

Community Health Needs Assessment

| Implementation Strategy FY2019–FY2021



**MAURY REGIONAL
HEALTH**

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Executive Summary

Maury Regional Health (MRH) is a not-for-profit regional health system with a mission: ***To serve the people of our region with clinical excellence and compassionate care.*** MRH's long standing commitment to the community is deeply rooted in the mission and values of the organization and to partnering with regional providers and communities 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 each of the health system's hospital facilities:

- Maury Regional Medical Center – Columbia, TN
- Marshall Medical Center – Lewisburg, TN
- Wayne Medical Center – Waynesboro, TN

These assessments include participation from key stakeholders in the communities served. Through this process, a better understanding of the disparities that exist in each community is determined and strategies are implemented to improve the health and wellness of those in the region.

Maury Regional Medical Center's (MRMC's) CHNA is a comprehensive assessment that includes the collection of data from primary sources (key stakeholders in Maury County through an interview process) and secondary sources (publicly available data sources). Upon review, analysis and prioritization of the 2019 CHNA findings, primary and secondary priority areas are identified to be addressed in 2019-2021. This document outlines the 2019-2021 strategies identified for the priorities listed below:

Primary Priority Areas

1. Exercise and Nutrition
2. Mental and Behavioral Health, Opioid Crisis
3. Hypertension and Diabetes

Secondary Priority Areas

1. Access to Health Care
2. Obesity

COMMUNITY PROFILE

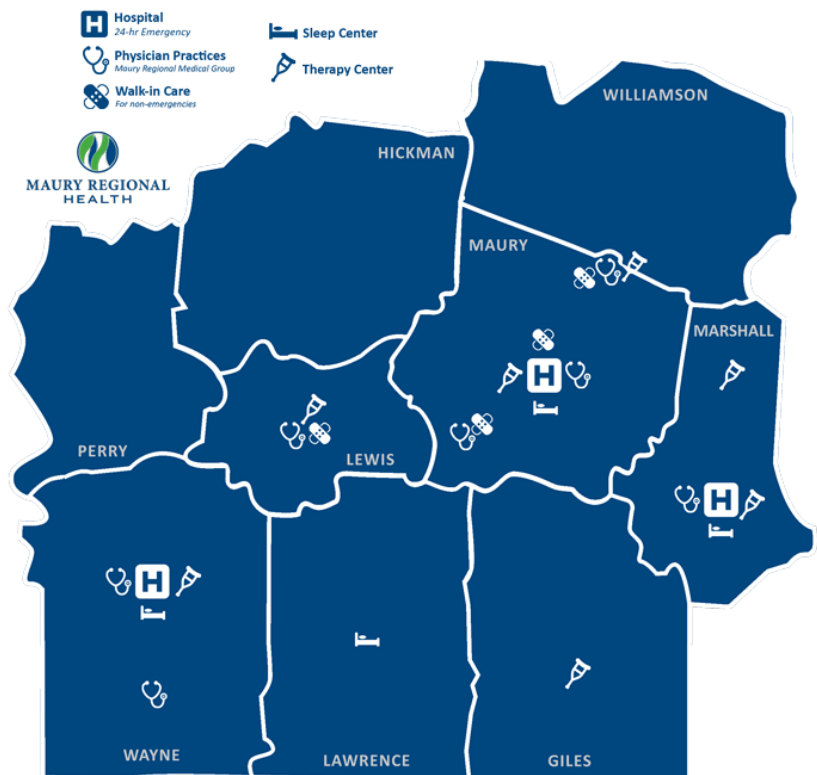
Maury Regional Health is the largest health care provider between Nashville, Tennessee and Huntsville, Alabama, and has a primary service area consisting of Maury, Marshall, Wayne, Giles, Lawrence and Lewis counties in Middle Tennessee. MRH is a not-for-profit organization serving residents through its hospitals, clinics, surgery centers, outpatient facilities and physician practice group.

Maury Regional Medical Center (MRMC) is the flagship hospital for system. The 255-bed facility has a medical staff of more than 200 physicians and 2,800 employees who serve a region consisting of more than a quarter-million people in southern Middle Tennessee. MRMC offers a wide range of advanced services and has garnered numerous recognitions for its commitment to outstanding clinical outcomes. 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. Accredited by the Joint Commission and numerous service-specific agencies, MRMC is committed to utilizing best-practices to ensure clinical safety and quality.

MRH operates two other hospitals within the service area. Marshall Medical Center is a 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 is a 25-bed hospital in Waynesboro, TN, offering a wide range of inpatient and outpatient services, including 24-hour emergency care. Collectively, these hospitals work together to improve the health of the communities served. A for-profit system operates the hospitals in Giles and Lawrence counties.

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. MRH also 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.

The system selected the following counties for the CHNA: Maury, Marshall, Wayne, and Lewis. Two of these counties, Marshall and Wayne, have separate CHNAs and implementation strategies that were performed for these hospitals and their service areas. In addition, a separate CHNA was performed for Lewis Health Center, a department of MRMC which provides outpatient services in Lewis County. Lewis strategies are addressed within MRMC's implementation strategy document. Ultimately, a system approach is used across all three hospitals to pool resources and have the greatest impact on the population served throughout the service



areas. Below are the demographics for these counties, with further specifics outlined for both Maury and Lewis counties.

The counties selected 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. Maury Regional Health 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 (Maury County, TN)

Maury County’s population is 96,387, with 23.30% of the population less than 18 years of age and 16.30% being 65 years of age and older. The median household income is \$57,170, which is high when compared to the state (\$53,320) but significantly lower when compared to the national average (\$62,843). Census data indicates that 8.50% of the population suffers from poverty, which is lower than the state value of 13.90% and the United States value of 11.40%. The service area’s unemployment rate of 3.30% was lower than the state (3.40%) and the nation (3.70%). High school graduation rates are 90.20% which is higher than the state (87.50%) and the nation (88%). The percentage of residents with a bachelor’s degree or higher is 23%, which is low when compared to the state value of 27.30% and the national level of 32.10%

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

Lewis County’s population is 12,268, with 21.90% of the population less than 18 years of age and 21.30% being 65 years of age and older. The median household income is \$37,277, which is significantly low when compared

to the state (\$53,320) and the nation (\$62,843). Census data indicates that 15.20% of the population suffers from poverty, which is higher than the state value of 13.90% and the United States value of 11.40%. The service area's unemployment rate of 4.60% was higher than the state (3.40%) and the nation (3.70%). High school graduation rates are 84.30% which is lower than the state (87.50%) and the nation (88%). The percentage of residents with a bachelor's degree or higher is 10.40%, which is low when compared to the state value of 27.30% and the national level of 32.10%

IMPLEMENTATION STRATEGY DEVELOPMENT

Community Health Needs Assessment Process

MRMC's CHNA incorporated data from both primary and secondary data sources. Primary data was gathered by interviewing 14 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:

- Columbia State Community College
- South Central Tennessee Area Agency on Aging and Disability
- County Commissioner
- City Mayor
- County Mayor
- Department of Public Health
- UT Extension
- Mobile Health Unit
- Cox Middle School
- Chamber of Commerce
- The Family Center
- The King's Daughters' School
- County Health Department

A total of 9 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:

- US Census Bureau, 2017-2018 and U.S. Census Bureau Quick Facts
- 2016 Tennessee Department of Health Drive your County to the Top Ten
- Tennessee Department of Health, Office of Informatics and Analytics; Controlled Substance Monitoring Database and Death Statistical File
- Community Health Needs Assessment Chittenden and Grande Isle Counties, Vermont
- Drug Investigation Division
- National Institute on Drug Abuse (NIDA)
- State Health Plan
- Prescription Drug Abuse and Pain Management Clinics
- CANCER IN TENNESSEE

Prioritization and Response to Findings

The goal of this assessment was to identify the health needs of the community and work on 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 the secondary data gathered from the public domain, the following list emerged as the most frequently mentioned problems. These priority areas were identified as a focus for the health system and the community:

Primary Priority Areas:

1. Exercise and Nutrition and Mental Health
2. Opioid Crisis
3. Hypertension and Diabetes

Secondary Priority Areas:

1. Access to Health Care
2. Obesity

MMC's and WMC's CHNA and implementation strategy will not be referenced within this document, given these hospitals developed separate CHNAs and implementation strategies; however, as previously stated, MRH strives to use a system approach in serving the needs of the region. Strategies to address Lewis County will be included within MRMC's CHNA implementation strategy.

Strategies and Implementation

Priority 1: Exercise and Nutrition

Improve exercise and nutrition

- Increase healthy living awareness through community education
- Provide nourishment to patients experiencing food insecurity
- Increase health and wellness of MRH employees (2nd largest employer in Maury County)

Priority 2: Mental and Behavioral Health, Opioid Crisis

Improve services for mental and behavioral health

- Establish local inpatient/outpatient behavioral health services
- Establish process to address and manage emergency room and hospitalized patients with opioid use disorder and withdrawal
- Evaluate and monitor opioid prescribing in the emergency room
- Offer grief education and support services
- Establish funding for behavioral health resources
- Provide resources to remove opioids and other prescription drugs from households
- Offer smoking cessation education
- Increase mental health awareness through community education
- Ongoing evaluation of mental health resources

Priority 3: Hypertension and Diabetes

Improve access to services and education for hypertension and diabetes

- Expand cardiology services
- Recruit endocrinology providers
- Provide diabetes education resources and screenings
- Increase health awareness for diabetes and heart disease through community education
- Conduct annual heart campaign to increase awareness and education
- Conduct or participate in health fairs, offering screenings and education in hypertension and diabetes
- Provide free blood pressure monitoring to underserved populations
- 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

- Ensure medical staff aligns with the needs of the community in volume and specialties
- Physician Recruitment
- Continue FQHC efforts offering sliding fee, income-based discounts to patients who qualify
- Offer room delivery of medication from in-house pharmacy for inpatients being discharged to enhance medication compliance
- Medical Mission at Home: Hosted by LHC FQHC to offer medical, dental, vision, and lab services and provide toiletry items and socks to at-risk and underserved populations
- Establish Virtual Transition of Care Program to offer enhanced communication between patient being discharged and post-acute care facility to which they are being transferred

- Establish Virtual Rapid Response Teleconsultation program to improve care for patients within post-acute care network nursing facilities
- Remote patient monitoring for at risk patients with COPD, HF, and diabetes
- Expand Urgent Care
- Emergency Medical Services (EMS): Provide ambulance services for Maury, Lewis, and Wayne Counties
- Serve all patients, regardless of ability to pay
- Provide free health assessments and vaccinations to underserved populations
- Expand health care in Lewis County
- Establish Courtesy Care Call Program

Secondary priority: Obesity

Establish services and education to address obesity within the community

- Continue weight loss surgery program