

Community Health Needs Assessment

| Implementation Strategy FY2019–FY2021



MARSHALL
MEDICAL CENTER

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Executive Summary

Maury Regional Health (MRH) is a not-for-profit, regional health system serving southern Middle Tennessee through its hospitals, clinics, surgery centers, outpatient facilities and physician practice group. The MRH mission is: ***To serve the people of our region with clinical excellence and compassionate care.*** MRH is committed to partnering with the providers and communities in our region to improve the overall well-being of those who call southern Middle Tennessee home.

MRH has a goal to serve as the primary resource for community health and wellness, including outreach, prevention, education and wellness opportunities. As a part of MRH's commitment to improving the community's health, a Community Health Needs Assessment (CHNA) is conducted every three years for its three hospital facilities, including Marshall Medical Center (MMC), a 25-bed critical access hospital located in Marshall County, TN. With a better understanding of the community's needs, strategies are implemented that improve the health and wellness of the communities served.

MMC's CHNA is an organized, formal approach to identify and address the health needs of the community. These comprehensive assessments include the collection of data from primary sources (key informants in Marshall County through an interview process) and secondary sources (publicly available data sources). Upon review, analysis, and prioritization of the 2019 CHNA findings, the primary and secondary priority areas to be addressed in 2019-2021 are noted below. Responding to needs identified in the 2019 CHNA, this document outlines the 2019-2021 strategies identified to address these priority areas:

Primary Priority Areas

1. Opioid Crisis
2. Mental Health
3. Behavioral Health

Secondary Priority Areas

1. Heart Disease
2. Diabetes
3. Access to Health Care
4. Lack of Economic Opportunities
5. Education

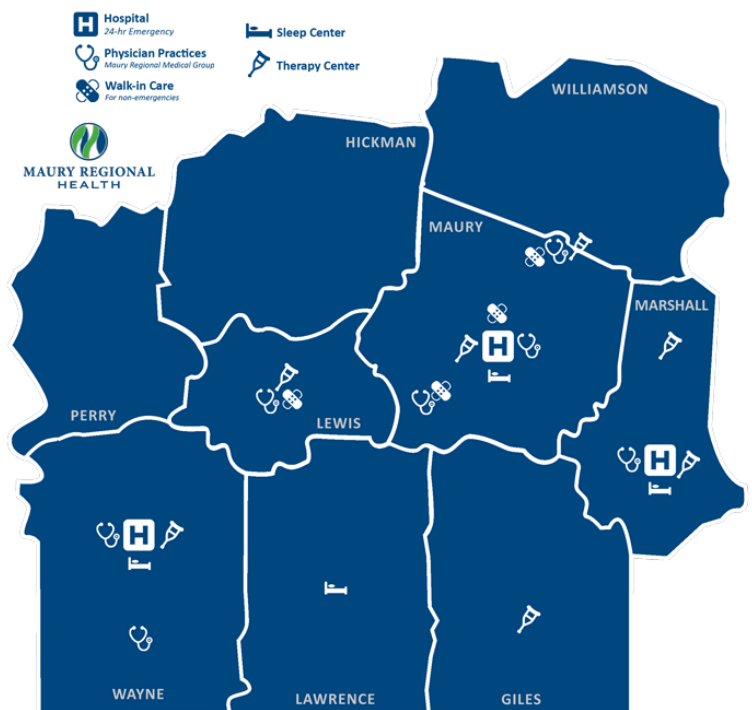
COMMUNITY PROFILE

MRH is the largest health care provider between Nashville, Tennessee and Huntsville, Alabama, and has a primary service area consisting of Maury, Marshall, Giles, Lawrence and Lewis counties in Middle Tennessee. MRH is a not-for-profit, regional health system serving southern Middle Tennessee through its hospitals, clinics, surgery centers, outpatient facilities, and physician practice group. A six-time IBM Watson Health 15 Top Health System, the organization is committed to providing innovative services by combining convenient and affordable access with skilled and compassionate patient care. The health system's facilities include:

- Maury Regional Medical Center: 255-bed facility in Columbia, TN and the flagship hospital for Maury Regional Health
- Marshall Medical Center: 25-bed facility designated as a critical access hospital in Lewisburg, TN, offering a 24-hour emergency department and inpatient care, along with a wide range of outpatient services
- Wayne Medical Center: 25-bed hospital in Waynesboro, TN, offering a wide range of inpatient and outpatient services, including 24-hour emergency care

MRH also has a network of physicians, Maury Regional Medical Group (MRMG), which includes both family medicine physicians for primary care services and a vast array of specialists. With more than 70 providers across southern middle Tennessee, MRMG offers a variety of services, including walk-in clinics, disease management, immunizations and wellness exams. In addition, MRH operates Lewis Health Center which is designated as a Federally Qualified Health Center (FQHC), along with four primary care practices, offering health care services at a discounted fee to those who financially qualify. Among the practices with FQHC designation are Lewisburg Family Practice and Lewisburg Pediatrics in Marshall County.

MMC in Lewisburg, Tennessee is a 25-bed critical access hospital that is part of the MRH system. Members of the medical staff include those whose practices are located in Marshall County, those who are hospital-based and physician specialists primarily serving on the medical staff at the system's flagship facility, Maury Regional Medical Center. In addition, specialists from other practices or systems see patients in the MMC Specialty Clinic. Services provided at MMC include 24 hour emergency care, inpatient care, diagnostic testing, rehabilitation services, swing beds for inpatient rehabilitation, outpatient IV services, physical therapy, athletic training services, physician specialist clinic, respiratory care services, Senior Life Solutions (geriatric behavioral health), a sleep center, surgery services and wellness screenings. MMC is accredited by the Joint Commission as well as other service-specific accrediting bodies.



While the MRH system conducted CHNAs in several counties, the MMC CHNA was specific to Marshall County. However, a system approach is used to pool resources for implementation strategies in an effort to have the greatest impact on the population served throughout the service area. Below are demographics for these counties with further specifics outline for Marshall County.

These counties are rural and geographically dispersed. Commonly, rural populations are more likely to be poorer, sicker, older, uninsured, and medically underserved than urban populations. Health needs are met by a mix of hospital systems and services, private practices, rural health clinics, and FQHC, and other community based organizations. MRH works collaboratively with internal and external stakeholders to drive initiatives within the hospital and the community that will positively impact the health and wellness of the community served. The health system will continue its work to develop and sustain these partnerships that address the health needs identified within the CHNA.

Maury Regional Health Service Area Demographics

Fact	Maury County	Lewis County	Marshall County	Wayne County	State of Tennessee	United States
Population estimates, July 2019	96,387	12,268	34,375	16,673	6,829,174	328,239,523
Persons under 18 years, percent	23.30%	21.90%	23.10%	16.60%	22.10%	22.30%
Persons 65 years and over, percent	16.30%	21.30%	16.40%	19.90%	16.70%	16.50%
Median household income (in 2019 dollars), 2015-2019	\$57,170	\$37,277	\$53,197	\$41,427	\$53,320	\$62,843
Poverty in poverty	8.50%	15.20%	13.10%	17.30%	13.90%	11.40%
High school graduate or higher, percent of persons age 25 years+, 2015-2019	90.20%	84.30%	85.40%	80.20%	87.50%	88.00%
Bachelor's degree or higher, percent of persons age 25 years+, 2015-2019	23.00%	10.40%	14.70%	9.70%	27.30%	32.10%
Unemployment rate, June 2019	3.30%	4.60%	3.90%	5.20%	3.40%	3.70%

Source: U.S. Census Bureau

Demographics and Socioeconomics of the Community (Marshall County, TN)

Marshall County, Tennessee's population is 34,375, with 23.10% of the population less than 18 years of age and 16.40% age 65 and older. The median household income is \$53,197, which is similar when compared to the State (\$53,320) and low when compared to the United States (\$62,843). Census data indicates that 13.10% of the population suffers from poverty, which is less than the state value of 13.90% but above the United States value of 11.40%. The service area's unemployment rate of 3.90% was higher than the state (3.40%) and the nation (3.70%). High school graduation rates are 85.40% which is lower than the state (87.50%) and the nation (88%). The residents with a bachelor's degree or higher are 14.70% which is very low when compared to the state at 27.30% and the nation at 32.10%

IMPLEMENTATION STRATEGY DEVELOPMENT

Community Health Needs Assessment Process

MMC's CHNA incorporated data from both primary and secondary data sources. The primary data was gathered by interviewing five key informants from the community. These key informants belong to various government sectors, health departments or have key knowledge regarding medically underserved, low-income, or at-risk populations. An interview questionnaire comprised of twelve templated questions and a mandatory activity were used to gather the data. These key partners are:

- County Mayor
- Chamber of Commerce
- Economic Development
- Joint Economic and Community Development Board
- Centerstone (behavioral health and addiction services)

A total of eight data sources were used to gather secondary data. These data sources allowed for comparison at state and national levels. Secondary data sources include information from:

- Community Health Needs Assessment Chittenden and Grand Isle Counties, Vermont
- Drug Investigation Division
- National Institute on Drug Abuse (NIDA)
- State Health Plan
- Drive your County to the Top Ten
- Maury Regional Medical Center Community Health Needs Assessment
- Prescription Drug Abuse and Pain Management Clinics
- U.S. Census Bureau QuickFacts: United States

Prioritization and Response to Findings

The goal of this assessment was to identify the health needs of the above-mentioned county and work on partnering with the community to develop an action plan to address the prioritized needs. Several health disparities, unmet needs of the community, gaps in addressing the health needs of vulnerable populations and in provision of services were identified. The big four for Tennessee are a reason for a least six of ten leading causes of death. These are:

1. Smoking
2. Obesity
3. Physical inactivity
4. Substance Abuse

Based on the primary data gathered from interviewing the stakeholders in the community and a review of the secondary data gathered, the following list emerged as the most frequently mentioned problems in the Marshall County community.

These priority areas were identified as a focus for the health system and the community:

Primary Priority Areas:

- Opioid Crisis
- Mental Health
- Behavioral Health

Secondary Priority Areas:

- Heart Disease
- Diabetes
- Access to Health Care
- Lack of Economic Opportunities
- Education

Health Needs Not Addressed

As an outcome of the prioritization process and in consideration of the organization's ability to impact this need, lack of economic opportunities was not advanced for consideration of implementation within strategy development. The Marshall County Economic Development Board is the community partner driving this process; however, MMC CEO Phyllis Brown is a member of this board, providing health care expertise to the board's decision-making process.

Strategies and Implementation

Priority 1: Opioid Crisis

Initiatives to address the opioid crisis

- Evaluate and monitor opioid prescribing in the emergency room
- Offer pain management services

Priority 2: Mental and Behavioral Health

Improve services for mental and behavioral health

- Provide mental and behavioral health support through contracted Senior Life Solutions, an intensive outpatient program that requires that patients have a least one mental or behavioral health diagnosis

Secondary Priority: Heart Disease

Improve access to services and education

- Offer smoking cessation education
- *See also Diabetes, a leading cause of vascular damage*

Secondary Priority: Diabetes

Improve access to services and education

- Provide patient education on the management of diabetes
- Remote patient monitoring for at-risk patients with chronic obstructive pulmonary disease (COPD), heart failure (HF), and diabetes (grant-funded work)

Secondary priority: Access to Health Care

Improve access to health care services

- Increase availability to primary care services
- Improve skilled nursing utilization to assist patients in the transition from hospital to home
- Add 3D mammography service
- Conduct outreach to underserved and/or at-risk populations
- COVID vaccination offered in Marshall County
- Serve all patients regardless of ability to pay

Secondary priority: Education

Conduct educational campaigns

- Conduct educational community campaigns

Secondary priority: Obesity

Establish service/s and education to address obesity within the community

- Establish weight loss surgery program