

# Public Health PBRN Monthly Virtual Meeting September 18, 2014

Research-in-Progress Presentation by  
Ohio Public Health Practice-Based Research Network  
Scott Frank, MD, Case Western Reserve University

*Please remember to mute your telephone/computer speakers during the presentation*

*To mute your telephone press \*6, to unmute #6*

*Conference Phone: 877-394-0659*

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*at the University of Kentucky College of Public Health*



# Community Health Assessment, Community Health Improvement Planning and Community Health Needs Assessment

An Ohio Quick Strike Project

Scott Frank, MD, MS








Ohio Research Association  
for Public Health Improvement

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Public Health Practice-Based Research Network

# Acknowledgements



-  Robert Wood Johnson Foundation Public Health PBRN Quick Strike Funding
-  PHSSR National Coordinating Committee
-  RAPHI Members
-  Health Policy Institute of Ohio
-  Wisconsin PH PBRN (CHIPP Quality Measurement Tool)





# CHA/CHIP/CHNA Quick Strike

-  **Specific Aim 1:** Investigate the process, structure and outcome of Community Health Improvement Planning (CHIP) Community Health Assessment (CHA) and Community Health Needs Assessment (CHNA) efforts in Ohio Local Health Departments (LHDs) and Hospitals.
-  **Specific Aim 2:** Examine variation in the nature of priorities identified by LHDs through these assessments.

# CHA/CHIP/CHNA Quick Strike

-  **Specific Aim 3:** Determine how or whether LHDs are using information from these assessments to inform program planning, measure effectiveness, or improve community health.
-  **Specific Aim 4:** Explore the extent and nature of collaboration with related Hospital systems through the Affordable Care Act (ACA) Community Benefit Requirement.

# CHA/CHIP/CHNA Quick Strike

-  Focus on preliminary descriptives relating to Specific Aim 2, Identification of Priorities and Specific Aim 3, Collaboration with Hospitals
-  Instrument development

# Instrument Development

## Wisconsin CHIPP Quality Measurement Tool (45 items)

- Same Domains but Ohio emphasis on:
  - CHA/CHIP/CHNA
  - Comparison of LHD and Hospital based process and outcomes
  - Emphasis on variation in priorities within and between groups
  - Emphasis on action plan, implementation and evaluation



# Ohio Revisions

- 🌳 Expanded to 71 items
- 🌳 Parallel instruments for LHD and Hospitals
- 🌳 Includes all Wisconsin items
- 🌳 Seeks greater specificity on process questions
- 🌳 Includes process and priority comparison items for LHD and Hospitals





# Current Status

- 🌳 Completed review of 84 of 125 LHDs; 60 Hospitals
- 🌳 Preliminary descriptive analysis reported today on LHDs
- 🌳 CHA/CHIPs initiated:
  - 2009 (3)
  - 2010 (5)
  - 2011 (27)
  - 2012 (33)
  - 2013 (30)
  - 2014 (5)
- 🌳 Only 2 CHAs and 4 CHIPS were not available online



# Sample to Date

	Number of LHDs in the HealthPath area	Percent of LHDs in the HealthPath area
<b>LHD type</b>		
City	17	34
County	27	54
Combined	6	12
<b>Jurisdictional size</b>	Range: 6,441 to 525,901	
<25,000	16	32
25,001 to 50,000	17	34
50,000 to 100,000	8	16
100,001 to 200,000	5	10
>200,000	3	6
<b>Budget</b>	Range: 25,415 to 41,410,344	
<500,000	11	22
500,001 to 1,000,000	14	28
1,000,001 to 2,000,000	9	18
2,000,001 to 4,000,000	9	16
>4,000,000	7	14
<b>FTE</b>	Range: 1.3 to 422	
<10	18	36
10 to 20	14	28
21 to 40	8	16
>40	10	20

# Priority Selection

	LHD CHA/CHIP (n=63)	
	#	%
Priorities were selected using criteria	31	49.2
Priorities were selected, but it is unclear what the criteria were for selecting them	21	33.3
No priorities were set	11	17.5



# Summary of general health priority categories identified by LHD CHAs/CHIPs

	LHD CHA/CHIP	
	#	%
Specified any health priorities	52	82.5
General category of health priorities		
Health conditions	123	24.0
Health behaviors/individual and family risk and protective factors	175	40.9
Community conditions affecting health	68	29.3
Health system conditions affecting health	88	19.0
Other	25	55.6



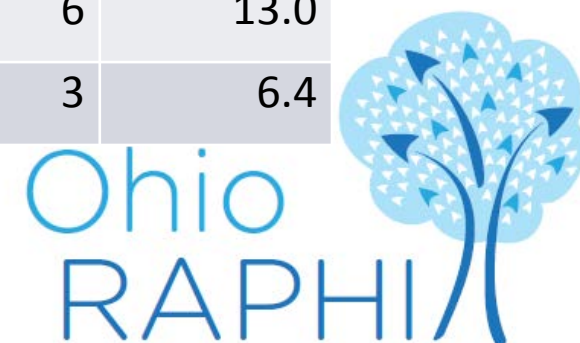
# Summary of specific health priorities identified by LHD CHAs/CHIPs

	LHD CHA/CHIP	
	#	%
<b>Health conditions</b>		
<b>Heart Disease Such as: hypertension; coronary artery disease; congestive heart disease</b>	7	14.9
<b>Diabetes TBD- paste in definitions for each</b>	12	25.5
<b>Asthma/COPD</b>	0	0
<b>Obesity</b>	31	67.4
<b>Cancer</b>	10	21.3
<b>Infectious Diseases</b>	5	10.9
<b>Infant mortality/low birth weight</b>	7	14.9
<b>Oral Health</b>	3	6.5
<b>Substance abuse</b>	23	50.0
<b>Mental health</b>	22	46.8
<b>Under Immunization</b>	3	6.4



# Summary of specific health priorities identified by LHD CHAs/CHIPs

Health behaviors/individual and family risk and protective factors	N	%
Tobacco	14	30.4
Physical activity	33	70.2
Nutrition	35	74.5
Substance use	28	59.6
Emotional health	18	40.0
Youth Development/School health	27	57.4
Sexual and reproductive health	11	23.9
Injury protection	6	13.0
Family Violence	3	6.4



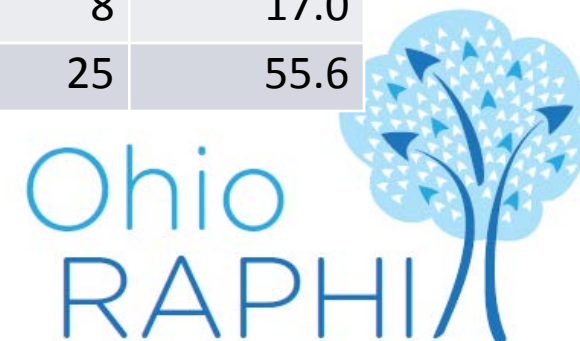
# Summary of specific health priorities identified by LHD CHAs/CHIPs

Community conditions affecting health	N	%
Built environment (place)	12	26.1
Food environment	21	44.7
Active living environment	14	31.1
Social determinants of health/Health equity	7	14.9
Community partnership	14	29.8



# Summary of specific health priorities identified by LHD CHAs/CHIPs

Health system conditions affecting health	N	%
Under-insurance	9	19.6
Access to medical care	24	53.3
Access to behavioral health care	23	48.9
Access to dental care	6	12.8
Bridging public health and medicine	5	11.1
Quality improvement	2	4.3
Hospital/Clinical infrastructure	3	6.4
Health Information Technology	6	13.3
Funding/Financing/cost of services	2	4.3
Workforce development	8	17.0
Other	25	55.6





# Collaboration




- 🌳 Conducted Cross Jurisdictionally: 39.7%
- 🌳 At least one hospital involved: 82.1%
- 🌳 At least 1 other sector involved: 88.1%
- 🌳 Hospital involvement extends to prioritization and implementation: 84%
- 🌳 At least 1 other sector involved in prioritization: 91.7%



# Stakeholder input and data sources for LHD CHA/CHIPs

	LHD CHA/CHIP	
	# Yes	% Yes
<b>How was input from external stakeholders provided on the CHNA/CHNIS or CHA/CHIP?</b>		
Survey	60	90.9
Town hall meetings/ community forum	17	25.8
Focus groups	8	12.1
Other (identify)	14	21.2
<b>Number of different types of data sources used to describe the community* [item 20]</b>		
4 or more source categories	49	84.5
2-3 source categories	2	3.4
1 source category	2	3.4
No source categories	5	8.6

# Use of formal models and acknowledgement of state and national priorities

-  Acknowledges National Health Priorities: 28%
-  Acknowledges State Health Priorities: 12.8%
-  Uses identified formal model of community assessment: 63%

# Comments, Questions





# Other Meeting Agenda Items

## PBRN Research Updates

- MPROVE/DACS/DIRECTIVE/PHAST coordination calls
  - Thursday, September 25, 1-2:30 pm ET
  - Thursday, October 30, 1-2:30pm ET
  - Thursday, December 4, 1-2:30pm ET

## Dissemination Opportunities

- APHA Meeting: Nov 15-19
- MPROVE/DACS panel APHA, Tuesday, November 18 10:30am-12:00pm
- PBRN Presentations at APHA due tomorrow, Friday 19 by 5:00pm
- 7<sup>th</sup> Annual Conference on the Science of Dissemination and Implementation in Health, AcademyHealth and NIH Dec 8-9, 2014. Bethesda, MD.
- *Frontiers/AJPH* partnership launches soon

# Other Meeting Agenda Items

## Research Opportunities

- Collaboration with [J-PAL](#) on pragmatic randomized control trials in PH settings.
- PRC-PBRN collaboration

## Website Update

- Soft launch period until October 1, 2014
- Construction URL [www.uky.edu/publichealthsystems](http://www.uky.edu/publichealthsystems)
- Work-in-progress: please send all comments/suggestions/corrections to [Kara.Richardson@uky.edu](mailto:Kara.Richardson@uky.edu) by Friday, September 26, 2014

# Presentation schedule

## Presentation Schedule for 2014

January 16 Tennessee PBRN

February 20 Nebraska PBRN

March 20 North Carolina PRBN

May 15 New York PBRN

June 19 California PBRN

July 17 Connecticut PBRN

August 21 Colorado PBRN

September 18 Ohio PBRN

**October 16 New Jersey PBRN**

November 20 Washington PBRN

December 18 New Hampshire PBRN

**Beginning 2014 we will combine Research-in-progress presentations with the larger PHSSR grantee Research-in-progress presentations.**

**For more information contact:**

**Public Health PBRN National  
Coordinating Center**

**[PublicHealthPBRN@uky.edu](mailto:PublicHealthPBRN@uky.edu)**

**111 Washington Avenue, Suite 201**

**Lexington, KY 40536**

**859-218-0113**

**[www.publichealthsystems.org](http://www.publichealthsystems.org)**