

Macon Community Hospital

Lafayette, TN

Community Health Needs Assessment and Implementation Strategy

Adopted by Board Resolution September 7, 2021¹



¹Response to Schedule H (Form 990) Part V B 4 & Schedule H (Form 990) Part V B 9



Dear Community Member:

Our efforts to provide exceptional healthcare to the people of the greater Macon County region has long been in alignment with the needs of our community. The “2021 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Macon Community Hospital (“MCH”) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

In compliance with the Affordable Care Act, all not-for-profit hospitals are required to develop a report on the medical and health needs of the communities they serve. We welcome you to review this document not just as part of our compliance with federal law, but of our continuing efforts to meet your health and medical needs.

MCH will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

Because this report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit they provide in responding to documented community need, footnotes are provided to answer specific tax form questions; for most purposes, they may be ignored. Most importantly, this report is intended to guide our actions and the efforts of others to make needed health and medical improvements in our area.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

Thomas Kidd
Chief Executive Officer
Macon Community Hospital

TABLE OF CONTENTS

Executive Summary..... 1

Approach..... 3

 Project Objectives..... 4

 Overview of Community Health Needs Assessment 4

 Community Health Needs Assessment Subsequent to Initial Assessment..... 5

Community Characteristics..... 11

 Definition of Area Served by the Hospital..... 12

 Demographics of the Community 13

 Consumer Health Service Behavior 15

 Conclusions from Demographic Analysis Compared to National Averages..... 15

 Leading Causes of Death 17

 Social Vulnerability 19

Implementation Strategy..... 21

 Significant Health Needs..... 22

 Overall Community Need Statement and Priority Ranking Score..... 38

Appendix 39

 Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)..... 40

 Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey) 46

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

Macon Community Hospital ("MCH" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2021 Significant Health Needs identified for Macon County are:



In the Implementation Strategy section of the report, MCH addresses the four areas through identified programs, resources, and services provided by MCH, collaboration with local organizations, and provides measures to track progress.

APPROACH

APPROACH

Macon Community Hospital ("MCH" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital.² Tax reporting citations in this report are superseded by the most recent Schedule H (Form 990) filings made by the hospital.

In addition to completing a CHNA and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care
- Billing and collections
- Charges for medical care

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury.³

Project Objectives

MCH partnered with Quorum Health Resources ("Quorum") to:⁴

- Complete a CHNA report, compliant with Treasury – IRS
- Provide the Hospital with information required to complete the IRS – Schedule H (Form 990)
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay

² Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602

³ As of the date of this report all tax questions and suggested answers relate to 2017 Draft Federal 990 Schedule H instructions i990sh—dft(2) and tax form

⁴ Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice & Schedule H (Form 990) V B 6 b

- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years, and adopt an implementation strategy to meet the community needs identified through the assessment.
- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.
- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.
- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).
- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of \$50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.⁵

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

- (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- (2) members of medically underserved, low-income, and minority populations in the*

⁵ Section 6652

community, or individuals or organizations serving or representing the interests of such populations; and

- (3) written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.⁶*

...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

- (1) A definition of the community served by the hospital facility and a description of how the community was determined;*
- (2) a description of the process and methods used to conduct the CHNA;*
- (3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;*
- (4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and*
- (5) a description of resources potentially available to address the significant health needs identified through the CHNA.*

... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."⁷

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior

⁶ Federal Register Vol. 79 No. 250, Wednesday December 31, 2014. Part II Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 602 P. 78963 and 78964

⁷ Federal Register Op. cit. P 78966 As previously noted the Hospital collaborated and obtained assistance in conducting this CHNA from Quorum Health Resources. Response to Schedule H (Form 990) B 6 b

Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”⁸

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

- (1) Public Health** – Persons with special knowledge of or expertise in public health
 - (2) Departments and Agencies** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility
 - (3) Priority Populations** – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition
 - (4) Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
 - (5) Broad Interest of the Community** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- Other** (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor⁹ opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.¹⁰

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:¹¹

⁸ Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) B 3 h

⁹ “Local Expert” is an advisory group of at least 15 local residents, inclusive of at least one member self-identifying with each of the five Quorum written comment solicitation classifications, with whom the Hospital solicited to participate in the Quorum/Hospital CHNA process. Response to Schedule H (Form 990) V B 3 h

¹⁰ Response to Schedule H (Form 990) Part V B 3 i

¹¹ The final regulations clarify that a hospital facility may rely on (and the CHNA report may describe) data collected or created by

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Macon County compared to all Tennessee counties	March 2021	2013-2019
IBM Watson Health (formerly known as Truven Health Analytics) Esri Geoenrichment Service (accessed through Stratsan)	Assess characteristics of the Hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics	March 2021	2019-2020
http://svi.cdc.gov	To identify the Social Vulnerability Index value	March 2021	2018
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	March 2021	2019

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community, through the Hospital social media and website, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 33 Local Expert Advisors was received. Survey responses started March 29, 2021 and ended on May 3, 2021.
- Information analysis augmented by local opinions showed how Macon County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the

others in conducting its CHNA and, in such cases, may simply cite the data sources rather than describe the "methods of collecting" the data. Federal Register Op. cit. P 78967 & Response to Schedule H (Form 990) Part V B 3 d

conditions of these groups. ^{12 13}

- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following “take-away” bulleted comments:
 - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
 - Summary of unique or pressing needs of the priority groups:
 - Access to affordable healthcare
 - Education and health resources

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials. ¹⁴

In the MCH process, the Local Experts had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then ranked each health needs importance from not at all (1 rating) to extremely significant (5 rating). The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred. ¹⁵

¹² Response to Schedule H (Form 990) Part V B 3 f

¹³ Response to Schedule H (Form 990) Part V B 3 h

¹⁴ Response to Schedule H (Form 990) Part V B 5

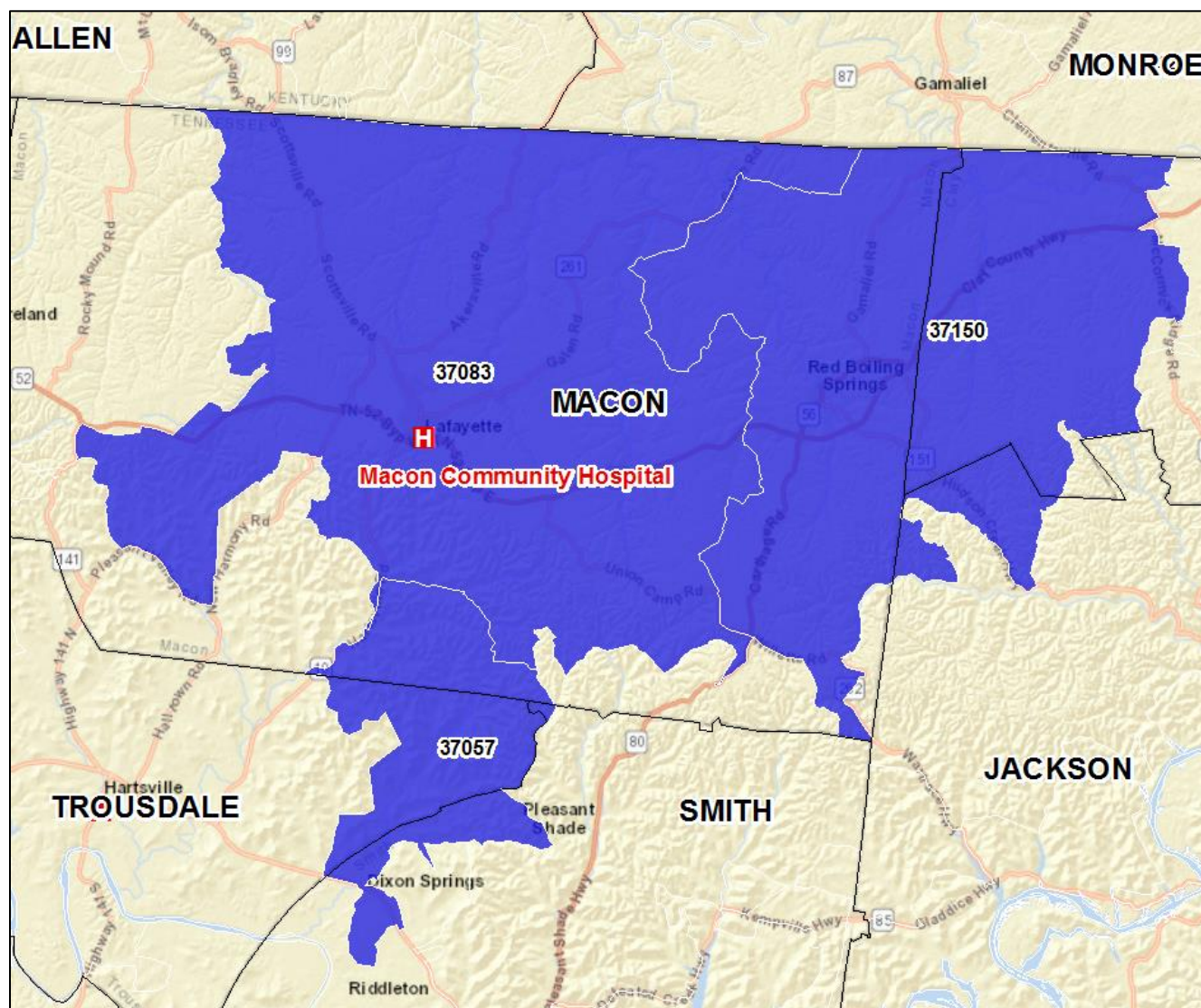
¹⁵ Response to Schedule H (Form 990) Part V B 3 g

Overview of COVID-19 Survey Results:

- As an addition to the survey, MCH gathered input from Local Experts on the impacts COVID-19 has had on their community. Below you will find an overview of their feedback; See the appendix for full survey responses:
 - **Overall impact of COVID-19:** It is clear from the survey results that the community was impacted by COVID-19 personally or in their household; 21% of the surveyors reported being noticeably impacted by the pandemic and 34% reported significant daily disruption with reduced access to healthcare services or severe daily disruption, immediate needs unmet.
 - **Social Determinants of Health:** Social determinants of health have been shown to have a considerable effect on COVID-19 outcomes. The top areas respondents reported as negatively impacted by the pandemic include employment, education, access to healthcare services and social support systems. As a result of this, mental health issues have increased throughout the community.
 - **Delay in Healthcare Services:** As a result of COVID-19, 29% of surveyors reported delaying primary care, 21% reported delaying specialty care and 18% reported delaying all types of healthcare.
 - **Community Support:** There are several ways that healthcare providers, like MCH, can support the community through these pressing times. Examples include serving as a trusted source of information and education, offering alternatives to in-person healthcare visits, connecting with patients through digital communication channels, and posting enhanced safety measures and process changes to prepare for upcoming appointments.
 - **Pressing Healthcare Services/Programs:** The healthcare services/programs identified by respondents as being most important to supporting community health throughout the pandemic are elder care, primary care, mental health, and substance abuse services.
 - **Alternative Care Options:** Establishing alternative options to in-person care will continue to be a critical piece of the COVID response. Survey respondents believe video visits with healthcare providers, virtual triage/screening options before coming to clinic/hospital, smartphone apps, and telephone visits with a healthcare provider would be most beneficial to the local community.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital¹⁶



For the purposes of this study, Macon Community Hospital defines its service area as Macon County in Tennessee, which includes the following ZIP codes:¹⁷

37057 – Dixon Springs 37083 – Lafayette 37150 – Red Boiling Springs 37186 – Westmoreland

During 2018, the Hospital received 97.0% of its Medicare inpatients from this area.¹⁸

¹⁶ Responds to IRS Schedule H (Form 990) Part V B 3 a

¹⁷ The map above amalgamates zip code areas and does not necessarily display all county zip codes represented below

¹⁸ Stratasan Medicare inpatient origin data for the hospital; Responds to IRS Schedule H (Form 990) Part V B 3 a

Demographics of the Community ^{19 20}

Variable	Macon County	Tennessee	United States
DEMOGRAPHIC SUMMARY			
2020 Population	25,249	6,969,857	333,793,107
2025 Population	26,710	7,297,258	346,021,282
2020-2025 % Change	5.8%	4.7%	3.7%
2020 Median Household Income	\$35,853	\$53,346	\$62,203
2025 Median Household Income	\$37,683	\$56,934	\$67,325
2020 Median Age	40.4	39.7	38.5
2025 Median Age	41.9	40.7	39.3

Age Group	Macon County					United States
	2020	2020 %Total	2025	2025 %Total	%Change	US % Change
0-4	1,576	6.2%	1,604	6.0%	1.8%	3.7%
5-9	1,651	6.5%	1,681	6.3%	1.8%	0.9%
10-14	1,629	6.5%	1,808	6.8%	11.0%	1.8%
15-17	838	3.3%	1,012	3.8%	20.8%	3.2%
18-20	813	3.2%	903	3.4%	11.1%	0.8%
21-24	1,104	4.4%	1,010	3.8%	-8.5%	-3.3%
25-29	1,692	6.7%	1,396	5.2%	-17.5%	-6.6%
30-34	1,637	6.5%	1,632	6.1%	-0.3%	7.7%
35-39	1,569	6.2%	1,688	6.3%	7.6%	7.5%
40-44	1,505	6.0%	1,659	6.2%	10.2%	10.6%
45-49	1,625	6.4%	1,605	6.0%	-1.2%	-1.1%
50-54	1,786	7.1%	1,721	6.4%	-3.6%	-3.2%
55-59	1,755	7.0%	1,880	7.0%	7.1%	-8.1%
60-64	1,604	6.4%	1,827	6.8%	13.9%	2.2%
65-69	1,526	6.0%	1,626	6.1%	6.6%	10.7%
70-74	1,233	4.9%	1,415	5.3%	14.8%	15.6%
75-79	827	3.3%	1,099	4.1%	32.9%	31.7%
80-84	448	1.8%	676	2.5%	50.9%	24.1%
85+	431	1.7%	468	1.8%	8.6%	7.3%
Total	25,249	100.0%	26,710	100.0%	5.8%	3.7%

¹⁹ Responds to IRS Schedule H (Form 990) Part V B 3 b

²⁰ Esri Geoenrichment Service (accessed through Stratsan)

Macon County					
Gender	2020	2020 %Total	2025	2025 %Total	%Change
Male Population	12,508	49.5%	13,274	49.7%	6.1%
Female Population	12,741	50.5%	13,436	50.3%	5.5%
Total	25,249	100.0%	26,710	100.0%	5.8%
Females, Child Bearing Age (15-44)	4,555	18.0%	4,611	17.3%	1.2%
Race	2020	2020 %Total	2025	2025 %Total	%Change
White	23,876	94.6%	25,043	93.8%	4.9%
Black	95	0.4%	103	0.4%	8.4%
American Indian	125	0.5%	150	0.6%	20.0%
Asian	44	0.2%	44	0.2%	0.0%
Pacific Islander	3	0.0%	3	0.0%	0.0%
Other Race	687	2.7%	851	3.2%	23.9%
Two or More Races	419	1.7%	516	1.9%	23.2%
Total	25,249	100.0%	26,710	100.0%	5.8%
Hispanic*	1,420	5.6%	1,781	6.7%	25.4%

**Ethnicity is calculated separately from Race*

Household Income	2020	2020 %Total	2025	2025 %Total	%Change
<\$15,000	1,638	16.9%	1,643	16.0%	0.3%
\$15,000-24,999	1,375	14.2%	1,372	13.3%	-0.2%
\$25,000-34,999	1,735	17.9%	1,782	17.3%	2.7%
\$35,000-49,999	1,419	14.6%	1,477	14.4%	4.1%
\$50,000-74,999	1,580	16.3%	1,710	16.6%	8.2%
\$75,000-99,999	909	9.4%	1,020	9.9%	12.2%
\$100,000-149,999	812	8.4%	966	9.4%	19.0%
\$150,000-199,999	154	1.6%	193	1.9%	25.3%
\$200,000+	97	1.0%	121	1.2%	24.7%
Total	9,719	100.0%	10,284	100.0%	5.8%

Education	2020 Pop. 25+	2020 %Total
< 9th Grade	1,738	9.9%
High School/No Diploma	1,725	9.8%
GED	2,141	12.1%
High School Diploma	5,919	33.6%
Some College/No Degree	2,906	16.5%
Associates Degree	1,309	7.4%
Bachelor's Degree	1,090	6.2%
Grad/Professional Degree	810	4.6%
Total	17,638	100.0%

Consumer Health Service Behavior²¹

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where the MCH Service Area varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			Cancer		
BMI: Morbid/Obese	125.8%	38.4%	Cancer Screen: Skin 2 yr	76.0%	8.1%
Vigorous Exercise	86.1%	49.2%	Cancer Screen: Colorectal 2 yr	94.0%	19.3%
Chronic Diabetes	106.4%	16.7%	Cancer Screen: Pap/Cerv Test 2 yr	85.8%	41.4%
Healthy Eating Habits	88.9%	20.7%	Routine Screen: Prostate 2 yr	73.3%	20.8%
Ate Breakfast Yesterday	92.4%	73.0%	Orthopedic		
Slept Less Than 6 Hours	138.8%	18.9%	Chronic Lower Back Pain	108.8%	33.6%
Consumed Alcohol in the Past 30 Days	68.6%	36.8%	Chronic Osteoporosis	141.9%	14.4%
Consumed 3+ Drinks Per Session	116.9%	32.9%	Routine Services		
Behavior			FP/GP: 1+ Visit	101.6%	82.7%
Search for Pricing Info	85.0%	22.9%	NP/PA Last 6 Months	108.7%	45.1%
I am Responsible for My Health	99.9%	90.3%	OB/Gyn 1+ Visit	85.6%	33.0%
I Follow Treatment Recommendations	101.2%	77.8%	Medication: Received Prescription	105.2%	61.1%
Pulmonary			Internet Usage		
Chronic COPD	126.3%	6.8%	Use Internet to Look for Provider Info	76.9%	30.7%
Chronic Asthma	114.4%	13.5%	Facebook Opinions	97.7%	9.8%
Heart			Looked for Provider Rating	70.2%	16.5%
Chronic High Cholesterol	101.1%	24.7%	Emergency Services		
Routine Cholesterol Screening	86.9%	38.5%	Emergency Room Use	111.2%	38.7%
Chronic Heart Failure	147.3%	6.0%	Urgent Care Use	93.9%	31.0%

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of MCH Service Area to national averages. **Adverse** metrics **impacting more than 30%** of the population and statistically significantly different from the national average include:

- 8% less likely to **Eat Breakfast**, affecting 73%
- 14% less likely to **Vigorous Exercise**, affecting 49%
- 14% less likely to receive **Cervical Cancer Screenings Every 2 Years**, affecting 41%

²¹ Claritas (accessed through IBM Watson Health)

- 13% less likely to receive **Routine Cholesterol Screenings**, affecting 39%
- 11% more likely to **Visit Emergency Room for Non-Emergent Needs**, affecting 39%
- 26% more likely to have a **BMI: Morbid/Obese**, affecting 38%
- 9% more likely to have **Chronic Lower Back Pain**, affecting 34%
- 14% less likely to have **Routine OB/Gyn Visit**, affecting 33%
- 17% more likely to **Consume 3+ Drinks per Session**, affecting 33%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 31% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 37%

Leading Causes of Death²²

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Tennessee's Top 15 Leading Causes of Death are listed in the tables below in MCH's rank order. Macon County was compared to all other Tennessee counties, Tennessee state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in TN (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Macon County Compared to U.S.)
TN Rank	Macon Rank	Condition		TN	Macon	
1	1	Heart Disease	44 of 95	202.8	258.6	<i>Higher than expected</i>
2	2	Cancer	13 of 95	167.0	224.1	<i>Higher than expected</i>
3	3	Accidents	23 of 95	67.7	75.0	<i>Higher than expected</i>
4	4	Lung	11 of 95	53.1	74.0	<i>Higher than expected</i>
5	5	Stroke	49 of 95	41.8	53.6	<i>Higher than expected</i>
8	6	Flu - Pneumonia	25 of 95	16.2	29.9	<i>Higher than expected</i>
6	7	Alzheimer's	72 of 95	41.0	26.3	<i>As expected</i>
7	8	Diabetes	59 of 95	25.9	25.3	<i>As expected</i>
11	9	Kidney	1 of 95	12.8	21.7	<i>Higher than expected</i>
9	10	Suicide	18 of 95	17.2	20.9	<i>Higher than expected</i>
12	11	Blood Poisoning	2 of 95	10.0	17.1	<i>Higher than expected</i>
10	12	Liver	61 of 95	13.6	11.1	<i>As expected</i>
13	13	Parkinson's	45 of 95	10.4	6.4	<i>As expected</i>
15	14	Homicide	26 of 95	9.1	6.1	<i>As expected</i>
14	15	Hypertension	78 of 95	9.3	6.0	<i>As expected</i>

*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

²² www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations²³

Information about Priority Populations in the service area of the Hospital is difficult to access, if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **Access to healthcare, quality of healthcare, and priorities of the National Quality Strategy (NQS).**

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any trends in the service area. Accordingly, the Hospital places great importance on the commentary received from the Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:²⁴

- The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and older adults
- Summary of unique or pressing needs of the priority groups:
 - Access to affordable healthcare
 - Education and health resources

²³ <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr14/index.html> Responds to IRS Schedule H (Form 990) Part V B 3 i

²⁴ All comments and the analytical framework behind developing this summary appear in Appendix A

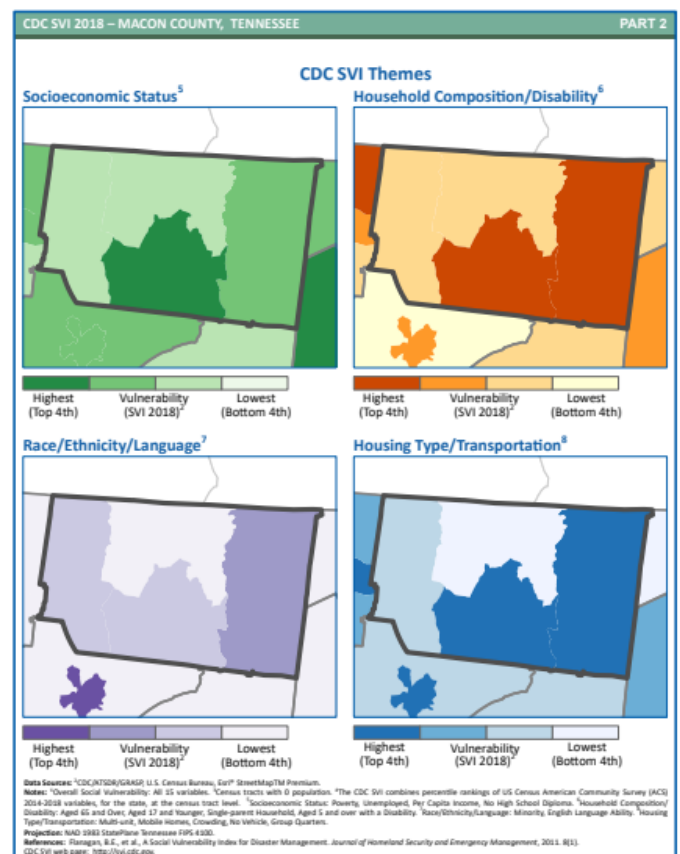
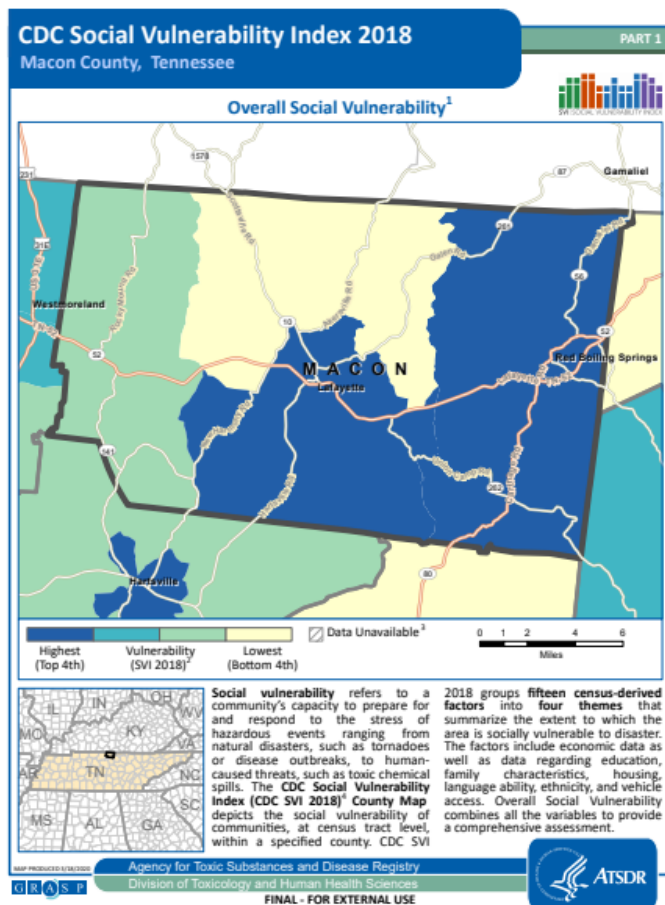
Social Vulnerability²⁵

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss. The Social Vulnerability Index uses U.S. census variables at tract level to help local officials identify communities that may need support in preparing for hazards, or recovering from disaster.

Social Vulnerability ranks an area's ability to prepare for and respond to disasters. Measures of socioeconomic status, household composition, race/ethnicity/language, and housing/transportation are layered to determine an area's overall vulnerability.

Based on the overall social vulnerability index, Macon County falls into three of four quartiles of social vulnerability. About fifty percent of the county is considered to have the highest social vulnerability (dark blue), while the rest of the county is made up of the lowest (light yellow) and second lowest (light green) social vulnerability status.

[Link to Macon, TN SVI Map](#)



FINAL - FOR EXTERNAL USE






²⁵ <http://svi.cdc.gov>

Comparison to Other State Counties²⁶

To better understand the community, Macon County has been compared to all 95 counties in the state of Tennessee across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. The last four areas are all Health Factors that ultimately affect the Health Outcomes of Length (Mortality) and Quality of Life (Morbidity).

In the chart below, each county's rank compared to all counties is listed along with any measures in each area compared to state average and U.S. median.

	Macon	Tennessee	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank (best being #1)	76/95			
- Premature Death*	11,400	9,300	8,200	5,500
Quality of Life				
Overall Rank (best being #1)	70/95			
- Poor or Fair Health	26%	20%	17%	12%
- Poor Physical Health Days	5.8	4.2	3.9	3.1
- Poor Mental Health Days	6.0	4.4	4.2	3.4
- Low Birthweight	10%	9%	8%	6%
Health Behaviors				
Overall Rank (best being #1)	77/95			
- Adult Smoking	24%	23%	17%	14%
- Adult Obesity	35%	33%	33%	26%
- Physical Inactivity	39%	27%	27%	20%
- Access to Exercise Opportunities	41%	70%	66%	91%
- Excessive Drinking	14%	14%	18%	13%
- Alcohol-Impaired Driving Deaths	11%	25%	28%	11%
- Sexually Transmitted Infections*	290.7	522.4	327.4	161.4
- Teen Births (per 1,000 female population ages 15-19)	62	31	28	13
Clinical Care				
Overall Rank (best being #1)	94/95			
- Uninsured	14%	11%	11%	6%
- Population to Primary Care Provider Ratio	6,020:1	1,400:1	2,070:1	1,030:1
- Population to Dentist Ratio	6,070:1	1,860:1	2,410:1	1,240:1
- Population to Mental Health Provider Ratio	12,300:1	660:1	890:1	290:1
- Preventable Hospital Stays	12,084	5,320	4,710	2,761
- Mammography Screening	37%	41%	41%	50%
- Flu vaccinations	48%	49%	43%	53%
Social & Economic Factors				
Overall Rank (best being #1)	56/95			
- High school graduation	88%	90%	90%	96%
- Unemployment	3.2%	3.5%	3.9%	2.6%
- Children in Poverty	26%	22%	20%	11%
- Income inequality**	4.4	4.8	4.4	3.7
- Children in Single-Parent Households	32%	35%	32%	20%
- Violent Crime*	288	621	205	63
- Injury Deaths*	115	89	84	58
- Median household income	\$42,300	\$52,400	\$50,600	\$69,000
- Suicides	27	16	17	11
Physical Environment				
Overall Rank (best being #1)	38/95			
- Air Pollution - Particulate Matter	10.3 µg/m³	10.0 µg/m³	9.4 µg/m³	6.1 µg/m³
- Severe Housing Problems***	13%	15%	14%	9%
- Driving to work alone	82%	83%	81%	72%
- Long commute - driving alone	46%	35%	31%	16%

Key (Legend)	
	Better than TN and US
	Similar to TN and US
	Worse than US
	Worse than TN
	Worse than TN and US

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

²⁶ www.countyhealthrankings.org

IMPLEMENTATION STRATEGY

Significant Health Needs

MCH used the priority ranking of the area health needs by the Local Expert Advisors as the primary input to develop the response and implementation plans for the community health needs.²⁷ The following list:

- Identifies goals established by the MCH Admin Team in response to the identified health issues in the community
- Identifies current efforts responding to the needs
- Establishes the implementation strategy programs and resources MCH will devote to attempt to achieve improvements
- Presents key measures tailored to the identified health needs that MCH will use to track progress
- Identifies any potential partnerships with local organizations and presents locally available resources believed to be currently available to respond to this need

²⁷ Response to IRS Schedule H (Form 990) Part V B 3 e

CHNA Implementation Plan Overview

The Hospital has determined that the action plan to address the health needs identified in the health needs survey will be worked through the following subgroups. Additional disease specific details are further described in the full report.

Behavioral Health	Affordability
Goal: <i>Increase access to quality mental and behavioral health treatment</i>	Goal: <i>Raise community awareness of affordable healthcare services</i>
Current Resources: <ul style="list-style-type: none"> • Telehealth provided in the ER • Mobile Crisis services offered • Macon Memories suicide prevention education • Participation in drug free coalition • Participation in Macon County Prevention Coalition 	Current Resources: <ul style="list-style-type: none"> • Charity Care Program • Self-pay discount • Financial Assistance Program • Macon Helps prescription discount • Price list, online bill pay and price transparency on website
Future Plans: <ul style="list-style-type: none"> • Working towards Care Transition Program • Explore options for implementing telepsychiatry • Pursue partnerships with local community organizations • Promote and provide educational interventions on BH • Suicide prevention training to hospital employees • Participate in Mental Health Month • Explore implementing medication management program 	Future Plans: <ul style="list-style-type: none"> • Increase promotion of charity care, discount programs and assistance during registration process
Accessibility	Chronic Disease Management
Goal: <i>Build access through additional programming, service lines, and resources</i>	Goal: <i>Improve the health status of the community through screenings, educational events, and better self-management</i>
Current Resources: <ul style="list-style-type: none"> • Translator services • Transportation options through local transportation services • Provides discounted screenings during health months and at community health fairs • Specialty clinic 	Current Resources: <ul style="list-style-type: none"> • Wellness program for patients' post PT • Hospital Health Programs: Silver Sneakers, Makin' Macon Fit, Diabetic carb counting, etc. • Diabetes education center provides education • Workplace Wellness Program for employees • Participation in local health fairs • Publishes seasonal health promotion magazine • Educational speakers provided to local schools and community through MCH • Participate in health awareness months and offer discounted screenings: American Heart, Prostate Health, Breast Cancer Awareness, Lung Cancer, Diabetes • Blood pressure screenings at Senior Citizen Center
Future Plans: <ul style="list-style-type: none"> • Recruiting additional physicians into the community; Targeting OB/Gyn and internal medicine provider • Continuing expansion of specialty clinic • Updating C-Arm imaging scanner • Explore additional transportation options 	Future Plans: <ul style="list-style-type: none"> • Implementing a cardiac rehabilitation/pulmonary rehabilitation graduate program • Blood pressure screenings available for walk-in patients

1. Behavioral Health

Goal:

- Increase access to quality mental and behavioral health treatment.

MCH services, programs, and resources available to respond to this need include: ²⁸

- Telehealth is provided in the ER for behavioral health/crisis evaluations through TriStar Health
- Mobile Crisis services offered through the Department of Mental Health and Substance Abuse Center
- Macon Memories suicide prevention education meeting/event held at the local park

MCH actions taken since the immediately preceding CHNA (2018):

- Offer promotional suicide hotline
- Drug free coalition through the Macon County Health Council
- Continuing to explore Care Transition Programs – working with Upper Middle Tennessee Rural Health Network to bridge the gap between mental health/drug abuse and prevent the cycle of patients presenting to the ER for acute mental health services by identifying and providing resources available in the community for mental health primary care and medication management
- Participates in Macon County Prevention Coalition to provide education, resources, and referrals to help reduce and prevent alcohol, drug, and tobacco misuse in the community
 - MCH participates in the Stashed Away (drug paraphernalia) events for parents and guardians of the community that provides an interactive educational experience that walks them through a typical teenager's bedroom and provides tips on where and what to look for

Additionally, The Hospital plans to take the following steps to address this need:

- Explore options for implementing an outpatient Tele psych program
- Pursue partnerships with local community organizations to provide additional access and education to behavioral health services
- Continue to promote and provide educational anti-stigma interventions by providing present factual information about the stigmatized condition with the goal of correcting misinformation or contradicting negative attitudes and beliefs
 - Coordinate behavior health education to the local schools
- Provide follow-up care to psych patients within a week of encounter to reduce the possibility of readmission or emergency room visits
- Providing suicide prevention training to all employees in fall 2021
 - Will begin offering to the community in the future

²⁸ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (Form 990) Part V Section B 3 c

- Participate in Mental Health Month by reaching out to the community through social media, local events, and screenings in hopes to provide practical tools that the community could use to improve their mental health and increase their resiliency
- Explore options for providing a medication management program
- Working towards a grant opportunity that would provide behavioral health and medication management services through the Rural Health Network

Identified measures and metrics to track progress:

- Tele psych visits
- Participation in Mental Health Month events
- ED behavioral health visits
- Suicide death rate

MCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Information
TriStar Health	http://tristarhealth.com/home/ (800) 242-5662
Macon County Health Council	Hale.porter@tn.gov (615) 666-2142
Department of Mental Health and Substance Abuse Center	
Upper Middle Tennessee Rural Health Network	
Macon County Prevention Coalition	Stephanie@maconprevention.org

Other local resources identified during the CHNA process that are believed available to respond to this need:²⁹

- Valley Ridge Mental Health Center

²⁹ This section in each need for which the hospital plans an implementation strategy responds to Schedule H (form 990) Part V Section B 3 c and Schedule H (Form 990) Part V Section B 11

Anticipated results from MCH Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

2. Affordability

Goal:

- Ensure healthcare services are affordable

MCH services, programs, and resources available to respond to this need include:

- MCH provides Charity Care Program
- MCH offers a 40% self-pay discount for patients without insurance
- Contact information for the MCH financial assistance program is offered on the MCH website
- A day of service/prompt pay discount is offered to patients
- Through “Macon Helps,” MCH can connect patients to one, no-cost prescription to Macon County citizens in need
- Price list, online bill pay, price transparency calculator are available on MCH website

MCH actions taken since the immediately preceding CHNA (2018):

- Adjusted charity care criteria that has made it more accessible to the community

Additionally, The Hospital plans to take the following steps to address this need:

- Increase promotion of Charity Care Program during registration process and housing authority

Identified measures and metrics to track progress:

- Utilization of Financial Assistance Program
- Utilization of Charity Care Program
- Accounts receivable days

MCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Macon Helps		111 Main Street, Lafayette, TN 37083 (615) 666-6607

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Hope Family Health
- Macon County Health Department

Anticipated results from MCH Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities		X
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

3. Accessibility

Goal:

- Offer supportive services that assist the community with achieving accessible health care.

MCH services, programs, and resources available to respond to this need include:

- Translator services are provided at MCH
- Transportation options provided for patients without transportation through U-Carts and Moody's
- Participate in community health fairs
- Offers a wide array of services including: 24/7 emergency care, infusion therapy, laboratory services, medical imaging, nursing care, outpatient surgery, outpatient therapy, respiratory therapy, sleep studies, and specialty clinics services (cardiology, orthopedics, hearing health, nephrology, podiatry, and allergy/ENT)

MCH actions taken since the immediately preceding CHNA (2018):

- Currently working to recruit additional physicians in the community
- Specialty clinic services expansion
- Added new services:
 - Cardiac rehab
 - Sleep studies
 - Pulmonary rehab
 - Tele-neurology
 - Tele-cardiology
 - ENT/allergist
 - COVID-19 Infusion Therapy Clinic
 - COVID-19 Vaccine Clinic
- Expanded ultrasound hours to provide additional access
- Increased screenings offered to the community to include vitamin D, A1C, PSAs, TSH, lipids, cardiac scoring, vascular screenings, ultrasounds, mammography, and bone density
- Molecular diagnostics expansion with COVID-19

Additionally, The Hospital plans to take the following steps to address this need:

- Explore options for providing transportation to patients that don't have access to and from appointments
- Evaluate the need for expanding OB/Gyn and primary care providers
- Expanding the specialty clinic building targeting an end of 2021 completion
- Updating C-Arm imaging scanner intensifier to provide a clearer x-ray image and ability to provide

services locally

Identified measures and metrics to track progress:

- Screenings completed (vitamin D, A1C, PSAs, TSH, lipids, cardiac scoring, vascular screenings, ultrasounds, mammography, and bone density)
- Number of physicians recruited
- Patient outmigration

MCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Information
Moody's Transportation	(931) 879-7419
UCHRA Public Transportation Services	(615) 666-3377

Other local resources identified during the CHNA process that are believed available to respond to this need:

- Fast Pace Health Urgent Care
- Valley Ridge Mental Health Center
- Hometown Healthcare
- Family Care Center
- Hope Family Health
- Alpha Medical Associates
- Macon County Health Department

Anticipated results from MCH Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	

3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

4. Chronic Disease Management

Goal:

- Improve the health status of residents in the Hospital service area by engaging the community in screenings and educational events that promote healthier lifestyles and better self-management of health and chronic conditions.

MCH services, programs, and resources available to respond to this need include:

	Obesity/ Overweight	Heart Disease	Cancer	Diabetes
MCH physical therapy department provides wellness program for patients' post physical therapy treatment; the program is also available to members of Silver Sneakers and Diabetes Support Group	✓	✓		✓
MCH's Diabetes Education Center offers Diabetes Education, assisting with individualized meal planning, understanding food labels and carbohydrate counting; Free diabetes support group meets once a month	✓	✓		✓
MCH provides a Workplace Wellness Program for employees	✓			
MCH participates in the Makin' Macon Fit event in September which is designed to promote living a healthier lifestyle and encourages physical activity	✓	✓	✓	✓
MCH participates in 4-6 community health fairs a year offering education and screenings for chronic diseases	✓	✓	✓	✓
MCH offers healthy eating and diabetic carb counting classes to the community (quarterly)	✓	✓	✓	✓
MCH offers Sugar Shocker education to the community to raise awareness about the amount of added sugar in common beverages and learn how to make better beverage choices	✓			✓
MCH publishes a seasonal, promotional magazine (My Hometown Health) dedicated to healthy lifestyles	✓	✓	✓	✓
MCH offers a Cardiac Calcium Scoring test at a promotional price in February to coincide with National Heart Month		✓		
MCH offers free PSA (prostate) screenings in September, discounted mammograms in October for Breast Cancer Awareness Month, and discounted low-dose lung scans one month a year			✓	

	Obesity/ Overweight	Heart Disease	Cancer	Diabetes
MCH offers free A1C tests the month of November for National Diabetes Month				✓
MCH offers low-cost vascular screenings in June, July and August		✓		
MCH offers blood pressure screenings at the Macon County Senior Citizen Center twice a month		✓		
MCH provides cardiac conditioning therapy (with physician's order)		✓		
MCH offers colonoscopies and provides education about colonoscopies and the importance of getting them			✓	
MCH offers speakers to provide education in the local schools and community. A calendar of scheduled programs is available on the Hospital website. Programs include healthy eating, physical activity, Project Wet (4th grade - empowerment), Girl Force and Boy Force (5th grade - tobacco use and health eating)	✓	✓	✓	✓
Included Healthy Lifestyle tips in the paper and on the hospital Facebook page	✓			
Participated in "Healthy Kids" 3 months of education in the Macon County School System that provides healthy eating and exercise to K-2nd grade	✓			
Provided water to children as a healthy alternative at Makin Macon Fit that is held in September	✓			
Participated in Makin Macon Fit in September that includes health eating and sugary beverages	✓			
Marketed wellness program to businesses throughout Macon County		✓		
Included Heart Healthy recipes in the local paper and face book page of the hospital		✓		
Provided CPR & First Aid classes monthly to the MCH Service area		✓		
Increased the number of preventive exams performed at MCH			✓	
Included "Carb Conscious" recipes in the local newspaper and face book page				✓
Served as a community resource at various health fairs				✓
Tracked and reported the number of people screened for diabetes at health fairs				✓

MCH actions taken since the immediately preceding CHNA (2018):

	Obesity/ Overweight	Heart Disease	Cancer	Diabetes
Launch an additional offering through the athletic trainer program focused on educating athletes about reducing risk of heart disease, diabetes and cancer	✓	✓	✓	✓
Offer lipid cholesterol screening alongside Cardiac Scoring starting in February 2019		✓		
Improve awareness of MCH health promotion opportunities (programs, education, screenings) through timely, relevant and targeted communication	✓	✓	✓	✓
Explore providing blood pressure screenings for walk-in patients at MCH		✓		
Offer Cardiac and Pulmonary Rehabilitation services at MCH		✓		
Offer Sleep Lab services at MCH	✓	✓		
Offer Tele-neurology and Tele-cardiology		✓		
Provide local high school with water bottle station	✓	✓	✓	✓

Additionally, The Hospital plans to take the following steps to address this need:

- Explore options for implementing a cardiac rehabilitation/pulmonary rehabilitation graduate program
- Look into offering blood pressure screenings for walk-in patients

Identified measures and metrics to track progress:

- Participation in education programs and community events
- Chronic disease screening rate
- Death rate associated with chronic diseases

MCH anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Macon County Health Department	Halee Porter	http://www.maconcountyttn.gov/government/departments/health_department.php 601 TN-52 Scenic, Lafayette, TN 37083 (615) 666-2142

Organization	Contact Name	Contact Information
Macon County Coordinated School Health	Casey Brawner	http://www.maconcountyschools.com/?DivisionID=21442&DepartmentID=25178 501 College Street, Lafayette, TN 37083 (615) 666.2125
Macon County Health Council	Matt Tuck	Stacey Brawner Meets at Macon County Welcome Center, 52 Bypass, West Lafayette, TN 37083 615-666-2147
Macon County Chronicle	Mark Darnell	https://www.maconcountychronicle.com/ 109 Public Square, Lafayette, TN 37083 (615) 688-6397
Macon County Times	Craig Harris	http://maconcountytimes.com/ 1100A Scottsville Road, Lafayette, TN 37083 (615) 561-1031
NCTC North Central	Amy Phelps	http://www.nctc.com/ 872 Highway 52 by Pass East, P.O. Box 70, Lafayette, TN 37083 (615) 666-2151
WLCT Country 102.1 FM Lafayette Broadcasting	Linda McDonald	http://www.wlct.com/ 231 Chaffin Road, Lafayette, TN 37083 (615) 666-2169
Macon County Board-Education	Tony Boles	http://www.maconcountyschools.com/ 501 College Street, Lafayette, TN 37083 (615) 666-2125
City of Lafayette	Jerry Wilmore	http://www.lafayette-tn.org/

Organization	Contact Name	Contact Information
City of Red Boiling Springs	Kenneth Hollis	http://www.maconcountyttn.gov/community/city_of_red_boiling_springs.php 361 Lafayette Road, P.O. Box 190, Red Boiling Springs, TN 37150 (615) 699-2011
Senior Citizen Center	Brenda Filson	http://www.maconcountyttn.gov/government/departments/senior_citizens_center.php 329 TN-52 Scenic, Lafayette, TN 37083 (615) 666-3780
Hope Family Health Services	Jennifer Dittes	http://hopefamilyhealth.org/ 1124 New Highway 52, Westmoreland, TN 37186 (615) 644-2000
Fast Pace Urgent Care	Sandy Jones	http://www.fastpaceurgentcare.com/lafayette-tn/ 522 Ellington Drive, Lafayette, TN 37083 (615) 561-1042

Anticipated results from MCH Implementation Strategy

Community Benefit Attribute Element	Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low-income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or	X	

another tax-exempt organization		
7. Increases knowledge; then benefits the public	X	

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility³⁰

1. Behavioral Health
2. Affordability
3. Accessibility
4. Chronic Disease Management

Significant needs where hospital did not develop implementation strategy³¹

1. None

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

³⁰ Responds to Schedule h (Form 990) Part V B 8

³¹ Responds to Schedule h (Form 990) Part V Section B 8

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2018 CHNA.³² 33 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.³³

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) Public Health Expertise	7	20	27
2) Departments and Agencies with relevant data/information regarding health needs of the community served by the hospital	12	15	27
3) Priority Populations	10	15	25
4) Representative/Member of Chronic Disease Group or Organization	3	22	25
5) Represents the Broad Interest of the Community	24	5	29
Other			5

Congress defines “Priority Populations” to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?

- *Lack of resources. limited income. uninsured. lack of transportation. communication barriers.*
- *Assistance and education*
- *Racial and ethnic minority groups - communication of health services/resources to Hispanic population; Low-income groups - awareness of healthcare/healthcare services and resources; Women - food for families; proper parental care for children; availability and access to birth control; Children - nutrition;*

³² Responds to IRS Schedule H (Form 990) Part V B 5

³³ Responds to IRS Schedule H (Form 990) Part V B 3 g

healthy relationships with family and peers; Residents of rural areas - access to employment; food resources; Individuals with special needs - education of resources/services for families with special needs children; People with major co-morbidity and complications - nutrition education; tobacco/substance misuse; mental health issue

- *In home healthcare*
- *Jobs, affordable housing*
- *Lack of assistance in home to meet ADL's, lack of community resources, lack of ramps, handrails, loose flooring and ways to fix these issues*
- *Access to health care for all.*

In the 2018 CHNA, there were five health needs identified as “significant” or most important:

1. Healthy Lifestyle Promotion and Education
2. Heart Disease
3. Accessibility/Affordability
4. Cancer
5. Mental Health
6. Diabetes

3. Please share comments or observations about the actions MCH has taken to address Healthy Lifestyle Promotion and Education.

- *Free classes have been offered to educate our community.*
- *They are making strides to assist our community. They hold health fairs, public COVID testing and shots and have blood mobile donations as well as many other things.*
- *Monthly promotions of low-cost health tests. Also, education classes about diabetes, as well as nutrition classes.*
- *Offered classes to educate the public on these needs; MCH has been involved in community memberships such as the Health Council, Drug Prevention Coalition meetings, and many more; offered community wellness events such as Makin' Macon Fit and many more outreach opportunities.*
- *MCH is fantastic at addressing all health matters in the community. For the next 5 items below, the same applies. We are very lucky to have MCH in our community. They promote awareness and offer services to address the needs of all those in the community. I know that they listen to the patients complaints and address their needs.*
- *They participated in Making Macon Fit.*
- *Their physical therapy and rehab clinic offers a wellness program, which is an excellent benefit.*
- *MCH has offered several educational programs to all ages such as Sugar Shockers for both school aged children to make better choices and adults with diabetes. They have also offered diabetic education to the community.*

- *MCGH has promoted awareness through several programs in the community such as the weight loss challenge for employees and individuals within the county.*
- *By promoting Healthy lifestyles and action through Social Media.*
- *Proud to call MCH part of Macon county.*
- *The hospital has always offered extra services and education for the community to promote a healthier lifestyles and support for diabetes etc.*
- *Macon County Hospital employees are so helpful. They both love what they do and it shows. I am new to the area and would love to know more about what we can do to help the community and our employees.*
- *I have seen ads in the newspaper and the monthly/quarterly print that is sent out.*
- *health fairs with availability of screenings for community members, information on ways to improve lifestyles.*
- *MCH has a good community outreach program and offers numerous preventive screening opportunities.*
- *Regular lab/CT promotional offers at low cost for screenings/prevention.*
- *Makin Macon Fit event annually.*
- *Announcements via radio and MCH plays a huge role in Makin Macon Fit, a family fitness festival.*
- *MCH has a variety of healthy lifestyle meetings that are free to the community. They offer a multitude of preventative screenings at discount pricing.*
- *They promote/educate about various events in the Macon County Times, Macon County Chronicle and on their Facebook page to keep the community informed.*

4. Please share comments or observations about the actions MCH has taken to address Heart Disease.

- *Free testing*
- *They have special days set aside for training and testing for the community.*
- *The testing they do, identifying underlying and sometimes unknown issues has been life saving.*
- *Planning of events such as Makin' Macon Fit each year and classes to learn how to prevent and control the increase of Heart Disease in our community.*
- *I notice that they have education classes for the community.*
- *Free/discounted screenings for various tests that can be early detection/prevention for heart disease.*
- *Screenings and outreach programs to make individuals more heart healthy.*
- *By offering special Heart Disease test to the public at low or no cost.*
- *They have participated in health fairs and offer education.*

- *Macon County Hospital employees are so helpful. They both love what they do and it shows. I am new to the area and would love to know more about what we can do to help the community and our employees.*
- *They promote their clinics and also have personal testimonies from those affected in the newspaper and on Facebook.*
- *screenings available and options on heart healthy food ideas.*
- *MCH offers preventive screenings and also has classes about healthy eating/living.*
- *Regular lab/CT promotional offers at low cost for screenings/prevention.*
- *Has annual screenings.*
- *Discounted cardiac scoring tests for heart health month.*
- *MCH promotes Makin Macon Fit Annually along with health screenings for individuals.*
- *Heart education for the public.*
- *They promote/educate about various events in the Macon County Times, Macon County Chronicle and on their Facebook page to keep the community informed.*

5. Please share comments or observations about the actions MCH has taken to address Access to Accessibility/Affordability.

- *They assist patients and community members with health insurance and other viable things they need.*
- *Cost of these tests are well below what any doctor offices charge. Makes it affordable to get basic care, especially for uninsured or under insured.*
- *They have offered no-cost/low-cost opportunities to better include our low-income community members.*
- *The hospital has tried to consolidate all their various departments into a more centralized location making going between appointments easier and also offering more services so patient's don't have to drive out of town.*
- *By opening a new wing and again promoting specials in certain months.*
- *Their ER is open to all people regardless of payment.*
- *Accessibility features such as easily opened doors, ramps, etc.,*
- *Some screenings are covered by insurance, or are at low cost to individual groups.*
- *MCH offers various screenings at discounted rates at various times of the year.*
- *Promotional programs for those with high deductibles.*
- *MCH runs free lab testing and special pricing on certain months and these are announced via the radio station, NCTC channel, emails, etc. As for accessibility, MCH is located in the center of town and has recently improved their ER entrance and facilities dramatically!*

- *MCH offers monthly screenings at discount pricing.*
- *They do have sliding fee scale, which helps the community access health care*
- *They promote/educate about various events in the Macon County Times, Macon County Chronicle and on their Facebook page to keep the community informed.*

6. Please share comments or observations about the actions MCH has taken to address Cancer.

- They have health fairs and assistance to help patients and the community with any needs they have in this area.
- October specifically, they offer low price mammograms.
- Outreach opportunities to educate community members about how to prevent cancer; Hire cancer experts that can better aid towards community health.
- I have seen the ads on FB.
- Access to information and resources for cancer information for families and options for various diagnosis.
- MCH offers preventive screenings and promotes them during certain months and times throughout the year.
- Regular lab/x-ray promotional offers at low cost for screenings/prevention.
- PSA for men, mammograms for women.
- MCH offers local mammograms along with other preventative screenings. These have resulted in the early detection of cancer and have provided residents with life saving treatments.
- They promote/educate about various events in the Macon County Times, Macon County Chronicle and on their Facebook page to keep the community informed.

7. Please share comments or observations about the actions MCH has taken to address Mental Health.

- Not sure about this one. We do have a mental health group in Macon Co, Valley Ridge. I'm sure they refer patients there.
- Provided specialists/resources that can be shared with community members who are battling various forms of mental health issues.
- I think the federal government is lacking on mental health issues.
- Numerous mental health facilities and professionals in the local area for a wide range of mental health needs.
- I am not familiar with the mental health program, but the hospital is always available to answer questions and direct someone to the best possible care.
- Unaware of any.

- Need to address this area due to the growing mental health issues.
- MCH promotes mental health awareness by offering support groups.
- I know they have added some beds as holding units for Mental Health patients while they are waiting to be transferred to the Inpatient Mental Health Facility.

8. Please share comments or observations about the actions MCH has taken to address Diabetes.

- Free testing.
- Classes, health fairs and assistance.
- They offer education classes about the disease and nutrition classes for people with diabetes. Also do periodic screenings at different health fairs.
- Provided classes to help education individuals on how to prevent/manage diabetes and diabetes symptoms; partnered with other local agencies to address Diabetes in the community.
- I know that they have education classes.
- They are offering several different classes on diabetes education and management.
- By offering Support groups.
- They have offered Diabetes classes to help educate people to promote better management and healthier lifestyles.
- They have meetings that are open to the public and advertised in print.
- Screenings are available for diabetes as well as nutritional professionals/dieticians to assist with information on meals/foods for each specific diagnosis.
- MCH offers diabetes classes and offers screenings.
- Regular lab offers at low cost for screenings/prevention.
- Diabetes classes are offered monthly and I'm sure more often if needed.
- MCH offer classes to individuals with diabetes to promote healthier eating habits and exercise. We have many residents that have already escalated to dialysis and they travel outside our community for treatment. It would be helpful to have a dialysis treatment center in our community.
- Diabetic programs for the public.
- They have a diabetes program for education and to help patients with diabetes.
- They promote/educate about various events in the Macon County Times, Macon County Chronicle and on their Facebook page to keep the community informed.

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey)

Survey question: Please rate each item's importance on a scale of 1 (Not at all) to 5 (Extremely)* = 2018
Identified Significant Health Needs

Health Need	Significant 4 Rating	Extremely Significant 5 Rating	Combined 4+5 Rating
Affordable Healthcare*	25%	75%	100%
Drug/Substance Abuse	14%	79%	93%
Heart Disease*	36%	57%	93%
Behavioral Health (depression, anxiety, suicide)*	30%	63%	93%
Diabetes*	42%	50%	92%
Access to Healthcare*	7%	82%	89%
Cancer*	29%	57%	86%
Obesity/Overweight	29%	54%	82%
Physical Activity	32%	50%	82%
Hypertension	46%	32%	79%
Lung (asthma, COPD)	50%	29%	79%
Women's Health	41%	33%	74%
Smoking/Tobacco Use	48%	26%	74%
Education/Prevention (Healthy Lifestyle Promotion)*	21%	50%	71%
Infectious/contagious disease (flu, pneumonia, food poisoning)	32%	39%	71%
Youth Health Education	32%	39%	71%
Stroke	43%	29%	71%
Accidents	39%	25%	64%
Dental	32%	29%	61%
Social Factors	46%	14%	61%
Alzheimer's	33%	26%	59%

Survey question: Of the issues listed above for Macon County, which 3 do you think are most important within the community?

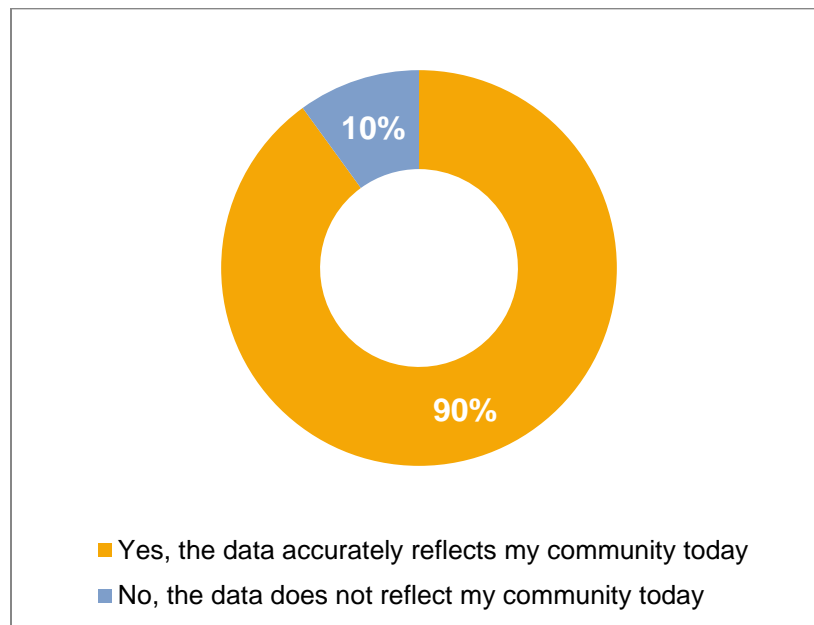
The health issues we received the most responses on when asked to identify their top 3 most important needs were:

- Drug/Substance Abuse (63%)
- Behavioral Health (58%)
- Cancer (50%)
- Affordable Healthcare (38%)
- Access to Healthcare (29%)
- Diabetes (17%)
- Heart Disease (17%)

- *Obesity/Overweight (17%)*

Advice Received from Local Expert Advisors

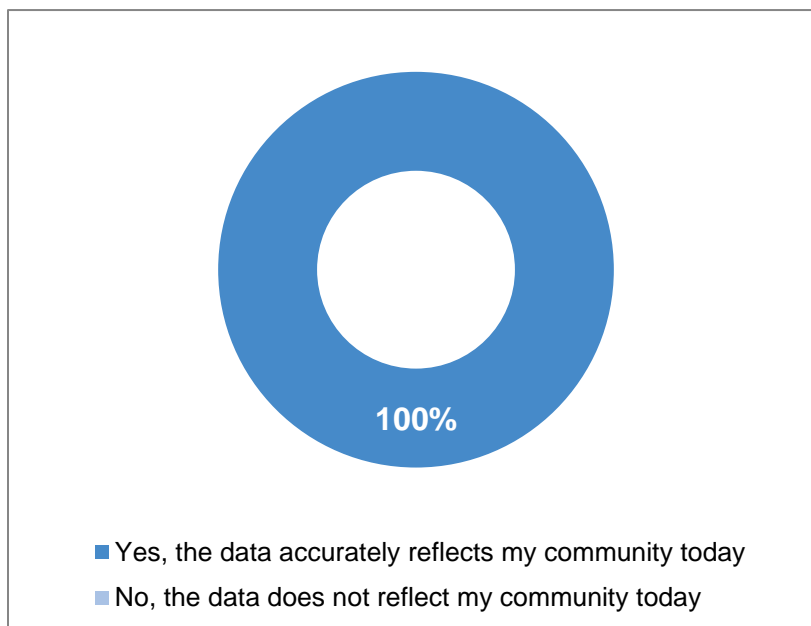
Question: Do you agree with the comparison of Macon County compared to Tennessee and the US?



Comments:

- *I feel based on my previous knowledge that our population is much higher and will have potentially more needs to be met. We are VERY lucky to have them in our community.*
- *From my observations of our community, I would tend to agree with the percentages listed in the demographic chart above.*
- *I believe the total numbers are low, the population of Macon County was 22,248 according to the 2010 census.*
- *I do feel the trend toward exercise may be increasing and with the availability of a gym and work out equipment as well as walking tracks and parks, I feel the number may increase in the next years to come.*
- *The above demographics seem to be accurate.*

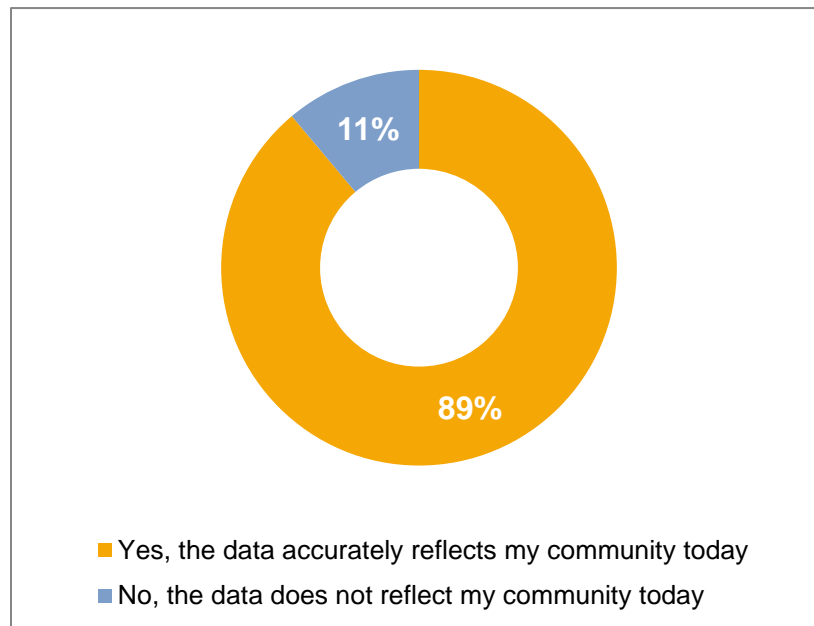
Question: Do you agree with the demographics and common health behaviors of MCH's Service Area?



Comments:

- *I don't think it reflects correctly on Clinical Care. I just don't see how Macon is ranked 94th, considering we have several doctors office and the hospital. I would think Macon would rank higher in the list especially more than the smaller counties!*
- *I do believe some of this data reflects the community still today; however, I do feel some have improved.*
- *The data seems to be accurately reflected.*

Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *It is VERY concerning how high the cancer rates are! This needs to be addressed. Shouldn't there be regulations on farmers and what type of chemicals that they use that pollute our water and air!*
- *Hypertension and kidney are surprising.*
- *I believe that Diabetes would be higher than expected and wonder if possibly the Kidney could be a result of the Diabetes.*

Question: Please add any additional information you would like us to understand.

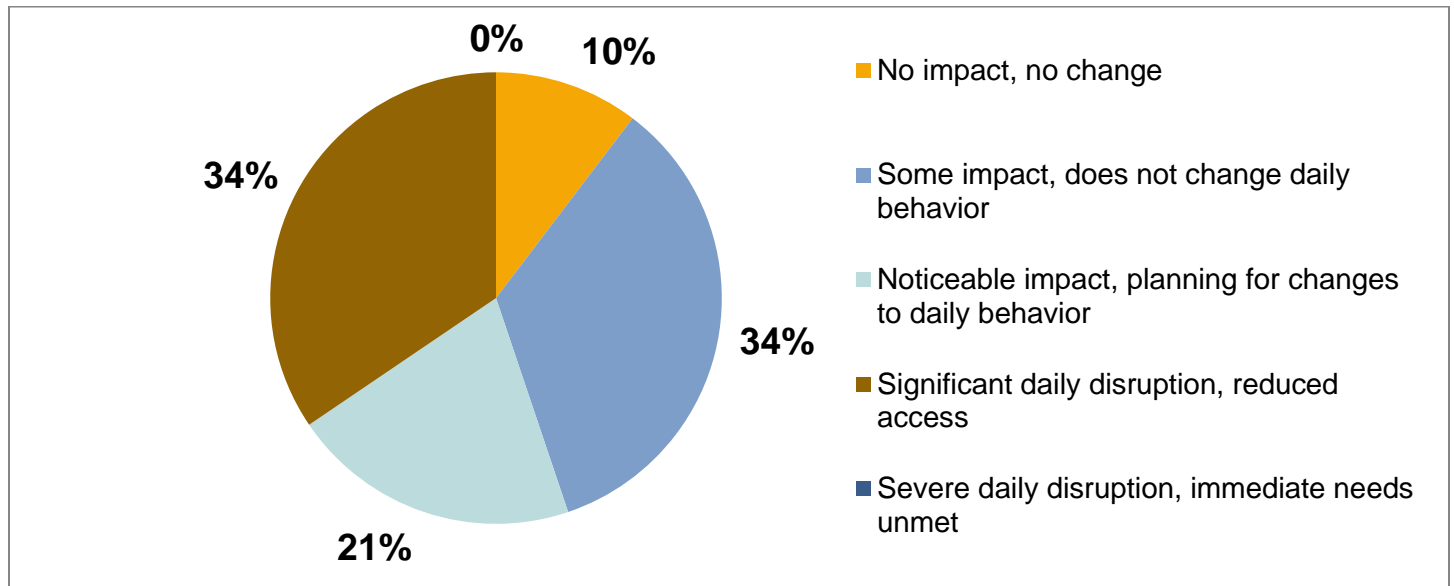
Comments:

- *Improving access that is affordable; Outreach; Networking; Transition programs for those released from incarceration due to drugs for sustained abstinence and employment.*
- *They are already focusing on many of these. Just continued education, health fairs, etc.*
- *I think it would be good to have psychologist and therapists to be offered. Cancer should be address with more studies done in the area to see what the cause are.*
- *How are you going to increase awareness of these issues for these populations? How are you going to influence people and make them want to listen to what you are saying? How are you going to have maximum participation in any opportunities addressing these populations?*
- *I feel like MCH has done a good job in addressing diabetes already. MCH supports the Drug Coalition which works in the community on drugs/substance abuse. Due to COVID-19 MCH has went above and beyond, due to the current situation, to educate on infectious/contagious diseases; I think that education could be expanded beyond COVID even; most of us in healthcare take what we consider “good hygiene” habits for granted but being in home health many people are unaware or misinformed on how some diseases spread and ways to prevent them. I did a lot of education on proper hand washing technique with C19 first hit and many people were not using the correct technique that healthcare workers are taught to wash germs off. I know we have a behavioral health center here in the county but I am unaware what they do or how much MCH is involved with them.*
- *More public awareness, greater access to information and/or information. Possible programs provided which would involve local businesses and their employees.*
- *Healthcare affordability for working class and elderly, not sure the community can do much about this issue, except for health fairs and screenings more often for people in these risk groups to take advantage of.*
- *There needs to be more education to the public and activities for the community to do.*
- *MCH does a good job with community outreach. I believe we still need to do more with drug prevention. It is a huge problem in our county. Substance abuse and behavioral health may go hand in hand.*
- *Partner with a drug/substance abuse provider. Hire a mental health provider. Partner with an outside agency for a wellness facility*
- *I personally think we need a larger hospital to better serve the community. Our community is growing rapidly and we need to have the availability to serve the community.*
- *Continue to work with local partners and also provide informative meetings regarding these health issues.*
- *Continued health screenings and education for community. I also would like to see a Dialysis Treatment Center available to our residents.*

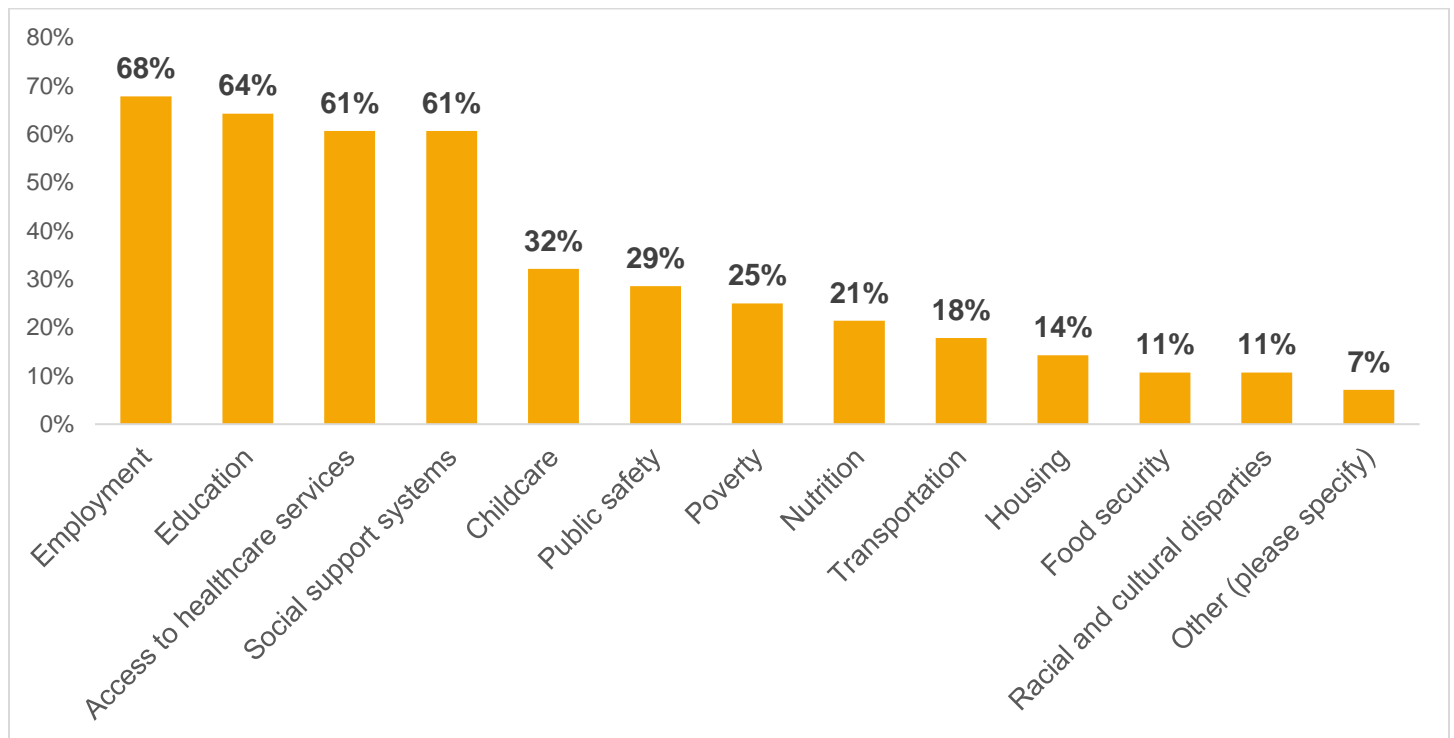
- *They are already doing an outstanding job of addressing these issues.*

Local Expert COVID-19 Impacts

Question: Overall, how much has the COVID-19 pandemic affected you and your household?



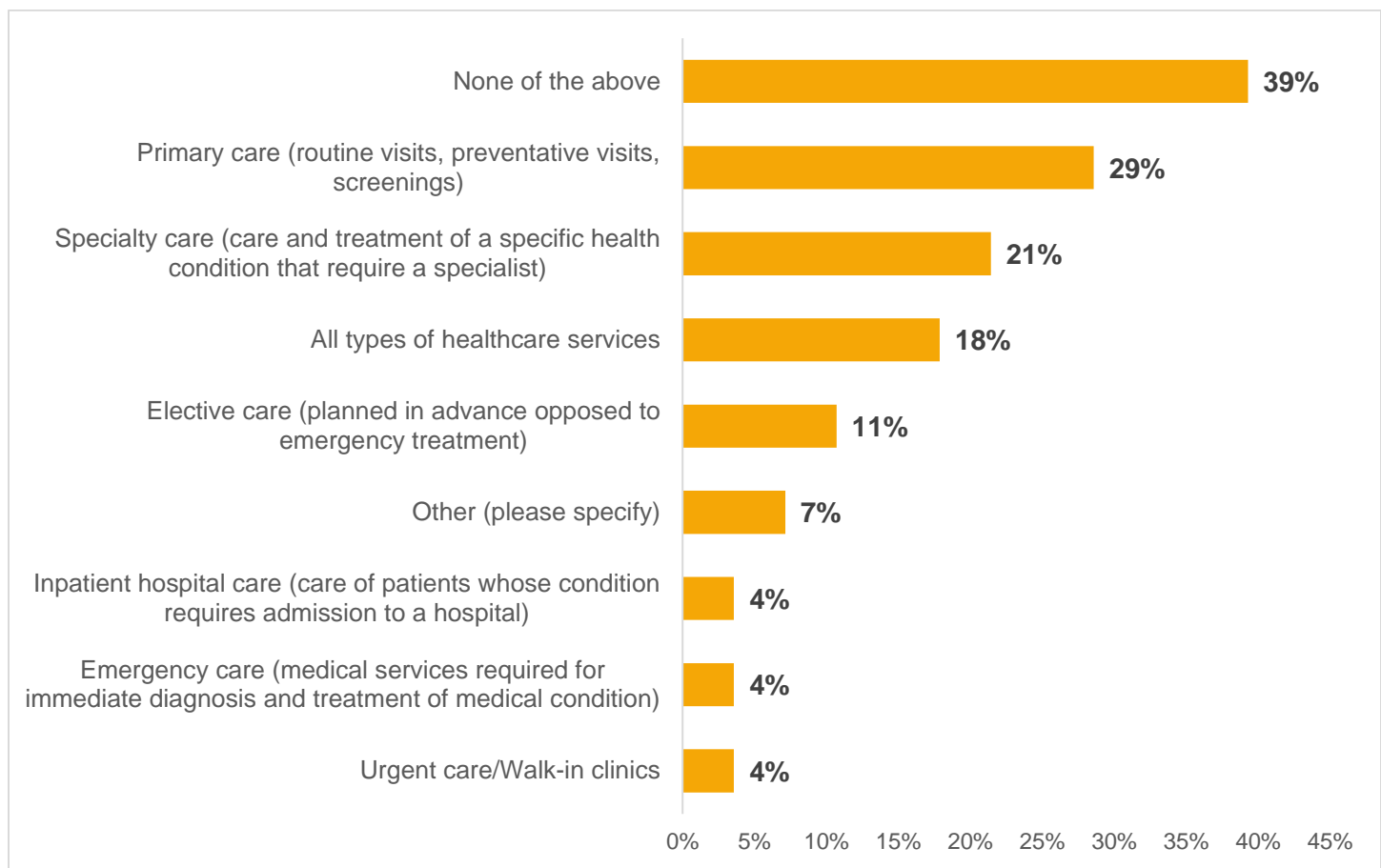
Question: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community (please select all that apply):



Comments:

- *I have seen no change due to COVID*
- *Worship*

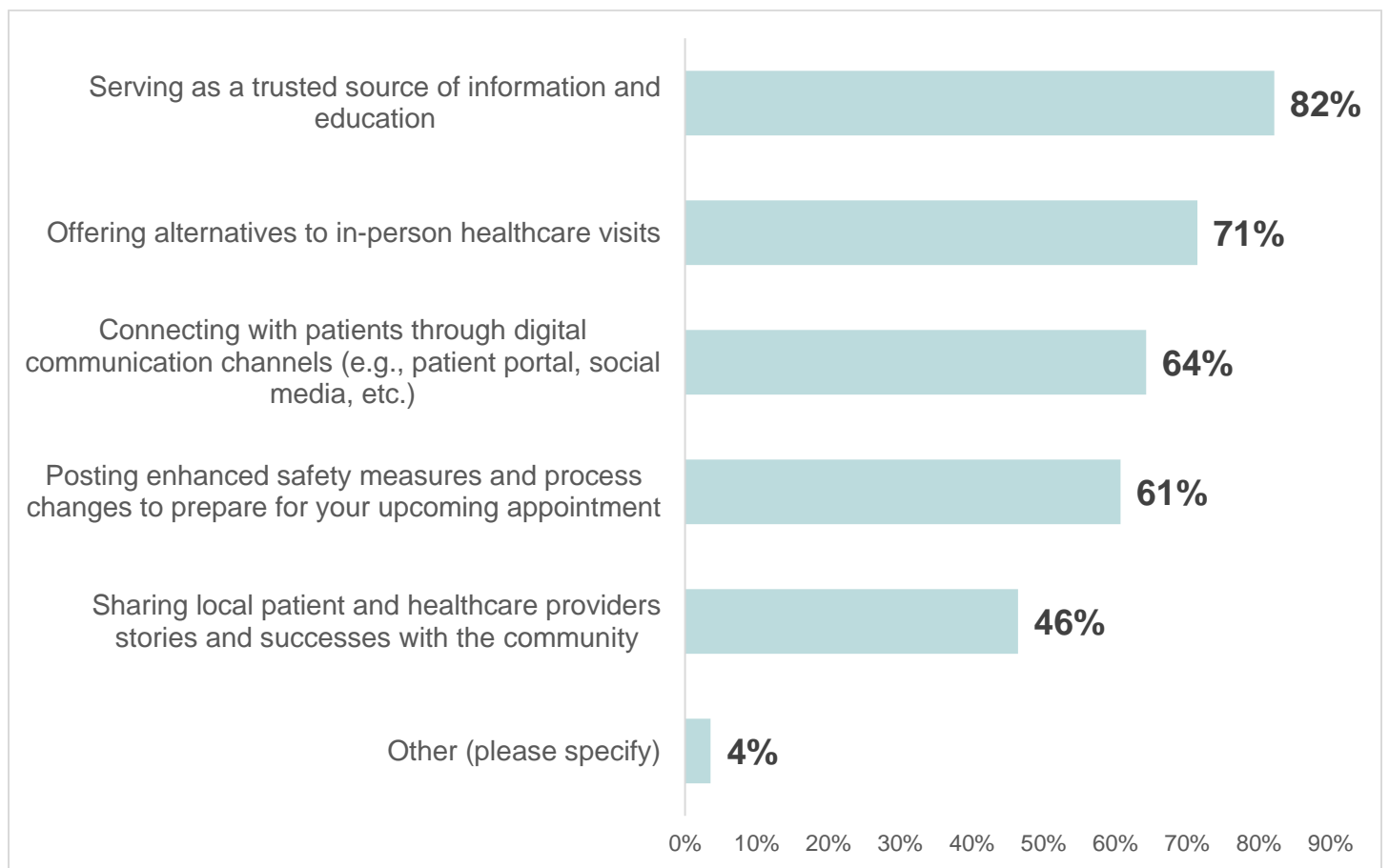
Question: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)



Comments:

- *In person primary care was not possible. Had to do virtual.*
- *Dental care.*

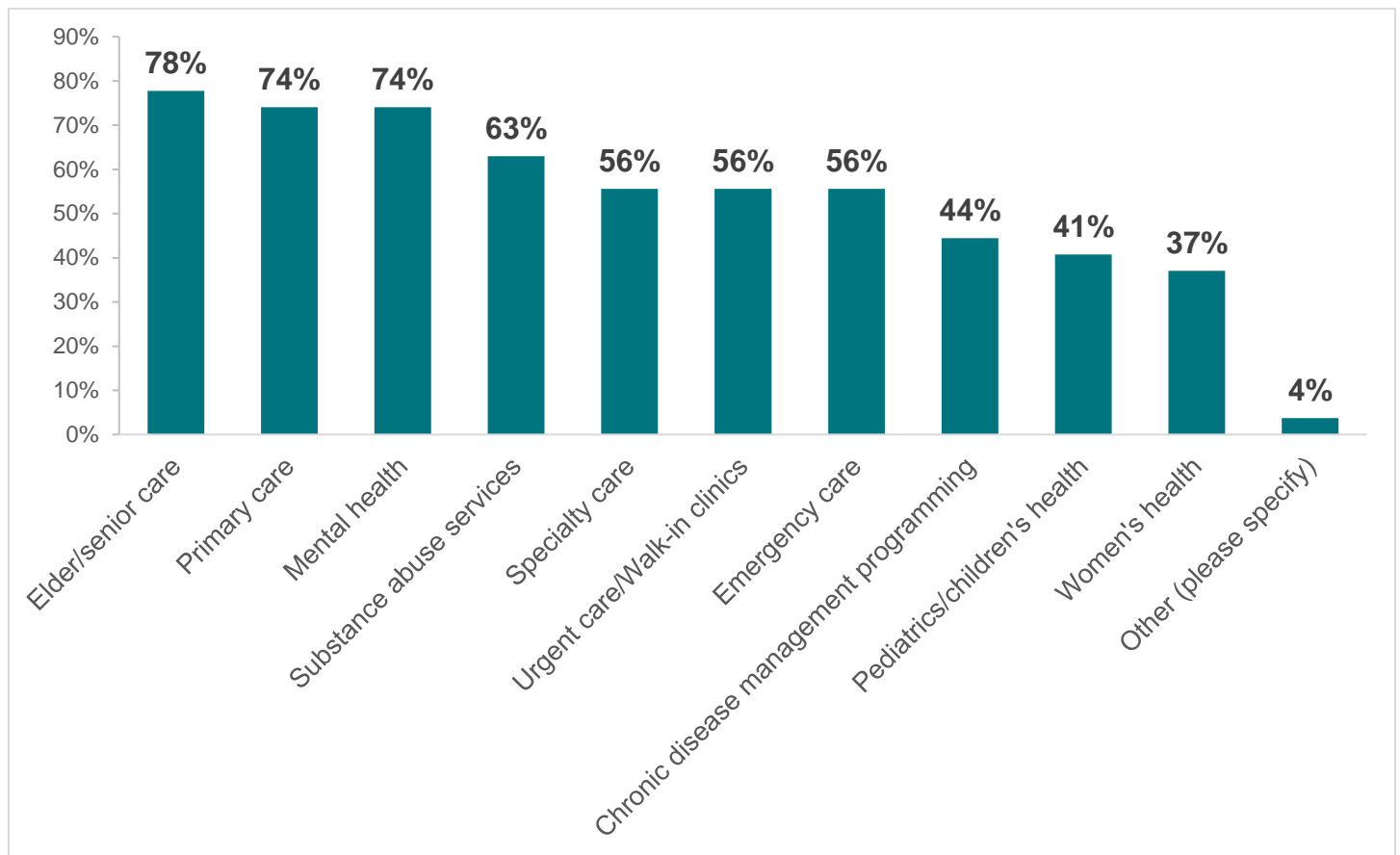
Question: How can healthcare providers, including Macon Community Hospital, continue to support the community through the challenges of COVID-19? (please select all that apply)



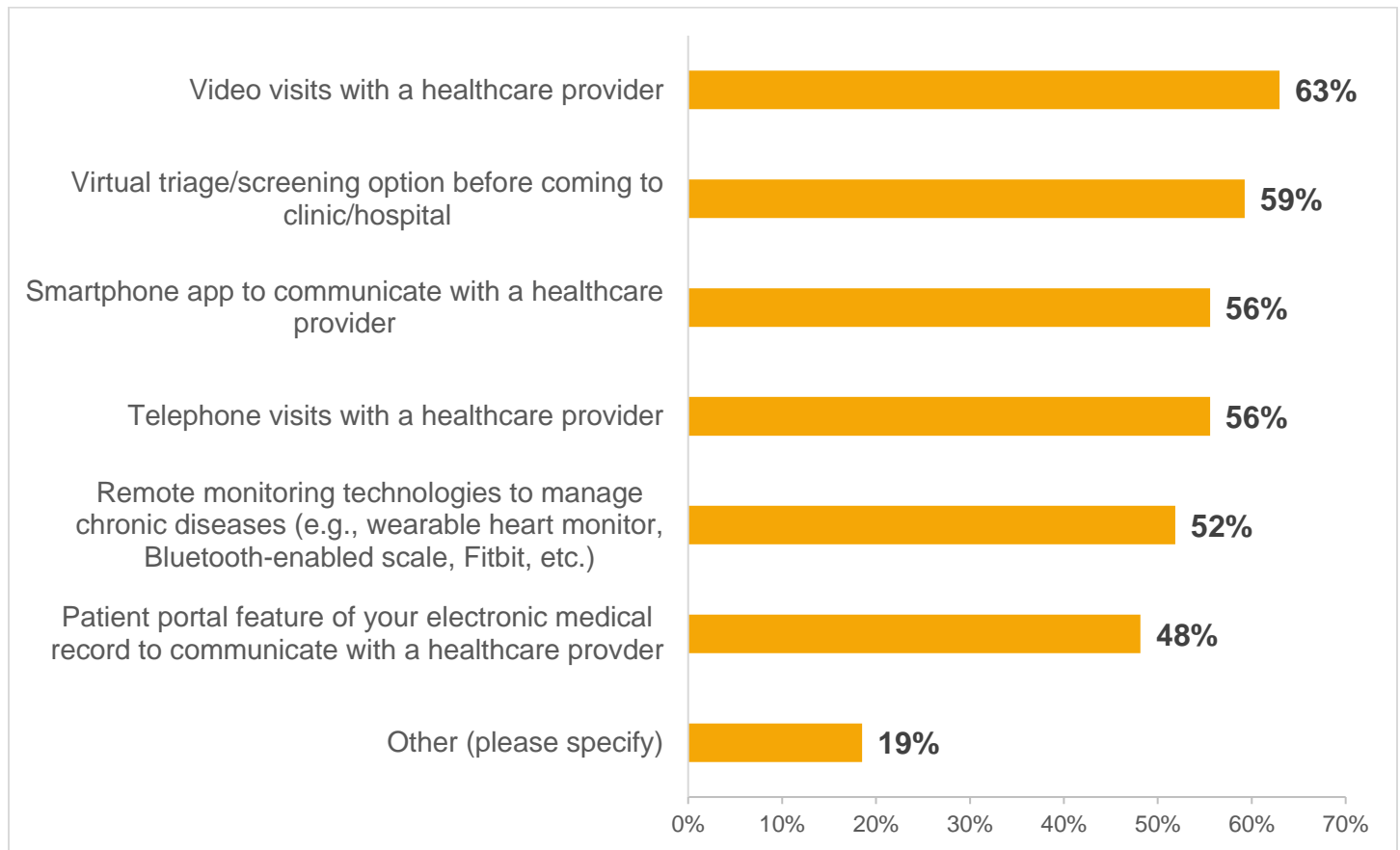
Comments:

- *Enforcing the proper wearing of masks over both the mouth and the nose, and not constantly fiddling with the mask—contaminating their hands.*

Question: What healthcare services/programs will be most important to supporting community health as the pandemic continues to unfold? (please select all that apply)



Question: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)



Comments:

- *Many do not have access to internet, Wi-Fi, computers at home setting*
- *I would rather have in person visits*
- *In person*
- *Many have difficulty with video visits or don't have access to internet*
- *I think in person treatment is most effective*

Question: Please share resources and solutions that would help you and community get through the COVID-19 crisis.

Comments:

- *I work in health care. I believe that the need for human contact has been the most devastating part of the COVID Pandemic for the elderly. As far as health care services, it has not affected my family as we were able to communicate with our doctors and do visits with mask etc.*
- *Ensuring that services are provided amidst the pandemic because the same health issues that were present before COVID are still present and are likely more present now in some areas of health (especially mental health) than pre-pandemic.*
- *Telehealth appointments are wonderful. I haven't done my annual mammogram (last year) because I didn't want to be in the hospital during/after the Christmas family gatherings/peak infection rate.*
- *We have used "telehealth" type features in home health for years where a patient will have a BP cuff, scale, oximeter and glucometer that at that time was attached through the phone lines to transmit their readings to us and the PCP every day when they took them. We used this with CHF, diabetic, COPD, etc. patient to monitor them remotely. I think the video visits are better; again as home health I have run into the issues of the elderly patient's not having the technology but if they are a HH patient we have been more than willing to facilitate those meetings between the PCP and patient. Maybe if the hospital had a staff member that was dedicated to assisting those with these visits? Which can somewhat undermine the reason why a patient didn't go to the hospital/doctor but being exposed to one person to facilitate a telehealth visit for a non-home health patient is better than being exposed to multiple people.*
- *I honestly feel that MCH is doing an excellent job providing healthcare to our community. I feel that our community is truly blessed to have the high-quality healthcare services and resources that are offered by MCH. I also feel that the current leadership of the hospital are and will continue to make MCH the best it can be for our community in relation to COVID-19 and otherwise.*
- *More people wearing masks in public and vaccinations.*
- *I have not been negatively impacted by COVID nor do I know of anyone that has any long term negative impacts. The few that I personally know that have tested positive for covid have fully recovered.*
- *Keep kids in the classroom. Increase promotion/incentives for covid 19 vaccine. We need more of our population vaccinated.*
- *We have all done the best we could to get through the Covid-19 Pandemic. I believe educating our community and encouraging vaccinations so that people don't consider the pandemic "not real". We have lost many friends and family to this disease.*