

Sentara Martha Jefferson Hospital Community Health Needs Assessment Supplemental Report 2019





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Community Health Needs Assessment (CHNA)
Supplemental Report
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Introduction and Background

Sentara Martha Jefferson Hospital (SMJH) has participated in a collaborative effort to conduct a community health needs assessment (CHNA) of the area that we serve. The assessment, *2019 MAPP2Health*, is available in its entirety at www.sentara.com.

The National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) provides a framework for organizations, coalitions, and residents to work together for action and sustainable change toward improved health and well-being for all. Since 2007, organizations and residents of the Thomas Jefferson Health District have used the MAPP framework to assess community health across the district in the City of Charlottesville and Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson. This process is known locally as MAPP2Health.¹

The Mapp2Health Core Group includes representation from the Thomas Jefferson Health District (our local health department), University of Virginia (UVA) Health and UVA Department of Public Health, and SMJH. This year the core group brought together over 150 collaborative partners to examine health through the lens of equity.

“Health equity means that everyone has a fair and just opportunity to be healthy and reach their full human potential. A person’s identities, whatever they may be, should not predict how long or how well one will live.”²

The *2019 MAPP2Health Report* builds on the work of the 2016 MAPP process and focuses on **health equity across four priorities**. SMJH, along with other organizations, have adopted these priorities to be addressed in our implementation strategy:

- Promote healthy eating and active living
- Address mental health and substance use
- Reduce health disparities and improve access to care
- Foster a healthy and connected community for all ages

The *2019 MAPP2Health Report* contains a community overview, including population characteristics; cultural and community assets identified through qualitative Photovoice projects where community input was obtained; and community health data, including health indicators and risk factors. In addition, a description of the process that led to the identification of the priority areas is included.

Our previous CHNA, *2016 Mapp2Health*, also identified priority areas. An implementation strategy was developed to address them, and SMJH worked with community partners to do so. The hospital has tracked progress on implementation activities in order to evaluate the impact of these actions. Highlights from key initiatives, as well as the implementation progress report for 2018 is included in this supplemental report.

We invite you to read both the *2016* and *2019 MAPP2Health Reports*, adopted as the CHNA for Sentara Martha Jefferson Hospital, at www.sentara.com.

Your input is important to us so that we can incorporate your feedback into our assessments. Feedback is accepted in several ways, including using our online feedback form available on our website.

Together, we will work to improve the health of the communities we serve.

¹ 2019 *MAPP2Health Report* ² Louisville Center for Health Equity, a Division of Public Health and Wellness. (2017). Louisville metro health equity report. Retrieved from <https://louisvilleky.gov/government/center-health-equity/louisville-metro-health-equity-report-2017>.

Highlights from Key Initiatives

The 2016 assessment identified the following priority areas:

Promote Healthy Eating and Active Living

Address Mental Health and Substance Use

Improve Health Disparities and Access to Care

Foster a Healthy and Connected Community

Key highlights from Sentara Martha Jefferson Hospital’s programming to address these priority areas are included below:

Promote Healthy Eating and Active Living

Sentara Starr Hill Health Center

The Sentara Starr Hill Health Center is a free wellness center addressing chronic disease prevention and management with a commitment to improving health equity. It is home to many community activities, including weekly community learning circles and drop-in wellness opportunities. The center participates in the Fresh Farmacy program, a program administered by The Local Food Hub allowing the Nurse Practitioner to “prescribe” fresh fruits and vegetables to patients. The center holds group and individual meetings and supplements programming with cooking classes and fitness opportunities. The Center saw 120 new patients and had over 1,600 follow-up appointments in 2017 and 2018. A snapshot showed 60% had a decrease in body mass index and over 50% had a positive change in blood pressure. The Drop-in Wellness Program added in 2018 brought in over 300 people in the first year for wellness programming, including acupuncture and massage. Of the 140+ people screened for blood pressure and blood sugar during Drop-in Wellness, 50% had scores placing them at-risk.

Address Mental Health and Substance Use

Women’s Initiative

The Women’s Initiative is a long-time Sentara Martha Jefferson Hospital partner. The Hospital provides a satellite office to the Women’s Initiative at the Jefferson School City Center, adjacent to the Sentara Starr Hill Health Center. That partnership allows for an integrated approach to behavioral and physical health and provides opportunities for warm handoffs of Sentara Starr Hill Health Center patients in need of mental health care. In 2017 alone, the Women’s Initiative served 5,413 individuals, with 44% of clients from minority groups and 77% low income.

Unwanted Medication and Sharps Drop-off Events

The Hospital works in partnership with the Albemarle County Police Department to host drive-through medication and sharps drop-off events. Events in 2017 and 2018 collected over 3,900 pounds of medications and sharps. In 2017, the Hospital added a permanent drop-off box in the Outpatient Pharmacy.

Improve Health Disparities and Access to Care

Sisters Keeper Doula Collective

Sentara Martha Jefferson supports a Charlottesville Area Community Foundation Shaping Futures grant awarded to Sisters Keeper Doula Collective to help improve the disparity in pregnancy outcomes for women of color. Due in part to that support, the collective attended approximately 150 births of Medicaid eligible black women with one infant loss and zero maternal mortality. These numbers are favorable to decreasing the disparity. In the first quarter of 2019, the Collective reported 86% of their mothers received at least two prenatal visits in the first trimester and 78% had a minimum of eight prenatal visits by the time they delivered which is the World Health Organization gold standard for care.

Foster a Healthy and Connected Community

Senior Navigator Program

Sentara Martha Jefferson Hospital hired a Senior Services Navigator in 2018. The Senior Services Navigator's goals are to support healthy aging, provide resources for seniors and their caregivers, decrease caregiver burden and facilitate health care system navigation. The Navigator completed a patient needs assessment/survey. In response to the survey, the Navigator worked with the Jefferson Area Board for Aging to host a chronic disease self-management workshop, and brought senior physical activity programs, including chair yoga, to the Hospital. All programs are open to the community.

Coordinated Approach to Child Health (CATCH) Program

Sentara Martha Jefferson Hospital received a Virginia Foundation for Healthy Youth grant on behalf of the Move2Health Coalition to support the Coordinated Approach to Child Health (CATCH) Program. CATCH shows evidence of preventing childhood obesity. The program is in afterschool and early childhood education programs in the cities of Charlottesville and Harrisonburg and the counties of Albemarle, Louisa, and Orange. Over 5,600 children in those areas participate in CATCH.

Sentara Community Health Needs Assessment Implementation Strategy

2018 Quarterly Progress Report

Hospital: Martha Jefferson

Quarter (please indicate): `` First Quarter `` Second Quarter `` Third Quarter XYear End

In support of community health needs assessment and related implementation strategies, Sentara will measure the progress toward the community health needs assessment implementation strategies selected by each hospital on a quarterly basis.

To complete this quarterly progress report, the health problems and implementation strategies can be pasted into this document from the hospital's existing Three Year Implementation Strategy document. The quarterly progress should be identified in the third column below.

The quarterly report should include only key actions taken during the quarter; the report does not need to include all activities. Where possible the actions should be quantified, with outcomes measurements if available.

Reports should be emailed to Laura Armstrong-Brauer at larmstr@sentara.com within 15 days of the close of each quarter.

Health Priority	Three Year Implementation Strategies	Progress
All		
Priority #1 Promote Healthy Eating and Active Living	Continue and further develop obesity prevention/wellness program at Sentara Starr Hill Health Center. Collaborate with the Move2Health Coalition and other community partners to promote healthy eating and active living in the community. Address healthy eating and active living in cancer patients.	§ The Sentara Starr Hill Health Center's Nurse Practitioner saw sixty-six new patients for 633 follow-up appointments in 2018. Changes in programming included more group meetings and cooking classes to encourage success. A snapshot of patients showed 60% had a decrease in body mass index and over 50% had a positive change in blood pressure. § The Move2Health Coalition received another Virginia Foundation for Healthy Youth grant to support the Coordinated Approach to Child Health (CATCH) program. Over 5,600 kids have participated in CATCH in Charlottesville and Harrisonburg and the counties of Albemarle, Louisa, and Orange. The CATCH program shows evidence of preventing childhood obesity.

Health Priority	Three Year Implementation Strategies	Progress
		§ The Cancer Center continued to explore programming for healthy eating and active living in cancer patients.
Priority # 2 Address Mental Health and Substance Use	Collaborate with the Community Mental Health & Wellness Coalition and other community partners to reduce the need for mental health and substance use hospitalizations through improved access to upstream outpatient care. Support Sentara Behavioral Health Strategic Plan in expanding behavioral health integration. Support Sentara Behavioral Health Strategic Plan through partnerships/collaborations with community organizations to address substance abuse.	§ Sentara physicians participated in a community event (TomTom Festival) on the opioid crises at the invitation of the Community Mental Health and Wellness Coalition. Over 100 people attended the event. § A grant provided by Sentara Martha Jefferson Hospital helped the Women’s Initiative to provide mental health services. Over 100 people served at their Jefferson School City Center location, space provided as an in-kind donation from the Hospital. § The Hospital collected over 3,900 pounds of unwanted medications and sharps in 2017 and 2018 at drive-through events held in partnership with the Albemarle County Police Department. § Approximately 175 pounds of unwanted medications were collected in the permanent medication disposal box in the Outpatient Pharmacy.
Priority #3 Improve Access to Care and Eliminate Health Disparities	Collaborate with community partners to explore development of a coordinated, collaborative approach to addressing health disparities and improving access to care. Identify specific health disparity(ies) and eliminate the disparity(ies). Collaborate with community partners and safety net providers to improve access to care. Collaborate with community partners to increase diversity of providers and foster cultural humility within the healthcare workforce and community.	§ Sentara Martha Jefferson led the effort to identify diabetes mortality rates in African Americans as an area of focus for the community. The Hospital also led the development of a Diabetes Steering Committee made up of community members charged with identifying the best ways to address this disparity. The Committee’s findings will be reported in the next Community Health Needs Assessment due in 2019. § Sentara Martha Jefferson Hospital supports the Charlottesville Free Clinic, Greene Care Clinic and Orange Free Clinic to improve access to care. § Sentara Martha Jefferson Hospital worked with community partners, including the Women’s Initiative, to offer cultural humility training sessions in the community. Over 350 community members were trained. An evaluation of one of the sessions showed over 90%

Health Priority	Three Year Implementation Strategies	Progress
		<p>of participants learned new skills they plan to use.</p> <p>§ The Hospital held a Health Sciences Camp for kids of color in partnership with Piedmont Virginia Community College to encourage the kids to consider healthcare careers in the future. The summer camp was full with 20 participants. Feedback from kids and their parents was positive.</p> <p>§ Sentara Martha Jefferson Hospital supports a Charlottesville Community Foundation Shaping Futures grant awarded to Sisters Keeper Doula Collective to improve pregnancy outcomes for African American females in the community. Due in part to that support, the collective attended approximately 150 births of black women who are Medicaid eligible with one infant loss and zero maternal mortality.</p>
<p>Priority #4: Foster a Healthy and Connected Community</p>	<p>Expand Hospital transitions of care programs. Participate on Aging Coalition and with other community partners to promote healthy aging. Offer programs to improve the quality of childcare and after school programs.</p>	<p>§ Sentara Martha Jefferson Hospital hired a Senior Services Navigator in 2018. The Senior Services Navigator's goals are to support healthy aging, provide resources for seniors and their caregivers, decrease caregiver burden and facilitate health care system navigation. The Navigator completed a patient needs assessment/survey. In response to the survey, the Navigator worked with the Jefferson Area Board for Aging to host a chronic disease self-management workshop, brought thirteen senior chair yoga classes to the Hospital and collaborated with other local agencies to offer senior care seminars. These programs are open to the community.</p> <p>§ The CATCH program mentioned under the first priority is designed to improve the quality of childcare and after school programs.</p>