

Rockbridge Area Community Health Needs Assessment

HEALTH IMPROVEMENT
IMPLEMENTATION STRATEGY
FY 2016 - 2018

Carilion Stonewall Jackson Hospital Health Improvement Implementation Strategy

FY 2016 – 2018 Summary

Carilion Clinic is a not-for-profit health care organization based in Roanoke, Va. Through our comprehensive network of hospitals, primary and specialty physician practices, and other complementary services, we work together to provide quality care close to home for nearly 1 million Virginians. With an enduring commitment to the health of our region, we also seek to advance care through medical education and research, help our community stay healthy, and inspire our region to grow stronger.

The ultimate goal of Carilion Clinic is to improve the health of the communities we serve. One of the ways to achieve this goal is through assessing and responding to community health needs. The purpose of this implementation strategy is to describe what Carilion Stonewall Jackson Hospital (CSJH) plans to do to address the community health needs identified in the 2015 Rockbridge Area Community Health Needs Assessment (RACHNA).

CSJH is a 25-bed critical access facility serving approximately 36,000 residents of the Rockbridge County community including the independent cities of Lexington and Buena Vista. Rockbridge County is centrally located in the historic and scenic Shenandoah Valley in west-central Virginia. CSJH provides a full range of inpatient and outpatient services, specializing in imaging, surgical and therapy services.

Community Served

The target populations for this implementation strategy consist of the following groups: low-income individuals, uninsured and under-insured individuals, those that face barriers to accessing care and available resources, and users of existing health care safety-net organizations.

The service area includes Lexington City, Rockbridge County, and Buena Vista City.

Implementation Strategy Process

CSJH and Rockbridge 2020 partnered to conduct the 2015 RACHNA. 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.

Rockbridge 2020 was formed in 1995 by CSJH. The collaboration brings together providers of health care and related services in the Rockbridge Area for the purpose of collaboration and planning for health care services over the next quarter of a century.

Rockbridge 2020 has been working to implement the community health improvement plan through task forces dedicated to each of the four priority areas identified in the 2012 RACHNA (Access to Health Services; Nutrition, Physical Activity and Obesity; Oral Health; and Mental Health). Rockbridge 2020 currently has over 60 members representing a wide range of agencies and organizations throughout the community that are involved in maintaining and improving the health of the community.

A 27 member Community Health Assessment Team (CHAT) oversaw the planning activities for the 2015 RACHNA. The CHAT consisted of health and human service agency leaders, persons with special knowledge of or expertise in public health, the local health department, and leaders, representatives, or members of medically underserved populations, low-income persons, minority populations, and populations with chronic disease. Please see Appendix 1 for the CHAT Directory.

Beginning in January 2015, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers, and focus groups with target populations. Secondary data was collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

After reviewing the data, CHAT members completed a prioritization activity in June 2015 and participated in strategic planning in fall of 2015. The 2015 RACHNA was approved by both the CSJH Board of Directors and the Carilion Clinic Board of Directors and made publically available in September 2015. This Implementation Strategy was developed by the Carilion Clinic Community Outreach Department and members of Rockbridge 2020 based on priority community health needs identified in the 2015 RACHNA and the Rockbridge 2020 strategic plan. This document has been approved by both the CSJH Board of Directors and the Carilion Clinic Board of Directors.

Prioritized List of Significant Health Needs Identified in the 2015 RACHNA

In June 2015, the CHAT participated in a prioritization activity to determine the greatest needs in the service area based on the primary and secondary data collected during the assessment period. To quantitatively determine health needs, CHAT members were asked to rank the top ten pertinent community needs, with one being the most pertinent. Next, on a scale of 1-5, CHAT members were asked to assign a feasibility and potential impact score for each of the ranked needs. This information was used for CHAT strategic planning in the fall of 2015.

The top ten priority areas that emerged from these findings include:

1. Need for urgent care services
2. Value not placed on preventive care and chronic disease management
3. High prevalence of obesity / overweight individuals
4. Lack of exercise / physical activity
5. Coordination of care
6. Poor eating habits / lack of nutrient dense foods in diet
7. Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)
8. Stigma with mental health and substance abuse services
9. Inappropriate utilization of ED / urgent care for primary care, dental and mental health services
10. Lack of knowledge of community resources

Significant Health Needs to be Addressed

CSJH plans to address the community health needs identified in the 2015 RACHNA through its community outreach programs, health safety-net partnerships, and through its financial and in-kind

support of Rockbridge 2020. CSJH will address the need for urgent care services, general wellness, coordination of care, access to mental health counseling / substance abuse services, and stigma with mental health and substance abuse services.

The Carilion Clinic Community Outreach Department is committed to improving the health of the community by specifically focusing on the needs identified in the 2015 RACHNA. The department is designed to understand the health needs of the population entrusted to Carilion, and to implement programs and approaches that directly impact those conditions. Outreach provides education, flu shots, and community health screenings to the target populations. Education available to the community includes free presentations on the topics of cancer prevention, diabetes prevention, fitness/exercise, food safety, health/stroke, healthy lifestyles, nutrition, smoking cessation, and stress. Community Outreach will focus efforts in underserved areas to address general wellness and healthy lifestyles.

Community Outreach also addresses community health needs through health safety-net partnerships, including financial and in-kind assistance. Carilion Clinic funds health safety-net providers and causes identified through the RACHNA. Requests to fund health safety net programs (physical, mental, dental, medication assistance programs, and other community health needs) will be reviewed twice annually.

Rockbridge 2020 is serving a key role in the implementation of the 2015 RACHNA. The CHAT and Rockbridge 2020 participated in strategic planning after the completion of the 2015 RACHNA. It reviewed and accepted the priority areas of: (1) need for urgent care services, (2) general wellness, (3) coordination of care, (4) access to mental health counseling / substance abuse services, and (5) stigma with mental health and substance abuse services

The Rockbridge 2020 Strategic Plan 2015 – 2018 is available in Appendix 2. The CHAT and Rockbridge 2020 defined goals, objectives, key action steps, responsible parties, and timelines to address the priority areas of coordination of care, general wellness, and mental health. The team plans to determine evaluation measures in 2016 and implement the strategic plan through 2018.

The number one need identified in the 2015 RACHNA for the Rockbridge Area was the need for urgent care services. To respond to this need, Carilion Clinic is planning on opening a Velocity Care, Urgent Care by Carilion Clinic, in the Rockbridge Area.

Priority Areas Not being Addressed and the Reasons

CSJH uses the CHAT, Rockbridge 2020, and the prioritization of needs activity to set priority areas. Priority areas not identified by the CHAT will not be activity addressed as part of this implementation strategy. Priority areas will be reconsidered every three years as part of the RACHNA process. Please see appendix 3 for the full prioritization worksheet to see what needs are not being actively addressed.

Please visit www.carilionclinic.org/about/chna to review the 2015 Rockbridge Area Community Health Needs Assessment. Learn more about Carilion Clinic Community Outreach at www.carilionclinic.org/about/community-outreach.

This document was adopted by the Carilion Clinic Board of Directors on 2/15/16.

Appendix 1: Community Health Assessment Team (CHAT) Directory

Name	Organization
Michael Bell	Rockbridge Area Community Services
Deborah Bundy-Carpenter	Central Shenandoah Health District
Dennis Cropper	Rockbridge Area Community Services
Katy Datz	Rockbridge Area Health Center
Alessandra Del Conte Dickovick	Washington and Lee University – Shepherd Program
Jenny Davidson	Washington and Lee University – Campus Kitchen
Mimi Elrod	Mayor, City of Lexington
Steve Funkhouser	Rockbridge County Sheriff’s Office
Terri George	Heritage Hall
Juli Gibson	Buena Vista Public Schools
Tracy Hinty	Rockbridge County Schools
Jaclyn Hostetter	Mayflower
Jan Kaufman	Washington and Lee University
Diane Kocial	Central Shenandoah Health District
Dr. Laura Kornegay	Carilion Clinic Internal Medicine - Lexington
Dr. Douglas Larsen	Retired, Central Shenandoah Health District
Annie LePere	Healthy Communities Action Team
Bryon LePere	First Baptist Church, Buena Vista
Joan Manley	Valley Associates for Independent Living
Erica Orren	Rockbridge Area Prevention Coalition
Alysan Raymond	Rockbridge Area YMCA
BreAnne Rogers	Rockbridge Area Prevention Coalition
Tim Root	Rockbridge Area Transportation System
Jeri Schaff	Valley Program for Aging Services
Suzanne Sheridan	Rockbridge Area Health Center
Laura Simpson	Maury River Home Care
Melody Tennant	Let’s Move Lexington

Appendix 2: 2015-2018 Rockbridge 2020 Strategic Plan

Priority: General Wellness

Goal: Create a spirit of wellness throughout the community				
Objective 1: Provide regular educational opportunities regarding nutrition, physical activity, preventive care, health literacy, etc.				
Resources: •				
Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
1. Distribute health information at events scheduled to highlight healthy infrastructure in the area (see objective 2).	1. All Parties	1. 2016 & 2017		
2. Community Calendar containing recipes each month, and activity ideas or challenges throughout. Also highlighting monthly health awareness and events in the community. *Sub-action items a. Find a sponsor to pay for printing. b. Collect photos from past events, county photos, recipe photos, etc. c. Collect Healthy Recipes d. Assemble the Calendar e. Come up with distribution ideas	2. All parties	2. October 2016		
3. Edible landscaping. Community Gardens.	3.HCAT	3. 2017		

4. Coordinate with local organizations' social media sites to share info on availability of activities, fresh food, educational opportunities, etc.	4. All Parties	4. 2016		
5. Smart Shopping Day/Grocery Tours	5. HCAT	5. 2017		
6. Live Healthy Rockbridge Day	6. Chamber	6. May 2016		

Objective 2: Build Healthy infrastructure(s) in Rockbridge County so that more families have access to physical activity opportunities.

Resources:

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Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
1. Build new fitness trail at Enderly Elementary School.	1. HCAT	1. 2016		
2. Freshen up fitness trail at Natural Bridge Elementary School.	2. HCAT	2. 2017		
3. Do fitness night for families to highlight these resources. Rockbridge 2020 can help promote these.	3. HCAT and General Wellness Task Force	3. Upon completion of trails		
4. Create a Letter Boxing trail at Boxerwood (similar to geocaching but uses clues instead of technology).	4. Girl Scouts	4. Fall 2017		
5. Open gym night. Engage school Board or system. Funded in the past by County Board of Supervisors. *Tracy will contact Spencer to see what the appropriate procedure would be to start an Open Gym Night at the schools again.	5. Tracy Lyons, and ??	5. Before Jan. meeting.		
6. Y corporate games. The Y is	6. YMCA	6. 2017		

<p>looking at coordinating a competition between corporate members.</p> <p>7. 1Million2Gether. Track mileage at above mentioned events to share with the Girl Scouts. Potentially make some sort of competition of it to encourage participation.</p> <p>8. Put in sidewalks that connect RCHS to Lexington City and allow safer access to town.</p>	<p>7. Girl Scouts</p> <p>8. TBD</p>	<p>7. Began 2015</p> <p>8. TBD</p>		
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Objective 3: Provide programming focused on nutrition and physical activity in the schools

Resources:

Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
<p>1. Veggie Brigade</p> <p>2. Healthy Youth Days</p>	<p>1. HCAT</p> <p>2. HCAT</p>	<p>1. October and November 2015. Report back December 2015.</p> <p>2. Conduct three healthy Youth Days (one at each local middle school) by end of 2015-16 school year.</p>	<p>1. Reached target of 1,500 students participating. At least 10% of students surveyed tried a new food they had not tried before and at least 10% of these students would eat that food again.</p> <p>2. Program evaluation will show positive outcomes for kids in program based on youth surveys indicating at least a 70% approval rate of Healthy Youth Day activities, at least 10% tied a new food they never had before, and at least 15% were exposed to a new way to get physically active indoors that they hadn't done before.</p>	

Objective 4: Fresh food availability

Resources:

Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
<ol style="list-style-type: none">1. SNAP double value program at Lexington Farmers market.2. Vegetable stand. Free? Or honor system.3. Give out recipes to help folks know what to do with fresh veggies.4. Contest at community festival to get people to make healthy recipes with readily available foods.5. Environmental Mapping Project of Fresh Food Sources in Rockbridge County (also including independent cities of Lexington and BV)	<ol style="list-style-type: none">1. Carilion2. YMCA and Brownsburg PO3. Mobile Food Pantry & RARA4. Coordinate through Calendars (see Objective 1)5. HCAT and CARA	<ol style="list-style-type: none">1. On-going2.3.4.5. March 2017		<ol style="list-style-type: none">1. Work still needs to be done to increase awareness.

Priority: Coordination of Care

<p>Goal: Establish a coalition to identify best practice strategies and adopt a data-driven, interdisciplinary strategy to facilitate coordination of health and social services.</p>				
<p>Objective 1: Identify high-utilizers of health services and provide transitional support to prevent hospital readmissions.</p>				
<p>Resources:</p> <ul style="list-style-type: none"> • 				
Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
1. Start with high risk report generated by CSJH to identify patients in need	1. CSJH			
<p>Objective 2: Coordinate referrals from one organization to another</p>				
<p>Resources:</p> <ul style="list-style-type: none"> • Carilion physician offices have Care Coordinators assigned to assist patients with referrals.. • CSJH coordinates with local nursing homes, assisted living facilities, home care, physical therapy, hospice, community based care, etc. The team also helps facilitate transportation and arranges for DME to be delivered to the patient's home if needed. • RACS not only provides outpatient services, but also care coordination. Mental health services have been doing care coordination for years, and may be able to help RAHC and CSJH in this area. 				
Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
9.				
<p>Objective 3: Provide education to high risk patients</p>				
<p>Resources:</p> <ul style="list-style-type: none"> • Intrepid provides education for patients from home health workers. They do 60 and 90 day follow up with patients, and will reach out to the patient's doctor if a need is identified. • RACS also provides skills building services. Ex. medication compliance. 				

<i>Key Action Steps</i>	<i>Responsible Parties</i>	<i>Timeline</i>	<i>Evaluation</i>	<i>Comment</i>
1. Adopt an implement an evidence-based education program on health literacy	1. 2.			

Priority: Mental Health

Goal: Reduce the stigma associated with Mental Illness				
Objective 1: Provide educational opportunities throughout the community				
Resources:				
<ul style="list-style-type: none"> • RACS – Mental Health First Aid, Youth Mental Health First Aid, ASIST • CSJH • RAHC • CSHD • Local Churches • Local civic groups 				
Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
7. Identify groups, organizations, associations with populations who would be interested in training. 8. Schedule quarterly opportunities at various locations throughout the community 9. Develop appropriate marketing strategies to ensure good attendance.	1. RAHC and 2020 Mental Health Task Force 2. RACS, CIT Task Force 3. Law enforcement agencies	1. Ongoing 2. End of 1 st quarter 2016 – training schedule – resource guide (including private mental health providers)	- Pre- and post-training evals. - Training schedule attendance numbers. - CIT research study	
Objective 2: Develop and disseminate PSA's				
Resources:				
Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment

10. Identify widespread issues that will have universal impact 11. Identify prominent community members willing to talk about mental health.	1.RAHC – outreach and enrollment 2.Law enforcement, RAPC, Becky Textor	Ongoing Speak to 4 civic groups in 2016	Numbers of presentations and attendance. Evaluations at end of presentation	RAHC – trauma informed care grant
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Objective 3: Encourage local providers to include mental health questions during regular visits/checkups.

Resources:

Key Action Steps	Responsible Parties	Timeline	Evaluation	Comment
Offer trainings on simple screening tools to local medical offices	Augusta Health, Carilion, RAHC	1 st quarter contacts 2 nd quarter plan. 4 th quarter implementation	Pre and post test for trainings Numbers of training and attendees.	

Appendix 3: 2015 Rockbridge Area Community Health Needs Assessment

Prioritization of Needs

2015 Rockbridge Area Community Health Needs Assessment Prioritization of Needs	Rank <i>Frequency</i>	Rank <i>Average</i>	Feasibility <i>Average</i>	Potential impact <i>Average</i>
Need for urgent care services	12	3.3	2.6	1.4
Value not placed on preventive care and chronic disease management	11	5.5	2.4	1.4
High prevalence of obesity / overweight individuals	10	5	2.4	2
Lack of exercise / physical activity	10	6.4	2.5	1.4
Coordination of care	9	2.1	1.4	1
Poor eating habits / lack of nutrient dense foods in diet	9	5	2.3	1.3
Access to mental health counseling / substance abuse	7	5.9	3	2
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	7	2.9	2	1.5
Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services	7	4.9	2.7	1.3
Lack of knowledge of community resources	7	5.1	1.3	1
Stigma with mental health and substance abuse services	7	4.7	3.4	1.6
Access to adult dental care	6	8	3.25	2
Lack of reliable transportation	6	6.3	3.5	2.7
Tobacco use	6	7.2	3.3	1.8
Dropping out of school	5	4.2	1.8	1.2
High cost of services for uninsured	5	4.6	2	1.7
High prevalence of cardiovascular disease	5	8.4	2	1.8
High prevalence of substance abuse (alcohol, illegal & prescription drugs)	5	6.4	3.2	2
High uninsured population	5	4.8	2.7	2
Need for weekend and extended hours for health care services	5	6.8	2	2.2
Alcohol and illegal drug use	4	6.8	4	2
Access to specialty care	3	5	4	2.7
High prevalence of diabetes	3	7.3	2.7	2.3
Not accessing regular preventive care for primary care	3	6.7	2	1
Unable to understand what provider is saying	3	9	1.7	2
Access to dental care for children	2	9	1	1
Access to primary care	2	7.5		
Access to services for the elderly	2	6	2.5	2
Domestic violence	2	6	2	1
High cost of services for Medications	2	4	2	1
High prevalence of mental health (depression, anxiety) disorders	2	5.5	2.5	3
In home health care	2	6	1.5	2
Not accessing regular preventive care for adult dental care	2	10	3.5	3
Teenage pregnancy	2	9	1.5	1
Access to alternative therapies	1	8	1	1
Access to psychiatry services	1	4	4	3
Births without prenatal care	1	4	2	2

2015 Rockbridge Area Community Health Needs Assessment Prioritization of Needs	Rank <i>Frequency</i>	Rank <i>Average</i>	Feasibility <i>Average</i>	Potential impact <i>Average</i>
High cost of services for insured (co-pay, deductible, premium)	1	2	5	2
Lack of knowledge of health care	1	3	1	1
Not taking medications for chronic conditions	1	5	4	1
Prescription drug abuse	1	10	4	3
Services that are hard to get in our community:	1	8	1	1
Women's Health	1	5	4	2
Cancer Care	1	6	4	2
Services for mental disorders, such as autism	1	4	4	2