

Addressing Community Health Needs: Health Priorities and Strategies found in MT Implementation Plans

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Introduction

With the passing of the Patient Protection and Affordable Care Act (ACA) in 2010, a Community Health Needs Assessment (CHNA) is now mandated once every three years for all charitable 501(c)(3) hospitals. In addition, a detailed implementation plan must be developed which outlines how the facility plans to address health issues identified. This document outlines some of the common themes and strategies Montana Critical Access Hospitals (CAHs) are utilizing to address health needs in their communities. Many of Montana's Critical Access Hospitals (CAHs) have participated in the Community Health Services Development process (CHSD) which is a CHNA process which utilizes health data from various sources: secondary health data, community focus groups, key informant interviews and a random sample survey.

Sample

Montana currently has 48 CAHs present within the state. The data presented is taken from CHSD survey data and implementation plans conducted by MORH for 26 of the 48 Montana CAHs the Montana Office of Rural Health has worked with from January 2012-August 2014 which represents over 50% of Montana CAHs. Many of these implementation plans are publicly available from each hospital and are posted online as required by IRS Form 990, Schedule H.

Leading Health Concerns

CAHs and their partners play an integral role in providing primary and emergency services to meet healthcare needs in their rural and frontier communities. As a part of the CHSD process, secondary health data is collected. The top three leading causes of death in Montana are cancer, heart disease, and chronic lower respiratory disease (MT DPHHS) (Figure 1).

Comparing this information to health concerns identified through the community health assessment process (Figure 2a), cancer is the listed as a top health concern among rural community members, second to alcohol and substance abuse, with obesity and heart disease trailing at third and fourth. It is important to emphasize that this data signifies public perception of the prevalence and severity of health concerns, and sheds light on health-awareness disparities present in rural Montana (Figure 2a).

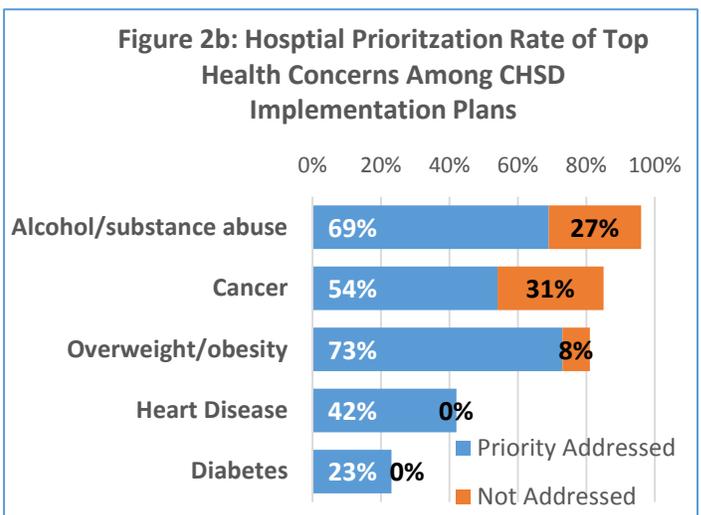
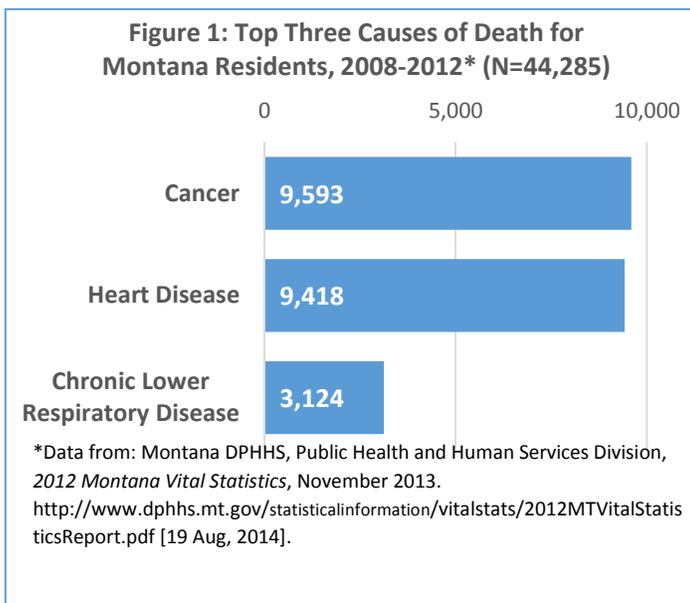
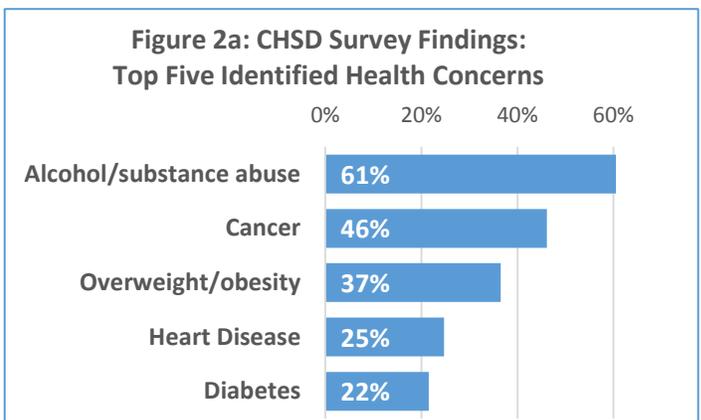
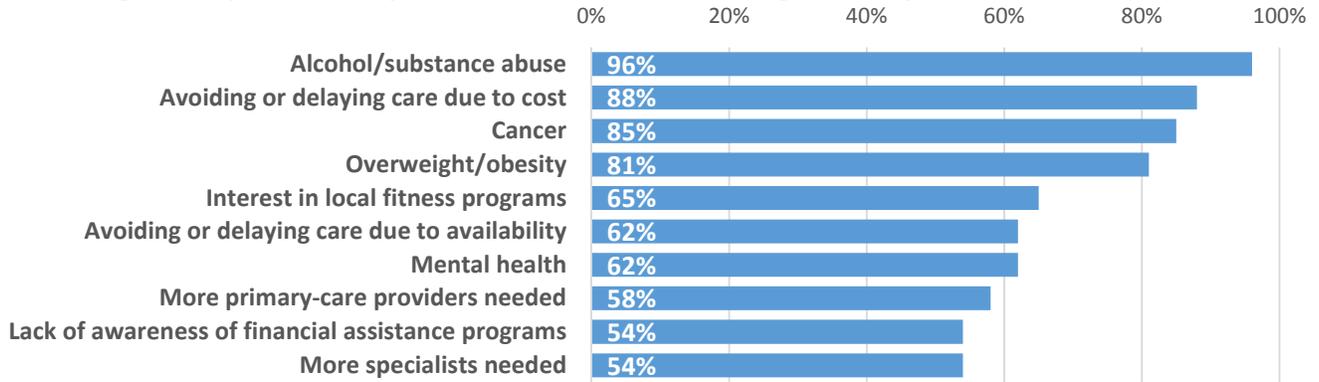


Figure 3: Top 10 Commonly Prioritized Issues Identified Through CHSD Implementation Plans (N=26)



Commonly Prioritized Needs

For every priority listed in a CHSD implementation plan, the hospital outlines strategies to address each need. The health concerns shown in Figures 2a and 2b are included among the priorities listed in Figure 3. Levels of engagement in addressing a given priority have high variability between CAHs, from hiring new providers or expanding clinic hours, to feasibility studies or further exploration of potential community partnerships that would address a need identified in the community assessments. Examples of strategies used to address individual issues are outlined as follows:

- **Alcohol/substance abuse** – Public health education; hosting Alcoholics-Anonymous meetings; expanding mental health services; targeting underage drinking
- **Avoiding or delaying care due to cost** - Improving internal awareness regarding of hospitals' financial assistance programs; offering reduced-cost services at a health fair
- **Cancer** – prevention and early detection screening programs; discounted screening services; public health education
- **Overweight/obesity** – compiling a list of locally available weight-loss programs and resources; public health education; walking trails; health and wellness programs (nutrition, healthy lifestyles); chronic disease management through diet and nutrition
- **Interest in local fitness programs** – organizing a walking group; collaboration with local fitness centers/resources
- **Avoiding or delaying care due to availability** – expansion of clinic hours; adding new providers; market services
- **Mental health** – expanding telepsychiatric services; addressing alcohol/substance abuse; collaboration with local resources; create a of list local resources for public
- **More primary-care providers needed** – Pipeline programs such as educating high school students about becoming a physician; hire new providers; advertise new clinical hires to community; expanding clinic hours

- **Lack of awareness of financial assistance programs** – train staff to educate patients on available resources; discuss financial options with patients before discharge
- **More specialists needed** – hiring rotating specialists; expanding telemedicine services; promotion of locally available specialist services

Challenges

In some cases, a hospital may be unable to address a given priority, in which case the justification as to why a hospital may not be able to strategize against a present disparity is also provided. When hospitals are unable to address an issue, it is most often due to a lack of available resources. Among the top health concerns listed in Figures 2a and 2b, roughly one-third of hospitals were unable to address either alcohol/substance abuse or cancer concerns. The most commonly cited reason for this is hospitals lacking the resources to add the services locally. Alcoholism and substance abuse are extremely difficult issues to address alone, and while oncology wards are a major investment for any hospital to take on, there are cost effective programs available for CAHs to address these concerns through collaboration or more minimal investments.

Summary

The mutual priorities of Montana Critical Access hospitals outline the need for further workforce development initiatives, increased opportunities for health education within communities, and ensuring financial resource stability within rural healthcare settings. All in all, the priorities identified herein represent areas to improve upon the outstanding work Montana CAHs undertake and the challenges they face. By focusing statewide efforts to align with the needs of our rural organizations, Montana will continue to be innovative in creating a stable healthcare system which enables our small-town communities to provide efficient, high-quality services for future generations to come.