



# CHNA IMPLEMENTATION STRATEGY



Suburban  
Community Hospital

FISCAL YEARS

2020-2023

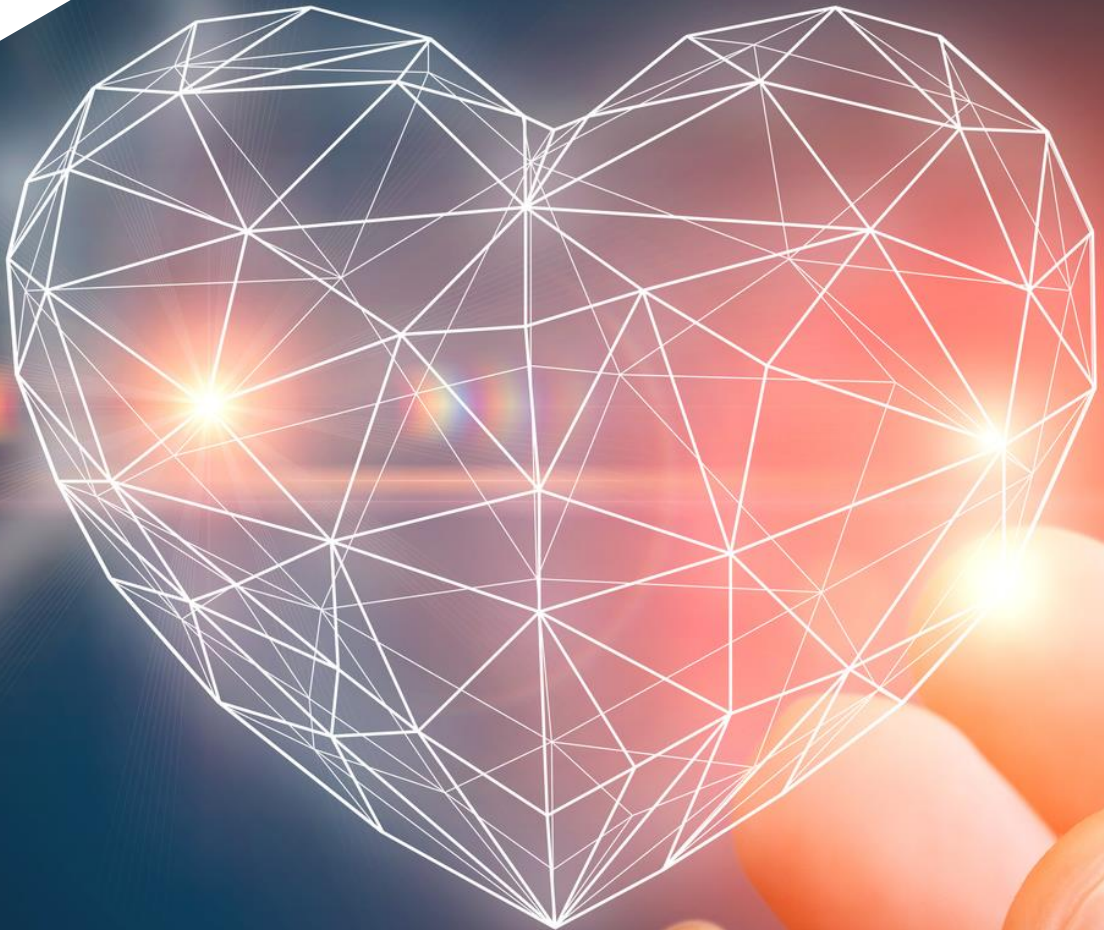
OBESITY



# Suburban Community Hospital

*Extraordinary People. Extraordinary Care.*

Suburban Community Hospital  
2701 Dekalb Pike  
East Norriton, PA 19401





# INTRODUCTION

**This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending FY 2023, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.**

**The following reflect the actions identified for measurement and tracking for the Suburban Community Hospital Implementation Strategy.**

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2023 (Year 3)			
<b>HOSPITAL FACILITY:</b>	Suburban Community Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Behavioral Health-Access to resources, adolescent, undocumented		
<b>PRIORITIZATION#:</b>	1		
<b>BRIEF DESCRIPTION OF NEED:</b> Millions of Americans suffer from mental illness. The National Alliance on Mental Illness (NAMI) estimates that 43.8 million adults in the United States experience mental illness annually. Around 10 million people suffer from a mental illness that severely interferes with major life activities. Sadly, more than half of these mental illnesses go untreated, leaving adults and children unnecessarily suffering from symptoms which can lead to devastating consequences.			
<b>GOAL:</b> Improve access to resources to meet the mental health needs of these vulnerable populations.			
<b>OBJECTIVE:</b> Increase partnerships with community mental health resources to identify and treat patients accordingly.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Identify and document existing community resources and gaps in behavioral health services.</li> <li>2. Expand telehealth options and education, including school personnel, correctional facilities, and other members of the community.</li> <li>3. Integrate behavioral health into primary care offices to increase access and decrease stigma.</li> <li>4. Compile and disseminate behavioral health resource list, complete gap analysis and expand options for behavioral health services in the community.</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. Increased screening in collaboration with community behavioral health services resulting in identifying, evaluating and treatment of individuals.</li> <li>2. Increased education and outreach to schools, primary care physician practices and churches.</li> <li>3. Increased awareness of the vulnerability of the behavioral health population in the community.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b> Monthly reporting to the Community Health Needs Assessment Committee.			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b> <ol style="list-style-type: none"> <li>1. Assessments completed in English and Spanish</li> <li>2. Brochures and pamphlets with educational information and resource lists</li> <li>3. Collaboration with Montgomery County Emergency Services (MCES) to provide programs in conjunction with hospital resources</li> </ol>			
<b>COLLABORATIVE PARTNERS:</b> Montgomery County Emergency Services, Primary Care Physician Practices, Schools and Churches.			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2023 (Year 3)			
HOSPITAL FACILITY:	Suburban Community Hospital		
CHNA SIGNIFICANT HEALTH NEED:	Obesity		
PRIORITIZATION#:	2		
BRIEF DESCRIPTION OF NEED: Obesity is a contributing factor to heart disease, stroke and diabetes			
GOAL: Decrease the percentage of the population that is overweight and/or obese			
OBJECTIVE: <ol style="list-style-type: none"> <li>1. Implement at least three healthy eating education opportunities annually in the community</li> <li>2. Improve access to healthy food through charitable contributions, employee volunteer opportunities and innovative community partnerships</li> </ol>			
ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED: <ol style="list-style-type: none"> <li>1. Provide education on healthy eating to schools, churches and community organizations</li> <li>2. Collaborate with local food organizations to target the vulnerable populations</li> <li>3. Support a health challenge event offering BMI screening and dietary assessments by licensed dieticians</li> <li>4. Partner with primary care on tactics to reduce obesity and improve mind, body and spiritual wellness</li> </ol>			
ANTICIPATED IMPACT OF THESE ACTIONS: <ol style="list-style-type: none"> <li>1. Increased awareness of obesity on overall health</li> <li>2. Increased physical activity among community residents</li> <li>3. Increased public awareness of healthy food options</li> </ol>			
PLAN TO EVALUATE THE IMPACT: Report monthly to the community health needs assessment committee.			
PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT: <ol style="list-style-type: none"> <li>1. Dietary education to the community by licensed nutritionists</li> <li>2. BMI screenings at various community events</li> <li>3. Referral to Health Promoter program for additional chronic disease screenings related to obesity</li> </ol>			
COLLABORATIVE PARTNERS: Primary Care from Suburban Medical Group, resident physicians School and church leaders			

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2023 (Year 3)			
<b>HOSPITAL FACILITY:</b>	Suburban Community Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Access to care for minority groups, undocumented, home health		
<b>PRIORITIZATION#:</b>	3		
<b>BRIEF DESCRIPTION OF NEED:</b> Inadequate or no insurance coverage, lack of availability of services, and lack of culturally competent care, all contribute to poor health outcomes			
<b>GOAL:</b> Develop actionable steps to address local health disparities			
<b>OBJECTIVE:</b> Work as a catalyst in addressing health disparities and be part of solutions to make positive impacts on social determinants of health			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Develop and implement a community-wide Medicaid enrollment and retention strategy</li> <li>2. Promote programs that improve access to care and services in the communities we serve</li> <li>3. Simplify scheduling an appointment; texts, email</li> <li>4. Offer same-day services, including telehealth medicine</li> <li>5. Direct and assess high-risk populations for appropriateness for referral to Suburban Community Hospital's Health Promoter program (Free medical screenings for chronic diseases)</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. Improvement of the health of high-risk and vulnerable populations</li> <li>2. Decrease emergency room utilization for primary health care needs</li> <li>3. Identify and treat chronic conditions prior to developing severe and debilitating disease</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b>  Report monthly to the community health needs assessment committee on the number of participants, screenings and improvements.			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT:</b> Suburban Community Hospital Health Promoter Program consisting of free screenings, lab work and primary care appointments			
<b>COLLABORATIVE PARTNERS:</b> Primary Care physicians, residents and various community organizations and church leaders			



CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2020-2023			
<b>HOSPITAL FACILITY:</b>	Suburban Community Hospital		
<b>CHNA SIGNIFICANT HEALTH NEED:</b>	Chronic Diseases-heart, diabetes, obesity		
<b>PRIORITIZATION#:</b>	4		
<b>BRIEF DESCRIPTION OF NEED:</b> Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention, limit activities of daily living, or both. Chronic diseases such as heart , cancer, and diabetes are the leading causes of death and disability in the United States.			
<b>GOAL:</b> Improve access to primary care services to address health disparities.			
<b>OBJECTIVE:</b> Improve access to primary care services through the Health Promoter program model targeting vulnerable and at-risk populations.			
<b>ACTIONS THE HOSPITAL FACILITY INTENDS TO TAKE TO ADDRESS THE HEALTH NEED:</b> <ol style="list-style-type: none"> <li>1. Health Promoter program will continue, a resident physician will screen for obesity, hypertension, hyperlipidemia, diabetes and chronic kidney disease monthly after mass at St. Patrick's Catholic Church in Norristown. (COVID-19 restrictions put on hold temporarily)</li> <li>2. Community members meeting criteria will be referred to Family Medicine in Norristown</li> <li>3. Provide education via multiple sources: digital media, health fairs, senior centers, and publications</li> <li>4. Screen for tobacco use and enroll in smoking cessation program</li> <li>5. Advance health equity by understanding social determinants of health</li> </ol>			
<b>ANTICIPATED IMPACT OF THESE ACTIONS:</b> <ol style="list-style-type: none"> <li>1. Improve the health of vulnerable populations in the community by screening for chronic health conditions and referring to primary care.</li> <li>2. Reduce health disparities of at-risk populations.</li> <li>3. Participants of the Health Promoter program will have increased knowledge and skills on a healthy lifestyle.</li> </ol>			
<b>PLAN TO EVALUATE THE IMPACT:</b> Monthly reporting to evaluate and assess the community health needs assessment.			
<b>PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT TO:</b> <ol style="list-style-type: none"> <li>1. Resident physicians</li> <li>2. Equipment and supplies to provide screenings and assessments</li> <li>3. Assessments completed in English and Spanish</li> <li>4. Health literacy materials</li> <li>5. Vaccine clinics to the public (COVID-19) to prevent illness</li> </ol>			
<b>COLLABORATIVE PARTNERS:</b> <ol style="list-style-type: none"> <li>1. Church leaders</li> <li>2. St. Patrick Catholic Church</li> <li>3. All Saints Church (COVID-19 clinic)</li> <li>4. Suburban Hospital Auxiliary</li> </ol>			

# THE PATH TO IMPLEMENTATION



## Adoption of Implementation Strategy

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### **Adoption of Implementation Strategy**

On April 29, 2019, the Board of Directors for Suburban Community Hospital met to discuss the FY 2020-2023 Implementation Strategy (Year Three) for addressing the community health needs identified in the three-year 2020 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.