



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

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Presenter Disclosure

Melanie Payne

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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

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 Region



Healthy Columbia Willamette

Coordinated Care Organizations



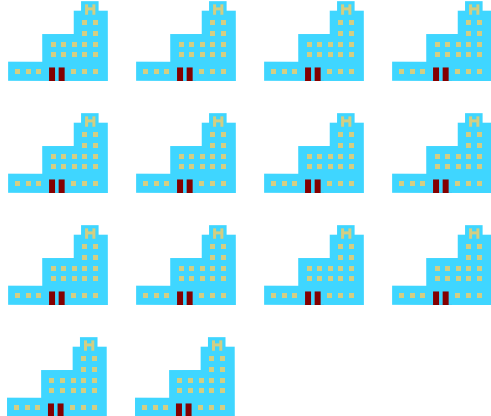
OAR 410-141-3145
(CHNA every 3 yrs)

Local Public Health Departments



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

Not-for-Profit Hospitals

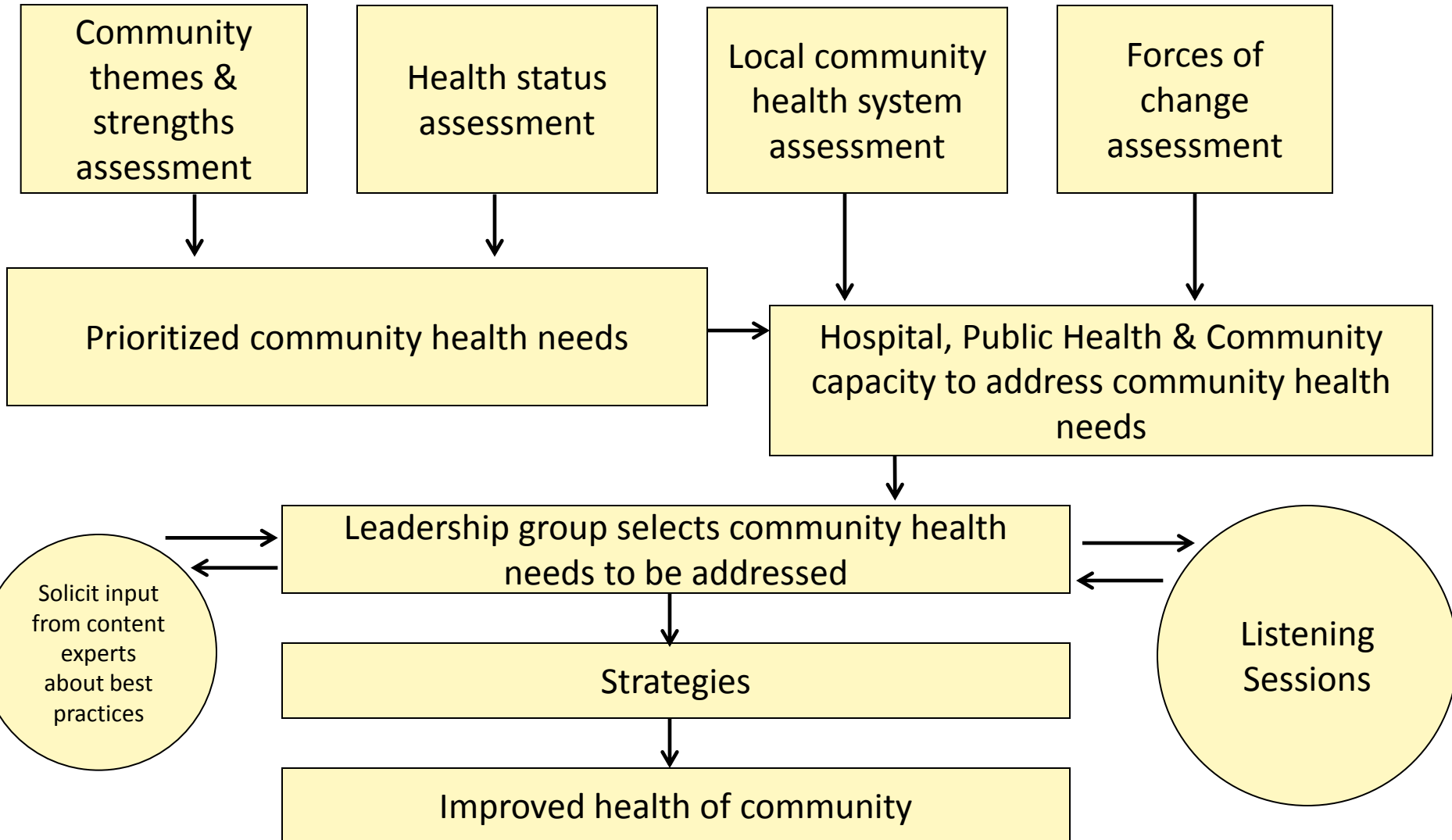


Affordable Care Act,
Section 501(r)(3)
(CHNA every 3 yrs)



Healthy Columbia Willamette
Assessing Community Needs, Improving Health

Modified MAPP Model



Modified MAPP Model



Methodology

- Health outcome and health behavior indicators
- Six analysis criteria

racial/ethnic disparities
gender disparities
comparison to state value

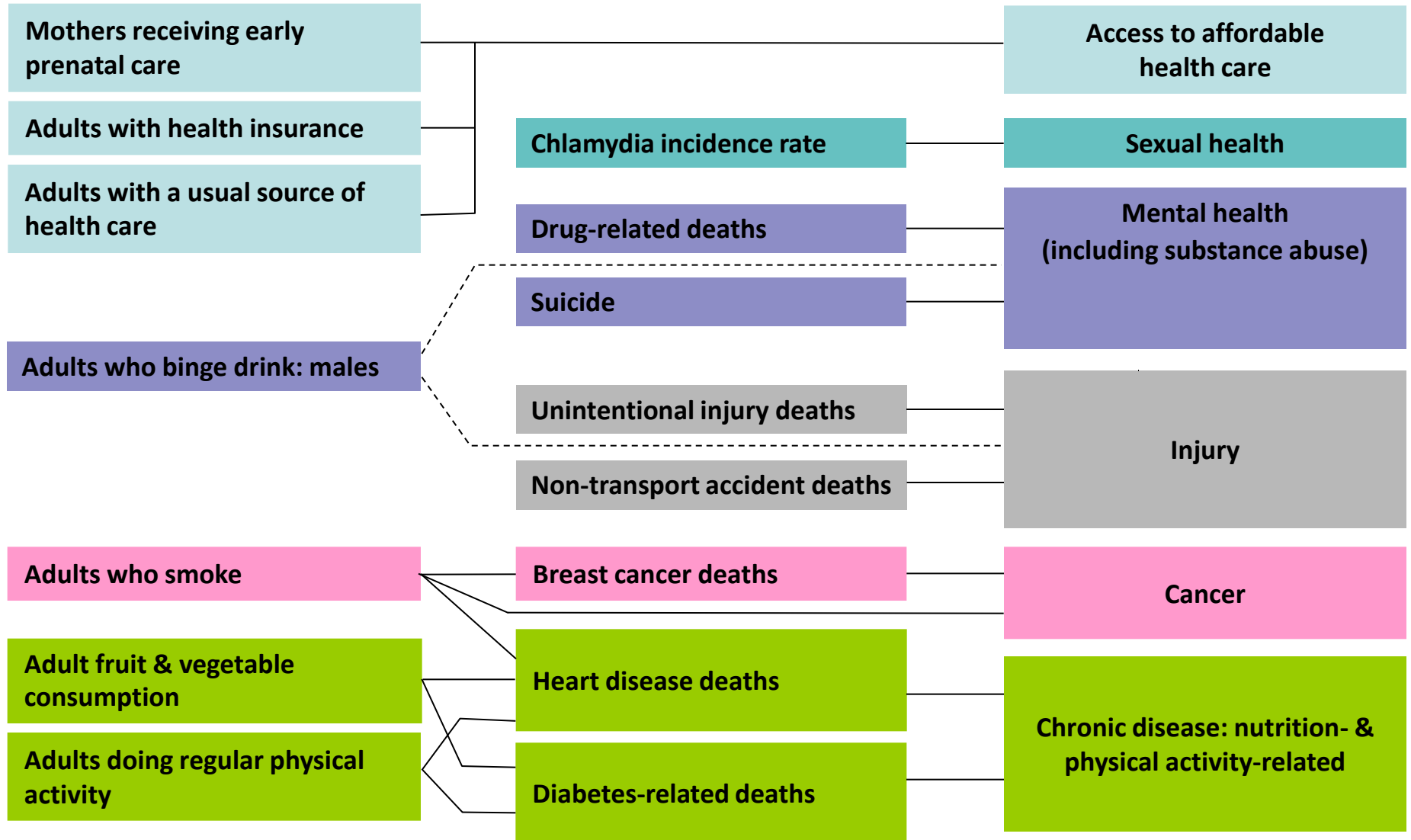
trend
magnitude
severity

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

HEALTH BEHAVIOR INDICATORS

HEALTH OUTCOME INDICATORS

HEALTH ISSUES



Solid Line: strong relationship based on scientific studies

Dotted Line: weaker links with less supporting evidence

Selection Criteria

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

	MAPP				Regional Cost Driver	Evidence-Based Practice
	CTSA	HSA	LCHS & FoC	Listening Sessions		
Identified by community members or population data?					Cost?	influence?
Access to Affordable Health Care	Yes	Yes	Yes	Yes	ND	P/H/C
Cancer	Yes	Yes	No	No	Yes	P/H
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes	Yes	P/H/C
Culturally Competent Data/Services	No	ND	Yes	No	ND	Research Gap
Injury	No	Yes	No	No	Yes	C
Mental Health	Yes	Yes	Yes	Yes	Yes	H/C
Oral Health	No	ND	No	Yes	ND	C
Sexual Health	No	Yes	No	No	No	H
Substance Abuse	Yes	Yes	Yes	Yes	Yes	P/H/C

ND: No Data
P: Policy

H: Healthcare
C: Community

Regional Focus Areas

	MAPP				Regional Cost Driver	Evidence-Based Practice
	CTSA	HSA	LCHS & FoC	Listening Sessions		
Identified by community members or population data?					Cost?	influence?
Access to Affordable Health Care	Yes	Yes	Yes	Yes	ND	P/H/C
Chronic Disease: Nutrition, Physical Activity	Yes	Yes	Yes	Yes	Yes	P/H/C
Mental Health	Yes	Yes	Yes	Yes	Yes	H/C
Substance Abuse	Yes	Yes	Yes	Yes	Yes	P/H/C

ND: No Data
P: Policy

H: Healthcare
C: Community

Substance Abuse

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

Access to Care

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

Chronic Disease: Nutrition and Physical Activity

Our Vision
work in progress

Breastfeeding?
Tobacco?

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?

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

➤ 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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www.healthycolumbiawillamette.org

