Community Health Needs Assessment Report and Implementation Plan

Labette County
November 21, 2014

Community Health Needs Assessment Deliverables

- CHNA Report defining data collected, analysis of county health data, identification of community health gaps and participants in the planning process

- Implementation Plan defining local strategies to address remaining community health gaps, based upon historic programming, evidence-based health improvement research and best practices learned from other providers

Community Health Challenges Identified by Data and Discussion

- Individuals not taking an active role in managing their health
- Patients receiving services failing to follow their prescribed care plan
- Lack of community-based early detection program for heart disease
- Need for expanded early detection of cancer
- Community struggling to negotiate the complex health care system
- Better understanding of full health care team

Additional Community Health Gaps

- Limited transfer of information between community providers
- Need for greater access to dental services for uninsured and underinsured
- Expanded support services for single parent families
- Incentive programs that do not require continued reliance on public assistance
- Greater physician involvement in community health activities

Most Significant Health Improvement Opportunities

- Labette County ranks in the bottom quartile in the prevalence of:
  - COPD
  - Heart Failure
  - Ischemic Heart Disease
  - Rheumatoid Arthritis/Osteoarthritis

- Labette County is not meeting Healthy People 2020 targets in:
  - Infant Mortality
  - Uninsured Adult Population

CHNA Implementation Plan

- What current community health programs can we build upon to continue improvement?
- Where are current programs proving too costly or less effective than anticipated?
- What new strategies should be considered to address remaining gaps?
- What can we learn from other communities in terms of successful initiatives and best practices?
- How can we work smarter, not harder?

Evidence-based Population Health Resources

- American Journal of Managed Care
- American Hospital Association
- Fitness Journal
- Jackson Healthcare Awardees
- Johns Hopkins Healthcare Solutions
- Kansas Department of Health and Environment
- Kansas Health Matters
- Robert Wood Johnson

Effective, Proven Options for Improving Community Health

- Audio recording of discharge conversations, via personal cell phone, shown to measurably improve patient understanding/outcomes.
- ExRX – Exercise prescription at-home program with follow-up calls to improve compliance.
- KAMP – Kid Asthma Management Program including school screening for asthma, often linked to obesity, and asthma camp.

Other Best Practices

- Men's University – screenings/education at male-oriented events i.e. car shows.
- Nutrition Center – school-based snack tastings with fruits, Lots-to-Gardens veggie sharing program, bulk rate fresh produce through hospital vendor partnership with churches/social organizations.
- Our Money Place – teaches management of finances including credit and debt counseling and screening for public benefits.

More Best Practice Recommendations

- Snak Packs – weekend healthy food packs for children at risk of going hungry, through partnership with hospital food vendor.
- Voucher Program – grant through Delta Dental to reimburse for basic dental care.
- Uninsured Care Coordination program, including psycho-social assessment to connect with community resources i.e. transportation, medication assistance, housing and employment options, funded through hospital charity care savings.

Proposed Strategic CHNA Implementation Plan

- Access for uninsured/underinsured
  - Seek expansion of Kansas Department of Health and Environment Bureau of Primary Care Grant to extend Community Clinic hours.
  - Expand Community Clinic primary care provider referral program for uninsured with chronic illness including diabetes, heart failure, COPD, asthma and arthritis.
  - Market sliding fee scale access to clinics across the county participating in the primary care program.
  - Promote Foundation's grant-funded mammograms.

Implementation Plan Recommendations

- Dental Shortage Area designation
  - Provide Labette County residents with transportation to annual Mission of Mercy free dental clinic through hospital/foundation shuttles.
  - Submit Delta Dental Foundation grant application to replicate Community Clinic medical provider referral program for dental patients.

Implementation Plan Recommendations

- Engage community in management of their own care
  - Expand blood pressure check sites and frequency.
  - Establish Healthcare Hotline to match individual care needs with local resources.
  - Implement Medicare Care Transitions Program.
  - Explore Community Paramedic Program, based upon Colorado model, as state law allows.
  - Build upon Dr. Pai's annual Men's Health checks with additional screenings, locations and prize drawings tailored to male interests.

Implementation Plan Recommendations

- Heart disease screening and early detection
  - Establish quarterly, hospital-based screening programs to replace outside mobile services, providing poor quality images and limited follow-up, with a comprehensive and coordinated program.
  - Re-establish Cardiac Rehabilitation Program to assist patients in recovery and on-going management of heart disease.
  - Launch marketing campaign to educate community on the warning signs and symptoms of cardiac disease and stroke.

Implementation Plan Recommendations

- Infant and Maternal Health
  - Actively support Labette County Public Health Department's March of Dimes prenatal incentive program through coordination with OB clinic.
  - Build upon current breastfeeding expertise through KDHE's education and encouragement program, providing additional resources and training for hospital OB staff.
  - Engage Kansas' private Medicaid Managed Care Organization's in proposed pilot project to expand current prenatal programming into outcomes-based model for reducing complications.

Addressing Environmental Gaps To Improve Community Health

- Focused ER programs to reduce mortality due to traffic and unintentional injury.
- Assistance for those in the “gap” between Medicaid and Healthcare Marketplace participation, i.e. premium support.
- Work to expand educational partnership with high schools to promote job skills matching.
- Expand local partnership to improve food security, expanding summer children’s program to include weekend packs.

Partnering with Local Health Care Providers To Address Gaps

- Seek funding to implement “embedding” of behavioral health providers in existing Rural Health Clinics.
- Establish linkage with local post-acute providers for expanded Palliative Care and staff training opportunities.
- Explore substance abuse partnership options with local law enforcement agencies.

Regional Physician/Provider Need Analysis

- Regional data includes service areas of the following regional hospitals:
  - Neosho Memorial, Chanute
  - Wilson Medical, Neodesha
  - Fredonia Regional Hospital
  - Allen County Regional Hospital
  - Coffeyville Regional Medical Center
  - Mercy Maude Norton Hospital

  Plus
  - Labette Health
  - Oswego Community Hospital
  - Mercy Hospital Independence

Demographics of Regional Service Area, 2014-2019

- Total Population 91,329
- Percent Population Change -2.30%
- Net Population Change -2,149
- Population 65+ 17,009
- Percent Population 65+ 19.40%

Five Year Demographic Projections, 2014-2019

- Percent Female Pop. Change +6%
- Median Household Income $37,807
- Projected Income Change -18%
- Households Earning <$25,000 41%
- Percent Non-White 12%

Estimated Total Need of Regional Service Area

Specialty	Additional FTE's
Allergy	1.1
Anesthesiology	1.7
Cardiac/Thoracic Surgery	2.3
Cardiology	1.5
Dermatology	2.2
Emergency Medicine	2.8
ENT	2.1
Gastroenterology	3.2

Estimated Additional Need, 2019

Hematology/Oncology	0.3
Infectious Disease	1.3
Internal Medicine	10.1
Nephrology	2.1
Neurology	1.1
Neurosurgery	0.3
Ophthalmology	2.1
Pathology	0.9
Pediatrics	5.2
Physical Medicine/Rehab	0.8

Estimated Additional Need, 2019

- Plastic Surgery 1.3
- Psychiatry 3.9
- Pulmonary Disease 1.3
- Radiology 3.5
- Rheumatology 1.1

* Additional need estimate assumes current number of providers at 2014 levels, barring retirements/relocations.

Additional Implementation Plan Strategies

- What gaps does the proposed plan fail to adequately address?
- What additional community partnership opportunities should be explored?
- Are there more effective strategies to reach our Community Health Improvement goals and where can we learn more?