Organizational and Structural Characteristics of Local Health Department-Hospital Collaborations for Population Health

New York Public Health Practice-Based Research Network

PRACTICE – RESEARCH TEAM

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BACKGROUND

In 2008, New York State DOH required that local health departments and nonprofit hospitals collaborate in selecting priorities and describe their plans for achieving them.

In 2013, ACA requirements and PHAB standards for collaborative assessment and planning began nationally.

STUDY DESIGN

A *natural experiment* to describe the variation in organizational and structural factors associated with effective partnerships and their capacity for sustainability.

- Retrospective cohort study of 58 LHDs and 137 nonprofit hospitals from 2008-2013.
- Completion of CHA and improvement plan.
- Plan for sustaining community engagement.

RESEARCH OBJECTIVES

- Describe variation in organizational and structural factors linked with conducting CHA and CHIP development.
- Identify associations between organizational and structural factors, and selected outputs.

COMMUNITY HEALTH PARTNERSHIPS

Key Characteristics

- Collaborations between diverse organizations and members with wide range of resources
- Focus on problems that cannot be solved independently
- Variety of functions:
  - Information exchange
  - Public health service delivery
  - System and policy level changes
- Centrality: Level of influence one organization has in partnership
- Breadth: Level of diversity in partnership
- Density: Level of interconnectedness between members

COMMUNITY HEALTH PARTNERSHIPS

Determinants of Success

- Common vision/mission
  - Shared goals/objectives
- Partner diversity
  - Homogeneous vs. heterogeneous
- Strong leadership
- Frequent communication
- External funding
- Use of framework or logic model for planning
- Use of evidence-based strategies
- Adaptability
- Clear roles and guidelines for participation

DATA SOURCES

NATIONAL PROFILE SERIES

Survey conducted by NACCHO in 2008, 2010, 2013

NEW YORK STATE DEPARTMENT OF HEALTH REPORTS

Narrative reports submitted in 2013

Summary data compiled by DOH reviewers (2+ per report)

NACCHO PROFILE SERIES

TOPIC	2008	2010	2013
CORE			
Jurisdictional Information	X	X	X
Governance	X	X	X
Funding	X	X	X
Workforce - Top Executive	X	X	X
Activities	X	X	X
Community Health Assessment and Planning	X	X	X
MODULE			
Partnership and Collaboration	X		X
Community Health Assessment and Health Improvement Planning	X		

PERCENT OF LHDS COMPLETING A COMMUNITY HEALTH ASSESSMENT

2013		2008	
New York State	United States	New York State	United States
49.0	58.5	60.5	33.1

Has a community health assessment been completed within the last three years?

PERCENT OF LHDs WHO PARTICIPATED IN DEVELOPING A COMMUNITY HEALTH IMPROVEMENT PLAN

2013		2008	
New York State	United States	New York State	United States
44.4	47.5	60.8	49.3

Did your LHD participate in developing a health improvement plan for your community within the last three years?

NACCHO DATA: 2008 & 2013 NEW YORK

Factors	CHA COMPLETION					
	NY-2013		p-value	NY-2008		p-value
	Yes N %	No N %		Yes N %	No N %	
Top Executive Education			**0.0259**			0.3523
Assoc/Bachelors Degree	**15 39.47**	**23 60.53**		17 56.67	13 43.33	
Masters/Doctoral Degree	**6 85.71**	**1 14.29**		6 75.00	2 25.00	
Top Executive Gender			0.4942			0.5372
Male	7 41.18	10 58.82		10 66.67	5 33.33	
Female	15 51.72	14 48.28		13 56.52	10 43.48	
Top Executive First-time			0.1992			0.8230
Yes	17 44.74	21 55.26		21 60.00	14 40.00	
No	5 71.43	2 28.57		2 66.67	1 33.33	

NACCHO DATA: 2008 & 2013 UNITED STATES

- In 2008, LHDs with a first-time top executive with master's or doctoral degree were more likely to complete a CHA.
- In both 2008 and 2013, gender and experience of the top executive were associated with LHD completion of community health assessment.
- Presence of chronic disease programs significantly associated with CHA completion and participation in development of CHIP ($p<.0001$) .
- In both years, gender and experience of the top executive (education, gender, experience) were associated with LHD participation in a health improvement plan within last three years.

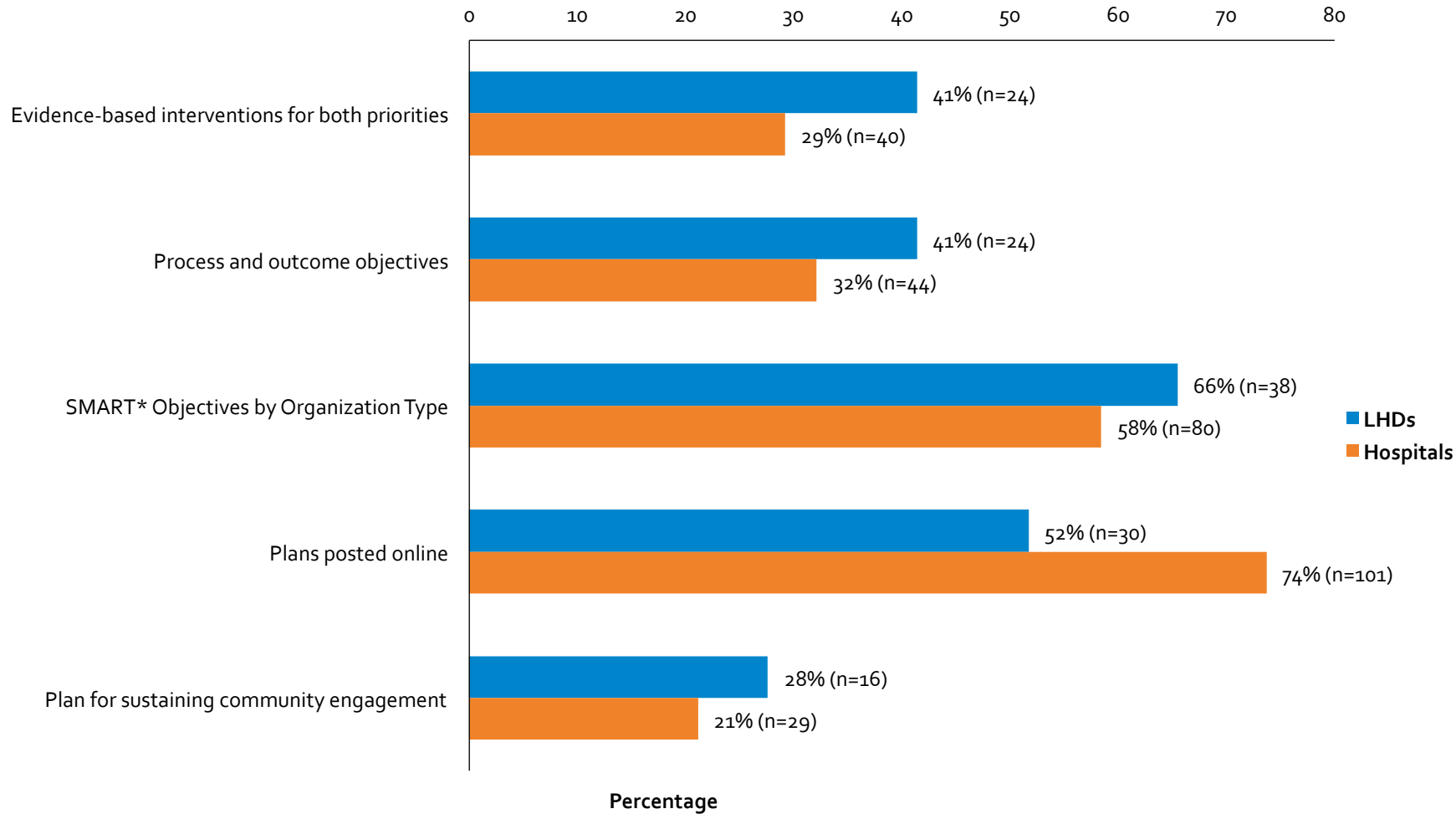
NACCHO DATA: 2013 UNITED STATES

Partnership/collaboration	US - 2013	
	N = 477	%
No programs in this area	39	8.18
Networking	71	14.88
Coordinating	70	14.68
Cooperating	67	14.05
Collaborating	213	44.05
Not involved in partnerships/ collaborations	17	3.56

LHD and Hospital Reports

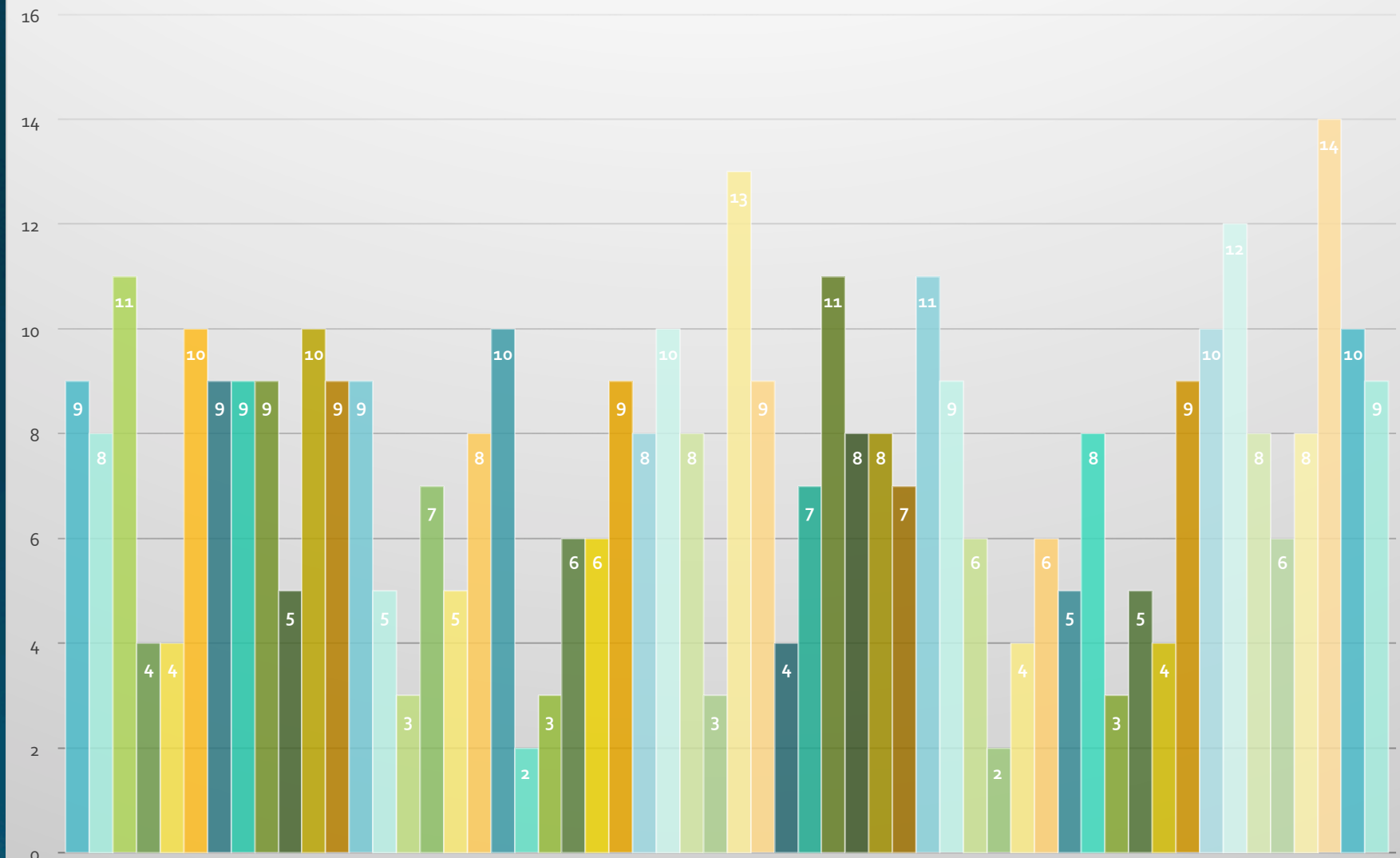
Data Elements
Name of LHD or hospital / County and region where located
Description of the demographics of the population
Description of the health status of the population and the distribution of health issues
Identification of disparate populations
Data are reviewed with comparisons to standard target measures and other regions
Identification of at least one health challenge
Method for obtaining community input is described
Priorities identified; and disparities selected, according to priority
Organizations participating in the development of CHA-CHIP
Organizations participating in the implementation of CSP/CHA-CHIP
For each priority, the focus areas, goals, and strategies the agencies collaborating on
Description of process that will be used to maintain engagement with local partners
Dissemination of plan and lessons learned
Whether this is a good example of a CHA/CHIP
Strengths of CHA/CHIP
Opportunities for improvement

CHA-CHIP DATA

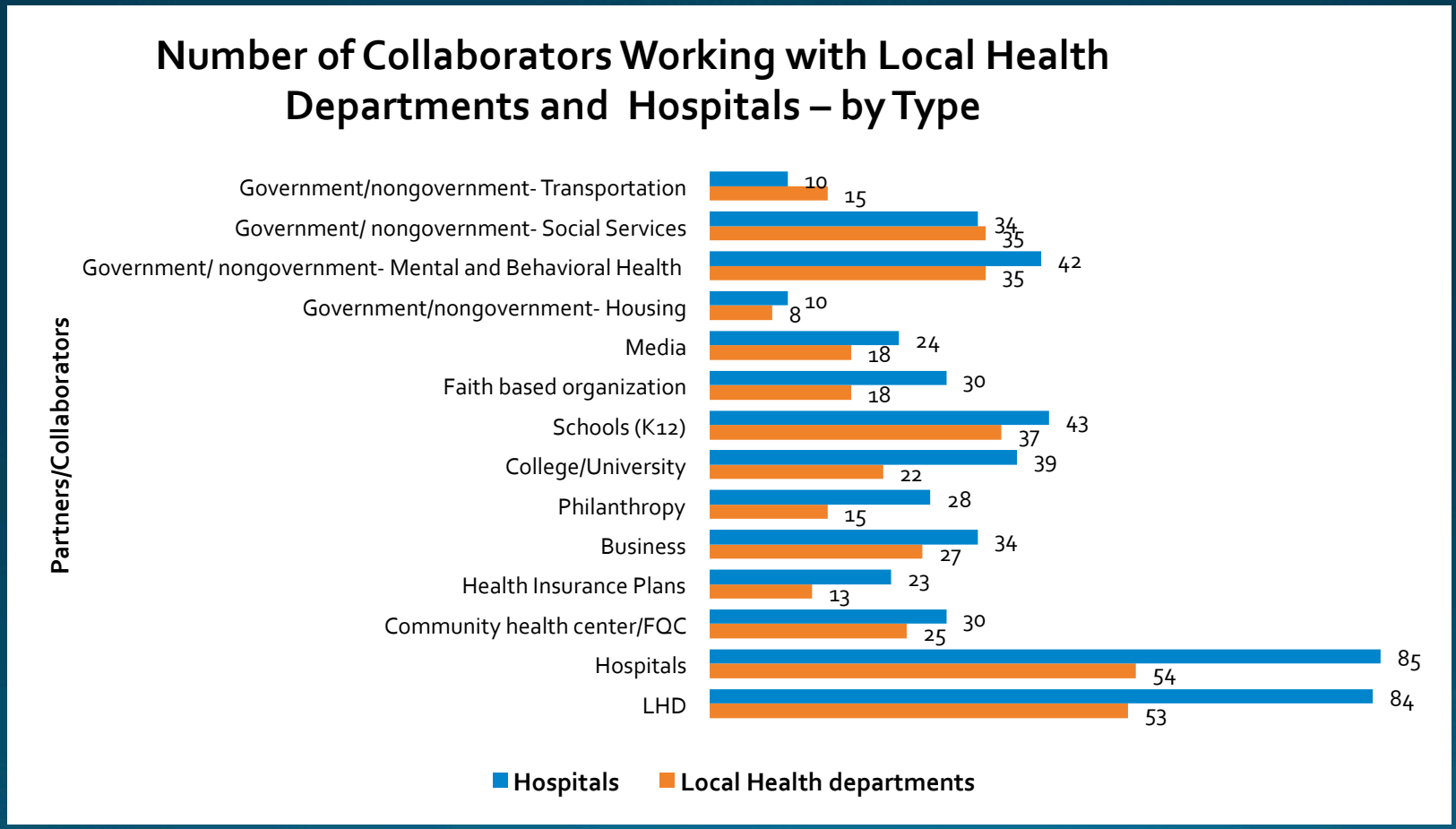


*SMART=Specific, Measurable, Attainable, Relevant, Time-bound

Total Number of Partners Working With Each Local Collaboration



CHA-CHIP DATA



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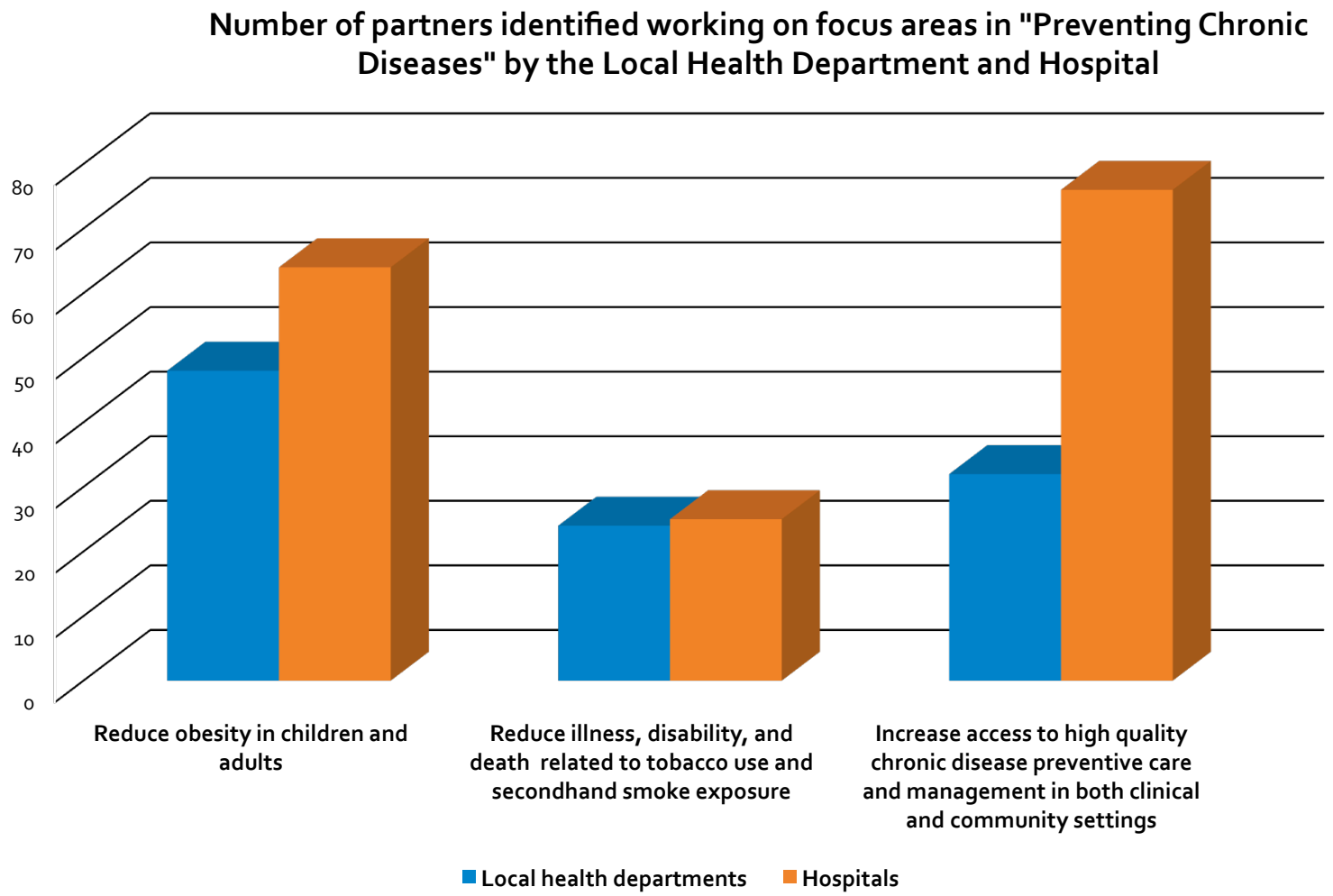

CONCLUSIONS

- Literature review has identified many studies about organizational and structural factors associated with effective collaborations.
- In 2013, CHA completion was significantly greater in LHDs when the top executive had a masters or doctoral degree.
- Percent of CHA-CHIPs containing the recommended elements ranged from 21-74 percent.
- Number of partners varied considerably.
- Plan for sustaining engagement of partners described in 21-28 percent of plans.

IMPLICATIONS

Assessment tools exist and can be useful.

- Recommended planning frameworks
- PHAB standards and tools
- Survey for ongoing monitoring

Use NACCHO Profile Series data.

- State estimates are available for core module measures.
- National data are useful for comparison.
- National data can provide insights for decision-making in states.

Links between factors and desired outputs can inform practice.

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