

2016

Monroe County Hospital Implementation Strategy

Monroe County Hospital

Implementation Strategy

For FY2017-2019 Summary

Monroe County Hospital is a 25 bed, not-for-profit, acute care medical facility located in Forsyth, Georgia. In 2016, the hospital conducted a Community Health Needs Assessment (CHNA) to identify the health needs of Monroe County. The Implementation Strategy for Monroe County Hospital was developed based on findings and priorities established in the CHNA and a review of the hospital's existing community benefit activities.

This report summarizes the plans for Monroe County Hospital to sustain and develop community benefit programs that 1) address prioritized needs from the 2016 Monroe County Hospital CHNA and 2) respond to other identified community health needs.

The following prioritized needs were identified by the community and the CHNA steering committee. Particular focus was placed upon these needs in developing the implementation strategy.

- Access to Care - Health Education and Promotion
- Obesity and Lifestyle (including diabetes)
- Mental Health and Substance Abuse
- Cardiovascular Disease
- Access to Care - Free and Reduced Cost Care
- Access to Care - Transportation
- Access to Care - Social Issues

Monroe County Hospital has addressed each of the health needs identified in the CHNA. Monroe County Hospital developed implementation strategies to address each of the health issues identified over the next three years.

Specific implementation strategies for each of the CHNA identified health needs are addressed in the following appendices to this report.

The Monroe County Hospital Board approved this Implementation Strategy through a board vote on November 29, 2016.

Please reference additional appendices to this report for the implementation strategy for each of the health priorities.

The following issues were identified as “priority” needs by the community participants. The findings are listed in the order of priority as determined by the focus groups.

1. Access to Care - Health Education and Prevention
 - a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases such as obesity, diabetes, cardiovascular, and respiratory diseases.
 - b. There is a need for education and awareness on the causes and prevention of STDs.

- ~~c. There is a need for more education on the benefits of wellness visits and primary care visits for individuals in poverty. There is a need for more communication about available resources for free or reduced cost primary care.~~
 - ~~i. There is a need for more health fairs.~~
 - ~~ii. There is a need for more support groups.~~
 - ~~iii. There is a need for more screenings.~~
- 2. Obesity and Lifestyle (including diabetes)
 - a. There is a need for specific education how to purchase and cook healthy foods on a budget.
 - b. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community.
 - c. There is a need for more diabetes monitoring of patients to ensure a proper intervention.
- 3. Mental Health and Substance Abuse
 - d. There is a need for education, awareness, and treatment options for mental health and substance abuse.
 - e. There is a need for more support groups for mental illness and substance abuse.
 - f. There is a need for more local mental health facilities.
 - i. Lack of local addiction services.
- 4. Cardiovascular Disease
 - g. There is a need for education and awareness on the causes, prevention, and intervention for cardiovascular diseases and high blood pressure.
- 5. Access to Care - Free and Reduced Cost Care
 - a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
 - b. There is a specific need for low cost dental care and education for children.
 - c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs.
- 6. Access to Care - Transportation
 - a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.
- 7. Access to Care - Social Issues
 - a. There is a need for more education and awareness of the signs and symptoms of domestic violence.
 - b. There is a need for a homeless shelter to provide housing and food for the community's most vulnerable populations.

Community Work Plan for Access to Care - Health Education and Prevention

Health Problem	Outcome Objective (Anticipated Impact)
<ul style="list-style-type: none"> a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases such as obesity, diabetes, cardiovascular, and respiratory diseases. b. There is a need for education and awareness on the causes and prevention of STDs. c. There is a need for more education on the benefits of wellness visits and primary care visits for individuals in poverty. There is a need for more communication about available resources for free or reduced cost primary care. <ul style="list-style-type: none"> 1. There is a need for more health fairs. 2. There is a need for more support groups. 3. There is a need for more screenings. 	<ul style="list-style-type: none"> a. Increase education and awareness on the risk factors and interventions for commonly diagnosed chronic diseases such as obesity, diabetes, cardiovascular, and respiratory diseases. b. Increase education and awareness on the causes and prevention of STDs. c. Increase community access to education on the benefits of primary care visits and increase access to health fairs, support groups and health screenings.
<p>Background:</p> <p>The CHNA process identified a need for education and programming to reduce the high rates of chronic diseases. The Monroe County death rates for heart disease, diabetes, and stroke were higher compared to Georgia.</p>	
<ul style="list-style-type: none"> a. Monroe County Hospital works year-round with community partners to combine our resources that raise awareness of health and healthy behaviors. We plan to provide a quarterly community newsletter and publicize information on the hospital website. Participate in a Health Fair once a year. Provide nutrition education opportunities for various health conditions b. The Monroe County Health Department provides education on the awareness, causes, and prevention of STDs. c. Update the Resource Guide that is published by the Family Connection Services with availability to our patients and will have it widely publicized. We currently continue with the annual breast cancer awareness campaign - providing reduced cost mammogram screenings twice a year, annual prostate cancer screening, and flu immunization campaign. 	

Possible Collaborations

- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Circle of Care
- Chamber of Commerce
- River Edge Behavioral Health

Community Work Plan for Obesity and Lifestyle (including diabetes)	
Health Problem	Outcome Objective (Anticipated Impact)
<ul style="list-style-type: none"> a. There is a need for specific education how to purchase and cook healthy foods on a budget. b. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community. c. There is a need for more diabetes monitoring of patients to ensure a proper intervention. 	<ul style="list-style-type: none"> a. Increase knowledge and awareness on how to cook and purchase healthy foods on a budget. b. Increase knowledge and awareness of available resources to help incorporate physical activity into one's daily life. c. Increase patient intervention of diabetes monitoring.
<p>Background:</p> <p>The CHNA process identified a need for more awareness and education about obesity. Obesity is a risk factor associated with diabetes and other chronic diseases. The community reported an overall need for more education and awareness on healthy eating, exercise programs, and diabetes monitoring intervention.</p>	
<p>Implementation Strategy:</p> <ul style="list-style-type: none"> a. Monroe County Hospital provides nutrition education/counseling to inpatients and outpatients. We support the educational programs that the extension office provides and offer our facility if needed. b. Refer to Appendix #1-(a) c. Refer to Appendix #1 (a) 	

Possible Collaborations:

- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Circle of Care
- Chamber of Commerce
- River Edge Behavioral Health

Community Work Plan for Mental Health and Substance Abuse

Health Problem	Outcome Objective (Anticipated Impact)
<ul style="list-style-type: none"> a. There is a need for education, awareness, and treatment options for mental health and substance abuse. b. There is a need for more support groups for mental illness and substance abuse. c. There is a need for more local mental health facilities. <ul style="list-style-type: none"> 1. Lack of local addiction services. 	<ul style="list-style-type: none"> a. Increase education and awareness of mental health conditions. Increase awareness of treatment options available for mental health and substance abuse. b. Increase availability of support groups for mental illness and substance abuse. c. Increase access to local mental health services or increase awareness of nearby mental health services (especially addiction services) available to the community.

Background:

The CHNA process identified a need for better mental healthcare access. The community reported a need for more education and awareness about mental health and more treatment options for both substance abuse and mental health conditions.

Implementation Strategy:

- a. Monroe County Hospital does not currently offer drug abuse and/or mental and behavioral health services. There is an outpatient campus of the community service board “River Edge Behavioral Health” located in our county. We work collaboratively with River Edge for patient referrals.
- b. River Edge is looking into providing more signage in the community to increase awareness of their facility’s location and will be published in the “Resource Guide” which will be available to the community. Dr. Betty Williams is located in our community and provides counseling services.
- c. River Edge is a local mental health outpatient facility located in the community and serves as a resource for their inpatient facility located in Macon, Georgia.

Possible Collaborations:

- River Edge Behavioral Health facility
- Dr. Betty Williams
- Circle of Care
- Care Cottage
- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Chamber of Commerce

Community Work Plan for Cardiovascular Disease

Health Problem	Outcome Objective (Anticipated Impact)
<p>a. There is a need for education and awareness on the causes, prevention, and intervention for cardiovascular diseases and high blood pressure.</p>	<p>a. Increase education and awareness on the risk factors associated with cardiovascular disease and high blood pressure. Increase access to cardiovascular treatment interventions through awareness and education.</p>

Background:

The CHNA process identified a need for more education and intervention for cardiovascular diseases. Both heart disease and stroke had higher death rates in Monroe County compared to Georgia.

Refer to Appendix #1 - Health Education & Prevention - Yearly Health Fairs will provide education.

Possible Collaborations:

- River Edge Behavioral Health facility
- Dr. Betty Williams
- Circle of Care
- Care Cottage
- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Chamber of Commerce

Community Work Plan for Access to Care - Free and Reduced Cost Care	
Health Problem	Outcome Objective (Anticipated Impact)
<ul style="list-style-type: none"> a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured. b. There is a specific need for low cost dental care and education for children. c. There is a need for a centralized resource directory to assist community residents in identifying the appropriate resources to meet their healthcare needs. 	<ul style="list-style-type: none"> a. Increase access to low cost care for the working poor, uninsured, and underinsured. Increase awareness of available services that are low cost or sliding fee scale. b. Increase access to education for children on the importance of dental hygiene. Increase access to low cost dental care. c. Increase access to a centralized resource directory to assist community residents in finding the appropriate healthcare resources.
<p>Background:</p> <p>The CHNA process identified a need for better communication about resources that are available in the community at reduced cost for the underserved populations.</p>	
<p>Refer to #1 - hospital will provide a Resource Guide for our patients, and the community as well as publishing it on our website which will list free or reduced cost care facilities.</p>	

Possible Collaborations:

- River Edge Behavioral Health facility
- Dr. Betty Williams
- Circle of Care
- Care Cottage
- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Chamber of Commerce

Community Work Plan for Access to Care - Transportation	
Health Problem	Outcome Objective (Anticipated Impact)
<p>a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.</p>	<p>a. Increase awareness of available transportation services in the community. Increase healthcare outreach (preventive and/or clinical) to underserved populations that do not have transportation.</p>
<p>Background:</p> <p>The CHNA process identified a need for better, more reliable transportation. For the community that does not have transportation, most rely on family and friends for transportation to doctor visits.</p>	
<p>Monroe County Hospital cannot directly impact the transportation issue as we do not offer transportation services, but will support those services already available from other entities and the process to get patients referred for transportation assistance.</p>	

Possible Collaborations:

- River Edge Behavioral Health facility
- Dr. Betty Williams
- Circle of Care
- Care Cottage
- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
- Senior Center
- Navicent Health
- Family Connection
- City and County Government
- Care Cottage
- Chamber of Commerce

Community Work Plan for Access to Care - Social Issues	
Health Problem	Outcome Objective (Anticipated Impact)
<ul style="list-style-type: none"> a. There is a need for more education and awareness of the signs and symptoms of domestic violence. b. There is a need for a homeless shelter to provide housing and food for the community's most vulnerable populations. 	<ul style="list-style-type: none"> a. Increase education and awareness of the signs and symptoms of domestic violence. b. Increase access to a local homeless shelter or increase awareness of available homeless shelters in the area that provide food and shelter. Increase access to a centralized resource directory that identifies these shelters.
<p>Background:</p> <p>The CHNA process identified a need for more education and awareness of the signs and symptoms of domestic violence. The community reported that there is a need for a homeless shelter in the community.</p>	
<p>Implementation Strategy:</p> <ul style="list-style-type: none"> a. Monroe County Hospital collaborates with the Care Cottage and Circle of Care when patients come in who have been victims of domestic violence. b. The Care Cottage has resources for shelter. The Circle of Care provides food and a one time free prescription per year. These facilities will be published in the "Resource Guide". 	

Possible Collaborations:

- River Edge Behavioral Health facility
- Dr. Betty Williams
- Circle of Care
- Care Cottage
- Monroe County Extension Office
- County Public Health Department
- Department of Family and Children Services
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- Family Connection
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