Community Health Needs Assessment Report And Implementation Plan

IMPLEMENTATION PLAN

As recommended by federal guidelines, Barnes-Jewish Hospital (BJH) has chosen from the health needs identified in our community health needs assessment two mission core priority areas that align with the strategic priorities of the hospital in order to ensure dedicated resources. This implementation plan includes the rationale of the selection of our focus areas, as well as an explanation of how we will meet the needs identified in our community health needs assessment.

Mission Core Priorities

Health literacy and education
Chronic conditions

Supporting Priorities

Access to health care
Behavioral and mental health
Financial barriers to access
Safety from violence
Lack of service coordination
Training of health care professionals

Each of the programs BJH currently reports as community benefit falls into one of the above health needs identified in the Community Health Needs Assessment and all of the above health needs are being addressed by a minimum of one program. Therefore, all of the community benefit programs conducted at BJH will be included in this implementation plan.

In order to meet the requirements of the CHNA and Implementation Plan, as well as to accurately evaluate long-term impact, all programs will set a minimum of two goals. Measurement will take place on an on-going basis and progress toward each goal will be

reported annually. Beginning in 2014, the internal workgroup will support individual program coordinators to ensure accurate measurement and evaluation of each program. With these metrics we will be able to evaluate the effectiveness of each program. Those programs that do not meet the needs of the community we serve or do not show impact will risk losing funding.

The following outline provides the rationale of our priority areas and how we intend to meet the needs of our community. Many programs conducted at Barnes-Jewish Hospital meet more than one area of need, so programs may be listed more than once.

MISSION CORE PRIORITIES

Health Literacy and Education

Rationale

Low health literacy is a major challenge affecting the ability of adults to manage their health care needs and navigate the increasingly complex health care system. Health literacy involves a range of social and individual factors and includes cultural and conceptual knowledge (IOM, 2004, Executive Summary: 5). A commonly cited definition comes from the National Library of Medicine, which defines health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (Ratzan & Parker, 2000). Research in the past decade has documented the prevalence of limited literacy and limited health literacy skills among adults nationwide. According to statistics provided by Health Literacy Missouri, low health literacy is at a crisis level with the annual cost of $3.3 billion to the state of Missouri alone.

Studies have shown that limited health literacy may restrict an individual's ability to participate in health care processes, including self-management, accessing and utilizing health care resources, etc. About 90 million U.S. adults (47%) cannot accurately and consistently locate, match, and integrate information from newspapers, advertisements or forms (Kirsch et al., 1993). These adults can perform a variety of straightforward tasks using printed materials; however, they are unlikely to perform, with accuracy and consistency, more challenging tasks using long or dense texts. Literacy underlies man of the social and economic conditions that determine one's capacity for health (Perrin, 1998).

Goal

The goal of all programs related to health literacy and education is to improve the knowledge of health related topics in the community we serve.

Action Plan

As a mission core priority, BJH is committed to addressing this area of need. While we will continue to conduct the programs related to health literacy and education listed on the next page, we will also explore opportunities for building the measurement of health literacy and education into all that we do.

Intended Outcome

The intended outcome of programs related to health literacy and education is to begin to "move the needle" toward a healthier community. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Adult Centering Pregnancy Program	The Adult Centering Pregnancy (ACP) Program provides prenatal care, education, and support to expectant women and their families through an innovative model of group care called CenteringPregnancy. ACP seeks to reduce the incidence of low birth weight and preterm birth, and increase patient attendance, participation, and satisfaction with care.	1. Increase program enrollment to 75 individuals. 2. Improve program attendance to 80% participation. 3. Achieve 90% patient satisfaction scores. 4. Sustain the percentage of low birth weight babies and pre-term births between 8% and 15% in Centering Pregnancy participants.
Breast Health Center Patient Navigator Program	The Breast Health Center's patient navigator program at Siteman Cancer Center informs women about the need for a breast examination; access to breast examinations, including screening mammography. The program allows us to follow women along the diagnostic pathway from either a positive screening or a symptomatic presentation.	1. To provide navigation services to 3,500 patients. 2. To achieve a 2% reduction in no show rate, reducing the rate from 17% to 15%.
Breastfeeding & Childbirth Classes	Barnes-Jewish is dedicated to helping women prepare for their labor and delivery. Classes and events offered year-round, such as Baby Care, Breastfeeding, and Childbirth, are rich educational resources for expecting mothers.	1. To provide quality education to 200 families, providing them with information about pregnancy and labor, parenting skills and newborn care. 2. 90% of completed program evaluations will score the program 5 out of 5.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Community Health Fairs - Education	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with cancer prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home.	1. To provide health education to 4,000 community members. 2. Results of health quiz or program evaluation will average a score of 4 on a scale of 1-5.
Community Health Fairs - Screenings	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with disease prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home. Additionally, screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 4,000 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.
Community Lectures and Screenings	At Barnes-Jewish Hospital we strive to reach out to people in the communities we serve. We carry out this mission through a variety of programs designed to increase public awareness of disease; educate about warning signs, prevention, treatment and well-being; and make early screening as widely available as possible. Washington University Physicians and Barnes-Jewish Hospital staff are invited to speak about their areas of specialty in order to educate the public on disease prevention and wellness. Additionally, screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 4,000 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP. 3. Pre- and post-tests will be conducted at each program, resulting in 100% improvement in score.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Community Screening Events	At Barnes-Jewish Hospital we strive to reach out to people in the communities we serve. We carry out this mission through a variety of programs designed to increase public awareness of disease; educate about warning signs, prevention, treatment and well-being; and make early screening as widely available as possible. Screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 100 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.
Community Services & Outreach Programs	The Foundation for Barnes-Jewish Hospital grants the Community Services and Outreach funds to Barnes-Jewish Hospital and BJC HealthCare in order to provide additional services to our community.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
EMS Educational Conference	The department of Trauma Services provides an educational opportunity of EMS Pre-Hospital providers each year.	1. To educate a minimum of 40 EMS Pre-Hospital Providers. 2. 100% of those enrolled in the program successfully complete curriculum and receive certificate.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Interpretation Services	Interpreter services are available 24 hours a day for patients who need help with language assistance or who have special cultural needs. These services are available at no charge to our patients. Our on-site, qualified interpreters are staff members of Barnes-Jewish Hospital who understand patients' unique social and cultural needs. Services are provided onsite (in person) or by telephone or video. In addition to the spoken language interpreter team, a sign language interpreter team provides interpretation in ASL, ESL, tactile sign and PSE and is available to assist with communication barriers for deaf and hard of hearing individuals.	1. Interpreter services at BJH will increase capacity from covering 54,400 annual requests to covering 58,000 requests through increased emphasis on telephone interpretation. 2. Sampling four times annually demonstrates that 90% of community members using interpreters in the resident clinics at BJH identify that they are able to understand their physicians very well or extremely well during their visit.
Mammography Van	The Siteman Cancer Center Mammography Van is sponsored in partnership with Barnes-Jewish Hospital, Washington University School of Medicine and Mallinckrodt Institute of Radiology. The mission is to provide breast cancer screenings in community settings to every woman, everywhere.	1. To provide breast cancer screenings to 5,000 women in the community. 2. To collect questionnaires on 75% of the patients who receive services provided by a grant.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Preparation for Childbirth and Nurturing Parenting Program	The OB-Gyn Clinic offers childbirth and parenting education sessions for clinic patients and members of the broader community through the continued implementation of on-site Preparation for Childbirth (PCB) classes and the addition of bi-weekly Nurturing Parenting (NP) groups.	1. At least 150 individuals will enroll in PCB classes. 2. At least 100 individuals will enroll in NP sessions. 3. At least 60% of participants will attend at least 2 of the 6 sessions; 25% will attend 4 or more sessions (both programs). 4. Post-test scores of 85% of PCB program participants will significantly increase compared to pre-test scores on childbirth preparation knowledge and skills. 5. Post-test scores of 85% of NP participants will significantly increase compared to pre-test scores on Nurturing Quiz, a curriculum-based assessment of parenting skills and strategies. 6. 90% of participants will report that they were satisfied with the education and support group topics and that information provided was useful.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Residents & Fellows Diversity Initiative	The goal of the Residents and Fellows Diversity Initiative (RFDI) is to help recruit and retain under-represented minorities and fellows training at Barnes-Jewish and St. Louis Children's Hospitals. The Initiative seeks to enhance the diversity of physicians providing services to our patient population in an effort to give all patients and their families equal access to high quality care, regardless of race, socioeconomic status or unique cultural needs.	1. 100% of RFDI members will receive all health literacy training offered by the program. 2. Residents and Fellows trained through the RFDI program demonstrate understanding of and self-report using the health literacy best practices of A) creating a shame free environment and B) use of teach back as demonstrated by their measures on pre- and post-tests increasing by at least 15%
Siteman Education Programs	Patient, family and caregiver education programs with various topics provided 2-3 times weekly at different venues within the cancer center	1. To provide education and support to 2,600 patients and family members. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Skin Savers	The Siteman Cancer Center Skin Savers team distributes sun screen, sun safety information, skin cancer and disease prevention education.	1. To provide health education and free sunscreen to 9,000 community members. 2. 100% of those who request a referral to a primary care physician are successfully referred.

Community Benefit Programs Related to Health Literacy & Education

Title	Description	Objectives
Speaker's Bureau	The Barnes-Jewish Hospital Speaker's Bureau program fulfills requests from the community by providing a speaker and disease prevention educational materials. Participants are offered the opportunity to ask questions about health, wellness and health care.	1. To provide health education to 100 community members. 2. Pre- and post-tests will be conducted at each program, resulting in 100% improvement in score.
Stroke Screenings	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with disease prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home. Additionally, screenings are offered by the Barnes-Jewish Hospital Stroke team to detect risk levels for hypertension, coupled with recommendations for treatment and further testing.	1. To provide stroke screenings to 450 community members. 2. 15% of those without a primary care physician will be successfully referred to one. 3. Upon conducting pre and post-tests, 100% of post-test results will be equivalent or higher than pre-test scores.
Think First	The department of trauma services provides education thru Think First on trauma prevention and safety to members of our community.	1. To provide education on trauma prevention and safety to 50 community members. 2. 100% of post-test scores are equivalent or higher than pre-test scores.
Trauma Education Displays	The department of Trauma Services displays educational information and provides interactive opportunities for the general public to learn about safety and awareness.	To educate 100 members of the community on safety and awareness.

Chronic Conditions

Rationale

Timely and effective primary care & disease management of certain chronic conditions are known to reduce avoidable hospitalizations. Minor medical conditions and often preventable illnesses can become very costly when left untreated. According to the city of St. Louis Department of Health, chronic disease complications are increased by a lack of accessibility to primary care physicians. Communities with low education levels and health literacy are more likely to experience poor health outcomes.

In order to examine the impact of chronic disease, our community health needs assessment included data on the following diseases:

- Asthma
- Cancers: Breast, Colon, Lung, Prostate
- Chronic bronchitis/Chronic Obstructive Pulmonary Disease (COPD)
- Coronary heart disease
- Diabetes
- Stroke

According to *Healthy People 2020*, clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the Nation's health. Likewise, improving reproductive and sexual health is crucial to eliminating health disparities.

Goal

The goals of programs related to chronic conditions are to improve the knowledge of chronic conditions and disease management, as well as reduce the risk of chronic conditions among members of the community we serve.

Action Plan

As a mission core priority, BJH is committed to addressing this area of need. While we will continue to conduct the programs related to chronic conditions listed on the next page, we will also explore opportunities for building a robust program around one or more of these chronic conditions.

Intended Outcome

The intended outcome of programs related to chronic conditions is to begin to improve the health of the community we serve. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Chronic Conditions

Title	Description	Objectives
Cardiac Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Cardiac Patient Care Fund to provide financial assistance of medically-related needs for the underserved cardiac patient.	To provide 125 cardiac patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Community Health Fairs - Education	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with cancer prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home.	1. To provide health education to 4,000 community members. 2. Results of health quiz or program evaluation will average a score of 4 on a scale of 1-5.
Community Health Fairs - Screenings	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with disease prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home. Additionally, screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 4,000 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.

Community Benefit Programs Related to Chronic Conditions

Title	Description	Objectives
Community Lectures and Screenings	At Barnes-Jewish Hospital we strive to reach out to people in the communities we serve. We carry out this mission through a variety of programs designed to increase public awareness of disease; educate about warning signs, prevention, treatment and well-being; and make early screening as widely available as possible. Washington University Physicians and Barnes-Jewish Hospital staff are invited to speak about their areas of specialty in order to educate the public on disease prevention and wellness. Additionally, screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 4,000 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP. 3. Pre- and post-tests will be conducted at each program, resulting in 100% improvement in score.
Community Screening Events	At Barnes-Jewish Hospital we strive to reach out to people in the communities we serve. We carry out this mission through a variety of programs designed to increase public awareness of disease; educate about warning signs, prevention, treatment and well-being; and make early screening as widely available as possible. Screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 100 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.
Community Services & Outreach Programs	The Foundation for Barnes-Jewish Hospital grants the Community Services and Outreach funds to Barnes-Jewish Hospital and BJC HealthCare in order to provide additional services to our community.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Chronic Conditions

Title	Description	Objectives
Free Community Flu Shot Campaign	Barnes-Jewish Hospital hosts a free community flu shot clinic, vaccinating over 30,000 individuals each year.	1. To provide free flu shots to a minimum of 30,000 individuals in our broader community. 2. Reserve a minimum of 15% of the free flu shots to be provided in key underserved regions as identified by the Community Health Needs Assessment.
Mammography Van	The Siteman Cancer Center Mammography Van is sponsored in partnership with Barnes-Jewish Hospital, Washington University School of Medicine and Mallinckrodt Institute of Radiology. The mission is to provide breast cancer screenings in community settings to every woman, everywhere.	1. To provide breast cancer screenings to 5,000 women in the community. 2. To collect questionnaires on 75% of the patients who receive services provided by a grant.
Ovarian Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Ovarian Cancer Patient Care Fund to provide financial assistance to underserved oncology patients at BJH	To provide 5 ovarian cancer patients with access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Chronic Conditions

Title	Description	Objectives
Skin Savers	The Siteman Cancer Center Skin Savers team distributes sun screen, sun safety information, skin cancer and disease prevention education.	1. To provide health education and free sunscreen to 9,000 community members. 2. 100% of those who request a referral to a primary care physician are successfully referred.
Speaker's Bureau	The Barnes-Jewish Hospital Speaker's Bureau program fulfills requests from the community by providing a speaker and disease prevention educational materials. Participants are offered the opportunity to ask questions about health, wellness and health care.	1. To provide health education to 100 community members. 2. Pre- and post-tests will be conducted at each program, resulting in 100% improvement in score.
Stroke Screenings	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with disease prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home. Additionally, screenings are offered by the Barnes-Jewish Hospital Stroke team to detect risk levels for hypertension, coupled with recommendations for treatment and further testing.	1. To provide stroke screenings to 450 community members. 2. 15% of those without a primary care physician will be successfully referred to one. 3. Upon conducting pre and post-tests, 100% of post-test results will be equivalent or higher than pre-test scores.

SUPPORTING PRIORITIES

Access to Health Care

Rationale

Poor access to health care is a social determinant of health that can result in health care disparities. According to the Agency for Healthcare Research and Quality (2008), individuals without health insurance are less likely to participate in preventive care and are more likely to delay medical treatment.

Goal

The goal of all programs related to access to health care is to increase access to health care services for members of our community, especially for those who are under or un-insured.

Action Plan

Recognizing that limited access to care has a direct correlation with health outcomes, BJH will continue to dedicate resources to addressing this need.

Intended Outcome

Given the research cited in our Community Health Needs Assessment, we can conclude the outcome of providing access to health care services will decrease unnecessary emergency room visits and reduce hospital readmissions. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
AWARE Program	The AWARE Program provides free and confidential assistance for victims of domestic violence. Domestic violence program advocates have accurate information about domestic violence and are experienced in providing assistance to battered women. Financial assistance provided by this program can be used toward basic living expenses such as lodging, utilities, and food.	1. Provide financial assistance to a minimum of 140 community members annually. 2. Provide advocacy and support services to a minimum of 400 individuals annually. 3. A minimum of 30% of program participants will successfully complete pre- and post-program evaluations.
Bone Marrow Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Bone Marrow Transplant Patient Care Fund to provide short-term financial assistance of the medical needs of the underserved bone marrow patient at BJH	To provide 35 patients with access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Brace Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Brace Patient Care Fund to provide medical equipment for underserved patients.	To provide 20 patients with access to rehabilitation devices. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Breast Health Center Patient Navigator Program	The Breast Health Center's patient navigator program at Siteman Cancer Center informs women about the need for a breast examination; access to breast examinations, including screening mammography. The program allows us to follow women along the diagnostic pathway from either a positive screening or a symptomatic presentation.	1. To provide navigation services to 3,500 patients. 2. To achieve a 2% reduction in no show rate, reducing the rate from 17% to 15%.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Cardiac Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Cardiac Patient Care Fund to provide financial assistance of medically-related needs for the underserved cardiac patient.	To provide 125 cardiac patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Community Health Fairs - Screenings	Barnes-Jewish Hospital fulfills requests to participate in health fairs by providing a booth with disease prevention educational materials. They offer the opportunity to ask questions about health, wellness and health care, as well as the opportunity for individuals to sign up for educational kits to be sent to their home. Additionally, screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 4,000 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Community Screening Events	At Barnes-Jewish Hospital we strive to reach out to people in the communities we serve. We carry out this mission through a variety of programs designed to increase public awareness of disease; educate about warning signs, prevention, treatment and well-being; and make early screening as widely available as possible. Screenings are offered to detect risk levels for disease, coupled with recommendations for treatment and further testing.	1. To provide health education and free screenings to 100 community members. 2. 25% of those who mark yes to "Do you need a primary care physician" are successfully referred to a PCP.
Community Services & Outreach Programs	The Foundation for Barnes-Jewish Hospital grants the Community Services and Outreach funds to Barnes-Jewish Hospital and BJC HealthCare in order to provide additional services to our community.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Emergency Department Cab Fund	The Foundation for Barnes-Jewish Hospital grants the Emergency Department Cab Fund to provide transportation to underserved patients receiving emergency care at BJH.	To provide 4,000 patients with access to transportation who would otherwise not have access. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Free Community Flu Shot Campaign	Barnes-Jewish Hospital hosts a free community flu shot clinic, vaccinating over 30,000 individuals each year.	1. To provide free flu shots to a minimum of 30,000 individuals in our broader community. 2. Reserve a minimum of 15% of the free flu shots to be provided in key underserved regions as identified by the Community Health Needs Assessment.
General Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the General Cancer Patient Care Fund to provide financial assistance to underserved oncology patients at BJH	To provide 425 oncology patients access to medications, lodging or other financial assistance deemed appropriate. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
General Organ Transplant Fund	The Foundation for Barnes-Jewish Hospital grants the General Organ Transplant Fund to provide short-term financial assistance to solid organ transplant patients who are either uninsured or underinsured.	To provide 25 transplant patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
General Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the General Patient Care Fund to support the medical needs of uninsured or underinsured patients who receive medical treatment at Barnes-Jewish Hospital.	To provide 6,400 patients with access to services that allow patients to be discharged safely at home. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Heart Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Heart Transplant Patient Care Fund to provide short-term financial assistance to underserved heart transplant patients.	To provide 400 heart transplant patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Interpretation Services	Interpreter services are available 24 hours a day for patients who need help with language assistance or who have special cultural needs. These services are available at no charge to our patients. Our on-site, qualified interpreters are staff members of Barnes-Jewish Hospital who understand patients' unique social and cultural needs. Services are provided onsite (in person) or by telephone or video. In addition to the spoken language interpreter team, a sign language interpreter team provides interpretation in ASL, ESL, tactile sign and PSE and is available to assist with communication barriers for deaf and hard of hearing individuals.	1. Interpreter services at BJH will increase capacity from covering 54,400 annual requests to covering 58,000 requests through increased emphasis on telephone interpretation. 2. Sampling four times annually demonstrates that 90% of community members using interpreters in the resident clinics at BJH identify that they are able to understand their physicians very well or extremely well during their visit.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Kidney Transplant Dental Fund	The Foundation for Barnes-Jewish Hospital grants the Kidney Transplant Dental Fund to cover the cost of dental work of pre-kidney transplant patients who are underserved or do not have insurance coverage for the dental work required to list the patient for transplant.	1. To provide 55 transplant patients access to dental services. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Liver Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Liver Transplant Patient Care Fund to provide financial assistance of medically-related needs for the underserved liver transplant patient at BJH.	To provide 10 patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Lung Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Lung Transplant Patient Care Fund to provide short-term financial coverage of medical needs for the underserved lung transplant patient.	To provide 100 lung transplant patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Mammography Van	The Siteman Cancer Center Mammography Van is sponsored in partnership with Barnes-Jewish Hospital, Washington University School of Medicine and Mallinckrodt Institute of Radiology. The mission is to provide breast cancer screenings in community settings to every woman, everywhere.	1. To provide breast cancer screenings to 5,000 women in the community. 2. To collect questionnaires on 75% of the patients who receive services provided by a grant.
New Americans Patient Care Funds	The Foundation for Barnes-Jewish Hospital grants the New Americans Patient Care Fund to provide short-term assistance of medically-related needs for the underserved New American patient at BJH.	To provide 10 patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Ovarian Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Ovarian Cancer Patient Care Fund to provide financial assistance to underserved oncology patients at BJH	To provide 5 ovarian cancer patients with access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Parkway Hotel Expense Fund	The Foundation for Barnes-Jewish Hospital grants the Parkway Hotel Expense Fund to cover short-term lodging needs of underserved cancer patients during medical treatment.	To provide 60 patients with access to lodging. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Patient Support Programs	The Foundation for Barnes-Jewish Hospital grants the Patient Support funds to Barnes-Jewish Hospital and Washington University to provide support for BJC Hospice, Barnes Lodge, Barnes-Jewish Extended Care, BJC Home Care Services, Center for Practice Excellence & Washington University School of Medicine.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Pediatric Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Pediatric Patient Care Fund to provide short-term financial assistance to underserved pediatric patients at BJH.	To provide 30 patients with access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Public Financial Program Enrollment	The patient financial services team assists patients with public financial program enrollment.	To assist patients with public financial program enrollment.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Senior Citizen Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Senior Citizen Cancer Patient Care Fund to provide short-term financial assistance to the underserved elderly oncology patient.	To provide 45 senior citizen oncology patients with access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Access to Health Care

Title	Description	Objectives
Teen Pregnancy Center	The Teen Pregnancy Center (TPC) was created to respond to the lack of adequate medical services available to pregnant teens and to educate teens in order to prevent additional unplanned pregnancies. The mission of TPC is to empower teens to meet the developmental, emotional and health care needs for themselves and their babies. Our goal is to provide a safe, respectful and challenging environment for teenagers to receive prenatal care and to learn about pregnancy health, childbirth, infant care, parenting and other essential life skills. The Teen Pregnancy Center also provides support to teen fathers-to-be in collaboration with the Family Resource Center through our Teen Dads Group.	1. At least 30 dads will attend a minimum of 1 group during the program year, 75% will attend at least 2 sessions, and 50% will attend at least 4 sessions. 2. 85% of Teen Dads Group participants will report that they were satisfied with the education and support group topics and that information provided was useful. 3. 90% of TPC patients will report that they utilized services offered by Peer Assistants and will report a high level of satisfaction with services. 4. 95% of TPC patients will report that the Peer Assistant provided accurate and helpful information about pregnancy and parenting issues.
Temporary Medicaid Applications	The case management department assists pregnant women with temporary Medicaid applications.	1. To provide 265 patients assistance with completing Temporary Medicaid Applications. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.

Behavioral and Mental Health

Rationale

Behavioral health generally refers to the relationship between human behavior and well-being, including mental illness, substance abuse and other addictions.

The connection between mental illness and chronic disease has been established in multiple studies but is not established in existing data sources. The Centers for Disease Control and Prevention states mental illness often occurs concurrently with chronic diseases and, where present, has a significant and poorly tracked negative impact. For instance, depression and diabetes comorbidity causes fewer people to seek treatment resulting in poorer blood glucose control, and increased risk for heart disease, pain and respiratory disorders. Even when patients seek acute mental health services via the Emergency Department, their comorbid diagnoses may interfere with access to inpatient psychiatric services. For instance, at BJH in 2012, approximately 7500 patients presented to the Emergency Department with mental illness and/or drug/alcohol complaints. Out of the 7500 patients, approximately 2400 were admitted to an inpatient setting within BJH. Nearly half of the admitted patients went to an inpatient psychiatric floor while the remaining patients were admitted to a non-psychiatric inpatient floor. Many patients admitted to non-psychiatric units have their mental health concerns addressed separately by a psychiatric consult service and have resultant difficulty accessing timely follow-up services for their mental illnesses once discharged in the outpatient setting.

Action Plan

The goal for programs related to behavioral and mental health is to reduce the burden of behavioral health issues and to improve the overall mental health of the community members we serve.

Action Plan

Recognizing the impact mental health has on health outcomes, and that admission of patients with mental illness and/or drug or alcohol complaints into non-psychiatric units, rather than inpatient psychiatric units, can result in difficulty accessing follow-up care, BJH will continue to dedicate resources to addressing this need.

Intended Outcome

The intended outcome of programs related to behavioral and mental health is to begin to improve the health status of members of our community who suffer from behavioral and mental conditions. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Behavioral and Mental Health

Title	Description	Objectives
Arts as Healing	The Arts as Healing program is designed to help patients at the Siteman Cancer Center and those involved with their care a chance to express themselves and use art as a tool in healing. The program includes studio art classes and large art group projects.	1. Arts as Healing program will reach 900 patients, allowing each individual to express themselves in healing. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
AWARE Program	The AWARE Program provides free and confidential assistance for victims of domestic violence. Domestic violence program advocates have accurate information about domestic violence and are experienced in providing assistance to battered women. Financial assistance provided by this program can be used toward basic living expenses such as lodging, utilities, and food.	1. Provide financial assistance to a minimum of 140 community members annually. 2. Provide advocacy and support services to a minimum of 400 individuals annually. 3. A minimum of 30% of program participants will successfully complete pre- and post-program evaluations.

Community Benefit Programs Related to Behavioral and Mental Health

Title	Description	Objectives
Bereavement Care	Women & Infants dedicate staff and a clinical nurse educator to provide additional care and support to bereaving mothers during the loss of their child. Follow up care is also conducted by phone call and a photo dvd is provided to the family.	1. To assist 100 families experiencing perinatal loss by helping them to understand and advancing their medical knowledge of the details surrounding loss, providing individual and group support during hospitalization and following discharge. 2. Follow up letters, including an optional survey, will be sent to all those who receive bereavement care. 3. 80% of the completed surveys will score the program 5 out of 5.
Bereavement Memorial	An annual memorial for those families that have experienced a miscarriage or fetal loss at Barnes-Jewish Hospital.	A minimum of 5% of those who receive bereavement care will participate in the memorial service.
Cancer Support Groups	Group discussion and education for individuals with a common concern. These groups provide emotional support through peer interaction and facilitator direction.	1. To provide education and support to 600 individuals. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.

Community Benefit Programs Related to Behavioral and Mental Health

Title	Description	Objectives
Psycho-oncology Counseling	Siteman Cancer Center patients and their families receive mental health counseling from psychologists free of charge. Patients/family members are referred by a health care team member to the psychologists. The psychologists are specially trained in counseling of cancer patients and their family members.	1. To provide mental health counseling to 1,300 patients and family members. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Social Work Support Groups	The social work support groups offer education and emotional support regarding the impact of illness and treatment on health, lifestyle, finances and family relationships.	1. To provide support groups to 1,300 patients. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Yoga	Yoga class is held weekly. The instructor is provided by The Wellness Community and the classes are held either in the Center for Advanced Medicine or Barnes-Jewish Hospital north. Classes last one hour. Siteman Cancer Center staff members are responsible to coordinate each activity, set up and clean up for the classes.	1. To provide health education and instruction to 300 individuals. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.

Financial Barriers to Access

Rationale

Socio-economic status is a social determinant of health that has a significant impact on health status. Access to social and economic opportunities and the availability of resources and supports in our homes, neighborhoods and communities can influence health status, as well as the ability to effectively participate in and manage one's own health. According to the Secretary's Advisor Committee on Health Promotion and Disease Prevention Objectives for 2020, living conditions explain, in part, why some Americans are healthier than others and why Americans in general are not as healthy as they could be.

Goal

The goal of all programs related to financial barriers to access is to increase access to health care services for members of our community, especially for those who are under or un-insured, by providing financial assistance.

Action Plan

Recognizing that financial barriers to access has a significant impact on health status, BJH will continue to dedicate resources to addressing this need.

Intended Outcome

Given the research cited in our Community Health Needs Assessment, we can conclude the outcome of providing financial assistance for health care services will decrease unnecessary emergency room visits and reduce hospital readmissions. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Adult Centering Pregnancy Program	The Adult Centering Pregnancy (ACP) Program provides prenatal care, education, and support to expectant women and their families through an innovative model of group care called Centering Pregnancy. ACP seeks to reduce the incidence of low birth weight and preterm birth, and increase patient attendance, participation, and satisfaction with care.	1. Increase program enrollment to 75 individuals. 2. Improve program attendance to 80% participation. 3. Achieve 90% patient satisfaction scores. 4. Sustain the percentage of low birth weight babies and pre-term births between 8% and 15% in Centering Pregnancy participants.
Bone Marrow Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Bone Marrow Transplant Patient Care Fund to provide short-term financial assistance of the medical needs of the underserved bone marrow patient at BJH	To provide 35 patients with access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Brace Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Brace Patient Care Fund to provide medical equipment for underserved patients.	To provide 20 patients with access to rehabilitation devices. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Cardiac Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Cardiac Patient Care Fund to provide financial assistance of medically-related needs for the underserved cardiac patient.	To provide 125 cardiac patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Community Services & Outreach Programs	The Foundation for Barnes-Jewish Hospital grants the Community Services and Outreach funds to Barnes-Jewish Hospital and BJC HealthCare in order to provide additional services to our community.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Emergency Department Cab Fund	The Foundation for Barnes-Jewish Hospital grants the Emergency Department Cab Fund to provide transportation to underserved patients receiving emergency care at BJH.	To provide 4,000 patients with access to transportation who would otherwise not have access. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Financial Counseling Services	The SCC Admin Financial Specialist serves as a counselor for patients who are underserved and/or underinsured. Completes financial assessments, helps patients apply for Medicare, and coordinates funding from outside sources.	1. To provide financial counseling to 2,700 patients, allowing each individual access to care. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Free Community Flu Shot Campaign	Barnes-Jewish Hospital hosts a free community flu shot clinic, vaccinating over 30,000 individuals each year.	1. To provide free flu shots to a minimum of 30,000 individuals in our broader community. 2. Reserve a minimum of 15% of the free flu shots to be provided in key underserved regions as identified by the Community Health Needs Assessment.
General Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the General Cancer Patient Care Fund to provide financial assistance to underserved oncology patients at BJH	To provide 425 oncology patients access to medications, lodging or other financial assistance deemed appropriate. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
General Organ Transplant Fund	The Foundation for Barnes-Jewish Hospital grants the General Organ Transplant Fund to provide short-term financial assistance to solid organ transplant patients who are either uninsured or undersinsured.	To provide 25 transplant patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
General Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the General Patient Care Fund to support the medical needs of uninsured or underinsured patients who receive medical treatment at Barnes-Jewish Hospital.	To provide 6,400 patients with access to services that allow patients to be discharged safely at home. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Heart Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Heart Transplant Patient Care Fund to provide short-term financial assistance to underserved heart transplant patients.	To provide 400 heart transplant patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Kidney Transplant Dental Fund	The Foundation for Barnes-Jewish Hospital grants the Kidney Transplant Dental Fund to cover the cost of dental work of pre-kidney transplant patients who are underserved or do not have insurance coverage for the dental work required to list the patient for transplant.	1. To provide 55 transplant patients access to dental services. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Liver Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Liver Transplant Patient Care Fund to provide financial assistance of medically-related needs for the underserved liver transplant patient at BJH.	To provide 10 patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Lung Transplant Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Lung Transplant Patient Care Fund to provide short-term financial coverage of medical needs for the underserved lung transplant patient.	To provide 100 lung transplant patients access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Mammography Van	The Siteman Cancer Center Mammography Van is sponsored in partnership with Barnes-Jewish Hospital, Washington University School of Medicine and Mallinckrodt Institute of Radiology. The mission is to provide breast cancer screenings in community settings to every woman, everywhere.	1. To provide breast cancer screenings to 5,000 women in the community. 2. To collect questionnaires on 75% of the patients who receive services provided by a grant.
New Americans Patient Care Funds	The Foundation for Barnes-Jewish Hospital grants the New Americans Patient Care Fund to provide short-term assistance of medically-related needs for the underserved New American patient at BJH.	To provide 10 patients access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Nutrition Supplementation	Provision of complimentary liquid nutritional products to cancer uninsured/underinsured patients who have swallowing difficulty secondary to cancer treatment.	1. To provide nutritional support to 200 uninsured/underinsured patients. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.
Ovarian Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Ovarian Cancer Patient Care Fund to provide financial assistance to underserved oncology patients at BJH	To provide 5 ovarian cancer patients with access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Parkway Hotel Expense Fund	The Foundation for Barnes-Jewish Hospital grants the Parkway Hotel Expense Fund to cover short-term lodging needs of underserved cancer patients during medical treatment.	To provide 60 patients with access to lodging. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Patient Support Programs	The Foundation for Barnes-Jewish Hospital grants the Patient Support funds to Barnes-Jewish Hospital and Washington University to provide support for BJC Hospice, Barnes Lodge, Barnes-Jewish Extended Care, BJC Home Care Services, Center for Practice Excellence & Washington University School of Medicine.	There is significant evidence that this service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.
Pediatric Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Pediatric Patient Care Fund to provide short-term financial assistance to underserved pediatric patients at BJH.	To provide 30 patients with access to medications. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Preparation for Childbirth and Nurturing Parenting Program	The OB-Gyn Clinic offers childbirth and parenting education sessions for clinic patients and members of the broader community through the continued implementation of on-site Preparation for Childbirth (PCB) classes and the addition of bi-weekly Nurturing Parenting (NP) groups.	1. At least 150 individuals will enroll in PCB classes. 2. At least 100 individuals will enroll in NP sessions. 3. At least 60% of participants will attend at least 2 of the 6 sessions; 25% will attend 4 or more sessions (both programs). 4. Post-test scores of 85% of PCB program participants will significantly increase compared to pre-test scores on childbirth preparation knowledge and skills. 5. Post-test scores of 85% of NP participants will significantly increase compared to pre-test scores on Nurturing Quiz, a curriculum-based assessment of parenting skills and strategies. 6. 90% of participants will report that they were satisfied with the education and support group topics and that information provided was useful.
Public Financial Program Enrollment	The patient financial services team assists patients with public financial program enrollment.	To assist patients with public financial program enrollment.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Senior Citizen Cancer Patient Care Fund	The Foundation for Barnes-Jewish Hospital grants the Senior Citizen Cancer Patient Care Fund to provide short-term financial assistance to the underserved elderly oncology patient.	To provide 45 senior citizen oncology patients with access to medications, lodging or other financial assistance deemed appropriate for patient care. There is significant evidence that this health care support service is needed by our community. Measurement of program impact will not take place as there are limitations to follow-up with program participants.

Community Benefit Programs Related to Financial Barriers to Access

Title	Description	Objectives
Teen Pregnancy Center	The Teen Pregnancy Center (TPC) was created to respond to the lack of adequate medical services available to pregnant teens and to educate teens in order to prevent additional unplanned pregnancies. The mission of TPC is to empower teens to meet the developmental, emotional and health care needs for themselves and their babies. Our goal is to provide a safe, respectful and challenging environment for teenagers to receive prenatal care and to learn about pregnancy health, childbirth, infant care, parenting and other essential life skills. The Teen Pregnancy Center also provides support to teen fathers-to-be in collaboration with the Family Resource Center through our Teen Dads Group.	1. At least 30 dads will attend a minimum of 1 group during the program year, 75% will attend at least 2 sessions, and 50% will attend at least 4 sessions. 2. 85% of Teen Dads Group participants will report that they were satisfied with the education and support group topics and that information provided was useful. 3. 90% of TPC patients will report that they utilized services offered by Peer Assistants and will report a high level of satisfaction with services. 4. 95% of TPC patients will report that the Peer Assistant provided accurate and helpful information about pregnancy and parenting issues.
Temporary Medicaid Applications	The case management department assists pregnant women with temporary Medicaid applications.	1. To provide 265 patients assistance with completing Temporary Medicaid Applications. 2. Upon conducting program evaluations, an average program score of no less than 4 out of 5 will be reached.

Safety From Violence

Rationale

The impact of violence has been shown to have a direct correlation to individuals' health status and is a recognized contributor to health care disparities. According to the *Healthy People 2020 Injury and Violence Objectives*, violence has a significant impact on the well-being of Americans, contributing to various adverse health outcomes, including premature death, disability and poor mental health.

A growing body of science is constantly linking violence with the risk for and incidence of a range of serious health problems. While it has been long understood that violence has implications for emotional and physical injury, it is only relatively recently that we are beginning to recognize the long-term effects on the broader health status of individuals, families and communities. These health consequences include asthma, significant alteration and healthy eating and activity, heart disease and hypertension, ulcers and gastrointestinal disorders, diabetes, neurological and musculoskeletal diseases, and lung disease, as identified by the Prevention Institute.

Additionally, the Urban Networks to Increase Thriving Youth (UNITY) also recognizes that "violence and fear of violence can exacerbate health disparities and worsen health outcomes." Thus supporting the fact that many chronic illnesses and mental health problems are believed to be made worse by exposure to violence.

Goal

The goal of programs related to safety from violence is to reduce the burden of violence among the community members we serve.

Action Plan

Recognizing the impact of violence on a person's health status, BJH will continue to dedicate resources to addressing this need.

Intended Outcome

The intended outcome of programs related to safety from violence is to begin to improve the health status of members of our community who are affected by violence. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Safety From Violence

Title	Description	Objectives
AWARE Program	The AWARE Program provides free and confidential assistance for victims of domestic violence. Domestic violence program advocates have accurate information about domestic violence and are experienced in providing assistance to battered women. Financial assistance provided by this program can be used toward basic living expenses such as lodging, utilities, and food.	1. Provide financial assistance to a minimum of 140 community members annually. 2. Provide advocacy and support services to a minimum of 400 individuals annually. 3. A minimum of 30% of program participants will successfully complete pre- and post-program evaluations.

Lack of Service Coordination

Rationale

Coordination of care is a concern acutely felt by patients and their families, but has not been well quantified by health care analysis. A landmark report of the Institute of Medicine in 1999, "To Err is Human: Building a Safer Health System," cited the fragmented health care system and patient reliance on multiple providers as a leading cause of medical mistakes. While some improvements have been made, such as the emergence of electronic medical records (EMRs), fragmentation and effective transitions of care remain a concern. This was recognized by the community stakeholders focus group as a source of concern, even though there is not a measure at BJH for monitoring this. Although positive movement has been achieved with the advent of our Stay Healthy Outpatient Program (SHOP), there is not an "across the board" process to insure effective transitions of care or to improved care coordination between key services.

Goal

The goal of all programs related to lack of service coordination is to ensure the community members we serve are connected to appropriate healthcare services.

Action Plan

We recognize that coordination of care can directly impact health outcomes and therefor BJH will continue to dedicate resources to addressing this need.

Intended Outcome

The intended outcome of programs related to lack of service coordination is to begin to improve the health status of members of our community. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Lack of Service Coordination

Title	Description	Objectives
Breast Health Center Patient Navigator Program	The Breast Health Center's patient navigator program at Siteman Cancer Center informs women about the need for a breast examination; access to breast examinations, including screening mammography. The program allows us to follow women along the diagnostic pathway from either a positive screening or a symptomatic presentation.	1. To provide navigation services to 3,500 patients. 2. To achieve a 2% reduction in no show rate, reducing the rate from 17% to 15%.
Neuroscience Outreach Letters	The department of neuroscience sends letters to patients' primary care physicians (PCP) and referring physicians upon intake and discharge, in order to improve the continuum of care.	1. Letters will be sent for a minimum of 90% of patients admitted for suspicion of stroke. 2. Successfully reach PCP of at least 50% of patients admitted for suspicion of stroke.

Training of Health Care Professionals

Rationale

The community stakeholders' focus group identified the need for education that would improve the health care provider's ability to effectively deliver the health care services to diverse community members, which is consistent with research findings, current best practices, national recommendations and regulatory expectations. While many complex factors contribute to the problem of health disparities, a large body of research demonstrates that health care systems and health care providers contribute significantly to the problem of health disparities. Inadequate resources, poor patient-provider communication, a lack of culturally competent care, system fragmentation and inadequate language access are critical factors that contribute to inequities in patient outcomes (National Quality Forum [NQF], 2012; National Research Council, 2003)

Goal

The goal of programs related to training of health care professionals is to provide cultural competence, health literacy and public health training for health care professionals in our community.

Action Plan

In conjunction with our efforts around health literacy and education, BJH is dedicated to take into consideration the patient's unique cultural and linguistic needs to ensure safe and quality care. We recognize cultural competence training as a promising intervention to reduce health care, and ultimately health disparities. Therefore, we will continue to dedicate resources to addressing this need.

Intended Outcome

The intended outcome of programs related to training of health care professionals is to provide equal access to high quality care regardless of race, socioeconomic status or unique cultural needs. Individual programs related to this area of need will be measured as stated in the objectives in the following table.

Community Benefit Programs Related to Lack of Service Coordination

Title	Description	Objectives
Residents & Fellows Diversity Initiative	The goal of the Residents and Fellows Diversity Initiative (RFDI) is to help recruit and retain under-represented minorities and fellows training at Barnes-Jewish and St. Louis Children's Hospitals. The initiative seeks to enhance the diversity of physicians providing services to our patient population in an effort to give all patients and their families' equal access to high quality care, regardless of race, socioeconomic status or unique cultural needs.	1. 100% of RFDI members will receive all health literacy training offered by the program. 2. RFDI members will demonstrate understanding of the health literacy best practices of creating a shame free environment and use of teach back. Pre-to post-test scores increase by at least 15%

Specific Input from the OASIS Institute / Implementation Plan

Since 1984, The OASIS Institute has worked with Barnes Jewish Hospital and BJC HealthCare to meet the needs of older adults living in the St. Louis Metropolitan area.

OASIS is a national 501 (c)(3) organization dedicated to a mission of promoting successful aging for adults age 50 and older through lifelong learning, health programs and volunteer service opportunities. The OASIS vision is to see that adults age 50 plus across the country have opportunities to pursue vibrant, healthy, productive and meaningful lives. Founded in 1982, OASIS has been committed to increasing health literacy and improving health behaviors of adults ages 50 and older through health education, behavior change programs and group exercise programs.

Included in BJH implementation plan are OASIS's efforts to address the priority areas of Chronic Conditions and Health Literacy among the population age 50 and older in the St. Louis metropolitan area.

Chronic Conditions

Rationale:

It is estimated that 80% of older adults have at least one chronic condition. More than a quarter of adults are living with two or three chronic diseases and older adults (ages 65 and older) are more affected than other populations. Since 2001, chronic diseases have been on the rise and they account for 70% of deaths among Americans.[1,2] Missourians have a higher prevalence of almost every chronic disease compared to national averages. [3] The prevalence of adults in the U.S. with diabetes has more than tripled in the last 20 years totally 20.8 million in 2011.[4] In Missouri, 21.4% of adults over the age of 65 are living with diabetes and a higher percentage of those older adults living with diabetes live in St. Louis City and County.[5] In the U.S., falls and fall-related injuries are serious public health issues that can cause many serious health problems such as pain, functional impairment, disability, hospitalization, premature nursing home admissions and death.[6] Risk factors for falls include the use of multiple medications, having a chronic condition and physical inactivity. These highly prevalent chronic conditions account for a large percentage of hospital admissions and readmissions and will continue to do so with an aging population.

Physical activity benefits people of any age. However, for older adults, it can help keep them independent and prevent or control health problems that can occur with aging[7]. About one- third of adults over age 65 have not exercised in the last month[5]. Many older adults may not exercise because they don't have access to the equipment or believe exercise may be harmful for their particular condition. However, being physically inactive is of greater risk for an older adult than leading a sedentary life[8]. Addressing self-management behaviors of those with or at risk for chronic conditions can help reduce inappropriate use of the health care system and hospital admissions. These self-management behaviors include healthy eating, regular physical activity,

medication management, self-monitoring and regular goal setting and problem solving. OASIS offers several research-informed and evidence-based health programs to address these specific needs of the older adult population.

In an effort to reach older adults with chronic conditions where they work, live and play, OASIS provides the programs below that address chronic conditions at a variety of locations including onsite hospital locations, senior affordable housing communities, senior centers, community centers, libraries and others.

Program Goals and Objectives:

A. Increase prevalence of self-management behaviors among those with chronic conditions (i.e., physical activity, medication management, healthy eating, self-monitoring, etc).
    - Increase enrollment in self-management programs (Chronic Disease Self-Management, Diabetes Self-Management) by 5% annually.
    - After establishing a baseline, increase knowledge of blood pressure management terms and tools by 5%.
    - After establishing a baseline, increase knowledge of positive medication management behaviors by 5%.
B. Increase physical activity participation and functional fitness in adults ages 60 and older.
    - Increase participation in physical activity programs by 10% annually.
    - Through participation in physical activity programs, at least 50% of participants will see improvements in strength, flexibility, balance and agility, as measured by the Senior Fitness Test.

Action Plan:

Chronic Disease Self-Management Program (CDSMP)

Developed by Stanford University, this evidence-based program meets once a week for 6 weeks. People with different chronic health problems attend together, as many of the symptoms of chronic conditions are common (e.g., pain, fatigue, difficult emotions). Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves. Subjects covered include: 1) techniques to deal with problems such as frustration, fatigue, pain and isolation; 2) appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) appropriate use of medications; 4) communicating effectively with family, friends, and health professionals; 5) nutrition; and 6) how to evaluate new treatments. It is the process in which the program is taught that makes it effective. Classes are highly participative, where mutual support and success build the participant's confidence in their ability to manage their health and maintain active and fulfilling lives. This program provides participants with the tools, skills and confidence to manage their health on a day-to-day basis. Long term studies of CDSMP have demonstrated reduced emergency room visits and hospitalizations among class participants.

Diabetes Self-Management Program (DSMP)
Similar to CDSMP, this evidence-based program is for those adults with type 2 diabetes and was developed by Stanford University. Participants meet once a week for 6 weeks in small groups of no more than 18 to share tools, learn skills and increase confidence needed to manage type 2 diabetes on a daily basis. Subjects covered include: 1) techniques to deal with the symptoms of diabetes such as, fatigue, pain, hyper/hypoglycemia, stress, and emotional problems; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating; 4) appropriate use of medication; and 5) working more effectively with health care providers. Physicians, diabetes educators, dietitians, and other health professionals have reviewed all materials in the workshop. Research has demonstrated that those who participate in DSMP show improved HbA1c levels; reductions in symptoms related to hypo- and hyperglycemia, less health distress, less depression and increased self-efficacy.

Pressure Points: Managing High Blood Pressure
This is a two-session course designed for older adults who have a diagnosis of hypertension and want to reduce their risk factors and manage their disease. It has been designed to increase participant knowledge about hypertension, as well as build the skills needed to manage it. During both sessions, participants learn the different types of blood pressure medications and how they interact with food; communicate more effectively with their physicians, how lifestyle choices figure into self-management and medication needs and how to set achievable goals for health behavior change. Participants will also practice monitoring and tracking their blood pressure using home monitoring equipment.

ExerStart
Designed for sedentary older adults, this research-based exercise program meets twice a week for 20 weeks. Each session is 45 minutes in length. ExerStart is specifically designed for older adults who wish to become active. Through this course, participants will 1) learn how their functional fitness levels compared to established norms; 2) improve their functional fitness levels through beginning level exercises; and 3) learn safe exercises that can be done at home. Participants' progress will be measured by the Senior Fitness Test.

Better Balance
This exercise class is designed to provide a wide range of movement experiences to help participants maintain, improve and/or restore their balance skills. It focuses on the multiple dimensions of balance while providing a socially supportive and confidence-building environment. Through a variety of problem solving activities, the mind will also be progressively challenged. The program is based on the premise that physical activity is the antidote to many problems related to including a decline in balance skills. Attendees experience

exercises that will increase motor coordination, postural alignment, sensory reception and integration, muscle strength and flexibility and cognition.

OASIS Hiking and Biking Groups
These groups encourage walking and bicycling for physical activity at local trails and greenways across the Metropolitan area. All levels (beginner to advanced) are invited and encouraged to participate. Walking and hiking leaders support beginners to increase interest, self-confidence and endurance.

Outcome:
To improve behaviors related to disease self-management reducing inappropriate utilization of hospital services and unnecessary hospital admissions.

Outcome Evaluation:
OASIS regularly engages in program evaluation efforts and will implement these for all programs. Pre and post program assessments will be completed via self report. Whenever possible, OASIS uses established instruments for survey data collection to ensure valid and reliable data. OASIS will also conduct the Senior Fitness Test in its exercise programs. The Senior Fitness Test, a short fitness assessment for adults ages 60 and older, measures individuals physical abilities based on established norms by age and gender and illustrates progress toward fitness goals over time. In addition, OASIS will trace the number of programs offered, cancellation rates and attendance.

Health Literacy and Education

Rationale:
According to the Patient Protection and Affordable Care Act, health literacy is "the degree to which individuals have the capacity to obtain, communicate, process and understand the basic health information and services needed to make appropriate health decisions." Health Literacy Missouri estimates that more than 1.6 million are affected by low health literacy and are therefore more likely to experience poor health outcomes.[8] Difficulties with health literacy among older adults may complicate chronic health conditions. Older adults may be at increased risk for low health literacy due to reduced access to information via the Internet, fewer computer skills and unfamiliarity with medical terms when providers give new diagnoses.[9]

OASIS has a strong history of providing education to adults ages 50 and older using key principles of adult learning such as small group discussion, real life application, practice of concepts and goal-setting. Using these concepts, OASIS will conduct health education and technology training to adults age 50 and older in the metropolitan region. In addition, OASIS is

committed to increasing the health literacy of the next generation through its Intergenerational Tutoring Program.

Program Goals and Objectives:

A. Among older adults, increase the health knowledge and behaviors on topics of relevance to the population.
    - Increase the number of participants in health education seminars by 10% annually on topics of fall prevention, physical activity benefits, mental health, and arthritis.
    - Upon completion of the Matter of Balance program 90% of participants will report engagement in fall risk reduction activities.
    - Increase participation in AARP Drivers Safety Programs by 10% annually.
    - Increase participation in Peer Led Discussion Groups by 5% annually.
B. Improve understanding and utilization of Medicare and/or other healthcare benefits.
    - Increase the number of participants in Medicare counseling and education by 10% annually.
    - Counsel at least 1000 individuals annually on health insurance available through the Health Insurance Marketplace.
C. Improve computer skills of older adults.
    i. Increase participation in technology programs annually by 5%.
    ii. At least 70% of participants will report learning new computer skills as a result of taking Connections classes.
D. Improve reading levels among elementary school children.
    i. At least 80% of teachers will report improved academic performance among children who receive tutoring.
    ii. At least 75% of children will improve their reading level by one grade by the end of the academic year.

Action Plan:

Free From Falls

In this two hour seminar, participants understand the prevalence and seriousness of falls among older adults. Knowledge of fall risk factors and behaviors to reduce fall risk as well as the impact of age on these risks is shared in an interactive presentation. Participants leave knowing four things they can do to prevent falls and with additional community resources to begin a fall prevention action plan.

A Matter of Balance

This evidence-based course is designed to reduce the fear of falling while increasing the activity level of older adults through specific exercises to improve balance. Through eight two-hour sessions, participants will learn to view falls and fear of falling as controllable, set realistic goals for increased activity and modify their environment to decrease fall risk. Participants will also

learn and practice exercises to improve their strength and balance. Each class session is comprised of group discussion, problem solving, skill building, assertiveness training and sharing of practical solutions.

Mental Health Education
Partnering with area experts, such as Mental Health America of Eastern Missouri, OASIS will offer engaging seminars on maintaining and improving overall mental health. Topics covered included stress management, resilience and caregiving.

Arthritis Education
Healthcare professionals will offer seminars on management, treatment of and research on arthritis, which impacts 50 million Americans and is the number one cause of disability.

AARP Drivers Safety Course
Individuals review and learn the current rules of the road, defensive driving techniques, and how to operate their vehicle more safely in today's increasingly challenging driving environment. Participants learn how to manage and accommodate common age-related changes in vision, hearing and reaction time with the goal of extending safe and confident driving among independent older adults.

Insurance Counseling and Education
OASIS provides free counseling assistance to people with Medicare and their families through the State Health Insurance Assistance Program, or SHIP (called CLAIM in Missouri, SHIP in Illinois). Education on Medicare plans, prescription drug plans and understanding claims is done through one-on-one sessions done by phone or in-person. OASIS also provides education seminars in preparation for the annual open enrollment season. OASIS also offers basic education and assistance regarding the Health Insurance Marketplace for those ages 50-64, providing a single resource for individuals to go for information on understanding and obtaining health insurance. Increasing health literacy as it relates to health insurance coverage allows for adults to take advantage of preventive benefits while understanding terminology used in the insurance industry.

OASIS Peer Led Discussion Groups
These monthly discussion group use trained older adult volunteers to connect low income older adult participants to resources, information and social contacts that enable them to better cope with life’s transitions, such as the loss of a spouse, loss of mobility, a move to a new home, changes in health and other impactful life events. These transitions can result in feelings of grief, loss, loneliness and stress and lead to social isolation. Discussion facilitators, who are recruited from within the communities served, conduct sessions using structured outlines on topics of emotional, spiritual and physical wellness. Social isolation, an indicator of poor health outcomes,

is decreased through these monthly discussion groups as new social and community connections are formed as a result of the group.

Connections: Evidence-based Computer Technology Training
By 2030, one in five Americans will be 65 or older. The impact of this shift on our economy and labor market, health care, families and caregiving is giving rise to new technology tools every day to help people operate in this changing world. Technology education helps Americans take advantage of these tools to maintain active, healthy, productive lifestyles. Courses are designed based on adult learning needs and emphasize hands-on active learning, relevant activities, step-by-step procedures, screen illustrations and ample time for skill practice and positive reinforcement. A total of 34 courses are currently available on topics ranging from introduction to the computer, Microsoft Office product instruction, Internet and email use, social media as well as cell phone and tablet support.

Intergenerational Tutoring
The OASIS Intergenerational Tutoring Program, a research-based program, promotes literacy with a proven approach that helps high-need children build the skills they need to read at grade level. Elementary school teachers help identify children in grades K-4 who need help with reading and language skills. With parental consent, trained OASIS tutors are paired with the children. The volunteers work one-on-one with their students each week throughout the school year as tutors, mentors and friends. In 2012, 90% of teachers reported improved academic performance of those children who participated in the OASIS Tutoring Program.

Outcome:
Increase knowledge and behaviors among older adults in the areas of fall prevention, medication management, health insurance benefits and computer literacy.

Outcome Evaluation:
OASIS regularly engages in program evaluation efforts and will implement these for all programs. Pre and post program assessments will be completed via self-report for all multisession programs. Single session seminars will conduct a post-program evaluation providing feedback on content provided and class quality. Whenever possible, OASIS uses established instruments for survey data collection to ensure valid and reliable data. The OASIS Intergenerational Tutoring program assesses the teachers on the perceived impact of the OASIS tutoring program. In addition, OASIS is currently identifying the best tool to use in measuring literacy improvements among the children.