

Community Information and Participation Survey

A vision of a healthy community:

"A healthy community is one that is safe, knowledgeable and engaged, nurturing, diverse, tolerant and has access to health care. A healthy community has a strong local public health system that includes: planning and policy development, shared leadership, accountability, response to challenges, and protects and promotes the health and well being of neighborhoods and their residents."

Adopted 2001, Northern Kentucky District Board of Health.

This Community Survey is designed to measure how well the community is achieving this vision. The Model Standards are based on the strategic issues identified in the *Master Health Plan for Northern Kentucky*. The contact information at the end of the survey will be used for a follow-up survey to measure changes over the next five years.

Please help us evaluate the Master Health Plan 2004 by completing and returning this survey. The results of this survey will be reported for the community and not individual organizations.

Directions: Read the Model Standard for each strategic Issue. Fill in the bubble that best expresses the extent that you believe the statement is true for the organization or agency you represent. Please complete the contact information block on page 4.

Model Standard

Issue 1 – Meeting the needs of a diverse population

We recognize and meet the needs of our diverse population. Everyone has access to the public health system. This includes: aging, minorities, imprisoned, homeless, uninsured, working poor, special needs, gay and lesbian and vulnerable populations. Everyone has access to health care and preventive services including those without insurance and those who are underinsured.

We promote an inclusive and comprehensive public health system.

We have culturally competent providers. We have adequate and effective representation of the community at the policy making level. We base goals on population demographics and assure implementation of these goals.

We promote positive cultural change and involvement. We involve, connect and engage people in healthy community living. We promote safe and strong families and communities. We promote the well-being of our children within and across community agencies. We effectively motivate and sustain individual involvement in community health improvement initiatives. We value education by our population.

1 = None (0 – 25%) 2 = Some (25 – 50%) 3 = Mostly (50 – 75%) 4 = Totally (75 – 100%) 5 = Don't know or N/A

- ① ② ③ ④ ⑤ 1. Our organization ensures a diverse mix of policy makers on our governing board that reflects the population we serve.
- ① ② ③ ④ ⑤ 2. Our organization encourages disenfranchised groups to get involved in the political process.
- ① ② ③ ④ ⑤ 3. Our organization maintains a minimum data set that documents population demographics for diverse population groups.
- ① ② ③ ④ ⑤ 4. Our organization offers Continuing Education Units (CEUs) for trainings related to working with diverse populations.
- ① ② ③ ④ ⑤ 5. Our organization meets the intent of the Model Standard for Issue 1.
- ① ② ③ ④ ⑤ 6. In general, the organizations and agencies in our community meet the intent of the Model Standard Issue 1.

Model Standard

Issue 2 – Using data to develop programs

We gather, analyze, use and share data for program planning, evaluation and resource allocation. The region has a data infrastructure that provides data to those who need it. We use available data to prioritize programming and to determine if programs are effective. Data is used to help ensure adequate funding for programs and services. We use data to make decisions for the allocation of the resources. Policy makers use available data when determining community needs and allocating community resources.

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- ① ② ③ ④ ⑤ 1. Our organization uses a data-driven decision-making process for program planning decisions and eliminates or modifies programs proven to not be effective.
- ① ② ③ ④ ⑤ 2. Our organization participates on committees to educate policy-makers and the public on specific issues based on available data.
- ① ② ③ ④ ⑤ 3. Our organization is willing to share non-HIPAA protected community data and encourages other organizations to do the same.
- ① ② ③ ④ ⑤ 4. Our organization uses local data to apply for non-traditional sources of funding for programs and services.
- ① ② ③ ④ ⑤ 5. Our organization meets the intent of the Model Standard for Issue 2.
- ① ② ③ ④ ⑤ 6. In general, the organizations and agencies in our community meet the intent of the Model Standard for Issue 2.

Model Standard

Issue 3 – A quality public health system

We have a quality public health system with competent providers. We operate by and meet recognized standards for the provision of services. There is an integrated and effective communication system among community providers. We utilize a measurable evaluation process to determine the effectiveness of our programs and services.

The health department serves as the central agency for data collection and as an information clearinghouse for other community organizations. All healthcare providers, associated organizations and agencies are connected to a network system to collect, correlate and share information.

There is an established evaluation process that recognizes the strengths and weaknesses of both public and private health systems and related organizations.

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- ① ② ③ ④ ⑤ 1. Our organization is a part of a network system to collect, correlate and share information.
- ① ② ③ ④ ⑤ 2. Our organization agrees that the health department should be the central agency for data collection and an information clearinghouse.

- ① ② ③ ④ ⑤ 3. Our organization utilizes a self-evaluation process that recognizes the strengths and weaknesses of the organization and has a mechanism to improve identified weaknesses.
- ① ② ③ ④ ⑤ 4. Our organization makes ongoing education available to the community at all levels of health care delivery.
- ① ② ③ ④ ⑤ 5. Our organization meets the intent of the Model Standard for Issue 3.
- ① ② ③ ④ ⑤ 6. In general, the organizations and agencies in our community meet the intent of the Model Standard for Issue 3.

**Model Standard
Issue 4 – An intergrated healthcare system**

The healthcare system provides seamless, integrated and comprehensive care. We provide referrals to and communication with mental health, substance abuse, dental and other healthcare specialties. From any point of entry in the public health system, there are connections to all other sectors of the public health system. All health care providers coordinate services to ensure that an individual receives all appropriate comprehensive care. There is an electronic system in place to connect all healthcare providers, such that records are easily and efficiently shared where needed.

Every resident has a designated “medical home” for their primary health care needs. In addition, those who need help will have case management services so that all healthcare needs are coordinated and efficiently delivered.

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- ① ② ③ ④ ⑤ 1. Our organization works to identify gaps in the system, propose solutions and build relationships among providers of mental health, substance abuse, dental and other services.
- ① ② ③ ④ ⑤ 2. Our organization participates on committees to educate policy-makers and the public on issues related to healthcare.
- ① ② ③ ④ ⑤ 3. Our organization identifies the time and place where services need to be offered to best meet client needs.
- ① ② ③ ④ ⑤ 4. Our organization actively explores the possibility of utilizing new communication technologies such as electronic record keeping and sharing.
- ① ② ③ ④ ⑤ 5. Our organization meets the intent of the Model Standard for Issue 4.
- ① ② ③ ④ ⑤ 6. In general, the organizations and agencies in our community meet the intent of the Model Standard for Issue 4.

Model Standard

Issue 5 – Leveraging educational opportunities

We leverage our educational opportunities to disseminate health knowledge, skills and attitudes in the community. Our community is engaged, involved and connected with each other. We strive to help our residents be knowledgeable and empowered health care consumers.

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- ① ② ③ ④ ⑤ 1. Our organization works to coordinate and collaborate across educational programs.
- ① ② ③ ④ ⑤ 2. Our organization actively advocates for legislation to mandate health education programs and funding for those programs.
- ① ② ③ ④ ⑤ 3. Our organization uses media for public service announcements and provides educational information in community gathering places.
- ① ② ③ ④ ⑤ 4. Our organization actively works to facilitate system changes through a grassroots approach.
- ① ② ③ ④ ⑤ 5. Our organization meets the intent of the Model Standard for Issue 5.
- ① ② ③ ④ ⑤ 6. In general, the organizations and agencies in our community meet the intent of the Model Standard for Issue 5.

Please check all of the priority health objective areas actively addressed by your organization . Circle any area where you would like to participate on a committee or coalition.

- | Physical Health | Lifestyles & Environment | Access to Care |
|---|---|--|
| <input type="radio"/> Low birth weight / prenatal care / teen pregnancy | <input type="radio"/> Healthy living / healthy weight | <input type="radio"/> Health and well-being |
| <input type="radio"/> Heart disease | <input type="radio"/> Violence and abuse | <input type="radio"/> Mental health and depression |
| <input type="radio"/> Cancer | <input type="radio"/> Substance abuse / tobacco | <input type="radio"/> Oral and dental health care |
| <input type="radio"/> Diabetes | <input type="radio"/> Outdoor air quality | <input type="radio"/> Childhood immunizations |
| | <input type="radio"/> Surface water quality | <input type="radio"/> Adult immunizations |

Please provide contact information

Name: _____ E-mail: _____

Title: _____ Phone: _____

Organization name: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____