Paul Oliver Memorial Hospital

Community Health Needs Assessment Implementation Strategy Fiscal Years 2017-2019

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Introduction

Paul Oliver Memorial Hospital (POMH) delivers access to quality healthcare for the people of the Benzie Region to improve the health of the community in partnership with Munson Healthcare. POMH will provide community benefit by focusing its implementation plan on the identified community health needs. We will utilize our key strengths and organizational mission to fulfill the community health needs assessment to educate and positively impact the health of the community.

This implementation strategy will:

- Describe POMH's planned actions for developing and sustaining community benefit programs that address the prioritized health needs from our 2017-2019 Community Health Needs Assessment, the anticipated impact of these actions, the programs and resources the hospital plans to commit, and our collaborative partners.
- Describe how POMH will respond to other identified health needs.

How the Implementation Strategy Was Developed

POMH is a small critical access hospital that primarily serves a three county rural area. Recognizing that accurate health data for rural counties can be difficult to obtain we participated in a collaborative effort to develop a CHNA. This collaborative, the CHNA Steering Committee is a representation of partners across a five county area that includes the three counties the POMH serves. In addition to the partners listed below we utilized input from focus groups, steering committee representation, informant interviews, and the Health Communities Institute.

- Kalkaska Memorial Health Center
- Munson Medical Center
- Grand Traverse County Public Health Department
- Benzie-Leelanau Public Health Department
- District Public Health Department #10
- Northwest Michigan Public Health Department

The CHNA Steering Committee developed a list of 35 community identified health issues for the five county region. From these 35 community health issues our needs were prioritized. The POMH Implementation Strategy was then developed based on the findings and priorities of the POMH CHNA including a review of the hospital's existing community benefit activities.

Major Needs and How Priorities Were Established

The CHNA assessed in 2016 identified seven significant health needs within POMH's community. The seven significant health needs identified include:

- Access to health services
- Obesity and overweight
- Diabetes

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- Substance abuse/tobacco use
- Mental health
- Maternal, fetal and infant health
- Access to healthy foods

Significant Health Needs to be Addressed

POMH will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- Access to health service Action plan on page 4
- Obesity and overweight Action plan on page 5
- Diabetes Action plan on page 6
- Substance abuse/tobacco use Action plan on page 7
- Mental health Action plan on page 8
- Maternal, fetal and infant health Action plan on page 9
- Access to healthy foods Action plan on page 10

POMH recognizes the need to partner with existing programs and collaborate with community partners to reduce the duplication of efforts and services. POMH will continue to strengthen collaborative community relationships to ensure the highest quality services are available to community members.

Next Steps for POMH

For each of the priority areas POMH will work with community partners to:

- Continue to identify any related activities being conducted in the community that can be built upon
- Build support for the implementation strategy within the community and among other health care providers
- Execute the action plans as outlined

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending in 2019, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

Action Plan: Access to Health Services

Goal: To improve access to high quality medical services in the county **Prioritization:** 1

Actions the hospital intends to take to address this health need:

- Continue to strengthen Primary Care base through recruitment and retention
- Strengthen telemedicine resources
- Continue to offer financial assistance to qualifying patients through the Charity Care provision
- Explore opportunity to expand the Needy Medication Assistance Program from MMC to POMH
- Offer Senior Fair focused on health services in Benzie County

Anticipated impact of the outlined actions:

- Increased number of health professionals recruited to the area and higher retention rates of current employees
- Increased number of individuals who receive medical care
- Greater understanding of community need and hospital resources to expand medication assistance programs
- Greater awareness of health services offered in Benzie County among seniors

Evaluation Metrics:

- POMH staff recruitment and retention rates
- Number of patients receiving Charity Care
- Data to support or oppose the expansion of the Needy Medication Assistance Program
- Number of Senior Fair attendees

Broader evaluation metrics include indicators collected by Community Health Solutions

- Adults with health insurance
- Children with health insurance
- Physician primary care provider rate
- Non-physician primary care provider rate

Programs and resources the hospital intends to commit: Human Resource Department, Diversional Therapy Department

Collaborative Partners: Benzie County Health Department, Munson Medical Center

Goal: To help our county achieve and maintain a healthy weight.

Prioritization: 2

Actions the hospital intends to take to address this health need:

- Collaborate with other community partners interested to collectively improve this area
- Continue the Fruit and Vegetable Prescription program
- Offer food options at POMH that align with Michigan Health and Hospital Associations standards
- Continue to offer fitness and movement classes at Betsie Hosick Health and Fitness Center (BHHFC) and extension sites
- Continue to offer Lunch and Learn classes at POMH for employees and community
- Provide body composition testing services (DEXA) to employees and community
- Continue the employee wellness program to provide education on healthy lifestyle topics

Anticipated impact of the outlined actions:

- Increased number of collaborative partners working to reduce overweight/obesity
- Increased awareness of healthy lifestyle behaviors among community members
- Increased fruit and vegetable consumption among Fruit and Vegetable Prescription participants
- Increased attendance to the BHHFC classes and Lunch and Learn classes
- Increased body composition awareness among individuals receiving DEXA scans
- Enhanced weight management programming for interested employees

Evaluation Metrics:

- Number of students that participate in educational programming
- Number of people enrolled in the Fruit and Vegetable Prescription Program
- Number of people enrolled in BHHFC classes
- Number of people attending monthly Lunch and Learn classes
- Number of people getting tested using DEXA

Broader metrics include indicators collected by Community Health Solutions:

- Adult fruit and vegetable consumption
- Adults who are obese
- Adults who are sedentary
- Low-income preschool obesity
- Teens who are obese
- Teens who engage in regular physical activity

Programs and resources the hospital intends to commit: Radiology Department, POMH Employee Wellness Team, Food and Nutrition Services

Collaborative Partners: Shape Up North, Priority Health, Grow Benzie, Rotary Charities, Benzie Public Schools, Frankfort Alberta Area Schools, Betsie Hosick Health and Fitness Center, Michigan State University Extension

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Action Plan: Diabetes

Goal: Decrease the incidence of new diabetes cases and lower diabetes complications in the county through improved patient knowledge of diabetes prevention and management. **Prioritization:** 3

Actions the hospital intends to take to address this health need:

- Participate in the Northern Michigan Diabetes Initiative in the 12 county region to develop programs that prevent and manage diabetes
- Support outreach efforts by the Diabetes Personal Action Towards Health (PATH) programs and National Diabetes Prevention Program (NDPP) by providing space and promotional efforts to area healthcare agencies
- Offer educational opportunities related to diabetes throughout the community, including the 10 week Active Steps course at BHHFC, Lunch and Learn classes at POMH, and the POMH Certified Diabetes Program
- Continue to collaborate with MMC Diabetes Education to evaluate opportunities for further diabetes prevention
- Collaborate with local schools to offer programming and education surrounding diabetes

Anticipated impact of the outlined actions:

- Increased awareness of and access to services for diabetes prevention and management
- Increased knowledge of diabetes prevention and management strategies among participants
- Increase the number of collaborative partners working to prevent diabetes and improve the care of people with diabetes

Evaluation Metrics:

- Number of individuals reached through outreach events and promotional efforts
- Number of participants enrolled in Diabetes PATH, NDPP classes, 10 week Active Steps course, Certified Diabetes Program, and Lunch and Learn classes.
- Number of educational opportunities related to diabetes hosted by POMH
- Number of students that participate in educational programming at local schools

Broader Evaluation metrics include indicators collected by Community Health Solutions:

- Age-adjusted death rate due to diabetes
- Adults with diabetes
- Diabetes among the Medicare population
- Diabetes screening among the Medicare population

Programs and resources the hospital intends to commit: Food and Nutrition Services, Diabetes Education program, Northern Michigan Diabetes Initiative

Collaborative Partners: Grow Benzie, Michigan State University Extension, Benzie County Health Department, Priority Health

Action Plan: Substance Abuse and Tobacco Use

Goal: Increase accessibility of substance abuse prevention and treatment in the county **Prioritization:** 4

Actions the hospital intends to take to address this health need:

- Continue to support, promote, and maintain the suboxone clinic offered at our primary care physician office in Empire
- Partner with the Centra Wellness Network and MMC alcohol program
- Partner with MMC to explore pain management clinic
- Partner with local schools to support tobacco free campaigns and provide education surrounding maternal smoking

Anticipated impact of the outlined actions:

- Increase awareness and usage of the suboxone clinic in Empire
- Increase the number of individuals who seek care through the Centra Wellness Network and the MMC alcohol program
- Greater understanding of community need and hospital resources available to develop additional pain management clinics
- Increased awareness among teens of consequences related to maternal smoking

Evaluation Metrics:

- Number of patients who receive care at the suboxone clinic and through the Central Wellness Network and MMC alcohol programs
- Number of school-aged students impacted by tobacco free campaigns and programming

Broader Evaluation metrics include indicators collected by Community Health Solutions:

- Adults who drink excessively
- Teens who binge drink
- Death rate due to drug poisoning
- Teens who use marijuana
- Adults who smoke

Programs and resources the hospital intends to commit: Cardiac Rehab and Physical Therapy Department

Collaborative Partners: Munson Medical Center, Centra Wellness Network, Suboxone Clinic in Empire

Action Plan: Mental Health

Goal: To provide greater access to mental health services in the county **Prioritization:** 5

Actions the hospital intends to take to address this health need:

- Coordinate programming with Centra Wellness Network
- Utilize telemedicine to provide greater access to mental health services

Anticipated impact of the outlined actions:

• Improved care and outcomes for patients who receive mental health services.

Evaluation Metrics:

• Number of individuals who receive mental health care through Centra Wellness and telemedicine services

Broader evaluation metrics include indicators collected by Community health Solutions

- Age-adjusted death rate due to suicide
- Poor mental health days
- Depression: Medicare population
- Inadequate social support

Programs and resources the hospital intends to commit: Priority Health

Collaborative Partners: Centra Wellness Network

Action Plan: Maternal and Fetal Health

Goal: To promote healthy pregnancies and improve health outcomes of mothers and children **Prioritization:** 6

Actions the hospital intends to take to address this health need:

- Partner with the Benzie County Health Department to promote programs and services intended to improve maternal health outcomes, including the Women, Infants, and Children (WIC) program, Maternal and Infant Health Program, the Reproductive Health Clinic, and breastfeeding promotion.
- Partner with the MMC healthy Futures Program to promote participation in breastfeeding preparation classes, lactation services, and access to prenatal care.

Anticipated impact of the outlined actions:

• Increased access to health services and improved health outcomes for mothers and infants

Evaluation Metrics:

• Number of Benize County children receiving any Healthy Futures content or contact

Broader evaluation metrics include indicators collected by Community Health Solutions

- Babies with low birth weight
- Infant mortality rate
- Mothers who received early prenatal care
- Mothers who smoked during pregnancy
- Preterm births

Programs and resources the hospital intends to commit: POMH will commit resources as identified through the partnering process.

Collaborative Partners: Benzie County Health Department, Munson Medical Center

Action Plan: Access to Healthy Foods

Goal: Improve affordability and utilization of healthy food in the community **Prioritization:** 7

Actions the hospital intends to take to address this health need:

- Continue the Fruit and Vegetable Prescription program
- Offer food options at POMH that align with Michigan Health and Hospital Associations standards
- Collaborate with the county health department to increase awareness of food assistance programs, including the Supplemental Nutrition Assistance Program (SNAP) and Women, Infants, and Children Program (WIC)
- Collaborate with community partners, including Grow Benzie and Michigan State University Extension, to offer educational programming related to purchasing and preparing produce

Anticipated impact of the outlined actions:

- Increased fruit and vegetable consumption among Fruit and Vegetable Prescription Program participants
- Increased access to healthy foods in the community

Evaluation Metrics:

- Number of individuals enrolled in the Fruit and Vegetable Prescription Program
- Number of educational sessions offered at farm markets to teach community members how to use and cook fresh produce

Broader evaluation metrics include indicators collected by Community Health Solutions

- Food insecurity rate
- Child food insecurity rate
- Adult fruit and vegetable consumption

Programs and resources the hospital intends to commit: Fruit and Vegetable Prescription Program, POMH Dietitians

Collaborative Partners: Grow Benzie, Benzie County Health Department, Michigan State University Extension, Local Farmers Markets

Approval

This implementation strategy was reviewed and recommended for approval by POMH Board of Trustees.

By: POMH Board of Trustees

Signature

Date