

Resources

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*Overall Project Management
Education/Orientation
CB Newsflash!*

Financial Reporting

Web Sites

California Department of Health Services – Statistical Resources

<http://www.dhs.ca.gov/hisp/chs/OHIR/reports/>

- [State and local health statistics](#) S
- [Stats on AIDS, births, diabetes, etc.](#) S

Centers for Disease Control and Prevention

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

- [Information on health conditions, programs, and stats](#)

Centers for Disease Control and Prevention

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

- [Resources for Community Health Needs Assessments](#)

Community Commons

<http://assessment.communitycommons.org/CHNA/>

- [Community health needs assessments by county](#)

The Community Guide

<http://www.thecommunityguide.org/index.html>

- [Systematic reviews of public health programs and policies](#)

County Health Rankings & Roadmaps

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

- [Stats on community health indicators and rankings within each state](#)

Healthy People 2020

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

- [National health agenda](#) N
- [Leading health indicators](#) L
- [Links to publications, other resources](#)

Hawai'i Health Data Warehouse

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

- health reports and data H

The Hilltop Institute, UMBC

http://www.hilltopinstitute.org/hcbp_cbl.cfm

- Community Benefit State Law Profiles C
- 50-State Survey of State Community Benefit Laws through the Lens of the ACA A

Kids Count, Annie E. Casey Foundation

<http://datacenter.kidscount.org/>

- National benchmarks for child well-being N
- Health indicators H
- Census data C

Office of Statewide Health Planning & Development, California

<http://www.oshpd.ca.gov/HID/SubmitData/CommunityBenefit/>

- B program history C
- B 697 legislation S
- frequently asked questions F

Oregon Health Authority

<https://public.health.oregon.gov/datastatistics/Pages/index.aspx>

- Data and Statistics D

Oregon State Police—Law Enforcement Data Systems

http://www.oregon.gov/OSP/CJIS/Pages/annual_reports.aspx

- Crime Data C

State of California Department of Justice, Office of the Attorney General

<http://oag.ca.gov/crime>

- Crime data

State of Hawaii, Department of Health

<http://hawaii.gov/health/statistics/>

- Health Statistics

H

University of California, Los Angeles

<http://ask.chis.ucla.edu/main/default.asp>

- Results from the California Health Interview Survey, database

U.S. Census Bureau

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

- American Community Survey
- American Housing Survey
- Annual Survey of Governments
- Census of Governments
- 2010 Census
- Economic Census
- Equal Employment Opportunity Tabulation
- Population Estimates Program
- Puerto Rico Community Survey

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U.S. Department of Health and Human Services

<http://www.hhs.gov/healthcare/rights/index.html>

- Information on the Affordable Care Act

Washington Association of Sheriffs & Police Chiefs

<http://www.waspc.org/index.php?c=crime%20statistics>

-

Crime data

C

Washington State Department of Health

<http://www.doh.wa.gov/DataandStatisticalReports.aspx>

-

Data and Statistical Reports

D

Publications

1. *Background and Resources for a Community Health Status Focus*. Hospital Research and Educational Trust, American Hospital Association, 1994, Catalogue No. C-070915 (\$5). AHA, One North Franklin, Chicago, IL 60606, (312) 422-3000.
2. *Community Health Assessment: The First Step in Community Health Planning*. By James A. Rice, PhD., Hospital Technology Feature Report, Vol. 12, No. 13, American Hospital Association, 1994, Catalogue No. C-012875 (\$49/100). AHA, One North Franklin, Chicago, IL 60606, (312) 422-3000.
3. *Trustees and the Integration of Community Health Care*. Monograph, American Hospital Association, 1994, Catalogue No. C-196605 (\$9.95/14.95). AHA, One North Franklin, Chicago, IL 60606, (312) 422-3000.
4. *Transforming Health Care Delivery Toward Community Care Networks*. Monograph, American Hospital Association, 1994, Catalogue No. C-068901 (single copies free). AHA, One North Franklin, Chicago, IL 60606, (312) 422-3000.
5. *Needs Assessment Handbook*. Harlan L. Menkin, Menkin Strategies. Prepared for Adventist Health, 1994.
6. *The Quality Letter for Healthcare Leaders*. Vol. 6, No. 5 (June 1994). "Measuring and Improving Community Health." Editor: Barry S. Bader, Bader and Associates, Inc. PO Box 2106, Rockville, MD 20847-2106, (301) 468-1610.
7. *Healthy Communities 2000: Model Standards, Third Edition*. American Public Health Association (\$24.50/35). APHA, C/O Claude H. Hall, M. A., 1015 Fifteenth Street, NW, Washington, DC 20005, (202) 789-5617.
8. *Community Strategies for Health*. Monograph, American Public Health Association (free). APHA, C/O Claude H. Hall, M. A., 1015 Fifteenth Street, NW, Washington, DC 20005, (202) 789-5617.
9. *Social Accountability Budget for Not-for-Profit Health Care Organizations*. Catholic Health Association (\$27.50). CHA, 4455 Woodson Road, St. Louis, MO 63134-3797, (314) 427-2500.
10. *PATCH (Planned Approach to Community Health.)* Guide, Centers for Disease Control & Prevention, Community Health Promotion Branch (Free). CDCP, 4770 Buford Highway NE, Mailstop K-46, Atlanta, GA 30341, (404) 488-5426.
11. *Community Service Plans: A Blueprint for Board Planning. The Challenge of Governance*. Third in a series, 1994. Hospital Trustees of New York State. 74 North Pearl Street, Albany, NY 12207, (518) 431-7999.
12. *The Steps to Building a Community Service Plan*. Hospital Trustees of New York State. 74 North Pearl Street, Albany, NY 12207, (518) 431-7999.

13. *The APEXPH Workbook*. NACHO/United States Conference of Local Health Officers (\$15/20). Carol Brown, MS, APEXPH Project Manager, 440 First Street NW, Washington, DC 20001, (202) 783-5550.
14. *The Healthy Communities Handbook*. National Civic League (\$20). Kathy Konka, Program Manager for Health Communities, 1445 Market Street, Suite 300, Denver, CO 80202-1728, (303) 571-4404.
15. *The Healthy Communities Directory*. National Civic League. Kathy Konka, Program Manager for Health Communities, 1445 Market Street, Suite 300, Denver, CO 80202-1728, (303) 571-4404.
16. *The Healthy Communities Storybook*. National Civic League (\$20). Kathy Konka, Program Manager for Health Communities, 1445 Market Street, Suite 300, Denver, CO 80202-1728, (303) 571-4404.
17. *The Healthy Communities Resource Guide*. National Civic League (\$20). Kathy Konka, Program Manager for Health Communities, 1445 Market Street, Suite 300, Denver, CO 80202-1728, (303) 571-4404.
18. *Healthier Communities Action Kits*. The Healthcare Forum. Four modules (\$150/module). Julie Gelormino, 830 Market Street, San Francisco, CA 94102, (415) 421-2411, ext. 317.
19. *Community . . . Planting the Seeds for Good Health: A Guide for Assessing and Improving Health Status*. The Hospital Association of Pennsylvania (\$20/50). HAP, 4750 Lindle Road, PO Box 3344, Harrisburg, PA 17105-3344, (717) 564-9200.
20. *A Guide to Community-based Collaborative Strategic Planning*. By Judith K. Chynoweth, 1994. Council of Governor's Policy Advisors, 400 North Capitol Street, Suite 390, Washington, DC 20001, (202) 624-5386.
21. *Guidebook 8: Integrating Community Services*. By Charles, Bruner, Linda Kunesh, and Randy Knuth, 1992. North Central Regional Educational Laboratory, Oak Brook, IL.
22. *Building a Community Agenda: Developing Local Governing Entities*, 1991. Center for the Study of Social Policy, Washington, DC.
23. *Keeping Score: Locally Directed Evaluations*, 1991. Center for the Study of Social Policy, Washington, DC.
24. *Diversity: The Essential Link in Collaborative Services*. By Hedy Chang, 1992. California Perspectives, California Tomorrow, San Francisco, CA.
25. *The Community Collaboration Manual*. National Assembly of National Voluntary Health and Social Welfare Organizations, 1991. Washington, DC.

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16. Minnesota Department of Health. *Community Health Services Planning and Reporting Manual*, September 1990.
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26. Rice, J. *Community Health Assessment The First Step in Community Health Planning*, Hospital Technology Feature Report, Vol. 12, No. 13, 1993, Chicago, IL.

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Appendix A: Sample Surveys

Sample key informant and focus group surveys

1. What is your vision for a healthy community?

- Probe question: What aspects of your community contribute to people's health in a positive way?

2. What is currently unhealthy about your community?

- Probe question: What aspects of your community contribute to people's health in a negative way?

3. What is your perception of _____ (name of hospital) overall and the specific programs and services?

- Probe question: what are the current gaps in services?

4. What can _____ (name of hospital) do to improve health and quality of life in the community?

- Probe questions: What are some current services that _____ (name of hospital) provides that promote healthy?
- What else could _____ (name of hospital) provide?

Sample Community Survey

- 1. What aspects of your community contribute to people's health in a positive way?**
 - What aspects of your community contribute to people's health in a positive way?
- 2. What aspects of your community contribute to people's health in a negative way?**
 - What aspects of your community contribute to people's health in a negative way?
- 3. How informed do you feel regarding implementation of the Affordable Care Act?**
 1. Somewhat informed
 2. Neither informed nor uninformed
 3. Somewhat uninformed
 4. Very uninformed
- 4. Are there any opportunities you anticipate with the implementation of the Affordable Care Act in your community?**
- 5. Are there any challenges you anticipate with the implementation of the Affordable Care Act in your community?**
- 6. Which of the following behaviors do you think most contribute to maintaining positive health outcomes in your community? (Please select all that apply).**
 1. Eating fresh fruits and vegetables each day
 2. Not using illegal substances
 3. Keeping physically active
 4. Sleeping at least 7 hours a day
 5. Limiting alcohol (1 drink/day) or not drinking
 6. Not smoking
 7. Practicing faith/attending services

8. Having a support system

9. Health insurance

10. Wearing a seat belt

11. Other (please specify)

7. What do you believe are the top 3 health needs of people living in the community you serve?

8. What do you believe are ways to improve people's health in your community? (Please select all that apply)

1. Improved public transportation

2. Increased access to affordable mental health services

3. Increased access to affordable medical care

4. More programs for youth

5. More access to affordable wellness type centers and services

6. More support services for the homebound and elderly

7. Increased access to healthy foods

8. Better walkable communities

9. Increased access to dental care

10. More employment opportunities

11. Other (please specify)

9. When your clients seek medical care, are any of the following a barrier? (Please select all that apply)

1. Transportation

2. Available appointments when I am not working
3. Accessing a provider that speaks my language
4. Ability to take time off work without losing pay
5. Finding a provider that takes my insurance
6. Cost
7. Finding providers that are my same gender
8. Making timely appointments
9. Waiting times
10. Discrimination because of religion, race/ethnicity, gender?
11. Other (please specify)

10. How would you rate your community's average health status?

1. Excellent
2. Good
3. Fair
4. Poor

11. What are the race/ethnicities that your agency serves?

1. Asian (non Pacific Islander)
2. Pacific Islander
3. African American/Black
4. Latino/Hispanic
5. Non Hispanic White
6. Native American
7. Other (please specify)

12. In your best estimate what percent of your population are:

1. 0-17 years old
2. 18-24 years old
3. 25-39 years old
4. 40-64 years old
5. 65+ years old

13. In your best estimate what percent of your population are:

1. Male
2. Female

14. What services do you think _____ (name your hospital) could offer to improve health and quality of life in the community?

Appendix B: Crafting Measurable Objectives

Directions

Each year, you should construct 2-3 measurable objectives using the following form* or another, similar approach.

1. By _____
WHEN
2. _____ of _____
HOW MANY WHO (PATIENTS, COMMUNITY MEMBERS, ETC.)
3. will _____
DESIRED OUTCOME (PHYSICAL, MENTAL, SOCIAL)
4. at the _____ % level
PERCENTAGE/NUMBER
5. as part of a _____
CONDITION PERFORMED UNDER
6. as measured by _____
EVALUATION TOOL

* Adapted from Richard M. Eberst, PhD, FASHA, Cal State University, San Bernardino, Health Sciences.

Appendix C: The Community Benefit Advisory Council

Establishing a CBAC

Before embarking on the planning process for a CHNA, it is important to collaborate with a broad cross-section of your community. This will ensure that the community's needs are represented at the table and subsequently addressed in your Community Health Plan. To this end, it is recommended that hospitals identify a committee who can devote time and oversight to the planning process. While it is understood that not all hospitals can or will establish a CBAC, it is expected that each hospital work collaboratively with community partners during the CHNA process.

Potential members might include individuals from community groups, local government, the medical community or the community-at-large. These individuals may be in positions of influence in the community or may have extensive knowledge in specific areas. You may also want to ask those who are actively involved in the community (e.g. United Way leaders, city council representatives, Rotary Club members, etc.) to suggest possible members.

Factors that may increase your likelihood of securing active participation on the CBAC include:

- ◆ *Preliminary Awareness Campaign:* An initial surge of public awareness messages to build awareness of the problem and create support
- ◆ *Terms of Participation:* Carefully explain time commitment, general objectives, roles and responsibilities of members prior to participation

Assembling the Committee

Once members have been selected for the CBAC, they need to commit to a routine schedule. Adhering to the schedule will provide consistency and commitment from the members. Initial organizing components to consider are:

- ◆ Discussing, sharing and refining the process
- ◆ Selecting a chairperson
- ◆ Defining purpose and objectives
- ◆ Determining meeting times
- ◆ Selecting a proper site
- ◆ Selecting a project name

Sample Standing Agenda for Quarterly Meetings

A. REPORTS

1. Reports on follow-up from previous meeting assignments
2. Quarterly report on quantifiable and non-quantifiable activities
3. Cumulative report for year on quantifiable and non-quantifiable activities
4. Reports on collaborative efforts with other groups and agencies during the quarter

B. COMMUNITY HEALTH STATUS OBJECTIVES

1. Progress on measurable objectives for improving health status
2. Problems or barriers that may be limiting progress on objectives
3. Brainstorm solutions to identified barriers

C. COMMUNITY BENEFIT CAPTURE PROGRESS

1. Review of departments for regular capture and reporting of Community Benefit activity
2. Identify and resolve problem areas that need to be addressed

D. BRAINSTORMING SESSION

1. What can we do better?
2. How can we engage more people?
3. Are there ways to tie our activities more directly to our mission management and fulfillment?

E. REVIEW OF CALENDAR

1. Upcoming hospital and community events relating to Community Benefit planning and reporting
2. Review of deadlines for planning and reporting

F. ASSIGNMENTS

1. Planning
2. Problem resolution
3. Activities and programs management
4. Report generation for executives, board and community
5. Next meeting

Appendix D: The CHNA Rubric

The CHNA process represents an opportunity for hospitals to learn and grow in response to its community’s needs. After completing the assessment, the following rubric may prove useful in confirming all requirements have been met. Please note your CHNA may have labeled sets of indicators differently, and this is acceptable as long as the major indicators of a community’s health have been taken into account.

CHNA Rubric	S	U	Notes
Introduction: <ul style="list-style-type: none"> Offers brief overview of CHNA and rationale 			
Authorship/Acknowledgements: <ul style="list-style-type: none"> List of organizations that collaborated with the hospital Identity and qualifications of any third parties contracted to assist in the process Methods the hospital used to receive input from persons representing the broad interests of the community including when and how the organization consulted with persons List of organizations that provided input, including the name and title of each organization’s representative(s) List of individuals representing government department or agencies Name, title, affiliations, and qualifications of any individual who has special knowledge or expertise in public health Name and qualifications of any individual whose comments are intended to represent the underserved, low income, minority, and chronically ill populations 			
Community Profile: <ul style="list-style-type: none"> Gives basic information on hospital (such as; bed size, services provided, and location) Clearly defines the hospital’s market area Identifies percent/portion of patients served from various market areas Includes map that identifies service area 			
Methodology/Requirements: <ul style="list-style-type: none"> Outlines legal requirements for CHNA Process and methods used to conduct the assessment Outlines data sources Data sources are from reputable and various sources at local, state, and federal levels Information gaps that impact the hospital’s ability to assess community health needs are identified Analytic methods applied 			

<p>Data:</p> <ul style="list-style-type: none"> • Social Determinants of Health (population, gender, age, race/ethnicity, education, employment, poverty, income) • Health status (chronic and/or infectious disease rates; birth indicators) • Mortality (causes of death) and hospitalization rates • Access to Health Care (rates of uninsured, physician/patient ratio) • Health Behaviors (physical activity, nutrition) • Behavioral Health (alcohol/substance abuse, suicide rates) • Contains brief narrative explaining each indicator • Contains “light” analysis of statistics (i.e. did this trend increase or decrease? Have the rates changed drastically or remained the same over time?) 			
<p>Priority Areas:</p> <ul style="list-style-type: none"> • At least three priority areas are identified from the collected statistics (i.e. chronic disease, children’s health, and behavioral health) • Priority areas are supported by data from preceding sections with justifications 			
<p>References:</p> <ul style="list-style-type: none"> • Sources and dates of data used 			