COMMUNITY HEALTH ASSESSMENT 2014
Why do a Community Health Assessment?

- Increase community awareness of health issues
- Prioritize community health needs
- Identify health disparities
- Provide an evidence base for MCPHD’s Community Health Improvement Plan

Improve health status of our community
What are the Main Data Sources?

**County Population(s)**
- 2010 Census, American Community Survey,
- Bureau of Labor statistics
- County Health Rankings

**Vital Events** (County Births and Deaths), Leading causes, Rates, and comparative U.S. data

**Health Events:**
- Hospital Discharges, ED visit data
- Behavioral Risk Factor Survey (BFRSS): disease and risk prevalence

**Qualitative:** various experts from agencies and community groups

And the **CHA 2012 phone survey**..... Local information on 5000 households
How we went about it....

CHA Steering Committee: Our guidance

- Approved age-focused Work Groups
- Selected criteria for ranking key health issues
- Finalized questions for CHA Phone Survey
- Prioritized Final Major Health Issues to guide the Community Health Improvement Plan

CHA could consider any relevant aspect along the “Social Determinants of Health” framework to identify impactful health issues in the community.
Timeline

Estimated it would take around 18 months to complete

- It took MCPHD from June 2012 – Dec 2014

Process

- Prepare statistics
- Select & invite workgroup members
- Schedule meetings
- 3 workgroup meetings total
  - The first two are to identify issues
  - The last is to set priorities
- Draft report
Reports from the CHA...

Executive Summary

Subpopulation Reports:
- Maternal, Infant, Toddler
- Adolescent health: 12-17
- Mid-life: 35-64
- Young-Child: Ages 5-11
- Young Adult: 18-34
- Seniors: 65+

Public Health Prevention and Preparedness:
The CHA Telephone Survey 2012: Summary
Successes

• Having report of the CHA survey
  – First community wide survey of child health that we’ve had in Marion County

• Development of templates
  – Survey, births & deaths, hospitalizations, ED visits, STD/HIV, social indicators

• Built report to include comparisons both nationally and to HP2020 targets
Successes

• Diverse steering and workgroup committees with excellent discussions
  – Asked invitees who else needs to be at the table
  – Got outside of our own internal perspective
  – Hospitals, community groups & coalitions

• Writing the reports in-house
  – Dedicated staff to devote time

• Data sharing among members
Possible Changes to the Process

• Fewer chapters and workgroups
  – Use age grouping with more standard comparators
• Concurrent workgroup meetings
  – Use of webinars
• Need for an “all population” overview
• One page fact sheets for easy searching & for media use
• Need for a set timeline
  – Six month lag between completion and release
  – Releasing the CHA all at once instead of by chapter lead to outdated reports
Questions?
Thanks to everyone who helped make this CHA possible!
Next WEBINAR

April 24 from 9:00 – 10:30 EST

For suggestions or comments, please email jomccart@iu.edu.

Thank you for attending INsights and Innovation with the Fairbanks School of Public Health.

Until next time, stay well!