



Community Health Needs Assessment Implementation Strategy Fiscal Years 2019-2022

Madera Community Hospital completed a comprehensive Community Health Needs Assessment (CHNA). The Assessment was adopted by the Board of Trustees, April 10, 2019. Madera Community Hospital performed the CHNA in adherence with federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and community organizations.

The complete CHNA report is available at www.MaderaHospital.org/CHNA or from Madera Community Hospital Administration, 559-675-5500.

Hospital Information

Located in the heart of Central California, Madera Community Hospital (MCH) is a 106 Bed, Licensed General Acute Care, private, not-for-profit hospital dedicated to improving and maintaining the health and wellness of residents throughout the Central Valley. MCH is the only hospital located in Madera County providing children and adults with essential emergency services, laboratory and imaging services, adult inpatient medical, surgical, intensive & critical care services, and obstetrics. Our Rural Health Clinics serve the primary care needs of children and adults and adult medical specialty care needs. Since 1971, Madera Community Hospital is privileged to serve the community members of Madera County and those traveling through the Central Valley Region.

Mission:

Madera Community Hospital is a not-for-profit community health resource, dedicated to actively promoting and maintaining the health and well-being of residents throughout the Central Valley. We are committed to identifying and serving our community's needs with compassion, concern, and care and safety for the individual.

Health Needs of the Community

The 2019 Community Health Needs Assessment identified the significant health needs of Madera County and within the four county region; Kings, Tulare, Fresno, Madera. The collective regional health priorities include:

1. Cardio Vascular Disease/Stroke
2. Access to Care
3. Asthma
4. Economic Security/Homelessness
5. Climate and Health

Madera Community Hospital Leadership ranked the Madera County identified health needs base on the following criteria:

- Severity, magnitude, urgency
- Feasibility and effectiveness of possible interventions
- Potential impact on greatest number of people
- Outcomes are measurable and achievable in a 3-year span
- Existing resources/programs

Using the above criteria, Madera Community Hospital identified the following significant health needs in order of priority:

1. Access to Health Care	Indicators related to health care facilities, health coverage, and primary care provider rate.
2. Mental Health	Indicators related to depression, suicidal ideation, and mental health provider rate.
3. Obesity/HEAL/ Diabetes	Indicators related to obesity, diabetes, healthy eating, and active living.
4. Maternal and Infant Health	Indicators related to prenatal care, breastfeeding, and birth outcomes.
5. Oral Health	Indicators related to access to professional dental care.

Hospital Implementation Strategy

Madera Community Hospital resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent Community Health Needs Assessment process.

Significant health needs to be addressed

Madera Community Hospital will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- Access to Care
- Mental Health
- Obesity/Healthy Eating Active Living/ Diabetes
- Maternal and Infant Health
- Oral Health

Significant health needs not addressed

Madera Community Hospital acknowledges the wide range of priority health issues identified through the CHNA. Hospital Leadership is committed to effectively focus on only those health needs determined to be most pressing, under-addressed, and within our ability to influence. Madera Community Hospital will not take additional leadership action on the following health needs:

- **Asthma** – Madera Community Hospital does not plan to address this particular need directly; however, MCH continues to remain engaged within community coalitions/collaborations around this subject and will continue to offer assistance/insight when appropriate but will not directly address this issue.
- **Substance Abuse** – Madera Community Hospital does not plan to directly address this particular need because MCH does not directly provide drug or alcohol abuse treatment or recovery services.
- **Violence/Injury Prevention** – Madera Community Hospital does not plan to directly address this particular need due to lack of expertise and ability to make a significant impact.
- **CVD/Stroke** – Madera Community Hospital does not plan to directly address this particular need through community based interventions. Madera Community Hospital will however continue to provide diagnostic and emergency stabilization services as well as appropriate outpatient and inpatient care for Cardio Vascular Disease and Stroke patients.

- **Climate and Health** – Madera Community Hospital does not plan to directly address this particular need due to lack of expertise and ability to make a significant impact.
- **Economic Security/Homelessness** - Madera Community Hospital does not plan to directly address this particular need however MCH will engage with community coalitions/collaborations around this subject and will continue to offer assistance/insight when appropriate but will not directly address this issue.
- **HIV/AIDS/STIs** - Madera Community Hospital does not plan to directly address this particular need through community based interventions however we will continue to educate, inoculate and treat within our healthcare settings.

This implementation strategy specifies community health needs Madera Community Hospital has determined to address in whole or in part and are consistent with our mission. Madera Community Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating the hospital to refocus our limited resources to best serve the community.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2022

Hospital facility:	Madera Community Hospital	
CHNA significant health need:	Access to Health Care	
CHNA reference page:	21	Prioritization #: 1

Brief description of need:

Access to comprehensive, quality health care services is a predominant factor for promoting and maintaining health, preventing and managing disease, as well as reducing unnecessary disability and premature death. The four core elements of access to care according to Healthy People 2020 include:

- I. Coverage
- II. Timeliness
- III. Services
- IV. Workforce

Barriers contributing to inadequate access to healthcare services include insufficient or no insurance coverage, lack of service availability, lack of culturally competent care, and shortage of healthcare professionals. Madera County has the highest percentage of individuals covered through the Medi-Cal program in the Central Valley at 43.9%. Amongst the population in Madera County, 14.3% of individuals are uninsured.

The World Health Organization declares the healthcare to provider ratio of 1:1000 to meet the population health demand. The CHNA identifies Madera County having the lowest proportions of primary: 40.0 per 100,000 or 1:2500, mental: 142.9 per 100,000, and dental: 43.3 per 100,000, healthcare providers to population rates when compared to the four county region and state.

Goal: Improve access to comprehensive, quality health care services through expanding Rural Health Clinic sites, the delivery of health system information, as well as training, recruitment and retention and of culturally sensitive healthcare professionals.

Actions the hospital intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Expand Family Health Services (FHS) Madera Clinic		◇		Construction		
Develop New Family Health Services Sites		◇	◇	Partner with communities and interest groups to meet access to care needs		Amore Foundation Davis Family Farms Wonderful Company
Continue as a clinical training site for medical careers.	◇	◇	◇	- FNP Residency - Nursing Rotations - PharmD Rotations - DO Rotations - Scholarship program		Fresno Pacific University, Fresno State University, California Health Sciences University, Madera Community College, SJVC, Fresno City, Merced College, Madera High School, Madera South High School, Liberty High School, Sherman Thomas, Madera Community Hospital Foundation
Continue efforts to expand services offered at FHS Medical Specialty Clinic.	◇	◇	◇	Recruitment, contracting and support services.		
Continue to offer financial assistance for individuals who are uninsured, underinsured.	◇	◇	◇	-Sliding Fee -On-site Madera County Medi-Cal enrollment -Charity Care		
Provide cultural sensitivity training to staff.		◇		Staff Training		Fresno Pacific University
Continue efforts to promote health literacy, within Madera County.	◇	◇	◇	-Wellness Wednesday -Hospital Magazine -Emergency Department Advisory Council -Social Media -Farmer's Market -Community outreach participation		Medical Staff Madera County Public Health

Continue to provide childcare on campus during adult medical visits.	◇	◇	◇	Children's Visitor Center	Donors	First 5 Madera
Remain engaged with the Madera County Health Improvement Partnership (Live Well Madera).	◇	◇	◇	Staffing		Madera County Public Health Department, First 5 Madera,
Path 2 Health Qualified Participant	◇			Submit successful application		Madera County Public Health

Anticipated impact of these actions:

CHNA Impact Measures	Baseline	Target
Increase Access to Care	40.0 per 100,000 or 1:2500	1:1000 – minimum increase Madera: + 2 PCP Mendota +2 PCP Firebaugh +2 PCP
Increase Access to Coverage	Uninsured population - a) Madera County: 14.3% b) California: 12.6% Medi-Cal population - a) Madera County: 43.9% b) California: 26.6%	-100% eligible are enrolled in Medi-Cal or CPSP - Individuals not qualified for other coverage, will be enrolled in Path 2 Health.
Increase in the number of culturally and linguistically competent and skilled healthcare providers.	Certified Translators: Cultural Competency Trained:	- Certified Translators: 30 Nursing - Cultural Competency Trained: 30 Nursing
Improved health literacy.		- Average of 20 attendees at the Monthly Lunch and Learn. - 4500 quarterly magazines distributed - Formation of the Emergency Department Advisory Council - Monthly Health education topic on social media -Participate in community events with health education and screening.

Plan to evaluate the impact:

- Track recruitment efforts
- Track precepting activities
- Track translator training and attendance
- Track expansion of health services and sites
- Track community engagement

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2022

Hospital facility:	Madera Community Hospital		
CHNA significant health need:	Mental Health Services		
CHNA reference page:	26 & 28	Prioritization #:	2

Brief description of need:

Mental health is a state of successful performance of the psychological function, resulting in productive activities, fulfilling relationships and the ability to adapt to change and to cope with challenges. Mental health illnesses such as depression and anxiety, impact an individual's ability to participate in health-promoting behaviors. Madera County currently has 142.9 mental health care providers per 100,000 population, in the four county region Madera has the fewest mental health providers per person. Comparatively, California has 280.6 Mental Health workers per 100,000 population. Madera County also has the highest number of 'poor mental health' days in the four county region. Suicide is the number one cause of death in the United States. Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54. There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510). Madera County has the second highest adolescent depression (30.5%) and suicidal ideation rates at 20.3% compared to the statewide average of 19%. Amongst the Medicare population in the county, 13.3% have depression.

Goal: Increase access to mental health care services to all Madera County residents.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Remain the convener of the community collaboration committee to improve or implement mental health services.	◇	◇	◇	Community Collaboration Committee		City and County Law Enforcement, Corrections, Behavioral Health, and Emergency Transport.
Increase number of low-income patients who are able to receive mental health care services.		◇	◇	-Tele-psych - LCSW Staffing		UC Davis Kings View Behavioral Health
Continue to offer counseling and clinical social work services.	◇	◇	◇	-Rural Health Clinics -Maternal/Child Services		County Behavioral Health Department, First 5 Madera County

Continue to engage in community partnerships and collaborations to improve adolescent mental health outcomes.	◇	◇	◇	Staff and Program Leadership	-Suicidal Prevention Program -Partnership with Valley Children's on telemedicine & social workers	Valley Children's Hospital, Madera Unified School District, Children's Hospital Bond Act Funding
Ongoing Mental Health Training for Emergency Department Staff and Physicians				Staffing		Madera County Behavioral Health, Valley Children's Hospital.

Anticipated impact of these actions:

CHNA Impact Measures	Baseline	Target
Madera Community Hospital will provide additional access to mental health services.	Mental Health Care Provider Rate per 100,000 - Madera County: 142.9 California: 280.6	Increase available access through staff and tele-psych visits by 20%

Plan to evaluate the impact:

Patient encounters with mental health professional
Emergency Department Staff Training participation
Reduced 5150 Holds in ED

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2022

Hospital facility:	Madera Community Hospital		
CHNA significant health need:	Obesity/ Health Eating Active Living (HEAL)/ Diabetes		
CHNA reference page:	27	Prioritization #:	3

Brief description of need:

Chronic diseases and conditions such as heart disease, stroke, type 2 diabetes and obesity are among the most common and costly and preventable of all health problems. Currently, 26.1% of adults in Madera County are considered obese compared to the state average of 22.5%. Both numbers were down from the 2016 CHNA findings. Amongst Medicare beneficiaries in MCH's service area, 30.7% of adults have diabetes. This rate is 5.4% higher when compared to the state of California.

Goal: Increase awareness, education, and community engagement associated with diabetes management, healthy foods, and lifestyle options.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Continue to remain engaged in community coalitions and forums.	◇	◇	◇	Staff		Live Well Madera County
Continue to organize and promote increased access to fresh fruits and vegetables to community members who are on WIC, EBT, and/or senior vouchers.	◇	◇	◇	Farmer's Market	Cal Fresh Healthy Living	Live Well Madera County, Madera County Public Health, WIC, Fresno Madera Area Agency on Aging, City of Madera
Continue to support programs that help to reduce the risk of diabetes or obesity.	◇	◇	◇	-“Walk with a Doc” -Employee Health Initiatives		Fresno/Madera Medical Society

Anticipated impact of these actions:

CHNA Impact Measures	Baseline	Target
Community members of all income levels will have access to fresh produce.	Children Food Insecurity - Madera County: 23.8% California: 19.0% Overall Food Insecurity - Madera County: 11.4% California: 11.7%	8 week market Four – six farmers, average of 100 shoppers each market.

Plan to evaluate the impact:

- Farmer's Market participation
- Staff participation
- "Walk with a Doc" participation

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2022

Hospital facility:	Madera Community Hospital		
CHNA significant health need:	Maternal and Infant Health		
CHNA reference page:	20	Prioritization #:	4

Brief description of need:

Maternal and Infant Health involves a wide range of conditions and health behaviors that affect the health, wellness, and quality of life of women, children, and families. The well-being of mothers and infants determines the health of the next generation and can help predict future public health challenges for families, communities, and healthcare systems, according to Healthy People 2020. Breastfeeding protects infants from common childhood illnesses such as diarrhea and pneumonia. Long-term health benefits include reducing the risk of obesity and overweight in children and adolescence. Madera County continues to have high breastfeeding initiation at 90.9%, however, exclusive breastfeeding continues to be lower than the state average 47% compared to 70% statewide. Gestational diabetes is a form of diabetes that is seen amongst pregnant women who did not have diabetes prior to pregnancy. This form of diabetes is commonly seen in the second or third trimester and can lead to problems such as an extra-large baby, preeclampsia, hypoglycemia, and delivery of baby through Cesarean Section (C-Section). Gestational diabetes is a type of diabetes that happens during pregnancy. Unlike type 1 diabetes, gestational diabetes is not caused by having too little insulin. Instead a hormone made by your placenta keeps your body from using the insulin as it should. This is called insulin resistance. Blood sugar (glucose) then builds up in your blood instead of being absorbed by the cells in your body. The symptoms of gestational diabetes usually go away after delivery. But sometimes they do not, or you may have a greater risk of developing type 2 diabetes later. The current rate of gestational diabetes in the State and Madera is 6.4 per 1,000 females ages 15 to 44, according to the California Department of Public Health. Any woman can develop gestational diabetes during pregnancy. But you may be more likely to get it if you: Are overweight or obese, have a family history of diabetes, are older than 25, are African American, American Indian, Asian American, Hispanic or Latino, or Pacific Islander, have prediabetes (impaired glucose tolerance), have high blood pressure

Goal: Increase breastfeeding rates, increase trained lactation nurses, awareness, research, education, and community engagement associated with gestational diabetes, prenatal care, and breastfeeding.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Continue to offer diabetes education programs to high risk pregnant women.	◇	◇	◇	-Sweet Success		Madera County Public Health, California Diabetes and Pregnancy Program
Implement the Ten Steps to Successful Breastfeeding.	◇	◇	◇	<ol style="list-style-type: none"> 1. Have a written breastfeeding policy that is routinely communicated to all health care staff. 2. Train all health care staff in skills necessary to implement this policy. 3. Inform all pregnant women about the benefits and management of breastfeeding. 4. Help mothers initiate breastfeeding within half an hour of birth. 5. Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants. 6. Give newborn infants no food or drink other than breast milk, unless medically indicated. 7. Practice rooming-in - that is, allow mothers and infants to remain together - 24 hours a day. 8. Encourage breastfeeding on demand. 9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants. 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic. 	First 5	Madera County Public Health, First 5 Madera County

Home visitation program for moms and babies		◇	◇	Staffing and program development	First 5	First 5, WIC, Madera Medical Staff
Expand collaborations with community benefit organizations within service area by partnering on grant opportunities and supporting common ground initiatives.	◇	◇	◇		First 5	First 5, Madera County Public Health, California Health Collaborative
Lead community research about gestational diabetes prevention.			◇	Staff and Physician Workgroup		Live Well Madera County, First 5 Madera County, Valley Children's Hospital, Camarena Health, CalViva, Anthem, American Diabetes Association

Anticipated impact of these actions:

CHNA Impact Measures	Baseline	Target
Continue to promote breastfeeding initiation upon delivery.	Madera County rate: 90.9% California rate: 93.8%	Above State Average
Increase the amount of infants who are breastfeed exclusively.	Madera County: 47% California: 70%	Meet state average
Develop in-home mommy/baby visitation program	0	50% of births
Continue to conduct research and educate community on gestational risk and prevention diabetes.	Madera County: 6.4 per 1,000 females ages 15 to 44 California: 6.4 per 1,000	Below State Average

Plan to evaluate the impact:

Successful First 5 Funding Application
Breastfeeding initiation rates
Home visits and outcomes.

CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2022

Hospital facility:	Madera Community Hospital		
CHNA significant health need:	Oral Health		
CHNA reference page:	33	Prioritization #:	5

Brief description of need:

Oral health is a part of achieving overall good health. Access to dental care, just as primary care is below the state average and needs for our County. Madera County dental provider to population ratio is 43.3 per 100,000 is the lowest in the four county region and is far below the state benchmark of 82.3 dentists per 100,000. Good oral health improves one's ability to speak, smell, smile, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. Oral diseases such as cavities, oral and pharyngeal (mouth and throat) cancer, and periodontal (gum) diseases can be the cause for significant pain or disability.

Goal: Improve access to preventive services and dental care.

Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Expand our services to offer dental care in Madera and Mendota.		◇	◇	Rural Health Clinic		

Anticipated impact of these actions:

CHNA Impact Measures	Baseline	Target
Improve recruitment and retention of dental health care workers.	Dentist rate per 100,000 population - a) Madera County: 43.3 b) California: 82.3	Increase by 3 dental providers

Plan to evaluate the impact:

Track clinic development and provider recruitment
Track patient encounters and diagnosis

Adoption of Implementation Strategy

On July 17, 2019, Madera Community Hospital Board of Trustees met to review and discuss the 2019 - 2022 Implementation Strategy for addressing the community health needs identified in the 2019 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy.

Name & Title	<u>Steve Mays</u> MCH Chairman	<u>07, 17, 2019</u> Date
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