

State Health Improvement Plan
Results of the 2007
State Health Improvement Plan (SHIP)
Affiliated Partnership Survey
Executive Summary



SHIP Data, Information and Evaluation Subcommittee
Bureau of Health Planning
Bureau of Health Statistics and Research
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Background of the SHIP-Affiliation SHIP Partnership Survey

The Commonwealth of Pennsylvania's State Health Improvement Plan (SHIP) is a strategic partnership of the Pennsylvania Department of Health (PADOH), its six Community Health Districts and community partners across the state. SHIP links public health, community health and individual health. It is Pennsylvania's blueprint for health improvement, linking statewide and local efforts to the federal Healthy People efforts, with overarching goals to increase the quality and years of healthy life and to eliminate health disparities. The PADOH works with community partners to develop SHIP-affiliated health improvement partnerships (SHIP partnerships) across the state.

In order to better determine SHIP partnerships' needs in terms of available data and technical assistance, the PADOH has conducted surveys of the organizational structure of the partnerships, as well as what data was used, how it was used and what new data and technical assistance was needed. The survey was previously conducted in 1998, 2000 and 2004. The PADOH continues to conduct data and technical assistance needs surveys, since data use and data management change regularly. Additionally, the priorities of SHIP partnerships change, thus creating new data and technical assistance needs.

As a result of the responses to past surveys, the PADOH implemented a number of improvements:

- A wide variety of health-related data information is now available on the PADOH web site, including age-adjusted county health data for select *Healthy People 2010* objectives;
- The Department implemented Epidemiologic Query and Mapping System (EpiQMS), an interactive health statistics web site that can produce numbers, rates, graphs, charts, maps and county profiles. Partnership data needs, as reflected by the surveys, have also been considered in subsequent expansions to the EpiQMS.
- The Bureau of Health Statistics and Research (BHSR) expanded its technical assistance to partnerships through presentations at the SHIP Steering Committee meetings, Local Advisory Council meetings and the Public Health Institutes.

- The Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) Local Sampling Program was developed in 2002 to enable SHIP partnerships to obtain statistically reliable, behavioral risk factor data for their county or region that is comparable to state and national data. Some 20 partnerships have participated in the Local Sampling Program, a few of them more than once, providing the basis for longitudinal data.
- The Hilltop Community HealthCare Partnership in Allegheny County and the Tioga County Partnership for Community Health are part of the Advisory Committee for Pennsylvania's Environmental Public Health Tracking Program. Through a grant from the Centers for Disease Control and Prevention, the PADOH and the Department of Environmental Protection (DEP) are building the capacity to develop a coordinated and integrated environmental public health surveillance network that will include both environmental databases developed and maintained by the DEP and environmental health outcome databases developed and maintained by the PADOH.

2007 Survey Process

The 2007 SHIP Partnership Survey was conducted from July through October, 2007. Fifty-two SHIP partnerships responded to the survey, in part or in full. The results of the survey have been processed as three reports: the Executive Summary, the General Report (data) and the Chartbook (data and analysis). A glossary and a copy of the survey questionnaire have been included in both data reports. As with the earlier surveys, the results will be used to guide improvements to data access at the community level; to prioritize initiatives and enhancements; and to provide information as part of the ongoing evaluation of the SHIP processes.

Survey Results

SHIP Partnership Information

Highlights

- Over 60 percent of responding SHIP partnerships have been in existence for more than seven years. Slightly less than 50 percent of responding partnerships identified themselves as being at the operational stage of development, while 47 percent are at the sustained stage.
- The volunteer structures vary greatly among the partnerships. Of the 43 responding partnerships, 26 percent reported having 11-20 volunteers, and 23 percent reported having 100 plus volunteers.
- The membership of each responding SHIP partnership includes health-related individuals and agencies. Almost all SHIP partnerships include local social service agencies; slightly more than 80 percent include local mental health organizations and/or individual health professionals; approximately three-fourths of respondents include local hospitals or health systems, county or municipal health departments and/or local substance abuse contractors as part of their respective memberships.
- About 70 percent of all responding SHIP partnerships include county children & youth services, county/municipal government(s) and/or county MH/MR programs as member organizations. Local school districts, local area agencies on aging, adult/family services agencies and colleges and universities each participate in almost two-thirds of all SHIP partnerships.

Other Findings:

PADOH's policy of requiring its contractors and grantees to collaborate with the SHIP partnerships was rated at slightly above average effectiveness in supporting the SHIP partnerships.

Almost 60 percent of responding SHIP partnerships reported having a written health improvement plan, although less than 10 percent have a written business plan. Approximately 70 percent of the SHIP partnerships are tracking outcome/impact measures.

SHIP partnerships indicated they have been most often funded through local hospital/health systems, local Foundations and other State agency grants/contracts. Various other funding sources were named, including dues, donations, private foundations/organizations and fundraising. About 50 percent have applied for grants from other organizations.

Approximately 16 percent SHIP partnerships reported receiving national media attention or national recognition for their local health improvement projects.

Next Steps:

- The PADOH will provide support, training and technical assistance to facilitate the strengthening of SHIP-affiliated partnerships.
- The PADOH will continue to develop new SHIP partnership affiliations, with a goal of at least one SHIP partnership in each of the 67 counties in Pennsylvania.
- The PADOH will distribute information regarding relevant grantees and contractors to SHIP partnerships in a timely manner.
- The PADOH will explore methods to enhance the communication between contractors/grantees and SHIP partnerships.
- The PADOH will provide training and technical assistance on the development and use of local health improvement plans.
- The PADOH will provide training and technical assistance on the development and use of business plans.

SHIP Publications and Activities

Highlights

- Approximately 60 percent of responding SHIP partnerships reported using the State Health Improvement Plan (SHIP) 2006-2010. The Healthy People 2010 objectives were considered the most useful feature in the SHIP Plans/Reports/Guides.
- One-fourth of the SHIP partnerships accessed data from the Workforce Reports, with the Dentist/Dental Hygienist Data Report being used most often, followed by the Physician and the RN Data Reports. The most useful feature of the Workforce Reports was statistics by county and urban/rural status.
- Over 80 percent of the SHIP partnerships have participated in Department of Health special initiatives. These included: (1) Tobacco Prevention and Cessation, (2) Immunization and (3) Pennsylvania Advocates for Nutrition and Activity (PANA). The average SHIP partnership participated in 4.3 special initiatives.

Other Findings:

Almost 75 percent of respondents reported ever having received a SHIP mini-grant; 65 percent of these were able to sustain aspects of the project after the grant period ended.

About one-third of respondents have collaborated with another SHIP partnership. The most common form of collaboration was coordinating a one-time special health event.

Next Steps:

- The PADOH will continue working with the Department of State in conducting the Healthcare Workforce surveys. The PADOH will also look into the possibility of expanding the survey questions to include data on such areas as the Medicaid population and Certified Registered Nurse Practitioners.
- The Bureau of Health Planning will identify methods to enhance notification of the release of SHIP publications (plans/reports/guides) and provide easy access to the documents.
- The Bureau of Health Planning will continue to publicize grant and funding opportunities to partnerships through a variety of means (SHIP Bulletin, presentations, LAC meetings, etc.)
- The PA DOH will create a grant template of commonly requested information for SHIP partnerships to complete. Partnerships will be able to use this template when applying for PADOH funding opportunities.
- The Bureau of Health Planning will continue to communicate internally with PADOH program areas and with other state agencies about SHIP partnerships, thus providing the opportunity for the agencies and partnerships to collaborate on initiatives.
- The PADOH will establish regular meetings with appropriate bureau and program staff within the Department of Health and other appropriate state agencies to discuss issues of relevance to SHIP and SHIP-Affiliated partnerships. These issues include role/potential role of partnerships, communication of funding opportunities, aligning/realigning of funding, targeting of funding opportunities to partnerships and other topics.

- The PADOH will encourage cooperation and collaboration among the SHIP partnerships and regional Local Advisory Councils (LACs).
- The PADOH will work with the SHIP partnerships to develop and implement a mechanism for sharing of best practices/outcomes.
- PADOH, the SHIP partnerships and the LACs will work collaboratively to develop strategies to support the long-term sustainability of SHIP-affiliated Partnerships.

Data Use

Highlights

- Over 90 percent of responding SHIP partnerships reported using a wide range of PADOH data. The most commonly used resources were: Healthy People 2010 data, county health profiles, Behavioral Risk Factor Surveillance Survey (BRFSS) data and population data. Primary uses of the data were for identifying local health improvement priorities, for grant writing purposes and for needs assessments.
- County level data was the most frequently needed level of geographical data. The types of disparity data considered most important to respondents were: (1) age group, (2) income and education levels and (3) gender.
- Almost half of the respondents reported accessing the PADOH's Epidemiologic Query and Mapping System (EpiQMS).

Other Findings:

About 80 percent of responding SHIP partnerships reported using data from other state agencies. The other agencies most often accessed were: the Pennsylvania Department of Public Welfare, the Pennsylvania Commission on Crime and Delinquency, the Pennsylvania Department of Education and the Pennsylvania State Data Center.

Almost 40 percent of respondents used quality of life indicators, most often for grant writing, needs assessments and identification of local priorities.

Responding SHIP partnerships reported that they most often acquired community-level data from local hospital/health systems, local health departments, local school districts and county or municipal government. The most common qualitative data collected was related to perceived community problems.

Approximately 90 percent of respondents used federal data. The most commonly used data sources were the U.S. Census Bureau, Healthy People 2010 data and data from the Centers for Disease Control and Prevention.

Next Steps:

- An Older Pennsylvanians report on persons aged 65 and over, with state and county level statistics, will be added to the PADOH Health Statistics Web page.
- A statewide Youth Risk Behavior Survey will be conducted during in the 2008-2009 school year. The data will be made available on the PADOH Health Statistics Web page.
- Healthcare Workforce data will be added to EpiQMS, the interactive Web tool on the PADOH Health Statistics Web pages, with the next upgrade. The interactive Web tool provides customized data tables, charts, maps and other statistics by state and county.
- The Bureau of Health Planning will collect Best Practices/Best Outcomes information and make this information available to the SHIP partnerships.

Technical Assistance and Training

Highlights

- Approximately 30 percent of responding partnerships reported receiving technical assistance from the PADOH in the collection or analysis of data. About one-third of SHIP partnerships received technical assistance from other sources, including academic institutions and other state agencies.
- Almost half of respondents reported participation in the Behavioral Risk Factor Surveillance System (BRFSS) Local Sampling Program, with all of these SHIP partnerships identifying the usefulness of the data as the

primary reason for participation. The most common uses of the BRFSS Local Sampling data were for the identification of local health improvement priorities, needs assessment and grant writing. Expense was cited by 75 percent of those partnerships that did not participate (or participate again) in the BRFSS Local Sampling Program as their reason for not participating (or not participating again).

- The additional Web-based opportunities most requested by the partnerships were: the capability to submit grants and other documents online to the PADOH (81 percent of partnerships); the ability to attend and/or participate in online conferencing (75 percent); and the availability of online education or training (73 percent). Less than 20 percent of respondents would like an online bulletin board or chat line.

Other Findings:

Approximately 80 percent of responding SHIP partnerships received training in the logic model, and almost 50 percent rated their familiarity with the process as very familiar to extremely familiar. Almost half of these reported using data from the logic model in the preparation of grant applications and in strategic planning.

Almost 30 percent of respondents reported participation in a SHIP Partnership Training Track course at the PADOH's Public Health Institute (PHI). In addition, 11 percent viewed a videotaped PHI SHIP partnership course through the PADOH's Learning Management System.

A total of 70 percent of responding SHIP partnerships rated their ability to analyze and interpret data as above average, although only 47 percent of SHIP partnerships felt their ability to manage and track data over time was above average.

Three-fourths of partnerships would like to see state agencies collect Youth Behavioral Risk Survey data and to have the state provide drug and alcohol statistics. Approximately 60 percent of partnerships are interested in data on domestic violence/abuse and mental health data.

Slightly more than half of respondents preferred that the SHIP Partnership Data Survey be repeated every two years, one-third preferred every four years, and eight percent preferred yearly.

Next Steps:

- The Bureau of Health Planning and the Bureau of Information Technology will continue to investigate methods to enhance the SHIP focused portion of the PADOH web site and will work towards enhancing internet-based opportunities available to SHIP partnerships.
- The Bureau of Health Planning will explore the feasibility of including questions on organizational structure, membership, types of data used and types of technical assistance desired will be collected as part of the SHIP affiliation/reaffiliation process.
- The Bureau of Health Planning will provide resource information, funding announcements, training opportunities and other relevant information to SHIP partnerships through the SHIP bulletin and other methods, including fact sheets.
- The Bureau of Health Statistics and Research is working with the Department of Education to conduct the Youth Risk Behavior Surveillance Survey (YRBSS) statewide during the 2008-2009 school year.
- The PADOH will develop methods to better publicize and promote the BRFSS Local Sampling program, including its use in conducting local needs assessments.
- The PADOH will provide technical assistance on the development and use of needs assessments and encourage partnerships to share their own experiences.
- The PADOH will identify specific training needs of partnerships and develop a training plan to address these needs.
- The PADOH will explore feasibility of providing Continuing Education Units for participation in training opportunities.
- The Bureau of Health Planning will work with the Bureau of Health Statistics and Research to provide on-site training at Local Advisory Council (LAC) meetings.
- The Bureau of Health Planning and the Bureau of Information Technology will explore the feasibility of offering training opportunities via different venues including, but not limited to, telephone, in person, video technology and the internet.