



Center *for* Rural Health



# Nelson County Health System Final CHNA Strategic Implementation Report

Meeting Facilitated and Final Report Written by the Center for Rural Health

**Brad Gibbens, Deputy Director and Assistant Professor**

**Kylie Nissen, Senior Program Coordinator**

**Julie Reiten, Program Assistant**

## **Funded by:**

US Department of Health and Human Services,  
Health Resources and Services Administration  
Medicare Rural Hospital Flexibility Program,  
Grant Number: H54RH00036

## Nelson County Health System CHNA Implementation Plan

**2016-2019**

The Center for Rural Health, UND School of Medicine and Health Sciences (UNDSMHS) met with Nelson County Health System (NCHS) leadership, Nelson-Griggs Health District leadership, and McVille representatives to facilitate the Community Health Needs Assessment (CHNA) strategic implementation plan.

NCHS is located in McVille, ND. This is a continuation of the Community Health Needs Assessment (CHNA) process as established by the Affordable Care Act. Under the ACA, non-profit hospitals must do, every three years, a CHNA and to develop an Implementation Plan. The hospital is to do this in consultation with the area public health department.

The chart below compares the top needs identified for the McVille area in 2013 and 2016.

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
<ul style="list-style-type: none"> <li>• Emphasis on wellness/education &amp; prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Attracting and retaining young families</li> </ul>
<ul style="list-style-type: none"> <li>• Maintaining EMS</li> </ul>	<ul style="list-style-type: none"> <li>• Jobs with a livable wage</li> </ul>
<ul style="list-style-type: none"> <li>• Mental health</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of mental health services</li> </ul>
<ul style="list-style-type: none"> <li>• Obesity &amp; physical inactivity</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate childcare services</li> </ul>
	<ul style="list-style-type: none"> <li>• Emergency services (ambulance and 911)</li> </ul>

In both timeframes, EMS and mental health were identified as local needs. Statewide for 2016 the top three issues were behavioral health, mental health, and workforce. There were eight CHNAs in ND (including McVille) where attracting and retaining young families was identified as top tier issues. Another related issue was providing livable wage jobs (also identified in McVille and eight communities).

Under the ACA, non-profit hospitals are to produce a community benefit to maintain their non-profit status. Under the ACA, a primary assumption is that the country will experience greater health insurance coverage for the populace, and when combined with a population health focus, the health system will change significantly for the better. Ideally, we will experience better care, better health, and lowered or better managed costs. As payment structures continue to evolve (relying more on alternative payment models that are value as opposed to volume-based) and as patients have more assurances that they have coverage, hospitals will have reduced costs. Those savings can be used to address community health needs that produce a community benefit. Hospitals should see bad debt and uncompensated care rates decline. With this comes a renewed responsibility to address community health needs in a manner to further the improvement of health status. That is in essence the community benefit: to meet overall community health needs or the needs of an identified and distinct population without the corresponding concern of financial impact to the hospital. Community benefit should not necessarily be programs, services, or efforts that produce revenue for the hospital. Community benefits are tracked,

quantified, and reported to the IRS on the hospital's annual tax return. What is a community benefit? Community benefits respond to an identified community need and meet a least one of the following **five criteria**:

- Generate a low or negative margin.
- Respond to needs of special populations such as minorities, frail elderly poor, persons with disabilities, chronically mentally ill, and other disenfranchised persons.
- Supply services or programs that would likely be discontinued if the decision were made on a purely financial basis.
- Respond to public health needs.
- Involves education or research that improves community health.

Additionally, community benefits should meet one of these **four objectives**:

- Improve access to health care services.
- Enhance health of the community.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community effort. (Source: Justifying the Hospital's Tax Exempt Status, Draffin & Tucker, LLP at [file:///C:/Users/brad.gibbens/Downloads/Part%201%20-%20Introduction%20to%20Community%20Benefits,%20Organizing,%20Planning%20and%20Identifying%20\(4\).pdf](file:///C:/Users/brad.gibbens/Downloads/Part%201%20-%20Introduction%20to%20Community%20Benefits,%20Organizing,%20Planning%20and%20Identifying%20(4).pdf))

Under Flex, CRH conducted over half of the CHNAs in North Dakota from 2013-2016, including McVile. Since CRH has detailed knowledge of the McVile area (having worked with both the hospital and public health on a variety of projects over the years) it was prudent to ask for CRH's assistance additional implementation planning. For both the CHNA process as well as traditional organizational needs, CRH has expertise in assessments (qualitative and quantitative), strategic thinking, and planning. The hospital leadership invited the CRH to assist them continue their efforts even though they had already done a tremendous amount of work. McVile has made strides **addressing their top five issues**:

- 1) availability of mental health services
- 2) attracting and retaining young families
- 3) jobs with a livable wage
- 4) adequate childcare services
- 5) Emergency services

This will be summarized below.

- 1) Availability of mental health services.
  - a. The provision of telehealth services has been affected by a limited number of providers available to provide these services. However, the number of provider types who work through tele-mental health has increased. This includes mental health therapists, psychologists, and psychiatrists, along with two nurse practitioners.
  - b. A number of school age children receive services during the school year, but when school is out, no appointments are scheduled. As this is a privacy issue, NCHS has no knowledge if this is a concern of simply being unavailable due to vacation, choice of

provider, family considerations for change during the summer, or other factors. NCHS has the availability but families and providers determine the availability of appointments.

- c. NCHS does advertise the tele-mental health services in the clinic, using brochures and all of the local providers are aware of this option. In addition, the school counselors are also aware. NCHS believes there is potential for appointments locally; however, there is an issue of “stigma” to contend with when providing access to mental health or behavioral health services in a rural area. Many people prefer to access such services out-of-town so others do not know “something is wrong.”
- d. NCHS has not had a violation of patient privacy (HIPAA) and in fact, NCHS was recognized by the ND Department of Health along with 11 other health care facilities in ND for “never having a complaint by a patient, customer, or employee made to the State Health Department.”
- e. NCHS will continue to promote tele-mental health services and make it available and will continue to address provider concerns.
- f. Additionally, North Dakota has begun a serious rewrite of how it addresses behavioral health issues including a movement away from incarceration to more treatment options, and decentralizing services around the state. The CRH is assisting the ND Department of Human Services on a number of venture and NCHS will be kept apprised of changes and options that directly impact rural North Dakota and those that could benefit access and care in the Nelson County area.

## 2) Attracting and retaining young families

- a. Nelson County has one of the highest median ages in the state (53 years vs. a state median age of 35 years). Attracting and retaining younger people and families is an issue facing many rural North Dakota communities.
- b. NCHS is the largest employer in the county and has a role to play not only in employment, but also in creating jobs for younger workers. Issues that compound this are many. They include the type of employment sought such as seeking jobs where weekend and/or holiday hours are not required, along with not wanting shift work or a call system. Another factor is the availability of quality housing that is within the range of a young family (and the number of bedrooms for a family). Spousal employment options are also a barrier. A final barrier can be transportation.
- c. See the next section covering the planning matrix where there are additional ideas to address recruiting and retaining young families.

## 3) Jobs with livable wages

- a. NCHS wages and benefits are comparable to the surrounding communities; however, they are not comparable to wages/benefits offered at larger, urban tertiary centers. Being a rural CAH, wages are dependent upon hospitals census and service reimbursement.
- b. NCHS is organizing to offer a Nursing Assistant Course locally to help recruitment and retention.
- c. NCHS also supports Nursing Assistant to Medication Aides and that is a need in the nursing home. Two staff over the last year received training and are in the Care Center

(this helps the nurses to address higher-level needs while the Medication Aides address routine medication passes.

- d. CNA training is addressed in more detail in the matrix.
- 4) Adequate childcare services
- a. Childcare is addressed in the matrix.
- 5) Emergency services
- a. A significant issue throughout North Dakota relates to the availability of EMS. With a rural EMS system reliant on volunteers (although there are steady increases in rural paramedics including McVillage having three), there are a number of issues facing rural ND (e.g. workforce including maintaining an all-volunteer system or some level of paid personnel, including paramedics; staying as a full ambulance or becoming a first response system; and financial viability). Some area ambulance services are struggling such as Aneta (first response unit) and Michigan (ambulance). The McVillage Ambulance has stepped up to assist neighboring towns. State funding is almost “nil” for EMS and as a result ambulance units in McVillage, Lakota, and Northwood have increased service areas (which includes being on-call when another area ambulance unit is conducting a full day transport).
  - b. NCHS has assisted the McVillage Ambulance (independently owned) with education and training for EMT classes. Some NCHS have now been trained as EMTs and can take call
  - c. NCHS has three paramedics (two are employees of the hospital and perform additional functions within the hospital) and one is an employee of the school. NCHS is exploring the community paramedic program (one significant obstacle for North Dakota communities, however, is that this service is currently non-reimbursable. Standard paramedic services are reimbursed but the more comprehensive/holistic service associated with community paramedics is not). Community health worker is another concept to explore. The community paramedic or community health worker could be involved in home visits, which help both the clinic and public health.
  - d. There had been difficulties with medical direction as there was no one to fill the position; however, this has now been addressed.
  - e. Devils Lake offers a program for paramedics to become RNs (additional training is required). This can be explored. Additionally, NCHS would like to see the community colleges (such as Lake Region) to help RN’s to become paramedics extending their ability to provide emergency care, ambulance transfers, and to cover ambulance call. This dual role (RN to paramedic or paramedic to RN) could be very beneficial to rural health workforce shortages.
  - g. McVillage (both the hospital and ambulance) have made significant strides by having three paramedics. Statewide the number of EMS personnel has declined somewhat, nine percent from 2015 to 2017, UNDSMHS Biennial Report); however the number of paramedics has increased. Out of the over 4,000 EMS personnel, about 600 are paramedics. While the vast majority of paramedics are in the four largest cities, with regard to organizational structures, 16 of the 22 Advanced Life Support (ALS) units are rural.
  - h. McVillage will continue to develop EMS over the next three years including working on training, assisting other units, and maintaining their paramedic base

## Implementation Planning Session

The face-to-face facilitated planning process identified three goals that are listed below:

Goal 1– To improve child-care options (relates to attracting and retaining young families and to developing jobs with a livable wage)

Action step: To develop and provide child-care services for the community

Action Step: To determine and develop a location to serve as a child-care center

Goal 2 – To address local health workforce needs (relates to attracting and retaining young families and livable wage jobs)

Action Step: To address CNA staffing

Action Step: To address IT and Infection Control workforce

Goal 3– To improve community wellness

Action Step: To hold quarterly wellness clinics with Nelson-Griggs District Health Unit (public health)

The tables below show for each goal the action steps, objectives, activities, outputs (evidence of implementation), outcomes (impact or change), resources, and champion or who is responsible. The Mcville planning team (hospital, public health, and community) linked two community needs together (attracting and retaining young families and developing livable wage jobs) with more distinct needs e.g. improving childcare options and local health workforce needs. In essence, they are saying that by improving childcare and improving local health workforce needs, they are also working to attract and retain younger staff and family and to create more and better paying jobs to affect the local economy and assist the viability of the community. The third goal, improving community wellness, harkens back to the 2013 CHNA process and goals. The leadership team believed it should be addressed even though wellness did not emerge in 2016 as a significant issue. The action step - To hold quarterly wellness clinics with Nelson-Griggs District Health Unit (public health) – indicates that this goal has two important elements. One, of course, is to improve health via wellness efforts while the second, is to foster more dialogue and collaboration between the hospital and public health. Overall, enhanced collaboration is an organizational and structural need throughout North Dakota. A population health focus needs to rely on both the expertise and skill sets found in public health and the hospital.

Following the **Matrix**, below, is an **analysis** that looks at the community health goals within the context of both community benefit and SMART criteria. The latter is a commonly used metric to use in reviewing either goals and/or objectives.



### McVille Goal Matrix

**Goal 1 – To improve childcare options (relates to attracting and retaining young families and developing livable wage jobs)**

Action Step	Objectives: to meet the action step	Activities: specific steps to meet the objectives (step-by-step)	Outputs: measurement – once accomplished the following would be evidence	Outcomes: What is the impact? What changes? What is improved?	Resources to meet goal: Internal and/or external	Champion and Time Frame: <b>IMPORTANT – do not let it always be the CEO</b>
1. To develop and provide child care services for the community	Recruit a qualified child care provider to manage and run the child care center	<ul style="list-style-type: none"> <li>a. Develop a committee to research and manage the process (e.g. competitive incentive package, job descriptions and more)</li> <li>b. Hire two to three for child care (may cover each other or be part time)</li> <li>c. Research reimbursement potential (if a high percentage of the children are dependents of hospital employees there is reimbursement)</li> <li>d. Discuss with County Social Services licensing process and criteria, training or certification for staff</li> <li>e. Contact area child care providers to discuss concerns (competition) and determine areas of collaboration</li> <li>f. Develop marketing plan</li> </ul>	<ul style="list-style-type: none"> <li>a. Two to three child care workers including a director are hired</li> <li>b. Policies and procedures are developed</li> <li>c. County Social Services licenses the facility and staff have appropriate training and/or certification</li> <li>d. Reimbursement is available</li> <li>e. Area child care providers are not threatened by the hospital's efforts and cooperation is achieved (possibility of shared staff)</li> <li>f. Marketing and promotion efforts are implemented and area parents are aware of options</li> <li>g. State programs are explored and can be adapted</li> <li>h. Extended hours are provided</li> </ul>	<ul style="list-style-type: none"> <li>a. Increases child care options for health facility employees and other community members serving 8-10 children, maybe more)</li> <li>b. New jobs with a livable wage are created adding to the area economic base (money stays local)</li> <li>c. Younger families with children benefit from the child care and program is a resource for the recruitment and retention of younger people (also contributes to the economy)</li> </ul>	<ul style="list-style-type: none"> <li>a. Staff input of ideas and participation in the planning</li> <li>b. County and state advice on rules and procedures</li> <li>c. Input from area child care providers</li> <li>d. Consultation with other hospitals (e.g. Cando) that offer similar services</li> <li>e. RHIMap information search</li> <li>f. Child Care Aware North Dakota</li> </ul>	<ul style="list-style-type: none"> <li>a. Steve Forde, NCHC CFO</li> <li>b. Cathy Swenson, NCHC CEO</li> <li>c. Additional staff person who has children</li> </ul>



		<ul style="list-style-type: none"> <li>g. Explore “Cribs for Kids” and “Pack ‘n Play” program from ND Department of Health that assists low income families have access to cribs and education on safety</li> <li>h. Contact Child Care Aware for North Dakota (<a href="http://ndchildcare.org">http://ndchildcare.org</a>) as resource, it has county data profiles pertinent to child care</li> <li>i. Explore option of offering extended hours</li> </ul>		<ul style="list-style-type: none"> <li>d. Extended hours offer an additional benefit to working families which contributes to the recruitment and retention of younger families and economic impact</li> </ul>		
2. To determine and develop a location to serve as a child care center	To identify and select adequate facilities	<ul style="list-style-type: none"> <li>a. Develop a committee (possibly same as above) to explore housing options and manage the process</li> <li>b. Identify current housing stock (possibly 4-5 options)</li> <li>c. Discuss options and process with local Economic Development Corporation, state regional council (Red River Regional Council – Dawn Keeley), and area banks for funding options</li> <li>d. Committee selects optimal location</li> </ul>	<ul style="list-style-type: none"> <li>a. Committee developed and operating</li> <li>b. Possible locations are identified (most likely a residential home) and examined</li> <li>c. Partnerships for resources and funding are explored</li> <li>d. Additional funding is identified</li> <li>e. Location is developed and made operational</li> </ul>	<ul style="list-style-type: none"> <li>a. Identification and review process leads to the selection of an optimal location that is developed and made operational as a child care center</li> <li>b. Increases child care options for employees and area residents</li> <li>c. Serves as an additional resource to recruit and retain younger families to McVile and the surrounding area</li> </ul>	<ul style="list-style-type: none"> <li>a. Local economic development</li> <li>b. Red River Regional Council</li> <li>c. Local banks</li> <li>d. Relator</li> <li>e. Local business that would benefit</li> <li>f. Other day care providers</li> </ul>	<ul style="list-style-type: none"> <li>a. Steve Forde, NCHC CFO</li> <li>b. Cathy Swenson, NCHC CEO</li> <li>c. Additional staff person who has children</li> </ul>

**Goal 2 – To address local health workforce needs (relates to attracting and retaining young families and livable wage jobs)**

Action Step	Objectives: to meet the action step	Activities: specific steps to meet the objectives (step-by-step)	Outputs: measurement – once accomplished the following would be evidence	Outcomes: What is the impact? What changes? What is improved?	Resources to meet goal: Internal and/or external	Champion and Time Frame: IMPORTANT – do not let it always be the CEO
1. Address CNA staffing	Work with TrainND to implement local CNA training (statewide training network operates through four smaller state colleges including Lake Region)	<ul style="list-style-type: none"> <li>a. Develop computer lab at NCHC (on-line) to operate as a two week course not two months</li> <li>b. ID hospital based trainer –Sheri Ebert, RN</li> <li>c. Offer course to community residents who are already caring for people in the community (family member) and offer it as free or a reduced cost (people who do not have experience but want training could do so with an agreement to work for NCHC for a period of time)</li> <li>d. Offer course for staff of other hospitals and nursing homes.</li> <li>e. People are enrolled and hired</li> </ul>	<ul style="list-style-type: none"> <li>a. Computer lab is operational with trainer</li> <li>b. Courses offered to local/area residents</li> <li>c. Number of people enrolled and certified</li> <li>d. Number who decide to work for NCHC</li> <li>e. Courses offered for staff of area hospitals and/or nursing homes</li> <li>f. Number enrolled and certified</li> <li>g. Additional CNA staff hired</li> </ul>	<ul style="list-style-type: none"> <li>a. New CNA’s are trained and serving the community and surrounding communities</li> <li>b. Local jobs are created</li> <li>c. CNA may pursue advanced health careers</li> <li>d. Positive impact on population (attract and retain younger people and families)</li> </ul>	<ul style="list-style-type: none"> <li>a. Set of policies and guidelines</li> <li>b. TrainND staff</li> <li>c. LTC Association has funding for training within nursing home facilities</li> </ul>	<ul style="list-style-type: none"> <li>a. Steve Forde, NCHC CFO</li> <li>b. Cathy Swenson, NCHC CEO</li> <li>c. Sheri Ebert, RN</li> </ul>
2. Address IT and Infection Control Workforce	Develop IT Pool and Hire Infection Control	<ul style="list-style-type: none"> <li>a. Discuss with businesses that have IT staff (e.g., Northstar, ND Telephone in DL) to see if they have people with excess capacity and looking for more work</li> <li>b. Discuss with Altru about leasing out IT staff which would benefit Altru and NCHC</li> </ul>	<ul style="list-style-type: none"> <li>a. Talk with IT business, area organizations with similar needs (hospital, schools, nursing homes), and Altru</li> </ul>	<ul style="list-style-type: none"> <li>a. IT and infection control needs met for NCHS</li> <li>b. Employment pool or shared staff benefits other area providers and organizations</li> <li>c. Local jobs are created</li> </ul>	<ul style="list-style-type: none"> <li>a. Area hospitals and other organizations</li> <li>b. Local economic development</li> </ul>	<ul style="list-style-type: none"> <li>a. Steve Forde, NCHC CFO</li> <li>b. Cathy Swenson, NCHC CEO</li> <li>c. Sheri Ebert, RN</li> </ul>

		<ul style="list-style-type: none"> <li>c. Discuss with area hospitals (Cooperstown and Northwood), along with nursing homes and the schools to gauge interest in sharing or pooling personnel</li> <li>d. IT staff hired</li> <li>e. Discuss with Altru infection control staff sharing</li> <li>f. Explore hiring nurse/infection control position (currently one nurse does this but too much for one person)</li> <li>g. Job description developed and posted</li> <li>h. Position hired</li> </ul>	<ul style="list-style-type: none"> <li>b. Collaborative arrangement agreed to by area organizations to pool IT personnel; contracts developed including work time allocation between organizations and compensation</li> <li>c. IT staff from Altru and/or IT businesses (ND Telephone) are hired and contracts between organizations are developed</li> <li>d. Employment protocols (supervision, benefits) developed and implemented</li> <li>e. Staff sharing arrangement completed with Altru</li> <li>f. Additional nurse/infection control position is hired either through Altru or independently</li> </ul>	<ul style="list-style-type: none"> <li>d. Community population growth Decreased mortality</li> </ul>		
--	--	--	---	--	--	--

**Goal 3– To improve community wellness**

Action Step	Objectives: to meet the action step	Activities: specific steps to meet the objectives (step-by-step)	Outputs: measurement – once accomplished the following would be evidence	Outcomes: What is the impact? What changes? What is improved?	Resources to meet goal: Internal and/or external	Champion and Time Frame: IMPORTANT – do not let it always be the CEO
1. Hold quarterly wellness clinics with Nelson Griggs Public Health	Hospital and public health to meet and determine areas of collaboration to include a possible quarterly wellness clinic	<ul style="list-style-type: none"> <li>a. Discuss:               <ul style="list-style-type: none"> <li>o how each approaches wellness</li> <li>o expertise</li> <li>o what it would like to do in a collaborative manner</li> <li>o Who does what, where, and how?</li> </ul> </li> <li>b. Discuss the target audience – what is needed and how to address the need (consider how to reach young adults/families and employers-how to reach healthy people who still have prevention needs?)</li> <li>c. Discuss reimbursement – what is reimbursed for the hospital and what is reimbursed or covered for public health – better understanding of what is possible and constraints (hospital gets reimbursed for labs; wellness clinics are on the IRS 990 as a community benefit)</li> <li>d. Discuss what is mutually beneficial – overall help the community but consider how this benefits public health and NCHS</li> </ul>	<ul style="list-style-type: none"> <li>a. Continued meetings between NCHC and Nelson-Griggs District Health Unit</li> <li>b. Community wellness events held (possibly on a quarterly based)</li> <li>c. Number of events</li> <li>d. Number of participants</li> <li>e. Types of wellness sessions held</li> <li>f. Participant satisfaction survey (developed by CRH)</li> </ul>	<ul style="list-style-type: none"> <li>a. Increased understanding of roles and how the different organizations function</li> <li>b. Increased collaboration and coordination between public health and the hospital</li> <li>c. Increased opportunities for area residents to learn about prevention, wellness, and how to improve their lives</li> <li>d. Overtime, improved health status</li> </ul>	<ul style="list-style-type: none"> <li>a. Center for Rural Health</li> <li>b. Rural Health Information Hub</li> <li>c. Possibly Extension Service</li> </ul>	<ul style="list-style-type: none"> <li>a. Julie Ferry, (Nelson-Griggs District Health Unit)</li> <li>b. Steve Forde, NCHC CFO</li> </ul>

## Analysis:

The McVile goals will be reviewed by assessing three features:

- Meeting at least one of the five criteria
- Meeting at least one of the four objectives
- Meeting SMART guidelines for goals and/or objectives

McVile Goals:

- attracting and retaining young families (child care and workforce).
  - Meets one of the five criteria (only has to meet one).
    - Respond to public health needs. Workforce development is a legitimate public health need as an adequate workforce contributes to the ability to provide services. Childcare service development not only benefits the facilities, but also contribute to the viability of the community and childcare would be open to other community members. It can be seen as an element within the social determinants of health.
  - Meets two of the four objectives (only has to meet one).
    - Improves access to health care services.
    - Enhances health of the community.
  - SMART
    - **S** for specific – the action steps, objectives, and activities for both developing local child care options and for the recruitment of CNA, IT, and infection control are specific.
    - **M** for measureable – process measures would be documenting the actions and completion of those actions. Outcome (impact) measures would include for child care to be increasing options, new jobs with livable wages, and contributing to the viability of McVile; for workforce it would include new staff are in place and serving the needs of the facility and the community, local jobs are created, positive impact on the community, and creation of employment pools,
    - **A** for achievable – it is being achieved and will continue to evolve.
    - **R** for results-focused –it is focused on improving mental health access and patient improvement.
    - **T** for time-bound – a set time frame was hard to address at the meeting but the work to develop both the child care and the workforce efforts will transpire over the first year; however, the impact will go on for many years.
- jobs with a livable wage (child care and workforce)- *This is the same as attracting and retaining young families as the primary objectives relate to child care and workforce.*
  - Meets one of the five criteria (only has to meet one).
    - Respond to public health needs. Workforce development is a legitimate public health need as an adequate workforce contributes to the ability to provide services. Childcare service development not only benefits the

facilities, but also contribute to the viability of the community and childcare would be open to other community members. It can be seen as an element within the social determinants of health.

- Meets two of the four objectives (only has to meet one).
  - Improves access to health care services.
  - Enhances health of the community.
- SMART
  - **S** for specific – the action steps, objectives, and activities for both developing local child care options and for the recruitment of CNA, IT, and infection control are specific.
  - **M** for measureable – process measures would be documenting the actions and completion of those actions. Outcome (impact) measures would include for child care to be increasing options, new jobs with livable wages, and contributing to the viability of McVille; for workforce it would include new staff are in place and serving the needs of the facility and the community, local jobs are created, positive impact on the community both in terms of population and economic impact, and creation of employment pools.
  - **A** for achievable – it is being achieved and will continue to evolve.
  - **R** for results-focused –it is focused on improving mental health access and patient improvement.
  - **T** for time-bound – a set time frame was hard to address at the meeting but the work to develop both the child care and the workforce efforts will transpire over the first year; however, the impact will go on for many years.
- Improving community wellness
  - Meets three of the five criteria (only has to meet one).
    - Generate a low or negative margin.
    - Supply services or programs that would likely be discontinued if the decision were made on a purely financial basis.
    - Respond to a public health need
  - Meets two of the four objectives (only has to meet one).
    - Improve access to health care services.
    - Enhance the health of the community.
  - SMART
    - **S** for specific – action steps, objectives, and activities revolve around building greater collaboration between local public health and the hospital; as well as expanding community/area wide wellness opportunities for county citizens.
    - **M** for measureable – process measures would be the development and hosting of up to four wellness events a year, number of participants, types of wellness sessions held. Outcome (impact) measures could be using participant surveys (even personal interviews by CRH staff) to look at increased understanding, changed behaviors, assessment of collaboration

by public health and hospital participants and how this endeavor contributes to stronger partnerships, and over time improved health status.

- **A** for achievable – there is commitment from both the hospital and public health to proceed.
- **R** for results-focused –it is focused on improving both collaboration and community health wellness.
- **T** for time-bound – the development will occur over the next four months, and if it is successful in its first year will likely continue to evolve.