2021 COMMUNITY HEALTH NEEDS ASSESSMENT: **IMPLEMENTATION PLAN**

July 1, 2021

EVANGELICAL™
COMMUNITY HOSPITAL

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2021 Community Health Needs Assessment: Implementation Plan

Plan dates: July 1, 2021 - June 30, 2024

Introduction

Evangelical Community Hospital (Evangelical or ECH) is an independent, non-profit organization that employs over 1900 individuals and has more than 577 employed and non-employed physicians on staff. Evangelical has been providing for the healthcare needs of Central Susquehanna Valley residents for nearly a century.

The mission of the Hospital is to provide exceptional healthcare, accessible to all, in the safest and most compassionate atmosphere possible to build a healthy community. The mission is what guides service and commitment as a community hospital.

In Fiscal Year 2019 and 2020, the Hospital:

- Received 455,663 outpatient visits
- Received 10,875 inpatients
- Provided 4,031 patient observation stays
- Delivered 1,504 babies
- Received more than 58,545 emergency department visits

Evangelical is one of 18 independent hospitals out of Pennsylvania's 147 General Acute Care (GAC) hospitals and is thriving in a very competitive market. Our patients and the community are at the heart of Evangelical's vision to be the community's healthcare provider of choice for patients, clinicians, and employees. This is accomplished by maintaining a challenging, energized work environment for our valued employees who exemplify our Core Values of:

- Quality Service
- Compassion
- Respect
- Professionalism
- Integrity
- Cooperation
- And Creativity

A part of the Hospital's commitment to the community, Evangelical conducts a Community Health Needs Assessment (CHNA) every three years. The CHNA findings are used by Evangelical for the development of a community health improvement plan. The findings are available to community stakeholders, service agencies, and public health organizations who can also use this valuable information as a resource to improve or add to their current services.

2021 Community Health Needs Assessment Planning

The 2021Community Health Needs Assessment (CHNA) was conducted in partnership with Geisinger and Allied Services Integrated Health System. The study area included 15 counties across central and northeastern Pennsylvania, which represents the collective service areas. Evangelical Community Hospital is located in the Central Region, which is comprised of the following counties:

- Clinton
- Columbia
- Lycoming
- Montour
- Northumberland
- Schuylkill
- Snyder
- Union

CHNA Methodology

The 2021 CHNA was conducted from July to December 2020. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health and social trends and disparities across each region and hospital service area.
Specific research methods include:

- Statistical analysis of health and socioeconomic data indicators
- Electronic survey of key stakeholders, including experts in public health and individuals representing medically underserved, low-income, and minority populations
- Discussion and prioritization of community health needs to determine the most pressing health issues on which to focus community health improvement efforts

The 2021 Community Health Needs Assessment was built upon the hospitals' previous CHNAs and subsequent Implementation Plans. The CHNA was conducted in a timeline to comply with IRS Tax Code 501(r) requirements to conduct a CHNA every three years as set forth by the Affordable Care Act (ACA). The research findings will be used to guide community benefit initiatives for the hospitals and engage local partners to collectively address identified health needs.

Prioritized Community Health Needs and Implementation Plan Strategies

From the review and analysis of key data sources, the following health needs were identified as top priorities:

- Access to Care
- Behavioral Health
- Chronic Disease Prevention and Management

These priorities are consistent with those determined in the previous 2018 CHNA and reflect complex needs requiring sustained commitment and resources.

Access to Care – through several programs and resources Evangelical will continue to focus on vulnerable areas of need for improvement to access to care.

- Continue to expand Evangelical Regional Mobile Medical Services (ERMMS) to support access to quality emergency medical services throughout the ECH service area
- Complete and fully occupy the Patient Room Improvement, Modernization, and Enhancement (PRIME) project, bringing private accommodations to patients and allowing for expansion of new services including an infusion center, intermediate care unit, and orthopaedic unit. In addition, the Hospital aims to incorporate dialysis service offerings
- Continue to offer free or reduced fee health screenings, focused on screenings that identify risk or prevalence of chronic disease
- Continue offering free or reduced fee preventive programs such as Freedom from Smoking, skin cancer screenings, and health coaching
- Continue to collaborate with external community organizations to increase awareness of resources available, i.e. transportation options, preventive/healthy lifestyle educational programs etc.
- Continue screening patients for food insecurity and providing free food boxes to patients through care coordination, existing Hospital to Home program, and the Union County Food Hub at the Miller Center
- Continue leveraging and building on collaborations and partnerships through the Miller Center joint venture to increase awareness and access to lifestyle-based resources such as the phase III cardiac rehabilitation program, fitness classes, personal training services, and access to the amenities of the facility through membership
- Incorporate phase III pulmonary rehabilitation program in partnership with the Miller Center joint venture
- Utilize Mobile Health of Evangelical to reach populations that are in areas lacking primary care, dental medicine, and health screening options locally
- Evangelical will continue participating in the Nurse-Family Partnership Program, for at-risk young expectant women. This collaborative program involves a nurse making home visits over 30 months from before birth until the baby is age two. More than 30 years of randomized, controlled trials show that families who participate in the Nurse-Family Partnership model fare better than those not in the program. The goals include:
    - Improvement in pregnancy outcomes
    - Improvement in child health and development
    - Improvement in the economic self-sufficiency of the family

- Continue to expand post COVID-19 rehabilitation program, focused on addressing long term effects of the disease in patients experiencing prolonged symptoms

- Enhance telehealth services at Evangelical through expanded use by outpatient practitioners and their respective practice locations. This goal will be achieved by identification of designated provider(s), evaluation of equipment, evaluation and coordination of clinical services utilizing a telehealth platform, telehealth policy refinement, education and planning to meet compliance and regulatory requirements

Behavioral Health – specifically targeting mental and behavioral health as it relates to substance abuse and addiction. Evangelical will focus its efforts to reduce the number of prescribed opioids, seek alternative methods for pain management, and continue to educate providers on appropriate prescribing practices and monitor prescribing practices.

- Explore education opportunities for proper nursing care and management for patients with medical conditions who exhibit behavioral health and substance abuse diagnosis for patients within the inpatient and outpatient setting

- Continue providing Naloxone reversal kits to community organizations as directed through a grant from the Pennsylvania Commission on Crime and Juvenile Delinquency

- Continue training employees on opioid addiction and treatment options

- Pursue opportunities to continue and expand Certified Recovery Specialist (CRS) model throughout areas of the Hospital and community

- Continue to serve on Northumberland and Snyder/Union Opioid Coalitions

- Collaborate with local agencies to offer Narcan distributions and drug take back events

- Continue offering community based educational programming on the topics of stress management, resiliency, and burnout

Chronic Disease Prevention and Management – continue to focus on education, healthy lifestyle programming and prevention screenings

- Continue offering general health screenings in the ECH service area and remote areas utilizing Mobile Health of Evangelical

- Explore options for expanding lifestyle coaching for chronic high-risk lifestyle conditions such as diabetes, heart disease, and COPD

- Promote and offer a variety of healthy lifestyle programming in schools, local YMCA's, and children's camps

- Offer diabetes education and screening internally and through partnerships with local agencies
- Continue offering healthy lifestyle programming to the adult and senior population both in community and worksite settings
- Continue to promote and educate about various screenings offered at Evangelical, i.e. low dose CT scan, mammograms, colon cancer screening kits
- Collaborate with community agencies to promote healthy lifestyle events and programs

Evangelical's efforts to improve the health and wellbeing of our community are not limited to the previously mentioned action items. We are committed to focusing our expertise and resources in areas of greatest need and where we see we can make the greatest impact. Along with our internal providers and educators we will look to community agencies for collaboration to move the needle on our key identified needs.

Evangelical will focus on the following identified needs. Below are our main goals and how we will work to meet these needs objective:

1. Evangelical Aims to improve access to lifestyle focused chronic disease prevention programs and education by making health coaching services more accessible in the ECH service area by June 30, 2024.
    - Establish a baseline of adults in the ECH service area and primary care patient populations who are overweight, obese, or who have been diagnosed with a chronic disease believed to be treatable through lifestyle-based intervention by October 30, 2021
    - Develop a partnership with one (1) ECH primary care or internal medicine provider to work with in developing pilot health coaching referral program by December 31, 2021
    - Develop mechanism for monitoring and addressing outcomes through pre, mid, and follow-up assessment by May 31, 2022
    - Develop and implement formal referral process for qualifying patients at risk for or experiencing preventable chronic disease by January 1, 2023
    - Implement referral process and coaching with patients. Track enrolled patient outcomes and compile pilot data by December 31, 2023
    - Adapt, adjust, and scale program to additional provider offices within the ECH network. Continue to monitor outcomes, completion date June 30, 2024

The identified population at risk will be adult patients of ECH primary care and internal medicine providers. Aligning resources and effort with this project will aim to improve lifestyle behavior for our patients, thus managing the progression, preventing, or reversing the effects of chronic disease.

2. Evangelical aims to improve access to fresh, local produce and education around healthy sustainable food options with the goal of improving youth obesity in the ECH service area by June 30, 2024.

    - Establish a baseline of youth in the ECH service area or youth who are overweight or obese by November 31, 2021
    - Develop an evidence-based program curriculum for youth education centered around addressing the need and achieving goal by December 21, 2021
    - Develop mechanism for monitoring and addressing outcomes through pre, mid, and post assessment by March 31, 2022
    - Identify, establish, and develop partnerships with community assets and partners by January 1, 2023
    - Track and monitor outcomes from pilot program by December 31, 2023
    - Adapt, adjust, and scale program to additional schools or community organizations. Continue monitoring of outcomes, completion date: June 30, 2024

    The identified population at risk will be school age children who are overweight, obese, or at risk for becoming overweight or obese. Focusing efforts and resources on this initiative will help address youth obesity, a critical risk factor for chronic disease. The primary focus of this initiative will be chronic disease prevention and management. Underlying root causes that may prove to be barriers will be socio-economic factors such as lack of education, financial burdens, access to resources, and transportation.