

Rapid Regional Community Health Assessment: A Gulf Coast Case Study

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Introduction

The National Network of Public Health Institutes (NNPHI) and its member public health institutes are engaged in numerous community health improvement initiatives with a broad range of partners, including public health departments, hospitals, and community-based organizations. As neutral conveners with expertise in facilitation, data collection and analysis, and partner/community engagement, public health institutes provide support to a range of organizations in their collaborative community health improvement efforts.

In support of this work, NNPHI and its members co-created a Community Health Improvement Work Group that focuses on building and sustaining capacity among institutes to support community health improvement efforts, as well as marketing and promoting the services they offer to health departments, hospitals and other community partners. The following case study is a part of a series that grew out of the Community Health Improvement Work Group's efforts. The aim is for public health institutes to share their experience in selecting, adapting and employing existing tools and strategies for community health improvement. This case study was presented via a webinar, which was recorded and is available online [here](#).

This case study focuses on a rapid regional community health assessment process developed and implemented by the Louisiana Public Health Institute (LPHI) to inform funding and resource allocation decisions for community health centers in the Gulf Coast region following the Deep Water Horizon oil spill in 2010. The rapid timeline and regional scope of this project were determined by the Deep Water Horizon medical

benefits class action settlement administered by the Federal District Court for the Eastern District of Louisiana, requiring LPHI to think outside the box in adapting standard community health improvement tools and processes.

Background

Gulf Coast residents face health challenges that are both severe and specific to the particular demography, geography, and economy of the region. In recent years, vulnerability in this region to both natural and man-made disasters has exposed an inadequate healthcare infrastructure to support the needs of Gulf Coast residents. As one might imagine, these challenges were exacerbated following the hurricanes over the past decade as well as the recent Deepwater Horizon oil spill in 2010.

The rapid regional community health assessment process was part of the LPHI administered Primary Care Capacity Project (PCCP), which is part of the Gulf Region Health Outreach Program (GRHOP). GRHOP is a five year program consisting of four integrated projects intended to strengthen the healthcare, health literacy, and resiliency of Gulf Coast communities in Louisiana, Mississippi, Alabama, and the Florida Panhandle. The GRHOP was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court in New Orleans and includes four initiatives: the Primary Care Capacity Project (PCPP), the Mental and Behavioral Health Capacity Project, the Environmental Health Capacity and Literacy Project, and the Community Health Worker Training Project. The four initiatives are grounded in a frame of community participation. The program's collaborative partnerships include: LPHI, the Alliance

17 counties and parishes included in the assessment

Louisiana

- Cameron Parish
- Terrebonne Parish
- Lafourche Parish
- Orleans Parish
- Jefferson Parish
- Plaquemines Parish
- St. Bernard Parish

Alabama

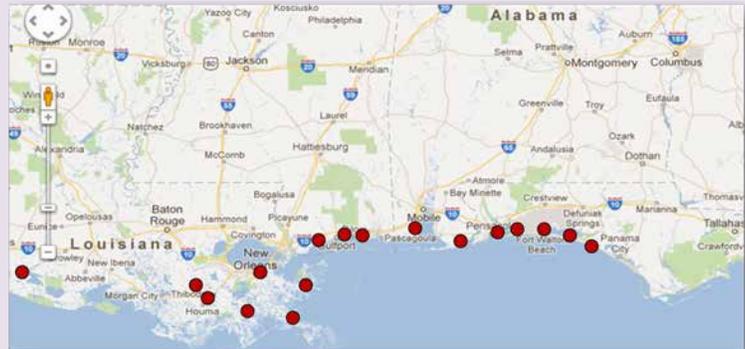
- Mobile County
- Baldwin County

Florida

- Escambia County
- Santa Rosa County
- Okaloosa County
- Walton County
- Bay County

Mississippi

- Hancock County
- Harrison County
- Jackson County



Institute, Tulane University, University of Southern Mississippi, University of South Alabama, University of West Florida, and Louisiana State University Health Sciences Center.

The PCCP is a five-year community-advised investment intended to result in high quality, accessible, integrated, and sustainable community health centers that have expanded relationships with additional health and human services and are more responsive to local community health needs. The project is designed with a particular focus to help Federally Qualified Health Centers (FQHCs) or FQHC Lookalikes in 17 coastal counties and parishes become more accessible, effective, efficient, and financially sustainable. Key strategies include adopting the “patient centered medical home”, “whole person” approach to delivering integrated services; improving quality of care; enhancing patient-referral relationships with specialty and social services providers; and addressing particular population health needs and improving business operations.

Rapid Regional Community Health Assessment

The first step LPHI needed to take towards fulfilling the PC-CP’s broader mission was to conduct a rapid regional community health assessment, covering the 17 coastal counties. The primary purpose of the assessment was to inform decision making around the distribution of funding in these communities that needed to occur before the end of the first year of the program as stipulated by the court mandate. Other goals included informing policy making and health strategy development and determining a baseline for setting community health objectives and measuring change over time.

The rapid assessment was a mixed-method approach and consisted of two components: 1) a review of existing quantitative data and 2) a facilitated key informant prioritization process. The review of existing quantitative data included state, county, and sub-county data that characterize demographic, health and quality of life factors. The key informant prioritization process included meetings with key informants to collect information

Steps in LPHI’s rapid regional public health assessment process

Step 1.

Determine who should be at the table

Step 2.

Identify the relevant data

Step 3.

Develop a guided prioritization process for stakeholders

Step 4.

Assemble stakeholders and vote on priorities

to validate and prioritize findings from the review of existing quantitative data. These priorities were then considered alongside findings from the separate health center and county assessments that were happening simultaneously.

Step 1. Determine who should be at the table

LPHI drew on guidance from the National Association of County and City Health Officials' (NACCHO's) [Mobilizing for Action through Planning and Partnerships \(MAPP\) Framework](#) and the Catholic Health Association's [Assessing and Addressing Community Health Needs](#) to guide which stakeholders should be included. First, LPHI developed a preliminary list of sectors to engage in the process. Then, they worked with their GRHOP partners within each state to identify local organizations within each sector to meet with. When meeting with the local organizations, LPHI requested their input on additional organizations and individuals that should be a part of the process and incorporated them into the list. Finally, LPHI vetted the resulting list of key stakeholders with the GRHOP partners to ensure that all of the right people would be included in the assessment process. The GRHOP partners also provided valuable advice to LPHI on what issues need to be considered when speaking with the stakeholders from an outside organizations based in another state, what responses to expect from them, and how to best communicate with the stakeholders.

Step 2. Identify the relevant data

Because of the rapid nature of the assessment process, LPHI set out to gather only secondary data for their regional health assessment. However, they ended up incorporating primary data already collected by local stakeholders through co-occurring local and state health department and non-profit hospital community assessment and improvement planning efforts. In

Key community stakeholders

- Academic institutions/universities
- Local public health officials/health departments
- Local health systems (hospitals, health centers, pharmacies)
- Local mental/behavioral health officials
- Local community non-profits
- Local school administration
- Social service organizations
- Community residents
- Community-based organizations

Assessment data domains:

- Demographic and socioeconomic characteristics
- Health Resource Availability
- Environmental health indicators
- Occupational hazards and safety
- Quality of life
- Social and mental health
- Behavioral risk factors
- Mortality and morbidity
- Maternal and child health
- Infectious disease

deciding what data to include, LPHI drew on the data domains from NACCHO's MAPP [Community Health Status Assessment](#) and [Core Indicator List](#) and again sought input from their GRHOP partners, as well as local stakeholders. Their underlying objective was to choose data that would facilitate the examination of the social determinants of health and health disparities in the 17 coastal parishes and counties and help drive decision making.

LPHI pulled together quantitative data for each of the counties and published them in separate County Health Overviews (see the Tools section for a sample County Health Overview). The County Health Overviews included data from a variety of sources, including the Decennial Census, the American Community Survey, and the Behavioral Risk Factor Surveillance System. For several data points, they included the Department of Health and Human Services Healthy People 2020 benchmark to provide a better understanding of where the community stands with respect to the national target for health improvement. The data in the County Health Overviews aimed to answer three questions: 1) who lives in the county, 2) what is the county's health status, and 3) what influences health in that county? The overviews were meant to facilitate individual and group thinking about community health, and ultimately guide in the prioritization and consensus building process in meetings with key informants.

Step 3. Develop a guided prioritization process for stakeholders

In deciding what the guided prioritization process for stakeholders would look like, LPHI drew on the [Community Themes and Strengths Assessment](#) from NACCHO's MAPP Framework. They decided that the objectives of the key stakeholder meetings would be to 1) identify the communi-

ty's health priorities, 2) identify interventions to address such needs, and 3) ultimately make recommendations to advise decisions in the allocation of funds for activating community health interventions, with a focus on primary care services in Federally Qualified Health Centers and Look Alike clinics.

Prior to the key stakeholder meetings, LPHI sent participants a Pre-Workbook (see the Tools section for a sample Pre-Workbook) that described the GRHOP and the PCCP, the objectives of the meeting, their particular role at the meeting, and the guiding questions to be discussed, along with a County Health Overview. Sending these two tools ahead of the meeting helped participants to prepare for the meeting. It also helped to create buy-in and build trust by providing transparency around the purpose of the meeting.

Step 4. Assemble stakeholders and vote on priorities

During the first part of the key stakeholder meeting, stakeholders were placed into groups corresponding to the county they represented. They worked with their groups to answer a facilitator's questions on identified needs, barriers, and assets in the community (see Tools section for a sample Facilitator's Workbook). Each group's scribe recorded their group's re-

sponses on flip chart paper, and a spokesperson from the group reported out the group's responses to the larger forum. LPHI staff combined and consolidated the different groups' responses to come up with a list of the top ten health needs, barriers, and assets in the community. Using [audience response technology polling](#), key informants voted for their top three health barriers. Then, the key stakeholders had the opportunity to brainstorm and discuss ongoing or potential interventions to address the identified health needs and barriers to care using a pre-defined set of prioritization criteria (see Tools section for a Sample Meeting Workbook which includes this criteria), and finally, they voted for their top interventions to address the selected health needs.

Results

Overall, the regional rapid community assessment process revealed several common health and healthcare needs. Data gathered from state and national sources and data gathered from key informants suggested that mental and behavioral health and chronic illness, such as diabetes and obesity, are health priorities in these communities. Increased access to care, particularly related to limited transportation services and limited number of primary and mental health care providers and services, also emerged as a priority in these assessments.

Staff Capacity Utilized

The following LPHI staff members played a role in the rapid regional community health assessment process:

- **Epidemiologist** – acquired and analyzed the following data for the existing data review: Census 2010, American Community Survey, Hospital Inpatient data (state specific), Behavioral Risk Factor Surveillance System (BRFSS), and State Vital Statistics. The epidemiologist also informed the development of reports and factsheets based on existing data review.
- **Environmental Epidemiologist** – acquired and analyzed the following data for the existing data review: EPA, Bureau of Labor Statistics, OSHA Data Initiative, Poison Control Centers, FEMA, different sources for the number of Occupations and Environmental Safety Professional in each county. The environmental epidemiologist also informed the development of reports and factsheets based on existing data review.
- **GIS Specialist** – created and maintains mapping platform for all county and sub-county level data; informed the development of reports and factsheets based on the existing data review; and produced maps of sub-county level data and point data for community profile reports and meetings with state partners.
- **Experienced Evaluators and Researchers** – supervised and managed collection and analysis efforts for existing data review; analyzed data from additional sources (e.g., USDA Food Environment Atlas, Medicaid/Medicare); collaborated on development of primary data collection tools and methods; and informed and develop reports and factsheets based on existing data review.

The following additional staff played a role in the Community Prioritization Process:

- **Qualitative Researchers** – developed of primary data collection tools and methods; analyzed of primary data; informed the development of reports and factsheets based on existing data review.
- **Community Coalition Building Specialist** – developed the primary data collection tools and methods and led continued engagement of community stakeholders to use assessment findings to inform action planning.

Information gathered from the community health and health center assessments LPHI conducted along with findings from the county assessments conducted by local health departments and hospitals were examined together to inform funding and technical assistance decision to the Federally Qualified Health Centers (FQHCs) along the Gulf Coast. Access to care priorities were identified in both assessments so funding to FQHCs were used to hire primary care and behavioral health care providers and to open new sites and/or add mobile units. Management of chronic conditions (like diabetes, hypertension, and obesity) was another priority that emerged from the assessments. Thus, PCCP has provided funding and technical assistance to the FQHCs on development and maintenance of care teams, care coordination systems and infrastructure, and electronic health record optimization.

Moving forward

LPHI's approach to community assessment for the PCCP and beyond is to provide ongoing technical assistance (TA) and other support services to local and state partners in conducting community health assessments and planning and implementing community health improvement plans as part of state or local health departments' public health accreditation process.

Resources

LPHI drew on and adapted the following resources:

- National Association of County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) Framework: <http://www.naccho.org/topics/infrastructure/mapp/framework/>
- Catholic Health Association's (CHA's) Assessing and Addressing Community Health Needs: <http://www.chausa.org/communitybenefit/printed-resources/assessing-and-addressing-community-health-needs>
- Community Commons' Community Health Needs Assessment (CHNA) Site: <http://www.chna.org>

LPHI developed the following resources during this process:

- [County Health Overview](#)
- [Facilitators Workbook](#)
- [Key Informant Meeting Pre-Workbook](#)
- [Key Informant Meeting Workbook](#)
- [LPHI CHA-CHIP Technical Assistance Offerings](#)

Top 3 health priorities from each of the Key Stakeholder meetings

1. Access to health care
2. Chronic conditions (diabetes, heart disease, obesity)
3. Mental and behavioral health (depression, anxiety/stress, access to behavioral health care providers)

LPHI continues to support through funding and technical assistance state and county ongoing community health assessment and improvement in the PCCP to further collective impact, community benefit, engagement, and resiliency in those communities while also building their capacity for community health assessment and improvement.

PCCP program, assessment, and community health teams met with partners in all four states to provide consultation and share a list of possible TA and support services that LPHI could provide to support their ongoing or planned community health assessments and community health improvement plans. In Florida, for example, the five Panhandle counties had conducted community health assessments and most had developed community health improvement plans for their counties as part of a statewide effort to apply for national voluntary accreditation by the Public Health Accreditation Board (PHAB). Therefore, LPHI developed possible TA and support service offerings that would build on and contribute to ongoing efforts as led and defined by the Florida county officials. The TA offerings were shared by the Walton County Health Officer at the Emerald Coast County Health Officers meeting in March 2013, a meeting of ten Florida county health officers, five of which are in the PCCP footprint. This meeting and follow-up surveys revealed request for technical assistance and training in three areas: 1) identifying, accessing, and optimizing use of data sources; 2) mapping data, and 3) evaluating programs. The LPHI assessment and community health teams partnered with fellow NNPHI member, the Florida Public Health Institute to design and conduct a training for staff from the five Florida Panhandle county health departments. The training was conducted in November of 2013 at the Walton County Health Department in Walton County, Florida.

Additionally, LPHI assessment and community health teams partnered with the Partnership for A Healthy Community, a non-profit organization that sponsored community health assessments for Escambia and Santa Rosa counties in Florida, to provide organizing, planning, funding, and logistical support for their Health Care Summit. The Summit aimed to involve and engage the key organizations and community leaders whose participation is essential to the development of plans to effectively improve the health status of residents of Escambia and Santa Rosa Counties.

Lessons Learned

- 1. Utilize the groups who do the work.** LPHI coordinated with local groups throughout the rapid community health assessment process. At the very beginning of the process, LPHI contacted local health departments to find out about the community health assessments already underway and incorporated data from those assessments into the larger regional assessment.
- 2. Data can be political.** In reviewing data with local stakeholders, LPHI learned that the story told by the data in the county health reports did not always correspond to stakeholders' on-the-ground experience. Local knowledge is critical to get a realistic understanding of the health needs of the community.
- 3. Pre-work creates buy-in.** LPHI found that sharing the County Health Overviews and Pre-workbooks with the stakeholders before the meeting gave them a clear sense of the purpose of the meeting and their role. It also built trust by demonstrating transparency in the process.
- 4. Engage your partners early and often.** By engaging their partners throughout the process, LPHI leveraged existing knowledge and resources to make their process more efficient. Partners provided critical feedback on stakeholders to involve in the process and data domains to include in the county health reports.
- 5. Continue to work with local stakeholders.** Once they completed the rapid regional community health assessment, LPHI had the opportunity to build on the relationships they had established during the process. LPHI now provides support to local health departments, state health departments, and hospitals on their own community health improvement work, alongside the public health institutes in those states.

Acknowledgements

Funding for this case study was provided by the Centers for Disease Control and Prevention under Cooperative Agreement Number OT13-1302.

About the Louisiana Public Health Institute

The Louisiana Public Health Institute (LPHI) is a private 501(c)3 organization with a statewide mission to promote and improve health and quality of life through diverse public-private partnerships with government, foundations, academia, community groups and private businesses at the community, parish and state levels. LPHI coordinates and manages public health programs in the areas of health systems development and health promotion/disease prevention and provides an array of services to support the needs of local and national partners. Learn more at www.lphi.org.

About the National Network of Public Health Institutes

Created in 2001 as a forum for public health institutes, today the National Network of Public Health Institutes (NNPHI) convenes its members and partners at the local, state, and national levels in efforts to address critical health issues. NNPHI's mission is to support national public health system initiatives and strengthen public health institutes to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. Learn more at www.nnphi.org.