

Giles County Community Health Assessment

**HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2022-2024**

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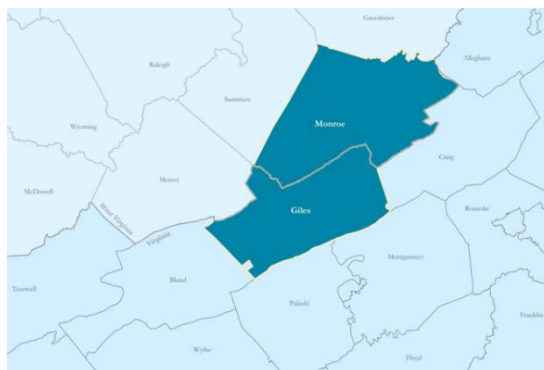
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Executive Summary

Community Served

The service area for the 2021 GCACHA includes Giles County, Virginia, and Monroe County, West Virginia. CGCH is located in Pearisburg, Virginia, within Giles County. In fiscal year 2020, CGCH served 7,442 unique patients. Patient origin data revealed that during this year, 78.8% of patients served by CGCH lived in the following localities:

- The target population for Carilion Clinic’s 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. They are also studied across various race and ethnic groups and income levels. All patients are included in this assessment regardless of insurance payments or financial assistance eligibility.



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Implementation Strategy Process

CGCH, the New River Health District (NRHD) and Focus on Communities Utilizing Services (FOCUS) partnered to conduct the 2021 GCACHA. 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 23-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 Giles County Area, FOCUS 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 GCACHA was approved by the CGCH 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 GCACHA. Input on the Implementation Strategy was solicited from CHAT members, the CGCH Board of Directors, Community Health and Outreach staff and key Carilion Clinic leadership.

Prioritized List of Significant Health Needs Identified in the 2021 GCACHA

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	Access to mental/behavioral health services
	Mental health problems (general)
	Alcohol and drug use
Culture and Family	Lack of family/social support systems
	Child abuse/neglect
	Lack of health literacy/lack of knowledge of healthy behaviors
	Culture: healthy behaviors not a priority
Socioeconomic Factors	Poverty/low average household income
	Affordable/safe housing
	Transportation/transit system

CGCH 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 impact from the health assessment and community health improvement process, Carilion provides support to health coalitions that address needs in the Giles County Area, such as FOCUS. FOCUS is a formalized network of service providers that interact extensively with underserved citizens in Giles and Monroe County, West Virginia. Through "focused" and coordinated service provision and addressing the physical, educational and economic well-being of individuals, families and communities, FOCUS elevates the status of their human

condition(s). In addition, Carilion partners with multiple organizations on initiatives to improve health, wellness and the social determinants of health.

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

Access to mental/behavioral health services; Alcohol and drug use; Mental health problems (general)

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Explore expansion of peer recovery services and support ongoing partner agency services and Office Based Opioid Treatment (OBOT) 2) Participate in mental health and substance abuse collaborative (Giles Youth-Adult Partnership) 3) Explore options for expanding community abuse/overdose prevention and first aid programming (REVIVE) with added provision of medication lock bags	1) Increase success rate of patients entering treatment and recovery programming 2) Maintain capacity for collaborative programming and care coordination for behavioral health services 3) Increase number of community members trained to deliver opioid overdose reversal first aid and increase community member capacity to safely store medications to prevent substance misuse/poisonings	Financial and other assets such as staff time, leadership, program development and serving as convening body	1) Carilion Pharmacy, Carilion Planning and Community Development (PCD) 2) Internal administrative and behavioral health leadership 3) Community Health Center of the New River Valley, New River Valley Community Services, Trauma-Informed Region Network

Priority Area: Culture and Family

Lack of family/social support systems; Lack of health literacy/lack of knowledge of healthy behaviors; Culture: healthy behaviors not a priority; Child abuse/neglect

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Participate in FOCUS, Healthy Roots NRV and Partnerships for Access to Healthcare (PATH) 2) Implement the Unite Us platform for social service referrals and integrate with medical record system for clinical utilization. Support adoption of platform by community partners. 3) Provide evidence-based and needs-focused health education and participate in community events such as health fairs, immunizations and health screenings 4) Participate in New River Community Action's Children's Health Improvement Program Advisory Board 5) Participate in Trauma-Informed Region Network	1) Increase collaborative infrastructure to address healthy food access and knowledge of community resources 2) Connect individuals to social service resources and decrease the prevalence of health-related social needs 3) Increase knowledge of healthy behaviors, early detection of chronic disease and health management strategies 4) Increase infrastructure to deliver collaborative needs-based health education programming that is easily accessible to priority/target populations 5) Increase collaborative infrastructure to provide adequate community support to at-risk families	Financial and other assets such as staff time, leadership, program development and serving as convening body	1) FOCUS partners, Healthy Roots NRV partners, PATH 2) Giles County Administration, Carilion PCD 3) Giles Community Garden 4) NRHD 5) Trauma-Informed Region Network partners

Priority Area: Socioeconomic Factors

Housing; Transportation

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Participate in FOCUS and Healthy Roots NRV 2) Provide coalition development support to Community Foundation of the NRV (CFNRV) for Healthy Roots NRV 3) Participate in Aging in Community Leadership Team	1) Increase infrastructure to collaboratively address cross-cutting social issues 2) Increase infrastructure to deliver collaborative needs-based health education programming that is easily accessible to priority/target populations	Financial and other assets such as staff time, leadership, program development and evaluation, and serving as convening body	1) FOCUS partners, Healthy Roots NRV 2) CFNRV 3) Carilion PCD

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) Carilion PCD 2) PCD and Finance divisions 3) PCD and Human Resources 4) PCD, Health Analytics, Human Resources

Priority Needs Not Directly Addressing

Need	Reason
Child Abuse	- Limited ability to impact with current resources - Giles County Ministerial Association and Giles Christian Mission actively involved with New River Valley Community Services to address child abuse
Housing	- Limited ability to impact with current resources - Giles County involved in critical home repairs; NRV Regional Commission addressing regional housing issues - Coalitions and community collaboratives will address specific needs where possible
Transportation/Transit System	- Limited ability to impact with current resources - Being addressed by Giles Health and Family Center and the NRV Regional Commission - Coalitions and community collaboratives will address specific needs where 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 thrive².

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

Please visit <https://carilionclinic.org/community-health-assessments> to review the 2021 GCACHA. 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 Giles Community Hospital on January 26, 2022.

² <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.

CGCH is a modern, 25-bed critical access hospital, offering emergency services recognized nationally for quality and patient satisfaction. CGCH also provides high-quality inpatient care and an extended care recovery program (swing bed) that gives eligible patients an opportunity to grow stronger before going home. The main entrance serves as the access point for all walk-in patients needing emergency care, diagnostics, rehabilitation and other outpatient services. CGCH works to bring new services to the community as the need is identified³.

³ <https://www.carilionclinic.org/locations/carilion-giles-community-hospital>

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	Healthcare
Andi Golusky	NRV CARES	Human Services
Becky Navarro	CHIP of the NRV- Giles County	Children and Families
Brian Burch	Pearisburg First United Methodist Church	Faith Community
Charlie Herbert	Giles Community Garden	Healthy Food
Christina Laws	Embrace Healthy Solutions	Mental Health
Deirdre Hasty-Martin	Virginia Department of Corrections	Mental Health
Gigi Robertson	Virginia Cooperative Extension	Healthy Food, Nutrition
Jeff Dinger	Giles County Special Projects	FOCUS Coordinator, Community Development
Kristie Williams	Carilion Giles Community Hospital	Healthcare
Laura Reasor	Virginia Cooperative Extension	Family and Consumer Sciences
Laykan Clowers	Monroe County Health Department	Public Health, Environmental Health
Leisa Palmer	Giles County Christian Service Mission	Low-Income Families, Emergency Assistance, Food Insecurity
Leslie Sharp	New River Valley Community Services	Mental Health, Substance Use
Luella (Sue) Johnson	Goodwill Industries of the Valleys	Workforce Development
Mike Wade	New River Valley Community Services	Community Outreach
Molly Roberts	Carilion Clinic	Public Health
Pamela Ray	New River Health District	Public Health
Rachel Chamberlain	Virginia Veteran and Family Support	Veterans
Sarah Pratt	Virginia Cooperative Extension	Youth Development
Stephanie Bryson	Women's Resource Center of the NRV	Women's Health, Community Engagement
Stephanie Spencer	Carilion Giles Community Hospital	Community Outreach
Susan Dalrymple	Virginia Cooperative Extension	Substance Use

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	