BON SECOURS
RICHMOND HEALTH SYSTEM
Bon Secours Health System

St. Mary's Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

August, 2013

BON SECOURS ST. MARY'S HOSPITAL

St. Mary's Hospital Community Health Needs Assessment Implementation Plan

To address the needs identified in the St. Mary's Hospital Community Health Needs Assessment, an Implementation Plan was developed. The Implementation Plan includes many Bon Secours programs and initiatives but also incorporates community partnerships and community resources to help drive impact. While the health needs and activities are presented discretely, we anticipate that the impact will be synergistic. For example, strategies to promote healthy nutrition and exercise will impact obesity as well as chronic disease. Healthy nutrition and exercise could also positively impact heart disease prevention.

The Assessment determined that the most significant health needs in our service area may be grouped into three broad categories:

- Health Promotion and Prevention
- Access to health care
- Support Services (e.g. social services, transportation, etc.)

The Assessment further identified significant health needs in our service area to be:

- Adult and Childhood Obesity
- Aging Services
- Behavioral Health
- Cancer Early Detection and Screening
- Chronic Disease Prevention and Management
- Dental Care/Oral Health
- Heart Disease & Stroke Prevention and Treatment
- Maternal Health
- Transportation
- Uninsured Adults and Children

Collectively, these health concerns can be arranged as depicted below:

Prioritized Health Needs		
Health Promotion & Prevention	**Access to Health Care**	**Support Services**
Adult & Childhood Obesity		
Cancer Early Detection & Screening		
Chronic Disease Prevention		
Heart Disease & Stroke Prevention	Heart Disease & Stroke Treatment	
	Behavioral Health	
	Uninsured Adults & Children	
		Maternal Health
		Aging Services

I. HEALTH PROMOTION AND PREVENTION: ADULT AND CHILDHOOD OBESITY

GOAL: Increase knowledge and awareness of nutrition and physical activity through educational opportunities to support the reduction of childhood and adult obesity.

OBJECTIVE #1: Develop and/or enhance community programs and initiatives that support nutrition and physical activity education and awareness to reduce adult and childhood obesity.

BACKGROUND ON STRATEGY

Childhood and Adult Obesity has been recognized globally as a major health and financial burden. The Centers for Disease Control and Prevention (CDC) report that currently more than one-third (35.7%) of adults and approximately 17% of children are obese. Since 1980 obesity rates in the United States have doubled for adults and almost tripled for children with significant racial and ethnic disparities in obesity prevalence for both adults and children. In the state of Virginia, the CDC estimates that 26% of adults are obese while 15.5% of children are obese. This data demonstrates not only the need for state-level programs supporting the prevention and reduction of obesity, but also an increased need for community-level prevention and management strategies.

Bon Secours Richmond Health System continues to be a leader in the Richmond region in addressing the health needs of its communities. To address the increasing need for nutrition education and physical activity education, Bon Secours Richmond hired full-time and part-time registered dietitians to implement community programs and initiatives. According to the Community Health Needs Assessment, 75% of community stakeholders responded that Adult Obesity was the most pressing health concern in our community. Additionally, 59% of community stakeholders responded that Childhood Obesity was also a primary concern to the community. Bon Secours continues to develop partnerships with regional organizations and community stakeholders in programs such as the *Greater Richmond Coalition for Healthy Children* and the annual *Healthy Kids Day & Walk* in partnership with the Greater Richmond YMCA. Bon Secours also supports many community programs and initiatives to increase the health and well-being of our communities.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Bon Secours Richmond will continue to provide and enhance existing programs focused on nutrition education and/or physical activity including with the following: *Know Your Veggies* Program	Ongoing Fiscal Year 2015 & 2016- Review available resources and opportunities to expand programs and impact	Increased knowledge of nutrition and healthy eating strategies Increased awareness of the benefits of consuming a healthy diet and engaging in physical activity for short and long term health Contribute to the reduction of obesity for

at a local city elementary school for 1st graders *Garden to Table* program at an East End elementary school for 5th graders *C.H.E.F.* (Creating Healthy Empowered Futures) Cooking Academy engages inner city girls in learning and development of cooking and life skills *Eat Smart, Move More, Weigh Less* weight management program for adults Care-A-Van and St. Joseph's Outreach Clinic nutrition counseling for chronic disease management		adults and children in our communities Contribute to the prevention of chronic diseases through the emphasis on nutrition and physical activity strategies.
Bon Secours Richmond will engage in community collaboration and partnerships focused on nutrition and/or physical activity to improve the health of children and adults in our community (*Greater Richmond Coalition for Healthy Children* and *Virginia's Chronic Disease Prevention* and *Health Promotion Collaborative)*	Ongoing	Maximize the number of people influenced through collaborative efforts Increased awareness of childhood and adult obesity in the community
Bon Secours Richmond will launch an innovative nutrition and healthy culinary initiative to support community education and engagement (*Mobile*	FY 2014- Launch program FY 2015- Identify community partners to	Increased knowledge of healthy food preparation techniques Increased access to healthy foods Assist in chronic disease management

Learning Kitchen)	enhance impact and engagement FY 2016- Investigate opportunities for evaluating program impact	
Bon Secours Richmond will expand the reach of *Movin' Mania* (An awareness campaign, highlighting childhood obesity and connecting families to nutrition education and physical activity resources within Bon Secours and the community.)	September 2014, 2015, 2016	Increased student participation in *Movin' Mania* Increased awareness of nutrition and physical activity and its benefits Increased engagement of physical activity in the Richmond area Increased awareness of community resources of nutrition and physical activities for kids and families
Actively participate in the *Capital Region Collaborative* (CRC) sponsored by the Greater Richmond Chamber of Commerce and the Richmond Regional Planning District Commission	Ongoing	Support CRC initiatives including promotion of active lifestyles and nutrition, access to healthy food and overall healthy living

REQUIRED RESOURCES
Staff time and additional staffing
Funding

COMMUNITY PARTNERS:
Richmond Public Schools, K-12 school system in which a myriad of programs such as Know Your Veggies, Garden to Table and Movin' Mania are implemented
Chef Ida MaMusu, founder of the C.H.E.F Cooking Academy, a 10-week program teaching girls ages 11-16 years old cooking and life skills
Fit 4 Kids, a local non-profit organization dedicated to improving the health and wellness of children to combat childhood obesity and the convener of the Greater Richmond Coalition for Healthy Children
Virginia Department of Health, convener of the Chronic Disease Prevention and Health Promotion Collaborative, a group of health professionals around Virginia brought together and supporting a shared agenda for health promotion and chronic disease prevention

OBJECTIVE #2: Strengthen existing community programs or collaborate on new programs and initiatives to support education, counseling, or awareness of nutrition and physical activity to reduce adult and childhood obesity**.**

BACKGROUND ON STRATEGY

Evidence-based research conducted by the World Health Organization (WHO) has determined that physical inactivity is the fourth leading risk factor for global mortality causing an estimated 3.2 million deaths. Physical inactivity is not just an individual problem but demands a population-based, societal approach. Based on the Community Healthy Needs Assessment, the service area for Bon Secours Richmond Health System when compared to the Commonwealth of Virginia as a whole is generally lower income, more racially/ethnically diverse, and has higher rates of preventable hospitalizations. The Community Health Needs Assessments also reflect an overwhelming number of adults and children at risk for obesity with over 59% of adults and over 18% of children currently either overweight or obese in the collective study areas. According to the evidence-based data provided in the Community Health Needs Assessment, 92% of regional children consume soda, chips, or candy three or more days per week while 34% fail to meet their daily physical activity targets.

In understanding the need for nutrition and wellness opportunities in our communities, targeted specifically at education, counseling, and nutrition and physical activity awareness, Bon Secours provides chronic disease management educational materials, counseling, and basic care to at-risk, uninsured patients through the Nutrition Services of Care-A-Van & St. Joseph's Outreach Clinic. Also identified in the Community Health Needs Assessments is an increase in people suffering from diabetes, high cholesterol and high blood pressure. Through the Senior Weight Management & Nutrition Program and the Community Health and Hospitals Outcomes Partnership, Bon Secours partners with the 7th District Health and Wellness Initiative and many East End groups to increase the depth of nutrition education in the community to help facilitate a reduction in diabetes, high cholesterol, high blood pressure, and BMI measurements.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Bon Secours Richmond will partner with existing nutrition and/or physical activity programs and initiatives in the community	Ongoing	Increased capacity of community organizations and partnerships to provide activities to support obesity prevention and wellness in target populations

Bon Secours Richmond will conduct nutrition classes and counseling at the *Center for High Blood Pressure* as well as with the *7th District Health and Wellness* Initiative	Ongoing FY 2015- Investigate opportunities for evaluating program impact	Increase reach of existing services for prevention and management of childhood and adult obesity in target populations Increase nutrition and physical activity education

REQUIRED RESOURCES
Staff time and additional staffing
Funding

COMMUNITY PARTNERS:
Faces of Hope, a local non-profit weight management program for children
United Methodist Urban Ministries of Richmond/Shalom Farms, a local non-profit community farm project aimed at increasing food security in low income neighborhoods
Tricycle Gardens, a local non-profit focused on urban agriculture, nutrition education, and healthy food access
Center for High Blood Pressure, a local free clinic offering chronic disease management and education to the uninsured
7th District Health and Wellness Initiative, an initiative lead by Councilwoman Cynthia Newbille to support and engage the community of the East End in wellness activities to increase the health of this community

GOAL 2: Partner to reduce adult and childhood obesity through increased access to healthy foods and physical activity opportunities

OBJECTIVE #1: Increase access to healthy foods and physical activity opportunities for the communities we serve.

BACKGROUND ON STRATEGY

According to Healthy People 2020, five of the most urgent concerns facing today's society include: access to health services, diabetes, educational and community-based programs, nutrition and weight status, and physical activity. According to the CDC, almost half of all adults (48%) and nearly one-third (30%) of children are not meeting the 2008 Physical Activity Guidelines for Americans. Engaging in regular physical activity has demonstrated improvements in healthy lifestyles, an increase life expectancy, and a lowered risk for heart disease, stroke, type 2 diabetes, depression, and some cancers. Health professionals have

recognized that combining a healthy diet and regular physical activity can severely decrease the risk for chronic disease. In addition, the Bon Secours Community Health Needs Assessment estimated that 77% of adults and 88% of children in the region consume less than the recommended five servings of fruits and vegetables per day. In recognizing these concerns, Bon Secours strives to provide an increase in access to healthy foods and physical activity opportunities to both adults and children in the community.

The *Get Fresh*, *East End* taskforce and initiative is a collaboration between Virginia Community Capital, Bon Secours, Tricycle Gardens, and other community partners to increase access and consumption of fresh produce in food desert communities where there is limited or no access to fresh foods. To enhance the efforts around physical activity, Bon Secours will engage community partners with expertise in exercise. This will allow for greater reach in the community and will enable us to support a more comprehensive approach to obesity prevention and chronic disease management.

Bon Secours will enhance education opportunities in partnership with Tricycle Gardens and other agriculturally based community organizations. We will also be supporting a pilot program led by the United Methodist Urban Ministries of Richmond in which "prescribed" fruits and vegetables as well as education are offered in subsidized housing developments in the East End.

ACTION PLAN

ACTIVITY	**TARGET DATE**	**ANTICIPATED IMPACT OR RESULT**
Bon Secours Richmond will implement a gardening and/or food access training to include education on healthy food preparation	September 2015	Increase knowledge of where our food comes from and how to prepare fresh foods in a healthy way
Bon Secours Richmond will partner with local gardeners and food access organizations through programming to increase food access to inner city kids *Tricycle Gardens* Urban Farm-Expansion of Healthy Corner Store Initiative *United Methodist Urban Ministries of Richmond/ Shalom Farms-Produce Prescription Program* in the inner city low income housing developments	September 2014 FY 2015-Investigate opportunities for evaluating program impact	Facilitate increased consumption of fresh fruits and vegetables Increased skills for healthy food preparation

Engage community organizations and members with expertise in physical activity	FY 2014- Identify potential community partners FY 2015- Seek opportunities to enhance programming FY 2016- Enhance programming	Encourage the reduction of obesity in adults or children Enhance physical activity and exercise education and exercise

REQUIRED RESOURCES
Staff time and additional staffing
Funding

COMMUNITY PARTNERS:
Tricycle Gardens, a local non-profit focused on urban agriculture, nutrition education, and healthy food access
United Methodist Urban Ministries of Richmond/Shalom Farms, a local non-profit community farm project aimed at increasing food security in low income neighborhoods
Virginia Community Capital, a non-profit, community development financial institution (CDFI) and banking entity providing innovative loan and investment solutions for affordable housing and economic development projects in the Commonwealth of Virginia.

II. HEALTH PROMOTION AND PREVENTION: CANCER EARLY DETECTION AND SCREENING

GOAL: Reduce the number of new cancer cases through early detection, screening and education

OBJECTIVE #1: Support access to cancer screenings

BACKGROUND ON STRATEGY

According to Healthy People 2020, cancer is the leading cause of death in the United States after heart disease. Healthy People 2020 promotes evidence-based screenings and education to reduce the risks of cancer. The leading cause of death in each Bon Secours Richmond hospital service area is cancer.

Bon Secours has a rich history of providing preventative care to the uninsured through its mobile health outreach program, Care-A-Van, as well as to insured or underinsured patients at St. Joseph's Outreach Clinic. Additionally, Bon Secours supports multiple free clinics in the metropolitan Richmond area that provide primary care services, including mammography, PAP tests, prostate exams, colorectal screenings and other cancer screening tests as appropriate.

For many years, Bon Secours has been a designated site for the Every Woman's Life program. Every Woman's Life (EWL) is a public health program that helps uninsured, low income women gain access to free breast and cervical cancer screening services. Screening and early detection reduces death rates, improves treatment options, and greatly increases survival rates (vdh.virginia.gov). Bon Secours supports early screenings through direct provision and by supporting local free clinics that serve the uninsured.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Provide early detection and screening of breast and cervical cancer through the Every Woman's Life program	Ongoing	Increase number of low income women screened for breast and cervical cancer
Collaborate with Free Clinics on Every Woman's Life Programs	Ongoing	Increase number of low income women screened for breast and cervical cancer
Support Free Clinic network financially and with in-kind services to provide cancer screenings	Ongoing	Provide timely screening and detection
Collaborate with Access Now, a specialty network for uninsured free clinic patients for the provision of screenings for skin cancer, prostate	Ongoing	Provide a continuum of care from screening to inpatient treatment, as needed

cancer, colon cancer and other chronic diseases		
Provide cancer screenings as appropriate to patients presenting at the Care-A-Van and St. Joseph's Outreach Clinic.	Ongoing	Provide early detection
Distribute information on the Bon Secours Financial Assistance program to provide access to the uninsured or underinsured for diagnostic studies	Ongoing	Support a continuum of care for the uninsured or underinsured
Partner with Nueva Vida to increase support for Latina women diagnosed with cancer	September 2013	Facilitate support services provided to Latina women with cancer
Provide training to Nueva Vida advocates to become certified medical interpreters	December 2013	Increase scope of advocates work to include medical interpretation for Latina women

REQUIRED RESOURCES
No additional resources required
Maintain funding

COMMUNITY PARTNERS:
Free Clinic Network including:
Cheryl M. Watson Memorial Free Clinic
Cornerstone Free Clinic
CrossOver Health Care Ministry
Daily Planet, FQHC
Fan Free Clinic
Free Clinic of Powhatan
Goochland Free Clinic and Family Services
Richmond Area High Blood Pressure Center
St. James the Less Free Clinic

OBJECTIVE #2: Provide education for cancer prevention

BACKGROUND ON STRATEGY

Breast cancer is the most commonly diagnosed cancer (excluding non-melanoma skin cancer) and the leading cause of cancer death (after lung cancer) among women of all races and Hispanic origin populations (CDC.gov). In Virginia, as with the rest of the nation, cervical cancer is not among the top ten cancers diagnosed, nor is it among the top causes of cancer deaths (American Cancer Society. Cancer *Facts & Figures 2009*). However, White women (48%) were more likely to have their cervical cancer diagnosed local stage than African-American women (38%) (Virginia Cancer Registry 2004-

2008). Respondents to the recent Community Health Needs Assessment identified cancer as one of the top health issues in our region. A goal of the 2020 Objectives for the Nation is to "Reduce the number of new cancer cases, as well as the illness, disability, and death caused by cancer." Bon Secours Richmond works with a large number of partners to address this disease which is our region's leading cause of death. A special emphasis is placed on work with low income and minority populations. Efforts extend beyond the region as Bon Secours works with statewide partners to reduce the burden of cancer through early detection and screening.		
Provide education on prevention, early detection and screening through the Bon Secours sponsored Faith Community Nurse network	Ongoing	Enhance knowledge in the faith community on cancer prevention and early detection
Support CrossOver Ministry's Lay Health Promotion program to enhance community education on cancer prevention and early detection	Ongoing	Increased number of low income women educated in the importance of early detection and screening who encourage neighbors and friends to be screened for breast and cervical cancer
Provide community education on nutrition and physical activity to promote cancer prevention using the Bon Secours' Mobile Learning Kitchen and Movin' Mania, a Bon Secours program aimed at reducing childhood obesity and preventing chronic diseases.	Ongoing	Support community nutrition education to reduce the incidence of cancer
Support the *7th District Train-the-Trainers* program by providing educational programs related to early detection and screening. Bon Secours Medical Group affiliated physicians will teach.	Ongoing	Increased awareness of the importance of early detection and screening Increased number of low-income individuals screened for cancer.
Cancer Action Coalition of Virginia	Ongoing	Increased awareness of early screening, detection and treatment options.
Support Sisters' Network	Ongoing	Increased early screening, detection and treatment for women of color.
Support Virginia Department of Health's Chronic Disease Collaborative	Ongoing	Increased awareness of new educational in order to improve

		educational tools and resources for cancer screenings and other preventive activities.
Support *You Can! Live Well, Virginia!* Program, a chronic disease self-management course supported by the Virginia Department for Aging and the Virginia Department of Health	Ongoing	Increased awareness of the importance of early detection and screening and reduction of complications.

REQUIRED RESOURCES
No additional resources required
Maintain funding

COMMUNITY PARTNERS:
Faith Community Church partners, area churches that have a designated Faith Community nurse and participate in the Bon Secours Faith Community Nurse network (almost 200 churches).
CrossOver Ministry, Virginia's largest free clinic; sponsors a lay health program, providing health education to lay health promoters
Nueva Vida, national Latina advocacy group with a local chapter
7th District Health and Wellness Initiative, collaboration initiated by City Councilwoman Cynthia Newbille to address health disparities in the East End. Collaboration includes numerous partners including Richmond City Health Department, Virginia Commonwealth University, American Heart Association, a federally qualified health center, etc.
Virginia Department of Health, Chronic Disease Collaborative and Chronic Disease Self-Management Program
Sisters' Network, a nonprofit organization of primarily African American women dedicated to early detection, screening and treatment of breast cancer.

III. HEALTH PROMOTION AND PREVENTION: CHRONIC DISEASE PREVENTION

GOAL: Reduce the incidence of disease and economic burden of chronic disease and improve the quality of life for all persons who have, or are at risk for chronic disease

OBJECTIVE #1: Provide educational opportunities for people with diabetes or who are at risk of developing diabetes.

BACKGROUND ON STRATEGY

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. The rate of diabetes mellitus (DM) continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with DM, and possibly earlier onset of type 2 DM, there is growing concern about:

- Substantial increases in diabetes-related complications
- Complexity of care might overwhelm existing health care systems
- Need to complement improved diabetes management with effort in primary prevention among those at risk (healthypeople.gov)

From 1995 to 2007, the Virginia population increased by 16%, but the prevalence of diabetes increased by 95%. In 2007, an estimated 466,883 adult Virginians had diagnosed diabetes and another estimated 233,441 had undiagnosed diabetes. Diabetes was the 6th leading cause of death in Virginia in 2006. The prevalence rates of obesity, high cholesterol, and high blood pressure among Virginians with diabetes was approximately two to three times higher than those among people without diabetes in 2006 (vdh.state.va.us/ofhs/prevention/diabetes).

Bon Secours has a long history of financial and in-kind support to free clinics throughout the region. These clinics screen for chronic disease, provide health education and treat patients with chronic conditions. Patients may be referred for specialty care to Bon Secours, as needed. In addition, Bon Secours provides free lab services to area Free Clinics and a courier service to deliver medications from CrossOver's Community Pharmacy.

For over 20 years, Bon Secours Richmond has provided chronic disease community education through health fairs, the Diabetes Treatment Centers of America (under contract with Bon Secours Richmond Health System), the Faith Community nurses' network and healthy communities' staff.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Conduct annual meeting of free clinics, federally qualified health centers and health departments to discuss chronic disease prevention	2014	Facilitate the reduction of diabetes through enhanced collaboration and communication
Support prevention strategies at the	Ongoing	Provide education of individuals with

Richmond Area High Blood Pressure Clinic, which also serves individuals with diabetes.		diabetes or pre-diabetes
Utilize resources within *Diabetes Treatment Centers of America* for education.	Ongoing	Uninsured and underinsured individuals receive education and support from certified diabetic educators.
Facilitate annual chronic disease screening event with community partners	Ongoing	Increased community awareness of diabetes and pre-diabetes and earlier access to treatment.
Provide medication assistance through *CrossOver Community Pharmacy*, pharmacy assistance programs and *Medical Society of Virginia Foundation's Doc RX Relief* program.	Ongoing	Reduction of complications of diabetes due to lack of adherence to medication regime.
Support *7th District Health and Wellness* Initiative	Ongoing	Increased awareness of risk factors for diabetes. Encourage physical activity. Enhance knowledge of nutrition related to diabetes.
Support Faith Community Nurse Network	Ongoing	Provide education and training related to diabetes for registered nurses who volunteer in their churches.
Support *CrossOver Lay Health Promoter* Program	Ongoing	Increased number of low income and minority women (and men) trained in basic health education including diabetes and its complications. Increased access to trained lay health promoters in low income neighborhoods.
Support the Virginia Department of Health's Chronic Disease collaborative	Ongoing	Increased knowledge of resources, educational opportunities and networking
Support the Virginia Department of Health's Chronic Disease self-management program	Ongoing	Increased knowledge and self-responsibility for disease management
REQUIRED RESOURCES Maintain existing staffing Maintain existing funding		

COMMUNITY PARTNERS:

Free clinics, federally qualified health centers and health departments, provide primary care services to uninsured and underinsured individuals

Richmond Area High Blood Pressure Center, a non-profit health center serving uninsured and underinsured individuals with hypertension and diabetes.

CrossOver Health Center:

- **Community Pharmacy** serves low income and uninsured individuals
- **Lay Health Promoter** program trains low-income residents in basic health education including diabetes and its complications and sources of care.

Virginia Health Care Foundation, Pharmacy Assistance software program that links uninsured patients with national pharmaceutical companies' free medication programs

Medical Society of Virginia Foundation's Doc RX Relief program, provides medications to low-income patients

Access Now, a specialty physician referral program that offers uninsured and underinsured individuals access to specialty care including endocrinologists.

7th District Health and Wellness Initiative, instituted by Councilwoman Cynthia Newbille in her District. Educational programs and trainings are provided to designated representatives of 25-30 area churches. Representatives return to their congregations and share the information and training with members. Significant effort is given to education about diabetes and the risk factors for preventing Type 2 diabetes including physical activity, nutrition education and stress reduction.

OBJECTIVE #2: Provide asthma education to reduce complications.

BACKGROUND ON STRATEGY

More than 23 million people in the US have asthma. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities and states. (healthypeople.gov). Each year, the Asthma and Allergy Foundation of America ranks cities according to asthma prevalence, environmental risk factors and medical utilization. Richmond was ranked number one in 2013 as well as in 2010 and 2011.

Since 1996, Bon Secours has provided asthma education classes to elementary school aged children. Known as CARMA (Controlling Asthma in the Richmond Metropolitan Area), a registered nurse provides community outreach, education and case management services to children with asthma who are discharged from area hospitals.

Bon Secours partners with the Central Virginia Asthma Coalition, the Virginia Asthma Coalition, area health departments and schools as well as area hospitals and pediatricians.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Conduct an annual meeting of free	2014	Facilitate the reduction of chronic

clinics, FQHCs and health departments to discuss chronic disease management and prevention of asthma attacks		diseases through enhanced collaboration and communication
Support Bon Secours Controlling Asthma in the Richmond Metropolitan Area's (CARMA) community outreach and educational efforts	Ongoing	Enhanced education of children and their families regarding reduction of asthma triggers and asthma attacks.
Facilitate annual children's asthma camp with community partners each summer	Ongoing	Provide education on asthma triggers to decrease in asthma attacks.
Partner with *Virginia Asthma Coalition* to increase educational outreach programs	Ongoing	Increase the number of classes taught in the region to health professionals and families of children with asthma.
Partner with the Richmond City Health Department's *Healthy Homes* program to inspect homes for asthma triggers and introduce remedial measures	Ongoing	Reduction of asthma triggers in the home environment
Provide medication assistance through *CrossOver Community Pharmacy*, pharmacy assistance programs and *Medical Society of Virginia Foundation's Doc RX Relief* program.	Ongoing	Provide medication to low-income families. Reduce severity and number of asthma attacks in children.
Support Access Now, a volunteer program of the Richmond Academy of Medicine, that provides free access to specialty physicians for uninsured and underinsured patients	Ongoing	Early detection and reduction of complications of asthma.
REQUIRED RESOURCES No additional staffing required Maintain existing funding levels **COMMUNITY PARTNERS:** **Virginia Asthma Coalition,** a statewide non-profit organization focused on reducing the burden of asthma **Central Virginia Asthma Coalition,** a regional non-profit organization focused on reducing the burden of asthma in the Richmond region.		

Richmond City Health Department, a local health department serving the City of Richmond
CrossOver Health Clinic, a local free clinic with a Community pharmacy
Pharmacy Assistance Programs, software program acquired from Virginia Health Care Foundation that allows online applications to pharmaceutical companies and medications for low income families
Medical Society of Virginia Foundation, sponsors the Doc Rx Relief Patient Prescription Assistance Program for low income patients
Richmond Academy of Medicine's Access Now, offers free specialty physician care for uninsured patients

IV. HEALTH PROMOTION AND PREVENTION: HEART DISEASE AND STROKE PREVENTION

GOAL: Improve cardiovascular health and quality of life through identification of and education on risk factors for hypertension, heart disease and stroke.

OBJECTIVE #1: In conjunction with the Adult & Childhood Obesity programs and Chronic Disease Prevention initiatives, provide education on hypertension, heart disease and stroke.

BACKGROUND ON STRATEGY

Heart disease is the leading cause of death in the United States (healthypeople.gov). High blood pressure affects approximately 1 in 3 adults in the United States and more than half of Americans with high blood pressure do not have it under control (www.healthypeople.gov). Heart disease and stroke combined is the number one cause of death in Virginia (www.vdh.virginia.gov/heathstats). Heart disease and stroke were identified as a top health issue in the Community Health Needs Assessment. Fortunately, they are also among the most preventable chronic diseases. But, controlling risk factors for heart disease and stroke remains a challenge (healthypeople.gov).

Bon Secours Richmond has a number of outreach initiatives that are focused on heart disease and stroke prevention. Two years ago, Bon Secours began a partnership with Richmond City Councilwoman, Cynthia Newbille and her *7th District Health and Wellness* Committee. The work of this group is aimed toward making the 7th District, the healthiest neighborhood in the City. Representatives from 25-30 area churches are provided with educational programs related to various chronic and acute health issues, return to their congregations and share the information.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Support Richmond City's *7th District Health and Wellness* Initiative in educating low income individuals in prevention and reduction of risk factors for hypertension and stroke	Ongoing	Greater awareness of risk factors. Better self-management by patients.
Heart Aware – Bon Secours' program for early detection of cardiovascular disease; screenings focus on low income and minority populations. Patients with abnormal findings are referred to Bon Secours Medical Group cardiologists or free clinics for follow up	Ongoing	Early detection and treatment of heart disease.
Conduct the *JOY* Program, a faith based cardiovascular health promotion program for African American women	Ongoing	Enhance education on cardiac wellness for underserved population.

Provide nutrition education to Care-A-Van patients with hypertension and cardiovascular diseases.	Ongoing	Reduction of risk factors including obesity, high sodium intake and high fat diets.
Beauty and Barber Shop screenings and education regarding hypertension and stroke in collaboration with the 7th District Health and Wellness Initiative, American Heart Association and the American Stroke Association. Individuals with abnormal results are referred to Bon Secours physicians or free clinics	Ongoing	Enhanced awareness and education for underserved populations.
Support the Creighton Court Resource Center	Ongoing	Increased access to blood pressure screenings and education in a publicly funded housing project.
Support the 7th District Health and Wellness Initiative's educational programs focused on the prevention and reduction of heart disease and stroke in partnership with the American Heart Association and the American Stroke Association	Ongoing	Increased awareness of dangers of high blood pressure and health consequences, self-responsibility and reduction of risk factors.

REQUIRED RESOURCES
No additional resources required
Maintain current staffing
Maintain current funding

COMMUNITY PARTNERS:
CrossOver Health Center, Virginia's largest free clinic that operates a community pharmacy
Richmond Area High Blood Pressure Clinic, a free clinic focused on prevention, treatment and provision of medication for patients with hypertension and cardiovascular diseases.
Free Clinics, Federally Qualified Health Centers and health department, provide care to low income populations
Faith Community Nursing Services, parish nurses located in churches in high need areas of the community
7th District Health and Wellness Initiative, City Council representative's chronic disease education program for a low-income neighborhood.
Virginia Department of Health, manages the Chronic Disease Collaborative
Richmond City Health Department, a resource center for housing and clinics
Richmond Redevelopment and Housing Project, operates a resource clinic

V. ACCESS TO CARE: HEART DISEASE AND STROKE TREATMENT

GOAL: Improve overall cardiovascular health as it relates to hypertension and stroke in the region

OBJECTIVE #1: Provide access to resources for people diagnosed with hypertension, heart disease and stroke including education to manage the conditions.

BACKGROUND ON STRATEGY

See Background Information under Health Promotion and Prevention: Heart Disease and Stroke Prevention

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Enroll patients to receive medications through *CrossOver Community Pharmacy*, pharmacy assistance programs, *Medical Society of VA Foundation's Doc RX Relief* program	Ongoing	Provide access to low cost or free medications
Patients going through the *Heart Aware* (an online risk assessment for heart disease) program will be referred to Bon Secours Medical Group cardiologists or free clinics for follow up	Ongoing	Ensure timely treatment of heart disease through access to physician specialists
Distribute information to organizations working with uninsured patients about the Bon Secours Financial Assistance Program	Ongoing	Ensure referring organizations have knowledge of resources available through Bon Secours
Provide free clinics with financial and in-kind support to provide care for patients diagnosed with hypertension, heart disease or stroke	Ongoing	Enhanced early treatment of hypertension, cardiovascular diseases and stroke
Provide Access Now with financial and in-kind support to provide appropriate specialty care to uninsured patients	Ongoing	Support access to a full continuum of care for the uninsured patient with cardiovascular disease and stroke
Uninsured inpatients suffering from heart disease and stroke will be discharged to a medical home	Ongoing	Provide a continuum of care for patients with cardiovascular disease

REQUIRED RESOURCES
Maintain current staffing
Maintain current funding

COMMUNITY PARTNERS:

CrossOver Health Center, a large free clinic that operates a community pharmacy

Access Now, links specialty physicians willing to provide pro bono services with uninsured and low income patients

Richmond Area High Blood Pressure Clinic, a free clinic that focuses on treatment and provision of medication for patients with hypertension and cardiovascular diseases

Free Clinics, Federally Qualified Health Centers and health departments, provide primary care services to the uninsured

Faith Community Nursing Services, parish nurses located in churches in high need areas of the community

Richmond Academy of Medicine's Access Now, a program that provides access to specialty physicians free of charge.

Medical Society of Virginia's Doc Rx Relief program, provides access to free or reduced cost medications

VI. ACCESS TO CARE: BEHAVIORAL HEALTH

GOAL: Increase access to behavioral health services to improve mental health of the community.

OBJECTIVE #1: Reduce barriers to accessing behavioral health services.

BACKGROUND ON STRATEGY

Mental health is a critical link to an individual's overall health and has important implications in family and interpersonal relationships and the ability to lead a productive life. Mental health and physical health are strongly linked. Mental health disorders, especially depression, are associated with the risk, occurrence, management, progression, and outcome of chronic disease including diabetes, hypertension, stroke, heart disease and cancer and even, obesity (National Prevention Council, *National Prevention Strategy*, June 2011). Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases (HeathyPeople.gov). Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery (HealthyPeople.gov). Mental illness is not confined to any age group but rather covers the gamut from young children to seniors.

The rates of schizophrenic disorders and other psychosocial circumstances in the Richmond region are over 100% higher than the statewide averages according to the Community Health Needs Assessments. Healthy People 2020 sets a mental health goal "to improve mental health through prevention and by ensuring access to appropriate, quality mental health services."

Bon Secours Richmond Health System partners with a number of local and state organizations to increase the number and quality of mental health programs available to the full spectrum of the population including children, adults, and seniors.

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Support community partnerships that promote mental health and wellbeing (See partnerships below)	Ongoing	Increased access to mental health services
Pursue opportunities to collaborate with area *Community Services Boards* (CSB) in the Region (Richmond City--*Richmond Behavioral Health Authority; Henrico--Henrico Area Mental Health* and Developmental Services; Hanover--Community Services Board; Chesterfield--	September 2013 and Ongoing	Improved networking capabilities and referral resources for patients and community residents Increased access to mental health counseling, education and treatment services

Chesterfield Department of Mental Health Support Services)		
Create opportunities to increase behavioral health resources to Care-A-Van and St. Joseph's Outreach Clinic patients to include individual and group counseling	FY 2014	Increased access and availability of individual and group counseling and referrals
Distribute Bon Secours Financial Assistance information to Free Clinics for patients requiring mental health services	Ongoing	Earlier utilization of mental health intervention and services
Refer Care-A-Van and *St. Joseph's Outreach Clinic* patients with mental health needs the *Daily Planet, FQHC*; provide interpreters for patients who do not speak English	Ongoing	Increased access to mental health counseling and treatment services
Support *CrossOver Health Clinic* financially and with in-kind services to provide mental health services to the uninsured	Ongoing	Increased access to mental health counseling and treatment services
Partner with *Regional Hospital Accompaniment Response Team (RHART)* to support individuals who experience sexual or domestic violence	Ongoing	Increased referrals to mental health services
Provide support to adult day care centers for increased socialization and community engagement and improved mental health through services and education	Ongoing	Facilitate an increase in the number of older adults receiving services thereby reducing the sense of isolation and enhancing wellbeing
Partner with community organizations that promote couple and family interconnectedness, positive parenting skills, and support parental education and reduce family violence: • *Commonwealth Parenting* • *Child Savers* • *First Things First*	Ongoing	Reduced reports of child abuse and parental violence
Provide collateral materials to the community on the Bon Secours Bereavement Center	Ongoing	Enhance mental health
RESOURCES REQUIRED Additional funding if programs are expanded		

Additional staff if programs are expanded

PARTNERSHIPS THAT SUPPORT MENTAL HEALTH:

Comfort Zone, supports grieving process for young children and adolescents
Faison School, supports educational and social services for children with autism
Homeward, supports behavioral health services for homeless individuals
Daily Planet, supports behavioral health services for homeless and uninsured individuals
RHART (Regional Hospital Accompaniment Team), volunteers who provide support to individuals in local emergency rooms due to sexual and/or intimate partner violence.
Child Savers, a mental health services for children who have witnessed violence and family reconciliation
Healing Place, a residential center for recovering addicts and alcoholic individuals.
Hilliard House, a residential home and support for abused women and children
Challenge Discovery, bullying reduction education in schools and substance abuse education
Court Appointed Special Advocates (CASA), CASA volunteers are trained community volunteers appointed by a Juvenile and Domestic Relations Court Judge to advocate in court for children who are abused, neglected and otherwise in need of services.
Richmond Behavioral Health Authority, Richmond City Community Services Board
7th District Health and Wellness Initiative, a local collaborative serving low-income area of the City and providing health education, physical activity and nutrition classes.

PARTNERSHIPS THAT ARE FOCUSED ON SENIORS

Circle Center Adult Day Services, promotes aging with dignity and purpose by providing an alternative to residential care.
Senior Center of Greater Richmond, serves as a meeting place for active senior adults age 50 and older who are interested in educational, social and physical activities. These activities are designed to help senior adults maintain independence and remain physically and emotionally healthy.
Senior Connections, dedicated to helping seniors maintain quality of life and independence as they age. Reduces social isolation.

PARTNERSHIPS THAT SUPPORT FAMILY MENTAL HEALTH AND REDUCED VIOLENCE

First Things First, dedicated to strengthening families through education, collaboration and mobilization
Commonwealth Parenting, conducts classes on parenting skills
Child Savers, supports the mental well-being of children and the positive bond between adult and child with clinical treatment and education and training services that offer reassurance, healing, and the skills necessary to achieve normal life and development.

VII. ACCESS TO CARE: UNINSURED ADULTS & CHILDREN

GOAL: Improve access to high quality health care services for the uninsured and those newly insured through the Affordable Care Act

BACKGROUND ON STRATEGY

According to Healthy People 2020, access to quality health care services has a positive impact on:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Quality of life
- Preventable death
- Life expectancy

Bon Secours Richmond Health System strives to eliminate barriers to care by providing culturally and linguistically competent health care to the uninsured. Some signature programs include:

Care-A-Van: Partnering with area churches, Care-A-Van is a mobile health clinic that provides free primary, urgent and preventative health care services for the uninsured in familiar neighborhood settings. The staff is bilingual in Spanish. Telephonic translation service is available for patients who speak languages other than English or Spanish.

St. Joseph's Outreach Clinic: Located on the north side of metropolitan Richmond, St. Joseph's Outreach Clinic provides primary, urgent and preventative health care services to the uninsured as well as Medicaid and Medicare patients. The staff is bilingual in Spanish. Telephonic translation service is available for patients who speak languages other than English or Spanish.

Bon Secours CareCard: The Bon Secours CareCard is an extension of the Bon Secours Financial Assistance Program. Patients who qualify for financial assistance and are not eligible for government sponsored insurance are issued a CareCard which allows them to access healthcare services with ease and dignity.

OBJECTIVE #1: Provide primary care services to those who do not qualify for coverage under the Affordable Care Act		
ACTION PLAN		
ACTIVITY	**TARGET DATE**	**ANTICIPATED IMPACT OR RESULT**
Provide primary care services to Care-A-Van and St. Joseph's Outreach Clinic patients	Ongoing	Ensure our community's most vulnerable populations have access to a continuum of health care services Reduce unnecessary hospitalizations
Evaluate locations of existing Care-A-Van sites to ensure that they are convenient and accessible to uninsured populations	Assess annually in FY 2015 and FY 2016	Ensure our community's most vulnerable have access to a continuum of health care services Reduce unnecessary hospitalizations
Provide lab services to Free Clinics who are serving the uninsured population	Ongoing	Ensure coordination of services and continuity of care to our community's most vulnerable populations
Transport filled prescriptions from the *CrossOver Ministry Community Pharmacy* to area free clinics	Ongoing	Ensure coordination of services to our community's most vulnerable populations
Provide information on the Bon Secours Health System Inc. Financial Assistance plan to area health departments, free clinics, FQHCs and other organizations working with uninsured populations	Semi-Annually in for FY's 2014-2016	Ensure referring organizations have knowledge of available services through Bon Secours Richmond Health System

RESOURCES REQUIRED
No additional resources required
Maintain current funding

COMMUNITY PARTNERS:
Care-A-Van Church partners (see current list at: http://www.bonsecours.com/about-us-mission-and-outreach-outreach-care-a-van.html)
Cheryl M. Watson Memorial Free Clinic
Cornerstone Free Clinic
CrossOver Health Care Ministry
Daily Planet, FQHC
Fan Free Clinic
Free Clinic of Powhatan

Goochland Free Clinic and Family Services
Richmond Area High Blood Pressure Center
St. James the Less Free Clinic
St. Joseph's Villa, Supports St. Joseph's Outreach Clinic which is located on the campus of St. Joseph's Villa

OBJECTIVE #2: Facilitate insurance enrollment and understanding of benefits for those eligible under the Affordable Care Act

ACTION PLAN

ACTIVITY	TARGET	ANTICIPATED IMPACT OR RESULT
Provide insurance enrollment opportunities to eligible Care-A-Van and St. Joseph's Outreach Clinic patients	FY 2014 FY 2015	Increase the number of people with health insurance in the metropolitan Richmond area
Collaborate with area free clinics to increase enrollment opportunities for those newly eligible for health care coverage	FY 2014 FY 2015	Increase the number of people with health insurance in the metropolitan Richmond area
Partner with area organizations to conduct educational sessions on the enrollment process, accessing services and available providers	Semi-annually	Increase the number of people with health insurance in the metropolitan Richmond area
Obtain or create collateral materials to facilitate understanding of insurance enrollment and commensurate benefits	Distribute semi-annually	Increase the number of people with health insurance in the metropolitan Richmond area

RESOURCES REQUIRED
Funding
Staff

COMMUNITY PARTNERS
Cheryl M. Watson Memorial Free Clinic
Cornerstone Free Clinic
CrossOver Health Care Ministry
Daily Planet, FQHC
Fan Free Clinic
Free Clinic of Powhatan
Goochland Free Clinic and Family Services
Richmond Area High Blood Pressure Center
St. James the Less Free Clinic

St. Joseph's Villa (SJV), Supports St. Joseph's Outreach Clinic located on the SJV campus

Seventh District Health and Wellness Initiative, Wellness initiative in Richmond's East End that provides opportunities for health improvement through education and access to resources.

OBJECTIVE #3: Collaborate with community partners to enhance access to healthcare services		
ACTION PLAN		
Activity	**Target Date**	**Anticipated Impact or Result**
Continue to provide *Access Now*, a consortium of volunteer specialty physicians available to free clinic patients, financial and in-kind support	Ongoing	Support a continuum of care for the community's most vulnerable
Provide financial and in-kind support for the Daily Planet's Respite Program for the homeless population	Ongoing	Reduce readmissions by homeless patients
Continue the pilot care management program at SMH which focuses on uninsured inpatients. Ensure all uninsured inpatients are discharged to a medical home	Ongoing	Increase the number of uninsured people who have a medical home; contribute to a decrease in hospital readmissions
RESOURCES REQUIRED: No additional resources required **COMMUNITY PARTNERS:** Cheryl M. Watson Memorial Free Clinic Cornerstone Free Clinic CrossOver Health Care Ministry Daily Planet, FQHC Fan Free Clinic Free Clinic of Powhatan Goochland Free Clinic and Family Services HCA Healthcare Richmond Area High Blood Pressure Center Richmond Academy of Medicine/Access Now St. James the Less Free Clinic St. Joseph's Villa (SJV), Supports St. Joseph's Outreach Clinic on the campus of SJV Seventh District Health and Wellness Initiative, Wellness initiative in Richmond's East End that provides opportunities for health improvement through education and access to resources.		

VIII. SUPPORT SERVICES: MATERNAL HEALTH

GOAL: Improve maternal and infant health outcomes through education around prenatal, postpartum and newborn care.

OBJECTIVE #1: Facilitate access to maternal and infant health services through Richmond Community Hospital's Center for Healthy Beginnings

BACKGROUND ON STRATEGY

According to "Healthy People 2020," pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. Access to quality preconception and inter-conception care can reduce risks of maternal and infant mortality and pregnancy-related complications.

Bon Secours Richmond Community Hospital opened the Center for Healthy Beginnings in the fall of 2009 in an effort to reach pregnant women and families with children under one year of age who live near the hospital, primarily in zip code 23223. Healthy Beginnings is a resource center that provides free mentoring, navigation and support services in an effort to reduce the health disparities experienced by pregnant women in the community. Available services include:

- Free pregnancy testing
- Assistance with medical insurance enrollment
- Prenatal, primary and specialty care referral assistance
- Social service and community resource referrals
- Case management
- Self-responsibility and self-esteem mentoring
- Prenatal, postnatal, and infant care development classes

ACTION PLAN

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Provide free pregnancy tests and appropriate follow up services	Ongoing	Impact the percentage of women receiving early prenatal care
Initiate the Medicaid application process for the uninsured	Ongoing	Increase the number of families covered by health insurance
Facilitate access to prenatal care services through Bon Secours' Capitol OB/GYN, *CrossOver Ministry*	Ongoing	Contribute to ensuring prenatal care service care provided

Clinic, City of Richmond and Henrico County Health Departments, Virginia Commonwealth University's Nelson Clinic prenatal services		
Support access to community resources to include nutrition, education, housing, utility, parenting and social service support to Healthy Beginnings participants	Ongoing	Enhance patient self-management and healthier lifestyles.
Provide case management and mentoring services during pregnancy and baby's first year of life	Ongoing	Enhance patient self-management and healthier lifestyles.
Provide educational opportunities to include knowledge of pregnancy, infant care, child development and parenting skills.	Ongoing	Participate in the reduction of maternal risks, low weight births, infant mortality and pregnancy-related complications

RESOURCES REQUIRED
No additional resources required
Maintain current funding

COMMUNITY PARTNERS:
CrossOver Ministry Clinic
City of Richmond Health Department
Henrico County Health Department
Virginia Commonwealth University's Nelson Clinic prenatal services

OBJECTIVE #2: Improve maternal and infant health outcomes through education

BACKGROUND ON STRATEGY

The Center for Healthy Beginnings provides educational opportunities specific to a family's needs. Small group classes, individual education and mentoring yields a trusting environment. Healthy Beginnings teaches nurturing parenting classes at Richmond Community Hospital and will provide bus tickets to those in need of transportation assistance.

At the Creighton Resource Center, Healthy Beginnings staff counsels newly expectant moms. The Center is located in Creighton Court, a public housing development located across the street from Richmond Community Hospital in order to reduce transportation barriers and

engage hard to reach families.

Bon Secours Love and Learn teaches a series of free prenatal and postpartum classes at Richmond Community Hospital, addressing the needs of participants.

First Things First of Greater Richmond teaches a quarterly Boot Camp for New Dads class, a relationship and baby basic care class taught by men for men.

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Bon Secours' Love and Learn will teach twelve classes per year in rotation: Newborn Care and Safety, Infant and Child CPR, Labor Basics, Breastfeeding Basics. Add other topics as necessary.	Ongoing	Enhance participant's knowledge of maternal and infant health; Pre- and post-tests and participant surveys will be used to evaluate programs.
Provide individual-based learning opportunities on pregnancy and infant care	Ongoing	Enhance the understanding of pregnancy and infant care pre and post tests and participant surveys will be used to evaluate programs
Provide Boot Camp for New Dads classes through *First Things First of Greater Richmond*. Investigate adding one additional class per fiscal year. Teach *Relationship Group* for Mom's concurrent with Boot Camp for Dads class	Ongoing	Increased male involvement. Increased knowledge of the importance of male involvement in the care/lives of children

RESOURCES REQUIRED
No additional resources required
Maintain existing funding

COMMUNITY PARTNERS:
Creighton Court Resource Center
First Things First of Greater Richmond

OBJECTIVE #3: Strengthen existing community partnerships in efforts to reach and enroll prenatal and postpartum families in case management and support services.

BACKGROUND ON STRATEGY

Healthy Beginnings staff collaborates with several local health and community agencies that

work with families with young children. The collaborations include:

Family Lifeline--a local human services agency that provides in-home parent-child interaction, child development education and case management services to Healthy Beginnings participants.

Richmond City WIC and Henrico County WIC--a national supplemental nutrition program for pregnant women and children under age five. Referral coordination occurs between WIC and Healthy Beginnings and an office is located at Richmond Community Hospital.

Bon Secours Medical Group Capitol OB/GYN--The OB/GYN office at Richmond Community Hospital. Healthy Beginnings shares a suite with this practice and referrals of pregnant women are made between Capitol Area OB/GYN and Healthy Beginnings.

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Collaborate with *Family Lifeline*, a local human services agency that provides in-home parent-child interaction, child development education and case management services	Ongoing	Enhance parenting and coping skills
Sponsor a Mother's Day program at the Creighton Resource Center	May, 2014	Increased awareness of the Healthy Beginnings program in the community and increased knowledge of available support services
Pursue opportunities to improve referrals between Healthy Beginnings participants and the *City of Richmond and Henrico County Women, Infant and Children (WIC) Food and Nutrition Service* program	Ongoing	Increased enrollment in WIC Increased enrollment in Healthy Beginnings
Streamline referrals between Healthy Beginnings participants and Bon Secours Capitol OB/GYN practice	October, 2013	Enable enrollment in early prenatal care through Capitol Area OB/GYN
Partner with Richmond City Health Department to continue Creighton Resource Center	Ongoing	Increased access to hard to reach population Increased awareness of the importance of early prenatal care and early child development

RESOURCES REQUIRED
Funding for Mother's Day program at Creighton Resource Center
Maintain funding for existing programs

COMMUNITY PARTNERS:
Creighton Resource Center
City of Richmond WIC
Family Lifeline
Henrico County WIC
Richmond City Health Department

IX. SUPPORT SERVICES: AGING SERVICES

GOAL: Enhance overall functioning and quality of life of older adults

OBJECTIVE #1: Partner with community organizations to support the physical well-being of older adults

BACKGROUND ON STRATEGY

According to "Healthy People 2020", older adults are among the fastest growing age groups. The first "baby boomers" (adults born between 1946 and 1964) turned 65 in 2011. More than 37 million people in this group (60%) will manage more than one chronic condition by 2030.

Bon Secours recognizes the need to focus on the full continuum of care for the older adults to improve quality of life. Connections with community partners and agencies outside of the hospital are critical to the health and well-being of the older adult population. In addition to their physical well-being, older adults have special needs in the areas of chronic disease, physical activity and nutrition. In concert with community partners, Bon Secours seeks to address these issues.

ACTIVITY	TARGET DATE	ANTICIPATED IMPACT OR RESULT
Conduct *You Can! Live Well, Virginia!* classes, a chronic disease self-management course supported by the Virginia Department for Aging and Rehabilitative Services and Virginia Department of Health. Class instruction will be led through the Bon Secours Faith Community Health ministry.	Ongoing	Provide chronic disease education to older adults in faith communities
Conduct the *JOY* program, a faith-based cardiovascular health promotion program for African American women. Provide cardiac assessments through *Heart Aware* (an online risk assessment for heart disease) and *Goal 360* (American Heart Association/American Stroke Association online cardiovascular wellness center)	Ongoing	Provide cardiovascular and stroke education for underserved populations
Partner with the *Senior Center of Greater Richmond* and the *Greater Richmond YMCA* to provide exercise classes for the older adults population	Ongoing	Promote physical activity to support independent living

Partner with the *Peter Paul Development Center* and the *Visual Arts Center of Richmond* to provide Studio S: Senior Programs to older adults	Ongoing	Sustain activities to yield enrichment of minds, bodies and spirits of seniors in our communities
Support *Senior Connections' Friendship Cafes* (a neighborhood gathering place for seniors where a nutritious mid-day meal is served)	Ongoing	Maintain programs for older adults to enjoy exercise, lectures, health and nutrition education and screenings, and other educational, enrichment, and social activities
Partner with *Family Lifeline* to support their *Elder Friends* program	Ongoing	Facilitate the provision of socialization and support to elders
Support the *Senior Navigator* website which provides access to community programs and services for Virginia seniors and caregivers	Ongoing	Teach self-management through dissemination of information on topics relevant to older adults
Partner with *Better Housing Coalition* to build safe, affordable housing for the older adult population with limited financial resources	Ongoing	Support independent living for low income older adults through improved housing
Provide volunteers to *Rebuilding Together Richmond.* Provide volunteers to *project:HOMES* which makes critical home repairs and improvement	Ongoing	Support independent living for older adults

RESOURCES REQUIRED
No additional resources required
Maintain current funding

COMMUNITY PARTNERS:
American Heart Association/American Stroke Association, Sponsors the online cardiovascular wellness center known as Goal 360.
Better Housing Coalition, The non-profit changes lives and transforms communities through high-quality, affordable housing. It helps seniors age in place, help children aspire to higher education, and help adults gain self-sufficiency.
Family Lifeline Elder Friends, Identifies elders who are in need of socialization and support. Matches elders with community volunteers.
Greater Richmond YMCA, The YMCA will lead wellness initiatives through membership, programs, and advocacy that build a healthy spirit, mind and body.
Peter Paul Development Center, An outreach and community center serving Church Hill and neighboring communities in Church Hill.
project:HOMES, Improves the lives and living conditions of low income seniors, disabled residents and qualifies homeowners in Central Virginia by making critical home repairs and

improvements and by building high quality, affordable homes.
Rebuilding Together Richmond, Bringing volunteers and communities together to improve the homes and lives of low-income homeowners. A volunteer-based program that makes repairs for low-income elderly and disabled people who own their homes but are unable to maintain them.
Senior Center of Greater Richmond, Inc, Serves as a meeting place for senior adults age 50 and older who are interested in education, social and physical activities. These activities are designed to help senior adults maintain independence and remain physically and emotionally healthy.
Senior Connections, Dedicated to helping seniors maintain quality of life and independence as they age. Special emphasis is placed on helping the frail and disadvantaged elderly who may be socially isolated and physically or economically at risk.
Senior Navigator, Provides information and access to community programs and services for Virginia seniors.
Virginia Department of the Aging and Rehabilitative Services, A partner in the You Can! Live Well Virginia! initiative, a chronic disease self-management education developed by Stanford University.
Virginia Department of Health, A partner in the You Can! Live Well Virginia! Initiative.
Visual Arts Center of Richmond, The Studio S program offers a series of visual and literary arts classes designed to enrich minds, bodies, and spirits of seniors in our community.

Needs Not Addressed

There are two needs that St. Mary's Hospital will not address because other community organizations are better positioned to address them. They include access to dental care/oral health and the support service, transportation needs.

Access to Care: Dental Care/Oral Health

Oral health is important because it can impact general health. Multiple community organizations are engaged in providing dental care services to the uninsured. They include Virginia Commonwealth University's School of Dentistry, Daily Planet, FQHC, Vernon J. Harris Dental Clinic, CrossOver Ministry and Goochland Free Clinic and Family Services. As such Bon Secours will not be addressing dental needs at this time.

Transportation

Other community organizations are better positioned to provide this service. The Shepherd's Center of Richmond is a non-profit service and education organization for older adults. Their volunteers help those who are 60 or older get to medical appointments who do not have a car or do not have access to public transportation. They service St. Mary's Hospital.

The Greater Richmond Transit Authority (GRTC) serves the City of Richmond and Henrico County. They have 186 buses and 40 routes. Each bus is equipped with a wheelchair lift. GRTC serves the St. Mary's Hospital campus.

GRTC CARE service provides curb-to-curb public transportation to disabled individuals who may not be reasonably able to use the GRTC fixed route bus. It is also available for persons aged 80 or older. Lack of adequate transportation can be a barrier to accessing health care services.

The Bon Secours Care-A-Van is a mobile health outreach program providing primary care services in local neighborhoods in the St. Mary's Hospital service area. The Care-A-Van contributes to the elimination of transportation as a barrier to care for uninsured patients.