

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

August 2015



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Suggested Citation: Health Research & Educational Trust. (2015, August). *Approaches to Population Health in 2015: A National Survey of Hospitals*. Chicago, IL: Health Research & Educational Trust. Accessed at www.hpoe.org/pophealthsurvey.

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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 than 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

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

Sample Demographics

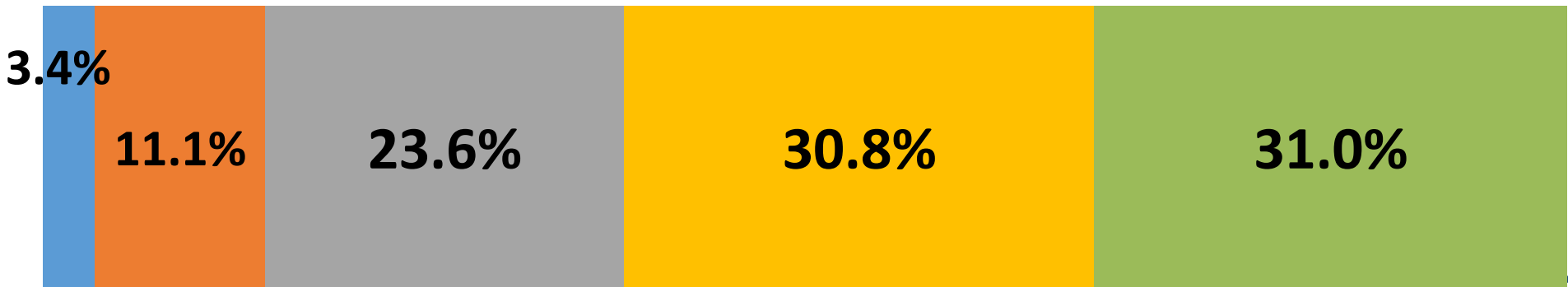
	N	Sample Percentage	National Percentage
Governing Authority			
Government, non-federal	339	23.9%	20.5%
Nongovernment, not-for-profit	871	61.5%	50.0%
Investor-owned, for profit	164	11.6%	26.1%
Government, federal	43	3.0%	3.4%
Service Type			
General medical/surgical	1186	83.6%	75.8%
Psychiatric	100	7.1%	7.8%
Rehabilitation	28	2.0%	4.0%
Children's	37	2.6%	2.2%
Acute long term care	34	2.4%	6.8%
Other	33	2.3%	3.4%

POPULATION HEALTH STRUCTURE

Population Health Structure

COMMITMENT TO POPULATION HEALTH

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



85.4 percent are committed a population health plan

Population Health Structure

"POPULATION" DESCRIPTION

69.7%



68.7%



59.2%



47.4%



10.5%



Individuals using the hospital or health care system

Individuals in a specified geographic area or community

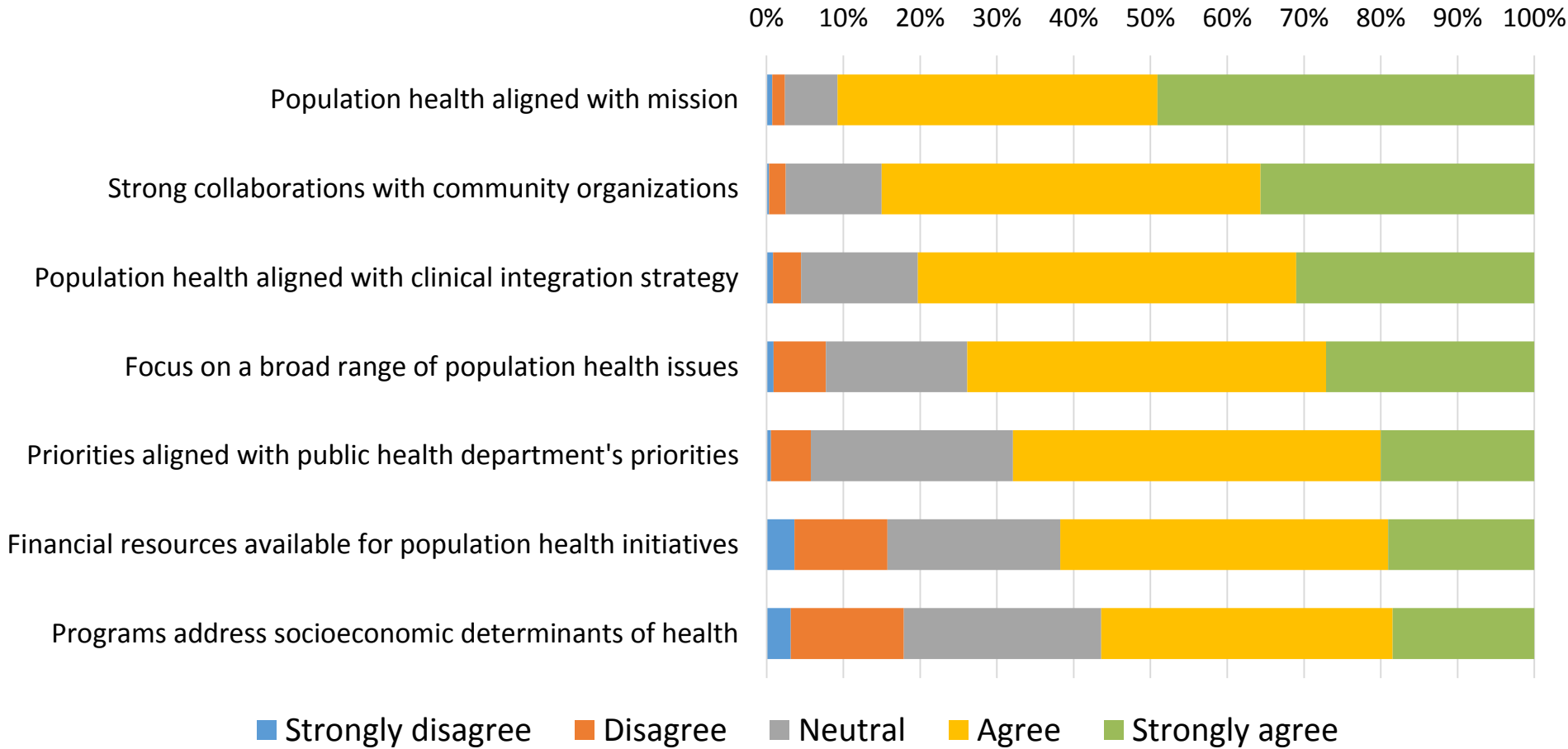
Individuals experiencing a certain disease or condition

Individuals for whom the hospital has financial risk

Other

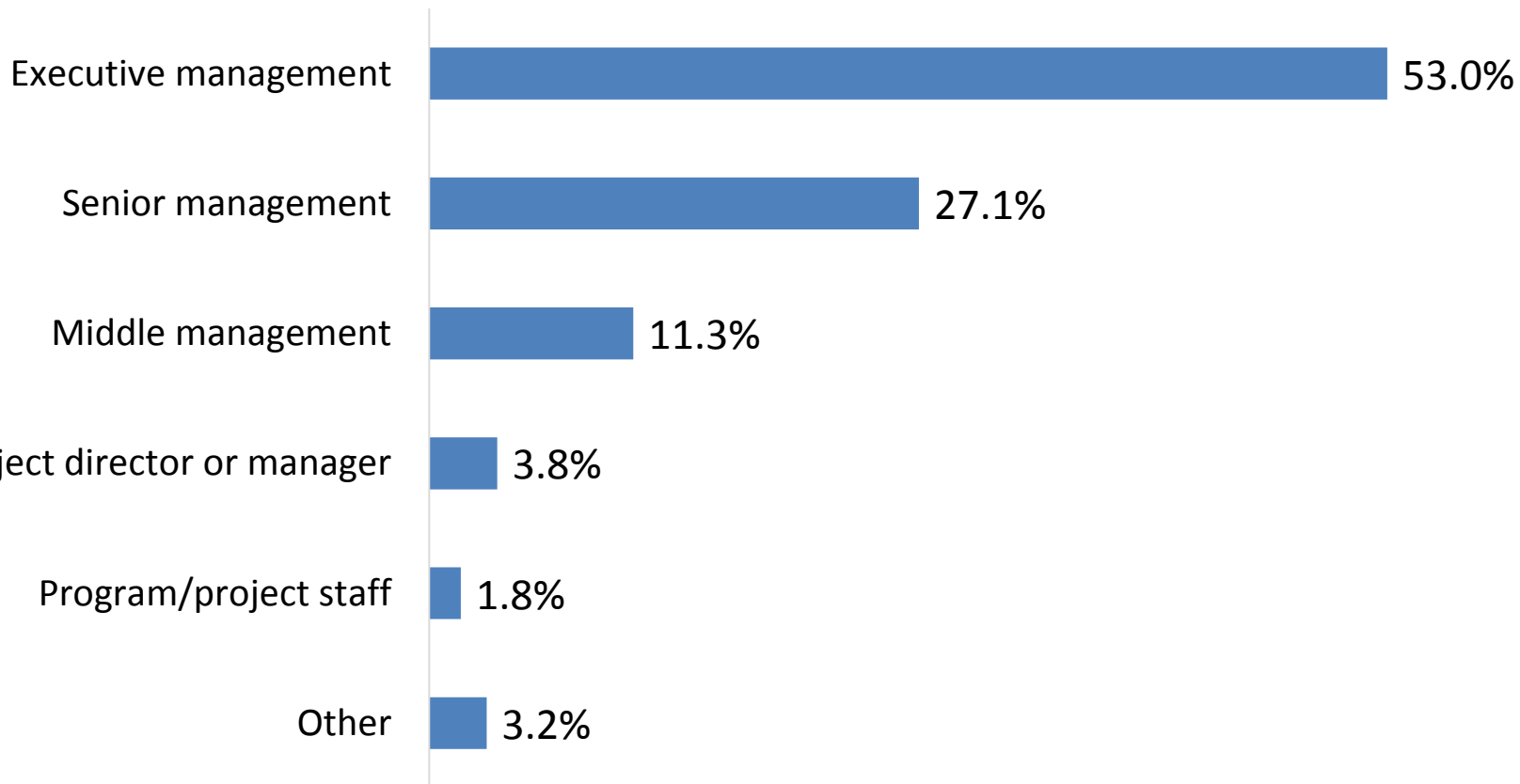
Population Health Structure

POPULATION HEALTH ALIGNMENT



Population Health Structure

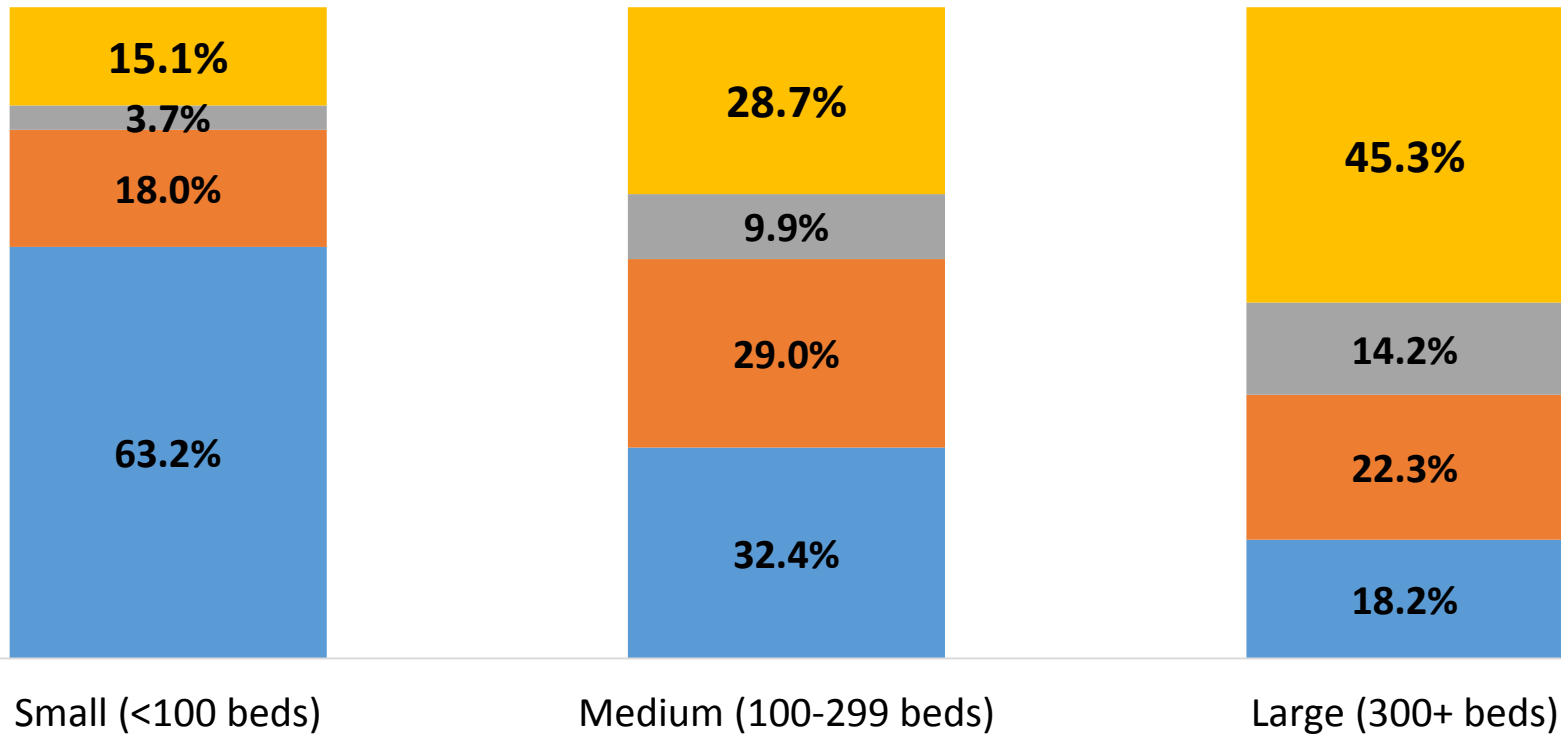
JOB POSITION THAT OVERSEES POPULATION HEALTH



Population Health Structure

FTEs DEVOTED TO POPULATION HEALTH BY HOSPITAL SIZE

■ 0-1.99 FTEs ■ 2-5.99 FTEs ■ 6-9.99 FTEs ■ 10+ FTEs



Population Health Structure

Rank	Most Needed Skills or Backgrounds
1	Physicians
2	Nurses
3	Behavioral health
4	Needs assessment/strategic planning
5	Clinicians (not nurses or physicians)
6	Change management
7	Community health/organizing
8	Public health

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

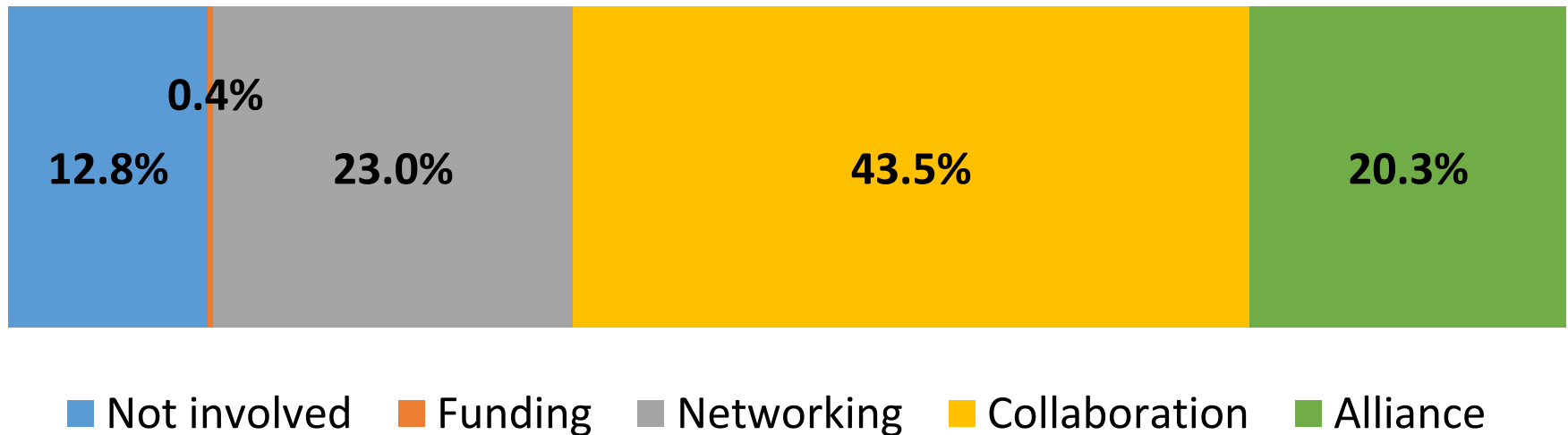
Exchange information and share resources to alter activities and enhance the capacity of the other partner

Alliance

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

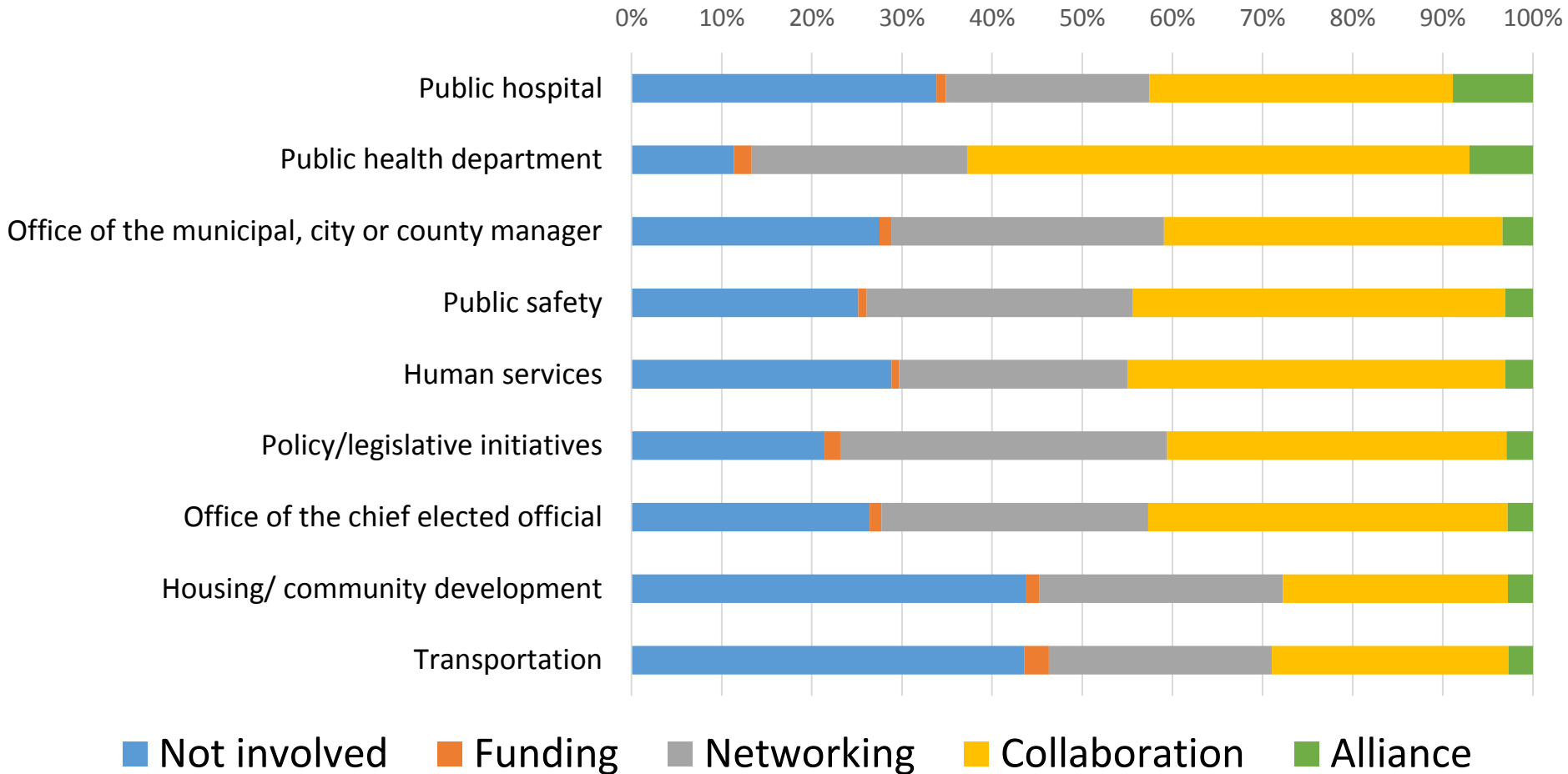
Partnerships

PARTNERSHIPS WITH OTHER HOSPITALS



Partnerships

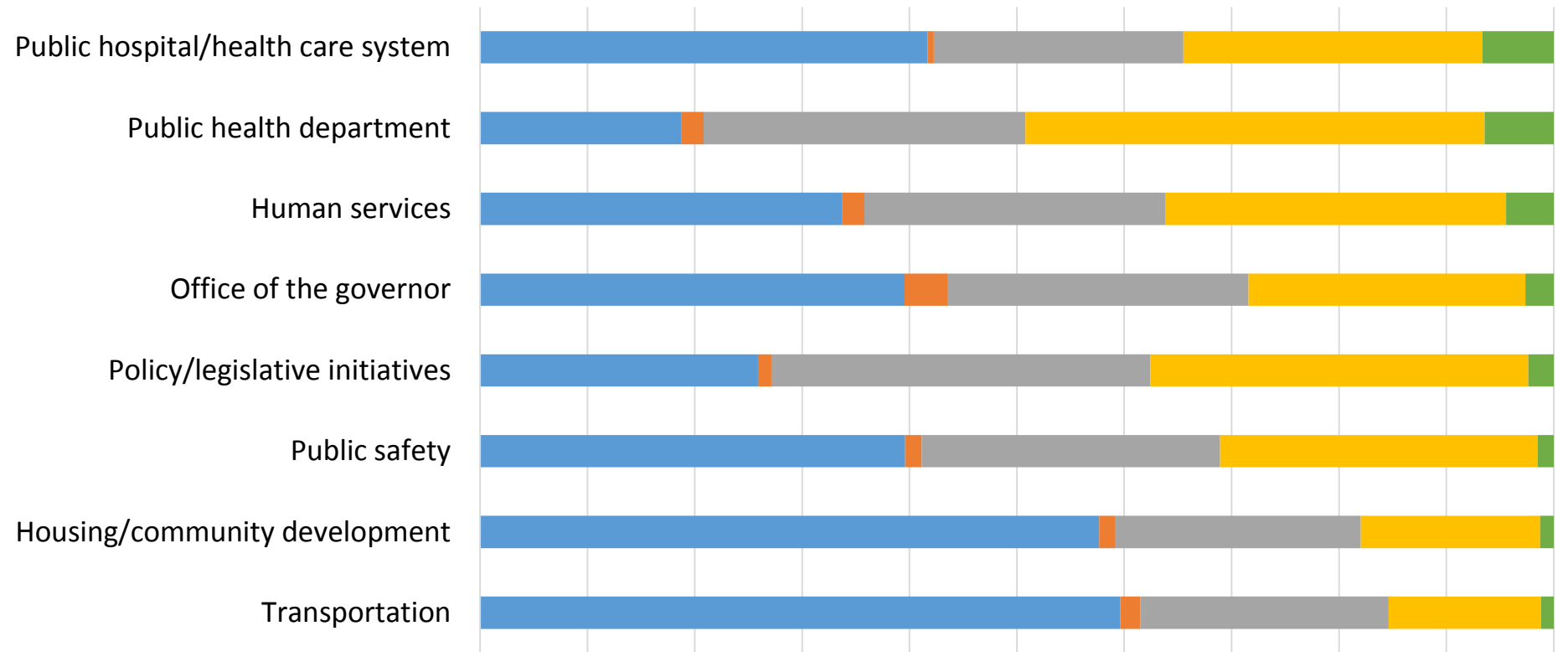
PARTNERSHIPS WITH LOCAL GOVERNMENT



Partnerships

PARTNERSHIPS WITH STATE AGENCIES

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

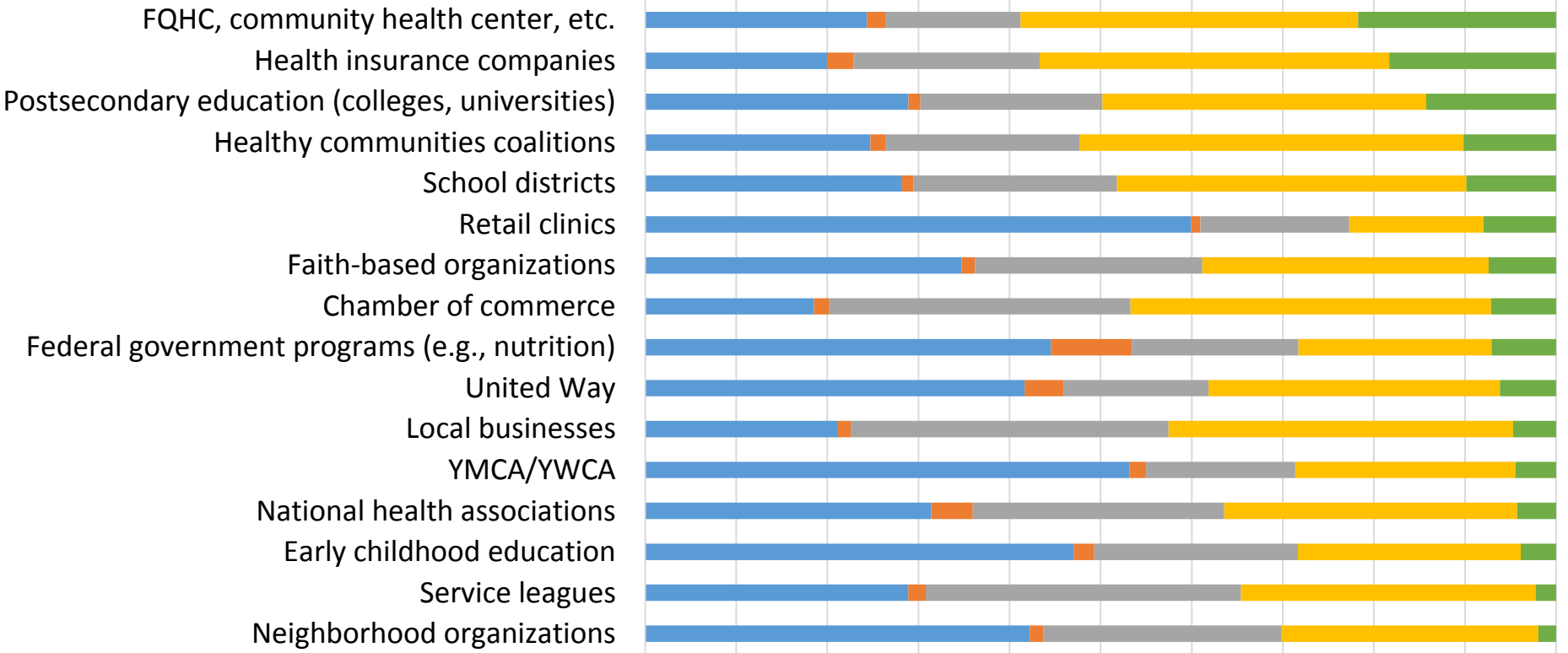


■ Not involved ■ Funding ■ Networking ■ Collaboration ■ Alliance

Partnerships

PARTNERSHIPS WITH OTHER AGENCIES

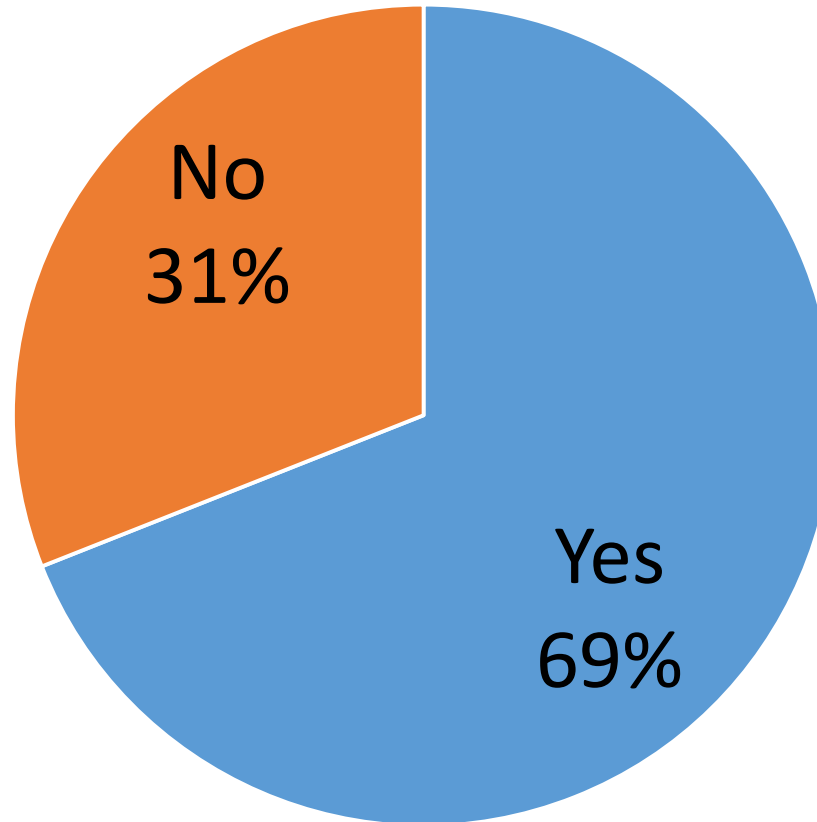
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



■ Not involved
 ■ Funding
 ■ Networking
 ■ Collaboration
 ■ Alliance

Partnerships

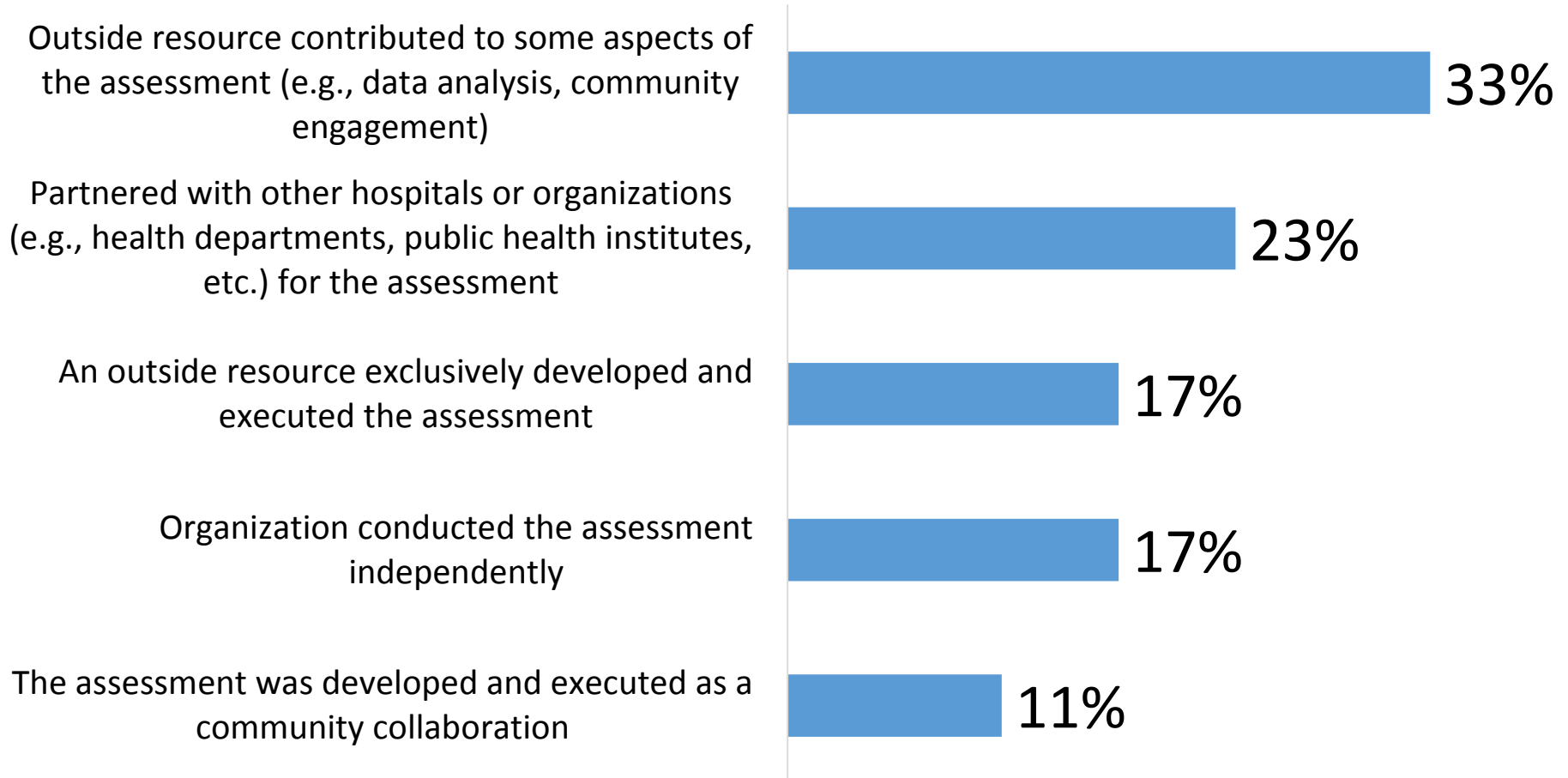
PARTICIPATION IN REGIONAL HEALTH PROMOTION COLLABORATIVE



COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAs)

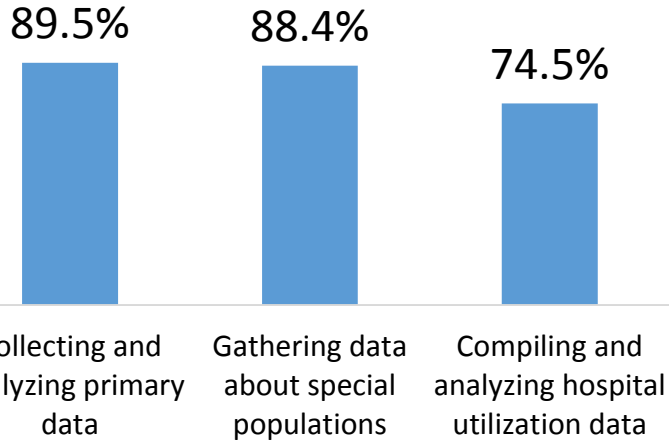
CHNAs

CHNA CREATION APPROACH

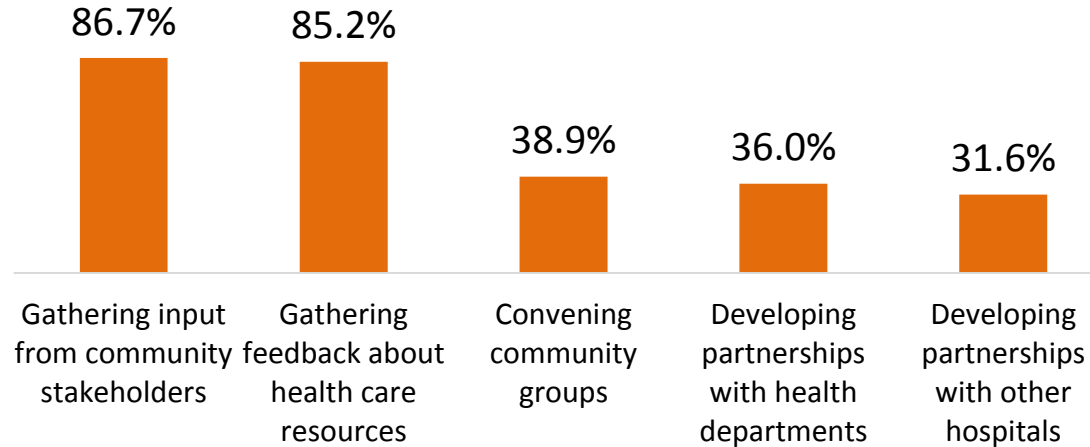


CHNAs

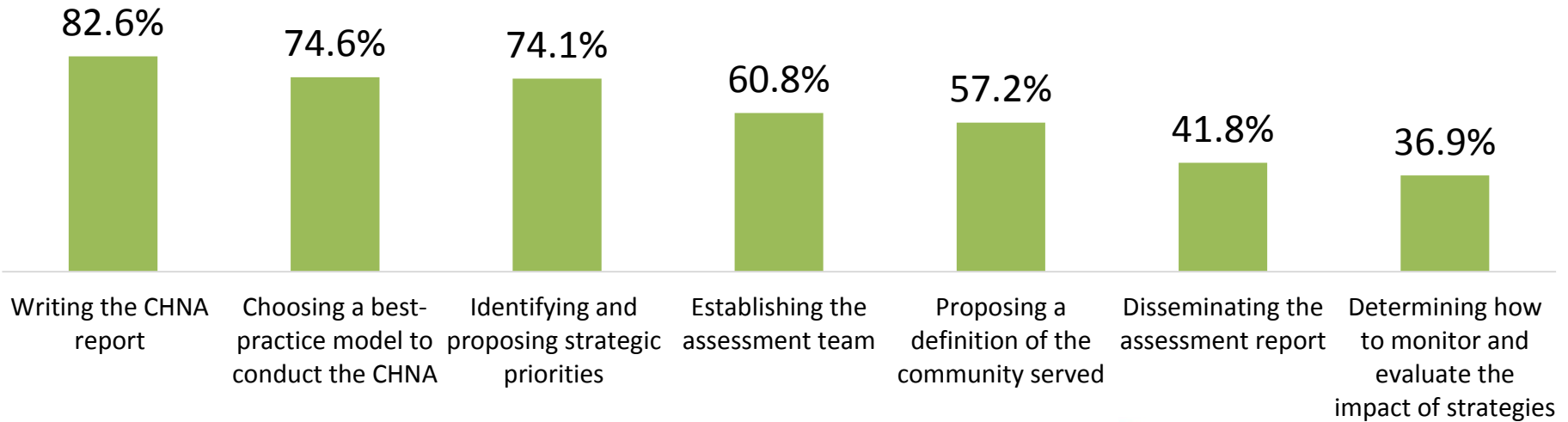
CONSULTING ASSISTANCE - DATA



CONSULTING ASSISTANCE - COMMUNITY ENGAGEMENT



CONSULTING ASSISTANCE - CHNA INFRASTRUCTURE



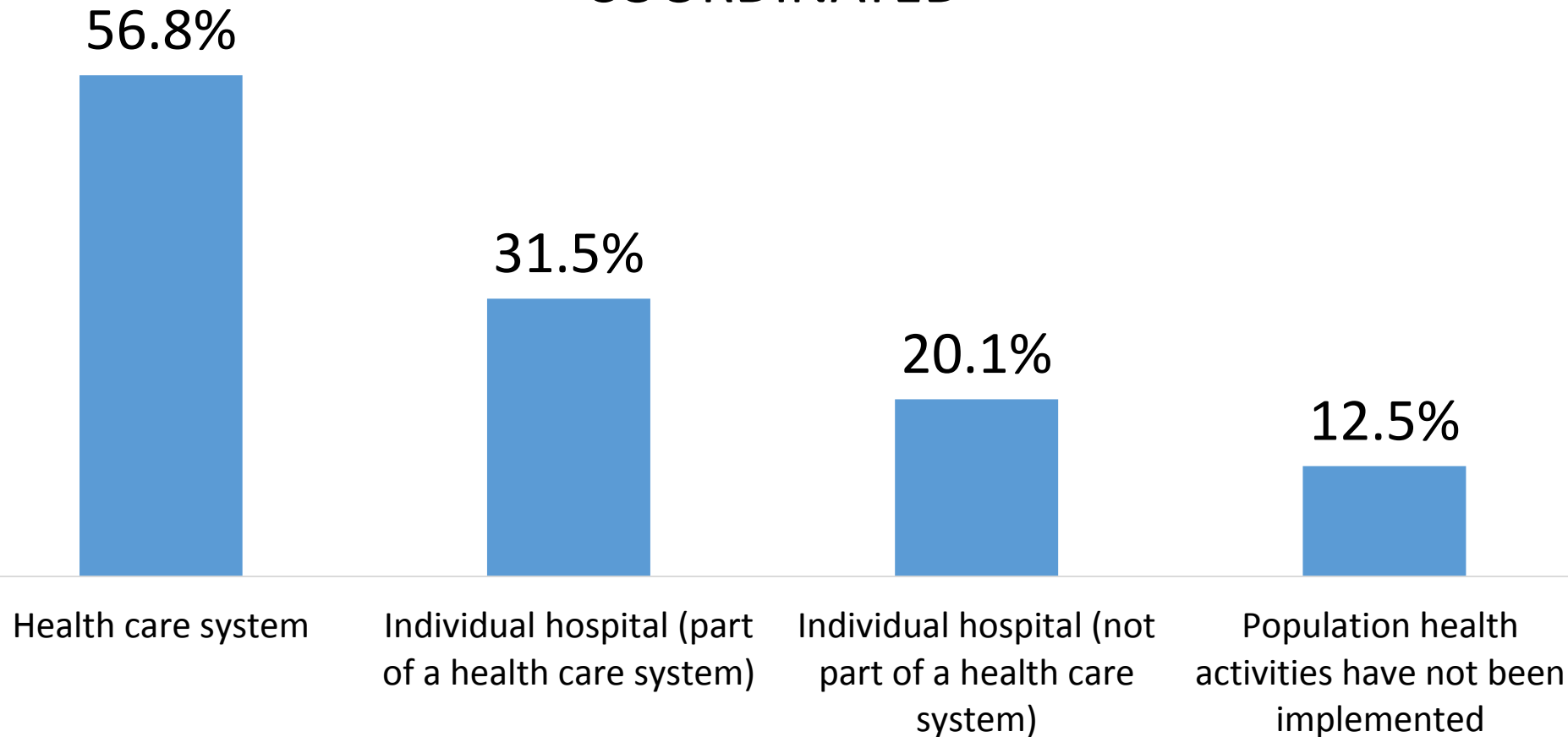
CHNAs

Rank	Most Important Uses for CHNA
1	Integrate population health into the hospital's strategic or operational plan
2	Target programs or services to improve population health
3	Increase collaboration with community partnerships to address identified needs
4	Target programs or services to improve population health in collaboration with local public health departments
5	Assess the impact of hospital resources and community readiness to address health needs
6	Use baseline data to inform future assessments

APPENDIX

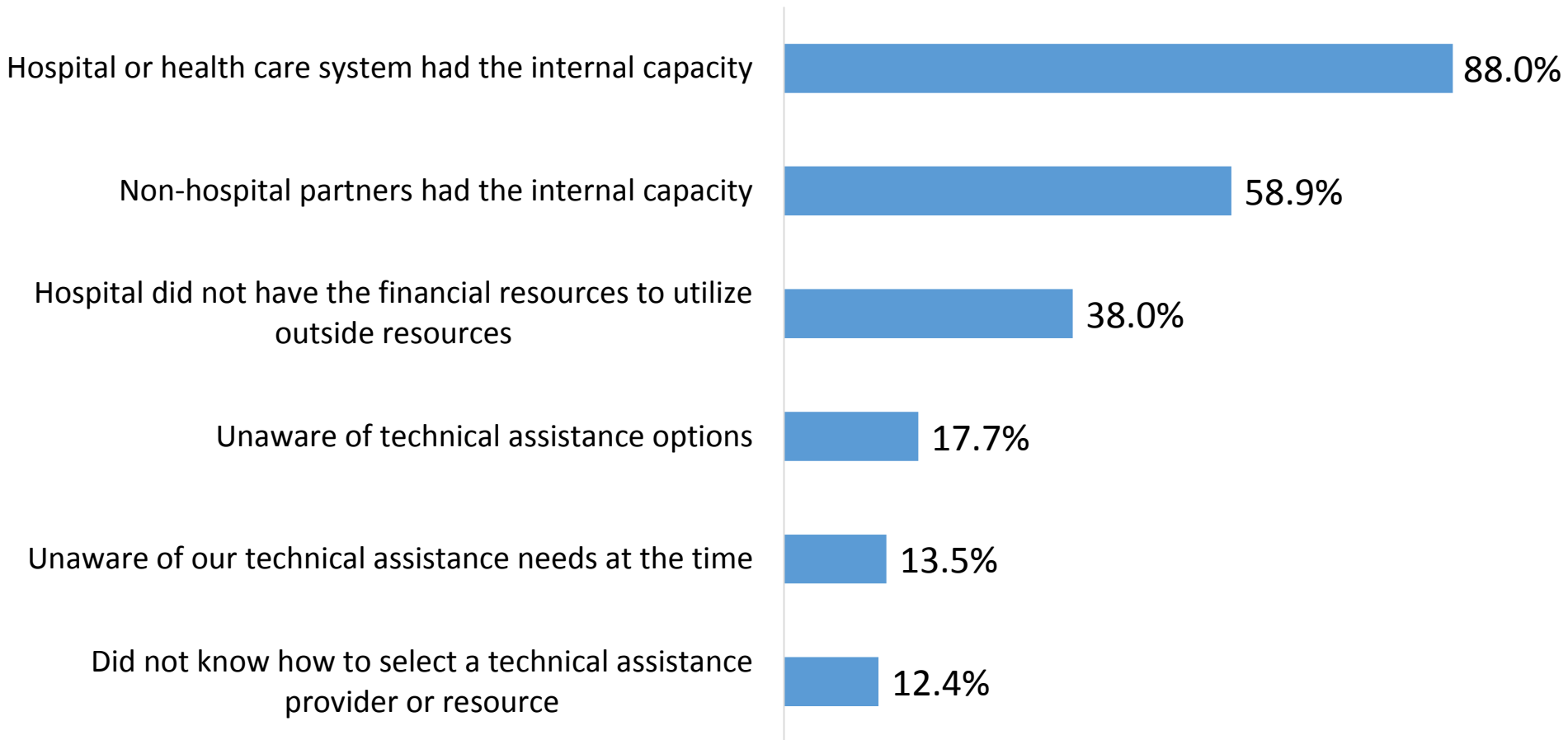
Population Health Structure

WHERE POPULATION HEALTH ACTIVITIES ARE COORDINATED



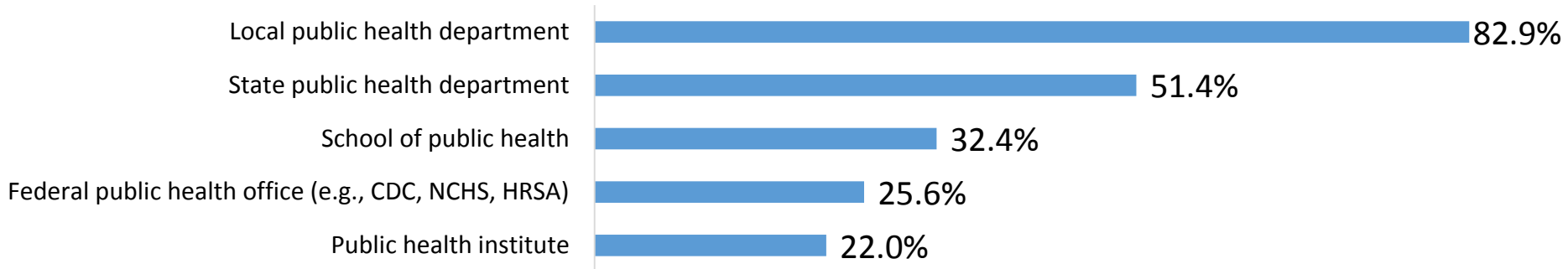
CHNAs

REASONS TO CONDUCT CHNA INDEPENDENTLY

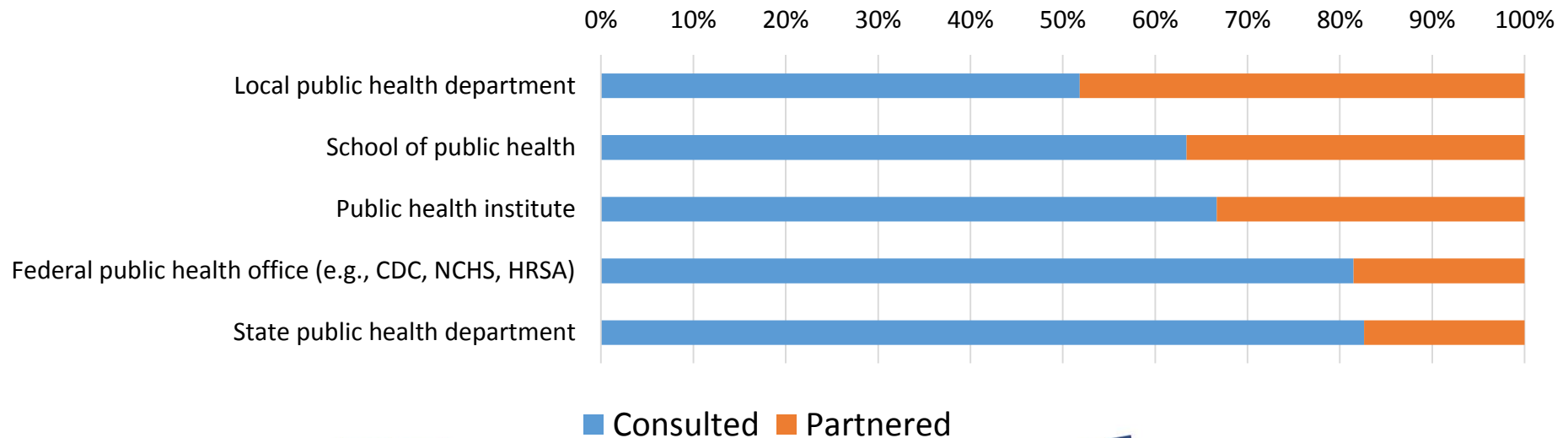


CHNAs

RELATIONSHIPS WITH PUBLIC HEALTH ENTITIES FOR CHNA

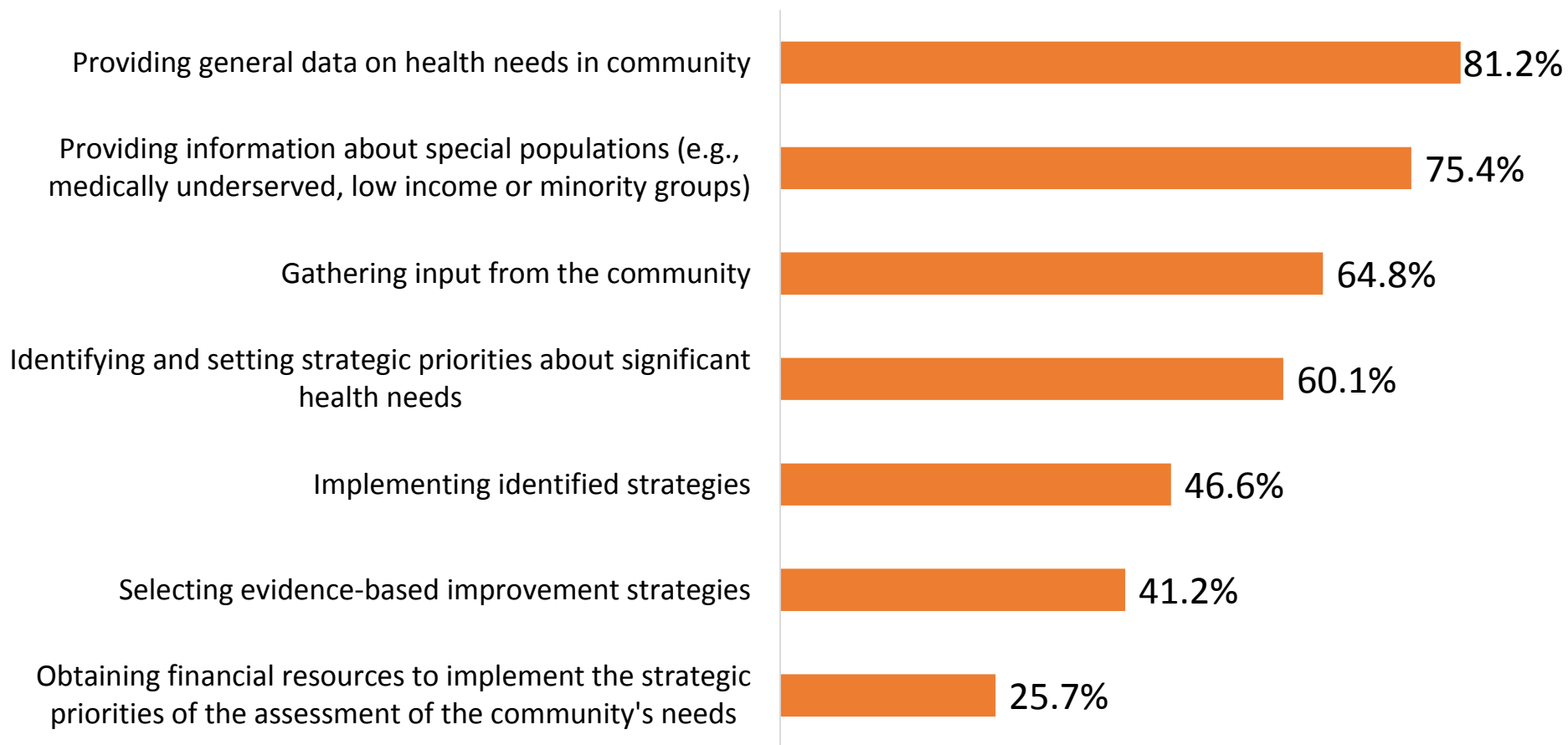


TYPE OF RELATIONSHIP WITH PUBLIC HEALTH ENTITIES



CHNAs

PUBLIC HEALTH'S ROLE IN CHNAs



CHNAs

CHNA Challenges

