State Health Agencies:
Forces of Change in Community Health Needs Assessment Work

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Overview of panel

Conference themes:

- Strategies for ensuring community engagement around SHA/SHIP
- Examples of collaboration with partners to complete SHA/SHIP
- Strategies for advancing opportunities to achieve health equity

ASTHO activities

State examples from Massachusetts, Indiana, and Maryland
Interviewing 7 states

- Indiana
- Florida
- Kansas
- Maryland
- Massachusetts
- Rhode Island
- North Carolina
ASTHO Resources

- ASTHO Health Equity: http://www.astho.org/Programs/Health-Equity/
- ASTHO Health in All Policies: http://www.astho.org/Programs/HiAP/
MA Determination of Need (DoN) Program

- AGO: long-standing, community benefit requirements that direct hospitals to address the non-hospital-based health and social needs of their patients.
- Hospitals work with local and state health departments and community partners to develop and implement plans aimed at improving population or community health.
- “Community Initiative” requirement: overseen by DPH, mandates that hospitals include a set-aside budget focused on population or community health as a component of every major capital expenditure.
- Key components: eliminating health disparities and evidence of involving the community in the planning and decision-making process.
Community assets are resources that provide a healthier environment for Massachusetts residents and can have a great impact on the health and quality of community life.

Community assets can range from physicians per capita to access to public recreation programs. Several studies suggest that individuals’ health can be influenced by where they live, work, or send their children to school. Communities vary by the health-related assets that are available to their residents. Communities also vary widely when it comes to the disproportionate burden of disease, including diabetes, heart disease, asthma, and other illnesses.

Taking stock of the assets in local communities can help residents mobilize around key issues, enhance those resources, improve the health of their residents and reduce health inequities across the Commonwealth.

This chapter provides a snapshot of measures related to community assets. The two main sections within this chapter are Health Care Infrastructure, with an emphasis on the distribution of services, and Community Infrastructure, with an emphasis on assets that encourage healthy aging and active living. The data are presented by the five geographical regions within the Executive Office of Health and Human Services (EOHHS). Measures include health care capacity, distribution ratio, health care providers, farmers’ markets, comprehensive master planning, public recreation programs, and availability of healthy food options.
Community Assets: Health in All Policies Approach

Community Infrastructure
- Parks, playgrounds, recreational facilities
- Safety policies
- Healthy eating policies
- Master plan development and community design

Worksite Policies and Programs
- On-site fitness facilities
- Healthy eating policies
- Occupational health and safety policies

Individual Well-Being

Health Care Infrastructure
- Access to health care facilities
- Access to health care practitioners
Policy Perspectives

essays from leading public health experts

Policy Perspective: Public Policy and Demographic Change in Massachusetts

Barry Bluestone, PhD
Dean, School of Public Policy and Urban Affairs,
Northeastern University

Mary Huff Stevenson, PhD
Professor, Department of Economics,
University of Massachusetts-Boston

Policies created when Massachusetts was a faster-growing and less diverse place are obsolete. State and local governments will need to change their approach in a number of policy arenas, including education, antidiscrimination, housing, zoning, and transportation.

Policy Perspective: Infectious Disease

Danae Bright
Director of Evaluation, Research and Planning,
JRI Health, a division of Justice Resource Institute

The Massachusetts Department of Public Health could work across government and private agencies to aggregate evidence and generate new evidence as needed to stimulate debate and make a more compelling case for changing school policies, particularly in districts with high prevalence of STIs among youth. In the meantime, more public health funding could be allocated for community-based organizations to implement and test culturally specific sex education curricula among high-risk youth, and educate parents—in an effort to change community norms, learn from practice and provide additional resources for informing school boards and state policy. Similar combinations of public health and community strategies can be employed to make the case for stable housing all residents or for on-demand access to drug treatment as critical health promotion and disease prevention tools. Perhaps most important, public health departments could help generate the political will for action.

Policy Perspective: Reproductive and Infant Health

Milton Kotelchuck, PhD, MPH
Chair Emeritus and Professor, Community Health Sciences,
Boston University School of Public Health

Massachusetts cannot rest on past laurels. Our enviable reproductive and infant health record is not immune to negative trends seen across the nation. Each new pregnancy challenges us to assure that every woman, family, and developing child has the opportunity for optimal reproductive and infant health now.

Policy Perspective: Community Assessment

Mary Bassett, MD, MPH
Mailman School of Public Health, Columbia University
Former Deputy Commissioner for Health Promotion and Disease Prevention, New York City Health Department

This chapter offers a welcome, practical approach to what may seem the difficult task of defining a healthy community and how to achieve it. A first step is cataloging assets and their distribution—and asking “why?” Why shouldn’t ‘tall farmers’ markets accept WIC coupons? What helps promote workplace support for bicycle storage, etc.? How can we address shortages of primary care doctors in our communities?
Free, online access to 36 health and social indicators.

- community-level data to assess health needs, monitor health status indicators, and evaluate health programs.

- 2 ways of downloading:
  - Instant Topics: predefined reports using MassCHIP's most recent data.
  - Custom Reports: customized data queries, in-depth view of your data source: geography, year, age, race and ethnicity, gender, or income.
Highlights from Indiana and Maryland