

## Recession Leads to Big Changes

### Inside...

- Using Data to Stay on Track
- Hospital Strives to Make Their Community Whole
- Tri-County Community Works Together to Find Solutions
- Reporting on Tax-Exemption Requirements Optional for 2010 Tax Year
- PRC Community Health Assessment Goals



### Case File

Carson Tahoe Regional Healthcare • Carson City, Nevada

The state of Nevada was one of the hardest hit by the Great Recession. As the economy faltered, bad debt increased, more and more people had less and less insurance, personal finances weakened, and there was a shift in the personal health of the people.

One major shift was happening in the emergency rooms and urgent care centers in the area: patients were presenting more severe symptoms than they had before. Chronic illness treatment was being delayed, prescriptions were being left unfilled, and overall patients needed more critical care.

In January 2010, as the Board of Trustees of Carson Tahoe Regional Healthcare met to complete their annual strategic plan update, it was decided that a comprehensive health assessment would help to fully examine what was going on with their community's well being. Interestingly, it wasn't much later that the Healthcare Reform Bill made it a requirement to assess healthcare needs every three years, so the timing couldn't have been better.

Sure enough, the community healthcare assessment revealed that the trends that healthcare professionals had suspected and observed were indeed a reality. Since the medical center's previous assessment in 1999, the recession's impact on health was astounding: The proportion of residents who weren't financially able to visit a physician in the past year increased by 78%, and the proportion unable to afford a needed prescription in the past year increased by 87%.

Carson Tahoe serves mostly rural Nevada counties, with 250,000 people. The outlying areas are hard to reach, and it's difficult for the people who live far from larger cities or towns to access healthcare. As the assessment showed that lack of

access to healthcare is a very prominent issue, especially for the uninsured and underinsured, the professionals at Carson Tahoe knew something had to be done.

Director of Development Cheri Glockner explained the situation. "People were delaying medical care on all levels because they didn't think they could pay for a doctor to care for them," she says. "We noticed patients presenting sicker and sicker. Many came for help when their illnesses were advanced. It was heartbreaking seeing people so ill, or even die, when they could have been helped had they sought care earlier."

Addressing the health needs of the community led to implementing strategies to assist physical locations, as well as financial access to healthcare. That's why Carson Tahoe has opened two physician clinics in Walmart stores. There, they offer basic care at a nominal cost to all patients, including uninsured and underinsured. Since these clinics are easy to access during everyday shopping excursions, people have been seeing healthcare professionals more often and earlier than they would have otherwise.

In addition, Carson Tahoe also took over management of two local urgent care clinics. They are equipped to see people with more serious needs quickly, and they won't turn people away. Both the clinics and urgent care centers are run by board certified emergency room physicians, with daily operations handled primarily by physician assistants and nurse practitioners.

Another issue their rural counties are facing is a growing number of diabetics. "Some of these folks live in rural communities that make education and treatment hard to access," Glockner explains.

Reaching out is exactly what they're doing, placing a greater emphasis on the



## Importance of access to healthcare services

Access to comprehensive, quality healthcare services is important for the success of health equity and for increasing the quality of a healthy life for everyone. It impacts: physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; preventable death; quality of life; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps:

1. Gaining entry into the healthcare system;
2. Accessing a healthcare location where needed services are provided; and
3. Finding a healthcare provider with whom the patient can communicate and trust.

Source: Healthy People 2020

availability of their diabetes resources. “We’re helping the rural physicians who treat those patients to access the tools they need to educate them,” says Glockner. “We also have information on our website focusing on diabetes education.”

To further their diabetes outreach, in 2011 Carson Tahoe received a grant to address diabetes in rural areas in a more comprehensive way. They’re still in the planning stages for using the grant.

The third major change that’s taken place as a result of their assessment is the newly opened Women’s Health Institute (WHI). Though a women’s center had been discussed for several years, the medical center needed proof that it was a need. Soon after the results of the health

assessment were released in late 2010, Carson Tahoe began developing the WHI as a central point for all women’s services.

“Women are the ones who take care of everyone – their kids, their jobs, their families,” explains Glockner. “So they often neglect their own care. We found that they were not doing their recommended wellness visits, and we wanted to find a way to reach them more effectively.”

A major part of that effort is the new Women’s Health Navigator, Mina Fiddymment, the sole employee of the WHI, helps women get what they need from whatever health care provider they need it from. Glockner jokes, “We call her Switzerland around here, because she’s completely neutral.”

Fiddymment laughs, “That’s true. I help women assess their needs and then make it easier for them get healthier, regardless of how they get that way. I have sent people to holistic providers, MDs, acupuncturists, chiropractors, specialists ... you name it. I try to make it as easy as possible for them.

“Women tend to lose sight of themselves and their own health. And if they’re not healthy, their families aren’t healthy.”

The WHI also provides educational seminars in which women can participate in a sort of round table Q and A with doctors of all kinds, from gastroenterologists to podiatrists.

There is also a lending library, with books recommended by physicians. “A lot

**“We’re helping the rural physicians who treat those patients to access the tools they need to educate them...”**

of the books add levity to issues women don’t usually want to talk about,” says Fiddymment. “We’ve got titles like ‘What the Yuck?’ and ‘Menopause Sucks.’ It seems to make it easier for women to open up about serious issues when they can see some humor in it.”

Glockner hopes to see results from their efforts in their next assessment. “We’re trying to help all of the people we serve, and when we have a statistically valid way to see what’s happening in our community, it gives us the tools to do just that.” ●



**Ephraim McDowell Health • Danville, Kentucky**

## Solid Data Helps Medical Center Stay on Track

Healthcare organizations work to advance the health and quality of life of their communities, but their role doesn’t end there. They are also viewed as community partners, leaders, and resources, which means they are often barraged with ideas, plans, needs, and strategies by those seeking their involvement in the community. Where do they begin and how do they determine which program is more worthy of their help than another? It can be a challenge to stay on course, working on the issues that truly affect their communities.





That's why Audrey Powell, RN, MSN, and Executive Director of Community Services for Ephraim McDowell Regional Medical Center (Ephraim McDowell Health, or EMH) in Danville, Kentucky, relies so heavily on their PRC Community Health Assessment.

"It would be easy to chase every good idea that comes our way," says Powell. "But then we wouldn't get any real results or make as much of an impact.

"We pursue one goal, one passion, and that's the needs we see in our statistical findings. It helps us stay focused."

## Sharing the Data Encourages Others

Some college students did an informal study in the early 1990s, but the 2008 PRC Community Health Assessment is the first scientifically valid study they've done. The study sits on Powell's desk, covered with highlights and sticky notes, always at the ready when anyone within the Danville area needs information. Powell herself uses it daily. EMH fundraisers and grant writers also use the study for nearly every opportunity, particularly for community based needs.

"We have distributed 200 to 250 copies of this document, to nursing and PhD students, doctors ... the United Way is even using it in their strategic plan," says Powell. "It gives us real credibility in our daily work and in our community outreach."

## Start Small, Then Grow

So what were the findings of the 2008 study that guide the strategies and day-to-day activities at EMH? It turns out they

were exactly what the healthcare community thought, but now they had statistical proof. The greatest health challenge certainly comes as no surprise to anyone working in healthcare: obesity and the numerous health problems that go with it – especially in the African American community.

EMH serves a rural area with a total population of 130,000 in six counties. The African American community is fairly small at 13%. However, since this group suffers more complications related to obesity – from hypertension and stroke to renal failure – Powell and EMH are reaching out to this group with education and encouragement for healthy lifestyle choices.

As with most outreach programs, this one is starting small, with educational meetings, one-on-one conversations, and even phone calls providing information. Rather than depending on media or other resources, they're going directly to the people they serve.

For example, EMH has worked with local churches to establish a health ministry, spreading the word within the congregation and community about how to live a healthy lifestyle. Churches are providing healthier foods for church dinners, and asking for advice on food selections.

These congregations receive encouragement to give up salty snacks and prepackaged food in favor of whole, low-fat, low-salt foods. EMH found that giving up these foods was challenging, as they were asking people to alter the foods they've enjoyed for generations. However, they are gratified to see that they have made progress and are pressing forward.

Churches aren't the only ones who are working with EMH to encourage healthier habits.

"It's happening in pockets all across the community," explains Powell. "Some schools are adopting healthier foods – one school's FFA (Future Farmers of America) is even growing lettuce for the kids to eat during school lunch – but not all are on board yet."

## Faith Community Nurses

During 2010, EMH's Community Services Department served more than 1,600 adults at free health screenings, more than 2,000 youth in school programs, 180 clients at the Hope Clinic, 313 women in the Woman-to-Woman program, and 51 health ministries.

Ephraim McDowell Faith Community Nurses (FCN) visit area congregations of all faiths and sizes, helping them become physically, spiritually, and emotionally whole. FCN offers an assessment of the congregation to identify specific needs, then partners with the congregation to address the identified needs, education, and advocacy.

The Community Services Department provides monthly newsletters to FCNs and their congregations that address key health issues. The department also brings the FCNs together for quarterly continuing education events, networking, resource sharing, and support for the ministries. EMH's FCNs are committed to their mission, not only working within congregations but also serving as faculty, authoring curriculum, and serving on the revision of the standards of practice for the FCN for the International Parish Nurse Resource Center. EMH FCN faculty partners with Eastern Kentucky University to offer both the foundations of faith community nursing and advanced faith community nursing modules.

## Partnering With Schools

In response to a request by the Lincoln County School system in 2008, Community Services works in cooperation with school health nurses to integrate education and healthier lifestyle tools into the school system. Staff also serves on Lincoln County's Coordinated School Health Committee to suggest policy changes and share data, which has resulted in changes to activity, nutrition, and curriculum within the district. The school system utilized EMH's 2008 PRC Community Health Assessment when applying for national grants.

In 2010, Boyle County formed a Coordinated School Health Committee, and Community Services participates with that group as well. So far, the committee has conducted a health assessment of the staff at all of their district's sites and is in the process of mapping the Body Mass Index for elementary schools.

## College Students Benefit While Helping Others

The system's PRC Community Health Assessment is required reading for EMH

practicum students, even influencing the curriculum of Centre College. It has been shared with bachelor of nursing students, PhD students, and nurse practitioners alike. A direct result of the information gleaned from the 2008 assessment has college and medical students taking action.

Ruth Lutteral works at EMH in staff development, and she is also working on her master's degree in rural public health with a concentration in education. She used the assessment as a benchmark for risk factors in the county, comparing county statistics with state and national levels.

Lutteral says, "The assessment was definitely a lifesaver for me. It was hard to know where to start otherwise, both as a student and as a professional."

Many Centre College students also volunteer at EMH and with their Hope Clinic, a service that provides treatment for people with little or no insurance. Sarah Buggs, a Bonner Scholar and first-year pre-med student, works to assess and treat problems like hypertension and diabetes. Trinity Hochstettler is a junior biochemistry and molecular biology major who plans to go into nursing. She continues her work at

EMH through her studies at Centre College, earning credit by conducting screenings, analyzing data, and identifying health trends.

Centre students have also participated in other EMH initiatives. Jasmin Kaeser is especially familiar with EMH initiatives as a Centre student, Bonner Scholar, and EMH volunteer. One of the many programs Jasmin participated in is the Summer ScoreCard program, which she administered for nine- to 12-year-olds in YMCA, Wellness Center, and Parks and Recreation events.

Fortunately, there is a definitive starting point for all levels of the healthcare community when it comes to determining these trends. EMH is currently in the planning stages for their next Community Health Assessment with PRC. No matter what the updated results are, one thing is for certain ... the Danville, Kentucky, area will take them to heart and use them to take action in the healthcare community. As Powell says, "People are asking for new data already!" ●



Case File  
Reid Hospital & Health Care Services  
Richmond, Indiana

# Supporting the Community is "Right thing to do"

**Wholeness – in body, mind, and spirit – is the basic fulfillment of human potential.**

Reid Hospital & Health Care Services' mission is the foundation for their community benefit outreach. Fulfilling this mission has led the hospital to work outside their walls, ensuring that the bodies, minds, and spirits of their Richmond, Indiana, community are healthy and whole.

Serving 280,000 people in Indiana and Ohio, Reid Hospital &





Health Care Services includes a 237-bed hospital, rehabilitation center, medical office, and outpatient care center. Whether it's through paying employees' wages while they work on health-related projects in the community, allowing employees to access emergency funds for patients and their families, or including community benefits grants in the yearly operating budget for the past 20 years, Reid strives to make their community whole.

Pat Murrah, Community Benefit Coordinator at Reid, says that's just who they are and who they've always been, even before the federal government began scrutinizing hospitals to ensure their commitment to giving back to the community.

"We're trying to keep the community healthy, which is a huge part of making people whole," says Murrah. "To us, that's just part of being a community hospital."

## Research Helps Direct Funds

In 2009, the Community Benefit Grant Program gave more than \$120,000 to a variety of health-related projects within the community. These grants were distributed to programs and services that met a need as identified in their latest PRC Community Health Assessment and met at least one of their four objectives, which included: improving access to healthcare; improving community health; advancing knowledge through health education or research; and/or relieving a government burden.

Reid has set certain parameters around their Community Benefit Grant Program to ensure resources are used wisely. One of the ways this is done is that, in addition to meeting at least one community benefits objective, organizations receiving

grants from Reid must also meet at least one of the following guidelines:

- Be consistent with Reid's community-based mission and philosophy
- Respond to the healthcare needs of underserved or vulnerable populations
- Respond to public health needs
- Focus on prevention and/or health promotion
- Demonstrate collaboration with other community agencies or organizations
- Assist in containing community healthcare costs
- Address identified healthcare needs in the community as reported in Reid's 2010 PRC Community Health Assessment (Available at <http://webtools.reidhospital.org/PDF/2010CommBenReid.pdf>)
- Involve education or programming that improves overall community health

Each quarter, the Community Benefit Committee of the Board of Directors selects the not-for-profit organizations that receive funding from those that submitted grant proposals. In addition, the board requires that all grantees submit annual reports outlining how funds were utilized.

Since 1999, the committee has used their PRC Community Health Assessments as a framework to guide their grant selection making process. This ensures that funded programs have been statistically proven to be a need, as opposed to funding programs based on well-presented grant proposals, pet projects of community members, or those with especially moving messages.

As Murrah explains, "With the health needs assessment, the committee isn't depending on marketing messages designed to gain our attention and sympathy. Instead, our community benefits outreach

can focus on meeting an identified need. We can put our resources to good use – where we know the community is lacking."

## More Help When It's Most Needed

2010 was economically challenging for much of the United States, and the Richmond area was no exception. With that in mind, the Community Benefit Committee was determined to help residents as much as possible.

"Many in our community are struggling," says Murrah. "We knew our help was needed more than ever before, and we are grateful we could respond."

The Community Benefits Committee provided a record-number 11 grants for the fourth quarter 2010, totaling \$76,225, including:

- **YWCA** - Assistance for unexpected levels of food and prescription expenses.
- **Boys & Girls Club** - HOPSports, an interactive physical exercise program for youth ages 6-18.
- **Girls, Inc.** - Healthy Girls program for ages 6-14, emphasizing fitness activities and education for lifelong health and wellness.
- **Youth as Resources** - Students Working Against Tobacco (SWAT) at Indiana University East.
- **Diplomas** - Assistance to help Richmond High's teen parents stay in school.
- **Circle U Help Center** - Funding to restock the food pantry.
- **Rock Solid Ministries/Siloam Health & Wellness Center** - Meals for the needy and support clinic expense assistance.





# Areas of Opportunity

The following areas of opportunity represent recommended areas of intervention for Reid based on the information gathered through their 2010 PRC Community Health Assessment and the guidelines set forth in Healthy People 2010. From these data, opportunities for health improvement exist in the Reid Hospital & Health Care Services area with regard to the following areas:

## Access to Healthcare Services

- Health Insurance Coverage
- Cost of Physician Visits
- Children's Routine Medical Care

## Cardiovascular Disease

- Chronic Heart Disease
- High Blood Pressure
- High Blood Cholesterol

## Respiratory Disease

- Asthma

## Nutrition & Overweight

- Fruit/Vegetable Consumption
- Overweight & Obesity

As reported in Reid Hospital & Health Care Services' 2010 PRC Community Health Assessment Report, <http://webtools.reidhospital.org/PDF/2010CommBenReid.pdf>

- **Mt. Olive Missionary Baptist Church**  
- Meals and assistance for needy families.
- **Community Food Pantry** - Funding to assist in restocking the pantry.
- **St. Paul's Episcopal Church** - Funding to assist with meals for the needy.
- **Salvation Army** - Funding to assist those in need.

The committee also provided donations of used computers and printers, used linens, first aid kits, and medical supplies to not-for-profit organizations.

## Community Benefit Department Also Administers Programs

In addition to funding community-based programs, Community Benefits also administers its own programs in the community, such as the Health Ministries Program. Since 1998 this program has delivered health information and education to area organizations – especially churches. Health Ministries has gotten the message of prevention out to a population who may have never otherwise been exposed to it. Churches pay nothing to participate in the program, and they receive a wheelchair, blood pressure cuff, stethoscope, and first aid kit. Participation in this program has grown each year, with 65 new organizations and churches signing up in 2009.

The department also coordinates programs within its building, including the formerly collaborative effort called STOP (Stop Taking On Pounds), which is now fully funded by the hospital. STOP takes a family approach to ending obesity with pediatric patients. Once a child is diagnosed as obese, that child's family has the chance to take part in this 12-week program to learn about behavior management, exercise, and nutrition. "STOP helps area kids achieve healthy lifestyles," says Murrah. The program teaches families everything from the importance of eating breakfast, to designing an exercise program, to keeping records of that exercise and food selection. Not only does it help children achieve weight management goals, but it helps build self-esteem while improving their health.

In the early 1990s, the hospital recognized that too many community members were not receiving breast and prostate cancer screenings because they couldn't afford the tests. Community Benefits now funds the No-charge Mammogram/PSA Program, where patients who cannot pay for these tests are able to receive the needed screenings free of charge.

Murrah expects the need for this program to grow. "Unfortunately we're seeing an increase in area residents without health insurance, so this program is needed now more than ever."

In fact, between Reid's first community health assessment in 1999 and their latest study in 2010, the percentage of adults without any health insurance increased by 50%, from 10.3% to 15.5%.

## Sharing Results Means Others Benefit, Too

With the belief that collaboration among agencies is a good first step in meeting the needs of the community, results from the community health assessment aren't kept for internal use only. Reid also provides access to the research through their website, encouraging others to use it in any manner that might be useful. Nonprofit organizations regularly use the research for grant writing, and the United Way Health Council relies on it – along with their own assessment – to identify needs in the area.

"The two studies really complement one another," explains Murrah, who also sits on the United Way Health Council. "Having statistically relevant data changes how we are doing this. It's much easier to identify the true health issues."

At Reid, they recognize that prevention is key when it comes to preventable illness – everything from type 2 diabetes (which is becoming more and more prevalent in younger people), to drug abuse and cardiac issues. They take this to heart, and use their community health assessment as a tool, not only in identifying those areas that are threatening their community, but as a way to show how they can – and have – stepped forward to help. ●

# PPACA Section 9007 Frequently Asked Questions

**As part of the Patient Protection and Affordable Care Act, nonprofit hospitals that wish to maintain tax-exempt status, as well as avoid additional penalties, must conduct a community health needs assessment and develop initiatives to impact the needs identified by the research.**

## **What hospitals does PPACA Section 9007 apply to?**

Hospitals seeking to gain or maintain status as Section 501(c)(3) charitable hospital organizations as described in Section 501 of the IRS Code of 1986 must comply with this mandate. This applies to all organizations operating a facility which is required to be licensed or registered as a hospital, as well as any other organization which the Health & Human Services Secretary determines is principally functioning as a hospital that wishes to receive non-profit status.

## **Where can I read the entire PPACA Section 9007 mandate?**

<http://www.ncsl.org/documents/health/ppaca-consolidated.pdf>  
– Section 9007 is found on pages 760-763.

## **When is the deadline for conducting the community health needs assessment?**

Hospitals are required to conduct a community health assessment and implement initiatives derived from the plan every three years, between the start of the first tax year after March 23, 2010 and end of the tax year that begins after March 23, 2012.

## **Are there restrictions on how the research can be conducted?**

The assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health, and must be made widely available to the public.

In addition to a comprehensive survey and collection of secondary data elements, PRC's Community Health Assessments also include key informant focus groups as a way to garner the stakeholder input required under Section 9007. With in-depth input from key community leaders, this assessment provides a solid understanding of the health needs of specific segments within the community.

## **What is to be included in the implementation strategy?**

Each hospital's implementation strategy must address community health needs that were identified in the community health assessment. Each hospital must include in its IRS Section 501(r) report a description of how the organization is addressing the needs identified in each community health assessment as well



as a description of any such needs that are not being addressed and the reasons why such needs are not being addressed.

The Secretary of the Treasury is responsible for reviewing each hospital's community benefit activities as included in Section 501(r) at least once every three years.

## **Can a healthcare system with multiple hospitals conduct only one assessment?**

Organizations operating multiple hospitals must meet the requirements for each hospital. However, it is possible for one community health assessment to meet the needs of multiple hospitals provided that the assessment is conducted in such a way as to provide statistically sound research for each hospital's market. This is primarily dependent upon the geographic locations of hospitals within the system.

Additionally, PRC encourages hospitals to collaborate with other health organizations in their community on both the assessment as well as ensuing initiatives. It's been our experience that communities whose health status is often impacted are often those who have coalitions formed by multiple hospitals, local health departments, foundations, and other community-based organizations.

## **What happens if a hospital fails to meet these requirements?**

In addition to potentially losing tax-exempt status, hospitals will be penalized \$50,000 for each year they fail to meet the requirements.

## **Are there other requirements of Section 9007?**

Tax-exempt hospitals must also develop and implement written financial assistance and emergency care policies, limit charges for patients who meet financial assistance criteria, and meet new billing collection requirements. ●





## Case File

Peninsula Regional Medical Center • Salisbury, Maryland

# Tri-County Health Community Works Together to Tackle the Tough Issues

Sometimes it takes many people doing a lot of work to make a little difference. “We’re just trying to help one person at a time,” says Doug Wilson, Executive Director of Strategy & Market Development of Peninsula Regional Medical Center (PRMC).

PRMC is part of a proactive coalition of healthcare organizations seeking to educate and improve the health of the people who live on the Eastern Shore of Maryland. Together with Atlantic General

Hospital, the McCready Foundation, and the Somerset, Wicomico, and Worcester County Health Departments, PRMC has taken the results of their PRC Community Health Assessments over the last 12 years and worked to find solutions to their area’s biggest health problems.

These groups work together to decide on and prioritize the needs within their communities. They meet on a regular basis to discuss the findings, and they always



share their experiences and help raise awareness of public health issues.

In 2009, the community health assessment and subsequent meetings showed an obvious problem in the Tri-County area.

## Tri-County Childhood Obesity Coalition

The obesity conundrum affects people of all ages in Maryland. It is especially concerning as there has been a 20.7% increase in obese adults since 1995 in the Tri-County area, and nearly one-third (31.3%) of adults now qualify as obese. The weight issue is especially staggering in Somerset County where 42.3% of adults are classified as obese.

Of course, the link between obesity and many other problems – including diabetes – is widely known, and the hope is that by tackling obesity, those other medical challenges will become less prevalent as well.

That's why these area hospitals, county health departments, and health foundation are working to form the Tri-County Childhood Obesity Coalition, the focus of which will be to promote messages of health and good habits to children, primarily through the school system. Following approval of all three county health planning boards, which is expected this year, the coalition will begin their work.

"It's hard to get adults to change their habits," says Wilson. "In fact, we've basically given up on directing our message to adults. But by educating children, we're hoping to influence their parents, too."

First Lady Michelle Obama's active interest in eliminating childhood obesity and her "Let's Move!" campaign have brought a nation-wide focus on the problem, with funding for obesity prevention becoming more and more available. The new Coalition is hoping to gain grant funding through these programs so they can get the message

out to more people while providing necessary treatment and prevention.

## Tri-County Diabetes Alliance

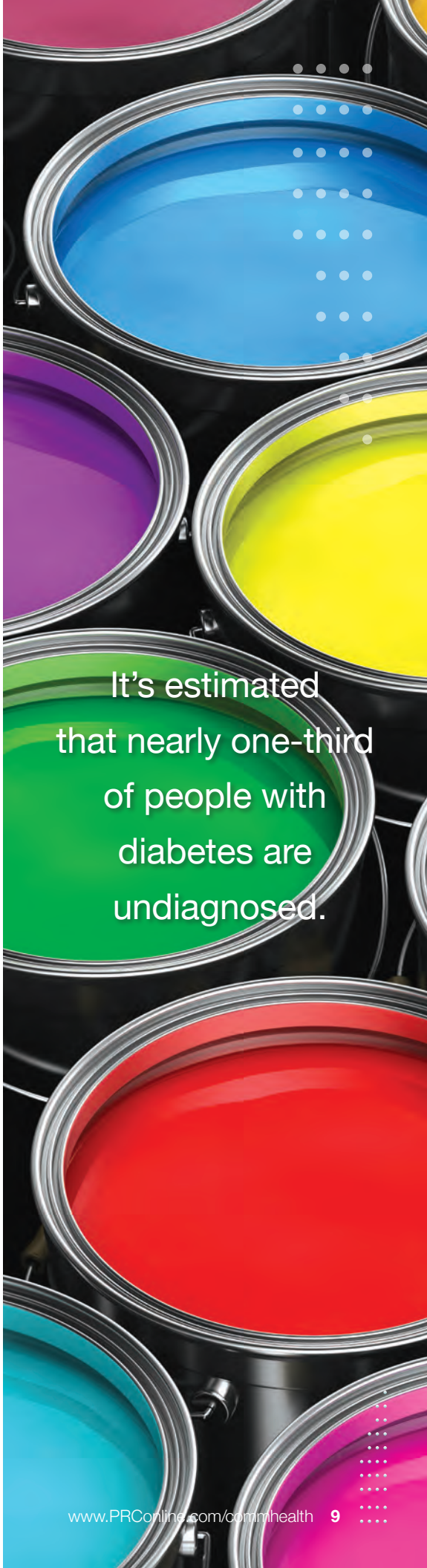
Of course, this is a group that knows how to work together to get things done. In 2004, the Tri-County Diabetes Alliance was formed by the same organizations after their health assessment revealed that 14.3% of the citizens in the Tri-County area had diabetes. That's two-thirds higher than the national prevalence of 8.7%. At that time, Somerset County fared the worst, with a prevalence of 19.6%. (Remember, Somerset also had a 47.3% prevalence of obesity in 2009.)

And those were just the cases they knew about. After all, it is estimated that nearly one-third of people with diabetes are undiagnosed. It was painfully obvious that something needed to be done, and soon, which led to the formation of the Tri-County Diabetes Alliance.

Since its inception, the Alliance has worked to determine the geographical areas where people are most at risk for diabetes, screen area residents, and help those who are diagnosed or who are at risk to find proper treatment. Additionally, they made a concerted effort to raise awareness by putting up billboards and distributing literature throughout the community.

Even working together, trying to find and help the staggering number of diabetics is a daunting task. "There's no paid staff on the Alliance," explains Wilson. "The directorship rotates among the three counties each year. That county is also responsible for funding whatever isn't covered by grants that year."

Eastern Shore residents can rest assured that their healthcare providers will continue to work hard to address their most prevalent health issues, though. The Tri-County healthcare community serves as an inspiring example of cooperation as they work together to raise awareness and bring treatment to the people who need it most – one person at a time. ●



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## Schedule H Reporting Optional for Tax Year 2010

On June 13, 2011, the IRS announced that reporting on the new tax-exemption requirements for hospitals will be optional for the 2010 tax year. Form 990 Schedule H (Part V, Section B) addresses new requirements under the Patient Protection and

**This change is to give hospitals more  
time to understand Section 9007.**

Affordable Care Act, including community health needs assessment, financial assistance policy, billing and collections, and charges for medical care. While

the community health needs assessment requirements weren't slated to go into effect until 2013, other portions of the requirement were to begin in tax year 2010.

The IRS said this change is to give hospitals more time to understand Section 9007 and to "address any ambiguities arising from the extensive revisions of the form and instructions."

The American Hospital Association and several other healthcare associations recently sent a letter to the IRS, urging the agency to "withdraw and reissue the form, improve instructions, and issue clear and usable guidance." The associations believe the form creates onerous and redundant reporting requirements, goes beyond the statute's requirements, and was issued without a proper notice and comment period.

**IRS announcement:** <http://www.irs.gov/pub/irs-drop/a-11-37.pdf>

**AHA letter to IRS:** <http://www.aha.org/aha/letter/2011/110420-cl-schedh.pdf>

## Community Health Speakers Bureau

PRC offers a comprehensive Speakers Bureau that can bring customized programs to hospitals, health departments, foundations, healthcare associations, and other health-focused organizations. Speakers are available for in-person and web-based presentations.

### Community Health-Related Topics:

- PPACA Section 9007
- Local Initiatives
- Determining Priorities
- National Research & Trends
- Building Collaborations & Partnerships
- Publicizing & Communicating Data

Other topics may be available on request. For more information or to request a speaker, please contact Janna Binder at 800-742-3322 or [JBinder@PRCOnline.com](mailto:JBinder@PRCOnline.com)







# Community Health Assessment Goals

A PRC Community Health Assessment identifies issues of greatest concern so that local organizations may have the greatest possible impact on their communities. Our assessments serve as a tool toward reaching three basic goals:

- **Improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **Reduce health disparities among residents.** By gathering demographic information, along with health status and behavior data, we identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at these individuals may combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **Increase accessibility to preventive services for all community residents.** More access to preventive services improves health status, increases life span, and elevates quality of life, as well as lowers any cost associated with caring for health issues resulting from a lack of preventive care.

## Selecting Health Priorities

When determining priorities, keep in mind that no single criterion should determine a specific area of need; rather, the interplay among the different criteria must be considered. It is also important to remember two important facts: 1) many local efforts might be currently active in addressing aspects of several health priorities; and 2) no individual or organization acting alone can remedy all of the implications of a given issue or problem.

In identifying priorities and designing strategies for implementation, a variety of things should be considered, including:

- **Impact.** The degree to which the issue affects or exacerbates other quality of life and health-related issues.
- **Magnitude.** The number of persons affected, also taking into account variance from benchmark data and Healthy People targets.
- **Seriousness.** The degree to which the problem leads to death, disability, or impairs quality of life.
- **Feasibility.** The ability to reasonably impact the issue, given available resources.
- **Consequences of Inaction.** The risk of not addressing the problem at the earliest opportunity. ●



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## Striving to Improve the Health of Your Community



### Annual Community Health Workshop

Do you need tips on how to effectively change the health of residents in your community? Are you interested in finding out how other organizations are implementing change?

If so, join us for PRC's Online Community Health Workshop. These sessions are perfect for community health professionals who are looking for ways to further the health and well-being of their communities. Speakers represent a wide variety of community health-minded organizations from around the nation. Each session will last from 1 p.m. to 2 p.m. CDT every Wednesday in August.

#### August 3

*Building the Community Health Needs Collaborative*

Presented by St. Mary's Hospital & Medical Center

#### August 10

*Addressing Multiple Demands With One Assessment*

Presented by St. Vincent Healthcare

#### August 17

*Power of Community Assessment:*

*The Engine That Drives Community Benefit*

Presented by Ephraim McDowell Regional Medical Center

#### August 24

*Community Assessment ROI: Leveraging Funding and Resources, Community Collaboration, and Making a Difference*

Presented by FirstHealth of the Carolinas

#### August 31

*Taking the Community Health Movement to the Community*

Presented by Norman Regional Health System

Registration is free, but you must register for each workshop separately. For a complete agenda with workshop descriptions, or to register, visit:

<http://www.PRCOnline.com/education/chaworkshop/>



Community Health Connection