



**Community Health Needs Assessment
Implementation Plan
2018-2021**

Community Health Improvement Plan (CHIP)

In conjunction with its 2018 Community Health Needs Assessment Highlands Hospital developed a system-wide Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Highlands' service area.

Highlands' focus will be on Behavioral Health (including Autism and PTSD), Chronic Disease/Diabetes, and Women's Health (including senior care).

Health Priority: Behavioral Health

Goal: Increase access to behavioral health services that focus on the whole person.

Objectives:

- 1) Increase utilization of outpatient behavioral health services, particularly for the most vulnerable populations.
- 2) Increase knowledge and skills of all staff and community members around behavioral health.
- 3) Increase the number of healthcare providers integrating behavioral health and physical health.

Target Populations:

- > Minority groups
- > Veterans
- > Low income
- > Women

Strategies:

- > Increase access to recently established outpatient community behavioral health clinic by targeting:
 - Primary care practices
 - WIC & other community agencies
 - Veteran groups
- > Develop a tele-psychiatry program to increase access to behavioral health services in atypical environments
- > Establish and sustain alliance partnerships with significant health & wellness organizations to create a new model of care
- > Expand autism services in alliance with Cleveland Clinic Children's and increase awareness and utilization of diagnostic center
- > Establish a blended model of care that focuses on the whole person

Expected impact:

- > Increased access to effective treatment
- > Establishment of best practices and developed expertise around prevention and treatment for people with mental illness
- > Increased awareness and increased diagnosis of ASD before 37 months of age

Health Priority: Focus on Women

Goal: Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer.

Objectives:

- 1) Increase the percentage of adults who receive timely age-appropriate cancer screenings based on the most recent guidelines.
- 2) Provide health screenings and education to high-risk populations.
- 3) Focus on providing the support and tools women need to achieve optimal health by concentrating on three domains of health; nutritional, physical, and psychological.

Target Populations:

- > Minority groups
- > Low income
- > Seniors
- > Women

Strategies:

- > The Hospital is working with Adagio Health to implement the Komen Mammogram Voucher Program to increase screenings for breast cancer
- > The IM WELL Program (Integrative Medicine – Women Excelling Living Life), sponsored in part by the Highmark Foundation, has been implemented. The program focuses on 3 domains of health; nutritional, physical, and emotional.
- > A grant to increase cancer awareness, prevention and detection has been requested and will focus on health screenings and cancer awareness.
- > When financially able, purchase and install a 3-D digital mammography machine and increase awareness of preventive screenings.

Expected impact:

- > Increased awareness of importance of screenings as demonstrated by number of mammograms performed after education awareness program versus pre-awareness campaign
- > Increased resources available to women in Fayette County through collaboration with community partners.

Health Priority: Chronic Disease - Diabetes

Goal 1: Decrease preventable chronic disease such as Diabetes by ensuring access to resources, knowledge, and opportunities for residents to adopt healthy behaviors.

Objectives:

- 1) Increase primary care provider (PCP) recommendations for preventive screenings per risk and age guidelines.
- 2) Provide health screenings and education to high-risk populations.
- 3) Partner with community organizations to promote healthy lifestyles
- 4) Increase access to services provided at Hospital's Diabetes Center

Goal 2: Improve management and outcomes for patients diagnosed with Diabetes.

Objectives:

- 1) Reduce hospital 30-day readmissions rates for diabetes.
- 2) Partner with PCP offices for education awareness and referrals to outpatient diabetes clinic
- 3) Partner with community organizations to promote healthy lifestyles.

Target Populations:

- > Minority groups
- > Individuals with behavior health or substance abuse comorbidity
- > Low income individuals and families
- > Senior population
- > Pre-diabetics

Strategies:

- > Increase public awareness and physician awareness of services available at the outpatient diabetes clinic.
- > Add diabetes group education sessions to current offerings at outpatient behavioral health clinic
- > Refer females with diabetes or pre-diabetes to the IM WELL Program (Integrative Medicine – Women Excelling Living Life) sponsored in part by the Highmark Foundation. The program focuses on 3 domains of health; nutritional, physical, and emotional and is taught in part by certified diabetes educators.

Expected impact:

- > Improve overall lifestyle by decreasing HA1C, stabilizing weight and improving physical activity
- > Increased referrals to outpatient diabetes clinic from entire county for new on-set diabetes, uncontrolled diabetes and those at risk for pre-diabetes

Health Priority: Women's Health

Goal: Reduce morbidity and mortality, by improving the health and quality of life of women and their families, especially in vulnerable communities.

Objectives:

- 1) Increase access to pre-natal care by collaborating with OB/GYN physicians
- 2) Increase access to and utilization of preventive and well care services
- 3) Reduce stress and anxiety by teaching coping skills to high risk women in the community
- 4) Increase access to blended care services; primary, behavioral health and gynecology, by combining services in one location
- 5) Increase awareness of and offer education and services for women suffering from post-partum depression, PTSD, and anxiety

Target Populations:

- > Minority racial groups, especially Black or Hispanic women
- > Low income families/single mothers
- > Women with behavioral health or substance abuse condition
- > WIC
- > All women with health issues

Strategies:

- > The IM WELL Program (Integrative Medicine – Women Excelling Living Life) sponsored in part by the Highmark Foundation has been implemented. The program focuses on 3 domains of health; nutritional, physical, and emotional.
- > Develop specialized women's programs for both the inpatient and outpatient behavioral health setting
- > Implement a blended care program that offers behavioral health, primary care, and gynecology services in one location
- > Open a Women's Center that focuses on physical health, emotional health, and nutritional well being in one location – three grants have been submitted for this purpose
- > Coordinate care and referrals to community resources through IM WELL Program

Expected impact:

- > Decrease unnecessary ED visits
- > Increase use of behavioral health tele-psychiatry consultations from PCP offices to reduce arbitrary prescription of SSR's without intervention
- > Increased utilization of outpatient services for behavioral health, & primary care, reducing unnecessary inpatient admissions
- > Increased utilization of IM Techniques for stress and anxiety as an alternative to medication or injurious behavioral i.e..alcohol, drugs, cutting