



## **Emory Healthcare 2022-2025 CHNA Implementation Strategy**

In the spring and summer of 2022, Emory Healthcare conducted community health needs assessments (CHNAs) to understand the health needs of our communities. The CHNAs were reviewed and adopted by associated boards and governing bodies in summer of 2022. Each of the hospitals within Emory Healthcare then developed three-year implementation plans to address community needs. These plans were approved and adopted by the associated boards and governing bodies in the Fall of 2022 and are included in this document.

#### **Prioritized Needs:**

The health needs prioritized in the CHNAs were:

- Issues related to aging
- Mental health
- Cancer, cardiovascular diseases and related risk factors obesity, high blood pressure, diabetes

with contributing behavioral and environmental influences contributing to those issues, including:

- Crime/violence
- Substance abuse/addiction
- Access and affordability of healthcare

Emory Healthcare will employ four primary strategies to address community health needs across the health system:

- Improve Healthcare Access
- Address Health Disparities
- Disease Prevention and Chronic Disease Management
- Community Education and Wellbeing

As an academic health system, Emory Healthcare impacts the health of our communities through our hospital and physician group practice based efforts as well as our partnerships with numerous Emory University based programs and initiatives addressing community health needs. The key initiatives highlighted below focus on our hospital based efforts. An example of key physician group practice and Emory University initiatives impacting the community include the Addiction Alliance of Georgia partnership between Emory Healthcare, the Hazelton Betty Ford Center, and the Emory Brain Health Center. Additional examples of physician group practice and Emory University based programs and initiatives are highlighted on the Emory Healthcare and Emory University websites.

Collectively, Emory Healthcare will address the prioritized needs in its 2022 Community Health Needs Assessment, though the hospital implementation plans vary based on the specific priorities of their respective communities.



## **Emory Healthcare Hospital Implementation Plans**

## **Emory Decatur Hospital**

#### Improve Healthcare Access

- Launch a virtual transition care clinic to ensure discharged patients receive appropriate follow up care for chronic issues
- Expand our behavioral health unit and add outpatient resources

## Address Health Disparities

- Participate in the March of Dimes Maternal Healthcare Project focused on maternal morbidity and mortality
- Utilize the American Hospital Association's Institute for Diversity and Health Equity Transformation Roadmap/Toolkit for eliminating health care disparities. Key focus areas include:
  - Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants
    of Health data to analyze disparities in care and implement plans to address disparities
  - Increase cultural competency training
  - Increase diversity in governance and leadership
- Focus community outreach efforts in underserved areas with highest rates of untreated chronic disease
- Increase security team training to better meet the needs of patients with mental health issues

## Disease Prevention and Chronic Disease Management

- Enhance inpatient and community education to address chronic issues, including obesity, cardiovascular disease, hypertension, and kidney failure
- Develop a plan to establish a Resource Center and assess opportunities to incorporate key programs (e.g., Food is Medicine, Food Farmacy, Mobile Farmer's Market, Sugar Shockers Education, Portion Distortion Education, etc.)

### Community Education and Wellbeing

- Focus community education on the following priority topics: mental health, maternal health, healthy aging, healthy habits, cancer, and sickle cell disease
- Leverage channels designed to reach young people in underserved areas to provide health awareness and education
- Utilize resources and tools of Community Outreach, The Wellness Center, Heart and Vascular services, and Comprehensive Weight Loss Center to collaborate on activities to address priority areas and encourage the adoption of healthy behaviors
- Continue educating staff, patients, families and the community about maternal mortality warning signs and risks with #NotOnMyWatch efforts
- Hold annual Fun Run to promote breastfeeding
- Explore opportunities to host cancer screenings, cancer survivor day celebration and other related cancer education/engagement opportunities
- Partner with community mental health providers on education, community support and referrals to appropriate resources



## **Emory Hillandale Hospital**

### Improve Healthcare Access

- Launch a virtual transition care clinic to ensure discharged patients receive appropriate follow up care for chronic issues
- Expand Emergency Department to provide vital services to the community

### Address Health Disparities

- Utilize the American Hospital Association's Institute for Diversity and Health Equity Transformation Roadmap/Toolkit for eliminating health care disparities. Key focus areas include:
  - Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants
    of Health data to analyze disparities in care and implement plans to address disparities
  - Increase cultural competency training
  - Increase diversity in governance and leadership
- Focus community outreach efforts in underserved areas with highest rates of untreated chronic disease
- Increase security team training to better meet the needs of patients with mental health issues

## Disease Prevention and Chronic Disease Management

- Enhance inpatient and community education to address chronic issues, including obesity, cardiovascular disease, hypertension, and kidney failure
- Develop a plan to establish a Resource Center and assess opportunities to incorporate key programs (e.g., Food is Medicine, Food Farmacy, Mobile Farmer's Market, Sugar Shockers Education, Portion Distortion Education, etc.)

## Community Education and Wellbeing

- Focus community education on the following priority topics: mental health, maternal health, healthy aging, healthy habits, cancer, and sickle cell disease
- Partner with the community to prevent and mitigate the impact of violence, including:
  - Develop a violence prevention center in partnership with DeKalb County and other community partners
  - Evaluate effectiveness of weapon screening stations and sense of security throughout hospitals among employees, patients, and providers
  - Continue non-violence workplace program
- Leverage channels designed to reach young people in underserved areas to provide health awareness and education
- Utilize resources and tools of Community Outreach, The Wellness Center, Heart and Vascular services, and Comprehensive Weight Loss Center to collaborate on activities to address priority areas and encourage the adoption of healthy behaviors
- Explore opportunities to host cancer screenings, cancer survivor day celebration and other related cancer education/engagement opportunities



## **Emory Johns Creek Hospital**

#### Improve Healthcare Access

- Increase community awareness of programs and services offered at EJCH by presenting and attending community events. Examples include hosting annual events such as the 5K Scrub Run and Community Health Festival, introducing physicians to local residents, and providing free health screenings
- Continue building a culturally friendly and ethnically diverse internal and external environment to foster a welcoming environment for the communities we serve
- Offer opportunities to support EJCH staff wellness, including meditation sessions, internal newsletter, nutrition counseling, exercise, and the Zen Den
- Celebrate the culture of Johns Creek with events focused on partnerships with the community (e.g., Johns Creek Symphony, Johns Creek Rotary Club, Johns Creek Chamber of Commerce, Student Leadership Johns Creek, etc.)
- Partner with the DEI Leaders' Network to customize EJCH DEI plan priorities to our community and recommend strategies and practices

## Address Health Disparities

- Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care and implement plans to address disparities
- Continue recruiting a diverse staff representative of the community we serve
- Provide cultural competency training "Culture at the Creek" for staff, including Care Transformation Model, Unconscious Bias, PLEDGE and Culture at EJCH
- Educate staff and physicians about health disparities disproportionately affecting minority groups (e.g., sickle Cell disease, chronic kidney disease, cancer, stroke)
- Ensure the availability of translation and interpretation services for our patients, families, and staff (e.g., full-time Korean interpreter services and incorporating translation services into nursing devices)
- Implement service recovery training on how to address workplace violence

## Disease Prevention and Chronic Disease Management

- Strengthen outreach and community education efforts focusing on major health issues and behavioral influences affecting our community. Examples include:
  - Offer preventive care activities and disease management for cardiovascular disease, rehab, healthy
    weight management, nutritional wellness, educational/support groups, and mental wellness
    through the EJCH Wellness Center
  - Provide physician led presentations on healthy aging and heart health to targeted groups
- Collaborate with schools, community organizations and nonprofits (e.g., Summit Counseling) to provide community education on the prevention of suicide, opioid addiction, and mental illness
- Partner with Johns Creek to brand Johns Creek as a City of Wellness

#### Community Education and Wellbeing

 Expand and enhance internal communication of existing resources and programs to equip providers and employees with the knowledge necessary to provide education about healthy behaviors and available resources



- Partner with community leaders, businesses, and nonprofits to promote wellness initiatives for all residents
  - Continue serving on Boards of local nonprofit organizations and service-oriented groups focusing on the needs of the community
  - Attend health fairs/expos to promote healthy lifestyles and provide screenings (e.g., blood pressure, glucose, cholesterol)
- Promote health care career opportunities for high school and college students to ensure the community has health care providers for the future
  - Continue partnerships with local high schools to train students in healthcare careers
  - Offer VolunTEEN program to high school students and College Volunteer Program to expose students to healthcare careers
- Offer free support group meetings to the community, including metastatic cancer, bariatric support, healthy weight management, childbirth, breastfeeding, diabetes self-care, stroke and total joint replacement
- Utilize marketing and social media to promote healthy behaviors and available programs/resources



## **Emory Long-term Acute Care Hospital**

#### Improve Healthcare Access

• Launch a virtual transition care clinic to ensure that discharged patients receive appropriate follow up care for chronic issues

### Address Health Disparities

- Utilize the American Hospital Association's Institute for Diversity and Health Equity
  Transformation Roadmap/Toolkit for eliminating health care disparities. Key focus areas include:
  - Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants
    of Health data to analyze disparities in care and implement plans to address disparities
  - Increase cultural competency training
  - Increase diversity in governance and leadership
- Focus community outreach efforts in underserved areas with highest rates of untreated chronic disease
- Increase security team training to better meet the needs of patients with mental health issues

## Disease Prevention and Chronic Disease Management

- Address chronic issues such as obesity, cardiovascular disease, hypertension and kidney failure with inpatient and community education
- Develop a plan to establish a Resource Center and assess opportunities to incorporate key programs (e.g., Food is Medicine, Food Farmacy, Mobile Farmer's Market, Sugar Shockers Education, Portion Distortion Education, etc.)

## Community Education and Wellbeing

- Focus community education on the following priority topics: mental health, maternal health, issues related to aging, poor eating habits, cancer, and sickle cell disease
- Identify and use channels specifically designed to reach young people in underserved areas with health awareness and education
- Use resources of Community Outreach, The Wellness Center, Heart and Vascular services, Comprehensive Weight Loss Center to collaborate on activities to address priority areas. Use interactive tools such as the heart model, breast model, sugar shockers, create your plate and portion distortion to educate and encourage the community to adopt healthy behaviors
- Partner with community mental health providers on education, community support and referrals to appropriate resources



# **Emory Rehabilitation Hospital**

### Improve Healthcare Access

- Increase capacity to provide specialized rehab services to the community
- Partner with community-based providers to collaborate on Brain Health and stroke related efforts

### Address Health Disparities

• Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care

## Disease Prevention and Chronic Disease Management

- Pursue CARF specialty Oncology certification as part of the Winship/revital program
- Offer support group meetings as part of overall expansion plans

## Community Education and Wellbeing

• Partner with local agencies and organizations to increase education and provide community speakers



## **Emory Saint Joseph's Hospital**

#### Improve Healthcare Access

- Increase access to care for vulnerable patient populations by providing a Faith Community Nurse Navigator for patients at risk of readmission to the hospital
- Continue collaboration with Mercy Care Services to provide support and funding for low income, homeless, and/or minority populations (e.g., Mercy Care toiletry collections, Annual Coat Drive, Christmas family sponsorships)
- Expand our volunteer opportunities for adults and teens through partnerships with local organizations and schools
- Continue support for Deacon Aspirant Program with the Catholic Archdiocese to train deacons for hospital visitation and spiritual health support to the community

## Address Health Disparities

- Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care and implement plans to address disparities
- Expand education for health care workers on diverse faith-based care and end-of-life preferences/beliefs to honor and respect the dignity of those with different faith traditions throughout the continuum

## Disease Prevention and Chronic Disease Management

- Expand Faith Community Nurse Navigator Program to assist with chronic disease management for at-risk patient populations after discharge home to the community
- Provide free health screenings at local community centers and churches to increase awareness of risk factors and preventive care/lifestyle changes to promote health
- Continue stroke screenings at local health fairs and expand to employees of local corporations
- Continue providing Faith Community Nursing facilitators to teach the Diabetes Prevention Program in local communities
- Continue Mended Hearts Volunteer Program to provide outreach and education by former heart surgery patients to current inpatients

## Community Education and Wellbeing

- Expand community health fairs to provide health education and screenings for disease management (e.g., Sandy Springs Community Fair, local church and community center health fairs, etc.)
- Provide support groups and education for various health issues (e.g., Prostate Cancer Support Group, Acoustic Neuroma Support Group, Brain Tumor Support Group, etc.)
- Utilize social media to provide health information and educational opportunities for the community and at-risk populations
- Expand mentorship and work-study programs for high school students interested in, or seeking professions in health care (e.g., North Springs Charter High School, Cristo Rey Atlanta Jesuit High School, ESJH Volunteer Program, North Gwinnett High School, etc.)
- Continue collaboration with local faith communities to connect patients and families to spiritual health resources



## **Emory University Hospital**

### Improve Healthcare Access

- Enhance access to radiology and cardiac procedure services by extending hours on evening and weekends
- Assess ongoing opportunities to expand access to underserved populations
- Expand Emergency Department telemedicine services to optimize fast track and reduce wait times

## Address Health Disparities

- Collect Race, Ethnicity and Language (REAL), Sexual Orientation (SO), Gender Identity (GI) and Social Determinants of Health Data (SDoH) to analyze disparities in care and implement plans to address disparities
- Share reports on ongoing basis with leaders, medical staff, employees and patient family advisors to prioritize effort and resources to address identified health disparities
- Collaborate with Emory School of Nursing to identify opportunities to address disparities in care/education

## Disease Prevention and Chronic Disease Management

- Implement external collaborations for novel care to bridge discharge to home and emergency department to home to prevent admissions and readmissions for chronic diseases
- Expand speakers, administrative support, volunteers, space for meetings, and advertising for community groups related to cardiovascular, solid organ transplant and neurologic diseases
- Expand Community Nursing Program and Community Education teams to focus on diabetes, stroke, and cardiovascular disease prevention

## Community Education and Wellbeing

- Distribute a catalog of internal and external health and wellbeing programs
- Provide community education to prevention and chronic disease management focus areas including addiction and behavioral health
- Explore opportunities with local religious organizations to create a food pantry to support patients/families in need



## **Emory University Hospital Midtown**

#### Improve Healthcare Access

- Develop partnerships with Federally Qualified Health Centers to support community care
- Expand Medicaid application and other insurance benefit support services for our patients and families
- Expand Emergency Department telemedicine services

## Address Health Disparities

 Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care and implement plans to address disparities

## Disease Prevention and Chronic Disease Management

- Explore opportunities to improve chronic disease management for patients with hypertension and chronic kidney disease in our community
- Develop a Comprehensive Nutrition Outreach plan with the Stroke program, Head and Neck Program, Bariatric Program and others
- Expand Colon Cancer Screening opportunities to our patients

## Community Education and Wellbeing

- Provide community education to prevention and chronic disease management focus areas
- Offer internal and external town hall education sessions
- Partner with local community health fairs to promote prevention and chronic disease management focus areas



## **Emory University Hospital Smyrna**

#### Improve Healthcare Access

- Expand radiology and cardiac procedure service hours on evening and weekends to enhance access
- Review intentional opportunities to expand access to underserved populations
- Expand collaboration with post-acute and community-based levels of care for patients with orthopaedic diagnoses

### Address Health Disparities

 Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care and implement plans to address disparities

## Disease Prevention and Chronic Disease Management

- Implement collaboration with vendor for novel care, bridging discharge to home and emergency department to home to prevent admissions and readmissions for chronic diseases
- Expand speakers, administrative support, volunteers, space for meetings, and advertising for community groups related to cardiovascular, solid organ transplant and neurologic diseases
- Develop community education teams to focus on prevention/management of arthritis and joint diseases

### Community Education and Wellbeing

- Create and distribute a catalog of internal and external health and wellbeing programs (in person and virtual)
- Mirror community education to prevention and chronic disease management focus areas including addiction and behavioral health
- Examine opportunities with local religious organizations to create a food pantry to support patients/families in need



## **Emory University Orthopaedics and Spine Hospital**

#### Improve Healthcare Access

- Expand radiology and cardiac procedure service hours on evening and weekends to enhance access
- Review intentional opportunities to expand access to underserved populations
- Expand collaboration with post-acute and community-based levels of care for patients with orthopaedic diagnoses

## Address Health Disparities

• Collect Race, Ethnicity and Language, Sexual Orientation, Gender Identity and Social Determinants of Health data to analyze disparities in care and implement plans to address disparities

## Disease Prevention and Chronic Disease Management

- Implement collaboration with vendor for novel care, bridging discharge to home and emergency department to home to prevent admissions and readmissions for chronic diseases
- Expand speakers, administrative support, volunteers, space for meetings, and advertising for community groups related to cardiovascular, solid organ transplant and neurologic diseases
- Develop community education teams to focus on prevention/management of arthritis and joint diseases

### Community Education and Wellbeing

- Create and distribute a catalog of internal and external health and wellbeing programs (in person and virtual)
- Mirror community education to prevention and chronic disease management focus areas including addiction and behavioral health
- Examine opportunities with local religious organizations to create a food pantry to support patients/families in need