



COMMUNITY HEALTH NEEDS ASSESSMENT ACTION PLAN

Table of Contents

Priority Area 1: Chronic Disease Management.....	1
Priority Area 2: Nutrition and Exercise.....	1
Priority Area 3: Substance Abuse and Mental Health.....	2

Action Plan

Members of St. Mary’s planning team reviewed the primary and secondary data from each of the four counties in its service area. Taking into account the data reviewed and the priorities identified by each of the counties, they recognized the priority areas listed on the following pages.

The Action Plan outlines how St. Mary’s hopes to improve the community’s health for each identified priority area. St. Mary’s will build upon the previous assessment plan based these three guiding principles:

- **Collaboration:** Develop a network for collaborating with other area agencies to address the community health needs.
- **Awareness:** Educate the community about programs, activities, events and services.
- **Customization:** Tailor interventions to the needs of specific demographic groups.

The Executive Committee of the Board of Trustees of St. Mary’s approved the Implementation Plan on February 14, 2017 and reviewed with the entire board in March, 2017. A copy will be made available on the medical center’s website.

Priority Area 1: Chronic Disease Management

Actions:

1. Provide heart failure management education to help heart failure patients achieve their optimal level of health through treatment, education and rehabilitation.
2. Promote cardiac rehabilitation to help patients recover quickly and improve their overall physical and mental functioning after having a heart procedure.
3. Collaborate with members of the Regional Health Connect to increase community awareness of COPD through education about risks, screening opportunities and available resources.
4. Establish a mid-level, post-hospitalization clinic for unattached patients until they are seen by a primary care physician.
5. Collaborate with members of the Regional Health Connect to improve the health status of individuals who are living with or at risk of diabetes.
6. Promote management of diabetes through education in partnership the Joslin Diabetes Center, including blood sugar monitoring, carbohydrate counting, medication, exercise, heart-healthy eating and goal setting.

Priority Area 2: Nutrition and Exercise

Actions:

1. Collaborate with members of the Regional Health Connect to improve health, fitness and quality of life of residents in the service area through daily physical activity.
2. Provide personal nutrition coaching and counseling with a registered dietitian to help participants make healthy lifestyle and nutrition choices.
3. Support childhood nutrition, exercise and esteem programs like KIDS in Motion, Girls on the Run in Cabell and Wayne Counties, and GoNoodle Plus to reach as many children as possible.
4. Continue to collaborate with the Rahall Transportation Institute, City of Huntington and others to provide support for the further development of the Paul Ambrose Trail for Health.
5. Offer various wellness classes to individuals and groups in the community.
6. Sponsor events throughout the community that promote physical activity like the St. Mary's/Marshall Marathon, St. Mary's Triathlon and Colors for a Cure.
7. Identify ways to offer workforce wellness education to local employers.

Priority Area 3: Substance Abuse and Mental Health

Actions:

1. Collaborate with members of the Regional Health Connect to improve emotional and behavioral health, and reduce substance abuse in our community.
2. Continue to provide inpatient behavioral health services.
3. Determine feasibility of developing a detoxification unit.
4. Identify opportunity and feasibility of developing a physical activity program for those recovering from substance abuse (e.g. Phoenix Multisport model).
5. Establish protocols (Acute Opiate Withdrawal, Acute Opiate Overdose, Acute Pain Management in Chronic Opiate Misuse Syndrome) in collaboration with Pharmacy and the Drug Enforcement Agency for long-term treatment and management of symptoms for inpatients.
6. Collaborate with long-term care facilities to establish agreements to treatment and modified patient consents to insure continuity of care between organizations.
7. Continue to develop a credentialed peer mentoring program.
8. Provide education to physicians regarding the difference in roles of peer mentors, Social Service and Case Management, along with other state and local resources available to them for their patients.
9. Provide education on the patient education channel and consider developing web-based AA/NA meetings for inpatients.
10. Expand EAP to include support and coping skills for staff directly involved with patients' substance abuse issues.