

**OWENSBORO HEALTH REGIONAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY
Tax Year 2018**

INTRODUCTION:

The Owensboro Health Regional Hospital Community Health Needs Assessment (CHNA) conducted by incorporating the work of the Green River District Health Department and further developed by the Community and Economic Development Initiative of Kentucky (CEDIK) was approved on May 20th 2019 by the Owensboro Health Board of Directors. In addition to the CHNA, and in accordance with requirements of Sec. 501(r) of the Patient Protection and Affordable Care Act, all nonprofit hospitals must also adopt an implementation strategy which describes how the hospital plans to address the identified health need(s) contained within the CHNA. According to the final guidelines issued by the IRS, hospital facilities have an additional four and a half months to adopt the implementation strategy, specifically requiring an authorized body of the hospital facility to adopt an implementation strategy to meet the health needs identified through a CHNA on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility finishes conducting the CHNA.

BACKGROUND:

Owensboro Health Regional Hospital (OHRH) conducted its first Community Health Needs Assessment (CHNA) in conjunction with multiple community partners and Healthy Communities Institute for tax year 2012 and its second CHNA in tax year 2015.

For purposes of the CHNA and this document, the defined community is Daviess County, Kentucky. However it must be noted that Owensboro Health assists communities and engages in collaborative partnerships throughout its 14-county service area to address the community priority health needs defined by local health needs assessments in their specific counties.

Owensboro Health Regional Hospital conducted its third CHNA in tax year 2018 approved on May 20th, 2019 and in partnership, as described above. The process by which the CHNA was conducted is thoroughly described in the CHNA and the Executive Summary posted on the Owensboro Health website at <https://www.owensborohealth.org/health-resources/health-needs-assessment/>

Since the initial implementation strategy was drafted and approved, much has been learned and achieved in addressing community health needs. Annual updates regarding the strategy are included in the hospital's tax returns on Form 990, Schedule H. Moreover, the additional requirement to the CHNA just approved is the inclusion of an impact statement, that is, a description of progress made in meeting priority health needs as named in the previous CHNA.

Utilizing the findings of the impact statement; the most recent CHNA; the hospital's current strategic priorities; and, efforts and activities in progress, we offer the implementation strategy as a component of Owensboro Health's efforts address priority community health needs.

Owensboro Health Regional Hospital Tax year 2018 Implementation Strategy

IDENTIFIED AREAS OF NEED:

The Owensboro/Daviess County community, through a collaborative effort between the Green River District Health Department (GRDHD), Owensboro Health, and numerous other community stakeholders developed a regional and county-specific Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). This CHIP was the culmination of the health department's MAPP process (Mobilizing for Action through Planning and Partnerships).

The priority health needs contained in the CHIP for Daviess County, Kentucky were incorporated into Owensboro Health's Community Health Needs Assessment (CHNA) conducted by the Community and Economic Development Initiative of Kentucky (CEDIK) and approved by the hospital's Board of Directors in May 2019. The methodologies used by CEDIK are fully described in the Owensboro Health Regional Hospital tax year 2018 Community Health Needs Assessment (CHNA) found at <https://www.owensborohealth.org/health-resources/health-needs-assessment/>

Based on survey results, focus groups and key informant interview results, as well as secondary data, five priority areas were identified. Existing local, state and national priorities were considered. The following priorities were identified as areas of need to address in the next three years:

- **Healthy behaviors- poor eating habits, access to healthy foods, lack of exercise**
- **Obesity and obesity related diseases**
- **Mental health- depression, counseling, and testing for mental health disorders**
- **Substance use-prescription, illegal and illicit substances**
- **Tobacco use and smoking**

As Owensboro Health worked from its last CHNA and Implementation strategy, the birth of internal priority focus teams occurred. Four teams were formed, each with a project vision, mission, a physician-lead and OH team members. These four focus area teams address the identified community priority areas but in addition, are mindful and strategic in addressing specific populations and are strategic in utilizing the power of the arts in health, wellness, healing and improving quality of life. It is realistic to note that additional teams could be added if it was agreed that target areas would benefit by the formation of an internal strategic team.

Based on findings from the CHNA, population data, readmission findings, strengths of community resources, and realization of tools that could be used to directly impact health, well-being and healing both in the hospital and community settings, the following focus area team were formed:

- Older Adults and Aging

- Tobacco and Related Diseases
- Children and School Health
- Arts in Healing

Owensboro Health team members also serve on, and in some cases, co-facilitate local community health coalition subcommittees that were formed from the GRDHD Community Health Improvement Plan. By serving on strategic internal and external teams working to impact identified community health areas Owensboro Health can better identify, implement, refine and track its population health management efforts to truly impact the lives of not only the members of the community in which it resides but also the multiple counties and region it serves.

Tax year 2018-2021 Implementation Plan Strategies:

- **Healthy behaviors- poor eating habits, access to healthy foods, lack of exercise**
- **Obesity and obesity related diseases**
 - Continue financial and in-kind support to address senior hunger via partnership with Morrison's Food Services and Owensboro Senior Community center.
 - Establish internal nursing pods and no less than one community nursing pod to promote breastfeeding as the optimal source of nutrition for babies reducing barriers to breastfeeding while visiting OH campuses and in community settings.
 - Conduct annual holiday food drive for area food pantries.
 - Assist community partner(s) in facilitation of regional meeting to discuss food insecurity as a significant social determinant of health.
 - Continue to support Owensboro Health Healthpark and its scholarship program providing financial assistance, the Healthpark educational programming, and outreach and targeted evidenced based programming.
 - Financially support and advocate for community projects and programs which focus on working collaboratively to improve healthy food options; appropriate time for play and exercise; art and music opportunities among others.
 - Utilize community data to target specific areas of community which could most benefit by changes of policy, structural improvement, and community assets and work in partnership to develop improvement plans.
 - Serve on local and state task forces related to community development, chambers of commerce, workplace health, economic development, health and wellness and the Arts to provide voice for community health improvement.
 - Provide expertise from staff to the community for education and program guidance.
 - Continue the Diabetes Prevention Program T2
- **Mental health**

- According to primary interview data collected in the most recent CHNA, there is a lack of providers for those facing mental health issues; a stigma in seeking this type of care; and, a significant increase in the rate of suicide.
 - Owensboro Health will launch an Intensive Outpatient Program using an evidence-based curriculum focusing on mental health problems. Each IOP group will have a maximum of 10 participants. Groups will be 3 days a week, for 3 hours per day. As the program grows, we hope to add an additional group for mental health court participants, and another group with a focus on co-occurring mental health and substance use disorders.
 - We will initiate the IOP by hiring one therapist and adding an additional part or full-time therapist as the program grows.
 - Owensboro Health will serve on the Board and Clinical Care team for the new mental Health Court in Owensboro Daviess County.
 - We have and will continue to have representation on each of the three community health action teams as they seek to establish and implement strategies to address priority areas.
 - Owensboro Health Regional hospital will continue to financially support through our grant program projects and proposals which seek to impact education and barriers to access to mental health.
 - We will continue to provide educational opportunities with expertise and knowledge in this area and seek to advocate for policy where most beneficial to meet the identified needs.
 - We will maintain our partnerships and outreach with the Arts community as a strategy to impact mental health and wellness as supported by research and literature.
- **Substance Abuse- prescription, illegal and illicit substances**
 - The National Institute on Drug Abuse ranks Kentucky among the top 10 states with the highest opioid-related overdose deaths, and Kentucky's hospitals are on the frontline in the fight to help the state recover. To assist the state's hospitals in this battle, the Kentucky Hospital Association (KHA) is partnering with the Cabinet for Health and Family Services as part of the Kentucky Opioid Response Effort (KORE) to launch the Kentucky Statewide Opioid Stewardship (KY SOS) program.
 - As a participant in this initiative, our organization agrees to:
 - **Work to improve patient safety in the area of Opioid Stewardship including a specific focus on:**
 - Development and implementation of policies and procedures to promote opioid stewardship including:
 - Increasing community outreach and education regarding pain management and safe opioid use;
 - Providing non-pharmacologic analgesia options to patients;

- Development of an opioid stewardship committee;
- Tracking and reporting of metrics regarding opioid stewardship;
- Developing guidelines for opioid use in the inpatient, ambulatory, perioperative, and emergency department settings; and
- Educating providers, staff, patients, and families to ensure success.
- **Commit to collaboration, alignment and coordination.**
 - Share success stories and lessons learned with other KY SOS hospitals via the KY SOS listserv, webinars, and in-person meetings.
 - Participate in site visits with the KY SOS Advisory Team as requested, which should include the appropriate representative(s) from our hospital's senior leadership.
- Pilot program integrating the health system's electronic record system with KASPER data dramatically expedites the time it takes to access a KASPER report and enables simplifies access to prescription reporting data.
- Continue work with local substance abuse coalitions and community efforts to provide education specific to opiate abuse and heroin use.
- Support internal policy and processes to educate physicians and other providers on prevention efforts.
- Continue to use Angel Visitation program bringing persons in recovery from community into hospital setting to share recovery options for those in need.
- Continue to financially support organizations whose missions and abilities and projects are specific to providing substance abuse prevention, treatment and recovery services, housing, education and assistance to address substance abuse through our grant programs.
- Explore potential collaborative partnerships and projects between Mother/Baby and Neonatal services and community organizations focused on prevention of substance use during pregnancy.
- **Tobacco use and smoking**
 - Continue to advocate use of the Quit Now Kentucky line through financial support of Green River District Health Department's Tobacco Control Coalition's marketing and media messages to increase number of persons utilizing the quit line.
 - 10 OH team members will be trained as Tobacco Treatment Specialists.
 - Financially support Nicotine Replacement Therapy products through the Green River District Health Department, National Jewish and Quit Now Kentucky.

- Financially support and assist in efforts to have additional persons trained in American Lung Association's Freedom from Smoking evidenced based smoking cessation program.
- Continue to provide patient, employee, and community education on these resources.
- Maintain advocacy of local, regional and state efforts for appropriate policies for tobacco use, nicotine use, vaping and second hand smoke reduction.
- Strengthen current campus tobacco free policies and develop new signage for clarity related to electronic cigarettes and vaping.
- Maintain comprehensive tobacco policy requirement for all applicants in the OH Community Health Investments Grant Program.
- Continue to expand early lung cancer screening and provide support to individuals at risk for lung disease.
- Evaluate to determine impact of University of Kentucky College of Nursing K-CARE Project, training Community Health Workers (CHWs) to work with minority populations in an effort to educate on lung cancer, lung cancer screening, and encouraging those who are eligible to be screened as early as possible.
- Develop educational initiative to understand the synergistic effects of radon and smoking and radon's impact on lung disease.
- Develop community outreach event to bring about awareness of COPD and the newly launched Better Breathers Club.
 - Educate community; reduce stigma of tobacco related diseases.
- Educate OH team members on vaping, JUULs and impact of electronic cigarettes and other non FDA approved tobacco and/or nicotine products in accordance with correlating community plan to educate schools, parents and community.

Population specific efforts, addressing social determinants of health and access to care continued efforts from previous CHNA findings and implementation plans:

- Primary care, access points, transportation, language and cultural barriers, financial support for prescriptions, equipment and supplies, care coordination, education regarding benefit enrollment, staff engagement with community action team to address access to care.
 - Continue implementation of Nursing Improving Care for Healthsystem Elders (NICHE).
 - Continue to track number of falls among aging population and work to utilize evidence based practices to impact and reduce falls in our communities.
 - As a system, continue with present building and construction and future building projects to address shortage of primary care physicians and access points to primary and specialty care.

- Take first students in primary care residency program 2020
- Work to provide opportunities for service learning projects and professional educational opportunities which can work in tandem with efforts of community outreach to underserved populations with highest risk of chronic health disease.
- Develop and begin no less than three research projects which can work in tandem with efforts of community outreach to underserved populations with highest risk of chronic health disease.
- Work with Wabuck Developers to whom OH sold land to develop affordable senior housing to initiate plan to provide needed services on-site.
- Target populations and areas of community with highest incidence of diabetes and work in collaboration to provide education and resources.
- Financially support community organizations, projects and programs which serve to reach community members with access to prescription medicines, supplies and need equipment.
- Financially support organizations that provide assistance in easing language, cultural, educational, transportation or other barriers to health care services and health improvement.
- Work with community partnerships to continually seek areas for improvement in care coordination and coordination of community support systems to keep citizens healthy and improve quality of life.
- Ensure financial counselors, navigators, and case managers are available to work with patients and community members in understanding financial assistance; benefit enrollment; available community resources to prevent barriers to access; and, understanding of the healthcare system and how to access care.

While there is great overlap in many of the identified health issues, Owensboro Health recognizes its leadership role in being a catalyst for innovative thinking in addressing these community priority areas. We will continue to facilitate internal teams and their strategies and partner with other individuals and organizations in the community on their current and developing efforts to address each of the named community priority areas. As we continue to refine the health system's strategic plan, we will remain focused and determined in addressing the health of our population.

Reviewed by the Owensboro Health Community Needs and Accountability Committee on September 11, 2019 and approved by the Owensboro Health Board of Directors on September 23, 2019.