

Community Health Needs Assessment Implementation Strategy

Board Approved: 11/10/22

Adams County Regional Medical Center (“ACRMC”) is a 25-bed public hospital located near Seaman, Ohio. Operating since the 1940s, we moved to a beautiful new facility in 2007. The hospital serves Adams and Brown County, Ohio, as well as the surrounding counties as well. ACRMC’s Services include Outpatient Observation, an Emergency Department, a Surgical Suite, an endoscopy suite and a same-day surgery suite, Inpatient Hospice Suite, a Sleep Studies Center, and an Outpatient IV Therapy Suite. ACRMC is certified as an American Heart Association Training Center and has maintained accreditation by The Joint Commission since 1986.

ACRMC, in conjunction with many Greater Cincinnati and Greater Dayton Community Health Needs Assessment Partners has through detailed analysis prepared a Community Health Needs Assessment (“CHNA”). This was a result of a multitude of factors. The health conditions of our communities are driven by factors within and outside an individual’s control. The majority of a person’s health is the result of physical, environmental and behavioral factors.

In this Regional CHNA, health factors were explored to understand what impacts the most prevalent health conditions in the region. When the summary of Regional CHNA results was examined, there was a listing of the most prevalent health conditions that may adversely affect the health of people in our region, as well as health conditions most impacted by Social Determinants of Health (“SDOH”). The most prevalent health conditions in our region that were ranked in the CHNA were Cardiovascular Conditions (Hypertension), Mental Health (Depression and Anxiety), Arthritis, Lung/Respiratory Health, Dental, Maternal health concerns, and Prevention- related health needs. We also wanted to address Diabetes, as it is very much impacted by SDOH prevalent in our region.

As we are a small Critical Access Facility, we were not able to address all of the Health Conditions listed above either as a result of financial constraints or those programs not being served at the hospital. The programs we were not able to address because of the constraints listed above are arthritis, dental services, maternal health concerns and, and prevention related health needs. In the following pages, we were going to show what we are doing in these areas to serve the people in the community.

The first area we are currently addressing is **Cardiovascular Conditions (Hypertension)**. Adams County Ohio is a small, rural county which is home to 27, 698 residents (www.usnews.com). The median income for the county is \$45, 655 with 20.2% of the population living in poverty (www.usnews.com). Poverty alone negatively impacts all aspects of health throughout the lifespan and decreases life expectancy (health.usnews.com). Those living in poverty often do not have access to nutrient rich food or cannot afford more nutritious

options. These factors increase the likelihood that they will have chronic diseases such as hypertension, diabetes, and heart disease (health.usnews.com). Adams county residents are no different. Residents of Adams County have high risk behaviors which contribute to cardiovascular disease. 30.2% of the population use tobacco products, 12.5% are diabetic and 40% are obese all of which increase their risk of cardiovascular disease. These risk factors, along with their inability to access healthcare locally, lead to a lower life expectancy than the national average (www.usnews.com). Adams county residents need local, comprehensive cardiovascular care.

In order to increase access to cardiac care in Adams County, Adams County Regional Medical Center formed a collaboration with UC Health. Goals for this collaboration include increasing inpatient and outpatient services, providing subspecialty care, and increasing the availability of services offered at Adams County Regional Medical Center. Inpatient services include consultations for hospital patients with cardiovascular diagnosis including, but not limited to, hypertension, stroke, myocardial infarction, and hyperlipidemia. The goal is to treat hospitalized patients at Adams County Regional Medical Center rather than transfer to another facility. Should a patient's condition necessitate, the patient will be transferred for a higher level of care. Hospitalized patients are then seen in the Cardiology clinic for further care after discharge.

A cardiology provider is on site in the outpatient specialty clinic 5 days a week. Outpatients can undergo an array of diagnostic tests or therapies designed to diagnosis and treat cardiac disease. Some of the testing available onsite includes stress testing, echocardiography, and cardiac rehab. Stress tests are ordered for those patients who have symptoms that may be related to a possible blockage in the heart artery. The patient either walks on a treadmill or is given medicine to simulate exercise. Afterward, pictures with ultrasound or nuclear camera are made of the heart. Results are given to the ordering provider for discussion with the patient. Abnormal tests are discussed with the patient and further testing/assessment is made in conjunction with the Cardiologist.

Echocardiography refers to ultrasound pictures of the heart that are taken to evaluate the structure, function, and pressures inside the heart. The test is offered 5 days a week at Adams County with results forwarded to the ordering provider. Abnormal results are discussed with the patient by their Cardiologist. UC Cardiology, along with Adams County, is prepared to provide excellent cardiovascular care for any and all abnormalities that are diagnosed after testing.

Therapies for abnormalities can involve medications, mechanical devices, or exercise therapy. Cardiac rehab, an exercise program shown to improve cardiovascular health outcomes, is offered 5 days a week at Adams county. Diseases of the arteries or muscles are not the only cardiac disease processes treated at Adams County. Electrical abnormalities of the heart are also treated at Adams County.

Electrical abnormalities of the heart are varied and require the care of a specialist. Electrophysiologists provide that type of care for patients at Adams county. An array of diagnostic tools helps these specialists discover the electrical problem and prescribe the proper treatment. A patient can be given a monitor to wear for varying lengths of time via Adams County hospital. For more problematic rhythm problems, a loop recorder can be implanted. Loop recorders are small devices which are placed underneath the skin and record every heart beat for three years. These are implanted onsite with minimal discomfort and sent home the same day.

UC Cardiology's goal is to provide excellent cardiovascular care and to increase the services provided at Adams County Regional Medical Center. To that effort, starting soon, CT scans of the heart will be offered on site. Offering this diagnostic service will decrease the need for patients to travel outside the community for advanced cardiac imaging. The collaboration between UC Cardiology and Adams County Regional Medical Center continues to improve access to health care for residents within and around Adams County. Increased access to more advanced care will improve the overall health of the population.

The second area we are currently addressing is **Mental Health (Depression & Anxiety)**. Mental health is a significant problem in Adams County, as it is in many rural communities. Nationally, 77% of counties have a shortage of mental health providers and 96% have unmet need of providers who prescribe. Rural areas have acute need with 19% of residents experiencing mental illness and 5% of residents experience serious thoughts of suicide. Adams County has a large population of lower economic status seniors. These seniors have poor access to health care even with transportation assistance in the community. Stigma surrounding mental health is a nationwide issue, but in our community we have found that people do not like talking about the state of their mental health. Farmers make up a large percent of the population in our community and have long had the façade of mental toughness and can be in denial of their mental health concerns.

Senior Life Solutions ("SLS") offers intensive outpatient therapy for mental and behavioral health to those 65 years and older three days per week. Our program also offers individual and family therapy for the patients. The therapist works with patients on their individual goals and provides education on coping mechanisms on how to utilize these and improve their lives.

SLS helps not only those that are 65 years and over, but helps those in need of a calming person in their lives to help them deal with the negative feelings they might be having. SLS staff help those that are feeling anxious about their situation while staying in the hospital either while in the Emergency Department ("ER"), Med Surg Unit, Laboratory (Blood Draw), and Outpatient Clinic. We also have intervened, when needed, to assist in de-escalation of an anxious situation with a patient.

The SLS staff have offered their services by transporting ER patients via hospital vehicle to inpatient units when no other transportation is available. We also provide to all departments and outpatient clinics a comprehensive resource list of all mental and behavioral health services in our surrounding area. On a routine basis we share the number for the Ohio Senior Health Insurance Information Program (“OSHIIP”) to assist those who are looking for answers to their insurance questions, to better have coverage for mental health services. We also assist those in lower financial status to apply for hospital financial coverage called HCAP, otherwise known as the Hospital Care Assurance Program.

Something more that we could be doing within our resources would be the education of patients on insurance questions. Patients, in general, have a difficult time understanding their insurance. There has been an influx of patients with managed plans in our area, even those that have Medicaid as a secondary insurance. More education about insurance options should be a priority. Also, we need to ensure it is a priority for physicians (PCP) to follow up with patients reporting depression and anxiety and assure the patients have the resources needed to get the help they need. They need to discuss with patients the services that are in our area and then complete the referral.

Another item that could be done in the community would be education on insurance topics. There needs to be better communication between PCP’s and the mental health programs in the community, making referrals for those patients that have symptoms of depression, anxiety, loneliness, etc. Further, there needs to be additional mental health awareness education/health fairs in our community, so there would be additional resources for all ages at the hospital. Since the inception of this program we have served approximately 200 patients in this area.

The third area we are currently addressing is **Respiratory Health**. Respiratory health has become a major concern among our Adams county community. This can be a result of several different reasons, but mostly due to work environment, behaviors that people have developed over the years or even genetics.

Unfortunately, regardless of how someone developed their respiratory disease, many in our community may not realize they can get treatment for their illness close to home. This in turn, can lead to many people becoming very sick.

At Adams County Regional Medical Center, we offer several services to help our community with respiratory health. Education about respiratory diseases such as COPD and asthma, along with many others, is a great way to help our community understand the importance of *treating* and *preventing* respiratory issues. Providing information on the use of medications such as short acting and long acting bronchodilators is also a great benefit to share among the community. Individuals may receive this information at ACRMC or at any of our off-site facilities.

We offer a wide variety of cardiopulmonary services at ACRMC that is very beneficial to respiratory health. These tests can be ordered by a primary care or specialty physician. For example, we offer EKG (electrocardiogram) It is a quick recording/tracing of the electrical activity of the heart. This can allow the doctor or cardiologist to see if further testing, such as a heart monitor, needs to be completed. This test can also show if the patient is having a heart attack.

We also offer holter monitors, which is our most commonly ordered test. Five lead wires are placed on the patient's chest and connected to a pocket size monitor. There is continuous monitoring of the electrical activity of the heart to observe any cardiac arrhythmias, which would be abnormal beats. This monitor is worn for 24 or 48 hours. We also perform cardiac event monitors, where a small monitor is placed on the patient's chest that records the heart rate and rhythm while a patient is having an event or symptom. Some symptoms include extra beats, heart racing or beating too slow. This monitor can be worn anywhere from 7-30 days.

Additional tests that we offer include a PFT, commonly known as a pulmonary function test. In this test, the Patient performs a series of breathing exercises that will measure the patient's lung volume and capacity. The results will let a pulmonologist know if the patient has any obstructive or restrictive lung disease such as COPD or asthma. We also offer home sleep studies, where a small portable device which includes a pulse oximeter and nasal cannula is worn by the patient while sleeping. This device monitors sleep activity which will allow the sleep specialist to see if further testing, such as an in-lab sleep study, will need to be completed.

Additionally, we offer in-patient sleep lab, traditionally for patients who experiences restless nights, apnea (stops breathing) while sleeping or snoring. These patients can come to ACRMC where they will sleep in a comfortable queen size bed. The patient will be monitored by a sleep technician who will decide if a CPAP/BIPAP is necessary for the patient to have a good night's rest. Patient will then follow up with sleep specialist, to discuss results and any further action needed. Finally, in our cardiac/pulmonary rehab area, the patient completes an exercise program while being monitored. Education on nutrition and lifestyle changes is provided to help prevent or reverse cardiac or pulmonary diseases.

The final area we are currently addressing is **diabetes**. The Adams County Health Department conducted a Community Health Assessment in 2021 with the findings of "10.8% of Adams County adults report having been diagnosed with diabetes, similar to that seen throughout Ohio (12.4%) and the nation (10.6%). A significantly greater number of adults in Adams County, 7.2%, report having borderline or pre-diabetes compared to the 1.8% of Ohio and US adults so informed." Also, "As seen in 2017, a significant majority of adults surveyed in Adams County are overweight or obese, a trend observed throughout Ohio and the country. 73.4% of Adams County adults are either overweight or obese compared to 68.8% of Ohio adults and 67.1% of US adults. The percentage of surveyed adults in Adams County who were

obese increased from 40% in 2017 to 49.3% in the 2021.” As we know, the risk for developing Type Two Diabetes is greater in those individuals with obesity.

We are addressing diabetes at the hospital in several different manners. We have a health fair conducted annually. Information on HGB A1C/ Diabetes is sent out to all participants and an additional handout about prediabetes is sent to those with an HGB A1C of 5.7%-6.4%. At the 2022 Health Fair, approximately 30% of the participants were pre-diabetic. These participants are given a handout on a Prevent T2 FREE class. This class is provided annually. The Prevent T2 class is a CDC approved curriculum conducted by certified health coaches. The participants commit to the program for 1 year.

Further, the hospital has a Registered Dietitian Nutritionist that can see qualifying outpatients for Medical Nutrition Therapy (“MNT”). MNT is a nutrition based personalized treatment plan and key in diabetes education and management. ACRMC offers telehealth visits every Friday with endocrinologist Dr. Vincent Fong MD, PhD from University of Cincinnati. ACRMC also partners with community coalitions, “Adams County Health and Wellness Coalition” and “Adams Brown Diabetes Education Coalition”.

There are a few other options that we are currently considering. What more could we be doing (within our resources). WE are planning to offer Group Classes called, Diabetes Self-Management Education (“DSME”).

Also, we would like to have a Certified Diabetes Educator (“CDE”) available for patients. Finally, we would like to find a way to reach more patients on the same day. For example, the patient would see the MD or NP and then the RD at the same. We have a large number of cancellations, no shows, or unwillingness to drive to the hospital vs the clinic.

Other things that could be done in the community would be continued education. Currently, the coalitions mentioned above attend all health fairs possible, have educational Facebook pages, do quarterly write ups in the newspaper, share all resources related to diabetes and chronic disease, fund agencies and companies that educate the community in some way on diabetes, and host a diabetes support group who meets monthly.

We have many challenges and opportunities at our small critical access hospital. We have been able to make many positive changes to hundreds if not thousands of our patients’ lives in the areas of cardiology, mental health, cardiopulmonary services, and diabetes programs. We will continue to provide excellent care in these areas with a goal of improving the health of our community.