

Community Health Needs Assessment Implementation Strategy 2022

Adopted: April 23, 2023

Amended: May 22, 2024



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Implementation Strategy

The University of Tennessee Medical Center will engage key community partners in implementing evidence-based strategies across the service area. Acknowledging the many organizations and resources in place to address the health needs of our communities, the medical center has strategically integrated both internal and external resources. The Implementation Strategy will explain how the medical center will address health needs identified in the CHNA through existing programs and services and implementing new strategies. The medical center will articulate reasons why it feels it is unable to properly address any community health needs identified in the CHNA, and, if applicable, how the medical center will support other organizations in doing so.

Health Priorities

As outlined in the CHNA report, the following section outlines the needs the medical center is addressing. It also describes why we chose to address this need, how we will address the need, and any goals that will be set forth from the beginning, as well as timeframe for achieving those goals.

The prioritization was developed by the community board, CEO, System Management Team, and physicians. The Centers of Excellence also provided input for a five-year strategic planning session, which included the Director of Network Development and Community Benefit. The results of these sessions informed the prioritization process, and the final CHNA was presented to the board for approval. Criteria included importance to the service area, relevance of the health issues to the population served, and the ability of the medical center to effectively impact and improve the identified health need.

The following health priorities were identified and brought up numerous times and serve as a framework for the implementation strategies.

To complement the CHNA's stakeholder input process, the medical center partnered with FORVIS Health to conduct twelve (12) 20-minute virtual, individual interviews to build a foundational understanding of community stakeholders' perception of the greatest health needs. Community organizations' representatives provided additional input, which resulted in adding two health priorities for the initial four health priorities identified in the CHNA 2022.¹ (Based on the feedback received through this consultation process, maternal and infant health and transportation were added to the identified needs.)

¹ Cherokee Health Systems (Research & Health Equity), Internal Community Health Directors, Knoxville Academy of Medicine, Knoxville Area Urban League, Knoxville Area Project Access, Knoxville Community Development Corporation, Knox County Health Department, United Way of Greater Knoxville, YWCA Knoxville and Centro Hispano de East Tennessee.

1. **Mental Health/Depression/Anxiety** – 53 percent of survey respondents indicated that mental health/depression/anxiety was the No. 1 health priority in our service area. The demand for mental health treatment in the community is not currently being met, and the breadth of providers to treat these conditions is limited. Barriers to mental health services include lack of access, homelessness and alcohol/substance misuse. The medical center has identified a need to increase access to mental health resources, treatment and prevention.
2. **Substance Use** – 53 percent of survey respondents indicated that substance use was the second highest priority issue in this area. According to the County Health Rankings and Roadmaps, in the medical center service area, in 2022, drug overdose deaths per 100,000 people ranged from 19 to 59. Many substance-use disorders are caused by mental health, depression or anxiety. Substance-use disorders are linked to many health problems and can lead to overdose and death.
3. **Obesity** - Obesity continues to be a significant problem in the United States as a whole and within the medical center service area. 34 percent of survey respondents identified obesity as one of the community's top community concerns. Between 2021 to 2023, there was an increase in the percentage of adults with a BMI over 30 from 29 percent to 35 percent, which was greater than the national average. Additionally, there are a significant number of residents who are not geographically close to supermarkets, especially among low-income individuals, which can foster unhealthy eating habits. Obesity is linked to many serious health problems that can impact a community's overall health. Additionally, some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.
4. **Cancer** - 22 percent of survey respondents identified cancer as one of the four top concerns in the community. The estimated crude prevalence of cancer (excluding skin cancer) in the medical center service area ranges from 6.9 to 10.4, and the age-adjusted prevalence ranges from 6.3 to 6.5. The medical center has identified the need to address cancer prevention programs for its residents particularly for breast, lung, prostate and colorectal cancers. The medical center's Cancer Institute strives to improve cancer rates in its community.
5. **Infant and Maternal Health** – The most recent Maternal Mortality Report presents very compelling data regarding maternal deaths that happen during pregnancy or within one year of pregnancy. The 2021 pregnancy-related data findings highlight COVID-19, cardiovascular disease and substance use disorder as the three leading causes of pregnancy-related deaths.

- 6. Transportation** – The medical center’s 21-county service area lacks affordable transportation options, greatly limiting access to resources. Some of the areas with greatest impact is health care, patients with limited access to transportation alternatives and reliable transportation options are more likely to miss medical appointments or delay care.

The community health needs identified above are interconnected. For instance, the lack of proper mental health services could impact the increase in the community’s substance use.

This Implementation Strategy will be executed in collaboration with community partners and health issue experts. The following key elements were used to develop the medical center’s implementation strategies:

- Identify what other local organizations are doing to address the health priority.
- Develop support and participation for these approaches to address the health needs.
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured.
- Develop detailed work plans.
- Communicate with the assessment team and ensure appropriate coordination with other efforts currently underway to address the identified needs.

The following sections will detail key implementation strategies, initiatives and execution tracking for each of the community health needs identified above.

Implementation Strategies

1. Mental Health / Depression / Anxiety

Goal: Improve access to mental health services and education for medical center patients, team members and the community			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Increase the proportion of women who get screened for postpartum depression		
Tactic 1.1	Pilot Edinburgh Postpartum Depression Scale (EPDS) screening in Women's Care Group during prenatal care for early intervention starting with the 28-week visit (2024) and then the first prenatal visit (2025)	Women's Care Group; UTK College of Nursing	2024-2025
Tactic 1.2	Assess the impact of early EPDS screening in Women's Care Group during the 28-week visit (2024) and the first prenatal visit (2025), on rates of positive EPDS scores in the postpartum period	Women's Care Group; UTK College of Nursing	2024-2025
Tactic 1.3	Pilot bipolar screening in Women's Care Group during prenatal care for early intervention (2025)	Women's Care Group; UTK College of Nursing	2024-2025
Strategy 2	Adopt trauma-informed practices as a standard practice for health care workforce at the medical center		
Tactic 2.1	Increase awareness and education on ACEs for all team members through a partnership with Metro Drug Coalition (MDC)	Metro Drug Coalition, UHN	2024-2025
Tactic 2.2	Increase awareness of the impact of trauma through trauma-informed education (CME series, hospital events, among others)	Helen Ross McNabb Center, Medical Center Security, Clinical Design, GSM, Metro Drug Coalition	2024-2025
Tactic 2.3	Increase awareness about trauma-informed practices at the medical center	Medical Center Security	2024-2025
Tactic 2.4	5-hour Trauma-Informed De-escalation training for all new team members (C.A.R.E. program)	Medical Center Security	2024-2025
Tactic 2.5	Community outreach on trauma-informed de-escalation practices	Medical Center Security, TM, UT Nursing School, Carson Newman	2024-2025
Strategy 3	Increase access to mental health services by developing a Behavioral Health Network		
Tactic 3.1	Develop a streamlined outpatient referral process for ambulatory mental health services via network partnerships	Helen Ross McNabb Center, Cedar Recovery, Cherokee Health Systems	2024-2025
Tactic 3.2	Develop a streamlined referral process to inpatient psychiatric hospitalizations via network partnerships	Behavioral Health Network (BHN), Knoxville Center for Behavioral Medicine (KCBM)	2024-2025

2. Substance Abuse

Goal: Improve access to substance use services and education for medical center patients, team members and the community			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Provide low-barrier access to care for patients with Opioid Use Disorder		
Tactic 1.1	Increase the number of patients enrolled in same-day treatment for opioid use disorder (OUD) for Emergency Department (ED) patients	Helen Ross McNabb Center Cherokee Health Systems Cedar Recovery	2024-2025
Tactic 1.2	Expand the Bridge to Recovery program to hospitalized patients	Helen Ross McNabb Center Cherokee Health Systems Cedar Recovery	2024-2025
Tactic 1.3	Explore Bridge to Recovery program expansion to hospitalized OBED* patients	Helen Ross McNabb Center Cherokee Health Systems Cedar Recovery	2025
Strategy 2	Address Health-Related Social Needs (HRSN) for patients with OUD		
Tactic 2.1	Screen for HRSN on patients with OUD evaluated by peer navigators	Helen Ross McNabb Center Cherokee Health Systems Sober Living Network	2025
Tactic 2.2	Provide on-demand personal basic necessities when appropriate (hygiene, emergency blankets, clothing) to patients with OUD	Helen Ross McNabb Center Medical Center Security Sober Living Network Metro Drug Coalition	2024-2025
Tactic 2.3	Provide transportation resources as necessary to access Substance Use Treatment	Helen Ross McNabb Center Cherokee Health Systems Sober Living Network UBER Health	2024-2025
Tactic 2.4	Provide safe housing for patients with OUD by developing a sober living housing network	Helen Ross McNabb Center Cherokee Health Systems Sober Living Network Metro Drug Coalition UBER Health	2024-2025

3. Obesity

Goal: Increase access to healthy weight, resources, programs and local initiatives			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Increase the proportion of health care visits by adults with obesity that include counseling on weight loss, nutrition or physical activity		
Tactic 1.1	Educate primary care providers on obesity-related and healthy weight topics	UHS Specialists and others	2024-2025
Tactic 1.2	Educate primary care providers on the community resources available in their area	Payers, YMCA, KCHD, TDH, Regional Health Centers	2024-2025
Tactic 1.3	Screen all patients 65+ for HRSN during their wellness annual visits	None	2024-2025
Strategy 2	Increase nutrition/food security through community partnerships		
Tactic 2.1	Implement a standardized screening tool to identify food/nutrition insecurity	Formstack	2024-2025
Tactic 2.2	Partner with local organizations to connect patients with community resources	Find Help tool	2024-2025
Strategy 3	Increase access to weight management services		
Tactic 3.1	Identify methods to increase awareness of weight management services	None	2024
Tactic 3.2	Expand weight management services to Regional Health Centers (Lenoir City, Sevierville and Halls)	Regional Health Centers	2024-2025

4. Cancer

Goal: Increase access to cancer screening and education, and reduce/eliminate barriers to cancer care			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Increase the number of female minority, low-income/uninsured and rural populations receiving breast cancer screening		
Tactic 1.1	Identify and secure new partnerships to increase education and screening opportunities	BELLA Breast Cancer Foundation; KAPA' The Links, Inc; Cansler YMCA; HOLA Lakeway; Divine Mercy Catholic Church; Holy Trinity Catholic Church; Shifa Medical Clinic; Rogers Memorial Baptist Church; Eternal Life Harvest Church; Summit PCP partner and churches in Morgan County.	2024-2025
Tactic 1.2	Partner with Black-serving and faith-based organizations to increase access to mammograms for patients in areas with higher Black populations in Knox County	New Directions Health Care Solutions, Knox County Health Department, Emerald Youth Foundation, Kim Health Center, Cherokee Health Systems, St. Mary's Legacy Clinic, Grow Partnership TN, Knox Area Urban League, and other Black faith-based organizations.	2024-2025
Tactic 1.3	Partner with Latino/Hispanic-serving organizations to increase access to mammograms for patients in areas with higher Latino/Hispanic populations in Hamblen, Knox, Sevier and Loudon counties	HOLA Lakeway, Knox County Health Department, Centro Hispano de East Tennessee, Latinas Time, Clinica Latinos Unidos, Cherokee Health Systems, Knox Diocese Hispanic Ministry, Grow Partnership TN and other faith-based organizations	2025
Tactic 1.4	Partner with community-based and faith organizations, government agencies and health care partners to increase access to mammograms for patients in rural areas designated as distressed and at-risk counties	East TN County Health Departments, Mtn People's Health Clinics; Chota Community Health, Oak Ridge Free Medical Clinic, Morgan County Medical Center, St. Mary's Legacy Clinic	2025
Strategy 2	Promote cancer awareness and education about risk factors, early detection and cancer care among the identified priority areas and populations		
Tactic 2.1	Partner with community organizations to increase in-person and/or virtual education sessions led by physicians regarding lung, breast, colon, prostate cancers	New Directions Health Care Solutions, Faith Leaders Church Initiative, Knoxville-Knox County Community Action Committee, O'Connor Senior Center, Radio WJBE	2024-2025
Tactic 2.2	Increase the number of community members educated at community events in the priority areas provided by clinical and non-clinical staff	100 Black Men of Knoxville; The Links, Inc.; Centro Hispano de East Tennessee; KAPA; Grow Partnership TN; BELLA; Knox Diocese Hispanic Ministry; New Directions Health Care Solutions; Faith Leaders Church initiative	2024-2025
Tactic 2.3	Partner with the local health councils on increasing educational opportunities regarding cancer and cancer care	Knoxville-Knox County Community Health Council, Knox County Health Department	2025
Strategy 3	Break down barriers to cancer care by identifying and addressing patients' needs through the Cancer Institute navigator team		
Tactic 3.1	Create and evaluate the Barriers to Care Assessment form	CERNER Team, CHE Director, Navigation Team, Social Worker and CI leadership	2024
Tactic 3.2	Screen Cancer Institute patients for barriers to care	Navigation Team	2024-2025
Tactic 3.2	Offer referral supportive services to patients who screen positive in the Barriers to Care Assessment	CI Social Workers, CI Financial Advocates, CI Nutrition, CI Chaplaincy, CI Palliative Care, other community partners such as Cancer Support Community	2025

5. Infant and Maternal Health

Goal: Improve maternal and infant health outcomes			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Reduce severe maternal complications identified during and after delivery hospitalizations		
Tactic 1.1	Identify opportunities to reduce complications related to postpartum hypertension	Obstetrics ED, Mother Baby Unit Premier Regional Perinatal	2024-2025
Tactic 1.2	Increase awareness and education on postpartum hypertension for referring providers	Referring providers in the 21-county service area	2024-2025
Tactic 1.3	Evaluate the white-Black gap in preeclampsia	GSM	2024
Tactic 1.4	Provide education to obstetric staff to close identified gaps in preeclampsia	GSM	2025
Strategy 2	Increase the proportion of pregnant women who receive early and adequate prenatal care		
Tactic 2.1	Identify barriers to prenatal care for patients in the medical center's service area based on population health data and available literature	UTK Public Health Department, Cherokee Health Systems, Tennessee Department of Health	2024
Tactic 2.2	Develop a plan to increase access to OB/GYN care for the medical center's service area	University Midwives	2024-2025
Strategy 3	Improve care for infants with Neonatal Abstinence Syndrome		
Tactic 3.1	Connect patients and their families with community resources for mental health, occupational therapy, and WIC, among other resources	Helen Ross McNabb Center, Knox County Health Department Regional County-Based Therapy Provider, County Health Departments	2024-2025
Tactic 3.2	Evaluate and improve the Eat-Sleep-Console (ESC) Protocol (Mom as Medicine) and educate obstetric and all Well Newborn team members on ESC	Parents/families, other hospitals and agencies using ESC	2024-2025
Tactic 3.3	Implement newborn fall risk assessment and reduce newborn falls risk	Parents/families	2024-2025

6. Transportation

Goal: Reduce transportation barriers to access to health care			
	Description	Partnerships/Collaborations	Timeline
Strategy 1	Understand the limitations to access to health care due to transportation barriers and limitations		
Tactic 1.1	Review available regional data on transportation alternatives in Knoxville's metropolitan area and its effect on access to health care	Regional Transportation Planning Organization, KAT, ETHRA, CAC Transportation	2024
Tactic 1.2	Screen patients for HRSN with a focus on transportation, and produce a report on transportation barriers in primary care	Primary Care Collaborative	2024
Tactic 1.3	Produce a report on no-show patients due to transportation barriers in specialty care	All COEs	2024
Strategy 2	Educate the community on available and appropriate transportation resources		
Tactic 2.1	Create a comprehensive data repository of transportation alternatives for all counties included in the medical center's service areas	Regional Transportation Planning Organization, KAT, ETHRA, CAC Transportation, UTK Public Health Department	2024
Tactic 2.2	Include information on transportation options on the medical center's website	Marketing Department	2024
Tactic 2.3	Produce educational and promotional material regarding transportation alternatives for all counties in the service area	Marketing Department	2024-2025
Strategy 3	Improve care for infants with Neonatal Abstinence Syndrome		
Tactic 3.1	Screen primary care patients for transportation needs when making medical appointments through Health Care Coordination	Health Care Coordination	2024-2025
Tactic 3.2	The Pat Summit Clinic will screen specialty outpatient population for transportation needs when making medical appointments	Pat Summit Clinic	2024
Tactic 3.3	Expand screening specialty outpatient population for transportation needs when making medical appointments based on need shown by data collected	TBD	2025
Tactic 3.4	Educate medical center team members on community transportation alternatives	Community Care Network	2024-2025
Tactic 3.5	Connect patients with transportation barriers with community resources	Regional Transportation Planning Organization, KAT, ETHRA, CAC Transportation, other local resources	2024-2025

University of Tennessee Medical Center – Board Approval

Treasury Regulation Section 1-501(r)-3(c)(5)(i):

For purposes of paragraph (a)(2) of this section, an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

The University of Tennessee Medical Center's Board of Directors approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment completed in December 2022. This report was approved by the UHS Finance Committee at its meeting held on April 23, 2023. The Corporate Citizenship Committee approved the amendment on May 22, 2024.