Implementation Plan for Needs Identified in the Community Health Needs Assessment
FY13-15

Community Needs Assessment

In 2012, AGH in coordination with local health departments, neighboring hospitals and community stakeholders, conducted a community needs assessment. The needs assessment is a primary tool used by the Hospital to determine its community benefit plan, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area. The Community Health Needs Assessment (CHNA) was approved by the Hospital's Board of Trustees in May 2013.

Needs Identified

The needs identified include: Obesity, Access to Care, Heart Disease, Cancer, Diabetes, High Blood Pressure, Dental Health, Communicable Disease and Mental Health.

Prioritized Needs

The identified needs were prioritized based on the following criteria: size and severity of the problem, health system's ability to impact, and availability of resources that exist. Based on those criteria several areas were chosen to be the most important for the hospital to focus on. These needs are obesity, diabetes, access to care, cancer, cardiovascular and mental health.

Implementation Plan -

Priority Area: Obesity/Overweight

Goal: Support community members in achieving a healthy weight

Objectives:

- Improve Health Literacy in elementary schools
- Participate in the "Just Walk" program of Worcester County
- Produce brochure and distribute to the public about Farmer's Market & fresh produce preparation
- Integrate Healthy People 2020 objectives into AGHS offices
- Provide Hypertension and BMI screenings in the community
- Engage workforce in wellness programs
- Provide speakers to community groups on nutrition

Measurement:

- Healthy People 2020 Objectives
  www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29

Priority Area: Diabetes

Goal: Decrease incidence of diabetes in community

Objectives:

- Incorporate Diabetes Education in Patient Centered Medical Home
- Partner with local health agencies to facilitate grant applications to fund diabetes programs
- Participate on Tri-County Diabetes Coalition
- Provide diabetes screenings in community
- Recruit nephrologist to community

Measurement:

- Decrease ED visits due to acute episode related to diabetes condition
- Incidence of adult diabetes
- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=8

Priority Area: Access to Care

Goal: Improve access to care for Southern Delaware Market

Objective:

- Recruit two new providers for a Sussex County location
- Partner with poultry plants to promote wellness
- Provide free screenings at AIC location in Millsboro

Goal: Improve access to care & reduce disparities in chronic disease

Objectives:

- Improve proportion of minorities receiving colonoscopy screenings
- Improve proportion of minorities receiving women's preventative health services

Goal: Remove ability to pay as barrier to necessary healthcare services

Objectives:

- Educate community on financial assistance options
- Assist community with Health Insurance Exchange
- Negotiate Delaware insurance payor contracts

Measurements:

- Ship Obj. 36
- AGH database on ethnicity
- Community survey
- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1

Priority Area: Cancer

Goal: Decrease incidence of *advanced* breast, lung and colon cancer in community

Objectives:

- Recruit proper professionals in community to provide for cancer related treatment
- Provide community health screenings
- Partner with local health agencies to facilitate grant applications to fund cancer programs
- Improve proportion of minorities receiving colonoscopy screenings
- Improve proportion of minorities receiving women's preventative health services

Measurement:

- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=5
- AGH databases on ethnicity

Priority Area: Heart Disease

Goal: Improve cardiovascular health of community

Objectives:

- Ensure proper professionals in community to provide vascular care
- Change AGH/HS campus and locations to be tobacco free
- Increase community health screenings for high blood pressure and cholesterol levels
- Decrease readmissions to hospital for chronic disease management
- Utilize the Faith Based Partnership, to provide access to high risk populations for education about healthy lifestyles

Measurement:

- Healthy People 2020 www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=21
- Readmission rate

Priority Area: Mental Health

Goal: Promote and ensure local resources are in place to address mental health

Objective(s):

- Collaborate with Worcester County Health Department to staff Atlantic Health Center with psychiatrist and social worker
- Collaborate with Sheppard Pratt telemedicine services to provide additional psychiatry professional
- Participate in community events to spotlight mental health services
- Engage critical response teams when a mental health crisis is discovered

Measurement:

- Behavioral Risk Factor Surveillance System
- Healthy People 2020
  www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28

Strategic Implications

Building upon our previous Strategic Plans, we will focus on:

- Continued collaboration with local, state and community partners;
- Prioritizing capital investment in areas of IT that will overall improve coordination of care, quality of care, and efficiency for the patient;
- Creating a collaborative care model for the delivery of care within the hospital and with pre- and post-acute care providers, in an electronic environment;
- Measuring patient care outcomes throughout the system by establishing optimal health and wellness goals for patients;
- Reducing unnecessary steps throughout our system to optimize the patient experience, reduce opportunity for errors, and enhance economic stability

A primary clinical component of this strategy that will be achieved through integration of clinical care, IT, physician practice, and patient involvement is the AGH Patient Centered Medical Home Model. Achievement of this collaborative care delivery model for those in our community with chronic illnesses will increase the capacity of our primary care network, reduce unnecessary visits to our ED and unnecessary admissions, and provide a continuous virtual connection between AGH/HS and individuals.

Other needs identified in the CHNA but not addressed in this plan:
Each of the health needs listed in the Hospital's CHNA as well as Worcester County Health Department's Community Needs Assessment is important and is being addressed by numerous programs and initiatives operated by the Hospital and/or other community partners of the Hospital.