



**2017-2019 Community Health Plan  
(Implementation Strategies)  
May 15, 2017**

**Community Health Needs Assessment Process**

Shawnee Mission Health (SMH) conducted a Community Health Needs Assessment (CHNA) in 2016. The Assessment identified the health-related needs of community including low-income, minority, and medically underserved populations.

To assure broad community input, SMH created a Community Health Needs Assessment Committee (CHNAC) to help guide the hospital through the Assessment and Community Health Plan process. The Committee included representation not only from the hospital, public health and the broad community, but from low-income, minority and other underserved populations.

The Committee met throughout 2016 and early 2017. The members reviewed the primary and secondary data, reviewed the initial priorities identified in the Assessment, considered the priority-related assets already in place in the community, used specific criteria to select the specific Priority Issues to be addressed by the hospital, and helped develop this Community Health Plan (implementation strategy) to address the Priority Issues.

This Community Health Plan lists targeted interventions and measurable outcome statements for each Priority Issue noted below. It includes the resources the hospital will commit to the Plan, and notes any planned collaborations between the hospital and other community organizations and hospitals.

## Priority Issues that will be addressed by Shawnee Mission Health

Shawnee Mission Health will address the following Priority Issues in 2017-2019:

### Mental Health

Household survey respondents indicated mental health resources as the second most important need for their community. Seventeen percent reported seeing a mental health provider at least once in the past month and 28 percent indicated they have felt down, depressed or hopeless at least occasionally.

Our key informant surveys also identified mental health as the **most important** health issue facing our community. Key informants referenced the impact of state budget cuts on mental health services and the number of other health issues affected by mental and emotional health. The community identified lack of motivation as the greatest barrier to eating healthy and exercising.

Collaboration with community partners will be vital to the success of addressing this issue, and there are new opportunities to collaborate with community partners in addressing mental health issues. Healthy KC, an initiative of the Greater Kansas City Chamber of Commerce, recently launched Resilient KC and the Johnson County health assessment process identified mental health as one of their top three priorities.

Prescription pain medication/opiate addictions and deaths due to overdoses have quadrupled from 1999 and 2014. Sprain of back and neck are in the top ten diagnoses for the ED. SMH is also affiliated with over 700 physicians who engage with patients experiencing pain and has pain centers at both the Shawnee Mission Medical Center (SMMC) and Prairie Star campuses.

SMMC is one of the few hospitals in the Kansas City metropolitan area providing inpatient and outpatient behavioral health services.

### Access to Care

Thirty percent of household survey respondents indicated more affordable health care in the top three community health needs. Eight percent reported not having any health insurance. Nineteen percent indicated while they had insurance, they *“did not have enough”* insurance. The key informant responses identified access to care as the greatest community need, specifically addressing the need to increase the insured rate and to improve health insurance literacy. Medicaid expansion has not passed in the state of Kansas, which also leaves a gap of coverage for low-income families.

Over the past several years, the trend has been toward high deductible health insurance plans in an effort to keep the cost of health plans affordable. Even those with health insurance provided by their employer, report they are delaying screenings and other important health care because of the additional out-of-pocket costs. While SMH provides financial assistance and a service to assist patients in signing up for Medicaid or other options, there are still considerable opportunities to help increase coverage for our community.

### **Chronic Disease and Risk Reduction**

Thirty-five percent of participants in our household survey indicated they have high blood pressure, 35 percent have high cholesterol and 35 percent self-report being overweight/obese. Ten percent indicate they have heart disease. According to our secondary data, 8.1 percent have diabetes, with Wyandotte County having the highest diabetes occurrence in Kansas with 12.6 percent. The cancer mortality rate for the SMH total service area is 163.9/100,000, which is slightly higher than the U.S. rate. Wyandotte County cancer mortality rate is 221.8/100,000, which is also significantly higher than the U.S. rate.

Access to fresh and healthy food is essential to a healthy weight and improved outcomes for many chronic health conditions including diabetes, heart disease, hypertension and cancer. When respondents were asked in our household survey for reasons they did not have enough healthy food, they reported cost and transportation as barriers. According to the Feeding America 2013 report in our secondary data report, 13.46 percent of the SMH total service area reported food insecurity at some point during a 12-month period. Wyandotte County reported a food insecurity rate of 17.87 percent.

Strong collaborative efforts and community partnerships in the SMH service area provide an excellent opportunity for implementing strategies to collectively impact health and reduce risks for chronic disease.

### **Poor Pregnancy Outcomes in Wyandotte County**

In Wyandotte County, 31.5 percent of mothers receive no or late prenatal care as compared to the 18 percent in the SMH total service area and 13.5 percent in Johnson County. Infant mortality rates in Wyandotte County are 8.4/1,000 and 8.3 percent of babies born have a low birth weight, which is an indicator of health problems and a higher risk of infant mortality.

SMMC delivered over 5,000 babies in 2015 and provides excellent resources in providing prenatal care and parent education. Wyandotte County has a Fetal Infant Mortality Review Board, which SMH actively participates. A community collaboration initiative through Wyandotte County also exists and provides excellent opportunities to impact change.

### **Issues that will not be addressed by Shawnee Mission Health**

The 2016 Community Health Needs Assessment also identified the follow community health issues that SMH will not address. The list below includes these issues and an explanation of why the hospital is not addressing them.

#### **Poverty/Livable Wage**

SMH decided to not include poverty as one of the priorities for our community health plan because we do not have the capacity to impact. It is our expectation that there will be opportunities to positively improve the health of those in our community who are impacted by poverty.

### **Transportation**

Forty-three percent of the respondents in our household survey reported transportation is one of the top three needs of our community. However, SMH decided to not include transportation in our community health plan because we do not have the capacity or the influence to impact. Consideration to the barriers lack of transportation creates in impacting health will be considered as we implement our Community Health Plan.

### **Dental**

Dental services are not part of the health care services and outreach through SMH. There has been an increase in dental services for children and the underserved over the past several years. Other organizations including Johnson County and Oral Health Kansas are actively working on issues around dental.

### **Board Approval**

The Shawnee Mission Health Board formally approved the specific Priority Issues and the full Community Health Needs Assessment in 2016. The Board also approved this Community Health Plan.

### **Public Availability**

The Shawnee Mission Health Community Health Plan was posted on its web site prior to May 15, 2017. Please see <https://www.shawneemission.org/why-choose-us/community-benefit>. Paper copies of the Needs Assessment and Plan are available at the hospital, or you may request a copy from [jeanette.metzler@shawneemission.org](mailto:jeanette.metzler@shawneemission.org).

### **Ongoing Evaluation**

SMH's fiscal year is January-December. For 2017, the Community Health Plan will be deployed beginning May 15 and evaluated at the end of the calendar year. In 2018 and beyond, the Plan will be implemented and evaluated annually for the 12-month period beginning January 1 and ending December 31. Evaluation results will be attached to our IRS Form 990, Schedule H.

### **For More Information**

If you have questions regarding Shawnee Mission Health's Community Health Needs Assessment or Community Health Plan, please contact [jeanette.metzler@shawneemission.org](mailto:jeanette.metzler@shawneemission.org).

# Shawnee Mission Health 2017-2019 Community Health Plan

**Priority: Chronic Disease and Risk Reduction**

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
By December 31, 2019, in partnership with our community, SMH plans to decrease the number of adults who report not eating the recommended number of fruits and vegetables from 29% to 27% (CHA) by <u>increasing access to healthy and fresh food.</u>	Low Income and underserved families living in low-food access areas identified by JC Food Policy Council  (Zip codes 66203 and 66204)	Partner with local food pantries to support healthier selection and fresh produce options.	# of pantries	0	1 pantry		2 pantries total		Continued support for 2 pantries		Staff time \$10,000
		Through community partnerships, educate and promote existing food access programs including Double-Up Food Bucks, SNAP, CHAMPS and Senior Vouchers.	# of events # encounters	0	5 events and 125 encounters		7 events and 175 encounters		10 events and 250 encounters		
	Low income and underserved families living in low food access areas in Wyandotte County east of I-435	Financially support mobile grocery market targeted for identified low-food access neighborhoods.	Financial sponsor	0	Mobile Market launch		Establish baseline of families served		10% increase in families served		\$12,500 over 3 years.
	Health Care professionals in greater KC metro	Hunger-free health care summit to increase awareness of resources and the importance of access to healthy food and healthy patients.	# participants and increased knowledge	0	1 event. Goal – 150 attendance 75% increased their knowledge		1 event 10% increase participation from 2017. 75% increased their knowledge		1 event 10% increased participation from 2018. 75% increased their knowledge		Staff time \$5,000

# Shawnee Mission Health 2017-2019 Community Health Plan

## Priority: Chronic Disease and Risk Reduction (continued)

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
By December 31, 2019, in partnership with our community, SMH plans to decrease the number of adults who report not eating the recommended number of fruits and vegetables from 29% to 27% (CHA) by <b><u>2. providing community lifestyle education programs that support accountability and encouragement.</u></b>	SMH Community	Provide to the community the YMCA Diabetes Prevention and Weight Management University programs.	# of participants/ % indicating they have made one behavior change	40 participants	75 participants and 75% made at least one behavior change		75 participants and 75% made at least one behavior change.		75 participants and 75% made at least one behavior change		Staff time \$3,900
		Provide to the community Health & Well-Being programs.	# of Participants and increased knowledge	200 participants	250 participants and 75% report increased knowledge		250 participants and 75% report increased knowledge		250 participants and 75% report increased knowledge		\$250,000 over 3 years
		Provide Chronic Disease Wellness Center services and programs.		Avg 80 / month	Avg. 90 / month. 75% report increased knowledge or improved health		Avg. 95 / month. 75% report increased knowledge or improved health		Avg. 100 / month. 75% report increased knowledge or improved health		
		Offer to the community the annual LIV Conference.		1200 participants	1200 participants Event rating score of 9.0. 60% to make behavior change		1200 participants Event rating score of 9.0. 60% to make behavior change		1200 participants Event rating score of 9.0. 60% to make behavior change		
		Ask-A-Nurse services to include health education to callers.	# of callers' health questions answered	4500 calls	4750 calls		5000 calls		5000 calls		Included in Ask-A-Nurse (Access to Care)
		Financially Support for Chronic Disease Not-For-Profit Organizations.	Supports education, research, patients, families and educates policy makers	\$	Financial donations and sponsorships to AHA, and Cancer NFP's.		Financial donations and sponsorships to AHA, and Cancer NFP's		Financial donations and sponsorships to AHA, and Cancer NFP's		\$96,000

# Shawnee Mission Health 2017-2019 Community Health Plan

**Priority: Access to Care**

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
By December 31, 2019, SMH in collaboration with our community partners, decrease the % of adults without health insurance in the SMH service area from <b>8% to 7%</b> . (CHA)	Uninsured adults in low income and underserved communities in JC. (zip codes 66202, 66203, 66204)	Participate in community outreach opportunities to educate and assist the uninsured with access to health coverage.	# events # encounters	0	4 events and 150 encounters		6 events and 200 encounters		6 events and 200 encounters		Staff time to include administrative and education \$2,000
	Self-pay patients	Cardon Outreach will expand services to include educating self-pay patients on accessing coverage.	# encounters	0	Baseline determined		10% increase from 2017		10% increase from 2018		
	SMH Community	Improve health insurance literacy in our community by providing education on insurance terms, questions to ask insurance carrier and accessing preventive screenings.	# encounters and survey response indicating knowledge learned	0	Online tool developed and baseline determined  2 events 50 Encounters		25% increase in use of on-line tool with 75% indicating knowledge learned  4 events 100 encounters		25% increase in use of on-line tool from 2018 with 75% indicating knowledge learned 4 events 100 encounters		Staff time for development, administrative and education \$3,750
By December 31, 2019, decrease the % of individuals in the SMH service area that lack consistent care from <b>21.3% to 19.5%</b> . (CHA)	Low Income / underserved in Johnson County	Support for Health Partnership Clinics in financial donations.	\$\$ Value More patients served	\$20,000 annually	100 patients served		100 patients served		100 patients served		\$60,000 over 3 years
	Low Income / underserved in Wyandotte County	Support for safety-net clinic in Wyandotte County financially.	\$\$ Value More patients served	0	15 new patients served		30 new patients served		30 new patients served		\$12,500 over 3 years
		Sponsor screenings at Community-Wide health event.	\$Value	0	Financial Contribution		Financial Contribution		Financial Contribution		\$1500 over 3 years

# Shawnee Mission Health 2017-2019 Community Health Plan

**Priority: Access to Care (continued)**

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
Decrease the number of unnecessary ED visits of high utilizers by 40%.	ED utilizers with greater than 12 ED visits in past 12 months	Identify patients without a primary care physician and refer to medical home.	%	% patients referred	100%		100%		100%		\$285,000
		Case manage patients to include: identifying barriers and gaps, goal setting and education.	#	# patients managed	100 patients		100 patients		100 patients		
		Complete and report a chronic pain assessment of patients with pain complaints and / or history of opioid use.	%	% patients identified	100%		100%		100%		
	SMH Community	Provide ASK-A-NURSE call services to assist the community with health questions.	# calls		32,000 calls		32,000		32,000		\$1,800,000



# Shawnee Mission Health 2017-2019 Community Health Plan

## Priority: Mental Health

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
By December 31, 2019, SMH seeks to impact opioid overdoses and deaths by educating physicians, patients and community by providing a new integrative approach to address pain and addiction to opioids.	Individuals addicted to prescription opioids and individuals with chronic pain in the SMH community	Develop pro forma for implementation of a Suboxone Integrative Pain Center open to the community.	# participants completing program	0	Pro forma completed		Goals available upon completion of proforma		Goals available upon completion of proforma		Hospital financial resources to be provided at completion of pro forma.
	Individuals with chronic pain in SMH service area	Implement mindfulness, therapeutic yoga programs to address chronic pain.	# participants participating and % of patients reporting improvement	0							
	Johnson County	Joint hospital 'take-back drug' initiative to increase disposal opportunities and increase awareness of proper disposal of unused RX's.	# of RX's properly disposed # of disposal locations	N/A	Identify new opportunities for disposal locations. Increase unused prescription. Establish baseline		Increase unused prescription disposals from 2017 by 5%		Increase unused prescription disposals from 2018 by 5%		Staff time \$3,040
	The working population through education of employers and human resource professionals.	Provide education and resource access for employers in addressing chronic pain and opiate addiction for their employees.	# of Events and participants % of participants reporting increased knowledge	0	1 Event and 200 participants 70% indicate increased knowledge		1 Event and 200 participants 70% increased knowledge		1 Event and 200 participants 70% increased knowledge		Staff time \$1000 Sponsorships \$2000

# Shawnee Mission Health 2017-2019 Community Health Plan

## Priority: Mental Health (continued)

OUTCOME STATEMENTS					OUTCOME METRICS							
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)	
Support Johnson County in their goal to reduce the suicide death rate in Johnson County from 14.1 per 100,000(2015 data) to 10.2 suicides per 100,000 through education and awareness.	Teens and adults in Johnson County	Sponsor ASIST (Applied Suicide Intervention Skills Training) for caregivers.	Participation and knowledge assessment		15 Participants 70% demonstrate increased knowledge		15 Participants 70% demonstrate increased knowledge		15 Participants 70% demonstrate increased knowledge		Staff time - \$675	
		Community-based programming to increase awareness of suicide risks, and available resources through video, social media and television.	Completed community surveys promoted through campaign.	No baseline	Campaign developed for 2018 launch.		100 completed surveys and 70% demonstrated increased knowledge		15% increase in completed surveys and 70% demonstrated increased knowledge		Budget to be finalized prior to launch.	
		Community awareness initiative for National Suicide Prevention Week	Completed community surveys promoted through campaign.	# of encounters	Baseline determined		Increase participation by 10% and 70% demonstrate increased knowledge		Increase participation by 10% and 70% demonstrate increased knowledge		Staff time	
		SMH sponsors JCSPC Annual Training event for school professionals.	# of Participants	135 participants	135 participants		135 participants		135 participants		135 participants	Staff time - \$675
		SMH hosts and co-sponsors Mental Health First Aid	# participants % who meet certification requirements	# of participants	25 participants 90% meet certification requirements		25 participants 90% meet certification requirements		25 participants 90% meet certification requirements		25 participants 90% meet certification requirements	Johnson County Mental Health partnership

# Shawnee Mission Health 2017-2019 Community Health Plan

## Priority: Mental Health (Continued)

OUTCOME STATEMENTS					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
Support Johnson County in their goal to reduce the suicide death rate in Johnson County from 14.1 per 100,000(2015 data) to 10.2 suicides per 100,000 through education and awareness	Working population by providing education and resources to employers and human resource professionals.	Provide education and resource access for employers in addressing mental health issues in partnership with the Metro Council for Behavioral Health Centers.	Participants and % indicating increased knowledge through survey.	200 participants in 2016 (first annual event)	1 Event 200 participants 70% indicate increased knowledge		1 Event 200 participants 70% indicate increased knowledge		1 Event 200 participants 70% indicate increased knowledge		Included above
	Teens and adults in Johnson County	Behavioral health staff to provide leadership and expertise on Johnson County Suicide Prevention Coalition.	Regularly scheduled meetings and events	25 meetings / year	25 meetings		25 meetings		25 meetings		Staff time of \$9,000
	SMH Community	SMH Behavioral Health to provide, at no cost, non-emergent assessments to evaluate safety risk and provide specific treatment options.		350 per year	350 per year		350 per year		350 per year		\$270,000

# Shawnee Mission Health 2017-2019 Community Health Plan

## Priority: Improving Pregnancy Outcomes in Wyandotte County

OUTCOME STATEMENT					OUTCOME METRICS						
Outcome Statement	Target Population	Strategies	Metric	Current Year Baseline	Year 1 Outcome Goal - #	Year 1 Actual	Year 2 Outcome Goal - #	Year 2 Actual	Year 3 Outcome Goal - #	Year 3 Actual	Hospital \$ (3-year total)
<p>In 3 years, participants will demonstrate increased knowledge of prenatal care and healthy behaviors that support infants born at a healthy weight. Participants will also demonstrate increased knowledge of providing a safe environment that supports infants in reaching their first birthday in good health.</p>	African-American families in Wyandotte County	Collaborative partnership for an educational campaign delivered through the faith community. <i>Includes healthy and safe environment for newborns.</i>	# Churches implemented and Post-survey to demonstrate increased knowledge	0	Program developed and 3-year funding secured. Pilot one faith community. 10% demonstrated increased knowledge		Implement at 2 additional faith communities.  10% demonstrated increased knowledge		Continued support for the 3 faith communities.  10% demonstrated increased knowledge		Financial contribution of \$27500. Program development and administrative time \$4,000
	Breastfeeding families	Offer weekly breastfeeding support through support groups, outpatient lactation and phone support at no cost.	# encounters	850 support group participants and outpatient consults per year. Phone support to 1800 per year.	1000 per year		1000 per year		1000 per year		Staff time for support groups and new mom phone support. \$106,500
		Financially support not-for-profit organizations providing resources to low income and underserved families.	\$	\$7,500 Annually	Financial Support		Financial Support		Financial Support		\$22,500
		Birthing Center staff provides expertise to community collaborations by serving on advisory committees.	March of Dimes and Wyandotte County Fetal Infant Mortality Review Board Regularly scheduled meetings / events.	8 meetings per year	10 meetings		10 meetings		10 meetings		Staff time expertise contribution - \$5,000