Regional Health Needs Assessment Project

Ohio's Critical Access Hospitals

EASTERN 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 Eastern 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.

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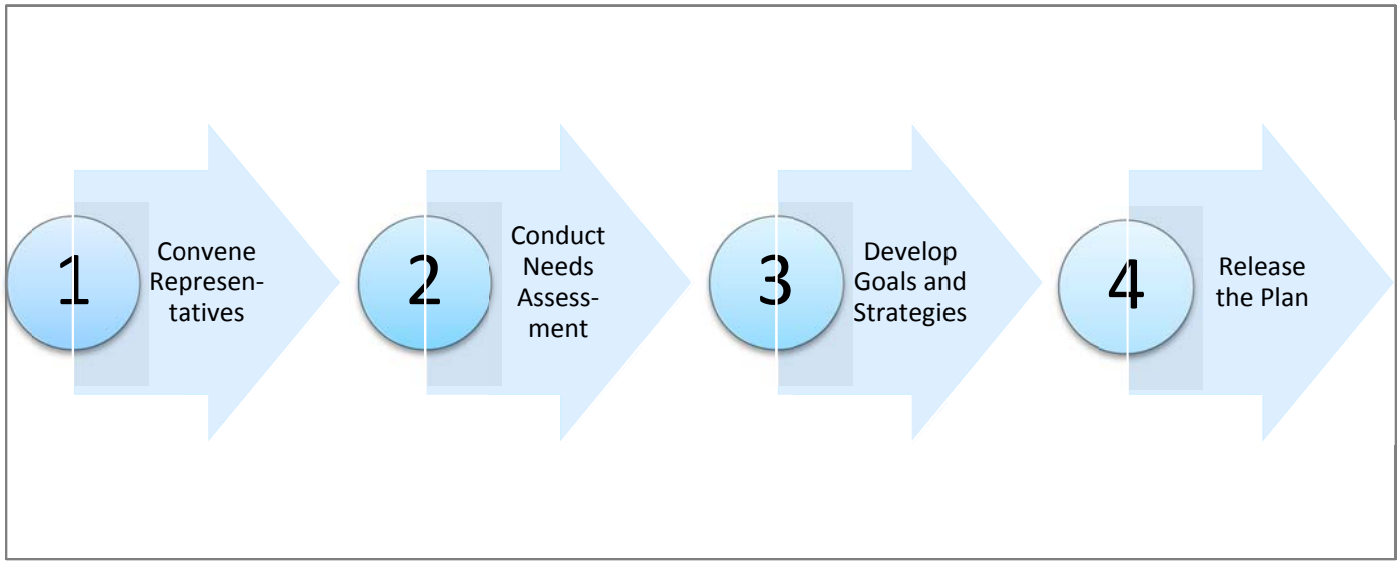
Acknowledgement

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 Eastern 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.

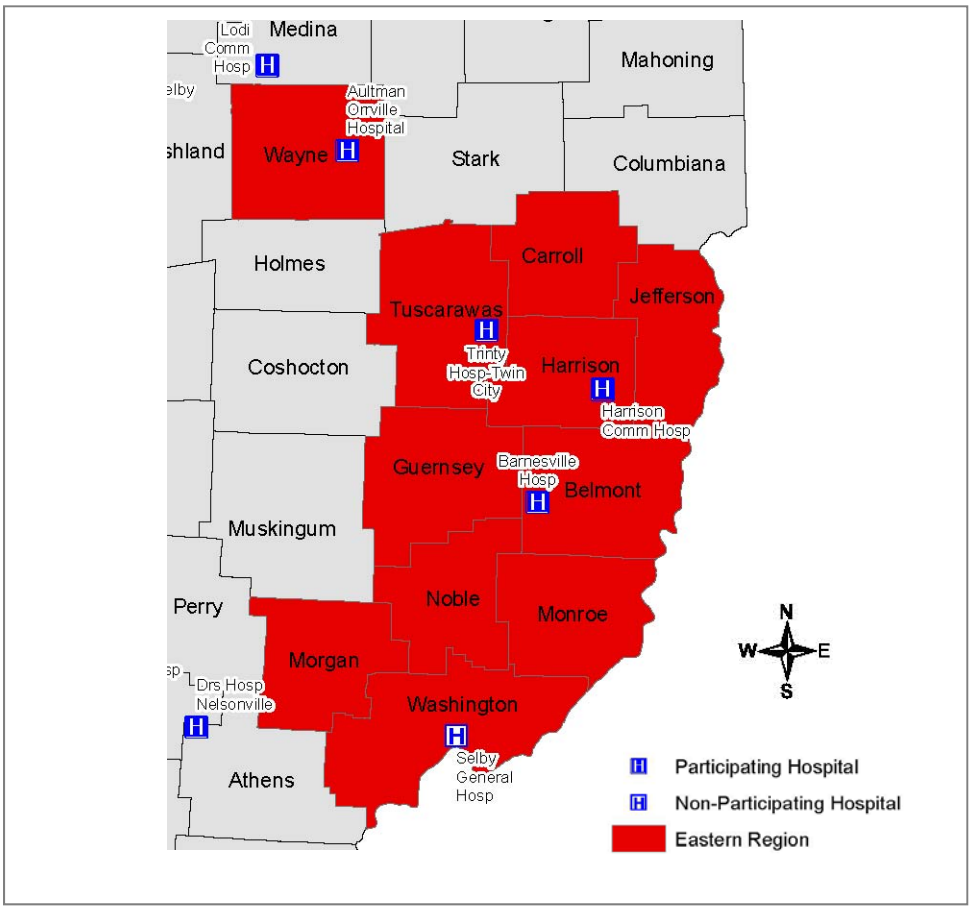
Figure 1. Regional Planning Process



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. Eastern 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: Eastern 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, four 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 four goal areas for the Eastern region are listed below.

Figure 3. Goal Areas for the Eastern Region

Goal Area 1.	Obesity awareness, prevention and treatment programs
Goal Area 2.	Environmental factors that negatively impact health status
Goal Area 3.	Access to medical specialists and specialty care
Goal Area 4.	Substance abuse prevention programs and education

The remainder of this report outlines the needs and issues related to these four 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. Obesity awareness, prevention and treatment programs

Identified Health Care Need

Obesity is a major contributor to many chronic conditions, particularly diabetes and hypertension. With 36 percent 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. Among the region's youth, 17 percent of those between ages 10 to 17 are classified as overweight and an additional 19 percent are classified as obese. Hospital and community representatives discussed the importance of strategies that address all age groups: adults, youth and families.

In addition, 10 percent of adults in the region report having been diagnosed with diabetes, slightly higher than the national rate (9%). Diabetes is the fifth leading cause of death in the region. 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 diabetes education, exercise, weight management and nutrition services as ongoing critical needs.

Proposed Strategies

Health and Wellness Education

Delivering health and wellness education on a variety of topics was identified as an important strategy. The participants discussed the importance of developing partnerships to implement programs for effective information dissemination and behavior change. Potential ideas included:

- Explore partnerships with health clinics, extension offices and health departments to offer wellness programs. Collaborate with schools and medical facilities for grant funded youth programs.
- Explore grant funding to support community-wide health prevention programs.
- Continue working with a local group on a health initiative to implement healthy policies in the county that integrate local government, restaurants, grocery stores and fitness providers.
- Host mini-seminars on various health topics such as food label reading, vitamins, healthy sleep, heart health and fitness.
- Approach local employers to consider implementing wellness programs at worksites and/or promoting exercise challenges (e.g., weight loss challenge.)
- Target youth for wellness programs by collaborating with the Ohio Department of Education to implement curriculum addressing wellness and engaging youth clubs (e.g., Boys and Girls Club) in wellness activities.

Nutrition Education Strategies

- Partner with grocery stores to provide label reading, including serving sizes.
- Partner with schools, grocery stores and restaurants to offer healthy alternatives for children.
- Revise hospital menu offerings to include healthier choices and add nutrition information for everyone to view.
- Have the hospital dietician provide an in-service to schools to encourage healthy food choices.

Diabetes Specific Strategies

- Hire a certified diabetes educator (CDE) to work with people with diabetes and pre-diabetes to teach proper nutrition and exercise. Offer individual or family counseling session to employees.
- Offer diabetes support group meetings on a regular basis.

Fitness Strategies

- Conduct annual body mass index (BMI) screenings with school students and share results with students, parent(s) and physicians/providers for follow-up.
- Support community-wide and targeted exercise/fitness programs:
    - Continue to implement exercise programs for community members (e.g., Fit For Life classes). Consider offering a support group for participants to encourage diet and lifestyle changes. Possibly expand programs to engage children and parents at schools.
    - Implement a program, such as "Walk With A Doc", to help community members become active, informed and see health professional as a role model/community champion to emulate.
    - Consider starting an affordable youth exercise program through the hospital cardiology department and involve a dietician.

Goal Area 2. Environmental factors that negatively impact health status

IDENTIFIED HEALTH CARE NEED

Cancer and chronic lower respiratory diseases are the second and third leading causes of death, respectively, in the region. Cancer of the lungs, trachea and bronchus accounted for 1,142 deaths in the region between 2006 and 2008. Emphysema, asthma and chronic bronchitis, accounted for an additional 1,136 deaths during this period. Respiratory conditions , both acute and chronic, can lead to death. The chronic conditions may be caused by high risk behaviors (e.g. tobacco use), inherited traits (e.g. some types of asthma) or environmental exposure to toxic substances. Over twenty percent of adults report that they are current smokers. In addition, many children under the age of 6 have not had their blood lead level checked. In addition to healthy lifestyle choices including diet, exercise, not smoking and limited alcohol consumption, early detection is the key to better health outcomes. Hospital and community representatives expressed interest in informing people about adequate and safe supplies of drinking water, particularly in relation to forthcoming shale drilling in the region. Representatives also discussed their concern that shale drilling will result in an increased demand for emergency services, while the anticipated influx of new residents has raised other health-related concerns.

PROPOSED STRATEGIES

Smoking Cessation/Prevention:

- Implement smoking cessation programs, including making ones available at the hospital and working with employers and other community groups to offer assistance/incentives to help people quit smoking.
- Educate parents on the dangers and health effects of smoking for them and for their children.
- Conduct educational programs with schools regarding health effects of smoking and exposure to secondhand smoke.

Environmental Health Education/Awareness:

- Provide ongoing education on various health prevention topics and connect to quality of life/wellness. Partner with other agencies such as the health department, extension offices, schools and nursing homes to conduct seminars and education sessions and post informational posters.
- Work with landlords and builders to explore ways to improve radon/lead testing and control of insect infestations. Explore potential grant funding to cover tests/screenings.
- Educate and inform communities regarding ground water quality.

Asthma Screening/ Education:

- Work with pulmonologist/pediatricians to conduct asthma screenings in schools.
- Develop a feedback mechanism for schools to inform physicians regarding student medication management (e.g., asthma inhaler needs, education on proper use).

- Create awareness of air quality/particulate matter caused by local industries/power plants and the effect this can have on asthma.

Goal Area 3. Access to medical specialists and specialty care

IDENTIFIED HEALTH CARE NEED

A large portion of the region has been designated a primary care Health Professional Shortage Area and/or a Medically Underserved Area for primary care. Residents in these areas may lack access to primary care. Inadequate access to primary care has been linked to poorer health outcomes, complications from untreated conditions and greater reliance on emergency departments for urgent health care needs. Recruitment and retention of specialists and specialty care is difficult in the region. In particular, hospital representatives noted challenges with orthopedic surgery, orthopedics, endocrinology, dermatology and pulmonology. A related issue is transportation. With high rates of poverty, many patients are unable to travel to receive specialty care. As mentioned above, the anticipated influx of new residents and new manufacturing with hydraulic fracturing has raised a variety of unknown health-related concerns.

PROPOSED STRATEGIES

Increase Patient Access

- Consider options for providing patient transportation to specialists.
- Provide bilingual interpreter for Amish and immigrant populations.
- Increase and/or stagger hours of operation for existing or new specialty clinics. If some specialists could offer evening or weekend hours and/or stagger days of the week they practice, it would maximize limited available space, increases accessibility for patients and in some cases is optimal for physicians wanting to work part-time.
- Provide open, walk-in times with specialty physicians.
- Plan for potential increases in volume and changes in needed specialists due to new manufacturing.

Increase Physician Availability

- Utilize telemedicine to provide specialty services such as psychology, pediatrics, dermatology and stroke.
- Attract and improve physician retention by offering promotions, flexible scheduling, paying for continuing education, and other benefits. Reduce administrative responsibilities with staffing and billing.
- Inventory services offered by neighboring hospitals and consider establishing partnerships to expand specialist networks. Consider joint employment of specialists by both hospitals. Consider entering into formalized agreements to cross-share patients to retain patients after referral.
- Explore the use of “physician extenders” with nurse practitioners and physician assistants to expand patient base. Connect with nearby medical schools to increase residency placements, especially for specialty programs and engage in Rural Residency Programs.

Goal Area 4. Substance abuse prevention programs and education

Identified Health Care Need

Hospital representatives noted substance abuse prevention as being a critical need in the region. Regional rates are higher than state rates for unintentional drug overdose poisoning deaths. Representatives also discussed the difficulties in recruiting and retaining mental health and substance abuse providers in rural communities. Representatives mentioned working with schools, as well as through community-wide prevention and education programs.

Proposed Strategies

General Education/Treatment:

- Collaborate with local drug/alcohol centers for patient assistance and referrals.
- Collaborate with STEPS Program for assistance with substance dependent adults.
- Consider using telemedicine for counseling, especially if reimbursable.
- Train all hospital staff and area teachers on signs and symptoms of behavioral health patients, appropriate care and referral procedures.

Education and Treatment for Youth

- Collaborate with the Ohio Department of Education to revise drug prevention curriculums and programs (i.e. prescription abuse, alcohol abuse). Facilitate/partner with schools to educate on substance abuse, especially prescription drug abuse. Target parents and youth.
- Partner with the DARE Program to increase substance abuse education and awareness.
- Collaborate with children's health facilities that have specialists for drug abuse with minors (transfers, acceptance of patients and education).

Medication Education

- Sponsor a pharmaceutical “take back” program, where expired and unused medications are collected and disposed of in a confidential and safe way. Need pharmacy and police presence
- Offer brown bag sessions at senior centers for medication education conducted by pharmacist. Focus on medication interactions.