

King's Daughters Medical Center Ohio
Implementation Plan
2017-2019

Adopted _____, 2016

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Introduction

King's Daughters Medical Center Ohio (KDOH) is a small medical center serving Scioto County, Ohio. KDOH has developed many collaborative partnerships to help meet the health needs of Scioto County. This CHNA Implementation Plan formally extends KDOH's intent to improve the health of the people of the area.

Background

The Patient Protection and Affordable Care Act (ACA) added new federal requirements for not-for-profit hospitals and health systems. A key provision in the law is Section 501(r) related to community health needs assessments. In order to maintain tax-exempt status under Section 501(c) (3), not-for-profit hospitals are required to conduct a community health needs assessment (CHNA) and develop a companion implementation plan.

King's Daughters Medical Center Ohio has been a collaborative partner with other hospitals, healthcare providers, and community groups since opening in 2013. KDOH has worked to produce a comprehensive CHNA reflective of Scioto County. The CHNA identifies the most prevalent community health needs, and uncovered the underlying social determinants of health care. Both qualitative and quantitative research was applied to highlight key findings. These findings are contained in the companion document, 2016 Community Health Needs Assessment, and the report serves as the basis for this implementation plan.

Service Area Description

King's Daughters Medical Center Ohio's primary care market is Scioto County. The primary market is the service area for the CHNA and Implementation Plan.

Summary of CHNA

The objective of the CHNA was to provide KDOH the necessary information to

1. Identify health disparities, especially as these disparities relate to chronic disease;
2. Identify contributing factors that create both barriers and opportunities for Scioto County residents to live healthier lives;

3. Identify strategies that if implemented may help improve community health;
4. Identify collaborating partners for improving health; and
5. Create a community health improvement plan.

This process relied on both primary and secondary data as described in the accompanying CHNA. When examining the quantitative findings with those of the qualitative data, a consolidated list of priority health needs of KDOH's service area was compiled.

2016 CHNA Identified Needs:

Based on the results of the primary and secondary data collection for the Community Health Need Assessment, the following broad issues were identified

Priority Health Needs:

1. Obesity
2. Tobacco use/Smoking
3. Drug addiction
4. Cancer
5. Poor diet
6. Economy/poverty
7. Lack of exercise
8. Heart Disease
9. Diabetes
10. Mental Health
11. Lung Disease

Key Environmental and Behavioral Health Drivers Identified

- Lack of transportation
- Lack of leadership among elected officials
- Appalachian culture/negative attitude
- Lack of education
- Lack of jobs/poor economic area
- Lack of access to primary care
- Low cancer screening rates
- Poor management of high blood pressure
- Lack of access to mental health providers
- Lack of access to dental care
- High food insecurity rate among children under age 18
- Lack of access to specialty health care services

- Lack of access to healthy food
- Unhealthy food environment
- Limited opportunities for physical activity engagement
- High tobacco use

Disparities

The rural nature of Scioto County's population has been noted as a limiting factor for improving health in the county. More than half of the population lives in rural areas. This can create issues with access to healthcare services, food and transportation.

When considering mortality data men fare much worse than women when it comes to death from disease. Men have higher mortality rates for heart disease, homicide, lung disease and motor vehicle crashes. Women have a higher death rate from stroke.

Obesity has been identified as an important issue that should be addressed. When looking at obesity, there is not a statistical difference between the rates for men and women. It is important; however, to point out that the rate of obesity for Scioto County adults has risen dramatically since 2004 (26.2%). The obesity rate has risen by 9.9 points in 2012 (36.2%), a whopping 38% increase.

Criteria for Determining Needs to be Addressed

In assessing and prioritizing the health needs of the community, KDOH took a broad, societal view that incorporated public health goals into the planning process. In accordance with this, KDOH looked at key external benchmarks, such as the CDC's Healthy People 2020 Goals, to influence the strategic planning and programmatic decisions. KDOH considered the following criteria in determining the top health needs upon which the implementation plan is built.

1. Institution's ability to address the social determinants of health
2. Staff and volunteer resources;
3. Organizational capacity to leverage existing programs, services, and resources;
4. The mission and strategic initiatives

Health needs to be met:

KDOH evaluated each of the 11 priority health needs identified within the service area and concluded that key issues could be reduced to the following priorities which could have overlapping strategies and are within KDOH's ability to address.

- Obesity
- Drug addiction
- Tobacco use/smoking
- Heart disease
- Cancer

Health needs KDOH unable to meet and why:

While KDOH recognizes that drug addiction is a major issue for the region, KDOH neither has the expertise or resources to impact this issue. KDOH is supportive of other organizations working to reduce the burden of drug abuse in Scioto County, by supporting events and fundraising.

Implementation plan goals, objectives and strategies:

Priority Area: Obesity

Rationale: Obesity is a problem throughout the population and is significantly higher in Scioto County than Ohio and the nation. Obesity contributes to poor health increased risk for many diseases including cancer, heart disease, high blood pressure, and diabetes. Lowering weight often helps reverse the effects of diabetes and high blood pressure and reduce the risk for other negative health conditions.

There are a number of social factors thought to influence diet including:

- Knowledge and attitudes
- Skills to prepare food
- Social support
- Societal and cultural norms
- Food and agricultural policies

- Food assistance programs
- Access to healthy foods

Energy balance or the balance between calories consumed and calories expended influences weight. Interventions to improve weight can support changes in diet and/or physical activity. Appropriate interventions can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. Interventions can be delivered in multiple settings, including health care settings, worksites, churches, or schools.

More than 36% of adults in Scioto County are obese, with an additional 30% overweight. The obesity rate in the county is 6% higher than in Ohio and 9% higher than the nation. Contributing factors to obesity like lack of physical activity and poor diet are also issues in the county. More than 30% of adults reported through the Behavioral Risk Factor Surveillance System that they did not have any leisure time activity and 90.3% reported inadequate fruit and vegetable intake.

Goal 1: Promote health and reduce chronic disease risk through providing the knowledge and skills to increase the consumption of fruits and vegetables for healthful diets and achievement and maintenance of healthy body weights

Collaborative Partners: Cooperative Extension, health departments, farmers markets, Scioto County Health Coalition, schools, KDMC Kentucky

Objective	Strategies	Resources needed	Measures
1. Improve fruit and vegetable intake by providing nutrition education through local farmers markets, fairs, festivals, and other events.	Scioto County Fair booth Healthy Bucks & “Farmacy” programs at farmers market Diabetes program healthy eating	Educational materials Staff and/or volunteers Supplies for taste testing if offered	Benchmark – FY2016 – 3,725 Increase by 2% annually 2017-19

	programs/support groups	Coupons for fresh produce – Healthy Bucks	
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Goal 2: Improve health, fitness, and quality of life through daily physical activity.

Collaborative partners: Health departments, Scioto County Health Coalition, other non-profits, fitness clubs, schools, KDMC KY

Objective	Strategies	Resources needed	Measures
1. Provide opportunities for individuals to be physically active	Sponsor or promote events which include physical activity – runs, walks, etc.	Sponsorship funds Educational materials Advertising	Benchmark set FY2017 At least 4 events reaching at least 200 people annually

Goal 3: Improve patient knowledge about the relationship between health and weight through screening, counseling and education in the healthcare setting.

Collaborative Partners: physicians, KDMC-KY

Objective	Strategies	Resources needed	Measures
1. Increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity (HP2020)	Patients with 30+ BMI Counseled on benefits of healthy eating, physical activity and losing weight to disease management Educated about weight reduction, nutrition and/or physical activity	EPIC build to track counseling and education provided. Educational materials Referral sources for nutrition counseling or weight loss programs	2017 – EPIC build to include provider documentation of counseling and education 2018 –provider education and documentation; establish benchmark 2019 – 2% increase above benchmark

2. Increase the number of patient contacts that include assessment of BMI (HP2020)	Weight and BMI screening done during office visit	Educational materials	Benchmark - FY2016 – 21,861 Increase by 2% annually 2017-19
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Priority Area: Tobacco/Smoking

Rationale: Tobacco use is the single largest preventable cause of death and disease in the United States. Approximately 480,000 Americans die from tobacco-related illnesses annually. In addition, more than 16 million Americans suffer from at least one disease caused by smoking. Smoking-related illness in the United States costs more than \$300 billion each year, including nearly \$170 billion for direct medical care for adults and more than \$156 billion in lost productivity.

Tobacco use contributes to illness from multiple diseases including:

- Cancer (oropharynx, larynx, esophagus, trachea, bronchus, lung, acute myeloid leukemia, stomach, liver, pancreas, kidney and ureter, cervix, bladder, and colorectal)
- Heart disease and stroke
- Lung diseases (emphysema, bronchitis, chronic airway obstruction, chronic obstructive pulmonary disease, and pneumonia)
- Reproductive effects (ectopic pregnancy, premature birth, low birth weight, stillbirth, reduced fertility in women, and erectile dysfunction; and birth defects, including cleft-lip and/or cleft palate)
- Other effects (Type 2 diabetes, age-related macular degeneration, rheumatoid arthritis, blindness, cataracts, hip fractures, impaired immune function, periodontitis, and overall diminished health)

The ill effects smoking do not just affect the smoker but also others that may breath in secondhand smoke. Secondhand smoke causes heart disease, lung cancer, and stroke in adults, and can cause a number of health problems in infants and children, including:

- More severe asthma attacks
- Respiratory infections
- Ear infections
- Sudden infant death syndrome (SIDS)

In addition, smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss.

Thirty-five percent of adults in Scioto County are current smokers and more than 53-percent are current or former smokers. These numbers are significantly higher than both Ohio and the United States. Quit attempts among Scioto County smokers is much lower than Ohio and the nation, with 40.8% of Scioto County smokers attempting to quit in past 30 days as reported on the latest Behavioral Risk Factor Surveillance System questionnaire. This is 15 percent below Ohio and nearly 20 percent below the United States.

Goal 1: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.

Collaborative Partners: Schools, health departments, Scioto County Health Coalition, KDMC-KY

Objective	Strategies	Resources needed	Measures
1. Increase smoking cessation attempts by adults through referral to smoking cessation programs or quit lines.	Offer smoking cessation classes through KDOH. Smoking cessation materials available at events held at fairs, festivals, workplaces, etc.	Educational materials Smoking cessation referral list Physician cooperation	Offer at least 4 cessation sessions annually 2017-19 Establish benchmark for attendees 2017 Increase 2% annually off benchmark 2018-19

Objective	Strategies	Resources needed	Measures
2. Increase tobacco screening in office-based ambulatory care settings	Physician offices offer tobacco cessation resources to tobacco using patients during office visit	EPIC build to track counseling and education provided. Educational materials. Referral sources for smoking cessation classes and quit lines.	2017 – EPIC build to include provider documentation of counseling and education 2018 – begin provider education and documentation; establish benchmark 2019 – 2% increase above benchmark

Priority: Cardiovascular Disease

Rationale: According to the Centers for Disease Control, heart disease is the leading cause of death in the United States and is one of the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in health care expenditures and related expenses. Fortunately, heart disease is also among the most preventable.

Many of the risk factors for heart disease are preventable, including the following:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes

- Poor diet and physical inactivity
- Overweight and obesity

These risk factors can cause changes in the heart and blood vessels that leads to heart attacks, heart failure, and strokes. Hospitals are in a position to address these critical risk factors helping individuals identify them early in life to prevent the potentially devastating complications of chronic cardiovascular disease.

According to the CDC, controlling risk factors for heart disease remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90 percent of American adults exceed their recommendation for sodium intake

In Scioto County, heart disease is the leading cause of death. Scioto County’s death rate to cardiovascular disease is higher than Ohio’s and the nation’s (Scioto County – 273.6; Ohio-189.6; US-175.0). More men die of heart disease than women. The incidence of high blood pressure in Scioto County is high, with a rate of 33.2%, which is higher than Ohio at 28.8% and the United States at 28.2%. In addition, more Scioto Countians have high cholesterol 43.5%, compared to Ohio 38.7% and the nation at 38.5%.

Goal 1: To reduce mortality and morbidity through early identification of heart disease by providing primary and secondary screening opportunities

Collaborative Partners: Schools, churches, libraries, Scioto County Health Coalition, workplaces, etc.

Objective	Strategies	Resources needed	Measures
1. Increase knowledge about the signs and symptoms of heart	Provide educational sessions at	Educators – staff or volunteer	10 sessions per year 2017-19 reaching at least

attack and appropriate response.	workplaces, schools, libraries, etc. Go Red events	PowerPoint presentation Educational materials	200 individuals annually
Objective	Strategies	Resources needed	Measures
2. Identify individuals at risk for heart disease through free screenings for total cholesterol, blood pressure, blood glucose, and heart rhythm abnormalities,	Screening held at county fairs, festivals, schools, workplaces, churches, etc. Patients with abnormal results counseled on prevention and consulting a healthcare provider regarding their results Provide education on being heart healthy for all participants	Mobile health unit Staff/volunteers Equipment and supplies Heart health educational materials Educational materials on understanding results, i.e. high blood pressure, cholesterol, etc.	Benchmark – FY2016 (heart screening without EKG) – 91; EKG screening – 74 2% increase over benchmark each year 2017-19
3. Identify individuals at risk for heart disease through low cost screenings.	Provide low cost lipid profile with fasting glucose quarterly Provide ABI, AAA, carotid artery screenings quarterly	Staff Advertising Scheduling Materials and equipment for screening Educational materials	Quarterly events (4 per year) Set benchmark 2017 Increase participation by 2% annually 2018-19

Priority: Cancer

Rationale: Cancer is the second leading cause of death in Scioto County. Cancer mortality is higher among males. Scioto County residents' health behaviors are contributing factors to increased incidence of cancer with more than 35% of the

population obese and 35% reporting as current smokers. More than 90% of adults reported inadequate fruit and vegetable consumption. Cancer is the second leading cause of death in Scioto County with a rate of 203.8, which is higher than Ohio (184.6) and the nation (168.9).

The Healthy People 2020 reports that many cancers are preventable by reducing risk factors such as:

- Use of tobacco products
- Physical inactivity and poor nutrition
- Obesity
- Ultraviolet light exposure

Screening is effective in identifying some types of cancers in early, often highly treatable stages, including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap test alone or combined Pap test and HPV test)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Lung cancer (using low dose CT scanning)

For cancers with evidence-based screening tools, early detection must include the continuum of care from screening to appropriate follow-up of abnormal test results and referral to cancer treatment.

Goal 1: To improve mortality and morbidity due to cancer through screening and education

Collaborative partners: Schools, churches, Scioto County Health Coalition, workplaces, health departments, Ohio State University

Objective	Strategies	Resources needed	Measures
1. Improve early detection of skin cancer	Free skin cancer screenings Education on the signs and symptoms	Physicians to provide the screenings Educational materials	Benchmark – FY2016 – 54 Increase by 2% annually 2017-19

	of skin cancer for youth and adults	regarding skin cancer	
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Objective	Strategies	Resources needed	Measures
2. Improve early detection of lung cancer	Provide low cost CT scan screenings for smokers (specific criteria must be met)	Staff time Equipment availability Educational materials	Establish benchmark 2017 Increase by 2% annually 2017-19
3. Improve early detection of prostate cancer among men	Free prostate cancer screenings that include exam and PSA	Physicians to provide the screenings Educational materials regarding prostate cancer	Benchmark FY2016 – 18 Increase by 2% annually 2017-19

Priority: Diabetes Mellitus

Rationale: Diabetes mellitus (DM) is the seventh leading cause of death in the United States. It has devastating impact on a person’s quality of life. Diabetes mellitus

- Lowers life expectancy by up to 15 years,
- Increases the risk of heart disease by two to four times, and
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

According to the Centers for Disease Control, in addition to these human costs, the estimated total financial cost of DM in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death. The rate of DM continues to increase in the United State and the world. There are growing concerns about the steady rise in the number of persons with DM. In addition, there is evidence of earlier onset of type 2 diabetes.

More than 11% of Scioto County adults have been diagnosed with diabetes. This is greater than Ohio and just over 10% and the nation at 9%. Diabetes is more prevalent

in people that are overweight or obese. More than 36% of adults in Scioto County are obese, making them at greater risk for DM.

Goal 1: Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.

Collaborative partners: Schools, churches, Scioto County Health Coalition, workplaces, health departments

Objective	Strategies	Resources needed	Measures
<p>1. Increase the proportion of persons with diagnosed DM who receive formal disease education (HP 2020)</p>	<p>New onset diabetes patients referred to nutrition counseling with diabetic educator</p> <p>Diabetes support groups</p> <p>Cooking classes</p> <p>Healthy Bucks program</p>	<p>Diabetic educator</p> <p>Educational materials</p> <p>Marketing for diabetes support groups</p> <p>Equipment/food for cooking classes</p> <p>Healthy Bucks funding</p>	<p>Benchmark – FY2016 – 91</p> <p>2% increase annual increase 2017-19</p>
<p>2. Improve blood sugar monitoring through reduce cost blood profiles</p>	<p>Low cost blood profiles that include fasting glucose and A1C tests</p> <p>Education and follow-up on abnormal glucose and A1C results</p>	<p>Staff time</p> <p>Materials for screening</p> <p>Educational materials</p>	<p>Benchmark 2017</p> <p>Quarterly events with anticipated reach of 80 first year</p> <p>5% increase annually 2018-19</p>

Objective	Strategies	Resources needed	Measures
3. Provide screenings for early identification of persons with diabetes	Free non-fasting glucose community screenings Counseling and follow-up with patients with abnormal results	Staff/volunteers Screening materials Educational materials	Benchmark – FY2016 - 134 screened 2% annual increase 2017-19

Approval:

The Implementation Plan Strategies approved by the Portsmouth Hospital Corporation Board of Directors on _____, 2016.