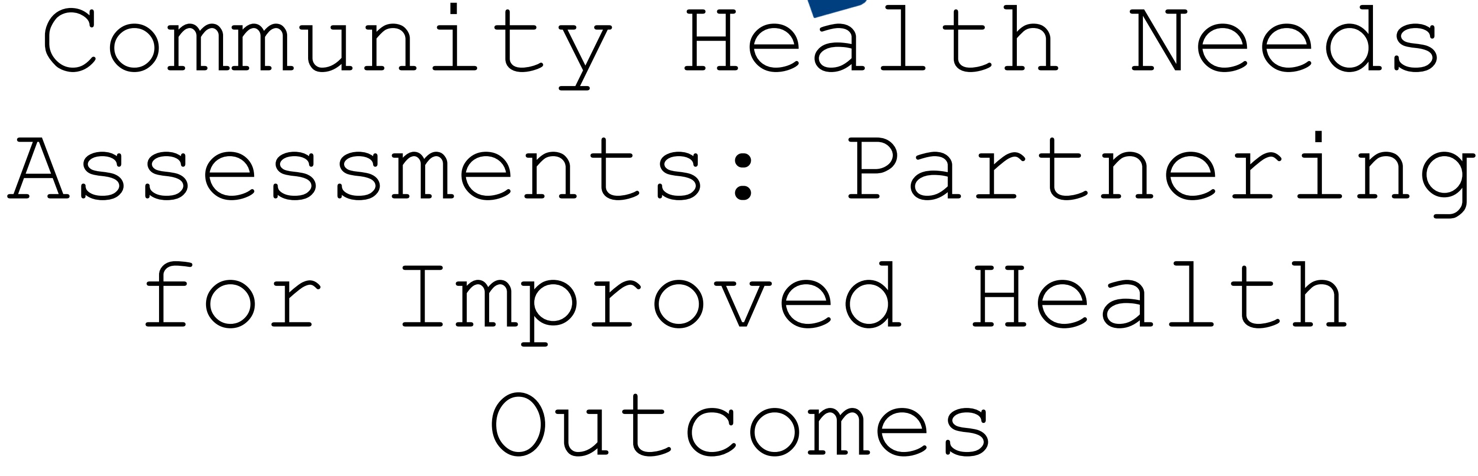

Community Health Needs Assessments: Partnering for Improved Health Outcomes

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MultiCare Health System

October 4, 2019

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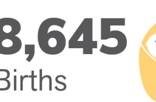
OVERVIEW

- Community Benefit
- Community Health Needs Assessments (CHNA)
  - Partnership model: MultiCare Health System, CHI Franciscan Health and Tacoma-Pierce County Health Department
- Recommendations for Partnership-Building
- Q&A

MultiCare by the numbers

10
Hospitals*

1,978
Beds*



8,645
Births

1,000+
Patients Served by Research Studies

17,256
Employees

1,467
Employed Providers

375,510
Emergency Department Visits

236
Clinics
Primary, Specialty & Urgent Care

102
Research Investigators

67,694
Hospital Admissions

$333,356,000

*Our joint venture with CHI Franciscan Health, Wellfound Behavioral Health Hospital, and its 120 licensed beds, are included in these counts.

As of 12/31/18

COMMUNITY BENEFIT

- **Programs that promote health and healing in response to an identified community need**
  - Improves access to health care services
  - Enhances health of the community
  - Advances medical or health knowledge
  - Relieves or reduces the burden of government or other community efforts

- Examples include:
  - Financial assistance
  - Community Building activities
  - Research
  - Health Professions Education

If there's no need, there's no community benefit!

CHAUSA, 2019

COMMUNITY HEALTH NEEDS ASSESSMENTS

2016
Community Health Needs Assessment
and Implementation Strategy
Tacoma General Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

Health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis

- Multisector collaborations
- Diverse community engagement
- Definition of community
- Transparency
- Evidence based interventions & evaluation

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CDC, 2018

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WHY DO THEM?

ACA Requirements

- Maintenance of 501(c)(3) status
- Must be completed every 3 years
- Must complete for each hospital
- Must include broad community input
- Must include Implementation Strategies
- Must be published and made widely available

Allows hospitals to…

- Plan and deliver the most effective care
- Apply principles of equity and social justice in practice
- Ensure that we allocate resources where they can give maximum health benefit
- Work collaboratively with the community, other professionals and agencies to determine priority health issues and plan interventions to address those issues

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PIERCE COUNTY CHNA COLLABORATIVE: Roles & Responsibilities

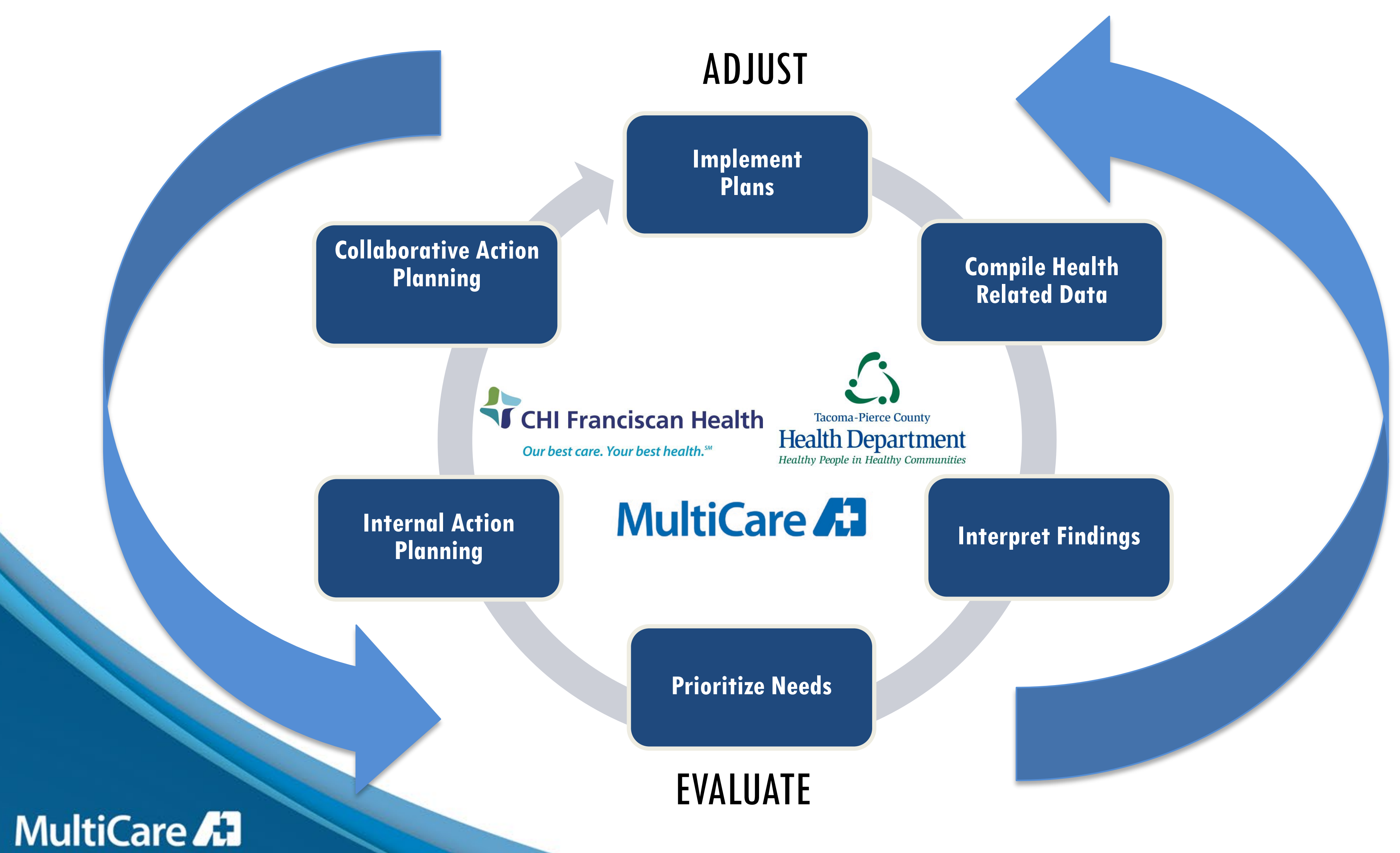
Tacoma-Pierce County Health Department

- Collect, synthesize, and interpret primary and secondary data
- Draft the CHNA report
- Present CHNA findings to MHS/CHI leaders
- Make recommendations on priority health needs
- Develop and implement the CHA and CHIP

MultiCare & CHI Franciscan

- Collaborate on selection of community survey questions, workshops, stakeholder interviews, health indicators, and prioritization criteria
- Determine priority health needs
- Draft the Implementation Strategies
- Board review
- Finalize CHNA and IS reports
- Publish on website
- File with IRS
- Implement and evaluate metrics

CHNA PROCESS



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1. COMPILE HEALTH RELATED DATA

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CHNA	CHA
• 2013, 2016, 2019 • Community Input – Primary qualitative data ✓Online survey ✓Community workshops ✓Key informant interviews • Secondary quantitative data ✓Health indicator data	• 2013, 2018 • Community Themes and Strengths Assessment ✓Online survey ✓Community workshops ✓Key informant interviews • Community Health Status Assessment ✓Health indicator data • Local Health System Assessment • Forces of Change Assessment

1. COMPILE HEALTH RELATED DATA

- Pierce County Community Survey 2018 – Over 1600 responses

3. What are the THREE most important needs in your community?

- [ ] Access to healthcare services.
- [ ] Affordable housing.
- [ ] Jobs.
- [ ] Access to fresh produce and healthy food.
- [ ] Safe neighborhoods.
- [ ] Places and ways to exercise.
- [ ] Places and ways to connect with friends and neighbors.
- [ ] Quality education and job training.
- [ ] Transportation.
- [ ] Something else (fill in box)

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1. COMPILE HEALTH RELATED DATA

10 community workshops

- Diverse in terms of county geography, race/ethnicity, socioeconomic status, sexual orientation, and gender identity

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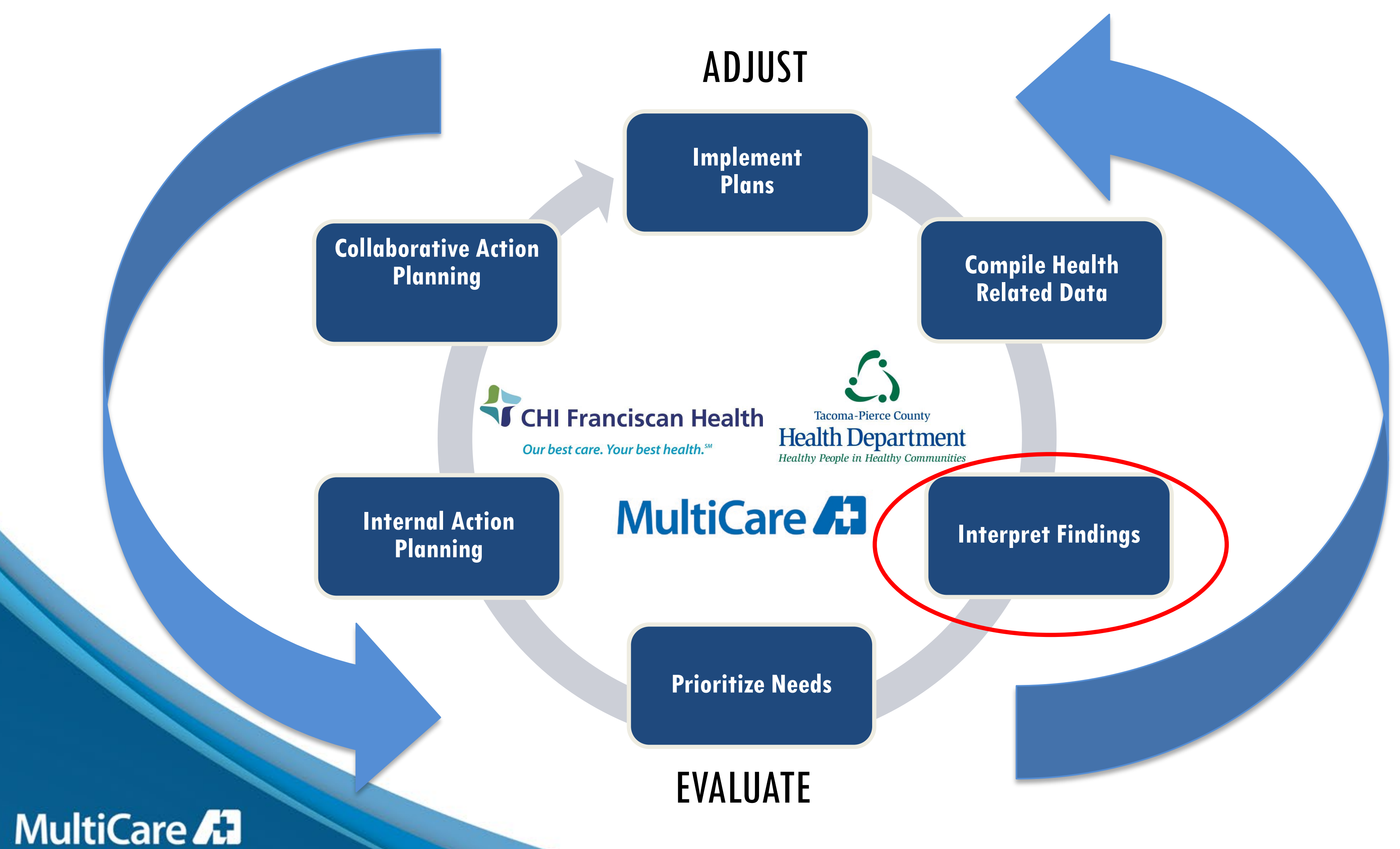
1. COMPILE HEALTH RELATED DATA

- 10 key informant interviews
  - Conducted with stakeholders across multiple sectors

CHNA PROCESS



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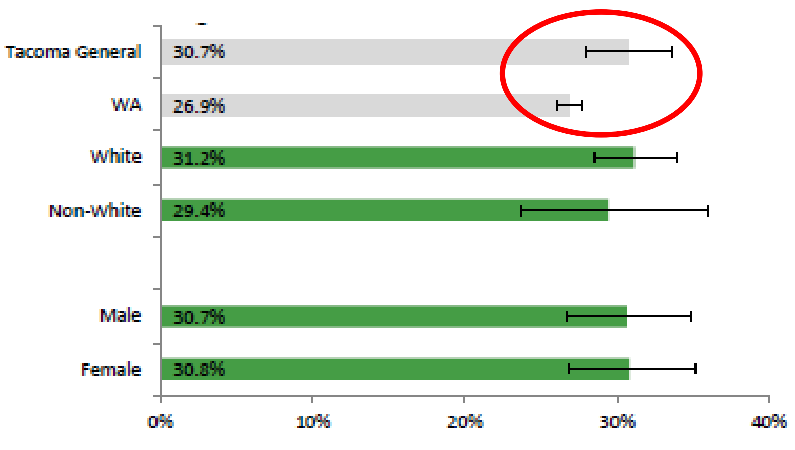
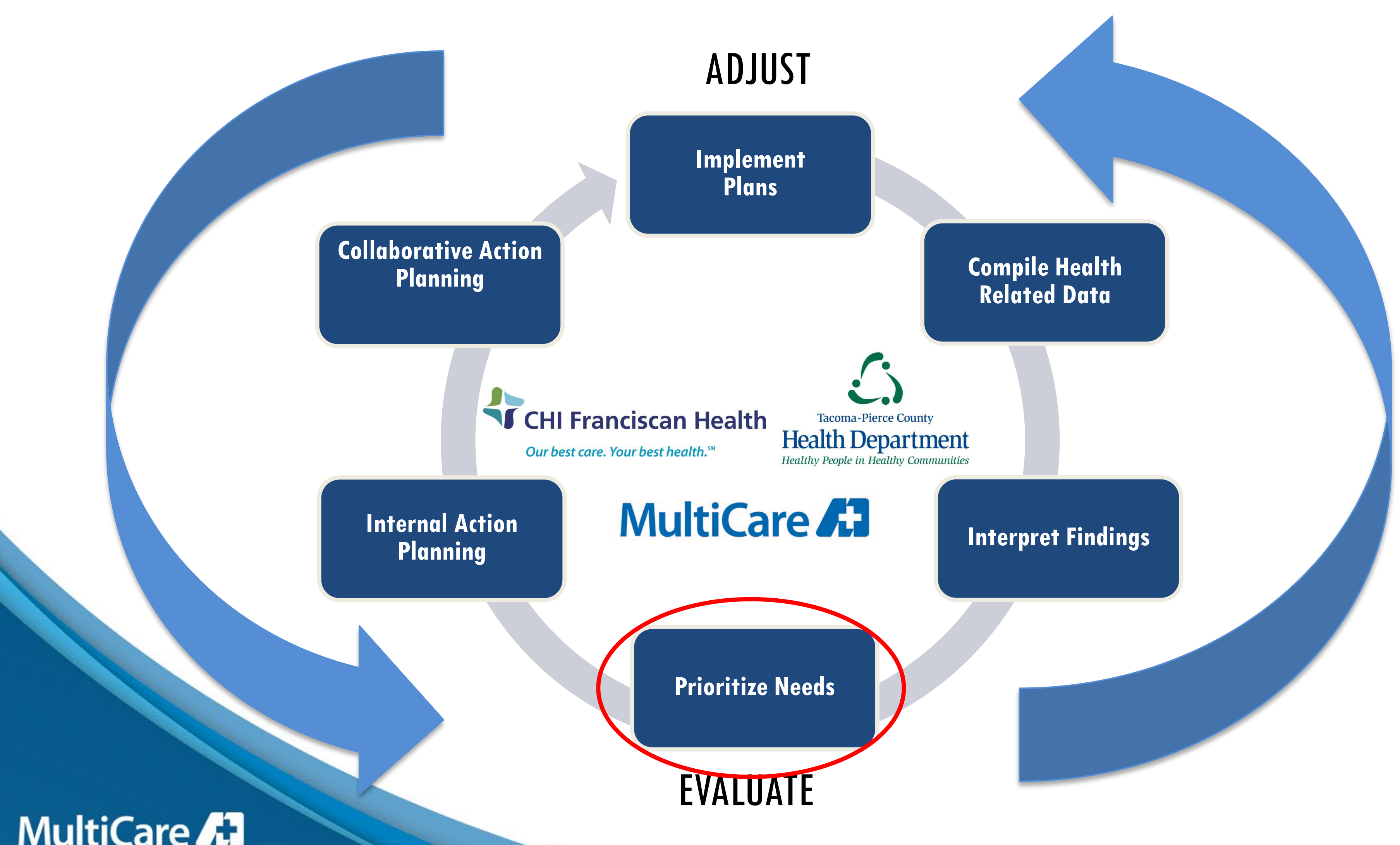
2. INTERPRET FINDINGS

- Rates
- Age-Adjustment
- Averages
- Confidence Intervals
- Population Size
- Stratification



Community Input: "Community members value access to physical activity opportunities. The most common barriers they identified included limited community-based exercise options. They were also concerned about barriers for youth to be physically active. Opportunities cited by community members include afterschool community programs."

CHNA PROCESS



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3. PRIORITIZE NEEDS

2016 CHNA

- Was a health concern or indicator statistically significantly worse in the hospital service area than in the state?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment?
- Were relatively large numbers of people impacted by a health concern or indicator?

2019 CHNA

- Was a health concern or indicator statistically significantly worse in the hospital service area than in the state?
- Was a health concern repeatedly voiced during the community engagement portion of the assessment?
- Is there apparent inequity (gender and/or race when data are available)?
- Over time, is the indicator trending in a negative direction?

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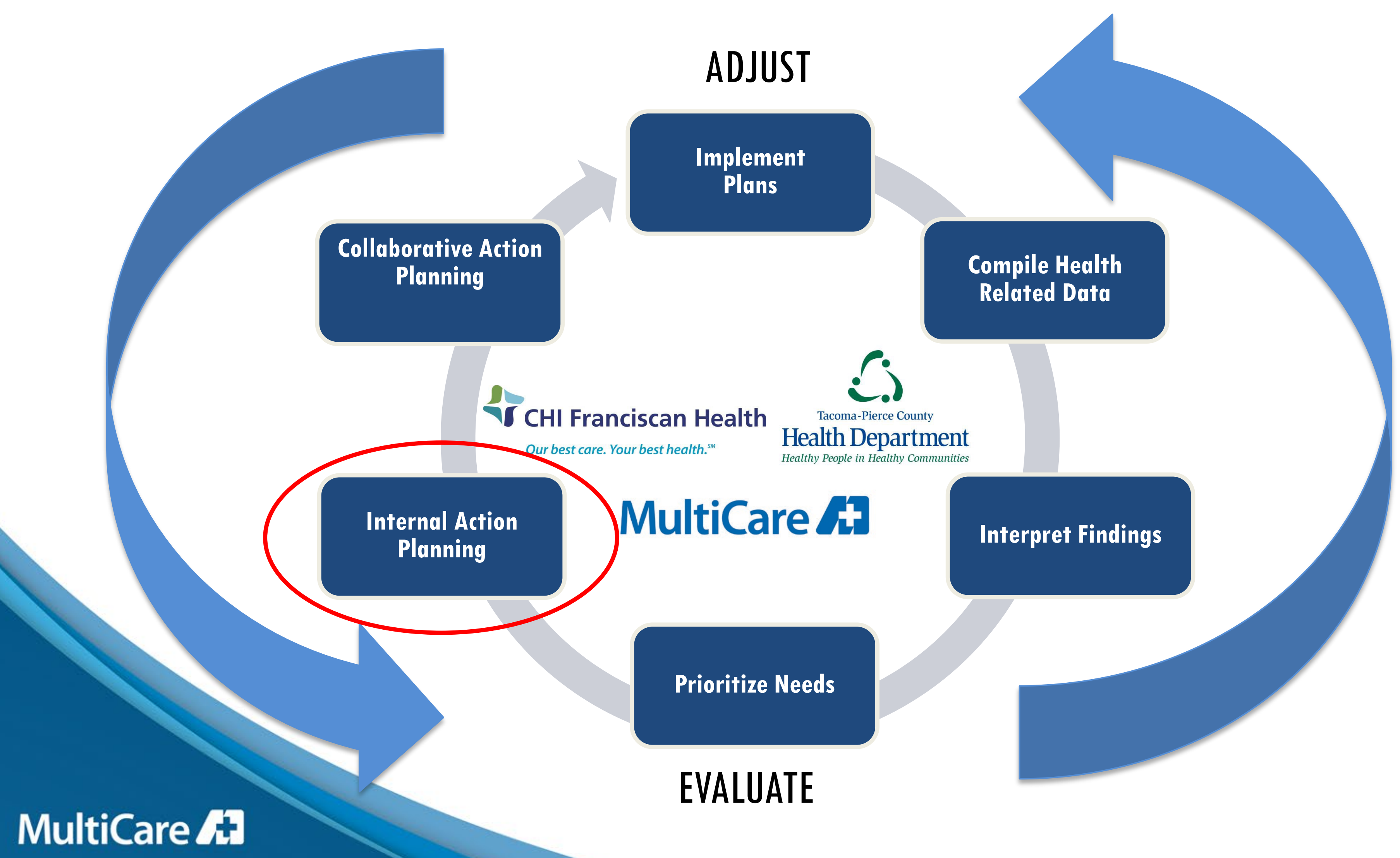
3. PRIORITIZE NEEDS

	Tacoma General	Allenmore	Good Samaritan	Auburn	Mary Bridge
Access to health care (including women's health, prenatal care, and oral health)	x	x*	x	x	
Tobacco use	x	x	x	x	x
Obesity	x	x	x	x	x
Behavioral health	x	x	x	x	x
Cultural competency	x	x	x	x	x
Childhood immunizations			x	x	x

*Allenmore will not have an emphasis on prenatal care

CHNA PROCESS



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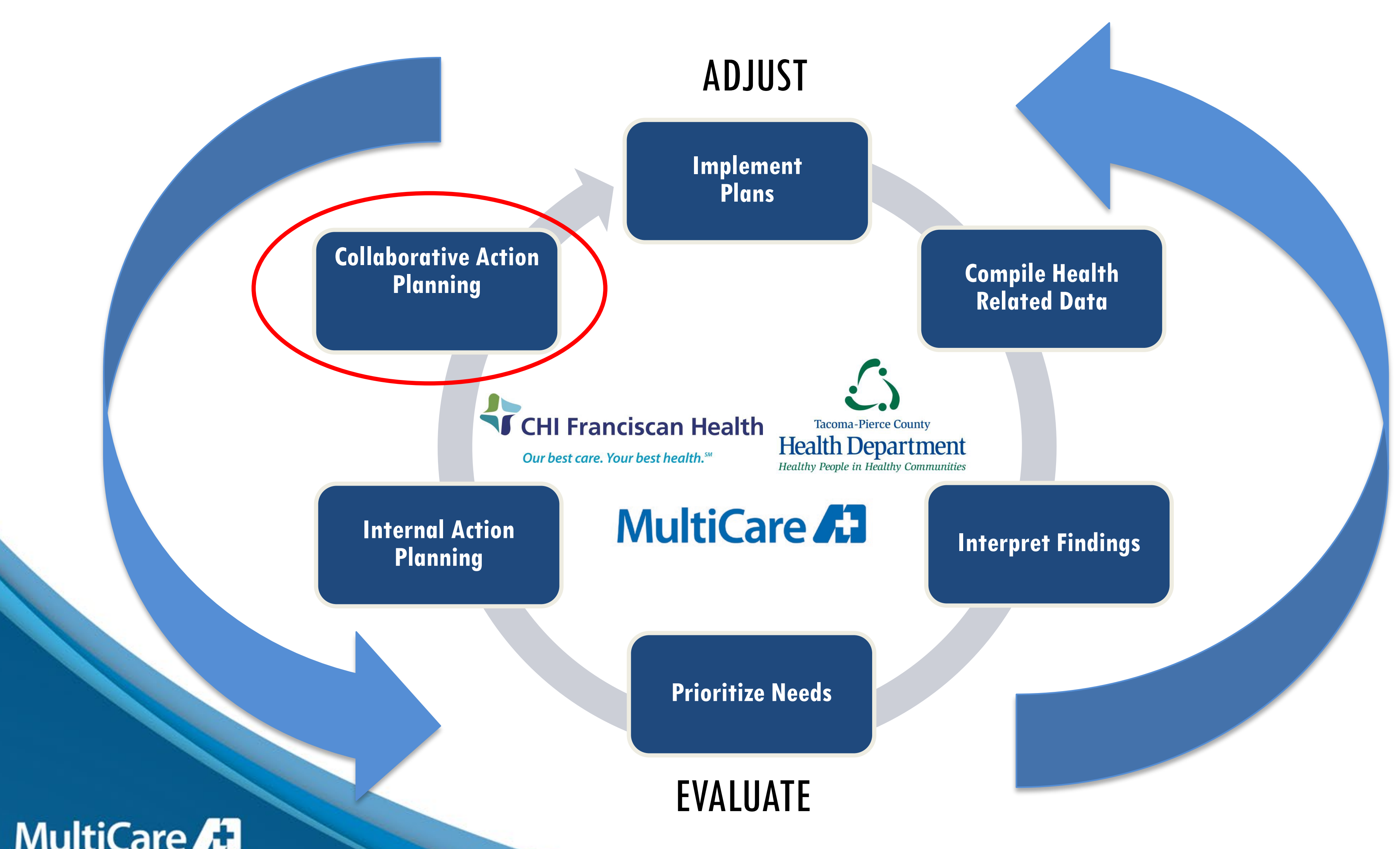
4. INTERNAL ACTION PLANNING

- Who should be involved?
  - Executive leadership from each hospital
  - Physician, nurse, clinic/outpatient leaders from each hospital
  - Frontline or department staff if possible
- What should be considered?
  - CHNA key findings and suggested priority health needs
  - Available or needed internal resources
  - Existing policies, programs, and partnerships

CHNA PROCESS



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5. COLLABORATIVE ACTION PLANNING

- Who should be involved?
  - Community members and stakeholders
  - Community benefit staff
  - Hospital leaders
- What should be considered?
  - Evidence-based solutions
  - Existing resources

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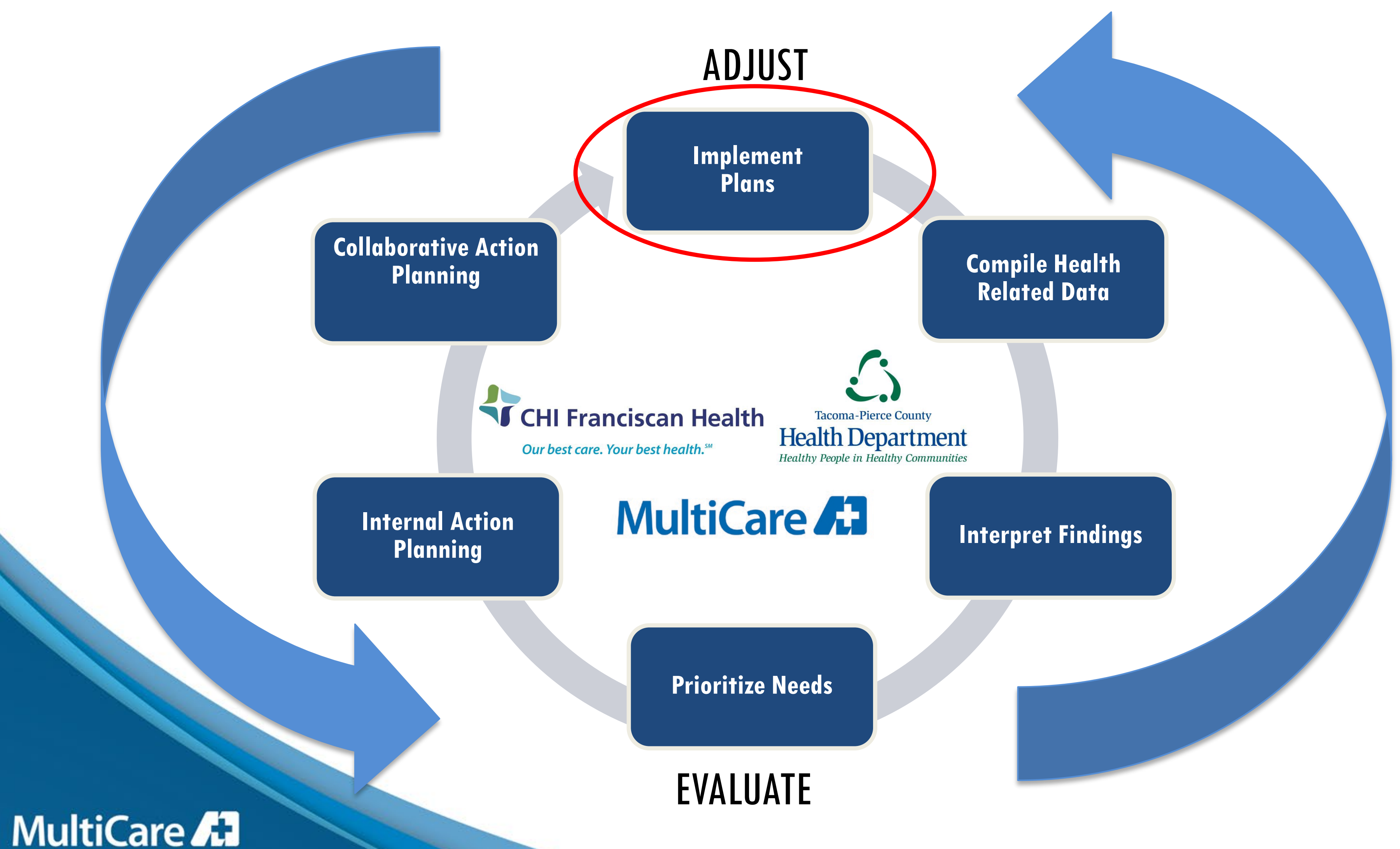
CHNA PROCESS



6. IMPLEMENT PLANS

CHNA (2013,

- Behavioral health
- Access to Care
- Chronic Disease
- Obesity
- Tobacco Use
- Cultural diversity/competency
- Childhood Immunizations

CHIP (2013)

- Mental health
- Access to Quality Health Care and Preventive Services
  - Health and human service providers are culturally competent
- Chronic Disease Prevention
  - Reduce tobacco use
  - Reduce obesity

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6. IMPLEMENT PLANS

MultiCare Tacoma General Hospital Priorities

GOALS

STRATEGIES

1. Access to care

Women's Health:

- Explore the development of a community resource toolkit that focuses on HPV prevention and screening.
- Explore promoting women's health services at community outreach events.
- Continue to provide free pregnancy tests at the MultiCare OB Access Clinic, in partnership with Maternal Support Services.
- Provide education and support to women who are pregnant or planning to become pregnant, and offer these services in multiple languages.
- Continue to provide virtual care, with translation services, for low-risk pregnancies.
- Promote breast health in partnership with the Carol Milgard Breast Center (CMBC).

Oral Health:

- Explore increased shared marketing efforts to promote Lindquist Dental Clinic for Children (LDCC) that may include social media, co-linking websites, materials, and presence at community events.
- Explore the creation of an Epic SmartPhrase to refer youth in need to LDCC.
- Explore partnerships between LDCC and MultiCare WIC clinics, prenatal and primary care, and other departments and programs.
- Continue to support Medical Teams International's Mobile Dental Program.

2. Obesity

- Promote community awareness and understanding of the Ready, Set, Go! 5210 (RSG! 5210) program and message.
- Increase collaboration with community partners on programs and policies to improve the health of our community.
- Surveillance of participation at community programs, classes, and events.
- Promote weight management programs and services.
- Seek grants like Supplemental Nutrition Assistance Program Education (SNAP-Ed) to provide nutrition education and programming to schools, the WIC program and food bank clients.
- Increase knowledge and best practice education around the benefits of breastfeeding.
- Increase access to healthy food at worksites.
- Increase access to and promotion of physical activity among MultiCare employees and their families.

3. Tobacco Use

- Promote access to tobacco cessation resources and support programs.
- Promote partnerships with the Tacoma-Pierce County Health Department.
- Promote insurance-covered pharmacotherapy and/or free or low-cost cessation programs for hospital employees.
- Continue to support the MultiCare tobacco-free policy for all employees and facilities.

4. Behavioral Health

- Increase access to behavioral health services.
- Promote integration of physical and behavioral health care.
- Integrate chemical dependency treatment into the medical care setting.
- Expand capacity to provide co-occurring mental health and substance use disorder treatment.
- Focus on high-risk and high utilizers of health care services.
- Increase community capacity to provide inpatient psychiatric services.

5. Cultural Competency

- Promote cultural diversity and health equity awareness among MultiCare staff.
- Increase access to interpreter services.
- Continue to promote health equity partnerships.
- Continue to provide outreach services to ethnic minority and low-income communities.

7. EVALUATE PLANS

Obesity									
Allenmore, Auburn Medical Center, Good Samaritan, Mary Bridge, Tacoma General	**2017 Baseline**	**Q1**	**Q2**	**Q3**	**Q4**	**Cumulative**	**Average**	**2019 Goal**	**Status**
Increase number of participants in YMCA/MHS Empowering Women for Wellness Program	**52**	19	17			—	18	76/yr	In Progress
Increase Mary Bridge WIC breastfeeding initiation rates	**90.05%**	91.5%	87.9%			—	89.7%	91%	In Progress
Increase number of participants in YMCA/MHS ACT! Program	**29**	50	17			—	33.5	30/yr	On track

Legend: On track In Progress Off track

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COMMUNITY BENEFIT COLLABORATIVE

- Brings community benefit staff and community partners together
- Sharing of CHNA progress, updates, needs
- Strengthens partnerships

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RECOMMENDATIONS FOR CROSS-SECTOR PARTNERSHIPS

- Identify your organization's priorities
- Research potential community partners
- Approach potential partners with humility and openness
  - Gatekeepers
- Understand partners' needs; meet them where they are at
- Jointly plan, implement and evaluate intervention
  - Identify roles and expectations
- Periodically assess partnership

****Remember the Platinum Rule****

References

Catholic Health Association of the United States (2019). Community benefit overview. Retrieved at https://www.chausa.org/communitybenefit/community-benefit.

Centers for Disease Control & Prevention (2018). Community health assessments and improvement plans. Retrieved at https://www.cdc.gov/publichealthgateway/cha/plan.html.

QUESTIONS?

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