Tri-County Health Care

is becoming **Astera Health**

Community Health Needs Assessment
2022 Priorities and Strategies

Priorities & Strategies

TRI-COUNTY COMMUNITY HEALTH PRIORITIES – 2022 ASSESSMENT

As a result of work completed through the MAPP process in partnerships with local public health agencies and other area healthcare facilities, the following items were identified as the top significant issues for the purpose of this assessment:

- Barriers of social determinants of health (poverty, employment, housing, environment, etc.)
- Community Infrastructure to address population health
- Mental health/access to mental health care
- Drug addiction - pain/prescription management (opioid epidemic)
- Healthy behaviors (smoking, alcohol, eating habits)
- Obesity
- Chronic disease / cancer
- Decreased funding

Priority 1: Healthy Behaviors and chronic disease management
Strategy 1: Community education and partnerships
    Tactic: IHP and ACO/CIN work
Strategy 2: Increase preventative medical visits
Strategy 3: Employee wellness initiatives
Strategy 4: Expand occupational health through health fairs/ biometric screenings for local employers
Strategy 5: Continue chronic disease management efforts to improve optimal care outcomes
    Tactic: I CAN Prevent Diabetes classes
    Tactic: Ensure healthy behaviors to better live with diagnosed chronic diseases

1. Explanation of the actions you plan to take: Focused attention on quality improvements associated with ACO, CIN, and IHP partnerships, review of patients frequently using the emergency department for care and determine alternative care options for these patients, provide evidence-based health education classes to patients (I CAN prevent diabetes, living well with chronic conditions), provide educational opportunities to the service area
2. Resources plan to commit: wages of staff developing, planning, and implementing education classes and events, education classes and events are provided to patients and service area at no cost, wages of staff focusing efforts on improvement of quality metrics of ACO, CIN and IHP contracts
3. Anticipated impact of the action: improvement in patient health outcomes, increased patient engagement, increased quality metrics
4. Any planned collaborations: Juniper, Central Minnesota Council on Aging, Wadena County Public Health, local businesses

Priority 2: Mental Health / Opioid-use disorder and prescription management
Strategy 1: Identification of patient population
Strategy 2: Mental health service line assessment and strategic plan developed
Strategy 3: Opioid plan execution (care plan, more visits, rehab, medication-assisted treatment)

1. Explanation of the actions you plan to take: Identify patients using opioids and controlled substances on a consistent basis, increase controlled substance care plans for patients, decrease the number of patients chronically using opioids and controlled substances, identify gaps in mental health care provided to patients, provide medication-assisted treatment for patients addicted to opioids.
2. Resources plan to commit: wages of staff who provide education and assistance to patients using

opioids/controlled substances
   3. Anticipated impact of the action: decreased risks to patients chronically using opioids and controlled substances and providers who prescribe to these patients
   4. Any planned collaborations: Wadena County CHAMP (Chemical Health Awareness and Multi-drug Prevention), Ottertail County Opioid Taskforce, local businesses, area health care agencies Opioid ECHOs

Priority 3: Social Determinants of Health
Strategy 1: Tracking/system/identification
Strategy 2: Infrastructure – identify community partners/resources
Strategy 3: Increase medical visits – capture the data on our patients

   1. Explanation of the actions you plan to take: Develop and implement a system for the identification of social determinants of health of patients, determine and establish relationships with community stakeholders and identify resources for social needs determined through a screening process, utilize data to determine patterns and trends of social challenges patients are facing
   2. Resources plan to commit: wages of staff members planning, developing, and analyzing social determinants of health of patients in the service area, cost of design and implementation to capture social determinants of health in the electronic health record
   3. Anticipated impact of the action: improvement in health outcomes, increased patient satisfaction, increased patient engagement
   4. Any planned collaborations: Will determine necessary collaboration with external stakeholders as part of strategies for this priority.