



Community

health connection

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Case File

Norman Regional Health System • Norman, Oklahoma

Norman Keeps Moving to Improve Health

The people of **Norman Regional**

Health System and the Healthy Community Coalition strive to make their community the healthiest in Oklahoma. Their plan is to get there one step and one person at a time. It's a challenge, but one they hope will eventually inspire the entire state.

Oklahoma ranked as the 48th healthiest state in the U.S. in 2004, down from 32nd in 1990. It ranked first in premature cardiac related deaths – and with the usual suspects of obesity, tobacco use, hypertension and lack of physical activity, things looked bleak for the Southwestern state.

Norman, a university community of 110,000 in central Oklahoma, was fairly typical with regards to health indicators, and Norman Regional found that tough to take. They decided it was time to step in and try to reverse the downward spiral of the health of their city.

Using their PRC Community Health Needs Assessment data as indisputable ammunition, the health system took their vision of a healthy community first to their own shareholders, and then to civic and business leaders, faith-based institutions and other local non-profit organizations. They shared the story of Norman's faltering health and invited partners to help them change course.

Hypertension Success

The people responded, and in 2004 the Healthy Community Coalition was formed. Coalition members include businesses, organizations, healthcare professionals and individuals united to improve the community's health. Paula Price, Director of Health Promotion and Community at Norman Regional, says that the Coalition's first task was to identify their major initiatives: tobacco control, hypertension, lack of physical activity and obesity – with the first focus on hypertension.

"We wanted our first goal to be attainable," explains Price, "so we could show some progress toward our larger goal fairly quickly and be buoyed by a success. Hypertension was our low-hanging fruit."

It came down to the fact that it's easier to get people to get screened and on regular medication than it was to get them up and exercising – both ways to improve problems with hypertension.

In 1998, data from the hospital's first PRC Community Health Needs Assessment showed that just over 18% of people in Norman had been told by a health professional they had high blood pressure. "We knew that more people within our community actually had high blood pressure, though," says Price. "People just

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weren't getting screened."

The Coalition worked to increase the number of blood pressure screenings in the community, which they did – from 93% of the population getting routine screenings in 2002, to about 95% in 2008 – within the set federal standards of acceptable healthy indicators. Nearly half of those people used self-screening at home, at a pharmacy or at a mall as access was the key factor.

Of course, the more people who were screened, the better the chance that those with hypertension could be diagnosed early and receive needed medication. After all, high blood pressure doesn't always have symptoms.

"Screening is so important, because as many as 25% of those people with hypertension showed no symptoms, so they wouldn't know they needed treatment until it got so bad that they'd wind up in the ER," Price says. "That's why we needed to get them on medication earlier. We've been told by more than one person that we saved their lives."

Fighting a Never-Ending Battle

The next focus was placed on battling tobacco utilization. Oklahoma is a smoking state, by all measures, with nearly 29% of the population regarded as smokers in 2004. Norman is better, with 20.3% reported smokers. The Coalition set a goal to have only 12% or less of the population smoking – a statistically acceptable number of smokers.

As Price puts it, "We're fighting a never-ending battle against tobacco."

While she says local control is essential when it comes to tobacco legislation, the Healthy Community Coalition also reached out to Cleveland County and state legislators, providing them with the story the research supplied. "This data is compelling, and it's factual," says Price. "It really can't be ignored."

Norman Regional, along with several community coalitions, sought funds from the Oklahoma Tobacco Settlement Endowment Trust (TSET) to assist in their tobacco battle. Created from a

portion of the 1998 Master Settlement Agreement with the tobacco industry, TSET funds programs focused on:

1. Research and treatments that prevent and combat cancer and other tobacco-related diseases;
2. Cost-effective tobacco prevention and cessation programs;
3. Programs that maintain or improve Oklahoman's health or health care services, with particular emphasis on programs for children;
4. Programs and services that benefit children, with particular emphasis on education, before- and after-school programs, substance abuse prevention and treatment programs and services to improve the health and quality of life of children; and
5. Programs designed to enhance the health and well-being of senior adults.

With a grant application strengthened by their CHNA data, the Coalition received an initial five year county-wide grant of nearly \$1 million from TSET to help enact public policies and activities that would create 24/7 tobacco-free schools, parks and businesses. In addition, the Coalition also used the monies to reinforce use of the TSET "1-800-QUIT-NOW" line.

Price explained the impact TSET has had on their programs. "The Trust has played a major part in the success of the

Healthy Community Coalition and its tobacco control initiatives in our community, county and state. One of our biggest successes is the Healthy Business Academy. Businesses and organizations can apply to the Academy to gain knowledge on how to encourage overall wellness in their employees through nutrition, physical activity and supporting tobacco control policies."

Businesses can also work toward becoming a Certified Healthy Business. With more than 36 certified businesses in the Norman area, this program is now catching on across the state. To become a Certified Healthy Business, companies must go through a rigorous process, including health screenings and evaluations, nutrition and health education, wellness and fitness programs for employees, a tobacco-free environment and an encouraged work/life balance, among other things.

In addition, the Academy teaches a health class based on the Oklahoma Health Department's curriculum "Make It Your Business for a Strong and Healthy Oklahoma," for any local business, organization or individual interested in learning new aspects of employee wellness plans. These quarterly lunch classes include a mix of discussion, group policy creation, question/answer sessions and brainstorming. Each session includes an outside speaker sharing details of their company's employee wellness program. Participants complete homework and other activities with

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Community Health Initiatives

Determine Your Priorities

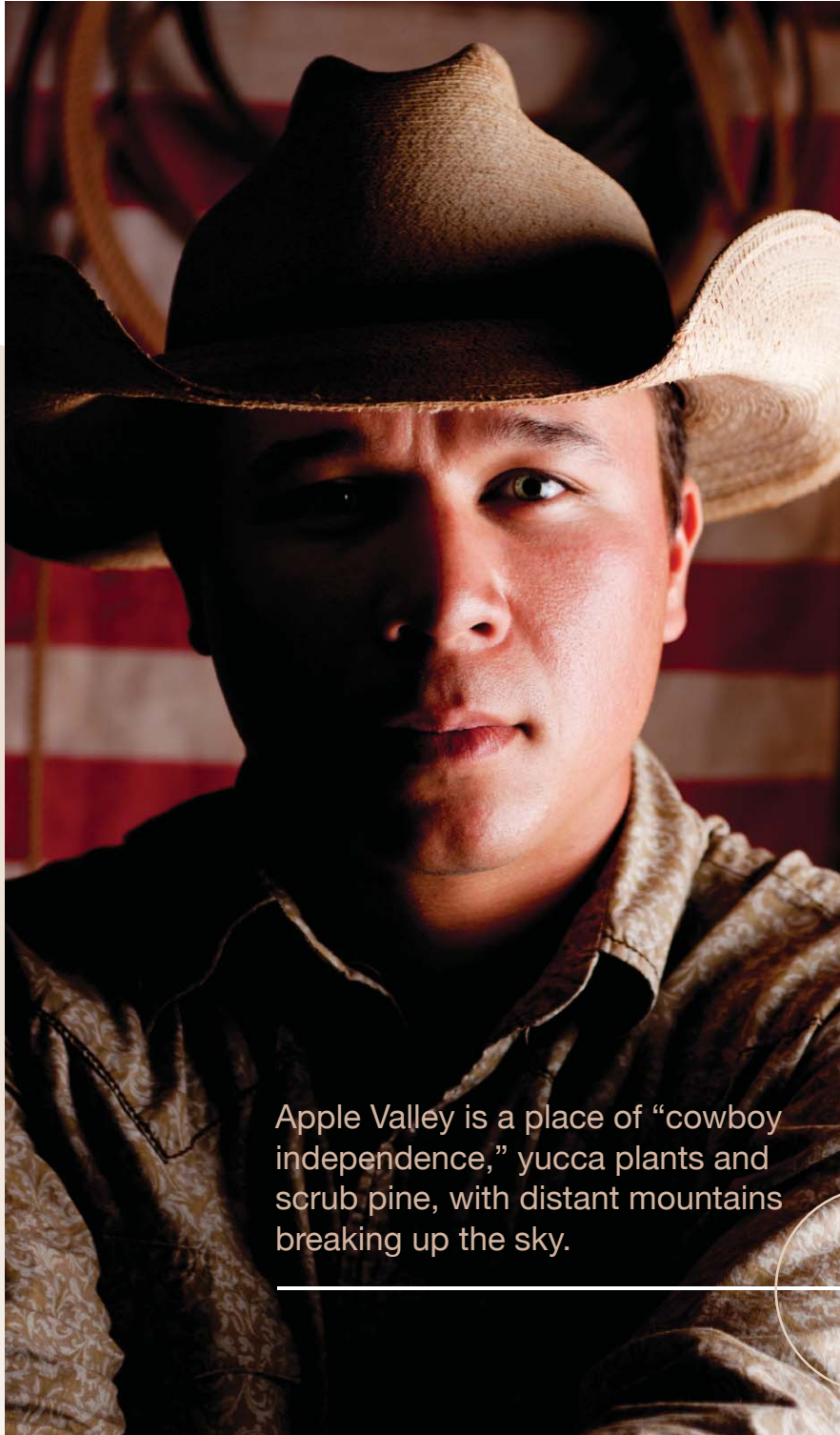
When determining priorities for community health initiatives, a variety of criteria must be considered. Keep in mind that no single criterion determines a specific area of need. Rather, the interplay among the different criteria should be considered in identifying priority areas.

It is also important to recognize two important 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.

The criteria that should be considered when developing priorities include:

- **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.

Rapid Growth and Tough Economy Create Challenges in High Desert



Apple Valley is a place of “cowboy independence,” yucca plants and scrub pine, with distant mountains breaking up the sky.

Apple Valley sits in the middle of San Bernardino County, about 90 miles northeast of Los Angeles, in the High Desert of California. As part of the state’s Inland Empire, it’s a place of “cowboy independence,” yucca plants and scrub pine, with distant mountains breaking up the sky.

This was the home of iconic Western stars Roy Rogers and Dale Evans and it’s easy to picture them here, moseying down the street on their famous horse, Trigger.

Apple Valley is still that kind of place, though inexpensive land and labor sparked immense growth in the late 90s – and in many ways, it’s still feeling the growing pains today.

But thanks in part to the work of **St. Mary Medical Center** (SMMC), some of these pains are diminishing. As the medical center’s Justice value calls “to advocate for systems and structures that are attuned to the needs of the disadvantaged and that provide a sense of community among all persons,” their Community Health department is energetic and focused.

“Our communities have a system of care,” says Kevin Mahany, Director of Advocacy and Healthy Communities. “We don’t just cover healthcare, but also social services, which is even more important since the population has grown so much. We have to step in, because all levels of government are challenged, so people have to depend on the private sector for their care.”

As Apple Valley transforms from a rural community into a suburban one, that system of care is struggling to keep up in a faltering economy. While San Bernardino County has a large population, per capita fundraising is low.

Collaboration has been crucial to getting healthcare back on its feet in Apple



Valley. The county government is working with the private sector to eliminate competition for limited funding, and that's where St. Mary comes in.

"We're known as good collaborators and advocates for our community," explains Mahany. "But we don't just go out there and tell people what needs to be done. We use best practice...we find out where we're lacking, make recommendations about what actions to take and then take those actions. Once we can show measurable results, funding is much more forthcoming. That's one reason our Community Health Needs Assessments are so critical."

The medical center's 2008 Community Health Needs Assessment raised alarm when it showed a high number of children unable to access needed medical care. Specifically, more than three times the national average were unable to get needed medical care in the past year, mainly due to cost or lack of insurance. To combat this, SMMC implemented the 100% Health Insurance Campaign. "More than 15 kids in San Bernardino County don't have health insurance," says Mahany. "We're working very hard to get all of them insured."

With an idea they borrowed from a sister St. Joseph Health System hospital in Orange County, St. Mary worked in schools through students, teachers, parents and anyone else they could get involved. Staying in one school, "hammering at the message" that children need insurance, until at least 95% of the children were confirmed insured.

When the economy was thriving in the High Desert region, St. Mary worked with 13 schools whose employees volunteered

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SMMC Community Benefit Plan

The St. Joseph Health System requires each of their 14 hospitals, including St. Mary Medical Center, to complete a CHNA and ensuing community benefit plan every three years. To assist in this effort, SMMC established a Community Benefit Committee consisting of representatives from hospital's Board of Directors, community leaders, residents of low income communities, hospital executives and representatives of SMMC's two sponsoring organizations. In addition to overseeing the assessment the committee also administers the hospital's Community Benefit Plan and associated Care for the Poor Fund. St. Joseph Health System requires 7.5% of the hospital's net income go to the Fund, and 2.5% to go to the SJHS Foundation for grants which are then awarded to programs focusing on wellness and prevention, community building and community clinics.

SMMC's 2011 assessment included collection and analysis of five socioeconomic indicators, reported by zip code and block group to assist in identifying neighborhoods with the highest unmet social and health needs. Working together with several community partners the committee developed goals, strategies and target measures for FY2012-14. These measures were developed to determine program success or shortcomings and improve future resource expenditures.

The 2012-14 priority initiatives include:

1. Access to Care

Goal: Expand access of primary care services to the uninsured and underinsured in the High Desert.

Community Partners: Molina Healthcare, San Bernardino County Public Health Department, Inland Behavioral Health Services and local Healthy City campaigns.

2. Comprehensive Diabetes Care

Goal: Improve clinical outcomes among diabetics receiving ongoing care at St. Mary Medical Center Community Clinics.

Community Partners: IEHP and physicians providing specialty care as needed.

3. Nutrition, Physical Activity and Weight Status

Goal: Reduce the prevalence of overweight and obese low income children.

Community Partners: Public schools and physician partners.

4. Breastfeeding Alpha Project

Goal: Increase the percentage of mothers who provide breast milk at least 50% of feedings for six months.

Community Partners: San Bernardino County WIC and local physicians.

SMMC's entire FY2012-14 community benefit plan is located at <http://www.stmaryapplevalley.com/Workfiles/Community/SMMCFY12FY14CBPlanFINALPUBLISH.pdf>.

Creating Coalitions



Vital to a Healthier Community

At **Mission Hospital**, collaboration isn't just a buzzword. It's a way of life. This 540-bed non-profit Catholic hospital in Mission Viejo, CA, functions by way of their vision: providing compassionate care, promoting healthier lifestyles and creating healthier communities. The latter of these is the reason the hospital has put so much effort into trying to improve the health of the south Orange County community.

While Mission Hospital has a desire to better understand the needs of the community, California law also requires that non-profit hospitals conduct a Community Health Needs Assessment (CHNA) every three years. And, through the Patient Protection and Affordable Care Act (PPACA), this will soon be a federal requirement of non-profit hospitals, too. Christy Cornwall, the hospital's Director of Community Benefit, says conducting the assessment is an important part of being able to assist the community. "We need to identify the true needs of our communities, that way we can make sure we are dedicating resources to the areas that need them the most."

Mission Hospital

Taking the Initiative

Initiatives & Outcomes - FY2011

• Depression

Increasing access to services for depression, specifically for people 300% below the federal poverty level living in south Orange County.

Outcomes:

Goal: Increase early identification and intervention for individuals and families.

Accomplishment: A Depression Resource Guide was created and distributed to physicians in the south Orange County area.

Goal: Increase capacity to provide services.

Accomplishment: Increased the number of providers from 75 in 2009 to 106 in 2011. These providers offer services to low income clients at reduced fees.

• Childhood Obesity

Fight the epidemic of childhood obesity in underserved children ages 3 to 11 years old in south Orange County.

Outcomes:

Goal: Increase the number of new or expanded school-based nutrition and/or physical activity programs and policies.

Accomplishment: By creating programs such as Healthy For Life (system-wide project in cohorts with the city of San Clemente), the number of school programs and policies increased from 18 in 2009 to 28 in 2011.

Goal: Increase accessible community options for healthy foods and physical activities.

Accomplishment: Community gardens were created in low-income areas, recreational facilities in San Juan Capistrano were renovated and there was an increase in access to free public recreation programs in San Clemente.

Mission Hospital Goals - FY2012-14

The St. Joseph Health System requires each of their 14 hospitals, including Mission Hospital, to complete a CHNA and ensuing community benefit plan every three years. Four areas were identified from the hospital's 2011 research.

Initiatives

1. Affordable Homes

Goal: Increase affordable home rental and ownership units in south Orange County.

Community Partners: Affordable Housing Clearing House; City of Dana Point; City of Mission Viejo; City of San Clemente; City of San Juan Capistrano; Dayle McIntosh Center Independent Living; Family Assistance Ministries; Habitat for Humanity of Orange County; iHOPE; Kennedy Commission; Mary Erickson Community Housing; MDM Associates; Neighborhood Housing Services of Orange County; Orange County Business Council; Orange County Housing Trust; San Clemente Collaborative; San Juan Capistrano Housing Advisory Board; South Shores Church; St. Joseph Health System; Urban Land Institute.

2. Childhood Obesity

Goal: Reduce the prevalence of obesity in underserved children 3-11 years old.

Community Partners: Cities of San Juan Capistrano, Lake Forest, San Clemente, Mission Viejo, Aliso Viejo; South Orange County Childhood Obesity Task Force; Saddleback Valley Unified School District; Capistrano Valley Unified School District; Orange County Department of Education; County of Orange Nutrition and Physical Activity Collaborative; Boys & Girls Club of Capistrano Valley, San Clemente and Laguna Beach; Private/non-profit fitness and recreation providers; Women, Infant & Children (WIC) Clinic; Camino Health Center; Dr. Riba's Health Club; YMCA; Western Youth Services.

3. Reduce Depression

Goal: Reduce depression among adult Family Resource Center clients with mild to severe depression.

Community Partners: Local graduate schools and Camino Health Center.

4. Youth Alcohol & Substance Use Prevention

Goal: Reduce use of alcohol among 9th graders at Laguna Beach Unified School District.

Community Partners: Center for Drug Free Communities; Laguna Beach Community Clinic; Laguna Beach Unified School District; Pacific Coast Recovery Center; Mission Hospital Community Benefit; California Youth Services; Community Alliance Network; Boys & Girls Club of Laguna Beach; Western Youth Services; Mothers Against drunk Driving; City of Laguna Beach Police Department; CSP, Inc.; Laguna Beach Parents; LBUSD School Board Members; Laguna Beach City Council; Laguna Beach Presbyterian Church.

Mission Hospital's entire FY2012-14 benefit plan is located at: http://mission4health.com/images/pdf/mh_fy12-fy14_cb_plan_final_published.pdf.



Starting Down a Path of Change

Mission Hospital conducted their first CHNA in 1997. Over the years, they have continued their assessment efforts by partnering with PRC. The hospital's 2008 CHNA focused on the San Clemente, San Juan Capistrano and Dana Point communities, identifying areas of both high and low need in each community, based on various demographic and socioeconomic variables. The hospital found that drilling through the results in this manner made their data was more meaningful and actionable. "We focus on the areas that are designated as 'high need,' because the problems that affect them will also, in one way or another, affect the low need areas," says Cornwall.

The 2008 assessment resulted in five areas of priority: primary care, depression, childhood obesity, post-secondary education and affordable homes. To that end, coalitions were created for each area to ensure all community partners were involved in these issues. When discussing the areas that had measurable outcomes, Cornwall touched on the impact that creating coalitions had on all the priority areas.

"Coalitions were created for all of our focus areas," says Cornwall. "This has helped us get all parties working together toward a common goal."

To battle their childhood obesity challenge, Mission Hospital developed a social marketing campaign titled Play More. Eat Better. that was designed to help families in the south Orange County area make incremental changes that would increase activity levels and promote better nutrition. Since the creation of the campaign, childhood obesity rates improved, with the number of overweight children dropping by 2%, the number of obese children dropping by 1% and the number of children in the normal range increasing by 3%.

Cornwall attributed these changes to the amount of education and support given to parents and children, as well as increased Body Mass Index testing for area children. In addition, a partnership between several community organizations provided an opportunity for children to learn how to grow their own vegetables. Of the children served through all of the obesity efforts, 6% decreased their BMI to a number below the 85th percentile – the overweight threshold.

A Change in Direction

Mission Hospital conducted another CHNA in 2011, but focused on a slightly different area of the county: San Juan Capistrano, San Clemente and Lake Forest. Dana Point was not included in this survey, but the Lake Forest area was added.

After conducting this most recent assessment, the hospital found that while some of the focus areas remained the same, a few new areas arose. The priorities developed from the 2011 study included affordable homes, childhood obesity, depression and youth alcohol and substance use prevention.

"In terms of the partnerships between 2008 and 2011, we saw the biggest change in childhood obesity," says Cornwall. "We have so many organizations within the community battling against this problem, including the county, city and our hospital, as well as parks and recreation and the schools in the area."

To emphasize the importance of this battle, Mission Health again identified childhood obesity as one of their four areas of focus for the next two years, specifically childhood obesity in underserved children between the ages of three and 11. The hospital is working with 16 community partners and the strategies outlined in their Community Benefit Plan include focusing on families, schools and the environment.

In addition to childhood obesity, the hospital is also focusing on depression. While this priority area remained consistent in both the 2008 and 2011 focus areas, the strategies outlined for tackling depression changed. "In 2008 we were focused on

With the involvement of so many organizations, it's easy to see why the hospital's vision of "creating healthier communities" is becoming a reality.



increasing the number of people who were receiving services for depression,” says Cornwall. In 2008, 7.1% of adults reported that they had been diagnosed with major depression by a physician at one point in their lives. With the 2011 research, that number decreased to 5.6%. Cornwall says the focus now is looking internally at the effectiveness of treating people with depression. “We’re seeking to improve clinical outcomes.” For the 2012-14 timeframe, Mission Hospital will address three areas that impact clinical outcomes: medication, timeliness to interventions and barriers to completing treatment.

Looking Ahead

Planning for the future can be difficult, but Mission Hospital is determined to stay ahead of the curve when their communities’ health comes into play. Their FY2012-14 Community Benefit Plan has an outline of the four areas they’re focusing on, along with strategies for improvement and change and a list of their community partners for each area.

While childhood obesity and depression remain constant problems in the San Juan Capistrano, San Clemente and Lake Forest areas, collaboration among community organizations has proven to be an effective way to tackle the obstacles at hand. With the involvement of so many organizations, it’s easy to see why the hospital’s vision of “creating healthier communities” is becoming a reality. ●



Tackling Stroke On the Jersey Shore

Twice as many strokes are occurring in New Jersey today than there were five years ago.

What's going on?

That's the big question facing **Meridian Health** – an organization of six hospitals along the eastern side of New Jersey. While the numbers of people suffering from stroke aren't terribly high at 3.6% in 2011, the prevalence has literally doubled since 2006, when only 1.8% of the population suffered strokes.

"It was a definite surprise to us," says Laura Ahern, Director of Community Outreach for Meridian. "There's a lot of speculation about why this would be happening, and we're implementing strategies to stop it from getting worse, and maybe even reverse the trend."

Since receiving the results of

their 2011 Community Health Needs Assessment, there has been a strong effort to educate people about the risk factors and warning signs for stroke,



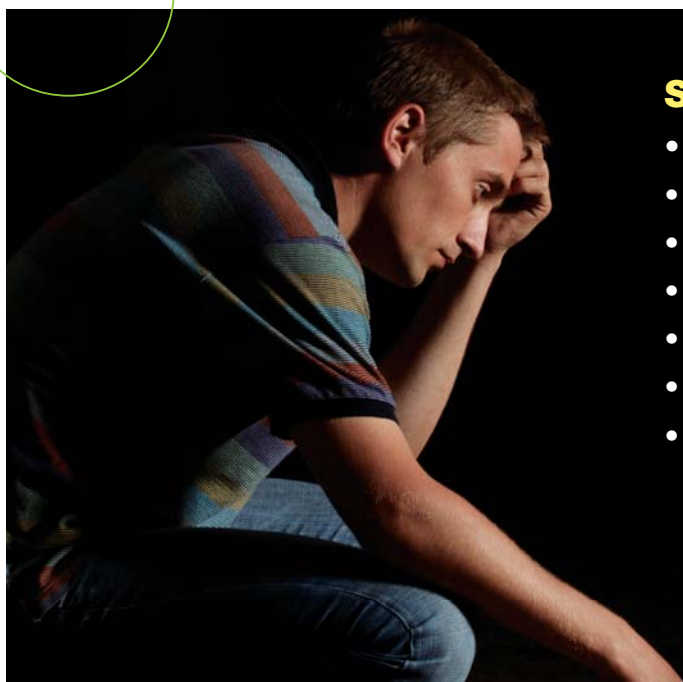
especially within the African American community, where there is a higher incidence of stroke. In addition, the assessment also showed that 24.8% of

African Americans reported experiencing fair or poor physical health.

"It's not just that there are more strokes within the African American community, either," explains Ahern. "The mortality rate is alarming, especially when compared to other populations. There's a big disparity."

In fact, the mortality rate among African Americans who suffer a stroke is 59.7%, while the rate for the entire population is 32.4%.

That's why Meridian is working hard to get more people to find out if they're at risk for stroke. Their new vascular screening program provides adults with information about their circulation and risk for heart attack and stroke. The screenings are offered at their six hospital locations, and they're also taking it out into the community.



Stroke screening includes:

- A carotid artery ultrasound and scan to check for plaque
- An Ankle Brachial Index (ABI) to check for blockages
- Peak Systolic Velocity to check for narrowing in the arteries
- A modified EKG to look at heart rhythm
- Abdominal Aortic Aneurysm (AAA) to see the size of the aorta
- Blood pressure
- Body Mass Index (BMI)





Symptoms of stroke include:

- Sudden numbness or weakness of face, arm or leg – especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden severe headache with no known cause.

Use the FAST acronym to remember the warning signs of a stroke:

- Face** – Ask the person to smile. Does one side of the face drop?
- Arms** – Ask the person to raise both arms. Does one arm drift downward?
- Speech** – Ask the person to repeat a simple phrase. Is their speech slurred or strange?
- Time** – If you observe any of these signs, call 9-1-1 immediately.

Source: National Stroke Association – www.stroke.org

“We’re taking the screening right to where people live, work and play, to churches, employers, senior centers, libraries, you name it,” says Ahern. We also conduct the screenings in our 32 foot mobile health vehicle so people without transportation can take advantage of the program, too. The screening is non-invasive and doesn’t include radiation, so there’s really no limit to where we can conduct them.”

Participants get on-the-spot results, which include a full color report, an opportunity to consult with a nurse and the chance to schedule a follow-up visit with Meridian physicians.

Ahern says that while insurance doesn’t cover this screening, many people are using their flexible spending accounts to pay for it. “We’re trying to keep the costs down so more people will get screened. We discounted the price to \$49.95, so it’s very reasonable.”

Meridian is also working to get a grant

to make the screening available for lower income people who simply can’t afford it at any price. The system hopes these screenings, along with a possible grant to make them more readily available, will also help address the ever-present issue of access to healthcare. In 2011, 5.7% of currently insured adults in the area reported that they were without healthcare coverage at some point during the year.

To deliver their message to more people, Meridian Health recently announced a partnership with Harry Carson as its celebrity spokesperson for stroke, concussion and other neurological conditions. Harry Carson, Pro Football Hall of Famer and former captain of the New York Giants, is an advocate for concussion and stroke awareness and has partnered with Meridian Neuroscience as they offer the region’s most complete line-up of neuroscience services for stroke, spine injuries, epilepsy, brain tumors, movement, memory disorders and more.

“Tackling Stroke with Harry Carson is just one of the innovative ways we are getting the message out, so people can take charge of their health to prevent stroke as well as learn the warning signs and what to do in an emergency,” says Ahern.

Meridian is very open when it comes to communication, even when it comes to sharing their data. Their staff shares information from their Community Health Needs Assessments with their local health departments, civic leaders, committees and coalitions – even those that include their competitors.

Many hospitals and health systems in New Jersey are just getting their feet wet when it comes to these assessments, so this data has been a valuable commodity. “It’s worth sharing with competitors if it means we can build programs and services to help the overall well-being of the community,” says Ahern. “We want to address the issues facing all of us, and the best way to do that is to work together.” ●

a Journey

A message from **Bruce Lockwood**, PRC's Director of Community Health



One of the great things about working for PRC – I've been here since 1990 – is that we're given free rein to try new ideas. In fact, Dr. Inguanzo encourages this and I believe it's one of the reasons why we've been so successful. When founded in 1979 by two grad students (Dr. Inguanzo & Ken Livingston), they weren't afraid to take a chance and were just naive enough to believe they could produce better research by setting out on their own (and they were right!). Thirty plus years later, this idea continues to permeate our organization.

In 1994, this idea took us on the Community Health Needs Assessment (CHNA) journey, starting with Memorial Health System in Broward County, FL. Their community was quite diverse and they sought to better understand what was needed. Working together with the system, we developed an assessment that actually measured the health status, behaviors and needs of their population. This was a revolutionary concept at that time and a path we're so glad we took.

PRC has never skimped on the quality of our research, and this is very obvious with our CHNA studies. Not only are these studies geographically and demographically sensitive, the focus on individuals' actual experience and behaviors is so important. By doing this, our reports are able to show a true picture of the health of the population. This just isn't possible with generalized state or national data. Plus, it's challenging enough to engage people in data and get them to act upon it; local data about their own community that they care about has so much more of an impact (and is so much more meaningful).

While our CHNA process has largely stayed the same – our survey hasn't changed much, we still conduct focus groups and we still incorporate supplementary secondary data – what has changed is how we communicate. In 1994 our communication was vastly different than it is today. Cell phones and Internet weren't an issue, PRC was just getting corporate email, no one had heard of reality TV and newspapers and television were still the main methods of news communication. In 1994 healthcare wasn't concerned with engaging the general population in their health; we were more concerned about HMOs and PPOs.

While on a flight this past fall I was contemplating my frustration at the lack of the general population's engagement in their own health and wellness, as well as my wish to somehow make our CHNA reports more engaging. I had an idea. In seeking to engage consumers, while making our research more appealing and meeting PPACA reporting requirements, I sketched out the first draft of HealthForecast.net™. My overall goal was to engage people by bringing community-level research to them. I wanted the data to speak to them, to get them to take action.

It's probably a good thing I didn't have email access on that flight because I would have been inundating our developers with ideas and revisions that entire afternoon. The next day I sat down with them and shared my thoughts (I'd forget to share this with Dr. Inguanzo until we were half-way through the development. Oops!). I asked if we could somehow create a website that would do all of this and wouldn't need an overwhelming amount of manpower to keep updated. I wanted it to be functional, yet intriguing. I wanted it to give people ideas and resources for creating change. I wanted to bring our stellar primary data to the grass roots level. People can find generalized state and national data, but when they see data about themselves and their neighbors, that makes all the difference and gets them energized.

I was so thrilled how everyone ran with this idea (though I shouldn't have been surprised as that's how we work at PRC). A special thanks to Research & Development, CHNA Team and Marketing for their help in making HealthForecast.net™ a functional, engaging web tool. ●

We Really Work Hard

in helping 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 complimentary 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.



Hospital Association Research Program

Imagine a world in which you are tasked with aiding member organizations that are scrambling to comply with all the new government regulations, forced to do more with shrinking budgets, and all the while trying to positively impact their constituents. This is the reality in which many state and metro hospital associations are living today.

One of the areas in which hospital associations are seeking to assist members is with Community Health Needs Assessment (CHNA) requirements. In addition to determining the best way to comply with Patient Protection and Affordable Care Act (PPACA) and IRS requirements, many



associations are taking a lead role in guiding their members through the CHNA process.

In response to this need, PRC recently developed a program to provide CHNA research to association members with significant financial benefits for both members and associations.

Member Benefits

Cost Savings – When participating through their state hospital association, member hospitals receive significant discounts off the CHNA research price.

Government Compliance – PRC's CHNA studies help members fulfill the CHNA-related requirements of PPACA for reporting on IRS Schedule H Form 990.

Custom Results – Each participating hospital receives a final report of their specific service area, including summary-level statistics, segmentation of survey data by geography, demographic analysis, county-level secondary data indicators with trending, benchmark comparisons against state and national data, and comparisons against Healthy People 2020.

Reporting & Dissemination – In addition to detailed reporting documents, results for participating hospitals will also be

reported on member-specific HealthForecast.net™ sites for public sharing, as well as on PRCEasyView.com® for those who wish to drill into the results for further analysis.

Association Benefits

Administrative

Reimbursement – In exchange for facilitating the initial design of the survey, sharing the PRC CHNA partnership information with

members and arranging project setup for participants, associations will receive compensation for each project implemented and completed by participating member organizations.

Data Comparability – Associations with multiple member hospitals participating in this research will be able to scientifically compare health indicators with represented communities across the state. This makes it easier for future statewide health improvement initiatives to offer meaningful health and wellness indicators. ●

Contact us at Info@PRCOnline.com for more information.

– Norman Keeps Moving to Improve Health

Continued from pg. 3

the help of the Academy's faculty of health promotion specialists, registered nurses, exercise specialists, nutritionists, tobacco control specialists and other wellness educators.

Heart and Sole

There are also ongoing efforts to encourage people to exercise and lose weight, a goal many health organizations across the nation share. Since the first CHNA study, the percentage of obese adults in Norman has nearly doubled from 17.7% in 1998 to 30.2% in 2008. Similarly, the percentage of adults at a healthy weight has steadily declined, with 48% meeting this target in 1998 and only 32.8% in 2008.

The Coalition set a goal of reducing the number of obese adults to 22% and the percentage of overweight adults to 32%, and to decrease the number of residents with no leisure activity from 17% to 13%.

Decreasing obesity and increasing physical exercise is the goal of Heart and Sole, a community-wide adult walking program. The six-week program is aimed at getting people moving toward better health. With options of joining as part of an organization or company, forming a team, or going solo, the program seeks to fit everyone.

Recognition & the Future

In December 2011, Norman achieved designation from the Oklahoma Academy for State Goals and Oklahoma Turning Point as a Certified Healthy Community. With the involvement of businesses and civic leaders, the hospital has high hopes for reaching its goal of becoming the healthiest community in the state.

"It's definitely a process, and it won't happen overnight," says Price, "but it's good to keep moving toward the goal."

To find out more about the Healthy Community Coalition's efforts, visit www.myhealthycommunity.com. ●



– Rapid Growth and Tough Economy Create Challenges in High Desert

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to be "enrollers," helping families get their children insured more easily. Those volunteers then reported how many students enrolled each month, helping St. Mary track their progress.

When the economy crashed, those people could no longer afford to enroll their children in insurance; now schools refer people directly to SMMC, which is a main insurance enroller. In 2010, the hospital enrolled 900 children in healthcare insurance.

Many of the children enrolled through the 100% Health Insurance Campaign qualify for subsidized insurance, such as the federally funded Medi-Cal, state-funded Healthy Families and the county-funded Healthy Kids, which accepts children up to age five whose families are at no more than 250% of the federal poverty level.

"While all of those subsidies help a lot, we can't realistically subsidize all of these kids," Mahany says. "Many of our physicians offer care pro bono for those who can't afford insurance or whose kids are too old for Healthy Kids. It's a real blessing. After all, as a mission, we believe that healthcare is foundational to the dignity of life. It's a basic right."

It's no surprise that part of the St. Mary mission statement is to "preserve and protect the safety net." That's one reason St. Mary has also been instrumental in healthcare reform. They've helped county, state and federal governments navigate how reform should fall into place so that everyone can be served. They've evaluated proposals, assessing how well they would care for people, then providing feedback to everyone from county officials to the Obama administration.

Mahany says, "We want to help shape these reforms so they're ethical and they actually help the people they're meant to help. After all, we're here to care for our neighbors. We do good work, because that's what Jesus did."

Mahany describes St. Mary as a ministry rather than a hospital because they care for the community, promoting health and helping all people.

"Yes, we do provide acute care and hospital services, but it's our true goal to make sure people don't need those services nearly as often. We want to help our community be healthy – mind, body and soul." ●



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