Creating a Healthy Impact in WNC

Small & Rural Hospital Conference
November 13, 2012
Today’s Presentation

Background and Community Health Improvement in WNC
   Janice Lato
Public Health’s Role in Community Health Improvement
   Gibbie Harris
Implementation & Community Benefit by the Hospital
   Craig James
Question & Answer Session, All
COMMUNITY HEALTH IMPROVEMENT
Community Health Improvement Process

- **Compile Health-related Data – Needs and Assets**
- **Prioritization of Needs**
- **Collaborative Implementation Planning**
- **Engaged Partners & Community**
- **Act on what’s important and Evaluate**
- **Analysis and Interpretation**

**Our community is our patient**

**We consider many factors that impact health**
Community Health Assessment & Planning

PREVIOUSLY...

- Local health departments are required to conduct Community Health Assessments (CHAs), every 4 years, followed by action plans.
  - Assess and prioritize community health needs
  - Understand community capacity to address needs
  - Work as a community to develop coordinated plans to address needs and build on community assets.

- County-level data collection and reporting
- Varying levels of hospital engagement in the data collection and planning process
Community Health Assessment & Planning

NOW...

- **CHA** - Local health departments in North Carolina are required to conduct Community Health Assessments (CHAs), at least every 4 years, followed by action plans.

- **CH(N)A** – New requirements for non-profit hospitals to conduct a Community Health (Needs) Assessment – per facility, at least every 3 years. This also includes adopting an implementation strategy.

- Across the state and country, hospitals and health departments are working together in new ways to meet this requirements.
Community Health Improvement

in Western North Carolina

- Hospital and health departments are partnering in a **NEW collaborative regional effort** to improve community health and meet local requirements:
  
  WNCHEALTHYIMPACT
  
  www.WNCHealthyImpact.com

- Working together, with our communities, we will assess and address health needs at the **local and regional** levels.
WNC Healthy Impact Goals

- Partnership
- Local Leadership & Engagement
- Efficiency & Standardization
- Regional Value & Synergy
- Accountability to the Community
- Strategic Investment
Timeline for Process

- July 2012: Develop secondary and primary data sets
- July – September 2012: Collect data and complete phone survey
- October 2012: Complete regional report and local data
- November - December 2012: Develop local CHAs/CHNAs/Priority Setting Process
- January – March 2013: Community Action Planning
Implementation

Collaborative implementation planning

- Hospitals:
  - community-wide community benefit plan
  - See IRS Form 990-Schedule H Section V. Lines 6c & 6d
- Health Departments engage the community and partners in action planning.

GOAL: A collaborative hospital/health department process and product
Regional and Local Involvement

- Community health assessment, planning, and partner engagement are still locally-led.

- In WNC, now it is also regionally supported with enhanced hospital and health department collaboration.

- WNC Healthy Impact supports local efforts by:
  - Collecting a core set of secondary and survey data.
  - Helping standardize and support required reporting.
  - Encouraging ongoing collaboration.
  - Sharing evidence-based practices.
Core Function: Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
Core Function: Policy Development

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems
Core Function: Assurance

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
NC State Requirements of LHDs

- Community Health Assessment (CHA) process required every four years
- Consolidated Agreement between NC DPH and local health departments requires CHA process at least every four years
- NC Public Health Accreditation requires CHA process at least every four years
What is Community Health Assessment?

- An on-going process to inform and drive community-wide health planning
- A collaborative process to set a community vision for health and then map out how we will create it
- Grounded in a strategic, systems approach that enables us to live our values
Collection of Data and Analysis

- **Secondary:** morbidity and mortality

- **Primary:** the communities impressions and thoughts
How can Community Health Assessment help us improve health?

- Brings people together to form a community vision for health and then map out how we will create it.
- Will create a roadmap to tie short & mid-term changes to long-term health improvement.
To make our vision a reality

Health advocates in our communities focus on:

- Taking a big-picture view and figure out what long-term changes are needed

- Being very strategic about where to invest our efforts for the greatest return

- Convening groups of planners and stakeholders to create roadmaps that keep us focused
“The local public health agency represents the foundation of the public health enterprise, the public health system.”

W. L. Roper, MD, MPH
Former CDC Director
Former Dean of the UNC School of Public Health
IMPLEMENTATION & COMMUNITY BENEFIT
CH(N)A in Context

- CHNA not a “check the box” exercise, but an integral part of a community health improvement process:
  - Engage diverse stakeholders
  - Build shared ownership
  - Identify concentrations of unmet needs
  - Set priorities (collaborative)
  - Develop evidence-based interventions that leverage limited resources
  - Build platform for shared advocacy
  - Shared accountability and credit

Slide Source: Public Health Institute
Implementation Planning

In addition to data collection...working together on other important steps in the process and related reporting:

- **Hospitals:**
  - community-wide community benefit plan
  - Implementation strategy, Form 990-Schedule H

- **Health Departments:**
  - collaborative action plans
  - SOTCH reports

**Collaborative implementation planning:**

- WNC Healthy Impact has an implementation planning workgroup to help clarify our regional process for this phase, offer guidance and develop tools for local efforts.
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) OVERVIEW

- A CHIP uses CHA data to develop and implement strategies for action and establishes accountability to ensure measurable health improvement.
- A CHIP is used in collaboration with community partners to coordinate action and target resources. This plan looks beyond the performance of a specific community partner, instead focuses on the way the activities of community partners contribute to community health improvement.
CHIP CONTENT

- Goals, objectives, strategies and related performance measures for determined priorities in both the short and intermediate term
- Realistic timeline for achieving goals and objectives
- Designation of lead roles in CHIP implementation for partners
- Formal presentation of the role of partners in implementing the plan and demonstration of partner commitment to these roles
CHIP CONTENT

- An emphasis on evidence-based strategies
- A general plan for sustaining action

Slide Sources: NACCHO & Public Health Accreditation Board Measures and Standards, 2012
Unique Hospital Reporting

- **Implementation Strategy**
  - Should be linked to a collaborative implementation (action) plan
  - Hospital facility specific
  - Needs to be adopted, with **governing board approval** to meet requirement
  - Attached to Form 990
  - Describe how facility plans to meet the needs, or explain why not/who is. *hospitals do not have to meet all identified needs.*
**EXAMPLE**: Buncombe County Health Priority: Promote Healthy Weight and Healthy Living

<table>
<thead>
<tr>
<th>Mission Hospital Subsidized Programs</th>
<th>Mission FY 12 CB Grants</th>
<th>United Way</th>
<th>Buncombe County Department of Health</th>
<th>Other Major Community Partners / Programs</th>
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</thead>
<tbody>
<tr>
<td>Lighten Up for Life</td>
<td>Girls on the Run</td>
<td>Girls on the Run</td>
<td>WIC &amp; Nutrition</td>
<td>YMCA: Pioneering Health Communities and Partners</td>
</tr>
<tr>
<td>Sports Medicine in the Schools</td>
<td>MACFC: Rainbow in my Tummy</td>
<td>MACFC: Rainbow in my Tummy</td>
<td>Healthy Buncombe Coalition and Partners</td>
<td>Parks and Recreation (City and County)</td>
</tr>
<tr>
<td>Health Education Center Programs</td>
<td>MANNA Packs</td>
<td>MANNA Packs for Kids</td>
<td>Systems Work/Outcomes, Partnerships &amp; Surveillance</td>
<td>Asheville City Schools and BC Schools</td>
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<tr>
<td>Energize</td>
<td></td>
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<td>UNCA Center for Health and Wellness</td>
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<tr>
<td>Children’s Diabetes Camp</td>
<td></td>
<td></td>
<td></td>
<td>WNCHN: Child and Adult Obesity (Regional)</td>
</tr>
</tbody>
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Community Benefit

Investing in priority health needs
Hospital Community Benefit

- **What is different now?**
  - Clarifying how we define community
    - Not service area
    - Not market share
  - Adopting a community benefit budget
  - Targeted investment in community health priorities
  - Regional collaboration (funding by United Way and other philanthropic organizations support the high priority areas to improve health status and needs)
Clarifying Community

“...a hospital organization may take into account all the facts and circumstances in defining the community a hospital facility serves. Generally, Treasury and the IRS expect that a hospital facility’s community will be defined by geographic location (e.g., city, county, or metropolitan region.)”

- WNC Healthy Impact has a chart of hospitals and the counties they have selected as their community for the community health assessment and planning process.
Action Steps For WNC Hospital Leaders

- Meet with our internal teams/CHA contacts to define responsibilities
- Jointly convene a meeting of hospital/health department representatives in our community to review local CHA key data findings
- Participate in local level collaboration with health department to set priorities
- Work together to engage other community partners
Next Steps in Our Process

- Utilize local CHA to complete a hospital executive summary template (to be developed January 2013)
- Post hospital executive summary (and local CHA) on hospital’s web site
- Share results with key hospital constituents (Board, Medical Staff, employees)
- Participate in local and regional planning to develop county-specific community health improvement plan (CHIP)
- Complete hospital implementation strategy based on the local CHIP
Next Steps in Our Process

- Obtain Board approval and support of hospital-specific implementation strategy
- Share implementation strategy with the public/community
- Develop community benefit budget linked to priorities identified in the CHA
- Complete and submit IRS Form 990 – Schedule H and attach hospital-specific implementation strategy
This is one of the most important opportunities to make a difference in your local community.
ADDITIONAL RESOURCES

Hospital/Health Department Requirements:

IRS Form 990 – Schedule H:

IRS Form 990 – Schedule H Instructions:
QUESTIONS?