

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY FY 2018-2020



Carilion Franklin Memorial Hospital

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Carilion Franklin Memorial Hospital Health Improvement Implementation Strategy

FY 2019 - FY 2021 Summary

Carilion Clinic is a not-for-profit, integrated healthcare system located among the Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, which serves as the largest urban hub in Western Virginia. There, though a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complimentary services, quality care is provided close to home for nearly 1 million Virginians. Carilion's roots go back more than a century, when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community. Today, Carilion is a key anchor institution focusing on more than just healthcare; Carilion is dedicated to its mission of improving the health of the communities we serve.

With an enduring commitment to the health of our region, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investments in discovering and responding to the health needs of its community comes the understanding that stakeholders must address community health issues together to most effectively create change.

The purpose of this implementation strategy is to describe what Carilion Franklin Memorial Hospital (CFMH) plans to do to address the community health needs identified in the 2018 Franklin County Area Community Health Assessment (FCACHA).

CFMH provides a full range of top-quality inpatient and outpatient care for residents of the Franklin County area. The facility includes an inpatient hospital and medical offices for acute and specialty care. CFMH's team of health care professionals provides patients with reliable, safe care to get them on the road to recovery, close to home. For inpatient care, CFMH physicians diagnose and treat illnesses, anticipate problems and rapidly respond to changes in patient conditions. Emergency services are onsite 24/7 and CFMH offers direct access to Carilion's Level 1 Trauma Center if an advanced level of care is needed.

Community Served

The Franklin County area, including Franklin County and Henry County, is the service area for the FCACHA. Franklin and Henry Counties are part of the West Piedmont Health District. The western piedmont region of Virginia is full of beautiful scenery including the Blue Ridge Mountains, rolling hills, multiple communities developed around lakes and waterways, and quaint towns.

Franklin County is mostly rural with 81.3 persons per square mile and a land area of 690.43 square miles¹ and is part of the Roanoke Metropolitan Statistical Area (MSA)². The County hosts a variety of distinct communities including many rural communities, the Smith Mountain Lake area and the town of Rocky Mount. Before settlers came to the area in the early 1700s, the land was home to Native American tribes. In 1786, Franklin County was formed from portions of Bedford and Henry Counties. Agriculture, mining and later the railroad, textile, wood and tobacco industries were prominent. Smith Mountain Lake and Philpott Lake are both located in parts of Franklin County and continue to drive activity and growth in the area. Today, Franklin County has a national monument at the birthplace of Booker T. Washington and offers an active music and outdoor amenities³.

Henry County is mostly rural with 141.6 persons per square mile and a land area of 382.33 square miles⁴ and is part of the Martinsville-Henry County Micropolitan Statistical Area⁵. Henry County has a rich history that helps to highlight its amenities and activities today. Motorsports, specifically NASCAR, has been a staple in the Martinsville-Henry County area dating back to the 1940s when the Martinsville Speedway was opened⁶. Complementing and often replacing the early agricultural and tobacco industries, the furniture and textile industries were significant contributors to employment and the economy in the area during the 20th century⁷. Today, in addition to motorsports, outdoor activities attract and engage visitors and residents.

Franklin County is part of the Roanoke Valley MSA, a region flush with resources including food, health and human services, arts and culture and outdoor amenities. Additionally, within the service area, resources are accessible to residents in the City of Martinsville, the Town of Rocky Mount, the Smith Mountain Lake area and in other smaller communities. Health and human service organizations work to reduce the disparities in access to care and access to resources that still exist for many residents of the region.

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¹ U.S. Census Bureau, 2017, QuickFacts. https://www.census.gov/quickfacts/fact/table/franklincountyvirginia/PST045217

² Roanoke Metropolitan Statistical Area in USA. Retrieved from: https://www.citypopulation.de/php/usa-metro.php?cityid=40220

³ About Franklin County. Retrieved from: <u>https://www.visitfranklincountyva.org/about-franklin-county/</u>

⁴ U.S. Census Bureau, 2017, QuickFacts. https://www.census.gov/quickfacts/fact/table/henrycountyvirginia/PST045217

⁵ Virginia and Contiguous Areas Metropolitan and Micropolitan Statistical Areas and Components. Retrieved from http://www.vdh.virginia.gov/content/uploads/sites/76/2016/06/VirginiaMetropolitanandMicropolitanStatisticalAreas.pdf

⁶ Martinsville Henry County Virginia. Motorsports Heritage. http://www.visitmartinsville.com/motorsports-heritage

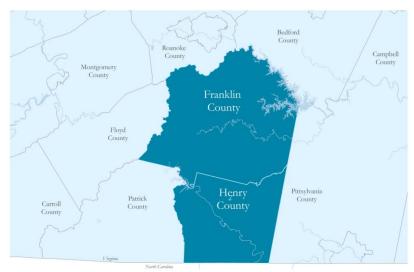
⁷ Martinsville-Henry County Virginia Textiles Heritage. http://www.visitmartinsville.com/textiles-heritage

The service areas for Carilion Clinic's Community Health Assessments (CHA) are determined by at least 70% of unique patient origin of the hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas and Health Professional Shortage Areas.

CFMH is located in Franklin County, Virginia. In fiscal year 2017, CFMH served 18,581 unique patients. Patient origin data revealed that during this year, 78.85% of patients served by CFMH lived in the following localities:

- Franklin County (68.45%)
- Henry County (10.40%)

The target population for Carilion Clinic's CHA projects consists of the following groups: underserved/vulnerable populations disproportionately impacted by the social determinants of health including poverty, race/ethnicity, education, and/or lack of insurance. Populations are



examined across the different life cycles including parents of children and adolescents, women of child-bearing age, adults, and the elderly as well as across various race and ethnic groups.

Implementation Strategy Process

CFMH and Healthy Franklin County (HFC) partnered to conduct the 2018 FCACHA. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole. Since 2014, HFC has led wellness work, mobilizing partners and leading efforts specifically targeting obesity and chronic disease management in the community by increasing access to healthy food and health education opportunities. A 28-member Community Health Assessment Team (CHAT) oversaw the planning activities.

Beginning in October 2017, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers and focus groups with target populations. Secondary data collected include demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. This activity consists of each CHAT member picking the ten most pertinent community needs and ranking them on a scale of one to ten, with one being the most pertinent. The categories listed on the prioritization activity sheet align with the Robert Wood Johnson Foundation framework for what influences health (please see Appendix 2 to view the prioritization worksheet). The data are combined and priorities are selected based on the number of times a category is selected in the top 10, with average ranking serving as a tie-breaker. Once the priorities have been selected, the CHAT participates in an activity to rate the feasibility and potential impact of a solution to each health issue. Please see Appendix 3 for Feasibility and Impact activity results. Healthy Franklin County will host a planning retreat and action team tactical planning this fall.

The 2018 FCACHA was approved by the CFMH Board of Directors and made publically available in August 2018. This Implementation Strategy was developed by the Carilion Clinic Community Health and Outreach Department based on priority community health needs identified in the 2018 FCACHA. Input on Implementation Strategies was solicited from CHAT members, the CFMH Board of Directors, the CFMH Community Benefit Team, Community Health and Outreach staff and key Carilion Clinic leadership. This document has been approved by CFMH's Board of Directors.

Prioritized List of Significant Health Needs Identified in the 2018 FCACHA

The findings of the 2018 FCACHA revealed 10 priority health-related issues in the community, identified by the CHAT after review of the data collected.

- 1. Access to primary care
- 2. High cost of care
- 3. Access to dental care
- 4. Access to mental / behavioral health services
- 5. Transportation / transit system
- 6. Poverty / low average household income
- 7. Alcohol and drug use
- 8. Culture: healthy behaviors not a priority
- 9. Lack of health literacy / lack of knowledge of healthy behaviors
- 10. Coordination of care

CFMH Implementation Plan

According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings⁸, where an individual lives, works and plays is a strong predictor of their health outcomes. Currently in the United States, a person's zip code can help predict their life expectancy due to its direct link to the social determinants of health such as poverty, race/ethnicity, education and employment status in these areas⁹. These factors are so important to our overall health, that they were added to the 10-year national Healthy People 2020 objectives with a goal to "create social and physical environments that promote good health for all."¹⁰

Carilion responds to community health needs in innovative ways: making sure our regions have access to state-of-the-art healthcare close to home; providing community grants and sponsorships to extend our mission and support other organizations that address health need; creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths; and by providing community-based health and wellness programming.

Carilion Clinic's response strategies are organized by the RWJF framework for what influences health: health behaviors; social and economic factors; clinical care access and quality; and physical environment.

Commitment

Commitment to community service is evident at all levels of the organization. In 2016, Carilion committed more than \$170 million toward activities that improve community health and social determinants of health. Carilion's commitment to community health is evidenced by its commitment to a population health infrastructure including an entire community health and outreach department dedicated to assessing and addressing community need. The department is responsible for leading and facilitating the Community Health Improvement Process, Community Health Assessments, the system's community grant process, community health education, community benefit collection, and neighborhood health initiatives. Community Health and Outreach has staff at the system level and at each community hospital and works with the each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health need. Each Carilion Clinic hospital has a Community Benefit Team which oversees the local hospital's plan to address community need in partnership with the local community health assessment team. There is also a Community Benefit Council at the system level providing oversight for Carilion Clinic as a whole. This council is responsible for overseeing and strategically guiding Carilion's community health improvement work and for community benefit strategy, collection and submission.

⁸ County Health Ranking & Roadmaps. Retrieved from: http://www.countyhealthrankings.org/

⁹ Robert Wood Johnson Foundation. Retrieved from:

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

¹⁰ Social Determinates of Health. Retrieved from: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Community Partnerships

Carilion Clinic believes in the power of collaboration and understands that community health issues must be addressed together, with the community. To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions that address health needs in the Franklin County area such as Healthy Franklin County. In addition, Carilion partners with multiple community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in the Franklin County area.

Healthy Franklin County

Forming a true community collaborative with lasting impact is no small feat. HFC is an initiative of United Way of Roanoke Valley brought forth from two reports, both developed to assess the needs of Franklin County. It is derived from the 2013 FCACHA and also the Franklin County Prosperity Indicators Report. Carilion provides financial and in-kind support for HFC.

HFC seeks to reduce obesity and related chronic diseases by mobilizing time, talent and financial resources to promote healthier lifestyles. The focus from its inception has been providing simple ways for people to take control of their health. HFC works by aligning resources to work together to improve the health and well-being of all Franklin County residents. This is done by integrating practices and coordinating improvements that provide collective impact and lead to positive change.

Since 2014, HFC has led wellness work, mobilizing partners and leading efforts specifically targeting obesity and chronic disease management in the community by increasing access to healthy food and health education opportunities. HFC also administers the *CharityTracker* online system that helps facilitate referrals across 20 local agencies as part of the Health Efficiency Navigation Initiative (HENI). Carilion Clinic partnered with HFC to conduct the 2016 and 2018 FCACHAs. In response to the health priorities identified in the 2018 FCACHA, HFC will coordinate with the CHAT members to conduct action planning in fall 2018. CFMH will continue to participate as a key partner in HFC's work.

Through HFC, programs and strategies have arisen in response to community needs, such as the Community Giving Gardens. Carilion provides additional support to implement these strategies in the Franklin County area.

Community Giving Gardens

The Community Giving Gardens program was developed by HFC partners to address needs identified in the 2013 FCACHA: high prevalence of obesity and the need for prevention and chronic disease management programs.

This program spearheaded the development of giving gardens throughout the community, especially at community centers and in low-income neighborhoods, in order to make fresh, healthy food accessible to those who need it most in Franklin County. This project not only provides healthy food, but also educates people about gardening and cooking with fresh produce and provides fresh foods distribution system, infrastructure for gardeners throughout the community to share their excess with those in need, and ways for community centers in low income neighborhoods to have financial and labor assistance in establishing raised garden beds for use by the neighborhood.

From the gardens, a supply of fresh produce is made available to the food bank distribution program where food boxes are thoughtfully made with medical conditions in mind. Food banks and soup kitchens throughout the county have also been provided with commercial refrigerators to prepare them to receive fresh produce during the growing season and other community partners have developed education about healthy eating and chronic disease management. Since spring 2016, through incredible support of many and varied partners, the project has produced and provided over 39,000 pounds of fresh food for the community.

Community Grants

Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Assessments. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those that impact the social determinants of health. Carilion provides a multitude of community grants and community health sponsorships helping local charitable organizations fulfill their missions as they relate to the health and well-being of our communities. Community grant dollars are allocated across the entire Carilion Clinic service area based on requests received. During this three-year Implementation Strategy cycle, Carilion Clinic intends to be more targeted with grant support through the initiation of a Request for Proposal (RFP) process, looking for organizations that can impact specific community health priorities in specific identified geographies.

Significant Health Priorities to be Addressed:

Health Behaviors

Needs: alcohol and drug use; culture: healthy behaviors not a priority; lack of health literacy / lack of knowledge of healthy behaviors.

To address health behavior related priorities from the 2018 FCACHA, Carilion provides a variety of free health education, screenings and flu immunizations in community settings. Education is also provided through health fairs and community events.

Community health education is provided by the Community Health and Outreach department, as well as on occasion by other departments. Health and wellness education topics include: general wellness; healthy eating and activity; anti-inflammatory eating; exercise for balance and confidence building for seniors, stress management, warning signs for heart attack and stroke and other topics as requested. The local health educator also leads guided public walks and hikes to increase access to exercise opportunities. Resources committed to these programs include staff time and often food and giveaway items that encourage healthy behaviors.

In addition to community events, Carilion works to encourage healthy behaviors through health improvement opportunities for its own employees and through partnerships with other employers in the Franklin County area. As a large employer in the region, efforts to engage employees and their families in their own health impact community health overall. Carilion has rolled out the Virgin Pulse program with employees and enabled employees to involve others on the platform to encourage healthy behaviors daily. In addition, CFMH hosts a momentum studio with exercise equipment available for employees and Carilion Wellness centers offer their FitRx program to employees for free and to the entire community, regardless of membership, for a nominal fee.

Carilion remains committed to the Healthier Hospital Initiative pledge and continues to work to improve the amount of healthy, local, sustainable foods purchased and served through its cafeterias.

Alcohol and drug use

Carilion's Opioid Task Force brings together expertise from throughout the Carilion system to better understand and address the Opioid Epidemic in Southwest Virginia. The Opioid Task Force is working to address this epidemic internally and in the community. Efforts arising from this task force include: developing system-wide guidelines and a system dashboard for opioid prescriptions; developing treatment pathways for opioid addiction in specific high-risk groups; developing best practices for risk assessment, treatment and standard orders in Carilion's electronic medical record system, EPIC; developing an inventory of community resources related to prevention, treatment and recovery services for opioid patients and community members; and providing locations for free, safe, prescription drug returns or deactivation bags.

CFMH participates in the local Franklin County Opioid Task Force, supporting community efforts to address the Opioid Crisis. CFMH also participates as a partner in the FRESH (Focus on Response and Education to Stay Healthy)Coalition. FRESH is a community coalition focused on changing behaviors and attitudes to prevent substance abuse among youth and families in Franklin County. The vision is to empower our community to make healthy choices. FRESH is made up of different representatives in the community representing 12 sectors: Youth, Parents, Media, Schools, Businesses, Healthcare Professionals, Law Enforcement, Civic and Volunteer Groups, Youth-Serving Organizations, State and Local Government, Religious Organizations, and Other Organizations Working to Prevent Substance Abuse. The youth representatives make up the CHILL (Communities Helping Improve Local Lives) Youth Task Force that is made up of students in 9-12th grade who are committed to making healthy, positive choices. It is a youth leadership and development program where students are trained in drug and alcohol prevention and are given opportunities to strengthen their personal skills while working to improve their school and community.

Clinical Care

Needs: access to primary care; high cost of care; access to dental care; access to mental / behavioral health services; coordination of care.

Issues with access to care are a focus for CFMH when addressing community health need. In addition to providing financial support to qualifying patients who cannot afford care, Carilion is working on the following to improve affordable access to care and resources.

Carilion will explore opportunities to improve access to care through various types of telemedicine provision, which are not currently offered in the area. In addition, through a comprehensive forensic nursing program, CFMH is engaged with the community for abuse prevention and review efforts. CFMH participates on and supports a variety of local child abuse, sexual abuse and fatality review teams. CFMH is also working in partnership with local Ferrum College to develop a nursing program.

Primary care

Carilion Clinic also partners with the Free Clinic of Franklin County to improve access to primary care through in-kind and financial support, which allows them to maintain a position to meet the needs of the low-income patients. The Free Clinic of Franklin County continues to serve the poorest uninsured with primary medical care and prescription medications. The majority of their patient population suffers from one or more chronic diseases, requiring longer visits, frequent follow-up visits, and multiple medications. Through this partnership, not only is access to primary care made available to target populations, but ongoing education and follow-up is provided to patients with chronic diseases. This partnership also includes coordination between the Free Clinic of Franklin County and the CFMH Emergency Department to connect uninsured patients with primary care.

High cost of care

Carilion is committed to helping improve access to affordable medical care in our communities. With expansion of Medicaid in the Commonwealth of Virginia, Carilion will work diligently in the coming months to develop a plan for outreach and enrollment in Medicaid for those newly eligible.

CFMH has ranked as the third lowest cost hospital per Medicare beneficiary. This lower cost can be attributed to efforts through the HENI to move people from the Emergency Department (ED) to medical homes to manage their primary care, reducing the number of ED visits, as well as efforts to lower readmissions through focused work with patients who have chronic conditions such as Chronic Obstructive Pulmonary Disease, Pneumonia and Congestive Heart Failure.

Mental / behavioral health services

In an ongoing effort to increase access to psychiatry and mental health services, the technological infrastructure to provide telepsych services has been put in place at Carilion Family Medicine Rocky Mount. Service provision is currently available, but limited by provider availability. Carilion is committed to serving the needs of its communities and continues to work toward providing telepsych services in the Franklin County area.

Coordination of care

CFMH continues to participate as a key partner in the HENI to better coordinate care in the region. Partners have been utilizing the *CharityTracker* system to connect providers across the health and social determinant spectrum to better support patients. CFMH employs a Community Outreach & Development Manager that helps individuals without insurance or a medical home get connected with resources. In 2017 and 2018, CFMH educated 249 people about insurance and 97 have been enrolled through the HENI at CFMH. These numbers were much higher when taking into account all HENI partners. CFMH is training patient advocates in its ED to be certified application counselors for the exchange.

HENI partners implemented a community-wide, web-based system called *CharityTracker* to strengthen care coordination. *CharityTracker* is an online system that enables shared case management across various health and human service organizations. Through this system, organizations can communicate quickly and easily to coordinate all needed supports for an individual or family together and at one time. Other benefits include reduced duplication of services, increased client accountability, shared data and shared outcomes. CFMH has supported this project both financially and as a key participating partner. In 2017 and 2018, 2,912 people have been served with 7,658 acts of service worth \$844,904 by partners and tracked through *CharityTracker*. To improve upon this success, United Way partners will all be participating in *CharityTracker* going forward and the support provided through the CFMH Emergency Department will be expanding. Carilion Home Health and Hospice are also participating partners in *Charity Tracker* as they provide coordination of care support to their patients.

Social and Economic Factors

Needs: poverty; transportation.

In its commitment to reducing inequity of care, Carilion provides financial support for people who cannot afford insurance or healthcare. Medication is replenished by Carilion for emergency medical service vehicles as they are used in transport. Support is also provided to many not-for-profit organizations helping to reduce the impacts of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and many others. Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes.

Future plans for our HENI include developing a Health Coach program in partnership with Ferrum College, a local liberal arts College and a 15 minute drive from the hospital. CFMH plans to invest in a Nurse Practitioner (NP) and a Social Worker (SW) to run this program. The HENI's Health Coach program will utilize volunteer students who will be selected after their freshman year and will take a 3-credit course for one semester, training on social determinants of care. The HENI will select patients with whom the student will work one hour a week after they complete their one semester training co-taught by the NP and SW. They will have these patients for the remainder of their time at Ferrum and receive one credit hour per semester for their work as well as a line item they can have on their resume for public service. If patients have serious behavioral health issues or are not appropriate for health coach intervention, they will be managed by the NP and SW in coordination with the Carilion department of psychiatry and our local community services board, Piedmont Services, another HENI partner. CFMH's aim is to continue to navigate patients to resources in the community for good clinical outcomes and lower cost.

CFMH supports programs that help individuals with social determinants of health, such as access to medical resources, food and school supplies. CFMH also participates as a partner in the Re-entry Councils of Franklin County and Martinsville and Henry County, helping people to get connected with resources, especially as they relate to healthcare, upon release from jail. CFMH also supports a local back-pack program and back to school efforts for local children.

Physical Environment

While physical environment did not necessarily arise as a top priority in the 2018 FCACHA, Carilion still recognizes the impact the environment has on the health of our communities. That is why efforts continue to improve the efficiency of Carilion buildings, the utilization of recycling and recyclable or bio-degradable materials where possible, the reduction of waste and the utilization of local, sustainable foods.

Implementation and Measurement

Carilion has invested in multiple systems to help manage data and track outcomes of our community work. Clear Impact will be utilized to develop community, system-wide, hospital-specific and project-specific scorecards with appropriate outcome measures. Community health education programs and screenings will have program level outcomes assigned based on the topic. These outcomes will be tracked with pre- and post-tests as well as through screening results. Community programs supported by Carilion grants will be responsible for reporting program outcomes regularly.

Scorecards will be developed with key secondary data points at the zip code and county level to be updated annually to track impact of community health initiatives. Carilion will track and measure impact on certain aligned indicators that contribute to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking. The goal is to improve County Health Rankings for the entire Franklin County area, but CFMH understands that by the nature of County Health Rankings, improvements are relative to improvements in other communities within the Commonwealth of Virginia.

Priority Areas Not being Addressed and the Reasons

A community approach to determine and address priority needs as described earlier in this document was used in determining which needs cannot be addressed immediately. The needs not identified as "priority" are those that will not be actively addressed in this time period. Please see Appendix 2 for the full prioritization worksheet to see what needs are not being actively addressed. It is CFMH's intent to address most of the identified priority health issues through the aforementioned initiatives, programs and/or grants.

Access to dental care and transportation are the two priorities not directly addressed by initiatives included in the Implementation Strategy. In the past, Carilion has provided grant funding to support transportation efforts. Carilion will continue to explore ways to provide support for access to dental care or transportation in the Franklin County area. At this time, CFMH does not have the local expertise to provide dental care or transportation services and is also not aware of local efforts ongoing in Franklin County to address these issues.

Please visit https://carilionclinic.org/community-health-assessments to review the 2018 Franklin County Area Community Health Assessment. Learn more about Carilion Clinic Community Health and Outreach at https://www.carilionclinic.org/community-health-outreach.

This document was adopted on behalf of Carilion Franklin Memorial Hospital on 9/19/2018.

Appendices

Appendix 1: Community Health Assessment Team

This list includes members that attended 50% (2) or more of the CHAT meetings.

Name	Organization	Area of Expertise	
Russell Baskett	SML Good Neighbors	Education	
Nancy Bell	Virginia Department of Health	Public Health	
Aaron Boush	Carilion Clinic	Public Health/Hospital	
Amanda Carter	County of Franklin	Aging/Transportation	
Paul Chapman	County of Franklin	Recreational Facilities and Programs	
Pamela Chitwood	United Way of Roanoke Valley	Community Impact	
Carl T. Cline	Carilion Clinic	Nursing	
Cheryl Coleman	Tri Area Health	Community Outreach	
Marc Crouse	STEP, Inc. of Virginia	Poverty	
Nikki Custer	County of Franklin	Aquatics	
Katie Goff	Ferrum College Health Sciences	Education	
Abby Hamilton	United Way of Roanoke Valley	Community Impact	
Barbara Jackman	MHC Health Coalition	Primary Care/Access	
William (Bill) Jacobsen	Carilion Clinic	Healthcare Administration	
Tyler Lee	Carilion Clinic	Community Health	
Lisa Lietz	SML Good Neighbors	Out of School Programs	
Viki Little	Rocky Mount Lifestyle Center	Health Education	
Amy Michals	Carilion Clinic	Community Health Assessment	
Donna Minnix Proctor	FREE Clinic of Franklin County	Community Health Education - Nonprofit Management	
Gail Nordhaus	Carilion Clinic	Health Education	
Martha Pucket	Tri Area Health	Community Needs	
Heather Ross & Monica Minter	Southern VA Child Advocacy Center	Child Abuse/Neglect	
Justin Sigmon	County of Franklin	Law Enforcement	
Heather Snead	Franklin County Public Schools	School Nutrition	
Sierra Steffen	Carilion Clinic	Health Data Analysis	
Kenya Thompson	Carilion Clinic	Hospitals, Scribe	
Christopher Whitlow	County of Franklin	County Administration	
Elizabeth Wickline	Franklin County Public Schools	Behavioral/Mental Health	

Appendix 2: Community Health Need Prioritization

Community Health Assessment Prioritization

From the entire list, please pick 10 of the most pertinent community needs and rank on a scale of 1 - 10, with 1 being the most pertinent.

	with 1 being the most pertinent.				
Rank	Community Issue				
	Health Behavior Factors				
	Alcohol and drug use				
	Culture: healthy behaviors not a priority				
	Lack of exercise				
	Lack of health literacy / lack of knowledge of healthy behaviors				
	Lack of knowledge of community resources				
	Poor diet				
	Risky sexual activity				
	Tobacco use				
	Clinical Care Factors				
	Access to primary care				
	Access to dental care				
	Access to mental / behavioral health services				
	Access to specialty care (general)				
	Access to specific specialty care:(write in)				
	Access to substance use services				
	Communication barriers with providers				
	Coordination of care				
	High cost of care				
	High uninsured / underinsured population				
	Quality of care				
	Social and Economic Health Factors				
	Child abuse / neglect				
	Community safety / violence				
	Domestic violence				
	Educational attainment				
	Lack of family / social support systems				
	Poverty / low average household income				
	Unemployment				
	Physical Environment Factors				
	Air quality				
	Affordable / safe housing				
	Injury prevention / safety of environment				
	Outdoor recreation				
	Transportation / transit system				
	Water quality				
	Health Outcomes				
	High prevalence of chronic disease (general)				
	High prevalence of specific chronic disease: (write in)				
	Write-in section				
	Other:				

Appendix 3: Feasibility and Impact Activity Results

Priorities	Group One Categories	Group Two Categories
Access to primary care	High Impact; High Feasibility	High Impact; Low to Medium Feasibility
High cost of care	High Impact; Low to Medium Feasibility	High Impact; Low Feasibility
Access to dental care	High Impact; Low Feasibility	High Impact; Low Feasibility
Access to mental / behavioral health services	High Impact; Medium to High Feasibility	High Impact; Medium to High Feasibility
Transportation / transit system	Low Impact; Medium to High Feasibility	Medium to High Impact; Medium to High Feasibility
Poverty / low average household income	High Impact; Low Feasibility	Medium to High Impact; Low Feasibility
Alcohol and drug use	High Impact; Low Feasibility	High Impact; High Feasibility
Culture: healthy behaviors not a priority	High Impact; High Feasibility	High Impact; High Feasibility
Lack of health literacy / lack of knowledge of healthy behaviors	Literacy – High Impact; High Feasibility Knowledge of healthy behaviors – Low Impact; Low Feasibility	High Impact; High Feasibility
Coordination of care	High Impact; High Feasibility	High Impact; High Feasibility