

**Community Health Needs Assessment- Implementation Strategy: AnMed Health Medical Center - 2016**

Priority Categories	CHNA Priority	Assets		Implementation Strategies	AH Facility	Internal Metrics to Track				Long-term Community Indicators
		Community Assets/Efforts	AnMed Health Programs, Services & Community Benefit Activities			Process & Internal Metrics	2016	2017	2018	
Category One: May require new activities, strategies, distinct focus, and possibly additional resources to address health issues	1. Adult and Childhood Obesity and Diabetes	<ul style="list-style-type: none"> <li>Eat Smart Move More Anderson County</li> <li>Complete the Streets</li> <li>County/City Rec Depts</li> <li>YMCA</li> <li>Imagine Anderson</li> <li>Farmers Markets</li> <li>Schools/After School Programs</li> <li>YMCA Prediabetes Program</li> <li>Doc Link Nutrition Detectives Program (4<sup>th</sup> grade)</li> <li>AnMed Health "Battle of the Bulge" challenge</li> </ul>	<ul style="list-style-type: none"> <li>Bariatric Surgeon Practice</li> <li>Bariatric Support Group</li> <li>Community Education</li> <li>Breastfeeding Classes</li> <li>In-Kind Support of YMCA</li> <li>Nutritional Counseling</li> <li>Medical Outreach Van Screenings</li> <li>Health Fair Screenings &amp; Educational Programs</li> <li>Group medical visits for diabetic patients at Westside Family Medicine</li> </ul>	<ul style="list-style-type: none"> <li>Align and focus community outreach and education efforts on obesity prevention, such as medical outreach van screenings; health fairs; and, diabetes, heart &amp; vascular screening and programs.</li> <li>Create a culture in AnMed in which providers focus on obesity prevention and are comfortable addressing obesity with patients.                             <ul style="list-style-type: none"> <li>Provide education programs targeted to primary care providers related to the detection, prevention and treatment of chronic obesity,</li> <li>Develop tools that make addressing health issues more convenient,</li> <li>Create messaging to health providers around obesity/diabetes and their role</li> </ul> </li> <li>Promote use of Physician toolkit for Childhood obesity.</li> <li>Participate in and support a community-led effort such as Eat Smart Move More.</li> <li>Assess partnership opportunities to pilot and expand the pre-diabetic program at the YMCA</li> <li>Evaluate success of group medical visit model for targeted group of diabetic patients.</li> <li>Explore partnership with YMCA for obesity prevention program</li> </ul>	AnMed Health Medical Center	<ul style="list-style-type: none"> <li># education sessions in the community; # people attended; # educational seminars provide to health providers; # PCPs attending</li> <li># AH programs implementing obesity education and control messaging</li> <li>Participation in Eat Smart Move More</li> <li>Track BMI of targeted adolescent population</li> <li>Track usage of Physician toolkit for childhood obesity.</li> <li>Tracking measures in pre-diabetic program</li> <li>Track A1c levels in group visit participants</li> </ul>				<ul style="list-style-type: none"> <li>% population overweight or obese</li> <li>County Health Factors Rankings</li> <li>County Health Outcomes Rankings</li> <li>Diabetes prevalence and mortality</li> <li>Heart disease and stroke death rates</li> <li>% with hypertension</li> </ul>
	2. Access to Primary Care	<ul style="list-style-type: none"> <li>Anderson Free Clinic</li> <li>DHEC – Health Dept.</li> <li>Non-AH physician offices and urgent care</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care Practices</li> <li>Family Medicine Residency</li> <li>Urgent Care/Minor Care/ED</li> <li>Westside &amp; Children's Health</li> <li>Support for Free Clinic</li> <li>HHA Collaboration with Health Dept.</li> </ul>	<ul style="list-style-type: none"> <li>Continuation and expansion of Healthy Outcome Plan</li> <li>Increase the number of Primary Care Medical Home accredited practices in the service area</li> <li>Explore establishment of FQHC</li> <li>Research evidence-based programs, tools, and interventions that could be considered for future implementation in Anderson County.</li> <li>Identify &amp; work with community partner(s) to evaluate opportunity to apply for an Access Health SCgrant.</li> </ul>	AnMed Health Medical Center	<ul style="list-style-type: none"> <li>% decrease in ED visits</li> <li>HOP data</li> <li># primary care visits</li> <li># primary care patients served annually</li> <li># meetings held with public health leaders</li> </ul>				<ul style="list-style-type: none"> <li>Health provider shortage area designation</li> <li>Community feedback</li> <li>County Health Outcomes Rankings</li> <li>Reported physically unhealthy days</li> </ul>

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Category One: May require new activities, strategies, distinct focus, and possibly additional resources to address health issues	3. Access to Mental and Behavioral Health Services	<ul style="list-style-type: none"> <li>Mental Health Services (IP/OP – gov't sponsored)</li> <li>Patrick B Harris Psychiatric Hospital</li> <li>Mental Health America</li> </ul>	<ul style="list-style-type: none"> <li>IP/OP/ED Behavioral Health services</li> <li>BH Access Center</li> <li>ED “hold” for commitment patients</li> <li>Psychiatry practices</li> <li>Family Medicine Residency</li> </ul>	<ul style="list-style-type: none"> <li>Research evidence-based models that will improve community access to mental/behavioral health services. <ul style="list-style-type: none"> <li>Establish an implementation strategy for addressing this health need priority.</li> </ul> </li> <li>Work with HOP community committee to develop strategies.</li> </ul>	AH Medical Center	List of potential models to address this priority  Implementation strategy					Mental Health provider shortage area designation  Community feedback

**Community Health Needs Assessment- Implementation Strategy: AnMed Health Women’s and Children’s Hospital - 2016**

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Category Two: Maintain current efforts to address health issues	4. Cancer	<ul style="list-style-type: none"> <li>Smoke Free Anderson</li> <li>Cancer Assoc. of Anderson</li> </ul>	<ul style="list-style-type: none"> <li>IP, OP, Homecare services</li> <li>Cancer Center(Rad Onc; Infusion)</li> <li>Nurse Navigator program</li> <li>Survivorship / Survivors’ Day</li> <li>Genetics Counseling</li> <li>Support groups/Ed. Classes</li> <li>Resource Library</li> <li>Oncology Research</li> <li>Doc Link (Tar Wars)</li> </ul>	<ul style="list-style-type: none"> <li>Support the existing Doc Link Tar Wars smoking prevention/ cessation education in Anderson County public schools.</li> <li>Provide community education about the appropriate utilization of cancer-specific screenings (ex. colonoscopies, mammograms, and prostate screenings).</li> <li>FIT Screening education at Care Connect Anderson</li> </ul>	AH Women’s and Children’s Hospital	# educational sessions offered in the community # screenings # schools implementing Tar Wars  # of students reached with educational material.					Cancer incidence and death rates % adolescents smoking % youth using smokeless tobacco

	5. Asthma (children)	<ul style="list-style-type: none"> <li>Family Connections Breathe Easy</li> </ul>	<ul style="list-style-type: none"> <li>IP, OP, ED services</li> <li>Kids Care &amp; Children's Health</li> <li>Standardized PCP protocols</li> <li>Asthma Academy/ Camp Asthmania</li> <li>Asthma Teaching Clinic</li> <li>Home care nebulizer program</li> <li>Support of the Breathe Easy program</li> </ul>	<ul style="list-style-type: none"> <li>Support and seek additional partners to help support the AH Camp Asthmania and Asthma Academy programs, targeting youth and families impacted by chronic asthma.</li> <li>Utilize the AnMed Health medical outreach van to provide educational materials related to the early detection and management of asthma in children.</li> </ul>	AH Women's and Children's Hospital	# educational sessions & materials offered in the community  Develop formal outcomes tracking for asthma programs				# asthma-related hospitalizations  # of ER visits related to asthma; % of all ER visit due to asthma
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