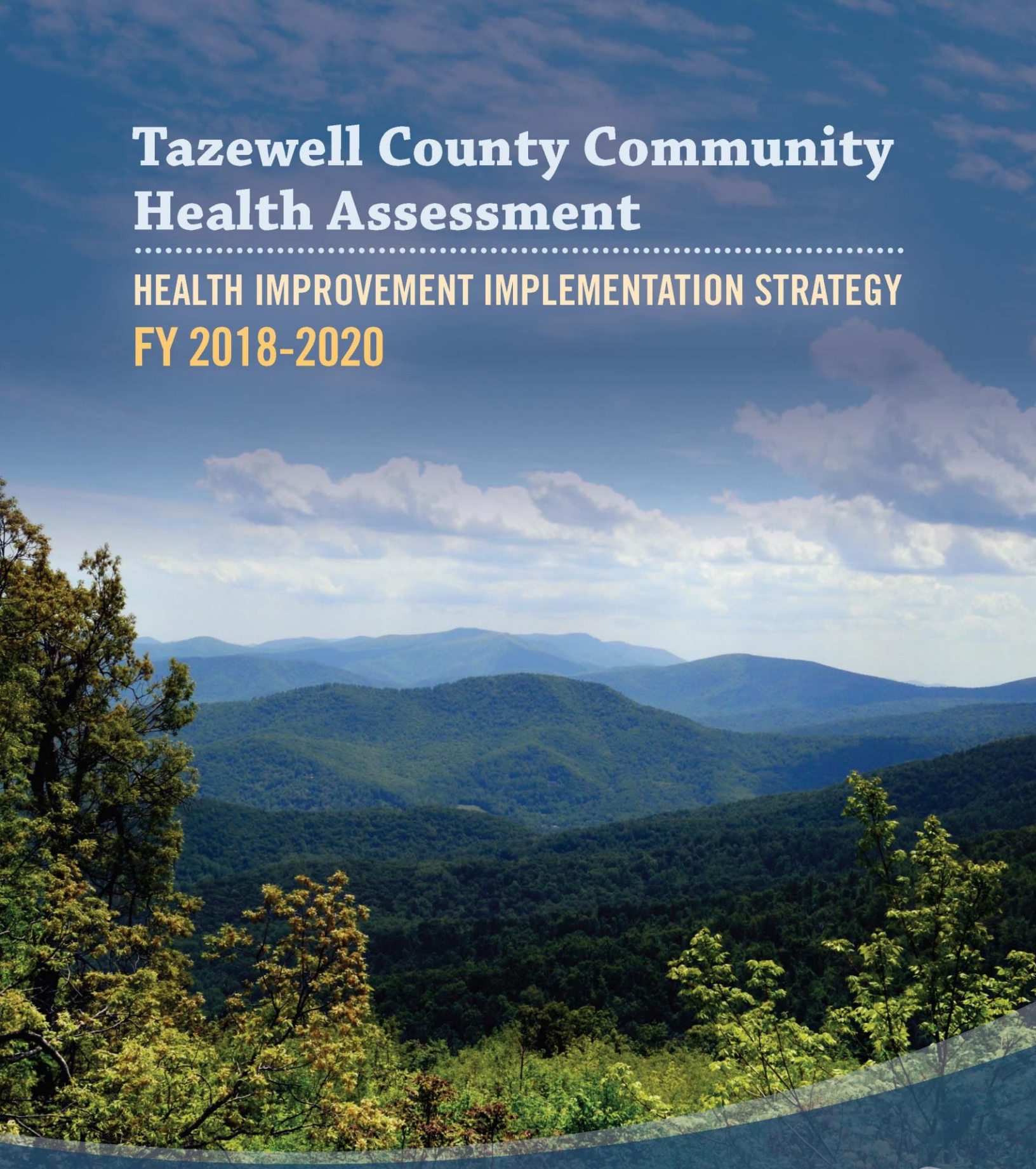
Tazewell County Community Health Assessment

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY

FY 2018-2020



Carilion Tazewell Community Hospital

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CARILION CLINIC

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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 Tazewell Community Hospital (CTCH) plans to do to address the community health needs identified in the 2018 Tazewell County Community Health Assessment (TCCHA).

Carilion Tazewell Community Hospital (CTCH) is located in the beautiful mountains of southwest Virginia and primarily serves Tazewell County and the southern West Virginia counties of Mercer and McDowell. CTCH has private rooms and is equipped to treat patients needing medical care. They also support an extended care recovery program (Swing Bed) that gives eligible patients an opportunity to grow stronger before going home. CTCH hosts diagnostic services such as imaging, including screening mammography; and therapy services including physical therapy and respiratory therapy. CTCH offers 24/7 emergency services and can arrange access to higher levels of care if needed. Carilion Clinic Family Medicine and the Tazewell Veteran's Outpatient Clinic offer primary care on site at entrance 2. CTCH officially became part of Carilion Clinic in 2008, but has been under Carilion's management since 1981. CTCH is dedicated to community, history, and family, as exemplified through memorials and tributes throughout the hospital.

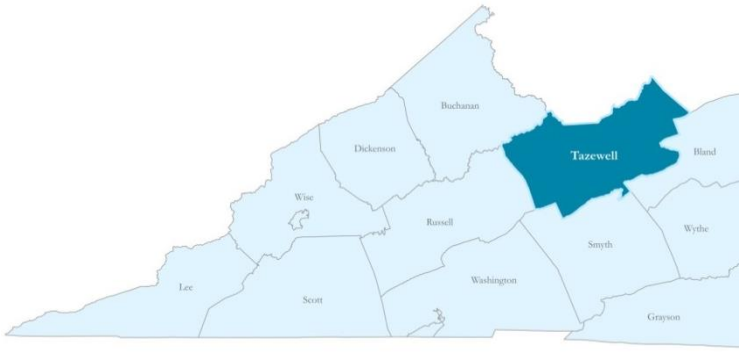
Community Served

Tazewell County is nestled among the Appalachian Mountains in southwest Virginia and borders West Virginia to its north. Tazewell County has a land area of 518.85 square miles and about 86.9 persons per square mile[1]. Historically, what is now Tazewell County was a hunting ground for Native American tribes. The area's abundance of wild game was a source of frequent skirmishes among these tribes. Tazewell County was chartered on December 19, 1799 and included five towns: Bluefield, Richlands, Tazewell, Cedar Bluff, and Pocahontas. The land for the county came from portions of the bordering Wythe and Russell counties[2]. Today, Tazewell County is home to an outstanding array of hiking, biking and ATV trails, scenic drives, including "Back of the Dragon," outdoor parks, including Cavitt's Creek Park, and venues for experiencing culture, art and history[3].

Tazewell County is located in southwest Virginia and has a dedicated system of health and human service resources, as well and venues for exploring arts and culture and outdoor amenities. 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.

The service areas for Carilion Clinic's Community Health Assessments 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.

CTCH is located in Tazewell County, Virginia. In fiscal year 2017, CTCH served 5,592 unique patients. Patient origin data revealed that during this year, 82.89% of patients served by CTCH lived in Tazewell County.



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.

[1] US Census, Quick Facts, 2010
[2] Visit Tazewell County, Virginia. Retrieved from: http://visittazewellcounty.org/history/
[3] Visit Tazewell County, Virginia. Retrieved from: http://visittazewellcounty.org/

Implementation Strategy Process

Carilion Clinic and Tazewell County Coordinated Community Response Team (CCRT) partnered to conduct the 2018 TCCHA. 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.

In Tazewell County, CCRT has served as a convening partnership of health and human service organizations, the legal system and law enforcement, focused on domestic violence. CTCH has partnered with CCRT to conduct the 2018 Community Health Assessments and respond to identified community health priorities. CTCH participates regularly on CCRT and recruited CHAT members through CCRT for the 2018 TCCHA. CTCH and CCRT leadership partnered in the planning and execution of the 2018 TCCHA and will continue to partner and convene others to participate in strategies to address identified needs.

A 16-member Community Health Assessment Team (CHAT) oversaw the planning activities. The service area included those living in Tazewell County. 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.

The 2018 TCCHA was approved by the CTCH 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 TCCHA. Input on Implementation Strategies was solicited from CHAT members, the CTCH Board of Directors, the CTCH Community Benefit Team, Community Health and Outreach staff and key Carilion Clinic leadership. This document has been approved by CTCH's Board of Directors.

Prioritized List of Significant Health Needs Identified in the 2018 TCCHA

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

1. Alcohol and drug use
2. Access to mental / behavioral health services
3. Transportation / transit system
4. High uninsured / underinsured population
5. Poverty / low average household income
6. High prevalence of chronic disease
7. Access to substance use services
8. Poor diet
9. Access to primary care
10. Lack of health literacy / lack of knowledge of healthy behaviors

CTCH Implementation Plan

According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings[4], 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 areas[5]. 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[6]."

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.

[4] County Health Ranking & Roadmaps. Retrieved from: http://www.countyhealthrankings.org/
[5] Robert Wood Johnson Foundation. Retrieved from: https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html
[6] 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 community health coalitions that address health needs in Tazewell County such as the Tazewell County CCRT. In addition, Carilion partners with community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in Tazewell County. CTCH is also participating in the Cumberland Plateau Health District's Community Health Assessment and Community Health Improvement Plan process.

Tazewell County Coordinated Community Response Team

The Tazewell County CCRT consists of a multidisciplinary team of professionals and citizens who gather regularly to examine the response of our community systems to victims and offenders of the crimes of domestic violence, sexual assault, dating violence and stalking. The multidisciplinary team is led by the local Juvenile and Domestic Relations Court Judge Martha Ketron, five (5) law enforcement agencies, the Commonwealth's Attorney's office, Clinch Valley Community Action (the local Domestic Violence Service Provider), the Department of Social Services, other family service providers, local health care providers, the Housing Authority, the Area Agency on Aging (AASC), court personnel, local collegiate higher education officials, magistrates and legal aid attorneys. The CCRT model is meant to be adapted to the needs of the community to include the identification of the health needs of 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; high prevalence of chronic disease; poor diet; lack of knowledge of healthy behaviors.

To address health behavior related priorities from the 2018 TCCHA, CTCH 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; exercise for balance and confidence building for seniors; 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.

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.

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 Tazewell County. 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, CTCH sponsors employee challenges to participate in health behaviors, such as walking and drinking water.

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.

CTCH will be participating in the Virginia Rural Health Association's High Risk Patient Education Program, focused on addressing the opioid abuse crisis at a local level. The program will involve identification of high-risk patients, provision of patient and family education on opioid risks and disposal sites for unused medications, assistance acquiring Narcan, referrals to pain management support, and REVIVE education for the public[7].

CTCH also participates as a partner on the Substance Abuse Taskforce in Rural Appalachia. This taskforce is working to promote healthy, safe and drug-free lifestyles in Tazewell County by working to educate and empower youth and caregivers about drug, alcohol and tobacco use, partnering with media, improving coordination among community sectors and to maintain resources on alcohol and drug prevention.

[7] Virginia Rural Health Association. High Risk Patient Education Program. Retrieved from: http://vrha.org/hrpep.html

Clinical Care

Needs: access to mental health and substance use services; high uninsured / underinsured population; access to substance use services; access to primary care.

Issues with access to care are a focus for CTCH 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.

To improve access to primary care for veterans, the VA Clinic, located in CTCH, is recruiting for an additional physician.

Mental health and substance use services

CTCH will be partnering with Cumberland Mountain Community Services to provide peer support services through the emergency department. The intent of the program is to link patients who come to the emergency department with an opioid overdose with recovery resources.

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 Tazewell and for the VA Clinic. Service provision for Carilion Family Medicine Tazewell is currently limited by provider availability. Carilion is committed to serving the needs of its communities and continues to work toward providing telepsych services in Tazewell County.

High uninsured / underinsured population and 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. Additionally, Carilion will assist to find medical homes for those newly enrolled. Carilion will also work closely with its FQHC partners to understand their Medicaid enrollment efforts.

Social and Economic Factors

Needs: transportation; poverty.

In its commitment to reducing inequity of care, Carilion provides financial support for people who cannot afford insurance or healthcare. Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes. CTCH regularly participates in the United Way Backpack Program, providing support by coordinating food supply drives and packing backpacks for 24 elementary school children every six weeks. In an effort to help provide for the needs of community members, CTCH coordinates drives on occasion for various not for profit organizations and participates in a food bank walk.

In response to the community need for transportation, the Town of Tazewell has begun providing rides home, when needed from CTCH as well as select other local transports to address need. CTCH has worked to educate staff that this resource is available for patients.

Physical Environment

While physical environment did not necessarily arise as a top priority in the 2018 TCCHA, 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. Our goal is to improve County Health Rankings for Tazewell County, but we understand 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 CTCH's intent to address many of the identified priority health issues through the aforementioned initiatives, programs and/or grants.

Of the top 10 identified priorities in the 2018 TCCHA, transportation and access to primary care are the two issues not directly addressed by initiatives included in the Implementation Strategy. In the past few years, Carilion has worked to address the need for primary care through additional provider recruitment. Carilion will continue to explore ways to provide support for improved transportation in Tazewell County. At this time, CTCH does not have the local expertise to provide transportation services.

Please visit https://carilionclinic.org/community-health-assessments to review the 2018 Tazewell County 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 Tazewell Community Hospital on 9/21/2018.

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
Briana Apgar	Cumberland Plateau Health District	Public Health / Community Health Assessment
Amelia Bandy	Cumberland Plateau Health District	Community Health Education
Jamie Beavers	Southwest VA Community Health Systems	Outreach & Enrollment
Aaron Boush	Carilion Clinic	Hospitals, Healthy Food
Kimberly Brown	Carilion Tazewell Community Hospital	Emergency Department Administration
Joseph Carico	SWVA Legal Aid Society, Inc.	Attorney/Community Outreach
Paula Culbertson	Cumberland Plateau Regional Housing Authority	Resident Services Coordinator
Kathren Dowdy	Carilion Tazewell Community Hospital	CEO/CNO
Alvin McCuiston	Southwest VA Community Health Systems	Medical Operations Director/PAC
Pam Meade	Chamber of Commerce	Chamber Director
Amy Michals	Carilion Clinic	Public Health / Community Health Assessment
Stephanie Spencer	Carilion Tazewell Community Hospital and Carilion Giles Community Hospital	Community Health
Sierra Steffen	Carilion Clinic	Health Data Analytics, Statistics
Brenda Thompson	Appalachian Agency for Senior Citizens (AASC)	Elder Rights/Ombudsina
Kenya Thompson	Carilion Clinic	Hospitals, Scribe
Susan White	Clinch Valley Community Action	ROMA, Elder In-Home Support

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.

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:
	Other:
	Other:
	Other:
	Other:
	Other:
	Other:
	Other:

Appendix 3: Feasibility and Impact Activity Results

Priorities	Group One Categories	Group Two Categories
Alcohol and drug use	High Impact; High Feasibility	High Impact; High Feasibility
Access to mental / behavioral health services	High Impact; Low Feasibility	High Impact; High Feasibility
Transportation / transit system	High Impact; High Feasibility	High Impact; Low Feasibility
High uninsured / underinsured population	High Impact; High Feasibility	High Impact; Low Feasibility
Poverty / low average household income	High Impact; Low Feasibility	High Impact; Low Feasibility
High prevalence of chronic disease	High Impact; Low Feasibility	High Impact; Low Feasibility
Access to substance use services	Low Impact; High Feasibility	High Impact; High Feasibility
Poor diet	High Impact; Low Feasibility	High Impact; Low Feasibility
Access to primary care	High Impact; High Feasibility	High Impact; High Feasibility
Lack of health literacy / lack of knowledge of healthy behaviors	High Impact; High Feasibility	High Impact; High Feasibility