

BACKGROUND

In August 2011 two community hospitals (St. Francis Health Center, Stormont-Vail HealthCare) and the Shawnee County Health Agency formed the Healthy Shawnee County Task Force to conduct a community health needs assessment (CHNA). The motivating forces behind this initiative were new IRS regulatory requirements for hospitals (conduct a community health needs assessment by September 2013) and health departments (prerequisites for accreditation include a community health needs assessment and a community health improvement plan). The 2012 Shawnee County CHNA, while not the first needs assessment, was the first to use health indicators to frame the community health and health care needs assessment.

In 1995, St. Francis, Stormont-Vail, Shawnee County Health Agency, and United Way of Greater Topeka received a \$75,000 Kansas Health Foundation grant. Professional Research Consultants of Omaha were hired to facilitate the project. A community phone survey, focus groups, post-data collection workshops were conducted.

In 2006, ETC Institute of Olathe, KS was hired to facilitate the project, but no grant money was available. The assessment included the 1995 participants as well as several other organizations. A mail out survey, leadership survey (interviews) and post-data collection workshops were conducted.

Shawnee County Demographics

Population	178,941
Median Household Income	\$47,701
Age less than 18	24.6%
Age 65 and older	14.6%
White, Non Hispanic	75.4%
Hispanic	11.1%
African-American	8.8%

CHNA GOALS

1. Meet IRS CHNA requirements for NFP hospitals.
2. Meet accreditation requirements for local health department.
3. Collaborate with local public health experts and community stakeholders to collect and utilize primary and secondary data to assess health needs of Shawnee County.
4. Identify and prioritize health needs in Shawnee County.

METHODS

The Healthy Shawnee County Task Force utilized the Community Health Assessment Toolkit from the Association for Community Health Improvement (ACHI), an American Hospital Association personal membership group. The ACHI provides a guide for planning, leading and using community health needs assessments to better understand, and ultimately improve, the health of communities. This is a very different approach to doing a CHNA because it requires much more input from the community and deliberate efforts at community building.

1. The Task Force developed an Assessment Advisory Committee to provide direction and feedback and to design the purpose and scope of the assessment.
2. The Kansas Health Matters web interface, an electronic information source utilizing 103 health indicators from the Kansas Department of Health & Environment, supplied population-level data for Shawnee County as well as comparisons to the state and similar counties.
3. The Healthy Shawnee County Task Force survey solicited confidential responses from community (n=548) and organizational members (n=229) about the relative importance of multiple public health indicators from Kansas Health Matters.
4. Qualitative data were obtained from three focus groups (n=47) and a survey of local public health experts (n=35).

RESULTS

The Healthy Shawnee County Task Force compiled the qualitative and quantitative data. Fourteen community issues emerged and were grouped into two major categories: Life Style Issues and Access to Care Issues.

Community Health Issue	Kansas Health Matters Report	Community Perception Survey	Community Focus Groups	Public Health Expertise Survey
Life Style Issues				
Adults who Are Overweight or Obese		✓	✓	✓
Adults Consuming Fruits and Vegetables Five or More Times Per Day	✓	✓		✓
Adults Participating in Recommended Level of Physical Activity		✓	✓	✓
Adult Cigarette Smoking	✓			
Adults Who Reported Their Mental Health Was Not Good on 14 or More Days, Past 30 Days	✓	✓	✓	✓
Births Occurring to Teens (15-19)	✓	✓	✓	
Access to Care Issues				
Adults with Diagnosed Diabetes		✓	✓	✓
Adults with and at-risk for Heart Disease and Stroke	✓	✓		
Infant Mortality	✓	✓	✓	
Infants Fully Immunized at 24 Months	✓	✓		✓
Children without Adequate Oral Health		✓	✓	✓
Access to Health Services		✓	✓	✓
Knowledge of Available Health/Social Services	n/a	n/a	✓	✓
Transportation Connecting Persons to Services and Recreation	n/a	n/a	✓	✓

CONCLUSIONS

Through a successful partnership, we were able to 1. create a comprehensive community health needs assessment, 2. develop a workgroup of relevant community agencies to continue community health improvement process, 3. empower community members and agencies to collaborate on prioritized issues, 4. meet IRS CHNA requirements for hospitals, and 5. assist LHD with accreditation.

We recommend this shared approach to other hospitals and local health departments to 1. Link outcomes and strategies to public health practice and 2. Evaluate progress on priorities of local hospitals and health departments with other community-wide initiatives. Improving health requires our collective effort and begins with a coordinated strategy and process for evaluating progress. Future success lies in changing deep-rooted values, systems and behaviors requiring a long view of this work while also creating a system for measuring progress.

REFERENCES

- US Census Bureau. Shawnee County QuickFacts [Internet]. 2012; Available from: <http://quickfacts.census.gov/qfd/states/20/20177.html>.
- Healthy Shawnee County Task Force. 2012 Healthy Shawnee County Community Health Needs Assessment [Internet]. 2013; Available from: <http://health.snco.us/documentcenter/view/160>.
- Kansas Health Matters. Indicators for County: Shawnee [Internet]. Kansas Health Matters. 2012 [cited 2012 Apr 16]; Available from: <http://bit.ly/1aAE5CV>.

CONTACT AND ACKNOWLEDGMENTS

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