

New River Valley Community Health Assessment

HEALTH IMPROVEMENT IMPLEMENTATION STRATEGY
FY 2018-2020

Carilion New River Valley Medical Center
CarilionClinic.org/about/chna



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Carilion New River Valley Medical Center Health Improvement Implementation Strategy

FY 2019 – FY 2021 Summary

Carilion Clinic is a not-for-profit, integrated healthcare system located among the Blue Ridge Mountains with its flagship hospital in the heart of the City of Roanoke, which serves as the largest urban hub in Western Virginia. There, through a comprehensive network of hospitals, primary and specialty physician practices, wellness centers and other complimentary services, quality care is provided close to home for nearly 1 million Virginians. Carilion's roots go back more than a century, when a group of dedicated citizens came together and built a hospital to meet the healthcare needs of the community. Today, Carilion is a key anchor institution focusing on more than just healthcare; Carilion is dedicated to its mission of improving the health of the communities we serve.

With an enduring commitment to the health of our region, care is advanced through clinical services, medical education, research and community health investments. Carilion believes in service, collaboration and caring for all. Through ongoing investments in discovering and responding to the health needs of its community comes the understanding that stakeholders must address community health issues together to most effectively create change.

The purpose of this implementation strategy is to describe what Carilion New River Valley Medical Center (CNRV) plans to do to address the community health needs identified in the 2018 New River Valley Community Health Assessment (NRVCHA).

As the leading health care provider in the New River Valley, CNRV serves the Southwest Virginia counties of Montgomery, Pulaski, Floyd, Wythe, and Giles in addition to the City of Radford. CNRV's history dates back to 1941, when Radford Community Hospital was first established to serve the industrial developments in the area at the time. The hospital continued to modernize and grow and became affiliated with the Roanoke Hospital Association in November of 1987, during the transition of the Roanoke Hospital Association into Carilion Health System (now Carilion Clinic). On March 20, 1999, Radford Community Hospital capitalized on its standing as a regional hospital and opened Carilion New River Valley Medical Center (CNRV) at its current location in Christiansburg, Virginia.

The 109-bed acute care facility offers modern medical operating rooms and state of the art technology (including advanced imaging and robotic surgery). The Level III Trauma Center treats more than 30,000 cases per year and the OB/GYN and midwifery program delivers nearly 1,200 babies per year at The Birthplace. The current medical complex includes multiple surgical and medical care practices, Carilion Children's, and Carilion Clinic Saint Albans Hospital for psychiatry and behavioral medicine.

Community Served

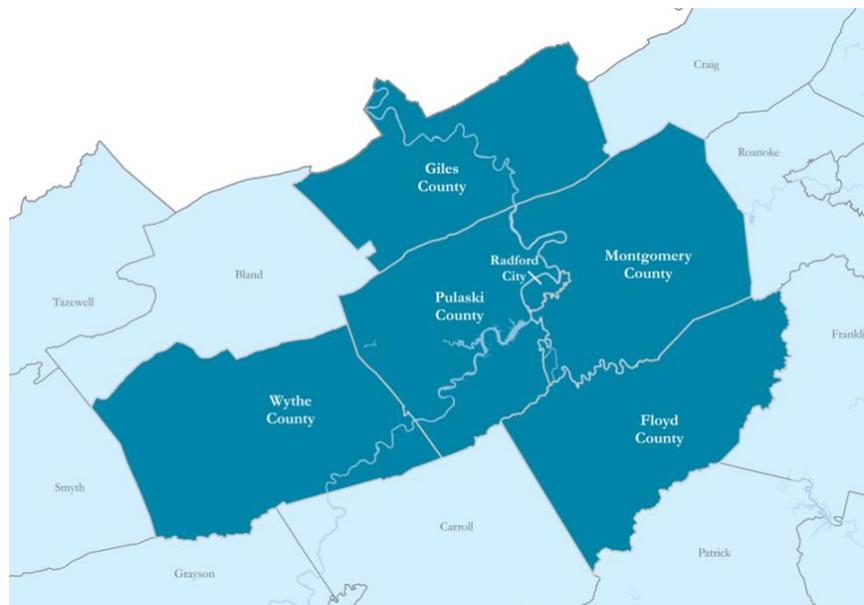
The New River Valley, home to CNRV, is composed of the independent City of Radford and the counties of Floyd, Giles, Montgomery and Pulaski. It is nestled among the Blue Ridge and Appalachian Mountains in Southwest Virginia. The Valley is home to two universities, Virginia Tech and Radford University, and to New River Community College. Their presence enriches the local culture and workforce. A rich mix of urban and rural communities, the New River Valley boasts scenic views and thriving communities complete with restaurants, arts and culture offerings and an abundance of outdoor recreation and relaxation opportunities¹.

Despite these amenities and the presence of key safety net providers in the region, including Carilion Clinic, the health department, a federally qualified health center, free clinics and other service organizations, there remain thousands of low-income and uninsured or underinsured residents who do not have access to affordable care.

The service areas for Carilion Clinic's Community Health Assessments are determined by at least 70% of unique patient origin of the hospital in each respective market. There is a focus placed on areas that are considered Medically Underserved Areas and Health Professional Shortage Areas.

Carilion New River Valley Medical Center is located in Montgomery County, Virginia. In fiscal year 2017, CNRV served 46,353 unique patients. Patient origin data revealed that during this year, 76.65% of patients served by CNRV lived in the following localities:

- Montgomery County (29.62%)
- Pulaski County (17.55%)
- City of Radford (13.65%)
- Wythe County (8.41%)
- Floyd County (7.42%)



¹ Virginia's New River Valley: A Natural Fit. Retrieved from: <https://www.newrivervalleyva.org/>

The service area for the 2018 NRVCHA includes the City of Radford and the counties of Floyd, Montgomery, Pulaski and Wythe, with secondary data included for Giles County. It is important to note that Giles County is partly served by Carilion Giles Community Hospital (CGCH) located in Pearisburg, VA. Giles County is not included as part of the service area for the 2018 NRVCHA because CGCH also conducted its own CHA concurrently. Giles County data are included in secondary data so that complete data for the New River Valley will be available in this report. Please note that while Wythe County is included in the service area, it is not traditionally considered part of the New River Valley.

The target population for Carilion Clinic's CHA projects consists of the following groups: underserved/vulnerable populations disproportionately impacted by the social determinants of health including poverty, race/ethnicity, education, and/or lack of insurance. Populations are examined across the different life cycles including parents of children and adolescents, women of child-bearing age, adults, and the elderly as well as across various race and ethnic groups.

Implementation Strategy Process

Carilion Clinic, the New River Health District and the New River Valley Partnership for Access to Health Care (PATH) partnered to conduct the 2018 NRVCHA. This process was community-driven and focused on high levels of community engagement involving health and human services leaders, stakeholders, and providers; the target population; and the community as a whole.

Since 1995, PATH has served as a collaborative community-focused alliance of 50+ Health and Human Service organizations, other community organizations and businesses. The mission of PATH is to maximize access to health care for all residents of the New River Valley². A 20-member Community Health Assessment Team (CHAT) oversaw the planning activities. In the New River Valley, PATH serves as the CHAT and additional key community leaders are invited to participate. Please see Appendix 1 for the CHAT Directory.

Beginning in October 2017, primary data collection included a Community Health Survey, focus groups with key stakeholders and providers, and focus groups with target populations. Secondary data was collected including demographic and socioeconomic indicators as well as health indicators addressing access to care, health status, prevention, wellness, risky behaviors and the social environment.

After all primary and secondary data collection is complete, the CHAT reviews all data and participates in a prioritization activity. This activity consists of each CHAT member picking the ten most pertinent community needs and ranking them on a scale of one to ten, with one being the most pertinent. The categories listed on the prioritization activity sheet align with the Robert Wood Johnson Foundation framework for what influences health. Please see Appendix 2 to view the prioritization worksheet. The data are combined and priorities are selected based on the number of times a category is selected in the top 10, with average ranking serving as a tie-breaker. Once the priorities have been selected, the CHAT participates in an activity to rate the feasibility and potential impact of a solution to each health issue. Please see Appendix 3 for Feasibility and Impact activity results.

The 2018 NRVCHA was approved by the CNRV Board of Directors and made publically available in August 2018. This Implementation Strategy was developed by the Carilion Clinic Community Health and Outreach Department based on priority community health needs identified in the 2018 NRVCHA. Input on Implementation Strategies was solicited from CHAT members, the CNRV Board of Directors, the CNRV Community Benefit Team, Community Health and Outreach staff and key Carilion Clinic leadership. This document has been approved by CNRV Board of Directors.

² VDH, PATH. Retrieved from: <http://www.vdh.virginia.gov/new-river/path/>

Prioritized List of Significant Health Needs Identified in the 2018 NRVCHA

The finding of the 2018 NRVCHA revealed 10 priority health-related issues in the community, identified by the CHAT after review of the data collected.

1. Transportation / transit system
2. Alcohol and drug use
3. Affordable / safe housing
4. Lack of knowledge of community resources
5. Tobacco use
6. Poverty / low average household income
7. High cost of care
8. Lack of health literacy / lack of knowledge of healthy behaviors
9. Access to mental / behavioral health services
10. Coordination of care

CNRV Implementation Plan

According to the Robert Wood Johnson Foundation's (RWJF) County Health Rankings³, where an individual lives, works and plays is a strong predictor of their health outcomes. Currently in the United States, a person's zip code can help predict their life expectancy due to its direct link to the social determinants of health such as poverty, race/ethnicity, education and employment status in these areas⁴. These factors are so important to our overall health, that they were added to the 10-year national Healthy People 2020 objectives with a goal to "create social and physical environments that promote good health for all."⁵

Carilion responds to community health needs in innovative ways: making sure our regions have access to state-of-the-art healthcare close to home; providing community grants and sponsorships to extend our mission and support other organizations that address health need; creating and implementing community-wide strategies to reduce barriers, coordinate resources and enhance community strengths; and by providing community-based health and wellness programming.

Carilion Clinic's response strategies are organized by the RWJF framework for what influences health: health behaviors; social and economic factors; clinical care access and quality; and physical environment.

Commitment

Commitment to community service is evident at all levels of the organization. In 2016, Carilion committed more than \$170 million toward activities that improve community health and social determinants of health. Carilion's commitment to community health is evidenced by its commitment to a population health infrastructure including an entire Community Health and Outreach department dedicated to assessing and addressing community need. The department is responsible for leading and facilitating the Community Health Improvement Process, Community Health Assessments, the system's community grant process, community health education, community benefit collection, and neighborhood health initiatives. Community Health and Outreach has staff at the system level and at each community hospital and works with the each hospital's Board of Directors and Carilion Clinic's Board of Governors to create health improvement strategies to address community health need. Each Carilion Clinic hospital has a Community Benefit Team which oversees the local hospital's plan to address community need in partnership with the local community health assessment team. There is also a Community Benefit Council at the system level providing oversight for Carilion Clinic as a whole. This council is responsible for overseeing and strategically guiding Carilion's community health improvement work and for community benefit strategy, collection and submission.

³ County Health Ranking & Roadmaps. Retrieved from: <http://www.countyhealthrankings.org/>

⁴ Robert Wood Johnson Foundation. Retrieved from: <https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html>

⁵ Social Determinates of Health. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Community Partnerships

Carilion Clinic believes in the power of collaboration and understands that community health issues must be addressed together, with the community. To ensure lasting community impact from the health assessment and community health improvement process, Carilion participates in and provides financial and in-kind support to community health coalitions that address health needs. Carilion partners with the New River Health District and PATH in the New River Valley. In addition, Carilion partners with multiple community and business organizations around initiatives to improve health and wellness and to impact the social determinants of health for all who live in the New River Valley.

New River Valley Partnership for Access to Healthcare

Since 1995 the New River Valley Partnership for Access to Health Care (PATH) has served as a collaborative community-focused alliance of 50+ Health and Human Service organizations, other community organizations and businesses. This partnership resulted from discussions and review of statistics from a 1994 New River Valley Health and Human Services Needs Assessment which indicated that the number one concern of residents in the New River Health District or Planning District Four – a 1,400 square mile multi-jurisdictional rural, urban and suburban region of Southwest Virginia including the localities of Floyd, Giles, Montgomery and Pulaski counties and the City of Radford – was lack of affordable health care. The mission of PATH is to maximize access to health care for all residents of the New River Valley⁶. Carilion New River Valley Medical Center partnered with PATH to serve as the CHAT for the 2018 NRVCHA.

CNRV intends to work with the New River Health District to organize a planning retreat for key PATH and community stakeholder representatives in the fall of 2018 to determine action steps to take as a community to address key health priorities arising from the 2018 NRVCHA.

Community Grants

Carilion Clinic is committed to improving the health of the communities we serve by addressing key health priorities identified through our triennial Community Health Assessments. Carilion fulfills this commitment in many ways, one of which is through targeted grants for community health improvement programs and those that impact the social determinants of health. Carilion provides a multitude of community grants and community health sponsorships helping local charitable organizations fulfill their missions as they relate to the health and well-being of our communities. Community grant dollars are allocated across the entire Carilion Clinic service area based on requests received. During this three-year Implementation Strategy cycle, Carilion Clinic intends to be more targeted with grant support through the initiation of a Request for Proposal (RFP) process, looking for organizations that can impact specific community health priorities in specific identified geographies.

⁶ VDH, PATH. Retrieved from: <http://www.vdh.virginia.gov/new-river/path/>

Significant Health Priorities to be Addressed:

Health Behaviors

Needs: alcohol and drug use; tobacco use; lack of knowledge of healthy behaviors

To address health behavior related priorities from the 2018 NRVCHA, CNRV provides a variety of free health education, screenings and flu immunizations in community settings. Education is also provided through health fairs and community events.

Community health education is provided by the Community Health and Outreach department, as well as by Trauma Outreach and select other departments. Health and wellness education topics include: general wellness; healthy eating and activity; infant and child safety; emergency care in the case of gun wound; exercise for balance and confidence building for seniors and other topics as requested. The health educator is working with a committee to support the Montgomery County Public Schools health education curriculum development. The health educator also leads guided public walks and hikes increasing access to exercise opportunities. Resources committed to these programs include staff time and often food and giveaway items that encourage healthy behaviors.

In addition to community events, Carilion works to encourage healthy behaviors through offering classes to its own employees and through partnerships with other employers in the New River Valley. As a large employer in the community, efforts to engage employees and their families in their own health impact community health overall. Carilion has rolled out the Virgin Pulse program with employees and enabled employees to involve others on the platform to encourage healthy behaviors daily. In addition, CNRV hosts a momentum studio with exercise equipment available for employees and sponsors employee challenges to participate in health behaviors, such as walking and drinking water.

Support groups also often contribute to wellness. Examples of support groups offered by CNRV include a support group for brain injuries and a Better Breathers support group for those with breathing related chronic diseases.

A key part of wellness is compliance with safety and preventive behaviors. CNRV coordinates child passenger safety trainings and checks to reduce injuries from car accidents through proper use and installation of car seats. To encourage infant safe sleep conditions, Carilion provides families with infants born in Carilion hospitals a free Sleep Sack, when available.

Carilion has also provided support for a health education program at the New River Valley Regional Jail. This program focuses on reducing unwanted pregnancies and neonatal abstinence syndrome through inmate education, on-site clinical family planning services, promotion of community resources and referrals for post-release follow-up care.

Carilion remains committed to the Healthier Hospital Initiative pledge and continues to work to improve the amount of healthy, local, sustainable foods purchased and served through its cafeterias. CNRV always offers infused water options as an alternative to sugary drinks in its cafeteria.

Alcohol and drug use

Carilion's Opioid Task Force brings together expertise from throughout the Carilion system to better understand and address the Opioid Epidemic in Southwest Virginia. The Opioid Task Force is working to address this epidemic internally and in the community. Efforts arising from this task force include: developing system-wide guidelines and a system dashboard for opioid prescriptions; developing treatment pathways for opioid addiction in specific high-risk groups; developing best practices for risk assessment, treatment and standard orders in Carilion's electronic medical record system, EPIC; developing an inventory of community resources related to prevention, treatment and recovery services for opioid patients and community members; and providing locations for free, safe, prescription drug returns or deactivation bags.

CNRV has been focused on addressing the opioid abuse crisis at a very local level. Through the efforts of one CNRV pharmacist, a program was developed internally that involves the identification of high-risk patients, provision of patient and family education on opioid risks and disposal sites for unused medications, and assistance acquiring Narcan. CNRV has also provided REVIVE trainings.

Tobacco Use

Carilion makes available a "Preparing to Quit" speakers bureau that can be requested by community groups or companies. Carilion employees and their dependents will now be eligible for a new, pharmacist-led smoking cessation program. This program includes group sessions, individual follow-up, resource referrals and free access to nicotine replacement therapy products. Another option includes free participation in the Quit for Life program. Employees are offered a financial incentive when they are tobacco free.

Clinical Care

Needs: access to mental and behavioral health services; high cost of care; coordination of care.

Issues with access to care are a focus for CNRV when addressing community health need. In addition to providing financial support to qualifying patients who cannot afford care, Carilion is working on the following to improve affordable access to care and resources.

Mental health and substance use services

Part of CNRV, Carilion Clinic Saint Albans Hospital offers comprehensive inpatient and outpatient psychiatric treatment and chemical dependency programs. In an effort to improve access to care for the community, Saint Albans will be opening an Office-based Opioid Treatment (OBOT) program. Through the OBOT, CNRV will more than triple the number of people currently served through medication assisted treatment and provide patients with a robust offering of coordinated services including medication assisted treatment, group therapy, coordination of care and medication reconciliation. Saint Albans has designated a spaced for the OBOT, offering privacy for patients and rooms for group therapy.

In an ongoing effort to increase access to psychiatry and mental health services, the technological infrastructure to provide telepsych services has been put in place at Saint Albans. Service provision is currently limited by provider availability. Carilion is committed to serving the needs of its communities and continues to work toward providing telepsych services in the New River Valley.

High cost of care

Carilion is committed to helping improve access to affordable medical care in our communities. With expansion of Medicaid in the Commonwealth of Virginia, Carilion will work diligently in the coming months to develop a plan for outreach and enrollment in Medicaid for those newly eligible. Additionally, Carilion will work to find medical homes for those newly enrolled. Carilion will also work closely with its FQHC partners to understand their Medicaid enrollment efforts.

Social and Economic Factors

Needs: poverty; transportation; affordable / safe housing; lack of health literacy; lack of knowledge of community resources.

In its commitment to reducing inequity of care, Carilion provides financial support for people who cannot afford insurance or healthcare. Carilion also makes available a Medication Assistance Program helping people gain access to affordable needed medication. Medication is also replenished by Carilion for emergency medical service vehicles as they are used in transport. Support is also provided to many not-for-profit organizations helping to reduce the impacts of poverty on health through investments in social determinants such as housing, transportation, employment, education, access to healthy foods and many others. Each year, Carilion Clinic coordinates a system-wide United Way campaign through which employees can provide additional support to these causes.

Carilion will work with community partners to determine the best plan for a community resource list. Additionally, CNRV has begun inviting community partners to present at operations committee meetings to educate CNRV providers and staff on community resources available for patients.

Carilion will explore opportunities to improve access to care through various types of telemedicine provision, which are not currently offered in the area. In addition, through a comprehensive forensic nursing program, CNRV is engaged with the community for abuse prevention and review efforts. CNRV participates on local abuse and fatality review teams.

Through the aforementioned fall planning retreat with community partners, CNRV will work to understand more about how it can be involved in addressing the needs to transportation and access to safe/affordable housing. CNRV will reach out to the NRV Regional Commission to understand more about their regional transportation planning. CNRV will also reach out to Community Housing Partners to understand how it can partner with efforts around safe, healthy housing. In addition, CNRV will work to understand the programs and support needs of the New River Health District's Mobile Clinic. The mobile clinic will help with the issue of transportation, by taking care out into the community.

Physical Environment

While physical environment did not necessarily arise as a top priority in the 2018 RVCHA, Carilion still recognizes the impact the environment has on the health of our communities. That is why efforts continue to improve the efficiency of Carilion buildings, the utilization of recycling and recyclable or bio-degradable materials where possible, the reduction of waste and the utilization of local, sustainable foods. CNRV has also recently invested in a solar panel field to improve energy efficiency.

Implementation and Measurement

Carilion has invested in multiple systems to help manage data and track outcomes of our community work. Clear Impact will be utilized to develop community, system-wide, hospital-specific and project-specific scorecards with appropriate outcome measures. Community health education programs and screenings will have program level outcomes assigned based on the topic. These outcomes will be tracked with pre- and post-tests as well as through screening results. Community programs supported by Carilion grants will be responsible for reporting program outcomes regularly.

Scorecards will be developed with key secondary data points at the zip code and county level to be updated annually to track impact of community health initiatives. Carilion will track and measure impact on certain aligned indicators that contribute to the Robert Wood Johnson Foundation County Health Factors Ranking and County Health Outcomes Ranking. Our goal is to improve County Health Rankings for the entire New River Valley, but we understand that by the nature of County Health Rankings, improvements are relative to improvements in other communities within the Commonwealth of Virginia.

Priority Areas Not being Addressed and the Reasons

A community approach to determine and address priority needs as described earlier in this document was used in determining which needs cannot be addressed immediately. The needs not identified as “priority” are those that will not be actively addressed in this time period. Please see Appendix 2 for the full prioritization worksheet to see what needs are not being actively addressed. It is CNRV’s intent to address many of the identified priority health issues through the aforementioned initiatives, partnerships, programs and/or grants.

Of the top 10 identified priorities in the 2018 NRVCHA, transportation, access to safe/affordable housing, tobacco use and coordination of care are not directly addressed by initiatives included in the Implementation Strategy. In the past, Carilion has provided grant funding to support transportation efforts in the Giles County area. Carilion will continue to explore ways to provide support for improved transportation and housing, as well as for tobacco cessation and coordination of care in the New River Valley. At this time, CNRV does not have the local expertise to provide transportation or housing services.

Please visit <https://carilionclinic.org/community-health-assessments> to review the 2018 New River Valley Community Health Assessment. Learn more about Carilion Clinic Community Health and Outreach at <https://www.carilionclinic.org/community-health-outreach>.

This document was adopted on behalf of Carilion New River Valley Medical Center on 9/21/2018.

Appendices

Appendix 1: Community Health Assessment Team

This list includes members that attended 50% (2) or more of the CHAT meetings.

Name	Organization	Area of Expertise
Betsy Allbee	Carilion Clinic	Infection Control
Reneé Altizer	Carilion Clinic	Hospice
Dr. Noelle Bissell	CNRV Virginia Department of Health	Medicine / Public health
Scott Blankenship	Carilion Clinic	Hospital Administration
Aaron Boush	Carilion Clinic	Community Health
Michelle Brauns	Community Health Center of the NRV, Inc.	Community Health
Mona DiGiuliam	NRV CARES	Child Abuse/Neglect Prevention
Breanne Forbes-Hubbard	Mount Rogers Health District	Population Health
Rodney Fultz	Carilion Clinic	Quality/Hospital Ops
Anthony Graftsky	Carilion Clinic	Strategic Planning/Operations
Ashley Hash	Carilion Clinic	Health Education
Tina King	NRV Agency on Aging	Aging Services
Angie Nichols	New River Community Action - CHIP of NRV	Home Visiting w/High Risk Low Income Families
Trina Porterfield-Pifer	New River Community Action	Preschool Child Health
Jack Powell	Community Housing Partners	Housing
Dr. Pam Ray	CNRV Virginia Department of Health	Public Health
Vicky Richardson	Mt. Rogers Health District	Public Health
Riley Schmitt	Community Housing Partners	Affordable Housing
Terry Tilley	Carilion Clinic	Nursing Administration
Sophie Wenzel	Virginia Tech	Academia / Healthcare

Appendix 2: Community Health Need Prioritization

Community Health Assessment Prioritization

From the entire list, please pick 10 of the most pertinent community needs and rank on a scale of 1 - 10, with 1 being the most pertinent.

Rank	Community Issue
Health Behavior Factors	
	Alcohol and drug use
	Culture: healthy behaviors not a priority
	Lack of exercise
	Lack of health literacy / lack of knowledge of healthy behaviors
	Lack of knowledge of community resources
	Poor diet
	Risky sexual activity
	Tobacco use
Clinical Care Factors	
	Access to primary care
	Access to dental care
	Access to mental / behavioral health services
	Access to specialty care (general)
	Access to specific specialty care: _____ (write in)
	Access to substance use services
	Communication barriers with providers
	Coordination of care
	High cost of care
	High uninsured / underinsured population
	Quality of care
Social and Economic Health Factors	
	Child abuse / neglect
	Community safety / violence
	Domestic violence
	Educational attainment
	Lack of family / social support systems
	Poverty / low average household income
	Unemployment
Physical Environment Factors	
	Air quality
	Affordable / safe housing
	Injury prevention / safety of environment
	Outdoor recreation
	Transportation / transit system
	Water quality
Health Outcomes	
	High prevalence of chronic disease (general)
	High prevalence of specific chronic disease: _____ (write in)
Write-in section	
	Other:

Appendix 3: Feasibility and Impact Activity Results

Priorities	Group One Categories	Group Two Categories	Group Three Categories
Transportation / transit system	High Impact; Low Feasibility	High Impact; Low Feasibility	High Impact; Low Feasibility
Alcohol and drug use	High Impact; Low Feasibility	High Impact; Low Feasibility	High Impact; High Feasibility
Affordable / safe housing	High Impact; Low Feasibility	High Impact; High Feasibility	High Impact; Low Feasibility
Lack of knowledge of community resources	High Impact; High Feasibility	High Impact; High Feasibility	Low Impact; High Feasibility
Tobacco use	High Impact; Low Feasibility	High Impact; Low Feasibility	High Impact; Low Feasibility
Poverty / low average household income	High Impact; Low Feasibility	High Impact; Low Feasibility	High Impact; Low Feasibility
High cost of care	High Impact; Low Feasibility	High Impact; Low Feasibility	High Impact; Low Feasibility
Lack of health literacy / lack of knowledge of healthy behaviors	High Impact; High Feasibility	High Impact; High Feasibility	Low Impact; High Feasibility
Access to mental / behavioral health services	High Impact; High Feasibility	High Impact; High Feasibility	High Impact; Low Feasibility
Coordination of care	High Impact; High Feasibility	High Impact; High Feasibility	High Impact; High Feasibility