

# Implementation Plan

2016 - 2018



Community

Health Needs Assessment

## Introduction

The Medical Center of Central Georgia DBA Medical Center, Navicent Health (MCNH) located in Macon, Georgia is a not-for-profit, 637 bed, acute care, tertiary, regional and academic medical center serving Central Georgia (Macon/Bibb County and 28 surrounding counties). MCNH, a part of Navicent Health, is the second largest hospital in Georgia, the only designated Level I Trauma Center in the region and is one of 150 three-time designated Magnet® hospitals for nursing excellence nationwide. MCNH is accredited by Det Norske Veritas (DNV) and was selected as one of the 100 SafeCare Hospitals, Fit Friendly Workplace, best regional hospitals in the Coastal Plains region for 2013-2015 by U.S. News and World Report—ranked number three (3) of all the hospitals in Georgia, Becker’s 100 Heart Programs in 2013.

The mission of MCNH is to enhance the health status of our community in partnership with our medical staff, our employees and community organizations. As such, our mission extends beyond our facilities and direct services to encompass the well-being of the communities we serve. The evolving and changing face of healthcare and meeting the healthcare needs of the people we serve require partners with joint destinies. MCNH is an organization dedicated to understanding the needs of our community and working cooperatively with others to meet these needs.

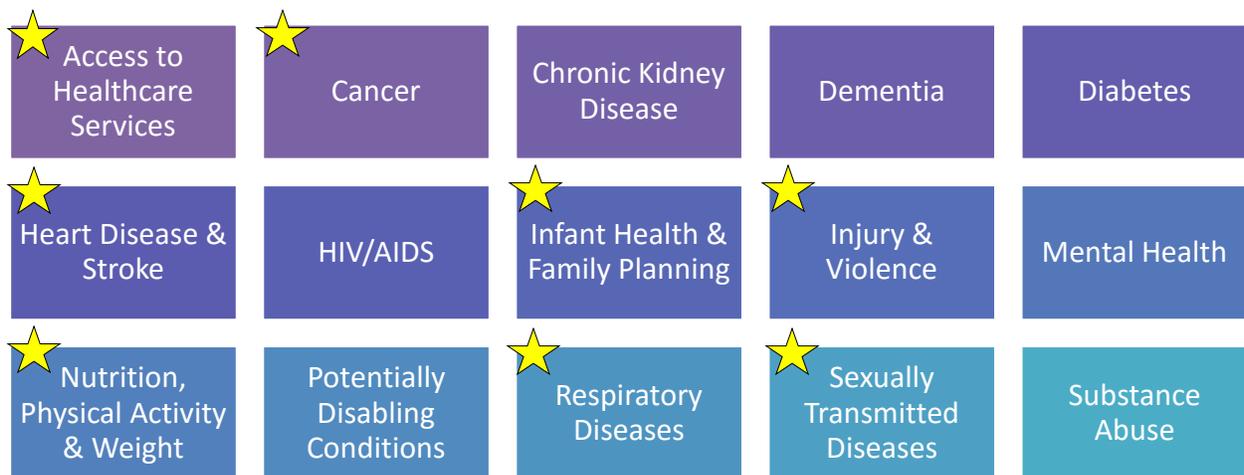
In order to know and understand how our community can become a better place for all residents to live, work and play, the health needs of our communities must be assessed. There is no better way to do that than to ask our residents. MCNH conducted its community health needs assessment in 2015 to determine the health status, behaviors and needs of residents in Bibb, Houston, Peach, Jones, Twiggs, Crawford and Monroe Counties—the primary service area for MCNH with more than 70% of admissions to MCNH originating from this seven-county area. The Community Health Needs Assessment (CHNA) was completed through a random health survey of residents in these counties, by convening key community leaders and consulting existing data sources.

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the service area of Navicent Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness. The Community Health Needs Assessment will further serve as a strategic plan to develop and implement initiatives for the community MCNH serves to reach the at risk citizens’ needs. The CHNA has defined the following counties: Bibb, Houston, Peach, Jones, Twiggs, Monroe and Crawford Counties in central Georgia as the MCNH’s primary service area (PSA).

## CHNA- Community Action Plan

After reviewing the Community Health Needs Assessment findings and the community stakeholders' prioritization of health needs, the MCNH Community Health Needs Assessment Team and the governing members of MCNH Board determined the health needs to be prioritized for implementation FY 2016-FY2018.

In consideration of the top health priorities identified through the Community Health Needs Assessment process and in overall alignment with the hospitals' mission, goals and strategic priorities, it was determined that the Medical Center, Navicent Health would focus on developing, supporting and collaborating on the highlighted strategies and initiatives to improve:



The following criteria were established and used in the prioritization process:

- **Impact/Seriousness**: The degree to which the issue affects or exacerbates other quality of life and health related issues and the opportunities to improve risk factors affecting quality of life.
- **Collaboration**: The opportunities to work and partner with other community resources addressing like or similar issues to leverage resource utilization and enhance the number of persons served.
- **Feasibility**: The ability to reasonably impact the issue, given available resources.
- **Outcomes**: The ability to measure impact and determine results of interventional measures.

The Medical Center, Navicent Health (MCNH) has been a committed and involved community partner in Community Health Action Councils and Coalitions, Community Health Summits and

## CHNA- Community Action Plan

Health Task Forces focused on planning for and improving the health of the residents in this community.

Collaborating and partnering with churches, retirement centers, colleges and universities, health care facilities, primary and secondary schools, businesses, voluntary health agencies, city and county governmental entities and public health organizations continues to be central and critical to achieving the mission of MCNH which is “to enhance the health status of our community in partnership with our medical staff, our employees and *community organizations*”.

The areas of opportunity identified through the Community Health Needs Assessment (CHNA) and prioritized for implementation used as one of its key criteria, collaboration-- opportunities to partner with other community resources addressing same or similar issues. Leveraging the collective resources in a community and aligning like or complimentary goals for improving the health of the community extend the breadth and depth of the services that can be delivered, the number of persons reached and outcomes realized. There are several key partnerships actively addressing other areas of opportunity identified through the CHNA. It is important to note that prioritization considered the extensive work already being done in these areas by MCNH and others in the community.

### **Priority 1: To Improve Access to Healthcare Services**

- To reduce potentially avoidable admissions.
- To increase extended periods of wellness, as well as maintenance services.
- To reduce the rate of lack of on-going medical care from 24.1% to 20% in the primary service area.

While regionally, there are statistically enough primary care physicians to achieve the Healthily People 2020 goal of primary care access, the large proportion of those physicians practicing in academics falsely elevates their perceived capacity. Access challenges exist across the Navicent Health total service area, as the access is especially difficult in lower income neighborhoods. Twenty-four percent (24%) of Central Georgia adults report not having a specific source of on-going medical care. In Bibb County alone, 43% reported that they experienced difficulties or delays of some kind in receiving needed healthcare in the past year in comparison to the total service area and the United States at 39.5% and 39.9% respectively.

Closely associated with this finding is the number of residents living below 200% of the Poverty Level which is 40.6% for the area and 47.5% in Bibb; nearly one in two Bibb residents. Even if low income residents qualify for a government sponsored insurance plan, they also have social determinants that impact their access to care with lack of transportation being Key. Many private physician offices are not accepting Medicaid Patients and many have now limited their practice to new Medicare Patients.

## CHNA- Community Action Plan

Navigent Health (then called Central Georgia Health System) operated two Neighborhood Health Centers in low income areas of Macon from 1996-2006. These Nurse Practitioner-staffed clinics served as the medical home for approximately 8,000 area residents providing basic primary and preventative care to Children and Adults including pre-natal care.

Originally, the CHNA action plan embarked on efforts to re-open two clinics and to focus on east Macon and South Macon. However, after additional discussions with First Choice Primary Care (FCPC) the Bibb County FQHC (Federally Qualified Health Center), it was determined that partnering with them to open up additional access points beyond the 3 they already operate in Bibb County would be more impactful. By mission, and with support from HRSA, FQHCs are committed to serve the under and un-insured populations. As of 2014, there was a deficit of 47 primary care physicians in the primary service area.

Navigent Health is providing enabling funds to FCPC to establish two additional access clinics.



The first site involves the incorporation of South Macon Family Medicine on South Houston Avenue. This is the practice of a private Family Medicine physician who is planning to scale back his practice and ultimately retire within the next few years. He is the only private practice in this zip code and has a large panel of patients in his practice, many of whom literally walk to his office. FCPC will employ this physician and add additional mid-level

providers so additional patients can use this site as their Medical Home, both patients now seen in FCPC's existing locations and new patients from the south Macon area who could not travel to the downtown sites. This clinic will transition to FCPC before the end of 2016.

The second site will be a clinic site to be located in the Curtis Raines Senior Health Center (CRSHC) and involves a partnership of Navigent Health, FCPC, the Curtis Raines Senior Foundation and Community Health Services of Georgia (CHofG). The CRSHC is the former site of the Bel Arbor Nursing Home and has been vacant for the last 4 years. In addition to the primary care FCPC will offer in the site, the Health Center envisions wellness services, dental services and behavioral health. The location is ideal as there is no other private physician within a 4-mile radius and the neighborhood includes high density senior housing and many low income households.



## CHNA- Community Action Plan



Navicent will again provide enabling funds to FCPC to open and equip this clinic site and will provide a separate grant for the general renovations of the building to allow a primary care clinic to be established. A specific opening time line is being worked on by all the partners but we hope to see this site open in the spring of 2017.

Navicent Health will also place one of our Healthy Community Case Managers at the Raines Center and his/her role will be to establish the Community Health Coach Program. This program will involve members of the Bellevue Neighborhood who will be recruited and trained to be “lay health coaches” and make home visits to area residents to encourage healthy behaviors and monitor their health conditions before they decline to the point of needing to be seen in an emergency room.



Navicent Health understands providing care locally is paramount to customer engagement especially in light of the CHNA findings of access issues, high-age adjusted death rate for preventative conditions, and health-risk factors. Supporting the Raines Community center in an area at high-risk of health outcome disparities will better position NH to positively impact these outcomes. Given the lack of mental health resources in our primary service area and the high-depression rates noted in the CHNA,

focusing on extending periods of mental wellness is equally important to physical wellness. Behavioral supportive services are planned to be provided in the clinic by advanced practice nurses and physicians.

### Tower Medicine/Access to Healthcare – Older Adults

The Central Georgia region has a disproportionate population of older adults, especially in the rural counties. A sizeable number of retirees come from Warner Robins (Houston County) military base, but there is also an effect of the younger population moving out and older adults moving back to be near family. Older adults have more health issues and require more healthcare services than the younger population. The older population (65 years and older) of the Central Georgia is 19.5% who do not have a specific source of medical care. Approximately 9% reported difficulty accessing transportation to medical care facilities.



Our focus will be to provide education, health screenings and case management services to residents of Bibb County Senior Living Towers allowing these customers access where they live. The strategic objective is to focus on potentially avoidable admissions and extended periods of

## CHNA- Community Action Plan

wellness, as well as maintenance services (i.e., home health therapy) using Healthy Communities Case Managers.



### **Priority 2: To promote, advocate and facilitate improved health status in this community by identifying and addressing gaps in services for adults.**

- To reduce potentially avoidable admissions and readmissions
- To increase extended periods of wellness as well maintenance services

#### Palliative Care Counseling Program for Heart Failure/Heart Disease



Heart disease is the leading cause of death in the United States. Heart disease and stroke are the most widespread and costly health problems facing the nation today accounting than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Heart disease (heart failure) is the #1 leading cause of death in Navicent Health’s primary service area. Between 2011 and 2013, there was an average age-adjusted heart disease rate of 213.7 deaths per 100,000. These statistics fared worse than the Georgia’s rate as well as the national rate. This rate fails to satisfy the Healthy People 2020 target of 156.9 per 100,000 or lower as adjusted to account for all diseases of the heart. Focus group participants ranked heart disease as a “major problem”.

In fiscal year 2015, there were over 1,200 admissions to Medical Center, Navicent Health and data revealed an obvious disparity in the age mix of Black and White patients with disparity Blacks being both younger and sicker related to more comorbidity. Over 90% of the admissions under the age of 50 years are Blacks. The mortality of heart failure is determined more by the presence of the condition than by age, so a disparity in age adjusted mortality is strongly suspected. Navicent Health will focus on the presence and the severity of this disease with the plan to design and implement a palliative care project around heart failure. Palliative Care Counselors will provide services to individuals who have later stages of Heart Failure through inpatient and home visits. The focus will be to increase the understanding of the severity of the illness and taking an active role in managing the Patient’s own illness. The counselor will be using motivational interviewing, developing a stronger support system and initiating advance care planning. Through this program, morbidity, readmission and mortality will be reduced among this population.



## CHNA- Community Action Plan

### Community Education and Services for Chronic Obstructive Pulmonary Disease

The prevalence of tobacco use (% of current smokers) is 17.3 % in our PSA compared to 18.8% for Georgia and 14.9% for the US. Cigarette smoking is the most common cause of chronic obstructive pulmonary disease (COPD) and quitting smoking is the best way to avoid developing COPD. Community education programs about COPD and risk factors such as tobacco use will be offered in counties throughout the primary service area. A COPD Disease

Management Program will also be offered for patients diagnosed with COPD who are smokers and have chosen to quit smoking to improve their health and well-being. Participants will be chosen from patients readmitted with COPD exacerbations identified through MCNH Cardiopulmonary Rehab, Navicent Health and Respiratory Service Staff and must be MD referred. The program will be facilitated by Heartworks staff. COPD patients will be referred to Home Health, Navicent Health for home monitoring and continued follow-up and management. Home Health, Navicent will be involved in the community education programs on chronic obstructive pulmonary disease and risk factors for COPD.

### Faith-Based Outreach Program

The Faith Based Outreach Program will serve as an intermediary between the faith and health communities. The church based nurse or allied health worker will provide educational programs to the church members and provide selected screenings. The program will assist the church to improve social support and social networking that will encourage healthy behaviors. This will lead to improved health in that church community as the church members begin to take an active role in managing their own health. Sixty-five percent (65%) of respondents in the 2015 CHNA report they attended a church service within the last month, so contacting Central Georgians through their churches is an excellent point of contact. The goals for FY 2017 and 2018 are to establish two Faith Based Programs in predominately African American churches.

### MedLaw Program – Medical Legal Partnership (MLP)



A substantial number of patients in central Georgia face significant obstacles to their total wellness; an estimated 40% of health outcomes are shaped not by genetics or bad habits but by powerful socioeconomic factors, namely income, education, and employment. One of every six people lives in the low income range, and every low income person in that group has 2-3 unmet legal needs. Left unresolved, these legal issues negate the work of the medical team and set patients back in treatment and management of their conditions.

## CHNA- Community Action Plan

MedLaw will screen and assist patients or their families with legal needs in defined practice areas identified as interfering with the patients' health and wellness, namely education, housing, public benefits, elder law, family law, employment, and advance planning. We will train physicians and hospital staff to understand and identify the legal issues that patients face and how to bring in an MLP lawyer to address those problems before they become critical. The MLP will be interdisciplinary with case acceptance discussed among the GLSP attorney, the Medical Director, clinic students, and other GLSP employees after hospital staff or physicians identify the legal barrier to improved health and make a referral to the MLP. Ideally the electronic health record would have a pull-down menu for the provider to select and track the identified threshold legal need for the referral. If the case is accepted by GLSP, health care records would be shared with the consent of the patient or appropriate surrogate decision-maker.



### Cancer Resource Navigator Program

The Cancer Life Center works very closely with CHW, the local partner for the Georgia Cancer Coalition. The Cancer Life Center partners extensively with the Bibb County American Cancer Society (ACS) for community education, patient navigation, prevention and screening activities. ACS works in collaboration with Navicent Health, Cancer Life Center to provide a cancer resource navigator that supports the underserved population of this region.



### Cancer Well Fit

The Cancer WellFit project has numerous community partners including ACS, Susan G. Komen Breast Cancer Foundation, Medcen Community Health Foundation, H.E.A.T. (Health Employees Achieving Tomorrow), MCNH Retirees and Auxiliary making it possible to provide this exercise, education and support program to oncology patients at no cost to any Central Georgia citizen diagnosed with cancer.

**Priority 3: To Promote, advocate and facilitate improved health status in this community by identifying and addressing gaps in services for Infants, Children and Families.**

- To increase knowledge of chronic diseases
- To increase extended periods of wellness and maintenance
- To decrease childhood and infant mortality

Pediatric Educational Program for Asthma

Asthma is a significant public health burden. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health. In The Medical Center Navicent Health's primary service area, children under the age of 18, 4.4% currently have asthma of which 5.3% of the total service area lives in Bibb County. The prevalence of asthma for this age group has increased significantly over time. Sixteen percent (16%) of the focus group participants perceived that childhood asthma is a "moderate" problem. Significant disparities in asthma morbidity and mortality exist. The populations with higher rates of asthma include boys (among children), Blacks, and people living below the Federal poverty level. One issue that has been identified in MCNH's primary service area is pediatric patients are staying in the "Yellow Zone" too long without seeking medical advice related to lack of awareness by families of the gravity of the disease. MCNH is focused on providing appropriate education on the Asthma Action Plan for pediatric patients and parents at the Children Health Center. Another focus is to reinforce home monitoring by implementing a school nurse monitoring program in Bibb County with the goal of early recognition of illness leads to early interventions.

Nutrition, Physical Activity and Weight Program for Children

In partnership with The Wellness Center, a 12-month program which includes an intensive nutrition and fitness camp will be held for 20-30 children who fall in the category of 91<sup>st</sup>-95<sup>th</sup> percentile in weight for their age group. The program will target children 8-11 years of age. The percentage of children ages 5-17 who spent more than 3 hours per day watching television and using computers (screen time) was 61.4% as compared to 43.4% for the US. Also, more than 25% of children in this age group are overweight. The goals for Children's Hospital Simmer Day Camp are:

1. Provide a four-part (4) Nutrition Education Series entitled "Eating Healthy on A Budget".
2. Provide 40 hours of exercise and movement to off-set sedentary lifestyles.
3. Provide 20 hours of Anti-Bullying and Bullying Prevention.
4. Increase performance by 20% - President's Fitness Test (pre/post-tests).

## Bo's Camp



Bo's Camp is a weekend bereavement camp for children and their parents or guardians held at Hephzibah Children's Home in Macon, GA. It is a free camp held annually the last weekend in September. This year's camp dates were September 23rd-25th, 2016.

Children's Hospital, Navicent Health has an active palliative care program called HUGS (Helping Understanding Guiding & Support) which provides support and care for children and their families with chronic medical conditions or life limiting illnesses. Bo's Camp is an outreach service of this program.



The camp name and the spirit of Bo's Camp are based upon the many lives of children and loved ones that have gone too soon. It is because of children like Bo and others that camp fulfills a mission and a need in our region. Bo's Camp offers a safe place for campers to explore their feelings and share experiences with others their age in a professional, compassionate and family-centered environment that will assist in the healing process. Our mission is to offer hope for brighter tomorrows.

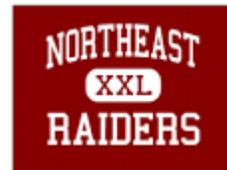
## Community Outreach and Injury Prevention Initiatives

In general, our community outreach and injury prevention initiatives include a wide range of activities aimed at reducing risks or threats to health. These activities can be grouped into one of three categories: 1- Primary prevention seeks to totally eliminate the injury incident from occurring. 2- Secondary prevention minimizes the severity of injuries that occur during incidents that cannot be primarily prevented. 3- Tertiary prevention involves efforts following the incident that will optimize the outcome from injury, regardless of injury severity. A comprehensive injury prevention and outreach program seeks to address one or more categories of injury prevention as any single approach to injury prevention may be ineffective. The multi-faceted approach utilized by Trauma Services is designed to reduce the occurrence of injuries as well as reduce the morbidity and mortality of injuries once they occur.

*Georgia Teens Ride with P.R.I.D.E.* (Parents Reducing Injuries and Driver Error) program was created by the Georgia Traffic Injury Prevention Institute (GTIPI) in an effort to reduce the high number of crashes, injuries and fatalities involving teen drivers in our state. The Georgia Teens Ride with P.R.I.D.E. program is a National Awarded-Winning Program supported by a grant from the Governor's Office of Highway Safety. Program consist of a 2-hour course for teens and parents that addresses driver's attitude, knowledge and behavior. The program is also supported by the Nations Highway Traffic Safety Administration (NHTSA), Georgia Department of Driver's Services and the Georgia State Patrol. Navicent partnered with GTIPI and number area law enforcement agencies to conduct local P.R.I.D.E. offerings. Navicent has both hosted and participated in the delivery of this offering.

Raiders United Promise Center

Navicent Health with United Way as a primary partner has submitted a Federal Grant application to open a Promise Center called Raiders United. It will be located in the North East High School, Appling Middle School, and three elementary schools in the East Macon school zone. We plan to work with First Choice Primary Care (FQHC), Mercer School of Medicine, Bibb County Health Department and other partners to provide school based clinic programs that will focus around teenage services. The goals include reduction in teenage pregnancy rates and associated conditions, such as, low birth weights, premature infants and sexually transmitted diseases. The Promise Center will provide services for teenagers, adolescents and their families to address the social determinants that prevent them from healthy living. A pledge has been made for Navicent Health to donate a Neonatal Transport Ambulance that will be renovated with the grant funds to serve as a Mobile Health Clinic throughout east Macon where Raiders United is focused.



### Health Priorities Not Chosen for Action

<i>Health Priorities Not Chosen for Action</i>	<i>Reason</i>
<i>Cancer</i>	<i>The Medical Center feels efforts already exist to provide access to health services, early detection of cancer and community education about cancer prevention (via the Cancer Life Center, Central Georgia Breast Center and community health fairs). Limited resources excluded cancer-specific initiatives as an area chosen for action at this time.</i>
<i>Chronic Kidney Disease</i>	<i>The Medical Center feels that more pressing health needs exist in the community. Limited resources and lower priority excluded this as an area chosen for action.</i>
<i>HIV/AIDS</i>	<i>The Medical Center believes that this priority area falls more within the purview of the county health department, The Hope Center, and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.</i>
<i>Potentially Disabling Conditions</i>	<i>The Wellness Center at Navicent Health offers reasonable cost for membership and access to many club activities including Silver Sneakers, Aqua Zumba and Aqua Fitness. Limited resources and lower priority excluded this as an area chosen for action.</i>
<i>Dementia, Including Alzheimer's Disease</i>	<i>The Medical Center believes that this priority area falls more within the purview of the county health department and other community organizations (River Edge Behavioral Health Center, HODAC and Lake Bridge Behavioral Center). Limited resources and lower priority excluded this as an area chosen for action.</i>
<i>Mental Health and Substance Abuse</i>	<i>The Medical Center believes that this priority area falls more within the purview of the county health department and other community organizations (River Edge Behavioral Health Center, HODAC and Lake Bridge Behavioral Center). Limited resources and lower priority excluded this as an area chosen for action.</i>

### Summary and Going Forward

The priorities that are listed in this plan are not all inclusive of the many services and efforts Navicent Health offers each year to improve the health status of the communities we serve. It is a dynamic process where we will continue to add strategies as needs arise. Navicent Health will work with additional community partners in County Government, Public Health, Educational and Housing organizations, Non-Profits and others to improve the health status in all of Central Georgia.

**Adoption of Implementation Plan**

On \_\_\_\_\_(date), the Board of the Medical Center of Central Georgia met to discuss this Plan for addressing selected community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Plan and the related budget items to undertake these measures to meet specific health needs in the community.

CGHS/MCNH, CEO/President Approval and Adoption:

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Name & Title

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Date

MCNH Board Approval & Adoption:

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Name & Title

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Date