Community Health Needs Assessment

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RPA Healthy Community Design Call
• RPA Healthy Community Design Calls
• What Impacts Health
• Community Health Needs Assessment (CHNA)
  – What are CHNAs?
  – Describe Why CHNAs are Performed
• Community Health Improvement Plans
• Massachusetts Department of Public Health’s Response
  – Data Report Mock Up
Looking Back

- Ranking Health Impacts
  - http://www.mapc.org/ranking-health-impacts
- Visualizing Healthy Communities
  - http://www.mapc.org/visualizing-health
- Transportation + Health
  - http://www.mapc.org/transportationhealth-call
- Health Data
  - http://www.mapc.org/health-data
What Impacts Health

- Individual lifestyle factors
- Social and community networks
- Living and working conditions
- General socio-economic, cultural and environmental conditions

What Impacts Health

- Socio Economic Factors: 40%
- Health Behaviors: 30%
- Clinical Care: 20%
- Physical Environment: 10%

Source: County Health Rankings
Smallest Impact

Counseling & Education

Clinical Interventions

Long-Lasting, Protective Interventions

Changing the Context

Socioeconomic Factors

Largest Impact

Public Health

Planning

Walkability, access to green space

Housing, Zoning, Economic Dev’t

Eat healthy, be physically active

Rx for high blood pressure

Immunizations, Colonoscopy

Flouridation, Trans Fat, Smoke Free Laws

Poverty, Education, Housing, Inequality

To make individuals’ default decisions healthy

Community Health Needs Assessment

Collective Vision

- People
- Community Developers
- Businesses
- Education
- Government
- Non Profits
- Health Insurance
- Public Health
- Health Care Providers
- Faith-Based Organizations
- Philanthropies & Investors

Source: Centers for Disease Control and Prevention
“(3) COMMUNITY HEALTH NEEDS ASSESSMENTS.—“(A) IN GENERAL.—An organization meets the requirements of this paragraph with respect to any taxable year only if the organization—

(i) has conducted a community health needs assessment which meets the requirements of subparagraph (B) in such taxable year or in either of the 2 taxable years immediately preceding such taxable year, and

(ii) has adopted an implementation strategy to meet the community health needs identified through such assessment.

(B) COMMUNITY HEALTH NEEDS ASSESSMENT.—A community health needs assessment meets the requirements of this paragraph if such community health needs assessment—

(i) takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and

(ii) is made widely available to the public.
Community Health Improvement Plans

Collective Vision

1. Evaluate Actions
2. Assess Needs & Resources
3. Focus on What’s Important
4. Choose Effective Policies & Programs
5. Act on What’s Important
6. Communicate
7. Work Together
8. Engage the Community
9. Sustain Improvement Results

Source: http://www.cdc.gov/chrainv/tools/index.html
Community Health Improvement Plans

Targets Health Disparities

Communicate
Evaluate Actions
Assess Needs & Resources
Focus on What’s Important
Engage the Community

Work Together
Sustain Improvement Results
Choose Effective Policies & Programs
Act on What’s Important

Collective Vision

Source: Centers for Disease Control and Prevention
CHNA Output
CHIP Output

Worcester Region Health Improvement Plan
Annual Report & Annual Report

DECEMBER 2015: CHIP Improvement Plan Annual Report
M D P H’s Problem

- Many data requests
- Not paid to fill data requests
- Too few analysts
- Want true collaborations
Long Term Vision

Externally:
• Publicly accessible, unique, dynamic reports

Internally:
• DPH data warehouse
  – Completion Date Unclear
• Automated data export to the CHNA database based on schedules
  – Completion Date Unclear
MDPH's Response

Phase 1
Explore Issues to Streamline Process
March/April 2016

Phase 2
Develop Short Term Solution
Summer/Fall 2016

Phase 3
Work Directly on Long-Term Vision
Timeframe Unknown
Explore Issues to Streamline Process

- **Collection of user-prioritized indicators** (Fall 2015)
- Formatted aggregated data of preliminary priority indicators (Feb 2016)
- Report draft (March/April 2016)
## Priority Categories

<table>
<thead>
<tr>
<th>Top Tier</th>
<th>Second Tier</th>
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</thead>
<tbody>
<tr>
<td>Crime</td>
<td>Immunization</td>
</tr>
<tr>
<td>Food Access</td>
<td>Indexes</td>
</tr>
<tr>
<td>Substance-Abuse</td>
<td>Citizenship</td>
</tr>
<tr>
<td>Education</td>
<td>Access</td>
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<tr>
<td>Income</td>
<td>to care</td>
</tr>
<tr>
<td>Language</td>
<td>Suicide</td>
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<tr>
<td>Housing</td>
<td>Insurance Coverage</td>
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<tr>
<td>Mental Health</td>
<td>Mental Health</td>
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<tr>
<td>Employment</td>
<td>Screening/Tx</td>
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<tr>
<td>Alcohol</td>
<td>Community</td>
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<tr>
<td>Overweight/Obese</td>
<td>Cohesion/Participation</td>
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<tr>
<td>Physical activity</td>
<td>Fruit/Veg Consumption</td>
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<tr>
<td>Screening</td>
<td>Family Status</td>
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<tr>
<td></td>
<td>Poverty</td>
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<tr>
<td></td>
<td>Population</td>
</tr>
<tr>
<td></td>
<td>Age</td>
</tr>
<tr>
<td></td>
<td>Race/Ethnicity</td>
</tr>
<tr>
<td></td>
<td>Injury</td>
</tr>
</tbody>
</table>

n = 13

n = 26
Short Term Iteration Phase 1

- Explore Issues to Streamline Process
  - Collection of user-prioritized indicators (Fall 2015)
  - Formatted aggregated data of preliminary priority indicators (Feb 2016)
  - Report draft (March/April 2016)
Short Term Iteration Phase 1

https://matracking.ehs.state.ma.us
Short Term Iteration Phase 1
MDPH’s Response Timeline

Phase 1: Rough Draft of Report
   March/April 2016

Phase 2: 2nd Iteration of Report Streamlining Data Sharing
   Summer/Fall 2016

Phase 3: Public Facing, User-Informed Dynamic Report
   Timeframe Unknown
Indicators

- Health Behaviors
- Clinical Care
- Health Outcomes
- Physical Environment
- Social & Economic Factors
Thank You
Extra Slides
Health Behaviors

- Behavioral Risk Factors Surveillance System
  - Asthma
  - Poor Mental Health
  - Obesity
  - Hypertension
  - Fruit and Vegetable Consumption
  - Diabetes
Clinical Care

- Translation services available by EOHHS region
Social and Economic Factors

• Crime –
  – Public Health proxy: Injury
    Hospital Admissions / ED visits

• American Community Survey
Physical Environment

• Walkscore
  – 250 m grid scale of categorical description
  – Town averages

• See EPHT
Health Outcomes

• Hospital Admissions
  – ED / Hospital Admissions (CY 2013/2014)

• Vital Statistics
  – Births (CY 2013/2014)
  – Deaths
Health Outcomes

• Hospitalization Data
  - Asthma Hospitalization
  - Cancer Hospitalizations
  - Chronic Obstructive Pulmonary Disease Hospitalizations
  - Cardiovascular Disease Hospitalizations
  - Diabetes Hospitalizations
  - Mental Health Related ED Visits
  - Stroke/ Cerebrovascular Accident Hospitalizations
  - Substance Abuse
  - Poisoning (All)
  - Injury
  - Unintentional Fall Injury
  - Self-inflicted Injury
  - Motor Vehicle Traffic Occupant Injury
  - Assault Injury
  - Opioid Overdose
Health Outcomes

- Vital Statistics
  - Suicides
  - Homicides
  - Preterm Births (<37 weeks gestation)
  - Teen births (15-19 Years)
  - Infant Mortality
  - Low Birthweight (Less than 2,500 grams)
  - Mortality