

Center for Rural Health 

Using an Electronic CHNA Collaborative Framework to Build Capacity for Community Engagement

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Center for Rural Health

- Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND
- One of the country's most experienced state rural health offices
- UND Center of Excellence in Research, Scholarship, and Creative Activity
- Home to seven national programs

Focus on

- Educating and Informing
- Policy
- Research and Evaluation
- Working with Communities
- American Indians
- Health Workforce
- Hospitals and Facilities

ruralhealth.und.edu

CHNA Goals



Purpose:

1. Describe community health
2. Present snapshot of community assets and health needs

Goals:

1. Identification and prioritization of health needs
2. Develop strategic implementation

Why Assess Community Health?

- Take stock of community assets & challenges
- Paint holistic picture of community health
 - Importance of qualitative data
- Document emerging trends & gaps
- Benchmark change over time



Affordable Care Act – 2011 Regulation

IRS Notice 2011-52

CHNA report documentation:

- Take into account broad interests of community, including:
 - a) Public health
 - b) Medically underserved, low-income, minority populations
 - c) Federal, tribal, regional, state, or local health depts. or agencies

Annual implementation strategy:

- Describe how hospital plans to address need
 - a) Describe actions and anticipated impact
 - b) Identify programs and resources to commit
 - c) Describe collaboration with other facilities/organizations



Public Health Accreditation

- Voluntary national accreditation program to advance *quality* and *performance* of Tribal, state, local, and territorial public health departments
- Push for accreditation across country
- Public Health Accreditation Board (PHAB) standards include:
 - Community Health Assessment (CHA)
 - Community Health Improvement Plan (CHIP)

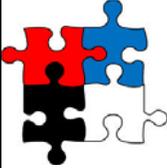
Every 5 years
vs.
every 3 years




Public Health
Prevent. Promote. Protect.

Collaboration

CHNA + Public Health + Rural dynamics = Collaborative model



1. Build a "shared ownership of community health"
2. Commitment to collaborate on similar activities
3. Reduce costs by collaborating in data collection resource-intensive
4. Share staff expertise and in-kind resources

Collaborative Considerations & Challenges

- Regions
 - Address differences in service areas
- Budgets
- Timelines
- Roles & responsibilities
 - Decision-maker vs. boots-on-the-ground staff
- Levels of engagement
 - Uneven playing fields
 - Final say?


Facilitator

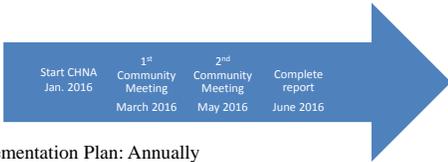
CRH Methodology

Adapted from National Center for Rural Health Works.

<p><u>Primary data:</u></p> <ol style="list-style-type: none"> 1. Print survey 2. Online survey 3. Key informant interviews (6-10) 4. Community meetings (focus groups) 	<p><u>Secondary data:</u></p> <ol style="list-style-type: none"> 1. County 2. State 3. National
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Timeline: 6 months

CHNA Planning



Start CHNA Jan. 2016 1st Community Meeting March 2016 2nd Community Meeting May 2016 Complete report June 2016

- Implementation Plan: Annually

Consistency in Data

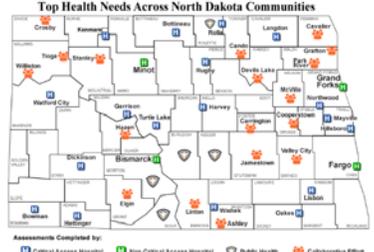
- Used same assessment method on over half of CAHs in North Dakota (58%)
- Useful to share findings among communities
- Valuable to capture health needs at particular time and measure change
- Beneficial to enact change at local and state levels



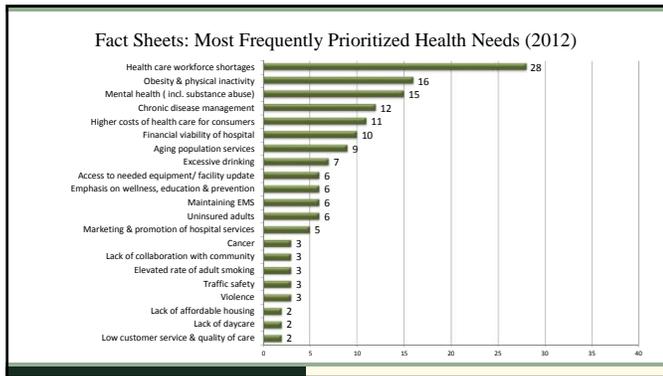
www.ndchna.org

Top Health Needs Across North Dakota Communities

- CHNA process
- Findings
- Collaborative opportunities
- Publications
- Strategies to address needs
- Communities' success
- Resources & funders



Assessments Completed by:
■ Critical Access Hospital ■ Non-Critical Access Hospital ■ Public Health ■ Collaborative Effort



CHNA Electronic-Toolkit

www.ndchna.org/toolkit

- Streamline communication
- Internal staff consistency
- Build capacity
- Promote peer network
- Document activities

Strategy: Re-Framing of CHNA process using the E-toolkit

- Promote community engagement
- Invite input & feedback
- Enhance community ownership
- Improve public relations
 - Position organization as listening & receptive
 - Community care
 - Transparency
- De-emphasize ACA mandate

Choosing a CHNA Liaison

- Point of contact for CHNA process
- Utilize CHNA Liaison to gain entry to community
- Designated by leadership (CEO, CFO, COO)
- Build community capacity

Step 1: Initial Communication

- Obtain letter of support
- Compile list of services (CAH & Public Health when applicable)
- Submit logo(s) of lead participating organizations

Step 2: Develop Steering Committee

Gather input on:

- Community assets
- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- Mental health & substance abuse
- Preventive care and public health services
- Demographics**

Steering Committee Brainstorm

Steering Committee Membership Contacts					
	Name	Organization/Sector	City/County/Community	Email	Phone
1.					
2.					
3.					
4.					

Steering Committee Responsibilities

1. Customize base survey tool
 - Tap into community issues
 - Distribute print/electronic survey
2. Select & invite key informant interviewees & community group members
3. Plan and arrange for community meetings
4. Market CHNA process
 - Word-of-mouth dissemination
 - Advertise CHNA



Step 3: Survey Development

Tool to increase community partner buy-in:

- Awareness/use of services:
 - Critical Access Hospital & Public Health
- Marketing & recruitment value
- Community violence
- Foundation awareness
- Extended clinic hours
- Sales tax support
- Communication preferences
- Evaluation of implemented activity



Sample Elective Questions

Awareness of Services

Considering **RADIOLOGY SERVICES** at XXXX hospital, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

<input type="checkbox"/> ERG—Electrocardiography	<input type="checkbox"/> Mammography
<input type="checkbox"/> CT scan	<input type="checkbox"/> MRI
<input type="checkbox"/> Echocardiogram	<input type="checkbox"/> Ultrasound
<input type="checkbox"/> General x-ray	

Q. Which of the following **PUBLIC HEALTH SERVICES** have you or a family member used in the past year? (Choose ALL that apply)

<input type="checkbox"/> Bicycle helmet safety	<input type="checkbox"/> Home health
<input type="checkbox"/> Blood pressure check	<input type="checkbox"/> Immunizations
<input type="checkbox"/> Breastfeeding resources	<input type="checkbox"/> Medications setup—home visits
<input type="checkbox"/> Car seat program	<input type="checkbox"/> Office visits and consults
<input type="checkbox"/> Child health (well baby)	<input type="checkbox"/> School health (vision screening, puberty talks, school immunizations)
<input type="checkbox"/> Correction facility health	<input type="checkbox"/> Preschool education programs
<input type="checkbox"/> Diabetes screening	<input type="checkbox"/> Assist with preschool screening
<input type="checkbox"/> Emergency response & preparedness	

Sample Elective Questions

Violence in the Community

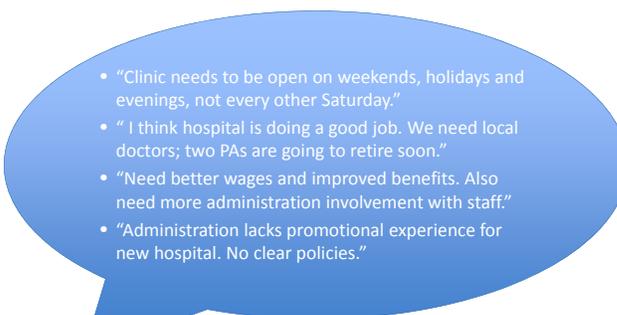
Q. Regarding various forms of **VIOLENCE** in your community, 3 concerns are (choose up to THREE):

<input type="checkbox"/> Bullying/cyber-bullying	<input type="checkbox"/> Stalking
<input type="checkbox"/> Dating violence	<input type="checkbox"/> Sexual abuse/assault
<input type="checkbox"/> Domestic/spouse violence	<input type="checkbox"/> Verbal threats
<input type="checkbox"/> Economic abuse/withholding of funds	<input type="checkbox"/> Video game/media violence
<input type="checkbox"/> Emotional abuse	<input type="checkbox"/> Violence against children
<input type="checkbox"/> Intimidation	<input type="checkbox"/> Violence against women
<input type="checkbox"/> Isolation	
<input type="checkbox"/> Physical abuse	

Marketing Health Services

Q. Where do you find out about local health services are available in your area? (Choose ALL that apply)

<input type="checkbox"/> Advertising	<input type="checkbox"/> Social media (Facebook, Twitter, etc.)
<input type="checkbox"/> Employer/worksite wellness	<input type="checkbox"/> Tribal Health
<input type="checkbox"/> Health care professionals	<input type="checkbox"/> Web searches
<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Word of mouth, from others (friends, neighbors, co-workers, etc.)
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other (Please specify) _____
<input type="checkbox"/> Public health professionals	
<input type="checkbox"/> Radio	



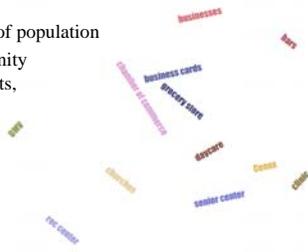
- "Clinic needs to be open on weekends, holidays and evenings, not every other Saturday."
- "I think hospital is doing a good job. We need local doctors; two PAs are going to retire soon."
- "Need better wages and improved benefits. Also need more administration involvement with staff."
- "Administration lacks promotional experience for new hospital. No clear policies."

Survey Sampling Procedures

- Convenience sample
- Not statistically valid sampling of population
- Disseminate throughout community (i.e. churches, local meeting spots, restaurants, schools, etc.)

Target areas:

- Social services
- Job services
- Migrant services
- Veterans services



Survey Distribution Plan

- Brainstorming tool/accountability for community partners
- Measure of effort/tracking tool
- Think of places around community (i.e., events or health fairs)

Date	Name of Distribution site/business/event	City	Who will collect/distribute here?	Registration /Notice Required?	Estimated # of surveys to distribute	# distributed /collected

Step 4: Plan 1st Community Meeting

- One-on-one interviews held with key informants (6-10) can provide insights into community's health needs
- Must interview public health professional
- Send out key informant and community meeting invites (templates provided)

Topics include:

- General health needs of the community;
- Awareness/use of health services offered locally;
- Suggestions for improving collaboration within the community;
- Barriers to local care; and
- Reasons community members use local health care providers, and reasons community members use other facilities for health care.

How do you select Key Informant Interview & Community Group participants?

- What are the criteria?
- What community resources are represented in the community?
- How do you ensure broad and diverse views and voices are represented?




1st Community Meeting & Key Informant Interviews

- Schedule key informant interviews (via telephone or in person)
- Schedule focus group
- Arrange for food to be provided
- Distribute surveys (optional)



1st Community Meeting (Focus Group)

- Group members introduced to needs assessment process
- Review basic demographic information about counties in service area
- Examine county characteristics compared to state averages

Demographic Data	Prairie County	Mountain County	North Dakota
Population	2,420	1,975	672,591
Population change, 2000-2010	-12.1%	-12.5%	4.7%
Land area, square miles	709	712	69,001
People per square mile	3.4	2.8	9.7

Step 5: Launch Media Campaign & Distribute Survey Link

- Press release
- Radio ad
- Marquee ad
- Web link for websites
- Elevator speech
- Business card with survey weblink
- QR code



CHNA Promotion

What ways can you promote your CHNA process?

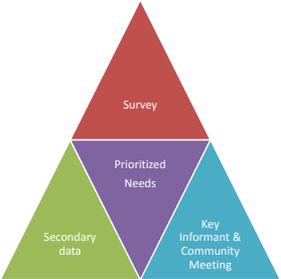


Steps 6 & 7: Hold Community Meeting & Finalize Survey Distribution

- Plan for two hours
- Distribute community sign-in sheet
- Submit photos of your community to be used in final CHNA report
- Start brainstorming days/times that will work for your 2nd Community Meeting



Data Analysis



Step 8: Hold Community Meeting #2

- **Group members are presented:**
 - Survey results
 - Findings from key informants and focus group
 - Secondary data relating to general health of service area
- Tasked with identifying and prioritizing community's health needs

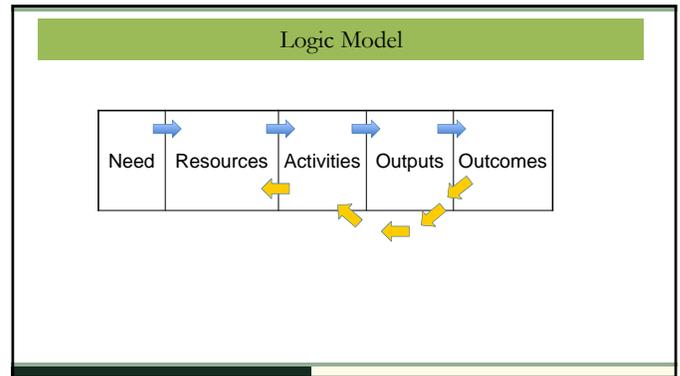
Prioritization Criteria

Rank health concerns based on:

- ✓ Importance
- ✓ Impact
- ✓ Severity
- ✓ Reach

Not:

- ≠ Feasibility

Logic Model

Need	Resources	Activities	Outputs	Outcomes
	In order to accomplish our set of activities we will need the following:	In order to address our need we will accomplish the following activities:	Once accomplished we expect the following evidence of delivery:	We expect that if accomplished these activities will lead to the following changes in 1-3 years:

- ### Secondary Sources Used
- Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute
 - Illustrate community health needs and provide guidance for actions to improve health.
 - Counties compared to state rates and Top 10% nationally in various topics ranging from individual health behaviors to the quality of health care (use 20+ sources of data).
 - <http://www.countyhealthrankings.org/app/north-dakota/2016/overview>

- ### Step 9: Closing the CHNA Process
- Select activities to implement
 - Form committees to meet again
 - Proof draft CHNA report
 - Obtain board approval for final CHNA report
 - Make report widely available via the web & hardcopy
 - Share CHNA results via press release to share prioritized needs
 - Send out a thank you to the community
 - CRH evaluation

Implementation Strategy

- Select needs to address from prioritized list
- Brainstorm resources/activities to meet needs for strategic plan

Goal: Generate prioritized needs to present to hospital and public health with potential ideas to address needs



Next CHNA Steps – Innovative Ideas

Home > **CHNA Steps** > **Next Steps** > **Community Health Needs Assessment**

Addressing Community Health Needs

Ideas into Action

To help North Dakota communities address the top health needs identified through their Community Health Needs Assessment (CHNA), models and examples are listed on this page as potential resources. Not all ideas listed will apply or be practical for all communities; rather, it is a list of ideas that could be modified or tailored to fit your needs, or serve as a springboard for new ideas.

These ideas are not evidence-based best practices. Rather, they serve as additional qualitative data and can act as conversation starters to help think of activities that may have worked in other rural settings in North Dakota. For more information on evidence-based practices, check out County Health Rankings & Roadmaps' "What Works For Health?"; it may be helpful to look at those and then cross-reference to these ideas for what is feasible in a rural context.

On This Page:

- Access to needed equipment/facility updates
- Aging population services
- Attracting & retaining young families
- Cancer
- Chronic disease management
- Concerns of low customer service & quality of care
- Cost and adequacy of health insurance
- Elevated level of uninsured adults
- Elevated rate of adult smoking
- Elevated level of excessive drinking/alcohol use
- Emphasis on wellness, education & prevention
- Health care workforce shortages (physicians, visiting specialists, health care professionals)

Do You Have An Innovative Idea?

Share It With Us!

CHNA Resources

Rural Health Information Hub
<https://www.ruralhealthinfo.org/>

- Funding opportunities
- Rural health issues
- Rural care coordination

RHIhub
Rural Health Information Hub

For Rural Areas

Online Library	Topics & States	Community Health Gateway	Tools & Success
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MORE ON THIS TOPIC

Introduction

- FAQs
- Publications
- Organizations
- Websites & Tools
- Funding & Opportunities
- News
- Models and Innovations
- About This Guide

Rural Care Coordination

Care coordination is an important quality healthcare. Unfortunately, it has not traditionally been a priority for the American health system. In recent years, policymakers have begun to support care coordination as a way to improve care while reducing costs.

In rural communities, care coordination challenges in access to care, **Accountable Care Organizations**, **Centers for Medical Innovation**, and **telemedicine** are being implemented in rural areas.

Questions?

Please contact:

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