Miami County MEDICAL CENTER

Community Health Improvement Plan (CHIP)

2023 through 2025

Executive Summary

For more than 20 years, it has been the pleasure and privilege of Miami County Medical Center (MCMC) to serve our communities. Our goal of providing the highest possible level of medical expertise, advanced technology, and professional, compassionate care has remained our guiding principal over all those decades, and continues to drive us to provide the very best care for our patients and their families. While MCMC is a committed partner, the overall health of our communities is a joint effort. Schools, health-related agencies, local, county and federal government agencies, religious-based groups, health insurers and businesses all play an integral role in meeting the healthcare needs of the residents of our service area.

In an effort to improve the health of communities, the Patient Protection and Affordable Care Act (ACA) requires nonprofit hospitals nationwide, including MCMC, to conduct a Community Health Needs Assessment every three years. Hospitals are then required to develop and execute a Community Health Improvement Plan to meet the needs identified in this assessment. MCMC, with the help of VVV Research and Development, conducted the health needs assessment for our service area of Miami and Linn counties. This was done by performing research and collecting health data for our area, and actively seeking input from the community through a survey and town hall meetings.

Timeline for CHNA & CHIP

Community Health Needs Priorities

The research and community input helped develop a clearer picture of our service area and the health priorities of residents. The result was a list of ten top health priorities.

1. Affordable and quality housing
2. Mental health (diagnosis and placement)
3. Drug and substance abuse
4. Food insecurity
5. Maternal/infant care & education
6. Healthcare insurance coverage
7. Lack of healthcare communication due to regulations
8. Senior care

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. Social determinants of health
    A. Affordable and quality housing (*CHNA Priority #1*)
    B. Food insecurity (*CHNA Priority #4*)
    C. Healthcare insurance coverage (*CHNA Priority #6*)
2. Behavioral health
    A. Mental health, specifically diagnosis and placement (*CHNA Priority #2*)
    B. Drug and substance abuse (*CHNA Priority #3*)
3. Maternal/infant care & education (*CHNA Priority #5*)
4. Lack of healthcare communication due to regulations (CHNA Priority #7)
5. Senior care (*CHNA Priority #8*)

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. **Social determinants of health**
    A. **Affordable and quality housing (*CHNA Priority #1*)**
    B. **Food insecurity (*CHNA Priority #4*)**
    C. **Healthcare insurance coverage (*CHNA Priority #6*)**
2. Behavioral health
    A. Mental health, specifically diagnosis and placement (*CHNA Priority #2*)
    B. Drug and substance abuse (*CHNA Priority #3*)
3. Maternal/infant care & education (*CHNA Priority #5*)
4. Lack of healthcare communication due to regulations (CHNA Priority #7)
5. Senior care (*CHNA Priority #8*)

Priority #1A: Increase access to affordable and quality housing within MCMC's primary service area.

NEED: Our service area experiences a significant housing issues. One in four households experience high housing costs, overcrowding, lack of plumbing or lack of kitchen facilities. Miami County is comparable to the state of Kansas for severe housing issues, while Linn County experiences significantly higher than the state. There is also a higher poverty rate in Linn County compared to Miami County and the state.

INITIATIVE: MCMC will support the community collaboration between My Father's House, City of Paola, Public Works, Elizabeth Layton Center, Paola Housing Authority , Miami County Economic Development and others to bring a tiny house community on the grounds at My Father House. MCMC will continue to support these organizations in their efforts by collaborating to provide volunteers and financial support, as well as leadership to identify resources and partners. MCMC will also continue to screen for homelessness and risk of becoming homeless within its patient populations and connect those identified with appropriate resources as available.

ANTICIPATED IMPACT: Reduce the incidence of homelessness within Miami County.

Priority #1A: Increase access to affordable and quality housing within MCMC's primary service area.

Responses	Tactics	2023	2024	2025	KPI's
Support initiative and community collaboration to bring a tiny house community to Paola.	Financially support this initiative through grant dollars awarded to My Father's House.	X	X	X	Contribute $5,000 annually to this project.
Enhance access to resources available within the community as it relates to homelessness.	Screen Olathe Health Family Medicine patients for homelessness. Increase number of patients being connected to resources.	X	X	X	Increase the number of positively identified patients who are then connected to community-based resources by 1%.

NEED: Due to lack of grocery stores and food pantries, there is a significant food dessert within southern Miami County and across Linn County. Kansas Health Matters also looks at expenditures for fast food restaurants and high sugar foods and drinks. Miami County ranks high than the state and national averages in these two categories. In Linn County, the amount of money spent in these two categories ranks lower than state and national averages, but residents are also spending less on fruits and vegetables which is likely due to lack of grocery stores and lack of farmers markets. While we are seeing declines in percentages of people who have low access to a grocery store, we continues to see negative trends in grocery store density.

INITIATIVE: MCMC will also continue to screen for food insecurity within its patient populations and connect those identified with appropriate resources as available. MCMC will also provide educational opportunities through local community organizations and through communication channels on the importance of healthy eating habits. Another initiative is to continue to explore the possibility of a mobile food pantry program in Linn County.

ANTICIPATED IMPACT: Reduce the expenditures in fast food, high sugar food and beverages specifically in Miami County. In Linn County, reduce the food insecurity percent by 1%.

Priority #1B: Enhance collaborative communication about accessible health wellness and prevention opportunities to encourage community members to engage and sustain positive behavior change. This includes identifying opportunities to reduce food insecurity and education about how to prepare healthy meal options.

Responses	Tactics	2023	2024	2025	KPI's
Enhance food access, including fruits and vegetables, education on how to prepare healthy meals, etc.	Screen Olathe Health Family Medicine patients for food insecurity. Increase number of patients being connected to resources.	X	X	X	Increase the number of positively identified patients who are then connected to community-based resources by 2%.
	Collaborate with community partners to educate parents and young families on the importance of a healthy behaviors using the 1-2-3-4-5-Fit-Tastic Program.	X	X	X	Incorporate Fit-Tastic education into five community outreach programs.
	Partner with community-based recreational programs to provide educational opportunities specific to healthy eating.	X	X	X	Implement one community-based program specific to healthy eating or healthy meal preparation.
Focus on food deserts within our community and enhance access to mobile food pantries and other resources available within the community.	Partner with local food pantry resources and a community organization to host a mobile food pantry in Linn County.		X		Launch mobile pantry and host regularly throughout the year (specific schedule is TBD).
	Expand mobile pantry to other food deserts in the primary service area as appropriate.			X	

MCMC has determined that this initiative is being addressed through other community organizations including the Health Partnership Clinic and others. MCMC will continue to support this priority through the following actionable items:

- Provide education about resources available in the community related to health insurance through Olathe Health communication vehicles to communicate about resources available within the community related to health insurance.
- Create community resource page on Olathe Health website and promote in Connected Care and social media channels.
- Continue to educate MCMC patients about resources available through Resolute Group (partner that helps enroll patients) and consider expanding services to assist with complex patients in the outpatient setting.
- Advocate for Medicaid expansion in Kansas. Research premium assistance programs throughout the state.

This plan will not include specific goals for improvement in this area.

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. Social determinants of health
   A. Affordable and quality housing (CHNA Priority #1)
   B. Food insecurity (CHNA Priority #4)
   C. Healthcare insurance coverage (CHNA Priority #6)

2. Behavioral health

A. Mental health, specifically diagnosis and placement (CHNA Priority #2)

B. Drug and substance abuse (CHNA Priority #3)

3. Maternal/infant care & education (*CHNA Priority #5*)
4. Lack of healthcare communication due to regulations (CHNA Priority #7)
5. Senior care (*CHNA Priority #8*)

Priority #2A: Increase collective community education, prevention, diagnosis, placement and aftercare for mental health conditions.

NEED: Our service area lacks adequate behavioral health resources to appropriately care for all residents with behavioral health needs. There is a significantly higher trends in Miami and Linn counties compared to the state and Eastern Kansas Rural Norm counties in areas related to behavioral health indicators such as age-adjusted suicide mortality rates and number of self-reported mentally unhealthy days. There is also link between socioeconomic and physical health conditions that directly correlates to the mentally unhealthy days. There is tremendous difficult to identify resources to diagnose and comprehensively treat behavioral health patients.

INITIATIVE: MCMC will work with its primary care network to ensure all patients are being screened for depression, and subsequently connecting those who could benefit with the appropriate resources. OMC will also identify a partner to provide behavioral health resources integrated with primary care. This will require breaking down the communication barrier.

ANTICIPATED IMPACT: People who have behavioral health conditions will have more care options, resources and easier access to resources.

Priority #1A: Increase collective community education, prevention, diagnosis, placement and aftercare for mental health conditions.

Responses	Tactics	2023	2024	2025	KPI's
Through Rural Health Clinics, screen patients during wellness visits using the PHQ-9 depression screening. Continue enhancements to care management for patients with mental illness through implementation of behavioral health care management for patients with mental health conditions.	Assess patients ages 12 and older at least once per year.	X	X	X	90% screening compliance during wellness visits
	In patients who screen positive, increase the number who access services through community partners.	X	X	X	Connect 100% of identified patients with resources. Follow up every three months to confirm follow through.
	If score 5 or above, clinic visit becomes focused on suicidal ideation and one-on-one with the provider.	X	X	X	Develop safety care plan for 100% of identified patients.
Work with community health partners to support patients within the Olathe Health network, specifically focusing on those with depression/anxiety diagnosis, those who have that diagnosis plus a chronic medical condition and those who have more than four chronic conditions.	Identify key community partners and develop process for collaborating to increase access and enhance patient care.	X			Develop cooperative care plans with community partners.
	Increase behavioral health access within Miami and Linn counties.		X	X	2023: develop baseline for access 2024: Increase access by 2% over prior year 2025: Increase access by 2% over prior year

Priority #2B: Address the rise in abuse and misuse of opioids by partnering with key community entities to reduce the misuse of opioids.

NEED: According to Kansas Health Matters, there is a significantly higher trend for both Miami and Linn counties for the percent of Medicare Part D beneficiaries receiving opioid supply of greater than 10 days. While the trends for opioid-related have slowly declined over the past seven years, this continues to be an issue within the community as identified through the community stakeholder survey.

INITIATIVE: Olathe Health has created a multi-disciplinary physician team to monitor prescriptive practices. Another main focus for MCMC will be to educate residents on resources for safe disposal of unused medications.

ANTICIPATED IMPACT: People who have access to opioids and other unused medications will have the education and access for safe disposal.

Priority #2B: Address the rise in methamphetamines and other illegal drugs, along with abuse and misuse of opioids by partnering with key community entities to reduce the misuse of opioids.

Responses	Tactics	2023	2024	2025	KPI's
Engage the Olathe Health Physician Opioid Task Force to review prescription practices and provide appropriate education. This group has implemented a number of programs to address this priority such as pain management contracts with patients, support KTRACS, intake assessments in clinics, guidelines for dispensing.	Develop plan and infrastructure to monitor patients who have and do not have a controlled substance agreement. Develop baseline. Develop communication plan to educate providers that includes CME, Rounds, All Provider Meetings, etc.)	X			Reduce number of prescriptions to patients without a controlled substance agreement
	Reduce number of prescriptions to patients without a controlled substance agreement.		X	X	Pending baseline data
Partner with local groups to promote safe drug take back practices.	Promote local drop-off locations (i.e. National Drug Take Back Days, etc.).	X	X	X	Provide annual education to OHP offices.

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. Social determinants of health
    A. Affordable and quality housing (CHNA Priority #1)
    B. Food insecurity (CHNA Priority #4)
    C. Healthcare insurance coverage (CHNA Priority #6)
2. Behavioral health
    A. Mental health, specifically diagnosis and placement (CHNA Priority #2)
    B. Drug and substance abuse (CHNA Priority #3)
3. **Maternal/infant care & education (CHNA Priority #5)**
4. Lack of healthcare communication due to regulations (CHNA Priority #7)
5. Senior care (*CHNA Priority #8*)

Priority #3: Increase access to maternal and infant care and resources for mothers and young families.

NEED: When tracking maternal and infant care patterns in Miami and Linn counties, there are several key health indicators trending in a negative direction. Particularly in Linn County where the socioeconomic factors are much more of a determinant to good health, there is a correlation with prenatal care, births to teenage mothers and mothers who smoke during pregnancy. In Miami County, there is significant shortfalls in having children up to 24 months old fully vaccinated. Compared to the previous CHNA conducted by MCMC, this continues to be an issue in Miami County.

INITIATIVE: MCMC has a network of rural health clinics staffed by a variety of providers including Doctors who Deliver babies and provider who have a special interest in women's health and providing resources for young families. In addition to work being done to increase access to these providers in the clinics, MCMC will identify community-based opportunities to provide education about immunization safety and the importance of not smoking during pregnancy.

ANTICIPATED IMPACT: Increase the number of births where prenatal care begins in the first trimester and reduce the percentage of births where the mothers smoke during pregnancy. Increase in immunizations

Priority #3: Increase access to maternal and infant care and resources for mothers and young families.

Responses	Tactics	2023	2024	2025	KPI's
Partner with the Linn County Health Department and local school districts to identify community-based opportunities to provide smoking cessation materials for young women.	Participate in two community-based activities each year to provide education about the effects of smoking during pregnancy to target audience of women ages 15-19.	X	X	X	Participate in two events annually.
	Identify school district, using the Communities That Care Survey, to identify district with the highest smoking rate. Partner with the district to provide education on smoking cessation.			X	Reduce the percentage of births where the mother smoked during pregnancy by 1%.
Partner with the Miami County Health Department to increase the compliance of infants up to 24 months that receive their full immunizations.	Host continuing education opportunity to enhance toolkit for providers.			X	Increase the number of infants (up to 24 months) who receive full immunizations by 3%.
Address barriers of misinformation and provide credible resources to provide accurate information about safety and efficacy of vaccines.	Launch public awareness campaign about the importance of vaccinations, debunking myths and provide education to parents in the primary service area.	X	X	X	Annual public awareness campaign to increase education

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. Social determinants of health
   A. Affordable and quality housing (CHNA Priority #1)
   B. Food insecurity (CHNA Priority #4)
   C. Healthcare insurance coverage (CHNA Priority #6)
2. Behavioral health
   A. Mental health, specifically diagnosis and placement (CHNA Priority #2)
   B. Drug and substance abuse (CHNA Priority #3)
3. Maternal/infant care & education (CHNA Priority #5)
4. **Lack of healthcare communication due to regulations (CHNA Priority #7)**
5. Senior care (*CHNA Priority #8*)

Priority #4: Lack of communication between healthcare entities and other organizations, such as school districts, to discuss current healthcare trends.

MCMC has determined that this plan will not include specific goals for improvement in this area. Federal regulations such as HIPAA (protected health information) and the Family Educational Rights and Privacy Act (FERPA) prohibit sharing specific information across entities. However, MCMC will continue to support this priority through the following actionable items:

- Actively participate on boards and other community groups to update them on current healthcare trends.
- Routinely communicate with school district leadership as healthcare trends become more of a community concern.
- Continue to sponsor health-related activities that promote overall health and wellness within the Miami County schools.

Community Health Needs Priorities

MCMC then conducted additional research to further investigate each priority. This process resulted in combining related initiatives to best allocate our resources and set goals. Below is a summary of the health need priorities in MCMC's service area.

1. Social determinants of health
    A. Affordable and quality housing (CHNA Priority #1)
    B. Food insecurity (CHNA Priority #4)
    C. Healthcare insurance coverage (CHNA Priority #6)
2. Behavioral health
    A. Mental health, specifically diagnosis and placement (CHNA Priority #2)
    B. Drug and substance abuse (CHNA Priority #3)
3. Maternal/infant care & education (CHNA Priority #5)
4. Lack of healthcare communication due to regulations (CHNA Priority #7)
5. **Senior care (CHNA Priority #8)**

Priority #5: Enhance resources to help with the health and wellness of the senior population, with a specific focus on heart health.

NEED: Looking at the Medicare population in Miami and Linn counties, there are links between chronic health indicators, such as hyperlipidemia, and the top causes of deaths. There continues to be increase in the number of residents over age 65 since 2000; and higher rates of deaths due to heart disease and cancer than the state average. Heart disease was responsible for 17% of deaths in Miami County and 26% of deaths in Linn County (and number one cause of death in Linn County).

INITIATIVE: Through extensive partnerships with community organizations, MCMC will provide education and screening opportunities for cholesterol and blood pressure.

ANTICIPATED IMPACT: Reduce the rate of hyperlipidemia in Miami and Linn counties and the age-adjusted heart disease mortality rates per 100,000 population.

Priority #5: Enhance resources to help with the health and wellness of the senior population, with a specific focus on heart health.

Responses	Tactics	2023	2024	2025	KPI's
Partner with local senior centers and any community-based recreational programs to provide health and wellness educational opportunities.	Partner with one senior center in Paola, Osawatomie and Louisburg to provide bi-annual wellness talks	X	X	X	2023: Launch education series at the Paola Senior Center 2024: Launch educational series at Osawatomie's Community Senior Center 2025: Launch educational series at Louisburg Senior Center
	Identify additional senior-focused groups and events and provide screening and educational opportunities. (ie. Paola Recreation Department, East Central Area on Aging Expo in Linn County, etc.).	X	X	X	Participate in annual event by providing blood pressure and cholesterol screenings.