

Roanoke Valley Community Health Assessment

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HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2022-2024

Carilion Roanoke Memorial Hospital
Carilion Roanoke Community Hospital
carilionclinic.org/community-health-assessments



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Carilion Medical Center Health Improvement Implementation Strategy

Executive Summary

Every three years, Carilion Medical Center (CMC) conducts the Roanoke Valley Community Health Assessment (RVCHA) to determine focus areas across the region¹. 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 CMC plans to address the community health needs identified in the 2021 RVCHA.

Community Served

The Roanoke Metropolitan Statistical Area (MSA), home to CMC, is commonly known as the Roanoke Valley. It is composed of the independent cities of Roanoke and Salem and the counties of Botetourt, Craig, Franklin and Roanoke. The Valley is nestled among the Blue Ridge Mountains with the City of Roanoke at its heart. Roanoke is a destination place, rich in cultural diversity, the arts, shopping, recreational opportunities, natural beauty and services not available in more rural areas of the region.

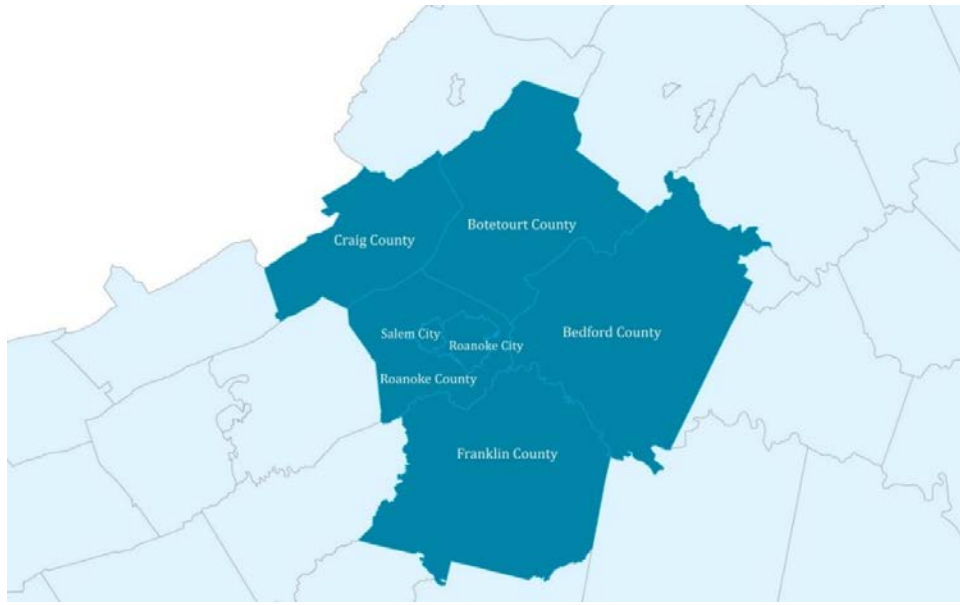
In addition to Carilion, key safety net providers in the region include Veterans Administrations, a federally qualified health center, free clinics, local offices of the Virginia Department of Health (VDH) and other service organizations. Despite these entities' presence, however, thousands of low-income, uninsured and underinsured residents do not have access to affordable health care services.

The service areas for Carilion Clinic's Community Health Assessments (CHAs) are determined by 70-80% of unique patient origin of the hospital in each respective market. Focus is placed on areas that are considered Medically Underserved Areas (MUAs) and Health Professional Shortage Areas. The target population 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 the assessment regardless of insurance payments or financial assistance eligibility.

In fiscal year 2020, CMC served 121,095 unique patients. Patient origin data revealed that during this year, 74% of patients served by CMC lived in the following localities:

- Roanoke City (27.5%)
- Roanoke County (19%)
- Franklin County (8.8%)
- Botetourt County (7.4%)
- Salem City (5.6%)
- Bedford County (5.1%)
- Craig County (0.7%)

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.



The service area for the 2021 RVCHA includes the cities of Roanoke and Salem and the counties of Bedford, Botetourt, Craig and Roanoke, with secondary data included for Franklin County. Franklin County is partly served by Carilion Franklin Memorial Hospital (CFMH) located in Rocky Mount, Virginia. CFMH also conducted its own CHA of Franklin and Henry counties concurrently, so Franklin County is not included as part of the primary service area for the 2021 RVCHA. Please note that while Bedford County is included in the service area, it is not part of the Roanoke MSA. Carilion participates in the Bedford Region Community Health Needs Assessment with neighboring Centra Health System.

Implementation Strategy Process

CMC, the Roanoke City and Alleghany Health Districts (RCAHD), and Healthy Roanoke Valley (HRV) partnered to conduct the 2021 RVCHA. 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 43-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 Roanoke Valley, HRV's Steering Committee 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 RVCHA was approved by the CMC 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 RVCHA. Input on the Implementation Strategy was solicited from CHAT members, the CMC Board of Directors, Community Health and Outreach staff and key Carilion Clinic leadership.

Prioritized List of Significant Health Needs Identified in the 2021 RVCHA

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
	Access to substance use services
	Alcohol and drug use
	Mental health problems (general)
Socioeconomic Factors	Poverty/low average household income
	Affordable/safe housing
	Transportation/transit system
	Lack of family/social support systems
Primary Care	Access to primary care
COVID-19	COVID-19 impact

CMC 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 Roanoke Valley, such as HRV. HRV is an initiative supported by the United Way that involves more than 50 organizations striving to enhance health equity and create a "culture of wellness" across our region. 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; Access to substance use services; Alcohol and drug use; Mental health problems (general)

Actions	Anticipated Impact	Resources Committed	Collaboration
<ol style="list-style-type: none"> 1) Develop a community-wide mental health collaborative 2) Support the development of the Roanoke Valley Collective Response to address recovery/transitional housing 3) Provide community grants to mental health safety net providers 4) Hire a community mental health manager and increase capacity in peer recovery program 5) Continue physician-led addiction task force 6) Collaborate on the Normal Campaign related to mental health stigma in the Roanoke Valley 7) Provide mental health services at Fallon Park Elementary 8) Support the Virginia Harm Reduction Coalition in efforts to expand comprehensive harm reduction services in Roanoke 	<ol style="list-style-type: none"> 1) Increase access to mental health services in the Roanoke Valley 2) Increase support for people in recovery and those seeking treatment 3) Increase access to mental health services in the Roanoke Valley 4) Increase infrastructure supporting community-based mental health services 5) Monitor and decrease opioid prescribing 6) Reduce stigma surrounding mental health issues 7) Increase access to mental health care for children 8) Increase access to comprehensive harm reduction services 	<p>Financial and other assets such as staff time, leadership and serving as convening body</p>	<ol style="list-style-type: none"> 1) Bradley Free Clinic, Blue Ridge Behavioral Health, New Horizons Healthcare, Family Service of Roanoke Valley 2) Roanoke Valley Collective Response partners 3) Bradley Free Clinic, Blue Ridge Behavioral Health, New Horizons Healthcare, Family Service of Roanoke Valley 4) Internal 5) Internal 6) United Way of Roanoke Valley/HRV 7) Internal, Delta Dental, Freedom First Credit Union, Roanoke City Public Schools 8) Virginia Harm Reduction Coalition

Priority Area: Socioeconomic Factors

Poverty/low average household income; Affordable/safe housing; Lack of family/social support systems

Actions	Anticipated Impact	Resources Committed	Collaboration
<ul style="list-style-type: none"> 1) Maintain elevated minimum wage for employees 2) Develop high school health science careers education pipeline 3) Assist in the development of Healthy Homes initiative 4) Invest in local housing-focused organizations 5) Assist in the development of the Black Father Family initiative 6) Assist in the development of a community leadership development program 7) Implement the Unite Us platform and integrate with medical record for clinical utilization. Support adoption of platform by community partners. 	<ul style="list-style-type: none"> 1) Increase income for Carilion employees 2) Bolster the local economy and workforce through job training 3) Decrease health problems caused by poor living environments 4) Increase financial sustainability of housing-focused organizations 5) Strengthen support for families 6) Increase a sense of belonging and civic muscle across Carilion's service area 7) Connect individuals to social service resources and decrease the prevalence of health-related social needs 	<p>Financial and other assets such as staff time, leadership and serving as convening body</p>	<ul style="list-style-type: none"> 1) Internal 2) Blue Ridge Partnership for Health Science Careers 3) City of Roanoke 4) Habitat for Humanity, Restoration Housing 5) United Way of Roanoke Valley 6) City of Roanoke 7) Internal, VDH, Virginia Hospital and Healthcare Association (VHHA)

Priority Area: Primary Care

Access to Primary Care

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Enlarge family medicine residency program in 2023-2024 2) Launch Carilion Now platform for virtual visits 3) Grow mobile advanced care practitioner services 4) Grow float and flex physician staffing pools 5) Open LIFT Center at Fallon Park Elementary	1) Increase family medicine residents and faculty to support more access for patients 2) Increase availability of urgent care and after-hours services 3) Increase mobile availability of transitional care and wellness services 4) Increase ability to maintain staffing levels during physician absences 5) Increase MUA access specific to pediatrics, immunizations and school entrance screenings	Financial and other assets such as staff time and leadership	1-4) Internal 5) Internal, Delta Dental, Freedom First Credit Union, Roanoke City Public Schools

Priority Area: COVID-19

COVID-19 Impact

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Provide quality care and treatment for COVID patients (inpatient and outpatient), prevention, and aid in economic recovery across the community	1) Decrease the burden of COVID-19 in our communities by improving morbidity and mortality	Financial and other assets such as staff time and leadership	1) VDH, VHHA

Other Initiatives Supporting a Culture of Community Health

Actions	Anticipated Impact	Resources Committed	Collaboration
<ol style="list-style-type: none"> 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 5) Provide community health education and participate in community events such as health fairs, immunizations and health screenings 	<ol style="list-style-type: none"> 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 5) Increase knowledge of healthy behaviors, early detection of chronic disease and health management strategies 	Financial and other assets such as staff time and leadership	<ol style="list-style-type: none"> 1) Planning and Community Development division (PCD) 2) PCD and Finance divisions 3) PCD and Human Resources 4) PCD, Health Analytics, Human Resources 5) Habitat for Humanity, Presbyterian Community Center, RAM House, CHIP, EnVision Center, Roanoke City Parks and Recreation, Roanoke City Libraries, Goodwill Industries

Priority Needs Not Being Addressed

Priority Needs	Reason
Transportation/Transit System	<ul style="list-style-type: none"> • Limited ability/expertise to impact large-scale infrastructure • Focus of other organizations in the area such as the Roanoke Valley Regional Commission

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 CMC Board of Directors twice yearly.

HRV will also develop outcomes to be measured based on the results of its planning retreat and action team tactical planning in early winter of 2022.

Please visit <https://carilionclinic.org/community-health-assessments> to review the 2021 RVCHA. 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 Medical Center on January 18, 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.

CMC is comprised of Carilion Roanoke Memorial Hospital (CRMH) and Carilion Roanoke Community Hospital (CRCH). CRMH includes a Level 1 Trauma Center, a Neonatal Intensive Care Unit, Carilion Children's Hospital and 703 patient beds. Offering a wide range of inpatient and outpatient care, specialty care, medical education and fellowships, CRMH has gained recognition as Virginia's top four hospital by U.S. News and World Report. CRMH provides access to the region's most experienced providers and specialty services, while teaching and developing tomorrow's medical leaders through residencies and fellowships sponsored by the Virginia Tech Carilion School of Medicine. Additionally, CRCH houses a highly skilled inpatient rehabilitation unit.

CMC serves all patients regardless of their ability to pay. The hospital's governing board is elected annually and the majority of members are neither employees nor contractors of the hospital. Medical staff privileges are extended to qualified providers. Any surplus funds are reinvested in new technology, clinical initiatives, education and charitable efforts. This includes providing free, discounted and subsidized care as well as critical medical services that operate at a loss.³

³ <https://www.carilionclinic.org/locations/carilion-roanoke-memorial-hospital>

Appendices

Appendix 1: Community Health Assessment Team

This list includes members that attended at least half of the CHAT meetings.

Name	Organization	Area of Expertise
Aaron Boush	Carilion Clinic	Hospitals, Healthy Food
Abby Hamilton	United Way of Roanoke Valley	Collective Impact, Social Determinants of Health
Aisha Johnson	City of Roanoke- Economic Development	Economic Development
Anne Marie Green	Council of Community Services	Community Development, Homelessness
Ashley Trainque	Craig County Health Center	Federally Qualified Health Center
Bill Jones	American National Bank	Financial Well-Being
Brandon Meginley	City of Roanoke, Financial Empowerment Center	Financial Well-Being
Brooke Crouch	New Horizons Healthcare	Primary Care Access/Healthy Communities Development
Chance Welfare	New Horizons Healthcare	Primary Care Access/Healthy Communities Development
Dave Prosser	Freedom First	Financial Well-Being
David Nova	Blue Blaze Consulting	Community Development
Debbie Bonniwell	Blue Ridge Behavioral Healthcare	Mental Health, Substance Use, ID
Eileen Lepro	New Horizons Healthcare	Primary Care Access/Healthy Communities Development
Elizabeth (Beth) Leffel	Leffel Consulting Group, LLC	Medical Research
F.L. Slough	Roanoke City Public Schools	Schools
Hannah Adkins	United Way of Roanoke Valley	Community Development, Public Health
Isabel Thornton	Restoration Housing	Housing
Jeremy Holmes	Roanoke Valley Alleghany Regional Commission	Transportation
Joanna Spar	Roanoke County DSS	Social Services
Jojo Friday	Sisters of Change	Community and Business Development, Diversity, Inclusion
Julie Phillips	Botetourt County Libraries	Library

Name	Organization	Area of Expertise
Kim Roe	Carilion Clinic	Ambulatory Care
Kristin Adkins	Roanoke City & Alleghany Health Districts / VDH	Public Health
Lee Clark	Rescue Mission Ministries, Inc.	Health and Human Services for the Homeless
Leslie Clark	United Way of Roanoke Valley, Healthy Roanoke Valley	Community Arm of CHA
Leslie Loving	Carilion Oncology	Oncology
Linda Hentschel	Family Service of Roanoke Valley	Mental Health
Lisa Denney	Children's Trust	Children
Marilyn Herbert-Ashton	Virginia Western Community College	Higher Education
Mary Ann Gilmer	Goodwill Industries of the Valleys	Community Development, Employment
Molly Roberts	Carilion Clinic	Public Health
Morgan Romeo	Virginia Blue Ridge Works (Western VA Workforce Development Board)	Workforce Development/Community Planning
N.L. Bishop	Carilion Clinic	Equity, Diversity, Inclusion
Pam Chitwood	United Way of Roanoke Valley, Healthy Franklin County	Community Impact, Food Insecurity
Pamela Irvine	Feeding Southwest Virginia	Food Insecurity
Paula Prince	Radford University Carilion	Human Services/ Research/ Homelessness
Rebecca Stackhouse	VAMC	Hospital Based Care
Robin Haldiman	CHIP of Roanoke Valley	Children and Families
Samara Lott	Roanoke City & Alleghany Health Districts / VDH	Public Health
Shirley Holland	Carilion Clinic	Hospitals, Community Development
Steven Martin	City of Roanoke - DSS	Social Services
Timothy Hahn	Roanoke City Public Schools	Schools
Vivien McMahon	United Way of Roanoke Valley	Community Impact

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	