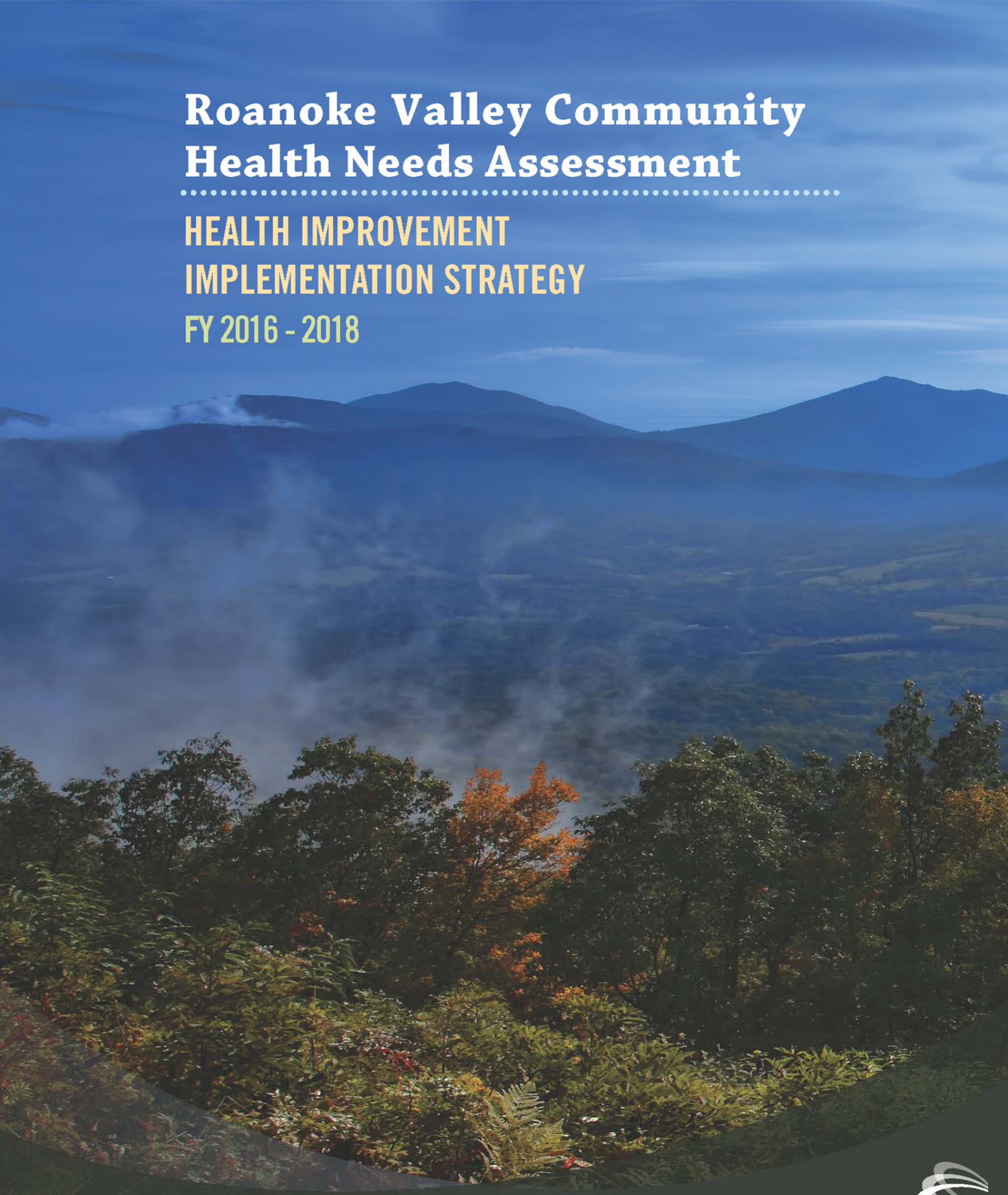
Roanoke Valley Community Health Needs Assessment

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY

FY 2016 - 2018



CarilionClinic.org/about/chna

CARILION CLINIC

Carilion Medical Center
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 Medical Center (CMC), comprised of Carilion Roanoke Memorial Hospital and Carilion Roanoke Community Hospital, plans to do to address the community health needs identified in the 2015 Roanoke Valley Community Health Needs Assessment (RVCHNA).

One of the largest hospitals in the state, Carilion Roanoke Memorial Hospital is a 703–bed hospital with an additional 60–bed Neonatal Intensive Care Unit. Now in its second century of providing premiere health care services, Carilion Roanoke Memorial Hospital features a Level 1 trauma center, institutes of cardiovascular, orthopaedics and neurosciences, a childrens hospital and a host of pediatric outpatient services. In addition to offering high–tech services, Roanoke Memorial is also home to eight residency programs and two fellowship programs affiliated with the University of Virginia and Virginia College of Osteopathic Medicine (VCOM). Patients have access to nearby wellness centers, specialty clinics, family medical centers and a host of personalized treatment options, making this one of the region's most experienced group of healthcare providers.

Carilion Roanoke Community Hospital is home to several outpatient services, including Carilion Clinic Community Care, the Wound Care Center including hyperbaric oxygen treatment (HBOT), and Occupational Medicine for the business and industrial community. Other services located at the facility include a laboratory collection site, pediatric dental services and inpatient rehabilitation. Community Hospital also is the home of the Jefferson College of Health Sciences.

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 Roanoke City, Roanoke County, Botetourt County, Salem City, and Craig County, with an emphasis on the City of Roanoke, in particular the Northwest and Southeast quadrants of the City. Both quadrants have federal designations as medically underserved areas (MUAs) and are home to a large proportion of the low-income individuals and families in the City who may be uninsured,

underinsured and/or Medicaid recipients who often face additional barriers due to race and cultural differences.

Implementation Strategy Process

Carilion Clinic and Healthy Roanoke Valley (HRV) partnered to conduct the 2015 RVCHNA. 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.

Healthy Roanoke Valley (HRV), housed under the United Way of Roanoke Valley, was formed in 2012 as a community response to needs identified in Carilion Clinic's triennial RVCHNA. HRV's mission is to mobilize community resources to improve access to care, coordination of services, and promote a culture of wellness. Using the collective impact model[1], the partnership boasts more than 160 individuals representing cross-sector stakeholders and leaders who are working to implement cost-effective programs resulting in improved health outcomes.

A 47-member Community Health Assessment Team (CHAT) oversaw the planning activities for the 2015 RVCHNA. The CHAT consisted of health and human service agency leaders, persons with special knowledge 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. Pease 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 participated in a prioritization activity in June 2015 and attended a strategic planning retreat in August 2015. The 2015 RVCHNA was approved by 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 based on priority community health needs identified in the 2015 RVCHNA and the CHAT strategic planning retreat. This document has been approved by Carilion Clinic Board of Directors.

Prioritized List of Significant Health Needs Identified in the 2015 RVCHNA

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 ask to assign a feasibility and potential impact score for each of the ranked needs. This information was used for the CHAT strategic planning retreat held in August 2015.

[1] http://ssir.org/articles/entry/collective_impact

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

1. Poor eating habits / lack of nutrient dense foods in diet
2. Access to mental health counseling / substance abuse
3. Access to adult dental care
4. Access to dental care for children
5. Lack of exercise / physical activity
6. Value not placed on preventive care and chronic disease management
7. Access to primary care
8. High prevalence of obesity / overweight individuals
9. Lack of knowledge of community resources
10. Improved coordination of care across the health and human sector

The CHAT participated in strategic planning on August 31, 2015. It reviewed and accepted the priority areas of access to services (primary care, mental health & substance abuse, and oral health), coordination of care, and wellness. Expected outcomes (see appendix 2) were approved by the CHAT and will be used by CMC to measure impact around the priority areas.

Significant Health Needs to be Addressed

CMC plans to address key community health needs identified in the 2015 assessment by focusing its efforts on a particular community, one that emerged with the greatest need. Through greater access to clinical care, enhanced community outreach programs, creative community partnerships and focused financial and in-kind support of initiatives, CMC plans to improve community health in the South East neighborhood of Roanoke City. Key focus areas of this health improvement project over the next three years include access to services, coordination of care and wellness.

A. Access to Services:
   CMC will explore the development of a community health center in South East with the goal of increasing access to primary care, urgent care and dental services in the neighborhood. The center may also include a mix of services to address social determinants of health, such as job training, health education and wellness services. This offering will be planned with and provided by community partners, including the City of Roanoke, safety net providers and private businesses.

B. Coordination of Care:
   Carilion's family practices have adopted the medical home model and have added care coordinators to proactively work with its high risk, chronic care patients. Carilion will take a focused approach on the South East patients, integrating medical home approaches with a planned community coordination hub being developed by Healthy Roanoke Valley.

C. Wellness:
   Carilion's Community Outreach staff will provide education, flu shots, and community health screenings to the target population in the South East community. Education includes free

interactive presentations on the topics of cancer prevention, diabetes prevention, fitness/exercise, food safety, health/stroke, healthy lifestyles, nutrition, smoking cessation, and stress.

Poor eating habits were identified as a key concern in the 2015 RVCHNA. The Carilion Clinic Healthy Food Program (formed to respond to the 2012 RVCHNA) is designed to address this need by promoting healthy, local (when possible), and nutrient-dense food to patients and employees and to encourage healthy eating in the community. Fresh Foods RX, is a partnership with HRV, a program which includes a physician's prescription for healthy food and a waiver for free local fruits and vegetables will be implemented. The Healthier Hospital Healthy Food Initiative, the Carilion Farm Share program, and funding of community programs that address increased access to healthy food will continue.

Exercise and fitness opportunities will be a key focus for South East, particularly in relation to childhood obesity. Through a partnership with a local soccer club, Carilion will help build fields in the southeast neighborhood and provide scholarships to local children. Carilion is also helping to build a community kayak launch on the Roanoke River with access in that neighborhood.

D. Focused Community Grants and Partnerships:
Carilion Clinic funds health safety-net providers and causes identified through the RVCHNA and will focus on providing financial support to community health improvement initiatives in the SE neighborhood through community grants and sponsorships.

In-kind assistance is also provided through community partnerships that align with the RVCHNA. Carilion actively looks for opportunities to support by providing outreach and educational support. Partnerships include HRV, the YMCA Diabetes Prevention Program, Anchor of Hope's Community Health Promoter Program, West End Freedom First, Roanoke Regional Housing Authority, Kohl's Cares, the PATH Coalition, Safe Kids, Leap for Local Foods, the Feeding America of SWVA Veggie Mobile, as well as many others.

E. Implementation and Measurement:
HRV is serving as a key partner in the implementation of health improvement initiatives emerging from the CHNA. The findings of this assessment are key in measuring the progress of HRV initiatives and their impact in the community. The HRV Strategic Action Framework to better meet the needs of our target population includes data driven, evidence-based goals and strategies which address access to care (mental health, oral health, primary care); coordination of care; and wellness (see appendix 3).

As a result of the 2015 RVCHNA, HRV is undergoing strategic planning with both its Steering Committee and Action Team members to update the Governance Guidelines, Operations Structure, and Strategic Action Framework to ensure HRV continues to align with the priorities identified in the needs assessment. HRV anticipates completing this process in the Spring of 2016 and will begin implementation of the 2016-2019 Strategic Action Framework in the Summer of 2016.

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 4 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 Roanoke Valley 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.

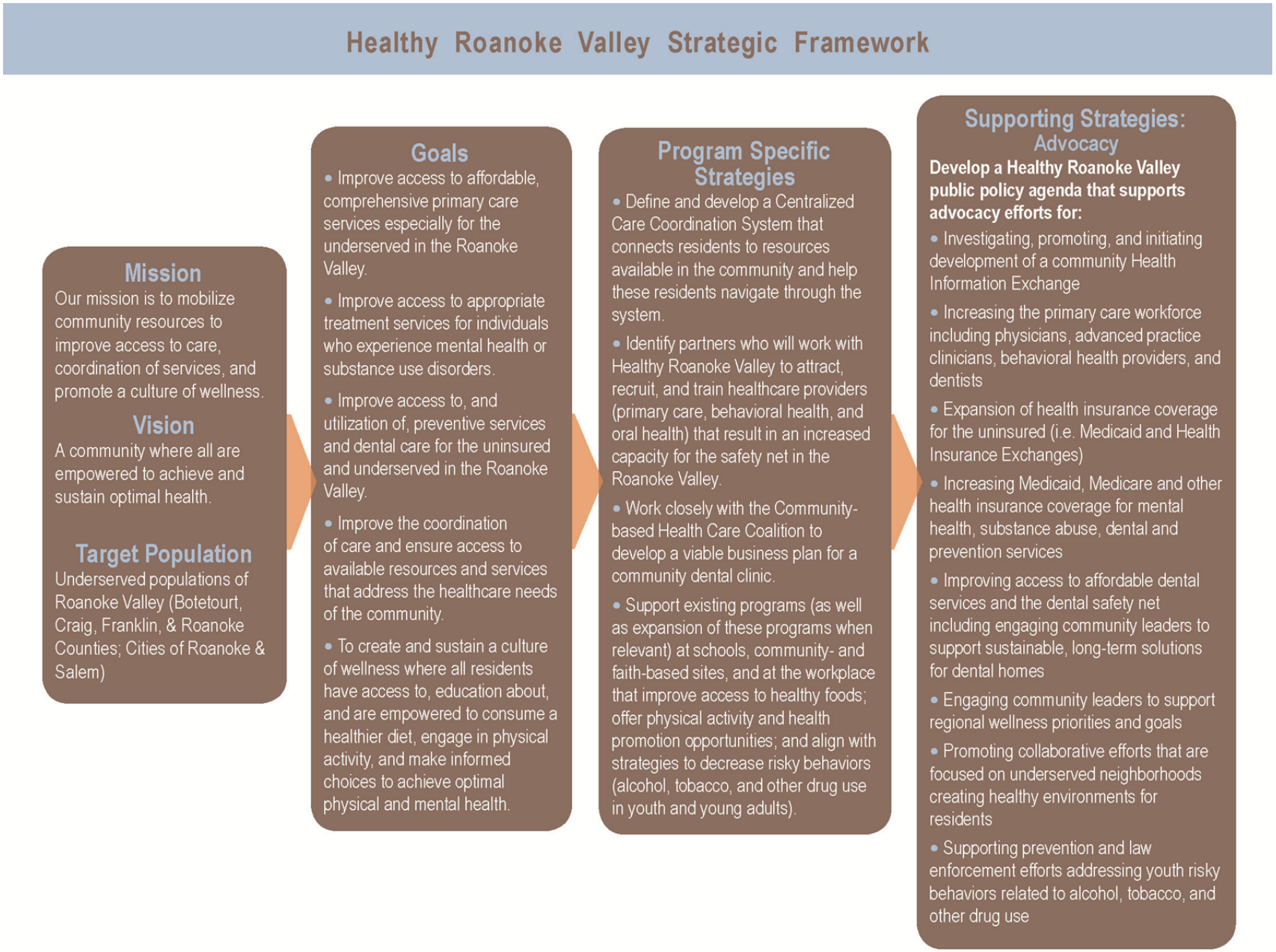
Appendix 1: Community Health Assessment Team (CHAT) Directory

Name	Organization
Steve Barnett	Roanoke City Public Schools
Maureen McNamara Best	LEAP for Local Food
Debbie Bonniwell	Blue Ridge Behavioral Healthcare
Gail Burruss	Blue Ridge Behavioral Healthcare
Steve Buschor	City of Roanoke
Bob Clement	Neighborhood Services, City of Roanoke
Jane Conlin	City of Roanoke - Department of Human Services
Brittany DeKnight	LEAP for Local Food
Afira DeVries	United Way of Roanoke Valley
Mark Derbyshire	Carilion clinic
Kate Ellmann	Project Access
Timothy Fortuna	Carilion Clinic
Jake Gilmer	Roanoke Valley- Alleghany Regional Commission
Glenda Edwards Goh	Roanoke Redevelopment & Housing Authority
Mark Greenawald, MD, FAAFP	Carilion Clinic Dept. of Family & Community Medicine
Catherine Hagan	Carilion Cancer Center
Robin Haldiman	CHIP of Roanoke Valley
Crystal Hall	Roanoke Redevelopment & Housing Authority
Stephanie Harper	Roanoke Alleghany Health District; VA Dept. of Health
Aaron Harris-Boush	Carilion Clinic
Sabrina Sidden Hicklin	Council of Community Services
Shirley Holland	Carilion Clinic
Landon Howard	Roanoke Valley Convention & Visitors Bureau
Aisha Johnson	City of Roanoke
Diane Kelly	Mental Health America of Roanoke Valley
Valerie LaMonaca	Goodwill Industries
Miguel LaPuz	Salem VA Medical Center
William Lee	New Horizons Healthcare; Loudon Avenue Christian Church
Eileen Lepro	New Horizons Healthcare
Annette Lewis	Total Action for Progress
Karen McNally	Presbyterian Community Center
Dan Merenda	Council of Community Services
David Nova	Planned Parenthood South Atlantic
Paula Prince	Jefferson College of Health Sciences
Dave Prosser	FreedomFirst Credit Union
Rinaldo (RJ) Redstrom	LewisGale Medical Center
Kim Roe	Carilion Clinic
Lisa Soltis	City of Roanoke
David Trinkle	City of Roanoke, Vice Mayor; Carilion Clinic; VTC School of Medicine
Janine Underwood	Bradley Free Clinic
Abby Verdillo	United Way of Roanoke Valley
Sarah Wall	Virginia Tech Fralin Translational Obesity Research Center
Joyce Waugh	Roanoke Regional Chamber of Commerce
Marie Webb	Carilion Clinic
Damon Williams	First Citizens Bank
Linda Wright	Roanoke County Public Schools
Pat Young	Healthy Roanoke Valley

Appendix 2: Healthy Roanoke Valley Expected Outcomes

Strategic Priority	Expected Outcome (Success Measure)
Access to primary care Coordination of care	*Increase the proportion of persons with a usual primary care provider*
Access to primary care Coordination of care	*Increase the proportion of persons with a specific source of ongoing care*
Access to oral health services	*Increase the proportion of children, adolescents, & adults who used the oral health care system in the past year*
Access to mental health/substance use services	*Decrease the number of CHS respondents who report services are hard to get in the community.*
Access to mental health/substance use services	*Decrease the number of mentally unhealthy days in the past month*
Wellness	*Reduce the number of children, youth, adults who are obese*
Wellness	*Reduce the number of adolescents reporting substance use in the past month*

Appendix 3: Healthy Roanoke Valley Strategic Action Framework



Healthy Roanoke Valley Strategic Framework

Supporting Strategies: Communications and Outreach

Strengthen Healthy Roanoke Valley's communications by creating an integrated system across health and human services disciplines including:

- Providing an on-going forum for service providers to update each other on common goals, available services and resources, and monitoring progress toward improving the health of target populations
- Working closely with existing information and referral programs to promote their services and provide resource information related to Healthy Roanoke Valley priorities and programs
- Creating a Healthy Roanoke Valley marketing plan to promote its programs, initiatives, and partnerships

Develop Healthy Roanoke Valley public messages and programs that promote healthy living including:

- Increasing outreach and education efforts targeting specific populations regarding appropriate use of primary care homes
  - Develop an outreach program promoting a cultural shift related to appropriate Emergency Department utilization versus use of primary care homes
  - Create messages specifically targeting the newly eligible Medicaid and Health Insurance Exchange recipients
- Expanding education and training to recognize when behavioral health services may be needed
  - Promote existing training programs for families of individuals with mental illness and the expansion of Mental Health First Aid training for health and human service providers
- Developing oral health prevention messages that stress the value of on-going dental care and align with existing oral health promotion efforts to increase the oral IQ of the target population
- Increase awareness of, and access to, available, affordable wellness and prevention resources and programs
- Conduct a joint marketing/community engagement campaign addressing healthy eating, physical activity and risky behaviors focusing on all life stages (children, adults, elderly)

Supporting Strategies: Data Collection and Tracking

Monitor the success of Healthy Roanoke Valley by:

- Tracking data and indicators for the Expected Outcomes identified for each priority area
  - Link to established local, state and national sources for secondary data
  - Identify common data elements that can be used to establish a baseline and target for Expected Outcomes if not already identified
  - Incorporate specific indicators for Expected Outcomes into the Community Health Survey administered triennially as part of the Roanoke Community Health Needs Assessment
  - Create a Healthy Roanoke Valley "report card" to communicate progress;
- Collecting data that is fed into shared online databases that "map" available resources in the community
- Aligning with existing efforts in the Roanoke Valley to create community-wide databases linking to electronic medical records, school records and other care management systems

Supporting Strategies: Resource Development

Create a framework for Healthy Roanoke Valley that sustains its work to improve health outcomes by:

- Maximizing existing resources in the community and in-kind support from partners
- Identifying additional resources/funding to support overall Healthy Roanoke Valley operations and infrastructure
- Identifying resources/ funding to support and/ or expand programs and priorities that align with Healthy Roanoke Valley

Appendix 4: 2015 Roanoke Valley Community Health Needs Assessment

Prioritization of Needs

2015 Roanoke Valley Community Health Needs Assessment Prioritization of Needs	Rank *Frequency*	Rank *Average*	Feasibility *Average*	Potential impact *Average*
Poor eating habits / lack of nutrient dense foods in diet	18	5.44	2.44	1.28
Access to mental health counseling / substance abuse	14	4.64	2.93	2.14
Access to adult dental care	12	4.92	2.42	1.67
Access to dental care for children	12	5.25	2.83	2.00
Lack of exercise / physical activity	12	6.08	2.25	1.33
Value not placed on preventive care and chronic disease management	10	2.70	2.10	1.70
Access to primary care	10	4.00	2.40	1.30
High prevalence of obesity / overweight individuals	10	6.10	3.00	1.70
Lack of knowledge of community resources	10	7.40	1.70	2.30
Improved coordination of care across the health and human sector	9	4.89	2.67	2.22
Lack of reliable transportation	9	5.33	3.33	1.78
Lack of knowledge of health care	9	6.89	1.56	2.22
Tobacco use	8	3.88	2.13	1.38
Alcohol and illegal drug use	8	4.75	2.75	2.38
High prevalence of mental health (depression, anxiety) disorders	8	6.13	2.88	1.38
High prevalence of substance abuse (alcohol, illegal & prescription drugs)	6	4.50	2.50	1.50
Need for weekend and extended hours for health care services	5	4.40	2.40	2.20
Not accessing regular preventive care for primary care	5	5.80	2.60	2.20
High uninsured population	5	6.20	4.60	2.40
Access to psychiatry services	4	5.00	3.75	2.25
Chronic disease (diabetes, cardiovascular disease, hypertension, asthma)	4	5.25	4.00	2.00
Not accessing regular preventive care for adult dental care	4	7.00	2.25	1.25
Prescription drug abuse	4	7.75	2.00	1.25
Stigma with mental health and substance abuse services	4	8.50	2.25	2.25
Inappropriate utilization of ED/urgent care for primary care, dental, and mental health services	3	3.67	2.00	1.67
High cost of services for insured (co-pay, deductible, premium)	3	4.67	2.00	1.67
High cost of services for uninsured	3	7.33	4.00	3.67
Teenage pregnancy	3	8.00	2.67	1.00
High cost of living and preferences for necessities	2	2.00	2.00	1.00
Dropping out of school	2	4.00	2.50	1.00
Domestic violence	2	5.00	2.00	2.50
Need for urgent care services	2	5.00	3.00	2.00
Access to services for the elderly	2	8.00	2.50	2.00
Not taking medications for chronic conditions	2	8.00	3.50	2.00
Lack of trust in health care services	2	9.50	2.50	3.50
Socioeconomic indicators (Education, income, employment) in relation to poverty as a driver	1	1.00	2.00	1.00
Language barriers and services	1	3.00	1.00	1.00

2015 Roanoke Valley Community Health Needs Assessment Prioritization of Needs	**Rank** *Frequency*	**Rank** *Average*	**Feasibility** *Average*	**Potential impact** *Average*
Access to Cancer care	1	4.00	3.00	3.00
Child abuse / neglect	1	7.00	3.00	1.00
High prevalence of diabetes	1	7.00	3.00	1.00
Access to in-home health care	1	8.00	1.00	1.00
High cost of services for Medications	1	8.00	5.00	3.00
High prevalence of COPD	1	8.00	3.00	1.00
Unsafe sex	1	8.00	2.00	1.00
High prevalence of hypertension	1	10.00	3.00	1.00
Leadership in healthcare teams	1	10.00	1.00	1.00