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# Community

health connection

March • 2011



## Connecting You to the Community Health Community

**Bruce Lockwood**, Director, Community Health Division, PRC

Nearly 17 years ago, PRC began working with some of the nation's first community health "pioneers" – in such far-flung places as York, PA, Manhattan, KS, Guntersville, AL, and Broward County, FL – embarking on a new type of local research, the community health needs assessment. The concept was simple: to actually measure the health status, behaviors and needs of our populations as a way to begin working to improve health at the community level. Revolutionary! Earth-shattering! And it truly was at the time.

Today, we've worked with hundreds of hospitals, foundations, public health agencies and community-based groups across the country who see the value of this type of research. And, for many, community health needs assessment is a deeply engrained, ongoing and vital practice. Historically, this has been helped along by state-level legislation, accreditation requirements, IRS reporting requirements, and of course, most recently, federal health reform legislation. But the fact remains that the community health needs assessment is crucial for any organization working toward improving the community's health.

While incorporating random acts of kindness into our daily lives can make us better individually and collectively, it's really not the best approach for directing our limited dollars. For effective decision-making, anecdotal evidence isn't "evidence," and "what we think we know" is not necessarily the same as "what we know" – and that's why research is so important. One thing our clients have taught us over the past two decades is that data has the power to inspire and guide decision-making, as long as those data are valid, relevant, well-presented, and, most importantly, specific to the community in which we live. It is one thing to extrapolate and make assumptions based on state

or national indicators, but quite another when we have hard data that represent our neighbors, our colleagues, our friends and families.

Ultimately, the goal of community health-focused organizations is to facilitate change at the local level, whether by reducing risk, improving access, or building capacity. And, by sharing the data as broadly as possible, a greater share of the community is engaged and empowered to implement change.

Recently, we've spoken with many organizations and businesses who historically haven't given health issues much thought: employers, business coalitions and community groups. These people are seeing the value in improving the health of their employees, members and communities. They seek to improve the quality of life in their area, to decrease insurance rates, to improve productivity and presenteeism, and to make a positive impact in the lives of others.

As we continue along this evolution, PRC hopes to be your partner for the best and latest information about community health best practices, research insights, regulations and networking. As such, the following are our goals for this first-of-many Community Health Connection publications:

- To inform you of the latest development in national requirements related to community health research.
- To provide case studies of communities implementing change to serve as inspiration and as models for success.
- To offer PRC as a valuable resource in your quest for community health improvement.

We hope that you find the information in our inaugural issue useful, and we welcome your feedback. Please send comments, questions, and article ideas to [Publications@PRCOnline.com](mailto:Publications@PRCOnline.com).



# Non-Profit Hospitals Have Added Requirements Under Health Care Reform

If your hospital facility has tax-exempt status, you now have some additional responsibilities under the new Patient Protection and Affordable Care Act (PPACA).

Under PPACA Section 9007, hospitals that want to either achieve or maintain a tax-exempt status under IRS Section 501(c)(3) have some new requirements, which include:

- Conducting assessments of community health needs, which must include input from people who represent the broad interests of the community, especially those with special knowledge or expertise of public health
- Making the results of each assessment public
- Implementing a strategy to address the community health needs identified in the assessment
- Filing an annual description of how they are addressing the identified community health needs and/or explain why these needs are not being met.

The assessment and description will be reported as part of the organization's form 990. In order for a hospital to maintain its Section 501 tax-exempt status, it must complete these assessments once in every three-year period. The compliance date for the first assessment depends on the tax year of each hospital, but the earliest effective date is April 1, 2012, for hospitals with a March 31 tax-year end.

Tax-exempt hospitals must also comply with the new law by developing and implementing written financial assistance and emergency care policies, limiting charges for patients who meet the criteria for financial assistance, and meeting the new billing and collection requirements.

Each establishment in a multi-facility organization must meet these requirements individually. Tax-exempt hospitals that do not meet these new requirements will face a \$50,000 excise tax for every year they fail to comply.

You can see the PPACA in its entirety at:

<http://www.ncsl.org/documents/health/ppaca-consolidated.pdf>

Section 9007 is found on pages 760-763.

You can also sign up for a WebChat on community health assessments at:

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





Case File

FirstHealth of the Carolinas • Pinehurst, NC

# ROI— Using Research to Obtain Funding

In a perfect world, there would be limitless funding to improve health quality, coordination, and services. Unfortunately, our world isn't perfect. Thankfully there are thousands of organizations dedicated to making our world better by improving health quality and services in their communities. One of the

many challenges these organizations face is determining where to spend their limited resources to have the biggest impact. To answer this question quantifiably, many organizations have chosen to conduct community health assessment research that not only prioritizes their communities' needs, but also tracks the progress and impact of their work.

**First Health of the Carolinas**, a not-for-profit healthcare network located in Pinehurst, North Carolina, found that their investment in this research provided priorities for impacting the health of their residents, and also assisted in obtaining millions of dollars in grant funding. With three hospitals, heart and rehab centers, multiple clinics, four charitable foundations, home health services, a

hospice program, an insurance plan, and transport services, FirstHealth is the preemptive healthcare provider for 15 counties in the mid-Carolinas. Realizing the difficulty of determining health needs and priorities across a large geographic region, the network's Community Health Services department began working with PRC in 1999 and has continued to conduct community health research every four years since, providing the network with measurable trends on a county level.

Using this data, the network has reaped over \$1.5 million in funding in the past year alone from a variety of grant-making organizations, including the Robert Woods Johnson Foundation, WK Kellogg Foundation, Kate B. Reynolds Charitable Trust as well as several state and federal agencies. These organizations have provided financial support for both specific and general initiatives of FirstHealth, all



developed as a result of the information learned through the research. Some of the network's more daunting, yet rewarding, initiatives include a seven-year healthy lifestyle development program for those are at or below 200% poverty level and health disparities projects that include diabetes outreach and access to care for uninsured residents.

In all three studies PRC conducted for FirstHeath, the research continues to report that the nutrition and activity levels of area residents is concerning. The 2007 study reported that only 43.6% of area residents consumed the recommended amounts of fruits per day, 19.9% consumed the recommended amount of vegetables, and 35.7% consumed the recommended amount of whole grains. In addition, the prevalence of weight problems increased from 1999 when 62.9% of residents were categorized as either obese or overweight to 69.1% in 2007. To round out the nutrition and weight concerns, 26.7% of residents in 2007 reported they did not have any leisure-time physical activity in the past month (Healthy People 2010 goal is 20% or lower).

To combat these issues in a life-lasting way, FirstHeath partnered with Southern Pines Parks and Recreation Department and Moore County Cooperative Extension to develop FirstGarden. FirstGarden paired children with senior citizens in a gardening project that also stressed the importance of healthy eating and physical activity. Children from Southern Pines, NC, and the Boys & Girls Club of the Sandhills worked the crops through the growing season with the assistance of Master Gardeners from the North Carolina Cooperative Extension Service and senior volunteers. In 2007 FirstGarden was chosen from more than 650 children's gardening programs throughout the country to receive a Youth Garden Grant from the National Gardening Association, providing the organization with an assortment of books and a Home Depot gift card to help further its mission.

Understanding that teaching children to enjoy healthy eating, physical activity and maintaining a healthy weight is key to a long-term healthy population, FirstHeath also seeks to improve opportunities for



FirstHeath of the Carolinas has reaped over \$1.5 million in funding in the past year alone.

physical activity and access to affordable healthy food in Moore and Montgomery counties. With research to back these efforts, the Moore/Montgomery area was among 41 sites selected for the Robert Wood Johnson Foundation "Healthy Kids, Healthy Communities" initiative from a rigorous selection process that drew more than 500 proposals from across the country. The grant will be used to build on the strengths and assets of five local communities to create policies and environments geared toward reducing childhood obesity.

While FirstHeath's communities as a whole exceed the Healthy People 2010 goal of 56% or more residents visiting a dentist or dental clinic annually, those residents with the lowest income levels fall far short of this goal. The FirstHeath Dental Care Centers strive to change that statistic and are proud to report that they have made a difference in the lives of more than 19,000 low-income children since their inception eleven years ago.

When Nicanor Sanchez was just eight years old, an awful toothache and swollen face sent him to the FirstHeath Dental Care Center in Southern Pines. Now a young adult, he is grateful for the program that not only relieved his condition but also taught him about the importance of good dental health.

In 1998, stories like Nicanor's were all too common in the FirstHeath service area. Many families couldn't afford to take their children to the dentist until they had a painful emergency. During the program's first year, nearly 70 percent of the youngsters who were treated had either never had dental care or hadn't been treated in more than 12 months. The program's popularity was not surprising to FirstHeath and was quantified by their 1999 community health assessment that reported 55.3% of residents living below federal poverty levels had not had any dental care in more than a year.

With funding from The Duke Endowment, Kate B. Reynolds Charitable Trust and FirstHeath's Community Benefit Fund, the Dental Care Centers were created to provide comprehensive dental services for Medicaid and Health Choice recipients

and uninsured or underinsured adolescents meeting financial guidelines.

The clinics are broadening their impact and recently added obesity screening and referrals to their repertoire. With a grant from the North Carolina Health & Wellness Trust Fund, the centers were able to extend clinic hours while also educating their young patients about the risks of being overweight or obese. This three-year, \$180,000 grant is aimed at increasing access to dental treatment and preventive services as well as training dental and other healthcare providers to better serve this population.

In addition to offering extended hours at three clinic locations, the clinic staff has begun to collect Body Mass Index information on their patients and

referring children who are found to have weight issues to local resources. Clinic providers work closely with FirstHealth's Diabetes Self-Management Program and the Montgomery County School Health Centers, as well as local medical professionals, to provide assistance.

According to Roxanne Leopper, Policy Director at FirstHealth, they rely on their community health assessments heavily as their assessments have been targeted to specific counties and conducted within specific time frames, whereas North Carolina's Behavioral Risk Factor Surveillance System survey covers the entire state, is designed for households with residents only age 18 or over, and the data cannot be segmented at a county, zip-code or

neighborhood level as is needed by the health network.

To continue developing programs and funding streams that are timely and important in their communities, FirstHealth has implemented steering committees in each of the counties they serve. These "Vision 2020" steering committees are dedicated to the network's mission of "Working together to become first in quality, first in health". FirstHealth utilizes these steering committees for many things, including facilitating the building of collaborations with a number of organizations in the communities they serve, increasing their reach into other areas that need improvement. 



Case File

Inova Health System • Falls Church, VA

## 9-5-2-1-0 for Health

There was no hiding the truth: Virginians were FAT. And they were getting fatter. In fact, of the 50% of the state's residents that weren't already overweight, they were becoming overweight faster than any other state in the nation.

Many in the state were concerned with

this statistic, but didn't know how to turn it around. It was daunting... the entire state was going to be overweight if something wasn't done. Inova Health System stepped in, determined to change the future of their state. They knew this daunting task was too big for just one health system to tackle.

Where would they begin? Should they focus on those who were already obese, those residing in a particular area, those who exhibited weight-related diseases, or those who hadn't yet reached an unhealthy weight?

Inova realized that within the next

several decades the region could have hundreds of thousands more residents with cardiovascular disease, diabetes, and many other health problems as a result of unhealthy lifestyles that began in childhood. They understood how the combination of chronically ill adults, aging baby boomers, and at-risk children would place unprecedented pressure on the healthcare system, state budgets and economy overall.

Inova joined forces with area health departments, public schools, parks and recreation departments, and other health-related organizations to focus on turning around the health of their children, creating the Northern Virginia Healthy Kids Coalition (NVHKC) in 2005. When it was formed, the Coalition determined that its mission was to engage the entire Northern Virginia community in collaborative, family-focused efforts to promote better health for children of all ages. The Coalition is led by a voluntary Steering Committee and is supported by staff from Inova.

The importance of the NVHKC's mission was stressed when they received the results of their 2007 community health assessment comprised of 2,000 surveys of parents with children ages 2-18 residing in four Northern Virginia counties. This research, which was sponsored by Inova Health System and conducted by PRC, backed what they intuitively knew: one in four children in their region was either overweight or at risk of becoming overweight. However, they were surprised to discover the challenge many faced accessing fresh fruits and vegetables. Other research about their adolescents that stood out included:

- Over 100,000 are either overweight or at-risk of becoming overweight
- 16.5% are overweight (an estimated 66,100 children)
- 9.9% are at-risk (39,700 children)
- 286,000 do not eat enough fruits and vegetables
- 227,000 do not engage in moderate or vigorous exercise on a daily basis
- 232,000 spend four or more hours per day in front of a TV or computer screen
- The highest risk is among elementary school-aged children, children living at lower incomes, and African-American children.



## 9-5-2-1-0 for Health

- 9 - Get at least nine hours of sleep
- 5 - Eat five servings of fruits and vegetables
- 2 - Limit screen time to two hours or less
- 1 - Get at least one hour of physical activity
- 0 - Eliminate sugary drinks

Furthermore, the research showed that parents were failing to recognize when their child is overweight and physicians are not advising parents that their children are not at a healthy weight:

- Only 24.6% of parents of overweight children perceive their child as being "overweight"
- Only 21.3% of overweight children are currently trying to lose weight
- Only 20.2% of overweight children have had a doctor advise a parent that the child is overweight.

Utilizing the 2007 research, the coalition further defined their programs and goals by developing a community-wide strategy for changing child health behaviors through creating supportive environments where children live, learn and play. Working in tandem, Inova, NVHKC and Community Health Solutions (CHS) developed "9-5-2-1-0 for Health" message to encourage kids to accept habits that will help them live healthier lives. This program is based on five easy daily habits to improve their energy balance:

- 9 - Get at least nine hours of sleep
- 5 - Eat five servings of fruits and vegetables
- 2 - Limit out of school screen time to two hours or less
- 1 - Get at least one hour of physical activity
- 0 - Eliminate sugary drinks

This initiative is aimed at all children, not just those who happen to be overweight, and is inclusive of children and families of all ages, sexes, cultural backgrounds, disability status, and health status. This initiative also poses a challenge to the Coalition members themselves as they are asked to "practice what they preach" when promoting better health through energy balance.

NVHKC realized that to have a lasting impact on kids' health, their message must be spread throughout the communities using unconventional communication techniques. For instance, the coalition sponsored the *Train Ride to Good Health* at the Celebrate Fairfax Festival, Northern Virginia's largest community-wide celebration that draws tens of thousands of visitors annually. The train was the only free ride



in the entire park and children and their families learned about healthy choices and received 9-5-2-1-0 for Health temporary tattoos prior to boarding the train.

Schools have been a huge supporter of the message, encouraging their students to get healthy through a variety of avenues. Fairfax County Public Schools developed a pilot program in four of their elementary schools promoting the 9-5-2-1-0 for Health message to coincide with National Nutrition Month during March 2010. Daily morning announcements and teacher tips highlighted one number each week. Activities included special classroom activities and students learned a 9-5-2-1-0 song during music class. Parents received nutrition fact sheets, 9-5-2-1-0 zip code postcards were hung in classrooms, and in the gym and cafeteria posters with E-Z Bear, the Energy Zone mascot, highlighted healthy activities. Over 8,000 students were introduced to the message during the pilot and in October 2010 the program was expanded to include all 139 elementary schools in the district.

The school system received national accolades for their efforts, winning the

2010 District of the Year in School Nutrition from the School Nutrition Association. This award included \$25,000 toward further improvement and enhancement of the district's school nutrition program. The district will spend the award on expanding their nutrition education programs, which will include developing an animated video "5 Star Lunch" that teaches elementary students how to assemble well-balanced lunches from a variety of daily lunch options.

The 9-5-2-1-0 for Health message has been shared with 83,000 students in grades K-5 in the three Greater Prince William Area Public School Systems (Prince William County, Manassas Park, and Manassas City) and is being introduced at the high school level as well. "The NVHKC is making a difference in the lives of children in Northern Virginia by sharing the 9-5-2-1-0 message in schools, day cares, parks and recreation, health departments and other organizations across our region every day," Sandy Thompson, R.N., M.S.N., Supervisor of Administrative Services, Manassas City Public Schools and Co-Chair of the Coalition.

In late 2009, the students at Patrick Henry Elementary School had a mystery on their hands. The numbers 9-5-2-1-0 had appeared along the school halls. Students spent an entire week guessing their meaning. Was it an important zip code? A strange locker combination? The chatter and buzz increased until finally the school nurse confessed: She had put the numbers on the walls. The following week the nurse began answering students' questions about 9-5-2-1-0 during the school's televised morning news. In addition, a corresponding bulletin board began filling up with information on 9-5-2-1-0 for Health and by the end of the week the mystery had been solved.

The Coalition highlights Patrick Henry Elementary School's program on their website as an example of a low-cost, easy replicable health education program. The school utilized materials on hand as well as those downloaded from the Coalition's website. Placing the numbers along the school halls got students' attention and the use of the televised school morning news allowed the school's nurse to educate the



## Helping Others Makes a Bigger Impact on Kids' Health

The Northern Virginia Healthy Kids Coalition's website, [www.tippingthescales.net](http://www.tippingthescales.net), was developed to engage others in improving kids' health by promoting the 9-5-2-1-0 for Health message. The website includes tools for spreading their message, which are tailored different organizations and audiences such as childcare providers, faith communities, parents, employers, and others. They encourage visitors to download their tools – posters, fact sheets in both English and Spanish, health references, research resources, slide shows and video library – and encourage kids' to lead healthy lives.

The website also highlights organizations that are also working to impact kids' health. Through their "Community Stories" page, the coalition applauds and encourages other organizations that are encouraging kids to lead healthy lives.

Community Health Solutions (CHS) supports the 9-5-2-1-0 for Health message by maintaining the website; providing knowledge, data, tools, training, and coaching to the Coalition members and facilitating networking between community and the Coalition members.

entire school in an interesting and fun format.

In late 2010, the Coalition and Inova Health System (IHS) received a \$25,000 grant from CareFirst to partner with the Fairfax Branches of the Boys and Girls Clubs of Great Washington (BGCGW). The organizations have the common goals of improving the health of youth by raising awareness about the childhood obesity epidemic and putting programs in place to address this important issue. Partnering with the BGCGW will allow the organizations to increase their impact on the lives of the area's youth, families and the community-at-large.

In addition to gaining the support of schools and kid-focused venues, the general population has rallied its support and also promotes the health-focused

message. Evan Braff, a Northern Virginia dad, included the 9-5-2-1-0 message in his neighborhood's kids' triathlon last year. Athletes were required to review the course with Braff prior to the race start. Braff took that opportunity to share the 9-5-2-1-0 message with every participant and also shared a handout downloaded from the coalition's website with everyone.

Braff was blown away by the kid's enthusiasm, commitment and knowledge. "My wife and I planned and implemented the first annual kids' triathlon for our neighborhood. I was inspired by the work from our Coalition and wanted to do something for my neighborhood. All 14 successfully completed the event. I was even more blown away when they started chanting 9-5-2-1-0 and when quizzed could recite everything. It just takes one


step at a time to get the message out. Now that I have successfully piloted the event we plan to make it bigger next year."

The Northern Virginia Healthy Kids Coalition envisions a community in which individuals, families, and institutions from all jurisdictions and sectors collaborate to ensure that all children receive messages and practical supports for better health through energy balance in their home and in their community. In the ideal vision, children will be surrounded on all sides by the message and support they need to eat healthy and be physically active – a vision known as "360 degrees of child health promotion."

The Coalition has made great strides in their community, but they have loftier goals, including:

- Engaging partners in every Northern Virginia jurisdiction.
- Engaging partners from at least ten major sections (including, but not limited to, businesses, child care, city/county planning, faith communities, food services, healthcare, local government, media, parks and recreation, public health, public safety, schools, and parent organizations).
- Show demonstrable improvement in child and family awareness of better health through energy balance.
- Show demonstrable improvement in child and family behaviors related to better health through energy balance.
- Halt and reverse the upward trend in childhood overweight and obesity.

Northern Virginia Healthy Kids Coalition is a vehicle for turning community concerns into community action and leading the fight against the current childhood obesity epidemic. With determination and focus, the Coalition is sure to succeed!

"When we started the coalition over three years ago, we never dreamed we'd reach the youth in Northern Virginia to the degree that we have – but as of today, over 200,000 youth have been touched by the 9-5-2-1-0 for Health message!", exclaimed Margaret Goldberger, Co-Chair of the Northern Virginia Healthy Kids Coalition. 





*“Working together through prevention, enforcement and education to promote a healthier community.”*

- [www.MesaHealth.org](http://www.MesaHealth.org)

## Case File

St. Mary's Hospital and Medical Center • Grand Junction, Colorado

# Small Community Joins Hands to Improve their Quality of Life

In a city known for its cooperative spirit and uncanny ability to plan for the future, it's no surprise that eleven organizations came together to implement change and improve the community's quality of life.

Grand Junction, Colorado, has a population of less than 55,000, within a county of a mere 146,000, but the proactive approach of the community mirrors a much larger metro. This is the place President Obama chose to visit and use as an example when he was touting his health care bill. After all, Grand Junction is known as a place that provides quality care at some of the lowest costs in the country.

That may be because many organizations – hospitals, health clinics

and counseling centers, insurance companies, the school district, the county health department, a health education center, the local United Way, and others - regularly come together to see what's going on in their community. This includes delving through the information gathered through PRC's Community Health and Quality of Life Assessments. Led by **St. Mary's Hospital and Medical Center**, these assessments explore the health status, needs and risks as well as quality of life issues for the people of Mesa County.

Director of planning and business development for St. Mary's Hospital and Medical Center, Brian Barry, says, “We need to make sure we are doing what we need to do for the people we serve. We

started community health assessments back in 1994, and they've given us great tools in serving our community.”

It all started back in the days when assessments were being pushed by the health department, to be used in everything from the State of the State address, county assessments and public, economic and employment data. As Grand Junction was booming at the time, and all indicators showed it was a great place to live, these assessments were used as a sort of economic recruiting tool.

In 2001, St. Mary's decided to focus on health issues, and joined forces with PRC to conduct the research. By 2005, there were nine sponsors involved, and in 2009, it was up to eleven.

# The PRC Community

Why all the interest? What was so unusual about the data?

Nothing, really. It held information about physical and mental health, death and disability, modifiable health risks, access to healthcare, perceptions of healthcare, and quality of life. Overall, it's pretty standard stuff.


But what did make it unique was that the data was about the people of Grand Junction and Mesa County. And the community beyond the traditional healthcare field sat up and took notice.

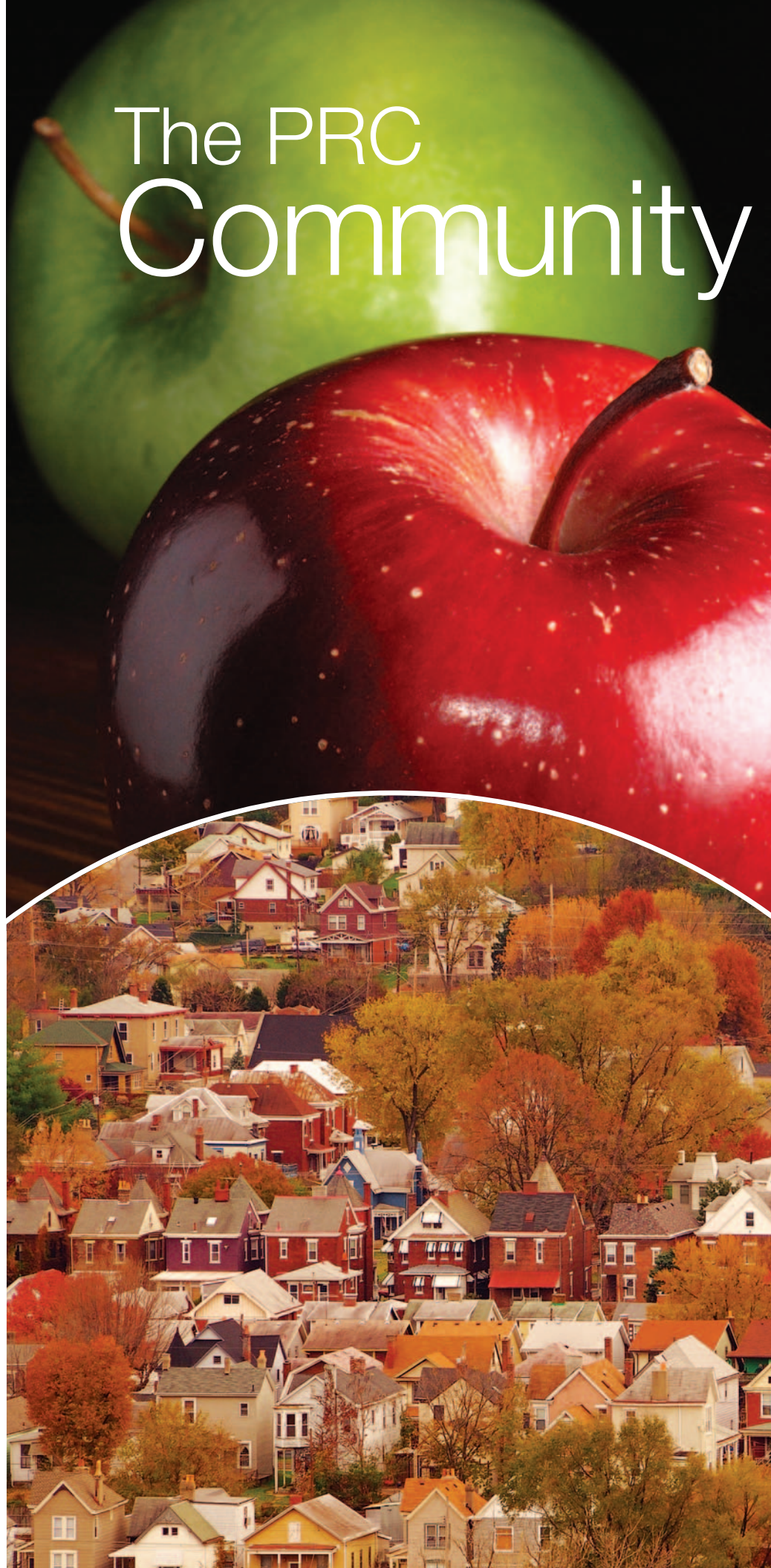
In fact, these assessments are now used by the meth task force, the United Way, the indigent care clinic and the mental health clinic. It's not just for hospitals anymore.

Grand Junction is a place that recognizes that good health and quality of life goes way beyond just good care in a hospital setting.

Here's one example of a positive change the data shows us: In 2005, 17.2 percent of people in Mesa County were impacted by methamphetamines, so one in every six adults in Mesa County had been affected by their own or someone else's methamphetamine use. By 2009, when the Mesa County Meth Task Force signed on as one of the sponsors of the research, that number had dropped to 13.7 percent. In other words, while there's still work to be done, they're heading in the right direction – and they have quantitative data to back that up.

Not only that, but all of the community has access to data that can show positive and negative trends for the last 17 years. They can see that more people are seeking advice about exercise, there's better control of hypertension and cholesterol, and even that people are eating more fruits and vegetables. They can also see what needs work: chronic depression, obesity, the perception of quality of life over time, and asthma, to name a few.

But this is Grand Junction. They know how to get things done here. And by making this information widely known, and sharing strategies with each other, each entity can work on their specialties, improving the overall health and well being of their community. 



# Health Assessment

More than 200 communities across the U.S. have used the PRC Community Health Assessment to measure:

- **Access to Healthcare Services** – Residents may face a myriad of barriers when accessing healthcare services, from cost and insurance to cultural issues to transportation obstacles. PRC's research approach tests the impact of these barriers in a way that is not otherwise available at the community level.
- **Preventive Healthcare** – By gaining insight into preventive healthcare utilization and needs – including having a medical home, primary care access and utilization, use of age-appropriate cancer screenings, and personal involvement in health management – organizations can much better address the community health equation.
- **Modifiable Health Risks** – Up to half of all premature deaths in the U.S. can be merited to lifestyle and risky behaviors such as smoking, alcohol abuse, poor nutrition and no exercise. PRC's research places unique emphasis on these modifiable behaviors so that targeted initiatives can have a marketed improvement in residents' health.
- **Quality of Life** – For those wishing to go beyond traditional health issues, this research determines residents' attitudes and perceptions of their communities, including domains such as the economy, education, housing and social environments. This research tests a variety of World Health Organization indicators deemed characteristic of healthy communities.
- **Overall Health Status** – This data provides a comprehensive picture of communities' physical and mental health status, including the leading causes of death, disease prevalence, birth statistics, overweight prevalence, and mental health. It also includes measures of children's health for key indicators.
- **Customizable Indicators** – As with all of PRC's research, we work with each

client to ensure that the questions target issues of specific concern to their organizations and communities.

## Research Approach


When developing strategies to positively affect health and wellness, research that focuses on the individual's experience and behavior, and is geographically and demographically sensitive is often most useful. PRC collects data for Community Health Assessments through:

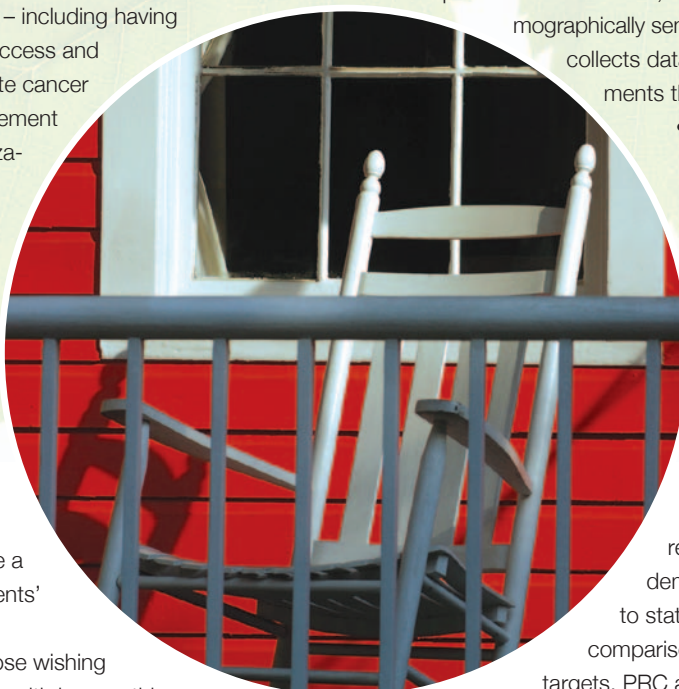
- **Random-Sample Telephone Surveys**
- **Supplemental Secondary Data**
- **Community Health Focus Groups**

## Deliverables

Reporting includes a detailed account of the survey findings with analysis of the results, segmentation of key demographic variables, comparisons to state and national benchmarks, and comparisons with Healthy People 2020 targets. PRC also integrates, by topic, public health secondary data and qualitative focus group data. The final reporting uses graphics and narrative detail to facilitate a full understanding for all stakeholders.

## Sharing the Results

Sharing your research findings and priorities with the community is not only critical the success of impact programs, it is also a requirement of PPACA Section 9007. In addition to receiving hardcopy reports and a PowerPoint® presentation, all clients have online access to their data on PRCEasyView®.com, which includes a fully segmentable database of the findings, as well as the reports and presentation materials. This tool is especially powerful with community-based research as it allows collaborative partners to access and use the data according to their needs. 





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# 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
- National Research & Trends
- Local Initiatives
- Building Collaborations & Partnerships
- Publicizing & Communicating Data
- Determining Priorities

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)

