

2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT: IMPLEMENTATION PLAN YEAR 1 of 3



ABOUT NANTICOKE HEALTH SERVICES

Nanticoke Health Services is a not-for-profit healthcare organization located in Seaford, Delaware and features Nanticoke Memorial Hospital, an award winning, acute care community hospital, and the Nanticoke Physician Network with offices in Delaware and Maryland. Nanticoke's primary service area, encompassing 78% of patients in its care, includes Seaford, Laurel, Bridgeville, and Georgetown, Delaware. The secondary service area includes Delmar, Millsboro, and Greenwood, Delaware as well as Hurlock and Federalsburg, Maryland.

With a mission to positively impact our communities' quality of life through superior health services, Nanticoke is committed to building on existing outreach programs and working toward a healthier population. Community benefit is currently reported to the Nanticoke Health Services Foundation Board of Directors. In FY 2015, Nanticoke provided \$1,428,769 in community health outreach and another \$ 6,465,754 in charity care to the community. FY2016 data is currently being compiled and will be available by the end of the calendar year.

Nanticoke is committed to continue to pursue community benefit programs that are in line with the philosophy of the Robert Wood Johnson Foundation of "creating powerful partnerships and deep commitments that will enable everyone, especially those facing the greatest challenges, with the opportunity to live well."

WORKING IN COLLABORATION WITH THE COMMUNITY

Community outreach is a big part of what we do at Nanticoke. But, we can't do it alone. Partnering with others is imperative to the ability of our community to live well. Partners include other health care providers, volunteers, businesses, and non-profit organizations. We are grateful to all those that support us in our mission to serve our community. Partnerships represented here are a sampling of all the work being done with and for our community.

Health Organizations

- Board of American Case Management
- Children & Families First
- Choose Delaware Health Insurance Exchange
- Delaware Academy of Family Physicians
- Delaware Breast Cancer Coalition
- Delaware Center for Health Innovation
- Delaware Department Health & Human Services
- Delaware Guidance Services for Children
- Delaware Healthcare Association
- Delaware Health Care Commission
- Delaware Healthy Mother & Infant Consortium
- Delaware Hospice
- Delaware Medical Association
- Dover Behavioral Health
- Eastern Shore Chapter Wound Ostomy Society
- Farmworkers Health Advisory Council
- Genesis HealthCare – Lofland Park Center
- La Esperanza, Inc.
- La Red Health Center
- Manor House
- Nanticoke Senior Center
- Nemours Health & Prevention Services
- PCAD
- Sun Behavioral Health
- Sussex County Health Coalition
- Sussex County CHEER Centers
- Wellness Community
- Westside Family Health, FQHC
- Women Supporting Women

Health Associations

- Alzheimer’s Association
- American College of Healthcare Executives
- American Heart/Stroke Association
- American Cancer Society
- American Hospital Association
- Cystic Fibrosis Foundation
- Delaware Hospital Association
- Healthcare Leadership Network of the Delaware Valley
- March of Dimes
- United Way of Delaware

Educational Institutions

- Arcadia University
- Delaware Technical & Community College
- Delmar School District/ Delmar High School Wellness Center
- DeVry University
- Junior Achievement
- Laurel School District/ Laurel High School Wellness Center
- Philadelphia College of Osteopathic Medicine
- Salisbury University
- Seaford School District/ Seaford High School Wellness Center
- Sussex Tech & Sussex Tech Adult Division
- University of Delaware
- University of Maryland Baltimore School of Pharmacy
- University of Maryland E.S. School of Pharmacy
- Wilmington University
- Woodbridge School District
- Wor Wic Community College

Other Community Partners

- City of Seaford & Seaford City Council
- Peninsula DE Conference UMC Health Ministry
- Seaford, Laurel & Georgetown Chambers
- Sussex County Council
- Sussex County Today & Tomorrow
- Town of Blades
- Town of Bridgeville
- Town of Laurel

IMPLEMENTATION PLANNING – ACTION MODEL

Nanticoke Health Services uses the PDCA (Plan-Do-Check-Act) management model for sizeable quality improvement projects involving people’s time. This repetitive four step mismanagement method is used to help control and continually improve processes within the organization. The steps for this model include the following:

1. Plan – identify and analyze the problem
2. Do – develop and test potential solution on a small or experimental scale
3. Check – measure effectiveness of test solution
4. Act – if test is success, full implementation of solution

For this implementation plan, Nanticoke Health Services will use the PDCA model for developing community health programs.

CHNA & IMPLEMENTATION PLANNING ACCOUNTABILITY

Nanticoke Health Services Board of Directors:	Advisory and Adoption
Nanticoke Health Services Foundation Board of Directors:	Review and Additional Funding Support
Nanticoke Senior Leadership:	Approval of Recommendations to Board and of Allocation of Resources
Community Benefit Advisory Team:	Planning, Implementation, Resource Management and Progress Reports
AVP Clinical Operations/AVP Nursing:	Senior Leadership Advisors/Leads/Data Collection
AVP Finance:	IRS Reporting Lead
Director of Marketing	Community Outreach Advisor/Lead Communications Lead/IRS Reporting Assistance Operational Oversight/Staff Support/Dashboard

IMPLEMENTATION PLANNING BACKGROUND

Nanticoke Health Services conducted its 2016-2019 Community Health Needs Assessment (CHNA) in the spring/summer of 2016. The CHNA was adopted by the Nanticoke Board of Directors on September 29, 2016. The following health priorities were identified through this CHNA.

- Cervical Cancer
- Lung Cancer
- Mental Health & Substance Abuse
- Obesity
- Women's Health – Prenatal Education (dependent on further review of existing programs)

This implementation plan was adopted January 11, 2017 and outlines strategies for each identified health, need above. This plan will be reviewed annually and adjusted accordingly. Accountability for implementation and review of this plan falls to the Nanticoke Community Benefit Advisory Committee. Representation on this committee includes nurses, case management professionals, support service leads, and providers from Nanticoke Memorial Hospital and the Nanticoke Physician Network. Final oversight and adoption accountability is to the Nanticoke Health Services parent Board of Directors. For more information or to receive a copy of the latest CHNA or this implementation plan, call 302-629-6611 x8950 or visit www.nanticoke.org.

HEALTH NEED 1-A: CERVICAL CANCER SCREENING

Cervical Cancer Screening Specific Needs:

- In Sussex 8.2 of every 100,000 women are diagnosed with cervical cancer; higher than Healthy People 2020 target of 7.1 per 100,000 women. (*National Cancer Institute Report 2008-2012*)
- Sussex has the lowest percentage of women in the state receiving PAP testing. Various populations of women having recently completed a PAP test include:
 - 79.3 percent of all Sussex County women. (*Behavioral Risk Factor Surveillance System Survey 2014*)
 - 61.0 percent of Nanticoke Physician Network patients. (*Nanticoke Physician Network Patient Data FY2016*)
 - 41.6 percent of Nanticoke insured women (188 of 452 eligible). (*Nanticoke Insured Employees Data FY2016*)

Possible Reasons Impacting Cervical Cancer Screenings:

- Cost/lack of insurance
- Painful/bad previous experience
- Lack of a provider/GYN or PCP
- Time/difficult to schedule appointment due to work/family/other
- Fearful of medical environments/office stressful
- Religious/personal reasons
- Denial/won't happen to me
- Perception cervical cancer is young woman's disease

OBJECTIVE 1: Increase percentage of patients in the Nanticoke Physician Network (NPN) receiving recommended cervical cancer screenings from 60 percent to 76 percent or higher.

Strategy: Target primary care and women’s health providers to appropriately recommend screening.

Actions	Lead	Support	Status	Reporting Cycle
Develop workflow and EMR triggers for employed providers identifying women needing screening; care coordinators follow up to ensure screening scheduled.	NPN Clinical Operations Director	NPN Medical Director, NPN Providers, NPN Practice Care Coordinators	Workflow Complete Monitoring Progress by Provider	Quarterly NPN Quality Team
Share results/best practices with independent providers in NHS primary service area.	Chief Clinical Innovation Officer	NPN Medical Director, NPN Clinical Operations Director	Due 12/17	Upon Completion 75% of providers contacted.

OBJECTIVE 2: Increase Nanticoke employees and insured dependents receiving recommended cervical cancer screening from 41.6 percent to 50 percent or higher by December 2017.

Strategy: Direct targeting of insured employees needing screenings.

Actions	Lead	Support	Status	Reporting Cycle
Identify insured employees and dependents needing screening; coach to completion.	Employee Care Coordinator	Human Resources, NPN Clinical Operations Director, Marketing	Due 1/15/17	Quarterly
Implement employee education with incentive for completion of screening using SHS portal.	Employee Care Coordinator	Chief Clinical Innovation Officer, Emp Care Coord, Human Resources, Mktg	Due 3/1/17	Upon Completion Recommend continue/discontinue
Share results/best practices with service area employers working insuring employees/ having wellness programs.	Chief Clinical Information Officer or VP HR	NPN Clinical Operations Director, Employee Care Coordinator, Human Resources, Marketing	Due 1/1/18 Assuming successful	Quarterly Goal: Share with 6 employers and 3 chambers.

OBJECTIVE 3: Increase general patient and community awareness about benefits of screening.

Strategy: General targeting through public education.

Actions	Lead	Support	Status	Reporting Cycle
Identify strategic partners to develop campaign including LaRed, SCHC, GYN providers	Marketing	Employee Care Coordinator, Cancer Navigator, GYN Provider	Due 12/1/16	Upon Completion
Develop and implement public campaign.	Marketing	Cancer Director, Cancer Navigator, NPN Care Coordinator	Due 1/1/17	Quarterly and Upon Completion
Develop EMR trigger to provide appropriate patients receiving women’s health services at NMH and satellite locations to provide educational materials.	Chief Clinical Innovation Officer	AVP Nursing, AVP Clinical Operations, Cerner IT Lead, NPN Clinical Operations Director, Case Management Director	Due 7/17	Quarterly and Upon Completion

Other Action Items:

- Cerner Oncology EMR system implemented September 2016
- Cerner Ambulatory in process; to go-live in spring 2017 to allow employed physician EMR and hospital EMR better communicate with one another.
- Using the Cancer Nurse Navigator, developed process to increase patient awareness, increase education, follow up with patients needing a PAP test, and increase interaction with physicians to increase PAP testing across all providers, employed and independent.

Current cancer outreach where there are opportunities to co-promote for efficiencies:

- Heart of Good Health – Nanticoke Community Health Fair
- Live for Chocolate Community Women’s Health Event
- Nanticoke Health Tent at Riverfest
- October Pink Survivors Walk & Survivors Tea
- Nanticoke Health Tent at Fall Hispanic Festival
- Heritage Shores Semi-Annual Residents’ Health Fair
- Cervical Cancer Awareness Month (January)

HEALTH NEED 1-B: CERVICAL CANCER PREVENTION

Cervical Cancer Prevention/HPV Vaccination Specific Need:

- While conducting the CHNA, pediatricians voiced concerns over the vaccination rate for HPV as a preventative measure for cervical cancer. Recent studies show the HPV vaccine has cut infections in girls by more than half. The vaccine is recommended for boys and girls beginning at age 11. Follow-up research found the following:
 - In 2015, 42.3 percent of girls age 13-17 in Delaware had received the HPV vaccine; down from 51.7 percent in 2014. Delaware is ranked 18th in the US for of girls receiving the vaccine. (Source: United Health Foundation, 2015 Annual Report)

Possible Reasons Impacting Cervical Cancer Prevention/HPV Vaccination Rates:

- Lack of knowledge about the benefits of the vaccine
- Increased requirements to qualify for state or federal financial assistance
- Lack of knowledge of state resources to help pay for the vaccine
- Misconception that having the vaccine gives the child parental permission for sexual activity/believe child will not be having sexual intercourse
- Believe don’t need/PAP testing will handle the issue
- HPV clears up on its own so why is vaccine needed
- Not confident in the safety of the vaccine
- PCPs treat HPV vaccine differently; not communicating HPV vaccination recommendation to patient/parent because of a possible myth that parents aren’t supportive of the vaccine; national research shows parents report parents simply want more information.
- Education – women are unaware of its importance, even if they no its recommended

OBJECTIVE 1: Increase the percentage of patients age 13-17 treated by a Nanticoke provider from 35 percent to 50 percent through provider and patient/parent education.

- *Patient data shows 35% of females and 34% of males 13-17 that are patients with an NPN provider have received the HPV vaccination.*

Strategy A: Target primary care providers treating pediatric patients for education and needed support.

Actions	Lead	Support	Status	Reporting Cycle
Collect data on employed primary care physicians treating pediatric patients including percent recommending and comfort of recommending HPV vaccine	NPN Clinical Operations Director	NPN Medical Director	Due 1/15/17	Quarterly
Perform Gap Analysis to determine needed patient/parent education materials.	NPN Clinical Operations Director	NPN Medical Director	Due 3/1/17	Upon Completion
Develop workflow or EMR trigger to determine NPN patients who should receive recommendation and ensure they are returning to complete the HPV vaccination series.	NPN Clinical Operations Director	NPN Medical Director, Cancer Nurse Navigator IT/Cerner Ambulatory Lead, NPN Care Coordinators	Due 7/1/17	Quarterly and Upon Completion – In Process
Work with Cancer Nurse Navigator to proactively reach patients needing to be screened.	NPN Clinical Operations Director	NPN Medical Director, Cancer Nurse Navigator, NPN Care Coordinators	Due 7/1/17	Quarterly and Upon Completion
Work with NPN Providers to ensure they have availability to CDC Education materials/materials used in Cancer Ctr	NPN Clinical Operations Director	NPN Medical Director, Cancer Nurse Navigator, NPN Care Coordinators	Due 7/1/17	Upon Completion
Share findings/best practices with service area independent primary care providers treating pediatric patients.	Chief Clinical Innovation Officer	Cerner IT Lead, NPN Clinical Operations Director	Due 9/1/17	Upon Completion
Partner with Seaford pediatricians to identify other strategies for Year 2 planning.	Chief Clinical Innovation Officer	NPN Clinical Operations Director, Case Management, Marketing	Due 10/1/17	Upon Completion
Work w/HS Wellness Centers to identify opportunities for parent education.	AVP Clinical Services	NPN or Other Pediatric Provider, NPN Care Coordinator, Marketing	Due 3/1/17	Upon Completion

Strategy B: Increase general community education for primary service area.

Actions	Lead	Support	Status	Reporting Cycle
Review available PSA materials from DHSS and push to community through website, social media, patient materials and other identified outlets.	Marketing	TBD Based on Finding	Due 2/1/17	Upon Completion
Inventory and connect with Community Partners to support existing programs	Marketing	TBD Based on Findings	Due 2/1/17	Upon Completion
Develop Next Steps Based on Findings Above	Marketing	TBD Based on Findings	TBD	TBD

HEALTH NEED 2-A: LUNG CANCER SCREENING

Lung Cancer Screening Specific Needs:

- *Nationally lung cancer is the second most common cancer but is accountable for more cancer deaths than breast, prostate and colon cancer combined. (American Lung Association 2015)*
- *Sussex reports 54.5 per 100,000 people die from lung cancer; higher than Healthy People 2020 target of 45.5. (National Cancer Institute 2008-2012)*
- *Of lung cancer patients diagnosed at Nanticoke, 68 percent have late stage lung cancer (stage III or IV). (Nanticoke Memorial Hospital Patient Data FY16)*

Possible Reasons Impacting Need for Lung Cancer Screening:

- No early detection lung cancer screening is offered in Nanticoke's primary service area of Western Sussex while screening programs currently offered in Eastern Sussex and in Kent County are finding success.

Objective 1: Reduce percentage of Nanticoke patients diagnosed with late stage lung cancer from 68 percent to 50 percent by January 2018.

Strategy: Implement low dose CT lung cancer screening program in Western Sussex County.

Actions	Lead	Support	Status	Reporting Cycle
Obtain necessary equipment; ACR accreditation & ACR registry license for go live.	Radiology Director	AVP Clinical Operations, Cancer Care Director	Tentative 1/17	Upon Completion Accreditation App Submitted; Pending.
Establish workflow and coding for all NPN provider practices.	NPN Clinical Ops Director	NPN Medical Director, NPN Billing Manager	Due 1/17	Upon Completion
Establish coding for independent providers.	Radiology Director	Business Office	Due 12/16	Upon Completion
Share workflow and coding for all independent providers.	Chief Clinical Innovation Officer	NPN Medical Director, NPN Clinical Operations Director	Due 1/17	Upon Completion
Develop patient registry and follow up workflow.	Cancer Care Services Director	AVP Clinical Operations, NPN Clinical Operations Director, Cancer Navigator	Due 1/17	Upon Completion
Establish provider education materials.	NPN Clinical Operations Director/ Cancer Center Director	Chief Clinical Innovation Officer, NPN Medical Director, Radiology Director, Cancer Nurse Navigator, Marketing	Due 1/17	Upon Completion
Develop patient education materials.	Marketing	NPN Medical Director, Pulmonologist, Cancer Care Director, NPN Clinical Operations Director, Cancer Navigator	Due 1/17	Upon Completion
Develop marketing campaigns for providers, support agencies and community.	Marketing	Cancer Care Director, Cancer Navigator, Other	Due 2/17	Upon Completion; Quarterly Update
Establish dashboard and monitor patients receiving low dose CT lung cancer screening.	Cancer Care Director	AVP Clinical Operations, NPN Clinical Operations Director	Due 1/17	Quarterly

HEALTH NEED 2-B: LUNG CANCER AND SMOKING

Smoking Cessation Specific Needs:

- 75 percent of lung cancers associated with smoking. (*American Lung Association 2015*)
- 20.8 percent of adults in Sussex smoke; significantly higher than the Healthy People 2020 target of 12 percent. (*Behavioral Risk Factor Surveillance System Survey 2014*)
- 13 percent of teens in Sussex report smoking in the past twelve months (*Delaware School Survey 2014*); this rate is declining but school administrators and health officials fear “vaping” may be on the rise.

Possible Reasons Impacting Need for Lung Cancer Screening:

- There is limited connection with state resources for smoking cessation counseling.
- Hospital smoking cessation programs and support may be fragmented or working in silo across entities; needs review to identify gaps in care.
- No employee smoking cessation programs (outside of patient care programs) are offered onsite.
- No community awareness programs exist about smoking or vaping.

Objective 1: Make programming recommendations to leadership for Year 2 planning (2017-2018).

Strategy: Evaluate smoking cessation resources in Western Sussex County.

Actions	Lead	Support	Status	Reporting Cycle
Develop comprehensive list of smoking cessation resources is available to care providers and the public.	Marketing	NPN Care Coordinators, Case Management, Cancer Navigator	Due 2/17	Upon Completion Post website Share Providers
Explore opportunity to recruit state funded nurse navigator to be located at Nanticoke to directly connect patients, employees and Western Sussex community with smoking cessation programs.	Cancer Care Director	AVP Clinical Operations, Cancer Nurse Navigator	In Process Due 7/17	As Progresses Lung Cancer Team
Collect patient and insured employee data on percent of populations smoking and/or desiring to stop smoking.	NPN Clinical Operations Director	Employee Wellness Coordinator	Due 3/17	Upon Completion Lung Cancer Team
Collect data from wellness programs on percent of student smoking and/or vaping and any cessation/prevention programs.	AVP Clinical Services	Wellness Centers NPs	Due 3/17	Upon Completion Lung Cancer Team
Enable identified staff to receive free state funded training to facilitate/teach smoking cessation classes	Cancer Center Director/NPN Clinical Operations Director	Cancer Nurse Navigator	Due 2/17	Upon Completion Recommend 4-6 Instructors Paid by State to Teach
Evaluate and make recommendations additional programming if any to support identified needs for Year 2 planning.	Cancer Care Director	AVP Clinical Operations, NPN Medical Director, Pulmonologist, NPN Clinical Operations Director, NPN Care Coordinators	Due 3/17	Upon Completion Lung Cancer Team SLT

Objective 2: Develop interim smoking cessation programs for employees pending recommendations above.

Strategy: Increase on-site access to existing smoking cessation programs and resources for insured employees.

Actions	Lead	Support	Status	Reporting Cycle
Collect data- percentage of employees self-report as smokers.	Employee Care Coordinator	Chief Clinical Innovation Officer, Human Resources	Due 12/17	Upon Completion Emp Wellness
Recommendation on providing smoking cessation program at no cost or low cost to employees. (See Objective 1 above re: training in-house educators)	Employee Care Coordinator	Chief Clinical Innovation Officer, AVP Clinical Ops, Human Resources	Due 2/17	Upon Completion Emp Wellness
Using data, make recommendation on employees being offered lung screening.	Employee Care Coordinator	Chief Clinical Innovation Officer, Human Resources	Due 4/17	Upon Completion SLT
Provide incentives program for employees to quit smoking.	Chief Clinical Innovation Officer	Employee Care Coordinator, Human Resources, Marketing	Due 2/17	Upon Completion Emp Wellness

Objective 3: Increase community awareness through public campaign to reduce smoking and vaping.

Strategy: Implement public awareness campaign.

Strategy	Lead	Support	Status	Reporting Cycle
Identify strategic partnerships for developing a public service campaign.	Marketing	Cancer Director, Cancer Navigator, NPN Care Coordinator	Due 1/17	Upon Completion Lung Cancer Team
Develop and implement public service campaign	Marketing	Cancer Director, Cancer Navigator, NPN Care Coordinator, and identified community partners.	Due 2/17	Upon Completion Lung Cancer Team
Ensuring providers have access to patient information on dangers of smoking and vaping as well as comprehensive list of smoking cessation resources.	NPN Clinical Operations Director	Chief Clinical Innovation Officer, NPN Medical Director, NPN Patient Care Coordinators	Due 2/17	Upon Completion Lung Cancer Team
Inventory current programs offered through school Wellness Centers to identify gaps/opportunity for Year 2 planning.	Marketing	AVP Clinical Services, Wellness Centers NPs	Due 3/17	Completion Lung Cancer Team

Current cancer outreach where there are opportunities to co-promote for efficiencies:

- Heart of Good Health – Nanticoke Community Health Fair
- Nanticoke Health Tent at RiverFest
- Nanticoke October Shine A Light Event
- Nanticoke Health Tent at Fall Hispanic Festival

HEALTH NEED #3: Mental Health & Substance Abuse

Mental Health & Substance Abuse Specific Needs:

- Sussex County currently meets goals for percentage of people suffering from frequent mental distress or depression. However, at 13.1 percent, Sussex County does not meet Healthy People 2020 target of 10.2 percent of deaths due to suicide. *(County Health Rankings 2014)*
- Nanticoke Memorial Hospital, like many providers across the nation, area dealing with an increase in substance abuse issue, specifically related to heroin. Concern has also been voiced by other Sussex County providers including the Healthier Sussex County Task Force with representation from all county hospitals. Along with a concern over substance abuse, providers at Nanticoke Memorial Hospital as well as others in the Healthier Sussex County Task Force are concerned over a perceived lack of resources in the county.

Possible Reasons Impacting Mental Health & Substance Abuse Needs:

- Review ED data from Ray for better snapshot of issues we are seeing at NMH.
- Lack of or perceived lack of availability for inpatient and outpatient treatment
- Wait times or perceived wait time for treatment
- Access including transportation to treatment
- Lack of communication/consistent care plans across hospitals may lead to increased abuse of substances used to control pain.

Objective 1: Address concerns about lack of treatment availability by increasing knowledge on available resources.

Strategy: Inventory and inform.

Actions	Lead	Support	Status	Reporting Cycle
Inventory comprehensive list of available resources; publish to provider and community; develop strategy to maintain ever-changing list.	ED Director	AVP Clinical Operations, ED Director, NPN Patient Care Coordinators, NMH Case Management, Marketing	Due 2/17	Upon Completion AVP Clinical Operations

Objective 2: Develop patient care strategies to increase access to care and reduce gaps in care where possible.

Strategy: Explore and implement strategies to improve care and/or provide additional patient support where possible

Actions	Lead	Support	Status	Reporting Cycle
Explore and implement strategies around mental and behavioral health telemedicine to fill in coverage Gaps with Dover Behavioral Health contract.	ED Director	Chief Clinical Innovations Officer, AVP Clinical Operations	In Process Due 3/17	Upon Completion
Implement process to identify substance abuse challenges vs. those with pain due to a complex condition to move to a "responsible prescribing" practice including protocols and prompts in EMR.	ED Director	AVP Nursing, ED Department, Case Management, EPMG Medical Director, Pharmacy Director, CIO	In Process Due 3/17	Upon Completion and semi-annually
Improve access to care through partnerships to improve transportation to rehab or other	ED Director	AVP Nursing, AVP Clinical Operations	In Process	Upon completion

support facilities and providing certified screener within hospital.				
Make accessible help line information through “shoe cards”	ED Director	AVP Nursing, Marketing	In Process Due 1/17	Upon Completion
Continue participation on state/ regional committees working on access of behavioral health care including SCHC Mental Health Task Force and the Delaware Healthcare Association Advocacy Group.	ED Director	AVP Nursing, AVP Clinical Operations, NPN Clinical Operations Director, NMH Case Management	In Process Ongoing	Quarterly
Collect and evaluate referral data from Nanticoke’s ED to further identify gaps in care and make recommendation for year 2 planning. Develop dashboard to monitor consultations in ED.	ED Director	AVP Nursing, AVP Clinical Operations	Due 6/17	Upon Completion

Objective 3: TENTATIVE PENDING WORK FROM HEALTHIER SUSSEX COUNTY TASK FORCE - Reduce access to inappropriate pain medications across the county.

Strategy: With Healthier Sussex County Task Force (HSC), hospitals will develop best practices to be used uniformly by ED providers to (a) consistently provide right level of care for patients in pain and (b) reduce opportunities for those struggling with addiction to readily access multiple medications from multiple providers.

Actions	Lead	Support	Status	Reporting Cycle
Collect and share data from each Sussex County ED.	AVP Clinical Operations	Chief Clinical Innovations Officer, AVP Nursing, EPMG Medical Director, ED Director	In Process Due 12/16	Upon Completion HSC
Based on NMH data determine provider prescribing patterns and identify gaps/ areas of need; develop best practice and measure impact.	AVP Clinical Operations	Chief Clinical Innovations Officer, AVP Nursing, EPMG Medical Director, ED Director, Case Mgmt	Due 2/17	Upon Completion And Quarterly
With Healthier Sussex County, develop county wide best practice; implement and measure	AVP Clinical Operations	Chief Clinical Innovations Officer, AVP Nursing, EPMG Medical Director, ED Director, Case Mgmt	Due 2/17	Upon Completion And Quarterly
Re-evaluate for 2017-2018	AVP Clinical Operations	Chief Clinical Innovations Officer, AVP Nursing, EPMG Medical Director, ED Director, Case Mgmt	Due 11/17	Upon Completion

HEALTH NEED #4: Overweight & Obese Populations

Specific Needs Related to Residents being Overweight or Obese:

- In Sussex, 30.5 percent of residents are considered obese, just matching the Healthy People 2020 target. *(Behavioral Risk Factor Surveillance System Survey 2014)*
- In Sussex, 68.5 percent of residents are overweight and obese; increasing each of last 3 reporting periods. *(Behavioral Risk Factor Surveillance System Survey 2014)*
- In Sussex only 46.9 percent of adults report engaging in regular physical activity; 49.4 percent of teens *(Behavioral Risk Factor Surveillance System Survey 2014)*
- 26.5 percent of adults in Sussex report eating fruits and vegetables five or more times per day. *(Behavioral Risk Factor Surveillance System Survey 2009)*
- 19 percent of teens report eating vegetables other than salad daily. *(Delaware Youth Risk Factor Survey 2011)*
- Among Nanticoke’s insured employees and their adult dependents, 27 percent are considered overweight (BMI 25.0 – 29.9) and a little over 50 percent are considered obese (BMI 30 or greater). *(Behavioral Risk Factor Surveillance System Survey 2014)*

Possible Reasons Impacting Overweight and Obese Percentages:

- Community culture that does not support healthy lifestyles including lack of local walking trails, lack of bike lanes, and lack of readily available and affordable healthy food options.
- Community culture around comfort foods.
- An abundance of diner and fast food options for carry out/dining out.
- Socioeconomic determinants of health including lower median household incomes, lower education rates, and higher poverty rates including 45.2 percent of Sussex County students eligible for the free lunch program.
- Potentially lack of incentives around good health; lack of community engagement in good health.

Objective 1: Make a Culture of Good Health a top of mind concept in the Seaford and surrounding communities.

Strategy: Develop and implement a public service campaign.

Actions	Lead	Support	Status	Reporting Cycle
Identify and connect with strategic partners to inventory current programs and opportunities	Marketing	AVP Clinical Operations, AVP Nursing, AVP Clinical Services, Nutrition Director, Bariatric Coordinator, NPN Care Coordinator	Due 1/31/17	Upon Completion
Collect data on provider, hospital and community initiatives around a culture of good health.			1/31/17	Upon Completion
Build branding campaign around good health			2/28/17	Upon Completion
Build content management strategy for social media around good health			3/15/17	Upon Completion
Search best/promising practices for community wide campaigns around good health.			1/31/17	Upon Completion
Make recommendation for programming to be implemented by Year 2.			3/15/17	Upon Completion
Expand Bariatric 5k Fun Walk/Run to Community Health Event	Bariatric Coordinator	AVP Clinical Operations, AVP Nursing, Marketing	10/17	Upon Completion

Objective 2: Increase ability of all Western Sussex residents to live well through strategic (local) partnerships.

Strategy: Engage with local programs and partners working on socioeconomic determinates and barriers to living well to identify opportunities for synergy.

Actions	Lead	Support	Status	Reporting Cycle
Inventory current programs and possible partners	Marketing	AVP Clinical Operations; AVP Nursing	1/2017	Upon Completion
Inventory school based programs			1/2017	Upon Completion
Programming through Healthier Sussex County			2/2017	Upon Completion
Programming through SHIP Healthy Neighborhoods			2/2017	Upon Completion
Recommendations for Year 2 planning.			3/2017	Upon Completion

Objective 3: Decrease the percentage of Nanticoke insured employees and adult dependents considered obese from 50 percent to 30 percent.

Strategy: Targeted employee wellness program initiatives including changes to the current program to provide measurable results.

Actions	Lead	Support	Status	Reporting Cycle
Nutrition	Wellness Committee Nutrition Team	Chief Clinical Innovation Officer, Human Resources, Marketing, Wellness Committee	Due 2/17	Upon Completion And Quarterly
Physical Activity	Wellness Committee Team Activity Team	Chief Clinical Innovation Officer, Human Resources, Marketing, Wellness Committee	Due 2/17	Upon Completion And Quarterly
Culture of Health Brand/ Awareness	Marketing	Wellness Committee, Human Resource, Emp Care Coordinator	Due 2/17	Upon Completion
Share with Community Employers Where Able	Chief Clinical Innovation Officer	Human Resources, Marketing	Due 1/18	Upon Completion

HEALTH NEED #5: Women’s Health – Prenatal Education

Prenatal Education Specific Needs:

- Mortality rate for infants meets the Healthy People 2020 goal. However, 7.9 percent of Sussex babies have a low birth weight; slightly below 7.8 percent Healthy People 2020 goal. *(Delaware Health & Social Services, Division of Public Health 2008-2012)*
- African American mothers as well as mothers under 20 years of age have a higher risk of delivering low birth weight babies or have pre-term births. *(DHSS, Division of Public Health 2008-2012)*
- Expecting mothers receiving prenatal care in Sussex is 59.8 percent; much lower than Healthy People 2020 goal of 77.9 percent. Hispanic women in Sussex were more likely to not have pre-natal education as well as those under the age 25 years of age. *(DHSS, Division of Public Health 2008-2012)*

Possible Reasons Impacting Prenatal Education Needs:

- Cost due to being uninsured or underinsured with high out-of-pocket costs
- Other states have barriers in applying to Medicaid, especially after pregnancy is found with delays keeping women from early pre-natal care. *(Review Delaware ASSIST website for DE program provisions)*
- Those on Medicaid may be less likely to seek prenatal care early for a number of reasons including loss of wages, providers accepting Medicaid patients, or lacking transportation to visits.
- Sufficient providers accepting Medicaid (?)
- Women with unplanned pregnancies often delay prenatal care or are afraid to seek care.
- Poor, black, Hispanic and unmarried women often delay prenatal care for a number of reason including many already listed here. Additionally, having a primary care physician can be an important first connection to finding prenatal care. Many of these ladies may not have or regularly visit a primary care physician.
- Afraid to seek care for a number of reasons possibly including being an undocumented immigrant, having an addiction or denial due to the pregnancy being unplanned, especially for younger women.
- Language barriers to understanding need for and finding prenatal care.
- Socio-economic determinants of health.

Objective 1: Increase education/consistency of education around pre-natal care in women’s health practice.

Strategy: Evaluate current practices to identify gaps in education and work toward solutions.

Actions	Lead	Support	Status	Reporting Cycle
Outline current education practices and available materials available in patient care areas and provider offices.	NPN Educator	MB Educator, MB Director, Marketing	Due 3/17	Upon Completion
Identify additional resources available to fill gaps and implement in provider offices and patient care areas.	NPN Educator	MB Educator, MB Director, Marketing	Due 3/17	Upon Completion

Objective 2: Remove barriers to childbirth education for patients delivering at Nanticoke.

Strategy: Evaluate options to allow patients more easily access prenatal education including childbirth classes.

Actions	Lead	Support	Status	Reporting Cycle
Identify barriers to or reasons why patients are not accessing childbirth classes.	MB Educator	NPN Educator, MB Director	Due 2/17	Upon Completion
Work with leadership to identify any opportunity to expand access to childbirth classes, especially for those delivering at NMH.	MB Director	MB Educator, NPN Educator, Marketing	Due 3/17	Upon Completion Monitor Attendance Quarterly

Objective 3: Further research community needs around prenatal care to develop recommendations for Year 2 implementation planning by March 2017.

Strategy: Engage partners to collect and analyze data to produce a recommendation.

Actions	Lead	Support	Status	Reporting Cycle
Assess current state and community programs for Year 2 planning recommendations noting that DHSS has dedicated resources and a state wide CHNA related specifically to Maternal Child Health needs.	MB Director	MB Team, AVP Nursing, NPN Educator, Marketing	6/17	Upon Completion
Identify/connect with resources such as Smart Start and other established programs to help fill gaps in care and better inform community of resources.			4/17	
Collect and analyze data for NMH and NPN percent of patients receiving early prenatal care.			7/17	Upon Completion
Develop Recommendation for Year 2 – 2018			10/17	Upon Completion

Other needs identified by CHNA being addressed as a part of operations:

Other needs identified by CHNA but not addressed in this plan:

Death Due Unintentional Injuries - Sussex County does not meet the Healthy People 2020 goal for the age-adjusted death rate due to unintentional injuries from things such as vehicle collisions and falls. The State of Delaware law enforcement communities along with local EMS and fire services work on community education around risk behaviors. With this, Nanticoke is not specifically addressing deaths due to unintentional injuries in this implementation plan. It will however continue to support local law enforcement, EMS, and state education programs. Additionally Nanticoke’s trauma team works each year to education the community on high risk behaviors and safety through seasonal education initiatives and local community health fairs, festivals and events.

Death Due to Suicide - Sussex County does not meet the Healthy People 2020 goal for the age-adjusted death rate due to suicide. The Delaware Health & Human Resources, State Legislators, and the Sussex County Health Coalition are all working on this issue. Additionally, the members of the trauma team along with local first responders work with these groups to evaluate needs and develop programs to address the needs. With this, Nanticoke is not specifically addressing deaths due to suicide as a separate imitative ion this implementation plan. It will however continue to support state and local groups working on this issue. Nanticoke Health Services is along a founding member of Healthier Sussex County which is working together on Mental Health Issues. This group and Nanticoke as an individual provider have included Mental Health needs in its implementation plans.

Diabetes in Adults – Sussex County has a high percentage of adults diagnosed with diabetes, though the date rate from diabetes is the lowest in the state and significantly lower than the rate in other Delaware counties. With nutrition and exercise being significant health behavior in the prevention and management of diabetes and with Nanticoke including weight, nutrition and exercise in this implementation plan, a separate individual diabetes initiative is not being included in this plan. Like with hypertension, a positive impact on diabetes should be seen if

there is a positive impact on the obesity rate in the community. An additional contributing factor is a lack of resources. Nanticoke currently has a very robust Diabetes Center and very active diabetes educator. There is little capacity without adding staff, to increase this program. The diabetes program is accredited by the American Diabetes Association and thus measured for effectiveness and impact through that certificate. Lastly, as a part of its participation in the eBright ACO/Medicare Shared Savings Program, Nanticoke Physician Network providers are monitoring diagnosis of diabetes and the percent of patients with controlled diabetes through its quality measured. Processes to continually improve management and outcomes for diabetic patients are ongoing.

Oral Cancer – Sussex County shows a high incidence rate for oral cancer but the rate is declining. With an incidence rate of 13.7 per 100,000 population and a service area population of less than 200,000 people, Nanticoke is not specifically addressing oral cancer in this implementation plan. It will however continue to provide education regarding this cancer to patients at risk.

Oral Health – Oral Health is a concern throughout the state of Delaware. Currently Delaware Health and Human Services and the Sussex County Health Coalition are collaborating to target improvements in oral health. Because of this combined with limited hospital resources with expertise in this area, Nanticoke will not be specifically addressing this health need. However, Nanticoke will support ongoing community efforts where it can. Likewise, Nanticoke’s Community Health Needs Assessment and Implementation Plans are made available to primary care providers to help educate them on the needs of the population the serve.

High Cholesterol, High Blood Pressure and Heart Disease (General and Medicare Populations) – Data shows a high rate of high cholesterol and high blood pressure in Sussex. Nanticoke participates in eBright ACO/Medicare Shared Savings Program. This ACO includes providers in the Nanticoke Physician Network as well as independent providers representing a majority of primary care providers in the area. As a part of this initiative, quality measures including hypertension are monitored by provider to continually increase percent of patients whose hypertension is classified as controlled (BP<140/90). Nanticoke also participates in general community outreach as a partner with the American Heart Association, providing screenings and education throughout the service area. Lastly, Nanticoke has selected obesity including nutrition and exercise as an initiative. By helping those overweight with lifestyle changes, high cholesterol and high blood pressure should be positively impacted. Nanticoke will continue general education and community outreach on management of these modifiable health risks.

Ischemic Heart Disease and Stroke (Medicare Population) – The service area is currently undergoing a transition of physicians in its cardiology program as the sole independent cardiology practice brings on replacements for their interventional cardiology providers. The current hospital and independent providers focus is the continuation of cardiology and vascular services for patients and the service area. As the new providers join the hospital medical staff, the needs of the community will be reviewed to re-invigorate community education programs. In the meantime, Nanticoke remains a partner with the American Heart Association through its Million Hearts Program and the Call 911 Program for Signs of Heart Attack or Stroke. Additionally Nanticoke continues to provide patient and community education and community screenings. Lastly, Nanticoke has a very proactive stroke awareness program facilitated as a part of its advanced certification from The Joint Commission as a primary stroke center. The Stroke Program Coordinator provides patient education, community awareness programs and support groups.

Pneumonia Vaccinations – Sussex County does not meet Healthy People 2020 but has the highest vaccination rate in the state. With all area physicians and several retail outlets providing pneumonia education and vaccinations, Nanticoke Health is not specifically addressing this need in this implementation plan. Providers in the Nanticoke Physician Network due provide flu and pneumonia vaccination education and services. Nanticoke Physician

Network administrators also monitor vaccination rates within its patient population to continually work to increase vaccination rates among appropriate patient populations.

Alzheimer's and Dementia – Dementia remains a health concern in Sussex County, in part due to a large and growing percentage of the population reaching 65 years of age or older. Western Sussex County has several resources focused on providing access to dementia patients and their families including several long-term care facilities, several visiting nurses program and active volunteer from the Alzheimer's Association. These groups work together to provide resources, education and support groups for dementia families. Of course, members of the physician community provide medical care and education to these patients. Patient Care Coordinators for the Nanticoke Physician Network as well as Case Managers at the hospital work to connect these patients with necessary resources. Because of other groups working in this area along with public health initiatives, Nanticoke is not specifically addressing this need in this implementation plan. Nanticoke's Community Health Needs Assessment and Implementation Plans are made available to primary care providers to help educate them on the needs of the population the serve.

Chronic Kidney Disease (Medicare Population) – The medical staff at Nanticoke includes both an employed nephrologist as well an independent nephrologist. These providers along with independent outpatient and home health providers work with patients having chronic kidney conditions. Because of limited resources and because other resources (area clinicians and other independent serve providers) in Western County are focusing on these community needs, Nanticoke will not be specifically addressing this need in this implementation plan. Nanticoke's Community Health Needs Assessment and Implementation Plans are made available to primary care providers to help educate them on the needs of the population the serve. Nanticoke will continue to support area providers.

Rheumatoid Arthritis, Osteoarthritis, and Osteoporosis (Medicare Population) – Sussex County has a moderate to high moderate percentage of the Medicare population suffering with rheumatoid arthritis, osteoarthritis and/or osteoporosis. Resources for Western Sussex include a very proactive group of independent physicians addressing community needs. Additionally, Nanticoke Memorial Hospital is an Own the Bone certified hospital, proactively identifying and working with patients to prevent readmission due to brittle bone fractures. Because the percentage is moderate and there are other health resources dedicated to this concern, Nanticoke is not specifically addressing arthritis, osteoarthritis and osteoporosis in this implementation plan. However Nanticoke continues to monitor patient needs, provide patient and community education and provide screenings. Nanticoke will continue to monitor patient needs both in the hospital and in the Nanticoke Physician Network. Nanticoke's Community Health Needs Assessment and Implementation Plans are made available to primary care providers to help educate them on the needs of the population the serve.

Insufficient Sleep Health Risk Behavior – Nanticoke currently has a sleep medicine program that includes an employed sleep medicine physician and two sleep centers for diagnosing sleep disorders (Seaford and Millsboro). As a part of its operations, Nanticoke partners with an outside organization to manage these sleep centers, provide additional medical coverage for the sleep centers, and to provide education to area primary care providers regarding sleep disorders. Because of limited resources and national attention , Nanticoke is specifically addressing this health need/health risk behavior. Nanticoke's Community Health Needs Assessment and Implementation Plans are made available to primary care providers to help educate them on the needs of the population the serve.

Teen Birth Rate – While not outlined here, Nanticoke has taken a lead on statewide initiatives around preventing or reducing unwanted pregnancy in uninsured/underinsured women, including teens. The Nanticoke Physician Network teams, led by Dr. Ian Baxter, and Nanticoke Memorial Hospital, led by Nancy Oyerly Director of OB, are participating in a state pilot project implanting birth control post-delivery in these women called *Upstream*.

Teen and Substance Abuse (Alcohol, Illicit Drugs, Marijuana) – Nanticoke currently supports a state-wide program that partners with high schools. Nanticoke provides one nurse practitioner per school that works full-time in Delmar, Laurel and Seaford High Schools. These nurse practitioners work with school administrators and the local boards of education to develop programs and education around teen health and social needs. Because of this, Nanticoke is not specifically addressing these needs in this implementation plan. Nanticoke will continue to support the schools. Additionally teen smoking will be taken into account as Nanticoke develops education around smoking prevention in general (a part of the identified initiative for lung cancer). Nanticoke’s Community Health Needs Assessment and Implementation Plans are made available to the nurse practitioners to help educate on the needs of the teen population.

For the full Community Health Need Assessment visit www.nanticoke.org/community-outreach.

For further information about this implementation or other to request a printed copy, please contact Nanticoke Health Services – Marketing Department – at 302-629-6611 x8950.

Last Reviewed: January 10, 2017/SOC Leadership Team

Approved: Nanticoke Health Services Foundation Board of Directors January 11, 2017