Approaches to Population Health in 2015: A National Survey of Hospitals

August 2015
Overview

• Key Findings
• Survey Demographics
• Population Health Structure
• Partnerships
• Community Health Needs Assessments
• Appendix
Key Findings – Population Health Structure

• 85% of hospitals reported strong or total commitment to population health or have population health in their vision statement.

• Hospitals are almost as likely to consider their “population” to be the patients that utilize their health system (70%) or their geographic service area (69%).

• Over 90% of hospitals agreed or strongly agreed that population health was aligned with their mission.
  – Only 19% strongly agreed that they had the financial resources available for population health.
  – Less that 20% strongly agreed that their hospital has programs to address socioeconomic determinants of health.
Key Findings - Partnerships

- Hospital-community partnerships exist along a spectrum and are highly variable.
  - Models of partnership include: not involved, funding, networking, collaboration and alliance

- 87% of hospitals reported having some degree of working relationship with other local hospitals.

- The most common partnerships were with public health departments, chambers of commerce, health insurance companies and FQHCs/community clinics.
  - Housing/community development and transportation authorities were the least likely partners.

- 69% of hospitals reported currently being part of a communitywide coalition.
Key Findings – Community Health Needs Assessments

• An outside resource (e.g., consultant) was involved in 50% of CHNAs.
• 23% of hospitals partnered with an outside organization (e.g., other hospital, public health department) for the CHNA.
  – 17% of hospitals conducted their CHNAs independently.
• The most frequent use for consultants were: collecting and analyzing data, engaging the community and developing the CHNA infrastructure.
• The most important use of a CHNA was to integrate population health into the hospital’s strategic plan.
Survey Overview - Methodology

• Survey developed in fall 2014.
• Mailed to 6,365 hospitals.
• In the field from January to May 2015.
• N = 1,418
• Response rate = 22%
• Sample population:
  – Midwest overrepresented, Southeast and Southwest underrepresented.
  – Large hospitals and teaching hospitals overrepresented.
  – Not-for-profit hospitals overrepresented.
### Sample Demographics

<table>
<thead>
<tr>
<th>Region</th>
<th>N</th>
<th>Sample Percentage</th>
<th>National Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - New England</td>
<td>61</td>
<td>4.3%</td>
<td>4.1%</td>
</tr>
<tr>
<td>2 - Mid-Atlantic</td>
<td>156</td>
<td>11.0%</td>
<td>9.0%</td>
</tr>
<tr>
<td>3 - South Atlantic</td>
<td>146</td>
<td>10.3%</td>
<td>14.9%</td>
</tr>
<tr>
<td>4 - Southeast</td>
<td>147</td>
<td>10.4%</td>
<td>14.6%</td>
</tr>
<tr>
<td>5 - Midwest</td>
<td>259</td>
<td>18.3%</td>
<td>8.2%</td>
</tr>
<tr>
<td>6 - West North Central</td>
<td>219</td>
<td>15.5%</td>
<td>12.6%</td>
</tr>
<tr>
<td>7 - West South Central</td>
<td>178</td>
<td>12.6%</td>
<td>17.1%</td>
</tr>
<tr>
<td>8 - Mountain</td>
<td>99</td>
<td>7.0%</td>
<td>8.3%</td>
</tr>
<tr>
<td>9 - Pacific</td>
<td>152</td>
<td>10.7%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Rural</td>
<td>538</td>
<td>37.9%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Critical Access</td>
<td>334</td>
<td>23.6%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Hospital Size</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small (&lt;100 beds)</td>
<td>676</td>
<td>47.7%</td>
<td>54.8%</td>
</tr>
<tr>
<td>Medium (100-299 beds)</td>
<td>450</td>
<td>31.7%</td>
<td>30.9%</td>
</tr>
<tr>
<td>Large (300+ beds)</td>
<td>292</td>
<td>20.6%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Teaching Hospital</td>
<td>476</td>
<td>33.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td>System Affiliation</td>
<td>802</td>
<td>56.6%</td>
<td>61.7%</td>
</tr>
</tbody>
</table>
## Sample Demographics

<table>
<thead>
<tr>
<th>Governing Authority</th>
<th>N</th>
<th>Sample Percentage</th>
<th>National Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government, non-federal</td>
<td>339</td>
<td>23.9%</td>
<td>20.5%</td>
</tr>
<tr>
<td>Nongovernment, not-for-profit</td>
<td>871</td>
<td>61.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Investor-owned, for profit</td>
<td>164</td>
<td>11.6%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Government, federal</td>
<td>43</td>
<td>3.0%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Type</th>
<th>N</th>
<th>Sample Percentage</th>
<th>National Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General medical/surgical</td>
<td>1186</td>
<td>83.6%</td>
<td>75.8%</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>100</td>
<td>7.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>28</td>
<td>2.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Children’s</td>
<td>37</td>
<td>2.6%</td>
<td>2.2%</td>
</tr>
<tr>
<td>Acute long term care</td>
<td>34</td>
<td>2.4%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Other</td>
<td>33</td>
<td>2.3%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
POPULATION HEALTH STRUCTURE
85.4 percent are committed to a population health plan.
Population Health Structure

"POPULATION" DESCRIPTION

- 69.7% Individuals using the hospital or health care system
- 68.7% Individuals in a specified geographic area or community
- 59.2% Individuals experiencing a certain disease or condition
- 47.4% Individuals for whom the hospital has financial risk
- 10.5% Other

Individuals experiencing a certain disease or condition is the largest category, followed by individuals using the hospital or health care system.
Population Health Structure

POPULATION HEALTH ALIGNMENT

- Population health aligned with mission
- Strong collaborations with community organizations
- Population health aligned with clinical integration strategy
- Focus on a broad range of population health issues
- Priorities aligned with public health department's priorities
- Financial resources available for population health initiatives
- Programs address socioeconomic determinants of health

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree
Population Health Structure

JOB POSITION THAT OVERSEES POPULATION HEALTH

- Executive management: 53.0%
- Senior management: 27.1%
- Middle management: 11.3%
- Program/project director or manager: 3.8%
- Program/project staff: 1.8%
- Other: 3.2%
Population Health Structure

FTEs DEVOTED TO POPULATION HEALTH BY HOSPITAL SIZE

- **Small (<100 beds)**
  - 0-1.99 FTEs: 63.2%
  - 2-5.99 FTEs: 18.0%
  - 6-9.99 FTEs: 3.7%
  - 10+ FTEs: 15.1%

- **Medium (100-299 beds)**
  - 0-1.99 FTEs: 32.4%
  - 2-5.99 FTEs: 29.0%
  - 6-9.99 FTEs: 9.9%
  - 10+ FTEs: 28.7%

- **Large (300+ beds)**
  - 0-1.99 FTEs: 45.3%
  - 2-5.99 FTEs: 22.3%
  - 6-9.99 FTEs: 14.2%
  - 10+ FTEs: 18.2%
### Population Health Structure

<table>
<thead>
<tr>
<th>Rank</th>
<th>Most Needed Skills or Backgrounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physicians</td>
</tr>
<tr>
<td>2</td>
<td>Nurses</td>
</tr>
<tr>
<td>3</td>
<td>Behavioral health</td>
</tr>
<tr>
<td>4</td>
<td>Needs assessment/strategic planning</td>
</tr>
<tr>
<td>5</td>
<td>Clinicians (not nurses or physicians)</td>
</tr>
<tr>
<td>6</td>
<td>Change management</td>
</tr>
<tr>
<td>7</td>
<td>Community health/organizing</td>
</tr>
<tr>
<td>8</td>
<td>Public health</td>
</tr>
</tbody>
</table>
PARTNERSHIPS
## Partnerships

### Partnership Spectrum

<table>
<thead>
<tr>
<th>Not involved</th>
<th>Funding</th>
<th>Networking</th>
<th>Collaboration</th>
<th>Alliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>No current partnerships with this type of organization</td>
<td>Grant-making capacity only</td>
<td>Exchange ideas and information</td>
<td>Exchange information and share resources to alter activities and enhance the capacity of the other partner</td>
<td>Formalized partnership (i.e., binding agreement) among multiple organizations with merged initiatives, common goals and metrics</td>
</tr>
</tbody>
</table>
Partnerships

PARTNERSHIPS WITH OTHER HOSPITALS

- Not involved: 0.4%
- Funding: 12.8%
- Networking: 23.0%
- Collaboration: 43.5%
- Alliance: 20.3%
**Partnerships**

**PARTNERSHIPS WITH LOCAL GOVERNMENT**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

- **Public hospital**
- **Public health department**
- **Office of the municipal, city or county manager**
- **Public safety**
- **Human services**
- **Policy/legislative initiatives**
- **Office of the chief elected official**
- **Housing/ community development**
- **Transportation**

Legend:
- Not involved
- Funding
- Networking
- Collaboration
- Alliance
PARTNERSHIPS WITH STATE AGENCIES

- Public hospital/health care system
- Public health department
- Human services
- Office of the governor
- Policy/legislative initiatives
- Public safety
- Housing/community development
- Transportation

Key:
- Not involved
- Funding
- Networking
- Collaboration
- Alliance
PARTNERSHIPS WITH OTHER AGENCIES

- FQHC, community health center, etc.
- Health insurance companies
- Postsecondary education (colleges, universities)
- Healthy communities coalitions
- School districts
- Retail clinics
- Faith-based organizations
- Chamber of commerce
- Federal government programs (e.g., nutrition)
- United Way
- Local businesses
- YMCA/YWCA
- National health associations
- Early childhood education
- Service leagues
- Neighborhood organizations

- **Not involved**
- **Funding**
- **Networking**
- **Collaboration**
- **Alliance**
Partnerships

PARTICIPATION IN REGIONAL HEALTH PROMOTION COLLABORATIVE

- Yes: 69%
- No: 31%
COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAs)
CHNAs

CHNA CREATION APPROACH

Outside resource contributed to some aspects of the assessment (e.g., data analysis, community engagement) 33%

Partnered with other hospitals or organizations (e.g., health departments, public health institutes, etc.) for the assessment 23%

An outside resource exclusively developed and executed the assessment 17%

Organization conducted the assessment independently 17%

The assessment was developed and executed as a community collaboration 11%
CHNAs

**CONSULTING ASSISTANCE - DATA**

- Collecting and analyzing primary data: 89.5%
- Gathering data about special populations: 88.4%
- Compiling and analyzing hospital utilization data: 74.5%

**CONSULTING ASSISTANCE - COMMUNITY ENGAGEMENT**

- Gathering input from community stakeholders: 86.7%
- Gathering feedback about health care resources: 85.2%
- Convening community groups: 38.9%
- Developing partnerships with health departments: 36.0%
- Developing partnerships with other hospitals: 31.6%

**CONSULTING ASSISTANCE - CHNA INFRASTRUCTURE**

- Writing the CHNA report: 82.6%
- Choosing a best-practice model to conduct the CHNA: 74.6%
- Identifying and proposing strategic priorities: 74.1%
- Establishing the assessment team: 60.8%
- Proposing a definition of the community served: 57.2%
- Disseminating the assessment report: 41.8%
- Determining how to monitor and evaluate the impact of strategies: 36.9%
## CHNAs

<table>
<thead>
<tr>
<th>Rank</th>
<th>Most Important Uses for CHNA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Integrate population health into the hospital’s strategic or operational plan</td>
</tr>
<tr>
<td>2</td>
<td>Target programs or services to improve population health</td>
</tr>
<tr>
<td>3</td>
<td>Increase collaboration with community partnerships to address identified needs</td>
</tr>
<tr>
<td>4</td>
<td>Target programs or services to improve population health in collaboration with local public health departments</td>
</tr>
<tr>
<td>5</td>
<td>Assess the impact of hospital resources and community readiness to address health needs</td>
</tr>
<tr>
<td>6</td>
<td>Use baseline data to inform future assessments</td>
</tr>
</tbody>
</table>
APPENDIX
Population Health Structure

WHERE POPULATION HEALTH ACTIVITIES ARE COORDINATED

- Health care system: 56.8%
- Individual hospital (part of a health care system): 31.5%
- Individual hospital (not part of a health care system): 20.1%
- Population health activities have not been implemented: 12.5%
### REASONS TO CONDUCT CHNA INDEPENDENTLY

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital or health care system had the internal capacity</td>
<td>88.0%</td>
</tr>
<tr>
<td>Non-hospital partners had the internal capacity</td>
<td>58.9%</td>
</tr>
<tr>
<td>Hospital did not have the financial resources to utilize outside resources</td>
<td>38.0%</td>
</tr>
<tr>
<td>Unaware of technical assistance options</td>
<td>17.7%</td>
</tr>
<tr>
<td>Unaware of our technical assistance needs at the time</td>
<td>13.5%</td>
</tr>
<tr>
<td>Did not know how to select a technical assistance provider or resource</td>
<td>12.4%</td>
</tr>
</tbody>
</table>
## RELATIONSHIPS WITH PUBLIC HEALTH ENTITIES FOR CHNA

<table>
<thead>
<tr>
<th>Entity</th>
<th>Consulted</th>
<th>Partnered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local public health department</td>
<td>82.9%</td>
<td></td>
</tr>
<tr>
<td>State public health department</td>
<td>51.4%</td>
<td></td>
</tr>
<tr>
<td>School of public health</td>
<td>32.4%</td>
<td></td>
</tr>
<tr>
<td>Federal public health office (e.g., CDC, NCHS, HRSA)</td>
<td>25.6%</td>
<td></td>
</tr>
<tr>
<td>Public health institute</td>
<td>22.0%</td>
<td></td>
</tr>
</tbody>
</table>

## TYPE OF RELATIONSHIP WITH PUBLIC HEALTH ENTITIES

- Local public health department
- School of public health
- Public health institute
- Federal public health office (e.g., CDC, NCHS, HRSA)
- State public health department

### Consulted vs. Partnered
PUBLIC HEALTH'S ROLE IN CHNAs

- Providing general data on health needs in community: 81.2%
- Providing information about special populations (e.g., medically underserved, low income or minority groups): 75.4%
- Gathering input from the community: 64.8%
- Identifying and setting strategic priorities about significant health needs: 60.1%
- Implementing identified strategies: 46.6%
- Selecting evidence-based improvement strategies: 41.2%
- Obtaining financial resources to implement the strategic priorities of the assessment of the community's needs: 25.7%
CHNAs

CHNA Challenges

- Implementing the action plan
- Accessing secondary data
- Accessing epidemiologic data
- Consensus on an implementation plan
- Consensus on which needs to address
- Analysis of specific data
- Engaging collaborators
- Administrative financial backing
- Engaging community members
- Prioritization of needs
- Identification of needs

- Not a barrier
- Somewhat of a barrier
- Significant barrier