



Community Health Implementation Plan 2016-2019



The Outer Banks Hospital, Inc. is a partnership between Vidant Health and Chesapeake Regional Healthcare.

Executive Summary

The Outer Banks Hospital is a 21-bed, not-for-profit, critical access hospital located in Nags Head, NC. The mission of The Outer Banks Hospital is to enhance the quality of life for the residents and visitors of Dare County and the surrounding region by promoting wellness and providing the highest quality healthcare services. The hospital provides the following services to the community: acute hospitalization, labor and delivery, emergency and urgent care, general and specialized surgery, filmless imaging, cardiology, and oncology. Annually, on average, 22,000 patients are treated in the hospital's emergency department; nearly 2,500 surgeries are performed and 400 babies are delivered.

The Outer Banks Hospital is a partnership between Chesapeake Regional Healthcare (40%) and Vidant Health (60%). Vidant Health is a regional health system serving 1.4 million people in 29 counties throughout rural eastern North Carolina. Many of the counties served by Vidant Health are listed in the top 40 most economically distressed areas in the state (66% Tier 1, 31% Tier 2, 3% Tier 3). The system consists of Vidant Medical Center (an academic medical center), seven community hospitals, an ambulatory surgery center, wellness and rehabilitation facilities, home health and hospice agencies and multiple physician practices. Vidant Health is affiliated with the Brody School of Medicine at East Carolina University. The health system's mission, "To improve the health and well-being of eastern North Carolina" drives a system of care for healthier communities beyond the traditional walls of our facilities.

Description of the Community

The primary service area for The Outer Banks Hospital encompasses Dare County. Dare County is located along the coast in northeastern North Carolina. Municipalities within Dare County include Avon, Buxton, Frisco, Hatteras, Manns Harbor, Kitty Hawk, Manteo, Nags Head, Kill Devil Hills, Southern Shores, and Duck. As of 2014, the estimated population of Dare County was 35,104. The population was evenly divided among males (49.4%) and females (50.6%). The median age of Dare County was 7.3 years older than the NC average and 3.8 years older than the Region. Whites composed 94.0% percent of the total population; blacks/African Americans 3.0%; American Indians and Alaskan Natives 0.6%; Asians, native Hawaiians and other Pacific Islanders 0.7%; and Hispanics/Latinos of any race 6.8%. Dare County is a tier 2 county, meaning it is not one of the 40 most economically distressed counties in North Carolina. Dare County's per capita income and median income per household are \$30,958 and \$55,520, respectively. As compared to the state, Dare County's per capita income is \$5,350 above the state average and the median income per household is \$8,827 above the state. Forty-three percent of Dare County public school students are enrolled in free or reduced lunch programs. Additionally, the poverty rate in Dare County for 2010-2014 is 9.1, compared to the state rate of 17.6 and the Regional average of 23.0. Dare County's high school dropout rate is also lower than the state at 1.21 compared to the state rate of 2.28 and the Regional mean of 1.93

Dare County has a higher rate of uninsured individuals in the 0-18 year age group than the state and the Region. Dare County's uninsured population in the 19-64 year range is higher than the state but lower than the Region. In terms of active health professionals per 10,000 residents, Dare County is lower than the state for All Physicians; however, is higher than the state for Specialized Physicians, Dentists, and Pharmacists. According to the 2015 *County Health*

Rankings, Dare County was ranked 10th overall out of 100 counties (1 is the best) for length of life, 30th for quality of life, 73rd for health behaviors, 42nd for clinical care, 13th for social and economic factors, and 6th for physical environment compared with other North Carolina counties.

Who Was Involved

The Community Health Needs Assessment (CHNA) Process was initiated by The Outer Banks Hospital and Vidant Health in collaboration with the Dare County Department of Public Health. To ensure input from persons with a broad knowledge of the community, additional organizations representing the county including mental health, senior health services, and agencies representing the uninsured and underinsured were invited to collaborate through The Healthy Carolinians of the Outer Banks (HCOB) Partnership. The Healthy Carolinians of the Outer Banks functioned as the Community Health Advisory Council for Dare County and held meetings beginning in June 2016. The 2016 Healthy Carolinians of the Outer Banks Partnership included the following members:

HCOB Executive Committee

Brandi Rheubottom, (Chair) Director Dare County Older Adult Services
Dianne Denny, (Vice Chair) Spring Arbor Assisted Living
Kelly Nettnin, (CHA Coordinator) Dare County Department of Health & Human Services
Denise DePedro, (CHA Coordinator) The Outer Banks Hospital
Amy Montgomery, The Outer Banks Hospital
Sheila Davies, Dare County Department of Health & Human Services
Laura Willingham, (HCOB Coordinator) Dare County Department of Health & Human Services

HCOB Partnership

Beulah Ashby, Dare County Water Department
Carmen Hooker Odom, Community Member
Catisha Bryant, Dare County Dept. of Health & Human Services
Deb McDonald, Outer Banks Relief Foundation
Emily Holub, Children and Youth Partnership
Ernest "Ernie" Larkin, The Outer Banks Hospital
Gail Hutchison, Dare County Sheriff's Office
Gail Sonnesso, GEM Day Services
Ginger Candelora, Mano Al Hermano
Jay Burrus, Dare County Dept. of Health & Human Services
Jennifer McNinch, Sentara Kitty Hawk
Jennifer Schwartzberg, The Outer Banks Hospital
Jenniffer Albanese, Interfaith Community Outreach, Inc.
John Donlan, Dare County Schools
Karen Brown, Outer Banks Chamber of Commerce
Kim Stetson, Outer Banks Wedding Association
Linda Palombo, The Outer Banks Hospital
Melanie Corprew, Dare County Dept. of Health & Human Services
Michael Lewis, Outer Banks Hotline
Michelle Decker, New Horizons/PORT Human Services
Patty McKenna, Community Services Collaborative
Richard Bruce, Pigman's BBQ
Rick Gray, Community Care Clinic of Dare County
Dr. Roger Lever, The Outer Banks Hospital
Ronnie Sloan, The Outer Banks Hospital

Roxana Ballinger, Dare County Dept. of Health & Human Services
Skeeter Sawyer, HCOB Past Chair
Tess Judge, Community Member
Tim Shearin, Dare County Dept. of Health & Human Services
Timothy Baker, Community Member

The Community Health Needs Assessment

The Community Health Needs Assessment is conducted every three years and includes several components: secondary data, primary data surveys, small group discussions, and the prioritization of county health needs. Secondary data was collected and analyzed by professional epidemiologist Dr. Sheila Pfaender. Primary data was collected using a community opinion survey provided in hard copy and online for community members to complete. A total of 861 survey responses were collected from community members. Small group discussions were held in various locations within the county to obtain feedback from key stakeholders as well as populations not represented in the community opinion survey responses.

Following a comprehensive review of all data provided, participants were asked to identify key trends for further evaluation. A list was developed which included several potential priorities for further discussion, consideration and ranking.

The following criteria were used to evaluate the potential health priorities:

1. **The Magnitude of the Problem** – How many persons does the problem affect?
2. **Seriousness of the Consequences** – What degree of disability or premature death occurs because of the problem? What are the potential burdens to the community such as social or economic burdens?
3. **Feasibility of Correcting the Problem** – Is the problem amenable to interventions? Is the problem preventable? Is the community concerned about the problem? Is the intervention feasible scientifically as well as acceptable to the community?

Prioritization Process

Based on findings from the 2016 Community Health Assessment, members of the HCOB Partnership identified the following health or social concerns for the county. The issues were identified by consensus and are listed in no particular order below:

1. Older Adult Population Issues
2. Substance Abuse
3. Mental Health
4. Chronic Diseases
5. Unintentional Injuries

Members participated in and evaluated the inventory of services, discussed these issues, asked questions and then came to a consensus on the list. Then they participated in a formal prioritization process. Each participant was asked to evaluate each of the issues according to three criteria: (1) magnitude of the problem; (2) seriousness of the consequences; and (3) feasibility of correcting the problem.

Next, the Healthy Carolinians of the Outer Banks Partnership discussed the averages of each

category and noted that several of the same health concerns were present in the top five throughout. Following additional discussion, participants narrowed the health concerns to four health priorities.

Health Priorities for 2016-2019

As a result of the 2016 CHNA Prioritization Process, The Outer Banks Hospital has developed an Implementation Plan to address the following top community health priorities:

- 1) Healthy Living / Chronic Disease
- 2) Access to Care
- 3) Older Adults, specifically focused on Dementia
- 4) Substance Abuse & Mental Health

Implementation Plan

Health Priority #1: Healthy Living / Chronic Disease

Goal: To improve outcomes and quality of life for adults in our community with chronic illness.

Supporting Data: The mortality rate for both heart disease and liver disease are higher than the state rate; 4.9% and 35.1% higher respectively. Further, the rates for both disease have increased by 11.5% and 36.5%, respectively, from the time period of 2002-2006 to 2010-2014. The average prevalence of diabetes among Dare County adults has also increased since 2008; this could be a result of more screening.

Strategies:

- The Outer Banks Hospital will hire a Chronic Disease Nurse Navigator during 2017. S(he) will staff a chronic disease committee similar to the cancer committee. The goal of this new program will be to put processes and programs in place to help local residents manage their chronic disease.
- The Outer Banks Hospital will provide health education regarding chronic disease at health fairs and educational events such as Dinner with a Doc, Lunch and Learns, and the Heart Truth women's heart health awareness event.

Health Priority #2: Access to Care

Goal: To improve access to health care in our community, with an emphasis on the senior population.

Supporting Data: Compared to the state, Dare County tends to have a higher percentage of uninsured residents in all age groups. Further, persons age 65 years of age and older composed 18.7% of the population in Dare County, compared to 14.6% of the population of NC. Further, due to our remote location and population base, access to certain specialists commonly needed by older adults is limited and many elderly residents leave the area for this reason. For these reasons, our Access to Health Care Initiatives will focus on the senior population.

Strategies:

- An Outer Banks Hospital representative will participate on the Healthy Carolinians of the Outer Banks Access to Health Care Task Force. This Task Force will be exploring unique ways to provide specialty care needed for our senior population.
- Annually, The Outer Banks Hospital will award Community Benefit Grants totaling more than \$100,000 for community projects that increase access to healthcare.
- The Outer Banks Hospital will continue to support the Community Care Clinic of Dare (free clinic) by employing their Executive Director.
- The Outer Banks Hospital's Community Wellness Program will provide free wellness screenings (cholesterol, blood pressure, blood sugar, height/weight and body mass index) for participants in the community. Part of the wellness screening includes providing resource information and referral for participants who do not have health insurance coverage or other financial means to access care.

- The Outer Banks Hospital will continue to provide free screening for breast, lung and colon cancer and make these tests available to those without insurance.

Health Priority #3: Older Adults, specifically focused on Dementia

Goal: To improve care and support in our community for the older adult population who suffer from Dementia.

Supporting Data: Persons 65 years of age or older composed 18.7% of the population in Dare County, compared to 14.6% of the population of NC.

Strategies:

- The Outer Banks Hospital will continue to work toward achieving Dementia Friendly Hospital status. This initiative will be sponsored by our Vice President of Clinical Operations.
- The Outer Banks Hospital Department of Community Outreach will coordinate educational programs and events regarding Advance Care Planning throughout the year.
- An Outer Banks Hospital representative will participate on the Healthy Carolinians of the Outer Banks Dementia Task Force.
- The Outer Banks Hospital Department of Community Outreach will continue to sponsor and participate in the planning of the annual Dare County Alzheimer's Walk.

Health Priority #4: Substance Abuse & Mental health

Goal: To improve access and services for mental health and substance abuse patients in our community.

Supporting Data: Utilization of the hospital emergency department is high for substance abuse related injury and illness and a high proportion of survey respondents report that they do not know where to seek help for mental health problems.

Strategies:

- An Outer Banks Hospital representative will participate on the Healthy Carolinians Behavioral Health Communications Task Force focused on reducing the stigma attached to seeking help for behavioral health issues and creating awareness about local issues.
- The Outer Banks Hospital will continue sponsor Dare CASA (Coalition Against Substance Abuse).
- The Outer Banks Hospital will continue to host the medicine drop events in the community on a quarterly basis.
- The Outer Banks Hospital will continue to sponsor the Physician's Council on Prescription Drug Abuse. An Outer Banks Hospital hospitalist chairs the Council.

Priority Health Need Not Addressed by Implementation Plan

The Outer Banks Hospital does not have a specific plan in place at this time to address **Unintentional Injury**. The Outer Banks Hospital is choosing to invest significant resources in Chronic Disease, Access to Healthcare, Dementia and Mental Health/Substance Abuse.

Approval

The Outer Banks Hospital's Implementation Plan for 2016-2019 was approved by the Board of Directors on December 16, 2016.



Chair, The Outer Banks Hospital Board of Directors

12/16/16

Date