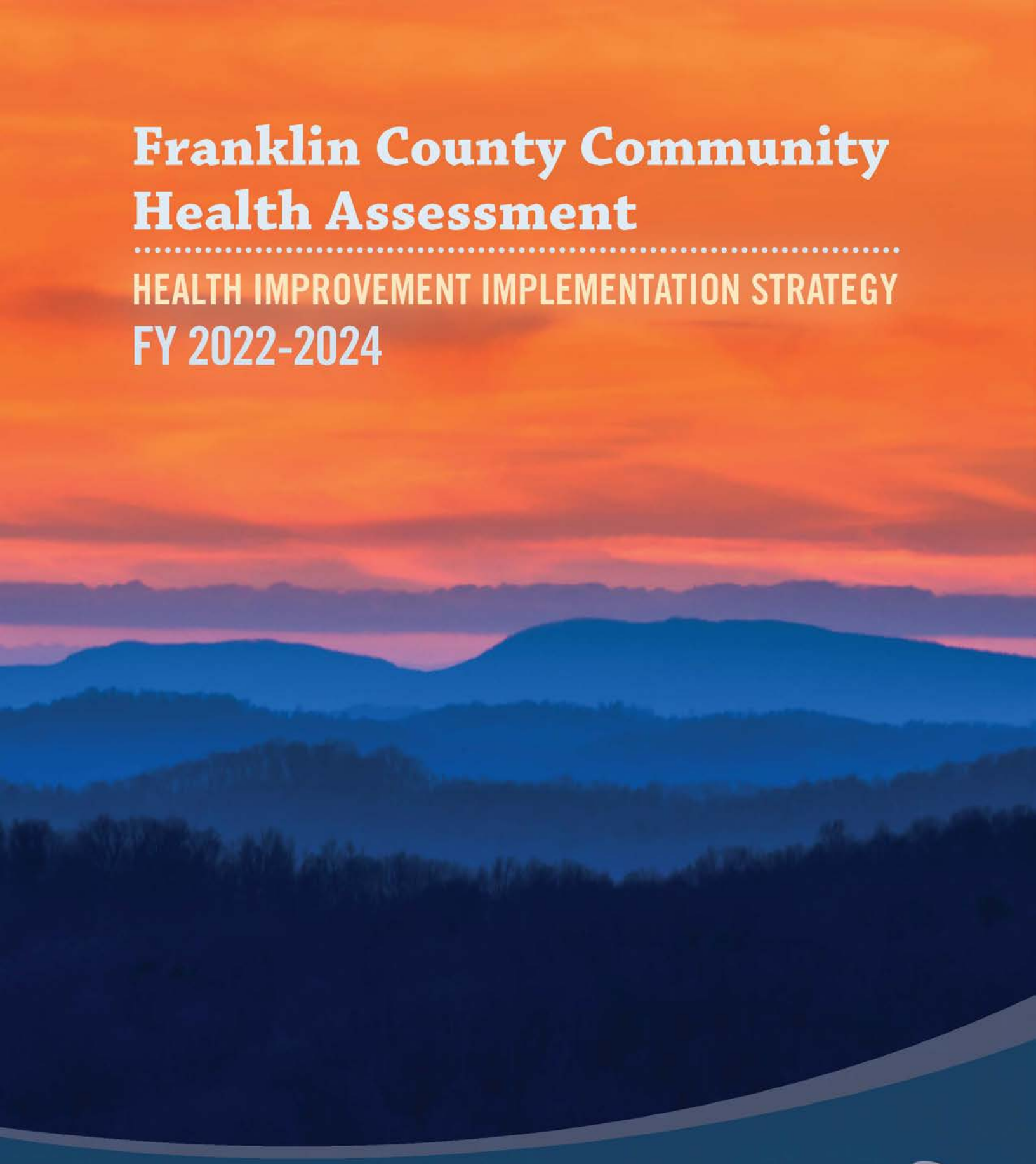
Franklin County Community Health Assessment

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY FY 2022-2024



Carilion Franklin Memorial Hospital

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Carilion Franklin Memorial Hospital Health Improvement Implementation Strategy

Executive Summary

Every three years, Carilion Franklin Memorial Hospital (CFMH) conducts the Franklin County Area Community Health Assessment (FCACHA) to determine focus areas across the region[1]. Through this collaborative process, we assess the needs of the community, prioritize them and develop a response to selected issues. The purpose of this implementation plan is to describe how CFMH plans to address the community health needs identified in the 2021 FCACHA.

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 (WPHD). 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 miles[2] and is part of the Roanoke Metropolitan Statistical Area (MSA)[3]. 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 scene and outdoor amenities[4].

Henry County is mostly rural with 141.6 persons per square mile and a land area of 382.33 square miles[5], and is part of the Martinsville-Henry County Micropolitan Statistical Area[6]. Henry County has a rich history that helps highlight its amenities and activities today. Motorsports, specifically NASCAR, have been a staple in the Martinsville-Henry County area dating back to the 1940s when the Martinsville

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[1] Carilion Clinic began conducting Community Health Assessments prior to the IRS adoption of the 501(r)(3) which requires not-for-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. While meeting the CHNA requirement, Carilion maintains the longstanding formal name, Community Health Assessment, for our process and associated reports.

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

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

[4] About Franklin County. Retrieved from: https://www.visitfranklincountyva.org/about-franklin-county/

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

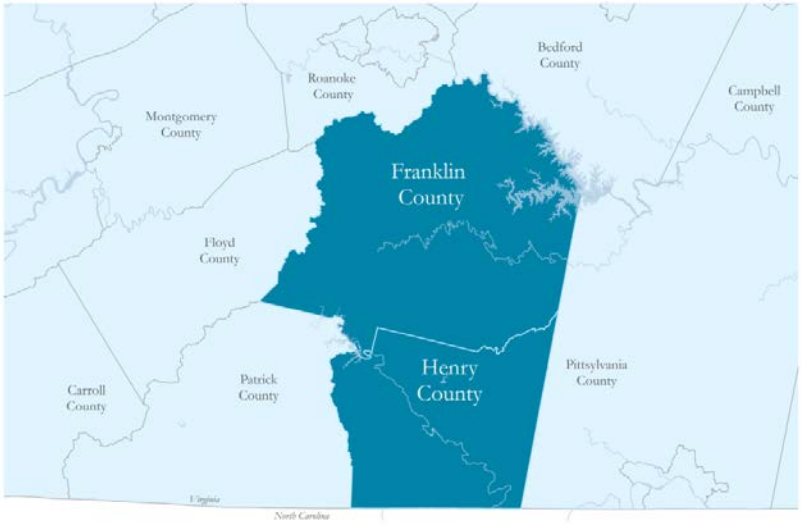
[6] Virginia and Contiguous Areas Metropolitan and Micropolitan Statistical Areas and Components. Retrieved from http://www.vdh.virginia.gov/content/uploads/sites/76/2016/06/VirginiaMetropolitanandMicropolitanStatisticalAreas.pdf

Speedway was opened[7]. Complementing and often replacing the early agricultural and tobacco industries, furniture and textile industries were significant contributors to employment and the economy in the area during the 20th century[8]. 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.

In fiscal year 2020, CFMH served 12,695 unique patients. Patient origin data revealed that during this year, 78.72% of patients served by CFMH lived in the following localities:

- Franklin County (66.44%)
- Henry County (12.29%)



The target population for Carilion Clinic's Community Health Assessment (CHA) projects consists of underserved/vulnerable populations disproportionately impacted by the social determinants of health including poverty, race/ethnicity, education, access 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.

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

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

Implementation Strategy Process

CFMH, the WPHD and Healthy Franklin County (HFC) partnered to conduct the 2021 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.

A 26-member Community Health Assessment Team (CHAT) oversaw the planning activities. The CHAT consists of:

- Health and human service agency leaders
- Persons with special knowledge of or expertise in public health
- The local health department
- Leaders, representatives or members of medically underserved populations, low-income persons, minority populations and populations with chronic disease

In the Franklin County Area, HFC serves as the CHAT and additional key community leaders are invited to participate. Please see Appendix 1 for the CHAT Directory.

Beginning in October 2020, primary data collection included a Community Health Survey and a focus group with key CHAT stakeholders. Secondary data collected include demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and social environment.

After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. Each CHAT member selects and ranks the ten most pertinent community needs. The data are combined and priorities are selected based on the highest weighted score of each need. Please see Appendix 2 to view the prioritization worksheet.

Through this process, needs are prioritized by the CHAT members according to:

- The perceived burden, scope, severity or urgency of the health need
- The importance the community places on addressing the need through survey responses and other interactions
- Their own unique perspective on the health-related needs of the community

The 2021 FCACHA was approved by the CFMH Board of Directors and made publicly available in August 2021. The following plan was developed by the Carilion Clinic Community Benefit and Community Health and Outreach departments based on priority community health needs identified in the 2021 FCACHA. Input on the Implementation Strategy was solicited from CHAT members, the CFMH Board of Directors, Community Health and Outreach staff and key Carilion Clinic leadership.

Prioritized List of Significant Health Needs Identified in the 2021 FCACHA

The findings revealed 10 priority health-related issues in the community, identified by the CHAT after review of the data collected. Like-issues were grouped into categories to promote upstream and out-of-the-box thinking to address the top needs.

Top Needs	
Mental Health	Alcohol and drug use
	Stress
	Mental health problems (general)
Access to Care	Access to primary care
	Access to dental care
Health Behaviors	High prevalence of chronic disease (general)
	Overweight/obesity
	Poor diet/poor eating habits
Access to Services	Transportation/transit system
	Lack of knowledge of community resources

CFMH Action Plan

The foundation of Carilion's response is based on the following pillars:

- Commitment to mission
- Diversity, equity and inclusion
- Community partnerships
- Community grants

We will continue to respond to community health needs in innovative ways, including:

- Ensuring access to state-of-the-art health care close to home
- Creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths
- Providing community-based health and wellness programming

Commitment to Mission

Commitment to community service is evident at all levels of the organization. In 2020, Carilion committed more than $116 million toward activities that improve community health and social determinants of health. Carilion's commitment to community health is evidenced by a population health infrastructure including the Community Benefit and Community Health and Outreach departments dedicated to assessing and addressing community needs. These departments lead the community health improvement process, CHAs, the system's community grant process, community health education, community benefit collection and neighborhood health initiatives. With staff at the system level and at each community hospital, we work with each hospital's Board of Directors to create health improvement strategies. A Community Benefit Council provides oversight for Carilion Clinic as a whole, overseeing and strategically guiding Carilion's community health improvement work and community benefit strategy, collection and submission. Investing in community health is one component of Carilion Clinic's Vision 2025 strategic plan, showing an enduring commitment to improving the region's health.

Diversity, Equity and Inclusion

Carilion Clinic established the Office of Diversity, Equity and Inclusion in early 2021. With a focus on health equity and social justice, the office will collaborate with community leaders to better understand and address social and economic factors that influence health in our region, while also promoting diversity, equity and inclusion within the health system.

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 needs in the Franklin County Area such as HFC. HFC, an initiative of United Way of Roanoke Valley, seeks to reduce obesity and related chronic diseases by mobilizing time, talent and financial resources to promote healthier lifestyles. 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.

Community Grants

Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our CHAs. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs. 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 that align with the CHA priorities.

Priority Areas to be Addressed

Priority Area: Mental Health

Alcohol and drug use; Stress; Mental health problems (general)

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Monitor physician prescription opioid ordering 2) Participate in the FRESH (Focus on Response and Education to Stay Healthy) Coalition 3) Support transitional housing for women in Rocky Mount 4) Participate in PACE (Partnership-Access-Care-Empowerment) to Recovery – CFMH participates in this program that links emergency department patients with substance use disorders to long term care and treatment. The program is also expanding to Martinsville. 5) Support the Franklin County Opioid Task Force and the Martinsville and Henry County Task Forces in creating a new regional awareness campaign for medication drop boxes (to be disseminated in 2022) 6) Continue to provide a permanent medication drop box in CFMH ED waiting area 7) Continue to facilitate and promote drug takeback events every spring and fall 8) Provide medication lock boxes to hospice patients	1) Decrease in opioids prescribed and ensure appropriate prescribing 2) Prevention of substance use (alcohol, tobacco and other drugs) 3) Facilitate continuation of care for patients with substance use disorders 4) Facilitate continuation of care for patients with substance use disorders 5) Reduce the amount of unused prescription medications available for misuse 6) Reduce the amount of unused prescription medications available for misuse 7) Reduce the amount of unused prescription medications available for misuse 8) Ensure secure storage of medications to prevent misuse	Financial and other assets such as staff time, leadership and serving as convening body	1) Opioid task force 2) FRESH Coalition 3) Piedmont Community Services 4) Sovah Health and Piedmont Community Services 5) Piedmont Community Services, FRESH 6) Internal 7) Local law enforcement, FRESH 8) FRESH

Priority Area: Access to Care

Access to primary care; Access to dental care

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Support for the Free Clinic of Franklin County through grants and Board representation. The clinic will transition to a hybrid model in spring 2022 to accept Medicaid patients while continuing to serve the uninsured. 2) Launch Carilion Now platform for virtual visits 3) Add 0.4 full time equivalent physicians to Westlake Family and Internal Medicine practice in 2022-2023 4) Open new dental practice located at Tanglewood Center in Roanoke	1) Support continued access to safety net primary care services 2) Increase availability of urgent care and after-hours services 3) Increase physician availability and decrease appointment wait times 4) Increase accessibility through physical location of practice, net one new provider and net one new dental resident	Financial and other assets such as staff time and leadership	1) Bernard Healthcare Center and Free Clinic 2) Internal 3) Internal 4) Internal

Priority Area: Health Behaviors

High prevalence of chronic disease; Overweight/obesity; Poor eating habits

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Support work to address chronic disease, obesity and poor eating habits through food access and increased physical activity 2) Provide community health education and participate in community events such as health fairs, immunizations and health screenings	1) Increase availability of healthy foods and knowledge of health improvement and maintenance skills 2) Increase knowledge of healthy behaviors, early detection of chronic disease and health management strategies	Financial and other assets such as staff time and leadership	1) HFC 2) Department of Aging, Stepping Stone Mission

Priority Area: Access to Services

Transportation; Lack of knowledge of community resources

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Develop community health workforce in the Franklin County Area 2) Implement the Unite Us platform and integrate with medical record for clinical utilization. Support partner adoption of platform.	1) Assist patients in identifying and accessing community resources 2) Connect individuals to social service resources and decrease the prevalence of health-related social needs	Financial and other assets such as staff time and leadership	1) Internal, United Way of Roanoke Valley 2) Internal, Virginia Department of Health, Virginia Hospital and Healthcare Association

Other Initiatives Supporting a Culture of Community Health

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Develop Community Health Investment Plan 2) Further develop community health infrastructure 3) Engage Carilion employees in supporting community partnerships 4) Leverage internal data to identify health disparities within employee and patient population	1) Increase deployment of assets for community health improvement 2) Increase in staffing to include peer recovery specialists, community health workers and community benefit staff 3) Increase support for community organizations through employee hours spent meeting community needs 4) Improve health-related outcomes and experiences through targeted interventions	Financial and other assets such as staff time and leadership	1) Planning and Community Development division (PCD) 2) PCD and Finance divisions 3) PCD and Human Resources 4) PCD, Health Analytics, Human Resources

Priority Areas Not Being Addressed

It is CFMH's intent to address all identified priority health issues through the initiatives, programs and/or grants if possible.

Implementation and Measurement

Carilion utilizes multiple systems to help manage data and track outcomes of our community work. 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 with grantee outcomes evaluated at least annually.

Scorecards have been developed with key secondary data points at the county level and are 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 (RWJF) County Health Rankings. In addition to the RWJF rankings, we are utilizing a framework for viewing health and well-being through seven vital conditions. The WIN Network's Vital Conditions for Well-Being emphasize the health and well-being of people and places as a necessary component to thrive[9].

Progress on initiatives described in this document will be reported to the CFMH Board of Directors twice yearly.

Please visit https://carilionclinic.org/community-health-assessments to review the 2021 FCACHA. 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 January 24, 2022.

[9] https://winnetwork.org/vital-conditions

About Us

Carilion Clinic is a not-for-profit, integrated health care 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. Through 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 community's health needs. Today, Carilion is a key institution focusing on more than health care—we are dedicated to our 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 discovering and responding to our community's health needs comes the understanding that we must address health issues together to create change most effectively.

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.

Appendices

Appendix 1: Community Health Assessment Team

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

Name	Organization	Expertise
Aaron Boush	Carilion Clinic	Hospitals, Healthy Foods
Betty Robertson	Carilion Clinic	Health Education
Billy Ferguson	Franklin County	Public Safety
Carl Cline, VP	Carilion Franklin Memorial Hospital	Healthcare, Administration
Carol Tuning	Friends of Pigg River, Disability Rights and Resource Center	Community Organization, Disability Advocacy
Chad Isabell	Rocky Mount Health and Rehab	Long Term Care
Chris Finley	Smith Mountain Lake Regional Chamber of Commerce	Chamber of Commerce
Debbie Powell	Department of Social Services	Social Services
Dr. Kimberly Brown	Ferrum College	Higher Education, Nursing
Elizabeth Wickline	Franklin County Public Schools	Public Schools
Ellen Holland	Bernard Healthcare Center & Free Clinic	Community Free Clinic
Heather Snead	Franklin County Public Schools	Public Education-Nutritional Services
Kathy Hodges	Franklin Center	Workforce Development
Lucille Bowman	Community Member	German Baptist Community
Marcie Altice	Piedmont Community Services	Mental Health Services
Martha Puckett	Tri-Area Community Health Center-Ferrum	Medical & Mental Health Services
Molly Roberts	Carilion Clinic	Public Health
Monica Minter	Southern VA Child Advocacy Center	Families Suffering from Abuse
Nancy Bell	West Piedmont Health District- VDH	Public Health
Pam Chitwood	United Way of Roanoke Valley/ Healthy Franklin County	Community Impact
Paul Chapman	Franklin County	Parks and Recreation
Regina Clark	Piedmont Community Services	Substance Use Prevention
Sheila Overstreet	Habitat for Humanity	Housing, Homelessness

Name	Organization	Expertise
Shelia Walker	Carilion Clinic	Planning and Community Development
Shirley Holland	Carilion Clinic	Community Development
Tracy McCown	Carilion Clinic	Nursing

Appendix 2: Community Health Need Prioritization Worksheet

Please rank from 1-10 the top 10 most pertinent community needs 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 / poor eating habits
	Risky sexual activity
	Tobacco use
	Access to healthy foods
	Stress
	Clinical Care Factors
	Access to primary care
	Access to dental care
	Access to mental / behavioral health services
	Access to specialty care (general)
	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 Conditions / Outcomes	
	COVID-19
	Overweight / obesity
	Mental health problems
	Cancers
	Diabetes
	High blood pressure
	Heart disease and stroke
	High prevalence of chronic disease (general)
Write-in section	