



Metroplex Health System
A PARTNER WITH SCOTT & WHITE HEALTHCARE

2017-2019 Community Health Plan

(Implementation Strategies)

May 15, 2017

Community Health Needs Assessment Process

Metroplex Adventist Hospital conducted a joint Community Health Needs Assessment (CHNA) in 2016 with its sister hospital Rollins Brook Community Hospital. The two hospitals share the same service area. The Assessment identified the health-related needs of community including low-income, minority, and medically underserved populations.

To assure broad community input, Metroplex Adventist Hospital and Rollins Brook Community Hospital 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 Hospitals also participated in the Bell and Lampassas County Needs Assessment process.

The Hospital 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 Rollins Brook Community Hospital

Rollins Brook Community Hospital will address the following Priority Issues in 2017-2019:

Priority 1: Asthma prevention and management

Asthma affects more children than any other chronic disease in our service area and is one of the most frequent reasons for hospital admissions among children.

Asthma is a chronic, potentially life-threatening, inflammatory disease of the airways that is increasingly being recognized as a major public health problem. Based on data, the prevalence of asthma has risen and continues to rise in our service area and across all demographic groups, whether measured by age, race or gender. Asthma has a major impact on the health of our population.

Currently it is estimated that 24.7 million people nationwide have asthma. More than a third of those with asthma are children under 18. It is the most common chronic disease among children, and is the leading cause of school absenteeism, resulting in more than 14 million missed school days annually. Asthma has serious consequences among adults, as well. It is the fourth leading cause of adult work absences, and can lead to job loss, disability and premature death. Asthma accounts for many lost nights of sleep, disruption of family and caregiver routines, and reduced quality of life. 10.8% of adult's report having been diagnosed with asthma. Using a conservative estimate of a 10% prevalence of asthma of all ages, over 129,395 people suffer varying levels of disability, decreased quality of life, and increased medical costs. Much of this disability and disruption of daily lives is unnecessary, because effective treatments for asthma are available.

However, asthma is a complex disease with numerous risk factors. This complexity requires a comprehensive solution involving many organizations and individuals, and extends well beyond medical care into the realm of public health, behavioral and lifestyle modification, education, housing, environment, and other government and community services. To facilitate integration and provide a means to monitor and measure progress toward long-term goals, there must be a plan that guides the efforts of all who are involved in the management of asthma.

Priority 2: Cardiovascular Disease

Cardiovascular disease (CVD) refers to several types of conditions that affect the heart and blood vessels. The most common type of heart disease in Bell County is coronary artery disease (CAD), which can lead to heart attacks. In our service area, almost 30-percent of adults do not participate in leisure time physical activity. Over 75 percent of adults in our service area eat less than 5 fruits and vegetables a day. Twenty-seven percent of Bell County residents are smokers. These risk factors place residents at risk for CVD.

CVD is the leading cause of death in Bell County. CVD is the leading cause of death for both men and women in our service area. High blood pressure and high cholesterol are two major risk factors for heart disease. About half of adults in our service area with high blood pressure and nearly 2 out of 3 adults with high cholesterol don't have their condition yet under control.

Many CVD risk factors such as high blood pressure, high cholesterol, excess weight, poor diet, smoking, and diabetes can be prevented or treated through health behavior change and appropriate medication. Some unpreventable risks for CVD are related to heredity, medical history, age, gender, and race. There are also multiple underlying social, economic, and cultural determinants of CVD such as stress, education level, income, and insurance status.

Metroplex Health System facilitates a total of 7-8 quarterly health screenings between our 2 facilities (MET/RBCH). These screenings are open to the public and employees. During these screenings participants have their cholesterol, glucose, blood pressure, body fat percentage, BMI, height and weight, bone density. Occasionally, free ABI Screenings are also offered. Upon

completing the screening all participants receive a carbon copy of their results, which they can take to their primary care physician (PCP) or have forwarded to their PCP. The Wellness Department coordinates the health screenings and keeps track of the number of people served via a sign in sheet. All results and sign in sheets are filed and kept in a locked filing cabinet in the Wellness Office for 5 years or more.

Priority 3: Increased Exercise and Activity

In our service area, the top health education priorities were weight loss programs with heart healthy/cooking classes, health awareness classes, and health cooking classes for children, families, and adults. Physical activity in our service area has become a major issue in public health as evidence emerges on the important role of physical activity in many health conditions, including overweight and obesity, type 2 diabetes, cardiovascular disease risk, skeletal health, and mental health. The issue of obesity in youth, and the link between this condition and type 2 diabetes, as well as the increases in diabetes is topical and currently demanding much attention in physical activity initiatives.

Establishing links between physical activity and health outcomes is a fundamental phase of the behavioral epidemiology. An early phase of this framework is to identify valid and reliable ways to assess physical activity. Through suitable assessment methods many health outcomes identified are associated with physical activity, this logically leads to research identifying factors associated with physical activity and interventions to increase physical activity.

Issues that will not be addressed by Rollins Brook Community Hospital

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

Rollins Brook Community Hospital did not choose the following issues for two reasons:

- The hospital already provides mental health and substance abuse services.
- In the of case of health literacy, the Hospital does not have the capacity to address the issue.
- The other community-related needs assessment efforts noted below are being spearheaded by various groups throughout Bell County to address the remaining needs of the community from the assessment.

The Hospital is already participating in these efforts:

1. Healthy eating
2. Primary care services and information (health literacy) including adequate Spanish capacity
3. Specialty Care
4. Affordable, local mental health services
5. Smoking Cessation
6. Affordable, local substance abuse treatment services

Board Approval

The Rollins Brook Community Hospital 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 Rollins Brook Community Hospital Community Health Plan was posted on its web site prior to May 15, 2017. Please see www.mplex.org/Popularlinks/communitybenefit. Paper copies of the Needs Assessment and Plan are available at the Hospital, or you may request a copy from latoya.ellis@ahss.org

Ongoing Evaluation

Rollins Brook Community Hospital'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 Rollins Brook Community Hospital's Community Health Needs Assessment or Community Health Plan, please contact latoya.ellis@ahss.org

Rollins Brook Community Hospital Community Health Plan 2016

OUTCOME GOALS						OUTCOME MEASUREMENTS								
CHNA Priority	Outcome Statement	Target Population	Strategies/Outputs	Outcome 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 \$	Matching \$	Comments
Asthma prevention and education on management	Educate 500 Elementary school students about asthma	Elementary school students who attend the Boys and Girls Club of Central Texas	Through our CREATION Health Investment Fund, we have a CREATION Health and asthma education program	Curriculum and pre/posttest on asthma	100 Students	200		Modify as needed		Modify as needed		75,000	N/A	Hospital \$ are the CREATION Health Grant funds
				# of students enrolled	100 students	200		200		200		25,000	\$5000 in patient co-pays	Amount of services may change in Yrs. 2 & 3
				90% of students who "pass" the post-test	100 students	180		180		180				
Cardiovascular Disease	Help reduce the % of residents in our service area (11%) who have CVD compared to 8.3% of Texas residents	Adults in zip codes 76549, 76543, 76542 & 76522	Free Community Quarterly Health Screenings for cholesterol levels, glucose, BP, BMI, % body fat and Ankle-Brachial Index screenings (ABI) held at the Hospital	# of people who attend	400 people screened	425		450		475		6,000		

				% of people with existing conditions who show improvement through the physician referral		25%		30%		40%				
			Expand screenings to include Physician referral services	Provide physician referral services for those individuals identified as at risk for CVD during screenings	0	43		48		53				
			Increasing the number of primary care providers informed about the importance of identifying individuals with genetic risk for CVD.	# of people identified	400 people	Modify as needed		Modify as needed		Modify as needed				
Increased Exercise and Activity	increase opportunities for physical exercise and the education re its importance	Adults in our service area that have the following conditions or at risk for: are obesity, type 2 diabetes, cardiovascular disease, skeletal health, and mental health	Offer free fitness and nutritional classes to the community based on the CREATION Health principles. CREATION Health is a faith-based wellness plan with lifestyle seminars and training for those who want to live healthier and happier lives, and share this unique whole-person health philosophy. Based on 8 principles: choice, rest, environment, activity, trust, interpersonal relations, outlook and nutrition.	# of community members who attend the fitness and nutritional classes	100 people	200		250		300		5,075	N/A	The instructors for the classes will be compensated via the Community Health Department; Classes max out at 26 people
			Quarterly CREATION Health Workshops	# of people who attend	15 people	20		23		25		375	N/A	