

State Health Improvement Plan

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

General Report



**SHIP Data, Information and Evaluation Committee
Bureau of Health Planning
Bureau of Health Statistics and Research**

December 2008

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Pennsylvania Department of Health
Harrisburg, PA**

Introduction

Background of the SHIP-Affiliated 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.

An important component of the State Health Improvement Plan (SHIP) has been the Department of Health's commitment to increase access to relevant data and information necessary for communities to assess local health status and develop local health improvement priorities. Some aspects of this commitment include:

- Guiding improvements to data access and quality at the community level.
- Helping to prioritize data initiatives and enhancements that are being considered by the Department.
- Providing information that will be used as part of the ongoing evaluation of the SHIP 2006-2010 Plan.

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 out of 60 active 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 longitudinal 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.

As with the earlier surveys, the 2007 SHIP Partnership Data Survey was a cooperative effort between the SHIP-affiliated partnerships, the PADOH and other partners to allow the partnerships to make recommendations concerning their specific data needs and to provide other information for the PADOH to use in its role as facilitator of state and local health improvement activities.

Report Format

The contents of this report are listed in two parts:

- The Table of Contents lists all of the information on a given page by Question Number (e.g. Q5).
- The Table of Charts lists the charts that are on a given page, also by Question Number.

The results of the Survey are divided into four sections: (1) Data Use, (2) Technical Assistance and Training, (3) SHIP Publications and Activities, and (4) SHIP Partnership Information. Each section contains the survey questions relevant to that section topic, with each section using the following format:

- Highlights: A summary of the findings in the section.
- Findings: The results of survey.
- Next Steps: A brief discussion of current and proposed activities related to the section.

Table of Contents

	Page
Introduction	
• <i>Background of the SHIP-Affiliated Partnership Data Survey</i>	i
• <i>2007 Survey Process</i>	ii
• <i>Report Format</i>	ii
• <i>Table of Contents</i>	iii
• <i>Table of Charts</i>	v
Section 1: Data Use	
• <i>Highlights</i>	1
• <i>Findings</i>	
Q1: Use of Pennsylvania Department of Health (PADOH) Data	2
Q2: Ways Partnerships Used PADOH Data	3
Q3: Preferred Geographic Level of PADOH Data	3
Q4: Data from Specific Disparity Categories	4
Q5: Access to PADOH Health Statistics Web Page	4
Q6: Use of the Epidemiological Query and Mapping System (EpiQMS)	5
Q7: Suggested Other EpiQMS Data	5
Q8: PADOH Healthy People 2010 Statistics Web Site	6
Q9: Suggested Other Healthy People 2010 Goals or Types of Data	6
Q17: Quality of PADOH Data Experience	7
Q18: Other State Agency Data Sources.....	8
Q19: Use of Quality of Life Indicators	9
Q20: Local Data Sources	10
Q21-Q22: Local Qualitative Data Collection.....	11
Q23: Federal Data Sources	12
• <i>Next Steps</i>	13
Section 2: Technical Assistance and Training	
• <i>Highlights</i>	14
• <i>Findings</i>	
Q10-Q11: Technical Assistance from PADOH	15
Q12-Q13: Behavioral Risk Factor Surveillance Survey (BRFSS) Local Sampling Program	16
Q14-Q16: Participation and Non-Participation in BRFSS Local Sampling Program	17
Q24: Other Sources of Technical Assistance	18
Q31-Q33: Logic Model	19
Q34-Q37: Training Opportunities and Data Management Skills.....	20
Q38-Q39: Desired Web Capabilities and Data.....	21
Q40: Frequency of Data Survey	22
• <i>Next Steps</i>	23

Table of Contents (continued)

	Page
Section 3: SHIP Publications and Activities	
• <i>Highlights</i>	24
• <i>Findings</i>	
Q25: SHIP Publications Used by Partnerships	25
Q26-Q27: SHIP Plans/Reports/Guides	26
Q28-Q29: SHIP Workforce Reports	27
Q30: Suggestions for Improving SHIP Publications	27
Q54: SHIP Mini-Grants	28
Q55: Email Grant Announcements	29
Q57-Q58: Collaboration and PADOH Special Initiatives	29
Q59: State Representation at Partnership Meetings	30
• <i>Next Steps</i>	31
 Section 4: SHIP Partnership Information	
• <i>Highlights</i>	32
• <i>Findings</i>	
Background Information	
(Age of Partnership; Stage of Development; Liaison; Participation in 2000 and 2004 Surveys)	33
Q41: Number of Volunteers and Member Organizations	34
Q42: Health-Related Individuals and Organizations as Members	35-36
Q43: Local/County Organizations as Members	37-38
Q44-45: Collaboration	38
Q46: Other State Agency/Local Partner Programs	39
Q47-Q48: Health Improvement Plans and Business Plans	40
Q49-51: Track Outcome/Impact Measures	40
Q52: Partnership Funding	41
Q53: Partnership Funding Percentage Breakdown	42
Q56: Partnership Attention or Recognition	42
Q60: Partnership Priorities	43
• <i>Next Steps</i>	44
 Appendices	
1. 2007 SHIP Partnership Data Survey Form	45-54
2. Participation in 2007 Partnership Survey	
• List of Participating Partnerships	55-56
3. Glossary and Abbreviations	57-58

Table of Charts

	Page
Section 1: Data Use	
Q1: Type of PADOH Data Used	2
Q2: Ways Partnerships Used PADOH Data.....	3
Q3: Level of Geographic Detail Needed in PADOH Data	3
Q4: Importance of Data from Specific Disparity Categories.....	4
Q6b: Average Ratings of the Epidemiological Query and Mapping System.....	5
Q8b: Average Ratings of the PADOH Healthy People 2010 Web Site	6
Q17: Quality of PADOH Data Experience	7
Q18a: Other State Agency Data Sources Used	8
Q18b: How Other State Agency Data Sources Met Partnership's Data Needs	8
Q19: How Quality of Life Indicators Were Used	9
Q20: Local Data Sources Used.....	10
Q21: Local Qualitative Data Collection	11
Q22: Specific Types of Local Qualitative Data	11
Q23a: Federal Data Sources Used	12
Q23b: Average Ratings for Federal Data Sources	12
 Section 2: Technical Assistance and Training	
Q10b: Average Ratings of Technical Assistance from PADOH.....	15
Q13: Use of BRFSS Local Sample Data	16
Q14: Satisfaction with the BRFSS Local Sample Program.....	17
Q16: Reasons Why Partnerships Chose Not to Participate (or Not Participate Again) in BRFSS Local Sample Program	17
Q31: Familiarity with the Logic Model.....	19
Q37: Self-Assessment of Partnership Ability to Manage Data	20
Q38: Desired Transactional/Web Portal Capabilities	21
Q39: Desired Data Availability	21
 Section 3: SHIP Activities and Publications	
Q25: SHIP Publications Used by the Partnerships.....	25
Q26: Most Useful Features of SHIP Plans/Reports/Guides.....	26
Q27: Average Ratings of the SHIP Plans/Reports/Guides	26
Q28: Most Useful Features of the SHIP Workforce Reports.....	27
Q29: Average Ratings of the SHIP Workforce Reports	27
Q54c: Ways Partnerships Were Able to Sustain Aspects of Their Projects after SHIP Mini-Grant Funding Ended	28
Q58: Participation in PADOH Initiatives	29
Q59: Representation/Participation of Other State Agencies at Partnership Meetings	30

Table of Charts (Continued)

Page

Section 4: SHIP Partnership Information

Background Information

Length of Time Partnership Has Been in Existence	33
Partnership Stage of Development	33
Q41a: Number of Volunteers Involved in Partnership.....	34
Q41b: Number of Member Organizations Involved in Partnership	34
Q42a Types of Health-Related Individuals/Organizations in Partnership	35
Q42b: Other Health-Related Individual/Organization in Partnership, Partnership Write-in Responses to the Survey	36
Q43a: Types of Local/County Organizations in Partnership	37
Q43b: Other Local/County Organization Partnership Members, Partnership Write-in Responses to the Survey	38
Q46a: Partnership Participations in Communities that Care Prevention Initiative	39
Q52a: Partnership Funding Sources	41
Q52b: Other Sources of Partnership Funding.....	41
Q60: Partnership-Identified Priority Areas Based on Healthy People 2010 Focus Areas.....	43

Section 1

Data Use

Section 1: Data Use

Highlights

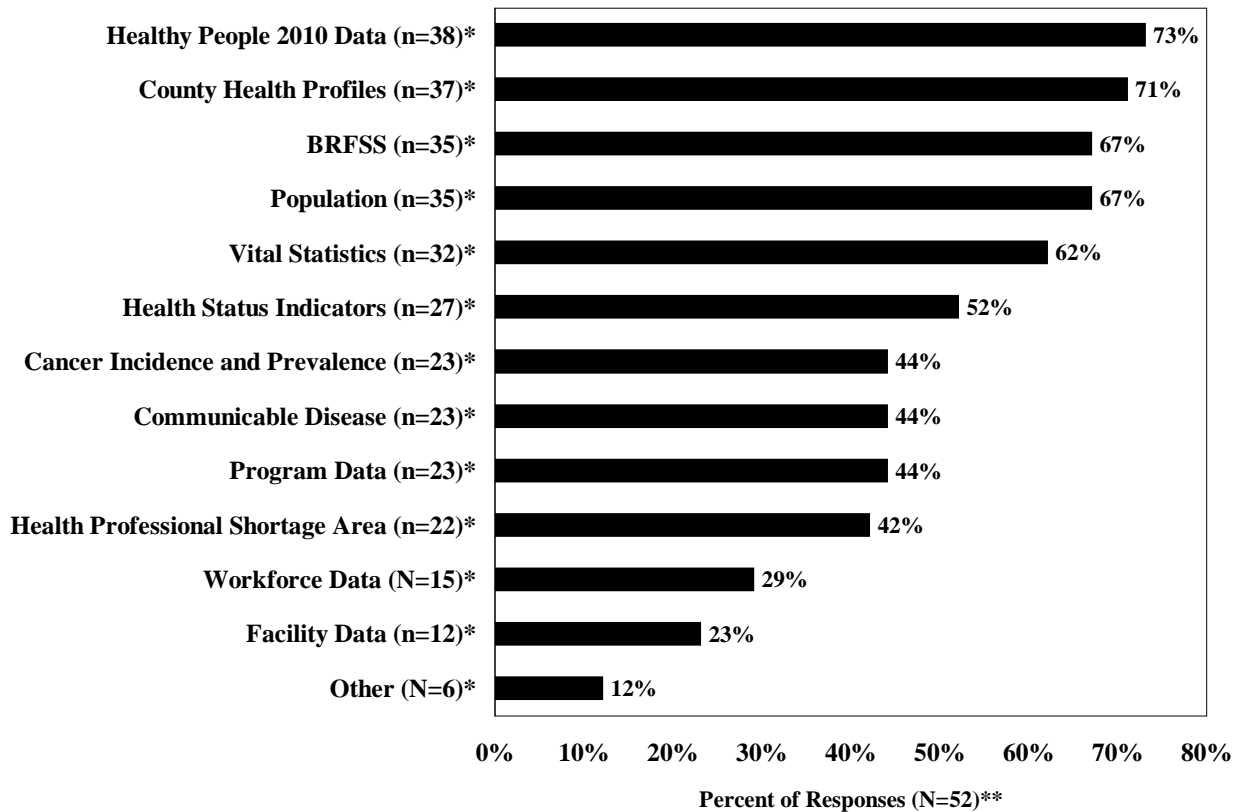
- Over 90 percent of responding SHIP partnerships reported using PADOH data. The most commonly used resources were: Healthy People 2010 data, county health profiles, Behavioral Risk Factor Surveillance Survey (BRFSS) data and population data. Primary uses of the data were for identifying local health improvement priorities, for grant writing purposes and for needs assessments.
- County level data was the most frequently used level of geographic data. The types of disparity data rated most important to respondents were (1) age, (2) income and education levels and (3) gender.
- Almost half of the respondents reported accessing the PADOH's Epidemiologic Query and Mapping System (EpiQMS).
- About 80 percent of responding SHIP partnerships reported using data from other Pennsylvania 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 reported using federal data. The most commonly used data sources were the U.S. Census Bureau, Healthy People 2010 and the Centers for Disease Control and Prevention.

Section 1: Data Use

Q1: Use of Pennsylvania Department of Health (PADOH) Data

- Some 94 percent of responding partnerships reported using PA Department of Health (PADOH) data.
- The type of PADOH data used most often by partnerships were: Healthy People 2010 data (73 percent), County Health Profiles (71 percent), BRFSS (67 percent), Population (67 percent) and Vital Statistics (62 percent).
- Facility survey (hospitals, nursing homes, ambulatory surgery centers) data were used by only 23 percent of the partnerships.

Q1: Type of PADOH Data Used, Pennsylvania Partnerships, 2007



* Number of partnerships indicating they use the corresponding type of data.

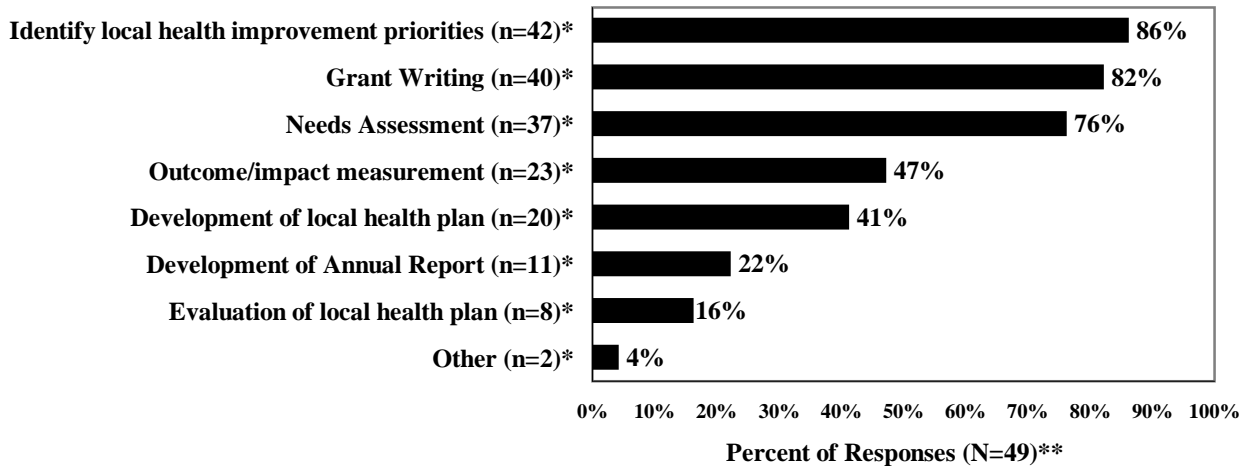
** Number of total survey respondents to pertinent survey question.

Section 1: Data Use

Q2: Ways Partnerships Used PADOH Data

- Partnerships that responded to the survey were most likely to use PADOH data for identification of local health improvement priorities (86 percent), grant writing (82 percent) and needs assessment (76 percent). Partnerships were least likely to use the data in the development of annual reports (22 percent) and the evaluation of the local health plans (16 percent).

Q2: Ways Partnerships Used PADOH Data, Pennsylvania Partnerships, 2007



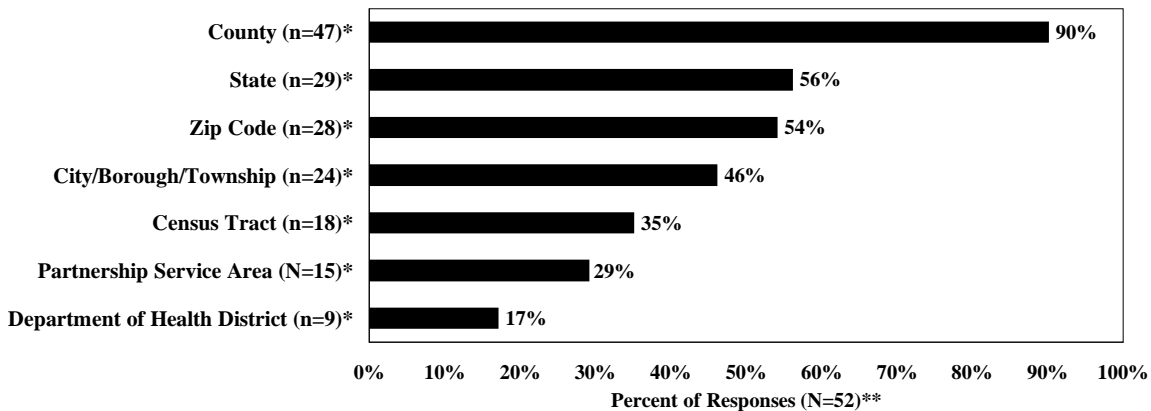
* Number of partnerships indicating they used PADOH data for the corresponding purpose.

** Number of total survey respondents to pertinent survey question.

Q3: Preferred Geographic Levels of Data

- Responding partnerships identified County level data as the most frequently needed level of geographic data (90 percent).
- City/Borough/Township (46 percent), Census Tract (35 percent), Partnership Service Area (29 percent), and PADOH District (17 percent) levels of geographic data were needed by less than half of the partnerships.

Q3: Level of Geographic Detail Needed in PADOH Data, Pennsylvania Partnerships, 2007



* Number of SHIP affiliated partnerships indicating the specific category.

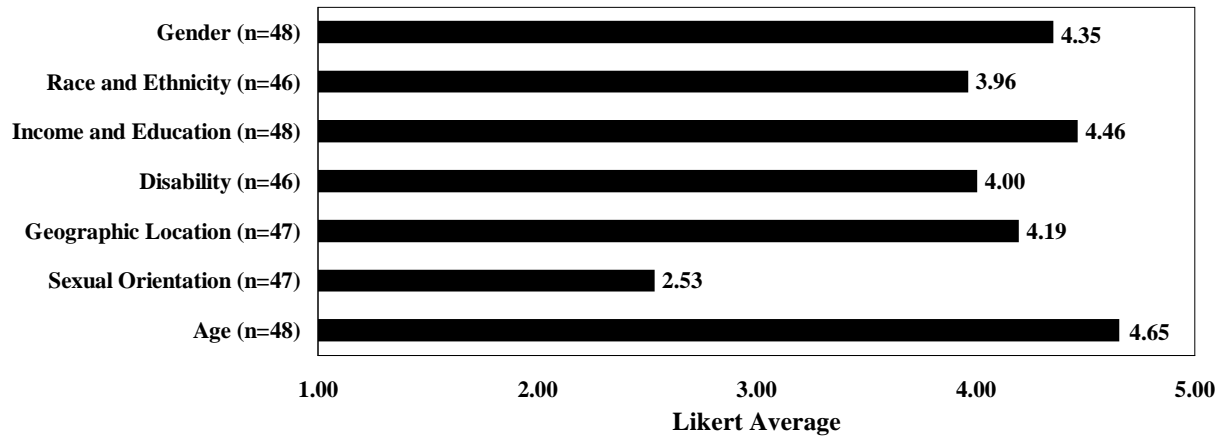
** Number of total survey respondents to pertinent survey question.

Section 1: Data Use

Q4: Data from Specific Disparity Categories

- Partnerships rated the importance of having data based on the disparity categories described in Healthy People 2010. The top three disparity categories identified by responding partnerships were (1) age, (2) income and education level and (3) gender.
- Partnerships rated the importance of having data based on the disparity category of sexual orientation as the least important of the seven categories.

Q4: Importance* of Data from Specific Disparity Categories, Pennsylvania Partnerships, 2007



* Rating Scale of 1=Not Important to 5=Very Important

Q5: Access to PADOH Health Statistics Web Page

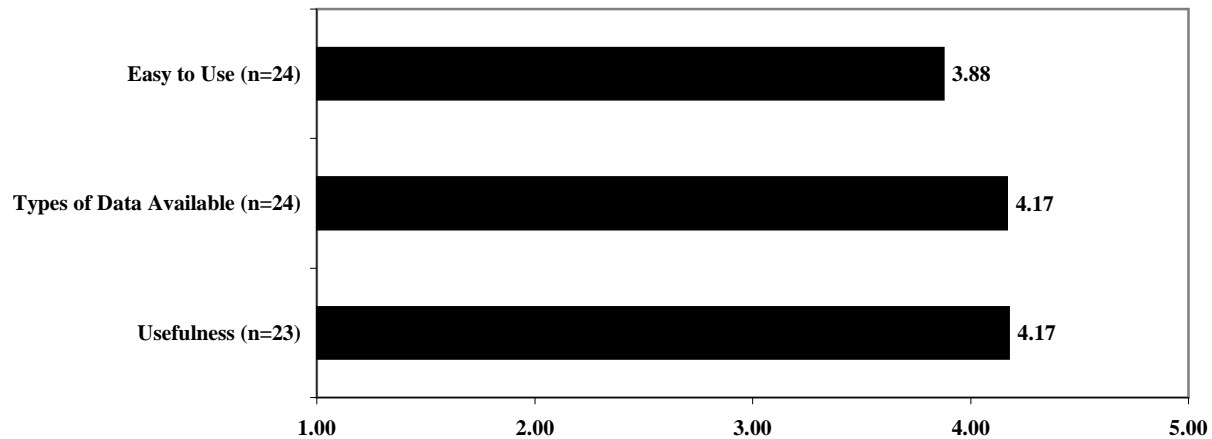
- Almost 90 percent of the partnerships indicated that they have accessed the PADOH's Health Statistics Web page.
- Over 80 percent of the partnerships indicated that they have used the "E-Guide to Health Statistics (A to Z)" on the PADOH's Health Statistics and Research Web page.
- Some 83 percent of the partnerships felt the "E-Guide to Health Statistics (A to Z)" was above average (score of 4 or 5 on a range of 1=poor to 5=excellent) for ease of use; 86 percent felt that the types of data available were above average; 78 percent felt the usefulness of the data was above average.

Section 1: Data Use

Q6: Use of Epidemiologic Query and Mapping System (EpiQMS)

- Almost 50 percent of responding partnerships reported they have used PADOH's Epidemiologic Query and Mapping System (EpiQMS) to produce statistics, tables, charts, graphs and/or maps.
- Some 67 percent of the partnerships felt that the EpiQMS was easy to use (score of 4 or 5 on a range of 1=poor to 5=excellent), 75 percent indicated that the types of data available were above average, and 83 percent indicated that EpiQMS was above average in usefulness.
- Reasons partnerships have never used EpiQMS include: lack of time; no knowledge of the system; no knowledge of availability; EpiQMS data not needed for priorities; and no time to figure system out.

Q6b: Average Ratings* of Epidemiologic Query and Mapping System, Pennsylvania Partnerships, 2007



* Rating Scale of 1=Poor to 5=Excellent

Q7: Suggested Other EpiQMS Data

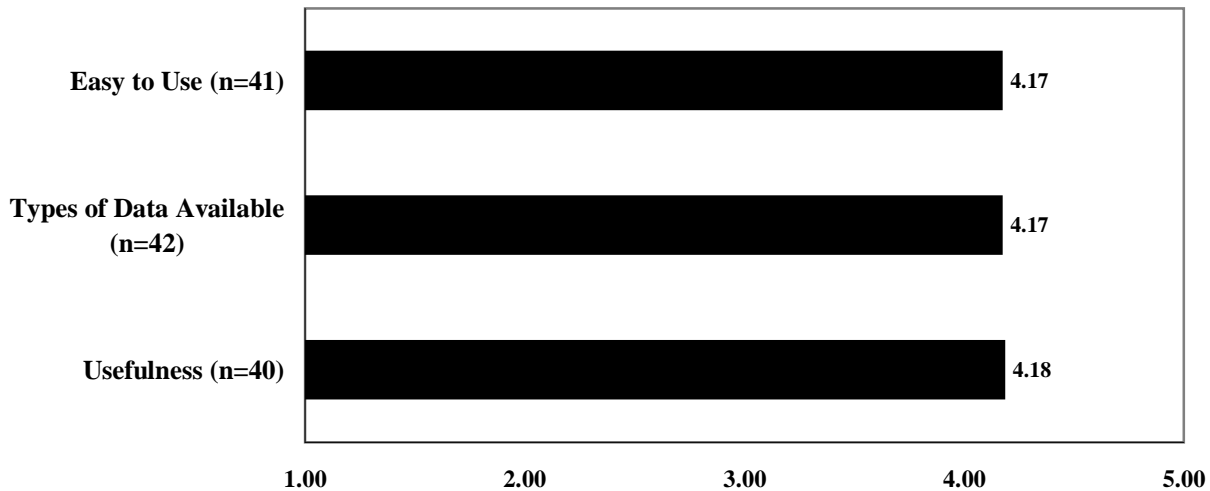
- Other suggestions for health-related data to be included in EpiQMS include diabetes, drug and alcohol statistics, heart disease, tobacco use, morbidity and mortality data and domestic violence statistics.

Section 1: Data Use

Q8: PADOH Healthy People 2010 Statistics Web Site

- Almost 90 percent of responding partnerships indicated that they have accessed the PADOH's Healthy People 2010 Web site.
- Some 78 percent of the respondents felt that the PADOH's Healthy People 2010 Web site was easy to use (score of 4 or 5 on a scale of 1=poor to 5=excellent); 85 percent indicated that the types of data available were above average; and 76 percent indicated that the web site was useful.

Q8b: Average Ratings* of the PADOH Healthy People 2010 Web Site, Pennsylvania Partnerships, 2007



* Rating Scale of 1=Poor to 5=Excellent

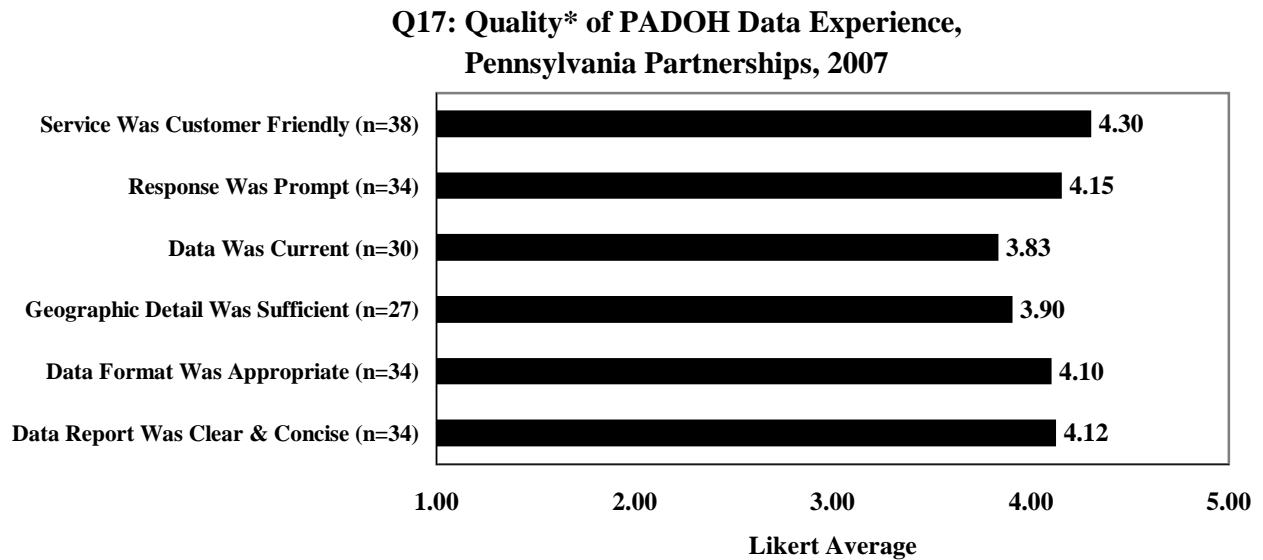
Q9: Suggested Other Healthy People 2010 Goals or Types of Data

- Other suggestions for inclusion on the Healthy People 2010 Web site include: accessibility (not specified), local environmental data, immunization data by age and county, income level data and alcohol-related disease by age.

Section 1: Data Use

Q17: Quality of PADOH Data Experience

- Using the Likert Scale means of calculation to rate the quality of their overall data experience with the PADOH, responding partnerships rated customer friendliness the highest average (4.30 on a range of 1=poor to 5=excellent), followed by response promptness (4.15), clarity and conciseness of data (4.12) and appropriateness of data format (4.10).
- The partnerships generally rated the quality of the PADOH data experience around the above average level (average scores fell between 3.83 - 4.30); the lowest average scores were given for the level of geographic detail (3.90) and current data (3.83).



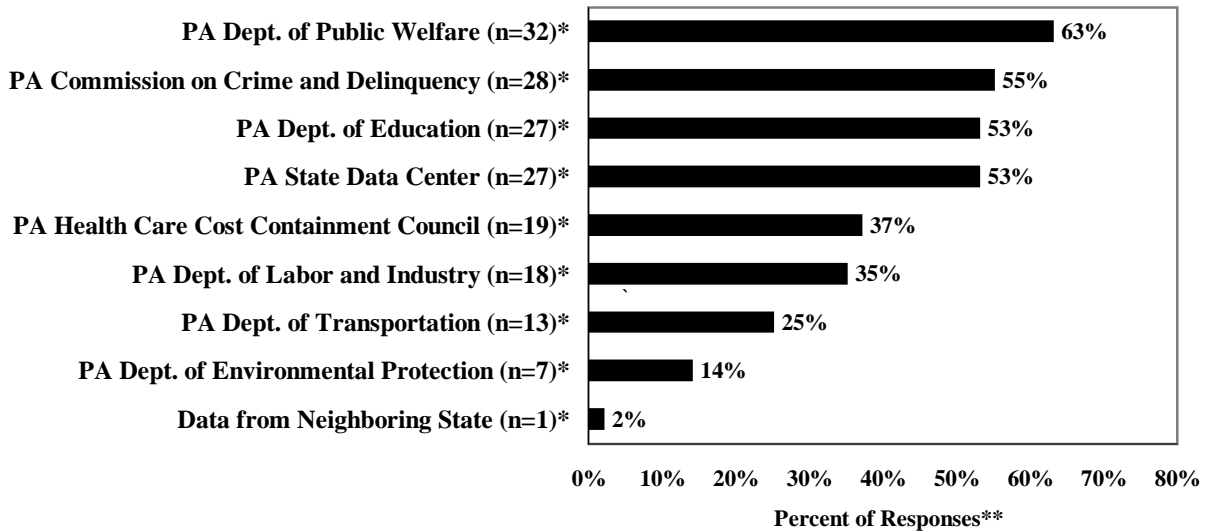
* Rating Scale of 1=Poor to 5=Excellent

Section 1: Data Use

Q18: Other State Agency Data Sources

- About 80 percent of responding SHIP partnerships reported using data from other state agencies.
- Responding partnerships reported the most frequently used data from other state agencies as data from the Pennsylvania Department of Public Welfare (63 percent), the Pennsylvania Commission on Crime and Delinquency (55 percent), Pennsylvania Department of Education (53 percent) and the Pennsylvania State Data Center (53 percent).

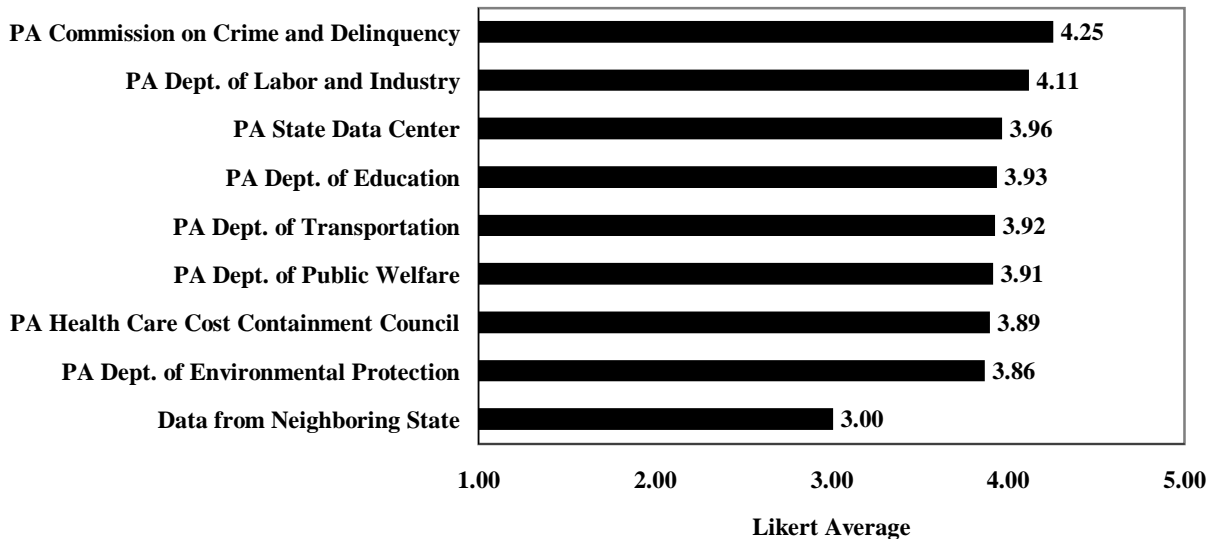
Q18a: Other State Agency Data Sources Used, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents contributing to the denominator varies per category.

Q18b: How Other State Agency Data Sources Met Partnership's Data Needs*, Pennsylvania Partnerships, 2007



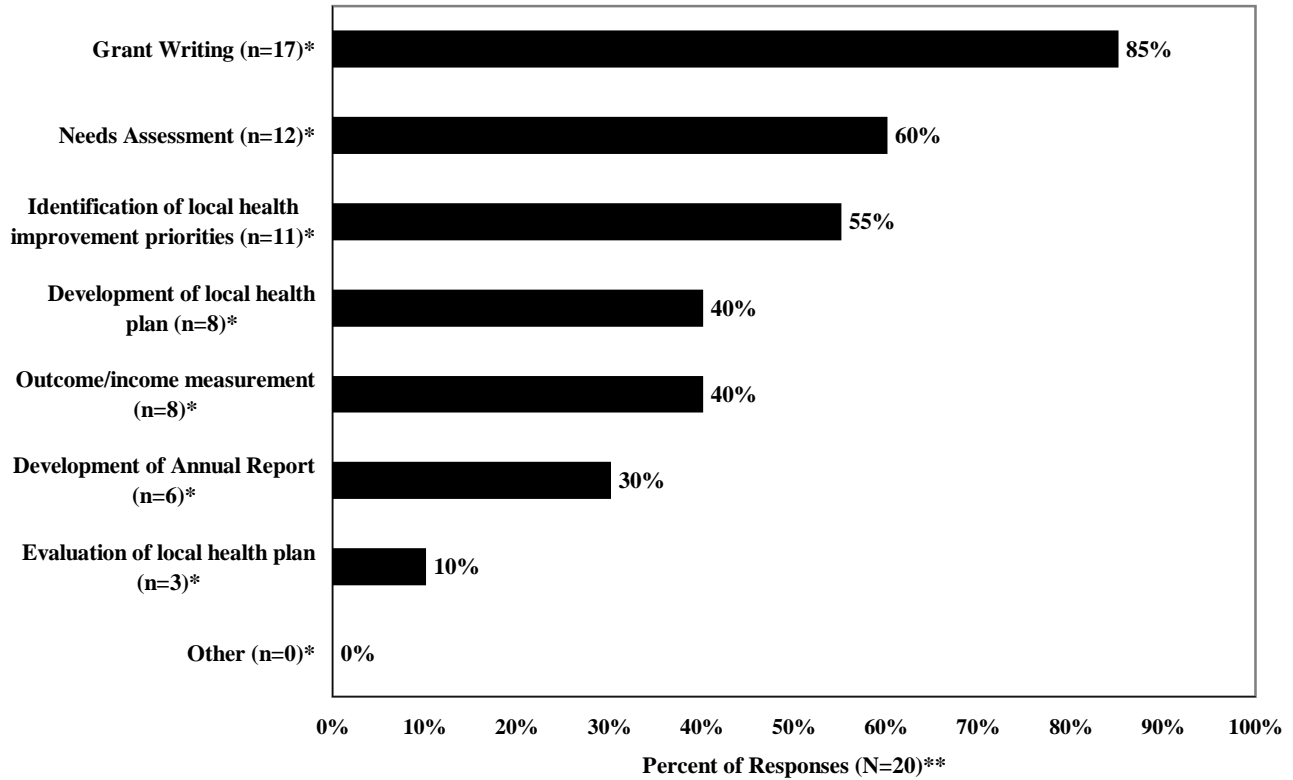
* Rating Scale of 1=Did not meet our needs at all to 5=Met our needs extremely well

Section 1: Data Use

Q19: Use of Quality of Life Indicators

- About 40 percent of the responding partnerships reported that they had used Quality of Life indicators.
- Quality of Life indicators were mostly used for grant writing (85 percent), needs assessment (60 percent) and identification of local health improvement priorities (55 percent).

**Q19: How Quality of Life Indicators Were Used,
Pennsylvania Partnerships, 2007**



* Number of partnerships indicating the specific category.

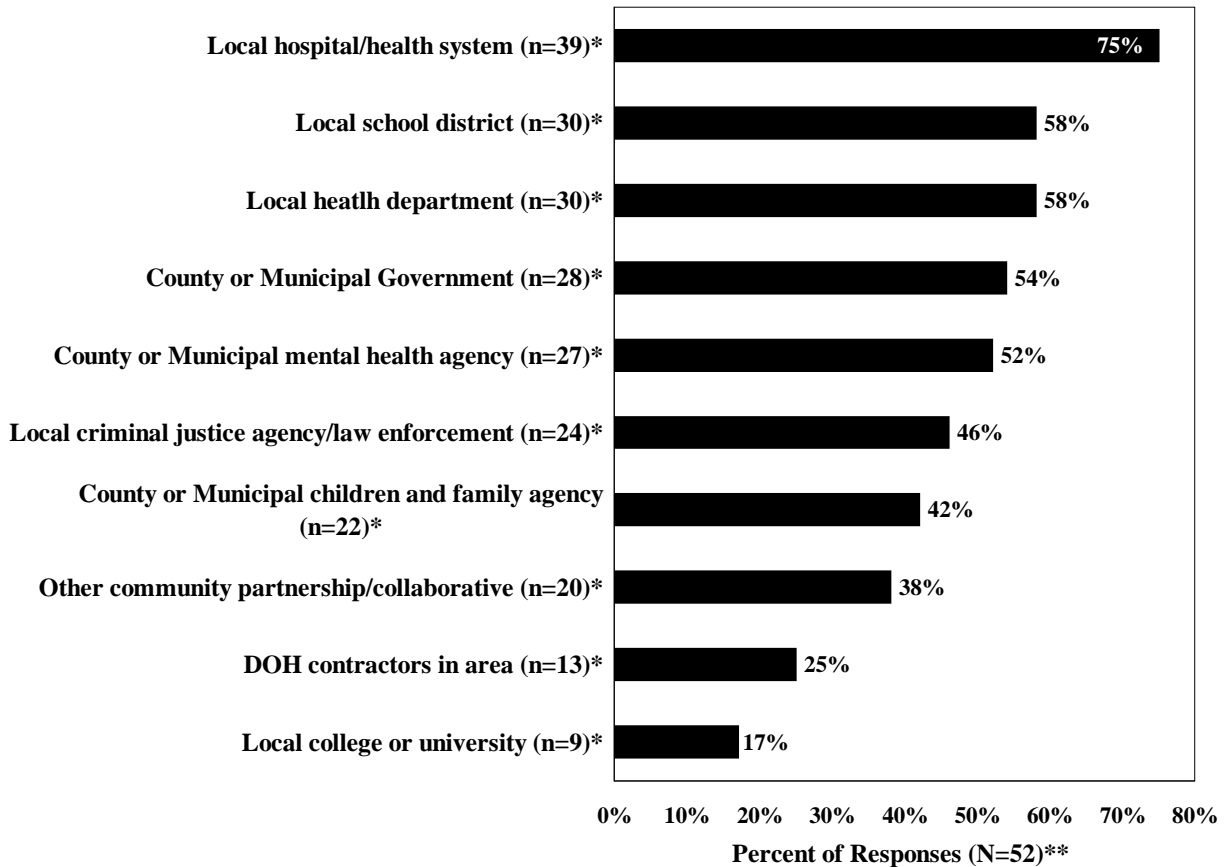
** Number of total survey respondents to pertinent survey question.

Section 1: Data Use

Q20: Local Data Sources

- Of those partnerships that responded to the survey, 75 percent reported that local hospitals/health systems provided them with local data and statistics, and 58 percent listed local school districts and/or local health departments as providers of local data and statistics.

Q20: Local Data Sources Used, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

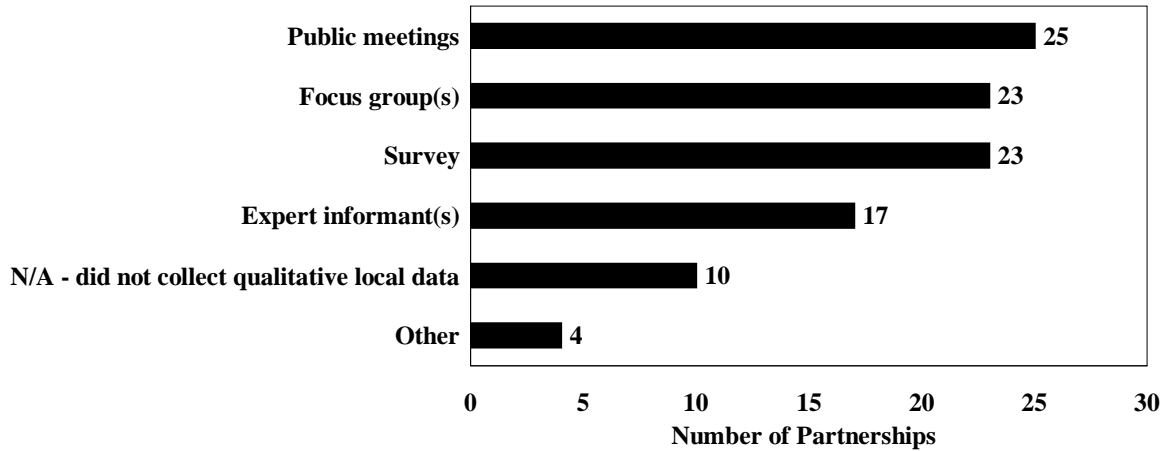
** Number of total survey respondents to pertinent survey question.

Section 1: Data Use

Q21: How Is Local Qualitative Data Collected

- Approximately half of the partnerships reported using public meetings; 44 percent reported using focus groups and/or surveys; and one-third used expert informants as methods to collect qualitative data and information from their communities.

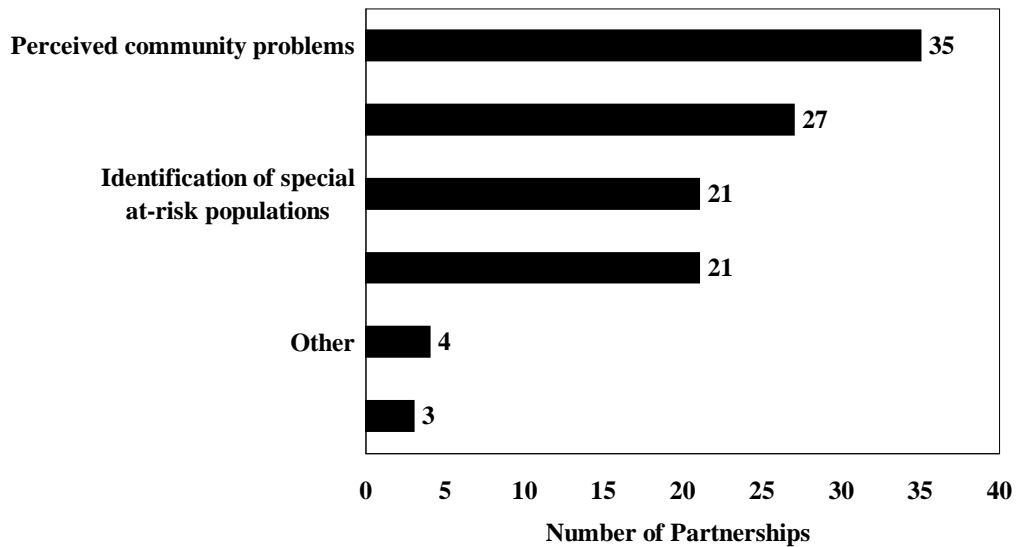
Q21: Local Qualitative Data Collection, Pennsylvania Partnerships, 2007



Q22: Types of Qualitative Data Collected

- Types of qualitative data collected by partnerships include: perceived community problems (67 percent), perceived community assets (52 percent), identification of special at-risk populations (40 percent) and satisfaction with health service (40 percent).

Q22: Specific Types of Local Qualitative Data, Pennsylvania Partnerships, 2007

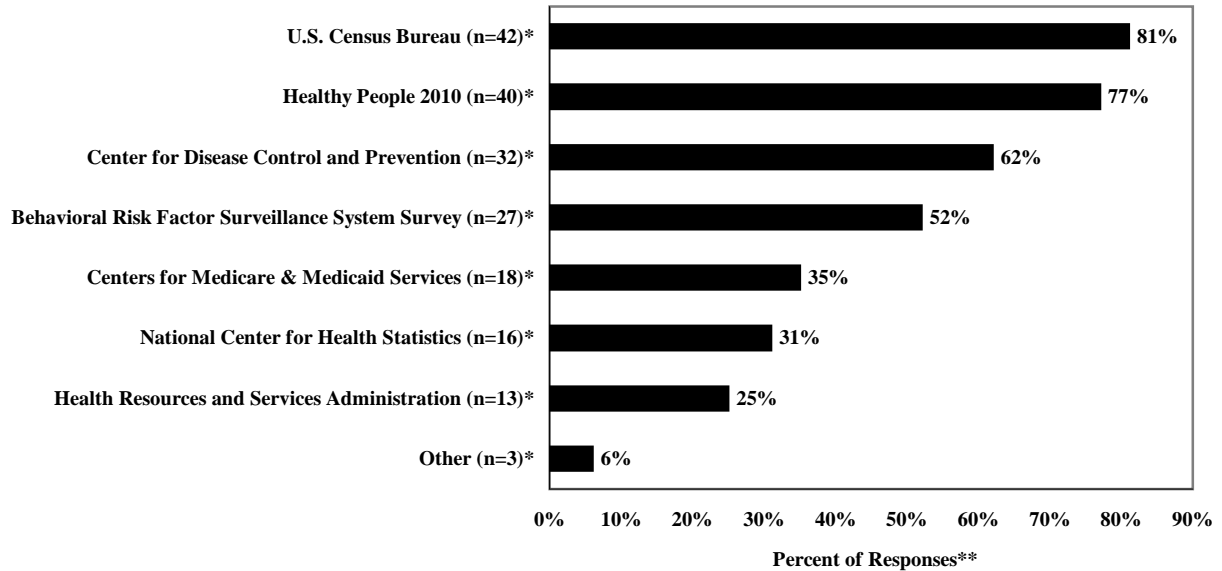


Section 1: Data Use

Q23: Federal Data Sources

- Almost 90 percent of responding partnerships reported using federal data.
- The federal data sources used most frequently by partnerships include the U.S. Census Bureau, Healthy People 2010, the Centers for Disease Control and Prevention and the Behavioral Risk Factor Surveillance System (BRFSS).
- Of data sources, the responding partnerships gave the U.S. Census Bureau the highest rating (4.36 on a scale of 1=did not meet our needs at all to 5=met our needs extremely well) for meeting partnership's needs (Chart Q23b).

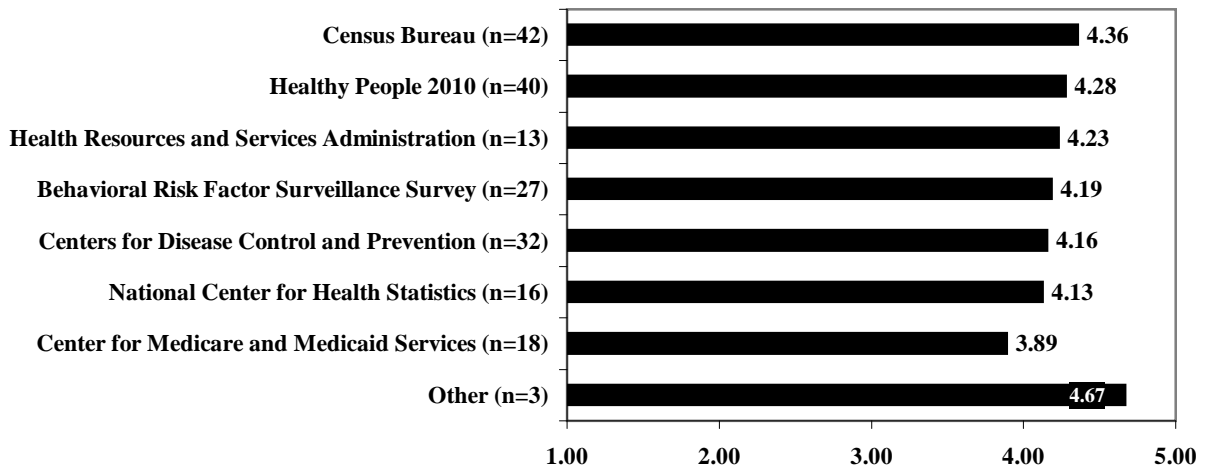
**Q23a: Federal Data Sources Used,
Pennsylvania Partnerships, 2007**



* Number of partnerships indicating the specific category.

**Number of total survey respondents contributing to the denominator varies per category.

**Q23b: Average Ratings* for Federal Data Sources
Pennsylvania Partnerships, 2007**



* Rating Scale of 1=Did not meet our needs at all to 5=Met our needs extremely well

Section 1: Data Use

Next Steps

- An Older Pennsylvanians report on persons aged 65 and over, with state and county level statistics, will be added to the PADOH's Health Statistics Web page.
- A statewide Youth Risk Behavior Survey will be conducted during the 2008-2009 school year. The data results will be made available on the Pennsylvania Department of Health (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.

Section 2

Technical Assistance

and

Training

Section 2: Technical Assistance & Training

Highlights

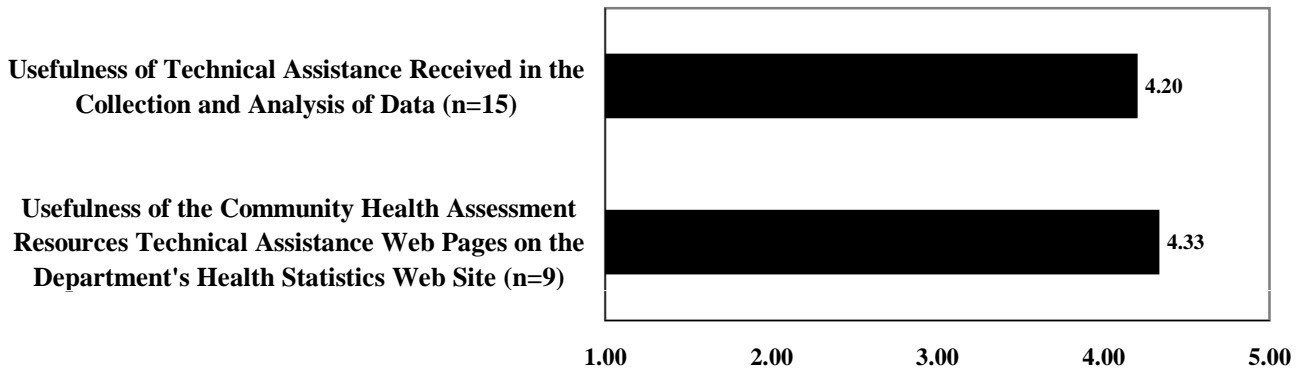
- Approximately 30 percent of responding partnerships reported receiving technical assistance from the PADOH in the collection or analysis of data. About one-third of SHIP partnerships received technical assistance from other sources, including academic institutions and other state agencies.
- Almost 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).
- 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.
- About 95 percent of responding partnerships would find additional web-based opportunities useful. 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.
- Three-fourths of responding 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 8 percent preferred annually.

Section 2: Technical Assistance & Training

Q10: Technical Assistance from PADOH

- Some 29 percent of responding partnerships reported receiving technical assistance in the collection or analysis of data from the PADOH.
- Of those partnerships that rated the usefulness of the technical assistance they received from the PADOH, 33 percent felt that their needs were extremely well met and 60 percent felt that their needs were well met. The average rating was 4.20 (range of 1=did not meet our needs at all to 5=met our needs extremely well).

Q10b: Average Ratings* of Technical Assistance from PADOH, Pennsylvania Partnerships, 2007



* Rating Scale of 1=Did not meet our needs at all to 5=Met our needs extremely well

Q11: Community Health Technical Assistance Web Pages

- Approximately 20 percent of partnerships reported using the Community Health Assessment Resources Technical Assistance Web pages on the PADOH's Health Statistics Web site.
- Of those partnerships that have used the Community Health Assessment Resources Technical Assistance Web pages on the Department's Health Statistics Web site, 44 percent felt that their needs were extremely well met and 44 percent felt that their needs were well met. The average rating was 4.33 (range of 1=did not meet our needs at all to 5=met our needs extremely well).

Section 2: Technical Assistance & Training

Q12: Why Participate in the Behavioral Risk Factor Surveillance Survey (BRFSS)

Local Sampling Program

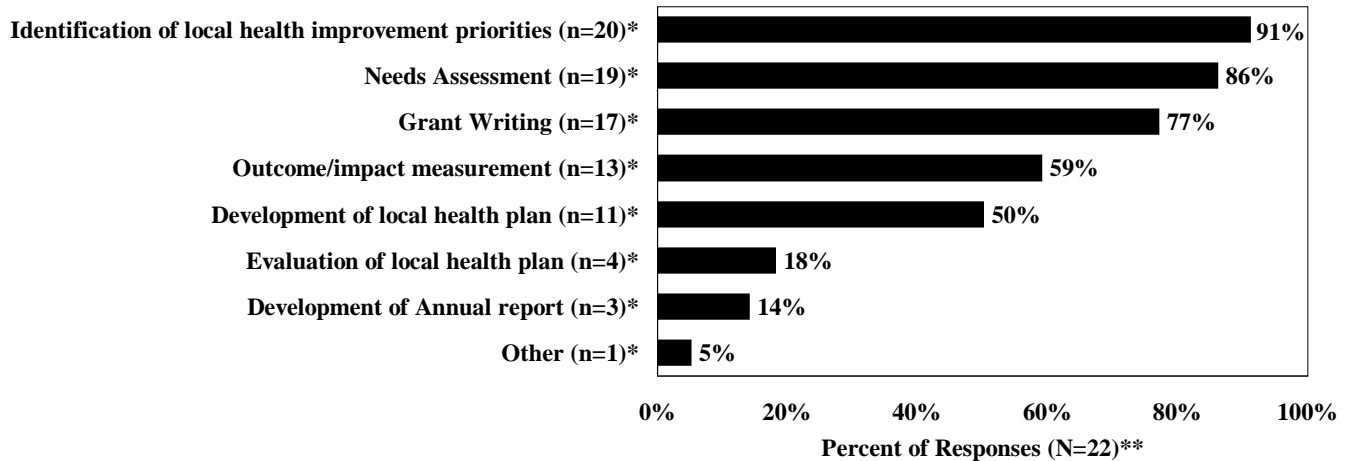
- Some 44 percent of the partnerships indicated that they had participated at least once in the BRFSS Local Sampling Program.

- All of the participating partnerships stated that the usefulness of data was the reason they chose to participate in the BRFSS Local Sampling program. In addition, 39 percent listed low cost, and 35 percent listed the ongoing availability of technical assistance as reasons they chose to participate.

Q13: Uses of the BRFSS Local Sampling Program Data

- When surveyed about how they had used the BRFSS local sampling data, 91 percent of the partnerships responded that they had used the data for identification of local health improvement priorities, 86 percent had used it for needs assessments, and 77 percent had used it for grant writing. Only 14 percent indicated they had used the data for the development of an annual report.

Q13: Use of BRFSS Local Sample Data, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

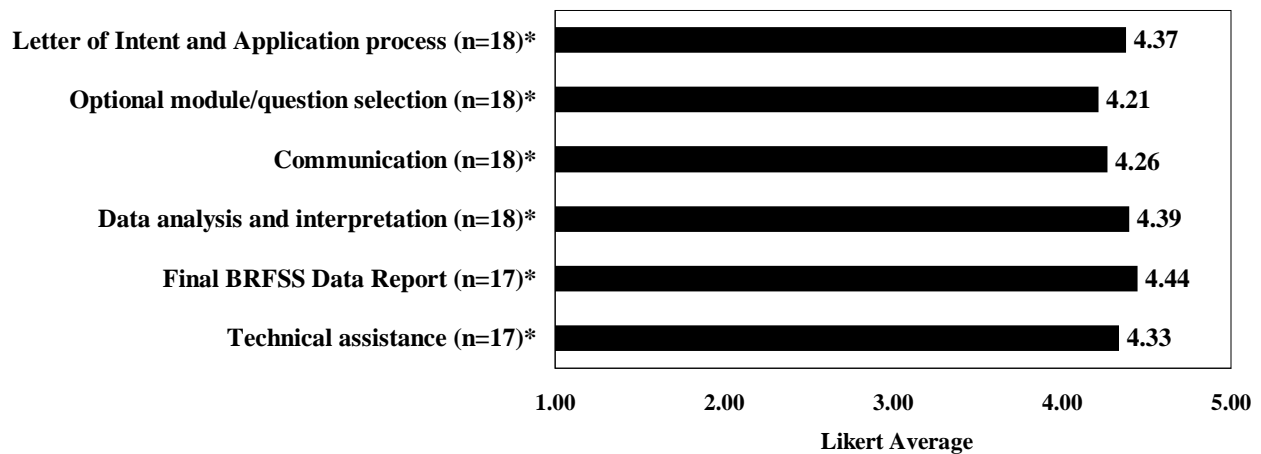
** Number of total survey respondents contributing to the denominator varies per category.

Section 2: Technical Assistance & Training

Q14: Satisfaction with the BRFSS Local Sampling Program

- There was very little difference with the degree of satisfaction with the various components of the BRFSS Local Sampling program. Overall scores ranged from a high of 4.44 for the final report to a low of 4.21 for optional module/question selection. All on a scale of 1=very dissatisfied to 5=very satisfied.

Q14: Satisfaction** with the BRFSS Local Sampling Program, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Rating Scale of 1= Very Dissatisfied to 5=Very Satisfied

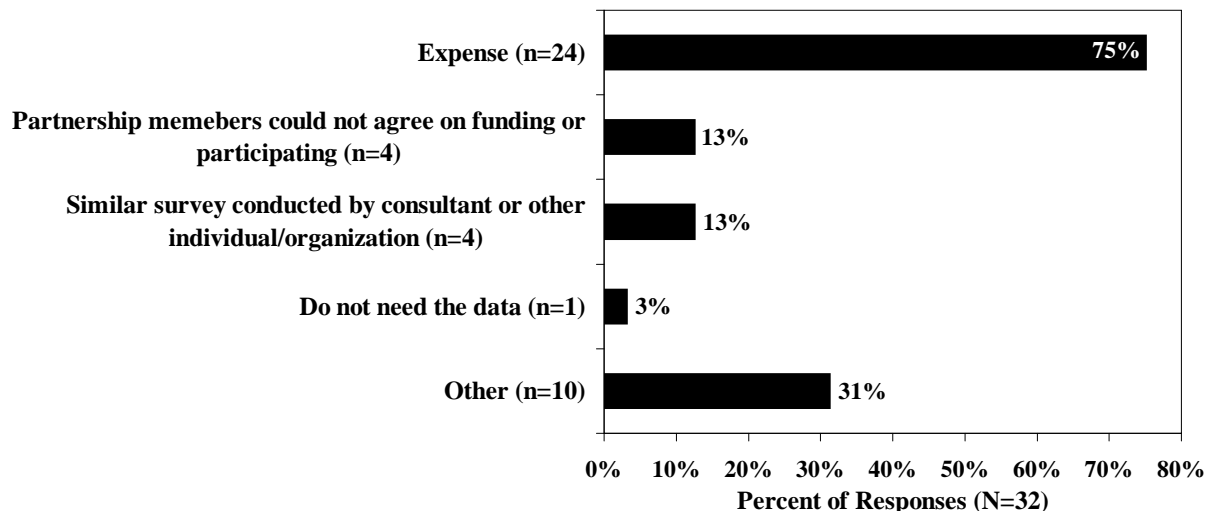
Q15: Participation in BRFSS Local Sampling Program

- One-fourth of responding partnerships indicated that they had participated in the BRFSS Local Sampling program more than once.

Q16: Why Partnerships Chose Not To Participate in the BRFSS Local Sampling Program

- Expense was cited by 75 percent of the partnerships as the reason that they did not participate (or participate again) in the BRFSS Local Sampling Program.

Q16: Reasons Why Partnerships Chose Not to Participate (or Not Participate Again) in the BRFSS Local Sampling Program, Pennsylvania Partnerships, 2007



Section 2: Technical Assistance & Training

Q24: Other Sources of Technical Assistance

- Approximately one-third of the partnerships requested technical assistance for the collection and analysis of data from organizations other than the PADOH.

- The partnerships listed 28 other organizations that provided technical assistance, including Mansfield University, Penn State Cooperative Extension, PA Commission on Crime and Delinquency, Drexel University School of Public Health, University of Pittsburgh, Shippensburg University, United Way of America, PADOH Northwest Region and the U.S. Census Bureau. The full list of 28 may be found in the Chartbook.

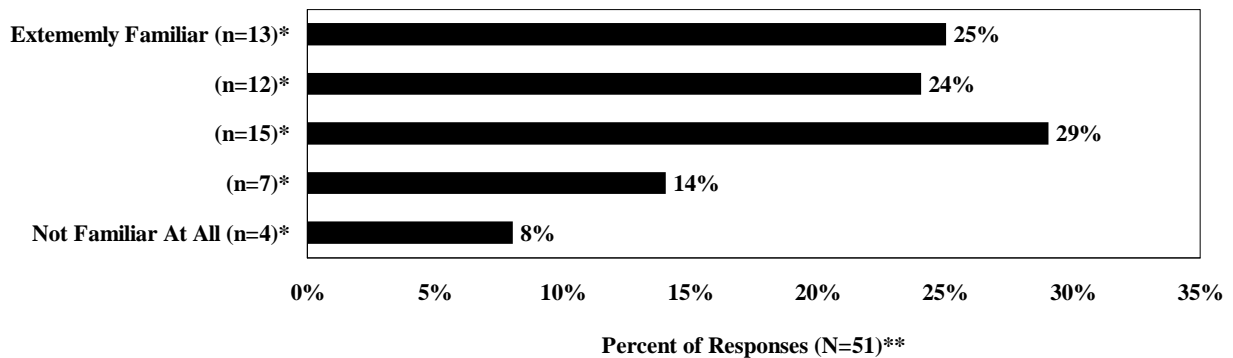
- Partnerships that received technical assistance for the collection or analysis of data from organizations other than the PADOH rated these sources at 4.72 (on a scale of 1=did not meet our needs at all to 5=met our needs extremely well).

Section 2: Technical Assistance & Training

Q31: Familiarity with the Logic Model

- A logic model is a method of program planning and outcome measurement adopted by many federal agencies and other organizations, such as the United Way and the American Cancer Society. (See Glossary for more detail.)
- Nearly 50 percent of respondents rated their familiarity with the logic model as very familiar to extremely familiar, while slightly over 20 percent rated themselves as somewhat familiar or not familiar at all.

Q31: Familiarity With the Logic Model, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Q32: Training in the Logic Model

- Approximately 80 percent of responding partnerships reported receiving training in the logic model, some from more than one source; 41 percent of the partnerships received logic model training through the Communities That Care Planning System, 39 percent from the United Way and 27 percent from the PADOH Public Health Institute.
- Other sources of logic model training include: McKeesport Healthier Communities Partnership, University of Pittsburgh Graduate School of Public Health, Penn State University Cooperative Extension, STEPS to a Healthier PA process and grant writing, Housing and Urban Development, Blairsville Area Partners in Health and Wellness and a (Greene County) MAGIC Collaborative/SHIP Retreat.

Q33: Uses of the Logic Model

- Almost half of those reporting used data from the logic model in the preparation of grant applications and in strategic planning.
- Some 47 percent of partnerships have used the logic model in the preparation of grant applications, 43 percent have used it as part of a strategic planning process, 33 percent to plan a program and 31 percent to evaluate a program. Finally, 24 percent of partnerships have used the logic model while preparing a SHIP mini-grant application.
- The logic model was also used by partnerships to help with training opportunities and in developing a sustainable funding plan.

Section 2: Technical Assistance & Training

Q34: Participation in the Public Health Institute (PHI)

- Almost 30 percent of responding partnerships have participated in a Partnership Training Track course at the PADOH Public Health Institute (PHI).
- Of those partnerships that participated in Partnership Training Track courses and indicated a level of satisfaction, 83 percent expressed a satisfaction level of above average (score of 4 or 5 on a range of 1=poor to 5=excellent).
- Suggested topics for future Public Health Institutes include: information on specific public health issues (bullying, Hepatitis C, opioid addiction and sources of health care coverage); promotion of cardiovascular health; best practices; logic models; overview of the PADOH website and tips on how to navigate it; grant writing, including information on specific grant opportunities; sustainability and fundraising, other than by grants; and information on how the partnerships are linked to PADOH activities.

Q35: Use of Learning Management System (LMS)

- Approximately 20 percent of partnerships reported their members have used the PADOH's Learning Management System (LMS) to access training programs.

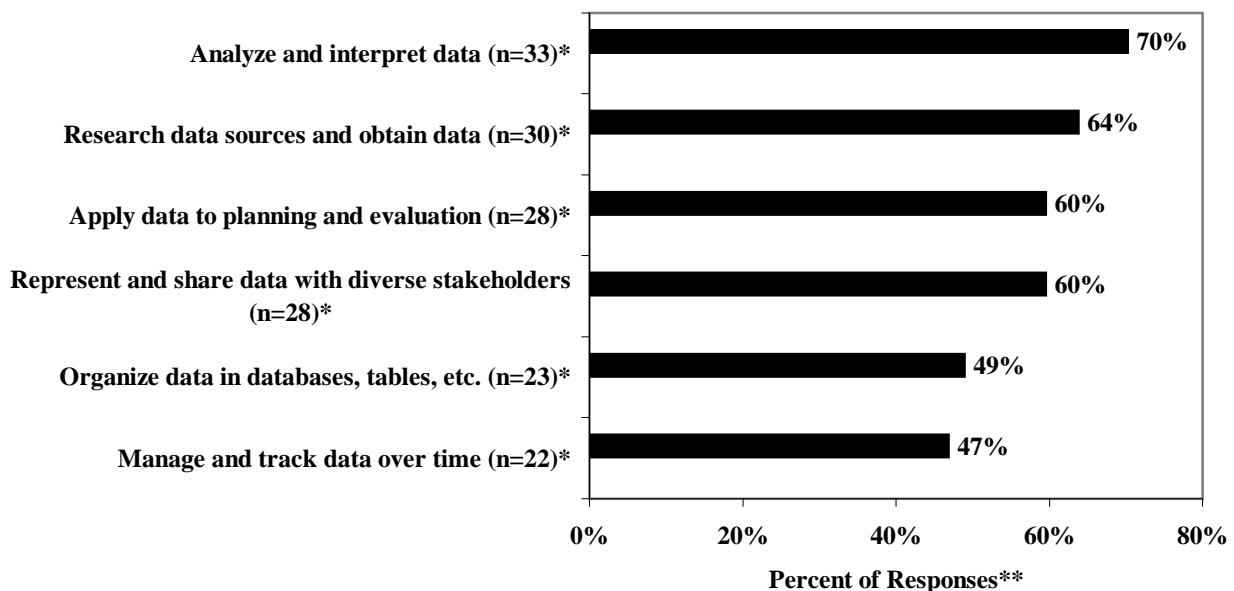
Q36: Use of LMS to View PHI Training Tapes

- Some 11 percent of partnerships viewed a videotaped PHI SHIP partnership course through the PADOH's Learning Management System.

Q37: Partnership Self-Assessment of Data Management Skills

- In assessing their own data management skills, 70 percent of the partnerships rated their ability to analyze and interpret data as above average (score of 4 or 5 on a range of 1=poor to 5=excellent).

Q37: Self Assessment of Partnership Ability to Manage Data Rated as Above Average, Pennsylvania Partnerships, 2007



* Number of partnerships giving a score in the specific category.

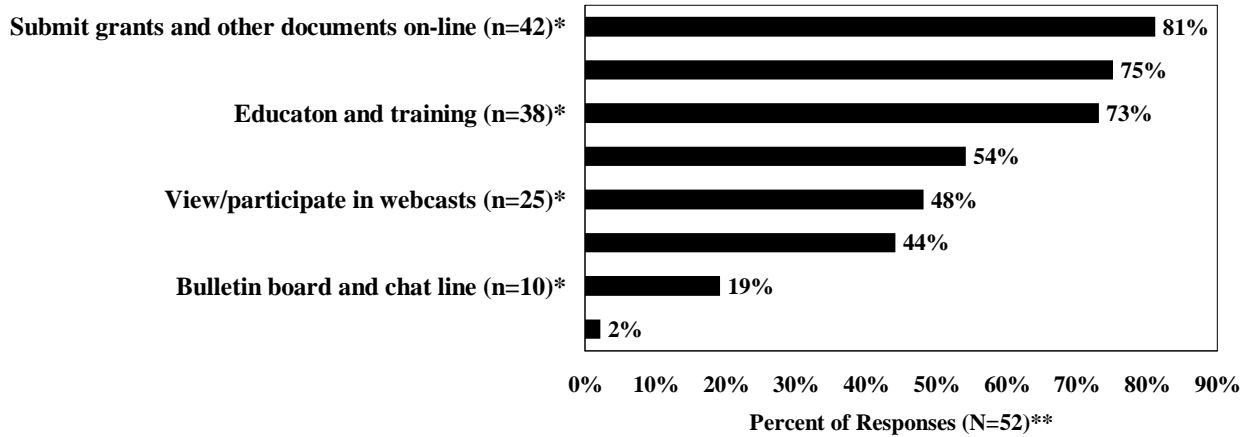
** Percent of 47 respondents who rated their ability as above average (score of 4 or 5).

Section 2: Technical Assistance & Training

Q38: Desired Web Capabilities

- Regarding possible new web capabilities, 81 percent of the responding partnerships indicated they would like the capability to submit grants and other documents on-line to the PADOH; 75 percent indicated they would like to attend and/or participate in on-line conferencing; and 73 percent indicated on-line education and training would be useful. Only 19 percent were interested in using a bulletin board or chat line.

Q38: Desired Transactional / Web Portal Capabilities, Pennsylvania Partnerships, 2007



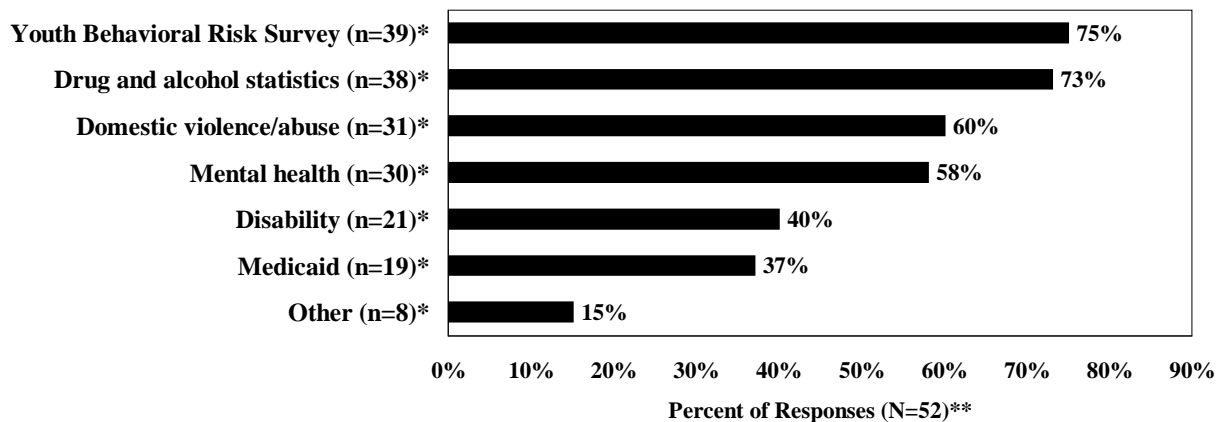
* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Q39: Desired Data

- When asked about additional types of data being available, 75 percent of the responding partnerships would like to see state agencies collect and report Youth Behavioral Risk Survey data, while 73 percent would like the state to provide drug and alcohol statistics. In addition, 60 percent of the partnerships are interested in data on domestic violence/abuse, and 58 percent are interested in mental health data.

Q39: Desired Data Availability, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Section 2: Technical Assistance & Training

Q40: Frequency of Data Survey

- Only eight percent of the partnerships indicated that a data survey of partnerships should be done annually, 55 percent would prefer that a survey be done every two years, 33 percent would prefer a survey every four years, and eight percent would prefer that it be conducted annually.

Section 2: Technical Assistance & Training

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 toward 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 as part of the SHIP-affiliation/reaffiliation process.
- The Bureau of Health Planning will continue to 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 (YBRSS) 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 the identified 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.

Section 3

SHIP Publications and Activities

Section 3: SHIP Publications & Activities

Highlights

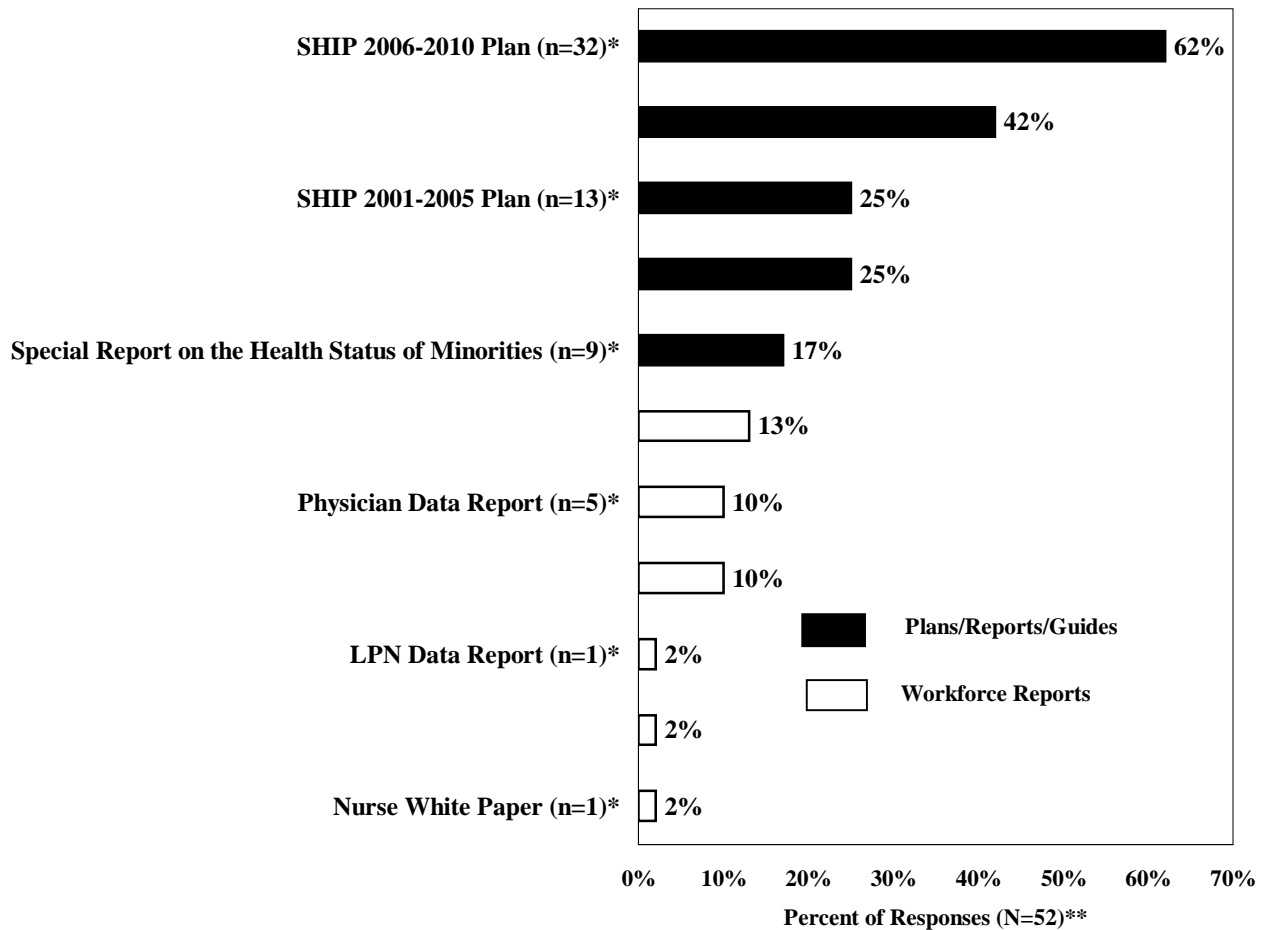
- Approximately 60 percent of responding SHIP partnerships reported using the State Health Improvement Plan (SHIP) 2006-2010. The Healthy People 2010 objectives were considered the most useful feature in the SHIP Plans/Reports/Guides.
- One-fourth of the SHIP partnerships accessed data from the Workforce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

Section 3: SHIP Publications & Activities

Q25: SHIP Publications Used by Partnerships

- SHIP Plans/Reports/Guides used most by partnerships include the State Health Improvement Plan (SHIP) 2006-2010 (62 percent) and the Community Guide for SHIP-Affiliated Partnerships (42 percent). The most commonly used Workforce Report was the Dentist/Dental Hygienist Report (13 percent), followed by the Physician and the RN Data Reports (10 percent each).

Q25: SHIP Publications Used by the Partnerships, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

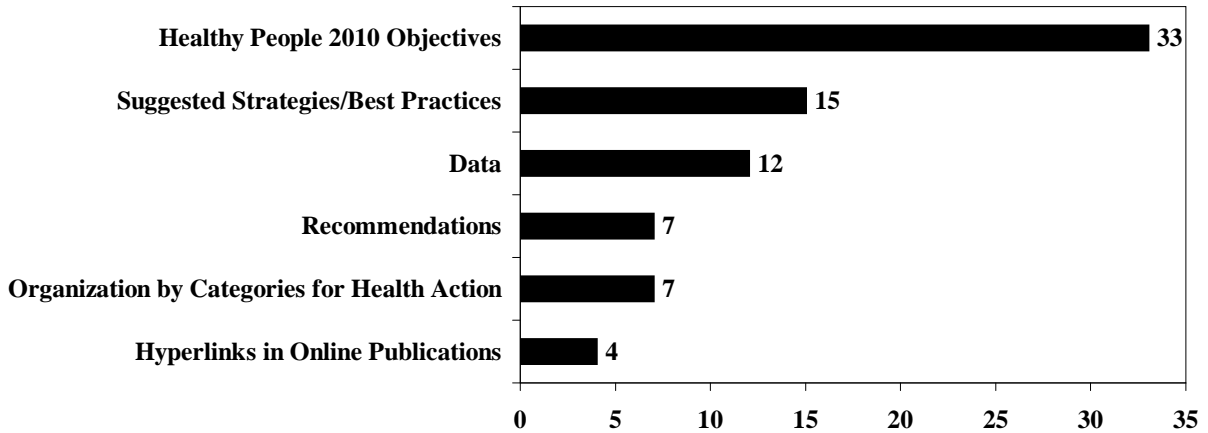
** Number of total survey respondents to pertinent survey question.

Section 3: SHIP Publications & Activities

Q26: Most Useful Feature of SHIP Plans/Reports/Guides

- The feature of the SHIP Plans/Reports/Guides found most useful by partnerships was the Healthy People 2010 Objectives.

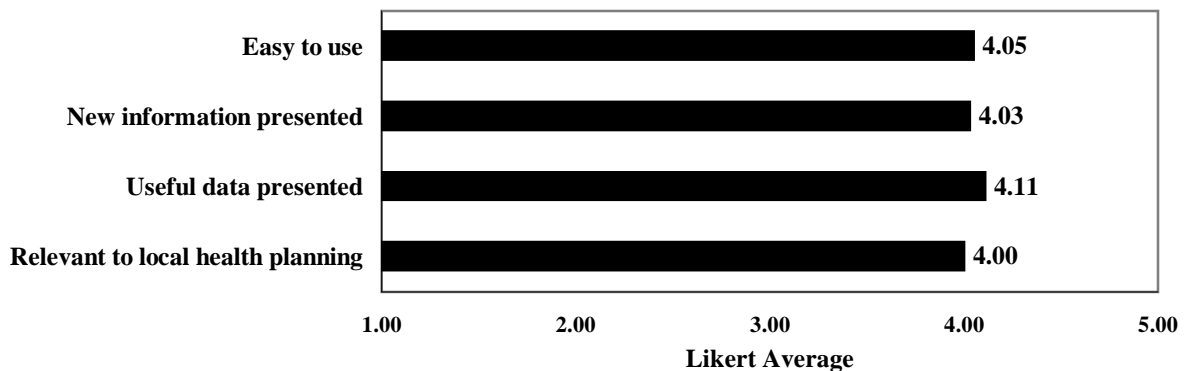
Q26: Most Useful Features of SHIP Plans/Reports/Guides, Pennsylvania Partnerships, 2007



Q27: Average Ratings for SHIP Plans/Reports/Guides

- The majority of responding partnerships rated all four features of the SHIP Plans/Reports/Guides (Easy to Use, New Information Presented, Useful Information Presented and Relevant to Local Health Planning) as above average (rating of 4 or 5 on a scale of 1=poor to 5=excellent).

Q27: Average Ratings* of the SHIP Plans/Reports/Guides, Pennsylvania Partnerships, 2007



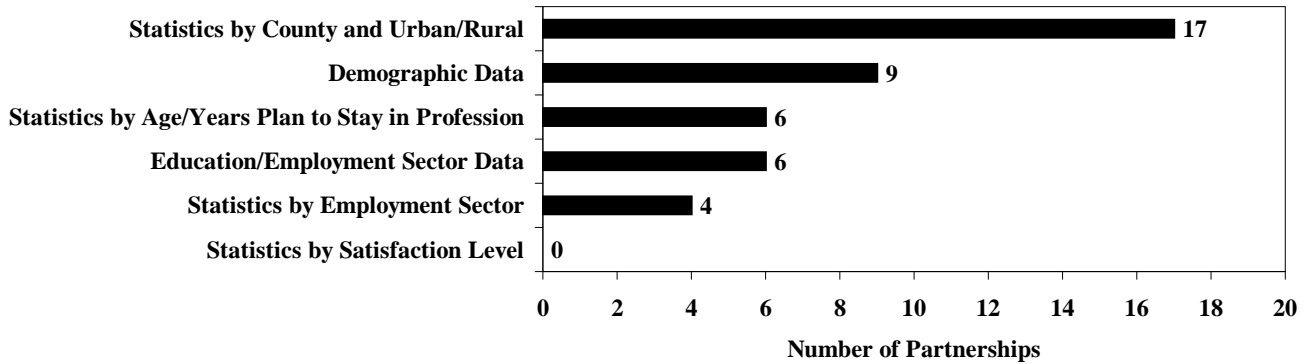
* Rating scale of 1=Poor to 5=Excellent

Section 3: SHIP Publications & Activities

Q28: Most Useful Feature of SHIP Workforce Reports

- Approximately 80 percent of the responding partnerships considered statistics by county and urban/rural to be the most useful feature of the SHIP Workforce Reports.

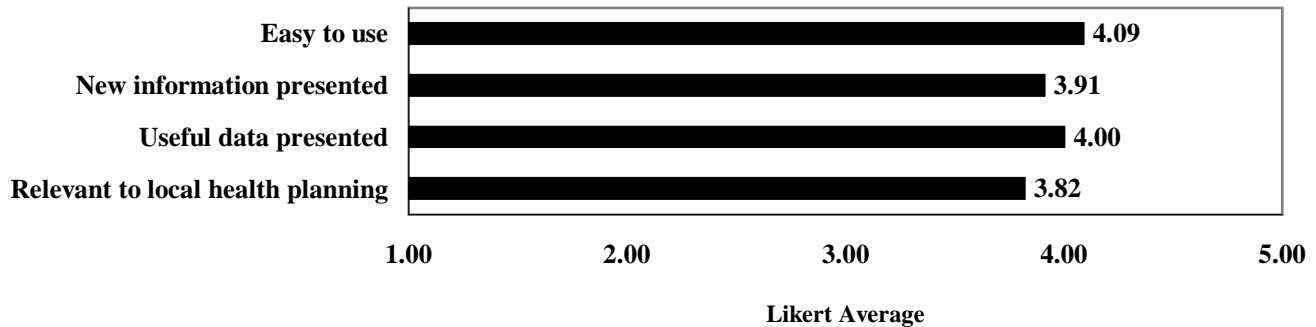
Q28: Most Useful Features of the SHIP Workforce Reports, Pennsylvania Partnerships, 2007



Q29: Rating of SHIP Workforce Reports

- Survey participants were questioned on four features of the Workforce Reports; on average, responding partnerships identified these features as roughly above average (3.82 - 4.09 on a range of 1=poor to 5=excellent).

Q29: Average Ratings* of the SHIP Workforce Reports, Pennsylvania Partnerships, 2007



* Rating scale of 1=Poor to 5=Excellent

Q30: Suggestions for Improving SHIP Publications

- Suggestions for improving the content or format of SHIP publications included: (1) adding data on the Medicaid population; (2) including oral/dental health measures for adults and children; (3) breaking out RN Report data for Certified Registered Nurse Practitioners; and (4) adding questions about accepting new Medicaid patients in the Physicians Report, if possible.
- Suggestions for new/expanded content or format for SHIP publications included: (1) discussion of best practices and (2) placing outcomes reports submitted by partnerships on the PADOH website to show what local partnerships are doing to improve community health.
- It was also suggested that there be better promotion of and easier accessibility to the documents online.

Section 3: SHIP Publications & Activities

Q54: SHIP Mini-Grants

- Almost 75 percent of responding partnerships indicated that they ever received a SHIP mini-grant. Of those partnerships that ever received a SHIP mini-grant, 65 percent indicated that they were able to sustain aspects of the project after the funding ended.

Q54c: Ways Partnerships Were Able to Sustain Aspects of Their Projects After SHIP Mini-Grant Funding Ended, Pennsylvania Partnerships, 2007

Note: The following list is composed verbatim from the partnerships' responses to this survey question.

1. Grant used to fund our local AHEC [Area Health Education Center] to serve at the planning coordinator for a local dental health initiative, which has since become a reality in Carbon County.
2. Grant to develop FQHC [Federally Qualified Health Center] business plan. Sustaining by matching funds.
3. Breastfeeding Promotion - Partnership with Pennsylvania State Cooperative Extension Office and Laurel Highlands Breastfeeding Coalition.
4. Alzheimer's - started an active caregiver support group meets monthly with social worker providing adult care during sessions for patient.
5. Continue to provide anti-bullying programs for community groups.
6. Distribution of ATV safety education materials at all community events and with Safe Kids group.
7. Programming in schools integrated into system. Partnership capacity building integrated into organizational structure.
8. Improve Patient Education at South East Lancaster Health Services, Inc.
9. Immunization--we have an immunization work group that works year-round on immunization issues, using some local funds and much in-kind support.
10. Dental center business plan.
11. The mini-grant was used to bring in-home providers together, the first phase in developing our plan.
12. The plan was designed to avoid duplication of services in five key areas; thereby, reducing funding needs.
13. Organization and networking functions.
14. Since it related to flu vaccination, the hospital continues to fund this education program. The walking program was discontinued.
15. Bought SPSS [computer software] data and arcview mapping software -- staff know how to use -- staff sustained by contributions and grants.
16. Immunization and Teen Fitness for Life program where sustained through other funding sources.
17. Family Day, which is a large health fair with our SHIP partnership, was funded two years ago through our FSSR [Family Service System Reform program] funding. This year, we are pending a grant with a local foundation to hold the event.
18. Summer camps have been taken over by the Clarion University Health Science Education Center.
19. Used mini-grant for needs assessment.
20. Continuation of Dental Clinic/School Health/Behavioral Health Programs.
21. The Task Group initiates this support are still functioning.
22. Community line dance classes.
23. Community nutrition programs, mobile market, diabetes self-management, physical activity program.

Section 3: SHIP Publications & Activities

Q55: Use of Email Grant Announcements

- The PADOH's Bureau of Health Planning forwards grant announcements from other organizations to the SHIP partnerships. Over 50 percent of the responding partnerships have applied for grants based on this information. Approximately half of these were awarded a grant.

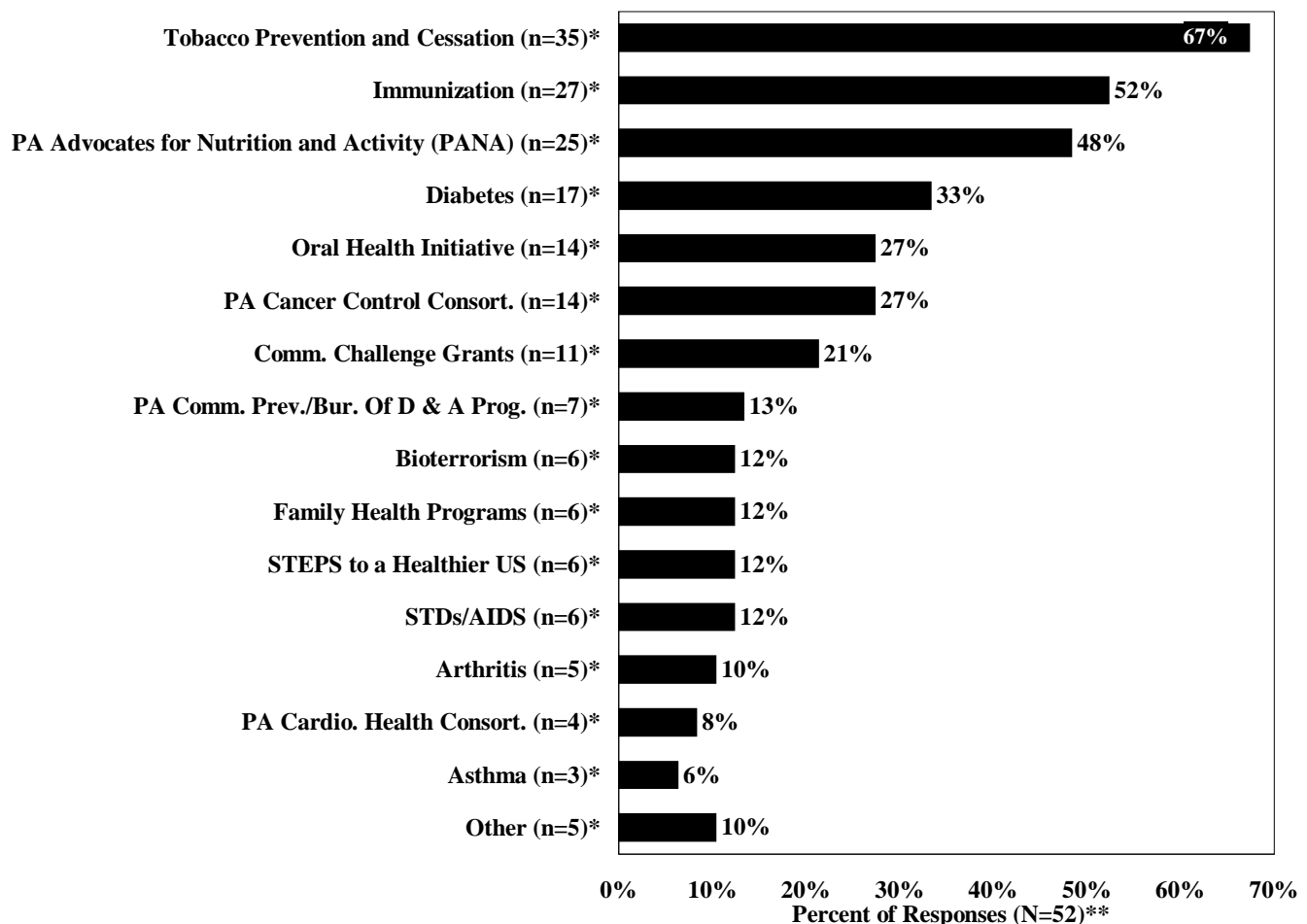
Q57: Collaboration with Other SHIP Partnerships

- About one-third of partnerships reported that they have collaborated with another partnership in the past.
- Of those partnerships that collaborated, 44 percent reported coordinating a one-time special health event, 31 percent provided in-kind support or funding for a joint program, and 31 percent planned and co-sponsored training.

Q58: Participation in PADOH Special Initiatives

- Over 80 percent of the SHIP partnerships reported participation in PADOH special initiatives. The most common initiatives were: (1) Tobacco Prevention and Cessation, (2) Immunization and (3) PA Advocates for Nutrition and Activity (PANA). The average SHIP partnership participated in 4.3 special initiatives.

Q58: Participation in PADOH Initiatives, Pennsylvania Partnerships, 2007



* Number of partnerships indicating specific category.

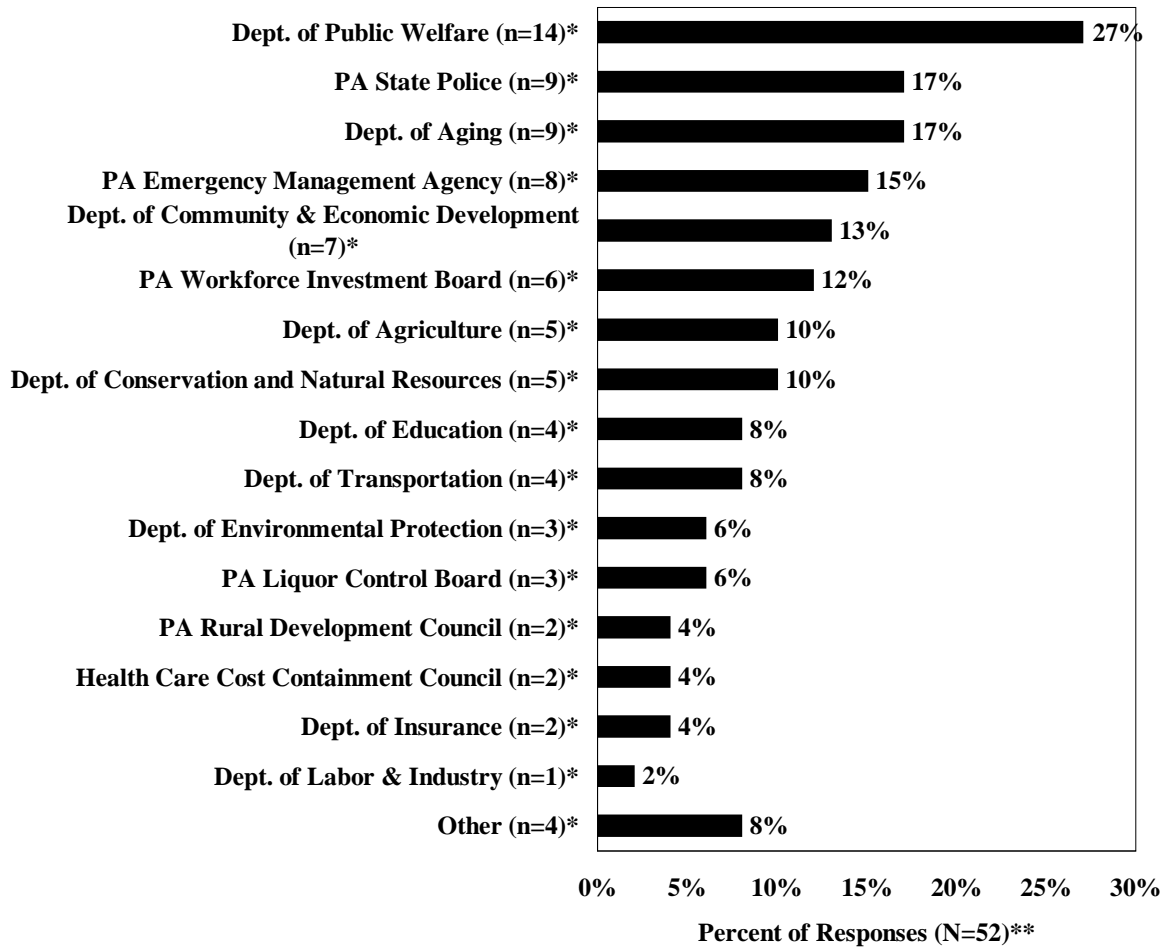
** Number of total survey respondents to pertinent survey question.

Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings

- Some 60 percent of partnerships reported that one or more state agencies presented information at their partnership meetings or participated in a partnership activity during the preceding three years.
- Representatives from the Department of Public Welfare (DPW) attended one or more partnership meetings and/or participated in partnership activities for 27 percent of responding partnerships. This included representatives from one or more of the DPW Offices: Medical Assistance Programs, Mental Health and Substance Abuse Services, Income Maintenance, Mental Retardation, Social Programs and Children, Youth, & Families.

Q59: Representation/Participation of Other State Agencies at Partnership Meetings, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Section 3: SHIP Publications & Activities

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 surveys to include questions 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 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 PADOH 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 the 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.
- The PADOH will work with the SHIP partnerships to develop and implement a mechanism for sharing 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.

Section 4

SHIP Partnership Information

Section 4: SHIP Partnership Information

Highlights

- Slightly less than 50 percent of responding partnerships identified themselves as being at the operational stage and 47 percent at the sustained stage of development. (Definitions of the stages of development are in the Glossary.) Over 60 percent of responding partnerships have been in existence for more than seven years.
- 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 75 percent of responding SHIP partnerships reported the following health-related individuals and/or organizations members of their respective partnerships: local social service agencies, local mental health organizations, individual health professionals, local hospitals/health systems, county/municipal health departments and local substance abuse contractors.
- 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 of the SHIP partnerships reported receiving national media attention or national recognition for their local health improvement projects.

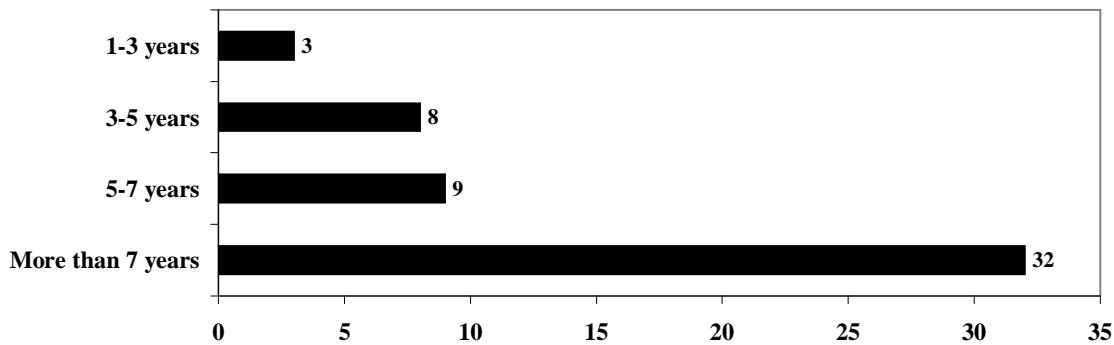
Section 4: SHIP Partnership Information

Background Information

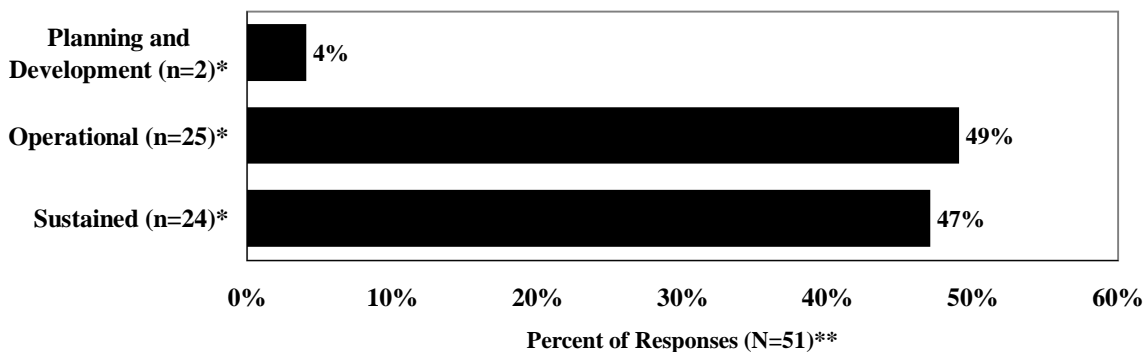
The following data was collected in the demographics portion of the Partnership Data Survey:

- Of the 52 SHIP partnerships who responded to the 2007 survey, 46 percent reported that they also participated in the 2004 survey, and 17 percent of these partnerships participated in both the 2000 and 2004 surveys.
- Of the 52 responding partnerships, almost 50 percent reported having a designated person to act as a data liaison between the partnership and PADOH.
- Over 60 percent of responding SHIP partnerships reported having been in existence for more than 7 years, 17 percent for 3-5 years, 15 percent for 3-5 years and 6 percent for 1-3 years.
- Less than 5 percent of partnerships reported that they were in the Planning and Development stage, 49 percent characterized their partnerships' stage of development as the Operational stage, and 47 percent reported being at the Sustained stage.

**Length of Time Partnership Has Been in Existence,
Pennsylvania Partnerships, 2007**



**Partnership Stage of Development,
Pennsylvania Partnerships, 2007**



* Number of SHIP affiliated partnerships indicating they are at the specific developmental level.

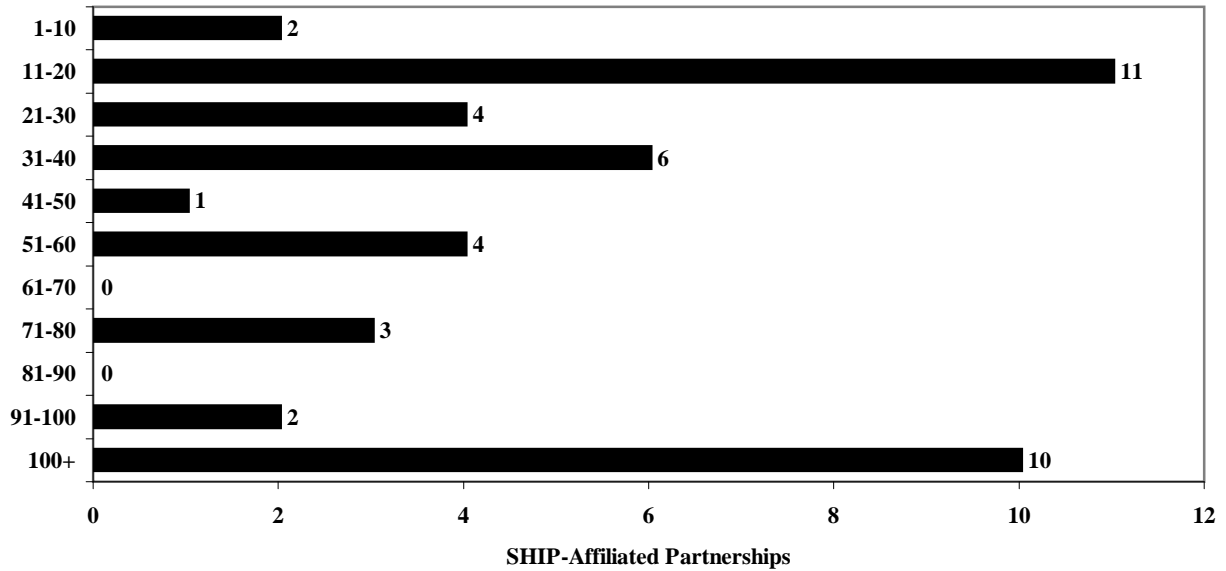
** Number of total survey respondents to pertinent survey question.

Section 4: SHIP Partnership Information

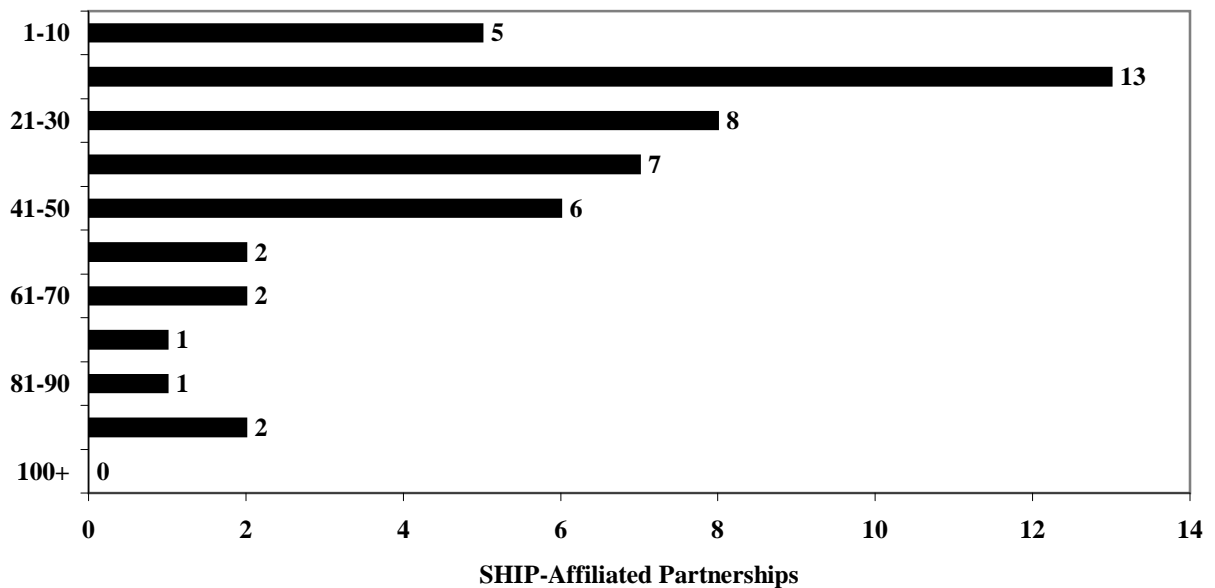
Q41: Volunteers and Member Organizations

- Responding partnerships reported a wide range of volunteers. Of 43 responding partnerships, 26 percent (11 partnerships) reported 11-20 volunteers and 23 percent (10) reported 100 plus volunteers.
- Of 46 responding partnerships, approximately one-fourth of partnerships reported having 11-20 organizations as members (Chart Q41b).

**Q41a: Number of Volunteers Involved in Partnership,
Pennsylvania Partnerships, 2007**



**Q41b: Number of Member Organizations Involved With Partnership, 2007
Pennsylvania Partnerships, 2007**

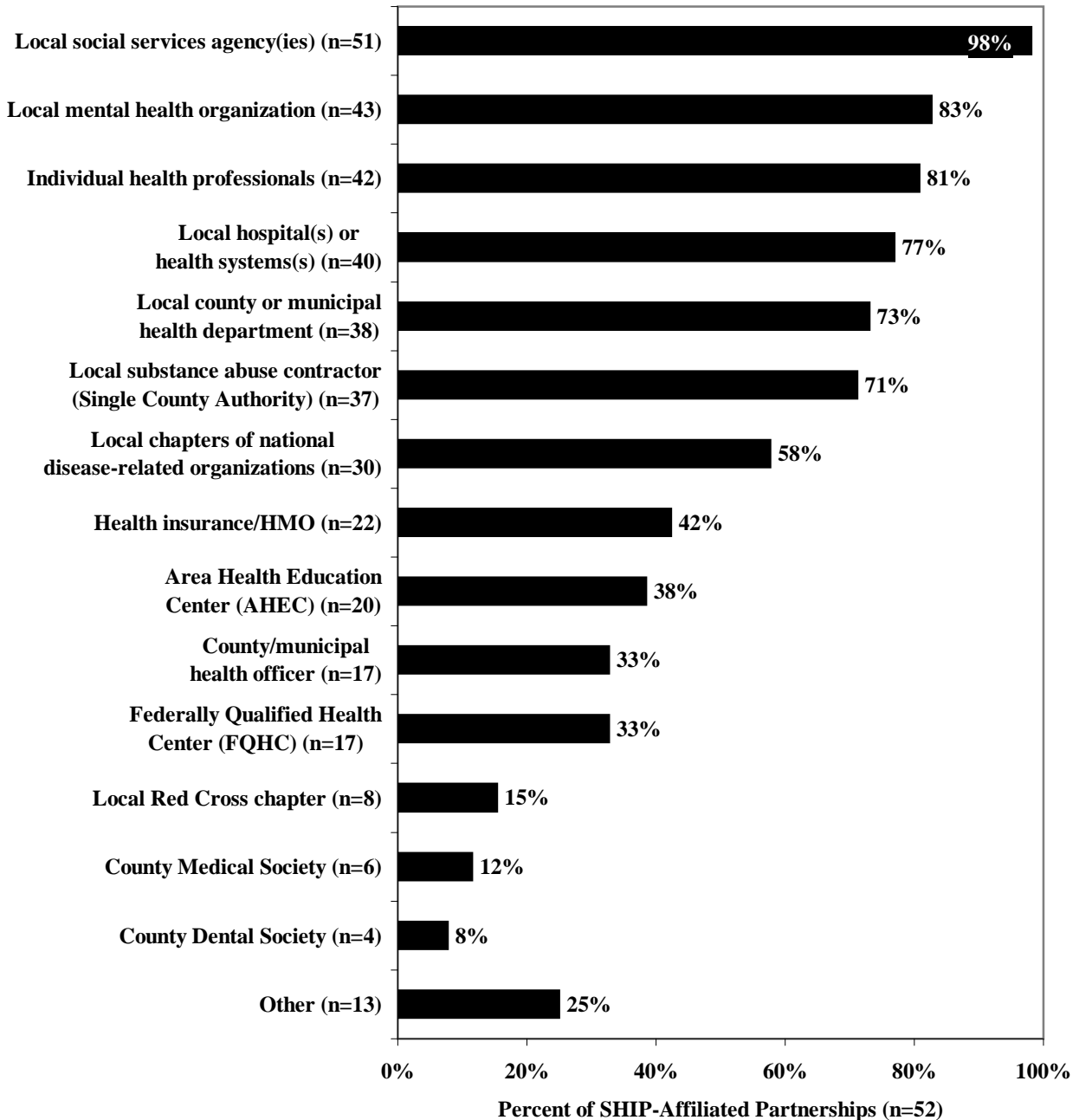


Section 4: SHIP Partnership Information

Q42: Health-Related Individuals/Organizations as Members

- Approximately three-fourths of responding SHIP partnerships reported that each of the following health-related individuals and/or organizations are members of their respective partnerships: local social service agencies, local mental health organizations, individual health professionals, local hospitals/health systems, county/municipal health departments and local substance abuse contractors.

Q42a: Types of Health-Related Individuals/Organizations in Partnership, Pennsylvania Partnerships, 2007



Section 4: SHIP Partnership Information

Q42: Health-Related Individuals/Organizations as Members, continued

Q42b: Other Health-Related Individuals/Organizations in Partnership, Pennsylvania Partnerships, 2007

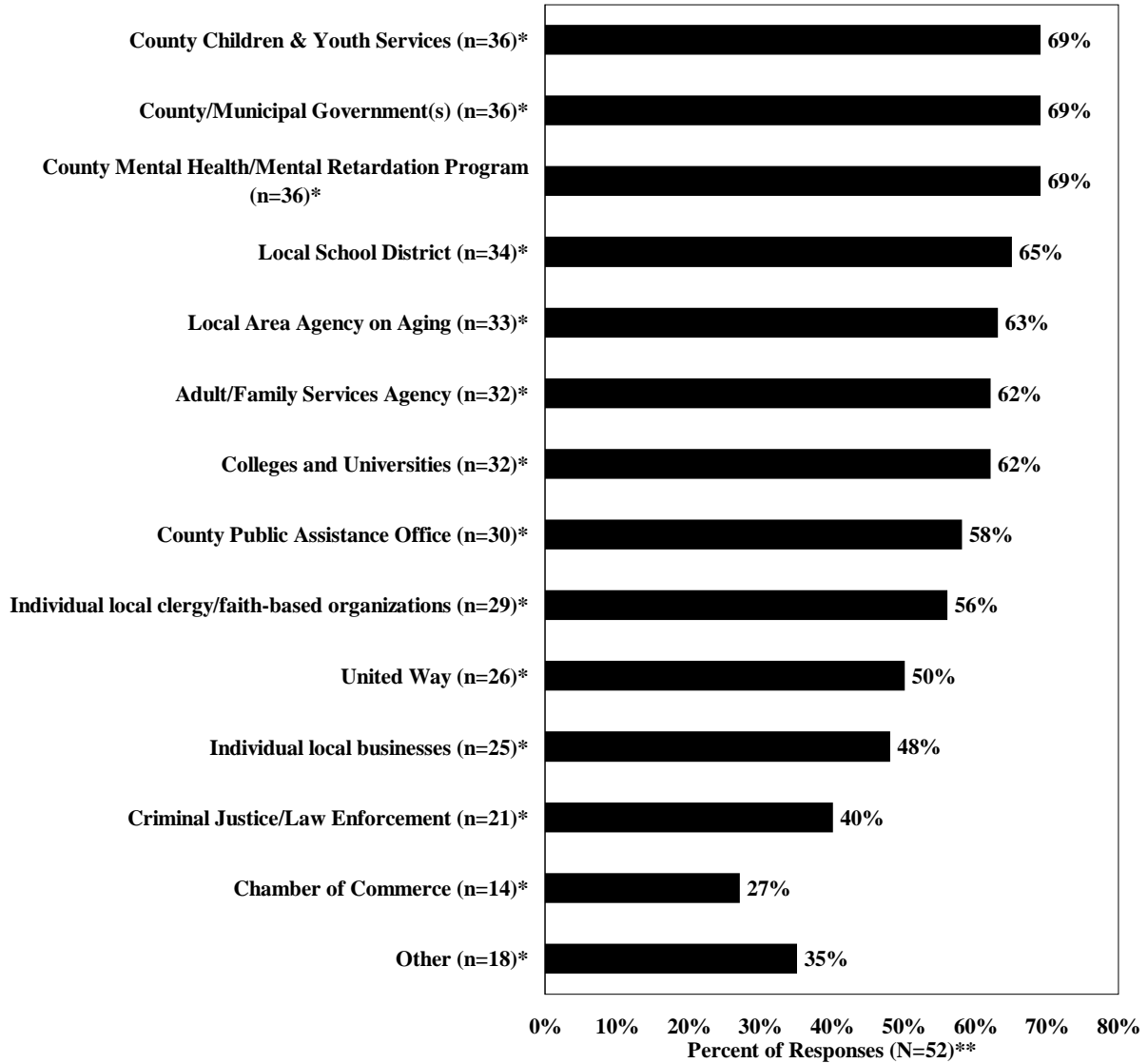
- The partnerships reported the following other health-related organizations as members:
 - Area Agency on Aging
 - Highmark
 - Home Health
 - Homeless/MH Agency
 - Local High Schools
 - Legislators
 - Local Ophthalmologists
 - Parents of Children with Disabilities
 - Parish Nurses
 - Penn State University
 - Regional Representatives
 - Rural AIDS Alliance
 - Social Service Organizations
 - State Health Nurse
 - Universities
 - Women's Health Services

Section 4: SHIP Partnership Information

Q43: Local/County Organizations as Members

- 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.

Q43a: Types of Local/County Organizations in Partnership, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Section 4: SHIP Partnership Information

Q43: Local/County Organizations as Members, continued

Q43b: Other Local/County Organizations in Partnership, Pennsylvania Partnerships, 2007

- The partnerships reported the following other local/community organizations as members:
 - AIDS Community Alliance
 - Citizens Against Physical Sexual & Abuse (CAPSEA)
 - Community Action Partnership of Cambria County
 - Community nurses
 - Community volunteers
 - Domestic Abuse Center
 - Domestic Violence
 - Family Health Council
 - Free clinics
 - Johnsonburg Concerned Citizens
 - Law enforcement
 - Local mental health agency
 - Neighborhood health clinics
 - Northcentral regional planning
 - Parents
 - Redevelopment authority
 - State/Federal Representative Staff
 - Salvation Army
 - Tobacco coalition
 - Unified Family Services Systems (UFSS)
 - United Fund of Warren County

Q44: Effectiveness of PADOH Policy on Contractor Collaboration

- Responding SHIP partnerships rated the PADOH's policy of requiring its contractors and grantees to collaborate with the SHIP partnerships at slightly above average (3.16 on a range of 1=poor to 5=excellent) in effectiveness at supporting those SHIP partnerships.

Q45: Effectiveness of Partnership in Taking Advantage of Contractor Collaboration Policy

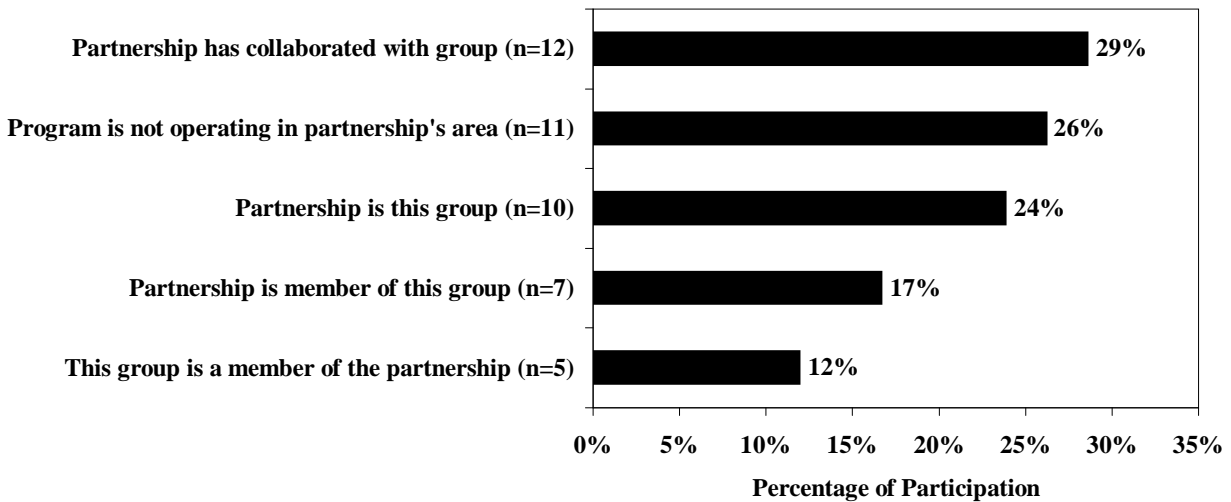
- Responding SHIP partnerships rated their own effectiveness in taking advantage of the opportunity to collaborate with PADOH contractors and grantees with an average score of 3.08 (on a range of 1=very ineffective to 5=very effective).

Section 4: SHIP Partnership Information

Q46: Partnership Involvement with Other State Agency/Local Partner Programs

- Ways that partnerships were involved with other state agency/local partner programs include collecting data for Health Professions Shortage Area (HPSA) and Medically Underserved Area (MUA) applications, creating a partnership task force, writing letters of support and through various grants.
- Partnerships reported that they had participated as members of the Prevention Board for Communities That Care, Cambria County Health and Welfare Council, Teen Action Coalition, Injury Prevention Task Force, Local Ministeriums and a Foster Grandparent Program.
- Approximately 30 percent of responding partnerships indicated that they participated in the Communities That Care Prevention Initiative by collaborating with the group.

Q46a: Partnership Participation in the Communities That Care Prevention Initiative, Pennsylvania Partnerships, 2007



Note: Ten partnerships did not respond to this question.

Section 4: SHIP Partnership Information

Q47: Partnerships with Health Improvement Plans

- Almost 60 percent of partnerships reported they have a written health improvement plan (HIP) or a strategic plan.
- Of those partnerships which had HIPs, 38 percent had updated the plan since 2006 or were doing so at the time of the survey. One strategic plan was updated in 2007.

Q48: Partnerships with Business Plans

- Four partnerships reported that they had business plans.
- Every partnership that had a business plan also had a health improvement plan.
- Two partnerships updated their business plan in 2006, and a third updated its business plan in 2007.

Q49: Partnership Tracking of Outcome/Impact Measures

- Approximately 70 percent of responding partnerships reported they have outcome/impact measures that they are tracking. Of those doing tracking: 94 percent are tracking partnership activities; 74 percent are tracking changes in health behaviors; 71 percent are tracking changes in health knowledge; and 51 percent are tracking changes in health attitudes.

Q50: Outcome/Impact Measure Tracking Software

- Only 7 percent of partnerships reported that they used a special software package, such as the Outcomes Toolkit.
- Types of technology used to report outcome measures included e-grants for PA Commission on Crime and Delinquency, a system provided by the funder, PADOH TPRS-II tobacco control Web based reporting system, Greene County MAGIC Web site and the Wellsource "Personal Wellness Profile and Well Weighs" Program.

Q51: Reporting of Outcome/Impact Measures to an External Agency

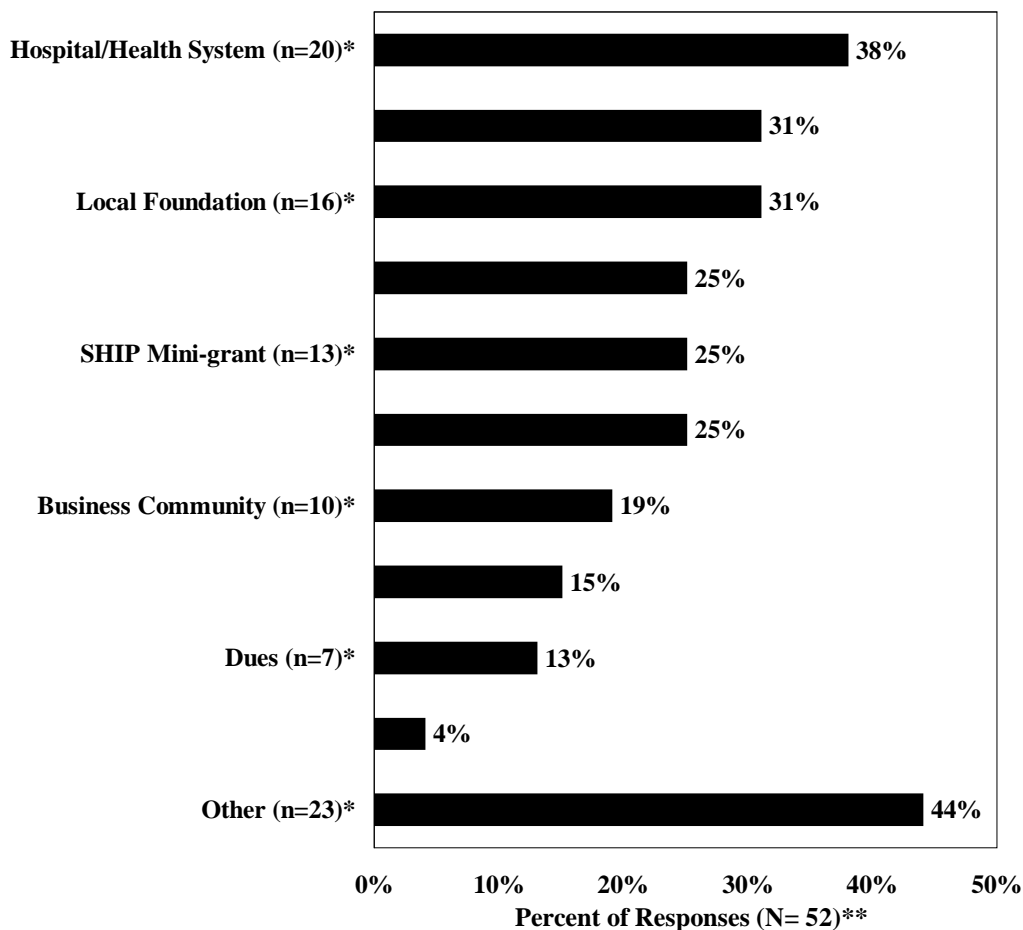
- Some 26 percent of the partnerships indicated they are reporting outcome measures to an external agency using a Web-based application or some other technology.

Section 4: SHIP Partnership Information

Q52: Partnership Funding Sources

- Over a third of responding partnerships reported they are primarily funded by hospitals/health systems, other state agency grants/contracts and local foundations.

Q52a: Partnership Funding Sources, Pennsylvania Partnerships, 2007



* Number of partnerships indicating the specific category.

** Number of total survey respondents to pertinent survey question.

Q52b: Other Primary Partnership Funding Sources, Pennsylvania Partnerships, 2007

- Other sources of funding for SHIP-affiliated partnerships include:
 - Contracts with county and school entities
 - Contributions from individuals
 - Donations
 - Executive Commission for Drugs and Alcohol
 - Fundraising
 - Lead agencies share resources
 - Private foundations and organizations
 - Revenue from programs
 - Sales of data CD
 - United Way
 - Volunteers

Section 4: SHIP Partnership Information

Q53: Partnership Funding Percentage Breakdown

- Forty percent of partnerships responding to question 52 (Partnership Funding Sources) did not respond to question 53 (Approximate Percentage of Funding Sources). For the 60 percent who responded, the majority of funding was from member agencies, state grants, and other unspecified sources.

Q56: Partnership Attention or Recognition

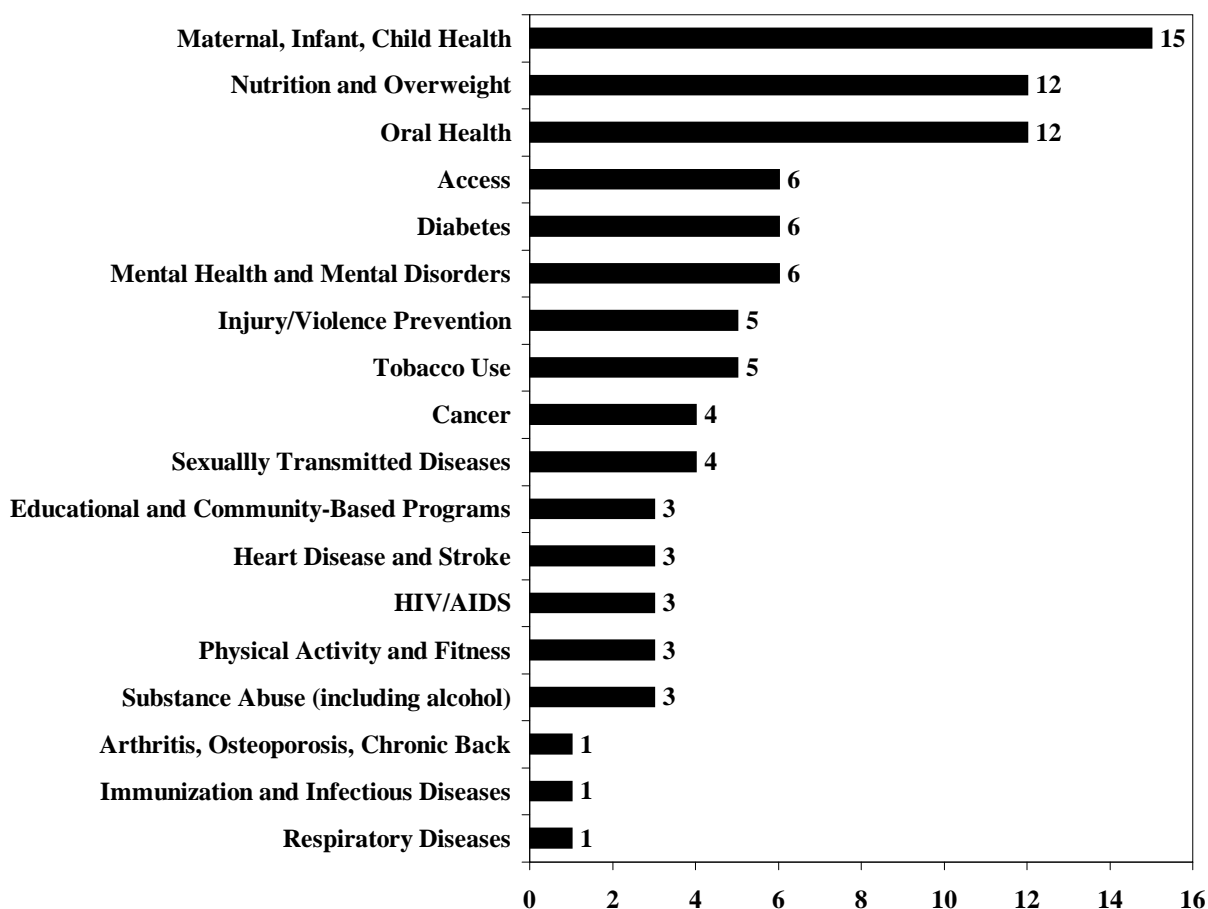
- Approximately 16 percent of the SHIP partnerships reported receiving some form of national media attention or national recognition for local health improvement initiatives.

Section 4: SHIP Partnership Information

Q60: Partnership Priorities

- Since partnerships work to meet the needs of their local communities, their individual priorities are as diverse as the communities/partnerships themselves. The priorities of some partnerships are easily identifiable as Healthy People focus areas, such as Diabetes and Tobacco Use; other priorities address issues related to focus areas, such as bullying and parenting.
- Partnerships often combined Nutrition/Overweight and Physical Activity/Fitness under a single priority related to obesity or healthy lifestyles.
- Integrated Children's Services Plans, which several partnerships named as an initiative, focused on child abuse (Injury and Violence), Mental Health and Substance Abuse.
- Partnerships listed the following additional priorities: Increasing Partnership Capacity/Sustainability, Minority Health, Pandemic Disease and Prescription Drugs.

Q60: Partnership-Identified Priority Areas Based on Healthy People 2010 Focus Areas, Pennsylvania Partnerships, 2007



Note: Partnerships might have priorities in several focus areas or might have several priorities in a single focus area.

Section 4: SHIP Partnership Information

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.

Appendices

Appendix 1	2007 SHIP Partnership Data Survey.....	45
Appendix 2	Participation in 2007 Partnership Survey	
	• List of Participating Partnerships.....	55
Appendix 3	Glossary.....	57

2007 Partnership Survey

Name of Partnership: _____

Web Address (if applicable): www. _____

Please list the county(s), minor civil divisions, census tracts, and/or ZIP codes that comprise your partnership’s service area.

How long has the partnership been in existence? (Check one)

- ___ Less than 1 year ___ 1-3 years ___ 3-5 years ___ 5-7 years ___ more than 7 years

Community partnerships develop differently and may go through periods of reorganization. Please characterize the partnership’s current stage of development. Please pick the one that best describes the partnership at this time.

- ___ Planning and Development – Data collection and assessment initiated; local partnership organization and mission statement under development.
- ___ Operational – Needs assessment completed; mission and priorities defined; health improvement projects under way.
- ___ Sustained – Health improvement projects completed and outcomes tracked; comprehensive linkage within the community; revision of original needs assessment under way.

Does the partnership have a designated person to deal with data issues and serve as a data liaison with the Department of Health? ___ Yes ___ No

If “Yes”, Name: _____ E-Mail: _____
Title: _____ Organization: _____
Address: _____

Please indicate all of the earlier Partnership Surveys which the partnership participated in. ___ 2000 ___ 2004

Has the partnership’s name changed? ___ Yes ___ No When Changed _____

If “Yes”, what was the previous name? _____

General Questions about Pennsylvania Department of Health’s Data and Technical Assistance

1. What Department of Health data has the partnership used in the past 12 months? (Check all that apply)

- ___ Behavioral Risk Factor Surveillance Survey (BRFSS)
- ___ Cancer Incidence and Prevalence Indicators
- ___ Communicable Disease Incidence and Prevalence
- ___ County Health Profiles
- ___ Facility Data (hospitals, nursing homes, ambulatory surgery centers)
- ___ Healthy People 2010 Data
- ___ Health Professional Shortage Area (HPSA) Data
- ___ Health Status Indicators for PA Counties
- ___ Population (US Census, estimates)
- ___ Vital Statistics (births, deaths)
- ___ Workforce Data (physicians, nurses, dentists/dental hygienists)
- ___ Program Data (WIC, Tobacco, Immunization, Drug & Alcohol)
- (Specify) _____
- ___ Other Data
- (Specify) _____

2. How does the partnership use Department of Health data? (Check all that apply)

- ___ Needs Assessment ___ Identification of local health improvement priorities
- ___ Grant Writing ___ Development of local health plan
- ___ Development of Annual Report ___ Evaluation of local health plan
- ___ Outcome/impact measurement ___ Other (Specify) _____

3. At what level of geographic detail does the partnership need Department of Health data? (Check all that apply)

- ___ Census Tract ___ Partnership Service Area
- ___ ZIP Code ___ City/Borough/Township
- ___ County ___ Department of Health District
- ___ State

2007 Partnership Survey

4. How important is it for the partnership to have data on each of the following disparity groups described in *Healthy People 2010*? (Choose one item per line)

	1=Not Important		5=Very Important			
Gender	1	2	3	4	5	N/A
Race and Ethnicity	1	2	3	4	5	N/A
Income and Education	1	2	3	4	5	N/A
Disability	1	2	3	4	5	N/A
Geographic Location (Urban/Rural)	1	2	3	4	5	N/A
Sexual Orientation	1	2	3	4	5	N/A
Age	1	2	3	4	5	N/A

5. Have you ever accessed the Department’s Health Statistics web page? ___Yes ___No

If “Yes”, have you ever used the “E-Guide to Health Statistics (A to Z)” ___ Yes ___ No

If “Yes”, how would you rate the system on a scale of 1=Poor to 5=Excellent? (Choose one item per line)

Ease of Use	1	2	3	4	5	N/A
Types of Data Available	1	2	3	4	5	N/A
Usefulness	1	2	3	4	5	N/A

Epidemiologic Query and Mapping System (EpiQMS)

6. Has the partnership ever used the Department of Health’s Epidemiologic Query and Mapping System (EpiQMS) to produce statistics, tables, charts, graphs, or maps? ___ Yes ___ No

If “Yes”, rate the EpiQMS system on a scale of 1=Poor to 5=Excellent? (Circle one per line)

Easy to Use	1	2	3	4	5	N/A
Types of Data Available	1	2	3	4	5	N/A
Usefulness	1	2	3	4	5	N/A

If “No,” please briefly explain why not: _____

7. Presently, the EpiQMS system includes population, birth, teen pregnancy, death/infant death, STD, and cancer data at the state and county level and by age, sex, and race/ethnicity. Population, birth, death, and cancer data are also available at the municipality level. BRFSS data are available at the state and regional level. What additional types of health-related data would the partnership like included in the EpiQMS system? Please be as specific as possible.

Type of Health-Related Data

Geographic Level

_____	_____
_____	_____

Healthy People 2010 Statistics

8. Has the partnership ever accessed the Department of Health’s Healthy People 2010 Statistics web site?

___ Yes ___ No

If “Yes”, rate the Healthy People 2010 Statistics web site on a scale of 1=Poor to 5=Excellent? (Circle one per line)

Easy to Use	1	2	3	4	5	N/A
Types of Data Available	1	2	3	4	5	N/A
Usefulness	1	2	3	4	5	N/A

9. Presently, the Healthy People 2010 Statistics include data for over 200 of the Healthy People 2010 goals with data for many of these goals by race/ethnicity, gender, age, county, and other categories. What additional goals or types of data should be used for tracking and measuring health status? Please be as specific as possible.

Type of Goal/Data

Target

_____	_____
_____	_____

2007 Partnership Survey

Technical Assistance

10. During the past 12 months, was technical assistance received from the Pennsylvania Department of Health in the collection or analysis of data? (E.g., sampling and survey design, data to support grant preparation, statistical analyses, interpretation of data, etc.) ___ Yes ___ No

If "Yes", please rate the usefulness of the technical assistance that was received. (Choose one item)

1=Did not meet our needs at all 5=Met our needs extremely well
1 2 3 4 5 N/A

11. Have you used the Community Health Assessment Resources Technical Assistance web pages on the Department's Health Statistics web site? ___Yes ___No

If "Yes", please rate the usefulness of the technical assistance that was received. (Choose one item)

1=Did not meet our needs at all 5=Met our needs extremely well
1 2 3 4 5 N/A

Behavioral Risk Factor Surveillance System (BRFSS) Over-Sampling Program

If the partnership has ever participated in the Department's BRFSS Over-Sampling Program, please answer questions 12 through 15. If not, skip to question 16.

12. Why did the partnership choose to participate in this BRFSS program? (Check all that apply.)

- ___ Usefulness of data ___ Ongoing availability of technical assistance
___ Low cost ___ Other (Specify) _____

13. How has the partnership used your BRFSS Over-Sampling data? (Check all that apply.)

- ___ Needs Assessment ___ Identification of local health improvement priorities
___ Grant Writing ___ Development of local health plan
___ Development of Annual Report ___ Evaluation of local health plan
___ Outcome/impact measurement
___ Other (Specify) _____

14. How satisfied were you with the following components of the BRFSS Over-Sampling Program?

(Choose one item per line; 1=very dissatisfied to 5=very satisfied)

Table with 7 rows and 7 columns: Component, 1, 2, 3, 4, 5, N/A. Rows include Letter of Intent and Application process, Optional module/question selection, Communication with DOH staff during the survey period, Data analysis and interpretation by DOH staff, Final BRFSS Data Report for the partnership, and Technical assistance by DOH staff on follow-up requests.

15. Has the partnership participated more than once in the BRFSS Over-Sampling Program? ___ Yes ___ No

If "No", please answer question 16. Otherwise, skip to question 17.

16. Why has the partnership chosen NOT to participate (or to not participate again) in the BRFSS Over-Sampling Program?

(Check all that apply)

- ___ Expense ___ Similar survey conducted by consultant or other individual or organization
___ Do not need the data ___ Partnership members could not agree on funding or participating
___ Other (Specify) _____

2007 Partnership Survey

17. Rate the quality of your overall data experience with the Department of Health

(One choice per line; 1=Poor to 5=Excellent)

Service Was Customer-Friendly	1	2	3	4	5	N/A
Response Was Prompt	1	2	3	4	5	N/A
Data Was Current	1	2	3	4	5	N/A
Geographic Detail Was Sufficient	1	2	3	4	5	N/A
Data Format Was Appropriate	1	2	3	4	5	N/A
Data Report Was Clear & Concise	1	2	3	4	5	N/A

Use of Other State Data Sources and Technical Assistance

18. Please rate the following data sources according to how well they meet the partnership's data needs. If a data source has not been used during the past 12 months, please circle "Did Not Use." *(Circle one per line)*

1=Did not meet our needs at all 5=Met our needs extremely well

PA Commission on Crime and Delinquency	1	2	3	4	5	Did Not Use
PA Department of Education	1	2	3	4	5	Did Not Use
PA Department of Environmental Protection	1	2	3	4	5	Did Not Use
PA Department of Labor and Industry	1	2	3	4	5	Did Not Use
PA Department of Public Welfare	1	2	3	4	5	Did Not Use
PA Department of Transportation	1	2	3	4	5	Did Not Use
PA Health Care Cost Containment Council	1	2	3	4	5	Did Not Use
PA State Data Center	1	2	3	4	5	Did Not Use
Data from Neighboring State (if applicable)	1	2	3	4	5	Did Not Use

Specify state and type of data: _____

Other data source 1 2 3 4 5

Specify source and type of data _____

Quality of Life Data

19. During the past 12 months, has the partnership used Quality of Life indicators? (Includes education, economy, public safety, natural environment, social environment, government, cultural and recreation) ___ Yes ___ No

If "Yes", how have the Quality of Life indicators been used? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Needs Assessment | <input type="checkbox"/> Identification of local health improvement priorities |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Development of local health plan |
| <input type="checkbox"/> Development of Annual Report | <input type="checkbox"/> Evaluation of local health plan |
| <input type="checkbox"/> Outcome/impact measurement | <input type="checkbox"/> Other <i>(Specify)</i> _____ |

Local Data

20. Please indicate which of the following organizations provide local data and statistics to the partnership *(Check all that apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Local hospital/health system | <input type="checkbox"/> Local criminal justice agency/law enforcement |
| <input type="checkbox"/> Local health department | <input type="checkbox"/> County or Municipal mental health agency |
| <input type="checkbox"/> County or Municipal Government | <input type="checkbox"/> County or Municipal children and family agency |
| <input type="checkbox"/> Local school district | <input type="checkbox"/> Local college or university |
| <input type="checkbox"/> Other community partnership/collaborative | <input type="checkbox"/> DOH contractors in your area |
| <input type="checkbox"/> Other <i>(Specify)</i> _____ | |

21. In the past 12 months, what methods did the partnership use to collect qualitative data and information from your community? *(Check all that apply)*

- | | | | |
|---|---|---|---------------------------------|
| <input type="checkbox"/> Expert informant(s) | <input type="checkbox"/> Public meetings | <input type="checkbox"/> Focus group(s) | <input type="checkbox"/> Survey |
| <input type="checkbox"/> N/A – did not collect qualitative local data | <input type="checkbox"/> Other <i>(Specify)</i> _____ | | |

2007 Partnership Survey

22. What type of qualitative data was collected? (*Check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Perceived community assets | <input type="checkbox"/> Perceived community problems |
| <input type="checkbox"/> Identification of special at-risk populations | <input type="checkbox"/> Satisfaction with health services |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | <input type="checkbox"/> N/A, did not collect any qualitative data |

Federal Data

23. Please rate the following federal data sources. If the source has not been used in the past 12 months, please circle "Did Not Use."
(*Circle one choice per line*)

	1=Did not meet our needs at all 5=Met our needs extremely well					
Behavioral Risk Factor Surveillance Survey	1	2	3	4	5	Did Not Use
U.S. Census Bureau	1	2	3	4	5	Did Not Use
Centers for Disease Control and Prevention	1	2	3	4	5	Did Not Use
Centers for Medicare & Medicaid Services	1	2	3	4	5	Did Not Use
Health Resources and Services Administration	1	2	3	4	5	Did Not Use
Healthy People 2010	1	2	3	4	5	Did Not Use
National Center for Health Statistics	1	2	3	4	5	Did Not Use
Other (<i>specify</i>): _____	1	2	3	4	5	

24. During the past 12 months, has technical assistance from any organization other than the Department of Health been requested for the collection or analysis of data? (E.g., sampling and survey design, data to support grant preparation, statistical analyses techniques, interpretation of data, etc.) Yes No

If "Yes"

a. Specify the organization(s) and the information provided

b. Please rate the usefulness of the technical assistance that you received. (*Circle one item*)

1=Did not meet our needs at all					5=Met our needs extremely well
1	2	3	4	5	N/A

SHIP Publications

25. Please indicate which SHIP publications the partnership has used in the past 12 months. (*Check all that apply*):

- | | | | |
|--|--|--|--|
| <u>Plans/Reports/Guides</u> | | <u>Workforce Reports</u> | |
| <input type="checkbox"/> SHIP 2001-2005 Plan | | <input type="checkbox"/> Nurse White Paper | |
| <input type="checkbox"/> SHIP 2006-2010 Plan | | <input type="checkbox"/> Nurse Education Reports | |
| <input type="checkbox"/> Special Report & Plan to Improve Rural Health | | <input type="checkbox"/> RN Data Reports | |
| <input type="checkbox"/> Special Report on the Health Status of Minorities | | <input type="checkbox"/> LPN Data Reports | |
| <input type="checkbox"/> Community Guide for SHIP-Affiliated Partnerships | | <input type="checkbox"/> Physician Data Reports | |
| | | <input type="checkbox"/> Dentist/Dental Hygienist Data Reports | |

26. Please indicate which feature of the SHIP Plans/Reports/Guides the partnership finds most useful (*Check one only*).

- | | |
|--|---|
| <input type="checkbox"/> Healthy People 2010 Objectives | <input type="checkbox"/> Organization by Categories for Health Action |
| <input type="checkbox"/> Hyperlinks in online publications | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Suggested strategies/best practices | <input type="checkbox"/> Data |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

27. Please rate the SHIP Plans/Reports/Guides used, on a scale of 1=Poor to 5=Excellent. (*Circle one item per line*)

Easy to use	1	2	3	4	5
New information presented	1	2	3	4	5
Useful data presented	1	2	3	4	5
Relevant to local health planning	1	2	3	4	5

2007 Partnership Survey

28. Please indicate which feature of the SHIP Workforce Reports the partnership finds most useful (**Check one only**).

- | | |
|---|---|
| <input type="checkbox"/> Demographic Data | <input type="checkbox"/> Statistics by Employment Sector |
| <input type="checkbox"/> Education/Employment Sector Data | <input type="checkbox"/> Statistics by Satisfaction Level |
| <input type="checkbox"/> Statistics by County and Urban/Rural | <input type="checkbox"/> Statistics by Age/Years Plan to Stay in Profession |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

29. Please rate the SHIP Workforce Reports used, on a scale of 1=Poor to 5=Excellent. (*Circle one item per line*)

Easy to use	1	2	3	4	5
New information presented	1	2	3	4	5
Useful data presented	1	2	3	4	5
Relevant to local health planning	1	2	3	4	5

30. a. Please indicate any suggestions for improving the content or format of the SHIP publications. Please be as specific as possible. _____
- b. Please indicate any suggestions for new or expanded content for SHIP publications. Please be as specific as possible. _____

Logic Model

Logic models are a method of program planning/outcome measurement used by many federal agencies and organizations such as the United Way and the American Cancer Society. The Department of Health uses logic models in the SHIP process. The following questions are about your partnership’s familiarity with, training in, and use of logic models.

31. How familiar are the partnership members with a logic model? (*1=not familiar at all to 5=extremely familiar*)

- 1 2 3 4 5

32. Please indicate any logic model training that individuals or organizations within the partnership have received (*Check all that apply*).

- | | |
|--|--|
| <input type="checkbox"/> DOH Public Health Institute | <input type="checkbox"/> Family Service System Reform (FSSR) |
| <input type="checkbox"/> United Way | <input type="checkbox"/> Healthy Communities Access Program |
| <input type="checkbox"/> Communities That Care Planning System | |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

33. Please indicate how the partnership has used a logic model (*Check all that apply*).

- | | |
|--|--|
| <input type="checkbox"/> Planning a partnership program | <input type="checkbox"/> Preparing a SHIP mini-grant |
| <input type="checkbox"/> Required in grant application | <input type="checkbox"/> As part of a strategic planning process |
| <input type="checkbox"/> As part of a program evaluation | |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

Training Opportunities

34. In the past two years, have any partnership members participated in one of the Partnership Training Track courses at the DOH Public Health Institute? Yes No

If “Yes”, how satisfied were the members with the training, with 1= poor to 5= excellent? (*Choose one*)

- 1 2 3 4 5

What new topic(s) should be included in future Public Health Institutes?

35. Do any partnership members use the Department’s Learning Management System (LMS) to access training programs?
 Yes No

36. Have any partnership members viewed a videotaped partnership course from the Public Health Institute on the Learning Management System? Yes No

2007 Partnership Survey

37. Please rate the partnership's ability to: (*1=Poor to 5=Excellent; choose one item per line*)

Research data sources and obtain data	1	2	3	4	5
Analyze and interpret data	1	2	3	4	5
Organize data in databases, tables, etc.	1	2	3	4	5
Manage and track data over time	1	2	3	4	5
Represent and share data with diverse stakeholders	1	2	3	4	5
Apply data to planning and evaluation	1	2	3	4	5

New Data and Web Capabilities

38. Which of the following transactional/web portal capabilities would be useful, via the Internet, with the Department of Health and other SHIP-affiliated partnerships? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Attend/participate in on-line conferencing | <input type="checkbox"/> SHIP Evaluation |
| <input type="checkbox"/> Bulletin board and chat line or blog | <input type="checkbox"/> Submit grants and other documents online |
| <input type="checkbox"/> Data exchange | <input type="checkbox"/> View/participate in webcasts |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Other (Specify): _____ |

39. What other types of data should be collected or made available by state agencies? (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Disability | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Domestic violence/abuse | <input type="checkbox"/> Youth Risk Behavioral Survey |
| <input type="checkbox"/> Drug and alcohol statistics | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Other (Specify) _____ | |

40. How often should a data survey of partnerships be done?

- Annually Every two years Every four years Other (Specify) _____

SHIP Evaluation Questions

The answers for the following questions will provide important information for evaluating major components of SHIP.

41. How many volunteers are involved in your partnership? _____ How many member organizations? _____

42. Which of the following health-related individuals and/or organizations are members of your partnership? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Area Health Education Center (AHEC) | <input type="checkbox"/> Local county or municipal health department |
| <input type="checkbox"/> County Dental Society | <input type="checkbox"/> Local hospital(s) or health systems(s) |
| <input type="checkbox"/> County Medical Society | <input type="checkbox"/> Local mental health organization |
| <input type="checkbox"/> County/municipal health officer | <input type="checkbox"/> Local Red Cross chapter |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) | <input type="checkbox"/> Local social services agency(ies) |
| <input type="checkbox"/> Health insurance/HMO | <input type="checkbox"/> Local substance abuse contractor |
| <input type="checkbox"/> Individual health professionals | <input type="checkbox"/> (Single County Authority) |
| <input type="checkbox"/> Local chapters of national disease-related organizations | <input type="checkbox"/> Other health representative(s) (Specify) _____ |

43. Which of these local/county organizations are members of your partnership? (*Check all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Adult/Family Services Agency | <input type="checkbox"/> Individual local businesses |
| <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Individual local clergy/faith-based organizations |
| <input type="checkbox"/> Colleges and Universities | <input type="checkbox"/> Local Area Agency on Aging |
| <input type="checkbox"/> County Children & Youth Services | <input type="checkbox"/> Local School District(s) |
| <input type="checkbox"/> County/Municipal Government(s) | <input type="checkbox"/> United Way |
| <input type="checkbox"/> County Mental Health/Mental Retardation Program | <input type="checkbox"/> Other Representative(s) (Specify) _____ |
| <input type="checkbox"/> County Public Assistance Office | |
| <input type="checkbox"/> Criminal Justice/Law Enforcement | |

2007 Partnership Survey

44. The Department of Health has a policy of requiring contractors and grantees to collaborate with SHIP-affiliated partnerships. Based on your partnership's experience, how effective is this policy in supporting your partnership?
(1=Poor to 5=Excellent; choose one) 1 2 3 4 5
45. How effective has your partnership been in taking advantage of these collaborative opportunities with DOH contractors?
(1=very ineffective to 5= very effective; choose one) 1 2 3 4 5
46. How is your partnership involved with other state agency/local partner programs
- a. How is the partnership participating in the Communities That Care Prevention Initiative?
- Partnership is this group
 - Partnership is member of this group
 - This group is a member of the partnership
 - Partnership has collaborated with group
 - Program is not operating in partnership's area
- b. Is the partnership participating with the County Children & Youth Office in the Department of Public Welfare's Integrated Child Services Program? Yes No County Children & Youth Office not participating
47. Does your partnership have a written health improvement plan? Yes No
If "Yes", when was it created/updated last? _____
If "No", when did you last review/update your partnership's priorities? _____
48. Does your partnership have a written business plan? Yes No
When was it updated last? _____
49. Do you have outcome/impact measures that you are tracking? Yes No
If "Yes", are you tracking outcome/impact measures related to:
- Partnership Activities Yes No
 - Change in health knowledge Yes No
 - Change in health attitudes Yes No
 - Change in health behavior Yes No
- Other (specify): _____
50. Are you tracking outcomes measures for your partnership using a special software package, such as the Outcomes Toolkit?
 Yes No
51. Are you reporting outcome measures to an external agency, such as a funding agency, using a web-based application or some other technology? Yes No
If "Yes", please describe: _____
52. How is your partnership primarily funded? (Check all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Business Community | <input type="checkbox"/> Hospital/Health System | <input type="checkbox"/> Local Foundation |
| <input type="checkbox"/> Local/County Government | <input type="checkbox"/> SHIP Mini-grant | <input type="checkbox"/> DOH Program grant/contract |
| <input type="checkbox"/> Other State agency grant/contract | <input type="checkbox"/> Federal agency grant/contract | <input type="checkbox"/> National organization grant/contract |
| <input type="checkbox"/> Dues | <input type="checkbox"/> Other (specify) _____ | |
53. Please indicate the approximate percentage of each type of funding that your partnership receives:
 Member Agencies + Other community funds + State grants + Federal grants + Other = 100%
54. Has your partnership ever received a SHIP mini-grant? Yes No
If "Yes", were you able to sustain any aspects of the project after the mini-grant funding ended? Yes No
If "Yes", please state what aspect(s) and how your partnership was able to sustain this

55. Periodically, the Bureau of Health Planning will email grant announcements from other organizations to partnerships.
Have you ever applied for one these grants? Yes No
If "Yes", have you been awarded one of the grants? Yes No

2007 Partnership Survey

56. Has your partnership ever received national media attention or national recognition for any of its local health improvement initiatives? Yes No
 If "Yes", please briefly describe:

57. In the past 3 years, have you collaborated with another SHIP-affiliated partnership in any way? Yes No
 If "Yes", what sort of collaboration was it? (*Check all that apply*)
 Coordinated a one-time special health event Provided in-kind support or funding for a joint program
 Planned and co-sponsored training Other (*Specify*) _____

58. Indicate if your partnership has participated in any of the following DOH special initiatives? (*Check all that apply*)
 Asthma Pennsylvania Advocates for Nutrition and Activity (PANA)
 Arthritis Pennsylvania Cancer Control Consortium (PAC3)
 Bioterrorism Pennsylvania Cardiovascular Health Consortium (PCHC)
 Community Challenge Grants STEPS to a Healthier US
 Diabetes Sexually Transmitted Diseases (STDs)/AIDS
 Family Health Programs Immunization
 Oral Health Initiatives Tobacco Prevention and Cessation
 Pennsylvania Community Prevention Collaborative through the Bureau of Drug & Alcohol Programs
 Other (*Specify*) _____

59. In the past 3 years, did regional or state representatives from any of the following state agencies present information at one of your partnership meetings or participate in a partnership activity? (*Check all that apply*)
 Department of Aging Pennsylvania Liquor Control Board
 Department of Agriculture Pennsylvania State Police
 Department of Community & Economic Development (DCED) Pennsylvania Rural Development Council
 Department of Conservation and Natural Resources (DCNR) Pennsylvania Workforce Investment Board (PA WIB)
 Department of Environmental Protection Department of Public Welfare
 Department of Education (*Check all that apply*)
 Health Care Cost Containment Council Office of Children, Youth, & Families
 Department of Insurance Office of Income Maintenance
 Department of Labor & Industry Office of Medical Assistance Programs
 Pennsylvania Emergency Management Agency (PEMA) Office of Mental Health/Substance Abuse Services
 Pennsylvania Commission on Crime & Delinquency (PCCD) Office of Mental Retardation
 Other (*Specify*): _____ Office of Social Programs
 Department of Transportation

60. On the next page, list up to five priority areas adopted by your partnership. For each one, list whatever targets or goals the partnership has adopted and current or planned programs or activities related to that priority. For example:

	Priority	Target(s)/Goal(s)	Program(s)/Activity(ies)
Priority 1	Teen Fitness	Healthy People 22-6 Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days.	<ul style="list-style-type: none"> • Open skateboard rink in local park. • Hold teen bicycle rodeos at all high schools, with a district championship. • Promote NRG program in all schools.

2007 Partnership Survey

Partnership Priority List			
	Priority	Target(s)/Goal(s)	Program(s)/Activity(ies)
Priority 1			
Priority 2			
Priority 3			
Priority 4			
Priority 5			

THANK YOU FOR COMPLETING THIS SURVEY!

Please share any other comments below:

2007 State Health Improvement Plan (SHIP) Survey Participants

Survey Respondents	Service Area (County or County Group)	District
Action Health	Columbia, Montour, Northumberland, Snyder, Union	North Central
Centre County Partnership for Community Health	Centre	North Central
Clinton County Healthy Communities	Clinton	North Central
Family Collaborative Council of Potter County	Potter	North Central
Lycoming County Health Improvement Coalition	Lycoming	North Central
Partners in Family and Community Development	Bradford	North Central
Tioga County Partnership for Community Health	Tioga	North Central
Carbon County Partners for Progress	Carbon	North East
Healthy Northeast Pennsylvania Initiative	Lackawanna, Luzerne	North East
Partners for Progress in Susquehanna County	Susquehanna	North East
Pocono Healthy Communities Alliance	Monroe	North East
The Prevention Initiative	Pike, Wayne	North East
Wyoming County Community Alliance	Wyoming	North East
Alliance for a Better Community	Warren	North West
Cameron County Collaborative Board	Cameron	North West
Clarion County Family Net	Clarion	North West
Community Health Partnership of Mercer County	Mercer	North West
Elk County Family Resource Network	Elk	North West
Focus on Forest's Future	Forest	North West
Focus on Our Future Collaborative Board	Venango	North West
McKean County Collaborative Board	McKean	North West
Partnership for Healthy Communities	Clearfield	North West
The Alliance for a Healthier Community	Armstrong, Clarion, Clearfield, Indiana, Jefferson	North West

continued next page

2007 State Health Improvement Plan (SHIP) Survey Participants

Survey Respondents	Service Area (County or County Group)	District
Blair County Healthy Community Partnerships	Blair	South Central
CaREach - Bedford County's Health Partnership	Bedford	South Central
Cumberland County Partnership for a Healthy Community	Cumberland	South Central
Dauphin County Health Improvement Partnership	Dauphin	South Central
Fulton County Partnership, Inc.	Fulton	South Central
Healthy Adams County	Adams	South Central
Healthy Communities Partnership of Franklin County	Franklin	South Central
Huntingdon County Healthy Communities Partnership	Huntingdon	South Central
Mifflin/Juniata Partners Advancing Tomorrow's Health	Juniata, Mifflin	South Central
Perry County Family Service Partnership Board	Perry	South Central
Bucks County Health Improvement Project, Inc.	Bucks	South East
Chester County Healthy Communities Partnership	Chester	South East
Haddington Community Health Partnership Collaborative	Philadelphia	South East
Lancaster Health Improvement Partnership	Lancaster	South East
Nicotown-Tioga Improvement Team	Philadelphia	South East
Schuylkill County's Vision	Schuylkill	South East
Duquesne SHIP Initiative	Allegheny	South West
Health Oakland Partnership (HOP)	Allegheny	South West
HI HOPE	Allegheny	South West
Hilltop Community HealthCare Partnership	Allegheny	South West
McKeesport Healthier Communities Partnership	Allegheny	South West
Northside Health Improvement Partnership	Allegheny	South West
Community Health Improvement Partnership	Fayette	South West
Family Resource Initiative of Cambria County	Cambria	South West
Greene County MAGIC Collaborative	Greene	South West
Health BANK Community Health Partnership	Westmoreland	South West
Indiana County Community Health Advisory Council	Indiana	South West
Partners Advocating Total Health (PATH)	Fayette, Indiana, Westmoreland	South West
Washington County Health Partners, Inc.	Washington	South West

Glossary

Behavioral Risk Factor Surveillance System (BRFSS) – a system developed by the U.S. Department of Health and Human Services for studying health-related behavior in adults by means of an annual survey. The PA Department of Health (PADOH) participates by conducting an annual telephone survey of 3,600 adult Pennsylvanians.

Communities That Care (CTC) – a community empowerment strategy sponsored by the PA Commission on Crime and Delinquency that emphasizes assessment and planning as the basis for program development and implementation. CTC is a violence and delinquency prevention program that provides communities with a process to identify risk and preventive factors, mobilize the community and develop a comprehensive prevention plan.

Epidemiologic Query and Mapping System (EpiQMS) – an interactive health statistics Web site that can produce numbers, rates, graphs, charts, maps and county profiles using various demographic variables (age, sex, race, etc.) from birth, death, cancer and population datasets for the state and counties.

Family Service System Reform (FSSR) – Department of Public Welfare initiative encourages counties/communities to rethink and redesign the ways family programs and services are delivered, coordinated and managed by focusing on the ways counties/communities can coordinate and organize local resources to meet their unique needs and by developing effective community collaboratives, which build upon existing resources/strengths of communities.

Health Professional Shortage Areas (HPSAs) – geographic areas or specific populations within a geographic area that have been designated by the U.S. Public Health Service as lacking a sufficient number of primary care, dental or mental health practitioners.

Health Status Indicators – a set of eighteen clinical measures (and several sub-measures) developed by the U.S. Centers for Disease Control and Prevention (CDC) in 1991 to serve as a baseline measure of health status outcome and/or factors that put individuals at increased risk of disease or premature death.

Healthy People 2010 – document published by the U.S. Department of Health and Human Services (November 2000). A comprehensive health promotion and disease prevention agenda designed to improve the health of all people of the United States during the first decade of the 21st century. The two primary goals of *Healthy People 2010* are to increase the quality and years of healthy life and to eliminate health disparities.

Learning Management System – an on-line instructional system operated by the PADOH. Videotapes of classes held at recent Public Health Institutes and other technical assistance courses are among the materials available through this system to the Partnerships.

Local Health Improvement Partnership (LHIP) – a collaboration of public, private and voluntary organizations and individuals which serves a defined geographic area and exists for the purpose of improving the broadly defined health status of the community. (See also: *Stages of Development*.)

Logic Model – a method of program planning and outcome measurement that links outcomes and impacts with program activities and the theoretical assumptions on which the program is based. The logic model has been adopted by many federal agencies and other, non-governmental organizations.

Partnership Relationship, State Health Improvement Plan – a relationship established by mutual agreement between the PADOH and an approved community-based partnership to share mutual responsibility and accountability for the achievement of agreed upon health improvement priorities for the locality described by the community-based partnership. Such community-based partnerships are referred to as SHIP-affiliated partnerships. (See also: *SHIP-Affiliated Partnerships*.)

Quality of Life Indicators – these indicators measure conditions beyond those found in the health care or medical model and include such topics as education, economy, public safety, natural environment, social environment, government, cultural and recreation and mobility.

Public Health Institute (PHI) – a program of courses, workshops and speakers sponsored twice a year by the PADOH. PHI addresses the broad areas of public health, which include drug and alcohol treatment and prevention, epidemiology, emergency medical, community partnerships and public health preparedness.

SHIP-Affiliated Partnership – an *LHIP* that has gone through a vetting process by the PADOH, which looked at its structure and activities to determine if the partnership qualifies for affiliation with the PADOH and the SHIP program. Only affiliated partnerships are able to participate in SHIP activities. In the 2007 Partnership Data Survey, only SHIP-Affiliated partnerships were surveyed. (See also: *Partnership Relationship, State Health Improvement Plan*.)

Stages of Development – a partnership is said to be in one of three developmental stages:

- *Planning and Development* – Data collection and assessment initiated; local partnership organization and mission statement under development.
- *Operational* – Needs assessment completed; mission and priorities defined; health improvement projects under way.
- *Sustained* – Health improvement projects completed and outcomes tracked; comprehensive linkages within the community; revision of original needs assessment under way.

(See also: *Local Health Improvement Partnership (LHIP)*)

State Health Improvement Plan (SHIP) – is an ongoing process to improve the health of the citizens of Pennsylvania. The process involves a sharing of responsibility, accountability and information by both the PADOH and its local partners. Under this model, the PADOH serves as the lead agency in the development of both statewide and local public/private partnerships aimed at linking needs to actions and demonstrable results. The PADOH also serves as a facilitator for many of these activities.

Youth Risk Behavior Surveillance Survey (YRBSS) – a national survey of high school students (9th – 12th grades) similar in scope to the BRFSS. The survey included questions on knowledge, healthy behaviors and health risks. The PADOH will be working with the Department of Education to begin conducting the survey statewide during the 2008-2009 school year.