LEHIGH VALLEY HOSPITAL–POCONO
2017 COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

Lehigh Valley Health Network

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INTRODUCTION

At Lehigh Valley Health Network (LVHN), it is our mission to heal, comfort and care for the people of our community. Understanding our region's health care needs is an important step in furthering our mission. Since our last Community Health Needs Assessment (CHNA) cycle in 2014, Pocono Health System has formally merged with Lehigh Valley Health Network and is now known as Lehigh Valley Hospital–Pocono (LVH–Pocono).

After recently conducting a county-wide health needs assessment in conjunction with Lehigh Valley Health Network's Department of Community Health and East Stroudsburg University, LVH–Pocono has identified the current most pressing health needs in Monroe County. We released these findings in our 2017 Community Health Needs Assessment (CHNA) health profile report in June 2017 (LVHN.org/CHNA). The CHNA report examined factors that impact the health and wellness of the people living in Monroe County, LVH–Pocono's primary service area.

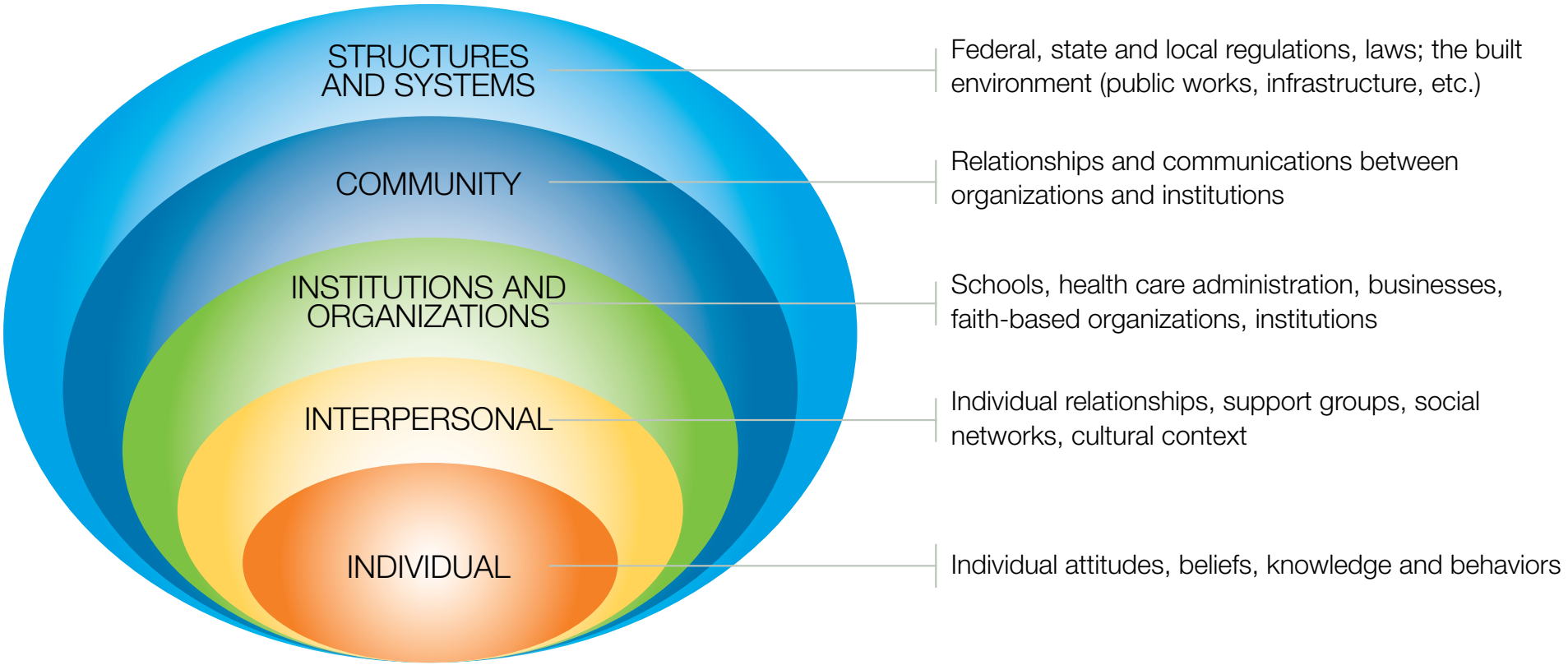
We are pleased to present LVH–Pocono's Community Health Needs Implementation Plan in response to concerns identified in the CHNA report. Our implementation plan includes activities designed to address needs within our community, while also promoting health.

SOCIO-ECOLOGICAL MODEL OF HEALTH

This diagram shows that health within a community depends on "everyone." The life and health of an individual is influenced by conditions within the community – by the quality of relationships with others, experiences in schools and neighborhoods, capacity of community organizations to support persons and families, local government, etc. The Centers for Disease Control's (CDC) Socio-Ecological Model of Health captures this "interdependence."

Caring for an entire community – whether that is a county, town, neighborhood or group of underserved individuals – takes a team of dedicated people. Some portions of the implementation plan will be focused on activities within our health network. We will be working in specific areas to improve the quality of clinical care and experiences of our patients. To address other needs identified in the CHNA, the team extends beyond the health care professionals at LVH–Pocono. Within the community we serve we will work collaboratively with community organizations, faith-based organizations, social service agencies, local health departments and civic leaders to help grow healthier communities, one relationship at a time.

Creating healthier communities is our common focus. By working on the implementation plan together, we can take meaningful steps to improve health, grow resilience and raise awareness of the many factors that influence our health.



RECAP OF 2017 COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The 2017 Community Health Needs Assessment health profile identified several health and social issues that required community-wide attention.

PRIORITY AREAS IN MONROE COUNTY

- **Obesity**
- **Housing cost burden**
- **Mental health**
- **Breast/lung cancer mortality**
- **Alcohol and substance abuse, particularly opioids**
- **Access to primary care**
- **Transportation**
- **Sexually transmitted infections**

DETERMINING KEY FOCUS AREAS FOR ACTION

The Community Health Needs Assessment (CHNA) team at LVH–Pocono and LVHN's Department of Community Health reviewed priority areas identified for Monroe County. Identified needs were shared and discussed with LVHN clinical leaders, community and public health representatives. Four criteria were used to identify key focus areas for the implementation plan:

MAGNITUDE

How big or widespread is the issue?

IMPACT

Is the problem a "driver" of other health outcomes?

CAPACITY

What does LVHN already have in place that can support improvement or measurement?

ALIGNMENT

Which items are consistent with LVHN's clinical, community and population health goals?

FOUR KEY FOCUS AREAS

The implementation plan is organized based on four overarching Key Focus Areas: Community Engagement, At-Risk Populations, Access to Care and Health Equity and Prevention and Wellness. A further description of these areas is below

COMMUNITY ENGAGEMENT: We defined Community Engagement as "Developing community partnerships to identify priorities and support complex issues that impact health." LVH–Pocono will focus on exploring and building community relationships with an aim to address social and health needs such as housing and homelessness and youth engagement.

AT-RISK POPULATIONS: We defined At-Risk Populations as "Providing clinical services that meet a significant community need for an at-risk population, but are not financially viable on their own." Some examples of at-risk populations include those with behavioral health or psycho-social needs, as well as elders, children, adolescents and veterans. Our implementation plan addresses working with community agencies and services to address the needs of people who are at-risk for chronic conditions as well as those facing addictions to drugs.

ACCESS TO CARE AND HEALTH EQUITY: We defined Access to Care and Health Equity as "Being attentive to the needs for access to medical care in the communities we serve and to each person's language and culture." LVH–Pocono will address Access to Care and Health Equity by increasing access to primary care, tending to cultural and language preferences of our patients, and addressing transportation barriers.

PREVENTION AND WELLNESS: We defined Prevention and Wellness as "Increasing the number of people who are healthy and well by empowering people to take an active role in their health and addressing issues that contribute to preventable disease." Such initiatives include promoting breast and lung cancer screening, providing flu shots, encouraging participation in healthy living activities, providing clinical cancer trials, and providing smoking cessation efforts.

While LVHN is committed to your health and wellness, we also know that every member of our community plays a role in helping to shape a better tomorrow. We hope information in this implementation plan and the 2017 CHNA health profile report encourages you to join our quest to make Monroe County a better, healthier place to live. Should you wish to join us in our mission, send an email to: community_health@lvhn.org

MEASURING IMPACT

ALWAYS WORKING TO IMPROVE

At LVH–Pocono we believe that measuring our progress and our areas for improvement helps show our ongoing commitment to the health of the community. Measuring improvement in a community can take several years. It is an ongoing process. Within the three-year time frame of this CHNA cycle, there are still ways to measure progress. At times, we will use shorter "cycles of improvement" designed to show progress one step at a time. We will take what we learn each year and build on that to improve the care we provide, the experiences of our patients and the health of the communities we serve. Our goal is to have a positive impact on health and the factors that influence it.

WORKING TOGETHER ON SOCIAL INFLUENCES ON HEALTH

There are also complex factors within a community – called "social determinants" – that influence health. Social determinants include education, employment, lifestyle, housing, food, violence, alcohol and substance use, and other factors. They can help support health or can get in the way of staying healthy. At LVH–Pocono, we believe there can be a greater impact on health by partnering with others in the community to address a health issue rather than managing it alone. Making progress with chronic health conditions like asthma and heart failure may require cooperation among clinicians, educators, nonprofit leaders, consumers and community advocates.

BASICS OF MEASUREMENT

In health care, we use measurement science to tell us more about how we are doing. Here are a few basic concepts that guide our decisions around selecting metrics and measures:

- Sometimes improvement is measured by a number, such as a patient's blood pressure or weight of a child. These are called "quantitative" methods. In other situations, we may measure how people feel about themselves or things around them – perceptions about eating habits, health or nutrition, for example. These are called "qualitative" measures. Both types of measures are important. They provide different kinds of information and help us look at an issue from different angles.
- If we are measuring the development of a new program or service, we may describe key steps along the way, similar to mileposts on a road. We look at whether these steps are happening as expected and what helps or gets in the way. These are called "process" measures.
- Sometimes we measure the number of people touched by an activity. This is called an "output" measure. An example might be a community-based home visiting program. Here we might focus on the number of people seen during a particular week or number of concerns addressed during a visit.
- If we are measuring an "outcome," we are looking at specific changes in a person's health, behavior, knowledge or ability to do something. Rates of death from cancer or graduation rates from high school are examples. Outcomes are the strongest measures of progress. They are also the most difficult to measure over a short period of time. Some outcome improvements, such as reduced death rates from heart disease, can take many years to show.

For each activity identified in our CHNA implementation plan, we have chosen a "metric" – a way to measure the progress and impact of that activity. Periodically, we will collect data from our systems to support measuring what matters. There are always some challenges with this. For instance, LVHN has recently expanded into new communities that use separate electronic medical record (EMR) systems. Obtaining data out of these systems in a way that helps us easily track progress can be a challenge, but these issues continue to be addressed as we integrate our hospital systems.

READING THE IMPLEMENTATION PLAN

The implementation is presented in tables according to key focus areas. Priority areas and corresponding objectives are identified within each key focus area. We also denote which community collaborator(s) will help implement the initiative(s) as applicable. While LVHN is committed to your health and wellness, we also know that every member of our community plays a role in helping to shape a better tomorrow. We hope information in this implementation plan and 2017 CHNA report encourages you to join our quest to make Monroe County a better, healthier place to live.

COMMUNITY ENGAGEMENT

DEVELOP COMMUNITY PARTNERSHIPS TO IDENTIFY PRIORITIES AND SUPPORT COMPLEX ISSUES THAT IMPACT HEALTH

PRIORITY AREA	OBJECTIVE	TACTIC	CORP.	LVH–P	COMMUNITY COLLABORATORS
COMMUNITY COLLABORATION	Explore and develop collaborative relationships that recognize diverse stakeholder perspectives and promote mutual goals, shared understanding and shared responsibility for better health and care within our communities.	**1.1** Connect with local community organizations that support the health needs of our communities and align with findings of the Community Health Needs Assessment.	■	■	United Way, YMCA, Youth Employment Services, community and faith-based organizations
		1.2 Partner with United Way 211 Northeast to refer patients to the 211 listing and help to update and expand the list of community resources.	■	■	United Way
HOMELESSNESS/ HOUSING	Work with community stakeholders and civic leaders to address the health and social needs due to lack of affordable housing in Monroe County.	**1.3** In collaboration with local community stakeholders, promote smart buying decisions through educational sessions that will teach community members about financial aspects of purchasing a home, such as mortgage rates and property and school taxes.		■	Realtor's Association, Integra Home Counseling
		1.4 Determine feasibility of partnership with Elderly Low Income Housing Authority in order to increase number of residents with affordable housing.		■	Westgate
		1.5 Work with local homeless coordination mechanisms to ensure that hospital efforts targeting homeless residents or those at risk of becoming homeless are aligned with local and regional efforts.		■	Pocono Regional Homeless Advisory Board of the Eastern PA Continuum of Care, Monroe County Homeless Advisory Board
YOUTH ENGAGEMENT	Work with local agencies to provide supervised engagement opportunities for adolescents.	**1.6** LVH–Pocono will partner with Youth Employment Services to provide educational initiatives and coaching around health care career options and personal health to youth ages 13-16.		■	Youth Employment Services

AT-RISK POPULATIONS

PROVIDE CLINICAL SERVICES THAT MEET A SIGNIFICANT COMMUNITY NEED FOR AN AT-RISK POPULATION, BUT ARE NOT FINANCIALLY VIABLE

PRIORITY AREA	OBJECTIVE	TACTIC	CORP.	LVH–P	COMMUNITY COLLABORATORS
BEHAVIORAL HEALTH	Educate patients and community stakeholders about depression; reduce stigma associated with mental health conditions.	**2.1** Initiate a depression destigmatization campaign that uses various media outlets to educate about depression as a treatable health condition, to promote importance of early identification of symptoms, social support and connection to treatment; "Tell your story campaign"	■	■	NAMI, Carbon-Monroe-Pike County Mental Health and Development Services
	Improve clinical systems designed to identify patients with depressive symptoms more consistently and provide an opportunity for earlier intervention.	**2.2** Within practices using electronic health record, implement and track rates of depression screening using the standardized tool, PHQ-2/9, in order to more accurately assess depression in patient populations.		■	
USE AND MISUSE OF OPIOIDS	Promote safe prescribing of opioid analgesics by clinicians.	**2.3** Implement physician outreach and education to develop guidelines for acute and chronic pain management, as well as patient screening for safe prescribing of opioid analgesics.		■	
		2.4 Establish outpatient office-based standards for safe and effective care of patients prescribed opioid analgesics.		■	
	Connect patients and families struggling with substance use disorders (SUDs) to county drug and alcohol resources.	**2.5** Coordinate activities with local stakeholders related to education and resources for patients with alcohol and substance abuse disorders (SUDs).		■	Carbon-Monroe-Pike County Drug and Alcohol Commission, Care Management, Home Care, post-acute care providers
OUTPATIENT CARE MANAGEMENT	Reduce hospitalization rates for the top two ambulatory care sensitive conditions.	**2.6** Provide coordinated transitions of care and follow up for hospitalized patients with asthma and heart failure.		■	Care Management, Home Care, post-acute care providers

ACCESS TO CARE AND HEALTH EQUITY

BE ATTENTIVE TO THE NEEDS FOR ACCESS TO MEDICAL CARE IN THE COMMUNITIES WE SERVE AND TO A PERSON'S LANGUAGE AND CULTURE

PRIORITY AREA	OBJECTIVE	TACTIC	CORP.	LVH–P	COMMUNITY COLLABORATORS
ACCESS TO PRIMARY CARE	Develop and maintain a strong safety net of services that improve access to care among vulnerable populations.	**3.1** Implement LVHN's financial assistance program, providing free or discounted care for qualifying patients.	■	■	
	Improve access to care in areas identified in the community health needs assessment report.	**3.2** Recruit primary care and other specialist clinicians to improve access to needed care for members of the community.		■	
ATTENTIVENESS TO CULTURE AND LANGUAGE	To provide care and communication that is sensitive to culture and language through workforce education, training and use of interpreter services.	**3.3** Provide LVHN colleagues with cultural, linguistic training via a variety of delivery mechanisms.	■	■	
		3.4 Universally record patient's preferred language for health care discussions at time of registration.	■	■	
		3.5 Assess availability and utilization of language assistance resources in all care delivery sites to meet needs of patients whose primary language is not English.	■	■	
ACCESS TO PREGNANCY CARE	Improve access to care for pregnant women early in first trimester of pregnancy.	**3.6** Recruit OB-GYN clinicians to improve access to pregnancy care for members of the community.		■	
TRANSPORTATION	Enhance transportation to health care centers.	**3.7** Explore bus routes/stops to determine potential changes for access to health care centers.		■	Monroe County Transportation Authority

PREVENTION AND WELLNESS

INCREASE NUMBER OF PEOPLE WHO ARE HEALTHY AND WELL BY EMPOWERING PEOPLE TO TAKE AN ACTIVE ROLE IN THEIR HEALTH AND ADDRESSING ISSUES THAT CONTRIBUTE TO PREVENTABLE DISEASE

PRIORITY AREA	OBJECTIVE	TACTIC	CORP.	LVH–P	COMMUNITY COLLABORATORS
OBESITY AND NUTRITION	Engage community members in a structured program of healthy eating and exercise with a goal of achieving a healthier weight.	**4.1** Continue "Biggest Winner" program in the community in order to encourage healthy eating and physical activity to reduce rates of obesity.		■	
	Increase access to healthy food for vulnerable populations.	**4.2** Provide information and training to local supplemental food provider network about Feeding America "Food to Encourage" model and "Healthy Nudges."		■	Hunger Coalition of Monroe County, United Way of Monroe County
		4.3 Work with community collaborators to explore expansion of "Double Bucks" program to provide nutrition incentives for vulnerable populations, in order to increase fruit and vegetable consumption.		■	Hunger Coalition of Monroe County, United Way of Monroe County
TOBACCO USE	Reduce number of community members who use tobacco in Monroe County.	**4.4** Provide smoking cessation classes to adolescents and adults to reduce smoking rates among community members in Monroe County.		■	
PREVENTABLE INFECTIOUS DISEASE	Protect residents and patients from influenza, a major cause of morbidity and mortality among patients at risk.	**4.5** Provide free flu vaccine at multiple community sites in Monroe County to those in need.	■	■	
CANCER SCREENING	Increase access to breast cancer screening to those who are eligible.	**4.6** Develop protocols and order sets within clinical practices to improve mammography screening rates among eligible women.		■	
	Increase lung screening among eligible patients.	**4.7** Increase lung cancer screening rates in community members at elevated risk for lung cancer, based on age and smoking history (using current USPSTF guideline).			
CARDIOVASCULAR HEALTH	Cardiovascular prevention	**4.8** Partner with East Stroudsburg University School of Public Health to support research projects focused on commuter health and cardiovascular prevention.		■	East Stroudsburg University

WORKING ALONGSIDE – AND FOR – OUR COMMUNITY

LVH–Pocono's Community Health Needs Assessment Implementation Plan will require the next two years – and more – to achieve the Triple Aim of "Better Care, Better Health and Better Cost." In fact, this plan is truly a starting point that allows us to "Plan, Do, Measure and Improve" in continuous cycles of collaborative effort. We are walking together in what is a long-term journey to understand, discuss and address issues faced by members of our community. We will work together to create a healthier community – one relationship at a time.

As can be seen in the previous tables, our implementation plan covers many areas of public health and social need that will be addressed by LVH–Pocono and partners in our communities. The CHNA implementation plan provides an opportunity for every person and every organization to make a positive contribution. By combining our strengths and insights, we can improve health and well-being, and support those in the community most in need.

It does not, however, address two areas of concern identified in the Community Health Needs Assessment: STIs and health literacy. These two problems are important. Initial prevention steps are being taken by engaging youth in safe, supervised activities that promote health and wellness among teens. Direct interventions around STIs are beyond the scope of what LVHN can address currently, but this issue will be discussed within LVH–Pocono leadership, with area clinicians, and with our public health agencies. Limited health literacy is a complex issue that will require additional study and input from other sectors. As we engage organizations in the community, we hope to learn more about limited literacy and how others are approaching this difficult problem.

We invite others to join our efforts to make Monroe County healthier for present and future generations. Talk with organizations listed in the implementation plan. Share your thoughts about how you might be able to help us achieve health goals that will benefit the community as a whole.

Lehigh Valley Health Network

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