2019

Implementation Strategy

Davidson County, Tennessee

Saint Thomas Midtown Hospital, Saint Thomas West Hospital and Saint Thomas Hospital for Specialty Surgery

Saint Thomas Health

Ascension

Joint Implementation Strategy:
Saint Thomas Midtown Hospital, Saint Thomas West Hospital & Saint Thomas Hospital for Specialty Surgery

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Implementation Strategy Narrative

Overview

Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, Saint Thomas West Hospital and Saint Thomas Health conducted a Community Health Needs Assessment (CHNA) in partnership with the Vanderbilt University Medical Center and the Metro Public Health Department of Nashville. Saint Thomas Health, Vanderbilt University Medical Center, and the Metro Public Health Department participated in the CHNA on behalf of their not-for-profit hospitals and/or mission. The community served for purposes of this CHNA and Implementation Strategy was defined as Davidson County, Tennessee.

The objectives of the CHNA and subsequent community health improvement plans/implementation strategies were:

1. Provide an unbiased comprehensive assessment of Davidson County's health needs and assets;
2. Use the CHNA to collectively identify priority health needs for partnering organizations' community benefit and community health improvement activities;
3. Provide an objective assessment of the community, upon which the partnering organizations may continue collaborating to support and improve health within the county; and
4. Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes.

The CHNA process included a review of secondary health data, interviews of community representatives and leaders, community listening sessions, and a community meeting to review findings and discern unmet health needs. The collaborating team received input from public health experts, including the local public health department.

The 2019 CHNA provided Saint Thomas Midtown Hospital, Saint Thomas Hospital for Specialty Surgery, Saint Thomas West Hospital and Saint Thomas Health with a basis for addressing the health needs of the county and a reference for the development of this Implementation Strategy (IS), ensuring alignment with the community needs. This Implementation Strategy will guide the Community Benefit and Community Health Improvement efforts for Saint Thomas Midtown Hospital, Saint Thomas West Hospital, Saint Thomas Hospital for Specialty Surgery and Saint Thomas Health for fiscal years 2020 – 2022.

Prioritized Needs

The results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders at the January 11th, 2019 Davidson County Health Summit meeting, which included local health department staff, Saint Thomas Health, Vanderbilt Medical Center, and more than fifty additional organization perspectives. The meeting attendees represented covered a broad spectrum of the community, including those focusing on the underserved population. They were asked to provide collective input into the needs of the community.

Stakeholders present prioritized the following needs for Davidson County: Access to Affordable Healthcare, Access to and Coordination of Resources/Services, Support Mental Health and Reduce Toxic Stress, Address Basic Needs and Social Determinants, and Equity. During the CHNA and Implementation Strategy brainstorming phase across the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple counties. This model is an effort to allocate resources in ways that can more meaningfully impact priority areas across a health system and leverage the local assets of communities. The 4 needs chosen appeared in 5 or more of the counties surveyed. The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle.

Ascension Saint Thomas' community benefit department also commits significant resources to helping build capacity in other community plans, including the Davidson County CHIP (Community Health Improvement Plan). We are committed to aligning our strategies when possible and finding other opportunities to collaborate for the betterment of the community.

Additionally, our Community Benefit work will utilize an equity and advocacy framework. This will ensure we are aware of how systems need to change to decrease inequities and increase equity. Effective and sustainable change is most successful when people and communities impacted by the change are included throughout the process.

The prioritized unmet health needs identified for Davidson County, Tennessee, by this CHNA are:

- Access to Care
- Mental Health
- Obesity (Healthy Weight)
- Substance Abuse

Needs That Will Not Be Addressed

All priority health needs will be addressed.

Summary of Implementation Strategy

Prioritized Need #1: Access to Care

GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage.

Strategy 1: Operate and expand a community- facing breastfeeding outreach clinic to support and educate breastfeeding families.

Strategy 2: Operate and expand Dispensary of Hope pharmacies provide medication assistance for uninsured & underinsured individuals who experience financial hardship, as well as assisting patients with navigating other community resources as needed.

Strategy 3: Distribute donated medication to charitable pharmacies and clinics.

Strategy 4: Improve maternal and infant health through offering prenatal education via group visits.

Strategy 5: Operate Saint Thomas Health Scholars to provide opportunities for students in Metro Nashville Public Schools to advance their experiential learning and obtain industry certification in the healthcare field.

Strategy 6: Increase screening compliance through our Mobile Health Units, including Mission in Motion Mobile Mammography.

Strategy 7: Implement Community-wide Medical Missions at Home that integrate medical, dental, vision and behavioral health, along with community resources.

Strategy 8: Improve access to care via telemedicine, including consultations when acute stroke symptoms are present.

Strategy 9: Expand access to dental care through dental residency program and practice.

Strategy 10: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #2: Mental Health

GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services.

Strategy 1: Provide mental health screening, counseling, and psychiatric medication management to community members who seek care at Saint Thomas Medical Partners' Davidson Family Health Center PCMH sites.

Strategy 2: Support the development of a more coordinated network to meet the behavioral health needs of individuals and communities in Davidson County.

Strategy 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #3: Obesity (Healthy Weight)

GOAL: Promote and support a healthy lifestyle through strengthening community resources that will positively impact healthy eating, active living, chronic disease management and chronic disease prevention.

Strategy 1: Provide access to physical activity and nutrition education and counseling through at least one primary care clinic.

Strategy 2: Explore and learn about opportunities to reduce food waste and increase the amount of food donated to food banks with community partners and health systems.

Strategy 3: Explore opportunities for community facing bariatric models of care that would remove barriers for the poor and vulnerable.

Strategy 4: Explore opportunities to increase access and knowledge of healthy eating through new partnerships.

Strategy 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #4: Substance Abuse

GOAL: Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need.

Strategy 1: Better meet basic needs and social determinants for individuals in recovery.

Strategy 2: Develop a more coordinated network to meet the behavioral health needs of individuals and communities in Davidson County.

Strategy 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

An action plan follows for each prioritized need, including the resources, proposed actions, planned collaboration, and anticipated impact of each strategy.

Prioritized Need #1: Access to Care

GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage.

Action Plan

STRATEGY 1: Operate and expand a community-based breastfeeding clinic to support and educate breastfeeding families.

BACKGROUND INFORMATION:

- The strategy's target population is breastfeeding families in Davidson County
- The clinic addresses health disparities and barriers to care by providing lactation services at no cost, services that otherwise would be out of reach for underserved families.
- Evidence-based lactation consulting practices are utilized in caring for the clinic's patients. Lactation consultants, certified by the board of lactation, staff the clinic.

RESOURCES:

- Breastfeeding Outreach Clinic Staff
- Dedicated clinic space, with needed supplies and education materials
- Saint Thomas Health Providers & Staff

COLLABORATION:

- Provider Community
- Community Organizations
- Community Members
- Patients

ACTIONS:

1. Employ certified lactation consultants to provide evidence-based practice methods for breastfeeding to support families
2. Open the clinic for 25-30 hours per week and be available for drop-in visits
3. Establish internal and external referral process
4. Provide free breastfeeding classes to identified populations
5. Market the clinic through a variety of mediums, including nonprofit partners
6. Determine strategy, in partnership with others to increase programming reach
7. Conduct analysis of program data to determine future opportunities

ANTICIPATED IMPACT:

I. 87% of mothers who visit the clinic will still be breastfeeding when child is 6 months old.
II. Increase number and reach of mothers served year over year

STRATEGY 2: Dispensary of Hope pharmacies provide medication assistance for uninsured & underinsured individuals who experience financial hardship, as well as assisting patients with navigating other community resources as needed.

BACKGROUND INFORMATION:

- This strategy's target population is uninsured and underinsured individuals who demonstrate financial hardship and thus are in need of assistance to obtain necessary medications.
- This strategy provides medication access to an underserved patient population, addressing access barriers due to cost of care.
- This strategy is built upon the evidence base that has been generated by the unique Dispensary of Hope Distribution Center model, which works with leading drug manufacturers to increase the supply of essential medicine to patients in need; the Dispensary of Hope Pharmacy links the medications made available from the Distribution Center to the individuals in need of a means to fill a prescription affordably.

RESOURCES:

- Dispensary of Hope Distribution Center
- Saint Thomas Health Marketing
- Dispensary of Hope Pharmacy Staff
- Saint Thomas Health Care Management

COLLABORATION:

- Patient Assistance Programs
- Manufacturer Coupons

ACTIONS:

1. Conduct initial application interviews
2. Renew applications
3. Coordinate applications for manufacturers' Patient Assistance Programs
4. Provide resources for transition of newly eligible Medicare patients to Medicare Part D
5. Coordinate electronic ordering of insulin samples & storage of them for physician health partners.
6. Provide free & discounted medications and testing supplies to uninsured and underinsured individuals
7. Provide discharge medications to patients who received care at Saint Thomas – Rutherford Hospital
8. Promote awareness of Dispensary of Hope in the community

ANTICIPATED IMPACT:

III. Annually fill 38,000 prescriptions for unaffordable medications to qualifying individuals who enroll in Dispensary of Hope through medications obtained through the DOH Distribution Center, Saint Thomas Health Safety Net list, or physician donated samples.

IV. Assist qualifying individuals with obtaining $100,000 worth of medication assistance annually through manufacturer sponsored Patient Assistance Programs

STRATEGY 3: Distribute donated medication to charitable pharmacies and clinics.

BACKGROUND INFORMATION:

- The target population is uninsured patients at or below 200% of the federal poverty guideline
- This program addresses health disparities and challenges of the underserved by providing medication to those who cannot afford pharmaceutical therapies
- This strategy is driven by the CBO report, "Effects of the ACA on Health Insurance Coverage," stating 30 million Americans will still be uninsured in 2024

RESOURCES:

- Dispensing sites
- Dispensary of Hope staff
- Funding
- IT infrastructure

COLLABORATION:

- Medication donors
- Volunteers
- Research institutions/firms

ACTIONS:

1. Procure medication donations for 70% of the medication target list, that covers the most common chronic conditions
2. Distribute medication to dispensing sites
3. Retain 90% of existing dispensing site partnerships nationwide
4. Increase dispensing sites by 40% nationwide
5. Launch a pilot program to help 25% of dispensing sites increase medication throughput by 10%

ANTICIPATED IMPACT:

V. From July 2020-June 2022, provide 10,500 uninsured Davidson County residents with needed prescription medication.

VI. From July 2020-June 2022, fill 130,000 prescriptions for uninsured Davidson County residents

STRATEGY 4: Improve maternal and infant health through offering prenatal education via group visits and lactation consults.

BACKGROUND INFORMATION:

- The target population is community members who are either pregnant or new mothers
- This strategy addresses health disparities and cares for the underserved by increasing access to prenatal care and lactation consulting available to un/underinsured patients, including the Hispanic and African American populations
- This strategy is in line with national recommendations for prenatal care and utilizes evidence-based lactation consulting practices

RESOURCES:

- Holy Family Health Center

COLLABORATION:

- N/A

ACTIONS:

1. Conduct visits with female patients in which pregnancy is confirmed
2. Refer pregnant patients to the practice's insurance application enrollment specialist for CoverKids
3. During a pre-natal visit, encourage patients to participate in the "Group" pre-natal program
4. Schedule "Group" classes as each cohort forms
5. Conduct "Group" Pregnancy classes
6. At 36 weeks, refer the patient to their delivering obstetrician
7. Complete a post-partum visit 6-8 weeks after the patient delivers
8. At this post-partum visit, lactation consultant assesses breastfeeding success and counsels as needed

ANTICIPATED IMPACT:

VII. By December 2022, 90% of all patients will have completed the full prenatal course of care

VIII. By December 2022, 50% of patients will be exclusively breastfeeding at 3 months

STRATEGY 5: Operate Saint Thomas Health Scholars to provide opportunities for students in Metro Nashville Public Schools to advance their experiential learning and obtain industry certification in the healthcare field.

BACKGROUND INFORMATION:

- The target population is MNPS students – sophomore through senior years.
- This strategy seeks to strengthen healthcare education and employment opportunities for students as they prepare to graduate from high school, with a particular focus on students who do not plan to immediately pursue further education. 30% of MNPS students achieve the minimum testing scores to attend college in Tennessee. This strategy provides a direct alternative to college, assisting students develop skills they can leverage to be employable within Nashville's healthcare workforce in the months following graduation. 3 in 4 MNPS students are economically disadvantaged, and 44% are black; this strategy seeks to address economic and racial disparities.
- Kash, Kathleen M. School-to-Work Programs Effectiveness. *Online Journal of Workforce Education and Development.* Volume III, Issue 4 – Summer 2009: "An effective School-to-Work program is achievable with a great partnership with businesses and a curriculum that trains and teaches students for the workforce."

RESOURCES:

- STH Providers & Staff
- STH Acute Care Facilities
- Saint Thomas Medical Partners clinic sites
- Saint Thomas Scholars Curriculum
- Course Instructors
- Maplewood Academy Clinic
- Transportation for field trips and Capstone

COLLABORATION:

- Metro Nashville Public Schools
- PENCIL Foundation

ACTIONS:

1. Conduct field trips
2. Receive, review and interview applications for Saint Thomas Scholars Program
3. Select 100 MNPS seniors who will undergo the Saint Thomas Scholars training program
4. Administer the Saint Thomas Scholars Program throughout the school year
5. Share model and elements with partners to expand program to other medical providers

ANTICIPATED IMPACT:

IX. 100% of scholars will participate in clinical shadowing experiences.

X. 60% will pass the CCMA, becoming certified upon receiving their high school diploma

STRATEGY 6: Implement Community-wide Medical Missions at Home that integrate medical, dental, vision, behavioral health and community services.

BACKGROUND INFORMATION:

- The target population is low income, uninsured, underinsured, and underserved in the selected communities.
- This strategy addresses social determinants of health, health disparities and the challenges of the underserved by providing access to free medical, dental, vision, behavioral health care and social services
- This strategy has been developed over the past eight years as STH has held over 25 medical missions to increase access to care per TN State Health Plan and Healthy People 2020 Objectives.

RESOURCES:

- Volunteers
- Senior Leadership
- Medical and Other Supplies
- Marketing

COLLABORATION:

- Students
- Community Partners

ACTIONS:

1. Identify communities in need and locations for Medical Missions at Home
2. Recruit volunteers
3. Communicate event details to volunteers and the community
4. Set up for event
5. Register patients for care at event
6. Administer medical examinations, Fill prescriptions, Conduct lab tests, Conduct vision exams, Provide dental care, Conduct mammograms
7. Register patients currently without a medical home for follow-up appointments
8. Provide information on social services and other community resources

ANTICIPATED IMPACT:

XI. Increase awareness of and connection to social services and other resources

XII. Increase access to a medical home by increasing the proportion of medical mission attendees who are scheduled for a follow-up visit by 14%

STRATEGY 7: Increase screenings by maximizing mobile health units (Our Mission in Motion Mobile Mammography).

BACKGROUND INFORMATION:

- The strategy's target population is low-income, uninsured women in Davidson County.
- Our Mission in Motion Mobile Mammography will reduce barriers by providing access to screening mammography and breast health education to uninsured and underserved women.
- This strategy is informed by evidence found on Healthy People 2020 and Tennessee Cancer Coalition.

RESOURCES:

- Saint Thomas Medical Partners
- Saint Thomas Hickman Hospital
- Our Mission In Motion Mobile Mammography staff
- Saint Thomas Midtown and West Centers for Breast Health

COLLABORATION:

- TN Breast and Cervical Cancer Screening Program
- Women's Breast Center
- Premier Radiology
- Susan G. Komen Central Tennessee
- Advanced Diagnostic Imaging
- National Breast Cancer Foundation

ACTIONS:

1. Schedule community outreach visits
2. Provide free screening mammograms to low-income, uninsured and underinsured women
3. Distribute breast health educational materials at community events
4. Schedule mobile mammography for screenings at the clinic one day each month.
5. Schedule patients at Premier radiology for diagnostic testing.
6. Schedule patients at the Women's Breast Center for Surgeon consultations

ANTICIPATED IMPACT:

XIII. Conduct 12 community outreach visits annually in Davidson County to provide free mammography services

XIV. Increase women's knowledge of breast cancer resources to 80% as measured by community survey.

XV. Increase women's self-reported breast cancer screenings to 75% as measured by the W survey

XVI. Increase the proportion of women over 40 who receive a clinical breast exam to 85% as measured by BRFSS.

STRATEGY 8: Improve access to care via telemedicine consultations when acute stroke symptoms are present.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County with a suspected acute stroke event
- This strategy addresses health disparities and barriers to care by providing easy access to stroke-trained physicians in underserved communities
- This strategy has been developed by Saint Thomas Health in the successful development and management of the Saint Thomas Health Stroke Network across Tennessee, along with the successful operation of telemedicine clinical locations via HRSA grant 11-089

RESOURCES:

- Saint Thomas Health
- Telemedicine Services
- Consulting Stroke-trained Physician

COLLABORATION:

- N/A

ACTIONS:

1. Increase system use to conduct telemedicine consultations in response to possible stroke symptoms
2. Increase physician and staff telemedicine education participation for competency in NIHSS use, Stroke Telemedicine use, and Stroke ID/Triage
3. Collect peer evaluations and responses from physicians and staff on the benefits of conducting telemedicine visits
4. Conduct a patient survey to confirm timely access to health services

ANTICIPATED IMPACT:

XVII. Limit patient transfers to more acute facilities to those that are medically appropriate

XVIII. Annually meet or exceed the national average for IV tPA utilization (2.8% as of last published standard)

STRATEGY 9: Expand access to dental care through the dental residency program and practice.

BACKGROUND INFORMATION:

- The target population is Middle Tennessee residents who are dentally uninsured or underinsured
- This strategy focuses on the challenges experienced by those who are dentally underserved and works to alleviate their unmet need for dental care
- This strategy is built upon the evidence base cited by Healthy People 2020's Access to Health Services topic: People with a usual source of care have better health outcomes and fewer disparities and costs.

RESOURCES:

- Saint Thomas Health Graduate Medical Education

COLLABORATION:

- University of Tennessee Medical Center – College of Dentistry
- Mathew Walker Comprehensive Care Center

ACTIONS:

1. Expand residency program, with more residents providing general dental care and orthodontic care.
2. Promote the availability of dental care through this practice
3. Conduct mobile outreach, serving members of the community who are unable to travel to the practice to receive dental care

ANTICIPATED IMPACT:

XIX. Provide care for 8,000 dentally underserved patients annually at full residency compliment
XX. Increase number of dental providers

STRATEGY 10: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations
- Saint Thomas Community Health and Benefit Committee

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need		Healthy People 2020 Objective AHS-6 – Reduce the proportion of people who are unable to obtain or delay in obtaining necessary medical care, dental care, and prescription medication
I, II, IV, V, VI, VII, IX, X, XI, XII	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need	TN State Health Plan Principle 2, Access to Care – People in TN should have access to healthcare and the conditions to achieve optimal health	
I, II, III, IV, V, VI VIII, IX, X	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need	TN State Health Plan Goal 2d. People in TN are able to obtain appropriate quality healthcare services to meet their needs	
III, IV, V, VI, VII, IX, X, XII	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need		Healthy People 2020 Objective AHS-6 – Reduce the proportion of people who are unable to obtain or delay in obtaining necessary medical care, dental care, and prescription medication
VIII, IX, III, IV, V, VI, VII, VIII	Safety Net Consortium of Middle TN – Alignment on their objective to increase public awareness and use of safety net services and available insurance options		Healthy People 2020 Objective AHS-5 – Increase the proportion of persons who have a specific source of ongoing care
IX, XI, XII, V	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need	Priority for Consideration 5 within Goal 2d. of the TN State health Plan – Access to appropriate health and dental clinics impacts people's ability to obtain appropriate services, especially for underserved populations	Healthy People 2020 Objective AHS-6.3 - Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care

XIII, XIV, XV, XVI	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need	Reduce female breast cancer mortality through increased awareness, early detection, diagnosis and treatment	Healthy People 2020 Objective C3-Reduce the female breast cancer death rate
XVII, XVIII	Davidson County CHIP lists Access and Affordability of Healthcare as a prioritized need		Healthy People 2020 Objective HDS-19.3 – Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptom onset

Prioritized Need #2: Mental Health

GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services.

Action Plan

STRATEGY 1: Provide mental health screening, counseling and psychiatric medication management to community members who seek care at the Saint Thomas Medical Partners' Davidson Family Health Center PCMH sites.

BACKGROUND INFORMATION:

- The target population is community members in need of behavioral health care in addition to the care they are currently receiving for their physical health
- This strategy seeks to address the behavioral health needs of the underserved, who otherwise would not obtain needed mental health support.
- This strategy is based upon a model and structure utilized in North Carolina to integrate behavioral health services with medical care.

RESOURCES:

- Saint Thomas Medical Partners

COLLABORATION:

- Community Partners

ACTIONS:

1. Primary care providers conduct routine depression screenings, and introduce patients to the Intake Specialist when needed and patient is receptive to speaking with them
2. Intake Specialist conducts an initial assessment and schedules the patient for follow-up
3. Patient follows up for a visit with the counselor
4. Counselor recommends an overall plan and begins caring for the patient's behavioral health needs

ANTICIPATED IMPACT:

I. Demonstrated improvement in mental health of 90% of patients who complete the recommended course of therapy

II. Documented improved overall health outcomes of 90% of patients who complete the recommended course of therapy

STRATEGY 2: Develop a more coordinated network to meet the behavioral health needs of individuals and communities in Davidson County.

BACKGROUND INFORMATION:

- The future of healthcare is dependent on innovation and creativity; healthcare systems must be able to eliminate fragmentation across the industry and integrate care in meaningful way. Patients need to seamlessly be able to connect across the continuum of care.
- Behavioral health needs in Middle Tennessee and Davidson County continue to increase.
- There continues to be a shortage in all mental health providers across the continuum.

RESOURCES:

- Additional providers
- Integrated mental health services within all settings of care

COLLABORATION:

- Acadia Health
- Metro Public Health Department
- Mayor's Office of Nashville
- Community Partners

ACTIONS:

1. Strengthen relationship with community partners who work in the mental and behavioral health space (e.g. Behavioral Health and Wellness Advisory Council (BHWAC), Mental Health Cooperative, and Centerstone)
2. Support community groups working to decriminalize mental illness
3. Explore at least 2 new partnerships with local community services to provide behavioral health care.
4. Assist in bringing together multi-disciplinary groups to build relationships and break down silos.
5. Establish at least on new behavioral health offerings (e.g. outpatient facility, inpatient facility, explore employment of psychiatrists, increase use of midlevel providers to extend reach, explore telemedicine for behavioral health

ANTICIPATED IMPACT:

III. Increased collaboration
IV. Increased number of providers
V. Increased awareness of need
VI. Decreased stigma
VII. Increased access to behavioral health services

STRATEGY 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II	Davidson County CHIP lists Mental Health and Toxic Stress as a priority health need	TN State Health Plan Goal 1a. People in TN have the necessary support and opportunities for healthy living	HP 2020 MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
I, II	Davidson County CHIP lists Mental Health and Toxic Stress as a priority health need	TN State Health Plan Goal 1a. People in TN have the necessary support and opportunities for healthy living	HP 2020 MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
I, II, III, IV, V, VI, VII	Davidson County CHIP lists Mental Health and Toxic Stress as a priority health need	TN State Health Plan Goal 1a. People in TN have the necessary support and opportunities for healthy living	
I, II, III, IV, V, VI, VII	Davidson County CHIP lists Mental Health and Toxic Stress as a priority health need	TN State Health Plan Goal 1c. Health disparities between and among populations, as well as the underlying causes of these disparities, are eliminated	
I, II, III, IV, V, VI, VII	Davidson County CHIP lists Mental Health and Toxic Stress as a priority health need	TN State Health Plan Principle 2, Access to Care – people in TN should have access to healthcare and the conditions to achieve optimal health	

Prioritized Need #3: Obesity (Healthy Weight)

GOAL: Promote and support a healthy lifestyle through strengthening community resources that will positively impact healthy eating, active living, chronic disease management and chronic disease prevention.

Action Plan

STRATEGY 1: Provide access to physical activity and nutrition education and counseling through at least one primary care clinic.

BACKGROUND INFORMATION:

- The target population, is low income Davidson County residents who are either uninsured or underinsured.
- The programming will address health disparities and barriers to care by providing community education and free nutrition counseling to low-income community members.
- This strategy is built upon the evidence base cited by Health People 2020's Nutrition and Weight Status topic.

RESOURCES:

- Saint Thomas Health
- Saint Thomas Medical Partners
- Holy Family Health Center

COLLABORATION:

- Community Partners

ACTIONS:

1. Host at least 1 exercise class a week at Holy Family
2. Conduct at least 6 nutrition education sessions
3. Market exercise offerings to the community
4. Conduct a Pre and Post-test on knowledge of healthy choices

ANTICIPATED IMPACT:

I. Increase numbers receiving nutrition education
II. Increase total number of individuals attending exercise classes

STRATEGY 2: Learn about and explore promising practices to reduce food waste and increase the amount of food donated to food banks with community partners and health systems.

BACKGROUND INFORMATION:

- The UN Food and Agricultural organization estimates that we will need to ramp-up global food production by 70 percent by 2050 to meet the worlds food needs. Currently a third of the food we produce is wasted.
- Feed Hungry People is the second tier of EPA's Food Recovery Hierarchy. In 2015, over 39 million tons of food was generated in the US. While Americans dispose of millions of tons of food, the U.S. Department of Agriculture estimates that 11.8 percent of American households—about 15 million households-had difficulty providing enough food for all their members due to a lack of resources at some time during 2017. In many cases, the food tossed into our nations landfills is wholesome, edible food.
- The target population, is low income Davidson County residents who are either uninsured or underinsured.

RESOURCES:

- Saint Thomas Midtown Hospital
- Saint Thomas West Hospital
- Saint Thomas Hospital for Specialty Surgery
- Saint Thomas Health

COLLABORATION:

- Hospital Food Vendor
- Metro Public Health Department
- Community Partners

ACTIONS:

1. Conduct a literature review on promising practices
2. Identify, value-add community partners
3. Meet with value-add community partners
4. Propose recommendations for potential pilot

ANTICIPATED IMPACT:

III. Raise Awareness
IV. Increase Collaboration with non-traditional partners

STRATEGY 3: Explore and identify healthy eating, active living and behavioral health community-facing supports for bariatric patients post-surgery.

BACKGROUND INFORMATION:

- The target population is Davidson County post bariatric surgery patients.
- It has been reported that a significant number of post bariatric surgery patients report gaining back the weight loss within 18 months due to a lack of healthy eating and active living.
- The target population is low-income Davidson County residents who are either uninsured or underinsured.

RESOURCES:

- Saint Thomas Midtown Hospital
- Saint Thomas West Hospital
- Saint Thomas Medical Partners
- Saint Thomas Health

COLLABORATION:

- Community Partners
- Bariatric Patients

ACTIONS:

1. Conduct a planning meeting with stakeholders
2. Conduct a listening session with post bariatric surgery patients
3. Identify possible community partners
4. Make recommendations

ANTICIPATED IMPACT:

V. Increased awareness of an underserved population
VI. Increased understanding of need
VII. Enhanced relationships and collaboration
VIII. Identifying additional resources and supports for identified population

STRATEGY 4: Educate community members on the role food and nutrition play in our health and wellness.

BACKGROUND INFORMATION:

- A key component to addressing chronic disease is addressing what people eat and making healthy food the easy choice.
- Collaborations and partnerships are key to transforming the delivery of healthcare.
- The strategy's target population is low-income Davidson County residents who are either uninsured or underinsured.
- The programming will address health disparities and barriers.
- This strategy is built upon the evidence base cited by Healthy People 2020's Nutrition and Weight Status topic area.

RESOURCES:

- Saint Thomas Midtown Hospital
- Saint Thomas West Hospital
- Saint Thomas Medical Partners
- Saint Thomas Health

COLLABORATION:

- Kroger Health
- Community Partners
- Community Members

ACTIONS:

1. Explore dietary counseling and community-facing nutrition capabilities with Kroger to reach underserved population/communities
2. Explore dietary counseling and community-facing nutrition capabilities with Kroger specifically for individuals with chronic disease
3. Engage identified population and/or community members in identifying recommendations
4. Make recommendations
5. Determine feasibility of joint pilot

ANTICIPATED IMPACT:

IX. Strengthened relationships and understanding of how non-traditional partners leverage assets
X. Increased collaboration
XI. Increased understanding and awareness of need
XII. Greater awareness of the need
XIII. Increased awareness of the concept "Food as Medicine"

STRATEGY 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II, III, IV, V, VI, VII, VIII	Davidson County CHIP recognizes Nutrition/Obesity as a Priority Health Need	Obesity is cited as one of the TN Department of Health's four priorities	Healthy People 2020 Objective NWS-8 – Increase the proportion of adults who are at a healthy weight
V, VI, VII, VIII	Davidson County CHIP recognizes Nutrition/Obesity as a Priority Health Need	Obesity and physical inactivity are cited as two of the TN Department of Health's four priorities	Healthy People 2020 Objective PA-2 – Increase the proportion of adults who meet current federal physical activity guidelines for aerobic physical activity
I, II, IX, X, XI, XII, XIII	Davidson County CHIP recognizes Nutrition/Obesity as a Priority Health Need	Obesity and physical inactivity are cited as two of the TN Department of Health's four priorities	Healthy People 2020 NWS-10 – Reduce the proportion of children and adolescents who are considered obese
V, VI, VII, VIII	Davidson County CHIP recognizes Nutrition/Obesity as a Priority Health Need	Obesity and physical inactivity are cited as two of the TN Department of Health's four priorities	Healthy People 2020 Objective--NWS-5: Increase the proportion of primary care physicians who regularly measure the body mass index of their patients
IX, X, XI, XII, XIII	Davidson County CHIP recognizes Nutrition/Obesity as a Priority Health Need	Obesity and physical inactivity are cited as two of the TN Department of Health's four priorities	Healthy People 2020 Objective NWS-6: Increase the proportion of physician office visits that include counseling or education related to nutrition or weight
III, IV, IX, X, XI, XII, XIII			The UN Food and Agricultural organization estimates that we will need to ramp-up global food production by 70 percent by 2050 to meet the worlds food needs. Currently a third of the food we produce is wasted.

III, IV, IX, X, XI, XII, XIII	Feed Hungry People is the second tier of EPA's Food Recovery Hierarchy. In 2015, over 39 million tons of food was generated in the US. While Americans dispose of millions of tons of food, the U.S. Department of Agriculture estimates that 11.8 percent of American households—about 15 million households-had difficulty providing enough food for all their members due to a lack of resources at some time during 2017. In many cases, the food tossed into our nations landfills is wholesome, edible food.

Prioritized Need #4: Substance Abuse

GOAL: Decrease the incidence of substance abuse through identifying, treating, and/or referring to treatment, and supporting those in need by working upstream.

Action Plan

STRATEGY 1: Better meet basic needs and social determinants for individuals in recovery.

BACKGROUND INFORMATION:

- The target population is Davidson County community members who are in recovery.
- Meeting basic needs and social determinants entails many different things, including access to food, transportation, housing and education.
- Failing to meet basic needs results in worse health outcomes and adds additional barriers to recovery.

RESOURCES:

- Saint Thomas West
- Saint Thomas Midtown
- Saint Thomas Medical Partners
- Saint Thomas Health

COLLABORATION:

- Metro Public Health Department
- Vanderbilt Medical Center
- Community Partners
- Individuals in Recovery
- Metro Nashville Government
- Office of Minority Health

ACTIONS:

1. Conduct a literature review on promising practices
2. Assess and catalog work currently happening in Davidson County.
3. Provide leadership and support to convene, facilitate stakeholders
4. Raise awareness and build capacity internally and externally around the need
5. Help facilitate data sharing

ANTICIPATED IMPACT:

I. Increased Awareness
II. Increase Coordination and Referrals
III. Increased Knowledge of Resources and Programs

STRATEGY 2: Reduce risk-taking behaviors, promote resilience, prevent problems in individuals and families across the life span.

BACKGROUND INFORMATION:

- Building relationships with and learning from community members
- Public health and public safety agencies have started to adopt similar strategies and tools—many of which emphasize data analysis, collaboration, community engagement and problem solving—to combat problems facing communities.
- Misuse of alcohol, tobacco, and other drugs is a problem throughout the United States

RESOURCES:

- Saint Thomas Health
- Saint Thomas West
- Saint Thomas Midtown
- Saint Thomas Medical Partners

COLLABORATION:

- Community Organizations
- ACE Nashville
- State Opioids Task Force
- Faith Communities in Nashville
- Health Care Organization
- Nashville Prevention Partnership
- Acadia
- Vanderbilt Medical Center

ACTIONS:

1. Define and monitor the problem
2. Identify risk and protective factors
3. Develop and test prevention strategies
4. Help facilitate data sharing
5. Ensure widespread adoption

ANTICIPATED IMPACT:

IV. Increase Collaboration
V. Increase awareness
VI. Build Capacity--increasing the availability of services.
VII. Enhance effectiveness—improve the quality of services.

STRATEGY 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations

ACTIONS:

6. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
7. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
8. Partnership decisions made by committee review
9. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	"HEALTHY PEOPLE 2020" (or OTHER NATIONAL PLAN):
I, II, III, IV, V, VI, VII	Davidson County CHIP recognizes Unmet Basic Needs and Social Determinants of Health as a Priority Health Need	TN State Health Plan Goal 1c. Health disparities between and among populations, as well as the underlying causes of these disparities, are eliminated	
I, II, III, IV, V, VI, VII	Davidson County CHIP recognizes Unmet Basic Needs and Social Determinants of Health as a Priority Health Need	Working upstream and addressing substance abuse are priorities for the TN Dept. of Health	Healthy People 2020 Objective ECBP-10 – Increase the number of community-based organizations providing population-based primary prevention services
I, II, III, IV, V, VI, VII	Davidson County CHIP recognizes Unmet Basic Needs and Social Determinants of Health as a Priority Health Need	Working upstream and addressing substance abuse are priorities for the TN Dept. of Health	Healthy People 2020 Objective SA-8: Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year
I, II, III, IV, V, VI, VII	Davidson County CHIP recognizes Unmet Basic Needs and Social Determinants of Health as a Priority Health Need	Working upstream and addressing substance abuse are priorities for the TN Dept. of Health	Healthy People 2020 AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines
I, II, III, IV, V, VI, VII	Davidson County CHIP recognizes Unmet Basic Needs and Social Determinants of Health as a Priority Health Need	Working upstream and addressing substance abuse are priorities for the TN Dept. of Health	MHMD-10Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders