PHSSR Research-In-Progress Series:

Bridging Health and Health Care

Wednesday, May 6, 2015 12:00 - 1:00pm ET

CHIP and CHNA:
Moving Towards Collaborative Assessment and Community Health Action

Please Dial Conference Phone: 877-394-0659; Meeting Code: 775 483 8037#.

Please mute your phone and computer speakers during the presentation.

You may download today's presentation and speaker bios from the 'Files 2' box at the top right corner of your screen.

Agenda

Welcome: Angie Carman, DrPH, Assistant Professor, Health Management & Policy, U. of Kentucky College of Public Health

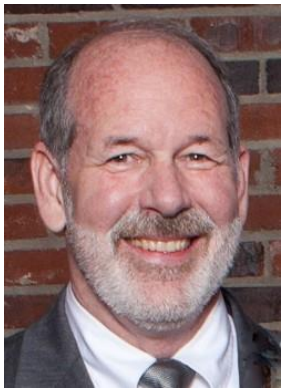
"CHIP and CHNA: Moving Towards Collaborative Assessment and Community Health Action"

Presenters: Scott Frank, MD, MS *scott.frank@case.edu* and **Alexandria Drake, MPH** *ajd96@case.edu*, Ohio Research Assn. for Public Health Improvement (Ohio Public Health PBRN)
Dep't of Epidemiology and Biostatistics, Case Western Reserve University School of Medicine

Commentary: Rosemary Valedes Chaudry, PhD, MPH, MHA, CPH, RN, Ashland University College of Nursing & Health Sciences
Heidi Gullett, MD, MPH, Case Western Reserve U. School of Medicine, Dep't. Family Medicine & Community Health

Questions and Discussion

Presenters



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Ohio Research Assn. for Public Health Improvement (Ohio Public Health PBRN)

Dep't of Epidemiology and Biostatistics, Case Western Reserve U. School of Medicine

Better Together?

Hospitals & Health Departments
Public Health & Medicine

Scott Frank, MD, MS
Alexandria Drake, MPH

Ohio Research Association for Public Health Improvement

Public Health Practice-Based Research Network

- No disclosures

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Acknowledgements

- RAPHI Team
  - Katie Gardner, MPH candidate
  - Melanie Golembiewski, MD, MPH Candidate
  - Sara Tillie, MPH candidate
- HPIO Team
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  - Sarah Bollig Dorn, MPA candidate
  - Todd Ives, BA candidate

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Overview

- Purpose
- Background
- Methods
- Results
  - CHA/CHIP/CHNA/CHNIS Landscape in Ohio
  - Process and Quality
  - Priorities
- Discussants
- Questions, comments

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Purpose

- To compare and contrast the community health assessment process and priorities led by LHD and by hospitals in Ohio

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Key Terms

- Community Health Needs Assessment (CHNA)
- Community Health Needs Assessment Implementation Strategy (CHNIS)
- Community Health Assessment (CHA)
- Community Health Improvement Strategy (CHIP)
- Community Health Assessment and Process and Priority Quality Measurement Tool (CHAPP QMT)

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HEALTH IMPROVEMENT PARTNERSHIP

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Be HIP. Be Healthy. Be Heard.

Community Health Status Assessment for Cuyahoga County, Ohio

March 21, 2013

2013

Henry County Community Health Status Assessment

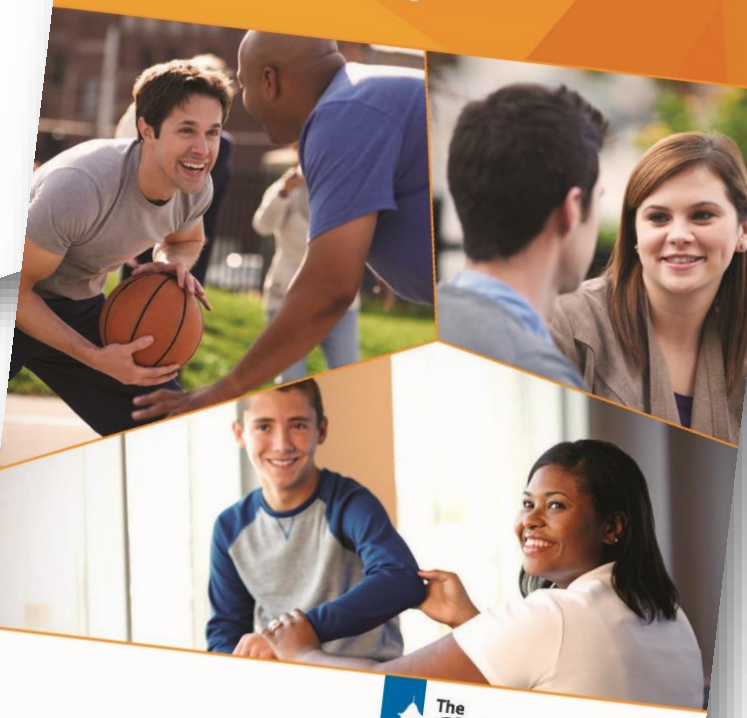
Examining the Health of Henry County

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

Released September 2013

Community Health Needs Assessment Implementation Plan 2013



The Christ Hospital™ Health Network

Importance

LHD Led CHA/CHIP Documents

- Recent state and national movement to require LHD accreditation
- Efforts are underway to enhance the quality and consistency of CHA/CHIP documents

Hospital Led CHNA/ CHNIS Documents

- Under the Affordable Care Act IRS code section 501(r)(3), most nonprofit 501 (c)(3) hospitals are required to complete a CHNA/CHNIS document

General

- Little has been done to examine variations in priorities of these documents and how community characteristics may influence these differences

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Compliance: IRS Final Regulations

- CHNA cycles
  - "… require the **solicitation and consideration of input from persons representing the broad interests of the community anew with each CHNA,** even if the CHNA builds upon a previously conducted CHNA."
- Setting priorities
  - "… **includes taking into account input in identifying and prioritizing significant health needs**, as well as identifying resources potentially available to address those health needs."

Adapted from Kevin Barnett, DrPH, MCP, May 2015

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Compliance: IRS Final Regulations

- Documentation of input
  - "… require public input on the implementation strategy by requiring a hospital facility to **take into account comments received on the previously adopted implementation strategy when the hospital facility is conducting the subsequent CHNA."**
- Focus on disparities
  - "…a joint CHNA conducted for a larger area could **identify as a significant health need a need that is highly localized in nature or occurs within only a small portion of that larger area."**

Adapted from Kevin Barnett, DrPH, MCP, May 2015

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Compliance: IRS Final Regulations

- Social determinants of health
  - "…include not only the need to address **financial and other barriers to care but also the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community."**
- Evaluation
  - "…the CHNA report include an **evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA."**

Adapted from Kevin Barnett, DrPH, MCP, May 2015

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

124 local health departments (as of September, 2014)

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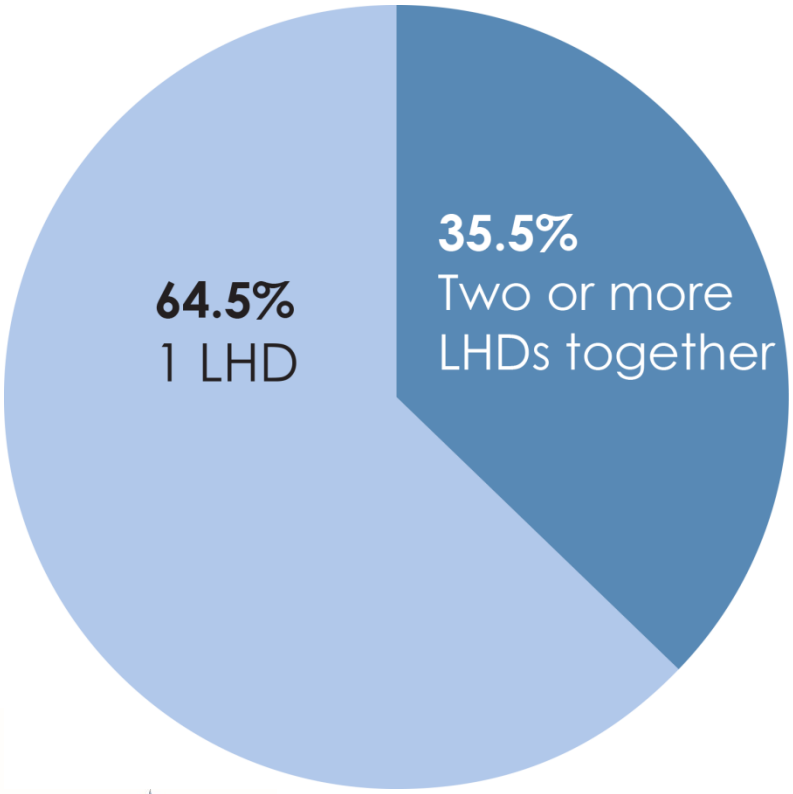
Cross-jurisdictional LHD CHA/CHIP

(n=110)



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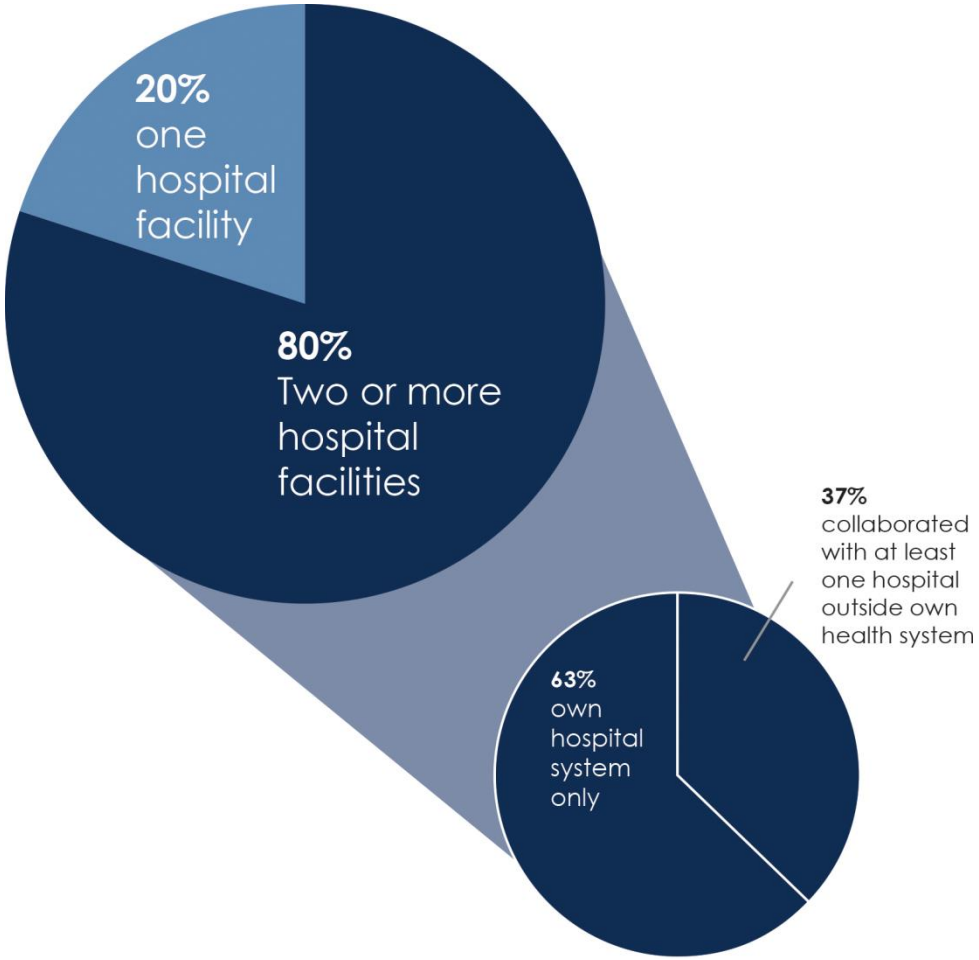
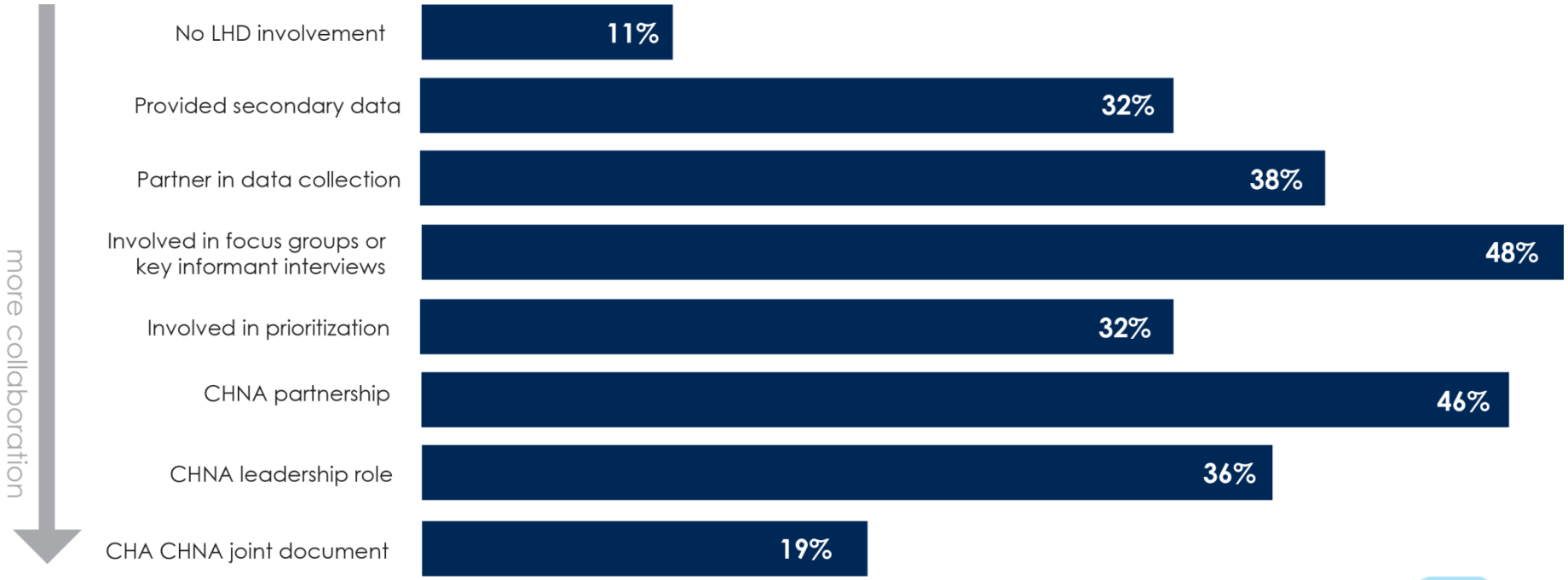
Collaboration among hospitals

(n=170)



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



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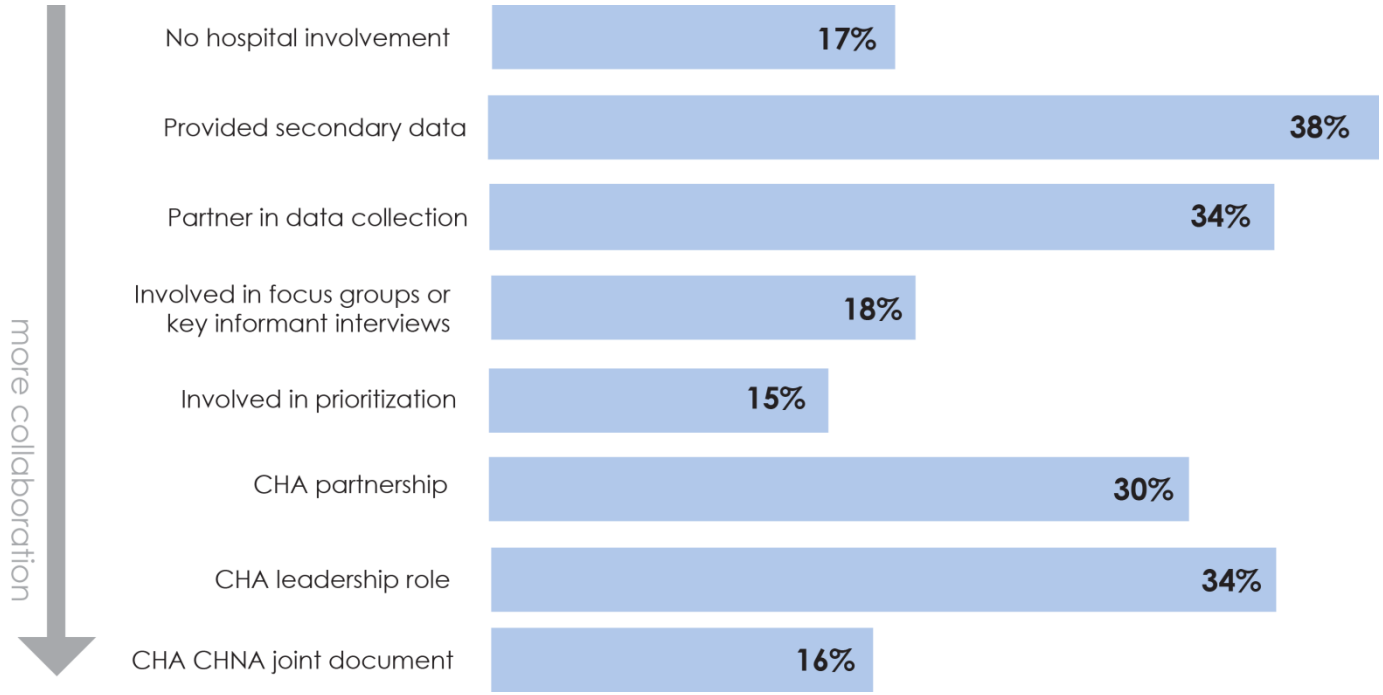
Percent of LHDs reporting hospital collaboration on CHA (n=110)



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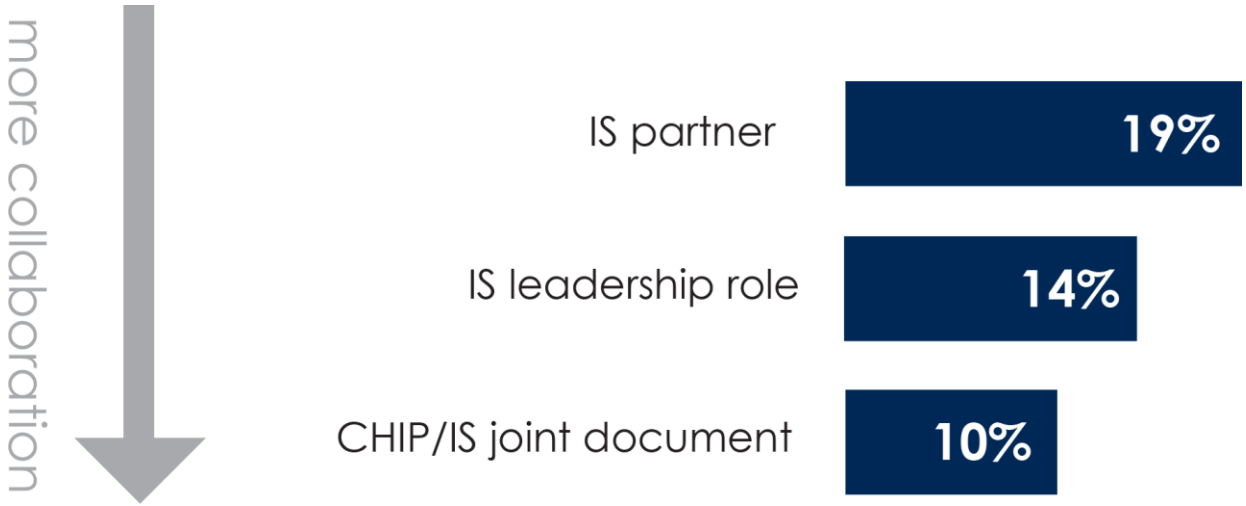
Percent of hospitals reporting LHD collaboration on IS (among hospitals with an IS, n=80)



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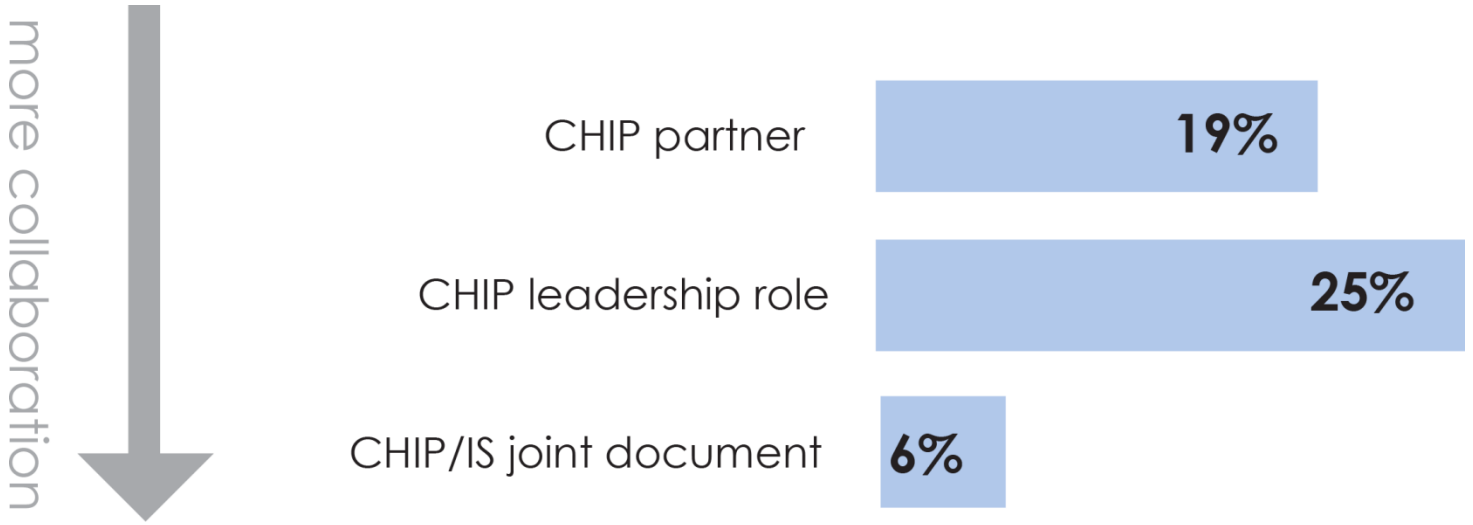
Percent of LHDs reporting hospital collaboration on CHIP (among LHDs with a CHIP, n=65)



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Process and Quality

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

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

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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

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CHAPP Quality Measurement Tool Items

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

- **Total (43)**

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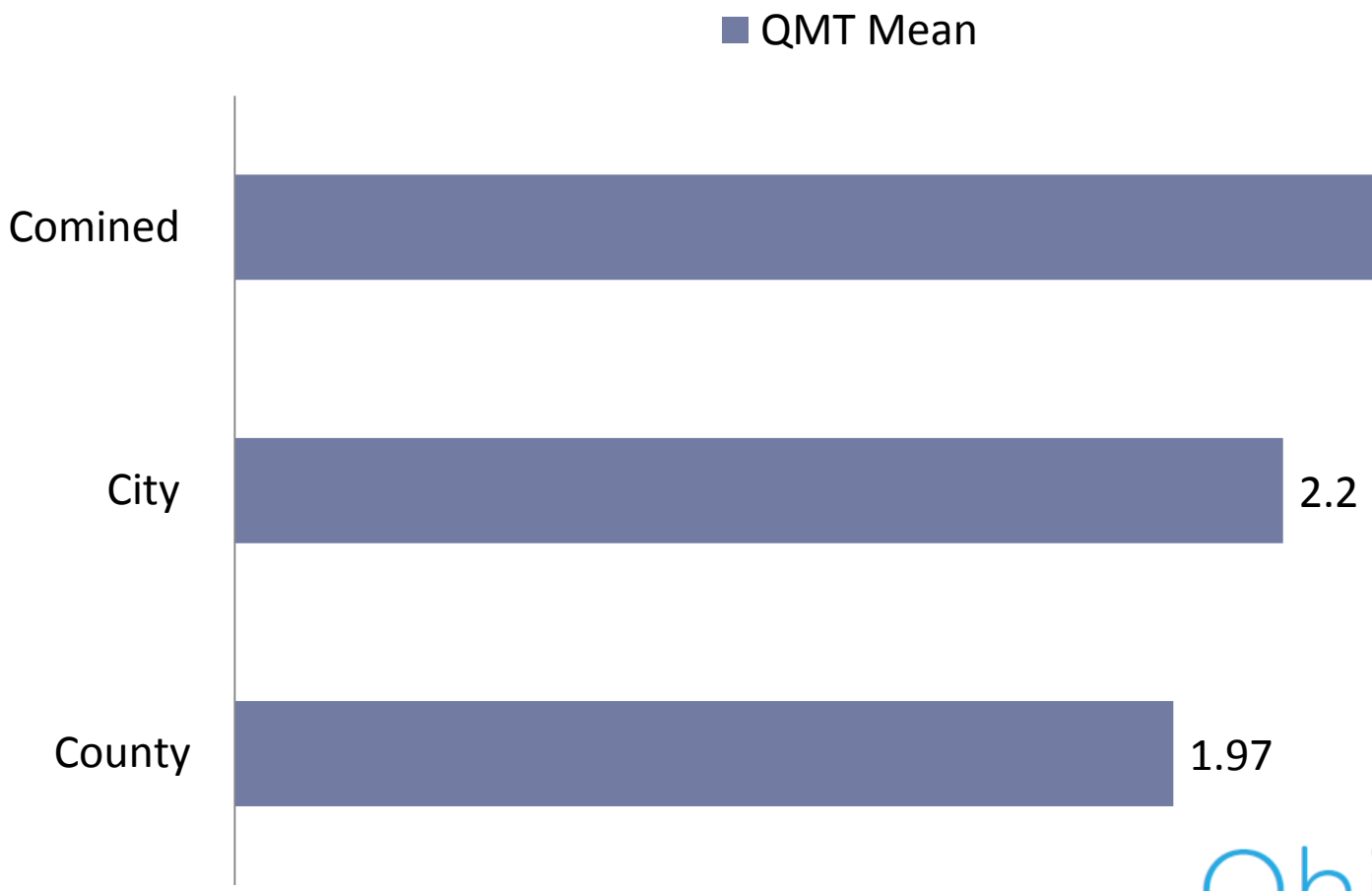
Process Quality by LHD Type



64% of the LHDs not conducting a CHA were County LHDs

No difference by Board of Health

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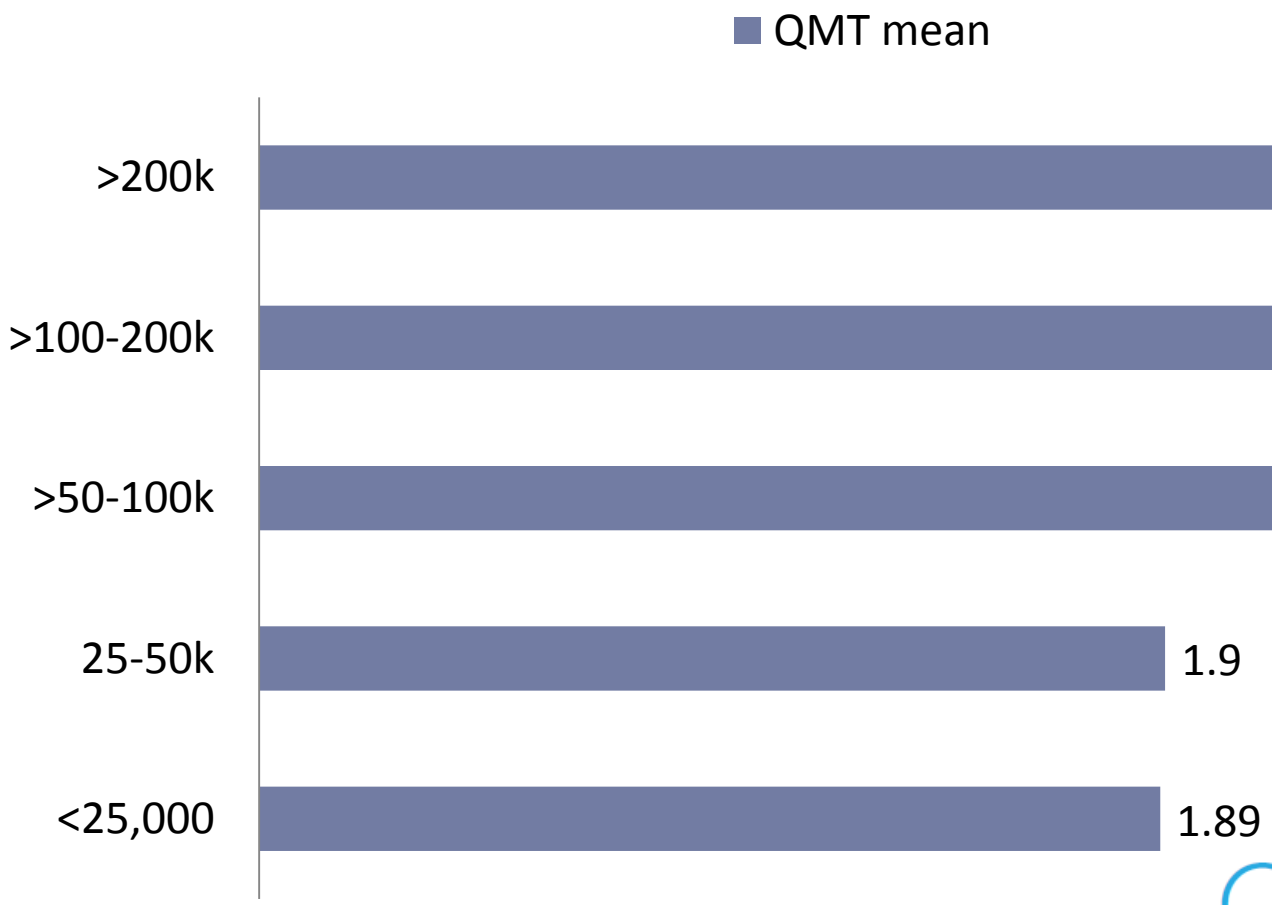
Process Quality by LHD Jurisdictional Size



79% of the LHDs not conducting a CHA were jurisdictions <50k

No difference by cross jurisdictional CHA CHIP

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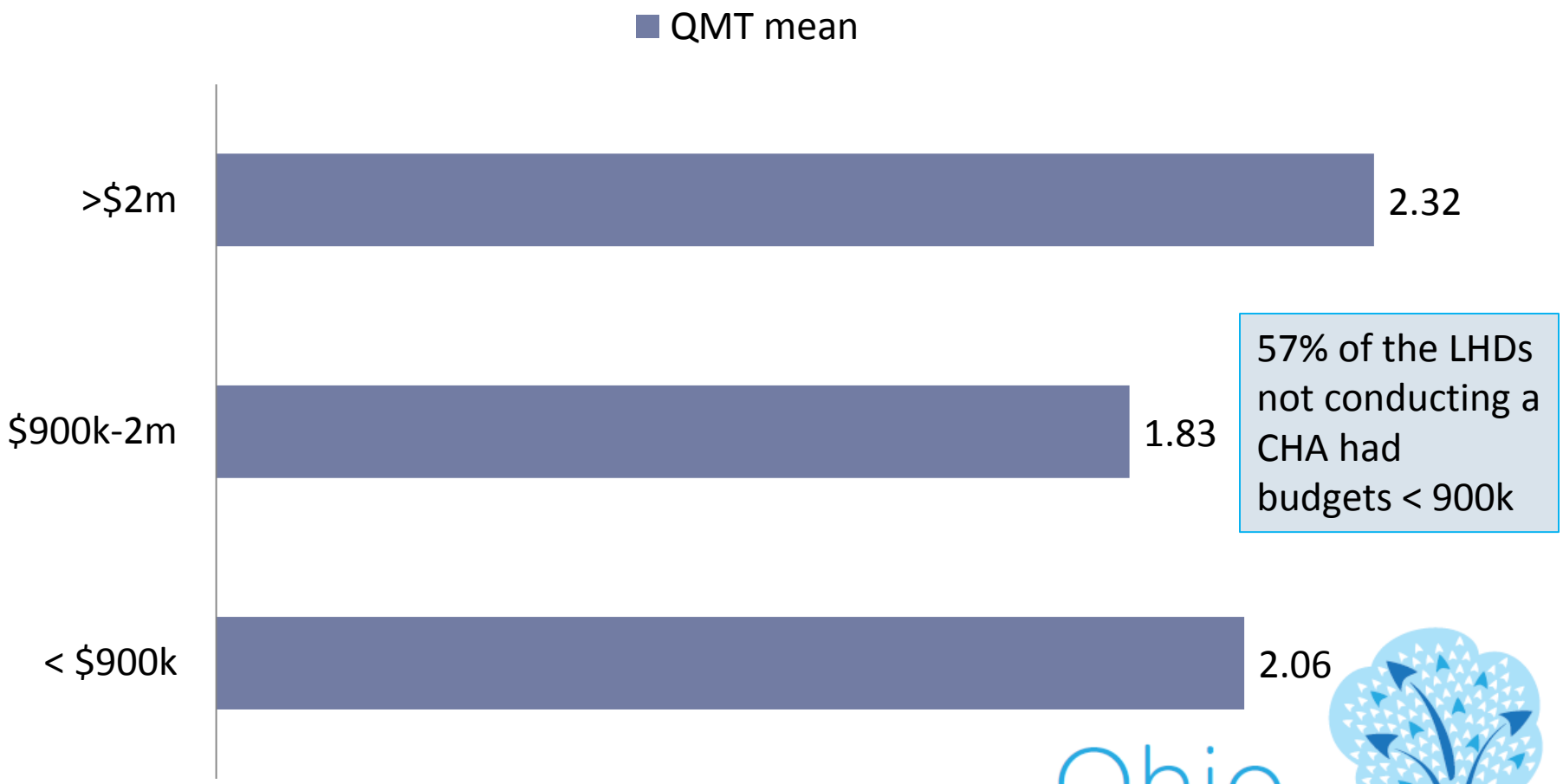
Process Quality by LHD Total Budget



57% of the LHDs not conducting a CHA had budgets < 900k

No difference by per capita budget

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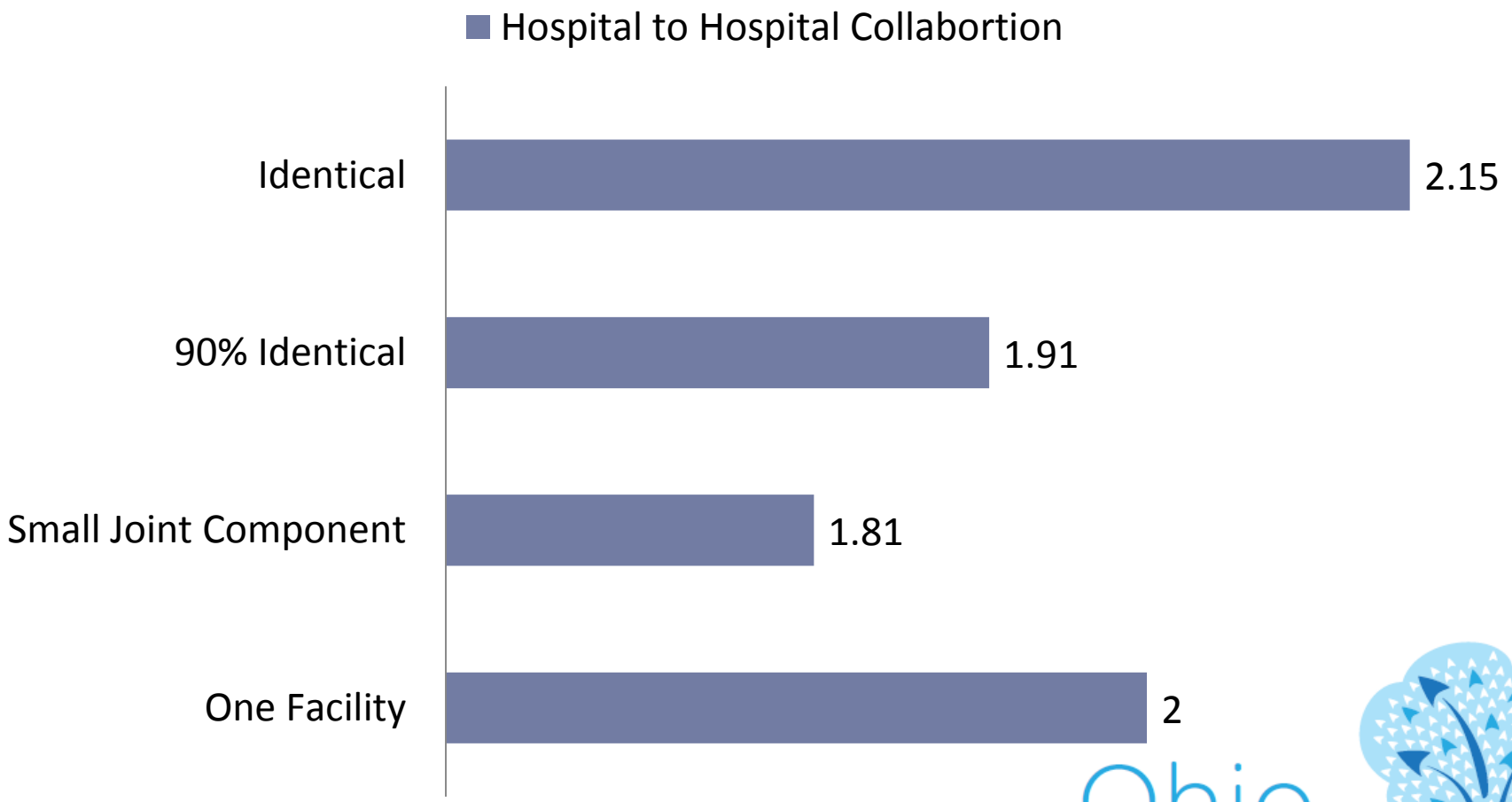
Process Quality by Hospital Collaboration



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Hospital Process Quality

- No difference by:
  - Hospital type
  - Financial size
  - Net community benefit
  - Total beds
  - Admissions
  - Outpatient visits
  - Membership in a group system

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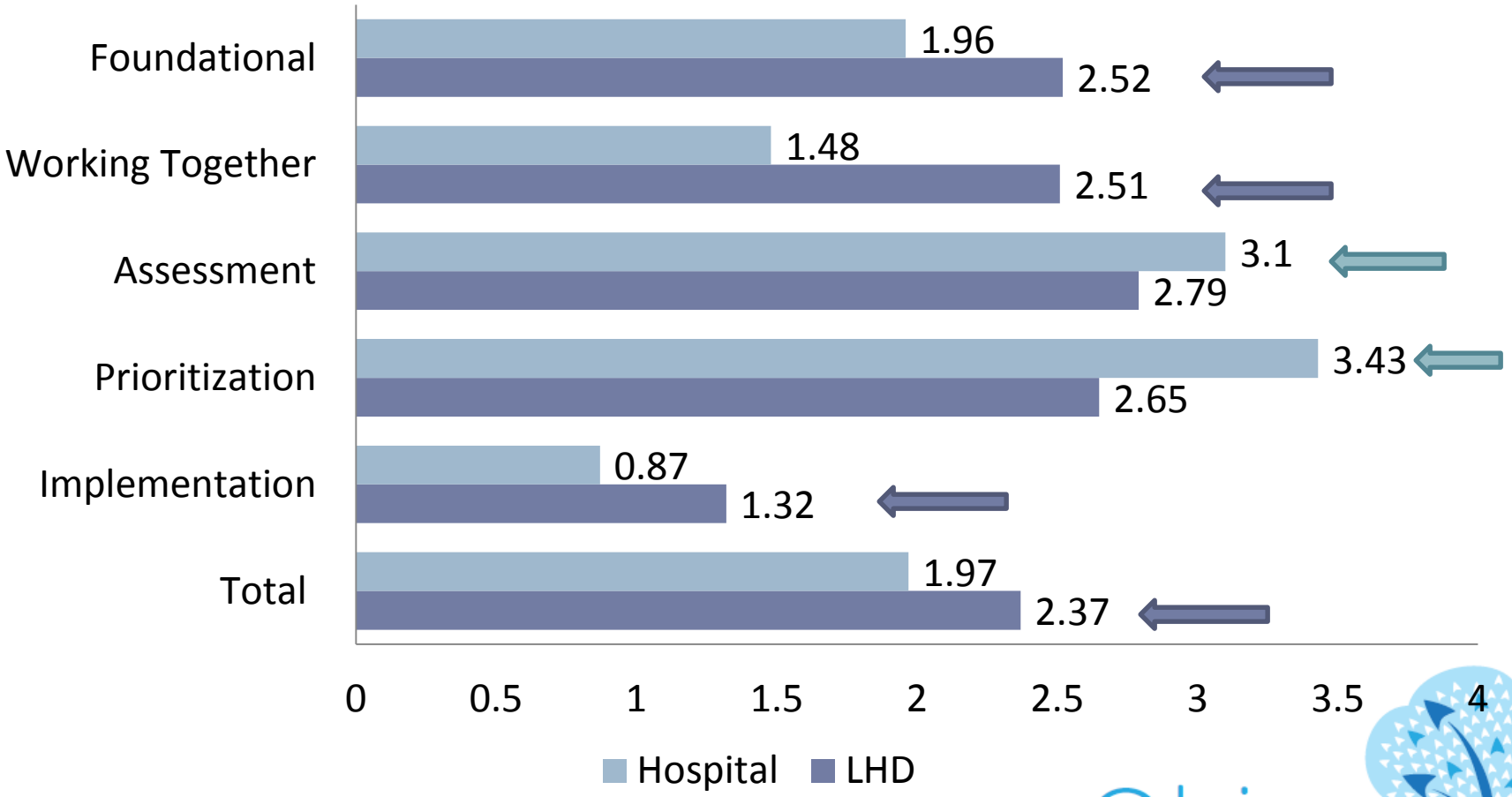
LHD-Hospital Process Quality



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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

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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

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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

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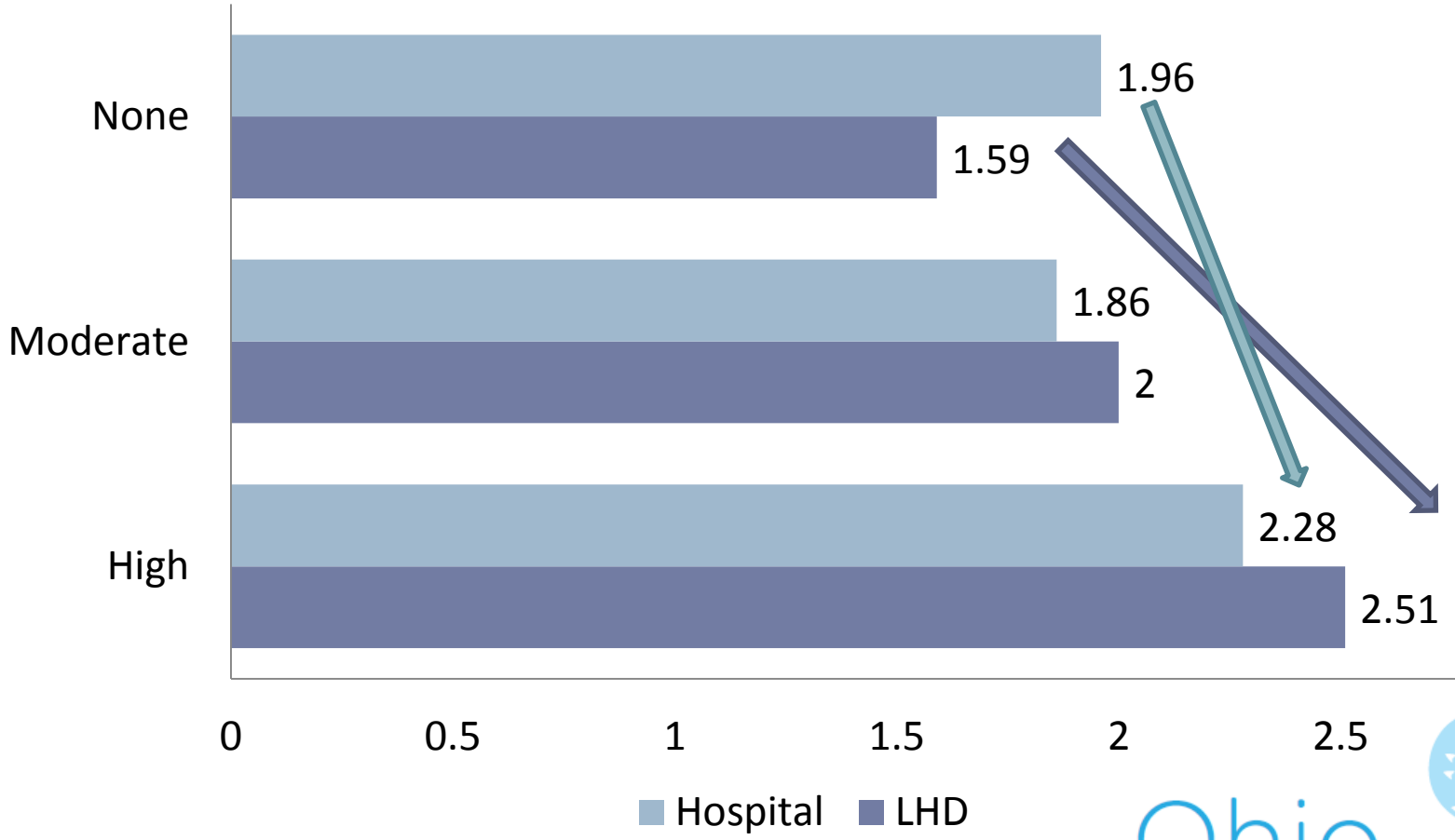
Level of LHD-Hospital Collaboration and Process Quality



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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

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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

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Health Priorities

- Health Conditions (11)
- Health Behaviors (10)
- Community Conditions (5)
- Health Systems (10)

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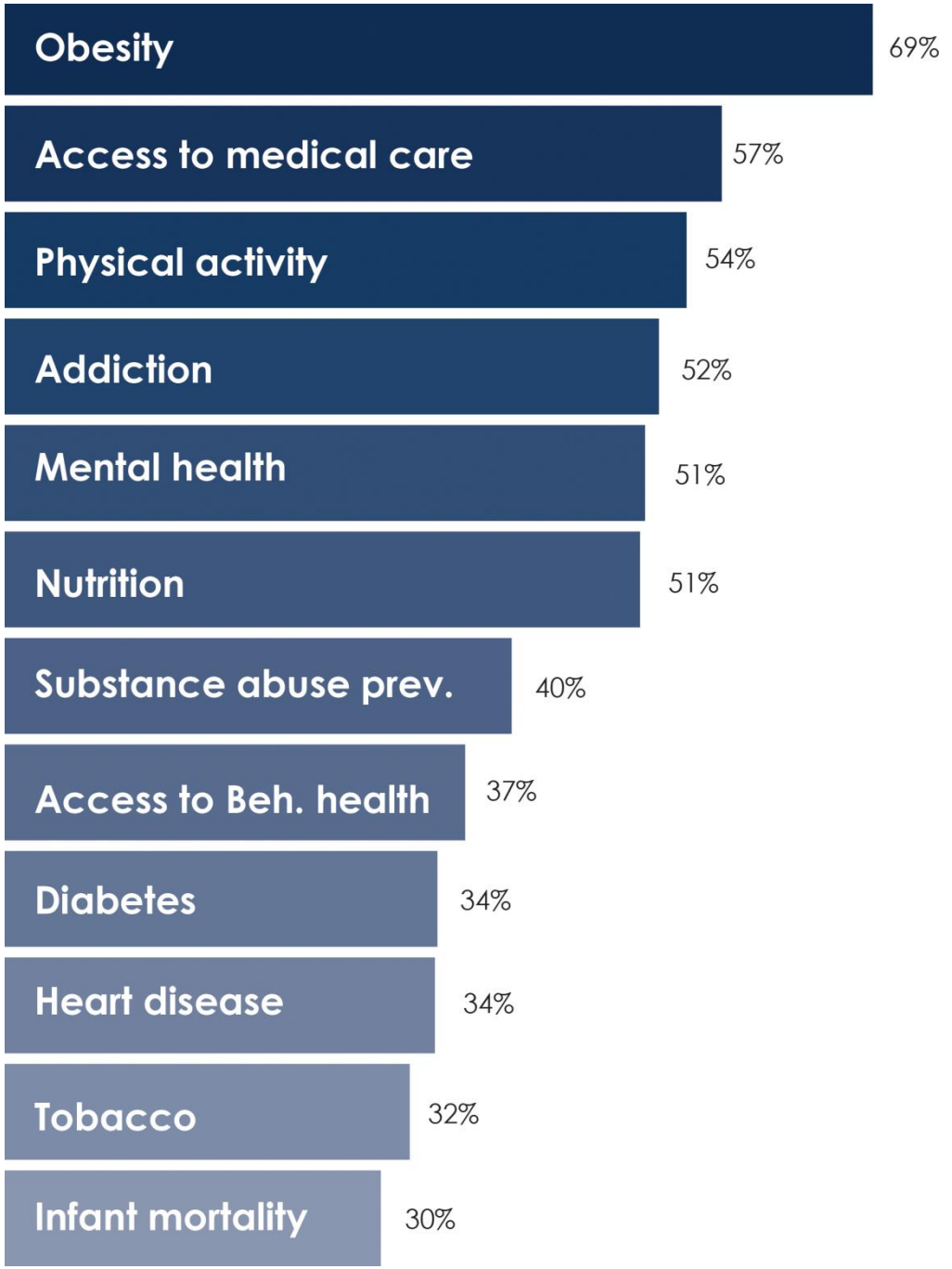
Health conditions
Heart disease
Diabetes
Asthma/COPD
Obesity
Cancer
Infectious diseases
Infant mortality/low birth weight
Oral health
Substance abuse
Mental health
Under-immunization

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*



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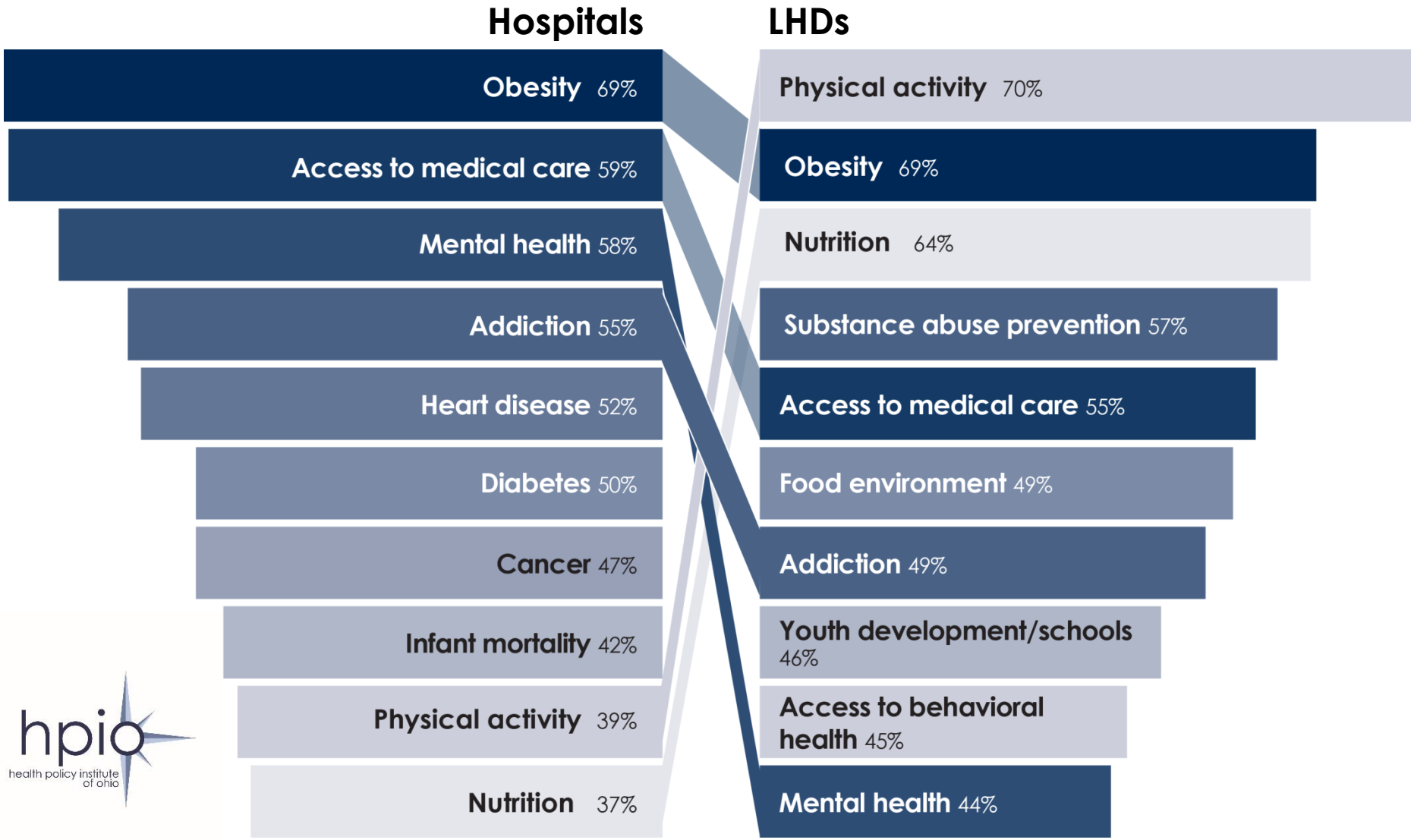
*weighted

Top 10 hospital and LHD health priorities



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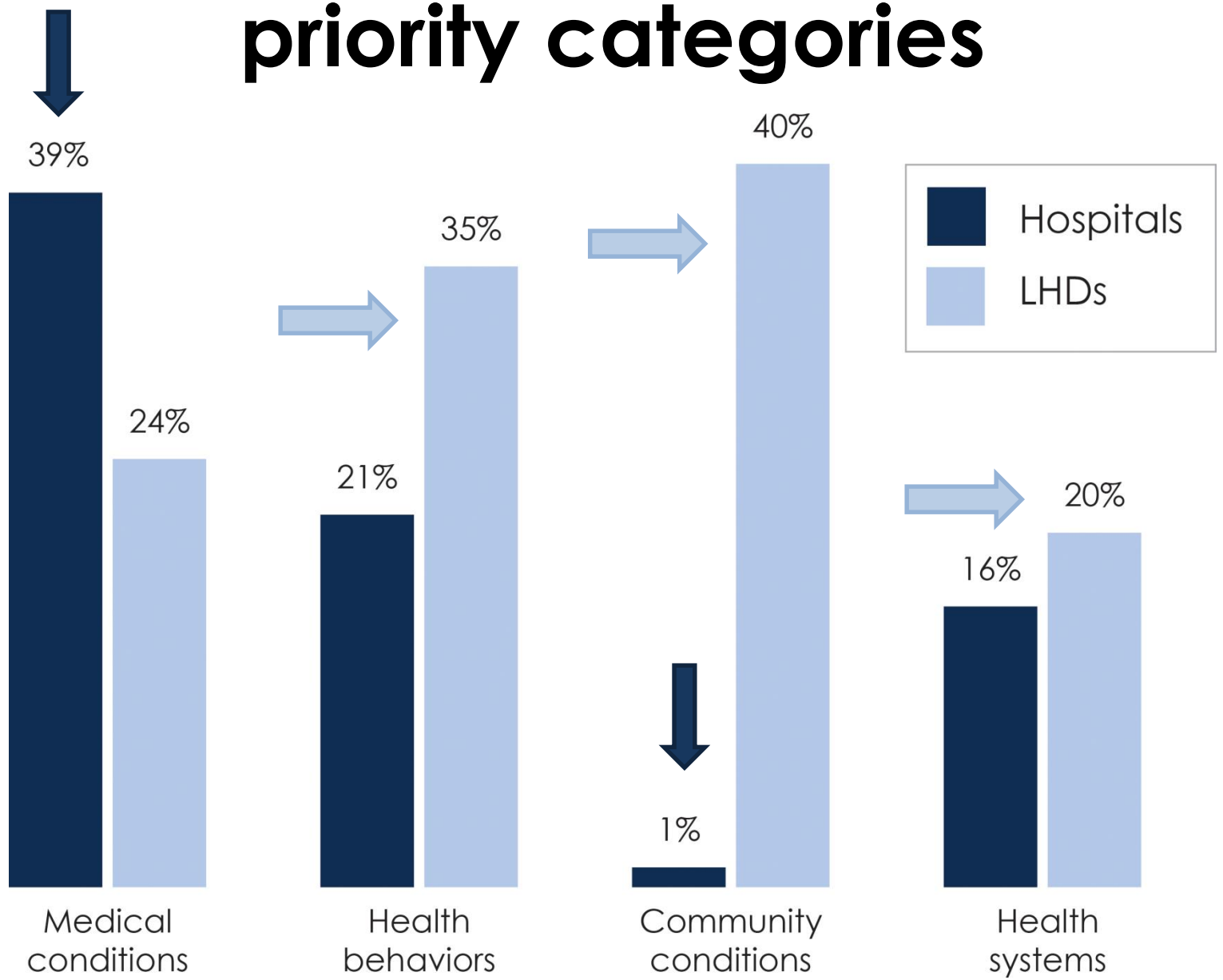
Comparison of hospital and LHD priority categories



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

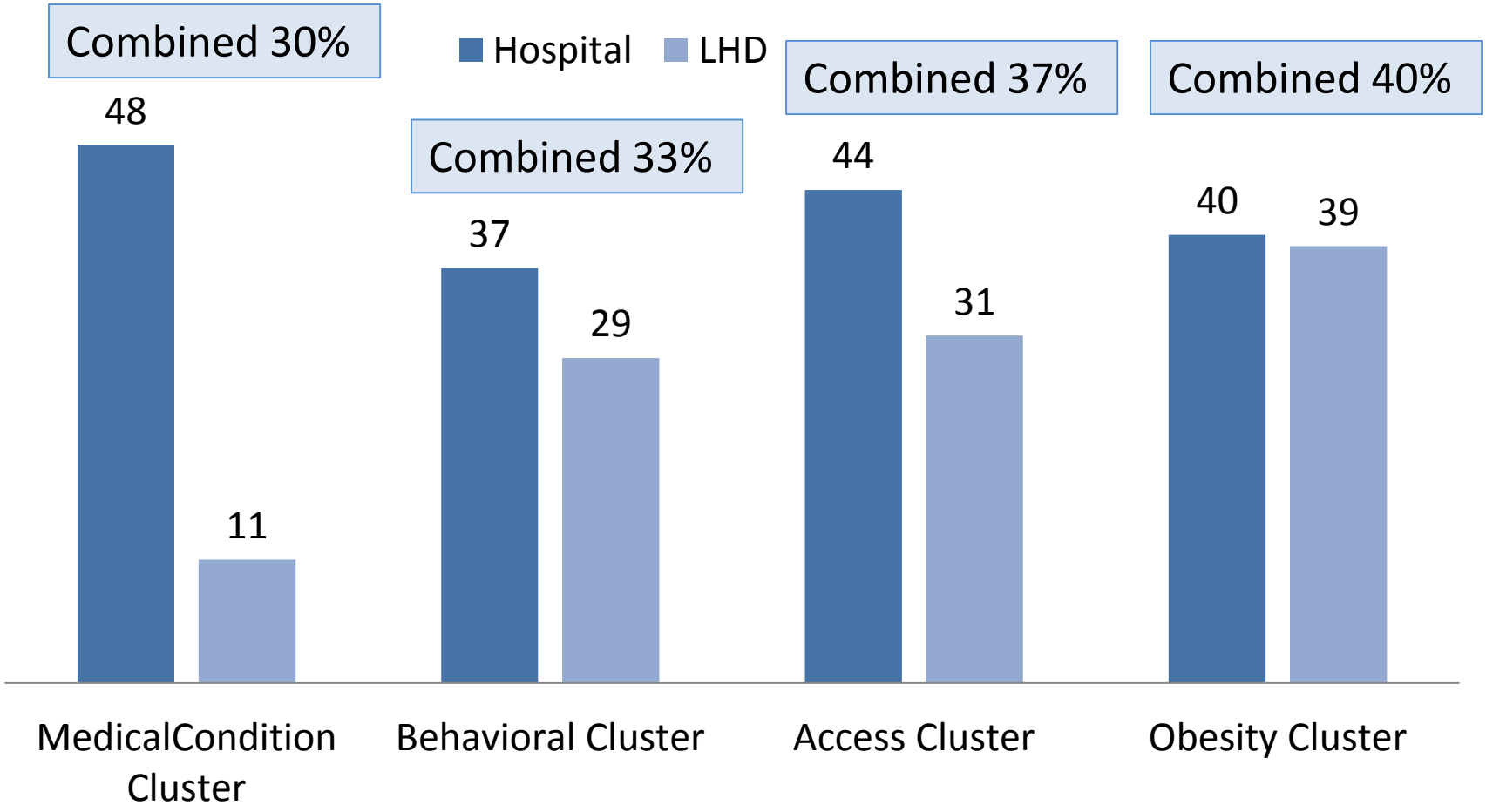
Health system conditions

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

Key

Obesity cluster
Access cluster
Behavioral health cluster

Cluster Priorities



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
- Hospital health priorities are more likely to focus on medical conditions, while LHDs are more likely to focus on community conditions and health behaviors
- Most prominent community health priorities are related to obesity, access to care and behavioral health

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Strengths

- Large, whole sample (n=110 and n=170)
- Comprehensive approach crossing health systems boundaries
- Utilized standard abstraction protocols from adaptation of a previously successful model

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Limitations

- Based on information available in documents, not necessarily what was actually done
- Some items were not effective across LHD-Hospital boundaries and were therefore excluded
- Analysis based on current stage of assessment, therefore not final products

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Implications for Public Health

- The variation between CHA/CHIP and CHNA/CHNIS identified priorities demonstrates important differences in perspective and experience.
- The differences appear complementary, implying the population needs would be more effectively served through a **collaborative** process.

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Better
Together!
Comments
Questions?

Commentary

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Cuyahoga County Board of Health Population Health Liaison *heidi.gullett@case.edu*

Questions and Discussion

Archives of all Webinars available at:

http://www.publichealthsystems.org/phssr-research-progress-webinars

Upcoming Events and Webinars

Wednesday, May 13 (12-1pm ET)

VIOLENCE AND INJURY PREVENTION: VARIATION IN PUBLIC HEALTH PROGRAM RESOURCES AND OUTCOMES

Laura Hitchcock, JD, Project Manager, Public Health – Seattle & King County, WA PBRN

Thursday, May 21 (1-2pm ET)

EXPLORING COST AND DELIVERY OF STI SERVICES BY HEALTH DEPARTMENTS IN GEORGIA

Gulzar H. Shah, PhD, MStat, MS, Georgia Southern University, GA PBRN

Upcoming Webinars – June to July 2015

Wednesday, June 3 (12-1pm ET)

Optimizing Expenditures Across HIV Care Continuum: *Bridging Public Health & Care Systems*

Gregg Gonsalves, Yale University (PPS-PHD)

Wednesday, June 10 (12-1pm ET)

Examining Public Health System Roles in Mental Health Service Delivery

Jonathan Purtle, DrPH, MPH, MSc, Drexel University School of Public Health (PPS-PHD)

Thursday, June 18 (1-2pm ET)

Injury Prevention Partnerships to Reduce Infant Mortality among Vulnerable Populations

Sharla Smith, MPH, PhD, University of Kansas School of Medicine - Wichita (PPS-PHD)

Wednesday, July 1 (12-1pm ET)

The Affordable Care Act and Childhood Immunization Delivery in Rural Communities

Van Do-Reynoso, University of California - Merced (PPS-PHD)

Thank you for participating in today's webinar!

For more information:

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