
Monadnock Community Hospital

Community Health Needs Assessment Implementation Plan

Working with, and for, our community to address today's healthcare needs



Agenda

- Background / a Short Refresher
- Requirements
- Approach and Methodology
- Identified Needs
- Implementation Focus Areas and Associated Activities
- Partnerships
- Next Steps

Background - Compliance

The Community Health Needs Assessment (CHNA) and the Implementation Plan (IP) are required by State and federal agencies

- The State of New Hampshire requires not-for-profit hospitals to conduct a Community Health Needs Assessment every five years.
- In addition, the Affordable Care Act of 2010 requires an assessment to be done every three years.
- In 2012, Monadnock Community Hospital (MCH) completed its Community Health Needs Assessment with the goals to identify and prioritize service gaps and to identify ways that it can help improve community health – in addition to meeting state and federal regulations.

Requirements

The CHNA and the IP are separate but linked requirements

➤ CHNA Requirements

- Define the community served by MCH
- Describe the quantitative and qualitative methodology used to identify and prioritize community needs
- Include a comprehensive list of community health or health-related resources
- Prioritize the list of community health needs to be included in the Implementation Plan

➤ Implementation Plan (IP) Requirements

- Identify which community needs the hospital will address (and how)
- Identify which community needs the hospital will not address (and why not)

This document summarizes the CHNA and provides details about the IP

IP Approach

Given the tremendous participation from community leaders during the CHNA, the IP Team included many of the same individuals and organizations. In addition to establishing a steering committee, the IP approach included the following tasks:

- Implementing a Leadership Survey to evaluate perceptions regarding the impact on the community, the timeframe in which results may be seen, and the MCH role for each of the 40 CHNA-identified needs
- Conducting working sessions with stakeholders and hospital leaders to analyze survey results and map the needs to be addressed by the hospital (in conjunction with other community organizations where possible)
- Creating the IP document that identifies needs that are to be addressed (and how) and which ones are not to be addressed at this time (and why not)

Defined Needs

A “need” was defined as a service gap – or, an inadequately met health issue – that could benefit from additional support from MCH or affiliated organizations

- For this reason, many of the top chronic disease states such as heart disease, diabetes, cancer, and others – while highly important community health issues – are not listed as needs
- For these disease states and others, focused programs currently exist within the community

Identified Needs

- 40 community needs were identified in the CHNA
- All 40 are important
- Various community organizations are working to address each of the needs – many of which are being addressed in conjunction with MCH
- MCH has identified five Implementation Focus Areas based on the following prioritization rationale:
 - Potential for positive impact on the community
 - Ability to more fully utilize existing strengths and relationships
 - Ability to engage partner organizations
 - Desire to quickly impact target populations
 - The need to efficiently use limited time and resources

Identified Needs (continued)

MCH will not directly address all needs identified in the CHNA at this time

- The community needs not addressed in the IP scored lower on the prioritization rationale, were determined as not being in the purview of MCH, and/or are better addressed by other community organizations. The needs not included in this IP include the following:
 - Parenting classes
 - Lower insurance rates
 - Dental health services for adults and seniors

Implementation Focus Areas

Each Implementation Focus Area and the associated activities address several of the 40 needs identified in the CHNA. The activities will positively impact community health and address needs noted in the CHNA, but are not expected to fully eliminate the need for ongoing initiatives.

- The Appendix contains tables that list the 40 needs identified in the CHNA along with a crosswalk showing which needs are identified by each of the IP Focus Areas.

Implementation Focus Areas

The Focus Areas are designed to:

- Increase access to care by improving communications between service providers and interagency awareness of services – Focus area A
- Improve services for drug and alcohol prevention, early detection, and treatment – Focus area B
- Foster school-based initiatives to address youth-oriented health issues – Focus area C
- Improve the patient awareness of, and access to, behavioral health services – Focus area D
- Enhance home health capabilities – Focus area E

Focus Area A: Access to Care

The following activities (many of which are currently operational) increase access to care by improving communications between service providers and interagency awareness of services

- *Establish transfer agreements with other regional healthcare facilities (e.g., Dartmouth-Hitchcock Medical Center, Elliot Hospital, Cheshire medical Center, and others) to ensure access to care
- Provide material support for the American Red Cross Ride Program and the Emergency Medical Services (EMS)
- Offer helicopter and ambulance services that transfer people with specialized care needs to appropriate facilities
- Provide material support for the New Hampshire Health Access Network

Focus Area A: Access to Care

- Provide free or discounted healthcare services valued at over \$1.9 million per year
- *Offer subsidized care for cardiac rehabilitation, pulmonary rehabilitation, and diabetes management
- Provide total annual Community Benefits (including leveraged revenue for community benefit activities) of between \$9.0 million and \$10.0 million – based on the State of New Hampshire, Office of Charitable Trusts reporting form, 2012.

Focus Area B: Drug and Alcohol Programs

Activities to improve drug and alcohol prevention, early detection, and treatment include the following:

- Provide financial and material support for Alcoholics Anonymous and Narcotics Anonymous
- *Operate the “Pain Program” to assist people with chronic pain manage their conditions while minimizing the dangers of addiction and misuse
- *Conduct group therapy sessions and motivational interviewing for people with chronic pain
- *Provide free or low cost drug testing and physicals to area employers
- Develop protocols and training Emergency Department staff to refer people who present with drug and/or alcohol issues to area service providers

Focus Area B: Drug and Alcohol Programs

- *Conduct monthly calls and/or visits with School Resource Officers or Guidance Counselors in order to offer drug and alcohol education or intervention services
- *Provide wellness alternatives and education through the Bond Wellness Center
 - Open to the community
 - If used ten or more times per month, membership fees are waived
 - “Healthier lifestyle” education and resources are provided free of charge

Focus Area C: School-based Initiatives

School-based activities will be developed to address multiple needs within the community. Initiatives to address youth-oriented health issues include the following:

- Continue the Monadnock Healthy Teeth to Toes (MHTTT)
 - The program served approximately 2,000 children annually since 2003 in grades K-3 in fourteen Monadnock area schools; taught by a registered dental hygienist and registered dietitian.
- *Offer higher education opportunities for people pursuing nursing and other medical training

Focus Area C: School-based Initiatives

- *Partner with local high schools to provide job shadowing opportunities. The goal is to increase exposure to health and healthier lifestyles while inspiring the next generation of healthcare providers
- *Work collaboratively with Crotched Mountain Rehabilitation Center to provide an array of special education programs for school aged children
- *Support MCH employees' volunteer efforts in schools and elsewhere

Focus Area D: Behavioral Health Services

MCH will work with community partners to improve patient awareness of, and access to, behavioral health services by implementing the following activities:

- Subsidize over \$544,000 in behavioral health services at MCH service sites
- *Provide a Behavioral Health Crisis Team – available 24/7 to address urgent care issues in the service area
- *Operate the Medication Bridge Program to advocate for the person seeking behavioral health or medical care and help them do things such as complete applications for all programs, obtain medication refills, and identify other community programs for which they may be eligible.
- Provide a Financial Grant program to help people with behavioral health needs pay for services and prescription medications

Focus Area E: Home Health Capabilities

Enhanced home health capabilities also address multiple community needs identified in the CHNA. Specific activities include the following:

- Provide referrals and material support for Home Healthcare, Hospice and Community Services (based in Keene, NH and providing services throughout the Monadnock area)
- *Support “Monadnock at Home” – a program to help seniors safely and healthfully live at home independently
- *Provide medical staff to offer life care services at an area assisted living site free of charge
- *Offer a free, community-based seminar series regarding health and wellness

Focus Area E: Home Health Capabilities

- Review tele-medicine options in collaboration with Dartmouth-Hitchcock Medical Center. The Center for Rural Emergency Services and Trauma (CREST) is a DHMC initiative, founded in 2007 and developed to improve rural emergency services and trauma care in rural communities
- *Exchange Board of Directors members with several other area not-for-profit health services providers

Further Contact and Questions

Contact for additional information

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Appendix: CHNA Needs and Implementation Focus Crosswalk

| CHNA Health Issue Activities | | | | | | |
|---|-----------|------------------------------------|---|---|---|---|
| Health Issues | CHNA Rank | Focus Areas that Address the Issue | | | | |
| | | A | B | C | D | E |
| Availability of affordable healthcare, prescriptions, and related services | 1 (tie) | A | | C | | E |
| Behavioral health - early detection and intervention | 1 (tie) | | | C | D | |
| Obesity / Nutrition / Exercise education and services | 3 (tie) | A | | C | | E |
| Transportation to/from healthcare service providers | 3 (tie) | A | | | | |
| Coordination of care between provider organizations | 5 | A | | | | |
| Communication between community service providers regarding breadth of services available | 6 | A | | | | |
| Addictions - Awareness and education | 7 (tie) | | | C | D | |
| Drug and alcohol abuse prevention | 7 (tie) | | | C | D | |
| Behavioral health - adult social, emotional, and organically-based illnesses | 7 (tie) | | | | D | |
| Drug and alcohol abuse early detection and treatment | 10 (tie) | | | C | D | |
| Interagency awareness of services / communications | 10 (tie) | A | | | | |
| Behavioral health - senior population | 12 (tie) | | | | D | E |
| Managing the expected growth in senior health services | 12 (tie) | A | | | | E |
| Homeless services (healthcare for the homeless) | 14 | A | | | D | E |
| End of life issues (including palliative care) | 15 | | | | D | E |
| Parenting classes including "well baby", "healthy mom", etc. | 16 (tie) | | | | | |
| Wellness initiatives and the individual's ability to maintain a healthy lifestyle | 16 (tie) | A | | | | |
| Elder care services | 18 (tie) | | | | | E |
| Insurance coverage rates | 18 (tie) | | | | | |
| Dental health services for adults / seniors | 20 | | | | | |

- (A) Access to Care; (B) Drug and Alcohol Programs; (C) School-based Initiatives; (D) Behavioral Health Initiatives; (E) Home Health

Appendix: CHNA Needs and Implementation Focus Crosswalk (continued)

| CHNA Health Issue Activities | | | | | | |
|---|-----------|------------------------------------|---|---|---|---|
| Health Issues | CHNA Rank | Focus Areas that Address the Issue | | | | |
| | | | | | | |
| Autism spectrum and other learning disabilities - early detection and services | 21 (tie) | | | C | D | |
| Cancer screening and other preventive care / education | 21 (tie) | A | | | | |
| Smoking cessation services | 23 (tie) | | B | C | | |
| Stress management education and services | 23 (tie) | | | | D | |
| Women's health - comprehensive gynecology and reproductive care in all stages of life | 26 (tie) | | | C | | |
| Cancer treatment and co-morbid conditions such as mental health and disease management | 26 (tie) | A | B | | | |
| Respiratory / pulmonology education and services | 28 (tie) | A | B | | | |
| Stroke prevention and education | 28 (tie) | A | | | | |
| Support groups for patients and families with chronic diseases | 28 (tie) | A | | | D | |
| Chronic disease screenings - broad spectrum | 31 (tie) | | | C | | E |
| Dementia spectrum issues | 31 (tie) | | | | D | E |
| Dental health services for children | 31 (tie) | | | C | | |
| Diabetes awareness and management; including dialysis | 31 (tie) | | | C | | E |
| Mammography screenings | 35 (tie) | | | | | E |
| Public information regarding available community health services - the need for a central repository and reference for local services | 35 (tie) | A | | | | E |
| Hypertension prevention services | 37 | | | | | E |
| Rheumatology and other arthritis services | 38 | | | | | E |
| Cholesterol screening and education | 39 (tie) | A | | | | E |
| Vocational rehabilitation | 39 (tie) | | | C | | |

- (A) Access to Care; (B) Drug and Alcohol Programs; (C) School-based Initiatives; (D) Behavioral Health Initiatives; (E) Home Health