


Are Community Health Assessments still useful to the Healthcare Community?

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”


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Research Team

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Background


- Community Health Data, although often publicly available, is difficult to find.
- In Cincinnati, we have performed local Community Health Assessments every 3-4 years since the late 1990s.
- Before performing another Assessment, we wanted to make sure it was still needed.

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Sources of Comparative Data

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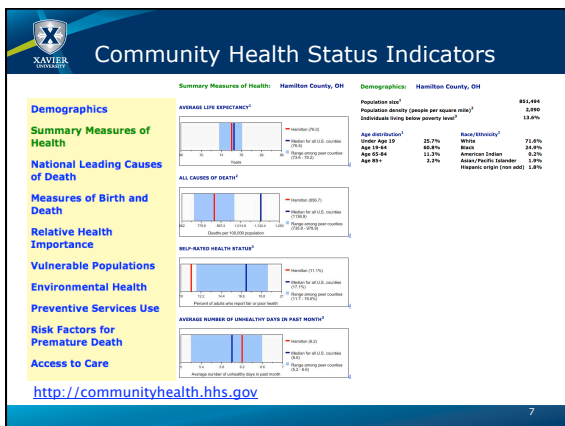
CountyHealthRanking.org

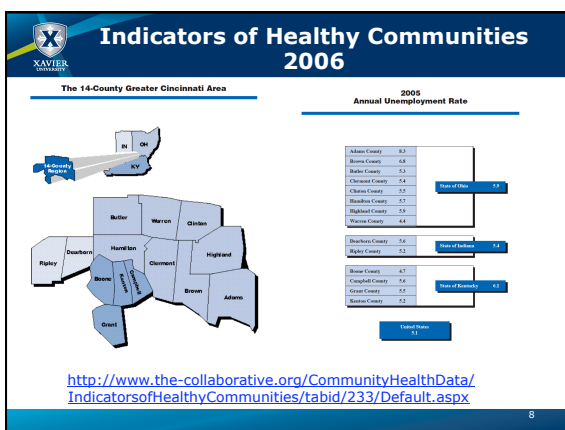
Snapshot 2010: Hamilton, OH <http://www.countyhealthrankings.org/>

Health Outcome	Hamilton County	Error Margin*	Target Value**	Other	Rank (of 80)
Mortality					
Mortality					
Heartcare death	6,430	6,204-6,655	6,488	7,090	69
Morbidity					
Morbidity					
Year or Fair health	11%	10-13%	10%	14%	
Year physical health days	3.1	2.8-3.3	2.9	3.1	
Year mental health days	4.2	3.9-4.4	4.0	3.7	
Low birthweight	9.2%	9.1-9.7%	6.4%	6.4%	
Social & Economic Factors					
Social & Economic Factors					
Health Factors					
Health Behaviors					12
Adult smoking	22%	20-24%	18%	24%	
Adult obesity	27%	24-29%	28%	28%	
Alcohol drinking	18%	16-21%	19%	16%	
Motor vehicle crash death rate	9	8-10	11	13	
Chlamydia rate	900		75	413	
Teen birth rate	48	40-49	33	41	
Child Care					3
Uninsured adults	12%	11-14%	11%	12%	
Primary care provider rate	178		143	118	
Hospitalizations hospital days	72	71-74	72	86	
Diabetic screening	87%	82-94%	80%	81%	
Hypertion cont	51%	49-53%	43%	36%	
Social & Economic Factors					
High school graduation					70%
College degree					31%
Unemployment					6%
Children in poverty					19%
Income inequality					48
Single parent foster support					28%
Single parent households					11%
Homeless rate					9
Physical Environment					
Physical Environment					
Air pollution particulate matter days					17
Air pollution ozone days					2
Access to healthy food					53%
Water above therapy					8.8


*95% confidence interval, only 10% was better
 Note: Blank values reflect unreliable or missing data

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- Focus Areas for Cincinnati Report**
- Demographics (Age, sex, race, poverty, etc.)
 - Environmental Factors (e.g. air quality)
 - Maternal, Child, and Infant Health (e.g. infant mortality)
 - Healthy Behaviors (% getting pap smears, mammograms, etc.)
 - Behavioral and Mental Health (smoking, drinking, depression)
 - Infectious Diseases (TB, Syphilis, Chlamydia, HIV)
 - Health Services Utilization (% uninsured, % happy with care, etc.)
 - Mortality (stroke, heart attack, cancer, all cause)
 - Injury Deaths (Suicide, Homicide, MVC)



Objectives

- Determine who was using the local community health assessment (CHA)
- Determine desired future report indicators
- Determine the purposes for which the data was being used


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Methods

- Online survey that was emailed to all previous recipients of the CHA and placed on websites.
- Respondents were given a list of 82 health indicators and asked to identify those that they would like in a future report.

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Methods

- Respondents were asked if they had used the report previously, and if so, for what purpose did they use the information
- Demographic information was obtained from respondents
- Descriptive statistics were used

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Results

- 182 surveys collected over 2 months
- 117 of 159 (73.6%), had used the previous CHAs.
- The job title of the respondent
 - chief executive officer (31/163, 19%)
 - physicians (17/163, 10.4%)
 - program directors (16/163, 9.8%)
 - non-profit directors (16/163, 9.8%)

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Organizations Utilizing Report

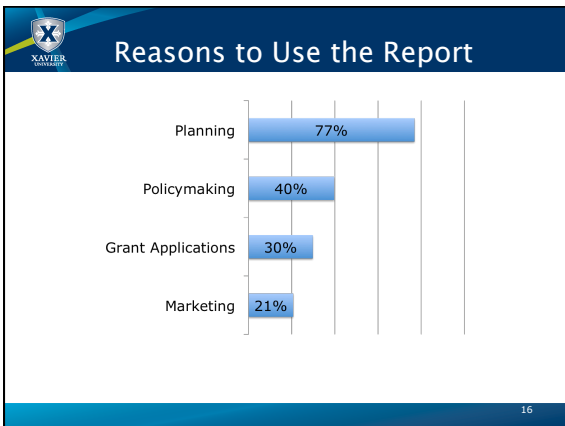
Organization Type	Percentage
Hospitals	33%
Other	22%
Non-profit Organizations	19%
Physician Group Practices	12%
Public Health	8%
Managed Care	6%

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Indicators Requested

- They wanted most of them
 - All requested by more than 50%
 - Many requested by more than 70%
- Most requested:
 - Age (168/182; 92%)
 - % with obesity (156/182; 86%)
 - % with cholesterol checked (151/182; 83%)
 - % satisfied with availability of care (149/182; 82%)

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CONCLUSIONS

- Community Health Assessments are useful to a wide variety of healthcare organizations and individuals.
- The most common use is for planning purposes.