MARSHALL MEDICAL CENTER

Community Health Needs Assessment

Implementation Strategy 2023–2026

MAURY REGIONAL HEALTH

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About Marshall Medical Center

In the early 1990s, the state of Tennessee experienced a rapidly changing healthcare environment leading to the creation of Maury Regional Health (MRH), the largest health care provider in southern Middle Tennessee, with approximately 3,000 employees. In addition to three hospitals, Maury Regional Medical Center, Marshall Medical Center, and Wayne Medical Center, the non-profit MRH operates a number of clinics including federally qualified health centers (FQHC)s and rural health clinics (RHCs), urgent care, surgery centers, outpatient facilities, and a physician practice network. The Maury Regional Medical Group includes physicians for both primary and specialty services and provides care by appointment and on a walk-in basis, offering a sliding fee schedule for financially eligible patients, at multiple locations in Maury, Lewis, Marshall and Wayne counties.

Marshall Medical Center (MMC) in Lewisburg offers a full range of health care services including a 24-hour emergency department, inpatient care, surgical services, diagnostic imaging, therapy services, sleep center and a physician specialist clinic. Marshall Medical Center is designated as a critical access hospital (CAH) with 25 inpatient beds. In addition, Marshall Medical Center coordinates with several of MRH's federally qualified health centers (FQHCs) and rural health clinics (RHCs), which help increase access to primary care in rural communities.

Purpose of CHNA and Implementation Strategy

Marshall Medical Center has completed a Community Health Needs Assessment (CHNA) in accordance with the Patient Protection and Affordable Care Act of 2010 and in collaboration with Maury Regional Health, Maury Regional Medical Center, and Wayne Medical Center. More importantly, our 2022-2025 CHNA has been used to update our understanding of the health needs of our community and informed this three-year plan to further the efforts of our health system's Mission, Vision, and Values and to enhance community health for all the residents of our health system's six counties, and in particular Marshall County.

MISSION - Clinical Excellence. Compassionate Care. Always.

VISION - To be the independent premier choice for health and wellness by delivering a superior patient experience.

VALUES -

W - Wholeness: Wellness-centered care of mind, body and spirit for our patients and health care team.

E - Empathy: Understanding the feelings of others as we walk with them on their path to wellness.

C - Community: Creating relationships, connections and trust.

A - Advocacy: Defending the rights of all to be heard.

R - Respect: Treating everyone with dignity and respect.

E - Equity: Providing each individual a fair opportunity to achieve their full potential.

Process/Methods Highlights

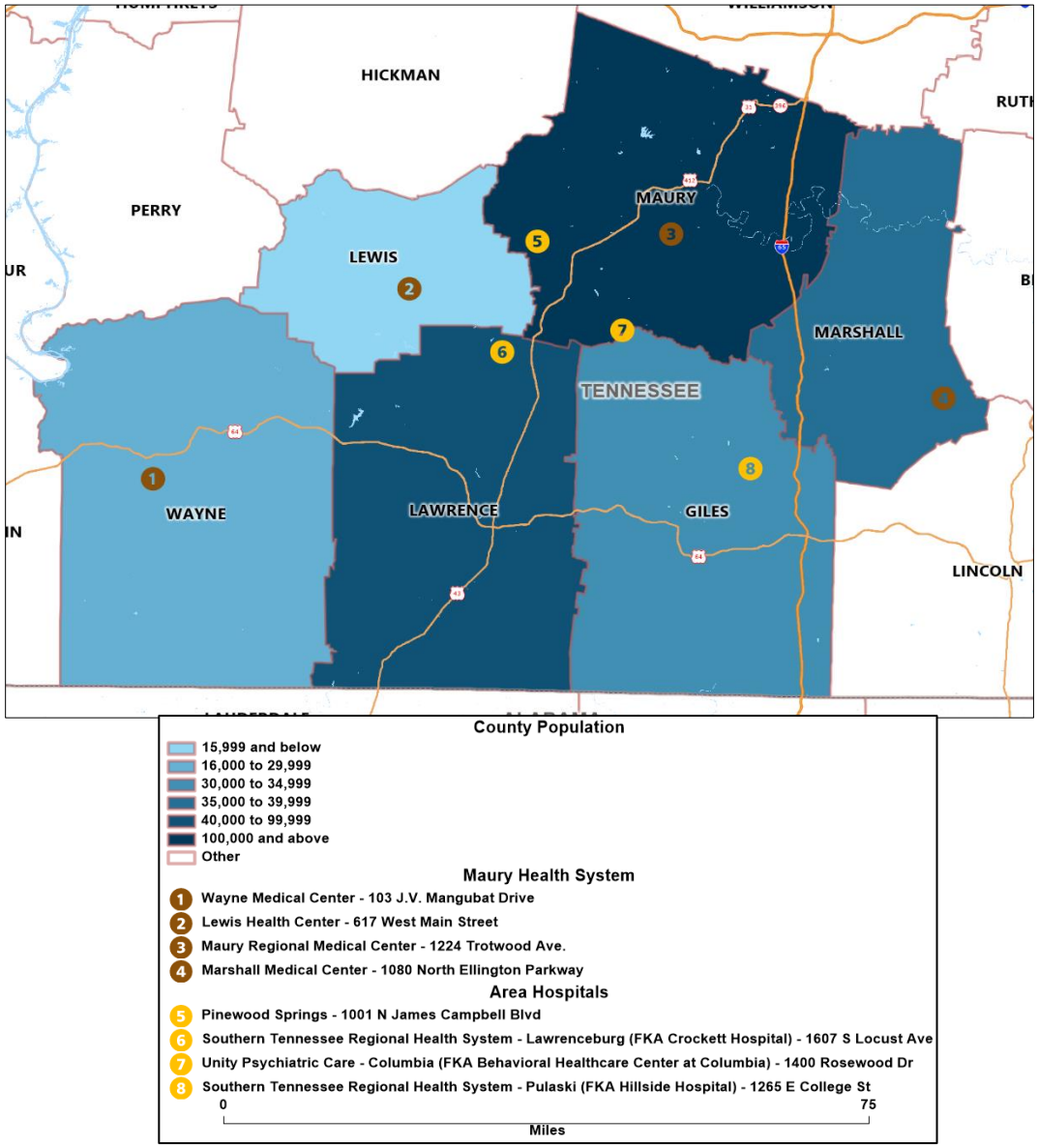
We engaged Premier, Inc., to partner with us in completing the CHNA and convened a CHNA Advisory Group, comprised of health system leadership, with diverse experience and perspectives key to providing insight, context, guidance, and making decisions that supported the completion of the CHNA. Quantitatively, we reviewed a broad range of publicly available data across economic, environmental, behavioral, clinical, and social elements that contribute to health needs and identified top health and health related needs in the community. Qualitatively, experienced community leaders from approximately 18 organizations representing local, rural, medically underserved, low-income, and minority perspectives provided input into the development of our CHNA. Another 247 community members residing in the six counties documented their opinions and concerns in an online survey.

All this information was analyzed to identify the largest community issue areas and then prioritized to identify the five significant health needs for which this Implementation Strategy has been assembled.

Defined Community

For the CHNA, MRH's community is defined as the six counties in southern middle Tennessee including Giles, Lawrence, Lewis, Marshall, Maury, and Wayne. The map (Figure 1) provided below illustrates these six counties and where MRH has a physical presence. The community is highly rural, but located between nearby metropolitan areas Nashville, TN and Huntsville, AL.

Figure 1. Map of Defined Communities



Our community is home for more than 248,000 residents with less favorable household income, poverty rates and unemployment rates compared to the state of Tennessee. A variety of other indicators illustrate poor health and opportunity for improvement. Significant portions of our community are designated as health professional shortage areas, medically underserved areas, or both. Residents have

varying access to preventive, primary, and specialty care services, and many use the network of federally qualified health centers (FQHCs) and rural health clinics (RHCs) as their medical home instead of overusing the emergency department. Further, access to healthy, affordable food, quality housing, and green space differs among the six counties.

Our Community at a Glance

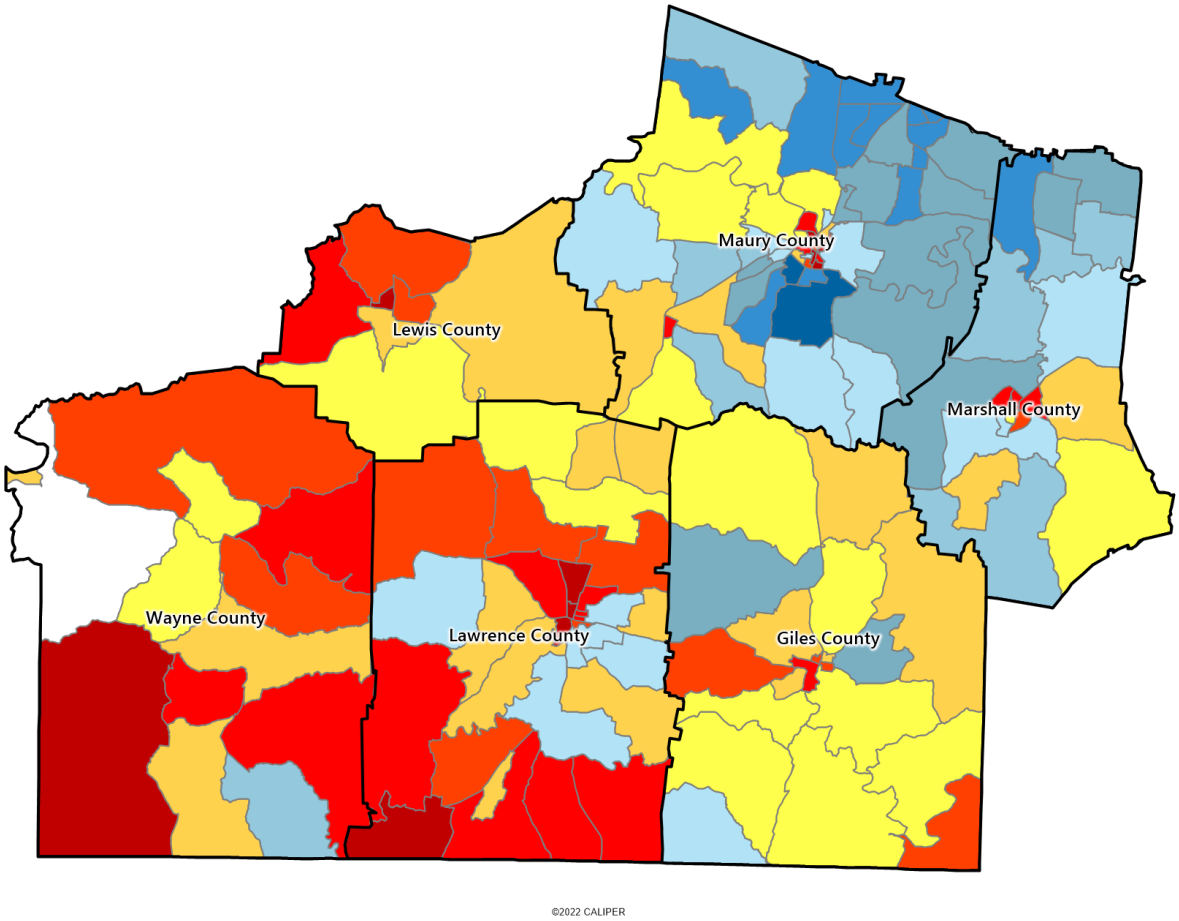
Defined community: Giles, Lawrence, Lewis, Marshall, Maury, and Wayne Counties **Population:** 248,188; incorporated areas, 51.6%; White Non-Hispanic, 80.6% **% Uninsured age 0-64:** 12.0%	**Providers:** Shortages of Primary Care and Specialists **Preventive Care:** Screenings and COVID-19 vaccinations are low **Top conditions for hospitalization:** Respiratory, Circulatory, and Maternal/Infant
Median Household Income: $57,409 **Families Below Poverty:** 11.7% **% Homeowners:** 73.2% **% Households with a Vehicle:** 95.0% **% Food Insecure:** 12.9%	**Behavioral Health:** High numbers for depression, poor mental health, suicide, and smoking **Life expectancy:** age 75 **Leading causes of death:** Heart disease, cancer and COVID-19

To find the areas of highest need in our six-county community, we reviewed the University of Wisconsin School of Medicine and Public Health's Area Deprivation Index (ADI) v3.2. Research conducted for the ADI concluded that "Living in a disadvantaged neighborhood has been linked to a number of healthcare outcomes, including higher rates of diabetes and cardiovascular disease, increased utilization of health services, and earlier death." There are many dimensions of disparity (race, ethnicity, gender, age, socioeconomic status, geographic location, etc.), but the ADI includes factors for the theoretical domains of income, education, employment, and housing quality and combines them into a single value.[1]

While our objective is to enhance community health for all residents of our six counties, we recognize improvement is particularly critical for neighborhoods or populations experiencing health disparities. The greatest areas of need were identified in Wayne and Lawrence, but each of the other four counties (Giles, Lewis, Marshall, and Maury) also show highly disadvantaged neighborhoods (Figure 2).

[1] Kind AJH, Buckingham W. Making Neighborhood Disadvantage Metrics Accessible: The Neighborhood Atlas. New England Journal of Medicine, 2018. 378: 2456-2458. DOI: 10.1056/NEJMp1802313. PMCID: PMC6051533. AND University of Wisconsin School of Medicine Public Health. 2020 Area Deprivation Index v3.2. https://www.neighborhoodatlas.medicine.wisc.edu/ Accessed 27 February 2023.

Figure 2. Area Deprivation Index Map, 2020



Data Source: University of Wisconsin School of Medicine Public Health. 2020 Area Deprivation Index v3.2. https://www.neighborhoodatlas.medicine.wisc.edu. Accessed 27 February 2023.

Community Health Needs Identified in the CHNA

The 2022-2025 Community Health Needs Assessment (CHNA) available on our website at https://www.mauryregional.com/community-health-events/population-health/community-health-needs-assessment was prepared as we transition from the COVID-19 pandemic which gravely impacted our community physically, psychosocially, and economically. Notably, research revealed that many of the health issues identified in our previous CHNAs remain the same: access, chronic illness (diabetes and hypertension), and challenges related to diet and nutrition, poor mental health, and substance misuse worsened. Alongside these issues, common across the U.S., are concerns related specifically to the rural status of the community: geographical disparity and provider shortages, transportation, and lack of economic development.

Through the CHNA, we analyzed publicly available data and obtained input from our community members and leaders to learn what they believe are the major issue areas. From these issue areas, we identified significant health needs evaluating the relative size of the issue, how important an issue was to the community, and whether there were existing efforts or partners. The following four criteria were utilized in the prioritization model:

- **Magnitude** – evaluated the quantitative impact of the issue area in comparison to the state statistic for approximately 100 indicators collected from publicly available sources
- **Relevance** – assessed the community opinion of the issue areas being a significant health need through a composite score based upon interviews and the CHNA Survey
- **Alignment** – considered whether the issue area was also identified as a County Health Department community health assessment priority
- **Momentum** – reviewed if the issue area was a priority in the previous implementation strategy to leverage infrastructure and continue progress on existing interventions and initiatives

Based upon this methodology, MRH identified the below five significant health needs and our areas of focus for the next three years:

1. Mental Health
2. Substance Misuse
3. Chronic Conditions
4. Access to Care
5. Health Disparity

MRH and MMC leaders reviewed and recommended these priorities. The MMC leaders and Marshall Medical Center Board of Directors reviewed and accepted the planned actions described in the next pages. The MRH Board of Trustees approved these final priorities on June 29, 2023 and the Implementation Strategy on September 28, 2023.

Significant Health Needs the Hospital Will Address

The following pages outline the individual strategies and activities Marshall Medical Center (MMC) will implement including 1) actions the hospital plans to undertake in addressing each significant need, 2) the anticipated impact of these actions, 3) the resources the hospital plans to commit to each strategy, and 4) the planned community collaborations that will enhance the work outlined.

Marshall Medical Center (MMC) partners include:

- Maury Regional Medical Center (MRMC)
- Wayne Medical Center (WMC)
- Maury Regional Health (MRH)
- Maury Regional Medical Group (MRMG)
- Maury Regional Health Care Foundation (MRHCF)
- Maury Regional Mobile Health Unit (MHU)
- Marshall County Health Council
- Marshall County Economic Development Board
- Other valued community collaborators as detailed in the pages that follow

1. Mental Health

Priority Health Need:

The COVID-19 pandemic revealed both need and understanding that mental health influences physical health and vice versa. For this reason, mental health care, life stressors and crises, and stress-related physical symptoms must be considered a vital part of overall health and wellness. The challenges of the pandemic and the related economic recession negatively affected people already suffering from mental illness and substance use disorders and created a new population in distress. Adults living in the six counties self-reported worse than state averages for poor mental health and depression. Social association rates are low in the more rural counties, and suicide rates are high in all counties, except Maury County. Mental health was frequently mentioned as a community concern in interviews and surveys.

Goal:

Increase community awareness and access of resources to stabilize and improve mental health conditions.

Expected Impact:

Improve the mental and overall health of our six-county residents by increasing the availability of qualified behavioral health providers/support teams and, community education and awareness that promotes early detection as well as treatment referral to avoid more serious conditions.

Actions:

- Maury Regional Health Care Foundation (MRHCF)
    - MRHCF will continue to raise funds specifically for our *Behavioral Health Fund,* which provides financial support to address the behavioral health needs of Maury Regional Health (MRH) patients as well as MRH employees and their families. [This fund is also relevant to the second priority health need listed, substance misuse].
- Maury Regional Mobile Health Unit (MHU)
    - The MHU will dedicate preventive and health related social services in areas of the six counties with higher numbers of uninsured and underserved, and a specific focus on the unhoused.
    - The Mobile Health Unit nurse will keep current on certifications for QPR Suicide Prevention and ASIST (Applied Suicide Intervention Skills Training) and stock educational handouts (e.g. Suicide Prevention; Suicide Hotline contact information; and Cutting and Self-harm) for distribution to community members.
- Increase access to services/resources
    - The Maury Regional Medical Group (MRMG) is applying to become a Certified Community Behavioral Health Clinic (CCBHC), in Columbia, TN, designed to ensure access to coordinated comprehensive behavioral health care to Marshall County

residents and others living in the six-county region. [This activity is also relevant to the second priority health need listed, substance misuse].
    - To extend available mental health services MRMG will implement an integrated behavioral health model into primary care practice though the continued partnership with *Integrative Health Centers* (*IHC)* to provide telepsychiatry services.
    - MMC will continue to operate a crisis intervention telepsychiatry program in collaboration with *Centerstone*.
    - MMC will also continue to offer Beyond Tomorrow, a free guidance and support group for individuals aged 65 and older coping with age related issues, including depression and anxiety. Meetings are facilitated by certified counselors and therapists associated with MMC's Senior Life Solutions; an intensive outpatient therapy program designed to meet the unique needs of older adults.
    - With approximately 3,000 employed care givers and support staff across the six counties, MRH developed the Maury Strong Program that models total employee wellness under four pillars: physical, emotional, spiritual, and financial wellness. This program increases MRH employee access to a variety of mental health services such as a partnership with *BHS* to offer critical incident response as well as telephonic, virtual, and traditional counseling services, sponsored events to encourage the regular practice of mindfulness, and links to relaxation exercises.
- Community awareness and education
    - MRH is developing a community accessible, consolidated web page of educational materials and area resources for mental health and other significant needs identified in the CHNA.
    - MRH will publicly post *Health-Feed* blog articles including content on mental health and other significant needs identified in the CHNA.
- Community Coordination
    - With the goal of developing a community approach to mental health provider supply, referral, coordination, and treatment MMC will support MRH efforts and also continue to serve on the *Marshall County Health Council*.

2. Substance Misuse

Priority Health Need:

As noted in the previous priority health need 'mental health influences physical health and vice versa'; life stressors and crises, chronic pain, and easy access to addictive substances can negatively impact overall wellness. Traditional health insurance does not consistently cover mental health and infrequently covers addiction services. Paying out of pocket for these services can be enormously expensive and in underserved communities where individuals are faced with economic and social

disparities and limited available resources, the challenge is worse. Interviews and surveys identified need for initiatives around nicotine use (tobacco or vaping), and substance misuse (alcohol, narcotics, and opioids) both youth and adults.

Goal:

Increase community awareness of consequences of substance misuse and enhance the availability of resources for addiction treatment and recovery.

Expected Impact:

Promote substance misuse prevention through early education and awareness. Improve mental and physical wellness by increasing the availability of qualified addiction providers and support teams as well as the broadening symptom identification and referrals to associated services.

Actions:

- Maury Regional Health Care Foundation (MRHCF)
    - As with the prior significant need, MRHCF will continue to raise funds specifically for our *Behavioral Health Fund,* which provides financial support to address MRH patients as well as MRH employees and their families [This fund is also relevant to the first priority health need listed, mental health].
    - MRHCF will continue to fund MRH sponsored smoking cessation classes, materials and medications.
- Maury Regional Mobile Health Unit (MHU)
    - MHU is planning to implement a *Tennessee Department of Mental Health and Substance Abuse* sponsored Narcan Education Initiative and invite community partners working with at-risk populations, as well as interested community residents.
    - Mobile Health Unit staff will provide education and informational handouts on related content (e.g. Facts about Fentanyl; Look Alike Meds laced with Fentanyl; How to save a life after overdose; Nicotine Cessation; and Tobacco Dip and Vaping Health Hazards).
- Increase access to services/resources
    - The Maury Regional Medical Group (MRMG) is applying to become a Certified Community Behavioral Health Clinic (CCBHC), in Columbia, TN, designed to ensure access to coordinated comprehensive behavioral health care to Marshall County residents and others living in the six-county region. [This activity is also relevant to the first priority health need listed, mental health].
    - MMC is implementing inpatient processes that identify persons requiring non-opioid pain management and other similar health system patient safety improvements (e.g. MRH Opioid Lite Pharmacy Committee designed to educate prescribing providers and monitor emergency room opioid prescribing trends).
- Community awareness and education
    - MRH is developing a community accessible, consolidated web page of educational

materials and area resources for substance misuse and other significant needs identified in the CHNA.

- MRH will publicly post Health-Feed blog articles with a focus upon healthy living and avoidance of misuse of smoking, alcohol, and drugs.

- Community coordination

  As with the first priority health need listed, mental health, MRH's goal for substance misuse is to develop a community approach for provider supply, referral, coordination, and treatment. MMC will support MRH efforts and continue to serve on the *Marshall County Health Council.*

3. Chronic Conditions

Priority Health Need:

As described in our CHNA, chronic diseases are the leading cause of death and disability in the United States and drivers of the nation's $4.1 trillion in annual health care costs. The CDC has identified four lifestyle risk factors that increase risk for chronic conditions: (1) tobacco use, (2) poor nutrition, (3) lack of physical activity, and (4) excessive alcohol use.[2] The percentage of our community rating their health as either fair or poor was high compared to the state average and 32.6% reported being physically inactive. Residents self-reported higher percentages of obesity, coronary heart disease, chronic kidney disease, and arthritis. Children with food insecurity is higher than state averages in Lawrence, Lewis, and Wayne Counties.

Goal:

Promote well-being through healthy living awareness, chronic disease prevention education, and improved disease management/treatment compliance.

Expected Impact:

Improve the well-being of our community through promotion of healthy lifestyle, weight, and earlier diagnosis/intervention, which can potentially prevent or lessen the chronic disease impact. Increase available access for physical activity and for individuals currently living with illness (particularly obesity, diabetes, or hypertension/heart disease), enhance access to providers and support chronic disease management education and self-care.

Actions:

- Maury Regional Health Care Foundation (MRHCF)
  - MRHCF will continue to raise monies for a number of established funds, such as:
    - *Dr. Maura Lipp Palliative Care Fund*: Assists the Maury Regional Palliative

[2] The Center for Disease Control and Prevention. *National Center for Chronic Disease Prevention and Health Promotion*. www.cdc.gov/chronicdisease/about/index.htm. Accessed 12 June 2023.

Care program in meeting the unique needs of those facing chronic illnesses.
    - *Service Area Fund*: Assists with prescription costs, medical expenses and other needs in the service areas of cancer, cardiology, diabetes, neonatal intensive care, pediatrics and breast health.
    - *Wellness & Aquatics Complex Healthy Living Endowment*: Supports the healthy living needs of the most vulnerable among us, including but not limited to the youth, homebound and senior citizens.
  - MRHCF will sponsor diabetic education and no-cost supplies for at-risk patients and provide medication and equipment for qualifying individuals diagnosed with hypertension (blood pressure cuffs) or diabetes (glucometers).
- Maury Regional Mobile Health Unit (MHU)
  - The MHU will provide underserved community members with blood pressure monitoring and referrals to clinical care and other resources for chronic disease (especially diabetes, hypertension and obesity).
  - Mobile Health Unit staff will provide, to community members, education and informational handouts on related content (e.g. Blood Pressure Management; Nutritional support for healthy eating and weight control; Heart Attack Symptoms; Heart Healthy Eating; and booklets on diabetes, chronic heart failure (CHF) and chronic obstructive pulmonary disease (COPD)).
- Increase access to services/resources
  - MRMG is implementing an urgent care referral process to establish a plan of care for hypertension patients that do not have a primary care provider.
  - MMC will continue to host free of charge diabetic seminars on managing diabetes and high blood sugar and pre-session glucose testing. This education is facilitated by a registered nurse and certified diabetes educator.
- Community awareness and education
  - In response to the community's identified interest via the CHNA survey, MRH is developing a health nutrition/cooking program and plans on distributing healthy recipes.
  - MRH is developing a community accessible, consolidated web page of educational materials and area resources for healthy living and chronic disease management as well as other significant needs identified in the CHNA.
  - MRH will publicly post *Health-Feed* blog articles including content on healthy lifestyle, healthy eating, chronic illness (diabetes, obesity, hypertension, stroke, etc.), and other significant needs identified in the CHNA.
- Community coordination
  - MRH is investing in and implementing care transformation processes that focus on improving the patient experience of care (including quality and satisfaction); improving

health outcomes; and serving as a careful steward of health care dollars. This work extends beyond the walls of the hospital via nurse navigators and coordination across the continuum and involves care managers for patients with chronic illness.

- MMC will support MRH efforts to coordinate with various community organizations specifically for the promotion of healthy lifestyle, healthy weight, and earlier diagnosis/intervention of chronic illness and will continue to serve on the *Marshall County Health Council*.

4. Access to Care

Priority Health Need:

Access to comprehensive, coordinated, high quality health care services is essential for promoting and maintaining health, preventing and managing disease, reducing the possibility of premature death, and achieving health equity. Barriers to getting needed health services are many and include a lack of insurance, a lack of a primary care physician or medical home, and distance from conveniently accessible providers. The percentage of our community that is uninsured averages 12.0%, higher than Tennessee, 11%. Large portions of our community are designated as health professional shortage areas, medically underserved areas, or both.

Goal:

Reduce barriers to health care access and support navigation to a primary medical home. Promote utilization of preventive and primary health care service through eligibility screening for financial support and coordinated community care.

Expected Impact:

Increase the number of community members with a medical home and receiving regular preventive care. Create additional access points through health provider extenders and non-traditional services.

Actions:

- Maury Regional Health Care Foundation (MRHCF)
  - MRHCF will continue to raise monies for a number of established funds, such as:
    - *Community Health Fund*: Provides resources to assist with the unmet healthcare needs of underserved or uninsured populations.
    - *General Fund*: Support for areas of greatest need not covered by another fund.
  - MRHCF will also financially contribute to the health system's mobile health program (MHU) intended to enhance access to needed diagnostic, medical care, and health related social services for the uninsured, underserved, the homebound, and the unhoused.
- Maury Regional Mobile Health Unit (MHU)

    - The MHU will screen the uninsured, underserved, and unhoused, at various locations and in partnership with community entities that serve these at-risk populations, in all six counties.
    - The MHU will provide a selection of preventive assessments and screenings (e.g. blood pressure checks), vaccinations (e.g. flu and covid) and homebound services (including dressing changes, blood pressure checks, medication monitoring and wound checks for qualifying individuals unable to leave their homes).
    - The MHU will continue to coordinate with a number of community partners such as the *Marshall County Senior Center*, *Potter's House Community Thrift Store (Lewisburg and Chapel Hill)*, and various local entities addressing food insecurity such as the *Hopetown Food Pantry*.
- Increase access to services/resources
    - MMC's staff will continue to connect uninsured/underinsured patients to financial counselors for assistance with enrollment in state and federal health insurance or social service programs, and eligible low-income persons will be notified of MMC's financial assistance policy (charity care) and provided discounted health services.
    - MRMG will continue patient self-scheduling via online appointment technology, easing the burden of telephone wait time.
    - Starting with patients with chronic conditions (the third priority health need listed) MRMG will identify MMC Emergency Department patients without a primary care provider and help them establish a medical home.
    - MRH will continue to operate multiple FQHCs in Lewis, Marshall, Maury, and Wayne Counties and has plans to open a new FQHC in Lawrence County, in late 2023. In addition, MMC runs several RHCs in Marshall and Maury Counties. These care sites supply providers for physician shortage areas, offering sliding fee, income-based discounts to qualifying individuals and patient medication assistance.
    - In response to findings of the most recent physician supply and demand study, MMC will be hiring additional primary care and specialty care physicians to provide clinical care in the existing Lewisburg Family Practice and also rotate care at the Chapel Hill Clinic, which is planned to open in the next twelve months.
- Community awareness and education
    - MRH is developing a community accessible, consolidated web page of educational materials and area resources for diagnostic, medical care, and health related social services as well as other significant needs identified in the CHNA.
    - MRH will publicly post *Health-Feed* blog articles including content on the value of a medical home (including FQHCs and RHCs) and regular preventive care.
- Community coordination
    - MRH has a long history of collaborating with a broad range of clinical organizations

and social service agencies and will continue to leverage existing partnerships and seek new opportunities to reduce redundancies, promote access, and expand available resources for the six-county community. MMC has been foundational to these activities and will continue to support efforts.

5. Health Disparity

Priority Health Need:

Health inequities account for approximately $320 billion in U.S. annual health care spending. If unaddressed, this figure could grow to $1 trillion or more by 2040.[3] Studies have shown that people who live in rural areas face unique health challenges related to individual risk factors, social drivers of health, transportation, and lack of access to health care.[4] Except for Maury, at least 55% of our six-county community lives outside incorporated areas (towns and cities). Although only a small percentage of the community is reported to be unhoused there is a 34% growth trend over the last five years. The premature age-adjusted death rate was higher than the state in Giles, Lawrence, Wayne, but particularly Lewis County.

Goal:

Work in partnership with community-based organizations and individuals to address the complicated influences that cause health disparities, so that everyone can achieve their full potential for health and well-being.

Expected Impact:

Improve quality of life by increasing access and connections to health related social needs and healthcare services that improve overall health. Help increase the number of community members that have basic needs (such as food, housing, medications, transport, etc.).

Actions:

- Maury Regional Health Care Foundation (MRHCF)
    - MRHCF will continue to raise monies for a number of established funds, such as:
        - *Family & Friends Nutrition Fund*: Supports a Food Pantry at Discharge for Patients and Families with Food Insecurities, and Meal Tickets for Care Givers while their loved one is in the hospital.
        - *Medication & Transportation Fund*: Provides medication, medical supplies and gas cards for patients experiencing financial need.
- Maury Regional Mobile Health Unit (MHU)

[3] Deloitte Insights. (2022, June 22). *US health care can't afford health inequities*. https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html.

[4] National Institutes of Health, part of the U.S. Department of Health and Human Services. (2022, March). *Health in Rural America.* News in Health. https://newsinhealth.nih.gov/2022/03/health-rural-america.

    - As detailed in the prior four priority health needs, the mobile health program will remain a foundational resource to provide services for the uninsured, underserved, and the unhoused, in all six counties.
    - MHU will deliver preventive care assessments and screenings at events focused upon reducing disparities such as the George Turner Health Fair.
- Increase access to services/resources
    - MMC will begin screening all patients admitted to the hospital for social drivers of health (food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety).
    - MRMG will provide transportation services for FQHC patients to ensure they are able to travel to and from clinic appointments.
    - MMC plans to offer free screenings to ensure the children of qualifying families are on track for development (speech, balance and nutrition, motor skills, etc.) based on their age. These evaluations are provided by licensed therapists.
- Community awareness and education
    - MRH is developing a community accessible, consolidated web page of educational materials and area resources for all significant needs identified in the CHNA.
    - With the goal to inform other diverse groups that typically experience higher rates of health disparity, MRH will translate Health-Feed blog articles focused on our five priority areas into Spanish.
- Community coordination
    - MHU will seek membership with the *Tennessee Health Disparities Task Force* to support the efforts of the Tennessee Department of Health to develop targeted interventions for areas with the most need.
    - The MHU will continue to coordinate with *Hopetown Assistance*, *Crossroads to Home Coalition* that advocates for and supports programs and services offered by non-profit members, fosters closer communication, shares resources and develops long-term solutions for individuals experiencing homelessness, and other organizations that are focused upon care for community members without housing.
    - MMC will support MRH efforts to coordinate with various community organizations in providing each individual of our community the fair opportunity to achieve their full potential.

Needs the Hospital Will Not Address

Marshall Medical Center (MMC) is committed to improving the health of our community and all of the five significant health needs identified in the 2022-2025 CHNA (Mental Health, Substance Misuse, Chronic Conditions, Access to Care, and Health Disparity) will be addressed. In addition, we will make efforts to focus upon other issue areas such as food & nutrition or education & literacy particularly where these intersect with the five significant health needs.

Ongoing Measurement, Monitoring and Evaluation of Impact

MMC will establish metrics to measure performance and progress toward each goal described in this Implementation Strategy. Through a continuous improvement process, regular meetings with hospital and system leadership will be convened to track progress and identify opportunities for improvement to ensure the plan's success. We will continue to collaborate with established partners in the community and seek new partners in support of the evolving needs of our community.

An evaluation of the impact of the hospital's performance toward addressing these significant health needs will be reported in the next scheduled CHNA.

Report Availability and Comment

Please reference our systemwide CHNA for more information on these significant health needs, community profile, and the primary and secondary data sources used to identify those needs. The 2022-2025 CHNA and this 2023-2026 Implementation Plan will be available on our health system's website at https://www.mauryregional.com/community-health-events/population-health/community-health-needs-assessment.

Your feedback on these reports is welcome. Address written comments or requests for a copy of these documents via email to CHNAFeedback@mauryregional.com or mail us at:

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