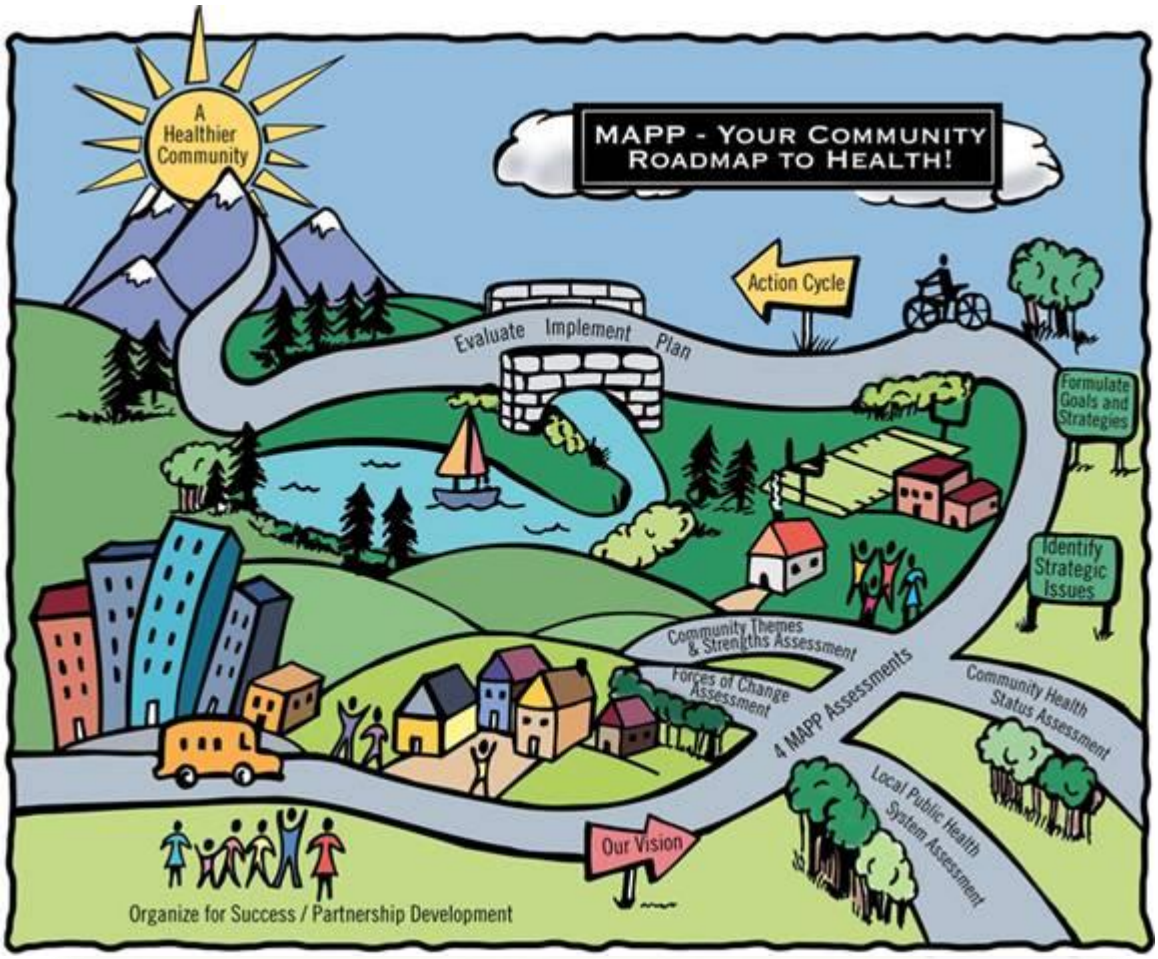
Executive Summary

Community Health Needs Assessment For Benton and Franklin Counties 2012



http://www.naccho.org/topics/infrastructure/mapp/index.cfm

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"
—World Health Organization

This assessment and report were compiled through collaboration between the Benton-Franklin Community Health Alliance, Kadlec Regional Medical Center, Kennewick General Hospital, Lourdes Health Network, PMH Medical Center, Group Health Cooperative, the Benton-Franklin Health District, and many other key partners and time contributors. A full list of partners is included at the end of the summary.

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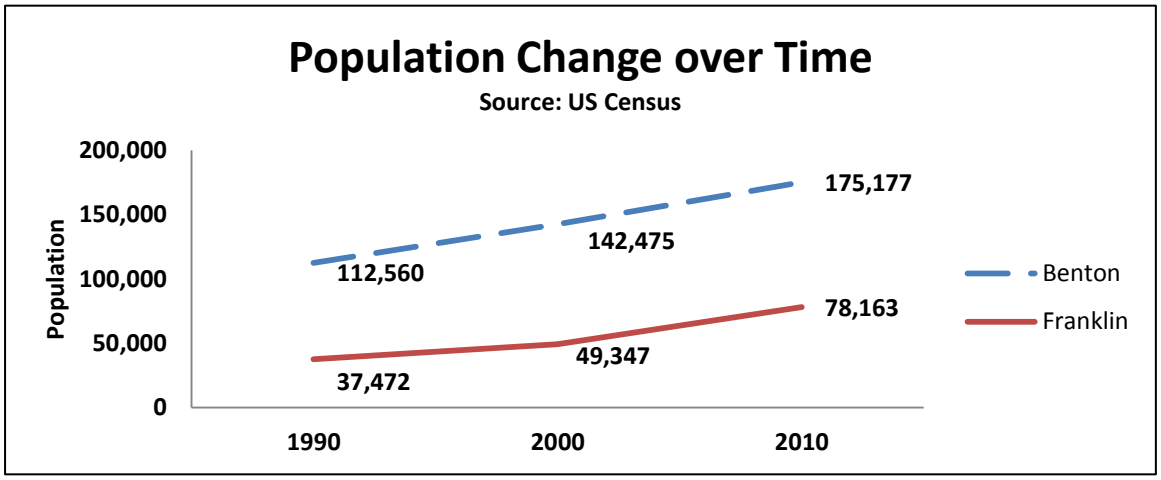
THE BEGINNING AND THE PURPOSE

On March 23, 2010, the comprehensive health care overhaul, known as the Patient Protection and Affordable Care Act, was signed into law creating new requirements that charitable hospitals must satisfy in order to continue to qualify for exemption under Section 501(c)(3) of the Internal Revenue Code. Included were requirements that charitable hospitals conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the identified needs. Through data and community perception, a CHNA is a systematic examination of the health status within a given population to help identify key problems and assets in a community. This report highlights the findings of the 2012 Benton-Franklin Counties' CHNA through a culmination of our health status, community themes and strengths, forces of change, and local public health systems. **It serves as a call to action for prevention and care-focused health partners in the community to prioritize and address our identified needs.**

COMMUNITY OVERVIEW

Benton and Franklin Counties contain the metropolitan areas of three neighboring cities: Kennewick, Pasco and Richland (commonly called the Tri-Cities). These cities are located at the confluence of the Yakima, Snake, and Columbia Rivers in the semi-arid region of southeastern Washington. Other cities situated within the area include Benton City, Connell, Kahlotus, Patterson, Prosser, and West Richland. Located approximately 20 miles from Tri-Cities, Prosser is the county seat for Benton County and is home to several of the area's largest wineries. Pasco is the county seat for Franklin County and is home to large agricultural processors.

The total population of Benton and Franklin Counties was 253,340 (2010 Census) and the Tri-Cities is the fourth-largest metropolitan area in Washington State. According to the US Census Bureau, the Kennewick-Pasco-Richland metropolitan area was the fastest growing in the nation from April 1, 2010 to July 1, 2011. Franklin County experienced an average growth rate of 4.8% per year over the past 10 years and Benton County has seen an average growth of 2.0% per year during the same time frame. In 2012, according to the U.S. Census, the area population grew to an estimated 262,500 people.



HISTORY OF COMMUNITY COLLABORATION AND ASSESSMENT

Although each city has its own local government structure, there has been a history of collaboration in both economic development and healthcare. In the early 1970s civic leaders restructured the Tri-City Nuclear Industrial Council to the Tri-City Development Council (TRIDEC) for economic development; and in the early 1990s a group of citizens formed the Tri-Cities Health Care Task Force to build a cancer center and to tackle the first community health assessment as well as any issues identified with the assessment.

Since the 1990s, the Tri-Cities Health Care Task Force has evolved into the Benton-Franklin Community Health Alliance (herein referred to as 'Alliance'), a 501(c)(3) represented by:

- The four area hospitals:
  - Kadlec Regional Medical Center
  - Kennewick General Hospital
  - Lourdes Health Network
  - PMH Medical Center
- Group Health Cooperative
- The Benton-Franklin Health District (BFHD)
- Approximately 23 other partner agencies.

Together their mission has been "to bring the community and healthcare providers together to assess community health needs, and facilitate long-term, comprehensive, community-wide solutions that achieve affordable, high quality wellness and accessible health care for all residents of the Mid-Columbia."

The first assessment in 1995 resulted in the formation of committees tasked with activities to address children's dental health, teen pregnancy, substance abuse (alcohol, tobacco, and other drugs), domestic violence, immunizations, and health care access for the uninsured. The community successfully identified and addressed immunizations for children, and tobacco use prevention/ intervention became a statewide initiative. However, according to the 2012 Assessment, access to healthcare, dental health, teenage birthrate, and domestic violence remained health issues of concern.

SUMMARY OF CURRENT PROCESS & METHODS

In November of 2010, because of the unique partnership of the hospitals and the common community which they serve, the hospitals and public health agencies agreed to conduct a joint Community Health Needs Assessment to satisfy the new IRS requirements for the hospitals and to help fulfill National Public Health accreditation standards for BFHD. The project kicked off in July of 2011 with a memorandum of understanding (MOU) between the Alliance partners outlining project expectations. The Assessment Coordinator for BFHD and the Executive Director of the Alliance were assigned as project leads.

MAPP PROCESS

Using the Mobilizing for Action through Planning and Partnerships (MAPP) model developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC), BFHD and the Alliance collaborated on an assessment process that met the requirements for a CHNA for the IRS and BFHD National Public Health accreditation and laid a solid foundation for the development of a Community Health Improvement Plan (CHIP).

The concept of health through the MAPP model is that health is not simply a matter of medical treatment or the absence of disease, but must be viewed from a community perspective. The vision for implementing MAPP is: "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

The MAPP CHNA process requires broad participation from the community, six phases, and four formal assessments briefly described on the following pages.

OBTAINING COMMUNITY INPUT

Throughout the assessment process members of the steering committee provided specific presentations in their field of expertise. The steering committee learned about previous assessments, current health statistics, the economy, spirituality, and many other topics relevant to understanding the sub-populations and health trends of the community.

In addition, WSU-Tri-Cities students assisted the steering committee by presenting assessments on six population groups: uninsured elementary students, middle school adolescents, young adults with mental illness, agricultural workers, the Hanford workforce, and seniors aged 65+. Two Masters of Public Health (MPH) students helped with compiling data and statistical analysis. Students from Columbia Basin College helped conduct a community oral health survey.

The 1995 assessment identified the health needs for the citizens of Benton and Franklin Counties. The 2012 Assessment built on the work that had been started, and adhered to the six phases of MAPP.

Subcommittees under the Health Alliance conducted "mini" assessments for their population groups, and tailored questions for the community survey to better understand the issues.

Phase 1: Organize for Success & Partnership Development

Phase 1 began in July 2011 with a signed MOU between the Alliance Director, Hospital CEOs, Group Health Cooperative, and BFHD to clarify assessment expectations. The MOU specified that a steering committee be formed that included health service agencies, members of the Alliance, higher education, social services, and civic organizations to ensure a broad spectrum of input.

IDENTIFICATION OF KEY PARTNERS

The foundation of the steering committee included Health Alliance members from the:

- Mental Health Committee
- Oral Health Coalition
- Pain Management Network
- Food and Fitness Coalition
- Health Access Team
- Hospitals
- Group Health Cooperative
- BFHD
- Benton-Franklin Medical Society,
- Tri-Cities Cancer Center
- Department of Social and Health Services (DSHS)
- United Way/Community Solutions
- WSU-Tri Cities
- Columbia Basin College
- PNNL
- Tri-City Regional Chamber of Commerce
- Tri-Cities Community Health
- Social services agencies including:
    - Catholic Family Services
    - Domestic Violence Services
    - The Chaplaincy

In addition, the committee was reflective of the agencies, organizations and businesses that provide social support networks and services to the health care industry. The meetings were facilitated by Dr. Bob Smart, Dean of the College of Education and Psychology for Heritage University. A full listing of the participants is included at the end this Executive Summary.

Given the compressed timeline of the assessment process, a core team comprised of the Executive Director of the Alliance, the BFHD Administrator, the BFHD Assessment Coordinator, the BFHD Health Officer, and the BFHD Preventive Services Director met between meetings to organize and plan for the monthly meetings and activities.

Phase 2: Developing the Vision Statement

Visioning occurred by defining "a healthy community." After substantial input and design, the final vision statement was the following:

Our Community is a place where we experience wellbeing by:

- ***Fostering social, physical, emotional, vocational and spiritual wellness***
- ***Empowering people to make healthy choices in a safe environment***
- ***Coordinating access to comprehensive, affordable and integrated healthcare services for all.***

Phase 3: Four Assessments

The Themes and Strengths, Community Health Status, Local Public Health System, and Forces of Change assessments provided information to help determine the communities' strategic issues.

Assessment 1: THEMES AND STRENGTHS--Community Survey

An opinion survey was developed and disseminated to provide insight into the issues of importance to the community. Paper copies were widely distributed through partner agencies, the hospitals, Grace Clinic, TCCH, and Community Action Connections. An on-line survey link was advertised through the local media, and steering committee members were given an electronic flyer that they could send to their broad networks of friends, co-workers and families. Input was also gathered from the medical providers during a local two-day conference.

The survey was available in English and Spanish for eight weeks. Of the 1,808 survey respondents, 71 (4.2%) answered the survey in Spanish. A complete list of the distribution effort is found at the end of this report.

Total Responses: 1,808

- Internet Responses: 1,269
- Hard Copy Responses: 539

Affordability and lack of/inadequate health insurance were the top concerns across all income levels.

After all of the results had been collected, a cross-tab analysis was run between income groups and health concerns to find the inter-relationships between the two variables. **Affordability and lack of/inadequate health insurance were the top two concerns across all income levels**.

The 71 Spanish responses were analyzed as a sub-population as the results reflected many lower income Latino concerns. The results from the medical providers mirrored the community opinion with the exception that coordination of care among providers and mental illness ranked higher among medical providers than community opinion.

Table 1

COMMUNITY OPINION SURVEY (1,808)		SPANISH SPEAKING ONLY (71)		MEDICAL PROVIDERS (45)	
#1	Affordability	#1	Affordability	#1	Affordability
#2	Lack of/Inadequate Insurance	#2	Diabetes	#2	Mental Illness
#3	Use of ER for routine care	#3	Dental Health	#3	Coordination of Care among providers
#4	Obesity	#4	Access to Healthcare Lack of/ Inadequate Insurance	#4	Obesity
#5	Mental Illness Substance Abuse	#5	Sexual Health	#5	Lack of/Inadequate insurance

Assessment 2: COMMUNITY HEALTH STATUS--Data Collection & Analysis

The health status assessment began by compiling 108 health indicators with a special data set compiled to examine data from six years of CDC data (2005-2010). Benton and Franklin county had eleven health indicators where the local rate or percentage was either significantly worse than Washington, worse when compared to the Healthy People 2020 goal, or worsening over time.

Table 2

	Benton-Franklin	Washington	Healthy People 2020 TARGETS
Obesity (adults) (Source: BRFSS)	**31.0%**	**25.2%**	**Reduce 10%**
Diabetes (adults) (Source: BRFSS)	**10.0%**	**7.0%**	**Reduce 10%**
Chronic Obstructive Pulmonary Disease (COPD) (Source: DOH Hospital and Vital Statistics)	**154.55 per 100,000 (95% CI: 138.57, 172.00)**	**115.19 per 100,000 (95% CI: 112.66, 117.77)**	**Reduce 10%**
Rate of women receiving Prenatal Care in the first trimester of pregnancy (Source: DOH Hospital and Vital statistics)	**68.40% (65.89, 70.99)**	**80.09% (79.47, 80.70)**	**Increase 10% (HP target: 77.9%)**
People with health Insurance (adults, children)	**78%, 94%**	**82%, 95%**	**Increase to 100%**

(Source: BRFSS)			
Adults with Dental Checkup within past 2 years (Source: BRFSS)	**38.3% (B), 33.0% (F)**	**36.5%**	**Increase 10% (HP target: 49%)**
Percent of 3rd graders who have had a cavity (dental decay) (Source: 2010 Washington Smile Survey)	**62.10%**	**58%**	**Decrease 10% (HP target: 49%)**
Reportable STD: Chlamydia (cases per 100,000) (Source: DOH Hospital and Vital statistics)	**B: 338.4,F:355.0**	**317.8 per 100,000**	**Reduce 10%**
Alcohol Use (percent of 10th graders who reported alcohol consumption in the last 30 days) (Source: 2010 Healthy Youth Survey)	**28.5%**	**27.2%**	**Reduce 10% (HP target: 22.7% or less)**
Poisoning (adult overdose on prescription drugs) (Source: DOH Hospital and Vital statistics)	**43.94 per 100,000 (95% CI: 35.78, 53.55)**	**38.96 per 100,000 (95% CI: 37.48, 40.49)**	**Reduce by 10%**
Teenage Birth Rate Age Specific Birth Rate: The number of births to women aged 10-19 per 1000 women age 10-19 (Source: DOH Hospital and Vital statistics)	**22.59 per 1,000 (95% Confidence Interval: 20.51, 24.83)**	**13.81 per 1,000 (95% CI: 13.46, 14.61)**	**Reduce by 10% (HP target: 36.2 per 1000)**

Assessment 3: LOCAL PUBLIC HEALTH SYSTEM

The Local Public Health System Assessment identified agencies and health services within the community that provide any of the ten essential services of public health to the community. The activities and number of agencies addressing these services are listed on the following table, and can generally be broken into three categories; assessment, policy development, and assurance.

Table 3

Local Public Health System Assessment	DESCRIPTION	# AGENCIES/ ORG
ASSESSMENT		
1.Monitor health to identify and solve community health problems	• Accurate, periodic assessment of the community's health status, including: identification of health risks, attention to vital statistics and disparities, identifications of assets and resources	28
2.Diagnose and investigate health problems and hazards in the community	• Timely identification and investigation of health threats • Response plans to address major health threats	13

POLICY DEVELOPMENT		
3.Inform, educate and empower people about health issues	• Initiatives using health education and communication sciences to: build knowledge and shape attitudes, inform decision-making choice, develop skills and behaviors for healthy living	124
4.Mobilize community partnerships to identify and solve health problems	• Constituency development and identification of system partners and stakeholders	145
5.Develop policies and plans that support individual and community health efforts	• Policy development to protect health and guide public health practice	30
ASSURANCE		
6. Enforce laws and regulations that protect health and ensure safety	• Review, evaluate, revise and educate about legal authority, laws and regulations • Advocate and support regulations needed to protect and promote health	32
7.Link people to needed personal health services and assure the provision of health care when otherwise unavailable	• Identify populations with barriers to care • Provide entry into a coordinated system of care • Ongoing care management • Culturally appropriate and targeted health information for at risk population groups • Transportation and other enabling services	157
8.Assure a competent public and personal healthcare workforce	• Assessment of the public health and personal workforce • Quality improvement and life-long learning, leadership development, cultural competence	24
9.Evaluate effectiveness, accessibility, and quality of personal and population-based health services	• Evaluation questions: Are we doing this right? Are we doing the right things? • Evaluation must be ongoing and should examine: personal health services, population based services, the public health system	14
10. Research for new insights and innovative solutions to health problems	• Linkages between public health practice and academic/research settings • Epidemiological studies, health policy analyses and health systems research	9

Assessment 4: FORCES OF CHANGE

The Forces of Change assessment looked at trends, events and factors that affect the health of the community, focusing on those that could be threats or opportunities for change. Political, economic, social, technological and legal forces were identified at the local, state and national levels that would impede or assist in addressing the strategic issues.

Criteria to consider in determining strategic issues include economics, legality, and acceptability. These are often directly impacted by the Forces of Change acting within the community. For example, there has been increased focus on obesity in the media because the Tri-Cities metropolitan area ranks 9th in the nation for obesity. It is important to take advantage of the increased awareness in the community as an opportunity for change.

Another event that heavily influenced the process is the Affordable Care Act. Changes in health care delivery and policy are certain to follow and it is important for the strategic issues to adhere to any legal requirements as well as to work to ensure that new policies address the gaps identified by the strategic issues.

It is also important to recognize the conservative nature of our community; thus, the selection of strategic issues focused on less historically controversial issues in order to increase "buy in" by local government and the community as a whole.

FORCES OF CHANGE ASSESSMENT

Table 4

Category	Force	Threat	Opportunity
Political	Affordable Care Act Board of Health priorities & policies	Insufficient # providers to handle increased # patients Lack of political will to implement ACA at state level Resistance by health care providers Limited/lack of funding	Healthcare expansion of Medicaid to more citizens Insurance coverage improved by covering preventive care & existing conditions "Triple Aim" (better health, better care, lower costs) drives better health care model
Economic	Economy Current health care system unsustainable Public Health system being dismantled	Increased poverty Decreased funding Delay in seeking medical care due to lack of resources Drastic change will occur Loss of funding/program cutbacks	Opportunity to introduce new programs More willingness to collaborate and pool limited resources Willingness to change status quo Restructure Public Health model
Social	Age and ethnicity differences between counties Conservative population Mental health stigma	Disparity Language barriers Different agendas Not open to dealing with sensitive issues Discrimination Fear of seeking treatment	Influence health of younger population before disease/illness arise Create culturally sensitive messaging Grant opportunities requiring more collaborative partnerships Educate community to remove stigma /false information
Technological	Internet Telemedicine	Older population not as comfortable with new technologies	Social media allows small groups to have big impact Small ideas can grow "go viral"

Category	Force	Threat	Opportunity
	Social media	Large volume of misinformation Investment of current technology a barrier to migrating to newer technologies	Telemedicine getting more mainstream
Legal	HIPPA/Patient confidentiality	Barrier to collaboration between agencies when not able to share information	Consistent Care Program providing model of care coordination in Tri-Cities

Phase 4: Prioritization of the Community Health Needs

The Strategic issues were identified through a process called compression planning. Given the information from all four assessments, the committee found consensus around two strategic issues: **How to promote healthy weight and reduce obesity, and how to improve access to health care services.**

Strategic Issues:

- How to promote healthy weight and reduce obesity
- How to improve access to health care services.

These issues were identified as having the greatest feasibility based on the available resources, the potential for change, alignment with the community vision, and overlapped in all four assessments.

As the core team examined the evidence, it became clear that root-cause analysis was necessary to identify the factors that resulted in the health issues.

For example, mental illness and prenatal care were both identified as top concerns. Through dialogue, the committee discovered that both fit well within the access to health care services strategic issue.

Cultural differences, both racial and economic, were discussed as having a potential role in contributing to an increased incidence of obesity and a higher propensity for emergency room use. These and other factors frequently have causal relationships associated with both strategic issues.

Those connections will become more apparent as specific objectives for access and obesity are developed in the next phase of the assessment process. Communication and education will play an important role in implementing the strategies and activities to work towards community improvement.

GOALS FOR STRATEGIC ISSUES

How to PROMOTE HEALTHY WEIGHT AND REDUCE OBESITY

- **Goal #1: Community members will make more healthy food choices**
- **Goal #2: Community members will be more physically active**
- **Goal #3: Mothers will breastfeed their infants (when possible)**

How to improve ACCESS TO HEALTH CARE SERVICES

- **Goal #1: Resources will be identified to lessen the barriers and costs of healthcare**
- **Goal #2: The community will experience coordinated health care.**
- **Goal #3: The health system will have the capacity to meet the needs of the community**

From the two strategic issues, broad goals were identified and will be linked to evidence based preventive models that can be used by health care agencies and organizations across the community to improve population health. For example, moderate amounts of physical activity have been shown to greatly reduce the risk of heart attacks, strokes, and diabetes. Also, evidence is emerging about effective strategies that communities can use to encourage physical activity. There is also strong evidence to suggest that nine months of breastfeeding can reduce obesity in both mother and baby.

The Health Access Team is addressing access to health care issues, and is exploring innovative ways to expand our existing capacity of health care services.

In addition, the coordination of health care services is happening under a new program of the Health Alliance, the Consistent Care Program of Southeastern Washington. The goal of this program is to provide integrated care, and link the patients to a primary care physician for their health care needs.

However, **evidence supports that the cornerstone of effective health care is helping patients develop a long-term, stable relationship with a primary care provider.**

Evidence supports that the cornerstone of effective health care is helping patients develop a long-term, stable relationship with a primary care provider.

With the expansion of Medicaid to cover more low-income people, however, the access issue will remain a challenge for Benton and Franklin Counties who have traditionally attracted fewer medical providers per capita than the state average.

Next Steps:

Phase 5: Goals and Strategies

A Community Health Improvement Plan (CHIP) and an action plan(s) will be created to implement and evaluate activities pertaining to the identified strategic issues and goals. A CHIP will be created through the Alliance with technical assistance support from BFHD and the Washington State Department of Health Performance Management Centers for Excellence to build upon this work and make it actionable.

These action plans will be created in alignment with evidence based/informed methods and tailored by agencies to support and move towards achieving better population health throughout the community. Although multiple agencies may choose to include additional health issues, the goal is that all partnering health agencies will be working towards similar priorities as identified by the community.

Phase 6: Action Cycle

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of MAPP, it is by no means the "end" of the process. During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation over time (NACCHO, MAPP).

PLAN

1. Organize for action by convening the necessary participants, establishing an oversight committee for implementation activities, and preparing for implementation.
2. Develop realistic and measurable objectives related to each strategic goal and establish accountability by identifying responsible parties.
3. Develop action plans aimed at achieving the outcome objectives and addressing the selected strategies.

IMPLEMENT

1. Review action plans looking for opportunities to coordinate and combine resources for maximum efficiency and effectiveness.
2. Implement and monitor the progress of the action plans.

EVALUATE

1. Prepare for evaluation by engaging stakeholders and describing the activities to be evaluated.

2. Focus the evaluation design by selecting evaluation questions, the process for answering these questions, the methodology and plan for carrying out the evaluation, and a strategy for reporting results.
3. Gather credible evidence that answers the evaluation questions. Justify the conclusions.
4. Ensure that the results of the evaluation are used and shared with others. Celebrate the successes of the process.

Throughout the assessment process, organizers have assessed and asked "who and what is missing" of the CHNA committee and process. Feedback that was received during the process was incorporated as much as possible. The CHNA steering committee has also been asked to evaluate the MAPP process through an online Survey Monkey survey. Results will be used to improve the next assessment process. Ideas and/or suggestions for the next CHNA are welcome, please share your input at www.bfcha.org and click on "contact us".

To achieve our vision of a healthy community is a call to action for better collaboration and communication. It will require implementing evidenced-based programs that target at-risk populations. It will require engaging our citizens to be active participants in their own health. Finally, it will be necessary to measure performance to make sure we are making progress toward better population health.

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DEFINITION OF TERMS

Activity: an action that supports and works towards achieving the SMART objectives
Activity Plan: Once a CHIP is created, activity plan(s) form the work that partnering agencies will create in alignment in working towards community health improvement
Body Mass Index (BMI): A number calculated form a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people (CDC) Formula: weight (kg) / [height (m)]^2
OR Formula: weight (lb) / [height (in)]^2 x 703
CHIP: Community Health Improvement Plan, community wide plan to improve population health status
CHNA: Community Health Needs Assessment is a systematic examination of the health status within a given population, through data and community perception, which helps to identify key problems and assets in a community.
Chronic Obstructive Pulmonary Disease (COPD): Age adjusted rate of hospitalizations due to chronic obstructive pulmonary disease and bronchiectasis (WA DOH)
Community Health Status Assessment: Through data, identifies health status, population demographics and socioeconomics
Community Themes and Strengths Assessment: Identifies community perceptions and opinions about health needs
Crude rates: The total number of events divided by the total population, multiplied by a factor of 10 (e.g., 1000, 10,000, 100,000)
Dental Checkup: Percent of adults age 18 or older who report visiting a dentist, dental hygienist or dental clinic within the past year or two. (WA DOH Local Public Health Indicator, BRFSS)
Determinants of Health: Social, genetic, environmental, socioeconomic, and other factors that contribute to health status
Forces of Change Assessment: Identifies current community factors (political, economic, social, etc.) that could detract from or enhance the ability to enact change
Goals: under each strategic issue, a general target to work towards
Health: a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (WHO)
Local Public Health System Assessment: Identifies local capacity of what agencies support any or all of the 10 essentials of public health through provision of preventive health services to the community
MAPP: A health assessment model created by the National Organization of City and County Health Officials (NACCHO) which stands for Mobilizing for Action through Planning and Partnerships
Obesity: Percent of adults age 18 or older who have body mass index (BMI) of 30k/m2 or more
Patient Protection and Affordable Care Act: signed into law imposing new requirements that charitable hospitals must meet to continue to qualify for exemption under Section 501(c)(3) of the Internal Revenue Code. Included were requirements that charitable hospitals conduct a Community Health Needs Assessment (CHNA) every three years and adopt an implementation strategy to meet the identified needs
Prenatal Care: Rate of women receiving prenatal care in the first trimester (birth risk factor percent) (WA DOH)
SMART Objectives: measureable components will be created under each goal that is specific, measureable, achievable, realistic and time bound. These will be included in the CHIP (see CHIP definition)
Strategic Issues: overarching health related concepts identified as areas to focus on to improve

RESOURCES

Demographics and Population information:

The U.S. Census, American Fact Finder: Washington State Office of Financial Management Employment Security Department

- 2010, 2000, 1990: Bureau of the Census, U.S. Decennial Census.
- Revised 2001–2009: Washington State Office of Financial Management, Forecasting Division, single year intercensal estimates 2001-2009, December, 2011
- Legacy 2001–2009: Washington State Department of Health and Krupski Consulting, 1990–2009 Population Estimates: Population Estimates for Public Health Assessment, 1990–2009, December 2010
- 1991–1999: Washington State Department of Social and Health Services, Research and Data Analysis, Washington State adjusted population estimates, based on estimates by Claritas Inc. and Office of Financial Management, April, 1999

Health Access Citation:

American College of Physicians. How Is a Shortage of Primary Care Physicians Affecting the Quality and Cost of Medical Care?. Philadelphia: American College of Physicians; 2008: White Paper. (Available from American College of Physicians, 190 N. Independence Mall West, Philadelphia, PA 19106.)

Health Data Citations:

Behavioral Risk Factor Surveillance Survey (BRFSS), Healthy Youth Survey, Washington State Department of Health-Statistics

- Washington State Department of Health, Center for Health Statistics (CHS), Birth Certificate Data, 1990–2011, September 2012.
- Washington State Department of Health, STD Services Section, PHIMS-STD, 1992–2011, August 2012.
- Washington State Department of Health, Center for Health Statistics Comprehensive Hospitalization Abstract Reporting System (CHARS) 1987–2011, July 2012.
- Office for Oregon Health Policy and Research, Oregon State Hospital Discharge Data 1987–1999.
- Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUP) State Inpatient Databases (Oregon) (OR-SID) 2000–2009, December 2011.

MAPP Model:

National Association of City and County Health Officials (NACCHO)

Ten Essentials of Public Health Services

WHO Definition of Health

Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

DISTRIBUTION of COMMUNITY SURVEY

CITY GOVERNMENT

City Managers, City Planning Managers, or Fire Chiefs: Kennewick, Pasco, Richland , West Richland, Connell, Prosser, Benton City

AGENCIES, ORGANIZATIONS, COMMITTEES

Benton Franklin Medical Society, Catholic Family & Child Services, The Chaplaincy, Tri-Cities Cancer Center, DV Services of B-F Counties, Grace Clinic, Mental Health Ombuds, TCCH, DSHS, Petersen Hastings, DHS, Lutheran Community Services, 509Arts, Safe Harbor Crisis Nursery, CCAN, SNOW Nurses, School Counselors, ADA, Aging and Long Term Care, United Way/Community Solutions, League of Women Voters, Benton-Franklin Health District, Work Source, Young Professionals, Human Services Coalition, Diabetes Coalition

HOSPITALS, CLINICS, URGENT CARE

Kadlec Regional Medical Center, Kennewick General Hospital, Lourdes Health Network, Prosser Memorial Hospital, Tri-Cities Community Health, Grace Clinic, Connell Family Clinic, Benton City Clinic

COMMUNITY EMPLOYERS

Albertson's Food & Drug Center, Richland, Pasco) Amazon.com, Apollo Sheet Metal, Inc., Battelle Pacific NW National Laboratory, Bechtel National Inc, Benton-Franklin Health District Clinics, Ben Franklin Transit, Broetje Orchards, Burlington Northern Sante Fe Railroad, Columbia Colstor, Columbia Crest Winery, ConAgra/Lamb-Weston, Coyote Ridge Correctional Facility, CSC Hanford Occupational Health Services, Douglas Fruit Company, Finley School District, Fred Meyer, Lampson International, North Franklin School District, Prosser School District, Reesers, Tyson Foods, Wal-Mart, Winco Foods, Zirkle Fruit

MEDIA

Tri-City Herald, Tri-City Journal of Business, KONA Radio, KNDU, Prosser Record Bulletin, Tu Decides

COMMUNITY COUNCIL COMMITTEES

Health Access Team, Pain Management Network, Patient Safety Coalition, Alliance for a Livable and Sustainable Community, Oral Health Coalition, Mental Health Committee, Food & Fitness Coalition, Domestic Violence-Coordinated Community Response, Community Council

PRESENTATIONS

KONA/Kadlec Radio Program, Health Alliance Appreciation Breakfast, Tri-City Herald Edit Board, Columbia Center Rotary, Columbia Basin Horseshoe Club, Dust Devils Baseball Game, Pasco-Kennewick Rotary , Pasco Chamber of Commerce, Riverside Rotary, Royal Columbian Retirement Center, Tri-Cities Islamic Center, Columbia Basin College, NAMI, Safe Kids, Kadlec Strategic Planning Board, Kennewick General Hospital Foundation

HARD COPIES/FLYERS AT COMMUNITY LOCATIONS

Aging & Long-Term Care, B-F Health District, Pasco, Kennewick, Prosser, CBC, Children's Developmental Center, Community Action Connections, ConAgra Foods, Domestic Violence Services of Benton & Franklin Counties, DSHS, Fiesta Foods, Food Banks, Grace Clinic, Tri-Cities Islamic Center, Kadlec, Kadlec Resource Neurological Center, Mid-Columbia Libraries (Kennewick, Pasco, Connell, Benton City, Prosser), My Friends Place, Pasco Senior Center, Prosser Memorial Hospital, Safe Harbor Crisis Nursery, TCCH, (Pasco), Tri-Cities Cancer Center, United Way, Union Gospel Mission, Work Source, WSU-TC

NEWSLETTERS

Benton-Franklin Council of Governments, CSC Hanford Occupational Health Services, Young Professionals, Bechtel National, Inc.

Participants, Key Partners and Time Contributors

3-Rivers Bicycle Coalition/Petersen Hastings Investment Management
- Jeff Petersen

Alliance for a Livable and Sustainable Community
- Kate Perry, MD**

American Diabetes Association
- Anne Sampson**

Benton-Franklin Health District
- Malvina Goodwin RD, CD
- Susana Martinez
- Sandy Owen RN, MPH**
- Diana Padilla
- Amy Person, MD**
- Susan Shelton
- Michele Solano
- Kathy Story, BSRDH**
- Rebecca Sutherland, MPH**
- Mari Tobin
- Jason Zaccaria MHA*/**

Benton Franklin County Medical Society
- Nicole Austin**

Benton-Franklin Community Health Alliance
- Lindsay Asmus
- Nicole Austin**
- Chuck Barnes
- Carmen Bowser**
- Bob Burden*
- Susan Campbell, MN, RN**
- Al Cordova
- Tom Cothran
- Sarah Hillis-Crawford, BSW
- Erinn Gailey
- Becky Gauthier**
- Malvina Goodwin RD, CD
- Mary Hoerner, MN, RN
- Larry Jecha, MD
- Wes Luckey**
- Barbara Mead**
- Cindy Miller**
- Carol Moser**
- Sandy Owen RN, MPH**
- Kate Perry, MD**
- Amy Person, MD**
- Jeff Petersen
- Lane Savitch*
- Kathy Story, BSRDH**
- Rebecca Sutherland, MPH**
- Mike Tuohy
- Amy Ward, MBA
- Judy Westerberg
- Jason Zaccaria, MHA*/**

Catholic Family & Child Services
- Carmen Bowser**

The Chaplaincy
- Gary Castillo
- Tom Adams
- Judy Westerberg

Children's Reading Foundation of the Mid-Columbia
- Amy Ward, MBA**

Columbia Basin College
- Kathy Conrad, BSRDH
- Joe Montgomery, PhD**
- Martin Valadez**

Community Action Connections
- Judith Gidley

Consistent Care Program of SE WA
- Becky Grohs, RN, BSN, CCM**

Department of Human Services, Benton & Franklin Counties
- Ed Thornbrugh

Department of Social and Health Services, Aging and Long Term Care
- Mary Jo Byers
- Virginia Janin**

Domestic Violence Services of B-F Counties
- Erinn Gailey

Educational School District 123
- Les Stahlnecker, RN

Family Practice Physician/Food & Fitness Committee
- Matt Smith, MD

Grace Clinic
- Susan Campbell, MN, RN**

Group Health Cooperative
- Bob Burden*
- Wes Luckey**

Heritage University
- Dr. Robert Smart**

HPM Corporation
- Sandy Rock, MD, MPH
- Chris Hoffman**

Kadlec Regional Medical Center
- Lindsay Asmus
- Lane Savitch*/**
- Michael Turner, MD

Kennewick General Hospital
- Chuck Barnes
- Glen Marshall*

League of Women Voters
- Bev Hunter**

Lourdes Counseling Center
- Barbara Mead**

Lourdes Health Network
- Becky Grohs, RN, BSN, CCM**
- John Serle*

Mental Health Ombuds, Inc.
- Ti Nelson, LSWAIC**

Miramar/Mirasol Health Center
- Brian Williams**

Pacific Northwest National Laboratories
- Nancy Richmond, RN, MN**

Pasco Police Department, Domestic Violence Response Unit
- Kim Keltch, MSW**

PMH Medical Center
- Sara Barron, RN
- Tim Cooper**
- Julie Petersen*

Tri-Cities Cancer Center
- Tom Cothran
- Cindy Miller**

Tri-Cities Community Health
- Dell Anderson, M.Ed., LMHC, CMHS
- Rick Ballard**

Tri-Cities Hispanic Chamber of Commerce
- Martin Valadez**

Tri-City Regional Chamber of Commerce
- Patrick Conrad**
- Lori Mattson

Tulane School of Public Health
- Thomas George, MPH Student

United Way/Community Solutions
- Becky Gauthier**

Walden University
- Angel Daniels Rodriguez, MPH Student

Washington State Employment Security Department
- Ajša Suljič**

Washington State University – Tri-Cities
- Susan Campbell, MN, RN**
- Kay Olson, RN, MN**

Washington State University – Tri-Cities Nursing Students
- Alexis Sanchez
- Kali Beasley
- Erik Rammelsberg
- Ali Derbawka
- Robyn DeMers
- Sharon Edgar
- Cynthia Fajmon
- Heather Harding
- Amanda Hemperly
- Amanda McAlister
- Jodi McCune
- Kelli Burns Mitchell
- Michelle Smith
- Loreen Stevenson
- Monica Teague
- Jennifer Vidmar
- Brenton Wilson
- Boram Yu
- Angela Fuqua
- Lauren Jones
- Lacey Wilson
- Anna Gusar
- Anna Curiel

"What's Health Got to Do With It?" Forum Participants
- Mayor John Fox
- Roy Keck, Port Commissioner
- Mayor Donna Noski
- Sandy Owen, RN, MPH**
- Skip Novakovich, Port Commissioner
- Karen Phillips, MD
- Sandy Rock, MD, MPH
- Jim Toomey
- Michael Turner, MD
- Mayor Matt Watkins
- Mayor Steve Young

BFCHA Board of Directors
****Community Health Needs Assessment Steering Committee***

access
healthcare
people
services
education
members
physical
environment
safe
care
needs
adequate
resources
opportunities
mental
medical
preventive
obesity
food
educated
low
active
living
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everyone
information
safety
activity
affordable
supported
support
exercise
well
promote
group
nutrition
primary
prevention
residents
individuals
lifestyles
lifestyle
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public
children
programs
communication
understanding
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wellbeing
streets
especially
informed
activity
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educational
population
needed
awareness
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emotional
housing
choices
receive
chronic
easy
etc
spiritual
aware
behaviors
communities
working
average
complete
limitations
environments
high
know
make
areas
rates
school
disease
practice
water
region
fitness
ability
pet
promotes
change
growth
levels
institute
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family
hiking
thing
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