Regional Health Needs Assessment Project

Ohio's Critical Access Hospitals

SOUTHERN REGIONAL PLAN

MAY 2012

Funded by Ohio Department of Health's Rural Hospital Flex Program
Prepared by Ohio University's Voinovich School of Leadership and Public Affairs
in partnership with the University of Toledo's Area Health Education Center Program

Preface

Ohio's Flex Program

States with critical access hospitals receive funding from the Medicare Rural Hospital Flexibility Program (Flex Program) to support quality and performance improvements in critical access hospitals, and the development of cooperative systems of care. The Ohio Department of Health, State Office of Rural Health oversees the Ohio Flex Program.

To be considered a critical access hospital, a hospital has to be located in an area designated as rural, have no more than 25 acute and swing beds, provide 24-hour emergency care and maintain an annual average length of stay of 96 hours. Critical access hospitals are reimbursed by Medicare on a cost plus basis for their inpatient, outpatient and swing bed services. Currently, there are 34 critical access hospitals in Ohio, with the majority located in the northwest and north central areas.

Health Care Needs Assessment

The 2010 Affordable Care Act requires all 501(c)3 hospitals to conduct health needs assessments every three years that consider health needs from the perspective of the community. Ohio's Flex Program awarded a contract to Ohio University's Voinovich School of Leadership and Public Affairs, and project partner, the University of Toledo's Area Health Education Center Program, to facilitate four regional planning processes throughout the state of Ohio. The Ohio Flex Program funded the regional planning process described in this report with the goal of supporting the efforts of individual critical access hospitals to complete their individual needs assessments.

Contents

Introduction 1

1. Convene Representatives 1
2. Conduct Needs Assessment 2
3. Develop Goals and Strategies 2

Regional Goal Areas and Strategies 3

Table of Figures

Figure 1. Regional Planning Process 1

Figure 2. Southern Ohio Needs Assessment Region 2

Figure 3. Goal Areas for the Southern Region 3

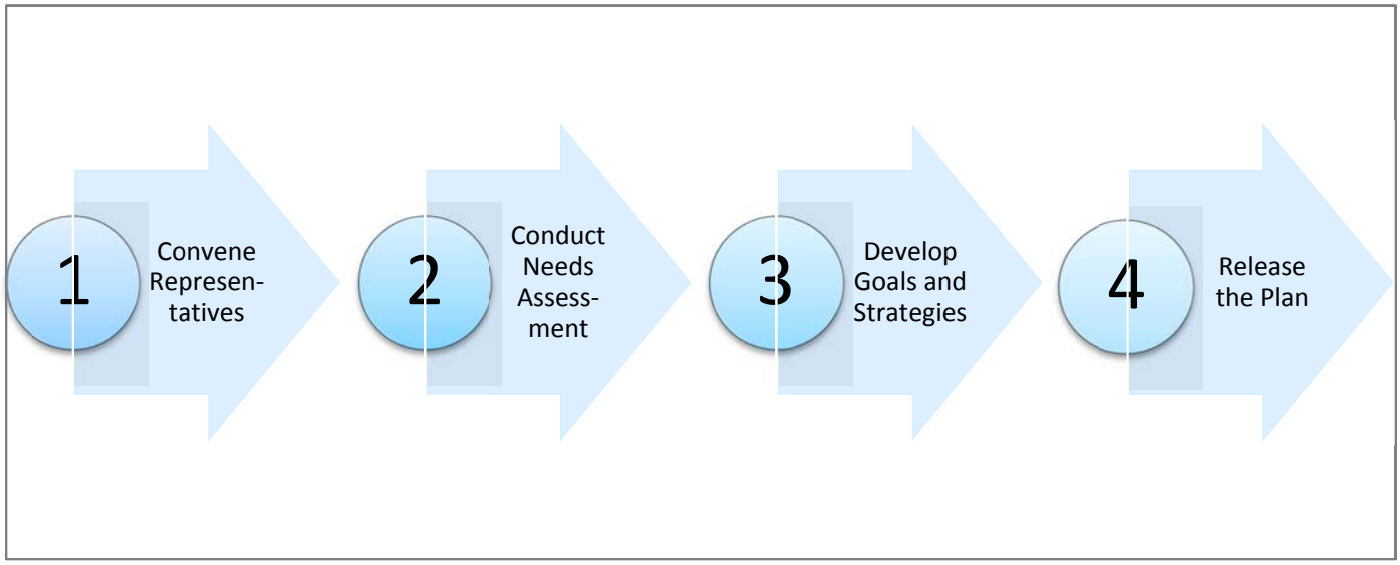
Acknowledgement

A note of gratitude is extended to the hospital and community representatives who participated in this process. Your knowledge and expertise were critical in analyzing the needs and issues in the region and in developing strategies to help address them.

Introduction

With funding from the Ohio Department of Health's Flex Program, critical access hospitals and community representatives in Southern Ohio met to discuss the health care needs and issues in the region. The process relied on a data-driven, facilitated planning approach, and was conducted between November 2011 and May 2012. This report describes the regional planning process used, along with the goals and strategies developed. The figure below provides an overview of the process utilized, and is followed by a description of each step.

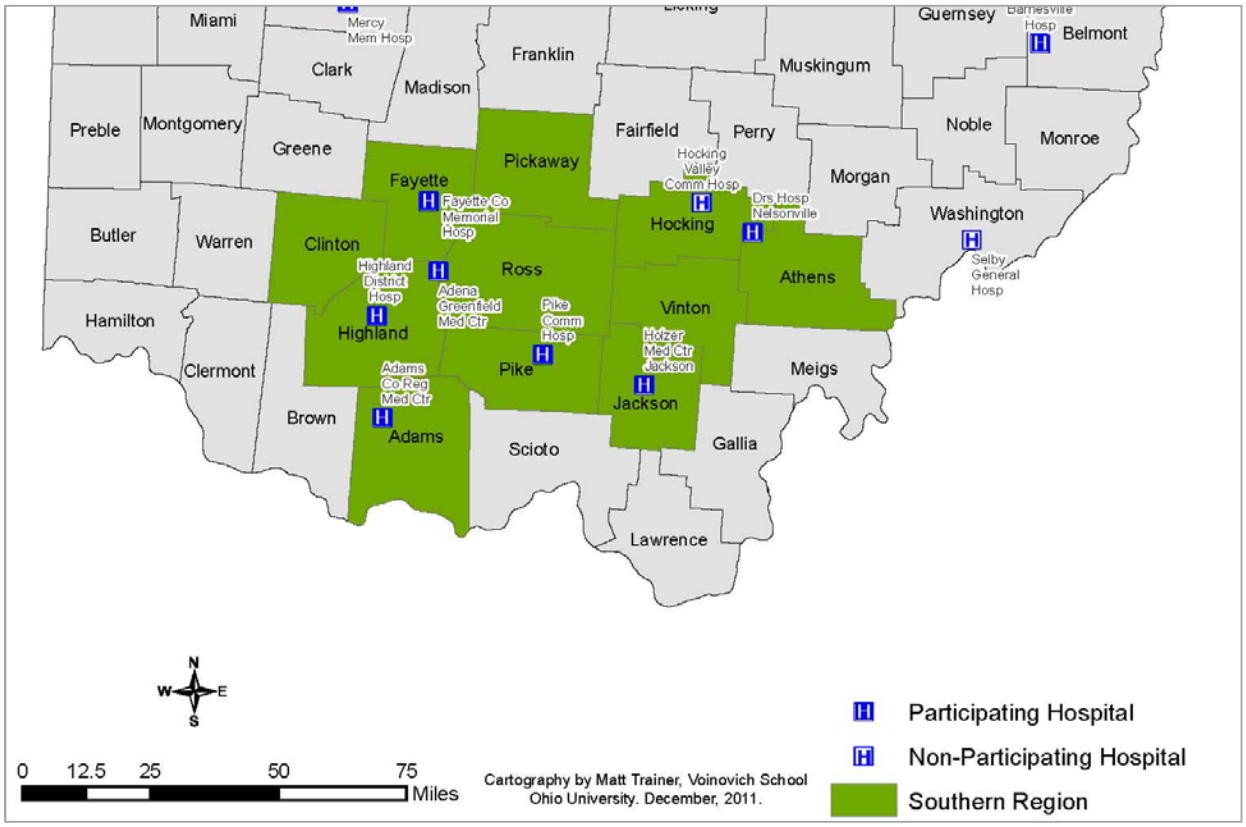
Figure 1. Regional Planning Process



1. Convene Representatives

Critical access hospital representatives met to identify priority health care needs in the region and strategies to address them. The figure on the following page shows the counties identified by hospitals as part of their primary service area. Each hospital recruited a community participant with broad knowledge of the health care needs within their community.

Figure 2. Southern Ohio Needs Assessment Region



2. Conduct Needs Assessment

Critical access hospital and community representatives worked together to analyze the current health care needs in the region. This analysis included reviewing results from a survey of critical access hospitals completed by the hospital representatives. They identified the available and needed inpatient, outpatient and community-based services within their hospital service area. The hospital and community representatives also reviewed health data on the incidence and prevalence of cardiovascular disease, cancer, respiratory disease, diabetes, oral health, perinatal and childhood health, mental health and substance abuse and a variety of health risk factors. They also considered the region's demographic composition, educational attainment, poverty status and types of insurance coverage. The reviewed regional needs assessment data is available in a separate report titled, "Regional Health Needs Assessment Project: Southern Ohio Profile" (January 2012).

3. Develop Goals and Strategies

The representatives generated a list of health related needs and issues in the region and then prioritized those issues. Based on the prioritized needs, five key goal areas were developed. For those goal areas, hospital and community representatives brainstormed strategies to address the needs. These strategies were then grouped thematically.

Regional Goal Areas and Strategies

The five goal areas for the Southern region are listed below.

Figure 3. Goal Areas for the Southern Region

Goal Area 1.	Diabetes prevention and management
Goal Area 2.	Screening and education to address obesity
Goal Area 3.	Resources to sustain prevention and risk reduction programs
Goal Area 4.	Access to services and referrals for behavioral health
Goal Area 5.	Workplace health and wellness programs

The remainder of this report outlines the needs and issues related to these five goal areas and the strategies proposed by the hospitals and community representatives to address them. The strategies are presented as examples of ways to accomplish each of the goal areas.

Goal Area 1. Diabetes prevention and management

Identified Health Care Need

Diabetes has been increasing as a cause of death in recent decades, becoming the sixth leading cause of death in the region. Diabetes is also often a contributing or underlying cause of death from heart and kidney disease. Nearly 10 percent of adults in the region report having been diagnosed with diabetes, similar to national rates. People with diabetes often have poor control of their blood glucose, which can lead to complications with heart disease, stroke, blindness and kidney damage. Representatives identified the need for ongoing diabetes education, management and treatment as critical needs.

Proposed Strategies

The group discussed targeting strategies aimed at both prevention and management of diabetes. For both types of strategies, the representatives discussed researching funding opportunities to support implementing diabetes prevention and management programs. Examples of potential strategies include:

Prevention, Education and Screening

- Engage schools and offer diabetes and obesity prevention information. Ensure programs/materials are family-focused and age-specific for youth.
- Make diabetes prevention and education programs more accessible by offering them in places where people already gather (e.g., senior citizens meetings, libraries, churches and physician offices).
- Provide screening and referral services for diabetes through community health fairs.

Management

- Initiate a diabetes support group to encourage people to share, learn and set goals with the involvement of dieticians.
- Partner with community groups to offer incentives for completing diabetes self-management programs.
- Engage communities in diabetes self-management programs that incorporate medical staff, health care providers and community residents. Encourage friendly competition between groups to achieve goals.
- Include certified diabetes educator and dietician in coordinated health services team. Offer weekly or monthly diabetes education classes; offer quarterly outreach activities to help people with diabetes learn (e.g., food label reading) by partnering with local grocers for food tours with a dietitian; host larger events with vendors to provide education.

Goal Area 2. Screening and education to address obesity

Identified Health Care Need

Obesity is a significant contributor to many chronic conditions, particularly diabetes and hypertension. With more than one-third of the region's adult population classified as overweight and an additional 30 percent classified as obese, a substantial need for obesity-prevention programming exists. Additionally, most critical access hospitals in the region identified exercise and weight management programs as much needed services.

Proposed Strategies

The group discussed targeting strategies in three key areas: screenings, nutrition education and physical activity. Representatives also stressed the importance of addressing all of these areas in a coordinated effort, including consistent messaging from all providers. Examples of potential strategies include:

Screenings

- Increase the availability of various screenings, such as body mass index (BMI), diabetes and cholesterol. Partner with local agencies (e.g., the health department) to educate individuals identified as at risk.

Nutrition education

- Increase the number of days a dietician is available at the critical access hospital to provide community education.
- Educate parents on portion control strategies and how they can play an active role in establishing a healthy diet and lifestyle at home.
- Work with local restaurants to offer healthy portion sizes and healthy options.
- Develop collaborative partnerships with elementary schools; establish school-based nutrition education and physical activity programs.

Physical activity

- Create partnerships to increase the availability of safe locations for adults and youth to engage in physical activity such as playgrounds, sports fields and fitness trails. Build collaborative relationships with local organizations such as the Boy Scouts to create and to maintain these areas.

Goal Area 3. Resources to sustain prevention and risk reduction programs

Identified Health Care Need

Obesity, smoking and heavy alcohol use are all linked to higher rates of diabetes, heart disease, stroke, certain cancers and chronic respiratory conditions. Addressing these risk factors could significantly improve health outcomes for area residents. Hospital and community representatives discussed the need to offer follow-up programs and services for those identified with or at risk of developing health conditions. Although some programs are offered as community benefits, the group noted the importance of obtaining sustainable funding for primary, secondary and tertiary prevention programs.

Proposed Strategies

Examples of potential strategies include:

- Conduct searches for primary and secondary prevention funding and share with other hospitals.
- Contact professional, governmental, educational and/or volunteer organizations for assistance with prevention programs and funding opportunities. Examples include:
    - Ohio Society of Public Health Educators (OSOPHE); Ohio Hospital Association; Ohio Department of Health; local Boy Scout/Girl Scout troops, colleges and high schools.
- Order free or discounted health prevention resources from federal websites such as United States Department of Agriculture, Health Resources and Services Administration, National Institutes of Health, Food and Drug Administration.

Goal Area 4. Access to services and referrals for behavioral health

IDENTIFIED HEALTH CARE NEED

Hospital representatives identified mental health counseling and substance abuse treatment services as being critical needs in the region. Regional rates are higher than state rates for unintentional drug overdose poisoning deaths and for suicide. In addition, drug abuse has increased dramatically in the region. Representatives also discussed the difficulties in recruiting and retaining mental health and substance abuse providers in rural communities.

PROPOSED STRATEGIES

The group targeted strategies to increase access to behavioral health providers (both inpatient and outpatient), focusing advocacy efforts on rural mental health and substance abuse care, and training, of hospital staff and emergency personnel.. Examples of potential strategies include:

- Research how others have implemented tele-psychiatry programs to consider offering it in communities in the Southern region, including reviewing innovation grants from the Centers for Medicare and Medicaid Services; forming agreements with larger hospitals or hospital systems to make mental health and substance abuse referrals and/or emergency consultations.
- Review state funded programs (e.g., suboxone treatment clinics) to increase available local options.
- Focus efforts in government relations departments in hospitals to advocate to state agencies about the unique needs and issues of rural mental health care.
- Train first responders, emergency medical technicians, emergency departments and other professionals who often encounter individuals with mental illness, drug addiction and/or potential overdoses.
- Coordinate a consistent security protocol among local sheriff's office, psychiatrists, hospitals and other professionals for people with mental health and substance abuse problems.

Goal Area 5. Workplace health and wellness programs

IDENTIFIED HEALTH CARE NEED

Rising health care costs and worsening health status are impacting the workforce and economic future of this region. The Southern region has high rates of chronic health conditions and health risk factors, including high rates of obesity and smoking. Promoting and supporting workplace wellness can help create and maintain a productive workforce. In particular, the hospitals noted a need to lead by example. Participants discussed the need for local advocacy with employers regarding the benefits associated with having a healthier workforce.

PROPOSED STRATEGIES

Examples of potential strategies include:

- Have hospitals serve as role models in promoting a healthy work environment by:
    - Offering incentives or rewards to hospital employees to encourage good health and healthy behaviors.
    - Changing food options in hospital cafés to offer healthier choices to employees and community members who frequent them.
    - Offering exercise and weight management services and/or workplace wellness clinics to hospital employees and/or community members.
    - Offering health promotion programs by healthcare providers.

- Sponsor health and wellness activities with local employers in the region:
    - Health screenings at worksites and schools, which could include fitness testing.
    - Health fairs at worksites and schools, which could include student fun and safety. Set up learning stations on nutrition, fitness and healthy behaviors.
    - Brown bag lunch programs on health education topics.

- Consider expanding these strategies to the non-working population through partnerships with local agencies such as job and family services