GHS FY2019-2021 CHNA Implementation Plan

Geisinger Holy Spirit Hospital - CHNA Implementation Plan; FY2019 - FY2021	
Priority Area: ACCESS TO CARE	Goal: Ensure residents have access to quality, comprehensive health care close to home.
Objective:	**Platform Strategies**
Increase the number of residents who have a regular primary care provider (PCP)	Screen patients who access services at the ED during the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday to determine if they have a medical home and assist those that do not in finding a PCP.
	Assist residents with eligibility determination and enrollment in subsidized health insurance programs to increase provider options.
	Serve on existing coalitions to improve access to health care for underserved residents.
Objective:	**Platform Strategies**
Increase access to primary and specialty care providers practicing in Medically Underserved Areas (MUAs) or Health Professional Shortage Areas (HPSAs)	Recruit primary care and specialists to MUAs and HPSAs.
	Explore telemedicine options to provide services to MUAs and HPSAs.
Objective:	**Platform Strategies**
Reduce barriers to receiving care for residents without transportation	Explore telemedicine options to address transportation barriers to care.
	Explore options and partners to provide home-based care services.
Objective:	**Platform Strategies**
Promote awareness of available options for assistance to pay for health care needs	Develop a communication strategy to promote awareness of the Financial Assistance Policy (FAP).
	Improve literacy level and language availability of the Financial Assistance Policy (FAP) to improve readability by patients.
Objective:	**Platform Strategies**
Foster pursuit of health careers and ongoing training of health professionals	Provide professional training and education for nursing and allied health students.
	Encourage pursuit of careers in the health field.

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Priority Area: BEHAVIORAL HEALTH	Goal: Model best practices to address community behavioral health care needs and promote collaboration among organizations to meet the health and social needs of residents.
Objective:	**Platform Strategies**
Advance local and state dialogue to address behavioral health needs	Convene partners or participate in existing coalitions to identify and address gaps in services.
Objective:	**Platform Strategies**
Foster integration of behavioral and primary health care	Integrate primary and behavioral healthcare within PCP practices.
Objective:	**Platform Strategies**
Provide education to increase residents' awareness of behavioral health issues and reduce stigma associated with behavioral health conditions	Partner with area police departments to provide Naloxone overdose reversal kits.
	Offer the medication take-back program in partnership with retail locations.
	Foster partnerships with area school districts to assess and meet behavioral health service needs among students.
	Provide supportive education and programs for postpartum mothers experiencing or at risk for behavioral health conditions, including substance addiction, postpartum depression, etc.
	Develop dedicated ED space to provide treatment for Behavioral Health cases.
Objective:	**Platform Strategies**
Increase access to behavioral health services	Explore telemedicine options to provide behavioral health services.

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Priority Area: CHRONIC DISEASE PREVENTION AND MANAGEMENT	Goal: Reduce risk factors and premature death attributed to chronic diseases.
Objective:	**Platform Strategies**
Encourage community initiatives that support access to and availability of healthy lifestyle choices	Offer free health lectures and physical activity programs to residents.
	Provide subsidized exercise classes for Silver Circle members age 55 or older.
	Support community races, fun runs, walks, and other events that promote physical activity.
	Participate in or host free community health fairs targeting diverse populations.
	Offer free or reduced cost classes and support groups for expectant mothers and their families.
Objective:	**Platform Strategies**
Initiate early stage interventions for individuals at high risk for chronic disease	Provide diabetes prevention and management education and screenings.
	Provide nutrition and weight management classes In collaboration with community organizations.
	Provide tobacco cessation program and support group for residents.
	Feature hospital medical providers at community heath events and DocTalk segments on the local television station.
	Provide community cancer education and outreach to address screening, therapy, and disease management.
Objective:	**Platform Strategies**
Develop integrative care models to improve outcomes for patients with chronic disease	Provide the Take Charge Cancer Wellness Program, offering healthy lifestyle education, support, and physical activity sessions for cancer patients.
	Provide the Promotores de Salud program to promote healthy lifestyles and improve chronic disease management among Latino residents and their families.
	Provide the Touch of Sugar support group for patients with diabetes and their families.
	Partner with area grocery stores to provide dietician led grocery tours for persons with diabetes and others.