

Opportunities to Improve Community Mobility through Community Health Needs Assessments



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Within the last decade, healthcare providers have expanded the lens through which they consider patient outcomes beyond just interactions within a hospital or clinic. They increasingly recognize that other factors can be just as critical to patient outcomes, such as access to healthy food, stable housing, safe living environments, a source of income, and social supports. Factors such as these are termed “social determinants of health” or SDOHs. Mobility is a critical SDOH as it directly impacts patients’ ability to obtain healthcare services and to connect to other SDOH activities, such as employment, social gatherings, grocery stores, and housing.

Historically, most healthcare systems have not invested in addressing SDOHs, although a select few have made temporary, small-scale investments beyond their strictly defined healthcare purview. This is due in part to the lack of data discussing how social determinants influence a patient’s appropriate (or inappropriate) utilization of healthcare services, and how that behavior impacts the overall healthcare system. But the tide may be changing; several recent developments have more closely tied SDOHs with healthcare services and outcomes:

One way this has been manifested is through a requirement in the Affordable Care Act that requires hospitals to perform community health needs assessments (CHNAs) every three years to identify the obstacles to improving community health, and then to create an action plan to address those obstacles. Many of these CHNAs have subsequently focused on mobility issues, which include access to transportation, safe biking and pedestrian facilities, and the ability to reach essential amenities, among other factors that inhibit or enable people to achieve better health outcomes.

As a result, it is important for mobility managers to understand CHNAs and the mobility challenges that local hospitals articulate. By doing so, mobility managers can apply their expertise to improving health outcomes in their communities. To help, this report explains CHNAs, what steps certain communities, guided by their CHNAs, have taken to address mobility challenges, and what, if any, impact such strategies have had. The report also identifies opportunities and strategies for mobility professionals to play a greater role in the CHNA process and engage local healthcare entities in community mobility issues.

What is a Community Health Needs Assessment?

The Centers for Disease Control and Prevention (CDC) broadly defines CHNAs as “a process of community engagement; collection, analysis, and interpretation of data on health outcomes and health correlates/determinants; identification of health disparities; and identification of resources that can be used to address priority needs.”¹ It should be noted that the term CHNA is often used interchangeably with CHA (community health assessment); however, a CHNA typically refers to

¹ The Centers for Disease Control and Prevention. (2013). *Community Health Assessment for Population Health Improvement: Resource of Most Frequently Recommended Health Outcomes and Determinants*. Retrieved from https://wwwn.cdc.gov/CommunityHealth/PDF/Final_CHAforPHI_508.pdf

the assessment initiated by a hospital, while a CHA is typically initiated by a local health department.

CHNAs, if used correctly, can be a helpful tool for communities. They identify important opportunities to improve public health by ensuring that hospitals have critical information needed to accurately meet the needs of their population. They also provide a unique chance to improve the coordination of hospital benefits with other services and initiatives, with the goals of improving community health, well-being, and equity in access to healthcare services. Through the identification and analysis of the outcomes of these assessments, policymakers, hospital staff, and other local stakeholders are better prepared to create meaningful change.

Local health and human service planning has included both formal and informal versions of assessments of community health needs for decades. However, it wasn't until the Patient Protection and Affordable Care Act (ACA) was passed in 2010, that a CHNA was considered a federal requirement. The final ruling by the IRS requires private, nonprofit hospitals to complete a CHNA every three years and adopt an implementation strategy to meet the prioritized need identified in the assessment. The completion of this requirement (among others) ensures that these hospitals can maintain their tax-exempt 501(c)(3) status.

The [final IRS ruling](#)² released in 2013 defined and clarified several processes and requirements regarding CHNAs. As a part of the CHNA, hospitals must:

- **Identify the significant health needs of the community**, prioritize those health needs, and identify potential measures and resources available to address the needs
- **Include input from “persons representing the broad interests of the community,”**³ which is defined as:
 1. At least one state, local, tribal, or regional governmental public health department official with knowledge, information, or expertise relevant to the health needs of the community;
 2. Members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and
 3. Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy
- **Provide an implementation strategy** with respect to each significant health need identified through the CHNA, and either: (1) describe how the hospital facility plans to address the health need, or (2) identify the health need as one the hospital facility does not intend to address and explain why the hospital facility does not intend to address the health need.

Hospitals are also encouraged to collaborate with other organizations and facilities, including related and unrelated hospital organizations and facilities, for-profit and government hospitals, governmental departments, and nonprofit organizations. The Association for Community Health Improvement offers a nine-step pathway for conducting a CHNA and developing implementation

² U.S. Department of Treasury. Internal Revenue Service (2015, February). *Internal Revenue Bulletin 2015-5*. Retrieved from https://www.irs.gov/irb/2015-05_IRB

³ Ibid.

strategies. The below graphic represents the nine steps discussed within their online toolkit available [here](#).

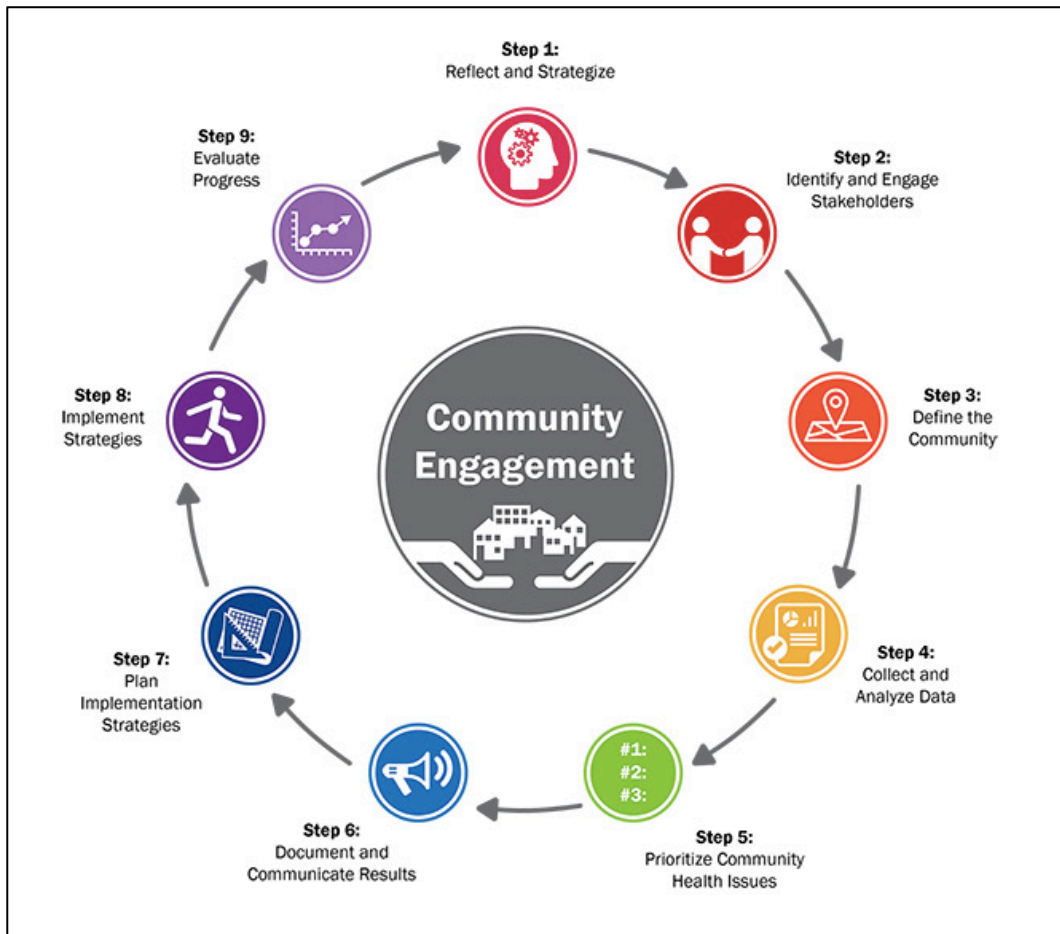


Figure 1: Nine-step Pathway for Conducting a CHNA and Developing Implementation Strategies⁴

How Does Transportation Access Fit into CHNAs?

A review of CHNAs from multiple communities shows that while hospitals identify a wide range of needs, they largely focus on health conditions, behaviors, and clinical care, and to a lesser extent discuss or address social determinants of health. This may be due to longstanding barriers in addressing social and economic factors, as well as the idea that these factors may be outside of the typical healthcare system’s purview. A study by the Maine Rural Health Research Center that looked at the CHNAs and implementation plans of a random sampling of 50 tax-exempt Critical Access Hospitals found that the following common health issues were identified in at least 25% or more of the surveyed CHNAs: obesity, physical activity, healthy eating, substance use issues,

⁴ Association for Community Health Improvement, Community Health Assessment Toolkit, Retrieved from <http://www.healthycommunities.org/Resources/toolkit.shtml#.XBpeeRNKiqQ>.

access to care, mental health conditions, chronic disease and diabetes, and tobacco use. Most hospitals generated plans to address these issues.⁵

In addition to typical health and behavioral issues, the hospitals did identify a wide variety of social determinants of health that included domestic violence, violent crime, low literacy rates, and gaps in transportation. However, the hospitals' implementation plans – the documents laying out how to address the identified health needs – often did not attempt to address these SDOHs, which are more abstract, intractable, and long-term problems. This may be partially due to the challenging nature of social and economic factors that require long-term resources and collaborative partnerships to successfully address them, which may not be available to smaller or more rural hospitals.

Mobility managers can help with addressing this deeper layer of SDOHs. While hospitals' missions are to address health, mobility managers can partner with them to tackle outside factors that inhibit healthcare's ability to maximize the effect of their services. For those looking to address mobility issues, it is helpful to look creatively at potential implementation strategies. Some may not seem transportation-based at first glance, but may actually make a significant impact on overall mobility for local community members. In the Maine Rural Health Research Center study, of the 14% of hospitals that identified transportation as a community need within their CHNA, 8% addressed it in their implementation plan,⁶ largely with strategies such as the development of and/or financial support for transportation programs. Several strategies in different areas of the implementation plan also served to improve overall community mobility such as development of resource directories of local services, construction of wellness centers or walking trails, rural health advocacy efforts, and support for care management and community health teams to connect vulnerable populations with community resources.

Examples in Practice

Current research is mostly focused on assisting hospitals and communities in the creation of CHNAs, particularly around best practices for community collaboration, local engagement, and government partnership. In contrast, research regarding the actual impact of CHNAs and their implementation strategies is minimal. In particular, information and analysis focused on addressing needs through the identified implementation strategies is extremely limited.

That said, there are some case studies that illuminate how hospitals can leverage CHNAs to address the more intractable social determinants their populations face, particularly regarding mobility issues. The



⁵ Gale, J., Croll, Z., Zoll, L., and Coburn, A. (2018, November). *Critical Access Hospitals' Community Health Needs Assessments and Implementation Plans: How Do They Align?* Retrieved from <http://www.flexmonitoring.org/wp-content/uploads/2018/11/CAH-Community-Health-Needs-Assessments-and-Implementation-Plans-BP-39.pdf>

⁶ Ibid.

following three examples illustrate communities that have chosen to address mobility challenges in their CHNAs, as well as the results of their efforts.

Newton Medical Center, Kansas

The Newton Medical Center in Harvey County, Kansas heavily emphasized the community collaboration and effort that went into creating its 2017 CHNA. The focus on engaging local stakeholders was evident as their goal throughout the process was to develop a “plan that will both directly address the needs of the community and also promote a sense of belonging and purpose within it.”

Identified Needs: The Harvey County CHNA focused on identifying special populations in the community, particularly vulnerable populations, or those that are considered high risk. The goal in doing so is to be able to integrate the county’s strengths and unique populations to improve overall inclusivity and comradery. This focus and inclusion of a wide gamut of stakeholders and residents led the CHNA to identify three health priorities to focus on through 2020: 1) improve well-being/mental health/behavioral health, 2) prevent & manage chronic disease, and 3) develop viable transportation options for health needs.

Strategies to Address Identified Mobility Needs: The data and priorities led to a 2018-2020 improvement plan that created SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound) goals for addressing the newly articulated needs. The strategic activities that aim to create viable transportation options for health needs coincide with another goal to increase the percentage of adults getting enough physical activity. To reach this goal, the implementation plan focuses on access to walkable spaces and improving mobility access for the at-risk population. Activities include: extending the local community’s walking path, improving path maintenance, and improving path appearance to encourage use.

Community Outcomes: Newton Medical Center released a FY2019 update to its implementation plan that measures progress on the improvement plan’s goals. Hospital staff have held meetings with the city to discuss next steps for the walking path to ensure compliance with codes and regulations. There has also been work towards pursuing grant funding to provide additional support for expanding access and improving safety of the community’s walking paths. The FY19 implementation plan also included a new strategy as the needs of the community have shifted since the 2017 CHNA. They identified the need for affordable, secure transportation for patients needing transfer services for additional mental health services. Due to this, the Newton Medical Center established a new contract to provide door to door transportation beginning in June of 2018 for patients needing transportation to healthcare appointments.

Want more details? Read the 2017 Harvey County [CHNA](#) and [Implementation Plan](#). Read the updated [FY2019 Implementation plan](#) to read more about their shift in transportation strategies.

MedStar St. Mary's Hospital, Maryland

Medstar St. Mary's Hospital, located in St. Mary's County, Maryland, is a strong example of a hospital identifying mobility as a key local need, and acting on this in the form of support for community partnerships and initiatives.

Identified Needs: As a health system, MedStar understands that it is unable to address, either as a leader or a collaborator, every health need identified as a part of the CHNA. Therefore, each hospital with the MedStar system is asked to determine the appropriate level of participation for its identified needs. *Collaboration Areas* allow for hospital partnership with outside entities, whereas *Participation Areas* focus on hospital support of local efforts, but where they may not be able to take a leadership role. For example, Medstar understands that transportation, while important to overall patient well-being, cannot be a direct focus area for their work due to natural limitations and prioritization in the healthcare space. However, Medstar has identified that its hospitals and clinics can be strong collaborators around mobility issues in order to improve overall care.

In its 2018 CHNA, St. Mary's identified three main community health priorities: 1) health and wellness, 2) access to care and services, and 3) SDOHs. While many of the identified needs matched those identified in St. Mary's 2015 CHNA, the strategies to address them, as well as the metrics of success have evolved over the years, as reflected in the 2018 CHNGA. Transportation has grown as an area of collaboration and includes specific objectives, strategies, outcomes, metrics, and partnerships to achieve success.

Strategies to Address Identified Mobility Needs: Because of its 2015 and 2018 CHNAs, Medstar St. Mary's has become an active partner in a community initiative led by the Tri-County Council for Southern Maryland focused on ensuring high-risk patients – with the guidance of community health workers – reach their doctors' appointments to avoid rehospitalization. This has led MedStar St. Mary's to become a key partner in a transportation solution to improve patient access to care.

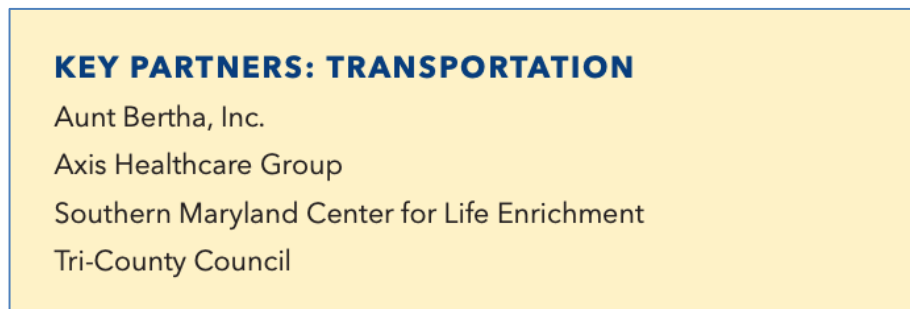


Figure 2: Key transportation partners as identified in the 2018 St. Mary's Hospital CHNA

Community Outcomes: While the 2015 CHNA identified the transportation need, St. Mary's Hospital lacked clear next steps. Local community partners working on this issue reached out to the hospital to invite their participation. There is now a pilot program coordinating

latent capacity among local human service agencies to utilize their vehicles when they aren't transporting clients to get patients to their appointments. Anecdotal feedback from partners suggest this has improved care coordinators' ability to work with their clients and has improved patient compliance and satisfaction among this specific population.

Want more details? Read the [2018 Medstar Hospital System CHNA](#), which includes the St. Mary's Hospital 2018 CHNA.

Stanford Medical Center Wheaton, Minnesota

Stanford Medical Center Wheaton is a primary care Critical Access Hospital with 25 beds serving multiple counties in Minnesota and South Dakota. Through a partnership with the Wheaton Community Health Needs Assessment Collaborative, The Stanford Medical Center conducted a formal gap analysis and then a prioritization process to determine the top needs of the local community.

Identified Needs: The 2012-2013 CHNA closely reviewed a list of fourteen major health indicators/concerns. Three specific concerns alerted the medical center to the transportation needs of the community.

- Need for transportation to medical appointments for older adults
- Difficulty in patients getting home after being transported by ambulance; shortage of volunteer drivers,
- Difficulty getting people to psychiatric hospitals after they visit the ER.

When deciding which of the fourteen major concerns to prioritize, a set of criteria were used to determine the top three to focus on as a part of their implementation strategy. Criteria included the availability of expertise to implement the solution, return on investment, ease of implementation/maintenance, legal consideration, and impact on systems or health. After two rounds of prioritization activities, transportation rose to the top of the list and the team worked to develop an implementation strategy.

Strategies to Address Identified Mobility Needs: Stanford Medical Center Wheaton identified three strategies to address the transportation barriers faced in their community. The first was to develop a directory of available resources and create a distribution plan to communicate the information to community members and to keep information up to date. In addition, a shortage of volunteer drivers in the community led the CHNA implementation plan to identify the need to increase the local volunteer driver program. The plan identified existing community resources and services with volunteer driver programs that could be leveraged as potential partners. And the third strategy for addressing local transportation needs was to work with local law enforcement and social services to provide transportation for mental health patients. The CHNA had identified local services for this population that were already available, but underutilized.

Community Outcomes: As required by law, the CHNA was updated after three years in 2016. The updated CHNA included the impact of Stanford’s work on transportation over the course of the prior three years. It identified the following successes:

- Creation of a *Traverse County Resource Guide*, which includes the transportation resources currently available in the community
- An overall increase in the number of volunteer drivers in the county
- The addition of a free van service for all local veterans for their Veterans Affairs’ appointments in Fargo and St. Cloud
- Transportation by local law enforcement for mental health patients “on hold” with the county, while social services, and productive alternatives all will provide transportation for parents and children with behavior health needs.

The impact of the strategies undertaken is clear both in the above list of programming and service improvements as well as by the simple fact that transportation was no longer counted among the top three priorities in the 2016 CHNA.

Want more details? Read the 2013 Stanford Medical Center Wheaton [CHNA](#) and [Implementation Plan](#). Read the [2016 Implementation Plan](#) to find an impact assessment of their 2013 strategies.

The Role of Mobility Management Professionals and CHNAs

Community engagement is at the core of the CHNA process. It is vital for hospitals to remain accountable and responsible to community stakeholders who contribute time and energy to the process. Mobility professionals who remain engaged in the process have the opportunity to improve overall engagement and partnership with not only the local hospital, but other stakeholders in the process as well. It is important for mobility sector representation in CHNA discussions to bring both awareness and understanding of the impact of overall mobility on health and well-being.

Below are a few initial steps mobility managers can take to begin to leverage the CHNA process to improve transportation access for patients and all community residents:

- 1. Identify your local hospital(s) and review their past CHNAs.**⁷ By reviewing historic and current CHNAs and implementation plan documents, mobility professionals will get a sense of both past and present priorities of the local healthcare system. Many CHNAs also include the process that the health system used to gather information and data, and make decisions regarding their priority needs. This will allow mobility professionals to get a sense of when their input and participation may be most valuable. In addition, an understanding of the needs gives community stakeholders a good foothold through which they can reach out and offer information or assistance to the health system for the identified priorities.

⁷ Every hospital is required to document their approved CHNA and make it widely available to the public. The best way to find a CHNA is to complete a brief internet search with the hospital name and the phrase “community health needs assessment.” In addition, some large hospital systems (i.e., Medstar) have webpages with all of the CHNAs for their systems hospitals in one location. Need assistance? Reach out to the NCMM and we can help you find your local CHNA.

- 2. Create a relationship with your local hospital, clinic, or healthcare system.** Engage healthcare leadership and staff to facilitate mobility and transportation participation in future CHNAs. This could also help mobility management professionals set up outside opportunities for partnerships between their organization and the healthcare system. NCMM has two additional documents that can be helpful when taking this first step: [Transportation to Healthcare Destinations: How A Lifeline for Patients Impacts the Bottom Line for Healthcare Providers](#)⁸, which provides transportation providers with an understanding of the many ways in which the healthcare industry is affected when patients lack transportation to appointments; and its companion document, [Resource Guide for Conversations Between Transportation Professionals and Healthcare Professionals](#)⁹, which assists transportation professionals in starting those conversations.

If a healthcare system in your area identifies transportation as a need to address in a CHNA, engage them in a discussion of how you can help support strategies to improve patient access to healthcare and other amenities around social determinants of health

- 3. Invite healthcare leaders to transportation planning meetings.** Just as mobility professionals should be included in the CHNA process, healthcare leaders should be included in transportation planning meetings. Not only will including healthcare leaders continue to create and support partnerships, but it will ensure that the voice of healthcare can be included in the transportation planning process.

Community stakeholders, including transportation providers and mobility management professionals, should see CHNAs as a chance to engage with their local hospital in the process of prioritizing community needs. Transportation providers can leverage the CHNA process to identify and create new partnerships to improve healthcare transportation and overall mobility in communities.

The National Center for Mobility Management (NCMM; www.nationalcenterformobilitymanagement.org) is a national technical assistance center created to facilitate communities in adopting mobility management strategies. The NCMM is funded through a cooperative agreement with the Federal Transit Administration, and is operated through a consortium of three national organizations – the American Public Transportation Association, the Community Transportation Association of America, and Easterseals. Content in this document is disseminated by NCMM in the interest of information exchange. Neither the NCMM nor the U.S. DOT, FTA assumes liability for its contents or use.

⁸ National Center for Mobility Management. (2014, September). *Transportation to Healthcare Destinations: How A Lifeline for Patients Impacts the Bottom Line for Healthcare Providers*. Retrieved from <http://bit.ly/2nvaMm2>

⁹ National Center for Mobility Management. (2014, September). *Resource Guide for Conversations Between Transportation Professionals and Healthcare Professionals*. Retrieved from <http://bit.ly/2nhcXJs>