



February 2012

NEWSLETTER

IMPORTANT ACTIVITY UPDATE!

The National Center for Rural Health Works (**the National Center**) has new activities to share!

This newsletter will review activities of **the National Center**, including:

- Community Health Needs Assessment Template on **the National Center** website
- 2012 New Work Activities
- 2012 Regional Workshops

COMMUNITY HEALTH NEEDS ASSESSMENT TEMPLATE

Community Health Needs Assessment Template – NOW ON WEBSITE!!!

The Patient Protection and Affordable Care Act (PPACA) is a United States federal statute signed into law on March 23, 2010. One requirement of the PPACA is that all 501(c)(3) not-for-profit hospitals conduct a community health needs assessment. These requirements are effective for tax years beginning after March 23, 2012, and the assessment must be conducted at least once every three years. In response to this, the **National Center for Rural Health Works**, with the advice and counsel of a National Advisory Team, created a Community Health Needs Assessment Template (CHNA Template) to meet the new requirements.

The goal of **the National Center** is that either 1) hospitals will be able to use the CHNA Template to guide their own community health needs assessment process or 2) professionals from State Offices of Rural Health, State Hospital Associations, State Cooperative Extension Services, consultants, or others will use the CHNA Template in their states to work with rural hospitals at no or minimal cost. The CHNA Template has been presented at the NRHA Annual meeting, two webinars, the Western Rural Flex Meeting, NOSORH Regional Meeting, RHW Workshops, and other professional state, regional, and National meetings.

Pilot projects utilizing the CHNA Template have been conducted in six communities. One of the main findings is that two community meetings do not provide enough time to conduct the CHNA

process. It is recommended that communities have a minimum of three meetings and may need a fourth or fifth meeting to allow the Community Advisory Committee enough time to discuss the health needs and to develop proposed recommendations and responsibilities.

The CHNA Template is NOW available on [the National Center's](#) website.

WEBSITE: www.ruralhealthworks.org

The template is located under “The Products,” then click on “Community Health Needs Assessment.” Look on this page for the “Community Health Needs Assessment Template (CHNA Template) - “NEW” Health Assessment Template.”

The text and appendices for the entire CHNA template are included. Then there are Diagrams for a Two-Meeting and a Three-Meeting Process, Example Agendas, and Example Powerpoints. Each Appendix described in the template has a separate section with the documents included in formats that can be duplicated.

BASIC PROCESS - CHNA Template

The CHNA process starts with a Facilitator and a Local Steering Committee designated by the Hospital administration. The Hospital administration (and/or Hospital Board) will decide whether they will provide the CHNA process themselves or work with an outside professional group (i.e., State Offices of Rural Health, State Hospital Associations, State Cooperative Extension Services, consultants, others). The Facilitator and Steering Committee basically oversee the CHNA process in their Community. The Steering Committee will decide on the membership of the Community Advisory Committee and send a letter of invitation.

There are many activities needed prior to each of the three Community Advisory Committee meetings. Prior to Community Meeting #1, the Hospital will prepare information on the hospital's Medical Service Area and the hospital's Services and Community Benefits. The Hospital or outside professionals will prepare a Demographic and Economic Data Report, may prepare an optional Economic Impact Report, and prepare the Community Input Tool. All of the above information, reports, and tools will be presented at Community Meeting #1.

Prior to Community Meeting #2, a review of Community Meeting #1 will be prepared to present at the second meeting. The Community Input Tool results will need to be gathered, tabulated, and analyzed and a Summary Community Input Report prepared by the Hospital or outside professionals. The Health Indicator/Health Outcome Data Report will also need to be prepared. These reports will be presented at Community Meeting #2. If there is additional time after all

presentations have been made, the Community Advisory Committee will begin discussing the Community's health needs and prioritizing these health needs.

Prior to Community Meeting #3, a summary of all reports presented to the Community Advisory Committee will be needed, as well as a summary of any discussion of the Community Advisory Committee. The Committee will then continue their discussion of the Community's health needs. The local health needs will be listed and prioritized, with possible implementation strategies and responsibilities discussed. Additional meetings can be held if the Community Advisory Committee needs more time for discussion.

After the Community Advisory Committee meetings have been completed, the health needs and proposed implementation strategies and responsibilities will be summarized by the Hospital administration and presented to the Hospital Board. The Hospital will publish the community health needs from the Community Advisory Committee and provide access to the publication to the general public.

The Hospital Board will review the Community Advisory Committee's report and determine an Action Plan. The Action Plan will consider the Hospital's available resources and other organizations' possible participation in implementation. The Hospital Board will develop and implement the Action Plan. The Hospital administration will publish the Action Plan as specified by the Internal Revenue Service (IRS) and will prepare the appropriate IRS Forms to meet all PPACA requirements.

The CHNA process typically results in four secondary data reports:

- Demographic and Economic Data Report
- Economic Impact Report (optional)
- Community Input Tool Summary Results
- Health Indicator/Health Outcome Data Report

The CHNA process will generate two final reports:

- The community health needs and proposed implementation strategies and responsibilities identified by the Community Advisory Committee's and
- The Hospital's final Action Plan with consideration for resource availability and for other organizations' possible participation in implementation strategies.

2012 NEW WORK ACTIVITIES

Emergency Medical Services (EMS) Many systems around the nation are facing serious financial stress. A guidebook is needed that discusses options for additional revenues and/or cost savings. The end result will be an EMS guidebook which will enable decision-makers to estimate costs and revenues for alternative EMS systems. This will be an update of an earlier guidebook. **The National Center** will be working with Tom Harris, Professor, State Extension Specialist, and Director of the University Center for Economic Development at the University of Nevada, Reno, and John Packham, Nevada Office of Rural Health at the University of Nevada School of Medicine, on this project.

Impact of Critical Access Hospitals (CAHs) Many questions are being asked relative to the economic impact of a Critical Access Hospital (CAH). This project will gather data available from many CAHs in several states to derive the typical economic impact of a CAH on a local economy. This will be an official study with data from CAHs in approximately 20 states and will show the impact of a typical CAH hospital. **The National Center** will research the data and have the impacts documented and available to everyone. The RHW Advisory Council feels this report needs to be completed in a timely manner; that it is a very necessary study.

2012 RURAL HEALTH WORKS WORKSHOPS

The National Center is planning two regional training workshops in 2012 with one available in the Eastern U.S. and one available in the Western U.S. Anyone interested in hosting a workshop in 2012 should contact **the National Center**. The host state assists with locating a training facility and inviting state participants; they incur no financial costs. The benefit to a host state is having the workshop available for state participation (with a nominal registration fee per participant). Please share this information with anyone interested in hosting or attending a workshop.

The National Center invites any interested parties to register and attend these workshops. The workshops teach professionals how to conduct economic impact studies with templates illustrated, how to fulfill CHNA requirements with the CHNA Template, and how to utilize health feasibility (budget) studies. **The National Center** also has additional information on the workshop topic areas on their website: www.ruralhealthworks.org.

These are the ONLY planned regional training workshops in 2012. Workshops can be requested to be presented on-site in a particular state; however, the state will incur some costs for the workshop.

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