



Community Health Assessment Case Example

Bartholomew County, Indiana

Organization Information

Lead organization: Columbus Regional Hospital

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Coalition or community group: Healthy Communities Initiative of Bartholomew County

Geographic Area

Name/description: Bartholomew County, Indiana

Area: 409 square miles

Population: 72,000

Racial/ethnic composition:

White:	91%
African American:	2%
Latino:	3%
Asian/Pacific Islander:	0%
Other:	4%

Population in poverty: 7%

Assessment Process

Budget: \$30,000. In addition, local agencies in need of community data but unable to afford the cost of conducting their own assessment can purchase additional survey questions at cost.

Time line: Four to six weeks

Frequency: Every three years since 1997

Required or voluntary: Voluntary

Step 1: Establishing the assessment infrastructure

Participants in the assessment include Columbus Regional Hospital, public health organizations, United Way, Chamber of Commerce, a low-income house-building organization, economic development agencies, schools, elected officials, and a community foundation. All staff are in kind. To engage stakeholders, the consortium builds on and nurtures existing relationships.

Columbus Regional Hospital's role

- Coordinates overall assessment process
- Motivates other community organizations to participate
- Collects and organizes secondary data
- Hires a private firm to collect primary data
- Pays for the majority of the assessment costs
- Motivates other community organizations to act on identified priority issues
- Identifies priority issues
- Develops and implements initiatives to address priority issues

Partner organizations, contributions, and roles

- All organizations provide staff and data
- A foundation provides facilitation as well as mailing and report printing
- The Chamber of Commerce provides meeting space

Key factors in developing and maintaining partnerships

- Maintaining mutual respect and a common language
- Following through on commitments

Step 2: Defining purpose and scope

The purpose of the assessment is to evaluate current health initiatives and determine any unmet needs for possible future initiatives. The process also assists other organizations in obtaining data for their own purposes and rallies support for important, unmet health issues in the community.

Step 3: Collecting and analyzing data

Highlights of the major data collection methods used in 2006:

- The local Healthy Communities Initiative's Measurement Support Team developed the survey questions.
- A private consulting firm conducted the telephone survey.
- Healthy Communities staff and volunteers conducted focus groups with those thought to be under-represented in the telephone survey. Focus groups in 2006 included patients from a free clinic, residents at the local domestic violence shelter, and Spanish-speaking immigrants.
- Results are benchmarked relative to statewide and nationwide risk factor data as well as Healthy People 2010 benchmarks.

Step 4: Selecting priorities

Each organization uses the data to set its own priorities.

Step 5: Documenting and communicating results

The consulting firm compiled the telephone survey results into a report that documents the methodology used as well as findings in the following areas:

- A. Positive and negative comparative measures
- B. Opportunities for community health improvement
- C. Self-reported health status (including physical health status, mental health, and mental disorders)
- D. Death and disability information (including cardiovascular disease; cancer; respiratory disease, injury and violence; diabetes; arthritis; disability; chronic pain; and environmental health)
- E. Modifiable health risks (including actual causes of death; nutrition and overweight; physical activity and fitness; substance abuse; tobacco use)
- F. Access to health care services (including health insurance coverage; access to health care; primary care services, oral health)
- G. Health education and outreach
- H. Community (including attributes of the community, volunteering, volunteers in medicine)

Information is also reported to the press and shared broadly with health professionals and community planners.

Step 6: Planning for action and monitoring progress

Data are used by the various Healthy Communities Action Teams to evaluate their impact. Data are also used to support grant requests by nonprofit agencies and others.

Obstacles and Challenges

- There is a growing concern about how representative phone survey data is as the use of cell/mobile phones increases. This was addressed by the inclusion of cell phone users in the focus groups.

Successes

- Local agencies have the opportunity to purchase additional survey questions, which organizers say spreads goodwill and fosters a local culture of measurement, accountability, and transparency—all marks of a healthy community.
- The hospital provides technical assistance to community groups in understanding and parsing the data.
- Following each assessment, the partners assess what went well and what needs improvement.

- After 10-plus years of conducting health assessments, the partners have noticed that the community is more comfortable with data and research. The culture has changed such that decision-makers look to the data for guidance, as opposed to the previous tendency of relying on hunches and personal preferences.
- The resulting trend data is also beneficial to planning efforts.

The Healthy Communities Initiative of Bartholomew County defines a successful assessment as one where the results are disseminated and the data used in community planning efforts.

Advice to Others

- Make the table large—include a broad spectrum of the community. This may slow the process down, but it results in a better product.
- Obtain the much-needed statistical expertise from the community. Hospitals, colleges/universities, and business leaders are good sources for technical assistance.
- Find a way to survey those who have only cell phones, or find a way to guarantee that this population is included in the survey.
- Control the survey for education levels to ensure that the data are representative of the community.