MADISON COUNTY MEMORIAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

ANNUAL PROGRESS REPORT

March 2020

Madison County Memorial Hospital
Annual Progress Report 2019

Madison County Memorial Hospital (MCMH) and the Department of Health - Madison (DOH-M) collaborated on the development of the Community Health Needs Assessment (CHNA). This document serves to provide a progress report on the strategies the hospital adopted to address the needs identified in the CHNA.

Madison County Memorial Hospital

Madison County Memorial Hospital Mission
To enhance the quality of life by continuously improving the health of the people of our community.

Madison County Memorial Hospital Vision
The provider of the best family-centered health care in our region.

Madison County Memorial Hospital Values
Faith. Family. History.

Florida HEALTH Madison County

Department of Health Mission
To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Department of Health Vision
To be the healthiest state in the Nation

Department of Health Values (ICARE)
Innovation: We search for creative solutions and manage resources wisely.
Collaboration: We use teamwork to achieve common goals and solve problems.
Accountability: We perform with integrity and respect.
Responsiveness: We achieve our mission by serving our customers and engaging our partners.
Excellence: We promote quality outcomes through learning and continuous performance improvement

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Introduction & Overview

The Department of Health in Madison County and Madison County Memorial Hospital uses the following structure to plan, manage, measure, and guide the strategies. To address the priorities identified for Madison County primary source, secondary source, Community Health Needs Assessment and a variety of other sources of data are used. Three committees form the infrastructure to facilitate discussions and monitor progress: 1) Maternal and Child Health Committee met bi-annually; 2) Social and Mental Health Committee met quarterly; and 3) Chronic Disease Committee met quarterly. Updated CHNA data relevant to the priority area were presented at each meeting, along with a synopsis of community efforts to address the priority area, lessons learned and strategies to continue and/or modify. CHIP committees reviewed the progress document and provided input on objectives. Each committee is comprised of community partners/members providing services and/or interested in the priority area.

The following Annual Review and Progress Report details the strategies developed, activities implemented, progress made during the year, major accomplishments and next year recommendations. While the health improvement plan is community driven and collectively owned, the Florida Department of Health in Madison County is charged with providing administrative support and with collecting and tracking data. Due to COVID19, DOH-M received a waiver in preparing the progress report due to repositioning resources to testing and tracking the virus. Rather than a joint report, MCMH developed this independent report for 2019 using the data and information provided by DOH-M.

Progress was relayed to the community through quarterly reports, distributed through email and posted on web sites. year two activities were developed at each committee meeting in the fourth quarter by community partners and residents. Updated data related to the priority area were presented and the year one action plan was reviewed. The committees chose to continue unfinished activities and develop new actions to replace those that were completed.

Priority	*GOAL*
Social and Mental Health	1. Social and Mental Health providers maintain a consistent presence in Madison County and establish an effective linkage and referral system by December 31, 2021
Maternal and Child Health	1. Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021
	2. Increase breastfeeding initiation by 10% for Healthy Start and health department prenatal clients by December 31, 2021
Chronic Disease	1. Establish and Maintain an Accredited Diabetes Self-Management Education Program by December 31, 2021
	2. Establish and Maintain an Accredited Diabetes Prevention Program by December 31, 2021
	3. Increase the number of healthy food options in at least two food establishments by December 31, 2021
	4. Partner with an agency to offer breast, prostate and colon cancer screenings at least annually by December 31, 2021
Health Equity	1. Establish shared understanding across all sectors in Madison County concerning information and issues surrounding Health Equity (HE), Cultural Competency/Sensitivity, and how Social Determinants of Health (SDOH) influence the health of Florida's residents and communities by December 31, 2021

Community Health Improvement Plan Annual Review Summary

Social and Mental Health Committee reviewed the latest social and mental health data and the year one Workplan. Key strategies adopted in year two:

- Continue to develop and implement a population-based mental health survey.
- Focus on family services, along with the referral process in year two.

Maternal and Child Health Committee met reviewed the latest Maternal and Child Health data and year one workplan. Key strategies adopted by this group in year two:

- Continue data quality discussions with the State Health Office with respect to hospital collection of prenatal entry to care dates and breastfeeding initiation data.
- Focus on preconceptual health and family planning education.
- Ensure that teens and young adults are adequately prepared prior to having children.

Chronic Disease Committee reviewed the latest Chronic Disease data and year one workplan. Key strategies adopted in year two:

- Continue diabetes education classes.
- Continue cancer screening efforts.
- Continue healthy food option efforts.
- Promote the Holiday Challenge county-wide.

Health Equity does not have a separate committee, instead this topic was reviewed by each committee including relevant data and year one workplan. Key strategies adopted in year two:

- Increase health equity awareness.
- Increase health access through physician recruitment, enhanced services, and partnerships.

Florida HEALTH Madison County

Madison County Memorial Hospital

Major Accomplishments

Priority	*Accomplishments*
Social and Mental Health	1. Established partnership with Hand-in-Hand out of Jacksonville - a network of behavioral health experts who are providing expertise and mentoring to help the hospital establish a model and referral network for mental wellness services. 2. Established a partnership with an evaluation company out of Jacksonville to help the Hospital identify baseline indicators and a framework for measuring effectiveness of mental health services. 3. Established a MOU with Disc Village and joined a Regional Coalition (RCORP) to participate in an in-depth research project on the status of mental wellness in Madison and Jefferson County as it relates to drug and alcohol use. 4. Launched an internal Research and Development project to conduct an analysis of the hospital's patient panel, to research TeleBehavioral Health models, and to identify key Coding and Billing requirements. The purpose is to assess the feasibility of adding a new Line of Business in the hospital or to establish a formal Provider Network to extend this type of care to our patients. 5. Established MOU with St. Leo University to place Human Services students in internships to support social and mental health and Patient Experience. 6. Trained five (5) staff members in Motivational Interviewing. 7. Trained seven (7) staff members in Understanding Opioids.
Maternal and Child Health	1. Participated in research and data analysis with DOH-M to ensure true numbers and baseline indicators. The hospital did not have the capacity to devote resources to this priority in 2019. A team is going to review in 2020 to assess readiness in 2020-21.
Chronic Disease	1. Established a partnership with DOH-M and Barnes Healthcare to offer Accredited Diabetes Self-Management Education (DSME) Program. Launched education and awareness campaign in November 2019. 2. Established a partnership with DOH-M to offer Accredited Diabetes Prevention Program (DPP). Launched education and awareness November 2019. 3. Launched two health awareness campaigns: 1) diabetes awareness; and 2) breast cancer awareness and provided healthy snacks, taste test and chef discussions. 4. Partnered with DOH-M to offer breast cancer screenings at least annually in October 2019. Plan to replicate this model for prostate and colon moving forward. 5. Launched a monthly Chronic Disease Awareness campaign via advertising, social media and radio. 6. Expanded Florida State University internships via a research and development project with Pharmacy to look at chronic UTI's in geriatric patients and Micro-Antibiotic Research Project. 7. Joined the Tobacco Free Coalition to help build the community's capacity to promote tobacco cessation. 8. Trained two staff members as Tobacco Cessation Facilitators. 9. Sponsored two Employee Health, fitness hiking events. 10. Launched Heart Health Plus initiative with DOH-M and other agencies throughout the community.

Priority	*Accomplishments*
Health Equity	1. Establish shared understanding across all sectors in Madison County concerning information and issues surrounding Health Equity (HE), Cultural Competency/Sensitivity, and how Social Determinants of Health (SDOH) influence the health of Florida's residents and communities through enhanced health education. 2. Development of a Speaker's Bureau to coordinate physician presentations on a variety of topics to a wide audience. Presentations to date: 1) Lion's Club; 2) Kiwanis Club; 3) Women's Club; 4) Chamber of Commerce; 5) Hospital Sponsor's Presentation; 6) Committee Presentations; 7) Senior Citizen's Presentations; 8) two health fairs; and 9) Ministerial Alliance. 3. Recruited surgeon to expand recruitment efforts to enhance health care services-Board Certified General Surgeon and Certified Wound Care physician. 4. Launched Wound Care Clinic and began seeing patients. 5. Launched TeleCardiology with Capital Regional Medical Center (CRMC) for inpatient emergency services. 6. Expanded TeleStroke with CRMC and Endoscopy services with enhanced partnership with Florida State University Residency program. 7. Expanded volunteer efforts to help bridge the health equity gap through an MOU with National Coalition of Black Americans (NCBA). 8. Completed the Small Rural Hospital Transition project with eight rural hospitals across the nation to build an understand of shared goals and data-driven decision making. 9. Raised $9,804 in discretionary funding via the Foundation to support chronic disease through an operating room, wound care, and wellness activities. 10. Forthcoming grant dollars $401,150 for outfitting a surgical suite for elective surgery. 11. Developed cascading goals and objectives with Strategic Plans for all Lines of Business throughout the hospital. 12. Added Quality Assurance to ensure health equity via Patient Experience. 13. Conducted various training programs-i.e. customer service, teambuilding, handling confrontations, and leadership.

Conclusion

Each committee reviewed the year one workplan for their respective priority area and developed year two objectives. Although year one, year two and year three work plans are different, some objectives carry over from year to year. Objectives support the overarching three-year goals, objectives and strategies and are progressive from the prior year whenever possible. New strategies are adopted as lessons are learned and tactics are identified to constantly improve the plan. The Community-Wide year two workplan can be found in the Community Health Improvement Plan (CHIP) Action Plan report. The next step is to take all documents and conduct a review no later than December of 2020 to update the plan for next year based on data indicators. There is evidence of stronger partnerships, increase in awareness of health issues and access, and a demonstrated ability for data-driven decision making.

Appendix: Strategic Issue Area #1 - Social and Mental Health

The community felt that there are limited choices with respect to mental health services and a disconnect in the mental health referral process. There is not an accurate measure to quantify the need for mental health services or the types of services that are needed in the community; therefore, there is no assurance that existing programs address the needs in the community. A collaborative effort to analyze existing data sets is a crucial step to move this priority forward and imbedded in 2020 efforts.

Goal 1: Social and Mental Health providers maintain a consistent presence in Madison County and establish an effective linkage and referral system by December 31, 2021.

Strategy 1: *Partner with mental health providers throughout the region including the Mental Health Council of the Big Bend to determine Madison County mental wellness needs.*

Key Partners: Madison County Memorial Hospital, Apalachee Center, Disc Village, Big Bend Community of Care, Capital Regional Medical Center, Madison County School District, Madison County Sheriff's Office, Refuge House, Department of Children and Families, Florida State University, and St. Leo College.

Why this is important to Madison: We want to ensure adequate mental health services that are tailored to fit the community with a clearly defined linkage/referral process.

Mental health services are clearly dependent on the presence of health insurance and the type of health insurance. In addition, the Madison Community is geographically isolated, making service availability an issue.

Objective	Indicator	Current	Target	Status	Status Explanation
Create and distribute a survey to gather more information on accessing services (stigma, perception)	Survey data entered in database/data analysis report	75%	100%		Survey questions were developed. It was decided to incorporate these into the Community Themes and Strengths survey to be done August 2020. Mental Health Awareness Campaign launched.
Expand and enhance the referral process for family services between participating agencies	Documented referral procedure	75%	100%		A service integration committee was established and training provided to community partners by Department of Children and Families – i.e. how to access services on behalf of children and families. The hospital established a development office with a provider liaison to establisg a formal process and engage providers regionally in referrals.
Provide Mental Health First Aid (MHFA) Training to 150 participants in Jefferson and Madison Counties	Documentation of Course Offering through evaluations and sign-in sheets	50%	100%		Big Bend Area Health Education Center provided MHFA trainng to health department, county and hospital. Hospital hosted event - 30 participants from hospital employees, volunteers & community agencies. COVID-19 has caused this initiative to be tabled. This hospital established mentorship with Jacksonville firm.

Appendix: Strategic Issue Area #2 - Maternal and Child Health:

Madison County has higher rates of infant mortality when compared to the state. In addition, it has high rates of low birthweight and very-low birthweights. These rates can be linked to a variety of issues, some of which could be addressed by receiving prenatal care in the first trimester and continuing regular care throughout the pregnancy. It is beneficial for the health of the mother and the child to promote breastfeeding. The Maternal and Child Health Committee decided to address prenatal entry to care, promotion of breastfeeding during prenatal appointments and to increase community venues that support breastfeeding activities. MCMH did not have capacity to be involved in this area, set for 2020.

Goal 1: Reduce late entry to care by 5% for Healthy Start and health department prenatal clients by December 31, 2021.

Strategy 1: Reduce racial disparity in infant mortality.

Goal 2: Increase breastfeeding initiation by 10% for Healthy Start and health department prenatal clients by December 31, 2021.

Strategy 1: *Use peer counseling and lactation consultants to educate pregnant women on the benefits and importance of breastfeeding.*

Key Partners: *Madison County Memorial Hospital, Healthy Start Coalition of Jefferson, Madison and Taylor Counties, Department of Children and Families.*

Why this is important to Madison: We want to reduce the rates of infant mortality, low birthweights and very-low birthweight births in Madison County.					
There is an access to care issue for pregnant women, particularly those with Medicaid. Geographic isolation also prevents routine access to ancillary services, such as breastfeeding consultations.					
Objective	**Indicator**	**Current**	**Target**	**Status**	**Status Explanation**
Perform analysis to ensure no data collection issue resulting in artificially high prenatal entry to care after first trimester rates	Report disseminated	95%	100%		Report completed and preliminary information given to the Maternal and Child Health (MCH) Committee. Discussions pending to correct systems issues. Comparison of 2019 and 2020 data.
Create a family planning and preconception health outreach campaign for women	Documentation of campaign materials and distribution points	10%	100%		The hospital launched a women's health business line in 2020 an awareness campaign is in development.
Identify a community partner that can offer a life skills curriculum to middle and high school students	Decrease in teen births and repeat births to teens per Florida CHARTS	10%	100%		Pushed to 2020-2021 school year due to the COVID-19. The hospital is developing a Speaker's Bureau to establish a variety of clinical experts as guest speakers.
Perform analysis to ensure no data collection issue resulting in artificially low breastfeeding initiation rates	Report disseminated	95%	100%		Report completed/preliminary data given to MCH Committee. Discussions pending to correct systems issues. Comparison of 2019 and 2020 data.

Appendix: Strategic Issue Area #3 - Chronic Diseases

Cancers, heart attack and stroke are routinely in the top five causes of death for Madison. The Chronic Disease Committee decided that diabetes prevention and diabetes self-management education would complement hypertension self-management education currently offered by DOH-Madison. In addition, the committee decided to approach local restaurants and venues that sell food about offering healthier choices to promote lifestyle changes and decrease obesity. Finally, the committee chose to pursue increased screening opportunities for breast, colon, and colorectal cancer. Breast Cancer pilot was a huge success, both colon and colorectal cancer is slated for 2020-21. Likewise, Healthy You for all demographics and Healthy Wise Woman initiatives.

Goal 1: Establish and Maintain an Accredited Diabetes Self-Management Education Program by December 31, 2021.

Strategy 1: *Pursue funding, partnerships, and mentorships to establish and maintain a Diabetes Self-Management Education Program (DSME).*

Goal 2: Increase the number of healthy food options in at least two food establishments by December 31, 2021.

Strategy 1: *Partner to educate the public/businesses on the importance of healthy food options.*

Goal 3: Partner with agencies to offer breast, prostate and colon cancer screenings at least annually by December 31, 2021.

Strategy 1: *Partner with an agency to provide cancer screening and treatment services to residents.*

Key Partners: *Madison County Memorial Hospital, Florida State University, North Florida Community College, Madison County IFAS Extension Office, Ana Likos, MD, Big Bend AHEC, Big Bend, Healthy Start Coalition, Sickle Cell Foundation, CARES/CarePoint, Dr. Bob Auston, Dr. Gigi Auston, Jefferson County IFAS Extension Office, Big Bend Rural Health Network, Apalachee Center Inc., Tallahassee Memorial Healthcare, and Barnes Healthcare.*

Why this is important to Madison: We want to reverse the increase in deaths due to chronic diseases.					
Although MCMH has a telehealth program related to stroke, there is an ongoing need to provide chronic disease education in the community, both for residents diagnosed with a chronic disease and those at-risk of chronic conditions.					
Objective	**Indicator**	**Current**	**Target**	**Status**	**Status Explanation**
Implement Standards 1-7 of the ADA Guidance for Establishing an Accredited DSME by December 31, 2018	Evaluation by DSME mentor	100%	100%		This objective was met as documented in the DSME mentor audit at the conclusion of the funding period. However, the DSME model was found to be too difficult to implement because it requires the full-time attention of an RN. Staffing at the MCMH/DOH-M do not allow this therefore a partnership model is in development.

Pilot DSME class by June 30, 2019 by implementing Standards 8-9 of the ADA Guidance for Establishing an Accredited DSME	Evaluation by DSME mentor	30%	100%		Big Bend AHEC-DSME is working with the hospital and health department to develop a hybrid virtual model to address this objective.
Ensure all Diabetes Prevention Program pre-course requirements are in place by December 31, 2020	Trainers certified/ CDC documentation instruments downloaded	100%	100%		-DOH & hospital has course requirements in place and certified trainers. There are currently three staff members trained, and two partners-AHEC and Barnes. -Barnes Healthcare-DPP is one of two agencies in the region that has the DPP Certification and working with the hospital and health department to develop a hybrid virtual model to address this objective.
Pilot DPP class by March 31, 2019	CDC documentation reflect training occurred	30%	100%		One class piloted at DOH. Change in strategy to develop a partnership model. COVID19 has interfered with this initiative. See notes throughout this table for the change in scope and progress to date.
Work with local restaurants and food vendors to identify healthy food options in their establishments by June 30, 2019	Documentation of menu options	100%	100%		The hospital hosted healthy eating event and taste test– expansion in 2020 COVID dependent. Replicate.
Community health education and awareness presentations to civic groups, faith-based groups, and local government by December 31, 2019	Presentation developed and community presentations documented	100%	100%		November 19, 2019 Barnes, DOH and MCMH-Diabetes Awareness and Nutrition event included diabetes cookbooks, taste test and chef discussion. October 24, 2019 Breast Cancer Awareness & Women's Health DOH and MCMH taste test and education session. Replicate.
Partner with a mobile cancer screening unit or utilize hospital services by March 31, 2020	Documentation of screening events	100%	100%		DOH-M and MCMH partnered to provide Breast Cancer Awareness campaign in October screened 75 women total and Awareness Event on October 24, 2019 provided education and outreach to 100 women and mammograms to 15. Replicate.
Promote the Holiday Challenge and virtual walk campaign county-wide	Number of participants	0%	100%		2020 Healthy You and Wise Woman initiative launched at the hospital – 2020 integrate Holiday Challenge and Virtual Walk into these two programs.

Appendix: Strategic Issue Area #4 - Health Equity

We have not formally established a committee for health equity, we are currently addressing it in all priority areas. In year two we will reevaluate the need for a separate committee.

Goal: Close the healthcare access gap and ensure Health Equity in Madison.

Strategy 1: *Partner with public and private entities to ensure shared understanding and responsibility for ensuring health equity for Madison County residents.*

Strategy 2: *Expand access to care through enhanced lines of business and partnerships.*

Key Partners: *Big Bend Area Health Education Coalition, Big Bend Community Based Care, City of Madison, Department of Children and Families, DISC Village, Inc, Florida State University, Healthy Start Coalition of Jefferson, Madison & Taylor Counties, Inc., Lake Park of Madison, Madison Chamber of Commerce, Madison County Board of County Commissioners, Madison County Emergency Management Services, Madison County Memorial Hospital, Madison County School District, North Florida Community College, Saint Leo University, Senior Citizens Council of Madison County, Inc., Sickle Cell Foundation, United Methodist Cooperative Ministry, and Barnes Healthcare.*

Why this is important to Madison: To ensure there are adequate health services tailored to our community. We also want to establish and maintain a clearly defined linkage/referral process.

The options for mental health services is clearly dependent on the presence of health insurance and the type of health insurance. In addition, the Madison Community is geographically isolated, making service availability an issue.

Objective	Indicator	Current	Target	Status	Status Explanation
Incorporate health equity into community presentations by December 31, 2019	Documentation of presentation and presentation dates	20%	100%	🔴	A base presentation was created and distributed to community partners. Some community presentations have occurred. Continue this process in Year Two.
Increase physician recruitment efforts and expand lines of businesses based on community needs.	Physicians recruited and new serves available.	60%	100%	🟡	-Added TeleHealth & TeleStroke to connect patients to CRMC. -Recruited Wound Care Expert and Surgeon. -Connected to behavioral health mentor in Jacksonville.

* Status indicators are as follows:

- 🔴 = Little to no movement towards objective target
- 🟡 = some progress towards meeting the objective target
- 🟢 = reached or surpassed objective target