



ANMED HEALTH
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**AnMed Health Medical Center &
AnMed Health Women's and Children's Hospital**

*Community Health Needs Assessment –
Implementation Strategy*

DATE 2012

Health Need Priorities and Implementation Strategies

Background

In the spring of 2012, AnMed Health began the development of a Community Health Needs Assessment (CHNA) for Anderson County, SC. The effort focused on assessing community health needs, identifying local health resources and assets, understanding barriers to care or gaps in services, and recognizing trends regarding health and healthy lifestyles. From the CHNA, a set of community health need priorities were determined.

Identified Community Health Need Priorities

A variety of data and information was collected and analyzed in order to identify health need priorities of the community. The prioritization process included review and analysis of:

- 1) secondary, quantitative statistical data,
- 2) primary, qualitative community feedback, and
- 3) current community health resources and AnMed Health-specific assets.

In addition to the review of the above, additional meetings with stakeholders were facilitated to identify priorities and potential actions. To select priorities and related strategies, the following criteria were considered:

- Data and community feedback indicates the issue as an important community need
- AnMed Health has the capacity to impact the issue
- Addressing a selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect
- Strategies selected align with and support AnMed Health's mission and strategic direction
- Strategies selected consider current assets in both the community and within AnMed Health

In considering the above criteria, the following priorities were selected:

1. Obesity

Over 65% of the population is either overweight or obese. That number has continued to grow over the past several decades. Childhood obesity is growing at an alarming rate. Addressing obesity has the potential to positively affect leading health issues in the community – heart disease (the county's 2nd leading cause of death), stroke, hypertension, and diabetes.

2. Access to Primary Health Care

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for medical care. Hospital data shows ER usage rates have increased by approximately 40% from 2004 – 2011. Focus groups reported access to primary care as a major concern. The most frequently reported issues with access to care were: finding a provider that takes Medicaid, getting an appointment in a timely manner, high out-of-pocket costs, and lack of a medical home.

3. Access to Behavioral and Mental Health Services

Anderson County is designated as a low-income Health Provider Shortage Area (HPSA) for mental health care. The community focus groups repeatedly reported that behavioral and mental health services are a growing need, but there is an inadequate supply of these services available. There was particular concern regarding lack of mental and behavioral health services for children.

4. Cancer

Cancer is the leading cause of death in both adults and children (age 0-14) in Anderson County. Anderson still has a higher cancer death rate and higher cancer incidence rate than SC or US. Lung and colorectal cancers are of particular concern. Recent data has, however, shown improvement in Anderson. The National Cancer Institute data set from 2004-2008 reported Anderson County at a priority level 1. A updated data set was issued July 2012, indicating that incidence rates and death rates from all cancers dropped slightly in Anderson County, prompting the National Cancer Institute to move Anderson County from Priority 1 to Priority 4 (priority level 1 indicates that the death rate was both above the state and national rate, and also that the rate is rising. Priority 4 indicates that death rates are stable and no longer rising, but still above state and national rates.)

5. Asthma in Children

The prevalence of asthma has increased nationally since the 1980s. Asthma is the second most common chronic condition seen in emergency departments in Anderson, and the 10th most common chronic condition seen during inpatient stays. Children are disproportionately affected by asthma. The prevalence of asthma is highest in those under 18, and it is the most common chronic disease and a leading cause of disability in children.

6. Accident Prevention for Children

Accidents are the second (after malignant neoplasms) leading cause of death in children under age 18. For the 0-17 population Anderson County has a higher death rate from injury than the state, 35.2 per 10,000 for Anderson compared to 21.7 per 10,000 for the state. For non-fatal injuries, Anderson County has a rate of 928.6 per 10,000 for ages 0-17, which is lower than the state rate of 978.4 per 10,000. Motor vehicle accidents are the leading cause of injury death for children 0-17.

More detail regarding the community health needs assessment for Anderson County and related data can be found in the "AnMed Health Community Health Needs Assessment" report, which is available to the public and is posted on AnMed Health's website: www.anmedhealth.org.

Implementation Strategies

After the identification of health need priorities, additional planning meetings were facilitated with AnMed Health leaders and the Community Health Improvement Committee (Board of Trustees committee) to develop strategic initiatives to address the health need priorities.

Implementation strategies were identified for AnMed Health's two licensed hospital facilities: AnMed Health Medical Center and AnMed Health Women's and Children's Hospital.

AnMed Health Medical Center's Implementation Strategies include:

- 1. Obesity** – To address obesity, AnMed Health Medical Center will focus on 1) education, 2) implementing obesity screening and care protocols into current community benefit-related programs (such as heart and vascular programs), and 3) participating with current community efforts that are taking a policy, systems and environmental approach to addressing obesity in all facets of the community. More specifically, initiatives include:
 - a) Provide community education programs on topics related to effective and safe treatment for obesity, weight loss, and weight management.
 - b) Provide education programs targeted to primary care providers related to the detection, prevention and treatment of chronic obesity, inclusive of the appropriate role of bariatric surgery.
 - c) Develop a model for an employer-based weight loss and weight-management program and pilot the model with AnMed Health employees.
 - d) Participate in and support a community-led effort such as Eat Smart Move More.
 - e) Implement obesity education and control components into current community benefit-related programs such as medical outreach van screenings, health fairs, and, other diabetes, heart, and vascular screening programs.

- 2. Access to Primary Care** – Community focus groups clearly voiced that “coverage doesn't equal access to care”. In response, AnMed Health Medical Center will look at ways to address identified barriers to primary care such as availability of medical appointments for those covered by Medicaid, improved coordination with public health providers and programs, and further development of plans and resources to help address access issues in the community. More specifically, initiatives include:
 - a) Increase the number of adult Medicaid patient visits by AnMed Health Physician Network Services primary care providers.
 - b) Establish and implement a plan for regular meetings of AnMed Health leaders with Anderson County public health leaders for the purpose of identifying: (a) available health and prevention resources in the county; and, (b) evidence-based programs, tools, and interventions that could be considered for future implementation in Anderson County.

- c) Identify & work with community partner(s) to evaluate opportunity to apply for an Access Health SC planning grant.

3. Access to Mental and Behavioral Health Services – An increasing need for mental and behavioral health services was identified as a health need priority in Anderson County. With the lack of existing resources and assets to provide these services within the county, much planning is needed to determine effective strategies and needed resources to address this priority. Collaboration with many community partners will be needed. AnMed Health’s strategic initiatives include:

- a) Identify potential community partners for collaboration. Research evidence-based models that will improve community access to mental/behavioral health services. Establish an implementation strategy for addressing this health need priority for 2014.
- b) Educate county and state policy-makers about this important need.

AnMed Health Women’s and Children’s Hospital’s Implementation Strategies include:

4. Cancer – Smoking prevention and cessation, as well as screening and early detection of cancer, are key in addressing cancer in Anderson County. Building on current assets, the following initiatives have been identified:

- a) Support the existing Doc Link Tar Wars smoking prevention/ cessation education in Anderson County public schools.
- b) Provide community education about the appropriate utilization of cancer-specific screenings (ex. colonoscopies, mammograms, and prostate screenings).

5. Asthma In Children – Multiple factors, many of which are environmental, may account for the incidence of asthma. In developing implementation strategies to address asthma, it was determined that efforts should focus on the detection, education, and assistance with asthma treatment compliance. Therefore, initiatives identified include:

- a) Support and seek additional partners to help support the AnMed Health Camp Asthmania and Asthma Academy programs, targeting youth and families impacted by chronic asthma.
- b) Utilize the AnMed Health medical outreach van to provide educational materials related to the early detection and management of asthma in children.

6. Accident Prevention for Children – Educating parents and providing essential safety equipment are effective ways to help address avoidable deaths in children. AnMed Health Women’s and Children’s Hospital currently hosts and/or supports community benefit-related programs to address accident prevention. Building upon these efforts, specific initiatives include:

- a) Support, and seek additional partners, to maintain the funding for the Safe Kids program.
- b) Evaluate programming to ensure that the focus is on the greatest opportunities for reducing preventable accidents. Complete further research regarding the leading causes of accident deaths and evidence-based prevention strategies.

Metrics

Metrics have been identified to track progress toward each of the implementation strategies. Metrics include those that measure processes, outputs, and outcomes. Targets for 2013 have been established and will be updated annually.

Targets and metrics are included in the chart on the following page.

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

CHNA Priority	Assets		Implementation Strategies	AH Facility	Metrics to Track	
	Community Assets/Efforts	AnMed Health Programs, Services & Community Benefit Activities			Process & Internal Metrics	Long-term Community Indicators
1. Obesity	<ul style="list-style-type: none"> • Eat Smart Move More Anderson County • Complete the Streets • County/City Rec Depts • YMCA • Imagine Anderson • Farmers Markets • Schools/After School Programs 	<ul style="list-style-type: none"> • Bariatric Center of Excellence • Bariatric Surgeon Practice • Bariatric Support Group • Employee “Biggest Loser” • Community Nutrition Education • Healthy Heart Community Education • Heart Score/Stroke Score • Breastfeeding Classes • In-Kind Support of YMCA • Nutritional Counseling • Medical Outreach Van Screenings • Health Fair Screenings & Educational Programs 	<ul style="list-style-type: none"> • Provide community education programs on topics related to effective and safe treatment for obesity, weight loss, and weight management. (2013 Targets: 12 programs; reach 500 people) • Provide education programs targeted to primary care providers related to the detection, prevention and treatment of chronic obesity, inclusive of the appropriate role of bariatric surgery. (2013 Targets: 6 programs; reach 50 primary care providers) • Develop a model for an employer-based weight loss and weight-management program and pilot the model with AnMed Health employees. (2013 Target: 250 AnMed Health employees participate) • Participate in and support a community-led effort such as Eat Smart Move More. (2013 Target: Formally document AnMed Health’s participation in community-led programs as a baseline for tracking progress in future years) • Implement obesity education and control components into current community benefit-related programs such as medical outreach van screenings; health fairs; and, diabetes, heart & vascular screening and programs.(2013 Target: Formally document AnMed Health’s efforts in obesity education through community benefit programs) 	AnMed Health Medical Center	<ul style="list-style-type: none"> • # education sessions in the community; # people attended; # educational seminars provide to health providers; # PCPs attending • # AH programs implementing obesity education and control messaging • # employees participating in AH Employee Wellness weight loss and weight-management programs • Participation in Eat Smart Move More 	<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
2. 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 & Children’s Health • Support for Free Clinic • HHA Collaboration with Health Dept. 	<ul style="list-style-type: none"> • Increase the number of adult Medicaid patient visits by AnMed Health Physician Network Services primary care providers. (2013 Target: 5% increase in adult Medicaid visits over the number of visits in 2012) • Establish and implement a plan for regular meetings of AnMed Health leaders with Anderson County public health leaders for the purpose of identifying: (a) available health and prevention resources in the county; and, (b) evidence-based programs, tools, and interventions that could be considered for future implementation in Anderson County. (2013 Target: hold quarterly meetings and document results of meetings) • Identify & work with community partner(s) to evaluate opportunity to apply for an Access Health SC planning grant. (2013 Target: Document evaluation process and determine opportunity by 12.13) 	AnMed Health Medical Center	<ul style="list-style-type: none"> • % decrease in ED visits • # primary care visits • # primary care patients served annually • # and % increase of Medicaid patients served • # meetings held with public health leaders 	<ul style="list-style-type: none"> • Health provider shortage area designation • Community feedback • County Health Outcomes Rankings • Reported physically unhealthy days

Implementation Strategy: AnMed Health Medical Center (cont.)

CHNA Priority	Assets		Implementation Strategies	AH Facility	Metrics to Track	
	Community Assets/Efforts	AnMed Health Programs, Services & Community Benefit Activities			Process Metric Internal Metrics	Community Indicators
3. Access to Mental and Behavioral Health Services	<ul style="list-style-type: none"> Mental Health Services (IP/OP –gov’t sponsored) 	<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"> Identify potential community partners for collaboration. Research evidence-based models that will improve community access to mental/behavioral health services. Establish an implementation strategy for addressing this health need priority in 2014. (2013 Target: Identify community partners; research potential models; develop 2014 strategic initiative) Educate county and state policy-makers about this important need. (2013 Target: Document education efforts targeted to policy-makers and officials) 	AH Medical Center	<ul style="list-style-type: none"> # community partners involved # behavioral health providers Documented education efforts targeted at policy-makers 	<ul style="list-style-type: none"> Mental Health provider shortage area designation Community feedback

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

CHNA Priority	Assets		Implementation Strategies	AH Facility	Metrics to Track	
	Community Assets/Efforts	AnMed Health Programs, Services & Community Benefit Activities			Process Metric Internal Metrics	Community Indicators
4. Cancer	<ul style="list-style-type: none"> Smoke Free Anderson Doc Link (Tar Wars) Cancer Assoc. of Anderson 	<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 	<ul style="list-style-type: none"> Support the existing Doc Link Tar Wars smoking prevention/cessation education in Anderson County public schools. (2013 Target: Document support such as: service on Doc Link board; providing volunteer speakers; providing resources such as space, supplies, speakers, etc.) Provide community education about the appropriate utilization of cancer-specific screenings (ex. colonoscopies, mammograms, and prostate screenings). (2013 Target: Formally document AnMed Health’s efforts in cancer screening education as a baseline for tracking future progress.) 	AH Women’s and Children’s Hospital	<ul style="list-style-type: none"> # educational sessions offered in the community # screenings # schools implementing Tar Wars Documented support of Doc Link 	<ul style="list-style-type: none"> Cancer incidence and death rates % adolescents smoking % youth using smokeless tobacco
5. Asthma (children)	<ul style="list-style-type: none"> Family Connections Breathe Easy 	<ul style="list-style-type: none"> IP, OP, ED services Kids Care & Children’s Health Standardized PCP protocols Asthma Academy/ Camp Asthmania Asthma Teaching Clinic Home care nebulizer program Support of the Breathe Easy program 	<ul style="list-style-type: none"> Support and seek additional partners to help support the AH Camp Asthmania and Asthma Academy programs, targeting youth and families impacted by chronic asthma. (2013 Target: Formally document the impact and outcomes achieved by these programs as a baseline for tracking progress in future years) Utilize the AnMed Health medical outreach van to provide educational materials related to the early detection and management of asthma in children. (2013 Target: Formally document the process of providing these educational materials.) 	AH Women’s and Children’s Hospital	<ul style="list-style-type: none"> # educational sessions & materials offered in the community Develop formal outcomes tracking for asthma programs 	<ul style="list-style-type: none"> # asthma-related hospitalizations # of ER visits related to asthma; % of all ER visit due to asthma
6. Accident Prevention (children)	<ul style="list-style-type: none"> Doc Link DHEC 	<ul style="list-style-type: none"> Safe Kids Education of parents by Pediatric Therapy Works Teddy Bear Clinic 	<ul style="list-style-type: none"> Support, and seek additional partners, to maintain funding for the Safe Kids program. Evaluate programming to ensure that the focus is on the greatest opportunities for reducing preventable accidents. Complete further research regarding the leading causes of accident deaths and evidence-based prevention strategies. (2013 Target: Formally document the programs, how they address the greatest opportunities, and track key process metrics as a baseline for tracking progress in future years) 	AH Women’s and Children’s Hospital	<ul style="list-style-type: none"> # educational sessions & materials offered in the community Evaluation of programming Process metrics identified and tracked 	<ul style="list-style-type: none"> Death rates from accidents age 0-17