



# Community Health Needs Assessment Implementation Plan FY 2017 – 2019

*Actions that Good Shepherd Rehabilitation Network’s Rehabilitation and Specialty Hospitals propose to implement in response to identified community needs in order to improve community health by focusing on the physical, mental and behavioral health and well-being of persons living with or at risk for disabilities in our service areas.*

<b>Secondary data</b>  <b>“THE ROAD TO HEALTH” *</b>	<b>Primary research findings</b>  <b>“THE LEHIGH VALLEY DISABILITY COMMUNITY: Re-examining community needs and opportunities” ***</b>	<b>Implementation Plan</b>  <b>ACTIONS GSRN CAN ADD or DO MORE OF . . . alone or with appropriate partners . . . to positively impact overall health and functional independence of persons with disabilities in our service areas</b>	<b>Initiative leadership, anticipated resource needs &amp; cost estimates</b>
<b>Major factors (not rank ordered) that impact health and contribute to the six leading causes of death** in the Lehigh Valley:</b>  <b>Access to primary healthcare, mental healthcare &amp; pre-natal care</b>	<b>Major reported areas of concern (not rank ordered):</b>  <b>Physical, Mental and Reproductive/Sexual Health Information and Services</b>	<b>A. Become the regional “gatekeeper” of and resource for post-acute rehabilitation and catastrophic care</b>  <ul style="list-style-type: none"> <li>○ Develop and offer lifetime, culturally sensitive, age-specific, community-based care management services</li> </ul>	<b>Rehab Services – F. Hyland</b> <b>Care Management – M. Heitlinger</b>  <ul style="list-style-type: none"> <li>• Repurpose existing staff <u>or</u> add one FTE Care Manager @ \$71K + benefits</li> </ul>

<p><b>Physical Inactivity</b></p> <p><b>Behaviors &amp; Habits</b></p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Substance Abuse</li> <li>• Sexuality</li> </ul> <p><b>Relationships: Family &amp; Friends</b></p>		<ul style="list-style-type: none"> <li>○ Provide access to information and referral services through direct contact with a clinician or nurse navigator</li>   <li>○ Become the region’s broker/clearinghouse for the acquisition and distribution of assistive technologies &amp; rehabilitation devices</li> </ul> <p><b>B. Foster well-being, function &amp; fitness through education and promotion of healthy behaviors</b></p> <ul style="list-style-type: none"> <li>○ Provide additional general disability &amp; disease-specific screenings, educational programs, prevention information and health “fairs”</li> <li>○ Sponsor clinics for persons with disabilities in partnership with community health practitioners to create a one-stop-shop for physical, mental &amp; dental health co-morbidities in addition to their rehabilitation needs</li> <li>○ Provide caregivers with education, information, training &amp; support programs both in-person and through social media</li>   <li>○ Collaborate with existing community resources to increase the capacity to extend services to individuals with physical disabilities, through a Senior</li> </ul>	<ul style="list-style-type: none"> <li>• Staffed by existing, front-line Call Center staff who will have access to clinical staff through new on-call, rotating assignments</li>   <li>• Use existing AT and marketing staff</li> <li>• Minimal costs for additional communications &amp; marketing</li> </ul> <p><b>Rehab Services – F. Hyland</b></p> <ul style="list-style-type: none"> <li>• Seek grant funding in the amount of \$500K over 5 years to grow current offerings into “Beyond Limits - Wellness &amp; Fitness Program” and provide: <ul style="list-style-type: none"> <li>○ project management &amp; coordination,</li> <li>○ supplemental clinical coverage,</li> <li>○ additional marketing support, and</li> <li>○ resources to recruit &amp; engage clinical partners.</li> </ul> </li>   <li>• Assign existing rec. therapy &amp; psychology therapists to staff the program on a rotational basis</li> </ul>
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<p><b>Housing</b></p>	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• Long term affordability of home &amp; community-based living arrangements</li> </ul>	<p>Center/Clubhouse-like, multi-cultural, member-directed model for socialization, recreation &amp; educational purposes</p> <p><b>C. Housing</b></p> <ul style="list-style-type: none"> <li>○ Increase accessibility by developing programs with builders and building product vendors to foster Universal Design (including ramping, bathroom remodeling, etc.) in construction and renovation</li> <li>○ Explore the feasibility of expanding the “SupplL” concept on a basic level through partnering with housing developers</li> <li>○ Provide accessibility audits and evaluations</li> <li>○ Assess municipal laws and advocate for barrier-reduction opportunities and “visitability” tax credits for new construction and renovations</li> </ul>	<p><b>Community Relations – C. Lambert w/S. Lee &amp; J. Werner, Neuro-rehab &amp; Care Mgmt.</b></p> <p>Repurpose existing staff <u>or</u> new hire @ \$50K+ benefits to coordinate and manage disability-focused, community building &amp; engagement programming in areas (housing and transportation) peripheral to our core services, but integral to improving health for people with disabilities</p> <ul style="list-style-type: none"> <li>• Use existing Neuro, AT &amp; Care Management staff</li> <li>• Use existing Gov. Relations staff</li> </ul>
<p><b>Public Transportation</b></p>	<p><b>Public Transportation</b></p>	<p><b>D. Transportation</b></p> <ul style="list-style-type: none"> <li>○ Advocate for improved para-transit services, accessible taxis &amp; accessible alternative transportation providers (e.g., Uber, Lyft)</li> </ul>	<p><b>Transportation Mgmt. – M. Waverka</b></p> <p><b>Govt. Relations – C. Lambert</b></p> <ul style="list-style-type: none"> <li>• Use existing Gov. Relations staff and partner with local disability service providers and coalitions</li> </ul>

<p><b>Income &amp; Unemployment</b></p> <p><b>Education</b></p> <p><b>Air Quality</b></p>	<p><b>Poverty</b></p> <p><b>Vocational Therapy</b></p> <p><b>Not a reported concern</b></p>	<ul style="list-style-type: none"> <li>○ Provide information to direct consumers to alternatives to public para-transportation</li> </ul> <p><b>E. None proposed for this cycle</b></p> <p><b>F. None proposed for this cycle</b></p> <p><b>G. None proposed for this cycle</b></p>	<ul style="list-style-type: none"> <li>● Use existing Call Center and transportation management staff</li> </ul>
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\* The Health Care Council of the Lehigh Valley's (HCCLV) community health profile for the 2016 Community Health Needs Assessment.

\*\* Heart Disease, Cancer, Stroke, Lung Disease, Injury/Violence and complications related to Diabetes.

\*\*\* Good Shepherd Rehabilitation Network's 2015 needs assessment conducted by the Lehigh Valley Research Consortium.

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