# Community Health Needs Assessment:

# Implementation Strategy

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## Strategy One: No Cost Cancer Screenings and Education

UHC has one of the only accredited Comprehensive Community Cancer Centers in the region. Its Cecil B. Highland, Jr. & Barbara B. Highland Cancer Center has hosted various free or low-cost screenings since 2010. Additionally, UHC offers a multitude of free educational sessions and support-group meeting space for community members affected by cancer. UHC partners with the American Cancer Society and American Lung Association for educational materials.

**Priority Targeted:** This strategy primarily targets cancer as a priority area. This is an existing program of UHC but will more rigorously target residents of Doddridge County since this was shown to be a need in the 2016 CHNA. Transportation barriers will be addressed by offering screening and education locally in Doddridge County and by exploring partnerships that can provide transportation to UHC. This will involve greater collaboration with partners, including the Doddridge County extension Office, Doddridge County Senior Center, and West Union Clinic.

| Program/Initiative | No Cost Cancer Screenings & Education |
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| Objectives | 1. Hold at least 6 cancer screenings between January 2017 and December 2018 with at least 1 of screenings for residents of Doddridge County.<br>2. Hold at least 24 cancer education events between January 2017 and December 2018 with at least 1 of the events scheduled in Doddridge County. |
| Activities | ● Conduct various cancer screenings at UHC (Men's health; Women's health; colorectal; skin cancer; lung cancer; oral, head, and neck screening)<br>● Hold education events<br>● Advertise screenings and education events in both counties<br>● Schedule screenings with participants<br>● Collect participant information at screenings |
| Planning Partners | ● Partners in advertising UHC screenings and events: Doddridge County Senior Center, Bonnie's Bus |
| Implementation Partners | ● For transportation from Doddridge County to UHC, Spokey Travis at Doddridge County Senior Center<br>● West Union Clinic (Doddridge County) to hold screenings in Doddridge County<br>● America Cancer Society and American Lung Society for education |
| Resources | ● Space for screenings<br>● Family Medicine Residents and Physicians to perform screenings<br>● Transportation to screenings<br>● Clinical Cancer Navigators (3) |

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| | ● Oncology Coordinator<br>● America Cancer Society and American Lung Society for education |
| Evaluation Activities | ● Form for every patient (basic survey including how they found out about screenings, services they receive, etc.)<br>● Short pre-post-survey at education events |
| Point of Contact | Linda Carte- 681-342-1380 |

## Strategy Two: Diabetes Education and Prevention

UHC has had in place a number of initiatives targeting diabetes since before the last Community Health Needs Assessment was conducted in 2013. Based on priorities identified in the CHNA, UHC would like to commit to continuing these activities in order to address identified priorities around diabetes and heart disease. These initiatives include:

- Dining with Diabetes, which is an Extension program that helps people with type 2 diabetes and their families understanding how to manage and prevent the disease through healthy meal planning, food preparation, and physical activity.
- National Kidney Foundation's Kidney Early Evaluation Program (KEEP®) to offer screenings to individuals 18 years and older with high blood pressure, diabetes or a family history of kidney failure along with education to raise awareness about kidney disease and its complications. After the screening, results are shared with participants and their primary care physicians (with permission). Additionally, uninsured participants in need of additional care are referred to Heath Access?
- Diabetes Education Program: UHC partners with Health Access to provide diabetes education to uninsured, low-income residents of Harrison and Doddridge Counties.
- Diabetes Self-Management Education (DSME): UHC offers a Diabetes Self-Management Education program twice per month, which consists of incorporating physical activity and nutritional management into lifestyle; medication use; monitoring blood glucose and other parameters and using the results effectively; preventing, detecting, and treating acute and chronic complications; developing personal strategies to promote health and behavior change and to address psychosocial issues and concerns; insulin pump therapy and continuous glucose sensor monitoring.

**Priorities Targeted:** These programs directly target diabetes and address the issues of heart disease and obesity given the focus on diet.

| Program/Initiative | Diabetes Education |
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| Objectives | 1. Hold at least two Dining with Diabetes courses between January 2017 and December 2018 with a minimum of 40 total participants, including at least 4 from Doddridge County.<br>2. Conduct at least two National Kidney Foundation (KEEP®) screenings between January 2017 and December 2018 with at least 4 participants from Doddridge County.<br>3. Enroll at least 100 participants, including at least 10 from Doddridge County, in the nine-hour comprehensive Diabetes Education Program at UHC and Doddridge satellite location between January 2017 and December 2018.<br>4. Enroll at least 100 participants, including at least 10 from Doddridge County, in Diabetes Self-Management Education (DSME) Program between January 2017 and December 2018. |

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| Activities | Dining with Diabetes<br>● Coordinate with Harrison & Doddridge County Extension for class logistics (dates/times, location, materials, etc.)<br>● Conduct community outreach to recruit participants<br>● Hold classes<br>National Kidney Foundation KEEP Screenings<br>● Coordinate with National Kidney Foundation for screening logistics (dates/times, location, materials, etc.)<br>● Advertise screenings<br>● Schedule screenings with participants<br>● Collect participant information at screenings<br>Diabetes Education Program<br>● Coordinate with planning partners for class logistics (dates/times, location, materials, etc.), recruitment, and curriculum.<br>● Coordinate with vendors for blood glucose meters.<br>● Hold education classes<br>● Collect participant information for further referral and follow up<br>Diabetes Self-Management Education Program<br>● Advertise program to all newly diagnosed diabetics<br>● Recruit program participants<br>● Enroll program participants<br>● Collect participant information for further referral and follow up |
| Planning Partners | ● Doddridge County Senior Center<br>● Doddridge County Health Department<br>● Health Access<br>● Harrison and Doddridge County Extension<br>● Various vendors for blood glucose meters |
| Implementation Partners | ● WVU Extension Harrison County, Becky Smith - Becky.Smith@mail.wvu.edu<br>● WVU Extension Doddridge County, Mary Daugherty (Nutrition Outreach Instructor)- Mary.Daugherty@mail.wvu.edu<br>● Health Access<br>● National Kidney Foundation |
| Resources | ● Staff for coordination of activities and education events, to conduct screenings<br>● Food for Dining with Diabetes program<br>● Space for education programs |
| Evaluation Activities | Dining with Diabetes<br>● Participants' blood pressure, A1C, pre/post survey w/ basic demographic info<br>National Kidney Foundation Screenings<br>● Form for every patient (basic survey including how they found |

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| | out about screenings, services they receive, demographic information, etc.)<br><u>Diabetes Education Program</u><br>● Short pre-post survey at education events with basic demographic info<br><u>Diabetes Self-Management Education Program</u><br>● Short pre-post survey at education events with basic demographic info |
| Point of Contact | Patti Cook, UHC Diabetes Education Coordinator - (681) 342-1862 |

## Strategy Three: "Step Into the Races" with Healthy Harrison

UHC will partner with and provide support for the Step Into the Races program being planned and implemented by Healthy Harrison, a Harrison County non-profit that receives financial support from United Hospital Center through the United Health Foundation.

**Priority Targeted:** This program targets obesity, diabetes, and heart disease priorities with an emphasis on encouraging movement and exercise in children and adults.

| Program/Initiative | "Step Into the Races" with Healthy Harrison |
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| Objective(s) (SMART) | Partner with and provide support for the Step Into the Races Program of Healthy Harrison aimed at encouraging movement and exercise in children and adults. |
| Activities | Step Into the Races – Healthy Harrison<br>● Facilitate an in-school walking program where students will walk for 30 minutes each week during the school day.<br>● Facilitate development of 4 county-wide walking clubs<br>● Compile, produce, and distribute a Resource Guide listing county-wide races and encourage non-athlete participation |
| Planning Partners | ● Healthy Harrison |
| Implementation Partners | ● Healthy Harrison<br>● Harrison County Board of Education<br>● Area businesses |
| Resources | ● Financial support<br>● Office space<br>● Supplies |
| Evaluation Activities | Step Into the Races<br>● In School Walking – Logged number of minutes walked per week<br>● Walking Clubs – Weekly participation numbers<br>● Resource Guide – Number of Guides distributed and number of race participants |
| Point of Contact | John Paul Nardelli, Executive Director, Healthy Harrison (681) 342-3645 |

## Strategy Four: "Dare to Care" Free Vascular Screenings

UHC offers a complimentary vascular disease education and screening program in collaboration with the Heart Health Foundation. Screenings are offered to any patient over the age of 60, or over the age of 50 with certain risk factors. Risk factors of vascular disease include:

- Smoking
- Diabetes
- High blood pressure
- High cholesterol
- Family history of heart disease
- Lack of physical activity
- Obesity

Screening results are shared with the patient and primary care physician (if allowed) for potential treatment discussion.

**Priority Targeted:** This program directly targets heart disease but also addresses the diabetes and obesity priorities given the educational components included in the screening process.

| Program/Initiative | "Dare to Care" Free Vascular Screening |
|---|---|
| Objective(s) (SMART) | 1. Hold at least 40 free vascular screenings between January 2017 and December 2018 with at least 1 in or targeted toward participants from Doddridge County. |
| Activities | • Coordinate with the Heart Health Foundation for screening logistics (dates/times, location, materials, etc.)<br>• Explore off-site locations including health fairs and West Union Clinic<br>• Conduct outreach activities in both counties<br>• Recruit participants<br>• Disseminate educational materials at screenings and events<br>• Collect participant information for further referral and follow up |
| Planning Partners | • Harrison Power Station, Shinnston; FBI Center, Clarksburg<br>• Doddridge County – Senior Center, Health Department, and School Board |
| Implementation Partners | • West Union Clinic and Doddridge County Senior Center (Doddridge County screening location) |
| Resources | • Staffing – Sonographer<br>• Space<br>• Financial resources |
| Evaluation Activities | • Reports on the number of patients screened, location by zip code, severity of disease, how many people are referred for follow up with primary care physician |
| Point of Contact | Draga Lindsey, Supervisor, Diagnostic Services - (681) 342-1352 |

## Strategy Five: Drug Abuse Education, Prevention, and Treatment

United Summit Center (USC), with its main facility located in Clarksburg (Harrison County), is an affiliate of UHC, offering a comprehensive mental health center serving thirteen counties in north central West Virginia. While this program accepts payment, including insurance, it is open and available to everyone regardless of ability to pay. A number of programs are planned as follows:

**Priority Targeted:** Crisis Stabilization for youth ages 5-18

| Program/Initiative | USC Crisis Stabilization Residential Program |
|---|---|
| Objective(s) (SMART) | 1. Treat qualifying patients regardless of their ability to pay.<br>2. Open facility in Spring 2017 with average daily census of 6 increasing to 8 in 2018. |
| Activities | ● Group orientated program, clinical work, family therapy<br>● Referrals to mental health center<br>● Patient and parent education |
| Planning Partners | ● Presidents of the Boards of Education – (Harrison and Doddridge Counties)<br>● State of WV Bureau of Behavioral Health and Healthcare Facilities (BBHF) |
| Implementation Partners | ● United Summit Center |
| Resources | ● United Summit Center Staff<br>● Grant funding by BBHF<br>● Master's level therapists in schools |
| Evaluation Activities | ● Number of non-Medicaid patients treated (Medicaid is the only payer for Crisis Stabilization services. |
| Point of Contact | Bob Williams- (304) 623-5666 x1205 |

**Priority Targeted:** This strategy targets the priority area of drug addiction and neonatal abstinence syndrome (NAS) by serving pregnant women suffering from substance abuse and their babies both during pregnancy and post-delivery.

| Program/Initiative | USC Josie's Hope Facility |
|---|---|
| Objectives | 1. Open 16-bed facility serving north-central WV in Spring 2017 with an average daily census of 7 growing to 9 in 2018.<br>2. Successful detox of 90% of babies treated |
| Activities | ● Finalize logistics necessary to open facility<br>● Advertise facility<br>● Recruit patients |
| Implementation Partners | ● UHC Maternity staff<br>● Local OB/Gyn physicians and staff |
| Resources | ● United Summit Center Staff<br>● Grant funding |
| Evaluation Activities | ● Number of patients served<br>● % successful detox |
| Point of Contact | Bob Williams- (304) 623-5666 x1205 |

**Priority Targeted:** This initiative targets the priority of drug addiction through UHC's long-term, sustained involvement and leadership in initiatives that work to curb the drug epidemic in North Central WV.

| Program/Initiative | North Central WV Drug Awareness Community Outreach |
|---|---|
| Objective | 1. UHC participation in external initiatives/ task forces.<br>2. 18-bed in-patient psychiatric unit that provides detox services for high risk patients.<br>3. John D. Good Center in Terra Alta-a 16-bed long-term rehab program for addicted patients 18 and over.<br>4. Bob Mays Center Clarksburg, WV – long-term substance abuse rehab program for patients 18-25.<br>5. Intensive outpatient programs lasting 6 weeks, 3 times per week, 3 hours per day.<br>6. Psychiatric care unit in Bridgeport, WV – 16-bed detox unit for crisis stabilization |
| Activities | ● Involvement in meetings, strategies and implementation<br>● Collect baseline data on drug overdoses in Harrison and Doddridge Counties to use in evaluation activities |
| Planning Partners | ● Local law enforcement, North Central WV Attorney General, Court system, area organizations, DEA<br>● Community Prevention Program |
| Implementation Partners | ● Local law enforcement, North Central WV Attorney General, Court system, area organizations, DEA<br>● Community Prevention Program |
| Resources | ● Staff time of mental health component of UHC and USC<br>● Family Resource Network<br>● Prevention Partners |
| Evaluation Activities | ● Track number of drug overdoses in Harrison and Doddridge Counties |
| Point of Contact | Bob Williams- (304) 623-5666 x1205 |

## Strategy Six: WDTV Community Education Series

UHC partners with a local TV station, WDTV, to offer community education during a regular Friday afternoon news segment. UHC healthcare professionals partner with WDTV to develop the content. During 2017-'18, UHC will offer segments relating to the health priorities identified in the CHNAs.

**Priorities Targeted:** This activity targets all priority areas through education relating to each- cancer, cardiovascular disease/diabetes/obesity, and substance abuse with a focus on opioids and neonatal abstinence syndrome (NAS).

| Program/Initiative | WDTV Community Education Series |
|---|---|
| Objective | 1. Hold at least 18 WDTV community education programs covering CHNA health topics between January 2017 and December 2018 with at least one addressing the priority areas identified in the CHNA. |
| Activities | ● Coordinate with WDTV and UHC healthcare professionals for content<br>● Deliver content |
| Planning Partners | ● WDTV<br>● UHC healthcare professionals |
| Implementation Partners | ● WDTV<br>● UHC healthcare professionals |
| Resources | ● Staff time |
| Evaluation Activities | ● Number of segments held<br>● Referrals to other UHC programs/ services from WDTV segments |
| Point of Contact | Matt Chisler, (681) 342-1611 |

## Strategy Seven: Mobile Field Office

UHC recognizes that there are barriers to health care related to transportation in both Harrison and Doddridge Counties. UHC plans to purchase, implement and staff a mobile field office to allow us to implement several of the above strategies to where the people live.

**Priorities Targeted:** This activity targets several priority areas by bringing medical screenings, education, and other outreach activities to the people.

| Program/Initiative | Mobile Field Office |
|---|---|
| Objective | 1. Take CHNA-related services to the patient. |
| Activities | ● Purchase, equip, and staff a mobile field office<br>● Schedule education and screening events |
| Planning Partners | ● Community resources<br>● UHC healthcare professionals |
| Implementation Partners | ● UHC healthcare professionals |
| Resources | ● Capital purchase (vehicle, equipment, etc.)<br>● Staff time |
| Evaluation Activities | ● # of community events where mobile field office is staffed and in attendance in Doddridge and Harrison Counties<br>● # patients seen in each location |
| Point of Contact | Matt Chisler, (681) 342-1611 |

## Strategy Eight: "Reduce, Recover, Relieve" Program with Healthy Harrison

UHC will partner with and provide support for the Reduce, Recover, Relieve program being planned and implemented by Healthy Harrison, a Harrison County non-profit that receives financial support from United Hospital Center through the United Health Foundation.

**Priority Targeted:** This program targets the mortality and risk to the community resulting from the drug abuse epidemic.

| Program/Initiative | "Reduce, Recover, Relieve Program with Healthy Harrison |
|---|---|
| Objective(s) (SMART) | 1. Partner with and provide support for the Reduce, Recover, Relieve Program of Healthy Harrison aimed reducing the mortality rate of drug abusers as well as the risk to the community at large resulting from the drug abuse epidemic. |
| Activities | Collaborate on Harm Reduction Efforts<br>• Advocate NARCAN to county first responders<br>• Establish Safe Drop Locations for medications and used needles<br>• Produce and distribute a resource guide |
| Planning Partners | • Healthy Harrison |
| Implementation Partners | • Healthy Harrison<br>• County-wide emergency services<br>• Harrison County Health Department |
| Resources | • Office space<br>• Provision of disposal services |
| Evaluation Activities | • Percentage of first responders carrying NARCAN<br>• Pounds of needles/medications disposed of properly<br>• Number of resource guides distributed |
| Point of Contact | John Paul Nardelli, Executive Director, Healthy Harrison (681) 342-3645 |