Role of Quantitative Data in Selecting Regional Health Priorities in a Federally-Required CHNA

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Presenter Disclosure

Melanie Payne
Sunny Lee

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

No relationships to disclose
Learning Objectives

• Describe the influence of data in the selection of community priorities and strategies across a multi-sector community health needs assessment partnership

• Explain the value of quantitative health assessment data in a hospital-driven community priority-setting process
Healthy Columbia Willamette

Coordinated Care Organizations
OAR 410-141-3145 (CHNA every 3 yrs)

Local Public Health Departments
Public Health Accreditation Board (CHA & CHIP every 5 yrs)

Not-for-Profit Hospitals
Affordable Care Act, Section 501(r)(3) (CHNA every 3 yrs)
Modified MAPP Model

- Community themes & strengths assessment
- Health status assessment
- Local community health system assessment
- Forces of change assessment

Prioritized community health needs

Hospital, Public Health & Community capacity to address community health needs

Leadership group selects community health needs to be addressed

Strategies

Improved health of community

Listening Sessions

Solicit input from content experts about best practices
Modified MAPP Model

Community themes & strengths assessment

Health status assessment (quantitative)

Local community health system assessment

Forces of change assessment

Prioritized community health needs

Hospital, Public Health & Community capacity to address community health needs

Leadership group selects community health needs to be addressed

Strategies

Improved health of community

Listening Sessions

Solicit input from content experts about best practices
Methodology

- Health outcome and health behavior indicators
- Six analysis criteria

<table>
<thead>
<tr>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>racial/ethnic disparities</td>
</tr>
<tr>
<td>gender disparities</td>
</tr>
<tr>
<td>comparison to state value</td>
</tr>
<tr>
<td>trend</td>
</tr>
<tr>
<td>magnitude</td>
</tr>
<tr>
<td>severity</td>
</tr>
</tbody>
</table>

- Ranked indicators by score for each county
- Averaged indicator scores and ranked for region
- Grouped indicators into health issues
HEALTH BEHAVIOR INDICATORS

- Mothers receiving early prenatal care
- Adults with health insurance
- Adults with a usual source of health care
- Adults who binge drink: males
- Adults who smoke
- Adult fruit & vegetable consumption
- Adults doing regular physical activity

HEALTH OUTCOME INDICATORS

- Chlamydia incidence rate
- Drug-related deaths
- Suicide
- Unintentional injury deaths
- Non-transport accident deaths
- Breast cancer deaths
- Heart disease deaths
- Diabetes-related deaths

HEALTH ISSUES

- Access to affordable health care
- Sexual health
- Mental health (including substance abuse)
- Injury
- Cancer
- Chronic disease: nutrition- & physical activity-related

Solid Line: strong relationship based on scientific studies
Dotted Line: weaker links with less supporting evidence
Health issue must be identified in **ALL** of the following:

- 2 of 3 community engagement activities
- Health Status Assessment*
- 1 of top 5 most expensive in the metropolitan statistical areas in western U.S.*
- Evidence-based practices available

Note: *Considered also if data were not currently available
## Regional Health Issues Selection

<table>
<thead>
<tr>
<th></th>
<th>MAPP</th>
<th>Regional Cost Driver</th>
<th>Evidence-Based Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CTSA</td>
<td>HSA</td>
<td>LCHS &amp; FoC</td>
</tr>
<tr>
<td>Identified by community members or population data?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Access to Affordable Health Care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Chronic Disease: Nutrition, Physical Activity</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Culturally Competent Data/Services</td>
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<td>ND</td>
<td>Yes</td>
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<tr>
<td>Injury</td>
<td>No</td>
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</tr>
<tr>
<td>Mental Health</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Oral Health</td>
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<td>ND</td>
<td>No</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>No</td>
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</tr>
<tr>
<td>Substance Abuse</td>
<td>Yes</td>
<td>Yes</td>
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</table>

ND: No Data
P: Policy
H: Healthcare
C: Community
# Regional Focus Areas

<table>
<thead>
<tr>
<th>Identified by community members or population data?</th>
<th>Cost?</th>
<th>Influence?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Access to Affordable Health Care</strong></td>
<td></td>
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<tr>
<td>Yes</td>
<td>Yes</td>
<td>P/H/C</td>
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<td>Yes</td>
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<td>P/H/C</td>
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</tr>
</tbody>
</table>

**ND**: No Data  
**P**: Policy  
**H**: Healthcare  
**C**: Community
Our Vision
Reduce frequency and severity of substance abuse

Our 2014-17 Goal
Reduce the number of opiate overdose deaths

Key Indicator(s):
• Adults who binge drink: male
• Drug-related deaths

Our Proposed Strategies
Promote adoption of uniform opiate prescribing guidelines
Mental Health

Our Vision
Reduce suffering and deaths from mental illness

Our 2014-17 Goal
Identify and reduce risk factors for local suicides

Key Indicator(s):
• Suicide Rate

Our Proposed Strategies
Work in progress
Our Vision
All people will have access to affordable health care

Our 2014-17 Goal
Support widespread enrollment in insurance expansion programs

Key Indicator(s):
• Mothers receiving early prenatal care
• Adults with health insurance
• Adults with a usual source of health care

Our Proposed Strategies
Identify populations that are lagging in enrollment and support focused outreach
Our Vision
work in progress

Our 2014-17 Goal
work in progress

Key Indicator(s):
• Adult fruit & vegetable consumption
• Adults doing regular physical activity

Our Proposed Strategies
work in progress

Chronic Disease: Nutrition and Physical Activity

Breastfeeding? Tobacco?

Our Vision
work in progress
Chronic Disease: Nutrition and Physical Activity

Quantitative Data Considerations
- Standardized data
- BF indicators not analyzed
- Drop prioritized indicators
- Members reference data indicators for evaluation

Other Considerations...
- Content experts proposed
- Within scope of focus area
- Evidence-based
- Support amongst members

Breastfeeding?

➢ Change inclusion criteria
Conclusions

• Efforts to close data gaps within region
  ▫ Partnerships
  ▫ Funding

• Quantitative assessment is grounding work
  ▫ Development of criteria
  ▫ Decision-making
  ▫ Evaluation: measurement of indicators

• No right or wrong decisions
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Healthy Columbia Willamette
Assessing Community Needs, Improving Health

www.healthycolumbiawillamette.org