a 5-point scale for ease of use and types of available data.

Results from the 2004 survey of SHIP-affiliated partnerships showed that 27 of 52 partnerships (51.9%) had used technical assistance provided by the Department's Bureau of Health Statistics and Research during the past 12 months and the average rating of the usefulness of the technical assistance was 4.4 on a 5-point scale.

Objective D: Encourage and expand collaboration between state agencies and others regarding programs which impact the health of communities.

Strategies: Develop a program to identify, encourage, and support the development of goals and objectives for interagency collaboration on local health issues.

Develop a plan for engaging with federal agencies that are also involved in developing partnerships with communities to coordinate local initiatives.

Pursue cross-fertilization with federal, state and local agencies which encourages flexibility, integration and partnership in how they address health issues.

Results: Since 2002, the Department has averaged one presentation quarterly to a statewide or community agency on the SHIP principles, collaborative philosophy, and activities. Presentations have been made to such groups as the Weed and Seed Interagency Committee, Pennsylvania Advocates for Nutrition and Activity (PANA), Head Start, Arthritis Stakeholders Group, Traumatic Brain Injury Advisory Board, Pennsylvania Academy of Family Physicians, and several Local Advisory Council (LAC) groups. As a result of the linkage made through these presentations:

- Ten of 14 county areas that participated in the Head Start Oral Health Summit in 2004 had representation from SHIP partnerships.
- The Southcentral Local Advisory Council coordinates its meetings to coincide with meetings of the Pennsylvania Advocates for Nutrition and Activity (PANA). This strategy allows for the more effective use of meeting time and increases participation in the health planning and information exchange of both groups.
- Several partnerships participated in a Spring 2004 Arthritis Social Marketing Campaign and facilitated community planning for more formal arthritis education.

The SHIP-affiliated partnerships and Local Advisory Councils (LAC) also seek to engage the Department's sister state agencies. When asked which state agencies presented information at a partnership meeting or participated in an activity in the past three years, Aging, Public Welfare, Pennsylvania Commission on Crime and Delinquency, Community and Economic Development, and the Pennsylvania State Police were the most frequently reported agencies by respondents to the 2004 partnership survey. Within Public Welfare, the Offices of Children, Youth and Families, Mental Health and Substance Abuse Services, and Medical Assistance Programs were cited most.

The Department has involved partnerships in significant federal grant projects. For example, three partnerships - Community Health Improvement Partnership of Fayette County, Healthy Northeast Pennsylvania Initiative, and Tioga County Partnership for Community Health - were key partners in the 2004 STEPS grant submission by the Department's Bureau of Chronic Diseases and Injury Prevention, which will address the root causes of asthma, diabetes, and obesity. Partnerships are also key partners in the implementation of several other federal initiatives that are coordinated through the Department. In the 2004 survey of partnerships, tobacco prevention and cessation, the Pennsylvania Advocates for Nutrition and Activity, immunization, oral health, and diabetes were the five Department program areas in which partnerships most often participated.

The SHIP principles and approach to health planning are integrated into the Maternal and Child Health Services Grant, and several strategic plans for divisions within the Department. Additionally, semi-annual reports to federal programs within the Health Resources and Services Administration (HRSA) that target health professions development include a summary of SHIP's community health activities.

Objective E: Track and Report on emerging issues, trends in health status,

and progress toward meeting the overarching goals of improved length and quality of life and elimination of disparities in health status.

Strategies: Prepare annual interim special reports, including a report on health status disparities among minorities and the health needs of older Pennsylvanians.

Prepare a SHIP special report on health status disparities experienced by minorities.

Extend the SHIP planning horizon to three to five years to permit greater emphasis on evaluating outcomes and impact of the current plan.

Results: The Department released the *SHIP Special Report on the Health Status of Minorities in Pennsylvania* in April 2002. Several actions occurred in conjunction with the release of the report:

- Over 1200 copies of the report were distributed to community health advocates, academics, policymakers, and other stakeholders.
- The Department funded six minority health community projects – one in each Health District – to address local minority health priorities.
- The Department contracted with the Center for Minority Health at the University of Pittsburgh’s School of Public Health to provide technical assistance to community groups on minority health issues.
- The Department improved its efforts to provide health status data by race and ethnicity, when statistically possible.

According to the 2000 Census, Pennsylvania had the second highest percentage of population aged 65 and older (15.6). Florida had the highest percentage. The health needs of older Pennsylvanians remains an important public health issue and the Department recognized that the emerging concern over a potential health care workforce shortage in the Commonwealth, particularly among nurses, could have a disturbing effect on the health care of older Pennsylvanians. In November 2002, the Department began to publish a series of SHIP special reports on the characteristics of the health care workforce in Pennsylvania. Reports on registered nurses, licensed practical nurses, physicians, dentists, and dental hygienists were released and made available on the Department’s website. In addition, reports on the status of Pennsylvania’s nurse education programs were published. Several data items were reported both on a statewide and county-specific basis, so that communities could use the data for local health care workforce planning. Using the data reports, the Department convened stakeholders to look at three critical nurse workforce issues: student recruitment and education; retention in the work environment; and

assessment of the nurse shortage in Pennsylvania. The nurse workforce data, recommendations from the stakeholder groups, and best practices from the field were compiled in the SHIP White Paper on the Nurse Workforce in Pennsylvania. The White Paper includes a nurse retention assessment index that is based on age, dissatisfaction, and years plan to remain in nursing data. Counties at risk of retaining nurses based on the index were also categorized according to the number of individuals age 65 and older and the number of individuals with incomes below 200% of the federal poverty level – two populations considered highly vulnerable to a health care workforce shortage. A SHIP special report on the health status of older Pennsylvanians may be considered for development in the current five-year period; however, the Department remains committed to the development and release of SHIP workforce data reports so that health care workforce policies and solutions are based on reliable, objective data.

The principal State Health Improvement Plan (SHIP) covers a five-year period, with SHIP 2001-2005 published in July 2001 and this current SHIP 2006-2010 published in December 2005. In the intervening years, reports on the health status of special populations and Pennsylvania's health care workforce are published.

Objective B: Create an ongoing evaluation of the SHIP process.

Strategies: Create an ongoing evaluation of SHIP, partnership efforts, the activities of the Department contractors and other agencies that includes the development and use of a standardized set of process and outcome measures, including the review and possible adoption of national and local public health standards.

Use the mini-grant process to collect data and success measures from participating partnerships.

Research and evaluate software data programs to facilitate the development and achievement of measurable objectives by partnerships.

Results: The Department has adopted a logic model framework for evaluation of the SHIP process. A logic model is a method of program planning and outcome measurement adopted by many federal agencies and other organizations, such as the United Way and the American Cancer Society. Implementation objectives from the 2001-2005 and 2006-2010 Plans have been laid out according to the primary components of a logic model: resources, activities, outputs, outcomes, impacts, assumptions, and indicators. Similarly, partnerships will be asked to evaluate accomplishments of local health priorities and mini-grant projects according to a logic model format. While periodic oral summaries of outcomes achieved through mini-grant projects have been provided at the SHIP Steering Committee meetings, the Department is looking at how a logic model

could provide more detailed information in an organized, consistent way. The seven partnerships in the Northcentral Health District started to pilot use of the logic model for local health planning and explore a group of standard indicators that might be used to evaluate performance. In the 2004 survey of partnerships, 15 of 52 (28.8%) had used a logic model as a requirement in a grant application.

Because local community health improvement partnerships develop uniquely and vary greatly in structure, resources, and activities, some partnerships use special software for program evaluation, while others do not. According to the 2004 survey of SHIP-affiliated partnerships, only 1 of 48 (1.9%) was using a specialized software program for evaluation and 14 of 48 (29.2%) were reporting outcome measures to an external agency using a web-based technology or some other technology. In some cases, the funding source for a program, such as the Health Resources and Services Administration's (HRSA) Healthy Communities Access Program, has designed a database for use by grantees.

In 2005, the Department will begin participation in the National Public Health Performance Standards Program. The mission of the program is to improve the quality of public health practice and performance of public health systems. The Department will use a standardized tool to assess the performance of community and state partners in critical public health areas.

SUMMARY

The five SHIP implementation objectives from the 2001-2005 Plan intended to improve outcomes in 6 primary areas: partnership development, accessibility of health data and information, technical assistance and training, interagency collaboration, generation of reports on significant issues for health planning, and evaluation of SHIP. Substantial gains were made in each of these areas. Most notably:

- An increase in SHIP-affiliated partnerships from 37 to 61
- Five major improvements in data access for partnerships
- Development of partnership training sessions at the Public Health Institute and posted on the Learning Management System, and expanded technical assistance for partnerships
- Several collaborative projects at the local, regional, and state level
- Ten major SHIP reports since the publication of *SHIP 2005 – 2010*
- Development of an evaluation framework using a logic model