

Community

health connection

June • 2012



Case File

St. Anthony's Memorial Hospital • Effingham, Illinois

A Journey That Makes a Difference

The year 1875 was a year of journeys, some physical, some in thought and several in medicine and health. Among the notable events of the year were the passage of the Civil Rights Act, the patent of the electric dental drill, the first college football game and the passing of writers Hans Christian Anderson and Aleksey Tolstoy. The New England Journal of Medicine chronicled medical revolutions of 1875, specifically those of public health: sewers, rivers and the importance of sanitation; the case for public parks; how diet affects health and disease; typhoid fever and diphtheria; and public hygiene.

Another important event of the year was the journey of 20 Hospital Sisters of the Third Order of St. Francis from Germany to Illinois. Responding to a bishop's invitation, three of these sisters landed in the town of Effingham where they cared for patients in their rural homes, regardless of their ability to pay. Patient need was unending and a mere two years later these Sisters opened St. Anthony

Hospital, neatly housing 18 beds in 2,100 square feet.

Building for the Future While Honoring the Past

Over the past 137 years, St. Anthony's has taken part in many journeys, perhaps most unforgettable of which was a 1947 fire destroying the facility and tragically taking 77 lives. As was Effingham's custom, the community rallied together, building St. Anthony's Memorial Hospital to honor those who perished. Regardless of the year or the specific journey, their mission of compassionately caring for the sick and poor has never changed.

St. Anthony's is one of 13 affiliates of Hospital Sisters Health System – named for those same Sisters who travelled to America in 1875. The hospital serves 12 predominantly rural counties surrounding Effingham with its 146 beds. As the only hospital in the area, its 862 employees provide care for 205,000 people.

Today the hospital is on a different

Inside...

- The Alliance for a Healthier Effingham County
- Economy Makes Health Concerns More Challenging
- A Pairing of Strengths for a Powerhouse CHNA
- Five Cities, Two States, One Initiative



*To provide appropriate care and programs,
St. Anthony's wanted to better understand
what area residents needed.*

journey. Inside their walls they are continually improving technology and skills, providing patients with compassionate, state-of-the-art care. Outside their walls they are working in their communities, furthering the Church's mission of caring for the sick and poor.

A Journey for Better Health...Together

To provide appropriate care and programs, St. Anthony's wanted to better understand what area residents needed. Providing healthcare for their 12 counties for more than a century gave them a fairly good idea of the community needs, but they knew they didn't have the full picture. They needed hard facts before determining priorities and committing resources, so in 2005 they engaged PRC in their first Community Health Needs Assessment (CHNA).

"We went into this process with the desire to find out the specific needs of our community," says Terriann Tharp, St. Anthony's Community Relations and Marketing Manager. "We wanted to better understand the issues we were already working on, new issues we weren't aware of and to eventually track our progress over time."

Tharp explains an unintended consequence of their first assessment.

"While the CHNA did give us remarkable information, probably the most important thing that resulted from our first study was the formation of the Alliance for a Healthier Effingham County.

"The Alliance is comprised of representatives from many different parts of the community, from Catholic Charities to local schools to healthcare professionals to industry leaders," Tharp explains. "We were all dealing with many of the same health priorities for Effingham residents, so it made sense to collaborate to make a larger impact on our community."

Once the Alliance was assembled, the members used that first assessment to better understand their community and set priorities. Since 2005 they have continued to meet quarterly, measuring progress, revisiting goals and ensuring needs are being met.

"We've had many different initiatives emerge from the program since we conducted our first assessment in 2005, and more will be developed in the upcoming months as we delve through the data from last year's study," Tharp says. "The Summer Lunch for Kids Program was one of our big successes."

A Journey to Combat Hunger

The Alliance was especially concerned with the research that showed many children were lacking proper nutrition during the summer months. Catholic Charities and Effingham School District Unit #40 took the lead in this challenge, and in 2006 launched the Summer Lunch for Kids Program, providing free weekday lunches

"The benefit of collecting primary data for our Community Health Needs Assessment is that it provides a true picture of our community. While it is helpful to have secondary research available for comparison and evaluation of results, the primary data really speaks to the needs of our community's residents. All communities are truly unique."

Terriann Tharp

*Community Relations & Marketing Manager
St. Anthony's Memorial Hospital, Effingham, IL*



during the months of June and July for children under 18 years old, regardless of income level.

"This program is a great testament to the networking power of the Alliance," Tharp says. "If the opportunity to share concerns with other organizations did not exist, some children would still be without a well-balanced meal during the summer months. I applaud these organizations for taking the initiative and getting involved."

The numbers prove the importance of the program: since 2006, more than 8,000 children have participated. State funding helped the program get started, but its survival was endangered by 2010 State of Illinois budget reductions. St. Anthony's, working together with Catholic Charities and the Alliance, secured a \$5,000 grant from the Hospital Sisters of St. Frances Foundation to keep it alive.

Today the program is flourishing. While reducing childhood hunger is the primary goal of the program, the Alliance has an opportunity to make a bigger impact. Through play and fun, St. Anthony's employees and interns volunteer their time to teach the importance of staying active and good nutrition to the participating children.

Preventing Breast Cancer Deaths

The Alliance was surprised – and saddened – to learn in 2005 that breast cancer was one of the four leading causes of death in Effingham. "Death from breast cancer is often preventable, so we were surprised," says Tharp. "The research showed us that women



The Alliance for a Healthier Effingham County

The Vision of the Alliance for a Healthier Effingham County is to see Effingham County as a place where healthy lifestyles are the norm with a wellness and fitness culture throughout. For more details, go to www.effinghamcountyvision2020.com

Goals of the Alliance:

1. Exercise, nutrition, and healthy lifestyles, focusing on:

- Reducing obesity of youth and adults.
- Continue/expand summer lunch program.
- Support/create opportunities for improvement of health and fitness through daily physical activity with specific support of TREC (Trails Recreation Effingham County), Effingham Community Sports Complex, and YMCA programs.

2. Affordable healthcare, focusing on:

- Assured access to nutritious meals of area youth and seniors.
- Application assistance to available programs and services.
- Evaluate what transportation is available and what is still needed.
- Identify homelessness problems and needs.

3. Suicide prevention and treatment for depression.

4. Drug and alcohol prevention/awareness for youth and families.

5. Mental health access/awareness for youth and families.

6. Dental care access.



just weren't being screened. We needed to make mammograms more accessible so we could find and treat cancer earlier, giving women a better chance of survival."

St. Anthony's, the American Cancer Society and the Illinois Breast and Cervical Cancer Program (IBCCP) banded together for an ambitious communication campaign. They discovered that many of the women between ages 35 and 64 who couldn't afford screenings weren't aware of IBCCP's free screenings, so their campaign promoted on raising awareness of these services. The campaign focused on all of the screenings that IBCCP offered to women: mammograms, breast exams, pelvic exams and Pap tests. In addition to advertising and direct mail, representatives from the three organizations made presentations at health fairs and to community groups, stressing the importance of life-saving screenings.

"This campaign was tremendously successful," says Tharp. "In two years, IBCCP saw 800 new women enroll in the program and complete screenings. Out of those new women, two dozen were diagnosed with cancer or pre-cancerous conditions and received the treatment they needed. It's made a huge impact in their lives and in our community."

In addition, their 2011 follow-up assessment demonstrated more successes with the campaign. In fact, the number of Effingham County residents attending any health promotion activity in the past year increased by 49.7%, though participation is still slightly lower than the U.S. average. The research showed that activities at work sites were most popular for community residents (32.4%), followed by those at St. Anthony's (23.7%), the health department (8.3%), schools (5.9%), fairs (4.9%) and churches (3.8%).

Tharp further explains, "The 2011 report also showed us that we are making inroads with women, and especially younger women, as they reported the most participation in health promotion activities this past year."

Oral Health Becomes a Priority

Meanwhile, St. Anthony's saw more and more people visit their Emergency Department for dental care, and in 2010 the Alliance named it one of their priorities. Tharp explains, "People often ignore their dental problems, because they don't have dental insurance. In fact, one-half of our area residents lack dental insurance. Eventually the pain gets so bad that they end up in our Emergency Department. This is an area where the Alliance felt we could make a positive impact."

To better serve this burgeoning need, the Effingham Health Center – a federally qualified health clinic for Medicaid and uninsured patients – moved to a bigger location. This expanded space meant they could provide more services, including dental

care, and in July 2010, they opened their dental clinic. Today, they provide preventive oral healthcare for children, including general cleaning, fillings, extractions and more.

The 2011 assessment proved their efforts are having the intended impact as the percentage of Effingham County children with a dental visit in the past year increased by 6.7% since 2005. The total 12-county region is now above the national average (86.6% vs. 79.2% U.S. overall).

"When we take a preventive approach, we can avoid ED visits," explains Tharp. "This clinic has not only lessened the burden on our hospital, but it has also increased the quality of life for many people. Dental pain affects all areas of a person's life, and we're pleased we can make a difference."

A Journey to Improve Mental Health

While there have been tremendous successes in Effingham, Tharp says they still have room to improve. "We're looking into mental health issues now, which is very difficult anywhere, but especially in rural communities. Not only is access a challenge, but there's a stigma attached to mental health issues – and that's very difficult to overcome. People do need to realize that it's a health issue just like any other."

One of the reasons the group is so concerned about this issue is because mental health disorders are the leading cause of disability, accounting for one quarter of all years of life lost to disability and premature mortality. The prevention of mental, emotional and behavioral disorders is inherently interdisciplinary and draws on a variety of different strategies. In addition, research





Effingham, Illinois

Areas of Opportunity Identified in the 2011 Assessment

Access to Healthcare Services

- Prescription coverage
- Hours of operation, transportation, & urgent care facilities

Dementias, Alzheimer's Disease

- Alzheimer's disease deaths

Heart Disease & Stroke

- Stroke deaths
- Cholesterol screenings

Immunization & Infectious Diseases

- Flu vaccinations (Age 65+)
- Pneumonia vaccinations (Age 65+)
- Hepatitis B vaccinations

Injury & Violence Prevention

- Unintentional injury deaths, including motor vehicle accidents
- Seat belt use (Adults)
- Bike helmet use (Children)
- Child abuse

Maternal, Child & Infant Health

- Infant mortality
- Mothers who smoke during pregnancy

Mental Health & Mental Disorders

- Suicides
- Seeking professional help for those diagnosed with depression

Nutrition & Weight Status

- Nutrition advice
- Overweight adults trying to lose weight

Oral Health

- Dental insurance

Respiratory Disease

- Pneumonia/Influenza deaths

Substance Abuse

- Binge drinking
- Seeking professional help

indicates that these disorders begin early in life and the greatest opportunity for prevention and intervention is among young people.

Suicide deaths in the area are of particular concern to the Alliance as the death rate is markedly higher than both the state and nation. In fact, the 12-county area has 15.9 average annual deaths per 100,000 vs. 8.3 at the state level and 11.1 at the national level.

"We know mental health is a priority, but we aren't exactly sure how to address it yet," Tharp says. "Is it simply awareness that needs to be addressed, or is it more?"

Taking the first step, the Alliance and Heartland Human Services worked together to recruit a career psychiatrist specializing in child and adolescent behavioral and mental health issues. Finding psychiatrists for rural areas is challenging, and this is an important beginning step for combating mental illness.

The task ahead is substantial as only 64.8% of area residents diagnosed with major depression have sought professional help, which is significantly lower than the U.S. average of 82%.

"It's been a challenge," Tharp says, "but we are beginning to make progress, and that's what we focus on. We just keep moving forward."

The Journey is Worth it

What does the future hold for St. Anthony's Memorial Hospital and the counties it serves?

"We're focused," reiterates Tharp. "The 2011 study showed we're making progress, but it also showed we have a lot of work to do. This is why the Alliance is so important. There's no way our hospital could address all of this by ourselves, but we can by collaborating together with our community partners."

"It's important to remember that we can make a difference. That's our journey – to make a difference in the health and lives of the people we serve," Tharp shared. "We continue to follow in the footsteps of our founding Sisters by caring for the sick and poor. We believe they would be proud of us today." ●



online PRCCommunity health workshop

PRC's third annual Online Community Health Workshop brings you ideas and information to improve the health and well-being of your community. Speakers represent a wide variety of community health-minded organizations from around the nation, including:

August 1 1:00pm (CDT)

Matt Kelley – Health Officer

Gallatin City-County Health Department, Bozeman, MT

August 8 1:00pm (CDT)

Elizabeth Morris – Director of Community Health Partnerships

Columbus Regional Hospital, Columbus, IN

August 15 1:00pm (CDT)

Laura Ahern – Director of Community Outreach

Meridian Health System, Neptune, NJ

August 22 1:00pm (CDT)

Nicole Carkner – Executive Director

Quad City Health Initiatives, Davenport, IA

August 29 1:00pm (CDT)

Cheri Glockner – Director, Development & Public Relations

Carson Tahoe Regional Healthcare, Carson City, NV

For a complete agenda, session descriptions, or to register, visit <http://www.PRCOnline.com/index.php/community-health> and click on “Community Health Workshop.”



A Hard Pill to Swallow

Economy Makes Health Concerns More Challenging



Southwest Florida enjoyed extraordinary growth in 2007. The economy was flourishing, construction was on the rise, tourists were flocking and real estate was booming. Not only were the typical retirees moving to the area, but many young families were also making their homes in Lee County. Entrepreneurs were building small businesses, higher learning was going strong and even the port was developing.

Then the recession hit.

Construction came to a screeching halt. Ten percent of the working economy was lost in one year and more than 14% of the population was suddenly unemployed.

Everything changed, including the approach to healthcare – from insurance to behavioral health.

Lee Memorial Health System (LMHS) – consisting of four acute care hospitals, children's hospital, rehabilitation hospital and several outpatient clinics – is the one of the largest public health systems in Florida, serving more than a million patient contacts each year. In 2007, they were following their years-long formula,

preparing for more growth and barely keeping up with patient demand. Then in 2008, they saw an unprecedented drop in patient numbers.

Sally Jackson, LMHS Director of Government and Community Relations, says they have many unusual challenges in Ft. Myers and Lee County, including a frail, elderly population that's nearly double the nation's average and one of the highest uninsured populations at about 24%.

Since Lee County's economy is largely based on small businesses and unemployment is high, employer-provided insurance is simply not an option for most people.

"Only one out of every five hospital patients has commercial insurance," says Jackson. "That means four out of five patients do not cover the costs of their care including charity/uncompensated care and shortfalls in reimbursement for Medicaid, which paid about 72 cents on the dollar last year, and Medicare – which covers about half of our patients – paid 85 cents on the dollar. It's a challenging situation."

Jackson explains further, "Whatever the final outcome of healthcare reform, because of our high number of small entrepreneurs, it isn't anticipated to make much difference to us here. Our small businesses won't be able to afford to provide insurance for their employees, and most likely will opt to pay the fine instead, so we don't anticipate the legislation will increase our insured rates here.

"That sounds negative, but it's not skepticism talking," says Jackson. "We're being realistic and preparing for our future. We studied this and in the last five years there has been a steady

decline of employer-sponsored insurance in Lee County from 35% of our hospital patients to now only about 20%.”

A lack of insurance usually means people aren't visiting their doctors or purchasing needed medications, an unfortunate reality that is also true in Southwest Florida. Between 2007 and 2011, residents reporting cost prohibited them from receiving physician care in the past year increased from 14.1% to 19.9%.

Community Health Visioning 2017

After their first CHNA in 2007, LMHS and 40 community leaders – including CEOs, educators and the United Way – came together to form the Community Health Visioning 2017, a steering committee and voice for the community. Along with communicating CHNA results to the community, the group facilitated follow-up focus groups, asking for input during open forums at town hall meetings.

Community Health Visioning 2017 took that first assessment to heart, creating priorities to improve community health through prevention and treatment. A smaller executive committee was established, meeting bi-monthly to keep the momentum going. A top priority that came out of these meetings was to focus on the lack of behavioral health services, from treatment to psychiatric beds, including even the most basic primary psychiatric care.

Behavioral Health

Behavioral health is still a work in progress in Lee County, though they have had success so far, including a total of 354 beds recently added for psychiatric and addiction services:

- 76-bed Park Royal Psychiatric Hospital opened in March 2012
- Three psychiatrists hired at LMHS, where there had been none before
- 12 psychiatrists brought into the community as a whole
- A 15-bed geriatric psychiatric health unit added to the current hospital, in part to prepare for the new psychiatric hospital
- A new nonprofit clinic established to provide mental healthcare to the uninsured and underinsured
- Development of the 60-bed Bob Janes Triage Center and Low Demand Shelter in lieu of jail for those with behavioral health needs who commit low-level crimes

The Bob Janes Triage Center and Low Demand Shelter is one of the shining examples of what can be accomplished when public and private agencies work together. The Center is sponsored by the Florida Department of Children and Families, State of Florida Substance Abuse and Mental Health Corporation, Lee County Board of County Commissioners, Lee Memorial Health System,



Lee County's economy is largely based on small businesses and unemployment is high. Employer-provided insurance is simply not an option for most people.



Lee Mental Health, Inc., Southwest Florida Addiction Services, Inc., The Salvation Army, United Way and private donations. The goal of the center is two-fold: to reduce the amount of time law enforcement officers interact with individuals with mental illness or substance abuse and to engage them in treatment. By providing convenient, holistic treatment, the Center breaks the cycle of imprisonment, addiction and homelessness, decreasing the burden on the criminal justice system.

During its first two years of operation, the Center recorded 1,062 admissions and 48% of their clients had fewer encounters with law enforcement following treatment.

The latest assessment validated the community's work when it revealed a substantial increase in adults with diagnosed depression seeking professional help, from 71.3% in 2007 to 82.4% in 2011. Unfortunately, that assessment also reported a new concern: 18.3% of those who sought mental health services had to travel outside the county for care.

"We've had extraordinary success in this area, as the 2011 health assessment data showed," explains Jackson. "But there are still people we haven't been able to get help, even with the increase in mental health providers in our county. We're excited for our new psychiatric hospital. It's exactly what's needed. We were thrilled to find investors and professional management for the facility, especially with our struggling economy."

Decreasing ED Reliance for Primary Care

Hospitals across the country report an increase in emergency department utilization for primary care and Lee Memorial Health System is no different. In 2011 LMHS treated 82,000 primary care cases in the ED – almost half of their total ED patients that year. The system knew the need to add capacity to community health centers to decrease this burden, so when designing their 2011 CHNA survey, questions focusing on barriers to care, ED over-utilization and primary care were included.

Jackson explains, "This helped us better understand exactly what was going on. By finding out more about the root of this problem, we are now able to develop targeted community health centers to have the biggest impact."

To better understand healthcare access barriers, survey participants were asked whether any of six types of barriers to access prevented them from seeing a physician or obtaining a prescription in the past year. The barriers tested were cost of physician visit, cost of prescriptions, getting a doctor appointment, finding a doctor, inconvenient office hours and lack of transportation. Research showed that the cost of a physician visit impacted the greatest share of Lee County adults (19.9% say the cost was a prohibitive barrier to medical care in the past year).

A total of 18.8% of survey respondents reported that lack or type of insurance prevented them from obtaining medical care in the past year, an increase from 15.4% in 2007. Of these people, 52% lacked coverage while 17.3% reported that cost was prohibitive. Another 14.6% indicated that their coverage was limited, and 12.4% said their coverage was not accepted.

The study also looked into those using the ED multiple times in the past year. Using the research, LMHS was able to pin-point the highest utilization to geographical areas and demographics. The research also showed that 53.1% said the ED was used for an emergency or life-threatening situation and 27% indicated the visit was during after-hours or on the weekend. Another 9% cited various barriers to access and 7.4% used the ED



based on a physician's recommendation.

ED overutilization was discussed during the study's focus groups, where it was reported that the few urgent care centers that were available were only open until 11 p.m., forcing residents to utilize the ED after hours. Focus group participants also expressed frustration in the seasonality of the resident base, making the wait time for ED treatment long during high season.

To help alleviate this problem, Lee Memorial Health System is using state funding to divert non-urgent ED patients to one of two new Lee Physician Group United Way community health clinics that provide basic health services and connect patients to affordable medical services and prescription medications. They charge nominal fees based on income, and seem to be having an impact as ED primary care cases have decreased.

Jackson says, "This is just one way that our community leadership team has come through for the people of Southwest Florida."

These clinics are staffed by physicians, RNs, social workers and even radiology technicians to provide care. Eventually, they hope the clinics will become the full-time medical home in these neighborhoods.

"Fortunately, many people have taken advantage of these services," says Jackson. "In fact, they're practically overwhelmed now. We may need to expand soon."

The recession has changed the outlook of the healthcare system in Southwest Florida, but it may have been a good thing. Instead of counting on the nonstop growth that they'd seen for so many years, they now know how to plan for anything the future could hold.

"With everything that's happened over the past five years, we're really trying to stay ahead of the needs of our community," says Jackson. "We're looking out 10 years, with help from the Lee County Health Department and our steering committee. It's a whole new way of thinking for us. It's a change from our past way of doing things, but sometimes change is good." ●

A Pairing of Strengths for a Powerhouse CHNA

Jana Distefano, MPH
Community Health Consultant & Analyst

As deadlines loom, many not-for-profit hospitals remain uncertain how best to meet the Community Health Needs Assessment (CHNA) requirements set forth by health reform legislation (Patient Protection and Affordable Care Act, or PPACA) and built into new IRS regulations. Certainly, there are several models and examples in the marketplace — the most basic difference among these is between models which rely solely on secondary data and those which incorporate both primary and secondary data components. Although federal requirements neither prescribe nor preclude one or the other, there are several advantages to an approach that integrates multiple data types.

Secondary data are an important piece of any Community Health Needs Assessment; however, ALL data have limitations. While secondary data are relatively easy to locate and inexpensive to obtain, their value can be limited by availability, timeliness, relevance and/or sufficiency of what already exists. Information may or may not be incomplete, obsolete or inconclusive.

Using a CHNA approach which incorporates both primary and secondary data not only helps mitigate the limitations of either data collection method, but also gives the most well-rounded and actionable assessment. It is a pairing of strengths that supports hospitals in building a comprehensive CHNA work product.

Strengths of Primary Survey Data

- **Primary data, such as those collected through the PRC Community Health Survey, offer the most current data available about the health of your community.** Secondary data, on the other hand, are by definition “old” data with a typical reporting/publishing lag time of two to five years.
- **Primary data can target critical current concerns such as behaviors, experiences and chronic conditions.** Unlike secondary data which records only past events such as births and deaths.
- **Primary data are targeted to reflect the exact population and geography of interest.** On the other hand, secondary data are primarily available at the county level.
- **Primary data are customizable.** The PRC Community Health Needs Assessment survey tool has been developed over a span of 18 years and capitalizes on tested questions derived from established national surveys, such as the CDC’s Behavioral Risk Factor Surveillance System. Over the years, PRC has implemented additional modules to address gaps in indicator data, including



areas such as access to healthcare, mental health and children's health. However, hospitals may also choose to customize their own survey to target specific needs, program interests or grant-funding objectives.

- **Primary data offer drill-down capabilities.** Survey results can be segmented and configured in a variety of ways to allow for investigation of subpopulations defined by geography, demographics, response characteristics or combinations thereof. This is particularly important in fully understanding health disparities in a hospital's own community, as well as in identifying primary care needs among vulnerable populations. In contrast, secondary data are typically not flexible in how or at what levels they are reported.

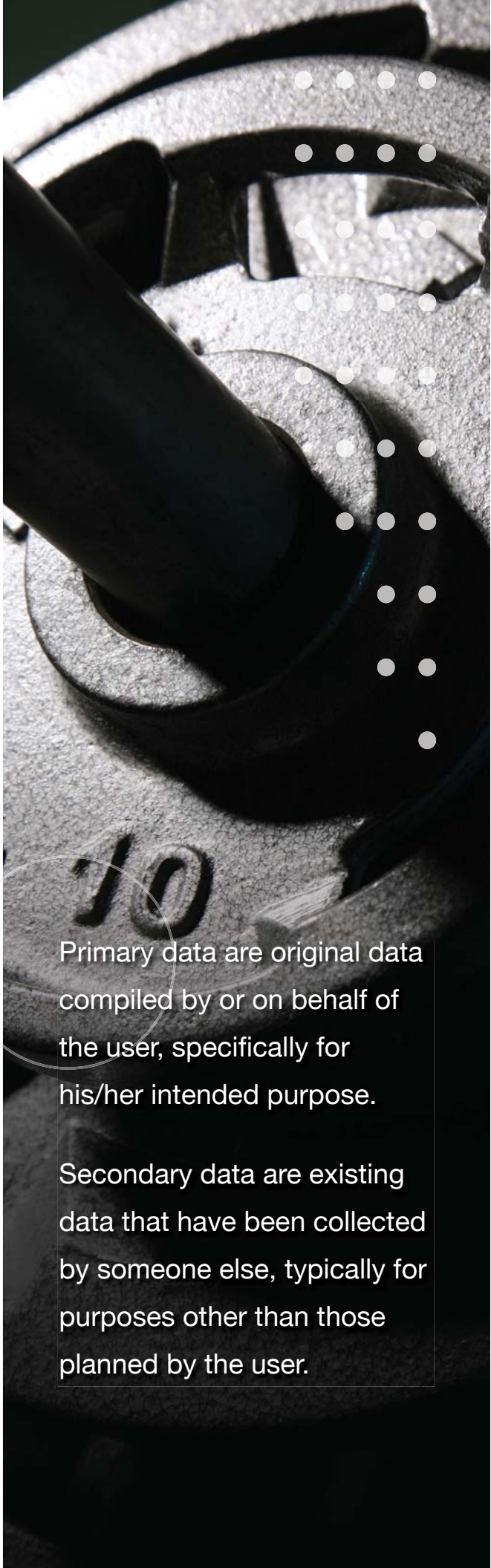
To facilitate the in-depth analysis of survey data, PRC offers web-based tools with which hospitals and community members can access CHNA findings. PRCEasyView.com® is designed for the client user and allows for extensive, in-depth data drill-down. New in 2011, HealthForecast.net™ is a value-added website offering PRC clients an indicator-based, community-specific site for public viewing of CHNA findings and access to the full CHNA report (allowing clients to meet PPACA public dissemination requirements).

For example, in a CHNA conducted on behalf of dozens of hospitals in the Metropolitan Chicago area, not only did participants realize dramatic cost savings using a collaborative model, but each hospital maintained the ability to isolate the primary data findings to its specific service area. Using this drill-down capability, one hospital on Chicago's north side discovered that their greatest health needs and opportunities did not lie where they had previously assumed.

- **Primary data are actionable.** Because the PRC Community Health Survey offers insight to individuals' health status, behaviors and experiences, these data provide detailed information that better equips hospitals to create programs that will directly impact community health. Primary data gives hospitals the opportunity to probe for "why," uncovering the reasons behind specific health behaviors or difficulties accessing healthcare services. This strength is one reason that several health foundations have used PRC's primary data to define funding priorities and inform their grant-making decisions.

- **Primary data can foster community engagement.** Community residents can relate to data which represent them as well as their neighbors, colleagues, friends and families. This can be a very powerful tool in motivating and building support for community health initiatives. It can also serve as a rallying point for building community partnerships; an example includes Oklahoma's Norman Regional Health System, which used its CHNA results to form the Healthy Community Coalition comprised of local businesses, social service agencies, healthcare professionals and community members.

- **Primary data offer unique opportunities for return on investment.** The PRC Community Health Survey results provide geographic- and demographic-specific data which hospitals can



Primary data are original data compiled by or on behalf of the user, specifically for his/her intended purpose.

Secondary data are existing data that have been collected by someone else, typically for purposes other than those planned by the user.

Primary Perceptions

“Back in 1999, we had only secondary data and even that was fairly generalized. Without true knowledge of our population’s specific behaviors and risks, how could the community effectively address them, much less how could we prioritize our funding?” — **Debbie Watson, Vice President, Winter Park Health Foundation** (Winter Park, FL)

“Primary data is what really gives us the depth and actionable information we need to determine what the top health concerns are in our community. That allows us to then identify not-for-profit organizations in our area that work to impact those needs and partner with them.” — **Catherine Zaharko, Director of Marketing, San Juan Regional Medical Center** (Farmington, NM)

“Collection and reporting of primary data is more readily accepted and understood by our community. It also builds our expertise in tracking health issues with our local community.” — **Kevin Mahany, Director of Advocacy and Healthy Communities, St. Mary Medical Center** (Apple Valley, CA)

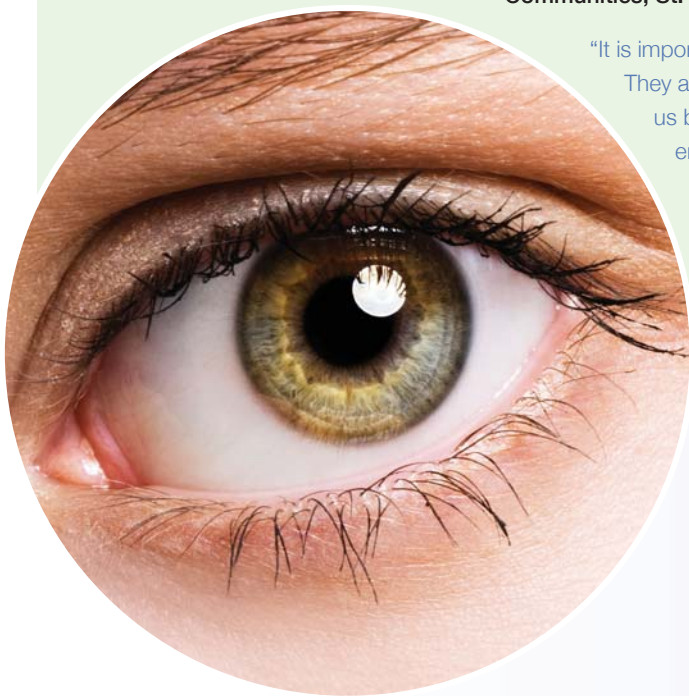
“It is important for us to hear directly from the people in our community. They add both depth and perspective to our secondary data, helping us better discern where to direct our intervention efforts. It also engages them in the process and for us that has meant a more collaborative response to needs.” — **Tracy Neary, Community Relations, St. Vincent Healthcare** (Billings, MT)

use to define very specific local needs. This allows hospitals to present quantifiable and defensible positions in grant applications in a way that secondary data alone cannot. In just one year, FirstHealth of the Carolinas used its PRC survey findings to garner more than \$1.5 million in funding from a variety of grant-making organizations, including the Robert Wood Johnson Foundation, the W. K. Kellogg Foundation, the Kate B. Reynolds Charitable Trust, and several state and federal agencies.

- **Primary data help hospitals respond more fully to Schedule H (Form 990).** Schedule H requires hospitals to describe how their CHNA identifies “primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups.” The PRC Community Health Needs Assessment identifies these needs by investigating subpopulations within the primary data. Secondary data remain largely inflexible in investigating multi-dimensional health disparities.

PRC Supports Upstream Approach

Primary and secondary data are best used together, and neither is a substitute for nor duplication of the other. While some may initially shy away from primary data collection as something deemed “unnecessary” or an added expense, the value received from an investment in comprehensive community research can be tremendous. ●



A close-up photograph of a hand holding a large, white, three-dimensional number '52'. The hand is positioned behind the number, with fingers spread. The background is a soft, out-of-focus light blue.

Case File

Quad City Health Initiative • Davenport, Iowa

Five Cities, Two States, One Initiative

“The Quad City Health Initiative began as an idea between the two health systems. This was a way the health systems could enhance and contribute beyond what we do on a day-to-day basis.” — Jim Lehman, M.D., VP of Quality, Genesis Health System

In 1999, the Quad Cities of Eastern Iowa and Western Illinois came together to improve the health and well-being of their communities in a new way. Since then they have accomplished more than just improved health... they've formed a better way to work together and get things done.

The Quad City Health Initiative (QCHI) was formed in 1999 when Trinity Regional Health System and Genesis Health System brought together 300 community members and leaders to improve the health of the Quad City region. The foundation serves the communities of Davenport, IA; Bettendorf, IA; Rock Island, IL; Moline, IL and East Moline, IL. The group looked at other community-based organizations around the country and developed a community board to pursue a healthy community.

Nicole Carkner has been the Executive Director for the Quad

City Health Initiative since 2001. She says that while bringing so many people together from two states has had its challenges, more importantly it has propelled their overall vision forward.

"Everyone plays a role in QCHI's success," she says. "In addition to the health systems, our 25-member board also includes leaders from all key community sectors: business, education, healthcare, city administration, public health and social service are all involved."

The area's two health systems are the major forces driving the Initiative. In a unique partnership, Genesis Health System, based in Davenport, Iowa, and Trinity Regional Health System, based in Rock Island, Illinois, provide financial support and serve on the QCHI board.

"It truly is a partnership," explains Carkner. "For example, Trinity is our fiscal agent, but my office is at Genesis. That illustrates the level of our collaboration."

Building a Healthy Environment

"A healthy community is one in which most people have the things they need

for a comfortable life. People feel safe, they have opportunities for recreation, they have economic opportunities. But it is also the built environment, the actual environment, air quality, water quality, the cultural activities available to citizens, the education system in a community. All of those things rolled into one." — *QCHI's Celebrating 10 Years of Creating a Healthy Community video*

The QCHI acts as a leader for creating collaborative action on health, taking the board's vision and putting it into action. Carkner works with the board, organizing volunteers and developing partnerships that help accomplish the Initiative's bigger, long-term goals.

Jim Lehman, MD, Vice President of Quality at Genesis Health System, has been part of the Quad City Health Initiative since its inception. He says that while working with multiple organizations, communities, counties and states can be challenging, overall it has been very advantageous.

"Communication and working together has gotten easier over the years,"

he says, "especially as we've developed relationships between health departments and health systems. Since establishing the Quad City Health Initiative, we're all on a first-name basis, which we never were before. That makes it much easier to pick up the phone and call people to get things done, whether it's something to do with the Initiative or something else entirely."

In 2002, QCHI spearheaded their first bi-state Community Health Needs Assessment, funded by the two health systems. The results set the baselines for the work they would do, including creating project teams such as the Wellness Champions and Smiles for All.

Five years later, they conducted a follow-up assessment with more partners, including the United Way and two grant-making foundations. This time, in addition to health questions, the survey also asked about residents' quality of life.

When developing their 2012 assessment, QCHI's goal was to create a tool that would meet the needs of all local health organizations: Rock Island County (IL) and Scott County (IA) Health Departments, Genesis Health System,

QCHI Projects and Affiliates

Smiles for All

Works to increase access to dental care prevention and treatment services for the underserved.

Wellness Champions

Supports residents in making healthy choices with regard to nutrition and exercise.

QC Hearts & Minds

Helps people live healthy lives from the inside out, promoting mental health as integral to our overall health.

Activate Quad Cities

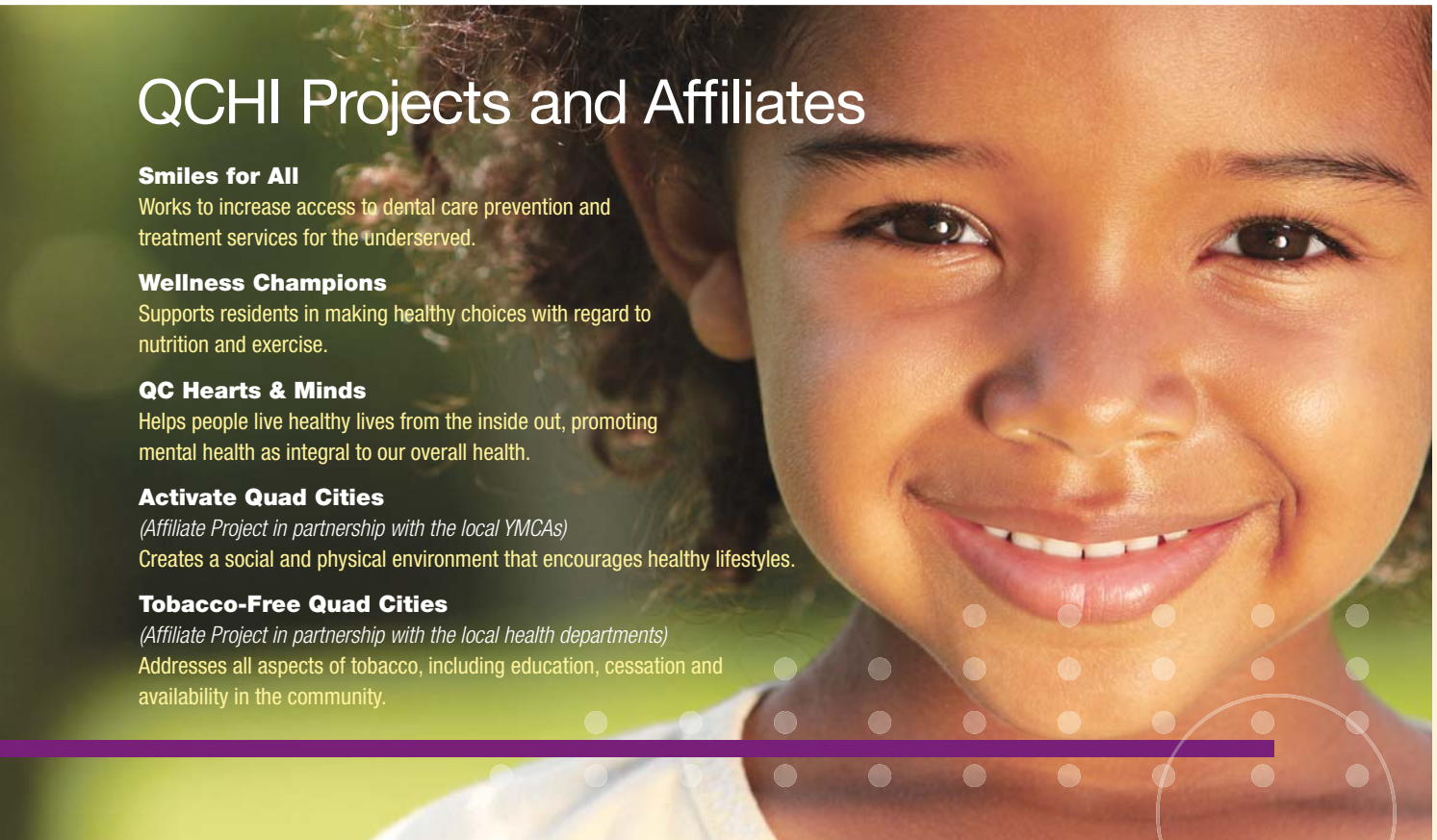
(Affiliate Project in partnership with the local YMCAs)


Creates a social and physical environment that encourages healthy lifestyles.

Tobacco-Free Quad Cities

(Affiliate Project in partnership with the local health departments)

Addresses all aspects of tobacco, including education, cessation and availability in the community.





Dr. Jim Lehman's advice for those who want to establish an initiative such as the QCHI:

1. Have a vision of what you want to accomplish.
2. Get past the question of, *'Who gives us the authority to do this?'* and be assertive.
3. You're trying to make the community a better place.
4. Be persistent.
5. Listen to the people of the community. Hear their needs and address them.
6. Use data to find out what is needed for better health within the community.

Trinity Regional Health System and Community Health Care, Inc.

As the facilitator for the assessment, QCHI ensured the project met the reporting requirements for all of the involved organizations and would provide wide-reaching benchmarking potential at the state and national levels.

The Quad Cities was one of the first entities in the region to successfully integrate the health system and public health assessment processes. Carkner says, "We were able to leverage the ongoing planning processes of the health departments and wrap around them a comprehensive community survey and secondary data collection. This made our assessment process more aligned, more efficient and more respectful of community stakeholders' time."


Changing Lifestyles

The most recent assessment showed how QCHI is having a positive impact on

residents. For instance, since 1999 both stroke and heart disease mortality rates have significantly decreased in the area. The heart disease mortality rate dropped from 251.8 to 197.9 deaths per 100,000, and the stroke mortality rate decreased from 67.7 to 44.1, echoing the trends across both states and the U.S. overall.

Unfortunately, 89% of area adults still have at least one risk factor for cardiovascular disease: high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, or overweight/obesity. As a result, the QCHI partnership is working to encourage healthy lifestyles wherever they can – from infrastructure to the environment.

The Initiative is having a positive influence on tobacco use, with a decrease in the number of smokers in the area over the past decade. "There's been more of a cultural shift when it comes to tobacco use," explains Carkner, "which is helped by smoke-free air acts as well."



Bringing together
five cities across
two states to form
the Quad City
Health Initiative
has accomplished
much more than
any individual
organization.

On a similar note, the percentage of adults reporting breathing problems associated with the environment (dust, smoke, smog or other pollutants) decreased significantly, from 15.0% in 2002 to 11.1% in 2012.

Over the last decade, the Quad Cities has expanded dental health services through its federally qualified health center, Community Health Care, Inc. Community teams such as Smiles for All have focused on distributing educational materials and oral health kits through food pantries, senior centers and at community events.

"We're pleased to see an increase in the percentage of residents receiving regular dental care," states Carkner. "Many organizations and individuals have embraced this issue and local dentists have volunteered their time to provide care to those in need."

Since 2002, the number of children receiving annual dental care has increased. The Quad Cities far exceeds the Healthy People 2020 target of more than 49% of children receiving dental care annually, as 86.8% of their children now receive annual care.

Moving Forward

We have a responsibility to help move community health forward. — *Berlinda Tyler-Jamison, VP of Community Impact, Trinity Regional Health System*

A challenge for QCHI has been communicating the potential they have to make a difference. "Once people are on board with it, though, they usually stay with it," Lehman explains. "When they see how it benefits their business or organization, and, of course, the community as a whole, people are more than willing to step up to the plate."

The QCHI website – www.qchealthinitiative.org – has been helpful in getting the word out to their residents. The site includes details on current projects and residents can learn more about the staff, board and goals.

This year QCHI posted a link to their CHNA results on HealthForecast.net™, further encouraging the community with information on their specific opportunities, resources and the full CHNA report. Also included on HealthForecast.net™ are reports by the two county health departments, communicating their specific goals and strategies.

Carkner explains, "Since we're working with so many entities, there's a huge base of support advocating within our communities. We have opportunities to pursue things that are happening in one state, and then leverage that in the other state. We can share more broadly, especially when we see something is working on a smaller level."

"This partnership allows for creative problem solving," she adds.

Overall, bringing together five cities across two states to form the Quad City Health Initiative has accomplished much more than any organization could individually.

"It's so important for us to work together," says Carkner. "We've already made a real difference, but together, we can do so much more." ●



We Have You Covered

Let us help you meet
your PPACA & IRS 990
Requirements

PRC helps hospitals meet PPACA Section 9007 and IRS 990 community health needs assessment requirements, including:

✱ **Conduct assessment of community health needs, which include input from people who represent the broad interests of the community.**

- Our CHNA research includes primary surveys of communities' health needs, supplemental secondary data, and focus groups with community members.

✱ **Publicly report the results of each assessment.**

- Every PRC client receives a personalized HealthForecast.net™ website which includes their full CHNA report, Area Outlook, Key Health Indicators, Opportunities for Improvement, Resources and Ideas for Action.

✱ **Implement strategies to address the needs identified and file an annual description of how they are addressing identified community health needs and/or explain why these needs are not being met.**

- As each community is unique in its resources and needs, PRC knows that those living within the communities are best able to develop strategies to impact health needs. However, we provide clients with a list of health priorities, setting them up for success. In addition, clients are also invited to participate in PRC's many community health educational opportunities and to learn from others who are furthering the health and well-being of their communities.



HealthForecast.net™



Professional Research Consultants, Inc.
11326 "P" Street
Omaha, Nebraska 68137-2316

PRSRT STD
U.S. Postage
PAID
Omaha, NE
Permit No. 1508

simple Solutions



PRC can help fulfill the PPACA's Community Health Needs Assessment requirement by:

- Identifying top health needs
- Gathering input from community and public health stakeholders
- Developing a detailed written report
- Facilitating public dissemination through Healthforecast.net™
- Sharing tools for prioritization and implementation strategy development

No one comes close to PRC's 18 years of experience conducting CHNAs for hospitals and health providers