Implementing the Community Health Needs Assessment to Improve Population Health Outcomes

Kearney, Nebraska
March 1, 2016
The Eye of the Storm
Rural Challenges

• Lack of public health and medical infrastructure
  ➢ 25% of population with 10% of physicians
  ➢ Public health expenditure: adjusted per capita
    – Less than 25,000 $29
    – More than 1 million $36

• Lack of formal training in health care workforce in public or population health

• Increased disparities

• Distrust in government

Source: National Rural Health Association, 2010, and NAACHO, 2008 as cited by Crosby et al., 2012, pp. 82-86
### 10 Titles of the Affordable Care Act

<table>
<thead>
<tr>
<th>Title</th>
<th>Page Content</th>
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</thead>
<tbody>
<tr>
<td>I. Quality Affordable Health Care for All Americans</td>
<td>Quality Affordable Health Care for All Americans</td>
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<tr>
<td>II. The Role of Public Programs</td>
<td>The Role of Public Programs</td>
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<tr>
<td>III. Improving the Quality and Efficiency of Health Care</td>
<td>Improving the Quality and Efficiency of Health Care</td>
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<td>IV. Prevention of Chronic Disease and Improving Public Health</td>
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<td>V. Health Care Workforce</td>
<td>Health Care Workforce</td>
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<td>VI. Transparency and Program Integrity</td>
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<td>VII. Improving Access to Innovative Medical Therapies</td>
<td>Improving Access to Innovative Medical Therapies</td>
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<td>VIII. Community Living Assistance Services and Support Act (CLASS Act)</td>
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<td>IX. Revenue Provisions</td>
<td>Revenue Provisions</td>
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<tr>
<td>X. Reauthorization of the Indian Health Care Improvement Act</td>
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http://www.hhs.gov/healthcare/rights/law/
What is Population Health?

• The health outcomes of a group of individuals, including the distribution of such outcomes within the group. (Kindig, Stoddard, 2003)

• Health outcomes for a group of individuals whom share at least one characteristic that influences their individual and collective health.
What is the Difference?

• Community health — a field within public health concerned with the study and improvement of the health of biological communities. (dictionary.com)

• Public health — the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases. (CDC and CDC foundation)

  ➢ Assessment
  ➢ Assurance
  ➢ Policy development
Nuanced Terminology

- Population health connotes health care delivery system involvement
  - Population health improvement
    - Primary care
    - Prevention
  - Population health management
    - The business of care delivery and population management
    - Finance
    - Chronic disease management
- Public health connotes government agency and actor involvement
The Community Health Needs Assessment Process
### Historical Shift in United States Causes of Death

<table>
<thead>
<tr>
<th>Ranked in Order</th>
<th>1900 (rate per 100,000)</th>
<th>2010 (rate per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pneumonia and influenza (202)</td>
<td>Diseases of the heart (194)</td>
</tr>
<tr>
<td>2</td>
<td>Tuberculosis (194)</td>
<td>Malignant neoplasms (186)</td>
</tr>
<tr>
<td>3</td>
<td>Diarrhea (142)</td>
<td>Chronic lower respiratory diseases (45)</td>
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<tr>
<td>4</td>
<td>Diseases of the heart (137)</td>
<td>Cerebrovascular diseases (42)</td>
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<tr>
<td>5</td>
<td>Intracranial lesions of vascular origin (107)</td>
<td>Unintentional harm – accidents (39)</td>
</tr>
<tr>
<td>6</td>
<td>Nephritis (89)</td>
<td>Alzheimer’s disease (27)</td>
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<tr>
<td>7</td>
<td>All accidents (72)</td>
<td>Diabetes mellitus (23)</td>
</tr>
<tr>
<td>8</td>
<td>Cancer and malignant tumors (64)</td>
<td>Nephritis, et al. (16)</td>
</tr>
<tr>
<td>9</td>
<td>Senility (50)</td>
<td>Influenza and pneumonia (16)</td>
</tr>
<tr>
<td>10</td>
<td>Diphtheria (40)</td>
<td>Intentional harm – suicide (12)</td>
</tr>
</tbody>
</table>

**Source**

Carrots and Sticks

- Patient Protection and Affordable Care Act
  - Community health needs assessments
    - Public health expertise
    - Every three years
  - Payment reform to drive quality
  - Payment for prevention
- Public Health Accreditation Board
  - Community health needs assessments
    - Collaborative
    - Every five years
Conducting a Rural CHNA

- Communities are unique
- Assessment may be more difficult
  - Low population density (small n)
  - Fewer resources
- Implementation may be more difficult
  - Low population density (small n)
  - Fewer resources
  - Culture of resiliency and independence
CHNA Goal: Manageable, Purposeful

- Keep it simple
  - Spend your money wisely
  - Realistic and practical
- Do not just check the compliance box
  - Incorporate into strategic plans and thinking
  - Strive for meaningful results
  - Get ahead in the ACA game — population health
- Sustain the effort
  - Basis for next cycle of CHNAs — build from a foundation
CHNAs as a Population Health Tool

- Public Health Institute
  - 2012
    - Focus on service capacity
      - Access to health care services
      - Provision of clinical services
  - 2014
    - Service capacity
    - Community issues emerging
      - Obesity
      - Behavioral health

Steps to Conducting a CHNA

1. Define the **community**
2. Identify internal and external **partners**
3. Collect **secondary data**
4. Develop and conduct **primary data** collection
5. **Analyze** and prioritize primary and secondary data
6. Identify and **prioritize** community **health issues**
7. Develop and widely disseminate the CHNA **report**
8. **Develop and implement a strategy to address the priority health issues**
CAUTION: Conserve Energy

Commit to Three

- Stakeholders/partners
- Secondary data sources
- Formats for primary survey
- At-risk population groups
- Routes to disseminate findings
- Priorities to address
- Strategies for each priority
- Three indicators per priority
- Three-year plan

Keep in Mind:
The hard work begins with implementation.
Population-based model for improving health outcomes.

Health Factors

- Health behaviors (30%)
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

- Clinical care (20%)
  - Access to care
  - Quality of care

- Social and economic factors (40%)
  - Education
  - Employment
  - Income
  - Family & social support
  - Community safety

- Physical environment (10%)
  - Environmental quality
  - Built environment

CHNA questions and data

Outcome measures
Approaches

• NACCHO and the CDC models
  ➢ Assessment Protocol for Excellence in Public Health (APEXPH)
  ➢ Mobilizing for Action through Planning and Partnership (MAPP)

• CDC
  ➢ Planned Approach to Community Health (PATCH)
Nebraska 2016

• Common themes
  ➢ Obesity/wellness/lack of physical activity
  ➢ Access to
    – Screenings (cancer)
    – Mental health
    – Elderly services
    – Overall health care access
  ➢ Substance abuse
Strategic Approach

Step Eight: Implementation
Moving Upstream
Be Honest in Your Intent

- Is it critical all community activities count toward community benefit?
- Is it efficient and effective to align an issue with an existing patient service line and not consider the issue a community health benefit?
- Is it important that the hospital be the leader?
- Is improvement likely if funding is provided but not personnel? Is it okay to “contribute to a cause?”
- Is participating in a broader community initiative an appropriate role?
Partnership and Collaboration

- Variations on a theme
  - Funder — resource contribution for “cause”
  - Public-Private — targeted, issue and population specific program
  - Multi-Stakeholder — volunteer around a “theme”
  - Social Sector — information sharing, short-term
  - Collective Impact — alignment around a common agenda

**COMMON GOALS**

- Advocate
- Awareness
- Donate
- Champion

**SOCIAL ISSUES**

- Hotspot services
- Expand primary care
- Continuum of care services

**PATIENT-BASED SERVICES**

- Partner
- SME expertise
- Facilitate
- Develop
- Implement
- Evaluate

**POPULATION-BASED STRATEGIES**

**BETTER HEALTH...BETTER CARE...LOWER COSTS**
Contribute  Coordinate  Cooperate  Collaborate
Engaged Partners

• Social capital — mutual interest and potential benefit from coordination and cooperation
  ➤ **Access** to information
  ➤ Ability to yield **influence**
  ➤ Credibility through association — **power**

• Linkages
  ➤ Binding ties — strong, high levels of trust
  ➤ Bonding ties — respect and mutual reciprocity
  ➤ Belonging ties — shared membership and identity
  ➤ Bridges between networks are often through loose networks with belonging ties

Sources: Carpenter, 2012; Granovetter, 1983; Lin, 2005; Putnam, 2000; Scott, 2013
Stakeholder Review

EXTERNAL STAKEHOLDERS –
People affected by your work as constituents, enforcers and collaborative partners

INTERNAL STAKEHOLDERS
People who are committed to your organization, esp. with service

Stakeholder: Any person, group, or other entity inside/outside the organization that can make a claim on the organization’s attention, resources, or output or is affected by the organization’s output. (Bryson, 2012).
MHA Stakeholder Review

**EXTERNAL STAKEHOLDERS**

- Patients/Consumers
- PRI MARIS, Center for Patient Safety
- Insurance and Payors
- Business Coalitions
- National Organizations - IOM, NQF, IHI
- Academic Institutions
- Surgical Centers, Dialysis

**INTERNAL STAKEHOLDERS**

- Member Hospitals
- MHA Board
- MHA Management
- Associations - MPCA, LTC, post-acute

**STAKEHOLDERS**

- Medical Staff
- Quality Advisory Committee
- MHA Staff
- Disease-Focused Organizations - AHA, ALA, ACS, ADA

- Citizens
- Retail
- Professional Provider Organizations - MSMA, MAOPS, MONA
- NGOs - Foundations
- Media
- State Agencies - DHSS, DSS
- Elected Officials
- Other - HLM
Rural Considerations: Coalitions

- Research about formalized coalitions is mixed for rural communities
  - If, high proportion of grassroots activity, may resist formalization because it is counter to local culture, “handshake.”
  - Lack of resources, especially people, for task forces, committees, administrative tasks

Source: Crosby et al, 2012, Rural Populations and Health, p. 203
Population Health Improvement Applied

Rural Considerations
How to Comply: CHNA Guidance

1. Define the community
2. Identify partners
3. Gather available data
4. Seek community perspective
5. Aggregate data
6. Analyze and prioritize
7. Document and disseminate
8. Adopt and implement a plan to address issues
Sequence of Key Steps

- Invite your partners to join you
- Narrow the issue
- Narrow again
- Draft your strategic action
- Determine if there are existing indicators that align with your issue and strategies (HP2020)
- Brainstorm practical, specific actions
- Add process measures to monitor each action
## Community Health Improvement Implementation Plan

### HEALTH ISSUE #1 (very specific):

### Contributing FACTORS to Health Issue #1 (including social determinants):

### Three Year GOAL for Improvement (written as a SMART objective):

### BUDGET for health issue #1 (consider direct and indirect costs):

<table>
<thead>
<tr>
<th>Strategies to Achieve Goal</th>
<th>Specific Partners and Roles for each Strategy</th>
<th>Specific Actions to Achieve Strategies</th>
<th>Specific 3-year Process Measure(s) for Each Strategy</th>
<th>Specific 3-year Outcome Measures for Strategies (should align with SMART Goal for Health Issue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy #1</td>
<td>Partners and Roles for Strategy #1</td>
<td><em>NEW</em> Action 1</td>
<td>Process Measure for Strategy #1</td>
<td>Outcome Measure for Strategy #1</td>
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<tr>
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<td><em>NEW</em> Action 2</td>
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<tr>
<td>Strategy #2</td>
<td>Partners and Roles for Strategy #2</td>
<td><em>Continue</em> Action 1</td>
<td>Process Measure for Strategy #2</td>
<td>Outcome Measure for Strategy #2</td>
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<tr>
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<td><em>Expand</em> Action 2</td>
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<tr>
<td>Strategy #3</td>
<td>Partners and Roles for Strategy #3</td>
<td><em>Continue</em> Action 1</td>
<td>Process Measure for Strategy #3</td>
<td>Outcome Measure for Strategy #3</td>
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<tr>
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<td><em>Refine</em> Action 2</td>
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*MISSOURI HOSPITAL ASSOCIATION*
Mortality Trends: 1900-2013

Age-adjusted Death Rates for Selected Major Causes of Death: United States, 1900–2013:


- Heart Disease
- Cancer
- Stroke
- Influenza and Pneumonia

Year | Leading Causes
--- | ---
2000 | Heart Disease, Cancer, Stroke, Chronic Respiratory Diseases, Accidents
1950 | Heart Disease, Cancer, Vascular Lesions, Accidents, Certain Diseases of Early Infancy
1900 | Influenza/Pneumonia, Tuberculosis, Diarrhea/Enteritis/Hieamicosis, Heart Disease, Stroke

Rural Considerations: Physical Activity

• Rural America
  ➢ Less vigorous activity
  ➢ Distance requires passive movement

• Obesity and physical inactivity are more prevalent among rural American adults.

• Few studies have been tailored to rural environment

• Pilots: multifaceted approach using
  ➢ Community-based campaigns
  ➢ Point-of-decision prompts
  ➢ Social support
  ➢ Individually-adapted behavioral change support

Source: Crosby et al., 2012, Rural Populations and Health
Rural Considerations: Mental Health

- Disproportionately higher
  - Depression
  - Substance abuse
  - Domestic violence

- Women
  - Depression as high as 35.5 percent compared to 8.6 percent nationally
    - Social isolation
    - Limited occupation options
    - Limited childcare

- Suicide and attempts
  - Rates higher in rural, especially among men

- Substance abuse
  - Higher among youth
  - Increasing higher nationally
  - Implicated in higher suicide rates

- Ethical challenges
  - Confidentiality
  - Competence

Source: original studies cited in Crosby et al., 2012, Rural Populations and Health, pp. 324-327.
Rural Considerations: Mental Health

• Technology
  ➢ Telemedicine
  ➢ ECHO
• Ecological Model
  ➢ Circular not linear
  ➢ Regional versus community
• Workforce
  ➢ Community health workers
  ➢ Telemedicine
Is Your Plan Logical?

• Before you finalize
  ➢ Defend how the strategy and actions will create a positive change in the process and outcome measures.
  ➢ Verify the goal is not bigger than the plan.

• Avoid the cause and effect fallacy
  ➢ This is not the *Field of Dreams*. 
Collaboration: Art and Science

- Communities are complex and unique
- Every organization may have different reasons for collaboration – that is okay – but you need a common goal
- Ensure those with authority for resource allocation support the goals and objectives
- Find an inspired champion
- Time is required to build trust and systems
- Measure, evaluate
Five Conditions for Collective Impact

- Common agenda
  - Preparedness and response
  - HPP/PHEP Guidance
- Shared measurement systems
  - HPP/PHEP Performance Measures
  - MHA Scorecards
- Mutually reinforcing activities
  - Exercise
- Continuous communication and learning
  - Structured approach and process
- Backbone support organizations
  - HPP/PHEP funding
  - MHA

Start ... Now!

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