



Community Health Needs Assessment

Implementation Plan

January 13, 2023



Background - Compliance

The Community Health Needs Assessment (CHNA) and the Implementation Plan are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and Implementation Plan every three years.

- ▶ In 2022, SMP Health System St. Kateri's leadership worked with community leaders, underserved populations receiving services in the community, and others to complete its CHNA and identify 15 community health-related needs, or service gaps.
- ▶ SMP St. Kateri's prioritized the list using qualitative and quantitative approaches.
- ▶ **The following Implementation Plan indicates which of the prioritized needs the health system will address (and how) and which ones it will not address (and why not).**

Requirements

The CHNA and the IP are separate but linked requirements.

▶ CHNA Requirements

- Define the community served by SMP St. Kateri's
- Describe the quantitative and qualitative methodology used to identify and prioritize community needs
- Include a comprehensive list of community health or health-related resources
- List the activities conducted since the prior CHNA in order to address the identified needs
- Prioritize the list of community health needs to be included in the Implementation Plan

The CHNA document (available on the website) clearly addresses each of these issues.

▶ Implementation Plan Requirements

- Identify which community needs the hospital will address (and how)
- Identify which community needs the hospital will not address (and why not)

This document summarizes the Implementation Plan results.

Methodological Focus Areas

- ▶ The SMP St. Kateri's CHNA and Implementation Plan activities consider services and activities across campuses, where helpful, in order to maximize community impact (i.e., help the most people in the most efficient manner) and optimize strategies.
- ▶ The Implementation Plan establishes the basis for shared operational plans to address higher-priority needs.

Implementation Plan Approach

- ▶ Implementation Plan activities [i.e., actions taken to identify which community health needs will be addressed (and how)], including the following:
 - Conducting in-depth discussions with the SMP St. Kateri’s Project Leadership team to review the needs list and identify ones generally outside of SMP St. Kateri’s purview to impact
 - Developing a matrix that identified existing programs or activities that positively impact one or more of the 15 identified, prioritized community needs
 - Working with the Project Leadership team to define for each of the 15 needs the “degree of control that SMP St. Kateri’s has to enact change” and a “potential timeline on which positive change could reasonably be made to address the need”
 - Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital’s purview to address and (if so), how the hospital can best address the need

The full, prioritized list of 15 community needs (from the CHNA) is included on the next slide.

The Total List of Prioritized Needs

1. Improve drug and other substance abuse early intervention and prevention services
2. Increase access to affordable quality childcare
3. Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists)
4. Develop crisis or emergency care programs for mental health
5. Increase availability of resources to help seniors stay in their homes (e.g., home health, senior meals, etc..)
6. Increase the number of mental health providers for adults
7. Increase case management services for people with complex chronic health conditions
8. Increase drug and other substance abuse treatment services
9. *Improve general public transportation***
10. Increase the number of primary care services (such as a family doctor or other provider of routine care)
11. Increase the number of mental health providers for children and youth
12. Improve transportation services for people needing to go to doctor's appointments or the hospital
13. ⁶ More intentionally engage the Native American community in health and wellness initiatives
14. Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
15. Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training)

Evaluation Criteria and Definitions

SMP St. Kateri's has a long-standing commitment to the community on every level. As such, through existing or new programs, the hospital expects to be able to address – to some degree – many of identified needs. In some instances, SMP St. Kateri's may help facilitate and partner with other organizations to address the need.

- ▶ The degree to which the hospital can address the needs is based on the following criteria:
 - The CHNA-based priority of the need
 - Resources within an existing program or initiative which can be deployed
 - Opportunities for collaboration with community partners
 - The degree to which the need is within the hospital's purview to address

NOTE: Definition of a "need:" A service gap – or, an **unmet** health issue – that could benefit from additional support from SMP St. Kateri's or affiliated organizations. For example, many chronic disease states or specific mental health conditions such as heart disease, diabetes, depression, and others – while highly important, ongoing community health issues – may not be listed as **unmet** needs **IF** the hospital and others are already highly engaged in these critically important areas: The need for the service may always exist, but if hospitals and others are providing capacity and access to quality care, there may not be an **unmet** need.

Categorization of the 15 Community Needs Identified in the CHNA

- ▶ For each of the 15 needs, SMP St. Kateri’s examined its current programs, outreach efforts, and collaborations, and considered new initiatives such that each of the 15 needs were assigned to one of the following categories:
 - Needs that SMP St. Kateri’s will not address: The need is either not within the SMP St. Kateri’s purview or beyond its ability to readily impact.
 - Needs for which SMP St. Kateri’s will enhance existing programs or establish new ones: The hospital has current activities that may be able to be modified or expanded to address the community health need; or, newly created activities or initiatives may be required to do so.
 - Needs SMP St. Kateri’s is addressing through existing programs and activities: The hospital is already actively providing services to address the community health need and may focus efforts on building awareness of existing programs and services.

The following pages show Implementation Plan SUMMARY results – “needs that the hospital will address (and how) and which ones it will not address (and why not)” – by category, (i.e., the three primary categories noted above).

Need SMP St. Kateri's Will Not Directly Address

- Improve general public transportation

The need above is out of the hospital's purview, and as such would be better addressed by other community partners.

SMP St. Kateri's existing programs and activities address most of the higher-priority needs directly or indirectly. The following slides present enhanced details regarding the programs and needs addressed by SMP.



Needs for Which SMP St. Kateri's will Enhance Existing Programs or Establish New Ones

- ▶ SMP St. Kateri's Project Leadership Team members reviewed each of the needs for which SMP St. Kateri's has, or may establish, programs to address on two scales:
 - The degree of local control (i.e., the amount of influence SMP St. Kateri's may possess to affect needs)
 - Timeline (i.e., the expected amount of time it would take to impact the need)
- ▶ Based on the analysis, SMP St. Kateri's identified a highly focused list of program focus areas that does the following:
 - (1) addresses the highest priority needs,
 - (2) exists within SMP St. Kateri's ability to control, and,
 - (3) provides positive impact in the "eighteen months," "two- to three-year," and "three years or longer" time frames

Results are shown on the following slides.

Needs for Which SMP St. Kateri's will Enhance Existing Programs or Establish New Ones

In the “Within One Year” Timeline, Focus is on Improving Existing Services

- ▶ **“Within One Year”** High priority need focus areas (2 priority):
 - Increase case management services for people with complex chronic health conditions (CHNA Rank: 7)
 - Increase the number of primary care services (such as a family doctor or other provider of routine care) (CHNA Rank: 10)

These issues identified by SMP fall both within SMP St. Kateri's mission and purview to improve. Both of these needs reflect the opportunity to expand service capacity.

Needs for Which SMP St. Kateri's will Enhance Existing Programs or Establish New Ones

In the "Two- to Three-Year" Timeline, Focus is Access to Secondary Resources

- ▶ **"Two to three-year timeline for positive impact"** High priority need focus areas:
 - Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists) (CHNA Rank: 3)
 - Increase the number of prescribing mental health providers (e.g., psychiatrists) (CHNA Rank: 5)
 - Increase the number of mental health providers for adults (CHNA Rank: 6)

The SMP Implementation Planning process identified affordable childcare access as highly desired, and able to be addressed within two to three years. However, even though this falls outside of SMP St. Kateri's mission/vision, collaboration with community partners to provide childcare may be considered.

Initiatives to address unmet needs will focus on those within the vision of SMP, while delegating improved childcare to a more appropriate organization and aiding their efforts. The complete list of prioritized needs is contained later in this document.

Needs for Which SMP St. Kateri's will Enhance Existing Programs or Establish New Ones

In the “Three Years or Longer” Timeline, Focus is on Improving Community Resources for Substance Abuse and Mental Health

- ▶ **“Three Years or longer timeline for positive impact”** High priority focus areas:
 - Improve drug and other substance abuse early intervention and prevention services (CHNA Rank: 1)
 - Develop crisis or emergency care programs for mental health (CHNA Rank: 4)
 - Increase drug and other substance abuse treatment services (CHNA Rank: 8)
 - Increase the number of mental health providers for children and youth (CHNA Rank: 11)
 - Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training) (CHNA Rank: 15)

These issues identified by SMP include increasing and diversifying the amount of existing health resources. Addressing these issues will require significant allocation of funds and resources, as well as two or more years to positively impact change in these areas. The hospital will continue focused efforts to bring about long-term, positive change in these areas.

Summary: Top Two Focus Areas and Needs by Time Frame

- ▶ **“Within One Year” Impact Expectation – Focus areas include:**
 - Increase case management services for people with complex chronic health conditions (CHNA Rank: 7)
 - Increase the number of primary care services (such as a family doctor or other provider of routine care) (CHNA Rank: 10)
- ▶ **“Two to Three-Year” Impact Expectation – Focus areas include:**
 - Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists) (CHNA Rank: 3)
 - Increase the number of prescribing mental health providers (e.g., psychiatrists) (CHNA Rank: 5)
- ▶ **“Three Years or longer” Impact Expectation – Focus areas include:**
 - Improve drug and other substance abuse early intervention and prevention services (CHNA Rank: 1)
 - Develop crisis or emergency care programs for mental health (CHNA Rank: 4)

Note that the amount of needs SMP St. Kateri’s will be able to address within one year is limited so those listed are far below the urgency of the needs in the longer timeline. SMP St. Kateri’s will continue to address a broad range of other prioritized community needs, as well as respond to urgent or emerging needs, if they arise.

Summary: Existing Programs and Activities Addressing Community Needs

- ▶ Of the 15 community needs identified from the Community Health Needs Assessment, existing programs and activities already address 93% to some extent.
 - The hospital will focus current and new initiatives on the highest priority issues as identified in the CHNA, as well as those for which it has existing programs and activities.
 - For some of the programs and activities, SMP St. Kateri's is a facilitator or partner with a community service organization while for others, it takes more of a leadership role.
 - For some of these needs, SMP St. Kateri's programs and activities will remain largely unchanged. However, SMP St. Kateri's may modify existing programs as needed, and improve and promote community access to these programs. SMP is dedicated to responding to emerging opportunities to support and improve community health across all ages, and focusing on mental health resource disparities .

The following pages list the ranked needs and existing SMP St. Kateri's programs and activities impacting them.

Matrix of Prioritized Needs and Current Programs

| Rank | Need | Mission/Vision | Degree of Control | Timeline |
|------|--|----------------|---------------------|-----------|
| 1 | Improve drug and other substance abuse early intervention and prevention services | Yes | Support/Advocate | 3+ years |
| 2 | Increase access to affordable quality childcare | No | Partner/Collaborate | 2-3 years |
| 3 | Increase access to specialty health care providers in the community (e.g., neurologists, endocrinologists) | Yes | Partner/Collaborate | 2-3 years |
| 4 | Develop crisis or emergency care programs for mental health | Yes | Support/Advocate | 3+ years |
| 5 | Increase the number of prescribing mental health providers (e.g., psychiatrists) | Yes | Partner/Collaborate | 2-3 years |

Matrix of Prioritized Needs and Current Programs

| Rank | Need | Mission/Vision | Degree of Control | Timeline |
|------|--|----------------|---------------------|---------------|
| 6 | Increase the number of mental health providers for adults | Yes | Partner/Collaborate | 2-3 years |
| 7 | Increase case management services for people with complex chronic health conditions | Yes | Lead | Within year 1 |
| 8 | Increase drug and other substance abuse treatment services | Yes | Support/Advocate | 2-3+ years |
| 9 | Improve general public transportation | No | N/A | N/A |
| 10 | Increase the number of primary care services (such as a family doctor or other provider of routine care) | Yes | Lead | Within year 1 |

Matrix of Prioritized Needs and Current Programs

| Rank | Need | Mission/Vision | Degree of Control | Timeline |
|------|--|----------------|--------------------------|------------|
| 11 | Increase the number of mental health providers for children and youth | Yes | Partner/Collaborate | 3+ years |
| 12 | Improve transportation services for people needing to go to doctor's appointments or the hospital | Yes | Partner/Collaborate | 2-3 years |
| 13 | More intentionally engage the Native American community in health and wellness initiatives | Yes | Lead | 2-3 years |
| 14 | Improve care coordination between the hospital and other clinics, private doctors, or other health service providers | Yes | Partner/Collaborate | 2-3 years |
| 15 | Enhance community programs to break out of the cycle of poverty (e.g., early childhood education, primary and secondary education, job training) | Yes | Lead/Partner/Collaborate | 2-3+ years |

Further Contact and Questions

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