Better together?

Hospitals, health departments and the promise of improving health in every Ohio community.
Acronyms

Hospital

**CHNA**: Community health needs assessment

**IS**: Implementation strategy

Local health department (LHD)

**CHA**: Community health assessment

**CHIP**: Community Health Improvement Plan
Overview

• Purpose and methods
• CHNA/IS/CHA/CHIP landscape in Ohio
• Process and quality
• Health priorities
• Q & A
Community Health Status Assessment for Cuyahoga County, Ohio

March 21, 2013

Henry County Community Health Status Assessment
Examining the Health of Henry County

Community Health Needs Assessment Implementation Plan 2013

The Christ Hospital Health Network
189 nonprofit/government hospitals (as of July, 2014)

170 CHNAs

80 ISs

124 local health departments (as of September, 2014)

110 CHAs

65 CHIPs
Cross-jurisdictional
LHD CHA/CHIP
(n=110)

- 64.5% 1 LHD
- 35.5% Two or more LHDs together

Collaboration among hospitals
(n=170)

- 65.9% collaborated within own hospital system
- 20% no collaboration with another hospital facility
- 50% collaborated with at least one hospital outside of own health system
Percent of hospitals reporting LHD collaboration on CHNA (n=170)

- No LHD involvement: 11%
- Provided secondary data: 32%
- Partner in data collection: 38%
- Involved in focus groups or key informant interviews: 48%
- Involved in prioritization: 32%
- CHNA partnership: 46%
- CHNA leadership role: 36%
- CHA CHNA joint document: 19%
Percent of LHDs reporting hospital collaboration on CHA (n=110)

- No hospital involvement: 17%
- Provided secondary data: 38%
- Partner in data collection: 34%
- Involved in focus groups or key informant interviews: 18%
- Involved in prioritization: 15%
- CHA partnership: 30%
- CHA leadership role: 34%
- CHA CHNA joint document: 16%

more collaboration
Percent of hospitals reporting LHD collaboration on IS (among hospitals with an IS, n=80)

- IS partner: 19%
- IS leadership role: 14%
- CHIP/IS joint document: 10%
Percent of LHDs reporting hospital collaboration on CHIP (among LHDs with a CHIP, n=65)

- CHIP partner: 19%
- CHIP leadership role: 25%
- CHIP/IS joint document: 6%
Key findings on extent of collaboration

• Most hospitals and health departments had some collaboration
• Wide variety in extent of collaboration
• Collaboration somewhat more common during the assessment phase than implementation phase
• Hospitals were most likely to engage health departments as participants in focus groups or key informant interviews
• Health departments most commonly engaged hospitals as a source of secondary data
Better Together...

Hospitals & Health Departments
Public Health & Medicine
...the promise of improving health in every Ohio community

Ohio Research Association for Public Health Improvement
Public Health Practice-Based Research Network
Process and Quality

 сравнируйте и противостойте процессу здоровья сообщества, проведенному ЛХД и проведенному вами 

 Introduce the Ohio Community Health Assessment Process and Priority (CHAPP) Quality Measurement Tool
CHAPP Quality Measurement Tool

- Adaptation of Wisconsin CHIPP (Community Health Improvement Plan and Process) Quality Measurement Tool
- Adapted to allow direct comparison between LHD and Hospital community health assessment process
- Examine differences within and between LHD and Hospitals
CHAPP Quality Measurement Tool Items

- Foundational (8)
- Working Together (5)
- Assessment (11)
- Prioritization (5)
- Implementation (10)
- Evaluation (4)

- Total (43)
64% of the LHDs not conducting a CHA were County LHDs.

No difference by Board of Health.
Process Quality by LHD Jurisdictional Size

<table>
<thead>
<tr>
<th>Size</th>
<th>QMT mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;200k</td>
<td>2.42</td>
</tr>
<tr>
<td>&gt;100-200k</td>
<td>2.42</td>
</tr>
<tr>
<td>&gt;50-100k</td>
<td>2.22</td>
</tr>
<tr>
<td>25-50k</td>
<td>1.9</td>
</tr>
<tr>
<td>&lt;25,000</td>
<td>1.89</td>
</tr>
</tbody>
</table>

No difference by cross jurisdictional CHA CHIP

79% of the LHDs not conducting a CHA were jurisdictions <50k
Process Quality by LHD Total Budget

<table>
<thead>
<tr>
<th>Budget Range</th>
<th>QMT Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;$2m</td>
<td>2.32</td>
</tr>
<tr>
<td>$900k-2m</td>
<td>1.83</td>
</tr>
<tr>
<td>&lt; $900k</td>
<td>2.06</td>
</tr>
</tbody>
</table>

No difference by per capita budget

57% of the LHDs not conducting a CHA had budgets < 900k
Process Quality by Hospital Collaboration

- **Identical**: 2.15
- **90% Identical**: 1.91
- **Small Joint Component**: 1.81
- **One Facility**: 2
Hospital Process Quality

No difference by:

- Hospital type
- Financial size
- Net community benefit
- Total beds
- Admissions
- Outpatient visits
- Membership in a group system
LHD-Hospital Process Quality

- Foundational: Hospital - 1.96, LHD - 2.52
- Working Together: Hospital - 1.48, LHD - 2.51
- Assessment: Hospital - 3.1, LHD - 2.79
- Prioritization: Hospital - 2.65, LHD - 3.43
- Implementation: Hospital - 0.87, LHD - 1.32
- Total: Hospital - 1.97, LHD - 2.37
<table>
<thead>
<tr>
<th></th>
<th>LHD</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHA within the past five years/CHNA past 3 years</td>
<td>88.7% (110)</td>
<td>88.4% (167)</td>
</tr>
<tr>
<td>CHIP within the past five years/ CHNIS past 3 years</td>
<td>52.4% (65)</td>
<td>47.1% (80)</td>
</tr>
<tr>
<td>The CHA/CHNA document(s) are electronically available to the public via a website</td>
<td>92.7% (102)</td>
<td>100% (170)</td>
</tr>
<tr>
<td>The CHIP/CHNIS document(s) are electronically available to the public via a website</td>
<td>60.9% (67)</td>
<td>47.6% (81)</td>
</tr>
<tr>
<td>The document acknowledges national priorities</td>
<td>0.9% (1)</td>
<td>68.2% (116)</td>
</tr>
<tr>
<td>The document acknowledges state priorities</td>
<td>11.8% (13)</td>
<td>0.6% (1)</td>
</tr>
<tr>
<td>A formal model, local model, or parts of several models are used to guide the process</td>
<td>72.7% (80)</td>
<td>18.8% (32)</td>
</tr>
<tr>
<td>Specific staff are designated to manage the process</td>
<td>43.6% (48)</td>
<td>13.1% (22)</td>
</tr>
</tbody>
</table>
## Working Together

<table>
<thead>
<tr>
<th>Description</th>
<th>LHD</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sectors (stakeholders) participate in partnership to develop a comprehensive assessment of the population served by the health department (&gt;4 sectors).</td>
<td>75.5% (83)</td>
<td>61.9% (104)</td>
</tr>
<tr>
<td>Stakeholder participation continues into prioritization process (≥4 sectors)</td>
<td>54.5% (60)</td>
<td>49.7% (84)</td>
</tr>
<tr>
<td>The stakeholders define a purpose, mission, vision, and/or core values for the process.</td>
<td>80.0% (88)</td>
<td>19.4% (33)</td>
</tr>
<tr>
<td>Documentation of current collaborations that address specific public health issues or populations.</td>
<td>73.4% (80)</td>
<td>44.1% (75)</td>
</tr>
<tr>
<td>Guiding principles or shared values identified.</td>
<td>29.1% (32)</td>
<td>2.9% (5)</td>
</tr>
<tr>
<td>Description</td>
<td>LHD</td>
<td>Hospital</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-------</td>
<td>-----------</td>
</tr>
<tr>
<td>Health issues and specific descriptions of population groups with specific health issues are described.</td>
<td>48.2% (53)</td>
<td>70.6% (120)</td>
</tr>
<tr>
<td>Health issues and specific descriptions of medically vulnerable population groups with specific health issues are described.</td>
<td>26.4% (29)</td>
<td>46.5% (79)</td>
</tr>
<tr>
<td>Health disparities and/or health equity are discussed.</td>
<td>38.2% (42)</td>
<td>64.9% (111)</td>
</tr>
<tr>
<td>A description of existing community assets and resources to address health issues is presented.</td>
<td>50.0% (55)</td>
<td>86.0% (147)</td>
</tr>
<tr>
<td>There is evidence of primary data collection.</td>
<td>95.5% (105)</td>
<td>82.9% (141)</td>
</tr>
<tr>
<td>There is evidence of secondary data collection.</td>
<td>96.4% (106)</td>
<td>99.4% (169)</td>
</tr>
<tr>
<td>Sources of data are cited most or all of the time.</td>
<td>87.3% (96)</td>
<td>91.8% (156)</td>
</tr>
</tbody>
</table>
## Prioritization

<table>
<thead>
<tr>
<th></th>
<th>LHD</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information from the community health assessment is provided to the stakeholders who are setting priorities.</td>
<td>82.7% (91)</td>
<td>87.1% (148)</td>
</tr>
<tr>
<td>Document(s) include issues and themes identified by stakeholders in the community.</td>
<td>77.3% (85)</td>
<td>92.9% (158)</td>
</tr>
<tr>
<td>Community health priorities were selected using clear criteria established and agreed upon by the stakeholder group.</td>
<td>45.5% (50)</td>
<td>69.4% (161)</td>
</tr>
<tr>
<td>Community health priorities were selected using any criteria established and agreed upon by the stakeholder group.</td>
<td>62.8% (69)</td>
<td>94.7% (161)</td>
</tr>
<tr>
<td>Priorities are easily located on a website and identifiable as priorities by the general public.</td>
<td>50.9% (56)</td>
<td>80.6% (137)</td>
</tr>
</tbody>
</table>
Implementation (selected)

<table>
<thead>
<tr>
<th>Description</th>
<th>LHD</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data is used to inform public health policy, processes, programs, and/or interventions.</td>
<td>50.0% (55)</td>
<td>37.6% (64)</td>
</tr>
<tr>
<td>Identifies any improvement strategies that are evidence-informed.</td>
<td>50.0% (55)</td>
<td>10.6% (18)</td>
</tr>
<tr>
<td>Document(s) contains measurable objectives with time-framed targets.</td>
<td>39.1% (55)</td>
<td>11.2% (19)</td>
</tr>
<tr>
<td>Engage in any activities that contribute to the development or modification of (public) health policy.</td>
<td>34.5% (38)</td>
<td>6.4% (11)</td>
</tr>
<tr>
<td>Action plan exists or is under construction for implementation of strategies in partnership with others and including timelines to implement plan.</td>
<td>42.7% (53)</td>
<td>14.7% (25)</td>
</tr>
<tr>
<td>Identifies whether any individuals and organizations that have accepted responsibility for implementing strategies.</td>
<td>38.7% (48)</td>
<td>16.5% (28)</td>
</tr>
<tr>
<td>Includes priorities and action plans for ≥4 entities beyond the local health department/hospital.</td>
<td>38.7% (48)</td>
<td>26.5% (45)</td>
</tr>
</tbody>
</table>
Key Process Findings

 대하여 Comparing LHDs

- Quality is better in larger jurisdictions and with larger budgets
- Quality is not influenced by the presence of a Board of Health or conducting a cross-jurisdictional CHA CHIP

 대하여 Comparing Hospitals

- There is little difference in quality based on hospital structure or financing
Key Process Findings

LHD community health assessment process was more likely to:

- Be grounded in theoretical and evidence based frameworks
- Define a mission or vision
- Include implementation planning
- Have broad stakeholder participation
- Conduct health policy activity
Key Process Findings

Hospitals community health assessment process was more likely to:

- Address community assets
- Address health equity and vulnerable populations
- Choose health priorities using criteria
- Provide community health assessment information to the stakeholders who are setting priorities
Level of LHD-Hospital Collaboration and Process Quality

- None: Hospital - 1.96, LHD - 1.59
- Moderate: Hospital - 1.86, LHD - 2.00
- High: Hospital - 2.28, LHD - 2.51
What Matters in Collaboration?

- No difference in quality
  - Provide secondary data
  - Involve in focus groups or as key informants

- Quality improves
  - Partner in data collection
  - Involved in prioritization
  - Partnership
  - Leadership role
What to Remember...

- LHDs and hospitals bring different skills and perspectives to community health assessment.
- These differences appear to be complimentary.
- Evidence supports that quality of the community health assessment process improves with meaningful collaboration.
State and national priorities

The document acknowledges national priorities: 68.2% (116) for Hospitals (N = 170) and 0.9% (1) for LHDs (N = 110).

The document acknowledges state priorities: 0.6% (1) for Hospitals (N = 170) and 11.8% (13) for LHDs (N = 110).
<table>
<thead>
<tr>
<th><strong>Health conditions</strong></th>
<th><strong>Health behaviors</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>Chronic disease (management)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Obesity</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Cancer</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>Emotional health</td>
</tr>
<tr>
<td>Infant mortality/low birth weight</td>
<td>Youth development/school health</td>
</tr>
<tr>
<td>Oral health</td>
<td>Sexual and reproductive health</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>Injury protection</td>
</tr>
<tr>
<td>Mental health</td>
<td>Family violence</td>
</tr>
<tr>
<td>Under-immunization</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Community conditions</strong></th>
<th><strong>Health system conditions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Build environment (place)</td>
<td>Under-insurance</td>
</tr>
<tr>
<td>Food environment</td>
<td>Access to medical care</td>
</tr>
<tr>
<td>Active living environment</td>
<td>Access to behavioral health care</td>
</tr>
<tr>
<td>Social determinants of health/health equity</td>
<td>Access to dental care</td>
</tr>
<tr>
<td>Community partnership</td>
<td>Bridging public health and medicine</td>
</tr>
<tr>
<td></td>
<td>Quality improvement</td>
</tr>
<tr>
<td></td>
<td>Hospital/clinical infrastructure</td>
</tr>
<tr>
<td></td>
<td>Health information technology</td>
</tr>
<tr>
<td></td>
<td>Workforce development</td>
</tr>
<tr>
<td></td>
<td>Funding/financing/cost of services</td>
</tr>
</tbody>
</table>
Top 12 hospital and LHD health priorities*

- Obesity: 69%
- Access to medical care: 57%
- Physical activity: 54%
- Addiction: 52%
- Mental health: 51%
- Nutrition: 51%
- Substance abuse prev.: 40%
- Access to Beh. health: 37%
- Diabetes: 34%
- Heart disease: 34%
- Tobacco: 32%
- Infant mortality: 30%

*weighted
Top 10 hospital and LHD health priorities

**Hospitals**
- Obesity 69%
- Access to medical care 59%
- Mental health 58%
- Addiction 55%
- Heart disease 52%
- Diabetes 50%
- Cancer 47%
- Infant mortality 42%
- Physical activity 39%
- Nutrition 37%

**LHDs**
- Physical activity 70%
- Obesity 69%
- Nutrition 64%
- Substance abuse prevention 57%
- Access to medical care 55%
- Food environment 49%
- Addiction 49%
- Youth development/schools 46%
- Access to behavioral health 45%
- Mental health 44%
### Health conditions
- Heart disease
- Diabetes
- Asthma/COPD
- **Obesity**
- Cancer
- Infectious diseases
- Infant mortality/low birth weight
- Oral health
- **Substance abuse (treatment)**
- **Mental health**
- Under-immunization

### Community conditions
- Build environment (place)
- **Food environment**
- Active living environment
- Social determinants of health/Health equity
- Community partnership

### Health behaviors
- Chronic Disease (management)
- **Tobacco use**
- **Physical activity**
- **Nutrition**
- **Substance abuse**
- Emotional health
- **Youth development/School health**
- Sexual and reproductive health
- Injury protection
- Family violence

### Health system conditions
- Under-insurance
- **Access to medical care**
- **Access to behavioral health care**
- Access to dental care
- Bridging public health and medicine
- Quality improvement
- Hospital/Clinical infrastructure
- Health Information Technology
- Workforce development
- Funding/financing/cost of services

### Key
- **Obesity cluster**
- **Access cluster**
- **Behavioral health cluster**
## Hospital and LHD priority clusters

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity cluster</td>
<td>39.5%</td>
</tr>
<tr>
<td>Access cluster</td>
<td>37.4%</td>
</tr>
<tr>
<td>Behavioral health cluster</td>
<td>32.7%</td>
</tr>
</tbody>
</table>

*weighted
Comparison of hospital and LHD priority categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Hospitals</th>
<th>LHDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical conditions</td>
<td>39%</td>
<td>24%</td>
</tr>
<tr>
<td>Health behaviors</td>
<td>35%</td>
<td>21%</td>
</tr>
<tr>
<td>Community conditions</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Health systems</td>
<td>16%</td>
<td>20%</td>
</tr>
</tbody>
</table>
Health priority findings

- Little acknowledgement of state and national health priorities
- Hospital priorities more likely to focus on medical conditions; LHDs more likely to focus on community conditions and health behaviors
- Top health priorities are related to obesity, access to care and behavioral health
What to remember

• Wide variety in the extent of collaboration among hospitals and LHDs across the state
• Collaboration between hospitals and LHDs is associated with higher quality documents
• Top health priorities are related to obesity, access to care and behavioral health
Better together!
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