

# **Doylestown Hospital 2016 Community Health Needs Assessment Implementation Plan**

## **Introduction**

Doylestown Hospital completed a comprehensive Community Health Needs Assessment (CHNA) in June 2016, working with Public Health Management Corporation. The purpose was to gain information to:

- Gauge the health of the communities we serve
- Inform future strategy and planning efforts to meet identified needs gaps in programs and services

The CHNA addressed the geographic areas served by the hospital, as required in Section 501(r) of the Internal Revenue Code (Section 501(r)). The Doylestown Hospital Service Area, from which the majority of the hospital's admissions originate, is composed of 45 zip codes in Central Bucks and Eastern Montgomery Counties (detailed in the full Community Health Needs Assessment). The total population of the hospital's service area in the 2010 census was approximately 361,800, an 8% increase over the last full census in 2000. The population is predicted to continue increasing, up to 372,440 by 2018.

A copy of the full 2016 Needs Assessment is published on the hospital's website at [DoylestownHealth.org/community](http://DoylestownHealth.org/community).

## **Summary of Community Health Needs**

Poor health status can result from the interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care.

Overall, our service area has a higher socioeconomic profile than that of Pennsylvania as a whole. Education and median household income are higher than Bucks County, and substantially higher than the state of Pennsylvania. Access to care in our service area was also reported to exceed the Healthy People 2020 goal, as well as the average levels for the county and state experience.

Overall the Doylestown Hospital Service Area ranks higher on almost all the measured health metrics than the state of Pennsylvania and for Bucks County. There are a few exceptions, and several issues that while improved, remain a concern for our community.

(continued)

Based on our hospital's strengths and the outcomes of this needs assessment, we have prioritized several areas for intervention during the next three-year period (FY 2017-2019):

- **REDUCING CANCER DEATHS, INCREASING CANCER SCREENING RATES**
  - Cancer death rates for breast (23.6) cancer in the CHNA area exceed the Healthy people 2020 goal, and colorectal cancer rates are close (13.4).
  - While there was no statistical significance in our rates for the standard versus Healthy People 2020 goals, we would still like to improve the following key indicators:
    - 28% of adults had no colonoscopy in past 10 years (age 50+)
    - 14% had no pap test in past three years (females 21-65)
    - 34% of females had no clinical breast exam in past year
    - 18% had no mammogram in past 2 years (females age 50-74)
- **REDUCING HEART DISEASE, IMPROVING HEALTH BEHAVIORS**
  - Four of the five leading causes of death in our CHNA are closely tied to health behaviors, especially nutrition, physical activity and smoking.

Cause of Death	RISK FACTORS		
	Nutrition	Physical Activity	Smoking
1. Cancer	x	x	x
2. Coronary Heart Disease	x	x	x
3. Stroke	x	x	x
4. Accidents			
5. Diabetes	x	x	x

## Prioritizing Community Health Needs

While the overall health indicators compared favorably with local and regional norms, and the national Healthy People 2020 goals, the issues identified above were mentioned in the Assessment as potential areas for intervention.

An additional priority test was in relation to our strategic plans. We began a system-wide strategic planning process in June 2013, which identified key strategic drivers toward the goal of remaining relevant and indispensable to our community and the marketplace. The strategic plan is implemented in 100-day work cycles and reviewed/adjusted accordingly. This CHNA implementation plan is designed to work in conjunction with the strategic plan to meet identified care gaps in our community.

There were some additional unmet needs mentioned in the CHNA that we will not address directly, because they are already being addressed by other health care providers, government services and/or other local health service agencies. Some of these unmet needs are also beyond the mission and potential for direct impact by our hospital, such as transportation.

## Priority Community Health Needs

For Year 1 (2017), our primary focus area as identified in the CHNA will be on additional support for cancer and heart disease prevention programs. Interventions mentioned include smoking cessation, nutrition counseling and diabetes awareness, and physical activity programs.

Using cancer and heart disease prevention as our major focus area in year one, the chart below lists additional community health needs identified in the 2016 CHNA as priorities. Documentation of the findings presented in this summary is provided in the full CHNA found on the hospital's website at [DoylestownHealth.org/community](http://DoylestownHealth.org/community).

Issue	Specific Action Plan to Address
1) Additional support for cancer & heart disease prevention programs, including smoking cessation & prevention, nutrition counseling, and physical activity programs	<p><b>Yes</b> Action Plan developed for Year 1, to be reviewed and revised for FY 2017-2018 in conjunction with strategic plan updates. Includes strategies for increasing resource awareness via ambulatory site expansion with increased access points to the health system; education and prevention materials in community locations, and social media and technology solutions.</p>
2) Health Indicators below Healthy People 2020 goals <ul style="list-style-type: none"> <li>• Decreased Physical Activity (which also relates to Adult and Childhood Obesity and other Cardiovascular and Cancer risk factors)</li> </ul>	<p><b>Yes</b> Action Plan developed for a Community Nutrition Initiative to partner with community organizations to create a healthy eating culture for adults and children, envisioned as a 3-year series of programs.</p>
3) Improved access to primary and urgent care for uninsured and under-insured adults and children, including immigrant populations	<p><b>Yes</b> As part of the Hospital's Strategic plan, ambulatory expansion has been identified as a priority, with expanded access to primary and urgent care sites. A plan is under development for establishing new sites in areas with demonstrated need over the next 1-3 years. Insurance status is</p>

<p>4) Health care access, connecting patients to a primary physician, education and literacy; navigating the system</p> <p>5) Supportive services for older adults aging in place</p> <p>6) Mental health care, substance abuse treatment, recovery support and other behavioral health care. Suicide prevention and opioid abuse</p>	<p>one of the considerations in the demographic analysis of site location.</p> <p>In the interim, we will continue to participate in Managed Medicaid plans and to support the Ann Silverman Free Clinic for access by uninsured or underinsured residents. BCHIP also works on this issue at the County level.</p> <p><b>Yes</b> Related to #3, we are establishing new primary care outposts. New focus on increasing patient awareness of the Patient Centered Medical Home concept. We are also expanding our community outreach assets, continuing with a community-facing health concierge and dedicated pediatric outreach/education liaison. Continued development of social media initiatives to raise awareness</p> <p><b>Yes</b> We will continue to offer continuing care retirement housing options, as well as home care; expansion of primary care medical services in senior communities is contemplated during the next three years.</p> <p><b>Yes</b> While the hospital does not offer inpatient services for mental/behavioral health and substance abuse, acute episodes are managed through the Emergency Department in conjunction with Lenape Valley Foundation. Particular concerns about opioid abuse have been raised recently and plans will be made to partner with and/or support community agencies to raise awareness. We are also piloting models for embedding behavioral health services in primary care practice sites through the Doylestown Healthcare Partnership, our clinically integrated network.</p>
---	--

7) Dental access for adults and children	<b>No</b> Routine dental services are beyond the Hospital's scope of service, but we continue to support the Ann Silverman Free Clinic which does directly address these needs
8) Transportation services are challenging for older adults	<b>No</b> This issue affects a small percentage of the primary service area. Others who are addressing this include DART, BCHIP, United Way and other area service agencies. Bucks County Transport is also active in our service area, providing no- or low-cost transportation to low income seniors

### Implementation Strategy for Priority Health Needs

For our top priority health issues of additional support for cancer and heart disease prevention programs, we have identified at least one intervention activity to address improving the health of the community. The table below shows each activity, identifies responsibility for implementation/collaboration, and lists required resources for execution.

Priority One Health Issues	Activity	Responsibility	Resources
<b>Increase health resources awareness and access</b>	Various educational programs, Refine Healthcare Concierge program; expand as appropriate to include additional locations	DH, Health Connections at ShopRite of Warminster, local health service organizations other retail partners as need warrants	Staffing, inpatient departments, local health organizations
<b>Heart Health Screenings (Blood pressure, weight, cholesterol)</b>	Periodic blood pressure, weight, cholesterol screenings at hospital and outreach centers	DH Satellite at ShopRite Warminster, clinical departments, education department	Clinical staff, Friends of the Heart, community locations, monitors and scales, supplies
<b>Increase health education and awareness in community setting and school</b>	Periodic health education programs on smoking cessation, nutrition counseling; displays and information stations at	Education department, DH Satellite at ShopRite, Pediatric Outreach Manager, clinical departments, area health agencies	Training and workshop materials, instructors, partner with BCHIP, Bucks County Dept of Health, other

	community locations. Community Nutrition Initiative		community agencies including United Way; local restaurant community
<b>Continue to integrate social media as education tool</b>	Expand social media presence with messaging and health promotion reminders (Facebook, other)	Marketing, Community relations, Education	Communications staff, IT, web partners

## Target Population and Goals

Populations in our focus areas could benefit from health improvement activities. While healthy interventions could benefit the whole population, we will focus on specific population needs for appropriate interventions. Note that this assessment was based primarily on secondary data, and it would be ideal to have primary data sources that would allow for more targeted information collection. As this plan evolves, we will seek further information that will facilitate more targeted intervention methods.

Focus Issue	Target Population	Goals
Heart Disease Prevention	Adults with high blood pressure or hypertension	Increase community awareness of hypertension; Increase % of people screened for hypertension; Conduct screenings at Health Connections satellite at ShopRite Warminster and at other outreach locations in the community
	Smokers	Increase awareness of smoking risks; Increase participation in local smoking cessation programs;
	Adults who are overweight/obese	Increase community awareness of weight and heart disease relationship; Increase attendance at nutrition programs and workshops; Increase BMI screening in the community

Cancer Prevention	Adults who fit current screening guidelines	Increase community awareness of cancer screening guidelines
	Women who have not gotten a baseline or follow-up mammogram	Increase number of women getting mammograms within recommended period
	<p>Adults who are at increased risk for lung cancer and/or bladder cancer due to environmental exposures ((e.g., radon, contaminated ground water)</p> <p>Community members in need of health resource information</p>	

## Conclusion

While our service area generally enjoys good health and has above average socio-economic and educational standings, Doylestown Hospital is committed to improving the health of our community.

This implementation plan will evolve over the FY 2017-2019 period, with updates and adjustments based on local factors and developments, consistent with our evolving health system strategic plan.

The full 2016 Community Health Needs Assessment document is available on the hospital's website at [DoylestownHealth.org/community](http://DoylestownHealth.org/community), or from the home page you can select "About Us" to see Doylestown in the Community.