Affordable Care Act’s Community Health Needs Assessment

How Implementation Plans Impact Community Health

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Presenter Disclosures

Lea Wansbrough

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

<table>
<thead>
<tr>
<th>Cancer Site</th>
<th>County</th>
<th>State</th>
<th>HP 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>All malignant sites</td>
<td>10.03</td>
<td>11.9</td>
<td>12.9</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>51.2</td>
<td>41.1</td>
<td>45.5</td>
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<tr>
<td>Breast</td>
<td>23.4</td>
<td>19.1</td>
<td>20.8</td>
</tr>
<tr>
<td>Prostate</td>
<td>22.6</td>
<td>17.2</td>
<td>21.2</td>
</tr>
<tr>
<td>Colorectal</td>
<td>11.9</td>
<td>13.1</td>
<td>14.5</td>
</tr>
<tr>
<td>Cervical</td>
<td>3.8</td>
<td>2.6</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Source: State Cancer Data System

* Rates are per 100,000 population
* Rates are per 100,000 females
* Rates are per 100,000 males

Colorectal Cancer Screenings, 2010

<table>
<thead>
<tr>
<th>Screening</th>
<th>County</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Received a blood stool test in the past year</td>
<td>15.4%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Ever had a blood stool test</td>
<td>34.9%</td>
<td>42.5%</td>
</tr>
<tr>
<td>Received a sigmoidoscopy or colonoscopy in the past five years</td>
<td>55.1%</td>
<td>56.4%</td>
</tr>
<tr>
<td>Ever had a sigmoidoscopy or colonoscopy</td>
<td>67.2%</td>
<td>68.2%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Total Strategies</th>
<th>Hospitals with Priority</th>
<th>Ave. Strategies/Hospital</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Access</td>
<td>207</td>
<td>10</td>
<td>20.7</td>
<td>1-9</td>
</tr>
<tr>
<td>Cancer</td>
<td>22</td>
<td>8</td>
<td>2.8</td>
<td>0-5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>19</td>
<td>10</td>
<td>1.9</td>
<td>1-4</td>
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<td>17</td>
<td>8</td>
<td>2.1</td>
<td>1-4</td>
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<td>14</td>
<td>8</td>
<td>1.8</td>
<td>1-3</td>
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<td>2</td>
<td>4.5</td>
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<td>1.7</td>
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<td>3</td>
<td>2</td>
<td>1.5</td>
<td>1-2</td>
</tr>
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</table>
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!