

Describing community health status and priorities: Early findings from accredited health departments' community health assessments and community health improvement plans

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Background

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments, through national public health department accreditation.

Community health assessments (CHAs) and community health improvement plans (CHIPs) lay the foundation for health departments and their partners to understand their communities' needs and assets and to develop strategies to improve health outcomes. Recognizing their importance, the CHA and CHIP are prerequisites to applying for national accreditation.

Purpose. This study analyzed accredited health departments' CHAs and CHIPs, in order to:

- Gain a better understanding of the methods, data sources, and partners involved in the CHA/CHIP process
- Develop an inventory of indicators to identify if there are common priorities
- Potentially inform revisions of CHA/CHIP Standards and Measures

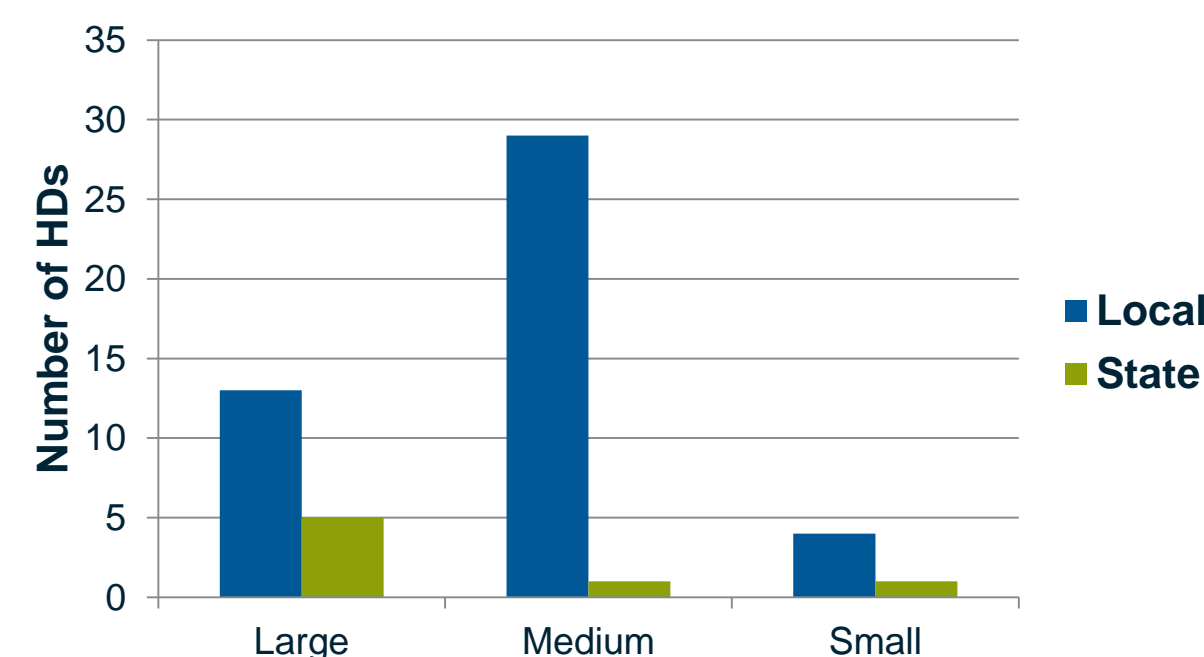
Methodology and Data

PHAB worked with 4 graduate students to develop a data extraction form and analyze 53 accredited health departments' CHAs and CHIPs. The following information is captured: size and type of health department, processes/tools used to develop the CHA, data sources, and partners involved in the process.

Researchers also extracted indicators from the CHIP and categorized them.

- Each indicator was assigned one or two categories
- Categories were based on Healthy People 2020 Leading Health Indicators, with several categories added (e.g., Chronic Disease, Overall Health and Well-being)

Size of health departments incorporated in the analysis¹



¹ 46 local health departments are classified based on the size of population served as small (under 50,000), medium (50,000 – 499,999) and large (500,000 or larger). 7 state health departments are classified based on the size of population served as small (up to 2,750,000), medium (2,750,001 to 6,250,000) or large (over 6,250,000).

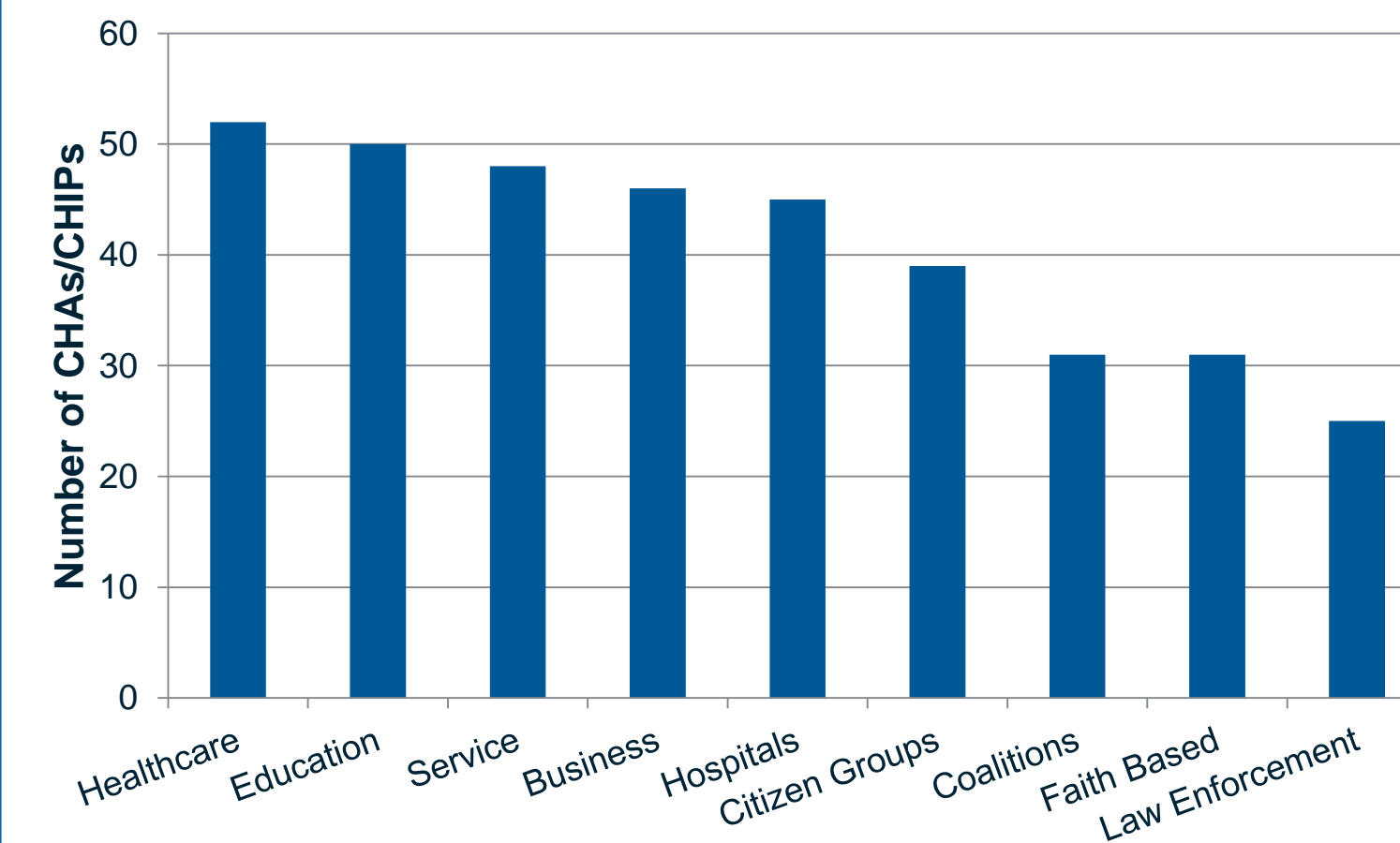
General Findings

- Of 46 local CHIPs, 34 were linked to their state plan
- 28 health departments reported using the Mobilizing for Action through Planning and Partnerships (MAPP) model to conduct the CHA/CHIP
 - Other tools included the ACHI Assessment Toolkit, Assessing and Addressing Community Health Needs, National Public Health Performance Standards, and state-specific approaches (e.g., Illinois Project for Local Assessment of Needs)
- Commonly used data sources include:
 - U.S. Census (53 health departments)
 - BRFSS/YBRFSS data (50 health departments)
 - County Health Rankings (26 health departments)

Partner Organizations

- Large range in the types and number of partners involved
- Some CHAs/CHIPs included as few as 10 partner organizations, while others included 100 or more
 - State CHAs/CHIPs tended to involve fewer partner organizations compared to local ones

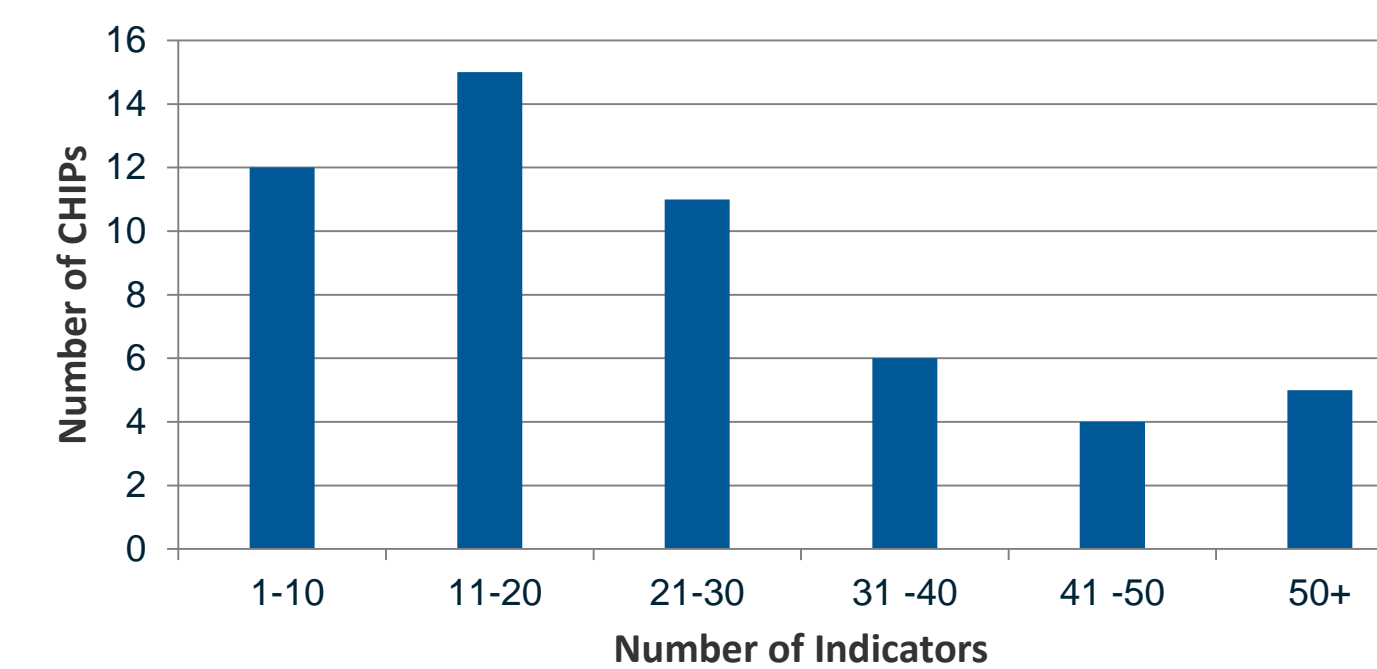
Organizations commonly involved in CHA/CHIP



Indicators

- A total of 1,524 indicators were included in the CHIPs
- Wide variety in the number of indicators included in each CHIP
 - 1 HD had over 250 indicators, 27 (51%) had 20 or fewer

Number of indicators included in CHIPs



- Several topic areas were included as indicators in all or nearly all the CHIPs, including :
 - Nutrition, Physical Exercise, and Obesity
 - Access to Health Services
- Indicators ranged in specificity and type:
 - Population outcomes (e.g., Reduce the percentage of adults who report a Body Mass Index of 30 or more by at least 1%)
 - Community outcomes (e.g., Increase the number of healthy food outlets)
 - Process outcomes/implementation steps (e.g., Conduct an assessment of the built environment)

Limitations

- May not be generalizable to other health departments
 - Early accreditation adopters
 - Small number of documents reviewed
- Documentation was provided to PHAB for different purpose and may not convey full picture
 - May have provided examples of the types of indicators, rather than a comprehensive list

Categorized Indicators

Indicators by category

Category	# of CHIPs	# of Indicators
Nutrition, Physical Activity, and Obesity	52	364
Access to Health Services	45	254
Maternal, Infant, and Child Health	40	212
Tobacco	38	123
Social Determinants/Health Equity	37	182
Injury and Violence	33	125
Substance Abuse	30	105
Mental Health	28	98
Clinical Preventative Services	28	89
Chronic Disease	22	72
Environmental Quality	20	90
Reproductive and Sexual Health	19	71
Oral Health	17	53
Data	15	63
Overall Health and Well-being	13	36
Organizational Capacity	4	52
Emergency Preparedness	3	15

Contact Information



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