



Preliminary Analysis of Community Health Needs Assessments (CHNA) Prioritized Issues

Health Data Retreat
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The University of North Dakota
School of Medicine & Health Sciences

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Methodology

- Time frame – 2014-2016
- 34 CHNA completed out of 45 (11 left) – end of 2016 or 2017
 - 25 CAH
 - 5 PPS hospitals
 - 4 Public Health (worked with CRH)
- 34 CHNA produced 151 needs (range 2 needs to 9 needs, most 4 or 5)
- CRH completed 23 CHNA (68%) – CRH assisting 4 more
- CRH methodology – mixed method
 - Community survey -primary
 - Key informant interviews- primary
 - Focus group - primary
 - County Health Rankings - secondary
 - Community Steering Committee ranks issues
- Others use survey, focus groups, secondary data



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Background

- CHNA process for non-profit hospitals is to address ACA requirement for showing “community benefit”. CHA process for public health is associated with accreditation.
- IRS requirement – has to be filed with IRS, CHNA report and separate implementation plan must be on hospitals web page
- ACA – Individual mandate for insurance, with access through Marketplace and Medicaid Expansion will lower the uncompensated care/bad debt burden – non-profit hospital status ties to this – however, as burden declines hospitals should have more revenue and are to create a community benefit providing:
 - Free and discounted care to those unable to afford care
 - Care to low-income beneficiaries of Medicaid and other indigent programs
 - Services designed to improve community health and increase access to healthcare, enhance the health of the community, advance medical or health knowledge, or reduce or relieve the burden of government or other community efforts.

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Findings

- **Behavioral Health** (29 CHNAs out of 34 identified Behavioral Health as a Community Health Need- 85% of the CHNAs, or 20% of all identified needs)
 - Youth alcohol use and abuse 4 CHNAs
 - Adult alcohol use and abuse 3
 - Adult drug use and abuse 3
 - Youth drug use and abuse 2
 - Youth and adult drug use 2
 - Drug use 2
 - Sexual health/sexually transmitted disease 2
 - Violence prevention 1
 - Addiction 1
 - Substance abuse 1
 - Excessive drinking 1
 - Other (behavioral health access, increase Behavioral health)

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Findings

- **Ability to Attract and Recruit Provider** 20 CHNAs out of 34
 - General – reference to needing more providers 9
 - Primary Care 7
 - Specialists 3
 - Mental Health 1
- **Mental Health** 18 CHNAs out of 34
 - Depression 4
- **Cost** 15 CHNAs
 - Health Insurance 9
 - Health Care 4
 - Health Care and Insurance 1
 - Prescription Drugs 1

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Findings

• Obesity/Overweight	11 CHNAs
• Child Care	10
• Availability of Resources to Help Elderly (stay in home)	10
• Jobs with Living Wages	8
• Wellness (life style), fitness, exercise)	8
• Ability to Recruit and Retain Young Families	7
• Housing	4
• Bullying/Cyber-bulling	2
• Poverty	2
• EMS	2
• Transportation	1
• Access to Health Care	1
• Assisted Living	1
• Flu Vaccination	1
• Hypertension	1

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Rankings

- **Issues that emerged as the number one rated issue**
 - Mental health – 8
 - Behavioral Health- 5
 - Ability to Attract and Recruit a Provider - 4
 - Obesity - 4
 - Recruit and Retain Young Families - 3
 - Costs - 3
 - Wellness - 2
 - Elderly - 1
 - Housing - 1
 - Sexual Health 1
 - Child care - 1
 - Resources to help elderly - 1

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Contact us for more information!

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