



Health Equity Quickinar Series

Session 12

Community Health Assessment

OBJECTIVES

- Review the Area Deprivation Index (ADI).
- Review the Community Health Needs Assessment (CHNA) as it relates to identifying community-level social determinants of health (SDOH).
- Identify how the ADI and CHNA can assist you in identifying and addressing health disparities.

Hospital Commitment to Health Equity

5 Health Equity Commitment Domains¹

Domain 1: Equity Is a Strategic Priority

Domain 2: Data Collection

Domain 3: Data Analysis

Domain 4: Quality Improvement

Domain 5: Leadership Engagement



- Competencies aimed at achieving health equity
- Must meet all elements under each domain
- Structural measure
- Attest via QualityNet
- Begins CY 2023/FY 2025
- Initial submission deadline May 2024²
- Annual submission

CY = calendar year, FY = fiscal year

Social Drivers of Health—2 Measures

Screening for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utilities difficulties
- Interpersonal safety

Numerator

Number of patients who were screened for **one or all** social drivers

Denominator

Number of patients 18 or older admitted as an inpatient

Screen Positive Rate for Social Drivers of Health Measure

- Food insecurity
- Housing instability
- Transportation needs
- Utility difficulties
- Interpersonal safety

Numerator

Number of patients who screened positive for each driver

Denominator

Number of patients 18 or older admitted as an inpatient and screened for social drivers

ADI

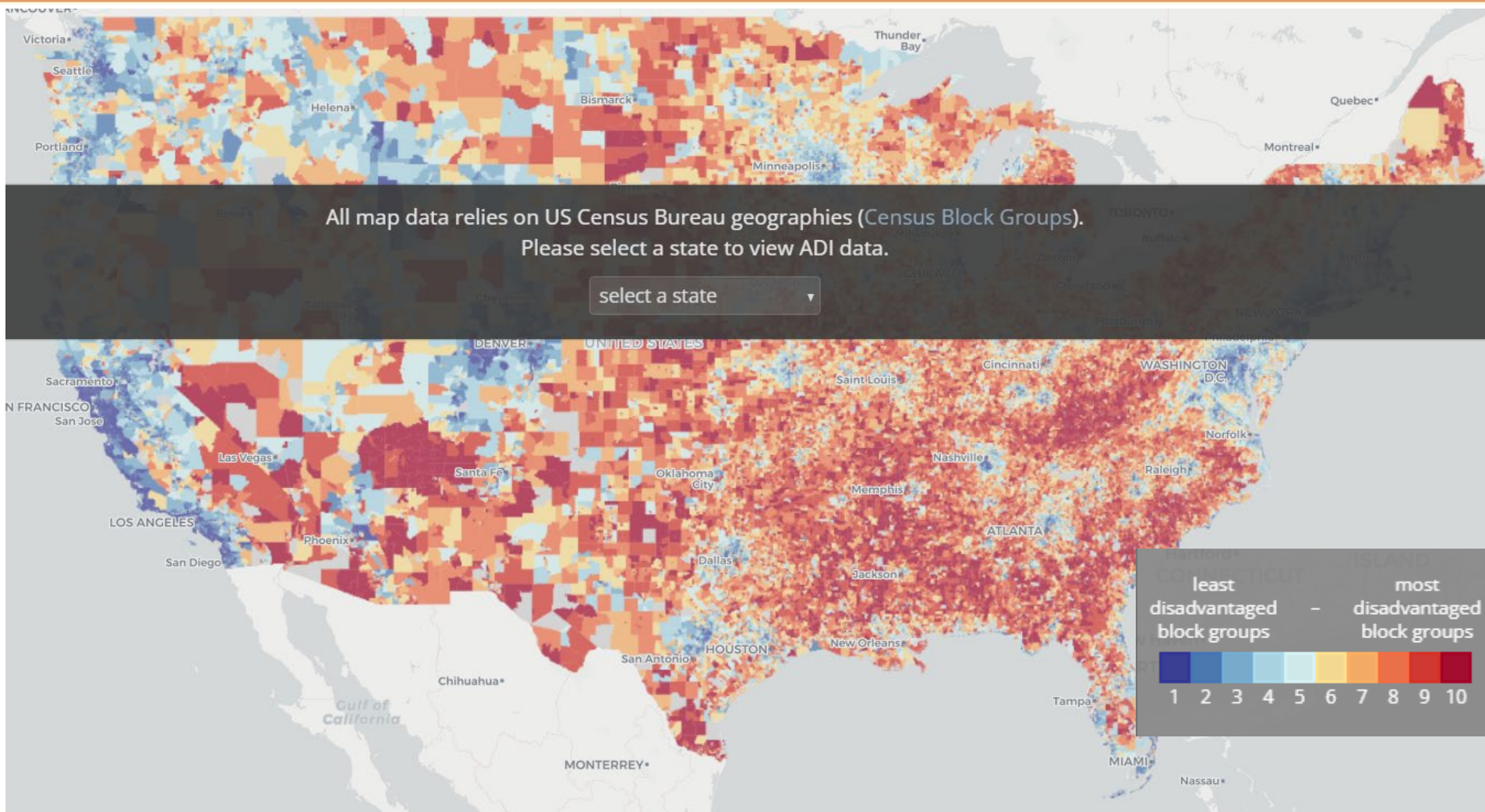
“An ADI is a multidimensional evaluation of a region’s socioeconomic conditions, which have been linked to outcomes.” — Maroko, et. al.

Neighborhood Atlas®

- Created by Health Resources & Services Administration (HRSA)
- Through University of Wisconsin
- In existence for 30+ years
- Uses census block groups to define neighborhoods
- Identifies most-disadvantaged neighborhoods
- Factors:
 - Income
 - Employment
 - Education
 - Housing



ADI Mapping Tool



HSAG HQIC ADI Patient Stratification: Analyze Deprivation Level in Your Patient Population

CCN	Hospital Name	Total		Numerator: Beneficiaries Fall in the ADI Bucket Denominator: Beneficiaries with ADI National Ranking Assigned										Beneficiaries with ADI National Ranking Not Available		Numerator: Beneficiaries with Specific Reason that ADI is Not Available Denominator: Beneficiaries with ADI National Ranking Not Available					
		N	%	ADI Ranking: 85 +		ADI Ranking: 76 - 84		ADI Ranking: 51 - 75		ADI Ranking: 26 - 50		ADI Ranking: 0 - 25		ADI Ranking is Suppressed in the Crosswalk		Beneficiary's 9-Digit ZIP Code is Not Available in BIC		Beneficiary's 9-Digit ZIP Code Cannot be Found in the ADI Crosswalk			
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
100001	Hospital A	1,597	96.1%	823	53.7%	320	20.9%	298	19.4%	80	5.2%	13	0.8%	63	3.9%	27	42.9%	34	54.0%	2	3.2%
100002	Hospital B	2,603	94.9%	915	37.1%	452	18.3%	749	30.3%	342	13.9%	11	0.4%	134	5.1%	46	34.3%	78	58.2%	10	7.5%
100003	Hospital C	200	96.0%	148	77.1%	25	13.0%	9	4.7%	9	4.7%	1	0.5%	8	4.0%	2	25.0%	5	62.5%	1	12.5%

CCN	Hospital	Total Beneficiaries	N	%
100001	Hospital A	1,597	1,534	96.1%
100002	Hospital B	2,603	2,469	94.9%
100003	Hospital C	200	192	96.0%

Numerator: Beneficiaries Fall in the ADI Bucket Denominator: Beneficiaries with ADI National Ranking Assigned									
ADI Ranking: 85 +		ADI Ranking: 76 - 84		ADI Ranking: 51 - 75		ADI Ranking: 26 - 50		ADI Ranking: 0 - 25	
N	%	N	%	N	%	N	%	N	%
823	53.7%	320	20.9%	298	19.4%	80	5.2%	13	0.8%
915	37.1%	452	18.3%	749	30.3%	342	13.9%	11	0.4%
148	77.1%	25	13.0%	9	4.7%	9	4.7%	1	0.5%

CHNA

- Not-for-profit hospitals are required to complete a CHNA at least every 3 years.
- Multiple steps involved to identifying health needs in the community.
 1. Define the population the hospital serves and assess the needs of that community.
 2. Solicit input from community representatives and organizations.
 3. Document the assessment in writing.
 4. Share the written report with the public.



Implementation Strategy

- As part of the CHNA, hospitals must include strategies to address the significant health needs that are identified.
 - Describe the plan to address the need.
 - Identify resources that will be devoted to address the need.
 - Describe collaborations and stakeholders that the hospital will partner with to address the need.
- Hospitals can also choose not to address an identified need and explain why.
 - Lack of resources.
 - Redundancy with other interventions.
 - Low-priority need.
 - Lack of available interventions.

ADI and CHNA for Health Equity

- Understanding your community and the needs it faces is important for impacting health disparities.
 - Identifying community needs can assist in identifying SDOH that are impacting health.
 - Is a starting point for identifying where to devote resources.



ADI for Community Assessment

- ADI can be used to identify high-level community needs.
 - Examine ADI rankings for the hospital's catchment area.
 - Perform a deeper dive into available data to identify specific areas of deprivation in the community.
 - Use the assessment to identify which geographic areas have the most needs.
- ADI can also be included in assessments for individual patients.
 - Using Zip Code and home address, hospitals can assess deprivation levels to identify patients with potential need.
 - Hospitals can add ADI into risk predictors to incorporate SDOH into these calculations.

Health Equity and CHNA

- CHNA involves assessing health-related needs of communities and gathering data.
 - Offers an opportunity to identify health disparities impacting the community.
 - Allows hospitals to better understand the population they serve.
 - Interventions to address community needs can be tailored to address health disparities.
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- CHNA offers opportunities for community collaboration.
 - Community partners contribute to the CHNA.
 - Offers the chance for engagement with community organizations and partners.
 - Can build trust and relationships, which can assist with health equity efforts.

Key Concepts

- ADI can be used to visualize deprivation and identify high-level community needs.
- CHNA allows for identification of community health needs and offers the opportunity to implement interventions.
- ADI and CHNA allow for better understanding of your patients and the challenges they may face.



Join Us for the Patient and Family Engagement (PFE) Quickinar Series: 1st and 3rd Thursdays

Recordings, slides, and resource links are posted for on-demand access after every session.

- 1. Intro to PFE
- 3. Preparing for PFE Programs
- 5. PFE to Prepare for Hospital Discharge
- 7. Bedside Hand Off to Improve Patient Outcomes
- 9. Role of the PFE Advisor
- 11. PFE in Critical Access & Small Rural Hospitals

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- 4. PFE to Prepare for Hospital Admission
- 6. Role of PFE in Readmission Prevention
- 8. Adverse Event Transparency
- 10. Selecting/Training/Engaging Advisors
- 12. PFE in Acute Care Hospitals

11. PFE in Critical Access & Small Rural Hospitals

Patient and Family Engagement Best Practices: Critical Access and Small Rural Hospitals

Thursday, July 6, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Identify the importance of a PFE program/PFAC in critical access hospitals (CAHs) and small rural hospitals.
- Describe successes with building a robust PFE Program/PFAC.
- Identify strategies grow a PFE program/PFAC in a CAH/small rural hospital.
- Discuss barriers and mitigation strategies in developing a PFE program/PFAC in a CAH/small rural hospital.

Join Us for the Final Health Equity Quickinar

Recordings, slides, and resource links will be posted for on-demand access after every session.

13. Community Engagement—Health Equity

13. Community Engagement in Addressing Health Equity

Thursday, July 13, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Discuss the role of community engagement in addressing health equity.
- Identify state and national programs to address health equity.
- Identify programs designed to incentivize health equity.

1. Health Equity, Hospitals, and CMS Reporting ▼

2. Engaging Leadership in Health Equity ▼

3. Health Equity as a Strategic Priority ▼

4. Collecting and Validating REaL Data ▼

5. Social Determinants and Social Drivers of Health ▼

6. Screening for Social Drivers ▼

7. Culturally Competent Data Training ▼

8. Analysis and Stratification of Health Equity Data ▼

9. Health Equity Interventions ▼

10. Health Equity FAQs Answered ▼

11. Community Paramedicine ▼

12. Identifying Community Health Disparities ▼

13. Community Engagement—Health Equity ▼

QUESTIONS?



Thank you!

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