



# **Community Health Needs Assessment Implementation Strategy**

## **COMMUNITY HEALTH NEEDS ASSESMENT IMPLEMENTATION STRATEGY**

### **COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW**

#### **Hospital Overview**

Kennedy is an integrated health delivery system with hospital-centered campuses in Cherry Hill, Stratford and Washington Township, New Jersey. The Kennedy Health System, with a staff of more than 4,000 employees and nearly 1,000 medical staff members, serves the residents of Camden, Gloucester and Burlington Counties with a comprehensive array of inpatient and ambulatory health services. Kennedy's campuses are fully integrated with each other, and with a number of additional free-standing health services, plus a growing network of primary care and specialty physician offices. Kennedy has several specialty product lines, including a comprehensive cancer center, neuroscience and stroke programs, two dialysis centers and a diabetes education program, and inpatient and outpatient behavioral health services. Kennedy University Hospital is the principal teaching hospital of the Rowan University School of Osteopathic Medicine and is a member of the Penn Cancer Network and the Jefferson Neurosciences Network.

#### **Mission Statement**

Kennedy provides comprehensive quality healthcare in an academic setting where we are proud to serve patients, the community and each other.

#### **Community Health Needs Assessment Background**

The Tri-County Health Assessment Collaborative, consisting of hospitals, health systems, and health departments within Burlington, Camden, and Gloucester Counties came together to undertake a comprehensive regional community health needs assessment (CHNA). The Tri-County Collaborative included the following partners: Cooper University Health Care, Kennedy Health System, Lourdes Health System, Inspira Medical Center-Woodbury, Virtua Health, and the Health Departments of Burlington, Camden and Gloucester Counties. The CHNA was conducted from September 2012 to June 2013. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment was conducted to comply with requirements set forth in the Affordable Care Act, as well as to further the hospital's commitment to community health and population health management.

#### **Definition of Hospital Service Area**

The hospitals defined their current service area based on an analysis of the geographic area where individuals utilizing the partner hospitals' health services reside. The primary service area for the Kennedy Health System is considered to be all of Camden and Gloucester Counties, plus parts of Burlington County.

## Research Partner

The Tri-County Collaborative contracted with Holleran, an independent research and consulting firm located in Lancaster, Pennsylvania, to conduct research in support of the CHNA. Holleran has 21 years of experience in conducting public health research and community health needs assessments.

## Research Methodology

The CHNA collaborative took a comprehensive approach to identifying the needs in the communities it serves. A variety of quantitative and qualitative research components were implemented as part of the CHNA. These components included the following:

### Quantitative Data:

- Secondary Statistical Data Profiles of Camden, Burlington, and Gloucester counties depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics were compiled.
- Household Telephone Survey was conducted with 2,480 randomly-selected community residents in Camden, Burlington, and Gloucester counties. The survey was modeled after the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) which assesses health status, health risk behaviors, preventive health practices, and health care access.
- 4 Data Collection Sessions were held with 165 Camden City residents from diverse populations. Participants were administered an abbreviated version of the customized BRFSS survey tool. Responses were collected through wireless keypad technology.

### Qualitative Data:

- Key Informant Interviews were conducted with 153 community stakeholders and leaders in Camden, Burlington, and Gloucester counties. Key Informants representing a variety of sectors including public health and medical services, non-profit and social organizations, children and youth agencies, and the business community provided input on health issues and barriers to care.
- 6 Focus Group Discussions were held with 65 community residents in Camden, Burlington, and Gloucester counties. Focus group topics addressed Access to Health Care & Key Health Issues and Nutrition/Physical Activity & Obesity.

The 2013 Community Health Needs Assessment was published in December 2013 and is available on the Kennedy Health System website. The completion of the comprehensive CHNA enabled Kennedy Health System and its partners to take an in-depth look at the greater community. The findings from the assessment were utilized by Kennedy Health System to prioritize community health issues and develop a community health implementation strategy focused on meeting the highest health needs of the communities it serves. The following pages outline the findings of the CHNA and Kennedy Health System's strategies to meet the community's health needs.

## SELECTION OF THE COMMUNITY HEALTH PRIORITIES

On August 13, 2013, representatives from healthcare organizations, health departments, and community agencies gathered to review the results of the Community Health Needs Assessment. The planning meeting was initiated by the Tri-County Collaborative and the goal of the session was to discuss and prioritize key findings from the community health needs assessment. A list of participants is included in Appendix A.

### Process

The prioritization meeting was facilitated by Holleran Consulting. The meeting began with an abbreviated research overview of the key findings of the CHNA. Following the research overview, participants were provided with information regarding the prioritization process, criteria to consider when evaluating key areas of focus, and other aspects of health improvement planning, such as goal setting and developing strategies and measures. Through facilitated discussion, attendees identified a "master list" of key community health issues based on the results of the CHNA.

Master list of community health priorities (in no particular order)

- Access to Health Care
- Mental Health & Substance Abuse
- Chronic Health Conditions (Diabetes, Heart Disease & Cancer)
- Overweight/Obesity

Following additional discussion, the Collaborative adopted the following final health priorities:

- Access to Health Care
- Chronic Health Conditions
- Mental Health & Substance Abuse

## PRIORITIZED COMMUNITY HEALTH NEEDS

Kennedy Health System representatives reviewed feedback from the Prioritization Session, in conjunction with the services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. The following needs were identified by Kennedy as its priority areas for the following three-year cycle:

- Access to Health Care
- Chronic Health Conditions
- Mental Health & Substance Abuse

## STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, Kennedy Health System plans to implement the following strategies to impact and measure community health improvement. As with all Kennedy programs, we will continue to monitor community needs and adjust programming and services accordingly.

### Access to Care

**GOAL:** Improve access to comprehensive, quality health services.

#### OBJECTIVES:

- Increase the proportion of persons with health insurance
- Increase the proportion of persons with usual primary care provider

#### STRATEGIES:

- Educate patients about options for obtaining insurance through existing programs and through new options available as a result of the Affordable Care Act. Education will occur at the bedside for inpatients, at the Kennedy Family Health Centers which provide services for underserved populations in Camden and Gloucester Counties, and at the Kennedy Health Alliance network of primary care medical offices.
- Conduct free, public seminars quarterly to educate health care consumers about insurance options available as a result of the Affordable Care Act.
- Open three additional primary care office sites in 2014. These will add eight new healthcare providers to the Kennedy network, each with a capacity of seeing 3,000 to 5,000 additional patients.

## EXISTING COMMUNITY RESOURCES

Kennedy Health System recognizes that it will be most effective in this work if it utilizes existing community assets and resources such as the following organizations and programs:

- Camden County Department of Health
- Gloucester County Department of Health
- Burlington County Department of Health
- Camden County Federally Qualified Health Center
- Gloucester County Federally Qualified Health Center
- Burlington County Federally Qualified Health Center
- Center for Family Services
- NJ Family Care
- Adreima

### Chronic Health Conditions

**GOAL:** Improve the overall quality of care for patients with diabetes

**OBJECTIVES:**

- Increase patient access to primary and specialty care services
- Improve care coordination between hospital and outpatient settings
- Improve patient self-care management
- Reduce hospital admissions relating to diabetic complications
- Increase preventative health screening
- Develop technology to facilitate patient tracking and communication of clinical data
- Improve interdisciplinary collaboration

**STRATEGIES:**

- Focus discharge planning and care coordination
- Structure referral process
- Improve patients' self care skills so they may manage their disease more effectively
- Plan resource allocation
- Develop disease management education plan for patients and staff
- Monitor quality improvement continuously
- Communicate the goals, objectives and strategies to all key stakeholders

**EXISTING COMMUNITY RESOURCES**

Kennedy Health System recognizes that it will be most effective in this work if it utilizes existing community assets and resources such as the following organizations and programs:

- American Diabetes Association
- Camden County Department of Health
- Gloucester County Department of Health
- Burlington County Department of Health
- Diabetes websites:
  - [diabetes.org](http://diabetes.org)
  - [eatright.org](http://eatright.org)
  - [elife.com](http://elife.com)
  - [cdc.gov/diabetes/ndep/index.htm](http://cdc.gov/diabetes/ndep/index.htm)
  - [diabetesselfcare.org](http://diabetesselfcare.org)
  - [yourdiabetesinfo.org](http://yourdiabetesinfo.org)
- Health insurance companies for case/chronic disease management programs
- Kennedy University Hospital's diabetes support group
- Local libraries
- Walgreens
- Mainline Medical Supplies, Inc.
- CompleteCare Health Network
- Rutgers School of Nursing
- Rowan University School of Osteopathic Medicine

## Mental Health & Substance Abuse (MH/SA)

**GOAL:** Increase patient and provider awareness and coordination of services

### OBJECTIVES:

- Ensure that all patients entering the Kennedy Health System receive MH/SA referrals for appropriate level of care
- Increase awareness and availability of MH/SA services and resources among health care providers in the community
- Increase the number of patients screened for MH/SA issues for coordination of services
- Document the number of admissions into the Kennedy Health System with a primary and secondary MH/SA diagnosis, and their disposition

### STRATEGIES:

- Distribute a resource guide for patients through Kennedy's emergency department and ambulatory nurse navigators, case managers
- Distribute the resource guide to all primary care medical offices in the tri-county area
- Place the resource guide in every packet of discharge instructions provided by the health system
- Kennedy Behavioral Health associates will provide educational in-services quarterly to both Kennedy Health Alliance primary care medical offices as well to independent medical offices in the tri-county area
- Implement the C.A.G.E. screening tool to all patients admitted to inpatient hospital services
- Report data to the state agencies (MHA, County, D.O.H.) to assist with future planning initiatives

### EXISTING COMMUNITY RESOURCES

Kennedy Health System recognizes that it will be most effective in this work if it utilizes existing community assets and resources such as the following organizations and programs:

- NJ Department of Health
- NJ Department of Children and Families
- NJ Division of Mental Health and Addiction Services
- Health insurance companies
- Community physicians and office managers
- NJ Mental Health Association
- Children's Interagency Coordinating Council
- Provider Advisory Committee
- Professional Advisory Committee on Alcoholism and Drug Abuse
- New Jersey Hospital Association
- Rowan University School of Osteopathic Medicine
- Intoxicated Drivers Resource Center
- Southwest Council
- Southern Jersey Substance Abuse Coalition

- Family Support Organization
- Parent 2 Parent
- Traumatic Loss Coalition
- Rutgers School of Alcohol Studies

### **RATIONALE FOR COMMUNITY HEALTH NEEDS NOT ADDRESSED**

Kennedy Health System recognizes that partnerships with community agencies have the broadest reach to improve community health issues. Kennedy will not focus directly on the following priorities but will continue to address them through existing program and service offerings:

- **Overweight/Obesity** – Kennedy Health System will work to address overweight and obesity through the strategies within existing services such as our bariatric surgery program and support groups, free seminars open to the public that address healthy eating and lifestyles, and online chats with physicians and other health professionals on the subjects of weight management and obesity. Kennedy's network of primary care physician offices, the Kennedy Health Alliance – will provide supportive programs promoting nutrition and an increase in physical activity for their patients. Kennedy will also continue to offer one-on-one nutritional management counseling delivered by registered dietitians.

### **APPROVAL FROM GOVERNING BODY**

The Kennedy Health System Board of Directors met on February 19, 2014 to review the findings of the CHNA and the recommended Implementation Strategy. The board voted to adopt the Final Summary Report and the Implementation Strategy and provide the necessary resources and support to carry out the initiatives therein.

**Appendix A: Prioritization Session Participants**

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Sharon Dostmann	Deputy General Counsel	Cooper University Health Care
Kathleen Yhlen, RN, MSN	Clinical Educator	Cooper University Health Care
Maureen Barnes	VP Risk Management & Medical Affairs	Cooper University Health Care
Fran Atkinson	VP of Marketing	Kennedy Health System
Felicia Nesmith-Cunningham	Director	Kennedy Family Health Centers
Kathy Flannery	Administrator	Kennedy Home Health Care
Marlana Cannata	Program Manager	Kennedy Behavioral Health Services
Kimberly Barnes	VP Planning & Development	Lourdes Health System
Maureen Shaughnessy	VP of Mission	Lourdes Health System
Linda Arceo	Director of Grants	Lourdes Health System
Catherine R. Curley RN, PhD(c)	Director of Community Outreach	Virtua Health
Holly Funkhouser-Cucuzzella, MPH, MCHES	Health Officer	Burlington County Health Department
Eve Cullinan	Director	Burlington County Health Department
John Sivon	Director of Health Education	Burlington County Health Department
Tina Rizzo	Program Coordinator	Burlington County Health Department
Annmarie Ruiz	Health Officer	Gloucester County Health Department
Patricia D. Hearey, MPH, MCHES	Health Educator	Camden County Health Department
Colleen Milligan	Director of Health & Human Services	Holleran Consulting