



## Primary Care & Public Health Integration Successes



### CONTACT INFORMATION

Name: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone number 1: \_\_\_\_\_

Phone number 2: \_\_\_\_\_

Email address: \_\_\_\_\_ Position Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

### COMMUNITY CHARACTERISTICS

#### 1. Community Type

☐ Urban

☐ Suburban

☐ Rural

☐ Other \_\_\_\_\_

#### 2. Please describe community characteristics or other setting information relevant to the integration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF ORGANIZATIONS/AGENCIES

#### 3. Public Health Organization/Agency Name(s)

Name 1: \_\_\_\_\_

Name 2 (optional): \_\_\_\_\_

Name 3 (optional): \_\_\_\_\_

Type (may check more than one):

☐ Federal Health Agency

☐ Non-Profit

☐ Foundation

☐ State Health Agency

☐ Academic Institution

☐ Association

☐ Local Health Agency

☐ Institute

☐ Other \_\_\_\_\_

#### 4. Primary Care/Health Care Organization/Agency Name(s)

Name 1: \_\_\_\_\_

Name 2 (optional): \_\_\_\_\_

Name 3 (optional): \_\_\_\_\_

Type (may check more than one):

☐ Hospital

☐ Association

☐ Community Health Center

☐ Rural Health Clinic

☐ Health Center Controlled Network

☐ Academic Health Center

☐ Payer (Insurer/Medicaid)

☐ Other: \_\_\_\_\_

☐ Private Practice

#### 5. Other Community Organizations, Agencies or Businesses

Name 1: \_\_\_\_\_

Name 2: \_\_\_\_\_

☐ Business

☐ Other \_\_\_\_\_

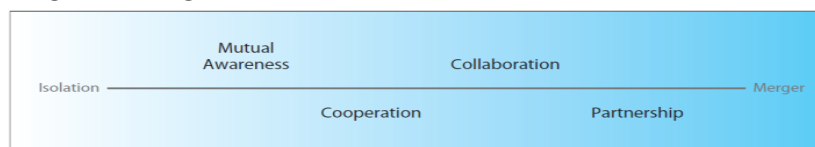
☐ Community Organization

**OVERVIEW OF THE INTEGRATION**

6. Title of integration activity. *Provide a brief title that describes the integration.*

7. Please select where you think you fall on the integration scale for the following time periods: Isolation being least integrated, and merger being most integrated.

IOM (Institute of Medicine).  
2012. *Primary Care and Public Health: Exploring Integration to Improve Population Health*.  
Washington, DC: The National Academies Press.



	Isolation	Mutual Awareness	Cooperation	Collaboration	Partnership	Merger
Where you were when you began	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you are now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where you hope to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Provide a brief description and goal of the integration.

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9. How was this integration activity funded? *(may check more than one):*

- |  |  |
|--|--|
| <input type="checkbox"/> Federal grant | <input type="checkbox"/> Private funding                                     |
| <input type="checkbox"/> State grant   | <input type="checkbox"/> Insurance   |
| <input type="checkbox"/> Local grant   | <input type="checkbox"/> No additional funding was obtained for this project |
| <input type="checkbox"/> Other: _____  |  |

10. How are you measuring/evaluating the success of the integration? What indicators do you have to-date of success? (ex. ROI, cost benefit, improved outcomes, time savings).

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11. Describe any key elements that made this integration a success, and briefly explain why.

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12. Describe lessons learned along the way, and briefly explain.

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**LINK TO ADDITIONAL WEBSITE INFORMATION**

*Please list any links to websites or resources below.*

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Please email documents or resources that describe the integration efforts in more detail to Albert Terrillion at [aterrillion@astho.org](mailto:aterrillion@astho.org).  
You can access this form in an online format at: <http://www.astho.org/Programs/Access/Primary-Care-and-Public-Health-Integration/>