



Health and the Community: Population Health to Achieve Better Care, Better Health, and Lowered Costs

Presented to Ashley Medical Center Annual Meeting

Presented by Brad Gibbens, MPA, Deputy Director and Assistant Professor

October 15, 2019



- 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



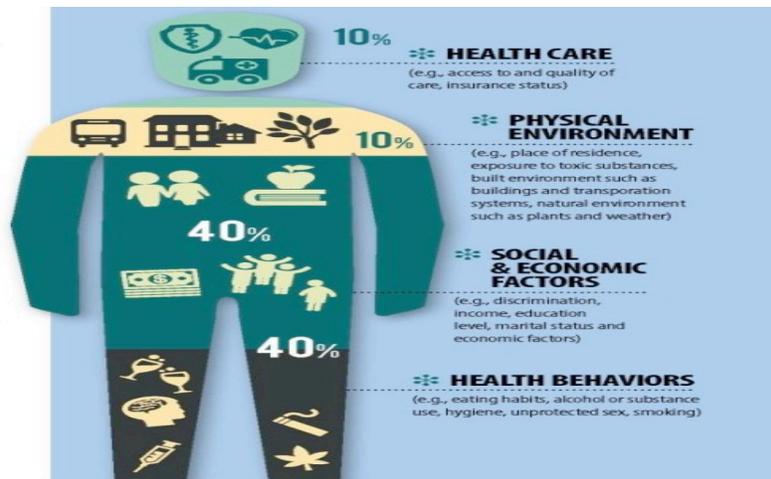
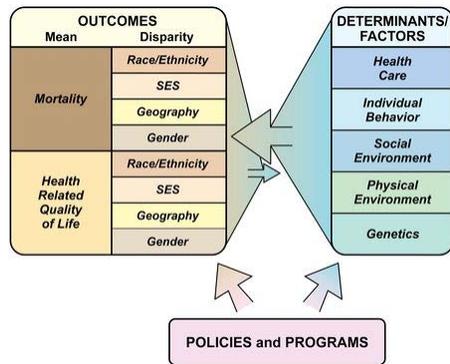
Overview

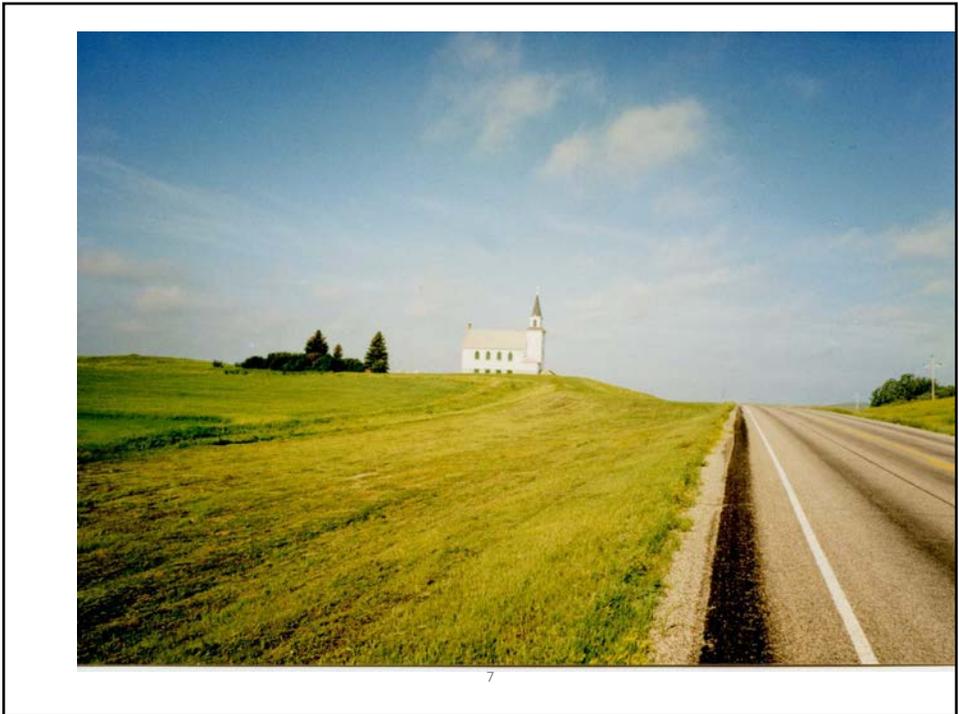
- **U.S health system is changing. Why?**
 - Spend more on health care than any other country – over \$3.3 trillion a year (over 17% of GDP)
 - Health outcomes are not as strong as other countries compared to OECD
 - US worse in obesity, access to care (2nd lowest insurance coverage), skipped medical visits due to cost, lower life expectancy, higher mortality rates (but declining), higher disease burden (but declining), higher hospital rates (heart failure, asthma, hypertension, and diabetes), and higher rates of medical/medication/lab errors.
 - But US 30 day mortality rate for heart attacks and stroke is better. US mortality rates for cancers are better and declining faster than other OECD countries.
 - Need for health reform to create better health, better care, and lower the growth in costs.
 - Health reform – Affordable Care Act in 2010 and still working on it.
- **Population health as a concept is the driving force to create better health, better care, and lower cost growth.**
- **Volume to Value – payment tied to performance**
- **Rural Health is changing quickly. (national closure, ACO development, care coordination)**



Population Health is:

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.





But What About Population Medicine?

Considers the specific activities of the medical care system that promote population health beyond the goals of care of the individuals treated

Requires the medical care system to collaborate and partner with other organizations

Acknowledgement that individual health and clinical outcomes greatly influenced by population factors, such as education



Population Health in the Affordable Care Act

Provisions to expand insurance coverage by improving access to the health care delivery system (Medicaid expansions, state insurance exchanges, support for community health centers)

Improving the quality of the care delivered (National Strategy for Quality Improvement, CMS Center for Medicare and Medicaid Innovation, and establishment of the Patient-Centered Outcomes Research Institute)

Population Health in the Affordable Care Act

Promoting community-and population-based activities

The establishment of the National Prevention, Health Promotion and Public Health Council

A new Prevention and Public Health Fund (authorized \$1 billion in fiscal year 2012)

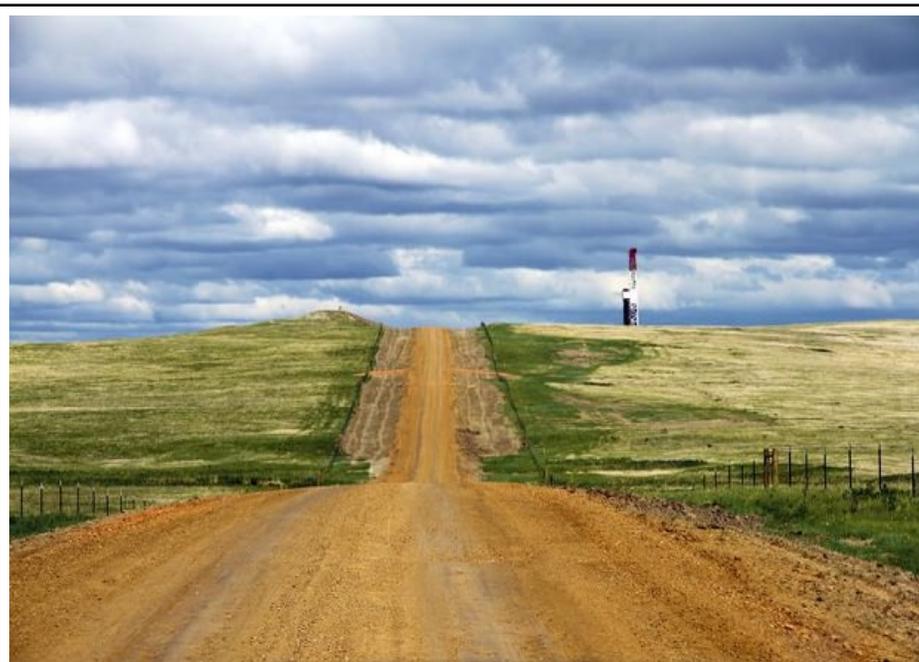
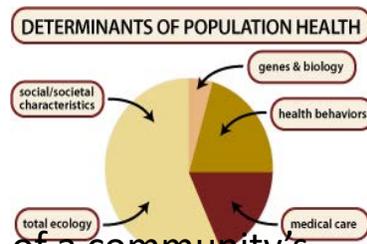
Funding for Community Transformation Grants

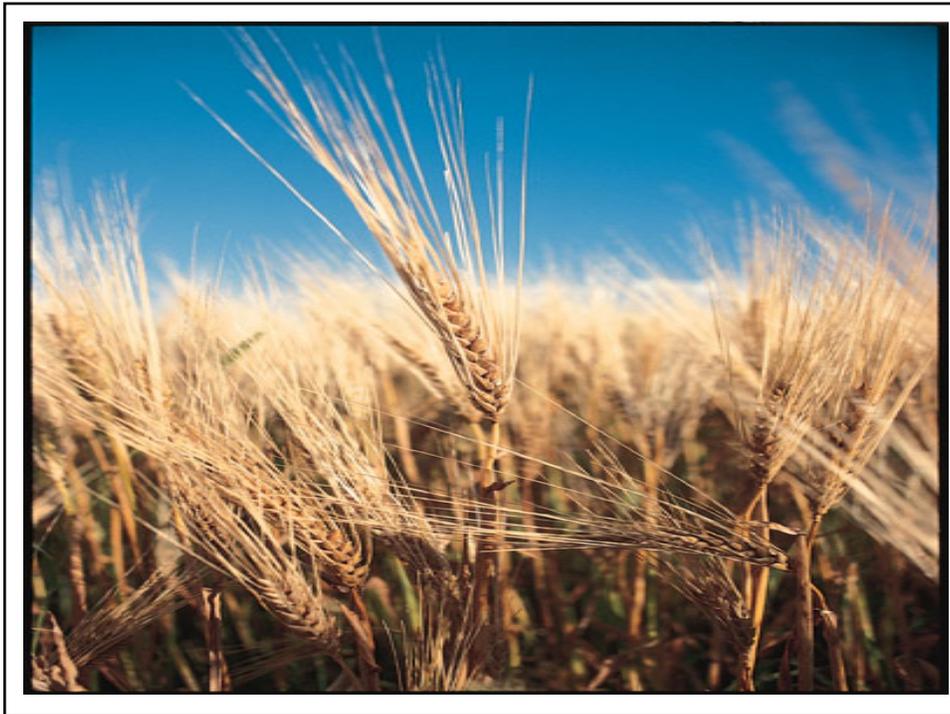
Population Health Provides the Best Definitional Framework

It focuses on measurable outcomes from multiple sectors

- Clinical outcomes
- Education levels
- Poverty rates
- Environmental factors

Creating a holistic picture of a community's health





Why do a Community Health Assessment?

- **Increases** community awareness of health issues
- **Prioritizes** community health needs
- **Identifies** health disparities
- **Provides** an evidence base for MCPHD's Community Health Improvement Plan (CHIP)

 **Improves the health status of our community**



CRH CHNA Process

- Secondary or existing data such as County Health Rankings

- Primary or original data such as:
 - Key informant interviews
 - Focus group
 - Community survey

- Analysis and return to the community

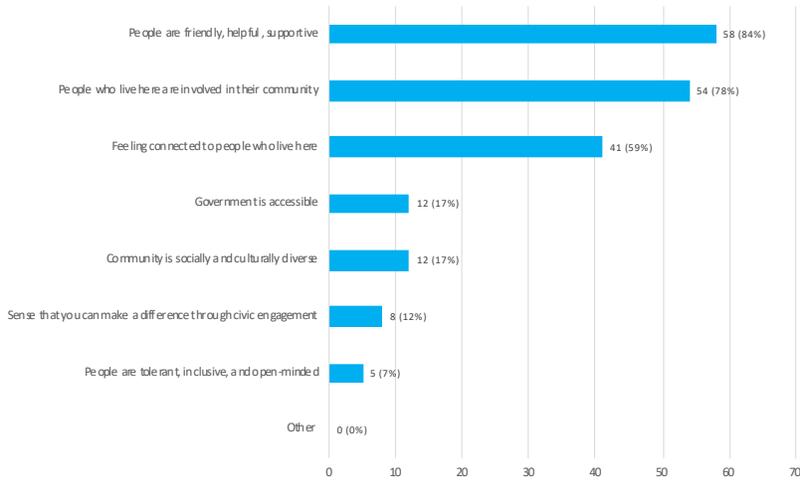
- Community group receives report and engages in ranking issues

- Development of an implementation plan

Findings - Key Informant Interviews and Community Group Meeting - Best things about the Ashley area:

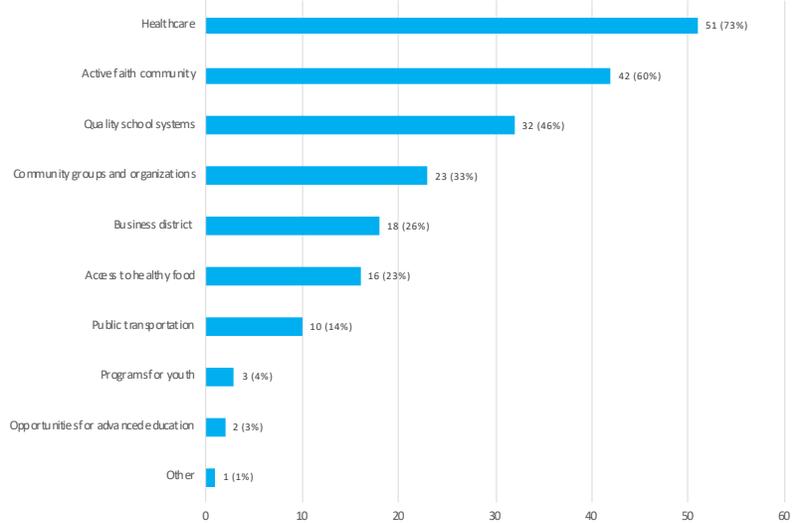
- In situations where we have rough times, the community comes together to help one another
- Safe, low crime
- We have everything here that we need
- Good mix of generations with city council, which gets the younger generation more involved
- People get along with each other for the most part
- Great place to raise your kids and not have to worry for their safety
- Good faith community; lots of different churches
- The support the community gives to younger people with the school and the elderly community
- We have a hospital, a school, churches and a drug store
- Community unity; there are special things here that make me never want to leave
- The people—they're nice, friendly, and not afraid to talk to one another or a stranger
- The caring everyone gives to one another in the community
- Ashley is unique partly because of the mixed cultures that have been preserved here
- A good core of elderly that have been here for a long time and willing to help younger generations move forward

Three Best Things: About the People



17

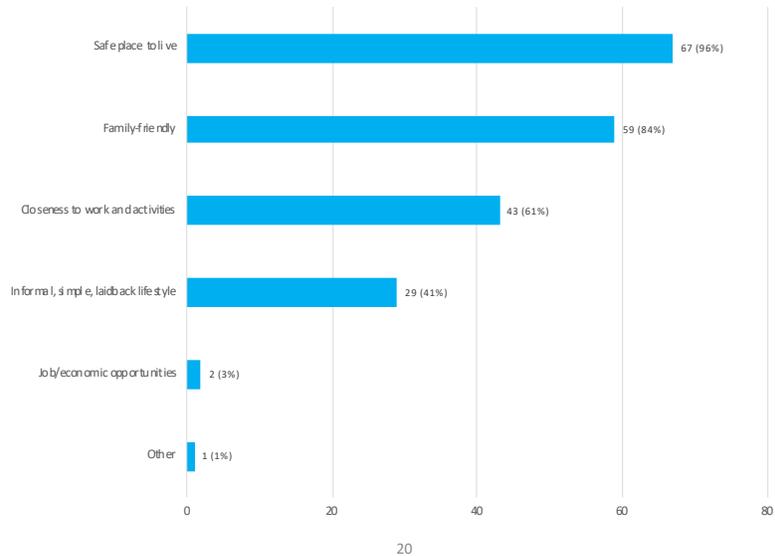
Three Best Things: Services and Resources



18

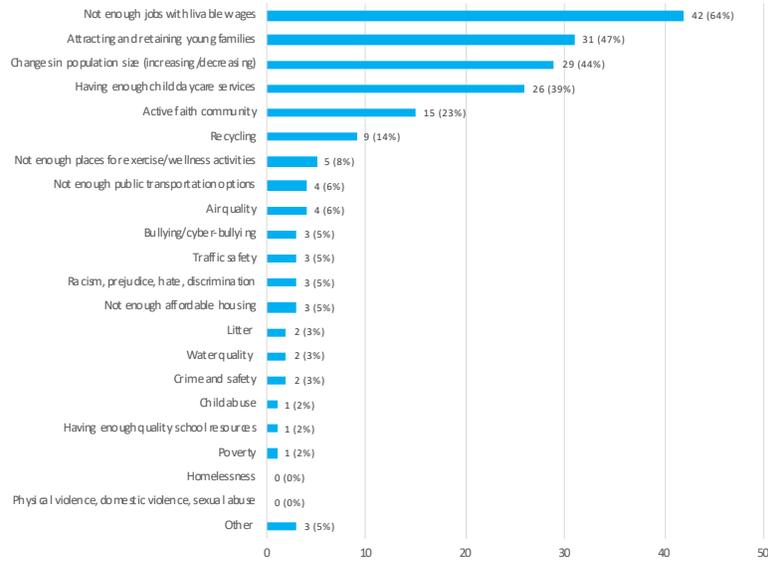


Three Best Things: Quality of Life



Survey – Concerns about Community/Environmental Health

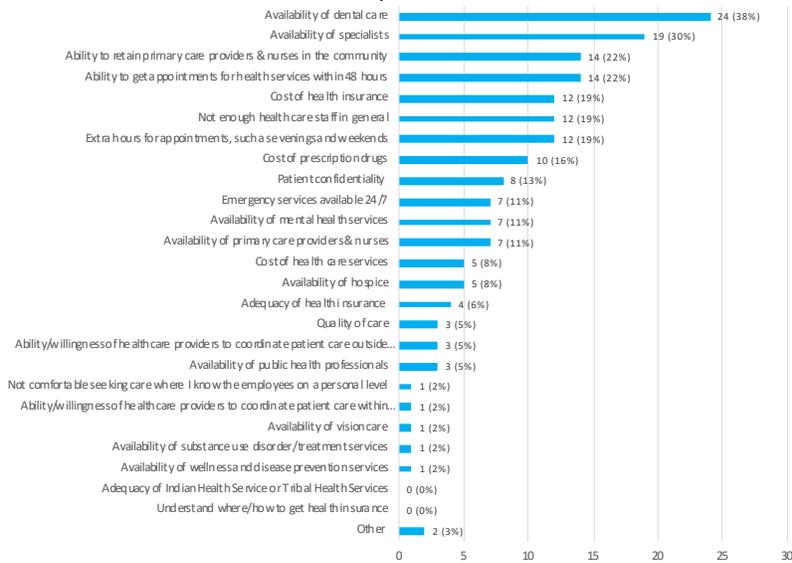
Total responses = 189



21

Survey – Concerns about Availability/Delivery of Health Services

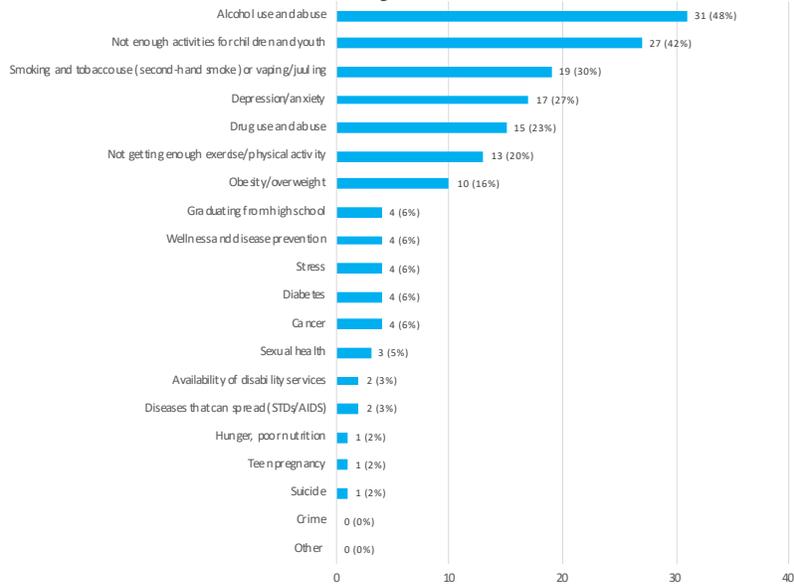
Total responses = 176



22

Survey – Youth Population Concerns

Total responses = 162



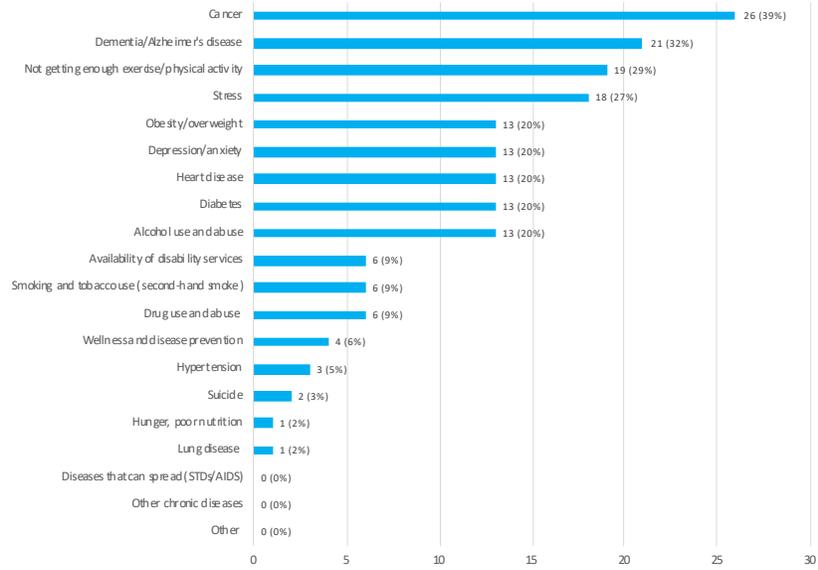
23



24

Survey – Adult Population Concerns

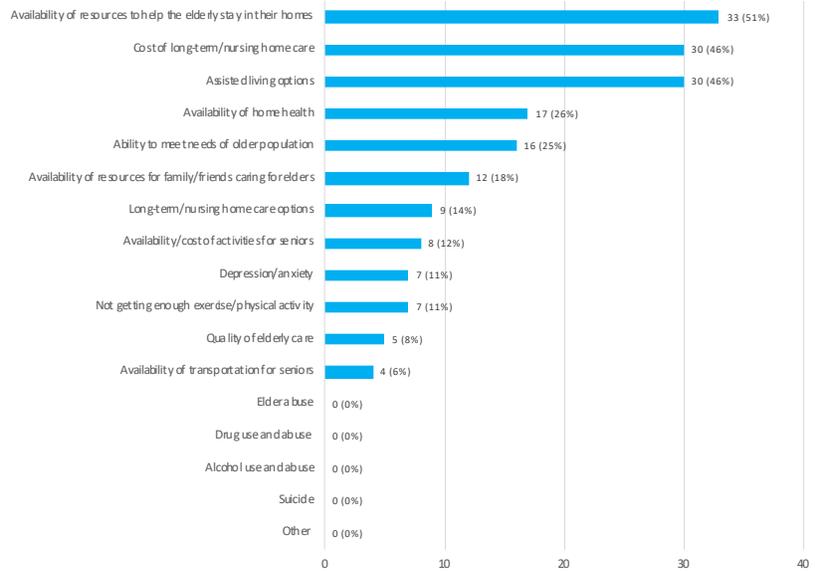
Total responses = 178



25

Survey – Senior Population Concerns

Total responses = 178



26

Biggest Challenge Facing the Community

Two categories emerged above all others as the top concerns:

- Decreasing population
- Low-paying jobs

Other significant challenges that were identified were:

- Cost of care
- Daycare
- Keeping elderly in their homes
- Keeping healthcare workers at the hospital
- Need for medical doctor
- Not enough resources and attractions for young families
- Protection in the community
- People don't care like they used to

27

Top 4 Concerns Identified from Each Category

Community/Environmental Health Concerns

Attracting and retaining young families
Changes in population size (increasing/decreasing)
Having enough child daycare services
Not enough jobs with livable wages

Availability/Delivery of Health Services Concerns

Ability to retain primary care providers and nurses
Ability to get appointments for health services within 48 hours
Availability of dental care
Availability of specialists

Youth Population Health Concerns

Alcohol use and abuse
Depression/anxiety
Not enough activities for children and youth
Smoking and tobacco use, second-hand smoke, or vaping/juuling

28

Top 4 Concerns Identified in Each Category

Adult Population Health Concerns

Cancer
Dementia/Alzheimer's disease
Not getting enough exercise/physical activity
Stress

Senior Population Health Concerns

Assisted living options
Availability of home health
Availability of resources to help the elderly stay in their homes
Cost of long-term/nursing home care

29



30

Community Health Improvement Plan

A community health improvement plan is a **long-term, systematic effort** to address public health problems on the basis of the **results of community health assessment** activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to **set priorities and coordinate and target resources**.

A community health improvement plan is critical for **developing policies and defining actions** to target efforts that **promote health**. It should define the vision for the health of the community through a **collaborative process** and should address the gamut of **strengths, weaknesses, challenges, and opportunities** that exist in the community to **improve the health status** of that community.

Source: NACCHO, <http://www.naccho.org/topics/infrastructure/CHAIP/upload/CHIP-Basics.pdf>

Community Health Needs Assessment Ashley, North Dakota Ranking of Concerns

The top four concerns for each of the seven topic areas, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by the people in attendance at the second community meeting. The "Priorities" column lists the number of yellow/green/blue dots placed on the concerns indicating which areas are felt to be priorities. Each person was given four dots to place on the items they felt were priorities. The "Most Important" column lists the number of red dots placed on the flipcharts. After the first round of voting, the top five priorities were selected based on the highest number of votes. Each person was given one dot to place on the item they felt was the most important priority of the top five highest ranked priorities.

	Priorities	Most Important
COMMUNITY/ENVIRONMENTAL HEALTH CONCERNS		
Attracting & retaining young families	8	6
Changes in population size	1	
Having enough child daycare services	6	3
Not enough jobs with livable wages	8	1
AVAILABILITY/DELIVERY OF HEALTH SERVICES CONCERNS		
Ability to retain primary care providers (MD, DO, NP, PA)	3	
Ability to get appointments for health services within 48 hours	1	
Availability of dental care	0	
Availability of specialists	0	
YOUTH POPULATION HEALTH CONCERNS		
Alcohol use and abuse	0	
Depression/anxiety	5	
Not enough activities for children/youth	1	
Smoking & tobacco use, second-hand smoke or vaping/juuling	0	
ADULT POPULATION HEALTH CONCERNS		
Cancer	0	
Dementia/Alzheimer's disease	1	
Not getting enough exercise/physical activity	0	
Stress	0	
SENIOR POPULATION HEALTH CONCERNS		
Assisted living options	2	1
Availability of home health	5	
Availability of resources to help elderly stay in their homes	0	
Cost of long-term/nursing home care	0	

Source: NACCHO, <http://www.naccho.org/topics/infrastructure/CHAIP/upload/CHIP-Basics.pdf>



Customized Assistance

info@ruralhealthinfo.org

1-800-270-1898

Tailored Searches of Funding Sources for Your Project

Foundation Directory Search



FREE Service!



The Rural Health Research Gateway provides access to all publications and projects from seven different research centers. Visit our website for more information.

www.ruralhealthresearch.org

Sign up for our email or RSS alerts!

www.ruralhealthresearch.org/alerts

Shawnda Schroeder, PhD
Principal Investigator
701-777-0787 • shawnda.schroeder@med.und.edu

Center for Rural Health
University of North Dakota
501 N. Columbia Road Stop 9037
Grand Forks, ND 58202



Stutsman County



Center for Rural Health



Questions?





Contact us for more information

Brad Gibbens, MPA, Deputy Director
Center for Rural Health
UND School of Medicine and Health Sciences
1301 N. Columbia Road, STOP 9037
Grand Forks, ND 58202-9037

701-777-2569 (Desk)
701-777-3848 (Main Line)
brad.gibbens@med.und.edu

Ruralhealth.und.edu

37