☑ CHNA REPORT CARD

Based on the health needs priorities identified in the executive summary and implementation plan of the 2013 Community Health Needs Assessment (CHNA), this report card demonstrates measurable progress made through programs and service offerings that have since been established or pursued.

Priority #1—Access to Care

Objective
To lessen physical, financial, psychological, sociocultural, and educational barriers to care.

Strategy Goals (by 2016)

Provide healthcare services where the patient/consumer can easily access.
- ☑ Opening of the Peru Medical Center
- ☑ Additional prenatal classes offered at CCCHC and WIC through Passport to a Healthy Baby program
- ☑ Extended hours now offered in LMPN Family Medicine offices
- ☑ Same-day appointments now available in LMPN Family Medicine and Pediatrics
- ☑ Recruited two new urgent care providers for ExpressMed clinic; one is bilingual

Develop patient materials at appropriate age and reading levels, as well as deliver in English and Spanish.
- ☑ PCMH and ACO brochures developed to explain concept
- ☑ "Dear Mom-to-Be" letter in WHC

Provide education to patient/consumer on how to access healthcare system.
- ☑ Care coordination program outreach
- ☑ Current topic of discussion in meetings about HIP 2.0 changes

Utilize technology to improve access to care.
- ☑ Updates and improvements to Patient Portals
- ☑ LMH website is now mobile-optimized
- ☑ Health resource library added to LMH website with medically-reviewed health information
- ☑ Micro-site developed and used to promote information about care coordination with new infographic and motion graphics video to illustrate concept

Priority #2—Chronic Disease Management and Health Screens

Objective
To focus on chronic disease management and whole-person health as a way of providing patient care.

Strategy Goals (by 2016)

Choose top 3—5 chronic diseases to impact.
- ☑ Priorities identified and currently being addressed in care coordination with patients who are part of that program
  - Congestive Heart Failure (CHF)
  - Chronic Obstructive Pulmonary Disease (COPD)
  - Diabetes

Implement the Medical Home Model.
- ☑ Implemented in Suite 270 upon completed renovation
- ☑ Working toward certification through NCQA for all family medicine practices
- ☑ Added full-time position devoted to chart-preparation, identifying necessary age-appropriate screenings

Provide education to patient/consumer on the importance of preventative healthcare services and the impact of chronic disease.
- ☑ PCMH and ACO materials developed
- ☑ Notecards printed to be mailed personally as reminders for wellness visits

Provide community education related to chronic disease management and the role of modifiable health risk behaviors, effective strategies for behavior change, and co-morbidity of mental health/substance abuse.
- ☑ "Senior Seminars" outreach program
- ☑ Implemented ER Navigator program

OVER ⇨

☑ CHNA REPORT CARD

Based on the health needs priorities identified in the executive summary and implementation plan of the 2013 Community Health Needs Assessment (CHNA), this report card demonstrates measurable progress made through programs and service offerings that have since been established or pursued.

Priority #3—Maternal, Infant, and Child Health

Objective	Strategy Goals (by 2016)
To increase access to prenatal care.	**Provide education to patient/consumer on how to access healthcare system.** ☑ "Passport to a Healthy Baby" program established through grant funding – Built and strengthened community partnerships—WIC, CCCHC, Purdue Extension – Increased programming and class education offerings
	Provide education to patient/consumer related to healthy pregnancy and prenatal care. ☑ "Passport to a Healthy Baby" program established through grant funding – Built and strengthened community partnerships—WIC, CCCHC, Purdue Extension – Increased programming and class education offerings ☑ Cass Area Transit and City of Logansport provide new city bus route now offered for scheduled transportation options at various locations in the community (LMH is one of its main stops)

Priority #4—Nutrition, Physical Activity and Weight

Objective	Strategy Goals (by 2016)
By encouraging healthier lifestyles, LMH and collaborative partners aim to improve the quality of life for the population, specifically, as well as promote and engage participants in healthy lifestyles.	**Promote the availability of healthy food choices.** ☑ Healthier beverage and snack options in the LMH vending machines ☑ "Eat Fresh Cass County" taskforce established through the CCRN – Offered "locally-grown" specials on Thursdays at the Old Style Inn ☑ 1st Annual "Taste of Health" event held at LMH to offer healthy food samples, demonstrations, and recipes ☑ School physicals completed by LMH providers at Logansport High School ☑ LMH sponsored new "Trim Down" program focused on community weight loss in team participation
	Promote increased physical activity and exercise for all age groups. ☑ Cole Bridge completion and dedication raised awareness about more access to local parks and trails ☑ Walking trail map developed by the Logansport Parks Department ☑ "Complete Streets" program taskforce is set to re-convene
	Engage community partners to examine what actions and policy changes can be taken as a community to influence the overall health of the county.