CHNA Implementation Strategy Summary
2022 – 2024

Implementation strategies are aligned with Beacon Health System's mission and values aiming for 1) providing information to and enhance skills of patients, practitioners and the community; 2) improving equitable access to health and wellness; 3) leveraging incentives for long-term behavioral change; and 4) improving and strengthening the social and healthcare systems in the three-county area.

CHNA Implementation Strategies for Priority Needs

Implementation Strategy Format

Priority – What area are we addressing?
- **Strategy** – What approach are we taking?
- **Initiative** – What will we do this year?
  - **Tactics** – How will we accomplish this?
  - **Metrics** – What will we measure for each tactic? (Quantitative)
  - **Target** – What do we want that number to be, by when?

Goal: Focus on the priority areas of Mental Health and Healthcare Access in order to improve Health Equity across Michiana.

Priority: Mental Health

Defining Mental Health:

Conditions like depression, anxiety, bipolar disorder, or schizophrenia, among many others, may occur occasionally or over a long period, affecting people's ability to have a normal social life and be functional on a daily basis. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes, and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness. Several factors can contribute to risk for mental illness, such as Adverse Child Experiences (ACEs), other forms of trauma, experiencing other acute or chronic medical conditions, use of alcohol or drugs, and being/feeling lonely or isolated.

The County Health Rankings model examines quality of life and can tell us a lot about how people perceive their health – whether they feel healthy and satisfied. When communities have higher rates of those who do not feel healthy, it can influence other factors of health including mortality rates, unemployment, poverty, and the percentage of adults who did not complete high school.

Getting this sense of the physical and mental health of a community can also bring to light inequities and help monitor trends, as well as identify risk factors and policies to address those risk factors. Given

this definition and risk factors for poor mental health, we identify two key metrics associated with this implementation strategy.

Outcome Metric #1: % of population with frequent mental health distress.
Outcome Metric #2: % of the population with at least one caring and competent adult connection.

In order to impact these metrics, we will implement the following strategies:

Strategy #1: Build a Self-Healing Community in Michiana with regional community partners using a shared ownership model.

Initiative – 1.1: Charter a Steering Committee and form a Regional Coalition to become the Self-Healing Community's founding organization focused on Trauma-Informed Care.

> **Tactic 1.1.1**: Chair and operate a Steering Committee of unlikely partners across sectors and counties.
>
> **Tactic 1.1.2**: Charter a Regional Coalition to be hosted by a community partner who will conduct regular educational and community collaborative meetings.
>
> **Tactic 1.1.3**: Educate **Beacon** departments to deliver Trauma-Informed Care.
>
> **Tactic 1.1.4**: Educate **community partner** organizations to deliver Trauma-Informed Care.

Initiative – 1.2: Provide educational resources to the community regarding the work of the Self-Healing Community, through the work of Early Childhood Services, the Health & Wellness Team, and the Health Equity Outcomes Team.

> **Tactic 1.2.1**: Provide ACE Interface presentations throughout the community to increase awareness about the impact of trauma, how to mitigate its effects, how to prevent future Adverse Childhood Experiences and build resilience to future adverse experiences.
>
> **Tactic 1.2.2**: Provide curriculum related to preventing more severe mental distress and mal adaptive coping strategies such as substance abuse.
>
> **Tactic 1.2.3**: Establish an on-line community library for resources related to ACEs, resilience, self-healing communities and becoming trauma-informed.
>
> **Tactic 1.2.4**: Promote the Self-Healing Community as a health promotion movement through BCI's website and social media.

Strategy #2: Improve the show rate at behavioral health outpatient follow-up appointments after inpatient stays in partnership with regional stakeholders.

Initiative – 2.1: Use lean process improvement tools to identify root causes of missed appointments and implement solutions to address the root causes.

> **Tactic 2.1.1**: Hold an improvement event with related community stakeholders (Epworth, EGH Center for Behavioral Medicine, Oaklawn, Heart City Health and HealthLinc).

Priority: Healthcare Access

Defining Healthcare Access: Increasing healthcare access, quality, and equity implies addressing all major social, economic, environmental and behavioral factors that enable individuals and communities to make healthy choices and enjoy a long, healthy life. Beacon Health System will leverage its Community Benefit programs to close health gaps, through increased awareness, knowledge and referral of under-served/underinsured residents to insurance providers. Additionally, as found in the CHNA research, individuals with low health literacy were significantly more likely than individuals with adequate health literacy to delay or forego needed care or to report difficulty finding a provider.

Healthy People 2030 has defined health literacy as personal and organizational health literacy. Personal health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others. Organizational health literacy is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

The burden of disease and disease management is shared by patients, families, communities and health services. As a result, financial resources and social networks benefit from improved management practices that reduce the risk of disease, while increasing capacities at individual, family, community and organizational levels to manage poor health and access to care.

By aligning with Healthy People 2030 we:

- Emphasize people's ability to use health information rather than just understand it
- Focus on the ability to make "well-informed" decisions rather than "appropriate" ones
- Incorporate a public health perspective
- Acknowledge that organizations have a responsibility to address health literacy

Outcome Metric #1: % of population with health insurance (Adults < 65 and children)
Outcome Metric #2: % of adults who reported that their healthcare providers always involved them in decisions about their health care as much as they wanted.

In order to impact these metrics, we will implement the following strategies:

Strategy #3: Build a strong Community Health Worker presence in the Beacon Service Area, with Early Childhood Services and the Health & Wellness Team.

Initiative – 3.1: Standardize the training and development of newly hired and established Community Health Workers, aligned with the training given by community partners.

> **Tactic 3.1.1**: Build the training available in an electronic learning platform for CHWs.

Initiative – 3.2: Develop and implement a referral network for Specialized Community Health Workers in Elkhart, LaPorte, Marshall, St Joseph Counties.

> **Tactic 3.2.1**: Establish and follow an Action Plan to develop a referral network for Specialized Community Health Workers in Elkhart, LaPorte, Marshall, St. Joseph Counties.

Initiative – 3.3: Deploy Community Health Workers in BMG offices who serve low-income and minority pregnant women to increase health literacy, build protective factors, increase resilience and provide resources to address social determinants of health.

Tactic 3.3.1: Deploy CHWs to E Blair Warner, Midwifery & Elkhart OB/GYN offices

Initiative – 3.4: Deploy Community Health Workers to provide education to patients and community members to address social determinants of health, increase health literacy, build protective factors and resilience.

Tactic 3.4.1: Deploy Community Health Workers in community settings such as schools, neighborhood associations, and community based organizations to build protective factors, increase resilience and provide resources to address social determinants of health.

Strategy #4: Increase Health Literacy in the Michiana Area, through the work of Early Childhood Services, the Health & Wellness Team, and community partners.

Initiative – 4.1: Train CHWs to be Certified Health Literacy Specialists through the American Hospital Association.

Initiative – 4.2: Increase Organizational Health Literacy as defined by Healthy People 2030.

Tactic 4.2.1: Implement the HEAL (Health Education and Literacy) program for clinicians

Initiative – 4.3: Increase Personal Health Literacy as defined by Healthy People 2030.

Tactic 4.3.1: Implement the HEAL (Health Education and Literacy) program for the community.

Strategy #5: Provide consulting for capacity building in community based organizations who deliver services related to Mental Health and Healthcare Access.

Initiative - 1: Offer project-based consulting services for in an effort to build capacity in monitoring and evaluation, data collection, and strategic planning.

Tactic: Develop and implement a community capacity-building consulting program.

Metrics:

1. # of capacity-building projects completed
   Target: One per quarter

Measuring Performance - In order to guide program partners through the formulation of initiatives aligned with Beacon Health System mission and objectives, and to ensure all stakeholders know this Implementation Plan is going in the right direction, at least one metric has been set for each of the four strategies, outlined above. These metrics aim to measure the level of achievement of the operational and strategic goals contained in this document. These measures will allow program partners, Beacon Health System, community members and other stakeholders to compare data on actual vs. planned performance. Some metrics will be further developed as we develop detailed action plans for each of the tactics. They will measure changes in health status, behaviors and patient/customer satisfaction with services provided by the programs part of this plan.