

# SAINT VINCENT



## COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY SUMMARY





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## **Community Health Needs Assessment (CHNA)**

### **Implementation Strategy Summary**

Saint Vincent Health Center collaborated with the Erie County Department of Health, Corry Memorial Hospital, Millcreek Community Hospital, UPMC Hamot, The Erie Community Foundation, Highmark, Pennsylvania AHEC Northwest Region, and Community Health Net (FQHC) to conduct the 2012 Erie County Community Health Needs Assessment (ECCHNA).

#### **Summary of Community Health Needs Identified in CHNA Written Report, Ranked by CHNA's Priority:**

The Erie County CHNA has fifteen sections containing both quantitative and qualitative data as well as a separate peer county section and Healthy People 2010 and 2020 indicators. Quantitative data was gathered from multiple sources including a 2011 Erie County Behavioral Risk Factor Surveillance System (BRFSS) Survey of a representative sample of 1,203 Erie residents that was commissioned to update statistics on the health behaviors of Erie County adults. Health indicators are reported as individual data points, included in trend analyses, and compared to available state, national, Healthy People 2020, and peer county statistics. Erie County Department of Health epidemiologists reviewed the data collected through the CHNA process and identified over 150 indicators for consideration in the prioritization process. These indicators were organized in a prioritization matrix that included county, state, national, Healthy People 2020, and peer county statistics, identified the indicator as a targeted focus of other organizations, and associated the indicator with disparities. Trending changes were also noted. Qualitative data was compiled from seven focus groups conducted throughout Erie County that included participation from experts in numerous disciplines as well as citizens from underrepresented populations.

With the aid of a problem importance worksheet and a prioritization matrix, members of the Erie County CHNA Steering Committee, including Sister Carol Morehouse from Saint Vincent Health Center, then rated each indicator on five different criteria using a Likert scale of 1 to 10 including: the magnitude of the problem, the seriousness of the problem, its comparison to benchmarks, the feasibility of addressing the problem, and the availability of resources. Scores for each indicator were tallied and ranked. The results identified thirty-six indicators to be considered as priorities. A comprehensive community resource list for these indicators was then developed. Using this list, the Steering Committee identified final priority indicators, overarching challenges, and strategic health issues for Erie County. Saint Vincent Health Center leadership and Board of Trustees reviewed the final conclusions and



concluded with the priority strategic health issues as the basis for its implementation efforts. The high priority strategic health issues include:

#### Lifestyle Behavior Change

- Tobacco Use (including smoking during pregnancy)
- Physical Activity
- Nutrition
- Alcohol Use

#### Chronic Disease Prevention and Control

- Heart Disease
- Obesity
- Hypertension
- Diabetes & Pre-diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Asthma
- COPD/Adult Asthma Preventable Hospitalizations

#### Cancer Prevention and Early Detection

- Lung Cancer
- Breast Cancer
- Prostate Cancer
- Cervical Cancer

#### Mental Health

- Poor Mental Health
- Suicide
- Financial Distress

#### **List of Health Needs the Facility Plans to Address**

Saint Vincent, through its mission of compassion and excellence in the delivery of a continuum of holistic care, as well as collaboration with numerous partners, has developed strategies to address each of the priority health issues.



### ***Lifestyle Behavior Change Needs***

As stated in pages 210-221 of the Erie County Community Health Needs Assessment (ECCHNA), even though the overall percentage of adults age 18-64 with no health insurance decreased in 2011, 12% of non-Hispanic White and approximately one-third (29%) of non-Hispanic Black and Hispanic adults reported no health insurance. The percentage of Erie County families living in poverty (as reported on page 32 of the ECCHNA) range from 22.9% for families with children under the age of 18, 43.4% for females head of households with children under the age of 18 and 48.1% for male head of households with children under the age of 18.

Page 47 and pages 165-175 of the Erie County Community Health Needs Assessment (ECCHNA), indicate that Erie County has a higher proportion of smokers (23%) than Pennsylvania (18%), the nation (17%) and the Healthy People 2020 Goal (12%). Since 2005, Erie County has participated in the Pennsylvania Commission on Crime and Delinquency's biannual Pennsylvania Youth Survey tracking behaviors of students in grades 6, 8, 10 and 12. This survey found that tobacco is the second most used drug among students in the Saint Vincent Health Center service area. Page 47 of the ECCHNA indicates that the percentage of women who smoke during pregnancy (27.3%) is higher than Pennsylvania (16.5%).

As stated in pages 153-157 and 160 of the Erie County Community Health Needs Assessment (ECCHNA), the percentage of adults aged 18 and older who consumed the recommended servings of fruits and vegetables (10%) is lower than Pennsylvania (24%) and the nation (24%). The consumption by the same age range for whole grains (64%) and dairy (39%) also decreased when compared to previous years.

As stated in pages 160-162 of the Erie County Community Health Needs Assessment (ECCHNA), the percentage of adults aged 18 and older who reported having no leisure physical activity in the past month (28%) is higher than the state (26%), the nation (24%) but lower than the Healthy People 2020 Goal (33%). Based on the Erie County BRFSS, respondents reported walking (53%) as the most prevalent leisure time physical activity in the past month followed by running (10%). Those same individuals who participated in physical activity exercised an average of four times per week.

### ***Chronic Disease Prevention and Control Needs***

Pages 104-107 of the Erie County Community Health Needs Assessment (ECCHNA) states that adults aged 35 and above who were ever told they had a heart attack (6%) increased slightly from the previous year but was comparable to the state (6%) and slightly higher



than the nation (4%). Adults aged 35 and above who were ever told they had heart disease (7%) decreased from the previous year but was higher than the state (6%) and the nation (4%).

Over a ten year period up to 2011, the percentage of obese residents in Erie County has increased 5% to 29%, which is comparable to Pennsylvania (29%), higher than the nation (28%) and lower than the Healthy People 2020 Goal (30.6%), as outlined in pages 175-177 and 182 of the Erie County Community Health Needs Assessment (ECCHNA). The highest percentage point increase among demographic groups (+8%) was seen for those with some college education, and has steadily increased for those aged 65 and above, males, high school graduates and college graduates. When looking at school age children and obesity (page 182), the percentage of students in grades kindergarten through 6<sup>th</sup> grade who were obese was 17.3%, which is slightly higher than the state percentage of 16.8%. The percentage of obese K-6 students in the Erie School District was 19.3%, ranking third among the school districts in Erie County.

Pages 115-117 also indicate that, the percentage of adults age 18 and older in Erie County who were ever told they had diabetes was 10% in 2011, which is equal to the state (10%) and was slightly higher than the nation (9%). The highest prevalence of diabetes was seen in adults age 65 and older (21%). In Erie County, 6% of adults age 18 and above had ever been told they had pre-diabetes and the highest prevalence of pre-diabetes (11%) was seen in adults age 65 and older and Hispanic adults. The percentage of students kindergarten through 12<sup>th</sup> grade that had a medical diagnosis of type 2 diabetes was 0.09%, which is a slight increase from prior years and is higher than the state (0.07%).

The percentage of Erie County adults age 18 and older who were ever told they had Chronic Obstructive Pulmonary Disease (COPD), emphysema or chronic bronchitis was 7%, which was higher than the nation (5%). Those adults in the 65 and older age group (15%) saw the highest prevalence of COPD. Hispanic adults had the highest percentage of diagnosed COPD at 21%. In Erie County, chronic lower respiratory disease was the third leading cause of death for the years 2008-2010. (page 114).

As identified in pages 96-101, the percentage of adults age 18 and older ever diagnosed with asthma increased slightly in 2011 to 12%, which was lower than both the state and nation (14%). A significant increase was seen among high school graduates (+7%) while higher increases were seen for those with less than a high school education (+8%), adults age 18-29 (+6%), adults age 30-44 (+6%) and non-Hispanic Whites (+4%). The percentage of adults who currently have asthma increased to 8% in 2011 and was lower than the state (10%) and the nation (9%). In 2011, the lifetime asthma prevalence for Erie County children under age 18 was 9%, which was lower than the state (14%) and the nation (13%).



### ***Cancer Needs***

Bronchus and lung cancer was the leading cause of cancer deaths in Erie County, accounting for 27.4% of all deaths, and killed nearly as many people as colorectal, breast, pancreatic and prostate cancers combined (510 versus 521 deaths). The age-adjusted death rate for lung cancer dropped from 58.1 deaths per 100,000 population in 2000 to 51.8 deaths per 100,000 in 2010, a decline of 10.8%. For males and females in Erie County, lung cancer rates decreased by 23.2% for males and increased 8.0% for females. Overall, the lung cancer incidence rate was 67.6 for Erie County in 2009, which was lower than the state (69.9). The male population in Erie County had a higher lung cancer incidence rate (80.2) than females (59.5), although the male incidence rate was higher than the state (86.8). (pages 58-65).

Breast cancer was the third leading cause of death (7.7%) among all cancers in Erie County for the period 2008 through 2010, while breast cancer mortality among females was 15.6% for the same time period. Breast cancer among females was the number one cancer incidence rate at 28.7%. The percentage of Erie County females age 40 and above who had a mammogram in the past increased 2% to 67% in 2011. The highest percentage of annual mammogram screening was seen in women with less than a high school education (94%) followed by women age 65-74 (85%) and women with a household income of \$50,000 and above (80%). The lowest percentage of annual mammogram screening was seen in women with household income below \$25,000 (51%) followed by women age 40-49 (53%). (pages 58-65).

As stated on pages 58-65 and pages 129-130 of the Erie County Community Health Needs Assessment (ECCHNA), prostate cancer was the fifth leading cause of death (5.7%) among all cancers for the period 2008 through 2010, with Erie County males rating prostate cancer second (11.3%). For 2009, incidences of prostate cancer ranked third among all cancers at 13.7%, while males ranked incidences of prostate cancer first at 27.8%. The percentage of males age 40 and above who had a prostate-specific antigen (PSA) test within the past year was 52% in 2011, representing a 37% increase from 2001 to 2011. Adult males age 40 and above whose household income was \$50,000 and above had the most significant increase in PSA testing (41% to 60%) from 2007 to 2011.

The incidence rate per 100,000 population for cervical cancer in Erie County was 7.8 in 2009, which is lower than the state rate of 8.2. The percentage of females age 18 and older who received an annual Pap test was 60% in 2011, a 1% increase from 2007. The highest percentage for an annual Pap test was 93% for non-Hispanic Black females age 18 and older, while the lowest percentage was for women age 65 and older (33%). (page 63, 123-125).



As stated on pages 58-63 of the Erie County Community Health Needs Assessment (ECCHNA), melanoma mortality rate for Erie County was 3.2 per 100,000 population compared to 3.0 for the state. Melanoma incidence rates were 16.3 for the period ending 2009, which was lower than the state rate of 18.6.

### ***Mental Health and Substance Abuse Needs***

As stated on pages 185-187 of the Erie County Community Health Needs Assessment (ECCHNA), the percentage of adults age 18 and older who were ever told they had a depressive disorder was 19% in 2011. The percentage of adults age 65 and older that were ever told they had a depressive disorder in 2011 was 13%. Based on the biannual Pennsylvania Youth Survey (grades 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup>) sponsored by the Pennsylvania Commission on Crime and Delinquency, approximately a third of the students surveyed felt depressed or sad most days in the past year (35.7%), thought that life was not worth it (24.0%) and felt they are no good at all (30.8%). which are all higher than the state. Those students who thought they were a failure remained constant at 15.2%, but remained higher than the state (13.7%).

As stated on pages 141-150 of the Erie County Community Health Needs Assessment (ECCHNA), the percentage of adults age 18 and older in Erie County who binge drank in the past thirty days decreased 2% to 19% in 2011. Erie County remains higher than both the state and nation (15%) but lower than the Health People 2020 Goal of 24.3% for binge drinking. For those adults age 18 and older in Erie County that are heavy drinkers, that percentage has remained the same over the four year period ending 2011 at 6%, which is higher than the state (4%) and the nation (5%). Erie County adults age 18 and older that are chronic drinkers also remained constant at 6%, which equals the state percentage.

### **Identification and Description of How Facility Plans to Address Each Health Need**

In response to the identified priority community needs, Saint Vincent has developed 4 overarching goals and identified specific implementation strategies and programs to address the needs in each of the four priority areas. The goals and implementation strategies are as follows:

#### **Goal 1: Increase access to preventative care and promote lifestyle/behavior change**

In order to accomplish the goal to improve life style and healthy behavior, Saint Vincent is implementing a number of priority programs and initiatives. These include:

- Increase access to education, wellness, prevention and health care services for the medically underserved in NW PA region through the use of the mobile medical unit.





- Decrease tobacco use by offering tobacco cessation classes and supporting community wide tobacco cessation programs and events
- Increase awareness of healthy living through educational programs and community events
- Increase physical activity through heart healthy exercise and nutrition programs for both adults and children
- Increase participation in employer-sponsored wellness initiatives for Saint Vincent associates as well as other employers throughout the county and region

The programs were developed in collaboration with the Sisters of Saint Joseph, Allegheny Health Network, Community Health Net, GECAC, pediatric and primary care physicians, The Housing Authority of the City of Erie, the Erie County Department of Health and numerous other collaborators including private employers. Saint Vincent will implement these programs over the next three years with and through relationships with these collaborators. Significant resources and effort will be placed on outreach to the medically underserved through the use of the mobile medical unit and employer-sponsored wellness initiatives as these have the potential to impact large numbers of people.

Over the long run, these programs are expected to positively impact overall health status, lifestyle, risk behaviors, and decrease the number of emergency department visits for ambulatory care sensitive conditions. Indicators that will be tracked to evaluate the outcomes and impact of the individual programs will include:

- Number of events
- Number of participants in biometric screening, risk factor screening and education programs
- Number of referrals for interventions or higher levels of care based on screening outcomes
- Number of people who changed risk behaviors and extent of change (such as number of pounds lost, minutes of physical activity, etc.)
- Increase in knowledge, intent to change behavior

## **Goal 2: Decrease the incidence of chronic disease in Erie County and improve chronic disease management**

In order to accomplish this goal, Saint Vincent is implementing a number of priority programs including:

- Increase participation in heart disease and obesity screening and education programs



- Improve diabetes management and diabetes health literacy in Erie County through the Diabetes Resource Center as well as COMPASS and other programs
- Implement innovative approaches to diagnose and treat COPD and Asthma

These programs and interventions were developed through collaboration with Saint Vincent physician leaders and the Erie County Health Department and will be implemented through those collaborative relationships. Diabetes management is the highest priority area, with significant resources invested in the Diabetes Resource Center and to build clinical competency for diabetes management by investing in NCQA physician certification.

Over the long run, these programs are expected to improve incidence and mortality rates related to obesity, diabetes, heart disease, COPD and Asthma. Indicators that will be tracked to evaluate the outcomes and impacts of the individual programs include:

- Number of events
- Number of program participants, annual exams
- Improvement in A1C levels (diabetes)
- Number of referrals for interventions or higher levels of care based on screening outcomes and referrals to the Diabetes Resource Center
- Number of physicians who achieve NCQA certification as diabetes clinical experts
- Utilization of diabetes management toolkit
- Compliance with medication use
- Improved quality of life for program participants

### **Goal 3: Decrease the incidence or late stage diagnosis of cancer in Erie County**

In order to accomplish this goal, Saint Vincent is implementing a number of priority programs and strategies including:

- Decrease the number of stage 3 or 4 lung cancer diagnoses
- Decrease the number of women diagnosed with stage 3 or 4 breast cancer
- Increase awareness of options to support individuals with Prostate Cancer
- Decrease cervical and skin cancer diagnoses

The strategies were developed and will be implemented in collaboration with the Erie County Department of Health, the American Cancer Society, Saint Vincent physician leaders, the Susan B. Komen Foundation. Lung and breast cancer are high priority areas. Most lung cancers are diagnosed in stages 3 and 4. An innovative CT scan screening protocol offers the opportunity to diagnose early stage cancer. Breast cancer incidence rates can be impacted by increasing access to mammography.



Over the long run, these efforts are expected to decrease the incidence and mortality associated with lung, breast, cervical and skin cancer. Indicators will be tracked to evaluate the outcomes and impacts of individual programs including:

- Number of program participants
- Number of screenings completed
- Number of referrals and procedures completed
- Number of malignant nodules detected and removed
- Number of physician staff members educated
- Number of females receiving HPV vaccine and decrease in the number missing dosage

#### **Goal 4: Address mental and behavioral health needs in Erie County**

To accomplish this goal, Saint Vincent will focus on the following:

- Improve access to mental health services for seniors
- Improve mental health status
- Decrease in alcohol use

The implementation strategies were developed in collaboration with the Erie County Health Department, Saint Vincent physicians and local employers. Improving access to mental health services for seniors is the top priority area for the hospital, through the hospital's Geropsychiatric program. The hospital will increase community outreach through a Geriatric Nurse Liaison to educate physician offices, senior service providers and other community groups regarding risk assessment and appropriate protocols for geriatric psychiatric admissions. The hospital will work with GECAC and other community agencies to identify additional strategies to improve access to services for adults with mental health challenges. Saint Vincent will offer access to Alcoholic Anonymous programs at its facilities.

Over the long run, these efforts are expected to improve access to mental health services for Erie County residents, improve mental health status and decrease drug use. Indicators will be tracked to measure outcomes and evaluate impact of individual programs including:

- Number of participants in AA meetings
- Number of geriatric needs assessments conducted
- Number of offices/facilities educated regarding protocols
- Number of employer groups participants



### **Health Needs that the Facility Does Not Intend to Address**

There is one priority identified by the Erie County Community Health Needs Assessment that Saint Vincent is not addressing. This is the area of Financial Distress. While the hospital offers numerous health and wellness programs at no charge to the public and offers psychiatric services for adults and seniors that might include stress-related issues, addressing the financial needs of Erie County residents and elimination of poverty of Erie County residents is outside of the scope of the mission of the hospital.