



IMPLEMENTATION PLAN

A. COMMUNITY HEALTH NEEDS TO BE ADDRESSED BY PARKLAND HEALTH CENTER

After thorough consideration of staffing, time and the hospital community's resources, PHC community benefit committee and the internal work group decided to address the health needs below in order to improve the health of St. François County.

I. **Community Health Need:** Chronic conditions with focus on heart disease

Rationale: Heart disease is the leading cause of death in the United States. More than 600,000 Americans die of heart disease each year. Interventions that reduce obesity, blood pressure, and cholesterol and increase physical activity and healthy behavior such as smoking cessation have been proven effective in reducing risks for heart disease, diabetes and stroke. Change in lifestyle behavior is critical to successfully managing many health issues.

With a death rate from heart disease significantly higher in St. Francois County (267.6 per 100,000) than the average in the state of Missouri (201 per 100,000), along with a death rate from diabetes in St. Francois County (42.1 per 100,000) more than double that of the state of Missouri (19.6 per 100,000), this condition is clearly a significant factor in the overall health of our area. Combine this data with a rate of 30.1% of adults who smoke, compared to the state of Missouri average at 25% and the United States average at 18.4%, and there is clearly room for programs significant improvement. Therefore, PHC will focus on bringing awareness and education in St. Francois County about health risks of smoking, obesity and diabetes.

Program I: Health risks of smoking education program

PHC "health risks of smoking education" programs will provide health risks information, support groups and smoking cessation programs for the smokers of St Francois County. The smoking cessation program will be offered over twelve week's session, several times during the year. Participants will be encouraged through the process of quitting smoking one step at a time. The program will offer a supportive environment and a proven method for quitting.

Program Goal: *To bring awareness and education of health risks of smoking in St. Francois County.*

Program objectives:

1. *To improve participants knowledge level of health risks of smoking by 10% from pre-knowledge test score to post-knowledge test score.*
2. *Fifteen percent of St. Francois County program participants will quit smoking and remain nonsmokers beyond 120 days after their participation.*

Program Action Plan

The Cardio-Pulmonary Department will be responsible for the smoking cessation program. The hospital will provide experts, including physicians and nurses to facilitate community presentations on the harmful effects of smoking and second-hand smoke, along with the benefits of quitting smoking to 50 adults in St. Francois County per year.

A minimum of five presentations will be provided annually to the public, at no charge. The opportunity to register for smoking cessation classes will be offered at each public presentation.

Awareness of the dangers of second-hand smoke and the benefits of quitting smoking will be included in hospital communications, including Emergency Department informational computer presentations, the hospital's social media pages and the hospital's radio advertising "Health Minutes."

In cooperation with the American Heart Association, the Breathe Easy Coalition and the St. Francois County Health Department, educational materials regarding the dangers of smoking and the harmful effects of second-hand smoke will be made available to area school districts, as well as civic and social organizations within St. Francois County.

Program Outcomes: *Decrease heart disease in St Francois County by increasing the number of non-smokers.*

Program Outcome Measurements: Before each educational session, participants will participate in a pre-knowledge test and a post test at the end of the end of the session to determine if participant's knowledge of health risk of smoking has improved and by how much. Spread sheets will be created to document all the test scores as well as the staff analysis of the scores.

The number of educational programs will be tracked along with the number of attendees enrolling in a smoking cessation program as a result of the presentation. Participants will be surveyed by phone 30 days and 120 days after the program to determine the reduction in smoking over time.

The number of “Health Minutes” aired on local radio stations as a part of the educational program will be tracked, along with the advertising information to promote smoking cessation in all local media.

Program II: Obesity: “Head to Toe”

Rationale: Obesity now affects 17% of all children and adolescents in the United States - triple the rate from just one generation ago, according to the Centers for Disease Control. Childhood obesity can have a harmful effect on the body and lead to a variety of adult-onset diseases in childhood, such as high blood pressure, high cholesterol, diabetes, breathing problems, socio-emotional difficulties and musculoskeletal problems.

PHC currently provides the “Head to Toe” program through intensive group sessions on topics regarding physical activity, nutrition and emotional health.

Program Goal: *To improve knowledge of and skill in leading a healthy lifestyle among children and their families.*

Program Objective: *To Increase knowledge level of healthy lifestyle of 30 families in St. Francois County by 5% from pre-test knowledge level to post-test knowledge level.*

Program Action Plan

Provide intensive group educational sessions that focus on nutrition, physical activity and emotional health to 30 children per year. The Well Life Center is responsible for this program. An exercise specialist and a registered dietician will facilitate 12 intensive group sessions on topics regarding physical activity, nutrition and emotional health with children and their families.

Program Outcomes: *To decrease obesity among children in St. Francois County.*

Program Outcome Measurements

This program is evaluated by measuring improvements in physical activity, nutrition, self-image, family relationships and healthy behaviors. The tools used to measure these outcomes capture changes in behavior, knowledge, skill and readiness to change assessment tools. Progress will be evaluated by measuring the number of sessions and the number of participants who complete pre- and post- assessment tools. The pre knowledge test score will be compared to the post-knowledge test score to determine if there is improvement in their knowledge level.

Program III. Diabetes program

Rationale: Type 2 diabetes is a chronic condition caused by high levels of glucose (sugar) in the blood. Although some people can overcome the symptoms by losing weight and following a healthy diet and exercise plan, most people with type 2 diabetes will have it for life. Type 2 diabetes is the most common form of diabetes. Millions of Americans have been diagnosed with the disease, and many are unaware they are at high risk. The cause is unknown but obesity and inactivity may play important roles in its onset.

Therefore, PHC will provide free blood sugar testing to its community several times each year to bring awareness of the disease and help identify those who may be at risk for it. The program offers St. Francois County community members screenings outreach, and promoting healthy eating and increased physical activity. Individuals with abnormal screening are followed up to make sure they received extra care from their primary care physician.

Program Goal: *To provide screening, education, and support groups for patients who are at risk for developing type 2 diabetes or who are already diagnosed with the disease.*

Program Objectives:

- 1. In 2014, PHC will establish a baseline for the number of free blood sugar tests provided to its community.*
- 2. In 2015 and thereafter, PHC will increase the number of free blood sugar testing in the previous year by 2% in the current year.*

Program Action Plan:

The Parkland Health Center Diabetic Care Center is responsible for this program. A certified diabetes educator and a registered dietician will facilitate monthly support groups to share best practices and encouragement in self-management of the disease. The support group will be promoted through Parkland Health Center's social media pages, as well as local media.

PHC will provide free blood sugar testing at a minimum of three health-related events annually, including the St. Francois County Community Partnership Health Expo and Parkland Health Center's Seeds of Wisdom. Counseling and information will be available on-site at the events for attendees whose test indicates the potential for a blood sugar related issue.

PHC's Health Minute radio spots, hospital social media pages and other hospital communications will be utilized as a vehicle to raise awareness of the signs and symptoms of diabetes, as well as the dangers of the disease when uncontrolled and untreated. The hospital will offer presentations on the disease to civic and social organizations at meetings and events.

Program Outcomes: *To decrease heart disease in St. Francois County*

Program Outcome Measurements:

The number of attendees at the monthly support groups will be tracked, as will the number of attendees at presentations made by hospital experts at civic and social clubs. A pre- and post-test will be administered to measure the level of knowledge prior to the presentation, and after the presentation.

A baseline number of free blood sugar checks will be established in year one of the program. The quantity of free blood sugar checks will be increased by a minimum of 2% each subsequent year of the program. Follow up contacts will be made with individuals whose blood sugar appears to be above normal ranges. The percentage of contacts made will be tracked along with the patient's plan for further evaluation.

II. **Community Health Need:** Access to Services

Rationale: Access to healthcare is an ongoing and national concern. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It allows individuals to gain entry into the health care system, access a health care location where needed services are provided and find a health care provider with whom the patient can communicate and trust.

There are several components of access to health services, such as coverage, services, timeliness, and workforce. BJC HealthCare, as a system of hospitals, understands the importance of health insurance coverage, which helps patients get into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Therefore, all BJC hospitals have a policy that focuses on the provision of insurance coverage as the principal means of ensuring access to health care among the underinsured and uninsured population.

Also PHC, being part of a rural community, is often presented with transportation issues. Due to a lack of transportation, patients from extended home care are often left in the emergency room during late and early hospital visits. Therefore, PHC has a wheelchair-accessible van program that addresses this need.

Program Goal: *To improve access to comprehensive, quality health care services.*

Program Objectives:

- 1. Every year, PHC will offer Medicaid and financial assistance enrollment to 100% of eligible patients presented for medical care.*
- 2. Every year, PHC will provide transportations services to 100% of St. Francois County Extended Home Care wheelchair patients who need transportation to gain access to after-hours emergency department care.*

Program Action Plan:

PHC provides a Patient Account Representative who works with a Case Manager and a Social Worker to identify patients in need of assistance and meets with uninsured patients to determine their eligibility for any insurance and financial assistance. Eligible patients receive assistance with enrollment.

PHC has policies and programs in place to provide financial assistance to low-income, underinsured or uninsured patients. All patients are provided with financial assistance information upon admission.

PHC will continue to provide a wheelchair-accessible van specifically for the transportation of wheelchair-bound extended care home patients. Due to a lack of transportation, patients are left to remain in the emergency department overnight. PHC will provide a wheelchair van during those late-night and early-morning hours to assist with the transportation of wheelchair-bound extended care nursing home residents from the emergency room back to their home of residence.

Program Outcome: *Increase access to health care.*

Program Outcome Measurement:

The number of individuals who receive assistance for insurance eligibility and the number of those who are enrolled in programs are tracked by the hospital. Financial assistance is tracked and reported.

The number of patients served by our transportation services program is tracked by Customer Relations.

III. Community Health Needs: Health Literacy

Rationale: Choosing a healthy lifestyle, knowing how to seek medical care, and taking advantage of preventive measures require that people understand and use health information. The ability to obtain, process, and understand health information needed to make informed health decisions is known as health literacy.

According to research studies, persons with limited health literacy skills are more likely to skip important preventive measures such as mammograms, Pap smears, and flu shots. When compared to those with adequate health literacy skills, studies have shown that patients with limited health literacy skills enter the healthcare system when they are sicker.

Therefore, PHC will address this need in St. Francois County through health diseases education by medical providers through media, face-to-face conversations and health fair programs.

Program I “Coffee With A Doc”

“Coffee With A Doc” is a face-to-face monthly educational program provided free of charge to St. Francois County community by a medical doctor.

Program Goal: *To increase understanding and education of disease in the community.*

Program Objective: *To provide at least ten monthly programs related to health topics in St. Francois County each year.*

Program Action Plan:

The Medical Staff and Marketing Department share responsibility for the “Coffee With A Doc” program. Beginning in 2012, Parkland Health Center has offered opportunities for area residents to visit with physicians in an informal setting through a series of health-related presentations entitled “Coffee With A Doc.” These events are held ten times per year at a local coffee shop.

Physicians are available to discuss health concerns with attendees at no charge. Educational topics include managing diabetes, knowing your risk for heart disease, disease prevention and more.

Program Outcomes: Participants will gain knowledge on a variety of diseases and conditions.

Program Outcome Measurements

The number of individuals participating in the program will be tracked monthly. The level of knowledge on the presentation topic will be assessed before and after the event through a pre- and post-presentation questionnaire.'

Program II. "Parkland Health Center Radio Program"

The radio program is a monthly program that discusses healthcare and health related topics. The topics vary from prevention, treatment, research...etc. Each month the Health Radio Show covers different issues in order for the public to become better informed on a specific topic.

Program Goal: *To increase understanding and education of disease in the community.*

Program Objective: *To provide health and wellness information to the public through a series of monthly radio programs on local radio stations KREI and KFMO.*

Program Action Plan

The Medical Staff office and the Marketing Department share responsibility for the radio program. Parkland Health Center hosts two monthly radio programs on local radio stations KREI and KFMO. On each monthly program, a physician, clinician or hospital administrator is featured, discussing healthcare and healthcare related topics.

Program Outcome: *Listeners will gain a better understanding of specific health topics.*

Program Outcome Measurements

Program subject matter and healthcare provider time will be tracked each month.

Program III. "Seeds of Wisdom"

"Seeds of Wisdom" is a health fair designed to educate women of St. Francois County on several health topics.

Program Goal: *To educate women in St. Francois County women on several health topics.*

Program Objective: *To provide health and wellness information to a minimum of 250 women from St. Francois County each year.*

Action Plan

Parkland Health Center will continue the annual "Seeds of Wisdom" program, a health fair designed to provide health education to the women in the community at no charge. This full-day event provides a variety of speakers including physicians and clinicians, presenting

information on a range of topics. A healthy breakfast and lunch are provided for attendees at no charge. Health-related displays and health checks are also available throughout the day. The event is completely free to the public. It is promoted through local media including newspapers and radio stations, as well as local chambers of commerce.

Program Outcomes: *Improve health among St. Francois County women.*

Outcome Measurements: The number of attendees will be tracked each year. Attendees will be given a pre-test and post-test questionnaire to measure the level of knowledge gained during the event.

B. COMMUNITY HEALTH NEEDS THAT WILL NOT BE ADDRESSED BY THE HOSPITAL

While there are many and varied health needs within St. Francois County, Parkland Health Center has carefully chosen priorities that reflect needs that can be affected through the hospital's efforts.

Many of the needs identified through the Community Health Needs Assessment fall outside the hospital's area of expertise, and/or outside the hospital's resources.

The following section discusses the health needs that were identified through this CHNA that PHC will not address within the scope of this assessment.

MENTAL HEALTH

Parkland Health Center does not have the resources to significantly impact the mental health needs within the community alone at this time. The hospital does have a geriatric psychiatry department, but does not provide inpatient or outpatient services for other patients in need of psychiatric care. BJC Behavioral Health, also a part of BJC HealthCare, works closely with Parkland Health Center to bring education and awareness to the community at large while providing care for those in need. Parkland will continue to provide services to these patients, but a properly funded statewide and community-wide solution is necessary to more effectively address this complex issue.

REPRODUCTIVE HEALTH

Teen pregnancy, pre-term birth and low birth weights are significant issues within St. Francois County. Parkland Health Center will continue its support and collaboration with the March of Dimes and the Parkland Pregnancy Resource Center. Both of these organizations are working diligently within the county on these issues.

SUBSTANCE ABUSE

Services at Parkland Health Center do not at this time include drug and alcohol treatment, rehabilitation and education. Parkland supports local programs that are administered by other agencies and are aimed at educating the public on the dangers of substance abuse. Another hospital in the area, Mineral Area Regional Medical Center, currently provides treatment for substance abuse.

SENIORS

Health issues as they relate to seniors are many and varied. Many of the issues identified in seniors can be addressed under the priorities identified by the hospital in this Community Health Needs Assessment. While a variety of programs are available for seniors through

Parkland Health Center, only a small selection of them will be formally addressed in this implementation plan.

CANCER

The data indicates that St. Francois County has a higher rate of instances of certain types of cancer, but not all types of cancer. The highest rate is that of lung cancer, which is being formally addressed through smoking cessation and abstinence programs under Chronic Conditions Including Heart Disease.

The hospital will continue its ongoing support of other organizations that are addressing cancer locally, regionally and nationally, including the American Cancer Society's Relay for Life.

HOMELESSNESS

The hospital does not at this time have the resources or expertise to significantly impact the issue of homelessness in St. Francois County. We will continue our support of Shared Blessings Homeless Shelter and the United Way of St. Francois County.

LACK OF LOCAL CAPABILITIES

The hospital will continue its efforts to recruit the highest quality physicians, including specialists, to the area. The resources available through the BJC HealthCare network provide excellent physicians, many of whom visit our two facilities on a regular basis.

URGENT CARE

Parkland Health Center continues to address the issue of urgent care through the continuous improvement of the emergency departments at both the Farmington and the Bonne Terre facilities.

SERVICES FOR MEN

Many of the programs listed in our implementation plan will apply to men. However, the hospital does not at this time have the resources to expand its healthcare programs to aim specifically at men.

UTILITY BILL ASSISTANCE

This need within the community is being addressed by a variety of agencies including the East Missouri Action Agency, the United Way of St. Francois County, The Ministerial Alliance and others. The hospital will continue its ongoing support of those agencies, including significant fundraising activities aimed at helping meet these types of needs within the community.