

Model Community Health Needs Assessment and Implementation Strategy Summaries

These model summaries of a community health needs assessment and an implementation strategy (also known as a community benefit plan) were developed for an imaginary community of about 100,000 people in the central part of the U.S. They are examples of summaries that would be appropriate to post on a website. In these examples, the assessment was developed and is “owned” jointly by community partners, including the community’s two tax-exempt hospitals. The assessment summary and supporting attachments are posted on the websites of the County Health Department and each of the local hospitals. Implementation strategies were also developed collaboratively, but each hospital and local lead agency is responsible for its own implementation strategy. The hospitals each attach their implementation strategy on their IRS Form 990 Schedule H.

These summaries are intended to demonstrate how hospitals can report to community members and others what it has identified as community health needs and how it intends to address those needs. This document should not be considered legal or tax advice.

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A. Harris County Community Health Need Assessment

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2012 St. Agnes Catholic Hospital Community Health Needs Assessment Summary:

An assessment of Harris County conducted jointly by St. Agnes Catholic Hospital, Ryan Community Hospital, and the Harris County Health Department.

During 2012, a community health needs assessment (CHNA) was conducted by St. Agnes Catholic Hospital, Ryan Community Hospital, and the Harris County Health Department for the 100,000 residents of Harris County, Kansas. Harris County includes its county seat, Best City, a city of 50,000 residents located in the midst of rolling wheat field farm land in central Kansas. The two hospitals, St. Agnes Catholic Hospital and Ryan Community Hospital, serve this city and essentially all the surrounding rural area in Harris County.

Description of Community Served by the Hospitals

Harris County includes both urban and rural areas. The local area economy is heavily dependent on agriculture. Traditionally this meant the sale of commodities such as wheat and beef. However, about 10 years ago a chicken processing plant opened on the east side of Best City bringing new workers to the community and increasing the cultural diversity of the community. The average annual family income for the city has not changed significantly in the past decade and is currently \$58,000. Those below the median income level have been disproportionately impacted by the recession; the proportion of the population living below poverty has increased from 13% to 17% over the past decade. Data and a map detailing current demographics, including income levels, age, race/ethnicity, and educational attainment for the city and surrounding counties with a comparison to state and national information is included in Attachment A.

Who was Involved in Assessment

The assessment process was initiated and co-chaired jointly by the two hospitals in collaboration with the County Health Department. The three entities provided roughly equal financial and in-kind support for the assessment process; however, the municipal departments, school district, and all agencies providing health or related services within the city were invited to participate. To ensure input from persons with broad knowledge of the community, notices of all meetings were announced, as a public service, on the local radio station and posted in the local paper with a link to previous meeting minutes. Personal invitations were sent to organizations representing ethnic and patient-type groups, including the Spanish Club and the county mental health association. Staff from the public health department and faculty from Harris University collated and analyzed the public health data.

Those who committed to the assessment and planning process and to attending semi-monthly meetings became the eighteen members of Harris County Health Assessment Team (CHAT), which continues to meet semi-monthly to assess progress and modify plans as needed. Attachment B to this assessment lists the CHAT members and all those who attended planning meetings during 2012.

How the Assessment was Conducted

The Harris County CHNA began with a review of the 2009 public health assessment conducted by the Harris County Health Department. This information was updated with more recent statistics from city, county, state and national sources. New data sources were identified and incorporated including the newly published County Health Rankings and additional data from both hospitals (discharge information and interviews with medical, social service and ED staff). Recent indicator data for comparisons was also collected from both Healthy People and the Kansas State Department of Health. This data was collated and presented with the assistance of faculty members from the Economics and the Social Services Departments at Harris University.

The CHAT's initial review included analysis of trends and comparisons within the community and with other like sized communities. Data was also compared with indicators established by Healthy People 2020 and by the Kansas State Department of Health. Based on this analysis, the CHAT with assistance from Harris University developed discussion topics for a variety of community engagements, including open town hall community meetings, interviews with key informants, and focus groups. A variety of community settings were selected with a special emphasis on those persons and areas most impacted by health disparities. Information from these forums was collated and presented to the CHAT. With the assistance of Harris University, a list of 20 community needs was developed (Appendix F).

CHAT members agreed on a set of criteria to use to evaluate the list of 20 health needs identified through the fact finding process. The criteria included

- + the numbers of persons affected,
- + the seriousness of the issue,
- + whether the health need particularly affected persons living in poverty or reflected health disparities, and
- + availability of community resources to address the need

Each team member used the criteria to rank the health needs. These individual results were then shared with the CHAT for discussion. Team members were then given an opportunity to revise their rankings; these individual rankings were summed to produce a composite ranking. Information was widely disseminated in the local news with invitations for electronic responses and several town meetings were held to discuss and affirm the selections.

The prioritization process identified four priority issues for the community:

1. High School Graduation Rates,
2. Access to health care for uninsured and under-insured,
3. Obesity Rates, and
4. Teen-aged smoking

It should be noted that the assessment process identified some gaps in information. There was not, for example, good information about air quality for the city or the county.

The CHAT also determined there is a need to have more information on the social determinants of some of the key health issues in order to better address one of the overarching goals of Healthy People 2020.

Health Needs Identified

The City and County have always prided themselves on the health status of the residents; historically data collected from various sources by the Health Department have shown that on the average, the county has regularly met or exceeded most national benchmarks published by Healthy People and even met or exceeded the national objectives for a number of Healthy People indicators.

While morbidity and mortality data still demonstrate that the City and surrounding County are near the national benchmarks for most of the Healthy People 2020 indicators, a trend analysis detected a concerning decline in the high school graduation rate, an important determinant of future health status. Reanalysis of the data showed that there was a disparity in graduation rates with the East Side High School reporting 67% of 18 year olds in their district had graduated, while the West Side High School reported a graduation rate of 85%. Interviews with school representatives uncovered high absenteeism related to improperly controlled asthma which many considered a factor in the lower graduation rates. Analysis of the public health data also found high rates of diabetes in the City and County, mirroring the high rates of the disease at the national level and the increase in obesity rates in the county.

Though the focus groups and interviews were new processes, it was noted that both picked up air quality complaints especially near the chicken processing plant.

There was also a concerning increase in two health risk factors as reported by the school district. While overall tobacco use in the community continues to decline, there appears to be a slight increase in smoking reported among teenagers. And childhood obesity rates are steadily increasing.

Both hospitals reported increases in visits to their emergency departments and an increase in preventable hospitalizations. In the last three years alone, the costs of uncompensated care for uninsured and Medicaid patients increased by 33%. The hospitals estimated that about one third of the ED visits could be avoided if patients had adequate access to care.

Community Assets Identified

The assessment identified a number of strong community assets (Attachment C), including the two hospitals and their community benefit programs, a community clinic, an adequate supply of primary care physicians and dentists, a public school system with active home and school associations and numerous religious congregations.

Summaries: Assessments and Priorities

Assessment data is summarized in Attachment D. Attachment F lists all needs identified and describes the priority setting approach. CHAT members committed to focus on the affirmed priorities. In summary, priority needs identified were:

1. High School Graduation rates,
2. Access to health care for uninsured and under-insured,
3. Obesity rates, and
4. Teenaged smoking.

Next Steps

CHAT established separate teams to develop implementation strategies for each priority (Attachment F); leaders for each of the four teams also committed to continued service on CHAT. Each leader is responsible for:

- + Finding out what other community organizations are doing regarding the priority,
- + Organizing a team which includes both field professionals and representative community members,
- + Guiding the work of the team, including development of a work plan
- + Establishing metrics including measurable outcomes indicators,
- + Assuring work is coordinated with other CHAT implementation teams, and
- + Communicating appropriately with the community at large.

CHAT is developing a community report card including metrics for both the City and the surrounding County to be published on an annual basis. CHAT is committed to conducting another comprehensive needs assessment in 3 years.

CHAT will also be charged with attempting to fill the information gaps and with developing a better understanding of the social determinants of some of the health issues identified in order to better address one of the overarching goals of Healthy People 2020.

This assessment summary is on the websites of the Health Department and St. Agnes and Ryan Community Hospitals. A copy can also be obtained by contacting the administrative offices of any of the three organizations.

St. Agnes Catholic Hospital

Implementation Strategy

For FY2012 - 2014 Summary

St. Agnes Catholic Hospital has been meeting the health needs of Harris County residents for over 100 years. Founded by the Sisters of Charity in 1893 to serve the poor and sick, St. Agnes hospital continues to carry out its mission “to heal and comfort the sick and improve the health of the community in the Spirit of Jesus.”

St. Agnes is a 120 bed hospital located on a two block campus in downtown Best City, Kansas; it is a member of the CHA Health System. About 65% of the patients are residents of Best City; 30% come from the surrounding Harris County rural area, and 5%, mostly pediatrics, are from outside the County.

This report summarizes the plans for St. Agnes Hospital to sustain and develop new community benefit programs that 1) address prioritized needs from the 2012 Community Health Needs Assessment (CHNA) conducted by the Harris County Community Health Assessment Team (CHAT) and 2) respond to other identified community health needs.

Target Areas and Populations

The Harris County CHNA identified the three zip codes on the east side of Best City as having the lowest average income in the County with over 60% of the residents living below 150% of poverty. This area also had the greatest health needs and the most limited access to health services. The St. Agnes' Implementation Strategy focuses on populations with greatest need so will focus on these zip codes and the immediately surrounding neighborhoods in Best City.

How the Implementation Strategy Was Developed

St Agnes' Implementation Strategy was developed based on the findings and priorities established by the Harris County CHNA and a review of the hospital's existing community benefit activities.

St. Agnes provided leadership for the 2012 county CHNA and is chairing the assessment team (CHAT) through the end of 2013. Other members of the CHAT team include representatives from Ryan Community Hospital, the county health department, other agencies and organizations providing services in the community and consumer representatives. Students and faculty from the Harris University Departments of Economics and the Social Services helped access and analyze public health data and served as facilitators for various types of community forums where findings from the assessment were presented for community discussion.

After completion of the county CHNA (Appendix A), published in December 2012, the CHAT formed implementation teams to respond to each of the priority needs and each team is developing and monitoring goals and action plans.

Major Needs and How Priorities Were Established

With support from Harris University, members of the CHAT undertook a structured approach to review public health data and conduct interviews of city and county residents and public health officials. This assessment resulted in a list of 20 health needs (Appendix B) which were discussed at a community “town meeting.”

CHAT members came to agreement on a set of criteria that they would use to evaluate the list of 20 health needs identified through the assessment process. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or reflected health disparities, and availability of community resources to address the need. Each team member used the criteria to rank the health needs. These individual results were then shared with the CHAT for discussion. Team members were then given an opportunity to revise their rankings and then these individual rankings were summed to produce a composite ranking.

The prioritization process identified four priority issues for the community:

1. High School Graduation Rates,
2. Access to health care for uninsured and under-insured,
3. Obesity Rates, and
4. Teen-aged smoking.

CHAT members invited electronic comment and held community forums to get community input on the prioritized health needs. These forums confirmed the prioritization presented by the CHAT and identified partners and volunteers for addressing these needs.

St. Agnes Hospital’s review of current community benefit programs found that the hospital is meeting existing community needs through provision of charity care; Medicaid and SCHIP services; recently introduced prenatal and new parent community education programs and health professional education programs. These activities were determined to be additional priorities for the hospital’s implementation strategy.

Description of What St. Agnes Hospital Will Do to Address Community Needs

St. Agnes chairs the implementation team to address access to health care for the uninsured and under-insured priority (Access Team). The team is comprised of the hospital’s community benefit team (hospital staff, two hospital board members and other community representatives) with additional invitations extended to community partners and residents who could help the team understand the barriers to access, identify effective solutions and provide resources to implement those solutions. Meetings of the Access Team are open to the community and are reported in the local newspaper.

This team has selected three initiatives to address the access priority: a special initiative for the East Side, a general initiative for the entire community, and a focus by the hospitals on patients presenting with ambulatory sensitive conditions.

Also, the St. Agnes school health nurse will serve on the implementation team which addresses high school graduation rates and the Director of Dietetics will serve as a member of the Obesity Team.

In addition, the hospital will continue to meet community needs by providing charity care; Medicaid and SCHIP services; continuing its recently introduced prenatal and new parent community education programs and on-going health professional education programs.

Action Plans

1. **Access to care for East Side:** St. Agnes currently partners with East Side Elementary School to offer part-time health services to the elementary school campus. This collaborative effort will be moved into a separate building on the school campus in order to expand primary care services for both children and families. Initially funds will be raised locally to support this effort. For the longer term the County Health Department will seek designation of the area as a Medically Under-served Population so plans can be developed for a community owned Federally Qualified Health Center to serve the area.
2. **Access to care County-wide:** For the county-wide effort, Ryan Community Hospital will collaborate with Harris County Medical and Dental Societies to explore evidence-based best practices for equitably distributing assignment of uninsured and Medicaid patients to volunteering physicians and dentists using the hospital's existing physician referral technology. St. Agnes will encourage all their healthcare providers to participate.
3. **Preventable Hospitalizations:** Both hospitals are committed to continuing to serve uninsured and under-insured patients, but the case management staffs will collaborate to improve access to prevention services, primary care coverage, and referral patterns with a goal of decreasing preventable hospitalizations for this group of patients.
4. **Prenatal and New Parent Education Programs:** St. Agnes currently helps the South Side Volunteer Clinic provide education to parents through family support classes and works with the local WIC clinic to provide prenatal and breastfeeding counseling. The community benefit team considered these programs highly important; they were credited with contributing to an average overall birth weight higher than the national benchmark. The program will be expanded to include classes offered in Spanish and classes designed for teen-agers; a convenient location for classes on the east side of town will be sought.
5. **High School Graduation Rates:** St. Agnes Hospital will also work with the East Side school system to monitor school attendance and reduce absenteeism due to illness. Together they will explore best practices for preventing and treating asthma which was a contributing factor to absenteeism.
6. **Obesity:** St. Agnes' dietetics staff will work with hospital cafeteria staff to expand healthy food choices for employees and visitors. The staff will also offer free consulting services to local schools and restaurants. The hospital will explore incentives to encourage employees and community members to increase exercise levels.
7. **Professional Education:** St. Agnes has a contract with Harris University to provide on-site education and training for their students in nursing and social services. In addition, St. Agnes accepts one graduate Health Administration resident each year.

Next Steps for Priorities

For each of the priority areas listed above, St. Agnes will work with CHAT and community partners to:

- + Identify any related activities being conducted by others in the community that could be built upon
- + Develop measurable goals and objectives so that the effectiveness of their efforts can be measured.
- + Build support for the initiatives within the community and among other health care providers.
- + Develop detailed work plans.

Priority Needs Not Being Addressed and the Reasons

St. Agnes is not directly involved with the teen smoking priority because Ryan Community Hospital currently offers smoking cessation programs for the community and agreed to serve on this implementation team.

St. Agnes has been offering both glucose and cholesterol screening tests at the West City Shopping Center as part of their bi-annual Health Fair. The Health Fair Screening services were not deemed to be essential because other resources are conveniently available to this community so this activity will be discontinued.

Approval

Each year at their September meeting, the St. Agnes Governing Board, which includes representatives from both Best City and the surrounding community, reviews the prior fiscal year's Community Benefit Report and approves the Community Benefit Implementation Strategy for addressing priorities identified in the most recent Community Assessment and other plans for community benefit. This report was prepared for the September 15, 2012 meeting of the Governing Board.

St. Agnes Catholic Hospital Governing Board Approval:

By Name and Title

Date