



## Saint Alphonse Regional Medical Center Community Health Needs Assessment Implementation Strategy Fiscal Years 2014-2016

Saint Alphonse Regional Medical Center (SARMC) completed a comprehensive Community Health Needs Assessment (CHNA) that was approved by the Mission Subcommittee of the Community Board and adopted by the Board of Directors June 18, 2014. SARMC performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act and by the Internal Revenue Service. The assessment took into account input from representatives of the community, community members, and community organizations.

The assessment was led by United Way of Treasure Valley with Utah Foundation as a research partner and Saint Alphonse, Gardner Company, Wells Fargo, Saint Luke's Health System, Delta Dental, Regence Blue Shield of Idaho, West Valley Medical Center and Idaho Association for the Education of Young Children as funding partners. Three Counties: Ada, Canyon and Gem were the primary service areas studied, with analysis and comparison of county/health district, state, and national data wherever available.

In addition, United Way organized a community assessment advisory group, convened their board for community assessment discussions, and held focus groups with community partners. The Utah Foundation also held focus groups, personal interviews and performed written surveys with several vulnerable populations.

The complete CHNA report will be made available electronically at <http://www.saintalphonse.org/community-benefit>, and printed copies are made available by request.

### Hospital Information and Mission Statement

Saint Alphonse Regional Medical Center (SARMC), in Boise, Idaho, is a Catholic, faith-based, not-for-profit hospital. It is part of the Saint Alphonse Health System, serving southwest Idaho and southeast Oregon. Saint Alphonse Regional Medical Center, based in Boise, Idaho, is a 387 bed, Catholic faith-based, not-for-profit hospital serving the Southwest region of Idaho. SARMC provides inpatient and outpatient services primarily to residents of Ada County, Canyon County, and Gem County. Ada has the largest population of Idaho's 44 counties and is double the population of Canyon County, which is the next

largest. Gem County has a much smaller population though still larger than over half of Idaho’s counties. The population of the hospital’s primary service area is over 632,000 people.

**Mission**

We, CHE Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Health Needs of the Community**

**Community Assessment Outline**

This 2014 – 2016 CHNA and Implementation Strategy are designed to complement, update, and improve upon the work of the prior 2011-2014 CHNA. The assessment, focused on the Treasure Valley, provides a demographic overview and then an analysis of financial independence, education, and health. These three categories shed light on the social determinants of health. This assessment also includes a review of basic needs. Each section includes an analysis of barriers to achieving a vibrant community. Finally, this assessment provides a road forward by providing potential solutions to overcoming these barriers, determining how community partners can work in concert to have a positive, lasting effect on the Treasure Valley.

Data	Barriers	Solutions
Report card of indicators for which the community is collectively responsible	Reveal the hindrances to indicator success	Feasibility of what can be done to overcome the barriers to see an improvement in the indicators

The idea behind this document is to integrate financial independence, education, and health indicators in a way that provides a deep understanding of community health. The work also attempts to reveal ways to combine community partner efforts in order to overcome the barriers to achieving a more robust community with a higher quality of life.

**Brief Overview of Health Needs**

SARMC’s Mission Committee, a subcommittee of the SARMC Community Board, served as the External Review Committee to analyze the United Way assessment and determine the significant health needs in SARMC’s community. This analysis included looking at County Health Rankings to determine if Ada, Canyon, and Gem Counties were at/below/above the Idaho average and national average. The SARMC External Review Committee identified four significant health needs. These needs were then prioritized based on persons affected, impact on quality of life, and feasibility of reasonable impact. Although other partners in the CHNA, listed above, use the same CHNA, their strategies may reflect and format these needs differently depending on their service and relationship in the community.

As part of the prioritization process, an inventory of current and on-going work around those needs was compiled. The four health needs identified, include:

<b>Health Care Access, Including Mental Health</b>	<ul style="list-style-type: none"><li>• Lack of Health Insurance Coverage</li><li>• Lack of Medical Home</li><li>• Prevalence of Hypertension &amp; High Cholesterol</li><li>• Prevalence of Diabetes</li><li>• Suicides</li><li>• “Poor” Mental Health Days</li><li>• Lack of Healthy, Safe, Nurturing Relationships</li><li>• High Cost of Oral Health</li></ul>
<b>Nutrition, Physical Activity &amp; Weight Status</b>	<ul style="list-style-type: none"><li>• Prevalence of Obesity</li><li>• Diet – Low Fruit &amp; Vegetable Consumption</li><li>• Lack of access to Healthy Food</li><li>• Exercise - Lack of Physical Activity</li></ul>
<b>Harmful Substance Use</b>	<ul style="list-style-type: none"><li>• Tobacco Usage</li></ul>
<b>Prenatal Care</b>	<ul style="list-style-type: none"><li>• Lack of Prenatal Care in First Trimester</li></ul>

## Hospital Implementation Strategy

SARMC resources and overall alignment with the hospital’s mission, goals and strategic priorities were taken into consideration of the top health needs identified through the most recent CHNA process.

### **Significant health needs to be addressed, in order of priority**

SARMC will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs, with detailed need specific implementation strategy at the end of this document:

- **Health Care Access, Including Mental Health** (see p. 5)
- **Nutrition, Physical Activity, & Weight Status** (see p. 6)
- **Harmful Substance Use** (see p. 7)

## **Significant health needs that will not be addressed**

SARMC acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on three primary health needs listed above. Few health needs have been eliminated:

- **Prenatal Care:** SARMC currently provides childbirth education and breastfeeding classes for new moms and has a dedicated program around vulnerable refugees that will continue, but limited resources exclude this as an area chosen for additional action.

In line with the upcoming 2014-2015 CHE-TH Community Benefit goals, SARMC will review the past Community Benefit Implementation Strategy to bring the portfolio of contributions and programming in alignment with the current assessment's findings and the updated strategy.

This implementation strategy specifies community health needs that SARMC has determined to meet in whole or in part and that are consistent with its mission. The hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending June 30, 2016, other organizations in the community may decide to address certain needs, indicating that the SARMC then should refocus its limited resources to best serve the community.

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2014-2016

<b>HOSPITAL FACILITY:</b>	Saint Alphonsus Regional Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Health Care Access</b>		
<b>CHNA REFERENCE PAGE:</b>	32-38	<b>PRIORITIZATION #:</b>	1
<b>BRIEF DESCRIPTION OF NEED:</b> The high cost of health care and lack of health insurance coverage results in delayed treatment particularly for the poor and underserved populations.			
<b>GOAL:</b> Improve access to health care by removing barriers and providing services for the poor and underserved.			
<b>OBJECTIVE:</b> Improve patient health by building community partnerships to increase access to health care services targeted for the low income and the uninsured in the SARMC service area.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Support local health initiatives and develop internal support efforts around Medicaid redesign/expansion</li> <li>2. Provide and partner for outreach for health insurance exchange enrollment</li> <li>3. Continue support of other safety net clinics in the area (Garden City Community Clinic, Friendship Clinic)</li> <li>4. Mental health: continue efforts of Allumbaugh house, suicide hotline, State Suicide Prevention Coalition</li> <li>5. Support local agencies of emergency housing and safety shelters.</li> <li>6. Provide care transition of patients seen in ED for diabetes to follow-up care with SARMC Comprehensive Outpatient Diabetes Program, with particular attention to low-income or those without insurance.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increased number of eligible persons enrolled into insurance plans</li> <li>2. Increased awareness for Idaho to expand Medicaid</li> <li>3. Increased engagement with those who are homeless and agencies that serve the homeless</li> <li>4. Increase from baseline number of targeted diabetes ED patients connected with CODO.</li> <li>5. Continued provision of mental health interventions in the community</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Review enrollment data to establish baseline and calculate % change in persons enrolled in insurance plans annually</li> <li>2. Idaho elects to expand Medicaid</li> <li>3. Increased partnership and awareness of health needs of those who are homeless</li> <li>4. Count the number of patients seen in ED with diabetes that get connected with COCO</li> <li>5. Count the interventions in mental health programs listed above.</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
<ol style="list-style-type: none"> <li>1. Dedicate space in the hospital for enrollment events</li> <li>2. Commit staff, health education facility, and health advisor assistance for diabetes patients from ED.</li> <li>3. Commit resources, staffing and materials to community health initiative efforts to expand coverage.</li> <li>4. Patient assistance, support services for HIX enrollment</li> <li>5. Staff to engage with homeless shelters in dialogue and designing assistance</li> </ol>			
<b>COLLABORATIVE PARTNERS:</b>			
Idaho Legislators (select), health care non-profits who serve poor and vulnerable populations, Saint Alphonsus Medical Group, mental health stakeholders			

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2014-2016


<b>HOSPITAL FACILITY:</b>	Saint Alphonsus Regional Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Nutrition, Physical Activity &amp; Weight Status</b>		
<b>CHNA REFERENCE PAGE:</b>	29-31	<b>PRIORITIZATION #:</b>	2
<b>BRIEF DESCRIPTION OF NEED:</b> Obesity and related co-morbidities remain a trend in the overall population. Lack of health inputs (fruit and vegetable consumption & physical activity) lead to prevalence of obesity in the SARMC communities.			
<b>GOAL:</b> Raise awareness of nutrition and exercise opportunities and programs to address health literacy around weight management, active living, and healthy choices.			
<b>OBJECTIVE:</b> Develop healthy habits and get kids moving by increasing number of GoNoodle teacher users in communities SARMC serves.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Participate in children’s health collaborative</li> <li>2. Host 10 GoNoodle presentations &amp; demonstrations at elementary schools in primary service area.</li> <li>3. Utilize existing health outreach forums to provide education and outreach on healthy habits at community events (such as Meet Me Monday walking event and Farmer’s Market booth)</li> <li>4. Participate with community partners in food insecurity topics and issues.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. 50% of elementary teachers introduced to GoNoodle will enroll and utilize GoNoodle in the classroom.</li> <li>2. Increased physical activity and availability of fresh produce</li> <li>3. Increased health literacy and resources that support healthy habits.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Review unique user data to establish a baseline and calculate % of new teacher users.</li> <li>2. Establish a baseline and track the increase in number of physical activity breaks played and the total amount of physical activity per school district annually</li> <li>3. Count outreach events and the number of participants for education seminars quarterly</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
Partnerships with stakeholders, SARMC demonstrations and programming, and financial contributions towards the above. Staff for GoNoodle demonstrations, Meet Me Monday promotions, Farmer’s Market			
<b>COLLABORATIVE PARTNERS:</b>			
School districts in SARMC service area, Business Partners in community, Blue Cross of ID, YMCA			

**CHNA IMPLEMENTATION STRATEGY  
FISCAL YEARS 2014-2016**

<b>HOSPITAL FACILITY:</b>	Saint Alphonsus Regional Medical Center		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	<b>Harmful Substance Use and Prevention</b>		
<b>CHNA REFERENCE PAGE:</b>	29	<b>PRIORITIZATION #:</b>	3
<b>BRIEF DESCRIPTION OF NEED:</b> Tobacco, alcohol, and drug use are major contributors to poor health and mortality, and Saint Alphonsus needs to participate in helping patients and community members in preventing and reducing use.			
<b>GOAL:</b> Raise health care awareness of tobacco, alcohol and drug use prevention and cessation and promote and partner with community programs for reduction.			
<b>OBJECTIVE:</b> Raise awareness of available quit programs, engage community in screening programs, and promote decreasing community rates of tobacco use.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b>			
<ol style="list-style-type: none"> <li>1. Support and participate in Garden City tobacco free initiative and other tobacco coalitions</li> <li>2. Provide affordable lung screening program</li> <li>3. Raise awareness of community resources such as Idaho QuitNet, Idaho QuitLine, community classes.</li> <li>4. Utilize existing health outreach forums to provide education and outreach on healthy habits at community events (such as Meet Me Monday walking event and Farmer’s Market booth)</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b>			
<ol style="list-style-type: none"> <li>1. Increased health literacy and resources that support healthy habits, especially for tobacco cessation</li> <li>2. Raise community and agency awareness of tobacco use issues and resources for intervention</li> <li>3. Improved early detection and treatment through lung screening</li> <li>4. Improve pragmatic delivery of “quit” interventions in community</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>			
<ol style="list-style-type: none"> <li>1. Garden City adopts tobacco free environment idea</li> <li>2. Count events where we partner in sponsoring or promoting community tobacco cessation programs</li> <li>3. Count number of lung screenings and referrals for follow-up</li> </ol>			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b>			
Staff to establish dialogue with Idaho quit resources, promotional materials for community quit programs, dedicate space to offer free/reduced cost classes at SARMC, promotion of lung screening program			
<b>Collaborative Partners:</b>			
Saint Alphonsus Health Alliance, State Quitline and QuitNet, local American Cancer Society, local health departments, local quit programs, city governments			

## Adoption of Implementation Strategy

On June 18, 2014, the Board of Saint Alphonsus Regional Medical Center met to discuss the 2014 -2016 Strategy for addressing the community health needs identified in the 2014-2016 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.

 Chair 6, 25, 14  
Name & Title Date