Using Community Health Needs Assessment Data to Guide Statewide Strategies for Rural Health

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Primary Objective

- Determine county level health priorities based on the analysis of community health needs assessments (CHNA) submitted by non-profit hospitals in Michigan.
- Analysis was done on 62 counties in Michigan that are designated rural by the Health Resource and Services Administration (HRSA) guidelines.
- Determine any trends or geographical constraints that could possibly be addressed through program intervention or increased resource allocation.
Secondary Objectives

- Determine regional or individual county health trends by utilizing county health rankings data from the Robert Wood Johnson Foundation (RWJF) and Kid’s Count data from the Annie E. Casey Foundation (AECF).
- Determine additional regional or individual county health trends by analyzing RWJF and AECF rankings over time.
Community Health Needs Assessment

- Introduced through the passing of the Patient Protection and Affordable Care Act (PPACA) in 2010
- Submitted by hospitals every three years with not-for-profit 501(c)(3) designation
- Regulated under the Internal Revenue Service
- Hospitals that fail to report are subject to a $50,000 tax penalty
Current Requirements for CHNA

- Demographic Assessment identifying the community the hospital serves
- A community health needs assessment survey of perceived healthcare issues
- Quantitative analysis of actual healthcare issues
- Appraisal of current efforts to address the healthcare issues
- Formulate a 3-year plan - the community comes together to address those remaining issues collectively, ultimately working towards growing a healthier community
Rural Counties in Michigan

- 62 rural counties were initially included in the study
- 51 counties were included in the CHNA analysis
  - 11 counties were excluded due to not having a not-for-profit hospital
    - Antirn
    - Leelanau
    - Missaukee
    - Alcona
    - Montmorency
    - Oscoda
    - Presque Isle
    - Roscommon
    - Lake
    - Menominee
    - Cheboygan
Categorization of Health Priorities

- Grouped health priorities into separate distinct categories*
  - Access to Care
  - Maternal and Child Health
  - Obesity
  - Infectious/Chronic Disease
  - Substance Abuse/Behavioral Health
  - Socioeconomic Factors

*The complete list of health priorities for each county are available. The list is not confined to the categories listed above. The list is also not confined to a set number, the health priorities listed by the county can list as many health priorities as they believe necessary.
Category- Access to Care- 98%
Category- Substance Abuse/Behavioral Health- 77%
Category: Infectious/Chronic Disease - 70%
Category- Socio-Economic Factors- 66%
Category- Obesity- 51%
Category - Maternal and Child Health - 40%
County Health Rankings

- The County Health Rankings & Roadmap Program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

- Goals of Program
  - Build awareness of the multiple factors that influence health
  - Provide a reliable, sustainable source of local data and evidence to communities
  - Encourage and activate local leaders from many sectors in creating sustainable community change
  - Connect and empower community leaders working to improve health
County Health Rankings Methodology

- Rankings are determined through a weighted system
- Based upon a variety of health and demographic data for each county
2018 County Health Factors Rankings for Rural Michigan
Trend of Health Factors 2014-2018 for Rural Counties of Michigan

Difference in County Health Factor Ranking 2014-2018
2018 County Health Outcomes Ranking for Rural Michigan
Trend of Health Outcomes 2014-2018 for Rural Counties of Michigan

Difference in County Health Outcomes Ranking 2014-2018
Kids Count Ranking

- KIDS COUNT is a project of the Annie E. Casey Foundation to track the well-being of children in the United States
- Provide high-quality data and trend analysis through its KIDS COUNT Data Center
- Goals for the Foundation
  - Seek to enrich local, state and national discussions concerning ways to secure better futures for all children
  - Raise the visibility of children's issues through a nonpartisan, evidence-based lens
2018 Michigan KIDS COUNT Rankings
Trend of Kids Count Ranking 2015-2018 for Rural Counties of Michigan
Discussion

- Understanding risks, challenges, and trends can isolate common county level goals and determine high-risk rural regions of the state.

- CHNA Guidelines
  - Loose guidelines on content and quality of CHNA reports
  - One report required for one organization across many county lines
  - Health systems and regional areas performed assessments together and provided priorities for the entire region/system instead of the individual community
Conclusions

- Similar, but different
- Collaboration of health priorities across county lines
- Development of a national or statewide guideline for CHNA requirements is needed
- More than just an IRS requirement
- Communities should use the data/rankings for resource allocation and insight into future healthcare interventions
Infographics and Figures

- Tableau Public
Questions?