Community Health Implementation Strategy FY20 - FY2022

St Anthony Regional Hospital and Nursing Home

Implementation Strategy

Introduction

This implementation strategy describes how St. Anthony Regional Hospital and Nursing Home will address significant community health needs in its service area for the 2020 – 2022 period. These needs were identified in the 2019 Community Health Needs Assessment (CHNA), approved by the Hospital Board in June 2019. This most recent CHNA was conducted to support St. Anthony's mission to provide high quality services to their patients and community, and in compliance with Internal Revenue Service regulations for non-profit hospitals – Section 501(r)(3). This implementation strategy outlines the significant community health needs described in the CHNA that the Hospital plans to address, although the strategy may be modified as needed, determined by the monitoring of the identified health issues, activities, community partners and other resources, and other relevant data and information. While the work described in the implementation strategy focuses on addressing significant health needs identified in the CHNA, other essential health programs and activities will also continue.

2019 Community Health Needs Assessment Summary

St Anthony Regional Hospital and Nursing Home conducted the 2019 Community Health Needs Assessment (CHNA) in better understand the health needs in the Hospital's six-county service area and to target interventions focused on selected community health needs. It will work in coordination with the Carroll County Public Health Department to ensure that community benefit resources address area needs and improve the health of residents in our service area. To determine current health status and needs, secondary data were collected from a variety of sources to present community demographics, social and economic factors, health access, birth characteristics, leading causes of death, chronic disease, and health behaviors. Primary data was collected through key stakeholder interviews and a web-based community survey.

It is estimated that the population of St. Anthony's six county service area was 71,498 in 2017, with Carroll County being the most populated at 20,320. The percentage of the population of adults aged 65 years and older in the service area is higher than the percentage at the state level of 16.7%. The population in the St. Anthony six-county service area is primarily White/Caucasian proficient in the English language. Crawford County has a significant Hispanic population, with more nearly 30% of the population identifying as Hispanic and 8% not proficient in the English language. The 2019 County Health Rankings finds the counties in the Hospital's service area ranging from a ranking of 12th out of 99 in Carroll County to 91st in Crawford County.

Mental Health

All stakeholders interviewed for this assessment identified mental health as one of the top and most urgent health issues in the community. Availability, accessibility and knowledge of services were identified as key barriers. Data analyzed supports their concerns. The average number of mentally unhealthy days reported by adults in the past 30 days has increased Carroll County; and self-reported

rates of anxiety, depression, suicidal ideation and suicide attempts among youth throughout the service area are alarming.

Cancer

Cancer was identified as the second most significant community health concern of the participants in the hospital's 2019 Community Survey. Data provided by the Iowa Cancer Registry show rates of age-adjusted rate of mortality for all types of cancer higher in the majority of the population in St. Anthony's primary service area, including Carroll County, that are significantly higher than the state rate.

Obesity/Live Healthy and Associated Chronic Diseases

Obesity, and the health behaviors associated with it, continue to be among the top priorities of stakeholders engaged through interviews and the community survey by the hospital. Despite concerted and coordinate efforts to address factors influencing the condition, the rate of obesity continued to increase in St. Anthony's service area; as it did in the state of Iowa. Diabetes and heart disease are chronic diseases associated with obesity and overweight that were revealed to be of concern.

Substance Use

Adult and youth alcohol use in the service area continues to be a problem, sometimes with dire consequences. Three counties served by St. Anthony have higher percentages of alcohol-impaired driving fatalities than the state percentage. While the consumption by youth of any alcohol at all decreased slightly, binge drinking increased significantly. Alcohol use by adults in the service area is similar to that throughout the state, but significantly higher than national rates. Tobacco use by both youth and adults is also similar to state rates but given the dire health consequences for both users and non-users of tobacco, it remains a priority for St. Anthony Hospital.

Prioritizing Health Needs

After interpreting the data in the Community Health Needs Assessment, the St. Anthony leaders coordinating the CHNA and Implementation Strategy reviewed and discussed the results with the Hospital's Board of Directors. Together with the stakeholder input gathered through the CHNA, the team led the identification of priority health needs using the IRS-recommended criteria of the burden, scope, severity and urgency of the health need; the health disparities associated with the health need; and the importance the community places on addressing the health need.

Significant Health Needs the Hospital will Address

After examining the significant health needs identified in the 2016 CHNA, St. Anthony Hospital and Nursing Home applied the following criteria to identify the health needs it will address: organizational capacity, established partnerships and collaborations, ongoing investment, and institutional competencies and expertise. As a result, St. Anthony will address the following health needs through a commitment of community benefit programs and charitable resources:

1. Mental Health
2. Cancer
3. Obesity-related Health Behaviors and Diabetes
4. Substance Use

For each health need the hospital plans to address, the Implementation Strategy includes anticipated goals, strategies, anticipated impacts, and collaboration between the hospital and other organizations.

Mental Health

Goal 1: Decrease depression among children, youth and adults

Strategy 1.1 Provide depression screening in primary care settings, with systems in place to ensure accurate diagnoses, effective treatment and appropriate follow-up
Strategy 1.2 Implement Collaborative Care for the Management of Depressive Disorders
Strategy 1.3 Integrate behavioral health and primary care services

Anticipated Impacts:

Goal 2: Reduce suicide risk

Strategy 2.1 Train healthcare providers, educators and community volunteers in Mental Health First Aid
Strategy 2.2 Implement the "Zero Suicide in Healthcare" framework (organizational assessment, training, consultation)

Anticipated Impacts:

Goal 3: Promote mental health and social cohesion in community settings

Strategy 3.1 Iowa "Connections Matter" Initiative (Connections Matter in Health Care component)
Strategy 3.2 Support group-based parent education and support

Anticipated Impacts:

Planned Collaborations in Mental Health:

Cancer

Goal 1: Increase cancer screenings

Strategy 1.1 Implement Prostate Specific Antigen (PSA) Screening Campaign

Strategy 1.2 Implement Multicomponent Interventions to Increase Cancer Screening: Increased community demand (education, incentives, reminders, media): Increased community access (barriers addressed); Increased Provider Delivery (reminders, incentives, feedback)

Anticipated Impacts:

Goal 2: Reduce cancer mortalities

Strategy 2.1 Provide anticoagulation therapy (aspirin) to prostate cancer patients
Strategy 2.2 Vaccinate cancer patients against infectious diseases, including influenza and pneumonia
Strategy 2.3 Implement risk assessment for breast cancer in primary care settings and provide tailored recommendations based on individual risk (including use of chemoprevention)
Strategy 2.4 Educate patients (and the families of adolescent patients) about the importance of the HPV vaccine

Anticipated Impacts:

Goal 3: Increase patient access and retention through support services

Strategy 3.1 Incorporate Patient Navigators into Cancer Center care team
Strategy 3.2 Provide psychosocial care for patients with cancer and their families

Anticipated Impacts:

Planned Collaborations in Cancer:

Obesity

Goal 1: Increase daily physical activity among children, youth and adults

Strategy 1.1 Use Point of Decision Prompts for Physical Activity in healthcare and community settings
Strategy 1.2 Provide Exercise "Prescriptions" in primary care and other healthcare settings
Strategy 1.3 Promote community-based Social Support for Physical Activity (walking groups, ...)

Anticipated Impacts:

Goal 2: Increase consumption of fruits and vegetables

Strategy 2.1 Develop school-based fruit and vegetable gardens and garden-based nutrition education
Strategy 2.2 Provide fruit and vegetable incentives for low-income patients (vouchers, coupons, etc.)

Anticipated Impacts:

Goal 3: Increase diabetes prevention and management

Strategy 3.1 Use Text Message-Based Health Interventions
Strategy 3.2 Promote use Type-2 Diabetes Self-Management Mobile App

Anticipated Impacts:

Planned Collaborations in Obesity:

Substance Use

Goal 1: Reduce risky and under-age alcohol use

Strategy 1.1 Implement CDC Risky Alcohol-Use Screening and Brief Interventions in Primary Care Settings (for youth and adults)
Strategy 1.2 Support universal school-based alcohol prevention programs (lesson plans, prevention education, alcohol-free fundraising policies, peer support, life skills training, etc.)
Strategy 1.3 Promote enhanced enforcement to prevent underage access to alcohol (responsible beverage sales training, decoys/shoulder taps, social host ordinances, etc.)

Anticipated Impacts:

Goal 2: Reduce Alcohol-Impaired Driving

Strategy 2.1 Implement media campaign against alcohol-impaired driving
Strategy 2.2 Implement "Every 15 Minutes" program in local high schools

Anticipated Impacts:

Goal 3: Reduce use of tobacco products

Strategy 3.1 Implement cell phone-based tobacco cessation program
Strategy 3.2 Implement social media and media campaigns against use of tobacco products
Strategy 3.3 Expand promotion of Quit Line to reach at-risk populations
Strategy 3.5 Promote smoke-free workplaces, shared public spaces and multi-unit housing
Strategy 3.5 Reduce or eliminate co-payments for tobacco cessation services

Anticipated Impacts:

Planned Collaborations in Substance Use:

Evaluation of Impact

St. Anthony Regional Hospital and Nursing Home will monitor and evaluate the programs and activities outlined above. The hospital has a system that tracks the implementation of the strategies and documents the anticipated impact. The reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of planned strategies, and collaborative efforts to address health needs. An evaluation of the impact of the Hospital's actions to address these significant health needs will be reported annually to hospital leaders and partners, with a final progress report to be included in the next scheduled Community Health Needs Assessment.

Health Needs the Hospital will not Address

Taking existing hospital and community resources into consideration, St. Anthony's cannot address all the health needs present in the community; therefore, it will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise. The Hospital will not directly address some health needs identified in the CHNA including heart disease, **XXXXX**.

Evidence-Based Interventions for Discussion

Mental Health

Collaborative Care for the Management of Depressive Disorders

"Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. This collaboration is designed to 1) improve the routine screening and diagnosis of depressive disorders; 2) increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders; and 3) improve clinical and community support for active patient engagement in treatment goal setting and self-management…

The Community Preventive Services Task Force recommends collaborative care for the management of depressive disorders based on strong evidence of effectiveness in improving depression symptoms, adherence to treatment, response to treatment, and remission and recovery from depression. The Task Force also finds that collaborative care models provide good economic value based on the weight of evidence from studies that assessed both costs and benefits." (Community Prevention Services Task Force, 2014))

Adolescent Depression

Screening for Adolescents

" Many MDD screening instruments have been developed for use in primary care and have been used in adolescents. Two that have been most often studied are the Patient Health Questionnaire for Adolescents (PHQ-A) and the primary care version of the Beck Depression Inventory (BDI). Data on the accuracy of MDD screening instruments in younger children are limited…. The USPSTF found no evidence on appropriate or recommended screening intervals, and the optimal interval is unknown. Repeated screening may be most productive in adolescents with risk factors for MDD. Opportunistic screening may be appropriate for adolescents, who may have infrequent health care visits." (U.S. Prevention Services Task Force, 2009)

- The Columbia Lighthouse Adolescent Suicide Risk Protocol (Khursand, 2018)
- Screening in Primary Care Settings: PHQ-A and BDI

Prevention Services for Adolescents

"…health and behavioral health departments must be engaged actively and must strategically engage a variety of other public and private partners. The presence of an active public/private coalition is a vital part of such a system so that state level efforts may reach into communities across the state." (National Suicide Prevention Strategy, 2012)

- Engage local stakeholders in Iowa's Connections Matter Initiative (http://www.connectionsmatter.org/) and other efforts to build trauma-informed care services

- Community-led Suicide Prevention Infrastructure and Development of Community Blueprint for Action on Suicide Prevention (multi-sector collaboration) (National Suicide Prevention Strategy, 2012)
- School-based Universal Prevention (Khursand, 2018)
- Cognitive Behavioral Therapy (CBT) Training for Organizations (Kaiser Permanente Center for Health Research, 2015)
- Adolescent Coping with Stress Course POD Teams (Kaiser Permanente Center for Health Research, 2015)
- Penn Resilience for Middle School Children Program (Khursand, 2018)
- Mindfulness (https://childmind.org)

Treatment Services for Adolescents

- STEADY Intervention Manual
- Behavioral Activation Therapy
- Cognitive Behavior Therapy
- Dialectical Behavior Therapy
- Interpersonal Psychotherapy
- Motivational Interviewing
- Medication

Adult Depression

Screening for Adults

"In 2009, the USPSTF recommended screening all adults when staff-assisted depression care supports are in place and selective screening based on professional judgment and patient preferences when such support is not available. In recognition that such support is now much more widely available and accepted as part of mental health care, the current recommendation statement has omitted the recommendation regarding selective screening, as it no longer represents current clinical practice. The current statement also specifically recommends screening for depression in pregnant and postpartum women, subpopulations that were not specifically reviewed for the 2009 recommendation." (U.S. Prevention Services Task Force, 2009)

Prevention Services for Adults

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- Zero Suicide in Health and Behavioral Health Care Toolkit (Zero Suicide, 2018)
- Community-led Suicide Prevention Infrastructure and Development of Community Blueprint for Action on Suicide Prevention (multi-sector collaboration) (National Suicide Prevention Strategy, 2012)

Treatment for Adults

- Psychotherapy: Cognitive Behavioral Therapy, Interpersonal Therapy, Psychodynamic Therapy (National Alliance on Mental Illness, 2019)
- Psychoeducation Support Groups (National Alliance on Mental Illness, 2019)
- Medication: Selective serotonin reuptake inhibitors, Serotonin and norepinephrine reuptake inhibitors, Norepinephrine-dopamine reuptake inhibitors, Mirtazapine, Second-generation antipsychotics (National Alliance on Mental Illness, 2019)
- Brain Stimulation Therapies: Electroconvulsive therapy, Repetitive Transcranial Magnetic Stimulation (National Alliance on Mental Illness, 2019)

Resources

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Cancer

Screening

- Group education on breast cancer (Community Prevention Services Task Force, 2009)
- Multi-component interventions to increase breast, cervical and colorectal cancer screenings (Community Prevention Services Task Force, 2017)

Prevention

- Multi-component community-wide skin cancer prevention interventions that include mass media campaigns and environmental and policy changes (Community Prevention Services Task Force, 2014)
- Childcare center and primary school settings education and policy interventions that include teaching children directly about how to protect themselves, educating teachers or parents, handing out brochures or videos, or changing school policies (e.g., scheduling outdoor activities outside of peak sun hours (Community Prevention Services Task Force, 2014)
- Recreational facilities-based education and policy interventions that include educational brochures, sun-safety training and lessons (by experts like lifeguards), making shaded areas more available, and providing sunscreen (Community Prevention Services Task Force, 2014)

Treatment

- Psychosocial treatment for cancer patients (including provider education on evidence-based treatments) (Anderson & Dorfman, 2016).

Resources

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Interventions – Cervical Cancer. The Community Guide. Accessed from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CancerScreening-Multicomponent-CervicalCancer.pdf

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Obesity

Health Behaviors Associated with Obesity

- Continue to engage with Iowa Healthiest State initiative and align strategy measures to benchmark service area progress against state data.

Physical Activity

- Heath communications and social marketing campaigns ((Community Prevention Services Task Force, 2017)
- Interventions to reduce screen time that include skills building, goal setting, reinforcement techniques, and family support encouragement (Community Prevention Services Task Force, 2017)
- Projects or policies combining transportation (e.g., pedestrian or cycling paths) with land use and design components (e.g., access to public parks) (Community Prevention Services Task Force, 2017)
- Safe Routes to Schools (Community Prevention Services Task Force, 2017)
- Physical activity interventions that include activity monitors (Community Prevention Services Task Force, 2017)
- Point of decision prompts to increase use of stairs at schools, worksites and other community sites (Community Prevention Services Task Force, 2005)
- Promote and support worksite interventions (Community Prevention Services Task Force, 2015)

Nutrition

- Multicomponent interventions to increase the availability of healthier foods and beverages in schools (Community Prevention Services Task Force, 2017)
- Technology-supported coaching or counseling interventions (Community Prevention Services Task Force, 2017)

Chronic Disease Associated with Obesity

Diabetes

- Combined diet and physical activity program programs to prevent Type-2 Diabetes among people at increased risk (Community Prevention Services Task Force, 2014)
- Diabetes management programs using Community Health Workers (Community Prevention Services Task Force, 2017)
- Mobile Phone Applications in Healthcare for Diabetes Self-Management (Community Prevention Services Task Force, 2017)
- Intensive Lifestyle Interventions for Patients with Type-2 Diabetes (Community Prevention Services Task Force, 2017)

Heart Disease

- Interactive digital interventions for blood pressure self-management (Community Prevention Services Task Force, 2017)
- Mobile Health Interventions Among Newly Diagnosed Patients Community Prevention Services Task Force, 2018)

Resources

CDC Community Preventive Services Task Force (2017). *Cardiovascular Disease Prevention: Interactive Digital Interventions for Blood Pressure Self-Management.* The Community Guide. Retrieved from https://www.thecommunityguide.org/sites/default/files/assets/OnePager-CVD-Digital-Interventions.pdf

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Substance Use Disorders

The U.S Health and Human Services Department's Substance Abuse and Mental Health Services Administration provides an extensive evidence-based resource center for both prevention and treatment programs and services. A key resource available includes *Focus on Prevention: Strategies and Programs to Prevent Substance Use* (SAMHSA, 2017).

Alcohol Use

Youth Alcohol Use

- Alcohol Screening and Brief Intervention for Youth: A practitioner's guide (SAMHSA, 2019)
- Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A step-by-step guide for primary care practices (CDC, 2014)

Adult Alcohol Use

- Addressing Suicidal Thoughts and Behavior in Adult Substance Abuse Treatment (SAMHSA, 2009)
- Adult Drug Court (SAMHSA, 2019)

Tobacco Use

Youth Tobacco Use Prevention and Treatment

- Social media community education campaigns
- Reduce the illegal sales rate to minors through enforcement of laws prohibiting the sale of tobacco products to minors (CDC, 2014 – Healthy People 2020)
- Smoke-free worksites and public spaces (CDC, 2014)
- Increased tobacco screening in healthcare settings (CDC, 2014 – Healthy People 2020)
- Increased tobacco cessation services in healthcare settings (CDC, 2014 – Healthy People 2020)
- Reduced or eliminated co-payments for tobacco cessation services (CDC, 2014)

Adult Tobacco Use Prevention and Treatment

- Tobacco "Quitline" (proactive telephone tobacco cessation program) (cDC, 2014)
- Mass media community education campaigns (CDC, 2014)
- Policy advocacy to increase excise tax on tobacco products (CDC, 2014)
- Smoke-free worksites and public spaces (CDC, 2014)
- Increased tobacco cessation services in healthcare settings (CDC, 2014 – Healthy People 2020)
- Reduced or eliminated co-payments for tobacco cessation services (CDC, 2014)
- Increased tobacco screening in healthcare settings (CDC, 2014)

Resources

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