

HOLZER HEALTH SYSTEM: 2019 CHNA IMPLEMENTATION PLAN

EXECUTIVE SUMMARY

Holzer Health System (Holzer), a not-for-profit corporation with headquarters located at 100 Jackson Pike, Gallipolis, Ohio, in an effort to improve health and quality of life for the residents in the communities it serves and comply with IRS section 501 (r)3, which requires non-profit hospital organizations to conduct a community health needs assessment (CHNA), collaborate with local and regional health entities, and to adopt a collaborative implementation strategy to improve upon the priorities identified during the assessment, presents this CHNA Implementation Plan. The collection of information is required for hospital organizations to receive the benefits of being described in section 501(c)(3) of the Internal Revenue Code (Code) and flows from section 501(r)(3), which requires a hospital organization to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years (Internal Revenue Service, 2015).

Process

In 2018, Holzer convened representatives from the local health departments in Gallia, Jackson, Vinton, and Meigs Counties to assess the community and identify the most pressing health issues on which to base community health improvement strategies. The group decided to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework. MAPP involves six phases that result in a comprehensive assessment of the health and quality of life in a community and the strategies that will be implemented to improve the community:

- | | | |
|---------------|------------------------------|--------------------------------|
| 1. Organizing | 3. Assessments | 5. Goal and Strategy Formation |
| 2. Visioning | 4. Identify Strategic Issues | 6. Action Cycle |

Priorities

Phases 1-4 are defined and described in the CHNA Assessment Report, which can be found here: <https://www.holzer.org/app/files/public/1024/2019-CHNA-Assessment.pdf>. This report focuses on phase 5, the formulation of goals and strategies based on the following priorities (bold indicates priority included in the final Implementation Plan):

Priorities identified by Holzer stakeholders:

- Access to care
- Health Promotion
- Mental health
- Substance Abuse
- Economy*
- Education*
- Access to Food*
- Transportation*
- Maternal and Children Healthcare
- Access to opportunities for recreation and fitness

Priorities identified by Regional stakeholders:

- Access to Care
- Health Promotion
- Mental Health and Substance Abuse
- Access to Opportunities for Recreation and Fitness

**Priorities not included in final CHNA Implementation Plan due to lack of capacity and redundancy*

Action Not Taken

During work plan creation, Holzer representatives identified the following priorities for which a work plan would not be created: Economy, Education, Transportation, and Access to Food. The workgroups determined that Holzer did not have the capacity and ability to impact Economy and Education in a meaningful way. The group determined that strategies targeting Transportation and Access to Food should be included in the Access to Care and Health Promotion work plans, respectively.

Action Plan Creation

This implementation plan is based on a total of four work planning sessions. During an initial meeting, workgroups were developed to address each of the priorities. The first two meetings included health department representatives to address the four regional priorities. The second two meetings were limited to Holzer representatives and focused on completing the work plans drafted in the first two meetings while adding strategies and actions within the Holzer system. The process included a root cause analysis, resource mapping, and stakeholder collaboration to draft the work plans. A summary of the work plans can be found on the next page.

Priorities	Goals and Strategies	Selected Performance Measures
1. Access to Care	<p>1.1 Increase physician availability 1.2 Initiate transportation services 1.3 Improve EMR integration 1.4 Increase funding for access to care initiatives</p>	<p>1.1a Increase in number of specialty physicians 1.1b Increase physician call coverage 1.2a Decrease in residents reporting transportation as a barrier to care (<i>aligns with 3.2</i>) 1.3a All EMR systems communicating 1.4a Increase grant funding by \$75,000 annually (<i>aligns with 2.2</i>)</p>
2. Substance Abuse and Mental Health	<p>2.1 Increase access to treatment 2.2 Increase in grant funding 2.3 Become a national source of best practices 2.4 Improve development of SA/MH workforce</p>	<p>2.1a Increase utilization of services over 150% of baseline 2.1b Expansion of inpatient and outpatient services 2.1c Opioid crisis team development 2.2a Budget approved to hire or contract with grant writer (<i>aligns with 1.4</i>) 2.3a Improved regional collaboration 2.4a Increase in training for SA/MH disorder professionals</p>
3. Health Promotion/Chronic Disease Prevention	<p>3.1 Increase health education 3.2 Increase availability of transportation 3.3 Increase access to preventive services 3.4 Improve medication affordability 3.5 Expand hours for access 3.6 Increase access to food 3.7 Increase knowledge of healthy food choices</p>	<p>3.1a Increase number of vaccinations given 3.1b Decrease in youth disease statistics 3.1c Increase college-aged individuals established with a PCP (<i>aligns with 1</i>) 3.2a Increase in access to appointments, pharmacy, and food (<i>aligns with 1.2</i>) 3.3a Addition of mobile unit to improve access to preventive services (<i>aligns with 1, 5.1</i>) 3.4a Implement program to assist with medication affordability 3.5a Increase evening appointments (<i>aligns with 1</i>) 3.6a Decrease residents reporting no access to healthy foods 3.7a Decrease in obesity rate</p>
4. Access to Opportunities to Recreation	<p>4.1 Improve BMI to a healthy level 4.2 Improve culture through healthy living 4.3 Increase opportunities for physical activity</p>	<p>4.1a Increase percent of residents that have a healthy BMI 4.2a Increase percent of residents with easy access to physical activity 4.3a Increase use of no-cost activities</p>
5. Maternal and Children Health	<p>5.1 Increase access to prenatal care 5.2 Improve community educational resources</p>	<p>5.1a Decrease rate of mothers who give birth without prenatal care (<i>aligns with 3.3</i>) 5.1b Increase compliance with pediatric well visit schedule 5.2a Increase MCH educational events</p>

HOLZER HEALTH SYSTEM: 2019 CHNA IMPLEMENTATION PLAN

Introduction:

Holzer Health System (Holzer), a not-for-profit corporation with headquarters located at 100 Jackson Pike, Gallipolis, Ohio, in an effort to improve health and quality of life for the residents in the communities it serves and comply with IRS section 501 (r)3, which requires non-profit hospital organizations to conduct a community health needs assessment (CHNA), collaborate with local and regional health entities, and to adopt a collaborative implementation strategy to improve upon the priorities identified during the assessment, presents this CHNA Implementation Plan. The collection of information is required for hospital organizations to receive the benefits of being described in section 501 (c)(3) of the Internal Revenue Code (Code) and flows from section 501 (r)(3), which requires a hospital organization to conduct a community health needs assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years (Internal Revenue Service, 2015).

Needs are to be identified through the CHNA process at least once every three years, beginning March 2013. Holzer completed the required assessment by the end of its fiscal year ending in 2013, 2016, and again in 2019. The system coordinated primary and secondary data resources into an assessment of community health needs and available resources; gained input representing the broad interests of the community; completed a prioritization process leveraging the data assessment and community input to focus on regional and hospital led priorities, and made the assessment publicly available.

Upon completion of the required assessment and prioritization of needs, Holzer worked with both regional public health representatives and an internal CHNA team to develop the following implementation strategy leveraging internal and external resources building upon existing policies and processes as well as existing community network collaborations to address the identified priority community needs. The system's implementation strategy has been completed in accordance with IRS Notice 2011-52 section 3.09 501 (r)(3)(A)(ii) and Notice 2014-2 (2014-3 IRB 407 (January 13, 2014)), outlining guidelines for the hospital's response to fulfilling the community need(s) before the 15th day of the fifth month following the taxable year in which the hospital facility finishes conducting the CHNA; in this case November 15, 2019; and publicly report the needs assessment and implementation strategy. This report meets those conditions.

Process

In 2018, Holzer Health System (Holzer), partnering with health departments in the Ohio counties of Gallia, Jackson, Meigs and Vinton (LHDs), embarked on a process in order to fulfill the requirements for Holzer's Community Health Needs Assessment (CHNA) and the LHDs' Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The group utilized a framework known as Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a nationally recognized, best practice, six-phase framework for community health assessment and improvement planning designed by the National Association of City and County Health Officials (NACCHO). The six phases of MAPP are:

1. Organizing, when a group of stakeholders is convened to serve as the steering committee for the MAPP process.
2. Visioning, when a community identifies what a shared community vision is.

3. Assessments, when data about the health of the community is collected and analyzed. A description of the assessments is below.
4. Identify Strategic Issues, when the most pressing health priorities in a community are identified.
5. Formulate Goals and Strategies, when the action plan for addressing those strategic issues is drafted.
6. Action Cycle, when the strategies drafted in phase 5 are planned, implemented, and evaluated in a continuous cycle until the next MAPP begins.

This report focuses primarily on phase five. Phases 1-4 are thoroughly defined and described in the CHNA Assessment Report, which can be found here:

<https://www.holzer.org/app/files/public/1024/2019-CHNA-Assessment.pdf>.

Priorities

A two-part prioritization process was used to determine the most pressing health issues impacting the community. First, representatives from across the Holzer system came together to review the data collected and determine what the most pressing health issues in the community are. The group took special care to view things through the lens of the social determinants of health, which are defined as the conditions that we are born into that we cannot control, including safety, economy, and health care access. After reviewing the data, the group identified the following priorities on which to focus implementation planning efforts:

- Access to care
- Health Promotion (including prevention and health education)
- Mental health (including depression and suicide)
- Substance abuse
- Economy (including poverty, unemployment, under-employment)
- Education (including literacy and culture)
- Access to food (including affordability and healthy options)
- Transportation
- Maternal and children healthcare
- Access to opportunities for recreation and fitness

In order to collect feedback from community stakeholders in the participating counties, these priorities were presented via an online survey. Participants were requested to rank the priorities in order of severity.

Following the online survey, regional health department representatives met to identify the top regional health priorities, to be selected from the list generated by the Holzer stakeholder group. Using the inputs generated during the online survey and their knowledge of the community, the regional group identified the following priorities on which to focus community health improvement planning:

- Access to Care
- Health Promotion
- Mental Health and Substance Abuse
- Access to Opportunities for Recreation and Fitness

Action Not Taken

During work plan creation, Holzer representatives identified the following priorities for which a work plan would not be created: Economy, Education, Transportation, and Access to Food. The

workgroups determined that Holzer did not have the capacity and ability to impact Economy and Education in a meaningful way. Holzer acknowledges that they are major issues in the community and will continue to support outside efforts to impact them for the betterment of the community. Holzer is a major driver of the economy in the region and will continue to work towards economic improvement. As a healthy economy is key to improved education systems and attainment, economic efforts will serve to improve education as well.

The group determined that strategies targeting Transportation and Access to Food should be included in the Access to Care and Health Promotion work plans, respectively. Transportation is closely linked with peoples' ability to access care, a fact that was underscored by the assessment results which indicated that lack of transportation is a barrier to access resources. During the Access to Food root cause analysis process, distinct strategies related to food access were very similar to the strategies identified during the planning process for Health Promotion, to the extent that an additional work plan was deemed redundant and unnecessary.

Final Priorities

After these processes of identifying and refining priorities, the following priorities serve as the basis of this Implementation Plan:

- Access to Care
- Access to Opportunities for Recreation and Fitness
- Health Promotion and Chronic Disease Prevention
- Mental Health and Substance Abuse
- Maternal and Infant Health

Work Plan Creation

Beginning in August 2019, workgroups began meeting to draft the work plans that include the strategies and actions that will be implemented to improve on the identified priorities. A total of four meetings were held, the first two with regional health department representatives and hospital stakeholders. During these meetings, workgroups conducted root cause analyses, resource mapping, and gap analyses to determine what measurable goals and objectives would have the most impact on the community.

Following the regional work plan meetings, two meetings were held with hospital stakeholders only. The purpose of those meetings was to identify strategies and actions that could impact the priorities within the Holzer system and draft work plans to address priorities that were not identified by the region.

The work plans can be found in Appendix A of this plan.

Implementation

Following publishing, Holzer will convene workgroups for each of the work plans and implement the goals and objectives identified in the work plans. The plan will be monitored and evaluated on a quarterly basis to gauge success and identify any adjustments that may need to be made to the plan.

Appendix A: Work Plans

Priority 1: Access to Specialty Care

Many factors contribute to Access to Care across the Holzer System. Inadequate resources, such as grant funding, incompatible electronic medical records, and community support, coupled with a rural location and low socioeconomic status, lead to residents not being able to access the care they need. According to the 2019 CHNA Community Survey, 41.21% of respondents reported that it is somewhat difficult and 19.53% of respondents reported that it is very difficult to receive specialty care. We will leverage resources to improve access to care by implementing innovative solutions to help bridge the gap between residents and the care they need. Solutions include improving technology, increasing the number of providers, and increasing transportation options for residents.

Goal 1.1: Increase physician availability

Key Measure(s): *Number of specialty physicians (increase); Number of patients transferred out of system due to lack of availability of specialty provider (decrease)*

Baseline: 2019 rate (to be identified)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 1.1.1: By December 31, 2020, Increase number of specialty healthcare providers by 20.	Baseline: unknown Target: 20	<ul style="list-style-type: none"> Affiliate with OSU for rural residency program Assess specialty needs Establish baseline Determine number of providers needed Research project ECHO and telehealth (Troy Miller) Assess current provider compensation model and assess on call pay 	Start: January 2020 End: December 2022	TBD
Objective 1.1.2: By December 31, 2020 increase physician call coverage by 8%.	Baseline: unknown Target: baseline +8%	<ul style="list-style-type: none"> Assess the hospitalists specialty referrals for need and appropriateness Assess call coverage model and compensation for call Establish baseline 	Start: January 2020 End: December 2022	TBD
Objective 1.1.3: By December 31, 2022, all post-probationary physicians will be at 80% capacity.	Baseline: 45% Target: 80%	<ul style="list-style-type: none"> Assess to establish baseline Review to ensure 80% across system is feasible. For those not at 80%, establish performance goal to improve by 5% (percentages will vary per individual provider) Implement self-scheduling via portal 	Start: January 2020 End: December 2022	TBD

Goal 1.2: Initiate transportation services

Key Measure(s): *Implementation of transportation services*

Baseline: 11.8% of respondents reported difficulty in accessing transportation (2019 CHAN Community Survey)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 1.2.1: By December 31, 2022, decrease percentage of population needing transportation services from 11.8% to 8%.	Baseline: 11.8% Target: 8%	<ul style="list-style-type: none"> Research reasons for low access: <ul style="list-style-type: none"> Survey patients on need for transportation Research historical no shows to see if they are transportation related Assess feasibility of this program 	Start: January 2020 End: December 2022	TBD

		<ul style="list-style-type: none"> • Create business plan based on feasibility assessment • Explore funding options: <ul style="list-style-type: none"> ○ Research grant funding ○ Consider reimbursement from patient insurance plans • Determine target populations and areas/counties • Determine criteria for transportation services • Investigate legality of accepting/asking for donations from patients being transported • Partnership with government and private agency to provide non-emergent transportation services 		
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Goal 1.3: Improve EMR integration across care setting

Key Measure(s): All EMR systems will communicate
Baseline: Incompatible EMR across system (2019)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 1.3.1: By December 31, 2022, all Holzer EMR systems will communicate.	Baseline: incompatible EMRs. Target: 100%	<ul style="list-style-type: none"> • Assess interface • Capabilities compared to current functionality in correlation to cost • Identify key priorities for integration • Identify all challenges with interface capabilities • Research available systems <ul style="list-style-type: none"> ○ Contact IT program vendors to determine what systems would improve communication among existing systems 	Start: January 2020 End: December 2022	TBD

Goal 1.4: Increase funding for access to care initiatives

Key Measure(s): Budget for capital project (0% baseline)
Baseline: 0% (2019)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 1.4.1: Increase grant funding for access to care initiatives by \$75,000 annually.	Baseline: unknown Target: \$75,000 annually	<ul style="list-style-type: none"> • Hire or contract with experienced grant writer • Research available grants for Rural Appalachian Region • Affiliate with larger organization with grant procurement • Assess current donor sources • Market to target specific needs 	Start: January 2020 End: December 2022	TBD

Goal 1.5: Improve access to specialty services through contract optimization

Key Measure(s): All contracts will be reviewed and renegotiated

Baseline: review to being in 2020, no baseline needed

Objectives	Measure	Action Steps	Timeframe	Lead
Objective1.5.1: Decrease barriers to access caused by payer access restrictions by 25% per year.	Baseline: Unknown Target: Need baseline established	<ul style="list-style-type: none">• Hire licensed insurance liaisons to counsel patients about in about insurance choices and availability• Determine barriers and opportunities for access to specialty services related to payer contracts• Assess current payer contracts for opportunities and barriers• Establish baseline	Start: January 2020 End: December 2022	TBD

Priority 2: Substance Abuse and Mental Health

Substance Abuse and Mental Health are leading public and community health issues impacting every segment of the population in the area that Holzer Health System serves. Southeast Ohio is considered “ground zero” for these issues which are impacting the state and country. 80.27% of 2019 Community Survey respondents reported that drug and/or alcohol abuse was a major health concern in the community. The problem is impacted by few resources, including inadequate data systems, low treatment capacity, overwhelmed caseworkers, and a lack of adequate funding to address the issue. In addition, the stigma surrounding substance abuse and mental health makes residents unwilling or unable to seek needed care. We will leverage resources to increase the availability of grant money, data, treatment beds and other resources to combat the issue.

Goal 2.1: Increase access to treatment

Key Measure(s): Increase utilization of services to 150% of baseline

Baseline: 2019 utilization rate

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 2.1.1: By December 2021, expand regional/local outpatient services for substance abuse and mental health by 25%.	Baseline: To be established Target: 25% over baseline 12/20 150% of baseline 12/22	<ul style="list-style-type: none"> Establish baseline Renovate current space Adjust for staff needed to accommodate space 	Start: October 1, 2019 End: December 2021	Terri Kowalski Tom Moore Rachel Harvey
Objective 2.1.2: Increase by 1 facility the inpatient and outpatient services for detox and substance abuse by December 31, 2022	Baseline: 0 Target: 1 new space obtained	<ul style="list-style-type: none"> Identify and obtain new space Determine if state or county owns GDC -Tom Moore to inquire. (county owned) Make business plan for expanding space Todd Fowler to review concept. Reach out to businesses: Diamond Health, OVP, Hopewell, Athens Behavioral Health (ABH) Recruitment of providers Staff recruitment strategies: tuition reimbursement., certification reimbursement., student loan forgiveness Legislator support federal, state, county resources Grant application for seed money to evaluate self-sustaining business model 	Start: October 1, 2019 End: December 2022 After Todd F. approves proceed with action items.	Terri Kowalski Tom Moore Rachel Harvey
Objective 2.1.3 Identify opioid crisis team by July 1, 2020	Baseline: 0 crisis teams Target: Crisis teams focused on overdose response and referral in HMCG and HMCJ developed	<ul style="list-style-type: none"> Opioid response team development Naloxone administration training <ul style="list-style-type: none"> Check with Jason W about incorporating Narcan administration into the BCLS and ACLS trainings Annual health stream competency (referral app) Look for intersections/ collaboration opportunities 	Start: October 1, 2019 End: December 2021	Terri Kowalski Tom Moore Rachel Harvey

Goal 2.2: Increase grant funding

Key Measure(s): Grant writer salary/contract approved

Baseline: Funds not currently allocated (2019)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 2.2.1: Hire or contract with experienced grant writer to access grant funding system wide by July 1, 2020	Baseline: 0 Target: Salary/contract fee for grant writer budget approved	<ul style="list-style-type: none"> Coordinate with Troy Miller BI for business case applications Identify and uptrain talent Identify internal grant proposal application submission process Recruit talent Improve data platforms to improve grant applications 	Start: October 1, 2019 End: July 1, 2020	TBD

Goal 2.3: Become the region’s foremost source for MH/SA best practices

Key Measure(s): Improved regional collaboration and action

Baseline: Ineffective communication and siloed workforce (2019)

Objective	Measure	Action Steps	Timeframe	Lead
Objective 2.3.1: By December 31, 2029 establish a collaborative network to become best practice site.	Baseline: Siloed efforts Target: Regional collaboration	<ul style="list-style-type: none"> Identify liaisons for referrals across agencies/schools Provide education on the benefit of collaboration over competition Include community, higher education, local politicians Communicate with current active organizations and committees Communicate with media resources Spark 	Start: October 1, 2019 End: December 31, 2029	Terri Kowalski

Goal 2.4: Improve development of SA/MH workforce

Key Measure(s): Increase in training for mental health and substance use disorder professionals

Baseline: Current training plan

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 2.4.1: By December 31, 2022, update training program to better incorporate training program for “homegrown” mental health/SUD workforce.	Baseline: Existing training program Target: Improved training program	<ul style="list-style-type: none"> Institute tuition reimbursement for MH/SUD professionals Incorporate compassion fatigue into training Incorporate stigma reduction into training 	Start: January 2020 End: December 2022	Terri Kowalski

Priority 3: Health Promotion/Chronic Disease

Chronic Disease rates remain high across the region. According to the 2019 CHNA, rates for diabetes, high cholesterol, and obesity are higher than the state and country among much of the Holzer coverage area. This is due to several factors, including low access to resources such as healthy foods, health insurance, specialty care, and transportation. The culture, as well as a lack of health awareness and education, contributes to the issue. We will leverage our existing resources to increase health literacy, transportation and access to care for residents.

Goal 3.1: Increase health education

Key Measure(s): Increase number of vaccinations given; Decrease youth disease stats; Increase number of college aged individuals established with a primary care provider

Baseline: 2019 rates

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.1.1: By December 31, 2022, Holzer will implement 3 additional health education programs targeting youth in the community.	Baseline: 0 current programs Target: 3	<ul style="list-style-type: none"> Develop programs with 3 tiers Involve Peds department Dreams run/walk (March/April) 	Start: January 1, 2020 End: December 31, 2022	Peds Dept. Marketing School Administration
Objective 3.1.2: By December 31, 2022, Holzer will implement 3 additional health education programs targeting youth in the school systems.	Baseline: 0 current programs Target:3	<ul style="list-style-type: none"> Develop programs with three tiers Involve Peds department Raised beds for school gardens Outreach to schools for buy in 	Start: January 1, 2020 End: December 31, 2022	Peds Dept. Marketing School Administration
Objective 3.1.3: By December 31, 2022, implement 1 awareness campaign to promote healthy behaviors among college students.	Baseline: 0 Target: 1 primary care education campaign aimed at college students	<ul style="list-style-type: none"> Primary care messages at fairs Primary care provider outreach for UCC and Ed Depts. Pilot health education geared toward preventive issues in waiting areas Outreach to college campuses Evenings run/walk after Dreams 	Start: January 1, 2020 End: December 31, 2022	Peds Dept. Marketing School Administration
Objective 3.1.4: By December 31, 2022, implement 1 awareness campaign to promote healthy behaviors among families.	Baseline: 0 Target: 1 primary care education campaign aimed at families	<ul style="list-style-type: none"> Primary care messages at fairs Primary care provider outreach for UCC and Ed Depts. Pilot health education geared toward preventive issues in waiting areas Outreach to college campuses Evenings run/walk after Dreams 	Start: January 1, 2020 End: December 31, 2022	Peds Dept. Marketing School Administration

Goal 3.2: Increase availability of transportation

Key Measure(s): Increase access to appointments, pharmacy, and food.

Baseline: Residents with lack of access (2019)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.2.1: By December 31, 2022, 15% more residents will have access to transportation.	Baseline: unknown Target: Baseline +15%	<ul style="list-style-type: none"> • Explore what current systems look like now • Ask for stories from managers/staff regarding transportation issues – start now • Lobby for funds to help • Offset costs • Grants • Explore needs to area 	Start: January 1, 2020 End: December 31, 2022	Care Management

Goal 3.3: Increase access to preventive care services

Key Measure(s): Increase access to preventive care via mobile unit accessibility

Baseline: Rate of residents seeking preventive care (2019)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.3.1: By December 31, 2022, Holzer will have 1 mobile unit to increase access to prevention services.	Baseline: 0 Target: 1 mobile unit	<ul style="list-style-type: none"> • Evaluate Feasibility • Board/exec financial • Staff/time allotment • Grant request 3rd quarter of 2020 • Assignment of grant 2021 	Start: January 1, 2020 End: December 31, 2022	Care Management

Goal 3.4: Improve medication affordability

Key Measure(s): Decrease in residents reporting cost as a barrier to accessing medication

Baseline: 2019 rate (CHNA Community Survey)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.4.1: By December 31, 2022, implement program to assist with medication affordability with indigent population.	Baseline: 1 current program - Meigs Target: All PCP locations	<ul style="list-style-type: none"> • Expand to all PCP locations • Pharmacy buy in • Develop site criteria 	Start: January 1, 2020 End: December 31, 2022, then ongoing	Pharmacy

Goal 3.5: Expand hours for access

Key Measure(s): Increase in Holzer clinics that offer evening appointments

Baseline: 2019 numbers

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.5.1: By December 31, 2022, Holzer clinics will offer evening hours 1-2 days a week at local clinics.	Baseline: 0 Target: 100% of local clinics offering evening appointments	<ul style="list-style-type: none"> Buy in from staff Recruiting FP/IM providers Involve resident clinic Business plan 	Start: January 1, 2020 End: December 31, 2022	TBD

Goal 3.6: Increase access to food

Key Measure(s): Decrease number of residents reporting no access to healthy foods

Baseline: 2019 numbers

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.6.1: By May 31, 2022 50% of Holzer locations will have a “Blessing Box” food pantry.	Baseline: 0 Target: Food pantry at each Holzer clinic location	<ul style="list-style-type: none"> Build the boxes (maintenance) Develop signage and education Distribute boxes Gain employee buy-in (managers) Plan for how to refill boxes: <ul style="list-style-type: none"> Donation based – employees and community Food drives to replenish boxes Reimplement food drives around our locations 	Start: May 1, 2020 End: May 31, 2022	Site Management / Maintenance / Marketing

Goal 3.7: Increase knowledge of healthy food choices

Key Measure(s): Decrease in obesity rate

Baseline: 2019 rate

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 3.7.1: By December 31, 2022, 100% of primary care locations will have nutrition education available to patients.	Baseline: 0 Target: 100	<ul style="list-style-type: none"> Develop materials (Marketing/nutrition) Distribute materials Inquire with local grocery stores about coupons for fruits and vegetables – implement if available (marketing can create “coupon”) Incorporate messaging into Holzer social media posts 	Start: January 1, 2020 End: December 31, 2022	Marketing/Ashton Cale

Priority 4: Access to Opportunities for Recreation and Fitness

Access to quality recreation is important to maintaining health. In this region, there are many contributing factors to the lack of access to opportunities for recreation and fitness activities, including inconsistent education and promotion, lack of awareness of available resources, lack of funding. In addition, the culture does not prioritize recreation. These factors result in an increase in chronic disease, primarily obesity. As a regional leader for not only healthcare but health leadership, Holzer is uniquely situated to enhance the quality of life and health of the community that we serve. We will leverage our existing resources to create a region where residents have a healthier BMI, increased awareness of area resources, and prioritize recreation as an important part of life.

Goal 4.1: Regional residents will improve BMI to healthy level

Key Measure(s): Adult BMI

Baseline: Adults that report a BMI of 30 or greater, 2019: Gallia County: 32.0%, Jackson County: 37.0%, Lawrence County: 38.9%, Meigs County: 33.7%, Vinton County: 33.0%

Objectives	Measure	Action Steps	Timeframe	Lead
<p>Objective 4.1.1: By December 31, 2022, implement 1 health improvement program for youth.</p>	<p>Baseline: 0 Target: 1</p>	<ul style="list-style-type: none"> • Research available programs. Consider the following: <ul style="list-style-type: none"> ○ American Ninja Warrior • Explore potential partnerships with schools. Consider the following: <ul style="list-style-type: none"> ○ Cory Luce – grade schools ○ Caleb Warnimont ○ Rob Shoecraft • Identify sources of funding for partners • Create MOU that outlines the expectations for fiscal and human resources to make program successful • Pilot program with one school <ul style="list-style-type: none"> ○ Holzer representative to head this: Gwen Craft • Disseminate program throughout the region • Obtain/Research grant funding 	<p>Start: January 2020 End: December 2022</p>	<p>Todd Miller Matt Mossburg Sarah Holland</p>
<p>Objective 4.1.2: By December 31, 2022, implement 1 health improvement program for adults.</p>	<p>Baseline: 0 Target: 1</p>	<ul style="list-style-type: none"> • Research available programs. Consider the following: <ul style="list-style-type: none"> ○ Running Clubs, steps, biking, etc. <ul style="list-style-type: none"> ▪ Holzer representative to head this: Mike Hemphill ○ Sponsored walks <ul style="list-style-type: none"> ▪ Holzer representative to head this: Matt Mossburg ○ American Ninja Warrior <ul style="list-style-type: none"> ▪ Holzer representative to head this: Matt Mossburg ○ Club that tracks minutes and miles of activities, incentives given to people with high activity. • Explore potential community partnerships to aid with implementation 	<p>Start: January 2020 End: December 2022</p>	<p>TBD</p>

		<ul style="list-style-type: none"> • Pilot program in one area • Disseminate program throughout the region 		
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Goal 4.2: Improve culture through consistent healthy living, education and promotion that includes all community stakeholders.

Key Measure(s): Increase % of adults reporting that areas for physical activity are not accessible
Baseline: 7.01% (2019 CHNA)

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 4.2.1: Implement 1 communication plan around physical activity.	Baseline:0 Target: 1	<ul style="list-style-type: none"> • Draft communication plan establishing consistent avenues of public communication around regional opportunities for physical activity • Consider the following communication methods: Newsletter, mobile app, Facebook page • Create system to gather information to be sent • Create a “community bulletin board” • Utilize existing communications resources to assist with creation and implementation of plan. Consider: <ul style="list-style-type: none"> ○ Obtain input from MarJean Kennedy ○ Jeff Lanham 	Start: January 2020 End: December 2022	Todd Miller Sarah Holland

Goal 4.3: Increase opportunities for recreational activities through community advocacy

Key Measure(s): Increase use of activities which are no cost (increase by 1 per year)
Baseline: current use

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 4.3.1: Form a regional group to create physical activity programs for residents.	Baseline: 0 Target: 1	<ul style="list-style-type: none"> • Identify groups to participate • Create list of regular activities for agencies and organizations to sponsor. Consider the following: <ul style="list-style-type: none"> ○ Sponsor walk or ride events with door prize ○ Creating milestone rewards system with prizes for adults and youth ○ Determine the appropriate frequency to hold events – bimonthly, monthly, quarterly, etc. • Recruit businesses and organizations to sponsor activities 	Start: January 2020 End: December 2022	Mike Hemphill

Goal 4.3: Increase opportunities for recreational activities through community advocacy

Priority 5. Maternal and Children Health Care

The health of a community is dependent on the health of its most vulnerable residents. In our community, like many rural, Appalachian communities, women and children are at an increased risk for many issues, including preterm birth, infant mortality, and childhood asthma. We will leverage our resources to improve health outcomes for women and children by improving access to prenatal and preconception health services and education among residents to improve health behaviors.

Goal 5.1: Improve access to prenatal care

Key Measure(s): *Decrease rate of mothers who give birth without prenatal care; Increase rate of children who are compliant with recommended well-visit schedule*

Baseline: 2019 rates

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 5.1.1: By December 31, 2022, implement 1 new program for MCH to improve access to care.	Baseline: 0 Target: 1 news	<ul style="list-style-type: none"> Ensure access to MCH is available on the mobile health care (alignment with CHNA implementation plan goal 3.3) Extend after-hours and weekend appointments Telehealth access Provider visits to daycares Developmental clinic offered monthly/quarterly 	Start: January 1, 2020 End: December 31, 2022	Tom Moore Sarah Holland Susan Rowe

Goal 5.2: Improve community educational resources

Key Measure(s): *Increase MCH educational public events by 10%*

Baseline: 2019 number of events offered

Objectives	Measure	Action Steps	Timeframe	Lead
Objective 5.2.1: By December 31, 2022, enhance outreach and educational programs to improve understanding about resources available.	Baseline: 2019 baseline Target: Baseline +10%	<ul style="list-style-type: none"> Add MCH to health fairs Short videos shown in peds clinic and OB Offer classes at facilities other than hospital 	Start: January 1, 2020 End: December 31, 2022	Laurie Collins, Gwen Craft Ryan Bloomfield, Sarah Holland

Holzer Health System's Board of Governors is comprised of Clinical and Administrative leaders responsible for the daily operations of the healthcare system. The Board of Governors approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment. This report was prepared for the 10/23/2019 Holzer Health System Board of Governors meeting.

X 

Date 10/23/19

Brent Saunders, Chairman of the Board

Holzer Health System