

## **Indiana University Health Ball Memorial and Blackford Hospital CHNA Strategies 2016-2018**

A requirement of the IRS and Affordable Care Act is that all not-for-profit hospitals perform a community health needs assessment (CHNA) every three years and then develop and implement strategies to address the most significant health needs identified.

The 2015 CHNA process included public surveys, community stakeholder focus groups and review of health data for Delaware and Blackford Counties.

The top 5 community health need priorities established for IU Health Ball Memorial and Blackford Hospitals during 2016-2018 are:

- Obesity (Nutrition and Active Living)
- Infant Health Factors (Infant Mortality and Prenatal Care)
- Mental Health and Substance Abuse
- Tobacco and Smoking
- Access to Healthcare

This document outlines strategies to be implemented at the IU Health System (statewide) level as well as strategies to be implemented at either IU Health Ball Memorial Hospital, IU Health Blackford Hospital, or both.

For more information about the Community Health Needs Assessment process and findings, please see the accompanying CHNA documents for each hospital found at [iuhealth.org/ball-memorial](http://iuhealth.org/ball-memorial) or [iuhealth.org/blackford](http://iuhealth.org/blackford) websites.

## Strategy: Nutrition and Active Living

Objectives:

1. Challenge the community to increase its consumption of healthy food choices and physical activity.
2. Increase the availability of healthy foods and physical activity assets in underserved neighborhoods.
3. Decrease percentage of obese individuals.

Identified Need	Implementation Strategy	Anticipated Impact	Evaluation Plan
IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM
<p>Unhealthy diets and exercise habits</p> <p>Limited knowledge of healthy habits and accessibility to physical assets</p> <p>Lack of access to healthy and affordable foods</p>	<p>Evaluate continuation of IU Health Strong School grants to increase the amount of daily physical activity of students (and adults) and increase knowledge of nutrition</p> <p>Research investment in farm to table, community gardens, and other food initiatives to provide access to healthy and affordable food</p>	<p>Increase daily physical activity</p> <p>Improve knowledge of healthy habits</p> <p>Increase healthy and affordable foods available</p>	

BALL/BLACKFORD	BALL/ BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Work with community partners to develop a broad-based collective impact model health coalition targeted to improved nutrition and increased physical activity	Reduced obesity rates, reduced associated chronic disease rates.	Monitor multiple community indicators from publicly available sources related to health behaviors and chronic disease states.
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Introduce IUH providers to YMCA Diabetes Prevention Program	High risk patients identified and entered into evidence based program. Reduced # of persons with Type II diabetes.	# of referrals. Reduced diabetes rates over time.
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Partnership between IUHBMH Medical Weight Loss Program and YMCA	Increased enrollment for medical weight loss programs.	Track enrollments and referral statistics.

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Support for YMCA 7th and 8th Grade free membership initiative	More at-risk youth engaged in positive lifestyle activities and education.	Track # of students actively participating in program, also metrics provided by YMCA regarding fit testing and improvements.
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Expand Community Programming offerings, including video modules for education, walking track promotion at events	Tools provided to health coalition partners, increased community engagement.	Progress reports provided by health coalition partners.
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Promote Strong Schools funding for obesity prevention programming in area schools.	School-wide obesity prevention initiatives such as fitness competitions.	Progress reports provided by school partners.

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Support afterschool childhood obesity prevention programs	Elementary School Children taught healthy lifestyle behaviors.	Track # of students actively participating in program, also metrics provided by YMCA or other partners regarding fit testing and improvements.
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	Support for walking programs and initiatives including Walk Indiana	Behavior changes, fitness improvement.	# of participants, survey results
Obesity, chronic disease. Increased education/ opportunities regarding nutrition and physical activity to community members	IU Health Bucks Farmers Market nutrition programs targeted to underserved population	Self –reported integration of fruits and vegetables into family mealtimes among participants.	Pre and post program surveys.

## Strategy: Infant Health Factors

### Objectives:

1. Promote safe sleep practices
2. Reduce incidence of co-sleeping and SIDS deaths
3. Support programs focused on early childhood development

Identified Need	Implementation Strategy	Anticipated Impact	Evaluation Plan
BALL/BLACKFORD	BALL/ BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Unfavorable infant mortality rates	Provide expertise and resources for continued operation of Fetal Infant Mortality Review Program and Community Action Teams related to infant health.	Root causes of infant mortality available for study; increased interventions for at-risk women.	Aggregate patient statistics; # of participants in We Care Indiana initiative.
Unfavorable infant mortality rates	Offer Pack –n-Play infant beds plus Halo Sleep Sacks in conjunction with educational programming to families at risk for unsafe sleep practices.  Collaborate with community partners to promote the ABC’s of safe sleep in key locations.	Reduced incidence of co-sleeping.	# of at-risk families identified and provided education and beds each year.  # of partnership promotion collaborations

BALL/BLACKFORD	BALL/ BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Unfavorable infant mortality rates; community's top social concerns related to health, education and poverty	Introduce IUH pre-natal practitioners to the Nurse Family Partnership Program.	Increase local utilization of NFP program.	Outcomes reporting from NFP.
Unfavorable infant mortality rates	Provide two Family Medicine Directors and a resident rotation at a subsidized rate to local Federally Qualified Health Center Open Door Health Services to expand Obstetrics capacity to serve low income residents.	Increased patient visit capacity at local clinic.	# of patients seen by 2 additional FMR docs.

## Strategy: Mental Health and Substance Abuse

### Objectives:

1. Increase mental health and substance abuse screenings in the primary care setting.
2. Increase awareness and support for mental health.
3. Increase awareness and support for initiatives addressing substance abuse.

Identified Need	Implementation Strategy	Anticipated Impact	Evaluation Plan
IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM	
<p>Lack of programs and resources to address mental health and substance abuse programs</p> <p>Little or no awareness of resources and how to access these resources for help with behavioral health and substance abuse</p> <p>Significant use of tobacco products, illegal drugs and misuse of prescription medications</p>	<p>Examine expansion of AHC Teen Texting pilot project to other IU Health communities and more fully develop current relationships with Mental Health of America Indiana, National Alliance on Mental Illness</p> <p>Research new partnerships with statewide community organizations, state and county government offices providing evidence-based programs and services</p>	<p>Increase number of underserved community members who receive needed behavioral health care and access substance abuse programs and services</p> <p>Increase number of teens connected with mental health and substance abuse services</p>	



BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Substance abuse, mental health	IUHBMH Family Medicine Residency SBIRT Screening. SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders	Larger number of individuals identified and assisted with substance use disorders.	Aggregated data from IUHBMH Family Medicine Residency regarding outcomes.
Substance abuse, mental health	IUHBMH Family Medicine Residency behavioral health initiative for improved behavioral health assessment and treatment planning	Improved evaluation and management of psychological concerns of patients with pain disorders and weight-related medical problems.	Aggregated data from IUHBMH Family Medicine Residency regarding outcomes.
Substance abuse, mental health	IUHBMH Interventional Pain Management program to screen and refer patients to behavioral health counseling.	Individuals undergoing pain management therapies receive appropriate behavioral health counseling services.	# of patients assisted

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Substance abuse	<p>Provide support for substance abuse teaching in schools, particularly middle schools and Pride Team initiatives.</p> <p>Blackford County needs a Dare Officer.</p>	Elevate youth involvement in substance abuse prevention efforts.	Outcomes data from partners.
Substance abuse, mental health	Explore support for local Strengthening Families Program in Delaware and Blackford Counties. SFP is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families.	Improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children.	Outcomes data from SFP.

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Mental health  Substance abuse	Support local organizations in promoting awareness of mental health needs.  Elevate involvement with the Delaware County Prevention Council.	Increased local awareness as reported by partnering organizations.	Track promotions supported.
Substance abuse, mental health	Provide support for evening stress management groups (schools, faith based) offered through the IUHBMH Family Medicine Residency and other community partners.	New programming available to the public.	# of persons served

## Strategy: Smoking and Tobacco

### Objectives:

1. Increase referrals to 1-800 Quit Now (a state-funded stop-smoking program at no cost to clients or referring organizations)
2. Reduce use of tobacco products in Delaware and Blackford Counties

Identified Need	Implementation Strategy	Anticipated Impact	Evaluation Plan
BALL/BLACKFORD	BALL/ BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Smoking and tobacco use; chronic disease associated with tobacco use.	Work with community partners to develop a broad-based collective impact model health coalition targeted to reduced tobacco use.	Reduced adult smoking rates, reduced associated chronic disease rates.	Monitor multiple community indicators from publicly available sources related to health behaviors and chronic disease states.
More tobacco cessation resources needed	<p>Create HC provider training regarding tobacco interventions and availability of 1-800 Quit Now resources</p> <p>Widely publicize 1-800 Quit Now Line to patients and families, prepare additional handouts specific to certain populations (i.e. parents with newborns).</p>	<p>Increased referrals to 1-800-Quit.</p> <p>Increased number of healthcare providers utilizing 1-800 Quit referral resources</p>	<p># referrals to quitline</p> <p># providers making referrals</p>

## Strategy: Access to Healthcare

### Objectives:

1. Provide healthcare options for communities to serve people outside the Emergency Department (ED) and outside the hospital walls for non-emergent situations to reduce high-cost ED visits.
2. Increase access to healthcare for the low income and minority populations without insurance.
3. Increase access to primary care.

Identified Need	Implementation Strategy	Anticipated Impact	Evaluation Plan
IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM
<p>High Cost of Co-Pay</p> <p>Limited Hours Physician Offices are open</p> <p>Difficulty negotiating the understanding the healthcare system and coverage plans</p>	<p>Continue to identify collaborative partners and coordinate efforts, leverage resources.</p> <p>Examine opportunities to expand current partnership with Nurse Family Partnership.</p> <p>Investigate impact of coordinating and promoting health education, healthcare education and health insurance enrollment assistance to community members in low-income neighborhoods.</p>	<p>More underserved community members receiving health services, including primary care and connecting to healthcare resources</p> <p>Increase understanding of healthcare system and coverage plans</p>	

IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM	IU Health SYSTEM
<p>High Cost of Co-Pay</p> <p>Limited Hours Physician Offices are open</p> <p>Difficulty negotiating the understanding the healthcare system and coverage plans</p>	<p>Explore strategies to access affordable healthcare including providing vaccinations and health screenings.</p> <p>Leverage resources to expand office/clinic hours at partnering clinics.</p>	<p>Increase number of underserved community members receiving vaccinations and health screenings</p>	
BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
<p>Lack of access to affordable healthcare</p>	<p>Hospital Presumptive Eligibility (H.P.E.) screening of Self Pay, inpatient, outpatient and emergency patients. Enroll in HIP 2.0, Medicaid or children's programs.</p>	<p>Self-pay patients will acquire healthcare coverage when eligible through a streamlined process.</p>	<p>Reporting of % of self-pay patients screened and coverage outcomes.</p>
<p>Lack of access to affordable healthcare</p>	<p>Offer free or reduced cost screenings for lung, breast, skin and cervical cancers.</p>	<p>Identify cancer at early stages.</p>	<p># of patients screened, # referred for follow-up.</p>

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Lack of access to affordable healthcare; Lack of access to Primary Care Physicians	Investigate potential of advanced community screenings that tie back to a physician navigator, or Financial navigator at the event	High risk patients identified and connected with available healthcare resources. Better patient outcomes for chronic disease states.	Implementation of process, # of referrals. Reduced chronic disease rates over time.
Lack of access to Primary Care Physicians	Utilize 1-800 Same Day appointment program with Family Medicine and Internal Medicine Residency physicians.	Reduce barriers to finding a physician and scheduling an appointment.	# of patients utilizing 1-800 Same Day appointments for FMR and IMR.
Lack of access to Primary Care Physicians	Provide two Family Medicine Directors and a resident rotation at a subsidized rate to local Federally Qualified Health Center Open Door Health Services to expand capacity to serve low income residents.	Increased patient visit capacity at local clinic.	# of patients seen by 2 additional FMR docs.
Lack of access to Primary Care Physicians	Expand medical staff at Blackford Physician Group with Nurse Practitioner.	Accommodate an additional 12-15 pts. per day.	Implementation of additional medical staff.

BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD	BALL/BLACKFORD
Lack of access to Specialty Physicians	Explore additional opportunities for the Specialty Clinic at Blackford Hospital	Additional specialty physicians offering local appointments in Blackford County.	# of specialty physicians offering local appointments.