

PENNSYLVANIA STATE HEALTH ASSESSMENT PROCESS

The purpose of the State Health Assessment is to assess and report on the health status of Pennsylvania's population. State Health Assessments describe the health status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to address population health improvement.

The Pennsylvania State Health Assessment was a collaborative process of collecting and analyzing data and information to develop priorities and policies, garner resources, and plan actions to improve the population's health. It was conducted in partnership with other organizations and includes data and information on demographics; socioeconomic characteristics; quality of life; behavioral factors; the environment; morbidity and mortality; and other determinants of health. The State Health Assessment will be the basis for development of the state health improvement plan.

The Public Health Accreditation Board, a national organization that accredits tribal, state, local and territorial public health departments, requires health departments to complete three department-wide processes, current within five years, before applying for national accreditation:

- State Health Assessment;
- State health improvement plan; and
- Health department strategic plan.

Before starting the assessment, the department's mission was reviewed, and a vision was developed to guide the assessment process:

Department Mission: The Pennsylvania Department of Health strives to promote healthy lifestyles, prevent injury and disease, and assure the safe delivery of quality health care for all commonwealth citizens.

State Health Assessment Vision: The Pennsylvania State Health Assessment will enhance the capacity of the commonwealth to achieve optimal health for all of its residents.

The following goals were identified to drive the assessment:

- Engage a broad representation of stakeholders in a collaborative partnership to:
 - Describe the health status of the population;
 - Identify areas for health improvement;
 - Determine factors that contribute to health issues; and
 - Identify assets and resources that can be mobilized to address population health improvement.
- Analyze data and information for use in developing priorities and policies, garnering resources, and planning actions to improve the population's health.
- Make the State Health Assessment available for public use.
- Increase the capacity of the Pennsylvania Department of Health to meet the accreditation standards for state health departments defined by the Public Health Accreditation Board.

PARTICIPATION STRUCTURE

Core Committee

The Core Committee was made up of Bureau of Health Planning, Division of Plan Development staff who performed the majority of the work necessary to coordinate and carry out the State Health Assessment. In addition, a consultant, Policy Studies, was hired using the Department of General Services' Invitation to Qualify process. Policy Studies was selected based on their experience with partnership building and planning and was

hired to develop the plans and participate in the process to conduct the assessment. The responsibilities of the Core Committee included:

- Leading the process and becoming the State Health Assessment process “experts”;
- Establishing and meeting with the Advisory Committee as needed;
- Performing data collection work; and
- Interpreting and reporting on findings.

Advisory Committee

The Advisory Committee consisted of members who broadly represented the statewide public health system, who were interested in health assessment and health planning, and who agreed to function in an advisory capacity throughout the State Health Assessment process. Responsibilities of the Advisory Committee included:

- Attending a limited number of meetings during the State Health Assessment process;
- Reviewing and offering guidance and recommendations on the State Health Assessment process and materials;
- Encouraging participation of other outside partners;
- Assisting in the review of statistics and other information about the state and offering guidance and recommendations pertaining to this information; and
- Acting as advocates for the State Health Assessment process, including helping to identify resources and support.

The advisory committee included:

- Pa. Department of Health:
 - Bureau of Community Health Systems
 - Bureau of Epidemiology, Division of Environmental Health Epidemiology
 - Bureau of Health Statistics and Research
 - Bureau of Information Technology
 - Deputate for Quality Assurance
 - Health Policy Board
 - Office of Health Equity
 - Office of Policy
- Pa. Department of Agriculture, Bureau of Plant Industry, Division of Health and Safety
- Pa. Department of Conservation and Natural Resources, Greenways and Conservation Partnerships Division
- Pa. Department of Drug and Alcohol Programs
- Pa. Department of Education, Bureau of Teaching and Learning, Division of Student Services
- Pa. Department of Public Welfare:
 - Office of Children, Youth and Families
 - Office of Medical Assistance Programs
- Colleges/Universities:
 - Drexel University College of Medicine, Women’s Health Education Program
 - Penn State University, Harrisburg Campus
- Organizations/Associations:
 - The Center for Rural Pennsylvania
 - Dorothy Rider Pool Health Care Trust
 - Hospital and Healthsystem Association of Pennsylvania
 - Pennsylvania Association of Area Agencies on Aging
 - Pennsylvania Association of Community Health Centers
 - Pennsylvania Association of Non-Profits
 - Pennsylvania Community Providers Association
 - Pennsylvania Dental Association

- Pennsylvania Medical Society
- Pennsylvania Office of Rural Health

Stakeholders

Department of Health bureaus and programs contributed to the State Health Assessment and included other non-departmental key stakeholders to participate in the development of the assessment. Their responsibilities included:

- Reviewing and providing feedback on the proposed report framework;
- Serving as content experts to prioritize and frame information for report inclusion;
- Participating in the workgroup process;
- Reviewing selected data indicators and identifying additional information to include in the report; and
- Reviewing and commenting on report drafts.

EXPERT WORKGROUPS

Scope of Work

There were 10 topic expert workgroups that corresponded to the Pa. SHA Framework topic areas. Within each topic area, there were subtopics. Each subtopic had a section in the SHA report. The 10 topic areas included:

- Context of health
- General health status
- Major risks and protective factors
- Infectious disease
- Chronic disease
- Injury and violence
- Maternal and child health
- Environmental health
- Healthcare services
- Occupational health

Stakeholders were encouraged to sign up for one or more expert workgroup(s) based on their expertise and/or interest in these topic areas and the related subtopics in the Pa. SHA Framework. Workgroup participants:

- Cooperatively determined the schedule needed to complete the sections by June 2013;
- Used an online collaborative site and telephone meetings to facilitate communication between expert workgroup participants;
- Recommended appropriate edits to the SHA Framework to ensure that subtopics were relevant and were included within the appropriate topic area of the final report;
- Identified and compiled additional statistics and information from existing data sources to ensure that report sections included the important content for each topic and subtopic; and
- Reviewed and refined draft report sections within their topic area(s).

Expert workgroup participants were encouraged to think beyond their individual roles and organization needs by applying their subject matter expertise to a statewide perspective for the benefit of all Pennsylvanians. Expert workgroups included representatives from the following groups: Core Committee, Advisory Committee, internal and external stakeholders.

Expert workgroup participants were encouraged to invite other key stakeholders from across the state to contribute information to the report or participate in the workgroups.

EXPERT WORKGROUP OPERATIONS

Process Benchmarks

Expert workgroup participants determined meeting frequency and target timelines for section completion based on the following suggested benchmarks:

1. Review SHA framework (before First Meeting)
2. Review existing data/sections (before First Meeting)
Some bureaus and offices in the Department of Health provided data and narrative for the SHA. Access to this information was made available to each expert workgroup participant through an on-line collaborative website.
3. First meeting (February 2013)
This was an organizational meeting in which the processes of reviewing information and timelines, identifying additional participants, and identifying strategies for data sharing were explored.
4. Identified data gaps/additional data sources (March 2013)
Workgroups continued to identify data and determine who was responsible for each section.
5. Drafted/redrafted sections (April 2013)
Workgroups met to review content of initially drafted sections.
6. Section review (June 2013)
Sub-topic drafts were emailed to authors for their review/comments.
7. Final workgroup edits (July 2013)
Compiled topic sections were reviewed by workgroups.

Content

Each subtopic section was to include the following details in this order when they were available:

1. **Introduction:** Briefly introduce the subtopic, how the topic impacts health, and its relevance to Pennsylvania. Set the stage for the data presentations.
2. **National and State Goals:** Describe national and state goals and progress toward goals (e.g., Healthy People 2020 and 2010 data, relevant CDC or other national level information, state-level performance measures, etc.).
3. **Time Trends:** Time-series measures may be used to determine if rates and frequencies are increasing, decreasing or staying the same over time; to document whether state rates are improving or declining; and to identify emerging problems (e.g., prevalence/incidence data, mortality trends, etc.). Select time periods based on available data or to emphasize significant trends.
4. **Geographic Variation:** Compare the state to the nation or specific counties to the state or highlight key geographic areas or trends, whichever would be more relevant for a subtopic (e.g., prevalence/incidence rates and mortality/incidence rates for Pa. and by county).
5. **Group-Specific Measures:** Identify disparities by race and ethnicity, county of residence, age, income, education and sex. Discuss the sources of disparities to provide for accurate interpretation of the measures. Include only those group-specific measures that are significant for a subtopic.
6. **Other Measures of Impact and Burden:** Identify objective assessments of health status, burden of disease, injury and disability, their preventability, and related costs (e.g., mortality, morbidity, hospitalization and cost, economic burden, health insurance coverage, etc.).
7. **Risk and Protective Factors:** Factors that increase risk or protect individuals from the disease or condition beyond group-specific measures (e.g., health risk behaviors, preventive health practices and health care access summarized in BRFSS and Healthy People 2010 and 2020 data).
8. **Intervention Strategies:** Most effective programs designed to reduce illness and injury and to optimize health. Note if program is evidence-based.
9. **Reference to Resources:** Include reference to local, state or national resources for additional information.

Public Feedback

Public feedback on the SHA documents will be obtained by circulating information with a request for comment.

- The methods are:
 - Posting on the “What’s Hot” location of the DOH website (www.health.state.pa.us);
 - Distribution by Advisory Committee members;
 - Distribution through Health Improvement partners; and
 - DOH Health Statistics Bulletin, Health e-Stats (<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=596005&mode=2>).
- Comment period will be September 3-27, 2013.
- Documents available for comment are:
 - Overview of the SHA Process (this document), and
 - Key Health Findings At-A-Glance.
- Dedicated email address for feedback (ra-sha@pa.gov).
- Public feedback may be used to modify the current state health assessment and/or assist in the development of future state health assessments. All feedback will be reviewed, but will not be made public.

Editing

A consultant was hired through the University of Pittsburgh, School of Public Health to do copy-editing of the final product.