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 responding 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><strong>Hospital Size</strong></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><strong>Teaching Hospital</strong></td>
<td>476</td>
<td>33.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td><strong>System Affiliation</strong></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
Population Health Structure

COMMITMENT TO POPULATION HEALTH

- No commitment
- Some commitment
- Reflected in vision statement
- Strong commitment
- Total commitment

<table>
<thead>
<tr>
<th>Commitment Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No commitment</td>
<td>3.4%</td>
</tr>
<tr>
<td>Some commitment</td>
<td>11.1%</td>
</tr>
<tr>
<td>Reflected</td>
<td>23.6%</td>
</tr>
<tr>
<td>Strong Commitment</td>
<td>30.8%</td>
</tr>
<tr>
<td>Total Commitment</td>
<td>31.0%</td>
</tr>
</tbody>
</table>

85.4 percent are committed to a population health plan.
Population Health Structure

"POPULATION" DESCRIPTION

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

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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

Legend:
- **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: 18.2%
  - 2-5.99 FTEs: 22.3%
  - 6-9.99 FTEs: 14.2%
  - 10+ FTEs: 45.3%
<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

Not involved
No current partnerships with this type of organization

Funding
Grant-making capacity only

Networking
Exchange ideas and information

Collaboration
Exchange information and share resources to alter activities and enhance the capacity of the other partner

Alliance
Formalized partnership (i.e., binding agreement) among multiple organizations with merged initiatives, common goals and metrics
Partnerships

Partnerships with Other Hospitals

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

Logos: Public Health Institute, American Hospital Association, Association for Community Health Improvement, HRET
Partnerships

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

Legend:
- Not involved
- Funding
- Networking
- Collaboration
- Alliance
Partnerships

PARTICIPATION IN REGIONAL HEALTH PROMOTION COLLABORATIVE

No 31%
Yes 69%
COMMUNITY HEALTH NEEDS ASSESSMENTS (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

<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>
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%
CHNAs

REASONS TO CONDUCT CHNA INDEPENDENTLY

- Hospital or health care system had the internal capacity: 88.0%
- Non-hospital partners had the internal capacity: 58.9%
- Hospital did not have the financial resources to utilize outside resources: 38.0%
- Unaware of technical assistance options: 17.7%
- Unaware of our technical assistance needs at the time: 13.5%
- Did not know how to select a technical assistance provider or resource: 12.4%
CHNAs

RELATIONSHIPS WITH PUBLIC HEALTH ENTITIES FOR CHNA

- Local public health department: 82.9%
- State public health department: 51.4%
- School of public health: 32.4%
- Federal public health office (e.g., CDC, NCHS, HRSA): 25.6%
- Public health institute: 22.0%

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  Partnered
CHNAs

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

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

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