



Implementation Plan with Summary of Community Health Improvement for 2019 - 2022

Marion General Hospital fully understands the importance and necessity of positively transforming the health of the community we serve. We wholeheartedly embrace the opportunity to do so. Determining the health care needs of rural areas such as ours can be difficult. To facilitate community health improvement a Community Benefit Team was created. Comprised of both MGH and community leaders the Team has come together utilizing various needs assessment tools in order to obtain the necessary primary and secondary data which is critical to conducting such a complex and far reaching program. The Community Benefit Team looked in many directions and settled on a number of resources. The data resources included, but were not limited to: Community Health Profile, County Health Rankings and Roadmaps www.countyhealthrankings.org, US and Indiana Census data www.census.gov/quickfacts/fact/table/grantcountyindiana/PST045218, CDC www.cdc.gov, State Department of Health www.in.gov/isdh/, CMS website links www.cms.gov, and additional local organizational data to evaluate and create a multi-year strategy to improve health outcomes in our community.

MGH has, and is committed to providing the expertise, manpower, and funds to ensure the goal of transforming the health of the community is met.

Implementation Plan

Six critical areas emerged as pressing needs for our 2019 – 2022 implementation plan:

1. Diabetes
2. Nutrition, weight control, and exercise
3. Lung Disease including nicotine prevention and cessation
4. Early detection for health issues/Screening
5. Substance Use Disorder including alcohol, tobacco, opioids, etc.
6. Heart Health

A two-pronged community-wide plan was developed:

1. Community Education, Awareness, Support and Empowerment (**CEASE**)
2. In Community Resources, Education, Assessments, Support and Empowerment (**InCREASE**)



Overarching Goal:

- To reduce risk factors for Type 2 diabetes and provide the tools for those with Type 2 diabetes to have healthier lives

Supporting Goals:

- Goal: To provide certified diabetes management education to 65% of new/out of control diabetic patients – facilitated by increasing number of primary provider referrals for new and out of control patients
- Goal: To reduce the number of diabetic patients 18 – 75 years old with a hemoglobin A1C > 8.5.0 by

5%

- Goal: To increase the percentage of patients 18 – 75 years old who have had an annual foot exam by 10%
- Goal: Expand the program: InVitation (Fall 2020 and Spring 2021) to two new locations, which is a partnership with Taylor University in the MGH Upland Health & Diagnostics offering life coaches for Pre-diabetes individuals utilizing a CDC approved curriculum. Program Goals will be determined after two full semesters of data. Weight, BMI, blood, glucose, and A1C are markers that will be measured.

Inpatients, Hospital Clinics, and Primary Care Practices:

Activities:

- Teaching Tuesday for inpatient staff and In-services & lunch and learn for providers and staff
- Interactive education provided for patients
- Monofilament supplies for all providers
- Address adult kidney disease
 - Blood pressure management
 - Host a KEEP Screening (Kidney Early Evaluation Program through National Kidney Foundation)

Community Outreach:

Activities:

- Interactive education through the MGH Community Outreach and MGH Parish Nurse Program
- Lunch and Learn and interactive teaching materials provided for Indiana Health Center, American Health Network, Grant County Health Department, Purdue Extension, Bridges to Health, Indiana Wesleyan University Health Center, and MGH Wound Clinic
- Monofilaments provided to all organizations/agencies
- Health Expo and other community events to support continuing education, awareness, and diabetic screenings across the community
- Partner with School Nurses with diabetic supplies and educational resources
- Support Minority Health Coalition and Grant County Health Department in their diabetic initiatives



Healthy eating resulting in better nutrition and weight control

Overarching Goal:

- Provide opportunities for Grant County residents to have a healthier diet

Supporting Goals:

- Health care team members will intentionally support Grant County residents interested in having a healthier diet
- MGH staff will assist food banks to increase healthy options
- Maximize healthy eating shopping, recipes, and eating out options on a limited budget

Inpatients, Hospital Clinics, and Primary Care Practices:

Activities:

- Flag individual patients with elevated BMIs (35 and >) to increase attention to diet and weight management needs
- Spring 2020: Expand InVitation Program to provide wellness activities including exercise and healthy eating for individuals who have chronic disease or are at risk. Weight, blood pressure, and cholesterol are among the markers.
- Winter of 2020/2021 – Expand InVitation Program to other MGH facilities throughout the community
- Explore process for developing a healthy weight resource team for inpatients and clinics
- Explore opportunities to provide healthy food options for patients discharged from the hospital on a special diet

Community Outreach:

Activities:

- Provide education on nutrition and exercise for afterschool programs (in partnership with Purdue Extension), MGH Community Outreach, YMCA, Little Giants, Lakeview Preschool, Boys & Girls Club, Center for Success and area children’s directors/pastors
- Partner with Indiana Wesleyan University, Taylor University and IVY Tech State College to survey area food pantry providers to develop food access and nutritional values area map
- Explore opportunities to provide healthy food options for patients discharged from the hospital on a special diet
- Provide bariatric information as needed
- Provide nutrition education in transitional housing, Boys and Girls Club, women and men’s shelters



Overarching Goal:

- To increase the health and wellbeing of individuals with chronic lung disease, increase prevention of risk factors

Supporting Goals:

- Utilize prevention and cessation programs to reduce nicotine delivery systems (traditional tobacco products and Vape)
- Increase lung and breathing screens
- Provide prevention programs for school age students and other vulnerable populations

Inpatients, Hospital Clinics, and Primary Care Practices:

Activities:

- Complete electronic referrals for the Indiana Quit line for inpatients and outpatients

- Refer all inpatients with a history of tobacco/nicotine use to the Tobacco Treatment Specialists
- Quarter review of asthma data from the ED and inpatients
- Provide face-to-face educational and assessment program for area schools
- Meet with school nurses and school social workers three times each year to review asthma and tobacco/nicotine/vaping needs
- Gather data from the telehealth school programs related to asthma encounters
- Continue efforts to become an asthma self-management organization
- Continue efforts for schools to become healthy air
- Explore opportunities for community health worker to provide home visit support for those with respiratory needs

Community Outreach and Area Providers:

Goals and Activities for Tobacco and E-cig/Juul:

- Decrease youth tobacco use rates
 - Participate in the Point of Sale Survey each year
 - Work with area schools to activate compressive tobacco free policies
- Increase proportion of Hoosiers not exposed to secondhand smoke
 - Work with area multi-housing units to consider tobacco free policy
 - Provide media and government with data to encourage tobacco free policy
- Decrease adult smoking rates
 - Increase referrals to the 1-800 Quitline and Freedom From Smoking
 - Work with area employers to promote comprehensive coverage in healthcare plans to aid those trying to quit
 - Promote the 1-800 Quitline and Freedom From Smoking classes.
 - MGH discharge referrals and patient education
 1. Goal: Increase number of calls to the Quitline by 2% each year
 2. Goal: increase the number of providers 0.5% each year
 - Work with primary providers, inpatient, and discharge planning on cessation conversations
 - Work with primary care providers for medication assistance for those choosing to quit
- Maintain a state and local infrastructure necessary to lower tobacco use rate
 - Build a Tobacco Coalition of 30 plus organizations with regular meetings (2018)
 - Utilize Coalition members to enhance education opportunities thought out their organizations and the community
- Lung Screenings: Promote to the community
 - Goal: Measure stage of lung cancer upon presentation (goal to detect at earlier stages)
 - Goal: To increase lung screenings by 4% by the end of the three-year plan

Goals and Activities for Asthma Management and Prevention in the Emergency Department:

- Goal: to reduce the number of Emergency Department visits for asthma, special attention for repeat visits:
 - Rapid Response Program launched with respiratory therapy

Community Outreach:

Activities:

- Presentations to area school staff, bus drivers, PTO, PTA, back to school nights and carnivals
- Red, Yellow & Green Asthma education sheets and magnets were developed to be used across the MGH system, area schools, Indiana Health Center and Indiana Wesleyan Health Center
- Partner by providing education and resources with Grant County Health department, American Health Network and non-MGH pediatricians, Bridges To Health (BTH), YMCA, American Lung Association, Purdue Extension, Boys and Girls Club and school nurses
- Back to school and PTO/PTA Asthma info for parents
- Proposing to area schools to become “American Lung – Certified Asthma Friendly Schools)
- Medication, air flow and inhaler simulations for provider practices, school nurses, parish nurses and MGH inpatient areas
- All area public schools have been supplied with nebulizers, O2 monitors
- A portable spirometer will be used to provide education and demonstration in community settings – including schools
- BTH Pathway to Medications program is assisting often with inhaler expenses



Overarching Goal:

- To increase opportunities for Grant County residents to have reduced costs and easily available screenings

Supporting Goals:

- Utilize events, local media, social media, and parish nurse program to disseminate information and locations for screenings
- Early screenings will increase quality and quantity of life for individuals
- Early screening will result in more rapid interventions for problems identified

Inpatients, Hospital Clinics, Primary Care Practices, and Community:

Activities

- Offer early lab screenings in area schools and churches
- Provide screening information at the annual MGH Health Expo, other community events, employer health fairs, and county festivals

Increase promotion of community and hospital-based screenings

Health Expo, MGH Parish Nurse Program, Clergy Connect, specialized screening days, area festivals and events

- Goal: Increase in overall screenings by 2% each year
- Offer at least two community screenings during the annual Health Expo
- Offer at least one specialty screening for early cancer detection



Overarching Goal:

- To reduce the incidence of substance use and reduction of overdose fatalities

Supporting Goals:

- To support and educator the greater community of the impact of stigma
- To increase availability of harm reduction modalities
- To create a recovery-friendly community

Inpatients, Hospital Clinics, and Primary Care Practices:

Activities:

- Inpatients will have appropriate screenings and referrals for wrap-around services
- Peer Support Specialists and/or Community Health Workers will be available for bedside intervention and resource for the Primary Care offices

Community Outreach:

Activities:

- Peer Support Specialists resources are available for community partners (ie. Family Services Society, Inc., Bridges to Health, Grant County Sheriff, etc.)
- Pro-social and family restorative activities will be sponsored by the faith community
- Harm reduction education and support will be provided
- Community Plunge (A Day in the Life of Someone with SUD and/or Mental Health) four times each year
- Voices of Recover annual event
- Media campaign for stigma reduction



Overarching Goal:

- To increase quality and quantity of life for Grant County residents

Supporting Goals:

- To increase prevention and education activities across the demographics
- To increase awareness of impact of inactivity, smoking/nicotine products, nutrition, and substance use

Inpatients, Hospital Clinics, and Primary Care Practices:

Activities:

- Quality initiative to improve efficiency and effectiveness of cardiac interventions
- Cardiac referrals more available to the heart failure clinic and cardiac rehab
- Community Health Worker available to visit inpatients and outpatients who may need assistance with accessing services

Community Outreach:Activities:

- Participate in the Million Hearts Campaign
- Improve 911 dispatch county-wide
- Annual Red Dress event
- Community CPR Program with over 60 community CPR instructors