A Community Health Needs Assessment (CHNA) Collaborative Framework to Build Capacity for Community Engagement

UND College of Nursing and Professional Disciplines PhD Class
Professor: Dr. Tracy Evanson

June 2, 2020

Presented by:
Kylie Nissen, Senior Project Coordinator
Center for Rural Health

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
- 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

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 plan

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

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
Collaboration

Hospital + 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

Social Determinants of Health

Data taken from County Health Rankings Model

Source: Healthypeople.gov
Center for Rural Health

Center for Rural Health CHNA Methodology

Adapted from National Center for Rural Health Works.

Primary data:
1. Survey (online & print)
2. Key informant interviews (5-7)
3. Community meetings (focus groups)

Secondary data:
1. County
2. State
3. National

Timeline: 6 – 7 months
Consistency in Data

- Used same assessment method for all CAHs in North Dakota that the CRH conducts (32 of 36)
- 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
### Center for Rural Health

### Addressing Community Health Needs

<table>
<thead>
<tr>
<th>Topic</th>
<th>Information</th>
</tr>
</thead>
</table>
| Aging Population Services | - Preventive and screening services for seniors don’t leave their homes  
- Assist with screening services for seniors can be done at home  
- Homebound services  
- Medicare Advantage services  
- Homebound care  
- Homebound care by mail  
- Homebound care for pharmacy services  |

### Attracting & Retaining Young Families

- Develop hospital-sponsored day care opportunities for staff and community members  
- Develop and offer health and wellness programs  
- Collaborate with community organizations such as the school to offer health education programs and site-based equipment  
- **Mary's Weight Control Program Health Information Network**

### Key Links

- www.ndcna.org  
- www.mnhca.org  

### Maps

- [Map of Rural Health](http://www.maplink.com)  
- [Map of Health Centers](http://www.healthcenters.org)  

### Contact Information

- [Phone](http://www.phone-number.com)  
- [Email](http://www.email.com)  
- [Website](http://www.ndcna.org)
Center for Rural Health

CHNA Electronic-Toolkit

www.ndchna.org/toolkit

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

Username: Password:
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(s) of support
- Compile list of services (CAH & Public Health)
- 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

Who is part of the steering committee?
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

Center for Rural Health

Step 3 Activity: Survey Development

Community Specific Survey Question/Topic Development

- Take a look at the base survey and past CHNA survey tools provided to you. What additional questions/topics do you think you will want your 2020 survey to cover?

Hints:
- Think about hot topic issues in your community
- What is something you want to ask the community, but unsure how?
- Thinking of adding a service?

Survey Response Goal Setting

Shoot for 15% of the community population over the age of 18.

- How many surveys do you hope to have returned?
- Start with 50 paper copies – can always get more

Resources
- Step 3 To-Do List
- CHNA Survey Tool
- Survey Distribution Plan
Sample Elective Questions

Awareness of Services

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

- [ ] X-ray
- [ ] CT scan
- [ ] Echocardiogram
- [ ] 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)

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

Sample Elective Questions

**Violence in the Community**

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

- [ ] Bullying/cyber-bullying
- [ ] Dating violence
- [ ] Domestic/spouse violence
- [ ] Economic abuse/withholding of funds
- [ ] Emotional abuse
- [ ] Intimidation
- [ ] Isolation
- [ ] Physical abuse
- [ ] Stalking
- [ ] Sexual abuse/assault
- [ ] Verbal threats
- [ ] Video game/media violence
- [ ] Violence against children
- [ ] Violence against women
- [ ] Workplace/colleague violence

**Marketing Health Services**

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

- [ ] Advertising
- [ ] Employer/worksite wellness
- [ ] Health care professionals
- [ ] Indian Health Service
- [ ] Newspaper
- [ ] Public health professionals
- [ ] Radio
- [ ] Social media (Facebook, Twitter, etc.)
- [ ] Tribal Health
- [ ] Web searches
- [ ] Word of mouth, from others (friends, neighbors, co-workers, etc.)
- [ ] Other (Please specify)________________
“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)

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Distribution site/business/event</th>
<th>City</th>
<th>Who will collect/distribute here?</th>
<th>Registration needed?</th>
<th>Estimated # of surveys to distribute</th>
<th># distributed/delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 4: Plan 1st Community Meeting/Key Informant Interviews

- One-on-one interviews held with key informants (5-7) 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 healthcare providers, and reasons community members use other facilities for healthcare.
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?

Step 5: Launch Media Campaign & Distribute Survey

How you distribute your survey and how you market it to the community will determine the success of this part of the process!

- Brainstorm “locations” that you can distribute the survey
- Brainstorm “methods” of spreading the word?

Consider:
- press releases
- advertising
- flyers
- business cards
- radio ads
- TV interviews
- social media
Step 6: Hold 1st Community Meeting/Key Informant Interviews

Be prepared!

- CRH will be in your community
- Abide by the deadlines
- Have your materials ready

Tips:
- Follow-up with invited community meeting attendees and key informants
- Recommend serving food at the community meeting – enticement to attend
- Have copies of your survey available to disseminate at this meeting

Resources
- Step 6 To-Do List
- Community Meeting Sign-in Sheet

Center for Rural Health

1st Community Meeting/Key Informant Interviews

- Group members/key informants are introduced to needs assessment process
- Review basic demographic information about counties in service area
- Examine county characteristics compared to state averages
- Results from last CHNA and the implementation areas
- Survey info

<table>
<thead>
<tr>
<th>Elgin Area Demographics</th>
<th>Grante County</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population (2010)</td>
<td>2,374</td>
<td>762,062</td>
</tr>
<tr>
<td>Population change (2010-2018)</td>
<td>-</td>
<td>13.3%</td>
</tr>
<tr>
<td>People per square mile (2010)</td>
<td>1.4</td>
<td>9.7</td>
</tr>
<tr>
<td>Persons 65 years or older (2010)</td>
<td>29.9%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Persons under 18 years (2010)</td>
<td>28.6%</td>
<td>23.3%</td>
</tr>
<tr>
<td>Median age (2010 est.)</td>
<td>52.2</td>
<td>35.2</td>
</tr>
<tr>
<td>White persons (2010)</td>
<td>93.5%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Non-English speaking (2010)</td>
<td>4.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>High school graduation (2010)</td>
<td>91.2%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Bachelor's degree or higher (2010)</td>
<td>17.4%</td>
<td>29.5%</td>
</tr>
<tr>
<td>Live below poverty line (2010)</td>
<td>14.5%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Persons without health insurance, under age 65 years (2010)</td>
<td>18.6%</td>
<td>8.4%</td>
</tr>
</tbody>
</table>

Source: [https://www.cdc.gov/nchs/data/hus/hus18.pdf](https://www.cdc.gov/nchs/data/hus/hus18.pdf)
Source: [https://www.census.gov/quickfacts/fact/table/NC/县/县/coco/NCHNA](https://www.census.gov/quickfacts/fact/table/NC/县/县/coco/NCHNA)
1st Community Meeting
Key Informant Interviews

- Social Determinants of Health handout
- Info CRH gathered for first meetings
- Questions for key informants and community groups
- Question 9
- List of concerns

Step 7: Plan 2nd Community Meeting & Finalize Survey Distribution

- Plan for 1.5 hours
- Select a date/time that will work for your 2nd Community Meeting
- Submit photos of your community to be used in final CHNA report
- Complete community assets and overview template, projects and programs implemented to address needs template, and submit photos for report.
- Update survey distribution plan
Survey Reminders

CRH Prepares for the 2nd Community Meeting

- Close the survey
- Analyze data
- Prepare PowerPoints, handouts, and “sticker” flipcharts
Secondary Sources Used

- US Census
  https://www.census.gov/quickfacts/ND
- County Health Rankings
  www.countyhealthrankings.org
- National Survey of Children’s Health
  www.childhealthdata.org/learn/NSCH
- North Dakota Kids Count
  www.ndkidscount.org
- Youth Risk Behavior Surveillance System
  https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Step 8: Hold Community Meeting #2

- Includes 1st Community Group Meeting attendees and Key Informant Interviewees

- **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

Step 9: Closing the CHNA Process

• 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
• Start implementation planning
Step 10 : Implementation Plan & Outcomes

- 5 months & 15 days

Resources
- Step 10 To-Do List
- Implementation Plan Template
- 3-Month Goals
- 6-Month Goals

Implementation Plan

- 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
Logic Model

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

Center for Rural Health

Findings
ND CHNA Top Needs Identified through 3\textsuperscript{rd} cycle since ACA implementation (2017-2019)

- Mental health
- Substance abuse
- Access to quality primary care providers
- Ability to retain primary care providers
- Having enough primary care services
- Availability of resources to help the elderly stay in their homes
- Not enough jobs with livable wages
- Availability of resources to help the elderly stay in their homes
- Having enough child care services
- Affordable housing
- Delayed care for appointments
- Cost of long-term/nursing home care
- Availability of primary care providers
- Access to living options
- Not getting enough exercise/not enough places for recreation
- Transportation
- Services for veterans
- Breast cancer
- Domestic violence
- Access to healthcare
- Ability to get appointments within 48 hours
- Obesity
- Not enough jobs with livable wages

Center for Rural Health

Resources for Implementation Planning
Next CHNA Steps – Innovative Ideas

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 to every community; 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 Country 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 update
- New 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)

CHNA Resources

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

- Funding opportunities
- Rural health issues
- Rural care coordination
North Dakota Targeted Rural Health Education (NDTRHE)

Who: Medical students, residents, nurses, physician assistants, and other health professions on the UND campus, and eventually across the state.

What: Use an identified community health need and produce a relevant publication that can be used as a community education tool.

Why: To engage students in the rural ND communities they are training in for better understanding of needs, and relationship building with the general population.
Questions?

Please contact:
Kylie Nissen
Senior Project Coordinator
701-777-5380
kylie.nissen@und.edu

Also available to answer questions:
Shawn Larson (shawn.p.larson@und.edu)
Amy Breigenzer (amy.breigenzer@und.edu)
Julie Reiten (julie.a.reiten@und.edu)