

Implementation Strategy for Needs Identified in the Community Health Needs assessment for Madison Health

2022

Covered Facilities: Madison County Hospital dba Madison Health:

- Madison Health is a 94-bed facility that offers comprehensive inpatient and outpatient health care. Its unique affiliation with the OSU/Mount Carmel Health Alliance enables access to medical specialists, telemedicine services, electronic medical records systems and educational opportunities.

Community Health Needs Assessment: A Community Health Needs Assessment (“CHNA”) was developed in 2022 in collaboration with Blue & Co., LLC, an accounting, tax and consulting firm. The ensuing CHNA report compiled a year-long effort to gather and analyze data that addressed issues of community health and well-being for Madison County. Unlike in 2019 when Madison Health combined with several other organizations in Madison County for a combined CHNA, this CHNA is independent from any other organization. Due to the COVID-19 pandemic, other organizations in county are using 2019 data to identify their implementation strategies. Madison Health was unable to use the 2019 data due to regulations surrounding the CHNA, so as an organization we conducted a new CHNA.

Process for Identifying and Prioritizing Community Health Needs: The Steering Committee met to review the findings of the 2019 and 2022 CHNA report, identify any programs or plans that could be continued and also to identify the top community health needs. Madison Health has been working closely with Madison County Public Health in the development of their Community Health Improvement Plan (CHIP), with the CHNA report being the basis of discussion. The intent is to provide consistent and relative information regarding Madison County’s health needs and collaborative strategies to address those needs. The following priority list was established from the Madison Health CHNA:

List of Priorities

Priority
Access to Care
Improve access to care by increasing the number of primary care providers in Madison County
Improve access to care by increasing the number of available appointments
Substance Abuse
Help reduce the overdose rates in Madison County
Cancer Rates
Help reduce mortality through improved screening initiatives and prevention strategies throughout the county
Obesity, Inactivity, Unhealthy food
Assist patients in achieving a healthier weight
Promote physical activity within the community

Implementation Strategy Goals

I. Access to Care

Specific Needs Identified in the CHNA:

Access to care requires not only financial coverage, but also access to providers. Sufficient availability of primary care physicians is essential for preventive and primary care, and, when needed, referrals to appropriate specialty care. One of the metrics assessed in the primary and secondary services areas is the ratio of primary care physicians to the population. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians.

Madison & Clark County have the two highest ratios of primary care physicians (lower is better) compared to the state. Madison has a 2,980:1 and Clark has a 2,270:1 population ratio per 1 primary care physician. The state average is 1,290:1 and top performers are 1,010:1.

Madison Health has done several initiatives to help improve access to the primary and secondary service areas. The primary care network of employed providers (physicians and nurse practitioners) began in 2014. Since the last CHNA in 2019, a total of four employed providers have left the group due to retirement and other reasons. There are currently nine nurse practitioners and one pediatric nurse practitioner. The locations have expanded to six to offer more options closer to where the patients live in Madison County and surrounding areas.

Summary of Primary and secondary correlated metrics:

- 17% of the surveys stated that there was a time in the last year when they need medical care and were unable to get it, with the top reason being it took too long to get an appointment (47%)
- 42% say that COVID-19 had an impact on how they received care and had a difficult time getting an appointment as a result
- 12% of survey respondents did not have a primary care physician
- 14% of survey respondents said they were unable to get appointment to see mental health professional, with the top reason being too long of a wait to get an appointment
- Primary Care Ratio – Madison County is 2,980:1, Clark County is 2,270:1, and Franklin County is 960:1

Objectives: Improve access to care by increasing the number of primary care providers as well as the number of available appointments.

Implementation Strategies:

- Hire at least two additional primary care physicians
- Improve the efficiency of existing physicians and nurse practitioners
- Identify schedule gaps that prevent patients from being seen in a timely manner
- Address remaining barriers within the phone/scheduling system
- Survey the community and review schedule patterns to identify need – early morning, evenings/weekend and telehealth

II. Substance Abuse

Specific Needs Identified in the CHNA:

Ohio is the 4th highest state for drug overdose deaths as of 2020 (the latest data from the CDC). The drug related death rate is based on a rate that measures the number of events in each time period and divided by the average number of people at risk during that period and is calculated as such in order to compare counties with different population sizes. Of the total overdose deaths for the state of Ohio, 48.9% had at least one potential opportunity for intervention. In Ohio, the high rate of overdose death is driven mainly by opioids and illicitly manufactured fentanyl. Deaths because of prescription opioids are

relatively low, therefore it can be assumed that most opioid related deaths were not driven by legally prescribed medication. Outcome related data to drug and alcohol abuse assessed by county were alcohol impaired driving deaths and drug overdose deaths and have remained high in Clark and Franklin County compared to the state. Franklin and Clark County also had a high number of drug overdose deaths per 100,000 population, at 48 compared to the state average of 38 and the U.S. top counties at 11. Franklin County also had the highest drug related deaths per 100,000 population in the state as of 2019 according to the CDC overdose death data. Alcohol impaired driving deaths were also highest in Franklin County at 32%, but still lower than the state at 33%. In the past two decades, the death rates for drug overdose in Franklin County has increased at an exponential rate, increasing 733%, compared to Clark at 262% increase and Madison at a 219% increase since 2003. In the last decade, Franklin County has continued to increase at 222% since 2012 based on data from the CDC. When compared to the increase nationwide of 137% increase since 2000, all three counties have trended higher than the average nationally. When analyzing the data, drugs and alcohol abuse is a prevalent theme across both primary and secondary data sources.

Summary of Primary and secondary correlated metrics:

- 68.4% of people who died of a drug overdose were male, 27.4% were 35-44 years old and 79% were white, non-Hispanic
- The largest percentage of males were aged 35-44 and the largest percentage of females were aged 35-44. Male, 35-44, and Black, non-Hispanic race had the highest overdose death rates
- 5.2% of overdose deaths were experiencing homelessness or housing instability, 7.4% had a recent return to use of opioid, and 4.8% were on a current pain treatment
- Alcohol Impaired Driving Deaths – Franklin is 32%, Clark is 27%, Madison is 22%, the state is 33% and top counties is 10% (lower is better)
- Drug Overdose Deaths – is 48 in Franklin and Clark County, 38 in Madison and for the state and 9 for the top performers in the U.S. (lower is better)
- Of the top 3 unhealthy behaviors identified by the survey participants, #1 was drug abuse at 66% and #2 was alcohol abuse at 37%
- Impact to well-being from survey participants stated drug abuse as #3 at 32%

Objectives: help reduce the overdose rates in Madison County

Implementation Strategies:

- Increase awareness regarding “New Vision” – a medical withdrawal management program at Madison Health

III. Cancer Rates

Specific Needs Identified in the CHNA:

Approximately four out of 10 Ohioans will be diagnosed with cancer at some point during their lifetime. Cancer is the second leading cause of death, accounting for nearly one in four deaths in Ohio and the United States. Cancer is the second most common cause of death in Ohio and the United States, accounting for nearly one of every four deaths. Lung and bronchus cancer was the leading cause of cancer death in Ohio in 2019, representing 25.6% of all cancer deaths, followed by colon and rectum cancer (8.4%), pancreatic cancer (8.0%), and breast cancer (7.0%). Source: odh.ohio.gov

Objectives: Help reduce mortality through improved screening initiatives and prevention strategies throughout the county

Implementation strategies:

- Marketing events to include cancer screenings (as appropriate)
- Increase awareness for “No cost to you” low-dose CT scan for lung cancer screening
- Improve access to breast and cervical cancer screenings through broader participation in the ODH BCCP program
- 3D Mammography is now available; foundation endowment funds for those unable to cover out of pocket expense
- Closing the care gap in relation to colon cancer screenings – financial incentive for primary care group
- Dermatologist now seeing patients in Madison County

IV. Obesity/Inactivity/Unhealthy Food

Specific Needs Identified in the CHNA:

Health outcomes is a measure that is used provide overall health of the county when compared to the state and the top national performers as well as health factors which measure the impact of future health. The overall health of Madison County is in the top quartile in the state of Ohio, while Franklin County is in the second highest quartile. Clark County is in the lowest quartile and one of the lowest ranking counties in the state of Ohio. Health factors that increase risk of many co-morbidities:

- Adult obesity
- Poor or no access to exercise opportunities
- Access to health food -Poor physical health
- High school completion rate

Improving health outcomes starts at a young age, and some leading indicators for poor health outcomes are children living in poverty and low high school completion rates.

Objectives: Assist patients in achieving a healthier weight, promote physical activity within the community

Implementation strategies:

Participation with new local Food Council, a partnership between Madison County Public Health and OSU Extension office

Continue our partnership to offer cooking demonstration classes

Partner with Rocking Horse to provide nutrition and health tips for patients during their PCP visits

Promote dietitian services at Madison Health through marketing and community events

Explore physical activity opportunities: “Walk with a Doc”, Train with physical therapy/sports medicine, Sponsor a walk/run in the community