

## Section VI. Implementation Strategy

The implementation strategy for *The Health of Morrison County* Community Health Needs Assessment (CHNA) is the plan developed by CHI St. Gabriel's Health in partnership with representatives throughout greater Morrison County for addressing community health needs. The Internal Revenue Service Notice 2011-52 provides further direction on what a community hospital needs to include in the implementation strategy. It states that the implementation strategy is a plan that addresses the community health needs identified through a CHNA. It maps out *how* the hospital intends to meet identified health needs and *why* a hospital doesn't intend to address an identified health need.

The CHI St. Gabriel's Health Implementation Strategy includes the following mission statements and visions for key partners in the CHNA process--CHI St. Gabriel's Health, Morrison County Public Health, and Morrison County Social Services—as well as: a) our prioritized geographic areas/populations; b) a description of how the implementation strategy was developed; c) how major needs and priorities were determined; and d) what existing hospital services and programs will be used to meet priority needs.

CHI St. Gabriel's Health is using the Catholic Health Association's model for developing an implementation strategy. The process involves the following eight steps: 1) plan and prepare for the implementation strategy; 2) develop goals and identify indicators for addressing community health needs; 3) consider approaches to prioritized needs; 4) select approaches; 5) integrate the CHNA implementation strategy with the hospital's strategic plan and local community health plan; 6) develop a written implementation strategy; 7) adopt the implementation strategy through governing board action; and 8) update and sustain the implementation strategy as needed.

### **Introduction:**

CHI St. Gabriel's Health is a multi-facility health care organization serving the health needs of the people of Morrison County and the surrounding area of central Minnesota. It is comprised of a 49-bed acute care critical access hospital (St. Gabriel's Hospital) and its affiliated departments and entities—Family Medical Center, a multi-specialty primary care and selected specialty care clinic; Little Falls Orthopedics, an orthopedics, podiatry and physical therapy practice; St. Camillus Place, a 14-bed home for adults with developmental disabilities; Alverna Apartments, a 60-unit HUD-subsidized senior housing complex; and CHI Health at Home, a home health and hospice agency. CHI St. Gabriel's Health was founded by the Franciscan Sisters of Little Falls in 1891 and received its first patient in January of 1892. The most recently CHNA was developed in 2016, adopted by the CHI St. Gabriel's Health board of directors in May 2016. The CHNA posted on the [www.chistgabriels.com](http://www.chistgabriels.com) website on June 30, 2016. The CHNA covers the time period of July 1, 2016 through June 30, 2019.

The table on the following page highlights the CHI St. Gabriel's Health mission and vision as well as the mission and vision of its principal partners—Morrison County Public Health and Morrison County Social Services.

## Agencies Mission and Vision

Agency	Mission	Vision
<b>CHI St. Gabriel’s Health</b>	The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.	To create the best health care experience by igniting the spirit for superior care and service.
<b>Morrison County Public Health</b>	The Mission of Morrison County Public Health is to enhance the health and well-being of all Morrison County residents and communities by providing quality services that promote healthy behaviors, prevent disease, protect from harm, and assure access to quality health services in collaboration with community partners.	The Vision of Morrison County Public Health is to assure that every individual has the opportunity to achieve and maintain an optimal level of health and independence and to lead a vital productive life.
<b>Morrison County Social Services</b>	Our Mission is to provide necessary resources to individuals and families that: assure basic health, safety, and human needs are met; protect people who are vulnerable from abuse and neglect; strengthen self-sufficiency; and promote self-determination.	We will achieve our Mission by conducting our business through: shared relationships which are respectful; adherence to Federal and State laws; utilization of best practice standards; and fiscal responsibility.

The primary service area for CHI St. Gabriel’s Health is Morrison County and the surrounding area of central Minnesota. The residents of Morrison County are older and poorer than the people of Minnesota in general. People age 65 and older comprise approximately 17% of the population compared to under 13% of Minnesota residents. In addition, the county is among the 12 poorest in Minnesota. These two population groups present unique health challenges, especially in regard to socioeconomic and mental health factors.

The implementation strategy is designed to address the health care needs of the people of Morrison County, who have unique demographics, socioeconomic factors and health care needs. County residents are overwhelmingly Caucasian and poorer and older than most people in Minnesota (see Section III for additional demographics). The implementation strategy was developed over a series of meetings with input from a team of individuals, including representatives from the local medical/health care community affiliated with CHI St. Gabriel’s Health, CHI St. Gabriel’s Health Foundation, Morrison County Public Health, Morrison County Social Services, other government departments. Specific participants included: Ann March CHI St. Gabriel’s Health Foundation/communications; Greg

McNamara, CHI St. Gabriel's Health/Family Medical Center physician; Brad Vold, Morrison County Social Services director; Carla Zupko, CHI St. Gabriel's Health vice president of patient care; Deb Gruber, Morrison County administrator; George Weber, Pierz School District Superintendent; Glen Anderson, Northern Pines executive director; Greg Schirmers, Little Falls Police Department chief; Jennifer Hove, Tri-County CAP (TCC); Kate Bjorge, Live better Live Longer executive director; Kate Sullivan, Northern Pines; Kathy Lange, CHI St. Gabriel's Health Foundation director; Katy Kirchner, Morrison County Public Health director; Laura Vaughn, Northern Pines; Lee Boyles, CHI St. Gabriel's Health president; Michele Andringa, TCC, Michelle Tautges, Morrison County Public Health; Pat Boone, Camp Ripley; Pat Rioux, CHI St. Gabriel's Health communications/marketing; Rhonda Buckallew, Family Medical Center administrator; Shawn Larsen, Morrison County Sheriff's Department; and Stephanie Och, Hands of Hope Resource Center executive director.

The implementation strategy team first heard a summary of the results of the community health needs assessment. The CHNA overview highlighted the results from the written survey as well as the stakeholder interviews and secondary data review. Morrison County Public Health then summarized the how the county public health advisory board used the CHNA to establish public health priorities for the county. As previously stated, according to the Affordable Care Act, CHI St. Gabriel's Health is required to complete a CHNA every three years. While Morrison County Public Health/Morrison County Social Services and CHI St. Gabriel's Health collaborated extensively on the CHNA, the health priorities identified by the county public health advisory board are not identical to health priorities developed by the CHI St. Gabriel's Health implementation strategy team. The following section discusses how the implementation team assisted CHI St. Gabriel's Health in establishing priorities for its implementation strategy.

### **Health Care Priorities: 2016-2019**

In order to develop an implementation strategy, a team of individuals from throughout Morrison County was brought together to oversee the development of the strategy. CHI St. Gabriel's Health staff members and providers as well as the organization's primary partners in the CHNA—Morrison County Public Health and Morrison County Social Services—were included on the team. In addition, special consideration was given to individuals who had knowledge of mental health, chemical dependency and some of the primary health issues impacting our community. People who have knowledge about people in the community who are impacted by socioeconomic factors were also specially targeted for participation on the team. Among those who participated in the series of meetings were the following:

The specific results from the CHNA were shared with participants at the September 15, 2016, meeting. The written survey in the CHNA identified several community health priorities. The Top 10 community problems selected by the respondents to the survey included: 1) illegal drug use among teens (80.9%); 2) adult obesity (73.8%); 3) smoking/other tobacco use (70.9%); 4) alcohol abuse among adults (67.4%); 5) poor parenting skills (63.4%); 6) prescription drug abuse (59.5%); 7) underage alcohol use/abuse (58.6%); 8) childhood obesity (58.3%); 9) heart disease and stroke (50.9%); and 10) bullying (50.8%). *Note: The issue of heart disease and stroke was expanded to include all chronic disease. In addition to heart disease and stroke, diabetes, chronic obstructive pulmonary disease (COPD) and Lyme disease are significant health concerns in Morrison County, given the high rates of these diseases in Morrison County.* As a result, CHI St. Gabriel's Health used a multi-pronged approach to select its health priorities for 2016-2019, taking into account the written survey, stakeholder interviews, secondary data (like county-specific disease incidence rates), as well as hospital-specific information available through the CHI St. Gabriel's Health electronic health record (EHR), or Epic.

Table 39 shows the top reasons for patients to have a *clinic visit* to Family Medical Center/CHI St. Gabriel’s Health clinics in 2015. This information is especially relevant to CHI St. Gabriel’s Health as it has the most influence over the facilities which comprise CHI St. Gabriel’s Health including St. Gabriel’s Hospital, Family Medical Center, and Little Falls Orthopedics, in particular. Similarly, access to primary care services, is fundamental to good health. Like the CHNA completed in 2013, some of the most effective strategies are those that capitalize in strong primary care services available through CHI St. Gabriel’s Health and its affiliates.

**Table 39: CHI St. Gabriel’s Clinic Top Reasons for Clinic Visit, 2015**

Hypertension
Atrial fibrillation
Physical Exam
Diabetes
Hyperlipidemia
Flu vaccine
Back pain
Osteoarthritis
Newborn weight check
Difficulty walking

As Table 39 illustrates, many of the top reasons for a clinic visit related to common conditions like hypertension, atrial fibrillation, diabetes and hyperlipidemia.

The implementation strategy development team used a voting process to identify the highest health priorities for CHI St. Gabriel’s Health and Morrison County. Team participants were asked to select their top health priorities taking into account all of the information gathered as part of the CHNA as well as the specific visit information available through the Epic electronic health record. Participants were asked to select their top 3-5 health issues as their highest priorities to address in the coming three years. After an objective voting process, the top five priority areas for participants on the implementation team were: 1) mental health (easily the highest priority among team members); 2) substance abuse/chemical dependency; 3) obesity; 4) accessibility to health care; and 5) parenting. Each of the five priority areas will be addressed separately, as well as additional priorities that are the current focus of CHI St. Gabriel’s Health’s action plans, most notably chronic disease and domestic violence.

Out of the highest priorities identified by the CHNA process, the implementation strategy team decided to concentrate efforts on the two highest priorities—mental health and substance abuse/chemical dependency, while continuing to address the other top three priority areas: obesity, accessibility to health care and parenting. The highest priority area not specifically included in the implementation strategy is dental care, although a separate group of individuals from the hospital and county social services are exploring options to expand dental care for low-income individuals in the county. It was determined that since CHI St. Gabriel’s Health does not employ dental practitioners, it was not in a position to lead efforts to expand dental care. That being said, the hospital agreed to work with AppleTree Dental and both Morrison County Public Health and Morrison County Social Services to identify potential funding sources to remodel existing hospital space to accommodate an expanded low-income dental clinic. Currently, the clinic is only open a few days a month and demand far exceeds the number of appointment slots available for patients to receive services.

The implementation strategy is intended to be a “fluid” document. The following action plans were formulated based on the strategies identified by the implementation strategy team. Since mental health and chemical dependency/substance abuse were identified as the two highest priority areas, initial plans for these two areas are more developed. The team agreed to meet minimally twice a year to monitor action plans and strategies and make adjustments as needed. The implementation strategy was adopted by the CHI St. Gabriel’s Health board of directors at its November 1, 2016, meeting and will be posted on the chistgabriels.com website no later than November 15, 2016.

## **Health Priority Area 1: Improve the mental health of the people of Morrison County.**

Goal 1A) Enhance access to mental health services in Morrison County

### **Objectives:**

1A.1) Performs gap analysis to determine where the lack or underutilization of services exists by January 31, 2017.

1A.2) Works with South Country Health Alliance to determine what resources are being spent to provide access to mental health services by January 31, 2017.

1A.3) Continue to pursue dementia-friendly community certification by June 30, 2017.

1A.4) Pursue Behavioral Health Home certification if available by September 30, 2017.

1A.5) Utilize new mental health-psychiatric nurse practitioner to provide services to people with mental illness beginning in October 2016.

1A.6) Increase awareness of mental health services available in Morrison County through advertising and awareness-building strategies.

### **Measures/Indicators:**

1A.a) Number of South Country Health Alliance patients seen in Morrison County

1A.b) Number of patient seen by Barbara Frey-Brown at Family Medical Center

1A.c) Number of students seen in the Northern Pines school-based mental health program

1A.d) Number of people in Morrison County jail who receive a mental health referral.

1A.e) Number of law enforcement staff who receive mental health training

1A.f) Number of telepsych referrals

### **Strategies/Evidence-Based Approaches:**

1A.a1) Expanded telepsych services are a proven cost-effective approach to treating mental illness

1A.a2) Treating co-occurring mental health and chemical dependency can yield positive results for patients.

1A.a3) First-episode psychosis have few guidelines.

1A.a4) Enhance comfort levels of physicians to prescribing mental health medications.

Goal 1B) Decrease stigma associated with mental illness.

1B.1) Create advertising campaign or work with sponsors of existing campaigns (Stepping Up Initiative/ NAMI/Make it OK by March 31, 2017. Begin placing ads/article by May 1, 2017.

1B.2) Submit articles/information to local church bulletins during National Mental Health Month (May).

1B.3) Appear on local Party line/Community Calendar program during May (2017).

1B.4) Increase number of self-referrals by 10%.

## **Health Priority 2: Reduce the Impact of Chemical Dependency on Morrison County Individuals, Families and the Community**

### **Goal 2A): Reduce youth substance use in Morrison County**

#### **Objectives:**

2A.1) Reduce the percentage of Morrison County 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reporting any use of alcohol in the past 30 days from 19.5% to 16% by June 30, 2019 (*Minnesota rate in 2013 is 16.8%*)

2A.2) Increase the percentage of Morrison County 5<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reporting parental disapproval for youth alcohol use from 88.7% to 92% by June 30, 2019 (*Minnesota rate in 2013 is 92%*)

2A.3) Decrease the percentage of Morrison County 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reporting smoking one or more cigarettes in the past 30 days from 8.8% to 7% by June 30, 2019 (*Minnesota Student Survey, Minnesota rate in 2013 is 7.8%*)

2A.4) Increase the percentage of Morrison County 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reporting a perception of moderate or great risk of harm by using prescription drugs not prescribed for them from 78.5% to 92% by June 30, 2019. (*Minnesota rate in 2013 is 81.3%*)

2A.5) Expand the number of school districts/communities engaged in youth substance use prevention initiatives to all Morrison County communities.

#### **Measures/Indicators:**

2A.a) Minnesota Student Survey: students reporting use of alcohol in the past 30 days

2A.b) Minnesota Student Survey: students reporting their parents would think it's very wrong or wrong for them to have one or two drinks of an alcohol beverage nearly every day

2A.c) Minnesota Student Survey: students reporting smoking cigarettes in the past 30 days

2A.d) Minnesota Student Survey: students reporting that they believe people put themselves at great or moderate risk of harm by using prescription drugs not prescribed for them.

2A.e) Number of Morrison County communities actively engaged in youth substance use prevention efforts.

#### **Specific Actions/Strategies/Resources:**

2A.a1) Support and collaborate with existing youth community substance use prevention coalitions (Little Falls Stand Up 4 U coalition and Pierz Area coalition) on evidence-based strategies to reduce youth alcohol use, including local policy initiatives to reduce access of alcohol to youth and communication strategies to correct misperceptions of norms about youth substance use.

2A.a2) Explore opportunities within the clinic setting through well-child check-ups and athletic physicals to provide parent resources to encourage parent-teen communication about the risks of youth substance use. Develop educational material consistent with communication strategies of the coalition.

2A.a3) Build capacity of all communities and school districts in Morrison County to prevent youth substance use. Collaborate with substance use prevention coalitions, school districts, law enforcement, and other community partners to coordinate trainings on evidence-based youth substance use prevention strategies.

2A.a4) Collaborate with substance use prevention coalitions to provide community outreach and education about the risks of youth substance use.

2A.a5) Collaborate with Morrison County Public Health on efforts to reduce access of tobacco to youth.

- 2A.a6) Collaborate with substance use prevention coalitions to encourage all school districts to implement evidence-based, substance-use prevention curriculum.
- 2A.a7) Collaborate with substance use prevention coalitions to encourage all school districts to develop student groups to locally address youth substance use issues.
- 2A.a8) Seek a Mission and Ministry Fund grant to support coalition development, student group development, and training for all communities in Morrison County.

## **Goal 2B): Reduce prescription drug abuse by adults in Morrison County**

### **Objectives:**

- 2B.1) Establish care plans with all patients on the long-term pain management (narcotics) registry (currently 600 patients) by June 30, 2019.
- 2B.2) Increase the percent of patients on the registry tapered off narcotics from 38% to 45% by June 30, 2019.
- 2B.3) Provide referrals to other community services and resources needed to address other unmet social needs identified to all patients on the registry who need assistance (currently 50% of patients with care plans have received referrals)
- 2B.4) Decrease the percentage of Prepaid Medical Assistance Patients (PMAP) patients with 8 or more pharmacy claims from 12.79% (September-December 2015) to 9% (September-December 2018).
- 2B.5) Decrease the number of narcotics dosage units filled from 35,018 (February 2016) to 30,000 by June 30, 2019.
- 2B.6) Increase utilization of unused prescription medication disposal drop boxes at local law enforcement agencies.
- 2B.7) Increase clinic capability to provide saboxone treatment for opioid addicts by recruiting an additional provider to become certified to prescribe the medication by June 30, 2019.

### **Measures/Indicators:**

- 2B.a) Family Medical Center patient registry data
- 2B.b) Family Medical Center patient registry data
- 2B.c) Family Medical Center patient registry data
- 2B.d) South Country Health Alliance claims data
- 2B.e) Coborn's pharmacy data
- 2B.f) Law enforcement data-weight of disposed prescription medications.
- 2B.g) Proof of certification

### **Specific Actions/Strategies/Resources:**

- 2B.1a) Maintain controlled substance care team model, which includes a social worker, RN navigator, pharmacist, and provider.
- 2B.1b) Explore the addition of a community health worker to the controlled substance care team model.
- 2B.1c) Maintain collaboration with Morrison County Social Services and Coborn's Pharmacy for social worker and pharmacy support on the controlled substance care team.
- 2B.1d) Collaborate with Morrison County Social Services, Morrison County Public Health, and other community entities to connect patients to community resources.
- 2B.1e) Encourage and support use of the Prescription Monitoring Program for patients prescribed narcotics.

- 2B.1f) Seek funding opportunities to support prescription drug abuse prevention initiatives within the clinic and throughout the broader community-legislative requests and grants
- 2B.1g) Collaborate with law enforcement to publicize prescription drug drop boxes.
- 2B.1h) Collaborate with law enforcement and other community partners to connect those addicted to opioids to appropriate treatment services.
- 2B.1i) Work with local, state, and national elected officials to establish laws that support reducing prescription drug abuse.
- 2B.1j) Establish policies and protocols for saboxone treatment.
- 2B.1k) Support and maintain the prescription drug task force.
- 2B.1l) Support or provide training opportunities to health care personal and community leaders to obtain knowledge and develop skills to effectively address prescription drug abuse.

### **Other Three 2016 Health Priority Areas**

As previously noted, the implementation strategy team chose five priority areas to focus on in developing a three-year action plan in response to our Community Health Needs Assessment (CHNA). The specific goals, objectives, measures/indicators and evidenced-based strategies for the remaining three priority areas—Obesity, Accessibility and Parenting—will continue to be part of the ongoing community health strategies for CHI St. Gabriel’s Health. In addition to the remaining three priority areas, CHI St. Gabriel’s Health, in its role as the primary health agency in Morrison County, will continue to address these areas. Each concern will be discussed separately in the following paragraphs.

*Obesity* – The objectives related to obesity fall under two primary categories—workplace wellness and youth/family strategies. CHI St. Gabriel’s Health and its community partners will continue to support efforts that encourage healthy activities and eating. Some of the specific partners in this priority area include the Live Better Live Longer Eat, Move and Belong Teams; the Sprout kitchen and CSA shares program, the WIC Supplemental Food Program; the public health Statewide Health Improvement Program (SHIP) grant; Community Gardens; Ruby’s Pantry; Oasis Share-A-Meal; Fare for All; local food shelves. Other community assets to address obesity include the Open Streets/Falls Festival on Foot, Climbing Wall at Lindbergh Elementary, the disc golf course, local fitness facilities, Headstart and the extension office. CHI St. Gabriel’s Health is continuing to support local efforts to reduce obesity in a variety of ways.

*Accessibility to Health Care* – CHI St. Gabriel’s Health is enhancing efforts to increase accessibility to health care, also in a variety of ways. A new telemedicine/virtual clinic in the Little Falls Community Schools began this fall. The integrated electronic medical record (Epic) has made sharing data and communication among providers and patients more effective. A variety of government and non-government community assets are assisting in the expansion of resources, most notably South Country Health Alliance for individuals on Medical Assistance. CHI St. Gabriel’s Health has programs to assist with securing financial resources to deliver care. Much effort has been made to expand hours in order to increase access to care and there are a variety of grant programs addressing such issues as the prescription drug initiative and domestic violence and the patient-centered medical home. CHI St. Gabriel’s Health will continue to partner with Morrison County Social Services, Morrison County Public Health and other community agencies in the delivery of services. In addition, the hospital has an ongoing recruitment program in order to expand the range of services available locally. Internal medicine and pediatrics are two such critical needs in the community, given the high rate of people age 65 and older in the county.



*Parenting* – Parenting was the fifth and final priority identified by the implementation strategy team. The Love and Logic, Morrison County Families, Nurse-Family Partnership and ASQ screening hub are among the resources being used to address these priorities. Morrison County Public Health and Morrison County Social Services tend to coordinate the parenting strategies through its MCICC, maternal child health, WIC and Headstart programs. The Live Better Live Longer (LBLL) healthy communities collaborative, an arm of CHI St. Gabriel’s Health plays a significant role as well. The Belong Team of LBLL helps to connect families with the resources they need to assist with parenting.

**Continuing Priorities –**

CHI St. Gabriel’s Health 2013 Community Health Needs Assessment established three priorities to address: 1) chronic disease, 2) mental health, and 3) obesity. As previously discussed, the hospital is continuing to collaborate with community partners on obesity and will be concentrating efforts on mental health and substance abuse over the next three years. It also continues to utilize its patient-centered medical home to better serve patients with chronic disease, most notably diabetes and chronic obstructive pulmonary disease (COPD). Registries have been established and patients meet with their care managers to help control their chronic illnesses. CHI St. Gabriel’s Health believes it needs to continue to play a significant role in managing the health of people with chronic disease due the role played by its physicians.

Finally, two last priorities will continue to be addressed by CHI St. Gabriel’s Health. The hospital is working with AppleTree Dental to expand access to dental services, especially for people of low-income. A plan is being put together by a variety of community partners to address this community health need. Lastly, the hospital has received a Catholic Health Initiatives Mission and Ministry Fund to address domestic violence since 2009. Although the grant funding is expected to sunset over the next three years, the hospital has forged a partnership with Hands of Hope Resource Center to address domestic violence and bullying in the community.

**Conclusion:**

The CHI St. Gabriel’s Health implementation strategy is a fluid document that was developed with input from the community and will be updated throughout the year. It is anticipated that (minimally) the implementation strategy team will meet every six months to update participates on activities over the past six months. At these intervals, the implementation strategy team will determine if more substantial modifications need to be made to the strategy. In additional, specific activities related to the strategy will be reported on the CHI St. Gabriel’s Health IRS 990, Schedule H on an annual basis.