

Mary Washington Hospital, in compliance with the Internal Revenue Service regulations related to section 501(r) of the Affordable Care Act, created the following document to provide a road map on how it will use the findings of the Healthy Communities Partnership's Community Health Needs Assessment to ensure it is meeting the needs of the communities it serves.

Mary Washington Hospital Overview

Mary Washington Hospital is a Virginia membership, nonstock, not-for-profit corporation. Mary Washington Healthcare is the sole corporate member and manages Mary Washington Hospital's operations and business strategies. Mary Washington Hospital owns and operates the Mary Washington Hospital Facility. Mary Washington Hospital operations are managed by its 6-member Board of Trustees, which is appointed annually by Mary Washington Healthcare Board of Trustees.

Mary Washington Hospital is located in the City of Fredericksburg, Virginia which is approximately 50 miles south of Washington D.C. and approximately 52 miles north of Richmond, Virginia. As a tertiary hospital, Mary Washington Hospital primarily serves Virginia State Planning District 16 consisting of the City of Fredericksburg and the Counties of Stafford, Spotsylvania, Caroline, and King George. In addition, Mary Washington Hospital serves Westmoreland County, the lower portion of Prince William County, and the eastern portion of Orange County.

Mary Washington Hospital was founded in 1899 as an eight-room hospital in Fredericksburg, Virginia. Three sites and more than seven major construction projects later, Mary Washington Hospital was relocated on a portion of 69.4-acre site in the City of Fredericksburg with 632,994 square feet of space. Mary Washington Hospital is licensed by the Virginia Department of Health and the Department of Mental Health, Mental Retardation and Substance Abuse Services to operate 437 beds, including 292 medical/surgical, 48 intensive/cardiac care, 20 pediatric, 37 obstetric and 40 psychiatric beds.

Mary Washington Hospital has received various recognitions and accreditations including accreditation from The Joint Commission. Mary Washington Hospital is approved by the Centers for Medicare and Medicaid Services, and is a member of the American Hospital Association and the Virginia Hospital and Healthcare Association. Other accreditations, certifications, and licensures include:

- Level II Trauma Center Verification by the American College of Surgeons and Commonwealth of Virginia
- American Nurses Credentialing Center Magnet Recognition
- Comprehensive Cancer Center by the American College of Surgeon's Commission
- National Accreditation Program for Breast Centers
- Joint Commission Advanced Primary Stroke Center and Certification in Heart Failure
- Joint Commission Certification in Hip and Knee Replacement Surgery
- American College of Radiology's Special Accreditation for Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mammography, Nuclear Medicine/PET, Ultrasound Services (ULT), Stereotactic Breast Biopsy (SBB), and Radiation Oncology Services
- American Diabetes Association
- Intersocietal Commission for the Accreditation of Echocardiography Laboratories, Nuclear Laboratories, Vascular Laboratories and Echocardiography Laboratories

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- College of American Pathologists
- Association for Clinical Pastoral Education
- American Academy of Sleep Medicine
- American Association of Blood Banks
- American Association of Cardiovascular and Pulmonary Rehabilitation
- American Board of Registration of Electroencephalographic and Evoked Potential Technologist

Mary Washington Hospital provides a full range of inpatient and outpatient services listed in Table A below:

Table A: MWH Services

Advanced Imaging including Interventional Radiology	Occupational Health
	Oncology
Adult Cardiac, Vascular, and Thoracic Surgery	Oral Surgery
Ambulatory Surgery	Otolaryngology
Complementary Medicine	Outpatient Laboratory
Critical Care Services including Intensivists	Pain Management
Endocrinology	Palliative Care
Endoscopy Center	Physical Medicine and Rehabilitation
Enhanced External Counterpulsation (EECP)	Plastic and Cosmetic Surgery
Extracorporeal Shock Wave Lithotripter (ESWL)	Psychiatric Care
Family Birth Place	Pulmonology
Gastroenterology	Retail Pharmacy
Geriatric Services	Sleep Disorders Centers
Health Screenings	Social Work Services
Hematology	Sports Medicine
Home Health & Hospice Services	State Designated Level II Trauma Center
Hospitalists	Stereotactic Radiosurgery
Human Motion Institute (Orthopedics)	Substance Abuse Counseling
Infectious Disease Management	Thoracic Surgery
Multi-slice Spiral Computer Tomography (MSCT)	Tobacco Treatment and Cessation Programs
Nephrology	Virginia Heart and Vascular Institute
Neurosciences	Women's Health
NICU (Level III)	Wound Management including Hyperbarics
Nutritional Counseling	

Community Health Needs Assessment Summary

Mary Washington Healthcare and the Rappahannock Area Health District launched the Healthy Communities Partnership in May 2011. The Healthy Communities Partnership was charged with completing a Community Health Needs Assessment to identify high priority healthcare needs within the regional Mary Washington Healthcare service area. The Healthy Communities Partnership is financially supported by Mary Washington Healthcare, the Rappahannock United Way, the Rappahannock Area Community Services Board, Kaiser Permanente of the Mid-Atlantic States, Mary Washington Hospital Foundation, and Spotsylvania Regional Medical Center. The Performance Management Group at Virginia Commonwealth

University was contracted to facilitate planning meetings, gather and analyze related data, and manage project timelines and schedules.

The Healthy Communities Partnership established three committees: Advisory, Steering, and Communications. The Healthy Communities Partnership's Advisory Committee comprises 40 community volunteers representing regional hospitals, health departments and insurers, private businesses, community-based organizations, and healthcare and mental health services providers. The Healthy Communities Partnership's Steering Committee includes representatives from Mary Washington Healthcare, the United Way, GEICO, the Moss Free Clinic, the Rappahannock Emergency Medical Services Council, Spotsylvania Regional Medical Center, and the Rappahannock Area Health District. The Healthy Communities Partnership's Communications Committee will support and inform the Partnership's messaging, marketing, and community outreach efforts.

Data Collection for the Healthy Communities Partnership's Community Health Needs Assessment focused on the following areas: community input, vital statistics, reasons for doctor and clinic visits, risk factors for common illness, lifestyle improvements, and localities where residents were not meeting established health targets. Some data is available only on the countywide level but still provides valuable information. Both qualitative and quantitative data were collected between August and December 2011.

Qualitative primary research:

The qualitative primary research for the 2012 Community Health Needs Assessment was conducted by key informant interviews with community leaders from public and private organizations selected for the Healthy Communities Partnership's Advisory Committee and engagement of Mary Washington Healthcare's Citizen Advisory Council, along with solicited community input.

Secondary data and information sources:

Information was obtained from a number of different sources such as the Healthy Communities Institute's Community Health Information Resource tool (CHIR), the Virginia Department of Health, the American Community Survey, the Urban Institute, Healthy People 2020, and information supplied directly from a sample of healthcare service providers within the defined community.

Prioritizing Health Needs

The Steering Committee of the Healthy Communities Partnership reviewed and established decision-making criteria to guide their discussions regarding identification of the region's highest priority healthcare needs. The criteria that follow are not listed in order of priority:

1. Magnitude of the identified priority
2. Severity of the problem – the risk of morbidity and mortality associated with the problem
3. Alignment of the priority with the community's strengths and health priorities
4. Impact of the identified priority on vulnerable populations – health care disparity
5. Importance of the priority to the community
6. Existing resources addressing the identified priority
7. Relationship of the priority to other community issues
8. Affordability of intervention strategies
9. Potential for short-term and long-term impact on the community

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The criteria yielded The Top Ten Health Priorities identified through the Healthy Communities Partnership's Community Health Needs Assessment:

1. Cancer (Colorectal, Lung, Breast)
2. Cardiovascular Disease
3. Obesity
4. Diabetes
5. Mental Health Issues
6. Access, Awareness & Affordability of Healthcare
7. Tobacco Use
8. Substance Abuse
9. Dental Health
10. Seniors Health Issues

Addressing the Top Ten Health Needs

Mary Washington Hospital organized its implementation strategy around Mary Washington Healthcare's eight, core Community Benefit objectives established for years 2013-2015. Utilizing the resources of Mary Washington Hospital and Mary Washington Healthcare's Centers of Excellence, all Top Ten Health Needs will be addressed during the three-year time period. The Mary Washington Hospital Implementation Strategy will target persons living in the City of Fredericksburg and the counties of southern Stafford, Spotsylvania, Caroline, King George, Westmoreland and eastern Orange. Not all Community Benefit Programs listed in the implementation strategy will be held on the campus of Mary Washington Hospital. Promotion of activities and data collection will reflect the targeted communities described above and may result in the development of new sites based upon interest and need.

Internal and external strategies (See Note) along with related anticipated outcomes, identified community partnerships, and specific programs/activities for each Community Benefit outcome describe how the health needs are being addressed. The utilization of the Community Health Information Resource (CHIR) tool is encouraged to provide the ability to benchmark those specific diseases and conditions where a measurement or comparison is available to objectively evaluate the effectiveness of these strategies.

The implementation strategy is reviewed by the Community Benefit Steering Committee and the Community Benefit Oversight Committee. Findings from formal evaluations of each Community Benefit program and continuous engagement of community stakeholders influence modifications to the implementation strategy. The implementation strategy is approved annually by the Mary Washington Healthcare's Board of Trustees.

Note: Mary Washington Healthcare considers efforts to support its patients and Associates part of its commitment to the community. Therefore, while programs/activities that are open to the broader community (external strategies) are only reportable to the Internal Revenue Service, Mary Washington Healthcare includes internal strategies targeting only its patients and Associates in addition to reportable external strategies.

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Mary Washington Hospital Community Benefit Objectives

1. Create, promote, and make available educational programs to community groups. These presentations will specifically address health needs identified in the Healthy Communities Partnership Community Health Needs Assessment.
2. Increase focus on improving and maintaining cardiovascular health, with an emphasis on addressing heart disease, stroke, and tobacco cessation. A specific focus will be made around tobacco prevention and cessation with children and youth.
3. Increase cancer education and screening opportunities, while emphasizing the benefits of early detection and proper treatment.
4. Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes populations with a focus on programming that addresses nutrition and obesity from birth through adulthood.
5. Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process.
6. Improve access to behavioral health services, both directly and in providing support for community initiatives.
7. Ensure the inclusion of Community Benefit programming as it relates to the unique aspects of women's health and the Top Ten Health Needs with a specific emphasis on supporting the physical, mental, and dental health of pregnant females in our communities.
8. Inform seniors and their caregivers of relevant issues including fall/fracture prevention, nutrition, understanding of physical/mental changes associated with aging, end-of-life decisions, and community resources.

Community Benefit Objective I: Create, promote and make available educational programs to community groups. These presentations will specifically address health needs identified in the 2012 Healthy Communities Partnership Community Health Needs Assessment.

Top Ten Health Needs being addressed:

The purpose of this objective is to ensure that educational programs and qualified speakers are identified to respond to community requests for information related to one of the Top Ten Health Priorities with appropriate resources to ensure cultural appropriateness and accommodations for the disabled. In addition, this objective will work to help promote Mary Washington Hospital Community Benefit programs associated with the other Community Benefit objectives.

Internal Strategies:

1. Include information/referrals related to Community Benefit programs offered at Mary Washington Hospital to all patients as part of patient education and health coaching for Associates.
2. Recruit Mary Washington Hospital patients and Associates to serve as ambassadors for Community Benefit programs either because of knowledge/skill sets or experience with programs and/or living with disease.

External Strategies:

1. Identify community groups interested in receiving educational resources. Groups will be identified by the MWHC Citizen Advisory Council (CAC), MWHC iVolunteer Program, and direct community requests.
2. Develop and strengthen opportunities for Spanish Community Benefit programs.
3. Provide community with highly qualified professionals to deliver culturally tailored programs.
4. In collaboration with DisAbility Resources Center, ensure that Community Benefit programs include accommodations for the disabled.
5. Foster strong relationships with key community stakeholders such as Healthy Communities Partnership, local Health Departments, and Rappahannock Area United Way.
6. Collaborate and foster working relationships with the areas' faith-based health councils to disseminate relevant health programs that are consistent with the programs offered through the other community benefit objectives.

Anticipated Primary Outcomes:

- Better awareness and access to Community Benefit programs as a result of an enhanced process for responding to community requests for health fair support and speakers.
- Spanish community members and community members with disabilities will receive the same high-quality form of health education as their English-speaking counterparts, as measured by program evaluations with pre/post measurement related to self-efficacy and education.

Community Benefit Tactics 2015

1. Provide suggested topics, community engagement, and venues for MWHC speakers' bureau. (iVolunteer Council, MWHC Community Programs)
2. Recommend Health Fair Programming for Mary Washington Hospital. (iVolunteer Council, Community Programs)
3. Provide suggested community events, seminars, and educational programs for Community Benefit Calendar. (Community Programs)
4. Develop consistent education packets to raise awareness of health information and available Community Benefit programs as they relate to the Top Ten Health Priorities. (Community Benefit Workgroups)
5. Develop a Faith-based Health Councils for the communities served by MWHC to help address the Top Ten Health Priorities. (Community Engagement and Outreach Workgroup and Pastoral Care Department)

Community Benefit Objective 2: Increase focus on improving and maintaining cardiovascular health, with an emphasis on addressing heart disease, stroke, and tobacco use. A specific focus will be made around tobacco prevention and cessation with children and youth.

Top Ten Health Needs being addressed:

Both cardiovascular health issues and tobacco use will be addressed under Community Benefit Objective 2. It is expected that topics related to obesity, diabetes and access will also be explored. Resources at Mary Washington Hospital related to the Virginia Heart and Vascular Institute will play a critical role in addressing this objective.

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Internal Strategies:

1. Provide referrals to Community Benefit programs as part of discharge planning.
2. Work with Associate Wellness programs targeting cardiopulmonary and cardiovascular health coaching to incorporate Community Benefit programming.
3. Continuous research and identification of heart-healthy best practices at work places to improve Associate health.

External Strategies:

1. Provide cardiopulmonary, cardiovascular and stroke health screenings to improve early detection.
2. Provide cardiopulmonary, cardiovascular and stroke support groups that provide education to both caregivers and patients.
3. Supply educational training for healthcare professionals to improve recognition and treatment of cardiopulmonary, cardiovascular, and stroke conditions.
4. Promote access to and participation in cardiopulmonary, cardiovascular and stroke-related research studies.
5. Address tobacco prevention strategies for elementary school aged children through school health nurse education.
6. Develop tobacco cessation program designed for youth – including psycho-social support.
7. Develop tobacco prevention/cessation tool kit for medical providers to facilitate counseling related to lifestyle choices.

Anticipated Primary Outcomes:

1. Better understanding of risk factors, disease process, warning signs, and services available will result in patients seeking effective treatment and management sooner.
2. Mary Washington Hospital Associates will have the support and direction to engage in cardiovascular wellness.
3. The community will have increased access to opportunities to receive health screenings, education, and referral to increase knowledge and encourage appropriate action.
4. Increased training for healthcare professionals related to cardio-health problems and tool kit related to lifestyle/behavioral counseling will improve patient's self-efficacy on managing risks and disease, if diagnosed.
5. Mary Washington Hospital's inclusion of a tobacco prevention and cessation program for youth will reduce the number of children and adolescents who either begin or continue to use tobacco products due to the lack of knowledge or access to support to quit strategies.

Community Benefit Tactics 2015:

1. Collaborate with the VHVI Heart Failure REACH Program, the Heart and Lung Center, and the Cardiopulmonary Health and Fitness Program to reduce MWHC readmission rates in those underserved populations via the REACH Program. (Cardiovascular Health Workgroup and Cardiovascular Center of Excellence)
2. Initiate development of an educational option for students charged with tobacco infractions by using the MWHC Guiding Light to Tobacco Free Program curriculum. The program will partner with Rappahannock Area Office on Youth, local private and public schools, Mary Washington Hospital Junior Volunteers, and local Health Occupations Student Association (HOSA) clubs) as appropriate.

3. Allocate resources for support groups such as Stroke, Heart to Heart, and the Guiding Light to Tobacco Free Program to reduce at-risk behaviors and increase awareness and well-being of our patients. (Cardiovascular Center of Excellence)

Community Benefit Objective 3: Increase cancer education and screening opportunities, while emphasizing the benefits of early detection and proper treatment.

Top Ten Health Needs being addressed:

Cancer, specifically prostate, lung and breast, will be addressed through Community Benefit Objective 3. In addition, issues related to access to expensive cancer treatments and medications as well as mental health support for cancer patients and their caregivers will be considered. Resources at Mary Washington Hospital related to the Regional Cancer Center will play a critical role in addressing this objective.

Internal Strategies:

1. Special counseling on medication access for Mary Washington Hospital cancer patient population.
2. Increased access for Mary Washington Hospital cancer patients to clinical trials.
3. Provide Mary Washington Hospital cancer patients opportunities to include complimentary therapies in their cancer care plan.

External Strategies:

1. Provide low-cost or free prostate and breast cancer screenings.
2. Continue providing support groups and education for those undergoing cancer treatments, those that have completed treatment and their loved ones/caregivers.
3. Explore the feasibility of developing a cancer support group for Spanish-speaking community members.
4. Identify ongoing cancer research and awareness activities open to the community.
5. Increase knowledge of diagnosis, treatment and best practices related to cancer for health care professionals.
6. Foster support groups in the community of “trusted” individuals such as faith-based organizations, barbers/hair salons, etc.

Anticipated Primary Outcomes:

- Through active management, increased access to cancer-related medications as compared to last year.
- Cancer support group participants will acquire additional knowledge regarding resources and self-care following participation, as measured by pre- and post-test analyses.
- There will be an increased likelihood of identifying cancer cases at earlier stages.
- The community will be educated on cancer prevention and risk factors, treatment options and insurance information, as measured by pre- and post-test analyses to measure self-efficacy (patients' confidence in their ability to perform certain health behaviors) rates in patients and the connection with their health outcomes.
- Increase opportunities to have an integrated medicine approach to treating cancer as compared to last year.

Community Benefit Tactics 2015

1. Continue to provide access to Cancer Integrative Medicine therapies through community awareness activities and referral programs. (MWHC Regional Cancer Center)
2. Develop and implement a new process to provide our Cancer patients timely access to financial assistance that will not delay necessary cancer treatment. (Regional Cancer Center, Patient Financial Assistance Workgroup)
3. Provide free transportation for Cancer patients to increase access to cancer treatments. (Regional Cancer Center)
4. Expand pediatric cancer services by partnering with Ellie’s Angels and the MWHC OP Infusion center to provide pediatric patients additional cancer care services. (Regional Cancer Center, Ellie’s Angels, MWHC OP Infusion)
5. Host the Power of Pink Breast Cancer Walk to promote education and awareness about breast cancer in our community. (Regional Cancer Center)
6. Promote Health Professionals Cancer Weekly Conferences. (Regional Cancer Center)

Community Benefit Objective 4: Increase diabetes education and screening opportunities targeting both pre-diabetes/diabetes population with a focus on programming that addresses nutrition and obesity from birth through adulthood.

Top Ten Health Needs being addressed:

Objective 4 will address both diabetes and obesity through its strategies and programs. Resources from MWHC’s Diabetes Management Program will be critical in implementing the following strategies.

Internal Strategies:

1. Provide referrals to Community Benefit programs that address diabetes and obesity prevention to pediatric patients and families identified as “at-risk”.
2. Provide referrals to Community Benefit programs that address diabetes and obesity prevention management to adult patients.
3. Promotion of Health & Wellness initiatives related to nutrition and fitness for MWHC Associates.

External Strategies:

1. Conduct diabetes-related health screenings in the community
2. Provide diabetes and obesity related support
3. Raise awareness of healthy foods and organizational aids
4. Advocate for area-wide “health living” campaign
5. Supply educational training related to nutrition counseling for healthcare professionals
6. Explore funding opportunities for uninsured patients with an emphasis on higher-risk populations for pre-diabetes and diabetes education and awareness
7. Raise awareness and funds to promote research and support related to diabetes health

Anticipated Primary Outcomes:

- Improved understanding of nutritional needs to reduce on-set of diabetes, as measured by pre- and post-test analysis with Community Benefit program participants.
- Increased knowledge of new and healthy foods to low-income youths and their families using access to free fruits and vegetables, recipe/cooking tips and social media reminders.

- Improved self-efficacy of diabetes management for adolescents, as measured by pre/post-test analysis.

Community Benefit Tactics 2015:

1. Continue to host “Kids for a Cure Diabetes” Summer Camp in order to promote healthy management of diabetes and provide educational resources to help children manage their health. (MWHC Diabetes Management Program and Diabetes and Obesity work group)
2. Develop a series of hands-on cooking/nutrition/education classes called the “Fun Food Academy” which will target low-income preschoolers and their families. (Dr. Yum's Project and the Food Service Director of Fredericksburg City Schools, Fredericksburg Head Start)
3. Participate in the “Balanced Living with Diabetes” program. (Virginia Cooperative Extension program, Diabetes and obesity workgroup, MWHC Diabetes management Program)
4. Partner with the area YMCA “Y-Change Diabetes and Exercise program”. MWHC will serve as a referral source for this program by identifying patients that are at high risk for pre-diabetes.

Community Benefit Objective 5: Facilitate access to health-related services for uninsured/underinsured, while supporting a stronger community referral process.

Top Ten Health Need being addressed:

Objective 5 will specifically explore ways to improve access to primary care providers in the Mary Washington Hospital community as well as develop processes to improve the coordination of care for uninsured and/or underinsured patients.

Internal Strategies:

1. Explore opportunities to partner with local primary care physicians and safety net providers to establish referral patterns for all unassigned patients being discharged from the emergency and inpatient departments at Mary Washington Hospital.
2. Provide community resources information to all identified, uninsured/underinsured MWHC patients by integrating current resource guides into one “go-to” document for all area providers to use.

External Strategies:

1. Collaborate with various community service groups and safety-net providers to streamline enrollment processes for financial assistance programs taking into consideration current criteria for various social service programs.
2. Host information sessions for community groups and advocates to raise awareness of Mary Washington Hospital’s Patient Financial Assistance Programs (PFAP).
3. Explore opportunities to improve access to health-related services for Spanish-speaking uninsured/underinsured persons.
4. Raise awareness of community resources, including education related to insurance access.

Anticipated Primary Outcomes:

- Improve health status of patients by establishing medical homes resulting in reduced readmission rates for patients seeking primary care follow-up in emergency departments.

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- Better understanding of community health-related services in the community and appropriate use of medical services for Spanish-speaking community.
- Increased participation in MWHC's Patient Financial Assistance Programs as compared to last year.
- Reduced stress for uninsured/underinsured patients navigating various free or reduced-fee community services by coordination of eligibility requirements between programs.

Community Benefit Tactics 2015

1. Develop a Safety Net Provider Collaborative –“*The Mission Network*”: a partnership between MWHC, key safety-net providers, willing community physicians, and other community partners that will encourage a coordinated continuum of care for uninsured/underinsured. (MWHC Access Workgroup, Safety-net providers' network)

Community Benefit Objective 6: Improve access to behavioral health services, both directly as well as in providing support for community initiatives.

Top Ten Health Need being addressed:

Mental health and substance abuse will be addressed in Objective 6. Resources at Mary Washington Hospital related to the Neurosciences Center will play a critical role in addressing this objective.

Internal Strategies:

1. Increase capacity and services provided to promote access at Snowden of Fredericksburg to reduce referrals to other facilities due to the lack of beds or specialty services.
2. Continued mental health assessment and physician-requested consultations for disposition with referrals for appropriate services.
3. Provide expertise and references to other Workgroups as they address specific mental health concerns.

External Strategies:

1. Continue community-based collaborations with such organizations as the Rappahannock Area Community Services Board, regional utilization management teams and the Sunshine Foundation to improve coordination of care and increase access to behavioral health services.
2. Continue to provide free mental health assessments and screenings to individuals in the community with appropriate referrals to services offered in the community.
3. Provide in-kind support to community behavioral support groups, such as Alcoholics Anonymous and Narcotics Anonymous.
4. Continued support 24-hour Crisis Hotline with professional therapists to address immediate, behavioral health needs of community, including referrals to appropriate programs.
5. Explore bilingual programming led by mental health professionals.
6. Support the development of a strong mental health workforce with trainings and internships.

Anticipated Primary Outcomes:

- Reduction of referrals out-of-area for behavioral services as compared to previous year
- Community members will have increased knowledge and awareness of key mental health signs and symptoms as well as a better understanding of services available.

Community Benefit Tactics 2015

1. Develop Community Policy Collaborations to coordinate care and improve access for those individuals seeking or needing behavioral health services. (Snowden at Fredericksburg, Rappahannock Area Community Service Board)
2. Promote and/or host peer- and professionally-led mental health support programs, such as Alcoholics Anonymous and Narcotics Anonymous. (Rappahannock Area Community Services Board, Mental Health Alliance of America and Mental Health of America, Snowden at Fredericksburg)
3. Expand Behavioral Health professionals' education through internships and Grand Rounds. (Snowden at Fredericksburg)

Community Benefit Objective 7: Ensure the inclusion of Community Benefit programming as it relates to the unique aspects of women's health and the Top Ten Health Needs with a special emphasis on supporting the physical, mental and dental health of pregnant females in our communities.

Top Ten Health Need being addressed:

Objective 7 will address mental health issues and dental health access as it relates to pregnant females as well as ensure that unique women's health issues are considered by other Community Benefit workgroups. Resources at Mary Washington Hospital related to the Women's Health Institute will play a critical role in addressing this objective.

Internal Strategies:

1. Provide new mothers information on enrolling babies in available public programs and social services.
2. Provide referrals to Community Benefit programs.

External Strategies:

1. Continue to provide bereavement support programs for fetal loss.
2. Provide free educational programs related to proper nutrition and healthy behaviors during pregnancy.
3. Explore dental health access programs for low-income pregnant females with area dentists, utilizing current dental clinics in free or reduced-fee community health clinics.
4. Advocate for unique women's health perspectives to be included in the Community Benefit programming for all other Community Benefit Objectives.

Anticipated Primary Outcomes:

- Increased early enrollment of eligible children in public programs in partnership with local Departments of Social Services.
- Improved access and understanding of importance of regular dental care, as measured by pre- and post-test analysis working with local dentists.
- The community will have an opportunity to take the necessary steps to work through the loss of a child during pregnancy.

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- Through nutrition counseling/coaching opportunities with local obstetricians and programs like the Doctor Yum Project, reduction in pre-term deliveries related to poor nutrition as compared to previous year.
- Opportunities to provide targeted women's health education and awareness at it relates to the Top Ten Health Needs

Community Benefit Tactics 2015

1. Continue to provide support for "Garden of Angels", the MWHC fetal loss bereavement program. (Women's Services Center of Excellence, Women's Health Workgroup)
2. Enhance access to available parenting resources for first-time parents to proactively support families to engage in positive parenting and to prevent child abuse through the WIC & Healthy Families Partnership. (Women's Health Workgroup and Women's Services Center of Excellence)

Community Benefit Objective 8: Inform seniors and their caregivers of relevant issues including fall/fracture prevention, nutrition, understanding of physical/mental changes associated with aging (menopause, etc) and end-of-life decisions, and community resources.

Top Ten Health Needs being addressed:

Objective 8 will address issues related to the health needs of seniors, with an emphasis on fall/fracture prevention as well as touch on mental health aspects of aging and being caregivers. Resources at Mary Washington Hospital related to the Human Motion Institute will play a critical role in addressing this objective.

Internal Strategies:

1. Provide end-of-life literature and counseling to senior patients and their families.
2. Develop process to ensure appropriate care related to post-operative delirium diagnosis.
3. Provide referrals to Community Benefit programs.

External Strategies:

1. In partnership with local community groups, including Partners in Aging, Area Agency on Aging and Alzheimer's Association, host educational forums on aging to include bone-density and/or osteoarthritis screenings, nutritional counseling and discussions age-related topics, such as estate planning, etc.
2. Explore developing a forum related to Medicare education and financial planning for community members between 60 and 64. Consider community partnerships/collaborations.
3. Host community-wide fall/fracture prevention workshop(s).
4. Forge meaningful external partnerships with key community stakeholders related to the aging population.
5. Advocate for more hearing loss screenings prior to dementia screenings.
6. Working with the Equipment Connection and Operation Medicine Cabinet, identify processes for families to donate/dispose of health equipment and medications no longer needed.

Anticipated Primary Outcomes:

- Community will be more educated with end-of-life options such as Hospice and Palliative care, advanced directives, etc. as measured by pre- and post-test analysis.

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- Increased detection of early bone loss through screenings.
- Improved knowledge of Medicare enrollment and coverage options.

Community Benefit Tactics 2015

1. Provide support to continue the Death of a Spouse/Partner support group. (Mary Washington Hospice, Senior's Health Workgroup)
2. Conduct outreach to nursing homes related to education on end-of-life decisions and care options.
3. Host Falls Prevention education and workshops. (MWHC Human Motion Institute, Senior's Workgroup)