



COMMUNITY HEALTH NEEDS ASSESSMENT

2016 IMPLEMENTATION STRATEGY

2016 Bath Community Hospital Implementation Strategy

Introduction:

During fiscal year 2015-2016 a community health needs assessment was conducted by Bath Community Hospital for the approximately 6,500 people residing in the hospital's primary service area. Bath Community Hospital serves all of Bath County as well as secondary service areas which include the counties of Highland and Alleghany. The communities located in this geographic area include but are not limited to Monterey, McDowell, Bluegrass, Williamsville, Millboro, Clifton Forge and Covington, VA.

Community health needs assessments are a tool used to help communities assess their strengths as well as their weaknesses. The process allows the community to better understand its capacity and the overall use of resources by its residents. It is also the foundation for improving and promoting the health of the community. Community health needs assessments are a key step in the continuous community health improvement process. The role of the process is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors and health needs.

The Community Health Needs Assessment is also a part of the required hospital documentation of "Community Benefit" under the Affordable Care Act. Non-profit hospitals are now required to conduct community health needs assessments to help them determine community benefit programs for the future. Further explanation and specific regulations are available from Health and Human Services, the Internal Revenue Service and the U.S. Department of the Treasury. In order to comply with the established regulations Bath Community Hospital completed the following:

- Community Health Needs Assessment report, compliant with IRS
- Gathered information needed to complete the IRS – 990h schedule; and
- Developed an implementation strategy to address the community health needs identified during the assessment process.

Bath Community Hospital will conduct a community health needs assessment every three years to evaluate the health of the community, identify high priority needs and develop strategies to address the needs of the community. Bath Community Hospital conducted this assessment with feedback from several key organizations in the community. This collaboration allows for additional resources and facilitates greater cooperation and efforts in identifying community health needs. Each of the partners shares a commitment and plays a significant role in the community's health and overall well-being.

The 2016 Bath Community Hospital health needs assessment represents a combination of quantitative and qualitative information based on census data, technical data and focus group feedback from community organizations, leaders and students.

Who was involved with the Assessment

The assessment was conducted by Bath Community Hospital. Since the greatest portion of the organization's patient and customers reside in Bath County, focus groups, paper surveys as well as an online survey were utilized to gather input from the community regarding community health needs and concerns.

Special attention was taken throughout the primary data collection process to ensure the hospital's assessment took into account input from persons who represented the broad interests of the community, including those with special knowledge and expertise in public health. The focus group members included representatives from the medical community, civic organizations, business owners, farmers, public health officials, EMTs, fire fighters, city and county officials, school personnel, mental health providers, Bath County Sheriff's office personnel, substance abuse and mental health counselors, Ministerial Association members, Board of Trustee members, high school athletes, patients and people representing the uninsured and underinsured population.

How was the Assessment Conducted

Bath Community Hospital gathered both primary and secondary data for the community health needs assessment. Data from the focus groups and surveys were reviewed, analyzed and compared to secondary data from local, state and national sources. The following is a list of the many resources the community health needs assessment includes: tabulated information from the surveys, focus group findings, ISU mid-life extension survey results, 2012 Bath CHNA results, CDC, Bath Community Hospital discharge data, ER top diagnosis, US Census Bureau, Census of Population & Housing, and County Health Rankings and Roadmaps.

Prioritization Process

Common themes of the data analysis were identified, and the top four themes were placed into a prioritization category by the steering committee. Prioritization criteria included size, seriousness, economic feasibility, potential for impact, availability of community assets, probability of success and value of the presented themes.

Priorities

Mental Health & Substance Abuse

Exercise, Prevention & Education

Chronic Disease Management in an Aging Population

Summary of Implementation Strategy

Prioritized Need #1: Mental Health & Substance Abuse

STRATEGY 1 – Explore the implementation of an Integrated Behavioral Health program in the RHC.

Background Information:

This model will establish a mental health provider in the primary care setting so that access is easily available during a primary care visit. This will create a continuum of care for the patient in a familiar setting.

Mental Health is becoming an increasing problem for Bath County with an increase in ER visits due to mental health related events.

Bath County isn't alone with this increase as nationwide mental health cases have increased. Healthy People 2020 have over 12 specific strategies to address mental health.

Collaboration:

Bath Community Hospital, Bath Community Behavioral Health Coalition, Virginia Department of Health (local office), Sheriff's Department, Rockbridge Area Community Services

Actions:

1. Develop a community coalition to address the gaps in mental health services for Bath County
2. Create a roadmap to address needs with community partnerships
3. BCH will hire a LCSW who will be located in the RHC to see patients on campus.

Anticipated Impact:

By June 2017, to see a decrease in Emergency Room as well as primary care visits for mental health services. There will be a soft handoff to an LCSW for proper diagnosis and treatment.

Prioritized Need #1: Mental Health & Substance Abuse

STRATEGY 2 – Offer Mental Health First Aid Class in the community.
Background Information: This effects all populations in our community. This strategy will teach area residents and caregivers how to identify risk of harm or suicide, depression and mood disorders as well as substance abuse and encourage treatment of a mental health professional.
Collaboration: Bath Community Hospital, Bath Community Behavioral Health Coalition, Virginia Department of Health (local office), Sheriff’s Department, Rockbridge Area Community Services
Actions: <ol style="list-style-type: none">1. Meet with community groups who are willing to sponsor programs open to the community: employers, civic and church groups.2. Set dates, times and location and develop marketing material to increase participation.3. Develop an evaluation tool for attendees
Anticipated Impact: By January 2018, increase awareness and remove the stigma of mental health in our community. By January 2018, increase awareness of mental health situations and how to prevent them as more community members are educated on the warnings and trigger signs with participation in this program.

Prioritized Need #1: Mental Health & Substance Abuse

STRATEGY 3 – Explore the use of Tele-Psychiatry Services
Background Information: Bath Community Hospital has the capacity to offer Tele-Psychiatry Services with existing equipment from the Telemedicine program.
Collaboration: Bath Community Hospital, Bath Community Behavioral Health Coalition
Actions: <ol style="list-style-type: none">1. Collect data to research, determine and evaluate the needs for this service once behavioral health program is established.2. Find a provider willing to serve a rural location such as Bath.3. Determine equipment needs and location of services
Anticipated Impact: By May 2017, increase the services offered to the community for access to mental health professions.

Prioritized Need #1: Mental Health & Substance Abuse

STRATEGY4 – Explore implementation of a SADD (Students Against Destructive Decisions) club

Background Information:

During our CHNA focus groups, we received alarming feedback from our youth population that alcohol and drugs were their greatest concern for the health of our community.

Collaboration:

Bath Community Hospital, Bath Community Behavioral Health Coalition, Bath County Public Schools, Bath County Sheriff's Department

Actions:

1. Work with high school personnel to develop an interest in creating a SADD club.
2. Register the club with the National Organization and receive start-up materials for implementation.
3. Recruit new members and nominate student-led officers.

Anticipated Impact:

By January 2018, increase awareness and provide tools to teens for dealing with potential destructive decisions including drugs, alcohol and tobacco.

Prioritized Need #2: Exercise, Prevention & Education

STRATEGY 1- Develop a robust Community Health Outreach program
<p>Background Information: Bath Community Hospital has engaged the community in various ways in their community outreach efforts. BCH will develop a more structured and robust program to promote health and wellness to our service area.</p>
<p>Collaboration: Bath Community Hospital, Bath Community Rehab & Wellness, providers, large employers, Bath County Parks & Recreation</p>
<p>Actions:</p> <ol style="list-style-type: none">1. The Bath Community Rehab & Wellness Center will continue to offer programs for all ages.2. Lunch and learn series will be offered in the cafeteria with our local providers presenting on various topics including chronic disease management.3. The Bath Community Hospital will offer education programs for the community on healthy eating and good nutrition and education on staying fit.4. Health library will be developed and published on the hospital website.5. Contact groups in the community to schedule dates & locations of education events that are FREE and open to the community.
<p>Anticipated Impact: By June of 2018, an increase in participation in hospital sponsored wellness activities.</p>

Prioritized Need #3: Chronic Disease Management in an Aging Population

STRATEGY 1- Explore opportunity of Patient Navigator position
Background Information: As the health care system continues to become more complex, the challenge for our older population to coordinate necessary care continues to increase. Providing a patient navigator in our facility would ensure the continuum of care for an aging population.
Collaboration: Bath Community Hospital & Bath Community Physicians Group
Actions: <ol style="list-style-type: none">1. Gain provider & staff support for this position.2. Develop a job description including qualifications and experience3. Train and integrate navigator into the RHC is a critical component of patient care.
Anticipated Impact: By June2018, decrease the barriers to timely diagnosis and treatment for patients.

Prioritized Need #3: Chronic Disease Management in an Aging Population

STRATEGY 2 – Partner with Primary Care Providers

Background Information:

Recent state and national data identified eight clinical preventive services: two vaccinations that protect against influenza and pneumococcal disease; as well as five screenings for early detection of breast cancer, colorectal cancer, diabetes, lipid disorders, and osteoporosis. BCH plans to incorporate these services into the clinic and community health outreach services.

Collaboration:

Bath Community Hospital, Bath Community Physicians Group, Bath County Health Department, large Employers

Actions:

1. Establish tool to track & schedule the following in our RHC's

	SERVICES	RECOMMENDATIONS	INDICATORS*
VACCINATIONS	Influenza vaccination	The ACIP recommends annual influenza vaccination for all persons aged six months and older. ¹	Percent of adults aged 65 and older who reported not having an influenza vaccination within the past year
	Pneumococcal vaccination	The ACIP recommends pneumococcal vaccination of all persons aged 65 and older, including previously unvaccinated persons and persons who have not received vaccine within five years (and were less than 65 years of age at the time of vaccination). ¹	Percent of adults aged 65 and older who reported not ever having a pneumococcal vaccination
SCREENINGS	Breast cancer screening	The USPSTF recommends biennial screening mammography for women aged 50 to 74 years. ²	Percent of women aged 65 to 74 who reported not having a mammogram within the past two years
	Colorectal cancer screening	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy for adults beginning at age 50 and continuing until age 75. The risks and benefits of these screening methods vary. ³	Percent of adults aged 65 to 75 who reported not having: a home blood stool test (using FOBT) within the past year; sigmoidoscopy within the past five years and FOBT within three years; or a colonoscopy within the past 10 years
	Diabetes screening	The USPSTF recommends screening for type 2 diabetes of asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. ⁴	Percent of adults aged 65 and older without diagnosed diabetes who reported not having a test for high blood sugar or diabetes within the past three years
	Lipid disorder screening	Men: The USPSTF recommends lipid disorder screening for men aged 35 and older. Women: The USPSTF recommends lipid disorder screening for women aged 45 and older if they are at increased risk for coronary heart disease. ⁵	Percent of adults aged 65 and older who reported not having a blood cholesterol test within the past five years
	Osteoporosis screening	The USPSTF recommends routine osteoporosis screening for women aged 65 and older, and routine screening beginning at age 60 for women at increased risk for osteoporotic fractures. ⁶	Percent of women Medicare beneficiaries aged 65 and older who reported not ever being screened for osteoporosis with a bone mass or bone density measurement

2. Monitor results and ensure appropriate follow-up

Anticipated Impact:

By June 2018, an increase in early detection and prevention of chronic diseases.

Needs not being addressed and why

While all identified needs are important, Bath Community Hospital will not address the need for public transportation in Bath County. Also, Dialysis will not be pursued as it is not considered an underserved need as access to dialysis centers is available in the neighboring communities including Low Moor and Lexington, VA.

Board Approval

This Community Health Needs Assessment Implementation Strategy Report was approved at the August 2016 meeting of the Bath Community Hospital Board of Directors.