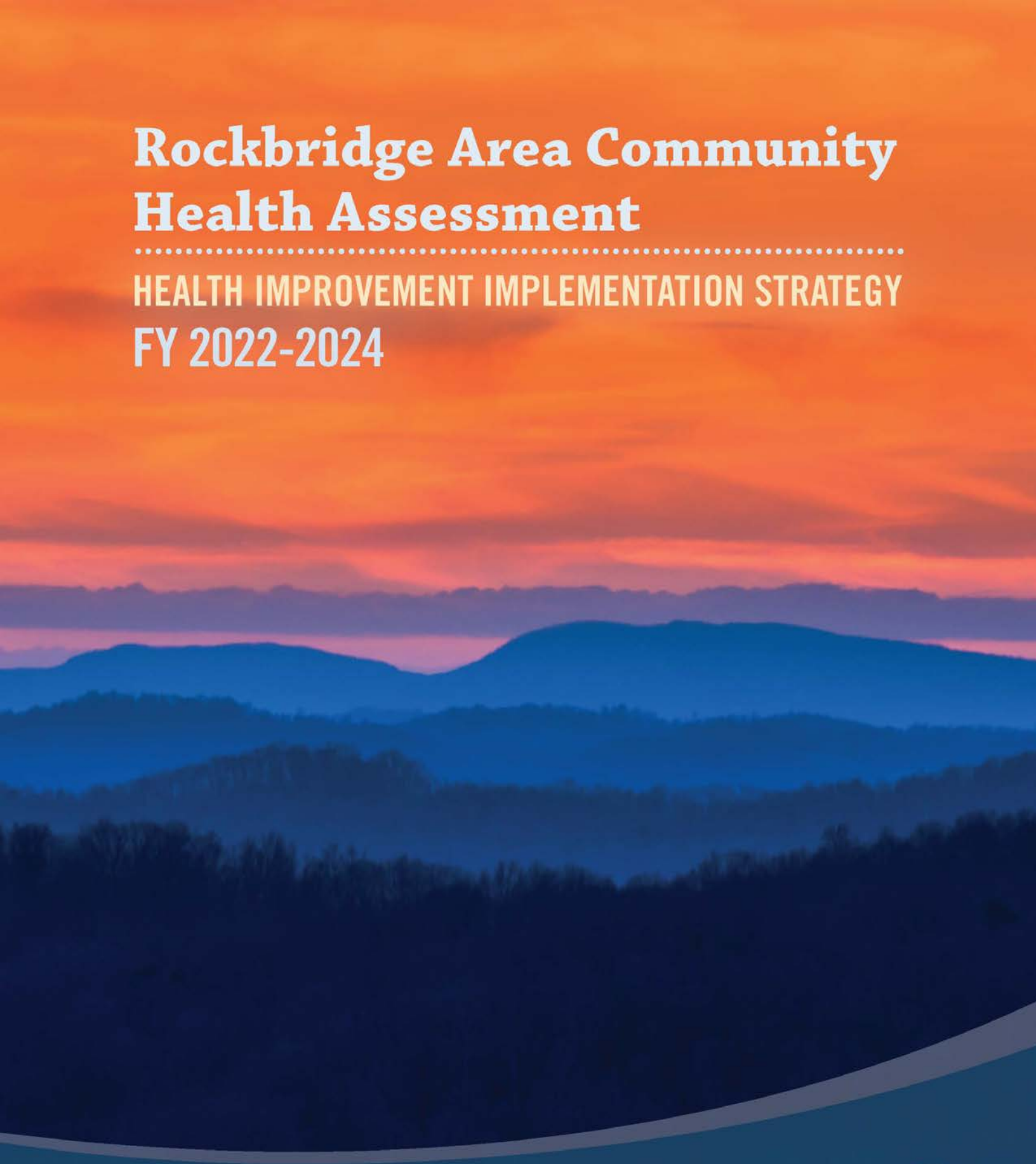
Rockbridge Area Community Health Assessment

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY FY 2022-2024



Carilion Rockbridge Community Hospital

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Carilion Rockbridge Community Hospital Health Improvement Implementation Strategy

Executive Summary

Every three years, Carilion Rockbridge Community Hospital (CRBH) conducts the Rockbridge Area Community Health Assessment (RACHA) 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 CRBH plans to address the community health needs identified in the 2021 RACHA.

Community Served

The Rockbridge Area, home to CRBH, is composed of the independent cities of Lexington and Buena Vista, and Rockbridge County. Located at the southern end of the Shenandoah Valley in west central Virginia, Rockbridge County is classified as a rural county. It is bounded on the west by the Alleghany Mountains and on the east by the Blue Ridge Mountains. There are 37 persons per square mile, which is significantly lower than the state average of 203 persons per square mile[2]. Highways 81 and 64 provide ready access to neighboring markets and services.

The independent cities of Buena Vista and Lexington lie within the county limits. Lexington, the county seat, is situated in the center of the county. It is the heart of much of the county's educational, retail, commercial and governmental activities. Buena Vista is located six miles east of Lexington and is considered the industrial and manufacturing core of the county. Both the cities of Buena Vista and Lexington are classified as mixed urban areas[3]. With land areas of 7 square miles and 2.5 square miles respectively, there are 992 persons per square mile in Buena Vista and 2,820 persons per square mile in Lexington[4]. The incorporated towns of Glasgow, Goshen, Brownsburg, Natural Bridge Station, Raphine and Fairfield are located within the county limits.

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 and Health Professional Shortage Areas.

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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.

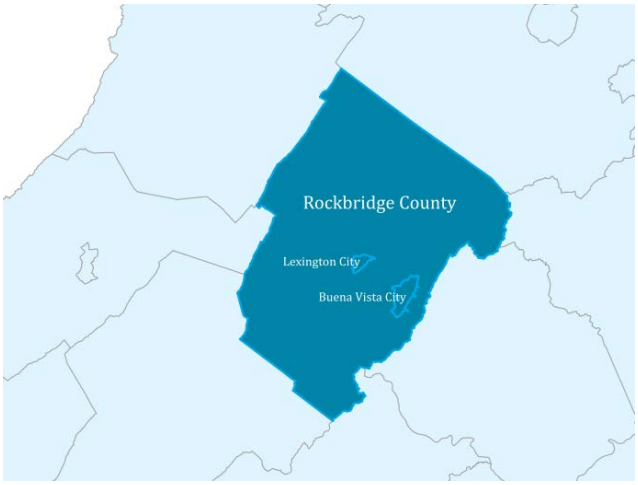
[2] US Census Bureau State and County Quick Facts, 2010. Retrieved from: https://www.census.gov/quickfacts/fact/table/buenavistacityvirginia,lexingtoncityvirginia,rockbridgecountyvirginia/PST045221

[3] Virginia Rural Health Plan, 2013, https://www.vdh.virginia.gov/content/uploads/sites/76/2016/06/2013VSRHP-final.pdf

[4] US Census Bureau State and County Quick Facts, 2010. Retrieved from: https://www.census.gov/quickfacts/fact/table/buenavistacityvirginia,lexingtoncityvirginia,rockbridgecountyvirginia/PST045221

The service area for the 2021 RACHA includes Rockbridge County and the cities of Buena Vista and Lexington. CRBH is located in Lexington, Virginia. In fiscal year 2020, CRBH served 11,452 unique patients. Patient origin data revealed that during this year, 78.8% of patients served by CRBH lived in the following localities:

- Lexington City (35.11%)
- Buena Vista City (22.19%)
- Rockbridge County (21.51%)



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.

Implementation Strategy Process

CRBH, the Central Shenandoah Health District (CSHD) and Live Healthy Rockbridge (LHR) partnered to conduct the 2021 RACHA. 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 30-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 Rockbridge Area, LHR serves as the CHAT. 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 RACHA was approved by the CRBH 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 RACHA. Input on the Implementation Strategy was solicited from CHAT members, the CRBH Board of Directors, Community Health and Outreach staff and key Carilion Clinic leadership.

Prioritized List of Significant Health Needs Identified in the 2021 RACHA

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
	Stress
	Mental health problems (general)
	Alcohol and drug use
Socioeconomic Factors	Poverty/low average household income
Health Behaviors	Culture: healthy behaviors not a priority
	Overweight/obesity
	Lack of health literacy/lack of knowledge of healthy behaviors
	Lack of knowledge of community resources
COVID-19	COVID-19 impact

CRBH 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 Rockbridge Area, such as LHR. LHR is a coalition of health care and related service providers in the Rockbridge Area united in collaborating and planning for the future of health care. While each of the LHR member organizations has its own mission, the coalition is committed

to working together for community well-being. 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.

The Rockbridge Community Health Foundation provides additional monies for grants to local organizations that aim to improve the health of our community. Members of the Board of Directors for the foundation sit on a committee of the CRBH Board of Directors to determine which grants to award. For the next three years, all grants will go toward programs and initiatives aimed at addressing needs identified in this CHA.

Priority Areas To Be Addressed

Priority Area: Mental Health

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

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Host Mental Health First Aid and Youth Mental Health First Aid trainings 2) Provide a medication drop box in CRBH Emergency Department waiting area 3) Youth Summit – Support annual prevention conference hosted by and for local student leaders 4) Prevention Forum – Support annual conference for parents, teachers and other adults who work with youth 5) Host REVIVE! trainings 6) Continue ongoing participation with our local Crisis Intervention Team 7) Conduct internal assessment/analysis of feasibility of expanding mental health services in the Rockbridge Area	1) Educate stakeholders and the general public on how to identify and interact with someone who may be experiencing a mental health crisis 2) Reduce the number of unused medications that could be misused 3) Educate youth on prevention best practices and promote leadership skills 4) Provide education on prevention best practices 5) Reduce the harm of opioid overdoses through training and distribution of Narcan 6) Improve coordination with local law enforcement and mental health providers 7) Lay the groundwork for expanding mental health services in the Rockbridge Area	1) One staff person 2) Staff to empty the box and cost of destroying medications 3) Staff time 4) Staff time 5) Staff time 6) Staff time 7) Staff time	1) LHR, Rockbridge Area Community Services (RACS)/Rockbridge Area Prevention Coalition (RAPC) 2) This is advertised throughout the area along with drop boxes located at local pharmacies and law enforcement offices 3) RACS/RAPC, Rockbridge County High School, Parry McCluer High School 4) RACS/RAPC, Rockbridge County High School, Parry McCluer High School 5) RACS/RAPC 6) Local law enforcement, RACS 7) N/A at this time

Priority Area: Socioeconomic Factors

Poverty/low average household income

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Bridges Out of Poverty – Provide training to Carilion staff and community partner organizations 2) Target health education initiatives toward low-income populations 3) Support and promote economic development initiatives in the Rockbridge Area through continued involvement with the Chamber of Commerce	1) Create a common language among stakeholders to encourage better communication between organizations and with patients 2) Improve the health of low-income populations in the Rockbridge Area 3) Create more employment opportunities in the Rockbridge Area	1) Cost of getting our staff trained and staff time to provide the training 2) Staff time 3) Staff time and financial support	1) LHR 2) LHR 3) LHR/Chamber of Commerce, Rockbridge County, Lexington City, Buena Vista City

Priority Area: Health Behaviors

Culture: healthy behaviors not a priority; Overweight/obesity; Lack of health literacy/lack of knowledge of healthy behaviors; Lack of knowledge of community resources

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Support new community center at Rockbridge Area Relief Association (RARA) next to hospital 2) Provide community health education and participate in community events such as health fairs, immunizations and health screenings 3) Implement the Unite Us platform and integrate with medical record for clinical utilization. Support adoption of platform by community partners. 4) Participate in the Green Infrastructure Workgroup for Lexington City to coordinate efforts to improve walkability and bikeability within the city limits	1) Promote collaboration among organizations and remove barriers to services for patients 2) Increase knowledge of healthy behaviors, early detection of chronic disease and health management strategies 3) Connect individuals to social services resources and decrease the prevalence of health-related social needs 4) Increase pedestrian and bicycle mobility between residential neighborhoods and commercial business areas	1) Staff time 2) Staff time and supplies 3) Staff time 4) Staff time	1) RARA, LHR, Rockbridge Health Foundation 2) LHR 3) LHR, RARA, United Way 4) Lexington City, Boxerwood Nature Center, Rockbridge Area Conservation Council, Virginia Military Institute, Washington and Lee University

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), and contribute to economic recovery 2) Provide monoclonal antibody infusion clinics five days a week	1) Improve patient health outcomes 2) Prevent severe disease and hospitalization for COVID-positive outpatients	1) Staff time and supplies 2) Staff time and supplies	1) Local health care providers (both Carilion and non-Carilion providers) 2) Local health care providers (both Carilion and non-Carilion providers)

Other Initiatives Supporting a Culture of Community Health

Actions	Anticipated Impact	Resources Committed	Collaboration
1) Develop Community Health Investment Plan 2) Develop infrastructure to support growing community health investment 3) Engage Carilion employees in supporting community partnerships 4) Leverage internal data to identify health disparities within employee and patient populations	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 (PCD) and Finance divisions 2) PCD 3) PCD and Human Resources 4) PCD, Health Analytics, Human Resources

Priority Areas Not Being Addressed

It is CRBH'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[5].

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

LHR has also developed outcomes to be measured which are documented in its strategic plan.

Please visit https://carilionclinic.org/community-health-assessments to review the 2021 RACHA. 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 Rockbridge Community Hospital on January 20, 2022.

[5] 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.

CRBH is a nonprofit, 25-bed critical access hospital dedicated to quality care and patient comfort. Offering both inpatient and outpatient services, CRBH also impacts the health of the community through its swing bed program—extended recovery for patients with skilled care needs before transitioning home.

The hospital was founded in 1907 by the United Daughters of the Confederacy and was originally located in the former home of confederate general Thomas "Stonewall" Jackson. Commitment and support through the last century allowed the hospital to grow, expand and in 1954 move across town to its present site. A new structure and enhanced patient care tower were completed on the same site in 2002.

Carilion Health System (now Carilion Clinic) purchased 80% of Stonewall Jackson Hospital (SJH) in 2006, while the other 20% continued to be owned by the community in the trust of the SJH Community Health Foundation. With the purchase of the remaining 20% in the year 2020, Carilion Clinic changed the hospital's name to align with the names of Carilion's other critical access and community hospitals. At the same time, the SJH Community Health Foundation chose to change their name to the Rockbridge Community Health Foundation to continue to align with the hospital.

Appendices

Appendix 1: Community Health Assessment Team

This list includes members that attended 2 or more of the CHAT meetings.

First Name	Last Name	Organization	Expertise
Marylin	Alexander	City of Lexington	Government Official
Lori	Ashbridge	Rockbridge Area Health Center (RAHC)	Healthcare, Health Education
Aaron	Boush	Carilion Clinic	Hospitals, Healthy Food
Malcolm	Brownlee	Rockbridge Baths	Faith Community
Joseph	Cailles	Faith Community	Faith Community
Craig	Charley	Project Horizon	Domestic Violence
Anna	Crockett	SJH Community Health Foundation	Community Grants, Faith Community
Jenny	Davidson	Washington and Lee University (W&L)	Higher Education Community Based Learning
Alessandra	Del Conte Dickovick	Washington and Lee University (W&L)	Higher Education Community Based Learning
Tammy	Dunn	Lexington Office on Youth	Youth Development
Fran	Elrod	W&L - Shepard Poverty Program	Higher Education Community Based Learning
Brandy	Flint	Rockbridge County	Government Planning
Jen	Handy	Rockbridge Area Relief Association (RARA)	Food Insecurity
Bob	Huch	Southern Virginia University	Higher Education
Lewis	Johnston	RAHC	Healthcare
Jan	Kaufman	W&L - Health Promotion	Higher Education
Laura	Kornegay	Virginia Department of Health (VDH)	Public Health
Tracy	Lyons	Chamber of Commerce	Business, Economic Development
Greg	Madsen	Carilion Rockbridge Community Hospital (CRBH)	Hospital Administration
Hattie	Myers	Rockbridge Area Transportation System (RATS)	Transportation
Holly	Ostby	Carilion Rockbridge Community Hospital (CRBH)	Healthcare, Community Health
Lindsey	Perez	RARA	Food Insecurity
Shana	Pooley	Natural Bridge State Park	Outdoor Recreation
Molly	Roberts	Carilion Clinic	Public Health
BreAnne	Rogers	Rockbridge Area Community Services (RACS)	Prevention Services, Childhood Obesity
Kim	Shaw	Rockbridge Area Community Services (RACS)	Mental Health, Substance Abuse Services
Justin	Skinner	Anthem Medicaid	Medicaid Services
Katherine	Smith	VDH	Public Health
Tasha	Walsh	RAHC	Hospice
Rebecca	Wilder	Virginia Cooperative Extension	Nutrition

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	