

Community Health Needs Assessment

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RPA Healthy Community Design Call



O u t l i n e

- 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

L o o k i n g B a c k

- 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



General socio-economic, cultural and environmental conditions

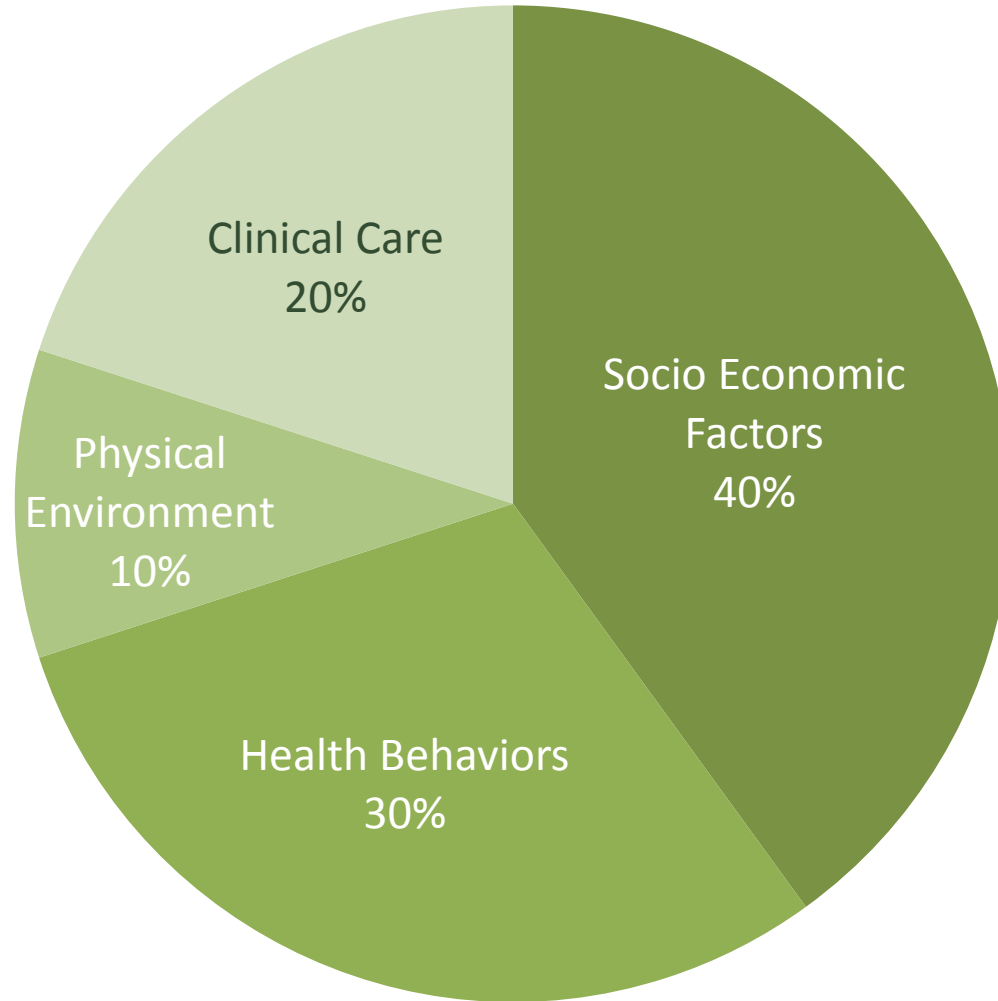
Living and working conditions

Social and community networks

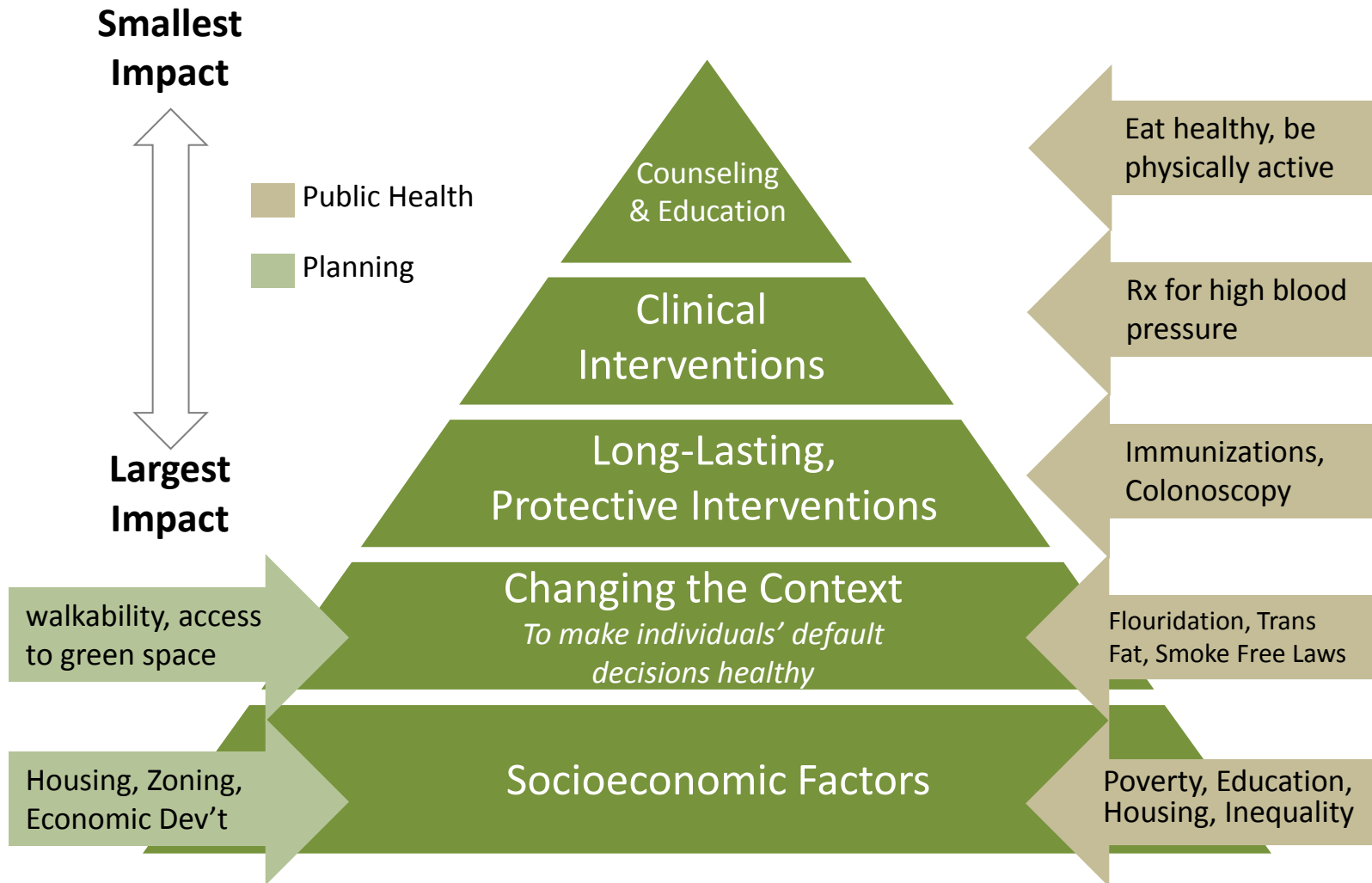
Individual lifestyle factors

Source: Dahlgren, Göran, and Margaret Whitehead. "Policies and strategies to promote social equity in health." *Stockholm: Institute for future studies*(1991).

What Impacts Health



What Impacts Health



Community Health Needs Assessment

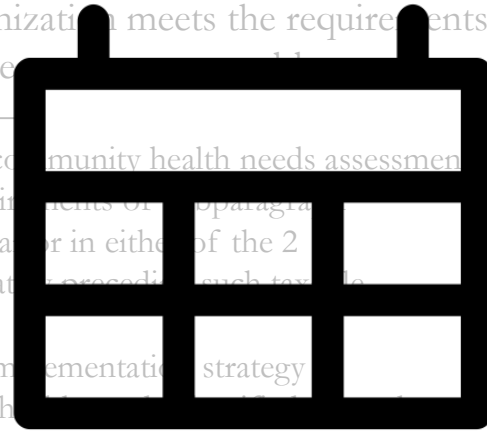


Community Health Needs Assessment

Completed
Every

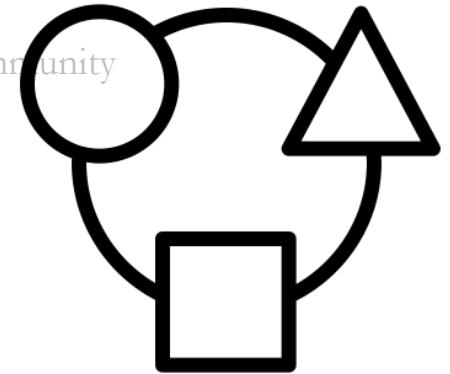
3

Years



Adopt
Implementation
Plan

Broadly
Involve
Community



Community Health Improvement Plans

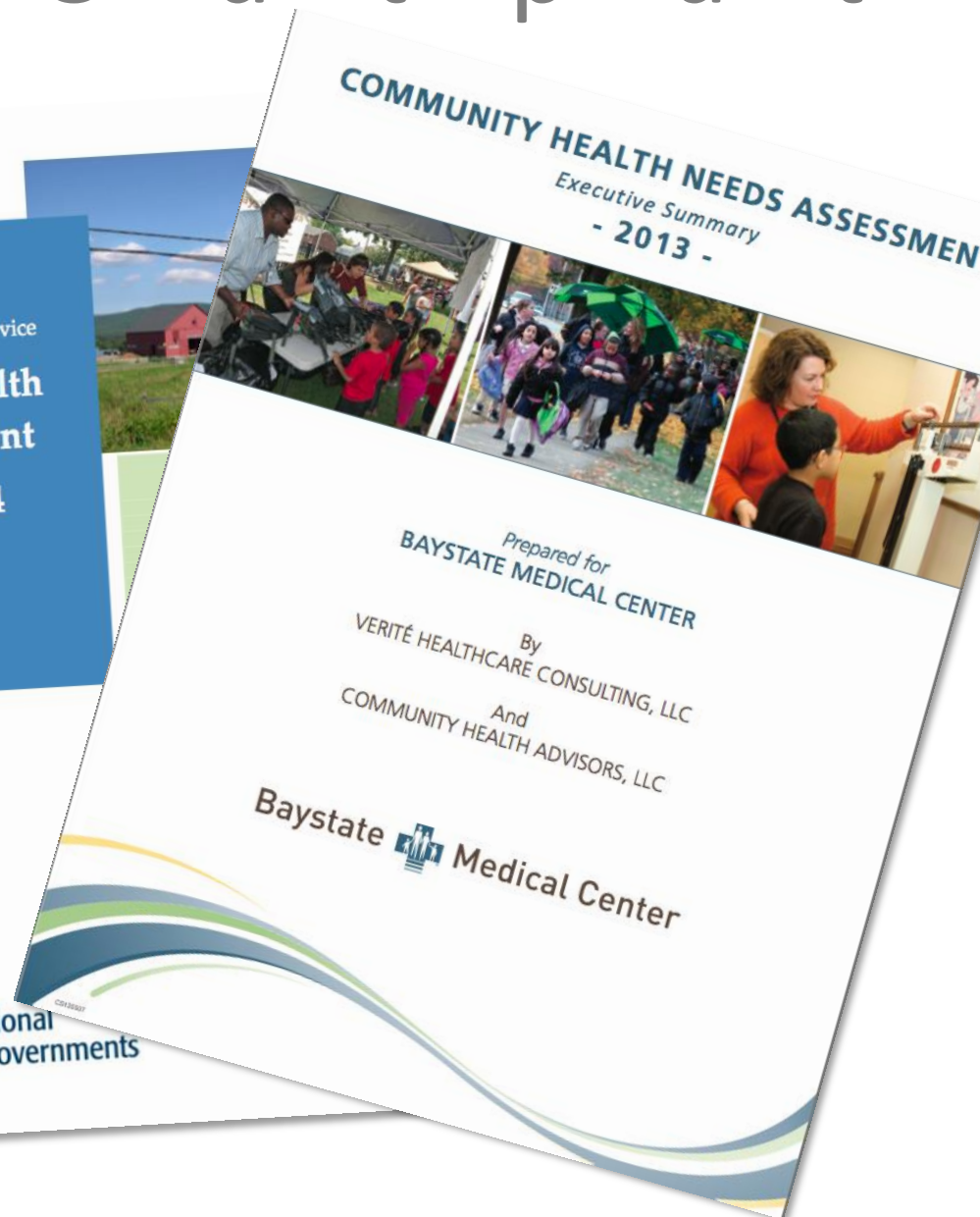
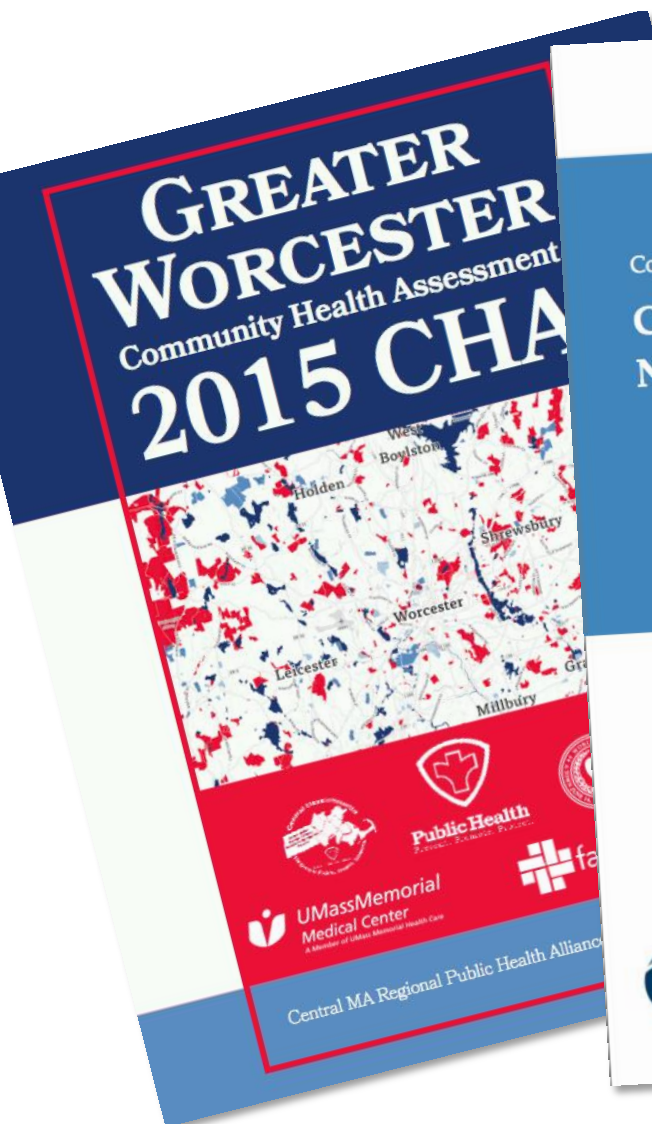


Community Health Improvement Plans

Targets Health Disparities



C H N A O u t p u t



CHIP Output

DOMAIN AREA 1. HEALTHY EATING & ACTIVE LIVING

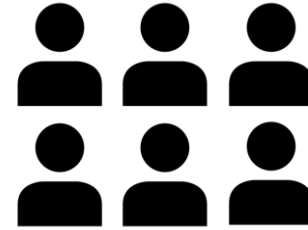
- | Objective | Strategies |
|--|---|
| 1.1 Increase availability of and access to affordable fresh and local fruits and vegetables for low-income residents by 10% by 2015, as measured by walking distance. | 1.1.1 Strengthen, grow and coordinate existing strategies prioritized by the Regional Environmental Council of Central Massachusetts and the Food and Active Living Policy Council such as farmers' markets, urban agriculture, Cooking Matters, and Farm to School programs. |
| | 1.1.2 Enhance and expand the Mobile Farmers' Market in seven low income/food desert communities and on college campuses in Worcester. |
| | 1.1.3 Coordinate and lead the Mass in Motion Corner Store Initiative. |
| | 1.1.4 Advance the policy priorities of the Worcester Food and Active Living Policy Council, such as zoning regulations to promote community gardens, urban agriculture, and policies to increase physical activity. |
| | 1.1.5 Enhance Community Gardens educational programs in alignment with a minimum of 70 community-based garden efforts. |
| | 1.1.6 Advertise and promote the availability of food resources to low income individuals in targeted neighborhoods. |
| 1.2 Identify, prioritize, and implement improvements to increase residents' access to physical activity resources by 10% by 2015 as measured by walking distance. | 1.2.1 Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region. |
| | 1.2.2 Establish four Joint use agreements with schools in low-income neighborhoods to allow the use of both indoor and outdoor facilities by the public during non-school hours on a regular basis. |
| | 1.2.3 Establish a district-wide Safe Routes to School task force for ongoing identification and implementation of systems, policies, and school-level changes to support increased walking and biking to school. |
| | 1.2.4 Assess and identify priorities for improving access to existing parks and open spaces, including public works improvements and public safety enhancements as well as facilities improvements or amenities; prioritize needs based on access criteria and deliverables identified in Worcester's Open Space and Recreation Plan. |
| | 1.2.5 Conduct a social norms campaign to define and change perceptions of violence and community safety and thereby increase utilization of community resources. (see 4.2.2) |
| 1.3 Increase the percentage of children in grade 1 who are a healthy weight by 3% by 2015. | 1.3.1 Implement professional development/education program for teachers and early childhood care providers related to physical activity to increase their awareness of its connection with learning. |
| | 1.3.2 Advocate for policies to increase food/nutrition standards for snacks/meals at public and private preschools and kindergarten classes. |
| | 1.3.3 Assess and explore adoption of other evidence-based obesity reduction programs such as I am Moving, I am Learning, Hip Hop to Health, and others. |
| | 1.3.4 Advocate for recommended hours of physical education in schools. |
| | 1.3.5 Conduct and coordinate communication, public awareness, outreach, and mass media campaign. |



M D P H ' s P r o b l e m



Many data requests

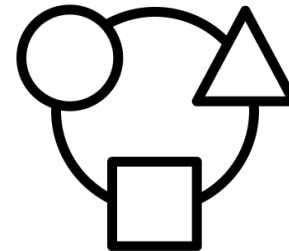


Too few analysts

Not paid to fill data requests



Want true collaborations



L o n g T e r m V i s i o n

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



M D P H ' s R e s p o n s e

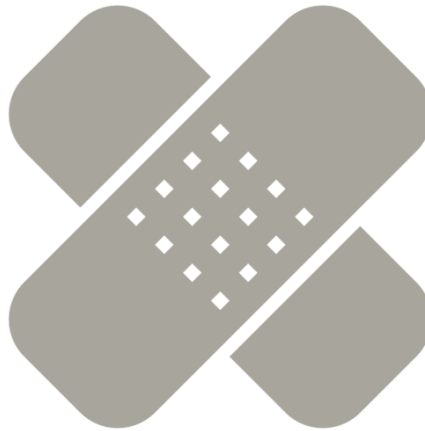
Phase 1



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

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)



Priority Categories

Top Tier
Crime
Food Access
Substance-Abuse
Education
Income
Language
Housing
Mental Health
Employment
Alcohol
Overweight/Obese
Physical activity
Screening

n = 13

Second Tier	
Asthma	Immunization
STD/STI	Indexes
Hospitalizations Generally	Citizenship
Access to care	Suicide
Diabetes	Insurance Coverage
Mental Health Screening/Tx	Community Cohesion/Participation
Mortality	Fruit/Veg Consumption
Cancer	Family Status
Cardiovascular	Poverty
Infectious Disease	Population
Smoking/ Tobacco Usage	Age
Environmental	Race/Ethnicity
Disability	Injury

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 1

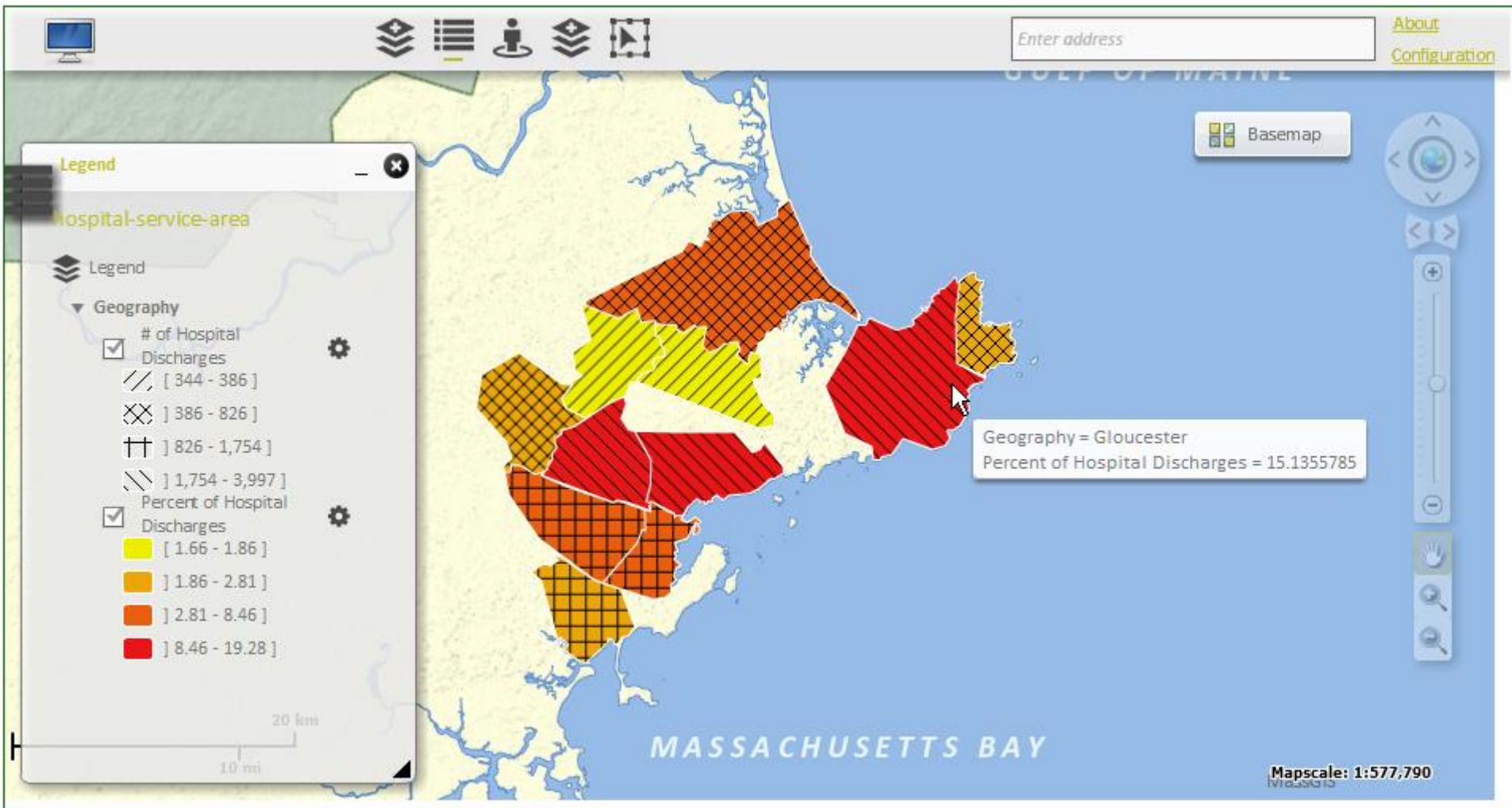
Phases

The screenshot shows the homepage of the Environmental Public Health Tracking website. At the top, there is a navigation bar with a "Skip to main content" link, the "EOHHS" logo, and the "Mass.gov" logo. The main content area features the "Massachusetts Department of Public Health" logo and the "BEH Bureau of Environmental Health" logo. The central graphic is a tree with a magnifying glass over the state of Massachusetts, with the text "Environmental Public Health Tracking" around the magnifying glass. The tree's leaves are labeled with various data categories: Welcome, Massachusetts EPHT Program, National EPHT Program, Health Data, Environmental Data, Inspection Data, Community Profile, and Climate Change. A "STATE PARTNER" logo for the Environmental Public Health Tracking Program is also visible. A disclaimer at the bottom states: "This website is designed to provide you with current health and environmental data for your community." The footer includes the copyright notice "© 2016 Commonwealth of Massachusetts" and links for "Disclaimer", "Credits", "Portal Viewing Tips", "Site Policies", and "Helpdesk".

<https://matracking.ehs.state.ma.us>

Short Term Iteration 1

Phases



M D P H ' s R e s p o n s e T i m e l i n e

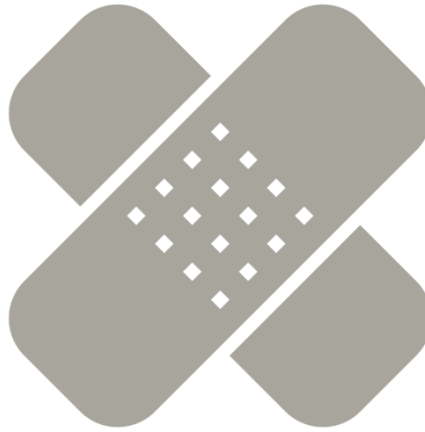
Phase 1



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

I n d i c a t o r s



T h a n k

Y o u

Extra Slides

I n d i c a t o r s 2/2016 Draft Release

Health Behaviors

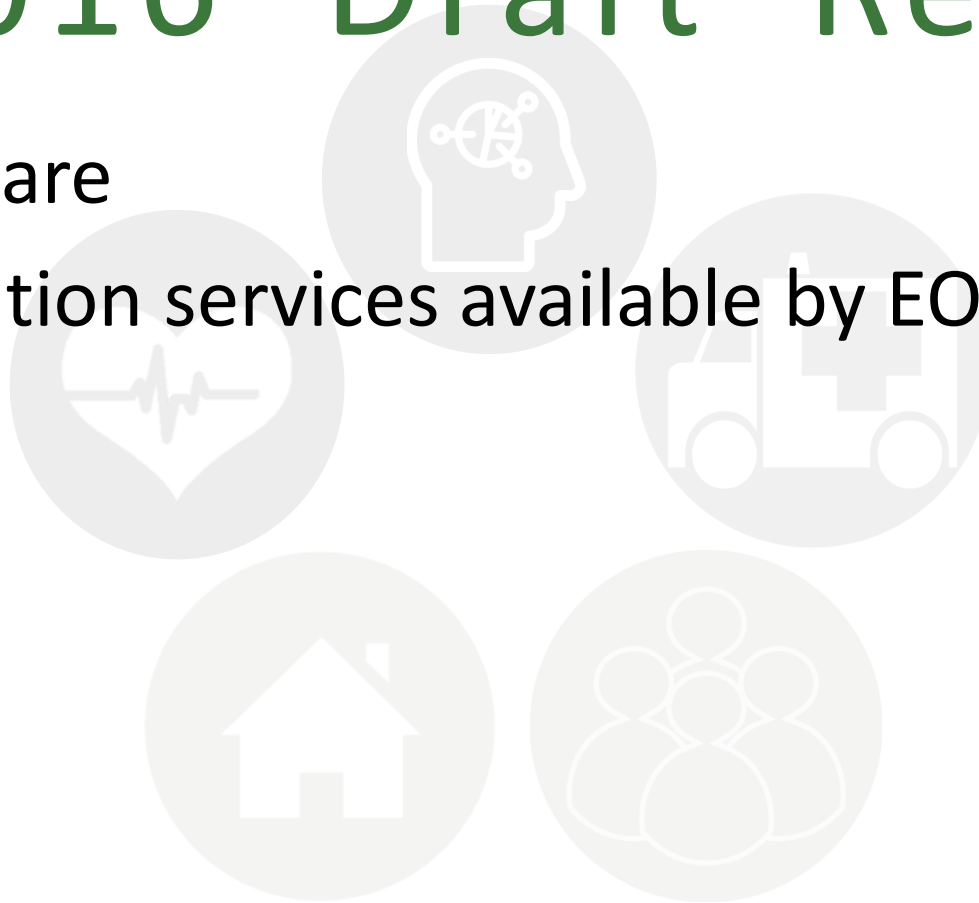
- Behavioral Risk Factors Surveillance System
 - Asthma
 - Poor Mental Health
 - Obesity
 - Hypertension
 - Fruit and Vegetable Consumption
 - Diabetes



I n d i c a t o r s 2/2016 Draft Release

Clinical Care

- Translation services available by EOHHS region



I n d i c a t o r s 2/2016 Draft Release

Social and Economic Factors

- Crime –
 - Public Health proxy: Injury
Hospital Admissions / ED visits
- American Community Survey



I n d i c a t o r s 2/2016 Draft Release

Physical Environment

- Walkscore
 - 250 m grid scale of categorical description
 - Town averages
- See EPHT



I n d i c a t o r s 2/2016 Draft Release

Health Outcomes

- Hospital Admissions
 - ED / Hospital Admissions (CY 2013/2014)
- Vital Statistics
 - Births (CY 2013/2014)
 - Deaths



I n d i c a t o r s 2/2016 Draft Release

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



I n d i c a t o r s 2/2016 Draft Release

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

