COMMUNITY HEALTH

NEEDS ASSESSMENT AND IMPROVEMENT PLANNING

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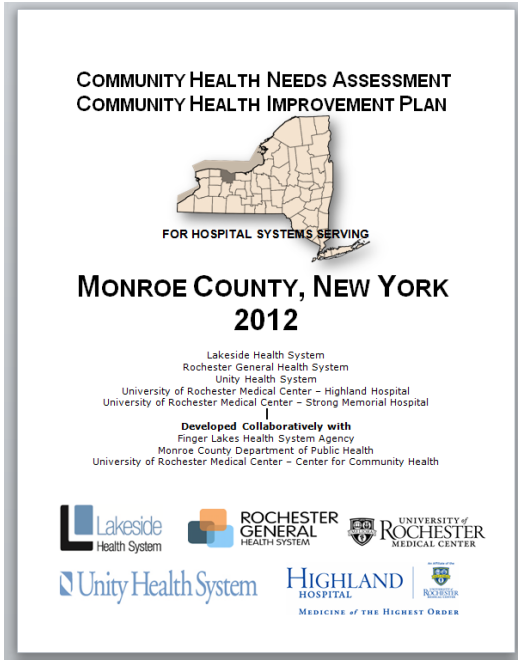

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Starting with FY 2012, Affordable Care Act

- Apply to 501(c)(3) hospitals
- Requirements are mandatory and tax exemption depends on compliance (fees for noncompliance)
- Reported in Schedule H (Form 990)
- New 501(r) Requirements
  - Community Needs Assessment
  - Financial Assistance Policy
  - Limits on Charges
  - Collections

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9.	**1**	
	If "Yes," indicate what the CHNA report describes (check all that apply):		
a	☐ A definition of the community served by the hospital facility		
b	☐ Demographics of the community		
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☐ How data was obtained		
e	☐ The health needs of the community		
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		

"During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?"

Requirements of the CHNA

a) Definition of community
b) Demographics of the community
c) Existing facilities and resources available to respond
d) How data was obtained
e) Health needs
f) Primary and chronic disease needs – health issues of uninsured, low-income and minority
g) Process for identifying and prioritizing needs and services
h) Process for consulting with community's interests
i) Information gaps

More…

3. Did the hospital take input from representatives of the community, including those with special knowledge of public health? How and who?
4. Was the CHNA conducted with other hospital facilities?
5. Did the hospital make the CHNA widely available to the public? (website, upon request, other)



Beyond the CHNA to CHIP…

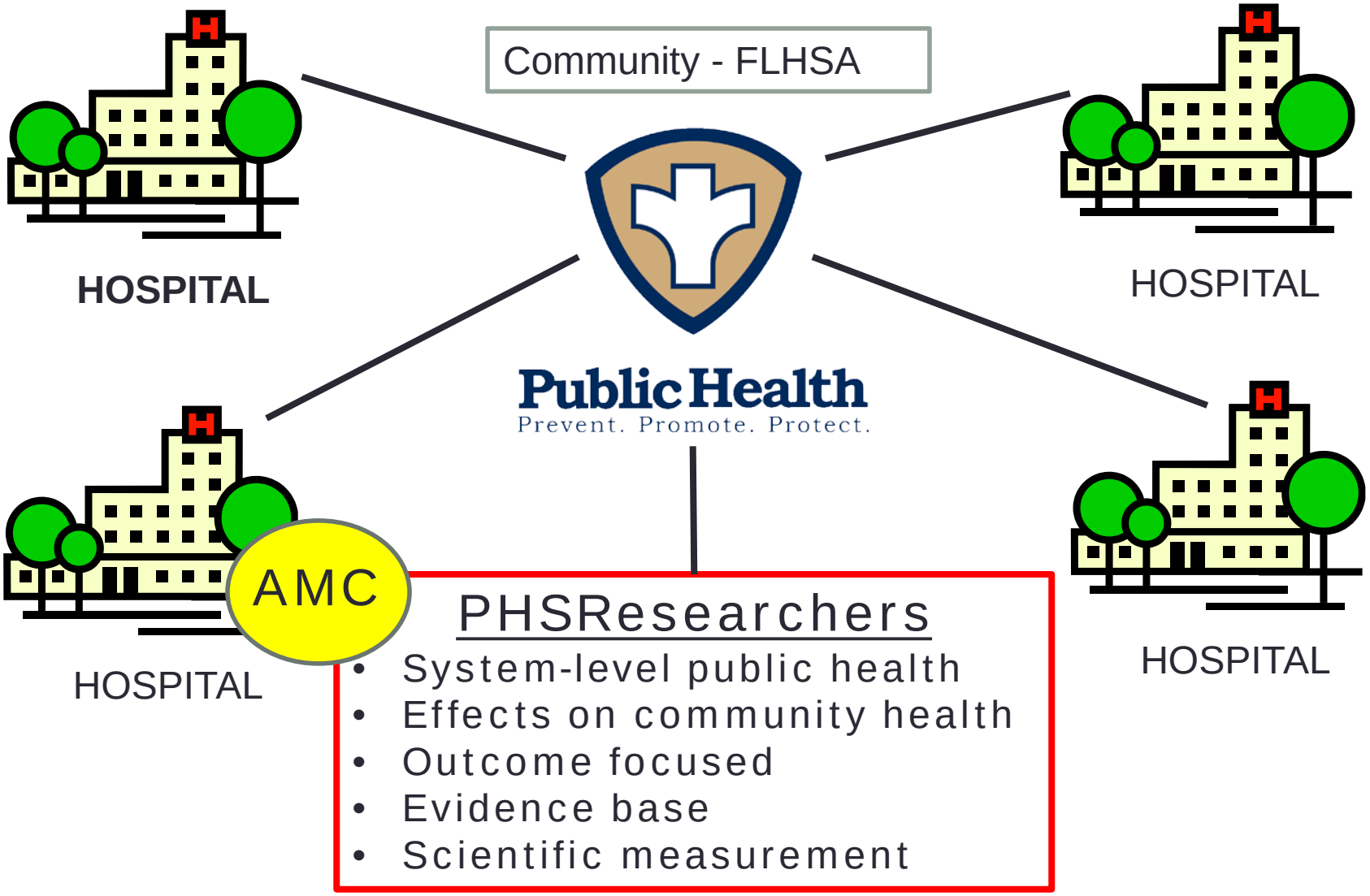
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):

- a ☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA
- b ☐ Execution of the implementation strategy
- c ☐ Participation in the development of a community-wide plan
- d ☐ Participation in the execution of a community-wide plan
- e ☐ Inclusion of a community benefit section in operational plans
- f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA
- g ☐ Prioritization of health needs in its community
- h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community
- i ☐ Other (describe in Part VI)

7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . 7 ☐

"If the hospital addressed needs identified in its most recently conducted CHNA, indicate how"

Partnership for CHNA/CHIP



History of Community Benefits Reporting

- NY Commissioner asked for collaboration in community health assessment and planning and to document those efforts in a hospital's Community Service Plan (CSP).
- Been reporting for 12 years, now tied to State Prevention Agenda
- New York Local Health Departments (LHDs) instructed to participate in this process and report independently
- Hospital Community Service 3-year Plans were due in 2009 and updates were due in 2010, 2011, and 2012



Community Engagement Portal - University of Rochester Medical Center - Windows Internet Explorer

http://www.urmc.rochester.edu/community-engagement/

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Monroe County Joint Community Service Plan

This unique effort, done in collaboration with Monroe County Department of Public Health, has allowed the hospitals in Monroe County to go well beyond the basic requirements of submitting individual community service plans.

2012 Joint Community Service Plan

New York State
2012 Community Service Plan

For Health Systems
serving Monroe County, including:

Lakeside Health System
Rochester General Health System
Unity Health System
University of Rochester Medical Center – Highland Hospital
University of Rochester Medical Center – Strong Memorial Hospital

Lakeside Health System

ROCHESTER GENERAL HEALTH SYSTEM

Unity Health System

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HIGHLAND HOSPITAL

MEDICINE of THE HIGHEST ORDER

With collaboration from
Finger Lakes Health System Agency
Monroe County Department of Public Health
University of Rochester Medical Center – Center for Community Health

Representation, meeting since June 2012

Name	Title	Affiliation
Al Bradley	Senior Project Manager, High Blood Pressure Initiatives	Finger Lakes Health Systems Agency
Wade Norwood	Director of Community Engagement	Finger Lakes Health Systems Agency
Andrea DeMeo	Executive Director & COO – Center for Community Health	University of Rochester Medical Center
Theresa Green	Director of Community Health Policy & Education – Center for Community Health	University of Rochester Medical Center
Anne Kern	Public Health Program Coordinator	Monroe County Department of Public Health
Byron Kennedy	Deputy Director, physician	Monroe County Department of Public Health
Barbara Ficarra	Director of Public Relations	Highland Hospital
Shawn E. Fisher	Administrative Director of Nursing & Director of Surgical Services	Lakeside Health
Barbara McManus	Director, Marketing & Public Relations	Rochester General Health System
Kathy Parrinello	Associate VP and COO	Strong Memorial Hospital
Stewart Putnam	President, Health Care Services Division	Unity Health System
Wendy Wilts	Senior Vice President Clinical Service Lines	Unity Health System

CHNA – Data

- Monroe County Adult Health Survey (AHS)
  - Fourth survey of health risks and behaviors of adults in fall 2012 (2006, 2000, and 1997)
  - Countywide random digit dial telephone survey for 18+year olds
    - 1800 responses collected
    - ½ in City zip codes
    - 140 Latino, 1400 white, 225 African American
- Local information such as the Blood Pressure Registry
- State Prevention Agenda indicators

Rochester BusinessAlliance
The Regional Chamber of Commerce

Communities Transforming
To make healthy living easier

Process Check

Logistical issues:

1. The needs assessment, Board approval and community dissemination must occur in the same fiscal year
2. 4 hospital systems were involved with two different fiscal years
3. In November 2012, we learned that the first fiscal year for reporting ended in June 2013

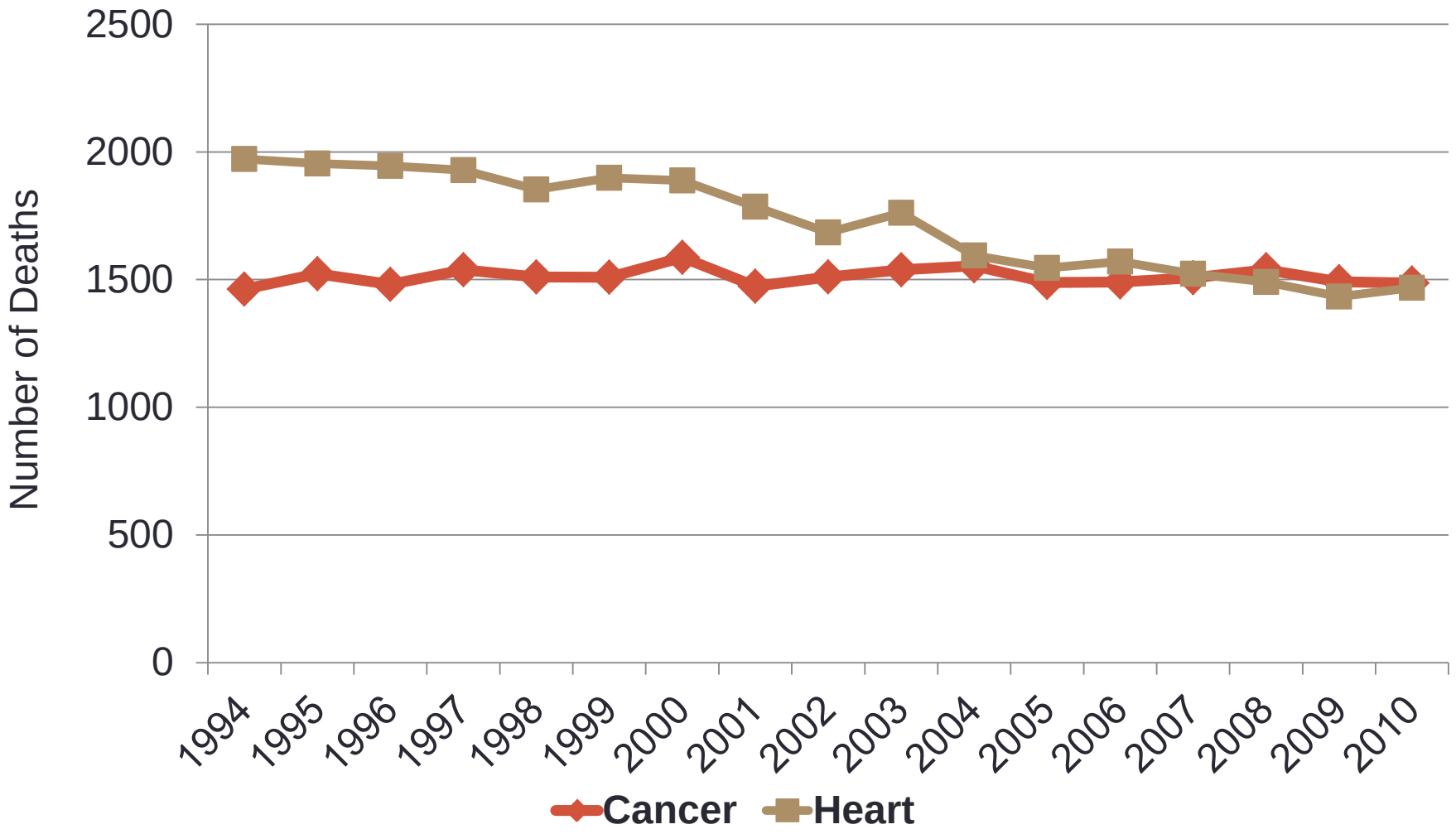
Practical issues:

1. Hospitals wanted to do relevant work, but did not want to add to the workload
2. No budget
3. Preconceived bend towards worksite wellness and HTN

Leading Causes of Death by County, New York State, 2009

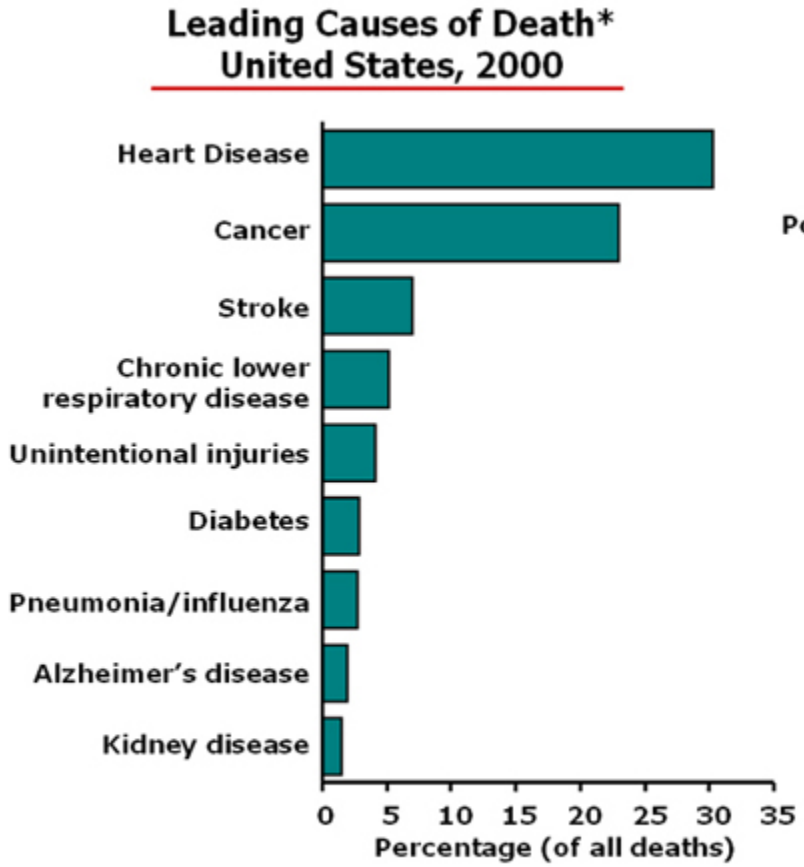
County and # of Deaths	#1 Cause of Death and # of Deaths	#2 Cause of Death and # of Deaths	#3 Cause of Death and # of Deaths	#4 Cause of Death and # of Deaths	#5 Cause of Death and # of Deaths
	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate	Age-adjusted Death Rate
Monroe	Cancer	Heart Disease	Stroke	Chronic Lower Respiratory Diseases (CLRD)	Pneumonia and Influenza
	1,492	1,434	326	267	185
Total: 6,168	176 per 100,000	157 per 100,000	36 per 100,000	30 per 100,000	20 per 100,000
Ontario	Cancer	Heart Disease	Stroke	Chronic Lower Respiratory Diseases (CLRD)	Unintentional Injury
	231	226	52	51	31
Total: 949	175 per 100,000	169 per 100,000	39 per 100,000	39 per 100,000	25 per 100,000
Orleans	Heart Disease	Cancer	Chronic Lower Respiratory Diseases (CLRD)	Stroke	Unintentional Injury
	127	97	24	19	11
Total: 408	256 per 100,000	194 per 100,000	50 per 100,000	39 per 100,000*	25 per 100,000*
Wayne	Cancer	Heart Disease	Chronic Lower Respiratory Diseases (CLRD)	Stroke	Liver Disease
	193	184	59	35	32
Total: 780	182 per 100,000	175 per 100,000	59 per 100,000	33 per 100,000	31 per 100,000

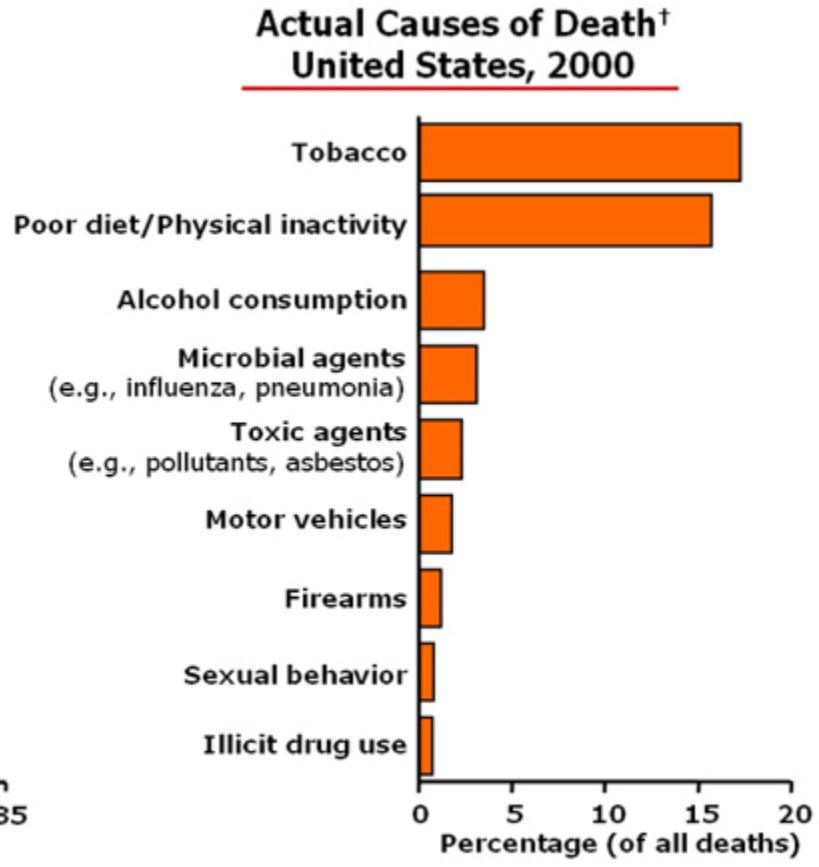
Cancer and Heart Disease: Number of Deaths Monroe County, 1994-2010



Source: Vital Records, MCDPH

Ultimate Priority Areas…



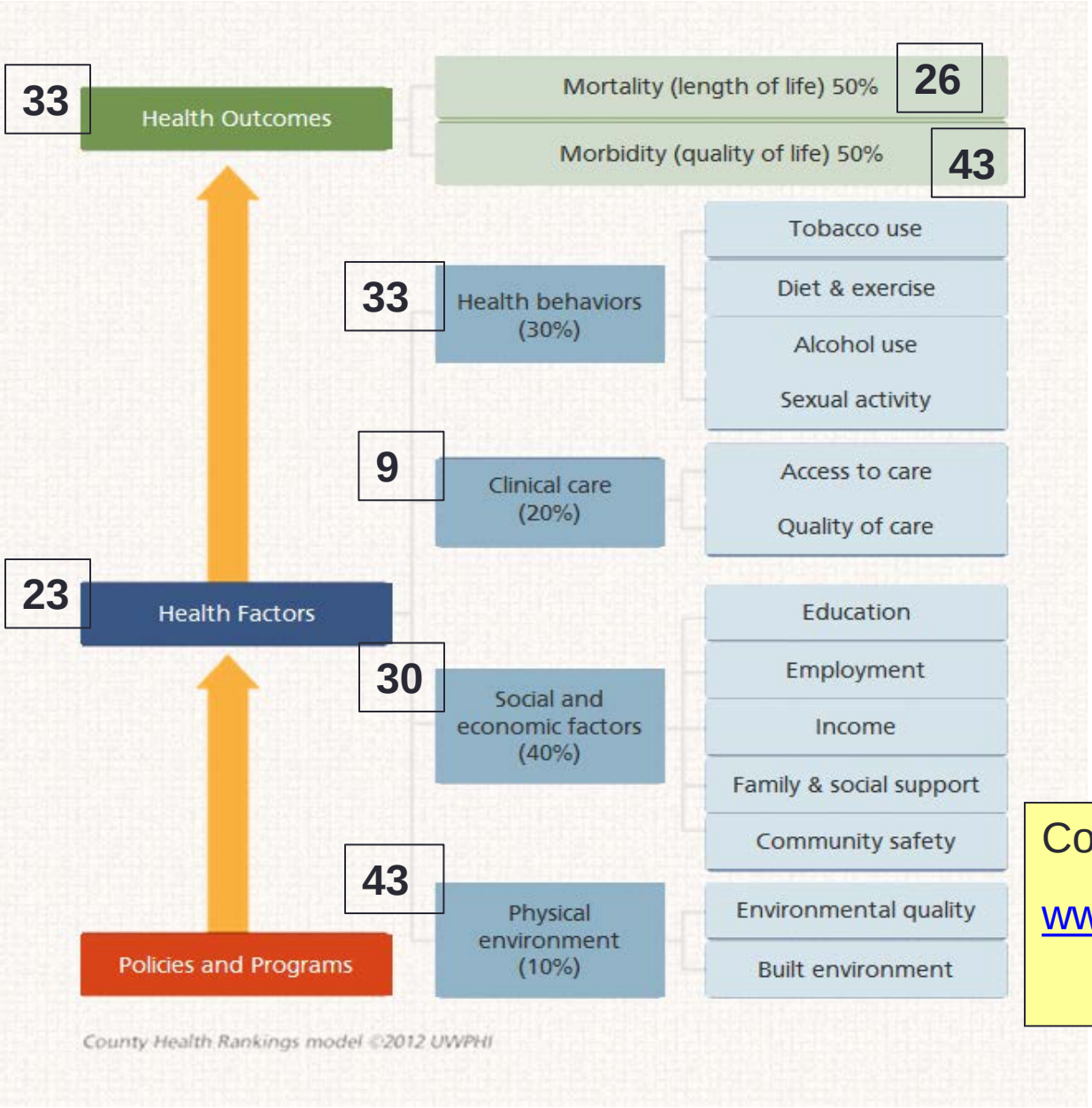


* Miniño AM, Arias E, Kochanek KD, Murphy SL, Smith BL. Deaths: final data for 2000. National Vital Statistics Reports 2002; 50(15):1-120.
† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Risk Factors for Monroe County

Risk Behaviors, Adults Ages 18+, 2012 (% of population)	Monroe County	City	Suburbs	African American	Latino	White
Currently Smoke	16	25*	13	23**	18	15
Obese	30	36*	27	38**	41**	27
No Physical Activity in the Past Month	16	25*	13	30**	26**	13
Consume 1+ Sodas/Sugar Sweetened Beverages per Day	23	30*	21	46**	23	20

Source Monroe County Adult Health Survey, 2012



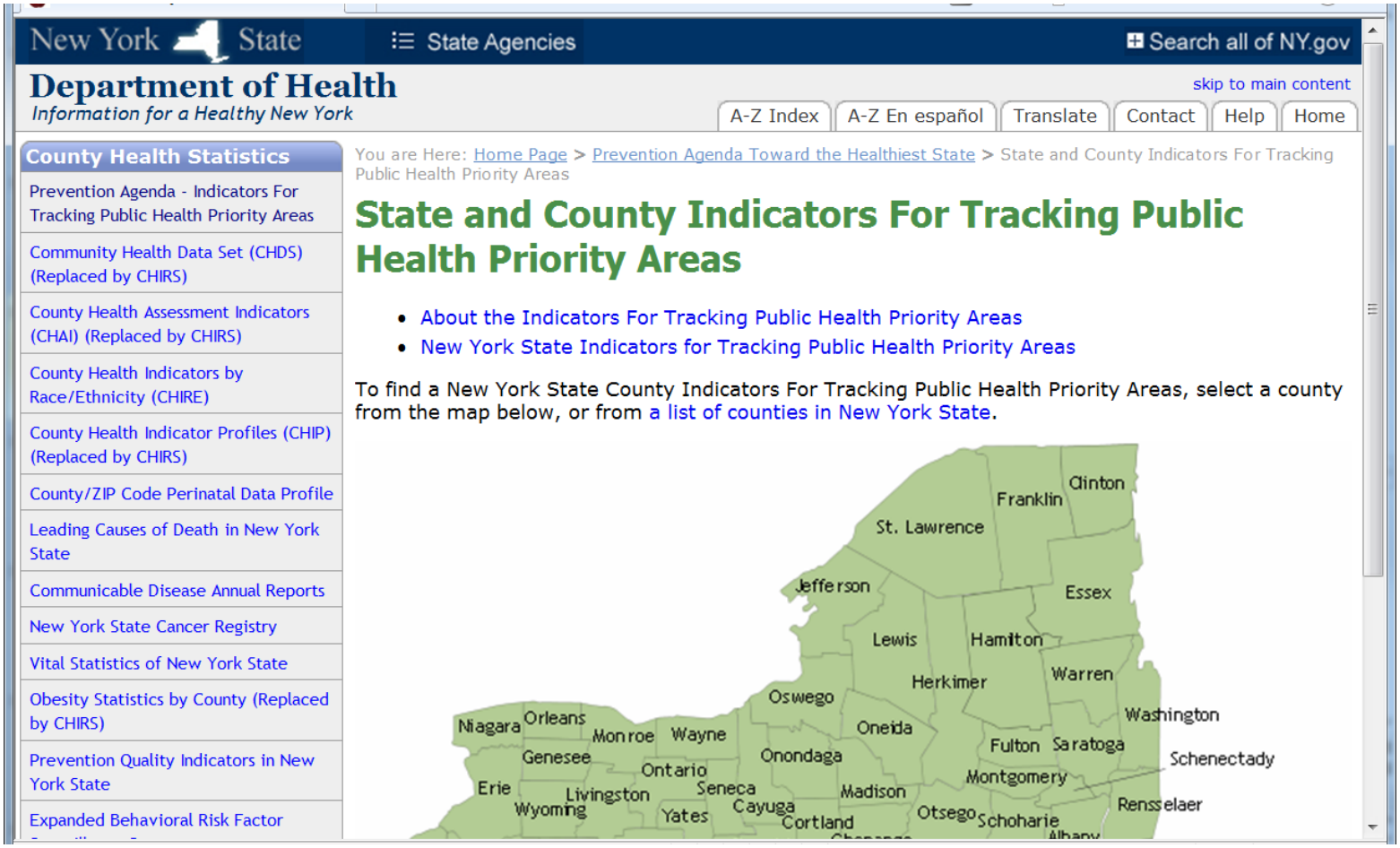
Monroe County: Results of the 2013 County Health Rankings for New York (62 counties)

Even though our clinical care score is very high, our health outcomes scores are low – maybe due to socio-economic, behaviors and environmental factors?

County Health Rankings 2013

www.countyhealthrankings.org

New York Tracking PH Priority Indicators



http://www.health.ny.gov/prevention/prevention_agenda/indicators/county/monroe.htm

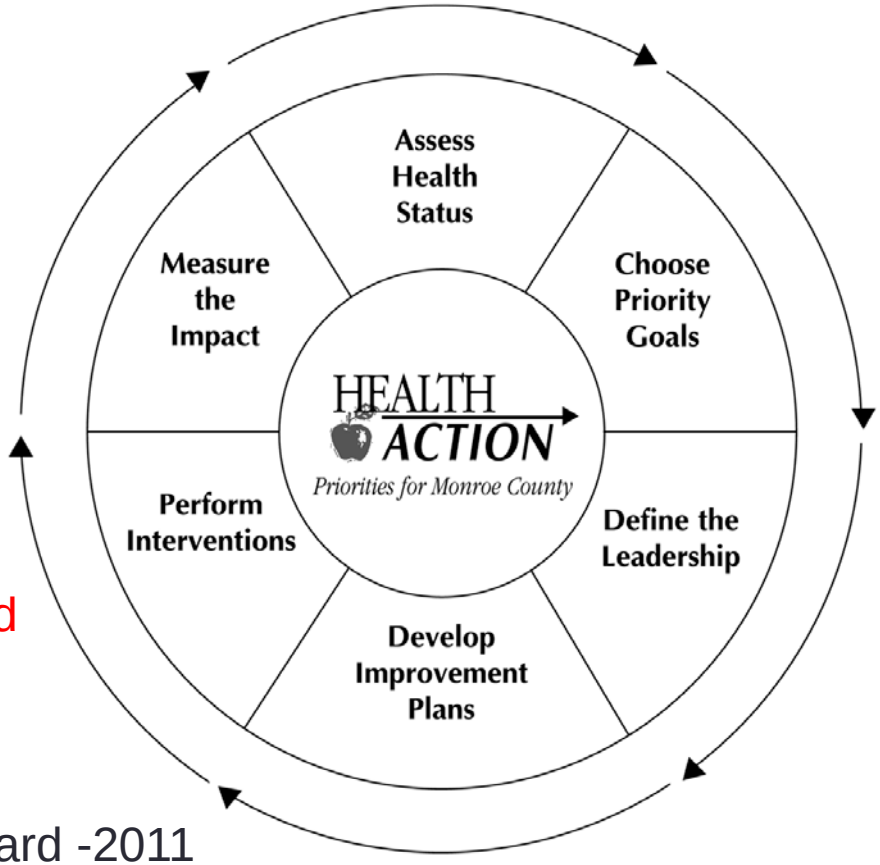
Monroe County "Problem Areas"

Indicator	Monroe County	New York State	NYS 2017 Objective
17. Percent of commuters who use alternate transportation	18.2	44.6	49.2
18. Percentage of population with low-income and low access to a supermarket or large grocery store	6.9	2.5	2.24
21. Percentage of adults who are obese	31.7	23.1	23.2
23. Percentage of cigarette smoking among adults	19.6	17.0	15.0
29. Rate of hospitalizations for short-term complications of diabetes per 10,000 (ages 18+ years)	6.0	5.6	4.9
36. Gonorrhea case rate per 100,000 women ages 15-44	425.4	203.4	183.1
37. Gonorrhea case rate per 100,000 men – ages 15-44	360.1	221.7	199.5
38. Chlamydia case rate per 100,000 woman – age 15-44	2,431.9	1,619.8	1,458
60. Percentage of unintended pregnancy among live births	32.3	26.7	24.2
65. Percentage of live births that occur within 24 months of a previous pregnancy	24.4	18.0	17.0
66. Age-adjusted percentage of adults with poor mental health for 14 days or more in the last month	12.4	10.2	10.1
68. Age-adjusted suicide death rate per 100,000	7.7	7.1	5.9

CHNA – Community Input

HEALTH ACTION

Priorities for Monroe County



GOAL: to improve the health of the citizens of Monroe County by aligning community resources to focus on selected priorities for action (since 1995)

Health **"report cards"** are available

- Maternal Child Health Report Card -2011
- Adolescent Health Report Card – 2012
- Adult/Older Adult Health Report Card – 2008 (slated for 2013)

http://www2.monroecounty.gov/health-healthdata.php#surveys

Community Action Priorities for Adult/Older Adult:

- Increase Physical Activity and Nutrition
- Improve Prevention and Management of Chronic Disease
- Improve Mental Health (reduce violence among adults and elder abuse)

Process for Prioritization

IMPORTANCE (How important is this goal?) **Number affected** **How much disability/illness this will prevent** **Long term impact on health**
LIKELIHOOD of IMPACTFUL SUCCESS **What is the likelihood that setting this goal will result in substantial health improvements in 3-5 years?**
COMMUNITY SUPPORT **Is there willingness on the part of community leaders and partner organizations, and residents to address this goal?**
HOSPITAL SUPPORT **How likely are hospital leaders to strongly support this initiative and dedicate resources to its success?**
LEVEL of CURRENT COMPLEMENTARY ACTIVITY **What is the level of community plans, activities and resources already directed to address similar goals?**
What is the potential to address health disparity
OVERALL RANK

Prevent Chronic Disease:

1. Reduce obesity
2. Decrease smoking
3. Increase access to prevention and management

Back Burner

- STD,HIV, unintended and teen pregnancy
- Mental health

Community Health Improvement Plan

- Identify Priority Areas from NY 2013 Prevention Agenda:
  - Prevent Chronic Disease
  - Promote a healthy and safe environment
  - Promote healthy women, infants and children
  - Promote mental health and prevent substance abuse
  - Prevent HIV, STD, Vaccine preventable diseases and HAI

PREVENT CHRONIC DISEASE

http://www.health.ny.gov

Evidence Based Interventions

New York State Prevention Agenda 2013-17

For each priority area, gives

- List of evidence based Interventions
- Interventions by level of Health Impact Pyramid
- Intervention by sector
- Tracking indicators
- Baseline data

New York State Prevention Agenda - Prevention Agenda 2013-17 - Preventing Chronic Diseases Action Plan

Appendix 2: Alignment with National and State Key Documents, Objectives and Evidence Base.

Key Document, Goal or Objective	Reference
Focus Area 1: Reduce obesity in children and adults	
CDC Winnable Battle	Centers for Disease Control and Prevention. Winnable Battles.
Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities	Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. Available
Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth	Institute of Medicine of the National Academies. Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth.
Accelerating Progress	Institute of Medicine of the National

Focus Area 1:
Reduce obesity in children and adults

- Goal 1.1: By December 31, 2017, reduce the percentage of adults ages18 years and older who are obese by 5% from 30% (Monroe County AHS, 2012) to below 28.5%.
- Goal 1.1a: Expand the role of public and private employers in obesity prevention
  - Objective 1.1.1. By 12-31-17, expand the worksite wellness package at each hospital system by 3 effective interventions, as measured by increase in each hospital systems score on the Monroe County worksite wellness index
  - Objective 1.2.2. By 12-31-17, increase by 10% the percentage of small to medium worksites that offer a comprehensive worksite wellness program for all employees

Focus Area 2: Reduce illness, disability and death related to tobacco use and second hand smoke exposure

- Goal 2.1. By 12-31-17, reduce the percentage of adults ages 18 years and older who currently smoke by 5% from 16% (MCAHS, 2012) to below 15% among all adults. Also, reduce the percentage of adults in the City who currently smoke by 7% from 25% to 23% or less.
  - Objective 2.1.1. By 12-31-17, increase the number of unique callers from Monroe County to the NYS Smokers' Quitline by 20%, from 7,389 (2011) to 8,900 annually. (Data source: NYS Smokers' Quitline Annual Report)
    - Standardize and support refer to quit at hospitals (especially at discharge) and CMMI clinics

Focus Area 3: Increase access to high quality chronic disease preventive care and management in both clinical and community settings

- Goal 3.1. Promote use of evidence-based care to manage chronic disease.
  - Objective 3.1.1. By 12-31-17, increase the percentage of adults ages 18+ years with hypertension who have controlled their blood pressure (below 140/90) by 10% from 66.7% (2012) for residents in the blood pressure registry to 73.4%
    - Interventions: BP Ambassadors, BPAP, worksite demonstrations, practice improvement consultants
  - Objective 3.1.2. By 12-31-17, all primary care medical homes in the CMMI initiative will be linked to community resources electronically and through care managers.
    - Intervention: CMMI grant and CHW with electronic database

Thank you!

- **Theresa Green, MBA, PhD Candidate**

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