

AdventHealth Ottawa

2021-2022

COMMUNITY HEALTH PLAN



AdventHealth Ransom Memorial, Inc. d/b/a AdventHealth Ottawa

Approved by Hospital Board on: April 22, 2021

Community Benefit Manager: Brenda Pfizenmaier

Brenda.Pfizenmaier@AdventHealth.com



2021-2022 COMMUNITY HEALTH PLAN

Table of Contents

Sections	Page
Overview	4
Priority Issues to be Addressed	4
Chronic Disease Prevention and Management	6
Mental Health	8
Priority Issues that will not be Addressed	11

Acknowledgements

This community health plan was prepared by Brenda Pfizenmaier and Jeanette Metzler, with contributions from members of AdventHealth Ottawa Community Health Needs Assessment Committee representing health leaders in the community and AdventHealth leaders.

We are especially grateful for the AdventHealth Ottawa leaders and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of *Extending the Healing Ministry of Christ*.

OVERVIEW

AdventHealth Ransom Memorial, Inc. d/b/a AdventHealth Ottawa will be referred to in this document as AdventHealth Ottawa or the “Hospital.”

Community Health Needs Assessment Process

AdventHealth Ottawa in Ottawa, Kansas, conducted a community health needs assessment in 2020. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations.

In order to ensure broad community input, AdventHealth Ottawa created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met in 2019 and 2020. The members reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital and helped develop the Community Health Plan (CHP) to address the priority issues.

The Community Health Plan (CHP) lists targeted interventions and measurable outcomes for each priority issue noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

Priority Issues to be Addressed

The priority issues to be addressed include:

1. Chronic Disease Prevention and Management
2. Mental Health

See Page 5 for goals, objectives and next steps for each priority selected to be addressed.

Priority Issues not to be Addressed

The priority issues that will not be addressed include:

1. Rising Healthcare Costs and Lack of Health Insurance
2. Dental Care for Adults
3. Access to Health Specialists

See Page 10 for an explanation of why the Hospital is not addressing these issues.

Board Approval

On April 22, 2021, the AdventHealth Ottawa Board approved the Community Health Plan goals, objectives and next steps. A link to the 2021 Community Health Plan was posted on the Hospital’s website as well as <https://www.adventhealth.com/community-health-needs-assessments> prior to May 15, 2021.

Ongoing Evaluation

AdventHealth Ottawa's fiscal year is January – December. For 2021, the Community Health Plan (CHP) will be deployed beginning May 15, 2021 and evaluated at the end of the calendar year. In 2021 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Ottawa at <https://www.adventhealth.com/community-health-needs-assessments>.

CHP PRIORITY 1

Chronic Disease Prevention and Management

Heart disease is the leading cause of death in the Hospital’s service area. When adjusted for age, 182 per 100,000 deaths are due to heart disease compared to the state rate at 158 per 100,000 deaths.

Nearly 32% of adults have high blood pressure and 42% in the Hospital’s primary service area have high cholesterol, both are risk factors for heart disease, which can be improved considerably with proper nutrition. More than 60% of individuals in the service area are overweight and/or obese and the age adjusted rate of diabetes in the population over the age of 18 is 8.4%.



Goal | Increase access to healthy food for low income residents in low-food access areas in Franklin County

Objective | The Hospital will support the Franklin County Food Policy Council’s goals and objectives by providing professional expertise and actively participating in 10 meetings per year.

Objective | The Hospital will conduct four food collection drives and provide 20 volunteer hours for the Food Policy Council’s identified food access initiatives.

Goal | Increase knowledge, improve lifestyle behaviors and provide support to prevent and manage chronic disease in the Hospital’s community

Objective | The Hospital, in partnership with the Franklin County Health Department, will increase knowledge or improve health behaviors for 50 individuals participating in the Chronic Disease Self-Management Program. Participants will demonstrate increased knowledge from the pre-test to the post-test.

Objective | The Hospital will implement a Whole-Person health promotion and disease prevention campaign to 12,500 community members in the primary service area through the distribution of the My Health magazine and social media. One percent (125 community members) will demonstrate engagement by sharing on social media, requesting additional information, or signing up for an education program.

Hospital Contributions

- Staff to actively participate in Franklin County Food Policy Council and Community Health Improvement Committee
- Staff time to coordinate team member volunteers for food access events, including farmer's markets and food pantries
- Engage Hospital team members to participate in food collection drives
- Co-present with Franklin Health Department to facilitate the Chronic Disease Self-Management Program
- Printing and mailing of MyHealth magazine with educational topics focused on healthy lifestyles supporting whole person health
- Staff time for development of content for social media campaign, monitoring community responses and follow-up on inquiries and requests

Community Partners

- Franklin County Health Department
- Franklin County Food Policy Council
- Pathways Food Access Grant Initiatives
- ECKAN Food Access Programs



CHP PRIORITY 2

Mental Health

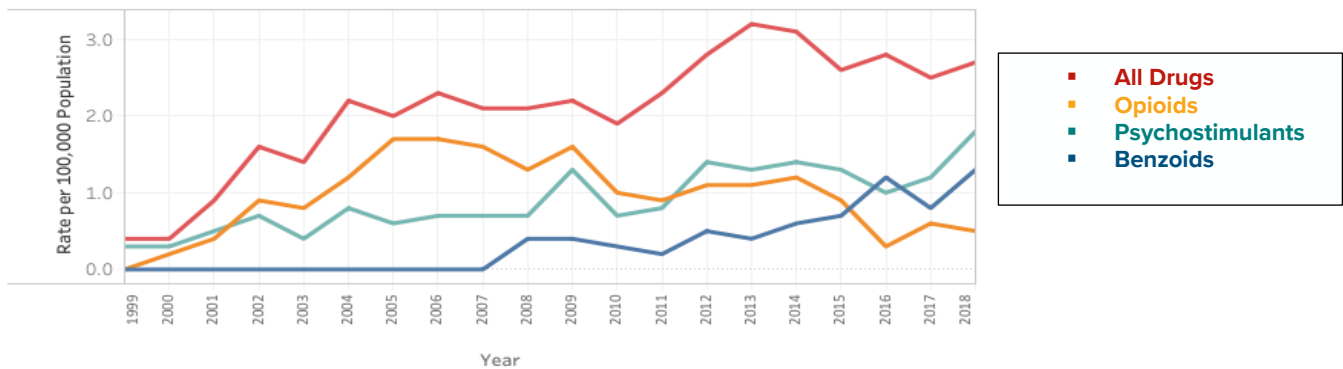
Eleven percent of the Hospital’s community survey respondents were unable to receive mental health or substance abuse treatment. Key stakeholder surveys indicated a *very high importance* and *low satisfaction* to the community’s response on the issue of prescription drug addiction.

Prescription related drug overdose deaths in Kansas dramatically increased from 1999 to 2018. This graph displays trends of drug overdose deaths among Kansas residents between 1999-2018. Drug categories presented are not mutually exclusive, as deaths might have involved more than one substance.

Kansas psychostimulant overdose death rates almost doubled from 2018 to 2019 and accounted for 39% of all fatal overdoses statewide.

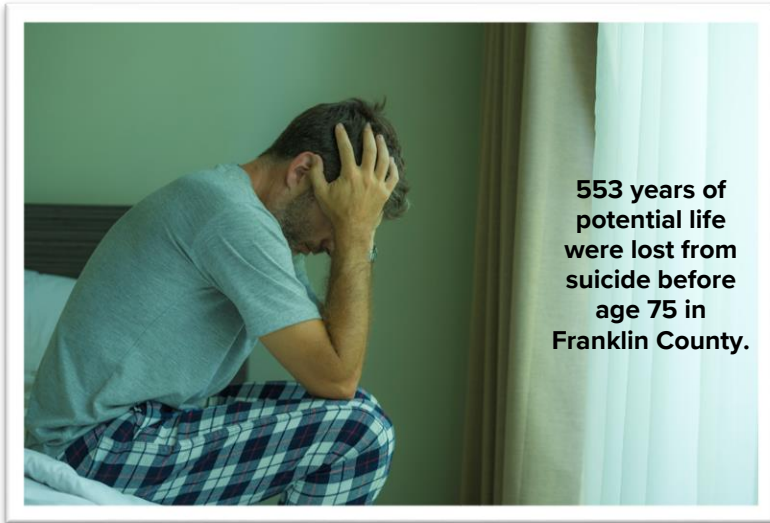
Trends of Opioid Related Drug Overdose Deaths (1999-2018)

As reported to the Office of Vital Statistics at the Kansas Department of Health and Environment



Goal | Reduce prescription overdoses and deaths

- Objective** | The Hospital will provide professional expertise to support the vision and strategic plan of the Franklin County Substance Use Prevention Coalition by actively participating in eight meetings per year.
- Objective** | The Hospital will increase the knowledge of health professionals on best practices for prevention of opioid misuse and provide resources for patients with opioid dependency. Fifty health professionals will participate in education and 75% will indicate increased knowledge through post survey.
- Objective** | The Hospital will implement a community education and awareness campaign on the proper handling of unused prescriptions reaching 12,500 community members in the Hospital’s primary service area through the distribution of the MyHealth magazine and social media. One percent (125 community members) will demonstrate engagement by sharing on social media, requesting additional information, or signing up for an education program.



Suicide and mental health issues were in the top four issues identified by the Community Health Needs Assessment Committee.

Thirteen percent of respondents in the Hospital’s community health survey reported a lack of emotional support.

In the survey, 13.7% reported that their mental health was not good in the past month, and the Hospital admission rate for mental health needs in Franklin County was 73.8 per 10,000.

(KDHE: Kansas Health Matters 2016-2018)

Goal | Reduce suicide attempts and deaths in Franklin County

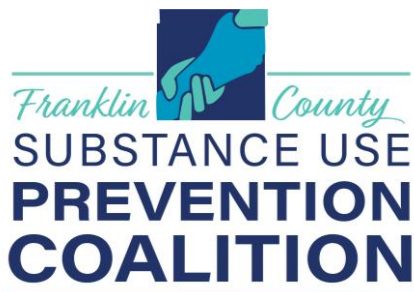
Objective 1	The Hospital will provide professional expertise and support for the development and implementation of the Healthy Minds Franklin County Committee’s goals by actively participating in 15 meetings in two years.
Objective 2	The Hospital will increase the knowledge and skills of 50 community members to effectively respond to those who may be contemplating suicide with the evidence-based program QPR (Question-Persuade-Refer) through financial support, marketing and promotion of the program to the community.
Objective 3	The Hospital will implement a messaging campaign on suicide prevention to 12,500 community members through the MyHealth magazine and social media. One percent (125 community members) will demonstrate engagement by either sharing on social media, requesting additional information, registering for an educational program, or downloading resources.

Hospital Contributions

- Staff to actively participate in Healthy Minds-Franklin County Committee
- Staff to actively participate in the Franklin County Substance Use Prevention Coalition
- Financial support for the evidence-based program for reducing suicide attempts and deaths (QPR- Question / Persuade / Refer)
- Print magazine with mental health messaging addressing proper disposal of prescription medications and mental health education and resources
- Staff time for development of content for social media campaign, monitoring community responses and follow-up on inquiries and requests.

Community Partners

- Franklin County Health Department Substance Abuse Coalition
- Healthy Minds-Franklin County Committee
- Health Partnership Clinic (Behavioral Health)
- Elizabeth Layton Center
- K-State Extension



PRIORITIES THAT WILL NOT BE ADDRESSED

The Community Health Needs Assessment also identified the following priority health needs that will not be addressed. These specific issues and an explanation of why the Hospital is not addressing them, are listed below.

ISSUE 1: RISING HEALTH CARE COSTS AND LACK OF HEALTH INSURANCE

One third of the AdventHealth Ottawa Community Survey responses indicated cost as a barrier to health care and 9.41% did not have health insurance. AdventHealth will continue to advocate for the expansion of Medicaid in Kansas. The Hospital currently provides financial assistance for those without health insurance and struggling to pay their medical bills. The Hospital will assist in connecting patients and the community to resources for accessing health coverage.

ISSUE 2: DENTAL CARE FOR ADULTS

The 2017 Franklin County Health Department Quality of Life Survey conducted by Community Health Assessment team, survey indicated 38% of adults had not seen a dentist in the last 12 months and 18% of adults have poor dental health. While poor dental health leads to other health issues, it is not feasible for the Hospital to provide dental services. Health Partnership Clinic (Federally Qualified Health Center) currently offers dental services, but on a limited basis.

ISSUE 3: ACCESS TO HEALTH SPECIALISTS

Through the prioritization process, the CHNAC identified the lack of access to specialty services as the third priority the Hospital should consider. Key Stakeholder surveys also highlighted this need through their comments. Types of specialists mentioned included mental and dental health providers. Patients needing to see health specialists not available in their community need to travel to southern Johnson County or Kansas City for services. More analysis and information are needed. It is not feasible for the Hospital to address this issue in a 2-year plan.