

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

HEALTH IMPROVEMENT PARTNERSHIP

hip
cuyahoga

Be HIP. Be Healthy. Be Heard.

Community Health Status Assessment for Cuyahoga County, Ohio



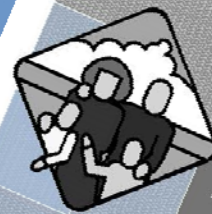
March 21, 2013

Community Health Needs Assessment Implementation Plan 2013



The
Christ Hospital[™]
Health Network

2013



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

Monitoring the health status of local residents to identify community health problems is an essential public health service. This report describes the health behaviors and health status of Henry County youth and adults in 2013.

Henry County Health Partners
by Healthy Communities Foundation,
Hospital Council of Northwest Ohio
Released September 2013

189 nonprofit/government
hospitals (as of July, 2014)

124 local health departments
(as of September, 2014)

170
CHNAs

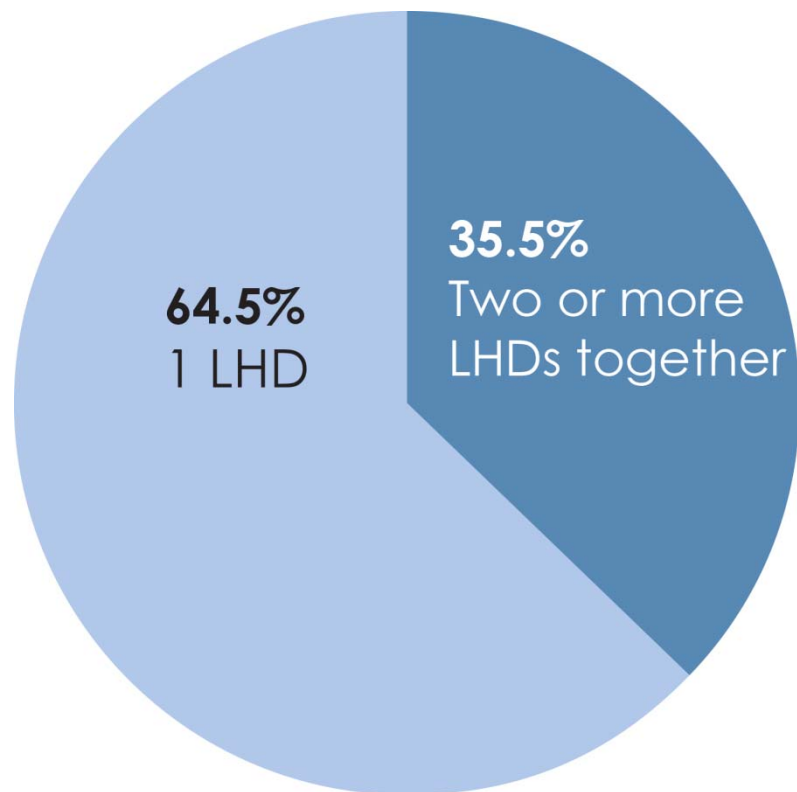
110
CHAs

80
ISs

65
CHIPs

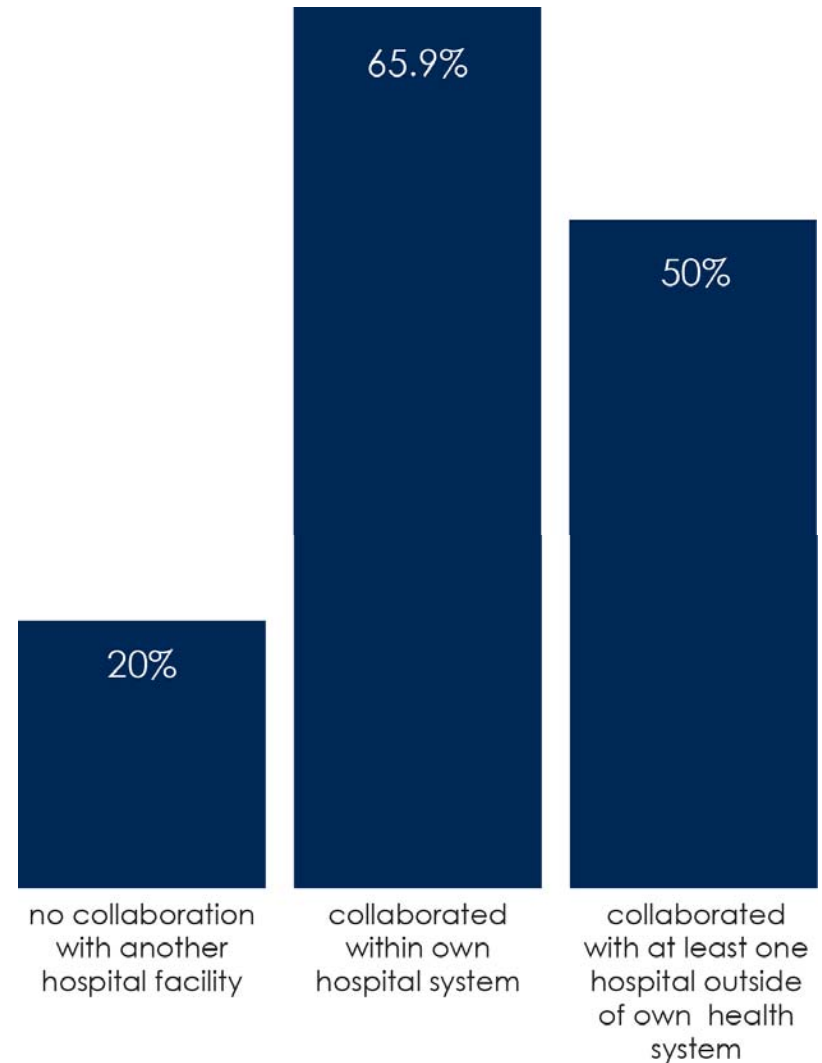
Cross-jurisdictional LHD CHA/CHIP

(n=110)

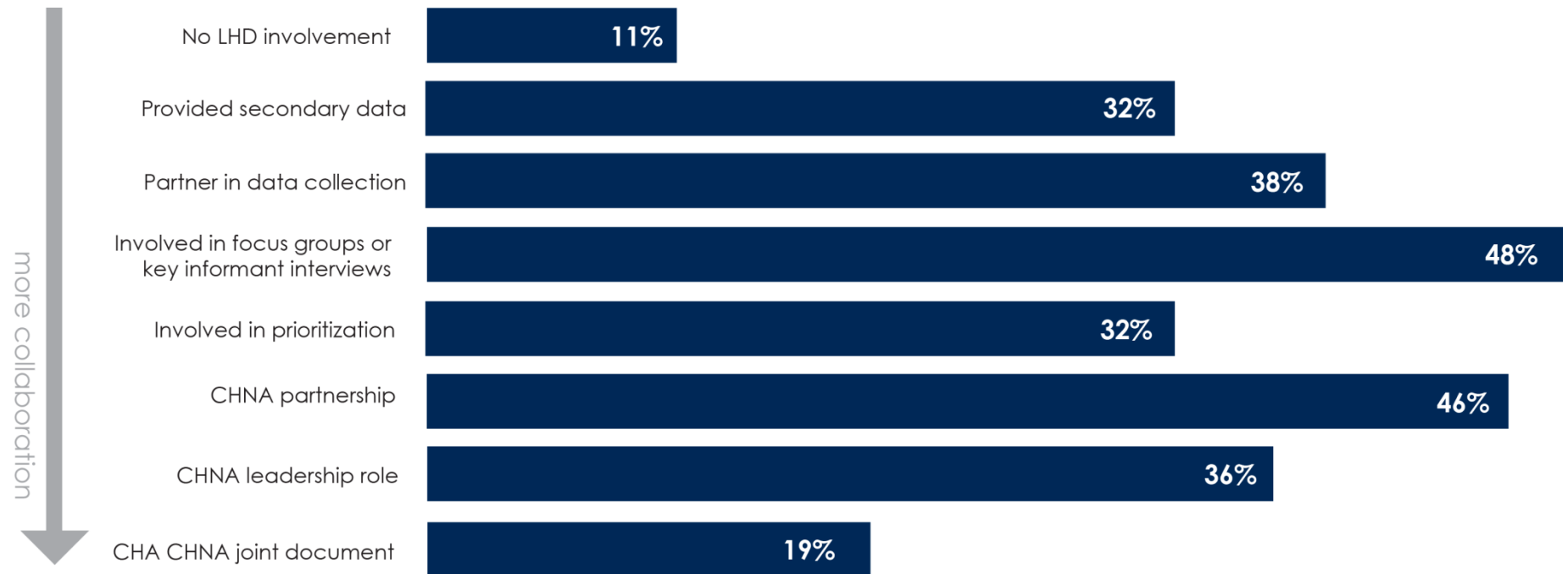


Collaboration among hospitals

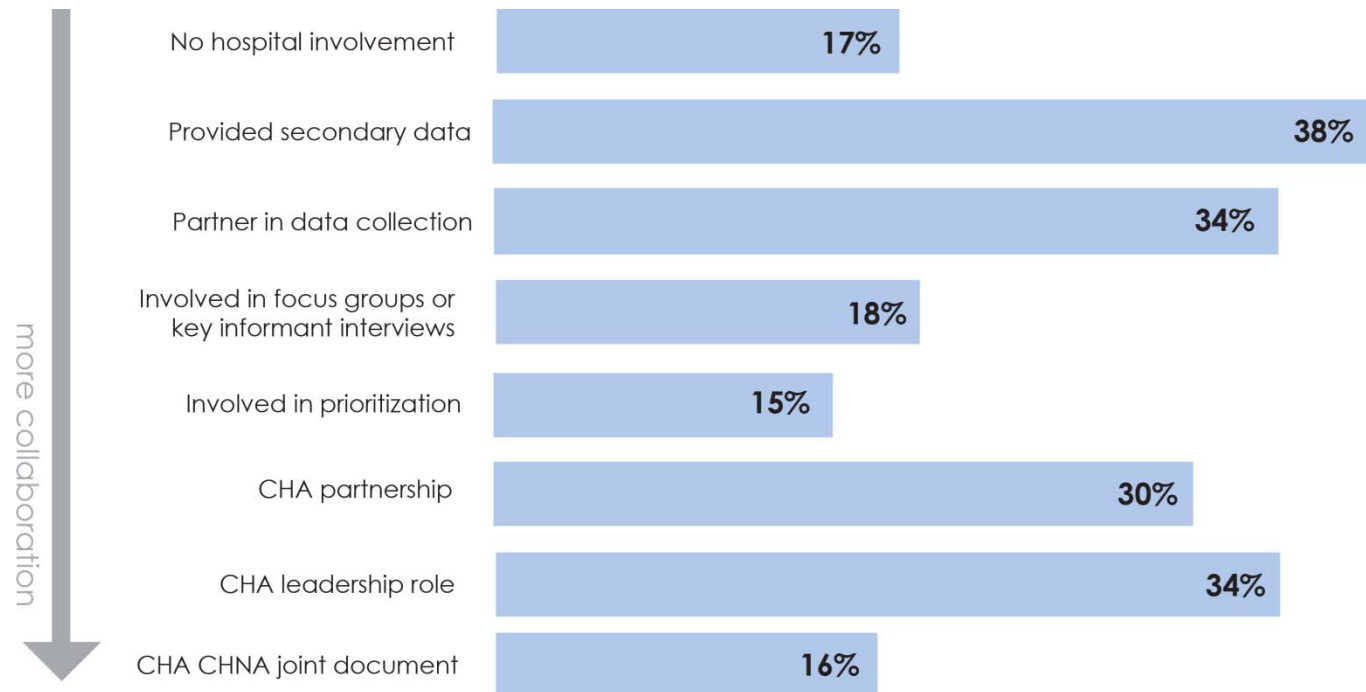
(n=170)



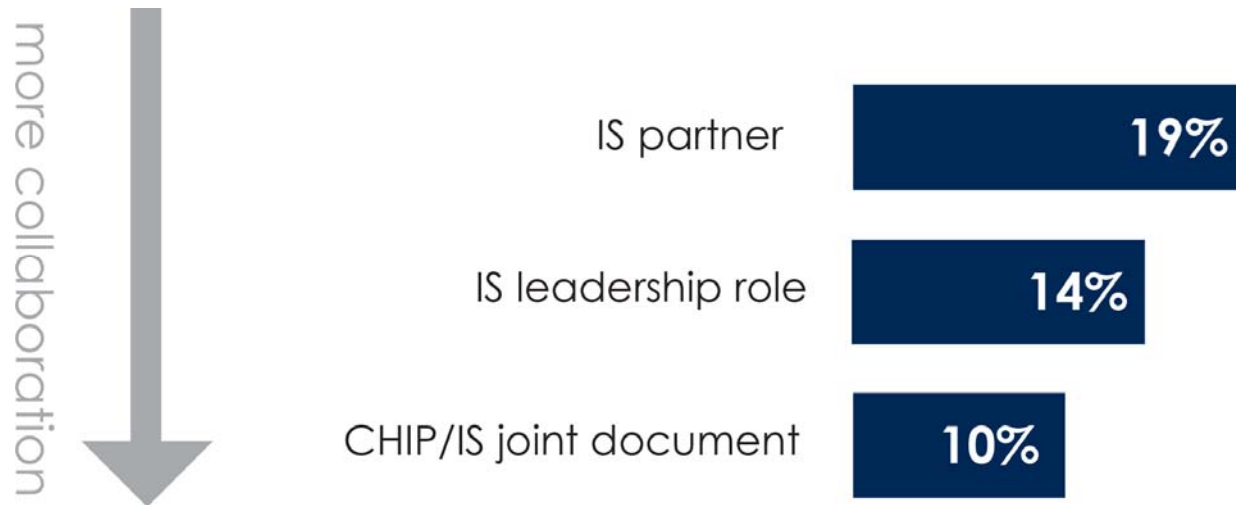
Percent of hospitals reporting LHD collaboration on CHNA (n=170)



Percent of LHDs reporting hospital collaboration on CHA (n=110)

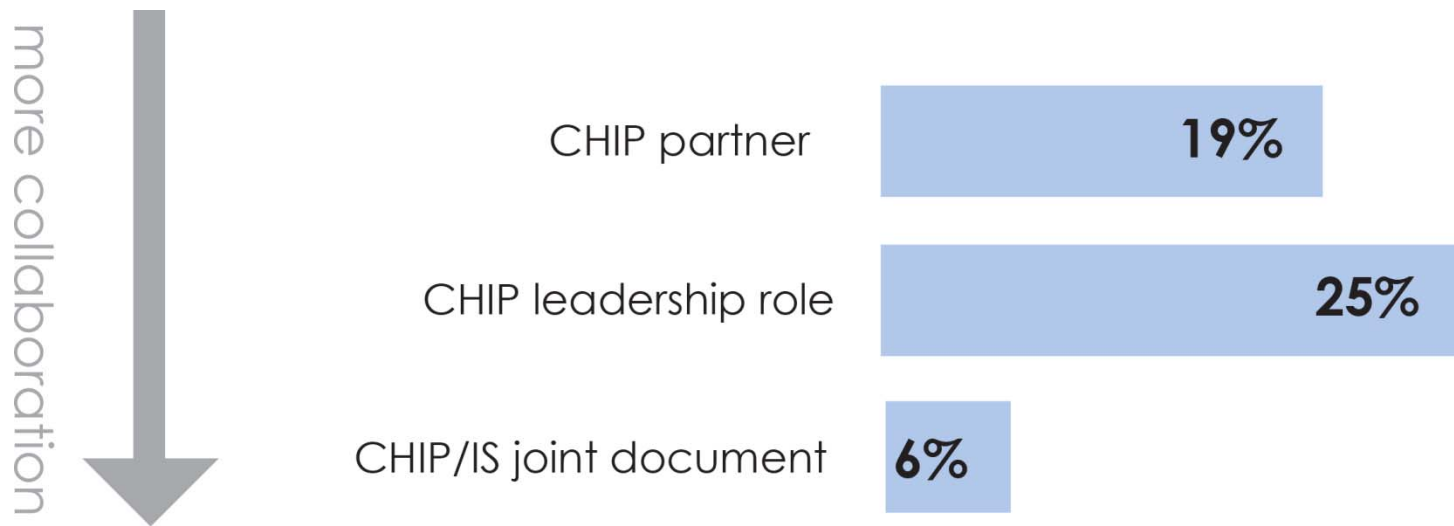


Percent of hospitals reporting LHD collaboration on IS (among hospitals with an IS, n=80)



Percent of LHDs reporting hospital collaboration on CHIP

(among LHDs with a CHIP, n=65)



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

- 🌳 Compare and contrast the community health assessment process led by LHD and led by Hospitals
- 🌳 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



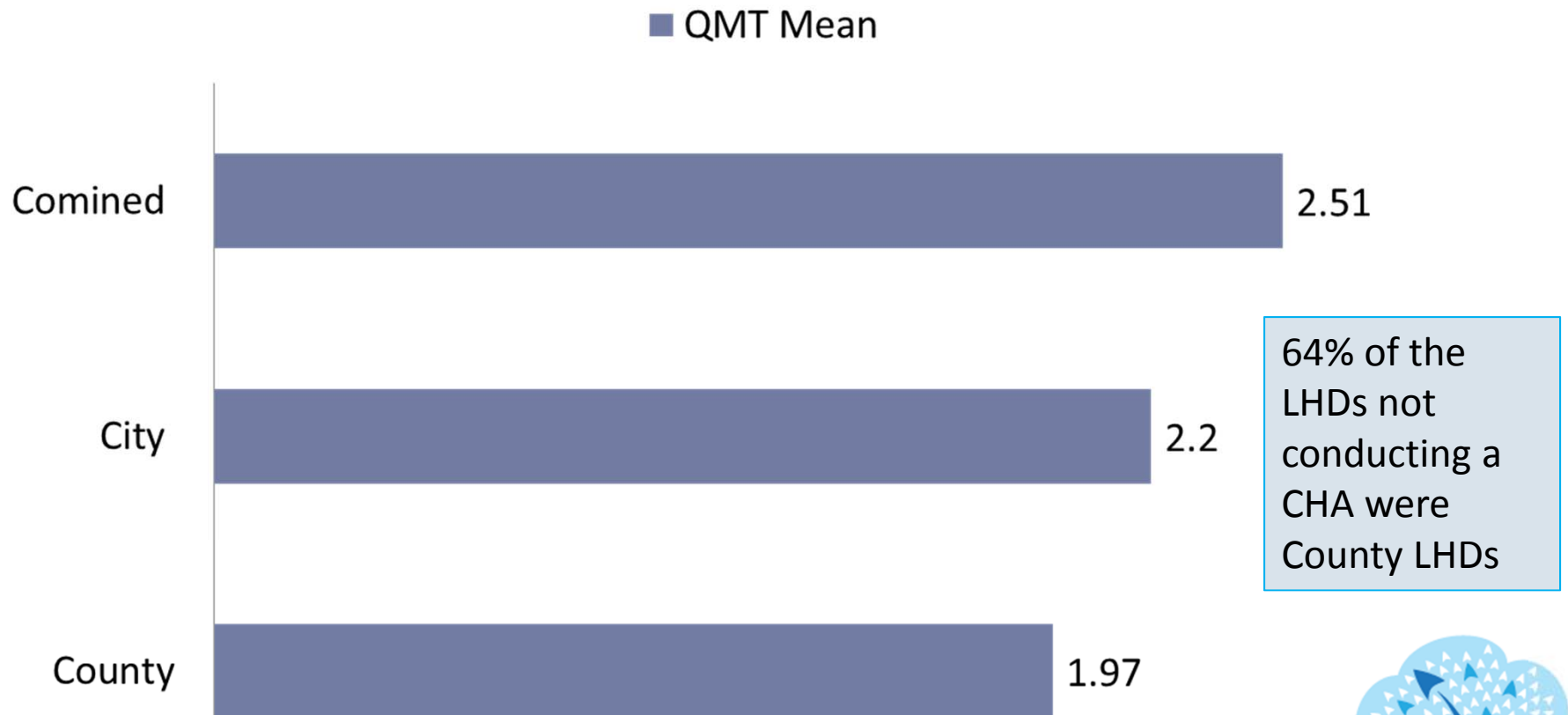
CHAPP Quality Measurement Tool Items

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

- 🌳 **Total (43)**



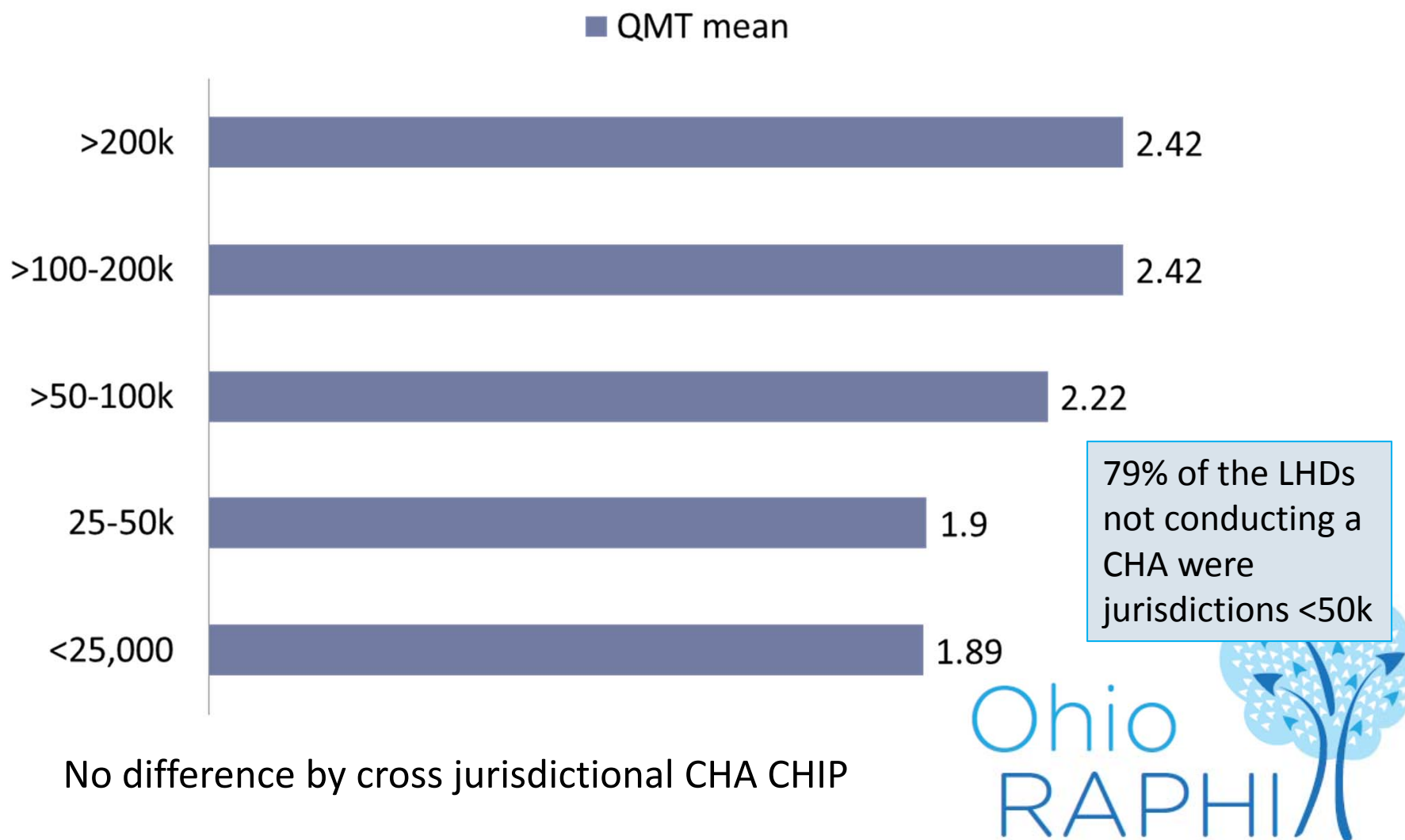
Process Quality by LHD Type



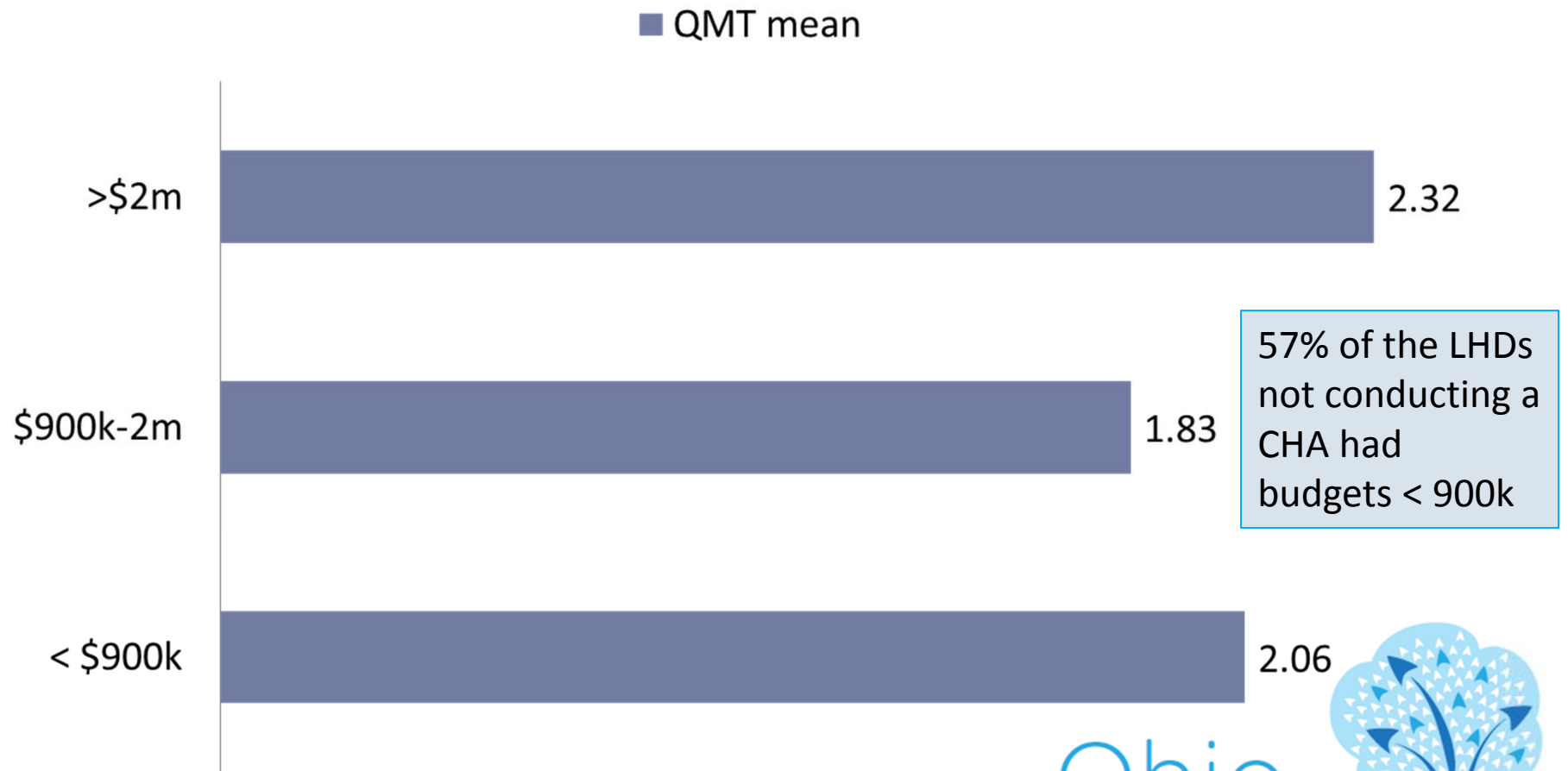
No difference by Board of Health



Process Quality by LHD Jurisdictional Size



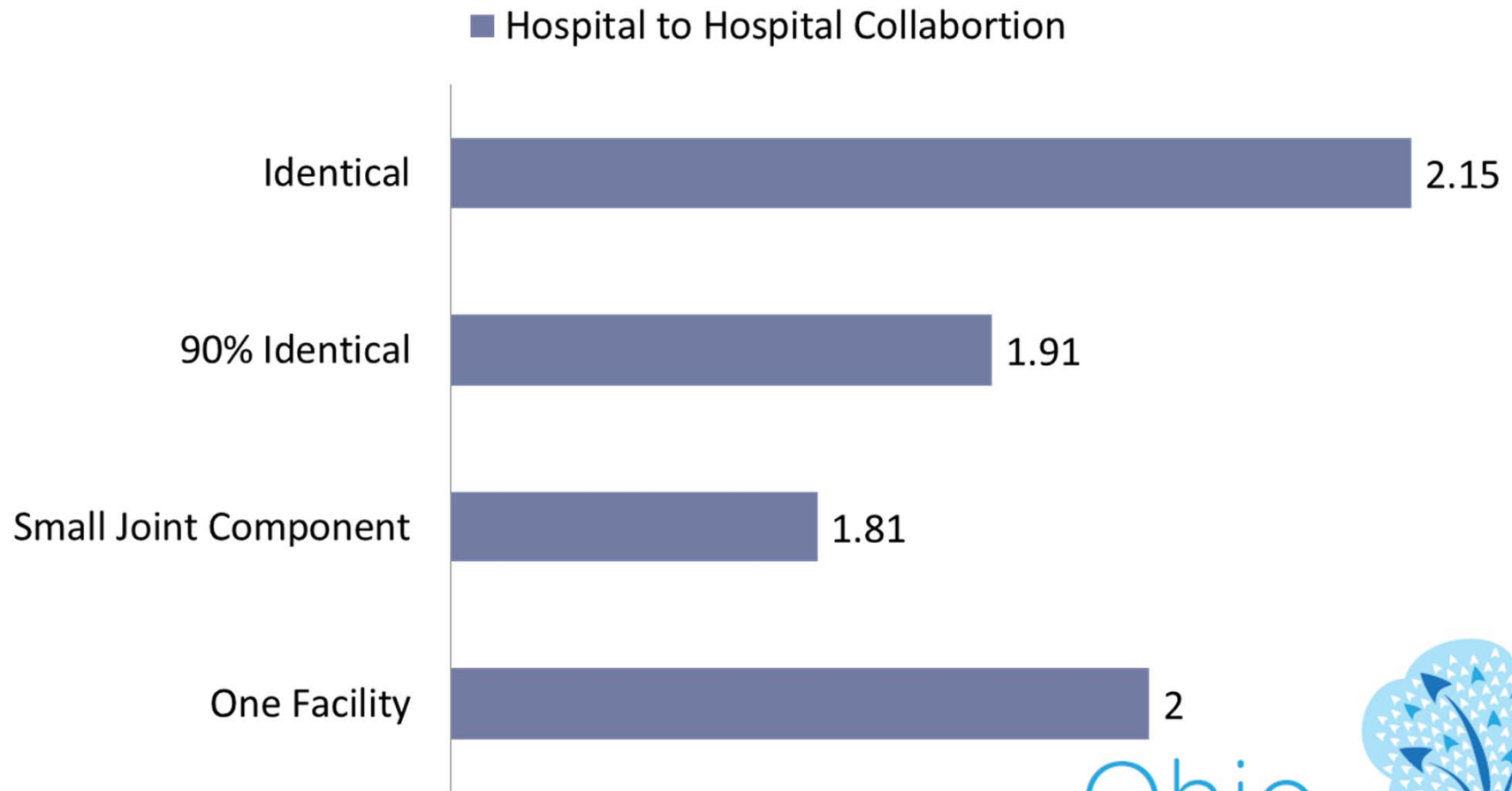
Process Quality by LHD Total Budget



No difference by per capita budget



Process Quality by Hospital Collaboration



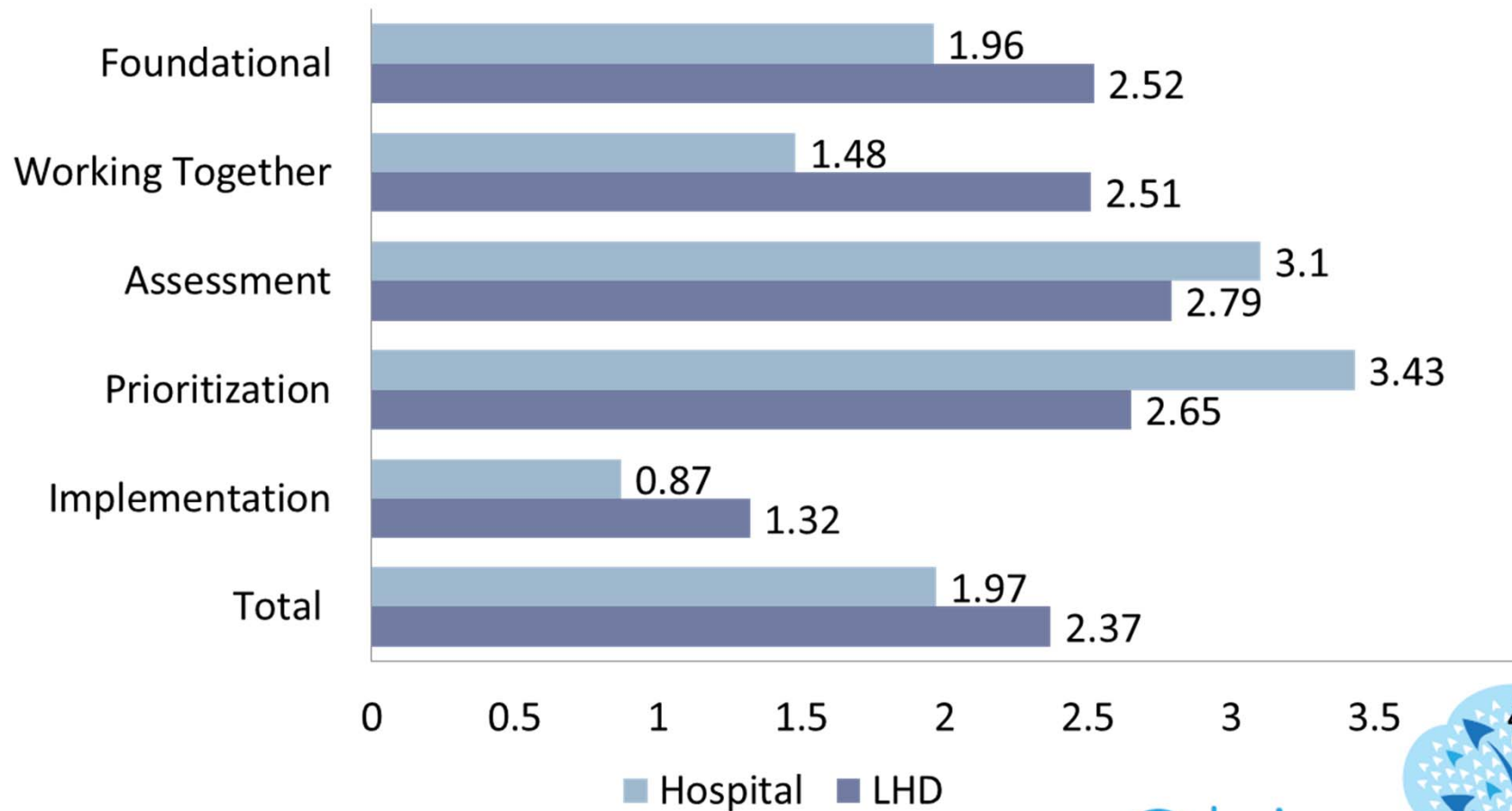
Hospital Process Quality

 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

	LHD	Hospital
CHA within the past five years/CHNA past 3 years	88.7% (110)	88.4% (167)
CHIP within the past five years/ CHNIS past 3 years	52.4% (65)	47.1% (80)
The CHA/CHNA document(s) are electronically available to the public via a website	92.7% (102)	100% (170)
The CHIP/CHNIS document(s) are electronically available to the public via a website	60.9% (67)	47.6% (81)
The document acknowledges national priorities	0.9%(1)	68.2% (116)
The document acknowledges state priorities	11.8% (13)	0.6% (1)
A formal model, local model, or parts of several models are used to guide the process	72.7% (80)	18.8% (32)
Specific staff are designated to manage the process	43.6% (48)	13.1% (22)

Working Together

	LHD	Hospital
Sectors (stakeholders) participate in partnership to develop a comprehensive assessment of the population served by the health department (>4 sectors).	75.5% (83)	61.9% (104)
Stakeholder participation continues into prioritization process (≥4 sectors)	54.5% (60)	49.7% (84)
The stakeholders define a purpose, mission, vision, and/or core values for the process.	80.0% (88)	19.4% (33)
Documentation of current collaborations that address specific public health issues or populations.	73.4% (80)	44.1% (75)
Guiding principles or shared values identified.	29.1% (32)	2.9% (5)

Assessment (selected)

	LHD	Hospital
Health issues and specific descriptions of population groups with specific health issues are described.	48.2% (53)	70.6% (120)
Health issues and specific descriptions of medically vulnerable population groups with specific health issues are described.	26.4% (29)	46.5% (79)
Health disparities and/or health equity are discussed.	38.2% (42)	64.9% (111)
A description of existing community assets and resources to address health issues is presented.	50.0% (55)	86.0% (147)
There is evidence of primary data collection.	95.5% (105)	82.9% (141)
There is evidence of secondary data collection.	96.4% (106)	99.4% (169)
Sources of data are cited most or all of the time.	87.3% (96)	91.8% (156)

Prioritization

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

Implementation (selected)

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

Key Process Findings

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

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

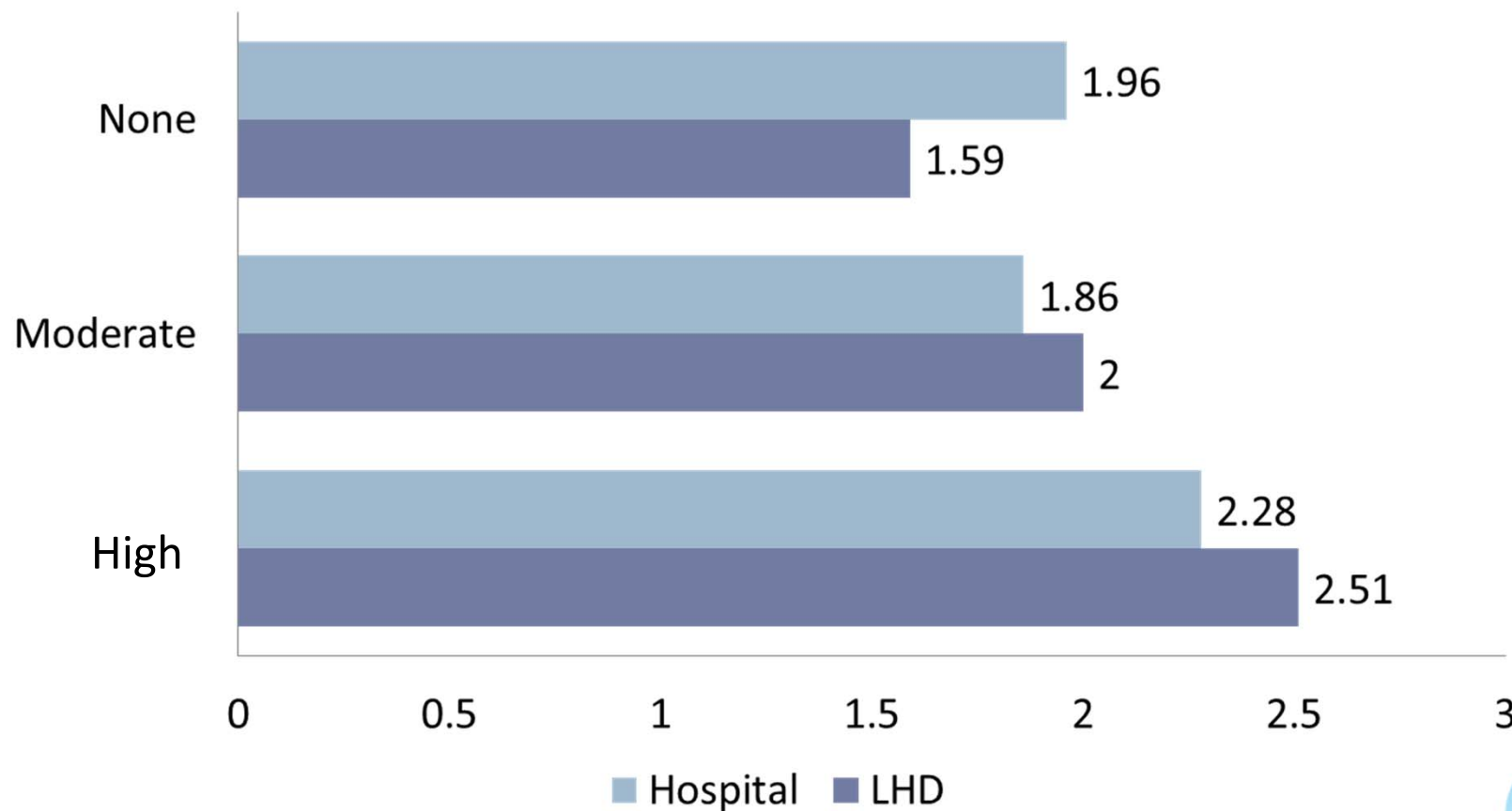


Key Process Findings

-  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



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

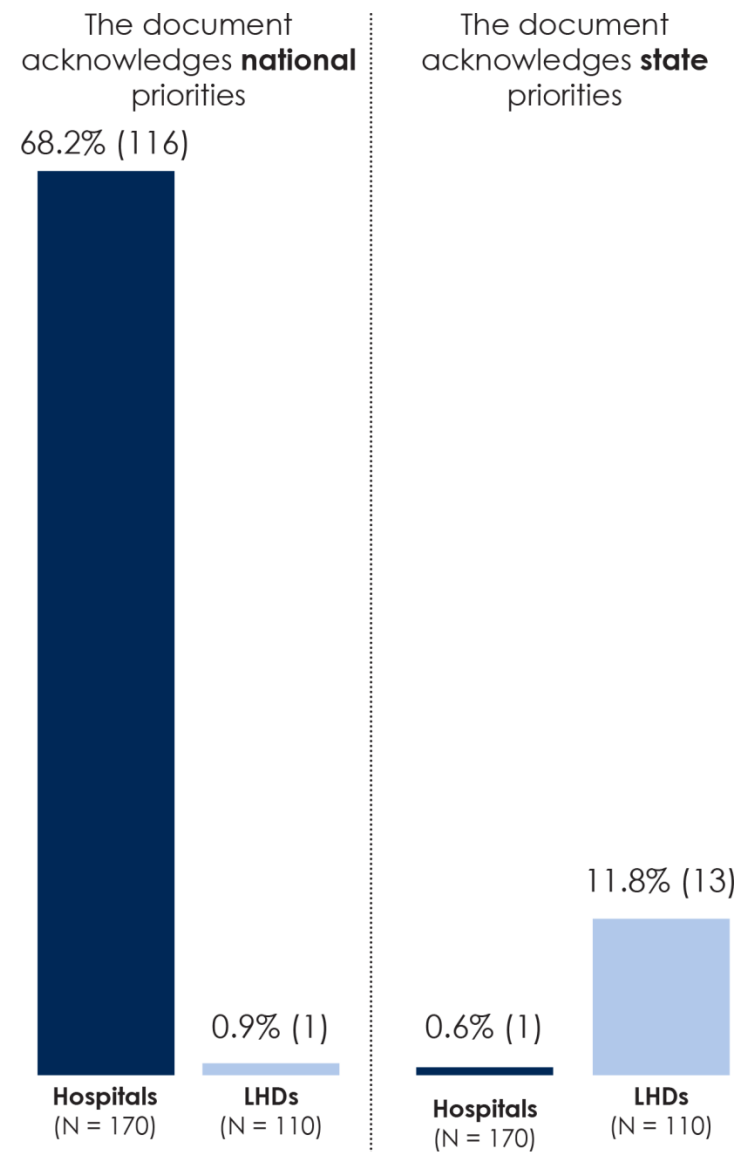


What to Remember...

- 🌳 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



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

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

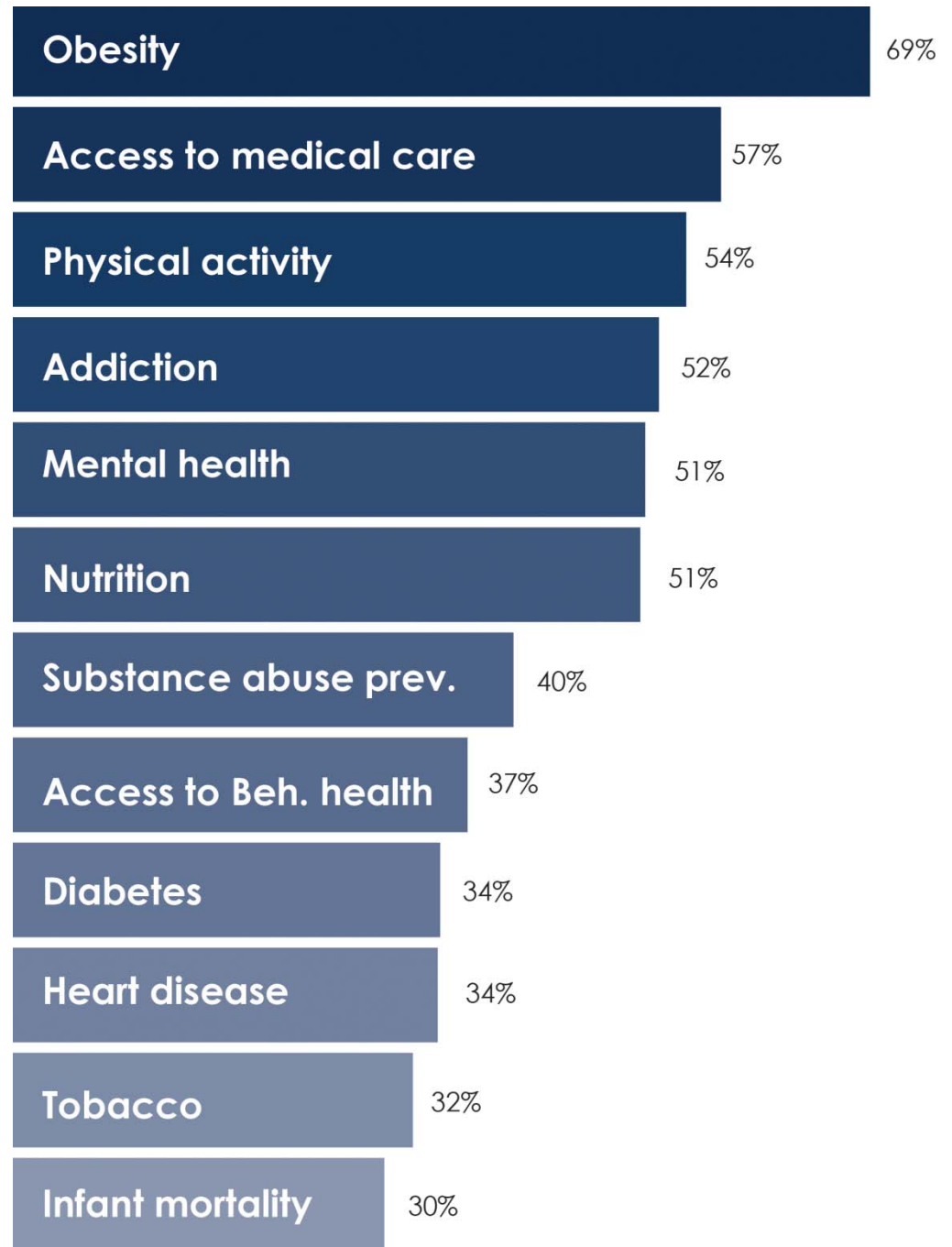
Community conditions

Build environment (place)
Food environment
Active living environment
Social determinants of health/health equity
Community partnership

Health system conditions

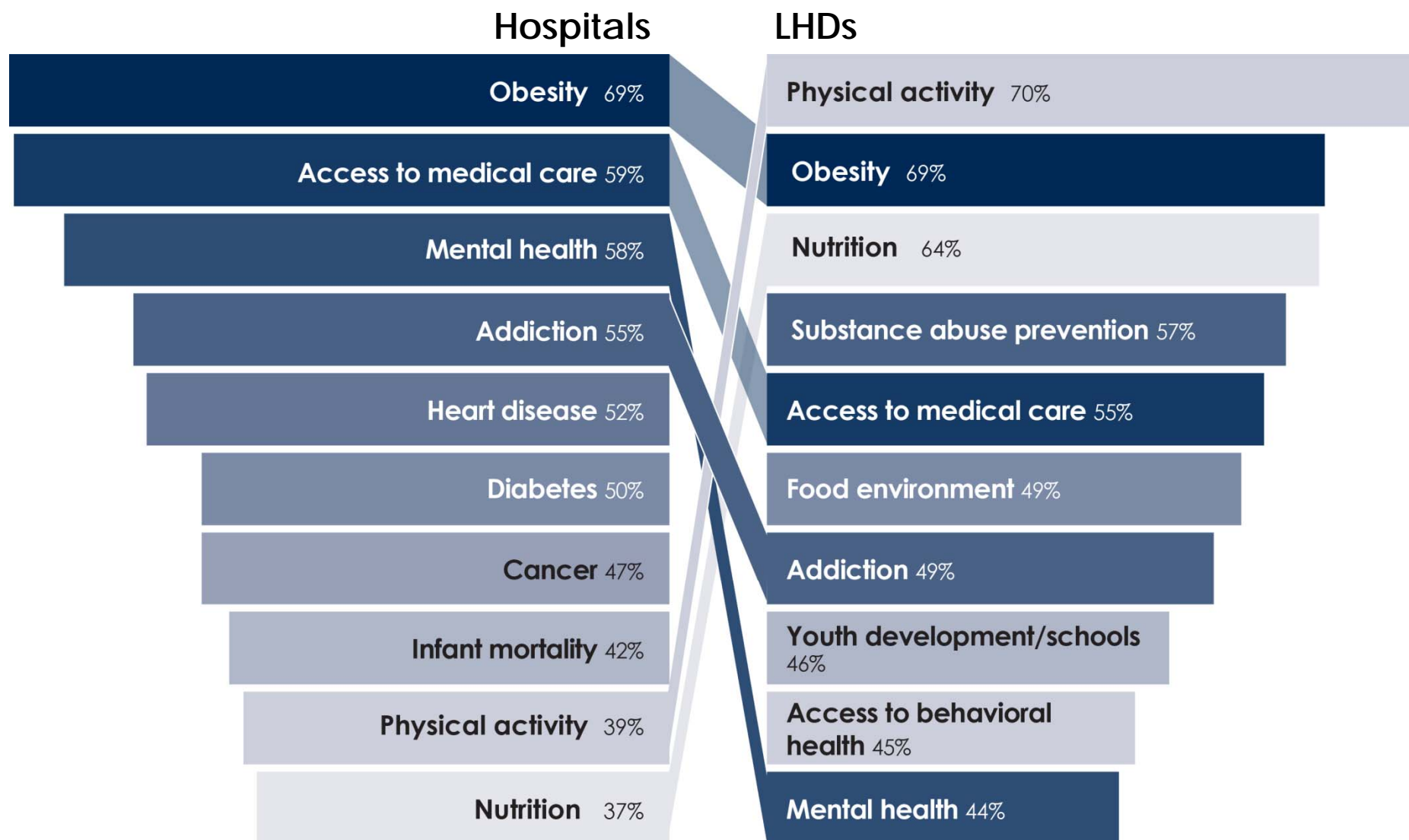
Under-insurance
Access to medical care
Access to behavioral health care
Access to dental care
Bridging public health and medicine
Quality improvement
Hospital/clinical infrastructure
Health information technology
Workforce development
Funding/financing/cost of services

Top 12 hospital and LHD health priorities*



*weighted

Top 10 hospital and LHD health priorities



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

Key

Obesity cluster

Access cluster

Behavioral health cluster

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

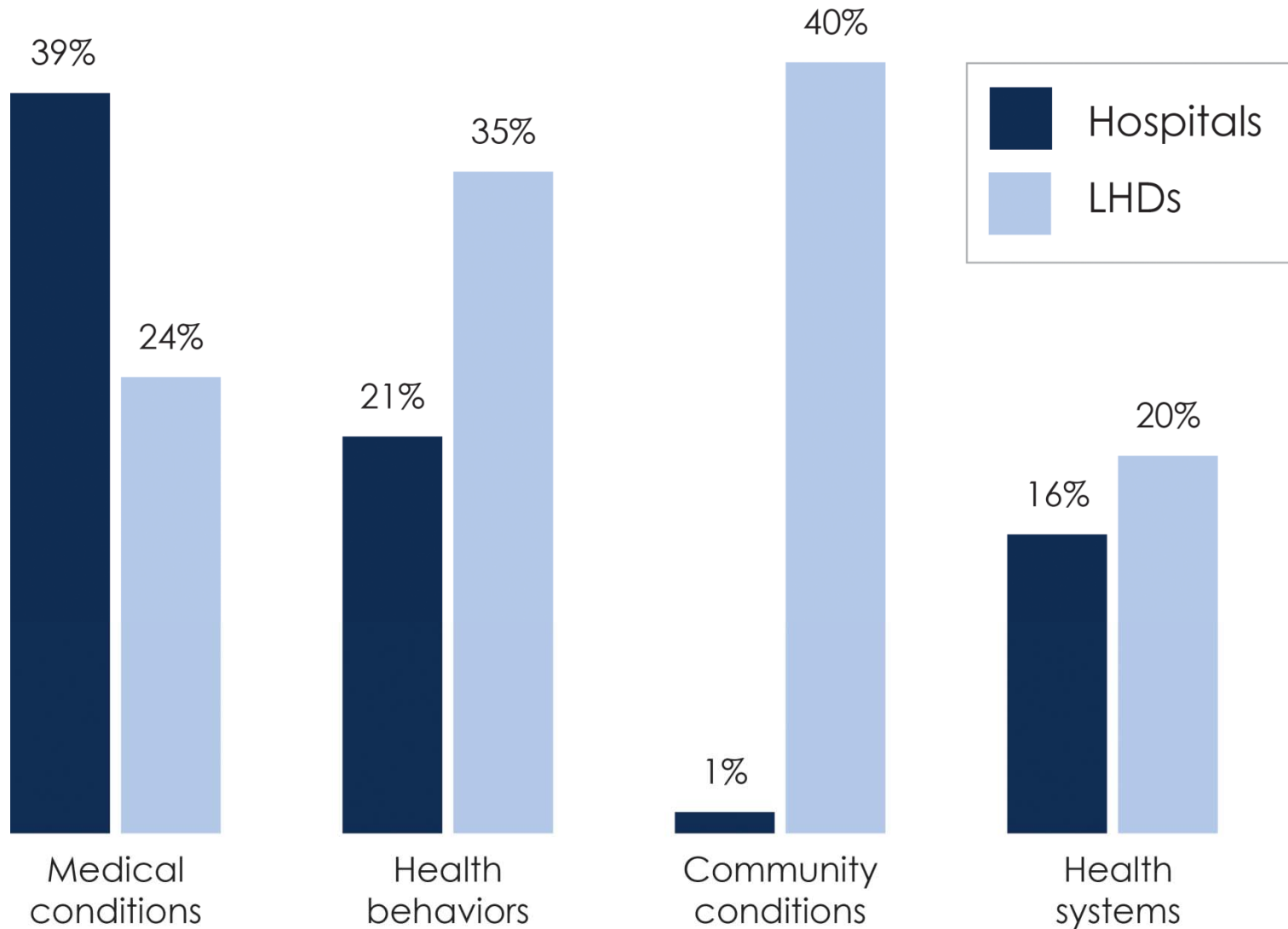
Funding/financing/cost of services

Hospital and LHD priority clusters*

Obesity cluster	39.5%
Access cluster	37.4%
Behavioral health cluster	32.7%

*weighted

Comparison of hospital and LHD priority categories



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

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