



2017 – 2019 Community Health Needs Assessment and Implementation Plan



Lynchburg and Amherst,
Appomattox, Campbell,
Nelson and Pittsylvania
counties

CENTRA

Lynchburg General Hospital
Virginia Baptist Hospital
Specialty Hospital

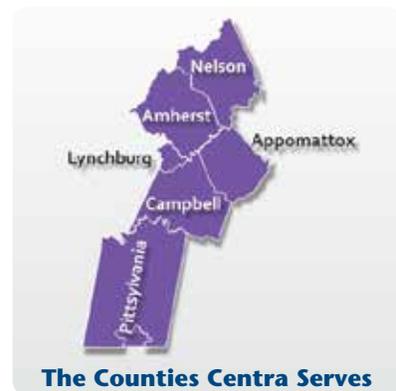


Table of Contents

Executive Summary	1
Project Background	4
Key Findings & Conclusions	8
Prioritization of Significant Needs & Implementation Plan	11
Plan Approvals & Dissemination	17

Executive Summary

Centra Health is pleased to provide the calendar year 2017 – 2019 Community Health Needs Assessment and Implementation Plan (CHNA) for Centra Lynchburg General Hospital, Centra Virginia Baptist Hospital, and Centra Specialty Hospital. For the purposes of this report, the community is defined as the central Virginia region including the city of Lynchburg and Amherst, Appomattox, Campbell, Nelson and Pittsylvania counties. This CHNA Plan Report provides an overview of the health needs and priorities of the communities served by Centra Lynchburg General Hospital. The goal of this report is to provide readers with a deeper understanding of the health needs in their community, as well as help guide Centra Lynchburg General Hospital in its community benefit planning efforts and in developing an implementation strategy to address prioritized community health improvement needs. The Centra Lynchburg General Hospital Board of Directors approved this plan on December 5, 2016.



Demographics Overview: The total population for the geographic area included in this report is 275,258 people, which represents a 2.88% growth rate from 2010 to 2016. 78% of this population is Caucasian-American; 17% African-American; 2% Asian-American and 3% all other. The median age is 40.5 years with 18% of the total population over the age of 65 years. This represents an “older” population when compared to the age medians for Virginia and the United States. Median household income is \$50,425 which compares lower than both state and national medians. Housing is relatively affordable with the Owner Occupied Housing Unit Median Value at \$173,516. Approximately 11.2% of the population lives below federal poverty levels and the civilian labor force unemployment rate is 7.88% with major employer sectors listed in descending order: manufacturing, healthcare/social assistance, retail, and education.

Key Findings: There are significant variations in health status indicators among counties, cities, neighborhoods, and even within census tracts. Cancer, heart disease, and suicide have higher than expected rates. Many of these disease categories share underlying risk factors including obesity, physical inactivity, poor diet, smoking and mental stress. Furthermore, there are significant health disparities, especially among African-Americans in many health status indicators, including access to prenatal care and infant mortality rate. Lastly, though access to primary care improvements have been made since the last CHNA, there are still opportunities in some of our more rural counties such as Charlotte and Cumberland.

Health Status: An analysis of over 140 community-based indicators on health and quality of life

from multiple data sources revealed the community needs. The following areas were ranked as most important through the CHNA process:

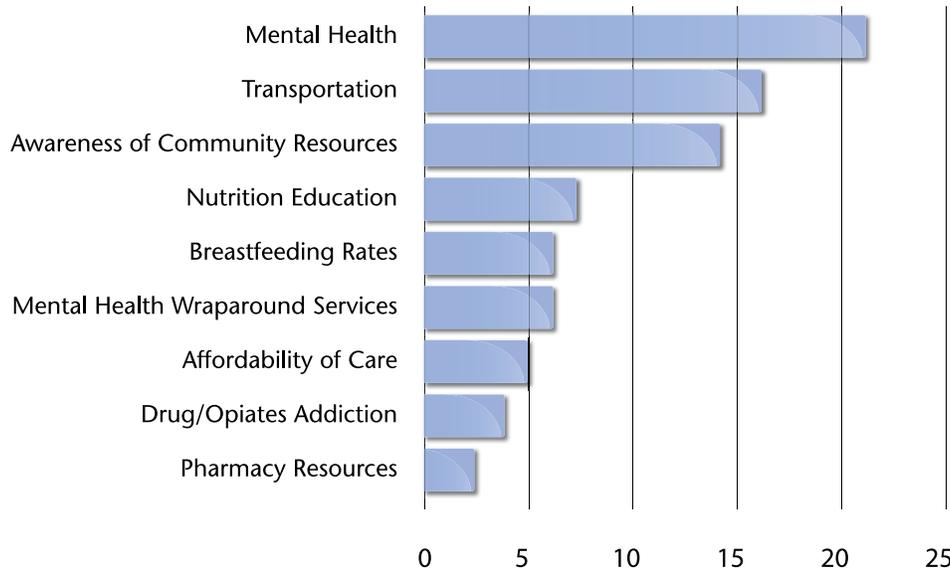


Table 1: Top community needs

Areas of Priority Need & Action Plans: Through the CHNA process, the following table summarizes the unmet community needs and opportunities for Lynchburg:

Action Plan Priority	Opportunities
Community Support for Self-Advocacy	<ul style="list-style-type: none"> • Collaborate with key neighborhoods to work with Centra to help ID communities, leaders (possibly community health or wellness worker) and develop programs to train and support them • Partner with churches, schools, chamber of Commerce, healthcare facilities and local governments to develop a healthcare community resource guide that can be distributed via community gathering spots, not-for-profits, 211 and community partners. Healthcare community resource guide can be created, shared and published electronically. • Partner with 211 and update all services, transportation and nutrition education in their system. • Partner with No Wrong Door to increase the number of not-for-profits using the CRIA service.

Action Plan Priority	Opportunities
<p>Mental Health Education, Awareness & Access</p>	<ul style="list-style-type: none"> • De-stigmatize & normalize mental health – change the mental health paradigm • Public awareness campaign to normalize mental health with a focus on prevention • Increased awareness and education about the day to day mental health challenges such as stress, anxiety, depression, etc. • Integration of mental health into medical offices and community services • Recruit more providers to increase access • Explore education of medication prescribing and collaborate with pharmacy • Research existing mental health crisis lines and form partnerships to promote to community
<p>Addiction Education, Prevention & Access</p>	<ul style="list-style-type: none"> • Increase access to professional addiction treatment services and a range of alternatives with an emphasis on targeting children and young adults before age 20 • Provide education and support to the MD (providers, nurses and Pharm MD’s) community for researching and prescribing alternative medicines, practices and treatments to writing an Rx • Investigate a recovery-focused training program for peer recovery specialists to increase capacity of peer supports • Address addiction stigma and stereotyping of addiction with providers, consumers and children (peer pressure) – use testimonials, athletes, strong impactful visuals • Nurses and providers to collaborate with Pharm MDs on addiction issues • Promote PMP database training

Table 2



Project Background

A. Organizational Overview

Centra is a regional nonprofit healthcare system based in Lynchburg, Virginia and was created with the merger of Lynchburg General Hospital and Virginia Baptist Hospital in 1987. In 2006, Southside Community Hospital in Farmville, Virginia joined Centra as an affiliate. With more than 7,000 employees, a medical staff of nearly 600 and 300 employed physicians providing care in 64 locations, Centra serves over 300,000 people throughout central and southside Virginia and provides a comprehensive array of medical services in a variety of convenient settings. Centra Lynchburg General Hospital (LGH) maintains 385 licensed beds and is home to the Centra Stroobants Heart Center and the Stroobants Cardiovascular Pavilion, a national benchmark facility for cardiac care. Each year, heart specialists perform more than 5,000 major cardiac procedures. LGH is a Level II Trauma Center, offering emergency and critical care services, and the hospital's emergency department treats more than 92,000 patients each year. LGH offers orthopaedic, neurology, oncology neurosurgery, diabetes and pulmonary services. Centra Virginia Baptist Hospital (VBH) maintains 116 licensed beds and is home to the Birth Center and region's neonatal intensive care unit. Additional services at VBH include mental health, skilled nursing care, physical therapy, breast imaging center, wound care, sleep disorders center, pain management and outpatient surgery.

Centra Specialty Hospital is a 25-bed long-term acute care hospital located within Centra Virginia Baptist Hospital in Lynchburg which provides longer-term acute care hospital services like for ventilator dependent patients.

Centra Southside General Hospital in Farmville, Virginia is a 116-bed facility with a comprehensive Birth Center and serves as a medical hub for an eight-county region. Each year, Southside has approximately 4,000 admissions and sees more than 36,000 patients in its emergency department.

Centra Bedford Memorial Hospital (BMH) is a 50-bed hospital located in Bedford, Virginia and offers a full-service medical facility with special emphasis on outpatient surgery, emergency services, cardiac care, and rehabilitative services. The facility also houses Oakwood Health and Rehabilitation, a 110-bed rehab and long term care unit. Centra Medical Group also provides primary care and specialty services on the BMH campus such as cardiology and general surgery. BMH offers 24-hour emergency care to the local community of approximately 60,000 residents.

The Centra Medical Group, with 230 employed physicians, is a network of local family practices, primary care physicians, and specialty physician practices in cardiology, gerontology, neurosurgery, orthopaedics, physiatry, psychiatry, rehabilitation and urology covering the greater Lynchburg area and spanning to Amherst, Bedford, Big Island, Danville, Farmville, Gretna and Moneta.

The Alan B. Pearson Regional Cancer Center is located in Lynchburg and provides medical oncology and radiation oncology services for central and southside Virginia. It has earned Accreditation with Commendation as a Comprehensive Community Cancer Program from the American College of Surgeons Commission on Cancer.

The mission of the Centra Foundation is to develop resources to enhance and enrich the services, programs and facilities of Centra Lynchburg General, Centra Virginia Baptist, Centra Bedford Memorial and Centra Lynchburg General hospitals and other subsidiaries in order to assist the Centra system in meeting and solving community health problems.

The Centra Community Health Initiative Fund is a specific purpose fund established and funded by Centra and administered by the Centra Foundation. This fund supports community health-related projects and programs on a pro-active basis. Grant proposal funding is tied to priorities established through our Community Health Needs Assessment to ensure that we continue to meet the health needs of our community.

Patient care encompasses wellness and prevention, recognition of disease and health, patient teaching and advocacy, spirituality and research. Under the auspices of Centra, physicians, registered nurses and allied health care professionals function collaboratively as part of an interdisciplinary team to achieve positive patient outcomes. Patient care at Centra occurs through organized and systematic processes designed to ensure safe and effective care and timely treatment. Patient care providers recognize the unique physical, emotional and spiritual (body, mind and spirit) needs of each patient served.

B. Scope

The scope of this Community Health Needs Assessment and Implementation Plan pertains to Centra Lynchburg General Hospital.

C. Communities Served & Demographics

For purposes of the Community Health Needs Assessment, Centra defines its primary service area (PSA) for the Lynchburg region as the following cities and counties: Lynchburg City, Bedford County, Campbell County, Appomattox County, Amherst County, and Nelson County. Other major healthcare providers in this market include Bedford Memorial Hospital, Johnson Health Center (FQHC), Lynchburg Free Clinic and Blue Ridge Medical Center (FQHC). The total population in our PSA is 275,258 people. Of note, 18% of the total population is aged 65 years or higher, which is higher than the national proportion. The Per Capita Income for our PSA is \$24,479, which compares slightly above the national median. Our current unemployment for the entire region is 7.88%, which is comparable with national unemployment trends. 11.2% of all families in the primary service area are living below the poverty level, which compares favorably with the national average of 14.5%. It is very important to note there is considerable variation in these demographic statistics between cities and counties, as well as between urban and rural areas.

2016 Population by Single Race (count)	White	214,865
	Black/African-American	46,363
2016 Households by Race and Income	Average Income (White)	\$66,483
	Average Income (Black/African-American)	\$42,087
2010-14 People 65+ Below Poverty by Gender	Female	10.6%
	Male	5.6%

Table 3. Notable disparities in demographics.



2010-14 People Below Poverty by Race	White, non-Hispanic	13.5%
	Black/African-American	11.5%
	Hispanic or Latino	18.6%
	Asian	16.0%

Table 3. Notable disparities in demographics.

D. Purpose(s) of Community Health Needs Assessment

We have chosen to define our Community Health Needs Assessment as a continuous process for evaluating the health needs of the communities served. The reasons for doing this are varied, but the most important reason is to help us realize our overall mission and vision to improve the health status of the community. Other reasons include using the CHNA as a key driver to our strategic planning process to help us design and implement new programs and services in response to these identified unmet community health needs. We also use the CHNA to help us guide the actions of the Centra Foundation’s Community Health Initiative, which provides grant funding for area non-profit organizations delivering needed healthcare services to the community. This fund supports community health projects and programs, consistent with the priority unmet community health needs, as identified through our Community Health Needs Assessment and Implementation Plan. Lastly, the completion of our community health needs assessment and successful implementation of our resulting action plan will allow us to be in compliance with the CHNA requirements for tax-exempt hospitals as created by the Patient Protection and Affordable Care Act and as promulgated in regulation by the Internal Revenue Service (IRS) as documented in our Form 990.

E. Approach/Methodology

In late 2011, Centra created an organizational structure and process to allow us to conduct the community health needs assessment and to adopt an implementation strategy. The organizational structure included creating an internal steering group and convening an external group of participants representative of the communities served by Centra Lynchburg General Hospital.

The process we developed to conduct the CHNA has five objectives: (1) identify the data we would use to describe the health needs of the community; (2) collect community and public health input and feedback; (3) develop a prioritization process to help us define our priorities and to create a specific implementation plan in response to the prioritized unmet needs; (4) development of a written plan to document and communicate the results to the community and (5) establish an ongoing process for monitoring and evaluating the plan’s success.

CHNA Database: After considering alternative approaches to identifying the healthcare needs of the community, we decided to acquire the Healthy Communities Institute’s Health & Social Status Indicator Data (HCI Data) for our community, as defined by our primary service area. The HCI Data quantifies health and population indicators for every city and county, with the capability to further drill down to the neighborhood and census tract level. The Centra Foundation generously provided the funds to purchase and make available to the general public the HCI Database. The database includes health status indicators which come from a variety of federal, state, and local public health data. It is important to note there can be quite a bit of variability in regards to the time periods measured by the individual indicators. The databases note the relevant timeperiods

for the data. This database can be publicly accessed off our Centra Health website by clicking the “Community Health” tab. The Community Health Data and Resources are organized into four sections: Community Dashboard; Disparities Dashboard; Demographics; and Healthy People 2020 Tracker. The community dashboard presents over 100 different population-based indicators measuring health status, social welfare and education outcomes in addition to economic and environmental factors that have the potential to impact the health of communities. Indicator data is available at regional, county, city, zip code boundary and census tract levels. The disparities dashboard views data broken down by racial, ethnic, age, and gender groups to identify disparities within populations. The demographic section profiles demographic elements (age, income, gender, family structure, etc.) within the population. The Healthy People Tracker shows how we are doing in comparison to the national Healthy People 2020 goals as promulgated by the US Public Health Service.

We contracted to have this data organized according to our primary service area and to have this data roll up to a region-wide basis, consistent with how Virginia has organized its regional public health system. This database essentially allowed us to follow a fact-based approach to assessing the health needs of the community, by comparing and contrasting the indicator data from our primary service area and comparing it to national norms and national public health goals in an effort to identify our greatest community health improvement opportunities. In total, we reviewed over 500 discreet indicators for the Centra Lynchburg market area. The data was then further stratified by performance to goal (e.g., in the red or near red), as well as according to health disparities in an effort to identify our greatest opportunities for health status improvement.

Community Participation and Input: On July 26, 2016, we convened the first meeting of the Centra Lynchburg CHNA Community Advisory Board at Lynchburg General Hospital. Key constituent community leaders attended representing education, business, social service agencies, faith-based organizations, government, regional public health authority, colleges, other healthcare providers and neighborhood citizen organizations. The participants also included those organizations representing the needs of the medically underserved, low income or minority populations. The purpose of this first meeting was to review the CHNA process, structure and the regional preliminary findings. Based on the data, a presentation was given to participants that showed the top health concerns in the Lynchburg Region. Participants then broke into smaller discussion groups and were asked to write down the top health issues for Lynchburg based on their smaller groups discussion. Each groups top health issues were shared with the larger group and were again tabulated and shared. This process enabled the larger group to come to consensus as to the top health issues that needed to be addressed in Lynchburg.

Developing the Plan: On August 4, 2016 we reconvened the Centra Lynchburg CHNA Community Advisory Board and shared the top health issues (see Table 1) that the larger group agreed upon. The larger group then broke out into smaller discussion groups and were asked to identify the top 3 major health issues in Lynchburg and its surrounding areas (see Table 2). Each group presented their top 3 major health issues and results were tabulated to develop the health issues to be addressed 2017-2019.

With this input, the three preliminary action plan priorities were finalized with the addition of specific programs and services; identification of specific collaborating partners; identification of

success measures; and a timetable for implementation. These priorities were then introduced into our Centra Foundation Community Health Initiative Fund grant process in an effort to secure the resources needed to initiate the the program and service opportunities identified in the implementation plan.

Monitoring & Evaluation: We plan on using the HCI Tracker system to report our progress of the CHNA Implementation Plan. This tracker system allows us to report the results of our success measures over time for each action plan priority as compared to the established improvement target. The CHNA Steering Committee will report its findings to the Centra Executive Leadership Team, who in turn will report our results and other improvement activities to the Centra Board of Directors and Centra Foundation Board.

Key Findings & Conclusions

A. Overall Findings

When we examine the Community Health Needs Assessment data for the Lynchburg primary service area, we discovered the following:

Significant Findings
Overall, the general health status for central Virginia: 30 th to 50 th percentiles
Significant variation among regions, counties, cities and census tracts
Cancer, heart disease and suicide have higher than expected rates
Mental Health current status and needs is under represented in the data

Table 4

B. What Influences Community Health?

When we look at calendar year 2014 vital health statistics concerning the leading causes of death in the United States, the leading causes of death in descending order are: cancer, heart disease, lower respiratory illnesses, stroke, accidents, Alzheimer’s disease, diabetes, kidney disease, influenza/ pneumonia and suicide. This list is virtually the same for Virginia, except that cancer is the #1 leading cause of death, rather than heart disease – testimony to the cancer belt phenomena discussed earlier.



Leading Causes of Death United States 2014				Leading Causes of Death Virginia 2014			
Rank	Cause	Death	%	Rank	Cause	Death	%
1	Heart Disease	614,348	23.4	1	Cancer	14,348	23.0
2	Cancer	591,699	22.5	2	Heart Disease	13,543	21.7
3	Chronic Lower Respiratory Disease	147,101	5.6	3	Stroke	3,278	5.3
4	Accidents	136,053	5.2	4	Chronic Lower Respiratory Disease	3,168	5.1
5	Stroke	133,103	5.1	5	Accidents	2,794	4.5
6	Alzheimer's	93,541	3.6	6	Alzheimer's	1,634	2.6
7	Diabetes	76,488	2.9	7	Diabetes	1,618	2.6
8	Influenza & Pneumonia	55,227	2.1	8	Kidney Disease	1,547	2.5
9	Kidney Disease	48,146	1.8	9	Septicemia	1,464	2.3
10	Suicide	42,773	1.6	10	Influenza & Pneumonia	1,430	2.3

Table 5

Public health researchers have attempted to describe the overall influences of community health from a population health perspective. What they have found is that our social and economic factors such as education, employment status, income, family and social supports and community safety account for 40% of the community's health. Health status and behavior such as obesity, smoking, physical activity and our genetics account for 30% of our health status. Clinical care such as our hospital outcomes and access to primary care accounts for about 20% of the community's overall health status. And lastly, physical environment, such as our air and water quality, transportation and safe housing accounts for about 10% of our health status. What's striking about these influences is how little "healthcare" affects our overall "health." This fact takes on even greater significance when you consider where we spend most of our healthcare dollars, and how little return we are getting as it relates to improving the overall health status of the community.

What Influences Community Health?			
Social & Economic	Health Status & Behavior	Clinical Care	Physical Environment
40%	30%	20%	10%
Education	Obesity	Hospital Outcomes	Air Quality
Employment & Income	Smoking	Access to Primary Care	Water Quality
Family & Social Supports	Exercise		Transportation
Community Safety	Genetics		Safe Housing

Table 6

Centra's mission will always include being that safety net healthcare resource in the community to help heal the sick and take care of the injured by providing "Excellent Care For Life." However, the implication of this Community Health Needs Assessment is challenging us to consider what else should we be doing, beyond being the premier healthcare provider in our community, to improve the health status of all our citizens? Who should we partner with to advance this work? Where are the opportunities for our greatest chances for success? These are the questions that will be addressed in the Community Health Needs Assessment Implementation Plan.



Prioritization of Significant Needs & Implementation Plan

A. Methods & Applied Criteria

Using the HCI database of health status indicators as a source document for the Centra Lynchburg primary service areas (Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway and Prince Edward), we selected those indicators where much of the indicator performance was at or below the 50th percentile as compared to the particular benchmark norm.

For this exercise, we defined “importance” according to the following prioritization criteria (Source: Robert Wood Johnson Foundation, 2010):

Magnitude of the problem as indicated by the numbers of people affected by the problem
Severity of the problem as evidenced by the risk of morbidity and mortality associated with the problem
Historical trends (e.g., problem which may be getting worse)
Impact of the problem on vulnerable populations (e.g., children, older adults, people with disabilities)
Adequacy of existing resources to satisfactorily address the problem
Feasibility of change (e.g., availability of tested approaches)
The extent to which the important issues are being adequately addressed by other community-based coalitions
Table 7

B. Implementation Plan Strategies

At the second meeting of the Centra Lynchburg CHNA Community Advisory Board, which was held August 4, 2016, the top three priority areas were voted on and agreed upon (Mental Health, Transportation, Awareness of Community Resources). After that, the large group broke out into three smaller groups. Each group took one of the three priority areas, developed opportunities, success measures and key metrics and presented their recommendations to the larger team. More specifically, we used a nominal group process to identify the following for each action plan priority:



Breakout Group Discussion Questions

1. What services or programs can be offered to successfully address this action priority?
2. Who are the potential community collaborators to help address this action plan priority?
3. What are the obstacles or barriers to success and how can they be overcome?
4. Which communities, neighborhoods or populations should be targeted?

Table 8

What follows is the implementation plan in response to the Community Health Needs Assessment which covers the period 2017-2019. The implementation plan identifies the relevant action plan priority; specific program or service strategy aimed at addressing the action plan priority; identification of collaborating partners; specific success measure (as related to the specific health indicator being targeted); and the specific success goal as expressed as an improvement target (CY 2019) from the baseline period (CY 2017).



C. Results

After completing two “round robin” rounds of prioritization, the CHNA Community Advisory Board identified the following most important unmet needs affecting community health (listed in order of priority):

Action Plan Priority #1: Community Support for Self-Advocay	
Opportunities	Success Measure
<ul style="list-style-type: none"> • Collaborate with key neighborhoods to work with Centra to help ID communities, leaders (possibly community health or wellness worker) and develop programs to train and support them • Partner with churches, schools, chamber of Commerce, healthcare facilities and local governments to develop a healthcare community resource guide that can be distributed via community gathering spots, not-for-profits, 211 and community partners. Healthcare community resource guide can be created, shared and published electronically. • Partner with 211 and update all services, transportation and nutrition education in their system. • Partner with No Wrong Door to increase the number of not-for-profits using the CRIA service. 	<ul style="list-style-type: none"> • Increase number of CRIA partners • Create and distribute a community resource guide • Raise awareness of 211 • Appoint leader within Centra to lead this initiative and develop resource community in key neighborhoods



Action Plan Priority #2: Mental Health Education, Awareness & Access

Opportunities	Success Measure
<ul style="list-style-type: none">• De-stigmatize & normalize mental health – change the mental health paradigm• Public awareness campaign to normalize mental health with a focus on prevention• Increased awareness and education about the day to day mental health challenges such as stress, anxiety, depression, etc.• Integration of mental health into medical offices and community services• Recruit more providers to increase access• Explore education of medication prescribing and collaborate with pharmacy• Research existing mental health crisis lines and form partnerships to promote to community	<ul style="list-style-type: none">• Establish mental health in Primary Care and/or other service lines to help identify mental health issues at an early stage• Wait time for first appointment targets: 5 business days for urgent need (eg: recent discharge from an acute setting), 30 business days for routine need• Integrate Mental Health services into Primary Care/Medical Offices @ Lynchburg Family practice, Village Family Practice, CMG Bariatric Surgery, CMG Cardiology, CMG Danville & CMG Nationwide

Action Plan Priority #3: Addiction Education, Prevention & Access

Opportunities	Success Measure
<ul style="list-style-type: none"> • Increase access to professional addiction treatment services and a range of alternatives with an emphasis on targeting children and young adults before age 20 • Provide education and support to the MD (providers, nurses and Pharm MD's) community for researching and prescribing alternative medicines, practices and treatments to writing an Rx • Investigate a recovery-focused training program for peer recovery specialists to increase capacity of peer supports • Address addiction stigma and stereotyping of addiction with providers, consumers and children (peer pressure) – use testimonials, athletes, strong impactful visuals • Nurses and providers to collaborate with Pharm MDs on addiction issues • Promote PMP database training 	<ul style="list-style-type: none"> • Partner with Ann Thomas on current and new programs that are up and running • Make Mental Health services available via the Centra 5th Street clinic • Open a facility/home for opiate addicted new moms as a place to recover from addiction for a short period of time • Increase number of beds available in Pathways • Rebrand and reintroduce the range of services available via Centra Mental Health



D. Needs Not Addressed

Of the 9 top community health needs that were identified as opportunities, the following areas did not fit within our prioritized strategic plans and pillars: Nutrition Education, Breast feeding Rates, Mental Health Wrap Around Services, Affordability of Care, Drug/Opiates Addiction and Pharmacy Resources. Rationale for not including these indicators as prioritized by our CHNA Community Advisory Board included a sense that these critical needs were highly complex in nature and affected a wide variety of influencing factors - many well beyond the capability and resources and available through Centra and/or its collaborating partners. Furthermore other community-based initiatives were already targeting these issues.

E. Resources

We have identified the following resources needed to successfully implement our action plan priorities under our Community Health pillar: leadership, funding, and technology. With respect to leadership, the entire plan will be assigned to an “executive owner” within the Centra leadership team, who will provide overall administrative direction, support, and accountability to assure its successful implementation.

With regard to funding resources, the Centra Foundation has established a Community Health Initiative Fund which is used to support the community health improvement priorities, as established in the CHNA Implementation Plan. In CY 2016, the Centra Foundation awarded 18 grants totaling \$495,205 to support community health improvement projects and programs. Those specific foundation-funded programs and services are noted with an asterisk on the CHNA Implementation Plan. In the future, the foundation’s Community Health Initiative Fund will be more closely aligned with the CHNA Implementation Plan priorities. Other funding opportunities may present themselves in partnership with our collaborating partners in seeking grants and extramural funding for those funding opportunities that are aligned with our CHNA implementation plan priorities.

F. Ongoing Monitoring & Evaluation

The overall responsibility for the assuring the effectiveness of our community health improvement goals rests with the Centra Board of Directors. Management will provide periodic reports to this board committee which will enable the board to track and monitor our progress with respect to accomplishing our community health goals and objectives, as reflected in our CHNA Implementation Plan. These progress reports will also be shared with the general public on our website.

Plan Approvals & Dissemination

The Community Health Needs Assessment and its resultant implementation plan was presented to the Centra Board of Directors on October 26, 2016 and will be presented to the Centra Foundation Board of Directors on January 24, 2017. The CHNA and Implementation Plan will be distributed to all the Centra CHNA participants, as well as posted on Centra Health's website (both executive summary and full report) for the general public to access and review. The assessment and plan will also be available upon request at Centra Lynchburg General Hospital.

Lynchburg CHNA Invitees			
Last Name	First Name	Organization	Job Title
Adams	Susan	Appomattox County	County Administrator
Baker	Josh	Greater Lynchburg Transit	General Manager
Barksdale	Jessie	Pittsylvania County Board of Supervisors	Chairman
Bodine	Bill	Greater Lynchburg Community Trust	President and CEO
Bond-Gentry	Anne	Lynchburg Public Schools	Coordinator of Student Services
Bowling	Kay	Centra Specialty Hospital	CEO
Brose	Teodora	Centra	Physician
Bryant	Angela	Centra Health, Marketing and Planning	Director
Cabezas	Damien	Horizon Behavioral Health	CEO
Campbell	Gary	Johnson Health Center	CEO
Campbell	Jason	Lynchburg Fire & Emergency Medical Services	Battalion Chief
Capps	John	Central Virginia Community College	President
Carter	Stephen	Nelson County	County Administrator
Cawood	Lindsey	Central Virginia Health District	Community Health Planner/ Public Information Officer
Chandler	Reason	Jackson Street United Methodist Church	Pastor
Christie	Gary	Region 2000 Local Government Council	Executive Director
Davidson	Ron	Gleaning For The World	Executive Director
Dawson	Nancy	Presbytery of the Peaks	General Presbyter



Lynchburg CHNA Invitees (Cont.)

Last Name	First Name	Organization	Job Title
Deen, Sr.	Shirley	Bank of the James	Vice President, HR
Delzingaro	Christina	Central Virginia Free Clinic	Executive Director
Dendy	Bob	HumanKind	President & CEO
Diaz	Raul	Lynchburg Police Department	Chief
Dixon	Tracey	Lynchburg Daily Bread	Executive Director
Dohmann	Donald	Salvation Army	Corps Officer
Fagan	Dawn	Lynchburg Development & Housing Authority	Executive Director
Farmer	Shawne	Interfaith Outreach	Executive Director
Gabathuler	Philipp	Town of Appomattox	Town Manager
Gately	Kerry	Central Virginia Health District	Director
Gorman	Ash	Big Brothers Big Sisters	Executive Director
Gregory	David	Centra, Lynchburg Family Medicine	Director
Hudson	Caroline	YWCA of Central Virginia	Executive Director
Jeffcoat	Corey	YMCA of Central Virginia	Branch Director
Johnson	Matt	Centra	Medical Director
Kanehl	Sandy	Road to Recovery	Director
Karpenske	Peggy	Forest Women's Center	Manager
Keith	John	Park View Community Mission	Executive Director
Kennedy	Christine	Lynchburg Chamber of Commerce	President
Kilgore	Paul	Town of Amherst	Mayor
Kopis	Sharon	Liberty University School of Nursing	Professor
Lane	Richard	Liberty University School of Public Health	Director Master of Public Health
Lester	Charlotte	Lynchburg Parks & Recreation Neighborhood Centers	Recreation Supervisor
Linthicum	Lisa	Campbell County Dept. of Social Services	Director
Lomax	Janet	Piedmont Community Impact	Executive Director
Martin	Ronnie	Liberty University School of Osteopathic Medicine	Dean
Martin	Marie	United Way of Central Virginia	Executive Director
Meador	Jim	HumanKind	Community Awareness Coordinator
Monk	Suny	Second Stage Amherst	Board President
Mundy	James	Lynchburg Community Action Group	Executive Director
Phelps	Joan	United Way of Central Virginia	Vice President

Community Health Needs Assessment and Implementation Plan

Lynchburg CHNA Invitees (Cont.)			
Last Name	First Name	Organization	Job Title
Price	Kim	Centra, Women and Children's Services	Director of Nursing
Price	Pat	Lynchburg College, Ctr Comm Dev & Soc Justice	Director
Pumphrey	Kathryn	Centra Foundation	Executive Vice President
Quarantotto	Sarah	Miriam's House	Executive Director
Quinn	Michael	Randolph College	Vice President
Rogers	Frank	Campbell County	County Administrator
Rosser	Tamara	Lynchburg Department of Juvenile Services	Director
Sandifer	Vicky	Mental Health America	Executive Director
Scott	Ann	Centra	Grant Program Coordinator
Shabastar	Kris	Meals on Wheels	Executive Director
Shadler	Michael	Genworth Financial	CIO
Sharp	Melody	Centra, College of Nursing	Dean
Silvermann	Deborah	Central Virginia Alliance for Community Living	Executive Director
Svrcek	Bonnie	City of Lynchburg	City Manager
Sweeney	John	Lynchburg Central Virginia Crisis Intervention Team	Police Officer
Syre	Ruth	Centra	Program Manager, Congregational Health
Tanner	Karen	Virginia Cooperative Extension	Extension Agent
Tomlin	Chelsey	Johnson Health Center	Community Outreach Coordinator
Torian	Miriam	HumanKind	Director of Quality
Tucker	Martha	Blue Ridge Medical Center	Outreach and Enrollment Specialist
Tuladhar	Preyasha	Centra	Physician
Varner	Bill	Centra, Strategic Planning and Marketing	Vice President
Walker	Jan	Centra	Senior Vice President/Chief Admin Officer
Walton	Randal	Centra, Pastoral Care	Director
Watson	Bill	St. John's Episcopal Church	Rector
Webster	Jim	Community Volunteer	Community Volunteer
Welfare	Chance	Centra, Strategic Planning	Director
Whitehead	Peggy	Blue Ridge Medical Center	CEO
Wilder	Sterling	Jubilee Center	Executive Director
Wilkins	Natalie	GLTC	attending for Josh Baker
Woernle	Denise	Areva	Vice President



NOTES:

