

Creating Healthy Communities:

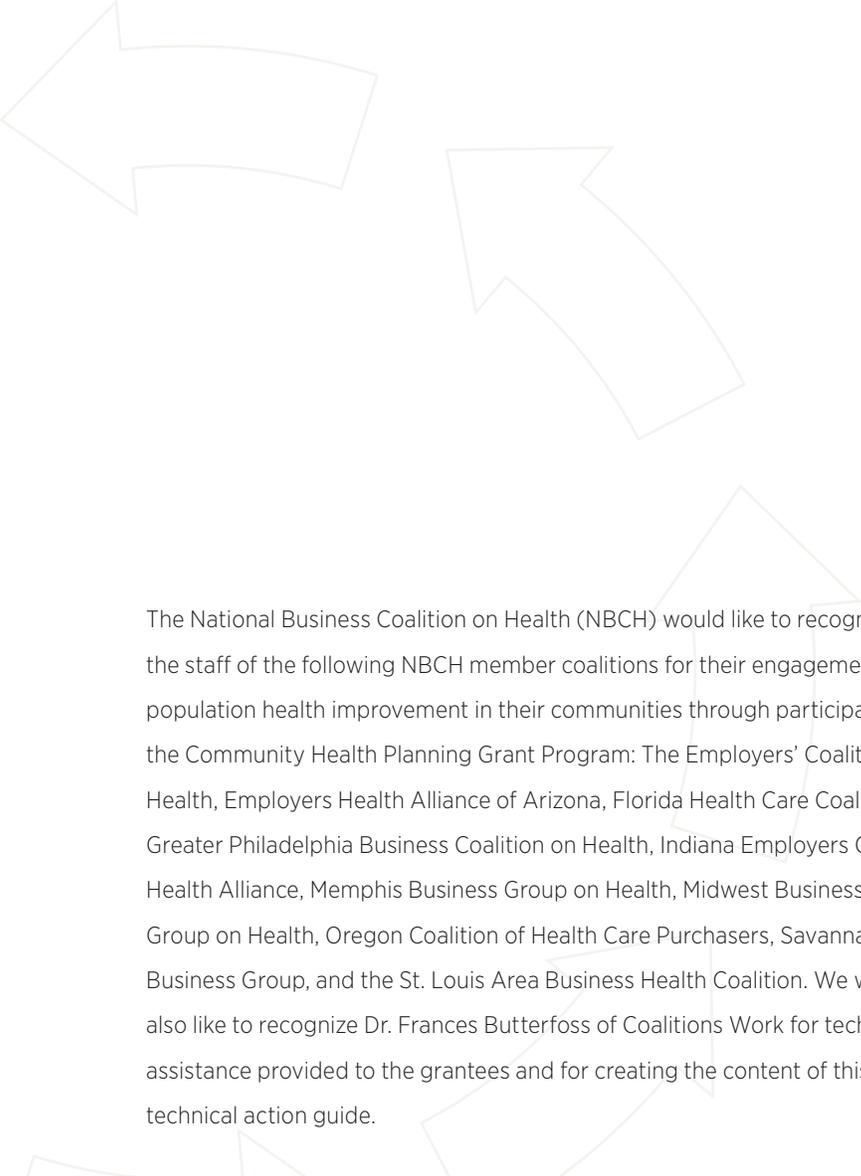
THE PLANNING STAGE

**ACTION
GUIDE**

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The National Business Coalition on Health (NBCH) would like to recognize the staff of the following NBCH member coalitions for their engagement in population health improvement in their communities through participation in the Community Health Planning Grant Program: The Employers' Coalition on Health, Employers Health Alliance of Arizona, Florida Health Care Coalition, Greater Philadelphia Business Coalition on Health, Indiana Employers Quality Health Alliance, Memphis Business Group on Health, Midwest Business Group on Health, Oregon Coalition of Health Care Purchasers, Savannah Business Group, and the St. Louis Area Business Health Coalition. We would also like to recognize Dr. Frances Butterfoss of Coalitions Work for technical assistance provided to the grantees and for creating the content of this technical action guide.

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Introduction

The health of the American population is undermined by both cost and quality burdens and exacerbated by a failure to avoid many conditions that can be prevented or mitigated by behavior change. For example, as documented by United Health Foundation's America's Health Rankings®, obesity continues to rise and is an underlying contributor to many chronic conditions and co-morbidities such as heart disease, diabetes, and hypertension. In our mostly employer-based health insurance economy, employers have shouldered much of this burden, paying ever-increasing health care costs and experiencing decreased worker productivity and increased absenteeism associated with poor employee health. These burdens have a large enough effect to put U.S. businesses at a competitive disadvantage relative to other economies (Webber, 2010).

Clinicians have long recognized that behaviors—both good and bad—are strongly influenced by communities and their environmental factors. The *County Health Rankings* further illustrate the influence of many factors—including not only health behaviors and access to and quality of clinical care, but also social and economic factors

and the physical environment—that affect how long and how well people live. As such, health at the worksite and community are tightly linked. Not only can efforts aimed at improving the health of an employed population have a domino effect on a community, but the condition of that community and community-level initiatives can influence the worksite in return. Moreover, unhealthy communities can compromise employer investments to improve employee health and productivity at the work site and present an economic barrier to product consumption and economic investments. On the other hand, a healthy community may be more desirable to live and work and therefore, good for business.

Addressing poor health outcomes and high health care costs requires local leadership and solutions—leadership that comes from all sectors and solutions that are based upon the needs of the community and the best available evidence. Given the strong tie between employment and health, the National Business Coalition on Health (NBCH) and its member coalitions are well-poised to serve as leaders in making our communities healthy and prosperous.

Purpose

This Action Guide is based on the planning approaches and methods used by NBCH member coalition grantees participating in NBCH's Community Health Planning Grant Program, with emphasis on how they mobilized and engaged local stakeholders. The Guide includes the critical

lessons learned by the grantees and a set of *best practice* recommendations for other business coalitions to follow in replicating this process of stakeholder consensus building to improve health outcomes in their communities.



The Community Health Planning Grant Program

Overview

NBCH has a history of promoting collaborative activities between coalitions, public health organizations, and other like-minded stakeholders through the coalition grant approach. Through a partnership between NBCH's nonprofit affiliate organization, the Community Coalitions Health Institute (CCHI), and the United Health Foundation, NBCH administered two grant programs aimed at supporting business sector engagement in community-level population health improvement. The 2010 Community Health Partnership Population Health Grant Program aimed at increasing the number of business-led coalitions working with public health and other stakeholders to improve population health. This program led to coalition-developed projects addressing issues ranging from diabetes prevention and management to obesity reduction to mental health screening. The first round of Community Health Planning Grant projects in 2011 supported member coalitions' engagement in health planning with their local communities. The goal of the projects was to bring about behavioral changes and supportive environmental policies that promote healthier lifestyles. The six grantee projects focused on perinatal education and policy, as well as nutrition and exercise interventions to combat obesity in both children and adults. Through a partnership with the United Health Foundation and the Robert Wood Johnson Foundation, NBCH supported in 2013 a second round of member coalition communities in their health improvement planning efforts. These four grantee projects focused on disparities in cancer screening; using the patient-centered medical home model to focus on diabetes, cardiovascular disease & preterm deliveries; physical activity; and health and productivity of transportation workers.

These grant programs are unique from many others in that they fund the business community for their role in community health improvement.

Grantee Approaches, Methods, And Results

In order to participate in the Community Health Planning Grant Program, each grantee hosted and facilitated a population health summit in their respective communities. The summits convened community stakeholders to examine key population health indicators (from the America's Health Rankings®, the *County Health Rankings*, and other community data sources) to identify a population health need and then develop a collaborative strategy for improvement. Participants included representatives from businesses, health plans, providers, policy makers, healthcare systems and stakeholders, public health, and other health care leaders, and community groups. The goal was to spur the creation of specific, action-oriented population health improvement plans (action plans), at the community level, that focused on identified health indicator(s) and garnered community accountability. The timeframe for project activities was approximately one year from initial planning to completion of the final report and action plan. NBCH used a competitive application and review process to select and award a total of \$275,000 to six coalition communities in Spring 2011 and \$200,000 to four coalition communities in Winter 2012–2013:

Round One Grantees:

- ▶ Midwest Business Group on Health (Chicago, Illinois)
- ▶ Indiana Employers Quality Health Alliance (Indianapolis, Indiana)

- ▶ Memphis Business Group on Health (Memphis, Tennessee)
- ▶ Employers' Coalition on Health (Rockford, Illinois)
- ▶ Savannah Business Group (Savannah, Georgia)
- ▶ St. Louis Area Business Health Coalition (St. Louis, Missouri)

Round Two Grantees:

- ▶ Employers Health Alliance of Arizona
- ▶ Florida Health Care Coalition
- ▶ Greater Philadelphia Business Coalition on Health
- ▶ Oregon Coalition of Health Care Purchasers

Grantees relied heavily on community assets to accomplish their work, including existing collaboratives, partnerships and neighborhood organizations, as well as effective efforts or programs. They spent their first few months meeting with community stakeholders, assessing local data, and planning community health summits. The summits helped each community prioritize their top health issue and identify related health indicators of interest. After the summits,

coalition grantees organized work groups that were charged with developing community action plans to present to their communities for consensus, buy-in, and subsequent implementation.

The coalitions and partnerships convened by the grantees used a variety of approaches to mobilize and engage their communities to identify priority health care needs and then develop plans of action to address those needs. **In all cases, the business coalition grantees served as convening agents who shared their vision with community members and planners.** All sites were successful in convening summits to prioritize health needs based on data. In addition, all conducted follow-up events and meetings to develop Community Action Plans or incorporate their strategic goals into existing community health planning efforts. Some sites developed separate partnerships to coordinate these efforts and others operated as sub-groups of existing collaboratives. Although grant funding explicitly supported action planning efforts, the expected outcome following these projects was implementation of the action plans.

Project summaries presenting the specific grantee activities and approaches are in Appendix 3.

About Community Health Planning

Why Consider a Planning Stage

Community health planning is a process of assessing the needs of your market and the capacities or assets that are available to meet those needs. This assessment process is a valuable strategy for crafting a clear picture of your community and can be the starting point for planning — developing awareness of critical issues, creating a shared vision, and promoting strategies for community change. A comprehensive community assessment will help you identify:

- ▶ **Community assets** that encourage competence, confidence, connection, character, and compassion for and among people
- ▶ **Risks** that priority populations face and the resources or strengths your community has to address them
- ▶ **Valued community organizations**, such as schools and academic institutions, faith institutions, health care organizations, policy makers, employers, government agencies, other coalitions, community members, families, and other key players
- ▶ **How your coalition** can most effectively address specific problems

Health planning is critical for building consensus and buy-in for dealing with pressing health issues that affect priority populations, special groups or specific geographic areas of the community. Other key reasons for this process are (National Resource Center, 2010):

- ▶ **The community better understands its needs**, why they exist, and why they should be addressed

- ▶ **Community members can share** how the needs affect quality of life for the larger community
- ▶ **Community engagement** is increased because members from different community sectors are included in discussions about needs, assets, and the community's response
- ▶ **Community strengths** and weaknesses are identified
- ▶ **An inventory** of available community resources can be leveraged to improve quality of life
- ▶ **Communities identify** asset gaps that exist in their communities
- ▶ **Stakeholders and organizations** become more aware of how to build their community's assets — information about community needs may be used to assess their own service delivery priorities
- ▶ **Data are provided** for making informed and collaborative decisions about actions that can be taken to address community needs and how to use the available assets
- ▶ **Objectives** can be developed that identify expected short, intermediate and long-term outcomes for strategic initiatives
- ▶ **Funders that provide** resources for health actions usually require a formal community assessment as a baseline for measuring future outcomes

Identifying Community Needs And Assets

A major goal of community health planning is to conduct an assessment in order to develop an informed understanding of the needs that

exist within a community and the effects on its members. Rather than identifying them as “problems,” *community needs* are defined as “the gap between what a situation is and what it should be” (Heaven, 2012). By collaboratively examining these gaps, we find what is lacking and focus on future improvement. Communities across the nation currently face many pressing health needs, such as rising health care and insurance costs, poor access to quality health care, epidemic rates of obesity and overweight, and increased prevalence of asthma, diabetes and other chronic diseases. These health needs may affect large or small numbers of community members including families, individuals, youth, seniors, parents, businesses, community organizations, and faith-based organizations. When more parts of a community are affected by a particular health need, we are more likely to find support for addressing those needs.

Community assets, on the other hand, are defined as “those things that can be used to improve the quality of life” (Heaven, 2012). Assets include organizations, people, expertise, resources, partnerships, facilities, funding, policies, regulations, and a community’s collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions. A critical premise for beginning any health planning effort is that even the most under-resourced communities have existing assets that can be strengthened.

Watson-Thompson and colleagues present a comprehensive set of eight tasks and the corresponding skills that are needed for conducting a community assessment (2015, p. 162-179). However, a simple way to get started in identifying needs and assets, especially those that affect the populations that you plan to reach with your strategies, is to engage your Planning Committee (or even a larger, knowledgeable community group) in conducting a *SWOT analysis*. SWOT elements (strengths, weaknesses,

opportunities and threats) are defined and illustrated as follows:

STRENGTHS—internal factors that allow the community group to take advantage of opportunities or reduce barriers

WEAKNESSES—internal factors or challenges that prevent the community group from taking advantage of opportunities or reducing barriers

OPPORTUNITIES—external factors that allow the community group to take action, build membership, or improve the community

THREATS—external factors that hinder goal attainment, momentum, or long-term survival

CONDUCTING A SWOT ANALYSIS		
	Helpful to achieving goals	Harmful to achieving goals
Internal coalition traits	Strengths	Weaknesses
External environmental traits	Opportunities	Threats

The SWOT analysis process includes: 1) reviewing the strengths and weaknesses of your existing collaboration (or potential organizations if you haven’t started collaborating yet); 2) reflecting on the community and broader environment in which your group (or its organizations) operates to identify the opportunities and threats that it faces; and 3) specifying *strategic issues* that your group should address and setting priorities in terms of time or importance.

Convening the Planning Committee

The planning process begins by convening a group of community stakeholders to establish a vision and prioritize the issues that require change. The vision provides a focus for the assessment—a clear picture of where you want to be in the

future. Issues prioritized by the group then guide what information must be collected in order to make decisions that help you create change and realize your vision. You should recruit members for the Planning Committee who have a stake in the community and represent its diverse interests—representatives from businesses, health plans, policy makers, healthcare systems and providers, public health and other health care leaders, and community groups. A good size for this group is 8-12 members. They should discuss the

expectations of the group and the over-arching goal of its work. The group should develop a set of guiding principles for how they will collaborate and make decisions together and outline the roles and responsibilities of Planning Committee members and leaders. Finally, the group needs to carefully plan the scope of work and objectives that need to be accomplished – creating a logic model is one way to see the “big picture” as well as the specific outcomes that will be measured.

Lessons Learned From Grantee Communities

The Community Planning Handbook (Wates, 2014) provides a comprehensive set of principles, methods for getting people involved in community planning, scenarios, case studies, publications and tools. Our grantees shared the following lessons that emerged from their work:

- ▶ Lesson Learned 1: Engage Stakeholders
- ▶ Lesson Learned 2: Use Strong Process
- ▶ Lesson Learned 3: Focus on Data
- ▶ Lesson Learned 4: Develop Your Action Plan

Lesson Learned 1: Engage Stakeholders

- ▶ **Develop and leverage** personal relationships with leaders of competing organizations to unite them.
- ▶ **Build strong collaborative relationships** to improve project effectiveness and sustainability.
- ▶ **Engage stakeholders early** in the grant application and subsequent planning process

- ▶ **Identify respected individuals/organizations** to champion the cause and co-lead the activity.
- ▶ **Engage community health boards**, as well as the public health department.
- ▶ **Involve more parents** in community health efforts.
- ▶ **Ensure that those involved** in assessment have decision-making ability in order to promote broad-based community buy-in, support and action for implementation.
- ▶ **Reach out and involve** a broad cross-section of community stakeholders. Throughout the process, consider ‘who else needs to be at the table?’
- ▶ **Identify leadership** at the levels closest to the people (in neighborhoods) and build trust through gradual, persistent, and fundamental education and empowerment.
- ▶ **Coordinate and collaborate with existing programs and groups** to share resources, networks and best & promising practices, rather than starting competing coalitions—this builds sustainability into your initiative!

Lesson Learned 2: Use Strong Process

- ▶ **Hold meetings** at a neutral location, led or facilitated by neutral representatives who only have quality and cost objectives, and are not beholden to any provider or organization.
- ▶ **Keep people informed** and don't let too much time pass between activities.
- ▶ **Peer pressure fosters** work group momentum—work group chairs periodically attended other work group meetings to hear progress reports which helped them motivate their own group to do more.
- ▶ **Successful summits** and community forums focus on structure, process, and flow. Consider using self-assigned break-out groups, prioritization voting, open-space feedback, and initial action planning work.
- ▶ **Hire a consultant** experienced in forging consensus among groups with disparate backgrounds, interests, and priorities.
- ▶ **Utilize strategies** such as the life-stage storytelling and thinking exercises to encourage participants to narrowly define populations as a focus for improvement.
- ▶ **Use Strategic Doing** approach to achieve trust and collaboration during summits. This process advocates forming collaborations quickly, moving them toward measurable outcomes, and making adjustments along the way (Purdue Center for Regional Development, 2014).

Lesson Learned 3: Focus on Data

- ▶ **Use uncontested, credible** and objective data as a foundation for decisions and joint actions.
- ▶ **Demonstrate** how purchasers and consumers are affected by health costs of the priority health issue and how the overall health of the community is impacted.

- ▶ **Use employer health risk assessment** data—it clearly shows why employers should be concerned about the health issues.
- ▶ **Survey the views** and recommendations of all participants—use the results to direct activities.
- ▶ **Consider using neighborhoods** as a unit of health transformation instead of the entire community.
- ▶ **Some organizations** are reluctant to share data—understand and take the time to build trust.
- ▶ **Create centralized information repository** for data about available screening, treatment and other social/community services.

Lesson Learned 4: Develop your Action Plan

- ▶ **Focus on a limited number** of achievable priorities. Identify “low hanging fruit” and use strategies that can be implemented over two years across the entire community.
- ▶ **Compress the action planning process.** Let organizations know when it's appropriate to implement strategies within their own organization or sphere of influence.
- ▶ **With complex issues,** develop specific strategies with clear deliverables to address narrow gaps.
- ▶ **Identify and support** existing efforts, rather than starting from scratch. Community organizations already have programs that could use broader support rather than creating new or competing initiatives. Connect and support current infrastructure and take advantage of existing resources when you can—it will build shared commitment and reduce fragmentation.
- ▶ **Focus on evidence-based strategies** with a history of success, while recognizing that each community has its own unique set of circumstances and solutions. Don't reinvent the wheel.

► **Community plans** are not business plans. Community plans may start out incomplete or less precise and improve over time as

the coalition and community increase their capacities.

BEST PRACTICES RESOURCES RECOMMENDED BY GRANTEES

American Academy of Family Physicians (AFP) Americans in Motion-Healthy Interventions (AIM-HI) Practice Manual. (2012). These tools help develop a culture of fitness within offices and with patients. They include physician/clinician and patient education tools (such as motivational interviewing and other techniques that support patients in weight loss). The toolkit helps primary care teams work more collaboratively with each other and their patients share responsibility to improve health outcomes. http://www.aafp.org/dam/AAFP/documents/patient_care/fitness/AIMPracticeManual.pdf

Community Commons. This website is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement. Registered users have free access to: 1) over 7000 GIS data layers at state, county, zip code, block group, tract, and point-levels; 2) mapping, visualization, analytic, impact and communication tools and applications; 3) profiles and video narratives of hundreds of place-based community initiatives (multi-sector collaboratives) that are funded by government and private philanthropy to work towards healthy/sustainable/livable/equitable communities - funded by government and private philanthropy; and 4) peer learning forums with colleagues exploring similar interests and challenges

that are hosted by leading national technical assistance providers. <http://www.communitycommons.org>

Community Development — Data Information and Analysis Laboratory (CD-DIAL). (2001). Preparing for a Collaborative Community Assessment. Ames, IA: Iowa State University Extension. <https://store.extension.iastate.edu/Product/Preparing-for-a-Collaborative-Community-Assessment>

Leading by Example Questionnaire. Partnership for Prevention (PFP). This tool explores how attitudes of leadership, organizational policies and environmental factors (such as foods offered in cafeterias and vending machines) impact employees' ability to achieve and maintain healthy weight. Employers can use findings to develop action plans. www.prevent.org/Publications-and-Resources.aspx

Leading by Example: Creating Healthy Communities through Corporate Engagement (2011). This report highlights initiatives to improve community health that are sponsored by local and national companies. Businesses play an important role in creating healthy communities, which in turn creates a healthier workforce. Healthy communities are vibrant and dynamic places where people want to live and work.

Continued on the following page.

BEST PRACTICES RECOMMENDED BY GRANTEES

www.prevent.org/data/files/initiatives/lbe_community_final.pdf

Live Well STL. Web-based community resource guide by the Midwest Health Initiative featuring programs/resources on healthy eating and exercise in the St. Louis area that reach community members interested in achieving and maintaining a healthy weight. <http://livewellstl.org/>

MAP-IT: A Guide To Using Healthy People 2020 in Your Community. Healthy People is based on a simple but powerful model: 1) Establish national health objectives; and 2) Provide data and tools to enable States, cities, communities, and individuals across the country to combine their efforts to achieve them. Use the MAP-IT framework to help: 1) Mobilize partners; 2) Assess the needs of your community; 3) Create and implement a plan to reach Healthy People 2020 objectives; and 4) Track your community's progress. <http://www.healthypeople.gov/2020/tools-and-resources/Program-Planning>

Morrison, E. (2010). Strategic Doing: The Art and Practice of Strategic Action. West Lafayette, IN: Purdue Center for Regional Development. www.pcrd.purdue.edu/What_We_Do/SD/wp.pdf

National Business Coalition on Health Community Engagement Tool. (2015). This engagement tool helps business health coalitions partner with local employers and other stakeholders to improve health in their communities. It includes: 1) an assessment of

Continued from the previous page.

an employer's priorities and why they might want to participate in community-level health improvement activities; 2) results from the *County Health Rankings*, ranked by local opportunities for improvement relative to the national average; 3) potential next steps and resources; 4) employer case studies; and 5) a framework for financial impact analysis and calculator. <http://www.nbch.org/Publications---Community-Engagement-Tool>

Rotary International, Community Assessment Tools: A Companion Piece to Communities in Action - A Guide to Effective Service Projects. (2008). Evanston, IL: Rotary International. This companion guide includes information on how to use surveys, seasonal calendars, asset inventories, community mapping, focus groups and panel discussions to assess your community. www.rotary.org/RIdocuments/en_pdf/605c_en.pdf

Underage Drinking Enforcement Training Center. (2012). Community-based Programs: Survey and Community Assessment Tools. www.udetc.org/surveyandcommunity.asp

U.S. Preventive Services Task Force (USPSTF) Recommended Cancer Screenings. The USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications. <http://uspreventiveservicestaskforce.org/>

TAKE ACTION:

Recommended Steps for Developing A Community Action Plan

Coalitions can take the following seven action steps to mobilize and engage their partners and stakeholders in a comprehensive community health planning process (National Resource Center, 2010). These steps will help your coalition anticipate potential barriers and position itself for success. Each step is distinct, but information identified in one step may change your approach to another one.

- ▶ Action Step 1: Define the Scope
- ▶ Action Step 2: Collaborate
- ▶ Action Step 3: Collect Data
- ▶ Action Step 4: Determine Key Findings
- ▶ Action Step 5: Develop a Logic Model
- ▶ Action Step 6: Set Priorities and Create an Action Plan
- ▶ Action Step 7: Share Your Findings

Action Step 1: Define the Scope

In the time between identification of your vision of the future and developing/implementing a plan to realize that future, your planning group may come up with more than one vision of a healthy community and/or more than one way to accomplish it. Community issues are complicated and interrelated. It's easy to expand the range of issues to include in your community assessment beyond your capacity. To define the scope of your community assessment, clearly identify the community issue to assess, the affected community members, the geographic area to assess, key questions to answer, and level of detail

to include in the assessment. You may not be able to answer all the key questions; instead focus on what you need to know versus what is good to know.

- ▶ What are the basic community demographics (income levels, races/ethnicities, and ages)?
- ▶ What economic, political and social challenges exist in this community?
- ▶ What resources can be garnered to support work on these community issues (e.g., funds, possible grants, volunteer assets, and skills and capacities of community members.)
- ▶ What collaborative experience do community members have and how realistic are their expectations about timing, needed resources, and building, engaging and sustaining interest in working together?
- ▶ Who are the faith- and community-based organizations that serve the community? What services do they provide and to whom?
- ▶ What services are local public agencies providing, and to whom? (Include law enforcement, probation, courts, schools, and workforce development.)
- ▶ What organizations are funded by foundations and government agencies to address the community issues? What do local residents see as the primary needs for this community?
- ▶ What are the various intervention strategies being used to address the issues? Are these practices demonstrating any clear outcomes?
- ▶ Who are the community leaders that are concerned with the issues we want to address?

- ▶ What local volunteer groups (e.g., Rotary Clubs) serve the community?
- ▶ What community organizations focus on these issues? Are they delivering service in a meaningful way?
- ▶ Do partnering opportunities exist with other nonprofits or faith-based and community organizations?
- ▶ What are the gaps in community service? What would a complete system look like?
- ▶ Are community members ready to change the issue you are trying to address?
- ▶ What initiatives are community employers and health and academic systems engaged in and funding?

Action Step 2: Collaborate

Collaborate with community partners to conduct your assessment. Collaboration:

- ▶ Engages more community members in assessment planning and implementation;
- ▶ Increases access to data sources to answer key questions;
- ▶ Makes more resources available to conduct the assessment and cover expenses; and
- ▶ Establishes relationships that will be important for leading actions identified in the findings.

To reduce conflict and clarify expectations, use a memorandum of understanding (MOU) to outline the key responsibilities of your partners. This will ensure that each partner fully understands and commits to the efforts involved. Potential community partners include corporations, nonprofit organizations, local community organizations, foundations that provide grants to your community, universities, and government entities. A key factor to keep in mind is the level of resources you can call on to conduct a community assessment. Examine the available time, effort,

and human resources from your staff, volunteers, consultants, and board members. Establishing collaborations increases the resources you can use to conduct a high-quality and useful assessment. Develop a work plan to assign roles, responsibilities, and time frames for major assessment activities.

Action Step 3: Collect Data

Data gathering is a powerful process that informs action planning and priority setting, as well as strategic improvements and outcomes. As you begin to think about the steps necessary to create change, your community assessment group may realize that it doesn't have sufficient knowledge to make decisions about potential strategies. Instead of basing your judgments on selected "stories" or contradictory anecdotes, you need to find credible sources of information and, when necessary, develop your own data collection tools. In any data collection effort, set limits on how much data you will collect and analyze. Consider the amount of time you will need and available resources before selecting methods. Prioritize your data collection needs according to what is essential to complete your community assessment. Document your data collection efforts by listing the key questions that you identified in Action Step 1 and then identify likely information sources.

Start data collection with secondary sources of data—data that others have already collected. Begin with local data sources then broaden your search if needed. Focus on quality rather than quantity of data, so you can dedicate more time to other parts of the assessment. Some data may have associated financial costs for access

Primary data is collected by the person or group conducting the assessment. You should use this type of data collection to address questions that can't be answered using secondary sources or to better understand a particular issue. Collect primary data using surveys, observation, focus groups, interviews, and case studies. Your

timeline should reflect the level of detail needed for your assessment. Clarify who will carry out different parts of the data collection plan, set data collection deadlines and stick to them.

Action Step 4: Determine Key Findings

The data collection step will generate much data about your community needs and assets. Analyze it to identify your key findings, which help:

- ▶ Validate anecdotal evidence of community needs and assets;
- ▶ Highlight significant trends found in the data collection process;
- ▶ Reveal differences across community sectors; and
- ▶ Clarify answers to the assessment's key questions.

Analysis will help you summarize your data and it can include sorting, graphing, conducting statistical analyses, or simply identifying patterns. Examples of key findings might include:

- ▶ Strengths, gaps, opportunities, and challenges that are noted by many people or groups
- ▶ Programs or efforts that have produced significant results
- ▶ Increases, decreases or changes in health status over time
- ▶ Changes in attitudes or behavior of people over time
- ▶ Environmental conditions that may affect the community's health
- ▶ Disparities in data among certain ethnic or racial groups, age or gender groups, or geographic sectors of the community

At this point, you must decide whether you need to collect further data or you are ready to create a Logic Model and Action Plan.

Action Step 5: Develop a Logic Model

A community assessment should allow you to make informed decisions about your goals and objectives and identify specific community needs to address. You may decide to create a logic model or roadmap that describes your group's key strategies and projected outcomes which also will make your action planning easier in the long run. A logic model helps you set goals and objectives for what "success" might look like. The University of Wisconsin Cooperative Extension's website and CDC's Program Evaluation Guide are reliable resources for constructing logic models. Major logic model elements are:

Inputs/Resources—materials that a coalition uses to reach desired results. Types of inputs are people's ideas and time, money, equipment, facilities, and supplies.

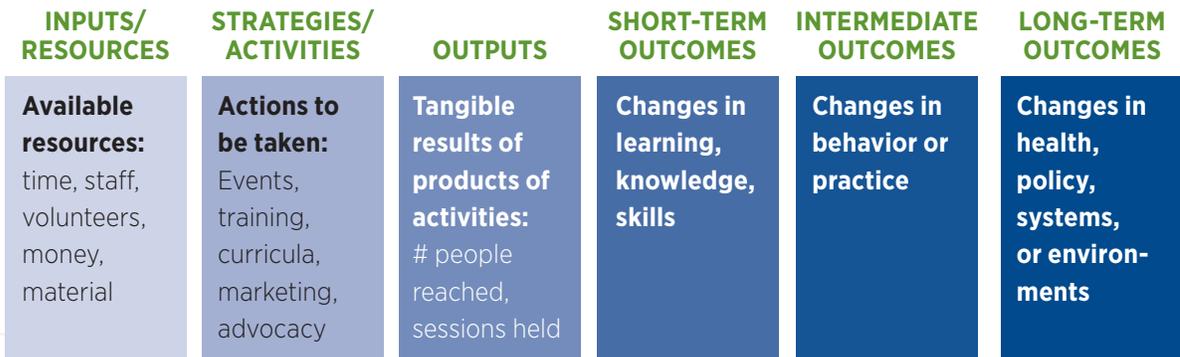
Strategies or Activities—actions taken by coalition to produce desired results.

Outputs—tangible outcomes of coalition strategies.

Outcomes—short-term changes in knowledge, attitudes, understanding, perceptions, and behaviors; intermediate changes in behavior, skills, practices or capabilities; or long-term changes in health or social status, policies, systems, or environments.

External Influences—positive or negative factors outside of your control that may influence coalition or strategy outcomes, such as geography, economy, or politics.

LOGIC MODEL



HOW YOUR EFFORTS LEAD TO CHANGE

Influencing Factors: Surrounding environments in which coalition exists (politics, socioeconomic, social norms & conditions, history, stage of development, staff turnover, other initiatives) that can positively or negatively affect its success

You may wish to use a template, like the one below, to create your logic model:

COALITION LOGIC MODEL					
Inputs	Activities/ Strategies	Outputs	Short-term outcomes	Intermediate outcomes	Long-term outcomes

Action Step 6: Set Priorities and Create an Action Plan

Now that you have a logic model, you should have a much easier time of developing the action plan that will guide your post-assessment planning. Priority setting based on your findings and logic model comes next. It requires building consensus among community members with different opinions/views on how community issues should be addressed. Be sure to review applicable evidence-based and promising practices that have been implemented in other communities to be assured that you are aligned with strategies that will help you reach your intended outcomes! Once priorities are determined, your action plan will identify specific actions and deadlines, as well as identify a person/organization responsible for each action. For each part of your plan, determine how you will measure effectiveness. Adopt measures that help define your strategy and that can be tracked over time. Cornell University Cooperative Extension offers suggestions for the priority setting process (Duttweiler, 2008):

- ▶ **Make key information available** prior to decision meetings
- ▶ **Carefully nurture relationships** throughout the planning process
- ▶ **Cultivate open communication** and recognize the strength in differing viewpoints
- ▶ **Allow time for people** to reflect on the information, digest it, and modify decisions
- ▶ **Strive for consensus**—emphasize what is at stake and why you are doing this
- ▶ **Beware of taking too much** time to analyze information and/or rushing to meet deadlines
- ▶ **Build on existing strengths** and ensure that you have a well-defined action plan
- ▶ **Ensure that individuals** responsible for carrying out key tasks are committed to making changes

You may use a template like the one below to create your action plan.

COALITION ACTION PLAN					
MISSION:					
GOAL 1:					
GOAL 2:					
Goal	Objectives	Major Strategies and Timelines	Defining Success (outcomes, by when?)	Partners	Resources
					Barriers
1					
2					

Action Step 7: Share the Findings

The last step of the community assessment is to disseminate your plan and share what you've learned. Use information from your community assessment to document your priorities.

Community members are more likely to support these efforts when they clearly understand what their community needs. Hold community meetings or summits to share the report with

community members or issue press releases to increase dissemination in different media outlets. Use charts and graphs to illustrate your findings. Besides the full report that is available on partner websites, publish a one-pager that summarizes key findings and actions. Key findings should point to an asset or need of your community. Continue to work with community members to build your implementation team and give community members who weren't involved in the assessment an opportunity to help implement the plan.

Sample Secondary Data Sources

- ▶ **America's Health Rankings (ranks behaviors, community and environmental conditions, policies, and clinical care by state):** <http://www.americashealthrankings.org/Rankings>
- ▶ **County Health Rankings (ranks behaviors, clinical care, social and economic factors, and physical environment by county in each state):** <http://www.countyhealthrankings.org/>
- ▶ **Hospital data on births, deaths and discharge diagnoses:** National Hospital Discharge Survey data is available from the CDC at http://www.cdc.gov/nchs/nhds/nhds_products.htm. State level or local hospital system data varies in availability and may be accessed via state health departments or contracting agencies.
- ▶ **Insurance Claims Data:** Organizations and employers that meet certain qualifications can access patient-protected Medicare data from the Centers for Medicare and Medicaid Services (CMS) that combines private sector claims data with Medicare claims data to identify which hospitals and doctors provide the highest quality, cost-effective care. Local and national insurance companies also may provide disaggregated claims data to qualified organizations.
- ▶ **Healthy People 2020 Data:** National data from the CDC at <http://www.healthypeople.gov/2020/How-to-Use-DATA2020>. Other health data on various topics are available from the CDC at <http://www.cdc.gov/DataStatistics/>.
- ▶ **CARES Public Data:** Includes thousands of GIS data layers that have been added, updated and maintained since the Center for Applied Research and Environmental Systems (CARES) launched its CARES Map Room in 2000. Easiest way to access is through the Community Commons website where you can create maps of your own community after you have registered: <http://initiatives.communitycommons.org/tool/maps/Default.aspx>.
- ▶ **State-level Data on Chronic Diseases:** Contact the American Diabetes, Health or Lung Associations and other advocacy groups' websites for links to the most up-to-date state level data.

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APPENDIX 3: Grant Project Summary Table

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
Employers' Coalition on Health Rockford, IL	Various Health Issues	Collaborated w/Healthy Community Study Steering Committee to review population health data from 2010 Healthy Community Study data. Led to creation of 9 work groups & summit to develop action plan	Yes, plan goals tied to work groups: access to care; basic needs; crime, violence & public safety; chronic disease; behavioral health; dental care; health equity; education & employment; maternal, prenatal & early childhood	No, worked through Healthy Community Study Steering Committee & work groups	<ul style="list-style-type: none"> • Healthy Halloween Community Celebration • Held 2nd Summit on health equity • Interactive, online scorecard (dashboard) with indicators for success for each of the nine key finding areas
Employers Health Alliance of Arizona Tucson, AZ	Physical Activity	Built on the momentum of <i>Healthy Pima</i> , the Community Health Improvement Plan facilitated by Pima County Health Department. Reviewed population health data & conducted baseline employees physical activity survey (N=1300) based on 2011 BRFSS physical activity questionnaire. Conducted post-summit evaluations.	Yes; also added 5 th objective to Healthy Lifestyles priority area under <i>Healthy Pima</i> to enhance employee wellness, including physical activity, among all employers across Pima County	Partnered with Pima County Health Department to launch Healthy Pima Employee Wellness Work Group, comprised of local employer representatives who are tasked to implement the action plan in 2015	<ul style="list-style-type: none"> • Held 2 summits – 2nd one condensed & validated results from 1st summit • Incorporating objective into Healthy Pima has led to sharing resources & best/promising practices among stakeholders • Plan to distribute Employer Pledge supporting action plan • Will repeat community & employer surveys in 2015 to assess changes in physical activity

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
Florida Health Care Coalition Orlando, FL	Using patient-centered medical home (PCMH) model to focus on diabetes, cardiovascular disease & preterm deliveries	Earlier community assessment identified need to improve morbidity & mortality from chronic disease & preterm deliveries. Used America's Health Rankings as major data source in prioritizing focus areas.	Yes, Action Plan focused on PCMH as platform for strategies	No, Healthy Orange Collaborative is driving the planning & future implementation. Identified Walt Disney World, well-respected cardiology practice & Orange County Mayor as key partners to promote PCMH	<ul style="list-style-type: none"> • Held Summits in Oct 2013 & May 2014 • Identified PCMH-certified primary care practices; surveyed others to learn level of awareness & interest in PCMH • Provided TA/training to primary care practices re-PCMH • Tied PCMH effort to community benefit requirements of non-profit hospitals • Plans for employer member toolkit, white paper on PCMH, employer survey, community awareness campaign
Greater Philadelphia Business Coalition on Health Philadelphia, PA	Disparities in cancer screening rates in Philadelphia County	Multi-stakeholder steering committee mobilized community. Peer-reviewed literature search & databases confirmed prevalence & screening rates to define scope of problem	Yes, Community Action Plan for Eliminating Disparities in Recommended USPSTF Cancer Screening rates for Philadelphia County	No, but created an Advisory Planning Committee to review findings, administer surveys, write Plan & convene Community Partner Work Groups to conduct neighborhood assessments.	<ul style="list-style-type: none"> • Held Summit on Cancer Disparities Oct 2013; follow up survey of attendees to confirm priorities & recommendations for Action Plan • Will create Central Program Office as repository of current cancer information, data, providers, services & resources • Will provide training, TA and capacity building to support community-based prevention & screening initiatives

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
Indiana Employers Quality Health Alliance Indianapolis, IN	Obesity and Diabetes	Recruited/prioritized 2 under-served neighborhoods & others to Neighborhood Health Gathering with data & innovative facilitation	No, but identified prevention goals: 1) nutrition, education & access to healthy food; 2) physical activity; 4) health provider communication & relations 3) senior socialization & 6) substance abuse education	No, but People's Health Center; committed to coalition building; Meadows Community Foundation created Health Work Group	<ul style="list-style-type: none"> Follow-up breakfast held NESCO added "health" to Quality of Life Plan Chase Eastside Fitness Center opened, Legacy Loop 5K Run & Legacy Health Bowl held w/ NFL player participation MCPHD, IN Employers Health Alliance & Better Healthcare for Indiana will continue in-kind support for NESCO & C.N.N projects
Memphis Business Group on Health ** Memphis, TN	Obesity	Used 2010 nutrition/physical activity state plan & Let's CHANGE as catalysts to convene summit. 5 work groups prioritized strategies	Yes, Work Groups' top obesity prevention strategies incorporated into Shelby County Let's CHANGE Plan	No, worked though Let's CHANGE collaborative via work groups	<ul style="list-style-type: none"> Post-summit celebration held New strategies, such as: Walking in Memphis, worksite assessments & support, Baby friendly hospital standards & 5-2-1-0 campaign in pediatric practices
Midwest Business Coalition on Health ** Chicago, IL	Early Elective Deliveries	Hospital survey birth data was catalyst for summit	Yes, standard, state performance data infrastructure; hospital elective delivery policies; provider payment reform; malpractice relief; education & outreach	Yes, statewide Steering Committee to be led by Quality Quest of IL & content area work groups	<ul style="list-style-type: none"> 2 more summits held on focus issues 2012 Survey: 40% of IL hospitals decreased early elective delivery rate to 5% or less and > 71% reduced rates Applied for CMS CMMI grants Will present national webinar on managing elective pre-term deliveries

Coalition	Health Issue	How Community was Mobilized & Engaged	Results from Community Summit		
			Community Action Plan	New Partnership	Other Results
Oregon Coalition of Health Care Purchasers Portland, Oregon	Health & productivity of transportation workers	Coalition gathered stakeholders at summit to identify focus areas; coalition served as neutral convener and coordinator between City, transit system, and union	Yes, but due to ongoing issues with contract negotiations and a distrust between the two entities, transit system management and union ultimately did not agree on a final action plan	No, but creatively brought Portland area transit management & union management to the table to create culture of health in non-bargaining way.	<ul style="list-style-type: none"> Summit held in Dec 2013 Ultimate expected activity was public awareness & educational campaign to focus on healthy eating & active living for transportation workers
Savannah Business Group** (SBG) Savannah, GA	Childhood Obesity	Reached consensus by reviewing America's Health Rankings. Keys: activating parents & school partners	Yes, action plan focuses on employers, CBOs, health care providers, parents & educators	No, partners loosely collaborate with SBG	SBG invited to panel on childhood obesity at GA House Democratic Caucus listening session
St. Louis Area Business Health Coalition** (BCH) St. Louis, MI	Obesity	Partnered w/MHI to review health data & form Summit Planning Committee. Community survey (N=400) to identify obesity as key issue; Summit used audience response devices to confirm	No, but identified prevention goals Link existing programs & strategies to community; enhance work-site health promotion; support primary care teams to help patients reach/maintain healthy weight	No	Extensive, follow-up interviews/focus groups identified promising strategies: Web-based, Searchable, Community Resource Guide; Assess, Recognize & Expand Use of Evidence-Based Health Promotion at the Worksite; & Activate the Primary Care Team

** Indicates coalitions that moved from planning to implementation grants. For more information on the implementation activities of these grantees, see Creating Healthy Communities: The Implementation Phase.



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