GRAND VIEW HEALTH

2016 Community Health Improvement Plan Report

Public Health Management Corporation Community Health Data Base

Introduction

This report describes the unmet healthcare needs in the community that Grand View Health (GVH) will address with services in its 2016 Community Health Improvement Plan (CHIP).[1] Previously, in 2013, GVH identified these five priorities for the hospital's three-year improvement plan for 2013-2016:

- Health screenings for women
- Annual visits to a primary care provider
- High blood pressure in adults
- Binge drinking in adults
- Overweight and obesity in children

The unmet healthcare needs that were identified during the current 2016 CHIP process as needing improvement include:

- Overweight/Obese adults and children
- Diabetes in adults and children
- Cardiovascular disease
- Lung disease
- Cancer prevention, screenings and services
- Behavioral health

This report also includes the process used to select and prioritize these needs, and the rationale for selecting them for the hospital's three-year improvement plan (2016-2019).

Methods

GVH's CHIP is based on an analysis of the major indicators of the health of the community in GVH's 2016 Community Health Needs Assessment compared to results for Bucks County and the U.S. Surgeon General's goals for the health of the nation by 2020. The data assesses whether or not each health indicator was statistically significantly better or worse than the same indicator for Southeastern Pennsylvania as a whole.

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[1] The U.S. Internal Revenue Service defines "community health improvement services" as "activities or programs, subsidized by the health care organization, carried out or supported for the express purpose of improving community health. Such services do not generate inpatient or outpatient revenue, although there may be a nominal patient fee or sliding scale fee for these services."

Qualitative information on the priority unmet needs of the community was also collected from two meeting representatives from 39 local service providers (including public health experts) using a written discussion guide. Interviews with GVH's chief executive officer, and four GVH physicians in leadership roles in bariatrics, pulmonology, cardiology and breast surgery were also conducted using written guidelines that differed for each interviewee. In addition to GVH staff interviews, an interview was also conducted with the medical director of the Penn Foundation, a behavioral health treatment center. The information from these meetings was analyzed for trends across data sources and suggestions for health improvement programs or activities that GVH could adopt to meet unmet needs.

The data analysis in this report was conducted by Public Health Management Corporation's (PHMC) Community Health Data Base staff, a nonprofit public health institute that creates and sustains healthier communities. PHMC uses best practices to improve community health through direct service, partnership, innovation, policy, research, technical assistance and a prepared workforce. PHMC also conducted GVH's 2016 Community Health Needs Assessment (CNHA), which analyzed and presented the information on unmet healthcare needs that was used by GVH and PHMC to select the community health improvement programs and activities that will be addressed by the hospital's CHIP. The review of the CHNA report, meeting notes, interviews and discussion with GVH staff resulted in the selection of six priority areas of unmet health needs for GVH to address in its CHIP. Each of these areas is described below.

Unmet Needs Prioritization

The process of setting priorities included comparing information on each indicator for GVH's service area with the same measures for Bucks County, Pennsylvania and Healthy People 2020. Statistically significant differences between indicators for GVH's service area and the Southeastern Pennsylvania region and qualitative data from meetings and interviews are also used.

GVH's approach to community health needs is to focus its response to needs that are both documented in the assessment and intersect with GVH's strengths, vision and mission. In prioritizing the unmet needs, GVH's multidisciplinary physician group and executive leaders also considered: 1) whether GVH has the capability to address the need; 2) whether the healthcare need will align with GVH's mission; and 3) whether existing programs in the community address the need. The prioritization process resulted in the identification of the priority areas addressed below. The specific objectives and action plans for addressing the identified priorities are detailed under the Implementation Plan.

IMPLEMENTATION PLAN

#1. Overweight/Obesity in Adults and Children

Rationale. Overweight and obesity in adults and children was selected as the highest priority unmet need because the GVH service area has a high percentage of adults and children who are either obese or overweight relative to the surrounding Southeastern Pennsylvania (SEPA). It is also related to many serious, chronic conditions in adults and children, including high blood pressure, heart disease, diabetes, stroke and cancer. After cancer, obesity is the second most frequent cause of death in the GVH service area, resulting in 82 deaths per 10,000 people annually. Obesity is also a factor in diabetes and high blood pressure. Diabetes affects 14,100 adults while high blood pressure affects 55,100.

The causes of obesity, according to Grand View Health's multidisciplinary physician panel and community interviews, include:

- Putting an active lifestyle secondary to more sedentary activities;
- Failing to get young children in the habit of being active at a young age; and
- Failing to educate young children on the dangers of obesity and benefits of proper nutrition. This information should be conveyed by the family physician, but many family physicians have difficulty telling their patients to lose weight because the patient might leave the practice. However, physicians can be educated on communicating this information tactfully.

Other barriers to avoiding obesity include:

- A lack of awareness on the part of parents that their child is overweight;
- Being overweight as a child is seen as "baby weight" and not a real problem;
- Providing children with healthy food is costly; and
- Preparing healthy food is seen by many parents as too time consuming.

Statistics. In the GVH service area, 30.6% of adults age 20+ are obese. This represents 53,900 obese adults in the GVH service area. An additional 63,500 or 37% of adults are overweight. Rates of adult obesity and overweight are similar in the GVH service area to rates in Bucks and Montgomery Counties, but are higher than in SEPA as a whole. A smaller percentage of children than adults are obese (15%) or overweight (12%). However, this represents 4,400 obese children ages 6-17 and 5,900 who are overweight. GVH rates for child overweight and obesity compare favorably with those in Montgomery and Bucks Counties and in SEPA. The differences between child and adult obesity rates in the GVH area and in SEPA are not statistically significant.

Existing GVH Resources. GVH sponsors many programs that address overweight and obesity, some of which are based at Grand View Healthand other GVH locations, and some are located in the community. These programs address several or one of the causes of obesity in both adults and children. Many of these programs are free or low cost. For example, the following GVH programs are relevant to physical fitness and proper nutrition:

- Bariatric Support Group at GVH Sellersville Outpatient Center
- Family Health Fair at Montgomery Mall
- Thinning the Bulge: Tips to Trim Unwanted Fat at a gym in Souderton
- Eating 911 at Henning's Market, Harleysville
- Lose 50-in-50, an email weight-loss program that can be done in the patient's home
- Lifestyle Fitness Center at GVH Sellersville Outpatient Center
- Get Fit with a Doc at West Rockhill Township Park
- Grand View Youth, for children ages four through 17
- Grand New You at GVH Sellersville Outpatient Center
- Grand View Nutritional Counseling Services
- Grand View Health Bariatric & Metabolic Institute

Objective 1: Encourage and increase opportunities for physical activity and improved nutrition with community-based exercise programs and education for adults and children.

Many programs in the United States that address obesity in adults and children are supported by scientific evidence. Most of these programs are operated by local government, community organizations, schools or a combination of agencies. Few of these programs are hospital-based, due to the fact that meeting people where they live, work or pray/play is the best way to engage a community. GVH has adapted one of the evidence-based programs, group physical activity, in its Get Fit with a Doc program. The evidence-based programs described below may be adapted by centering them at GVH's Outpatient facilities, more community locations, by working together with community partners to implement some of these programs county wide, or sponsoring them with other community-based agencies such as the schools, United Way or YMCAs.

There is scientifically supported evidence that enhancing access to places for physical activity for adults and children that create new opportunities for physical activity or reduce the cost of existing opportunities (e.g., creating walking trails, building exercise facilities, improving street scape design, or providing access to existing nearby facilities) can result in more physical

activity.[2] This can have a positive impact on increased physical activity and improved physical fitness, which may lead to weight loss. Increased access is typically achieved in a particular community through a multi-component strategy that includes training or education for participants.[3]

Worksite nutrition and physical activity programs use educational, environmental and behavioral strategies to improve health-related behaviors and health outcomes. These programs may include written materials, skill-building (e.g., cue control), individual or group counseling, improved access to healthy foods (e.g., changing cafeteria or vending machine options), and opportunities to be more active at work (e.g., on-site facilities for exercise or standing/walking workstations). There is strong scientific evidence that these programs increase physical activity, improve weight status, and increase fruit and vegetable consumption.[4] There is also strong scientific evidence that community-based social support interventions for physical activity that focus on changing behavior through building, strengthening and maintaining social networks, such as setting up a buddy system or a walking group to provide friendship and support, can increase physical activity and fitness.[5,6]

There is scientifically supported evidence that multi-component school-based obesity prevention interventions that seek to increase physical activity and improve nutrition before, during and after school improve weight status, increase physical activity, and improve nutritional activity. School-based obesity prevention programs that target both sides of the energy balance, including healthy food and physical activity, appear more effective than one-sided programs.[7]

Reducing screen time for children, often as part of a multi-faceted effort to increase physical activity and improve nutrition, is associated with scientifically supported evidence of reduced sedentary screen time, increased physical activity, and improved dietary habits and weight

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[2] Wolch J, Jerrett M, Reynolds K, et al. Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. Health & Place. 2011;17(1):207-14.

[3] Waters E, de Silva-Sanigorski A, Burford BJ, et al. Interventions for preventing obesity in children. Cochrane Database of Systematic Reviews. 2011;(12):CD001871.

[4] Verweij LM, Coffeng J, van Mechelen W, Proper KI. Meta-analyses of workplace physical activity and dietary behaviour interventions on weight outcomes. Obesity Reviews. 2011;12(6):406-29.

[5] Van Sluijs EMF, Kriemler S, McMinn AM. The effect of community and family interventions on young people's physical activity levels: A review of reviews and updated systematic review. British Journal of Sports Medicine. 2011;45(11):914-22.

[6] Holland SK, Greenberg J, Tidwell L, et al. Community-based health coaching, exercise, and health service utilization. Journal of Aging and Health. 2005;17(6):697-716.

[7] De Bourdeaudhuij I, Van Cauwenberghe E, Spittaels H, et al. School-based interventions promoting both physical activity and healthy eating in Europe: A systematic review within the HOPE project. Obesity Reviews. 2011;12(3):205-16.

loss. Family and parental support significantly increase the effectiveness of sedentary screen time interventions, and may foster long-term healthy screen time habits for children.[8]

Other scientifically supported programs for children that impact obesity include school gardening; providing "prescriptions" for individually tailored exercise plans, often accompanied by progress checks at office visits, counseling, activity logs and exercise testing; safe routes to school programs or "walking school buses" to encourage walking and biking to school; and programs that encourage breastfeeding.[9]

Action Plan:

1. Continue to provide education aimed at improving nutrition and encouraging healthy eating habits for both adults and children.

2. Raise awareness about healthy food venues and local farmer's markets and evaluate partnerships with community organizations that promote healthy food choices.

3. Explore opportunities to encourage increased physical activity and improved nutrition through partnerships with community organizations, the Grand View Children's Center and Grand View Workplace Health and Wellness.

4. Consider expansion of Get Fit with a Doc program and/or implementation of additional walking/running groups or other enhancements of group exercise programs.

5. Improve and promote the current walking trail to increase trail utilization by employees and surrounding community.

6. Encourage physical activity among employees through wellness initiatives.

7. Encourage adults to include children in Get Fit with a Doc program and to utilize the Grand View Health walking trail as a safe place for physical activity with their children.

8. Develop and implement group exercise programs aimed at children and teen participants.

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[8] Biddle SJH, Petrolini I, Pearson N. Interventions designed to reduce sedentary behaviours in young people: A review of reviews. British Journal of Sports Medicine. 2014;48:182-186.

[9] Smith, L., Norgate, S. H., Cherrett, T., Davies, N., Winstanley, C. and Harding, M. (2015), Walking School Buses as a Form of Active Transportation for Children—A Review of the Evidence. Journal of School Health, 85: 197–210. doi: 10.1111/josh.12239

9. Partner with pediatricians to provide educational resources regarding healthy lifestyle behaviors with children.

10. Evaluate the use of technology to provide additional access to educational resources addressing nutrition and fitness.

#2. *Diabetes in Adults and Children*

Rationale. Diabetes is a chronic illness that causes a host of other physical problems, including death from either too much or too little insulin, kidney disease, heart disease, circulation problems, vision problems, nerve damage, wounds that are difficult to heal, and cancer. It requires constant monitoring and follow up. Compliance with treatment by the patient is critical.

Statistics. About 14,100 adults in the GVH service area, or 8%, have been diagnosed with diabetes. This is a lower percentage than in the region as a whole (13%) or in Bucks (11%) and Montgomery (12%) counties. The risk for diabetes increases with age: 14% of older adults in the service area age 60+ have diabetes; this percentage represents 7,400 older adults.

Type I diabetes, which usually begins in childhood or adolescence, is less common than Type II diabetes, and being overweight is not usually a factor. In Pennsylvania, there are about 100-200 new Type 1 diabetes cases per million children per year. However, the rate of Type 1 diabetes is increasing.[10]

GVH's multidisciplinary physician team and community panel felt the rate of adult diabetes in the GVH service area is high because obese and overweight people are undiagnosed because they do not visit a primary care provider. By the time they seek help for their obesity or overweight, they have many other health conditions that are related to untreated diabetes, including heart disease. At GVH in 2015 there were 5,000–6,000 patients who were morbidly obese and had not seen a doctor or been admitted to the hospital.

Existing GVH Resources. The GVH Bariatric & Metabolic Institute treats patients who are obese and overweight. Many have diabetes. In addition to the Bariatric & Metabolic Institute, GVH has a Diabetes Self-Management Training course taught by registered dietitians. The five-session class includes one-on-one counseling with the dietitian and group classes. GVH

[10] http://www.diabetesselfmanagement.com/blog/protecting-children-from-type-1-diabetes/. Accessed May 16, 2016.

also has a free class on preventing diabetic eye disease at the GVH Sellersville Outpatient Center.

Objective 2: Reduce the severity of diabetes complications.

Chronic disease self-management (CDSM) programs are educational and behavioral interventions that support patients' active management of their condition in their daily life. Programs may focus on self-monitoring and medical management, decision making or adoption and maintenance of health-promoting behaviors to minimize disability and delay the progress of chronic disease. Programs are usually delivered in healthcare settings by health professionals, but may also be delivered by lay individuals in community settings or via computer or phone applications or messaging. The components of self-management interventions vary by specific chronic disease. CDSM programs vary in focus, implementation and effect. Programs have been shown to reduce HbA1C levels in diabetic patients, and improve systolic and diastolic blood pressure.[11] Computer-based self-management programs delivered in health-supported settings appear to improve health behaviors and clinical and psychological outcomes in patients with diabetes.[12] There are many types of chronic disease self-management programs implemented across the Unites States. The CDSM program created by Stanford is a program that is frequently used and has been shown to be effective (Stanford CDSMP).[13,14]

The Stanford CDSM program is a two-and-a-half hour workshop held once a week for six weeks in community settings, such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with chronic diseases themselves.

Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation, 2) appropriate exercise for maintaining and improving strength, flexibility and endurance, 3) appropriate use of medications, 4) communicating effectively with family,

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[11] Chodosh J, Morton SC, Mojica W, et al. Meta-analysis: Chronic disease self-management programs for older adults. Annals of Internal Medicine. 2005;143(6):427-38.

[12] Van Vugt M, de Wit M, Cleijne WHJJ, Snoek FJ. Use of behavioral change techniques in web-based self-management programs for type 2 diabetes patients: Systematic review. Journal of Medical Internet Research. 2013;15(12):e279.

[13]Warsi A, Wang PS, LaValley MP, Avorn J, Solomon DH. Self-management education programs in chronic disease: A systematic review and methodological critique of the literature. Archives of Internal Medicine. 2004;164(5):1641-49.

[14] Stanford School of Medicine. Chronic disease self-management program (better choices, better health workshop).

friends and health professionals, 5) nutrition, 6) decision making and, 7) how to evaluate new treatments. Each participant in the workshop receives a copy of the companion book, *Living a Healthy Life With Chronic Conditions, 4th Edition*, and an audio relaxation CD, *Relaxation for Mind and Body*.

Action plan:

1. Coordinate efforts with dietitians, endocrinologists and community organizations which offer resources responding to the needs of diabetic patients.

2. Continue an integrated approach to diabetes by coordinating efforts with obesity reduction efforts and health lifestyle education.

3. Create or partner with community organizations, school and senior centers to create diabetic support groups and to provide diabetes education.

4. Partner with dietitians and endocrinologists to enhance inpatient and outpatient diabetes education programs.

5. Evaluate the use of technology to provide additional resources for the management of diabetes.

6. Conduct diabetes screenings at local businesses and community organizations and facilitate follow-up care for those in need of further follow up.

#3. *Cardiovascular Health*

Rationale. Cardiovascular health was selected as a priority area because coronary heart disease rates can be reduced by improving behavioral health practices, such as smoking, obesity and sedentary lifestyles.

Statistics. Coronary heart disease is the second leading cause of death in the GVH service area (82 deaths annually per 100,000 population) after cancer (160 deaths annually per 100,000 population).[15] Mortality rates for coronary heart disease in the GVH service area are similar to those in Bucks County overall. However, cardiovascular health was selected as a priority area because coronary heart disease rates can be reduced by improving behavioral health practices, such as smoking, obesity and sedentary lifestyles.

[15] These rates are age-adjusted using the Direct Method and the 2000 U.S. standard million population.

Our multidisciplinary physician team and community interview participants felt the causes of poor cardiovascular health in the GVH service area are multifactorial and include aging, obesity, high blood pressure, stroke and cardiomyopathy that is either congenital or secondary to chemotherapy, illicit drug use, or arrhythmias. Other causes include smoking, family history, obesity and lack of exercise.

Existing GVH Resources. GVH has several programs aimed at improving cardiovascular health in the community. Besides the programs that address obesity and overweight, GVH heart health programs include:

- A Heart Health Fair held annually at the Montgomery Mall
- Grand View Health Cardiac Rehabilitation Program
- Clearing the Air: Smoking Cessation

Objective #3: Increase awareness of cardiovascular disease and risk factors and help address the symptoms of cardiovascular disease.

Many programs that address cardiovascular health in the population involve smoking cessation and weight reduction/nutrition. GVH hosts a free smoking cessation program. Smoking cessation programs supported by tobacco quitlines have been shown to be very effective. Quitlines provide behavioral counseling to tobacco users who want to quit. Cessation specialists for proactive quitlines schedule follow-up calls after the specialist or tobacco user makes initial contact; reactive quitlines, by contrast, rely solely on tobacco users to make contact. Some quitlines provide additional interventions such as mailed materials, web-based support, text messaging or tobacco cessation medications.[16] The Commonwealth of Pennsylvania has a free tobacco quitline.

Telemedicine is also helpful in delivering consultative, diagnostic and healthcare treatment services via videoconferencing, transmission of still images, remote monitoring of vital signs, or other modalities. Telemedicine can supplement healthcare services for patients who would benefit from frequent monitoring or provide services to individuals in areas with limited

[16] Mozaffarian D, Afshin A, Benowitz NL, Bittner V, Daniels SR, Franch HA, Jacobs DR Jr, Kraus WE, Kris-Etherton PM, Krummel DA, Popkin BM, Whitsel LP, Zakai NA; on behalf of the American Heart Association Council on Epidemiology and Prevention, Council on Nutrition, Physical Activity and Metabolism, Council on Clinical Cardiology, Council on Cardiovascular Disease in the Young, Council on the Kidney in Cardiovascular Disease, Council on Peripheral Vascular Disease, and the Advocacy Coordinating Committee. Population approaches to improve diet, physical activity, and smoking habits: a scientific statement from the American Heart Association. Circulation. 2012;126:1514–1563.

access to care.[17] Telemedicine has been shown to decrease mortality for patients with a history of chronic heart failure.[18]

Fitness programs can be offered in a variety of community settings including fitness centers, community agencies, senior centers and community wellness centers. Program offerings vary by location but often include exercise classes such as spinning/indoor cycling, aerobic dance classes, zumba, pilates, yoga and tai chi. There is strong evidence that fitness and exercise programs offered in community settings increase physical activity levels and improve physical fitness for participating adults and older adults, particularly when these activities are offered with social support interventions.[19]

In addition to the best practices of weight reduction and nutrition programs mentioned in the obesity section, prescriptions for heart disease patients with individually tailored exercise plans, often accompanied by progress checks at office visits, counseling, activity logs and exercise testing have been shown to be effective. Many successful interventions use exercise prescriptions in conjunction with exercise counseling, planning and activity logs, and exercise testing that allows prescriptions to target safe heart rate zones. Combining such prescriptions with additional interventions such as phone, mail or internet follow up can improve prescription adherence and long-term effectiveness [20]

Action Plan:

1. Continue and augment current cardiovascular education and screening programs.

2. Raise awareness among providers and patients about community efforts and resources to reduce smoking rates and improve cardiovascular health.

3. Implement and augment employee wellness program incentives for smoking cessation and cardiovascular health.

4. Provide education and support programs to identify and reduce hypertension prevalence and/or improve hypertension management.

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[17] Car J, Huckvale K, Hermens H. Telehealth for long term conditions. BMJ. 2012;344:e4201.
[18] BMJ 2007;334:942 Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis.
[19] Holland SK, Greenberg J, Tidwell L, et al. Community-based health coaching, exercise, and health service utilization. Journal of Aging and Health. 2005;17(6):697-716.
[20] Müller-Riemenschneider F, Reinhold T, Nocon M, Willich SN. Long-term effectiveness of interventions promoting physical activity: A systematic review. Preventive Medicine. 2008;47(4):354-368.

5. Evaluate the use of technology to provide increased access to educational resources regarding cardiovascular health.

#4. Lung Disease

Rationale. Many lung diseases are responsible for shortened lives, poor quality of life and frequent absences from work or school. Lung diseases frequently treated by a GVH interventional pulmonologist at the Lung Center at Grand View Health include lung cancer, chronic obstructive lung disease (COPD), emphysema, sarcoidosis, cystic fibrosis and interstitial pulmonary fibrosis.

Statistics. Lung cancer is responsible for 36 deaths per 100,000 population annually,[21] and is the leading cause of death due to cancer in the service area. It represents an average of 99 deaths per year in the service area. In addition, 17% of adults and 14% of children in the service area have been diagnosed with asthma. This represents 30,300 adults and 8,100 children, a significant number of individuals with a chronic lung condition that needs frequent monitoring and treatment. Although asthma cannot be prevented in today's environment, lung cancer, COPD and emphysema can be prevented or ameliorated by never smoking or smoking cessation.

Existing GVH Resources. Existing informational programs on lung diseases at GVH and its outpatient centers include:

- Lung Cancer Awareness
- GVH's Cancer Rehab Program
- Cancer Support Group
- Look Good, Feel Better for cancer patients
- Better Breathers for adults with COPD, asthma and other chronic lung disorders
- Lung Health 101
- Clearing the Air: Smoking Cessation

Our multidisciplinary physician team remarked that increased education on the early signs of lung disease is very important. The team also felt that smoking cessation classes are not always accessible to patients who want to quit, but cannot travel to the hospital because they are using oxygen therapy. The team recommended GVH explore smoking cessation classes as webinars so patients can participate from their homes.

[21] This rate is age-adjusted using the Direct Method to the 2000 U.S. Standard Million Population.

Objective #4: Increase awareness of lung disease and risk factors and help address the symptoms of disease.

Most strategies to prevent lung disease or lessen its impact focus on smoking cessation, or smoking prevention programs for adolescents. GVH hosts a free smoking cessation program. There is also strong evidence that statewide programs that are comprehensive reduce smoking, prevent youth uptake and prevent cancer.[22,23] For asthma, training to assess whether the home has a healthy environment and remediate asthma triggers reduce asthma symptoms and decrease use of urgent care and its costs.[24]

Action plan:

1. Consider implementation of online education/webinars to increase access to smoking cessation education.

2. Provide education and support programs to reduce asthma prevalence and/or to improve asthma management.

3. Initiate a lung cancer screening program that provides low dose CT screening for longtime smokers in certain age categories.

4. Create and publish a lung cancer screening tool on internet site.

#5. *Cancer Prevention, Screenings and Services*

Rationale. Regular screenings can detect many serious health problems, such as cancer or high blood pressure, before they become more advanced. In addition to saving lives, these screenings represent a low-cost alternative to treating patients when their disease is more advanced or terminal. Common screenings that are recommended are Pap smears, mammograms and clinical breast exams for women; prostate cancer screens for men; and screens for colorectal cancer, high blood pressure and diabetes. The multidisciplinary physician team felt the low percentages of women getting screenings is not an access to care issue, but an opportunity for education because there is a lot of fear regarding diagnosis and

[22] Barnoya J, Glantz S. Association of the California tobacco control program with declines in lung cancer incidence. Cancer Causes & Control. 2004;15(7):689-95.
[23] Farrelly MC, Pechacek TF, Chaloupka FJ. The impact of tobacco control program expenditures on aggregate cigarette sales: 1981-2000. Journal of Health Economics. 2003;22(5):843-59.
[24] Krieger J, Song L, Philby M. Community health worker home visits for adults with uncontrolled asthma: The HomeBASE trial randomized clinical trial. JAMA Internal Medicine. 2015;175(1):109-117.

treatment of cancer. A second rationale for supporting women's cancer screenings is that many women don't know their specific risk factors for cancer and primary care physicians are not well enough informed to advise them correctly.

Statistics. For example, 35% of women age 18 and older did not have a clinical breast exam in the past year, 14% of women 50-74 did not have a mammogram in the past two years, and 35% of men and women in the service area age 50 and older did not have a colorectal exam. In addition, 25% of adults did not have a dental exam in the past year. This represents approximately 28,000 adults who did not see a dentist in the past year.

Existing GVH Resources. GVH provides several classes that discuss the need for screenings, including:

- Cervical Cancer Awareness
- Breast Care and Prevention
- Prostate Cancer Awareness
- Lung Cancer Awareness
- Children's Dental Health Awareness

In addition, GVH conducts many programs that provide free screenings and education, including those offered during Breast Cancer Awareness Month in October and a Heart Health Fair that includes free blood pressure and cholesterol screenings, BMI calculations and heart disease prevention education. Our multidisciplinary team and community interview participants felt that regular outreach to all types of groups of women in the community is critical to encourage screenings.

Objective #5: Increase awareness of chronic diseases and the importance of preventive screenings and early detection.

Action Plan:

1. Coordinate education with community partners to encourage and increase colon, breast and prostate cancer screenings.

2. Host informational "hot topic" programs that provide information about the latest development in cancer treatment and research for lung, colon and breast cancer.

3. Increase prevention education and awareness of colon cancer through partnerships with churches and community organizations to promote the importance of screenings.

4. Educate parents on cervical cancer prevention and help them make informed decisions about the HPV vaccinations and screening.

5. Develop a multidisciplinary team to provide information and educational materials on breast cancer prevention.

6. Provide education to the community to increase awareness of resources available.

#6. Behavioral Health

Rationale. Behavioral and mental health services were one of the most commonly cited unmet needs by community meeting participants. Community meeting attendees discussed the rise of co-occurring mental health conditions with substance abuse or physical health needs. One participant noted, "The suicide rate in this area can't be ignored." Attendees mentioned stigma, cost and waiting periods as barriers to mental healthcare in the Grand View Health service area.

Our multidisciplinary physician team felt that there should be more coordination between physical, behavioral and mental health providers. There is a need for combined programs, especially including multidisciplinary teams that tackle patient issues as a collective instead of in parts. For example, many prescription drugs used in psychiatry trigger diabetes as a side effect, especially those used for schizophrenia. Patients require treatment for both the physical side effects and the mental health issues.

Statistics. Approximately 24,900 adults in the service area, or 14%, have been diagnosed with a mental health condition. Of those with a mental health condition, three in ten (31%) are not receiving treatment for the condition. In addition, about 3,900 older adults in the service area (8%) have four or more signs of depression on the CES-D 10 Item Depression Scale.

Existing GVH Resources. GVH, as an acute care hospital, does not provide mental or behavioral health services. The Grand View Department of Emergency Medicine operates a Crisis Service from 7 a.m. to 11 p.m., seven days a week. It is staffed by crisis workers from the Penn Foundation. It provides assessments for drug and alcohol treatment and behavioral health for inpatients and outpatients of all ages. In addition, Grand View Health hosts weekly Alcoholics Anonymous meetings year-round, open to community members in our Community Health Education Center.

Objective #6: Increase access to behavioral healthcare through development of community partnerships.

Mental health illness does not discriminate and can affect people from various backgrounds and ages. There are cases in which mental health illness can disrupt daily lives and can have an impact on one's physical health. Behavioral health is not within the scope of Grand View Health's mission, therefore our focus will be to establish community partnerships to address this need.

Action Plan:

1. Explore feasibility of implementing and/or expanding depression screenings in health care practices.

2. Improve access to behavioral health services through community partnerships such as the Penn Foundation.

Conclusion

In conclusion, the unmet needs prioritized by GVH represent the input of the community we serve, GVH's mission as an acute care hospital, and quantitative data on the health status of residents of the GVH service area. Most of these needs are already being addressed by GVH, except behavioral health, which is not within the scope of our mission.

Some of the issues identified in Grand View Health's Community Health Needs Assessment such as senior services/geriatrics, arthritis and cultural diversity/disparities were not specifically addressed in this plan as these needs will be considered in implementing the above action plans.

Next Steps: This Implementation Plan will be rolled out over the next three years, beginning July 1, 2016 and will be updated on a periodic basis.