

State Health Improvement Plan

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

Chartbook



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

November 2009

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Pennsylvania Department of Health
Harrisburg, PA**

Introduction

Background of the SHIP-Affiliated Partnership Data 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 collected information on 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, so as to develop 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). Where data is reported by the stage of development of the partnership, the Question Number is followed by the suffix "ST" (e.g., Q5ST). For longitudinal (multi-year) data, the Question Number is followed by the suffix "L" (e.g., Q5L). Data by partnership stage of development and multi-year data is not available for each question.
- The Table of Charts lists the charts on a given page, also by Question Number.

Much of the data in this chartbook is given by the stage of partnership development. The three stages are described below, with the number of partnerships self-reporting the stage in parentheses.

- *Planning and Development* – Data collection and assessment initiated; local partnership organization and mission statement under development (2 partnerships).
- *Operational* – Needs assessment completed; mission and priorities defined; health improvement projects under way (25 partnerships).
- *Sustained* – Health improvement projects completed and outcomes tracked; comprehensive linkages within the community; revision of original needs assessment under way (24 partnerships).
- One additional partnership responded to this survey but did not report its stage of development, as it was in the midst of a re-organization. The data from that partnership is included in overall tables, but it is not included in any table reporting by partnership stage.

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 uses the following format:

- All the findings in the section. The order for each question is:
 - The question as it appeared in the Survey.
 - Part 1: Highlights from the General Report and (in some cases) additional information.
 - Part 2: Information by partnership stage of development (where such data exists).
 - Part 3: Longitudinal data (where such data exists).

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Section 1

Data Use

Section 1: Data Use

Partnership Stages of Development

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.

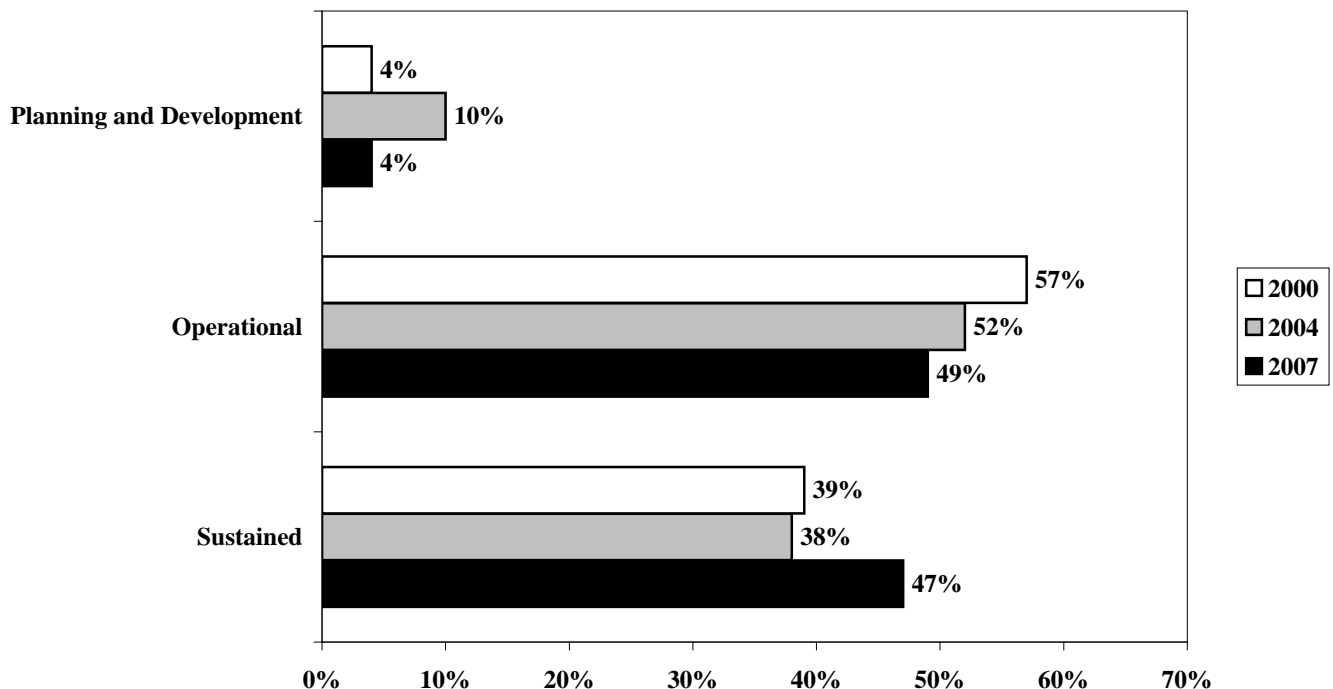
Part 1: Highlights from the General Report and Part 2: Information by Partnership Stage of Development

- Partnerships categorized themselves by stage of development; two were in the Planning and Development stage, 25 were in the Operational stage and 24 were in the Sustained stage.
- One partnership did not report its stage of development. Although its responses are included in the overall data, information from that partnership is not to be found in any of the discussion regarding stage of development.

Part 3: Longitudinal Data

- There has been an increase in the number of partnerships that responded to the survey from 24 partnerships in 2000 to 52 partnerships in 2004 and 2007. Different sets of partnerships responded in 2004 and 2007.
- The percentage of partnerships in the Planning and Development stage decreased 6% from 2004, returning to the 2000 percentage.
- The percentage of partnerships in the Operational stage of development has decreased 8% from 2000 to 2007.
- The percentage of partnerships in the Sustained stage increased 8% from 2000 to 2007.

**Percentages of Partnerships in Each Stage of Development,
2000, 2004 and 2007**



Section 1: Data Use

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

What Department of Health data has the partnership used in the past 12 months? (<i>Check all that apply</i>)	
<input type="checkbox"/> Behavioral Risk Factor Surveillance System (BRFSS)	<input type="checkbox"/> Population (US Census, estimates)
<input type="checkbox"/> Cancer Incidence and Prevalence Indicators	<input type="checkbox"/> Vital Statistics (births, deaths)
<input type="checkbox"/> Communicable Disease Incidence and Prevalence	<input type="checkbox"/> Workforce Data (physicians, nurses, dentists/dental hygienists)
<input type="checkbox"/> County Health Profiles	<input type="checkbox"/> Program Data (WIC, Tobacco, Immunization, Drug & Alcohol)
<input type="checkbox"/> Facility Data (hospitals, nursing homes, ambulatory surgery centers)	<input type="checkbox"/> Other Data (Specify) _____
<input type="checkbox"/> Healthy People 2010 Data	<input type="checkbox"/> Other Data (Specify) _____
<input type="checkbox"/> Health Professional Shortage Area (HPSA) Data	
<input type="checkbox"/> Health Status Indicators for PA Counties	

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

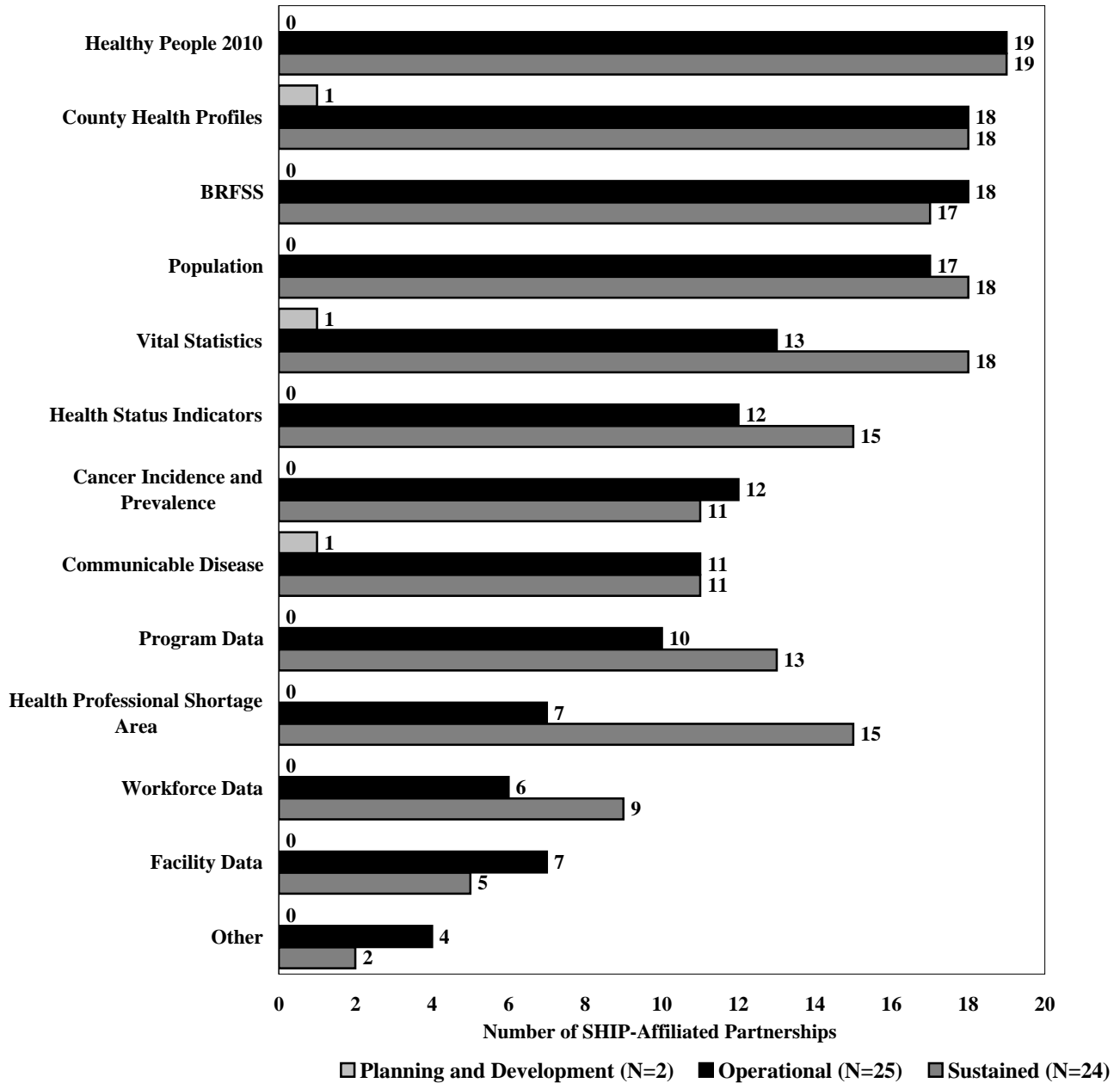
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- One of the two partnerships in the Planning and Development stage reported using PADOH data: county profiles, vital statistics and communicable disease data.
- Operational and Sustained partnerships were equally likely (difference of less than 5%) to use the three most common types of PADOH data: Healthy People 2010, County Health Profiles and BRFSS.
- Operational partnerships were more likely (5%-25% difference) than Sustained partnerships to make use of facility data as well as other types of data not specified in the question.
- Sustained partnerships were more likely than Operational partnerships to use population data, Vital Statistics, Health Status Indicators, program data and workforce data.
- Sustained partnerships were also more than twice as likely as Operational partnerships to use data regarding Health Professional Shortage Areas (HPSAs).

Section 1: Data Use

Q1: Use of PADOH Data, continued

**Q1ST: Type of PADOH Data Used
By Stage of Development, 2007**



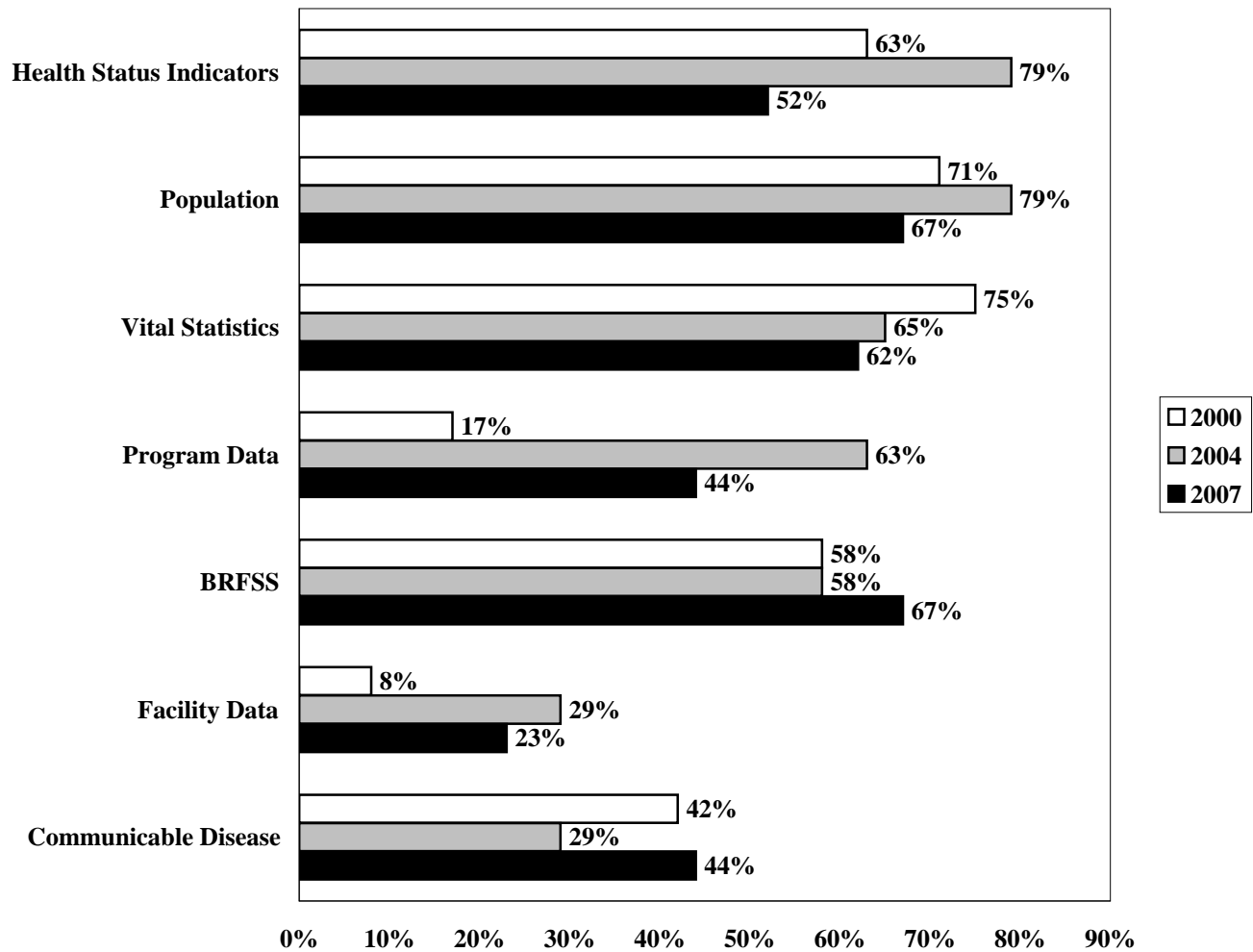
Section 1: Data Use

Q1: Use of PADOH Data, continued

Part 3: Longitudinal Data

- The percentage of partnerships using BRFSS data and Communicable Disease data increased from 2004 to 2007.
- The percentage of partnerships using all other listed PADOH data decreased from 2004 to 2007, most notably for Health Status indicators and Program data.

Q1L: Percentage of Partnerships That Used Specific PADOH Data*, 2000, 2004 and 2007



* Chart only includes categories that were part of all three surveys.

Section 1: Data Use

Q2: Ways Partnerships Used PADOH Data

How does the partnership use Department of Health data? (*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 (Specify) _____ |

Part 1: Highlights from the General Report

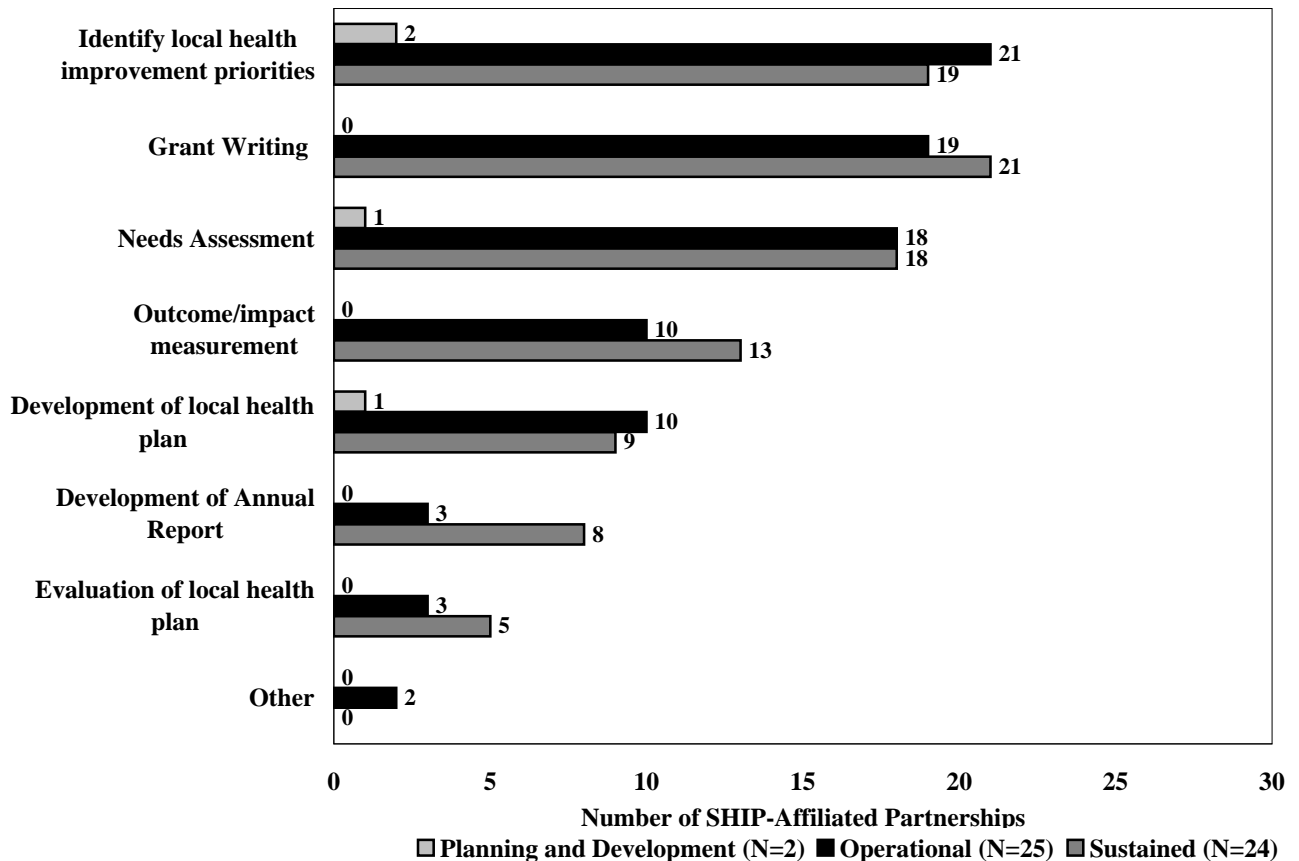
- Partnerships reported that their most common uses of PADOH data were for identification of local health improvement priorities (86%), grant writing (82%) and needs assessment (76%).
- Evaluation of local health plan was the least selected use of PADOH data by partnerships (16%), followed by development of annual reports (22%).

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Both partnerships in the Planning and Development stage used PADOH data to identify local priorities, while only one partnership reported using PADOH data to conduct needs assessments and develop local plans.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to use PADOH data to identify local health improvement priorities, for needs assessment and in the development of local health plans.
- Sustained partnerships were more likely (5%-25% difference) than Operational partnerships to use PADOH data to measure outcomes and impacts, write grant applications and evaluate local plans.
- Sustained partnerships were almost three times as likely as Operational partnerships to develop annual reports.

**Q2ST: Ways Partnerships Used PADOH Data
By Stage of Development, 2007**



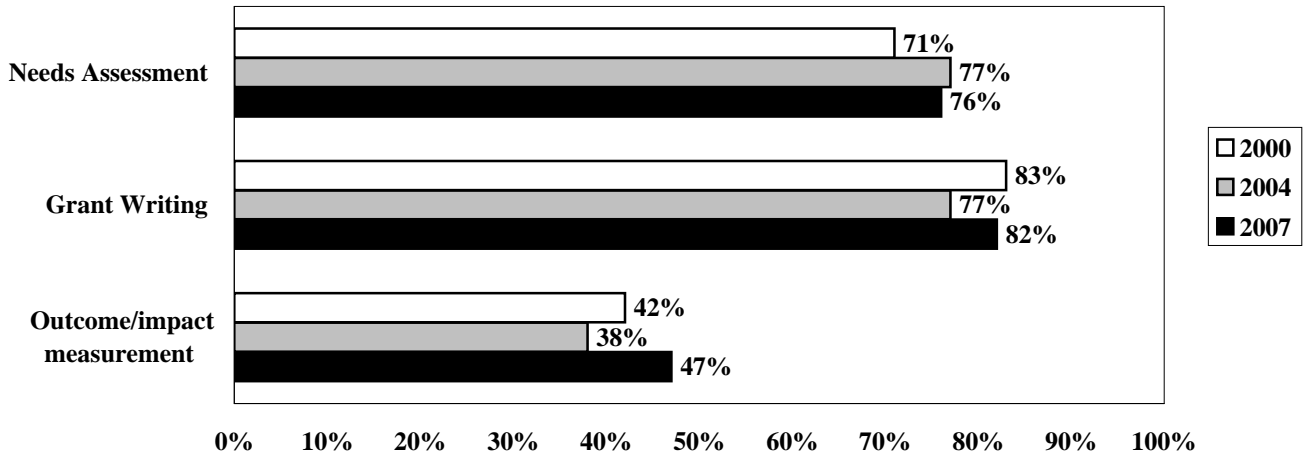
Section 1: Data Use

Q2: Ways Partnerships Used PADOH Data, continued

Part 3: Longitudinal Data

- While use of PADOH data for Needs Assessment decreased 1% from 2004 to 2007, use of PADOH data for grant writing increased 5%, and use of the data for measurement of outcomes and impacts increased 9% in the same period.

**Q2L: Percentages of Uses for PADOH Data*,
2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 1: Data Use

Q3: Preferred Geographic Level of PADOH Data

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

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Census Tract | <input type="checkbox"/> Partnership Service Area |
| <input type="checkbox"/> ZIP Code | <input type="checkbox"/> City/Borough/Township |
| <input type="checkbox"/> County | <input type="checkbox"/> Department of Health District |
| <input type="checkbox"/> State | |

Part 1: Highlights from the General Report

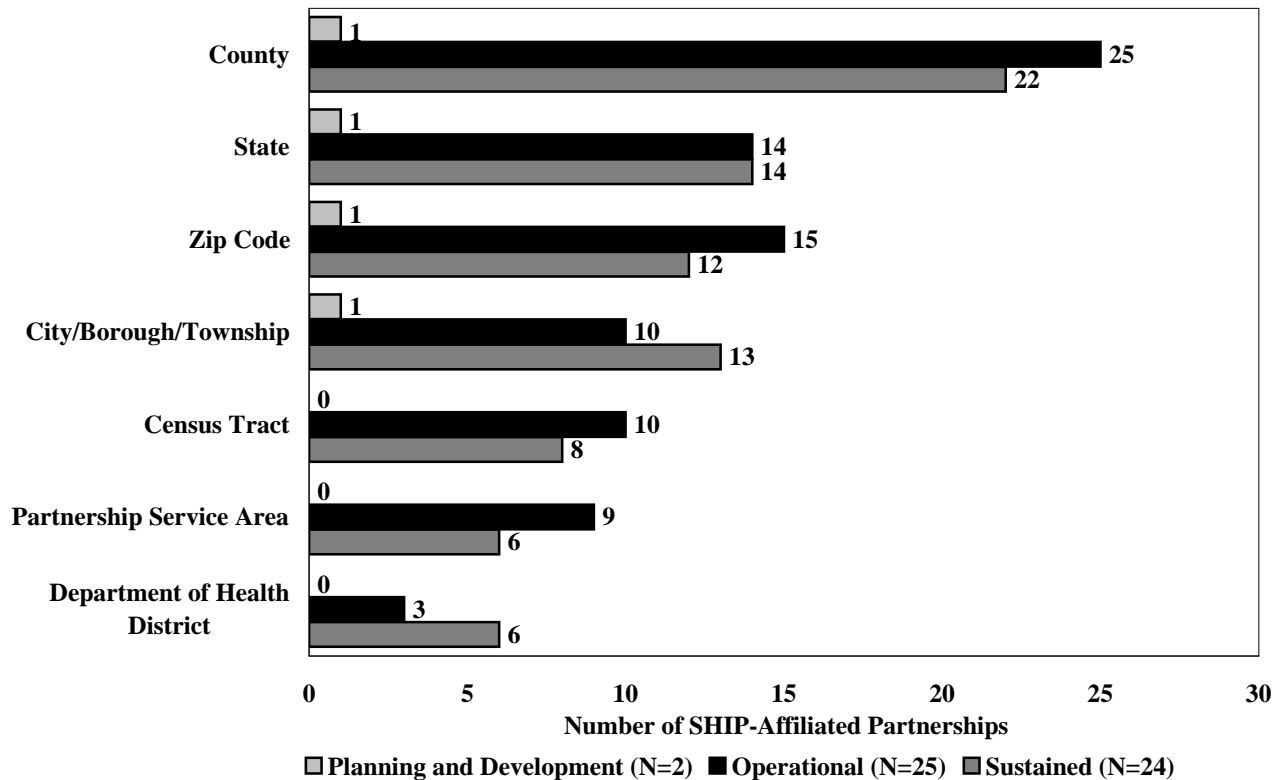
- County level data was the most frequently needed level of geographic data (90%), followed by state level data (56%) and ZIP Code level data (54%).
- City/Borough/Township (46%), Census Tract (35%), Partnership Service Area (29%) and PADOH District (17%) levels of geographic data were needed by less than half of the partnerships.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Roughly half of the partnerships at each stage of development reported using state level data.
- Operational partnerships were more likely (5%-25% difference) than Sustained partnerships to need data at the county, ZIP Code, census tract and partnership service area level.
- Sustained partnerships were more likely to need PADOH Health District and City/Borough/Township data than Operational partnerships.

**Q3ST: Level of Geographic Detail Needed in PADOH Data
By Stage of Development, 2007**



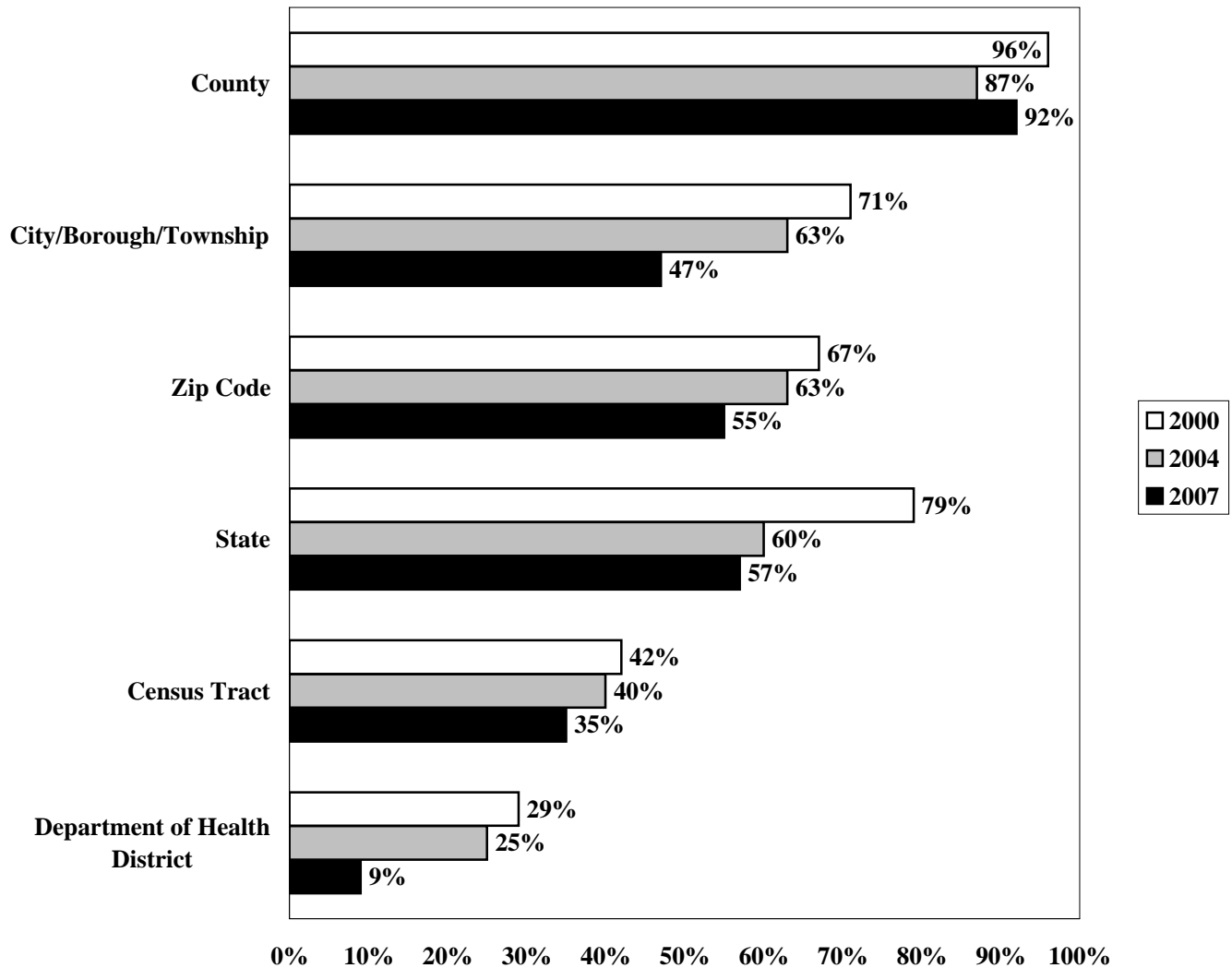
Section 1: Data Use

Q3: Preferred Geographic Level of Data, continued

Part 3: Longitudinal Data

- From 2000 to 2007, the partnerships' need for levels of specific geographic detail in PADOH data decreased for all levels except county data. The 2004 to 2007 trend is more significant, since the same number of partnerships responded in both years.
- The need for county level data increased 5% from 2004 to 2007.
- The need for county/borough/township level data and for data by PADOH districts had the greatest decrease between 2004 and 2007, 16% each.

**Q3L: Percent of Partnerships Requesting Specific Level
Of Geographic Detail in PADOH Data*,
2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 1: Data Use

Q4: Data from Specific Disparity Categories

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	1	2	3	4	5	N/A
Sexual Orientation	1	2	3	4	5	N/A
Age	1	2	3	4	5	N/A

Part 1: Highlights from the General Report

- Partnerships reported that, on a range of 1=not important to 5=very important, they considered age group (4.65), income and education level (4.46) and gender (4.35) to be the most important disparity categories, as described in Healthy People 2010. These were followed by geographic location (urban/ rural; 4.19) and disability (4.00).
- Partnerships rated the importance of having data based on the disparity category of sexual orientation as the least important of the seven categories (2.53).

Part 2: Information by Partnership Stage of Development

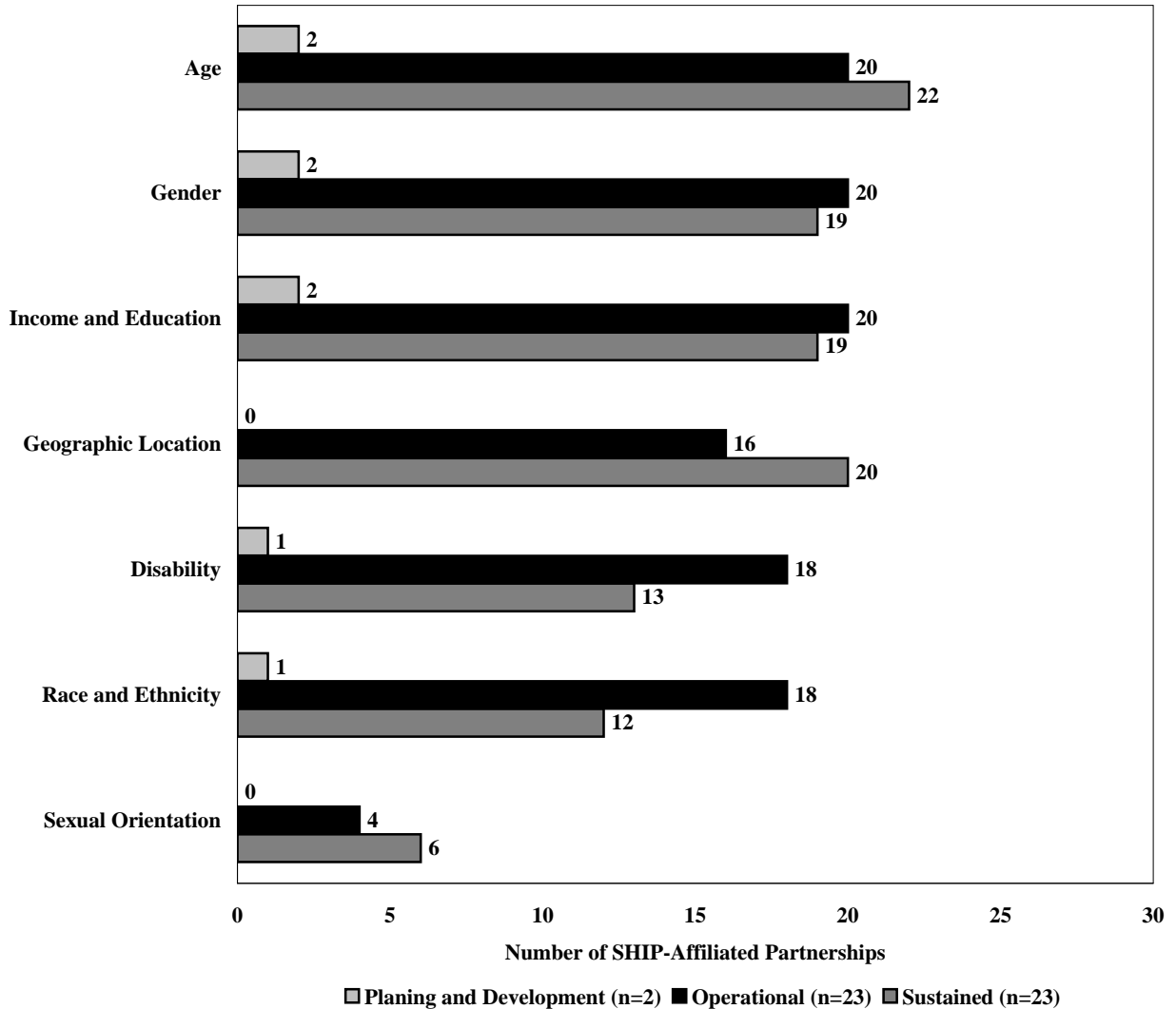
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- The two partnerships in the Planning and Development stage rated age, gender and income/education data as most important.
- The Operational stage partnerships rated disability data higher (5%-25% difference) and racial/ethnic data much higher (more than 25% difference) in importance than did the Sustained partnerships.
- The Sustained partnerships rated age, geographic location (urban/rural) and sexual orientation data higher in importance than did the Operational partnerships.

Section 1: Data Use

Q4: Data from Specific Disparity Categories, continued

**Q4ST: Number of Partnerships That Rated Specific Disparity Categories As Very Important*
By Stage of Development, 2007**



* Rating of 4 or 5 on the Likert Rating Scale of 1=Not Important to 5=Very Important

Section 1: Data Use

Q5: Access to PADOH Health Statistics Web Page

(a) Have you ever accessed the Department's Health Statistics Web page? ___ Yes ___ No						
(b) If "Yes", have you ever used the "E-Guide to Health Statistics (A to Z)" ___ Yes ___ No						
(c) 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

Part 1: Highlights from the General Report

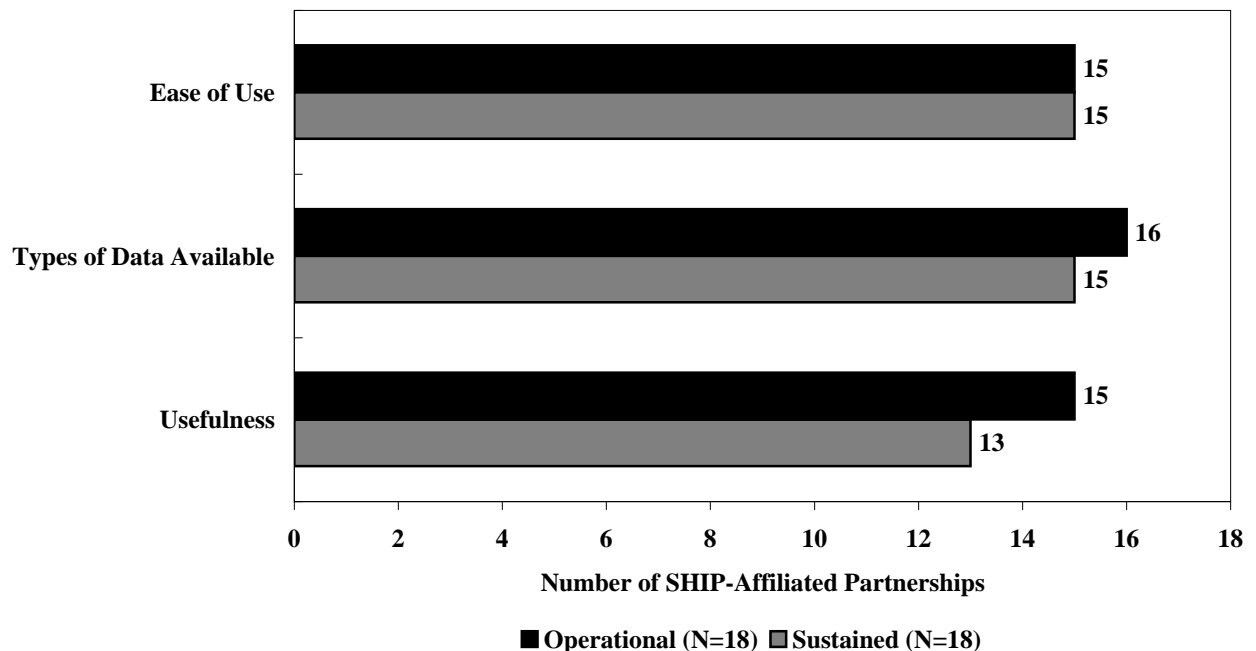
- Almost 90% of responding partnerships indicated that they have accessed the PADOH's Health Statistics Web page.
- Over 80% of the partnerships indicated that they have used the "E-Guide to Health Statistics (A to Z)" on the PADOH's Health Statistics and Research Web page.
- Some 83% of the partnerships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

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- None of the partnerships in the Planning and Development stage reported using the E-Guide to Health Statistics.
- Some 68% of Operational partnerships and 75% of Sustained partnerships reported using the E-Guide to Health Statistics.
- Operational partnerships were more likely (difference of 5%-25%) to rate types of data available and usefulness as above average than Sustained partnerships.

Q5ST: Partnerships That Rated the E-Guide to Health Statistics as Above Average* By Stage of Development, 2007



* Rating of 4 or 5 on a scale of 1=Poor to 5=Excellent

Section 1: Data Use

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

- (a) 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
- (b) If "Yes", rate the EpiQMS system on a scale of 1=Poor to 5=Excellent? (*Circle one 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 |
- (c) If "No," please briefly explain why not: _____

Part 1: Highlights from the General Report

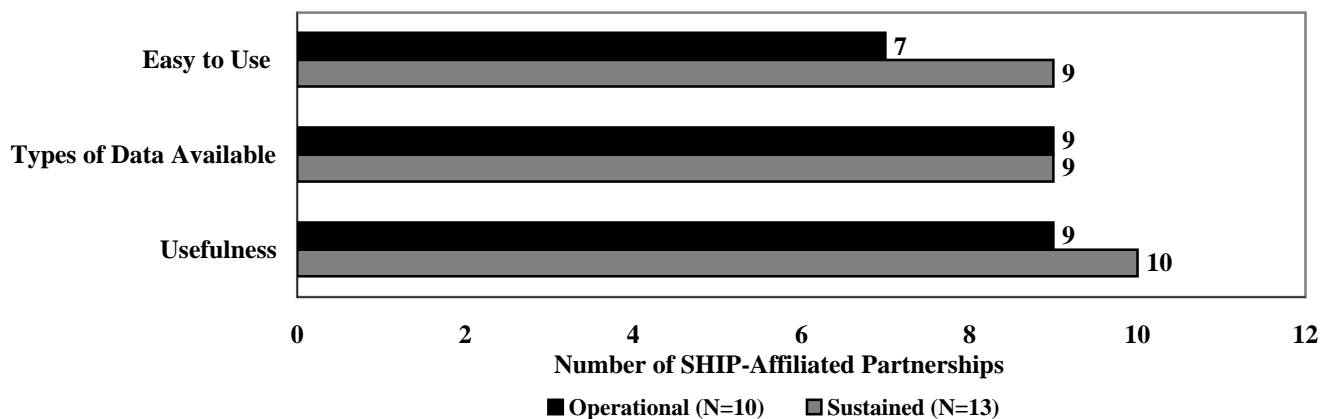
- Almost 50% of responding partnerships reported using the PADOH's Epidemiologic Query and Mapping System (EpiQMS) to produce statistics, tables, charts, graphs and/or maps.
- Some 67% of the partnerships felt that the EpiQMS was easy to use (score of 4 or 5 on a range of 1=poor to 5=excellent); 75% indicated that the types of data available were above average; and 83% indicated that EpiQMS was above average in usefulness.
- Reasons partnerships have never used EpiQMS, Q6(c), as listed by the partnerships, include:
 - Lack of time
 - Did not have youth behavioral risk data
 - No knowledge of the system
 - More data needed on a broader range of ethnic minorities (especially Hispanic data)
 - No knowledge of availability
 - Immunization data needed
 - EpiQMS data not needed for priorities
 - Did not have disability rates per capita
 - No time to figure the system out

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- One partnership in the Planning and Development stage rated the EpiQMS, but did not rate any of the characteristics as above average.
- Operational partnerships were as likely (difference of less than 5%) to rate ease of use above average as Sustained partnerships.
- Operational partnerships were more likely (5%-25% difference) to rate two categories, types of data and usefulness, as being above average than were the Sustained partnerships.

**Q6bST: Number of Partnerships That Rated the EpiQMS System as Above Average*
By Stage of Development, 2007**



* Rating of 4 or 5 on a scale of 1=Poor to 5=Excellent

Section 1: Data Use

Q7: Suggested Other EpiQMS Data

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

Type of Health-Related Data	Geographic Level
_____	_____
_____	_____

Part 1: Highlights from the General Report/Additional Information

- The partnerships responded that they would like to see the following types of health-related data added to the EpiQMS:
 - Diabetes data, including data on amputations (3 partnerships)
 - Disability data per capita*
 - Drug and alcohol data, including: types of drug involved and treatment data and alcohol consumption, age of individuals (5 partnerships)
 - Emergency room data
 - EMS data, including: type of incidents, number of victims by age group and number of incidents by type where alcohol was a factor.
 - Gaps in services
 - Health insurance information
 - Immunization data*
 - Incidence data on a number of health conditions, including: Alzheimers disease, asthma, COPD, heart disease (2 partnerships) and renal failure.
 - Morbidity and mortality data by county and municipality
 - More ethnic data, especially Hispanic data*
 - Obesity data by age group
 - Oral health measures by age group
 - Prescription drug data
 - Tobacco use data (including smokeless tobacco) by age group
 - Violence and injury data, including: domestic violence, suicide and unintentional injury.
 - Youth risk behavior data*

* Response from Question 6(c) that also applies to Question 7.

- The following levels of geographic data for EpiQMS were also requested by the partnerships:
 - County level data: 10 partnerships
 - Municipal level data: 3 partnerships
 - Statewide data: 3 partnerships
 - PADOH Health District level: 1 partnership
 - Urban/rural data: 1 partnership
 - ZIP Code level data: 1 partnership

Section 1: Data Use

Q8: PADOH Healthy People 2010 Statistics Web Site

(a) Has the partnership ever accessed the Department of Health's Healthy People 2010 Statistics Web site? ___ Yes ___ No
(b) If "Yes", rate the Healthy People 2010 Statistics Web site on a scale of 1=Poor to 5=Excellent? (Circle one 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

Part 1: Highlights from the General Report

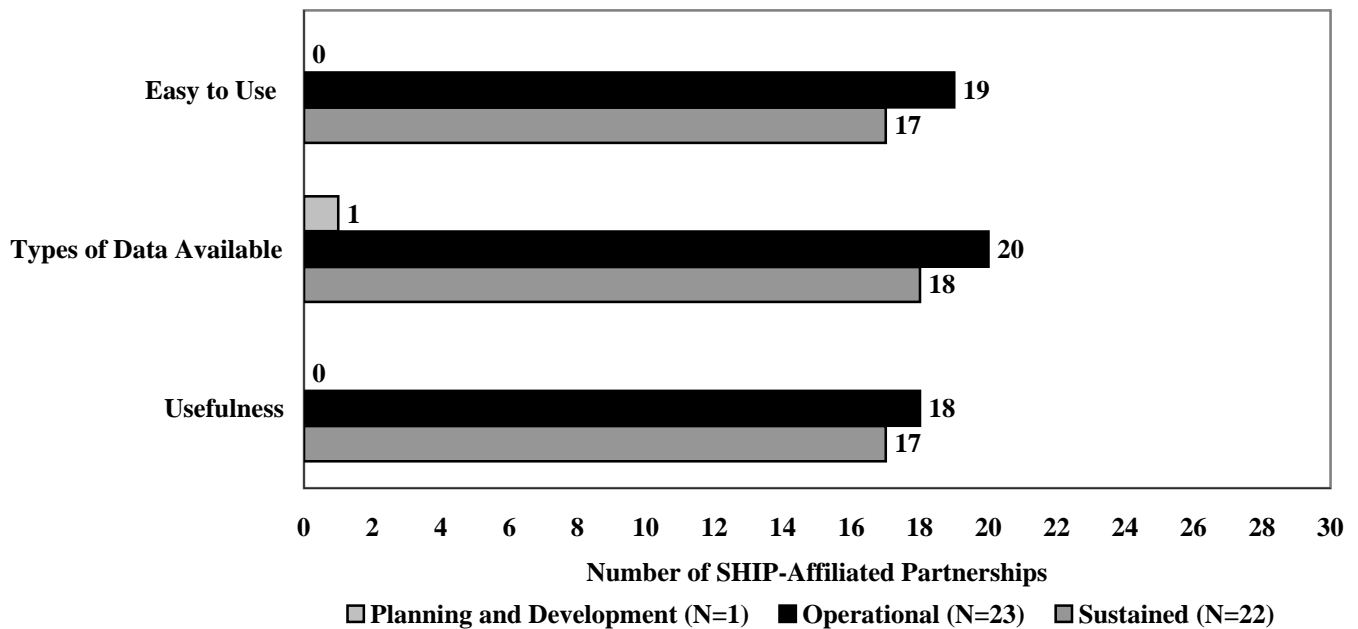
- Almost 90% of responding partnerships reported that they have accessed the PADOH's Healthy People 2010 Web site.
- Some 78% of the partnerships rated the ease of use of the Healthy People 2010 Web site as above average (score of 4 or 5 on a range of 1=poor to 5=excellent); 85% indicated that the types of data available were above average; and 76% indicated that usefulness of the Web site was above average.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Operational and Sustained partnerships were equally likely (less than 5% difference) to rate the PADOH Healthy People 2010 Web site as above average for usefulness.
- Operational partnerships were more likely (5%-25% difference) to rate the PADOH Healthy People 2010 Web site as above average for ease of use and types of data than were Sustained partnerships.

**Q8bST: Number of Partnerships That Have Rated
The PADOH Healthy People 2010 Web Site as Above Average*
By Stage of Development, 2007**



* Rating of 4 or 5 on a scale of 1=Poor to 5=Excellent

Section 1: Data Use

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

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

Part 1: Highlights from the General Report/Additional Information

- Partnerships asked for goals/data related to the following areas:
 - Alcohol-related disease (by age)
 - Accessibility data
 - Environmental health (including data on housing and open space)
 - Immunization data (by age and by county)
 - Income level data
- No specific targets were suggested.

Section 1: Data Use

Q 17: Quality of PADOH Data Experience

Rate the quality of your overall data experience with the Department of Health. <i>(One choice per line; 1=Poor to 5=Excellent)</i>						
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

Part 1: Highlights from the General Report

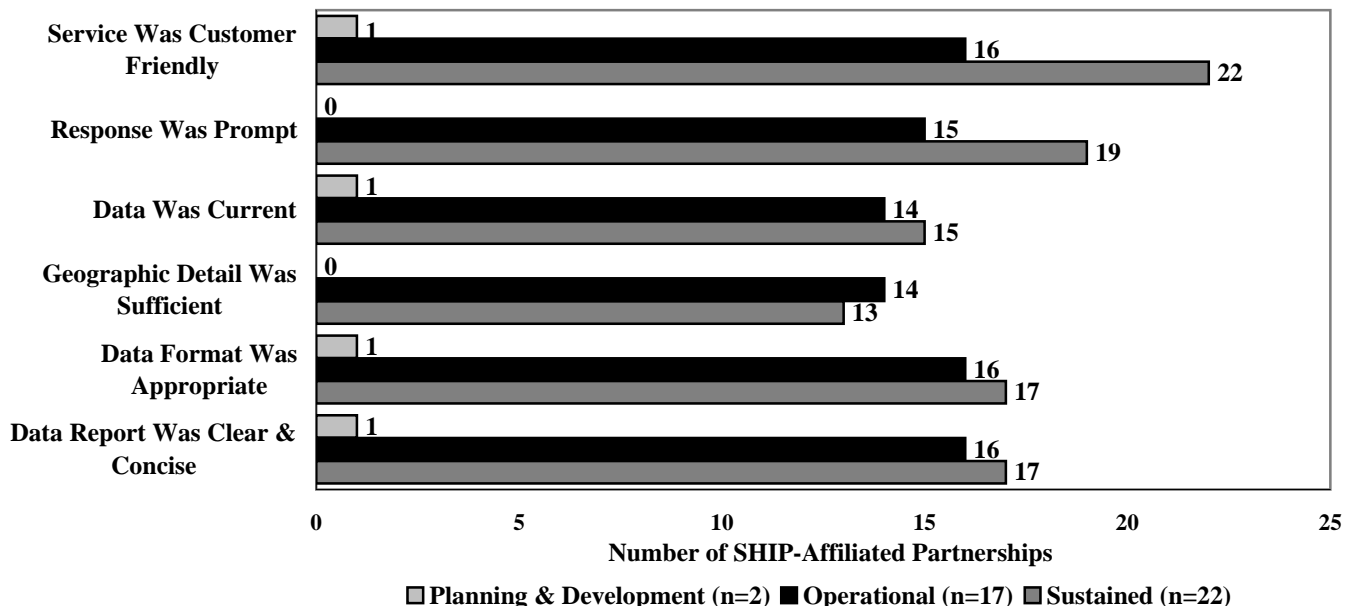
- When partnerships were asked to rate their data experience (scale of 1=poor to 5=excellent), they rated customer friendliness the highest (4.30), followed by promptness (4.15), clarity and conciseness (4.12) and appropriateness (4.10).
- The partnerships generally rated the quality of the PADOH data 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).

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- One of the two partnerships in the Planning and Development stage rated the customer friendliness of the PADOH data experience as above average (rating of 4 or 5 on a scale of 1=poor to 5=excellent), while the other partnership rated the currentness, appropriateness and clarity/conciseness of the data as above average.
- The Operational and Sustained partnerships were equally likely (less than 5% difference) to rate customer friendliness and promptness as above average (score of 4-5 on a range of 1=Poor to 5=Excellent).
- The Operational partnerships were more likely (difference of 5-25%) to rate currentness, sufficiency, appropriateness and clarity/conciseness as above average.
- All but one of the Operational partnerships and all of the Sustained partnerships rated customer friendliness as above average to excellent.

Q17ST: Number of Partnerships* That Rated the PADOH Data Experience as Above Average or Excellent by Stage of Development, 2007**



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

** Rating of 4 or 5 on a scale of 1=Poor to 5=Excellent

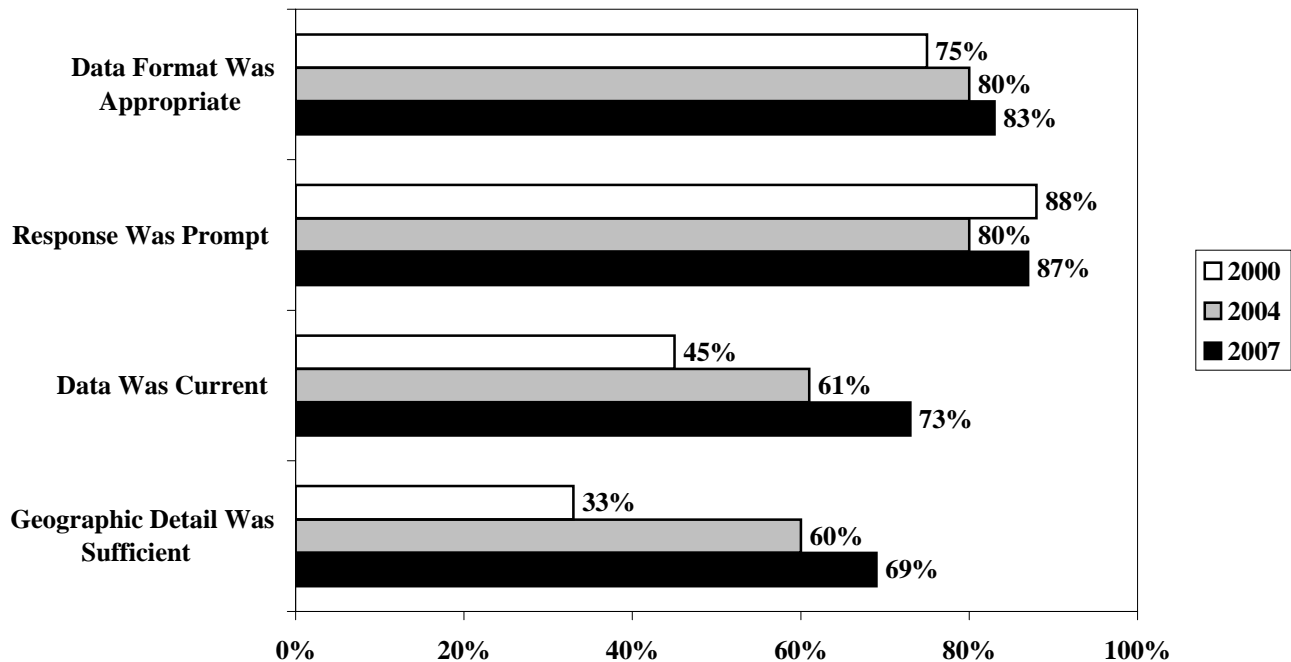
Section 1: Data Use

Q 17: Quality of PADOH Data Experience, continued

Part 3: Longitudinal Data

- Overall, the quality of the partnerships' data experiences in 2007 have improved since 2000. The greatest percentage increases from 2000 were in the categories: geographic detail was sufficient (36% increase) and data was current (28% increase).

Q17L: Percent of Partnerships Rating Their PADOH Data Experience* as Above Average, 2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

** Rating of 4 or 5 on a scale of 1=poor to 5=excellent.

Section 1: Data Use

Q18: Other State Agency or Neighboring State Data Sources

(a) 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: _____

(b) Other data source 1 2 3 4 5 Did Not Use

Specify source and type of data: _____

Part 1: Highlights from the General Report

- About 80% of responding partnerships reported using data from other state agencies.
- The partnerships most frequently used data from the following other state data sources: the PA Department of Public Welfare (63%), the PA Commission on Crime and Delinquency (55%), the PA Department of Education (53%) and the PA State Data Center (53%).
- When partnerships were asked to rate the other sources of state data (scale of 1=Did not meet our needs at all to 5=Met our needs extremely well), the two highest rated were the PA Commission on Crime and Delinquency (4.25) and the PA Department of Labor and Industry (4.11).
- Responding partnerships reported that data from other Pennsylvania state agencies met their data needs more (range of 4.25 to 3.86) than data from neighboring states (3.00).
- Other sources and types of state data listed by partnerships:
 - Kids Count
 - Local hospital and county drug and alcohol program/agency
 - Mon Valley Fleet website (a website maintained by the partnerships in the Monongahela Valley area with data on key socio-economic factors such as: average per capita income, unemployment and poverty levels for each partnership)
 - PA Uniform Crime Report
 - Philadelphia Health Management Corporation
 - Quality of Life data (unspecified source)
 - Standard and Poors
 - U.S. Census Bureau

Part 2: Information by Partnership Stage of Development

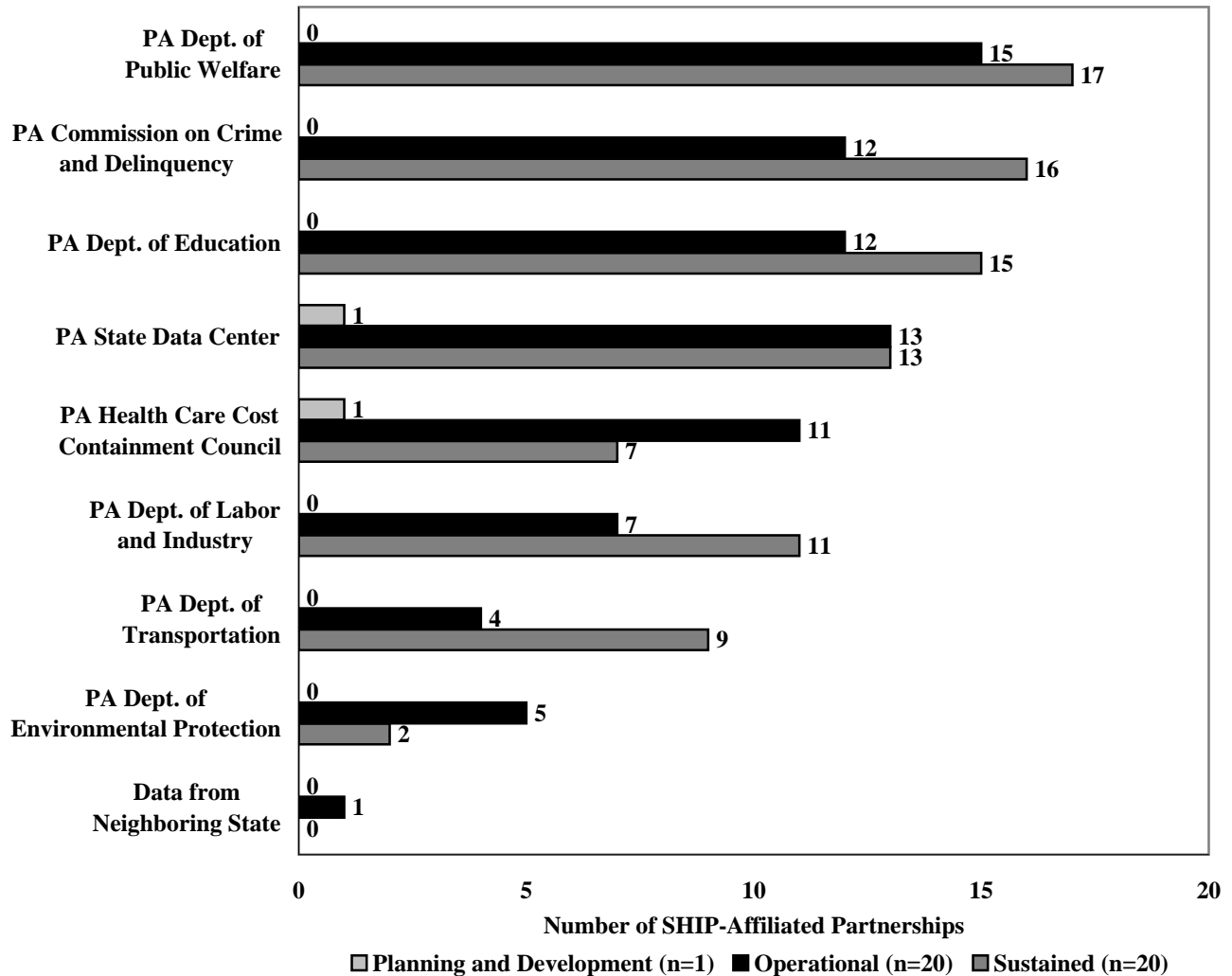
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- Operational and Sustained partnerships were equally likely (less than 5% difference) to use data from the PA State Data Center
- Operational partnerships were more likely than Sustained partnerships (difference of 5%-25%) to use data from other states, the Health Care Cost Containment Council and the PA Department of Environmental Protection.
- Sustained partnerships were more likely than Operational partnerships to use data from the PA Department of Public Welfare, the PA Commission on Crime and Delinquency, the PA Department of Education, the PA Department of Labor and Industry and the PA Department of Transportation.

Section 1: Data Use

Q18: Other State Agency or Neighboring State Data Sources, continued

**Q18aST: State Agency or Neighboring State Data Sources Used
By Stage of Development, 2007**



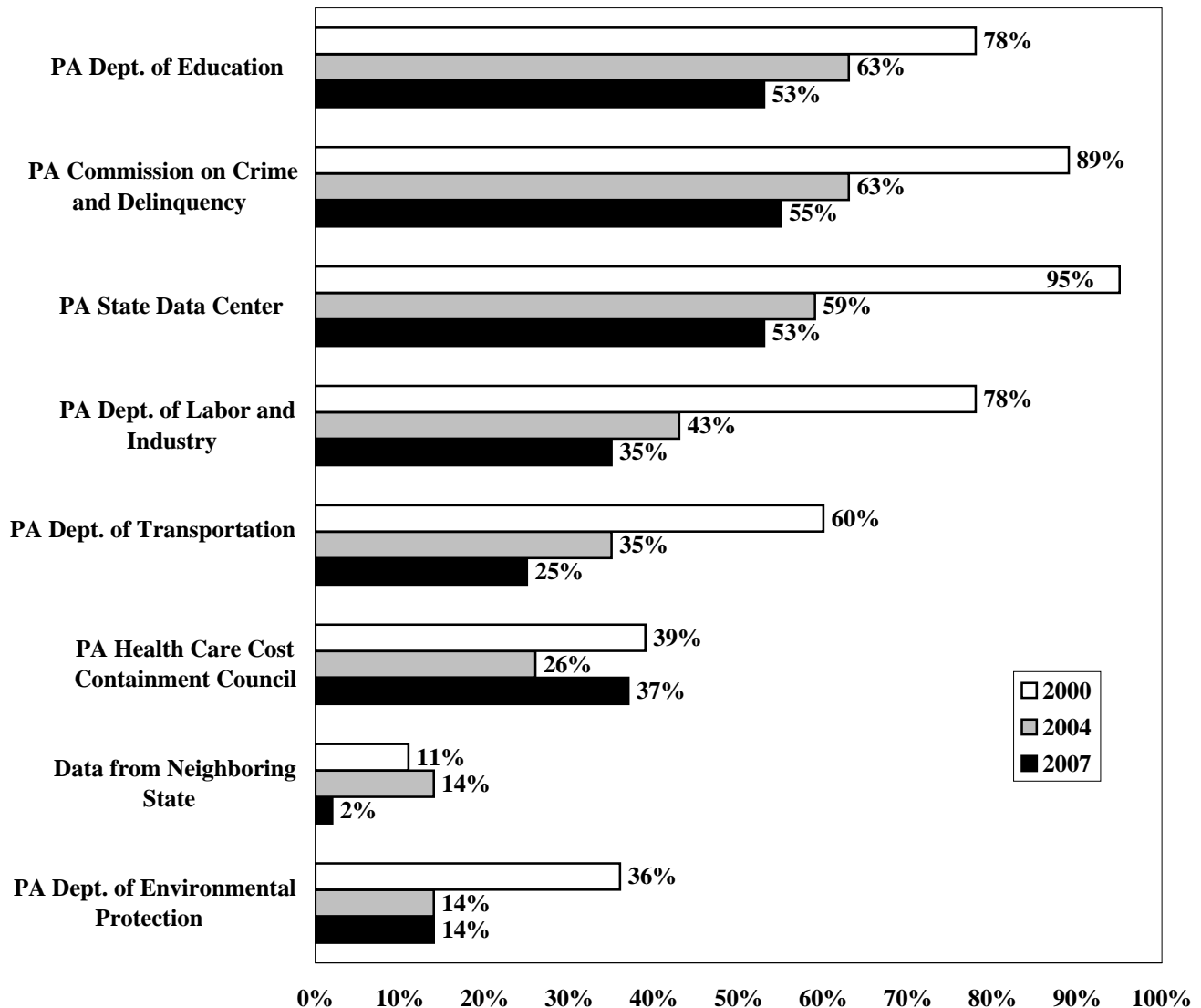
Section 1: Data Use

Q18: Other State Agency or Neighboring State Data Sources, continued

Part 3: Longitudinal Data:

- Overall, data from other Pennsylvania state agency or neighboring state data sources were used less in 2007 than they were in 2000 and 2004.
- Use of data from the PA Health Care Cost Containment Council decreased by 13% from 2000 to 2004, but rebounded by 11% from 2004 to 2007.

**Q18bL: Percentage of Use of Other State Agency
Or Neighboring State Data Sources*,
2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 1: Data Use

Q19: Use of Quality of Life Indicators

(a) 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

(b) 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 (Specify) _____

Part 1: Highlights from the General Report

- About 40% of the responding partnerships reported that they had used Quality of Life indicators.
- Quality of Life indicators were primarily used by the partnerships for grant writing (85%), needs assessment (60%) and identification of local health improvement priorities (55%).
- The partnerships also reported using data from Quality of Life indicators to develop a local health improvement plan (40%), measure outcomes and impacts (40%), develop an annual report (30%) and evaluate the local health plan (10%).

Part 2: Information by Partnership Stage of Development

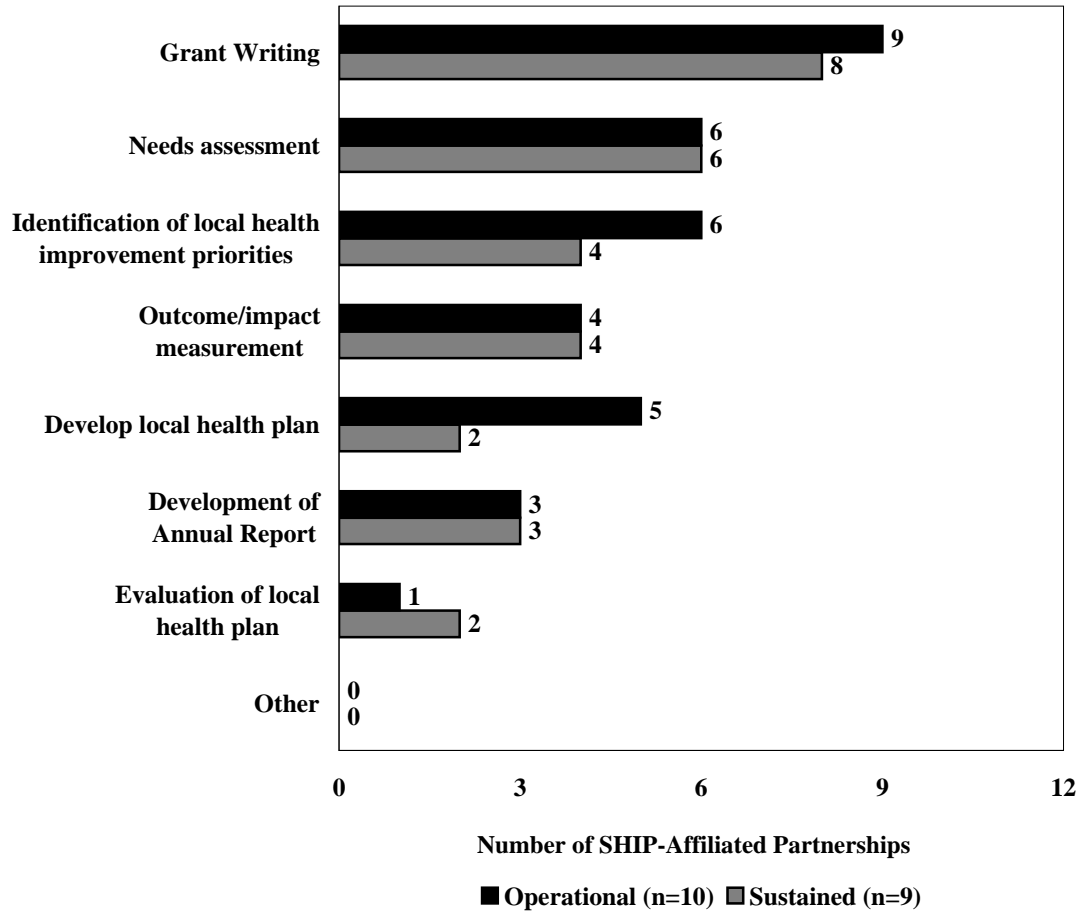
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- The two partnerships in the Planning and Development stage did not report use of data from Quality of Life indicators.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to use data from Quality of Life indicators to measure outcomes and impacts and develop Annual Reports.
- Operational partnerships were more likely (5%-25% difference) than Sustained partnerships to use data from Quality of Life indicators to identify local health improvement priorities and much more likely (more than 25% difference) than Sustained partnerships to use such data for developing local health plans.
- Sustained partnerships were more likely than Operational partnerships to use data from Quality of Life indicators to write grants, conduct needs assessments and evaluate local health plans.

Section 1: Data Use

Q19: Use of Quality of Life Indicators, continued

**Q19bST How Partnerships Used Data from Quality of Life Indicators
By Stage of Development, 2007**



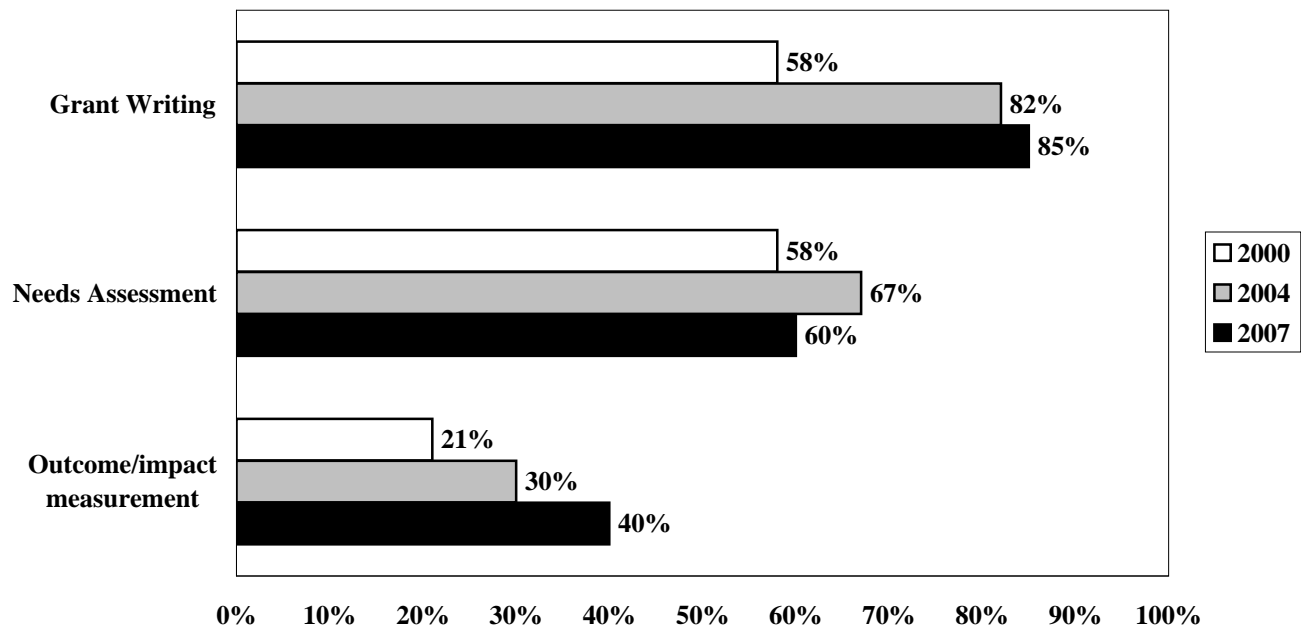
Section 1: Data Use

Q19: Use of Quality of Life Indicators, continued

Part 3: Longitudinal Data

- Just under 40% of the partnerships reported having used data from Quality of Life indicators in 2007; 74% in 2004 and 64% in 2000.
- Use of data from Quality of Life indicators for grant writing increased sharply from 2000 to 2004 (24%) and slightly increased (3%) from 2004 to 2007.
- Use of data from Quality of Life indicators for needs assessment increased by 9% from 2000 to 2004, but decreased by 7% from 2004 to 2007.
- Data from Quality of Life indicators were used almost twice as often in 2007 as in 2000 to measure outcomes and impacts.

**Q19bL: How the Partnerships Used*
Data from Quality of Life Indicators,
2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 1: Data Use

Q20: Local Data Sources

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"/> PADOH contractors in your area |
| <input type="checkbox"/> Other (Specify) _____ | |

Part 1: Highlights from the General Report/Additional Information

- Of those partnerships that responded to the survey, 75% reported that they received local data and statistics from local hospitals/health systems; 58% received local data and statistics from local school districts and local health departments; 54% received data and statistics from county or municipal government; and 52% received data and statistics from county or municipal mental health agencies.
- The responding partnerships listed the following other sources of quantitative local data:
 - AIDS Alliance
 - Domestic Violence Program
 - Local Drug and Alcohol Single County Authority
 - Local DPW County Assistance Office
 - Local Community Education Council
 - PADOH District Offices/Health Centers
 - Other healthcare advocates
 - Pennsylvania Youth Survey
 - Philadelphia Health Management Corporation Household Survey Data
 - Stackpole Hall Foundation

Part 2: Information by Partnership Stage of Development

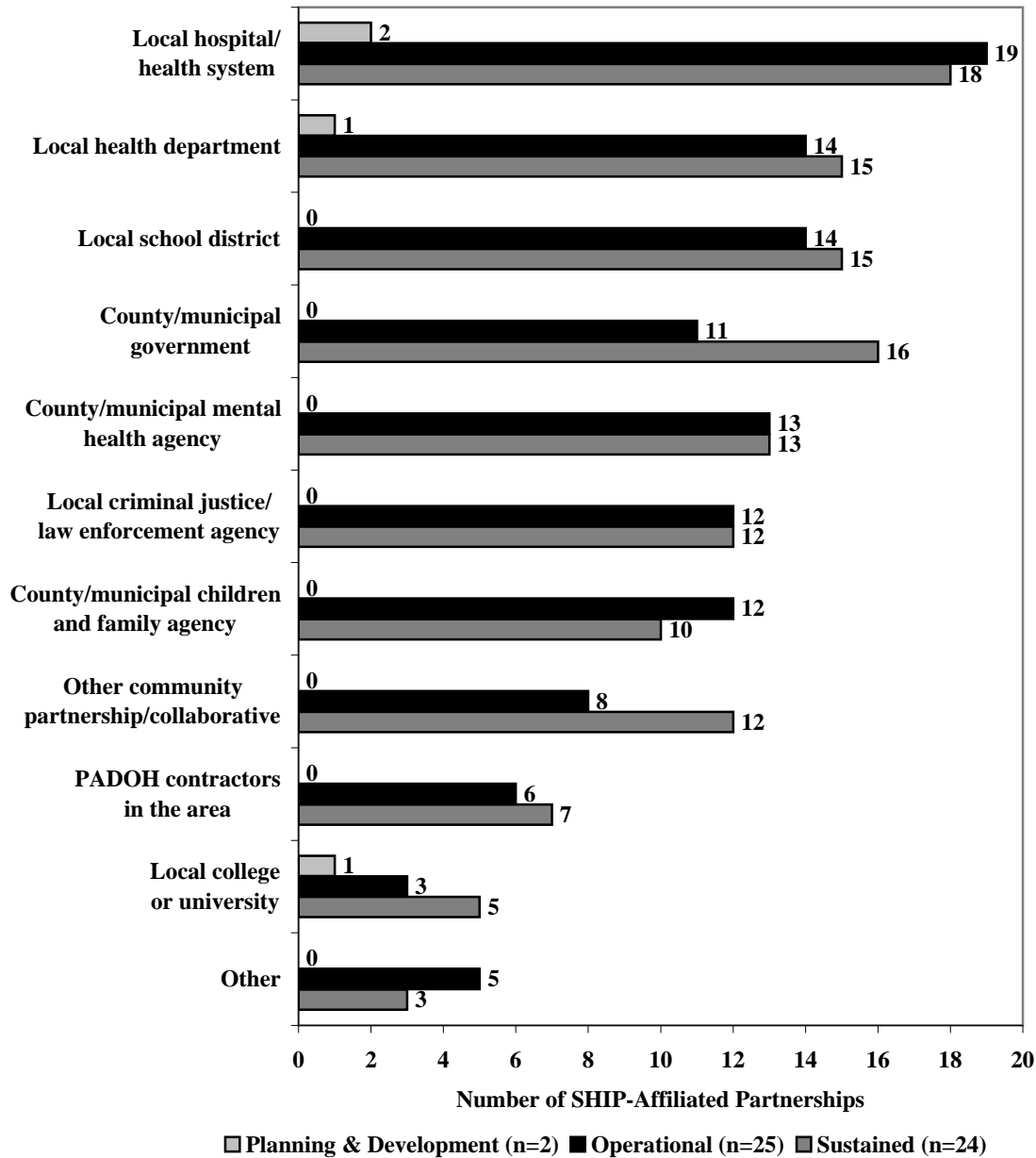
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- While both of the partnerships in the Planning and Development stage used data from the local hospital/health system, only one partnership reported using data from the local health departments and local colleges or universities.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to use data from hospital/health system, county or municipal mental health agencies and local criminal justice agency/law enforcement agencies.
- Operational partnerships were more likely (5%-25% difference) than Sustained partnerships to use quantitative data from county or municipal children and family agencies.
- Sustained partnerships were more likely than Operational partnerships to use quantitative data from local health departments, local school districts, county or municipal governments, other community partnerships or collaboratives, PADOH contractors in the area and local colleges or universities.

Section 1: Data Use

Q20: Local Data Sources, continued

**Q20ST: Sources of Local Data and Statistics
By Stage of Development, 2007**



Section 1: Data Use

Q21: Sources of Local Qualitative Data

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

Part 1: Highlights from the General Report

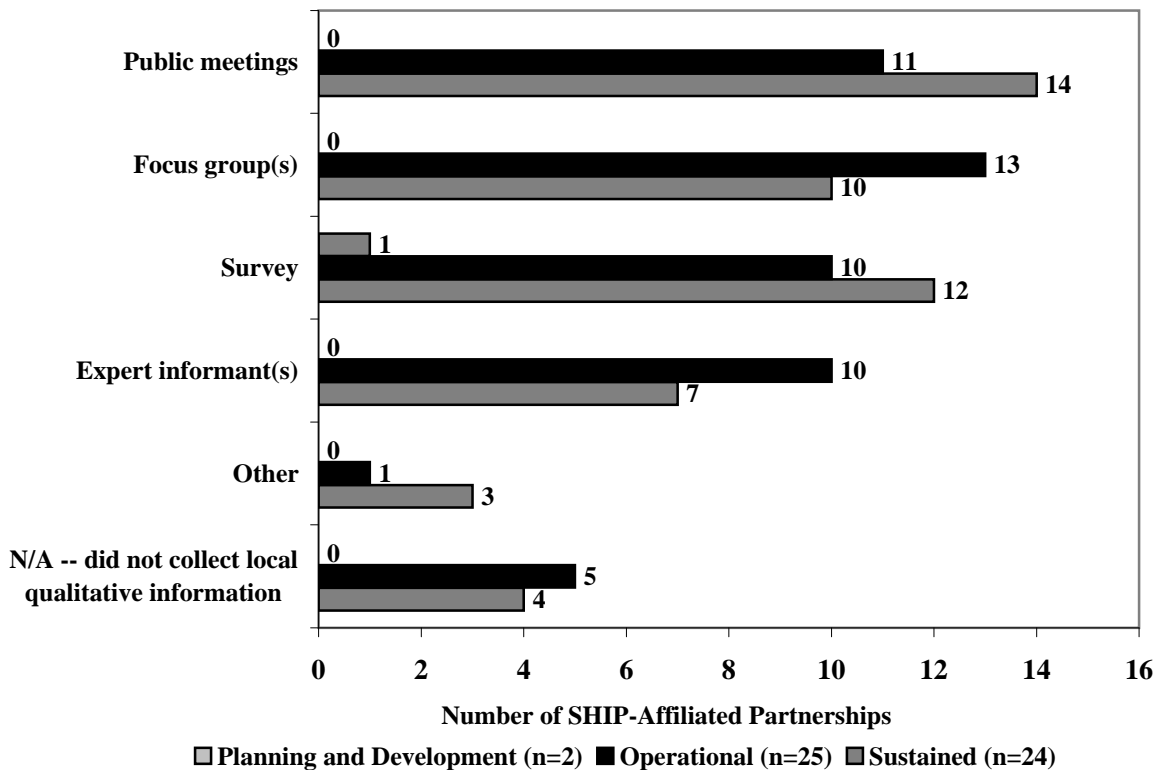
- Over 80% of reporting partnerships used at least one source of local qualitative data.
- Approximately half of the partnerships reported using public meetings, 44% reported using focus groups and/or surveys and one-third used expert informants as methods to collect qualitative data and information from their communities.
- In addition to the means listed in the question, partnerships also collected local qualitative data from a foundation report, using the BRFSS, by a community assessment that included meetings/focus groups and through in-person and telephone interviews.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- One of the two partnerships in the Planning and Development stage used a source of local qualitative data: conducting a survey.
- Focus groups and expert informants were more often (difference of 5%-25%) used by Operational partnerships than Sustained partnerships.
- Sustained partnerships more often used public meetings, surveys and other sources or methods to gather local qualitative data than Operational partnerships.

**Q21ST: How Partnerships Collected Qualitative Data
By Stage of Development, 2007**



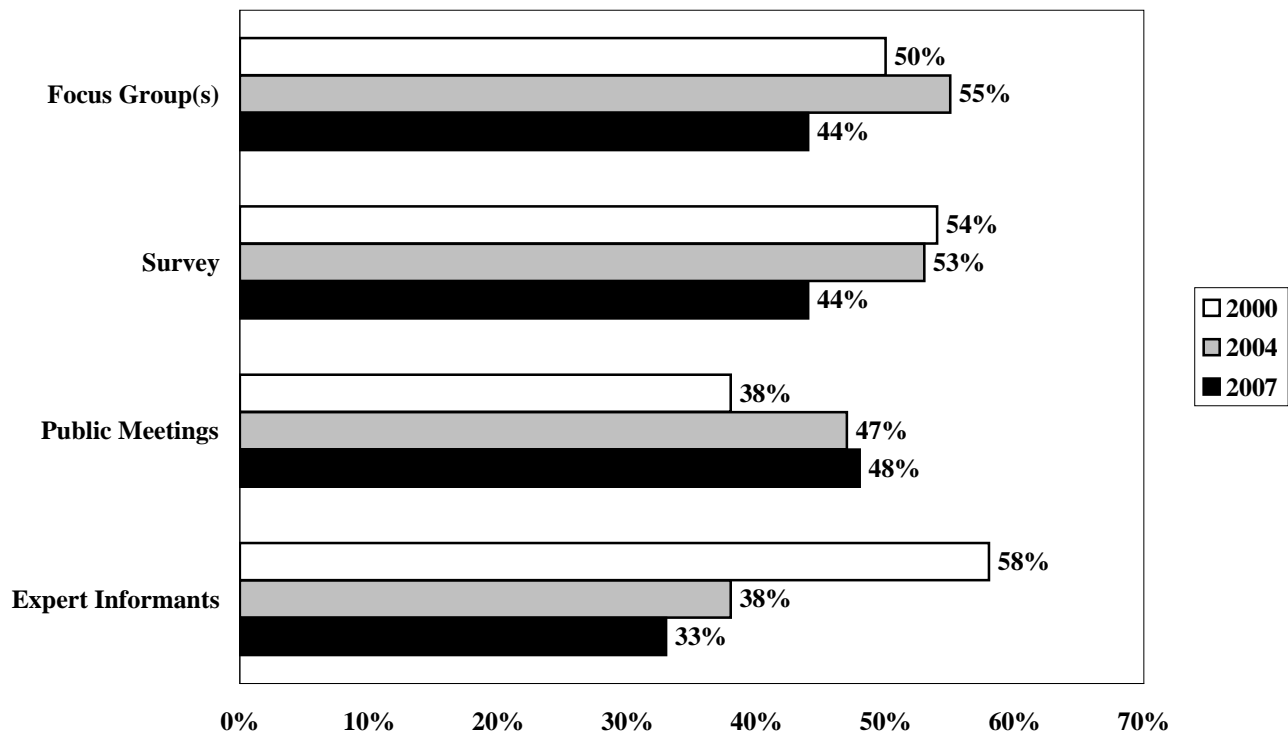
Section 1: Data Use

Q21: Sources of Local Qualitative Data, continued

Part 3: Longitudinal Data

- The use of surveys and expert informants as a means of collecting qualitative data and information from their communities has steadily decreased since 2000.
- The use of public meetings to collect qualitative data and information increased from 2000 to 2007.

Q21L: How Partnerships Collected Qualitative Data/Information, 2000, 2004 and 2007



Section 1: Data Use

Q22: Types of Local Qualitative Data Collected

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 (Specify) _____ | <input type="checkbox"/> N/A, did not collect any qualitative data |

Part 1: Highlights from the General Report/Other

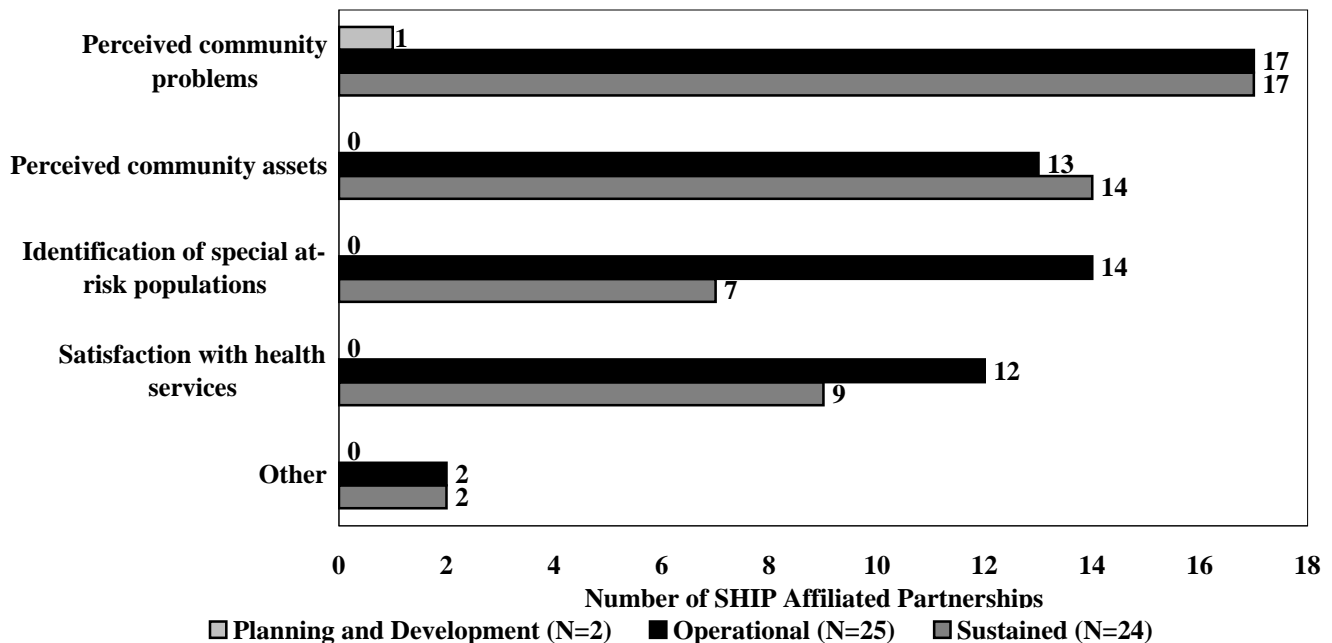
- Types of qualitative data collected by partnerships include: perceived community problems (67%), perceived community assets (52%), identification of special at-risk populations (40%) and satisfaction with health service (40%).
- Other types of qualitative data collected include federal data, data regarding specific health programming/health needs and environmental assets/needs.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- One of the 2 partnerships in the Planning and Development stage collected data on perceived community problems.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to use qualitative data to identify perceived community problems.
- Partnerships in the Operational stage were more likely (difference of 5%-25%) to collect data regarding satisfaction with health services than partnerships in the Sustained stage and were much more likely (difference of greater than 25%) to collect data to identify special at-risk populations.
- Sustained partnerships were more likely than Operational partnerships to collect data on perceived community assets.

Q22ST: Types of Local Qualitative Data Collected By Stage of Development, 2007



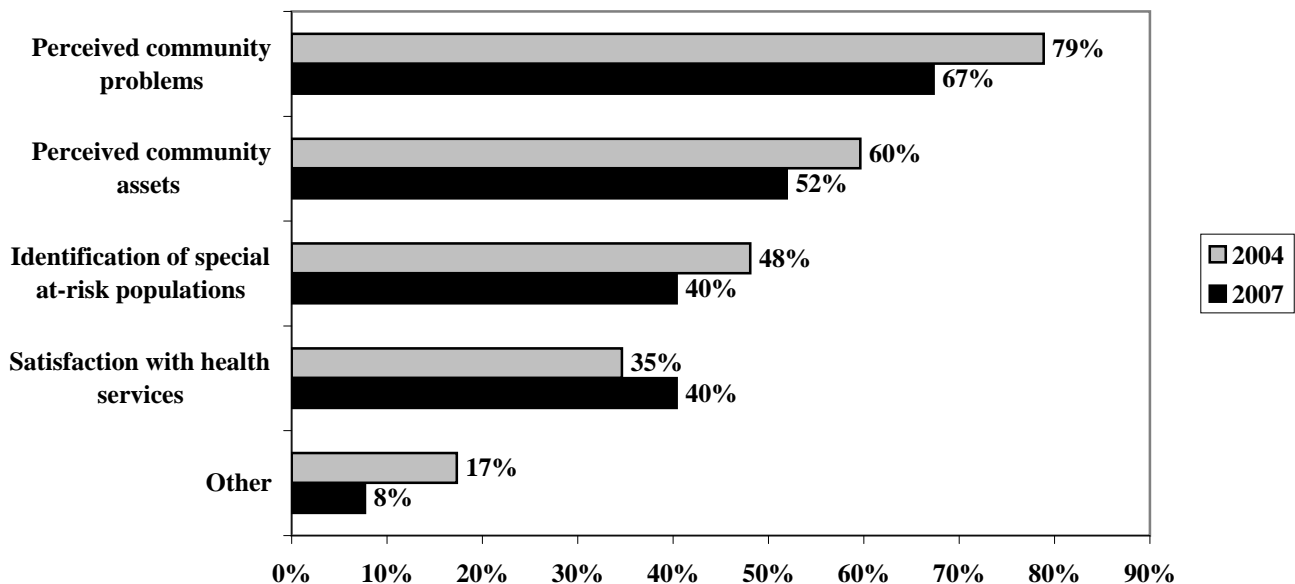
Section 1: Data Use

Q22: Types of Local Qualitative Data Collected, continued

Part 3: Longitudinal Data

- The percentage of partnerships collecting qualitative data on perceived community problems decreased in percentage from 2000 (83%) and 2004 (79%) to 2007 (67%).
- All other categories of qualitative data collected were changed between the 2000 and 2004 surveys. The results below are for 2004 and 2007 only.
- The percentage of partnerships collecting qualitative data on perceived community problems, perceived community assets and/or identification of special at-risk populations decreased from 2004 to 2007.
- The percentage of partnerships collecting data on satisfaction with health services increased from 2004 to 2007.

**Q22L: Types of Local Qualitative Data Collected,
2004 and 2007**



Section 1: Data Use

Q23: Federal Data Sources

Please rate the following federal data sources.
 If the source has not been used in the past 12 months, please circle "Did Not Use."
 1=Did not meet our needs at all 5=Met our needs extremely well (*Circle one choice per line*)

Behavioral Risk Factor Surveillance System	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	

Part 1: Highlights from the General Report

- Almost 90% of responding partnerships reported using federal data.
- The federal data sources most used by partnerships were the U.S. Census Bureau (81%), Healthy People 2010 (77%), the Centers for Disease Control and Prevention (CDC; 62%) and the Behavioral Risk Factor Surveillance System (BRFSS; 52%).
- Partnerships rated the federal data sources on a scale of 1=did not meet our needs at all to 5=met our needs extremely well. The U.S. Census Bureau was rated the highest average rating (4.36), followed by Healthy People 2010 (4.28) and the Health Resources and Services Administration (4.23).
- Other data sources identified by partnerships in response to this question were: the National Institutes of Mental Health, the National Rural Health Association, the Pennsylvania Rural Health Association, the Uniform Crime Reports and sources identified by Tripp Umbach & Associates.

Part 2: Information by Partnership Stage of Development

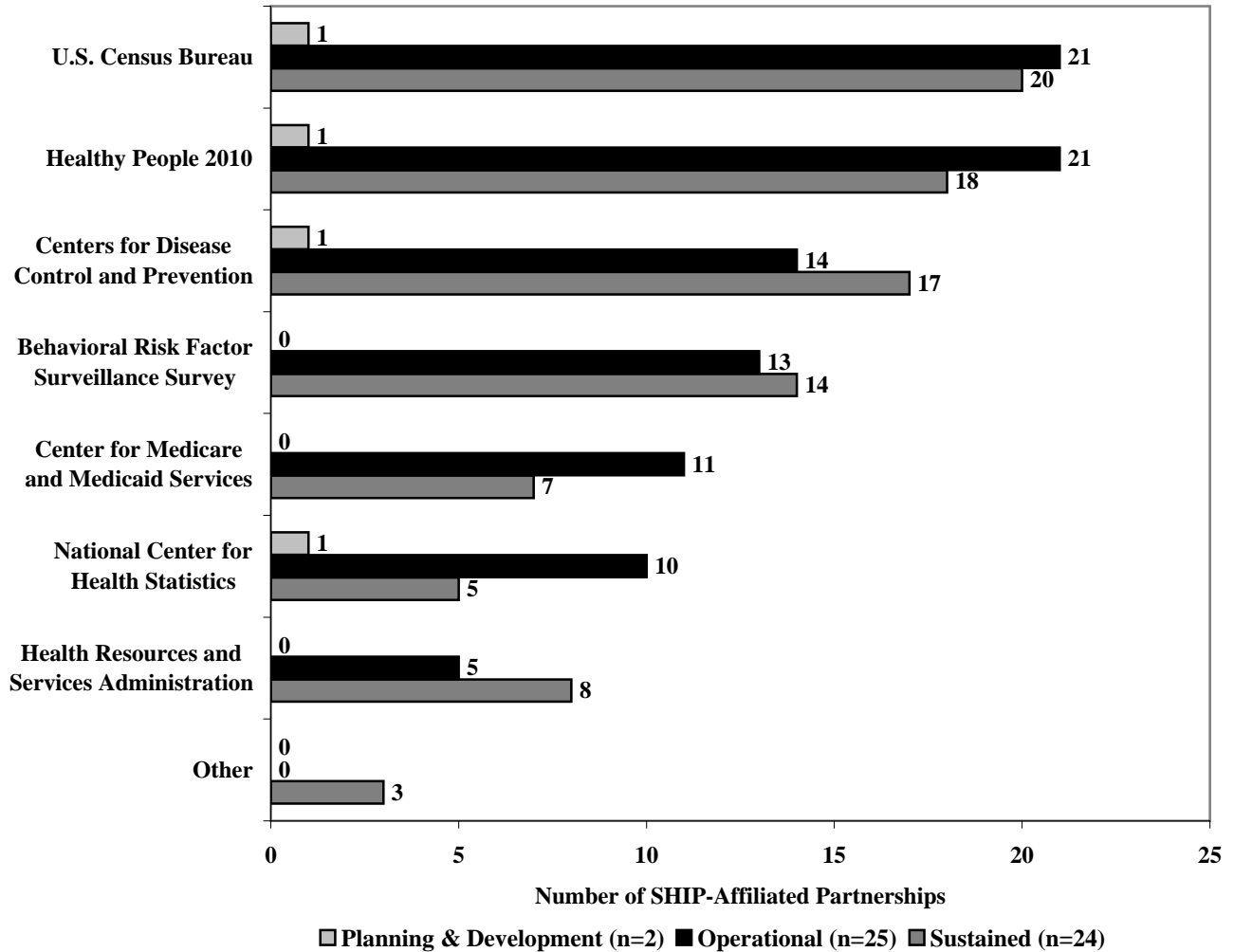
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- The Census Bureau, Healthy People 2010 and the Centers for Disease Control and Prevention were the most frequent sources of federal data used by partnerships at all three stages of development.
- One of the two partnerships in the Planning and Development stage used data from the Census Bureau, while the other partnership used data from the Centers for Disease Control and Prevention, Healthy People 2010 and from the National Center for Health Statistics.
- Partnerships at the Operational and Sustained stages were equally likely (less than 5% difference) to use Census Bureau data.
- Partnerships at the Operational stage were more likely (difference of 5%-25%) than Sustained partnerships to use data from Healthy People 2010, the Center for Medicare and Medicaid Services and the National Center for Health Statistics.
- Sustained partnerships were more likely than Operational partnerships to use data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey and the Health Resources and Services Administration.
- Only Sustained partnerships named other sources of federal data, listed in Part 1 above.

Section 1: Data Use

Q23: Federal Data Sources, continued

**Q23ST: Number of Partnerships Using Various Sources of Federal Data
By Stage of Development, 2007**



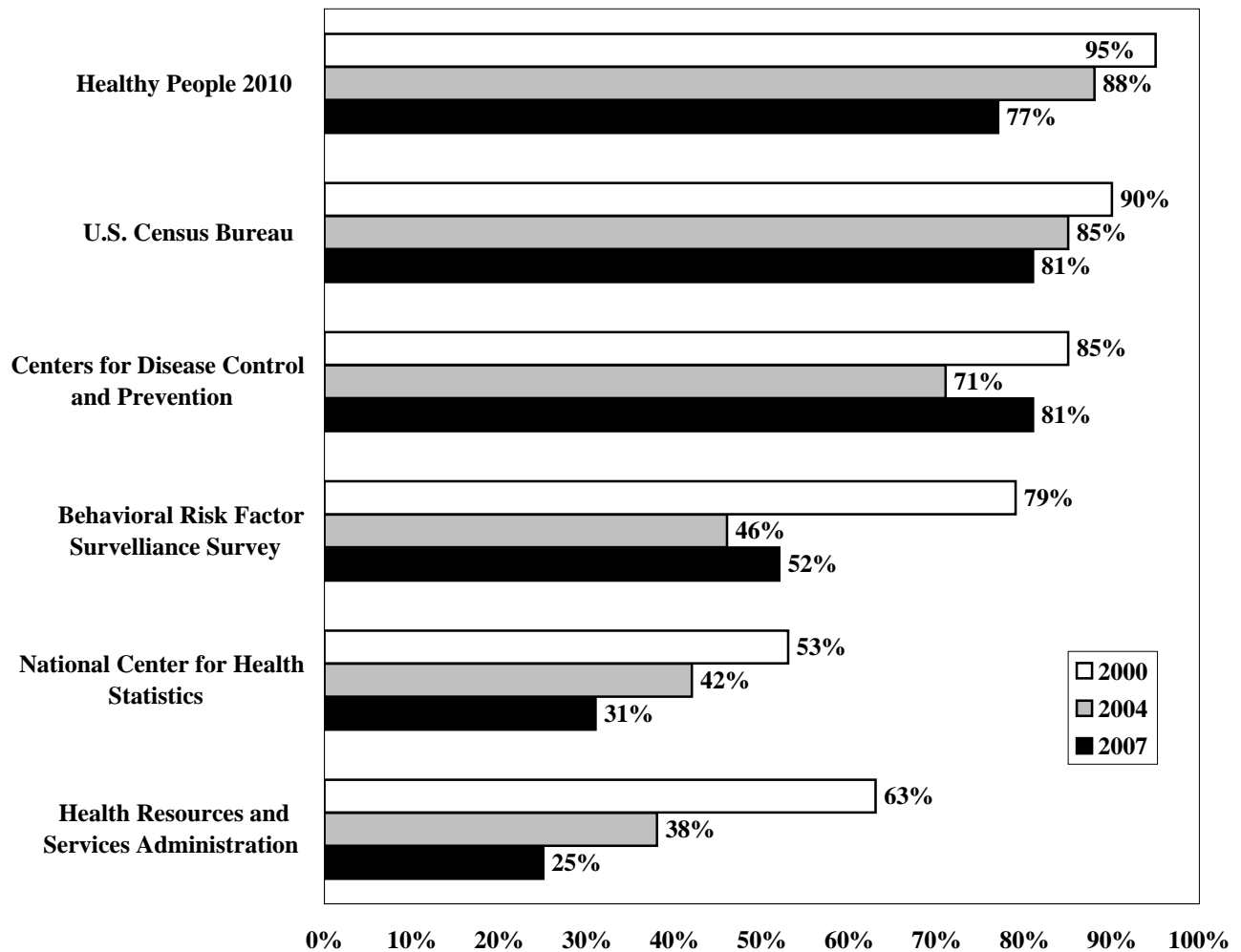
Section 1: Data Use

Q23: Federal Data Sources, continued

Part 3: Longitudinal Data

- Overall, the use of federal data sources by responding partnerships decreased from 2000 to 2007.
- The only two federal data sources that saw an increase in use from 2004 to 2007 were Centers for Disease Control and Prevention (10% increase) and BRFSS (6% increase).

**Q23L: Percentages of Federal Data Sources* Used,
2000, 2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 2

Technical Assistance & Training

Section 2: Technical Assistance & Training

Q10: Technical Assistance From PADOH

(a) 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

(b) 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

Part 1: Highlights from the General Report

- Some 29% of responding partnerships reported receiving technical assistance in the collection or analysis of data from the PADOH.
- Of those partnerships rating the usefulness of the technical assistance they received from the PADOH, 33% felt that their needs were extremely well met and 60% felt that their needs were well met.

Part 2: Information by Partnership Stage of Development

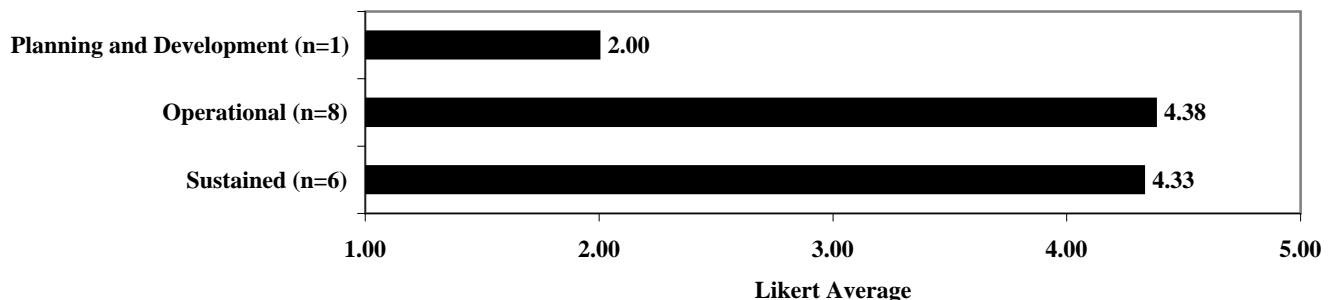
Note: The following analysis is based on percentage; corresponding chart is based on number.

- One of the two partnerships in the Planning and Development stage requested technical assistance from the PADOH. As did 32% of the partnerships the Operational stage and 25% of the partnerships in the Sustained stage (Chart 10aST).
- Partnerships in the Operational stage rated PADOH technical assistance higher (on the scale of 1=Did not meet our needs at all to 5=Met our needs extremely well) than did those partnerships in the Planning and Development and the Sustained stages (Chart 10bST).

**Q10aST: Number of Partnerships Receiving Technical Assistance
By Stage of Development, 2007**



**Q10bST: Rating* of PADOH Technical Assistance
By Stage of Development, 2007**



* Based on Likert Scale (1=Did not meet our needs at all 5=Met our needs extremely well)

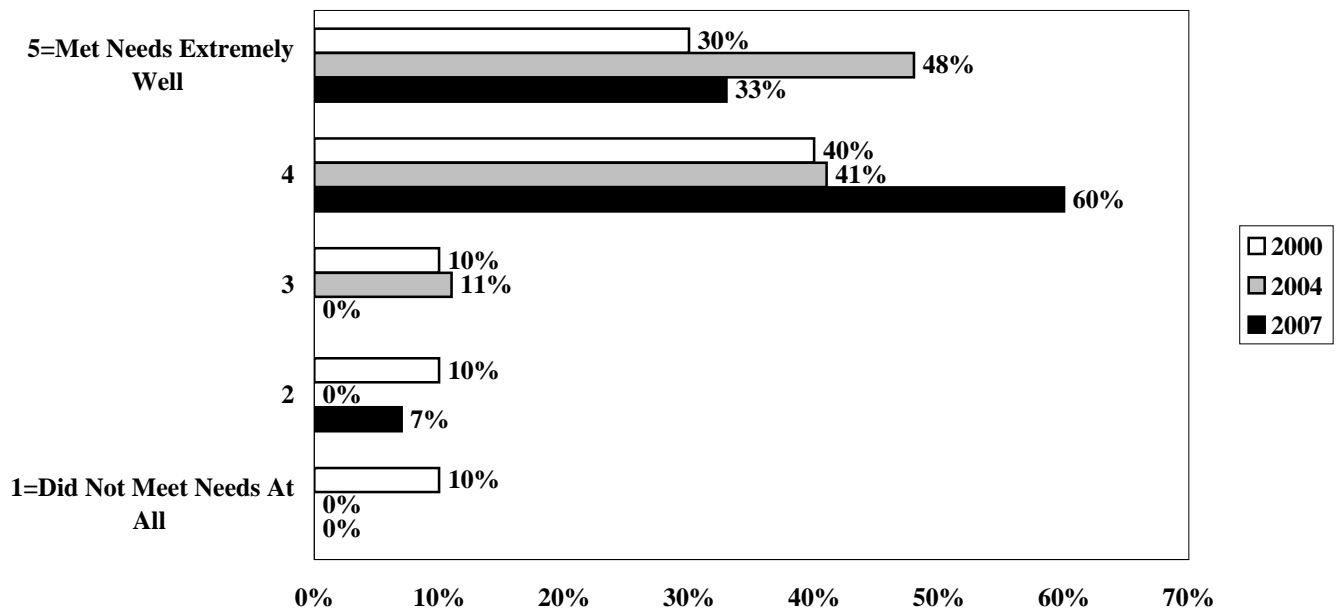
Section 2: Technical Assistance & Training

Q10: Technical Assistance From PADOH, continued

Part 3: Longitudinal Data

- Approximately 30% of responding partnerships received technical assistance provided by the PADOH in the collection or analysis of data in 2007, 52% received technical assistance in 2004, and 43% received technical assistance in 2000.
- The percentage of responding partnerships that rated PADOH technical assistance at 5 (on a scale of 1=did not meet our needs to 5=met needs extremely well) increased from 30% to 48% from 2000 to 2004, then decreased to 33% in 2007. While there was little change between 2000 and 2004 in the percentage of partnerships giving a rating of 4 (from 40% to 41%), the percentage increased from 41% to 60% between 2004 and 2007.

**Q10L: Comparison of Usefulness of
Technical Assistance from the PADOH,
2000, 2004 and 2007**



Section 2: Technical Assistance & Training

Q11: Community Health Technical Assistance Web Pages

(a) Have you used the Community Health Assessment Resources Technical Assistance Web pages on the Department's Health Statistics Web site? ___ Yes ___ No

(b) 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

Part 1: Highlights from the General Report

- 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% felt that their needs were extremely well met and 44% felt that their needs were well met.

Part 2: Information by Partnership Stage of Development

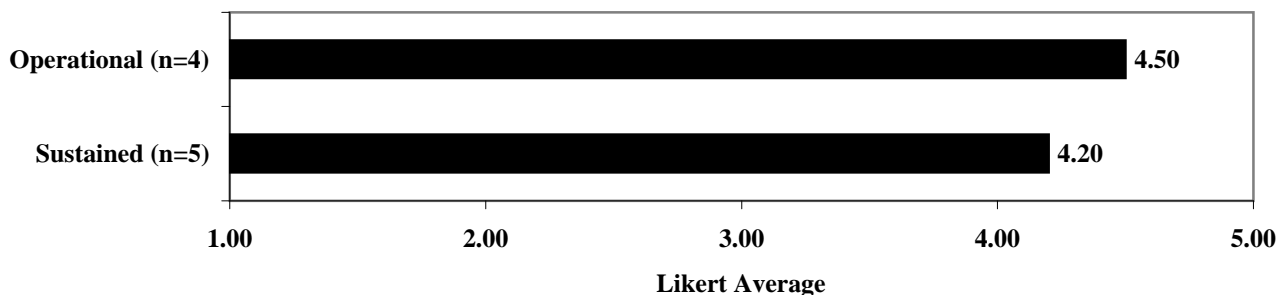
Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither of the partnerships in the Planning and Development stage used the Web pages (Chart Q11aST).
- Operational stage partnerships rated the Web pages higher (difference of 5%-25%) than did Sustained partnerships (Chart Q11bST).

Q11aST: Number of Partnerships That Used the Community Health Assessment Resources Technical Assistance Web Pages By Stage of Development, 2007



Q11bST: Rating* of the Community Health Assessment Resources Technical Assistance Web Pages By Stage of Development, 2007



* Based on Likert Scale (1=Did not meet our needs at all 5=Met our needs extremely well)

Section 2: Technical Assistance & Training

Q12: Why Participate in the Behavioral Risk Factor Surveillance System (BRFSS) Over-Sampling Program

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

- | | |
|---|---|
| <input type="checkbox"/> Usefulness of data | <input type="checkbox"/> Ongoing availability of technical assistance |
| <input type="checkbox"/> Low cost | <input type="checkbox"/> Other (Specify) _____ |

Part 1: Highlights from the General Report

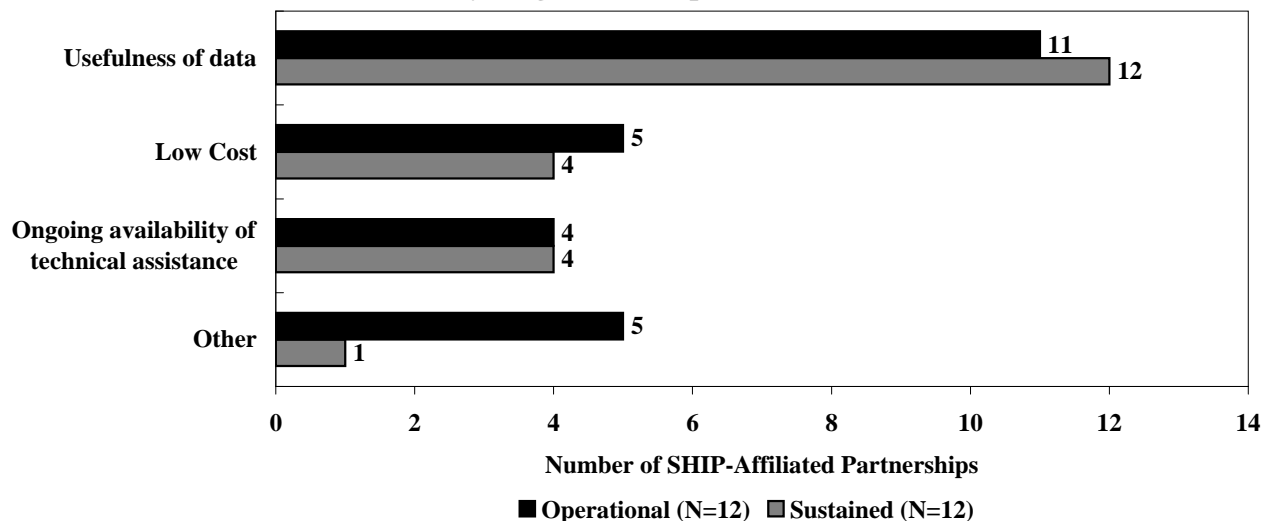
- Some 44% of the partnerships indicated that they had participated at least once in the BRFSS Over-Sampling Program.
- All of the partnerships indicated that the usefulness of data was the reason they chose to participate, 39% indicated low cost, and 35% indicated the ongoing availability of technical assistance as also being reasons they chose to participate.
- Other reasons partnerships gave for participating in the BRFSS Over-Sampling program included: to gather baseline data, for a county assessment, to obtain local/county data and because of a commitment to survey the county every five years.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither of the Planning and Development stage partnerships reported participating in the BRFSS Over-Sampling Program. Roughly half of the Operational partnerships and half of the Sustained partnerships reported participating.
- One Operational partnership reported that it did participate, but it gave no specific reason for doing so.
- Operational and Sustained partnerships were equally likely (100% of those in each stage that gave responses) to cite the usefulness of the data as the reason for participating.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to cite low cost as a reason for participating.
- Operational partnerships were five times as likely as Sustained partnerships to report some other reason for participating.

**Q12ST: Reasons for Participating in the BRFSS Over-Sampling Program
By Stage of Development, 2007**



Section 2: Technical Assistance & Training

Q13: Uses of BRFSS Over-Sampling Program Data

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

<input type="checkbox"/> Needs Assessment <input type="checkbox"/> Grant Writing <input type="checkbox"/> Development of Annual Report <input type="checkbox"/> Outcome/impact measurement	<input type="checkbox"/> Identification of local health improvement priorities <input type="checkbox"/> Development of local health plan <input type="checkbox"/> Evaluation of local health plan <input type="checkbox"/> Other (Specify) _____
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Part 1: Highlights from the General Report

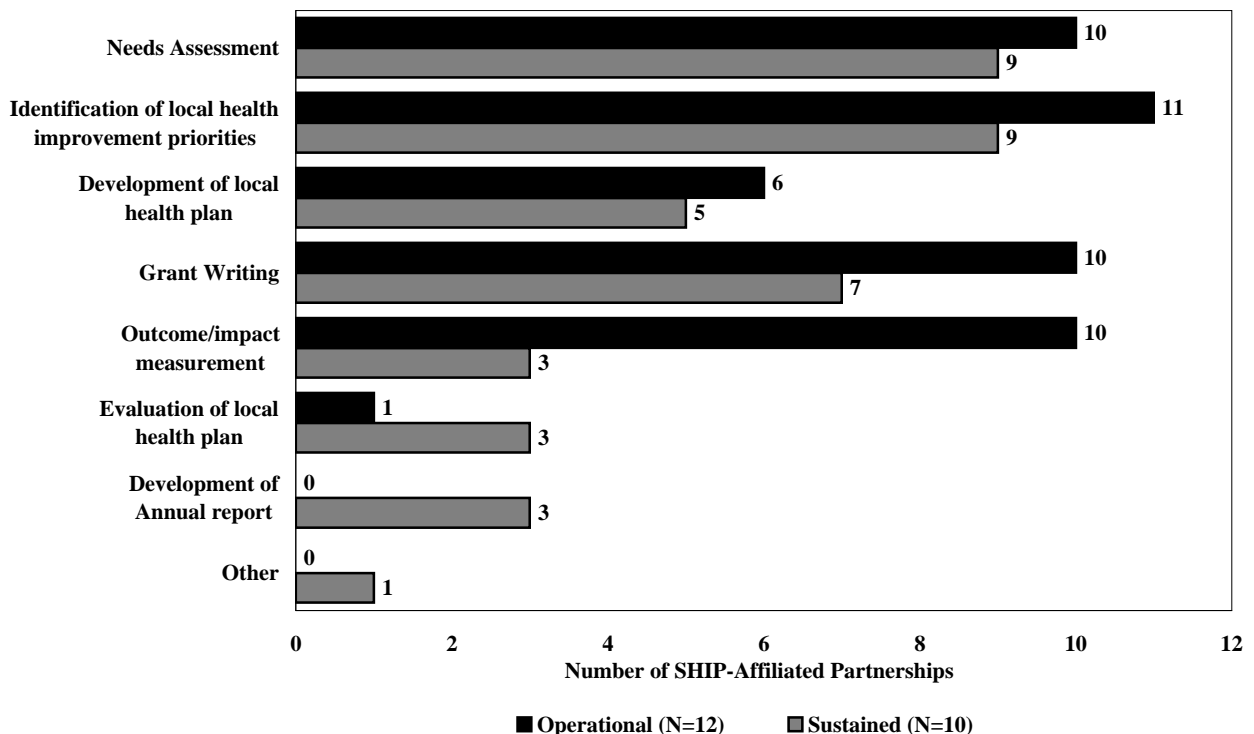
- When surveyed about how they had used the BRFSS Over-Sampling data, 91% of the partnerships responded that they had used the data for identification of local health improvement priorities, 86% had used it for needs assessments, and 77% had used it for grant writing. Also 59% of partnerships used the data for outcome/impact measurement, and 50% used it to develop a local health improvement plan.
- Only 14% of the partnerships reported that they used BRFSS data for the development of an annual report.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither of the partnerships in the Planning and Development stage participated in the BRFSS program.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to use BRFSS Over-Sampling program data for grant writing.
- Operational partnerships were almost three times as likely as Sustained partnerships to use the data for measuring outcome or impact.
- Sustained partnerships were more likely than Operational partnerships to use the data for needs assessment and the evaluation of local health plans.
- Sustained partnerships are the only stage of partnerships to use the data to develop annual reports.

**Q13ST: Uses of BRFSS Over-Sampling Program Data
By Stage of Development, 2007**



Section 2: Technical Assistance & Training

Q14: Satisfaction with the BRFSS Over-Sampling Program

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)						
Letter of Intent and Application process	1	2	3	4	5	N/A
Optional module/question selection	1	2	3	4	5	N/A
Communication with PADOH staff during the survey period	1	2	3	4	5	N/A
Data analysis and interpretation by PADOH staff	1	2	3	4	5	N/A
Final BRFSS Data Report for the partnership	1	2	3	4	5	N/A
Technical assistance by PADOH staff on follow-up requests	1	2	3	4	5	N/A

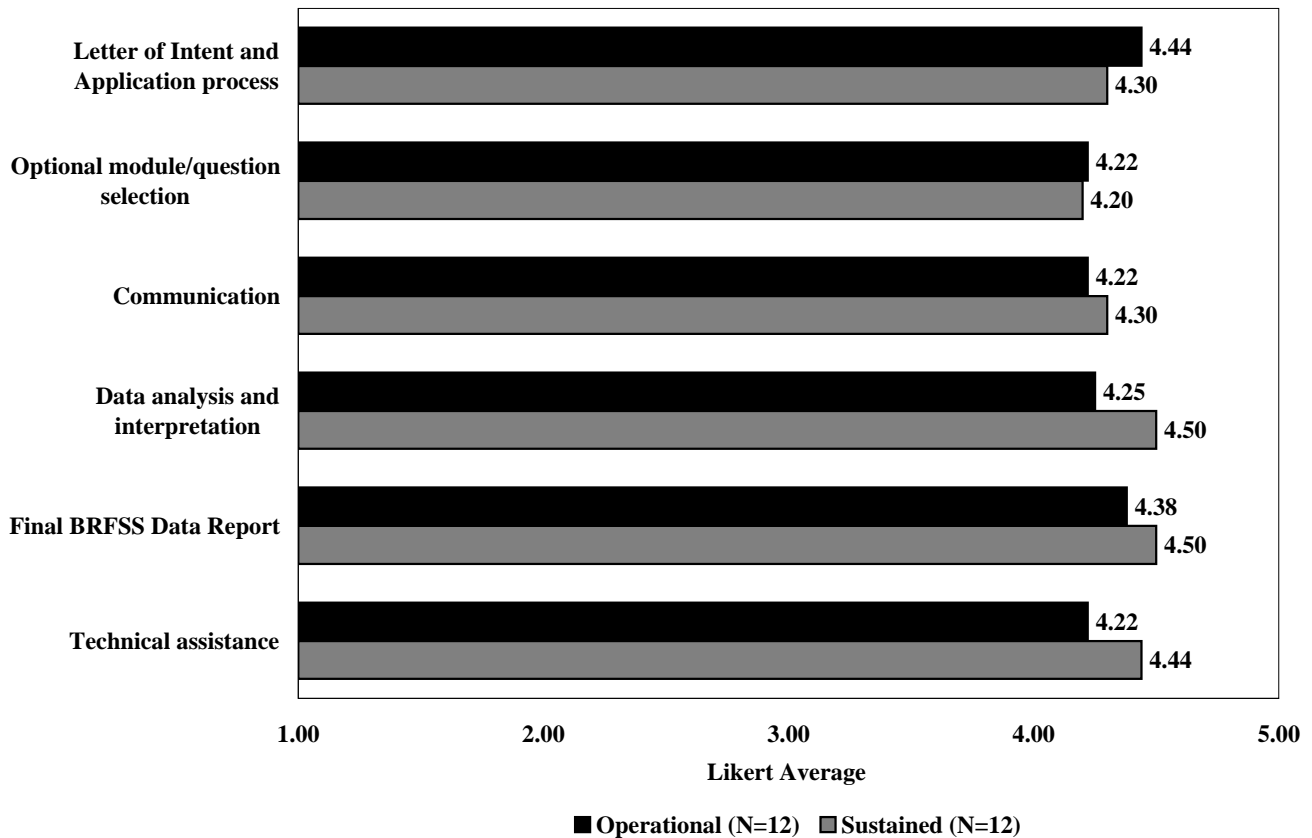
Part 1: Highlights from the General Report

- There was very little difference with the degree of satisfaction with the various components of the BRFSS Over-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 (on a scale of 1=very dissatisfied to 5=very satisfied).

Part 2: Information by Partnership Stage of Development

- Operational partnerships rated the letter of intent and application process somewhat higher than sustained partnerships.
- Sustained partnerships rated communication, data analysis and interpretation, the final BRFSS Data Report and the technical assistance somewhat higher than Operational partnerships.

**Q14ST: Satisfaction Level* with the BRFSS Over-Sampling Program
By Stage of Development, 2007**



* Based on Likert Scale (1=very dissatisfied to 5=very satisfied)

Section 2: Technical Assistance & Training

Q15: Participation in the BRFSS Over-Sampling Program

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.

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage

- Neither of the partnerships in the Planning and Development stage have participated in the BRFSS Over-Sampling program.
- Two of 12 responding partnerships in the Operational stage and four of 12 responding partnerships in the Sustained stage reported having participated in the BRFSS Over-Sampling program more than one time.

Section 2: Technical Assistance & Training

Q24: Other Sources of Technical Assistance

(a) 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”, (b) Specify the organization(s) and the information provided: _____

(c) 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

Part 1: Highlights from the General Report

- Approximately one-third of the partnerships requested technical assistance for the collection and analysis of data from organizations other than the PADOH.
 - The following organizations provided data and technical assistance to one or more partnerships. Where possible, the source is listed first, followed by the type of data provided.*
 - [Organization not identified]; data from Behavioral Risk Factor Surveillance System
 - Birmingham Foundation; [Technical assistance not identified]
 - Cambria County Health & Welfare Council (human services available)
 - Center for Juvenile Justice Training and Research (PA suicide rate information/statistics)
 - Center for Schools and Communities; [Technical assistance not identified]
 - Centers for Disease Control and Prevention; [Technical assistance not identified]
 - Centers for Medicare & Medicaid Services (2 partnerships); [Technical assistance not identified]
 - Centers for Schools & Communities; [Technical assistance not identified]
 - Community Anti-Drug Coalitions of America (attended prevention conference; obtained statistics)
 - Communities That Care Program (Five Phase Trainings)
 - Drexel University School of Public Health; [Technical assistance not identified]
 - Elk County Family Resource Network Collaborative Board; [Technical assistance not identified]
 - Health Resources and Services Administration; [Technical assistance not identified]
 - [Organization not identified]; Health Statistics and Immunization Information
 - [Organization not identified]; Healthy People 2010 statistics
 - Local Department of Public Welfare (information regarding “Free/Reduced Lunch Programs”)
 - Mansfield University (survey and interview design)
 - National Center for Health Statistics; [Technical assistance not identified]
 - PA Commission on Crime and Delinquency (3 partnerships; Northwest Region Risk/Protective Factors from 2005 PA Youth Survey)
 - PA Department of Education (2 partnerships; Student Assistance Program on-line statistics; regional assistance and discipline statistics)
 - Pennsylvania State University Cooperative Extension Program; [Technical assistance not identified]
 - Philadelphia Health Management Corporation (2 partnerships; sampling and survey for grant)
 - Shippensburg University (survey in local school districts of youth health habits)
 - Tripp Umbach and Associates; [Technical assistance not identified]
 - U.S. Census Bureau (two partnerships); [Technical assistance not identified]
 - United Way of America (Compass II)
 - University of Pittsburgh (Mapping & Systems of Care with the Pennsylvania Child Welfare Training Program)
 - University of Pittsburgh Graduate School of Public Health (epidemiologic data and survey information)
- * This list is composed of the actual responses of the partnerships.

Section 2: Technical Assistance & Training

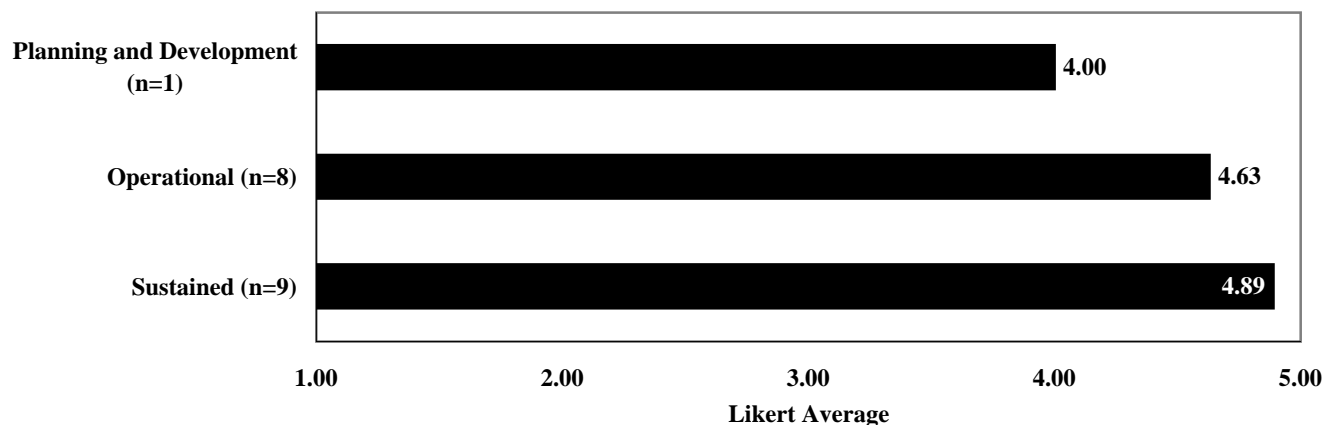
Q24: Other Technical Assistance, continued

- 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).

Part 2: Information by Partnership Stage of Development

- When rating the technical assistance received, no partnership gave a rating below 3.0 on a scale of 1=Did not meet our needs at all to 5=Met our needs extremely well.
- Only one partnership in the Planning and Development stage requested technical assistance from organizations other than PADOH. About one-third of Operational partnerships and almost 40% of Sustained partnerships requested technical assistance from other organizations.
- Sustained partnerships rated such technical assistance noticeably higher than the partnership in the Planning and Development stage and higher than the Operational partnerships.

**Q24bST: Rating* of Technical Assistance Received
From Organizations Other than PADOH
By Stage of Development, 2007**



* Based on Likert Scale (1=did not meet needs at all to 5=met needs extremely well)

Part 3: Longitudinal Data:

- There has been a 5% decrease in the number of partnerships receiving technical assistance from other sources from 20 partnerships in 2004 (38%) to 17 partnerships in 2007 (33%).

Section 2: Technical Assistance & Training

Q31: Familiarity With the Logic Model

How familiar are the partnership members with a logic model? (1=not familiar at all to 5=extremely familiar)
 1 2 3 4 5

Part 1: Highlights from the General Report

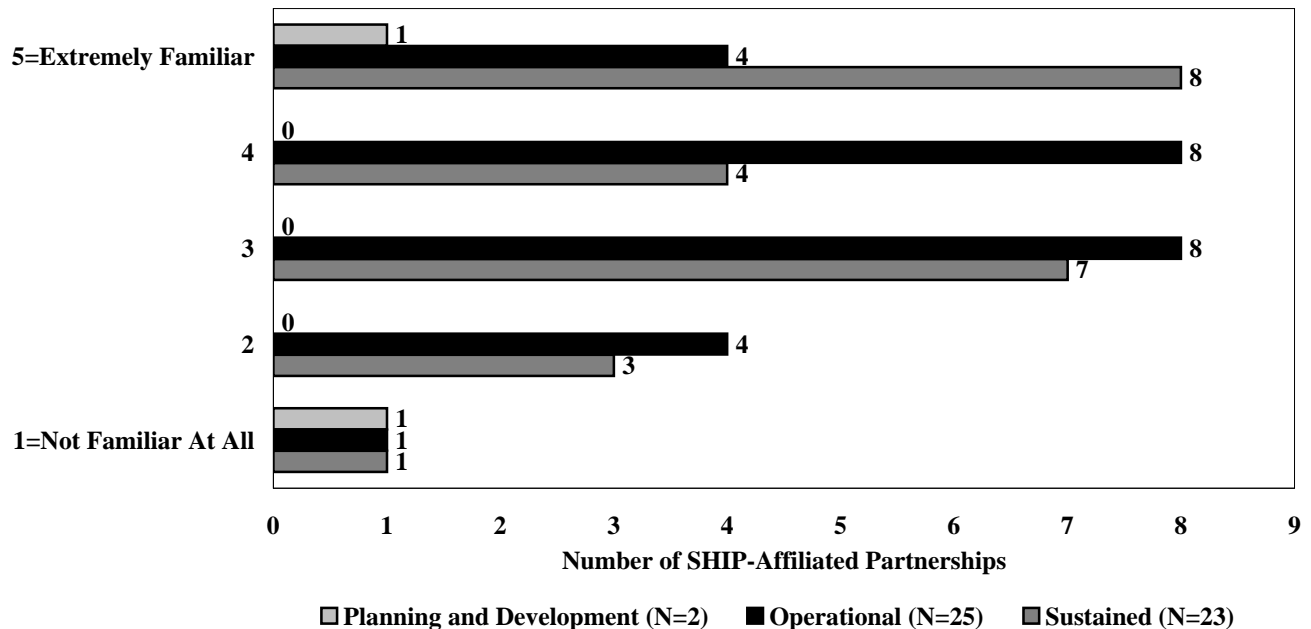
- A logic model is a method of program planning and outcome measurement adopted by many federal agencies and other organizations, such as the United Way and the American Cancer Society. (See Glossary for more detail.)
- Almost 50% of respondents rated their familiarity with the logic model as very familiar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

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Approximately 50% of the partnerships at each stage rated their familiarity with the logic model as very familiar to extremely familiar.
- Half of the partnerships in the Planning and Development stage, 20% of the Operational partnerships and 17% of the Sustained partnerships rated themselves as only somewhat familiar or not at all familiar with the logic model.

**Q31ST: Familiarity* With the Logic Model
By Stage of Development, 2007**



* 1=not familiar at all to 5=extremely familiar

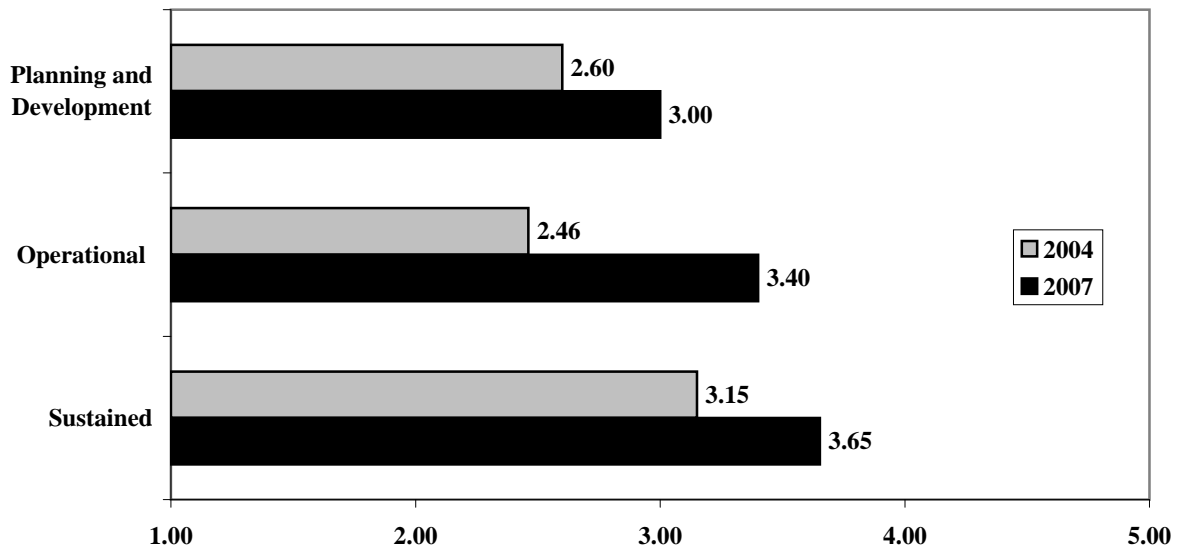
Section 2: Technical Assistance & Training

Q31: Familiarity With the Logic Model, continued

Part 3. Longitudinal Data

- Between 2004 and 2007, familiarity with the logic model of partnerships in the Planning and Development stage increased from 2.60 to 3.00 on a scale of 1=not familiar at all to 5=extremely familiar (about 15%).
- Between 2004 and 2007, familiarity with the logic model of partnerships in the Operational stage increased from 2.46 to 3.40 (by almost 40%).
- Between 2004 and 2007, familiarity with the logic model of partnerships in the Sustained stage increased from 3.15 to 3.65 (about 15%).

**Q31L: Familiarity* with the Logic Model
By Stage of Development, 2004 and 2007**



* Rating on scale of 1=not familiar at all to 5=extremely familiar

Section 2: Technical Assistance & Training

Q32: Training in the Logic Model

Please indicate any logic model training that individuals or organizations within the partnership have received.

(Check all that apply)

PADOH Public Health Institute

Family Service System Reform (FSSR)

United Way

Healthy Communities Access Program

Communities That Care Planning System

Other (Specify) _____

Part 1: Highlights from the General Report

- Some 80% of the partnerships have received training in the logic model, some from more than one source. Of these, 41% have received logic model training through the Communities That Care Planning System, 39% from the United Way and 27% 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 Program, STEPS to a Healthier PA Program process and grant writing, U.S. Dept. of Housing and Urban Development, Blairsville Area Partners in Health and Wellness and the (Greene County) MAGIC Collaborative/SHIP Retreat.

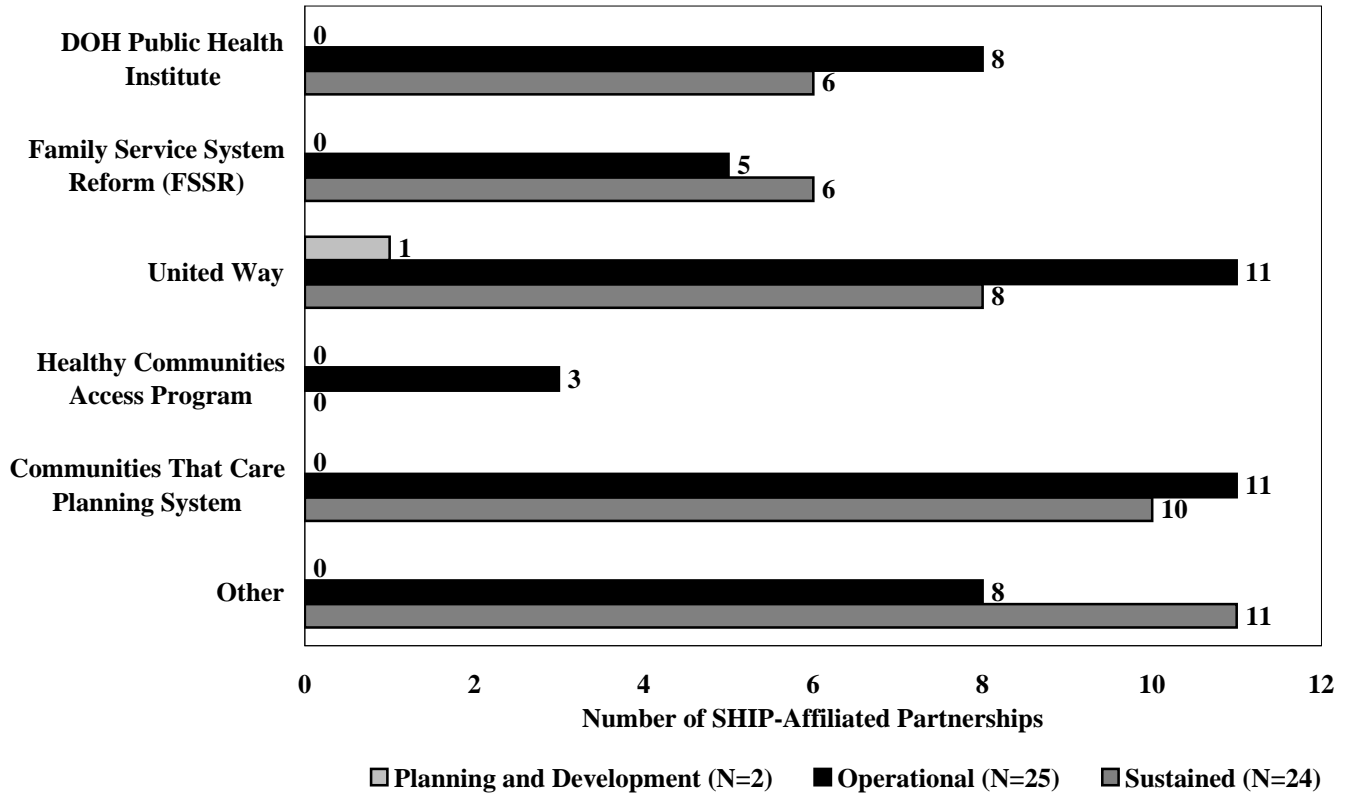
Part 2: Information by Partnership Stage of Development

- Communities that Care trained 21 partnerships in the logic model: 11 Operational and 10 Sustained.
- The United Way trained 20 partnerships: one in the Planning and Development stage, 11 in the Operational stage and eight in the Sustained stage.
- Only the Operational partnerships identified receiving training in the logic model from the Health Communities Access program.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to receive their training in the logic model from The PADOH Public Health Institute or the United Way.
- Sustained partnerships were more likely than Operational partnerships to receive their logic model training from the Family Service System Reform program or from other sources than those listed in the question.

Section 2: Technical Assistance & Training

Q32: Training in the Logic Model, continued

**Q32ST: Sources of Partnership Training in the Logic Model
By Stage of Development, 2007**



Section 2: Technical Assistance & Training

Q33: Uses of the Logic Model

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 (Specify) _____ | |

Part 1: Highlights from the General Report

- Almost half of those reporting used the logic model in the preparation of grant applications and in strategic planning.
- Some 47% of the partnerships have used the logic model as required in a grant application, 43% have used it as part of a strategic planning process, 33% have used it to plan a program, 31% have used it to evaluate a program, and 24% have used it to prepare 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.

Part 2: Information by Partnership Stage of Development

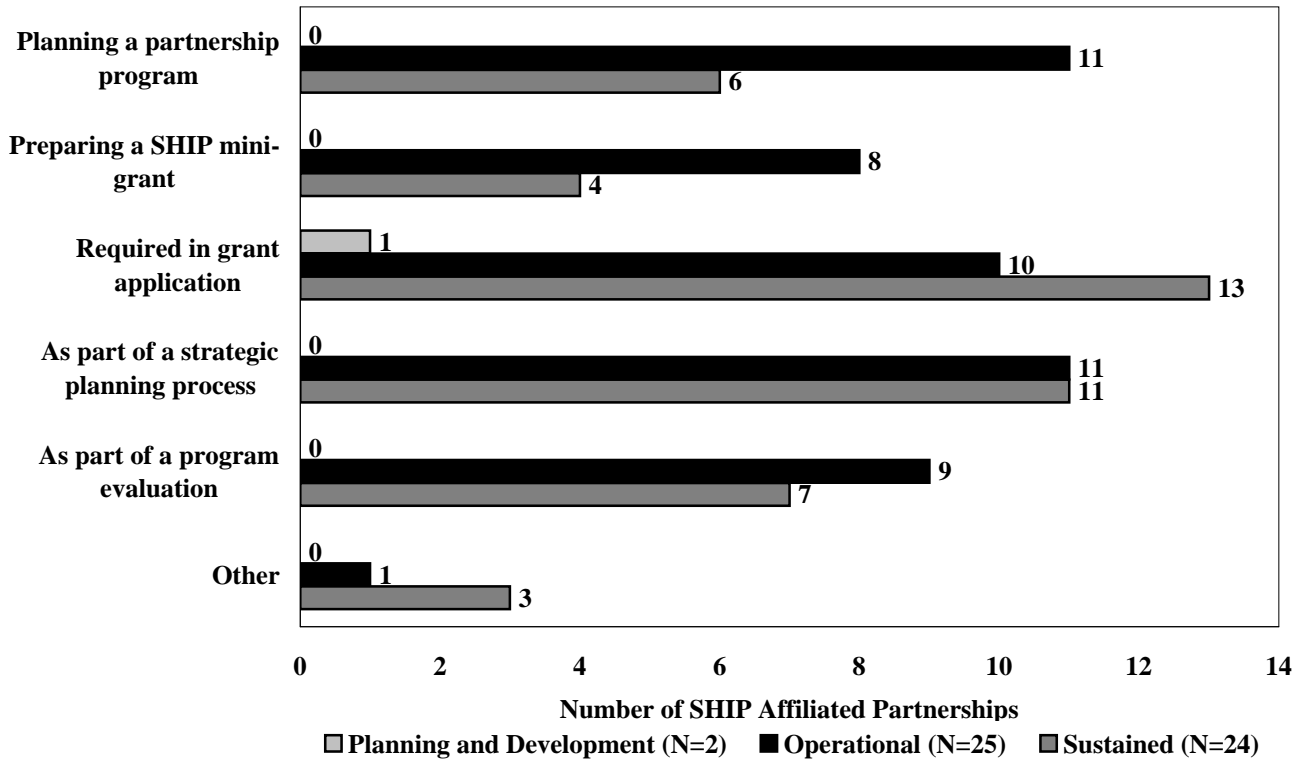
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number

- One of the two partnerships in the Planning and Development stage used the logic model and reported that it had done so because it was required to for a grant application.
- The most common uses of the logic model by Operational partnerships were: planning a partnership program or as part of a strategic planning process (both 44%) or because it was required in a grant application (40%).
- Operational partnerships were more likely (difference between 5%-25%) to use the logic model for program planning, preparing SHIP mini-grant applications and program evaluation.
- The most common uses for Sustained partnerships were: as required in a grant application (54%) or as part of a strategic planning process (46%).
- Sustained partnerships were more likely than Operational partnerships to use the logic model for preparing grant applications and for uses other than those listed in this question.

Section 2: Technical Assistance & Training

Q33: Uses of the Logic Model, continued

**Q33ST: Specific Uses of the Logic Model
By Stage of Development, 2007**



Section 2: Technical Assistance & Training

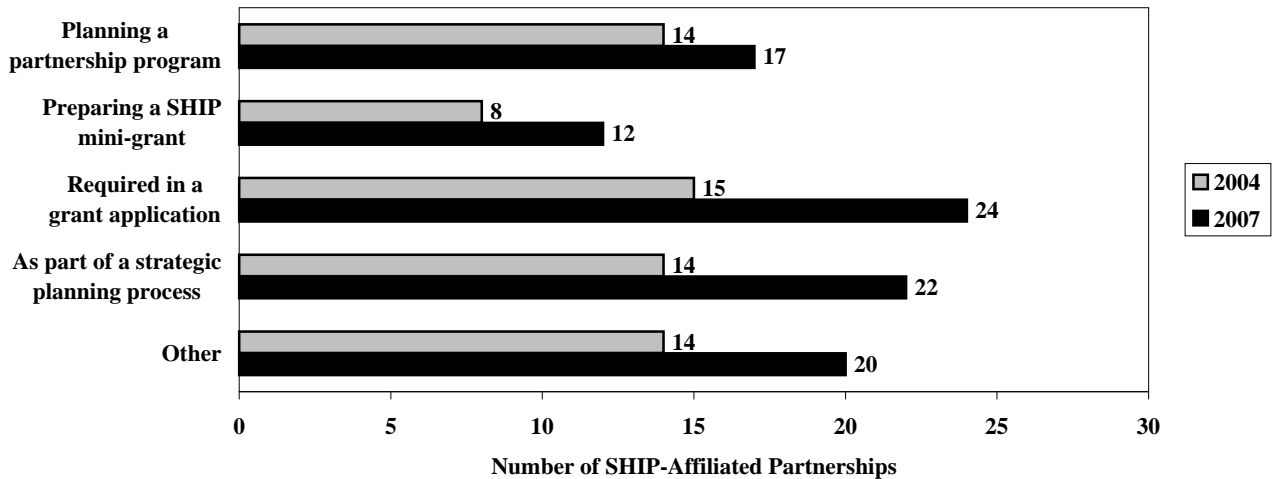
Q33: Uses of the Logic Model, continued

Part 3: Longitudinal Data

Note: The following analysis is based on percentage; corresponding chart is based on number.

- All uses of the logic model have increased from 2004 to 2007. The greatest increases were the logic model being required in grant applications (17%) and the use of the logic model in strategic planning (15%).
- The category of program evaluation was not included in the 2004 survey. Therefore, the 16 partnerships that reported using the logic model for program evaluation in 2007 were included in the "Other" category in the chart below.

**Q33L: Uses* of the Logic Model,
2004 and 2007**



* Chart only includes categories that were part of all three surveys.

Section 2: Technical Assistance & Training

Q35: Uses of the Learning Management System (LMS)

Do any partnership members use the Department's Learning Management System (LMS) to access training programs? ___Yes ___No
--

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

- Almost 20% of Operational Partnerships (4 partnerships) and almost 25% of Sustained partnerships (5 partnerships) reported using the Learning Management System to access training programs.

Section 2: Technical Assistance & Training

Q36: Use of Learning Management System to View Public Health Institute Tapes

Have any partnership members viewed a videotaped partnership course from the Public Health Institute on the Learning Management System? ___Yes ___No
--

Part 1: Highlights from the General Report

- Some 11% of the partnerships viewed a videotape of a Public Health Institute's SHIP partnership course through the PADOH's Learning Management System.

Part 2: Information by Partnership Stage of Development

- Approximately 9% of Operational partnerships (2 partnerships) and 14% of Sustained partnerships (3 partnerships) reported that they had viewed a videotape of a Public Health Institute's SHIP partnership course on the Learning Management System.

Section 2: Technical Assistance & Training

Q37: Partnership Self-Assessment of Data Management Skills

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

Part 1: Highlights from the General Report

- In assessing their own data management skills, 70% 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).
- About two-thirds of responding partnerships rated their ability to research data sources and obtain data as above average.
- Some 60% of responding partnerships rated their ability to apply data to planning and evaluation and/or their ability to represent and share data with diverse stockholders as above average.

Part 2: Information by Partnership Stage of Development

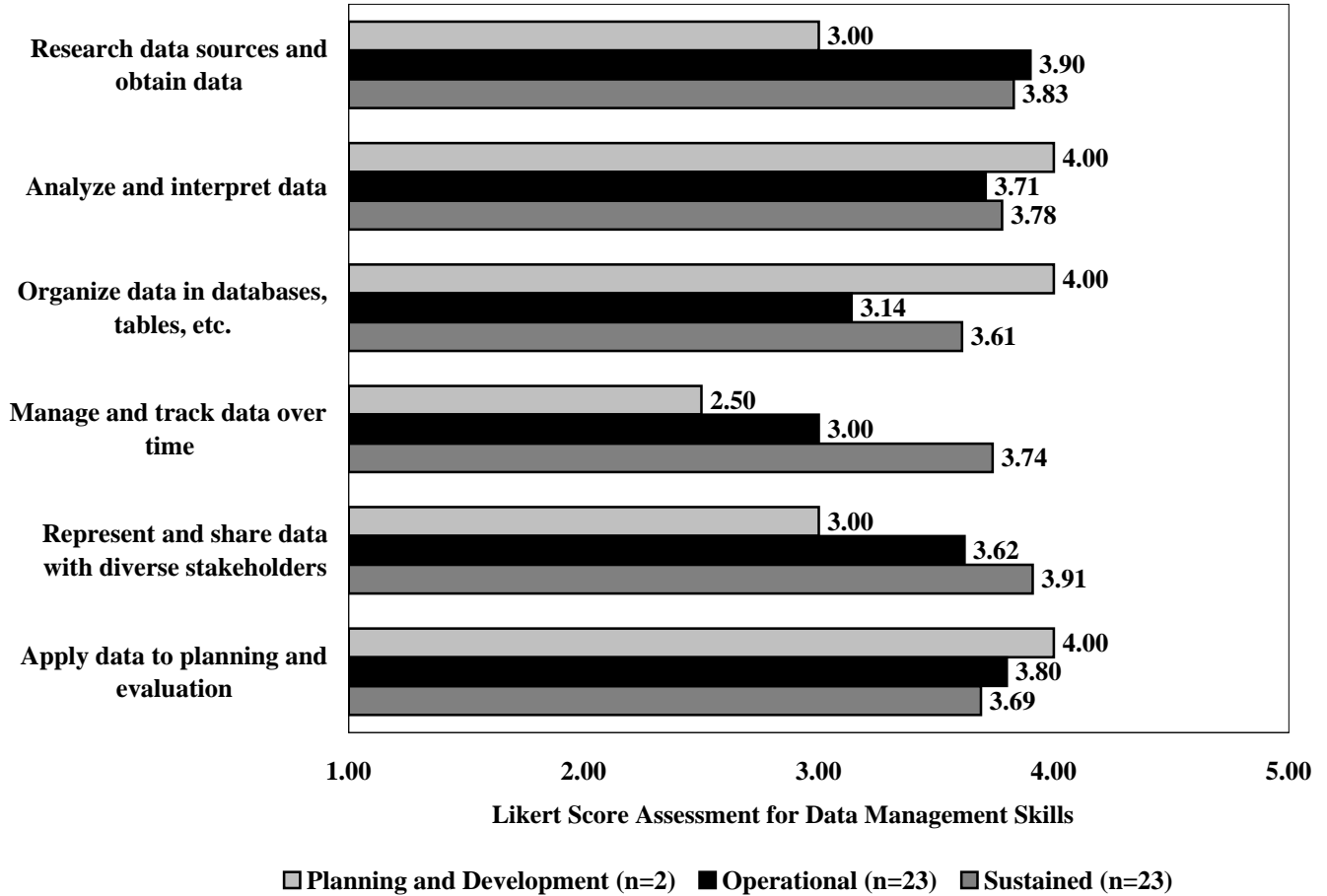
Note: Analysis below relates to chart on next page.

- Both partnerships in the Planning and Development stage rated themselves highest in their abilities to analyze and interpret data, to organize data in databases and to apply data to planning and evaluation (all rated at 4.00).
- Operational partnerships rated themselves highest in their abilities to research data sources and obtain data (3.90), to apply data to planning and evaluation (3.80) and to analyze and interpret data (3.71).
- Sustained partnerships rated themselves highest in their abilities to represent and share data with diverse stockholders (3.91), to research data sources and obtain data (3.83), to analyze and interpret data (3.78) and to manage and track data over time (3.74).

Section 2: Technical Assistance & Training

Q37: Partnership Self-Assessment of Data Management Skills, continued

**Q37ST: Self-Assessment* of Partnership Ability to Manage Data
By Stage of Development, 2007**



* Rated on Likert Scale of 1=Poor to 5=Excellent

Section 2: Technical Assistance & Training

Q38: Desired Web Capabilities

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 on-line
<input type="checkbox"/> Data exchange	<input type="checkbox"/> View/participate in webcasts
<input type="checkbox"/> Education and training	<input type="checkbox"/> Other (Specify): _____

Part 1: Highlights from the General Report

- Regarding possible new Web capabilities, 81% of the responding partnerships indicated they would like the capability to submit grants and other documents on-line to the PADOH; 75% indicated they would like to attend and/or participate in on-line conferencing; 73% indicated on-line education and training would be useful; and 54% indicated that they would be interested in a data exchange. Only 19% were interested in using a bulletin board or chat line.
- The partnerships also reported that it would be useful for the PADOH to develop a common application format for mini-grants and requirements to address target need areas.

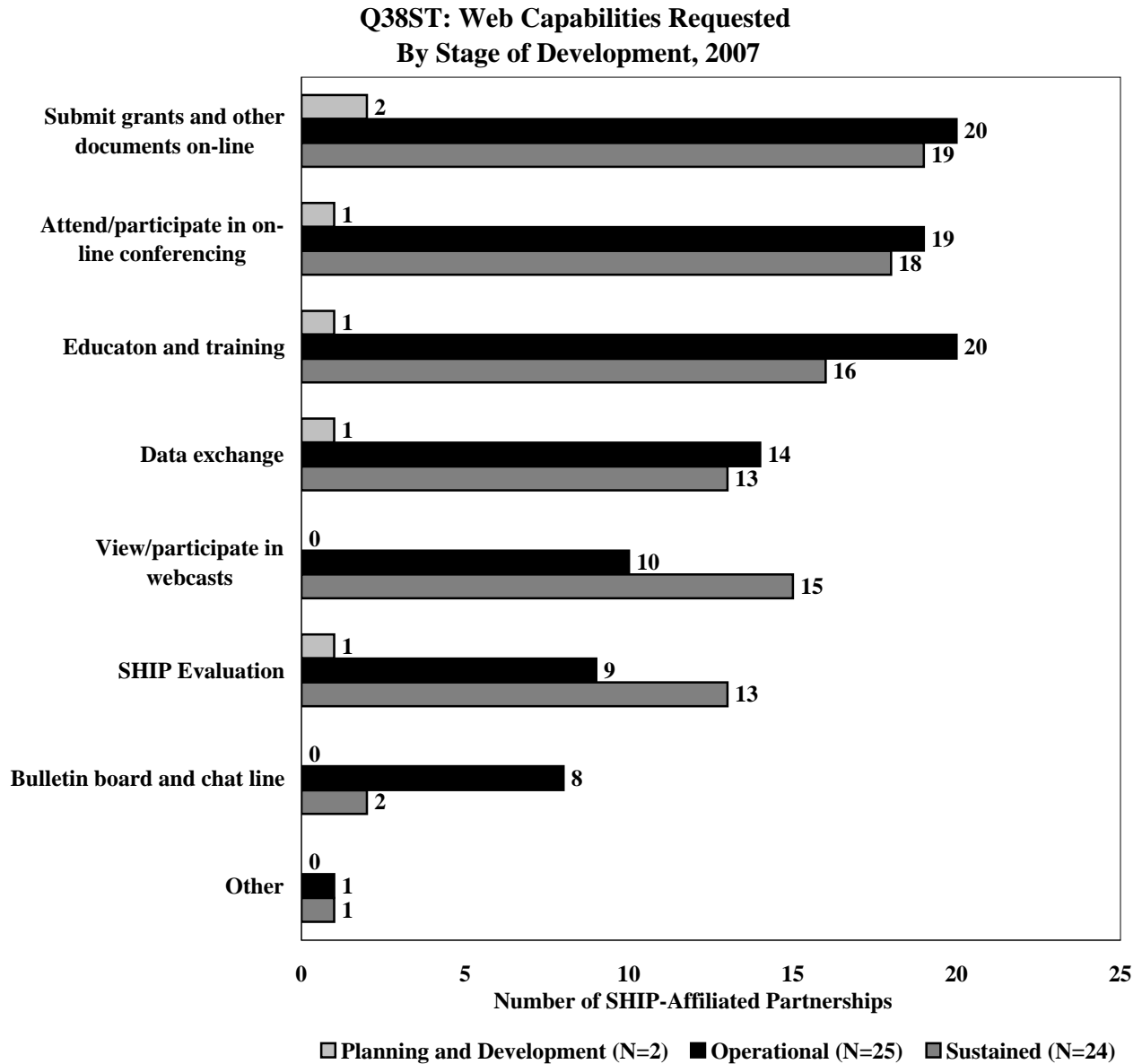
Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- The most important new Web capability identified by the two partnerships in the Planning and Development stage was the ability to submit grants to PADOH on-line.
- The most important new Web capability identified by Operational partnerships were the abilities to submit grants to PADOH on-line and education and training (both 80%), on-line conferencing (76%) and data exchange (56%).
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to find an on-line bulletin board and education/training useful.
- The most important new Web capabilities identified by Sustained partnerships were the abilities to submit grants to PADOH on-line (79%), on-line conferencing (75%), education and training (67%) and participation in Webcasts (63%).
- Sustained partnerships were more likely than Operational partnerships to find SHIP evaluation and participation in webcasts useful.

Section 2: Technical Assistance & Training

Q38: Desired Web Capabilities, continued



Section 2: Technical Assistance & Training

Q39: Desired Data

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) _____ | |

Part 1: Highlights from the General Report

- When asked about additional types of data being available, 75% of the responding partnerships would like to see state agencies collect and report Youth Behavioral Risk Survey data, while 73% would like the state to provide drug and alcohol statistics. In addition, 60% of the partnerships are interested in data on domestic violence/abuse, and 58% are interested in mental health data.
- The partnerships also asked for information on the following areas to be made available: Alzheimer's incidence, anti-bullying statistics and information, dental/oral health statistics, gang involvement statistics, geriatric care data, housing availability and options, sleep deprivation information, more tobacco information, statistics on the uninsured and data on access to healthcare.

Part 2: Information by Partnership Stage of Development

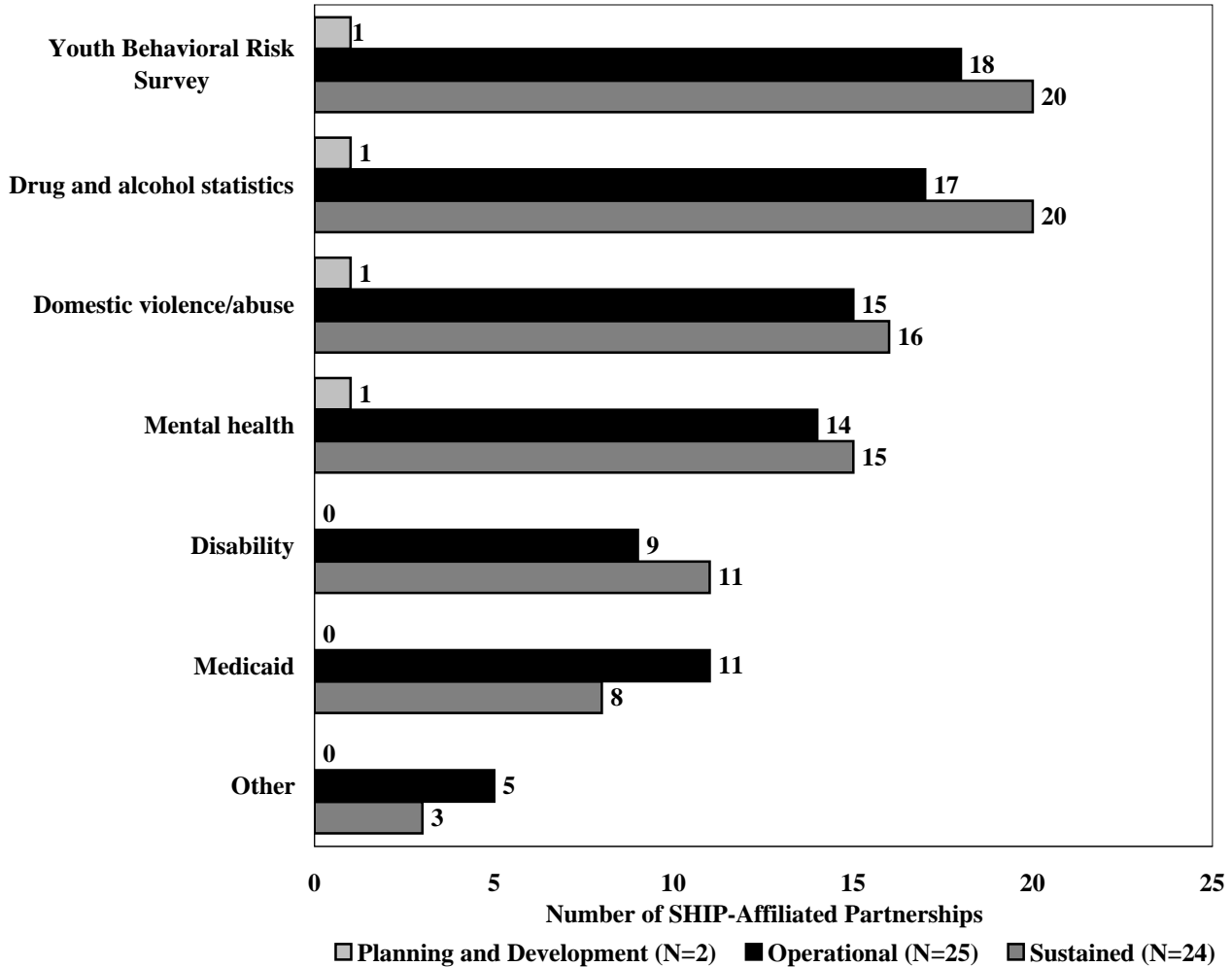
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- One of the two partnerships in the Planning and Development stage would like to have data on youth risk behaviors, drug and alcohol statistics, domestic violence/abuse statistics and mental health statistics collected or made available.
- The four types of data most requested by both Operational and Sustained partnerships were data on youth risk behaviors, drug and alcohol statistics, data on domestic violence/abuse and on mental health.
- Operational partnerships were more interested (difference of 5%-25%) than Sustained partnerships in Medicaid data and in other types of data not listed in the question.
- Sustained partnerships were more interested than Operational partnerships in mental health data, domestic violence/abuse statistics, disability data, youth risk behaviors data and statistics on drug/alcohol use.

Section 2: Technical Assistance & Training

Q39: Desired Data, continued

Q39ST: Number of Partnerships That Desired Specific Types of Data Availability By Stage of Development, 2007



Section 2: Technical Assistance & Training

Q40: Frequency of Data Survey

How often should a data survey of partnerships be done?

__ Annually __ Every two years __ Every four years __ Other (*Specify*) _____

Part 1: Highlights from the General Report

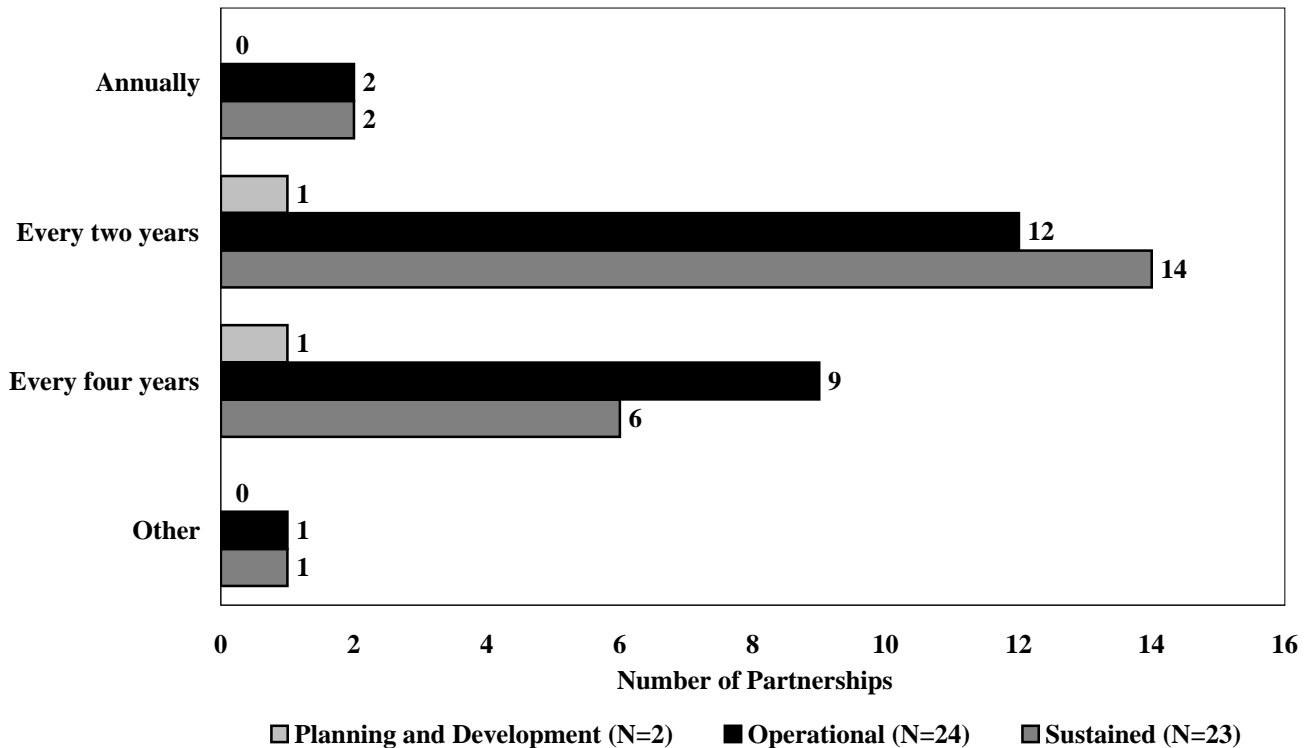
- Only 8% of the responding partnerships indicated that a data survey of partnerships should be done annually, 56% would prefer that a survey be done every two years, 32% would prefer a survey every four years and 4% would prefer a survey every 5 years.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Both of the partnerships in the Planning and Development stage (100%) responded to this question, all but one of the Operational partnerships (96%), and all but one of the Sustained partnerships (96%).
- One of the partnerships in the Planning and Development stage preferred that the survey to be conducted every two years, while the other partnership in this stage preferred that it be conducted every 4 years.
- Sustained partnerships were more likely (difference of 5%-25%) than Operational partnerships to prefer that the survey be conducted every two years.
- Only 4% of the Operational partnerships and 4% of the Sustained partnerships preferred that the survey be conducted every five years.

**Q40ST: Percentage Preference for Frequency of the Data Survey
By Stage of Development, 2007**



Section 3

SHIP Publications & Activities

Section 3: SHIP Publications & Activities

Q25: SHIP Publications Used

Please indicate which SHIP publications the partnership has used in the past 12 months. <i>(Check all that apply)</i>	
<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

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

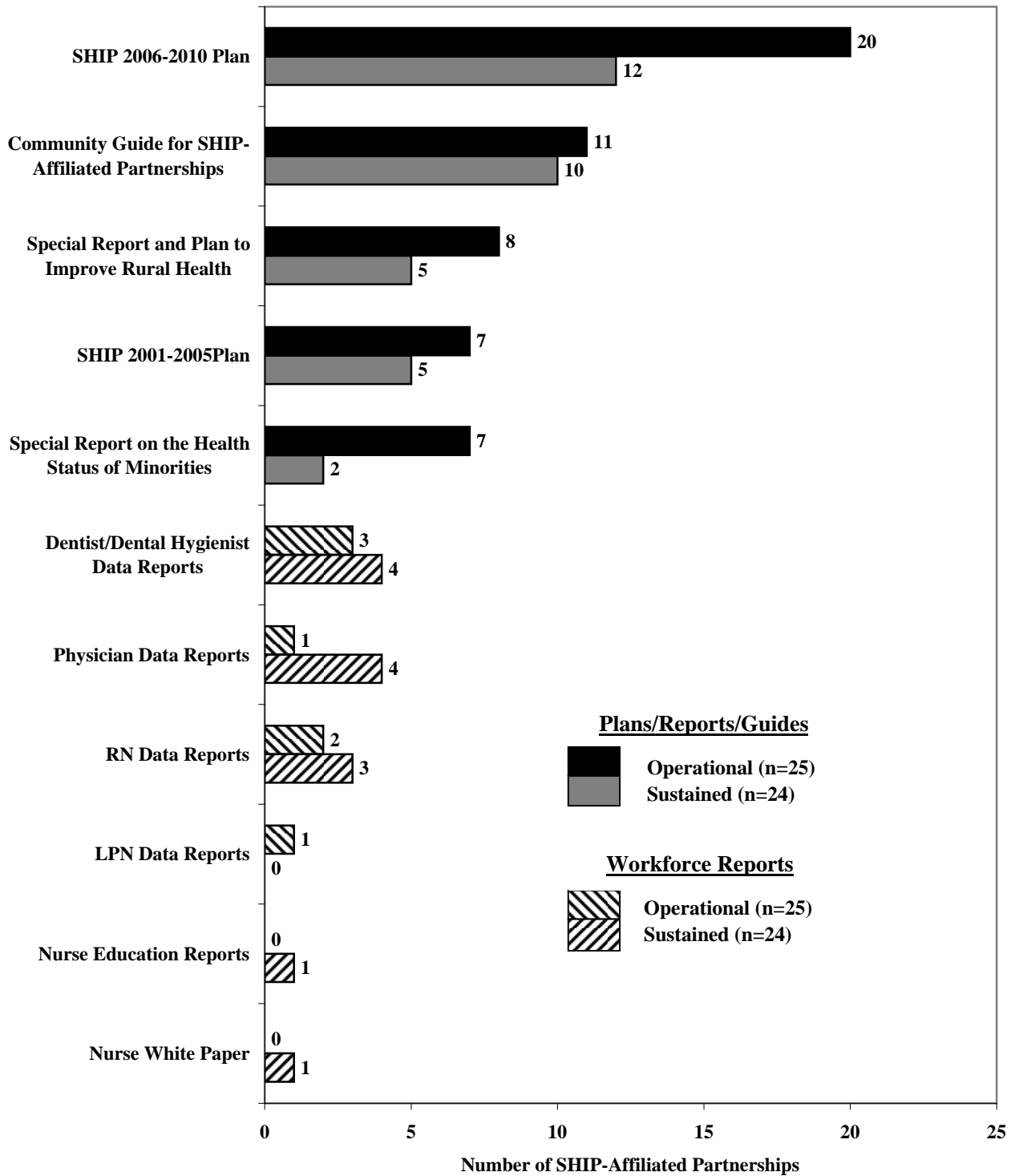
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- Neither of the partnerships in the Planning and Development stage reported using any SHIP publication.
- Operational partnerships are much more likely than Sustained partnerships (difference of more than 25%) to use the SHIP 2006-2010 Plan.
- Operational partnerships are more likely than Sustained partnerships (difference of 5%-25%) to use the SHIP 2001-2005 Plan and the special reports on Rural Health and on Minority Health Status.
- Sustained partnerships are about four times as likely as Operational partnerships to use the Physician Workforce Data Report.
- Operational and Sustained partnerships are equally likely (less than 5% difference) to use any of the other Workforce Reports.

Section 3: SHIP Publications & Activities

Q25: SHIP Publications Used, continued

Q25ST: Number of SHIP-Affiliated Partnerships That Use SHIP Publications By Stage of Development, 2007



Section 3: SHIP Publications & Activities

Q26: Useful Features of the SHIP Plans/Reports/Guides

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>) _____ | |

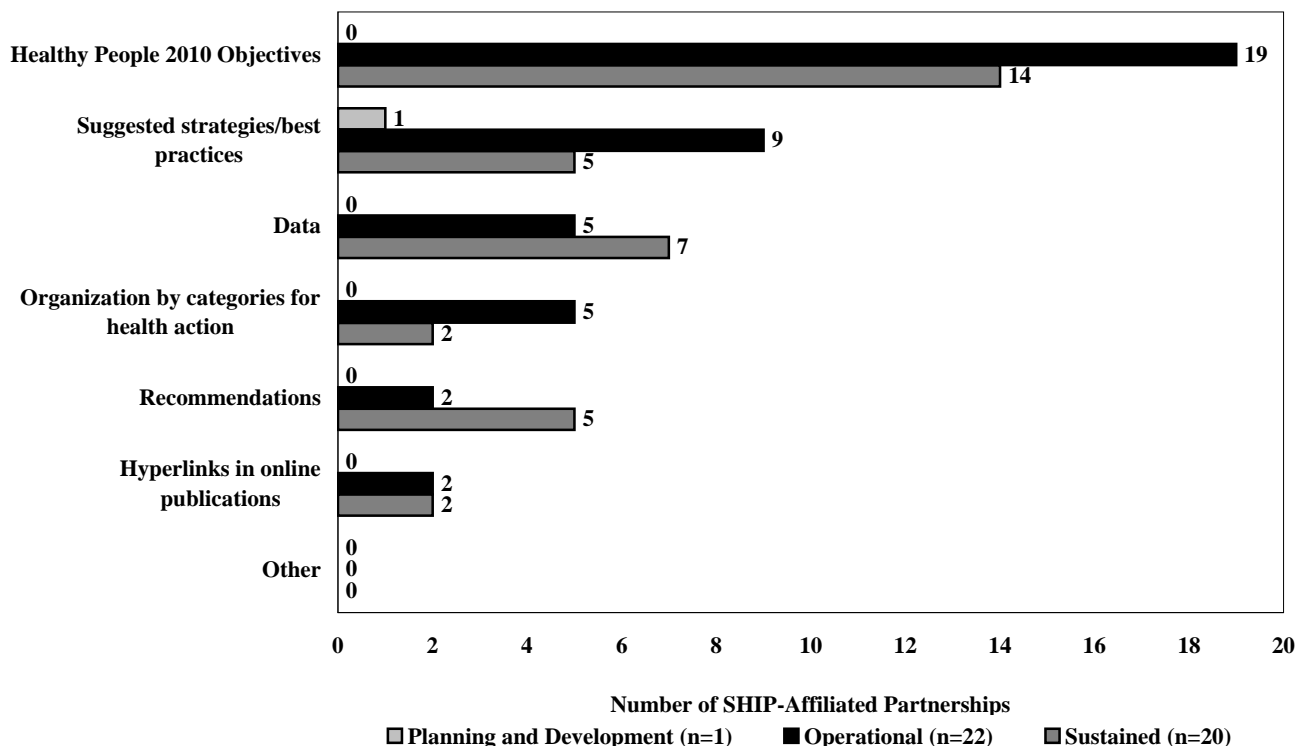
Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

- Only one of the two partnerships in the Planning and Development stage responded, and that partnership considered suggested strategies and best practices to be the most useful feature.
- Operational and Sustained partnerships each selected Healthy People 2010 objectives the most useful feature of SHIP Plans/Reports/Guides twice as often as the next most frequently selected feature.
- Operational Partnerships were more likely than Sustained partnerships (difference of 5%-25%) to consider Healthy People 2010 objectives, suggested strategies/best practices or organization by categories for health action to be the most useful feature.
- Operational and Sustained partnerships were equally likely (difference of less than 5%) to consider hyperlinks to on-line publications and other features not in the question as the most useful features.
- Sustained partnerships were more likely than Operational partnerships to consider data and recommendations to be the most useful feature.

**Q26ST: Most Useful* Features of the SHIP Plans/Reports/Guides
By Stage of Development, 2007**



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

Section 3: SHIP Publications & Activities

Q27: Rating of the SHIP Plans/Reports/Guides

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

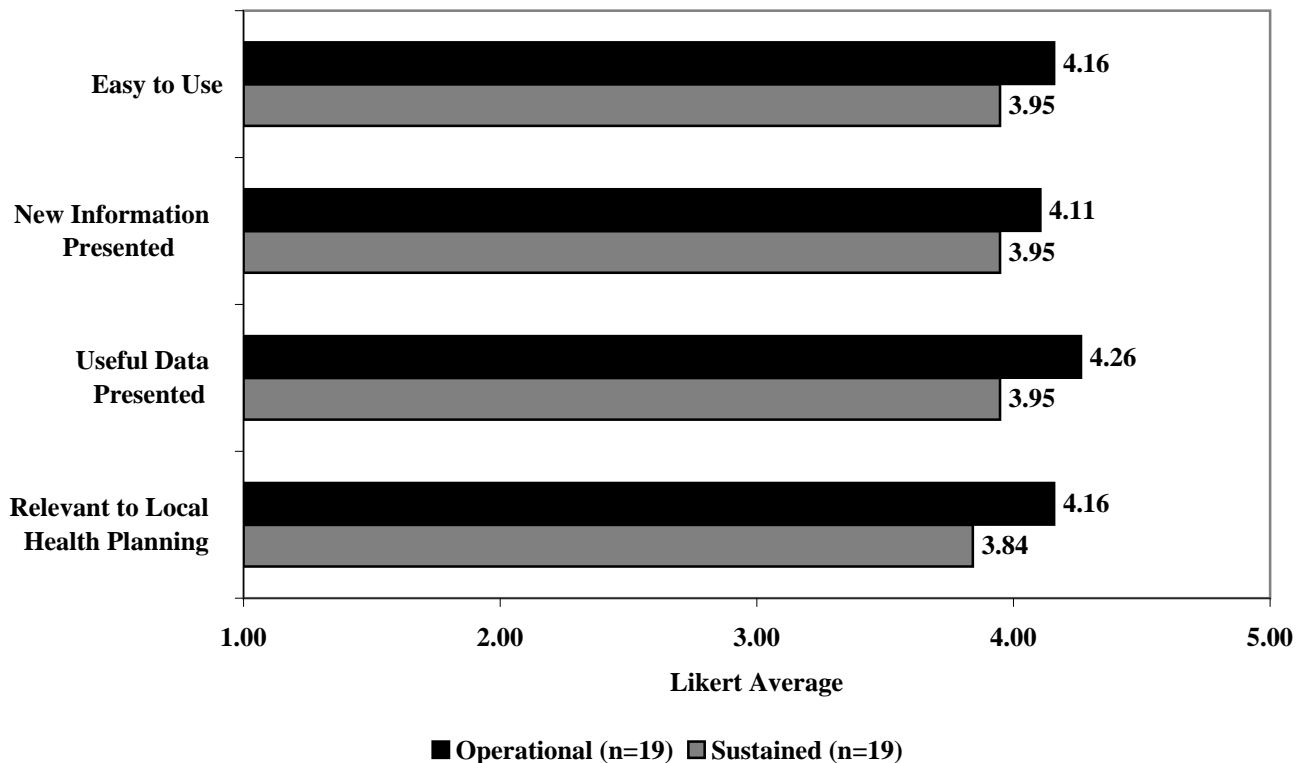
Part 1: Highlights from the General Report

- 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 (on a scale of 1=poor to 5=excellent).

Part 2: Information by Partnership Stage of Development

- No partnership in the Planning and Development stage responded to this question.
- Although all the partnerships rated each of the characteristics as above average (4.0 on a scale of 1=poor to 5=excellent), Operational partnerships rated each characteristic higher than did the Sustained partnerships.

**Q27ST: Average Ratings* of the SHIP Plans/Reports/Guides
By Stage of Development, 2007**



* Rating scale of 1=Poor to 5=Excellent

Section 3: SHIP Publications & Activities

Q28: Useful Features of the SHIP Workforce Reports

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>) _____	

Part 1: Highlights from the General Report

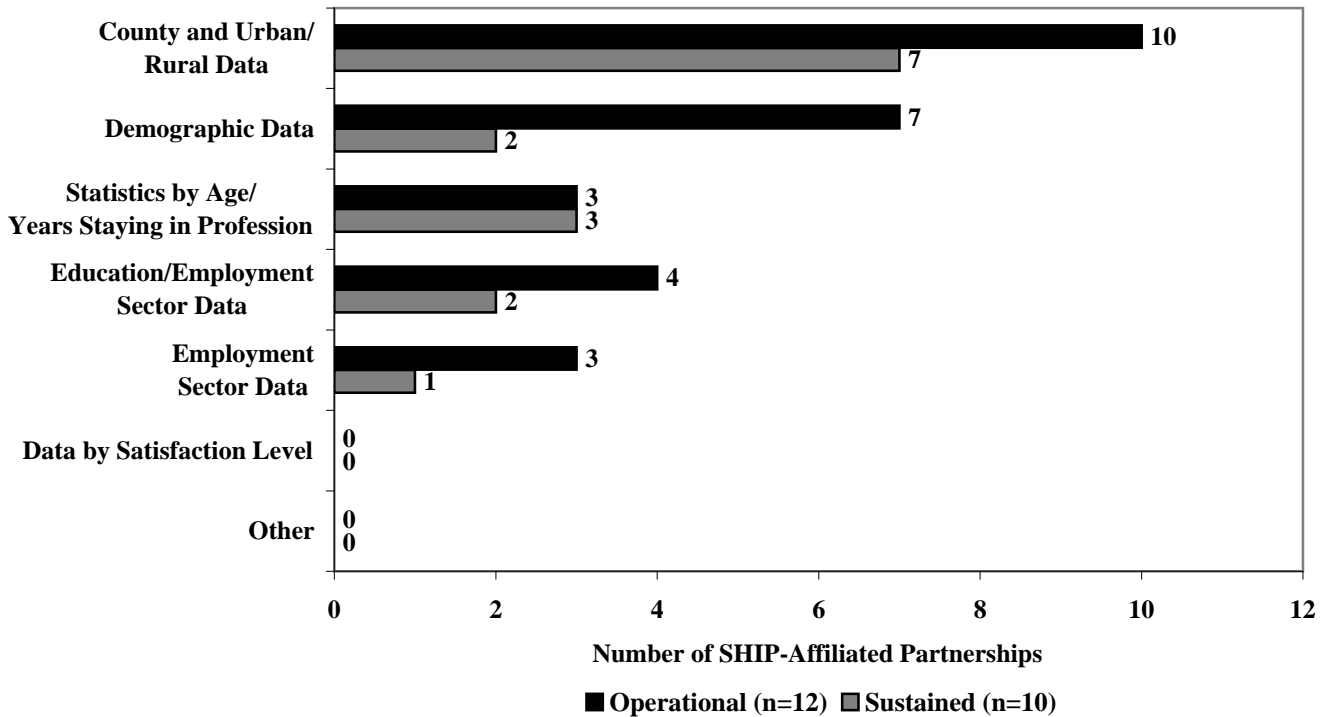
- Approximately 80% of responding partnerships considered statistics by county and urban/rural to be the most useful feature of the SHIP Workforce Reports.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- No partnership in the Planning and Development stage responded to this question.
- County and urban/rural data was considered the most useful feature by both Operational and Sustained partnerships.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to rate county and urban rural data, employment/education sector data and employment sector data as the most useful feature of the Workforce Reports.
- Operational partnerships were almost three times as likely as Sustained partnerships to rate demographic data as the most useful feature of the Workforce Reports.

**Q28ST: Most Useful Features of the SHIP Workforce Reports
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

Q29: Rating of the SHIP Workforce Reports

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

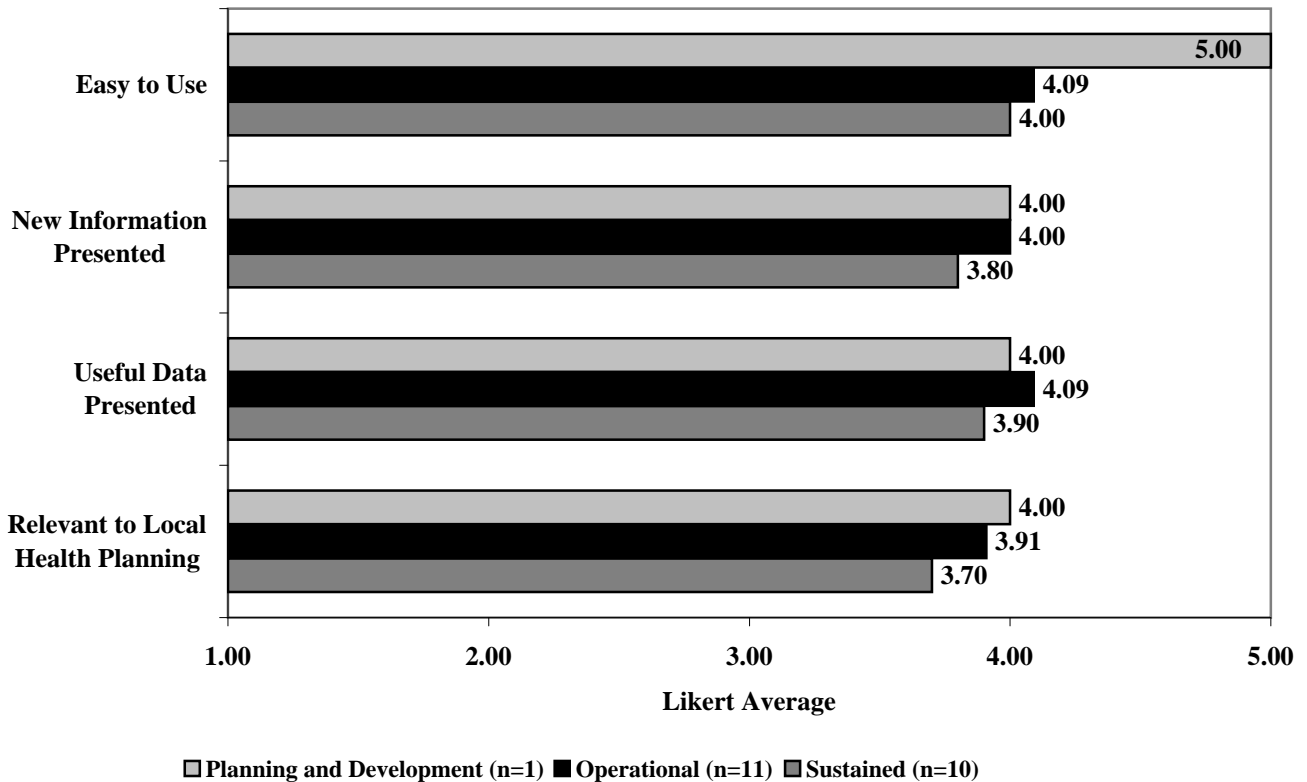
Part 1: Highlights from the General Report

- A total of 22 participants rated the 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).

Part 2: Information by Partnership Stage of Development

- Only one partnership in the Planning and Development stage rated the Workforce Report features.
- Operational partnerships rated each feature of the Workforce Reports slightly higher than did the Sustained partnerships.

Q29ST: Average Ratings* of the SHIP Workforce Reports By Stage of Development, 2007



Section 3: SHIP Publications & Activities

Q30: Suggestions for Improving the SHIP Publications

- (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. _____

Part 1: Highlights from the General Report

- Suggestions for improving the content or format of SHIP publications included:
 - Adding data on the Medicaid population
 - Including oral/dental health measures for adults and children
 - Breaking out RN Report data for Certified Registered Nurse Practitioners
 - Adding questions about accepting new Medicaid patients in the Physicians Report, if possible.
- Suggestions for new/expanded content or format for SHIP publications included:
 - Discussion of best practices
 - 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 on-line.

Section 3: SHIP Publications & Activities

Q54: SHIP Mini-Grants

- (a.) Has your partnership ever received a SHIP mini-grant? ___ Yes ___ No
- (b.) If “Yes”, were you able to sustain any aspects of the project after the mini-grant funding ended? ___ Yes ___ No
- (c.) If “Yes”, please state what aspect(s) and how your partnership was able to sustain this: _____

Part 1: Highlights from the General Report

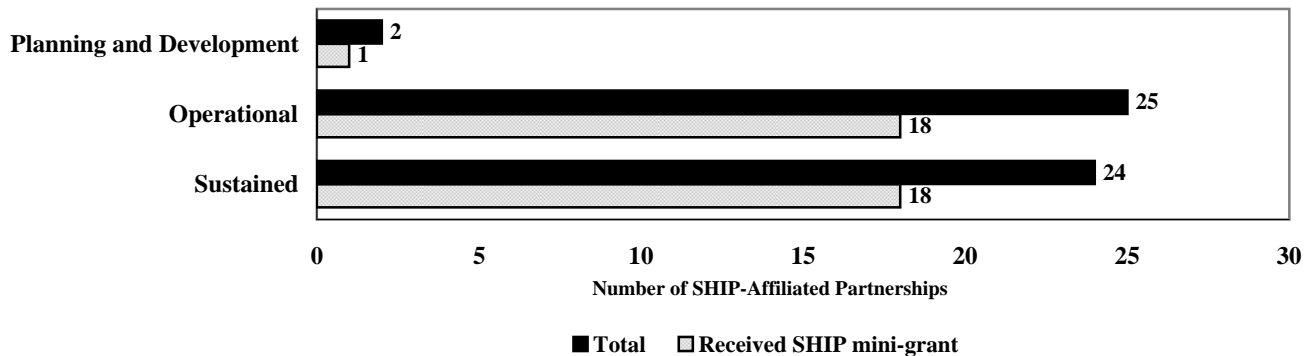
- Almost three-quarters of responding partnerships indicated that they ever received a SHIP mini-grant. Of these, 65% indicated they were able to sustain aspects of the project after the funding ended.
- Ways in which partnerships were able to continue their mini-grants include using the mini-grant to fund the first step in a process (develop a plan or collect data for a needs assessment), start an on-going program or to build useful capacity. A full list of the partnership responses may be found in the General Report.

Part 2: Information by Partnership Stage of Development

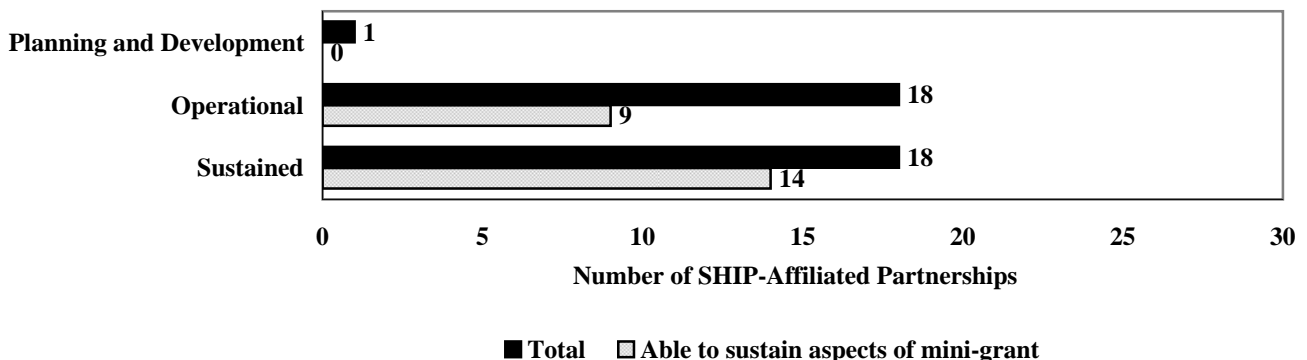
Note: The following analysis is based on percentage; corresponding charts are based on number.

- Only one of the two partnerships in the Planning and Development stage received a mini-grant. The partnership was not able to sustain the project after funding ended.
- Although Operational and Sustained partnerships were equally likely (less than 5% difference) to receive a mini-grant, Sustained partnerships were much more likely (difference of more than 25%) to sustain some aspect(s) of the project after the grant had expired.

**Q54aST: Percent of Partnerships Receiving a SHIP Mini-Grant
By Stage of Development, 2007**



**Q54bST: Percent of Partnerships Receiving a SHIP Mini-Grant and Able to
Sustain Any Aspect of the Project After the End of the Grant Period
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

Q55: Use of E-Mail Grant Announcements

Periodically, the Bureau of Health Planning will e-mail grant announcements from other organizations to partnerships.

- (a.) Have you ever applied for one these grants? ___Yes ___No
(b.) If “Yes”, have you been awarded one of the grants? ___Yes ___No

Part 1: Highlights from the General Report

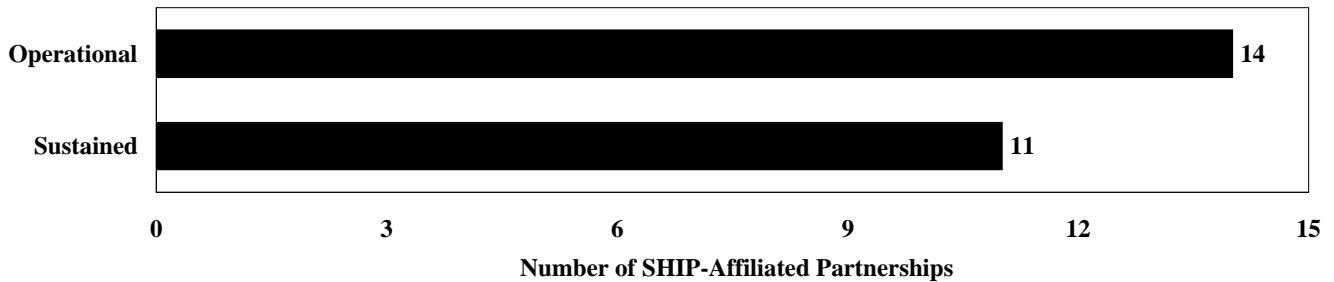
- The PADOH's Bureau of Health Planning forwards grant announcements from other organizations to the SHIP partnerships. Over 50% of the responding partnerships have applied for grants based on this information. Approximately half of these were awarded a grant.

Part 2: Information by Partnership Stage of Development

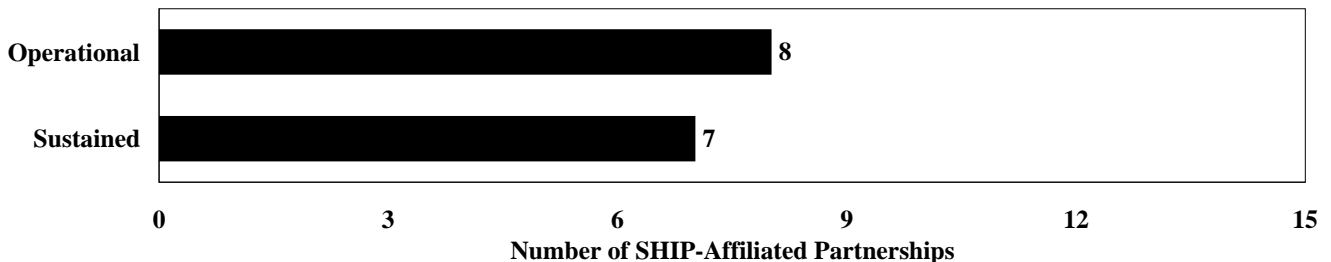
Note: The following analysis is based on percentage; corresponding charts are based on number.

- Neither of the partnerships in the Planning and Development stage applied for grants based on announcements that were forwarded by e-mail from the Bureau of Health Planning.
- Although Operational partnerships were more likely to apply for such grants than Sustained partnerships (5%-25% difference), Sustained partnerships were more likely to receive the grant.

Q55aST: Number of Partnerships That Applied for Grants Based on Announcements Forwarded by E-Mail from the Bureau of Health Planning By Stage of Development, 2007



Q55bST: Number of Partnerships That Applied for and Received Grants Based on Announcements Forwarded by E-Mail from the Bureau of Health Planning By Stage of Development, 2007



Section 3: SHIP Publications & Activities

Q57: Collaboration Between Partnerships

(a.) In the past 3 years, have you collaborated with another SHIP-affiliated partnership in any way? Yes No

(b.) If “Yes”, what sort of collaboration was it? (Check all that apply)

<input type="checkbox"/> Coordinated a one-time special health event	<input type="checkbox"/> Provided in-kind support or funding for a joint program
<input type="checkbox"/> Planned and co-sponsored training	<input type="checkbox"/> Other (Specify) _____

Part 1: Highlights from the General Report

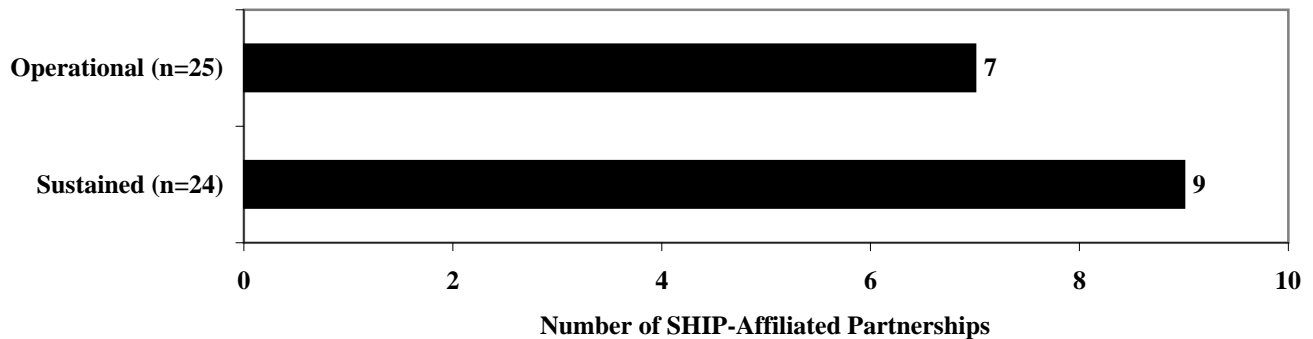
- One-third of partnerships reported that they have collaborated with another partnership in the past.
- Of those partnerships that collaborated, 44% reported coordinating a one-time special health event, 31% provided in-kind support or funding for a joint program and 31% planned and co-sponsored training.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- No partnerships in the Planning and Development stage reported that they had collaborated with another SHIP partnership in the past 3 years.
- Sustained partnerships were more likely than Operational partnerships (difference of 5%-25%) to collaborate.

**Q57aST: Number of Partnerships That Have Collaborated
With Another SHIP-Affiliated Partnership in the Past 3 Years
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

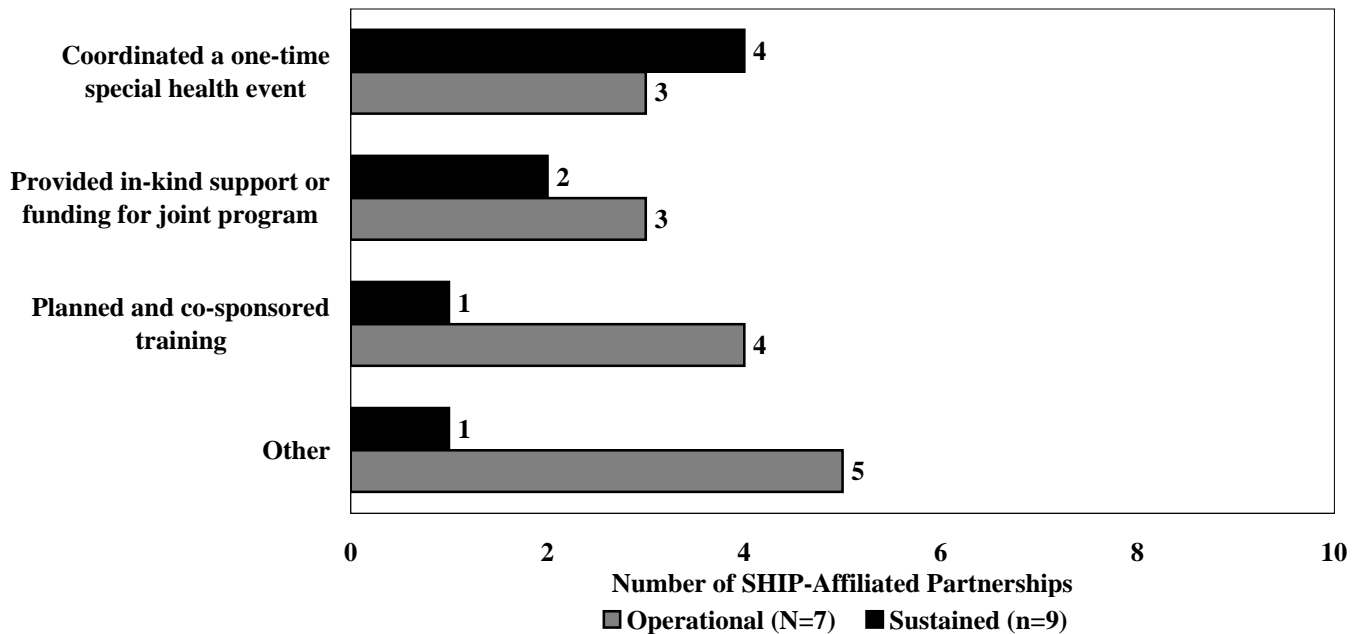
Q57: Collaboration Between Partnerships, continued

Part 2: Information by Partnership Stage of Development, continued

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Operational and Sustained partnerships were equally likely (difference of less than 5%) to provide in-kind support or funding for a joint project.
- Operational partnerships are more likely than Sustained partnerships to collaborate on a one-time special health event.
- Sustained partnerships are much more likely than Operational partnerships (more than 25% difference) to collaborate in the planning and co-sponsorship of training or to engage in other types of collaboration not included in the question.
- Operational partnerships engaged in an average of 1.1 collaborations per collaborating partnership, while Sustaining partnerships engaged in an average of 1.7 collaborations per partnership.

**Q57bST: Specific Types of Collaboration Between Partnerships
With Another SHIP-Affiliated Partnership in the Past Three Years
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

Q58: Participation in PADOH Initiatives

Indicate if your partnership has participated in any of the following PADOH special initiatives? (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Pennsylvania Advocates for Nutrition and Activity (PANA) |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Pennsylvania Cancer Control Consortium (PAC3) |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Pennsylvania Cardiovascular Health Consortium (PCHC) |
| <input type="checkbox"/> Community Challenge Grants | <input type="checkbox"/> STEPS to a Healthier US |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sexually Transmitted Diseases (STDs)/AIDS |
| <input type="checkbox"/> Family Health Programs | <input type="checkbox"/> Immunization |
| <input type="checkbox"/> Oral Initiatives | <input type="checkbox"/> Tobacco Prevention and Cessation |
| <input type="checkbox"/> Pennsylvania Community Prevention Collaborative through the Bureau of Drug & Alcohol Programs | |
| <input type="checkbox"/> Other (<i>Specify</i>) _____ | |

Part 1: Highlights from the General Report

- 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.

Part 2: Information by Partnership Stage of Development

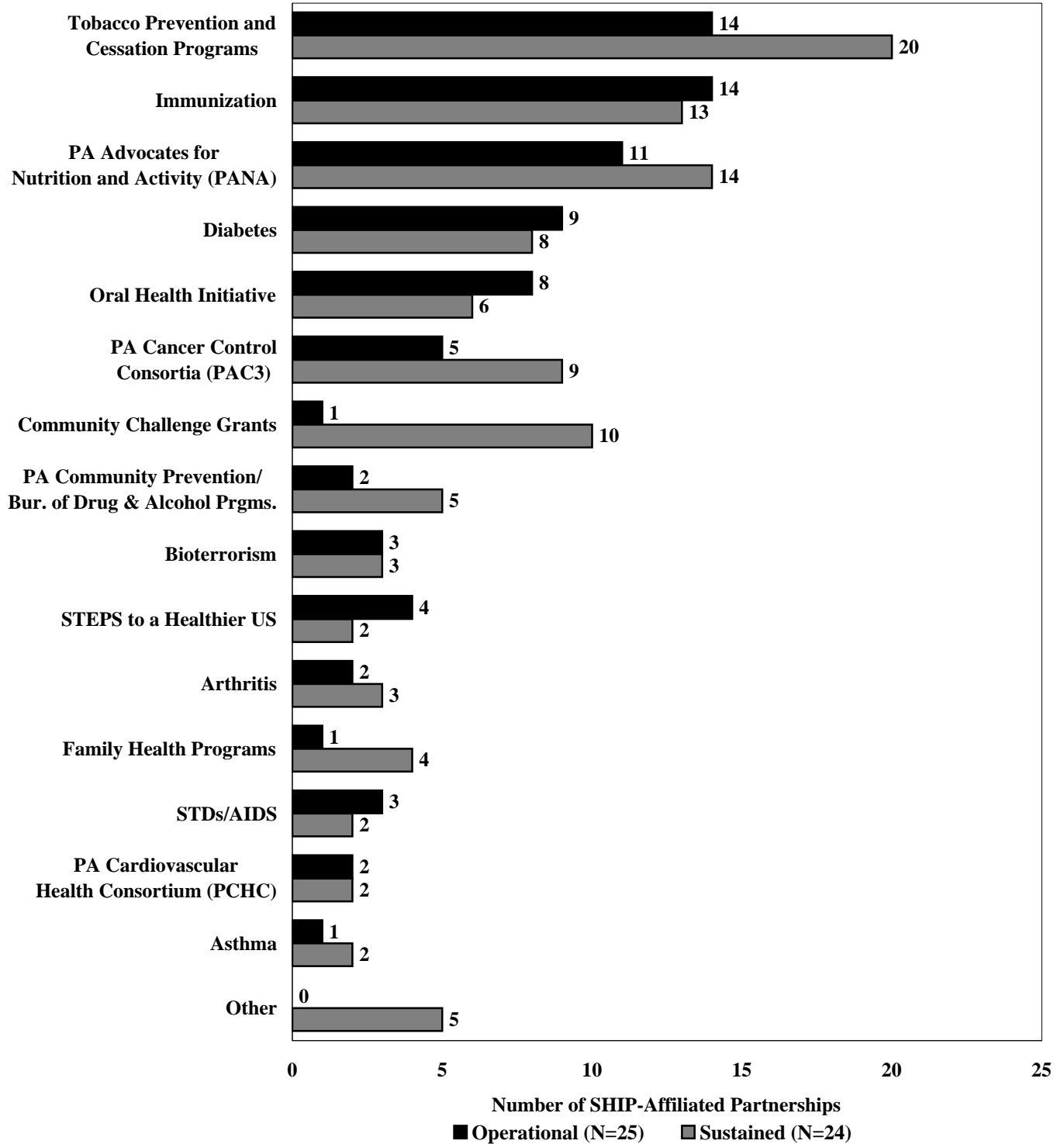
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- Neither of the two partnerships in the Planning and Development stage responded to this question.
- Operational partnerships participated in an average of 4.0 PADOH special initiatives, while Sustained partnerships participated in an average of 4.9 PADOH special initiatives..
- Operational partnerships were more likely than Sustained partnerships (difference of 5%-25%) to participate in initiatives related to oral health or the STEPS to a Healthier U.S. program.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to participate in initiatives of the Pennsylvania Cardiovascular Health Consortium (PCHC), as well as initiatives related to arthritis, asthma, bioterrorism, immunization, diabetes and STD/AIDS.
- Sustained partnerships were more likely than Operational partnerships to participate in initiatives of the Pennsylvania Cancer Control Consortium (PAC3), Pennsylvania Advocates for Nutrition and Activity (PANA), the Pennsylvania Community Prevention Collaborative through the Bureau of Drug & Alcohol Programs and Family Health programs.
- Sustained partnerships were slightly more than 10 times as likely as Operational partnerships to participate in Community Challenge Grants; Sustained partnerships were much more likely (difference of more than 25%) than Operational partnerships to participate in Tobacco Prevention and Cessation initiatives.

Section 3: SHIP Publications & Activities

Q58: Participation in PADOH Initiatives, continued

**Q58ST: Participation in PADOH Initiatives
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

Q58: Participation in PADOH Initiatives, continued

Part 3: Longitudinal Data

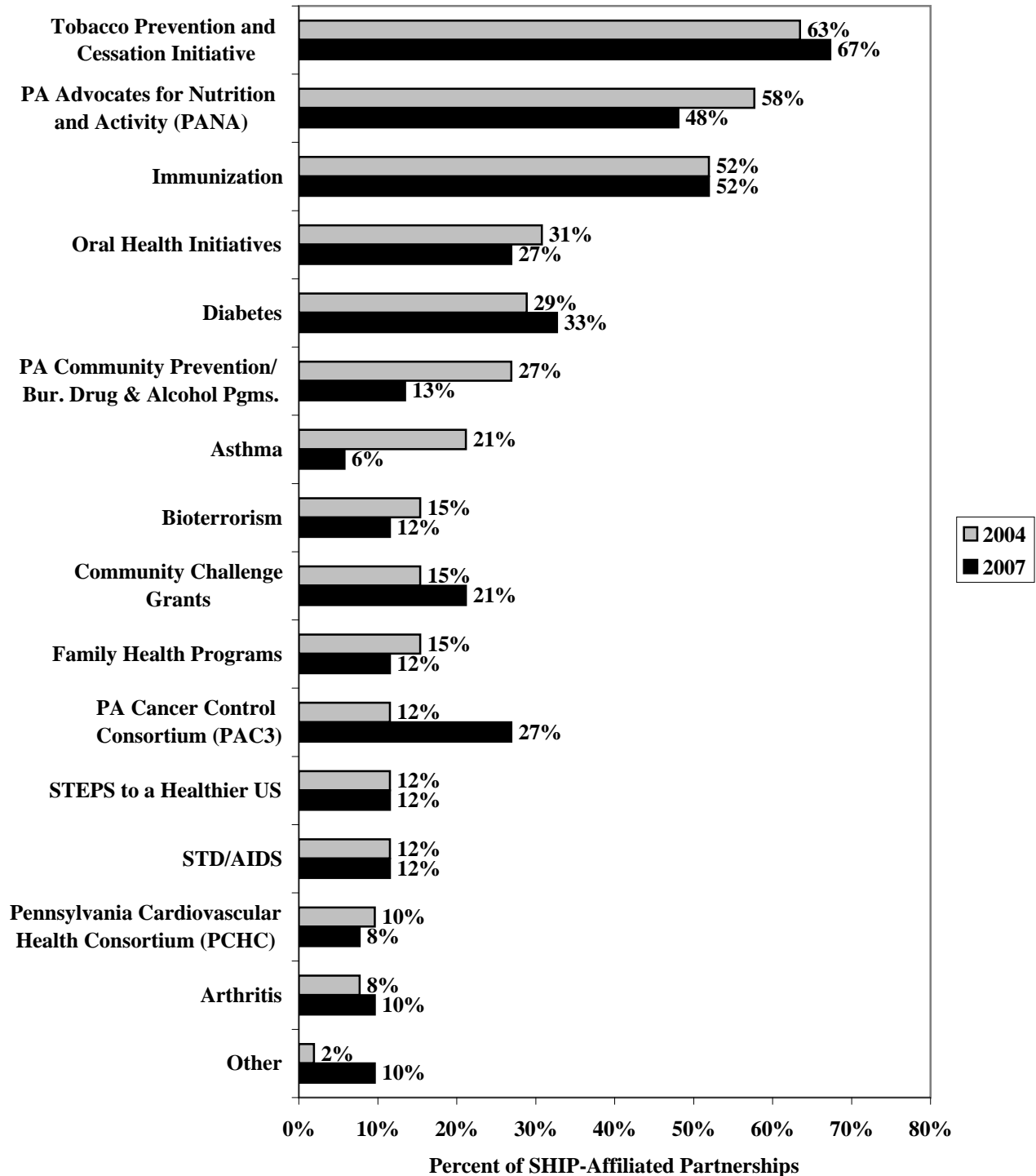
Note: The bullets below relate to the longitudinal chart found on the next page.

- The percentage of partnerships participating in PADOH initiatives decreased between 2004 and 2007 from 92.3% to 82.7%. At the same time, the average number of initiatives for these partnerships increased from 4.1 to 4.4 initiatives per partnership.
- Between 2004 and 2007, there was an increase in partnership participation in PADOH initiatives related to tobacco prevention and cessation (4%), diabetes (4%), cancer control (15%), arthritis (2%) and other categories (8%).
- There was also an increase in partnership participation in the PADOH Challenge Grant program (6%).
- During the same period, there was a decrease in partnership participation in initiatives of the PA Advocates for Nutrition and Activity program (PANA; 10%), and in PADOH initiatives related to oral health (4%), drug and alcohol programs (14%), asthma (15%), bioterrorism (3%), family health (3%) and cardiovascular health (2%).

Section 3: SHIP Publications & Activities

Q58: Participation in PADOH Initiatives, continued

Q58L: Percentage of Partnerships Participating in PADOH Initiatives, 2004 and 2007



Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings

(a) 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)	
<input type="checkbox"/> Department of Aging	<input type="checkbox"/> Pennsylvania Liquor Control Board
<input type="checkbox"/> Department of Agriculture	<input type="checkbox"/> Pennsylvania State Police
<input type="checkbox"/> Department of Community & Economic Development (DCED)	<input type="checkbox"/> Pennsylvania Rural Development Council
<input type="checkbox"/> Department of Conservation and Natural Resources (DCNR)	<input type="checkbox"/> Pennsylvania Workforce Investment Board (PA WIB)
<input type="checkbox"/> Department of Environmental Protection	<input type="checkbox"/> Department of Public Welfare
<input type="checkbox"/> Department of Education	(b.) (Check all that apply)
<input type="checkbox"/> Health Care Cost Containment Council	<input type="checkbox"/> Office of Children, Youth & Families
<input type="checkbox"/> Department of Insurance	<input type="checkbox"/> Office of Income Maintenance
<input type="checkbox"/> Department of Labor & Industry	<input type="checkbox"/> Office of Medical Assistance Programs
<input type="checkbox"/> Pennsylvania Emergency Management Agency (PEMA)	<input type="checkbox"/> Office of Mental Health/Substance Abuse Services
<input type="checkbox"/> Pennsylvania Commission on Crime & Delinquency (PCCD)	<input type="checkbox"/> Office of Mental Retardation
<input type="checkbox"/> Other (<i>Specify</i>) _____	<input type="checkbox"/> Office of Social Programs
	<input type="checkbox"/> Department of Transportation

Part 1: Highlights from the General Report

- Some 60% of partnerships reported that one or more state agencies presented information at their partnership meetings or participated in a partnership activity during the preceding 3 years.
- Representatives from the Department of Public Welfare (DPW) attended one or more partnership meetings and/or participated in partnership activities for 27% 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.

Part 2: Information by Partnership Stage of Development

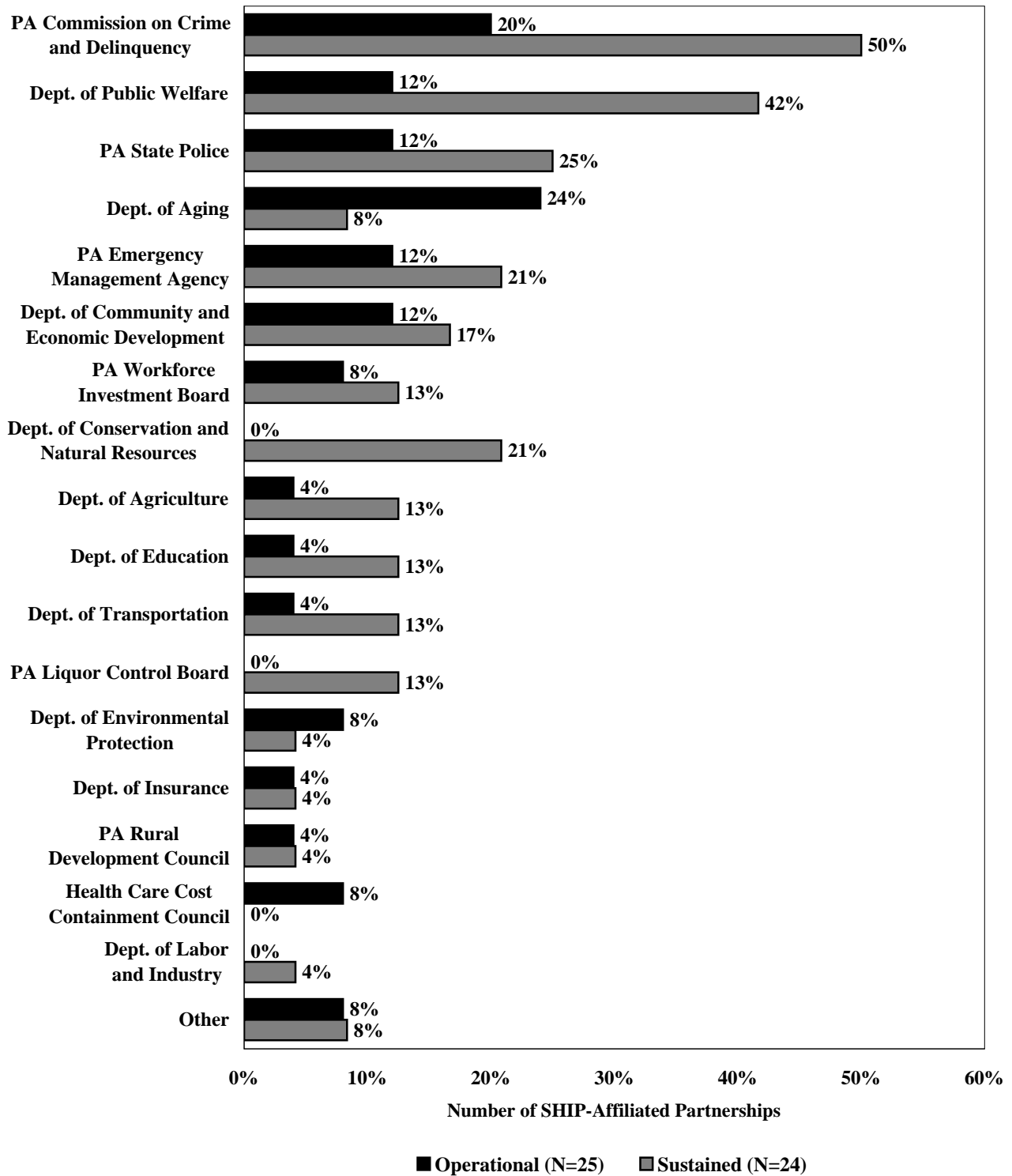
Note: The bullets below relate to the chart on the next page.

- Neither of the two partnerships in the Planning and Development stage responded to this question.
- Operational partnerships had an average of 2.8 state agencies at their meetings and/or participating in their activities, while Sustained partnerships averaged 3.9 state agencies.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to have representatives from the PA Health Care Cost Containment Commission or the Department of Aging at their meetings or participating in their activities.
- Sustained partnerships were more likely than Operational partnerships to have representatives from the Departments of Conservation and Natural Resources, Agriculture, Education and Transportation, as well as representatives from the State Police, the Liquor Control Board and the PA Emergency Management Agency at their meetings or participating in their activities.
- Sustained partnerships were 3.5 times as likely as Operational Partnerships to have representatives from the Department of Public Welfare (DPW) and 2.5 times as likely to have the PA Commission on Crime and Delinquency at their meetings or participating in their activities.

Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings, continued

**Q59aST: Representation/Participation of Other State Agencies
At Partnership Meetings or in Partnership Activities
By Stage of Development, 2007**



Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings, Continued

Part 3: Longitudinal Data

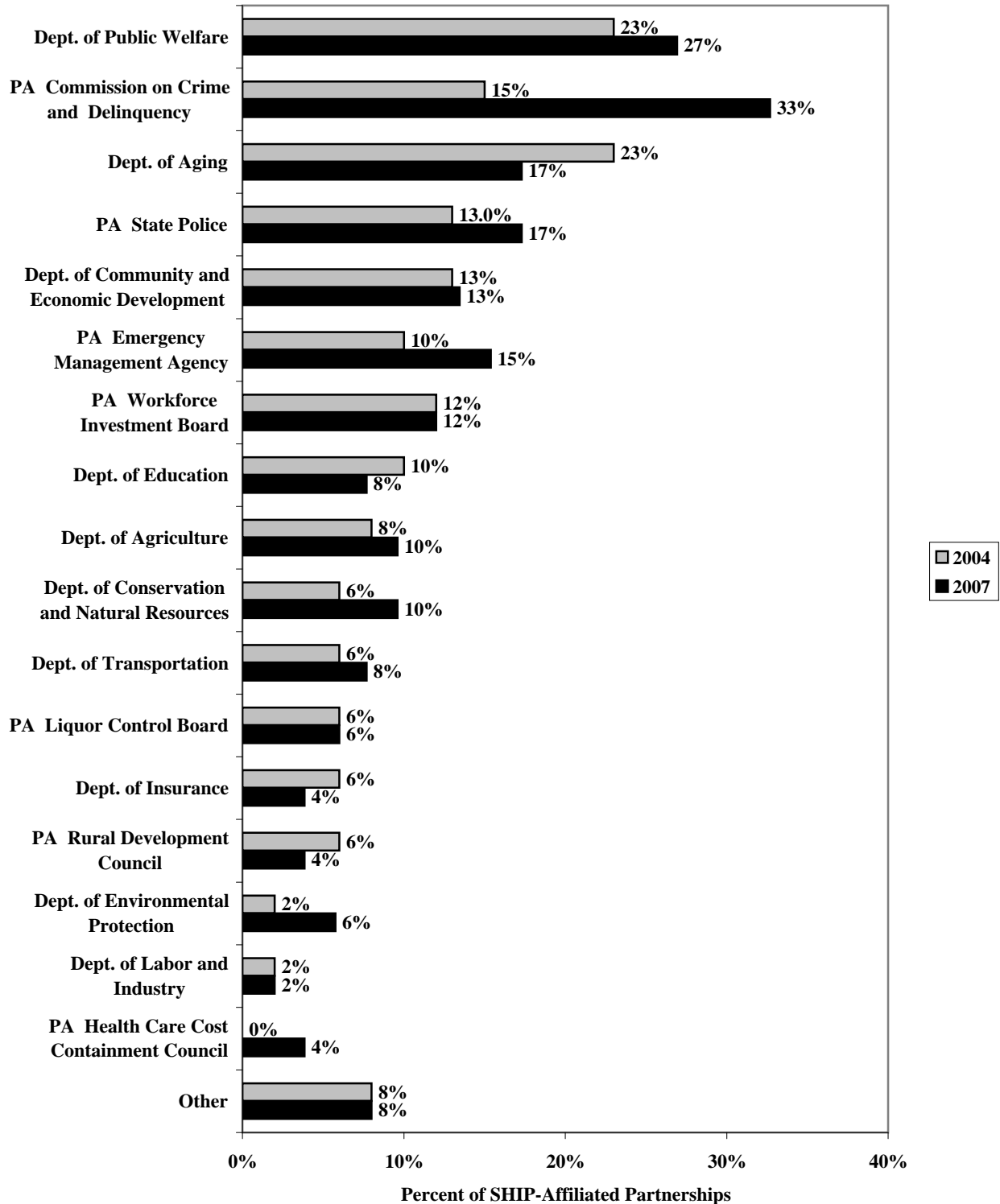
Note: The bullets below relate to the longitudinal chart found on the next page.

- Between 2004 and 2007, there was an increase in participation at the meetings and in the activities of the partnerships by the Departments of Agriculture, Community and Economic Development, Conservation and Natural Resources, Environmental Protection, Public Welfare and Transportation, the PA Commission on Crime and Delinquency, the PA Emergency Management Agency and the PA State Police.
- During the same period, there was a decrease in participation at the meetings and in the activities of the partnerships by the Departments of Aging, Education, Insurance and by the PA Rural Development Council.

Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings, Continued

**Q59aL: Representation/Participation of Other State Agencies
At Partnership Meetings or in Partnership Activities,
2004 and 2007**



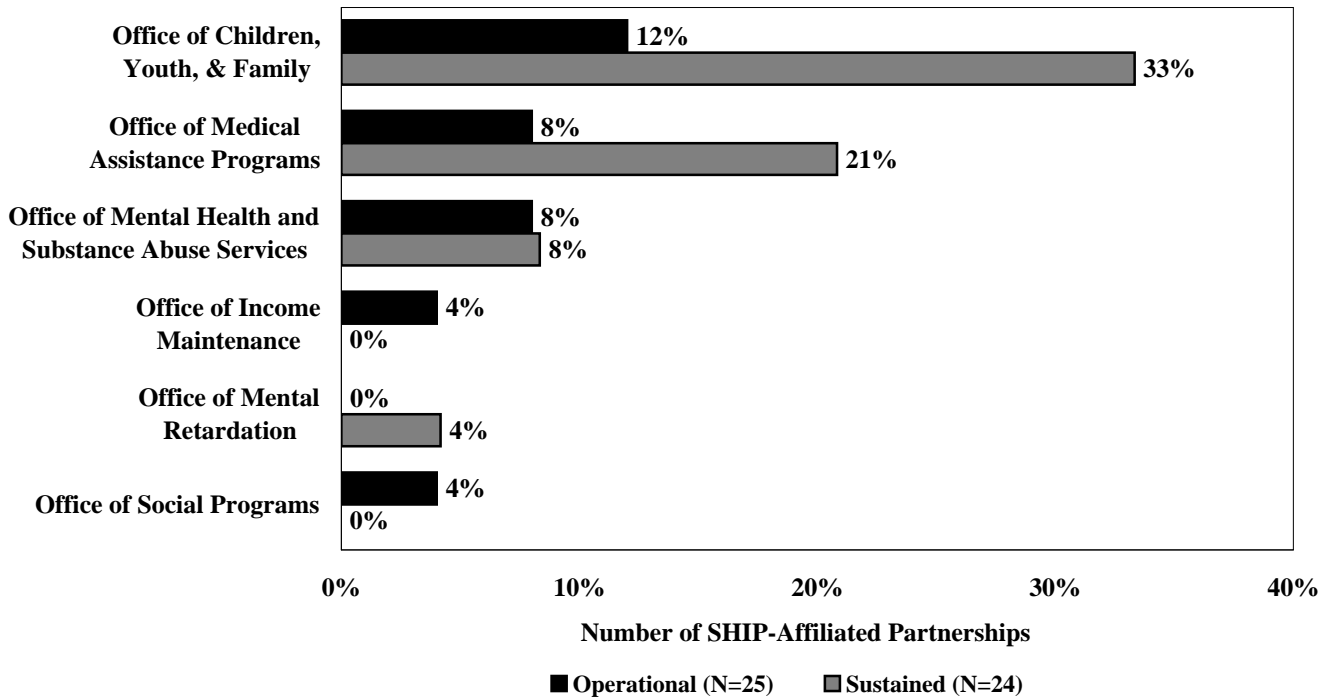
Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings, continued

Part 2: Information by Partnership Stage of Development

- Operational and Sustained partnerships were equally likely (difference of less than 5%) to have representatives from the DPW's Office of Mental Health and Substance Abuse Services at their meetings or participating in their activities.
- Sustained partnerships were more likely (difference of 5%-25%) than Operational partnerships to have representatives from the DPW's Offices of Children, Youth and Families and of Medical Assistance Programs at their meetings or participating in their activities.

Q59bST: Representation/Participation by Offices of the Department of Public Welfare At Partnership Meetings or in Partnership Activities By Stage of Development, 2007



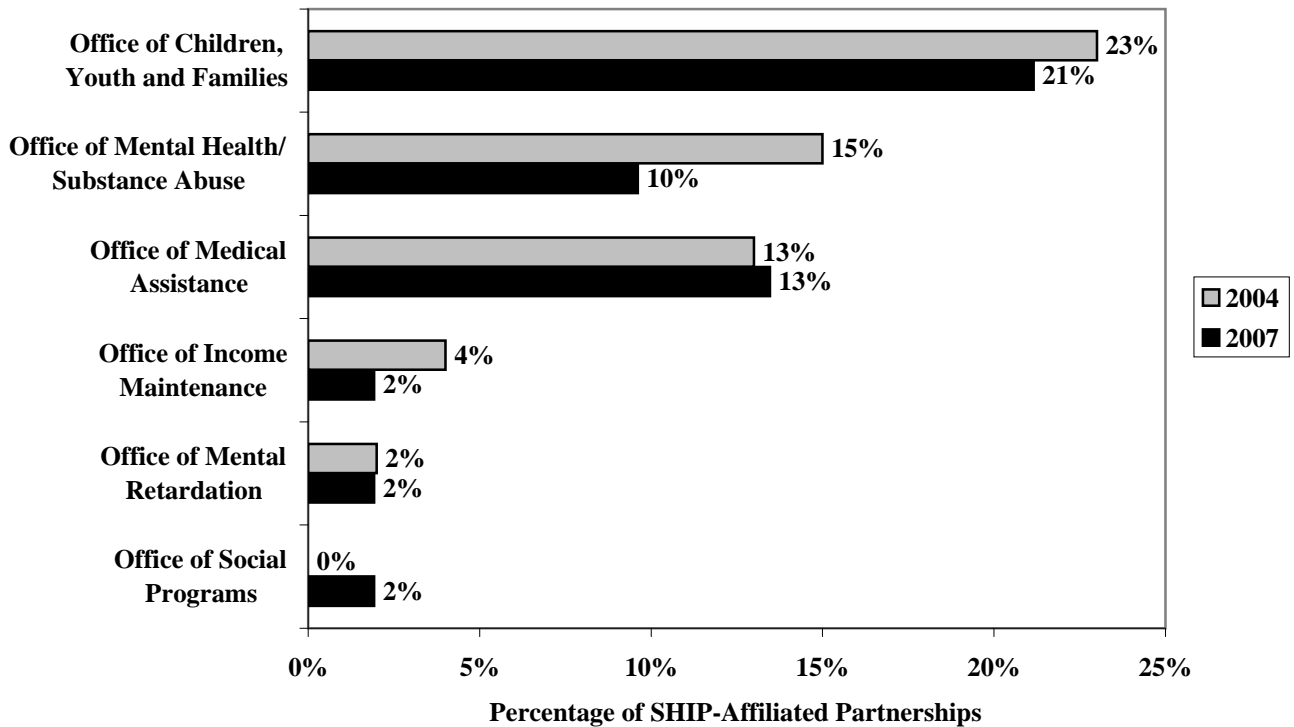
Section 3: SHIP Publications & Activities

Q59: State Representation at Partnership Meetings, Continued

Part 3: Longitudinal Data

- Participation by DPW's Offices of Children, Youth and Families, Mental Health/Substance Abuse and Income Maintenance decreased from 2004 to 2007.

Q59bL: Representation/Participation by Offices of the Department of Public Welfare At Partnership Meetings or in Partnership Activities, 2004 and 2007



Section 4

SHIP Partnership Information

Section 4: SHIP Partnership Information

Background Information: Years in Existence/Stage of Development

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

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.

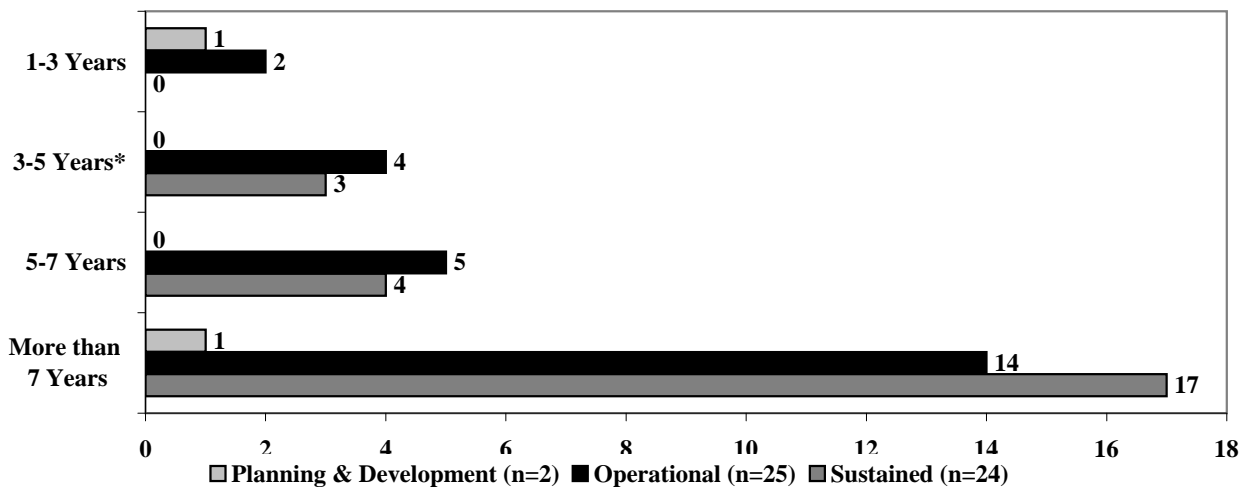
Part 1: Highlights from the General Report

- Over 60% of responding partnerships reported having been in existence for more than 7 years, 17% for 5-7 years, 15% for 3-5 years and 6% for 1-3 years.
- Less than 5% of partnerships reported that they were in the Planning and Development stage, 49% reported being in the Operational stage, and 47% reported being in the Sustained stage.
- One partnership did not report its stage of development. Although its responses were included in the overall data, information from that partnership is not to be found in any discussion regarding stage of development.

Part 2: Information by Partnership Stage of Development

- Of the partnerships in the Planning and Development stage, one partnership reported being in existence 1-3 years, while the other had been in existence more than seven years.
- Over half of all Operational partnerships were more than 7 years old.
- Almost three-fourths of Sustained partnerships were more than 7 years old.
- Further discussion of the stages of development, including longitudinal data may be found on page one of this report.

**Length of Time Partnership Has Been in Existence
By Stage of Development, 2007**



* One partnership reported that it had been in existence 3-5 years but did not identify its stage of development.

Section 4: SHIP Partnership Information

Background Information: Data Liaison

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

(a) 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

(b) If "Yes",

Name: _____ E-Mail: _____

Title: _____ Organization: _____

Address: _____

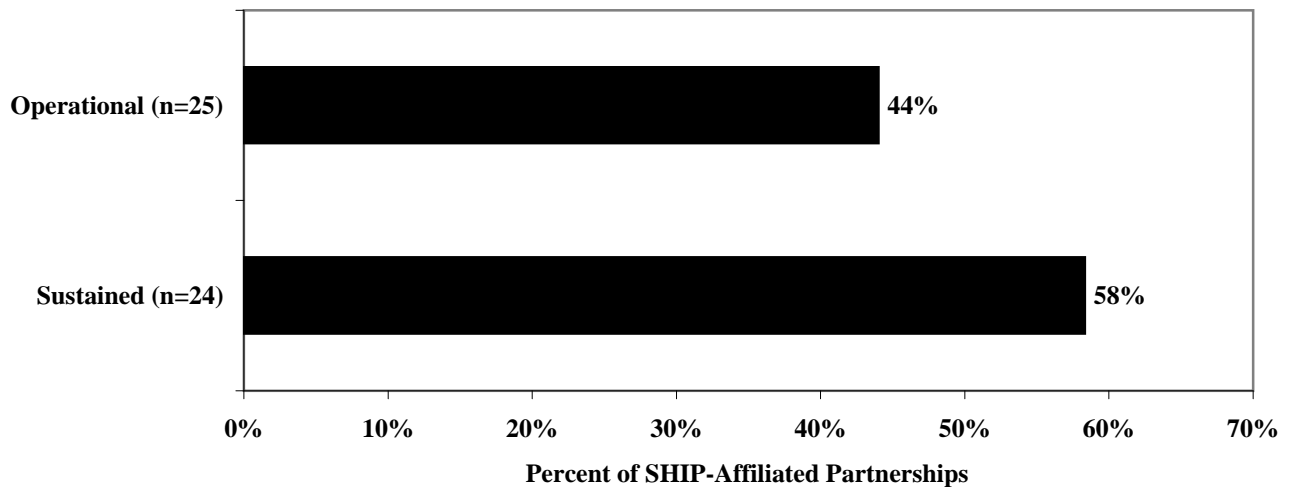
Part 1: Highlights from the General Report

- Of the 52 responding partnerships, almost 50% reported having a designated person to act as a data liaison between the partnership and PADOH.

Part 2: Information by Partnership Stage of Development

- Neither of the two partnerships in the Planning and Development stage reported a PADOH data liaison.
- Partnerships in the Sustained stage were more likely than partnerships in the Operational stage (difference of 5%-25%) to have a PADOH data liaison.

**Percent of Partnerships with a Data Liaison
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Background Information: Participation in Earlier Surveys

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

(a) Please indicate all of the earlier Partnership Surveys which the partnership participated in. ___ 2000 ___ 2004
 (b) Has the partnership's name changed? ___ Yes ___ No (c) When Changed _____
 (d) If "Yes", what was the previous name? _____

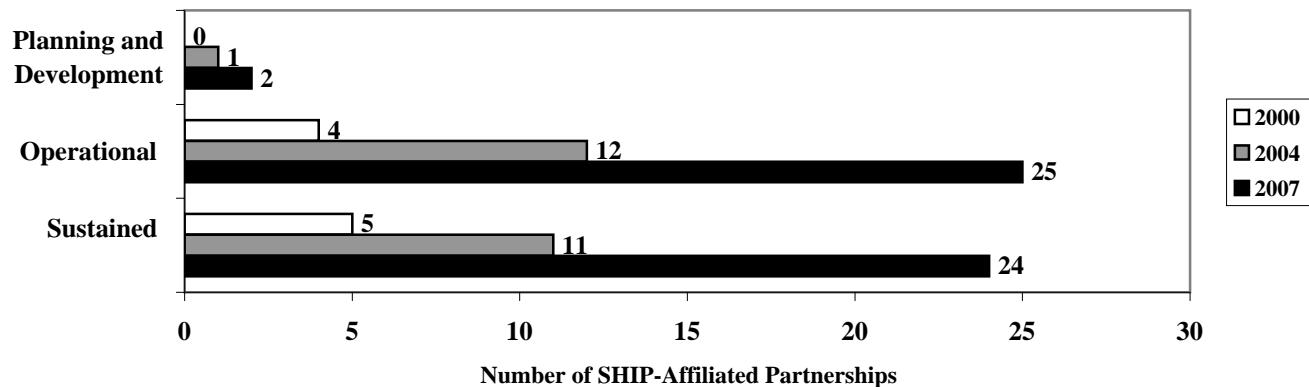
Part 1: Highlights from the General Report

- Of the 52 SHIP partnerships who responded to the 2007 survey, 46% reported that they also participated in the 2004 survey, and 17% of these partnerships participated in both the 2000 and 2004 surveys.

Part 2: Information by Partnership Stage of Development

- One Planning and Development partnership reported participation in the 2004 survey.
- The number of 2007 Operational and Sustained partnerships reporting participating in the 2004 survey increased sharply from the number reporting participation in the 2000 survey.
- Less than half of the Operational and Sustained partnerships that participated in the 2007 survey reported participating in the 2004 survey.
- See Appendix 3 for the names of the partnerships that participated in the 2000, 2004 and 2007 surveys.

**Partnerships Reporting Participation in the 2000,
2004 and 2007 SHIP Partnership Data Surveys
By Stage of Development, 2007**



- The following partnerships reported name changes:
 - Bedford Co. CaREach Community Health Partnership (2006; from Bedford Co. CaREach)
 - Bucks Co. Health Improvement Partnership (2005; from Bucks Co. Health Improvement Project)
 - Cumberland Co. Partnership for a Healthy Community (2005; from Carlisle Area Partnership for a Healthy Community)
 - Duquesne Community Partnership (2005; from Duquesne SHIP Initiative)
 - Elk Co. Family Resource Network-C/O Dickinson Mental Health Ctr (2005; from Elk Co. Family Resource Network)
 - Healthy Adams Co. (1996; from Adams Co. Council of Community Services and in 2005; from Adams Co. Partnership for Community Health)
 - Lancaster Health Improvement Partnership (Most likely around 2000; from Lancaster Healthy Communities)
 - Partnership for a Healthy Community (Erie) (year not known; from Health Care Cost Summit)
 - Wyoming Co. Community Alliance (2002; from Rural Health Task Force)

Section 4: SHIP Partnership Information

Q41: Local Volunteers and Member Organizations

(a) How many volunteers are involved in your partnership? ____
 (b) How many member organizations? ____

Part 1: Highlights from the General Report

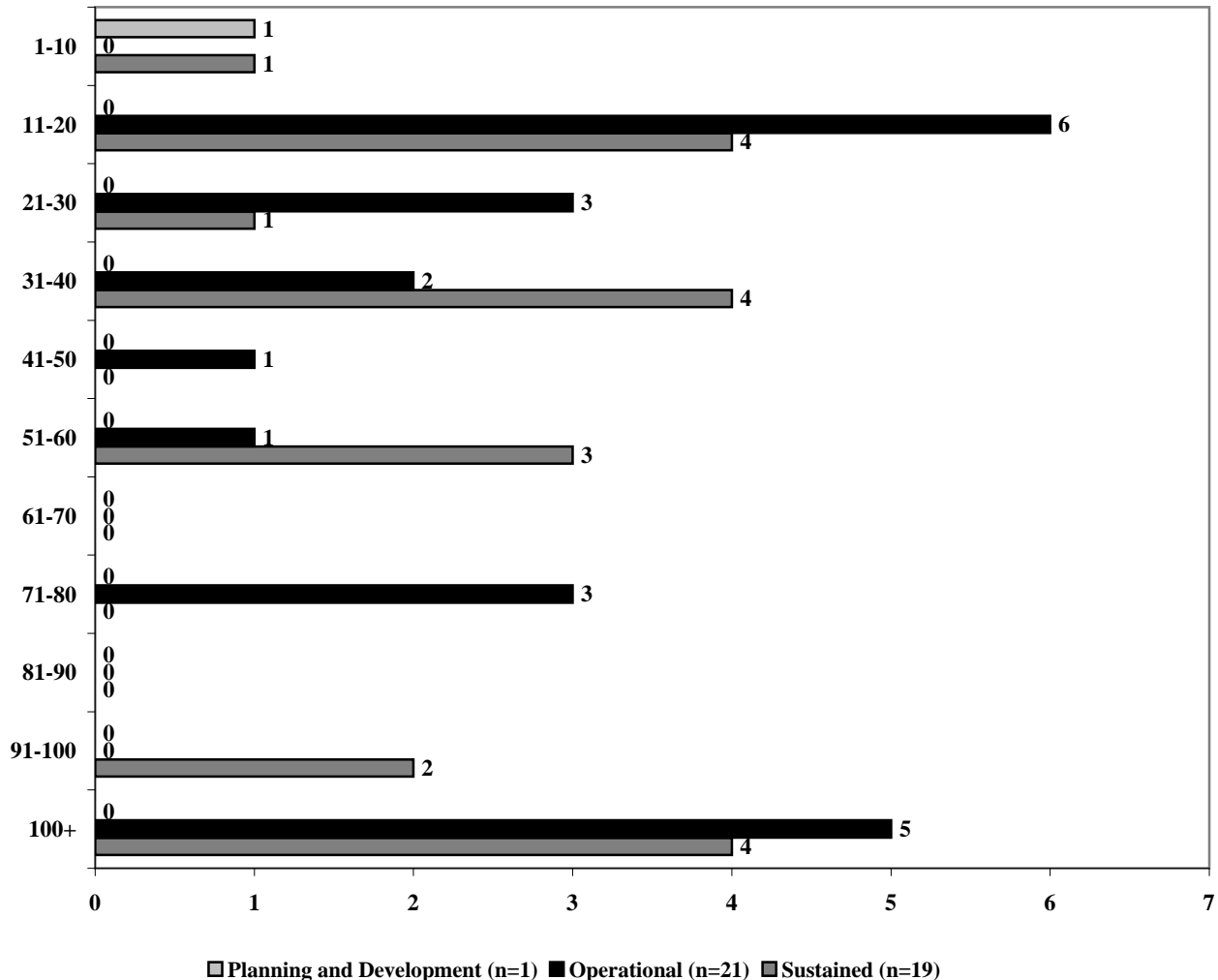
- Responding partnerships reported a wide range of volunteers. Of 42 responding partnerships, 26 percent (11 partnerships) reported 11-20 volunteers and another 21 percent (9 partnerships) reported 100 plus volunteers.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Of the Operational partnerships, 29% had 20 or fewer volunteers, 29% had 21-50 volunteers, 19% had 51-100 volunteers and 24% had over 100 volunteers.
- Of the Sustained partnerships, 26% had 20 or fewer volunteers, 26% had 21-50 volunteers, 26% had 51-100 volunteers and 21% had over 100 volunteers.
- One partnership with 11-20 volunteers did not report its stage of development.

**Q41aST: Number of Volunteers Involved in Partnership
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Q41: Local Volunteers and Member Organizations, continued

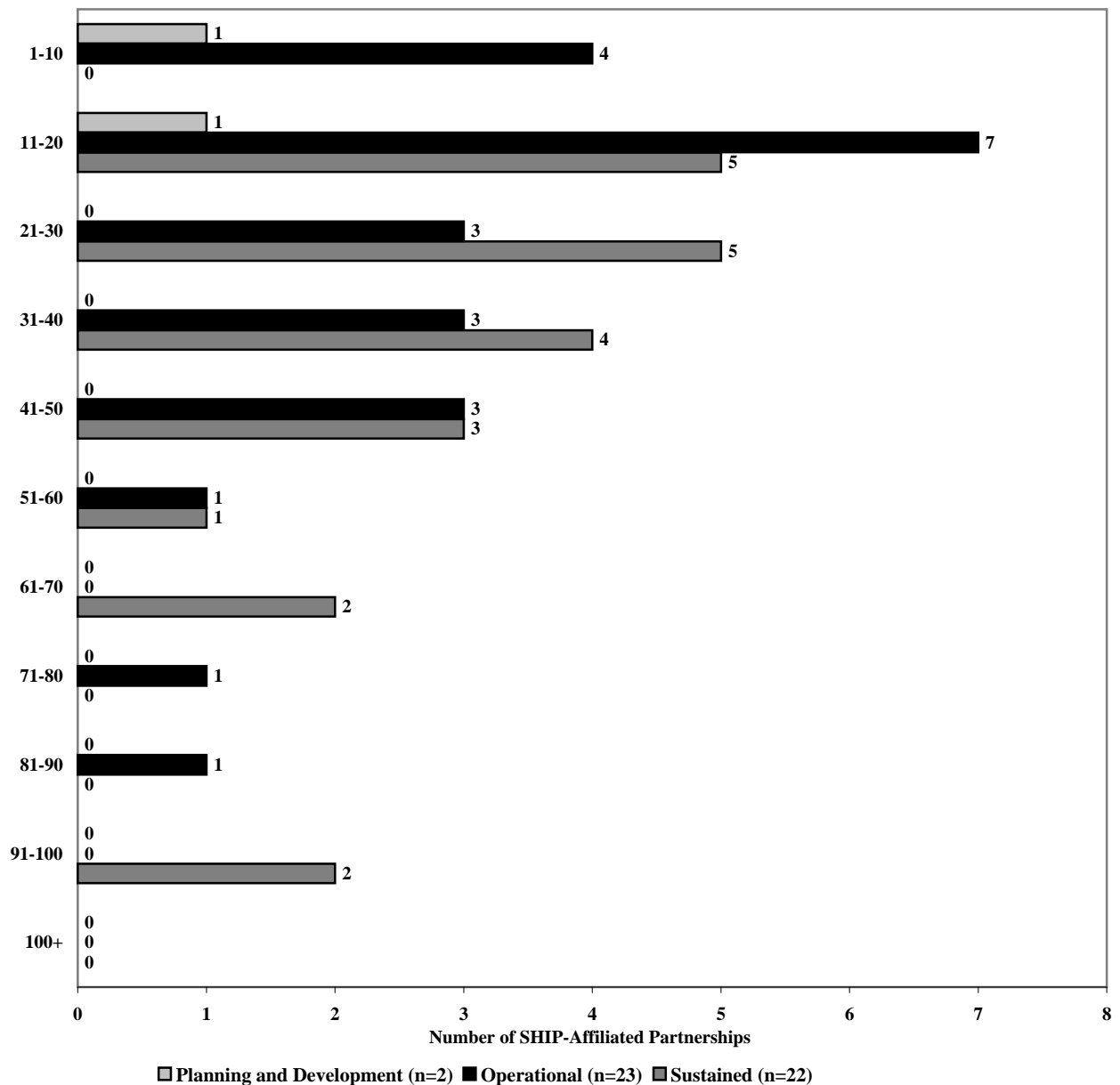
Part 1: Highlights from the General Report

- Of 48 responding partnerships, approximately one-fourth reported having 11-20 organizations as members.

Part 2: Information by Partnership Stage of Development

- Of the Operational partnerships, 48% had 20 or fewer member organizations, 39% had 21-50 member organizations and 13% had 51-100 member organizations.
- Of the Sustained partnerships, 23% had 20 or fewer member organizations, 54% had 21-50 member organizations and 23% had 51-100 member organizations.
- One partnership in the 1-10 member organizations category did not report its stage of development.

**Q41bST: Number of Member Organizations Involved With Partnership,
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Q42: Health-Related Organizations as Members

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"/> County Dental Society <input type="checkbox"/> County Medical Society <input type="checkbox"/> County/municipal health officer <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Health insurance/HMO <input type="checkbox"/> Individual health professionals <input type="checkbox"/> Local chapters of national disease-related organizations	<input type="checkbox"/> Local county or municipal health department <input type="checkbox"/> Local hospital(s) or health systems(s) <input type="checkbox"/> Local mental health organization <input type="checkbox"/> Local Red Cross chapter <input type="checkbox"/> Local social services agency(ies) <input type="checkbox"/> Local substance abuse contractor (Single County Authority) <input type="checkbox"/> Other health representative(s) (Specify) _____
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Part 1: Highlights from the General Report

- Approximately three-fourths of responding SHIP partnerships reported that each of the following health-related individuals and/or organizations were 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.

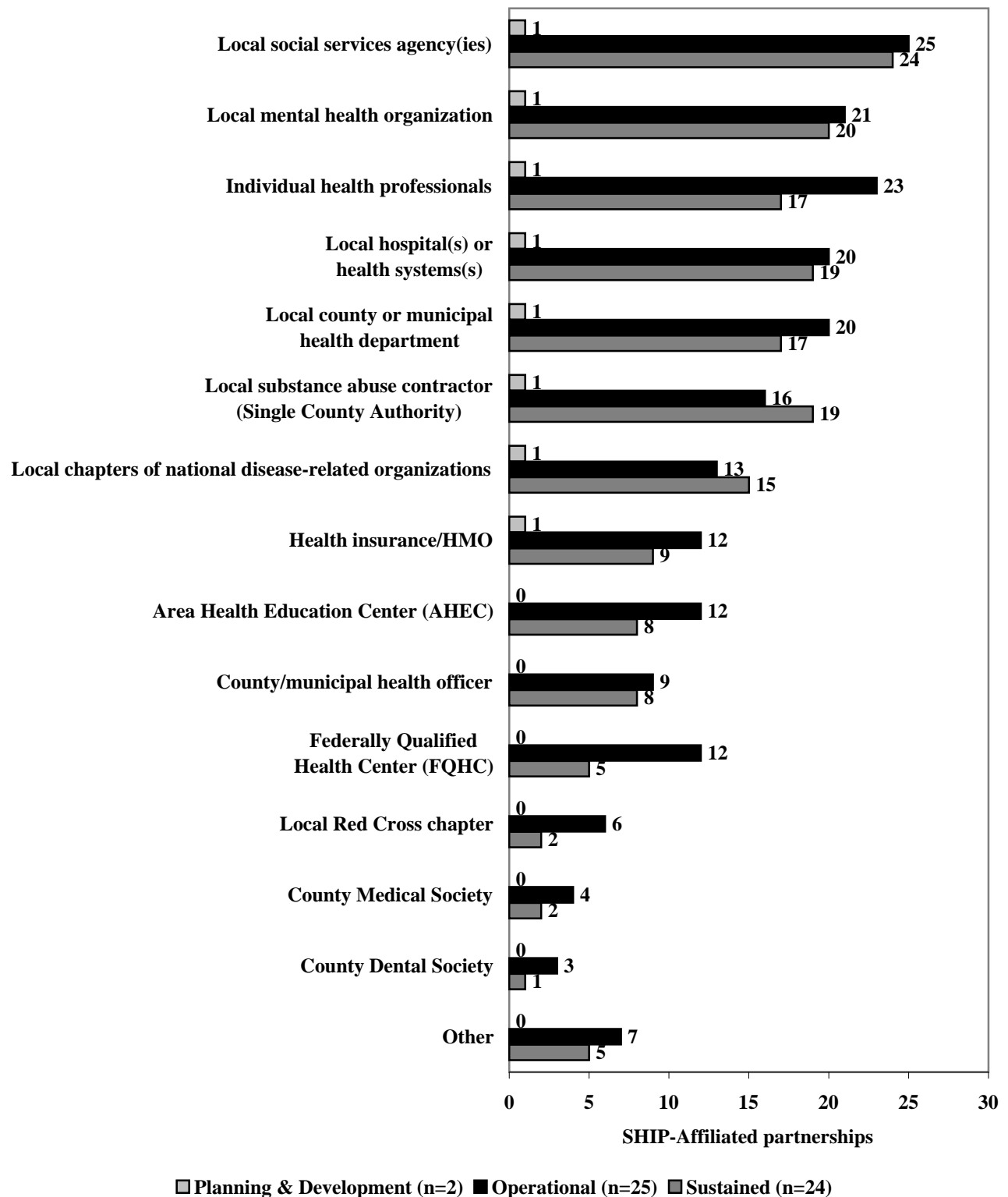
Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- All Operational and Sustained partnerships reported having local social services agencies represented in their membership.
- Operational partnerships most frequently included the following other health-related individuals or organizations: individual health professionals (92% of all partnerships), local mental health organizations (84%), local county or municipal health departments (80%) and local hospitals or health systems (80%).
- Sustained partnerships most frequently included the following other health-related individuals or organizations: local mental health organizations (83% of all partnerships), local substance abuse contractors (Single County Authority) (79%), local hospitals or health systems (75%), individual health professionals (71%) and local county or municipal health departments (71%).
- Operational partnerships were more likely than Sustained partnerships (difference of 5%-25%) to have Area Health Education Centers (AHEC), county dental societies, county medical societies, health insurance/ HMOs, individual health professionals, local county or municipal health departments and local Red Cross chapters as members.
- Operational partnerships were much more likely than Sustained partnerships (difference of more than 25%) to have Federally Qualified Health Centers (FQHC) as members.
- Operational and Sustained partnerships were equally likely (difference of less than 5%) to have local social services agencies, local mental health organizations, local hospitals or health systems and county/municipal health officers as members.
- Sustained partnerships were more likely than Operational partnerships to have local substance abuse contractors (Single County Authorities) and local chapters of national disease-related organizations as members.

Q42: Health-Related Organizations as Members, continued

Q42ST: Number of Partnerships With Specified Categories of Health-Related Members By Stage of Development, 2007



Section 4: SHIP Partnership Information

Q42: Health-Related Organizations as Members, continued

Q42: Other Health-Related Members of Partnerships, 2007

- The partnerships reported the following other health-related organizations as members:
 - AAA
 - 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/Community Organizations as Members

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

Part 1: Highlights from the General Report

- About 70% 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.

Part 2: Information by Partnership Stage of Development

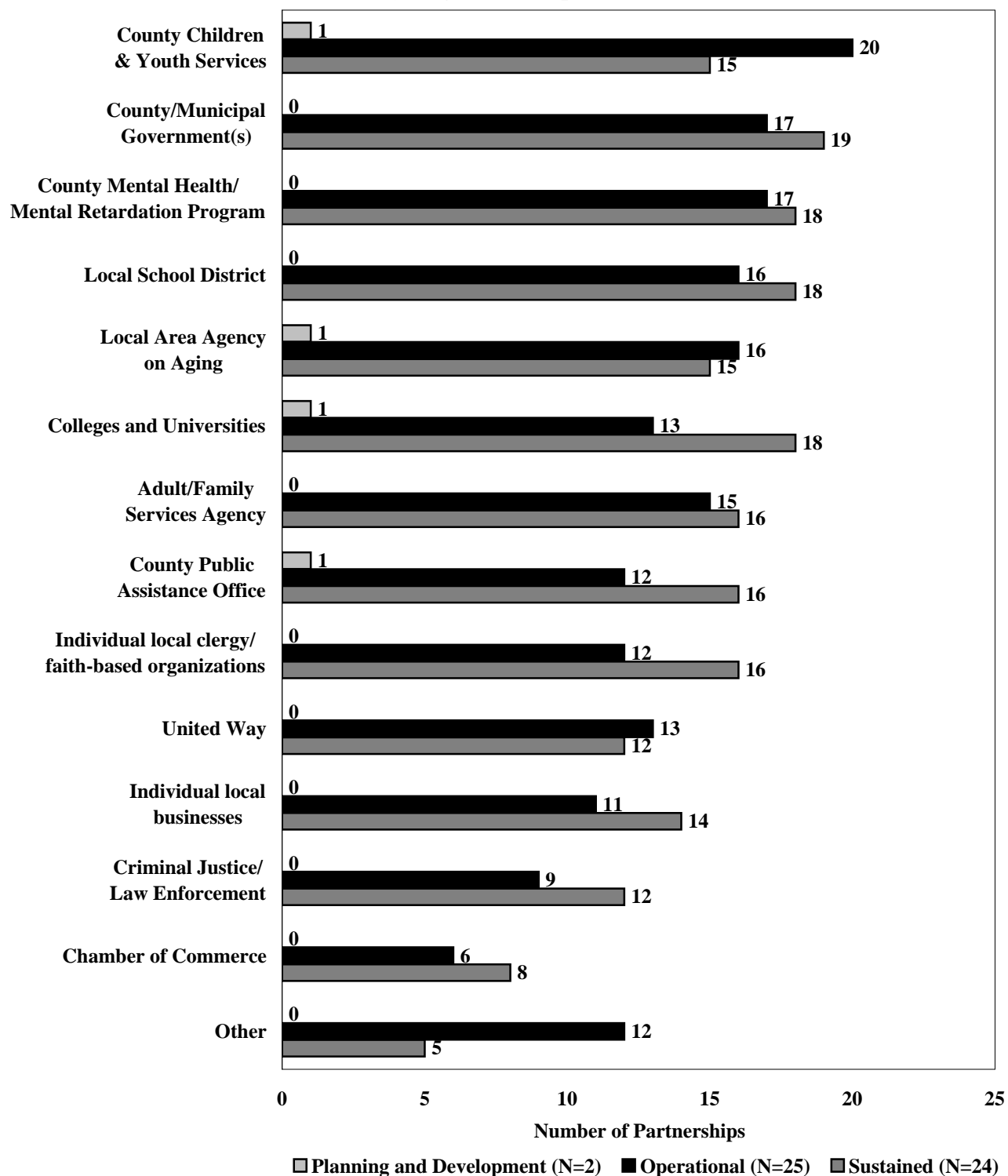
Note: The following analysis is based on percentage; corresponding chart (next page) is based on number.

- The two partnerships in the Planning and Development stage reported having the County Children and Youth Services Agency, the local Area Agencies on Aging, colleges and universities as well as County Public Assistance Offices as members.
- The membership of Operational partnerships most frequently included County Children and Youth Services (80%), county/municipal governments (68%) and county mental health/mental retardation programs (68%).
- The membership of Sustained partnerships most frequently included county/municipal government (79%), colleges and universities (75%), county mental health/mental retardation agency (75%) and local school districts (75%).
- Operational partnerships were much more likely (more than 25% difference) than Sustained partnerships to have additional members in the "Other" category.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to have the County Children and Youth Services Agency as members.
- Operational and Sustained partnerships were equally likely (difference of less than 5%) to have the local Area Agency on Aging and/or the local United Way as members.
- Sustained partnerships were more likely than Operational partnerships to include adult family services agencies, chambers of commerce, colleges and universities, county mental health/mental retardation programs, county public assistance offices, county/municipal governments, criminal justice/law enforcement agencies, individual local businesses, individual local clergy/faith based organizations and local school districts as members.

Section 4: SHIP Partnership Information

Q43: Local/Community Organizations as Members, continued

**Q43ST: Number of Partnerships With Specified Categories of
Local/County Organizations as Members
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Q43: Local/Community Organizations as Members, continued

Q43b: Other Local/County Organizations as Members of 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
 - UFSS
 - United Fund of Warren County

Section 4: SHIP Partnership Information

Q44: Rating PADOH Policy Regarding Collaboration with PADOH Contractors

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

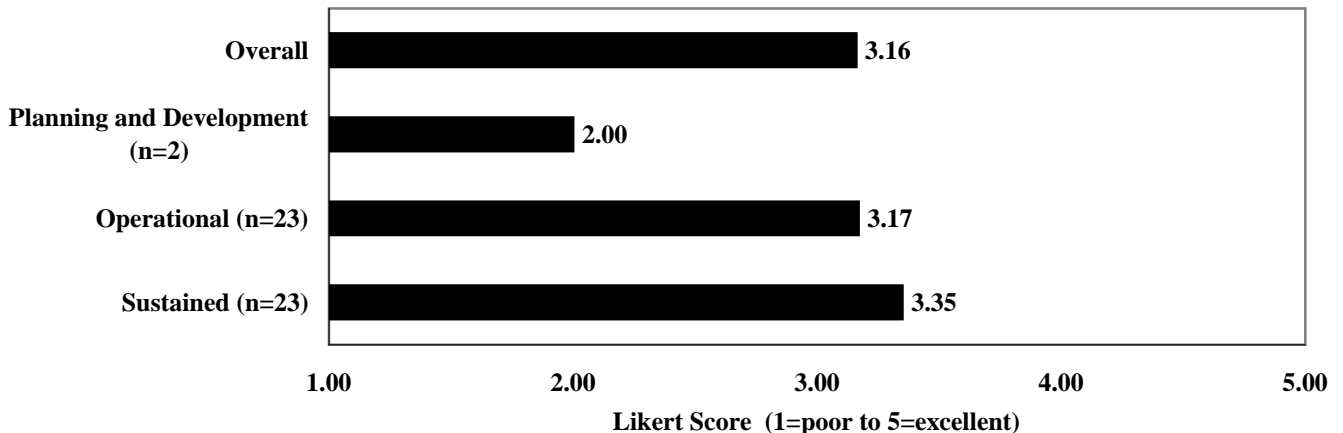
Part 1: Highlights from the General Report

- Responding 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 partnerships.

Part 2: Information by Partnership Stage of Development

- The two partnerships in the Planning and Development stage rated the PADOH policy much lower than did the Operational and Sustained partnerships.
- The Sustained partnerships rated the policy slightly higher than the Operational partnerships; both ratings were just above average.

Q44ST: Effectiveness of PADOH Policy of Contractor/Grantee Collaboration with Partnerships By Stage of Development, 2007



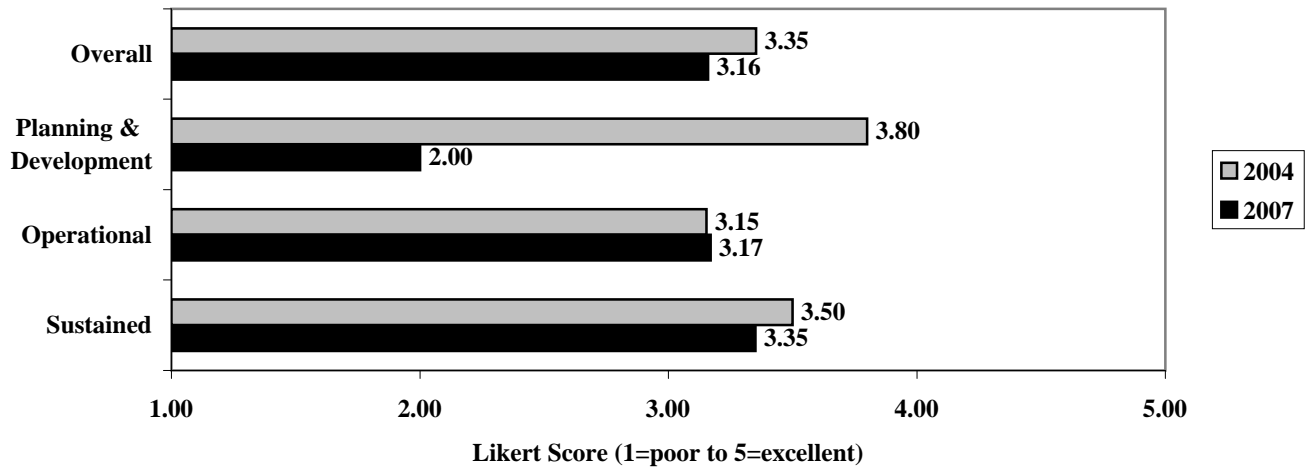
Section 4: SHIP Partnership Information

Q44: Rating PADOH Policy Regarding Collaboration with PADOH Contractors, continued

Part 3: Longitudinal Data

- There was a slight decrease in the overall rating of the effectiveness of the policy.
- The rating by partnerships in the Planning and Development stage decreased by almost 50%. This may be due to the small number of partnerships in this stage: 5 in 2004 and 2 in 2007.
- The ratings given by partnerships in the Operational and Sustained stages changed minimally.

Q44L: Effectiveness of PADOH Policy of Contractor/Grantee Collaboration with Partnerships, 2004 and 2007



Section 4: SHIP Partnership Information

Q45: Self-Rating of Partnerships Use of PADOH Policy of Collaboration with Contractors

How effective has your partnership been in taking advantage of these collaborative opportunities with PADOH contractors?
(1=very ineffective to 5= very effective; choose one) 1 2 3 4 5

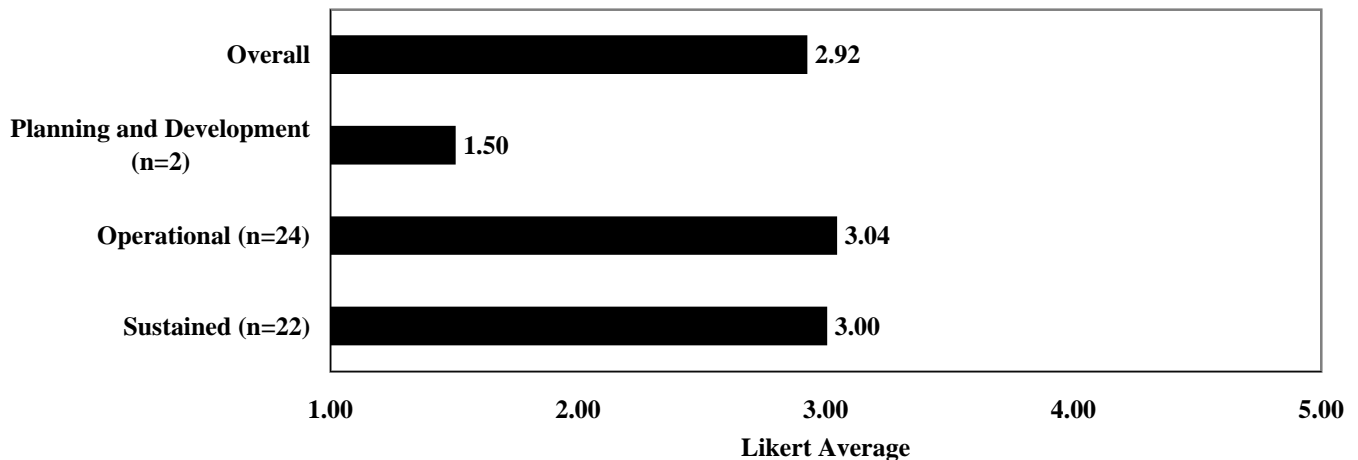
Part 1: Highlights from the General Report

- Responding 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).

Part 2: Information by Partnership Stage of Development

- The two partnerships in the Planning and Development stage rated their effectiveness at about half of the ratings of the Operational and Sustained partnerships.
- The self-ratings of the Operational and Sustained partnerships were similar.
- Operational and Sustained partnerships rated their own effectiveness at taking advantage of their collaborative opportunities as average.

Q45ST: Self-Rating of the Effectiveness* of Partnerships in Taking Advantage of Collaborative Opportunities By Stage of Development, 2007



* Based on Likert Scale (1=very ineffective to 5=very effective)

Section 4: SHIP Partnership Information

Q46: Other State Agency/Local Partner Programs

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

Part 1: Highlights from the General Report

- 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 program for Communities That Care (CTC), Cambria County Health and Welfare Council, Teen Action Coalition, Injury Prevention Task Force, Local Ministeriums and a Foster Grandparent Program.
- Approximately 30% of responding partnerships indicated that they participated in the Communities That Care Prevention Initiative by collaborating with the group.
- Almost 60% of partnerships participated in the Integrated Child Services (ICS) Program.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart (Q46aST on next page) is based on number.

- No partnerships in the Planning and Development stage reported participating in the CTC Initiative.
- Some 5% of the Operational partnerships and 9% of the Sustained partnerships reported that they were both members of the CTC Initiative and had collaborated with the CTC Initiative.
- Some 5% of Sustained partnerships reported that the partnership was a member of the CTC Initiative and that the CTC Initiative was a member of the partnership.
- Operational partnerships were more likely than Sustained partnerships (difference of 5%-25%) to have collaborated with the CTC Initiative, to be the CTC Initiative or to be a member of the CTC Initiative.
- Sustained partnerships were more likely than Operational partnerships for the CTC Initiative to be a member of the partnership or to not have a CTC Initiative operating within the partnership's area.

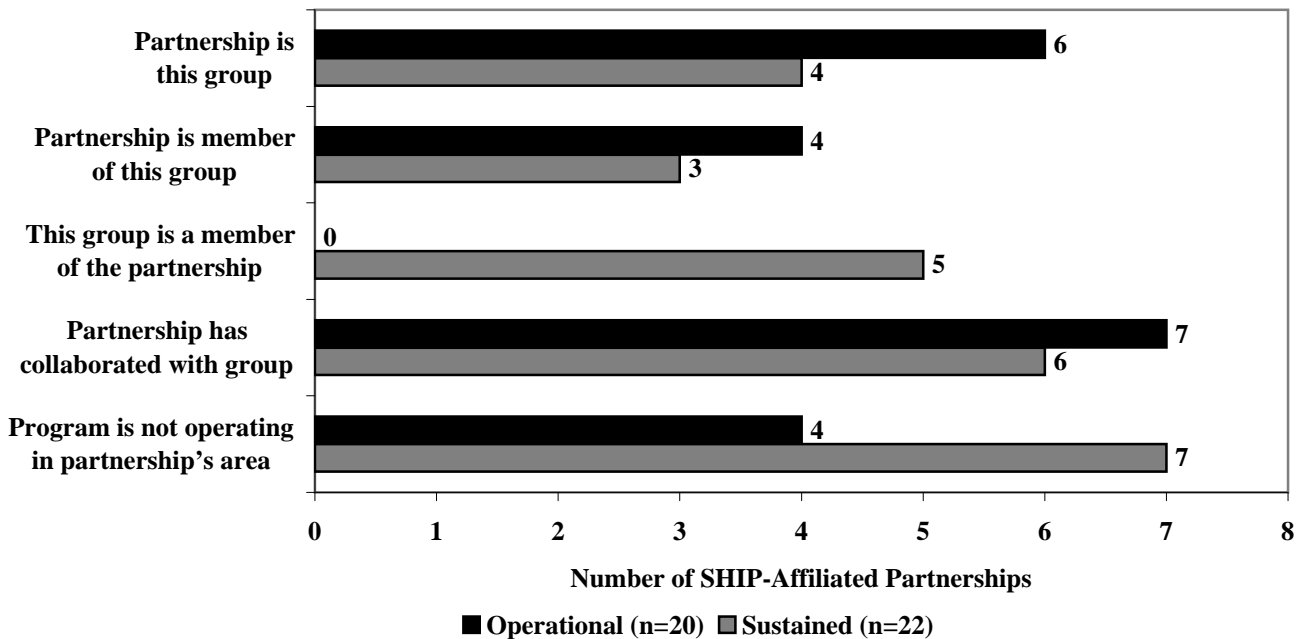
Note: The following analysis is based on percentage; corresponding chart (Q46bST on next page) is based on number.

- No partnerships in the Planning and Development stage reported participating in the ICS program.
- Sustained partnerships were more likely than Operational partnerships to participate in the ICS program.

Section 4: SHIP Partnership Information

Q46: Other State Agency/Local Partner Programs, continued

Q46aST: Partnership Self-Reported Participation* in the Communities That Care (CTC) Prevention Initiative By Stage of Development, 2007



* One Operational partnership and three Sustained partnerships self-reported in more than one category.

Q46bST: Partnership Participation in the Integrated Child Services (ICS) Program By Stage of Development, 2007



Section 4: SHIP Partnership Information

Q47: Written Health Improvement Plans

(a) Does your partnership have a written health improvement plan? ___Yes ___No

(b) If "Yes", when was it created/updated last? _____

(c) If "No", when did you last review/update your partnership's priorities? _____

Part 1: Highlights from the General Report

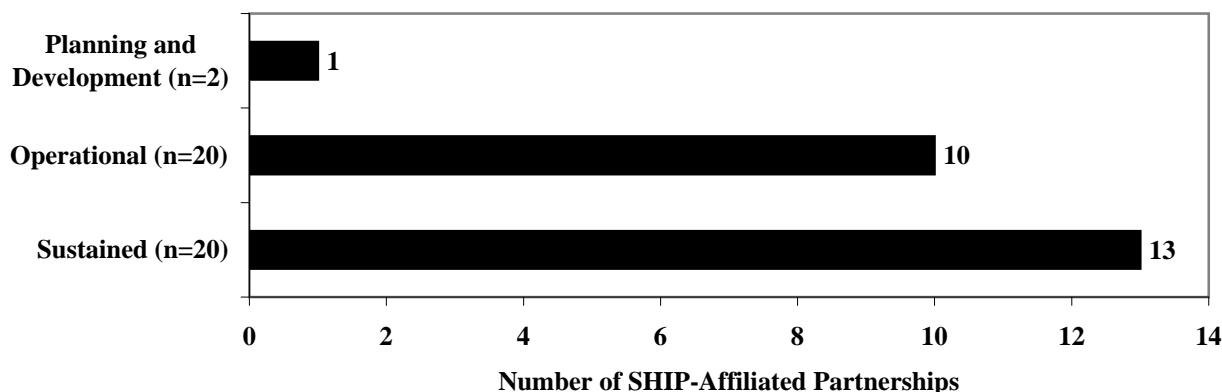
- Some 60% of partnerships reported having a written health improvement plan (HIP) or strategic plan.
- Of those partnerships which had HIPs, 38% had updated the plan since 2006 or were doing so at the time of the survey. One strategic plan was updated in 2007.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Only one of the two partnerships in the Planning and Development stage reported having a written health improvement plan.
- Sustaining partnerships were more likely the Operational partnerships (difference of 5%-25%) to have a written health improvement plan or strategic plan.
- Of those Operational partnerships with a written health improvement plan or strategic plan, 20% did not report updating their plan, 20% had updated their plans before 2005, 20% in 2005, 30% in 2006, and 10% in 2007.
- Of those Sustained partnerships with a written health improvement plan, 8% did not report updating their plan, 23% had updated their plans before 2005, 31% in 2005, 15% in 2006, and 23% were in the process of updating their plans.
- Of those Operational partnerships that did not have a written health improvement plan or strategic plan, 30% had not updated their priorities, 10% had updated priorities 10 years ago, 20% updated priorities in 2006 and 30% had updated priorities in 2007. One additional Operational partnership (10%) did not respond regarding the updating of its priorities but did report that it was developing a business plan for expanding a Federally-Qualified Health Center (FQHC).
- Of those Sustained partnerships that did not have a written health improvement plan or strategic plan, 14% had not updated priorities, 43% updated priorities annually and 43% had updated priorities in 2007 or were in the process of doing an update.

Q47ST: Partnerships with a Written Health Improvement Plan or Strategic Plan By Stage of Development, 2007



Section 4: SHIP Partnership Information

Q48: Written Business Plans

(a) Does your partnership have a written business plan? ___Yes ___No
(b) When was it updated last? _____

Part 1: Highlights from the General Report

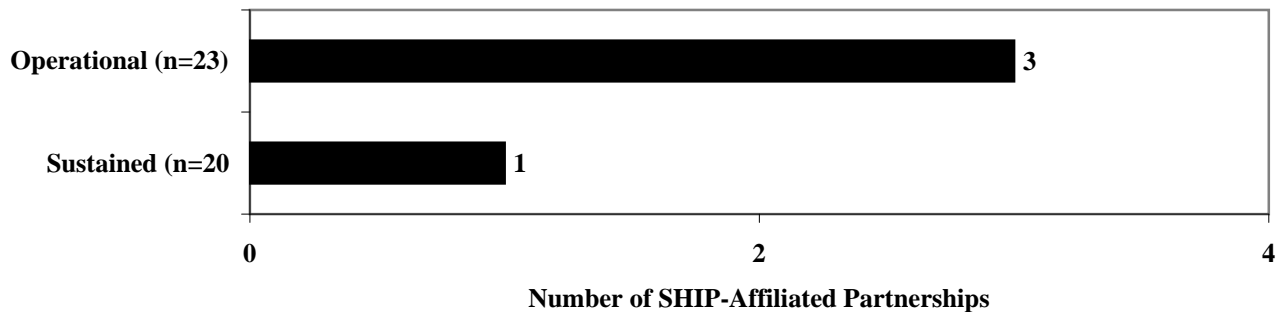
- Four partnerships reported that they had business plans.
- Every partnership that had a business plan also had a health improvement plan.
- Two partnerships updated their business plan in 2006, and a third updated its business plan in 2007.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither partnership in the Planning and Development stage reported having a business plan.
- Operational partnerships were more likely than Sustained partnerships to have a written business plan (difference of 5%-25%).
- Two-thirds of the Operational partnerships with written business plans updated their plan in 2006.
- The Sustained partnership with a written business plan updated its plan in 2007.

**Q48ST: Number of Partnerships That Have a Written Business Plan
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Q49: Tracking Outcome/Impact Measures

(a) Do you have outcome/impact measures that you are tracking?	___ Yes	___ No
(b) 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): _____		

Part 1: Highlights from the General Report

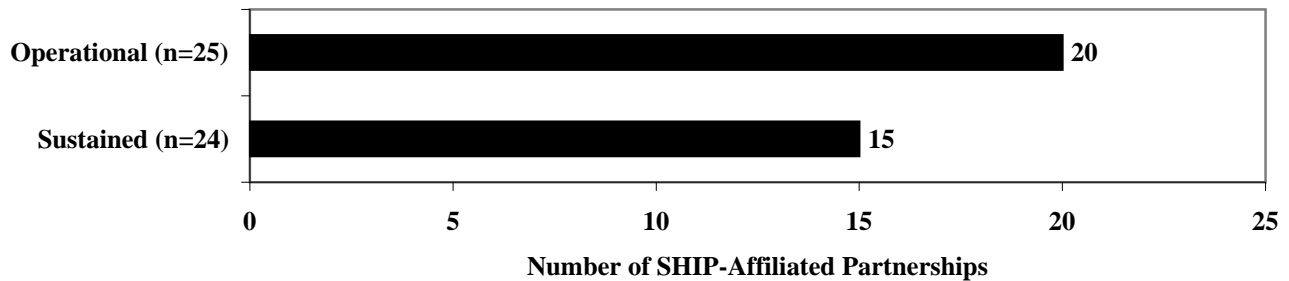
- Approximately 70% of responding partnerships reported they have outcome/impact measures that they are tracking. Of those doing tracking: 94% are tracking partnership activities; 74% are tracking changes in health behaviors; 71% are tracking changes in health knowledge; and 51% are tracking changes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

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither of the two partnerships in the Planning and Development stage reported tracking outcome/impact measures.
- Operational partnerships were more likely than Sustained partnerships to track outcome/impact measures (difference of 5%-25%).

**Q49aST: Partnerships That Are Tracking Outcome/Impact Measures
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

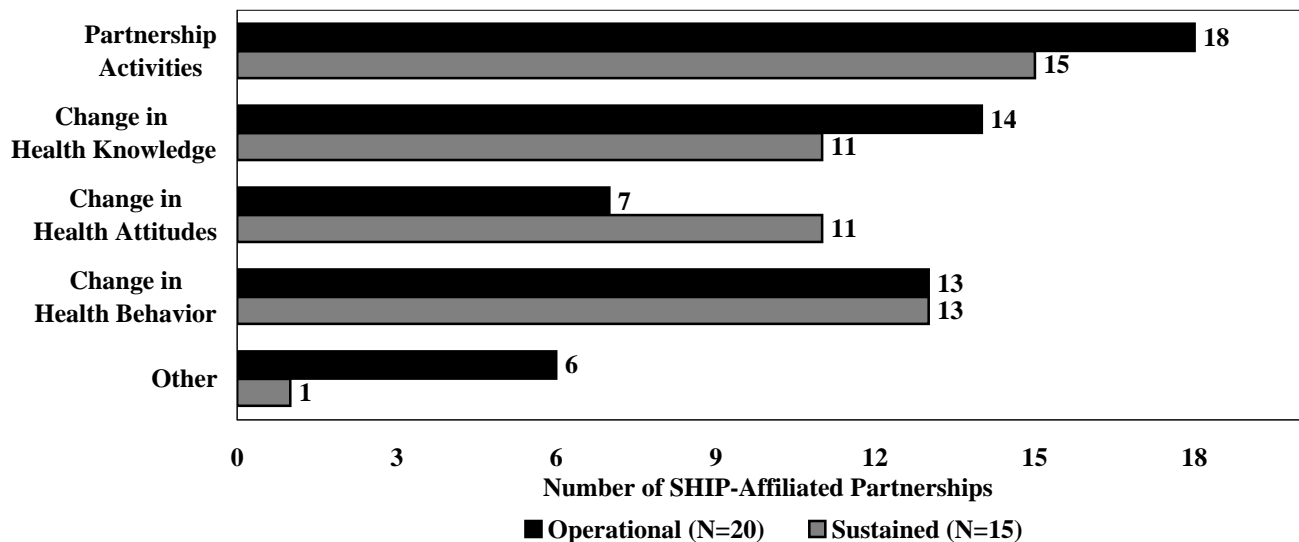
Q49: Tracking Outcome/Impact Measures, continued

Part 2: Information by Partnership Stage of Development, continued

Note: The following analysis is based on percentage; corresponding chart is based on number.

- Neither of the two partnerships in the Planning and Development stage reported tracking any type of outcome/impact measures.
- Some 90% of the Operational partnerships and 100% of the Sustained partnerships reported tracking outcome/impact measures related to partnership activities.
- Operational partnerships were more likely (difference of 5%-25%) than Sustained partnerships to track outcome/impact measures other than those listed in the question.
- Operational and Sustained partnerships were equally likely (less than 5% difference) to track outcome/impact measures related to changes in health knowledge.
- Sustained partnerships were more likely than Operational partnerships to track outcome/impact measures related to partnership activities and to health behavior.
- Sustained partnerships were much more likely (difference of more than 25%) than Operational partnerships to track outcome/impact measures related to changes in health attitudes.
- Partnerships listed the following other outcome/impact measures being tracked:
 - Access to health care
 - Head injuries
 - Alcohol and drug abuse
 - Healthier lifestyles, weight management (2)
 - Asset building
 - Immunization
 - CHIP enrollment
 - Number of individuals receiving services
 - Dental health
 - Youth social attitudes

**Q49bST: Partnerships That Are Tracking Outcome/Impact Measures
By Type of Outcome/Impact Measure and
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

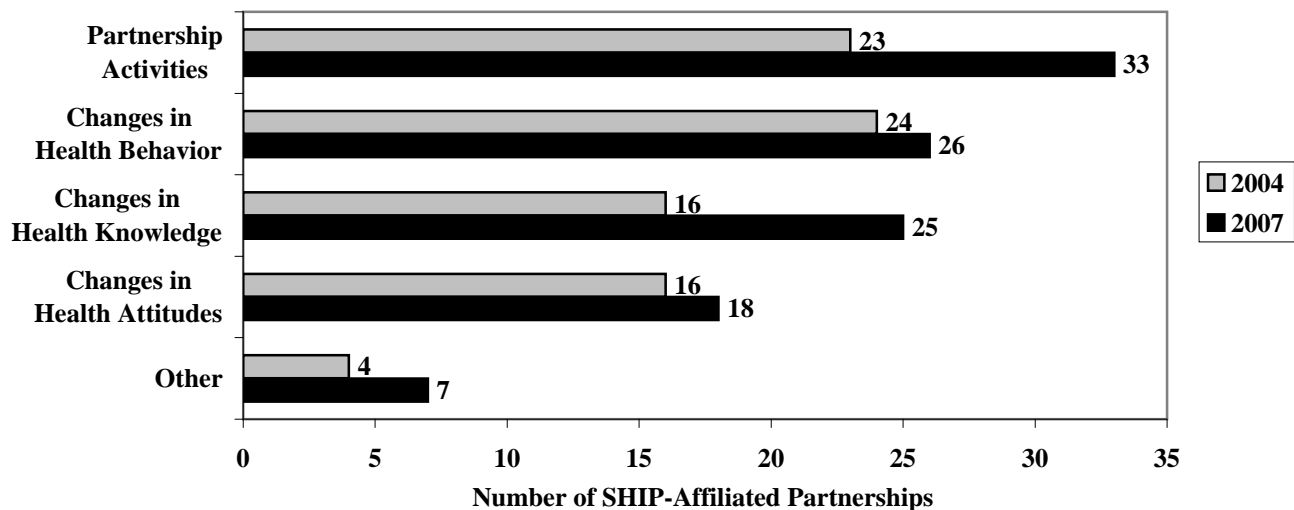
Q49: Tracking Outcome/Impact Measures, continued

Part 3: Longitudinal Data

Note: The following analysis is based on percentage; corresponding chart is based on number.

- The number of partnerships tracking outcome/impact measures increased from 33 in 2004 to 35 in 2007.
- The number of types of outcome/impact measures being tracked by individual partnerships also increased. Between 2004 and 2007, 25% more partnerships were tracking measures related to partnership activities, and 23% more partnerships were tracking changes in health knowledge.
- Between 2004 and 2007, there was also a 3% increase in the number of partnerships tracking measures related to changes in health attitudes, a 2% increase in the number tracking measures related to changes in health behavior, and an 8% increase in the number tracking other types of measures than those listed in the question.

**Q49L: Types of Outcome/Impact Measures
Being Tracked by Partnerships,
2004 and 2007**



Section 4: SHIP Partnership Information

Q50: Outcome/Impact Measure Tracking Software

Are you tracking outcomes measures for your partnership using a special software package, such as the Outcomes Toolkit? Yes No
If "Yes", please describe: _____

Part 1: Highlights from the General Report

- Only 7% 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 the PA Commission on Crime and Delinquency, a system provided by the funder, the PADOH Tobacco Prevention Reporting System II tobacco control web-based reporting system, the Greene County MAGIC website and the Wellsource "Personal Wellness Profile and Well Weighs" Program.

Part 2: Information by Partnership Stage of Development

- Only 8% of Operational partnerships and 5% of Sustained partnerships reported using a special software package to track outcome measures.

Section 4: SHIP Partnership Information

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

- (a) 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
- (b) If “Yes”, please describe: _____

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

- Neither of the two partnerships in the Planning and Development stage reported outcome measures to an external agency.
- Some 23% of Operational partnerships (5 partnerships) and 22% of Sustained partnerships (4 partnerships) were reporting outcome measures to an external agency.
- Partnerships listed the following external agencies:
 - PA Commission on Crime and Delinquency
 - PADOH Tobacco Control program
 - Partnership's website
 - Joint website of the Mon River Fleet (a group of partnerships in southwest Pennsylvania)
 - Source of any grant received (2 partnerships)
 - Wellsource Personal Wellness Profile for School and Well Weighs Program

Section 4: SHIP Partnership Information

Q52: Partnership Funding

How is your partnership primarily funded? (<i>Check all that apply</i>)		
<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"/> PADOH 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 (<i>specify</i>) _____	

Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

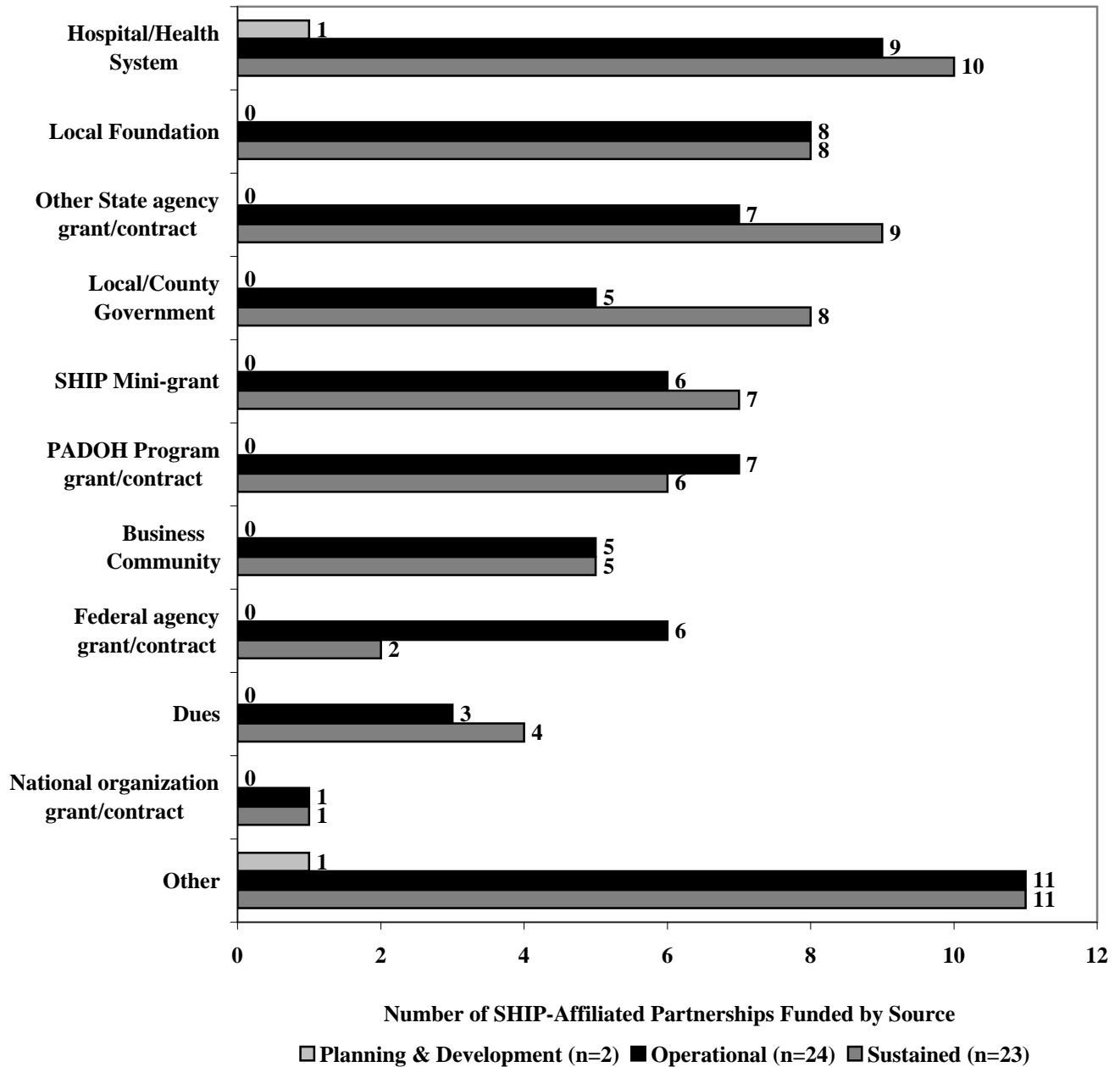
Note: The following analysis is based on comparison of percentages; corresponding chart (next page) is based on the number of partnerships receiving funding from each category of revenue source.

- One of the two partnerships in the Planning and Development stage received funding from a hospital/health system, while the other partnership in that same stage received funding from a source other than those listed in the question.
- Operational partnerships were more likely (difference of 5%-25%) to be funded by a Federal agency grant/contract.
- Operational and Sustained partnerships were equally likely (difference of less than 5%) to be funded by PADOH program grants/contracts, national organization grants/contracts, the business community, local foundations, dues or other sources.
- Sustained partnerships were more likely to be funded by hospital/health systems, local/county government, a SHIP mini-grant or other state agency grant/contract.
- Other partnership funding sources 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

Q52: Partnership Funding, continued

**Q52ST: Sources of Partnership Funding
By Stage of Development, 2007**



Section 4: SHIP Partnership Information

Q53: Partnership Income

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%

Part 1: Highlights from the General Report

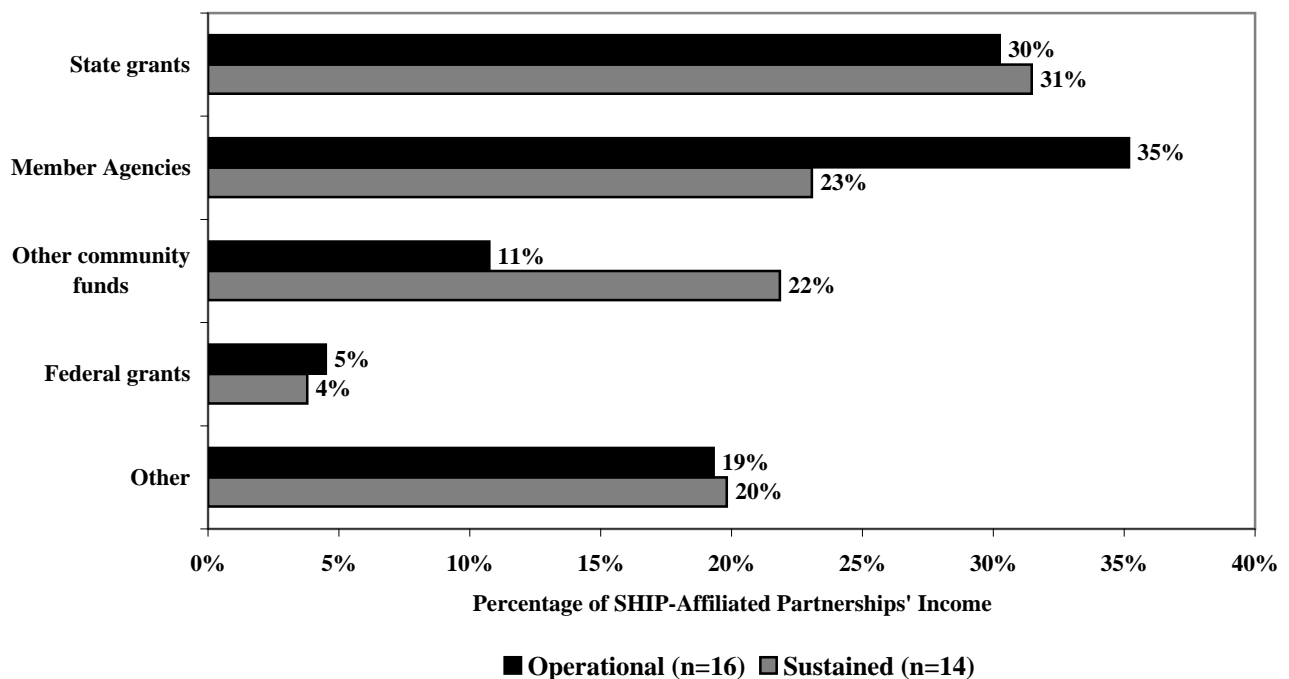
- Forty percent of partnerships responding to question 52 (Partnership Funding Sources) did not respond to question 53 (Approximate percentage of Funding Sources). For the 60% who responded, the majority of funding was from member agencies, state grants and other unspecified sources.

Part 2: Information by Partnership Stage of Development

Note: The following analysis is based on percentages. Percentages are averages, and they sum to 100% of partnership revenue for both stages of development.

- Neither of the partnerships in the Planning and Development stage reported any information regarding funding percentages.
- Roughly two-thirds of funding for Operational partnerships came from member agencies (35%) and state grants (30%).
- Over three-fourths of funding of Sustained partnerships came from state grants (31%), member agencies (23%) and other community funds (22%).
- Operational partnerships are more likely than Sustained partnerships (difference of 5-25%) to get funding from member agencies.
- Sustained partnerships are more likely than Operational partnerships to get funding from other community funds.

Q53ST: Sources of Partnership Income By Stage of Development, 2007



Section 4: SHIP Partnership Information

Q56: Partnership Attention or Recognition

- (a) Has your partnership ever received national media attention or national recognition for any of its local health improvement initiatives? ___Yes ___No
- (b) If "Yes", please briefly describe: _____

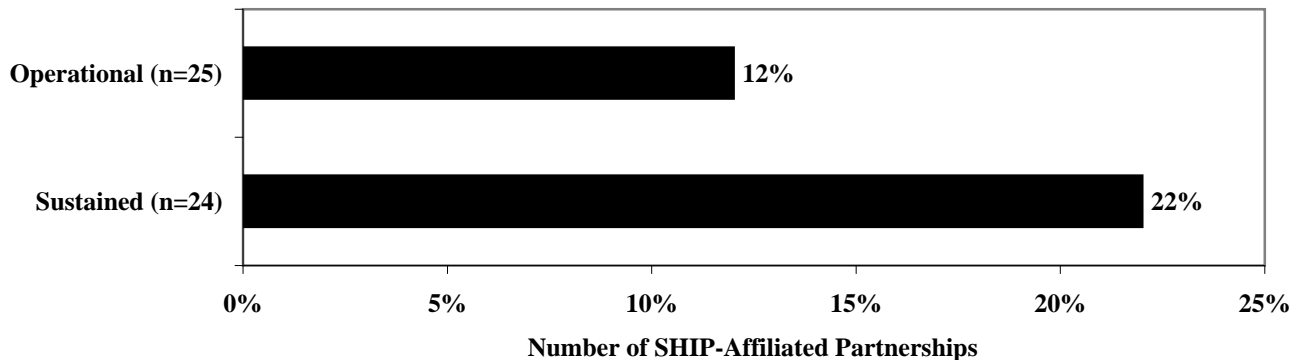
Part 1: Highlights from the General Report

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

Part 2: Information by Partnership Stage of Development

- No partnership in the Planning and Development stage reported receiving national media attention or national recognition for any of its local health improvement initiatives.
- Some 12% of Operational partnerships and 22% of Sustained partnerships reported national media attention or national recognition.
- Types of national media attention or national recognition included:
 - American Hospital Association featured story of CHIP promotion that engaged students from Juniata College in initiative
 - "Seven in '07" smoke-free hospital campuses-7 hospital campuses went smoke-free in 2007
 - Robert Wood Johnson Foundation vote and vaccinate flu immunization promotion
 - Listed on national director for physical activity programs for youth
 - Featured in the February 2007 National Rural Health Association Publication: "What Makes Rural Health Care Work", featured in June 2005 National Rural Health Association Publication: "Quality Through Collaboration--Planting Seeds for Improving Rural Health Care"
 - Activate Chester County is part of the YMCA national chronic disease prevention program
 - Healthworks Bradford focused article in *Rural Health Monitor*
- In addition, one partnership reported that its Mobile Family Center was well-known throughout Pennsylvania.

Q56ST: Partnerships Receiving National Media Attention or National Recognition By Stage of Development, 2007



Section 4: SHIP Partnership Information

Q60: Partnership Priorities

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.

Part 1: Highlights from the General Report

- 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 identified the following additional priorities: Increasing Partnership Capacity/Sustainability, Minority Health, Pandemic Disease and Prescription Drugs.
- A chart of priorities can be found in the General Report.

Part 2: Information by Partnership Stage of Development

- Priorities were selected by partnerships based on their individual experience, local needs assessments, assets and concerns. Because of this, an analysis based on aggregating partnerships by their stage of development would not be useful.

Appendices

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2007 SHIP Partnership Data 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
- Grant Writing
- Development of Annual Report
- Outcome/impact measurement
- Identification of local health improvement priorities
- Development of local health plan
- Evaluation of local health plan
- Other (*Specify*) _____

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

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

2007 SHIP Partnership Data 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 SHIP Partnership Data 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)

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

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 SHIP Partnership Data 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
<i>Specify state and type of data:</i> _____						
Other data source	1	2	3	4	5	
<i>Specify source and type of data</i> _____						

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

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 SHIP Partnership Data 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 SHIP Partnership Data 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 SHIP Partnership Data 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*)

- | | |
|--|---|
| <input type="checkbox"/> Department of Aging | <input type="checkbox"/> Pennsylvania Liquor Control Board |
| <input type="checkbox"/> Department of Agriculture | <input type="checkbox"/> Pennsylvania State Police |
| <input type="checkbox"/> Department of Community & Economic Development (DCED) | <input type="checkbox"/> Pennsylvania Rural Development Council |
| <input type="checkbox"/> Department of Conservation and Natural Resources (DCNR) | <input type="checkbox"/> Pennsylvania Workforce Investment Board (PA WIB) |
| <input type="checkbox"/> Department of Environmental Protection | <input type="checkbox"/> Department of Public Welfare |
| <input type="checkbox"/> Department of Education | <i>(Check all that apply)</i> |
| <input type="checkbox"/> Health Care Cost Containment Council | <input type="checkbox"/> Office of Children, Youth, & Families |
| <input type="checkbox"/> Department of Insurance | <input type="checkbox"/> Office of Income Maintenance |
| <input type="checkbox"/> Department of Labor & Industry | <input type="checkbox"/> Office of Medical Assistance Programs |
| <input type="checkbox"/> Pennsylvania Emergency Management Agency (PEMA) | <input type="checkbox"/> Office of Mental Health/Substance Abuse Services |
| <input type="checkbox"/> Pennsylvania Commission on Crime & Delinquency (PCCD) | <input type="checkbox"/> Office of Mental Retardation |
| <input type="checkbox"/> Other (<i>Specify</i>): _____ | <input type="checkbox"/> Office of Social Programs |
| | <input type="checkbox"/> 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 SHIP Partnership Data 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)	PADOH 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
(continued)**

Survey Respondents	Service Area (County or County Group)	PADOH 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

Partnerships Participating in 2000, 2004 and/or 2007 SHIP Partnership Data Survey						
Partnership	Service Area	District	Stage of Development	Participated in Survey		
				2000	2004	2007
Action Health	Columbia, Montour, Northumberland, Snyder & Union Counties	Northcentral	Sustained	X	X	X
Centre County Partnership for Community Health	Centre County	Northcentral	Sustained		X	X
Clinton County Healthy Communities	Clinton County	Northcentral	Operational		X	X
Lycoming County Health Improvement	Lycoming County	Northcentral	Sustained	X	X	X
Partners in Family & Community Development	Bradford County	Northcentral	Operational		X	X
Potter County Family Collaborative Council	Potter County	Northcentral	Operational			X
Tioga County Partnership for Community Health	Tioga County	Northcentral	Sustained	X	X	X
Carbon County Partners for Progress	Carbon County	Northeast	Sustained		X	X
Healthy Northeast Pennsylvania Initiative	Lackawanna and Luzerne Counties	Northeast	Operational	X	X	X
Partners for Progress in Susquehanna County	Susquehanna	Northeast	Operational		X	X
Pocono Healthy Communities Alliance	Monroe County	Northeast	Sustained		X	X
The Prevention Initiative	Wayne and Pike Counties	Northeast	Operational	X	X	X
Wyoming County Community Alliance	Wyoming County	Northeast	Operational		X	X
Alliance for a Better Community (W)	Warren County	Northwest	Operational	X	X	X
Cameron County Collaborative Board	Cameron County	Northwest	Operational	X	X	X
Clarion County Family Net	Clarion County	Northwest	Sustained	X	X	X
Community Health Partnership of Mercer County	Mercer County	Northwest	Operational		X	X
Elk County Family Resource Network-C/O Dickinson Mental Health Ctr	Elk County	Northwest	Sustained		X	X
Focus on Forest's Future	Forest County	Northwest	Sustained		X	X
Focus on Our Future Collaborative	Venango County	Northwest	Sustained	X	X	X
Jefferson County Alliance for a Healthy Community	Armstrong and Indiana Counties (SW) and Clarion, Clearfield and Jefferson Counties (NW)	Northwest**	Planning		X	X
McKean County Collaborative Board	McKean County	Northwest	Sustained	X	X	X
Partnership for a Healthy Community	Erie County	Northwest	Operational			X
Partnership for Healthy Communities	Clearfield County	Northwest	Sustained*	X	X	

Partnerships Participating in 2000, 2004 and/or 2007 SHIP Partnership Data Survey						
Partnership	Service Area	District	Stage of Development	Participated in Survey		
				2000	2004	2007
Bedford County CaREach Community Health Partnership	Bedford County	Southcentral	Operational		X	X
Blair County Healthy Community Partnership	Blair County	Southcentral	Sustained			X
Community Health Council of Lebanon County	Lebanon County	Southcentral	Sustained*		X	
Cumberland County Partnership for a Healthy Community	Cumberland, Adams and Perry Counties	Southcentral	Operational		X	X
Dauphin County Health Improvement Partnership	Dauphin County	Southcentral	Operational	X	X	X
Fulton County Partnership	Fulton County	Southcentral	Sustained	X	X	X
Hanover Area Healthy Community Partnership	York County	Southcentral	Operational*		X	
Healthy Adams County	Adams County	Southcentral	Operational	X	X	X
Healthy Communities Partnership of the Franklin County	Franklin County	Southcentral	Sustained	X	X	X
Huntingdon County Healthy Communities Partnership	Huntingdon County	Southcentral	Operational		X	X
MJ Partner's Advancing Tomorrow's Health	Mifflin and Juniata Counties	Southcentral	Operational		X	X
Perry County Family Services Partnership	Perry County	Southcentral	Sustained		X	X
Bucks County Health Improvement Partnership	Bucks County	Southeast	Operational	X	X	X
Chester County Healthy Communities Partnership	Chester County	Southeast	Sustained	X	X	X
Haddington Community Health Partnership Collaborative	Philadelphia County	Southeast	Operational		X	X
Lancaster Health Improvement Partnership	Lancaster County	Southeast	Sustained	X	X	X
Nicotown-Tioga Improvement Team	Philadelphia	Southeast	Operational		X	X
Partners for Healthier Tomorrows	Lancaster County	Southeast	Sustained*	X	X	
Schuylkill County's Vision	Schuylkill County	Southeast	Operational		X	X

Partnerships Participating in 2000, 2004 and/or 2007 SHIP Partnership Data Survey						
Partnership	Service Area	District	Stage of Development	Participated in Survey		
				2000	2004	2007
Braddock Community Partnership	Allegheny County	Southwest	Sustained*	X	X	
Community Health Advisory Council	Indiana County	Southwest	Sustained	X	X	X
Duquesne Community Partnership	Allegheny County	Southwest	Sustained		X	X
Family Resource Initiative	Cambria County	Southwest	Operational		X	X
Family Resource Network	Armstrong County	Southwest	Operational*		X	
Fayette County Community Health Improvement Partnership	Fayette County	Southwest	Sustained	X	X	X
Greene County MAGIC Collaborative	Greene County	Southwest	Sustained			X
Health Bank	Formerly Westmoreland, Fayette and Indiana Counties; now Westmoreland County	Southwest	Operational***		X	X
Healthy Oakland Partnership (HOP)	Allegheny County	Southwest	Planning		X	X
HI HOPE	Allegheny County	Southwest	Sustained			X
Hilltop Community HealthCare Partnership	Allegheny County	Southwest	Operational		X	X
Jefferson County Alliance for a Healthy Community	Armstrong and Indiana Counties (SW) and Clarion, Clearfield and Jefferson Counties (NW)	Southwest**	Planning		X	X
McKeesport Healthier Communities Partnership	Allegheny County	Southwest	Sustained	X	X	X
Northside Health Improvement Partnership	Allegheny County	Southwest	Operational		X	X
Partners Advocating Total Health (PATH)	Westmoreland County, Northern Fayette and Southern Indiana Counties	Southwest	Sustained			X
Washington County Health Partners, Inc.	Washington County	Southwest	Sustained	X	X	X

* Information on partnership stage of development is taken from the 2004 survey. The stage of development of the partnership may have changed since that time.

** Partnership is listed twice, since its service area includes counties in both the northwest and southwest PADOH Districts.

*** Since Health Bank did not report its stage of development on the 2007 survey, this information is taken from the 2004 survey. The stage of development of the partnership may have changed since that time.

Participated in 2000	24
Participated in 2004	52
Participated in 2007	52

SHIP-Affiliated Partnership Name Changes 2000-2007		
Current Name	Earlier Name	When Changed*
Alliance for a Better Community (Warren Co.)	Healthy Communities Healthy Youth of Warren	2004-2007
Bedford County CaREach Community Health	CaREach - Bedford County's Health Partnership	2004-2007
Bucks County Health Improvement Partnership	Bucks County Health Improvement Project, Inc.	2000-2004
Community Health Advisory Council	Indiana County Community Health Advisory Council	2004-2007
Cumberland County Partnership for a Healthy Community	The Carlisle Partnership for Healthy Communities	2004-2007
Duquesne Community Partnership	Duquesne SHIP Initiative	2004-2007
Fayette County Community Health Improvement Partnership	Community Health Improvement Partnership	2004-2007
Healthy Adams County	Changed from Adams County Council of Community Services to Adams County Partnership for Community	1996 and 2005
Jefferson County Alliance for a Healthy Community	The Alliance for a Healthier Community	2004-2007
Lancaster Health Improvement Partnership	Lancaster Healthy Communities	Around 2000
McKeesport Healthier Communities Partnership	McKeesport Collaborative	2000-2004
Mifflin/Juniata Partner's Advancing Tomorrow's Health	United Way Mifflin/Juniata & Mifflin Communities That Care Community Health Improvement Partnership	2004-2007
Partnership for a Healthy Community	Health Care Cost Summit	2004-2007
Washington County Health Partners, Inc.	Washington Communities Health& Wellness Program	2000-2004
Wyoming County Community Alliance	Rural Health Task Force	2002

* Where a specific date was not given, the name change was found by comparing information on the two surveys whose dates are shown.

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 mobilize the community, identify risk and preventive factors, 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 which 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 includes 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.