

Determination of Need Community Health Initiative Assessment Project

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Goals for today's discussion

We will present:

- Summary of evaluation of DoN/CHI Program
- Results from Survey*, contextualized with information from key informant interviews

We will discuss:

- Findings and Plans to move forward

Recap of what's been done

- Key Informant Interviews (stakeholders in MA plus best practice informants)
- Document review
- Literature review
- Review of CHI database (historical trends)
- CHI Stakeholder Survey

Guiding Principles

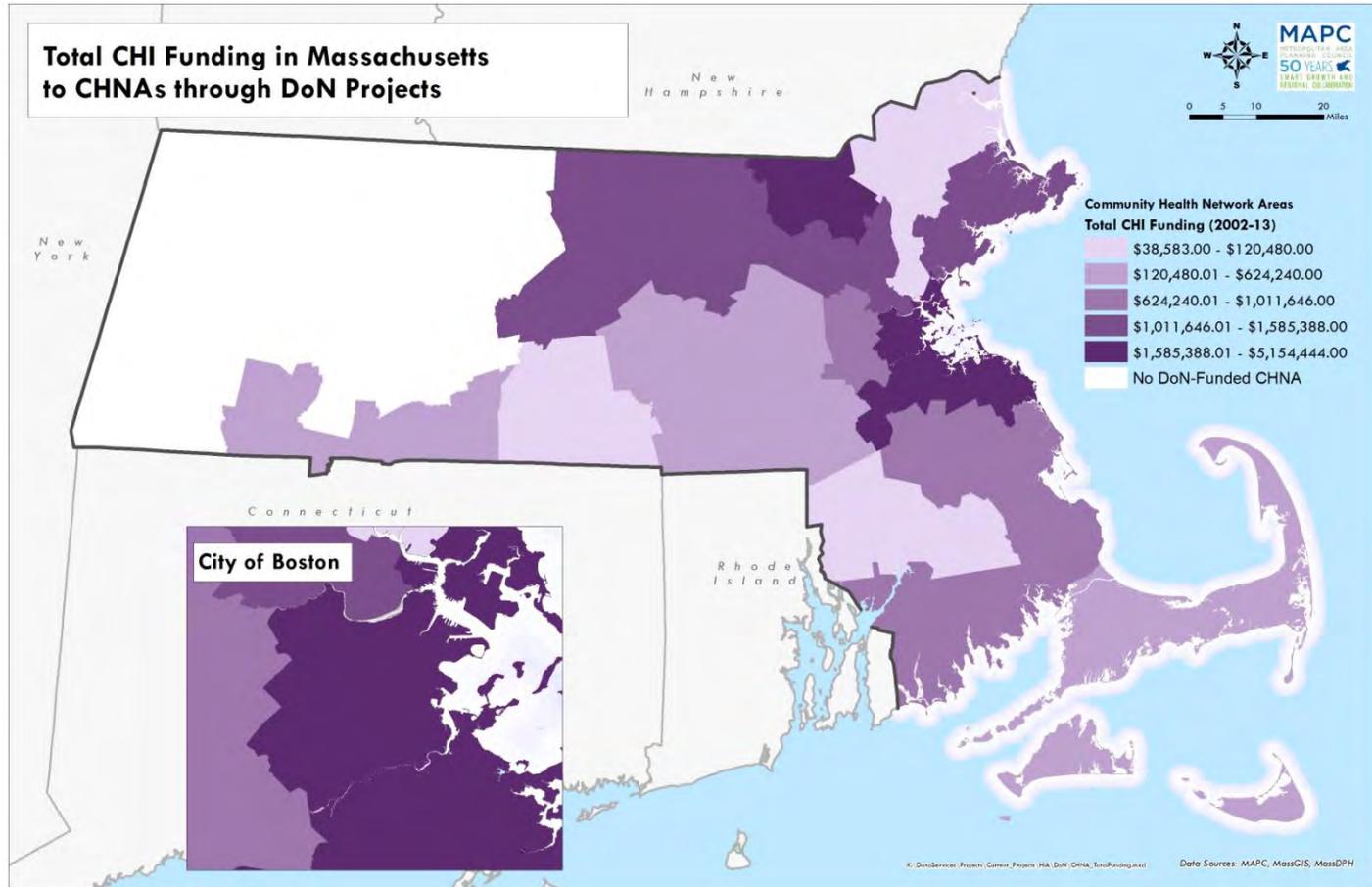
- DPH is focused on the development of guidance and standards that aim to have measurable improvements in the public's health.
- Throughout this presentation findings from the assessment will be underlined where opportunity exists for the establishment of criteria to assist us in reaching this aim.

Methods Overview: Database and Survey

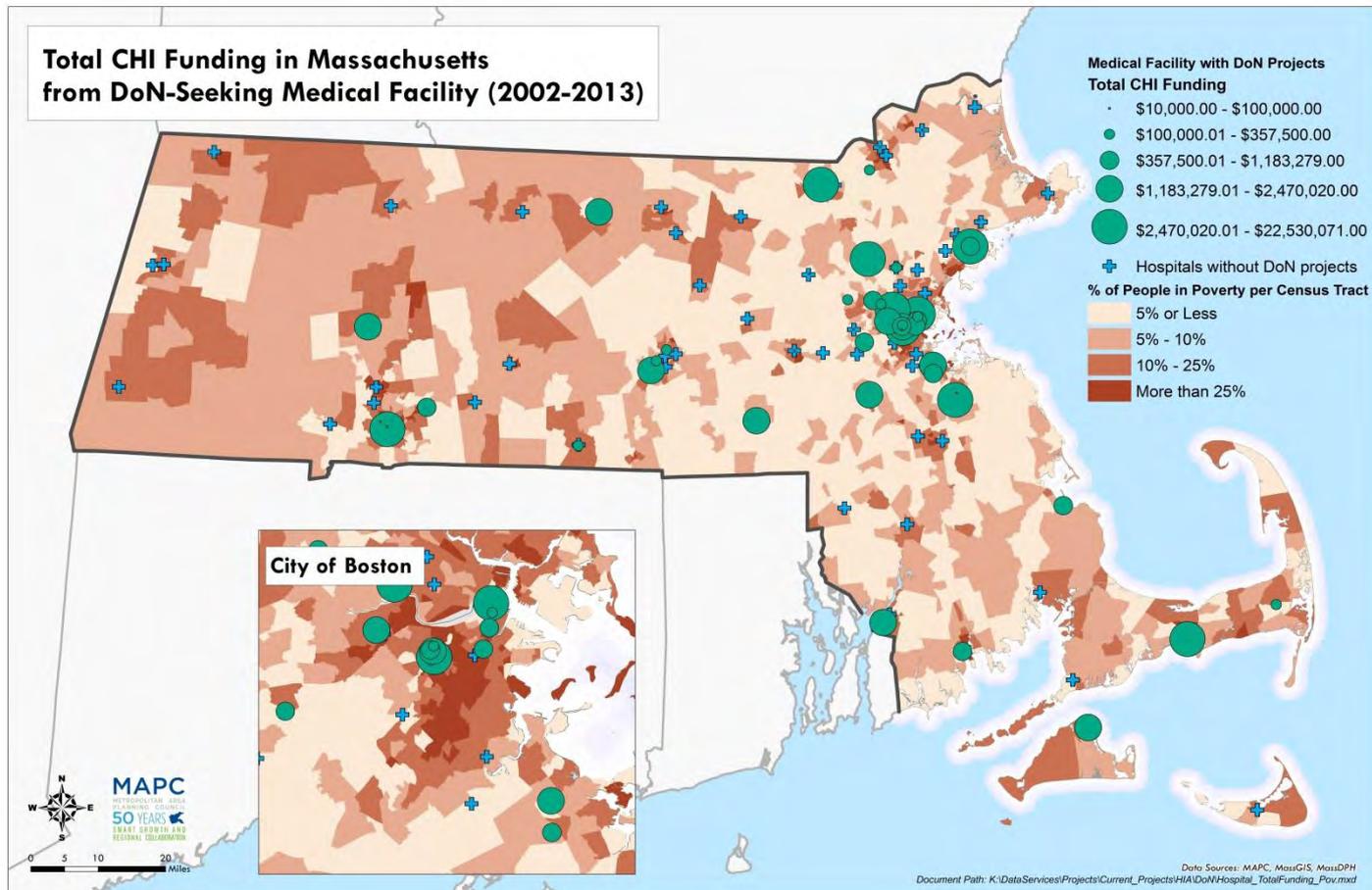
- CHI Database used to obtain information for historical trend analyses and for setting parameters for the CHI Stakeholder Survey
 - Historical Trend Analysis
 - CHI's from 2002-2013
 - CHI Stakeholder Survey
 - CHI's for the survey includes all PROJECTS which are ACTIVE or COMPLETE within the specified time frame we selected: July 2008- December 2013. INACTIVE PROJECTS are excluded.
 - Note: PROJECTS with CHIs have been approved since December 2013 but are not part of this study.
 - Total of 42 projects (pool of eligible respondents: 42 total hospital stakeholders, 63 total community stakeholders)

CHIs and CHNAs (2002-2013)

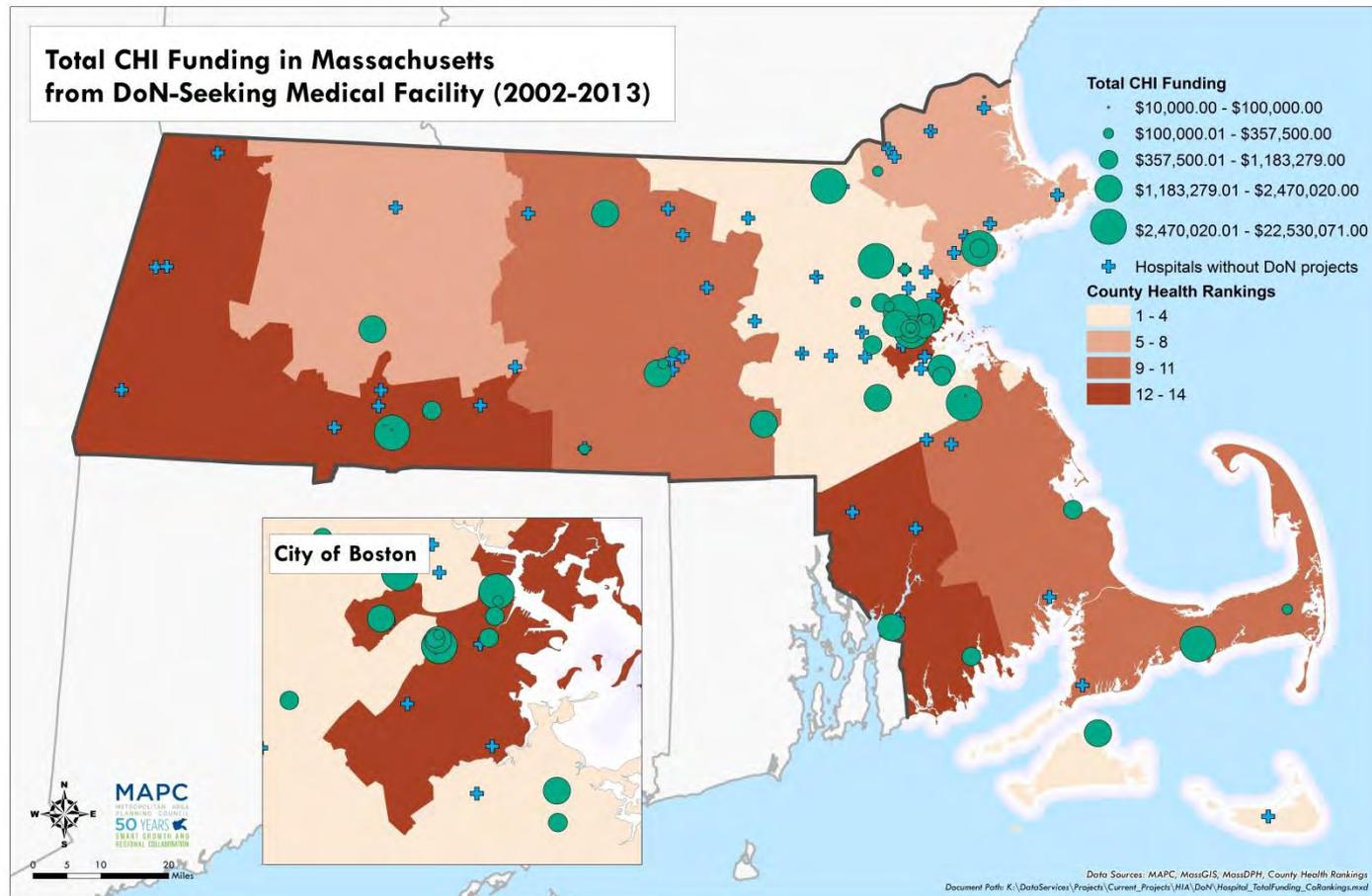
Total CHI Funding in Massachusetts to CHNAs through DoN Projects



Total CHI Funding in Massachusetts from DoN Seeking Medical Facilities with Percent in Poverty per 2010 Census Tract



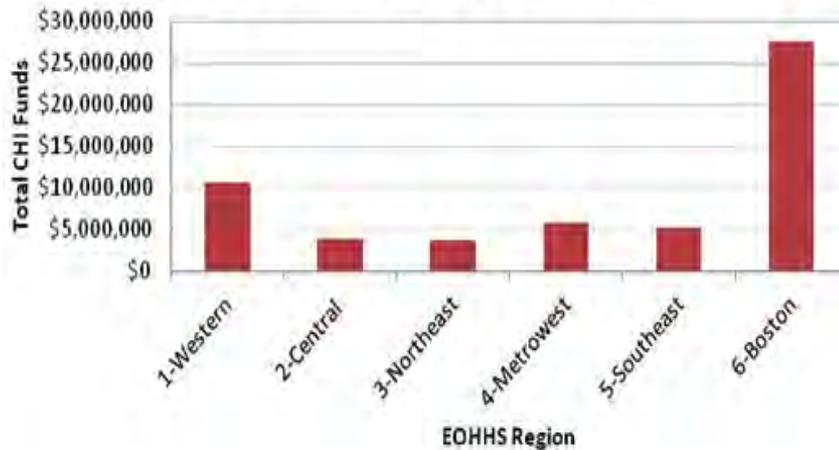
Total CHI Funding in Massachusetts from DoN Seeking Medical Facilities with 2013 County Health Rank*



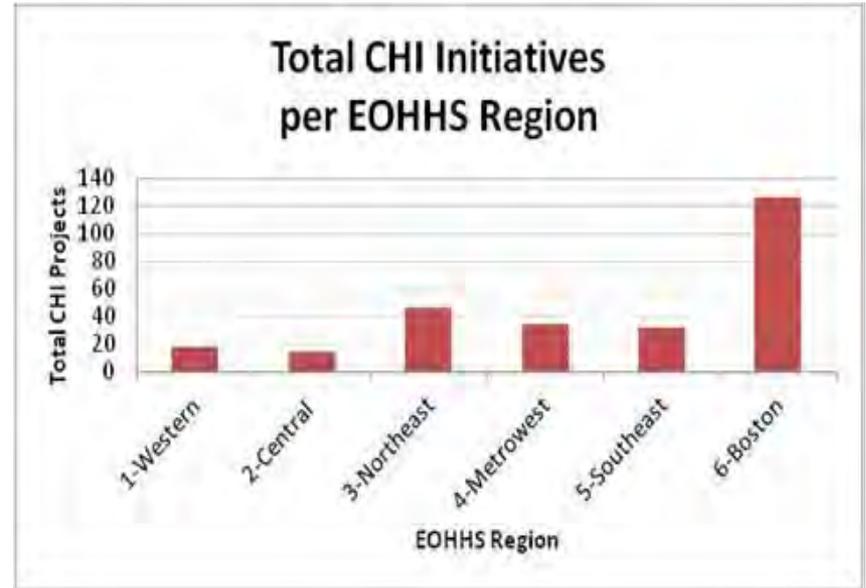
*County Health Rankings & Roadmaps (<http://www.countyhealthrankings.org/>)

Total CHI Initiatives and Funding per EOHHS Region

Total CHI Funds per EOHHS Region

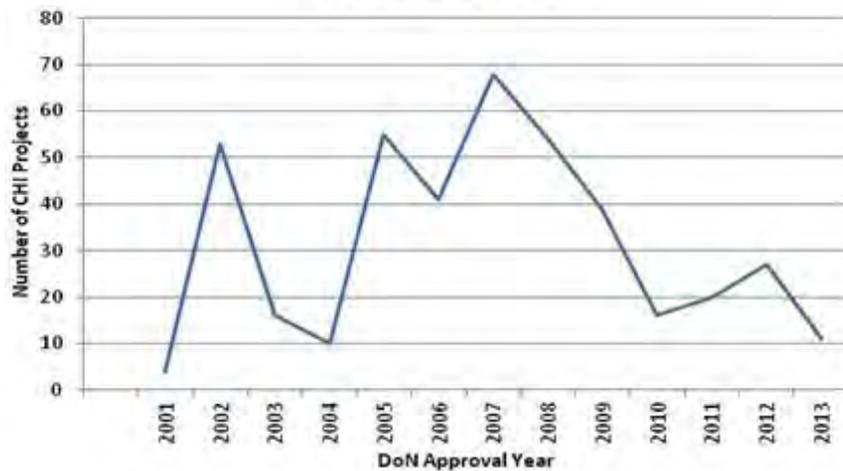


Total CHI Initiatives per EOHHS Region

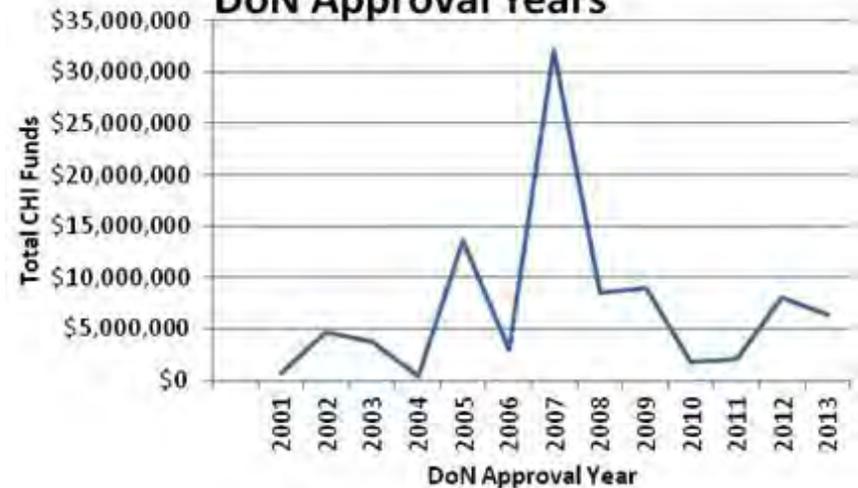


Total CHI Initiatives and Funding according to DoN Approval Years over time

Total CHI Projects according to DoN Approval Years

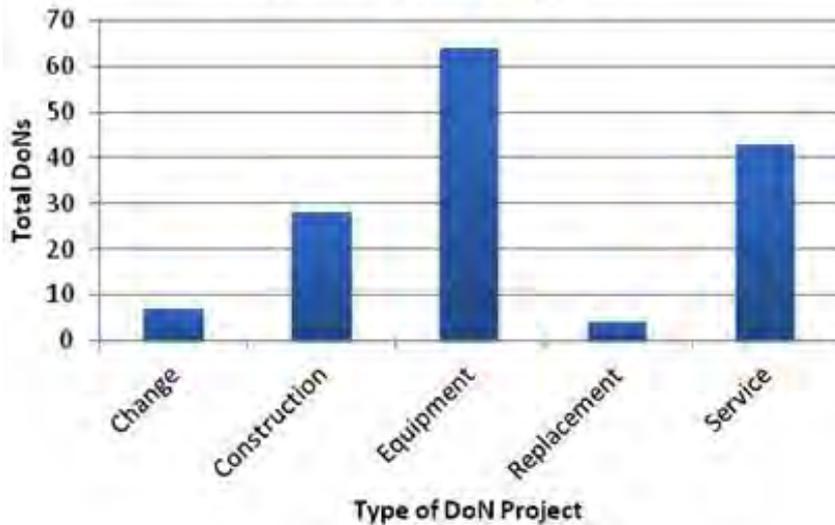


Total CHI Funds according to their DoN Approval Years

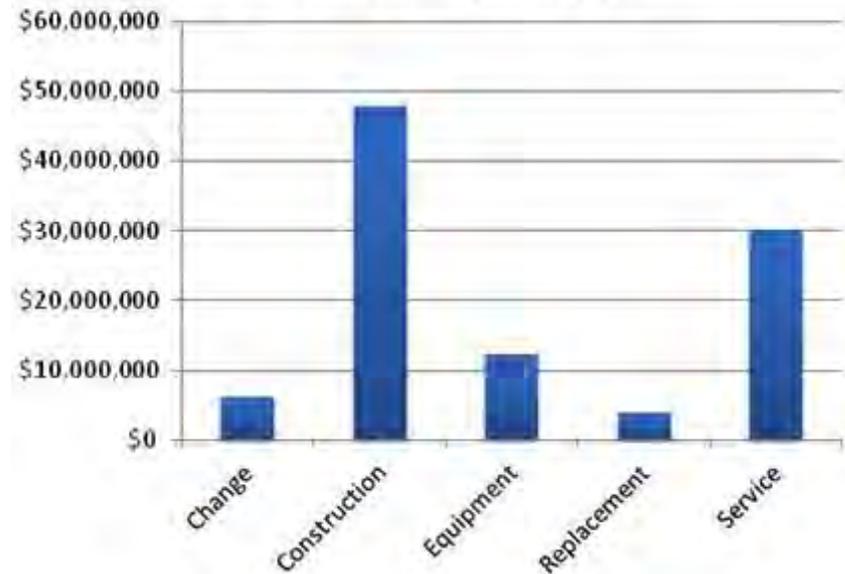


Total CHI Initiatives and Funding per Type of DoN Project

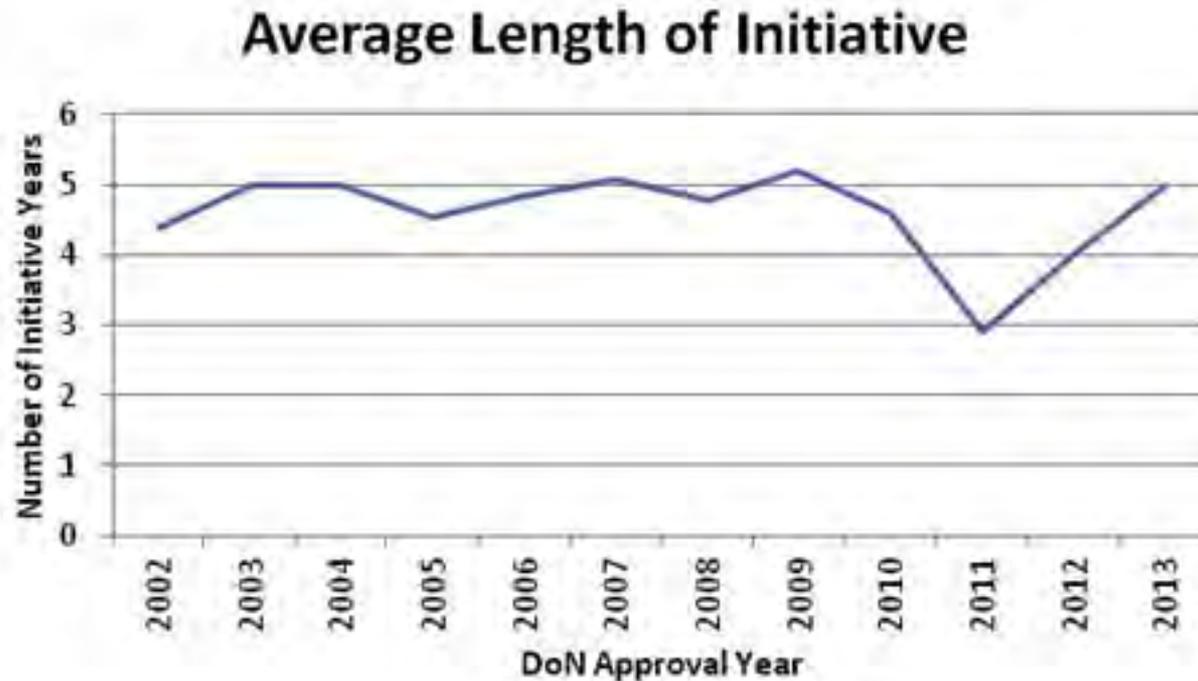
Total CHI Projects Allocated for Different DoN Types



Sum of CHI Funding Totals For DoN Project Type



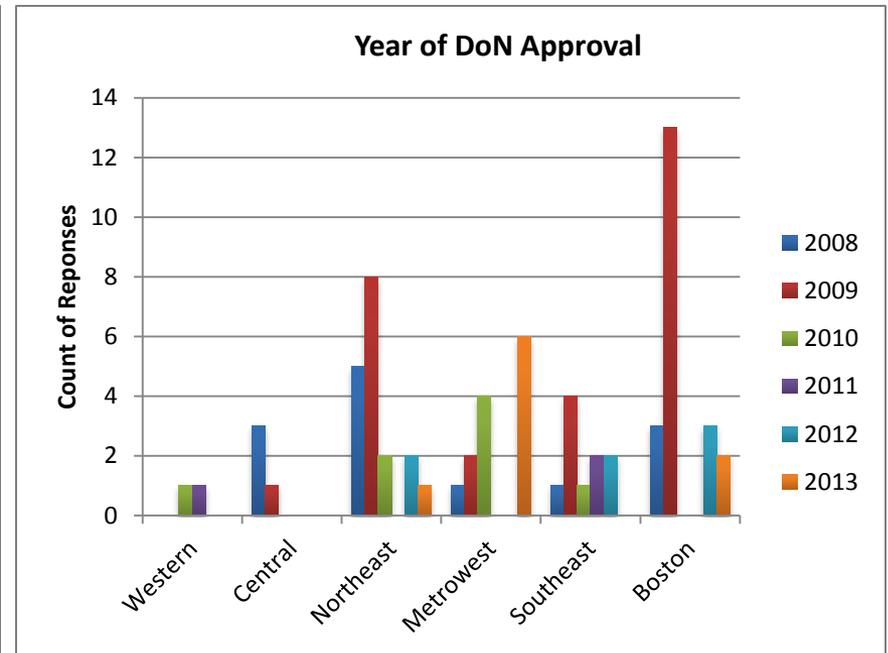
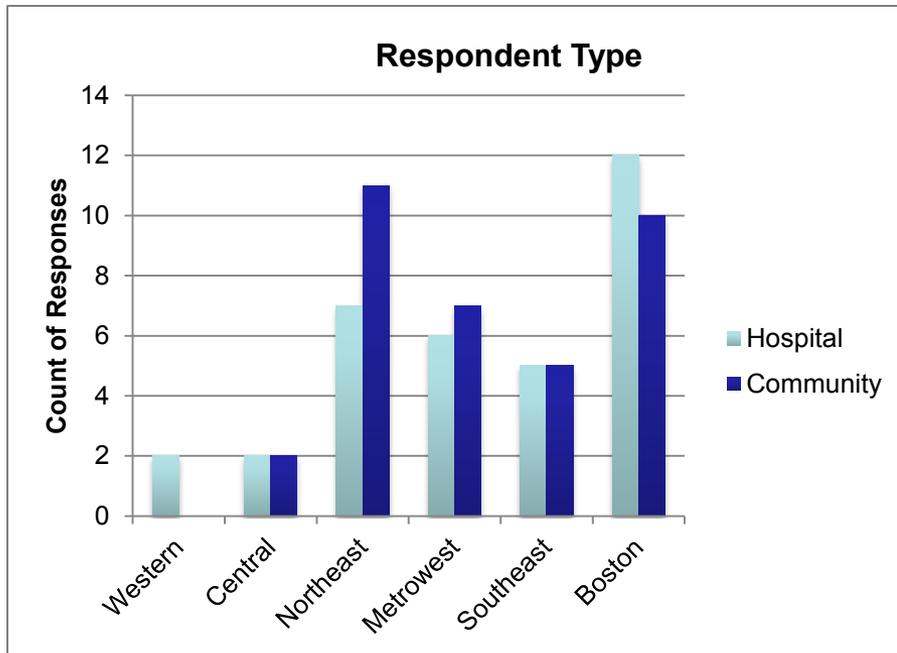
Average Length of CHI Initiative according to DoN Approval Years over time



Survey Results: Respondents

- Collected data on 42 DoN projects(pool of eligible respondents: 42 total hospital stakeholders, 63 total community stakeholders)
- 82 Total responses
- Response Rate:
 - 90% Hospitals (n=38)
 - 70% Community Partners (n=44)

Basic Trends



Survey Results

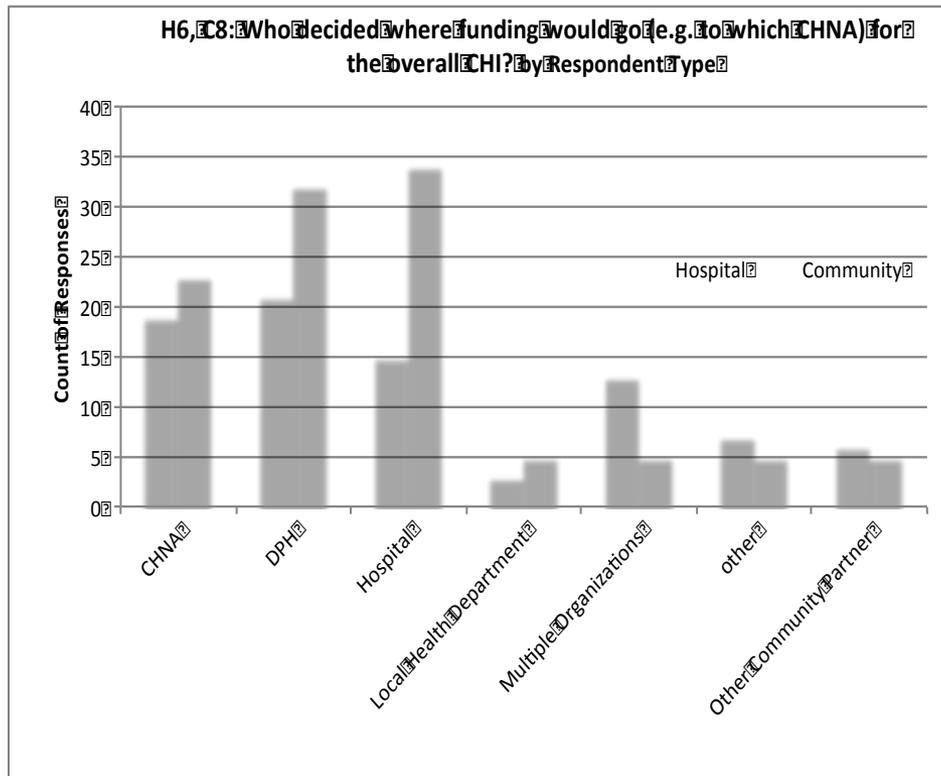
Divided into 3 Themes:

1. Decision-Making & Priority Setting
2. Measuring & Categorizing Impact
3. Aligning Community Health Initiatives

Theme 1. Decision Making & Priority Setting

- Perception of control issues are prominent
- Opportunities exist for other stakeholders to be more involved

Decision Making & Priority Setting: Who is making decisions?



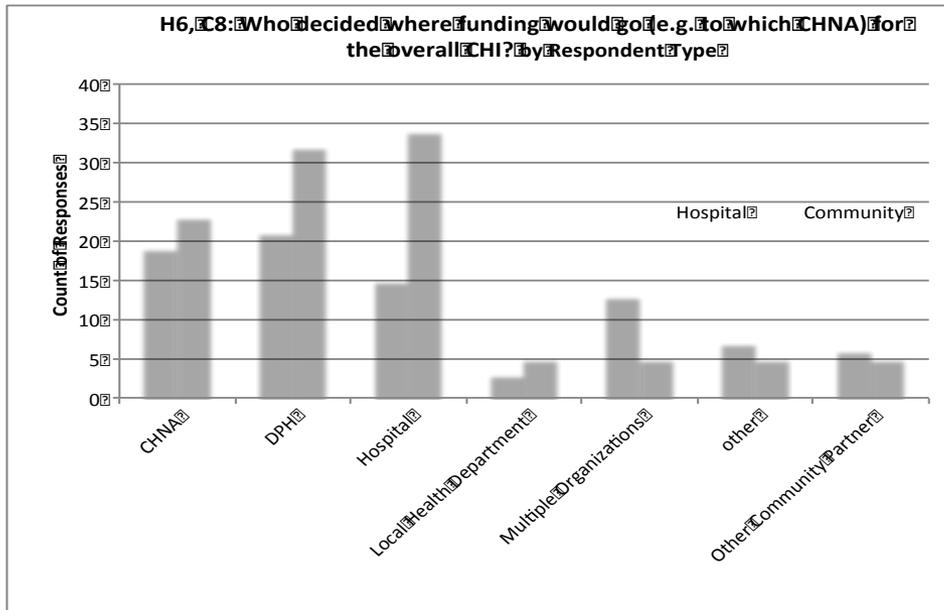
Why might this be?

- Hospitals express concern about being seen as a “blank check”, often “feel like a voice in the corner”;
- Community members expressed that while a hospital has control over AGO’s community benefits they should not have control over CHI funds; that it is appropriate for a hospital to be part of the process but CHNA should have final say.

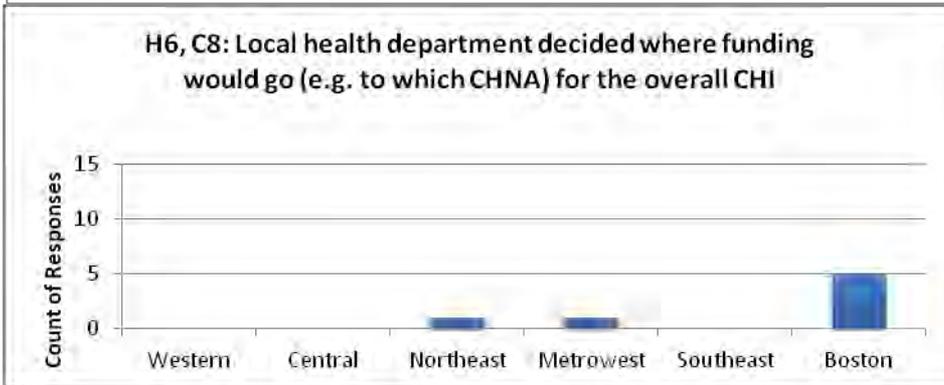
DPH's Role

- Most widely expressed suggestion among respondents:
 - MDPH should be a leader in setting process and outcome standards for investments
 - “Developing a gold standard for how to make investments”
 - Ensuring compliance with those standards.

Local Health



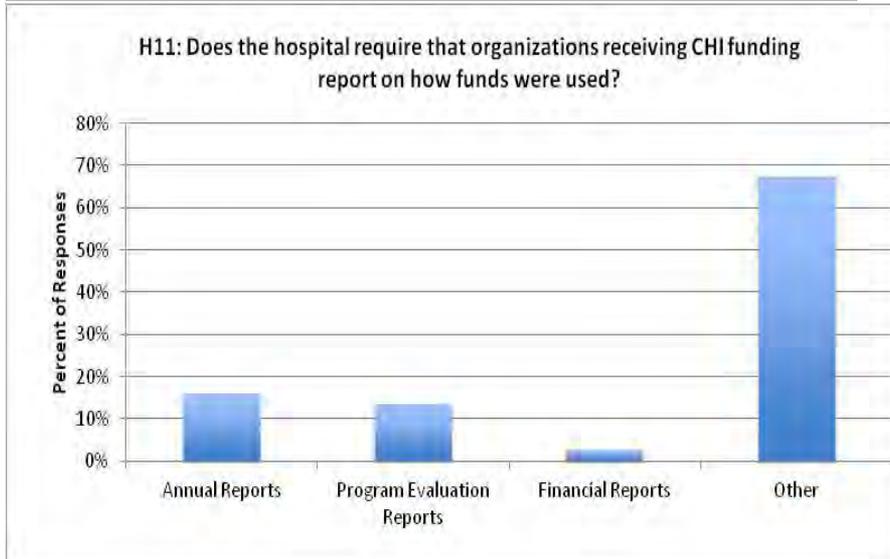
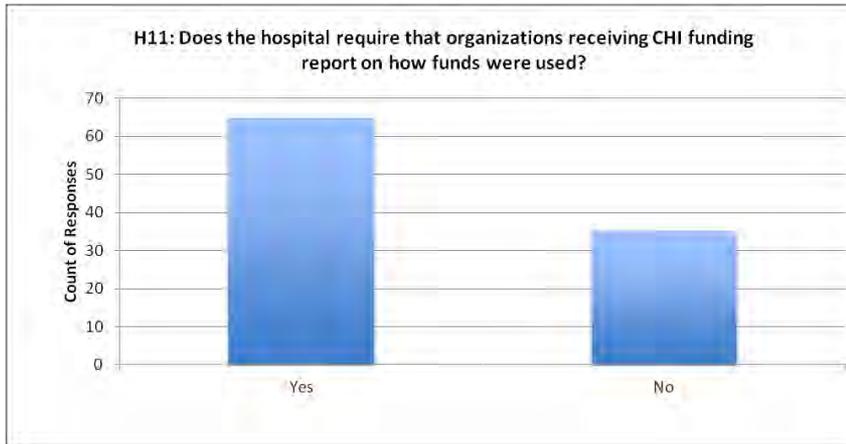
- Local Health Departments not typically part of the process
- Local Health Departments most involved in Region 6/Boston



Theme 2. Categorizing Impact

- Reporting
- Evaluation
- Measuring Impact
- Defining Success

Reporting



- Most Hospitals (about 65%) request some form of reporting
- Of those that do, most request “other” forms of reporting (standardization opportunity)

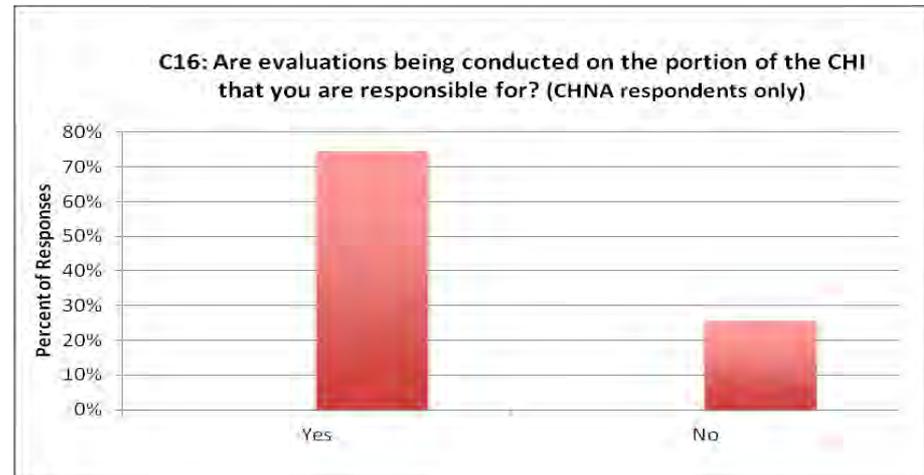
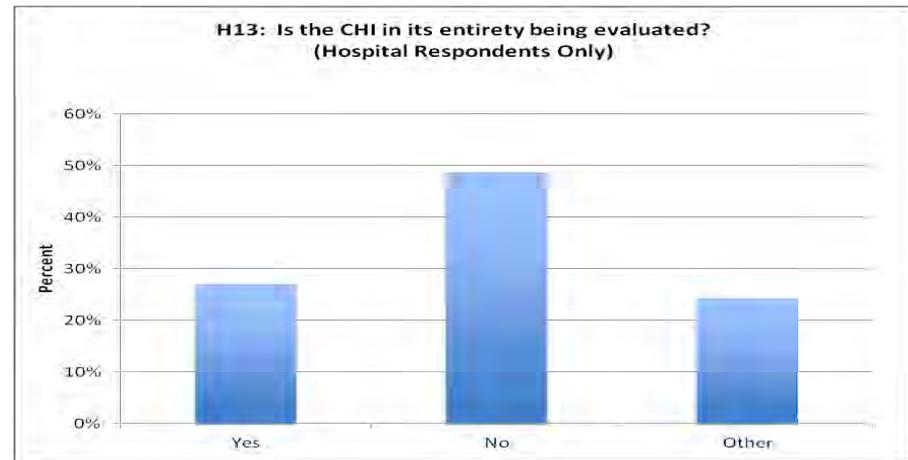
“Other” Reporting included:

- Responses ranged widely. Some examples include:
 - “participation in CHNA meetings”
 - comments that while they currently do not require reporting they intend to do so in the future.
 - One respondent noted that they “were not given the opportunity to require reporting/accountability and have been given no information from the CHNA”

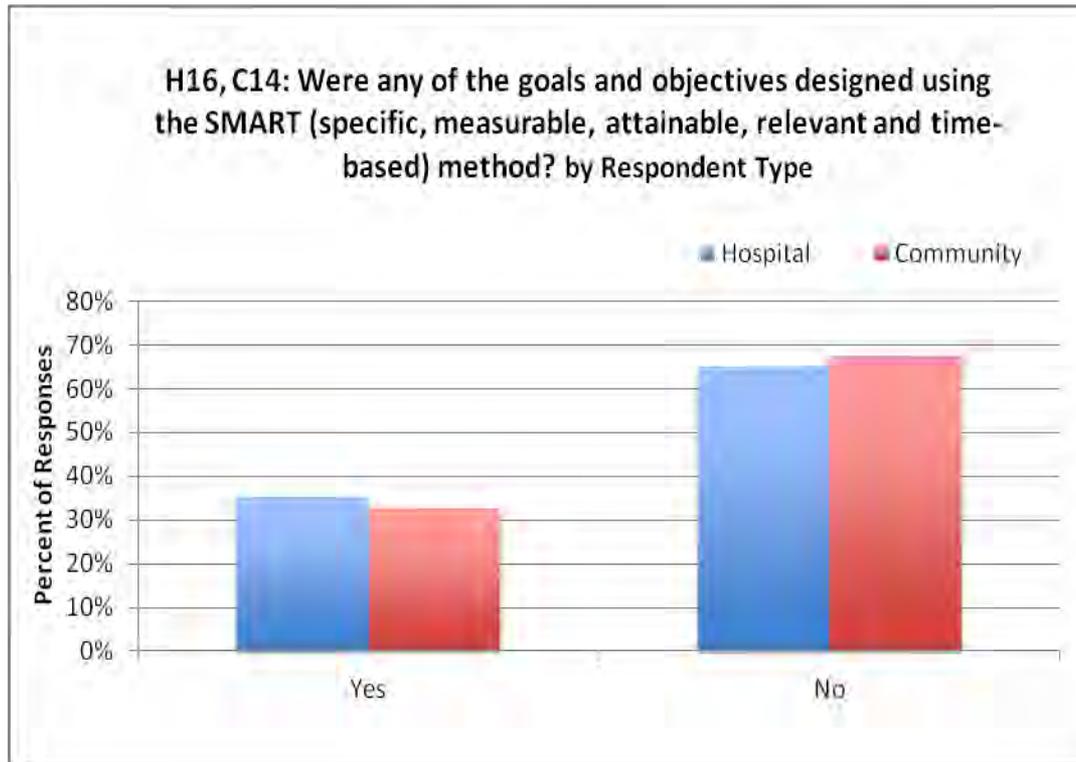
Evaluation

- In roughly half of the cases of **Hospital** respondents, the CHI as an entire investment is not being evaluated

- **CHNAs** however were *very likely* to report that evaluations were being conducted on the portion of the CHI funds that they were responsible for



Measuring Impact



- Goals & Objectives tended NOT to be developed using SMART language

Does the CHI impact health outcomes?

- Respondents of both types mostly reported that the CHI either has or will impact health outcomes; there is some correlation with when the CHI began.
- What did they mean?
 - “measured by increasing program and municipal capacity to conduct public health programming”
 - “Exercise group for seniors to fight osteoporosis. Pre and post program evaluation done with participants”

Discussion point – What could be appropriate SMART

(specific, measurable, attainable, relevant, time-based) metrics?

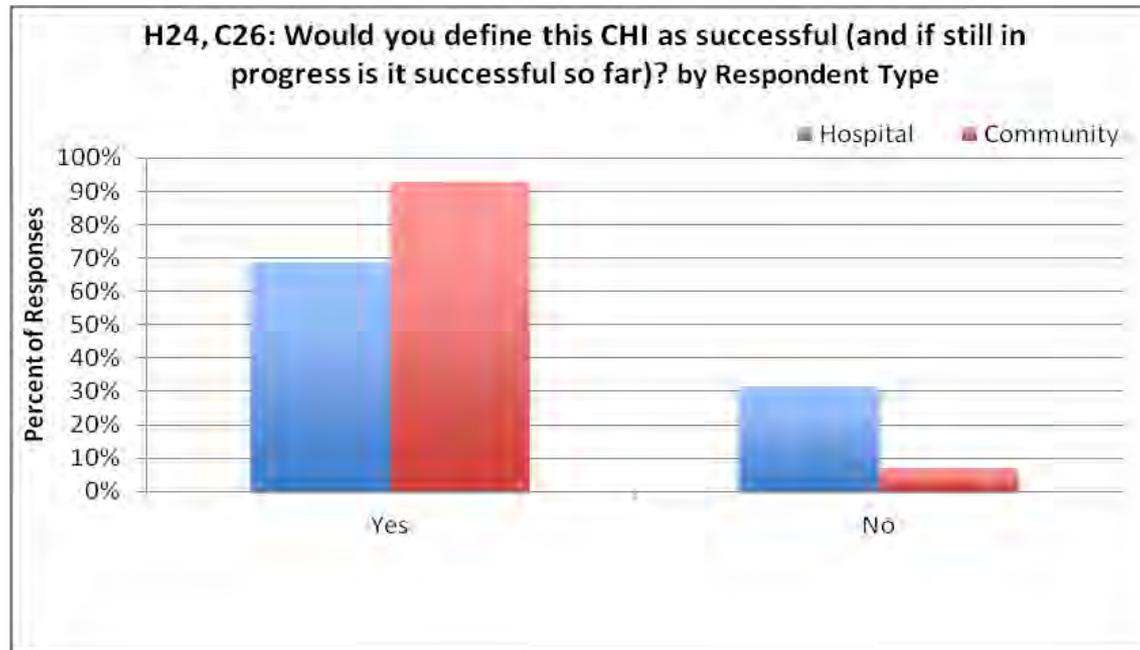
Other Impacts

- Respondents of both types tended to say that the CHI investments:
 - **Have increased the number of partnerships working on shared goals**
 - **Have or will have an impact on the SDOH**
 - **Are improving primary and preventative care for vulnerable populations and reducing health disparities**
- Key informant and document review noted that impacts are mostly measured through reach of programs and services
 - There is a “need for shared measures for both outcomes and process”

Other Impacts

- Regarding social determinants of health (SDOH): informants noted that there is a serious deficiency in funding streams that attempt to impact change at this level and these funds should be used accordingly

Defining Success



Overall community respondents were more likely than hospital respondents to define the CHI as successful. Why... ?

Defining Success

- Process and Outcome answer types
 - “Engagement of local residents and training them to be effective agents for change”
 - “new affordable housing has been built, 150 at risk students have received college scholarships and academic support, anti-racism training has been provided to 140 community leaders, two major minority health coalitions were funded at \$400,000 a year for seven years”

SMART measure development possible and needed for both process and outcomes.

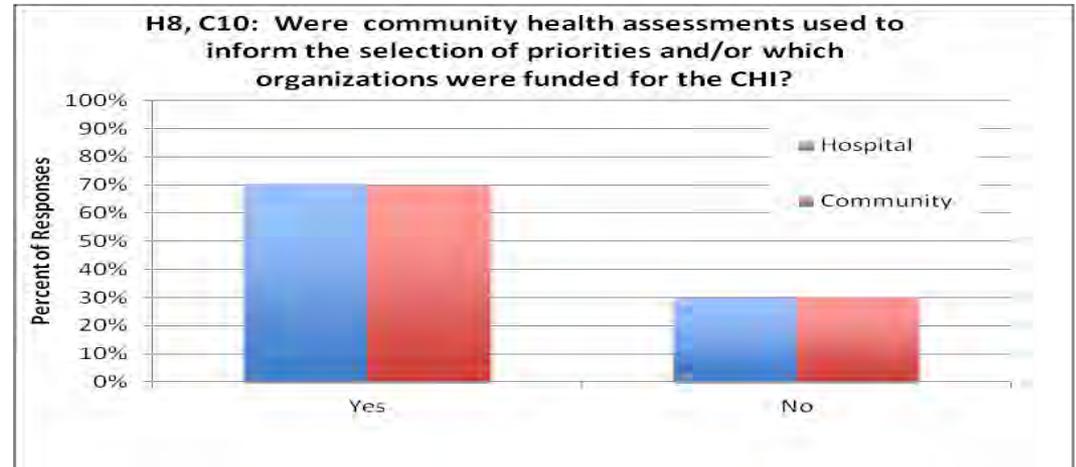
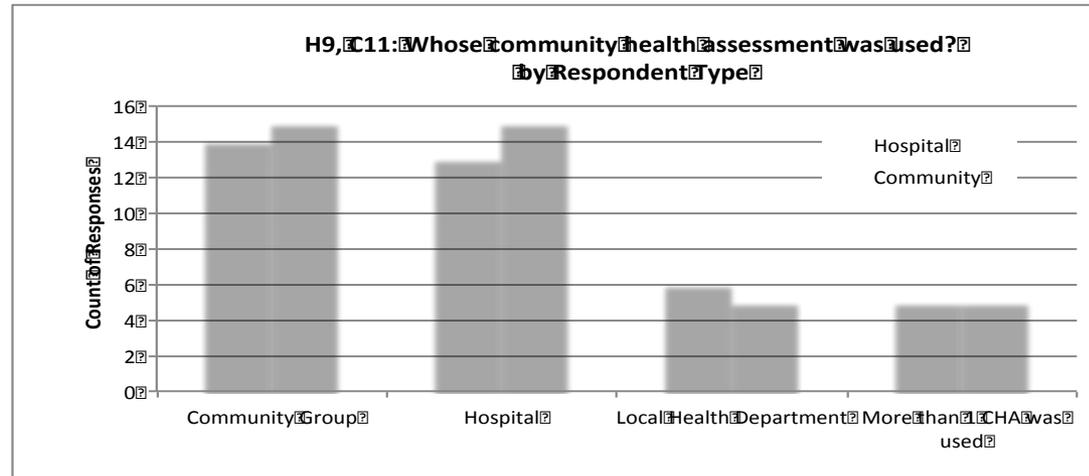
Theme 3. Aligning CHIs

- Community Health Assessments
- Community Benefits, Accreditation, Local Health
- Defining Service Areas
- Impacting the way hospitals focus on population health

Community Health Assessments

Using Community Health Assessments to inform priorities

- Community & Hospital respondents mostly used CHAs in developing priorities for CHI funds
- Community Group and Hospital's Assessments most commonly used



But CHA related issues exist

- CHAs lack shared focus, too many different groups engaged in doing them
 - E.g. hospitals, community groups, local health
- Conflicts between the priorities developed through a hospital based CHA and another CHA can create issues with CHI related investments
 - However this concern not borne out strongly with the survey data (~10% of responses noted a conflict)

Community Benefits, Accreditation & CHIs

- While not assessed in the survey many issues arose in interviews
- Key informants noted need for better alignment:
 - attorney general, local health through accreditation, state health through accreditation, DoN, CHA, etc
- Both an opportunity & risk
 - Opportunity: metrics and priority settings; unpredictability of DoN/CHI could be tempered by routine community benefit investment
 - Risk: hospitals have control over community benefits, community groups could lose say over investments if everything aligns

Community Benefits & CHIs

- Key informants also touched on how CHI investments can be useful in helping hospitals understand how to invest in community health in ways that will facilitate transitions to population health models

Local Health

- There is a lot of opportunity for local health to be more engaged in CHIs.
 - local health generally not part of the CHI process (with exceptions)
- Key Informant Interview feedback varied
 - In some contexts the board of health agents do not understand the connection to CHI related efforts (training)
 - In others the local health department has the capacity to provide infrastructure and guidance to these investments (leveraging)
 - DoN/CHI an opportunity to get local and state public health and health care delivery providers on the same page (accreditation)

Service Area Issues

- Hospital respondents said that just over half of CHI investments matched up with the hospitals service area

Representative themes across the spectrum on this issue

- “won’t get a lot of buy-in unless the investments line up with the hospitals market share”;
- critical that the CHNA gets funding, or decides how funding is used, regardless of issues of synergy with hospital service area;
- there is a need to approach issues of geography from a parity perspective: who has needs and where resources are deficient;
- “Don’t dilute funds through some sort of redistribution until health status in primary services areas improve”

Discussion...

What has CHIs meant for hospitals?

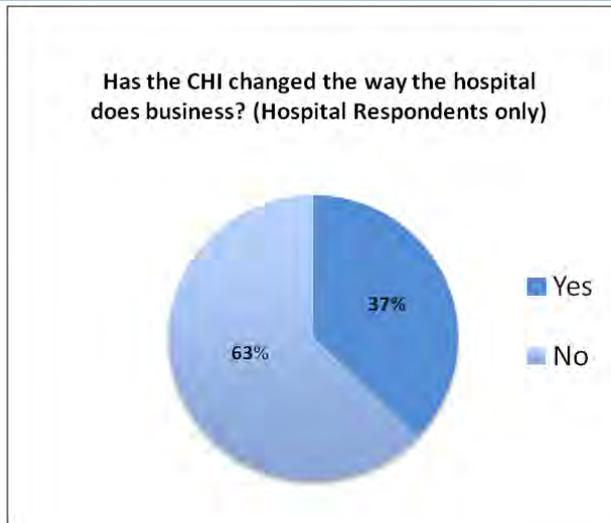
- Over 30% of hospital respondents reported that CHI investments were not being reported internally at the hospital
 - In some regions this rises to 60% or higher.

Opportunity to raise awareness among Hospital Governance body of population health needs and opportunity.

Internal Reporting

- For those that did internal reporting, the most common place for reports to be delivered include leadership groups involved in community benefits reporting, or also report to the board of trustees,
- Those that didn't require reporting mostly said that they “simply wrote a check” or that they did not hear back from CHNA as to how funds were used

Does the CHI change the way hospitals do business?



- **Most said no.**
- **For those who said yes,** typical responses mostly centered around the relationship between the hospital and the community.
 - ❖ “It has enhanced our community collaboration. It has also helped us better represent our community.”
- **For those that said no,** responses were either of the nature that the CHI program functions entirely separately from the rest of the hospital or that it is already the direction in which the hospital is moving.
 - ❖ “The CHI complements the way the hospital does business”
 - ❖ “We were already working towards goals that are compatible with the CHI”
 - ❖ “Hospital initiatives remain largely separate from CHNA activities”

Guiding Principle

- MDPH is focused on the development of guidance and standards that aim to have measurable improvements in the public's health.

Discussion Questions

We need to measure impact

- What should those measures be?
- What criteria should be applied?

We need shared processes

- How should decision-making be structured?
- How should priorities be selected and what information should inform the decision-making process?
- How should unequal investment across the state be addressed?

Acknowledgements

- Noemie Sportiche, Peter James, Halley Reeves Brunsteter
- Metropolitan Area Planning Council
- www.mapc.org