Brookwood Baptist Health

Walker Baptist Medical Center Community Health Needs Assessment Implementation Strategy

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Introduction

Implementation Strategy Process for Walker Baptist Medical Center

The most recent Community Health Needs Assessment (CHNA) for Walker Baptist Medical Center (WBMC) was adopted on December 11, 2019. The Implementation Strategy was developed by hospital leadership to describe how WBMC will address the significant needs identified during the CHNA.

Current Health Priorities for Walker Baptist Medical Center

1. Substance abuse
2. Weight status
3. Diabetes

Implementation Strategy

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Community Health Need	Target Population		Strategy	Goals	Existing Partners	Potential Partners	Rationale
Substance Abuse	Individuals with substance abuse disorders	1	**Increase the number of individuals who are able to seek substance abuse treatment**	A) Continue access to inpatient detox program in partnership with Bradford Health Services B) Maintain a database of local treatment providers and organizations that offer services	Bradford Health Services, Health Action Partners		"In 2018, approximately 20.3 million people aged 12 or older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year, including 14.8 million people who had an alcohol use disorder and 8.1 million people who had an illicit drug use disorder. In 2018, an estimated 21.2 million people aged 12 or older needed substance use treatment. This number translates to about 1 in 13 people who needed treatment (7.8 percent). An estimated 11.1 percent of people aged 12 or older who needed substance use treatment received treatment at a specialty facility in the past year." - Substance Abuse and Mental Health Services Administration
Substance Abuse	Whole community	2	**Provide education on how to prevent and identify substance abuse disorders**	A) Provide mental health and substance abuse education through community events and seminars B) Partner with Bradford Health Services to provide an annual update on the statewide opioid crisis	Bradford Health Services, Health Action Partners; local media outlets		"A public health systems approach to substance misuse and its consequences, including substance use disorders, aims to: 1) Define the problem through the systematic collection of data on the scope, characteristics, and consequences of substance misuse; 2) Identify the risk and protective factors that increase or decrease the risk for substance misuse and its consequences, and the factors that could be modified through interventions; 3) Work across the public and private sector to develop and test interventions that address social, environmental, or economic determinants of substance misuse and related health consequences; 4) Support broad implementation of effective prevention and treatment interventions and recovery supports in a wide range of settings; and 5) Monitor the impact of these interventions on substance misuse and related problems as well as on risk and protective factors. " - U.S. Dept. of Health & Human Services
Substance Abuse	Inpatients	3	**Improve the linkages between inpatient and tertiary care settings**	A) Through an internal call center, improve the efficiency of referrals for patients requiring mental health and substance abuse treatment B) Stabilize load levels across various local treatment facilities through careful distribution of patient referrals	BBH facilities		"Effective integration of behavioral health and general health care is essential for identifying patients in need of treatment, engaging them in the appropriate level of care, and ensuring ongoing monitoring of patients with substance use disorders to reduce their risk of relapse. Implementation of systems to support this type of integration requires care and foresight and should include educating and training the relevant workforces; developing new workflows to support universal screening, appropriate follow-up, coordination of care across providers, and ongoing recovery management; and linking patients and families to available support services. Quality measurement and improvement processes should also be incorporated to ensure that the services provided are effectively addressing the needs of the patient population and improving outcomes." U.S. Dept. of Health & Human Services

Implementation Strategy

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Community Health Need	Target Population		Strategy	Goals	Existing Partners	Potential Partners	Rationale
Weight Status	Whole community	4	**Improve awareness of how behavioral risk factors contribute to chronic disease**	A) Provide regular health promotion messaging via print, web-based, and social media outlets B) Engage in community-based events for seniors and provide education on behavioral risk factors for chronic disease including nutrition	Health Action Partners; RSVP Senior Program; American Heart Association		"Six in ten Americans live with at least one chronic disease, like heart disease and stroke, cancer, or diabetes. These and other chronic diseases are the leading causes of death and disability in America, and they are also a leading driver of health care costs. Most chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, and getting regular health screenings. " - Centers for Disease Control and Prevention
Weight Status	Individuals at risk of or experiencing food insecurity	5	**Decrease the number of individuals experiencing food insecurity**	Refer patients to community-based organizations and faith-based partners offering food assistance and assistance with basic needs	Health Action Partners	Local food banks, area agencies on aging, Walker Area Community Foundation; local churches	"Poverty limits access to healthy foods and safe neighborhoods, and more education is a predictor of better health. Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying [knowledge] about SDOH, [improvements can be made to individual and population health [as well as] advancing health equity." - Centers for Disease Control and Prevention
Weight Status	Individuals with obesity	6	**Offer bariatric procedures to eligible patients**	Launch a Bariatrics program in 2020 and incorporate nutrition education and one-on-one patient counseling into care plans		Psychologists and therapists	"When combined with a comprehensive treatment plan, bariatric surgery may often act as an effective tool to provide [a patient] with long term weight-loss and help [them] increase [their] quality of health. Bariatric surgery has been shown to help improve or resolve many obesity-related conditions, such as type 2 diabetes, high blood pressure, and heart disease." -American Society for Metabolic & Bariatric Surgery
Weight status	Individuals residing in food deserts and those experiencing food insecurity	7	**Improve access to healthy foods**	A) Explore opportunities to provide health education and preventative care within food pantries B) Support the "Healthy Over Hungry" initiative C) Incorporate food insecurity screening into ED visits or as part of discharge planning D) Refer patients to community-based organizations and faith-based partners offering food assistance and assistance with basic needs	Community Food Bank of Central Alabama	Urban Ministries, local farmers markets	"The cycle of food insecurity and chronic disease begins when an individual or family cannot afford enough nutritious food. The combination of stress and poor nutrition can make disease management even more challenging. Further, the time and money needed to respond to these health conditions strains the household budget, leaving little money for essential nutrition and medical care. This causes the cycle to continue, increasing the risk of worsening existing conditions. Many families experiencing food insecurity often have several, if not all, compounding factors which makes maintaining good health extremely difficult. Food insecurity is highly stressful. When people do not know when or where they will eat their next meal, finding food may become their central focus. It can take priority over health-related behaviors, such as refilling medications and making doctor appointments." - Feeding America Hunger + Health

Implementation Strategy

Community Health Need	Target Population		Strategy	Goals	Existing Partners	Potential Partners	Rationale
Diabetes	Individuals with prediabetes or diabetes	8	**Reduce diabetes-related complications**	A) Encourage providers to host regular diabetes education and self-management courses B) Provide diabetes education to employees of WBMC and their dependents			"Diabetes self-management education & support provides the foundation to help people with diabetes to navigate self-management decisions and activities and has been shown to improve health outcomes." -American Diabetes Association
Cross Cutting: Weight Status and Diabetes	Individuals with pre-diabetes or diabetes	9	**Provide nutrition education**	Continue to host regular diabetes nutrition seminars	RSVP Senior Program; Health Action Partners		"Fewer than 1 in 10 children and adults eat the recommended daily amount of vegetables. Only 4 in 10 children and fewer than 1 in 7 adults eat enough fruit. Poor nutrition contributes to many costly diseases including obesity, heart disease, and some cancers. Low levels of vitamins and minerals can result in mental impairment and central nervous system defects in infants." - Centers for Disease Control and Prevention
Cross-Cutting: Substance Abuse, Weight Status, Diabetes	Healthcare providers	10	**Increase awareness of the impact of health literacy on patient adherence**	A) Offer provider education modules on health literacy B) Promote health literacy messaging		Reference the CDC's Health Literacy Action Plan and free training materials	"Health literacy requires a complex group of reading, listening, analytical, and decision-making skills, as well as the ability to apply these skills to health situations. Both health care providers and patients play important roles in health literacy. Recognizing that culture plays an important role in communication helps us better understand health literacy. For people from different cultural backgrounds, health literacy is affected by belief systems, communication styles, and understanding and response to health information. According to the AHRQ, low health literacy is linked to higher risk of death and more emergency room visits and hospitalizations. Health literacy may not be related to years of education or general reading ability. A person who functions adequately at home or work may have marginal or inadequate literacy in a health care environment. People with low health literacy use more health care services, have a greater risk for hospitalization, and have a higher utilization of expensive services, such as emergency care and inpatient admissions." - National Network of Libraries of Medicine


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