Frederick Memorial Hospital
Community Health Needs Assessment
Implementation Strategy
FY 2020-2022

Introduction

Frederick Memorial Hospital ("Hospital") is a sole community provider, and therefore plays a critical role in delivering health care services and community benefit to Frederick County residents. This implementation strategy describes how the Hospital will address significant community health needs identified in the 2019 Community Health Needs Assessment (CHNA) conducted by the Frederick County Health Care Coalition.

This document delineates the Hospital's intended actions to address the identified priority health needs from the CHNA, and also those needs that will not be addressed. Frederick Memorial Hospital will review progress against the action plan on a periodic basis, and amend this implementation strategy if necessary. Certain community health needs may become more pronounced during the next three years and merit revisions to the described strategic initiatives. Alternatively, other organizations may decide to increase resources devoted to addressing one or more of the significant community health needs, and as a result the Hospital may amend its strategies and focus on other identified needs.

Significant Health Needs Identified in the CHNA

The 2019 CHNA identified a number of significant health needs in the community through an analysis of Frederick County health data and input from residents, advocates and community organizations. The top ten identified health needs were presented at a Community Priority Setting Summit on January 15, 2019 and were as follows:

- Adverse Childhood experiences (ACEs)
- Cancer (Breast, Melanoma, Colorectal, Oral)
- HIV
- Hypertension
- Infant Health (Infant Mortality, Low Birth Weight)
- Mental Health
- Obesity (Adults and Adolescents)
- Sexually Transmitted Infections (Syphilis, Gonorrhea, and Chlamydia)
- Substance Use (Alcohol, Tobacco, Overdose)
- Suicide

At the conclusion of the event, three health improvement priorities were identified, incorporating several of the needs listed above. The three local health improvement priorities (LHIP) are as follows:

- Adverse Childhood Experiences & Infant Health
- Behavioral Health- to include Mental Health, Substance Use and Suicide
- Chronic Conditions- to include Obesity and Colorectal Cancer.

Significant Health Needs the Hospital Will Address

LHIP Priority#1 : Chronic Disease Screening in Disparity Communities

LHIP Goal: Increase early screening in populations experiencing a health disparity to reduce the incidence of and mortality from chronic diseases.

Objective: Increase the number of persons screened and treated for colorectal cancer and hypertension; engage providers at community awareness events; and, increase long term preventive follow-up rates in disparity communities.

Background: Chronic disease is defined as a condition that lasts 1 year or more and requires ongoing medical attention or limits activities of daily living or both.[1] Colorectal Cancer and Hypertension are two chronic conditions that affect Frederick County Residents in numbers above goals established by Healthy People 2020.[2]

Cancer continues to be the second leading cause of death in Frederick County.[3] The incidence of colorectal cancer in Frederick County is higher in Blacks and men.[4] Reducing risk factors and initiating early screening are keys to reducing preventable cancers, including colorectal cancer.

In 2016, 27.19% of Frederick County residents had Hypertension.[5] This is a common, but dangerous condition, as it increases the risk of heart disease, stroke, dementia and kidney problems.

Activity	Target Date	Anticipated Impact or Result
Engage community physicians to conduct colorectal cancer education and risk assessments in disparity communities.	June 30, 2020	• 250 individuals from the identified disparity communities will complete colorectal cancer risk assessment screening.
Educate community providers on current cancer screening recommendations, local disparity data, cultural barriers/bias, and local referral process and treatment options.	June 30, 2021	• Conduct four continuing medical education (CME) programs for community providers.
Implement an effective follow-up procedure for periodic re-screening of "at risk" individuals.		
•Establish baseline population through initial screening.	June 30, 2020	• 100% of individuals who participated in initial screening

[1] CDC National Center for Chronic Disease Prevention and Health Promotion
[2] Health People 2020
[3] Maryland Vital Statistics Report 2017
[4] Maryland Cancer Report
[5] Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Activity	Target Date	Anticipated Impact or Result
		"at risk" for colorectal cancer will be targeted for ongoing screening.
• Provide periodic education and screening opportunities to high risk individuals.	June 30, 2021	• 50% of high risk individuals will participate in subsequent screening.
• Track high risk populations over time using a Community Resource Coordination Registry database.	June 30, 2022	• 80% of high risk individuals will participate in screening for two consecutive years.
Integrate Hypertension screening at colorectal education and risk assessment events.		
• Measure baseline blood pressure of participants at events.	June 30, 2020	•90% of attendees at colorectal cancer events will also be screened for hypertension.
• Establish a follow-up process for participants who screen positive for hypertension and track using a Community Resource Coordination Registry database.	June 30, 2020	• 75% of participants who had an elevated blood pressure reading will complete recommended follow-up.
•Conduct at least four education events on the risk of hypertension in communities where disparity has been identified.	June 30, 2021	• Increased community knowledge of the risk of hypertension as evidenced by successful completion of a post-test by 80% of attendees.

Evidence Based Sources:

https://health.maryland.gov/vsa/Pages/reports.aspx
https://www.healthypeople.gov/
https://pophealth.health.maryland.gov/Pages/SHIP.aspx
https://www.cdc.gov/chronicdisease/about/index.htm
https://phpa.health.maryland.gov/cancer/SiteAssets/Pages/surv_data-reports/2017_CRF_Cancer_Report_(20170827).pdf
http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx

Resources Required: Funding for staff participation in events, program development, FIT KIT (at home colorectal screening test) and maintenance of a Community Resource Coordination Registry database, i.e. Shared Village.

Alignment with State and National Priorities

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
C-9 Reduce invasive colorectal cancer C-16 Adults receiving colorectal cancer screening based on the most recent guidelines HDS 4-Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high HDS 5.1- Reduce the proportion of adults with hypertension	Cancer Mortality Rate - This indicator shows the age-adjusted mortality rate from cancer per 100,000 population. Age-Adjusted Mortality Rate From Heart Disease - This indicator shows the age-adjusted mortality rate from heart disease per 100,000 population.

Partnerships Required: Mission of Mercy, Community Action Agency, Frederick County Health Department, American Cancer Society and local Gastroenterology Medical Providers.

LHIP Priority#1: Healthy Eating and Living Practices

LHIP Goal: Reduce unhealthy behaviors and increase healthy behavior choices as evidenced by the 2020 Youth Risk Behavior Survey (YRBS) in Frederick County youth.

Objective: Healthy eating and behavior practices will be demonstrated by Frederick County youth and families.

Background: Diet and body weight are related to health status. Individuals who are not at a healthy weight are more likely to develop chronic diseases, such as diabetes and heart disease, experience complications during pregnancy and be at risk for premature death.

LiveWell Frederick's 5-2-1-0 program is a behavior awareness approach to making key lifestyle changes that will lead to the attainment of this goal. The program focuses on increasing fruit and vegetable consumption, reducing ingestion of sugar added beverages, reducing recreational screen time and increasing physical activity.

Activity	Target Date	Anticipated Impact or Result
Increase middle school youth engagement in 5-2-1-0 program. • Present at least four 5-2-1-0	June 30, 2020	• Increased community knowledge of 5-2-1-0 as evidenced by successful

education events targeting middle school age children and their families. • Sponsor a 5-2-1-0 community challenge to promote healthy eating/living habits.	June 30, 2022	completion of a post-test by 80% of attendees. • 50% of individuals in the targeted population will register for and complete the challenge.
Collaborate with Frederick County Public Schools to adopt wellness goals that align with the 5-2-1-0 initiative.	June 30, 2021	• 10 of 13 (80%)of Frederick County Public Schools middle schools that have established wellness goal related to health eating/living habits.

Evidence Based Sources:

https://health.maryland.gov/vsa/Pages/reports.aspx
https://www.healthypeople.gov/
https://pophealth.health.maryland.gov/Pages/SHIP.aspx
https://www.cdc.gov/chronicdisease/about/index.htm
http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx
https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Resources Required: Funding for staff participation in events, program development, education and awareness materials (website, brochures, etc.).

Alignment with State and National Priorities

Healthy People 2020	State Health Improvement Process (SHIP)
NSW 10.4 – Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. NSW 14- Increase the contribution of fruits and vegetables to the diets of the population aged 2 years and older. NSW 17.2- Reduce consumption of calories from added sugars. PA 3.3 - Increase the proportion of adolescents who meet current physical activity guidelines for aerobic physical activity and muscle strengthening activity. PA 8.3- Increase the proportion of children and adolescents aged 6-14 who use a computer or play computer games outside of school (for non-school work), no more than 2 hours per day.	11. Reduce the percentage of children who are considered obese. (high school only)

Partnerships Required: *LiveWell Frederick*, Frederick County Public Schools and School Health Council, Farm to School Network, Food Security Network, Local Food Banks, Local Pediatricians, YMCA, United Way, The Boys and Girls Club, and Frederick County Government Departments including Health, Public Library, Parks and Recreation, and University of Maryland Extension Service.

LHIP Priority#2: Targeting Behavioral Health Needs

LHIP Goal: Establishment of effective, targeted responses to behavioral health needs.

Objective: Implement data- driven planning and treatment processes that will address behavioral health issues, including substance use disorder, suicide prevention and mental health disorders.

Background: Mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Mental health is important at every stage of life, from childhood and adolescence through adulthood.[6] 11.1% of Frederick county adults reported their mental health wasn't good for 8-30 of the last 30 days when surveyed in 2016.[7] Mental health issues may manifest as behavioral issues such including substance use and suicidal ideation. In Frederick County 78 people died of drugs/alcohol and 28 from suicide in 2017, both of which are above the Healthy People 2020 goal.[8]

Activity	Target Date	Anticipated Impact or Result
Develop data-driven planning process for behavioral health conditions. •Establish comprehensive community database in collaboration with local health and treatment providers. •Provision of health system data related to treatment of behavioral health concerns (as permitted by privacy regulations).	June 30, 2022	The Community will be able to identify Key Performance Indicators when establishing priorities for Behavioral Health Care in Frederick County.
Implement Medication Assisted Treatment (MAT) protocol for Opioid Use Disorder in the Emergency Department. • Draft protocol for screening and medication treatment with Buprenorphine (Suboxone). Identify and establish relationships with community treatment programs.	December, 2019	•Two community based treatment programs will agree to participate in MAT pilot by January 1, 2020.

[6] CDC- Center for Disease Control
[7] Maryland Behavioral Risk Factor Surveillance System (BRFSS)
[8] Healthy People 2020

Activity	Target Date	Anticipated Impact or Result
•Pilot MAT program	January- March, 2020	•10% of patients presenting to the Emergency Department with opioid use as the primary reason for the visit will be enrolled in the Pilot Program.
•Revise protocols as needed; educate Emergency Department staff and providers on MAT.	April-June, 2020	• 75% of targeted staff and providers will complete education as evidenced by successful completion of a post-test.
•Full implementation of MAT program based on results of pilot.	July, 2020	•70% of patients treated with the MAT protocol will enroll in a community treatment program.

Evidence Based Sources:

https://www.samhsa.gov/
https://www.cdc.gov/mentalhealth/index.htm
https://www.healthypeople.gov/

Resources Required: Funding for staff participation in community data base development, operational expenses related to outpatient addictions treatment in the emergency department and post-partum support group.

Alignment with State and National Priorities:

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
MHMD 1 - Reduce the suicide rate MHMD 4- Reduce the proportion of persons who experience major depressive episodes MHMD 9- Increase the proportion of adults with mental health disorders who receive treatment MHMD-10 Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.	18. Reduce the suicide rate 32. Reduce drug induced mortality 33. Reduce mental health related emergency department visit rates 34. Reduce addictions related emergency department visit rates.

Partnerships Required: Frederick County Health Department, Mental Health Association, Frederick County Healthcare Coalition

LHIP Priority#3: Promote Healthy Practices to Diminish Adverse Childhood Experiences (ACEs)

LHIP Goals:

1. Provide evidence-based education to health care providers to increase awareness, prevention and treatment of ACEs.
2. Implement early intervention strategies that will mitigate the effects of and /or prevent the occurrence of ACEs.

Objective: Establish a baseline measurement to increase awareness of childhood trauma and its lifelong effect on the individual in the health community and to diminish the prevalence of childhood trauma by providing early intervention measures.

Background: Adverse Childhood Experiences (ACEs) are traumatic incidents in a child's life that cause toxic stress--especially abuse, neglect, and exposure to violence. Without healthy support from adults, toxic stress can overwhelm a child's ability to cope when exposure to adversity happens, increasing the risk of negative physical and mental health outcomes. In Frederick County, 52, 578 adults or 27.2% of respondents to a 2015 survey[9] reported three or more ACEs; multiple ACEs increases risk for negative behavioral and mental outcomes, chronic disease, and premature death.

The physical and mental health of a newborn child and their mother lays the groundwork for all future experiences. Early identification of health conditions among infants and mothers can prevent death or disability and enable children to reach their full potential.

Activity	Target Date	Anticipated Impact or Result
Disseminate survey to local health care providers to determine current understanding of ACEs.	October 2019	•Number of surveys returned will provide a baseline measurement of awareness of ACEs and interest in continuing education.
Implement ACEs Awareness Education for: •Employees and medical staff who provide care to the maternal/child population, including the Emergency Department and Behavioral Health Unit. • Bridges Community Lay Health Educators	December, 2020 Annually through June 2022	• 80% of targeted employees and medical staff complete training as evidenced by successful (Pass) completion of a post-test. • 75% of active lay health educators will complete training as evidenced by successful completion (Pass) of a post-test.
Participation in LHIP workgroup	Ongoing through June, 2022	•Attendance at all LHIP workgroup meetings.

[9] 2015 Maryland Behavioral Risk Factor Surveillance System (BRFSS)

Activity	Target Date	Anticipated Impact or Result
Implement a facilitated Perinatal Mood Disorder (PMD) support group. • *This activity also supports suicide prevention action plan.*	June 2020	•Pre and Post support group survey will be implemented; evidence of success will be a score of 10 or less on the Edinburgh Post Natal Depression Scale on the post survey.
	June 2021	•Women treated for pregnancy related mental health disorders at FMH will decrease from 13% to 8% within one year of implementing the program.
Universal newborn home visiting model in collaboration with Healthcare Coalition Partners	June 2021	•Infant mortality rate will be below SHIP goal of 6.3%/1000. •Child maltreatment rate will be below SHIP goal of 8.3 per 1000.

Evidence Based Sources:

https://phpa.health.maryland.gov/ccdpc/Reports/Documents/MD_BRFSS_Questionnaire_2015.pdf
http://phpa.dhmh.maryland.gov/ccdpc/Reports/Pages/brfss.aspx
https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
https://www.healthypeople.gov/
https://pophealth.health.maryland.gov/Pages/SHIP.aspx

Resources Required: Staff participation in the LHIP group; funding for CME programming, educational program development, and operational expenses related to post-partum support group and universal newborn home visits.

Alignment with State and National Priorities:

Healthy People 2020	Maryland State Health Improvement Process (SHIP)
MICH 1.3- Reduce the rate of all infant deaths within the first year. MICH 1.4- Reduce the rate of neonatal deaths within the first 28 days of life. MICH-34 Decrease the proportion of women delivering a life birth who experience post-partum depressive syndromes. MHDH-1 Reduce the suicide rate.	Infant Death Rate - This indicator shows the infant mortality rate per 1,000 live births. Child maltreatment rate - This indicator shows the rate of children who are maltreated per 1,000 population under the age of 18. Suicide rate- This indicators shows the suicide rate per 100,000.

Partnerships Required:

Frederick County Health Department, Frederick County Public Schools, Child Advocacy Center, Mental Health Association, Frederick County Healthcare Coalition.

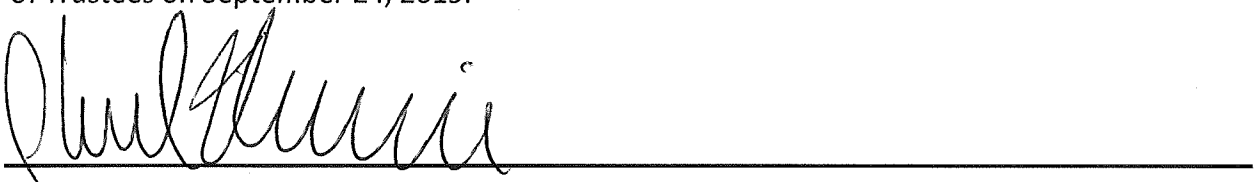
Needs the Hospital Will Not Address

The mission of Frederick Memorial Hospital is to promote the well-being of every individual in Frederick County. This implementation strategy does not include specific plans to address breast, melanoma and oral cancers, HIV, sexually transmitted infections, alcohol use and tobacco use identified as significant community health needs in the 2019 CHNA. These health issues were not selected as health priorities in the Local Health Improvement Plan, which is the community-wide action plan associated with the CHNA.

However, Frederick Memorial Hospital does provide diagnosis and treatment of patients with cancer, HIV, sexually transmitted disease, and alcohol use emergency detoxification. In addition, the Hospital offers smoking cessation classes. As an active member of the Frederick County Health Care Coalition, the Hospital will continue to work with community partners to address the health needs of our residents whenever that is possible.

Implementation Strategy Adoption

This implementation strategy was recommended by the Quality Committee of the Frederick Memorial Hospital Board of Trustees on September 13, 2019, and approved by the FMH Board of Trustees on September 24, 2019.



Chair, FMH Board of Directors