



# Kansas Rural Health Works Community Health Needs

## Community Health Needs Assessment

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#### Rural Health Works

- National program to help foster sustainable rural health care systems since 1998
- Kansas Rural Health Works since 2004
  - Economic contribution of health care
  - Community Engagement Process
  - 15 counties to date





#### Local Health Needs Assessment

- Patient Protection and Affordable Care Act
- 501(c)3 (charitable) hospital every 3 years
  - Community Health Needs Assessment
  - Implementation strategy
  - Demonstrable effort for progress
- Public Health Accreditation every 5 years
  - Community Public Health Needs Assessment
  - Public health action planning
  - Strategic plan





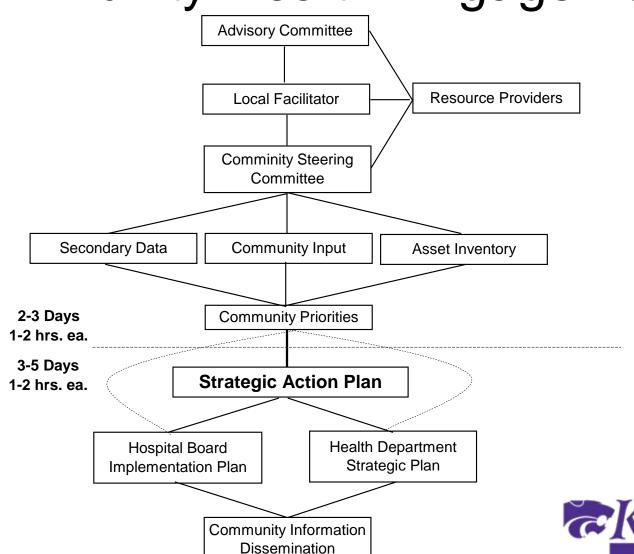
#### KRHW CHNA Objectives

- Help foster healthy communities
- Help foster sustainable rural community health care system
- Identify priority health care needs
- Mobilize/organize the community
- Develop specific action strategies with measurable goals





Community Health Engagement



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#### **Advisory Committee**

- Hospital and Health Department
- Key community leaders
  - Build connections with broad-based local institutions
- Potential program sponsors
- Roll: meeting organization and planning; program promotion





#### Community Facilitator

- Key leadership role
- Work closely with resource team
- Arrange meetings, distribute publicity
- Cultivate local leadership
- Helps verify local information and data





#### Community Steering Committee

- Broad-based community leaders
  - Hospital and health care professionals
  - County Health Department & Extension
  - Municipal, civic & social organization leaders
  - Chamber of Commerce and business
  - Education and religious organizations
  - Health care system "critics"
- Key to health review program success





### Steering Committee Meetings

- 2-3 meetings over about 2-6 weeks
- Working meetings over lunch (about 2 hours)
- Alternative meeting organization and schedule is possible
- Review available information
- Group discussion
- Issue prioritization
- Community action plan
- Community follow up





#### Pre-Program Preparation

- Advisory committee orientation; facilitator training; program promotion; meeting schedule
- Medical service area ("community") identified
- Local health care asset inventory
- Health indicators report
- Community input tool
- Health care economic contribution analysis (optional)





#### First Community Meeting

- Introduction, overview and purpose
- Preliminary issue identification
- Health care economic contribution (optional)
- Medical service area identified
- Health care asset analysis
- Local health indicators
- Community input strategy





#### Prior to Second Meeting

Community input gathering, analysis and report





### Second Community Meeting

- Program review and purpose
- Preliminary issues revisited
- Review and discuss local health assets and indicators
- Community input results
- Focus group discussion
- Local issue prioritization
- Preliminary organization and next steps

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#### Third Community Meeting

- Program review and purpose
- Build a detailed action plan (Logic Model)
- Organization and next steps





#### Post-Program Follow Up

- Final community report
- Publish community needs and action strategy
  - Local media and Internet
- Hospital Board approves implementation strategy
- Health Department creates strategic plan





#### **Local Publicity**

- Crucial for informing community residents of the health review process
- Work with local media to publicize meetings and activities of Steering Committee
- Inform community of progress and results
- Coordinate to publicize community input





#### Community Input Options

- Community survey questionnaire
  - Standard or custom questions
  - Meeting 1 participants; each participant solicits 5 more from primary reference groups
  - Return by designated deadline
  - Report preparation
- Non-random; not able to generalize results to the broader community





#### Community Input Options

- Focus group discussion
  - Subgroups at meeting 2
  - Designated small group discussion leaders receive instruction and lead discussion of predetermined questions
  - Extensive note taking
  - Reports to the larger group
  - Consolidated report prepared





#### Community Input Options

- Random telephone survey
  - Able to generalize to the community
  - Cost between about \$2,000-\$5,000+
- Internet-based survey
  - Easy, cost efficient, non-random
- Hospital patient/Health Department customer surveys
  - Non-random, non-inclusive





#### Third Meeting

- Optional but strongly recommended
- For each priority identified in Meeting 2
  - Identify resources needed
  - Identify activities required
  - Identify leadership and participants
  - Short-term (6-12 months) results (evaluation)
  - Intermediate-term (1-3 years) results (evaluation)
  - Long-term (ultimate impacts) results (evaluation)





#### **Program Costs**

- 2 meetings <10,000 pop. or CAH \$4,800</li>
- 3 meetings \$5,200
- Travel and lodging if needed
- Evening surcharge \$1,000
- Updated economic report \$1,000
- Telephone surveys \$2,000-\$5,000+
- Sponsored lunch; mailings?
- Encourage shared sponsorship





#### **Next Steps**

- Identify community Facilitator
- Confirm "community" (hospital discharge data)
- Planning for community input
- Meeting schedule
- Review and finalize health care directory
- Build health care indicators report
- Prepare invitations





### Previous KRHW Programs

- Cheyenne County
- Stafford County
- Cloud County
- Osborne County
- Trego County
- Rice County
- Sherman County
- Republic County

- Marshall County
- Neodesha
- Columbus
- Russell County
- Hoisington
- Sheridan County
- Oakley (tri-county)



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Welcome to Kanses Rural Health Works, a resource dedicated to helping rural communities build affordable and sustainable local health care systems.

The organization and delivery of health care services have undergone rapid evolution in recent years. For many Americans, the cost of services and access to care are important issues. This certainly is true in many rural areas where communities have struggled to maintain affordable, quality health care systems. As economic forces and technical advances continue to change health care, it is more important than ever for rural community leaders and health care providers to work together to ensure affordable, sustainable health care systems. In an effort to provide useful information resources to rural community and health care leaders, the Kansas Rural Health Options Project (KRHOP) has teamed with the Office of Local Government, a unit of the Department of Agricultural Economics and K-State Resarch and Extension.

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