2016

Appling HealthCare System
Implementation Strategy

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For FY2017-2019 Summary

Appling HealthCare System is a 64 bed, not-for-profit, acute care medical facility located in Baxley, Georgia. In 2016, the hospital conducted a Community Health Needs Assessment (CHNA) to identify the health needs of Appling County. The Implementation Strategy for Appling HealthCare System was developed based on findings and priorities established in the CHNA and a review of the hospital's existing community benefit activities.

This report summarizes the plans for Appling HealthCare System to sustain and develop community benefit programs that 1) address prioritized needs from the 2016 Appling HealthCare System CHNA and 2) respond to other identified community health needs.

The following prioritized needs were identified by the community and the CHNA steering committee. Particular focus was placed upon these needs in developing the implementation strategy.

- Chronic Diseases
- Obesity
- Access to Care
- Mental and Behavioral Health
- Substance Abuse
- Teen Pregnancy

Appling HealthCare System has addressed each of the health needs identified in the CHNA. Appling HealthCare System developed implementation strategies to address each of the health issues identified over the next three years.

Specific implementation strategies for each of the CHNA identified health needs are addressed in the following appendices to this report.

The Appling HealthCare System Board approved this Implementation Strategy through a board vote on 11/28/2016.

Please reference additional appendices to this report for the implementation strategy for each of the health priorities.

The following issues were identified as "priority" needs by the community participants. The findings are listed in the order of priority as determined by the focus groups.

1. Chronic Diseases (high blood pressure, stroke, diabetes, and cancer)
    a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases.
    b. There is a need for more accountability based intervention programs to address the chronic diseases.

2. Obesity
    a. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community.
    b. There is a need for specific education on how to purchase and make healthy foods on a budget.
    c. There is a need for early childhood education and an accountability program that supports good nutrition and exercise habits in school and at home. The education needs to be shared with the entire family unit to create accountability.

3. Access to Care
    a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation.
    b. There is a shortage of providers that provide dental and vision services to the Medicaid population.

4. Mental and Behavioral Health
    a. There is a need for a transitional home or program for the mentally ill.
    b. There is a need for more services, providers, and specialists relating to mental health care.

5. Substance Abuse
    a. There is a need for education and awareness surrounding generational lifestyle choices and patterns related to drug abuse.

6. Teen Birth Rate
    a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.

Community Work Plan for Chronic Diseases (high blood pressure, stroke, diabetes, and cancer)

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need for education and awareness on the causes, prevention, and intervention for chronic diseases. b. There is a need for more accountability based intervention programs to address the chronic diseases.	a. Increase education and awareness on the risk factors and interventions for commonly diagnosed chronic diseases such as high blood pressure, stroke, diabetes, and heart disease. b. Increase community access to accountability based intervention programs that address chronic diseases.

Background:

The CHNA process identified a need for education and programming to reduce the high rates of chronic diseases. The death rates for stroke and cancer in Appling County were both higher compared to Georgia.

Implementation Strategy:

a. Provide diabetes education classes with the collaboration of Appling County Extension Office beginning in Feb. of 2017. Classes to be offered monthly.

b. Continue to provide education and awareness through health fairs throughout the year.

Possible Collaborations:

- Appling County Extension Office
- FQHC- East Georgia Health Center
- Appling County Health Department

<Insert local organization>

Community Work Plan for Obesity

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need for a lifestyle intervention program to address improvement of exercise habits in the community. b. There is a need for specific education on how to purchase and make healthy foods on a budget. c. There is a need for early childhood education and an accountability program that supports good nutrition and exercise habits in school and at home. The education needs to be shared with the entire family unit to create accountability.	a. Increase knowledge and awareness of available resources to help incorporate physical activity into one's daily life. b. Increase knowledge and awareness on how to cook and purchase healthy foods on a budget. c. Increase education and awareness of early childhood exercise and nutrition education at home and at school.

Background:

The CHNA process identified a need for more awareness and education about obesity. Obesity is a risk factor associated with heart disease and other chronic diseases. The community reported an overall need for more education and awareness on healthy eating and exercise programs.

Implementation Strategy:

a. AHCS will continue to work with the local extension office to refer patients for classes on budgeting, healthy eating, and food preparation classes.

Possible Collaborations:

- Local School System
- Appling County Extension Office
- Health Department

Community Work Plan for Access to Care

Health Problem	Outcome Objective (Anticipated Impact)
a. Transportation to healthcare providers is an issue for all population groups, especially the young, the poor, and the Senior residents. There is a need for more reliable and convenient transportation. b. There is a shortage of providers that provide dental and vision services to the Medicaid population.	a. Increase access to available transportation services in the community. Increase knowledge of available transportation services. Increase educational and health screening outreach to underserved populations that do not have transportation. b. Increase availability of optometrists and dentists that provide services to the Medicaid population.

Background:

The CHNA process identified a need for better access to care for the community. The community reported a need for more providers that accept Medicaid for dental and vision services. Also, a need for more reliable and convenient and reliable transportation was reported.

Implementation Strategy:

a. AHCS will be offering a free non-emergent shuttle service for Appling County patients who do not have access to transportation to health services provided by AHCS.

Possible Collaborations:

- Appling EMS

Community Work Plan for Mental and Behavioral Health	
Health Problem	**Outcome Objective (Anticipated Impact)**
a. There is a need for a transitional home or program for the mentally ill. b. There is a need for more services, providers, and specialists relating to mental health care.	a. Increase access to mental healthcare services, such as specialty programs or transitional homes. b. Increase recruitment of providers and services relating to mental healthcare.

Background:

The CHNA process identified a need for more access to mental health services in the community. The community reported a need for more specialty programs or transitional homes for the mentally ill.

Implementation Strategy:

a. AHCS will continue with BHL services provided in the ER for mentally unstable patients.

b. AHCS is working in collaboration with GPT to bring onboard Pineland Mental Health to the school-based telehealth program here in Appling County. This will allow Appling County School staff and students to have access to mental health services.

c. Continue offering Geriatric Behavioral Health Services through our Senior Care Unit, with a possible expansion of this service by 10 beds after the first of the year. (Pending CON approval).

Possible Collaborations:

- Behavioral Health Link Services
- Pineland Mental Health
- AHCS GBH/SCU Unit

Community Work Plan for Substance Abuse	
Health Problem	**Outcome Objective (Anticipated Impact)**
a. There is a need for education and awareness surrounding generational lifestyle choices and patterns related to drug abuse.	a. Increase education and awareness about drug abuse and generational patterns of bad behavior.

Background:

The CHNA process identified a need for more education and awareness of drug abuse. The community reported a generational pattern of drug abuse that is passed down from parent to child.

Implementation Strategy:

a. At this time the hospital does not have the resources to address this priority. However, we will continue to assess and network with community organizations (i.e. Pineland Mental, who better serves this need.)

Possible Collaborations:

- Pineland Mental Health

Community Work Plan for Teen Birth Rate

Health Problem	Outcome Objective (Anticipated Impact)
a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.	a. Increase education and awareness about sex education and contraceptive use among teens.

Background:

The CHNA process identified a need for more education and awareness of available resources to prevent teen pregnancy and STDs. The community reported high rates of both STDs and teen pregnancies. The teen pregnancy rate in Appling County was higher than both Georgia and the U.S.

Implementation Strategy:

a. *AHCS will continue to collaborate with Appling Family Connections in providing "Teen Maze" to Appling County Middle School and Appling County High students. Teen Maze is an awareness and educational event at which students have the opportunity to face consequences of randomly selected lifestyle choices associated with risky youth behaviors in a safe and controlled environment. The maze is set up as an interactive "Game of Life."*

b. *AHCS will continue to collaborate with the local health department for referral for education, awareness, and contraceptive use.*

Possible Collaborations:

- Appling Family Connection
- Appling Health Department