

NOSORH Webinar
Rural Counties and Health Reform
Community Health Needs Assessment

Presented by:

Gerald A. Doeksen, Regents Professor and Extension Economist

Val Schott, Director, Oklahoma Center for Rural Health

NOSORH Webinar

May 12, 2011

National Center for Rural Health Works

Oklahoma Cooperative Extension Service, Oklahoma State University
(405) 744-6083

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WHAT are we doing?

A community-based assessment of health care needs in the medical service area of the hospital.

- From the community's perspective as to health care needs
- From analysis of data and information from public health department, other data sources, survey results, and economic impact study

(Cont'd) WHAT are we doing?

Outcomes of the community-based assessment will depend on:

- Community recommendations to the hospital
- The hospital's resources availability

Results of the community needs assessment will be reported to the IRS on Form 990 and related schedules.

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WHY are we doing this?

The Patient Protection and Affordable Care Act (PPACA) requires not-for-profit hospitals to provide a Community Health Needs Assessment, as follows:

- The organization must conduct a “community health needs assessment” not less frequently than every three years and adopt an implementation strategy to meet the community health needs identified through the assessment.

(Cont'd) WHY are we doing this?

- A “community health needs assessment” must include input from persons “represent[ing] the broad interests of the community served by the hospital facility,” including those “with special knowledge of or expertise in public health.”
- The assessment must be made widely available to the public.

Hospitals are required to fulfill these requirements to preserve their status as not-for-profit facilities.

(Cont'd) WHY are we doing this?

The legislation also includes:

- Financial Assistance Policy Requirements
- Requirements regarding Charges
- Billing and Collection Requirements

Hospitals will fulfill these requirements internally.

WHY we WANT to do this?

Regardless of the legislative requirements, hospitals want community-based assessment to become a part of the strategic plan on a long-term, continuing basis.

- Community will provide input to the hospital as to the community's needs.
- The hospitals will develop communications and relationships with the community to plan and provide for the community's needs.



WHAT is required from the Community Group?

1. To review and analyze data and information provided during process:
 - From the hospital:
 - The hospital's medical service area
 - Services and community benefits currently provided
 - From State's Public Health:
 - Data on health indicators and outcomes

**(Cont'd) WHAT is required
from the Community Group?**

- From other sources:
 - U. S. Census Bureau and County Business Patterns
 - ESRI
 - U. S. Department of Commerce, Regional Economic Information System, Bureau of Economic Analysis
 - Other agencies and foundations that provide relevant health data

**(Cont'd) WHAT is required
from the Community Group?**

- Information will also be provided concerning:
 - The economic impact of the hospital
 - Jobs and salaries, wages, and benefits generated locally by the hospital
 - A summary of the importance of the hospital to the local economy

(Cont'd) WHAT is required from the Community Group?

2. Provide input through health survey questionnaire and have other community members complete survey.
3. Review and analyze results of survey.
4. Provide input and recommendations on local community needs in the medical service area.

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SUMMARY of Community Group Responsibilities

- ✓ Community members are here to participate in a two-meeting community-based needs assessment
- ✓ Community members will review data and information and identify the health needs of the community
- ✓ Community members will make recommendations to the hospital

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More specifically, go over,

- **Pre-Meeting Activities**
- **Meeting 1**
- **Meeting 2**
- **Post-Meeting Activities**

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Community Assessment Template:

- **Community assessment is a process**
- **Local hospital may elect to have 2 to 4 meetings**

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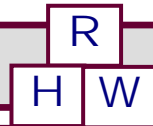
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Pre-Meeting Activities:

- **Conference call with Hospital Administrator**
- **Provide information about community committee and responsibilities**
- **Gather data for market area and impact study**
- **Prepare reports**
 - **Demographic data**
 - **Impact report (optional)**
 - **Survey questionnaire**



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Labette Health – Community Meeting #1

AGENDA FOR COMMUNITY MEETING #1

- I. Introductions – Jodi Schmidt, CEO, Labette Health
- II. Overview of Process – Val Schott, National Center
- III. Define Medical Service Area – Jodi Schmidt
- IV. Labette Health Services/Community Benefits – Jodi Schmidt
- V. Demographic and Economic Data – Gerald Doeksen, National Center
- VI. Economic Impact of Labette Health – Gerald Doeksen



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Labette Health – Community Meeting #1

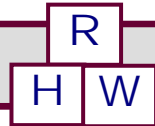
(Cont'd) AGENDA FOR COMMUNITY MEETING #1

VII. Labette Health Survey Questionnaire – Gerald Doeksen and Val Schott

- Survey Questionnaire completed at meeting
- Community Representatives to have survey completed by 4 to 6 local residents

VIII. Next Steps

- Meeting #2 - Labette Health Community Meeting scheduled for Friday, March 25, 2011, at 1:00 pm, Labette Health Conference Center



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Demographic and Economic Data for Labette Health

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Oklahoma State University
Community Needs Assessment Template

February 2011



For additional information on the Community Needs Assessment Template, contact
National Center for Rural Health Works at 405-744-6002 or email gsd@okstate.edu.

Three main sources:

- **ESRI Data (zip codes)**
- **Census (county and community)**
- **State Labor or Employment Office (projections)**



EXAMPLE TABLE 1

Population by Zip Code for Primary and Secondary Medical Service Areas of Labette Health and Populations for Labette County

Zip Code Area	Populations			
	2000 Census	2000 ESRI	2009 ESRI	2014 ESRI
Primary Medical Service Area				
66740, Galesburg	402	886	843	820
66771, Saint Paul	1,089	1,110	1,095	1,080
66776, Thayer	1,156	1,406	1,396	1,384
67335, Cherryvale	3,645	3,346	3,236	3,174
67341, Dennis	314	474	473	469
67354, Mound Valley	790	819	850	852
67357, Parsons	14,031	13,661	13,162	12,873
Total Primary Medical Service Area	21,427	21,702	21,055	20,652
% Change from 2000 ESRI			-3.0%	-4.8%
Secondary Medical Service Area				
67301, Independence	13,739	13,583	12,936	12,646
67330, Altamont	1,570	1,443	1,431	1,413
67351, Liberty	391	430	411	401
67356, Oswego	3,007	3,003	2,961	2,929
Total Secondary Medical Service Area	18,707	18,459	17,739	17,389
% Change from 2000 ESRI			-3.9%	-5.8%
Labette County Cities and Rural Area Total				
	2000 Census	2009 Estimated		% Change
Altamont city	1,092	1,050		-3.8%
Bartlett city	124	121		-2.4%
Chetopa city	1,281	1,230		-4.0%
Edna city	423	412		-2.6%
Labette city	68	67		-1.5%
Mound Valley city	418	406		-2.9%
Oswego city	2,046	1,746		-14.7%
Parsons city	11,514	10,996		-4.5%
Rural Area Total	5,869	5,748		-2.1%
Labette County Totals	22,835	21,776		-4.6%
State of Kansas	2,688,418	2,818,747		4.8%

EXAMPLE TABLE 2

Zip Code Populations by Age Groups for the Primary Medical Service Area of Labette Health, 2000 and 2009

Zip Code	Zip Code Area	Age Groups						Totals
		0-14	15-19	20-24	25-44	45-64	65+	
Primary Medical Service Area - 2000 Census Data								
66740	Galesburg	92	32	30	102	93	53	402
66771	St. Paul	236	113	48	294	219	179	1,089
66776	Thayer	256	107	58	308	270	157	1,156
67335	Cherryvale	775	287	164	974	839	606	3,645
67341	Dennis	63	16	7	90	93	45	314
67354	Mound Valley	158	79	44	218	165	126	790
67357	Parsons	3,006	1,077	829	3,688	3,065	2,366	14,031
2000 Census Totals		4,586	1,711	1,180	5,674	4,744	3,532	21,427
2000 % of Total		21.4%	8.0%	5.5%	26.5%	22.1%	16.5%	100.0%
Primary Medical Service Area - 2009 ESRI Data								
66740	Galesburg	174	51	39	200	266	113	843
66771	St. Paul	203	78	51	261	298	204	1,095
66776	Thayer	291	101	89	348	378	189	1,396
67335	Cherryvale	641	213	184	764	893	541	3,236
67341	Dennis	84	29	24	104	156	76	473
67354	Mound Valley	192	50	44	218	232	114	850
67357	Parsons	2,501	896	947	3,159	3,461	2,198	13,162
2009 ESRI Totals		4,086	1,418	1,378	5,054	5,684	3,435	21,055
2009 % of Total		19.4%	6.7%	6.5%	24.0%	27.0%	16.3%	100.0%



The Economic Impact of Labette Health on Labette County, Kansas

Prepared for:
Labette Health

Prepared by:
National Center for Rural Health Works
Oklahoma State University
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February 2011



Optional

**Economic Impact of Labette Health
on Labette County, Kansas, 2010**

Employment Impact

Activity	Number Employed	Multiplier	Secondary Impact	Total Impact
Operations	534	1.32	171	705
Construction	<u>49</u>	1.32	<u>16</u>	<u>65</u>
Total	<u>583</u>		<u>187</u>	<u>770</u>

Income Impact

Activity	Direct Income (\$1,000s)	Multiplier	Secondary Impact (\$1,000s)	Total Impact (\$1,000s)
Operations	\$27.2	1.19	\$ 5.2	\$32.4
Construction	<u>\$ 1.9</u>	1.26	<u>\$ 0.5</u>	<u>\$ 2.4</u>
Total	<u>\$29.1</u>		<u>\$ 5.7</u>	<u>\$34.8</u>

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Health Survey Questionnaire for Labette Health Community Needs Assessment Process

- Have you or someone in your household used the services of a hospital in the past 24 months?
 - Yes
 - No (Skip to Q7)
 - Don't know (Skip to Q7)
- At which hospital(s) were services received?
 - Labette Health (Skip to Q4)
 - Other (Please specify Hospital and City)
- You responded that you or someone in your household received care at a hospital other than Labette Health? Why did you or your family member choose that those hospital(s)?

(Please answer Q1 and then Skip to Q7)
- What hospital service(s) were used at Labette Health? (Please Specify)
- How satisfied were you or someone in your household with the services you received at Labette Health? Would you say you were...
 - Satisfied
 - Dissatisfied
 - Don't know
- Why were you satisfied/dissatisfied?
- What type of specialist have you or someone in your household been to and in which city did you receive that care?

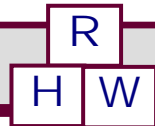
Type of Specialist	City
- Did the specialist request further testing, laboratory work and/or x-rays?
 - Yes
 - No
 - Don't know
- If yes, in which city were the tests or laboratory work performed?
- Do you use a family doctor for most of your routine health care?
 - Yes (Skip to Q12)
 - No
 - Don't know (Skip to Q12)

Questionnaire

- Have committee members complete form
- Ask committee members to ask 5 others to complete forms

- **Between Meetings:**

- **Analyze Survey Data and prepare survey results**
- **Prepare Health Outcomes and Health Indicator Data report**



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Labette Health Community Meeting #2
Friday, March 25, 2011
1:00 pm in Parsons

- I. Introduction – Jodi Schmidt, CEO, Labette Health
- II. Review of Meeting #1 – Val Schott, National Center
- III. Labette County Health Indicator/Health Outcome Data – Gerald Doeksen, National Center
- IV. Results of Labette Health Survey – Gerald Doeksen, National Center



**Community Needs Assessment Template
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- V. Develop Community Action Plan – Val Schott, National Center
 - a. List community health issues
 - b. Prioritize community health issues
 - c. Discuss possible resolution of top 3 to 4 issues
 - d. Summarize community recommendations to Labette Health
 - e. Hospital CEO response
- VI. Final Comments – Jodi Schmidt, CEO, Labette Health



**Community Needs Assessment Template
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**Health Indicator/
Health Outcome Data
for Labette Community
Hospital**

Facilitated by:
**National Center for Rural Health Works
Oklahoma State University
Community Needs Assessment Template**

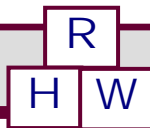
March 2011



For additional information on the Community Needs Assessment Template, contact
National Center for Rural Health Works at 405-744-6083 or email gnaw@okstate.edu.

Two main sources:

- **University of Wisconsin Population Health Institute, along with the Robert Wood Foundation have produced the County Health Rankings project (www.countyhealthrankings.org)**
- **U.S. Department of Health and Human Services have linked to the Community Health Status Indicators Reports (www.communityhealth.hhs.gov)**



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EXAMPLE TABLE 1

Snapshot 2010: Labette

Page 1 of 1



County Health Rankings
Mobilizing Action Toward Community Health

Snapshot 2010: Labette

Population Estimate, 2009: 21,776

To see more details, click on a measure.

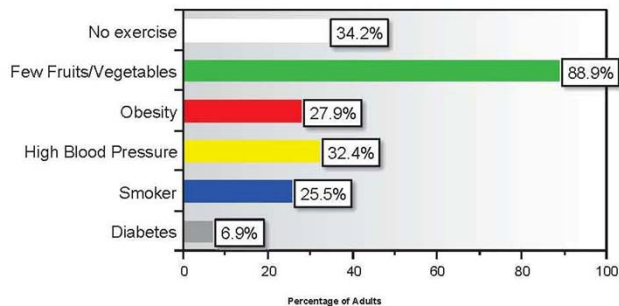
	LABETTE COUNTY	ERROR MARGIN	TARGET VALUE*	KANSAS	RANK (OF 99)
HEALTH OUTCOMES					94
<i>Mortality</i>					88
Premature death — Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,654	8,190-11,117	5,742	7,142	
<i>Morbidity</i>					96
Poor or fair health — Percent of adults reporting fair or poor health (age-adjusted)	22%	17-28%	9%	13%	
Poor physical health days — Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.0	2.3-3.7	1.9	2.9	
Poor mental health days — Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	2.8	2.0-3.6	1.7	2.8	
Low birthweight — Percent of live births with low birthweight (< 2500 grams)	8.7%	7.4-9.9%	5.7%	7.1%	

EXAMPLE TABLE 2

RISK FACTORS FOR PREMATURE DEATH¹

Labette County, KS

Communities may wish to obtain information about these measures, collected and monitored at local level.



nrf No report, survey sample size fewer than 50.

¹ CDC. Behavioral Risk Factor Surveillance System, 2000-2006.



**Health Survey Results
for Labette Health
Community Assessment Process**

Facilitated by:

National Center for Rural Health Works
Oklahoma State University
Hospital Community Assessment Template

February 2011



For additional information on the Hospital Community Assessment Template, contact
National Center for Rural Health Works at 405-744-6982 or email gan@okstate.edu.

EXAMPLE SURVEY OUTPUT

1 Have you or someone in your household used the services of a hospital in the past 24 months?

Response Category	No.	%
Yes	68	88.3%
No	8	10.4%
Don't Know	1	1.3%
Totals	77	100.0%

2 At which hospital(s) were services received?

Response Category	No.	%
Labette Health	61	75.3%
Galichia Heart Hospital - Wichita	3	3.7%
Oklahoma Surgical Hospital - Tulsa	2	2.5%
Freeman Hospital - Joplin	8	9.9%
St John's Regional Medical Center - Joplin	2	2.5%
Allen County Hospital - Iola	1	1.2%
Kansas City Hospital	1	1.2%
Kansas University Medical Center	1	1.2%
Via Christi Hospital - Wichita	1	1.2%
Wesley Medical Center, Wichita	1	1.2%
Totals	81	99.9%

3 You responded that you or someone in your household received care at a hospital other than Labette Health. Why did you or your family member choose that/those hospital(s)?

Response Category	No.	%
No Response	1	4.3%
Close/Convenient Location	2	8.7%
Emergency	1	4.3%
Specialists not available in community hospital	3	13.0%
Privacy	1	4.3%
More up-to-date equipment	4	17.4%
Doctor request/referral	6	26.1%
Family member utilized the facility	1	4.3%
Past experience with facility	2	8.7%
Too many negative outcomes with Labette Health	2	8.7%
Totals	23	99.8%

Summary of Products

The Economic Impact of Labette Health on Labette County, Kansas

Prepared for: Labette Health

Prepared by: National Center for Rural Health Works, Oklahoma State University, Community Needs Assessment Template

February 2011

Health Indicator/
Health Outcome Data
for Labette Community
Hospital

Facilitated by: National Center for Rural Health Works, Oklahoma State University, Community Needs Assessment Template

March 2011

Demographic and
Economic Data
for Labette Health

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Health Survey Results
for Labette Health
Community Assessment Process

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Summary of Community Priorities

1. Cost of Health Care

- Market the Community Health Clinic
- Market availability of services and cost comparisons vs. larger communities
- Education regarding affordable health screen tools
- Create a culture of Health
- Market quality of care vs. stereotyping of rural providers/facilities

Summary of Community Priorities (Cont.)

2. Smoking/tobacco use is seen as a significant health issue for the community

- Focus on education regarding the effects of tobacco use on health
- Market Smoking Cessation classes

Summary of Community Priorities (Cont.)

3. Cardiovascular heart disease and stroke are seen as significant health problems for the community

- Focus education on the benefits of screening and early detection
- Focus education efforts on behavioral changes proven to help

4. Diabetes is seen as a significant health problem for the community

- Build on success of the Community Wellness Center
- Market services of the Community Wellness Center

Summary of Community Priorities (Cont.)

5. Educational programs

- Review who are trying to educate and how we are trying to reach them
- Focus on improving what we currently have
- Focus on new methods of contacting citizens

6. Teen pregnancy

- Provide leadership to engage community factors to discuss and work on this issue
- Discuss parental responsibility and ways to enhance it

For Additional Information:

Please contact:

Gerald Doeksen, Executive Director
Email: gad@okstate.edu

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Email: cheryl@okstate.edu

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Oklahoma Center for Rural Health
OSU College of Health Sciences
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Both from:
National Center for Rural Health Works
Oklahoma State University
Phone: 405-744-6083 or 744-9824



Community Assessment Template – Planned Training Sessions

- Thursday, July 28, 2011 in Charleston, WV
Hosted by West Virginia State Office of Rural Health
One-day RHW training with approximately 50% on
Community Assessment Template
- Thursday, August 9th, Indianapolis, IN
1:00-5:00 pm
Hosted by NOSORH at Regional Meeting
ENTIRE session on Community Assessment Template

