

**AdventHealth Murray**

# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT



Adventist Health System Georgia, Inc. d/b/a AdventHealth Murray

Approved by the Hospital Board on: December 16, 2019

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**Extending the Healing  
Ministry of Christ**

  
**AdventHealth**

# 2019 Community Health Needs Assessment

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## Acknowledgements

This report was prepared by Wendy Taylor, with contributions from members of the AdventHealth Murray Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth Murray leaders.

A special thanks to Murray County Health Department for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

# 1. EXECUTIVE SUMMARY

## Goals

Adventist Health System Georgia, Inc. dba AdventHealth Murray will be referred to in this document as AdventHealth Murray or “The Hospital.” AdventHealth Murray in Chatsworth, GA conducted a community health needs assessment in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community’s health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Murray’s prioritized issues

## Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Murray created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met six times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital and assisted in the development of the Community Health Plan to address the priority issues. *See Section 5 for a list of CHNAC members.*

## Data

AdventHealth Murray collected both primary and secondary data. The primary data included stakeholder interviews and community surveys. Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Murray over the past year. In addition, we utilized publicly available data from state and nationally recognized data sources. *See Section 7 for a list of data sources.* Primary and secondary data was then compiled and analyzed in order to identify the top 8-12 aggregate issues from the various sources of data.

## Community Asset Inventory

The next step was a community asset inventory. This inventory was designed to help AdventHealth Murray and the CHNAC to:

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data
- Prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

## Selection Criteria

Using the data findings and the Asset Inventory, the CHNAC narrowed the list of 8-12 issues to three priority issues.

Next, the CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. See *Section 10 for the Priority Selection Report*.

The priority selection criteria included:

- A. Relevance: How important is this issue?
- B. Impact: What will we achieve by addressing this issue?
- C. Feasibility: Can we adequately address this issue?

## Priority Issues to be Addressed

The priority issues to be addressed included:

1. Cancer
  - a. Provide free screenings and preventive information in our community
  - b. Increase number of individuals receiving preventative, early diagnosis and treatment
2. Diabetes
  - a. Provide free screenings in our community
  - b. Increase number of individuals receiving preventive, early diagnosis and treatment
3. Smoking/Vaping
  - a. Partner with the school systems to educate the students in our community
  - b. Provide information and resources in our community to adults
4. Nutrition
  - a. Partner with community agencies to educate low income adults
  - b. Increase number individuals in our community that eat healthy meals

See *Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen*.

## Approvals

On December 16, 2019 the AdventHealth Murray Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as <https://www.adventhealth.com/community-health-needs-assessments> prior to December 31, 2019.

## Next Steps

The CHNAC will work with AdventHealth Murray to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

## 2. ABOUT: ADVENTHEALTH MURRAY

### Transition To AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Murray. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth Murray is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, Hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

### About AdventHealth Murray

AdventHealth Murray operates as a 42-bed acute care facility. AdventHealth Murray offers multiple services for the residents of Murray County. These services include: 24-hour Emergency department, Imaging Services, Inpatient Services, Laboratory, EMS, Orthopedics, Respiratory Therapy, Physical Therapy, Sports Medicine and Surgical Services.

In addition, AdventHealth Murray partners with AdventHealth Gordon (also part of AdventHealth) to provide the following services: Cancer Care, Cardiac Rehabilitation, Eye Care, Family Medicine, Home Care, Hyperbaric Medicine, Internal Medicine, OB/GYN/Labor & Delivery, Pediatrics, Physical Therapy, Robotic-Assisted Surgery, Sleep Disorders, Sports Medicine, Urgent Care, Urology, Women's Health Services and Wound Care.

During 2018 AdventHealth Murray treated 536 inpatients, saw 16,785 Emergency Department patients, performed 763 surgeries, cared for 7,594 outpatients and saw 35,215 patients in its physician clinics.

## 3. CHOOSING THE COMMUNITY

AdventHealth Murray defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This area includes all zip codes located within Murray County. The zip codes in our survey and results were:

30708–Cisco

30711–Crandall

30751–Tenga

30705–Chatsworth

30724-Eton

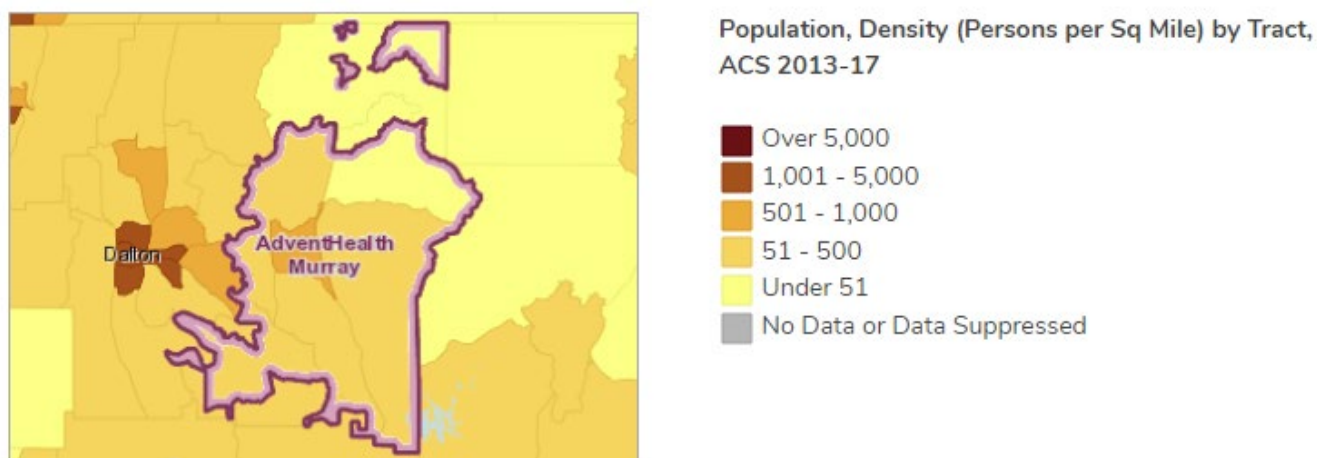
## 4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

Murray county is situated a mere 40 miles from Chattanooga, TN and 90 miles from Atlanta, GA. This means convenient access for commuters, new industry, and travelers. The county is known as the gateway to the Appalachians. A full one-third of the county is protected forest land. Lakes and streams crisscross the county, and together they create a wonderland of outdoor adventure.

In order to understand our community and the challenges faced, AdventHealth Murray looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. *Secondary report data can be found in Appendix B.*

A total of 111,716 people live in the 905 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. The population density for this area, estimated at 123.31 persons per square mile, is greater than the national average population density of 90.19 persons per square mile.

The map below represents the service area where 75-80% of AdventHealth Murray’s patients come from.



Source: US Census Bureau, [American Community Survey](#). 2013-17.

## COMMUNITY DEMOGRAPHICS



**Female 49.75%**



**Male 50.25%**

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	6.66%	19.31%	9.11%	13.73%	13.57%	13.72%	11.46%	12.43%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Other Race	Multiple Races
%	91.71%	2.9%	0.52%	0.48%	0.01%	2.83%	1.55%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	26.03%	73.97%

Source: US Census Bureau, [American Community Survey](#). 2013-17.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH MURRAY SERVICE AREA	GEORGIA AVERAGE
Poverty <sup>1</sup>	% Population in Poverty (Below 100% FPL)	24.3%	17.77%
Unemployment Rate <sup>2</sup>	Unemployment Rate	9.5%	3.8%
Violent Crime <sup>3</sup>	Violent Crime Rate (Per 100,000 Pop.)	203.7	378
Population with No High School Diploma <sup>1</sup>	% Population Age 25+ with No High School Diploma	35.5%	14.16%
Insurance <sup>4</sup>	Uninsured Adults-% Without Medical Insurance	23.01%	18.25%
Insurance <sup>4</sup>	Uninsured Children-% Without Medical Insurance	7.9%	6.67%
Food Insecurity Rate <sup>5</sup>	Food Insecurity Rate	15.9%	17.7%
Population with Low Food Access <sup>6</sup>	% Population with Low Food Access	26.27%	30.82%
Use of Public Transportation <sup>1</sup>	% Population Using Public Transit for Commute to Work (Age 16+)	0.1%	2.1%
Income <sup>1</sup>	Per Capita	\$17,291.00	\$26,677.00
Social Support <sup>7</sup>	Estimated % Population without Adequate Social/Emotional Support	27.2%	20.7%

<sup>1</sup> US Census Bureau, [American Community Survey](#). 2013-17. <sup>2</sup> US Department of Labor, [Bureau of Labor Statistics](#). 2019 - August. <sup>3</sup> Federal Bureau of Investigation, [FBI Uniform Crime Reports](#). Additional analysis by the [National Archive of Criminal Justice Data](#). Accessed via the [Inter-university Consortium for Political and Social Research](#). 2019. <sup>4</sup> US Census Bureau, [Small Area Health Insurance Estimates](#). 2017. <sup>5</sup> [Feeding America](#). 2017. <sup>6</sup> US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2015. <sup>7</sup> Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.



## 5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Murray conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met regularly throughout 2018-2019. Current CHNAC members include:

### Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Wendy Hunt	Director	Murray County Senior Center	Provides programs and meals for senior citizens			x
Roger Rainey	Principal	Northwest Elementary	Educator	x	x	x
Deborah Chesnutt, RN	Public Health Nursing Supervisor	Murray County Health Dept.	Provides healthcare services to Murray County			x
Diane Arnold	Director of Member Services	Murray Chamber of Commerce	Provides information about businesses in the community			x
Tony Causby	Director	Murray County Boys & Girls Club	Provides childcare and learning for underserved children	x	x	

### AdventHealth Murray Members

The following AdventHealth Murray team members provided leadership throughout the process:

- **Brendan Nieto**, Administrator
- **Selina Morgan**, Director Case Management
- **Tracy Farriba**, Director Community Relations
- **Garrett Nudd**, Director Marketing/Foundation
- **Lorena Bowers**, Chaplain

## 6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment; a Murray County Health Department representative participated throughout the community health needs assessment process. Our key informant responses included perspectives from public health employees. Murray County public health also participated and assisted in gathering of household data. The Murray County representative has experience in conducting community needs assessments and was involved in many aspects of the AdventHealth Murray needs assessment process.

The following Murray County Health Department employee provided leadership throughout the process:

- **Deborah Chestnutt**, RN, the Public Health Nursing Supervisor, Murray County Health Department

# 7. PRIMARY AND SECONDARY DATA SOURCES

## Primary Data

- a. Community Surveys – Paper survey questionnaires were distributed and collected at health fairs, health screenings, blood pressure screenings and blood pressure clinics.
- b. Stakeholder Interviews – Stakeholder interviews were conducted in person interviews with individuals.

## Secondary Data

- a. Hospital Utilization Data: Top 10 inpatient and Emergency Department diagnoses by payer was utilized from internal Hospital data.
- b. Engagement Network: Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators and a hub network with 30+ partner organizations using CARES technology.

## Data Sources:

- a. US Census Bureau, Decennial Census, 2000-2010
- b. US Census Bureau, American Community Survey, 2013-17
- c. Feeding America, 2014
- d. US Census Bureau, Small Area Health Insurance Estimates, 2016
- e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
- h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
- i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
- j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
- k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
- l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
- m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
- n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
- o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
- p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
- q. State Cancer Profiles, 2011-15
- r. State Cancer Profiles, 2009-13
- s. Centers for Medicare and Medicaid Services, 2015
- t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
- u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
- v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10
- w. AdventHealth Murray Inpatient and Emergency Diagnosis Report

## 8. DATA SUMMARY

### Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, this was then analyzed and categorized into top 8-10 priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. The AdventHealth Murray financial department presented admission data for inpatient and the emergency department including diagnosis, payer source and zip codes for 2018.

Top 8-10 Priorities determined from Stakeholder Interviews					
1	Cancer	5	Heart disease	9	Immunization – children
2	Diabetes	6	Chronic diseases	10	Transportation
3	Smoking	7	High blood pressure/cholesterol		
4	Mental Health	8	Teen pregnancy rates		

Top 8-10 Priorities determined from Community Surveys					
1	Cancer	5	Mental health disorders	9	Immunization–children
2	Heart Disease	6	Teen pregnancy rates/low birth-weight babies	10	Immunization-adults
3	Diabetes	7	Asthma-children		
4	High blood pressure/cholesterol	8	Respiratory disease-adults		

Top 8-10 Priorities determined from Hospital Emergency Department Data					
1	Gastroenterology	5	Medical Trauma (Orthopedics)	9	Nephrology
2	Otology	6	Dermatology	10	Other Neurology
3	Pulmonology	7	Medical Cardiology		
4	Body Injuries	8	Medical Spine		

Top 8-10 Priorities determined from Hospital Inpatient Admission Data					
1	Pulmonology	5	Gastroenterology	9	Oncology (Medical)
2	Infectious Disease	6	Dermatology	10	Other General Medicine
3	Nephrology	7	Endocrinology		
4	Medical Cardiology	8	Hematology (Medical)		

Top 8-10 Priorities determined from Secondary Data provided by The Engagement Network					
1	Cancer	5	Diabetes	9	
2	High Cholesterol (Adults)	6	Heart Disease	10	
3	Obesity	7			
4	High Blood Pressure	8			

## Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the data was reviewed. The group categorized and prioritized the issues based on importance, impact and the ability to impact change. The CHNAC determined which of the priorities AdventHealth Murray should address based on need and available assets.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Cancer	All	Varies	Underserved community
2	Heart Disease	All	Varies	Underserved community
3	Diabetes	All	Varies	Underserved community
4	High Blood Pressure	All	Varies	Underserved community
5	Cholesterol	All	Varies	Underserved community
6	Vaping	All	School Age & Parents	Students and Parents
7	Lifestyle - Nutrition	All	Varies	Underserved community
8	Teen Pregnancy	All	Teens	Underserved community
9	Immunization-children	All	Children	Underserved community
10	Asthma-children	All	Children	Underserved community

## 9. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Murray's CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top 10 identified community health needs. The inventory was designed to help the CHNAC narrow the 10 needs to the three to five priority issues.

<b>COMMUNITY ASSET INVENTORY</b>		
<b>Top Issues Defined by Primary/Secondary Data</b>	<b>Current Community Programs</b>	<b>Current Hospital Programs</b>
<b>Cancer</b>	Partnership with the American Cancer Society, education seminars, and partnerships between area Hospitals	Medical staff; Employees; seminars and education events; Harris Radiation Therapy Center; screenings
<b>Heart Disease</b>	Screenings	Dinner, Doctors, and Discussions education seminars; health fairs; education information
<b>High Blood Pressure</b>	Screenings	Blood pressure screenings at local industries and in the general community; seminars and education events
<b>Cholesterol</b>	Screenings	Dinner, Doctors, and Discussions education seminars; health fairs; education information
<b>Vaping</b>	Partnership with local school systems	
<b>Lifestyle – Nutrition</b>		CREATION Life seminars
<b>Diabetes</b>	Partnership with the American Diabetes Association outreach and educational materials and the Health Department diabetes education program	Diabetes education program
<b>Asthma-children</b>	Health Department	
<b>Teen Pregnancy</b>	Boys and Girls Club Health Department	
<b>Immunization-children</b>	Health Department	

# 10. PRIORITY SELECTION

## Priority Selection using the RATING & PRIORITIZING KEY HEALTH ISSUES WORKSHEET

The top 10 issues identified from the CHNAC data review of household data, key informant survey responses and the top inpatient and ED admissions data were reviewed and discussed alongside the Community Asset Inventory to identify the top priorities.

Once the top 10 aggregate issues were selected, the CHNAC utilized a tool called the Rating & Prioritizing Key Health Issues Worksheet located in Appendix D to help identify which issues would be addressed.

This worksheet utilized the following criteria for each issue:

1. Relevance: How important is this issue?
2. Impact: What will we achieve by addressing this issue?
3. Feasibility: Can we adequately address this issue?

<b>Rating Criteria: (1=lowest priority; 2=medium; 3=high; 4=highest)</b>		
<b>Relevance</b> How important is this issue?	<b>Impact</b> What will we achieve by addressing this issue?	<b>Feasibility</b> Can we adequately address this issue?
<ul style="list-style-type: none"> <li>• Size of problem (e.g. % population)</li> <li>• Severity of problem (e.g. Cost to treat, lives lost)</li> <li>• Urgency to solve problem; community concern</li> <li>• Linked to other important issues</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of solutions/proven strategies</li> <li>• Builds on or enhances current work</li> <li>• Significant consequences of not addressing issue now</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of resources (staff, community partners, time, money) to address issue</li> <li>• Political capacity/will</li> <li>• Community/social acceptability</li> <li>• Appropriate socio-culturally</li> <li>• Can identify easy, short-term wins</li> </ul>

Each potential issue was rated based on the above criteria, with a scoring of 1 = lowest priority, to 4= highest priority.

RATING & PRIORITIZING KEY HEALTH ISSUES							
Step 1: List Key Issues	Step 2: Rate Against Selection Criteria (1= lowest priority; 2= medium; 3= high; 4=highest)					Step 3: Total Rating	
	RELEVANT <i>How important is the issue?</i>		IMPACTFUL <i>What will we achieve by addressing this issue?</i>		FEASIBLE <i>Can we adequately address this issue?</i>		
Cancer	4	+	3	+	3	=	10
Heart Disease	3	+	2	+	3	=	8
Diabetes	3	+	2	+	3	=	8
High Blood Pressure	3	+	2	+	3	=	8
Cholesterol	3	+	2	+	3	=	8
Vaping	3	+	2	+	2	=	7
Lifestyle - Nutrition	3	+	2	+	3	=	8
Teen pregnancy	2	+	2	+	2	=	6
Immunization - children	2	+	2	+	2	=	6
Asthma-children	2	+	2	+	2	=	6

During the priority selection, several similar issues were combined to avoid duplication of services. The final list of priorities reflects the consolidation of cholesterol, heart disease and high blood pressure into one category in order to avoid duplicating efforts.

RATIONALE FOR ISSUES TO BE ADDRESSED			
Priority Issue	Relevance	Impact	Feasibility
<b>1. Cancer</b>	AdventHealth Murray service area is consistently lower than state average for age-adjusted percentage of cancer screenings  Age adjusted Cancer mortality rate is 181.34 compared to state average of 162.06	Increase early detection Decrease mortality rate	Community outreach American Cancer Society
<b>2. Diabetes</b>	Age adjusted rate for diabetes (adult) per 100,000 is 19.1% compared to state average of 11.15%	Decrease health care cost	Community outreach Health Department
<b>3. Vaping</b>	Age adjusted percent of adult smoking cigarettes is 25.3% compared to state average of 17.8%	Decrease health care costs and chronic disease risk	Community outreach Local school system



<b>4. Lifestyle – Nutrition</b>	Food insecurity rate is 11.2%, slightly lower than state average of 14.4%  Population with low food access 19.21% lower than state average of 30.82%	Reduced health care cost, reduction in incidence of preventable chronic disease, increased quality of life	Community outreach
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<b>RATIONALE FOR ISSUES NOT TO BE ADDRESSED</b>			
<b>Priority Issue</b>	<b>Relevance</b>	<b>Impact</b>	<b>Feasibility</b>
<b>1. Teen Pregnancy</b>	Both Stakeholders and community members identified teen pregnancy as an important issue	Negative impact on mother and child with higher risk for postpartum depression, higher incidence of poverty	Community outreach team, funds  The Teen Health Task Force, Boys and Girls Club, Family Intervention Specialists
<b>2. Immunization – children</b>	Impacts children, elderly, and anyone with compromised immune system	Increase risk of contracting preventable disease; increases risk for surrounding vulnerable populations such as immunosuppressed, elderly, etc.	Health Department
<b>3. Asthma-children</b>	Considering the leading industries in the region is flooring, respiratory disease is common in the community	One of leading causes of death in U.S.; increased health care costs	Health Department
<b>4. Heart disease/high blood pressure/cholesterol</b>	7.3% adults reported diagnosed with heart disease compared to state 4.4%  29% adults in PSA report high blood pressure compared to 31.6% in state  33.68% of adults reported high cholesterol compared to state 37.24%	Continue decreasing incidence  Lower health care costs Improve quality of life	Dinner, Doctors, and Discussions education seminars; health fairs; education information; screenings

# 11. PRIORITY ISSUES TO BE ADDRESSED

## ISSUE 1: CANCER

Cancer continues to be the leading cause of death across the United States as well as the top community concern according to community surveys and stakeholder interviews. According to the Center for Disease Control and Prevention's National Vital Statistics System, the Age-Adjusted Death Rate (Per 100,000 Pop.) is 181.34 compared to the state average of 162.06.

One important determining factor for incidence of cancer is the percent of adults who receive recommended cancer screenings. This preventive behavior provides an opportunity for early detection and treatment of disease. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services. Consistently, AdventHealth Murray Primary Service Area (PSA) data reflects a lower percentage than state average of adults receiving recommended preventative screenings as shown below.

% AdventHealth PSA receiving recommended preventative screenings	AdventHealth Murray PSA	State Average
Sigmoidoscopy or Colonoscopy	40.5%	62.4%
Mammogram	49.9%	62.3%
Pap Test	81.9%	82.7%

Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

The age adjusted incidence rates for various types of cancer are consistently higher than the state average in the Hospital primary service area as shown below with the exception of Breast Cancer, which is still the second most frequent type of cancer diagnosed in the community.

Cancer Incidence per 100,000 population per year (age-adjusted)	AdventHealth Murray PSA	State Average
Lung Cancer	86.5	64.1
Breast Cancer	85.9	125.8
Cervix Cancer	No data	7.7
Colon and Rectum Cancer	35.9	41.8
Prostate	88.7	122.3

Source Data Source: [State Cancer Profiles](#). 2012-16

The Hospital plans to continue efforts to offer screenings and education to inform the community as well as provide opportunities for increased access to early detection.

## ISSUE 2: DIABETES

Diabetes is another leading cause of death and disability in the United States. This chronic disease was identified as an area of concern for both community members and stakeholders. Top 10 inpatient admission data indicated endocrinology as one of the most frequent diagnoses, which reflects a need for better prevention and maintenance to avoid unnecessary hospital stays for a preventable and manageable disease.

Health outcomes reflect the need for strategic efforts to address diabetes in the AdventHealth Murray community. Left untreated, diabetes can lead to reduction in quality of life.

Health Outcomes	AdventHealth Murray PSA	State Average
Diabetes (Adult)	19.1%	11.15%

Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

Access to care continues to be an additional contributor to higher than average rates of diabetes among the Hospital PSA. The below indicators are relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

- 33.4% of adults lack a consistent source of primary care according to the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System 2011-12 data. This indicator is higher than the state average of 26.09%.
- The rate of preventable hospital events per 1,000 Medicare enrollees is also higher than state average at 67.3 for the primary service area compared to the state average of 50.2. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

### **ISSUE 3: VAPING**

Vaping is quickly becoming an epidemic among school age children. Data is limited on vaping and e-cigarette use as this is a relatively new health issue. Current age-adjusted percent of adults who smoke cigarettes is 25.3% in the Hospital PSA compared to the state percent of 17.8%. AdventHealth Murray community stakeholders vocalized concern over the growing number of children adopting this behavior. The use of e-cigarettes is unsafe for children, teens and young adults. Most e-cigarettes contain nicotine, which has proven to be highly addictive and harmful to adolescent brain development. There is growing concern regarding the increase in use, especially in the community's youth. Opportunities have been identified for the Hospital to partner with the school system to help bolster efforts to provide education, screenings and strengthen prevention efforts.

### **ISSUE 4: NUTRITION**

The need to focus on nutrition was reflected in consistently higher than state incidence of preventable, chronic disease. The CHNAC agreed that increasing the community's ability to access and incorporate a more balanced diet would help with prevention and maintenance of many issues identified throughout the needs assessment process. The current food insecurity rate for the AdventHealth Murray PSA is 11.2%, which is slightly lower than the state average of 14.4%. Although a food insecurity rate lower than state average is considered positive, 11.2% of the population translates to approximately 1 in 9 community members who experience a lack of consistent access to enough food to sustain an active, healthy life. In addition to food insecurity, the Hospital also utilized the Food Access Research Atlas to determine if a significant number of individuals, or share of the population, are far from a supermarket, supercenter, or large grocery store. While lower than the state average of 30.82%, the Hospital PSA still has 19.21%, or approximately one in five, community members who lack reasonable access to healthy and nutritious food.

## **12. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED**

### **ISSUE 1: TEEN PREGNANCY**

Teen pregnancy can impact quality of life for both mother and child. Teen mothers are at a higher risk for postpartum depression and future poverty. The Community Asset Inventory identified existing programs and organizations addressing this issue. The CHNAC chose not to focus on this issue in order to avoid duplication of efforts.

### **ISSUE 2: IMMUNIZATIONS - Children**

The CHNAC agreed that while important, existing efforts led by the local health department were addressing the issue of immunizations. The Hospital will continue to support the efforts of the local health department.

### **ISSUE 3: ASTHMA IN CHILDREN**

Although some community members cited childhood asthma as a community health problem, the CHNAC did not believe this priority compared to other issues in terms of the magnitude of the health problem it posed to the community. AdventHealth Murray will continue to partner with the school system to help bolster efforts to provide education and screenings.

### **ISSUE 4: HEART DISEASE/HIGH BLOOD PRESSURE/CHOLESTEROL**

Heart disease, high blood pressure and cholesterol were identified consistently as areas of concern in both primary and secondary data. The Hospital and community both have existing programs in place. AdventHealth Murray will continue to partner with the community and provide screenings and education to community members. By addressing nutrition through education and partnerships, the CHNA hope to be able to positively impact these conditions.

## **13. NEXT STEPS**

The CHNAC will work with AdventHealth Murray and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on [AdventHealth.com](http://AdventHealth.com) prior to May 15, 2020.

## 14. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy 2016 on our Hospital website as well as <https://www.adventhealth.com/community-health-needs-assessments> prior to May 15, 2017 and have not received any written comments.

## 15. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Murray conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a summary of progress made on our most recently adopted plan.

### Priority #1: Cancer

2016 Description of the Issue: Cancer is the number one health problem/condition in our community. We believe we are in a position to help our community with cancer due to our continued work at the Harris Radiation Therapy Center and our new breast center.

Cumulative Update: AdventHealth Murray collaborated with AdventHealth Gordon to address cancer as a priority. Both hospitals continued efforts to increase awareness of women's health regarding cancer for low income women by focusing on breast cancer awareness through the Foundation 5k, continued partnership with the health department and opening of the Edna Owens Breast Center.

2018 Accomplishments:

- 331 community members received screenings for various types of cancer.
- Low dose lung screenings were added in 2018 as another type of available screening. 5,064 mammogram screenings were completed including referrals from the area health department for low income women.
- The Edna Owens Breast Center, which includes 3D mammography, opened in 2019. This new location will increase
- Increased access to preventative screenings and care.

### Priority #2: High Blood Pressure/Cholesterol & Heart Disease

2016 Description of the Issue: High blood pressure, cholesterol and heart disease also ranked high in our community survey.

Cumulative Update: In collaboration with AdventHealth Gordon, the hospitals worked to increase information to the community through Hospital events such as health fairs, the She is More event and Back-to-School Blast.

- 1,391 community members received free blood pressure screenings at locations such as Walmart, Shaw Industries and the annual Back-to-School Blast event.
- 111 community members participated in CREATION Health educational programs based on whole person health. The CREATION Health program focuses on the tenants of: Choice, Rest, Environment, Trust, Interpersonal relationships, Outlook and Nutrition.

### Priority #3: Diabetes

2016 Description of the Issue: Several of the behavior/risk factors indicated on our community survey are directly related factors of diabetes; therefore, the Committee chose diabetes as one of our key issues.

Cumulative Update: Both AdventHealth Murray and AdventHealth Gordon worked to increase availability of diabetes information in the community through Hospital events such as health fairs, She is More event and Back-to-School Blast. AdventHealth Gordon hosted free monthly diabetes education classes in order to Increase community outreach and education opportunities. Sixty-two community members received free diabetes education in 2018.

# APPENDIX A: PRIMARY DATA SURVEY & PRIMARY DATA RESULTS



## AdventHealth Community Survey

Audience: All

Please take a few minutes to fill out this survey to help AdventHealth Murray identify and understand our current community health and how our organization can help provide resources needed to create a healthier community.

1. *Within the past 12 months we worried whether our food would run out before we got money to buy more. Y N*
  2. *Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Y N*
  3. *Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? Y N*
  4. *In the past 12 months has your utility company shut off your service for not paying your bills? Y N*
  5. *In the past 12 months, was there a time you needed to see a doctor but could not because of cost? Y N*
  6. *In the past 12 months, have you ever had to go without health care because you didn't have a way to get there? Y N*
  7. *Are you afraid you might be hurt in your apartment building or house? Y N*
  8. *Do problems getting child care make it difficult for you to work or study? Y N N/A*
- Social Isolation Questions:** Answer 1=Hardly ever; 2=Some of the time; or 3=Often)
9. *How often do you feel that you lack companionship? 1 2 3*
  10. *How often do you feel left out? 1 2 3*
  11. *How often do you feel isolated from others? 1 2 3*

## COMMUNITY SURVEY RESULTS

Community surveys were completed in collaboration with our CHNAC and community partners. Surveys were administered in person as well as online. The aggregate results are shown below.

- 157 In-person surveys
- 43 Online surveys

SURVEY QUESTION	SURVEY RESULTS	
<b>Social Determinant Questions</b>		
Within the past 12 months we worried whether our food would run out before we got money to buy more.	19% Yes	81% No
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	4% Yes	96% No
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	11% Yes	89% No
In the past 12 months has your utility company shut off your service for not paying your bills?	10% Yes	90% No
In the past 12 months, was there a time you needed to see a doctor but could not because of cost?	18% Yes	82% No
In the past 12 months, have you ever had to go without health care because you didn't have a way to get there?	8% Yes	92% No
Are you afraid you might be hurt in your apartment building or house?	1% Yes	99% No
Do problems getting child care make it difficult for you to work or study?	8% Yes	32% No 60% N/A
How often do you feel that you lack companionship?	69% Hardly ever 41% Some of the time 8% Often	
How often do you feel left out?	68% Hardly ever 20% Some of the time 12% Often	
How often do you feel isolated from others?	71% Hardly ever 20% Some of the time 18% Often	

## AdventHealth Stakeholder Interview

Stakeholder interviews were completed in collaboration with our CHNAC and community partners. Interviews were administered in person to individuals as well as two focus groups. The aggregate results are shown below.

- 9 In-person stakeholder interview
- 2 Focus groups (4 participants each)



## STAKEHOLDER INTERVIEW QUESTIONS

### 1. How would you rate the following?

	Excellent	Good	Fair	Poor	Very Poor
Overall community health status					
Your personal health status					
Community understanding of health risks					
Your own understanding of health risks					
Community quality of life					
Your quality of life					

### 2. What do you see as the GREATEST HEALTH PROBLEMS/CONDITIONS in our community? (Select 3)

- Asthma-children
- Cancer
- Diabetes
- Heart disease
- High blood pressure/cholesterol
- Immunizations-children
- Immunizations-adults
- Mental health disorders
- Respiratory disease-adults
- Teen pregnancy rates/low birth-weight babies
- Other:

### 3. Which HEALTH BEHAVIORS/RISK factors are the most common in our community? (Select 3)

- Aging population
- Firearms in homes
- Lack of exercise
- Lack of family/religious support systems
- Obesity
- Poor nutrition
- Risky sexual behavior
- Seatbelt use
- Smoking
- Substance misuse-alcohol
- Substance misuse-drugs
- Other:

### 4. Which COMMUNITY CONDITIONS most impact the health of people in our community? (Select 3)

- Access to dental care
- Air & water quality
- Crime/violence
- Homelessness
- Inadequate transportation
- Lack of health insurance/affordable care
- Lack of grocery stores/access to healthy food
- Low education levels/literacy
- Low-income families/poverty
- Unemployment
- Other:

**5. Who in our community promotes good health?**

**6. What are one or two things that they do that are effective?**

**7. If you were in charge of promoting good health, what would you do first?**

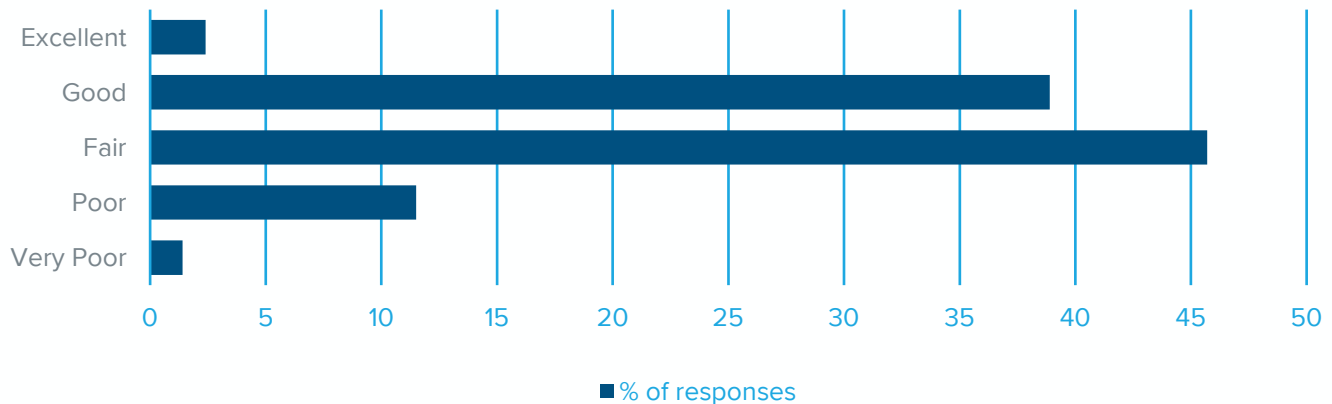
**8. Who else should we talk to?**

**STAKEHOLDER SURVEY RESULTS**

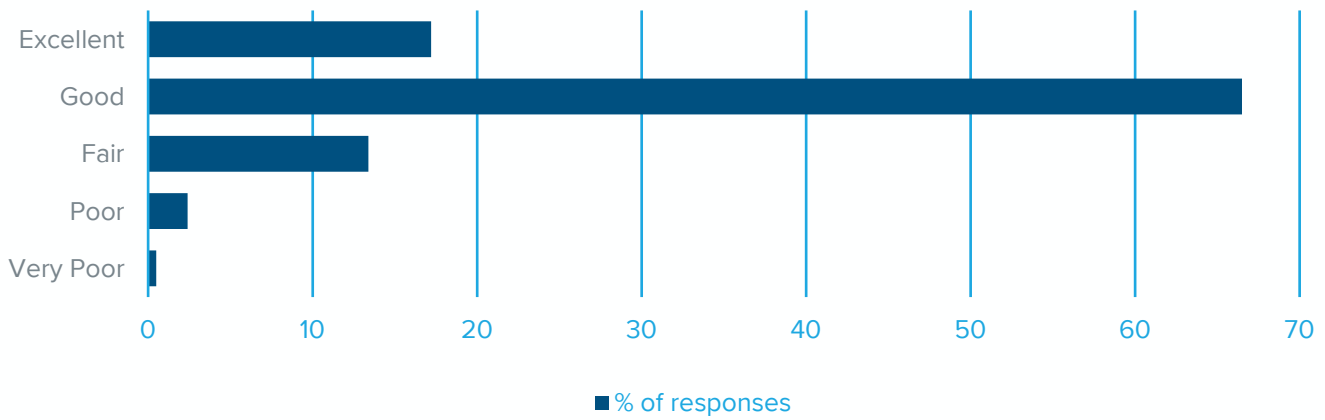
Stakeholder surveys were completed in collaboration with our CHNAC and community partners. Surveys were administered in person as well as online. The aggregate results are shown below.

- 157 In-person surveys
- 43 Online surveys
- 2 Focus groups
- 9 Stakeholder interviews

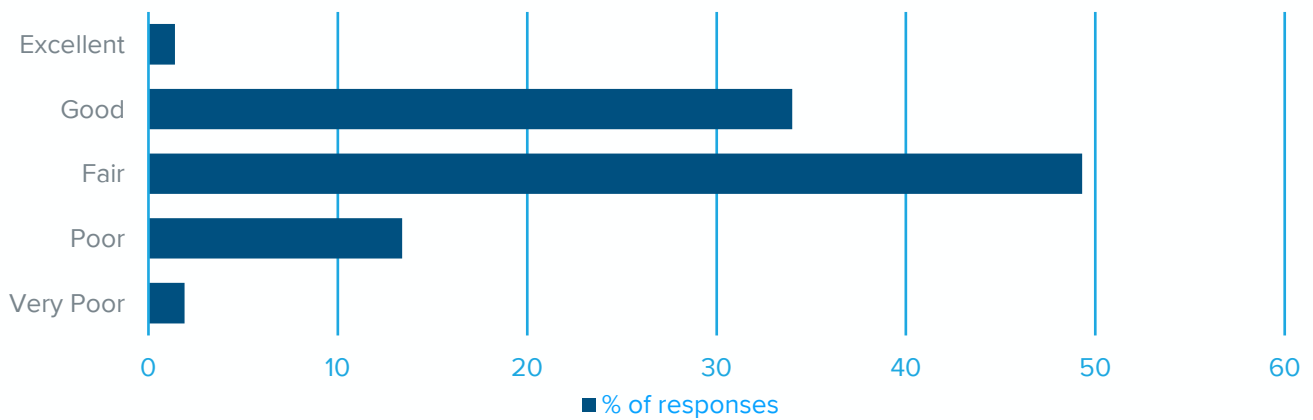
**Overall Community Health Status**



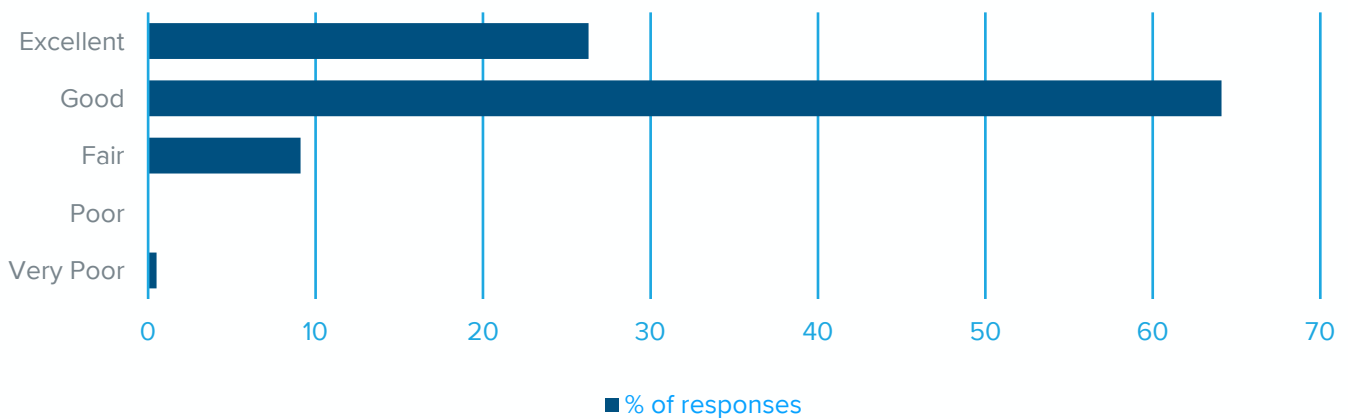
## Your Personal Health Status



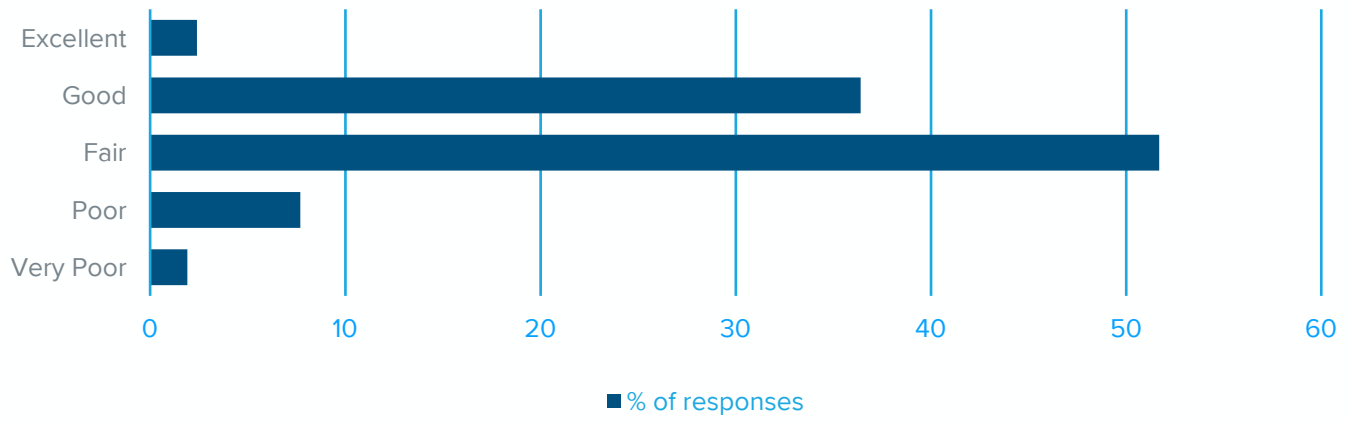
## Community Understanding of Health Risks



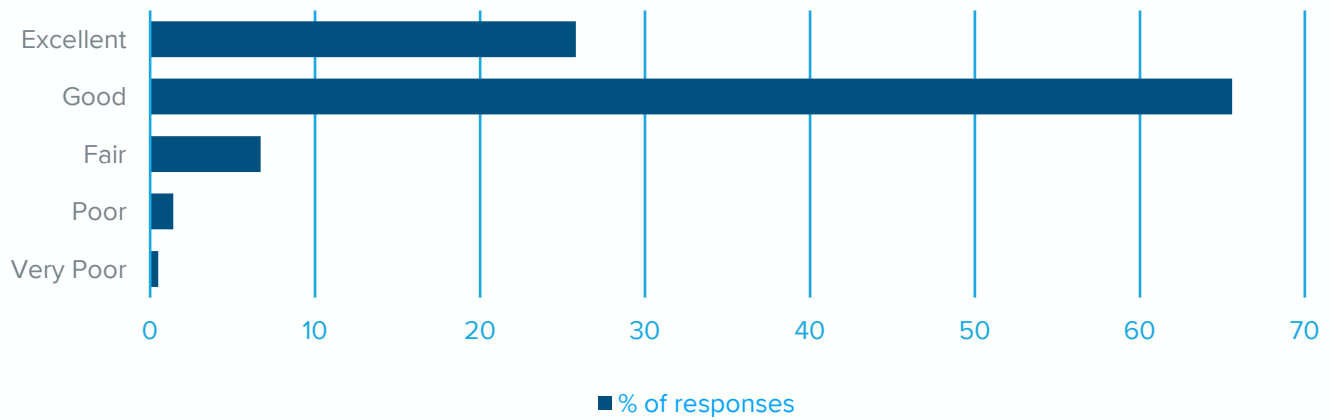
## Your Own Understanding of Health Risks



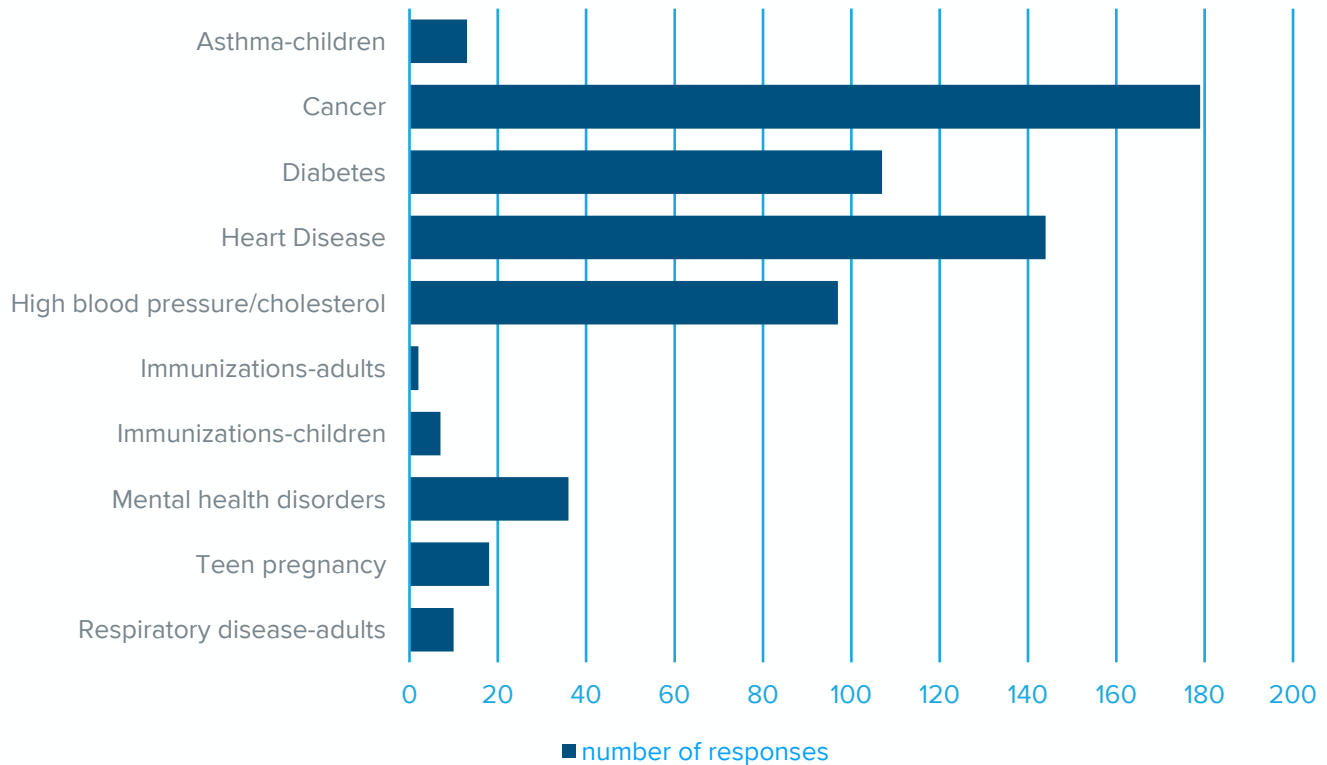
## Community Quality of Life



## Your Quality of Life

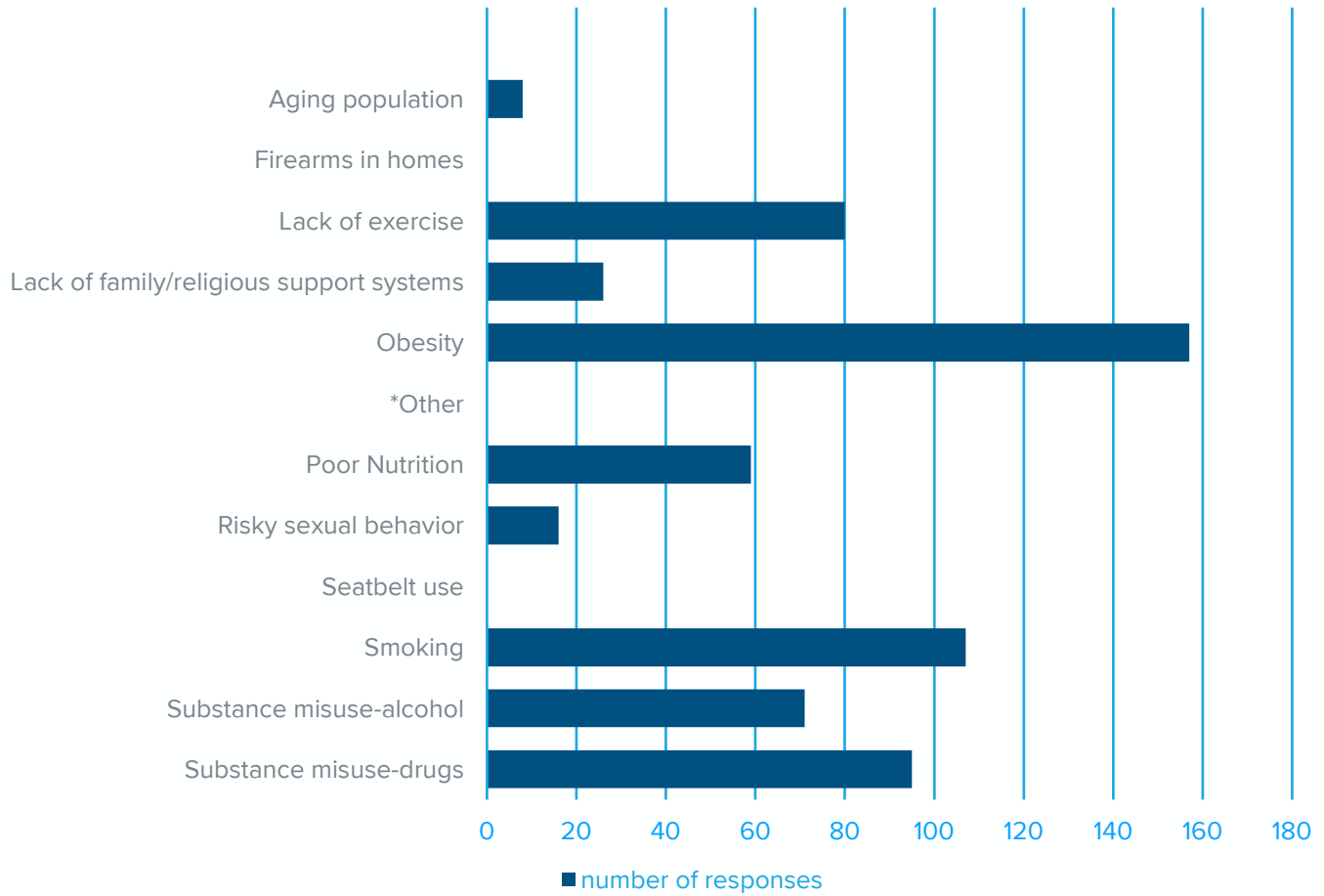


## 2. What do you see as the GREATEST HEALTH PROBLEMS/CONDITIONS in our community? (Select 3)



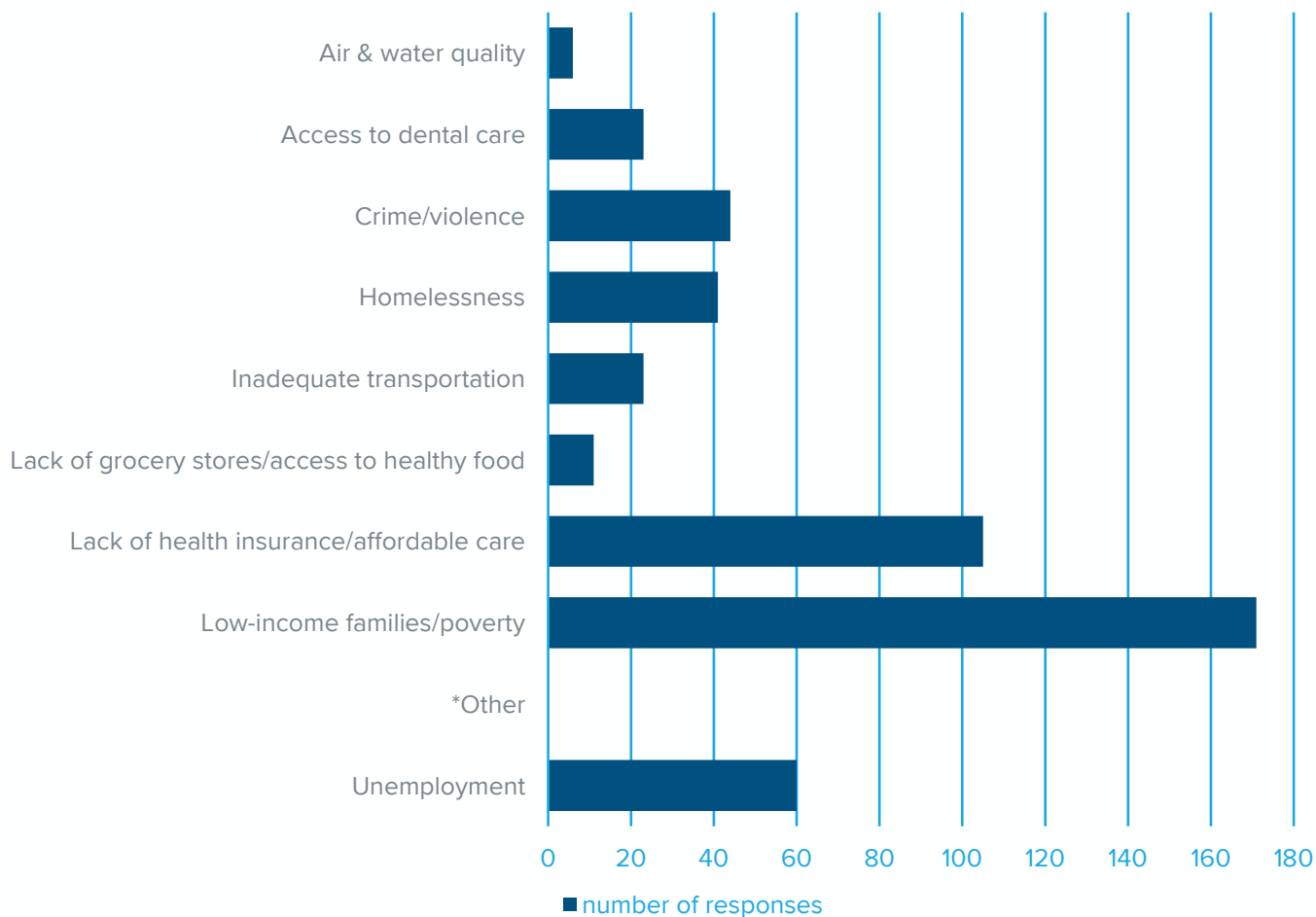
\*Other health problems/conditions: none

### 3. Which HEALTH BEHAVIORS/RISK FACTORS are the most common in our community? (Select 3)



\*Other health problems/conditions: none

#### 4. Which COMMUNITY CONDITIONS most impact the health of people in our community? (Select 3)



\*Other health problems/conditions: none

#### 5. Who in our community promotes good health?

Hospitals and schools were listed as the top two health promotion groups in the community. Schools were mentioned specifically as being promoters of children’s health in the community, through education, resources for children and families.

#### 6. What are one or two things that they do that are effective?

There were several mentions of school initiatives such as providing healthy food for low income students to take home over the weekend and school breaks. The Hospital was mentioned multiple times for providing free health screenings.

#### 7. If you were in charge of promoting good health, what would you do first?

Majority of responses to this question encouraged collaborating with local social service agencies which are already established in the community. An overwhelming amount of answers focused on organizations such as the Boys and Girls Club. Many respondents also suggested working with faith communities who are already active in the community and providing resources to strengthen their work.

## 8. Who else should we talk to?

Majority of responses to this question highlighted churches and local nonprofits already established in the community.



# APPENDIX B: SECONDARY DATA REPORT

## AdventHealth Murray Needs Assessment Report - Quick Facts

### Location

AdventHealth Murray (MUR) (Service Area)

### Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	111,716	10,099,320
	Population Age 65+	13,890	1,246,295
	<b>Percent Population Age 65+</b>	12.43%	12.34%
Population Age 0-18	Total Population	111,716	10,099,320
	Population Age 0-17	29,017	2,834,234
	<b>Percent Population Age 0-17</b>	25.97%	24.7%
Population Age 18-64	Total Population	111,716	10,099,320
	Population Age 18-64	68,809	6,357,850
	<b>Percent Population Age 18-64</b>	61.59%	62.95%
Total Population	Total Population	111,716	10,099,320
	Total Land Area (Square Miles)	905	57,594.80
	<b>Population Density (Per Square Mile)</b>	123.31	175.35
Change in Total Population	Total Population, 2000 Census		
	Total Population, 2010 Census		
	Total Population Change, 2000-2010		
	<b>Percent Population Change, 2000-2010</b>		
Female Population	Total Population	111,716	10,099,320
	Female Population	55,574	5,176,849
	<b>Percent Female Population</b>	49.75%	51.26%
Hispanic Population	Total Population	111,716	10,099,320

	Non-Hispanic Population	82,632	9,172,330
	Percent Population Non-Hispanic	73.97%	90.82%
	<b>Hispanic or Latino Population</b>	29,083	926,990
	Percent Population Hispanic or Latino	26.03%	9.18%
<b>Male Population</b>	Total Population	111,716	10,099,320
	Male Population	56,143	4,922,471
	<b>Percent Male Population</b>	50.25%	48.74%

## Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
<b>Violent Crime</b>	Total Population	111,357	9,832,423
	Violent Crimes	227	37,160
	<b>Violent Crime Rate (Per 100,000 Pop.)</b>	<b>203.7</b>	378
<b>Population with No High School Diploma</b>	Total Population Age 25+	72,523	6,589,462
	Population Age 25+ with No High School Diploma	25,765	932,810
	<b>Percent Population Age 25+ with No High School Diploma</b>	<b>35.5%</b>	14.16%
<b>Poverty - Population Below 100% FPL</b>	Total Population	109,314.13	9,829,056
	Population in Poverty	26,513.69	1,746,894
	<b>Percent Population in Poverty</b>	<b>24.3%</b>	17.77%
<b>Insurance - Uninsured Adults</b>	Total Population Age 18 - 64	66,364	6,239,578
	Population with Medical Insurance	51,096	5,100,985
	Percent Population with Medical Insurance	77%	81.75%
	Population Without Medical Insurance	15,269	1,138,593
	<b>Percent Population Without Medical Insurance</b>	<b>23.01%</b>	18.25%
<b>Insurance - Uninsured Children</b>	Total Population Under Age 19	28,732	2,593,948
	Population with Medical Insurance	26,463	2,421,036
	Percent Population with Medical Insurance	92.1%	93.33%
	Population Without Medical Insurance	2,269	172,912
	<b>Percent Population Without Medical Insurance</b>	<b>7.9%</b>	6.67%

<b>Income - Per Capita Income</b>	Total Population	111,717	10,099,320
	Total Income (\$)	\$1,931,731,585.00	\$269,427,522,800.00
	<b>Per Capita Income (\$)</b>	<b>\$17,291.00</b>	\$26,677.00
<b>Unemployment Rate</b>	Labor Force	44,056	5,124,948
	Number Employed	39,872	4,932,333
	Number Unemployed	4,183	192,615
	<b>Unemployment Rate</b>	<b>9.5%</b>	3.8%
<b>Lack of Social or Emotional Support</b>	Total Population Age 18+	81,934	7,121,933
	Estimated Population Without Adequate Social / Emotional Support	22,401	1,467,118
	Crude Percentage	27.3%	20.6%
	<b>Age-Adjusted Percentage</b>	<b>27.2%</b>	20.7%
<b>Food Insecurity Rate</b>	Total Population	112,069	10,097,343
	Food Insecure Population, Total	17,843	1,783,450
	Food Insecurity Rate	<b>15.9%</b>	17.7%

## Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
<b>Use of Public Transportation</b>	Total Population Employed Age 16+	44,100	4,438,650
	Population Using Public Transit for Commute to Work	46	93,061
	<b>Percent Population Using Public Transit for Commute to Work</b>	<b>0.1%</b>	2.1%
<b>Population with Low Food Access</b>	Total Population	112,305	9,687,653
	Population with Low Food Access	29,505	2,985,396
	<b>Percent Population with Low Food Access</b>	<b>26.27%</b>	30.82%

## Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
<b>High Blood Pressure (Adult)</b>	Total Population (Age 18+)	81,933	7,121,933
	Total Adults with High Blood Pressure	27,778	2,250,531
	<b>Percent Adults with High Blood Pressure</b>	<b>33.9%</b>	31.6%
<b>Obesity</b>	Total Population Age 20+	81,195	7,421,269
	Adults with BMI > 30.0 (Obese)	28,401	2,247,969
	<b>Percent Adults with BMI &gt; 30.0 (Obese)</b>	<b>34.7%</b>	30%
<b>Diabetes (Adult)</b>	Total Population Age 20+	81,134	7,416,388
	Population with Diagnosed Diabetes	11,416	863,153
	<b>Population with Diagnosed Diabetes, Age-Adjusted Rate</b>	<b>13%</b>	10.96%
<b>Mortality - Cancer</b>	Total Population	112,103	10,106,937
	Average Annual Deaths, 2010-2014	226	16,650
	Crude Death Rate (Per 100,000 Pop.)	201.41	164.74
	<b>Age-Adjusted Death Rate (Per 100,000 Pop.)</b>	<b>192.37</b>	164.92
<b>High Cholesterol (Adult)</b>	Survey Population (Adults Age 18+)	76,870	5,525,203
	Total Adults with High Cholesterol	31,797	2,057,475
	<b>Percent Adults with High Cholesterol</b>	<b>41.36%</b>	37.24%
<b>Heart Disease (Adult)</b>	Survey Population (Adults Age 18+)	88,992	7,210,872
	Total Adults with Heart Disease	6,525	318,050
	<b>Percent Adults with Heart Disease</b>	<b>7.3%</b>	4.4%

<https://ahs.engagementnetwork.org>, 1/9/2019

# APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Murray in 2018.

## Emergency Department

1. Gastroenterology
2. Otology
3. Pulmonology
4. Body Injuries
5. Medical Trauma (Orthopedics)
6. Dermatology
7. Medical Cardiology
8. Medical Spine
9. Nephrology
10. Other neurology

## Inpatient Admissions

1. Pulmonology
2. Infectious Disease
3. Nephrology
4. Medical Cardiology
5. Gastroenterology
6. Dermatology
7. Endocrinology
8. Hematology (Medical)
9. Oncology (Medical)
10. Other General Medicine