OneMaine –CDC – Academic CHNA Alignment meeting

Date: June 1, 2012 Minutes by: Jean and Andy

Present: Andy Coburn, Joe Mando, Sharon Lahey-Lind, Tohu Soma, Julie Osgood, Deb Deatrick, Nancy Berkheimer, Jean Mellett, Shawn Yardley, Jerry, Natalie Morse, Karen O'Rourke

ITEM	DISCUSSION	ACTION
Welcome & Intros		
Agenda review	Jerry & Nancy reviewed the background about the origin of the public/ private collaborative discussion. Nancy is focused on data collection. Pictures a venn diagram with data of interest to CDC and hospitals with significant overlap. Public health accreditation requires health assessment, agency strategic plan, and state health improvement plan. Public health team explained the plan to seek accreditation. For State and Portland. Bangor is setting the platform for future accreditation. Health system reps explained use of CHNA by health systems – for IRS requirements, grants, health planning, and community wellness focused areas.	
Expectations for the meeting	• Explain data needed for each group • Timeline • Map out structure and workplan • Identify challenging areas • Which issues require more discussion • Work of this group could help CDC re-configure HMP workplans to accommodate budget cuts.	
What problem are we solving	• Combine resources and limited expertise to achieve needed assessments for cities, HMP's, districts, State, hospitals. • Many duplicative conversations, data collection, analysis etc going on now with the same experts • HMPs are very involved in collecting local information and data (qualitative) under Component A • District composite data provided by CDC • State funding allocation – ○ Should HMP funding be more focused on implementation rather than data collection and community health assessment?	

	○ Could we do qualitative data collection in a different way? • Break up the work: ○ Quantitative data collection – collect centrally and share ○ Qualitative data collection and analysis • Need common data metrics • Need to consider geographic comparison between hospital service areas and counties • State CDC has done a crosswalk between county health rankings and Maine CDC measures ○ In certain areas, Maine has more info than other states which is not included in county health rankings ○ Perception that there are competing data sets • Challenge to choose metrics for the whole state when there are regional issues • Shawn suggested there are public private partnerships that are working and that provide lessons • Julie – vendors are developing IT platforms that incorporate data from multiple sources that are used by many stakeholders • Better expertise to use data • Better access to data – consider web tool? • Developing actionable data and translating data into action	
Core elements/ functions of a needs assessment: what are the specific assessment functions around which we could build agreements to collaborate?	Data: potential for coordinating both primary data collection activities (e.g. household surveys, local qualitative data) and access and use of existing surveillance and other data (e.g. BRFSS, vital statistics) Metrics: Is there a core framework of indicators and measures that could be used across assessments (e.g. SHA, CHIPs, OneMaine)? Data and analytic expertise to support use of CHNA data Collective access to CHNA data Communications & dissemination of CHNA reports and findings Community engagement Coordination of CHNA timing	
Vision	By 2016, Maine has a common, coordinated CHNA framework (e.g. metrics, data collection and data access, dissemination) used by all public and private stakeholders for multiple health improvement purposes. Health planning processes that rely on the CHNAs would be coordinated and aligned and amenable to changing metrics as the environment changes.	

	The goal is to create a common, CHNA framework and processes that support the core needs of public and private partners, but increases efficiency, reduces cost, and improves our capacity to conduct and effectively use high quality CHNAs. Words – coordinated effort, systematic, supported, resourced, Support an iterative process. Common data warehouse Ensure efficiencies	
Focus on indicators and measures	State health assessment metrics group has cross-walked County Health Rankings, America's Health Rankings, and other tested rankings. Start with existing frameworks. The current data workgroup has determined the metrics to be included in the State Health Assessment. Discussion today is how to build on this to develop a common framework for future collaboratively processed needs assessments. Nancy mentioned agencies that focus in specific areas, eg, substance abuse, asthma, etc. Include social determinants of health.	

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Timing and key dates	For PHAB, date must be updated every 5 years; hospitals are required to add info every 3 years. **YEAR ACTIVITY** 2011 – OneMaine publishes CHNA - HMP plans published 2012 – State CDC - state health assessment complete - Healthy Maine 2020 published 2013 – State CDC issues State health improvement plan 13/14 – District public health plans published 2014 - - Maine hospital requirements – use SHIP for needs assessments? 15/16 – HMP local plans due - CHIPS Set up ***process*** that works towards alignment.	
Resources currently used: could we better use those resources in a common, collaborative approach?	Deb noted that we might collect info about $ and staff resources currently working on needs assessments to assess where process might be streamlined.	**SEND out** survey requesting info
Data accessibility	Is there a warehouse, where, and how do we make it accessible to those involved in CHNAs? Discussion of CDC build out of environmental tracking data and cost challenges of developing web-based system.	
2013 State Health Improvement plan	Geography will vary based on available data. The assessment will include information at district and sometimes county and local levels. The SHIP will be a streamlined document focused on key issues.	
Mapping current & future states	Set up table for each core element – Who does What? When? How Current vs future state for each element	
Workplan	Options – Ask Maine Public Health Institute to develop structure and serve as a convener/coordinator. Role in managing data?	
MOU	MOU will benefit from detailed discussion of the work ahead. Function - Include: Develop common data indicators which will serve public health and	SHAWN to reach out to Sandy Parker at MHA and Kevin L at MPCA re:

	hospital officials MOU parties – consider other key parties. – Maine Hospital Association, Maine Primary Care Association. United Ways?	interest in participating.
Primary Data collection	Definitions: Data collected solely for the purpose of needs assessments. Household survey – OneMaine Focus groups – MAPP (HMP) OneMaine – community forums Note – primary data collection for state is secondary for health systems	
Secondary Data collection	BRFSS / Vital statistics/ Cancer registry/ MIYHS/ PRAMS/ MHDO	
Household survey	Will OneMaine do a streamlined survey again in 2013? Nancy – 1/3rd of state health assessment are BRFSS indicators. Differences in methods between BFRSS and One Maine household survey: BRFSS done over 18 months; household survey (OneMaine) conducted over 6 weeks	
Agreements	(1) Building on existing approaches (e.g. SHA, OneMaine CHNA), we will develop and adopt a common framework and a core set of indicators and measures that will be used in the multiple CHNAs, (2) we will examine current processes (and timing) for collecting CHNA data (e.g. household surveys, local forums, other qualitative data) to determine where efficiencies could be gained and duplication avoided with greater coordination of processes, (3) we will evaluate ways that other quantitative data from existing sources (e.g. BRFSS) could be make more easily accessible to those engaged in CHNA activities, (4) that approaches for sharing data research expertise will be explored, and (5) methods for coordinating dissemination and public engagement will be explored	
Next steps	* Update SCC re: process * 2 subgroups will meet to flesh out detail: 1. Framework of Indicators and metrics/ collection/ timing - Nancy, Tim, Jean, Natalie, Ron, Toho, Andy	JERRY/ NANCY to update SCC. NANCY to convene Data Metrics team.

	2. Qualitative assessments / dissemination/ community engagement – Jerry, Deb, Julie, Natalie, Julie Sullivan, Shawn, Joe, Sharon, Karen *Full group to meet: TENTATIVELY SCHEDULED for 9/12 - 9 – Noon – Location TBD	JERRY to convene Comm. Engagement ANDY will send out meeting invite for 9/12