Implementation Strategy Planning Report

Jacobson Memorial Hospital Care Center

Facilitated by
Ken Hall
Tiffany Knauf
Center for Rural Health
The University of North Dakota School of Medicine and Health Sciences

Funded by
TheDepartment of Health and Human Services,
Health Resources and Services Administration, Federal Office of Rural Health Policy,
North Dakota Medicare Rural Hospital Flexibility Grant Program

Introduction

Jacobson Memorial Hospital Care Center& Clinics (JMHCC),which includes a Critical Access Hospital (CAH), held a strategic planning workshop in Elgin on June 3, 2014 as part of a meeting about a Community Health Needs Assessment (CHNA) that was conducted in Grant County. JMHCC collaborated with Custer Health, the local public health unit, in conducting the assessment.Two representatives from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the meeting, which was attended by 13 community members, including members of the hospital's administrative staff.

The strategic planning workshop was a continuation of the overall CHNA process, which is a requirement of the Affordable Care Act (ACA). The legislation mandates that non-profit hospitals conduct a CHNAat least every three years, examine input from community representatives, publicly disseminate the results, prioritize community health needs, and develop a written implementation strategy (a health improvement plan) to help meet the needs identified in the CHNA. With assistance from the Center for Rural Health, JMHCC conducted the needs assessment portion of the process throughout the spring of 2014.

The purpose of the workshop was to initiate a more formalized strategic planning process resulting in a written implementation strategy to help address the identified significant community health needs. Strategic planning is a technique to assist a group to analyze current conditions and then develop strategies to address a set of issues and/or concerns. Workshop facilitators used a logic model as a framework for evaluating, analyzing, and organizing ideas to address the enumerated significant needs. Logic models are widely practiced in social science research to state future goals, outline responsibilities and actions needed to achieve the goals, and demonstrate a program's progress.

To begin the strategic planning workshop, the facilitators from the Center for Rural Healthshared findings from theCHNA report with the workshop participants. Data analyzed during the CHNA process included primary data (a community health survey, focus group, and key informant interviews) and secondary data (analysis of County Health Rankings and other data sources). The corresponding PowerPoint presentation is attached as Appendix A.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top five community health needs. All of the potential needs were listed on large poster boards, and each member was given five stickers to place by the five needs they thought were the most significant. Group members were advised they could consider a number of criteria when prioritizing needs, such as a need's burden, scope, severity, or urgency, as well as disparities associated with the need and the

overall importance the community places on addressing the need. The results were totaled, and the concerns most often cited were:

- Attracting and retaining young families (6 votes)
- Ability to retain doctors and nurses in the community (6 votes)
- Declining community engagement and cohesiveness (6 votes)

The next highest vote-getting issues, which each received four votes, were: (1) elevated rate of adult obesity, (2) limited access to exercise opportunities, (3) elevated rate of uninsured residents, and (4) not enough jobs with livable wages. Since there was some interrelatedness between the measures of adult obesity and lack of exercise opportunities (and since other related issues such as elevated rate of diabetics and elevated rate of physical inactivity each received three votes), the group decided to combine these concerns into an additional significant need, labelled healthy lifestyles. Thus, the community group determined that based on the information gathered in the CHNA process, the four significant needs facing the community were (in no particular order):

- Attracting and retaining young families
- Ability to retain doctors and nurses in the community
- Declining community engagement and cohesiveness
- Encouraging healthy lifestyles

Theworkshop then turned its focus to generating ideas and strategies to address the identified significant needs through a variety of approaches. Due to time constraints, the group decided to concentrate on two needs that evening, with the understanding that an additional session should be planned to brainstorm on the other two needs. The group worked on the needs of attracting and retaining young families and encouraging healthy lifestyles. To initiate the brainstorming process using the logic model, participants were presented with one of theneedsas the beginning point on a continuum. The end point was the outcome, or a vision of what the future would look like if that need was addressed. Participants were given sticky notes and asked to write down desired outcomes, that is, goalsor changes they would like to see related to this need. One facilitator organized the sticky notes into thematic categories and read them to the group as the other facilitator typed them into a laptop, and a table showing the logic model continuum was projected onto a screen so all could see. The outcomes were reviewed collectively so participants could discuss them.

Working backwards from the stated outcomes or goals, participants were then asked as a group to brainstorm activities that could help achieve the outcomes. Once a list of

activities was produced and discussed, some resourceswere identified that might help in accomplishing the activities, including people, organizations, existing infrastructure and programs, and potential financial resources. Finally, to complete the logic model, a list of outputs, or evidence that the activity was accomplished, was discussed but not produced as the activity needs to be enacted first. The output columnin the table will be completed later. The brainstorming tables, in draft form, are included in this report for informational purposes as Appendix B.

Through collaborative brainstorming, participantsidentified clear and measurable action steps that can be taken to address the needs identified through the assessment. A further step of delineating who will responsible for what activity and assigning a timeline to the tasks will help convey ownership.

Priority Need #1: Attracting and Retaining Young Families

JMHCC does not intend to address this identified need directly because it lacks sufficient resources to address this need, lacks expertise to address this need, is not aware of effective interventions to address this need, and because the need is outside the scope of the hospital's mission. JMHCC acknowledges that the community identified this issue as a priority need and will forward the information to other community stakeholders and organizations that may be better equipped to meet the need.

Priority Need #2: Ability to Retain Providers and Nurses

Outcome Goals and Anticipated Impact

- To not utilize staffing companies for coverage.
- To have a stable medical staff for a period of 5 years
-

SpecificActionsandActivities

- Initiate a management of staffing program
- Proactively recruit for the future 3 months ahead
- Offer retention programs
- Create a recruitment and retention plan for nurses and providers

Resources to Commit

- Network facilities
- JMHCC website
- Facilities for meetings

Accountable Parties

- Senior level administrative personnel
- Recruiting personnel
-

Partnerships/Collaboration

- Work with community to assist in efforts to positively market communities.

Priority Need #3: Declining Community Engagement and Cohesiveness

JMHCC does not intend to address this identified need directly because it lacks sufficient resources to address this need, lacks expertise to address this need, is not aware of effective interventions to address this need, and because the need is outside the scope of the hospital's mission. JMHCC acknowledges that the community identified this issue as a priority need and will forward the information to other community stakeholders and organizations that may be better equipped to meet the need.

Priority Need #4: Encouraging Healthy Lifestyles

Outcome Goals and Anticipated Impact

- Healthy activities increase across the lifespan
- Additional facilities and infrastructure available to community/increased use of existing infrastructure
- Additional services for diabetic and pre-diabetic residents

SpecificActionsandActivities

- Implement program to encourage walking
- Offer nutrition education
- Provide information/classes on fitness activities that can be done in the home
- Provide community wide landmarks for fitness routes
- Offer Provider talks to give citizens the opportunity to discuss healthy lifestyles

Resources to Commit

- JMHCC nutritionist/dietician services
- Facilities for meetings
- JMHCC website

Accountable Parties

- Senior level administrative personnel

Partnerships/Collaboration

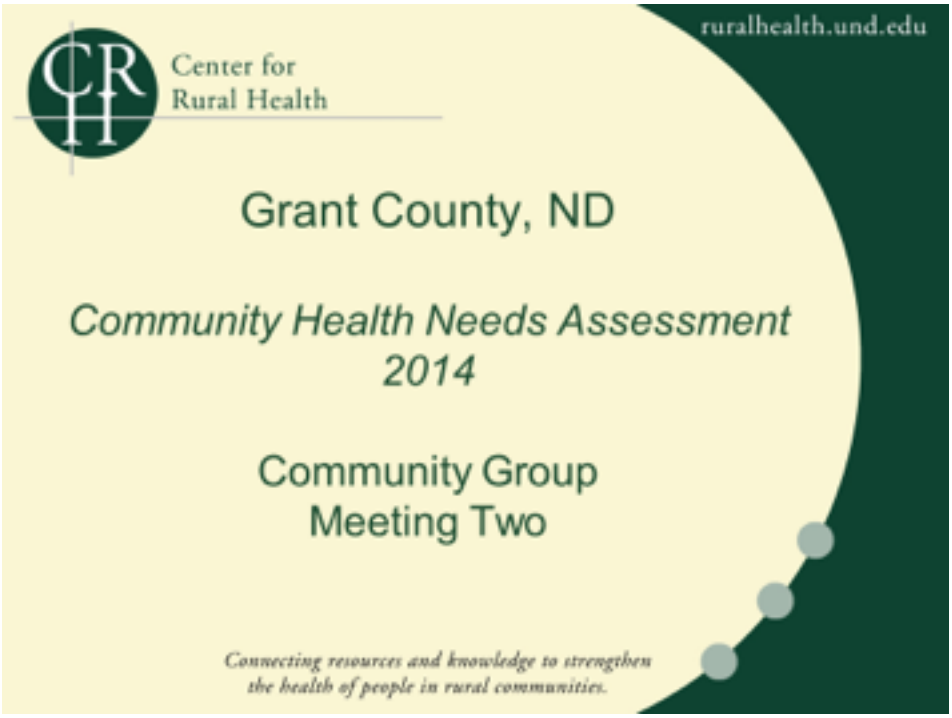
- Working with the community organizations (School, civic) to assist in support

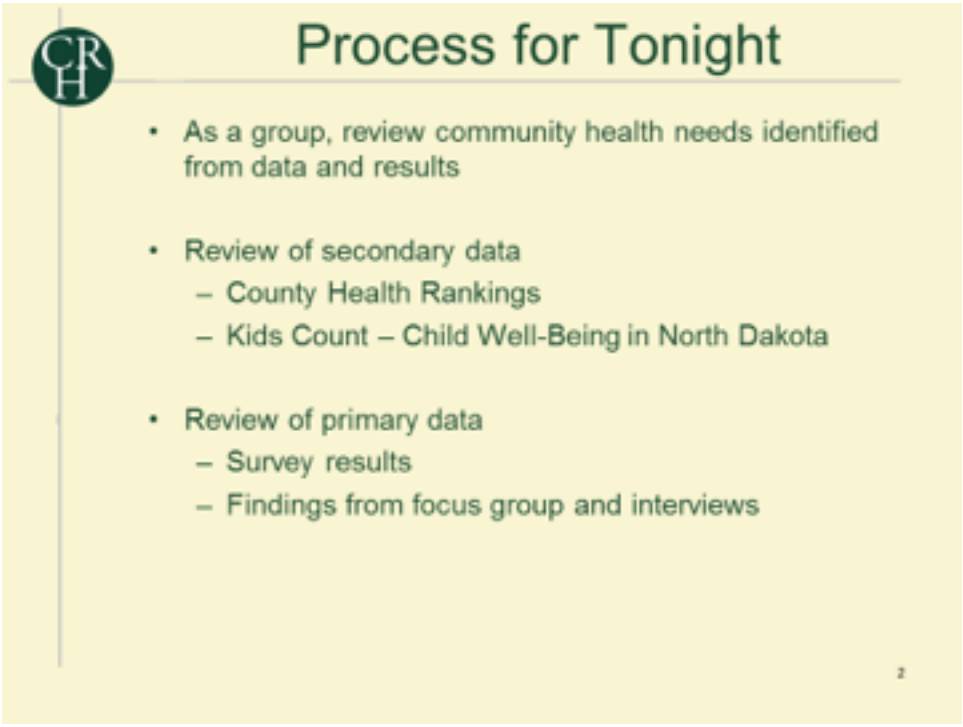
The intervening time until the next CHNA is conducted provides the timeline for implementing these activities. Since this part of the assessment was completed in 2014, the next assessment will need to be completed no later than 2017. In the meantime, the activities set forth in the implementation strategy will be undertaken.

Summary and Next Steps

The strategic planning session was the starting point to begin the CHNA implementation strategy as required under the ACA. Participants met fornearly three hours and engaged in thoughtful discussions related to the goals and future of JMHCC. Specific outcomes, activities, resources, and potential collaborators were generated from the prioritized needs as identified in the CHNA. The strategic planning process being used by JMHCC is a tool to foster collaboration and increase the scope and reach of JMHCC's services. By identifying common values and focusing on efforts and activities to build a healthier community, JMHCC has the opportunity to establish stronger relationships to benefit the communities served.

Appendix A: Community Meeting Presentation





Process for Tonight

- Looking at **all needs**, not just those you would expect hospital or public health to address
- After identifying the needs, work on prioritizing needs
- Strategic planning session to brainstorm ideas on meeting needs
- **Goal**: At end of evening we have a list of prioritized needs to present to JMHCC & Custer Health – along with potential ideas to address needs

3

Identifying Community Health Needs

- Throughout session, as we present information and data, make note of all community health needs you see as being the most important based on the information presented.
- We will then compile a list of significant needs in order of priority.

4

Secondary Data: County Health Rankings

- Robert Wood Johnson Foundation, collaborating with the University of Wisconsin Population Health Institute
- Illustrate community health needs and provide guidance for actions to improve health
- Counties compared to state rates and Top 10% nationally in various topics ranging from individual health behaviors to the quality of health care

5

Secondary Data: County Health Rankings

- Measures/outcomes noted with a red checkmark (✓) means they are worse than the state average.
- Measures/outcomes noted with a blue checkmark (✓) means they are not meeting the Top 10%.

6

Secondary Data: County Health Rankings

	Grant County	Top 10% Nationally	North Dakota
Ranking: Outcomes	**14th**		**(of 45)**
Poor or fair health	**8%**	10%	12%
Poor physical health days (in past 30 days)	**2.4**	2.5	2.7
Poor mental health days (in past 30 days)	**1.7**	2.4	2.4
% Diabetic	**11%** ✓	-	8%

✓ = Grant County not meeting state average ✓ = Grant County not meeting Top 10%

7

Secondary Data: County Health Rankings

	Grant County	Top 10% Nationally	North Dakota
Ranking: Factors	**42nd**		**(of 45)**
Health Behaviors			
Adult smoking	**N/A**	14%	18%
Adult obesity	**36%** ✓✓	25%	30%
Food environment index	**8.2** ✓✓	8.7	8.7
Physical inactivity	**34%** ✓✓	21%	26%
Access to exercise opportunities	**31%** ✓✓	85%	62%
Excessive drinking	**36%** ✓✓	10%	22%
Sexually transmitted infections	**214** ✓	123	358

✓ = Grant County not meeting state average ✓ = Grant County not meeting Top 10%

8

Secondary Data: County Health Rankings

	Grant County	Top 10% Nationally	North Dakota
Factors (cont'd)			
Clinical Care			
Uninsured	**22%** ✓✓	11%	12%
Dentists	**2,350:1** ✓✓	1,439:1	1,813:1
Preventable hospital stays	**80** ✓✓	46	59
Diabetic screening	**80%** ✓✓	90%	86%
Mammography screening	**55%** ✓✓	71%	68%

✓ = Grant County not meeting state average ✓ = Grant County not meeting Top 10%

9

Secondary Data: County Health Rankings

	Grant County	Top 10% Nationally	North Dakota
Factors (cont'd)			
Social & Economic Factors			
Unemployment	**3.7%**	4.4%	3.1%
Children in Poverty	**26%** ✓✓	13%	14%
Inadequate social support	**27%** ✓✓	14%	16%
Children in single-parent households	**9%**	20%	26%
Violent crime	**0**	64	226
Physical Environment			
Air pollution – particulate matter	**9.7** ✓	9.5	10.0
Drinking water violations	**11%** ✓✓	0%	1%
Severe housing problems	**13%** ✓✓	9%	11%

✓ = Grant County not meeting state average ✓ = Grant County not meeting Top 10%

10

Summary of Secondary Data: Potential Needs

Grant County in Top 10% Nationally:

- Self-reported health
- Self-reported poor physical health days
- Self-reported poor mental health days
- Unemployment
- Children in single-parent households
- Violent crime

11

Summary of Secondary Data: Potential Needs

Grant County not meeting state average:

- Rate of diabetics
- Adult obesity
- Food environment index
- Physical inactivity
- Access to exercise opportunities
- Excessive drinking
- Uninsured
- Dentists
- Preventable hospital stays
- Diabetic screening
- Mammography screening
- Children in poverty
- Inadequate social support
- Drinking water violations
- Severe housing problems

Grant County not meeting Top 10% nationally:

- Sexually transmitted infections
- Air pollution – particulate matter

12

Secondary Data: Children's Health

	Grant County	ND State Average
Uninsured children (% of population age 0-18)	**24.0%** ✓	6.1%
Uninsured children below 200% of poverty (% of population)	**71.2%** ✓	59.6%
Medicaid recipient (% of population age 0-20)	**29.6%** ✓	28.3%
Children enrolled in Healthy Steps (% of population age 0-18)	**5.2%** ✓	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18)	**24.0%** ✓	23.9%
Licensed child care capacity (% of population age 0-13)	**15.1%** ✓	40.2%
High school dropouts (% of grade 9-12 enrollment)	**0.0%**	2.2%

✓ = Worse than state average

13

Potential Needs: Children's Health

- Rate of uninsured children nearly 4 times state average
  - Most uninsured children at less than 200% of poverty line
- Grant County has substantially less licensed child care capacity than state average

14

Survey results

- Responses from 111 community members
  - 83 paper
  - 28 online

15

Survey results – Potential Concerns

- **Top 8 Community Concerns**
  1. Not enough jobs with livable wages (4.27)
  2. Attracting and retaining young families (4.17)
  3. Ability to retain doctors and nurses in the community (4.12)
  4. Youth alcohol use and abuse (4.11)
  5. Cost of health insurance (4.08)
  6. Youth drug use and abuse (3.99)
  7. Youth tobacco use (3.96)
  8. Not enough youth activities (3.94)

16

Survey results – Community/Environmental Concerns

17

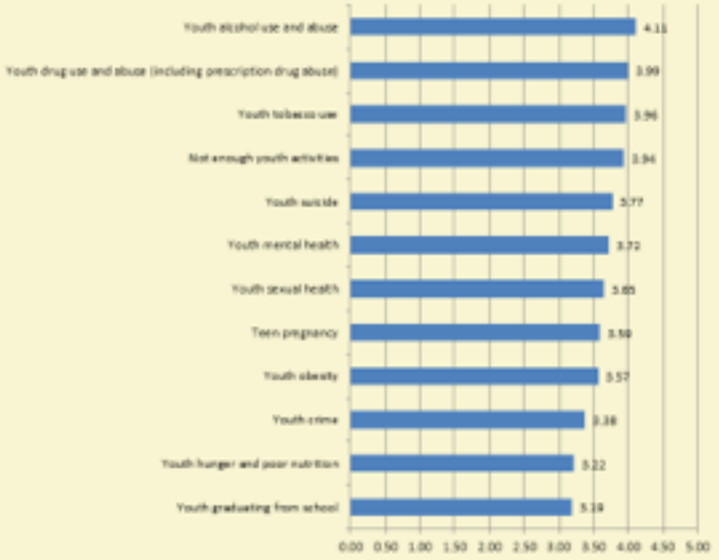
Survey results – Concerns about Health Services

18

Survey results – Physical, Mental Health, and Substance Abuse Concerns

19

Survey results – Concerns Specific to Youth and Children



20

Survey results – Concerns about the Aging Population

21

Survey results – Barriers to Care

Perceived Barriers to Care

1. Lack of specialists
2. No insurance or limited insurance
3. Not enough evening or weekend hours

22

Survey results

- Perceived Barriers to Care

23

Survey results

- Collaboration
  - Levels of collaboration generally viewed as positive
  - Of stakeholders listed, community members perceived greatest need for improved collaboration among:
    - business & industry
    - schools
    - law enforcement
    - economic development organizations

24

Survey results

- Levels of collaboration

25

Results of focus group & interviews

Thematic concerns

(listed in no particular order)

1. Declining community engagement and cohesiveness
2. Lack of effective community collaboration
3. Substance abuse issues
4. Need for transportation options
5. Cost/accessibility of health insurance

26

Comments

Lack of community engagement and cohesiveness

- We need more volunteers for ambulance. People are not willing to make the time commitment because they're so busy. Peer pressure might get more people on board.
- I find that it is hard to get people involved in church, with EMS, with the community. My generation talks very much about what's going to happen to a lot of the activities and traditions that have been in our town for so long. It is really a challenge to get our younger people to realize how important community involvement is.
- People who are do-ers in town are tired.
- People don't have the commitment or willingness to serve quite like they used to. This could be because we have become such a materialistic society
- Social media or electronic age has caused things to change. The things we used to do as a community back in the day keeps dwindling.
- Within Elgin, cohesiveness is changing. People don't come together to entertain themselves as they once did. Now, people stay separate and the entertainment is electronic. It's much harder to get people to pitch in.
- The community betterment group used to have 24-30 people show up once a month for the meetings and now we only have 6-7. What's happened?

Comments

Lack of effective community collaboration

- The school issue has to come to a resolution.
- The school boards fight all the time. It's hurting the kids more than anything. Parents are still fighting over the schools having combined.
- Some of the schools have learned to work together but still not going ok.
- School and social services should really try to work together more and it's not really there. Getting them together and brainstorming what each is willing to do and extend themselves to. Otherwise they don't even talk to each other.
- There could be a little more communication between hospital and social services. They do refer some people but it doesn't seem like there's a lot of communication.
- The environment is that it's difficult to get collaboration. Need some effort to stay focused on a common goal. Part of it is a time-crunch thing.
- Work together—there are too many bosses in this community and not enough people that just want to help. They know it all but just don't want to do it. There are a lot of organizations, but mainly the same people.
- I would suggest some more outreach services like maybe a health fair—reach out to the community and engage them in all three towns—hospital, clinic, public health all working together.

Comments

Substance abuse issues

- There is a great need for substance abuse and treatment services.
- Even to get an alcoholism, evaluation you are sending them to Bismarck,
- "Well, there's nothing else to do here anyway", almost like it's a normal thing, a lot of alcohol abuse here and people just turn their heads.
- We have dealt with a lot more suicide threats than in the past, some youth but finding it more among people in their 30s, 40s, and even some older people, which usually relates right back to drug and alcohol abuse.
- Drug issues (among youth) are rising—the availability is there.
- There are a few drugs coming in and meth is probably the worst that we've seen.

29

Comments

Need for transportation options

- Just even to have someone to drive people around and have them get reimbursed somehow would be beneficial to the community.
- Transportation for elderly to appointments and to get groceries is a major challenge.
- Some people have family here, but everybody works so it's hard to get people places.
- Would be nice to have someone to pick up people and take to clinic if they don't have family to do so.
- Some people don't have a car, don't have money for gas.
- Some can't even get from Carson to Elgin for prevention care because they don't have a vehicle or a reliable one.
- We did try once to do a bus for local appointments but it didn't last. People weren't taking advantage of it. We need to work with the elderly to help people schedule appointments when the bus is available and what not.
- Public transportation is an issue. Older people will not ask someone to help them, bus and good Samaritans are the only options.

30

Comments

Cost/accessibility of health insurance

- Insurance is by far the biggest barrier—what is covered and those kinds of things. There are options for low income but that's not always what needs to be done—should encompass everyone.
- Insurance coverage is hard and high deductibles are an issue. Hopefully this will be taken care of with ACA (Affordable Care Act).
- People avoid coming to the clinic because they can't pay for it or they are fearful of the cost being so high that they can't pay for it.
- Cost or lack of insurance is a barrier.
- People are trying to sign up for ACA, but they have no access to a computer and a lack of understanding. Social Services have navigators that are able to help. People are taking advantage of this service.
- Problem with low income people not covered. We need to work to help them. They don't know where to go. It leads to bad debt.
- Cost is a big thing. People don't want to go because they don't have the money to go
- Cost of health insurance is a big factor for a lot of the younger people who just don't have it.

Needs That Emerge from Data

- CRH created an initial list based on information gathered
- What other needs does group perceive based on information presented?
- Next step: Prioritize these needs to provide health leaders with guidance in meeting community needs

32

Logic Model

- Useful for stating future goals.
- Encourages "thinking backwards."
- Identifies measurable steps taken.
- Outlines responsibilities and actions needed.
- Demonstrates program's progress.
- Efficient and transparent model to chart improvement and intended change.

33

Logic Model

Need	Resources In order to accomplish our set of activities we will need the following:	Activities In order to address our need we will accomplish the following activities:	Outputs Once accomplished we expect the following evidence of delivery:	Outcomes We expect that if accomplished these activities will lead to the following changes in 1-3 years:

34

Sample Logic Model

Need	Resources	Activities	Outputs	Outcome
Elevated rate of physical inactivity	•Donated fitness space •Instructor's salary •Promotion materials	•Launch fitness program •Secure space for classes •Recruit fitness instructor •Design fitness flyer	•# of participants in class •# of flyers distributed •# of calls/month seeking info about it	•Change in attitude about fitness •Change in physical behavior •Increased flexibility •Decreased blood pressure

35

Idea Brainstorming

Need	Resources	Activities	Outputs	Outcome

36


Next Steps
• Select activities to implement.
• Form committees to meet again.
• Follow up:
– Keep Center for Rural Health updated of progress.
– Identify potential resources and grants.
40


ruralhealth.und.edu
Center for Rural Health
Contact us for more information!
Center for Rural Health
501 North Columbia Road, Stop 9037
Grand Forks, ND 58202-9037
Phone: 701.777.3848
Fax: 701.777.6779
ruralhealth.und.edu
UND THE UNIVERSITY OF NORTH DAKOTA
School of Medicine & Health Sciences
Connecting resources and knowledge to strengthen the health of people in rural communities.

Appendix B: Brainstorming Documents

Need	Resources	Activities	Outputs	Outcome
Attracting and retaining young families		• Economic Development: • Create a job development authority. • Marketing the community as a "nice place" to raise a family. (bedroom community) • Continuing to offer the "one-of-everything" – sustaining the current level of service. • Educate the youth on the importance of "educating/ professionals" and come back to serve the community. • Utilize the "young resources" in the community to attract more families. • Explore more of the online degree programs through JMHCC. • Re-establishing the "pride" in Grant County. • SWOT analysis of where Grant County is at, and where it's going – Strategic Plan for the County.	Number of children in kindergarten class Increase in effort towards economic development	• Amount of children in the school populations • Convenience store in town • New apartment complex • Jobs, housing, childcare • Advertise and utilization of the pool • Old building purchased by incoming business • Increase in business and employment • Oil boom hits Grant County • Change in attitude to believe that "small towns are okay" • Hospital meets the needs for all. • Doctors available to provide care for youth.

Need	Resources	Activities	Outputs	Outcome

Healthy Lifestyles, Healthy Living (obesity, diabetes, physical inactivity)		• Fitness trails in the community
		• Fitness in the home (education)
		• Dietician or nutritionist providing education
		• Bountiful baskets
		• Finding something that makes the exercise activity “new”
				• Built Environment
				  • Fitness center – community gym – high attendance.
				  • New bike path opens.
				  • Use of school pool increases.
				• Activities
				  • Healthy activities increase across the lifespan
				  • Fitness classes
				• Diabetes
				  • Diabetic educator hired
				  • Screenings offered
				  • Decrease in obesity rate