



Centered in Care
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Region 10 Health Partnership/ Community Health Needs Assessment

Kick-off Meeting
February 21, 2017



Health Resources in Action
Advancing Public Health and Medical Research

Introductions



Valerie Polletta, MSc
Associate Director, Research and Evaluation



Erika Gaitan, MSW
Research Associate, Research and Evaluation



About Health Resources in Action

To help people live healthier lives and create healthy communities through prevention, health promotion, policy development, and research.

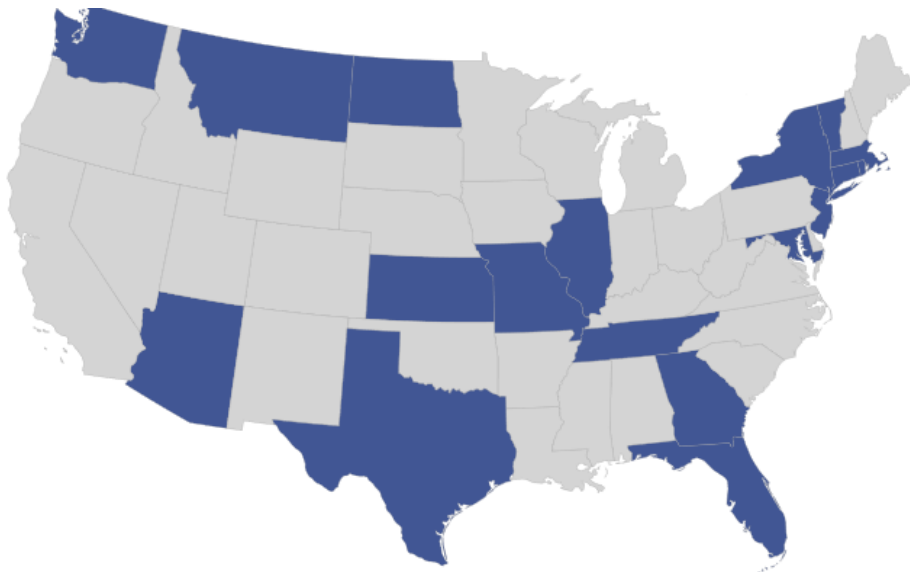
Over 12 years of experience collaborating on assessments and planning across the U.S.:

- Hospitals, health centers, health departments, philanthropic foundations, and non-profit organizations

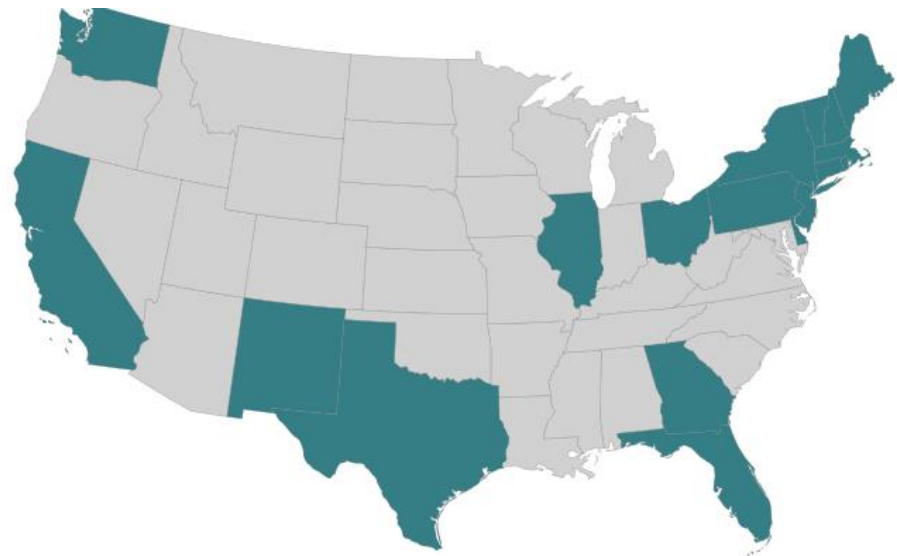


HRiA's Experience

Assessments



Planning



Thinking about Health Broadly



Our Approach

Engages community and allows for a community voice

Identifies valid qualitative and quantitative data for actionable planning

Builds upon community assets

Aligns all processes and deliverables with guidelines and/or requirements

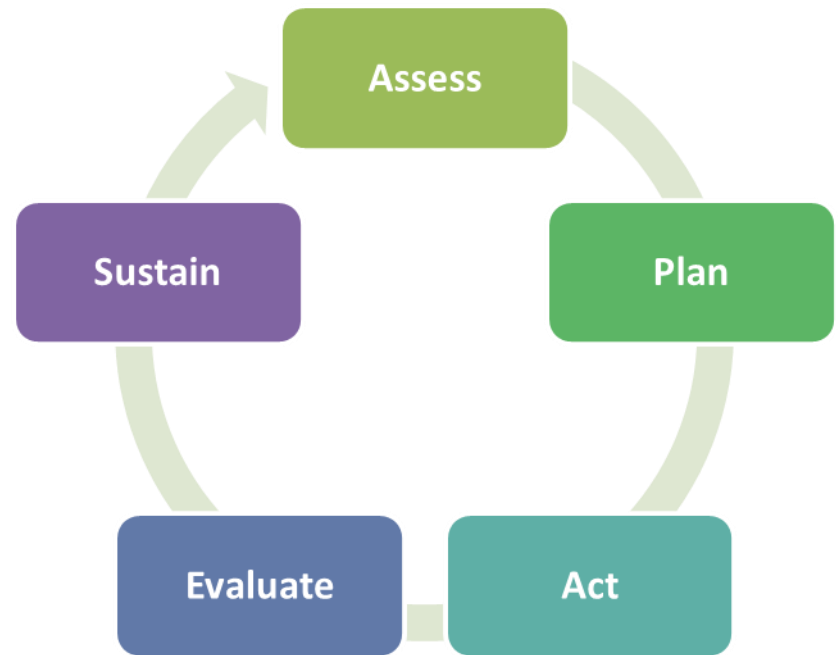


Supporting Continuous Improvement

2012 CHNA identified key health issues

Informed by this 2012 CHNA, RHP 10 developed a plan

2016 CHNA will build upon current initiatives, assess related needs, and identify any new emerging issues



Community Tool Box, Help Taking Action, Accessed 9/23/15.



Previously Identified Needs

CN.1 Lack of provider capacity

CN.2 Shortage of primary care services (e.g., pediatric, prenatal, family care)

CN.3 Shortage of specialty care

CN.4 Lack of access to mental health services

CN.5 Insufficient integration of mental health care in the primary care medical care system

CN.6 Lack of access to dental care

CN.7 Need to address geographic barriers that impede access to care

CN.8 Lack of access to health care due to financial barriers (i.e., lack of affordable care)

CN.9 Need for increased geriatric, long-term, and home care resources (e.g., beds, Medicare providers)

CN.10 Overuse of emergency departments (ED)

CN.11 Need for more care coordination

CN.12 Need for more culturally competent care to address unmet needs (e.g., Latino-population need care, translators, translated-material)

CN.13 Necessity of patient education programs

CN.14 Lack of access to healthy foods

CN.15 Need for more education, resources and promotion of healthy lifestyles (free and safe places to exercise, health screenings, health education, healthy environments, etc.)

CN.16 Higher incidence rates of syphilis and chlamydia

CN.17 Incomplete management of varicella (chicken pox) cases

CN.18 Incomplete management of pertussis (whooping cough) cases

CN.19 Need for more and earlier onset of prenatal care

CN.20 Improved Public Health Surveillance to Promote Individual and Population Health

CN.21 High tuberculosis (TB) prevalence

CN.22 Inadequate health IT infrastructure



2016 CHNA Overview



Overarching Goals

Examine the current health status of Region 10

Explore current health priorities—as well as new and emerging health concerns

Identify community strengths, resources, and gaps

Update priorities from 2012 CHNA



Roles & Responsibilities

Core Team

- Oversee assessment process
- Review and provide feedback on draft assessment; final approval

Advisory Committee

- Provide guidance on assessment process and deliverables

RHP 10 Providers

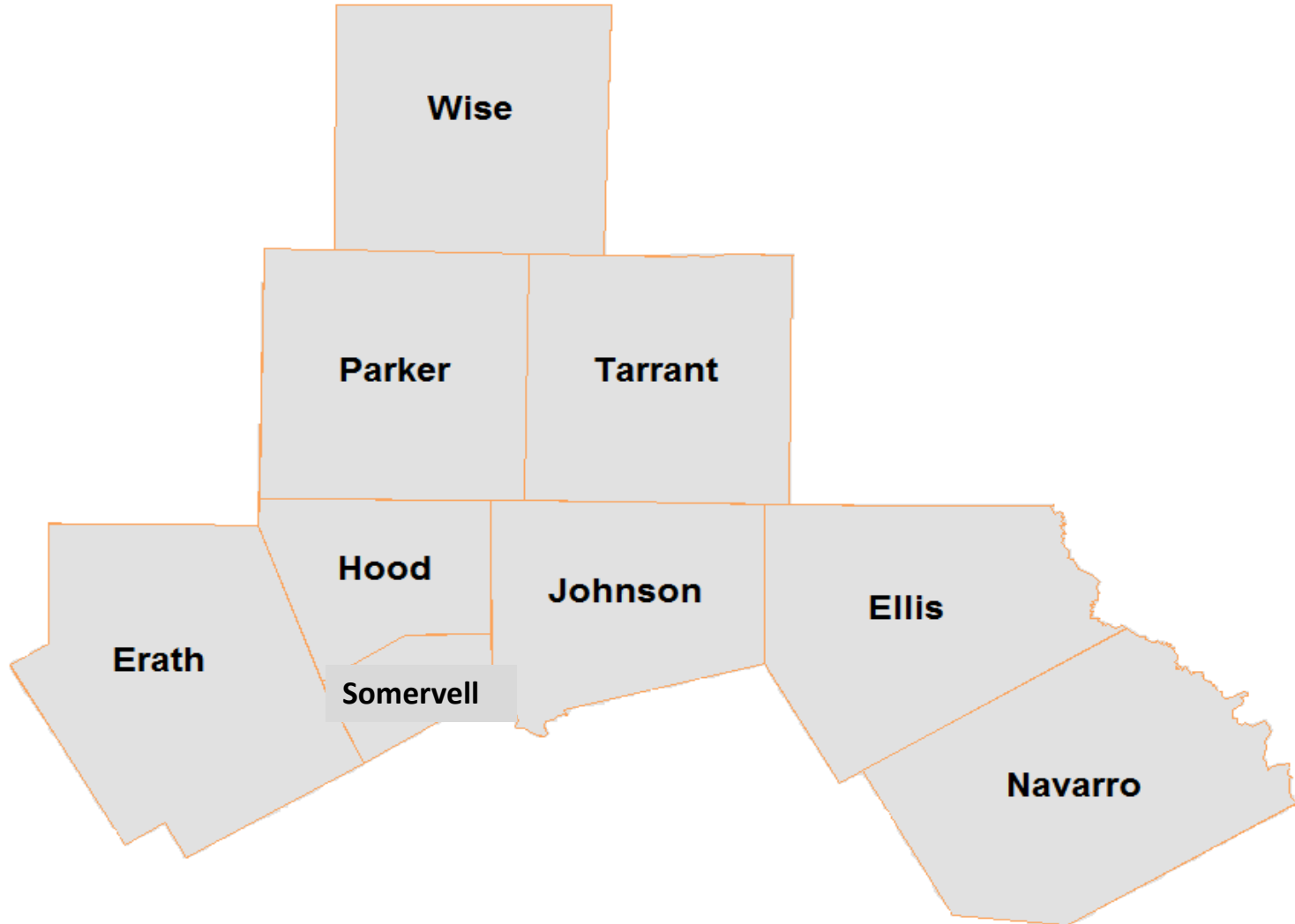
- Engage in process through virtual webinars and meetings
- Provide input via survey, interviews, and/or focus groups

HRiA

- Manage and conduct assessment process
- Guide core team through facilitated process
- Develop draft and final assessment



RHP 10 Service Area



Overview of CHNA Process

Engagement of RHP 10 Anchor Staff and Advisory Committee



Secondary Data Review and Collection



Stakeholder Engagement

16-20 Interviews

8 Focus Groups

Provider Survey



Resources/Assets Inventory

Environmental scan to identify health-related programs and services

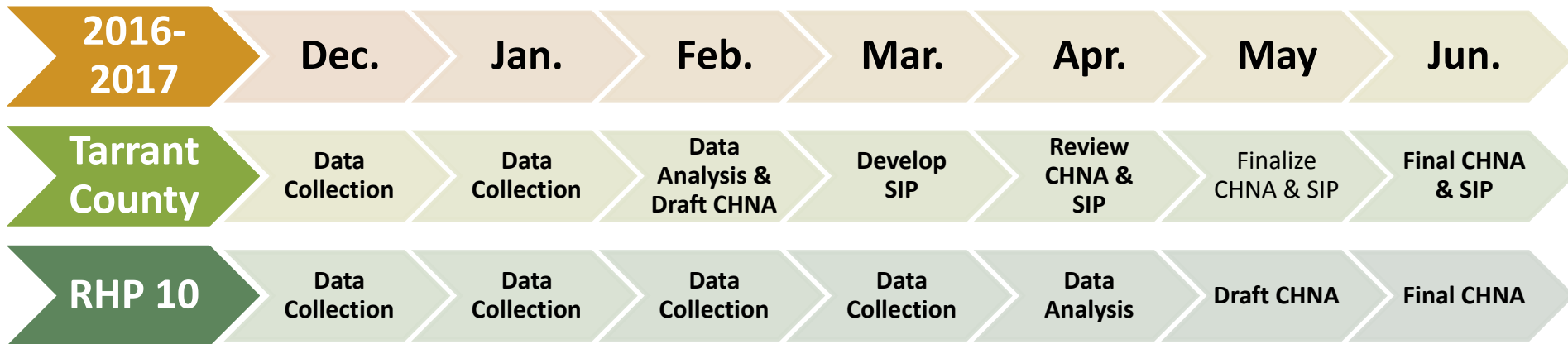


Development of Community Health Needs Assessment Report

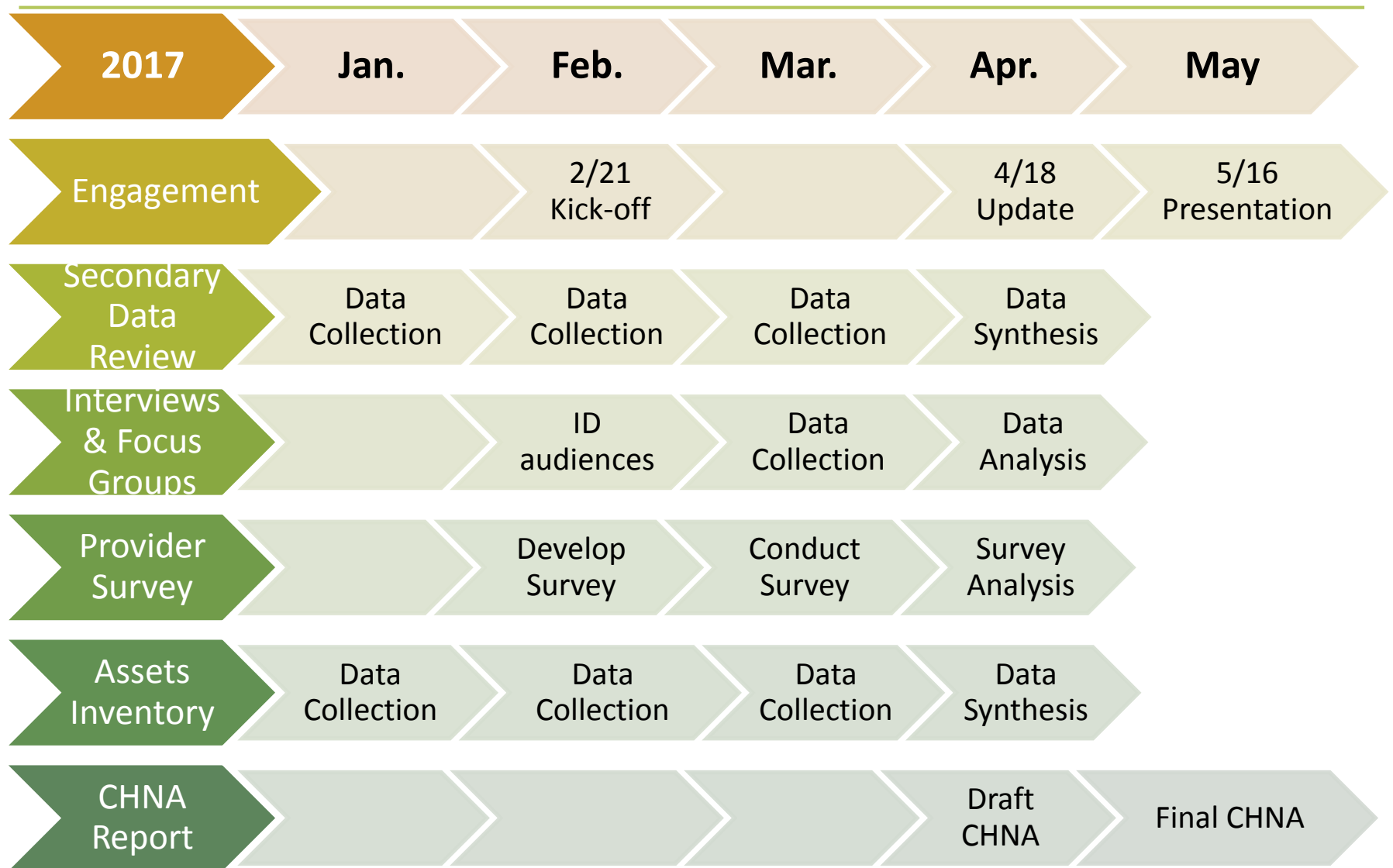
Data synthesis and facilitation of prioritization process



Timeline Overview



RHP 10 CHNA Timeline



Interview and Focus Group Participants

- County Judge
- County Commissioners
- Health Systems
- MHMR's
- Independent School Districts
- Community Partners
- Hospital Districts
- Mayors
- Meals on Wheels
- County Extension Agency
- Local Universities



Next Steps/Key Dates

Week of March 20th

- 8 focus groups (1 per county)
- 16-20 interviews (phone and in-person)

Weeks of March 20th and March 27th

- Provider survey (online)



Contact Information

Heather Beal, MHA

RHP 10 Program Manager

JPS Health Network

1500 South Main Street

Fort Worth, TX 76104

Office: (817) 702-6850



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RHP 10 Monthly Call

February 21st, 2017

Provider	Participant
MCA	Kathleen Sweeney
Cook Children's	Axel Lewis
TCPH	-
MHMRTC	Mahie Ghoraishi, Melanie Navarro, Megan Wilcox
NHH	Kathleen Sweeney
PMC	Kathleen Sweeney
Huguley	-
THFW	-
THSW	-
THS	-
Ennis Regional	Edwina Miner, David Lewis
Lakes Regional	-
JPS Hospital	Heather Beal, Shelly Corporon, Amanda English
UT Southwestern Moncrief Cancer Institute	-
THAZ	-
Helen Farabee	Andrew Martin
Wise Regional	Matt Runnels
THAM	-
Pecan Valley	Coke Beatty
THC	-
Baylor	-
THHEB	-
Dallas Children's	Jamie Marsh-Wheeler, Adriana Vega
UNTHSC	Andrew Harman
JPS PG	-
Methodist Mansfield	-

