CHNAs- How Hospitals Benefit (other than fulfilling IRS reporting requirement)

- Determine population health status
- Determine public perception of health services and priorities
- Marketing
- Service line development (workforce planning!)
- Resource allocation
- Strategic planning
- Community engagement
- Community health planning
- Increase community awareness
- Building partnerships with other health resources
- Community level data: perception of facility and community health needs, community expectations
Opportunities for Collaboration

Public Health Departments
- Accreditation; drive local health priorities
- 5 year cycle; voluntary
- Community = County/Health District
- CHIP reporting & evaluation
- Penalty = loss of accreditation

CAHs
- Tax-exempt status
- 3 year cycle
- Community = Service area
- Board approval
- IP Reporting & evaluation
- Partnership
  - Partner in data collection
  - Community engagement
  - Involved in prioritization
  - Resources
  - Leadership roles
- Penalty = $50K/year not filing
Value of Hospital and Health Department Collaborations

- Share costs and resources
- Maximize resources
- Increased credibility in the community
- Brings more stakeholders together and more buy-in
- Extends population/demographic reach
# Common Priority Areas

<table>
<thead>
<tr>
<th>Health conditions</th>
<th>Health behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>Chronic disease (management)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Obesity</td>
<td>Physical activity</td>
</tr>
<tr>
<td>Cancer</td>
<td>Nutrition</td>
</tr>
<tr>
<td>Oral health</td>
<td>Substance abuse</td>
</tr>
<tr>
<td>Mental health</td>
<td>Emotional health</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Injury prevention</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community conditions</strong></td>
<td><strong>Health system conditions</strong></td>
</tr>
<tr>
<td>Built environment</td>
<td>Un/under-insurance</td>
</tr>
<tr>
<td>Food access</td>
<td>Access to medical care</td>
</tr>
<tr>
<td>Active living environment</td>
<td>Access to behavioral health care</td>
</tr>
<tr>
<td>Social determinants of health/health equity</td>
<td>Access to dental care</td>
</tr>
<tr>
<td>Community partnership</td>
<td>Quality improvement</td>
</tr>
<tr>
<td></td>
<td>Workforce development</td>
</tr>
</tbody>
</table>
Glendive Medical Center and Dawson County Health Department Community Health Services Development (CHSD)
2016 CHSD by the Numbers (preliminary)

Full CHSD process: 14
CHNA only: 2
IP only: 2

Top health concerns identified
- Alcohol/substance abuse (61%)
- Cancer (40%)
- Overweight/obesity (32%)

Common IP Goals
- Health/wellness & outreach/education (92%)
- Access to healthcare services (83%)
- Behavioral & mental health services (67%)
MORH - What’s next

- Continue CHSD work

- Create a interactive website sharing top needs and strategies taken on by Montana CAHs

- Create web-based learning communities, sharing best practices and evidence based strategies to address population health needs

- Continue to develop data analysis capacity
  - Focus group data