

Purpose

- Develop a quality measurement tool (QMT) that is comparable to the Community Health Improvement Plan and Process (CHIPP) Quality Measurement Tool created by the Wisconsin Public Health Practice Based Research Network to analyze local health department's (LHDs) Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs); and adapt the QMT to analyze Community Health Needs Assessments (CHNAs) and Community Health Improvement and Implementation Strategies (CHINISs) developed by hospitals.
- Use the parallel QMTs to compare and contrast process and outcomes among CHAs/CHIPs/CHNAs/CHINISs with a focus on identifying the benefits of collaboration and variations in

Background

- Population health concerns are often best served through collaboration between public health and clinical medicine. An opportunity for such collaboration exists in the development of CHAs and CHIPs as required by the Public Health Accreditation Board for LHDs; and through the CHNAs and CHINIS requirement of the Affordable Care Act for tax-exempt hospitals.
- The Community Health Improvement Plan and Process (CHIPP) Quality Measurement Tool, created by the Wisconsin Public Health Practice Based Research Network, identifies and measures factors that influence the quality, process, and comprehensiveness of the community health assessment and improvement planning process.
- Such a tool has not been utilized to evaluate Ohio CHAs and CHIPs; nor has a tool been developed to evaluate the CHNA and CHINIS process.
- Evaluating LHD and hospital processes congruently with a focus on identifying similarities and differences can inform future collaborative strategies believed to impart a greater collective impact on the health of a community.

Research Objectives

- **Research Objective 1:** Expand the Wisconsin CHIPP QMT to create a tool to provide direct comparison of the community health assessment and improvement planning approaches of Ohio LHDs and hospitals.
- **Research Objective 2:** Identify factors associated with high-quality community health assessment and implementation planning processes in Ohio hospitals and public health systems
- **Research Objective 3:** Compare and contrast the prioritization process and endorsed priorities between LHDs and hospitals.
- **Research Objective 4:** Inform collaborative work between hospitals and LHDs through appraisal of single entity compared to joint processes.

Methods

- The Ohio QMTs were created in two formats:
 1. A QMT closely resembling the Wisconsin CHIPP QMT to provide for direct comparison (Table 1) of CHAs/CHIPs. Similarly, a QMT applicable to CHNAs/CHINISs was generated with items directly corresponding to the CHA/CHIP tool.
 2. An expanded tool (QMT+) with additional items providing increased specificity around priority areas and collaborative efforts (Table 2).
- 110 CHAs/CHIPs and 170 CHNAs/CHINISs were reviewed.
- Descriptive and one way analysis of variance statistics were used to compare demographics and priorities (Table 3) between LHD-led, hospital-led, and jointly led processes.
- Some items of the Wisconsin CHIPP QMT were excluded in the Ohio QMTs due to inability of Hospital extractors to reliably find data to justify inclusion. The expanded QMT+ has more questions pertaining to assessment of priorities and collaboration.

Results

Table 1: Comparing the number of items by category in the Wisconsin CHIPP QMT and Ohio QMTs.

CHIPP Stage Question Categories	Wisconsin CHIPP Tool	Ohio QMT : CHA/CHIP	Ohio QMT: CHNA/CHINIS
General	7	7	7
Work Together	9	5	5
Assess	11	11	11
Prioritize	4	4	4
Choose Evidenced Informed Strategies	3	2	2
Implement	7	8	8
Evaluate	4	4	4
Total	45	41	41

Table 2: Items unique to Wisconsin CHIPP QMT and Ohio QMT

Wisconsin CHIPP QMT	Ohio QMT: CHA/CHIP and/or CHNA/CHINIS
- There is evidence of a democratic or consensus building process among stakeholders.	- A specific person (or people) designated to facilitate or manage the CHA/ CHIP/ CHNA process.
- Engage with governing entities, advisory boards, and elected officials that may influence policies or strategies proposed in your Community Health Assessment & Improvement Plan.	- Guiding principles or shared values identified as a foundation for the CHA/ CHIP/CHNA process.
- Seek feedback from your stakeholders on what has gone well and/ or areas for improvement with the CHA/ CHIP process.	- Health issues and specific descriptions of medically vulnerable population groups with specific health issues are described.
- There is evidence of a democratic or consensus building process among stakeholders.	- Priorities are easily located on a website and identifiable as priorities by the general public.
- The local community at large has had the opportunity to review and comment on the CHA &/or CHIP.	- Detailed action plan exists or is under construction for implementation of CHIP/ CHNA strategies in partnership with others and including timelines to implement plan.

Results

Table 3: Ohio expanded QMT+ mean score and percentage of endorsed priorities of LHDs and hospitals

Category (# survey items)	Hospital		Local Health Department	
	Mean Ohio QMT Score	%Selected	Mean Ohio QMT Score	%Selected
Medical Conditions (11)	4.25	38.6%	2.62	23.8%
Health Behaviors (11)	2.28	20.7%	3.80	34.5%
Community Conditions (5)	0.54	1.1%	2.01	40.2%
Health Systems (10)	1.56	15.6%	1.97	19.7%

Discussion

- LHDs and hospitals show great similarity in the type and extent of data collected; and how the data is collected and displayed. In addition, both expected and surprising differences between the two were found.
- Hospitals were more likely to involve key informant interviews in their work; emphasize health disparities and health equity; and identify priorities focused on specific medical conditions.
- LHD led processes tend to be more collaborative and inclusive of the community and its members; use a formal model to complete their work; identify evidence informed strategies; and identify priorities focused on health behaviors and community conditions.
- When a high level of collaboration between LHD and hospital was identified a higher mean quality score was achieved. Overall, 16% of LHDs and 19 % of hospitals reported creating a single joint CHA-CHNA document. Only 4% of LHDs and 5% of hospitals reported joint CHIP-CHINIS documents.

Conclusion

- Understanding the similar requirements for community health assessment and improvement planning shared by LHDs and hospitals along with the representative strengths and weakness of each can lead to increased collaboration between the entities.
- Hospitals and LHDs can use the presented data to align around similar priorities and seek resources from one another in areas of weakness and provide resources in areas of strength.
- As identified through the Ohio QMTs, a higher level of collaboration leads to higher quality scores. It is proposed that a higher quality score equates to greater and more meaningful impact on community health. Further research should strive to evaluate this hypothesis to provide validation that the QMTs can be a considered a proxy for successful and meaningful change in the community. This will further confirm the importance of collaborative efforts by LHDs and hospitals.