

2023-2025

Implementation Strategy



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Introduction

Located in Virginia's Shenandoah Valley, Augusta Health is a 255-bed nonprofit, full service, acute care hospital. The mission of Augusta Health is to promote the health and well-being of the community through access to excellent care.

The Patient Protection and Affordable Care Act, through IRS section 501(r)(3) regulations, directs nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and develop a three-year Implementation Strategy that responds to identified community needs.

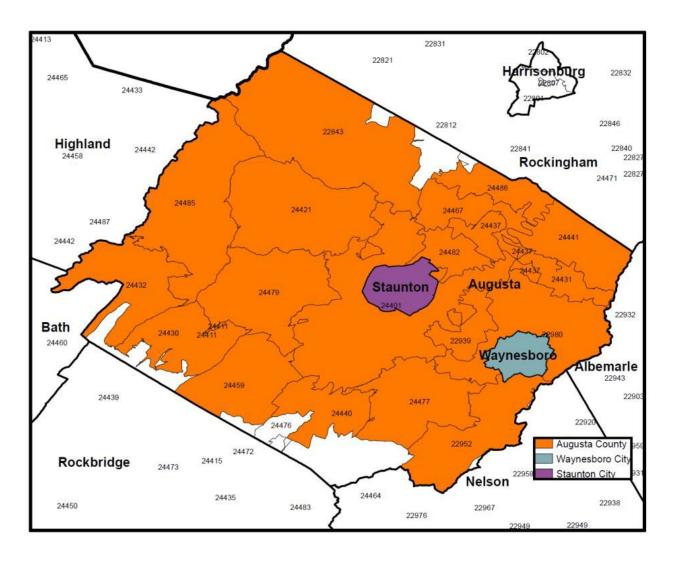
Augusta Health conducted a CHNA that was adopted by the Board of Directors on October 10, 2022. The CHNA complied with federal regulations guiding tax-exempt hospitals, assessing the significant health needs for the hospital's service area. The CHNA and Implementation Strategy help guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health. This Implementation Strategy details how Augusta Health plans to address the significant health needs identified in the 2022 CHNA.

Report Adoption, Availability and Comments

This Implementation Strategy was adopted by Augusta Health's Board of Directors in April 2023. The report is widely available to the public on the web site, <u>https://www.augustahealth.com/service/community-outreach/community-healthneeds-assessment/</u>. Comments and questions can be submitted to the Community Outreach Department at (540) 332-4190.

Definition of the Community Service Area

Augusta Health is located at 78 Medical Center Drive, Fisherville, VA 22939. The service area includes Staunton City, Waynesboro City, and the surrounding Augusta County.



Significant Community Health Needs

The CHNA is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Augusta Health. A CHNA provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

The assessment incorporated data from multiple sources, including a Community Health Survey and Online Key Informant Survey, as well as secondary research (vital statistics and other existing health-related data).

Based on the information gathered through the CHNA, the significant health needs of the community were identified. The significant health needs were determined through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. The following significant health needs were identified:

- Access to health care services
- Cancer
- Diabetes
- Heart disease and stroke
- Housing
- Infant health and family planning
- Injury and violence
- Mental health
- Nutrition, physical activity and weight
- Oral health
- Potentially disabling conditions
- Respiratory diseases
- Substance use
- Tobacco use

Significant Health Needs the Hospital Will Address

This Implementation Strategy provides details on how Augusta Health plans to address the significant health needs identified in the 2022 CHNA. The hospital plans to build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health.

The CHNA served as the resource document for the review of health needs as it provided data on the scope and severity of issues and included community input on the health needs. The community prioritization of needs was also taken into consideration.

Hospital leaders met to discuss the significant health needs. The following criteria were used to determine the significant health needs the hospital will address in the Implementation Strategy:

Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.

Established Relationships: There are established relationships with community partners to address the issue.

Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of the community benefit effort.

Focus Area: The hospital has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

This information was submitted to the Community Partnership Committee who approved the top needs and the Board of Directors ratified their recommendations. As a result of this process, Augusta Health will address:

- Access to health care services
- Mental health and substance use
- Nutrition and physical activity (including chronic diseases)

On September 14, 2022, 30 Augusta Health staff, who participate in Implementation Strategy Workgroups, engaged in a facilitated discussion. They reviewed the priority health needs, discussed activities/strategies to address these needs and identified

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community partners. Their input was considered in the development of the Implementation Strategy.

Strategies to Address Prioritized Health Needs

For each health need the hospital plans to address, the Implementation Strategy describes the following: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations.

| Health Need: Access to Health Care Services | |
|--|---|
| Goal | Improve access, navigation, and coordination of services to reduce health care barriers for vulnerable and underserved community members. |
| Anticipated Impact | Increase the availability of access to primary and preventive care services by reducing barriers. Increase community partnerships to promote and improve coordination of available services at community-based health and wellness programs and events and mobile clinic sites. Expand and enhance community knowledge about available resources and access to health care services for vulnerable and at-risk community residents. Increase community efforts and collaborations to address social determinants of health (SDOH), with a focus on health equity, access to care, transportation, and housing. |
| Strategy or Program | Summary Description |
| Financial Assistance for the Uninsured or Underinsured | Increase community awareness and provide navigation support to help community members access Augusta Health financial assistance resources. |
| Homeless Healthcare Connection | Increase access to primary and specialized care and social support services through intentional navigation for persons experiencing homelessness. Provide health screenings, health education, vaccinations, preventive care, and social resources to address social determinants of health. |

| | Health Need: Access to Health Care Services | |
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| Faith Community Nursing (FCN) | Engage and collaborate with faith communities to provide health education, health screenings, vaccinations, preventive care, and social resources to address social determinants of health. | |
| Hispanic or Latinx Healthcare | Increase access to primary and specialized care and social support services through intentional navigation for members of the Spanish-speaking community. Provide health screenings, health education, vaccinations, preventive care, and social resources to address social determinants of health. | |
| Sexual Health Education | Provide age-appropriate sexual health education with a focus on prevention of teen pregnancy, sexually transmitted infection, and intimate partner violence. Collaborate with providers, Augusta Health mobile clinic, and school-based community health workers to provide a variety of access points for birth control methods while emphasizing the concept of sexual integrity. | |
| Transportation | Explore community collaborations and partnership opportunities to provide transportation support and community education to reduce barriers to care. | |
| Housing | Collaborate and convene with community partners to provide leadership education and explore housing solutions. | |
| Community Grants and Strategic Funding | Award funding to nonprofit organizations whose mission and values align with Augusta Health. Funding will support programs focused on access to health care services. | |
| Planned Partnerships and Collaborators | Allied Universal (AH Security Contractor) Augusta Care Partners Augusta County Sherriff's Office Augusta Health Faith Community Nurse Network Augusta Health Primary Care Mobile Clinic Augusta Healthcare for Women Augusta Medical Group Blue Ridge Area Food Bank Brite Bus | |

| Health Need: Access to Health Care Services | |
|---|---|
| | Central Shenandoah Health District – Virginia Department of Health |
| | Central Shenandoah Valley Office on Youth |
| | City and County governments from Staunton, Waynesboro, and |
| | Augusta County |
| | Comfort Care Woman's Health |
| | Community Foundation of the Central Blue Ridge |
| | Disciple's Kitchen |
| | Embrace |
| | Futuro Latino |
| | L.E.A.R.N |
| | Middle River Regional Jail |
| | Molina Healthcare |
| | Murphy Deming |
| | New Directions |
| | Office of New Americans, DSS |
| | Project Horizon |
| | Promotores de Salud |
| | Shenandoah Valley Home Health and Hospice |
| | Sin Barreras |
| | Staunton and Waynesboro Police Department |
| | Staunton, Waynesboro, and Augusta County Schools |
| | The Woman's Center |
| | Valley Community Services Board (VCSB) |
| | Valley Homeless Connection (VHC) |
| | Valley Mission |
| | Valley Program for Aging (VPAS) |
| | Waynesboro Area Refugee Ministry (WARM) |
| | Waynesboro, Staunton, and Augusta County Library |
| | Waynesboro YMCA |

| Health Need: Mental Health and Substance Use | |
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| Goal | Improve the health status of the community by increasing the availability of services, resources, and education surrounding mental health and substance use disorders. |
| Anticipated Impact | Increase access to mental health resources in the community. Increase the number of community members identified as having substance use disorder and referred for treatment. Explore and increase partnerships in the community that uplift treatment of mental health and substance use disorders. |
| Strategy or Program | Summary Description |
| Mental Health Support for Seniors | Support Arrow Project in community outreach programming to uplift companionship and decrease signs of loneliness and depression in older adults. |
| Substance Use Screening | Support primary care physicians and advanced practitioners to screen patients for substance use during office and/or clinic visits. |
| Pain Management (Opioid) Stewardship Committee | Support a multidisciplinary team to promote the proper use of pharmacologic and non-pharmacologic treatments for pain assistance in patients within the health system and the community. |
| REVIVE! | Provide REVIVE! training to patients and concerned family members during community clinics. |
| OB Community Outreach Referral Program | Offer a referral program for providers and community partners that targets patients in treatment or in need of treatment for substance use disorder. Referrals are also open to pregnant patients who are incarcerated, have a fetal anomaly diagnosed during their pregnancy, teen-agers, and women placing their baby for adoption. The program will provide the referred patient with a primary support person that will follow her throughout |

| Health Need: Mental Health and Substance Use | |
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| | pregnancy. |
| Baby Steps | Provide a free, four-week cohort, four times a year that is open to all pregnant people and targets women who have limited resources and or support. Offers a non-traditional series of educational topics for pregnant women and support person including mental wellbeing. |
| Community Grants and Strategic Funding | Award funding to support the community to create sustainable and positive change in health, including the areas of mental health and substance use. |
| Mental Health Services in Underserved Areas | Support the growth of rural mental health providers by offering LCSW services in the Rockbridge area. |
| Planned Partnerships and Collaborators | Alcoholics Anonymous (Fishersville, VA) Arrow Project Augusta Care Partners Augusta County Sherriff's Office Augusta County Sherriff's Office Augusta Health Primary Care Mobile Clinic Augusta Healthcare for Women Augusta Medical Group Brightview BRITE Bus Central Shenandoah Health District – Virginia Department of Health City and County governments from Staunton, Waynesboro, and Augusta County Comfort Care Women's Health Faith communities Law enforcement agencies Magnolia Rose Mental Health of America Middle River Regional Jail |

| Health Need: Mental Health and Substance Use | |
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| | Molina Healthcare Narcotics Anonymous (Fishersville, VA) National Alliance on Mental Illness of the Central Shenandoah Valley New Directions SaVida Health Staunton Senior services Spero Health Staunton and Waynesboro Police Department Staunton Treatment Center Staunton, Waynesboro, and Augusta County Schools Valley Community Services Board (VCSB) Woman's Center Youth organizations |

| Health Need: Nutrition and Physical Activity (Including Chronic Diseases) | |
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| Goal | Improve the wellbeing of area residents to prevent and manage chronic diseases through nutrition education, increased access to healthy foods and increased participation in physical activity. |
| Anticipated Impact | Nutrition: Increase food access* and nutrition access** to patients and community members, especially those in vulnerable populations. Increase education about nutritious foods and how to prepare them. Physical Activity: Increase the availability, access, and quality of physical activity programs in the area through community partnerships. Chronic Disease: Increase the number of individuals who receive education for prevention and treatment of chronic diseases, including cancer, diabetes, heart disease, respiratory disease and stroke. *Food Access: Access by individuals to adequate resources for acquiring appropriate foods for a nutritious diet. *Nutrition Access: Consistent access, availability, and affordability of foods that promote well-being, prevent disease, and treat disease. |
| Strategy or Program | Summary Description |
| Diabetes prevention programs | Offer programs that include moderate weight loss, increased physical activity, and lifestyle changes to prevent or delay the progression of diabetes. |
| Diabetes Education | Provide the community with information about the prevention and treatment of diabetes through educational events, especially for those in vulnerable populations. |
| The Dietary Approaches to Stop Hypertension (DASH) Eating Plan for Heart Health | Improve blood pressure management and promote weight loss in hypertensive patients with cardiac risk factors by providing education about the DASH program. |

| Health Need: Nutrition and Physical Activity (Including Chronic Diseases) | |
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| Pulmonary Nutrition Classes | Provide persons who have COPD and other chronic pulmonary diseases, with nutrition education to help manage symptoms, enhance health, and improve breathing status. |
| AMI Farm at Augusta Health production farm | Provide fresh, locally grown produce for food insecure patients, employees, and visitors for integration into clinical settings. Teach nutrition, sustainable agriculture, cooking and other educational workshops to enhance knowledge of healthy eating. |
| Crops to Community | Deliver food boxes consisting of fresh meat, eggs, and produce from local farms to persons with low food access. |
| Food Farmacy | Offer a prescription produce program for persons with specific chronic disease diagnoses. Through the program, participants will receive nutrition education, take part in cooking demonstrations and receive free produce from the AMI Farm at Augusta Health. |
| Food Pantry | Increase equitable access to nutritious food for persons who have screened positive for food insecurity and have a chronic disease diagnosis. |
| Get Fresh | Partner with Waynesboro City Schools (or the local school district) to increase education of nutrition and physical activity in youth. This will include uplifting the work of their Agricultural Educator through educational resources and collaboration between staff. The program will also include facilitating a four-week education series for youth and families to participate in cooking classes, physical activity exercises, and discussion-based learning around nutrition. |
| Health Coaching | Provide guidance to community members through the process of creating a vision, goal setting and accountability for health and well-being. Coaching will use a holistic approach involving pillars of lifestyle medicine and an evidence-based approach to developing a healthy mindset and healthy habits. |

| Health Need: Nu | Health Need: Nutrition and Physical Activity (Including Chronic Diseases) | |
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| Medically Based Fitness | Offer community members medically-based fitness programming for free or at reduced cost. | |
| Active Lifestyles for Children and Families | Expand youth and family programming at the Augusta Health Fitness Center. Continue to work with community partners to offer convenient and low-cost physical activity options for youth (e.g., tennis, swimming lessons, general fitness). | |
| Walkability Initiatives | Promote and increase physical activity in the community. Provide a safe space for students to walk to school and learn pedestrian safety and bring awareness to make the area more pedestrian and cyclist friendly. | |
| Nutrition Awareness Program/Sodexo's Mindful Program | Utilize the Augusta Health cafeteria, cafes and vending as venues for nutrition information dissemination and access to healthier foods. | |
| Community Grants and Strategic Funding | Award funding to nonprofit community organizations that address healthy eating and physical activity. | |
| Planned Partnerships and Collaborators | AMI Farm at Augusta Health Augusta Health Fitness Center Augusta Medical Group Blue Ridge Area Food Bank Central Shenandoah Health District – Virginia Department of Health Community centers Cool Breeze Farms Faith communities James Madison University (potential partnership) Libraries (potential partnership) LifeWorks Project (potential partnership) Parks and recreation departments Polyface Farm Salvation Army Schools | |

| Health Need: Nutrition and Physical Activity (Including Chronic Diseases) | |
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| | Sodexo Youth organizations |

Evaluation of Impact

Augusta Health will monitor and evaluate the programs and activities outlined above. The hospital anticipates the actions taken to address significant health needs will improve health knowledge, behaviors and status, increase access to care, and help support good health. The hospital is committed to monitoring key initiatives to assess impact and tracks the implementation of the activities. An evaluation of the impact of the hospital's actions to address these significant health needs will be reported in the next scheduled CHNA.

Needs the Hospital Will Not Address

Augusta Health acknowledges that there are not sufficient resources to address all the community health needs and, in some cases, the needs are currently addressed by others in the community. Therefore, the hospital will concentrate on those health needs that can most effectively be addressed given the organization's areas of focus and expertise.

Taking existing hospital and community resources into consideration, Augusta Health will not directly address the remaining health needs identified in the CHNA, including housing, infant health and family planning, injury and violence, oral health, potentially disabling conditions, and tobacco use.