

I. Introduction

Rappahannock General Hospital (RGH) will engage key community partners in implementing evidence-based strategies across the service area. Acknowledging the organizations and resources in place to address the health needs of our communities, RGH has strategically reviewed both internal and external resources. This portion of the CHNA, the Implementation Strategy, will explain how RGH will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will also explain why the hospital cannot address all the needs identified in the CHNA, and if applicable, how RGH will support other organizations in doing so.

II. Health Needs Addressed

As afore mentioned in the CHNA report, the following are the needs RGH has chosen to address. We discuss why we chose to address each need, how we will address the need, who the responsible party will be, and any goals that will be set forth from the beginning, as well as time frame for achieving those goals.

Below is a summary of core data for each of the six prioritized needs that RGH has chosen to address. RGH utilized various online resources to compile the data included (Virginia Department of Health, County Health Rankings, Health Indicators Warehouse, State Cancer Profiles, and national benchmarks and targets from Healthy People 2020). RGH chose to address these needs because of the significance of the statistical data, input from the community, and the hospital's ability to address the needs. Following this section of core data are detailed tables that give specific strategies and action steps for addressing each of the six health needs.

A. Cancer

All three counties were found to have higher deaths when it came to cancer. Cancer deaths at the age adjusted rate per 100,000 were as follows: Lancaster County reported 202.7, Northumberland County reported 183.5 and Middlesex County reported 215.5. The Healthy People 2020 target rate is 160.6 deaths from cancer.³

B. Heart Disease and Stroke

All three counties were found to have higher deaths when it came to heart disease. Heart disease death rates at an age adjusted rate per 100,000 were as follows: Lancaster County 146.8 deaths, Northumberland County 156.3 deaths, and Middlesex County 185.5 deaths.⁵ The Healthy People 2020 target is 100.8 deaths.⁷

Cerebrovascular (stroke) disease deaths at the age adjusted rate per 100,000 were as follows: Lancaster County reported 68.1, Northumberland County reported 24.2 and Middlesex County reported 46.4.⁵ The Healthy People 2020 target is 33.8 deaths.⁷ In particular, cerebrovascular disease which can cause a stroke is the third

leading cause of death in the U.S. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol and diabetes mellitus.

C. Mental Health

Two of the three counties were found to have higher deaths when it came to suicide. Looking at suicide deaths at the age adjusted rate per 100,000, Lancaster County reported 8.8, Northumberland County reported 46.4, and Middlesex County reported 17.1.⁵ The Healthy People 2020 target is 10.2 deaths from suicide.⁷

D. Access to Healthcare

According to 2012 data, the percentage of the population under the age of 65 that is uninsured is as follows: 17% of Lancaster County, 17% of Northumberland County, and 18% of Middlesex County. The national benchmark is 11%. A lack of health insurance coverage is a significant barrier to accessing needed healthcare.⁵ Other barriers to accessing healthcare include a lack of knowledge of the resources available in the community, a lack of transportation to and from a healthcare facility, and a lack of knowledge when an individual is at risk for certain diseases, illnesses or other conditions.

E. Aging Problems

The population of residents over the age of 65, according to 2012 data, was as follows: Lancaster County reported 31.5%, Northumberland County reported 30.3%, and Middlesex County reported 25.7%. Compared to the state of Virginia which reported 12%, the RGH community has a significant senior population which requires support and specialized care for the many health issues associated with old age.⁴

F. Diabetes and Obesity:

According to 2012 data, 30% of Lancaster County, 33% of Northumberland County, and 28% of Middlesex County were considered obese.⁴ This statistic is a reflection of the percentage of adults aged 20 and older who are obese according to the body mass index (BMI) equal to or greater than 30. All three counties did not meet the obesity goal set by Healthy People 2020. The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

3. Data source is State Cancer Profiles: Virginia Counties "Cancer Incidents Rates", <http://statecancerprofiles.cancer.gov/incidencerates/index.php>

4. Data source is County Health Rankings and Roadmaps: Virginia Counties : "Rankings- Health Outcomes and Health Factors 2012", <http://www.countyhealthrankings.org/#app/virginia/2012>

5. Data source is Virginia Department of Health Division of Health Statistics: "Statistical Reports by County, 2010 Census Data", <http://www.vdh.state.va.us/HealthStatsstats.htm>

7. Data source is Healthy People.gov: "2020 Leading Health Indicators, National Percentages 2010", <http://www.healthypeople.gov/2020/LHI/2020indicators.aspx>

Community Health Need:	Cancer		
Specific Needs Identified in the CHNA:	High percentage of cancer deaths (per 100,000 people)		
Healthy People 2020 Target is 160.6 deaths (at age adjusted rate per 100,000)	Lancaster County 202.7 deaths, Northumberland County 183.5 deaths, and Middlesex County 215.5 deaths		
Goals:	Reduce the number of cancer deaths in the tri-county area		
Strategy: Expanded delivery of Oncology Services			
Action Step	Accountability	Timeline	Desired Outcome
1. Actively recruiting for an oncologist through relationship with Bon Secours Health System	RGH / Bon Secours	on-going until successful	add oncologist to staff at RGH
2. Renewed contract for partnership with VCU Massey Cancer Center.	RGH / VCU	re-evaluated and renewed annually	provide RGH cancer patients continued access to cancer diagnosis and treatment services
3. Continue to develop services available at RGH Cancer Treatment Center through possible facility expansion	RGH	2015	provide RGH cancer patients with additional treatment services
4. Exploring additional sources of transportation for radiation therapy with Bon Secours Health System	RGH / Bon Secours	2014	provide RGH cancer patients with transportation for radiation treatments
Strategy: RGH internal efforts to increase awareness of cancer in the community			
Action Step	Accountability	Timeline	Desired Outcome
1. Offer free breast and cervical cancer screenings	Northern Neck Free Health Clinic	on-going	increase awareness of breast and other cancers
2. Host awareness programs at the hospital, "Lunch and Learns" to learn about breast cancer and other cancers	RGH	minimum 2 per year	increase awareness of breast and other cancers
3. Host an annual seminar "Senior University" where medical professionals give talks on topics such as melanoma	RGH	annual, August 2013	increase awareness of skin and other cancers
4. Host cancer support group meetings at RGH Cancer Center	RGH	2 times monthly	increase awareness and provide support for cancer patients/family members
5. Continue to send medical professionals to groups such as Kiwanis, Rotary, etc. to speak on cancer related topics	RGH	minimum 3 per year	increase awareness of cancer related issues
Strategy: RGH sponsorship efforts to increase awareness of cancer in the community			
Action Step	Accountability	Timeline	Desired Outcome
1. Corporate Sponsor for American Cancer Society "Relay for Life"	RGH / American Cancer Society	annual, May 2013	increase cancer awareness and raise money for research
2. Sponsor local "Ribbons for Hope" golf tournament to raise money for breast cancer research at VCU Massey Cancer Center-VCU	RGH	annual, May 2013	raise money for breast cancer research
3. Sponsor and host the regional American Cancer Society support program "Look Good, Feel Better"	RGH /American Cancer Society	4 times per year	increase awareness and provide support for cancer patients
Strategy: Reduce smoking in the community			
Action Step	Accountability	Timeline	Desired Outcome
1. RGH has a smoke free campus	RGH	on-going	reduce/eliminate smoking on RGH campus
2. Offer smoking cessation classes to RGH Employees	RGH	on-going through 2013; then re-	reduce/eliminate smoking for RGH staff
3. Partner with YMCA to develop community wide smoking cessation program	RGH / YMCA	2014	reduce/eliminate smoking throughout community

Community Health Need:	Heart Disease & Stroke		
Specific Needs Identified in the CHNA:	High percentage of heart disease deaths and cerebrovascular (stroke) disease deaths		
Healthy People 2020 Target is 100.8 heart disease deaths, and 33.8 stroke deaths (at age adjusted rate per 100,000)	Heart disease death rates: Lancaster County 146.8 deaths, Northumberland County 156.3 deaths, and Middlesex County 185.5 deaths. Cerebrovascular (stroke) disease deaths rates: Lancaster County 68.1 deaths, Northumberland County 24.2 deaths, and Middlesex County 46.4 deaths		
Goals:	Reduce the number of deaths in the RGH community caused by heart disease and stroke		
Strategy: Expanded access to Cardiac Care			
Action Step	Accountability	Timeline	Desired Outcome
1. Recently brought a cardiologist to RGH through relationship with Bon Secours; recruiting to bring in more invasive cardiologists	RGH / Bon Secours	2013; continue until successful	increase/expand access to cardiology services
2. Working to expand echocardiogram readings and services	RGH	2013	expand echocardiogram capabilities
3. Working to recruit additional staff for cardiac care such as a cardiac nurse and technician	RGH	2013; continue until successful	increase access to cardiology services
4. Opportunities are being explored to increase service offerings related to pacemakers, such as insertion capabilities	RGH	2013; continue until successful	increase pacemaker insertion services
Strategy: Expanded access to Stroke Services			
Action Step	Accountability	Timeline	Desired Outcome
1. Working to become a certified stroke center which will enable RGH to treat more stroke patients on-site, reducing the need to transfer to other facilities	RGH	Aug-13	expand emergency capabilities
2. Working with Bon Secours to get neurologists on-site as needed to perform EEG's, and see at risk patients and follow up patients locally	RGH / Bon Secours	2013	expand preventative/follow up capabilities
3. Increase EMS services for arrival at RGH and transportation of stroke patients to other facilities for care	RGH	on-going	increase access to emergency neurology services
4. Through relationship with Specialists on Call, RGH recently added teleneurology services to assist with emergent cases and expand neurological offerings	RGH	on-going, re-evaluate monthly	increase access to neurology services; emergency capabilities
5. Exploring ability to add EEG services for acute patients; pricing out equipment and looking into training needed	RGH	2013	increase access to neurology services and expand follow up capabilities
Strategy: Increase awareness of heart disease and cerebrovascular disease in the community			
Action Step	Accountability	Timeline	Desired Outcome
1. Continue to hold free community wide health screenings including results, counsel, follow-up card, referral to local healthcare professionals if necessary, and educational materials. Screening conducted by a RN, held at health fairs, and other community events when requested	RGH	minimum monthly	increase awareness, provide education and promote healthy living
2. Cardiologist speaks at various community events including Senior University, Kiwanis, Rotary Club, etc.	RGH	minimum 3 times per year	increase awareness and provide education
3. Healthline articles published in the local newspaper on topics relating to heart disease, high blood pressure/high cholesterol, and stroke	RGH	minimum 6 per year	increase awareness and provide education
4. RGH performs Employee Wellness Screenings for Chesapeake Bank employees (BMI, glucose, cholesterol, BP)	RGH	annually (October 2013)	increase awareness and promote healthy living
Strategy: RGH Rehabilitation Center			
Action Step	Accountability	Timeline	Desired Outcome
1. Working to re-establish RGH's cardiac rehabilitation program	RGH	2013	increase access to cardiology services
2. Promotion of the Phase III Cardiac Rehab "Maintenance" program at the RGH Rehab Center to safely monitor fitness for cardiac rehab patients	RGH	on-going	increase utilization of cardiac rehab services
3. Recruiting for occupational and speech therapists for stroke rehabilitation services	RGH	on-going; continue until successful	increase utilization of stroke rehab services
4. Recruiting for cardiac nurse and technician to assist with cardiac rehab	RGH	on-going; continue until successful	increase access to cardiology services and utilization of rehab services

Community Health Need:	Mental Health		
Specific Needs Identified in the CHNA:	High rate of poor mental health days in the community (on an average of 30 days)		
U.S. National Benchmark is 2.3 poor mental health days (on an average of 30	Lancaster County reported 5.5 days, Northumberland reported 3.6 days, and Middlesex County reported 2.7 poor mental health days		
Goals:	Reduce the number of poor mental health days		
Strategy: Increase community awareness of mental health			
Action Step	Accountability	Timeline	Desired Outcome
1. Promotion to community for Bridges Behavioral Health Services, inpatient and outpatient services available, Medicare patients accepted	RGH	2013	Increase awareness of services available
2. Host grief support group meetings for family members of patients with Alzheimer's and other forms of Dementia related illnesses	RGH	monthly	Increase awareness and provide support
3. Psychiatrist speaks at various community events including Senior University, Kiwanis, Rotary Club, etc.	RGH	minimum 1 time per year	Increase awareness and education
4. Healthline articles published in the local newspaper on topics relating to stress, depression, and finding help	RGH	minimum 2 times per year	Increase awareness and education
Strategy: Expand access and capabilities of mental health services at Bridges			
Action Step	Accountability	Timeline	Desired Outcome
1. Expansion/Construction - Bridges Behavioral Health facility-Inpatient unit	RGH	2014	increase access to mental health services
2. Continue and grow services offered through inpatient facility through recruiting of additional trained psychiatric staff	RGH	2013	increase access to mental health services
3. Expanding transportation to outpatient behavioral programs	RGH	2013	increase access to mental health services
Strategy: Partnerships with other healthcare providers			
Action Step	Accountability	Timeline	Desired Outcome
1. Partnership with other facilities with limited availability to provide transfers into Bridges behavioral programs	RGH	on-going	increase access to mental health services
2. Offer mobile assessments at local long term care and physician practices	RGH	2013	increase access to mental health services
3. Exploring development of consultation service with local long term care facilities to	RGH	Sept. 2013	increase access to mental health services

Community Health Need:	Access to Healthcare		
Specific Needs Identified in the CHNA:	Many residents in the community are not aware of the healthcare services available outside of the emergency department. Also, there is a lack of specialists in the RGH community.		
Goals:	Increase/expand the medical services available to the RGH Community and awareness		
Strategy: Physician Recruitment			
Action Step	Accountability	Timeline	Desired Outcome
1. Affiliation committee efforts to discuss the health needs of the community and identify where there's opportunity for shared services	RGH / Bon Secours	2013	increase access to services
2. Expanding and perfecting the recruitment model through affiliation with Bon Secours; shared resources	RGH / Bon Secours	2013; will re-evaluate annually	increase access to services
3. Actively recruiting for dermatologist, ENT, family practice physicians and orthopedic surgeon	RGH	on-going; continue until successful; re-evaluate need annually	expand capabilities
Strategy: Address Lack of Maternity Care			
Action Step	Accountability	Timeline	Desired Outcome
1. Set up a task force to find resources including funding and possible grants to expand maternity services in the area through Bon Secours affiliation	RGH / Bon Secours	2014	increase access to services
2. Promote awareness of transportation available to get maternity patients to advanced care	RGH	on-going; re-evaluate effectiveness annually	increase access to services and support education
3. RGH employed ob/gyn (non-delivering) provides prenatal care and is partnered with Virginia Women's Center for delivery services	RGH	on-going	increase access to prenatal services with easy transition for delivery
3. RGH employed ob/gyn (non-delivering) provides prenatal care			
Strategy: Other Partnerships			
Action Step	Accountability	Timeline	Desired Outcome
1. Explore further opportunities with Bon Secours to provide additional medical services	RGH / Bon Secours	on-going	expand capabilities
2. Recruitment resources available through affiliation with Bon Secours	RGH / Bon Secours	on-going	expand capabilities
3. Through relationship with Specialists on Call, RGH recently added teleneurology services to assist with emergent cases and expand neurological offerings	RGH	on-going; re-evaluated monthly	increase access to neurology services and emergency care
4. Exploring possibility of Emergency Operations Center with Lancaster County	RGH / Lancaster County	2013	increase access to services
5. Making pediatric dental services available to Medicaid qualified adolescents in the area through Bon Secours affiliation	RGH / Bon Secours	2013	increase access to pediatric services
6. Through Bon Secours affiliation, RGH is acquiring equipment and tech services to provide acute dialysis to chronic renal failure patients	RGH / Bon Secours	2013	increase access to dialysis services
7. Relationship with MCV/VCU for RGH Cancer Center diagnosis and treatment	RGH / VCU	re-evaluated / renewed annually	increase access to cancer services
Strategy: Expansion of Medical Services Offered			
Action Step	Accountability	Timeline	Desired Outcome

1. Have contract to purchase building with intent to bring expanded medical services to area. Exploring best use of facility.	RGH	2013	increase access to services and expand capabilities
2. Currently conducting study to research need for additional outpatient facilities	RGH	2013	expand capabilities
3. Work to better publicize the services available	RGH	on-going; re-evaluated for effectiveness annually	increase access to services and promote local resources

Community Health Need:	Aging Problems		
Specific Needs Identified in the CHNA:	Increased education and resources needed for large senior population in the RGH Community		
Goals:	Increase awareness of medical resources available to seniors in the RGH Community; reduce the number of hospital readmissions due to lack of aging related preventative care		
Strategy: Increase Community Awareness			
Action Step	Accountability	Timeline	Desired Outcome
1. Expand frequency of community wide health screenings including results, counsel, follow-up card, referral to local healthcare professionals if necessary, and educational materials.	RGH	minimum monthly	increase awareness and education, promote healthy living
2. Expand locations and frequency of medical professionals that give speeches and seminars on preventative care for seniors	RGH	minimum 4 times per year	increase awareness and education
3. Bringing Bon Secours' Care-A-Van service to area through affiliation	RGH / Bon Secours	2014	increase awareness and services
Strategy: Expansion of the Senior University Event			
Action Step	Accountability	Timeline	Desired Outcome
1. New location for the upcoming 2013 event to accommodate additional participation	RGH	annual (August 2013)	increased awareness for a larger population
2. Add additional vendors for the event to enhance quality	RGH	annual (August 2013)	increase resources and educational opportunities
3. Add more partners/sponsors to expand the number of speakers, activities, and advertising for the event	RGH	annual (August 2013)	increase awareness and educational opportunities
Strategy: Expansion of the Home Health Department			
Action Step	Accountability	Timeline	Desired Outcome
1. Recently hired shared occupational therapist for RGH Rehab and RGH Home Health services; recruiting for another dedicated to just Home Health	RGH	Jan. 2014	increase access to home health services
2. Actively recruiting for a dedicated full time speech therapist for home health services	RGH	on-going until successful	increase access to home health services
3. Dedicated full time social worker is continuing to expand senior client base and provide wide range of non-medical services to the senior population	RGH	on-going	increased access to a resource monitoring non-medical needs for patients
4. Coordinating with Bon Secours Home Health program, through affiliation, to expand coverage to fill in the gaps between the Bon Secours and RGH service areas	RGH / Bon Secours	2014	expand capabilities across a larger geographical area
Strategy: Cut Down on Hospital Readmissions			
Action Step	Accountability	Timeline	Desired Outcome
1. Continued work by the case management department to decrease hospital readmissions through the help of home health nurses and easy transfers to various senior living facilities	RGH	on-going	increase access to services and resources to provide continued care
2. New relationship with Bay Aging as part of the Eastern Virginia Care Transitions Partnership in an effort to provide more support to patients in their homes and reduce costly readmissions.	RGH / Bay Aging	2013	increase access to services to reduce readmissions

3. Increase awareness of medical transportation available to bring seniors to follow up doctor's appointments, etc.	RGH / Bay Aging	2013	increase access to services for continued follow up care
4. RGH Home Health is assigning a dedicated RN for Chronic Disease State Management. RN will identify patients who are high risk, frequent the ED, or are prone to readmissions and follow up with these patients and their providers.	RGH	2013	increase access to services to reduce readmissions

Community Health Need:	Diabetes & Obesity		
Specific Needs Identified in the CHNA:	High percentage of adults who are diabetic and/or obese		
Healthy People 2020 Target is 25% of adults over the age of 20	30% of Lancaster County, 33% of Northumberland County, and 28% of Middlesex County adults aged 20 and older who were considered obese		
Goals:	Reduce the rate of obesity in the tri-county area		
Strategy: Increase Community Awareness of Diabetes and Obesity			
Action Step	Accountability	Timeline	Desired Outcome
1. Host RGH Diabetes support group	RGH	monthly	increase awareness, education and support for diabetics and family members
2. Continue to hold free community wide health screenings including results, counsel, follow-up card, referral to local healthcare professionals if necessary, and educational materials. Screening conducted by a RN, held at health fairs, and other community events when asked	RGH	minimum monthly	increase awareness and education; promote healthy living
3. Registered Dietitian to provide free nutrition consultations	RGH	minimum 1 time per year	increase awareness and education; promote healthy living
4. Healthline articles published in the local newspaper, and on new RGH website, on topics relating to diabetes, healthy eating, and exercise	RGH	minimum 6 per year	increase awareness and education; promote healthy living
5. RGH performs Employee Wellness Screenings for Chesapeake Bank employees (BMI, glucose, cholesterol, BP)	RGH	annually (October 2013)	increase awareness and education
6. RGH registered dietitian received certification in Weight Loss Management and conducts classes and "Lunch and Learns" to share information	RGH	minimum 2 times per year	increase awareness and education; promote healthy living
7. RGH registered dietitian actively involved in diabetes program at Northern Neck Free Health Clinic	RGH / NNFHC	weekly	increase awareness and education
Strategy: RGH Employee Wellness Program			
Action Step	Accountability	Timeline	Desired Outcome
1. Sponsor program for employees to get active and fit	RGH	2014	promote healthy living
2. YMCA offers discounted memberships to RGH employees	RGH / YMCA	on-going; re-evaluate annually	promote healthy living
3. Exploring possibility of add a walking path on the hospital campus	RGH	2014	promote healthy living
4. RGH Human Resources department shares health and nutrition tips, recipes, etc. provided by health insurance company	RGH	on-going	promote healthy living and education
5. RGH registered dietitian holds nutrition classes for employees, healthy lunch is often provided	RGH	minimum 2 times per year	promote healthy living and education
Strategy: Increase Physical Activity in the Community			
Action Step	Accountability	Timeline	Desired Outcome
1. New website for RGH will promote community events such as area walks, runs, and other fitness opportunities	RGH	May-13	promote healthy living, support community health efforts
2. Put flyers up in the hospital and local medical practices, as well as postings to new RGH website, to promote fitness classes and programs offered at the local YMCA	RGH / YMCA	on-going; website September 2013	promote healthy living, support community health efforts
3. Continued sponsorship of area walks and runs; exploring new avenues of involvement and promotion	RGH	on-going; re-evaluate annually	promote healthy living, support community health efforts

4. Healthline articles published in the local newspaper, and on new RGH website, on topics relating fitness and exercise in collaboration with RGH physical therapy department	RGH	minimum 3 per year	increase awareness and education
Strategy: Childhood Obesity			
Action Step	Accountability	Timeline	Desired Outcome
1. Sponsorship of sports programs for youth including little league baseball; exploring new avenues of involvement and promotion	RGH	on-going; re-evaluate annually	promote healthy living, support community health efforts
2. Pediatrician and dietitian to do presentations in the community and at schools on helping kids stay active and healthy	RGH	2013; minimum 2 times per year	promote healthy living and provide education
3. Work with the YMCA to build activities and programs for youth	RGH / YMCA	2013	promote healthy living, support community health efforts
4. RGH's affiliate medical practices offer \$5 JV and Varsity sports physicals to student athletes	RGH	annually; re-evaluate effectiveness of promotion annually	promote healthy living, support youth sports programs

II. Health Needs Not Addressed

Several needs outlined in the CHNA process have not been addressed in this plan. In initial discussion and subsequent prioritization, RGH considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of RGH. The following chart outlines which needs identified in the needs assessment aren't addressed by RGH. It also depicts the healthcare facilities and the other resources that are more poised to address these needs. Following the chart are descriptions of the actions being taken by those other resources to address these five needs.

Health Care Facilities & Other Resources Already Addressing the Needs	Description & resources toward the five identified needs not addressed by RGH: Legend: TP = Teen Pregnancy STD = Sexually Transmitted Diseases AB = Alcohol Abuse TB = Tobacco Use DU = Drug Use
Chesapeake Medical Group	TP/ STD/ DU
Three Rivers Health District (Health Department)	TP/ STD/ AB/ TB/ DU
Northern Neck Free Health Clinic	STD/ AB/ TB/ DU
RGH Bridges Behavioral Health	AB/ DU
The Middle Peninsula Northern Neck Community Services Board	TP/ AB/ TB/ DU
Lancaster High School Guidance Counselor and Nurse	TP/ STD/ AB/ TB/ DU
Northumberland High School and Middle School Nurse	TP/ STD/ AB/ TB/ DU
Middlesex High School Nurse	TP/ STD/ AB/ TB/ DU
Alcoholics Anonymous (AA)	AB
Narcotics Anonymous (NA)	DU

RGH will not be addressing the following community health concerns because they are already being addressed as follows:

1. Teen Pregnancy
 - a. Dr. Matthew Vogel, Chesapeake Medical Group employed ob/gyn, discusses STDs and pregnancy prevention with all at risk patients. He has pamphlets and informative literature to distribute as needed.
 - b. School Sources: Lancaster High School Guidance Counselor Barbara Smith and LHS Nurse Marilyn Tellefsen; Northumberland High School and Middle School Nurse Lorie Rice; Middlesex High School Nurse Denise Hurd.

All three schools work closely with Three Rivers Health District (the health department) to address this health need on a group, as well as individual basis. Northumberland school nurse cited several instances in which students though they were pregnant or realized they were and came to her for counsel, at which point she contacted the health department and either arranged for student to go there or have someone from health department come to student.

At Middlesex High School, the public health nurse from Three Rivers Health District regularly provides educational resources and presentations for the students. This could be because of the closer proximity MHS has to the health department office, as compared to the other schools.

Family Life classes are provided for 9th and 10th graders during Health/P.E. time and they teach those classes in accordance with the Standards of Learning itinerary. Through this program, students receive general information to increase their understanding of health, sex (including pregnancy and STD), and substance abuse.

All school sources cited utilization of the area “Resource Mother,” a local position held by Melissa Folan. This resource that is offered through the health department serves the three schools in the RGH community to track pregnant students who intend to keep their baby through their pregnancy including helping them obtain prenatal care, prepare for birth, and arrange for parenting classes, post-birth. This Resource Mother works closely with each school nurse to monitor the health of pregnant students.

- c. Three Rivers Health District (TRHD) Source Linda Lee, Nurse Manager. TRHD serves those minor clients with teen pregnancy with confidentiality in accordance with the mandated reporting laws in the State of Virginia. They assess, educate and provide information for the appropriate referrals for OB care and initiate FP for this population. Compassionately, they assist through the coordination of needed referrals and quality of life concerns. They work with the client, families, and other community partners depending on the needs of the client.
- d. Middle Peninsula Northern Neck Community Services Board Sources: Joanne Brown, Director of Clinical Services; Chuck Walsh, Executive Director. The Middle Peninsula Northern Neck Community Services Board’s Healthy Families Program works with pregnant teenagers throughout the ten county service areas. The contact for this program is Debbie Lancucki.

2. STD

- a. Dr. Matthew Vogel, Chesapeake Medical Group employed ob/gyn, discusses STDs and pregnancy prevention with all at risk patients, particularly the Gardasil vaccine to prevent HPV. He has pamphlets and informative literature to distribute as needed.
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- b. School Sources: Lancaster High School Guidance Counselor Barbara Smith and LHS Nurse Marilyn Tellefsen; Northumberland High School and Middle School Nurse Lorie Rice; Middlesex High School Nurse Denise Hurd.

All three schools work closely with Three Rivers Health District (the health department) to address this health need on a group, as well as individual basis.

At Middlesex High School, the public health nurse from Three Rivers Health District regularly provides educational resources and presentations for the students. This could be because of the closer proximity MHS has to the health department office, as compared to the other schools. Family Life classes are provided for 9th and 10th graders during Health/P.E. time and they teach those classes in accordance with the Standards of Learning itinerary. Through this program, students receive general information to increase their understanding of health, sex (including pregnancy and STD), and substance abuse.

- c. Three Rivers Health District (TRHD) Source Linda Lee, Nurse Manager. TRHD evaluates treats and educates clients on STD prevention and wellness. They promote health through the timely treatment of STD and focus on preventing transmission with the sensitive investigation that takes place. They educate teens in the Family Planning Clinic and during other educational opportunities.
- d. Northern Neck Free Health Clinic (NNFHC) Sources Jeanne Nelson, Director, and Jessica Cutler, Medical Assistant. NNFHC discusses STDs and pregnancy prevention with their patients, and provides examinations and treatments as needed. Pamphlets and informative literature are available for distribution.

3. Alcohol Abuse

- a. Alcoholics Anonymous (AA), a group whose members' primary purpose is to stay sober and help other alcoholics achieve sobriety, one local meeting is held on the RGH campus and led by a hospital employee. There are 10 AA meetings weekly in the area, as well as 3 Narcotics Anonymous (NA) meetings locally, which is a fellowship or society of men and women for whom drugs had become a major problem.
- b. Middle Peninsula Northern Neck Community Services Board Sources: Joanne Brown, Director of Clinical Services; Chuck Walsh, Executive Director. Middle Peninsula Northern Neck Community Services Board provides Alcoholics Anonymous meetings at their Warsaw and Gloucester Counseling Center and can link individuals to other meetings throughout the area. The CSB provides assessment and evaluation; information and referral; motivational enhancement therapy; family and group therapy; intensive group therapy to those individuals and

families dealing with drug and/or alcohol issues. The CSB Prevention Division provides Life Skills training to many middle school students in the area focusing on among other issues drug and alcohol use. RGH Bridges often refers patients who have been discharged to this program for follow up care regarding substance abuse.

- c. School Sources: Lancaster High School Guidance Counselor Barbara Smith and LHS Nurse Marilyn Tellefsen; Northumberland High School and Middle School Nurse Lorie Rice; Middlesex High School Nurse Denise Hurd.

All three schools work closely with Three Rivers Health District (the health department) to address this health need on a group, as well as individual basis.

At Middlesex High School (MHS), the public health nurse from Three Rivers Health District regularly provides educational resources and presentations for the students. This could be because of the closer proximity MHS has to the health department office, as compared to the other schools.

Family Life classes are provided for 9th and 10th graders during Health/P.E. time and they teach those classes in accordance with the Standards of Learning itinerary. Through this program, students receive general information to increase their understanding of health, sex (including pregnancy and STD), and substance abuse.

At all schools, a Resource Officer assigned by the Sheriff's Office is available full time and assists with periodic drug searches that take place within the schools.

Within these three school systems, D.A.R.E (Drug Abuse Resistance Education) programs do exist, mostly at a middle school level, with some high school involvement. D.A.R.E. is a police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.

The Guidance department at each of the three school systems has information readily available for students on the various issues of substance abuse, as well as information regarding Al Anon (a support group for friends and families of problem drinkers). There are 7 Al-Anon meetings available weekly among the three counties RGH serves.

The schools all have some combination of student-led groups that discourage underage drinking, particularly in conjunction with driving such as Students Against Drunk Driving and After Prom committees to give students entertainment on their prom night that doesn't involve drinking/substance use.

- d. Three Rivers Health District (TRHD) Source Linda Lee, Nurse Manager. TRHD makes appropriate referrals to CSB personnel or other Substance Abuse providers if the client wishes to pursue treatment for Alcohol abuse.
- e. Northern Neck Free Health Clinic (NNFHC) Sources Jeanne Nelson, Director, and Jessica Cutler, Medical Assistant. NNFHC provides in house counseling for patients wishing to deal with alcohol abuse related issues, and encourages the AA program. Pamphlets and informative literature are available for distribution.

4. Tobacco Use

- a. RGH became a smoke free campus as of April 2011. During this movement, cessation classes were offered to employees and badges and signage were created to promote the hospital's stance against smoking; RGH still offers smoking cessation resources to employees through the Human Resources department. RGH is exploring the possibility of teaming up with the Northern Neck Family YMCA in 2014 for a community wide smoking cessation campaign/program.
- b. School Sources: Lancaster High School Guidance Counselor Barbara Smith and LHS Nurse Marilyn Tellefsen; Northumberland High School and Middle School Nurse Lorie Rice; Middlesex High School Nurse Denise Hurd.

All three schools work closely with Three Rivers Health District (the health department) to address this health need on a group, as well as individual basis.

At Middlesex High School, the public health nurse from Three Rivers Health District regularly provides educational resources and presentations for the students. This could be because of the closer proximity MHS has to the health department office, as compared to the other schools.

Family Life classes are provided for 9th and 10th graders during Health/P.E. time and they teach those classes in accordance with the Standards of Learning itinerary. Through this program, students receive general information to increase their understanding of health, sex (including pregnancy and STD), and substance abuse.

At all schools, a Resource Officer assigned by the Sheriff's Office is available full time and assists with periodic drug searches that take place within the schools.

Within these three school systems, D.A.R.E (Drug Abuse Resistance Education) programs do exist, mostly at a middle school level, with some high school involvement. D.A.R.E. is a police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.

The Guidance department at each of the three school systems has information readily available for students on the various issues of substance abuse, including tobacco use.

- c. Three Rivers Health District (TRHD) Source Linda Lee, Nurse Manager. TRHD refers clients to a program initialed “Quit now” for smoking cessation. This program involves a community partnership with the MPNN CSB. Educational brochures and client assessment are ongoing with each client appointment.
- d. Northern Neck Free Health Clinic (NNFHC) Sources Jeanne Nelson, Director, and Jessica Cutler, Medical Assistant. NNFHC provides patients access to the Chantix smoking cessation program free of charge. Pamphlets and informative literature are available for distribution.
- e. Middle Peninsula Northern Neck Community Services Board Sources: Joanne Brown, Director of Clinical Services; Chuck Walsh, Executive Director. The Middle Peninsula Northern Neck Community Services Board’s Prevention Division provides education and information on tobacco prevention to our area primary, middle and high schools through its Life Skills programming and to the community at large through educational presentations. The Division usually sponsors an annual community event hosting a guest speaker to discuss the hazards of tobacco use. The Division also sponsored the “Smoke Free Car Healthy Kids” Initiative and was responsible for the Smoke Free Dining Initiative.

5. Drug Use

- a. Narcotics Anonymous (NA), which is a fellowship or society of men and women for whom drugs had become a major problem, has at least 3 meetings weekly in the areas RGH serves. Additionally, there are 10 Alcoholics Anonymous meetings weekly and the groups are often used interchangeably.
 - b. RGH Bridges Behavioral Health, as well as other departments of the hospital, utilize many community resources to seek assistance for patients struggling with substance abuse, such as the local AA/NA meetings, local therapists who provide private substance abuse counseling, the Williamsburg Pavilion can admit patients needing inpatient detox programs, and there’s a local volunteer program who will set up a buddy system type relationship for someone needing help with a recovered substance abuser who has gotten clean and can relate.
 - c. Middle Peninsula Northern Neck Community Services Board Sources: Joanne Brown, Director of Clinical Services; Chuck Walsh, Executive Director. Middle Peninsula Northern Neck Community Services Board provides Alcoholics Anonymous meetings at their Warsaw and Gloucester Counseling Center and can link individuals to other meetings throughout the area.
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The CSB provides assessment and evaluation; information and referral; motivational enhancement therapy; family and group therapy; intensive group therapy for those dealing with drug and/or alcohol issues. The CSB Prevention Division provides Life Skills training to many middle school students in the area focusing on among other issues drug and alcohol use. Middle Peninsula Northern Neck Community Services Board provides meetings and intensive group therapy. RGH Bridges, as well as other departments within the hospital, often refers patients who have been discharged to this program for follow up care regarding substance abuse.

- d. In the RGH Emergency Department and Chesapeake Medical Group practices, there's been a great increase in the controlling of prescription of narcotics and very careful distribution to help eliminate abuse (drug shoppers); physicians are undergoing training to utilize online database to better track who is receiving prescription drugs, where and when.
- e. School Sources: Lancaster High School Guidance Counselor Barbara Smith and LHS Nurse Marilyn Tellefsen; Northumberland High School and Middle School Nurse Lorie Rice; Middlesex High School Nurse Denise Hurd.

All three schools work closely with Three Rivers Health District (the health department) to address this health need on a group, as well as individual basis.

At Middlesex High School, the public health nurse from Three Rivers Health District regularly provides educational resources and presentations for the students. This could be because of the closer proximity MHS has to the health department office, as compared to the other schools.

Family Life classes are provided for 9th and 10th graders during Health/P.E. time and they teach those classes in accordance with the Standards of Learning itinerary. Through this program, students receive general information to increase their understanding of health, sex (including pregnancy and STD), and substance abuse.

At all schools, a Resource Officer assigned by the Sheriff's Office is available full time and assists with periodic drug searches that take place within the schools.

Within these three school systems, D.A.R.E (Drug Abuse Resistance Education) programs do exist, mostly at a middle school level, with some high school involvement. D.A.R.E. is a police officer-led series of classroom lessons that teaches children from kindergarten through 12th grade how to resist peer pressure and live productive drug and violence-free lives.

The Guidance department at each of the three school systems has information readily available for students on the various issues of substance abuse, as well as information regarding Al Anon (a support group for friends and families of problem drinkers). There are 7 Al-Anon meetings available weekly among the three counties RGH serves.

- f. Three Rivers Health District (TRHD) Source Linda Lee, Nurse Manager. TRHD in addition to the initiatives listed above makes recommendation for teens to the most appropriate service provider in the event the abuse of drugs is assessed. Providers always strive to educate and provide appropriate referrals to maximize health promotion.
 - g. Northern Neck Free Health Clinic (NNFHC) Sources Jeanne Nelson, Director, and Jessica Cutler, Medical Assistant. Similar to RGH and CMG, NNFHC has increase the supervision of prescription of narcotics and has very careful distribution policies to help eliminate abuse (drug shoppers); their physicians receive training to utilize online database to better track who is receiving prescription drugs, where and when. They perform random drug screenings, and do not allow evening prescriptions. Having all patients receive prescriptions during the regular day hours enables the clinic to have the same physicians available each day to monitor the patients receiving the drugs. Pamphlets and informative literature are available for distribution.
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