



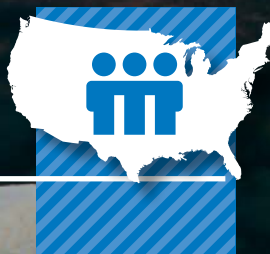
June 2013

community health connection

Serious Work in America's Playground

Implementing Change in South Lake Tahoe

CHNA & You
Informational Pull-Out Inside!



Serious Work in America's Playground

Barton Health's community is a unique one. Nestled in the Lake Tahoe basin, the hospital's primary service area is split down the middle between California and Nevada. This means that Barton Health's facilities, including a hospital, surgery center, outpatient services, physician offices and urgent care centers, are located in both states.

Additionally, South Lake Tahoe is a resort community, so while the core residential population averages 25,000, that number grows upward of 100,000 on weekends and holidays.

Overcoming Challenges

With so many tourists and part time residents, the community would seem to be a challenge for planning a Community Health Needs Assessment (CHNA). That wasn't the case in South Lake Tahoe. Monica Sciuto, Director of Public Relations & Marketing, said, "Our survey area is very unique, but it wasn't a challenge for the assessment itself. PRC was very good in assisting us to make sure we were contacting residents who live here full time, and not tourists or second homeowners."

One thing that proved to be a challenge for Barton Health was the inability to talk to people who are homeless. "In our community we have a lot of people who are homeless or move from home to home. Many seasonal workers and others struggling to make a living move from place to place just trying to stay off the streets when they can," said Sciuto. "We didn't have a way to include them directly through a phone call, so instead we tried to include people in our focus groups who had been in contact with these folks and could tell us their needs."

Leanne Wagoner, Community Outreach Coordinator, indicated the report

reflected Barton Health's entire service area well. She said, "When we looked at the data, we felt like it was very reflective of what people perceive our community's health needs to be."

Engaging With Community Partners

Several years ago, Barton Health partnered with two other area hospitals to conduct a Community Health Needs Assessment. However, in spring 2012 they focused their first solo assessment on their primary service area.

Sciuto said, "With limited government-funded health programs in our area, Barton acts as a safety-net and sole healthcare provider. We wanted to lead the charge in identifying the health gaps in our community."

Barton Health partnered with several community organizations. "It wasn't a matter of collaborating with other hospitals or not. It was the fact that the other hospitals don't provide the core services to our area like we do," said Sciuto. "Our focus was to partner with key community entities within the South Lake Tahoe area that we identified as being ones that could help us in addressing the needs identified in the survey."

A steering committee was created, consisting of community partners who had an expertise in health and health issues within the South Lake Tahoe community. "The committee included people within our own organization [Barton Health], as well as many other organizations in the area," said Sciuto. The steering committee was responsible for assessing the survey questions, meeting post-survey to review the results and creating action plans.

"Barton Health's purpose in conducting the CHNA was to have a qualitative and quantitative look at the real



health gaps that are facing our South Lake Tahoe community and to be able to address those gaps through partnerships, gaining additional grant funding and by expanding services that we offer,” Sciuto said.

Prioritizing Health Needs

After completion of the focus groups and surveys, PRC visited Barton Health to present the results and assist in the prioritization process using audience response system software. “After a full presentation of results, the steering committee worked together with PRC to prioritize top health needs in the community, based on the issues identified through the assessment,” said Sciuto.

The committee then discussed the nine health concerns identified, focusing on the five criteria used to develop priorities: impact, magnitude, seriousness, feasibility and consequences of inaction. After the discussion, a second vote occurred. “It was all private voting,” said Wagoner, “which was great because it created more validity to the prioritization.”

Based on the results of the second vote, three top health concerns were selected to be addressed through action plans.

Implementing a Strategy

Even though the prioritization process revealed three main health concerns, the hospital wanted to address all nine health gaps identified. “It was important for us to

Major Community Partners

- Barton Auxiliary
- Barton Health staff members and representatives from the board
- Barton physicians
- City of South Lake Tahoe (*city council, police, fire, housing*)
- Court Appointed Special Advocates
- El Dorado County Health and Human Services
- Family Resource Center
- First Five El Dorado
- Lake Tahoe Unified School District
- Live Violence Free
- Tahoe Youth and Family Services



Using Data for Funding

Based on Barton Health’s Community Health Needs Assessment, at least two local nonprofits applied for grants using the data:

1. Sierra Nevada Alliance – local environmental nonprofit focusing on the environment and health
2. Tahoe Youth and Family Services – youth substance abuse treatment facility

“There have been several groups that have asked us for the information from the assessment. We’ve been very diligent in spreading the word about the data we have and helping those who want access to it for funding important projects for our community.”

– Monica Sciuto, Director of Public Relations & Marketing

have an action plan for all gaps presented,” said Sciuto. “We felt that all nine gaps had merit and needed resources and attention. In our action plan, we decided to put resources toward all nine gaps with added attention and resources for the top three.”

The top three health concerns – access to health services, mental health, and substance abuse – are now standing items as part of a monthly Community Advisory Committee meeting hosted by Barton Health. Wagoner said, “Every month



Barton Health

Implementation Strategies and Action Plans



Access to Health Services

Goal is to increase access to health services by:

1. Expanding Barton Community Clinic.
2. Creating a health resource guide for the community.
3. Enhancing existing communication and services for seniors.
4. Expanding the telehealth program.

Mental Health and Mental Disorders

Goal is to increase access to mental health services by:

1. Expanding and maintaining mental health services.
2. Connecting partners with funding resources.
3. Increasing community education and prevention.

Substance Abuse

Goal is to reduce substance abuse within the community by:

1. Participating in the South Lake Tahoe Drug Free Community Coalition.
2. Supporting community prevention programs.
3. Identifying resources for patients with alcohol and drug dependency.
4. Enhancing internal protocols to reduce the abuse of prescription narcotics.

“We had to make our plans obtainable and actionable with our resources as well as with our community partners.”

we meet with our community partners to talk about the top three issues, so it stays on the forefront of our hospital's discussion.”

Before developing action plans, Sciuto said they met with several key experts, both within the community and within the health system. “We wanted to make sure that the action plans we were developing were realistic,” said Sciuto. “We had to make our plans obtainable and actionable with our resources as well as with our community partners.”

The overall plan was then presented to Barton Health's board of directors. “The board was very supportive and signed off on the initiatives,” said Sciuto.

To better connect partners with funding resources, Wagoner attends a monthly meeting, the Lake Tahoe Collaborative, where members discuss a variety of community issues, including the health gaps identified by the CHNA, and

how they can partner to alleviate the health needs.

Access to Health Services When looking at how to address the first priority – access to health services – it was important to note that 40.1% of adults in the primary service area had some type of difficulty or delay in obtaining healthcare services in the past year. The strategies Barton Health focused on to improve access included: expanding the community clinic; creating a health resource guide; enhancing existing communication and services for seniors; and expanding the telehealth program.

As a result of these strategies, the expansion of Barton Community Clinic is scheduled to be completed this summer. Sciuto said, “This is the biggest enhancement we will provide to our community to increase access to healthcare services, especially for our under-insured and uninsured populations.”

Barton Community Clinic anticipates accommodating an additional 1,000 patient visits every month following the expansion. And, with added Saturday office hours, additional pre-scheduled and same-day appointments will increase the ease for patients seeking care.

Additionally, a health resource guide was distributed in early February. "The resource guide has been a huge hit with our partners, as well as with our physicians and others who come in regular contact with people who need access," said Sciuto.

Sciuto attended a telehealth conference in April, and Barton Health received an award for its success in working with its community partners to expand its telehealth program for patients and physicians.

Mental Health and Mental Disorders

The second health priority identified through the assessment was mental health and mental disorders. The goal of this priority was to increase access to mental healthcare by expanding and maintaining mental health services, connecting partners with funding resources, and increasing community education and prevention.

To address the expansion of mental health services, Barton Health hired a child psychiatrist. Wagoner said, "Our new child psychiatrist works full time for us and sees children through our Community Clinic, which has proven to be a great asset to our community."

From the assessment, awareness of mental health and mental disorders as a local issue has been raised. While 68.7% of adults surveyed rated their overall mental health as "excellent" or "very good," 29.5% of adults reported symptoms of chronic depression, and 41.1% of adults characterized their typical day as "moderately stressful."

Sciuto said, "In doing this assessment, a lot of people who work in the healthcare realm knew that mental health and substance abuse were big issues in the community, but there are a lot of residents

who live here and don't have any idea these issues exist. By putting this information out in the public, it really has brought some of these issues to the forefront, so now everyone is looking at them and seeing there's a problem."

Substance Abuse In an effort to address the third priority, four strategies

Choice

When choosing priorities for community health initiatives, a variety of criteria must be considered. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

It is also important to recognize two facts: 1) there may already be local efforts in place working on community health needs; and 2) no individual or organization acting alone can completely resolve a given issue or problem.

Criteria that should be considered when developing priorities:

- **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 targets.
- **Seriousness** – The degree to which the problem leads to death, disability or impairs one's quality of life.
- **Feasibility** – The ability of organizations to reasonably impact the issue, given available resources.
- **Consequences of Inaction** – The risk of exacerbating the problem by not addressing it at the earliest opportunity.

were implemented: 1) participation in the South Lake Tahoe Drug Free Community Coalition; 2) supporting community prevention programs; 3) identifying resources for patients with alcohol and drug dependency; and 4) enhancing internal protocols to reduce the abuse of prescription narcotics.

The Community Health Needs Assessment findings revealed that 69.4% of adults in the primary service area are current drinkers, 13.2% are chronic drinkers and 28.6% are binge drinkers. During the focus group portion of the assessment, it was pointed out that the tourism aspect of the area promotes a 24/7 drinking culture, and South Lake Tahoe is a “party town,” so residents see this and can get caught up in it. A social service provider who participated in the focus groups said, “We have a unique challenge here because Tahoe is a place where people come to party and have a good time and so how do you say, ‘Well, that behavior is okay for the visitor, but the residents, no’? That’s a difficult thing.”

As it relates to drug use, the CHNA found that 6.7% of adults in the primary service area acknowledged using an illicit drug, which is nearly four times the prevalence found nationally (1.7%). Of the adults surveyed, 8.1% of them reported seeking professional help for an alcohol or drug problem at some point in their lives, which is more than twice the national findings (3.9%).

Barton Health now holds the healthcare representative seat on the South Lake Tahoe Drug Free Community Coalition, which addresses youth substance abuse in the community.

The system is also working with a local physician group, Tahoe Carson Valley Medical Group, to enhance protocols that reduce the abuse of prescription narcotics. In addition, this group is conducting a CME project called Project ACCELERate.

The CME will take place via the telehealth network and meetings will occur monthly for six months. Topics for the meetings include: primary care pain management; prescribing and the law; pain and cancer; acupuncture for pain; pain and mental illness; and back pain and interventional procedures.

Additionally, EPIC (Electronic Privacy Information Center) was implemented in May throughout the hospital. “This allows our physicians access to the same patient information so they can better see what’s happening with those particular patients who are hopping from urgent care to physician office to emergency department and getting narcotic drugs from all three places,” said Sciuto. “Now we’re able to see what’s happening and identify abuse within the system.”

Identifying Success and Looking Ahead

Sciuto said it’s key for organizations going down a similar path to have support from leadership as well as have someone focus exclusively on the community’s health and needs. “I think it’s critical for hospitals to have someone dedicated to the cause if they’re going to be successful in addressing these health gaps. That’s why we’ve been so successful so far.”

In looking at what’s next for Barton Health, Sciuto admitted community health is an ongoing commitment. “This is something that needs almost daily attention to ensure we’re addressing all of the issues that our community has.”

In the future, Sciuto hopes that benchmarking can become a priority. “From my perspective, I’d like to see if we’re moving the needle. I’d like to put in some benchmarks so that when we reach our three-year mark and have to do this all over again, we can truly be able to report the successes that we’ve had and identify the barriers that still exist.”

Something of **Note**

Bruce Lockwood

Director – Community Health Division



An Era of Change

Tax-exempt hospitals have long awaited further clarification and guidance on the Community Health Needs Assessment (CHNA) and subsequent implementation strategy requirements enacted by the Patient Protection and Affordable Care Act [Section 501(r) of the Internal Revenue Code]. However, the recent (April 5, 2013) proposed rule from the IRS comes just as most tax-exempt hospitals are approaching the finish line of their first CHNA cycle. For many, this hurdle means that they are scrambling to ensure that their work thus far remains in compliance.

The recent proposed regulations (REG-106499-12) largely build on and respond to concerns about the guidance issued in July 2011 (IRS Notice 2011-52). For hospitals that have completed all steps already — or will do so before October 5, 2013 — the good news is that you may still rely on the prior guidance. However, if you anticipate that your facility will meet the last of the requirements after October 5, the prior guidance will be obsolete and the current proposed rule will govern.

CHNA Process

Some CHNA process clarifications in REG-106499-12 address:

- How the “community served” may be defined, which remains fairly flexible.
- How hospitals might limit extensive lists of identified health needs to address by distinguishing “significant” health needs from among “all” health needs.
- Descriptions of the types of individuals and organizations (who represent the broad interest of the community) from whom to solicit input.
- That hospitals may now collaborate with others to produce a joint CHNA under certain circumstances (e.g., identical community definition, clear attribution of each hospital, independent adoption for each hospital facility, etc.).

- How implementation strategies must outline the anticipated impact of the hospital facility's actions and plans to evaluate the impact.
- Changes to the public dissemination requirements of the CHNA (e.g., “conspicuous” posting on websites, maintaining the online CHNA report until two subsequent CHNA reports have been posted, not requiring users to create an account or give personal information, and making a paper copy of the CHNA report available for public inspection).

CHNA Report

Additionally, some of the notable report-related clarifications state that the CHNA report must now:

- Include a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in prioritizing these health needs.
- Identify potential measures and resources (i.e., programs, organizations and facilities) available to address significant health needs — these may be limited to those known or identified in the course of conducting the CHNA.
- Include a definition of the community served and a description of how the community was determined.
- Identify the organizations (names of individuals are no longer required) that provided input into the CHNA (i.e., from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health) and summarize the nature and extent of that input.
- Identify any parties with whom the hospital facility collaborated, or with whom it contracted for assistance in conducting the CHNA.
- Be adopted by an authorized body of the hospital facility (in addition to the adoption of the final implementation strategy).

These highlights are neither exhaustive nor definitive; other proposed regulations relate to aspects of the implementation strategy requirement, the consequences of noncompliance, and timing and transition relief under certain circumstances. You are encouraged to review the proposed rule (available at <http://bit.ly/proposedrules>) with your leadership and appropriate counsel as you move forward.



Leveraging the CHNA in Strategic Planning

Organizations across the country conduct Community Health Needs Assessments (CHNA) for various reasons. In addition to being mandated by the Internal Revenue Service (IRS), many organizations desire to enhance their understanding of and stay up to date on the evolving needs of their community. This was true for Children's Mercy Hospitals & Clinics in Kansas City, which recently completed the first pediatric focused health needs assessment in its region.

In 2012 and 2013, Children's Mercy conducted its first CHNA. Although IRS regulations were the catalyst in conducting the assessment, the hospital's strategic

planning process called for a more involved approach toward understanding community needs. "Through the strategic planning process, we realized that across the board we needed to be more focused in our community outreach efforts," said Dawn Wolff, Director of Strategic Planning.

Because they incorporate Community Benefit and the CHNA into their overall strategic plan, Children's Mercy stands apart from other organizations. "The process of Community Benefit and the CHNA falls under the strategic planning umbrella, which isn't typical," said Wolff.

There is no uniform approach to CHNAs or to where those responsibilities

fall within an organization. Some organizations place these activities under previously existing departments such as Government Relations, Community Relations, Accounting/Finance, etc. Other organizations create autonomous departments that manage the Community Benefit and CHNA process.

Jared Vavroch, Manager of Strategic Planning, said, “We’re unique because we’re integrating our community planning efforts into the organization’s formal strategic planning process. This approach has proven to be invaluable toward gaining buy-in and making it meaningful – we no longer view the Community Benefit and CHNA functions in a silo, which allows us to connect the dots between services and resources more effectively. We are working toward incorporating this work into our day-to-day planning functions and making it a part of the Children’s Mercy culture.”

A group of 27 people – including physicians, nurses, social workers, administrators, researchers, interpreters and patient advocates – served on the advisory committee for the assessment at Children’s Mercy. In the beginning stages of discussion, the committee debated whether or not it was necessary to partner with PRC to conduct the assessment. Wolff said, “We see approximately 86% of the kids in our market that require medical or surgical attention. Because of that, we had the perception that we already understood what the community needs were.”

Identifying True Health Needs

However, as a children’s hospital – and the only one in the region – Children’s Mercy also understood that there isn’t as much publicly-available pediatric health data as there is for adults. Vavroch said, “In addition to complying with IRS requirements, we were really focused on

obtaining pediatric-specific health data by conducting primary research through PRC, which allows us to provide and analyze information we have never had before. We wanted to go above and beyond to create a valuable resource for the community, and I believe we have accomplished that.”

Wolff echoed the idea that PRC needed to be engaged to reach consensus on the true health needs of the community. “Initially, many at the hospital had the mindset that ‘we already have this information’ or ‘we already see all the kids.’ It’s always important, however, to validate our assumptions and verify that they are indeed accurate. That’s why we did all the work we did.” The results from the assessment gave the advisory committee at Children’s Mercy a great data set and multiple health indicators they have never had before, which will give them a benchmark to measure from as they move forward.

By working in conjunction with the hospital’s strategic plan, a lot of the legwork was already completed. The strategic plan established criteria regarding the organization’s service priorities, and one of those criteria was addressing the unmet needs of the community – which is also consistent with the mission and vision of Children’s Mercy. “The only way that we can identify those needs and see what actually fits the criteria is to conduct the CHNA,” said Wolff.

Through the strategic plan, there’s an emphasis on being able to measure what the hospital is doing and demonstrating the outcomes and value provided. Vavroch said, “The CHNA is giving us data points that are good baselines. It establishes concrete figures on a variety of health issues that will help us progress from using measures that simply identify output, such as the volume of patients served or the dollar amounts invested, to an approach



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It Takes a Community

Although Children's Mercy has facilities across the Kansas City region, the Community Health Needs Assessment measured the health status and needs of residents in the immediate four counties from which it draws the majority of its patients and in which has most of its inpatient and outpatient facilities:

- Jackson County, Missouri
- Clay County, Missouri
- Wyandotte County, Kansas
- Johnson County, Kansas

The assessment involved five focus groups with key informants from the community, including:

1. Healthcare Professionals (*e.g. public health, school health, mental health provider, etc.*)
2. Community Physicians (*e.g. pediatricians, family practitioners, etc.*)
3. Social Services Representatives (*e.g. Head Start, school districts, etc.*)
4. Community Leaders (*e.g. business, government, etc.*)
5. Children's Mercy Hospital & Clinics Representatives (*physicians, nurses, social workers, etc.*)

The top health priorities for children and adolescents in the community based on assessment findings – including quantitative data and qualitative input from key informants – include:

1. Access to Healthcare Services, with the importance of a medical home
2. Injury and Safety
3. Nutrition, Physical Activity & Weight Status

focused on outcomes, such as our impact on reducing childhood obesity rates.”

Verification of Efforts

While Children's Mercy is early in the process of reviewing its findings and implementing strategies, the committee is confident that the data has verified its previous work. “A lot of these findings are things we already focus on,” said Wolff. “We decided we’re not going to recreate the wheel. There are already implementation strategies in place with a lot of the areas we found to be significant, so the assessment really just brought more focus to what we’re already doing.”

With the data they were able to gather from the assessment, Wolff is confident that predictive modeling will be in the future. “Now we have a way to look at the community surveys and see the hot spots and where we need to focus our attention,” she said. “In the past, we’ve tried to work on it all at once, but now we will have a more focused effort going forward.”

Although post-assessment work has not yet begun, one clear conclusion can be made based on the research, which is the validation of what Children's Mercy is already working toward. “We’re pleased to know that the areas we’ve already been investing in rose to the top through an objective, third-party analysis,” said Wolff. “Using PRC for our community survey, focus groups and secondary public health data really solidified what we were already doing.”

After your Community Health Needs Assessment data are collected and you've identified your community's significant health needs, the next step is to begin your implementation strategy. This entails, among other items, detailing which priorities your hospital facility will focus on, establishing goals and objectives for your programs, identifying evaluation measures, and outlining the steps to accomplish them.

As you move to program planning and development, an important step is to research evidence-based practices to identify any proven programs that might be replicated in your own community. To help with this, PRC has compiled an extensive list of resource links; each of these websites offer a library of evidence-based programs or promising practices, most organized by topic. These innovative approaches will hopefully spur ideas for action in your own community and help you make the greatest impact with your community benefit dollars.



Ideas for action



American Hospital Association Community Connections
<http://www.ahacommunityconnections.org>

Blueprints for Violence Prevention
<http://www.colorado.edu/cspv/blueprints/index.html>

Canadian Best Practices Portal
<http://cbpp-pcpe.phac-aspc.gc.ca>

CDC's Guide to Community Prevention Services
<http://www.thecommunityguide.org/index.html>

CDC's Strategies Snapshot: Community Health in Action
<http://www.cdc.gov/communitytransformation/focus-strategies/index.htm>

ChildTRENDS - Lifecourse Interventions to Nurture Kids Successfully (LINKS)
http://www.childtrends.org/_catdisp_page.cfm?LID=CD56B3D7-2F05-4F8E-BCC99B05A4CAEA04

Community Toolbox, Work Group for Community Health and Development, University of Kansas
<http://ctb.ku.edu>

County Health Rankings and Roadmaps' "What Works for Health"
<http://www.countyhealthrankings.org/roadmaps/what-works-for-health>

Continue on next page.

Find Youth Info

<http://www.findyouthinfo.gov/program-directory>

Health Evidence (*free to register*)

<http://www.healthevidence.org/search.aspx>

National Governor's Association Center for Best Practices: Health Division, Population Health

<http://www.nga.org/cms/home/nga-center-for-best-practices/center-issues/page-health-issues/page-population-health.html>

National Organization of County & City Health Officials: Model Practice Database

<https://eweb.naccho.org/eweb/DynamicPage.aspx?site=naccho&webcode=mpsearch>

National Registry of Evidence-Based Programs and Practices (NREPP)

<http://www.nrepp.samhsa.gov/#start-content>

New York Academy of Medicine's Compendium of Proven Community-Based Interventions

<http://www.nyam.org/news/docs/Compendium-of-Proven-Community-Based-Prevention-Programs.pdf>

Office of Juvenile Justice and Delinquency Prevention Model Program Guide

<http://www.ojjdp.gov/mpg>

Professional Research Consultants Community Health Connection Quarterly Newsletter

<http://www.prconline.com/news-events/prc-newsletters/prc-community-health-connection-newsletter>

Promising Practices Network

<http://www.promisingpractices.net/programs.asp>

SAMHSA's Guide to Evidence-Based Practices

http://www.samhsa.gov/ebpwebguide/appendixB.asp#Health_Treatment

Social Programs That Work

<http://dev.evidencebasedprograms.org/about/full-list-of-programs>

World Health Organization: Interventions on Diet and Physical Activity: What Works

<http://www.who.int/dietphysicalactivity/whatworks/en/>

General Resources

Agency for Healthcare Research and Quality: Prevention & Chronic Care

<http://www.ahrq.gov/professionals/prevention-chronic-care/index.html>

Centers for Disease Control & Prevention

<http://www.cdc.gov/>

CDC's Communities Putting Prevention to Work

<http://www.cdc.gov/CommunitiesPuttingPreventiontoWork/index.htm>

Healthy People 2020

www.healthypeople.gov

National Health Information Center (NHIC)

<http://health.gov/>

National Prevention Strategy

<http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf>

Partnership for Prevention

<http://www.prevent.org>

Pew Partnership for Civic Change: Solutions for America (The Guide for Civic Problem Solving)

<http://www.pew-partnership.org/resources>

Prevention Institute

<http://www.preventioninstitute.org/index.php>

Robert Wood Johnson Foundation

<http://www.rwjf.org/en/topics.html>

Trust for America's Health: Resource Library

<http://healthyamericans.org/resources/>

U.S. Department of Health & Human Services, Prevention

<http://www.hhs.gov/safety/index.html>

U.S. Preventive Services Task Force

<http://www.uspreventiveservicestaskforce.org/>

Determine if a program is appropriate for your community

1. Consider the "Program Match"

- Do the program's goals/objectives align with the goals/objectives of your organization?
- Is the target audience similar?

2. Review the "Program Quality"

- Is the program evidence-based, has it undergone rigorous evaluation measures or been replicated?
- Where did you locate the program's information – a registry, scientific journal, etc.?

3. Evaluate your "Organizational Resources"

- Does your organization have the resources and expertise required to implement the program?

Small, S., Cooney, S., Eastman, G., & O'Connor, C. (2007). Guidelines for selecting an evidence-based program: Balancing community needs, program quality, and organization resources. *What Works, Wisconsin—Research to Practice Series*, 3, 1-6. http://whatworks.uwex.edu/attachment/whatworks_03.pdf

Direct links to these sites are available at www.PROnline.com/chna

CHNA Partnership: A Public Health Perspective

Tribal lore implies that Indians in the Gallatin Valley didn't fight prior to white settlement. Instead, they agreed to share the area's beauty and resources with one another. From the time Bozeman, MT, was named in 1864 until today, this agreement has proven beneficial for Gallatin County.

In 2010, a partnership between Gallatin City-County Health Department and Bozeman Deaconess Health Services was strengthened as they collaborated on their community health assessment. "The collaboration came about through a series of other collaborations we had with the hospital," said Sarah Acker, Accreditation Coordinator/Quality Assurance Specialist at Gallatin City-County Health Department.

Partnering for Mutual Benefit

The decision to partner with Bozeman Deaconess Health Services was an easy one for the health department. Matt Kelley, Health Officer, said, "We, as a health department, are focused on prevention and keeping people out of the hospital. And the hospital is focused on treatment. It's really two sides of the same coin. It made sense to collaborate and build a bridge between those two worlds."

Bozeman Deaconess Health Services provides the only hospital in Gallatin County. "It really is a dominant player in the healthcare area," said Kelley. "So to try and do something like this without the hospital, there would have been a big piece missing."

Since the hospital is a nonprofit

organization, much of its funding goes toward community benefit. "I think the hospital wanted to make sure they were identifying the right issues upon which to use their resources," said Kelley. "We wanted to do a comprehensive analysis of health indicators in our community, measured against other communities in Montana and the nation. But we also wanted to measure a few things that were unique that we didn't have data for."

As a health department, Gallatin City-County focuses on trying to get people to change their behaviors. "The hospital did a previous health needs assessment, and it mostly focused on clinical services," said Acker. "But we wanted to look more at behaviors, attitudes and other health indicators as well."

Kelley said, "We're really interested in people's attitudes and what is shaping the actions they take. And that tends to be harder to measure and harder to affect. In the hospital setting it's a different ballgame, because they have very defined metrics to use. So I think coming to a common understanding of what we're trying to reach with the assessment was a challenge, but the hospital got a better sense of what we were looking for, and vice versa."

Supporting Public Health Accreditation

Prior to conducting the community health assessment, Gallatin City-County Health Department was in the beginning stages of applying for accreditation through the Public Health Accreditation Board (PHAB).

"That was on the radar for us in moving forward with partnering with the hospital for this assessment," said Acker. "We knew we wanted a quality document with good data to provide for the accreditation process."

As part of the application process, there are three prerequisites: a community health assessment, a community health





Three priorities were identified as part of Gallatin County's community health improvement plan.

Priority 1 • Increase access to healthcare.

Priority 2 • Increase strategic collaboration between service providers.

Priority 3 • Encourage healthy behaviors.

For a complete look at the community health improvement plan, visit www.healthygallatin.org

“The whole philosophy behind public health accreditation is to improve quality for health departments,” said Acker. “So it made sense for us to have good data from the PRC assessment to work with during this process.”

improvement plan, and an agency strategic plan.

“The whole philosophy behind public health accreditation is to improve quality for health departments,” said Acker. “So it made sense for us to have good data from the PRC assessment to work with during this process.”

Accreditation not only ensures that the health department is working to improve the health of the community, but also notifies the public that the health department has met high standards set forth by the accrediting agency. Jill Steeley, Director of Health & Human Services at Gallatin City-County Health Department, said it will be about a year before they know if they are approved. “We have one year to pull all of our documentation together. The PHAB will come do a site visit, and then we’ll know if we’ve been approved.”

Using Data to Initiate Conversation

After the assessment, the health department didn’t focus solely on the accreditation process. They also used the results to initiate conversations in the community. “We looked at things that were important to Montana,” said Acker. “We were able to pick and choose indicators from the data for our final report, which helped inform the priorities we’re trying to impact.” These priorities include adolescent substance abuse, binge drinking, guns, driving without seatbelts, and drinking and driving.

One of the major focus areas identified in its community health improvement plan

was to build a more cohesive community collaboration to address substance abuse, specifically among adolescents in the community. “That’s a difficult challenge and it’s ongoing,” said Kelley. “It’s hard to wrap something up in a bow and say we’ve solved the substance abuse issue in Gallatin County, but we are pleased to say that the data from the assessment have been used to have conversations about the issues and raise awareness.”

Home to Montana State University, Bozeman is a college town. Many residents have the perception that substance abuse and drinking are “college kid issues.” But data from the assessment have revealed that’s not entirely true. “Because of what we know about the demographics and the way the survey was conducted, we’re really seeing a significant number of adults in the community who are reporting being chronic drinkers, driving while under the influence, and driving without seatbelts,” said Kelley.

A total of 7.8% of adults in the survey area were identified as chronic drinkers – defined as having 60 or more drinks of alcohol in the preceding month. Of the adults surveyed, 6.3% acknowledged drinking and driving or riding with a drunk driver. Although most adults (79.1%) reported “always” wearing a seat belt when driving or riding in a vehicle, that number is less favorable than the national average (85.3%).

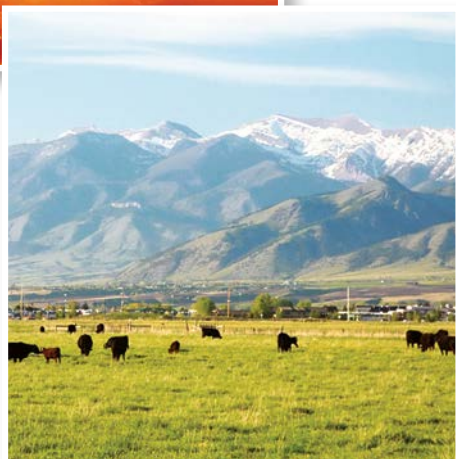
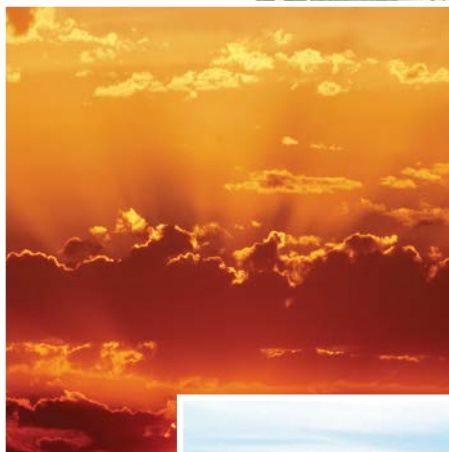
The data from the community health assessment brought quantitative verification to a number of issues health experts in the community knew of or suspected. “We already knew this, but the assessment

identified that Gallatin County and Montana as a whole have high suicide rates,” said Kelley. “This data tied into concerns we heard in the community about access to mental health services.” From 1999-2007, there was an annual average suicide rate of 19.6 deaths per 100,000 population in Gallatin County – much higher than the national average of 10.8.

Additionally, data from the survey was used in a recent state-wide debate about whether to expand Medicaid. “The survey data was very specific and we

could point to that information and say ‘we know that 22% of Gallatin County adults are uninsured,’ which was significant in identifying how big a problem we really had,” said Kelley.

Results from the assessment have given health leaders hard data to use. Kelley said, “We were able to deepen conversations that we probably would have been having without good data. But to be able to have those conversations with good data is pretty important.”



About Gallatin County

- 89,513 people
- 2,600 square miles
- Median age: 32.5
- 97% white
- 52% male
- 45% have bachelor's degree or higher
- 22% uninsured
- 30% living below 200% of the Federal Poverty Level



Gallatin City-County Health Department has 36 employees (1 full-time employee and 1 VISTA volunteer work full time on the community health assessment and the community health improvement plan) and provides these services:

- WIC
- Maternal & Child Health services
- Immunizations
- Cancer Prevention
- Emergency Preparedness
- School Nursing Services
- Environmental Health



Bozeman Deaconess Health Services is the largest private employer in Gallatin County:

- 86-bed hospital
- 1,400+ employees
- 100+ provider group
- 150+ physicians
- 40+ specialties
- Assisted and independent living



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Are you looking for ideas on how to effectively change the health of residents in your community? Are you interested in finding out how others are implementing change?

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This year's workshop will take place every Wednesday in August from 1-2 p.m. (CDT).

To view previous workshops, or to register, visit www.PRConline.com/chna and click on "Community Health Workshop."

Registration is free, but you must register for each of the four sessions separately.



Inside this issue

- 7** An Era of Change
- 8** Leveraging the CHNA in Strategic Planning
- 11** Ideas for Action
- 13** CHNA Partnership: A Public Health Perspective

Community Health Connection