



Overview of Community Health Services Development

a Community Health Needs Assessment



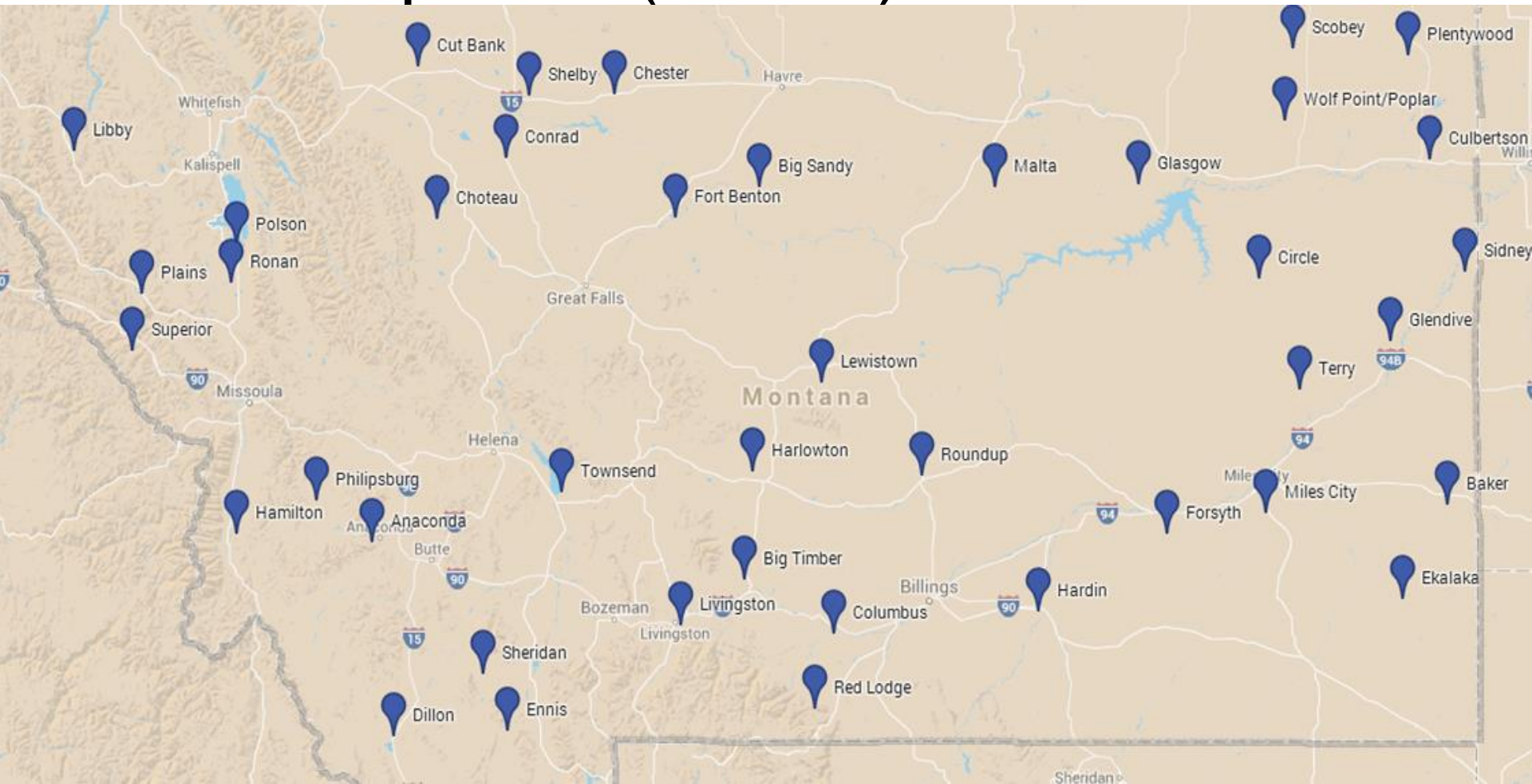
MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Montana Office of Rural Health

- Located at Montana State University, Bozeman
- Co-located with the Montana Area Health Education Center
- Healthcare workforce programs
- Technical assistance to critical access hospitals
- Conducting community health needs assessments for over 25 years through the Community Health Services Development Program

Community Health Services Development (CHSD) Communities



MONTANA
STATE UNIVERSITY

Office of Rural Health
Area Health
Education Center

Patient Protection and Affordable Care Act

- ACA created new community benefit requirements
 - Tax-exempt hospitals must complete a community health needs assessment (CHNA) every three years
- CHSD consists of
 - “Input from persons who represent the broad interests of the community...”
 - “Implementation strategy to meet the community health needs identified”

Needs Assessment Components

1. Community served, and how determined
2. Assessment process and methods
3. Prioritized community health needs, including methods/criteria to determine
4. Existing health care and other resources available to meet needs

Implementation Strategy Components

1. Plan to meet identified community health needs
2. Identify programs/resources, as well as anticipated impact
3. Describe planned collaboration
4. Approved by hospital’s “governing body”

CHSD Process

- What are the most important health issues facing your community?
- How healthy is your community?
- What would make your community a healthier place to live?

Survey /
Focus
Groups

Community
Engagement

Community
Health Goals

Strengthened
Healthcare
Services

Community
Investment in
the Future of
the Health
System

Outcomes



CHSD Philosophy

- Citizens of rural communities/counties should take responsibility for the *health of the community*
- Most communities face a larger number and greater array of issues than usually acknowledged
- Adequate dollars exist to maintain local health care delivery systems and
- Effective problem-solving by communities is the most important factor in the survival of rural health services

Benefits of the CHSD Process

■ Accountability

- CHSD is a tool to help hospitals ensure their community benefit activities are related to needs identified in their community

■ Community Input

- A process that helps engage the community and facility together in strengthening the healthcare system



The CHSD Program promotes:

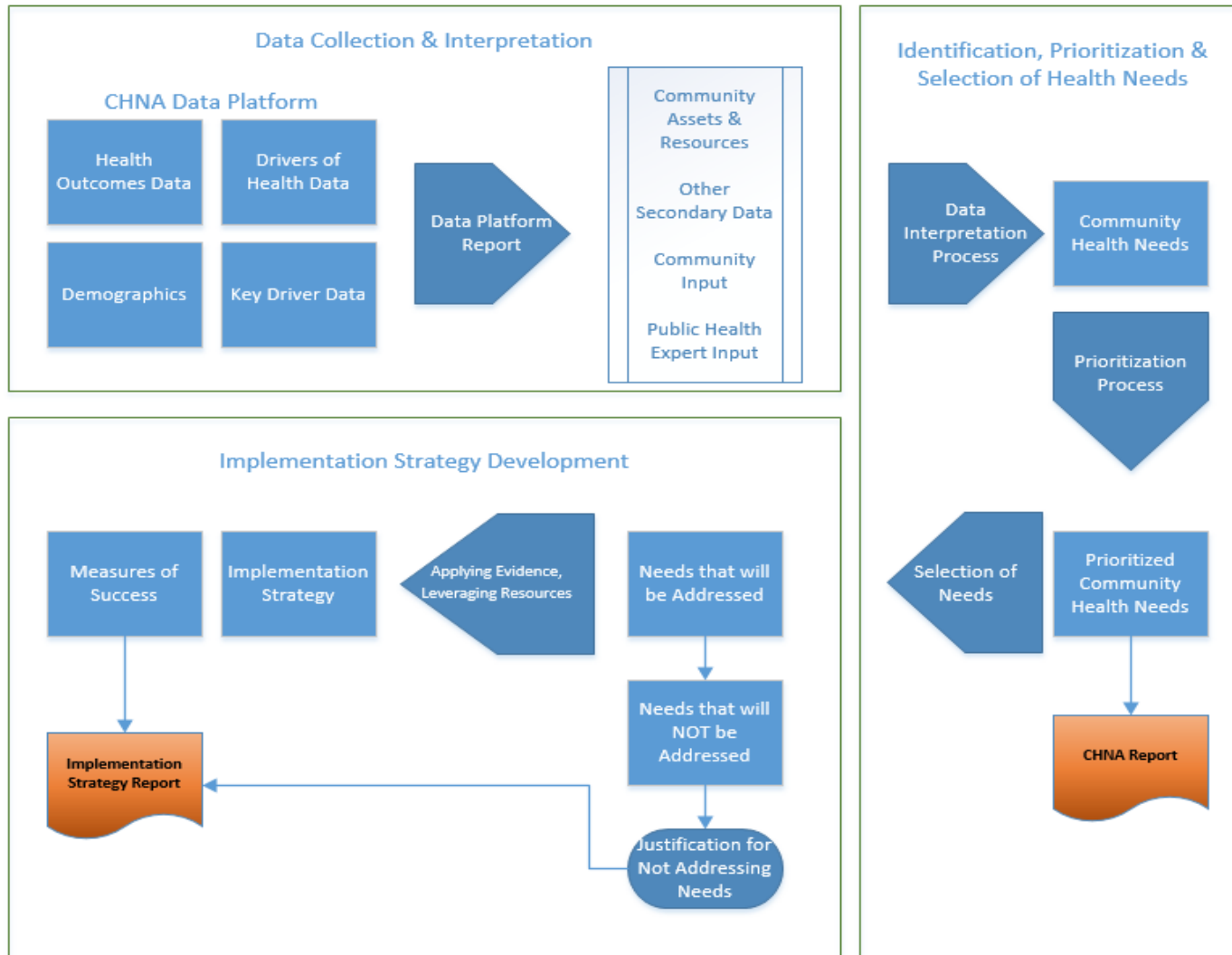
- (a) health care is a local affair
- (b) health care delivered in rural communities is affordable, high quality, and necessary to the good health of the entire community
- (c) citizens of rural communities/counties should take responsibility for the *health of the community*



The CHSD Program promotes:

- (d) most communities face a larger number and greater array of issues than usually acknowledged
- (e) adequate dollars exist to maintain local health care delivery systems and
- (f) effective problem-solving by communities is the most important factor in the survival of rural health services.

CHSD Process - Summary



Source: CHNA.org



Our Process

- Community steering committee
- Customized random sample survey
- Secondary data report
- Focus groups
- Second steering committee
- Implementation planning

Things to think about...

- What are the major health issues in your county?
- How does your community compare to the rest of the state?
- What health status indicators could improve?
- Does the community have resources to address the issues?



*Innovating
Healthcare
Delivery*



Office of Rural Health
Area Health
Education Center



What do we hear about EMS?

- Consistently the highest or one of the highest ranked health services in terms of quality
- Focus groups uniformly speak positively and in very personal terms about the EMTs
- Concern about volunteers and demands on the EMS service



Does EMS show up as a priority health issue?

- Seldom. Almost never.
- EMS is not well integrated into most CAH health systems
- Community seem largely unaware of the fragility of EMS, even though they love you
- The separation between EMS organizations and hospitals means that it is often not considered in planning



Discussions of EMS

- Good – Examples of training hospital and clinic staff as EMTs and Paramedics and assuring they can respond
- Employing EMS personnel and integrating them into other aspects of care
- Cautionary: Hesitant to include EMS in planning so that they don't cause bad feelings by trying to plan things for an organization that is separate

Common Themes from Surveys

Top Health Concerns

Health Concern	Count	Percent
Alcohol/substance abuse	2449	63.8%
Cancer	1711	44.6%
Obesity	1431	37.3%
Heart disease	893	23.3%
Diabetes	806	21.0%
Lack of exercise	529	13.8%
Tobacco use	512	13.3%
Depression/anxiety	482	12.6%
Mental health issues	389	10.1%
Lack of access to health care	339	8.8%

(n=3836; representing 19 facilities)

Common Themes from Surveys

Improvement for Community's Access to Health Care

Service	Count	Percent
More primary care providers	1293	33.7%
More specialists	1055	27.5%
Improved quality of care	899	23.4%
Greater health education services	768	20.0%
Transportation assistance	596	15.5%
Outpatient services open longer hours	539	14.1%
Telemedicine	200	5.2%
Clinic services open longer hours	169	4.4%
Urgent care clinic	162	4.2%
Retention of physicians	140	3.6%
More information about available services	139	3.6%

(n=3836; representing 19 facilities)

Implementation Plan Strategies

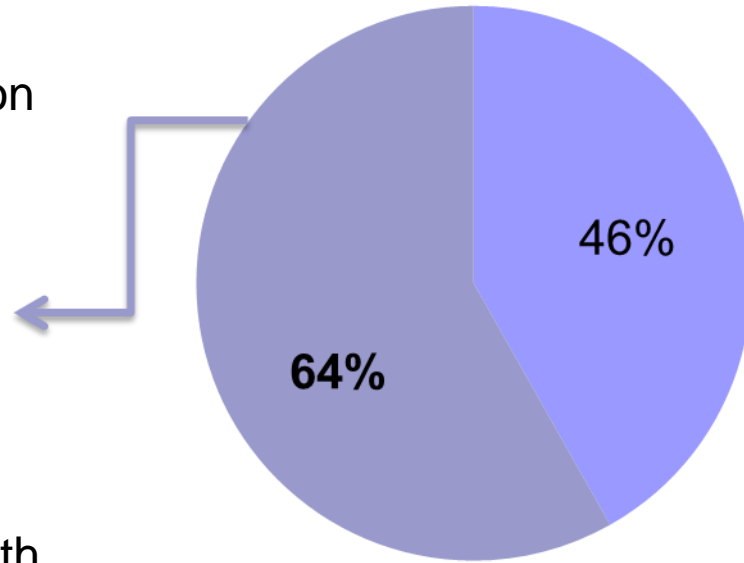
- 64% of the hospitals will address specific health issues

50% Cardiovascular management and prevention

43% Cancer treatment and prevention, early detection

36% Diabetes management and prevention

29% Mental and behavioral health issues



- 93% will address access to primary and specialty care

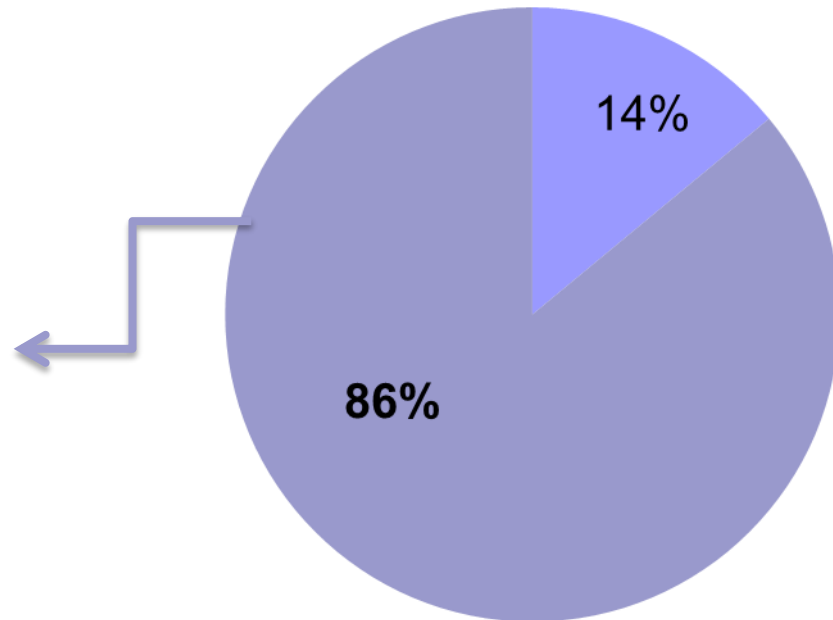
* Summary data from 14 Implementation Plans

Implementation Plan Strategies

- 86% will conduct education and outreach activities

86% Will include a focus on fitness, health/wellness classes and events

50% Will include a focus on physical activity



- 64% of the hospitals will conduct education and outreach on available services

* Summary data from 14 Implementation Plans



Needs Being Addressed

- 86% will address the communities' need for **additional specialty care services**
- 64% will address the communities' interest in **health education classes/programs**
- 57% will address patient concern or avoidance to care due to **scheduling, length of wait, and general accessibility issues**
- 50% will address the communities' needs **for additional primary care services**
- 42% will address patients avoiding/delaying care due to **cost**



Where could EMS play a role?

- Could EMTs and Community Paramedics address the top health issues in the community?
- How can the EMS community help the hospital address priority needs?
- How does the EMS become engaged in joint planning with the hospital and public health?



Engaging the community

- Non-profit CAHs must conduct an assessment and create an implementation plan every 3 years. Many will be starting this in the very near future.
- Public health must conduct needs assessments every five years. Many do it in conjunction with the hospital plans
- You can do your own, but consider collaboration as well.



Remember

- People don't support what they don't help plan
- The communities created you in the first place; they care very deeply about your future
- You have unique skills and competencies that help others achieve their goals

Contact Information



Kristin Juliar, Director

406-994-6002; kjuliar@montana.edu



Office of Rural Health
Area Health
Education Center