Health Reform and the Community

West River Health Services Annual Meeting
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Hettinger, ND

• 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
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.
Rural and Urban Strengths and Weaknesses

**Rural**
- **Strengths**
  - Strong informal support network
  - Fundraising
  - Cohesive
  - Established interdependence
  - Collaboration
- **Weaknesses**
  - Skewed population demographics
  - Fluctuating economy
  - Resistance to change
  - Shortage of professionals
  - Lack of resources
  - Over-tapped staff

**Urban**
- **Strengths**
  - More stable/diverse economy
  - Availability of resources
  - Availability of professionals
  - Growing and diverse population
  - Change is natural
- **Weaknesses**
  - Lack of cohesiveness
  - Limited informal support
  - Competition among providers
  - Competition for fundraising
  - More contentious fractions
  - Less sense of "community"

Stutsman County
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.
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."
Social Determinants of Health

Population Health

- **Physical Environment**
  - Environmental quality
  - Built environment

- **Socio-Economic Factors**
  - Education
  - Employment
  - Income
  - Family/social support
  - Community safety

- **Health Care**
  - Access to care
  - Quality of care

- **Health Behaviors**
  - Tobacco use
  - Diet & exercise
  - Alcohol use
  - Unsafe sex

Source: Authors’ analysis and adaption from the University of Wisconsin Population Health Institute's County Health Rankings model ©2010, http://www.countyhealthrankings.org/about-project/background
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
Affordable Care Act

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

Enforced by: IRS

Penalties:
- $50,000 excise tax per year of non-compliance.
- Puts tax exempt status in jeopardy.

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

CHNA and implementation strategy provides the opportunity to the hospital and partners to address community health needs, to produce a community benefit.
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.
**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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**West River Community Health Issues –CHNA 2015**

- Mental health – comprehensive services
- Pediatrics – collaborative efforts with other providers
- Elderly services – continuum of services and living options
- Healthy lifestyles for the community – tools for healthy living, coordinator
- Access to healthcare providers – keep care local
North Dakota CAHs and Community Benefit

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

• Healthcare workforce
  o Increase use of social media
    o Create community marketing group – hospital, economic development, chamber of commerce
    o Support local students, financial support for nursing and medicine, and other health professions
    o Create local Recruitment & Retention committee with representatives from community – school, bank, business, realtor, church, local govt., younger people
    o Create a promotional video
    o Work with Center for Rural Health workforce specialist and AHEC
North Dakota CAHs and Community Benefit

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

Contact us for more information!

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