Jackson
HEALTH SYSTEM

Miracles made daily.

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN 2024-2027

Executive Summary

Jackson Health System, in partnership with the University of Miami Health System (UHealth) and in collaboration with Nicklaus Children's Health System and Mount Sinai Medical Center, engaged Syntellis to prepare a comprehensive Community Health Needs Assessment (CHNA), which was completed in 2023.

The study objectives included:

- Determining the health status, behaviors, and needs of residents in Miami-Dade County, and providing baseline measures for key indicators.
- Developing a comprehensive understanding of healthcare needs and gaps for residents of Miami-Dade County.
- Providing information to identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.
- Building an implementation plan that will address those priorities.
- Serving as a resource for individuals and agencies to identify community health needs.
- Fulfilling the community health benefit requirements as outlined in Section 5007 of the Patient Protection and Affordable Care ACT (PPACA).

The information uncovered in the CHNA may be used to inform decisions and guide efforts to improve community health and wellness. It will serve as a tool to reach the following goals:

- Improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- Reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries.
- Increase accessibility to preventive services for all community residents. More accessible preventive services will support the first goal while lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

Syntellis provided the analysis of secondary community health data, the primary survey data, facilitated the focus groups, as well as the community health summit. Wilkins Research Services conducted the community surveys. The work included community health surveys, key informant surveys, and in-depth interviews with leaders at the four partner health systems, as well as analysis of existing vital statistics, demographic data, and other health-related data.

Based upon that extensive input, Syntellis identified 20 areas of opportunity, which represent the significant health needs of the community. Ranked in order of prioritization these areas are:

Rank	Health Priority
1	Access to healthcare
2	Mental health
3	Income inequality/financial stability
4	Housing
5	Access to affordable health insurance
6	Chronic diseases
	a. Heart disease
	b. Diabetes
	c. Cancer
7	Nutrition/food insecurity
8	Maternal/child health
9	Transportation
10	Healthy weight
11	Violence, injury, safety
12	Sense of community, community building, and trust
13	Collaboration to meet needs
14	Sexual health
15	Physical activity
16	Substance use
17	Vaccinations
18	Communicable diseases
19	Stroke
20	Nicotine use – smoking and vaping

Prioritized Areas of Opportunity and Implementation Plans

In reconciling these ranked needs and Jackson's best opportunities to address them with impact, our implementation plan is centered on eight major priorities.

Priority 1: Access to Health Care

Prioritizing access to health care, regardless of patients' ability to pay, is essential for fostering a just and equitable society. It promotes public health and economic stability. When individuals can access preventive services, early detection, and effective treatment without financial barriers, communities experience lower rates of preventable diseases, reduced healthcare costs, and improved productivity. This approach supports the holistic well-being of the Miami-Dade County population.

Goal:
Enhance accessibility and access for uninsured residents of Miami-Dade County.

Objective:
Eliminate barriers to healthcare access for uninsured residents by decentralizing population health specialists from the Jackson Memorial Medical Center campus into the three other Jackson campuses by the end of fiscal year 2024.

Strategies:
Develop a comprehensive patient navigation program tailored to the needs of uninsured residents, deploying multi-stakeholder teams rooted in population health principles.

Measures:
1. Quantify the expansion of patient navigation services by tracking the number of population health specialists assigned and the number of uninsured individuals assisted at each campus.
2. Assess the impact on healthcare access by analyzing the reduction in missed appointments, reduction in unnecessary ER visits, and increased use of primary care among the uninsured.
3. Capture feedback from clinical and administrative leadership to continuously improve the program with semi-annual reports on progress towards mutually agreed-upon objectives.

Priority 2: Access to Affordable Health Insurance

Prioritizing access to affordable health insurance is crucial for public health and demonstrates sound financial management. By ensuring all Miami-Dade County residents can afford health insurance based on their income, we prevent costly medical emergencies that arise from untreated conditions. This strategy reduces the financial burden on safety-net healthcare systems and lowers overall healthcare costs, which in turn conserves taxpayer dollars. Additionally, affordable health insurance supports a healthier, more productive workforce, boosting our economy.

Goal:
Increase the number of completed financial screenings.

Objective:
Successfully connect uninsured patients to viable coverage options.

Strategies:
1. Expand document drop-off points across the county.
2. Increase capacity and training of population health specialists.
3. Establish data-sharing frameworks with community agencies.

Measures:
1. Track conversions into Medicaid and Jackson Prime.
2. Assess new document drop-off locations' utilization.

3. Evaluate the effectiveness of population health specialists, based on the number of target patients enrolled as participants, a reduction in readmission rates of participants, and more.

Priority 3: Chronic Disease

Managing chronic diseases effectively is vital for community health and economic stability. By implementing comprehensive disease management programs, we prevent chronic conditions like diabetes and heart disease from escalating into more severe stages that demand expensive, long-term treatment. This proactive approach not only improves the quality of life for individuals but also reduces healthcare costs, decreasing the economic strain on our healthcare system and society.

Goal:
Improve health outcomes by reducing the effects of chronic disease.

Objective:
Prevent the progression of chronic diseases to the chronic failure stage by 2026.

Strategies:
1. Implement care pathways that encourage a multidisciplinary team approach.
2. Educate patients and families on preventive care.
3. Expand access through community-based outreach such as mobile health units and health fairs.

Measures:
1. Evaluate the increase in accessibility of care.
2. Assess the effectiveness of prevention strategies.

Priority 4: Housing

Ensuring access to affordable and safe housing is foundational to public health and social stability. Stable housing reduces health risks, decreases emergency healthcare usage, and supports better educational and economic outcomes. By investing in housing initiatives, we address a root cause of poor health and social inequity, leading to a healthier, more secure community that supports sustainable growth and reduces long-term public spending.

Goal:
Reduce adverse health outcomes associated with homelessness.

Objective:
Achieve a 25 percent reduction in health complications among the homeless population through targeted healthcare interventions and support services by 2027.

Strategies:
1. Integrate health services within housing programs.

2. Initiate mobile health clinics.
3. Train shelter staff in health advocacy.

Measures:

1. Track healthcare encounters provided by mobile clinics.
2. Monitor hospital readmission rates of homeless patients.
3. Measure referrals made into the Homeless Trust continuum of care by population health specialists.

Priority 5: Maternal & Child Health

Prioritizing maternal and child health strengthens the foundations of lifelong health and societal well-being. By enhancing access to prenatal and postnatal care, we ensure healthier pregnancies and reduce complications for both mothers and newborns. This investment not only saves lives but also minimizes future healthcare costs and supports the development of a healthier and thriving community.

Goal:

Reduce postpartum newborn complications at Holtz Women & Children's Hospital to below the national benchmark.

Objective:

Train providers on the doula referral process and physiologic birth.

Strategies:

1. Implement doula-assisted birth programs.
2. Refer families to wrap-around services.

Measures:

a. Increase the percentage of nurses trained in the doula model of care.
b. Track the number of families referred to support services.

Priority 6: Mental Health

Addressing mental health is critical for a productive and resilient community. By expanding access to mental health services and integrating these services into primary care, we can more effectively manage mental health conditions, reduce the stigma associated with these illnesses, and prevent crises that result in high emergency care costs.

Goal:

Enhance access to mental health care in Miami-Dade County.

Objective:
Incorporate trained mental health care professionals into the population health team by 2026 for enhanced reach and connection to behavioral health services.

Strategies:
1. Identify funding opportunities.
2. Collaborate with community organizations.
3. Develop a mental health resource guide.

Measures:
1. Evaluate the resource guide's reach.
2. Track funding and program implementation.
3. Assess mental health awareness and de-stigmatization efforts.

Priority 7: Income Inequality & Financial Stability

Goal:
Improve overall well-being and health outcomes affected by financial stress.

Objective:
Reduce the health effects of helplessness and hopelessness in vulnerable patient populations impacted by financial stress.

Strategies:
1. Partner with financial institutions for literacy programs.
2. Connect residents to employment programs.

Measures:
1. Track program participation.
2. Track referrals to career counselors.

Priority 8: Nutrition and Food Insecurity

Ensuring that all community members have access to nutritious food is essential for public health and economic vitality. By combating food insecurity and promoting healthy eating, we reduce the prevalence of diet-related diseases, such as obesity and diabetes, which are costly to treat. This not only improves overall community health but also boosts educational and economic productivity by ensuring that children and adults are well-nourished and ready to learn and thrive.

Goal:
Connect all food-insecure patients with nutrition assistance by 2026.

Objective:
Improve access to food and nutrition services.

Strategies:

1. Form a community coalition to address nutrition and health needs.
2. Drive initiatives to increase consumption of nutritious, non-processed foods.
3. Launch public health campaign to decrease obesity rates.

Measures:

1. Track patients screened for food insecurity.
2. Assess annual changes in obesity rates.
3. Evaluate accessibility to healthy food choices.