

Community Health Needs Assessment- Implementation Strategy: AnMed Health Medical Center - 2019

CHNA Priority	Assets		Implementation Strategies	AH Facility	Internal Metrics to Track			Long-term Community Indicators	
	Community Assets/Partners	AnMed Health Programs, Services & Community Benefit Activities			Process & Internal Metrics	2019 Baseline	2020		2021
1. Behavioral and Mental Health	<ul style="list-style-type: none"> Mental Health Services (IP/OP – gov’t sponsored) Patrick B Harris Psychiatric Hospital MHA Anderson Crisis Stabilization FAVOR Mental Health First Aid – United Way of Anderson AOP Mental Health Center Mental Health Court Safety Net Council – United Way of Anderson 	<ul style="list-style-type: none"> IP/OP/ED Behavioral Health services BH Access Center ED “hold” for commitment patients Psychiatry practices Family Medicine Residency 	<ul style="list-style-type: none"> Continue to research evidence-based models that will improve community access to mental/behavioral health services. <ul style="list-style-type: none"> Establish an implementation strategy for addressing this health need priority. Work with the Safety Net Council to develop strategies. Work with Safety Net Council to discuss, address and connect specific cases needing multiple community resources. Explore opportunities to expand the capabilities and access to FAVOR services in Anderson. Explore mental health housing options with community partners. Increase # of AnMed providers and front-line staff that complete the Mental Health First Aid training. 	AH Medical Center	List of potential models to address this priority Implementation strategies developed with community partners # ED visits for mental or behavioral health #/% HOP patients successful link to community resources needed #/% Access Health patients successful link to community resources needed # AnMed staff completing MHFA	2370			Mental health provider shortage areas Community feedback Service available in the community Suicide rates Reported # unhealthy mental health days
2. Substance Abuse	<ul style="list-style-type: none"> Community Indicators Partnership/Imagine Anderson FAVOR Shalom House Clean Start Anderson-Oconee Behavioral Health Haven of Rest Law enforcement Coroner 	<ul style="list-style-type: none"> DocLink Family Medicine Residency IP/OP/ED Behavioral Health services 	<ul style="list-style-type: none"> Provide leadership and support to the Community Indicators partnership in developing collaborative strategies to address substance abuse, in particular, the opioid crisis. Provide substance abuse and drug addiction course in middle and high schools through Doc link. Explore medication assisted treatment options. Improve data collection specific to opioid use. Track ED and inpatient overdose numbers. Community (Anderson Count) tracking of over overdose deaths. Explore and implement opportunities for provider and residency education around opioid use, medication and prescribing practices. 	AH Medical Center	Community strategies developed # ED visits for substance abuse # ED and inpatient overdose patients # students receiving Doclink classes # providers participating in education sessions	773	494	995	Substance abuse data ED visits for substance abuse Overdose death rates

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3. Diabetes	<ul style="list-style-type: none"> Anderson Free Clinic YMCA 	<ul style="list-style-type: none"> Community Education Nutritional Counseling Medical Outreach Van Screenings Health Fair Screenings & Educational Programs Group medical visits for diabetic patients Westside Family Medicine Faith Community Nurse program 	<ul style="list-style-type: none"> Provide community outreach and education efforts on diabetes prevention, screenings and management. Provide community classes on diabetes management. Explore ways to assist providers to provide culturally appropriate education to diabetic patients. Increase access to diabetic management information for diabetic patients. Partner with Faith Community Nurse program to provide education and outreach. Evaluate success of group medical visit model for targeted group of diabetic patients. 	AH Medical Center	<ul style="list-style-type: none"> # education sessions in the community # people attending sessions # screenings # parish nurse diabetic programs # educational materials/support to providers change A1c levels in group visit participants 				<ul style="list-style-type: none"> % population with diabetes Diabetes death rates
4. Healthy Lifestyle Support and Promotion	<ul style="list-style-type: none"> Eat Smart Move More Farmers Markets County/City Rec Depts YMCA Imagine Anderson Schools/After School Programs Doc Link Nutrition Detectives Program (4th grade) Parks, trails 	<ul style="list-style-type: none"> DocLink Community Education Nutritional Counseling Medical Outreach Van Screenings Health Fair Screenings & Educational Programs Westside Family Medicine Campus Trails 	<ul style="list-style-type: none"> Align & focus community outreach and education efforts on obesity prevention, (ex. medical outreach van screenings; health fairs; BMI, heart & vascular screening and programs). Partner w/ Faith Community Nurse to provide education and outreach. Cont. to implement internal employee wellness initiatives. Continue to create a culture in AnMed in which providers focus on healthy lifestyles and obesity prevention and are comfortable addressing obesity with patients. <ul style="list-style-type: none"> Provide education programs targeted to primary care providers related to the detection, prevention and treatment of chronic obesity, Develop tools that make addressing health issues more convenient, Create messaging to health providers around obesity/diabetes and their role. Promote cont. use of physician toolkit for childhood obesity. Participate in/support community-led efforts - Eat Smart Move More. Cont. to support/promote community & campus trails. 	AH Medical Center & AH Women's and Children's Hospital	<ul style="list-style-type: none"> # community education sessions # people attending sessions # screenings # students receiving DocLink nutrition education # parish nurse nutrition/exercise programs # educational materials/support provided to providers #offices using pediatric obesity toolkit 	1,444		4	<ul style="list-style-type: none"> % population overweight or obese County Health Factors Rankings County Health Outcomes Rankings Diabetes prevalence and mortality Heart disease and stroke death rates % with hypertension Report # days exercise Reported # serving fruits and vegetables eating each day

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5. Access to Primary Care	<ul style="list-style-type: none"> Anderson Free Clinic DHEC – Health Dept. Non-AH physician offices and urgent care 	<ul style="list-style-type: none"> Primary Care Practices Family Medicine Residency Urgent Care/Minor Care/ED Westside Health Support for Free Clinic HHA Collaboration with Health Dept. HOPS Access Health 	<ul style="list-style-type: none"> Continuation and expansion of Healthy Outcome Plan. Implementation of Access Health. Increase the number of primary care patients. Increase number of primary care providers. Explore establishment of FQHC. 	AH Medical Center	<ul style="list-style-type: none"> % decrease in ED visits HOP data Access Health data # of UPCP # primary care visits # primary care patients served # primary care providers 	<ul style="list-style-type: none"> 51% 139 new 42 new 4860 added 336,970 127,380 148 			<ul style="list-style-type: none"> Health provider shortage area designation Community feedback County Health Outcomes Rankings Reported physically unhealthy days

Community Health Needs Assessment- Implementation Strategy: AnMed Health Women’s and Children’s Hospital – 2019

CHNA Priority	Assets		Implementation Strategies	AH W&C’s Facility	Internal Metrics to Track				Long-term Community Indicators
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5. Cancer	<ul style="list-style-type: none"> Smoke Free Anderson Cancer Assoc. of Anderson Community Centers Local workplaces 	<ul style="list-style-type: none"> IP, OP, Homecare services Cancer Center (Rad Onc; Infusion) Nurse Navigator program Survivorship / Survivors’ Day Genetics Counseling Support groups/Ed. Classes Resource Library Oncology Research Doc Link (Tar Wars) 	<ul style="list-style-type: none"> Support the existing Doc Link Tar Wars smoking prevention/cessation education in Anderson County public schools. Provide community education about the appropriate utilization of cancer-specific screenings (ex. colonoscopies, mammograms, and prostate screenings). Utilize mobile services to provide screenings and education at workplaces. Utilize mobile services to provide screenings and education at community events. 	AH Women’s and Children’s Hospital	<ul style="list-style-type: none"> # community educational initiatives offered # screenings # schools wiTar Wars # of students reached with educational material. # workplaces receiving mobile unit screenings/# employees screened 	<ul style="list-style-type: none"> 20 schools 1,553 174 2,200 			<ul style="list-style-type: none"> Cancer incidence rate Cancer mortality rate

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