Atlantic General Hospital

Implementation Plan of Needs Identified in the Community Health Needs Assessment

FY2022 - 2024

Community Health Needs Assessment

This CHNA represents the fourth time that Atlantic General Hospital has collaborated and completed the Community Health Needs Assessment process. A Community Health Needs Assessment is intended to provide information to help hospitals and other community organizations identify opportunities to improve the health of the community. The CHNA process identifies factors that influence the health of a population and determine the availability of resources that adequately address health concerns.

With the information provided in this report, hospital leaders and partners develop plans to address community health priorities and build upon the capacity, resources and partnerships of existing programs. AGH participates closely with Worcester County Health Department, Wicomico County Health Department, Somerset County Health Department, and Tidal Health to provide Community Health Assessment data, surveys and programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of our service area. The Community Health Needs Assessment (CHNA) was approved by the Hospital's Board of Trustees in May 2022.

A community health needs assessment provides an overview of the health needs and priorities of the community.

Needs Identified

This CHNA combines population health statistics in addition to feedback gathered from the community in the form of surveys and focus groups. AGH uses the Healthy Communities Institute to provide health indicator and ranking data to supplement community data provided by partners of the collaboration. When combined, findings from the data and community feed- back are particularly useful in identifying priority health needs and developing action plans to meet those needs.

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (surveys) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for comparison to benchmark data at the state and national levels. Qualitative data input includes information gathered through ongoing key community groups.

AGH partners with surrounding hospitals, health departments and state agencies to bring to together a multitude of information. This CHNA, a follow-up to similar studies

Needs Identified *(cont.)*

conducted in 2012, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Atlantic General Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The information as well as other surveys, research and community data are used to identify issues of greatest concern, and guide resource allocation to those areas – thereby making the greatest possible impact on community health status.

The CHNA is a primary tool used by the Hospital to determine its community benefit priorities, which outlines how the Hospital will give back to the community in the form of health care and other community services to address unmet community health needs. The assessment incorporates components of primary data collection and secondary data analysis that focuses on the health and social needs of our service area.

A sampling of resources utilized to complete the assessment is listed to the right. (A comprehensive list is found under References.)

- **Community meetings with persons representing the broad interests of the community**
- **AGH Community Needs Survey**
- **Maryland State Health Improvement Process (SHIP)**
- **Tri-County Health Improvement Plan (T-CHIP)**
- **Healthy People 2020 - 2030**
- **Worcester County Community Health Improvement Plan (CHIP) LHIC Local Health Improvement Coalition**
- **Community Education Events**
- **2020/2021 County Health Outcomes & Roadmaps**
- **State of Delaware Health Needs Assessment https://dhss.delaware.gov/dhss/dph/files/ship2019.pdf**
- **Beebe Medical Center Community Health Needs Assessment. https://www.beebehealthcare.org/sites/default/files/Official%20Beebe%20CHNA%20 June%202019_FINAL.pdf**

Our Vision

... To be the leader in caring for people and advancing health for the residents of and visitors to our community

Our Mission

... To provide a coordinated care system with access to quality care, personalized service and education to create a healthy community

Needs Identified

The Community Health Needs Assessment survey was distributed by community outreach personnel and the Atlantic General Hospital website. Stakeholder interviews, public forums and focus groups were conducted by the Population Health Department. Community surveys represent information that is self-reported.

#1 High Blood Pressure/Stroke
#2 Overweight/Obesity
#3 Diabetes/Sugar
#4 Cancer
#5 Heart Disease
#6 Smoking, drug or alcohol use
#7 Mental Health Issues (depression, anxiety)
#8 Access to Healthcare / No Health Insurance
#9 Asthma / Lung Disease
#10 Dental Health

Bold items addressed as priority areas in implementation plan.
Italicized items not addressed as priority areas in implementation plan.

Top Health Concern Priorities Over the (4) CHNA

	2012	2015	2018	2021
High Blood Pressure / Stroke	6	6	7	1
Overweight / Obesity	3	2	3	2
Diabetes / Sugar	4	3	2	3
Cancer	1	1	1	4
Heart Disease	2	4	5	5
Smoking, Drug or Alcohol Use	5	5	4	6
Mental Health	7	7	6	7
Access to Healthcare No Health Insurance	8	8	8	8
Asthma / Lung Disease	9	9	10	9
Dental Health	10	10	9	10
Injuries	11	11	11	11
Infectious Disease	NA	NA	NA	12
Sexually Transmitted Disease & HIV	12	12	12	13

Prioritized Needs

Key findings from all resources were used as a framework to develop community benefit priorities. These are closely aligned with local, state, and national priority areas. The process for determining the priorities of the Community Outreach programs involves many people inside and outside the organization.

AGH's strategic initiatives are determined by the Hospital Board of Trustees, the Medical Staff and the Leadership of the Hospital. Each year those long-term initiatives are evaluated and updated with environmental information, such as the most recent CHNA. In addition to input from those groups, there are additional committees that have a part in setting our priorities: the AGH Planning Committee, Patient & Family Advisory Committee, Community Benefits Committee, and Healthy Happenings Committee.

The Patient & Family Advisory Committee is made up of Hospital and community members who have a health connection in the community. Through this board, we are able to keep our pulse on the needs of the community.

Each department in the hospital has an appointee who sits on the Community Benefits Committee. The purpose of this committee is to oversee the Community Outreach of AGH and comply with the government regulations regarding reporting Community Benefits. Because the committee is made up of all departments, the views are varied. Annual evaluations of each initiative's success are found in the HSCRC Community Benefit Report provided to the State of Maryland.

AGH leaders are involved on many community boards and community entities (both for-profit and not-for-profit). Through these boards we are able to keep abreast of the underserved, low income and/or minority needs in the community. We are involved in the health departments throughout our service area in MD and DE. We coordinate services with them to decrease duplication of services and know what services are needed to fill the gaps.

Working with the target areas of the state improvement initiatives influences the priorities we set. Our Population Health outreach providers are out in the community and are able to observe com- munity needs. Through our Patient Centered Medical Home, Care Coordination models and Population Health Department, we are able to have another resource in the community which we can use for assisting us in setting priorities.

The 2022-2024 Community Benefit priorities are based on the criteria of:

- Size and severity of the problem, determined by what percentage of the population is affected by risks
- Health System's ability to impact the need
- Availability of resources
- Social needs and health inequities

They were graded as high (3), moderate (2) and low (1) to rank the priority, based on self-reported survey data and prioritized as above.

Community Health Needs Assessment Priorities

Health Need	Specific Opportunity	Size & Severity of Problem	AGH/S Abilty to Impact the Problem	Availability of Resources	Social Needs/Health Inequities	Impact Rating
High blood pressure/stroke		3	3	3	3	12
Diabetes/sugar	pre-diabetic screenings, education, medication	3	3	3	3	12
Mental Health issues	Depression, Anxiety	3	3	2	3	11
Smoking, drug or alcohol use	alcohol, opiates	3	2	3	3	11
Overweight/obesity	Access to healthy food	3	3	2	3	11
Cancer	Lung, Prostate (CRISP)	1	3	3	3	10
Heart Disease	HF, Afib (CRISP)	3	1	1	3	8

FY22-24 Priority Areas

- **High Blood Pressure/Stroke**
- **Diabetes/Sugar**
- **Cancer**
- **Heart Disease**
- **Smoking, drug or alcohol use**
- **Mental health issues (depression, anxiety)**
- **Overweight and Obesity**

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

HIGH BLOOD PRESSURE AND STROKE

AGH GOAL

Improve cardiovascular health of the community.

HEALTHY PEOPLE 2030 GOAL

Increase control of high blood pressure in adults.

Strategy	Intended Actions
• Implement initiatives to raise awareness and provide education on high blood pressure and stroke throughout our organization and in the community.	• Increase enrollment in care coordination for hypertension related issues • Increase compliance with hypertension HEDIS measures within our AGHS patient population. • Increase community health screenings for high blood pressure • Increase recruitment of clinical professionals in the community to provide primary care. • Increase access to primary care by increasing the number of available appointments with primary care within AGHS

Measurement

- Exceed the Healthy People target of 18.9% of adults aged 18 and older with high blood pressure under control. (data reported annually, Health.gov, Healthy People 2030)
- HEDIS measures for hypertension. Maintain compliance to hit top tier/star level performance. (MDPCP dashboard, CPM reports and third party payer reports)
- Decrease in the State Health Insurance Program (SHIP) measure Emergency Department visit rate due to hypertension. (health.maryland.gov)
- County Health Rankings. Improvement in county health rankings related to hypertension related illness and mortality. (countyhealthrankings.org)

Hospital Resources	Community Resources
• Population Health Department • Atlantic General Health System • AGH HEDIS nurse • AGH outpatient ancillary services	• Faith-based Partnership • Maintaining Active Citizens, Inc. (MAC, Inc.) • Worcester County Health Department • Tidal Health, Inc.

Anticipated Impact	Impact Rationale
• Increase patient engagement in self-management of chronic conditions • Decrease hospital admissions and readmissions and reduce unnecessary healthcare costs. • Increase awareness around importance of prevention and early detection of heart disease and hypertension • Increase participation in community hypertension, cholesterol and carotid screenings – especially at-risk and vulnerable populations • Increase community capacity and collaboration for shared responsibility to address unmet health needs • Increase health literacy and self-management for health conditions/healthy living	According to the CDC (2022), in 2020, more than 670,000 deaths in the United States had hypertension as a primary or contributing cause. Having hypertension puts you at risk for heart disease and stroke, which are leading causes of death in the United States. Nearly half of adults in the United States (47%, or 116 million) have hypertension, defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80 mmHg or are taking medication for hypertension (CDC, 2021).

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Diabetes

AGH GOAL

Decrease incidence of diabetes in the community.

HEALTHY PEOPLE 2030 GOAL

Reduce the burden of diabetes and improve the quality of life for all people who have, or are at risk for, diabetes.

Strategy	Intended Actions
• Implement initiatives to raise awareness and provide access to care, education and outreach for diabetes	• Partner with local health agencies to facilitate grant applications to fund diabetes programs • Evaluate and implement Diabetes Education opportunities via telehealth • Implement a Diabetes Prevention Plan (DPP) for AGH Associates • Provide prediabetes and diabetes screenings and education on diabetes prevention behaviors in the community • Increase access to Diabetes Self-Management Education (DSME)and Diabetes Support Groups • Increase access to primary care by increasing the number of available appointments with primary care within AGHS

Measurement

- Exceed the current performance target of Healthy People 2030 for adults with diabetes that get formal diabetes education. (data reported annually, Health.gov, Healthy People 2030)
- Incidence of adult diabetes
- Decrease in the State Health Insurance Program (SHIP) measures for ED visits due to diabetes. (health.maryland.gov)
- County Health Rankings. Improvement in county health rankings related to the prevalence of diabetes in the community. (countyhealthrankings.org)
- HEDIS measures for diabetes (five measures)

Hospital Resources	Community Resources
• Population Health Department • Diabetes Outpatient Education Program • Emergency Department • Foundation • Outpatient Lab Services • Endocrinology (Atlantic General Health System) • Diabetes Support Group	• Worcester County Public Schools • Worcester County Health Department • TidalHealth, Inc.

Anticipated Impact	Impact Rationale
• Increase patient engagement in self-management of chronic conditions • Decrease hospital admissions, readmissions, and ED visits related to Diabetes • Increase awareness around importance of prevention of diabetes and early detection • Increase provider services in community to provide for diabetes related treatment • Increase participation in community glucose screenings, diabetes and pre-diabetes screenings – especially at-risk and vulnerable populations • Increase community capacity and collaboration for shared responsibility to address unmet health needs	According to the CDC National Center for Health Stats (2021), more than 122 million Americans are living with diabetes (37.3 million) or prediabetes (96 million).

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Cancer

AGH GOAL	HEALTHY PEOPLE 2030 GOAL
Decrease the incidence of advanced breast, lung, colon, and skin cancer in community.	**Reduce new cases of cancer and cancer-related illness, disability, and death.**

Strategy	Intended Actions
• Implement initiatives to raise awareness and provide education and outreach for cancer prevention and treatment.	• Recruit and retain professionals to provide for cancer related treatment in the community • Provide community health screenings and education on healthy behaviors and cancer prevention • Partner with local health agencies to facilitate grant application to fund cancer programs • Improve proportion of minorities receiving colonoscopy screenings, LDCT screenings, and women's preventative health services

Measurement

- Exceed the current performance target of Healthy People 2030 for cancer death rates in our community. (data reported annually, Health.gov, Healthy People 2030)
- Increase in State Health Insurance Program (SHIP) measure for mammography screenings. (health.maryland.gov)
- HEDIS colorectal screening measure. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)

Hospital Resources	Community Resources
• Population Health Department • Women's Diagnostic Center • Endoscopy Services • AGH outpatient ancillary services • Regional Cancer Care Center • AGH Cancer Committee • Atlantic General Health System	• Worcester County Health Department • Komen Consortium • Relay for Life • Women Supporting Women • University of Maryland • TidalHealth, Inc. • Beebe Healthcare

Anticipated Impact	Impact Rationale
• Increase awareness around importance of prevention and early detection • Increase provider services in community to provide for cancer related treatment • Reduce health disparities • Improve access and referrals to community resources resulting in better outcomes • Increase support to patients and caregivers • Increase participation in community cancer screenings – especially at-risk and vulnerable populations	According to Healthy People 2030, while cancer is the second leading cause of death in the United States, the cancer death rate has declined in recent decades with over 600,000 people still dying from cancer each year. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care. (Healthy People 2030)

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Heart Disease

AGH GOAL

Improve cardiovascular health of the community.

HEALTHY PEOPLE 2030 GOAL

Preventing and treating heart disease and stroke and improving overall cardiovascular health by controlling risk factors like high blood pressure and high cholesterol through treatment.

Strategy	Intended Actions
• Implement initiatives to raise awareness and provide education on heart disease throughout our organization and in the community	• Increase recruitment of clinical professionals in community to provide primary care • Maintain AGH/AGHS campus and locations as tobacco and vaping free • Increase community health screenings for high blood pressure, carotid artery and cholesterol • Increase enrollment in care coordination for chronic disease management • Increase outreach events to provide screenings to high risk and underserved populations. • Increase access to primary care by increasing the number of available appointments with primary care within AGHS

Measurement
• Exceed the current performance target of Healthy People 2030 for cardiovascular health in adults. (data reported annually, Health.gov, Healthy People 2030) • Increase in the State Health Insurance Program (SHIP) measures for persons with a usual primary care provider. (health.maryland.gov)

Hospital Resources	Community Resources
• Population Health Department • AGH outpatient ancillary services • Stroke Center • Atlantic General Health System	• Faith-based Partnership • Worcester County Health Department • TidalHealth, Inc.

Anticipated Impact	Impact Rationale
• Decrease hospital admissions and readmissions related to heart disease • Increase awareness around importance of prevention and early detection of heart disease and hypertension • Increase provider services in community to provide for cardiovascular related treatment • Increase participation in community hypertension, cholesterol and carotid screenings – especially at-risk and vulnerable populations • Increase community capacity and collaboration for shared responsibility to address unmet health needs • Increase health literacy and self-management for health conditions/healthy living	According to the CDC Heart Disease Statistics (2020), approximately 697,000 people die of heart disease in the United States yearly. Heart disease is the leading cause death among women and men and most ethnic groups. Hypertension, high cholesterol and smoking are key risk factors and 47 percent of Americans have at least one risk factor.

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Smoking, Drug or Alcohol Use

AGH GOAL

Provide access to resources and treatment that supports smoking cessation and alcohol and drug use intervention and treatment.

HEALTHY PEOPLE 2030 GOAL

Reduce illness, disability, and death related to tobacco use and secondhand smoke and reduce misuse of drugs and alcohol.

Strategy	Intended Actions
• Increase access to substance use treatment within our community	• Continued recruitment of psychiatric providers that are certified to address substance use disorders • Recruit Peer Recovery Specialists for behavioral health and substance use interventions
• Increase education within our organization and community related to substance use disorders and resource and appropriate medication use	• Participate in naloxone training and distribution of Narcan kits through the Worcester Goes Purple and Worcester County Health Department for both community members and AGH/S employees • Evaluate and educate organization and community on appropriate prescribing practices • Utilize Prescription Drug Maintenance Program (PDMP) via CRISP within our organization
• Increase education within our organization and community related to smoking risks and cessation options	• Recruit and retain pulmonologist(s) • Increase in smoking cessation screenings at community outreach events and within AGHS

Measurement

- Exceed the current performance target of Healthy People 2030 for adults with a substance use disorder who got treatment in the last year. (data reported annually, Health.gov, Healthy People 2030)
- HEDIS measures for SBIRT and smoking cessation. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)
- Decrease in the State Health Insurance Program (SHIP) measure for adult smoking rate. (health.maryland.gov)

Hospital Resources	Community Resources
• Respiratory Therapy • AGH outpatient ancillary services • Emergency Department • Population Health Department • Pulmonology – Atlantic General Health System • Behavioral Health Department	• Worcester County Health Department (WCHD) • Maryland Health Department • Worcester Goes Purple • Hope 4 Recovery • Sun Behavioral Health

Anticipated Impact	Impact Rationale
• Decrease tobacco and vaping use in Worcester County • Decrease hospital admissions and readmissions and ED visits related to substance use and COPD • Increase provider services in community to provide for respiratory related treatment and smoking cessation programs • Increase access for individuals requiring urgent intervention for drug and alcohol addiction issues • Increase community education on resources available through the crisis center to connect patients to substance use treatment. • Increase Peer Support for behavioral health and substance use disorder interventions	According to Healthy People 2030, more than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year and more than 20 million adults and adolescents in the United States have had a substance use disorder in the past year.

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Mental Health Issues (depression and anxiety)

AGH GOAL

Provide immediate access to individuals requiring urgent behavioral health assessment and intervention as well as ensure local resources are in place to address ongoing management of behavioral health needs.

HEALTHY PEOPLE 2030 GOAL

Improve mental health through prevention, screening, assessment, and treatment of mental disorders and behavioral conditions. The Mental Health and Mental Disorders objectives also aim to improve health and quality of life for people affected by these conditions.

Strategy	Intended Actions
• Increase access to mental health providers any expand types of mental health services available in the community.	• Partner with Chesapeake Health Care to increase access to mental health services • Continue to collaborate with Kennedy Krieger Institute for telemedicine services to provide additional psychiatry professionals • Increase utilization of Behavioral Health Integration in Primary Care locations
• Increase partnerships in the community to further establish a regional hub of mental health care.	• Continue to expand engagement and partnership with Crisis Response Team (CRT) and local law enforcement to address ongoing mental health crisis issues • Continue to expand community participation on AGH Behavioral Health Opioid Stewardship Committee • Partner with WCHD (Peer Support and Case Managers) in AGH Emergency Department
• Increase community education and awareness of mental health conditions and resources	• Participate in community events to spotlight behavioral health services • Continued collaboration and education for AGHS providers and staff on management of this patient population and resources available

Measurement

- Exceed the current performance target of Healthy People 2030 for adults with serious mental illness and depression that receive treatment. (data reported annually, Health.gov, Healthy People 2030)
- County Health Rankings. Improvement in county health rankings related to mental health. (countyhealthrankings.org)
- HEDIS measures for PHQ2. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)
- Decrease in the State Health Insurance Program (SHIP) measures for suicide rate and ED visits for mental health. (health.maryland.gov)

Hospital Resources	Community Resources
• Population Health Department • Behavioral Health Department • Pastoral Care Services • Bereavement Support Group • AGHRx RediScripts Pharmacy • Behavioral Health & Opioid Stewardship Committee • Atlantic General Health System	• Worcester County Health Department • Worcester Youth and Family Services • Worcester Goes Purple • Hudson Health Services • NAMI Lower Shore Support Group • Worcester County Public Schools • Chesapeake Health Care

Anticipated Impact	Impact Rationale
• Increase awareness of community resources, programs and services • Increase and strengthen capacity and collaboration for shared responsibility to address unmet behavioral health needs • Increase provider services in community to provide for behavioral health related treatment	About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime (CDC 2018). In 2020, among the 52.9 million adults with any mental illness, 24.3 million (46.2%) received mental health services in the past year (NIMH 2020).

COMMUNITY HEALTH NEED:

HEALTH PRIORITY

Overweight and Obesity

AGH GOAL	HEALTHY PEOPLE 2030 GOAL
Support community members in achieving a healthy weight.	**Reduce overweight and obesity by helping people eat healthy and get physical activity.**

Strategy	Intended Actions
• Implement initiatives to raise awareness and provide education and outreach on how to improve health through prevention and management of weight and obesity.	• Provide education and activity through the "Just Walk" program of Worcester County and the "Walk with a Doc" program at Atlantic General Hospital • Support the WCHD Farm-To-Library program • Increase awareness of the availability of the AGH Community Garden • Provide Hypertension, BMI and pre-diabetes screenings in the community • Provide education on healthy living topics • Increase participation in Bariatric Support Groups • Recruit appropriate clinicians for surgical and non-surgical weight loss programs in the bariatric service line. • Participate in community events to spotlight surgical and non-surgical weight loss services

Measurement

- Exceed the current performance target of Healthy People 2030 for reducing the proportion of children and adolescents with obesity and reducing the proportion of adults who don't know they have pre-diabetes. (data reported annually, Health.gov, Healthy People 2030)
- Decrease in the State Health Insurance Program (SHIP) measures for adolescents who have obesity. (health.maryland.gov)
- County Health Rankings. Improvement in county health rankings related to adult obesity. (countyhealthrankings.org)
- HEDIS measures for BMI. Maintain compliance to hit top tier/star level performance. (MDPCP and CareFirst dashboard)

Hospital Resources	Community Resources
• Population Health Department • Atlantic General Health System • Food & Body (FAB) Program and Bariatric Support Group • Nutrition Services • Atlantic General Bariatric Center • Diabetes education support groups and classes	• Faith-based Partnership • Worcester County Public Schools • Worcester County Health Department • Community Senior Centers • Take Off Pounds Sensibly (TOPS) of Berlin

Anticipated Impact	Impact Rationale
• Increase health literacy and self-management of nutrition and weight management • Increase access to healthy foods and nutritional information • Increase awareness around importance of nutrition, exercise and healthy weight • Increase participation in community BMI screenings – especially at-risk and vulnerable populations • Increase documentation and review of BMI throughout AGHS offices • Increase awareness of community resources, programs and services for weight management	Obesity is defined as having a Body Mass Index (BMI) that is greater than or equal to 30, while being overweight is defined as having a BMI of 25 – 29.9. A common, chronic disease marked by an abnormally high, unhealthy amount of body fat. Having obesity can lead to many health problems, including heart disease, stroke, high blood pressure, diabetes, sleep apnea, arthritis, kidney disease, and certain types of cancer. (NCI, 2022).

Priority Needs Not Addressed

Dental Health

- Need addressed by Worcester County Health Department's Dental Services for pregnant women and children less than 21 years of age
- Need addressed by Adult Oral Health Task Force
- Need addressed by AGH ED referral to community resources
- Need addressed by Chesapeake Health Services (CHS), a federally funded dental clinic for Somerset and Wicomico Counties; CHS also involved in the Adult Oral Health Task Force

Communicable Disease

- Need addressed by Worcester County Health Department Communicable Disease Programs

References

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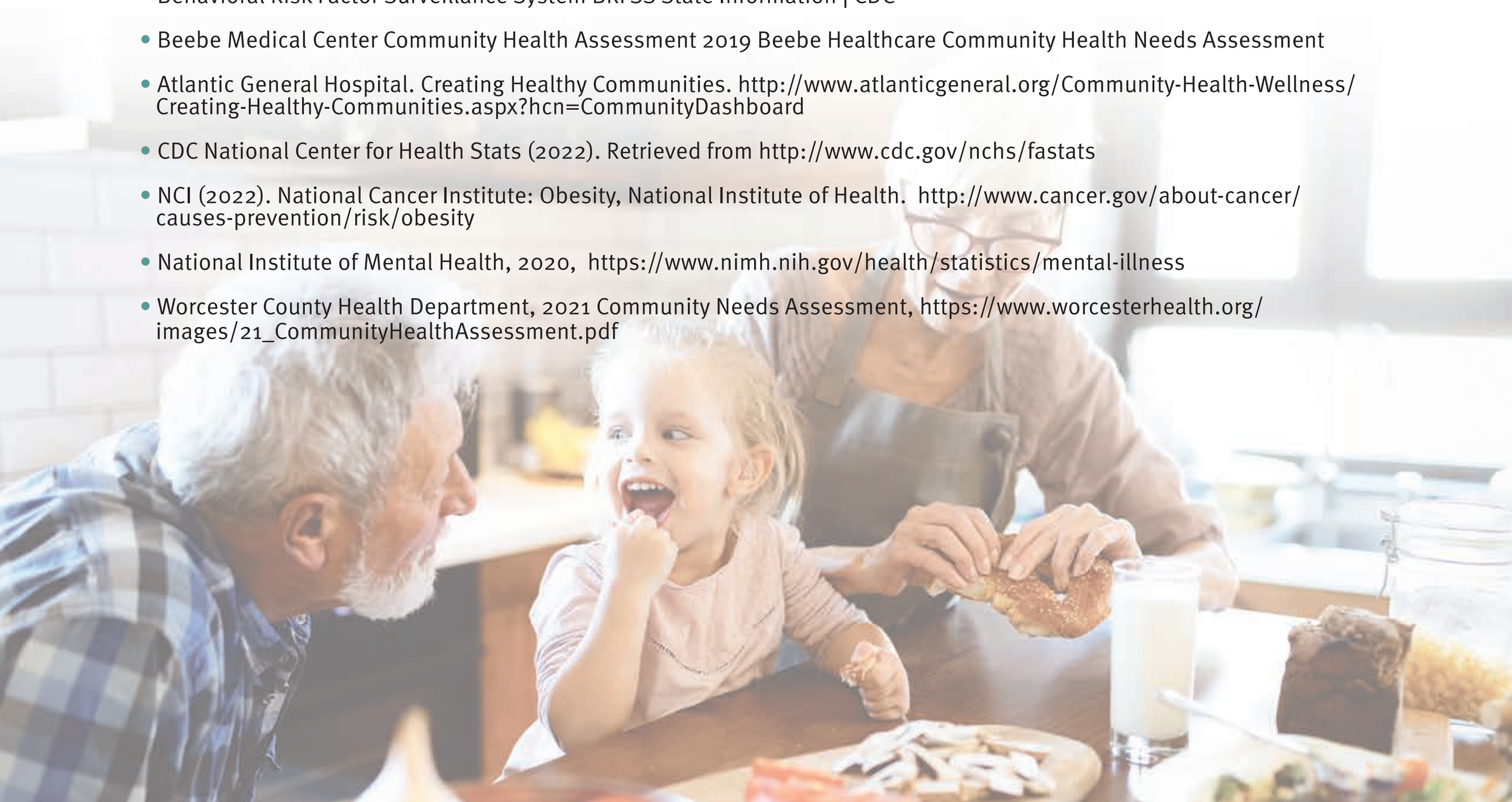

Approved by Atlantic General Hospital Corporation's governing body November 14, 2022.