Center for Rural Health

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

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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:
  o Key informant interviews
  o Focus group
  o 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

- People are friendly, helpful, supportive: 48 (59%)
- People who live here are involved in their community: 54 (78%)
- Feeling connected to people who live here: 41 (54%)
- Government is accessible: 12 (17%)
- Community is socially and culturally diverse: 13 (17%)
- Sense that you can make a difference through civic engagement: 4 (12%)
- People are tolerant, inclusive, and open-minded: 5 (17%)
- Other: 0 (0%)

Three Best Things: Services and Resources

- Healthcare: 41 (73%)
- Active faith community: 43 (73%)
- Quality school systems: 32 (56%)
- Community groups and organizations: 22 (33%)
- Business district: 10 (16%)
- Access to healthy food: 11 (18%)
- Public transportation: 10 (16%)
- Programs for youth: 3 (6%)
- Opportunity for adult or post-secondary education: 2 (3%)
- Other: 2 (3%)

Three Best Things: Quality of Life

- Safetyplace to live: 67 (96%)
- Family-friendliness: 59 (84%)
- Closeness to work and activities: 43 (61%)
- Informal, simple, laidback lifestyle: 29 (43%)
- Job/economic opportunities: 16 (23%)
- Other: 0 (0%)

Other job/economic opportunities

Informal, simple, laidback lifestyle

Closeness to work and activities

Family-friendliness

Safetyplace to live

Other
Survey – Youth Population Concerns

Total responses = 162

- Alcohol use and abuse: 2 (2%)
- Not enough activities for children and youth: 10 (16%)
- Smoking and tobacco use (second-hand smoke or vaping/juuling): 23 (20%)
- Depressed/sadness: 17 (27%)
- Drug use and abuse: 15 (23%)
- Not getting enough exercise/physical activity: 12 (14%)
- Obesity/overweight: 10 (16%)
- Graduating from high school: 6 (6%)
- Wellness and disease prevention: 6 (6%)
- Stress: 6 (6%)
- Diabetes: 6 (6%)
- Cancer: 6 (6%)
- Sexual abuse: 6 (6%)
- Availability of disability services: 3 (3%)
- Diseases that can spread (STD/AIDS): 2 (2%)
- Hunger, poor nutrition: 1 (1%)
- Teen pregnancy: 1 (1%)
- Suicide: 1 (1%)
- O ther: 0 (0%)

Other

Other
Survey – Adult Population Concerns

Total responses = 178

Survey – Senior Population Concerns

Total responses = 178
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

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
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
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.


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<th>Priorities</th>
<th>Most Important</th>
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<tbody>
<tr>
<td>Attracting &amp; retaining young families</td>
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<td>Changes in population size</td>
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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. 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.

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