2016 Monett Community Health Implementation Plan

Introduction

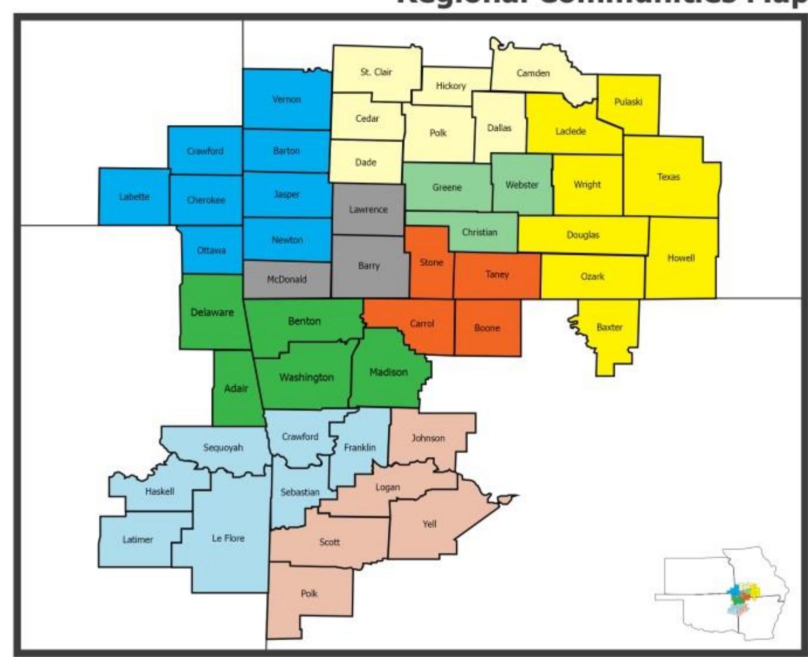
In early 2015, a variety of organizations across the Ozarks came together to better understand and improve the health status, behaviors and needs of the populations they serve. Under the umbrella of the local Ozarks Health Commission (OHC), this first-time collaboration is the largest in the region spanning four states—Missouri, Oklahoma, Arkansas and Kansas—51 counties and four hospital systems. The working group saw the value of using a systematic, data-driven assessment to inform decisions and guide efforts to improve community health and wellness on a regional level. This larger, concerted approach leverages common strengths and strategies to move in the same direction on significant health concerns. The Regional Health Assessment, as well as resulting action plans, will allow decision-makers to have a more holistic approach to strategically address community health concerns in their own jurisdictions.

Key participants in Ozarks Health Commission from the Monett Community include: CoxHealth, Burrell Behavioral Health, Mercy and the Barry County Health Department.

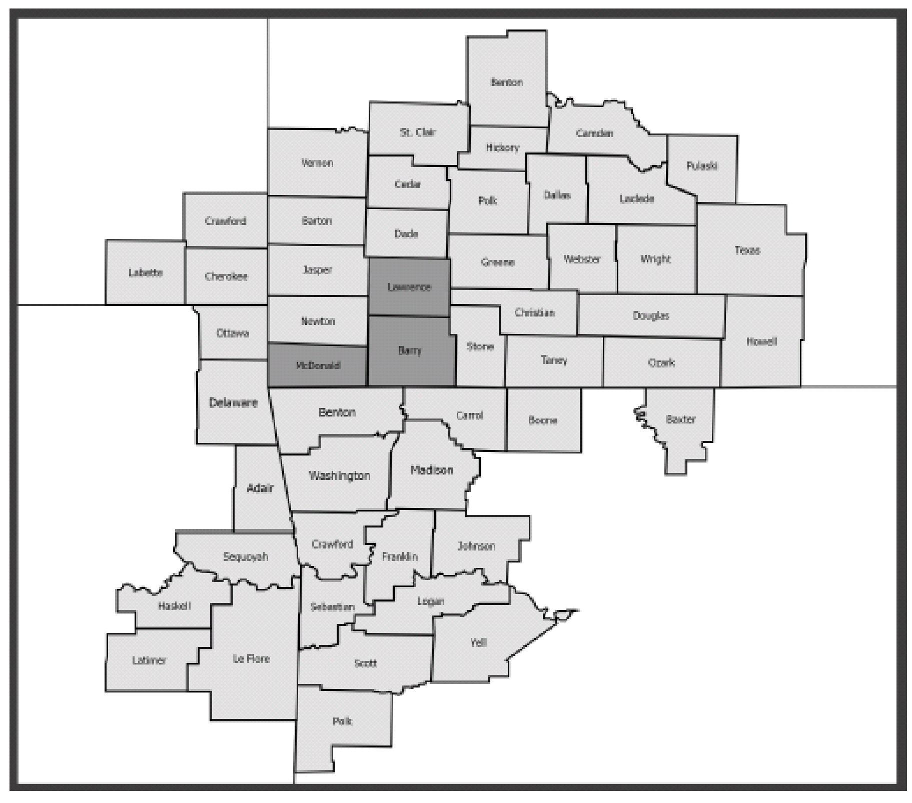
The priorities for each community emerged as a result of data and feedback collection from a variety of sources, including:

- a survey, open to members of the public and partner agencies in all jurisdictions;
- secondary data collected from CommunityCommons.org and other sources;

Regional Communities Map



Community Name	Community Color	Population	Land Area Rank
Rogers Community		532,979	4
Springfield Community		401,235	8
Joplin Community		321,884	3
Fort Smith Community		321,835	2
Lebanon Community		237,949	1
Bolivar Community		150,662	5
Branson Community		150,076	7
Booneville Community		101,177	6
Monett Community		96,315	9



- focus groups targeting underserved, chronically ill and low-populations in each community; and
- emergency department (ED) data from hospital partners.

These sources were combined and compared to develop community priorities which weighed morbidity, mortality and a variety of other factors. More on the results of the survey, focus group, data analysis and priority ranking can be found in the Methodology section of the Regional Health Assessment report.

The Monett Community includes Barry, Lawrence, and McDonald Counties.

Findings

Health Priorities Identified

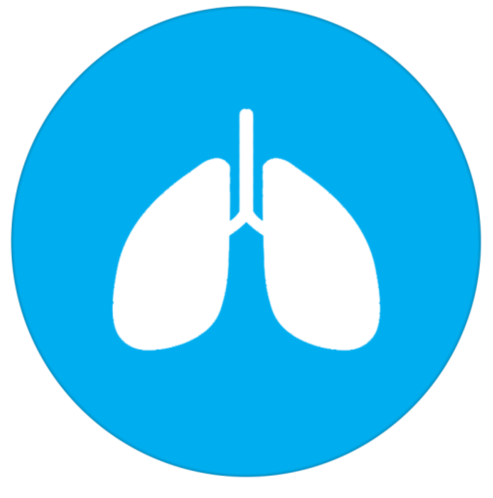
In the OHC Region, 34 indicators were examined and categorized into groupings of health issues referred to as the assessment's Assessed Health Issues (AHI). This process identified seven Assessed Health Issues (AHI) and several other groups of social determinants of health.

The committee then identified associated indicators and grouped them within the AHI.

For example, high blood pressure and cholesterol, as well as other health issues related to the cardiovascular system, were collapsed into "Cardiovascular Disease." If relevant, an indicator was used in multiple groupings. For instance, tobacco use was used in both Lung Disease and Cancer. In addition, the list of poor-performing indicators for each Community was examined to identify other potential health issues. This process did not present any additional health issues. The AHI identified were:

- Cancer
- Cardiovascular Disease
- Lung Disease
- Oral Health
- Mental Health
- Maternal and Child Health
- Diabetes

The committee then developed an objective process for scoring the AHI. The scoring system included both key data points and community perspective, providing a more thorough examination of the AHI. The top three AHI that scored the highest, or are the most pressing issues for the Monett Community, are:



Lung Disease

Cardiovascular Disease

Mental Health

In an effort to address health issues effectively, the top three ranked issues were selected as the health priorities. Although Cancer, Oral Health, Maternal and Child Health, and Diabetes were identified as health issues for the Monett Community, resources would be diluted in an effort to address several health issues, thus minimizing the ability to create meaningful impact.

Common Threads

Access to Appropriate Care

Social Determinants of Health

Tobacco Use

Mental Health

Physical Activity and Nutrition

Throughout the assessment, common threads emerged that seemed to be factors affecting multiple health priority issues. These common threads were not explicitly included in the ranking process; however, strategies have been developed to address these issues with the understanding that by influencing these commonalities, multiple health priority issues will be addressed simultaneously. The Socioecological Model provides a framework justifying this approach. The Socioecological Model recognizes a wide range of factors work together to impact health. These factors exist at the individual, interpersonal, organizational, community, and policy levels.

Strategy to Improve Health Priority Issues

In order to address Cardiovascular Disease, Lung Disease and Mental Health, OHC partners sought to develop a comprehensive approach. The logic model outlined in the assessment provides guidance to the process and approach to improve the health priority issues.

The activities within the model is where there is a confluence of healthcare, public health and community partners to create both upstream and downstream strategies. Upstream strategies that are implemented by the community are more wide-reaching and focus on the common threads. These strategies will address the policy, community, and organizational levels of the Socioecological Model. These strategies will be coordinated by a community coalition, which includes both healthcare and public health. The downstream strategies, implemented by hospitals, focus on specific health issues in an effort to leverage and maximize existing hospital resources and programming. These strategies will address the organizational, interpersonal, and individual levels of the Socioecological Model. This structure provides a holistic approach to addressing the health priority issues and a more efficient means to improving the health priority issues.

This approach also recognizes that hospitals cannot address complex health issues independently of community support and resources. By collaborating with community agencies and coalitions to create systems and policy change focused on prevention, hospital-based population health strategies become more sustainable and health inequities are reduced. A strong, coordinated community response reduces inefficiencies and increases the likelihood of long-term success in improving health outcomes.

Hospital-Initiated Objectives

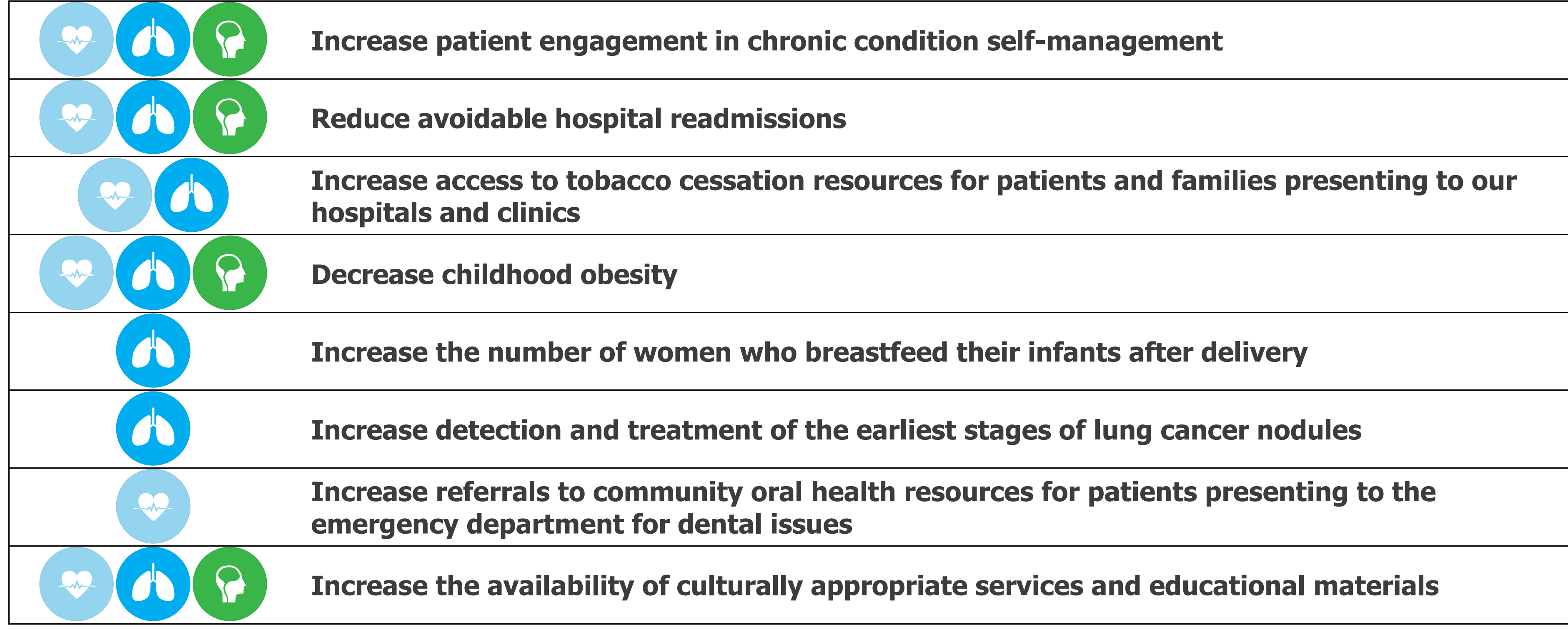
Cox Health

Process for determining initiatives

At CoxHealth, our mission is to improve the health of the communities we serve through quality health care, education, and research. This mission serves as our guiding force behind the initiatives selected in the Community Health Improvement Plan (CHIP).

In July 2016, members of the Ozarks Health Commission agreed upon common goals for the three health priorities identified. CoxHealth formed a steering committee whose purpose was to identify both system-wide initiatives and hospital-specific initiatives that maximize resources and ensure consistency and high reliability in the communities we serve. The steering committee included executive leaders from Springfield, Branson, and Monett, and key service line leaders in the areas of cardiovascular, pulmonary, and mental/behavioral health. The steering committee appointed a representative from each community who was responsible to coordinate hospital initiatives with internal resources and community partners. Initiative selection was finalized August 2016. All initiatives will be implemented, tracked, and evaluated through September 2019. The CHIP was approved by the Cox Monett Hospital board of directors November 10, 2016.

Initiative Summary



Initiative
Increase patient engagement in chronic condition self-management
Reduce avoidable hospital readmissions
Increase access to tobacco cessation resources for patients and families presenting to our hospitals and clinics
Decrease childhood obesity
Increase the number of women who breastfeed their infants after delivery
Increase detection and treatment of the earliest stages of lung cancer nodules
Increase referrals to community oral health resources for patients presenting to the emergency department for dental issues
Increase the availability of culturally appropriate services and educational materials

Cox Monett Hospital Initiatives

	Increase patient engagement in chronic condition self-management	
	Summary	According to the Centers for Disease Control and Prevention (CDC), chronic diseases are the leading causes of death and disability in the United States[1], and account for nearly 75% of healthcare expenditures. Additionally, depression is common among those living with chronic health conditions, and can worsen outcomes[2]. Research shows that chronic disease self-management programs can improve health status and can save healthcare dollars through reduced emergency department visits and hospitalizations[3].
	Best Practice	Stanford University- Chronic Disease Self-Management Program Blue and Beyond- Link between Chronic Disease and Mental Health

	Reduce avoidable hospital readmissions	
	Summary	One of the best ways for communities to improve patient care and reduce healthcare costs is to improve processes to reduce hospital readmissions. Studies show that up to 25% of people discharged from the hospital will be readmitted to the hospital within 30 days or less. Avoidable hospital readmissions are costly and disruptive to patients and their families. Medicare estimates that potentially avoidable hospital admissions account for more than $17 billion each year[4]. Potentially avoidable hospital readmissions can be reduced by improving care transitions, better educating patients and their families about how to care for themselves at home, including how to take medications properly, and ensuring timely follow-up appointments with their healthcare provider.
	Best Practice	U.S. Department of Health & Human Services- Reducing Avoidable Hospital Readmissions Society of Hospital Medicine- Project BOOST

[1] Promotion, National Center for Chronic Disease Prevention and Health. Chronic Diesease Prevention and Health Promotion. *The Centers for Disease Control and Prevention.* [Online] 2016. http://www.cdc.gov/chronicdisease/overview/.
[2] *Depression, chronic diseases, and decriments in health: results from the World Health Surveys.* Moussavi, Saba, et al. 9590, s.l. : The Lancet, 2007, Vol. 370. 851-858.
[3] Stanford Patient Education Research Center. *Review of Findings on Chronic Disease Self-Management Program (CDSMP) Outcomes.* Stanford : Stanford University, 2008.
[4] US Department of Health and Human Services. *Reducing Avoidable Hospital Readmissions to Create a Better, Safer Health Care System.* Washington, DC : HHS, 2016.

	Increase access to tobacco cessation resources for patients and families presenting to our hospitals and clinics	
	Summary	Smoking cessation improves surgical outcomes such as general morbidity, wound complications, pulmonary complications, and admission to intensive care, which all lead to reduced postoperative healthcare costs.
	Best Practice	American College of Chest Physicians- Tobacco Dependence Toolkit

	Decrease childhood obesity	
	Summary	Obesity in children and young adults poses significant risk factors for the development of cardiovascular disease in adulthood. Initiatives aimed at preventing adult obesity are needed to stem the rapid increase of health risks including type 2 diabetes, high blood pressure, high cholesterol, and asthma. Additionally, obesity can cause social and emotional challenges including low self-esteem, behavior and learning problems, and depression[5].
	Best Practice	Cleveland Clinic- Obese Children Have Greater Risk for Adult Heart Disease National Institutes of Health- Childhood Obesity and Cardiovascular Disease

	Increase the number of women who breastfeed their infants after delivery	
	Summary	Hospitals play a significant role in a family's infant feeding decisions and breastfeeding success. As the region's leader in mother-baby care[6], Cox Monett Hospital is committed to providing education and support for breastfeeding, the healthiest way to feed infants. Breastfeeding reduces the risk of allergic reactions and asthma. In Missouri, fewer moms breastfeed their infants than other states.
	Best Practice	Missouri Department of Health & Senior Services- Benefits of Breastfeeding Centers for Disease Control & Prevention- Breastfeeding and the Impact to Childhood Obesity

[5] Women's Health. *CoxHealth.* [Online] 2016. https://www.coxhealth.com/services/womens-health/.
[6] Women's Health. *CoxHealth.* [Online] 2016. https://www.coxhealth.com/services/womens-health/.

	Increase detection and treatment of the earliest stages of lung cancer nodules	
	Summary	Low dose CT lung cancer screening (LDCT) is an exam that aids in identifying lung nodules in the earliest stages of lung cancer when it is most treatable. Studies have shown that patients that participate in a LDCT Lung Cancer Program were 20% less likely to die from lung cancer than those that were not screened when appropriate.
	Best Practice	American Academy of Family Physicians- Lung Cancer National Institutes of Health- Guidelines for Lung Cancer Screening

	Increase referrals to community oral health resources for patients presenting to the emergency department for dental issues	
	Summary	Every day, dozens of patients present to CoxHealth emergency departments with a chief complaint of mouth pain associated with poor oral health. Studies show that gum disease and adult tooth loss contribute to heart disease. Often, patients cannot afford preventative treatment and many have simply not learned the importance of preventative oral health care to their overall health and well-being. According to the American Dental Association, up to 1.65 million ED visits nationwide can be safely referred to dental clinics, potentially saving the healthcare system billions of dollars.
	Best Practice	Harvard Medical School- Treating Gum Disease May Lessen the Burden of Heart Disease, Diabetes, Other Conditions American Dental Association- From the Emergency Room to the Dental Chair

	Increase the availability of culturally appropriate services and educational materials	
	Summary	The United States Census Bureau projections indicate continued increase in the racial/ethnic diversity of the US population led in large part by significant growth in the Hispanic population.[7] Similar growth projections are expected within the Monett community where the City is composed of 19% Hispanic or Latino – compared with 3% in the state.[8] Following the Institute of Medicine's publication of Unequal Treatment in 2003, culturally and linguistically appropriate services have gained traction as an important consideration for the delivery of equitable healthcare services.[9] Furthermore, the development and use of The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the National CLAS Standards), has facilitated a holistic approach to addressing health inequities.[10]
	Best Practice	http://www.cdc.gov/media/releases/2015/p0505-hispanic-health.html http://www.heart.org/HEARTORG/Conditions/More/MyHeartandStrokeNews/Hispanics-and-Heart-Disease-Stroke_UCM_444864_Article.jsp#.V7j9oFTnVuA

Cox Monett Hospital will implement the documented CHIP initiatives over the next three years. During this period, we will continue our collaborative efforts under the Ozarks Health Commission to harness the value of identifying and acting upon common strategies for improving the health of our communities. Furthermore, annual review of these initiatives will ensure that we are achieving the stated objectives while also capitalizing on new and existing opportunities *to be the best for those who need us*.

[7] Populaiton. United States Census Bureau. [Online] 2016. http://www.census.gov/newsroom/releases/archives/population/cb12-243.html.
[8] Quick Facts Table. United States Census Bureau. [Online] 2016. http://www.census.gov/quickfacts/table/PST045215/2949196.
[9] Institute of Medicine. Unequal Treatment: Confronting Racial and Ethinic Disparities in Health Care. Washington, DC : The National Academies of Sciences, 2002.
[10] HHS Staff. Think Cultural Health - CLAS and the CLAS Standards. U.S. Departmenentf Halth & Human Services. [Online] HHS, 2016. https://www.thinkculturalhealth.hhs.gov/Content/clas.asp.