

Affordable Care Act's Community Health Needs Assessment

How Implementation Plans Impact
Community Health

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November 18, 2014

Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- **Employment at Carnahan Group**
- **Consultant at Carnahan Group**

CHNA Requirements



- Describe the community served and how it was determined
- Describe data sources, processes and methods
- Identify any information gaps
- List all organizations and third parties which the hospital collaborated

CHNA Requirements



- Describe how the hospital took into account input from federal, regional, state or local health departments or agencies
- Prioritize the community health needs identified and describe the process/criteria used
- Describe existing health care facilities and community resources available to meet the health needs
- Must be made widely available to the public

Strategy & Implementation Plan Requirements



- Describe how the hospital facility plans to meet each identified health need
- Identify the implementation strategy for a health need and how it will be tailored to the hospital facility
- Describe any planned collaboration with other organizations to meet the health needs
- If hospital does not plan to meet a health need, explain why not
- The implementation strategy must be attached to hospital's annual 990 form

CHNA Content

- Purpose
- Health Profile
- Community Input
 - Interviews
 - Focus Groups
- Health Needs Prioritization
- Community Resources
- Implementation Strategy

Health Profile

Age-adjusted Cancer Mortality Rates, 2011

	County	State	HP 2020
			Goal
All malignant sites ¹	163.4	149.8	160.8
Lung and bronchus ¹	51.2	41.1	45.5
Breast ²	23.4	19.1	20.6
Prostate ³	22.9	17.2	21.2
Colorectal ¹	11.9	13.1	14.5
Cervical ²	3.9	2.6	2.2

Source: State Cancer Data System

¹Rates are per 100,000 population

²Rates are per 100,000 females

³Rates are per 100,000 males

Colorectal Cancer Screenings, 2010

	County	State
Received a blood stool test in the past year	15.4%	14.7%
Ever had a blood stool test	34.9%	42.5%
Received a sigmoidoscopy or colonoscopy in the past five years	55.1%	56.4%
Ever had a sigmoidoscopy or colonoscopy	67.2%	68.2%

Source: BRFSS

Community Interviews



Target Key Informants:

- Public health experts
- Medically underserved population representatives
- Minority population representatives
- Community-based organizations

Community Interviews

- Questions:
 - What are the top health strengths in the community?
 - What are the top health concerns in the community?
 - What groups are medically underserved in the community?
 - What do you think is the single most important thing that could be done to improve the health in the community?

Focus Groups

- Conducted between two and eight focus groups per Community Health Needs Assessment
- Recruited 8 – 12 participants per group
- Nominal Group Technique
- Open ended questions



Priorities



- For each identified health need we:
 - Assigned a rank of high, medium or low for each data source
 - Developed a composite rank
- Modified version of Fowler and Dannenberg's Revised Decision Matrix
- Worked with hospital to refine priorities

Priorities Results

- Range of 2 – 11 priorities per hospital
- Average of 6.8 priorities per hospital

Health Priority	Count	Percentage
Healthcare Access	14	93%
Diabetes	12	80%
Cardiovascular Disease	12	80%
Overweight/Obesity	12	80%
Cancer	9	60%
Behavioral Risk Factors	9	60%
Infectious Diseases	8	53%
Mental Health	7	47%
Substance Abuse	7	47%
Maternal and Child Health	7	47%
Asthma	2	13%

Implementation Strategy

- Community Health Need
- Target Population
- Goal
- Action Plan
- Community Partners (existing & potential)
- Timeframe

Implementation Strategy- Results

- Total of 141 strategies developed
- Range of 3 – 26 strategies per hospital
- Average of 12.8 strategies per hospital

Health Priority	Total Strategies	Hospitals with Priority	Ave. Strategies/Hospital	Range
Healthcare Access	29	10	2.9	1-5
Cancer	22	8	2.8	0-5
Diabetes	19	10	1.9	1-4
Overweight/Obesity	17	8	2.1	1-4
Cardiovascular Disease	14	8	1.8	1-3
Asthma	9	2	4.5	3-6
Infectious Diseases	8	5	1.6	0-3
Substance Abuse	8	6	1.3	0-3
Mental Health	7	6	1.2	0-2
Maternal and Child Health	5	3	1.7	1-2
Behavioral Risk Factors	3	2	1.5	1-2

Impact of CHNAs & Implementation Plans

- Requires all not for profit hospitals to:
 - Assess and prioritize community needs every three years
 - Gather input from public health experts and community representatives
 - Create or maintain strategies to address health needs specific to their community
- Hospitals may also:
 - Increase partnerships with community organizations
 - Evaluate effectiveness of programs

Impact of CHNAs & Implementation Plans

- Examples:
 - Transportation from “food desert” areas to stores with more healthy options
 - Evidence-based treatment plans for patients with select conditions
 - Partnerships with health departments to host vaccination drives
 - Educational programs to address knowledge gaps in community

Challenges & Lessons Learned

- Administration buy-in
- Who is your audience?
 - The public
 - The hospital
 - The IRS
- Allocating a budget for strategies in Implementation Plan
- Focusing on evidence-based strategies



Challenges & Lessons Learned

- Not one size fits all
- Identifying cross-section of experts
- Focus Group Organization
 - Participant recruitment
 - Point of contact for participants
 - Have hospital contact available



Thank You!