



## A Changing Health Care Picture in North Dakota But Community is Still Key

Ashley Medical Center Annual Meeting  
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Presented by Brad Gibbens, Deputy Director  
and Assistant Professor

Ashley, ND



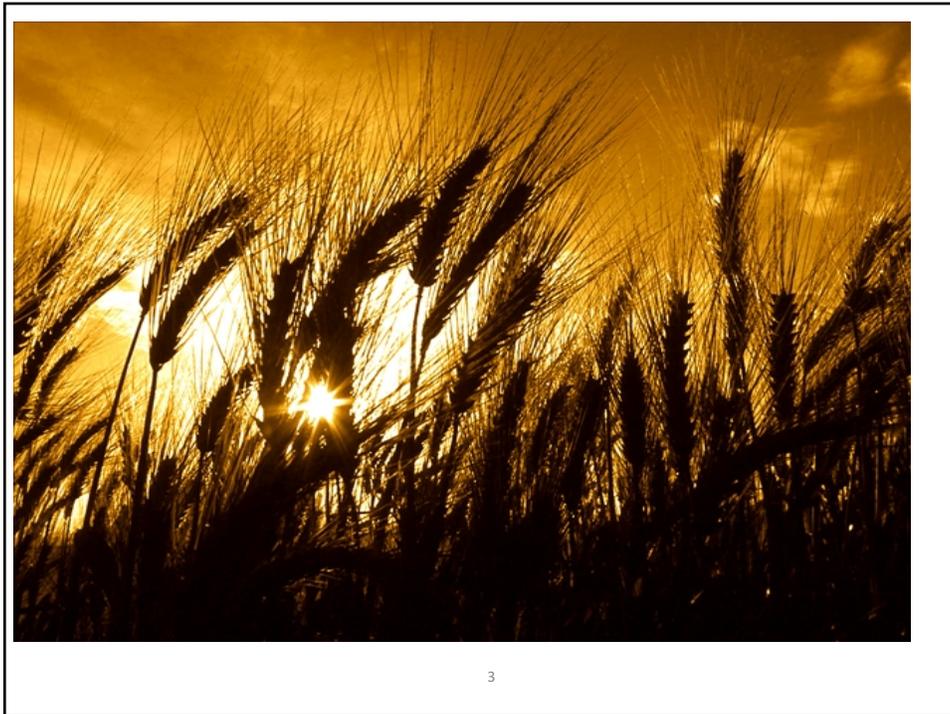
Center *for*  
Rural Health  
The University of North Dakota  
School of Medicine & Health Sciences

- 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
- Recipient of the UND Award for Departmental Excellence in Research

**Focus on**

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

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### The Importance of Values

*Ultimately our values guide our perceptions toward health and our definition of health and what it is, our attitudes about the health care system, our view of the importance of “community”, and the development of public health policy. Our values shape how we see change and how accepting we are of change.*

**“It is not what we have that will make us a great nation, it is how we decide to use it”**  
*Theodore Roosevelt*

**“Vision is the art of seeing things invisible”**  
*Jonathan Swift*

**“Americans can always be relied upon to do the right thing...after they have exhausted all the other possibilities”**  
*Sir Winston Churchill*<sup>4</sup>

## What Is Rural Health?

- Rural health focuses on **population health** for an area (“community”) and improving overall **health status** for rural community members
- Rural health relies on **infrastructure** – the organizations, resources, providers, health professionals, staff, and other elements of a health delivery system working to improve population health (the **rural health delivery system**)
- Rural health ***is not*** urban health in a rural or frontier area
- Rural health focuses on **health equity and fairness**
- Rural health is very **community focused and driven** – interdependent and collaborative
- Rural health is inclusive of **community sectors** – 1) health and human services, 2) business and economics, 3) education, 4) faith based, and 5) local government



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### Why is Community Engagement Important to Rural Health

- Health care providers and organizations cannot operate in isolation.
- Even more important as we implement health reform – new payment models – movement from volume payments to value based payments as more and more providers are assessed and reimbursed on outcomes and patient satisfaction.
- Community members input on needs, issues, and solutions more critical than ever – community involvement in finding solutions (CHNA) that reflect their needs – community ownership not just the health providers – hospitals must address “community benefit”
- Building local leadership and local capacity – think of the next generation of community leadership.
- Communication – listening to the community – educating the community.
- Simple answer: You need to be engaged because you need to survive.

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### Key Concepts in Health Reform

- **2 Primary Changes: Insurance and Health System Redesign**
- **Population health** – improve outcomes emphasize prevention, care coordination, less hospital admissions/readmissions, less inappropriate ED visits
- **Social determinants of health**
- **Volume to value** (changing how we pay for services to be less volume and more value – quality and outcomes)
- **Accountable Care Organization (ACO)** is an example (CHI-St. Alexius Primecare Select ACO – 10 CAHs)



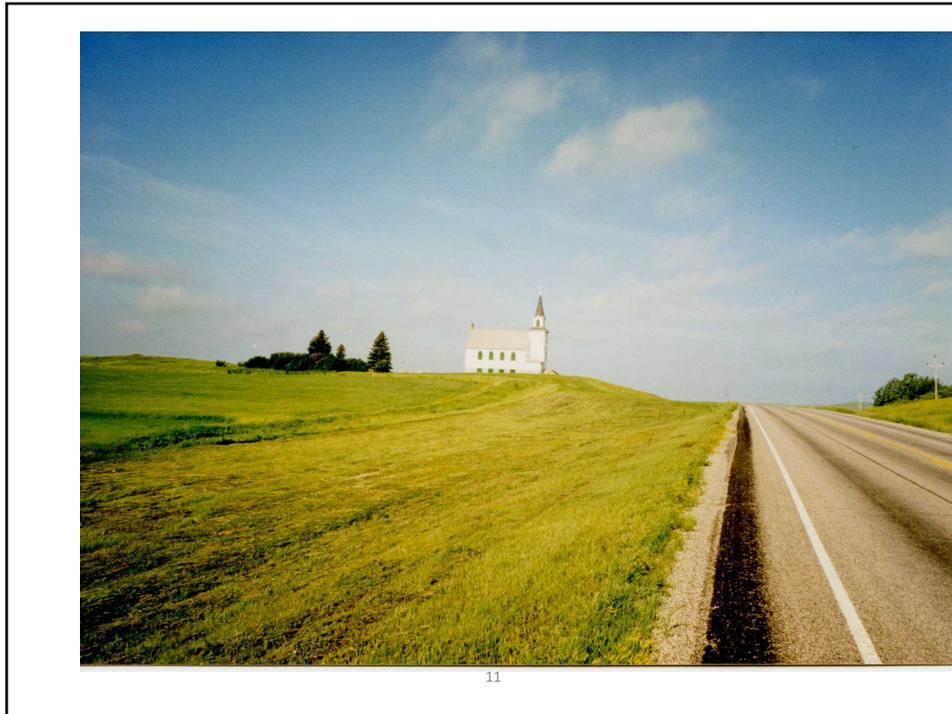
Stutsman County



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#### **A ND Rural Hospital Administrator Said:**

- “Our missions are changing in rural hospitals to be leaders for better population health and prevention, no longer just a hospital for acute care but now a real health center for the entire community. But our [hospital] boards need to be willing to change.”



## Population Health

**“Health outcomes of a group of individuals, including the distribution of such outcomes within the group.” (Kindig, *What is Population Health?*)**

- Groups can be based on geography, race, ethnicity, age, language, or other arrangements of people
- Focus – Health Outcomes (what is changed, what are the impacts, what results?)
- What determines the outcomes (determinants of health)?
- What are the public policies and the interventions that can improve the outcomes?



## Social Determinants

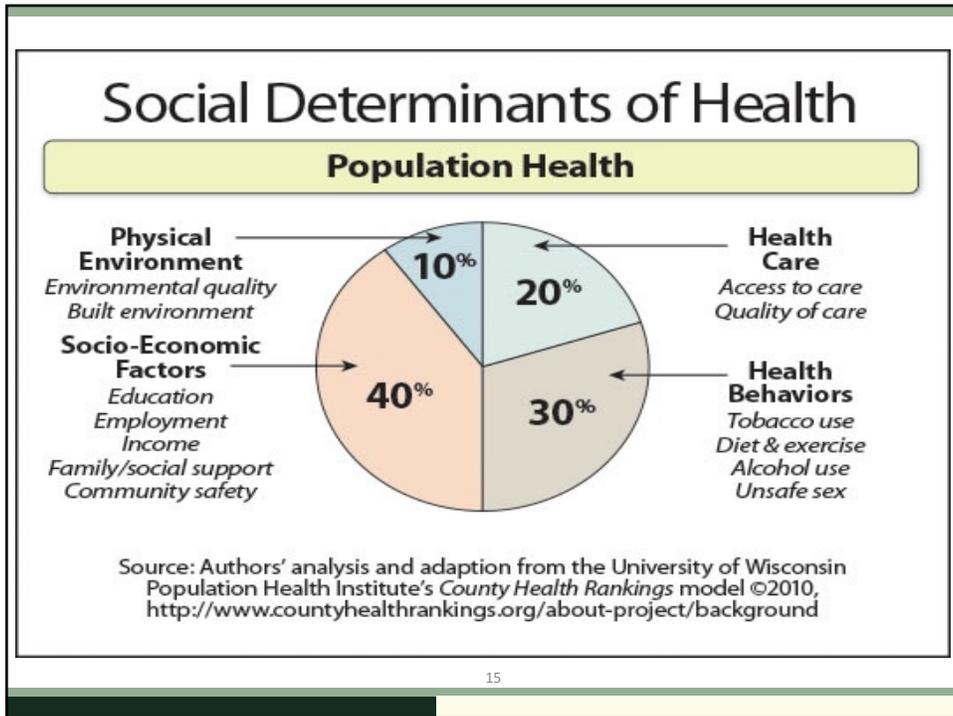
### World Health Organization definition:

"the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."

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### Community Benefit

- **Language conversion** (conceptualization changes) – moving population health, outcomes, and determinants of health into the language of the Affordable Care Act and making it more relevant to the hospital or other segments in the health care delivery system
- Program or activities that provide treatment and/or promote health in **response to an identified community need**. Key criteria:
  - Generates a low or negative margin (financial performance measurement)
  - Responds to needs of special populations (e.g., uninsured)
  - Supplies a service/program that would likely be discontinued if it were based on financial criteria
  - Responds to public health needs but you first need to identify them
  - Involves education or research that improves overall community health

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## Affordable Care Act

Mandates **Community Health Needs Assessment** (CHNA) be conducted every 3 years by all non-profit hospitals.



**Community Benefit** – CHNA process to determine community needs which when addressed produce a community benefit

Process: (1) CHNA Report  
(2) Implementation Strategy

## CHNA Goals

Purpose:

1. Describe community health.
2. Present snapshot of health gaps, needs and concerns.

Goals:

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





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### What are Some Important Rural Health Issues? (CHNA)

- Health care workforce shortages (28 of 39)
- Obesity and physical inactivity (16 of 39)
- Mental health (inc. substance abuse) (15)
- Chronic disease management (12)
- Higher costs of health care for consumers (11)
- Financial viability of the hospital (10)
- Aging population services (9)
- Excessive drinking (7)
- Uninsured adults (6)
- Maintaining EMS (6)
- Emphasis on wellness, education, & prevention (6)
- Access to needed equipment/facility update (6)
- Marketing and promotion of hospital services (5)
- Violence, traffic safety, elevated rate of adult smoking, lack of community collaboration, and cancer tied with (3) – lack of day care/housing (2)

*Source: CHNA conducted 2011-2013 (39 of 41 ND hospitals)*

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**Ashley Community Health Issues –CHNA 2016**

- Attracting and retaining young families
- Assisted living options
- Jobs with livable wages
- Availability of resources to help the elderly stay in their homes

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## North Dakota CAHs and Community Benefit

### • Obesity and physical activity

- Community farmer's market
- Pilot wellness programs with hospital staff
- Monthly cooking classes
- 12 week weight management program
- Community run and/or walk
- Community access to school fitness center
- Chronic Disease Mgmt. monitor program
- Target fitness and exercise to elderly (stretching and movement)
- Step competitions (pedometers)



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## North Dakota CAHs and Community Benefit

### • Healthcare workforce

#### ○ Increase use of social media



- Create community marketing group – hospital, economic development, chamber of commerce
- Support local students, financial support for nursing and medicine, and other health professions
- Create local Recruitment & Retention committee with representatives from community – school, bank, business, realtor, church, local govt., younger people
- Create a promotional video
- Work with Center for Rural Health workforce specialist and AHEC

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## North Dakota CAHs and Community Benefit

### • Mental health

- Develop mental health screenings in schools
- Support groups
- Work with UND MSW, counseling, and psychology programs for student interns
- Tele-mental health
- Mental health consortium (e.g., Bottineau, Harvey, Kenmare and Rolla)



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## Conclusion

- Health and health care in a rural setting is very connected to the community
- Health reform is a process that is placing more emphasis on a holistic approach to population health which involves the entire community
- Movement from volume to value emphasizes outcomes (health system and payment reform)
- Community benefit concept is a way to influence population health and to improve outcomes
- While much of the health system is changing, that system needs to reflect the values of the community and be responsive to that community

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## Contact us for more information!

Center for Rural Health  
UNDSMHS  
1301 North Columbia Road, Stop 9037  
Grand Forks, North Dakota 58202-9037  
brad.gibbens@med.und.edu  
701.777.2569 (Desk)  
701.777.3848 • ruralhealth.und.edu

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