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Arizona State Office of Rural Health Webinar Series



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Arizona State Office of Rural Health Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.



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Today's presentation:

Rural Hospital Community Health Needs Assessment: *Best Practices, Tips for Future Success, & Next Steps*

Presenters:

Bryna Koch, MPH

Special Projects Coordinator, Arizona Center for Rural Health

Jennifer Peters

Arizona State Office of Rural Health Program Manager, Arizona Center for Rural Health

Rural Hospital Community Health Needs Assessment

Best Practices, Tips for Future Success, & Next Steps

Bryna Koch and Jennifer Peters

Thursday | March 15, 2018



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Learning Objectives



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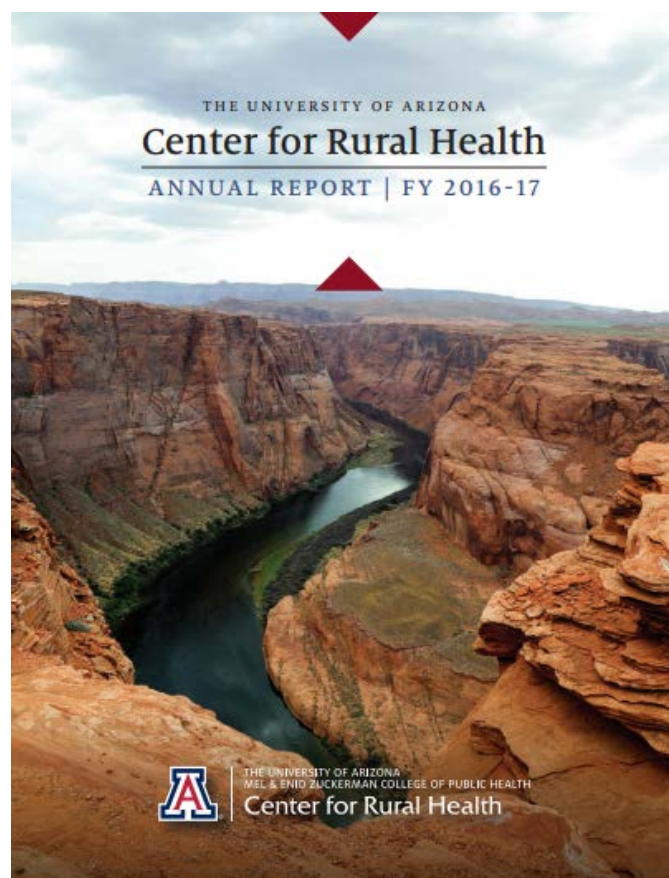
- Describe the development and purpose of the Community Health Needs Assessment (CHNA)
- Compare and contrast the health priorities identified by rural hospital CHNA's and state level health priorities from the state health assessment and improvement plan
- Identify best practices and resources to strengthen future CHNAs
- Connect the shared health priorities and identify state level health improvement strategies that can be implemented in rural communities

Arizona Center for Rural Health



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Est. 1981, serves AZ through its mission “to improve the health & wellness of rural & underserved populations”



1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. Western Region Public Health Training Center
5. AzCRH Navigator Consortium

<http://crh.arizona.edu>

State Office of Rural Health (SORH)



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- Funding via the Federal Office of Rural Health Policy (DHHS-HRSA)
- Provides an institutional framework linking rural communities with State and Federal resources to develop long-term partnerships and solutions to improve rural health



Arizona Rural Hospital Flexibility Program



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Funding via the Health Resources & Services Administration

- Medicare Rural Hospital Flexibility Program
 - Critical Access Hospitals
 - less than 25 inpatient beds
 - 35 miles or more from another facility
 - staff a 24-hour/7days per week
- Emergency Department



Arizona Rural Hospital Flexibility Program



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Focus Areas:

- Quality Improvement
- Financial & Operational Improvement
- Population health management and EMS integration
- CAH designation



What is a Community Health Needs Assessment?



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The purpose of a Community Health Needs Assessment (CHNA) is to identify key strengths, needs, and issues, using a systematic, comprehensive data collection and analysis process

What is a Community Health Needs Assessment?



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Best practices:

- Shared ownership of the process among stakeholders
- Broad community engagement – share updates, findings, and action steps
- Use a logical approach to gather information and address community priorities
- Process encourages flexibility and responds to challenges and opportunities
- Many excellent models and tool kits exist – a list will be provided

Why should community hospitals be **EXCITED** about a CHNA?



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A CHNA is an opportunity to build on rural strengths!

- Health care is a **local affair**! A CHNA gives you the tools to make decisions that work for your community
- Health care delivered in rural communities is affordable, high quality, and necessary to the **good health** and **economic sustainability** of the entire community
- Most communities face a larger number and greater array of issues that usually acknowledged
- Effective **problem-solving** by communities is the most important factor in the survival of rural health services

Outcomes of the CHNA Process



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Greater **community engagement** builds relationships and understanding

- Understand how community members view the hospital
- Understand how the hospital can more effectively meet community expectations

Shared **community health** goals

Strengthened health care services and identification of:

- What is going well?
- What needs more attention?
- Where can partnerships be formed?

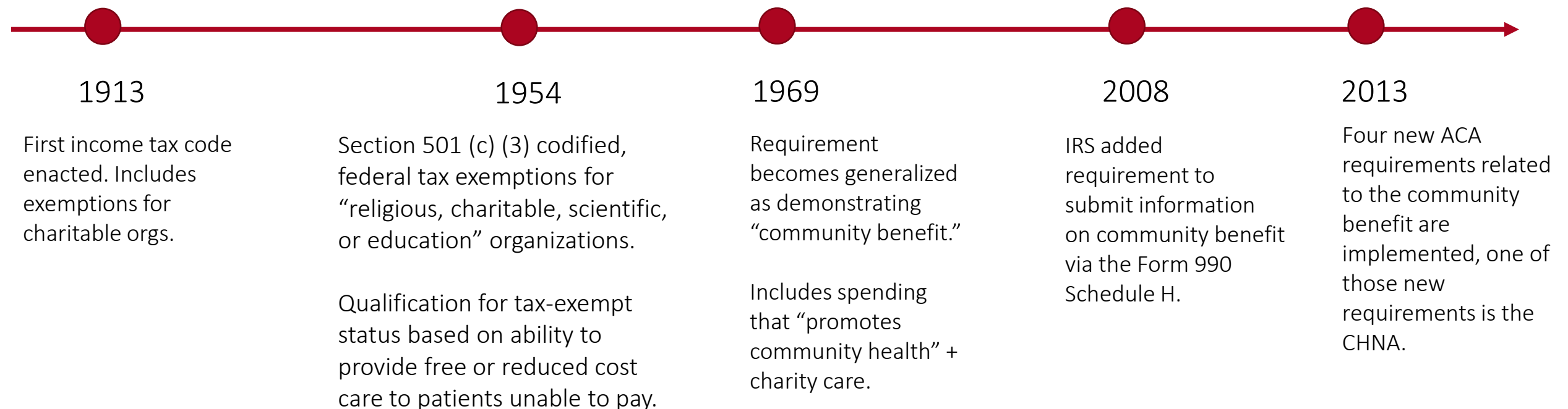
Community is **invested in the future of their health system**

CHNA History



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- **78%** of hospitals in the U.S. are non-profit entities
- Non-profit status supports “favored tax treatment” under federal, state, local, property and other taxes
- History of tax exemptions for charities – must demonstrate community benefit



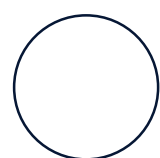
Community Benefit



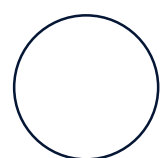
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78%

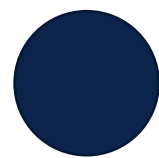
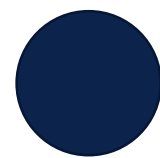
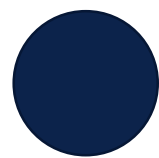
of hospitals in the U.S. are non-profit



Private
for-profit



Private
non-profit



Public
non-profit

non-profit

\$24.6 billion

Estimated value
of tax-exempt status

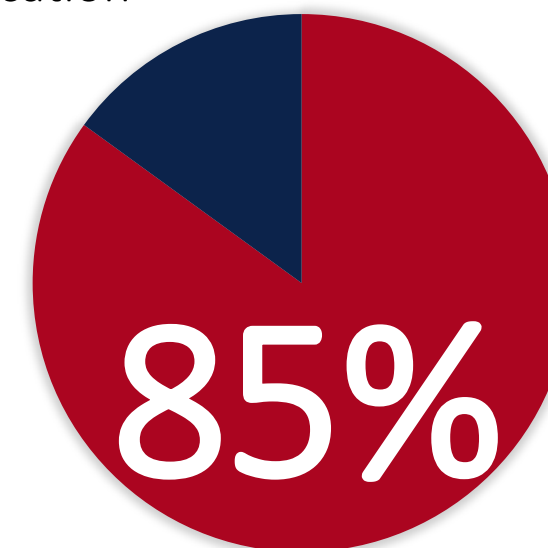
Distribution of Community Benefits

10%

Research,
education

5%

Community
health activities



85%

related to patient care

CHNA in Action



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- Increased attention to the community benefit requirement
- Community as the population served, not a collection of individual patients
- Desire to connect and integrate the public health/population level efforts and health care

Patient Protection and Affordable Care Act of 2010

- Chuck Grassley (R) Iowa
- Modeled after principles from the Catholic Health Association

For 2012, all 501(c)(3) hospitals must demonstrate community benefit to maintain tax-exempt status by completing a CHNA

- New to many, but 12 states had similar state level requirements

CHNA due every 3 years, make widely available, & adopt an implementation strategy to address needs



Opportunity to improve connection between health care and public health

Example from West Virginia

- No cost cancer screenings
- Expands on existing program but addresses transportation as a barrier in a specific county and will offer screenings locally
- Relies on greater partnerships with County Extension Office, County Senior Center, and local health clinic

What do CHANs for Arizona's Rural Hospital



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What does the CHNA process look like for Critical Access Hospitals and their rural communities?

- CAHs are an essential part of the rural health care infrastructure
- Rural is unique compared to urban/metropolitan areas & between rural communities
- Different demographic profile, health status, and social determinants of health
- Unique challenges & opportunities

Our Questions



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- What are the similarities between CAH CHNAs?
- How are the health priorities identified by CAHs similar or different to the state health priorities?
- How can CAHs strengthen their next round of CHNAs?
- Reviewed 10 CHNA using the check-list type tool
- Synthesized results

Our Approach



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Created a checklist-type CHNA review tool

Based on CHNA Best Practices from:

[American Hospital Association](#)

[Catholic Health Association \(CHAUSA\)](#)

[Connecticut Hospital Association](#)

[Kaiser Permanente](#)

[National Association of County and City Health Officials \(NACCHO\)](#)

[Public Health Institute](#)

[Rural Health Works](#)

CHNA Review Tool



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- Background
- Shared Ownership
- Defining Community
- Data Collection & Analysis
- Types of Data
- Community Engagement
- Priority Setting
- Strategy Development
- Monitoring & Evaluation
- Public Reporting

What We Found



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What are the
similarities in
health priorities?

1. Access to Care
2. Behavioral Health
3. Healthy Lifestyle
4. Needs of an Ageing Population

What We Found



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	Access to Care	Mental & Behavioral Health	Healthy Lifestyle	Ageing Population
Leading Public Health Issues Arizona Health Assessment	X	X	X	
Priority of Health Issue Arizona Health Improvement Plan	1 st	2 nd	Diabetes – 6 th Obesity – 9 th	
CAH 1	X	X	X	
CAH 2				
CAH 3	X	X		
CAH 4		X	X	
CAH 5			X	
CAH 6			X	
CAH 7		X		X
CAH 8	X			
CAH 9	X		X	
CAH 10	X	X		X

What We Found



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1. Access to Care

Higher percentage of uninsured

Barriers to care

- Cost
- Transportation
- Availability of health care including specialty services
- Health professional shortages
- Patient education/knowledge



What We Found



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2. Behavioral Health

- Alcohol abuse
- Substance abuse
- Tobacco use
- Depression
- Suicide rates



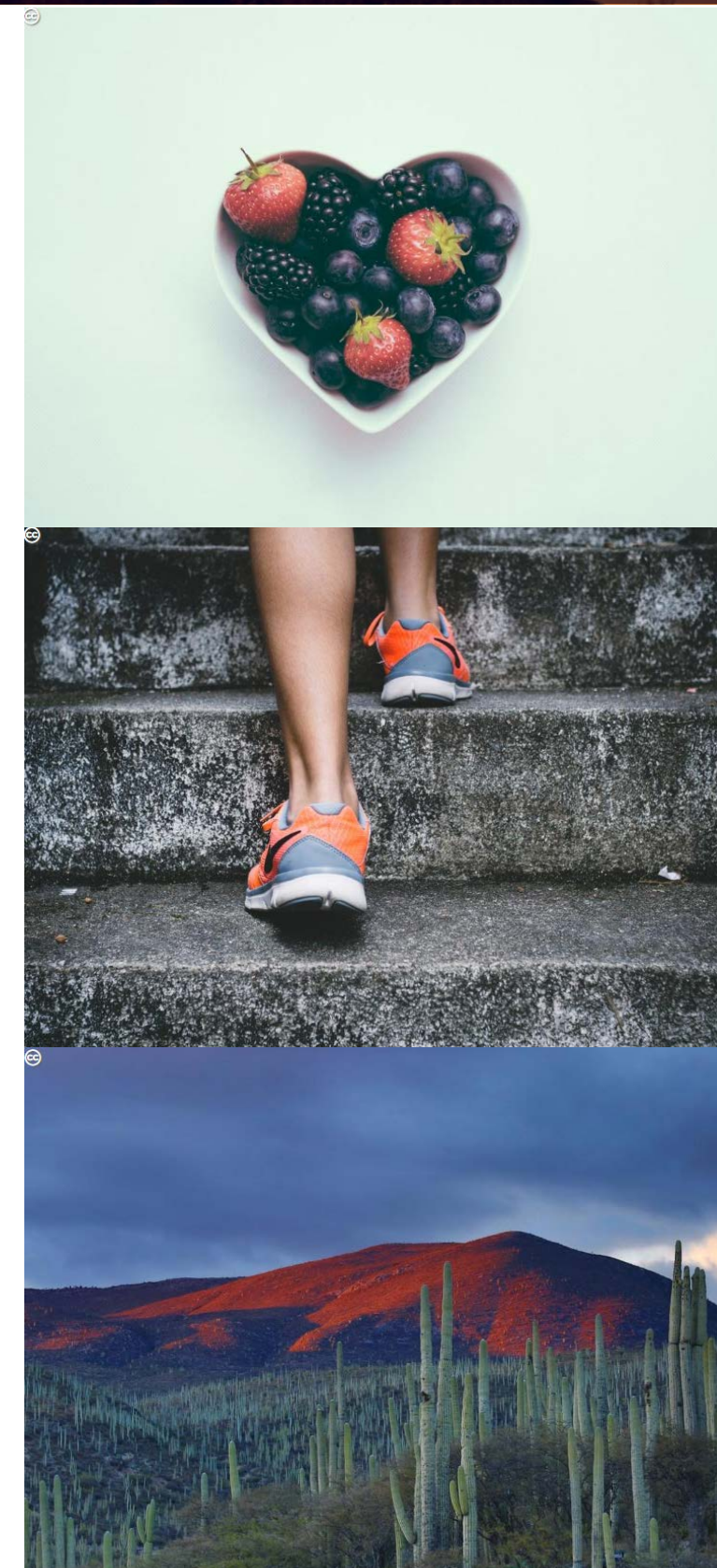
What We Found



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3. Healthy Lifestyle

- Leading cause of death data are preventable chronic diseases that can be prevented by modifying social determinants & addressing risks factors



What We Found



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4. Needs of an Ageing Population

- Support for senior and home health
- Behavioral health specific to older populations
- Specialized care for dementia & other age related health conditions



What We Found



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How do the CAH-
CHNA health
priorities differ
from the state
priorities?

- 1.** Access to Care
- 2.** Behavioral Health
- 3.** Healthy Lifestyle
- 4.** Needs of an Ageing Population



How can CAHs Strengthen CHNAs?



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- 1.** Improve integration of Social Determinants of Health Data
- 2.** Develop strategies to address health priorities
- 3.** Include evaluation & monitoring for each strategy

Strengthening CHNAs



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1. Improve integration of Social Determinants of Health Data

Of the 9 types of data recommended for inclusion in the CHNA, only 2 are based on health conditions

5. Types of Data

Disease incidence & prevalence

Inpatient, emergency room, outpatient utilization

Education, household income, unemployment

Home ownership/rentals

Arrests, incarceration

Proximity of health food, food security

Proximity of basic & social services

Parks, recreation opportunities, open spaces

Access to transportation, system quality

Resources



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5. Types of Data

Disease incidence & prevalence

Inpatient, emergency room,
outpatient utilization

Education, household income,
unemployment

Home ownership/rentals

Sources

[ADHS Community Dashboard](#)

[County Health Rankings and Road Map](#)

CDC Atlas ([Diabetes](#), [Heart Disease & Stroke](#))

[CMS Mapping Medicare Disparities](#)

[ADHS Community Dashboard](#)

[American Community Survey via American
FactFinder](#)

[American Community Survey via American
FactFinder](#) (select metro areas)

[Rural Data Portal](#) (by county)

[Policy Map](#)

Resources



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5. Types of Data

Sources

Arrests, incarceration

[Vera Institute of Justice](#) (incarceration by county)
[KidsCount Data Center](#) (juvenile data by county)
[Uniform Crime Reporting Statistics Data Tool](#)
[Arrests Data Analysis Tool](#)

Proximity of health food, food security

[County Health Rankings and Road Map](#)
[Policy Map](#)

Proximity of basic & social services

[KidsCount Data Center](#) (child care, head start)
[DES Office Locator](#)
[Behavioral Health Treatment Services Locator](#)
[Policy Map](#) (SNAP retail locations)

Parks, recreation opportunities, open spaces

Local data (Google Maps!)

Access to transportation, system quality

[American Community Survey via American FactFinder](#)
(means of transportation to work)
[County Health Rankings and Road Map](#)
[Biking and Walking Benchmarks](#)

Economic Inequality
[Policy Map](#)

Residential Segregation
[County Health Rankings](#)

What we Found



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2.

Develop strategies to address health priorities

Only 1 CHNA reviewed included all the best practice components in the strategy development section

3.

Include evaluation & monitoring for each strategy

8. Strategy Development

Strategies identified

Evidence provided

Policy change included as a strategy

Strategies assigned to responsible party

Community board approval

Hospital board approval

Timeline included

9. Monitoring & Evaluation

Outcome objectives identified

Impact objectives identified

Strengthening CHNAs



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Review guidance from



[American Hospital Association](#)

[Catholic Health Association \(CHAUSA\)](#)

[Connecticut Hospital Association](#)

[Kaiser Permanente](#)

[National Association of County and City](#)

[Health Officials \(NACCHO\)](#)

[Public Health Institute](#)

[Rural Health Works](#)

Strengthening CHNAs



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PRIORITY AREA 3: ACCESS TO HEALTH CARE

Goal: Increase Access to Quality Health Care, including Mental Health Services

Objective 3:1 By 2020, increase the percent of survey respondents who report being able to see a doctor when needed from 84% to 95%.

Strategy 3:1:1 Promote and share a comprehensive web-based resource guide for the public that lists all key Gila County health care services, starting with mental health services.

- Ensure 2-1-1 Arizona (Gila) is up to date with current organizations and resources.
- Promote 2-1-1 Arizona.
- Establish a work group that includes all staff and organizations already developing mental health service resource lists.
- Design and implement a community feedback system to ensure ongoing access and utilization.

Lead Organization: GCDHEM

Collaborating Organizations: CVRMC; Banner Payson Medical Center; Community Bridges; Southwest Behavioral Health Services

Strategy 3:1:2 Implement a social media and promotional campaign to educate residents on web-based resources and One-Call.

- Educate community about the resource.
- Coordinate with and utilize data from One-Call.

Lead Organization: GCDHEM; CVRMC

Collaborating Organizations: Banner Payson Medical Center

Evidence-base and Resources

- Arizona 2-1-1
<http://www.211arizona.org/gila/>
- National Prevention Strategy
http://www.surgeongeneral.gov/initiatives/prevention/resources/npc_factsheet_healthcare_508.pdf
- Guide to Community Preventative Services – Health Communication
<http://www.thecommunityguide.org/healthcommunication/index.html>

MENTAL HEALTH, ALCOHOL & SUBSTANCE ABUSE

GOAL #1: To affect state, county and local policy changes that allow and implement diversion from jail and/or prison for individuals diagnosed with mental illness and/or substance use disorder (SUD).

Objective: Reduced incidence of incarceration for MH/SUD and increased incidence in participation in community programs

Strategy 1

Complete a community capacity assessment: Identify and map all existing resources and gaps (including eligibility, access and coverage) for MH and SUD in Cochise County.

Strategy 2

Develop a broad-based education and training program on MH/SUD for law enforcement, first responders, community providers and volunteers regarding a comprehensive approach to diversion.

Strategy 3

Develop a systematic and sustainable communication structure among law enforcement, judicial, resources and providers who are involved with MH/SUD.

Strategy 4

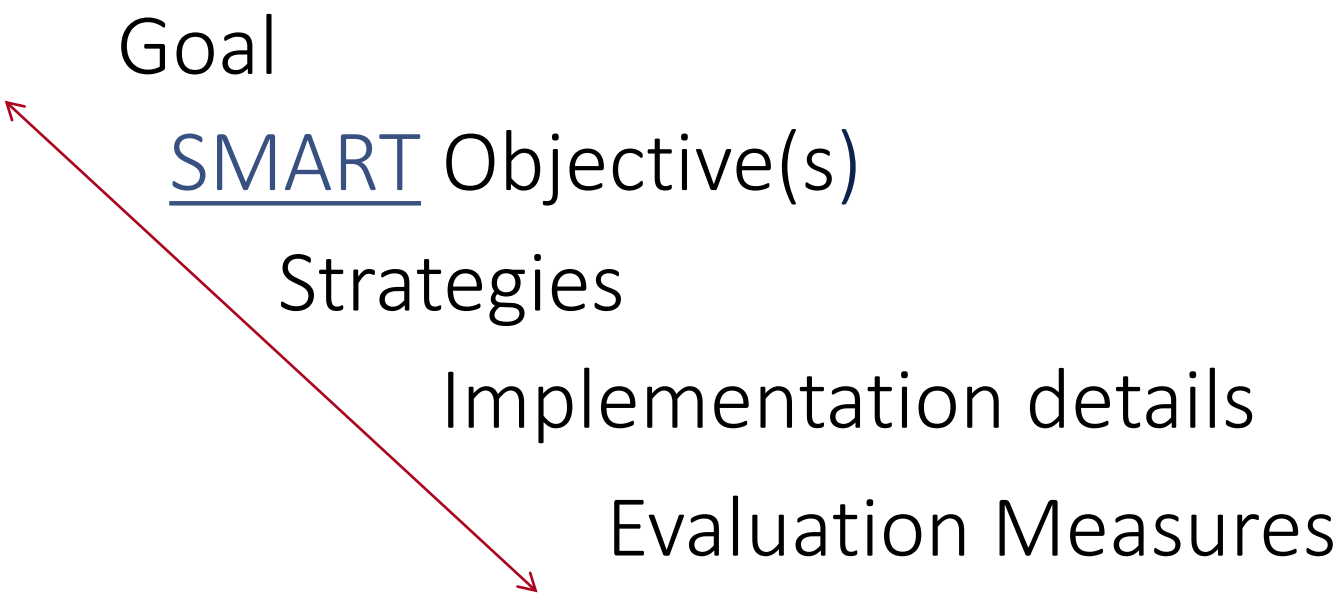
Ensure Cochise County is engaged and involved in all statewide resources, regulations and initiatives for MH/SUD, including the opioid crisis.

Strengthening CHNAs



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For each Health Priority



GOAL: Reduce Substance Use Disorders to protect the health, safety, and quality of life for all, especially children

OBJECTIVE: Reduce the number of opioid overdoses/deaths

ACTIVITIES	LEAD HOSPITAL(S)
Uses multiple CADCA strategies	
Support the WHI Opioid Project's ongoing work, which includes the following seven areas: 1. Provider education (provide information and education, training) 2. Hospital ED policies (training, modify policies) 3. Medication diversion (provide information and education, provide support, reduce access to opioids, change physical design) 4. Pain patient support (provide support) 5. Harm reduction / naloxone administration (provide information and education, build skills/training, increase access to naloxone, modify policies) 6. Addiction treatment / recovery (provide information and education, provide support, increase access to treatment, recovery as a positive consequence) 7. Community education (provide information and education, provide support)	SJMAA, SJMC, UMHS

PLANS TO EVALUATE IMPACT:

QUALITATIVE METRICS:	QUANTITATIVE METRICS:
Assessment of numbers from all bullet points	Number of self-reported opioid use reduced
Community education sessions	Naloxone opioid overdose reversals
Trainings for providers	Red barrel stations & pounds medications take back
Report on policy changes	Number of individuals each year who are accessing care for opioid use treatment

Next Steps: Leverage Alignment



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Steps

1. Review [State Health Needs Assessment](#)

Table 2: Arizona's Leading Health Priorities

Health Priority List	
1. Access To Care	8. Maternal & Child Health
2. Behavioral Health Services	9. Obesity
3. Cancer	10. Oral Health
4. Cardiovascular Disease & Stroke	11. Substance Abuse
5. Chronic Lower Respiratory Disease (CLRD) & Asthma	12. Suicide
6. Diabetes	13. Tobacco
7. Healthcare-Associated Infections (HAIs)	14. Unintentional Injury (UI)

Next Steps



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2. Review State Health Improvement Plan

If your CHNA identified priorities, but not strategies, review the AZHIP strategies to look for alignment

What strategies makes sense for your hospital/org?

Access to Care Strategies At-A-Glance:

- Target outreach efforts to populations who struggle with access to care.
- Expand payment and delivery models to include additional provider types and preventive services that improve health outcomes.
- Improve the health literacy of consumers.
- Increase incentives and leverage funding streams to address identified workforce shortages.
- Support the expansion of Patient- and Family-Centered Medical Homes for comprehensive, high quality and accessible community health care.
- Support Arizona's Medicaid Program.
- Ensure adequate networks in rural, underserved areas and tribal populations.

Next Steps



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2b. Review State Health Improvement Plan

Who is doing the work, how can you participate, how can you lead?

Identify the partners and organizations working in this area

Access to Care

Access to Health Insurance Coverage

Community Initiatives

Initiative	Community Organization(s)
Arizona Health Insurance Exchange administration; health insurance community meetings; exchange planning activities	Arizona Department of Insurance, in coordination with the Arizona Governor's Office of Health Insurance Exchange
Arizona Medicaid programs; Arizona Medical Assistance Program	Arizona Department of Economic Security, along with Arizona Health Care Cost Containment System
Life Enhancement Assistance Program (LEAP)	Maricopa County Department of Public Health
Cover Arizona	Coalitions of various AZ organizations
Pima Community Access Program (PCAP)	Pima County

Next Steps



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3. Use the state health improvement plan to help inform your strategy selection

Select strategies that

- Meet your community need

- Leverage your expertise

- Are relevant & meaningful

- Are feasible

Resources

[Arizona State Health Assessment & Health Improvement Plan](#)

[Substance Abuse](#)

[Suicide](#)

[Access to Care Brief](#)

[Diabetes Brief](#)

[Healthcare Associated Infections Brief](#)

Next Steps



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- Create an evaluation and monitoring plan
- Arizona Center for Rural Health can help!
- Contact Bryna at brynak@email.arizona.edu or Jen Peters at petersjs@email.arizona.edu

Questions



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Thank you!



Thank you
Questions?



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https://uarizona.co1.qualtrics.com/jfe/form/SV_cYcwp8ianGvOmyN

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