Community Health Needs Assessment Implementation Plan

FY 2020 - FY 2022

STURDY MEMORIAL HOSPITAL

In January 2019, Sturdy Memorial Hospital began the process of its 2019 Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the Hospital's service areas. This assessment was conducted in an effort to reinforce the Hospital's commitment to the health of its residents while ensuring alignment of health prevention efforts with the community's greatest needs. The CHNA examined a variety of health indicators including chronic health conditions, access to health care and social determinants of health. Sturdy Memorial Hospital contracted with Holleran, a research firm based in Lancaster, Pennsylvania to execute this project.

The completion of the 2019 CHNA enabled Sturdy Memorial Hospital to take an in-depth look at its community needs. The findings of the report were utilized by Sturdy to prioritize public health issues and develop an implementation plan focused on meeting the identified community health needs. Sturdy Memorial Hospital is committed to the people it serves and the communities in which they reside. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced public health.

The prioritized health needs, as discussed during the August 5, 2019 prioritization meeting, are listed below:

- Access to Care
- Behavioral Health and Substance Abuse
- Chronic Disease Management and Prevention
- Cancer Prevention Education and Screening

Sturdy Memorial Hospital's Board of Managers approved the 2019 Community Health Needs Assessment on September 23, 2019.

Sturdy Memorial Hospital's Board of Managers approved the 2019 Community Health Needs Assessment Implementation Plan for FY 2020-FY2022 on January 27, 2020.

Priority: Access to Care

Rationale: Access to care is an issue of massive proportion across the nation. Provider density, or the provider to population ratio, is one measure to evaluate the opportunity for community members to be seen by a physician. Provider to population ratios varied by location across the service area. Norfolk County ranked as the second best county in Massachusetts in the Clinical Care Rank from the County Health Rankings. Bristol County on the other hand ranked 11th out of 14.

It is important to note that the sheer number of providers does not always give the full picture of access. Even when communities have strong provider numbers, residents can still experience barriers such as lack of transportation, inability to afford the health care visit or simply be challenged in attempting to navigate the health care system. Key informants confirmed this to be the case as they selected the two most significant barriers of Accessing Health Care to be the Inability to pay out of pocket expenses, as well as, Availability of providers/appointments. Other challenges in the community were succinctly identified by a key informant, "Lack of coordination of care by providers and the number of providers and specialists to help educate about access to care is still a silo mentality, as well as limited access from insurance coverage and providers incentives for coordination of care." These barriers to accessing care can be difficult and overwhelming and can even pose particular challenges, such as unmet health needs, delays in receiving appropriate care, and even preventable hospitalizations.

Key informants also expressed particular concern for the low-income/poor population group. While secondary data appears to be favorable as evidenced though overall health insurance coverage, key informants still noted cost of health care to be the most significant barrier. When speaking specifically of health care resources or services that are missing in the community, cost-related services including free/low cost dental care and free/low cost medical care topped the list. Approximately 53% and 48% of key informants selected these services, respectively. Other health care resources or services identified as missing or insufficient in the community were mental health services, transportation, health education/outreach, and substance abuse services.

Objective: Address barriers and challenges that residents face in Sturdy Memorial's service area in accessing and navigating health care needs and services

ACCESS TO CARE Strategies	Metrics/What are we measuring	Potential Partnering/External Organizations
Sturdy will Increase access to SMH and SMA providers through recruitment and retention of providers, both primary and specialty care providers	• Number of Physicians and NP/PAs hired	• UMASS Medical School • Brown University Medical School • Boston Medical Center
Sturdy Memorial Hospital will research and identify possible telemedicine opportunities.	• Increase the number of referrals • Implement new consult services	• Community VNA
Sturdy Memorial Hospital will explore opportunities to reduce transportation barriers for patients.	• The number of transportation vouchers provided • Participation in the CAR Program	• GATRA • District Council of Attleboro • Attleboro YMCA
Sturdy Memorial will explore "off-hour" clinic		

opportunities for patients with little daytime flexibility		
Sturdy Memorial will continue to explore opportunities to support our aging population including supportive care.	• The number of program referrals and admissions	• HopeHealth • Community VNA
Sturdy Memorial will explore ways to improve the process of connecting ED patients to a PCP as appropriate		
Sturdy Memorial will continue to connect uninsured or underinsured patients to financial counselors	• Number of insured residents	• MassHealth
Sturdy Memorial will explore the opportunity to partner with local dentist offices for screening services	• Number of clinics held • Number of patients	• Dr. Pierce

Priority: Behavioral Health and Substance Abuse

Rationale: The issue of mental health and substance abuse were shared as a health concern among key informants and was apparent through the secondary data analysis. Participants identified mental health, substance abuse/alcohol abuse, and opioid crisis/drug overdoses among the top five most pressing health issues in the community with mental health ranking as the top most pressing need.

The suicide rate in Bristol County is 12.6, as compared to 8.0 in Norfolk County, 9.9 in Massachusetts and 14.5 in the nation. In addition, YRBSS (Youth Risk Behavioral Surveillance System) data show that more than 12% of Massachusetts high school students have seriously considered suicide. Another element in understanding the mental health of the community is reflected through the BRFSS (Behavioral Risk Factor Surveillance System) secondary data of self-reporting poor mental health days in the past 30 days. A higher number of community members report average poor mental health days in Bristol County (4.7) when compared to Norfolk County (3.7), Massachusetts (4.0), and the National Benchmark of 3.1.

Similar to many other states in the United States, Massachusetts is facing a public health epidemic in opioid addiction. Unfortunately, the substance abuse, specifically opioid-related deaths, is much higher in both of the service areas. Key Informants identified the need for increased mental health and substance abuse services. Both mental health services (ranked 1st) and substance abuse services (ranked 6th) topped the list of missing resources or services in the community. Substance use disorders involving the overuse and abuse of alcohol and/or drugs not only affect the individual and their families, but also influences the community at large. Despite the overall observed reductions in opioid prescribing, opioid-involved overdose death rates have continued to increase and is driven largely by the use of illicit drugs. Notably, 20.1% of high school students report being offered, sold, or given drugs at school in Massachusetts, which is slightly higher than the nation (19.8%). High school students in Massachusetts also report being more likely to currently use alcohol, ever used marijuana, and currently use marijuana when compared to the nation. Binge drinking among both adults and high school students is worse in Massachusetts than the nation. Even alcohol impaired driving deaths in both Bristol County (30%) and Norfolk County (33%) are higher than the state (29%) and the nation (13%). Furthermore, Substance abuse/alcohol abuse and Opioid crisis/drug overdoses were both among the top health issues. Opioid crisis/drug overdoses tied as the second most significant issue facing the community.

Objective: Improve access and integration/coordination of mental health and substance use disorder services in the area.

BEHAVIORAL HEALTH & SUBSTANCE ABUSE Strategies	Metrics/What are we measuring	Potential Partnering/External Organizations
Continue to provide individual, group, medication assisted treatment and other mental health services including support through partnership with Column Health	• Number of patients who accept treatment • Number of adults who utilize services at Column Health	• Column Health • SMA Practices

Continue screening for behavioral health and substance use disorders, explore further opportunities for education and screening tools.	• The number of patients screened and referred to support programs (SMH and SMA) • The number of providers trained on trauma	• New Hope for training
Increase the number of primary care practices and specialty practices within SMA that have integrated behavioral health services available	• The number of patients served by the partnership with Mclean	• McClean Hospital
	• The number of patients seen by behavioral health providers	
Sturdy will explore opportunities to collaborate with local organizations to address the high percentage of youth in our service area who report thoughts of self-harm and engage in high risk behaviors such as binge drinking, and drug use.	• The number of students reached • The number of programs provided	• Attleboro area public schools • Area YMCAs
Sturdy will work with community organizations to identify a comprehensive list of current mental health providers within the service area		• Fuller Hospital
Explore telemedicine opportunities for behavioral health patients.		

Priority: Chronic Disease Prevention and Management

Rationale: While chronic diseases are the most common causes of death and disability in the United States, chronic diseases are among the most costly, yet are largely preventable conditions. In the primary and secondary service areas, cancer is the primary cause of death, followed by heart disease, and then chronic lower respiratory disease. Mortality rates for heart disease, cancer, chronic lower respiratory disease, and essential hypertension and hypertensive renal disease in Bristol County far exceed the rates in Norfolk County, the state, and nation.

Key informants note that chronic disease management challenges faced by individuals in the community are due to the lack of knowledge and education, lack of access to providers, financial challenges, and limited in-home services. Managing a chronic disease can be challenging and costly, particularly when not managed appropriately. It is undeniable that poverty and cost is a critical factor in managing a chronic disease, and a severe problem for many older adults. Notably, both the primary and secondary service areas have a larger older adult population.

Health behaviors, such as tobacco use, alcohol consumption, diet and exercise, and obesity are often correlated with certain chronic health conditions. The percentage of adults smoking is higher in Bristol County (18%) when compared to 12% in Norfolk County, 14% in both Massachusetts and the nation. Nearly 29% of adults in Bristol County are considered obese. Key informants identified that individuals across the service area are struggling to maintain a healthy weight and lifestyle. While smoking and other health behaviors are impacting individuals in both Bristol County and Norfolk County, these factors are manifesting themselves differently in the types of chronic conditions affecting each area. In Norfolk County, residents are more likely to be burdened by all sites of cancer, breast cancer, melanoma of the skin, and prostate cancer. However, residents in Bristol County are more likely to suffer from lung and bronchus cancer, as well as heart disease, obesity, and chronic lower respiratory disease (COPD).

Like health behaviors, the types of chronic conditions affecting individuals vary by the service area. While specific chronic diseases may vary by location, the impact and burden on residents trying to manage chronic conditions remains the same. One key informant emphasized, “Obesity seems to be correlated to many other conditions and seems to be a large drain on the health care system.”

Objective: Prevent, detect, and manage chronic illnesses prevalent in SMH’s service area

CHRONIC DISEASE PREVENTION & MANAGEMENT Strategies	Metrics/What are we measuring	Potential Partnering/External Organizations
Sturdy will continue to participate/host health fairs for screening, health literacy, and community education.	• The number of health screenings, health fairs, and community education events held each year • The number of participants at each health event	• Area Schools • YMCAs • Health Departments • Councils on Aging
Sturdy will continue to support current programs	• The number of referrals to	• SMA Practices

that increase opportunities for physical activity for those most at risk.	each program • The number of patients enrolled • The number of provider meetings held to bring awareness to the programs	
Sturdy will explore opportunities and programs that increase access to health foods and support nutritional education	• The number of healthy cooking demonstrations • The number of individuals at each event	
Sturdy will continue to improve care coordination for diabetic/pre-diabetic patients	• Number of provider education meetings • Number of referrals from providers- SMA Practices and Inpatient	• SMA Practices • YMCA
Sturdy will Increase screening for pre-diabetic patients and refer to appropriate resources	• Number of patients with elevated A1cs referred and enrolled into Diabetes Management Program	
Sturdy will collaborate with community partners as part of the Healthy Living Consortium to increase education and awareness in the community.		• YMCA
Sturdy will evaluate and Identify if a new smoking cessation program should be implemented.	• The number of interventions each year	

Priority: Cancer Prevention Education and Screening

Rationale: Cancer is one of the greatest health concerns for residents in the community. The leading cause of death is cancer among the primary service area, Bristol County, Norfolk County, and Massachusetts. Mortality rates for cancer in both Bristol County and Norfolk County exceed the state and national rates. Specifically, Bristol County has higher mortality and incidence rates for lung and bronchus cancer and incidence rates for bladder cancer, pancreas cancer, and prostate cancer. Norfolk County has a higher overall cancer incidence rate for all sites when compared to Bristol County, the state, and the nation. Particularly, incidence rates for breast cancer, melanoma of the skin, and prostate cancer are higher in Norfolk County. Additionally, key informants ranked cancer as one of the top five most pressing health issues in the community.

Health behaviors, such as alcohol and tobacco use are often correlated with certain chronic health conditions. While secondary data appears to be favorable to support cigarette smoking as a risk factor that may increase your chances of lung cancer, key informants do not rank tobacco among the top most pressing health issues. Remarkably, nearly 18% of adults in Bristol County reported smoking, which may be a contributing factor to the higher incidence and mortality rates for lung and bronchus cancer. Alcohol abuse was selected by key informants as a top health issue in the community and is supported by the secondary data. Binge drinking among both adults and high school students is worse in Massachusetts than the nation. Excessive drinking results in approximately 1,542 deaths and 41,926 years of potential life lost each year in Massachusetts, which may be a contributing factor to the higher death rates for chronic liver disease and cirrhosis in Bristol County.

Objective: Provide services to decrease cancer mortality rate

CANCER CARE Action Steps	Metrics/What are we measuring	Potential Partnering/External Organizations
Sturdy will continue to offer early detection and prevention through various screenings, education and support programs.	• The number of health outreach programs • The number of participants at each health event • The number of cancer screenings performed	• American Cancer Society • Area YMCAs
Provide early navigation for men and women with abnormal findings on breast imaging	• The number of patients who went to biopsy/the number of patients navigation reached out to	
Sturdy will continue to provide navigation for patients at the first touch point of early screening and intervention and continue navigation through pre-habilitation, treatment, and palliative care processes to remove barriers to care through the NCCN Distress thermometer and problem list and Oncology rehab screening tools.	• The number of screenings completed • The barriers identified and addressed • The number of referrals to the Oncology Rehab Program	

Nurse Navigation will identify transportation barriers for patients and ways to alleviate them	• The number of patients with identified barriers • The number of patients who received assistance	
Nurse Navigation will identify uninsured or underinsured patients	• The number of patients with identified barriers • The number of patients referred to financial counseling	
Sturdy Memorial Hospital will enhance its current community oncology program through development of additional services	• Number of referrals to sub-specialty oncology services to include cardio-oncology program	
Sturdy Memorial will enhance relationships between primary care providers and oncologists to facilitate care coordination across all settings	• The number of provider to provider educational programs • The number of referrals for cancer prevention screenings to SMH from SMA providers	