

# Community Health Needs Implementation Plan

2016 - 2019

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## I. Introduction:

In the fall of 2015, Waverly Health Center (WHC) started a community health needs assessment (CHNA) to support its mission to provide high quality, patient-centered health care. The assessment was also completed to comply with the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements, and to identify health needs of the community to help prioritize the allocation of hospital resources to meet those needs.

The CHNA HIP process does three things:

- Describes the health state of a local population
- Enables the identification of the major risk factors and causes of ill health, and
- Enables the creation of actions needed to address these factors

Based on current literature and other guidance from the U.S. Treasury Department and the Internal Revenue Service, the following steps were completed as part of the community health needs assessment:

- The community served by WHC was defined utilizing data on patient origin.
- Population demographics and socioeconomic characteristics of the service area were gathered and reported using various sources.
- The health status of the service area was reviewed. Information on the leading causes of
  death and morbidity information was analyzed in conjunction with health outcomes and
  factors reported for the community by county. Health factors with significant opportunity
  for improvement were noted.
- Through a collaborative process with Community Memorial Hospital in Sumner, Bremer County Public Health, Waverly-Shell Rock Area United Way and Waverly Health Center, a needs assessment survey was created and distributed to determine the areas key health needs. The results were used in conjunction with national, state and county health statistics.
- An inventory of health care facilities and resources was prepared.

# II. Executive Summary

Waverly Health Center started the community health needs assessment in collaboration with Community Memorial Hospital, Bremer County Public Health and the Waverly-Shell Rock Area United Way. To ensure input from the medically-underserved, chronically ill, low-income and minority populations in our service area, local agencies that serve those populations were invited to participate in a comprehensive community needs survey.

The primary method of research was an on-line survey with a series of rank-order, multiple choice and open-ended questions. The opportunity to participate in the survey was communicated to area residents and agencies through multiple mediums and was available through a link on the hospital's website. Seven hundred and fifteen (715) individuals took part in the survey. In addition to the survey results, past research and input from community groups and county health assessments were also utilized.

In addition to the primary sources of data, secondary data was pulled from demographic and socioeconomic sources as well as national, state and local sources of information on disease prevalence, health indicators, health equity and mortality. Chimemaps, a service of the Iowa Hospital Association, was used to review specific disease encounters at Iowa hospitals. This information was analyzed and reviewed to identify health issues of the hospital's service area and included a focus on uninsured and low-income individuals and minority groups.

In selecting the health issues prioritized for action, the following factors were considered:

- social determinants of health status in our communities,
- local service and health care agencies' mission, vision, and strategic plans, and
- current programming offered by local agencies.

Subsequently, Waverly Health Center leadership discussed the results of the evaluation and selected health priorities. As a result of the analysis, the following areas were identified as Waverly Health Center's top priorities for the next three years:

- 1. Chronic Disease Management:
  - a. Heart Disease
  - b. High Blood Pressure
  - c. Stroke
- 2. Cancer Prevention and Treatment
- 3. Wellness Services
  - a. Obesity Prevention
  - b. Preventative Exams and Screenings
  - c. Wellness Programming
  - d. Access to Health Information
- 4. Access to Mental Health Services

While the priority areas did not change significantly from the previous community needs assessment, Waverly Health Center's response to the challenges has changed. By focusing more on the triple aim of improving quality, lowering cost and the patient experience, significant impact can be made on lowering the rates of chronic disease in our service area.

# III. Strategies to Meet Health Needs

#### Strategy #1 (strategy for key findings 1, 2, and 3)

Enhance community awareness of healthy lifestyle choices, and chronic disease prevention and management.

**Action Plan:** Sponsor community activities that promote healthy lifestyle choices and chronic disease prevention and management. Provide health education to the community in the forms of health screens, classes, speaking events and health fairs. Continue to provide education and classes to promote smoking cessation.

**Owner:** Community Relations

**Action Plan:** Help lead the ongoing efforts of the Waverly Area Partnership for Healthy Living (WAPHL) to enhance the health status and well-being of the people of Bremer County and surrounding region. WHC community relations staff will serve as active members of the partnership. Use results of community health needs assessment to create programs focused on improving health and wellness in WHC's service area.

**Owner:** Community Relations

**Action Plan:** Strengthen employer wellness programming and wellness coaching and continue outreach to citizens at large.

**Owner:** Community Relations

## Strategy #2 (strategy for key findings 1, 2, 3 and 4)

Evaluate, create and grow primary care and specialty clinics to meet the area's demand for services.

**Action Plan:** Use results of community health needs assessment, Iowa Hospital Association databases and industry trends to define appropriate opportunities. As appropriate, new or expanded specialists are recruited (as employees or visiting specialists) based on market needs and industry trends.

Owner: Administration, Community Relations

# Strategy #3 (strategy for key findings 1, 2 and 3)

Engage patients to become advocates for their own health care to attain optimal health and wellness.

**Action Plan:** Implement a unified electronic medical record that includes a patient portal to enhance patient access to information.

Owner: Administration, Information systems

**Action Plan:** Integrate health coach concept in medical clinics to improve care coordination and effective use of services. Enhance management of patients with chronic care issues.

Owner: Clinic Administration

**Action Plan:** Effectively assess and communicate patient health literacy level to determine appropriate education strategies.

**Owner:** Administration

Action Plan: Utilize teach back/show me methods for patient education by all caregivers.

Owner: Nursing Administration, Clinic Administration

#### Strategy #4 (strategy for key finding 1, 2 and 3)

Encourage preventative exams and screenings to prevent and detect potential health issues.

**Action Plan:** Increase percentage of wellness and preventative screenings for all clinic patients through effective communication and scheduling. Increase focus on immunizations for adults (flu, pneumonia, etc.).

Owner: Clinic Administration

### Strategy #5 (strategy for key finding 4)

Enhance access to mental health services.

**Action Plan:** Continue community outreach programs and collaborative educational programs with Foundation 2, Alzheimer's Association, Bremer County Veterans Affairs, Pathways Behavioral Services and other organizations.

Owner: Social Services, Behavioral Health Services, and Community Relations

**Action Plan:** Advocate for enhanced mental health resources throughout the region, state and nation.

**Owner:** Administration

# IV. Areas of Concern Not Included in Strategies

Several additional areas of need were identified during the assessment process. However, they are not being specifically addressed due to the various reasons identified below.

- **Infant mortality & low birth weight** Bremer County has higher infant mortality and low birth weight rates than the state. More research needs to be completed to determine the factors surrounding this issue before an action plan can be developed.
- Unintentional injuries Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.
- **Aging (orthopedic, hearing/vision loss, dementia, etc.)** WHC currently offers several services and educational programing related to issues as people age. Therefore it is not necessary to define a specific action plan for this concern.
- **Lifestyle factors related to texting/talking while driving** Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.
- Alcohol abuse Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.
- Poor parenting skills Other local service agencies and coalitions have been working to improve these needs. WHC will continue to support them through collaboration and participation where needed.