

2014

KETTERING MEDICAL CENTER

Community Benefit Plan & Implementation Strategy



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INTRODUCTION

Kettering Medical Center is one of seven hospitals in the Kettering Health Network (KHN). Being a part of KHN allows the hospital to access Network resources such as a vast network of specialist physicians as well as specialized centers and services.

Kettering Medical Center Service Area

The primary service area for Kettering Medical Center is defined as Montgomery County located in West Central Ohio. This service area's health care infrastructure is comprised of 15 hospitals of which 10 are short-term acute care hospitals, 39 State licensed nursing homes, 31 State licensed residential care facilities, four hospice centers, four HMOs, 14 State licensed ambulatory surgery facilities, and 12 State licensed dialysis centers, per the Ohio Department of Health. According to the Health Resources and Services Administration, County residents are also served by 6 community health centers and 5 Federally Qualified Health Centers (FQHC).

Community Health Needs Assessment

In 2013, Kettering Medical Center partnered with member hospitals of the Greater Dayton Area Hospital Association and Wright State University to prepare the Community Health Needs Assessment (CHNA) for the hospital's service area. A community health needs assessment engages community members and partners to collect and analyze health-related data from many sources.

Data Collection

To prepare the CHNA, secondary data from multiple sources was collected to paint a detailed picture of the Kettering Medical Center Service Area. Secondary data is reprocessing and reusing information that has already been collected such as institutional records from sources such as hospitals and the Ohio Department of Health. The CHNA reported previously-gathered survey data from the Montgomery County Behavioral Risk Factor Surveillance System (BRFSS) as presented in the Community Health Assessment prepared by Public Health-Dayton & Montgomery County. Aggregate hospital ICD-9 emergency department and hospital inpatient discharge diagnoses data were obtained from the Ohio Hospital Association via the Greater Dayton Area Hospital Association. Cancer data and vital statistics were obtained from the Ohio Department of Health. Other data were obtained from national sources such as the Health Resources and Services Administration (HRSA), the Bureau of the Census, and the Robert Wood Johnson Foundation; and other State sources such as the Ohio Development Services Agency.

Using the key findings from the CHNA, key stakeholders identified and prioritized strategic areas of concern for Kettering Medical Center's service area that were used to develop the Medical Center's Implementation Strategy. The following report outlines the process for identifying and prioritizing key strategic issues and the implementation plan that will address these issues.

SELECTION OF COMMUNITY HEALTH PRIORITIES

The following lists contain all of the health priorities identified by the Kettering Medical Center Community Health Needs Assessments (CHNA) ranked according to seriousness.

Top Inpatient Diagnoses

1. Hypertension
2. Non-ischemic heart disease
3. Diabetes
4. Alcohol and drug
5. Heart attack/ischemic heart disease
6. Complications of pregnancy and childbirth
7. Chronic obstructive pulmonary disease

Top ED Diagnoses

1. Unintentional Injury
2. Alcohol and drug
3. Hypertension
4. Abdominal pain
5. Spinal disorders
6. Chest pain
7. Diabetes

Leading Causes of Death

1. Malignant neoplasms
2. Diseases of heart
3. Chronic lower respiratory diseases
4. Accidents
5. Alzheimer's Disease
6. Cerebrovascular disease

In addition to seriousness, the trends and impact of each health concern were taken into consideration when selecting the top health priorities for the Kettering Medical Center Service area. The criteria used to select the health priorities are:

- ✓ Proportion of population impacted
- ✓ Degree to which the issue is worse than the State and/or Nation
- ✓ Rapid increase/decrease of the issue
- ✓ Number of hospitalizations/ ED visits
- ✓ Number of deaths
- ✓ Impacts on other health outcomes
- ✓ Seriousness of the consequences of not addressing the issue

Once all of these criteria were applied, the top five priorities were selected according to the criteria above and the prevalence of their contributing factors. For example, heart disease was chosen as one priority area because heart disease is the number two cause of death in the County, inpatient diagnoses of heart disease are increasing, the percentage of County adults with heart disease is higher than the percent for the State and Nation, and the contributing factors of heart disease (hypertension, smoking, obesity and excessive use of alcohol) are also prevalent in the hospital's service area. The other health priorities identified for the Medical Center's service area are diabetes, breast cancer, chronic lower respiratory disease, and cerebrovascular disease. This hospital facility will only address two of the five needs identified through the CHNA, heart disease and breast cancer. Appendix A presents tables containing the health data used to select the top two

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health priorities. The other three health needs will not be addressed by this facility, as they are being addressed by other organizations in the service area. The following section contains information about how the unaddressed health needs will be met by other organizations.

UNADDRESSED HEALTH PRIORITIES

Using the criteria above, five health priorities were identified for the service area: heart disease, breast cancer, diabetes, chronic lower respiratory disease, and cerebrovascular disease. However, only two of these, heart disease and breast cancer, will be addressed by the Kettering Medical Center. Sycamore Hospital and Southview Medical Center will address Diabetes in their Hospital Implementation Strategy. Chronic Lower Respiratory Disease and Cerebrovascular Disease will be addressed by Public Health-Dayton & Montgomery County (PHDMC) in their Community Health Improvement Plan (CHIP). Please refer to the table below for more information about these programs.

Montgomery County		
Health Priority	Organization	Action Plan
Heart Disease	Kettering Medical Center	2014-2016 Implementation Strategy addresses heart disease through heart health outreach and education initiatives such as women-focused health events and community cardiac presentations. Also, the Implementation Strategy will address access to cardiac care through patient assistance programs and use of the Fellows Clinic for follow-up appointments.
Chronic Lower Respiratory Disease	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment
Cerebrovascular Disease	Dayton and Montgomery County Public Health	To be addressed in the 2014 CHIP, according to PHDMC Community Health Assessment

HEALTH NEEDS TO BE ADDRESSED

Kettering Medical Center representatives reviewed the selected health priorities in conjunction with the hospital's services and programs, areas of expertise, resources, and existing community assets to determine which priority areas it could best address. Specialists from Kettering Breast Evaluation Center (KBEC) and the cardiac team, along with representatives from the President's Office, the Hospital Foundation Office, the Marketing Office and the Community Outreach Group came together to determine the health factors that this facility is best positioned to influence during the upcoming planning cycle due to the facility's programs and accessible resources. The priorities include:

- ✓ Heart Disease
- ✓ Breast Cancer

IMPLEMENTATION STRATEGY

In support of the 2013 Community Health Needs Assessment and ongoing community benefit initiatives, Kettering Medical Center plans to implement the following strategies to impact and measure community health improvement. As Kettering Medical Center moves forward with each initiative, community needs will be continually monitored, and programming and services will be adjusted accordingly.

PRIORITY: Heart Disease

Rationale

Based on self-reported data, 6.3% of Montgomery County adults have been told by a medical professional that they have coronary heart disease, which is significantly higher than rates for the State and Nation. From 2005 to 2011, heart disease as the primary or secondary emergency department discharge diagnosis has been on the decline in Montgomery County. However, heart disease as the primary or secondary inpatient discharge diagnosis has been sporadic – reaching its peak in 2008 and declining through 2011 and increasing again in 2012. The mortality rate due to ischemic heart disease has been on the decline since 2008, from 215.0 per 100,000 to 184.4 in 2011. Deaths in the County due to non-ischemic heart disease decreased from 2003 to 2006; rates began rising again in 2007 and continued this trend through 2011. Both hospitalization and mortality due to heart disease is lower in the County than the State. The maps on the following page present those zip codes in orange where hospitalization (based on primary and secondary diagnoses at time of discharge) or mortality due to heart disease is higher than the State’s rate. Refer to the tables below for rates. Mortality due to heart disease is lower in zip codes on the eastern edge of the county and southwestern Montgomery County.

Heart Disease Adult Emergency Department Hospitalization, 2011

Discharge Diagnoses	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
Ischemic	5,351	1294.9	1590.2
Non-Ischemic	7,562	1830.0	2158.5

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

Heart Disease Adult Inpatient Hospitalization, 2011

Discharge Diagnoses	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
Ischemic	13,353	3231.4	3634.2
Non-Ischemic	19,365	4686.2	4826.0

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

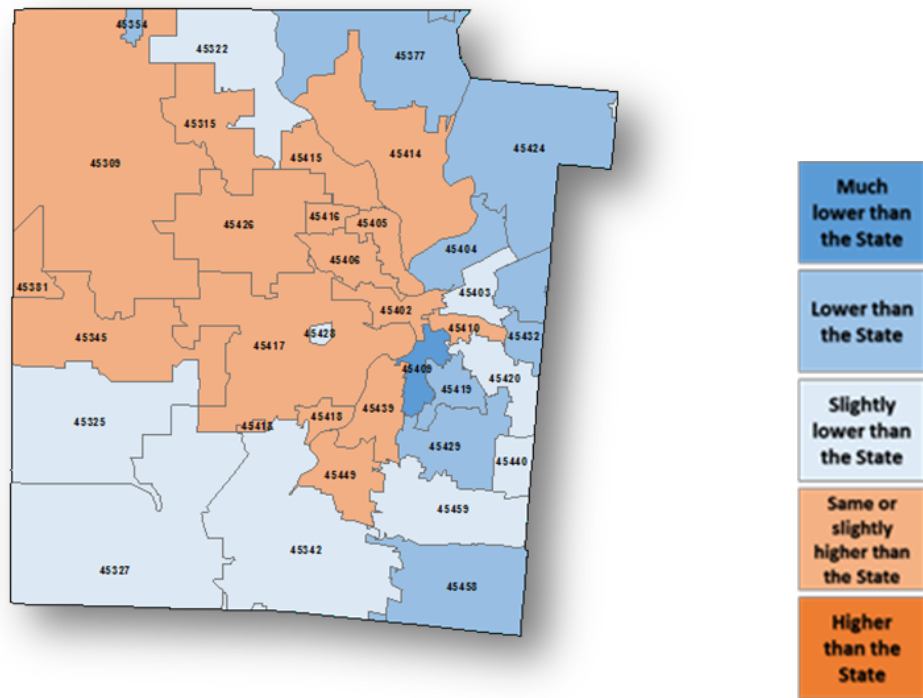
Adult Mortality Due to Heart Disease, 2011

Mortality Heart Disease	Montgomery County		Ohio
	Number	Rate per 100,000	Rate per 100,000
Ischemic	762	184.4	194.0
Non-Ischemic	331	80.1	87.2

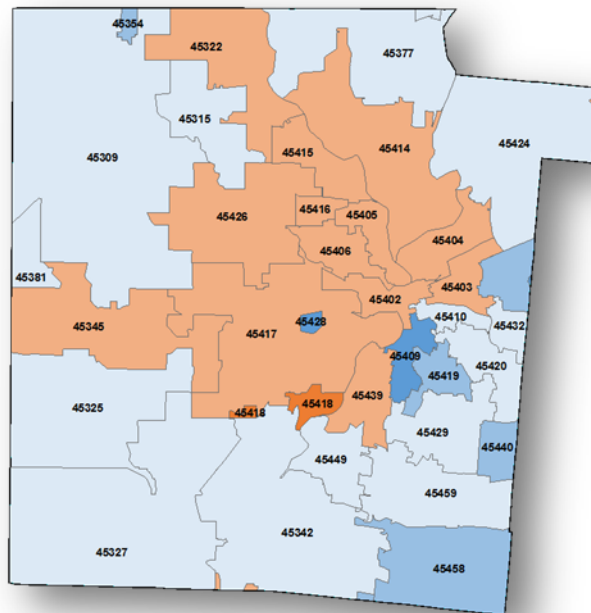
Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

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Cause of Death, Adults - Heart Disease, 2011



Inpatient Adult Primary & Secondary Ischemic Heart Disease Discharge Diagnosis, 2011



Impact on/by Other Health Issues

Hypertensive heart disease is the No. 1 cause of death associated with high blood pressure; it includes heart failure, ischemic heart disease, hypertensive heart disease, and left ventricular hypertrophy. Hypertension is a leading contributing factor to heart disease, and in Montgomery County the prevalence of hypertension is higher in the County than in the State and Nation. Heart disease as a cause of death has declined from 2007 to 2012, but it is still the second most common cause of death in County adults. Higher rates of smoking, alcohol, and obesity/overweight as compared to national benchmarks contribute to these health outcomes.

Objective: From 2014-2016, successfully screen blood pressure for 70% of adults attending community outreach “heart health” events. Refer 100% of people determined to be hypertensive to follow up care.

Strategy One: Increase health outreach and education

Activity One: Align community outreach to promote heart healthy living.

1. Provide interactive heart health and other activity events such as “Shake Your Heart Up.”
2. Augment community outreach through support groups and exercise programs.
3. Continue partnering with the American Heart Association to sponsor local programs such as the *Heart Walk* and *Go Red for Women*.

Activity Two: Maintain a commitment to professional and paraprofessional education.

1. Educate EMS professionals about tele-medicine capabilities & EMS monitoring systems (e.g. EKGs sent from the field by paramedics so hospital teams are ready to act when the patient arrives).
2. Continue annual cardiac colloquium to train and educate primary care physician (PCP), PAs and nurses.
3. Provide an annual Wellness Symposium.

Strategy Two: Increase identification of individuals at risk for CVD

Activity: Focus early detection CVD screenings to target groups: women, worksites and those aged 65 and above (70% of patients in cardiac care are Medicare patients).

1. Increase the number of blood pressure and cholesterol screenings.
2. Facilitate appropriate follow-up care based on screening results. If screening uncovers concerns, refer the patient back to his or her PCPs, assist them in obtaining higher level screenings, and promote behavior modification.
3. Promote community heart health education and awareness.

Strategy Three: Increase access to care to improve heart health

Activity: Increase access to care for the underserved/uninsured population.

1. Assist patients in enrolling in ACA insurance programs.
2. Provide pharmacy assistance to help pay for medications.
3. Support Reach Out Montgomery County, a 501(c)3 volunteer healthcare organization, and Unified Health Solutions, Inc., a non-profit, social service organization.

4. Provide open-heart patients with nurse navigators.
5. Utilize New Access Points via new FQHCs in Montgomery County to provide cardiac care to the indigent population.
6. Refer patients without a PCP to follow-up with the Fellows Clinic.
7. Promote cardiac rehabilitation programs and *Mended Hearts* (KMC is a national chapter).

Strategy Four: Target Foundation resources to fund less invasive equipment, staff education, preventive screenings, and greater community education

Donors make a significant impact in supporting the Kettering Cardiovascular Institute, focusing on cardiac surgery, patient care, advanced education, and medical innovation.

PRIORITY: Breast Cancer

Rationale

Breast cancer diagnosis in Montgomery County decreased from 245.4 adult female cases in 2005 to 211.3 cases in 2006, but in 2007 the rates began increasing again. In 2011, breast cancer prevalence was 252.9 cases per 100,000 adult females. The mortality rate due to breast cancer and inpatient hospitalizations (based on primary and secondary discharge diagnoses) due to breast cancer have exhibited similar trends over this same period. Breast cancer incidence and mortality due to breast cancer is higher in the County than in the State, while inpatient hospitalization is lower. The maps present those zip codes in orange where adult female breast cancer diagnosis, hospitalization (based on primary and secondary diagnoses at time of discharge), or mortality due to breast cancer is higher than the State's rate. Refer to the tables below for rates. In many of the zip codes where the rate for breast cancer diagnosis for Montgomery County adult female residents is lower than the State's rate, the mortality rate is higher. These trends indicate that the population may not be seeking preventive and treatment services.

Breast Cancer Diagnosis, Adult Females, 2011

Discharge Diagnosis	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
Breast Cancer	552	252.9	224.5

Source: Ohio Department of Health Ohio Cancer Incidence Surveillance System

Breast Cancer Hospitalization, Primary & Secondary Discharge Diagnosis, Adult Females, 2011

Discharge Diagnosis	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
Inpatient	304	139.3	147.6

Source: Ohio Hospital Association and Greater Dayton Area Hospital Association

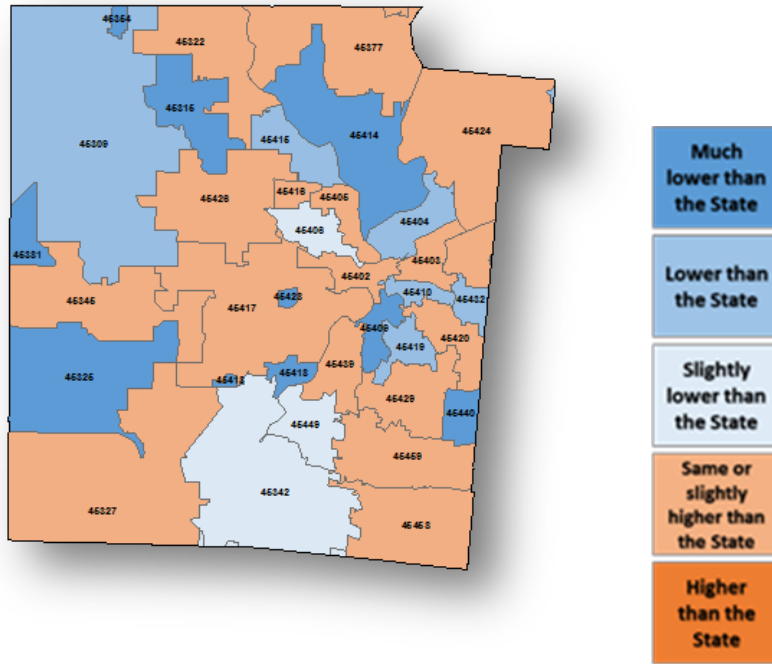
Adult Mortality Due to Breast Cancer, Females, 2011

Mortality Breast Cancer	Montgomery County		Ohio
	Number	Rate/100k	Rate/100k
Adult Females	101	46.3	40.0

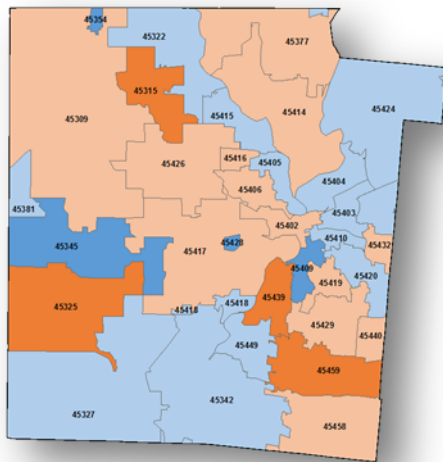
Source: Vital Statistics Program, Ohio Department of Health, 2000-2012.

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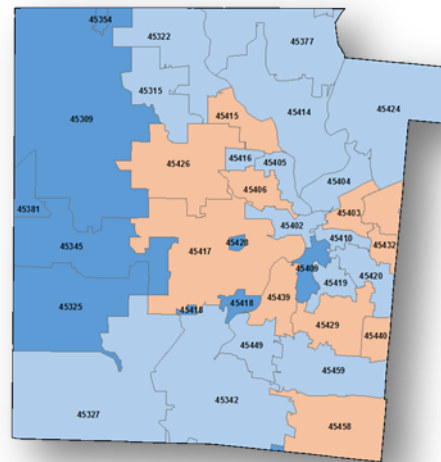
Cause of Death, Adult Females – Breast Cancer, 2011



Ohio Cancer Incidence Surveillance System Breast Cancer Diagnosis, Adult Females, 2011



Inpatient Care Primary & Secondary Breast Cancer Diagnosis, Adult Females – 2011



Impact on/by Other Health Issues

The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others. Breast cancer is the most prevalent form of cancer in the County, the rate increased from 2006-2011, and cancer is the number one cause of death in the County. Also, the high incidence of obesity and excessive use of alcohol and the lack of mammography screenings contribute to this health outcome.

Objective: From 2014-2016, increase the number of women ages 40-69 years obtaining a screening mammogram by 2% annually as a result of education and outreach to the community.

Strategy One: Promote breast health education, awareness and preventive screening for all women living within the service area

Activity One: Promote breast health education and awareness to all women.

1. Continually update the KHN website to reflect the most up-to-date breast health information and network services.
2. Continue advertising campaigns to remind women to obtain their annual screenings.
3. Cross-market the Center of Excellence for Breast Health with other women's health services.
4. Promote the Cindy Wilde Vogel Memorial Library located at the Kettering Breast Evaluation Clinics (KBEC) which offers information on women's health.

Activity Two: Increase mammography screenings among the uninsured and underinsured population.

1. Market breast health services via community newsletters.
2. Promote Foundation-funded mammography screenings; the Foundation provides support for diagnostic screenings in hardship cases as is possible.
3. Educate women about their rights under the ACA to receive a free screening mammogram without a physician's referral, if age guidelines are met.

Activity Three: Increase detection of high-risk patients to improve patient outcomes.

1. Develop a High Risk Center to help identify breast cancer earlier.
2. Promote receiving MRIs to those identified as high risk.

Strategy Two: Ensure breast cancer patients are quickly connected with regional treatment and survivorship training

Activity One: Ensure breast cancer patients are quickly connected to proper care

1. Continue Cancer Care, the centralized cancer service call center, to connect cancer patients with the right service/information/expert.
2. Block out appointment times to enable quick service when high-risk patients are identified.
3. Assign patient navigators to connect patients to financial resources that will help them pay for procedures and prescriptions.
4. Assign “breast navigators” and utilize genetic counselors on-site to help identify high-risk patients.
5. Begin nurse navigator care during biopsy phase to connect patients to care immediately.
6. Continue foundation support of continuing education of nurse navigators to assure they sustain certification.

Activity Two: Increase the number of women using Kettering Medical Center’s distinguished breast cancer resources

1. Emphasize that there is no need to travel elsewhere to access world-class resources; breast services and specialty treatments, such as HDR Brachytherapy, meeting all national standards, are available via the Kettering Health Network.
2. Market the Dayton Clinical Oncology Program. This program, in cooperation with participatory hospitals, universities and physicians, provides local access to national state-of-the-art cancer clinical trials through the National Cancer Institute; there are currently 100 clinical trials available.

Activity Three: Transition breast cancer patients into breast cancer survivorship

1. Coordinate monthly breast cancer support groups that utilize nurse guided survivorship training through programs such as *Navigating the Breast Cancer Journey*, *I Can Cope* and *Caring & Sharing*.
2. Train breast cancer survivor “buddies” as first responders that will help women currently going through treatment to connect with “what worked for them.”
3. Promote the *Look Good, Feel Better* event held in KHN and Dayton area facilities; it is sponsored by the ACS and is designed to provide women experiencing cancer treatment with ways to enhance appearance and take care of skin hair and fingernail during treatment.
4. Include registered dieticians and social workers as part of the navigation system that can connect patients to community resources.
5. Promote foundation-provided prosthetic apparel for breast cancer survivors.

Strategy Three: Continue Foundation support of breast health education and community collaboration

Activity One: Continue Foundation support of breast cancer education and treatment such as:

1. Foundation support of the *Walk for Women's Wellness*
2. Foundation funding of staff education, network wide medical equipment, and radiology/oncology initiatives
3. Foundation support of KBEC initiatives toward meeting national standards
4. The annual Tatar Family Foundation's Cancer Symposium which provides physicians, nurses, technicians, therapists, etc., in the Dayton Area with the opportunity to learn about the most cutting-edge advances in cancer treatment
5. Continued collaboration with community organizations such as *ACS Making Strides* and *Pink Ribbon Girls* based out of Dayton (sponsored by KHN; provides transportation services for women diagnosed with breast cancer, delivers meals to patients' homes that are tailored to their dietary needs)

APPENDIX A: KETTERING MEDICAL CENTER HEALTH PRIORITIES

Heart Disease

Contributing Factors to Heart Disease	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of Hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Heart Disease	6.3%	Higher than the State (4.3%) and Nation (4.1%)	Inpatient discharge diagnoses increasing since 2012; non-ischemic heart disease rate rising since 2007	#2 inpatient diagnosis	#2 cause of death in the County	
Hypertension	35.5%	Higher than the State (31.7%) and the Nation (28.7%)	Inpatient diagnoses increased 27.8% 2004-2012 and 9% 2010-2012	Leading inpatient discharge diagnosis; #3 ED diagnosis		Heart attack, stroke, and diabetes among others
Adult Smoking	21.0%	Higher than the national benchmark (17.3%)	The adult smoking percentage is stable; COPD as an inpatient diagnosis is on the rise nearly tripling from 2004-2012		Chronic Lower Respiratory Disease is the 3rd leading cause of death in the County	Leading predictor of lung & bronchus cancer; ~90% of deaths from chronic obstructive lung disease are caused by smoking
Obesity & Overweight	68.0%	Higher than the State (65.7%) and the national benchmark (64.5%)				CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Excessive use of Alcohol	14.0%	Two times higher than the national benchmark (7%)	Drug and alcohol related ED discharge diagnoses almost doubled 2004-2012	Alcohol and drug related diagnoses are #2 ED discharge diagnoses		Cardiovascular disease, cirrhosis, breast cancer, gout, HTN, dementia, depression, seizures, and pancreatitis

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IMPLEMENTATION STRATEGY]**

Breast Cancer

Contributing Factors	Proportion of population impacted	Comparison to the State and Nation	Trend	Number of hospitalizations/ ED visits	Number of Deaths	Impacts other health outcomes
Breast Cancer	252.9 per 100,000 population		Increasing since 2007		Cancer is the #1 cause of death in the County	Late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others
Obesity & Overw	68.0%	Higher than the State (65.7%) and the Nation (64.5%)	Increased from 2004-2009, but decreased in 2010			CHD, HTN, stroke, type 2 diabetes, abnormal cholesterol, metabolic syndrome, cancer, osteoarthritis, & more
Excessive use of Alcohol	14.0%	Two times higher than the national benchmark (7%)	Drug and alcohol related ED discharge diagnoses almost doubled 2004-2012	Alcohol and drug related diagnoses are #2 ED discharge diagnoses		Cardiovascular disease, cirrhosis, breast cancer, gout, HTN, dementia, depression, seizures, and pancreatitis
Mammography Screenings	62.0%	Below the State (63%) and the national benchmark (73%)				

APPENDIX B: IMPLEMENTATION STRATEGY SYNTHESIS

Heart Disease

Objective: From 2014-2016, successfully screen blood pressure for 70% of adults attending community outreach “heart health” events. Refer 100% of people determined to be hypertensive to follow up care.

Background	Strategies and Activities
<ul style="list-style-type: none"> • Hypertensive heart disease is the No. 1 cause of death associated with high blood pressure • It includes heart failure, ischemic heart disease, hypertensive heart disease, and left ventricular hypertrophy • The prevalence of Hypertension is higher in Montgomery County than in the State and Nation • Heart disease as a cause of death has declined from 2007 to 2012, but it is still the second most common cause of death in County adults • Higher rates of smoking, excessive use of alcohol, and obesity/overweight versus national benchmarks contribute to these health outcomes 	<ol style="list-style-type: none"> 1. Increase heart health outreach and education. <ol style="list-style-type: none"> a. Align community outreach to promote heart healthy living <ul style="list-style-type: none"> • Interactive health events such as “Shake Your Heart Up” • Support groups and exercise programs • The <i>Heart Walk</i> and <i>Go Red for Women</i> b. Maintain commitment to professional and paraprofessional education <ul style="list-style-type: none"> • Educate EMS professionals. • Continue annual cardiac colloquium. • Provide an annual Wellness Symposium. 2. Increase identification of individuals at risk for CVD. <ol style="list-style-type: none"> a. Focus early detection screenings to target groups. <ul style="list-style-type: none"> • Increase the number of blood pressure and cholesterol screenings. • Facilitate appropriate follow-up care. • Promote community heart health education and awareness. 3. Increase access to care to improve heart health. <ol style="list-style-type: none"> a. Increase access to care for the underserved/uninsured population. <ul style="list-style-type: none"> • Assist patients in enrolling in ACA insurance. • Provide pharmacy assistance. • Support Reach Out Montgomery County and Unified Health Solutions. • Provide open-heart patients with nurse navigators. • Utilize New Access Points via new FQHCs in Montgomery County. • Refer patients without a PCP to follow-up with the Fellows Clinic. • Promote <i>Mended Hearts</i>. 4. Target Foundation resources.

**[KETTERING MEDICAL CENTER
IMPLEMENTATION STRATEGY]**

Breast Cancer

Objective: From 2014-2016, increase the number of women ages 40-69 years obtaining a screening mammogram by 2% annually as a result of education and outreach to the community.

<p>Background</p> <ul style="list-style-type: none"> • The late effects of breast cancer and its treatment include emotional distress and depression, lymphedema, and weight gain among others • Breast cancer is the most prevalent form of cancer in the County; the rate increased from 2006-2011 • Cancer is the number one cause of death in the County • The contributing factors of breast cancer, obesity, excessive use of alcohol and lack of mammography screenings in the service area compare unfavorably to the State and the national benchmark 	<p>Strategies and Activities</p> <ol style="list-style-type: none"> 1. Promote breast health education, awareness and preventive screening. <ol style="list-style-type: none"> a. Promote breast health education and awareness to all women. <ul style="list-style-type: none"> • Continually update the KHN website. • Continue advertising campaigns. • Cross-market Kettering Breast Evaluation Clinics (KBEC). • Promote the Cindy Wilde Vogel Memorial Library. b. Increase mammography screenings. <ul style="list-style-type: none"> • Market breast health services via community newsletters. • Promote Foundation-funded mammography screenings. • Educate women about ACA coverage of screening mammograms • Increase detection of high-risk patients. c. Increase detection of high-risk patients. <ul style="list-style-type: none"> • Develop a High Risk Center to help identify breast cancer earlier. • Promote receiving MRIs to those identified as high risk. 2. Ensure breast cancer patients are connected with regional treatment <ol style="list-style-type: none"> a. Ensure breast cancer patients are quickly connected to proper care <ul style="list-style-type: none"> • Continue Cancer Care • Block out appointment times to enable quick service • Assign early patient navigators • Assign “breast navigators” and utilize genetic counselors • Begin nurse navigator care during biopsy phase • Continue foundation support of continuing education b. Increase the number of women using network resources <ul style="list-style-type: none"> • Emphasize that there is no need to travel elsewhere • Market the Dayton Clinical Oncology Program c. Transition breast cancer patients into breast cancer survivorship <ul style="list-style-type: none"> • Coordinate monthly breast cancer support groups • Train breast cancer survivor “buddies” • Market the hospital’s retail outlet and apparel boutique • Promote the Look Good, Feel Better event he • Include registered dieticians and social workers • Promote foundation-provided prosthetic apparel 3. Continue Foundation support of breast health initiatives <ul style="list-style-type: none"> • Foundation support of the <i>Walk for Women’s Wellness</i> • Staff education, network wide medical equipment, etc. • Support of KBEC initiatives toward meeting national standards • The annual Tatar Family Foundation’s Cancer Symposium
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