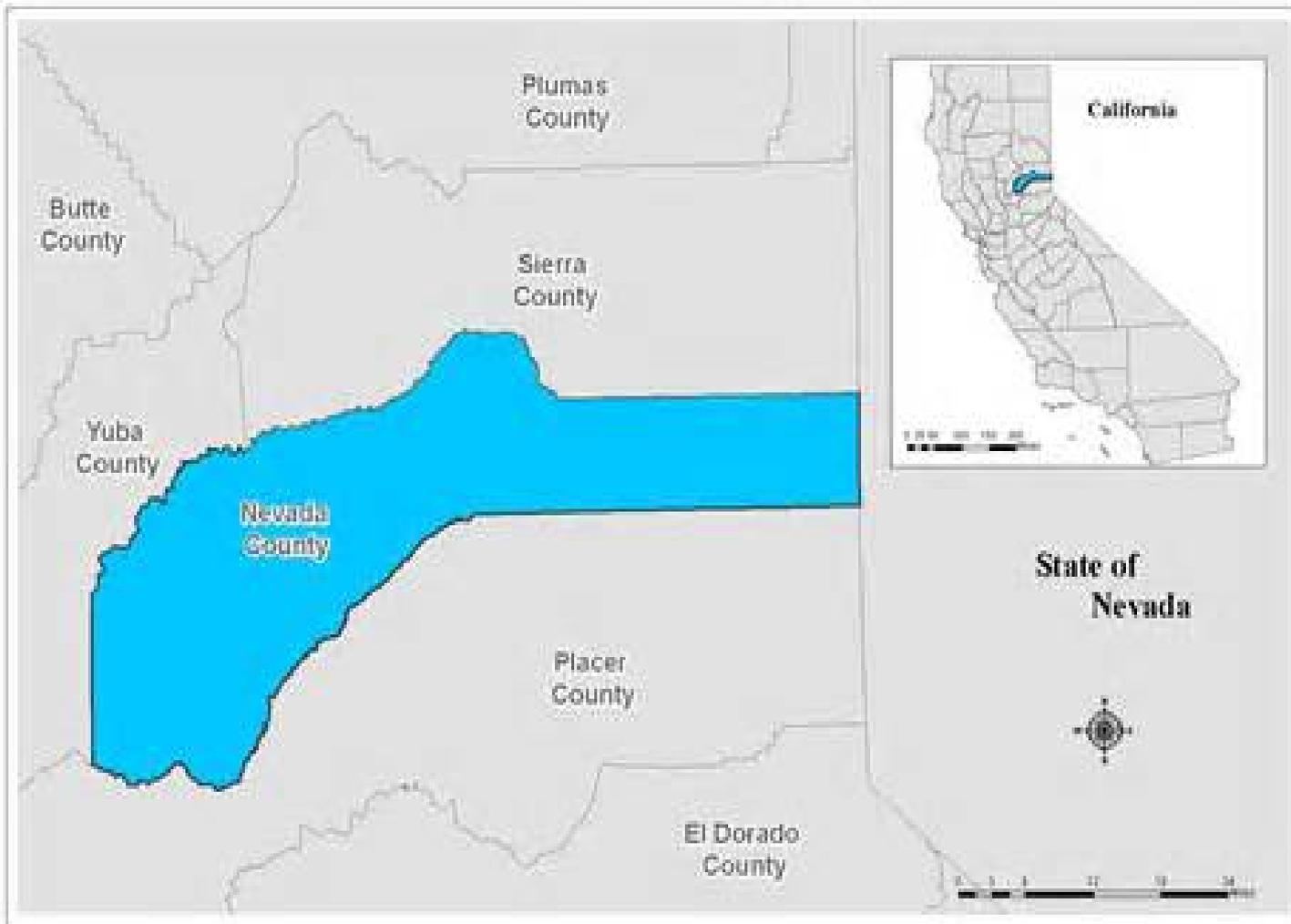


# Moving Forward Together: Engaging Local Health Department and Hospital Relationships

Working with Local Hospital CHNAs  
Ken Cutler, MD, MPH  
Nevada County Health Officer  
August 27, 2015



# Nevada County, CA

- ▶ We are in California! Not the State of Nevada.
  - ▶ Population about 100K
  - ▶ Divided by Donner Summit
  - ▶ Population centers: Nevada City, Grass Valley, and Truckee.
  - ▶ Demographics: 19% 65yo and older (vs. 11% CA). 86% White, not-Hispanic; 9% Hispanic; high education attainment; 11% in poverty.
- 

# Quick Look at Health Status

- ▶ 2015 County Health Rankings:
  - Health Outcomes:* 11th of 57
  - Health Factors:* 8<sup>th</sup> of 57
- ▶ 2015 Health Status Profile:
  - Concerns:* Alzheimer's Disease Deaths; Unintentional Injury Deaths; Suicide rate; 1<sup>st</sup> Trimester PNC.
  - Strengths:* High Breastfeeding initiation; Low Teen Births.



# Our Accreditation Progress

- ▶ Accreditation Coordinator
  - ▶ Accreditation Team with Domain Champions meets twice per month
  - ▶ Board of Supervisors support
  - ▶ Hired Social Entrepreneurs, Inc. to help with CHA
  - ▶ CHA in progress
- 

# 2 Hospitals

- ▶ **Sierra Nevada Memorial Hospital**
  - Established 1958
  - 124 bed; over 100 physicians
  - Many service lines.
  - Offers Wellness classes, DM management, smoking cessation, prenatal courses, etc.
- **Tahoe Forest Hospital**
  - Formed 1949 as a district hospital
  - 25 bed Critical Access Hospital
  - Has an Incline Village, NV campus
  - Has home health, hospice, outpatient clinic, LTCF, Sports Performance center, Cancer Center, etc.

# SNMH CHNA

- ▶ Planning began early 2012.
  - ▶ Objective: “To identify communities and specific groups...experiencing health disparities, especially as these disparities relate to chronic disease.”
  - ▶ Primary and secondary data sources; key informant interviews
  - ▶ Focus on vulnerable communities (by zip code)
- 

# SNMH Priority Health Needs

- ▶ Access to primary care and preventive services
  - ▶ Integration of behavior and primary care
  - ▶ Transportation
  - ▶ Access to health foods, food security
  - ▶ Access to specialty care
  - ▶ Access to dental care
  - ▶ Access to MH services
- 

# TFH CHNA x 2

- ▶ 5 Board Priorities arose from CHNA #1
  - Access to Primary Care (including immunizations)
  - Access to Dental Care
  - Expanded Mental Health/Behavioral Health Services
  - Improved Chronic Disease Management
  - Reduction in Substance Abuse
  - Addressing Health Disparities
- ▶ These priorities were incorporated into a CHIP locally called The Wellness Neighborhood.

# Wellness Neighborhood

- ▶ Received start-up funding.
  - ▶ Created Local Immunization Coalition.
  - ▶ Partnered with Tahoe Truckee Future Without Drug Dependence (FWDD).
  - ▶ Expanded training of Promotoras working with Family Resource Centers.
- 

# CHNA #2

- ▶ CHNA #2 in 2014: different leader of the process, different consultant, different method.
  - ▶ Many of the same gaps/needs.
  - ▶ Improved KG Vaccination rates.
  - ▶ Noted improved Healthcare insurance coverage.
  - ▶ Improved percentage of those stating their health is Very Good or Excellent
  - ▶ Areas of focus: Mental Health, Substance Abuse, Rethink Healthy Campaign
- 

# Wellness Neighborhood Launched to Address Community Health Needs

wellnessneighborhood Rethink Healthy!



**In 2011**, Tahoe Forest Health System undertook a collaborative effort to understand the overall health of the Truckee-North Tahoe region.

The hospital launched a Community Health Needs Assessment—aggregating data from a community questionnaire that went out to hundreds of participants, as well as interviews and data compiled by community health organizations, schools and safety net organizations. The idea was to find out the state of the community’s overall health and, more importantly, to identify which areas

needed improvement.

The Wellness Neighborhood is an initiative launched by the District Board of Directors to address community deficiencies indicated by the Needs Assessment in 2011. The Wellness Neighborhood is a partnership with the community formed to look at health problems and work on them collaboratively.

‘Ahead of the curve’ is a doubly accurate statement now that community needs assessments are required for most hospitals under the Affordable Care Act.

Continued on next page

# Difficulties in LHD use of CHNAs

- ▶ District needs separate from county's: TFHD draws from Placer, Sierra, and Plumas counties. Second home owners.
  - ▶ Statistical significance often missing.
  - ▶ Difficult to align timelines.
  - ▶ Data fatigue/meeting fatigue in community.
- 

# Benefits

- ▶ Improves collaboration.
  - ▶ Establishes priorities.
  - ▶ Hospitals can be powerful conveners.
  - ▶ Hospitals thinking beyond heads in beds.
  - ▶ Brings in resources.
- 

# Lessons Learned

- ▶ Get in the CHNA process early.
  - ▶ Don't just ask but give.
  - ▶ Leverage your standing from other collaborations: communicable disease control, Emergency Preparedness, etc.
  - ▶ Turnover makes things harder.
  - ▶ Document, document.
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# Wellness News

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# AHEAD OF THE CURVE

**Wellness Neighborhood  
Launched to Address  
Community Health Needs**