King’s Daughters Medical Center Ohio

Implementation Plan

2020-2021

Adopted: November 25, 2019Table of Contents

1. Introduction **3**
2. Background  **3**
3. Service Area Description **3**
4. Summary of CHNA **3**
5. Identified health needs **4**
	* Priority Health Needs **4**
	* Disparities **4**
6. Criteria for Determining Needs to be Addressed  **4**
7. Health Needs to be Met **5**
8. Health needs KDOH unable to meet and why **5**
9. Implementation plan strategies **5**
	* Obesity/Nutrition **5**
	* Cancer Prevention/ Early Detection (including tobacco use) **8**
	* Heart Disease **11**

 X. Approval **12**

XI. Communication and Distribution Plan **12**

**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, 2019 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 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.

**2019 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. Drug Abuse/Addiction
	2. Obesity
	3. Tobacco Use
	4. Cancer
	5. Heart Disease
	6. Diabetes

**Disparities**

The rural nature of Scioto County’s population is 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.

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 proposed CDC’s Healthy People 2030 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 priority health needs identified within the service area and concluded that key issues could be reduced to the following priorities which are within KDOH’s ability to address.

* Obesity/Nutrition
* Heart Disease
* Cancer Prevention/Early Detection (including tobacco use)

**Health needs KDOH unable to meet and why:**

In reviewing the health needs identified through the CHNA, KDOH chose to focus on those that best met KDOH’s current resources. The two needs identified that were not chose as priority areas are substance abuse and diabetes mellitus. Diabetes is a very important issues and by focusing resources on obesity and nutrition, KDOH leadership believes that diabetes can also be impacted without making it a priority. While KDOH has worked with their providers to reduce prescription drug abuse, substance abuse is an issue that is not within KDOH’s expertise and resources to impact. KDOH does however support other organizations in Scioto County that do provide resources and services that work to reduce the impact of substance abuse.

**Implementation plan goals, objectives and strategies:**

**Priority Area:** Obesity/Nutrition

**Rationale**: Obesity is a problem throughout the population and is significantly higher in Scioto County than Ohio and the nation. People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including high blood pressure, high LDL cholesterol, type 2 diabetes, coronary heart disease, stroke, osteoarthritis and sleep apnea. In addition, obese individuals are at higher risk for some cancers, including breast, colon, endometrial, kidney, gallbladder and liver.

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, schools or in the community at large. Nearly 37% 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. Half of the key informant survey participants felt nutrition, physical activity and weight were of great concern for the area.

Good nutrition is paramount to good health and fruit and vegetable intake is an important component of a healthy diet. Reduced fruit and vegetable consumption is linked to poor health and increased risk of noncommunicable diseases. Including fruits and vegetables as part of the daily diet may reduce the risk of some diseases including cardiovascular diseases and certain types of cancer. More limited evidence suggests that when consumed as part of a healthy diet low in fat, sugars and salt/sodium, fruits and vegetables may also help to prevent weight gain and reduce the risk of obesity, an independent risk-factor for many diseases. In addition, fruits and vegetables are rich sources of vitamins and minerals, dietary fiber and a host of beneficial non-nutrient substances including plant sterols, flavonoids and other antioxidants and consuming a variety of fruits and vegetables helps to ensure an adequate intake of many of these essential nutrients. In Scioto County, 90.5% of the respondents to the Behavioral Risk Factor Surveillance System report inadequate fruit and vegetable consumption, compared to 78.5% for Ohio and 75.7% for the nation.

**Goal 1:** Increase knowledge about healthy eating and nutrition through community education.

**Expected Impact**: Increase healthy eating

**Target Population**: Community-at-large, low-income, children, youth and adults

**Collaborators**: Schools, farmers, Cooperative Extension, faith community, KDOH team members

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Strategies** | **Existing Resources**  | **Measure** |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Improve fruit and vegetable intake by providing nutrition education through local farmers markets, fairs, festivals, and other events.  | Provide nutrition education at county fair and local festivalsNutrition programs at farmers market | Educational materialsStaff and/or volunteersSupplies for taste testing, if offered | Individuals served tracked through CBISA community benefit tracking system |

**Goal 2:** Reduce the proportion of children and adolescents aged 2 to 19 years who have obesity (HP2030 proposed objective NWS-2030-03)

**Expected Impact**: fewer children and adolescents that are obese

**Target Population**: Low income; children; adolescents

**Collaborators**: Local organizations promoting physical activity, schools, other non-profits

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Strategies** | **Existing Resources** | **Measure** |
| 1. Increase opportunities for physical activity in the area | Support for runs and walksPartner with the Salvation Army’s afterschool program for physical activity programs | Collaborations with local non-profits  | Number of programs implemented to support physical activity; number of participants |

**Priority Area**: Cancer Prevention/Early Detection (including tobacco use)

**Rationale**: Cancer is a leading cause of death in Scioto County. Cancer incidence rates show that Scioto County fares worse than the state or nation in lung and cervical cancers. The county rate of cervical cancer is more than twice the state and nation. Cancer puts a huge burden on the individual and the healthcare system. The mortality rate for all cancers per 100,000 population for Scioto County is 196.6, compared to Ohio (177.3) and the United States (160.9). Cancer screening for breast, colon and cervical cancers in Scioto County are all below the state and national percentages. Breast cancer screenings among the Medicare population are Scioto County (59.4%), Ohio (61.2%) and the United States (63.1%). For cervical cancer, Scioto County has 65.6% receiving a pap test, compared to 78.7% in Ohio and 78.5% for the nation. Colon cancer screening, through sigmoidoscopy/colonoscopy, in Scioto County are also low with 46.7% of those for which these tests are recommended receiving them, compared to 60% for the state and 61.3% for the nation.

One of the most significant causes of cancer, especially lung cancer, is tobacco use, making it a major public health issue. According to the report, *Tobacco, Nicotine and E-Cigarettes*, from the National Institute on Drug Abuse, updates January 2018, cigarette smoking harms nearly every organ in the body, and smoking is the leading preventable cause of premature death in the United States. Smokers aged 60 and older have a twofold increase in mortality compared with those who have never smoked, dying an estimated six (6) years earlier. Quitting smoking results in immediate health benefits, and some or all of the reduced life expectancy can be recovered depending on the age a person quits. Although nicotine itself does not cause cancer, at least 69 chemicals in tobacco smoke are carcinogenic, and cigarette smoking accounts for at least 30-percent of all cancer deaths. In Scioto County, an estimated 20,723, or 33.9% (crude rate) of adults age 18 or older self-report currently smoking cigarettes some days or every day. Current tobacco use is worse in all Scioto County than Ohio and the United States and quit attempts are much lower. Tobacco use among former and current smokers is greater than 50%.

**Goal 1:** Reduce the overall cancer death rate (HP2030 proposed – C-2030-01)

**Expected Impact**: fewer deaths from breast, colon/rectal, and lung cancers

**Target Population**: adults with cancer, at-risk for cancer or within age of current screening guidelines

**Collaborators**: healthcare providers

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Strategies** | **Existing Resources** | **Measure** |
| 1. Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-03) | Provide community education about Low-Dose CT (LDCT) scansHealthAware Risk AssessmentLetters to patients that qualify for LDCTProvide education to PCPs to educate them on early lung cancer detection, how to order LDCT, the importance of yearly follow ups and reducing the stigma around smoking | EPIC build complete to generate data for letters and to track patientsLow-dose CT program in place | The number of adults receiving lung cancer screening, tracked through EPIC |
| 2. Increase the proportion of adults who receive a colon/rectal cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-07) | Fecal immunochemical test (FIT)Colonoscopy/SigmoidoscopyHealthAware Risk Assessment | Colon cancer education programsGiant colon display | Number of individuals receiving any type of colon/rectal screening – tracked through EPIC |
| 3. Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines (HP2030 proposed – C-2030-05) | Addition of 3-D mammography on siteGenetic testing | On site mammographyMobile mammography for remote areas | Number of women receiving mammography services – tracked through the Breast Care Center data collection |

**Goal 2.** Reduce illness, disability and death related to tobacco use.

**Expected Impact**: Reduction in number of youth initiating tobacco or e-cigarette use; increased number of quit attempts among current tobacco users

**Target Population**: Children, adolescents, young adults and current tobacco users

**Collaborators**: Schools, health departments, KDMC-KY

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Strategies** | **Existing Resources** | **Measures** |
| 1. Reduce the initiation of cigarettes and e-cigarettes among adolescents, young adults and adults | Include nicotine addiction education at screening events. | Staff trained to deliver the programs | Number of individuals served, collected and reported through CBISA |
| 2. Increase use of smoking cessation counseling and/or medication among adult smokers (HP 2030 proposed – TU2030-11) | Track referrals to smoking cessation programs one-on-one counselingInclude information about smoking cessation programs at screening events. | Smoking cessation educator | Number participating in the smoking cessation courses, tracked through CBISA |

**Priority**: Heart Disease

**Rationale**: Heart disease is the number one killer of adults in the United States. Adults in Scioto County have higher incidence of heart disease than Ohio and the nation. Heart disease in Scioto county is 7.1% among adults 18 years of age and older, compared to 5.1% in Ohio and 4.4% in the United States. Among the Medicare population, there are 35.5% of Scioto County’s seniors with heart disease compared to 27.2% in Ohio and 26.5% in the US. When looking at high blood pressure, 33.2% of those 18 years and older in the county have high blood pressure, compared to 28.8% in Ohio and 28.2% in the nation. Over two-thirds of the Medicare population in the county have high blood pressure. High cholesterol among adults 18 and over is 43.5% in Scioto County, compared to 38.7% in Ohio and 38.5% in the US. Nearly half of the Medicare population in the county have high cholesterol. The rate of heart disease per 100,000 population in Scioto County is 281.4, compared to 187.8 in Ohio and 168.2 in the United States. Considering that heart disease is the number one killer of adults, it is important to address the issues surrounding heart disease.

**Goal 1:** Reduce coronary heart disease deaths (HP2030 proposed – HDS2030-02)

**Expected Impact**: increased number of adults with controlled high cholesterol

**Target Population**: adults, adults with undiagnosed/untreated high cholesterol

**Collaborators**: healthcare providers, schools, businesses, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Strategies** | **Existing Resources** | **Measure** |
| 1. Increase community education about the prevention of heart disease | Free community screenings related to early detection and management of high cholesterol and hypertensionLow-cost lipid profilesFree community screenings related to cholesterol and blood pressure.HealthAware risk assessments | Mobile health unitExisting capabilities for blood profiles | Number of persons participating in screenings, blood profiles, heart education and cardiac risk assessment tracked through CBISA |

**Approval:**

The Implementation Plan Strategies approved by the Portsmouth Hospital Corporation Board of Directors on November 25, 2019.

**Communication and Distribution Plan**

The King’s Daughters Ohio Community Health Needs Assessment and Implementation Plan will be posted on the hospital website ([www.kingsdaughtershealth.com/Locations/King-s-Daughters-Medical-Center-Ohio.aspx](http://www.kingsdaughtershealth.com/Locations/King-s-Daughters-Medical-Center-Ohio.aspx)) for community review. Upon request, the document will also be distributed, electronically, to all participating community partners, internally to hospital staff and to the King’s Daughters Ohio Board of Directors.