Building Healthier Communities

Dakota Conference on Rural and Public Health

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• 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
An Englishman’s Perspective

Americans can always be relied upon to do the right thing...after they have exhausted all the other possibilities.

Sir Winston Churchill

A Guiding Principle of Rural Health

Vision is the art of seeing things
Invisible

Jonathan Swift
Rural Health Issues

- Health disparities
- Access to care and availability and viability of health facilities
- Delivery system reform
- Health workforce
- Quality of care
- HIT
- Health insurance
- Networking and collaboration
- Community economics and community development/engagement
- Finance and funding
- EMS

Source: Center for Rural Health Community and Meeting Survey of Issues, 2008-2012

Building Healthier Rural Communities Means What?

- Healthier population/clients/patients
- Underlying goal within health reform of the delivery system
- Sense of interdependency and equity
- Local leadership from health sector and other community sectors – partnerships and community coalitions
- Requires sincere community engagement
- Greater individual responsibility within the community for one’s health but with community structures for support and guidance
A healthy community is a dynamic community, changing community, fair community, and engaged community.

In a healthy community,
- diversity is valued
- people feel included, respected, and trusted
- people work together
- assets are valued
- the goal is the overall health of the community


What Can Act as Catalysts for Building a Healthy Community

- Community Health Needs Assessment (CHNA) and Implementation Plan
  - Function within the ACA – understanding community needs and meeting those needs
  - Fosters a level of community engagement – needs assessment, key informant, and focus groups, CHNA team, individual committees
  - Collaboration between hospitals and public health (required) and other community groups (health, civic, business, school, faith-based)
  - Opportunity for community collaboration to develop an implementation plan for community health improvement
  - Follow through is imperative
  - What are the goals, objectives, time frame, and ultimately outcomes (how to measure the outcomes)?
Some Examples of Identified CHNA Needs in North Dakota

- Physical activity/obesity
- Chronic disease – diabetes, heart disease, cancer, COPD
- Access to services – mental health, behavioral health, emergency care
- Health workforce – have adequate number of providers; R/R of PC, mental health providers, other health workers
- Elevated rate of uninsured
- Higher cost of health care/insurance

Some Examples of Identified CHNA Needs in North Dakota

- Elevated rate of excessive drinking, drinking and driving
- Smoking and tobacco
- Financial viability of hospital (including local fund raising)
- Increase collaboration between area health care providers/ facilities
- Quality of care
- Elevated teen birth rate
## Center for Rural Health

### Some Examples of Identified CHNA Needs in North Dakota

- Meeting needs of elderly and caregivers
- Emphasize wellness and prevention
- Lack of transportation to medical facility
- Dental access
- Support groups
- Services for pediatrics and young families

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### Some Examples of Identified CHNA Needs in North Dakota

- Improve patient follow-up, communication, visibility
- Collaborate with school, economic development, public health, other local providers, civic groups, other area hospitals and clinics
- Improve access to healthy foods
- Lack of affordable housing
- Motor vehicle crash death rate
- STD
Affordable Care Act – 2013 Regulation

Must make CHNA report widely available to public.
- Conspicuously post report on hospital’s website (or link to other website with report)
- Report must remain on the website until two subsequent reports have been posted
- Must make a paper copy available for public inspection at hospital without charge
- May post draft of report without starting 3-year cycle.

Affordable Care Act – 2013 Regulation (Implementation Plan)

Must identify “significant” needs, prioritize significant needs, and identify measures and resources to address those needs.
- Determine whether need is significant “based on all the facts and circumstances present in community.”

Examples of prioritization criteria include:
- Burden, scope, severity, or urgency of the health need
- Estimated feasibility and effectiveness of possible interventions
- Health disparities associated with need
- Importance the community places on addressing the need
- But: Hospital “may use any criteria it deems appropriate.”
Affordable Care Act – 2013 Regulation
Implementation Strategy – Basics
For each significant health need, must:

• Describe how hospital plans to address need
  o Describe actions and anticipated impact
  o Identify programs and resources to commit
  o Describe collaboration with other facilities/organizations

• Or: Identify need as one hospital does not intend to address and explain why.
  o Brief explanation is sufficient

*Hospital must adopt implementation strategy in same taxable year CHNA is conducted.*

Strategic Planning/Community Health Improvement Action Plan (Worksheet)
Goal Statement 1:

Resources Needed (do for the overall goal or for each objective)

People and organizations (skill sets, information they possess, contacts, other resources) – local, regional, statewide, national

Physical (location for meetings, events, training; equipment, technology, communication function)

Financial (initiate effort, sustain effort, donations, grants, contributed in-kind)

Sustainability (think about how to build awareness, establish benefit/impact to people and organizations and how to show this, measurement for evaluation, and link to financial)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Action Steps</th>
<th>Time Frame</th>
<th>Who is Responsible</th>
<th>Outputs (what is produced)</th>
<th>Outcome (result, impact)</th>
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Resources to Aid in Building a Healthier Rural Community

- **CHNA** – process and platform that can lead to a Healthier Community
- **Community Health Improvement Plan** – results from the CHNA and is a road map to build a healthier community
- A Healthier Community comes from the dedication and hard work of the people who take responsibility and provide leadership
  - Workgroups and committees – diversity, build leadership, build confidence

Resources to Aid in Building a Healthier Rural Community

- Many hours of work
- Compromise – can’t do everything at once
- Big picture – what is needed for the community
- Methodical small steps to get there – goals, objectives, action steps
Resources to Aid in Building a Healthier Rural Community

• CDC Healthy Communities Program (http://www.cdc.gov/healthycommunitiesprogram/success_stories/)

• Building Healthier Communities Key Resource List (http://www.muskegonhealth.net/programs/educational/building_healthy_communities_resources.pdf)

• Rural Assistance Center (http://www.raconline.org/)
  o Mental and behavioral health (http://www.raconline.org/topics/mental-health/)
  o Rural obesity prevention toolkit (http://www.raconline.org/communityhealth/obesity/)
  o Obesity (http://www.raconline.org/topics/obesity-and-weight-control/)
  o Children’s Health and Welfare (http://www.raconline.org/topics/childrens-health-and-welfare/)

Rural Assistance Center (continued)

  o Aging (http://www.raconline.org/topics/aging/)
  o Caregiving (http://www.raconline.org/topics/informal-caregiving/)
  o Job Training (http://www.raconline.org/topics/job-training-and-adult-education/)
  o Health Disparities (http://www.raconline.org/topics/rural-health-disparities/)
  o Healthcare Workforce (http://www.raconline.org/topics/health-care-workforce/)
  o Medical Homes (http://www.raconline.org/topics/medical-homes/)
  o Chronic Disease (http://www.raconline.org/search/search_results.php?keyword=Chronic+Disease+Management&Submit2=Search)
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Resources to Aid in Building a Healthier Rural Community

• Blue Cross Blue Shield of North Dakota Rural Health Grants – Physical Activity
  (http://ruralhealth.und.edu/projects/bcbs-grant-program)
  
  o Walking and exercise
  o Wellness and prevention, free fitness classes, education
  o Nutrition classes
  o School playground equipment
  o Outdoor basketball court and playground equipment
  o Worksite wellness
  o Zumba classes, climbing wall, and other equipment
  o Fitness on Demand – video system

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Resources to Aid in Building a Healthier Rural Community

• Rural Health Outreach Grants
  http://www.hrsa.gov/ruralhealth/about/community/careservicesoutreach.html
  
  o North Dakota – 25 grants since 1991
  o 3 year grant
  o Require a network of 3 separate legal organizations
  o About $375,000 over the 3 years
  o ND
    ➢ Chronic disease
    ➢ Behavioral and mental health (Rural Mental Health Consortium)
    ➢ Wellness and health promotion
    ➢ EMS
    ➢ Mobile clinic
    ➢ Distance education
    ➢ School nursing
Resources to Aid in Building a Healthier Rural Community

- **Rural Network Development Grants**
  
  [http://www.hrsa.gov/ruralhealth/about/community/careservicesoutreach.html](http://www.hrsa.gov/ruralhealth/about/community/careservicesoutreach.html)
  
  - ND 5 grants since 1994
  - 3 year grant
  - $540,000
  - Requires network of 3 legal organizations that have worked together as a network, can show history

- **Rural Network Planning Grants**
  
  [http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html](http://www.hrsa.gov/ruralhealth/about/community/rhnetworkplanning.html)
  
  - 1 year grant
  - $85,000

- **Community Transformation Grant Program (CTG) funded by CDC**
  
  - Grant to NDDH in partnership with UND CRH, NDSU MPH, and UTTC
  - Statewide environmental scan – CRH
  - Community Engagement – CRH
    - Health organization coalition
    - Community members - selection
    - Community engagement training
    - Incorporation of CHNA and Community Implementation Plan process
    - Small community grants as financial resources
    - Community-to-community coalitions and support
Resources to Aid in Building a Healthier Rural Community

- Flex Program
  - Upwards of 7 awards
  - Range of $10,000-15,000
  - Local area collaboration between groups
  - Address community needs that were identified in the CHNA and your Community Implementation plan Process
Contact us for more information!

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