2024-2026
Community Health Implementation Plan
Atrium Health Navicent The Medical Center

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IDENTIFYING SIGNIFICANT HEALTH NEEDS

ABOUT ADVOCATE HEALTH

Atrium Health Navicent (AHN) is part of Advocate Health (AH), the third-largest nonprofit integrated health system in the United States, created from the combination of Advocate Aurora Health and Atrium Health. Providing care under the names Advocate Health Care in Illinois, Atrium Health in the Carolinas, Georgia and Alabama, and Aurora Health Care in Wisconsin, Advocate Health is a national leader in clinical innovation, health outcomes, consumer experience and value-based care, with Wake Forest University School of Medicine serving as the academic core of the enterprise. Headquartered in Charlotte, North Carolina, AH serves a population of nearly 6 million patients and is engaged in hundreds of clinical trials and research studies. It is nationally recognized for its expertise in cardiology, oncology, pediatrics and rehabilitation, as well as organ transplants, burn treatments and specialized musculoskeletal programs. AH employs 155,000 team members across 69 hospitals and over 1,000 care locations and offers one of the nation's largest graduate medical education programs with over 2,000 residents and fellows across more than 200 programs.

Committed to equitable care for all, Advocate Health provides nearly $6 billion in annual community benefits with regional and community partners and continues to lead the nation in health equity and community benefit strategies through the development of local services and care delivery. Nationally recognized as #1 in community benefit investments, AH is the architect of the nation's leading health equity models and is committed to finding solutions for the greatest disparities affecting care gaps in rural and urban communities. Focused on affordability, learning and discovery, workforce development, health equity, safety and health outcomes and environmental sustainability, AH continues its national impact built through its network of high-quality healthcare services.

National Relevance | Regional Density | Local Presence

ABOUT ATRIUM HEALTH NAVICENT THE MEDICAL CENTER A PART OF ADVOCATE HEALTH

Atrium Health Navicent The Medical Center (AHNTMC), based in Macon, Georgia, is a nationally recognized academic medical center and adult Level 1 Trauma Center. Part of Advocate Health, AHNTMC is licensed for 637 beds and serves 30 central and South Georgia counties. AHNTMC has over 4,500 employees and a medical staff of approximately 700 physicians. AHNTMC is accredited by DNV-GL.

Hospital facts and details:

- 4-time Magnet® designated hospital for nursing excellence
- Certified Primary Stroke Center (DNV)
- Primary academic hospital for Mercer University School of Medicine
- Chest Pain Center with Primary PCI Accreditation (American College of Cardiology)
- Heart Failure Accreditation (American College of Cardiology)
- Atrial Fibrillation with EPS Accreditation (American College of Cardiology)
- Level 1 Trauma Center (American College of Surgery)

It is our mission to provide quality healthcare services with efficiency. AHNTMC provides the following services:

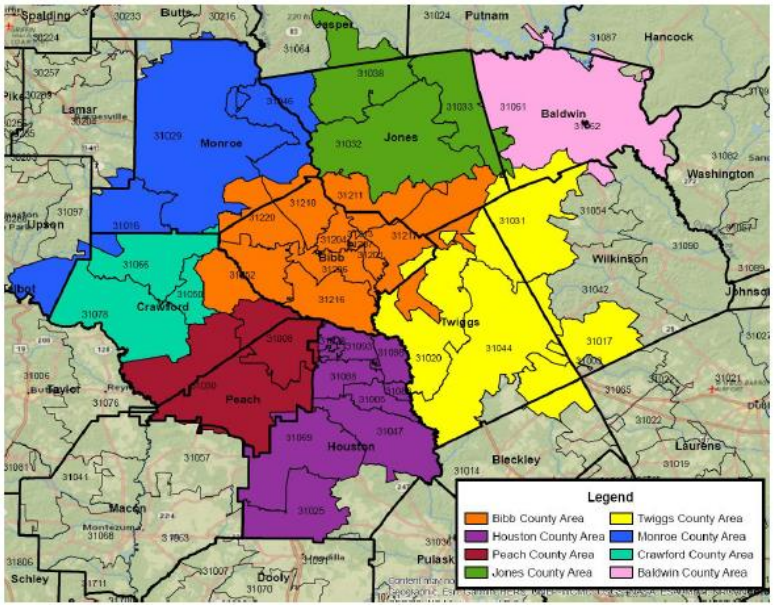
- Inpatient
- Outpatient
- Urgent and Emergency Care
- Surgical Services
- Women's Services
- Children's Services
- Primary Care
- Rehabilitation
- Cancer
- Adult Specialty Care
- Heart Center
- Hospice and Palliative Care
- Healthy Communities Programming Support

OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)

In 2023, AHNTMC embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues impacting our community.

Definition of the Community Served

The AHNTMC community, as defined for the purposes of the Community Health Needs Assessment and Implementation Strategy, includes each of the residential ZIP codes that comprise the hospital's Primary Service Area (PSA) as outlined in the following map.



How CHNA Data Was Obtained

The CHNA incorporated data about the community from multiple sources, including primary and secondary data:

- A population-based survey among a representative sample of community residents
  (the Professional Research Consultants (PRC) Community Health Survey)
- An online survey of public health representatives, health providers, and a variety of other community service providers and stakeholders (the PRC Online Key Informant Survey)
- A review of existing vital statistics, public health documents, census documents, and other data

The CHNA allowed for extensive comparison to benchmark data at the state and national levels. The assessment was conducted on behalf of AHNTMC by PRC, a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Identifying & Prioritizing Health Needs

Areas of Opportunity

Significant health needs (or "Areas of Opportunity") were determined in our CHNA after consideration of various criteria, including:

- Standing in comparison with benchmark data
- Identified trends
- The preponderance of significant findings within topic areas
- The magnitude of the health concerns in terms of the number of persons affected and the potential health impact of a given health concern

The AHNTMC Implementation Strategy Team defined significant areas as the three highest opportunities identified in the CHNA. This is a multidisciplinary team comprised of the organization's leaders from various roles such as nursing, community health, population health, social workers, community engagement, quality and data analytics, etc.

Prioritized List of Health Needs

After reviewing the Community Health Needs Assessment findings, AHN teammates and community stakeholders met to evaluate and prioritize the top health needs for our community. The participants were asked to evaluate each health concern considering two criteria: 1) scope and severity of the health issue; and 2) the hospital's/health system's/community's ability to impact that issue. Individual ratings for each criterion were averaged for each tested health issue, and then these composite scores were averaged to produce an overall score. This process yielded the following prioritized list of health needs for our community:

1. Mental Health
2. Diabetes
3. Nutrition, Physical Activity and Weight
4. Substance Use
5. Heart Disease & Stroke
6. Injury and Violence
7. Tobacco Use
8. Disabling Conditions
9. Sexual Health
10. Access to Healthcare Services

ADDRESSING SIGNIFICANT HEALTH NEEDS

HOSPITAL-LEVEL COMMUNITY BENEFIT PLANNING

This summary outlines AHNTMC's plan (Implementation Strategy) to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) sustaining and/or developing new programs and initiatives to address identified health needs; and/or 3) promoting an understanding of these health needs among other community organizations and within the public itself.

Priority Health Concerns to Be Addressed

In consideration of the top health priorities identified through the 2023 CHNA process — and considering hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — the AHNTMC Implementation Strategy Team determined that AHNTMC would focus on developing and/or supporting strategies and initiatives to improve the top three significant priority health concerns:

- Metabolic Syndrome (heart disease, diabetes, stroke)
- Mental Health
- Nutrition, Physical Activity and Weight

AHNTMC has been on a journey to transform healthcare delivery through an implementation strategy as outlined above. This Community Health Implementation Plan (CHIP) will highlight the strategies we will use to address the above-mentioned priority areas.

Considering data gathered from the community, AHNTMC has evaluated the region's health needs and as the first CHNA results in a post COVID-19 pandemic world, determined that it is time to reinvent our community health approach and return to the strategies of education and prevention. Our community data demonstrates a need for a strong focus on preventative care to help address the root cause of the many illnesses and social drivers of health.

The strategies in this plan are focused on outreach developed utilizing Community Health Workers and creating programs to improve health, elevate hope and advance healing for all of Bibb County and surrounding service area. Some foundational programs included in this plan have been in effect since the 2020 Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) but are now being redesigned to better address health equity and needs in our central Georgia community through direct community programming. Our goal is

to improve the community's overall health and wellness by empowering residents to make healthy life choices through education, programming, and partnerships.

Atrium Health Navicent The Medical Center completed its last Community Health Needs Assessment in 2023.

In the 2024-2026 plan, AHNTMC will build off the foundational community health programming which has been successful to date. New innovative and advanced strategies partnered with on the ground, field interventions using Community Health Workers, will be implemented for early identification and to prevent conditions from occurring and/or advancing into chronic diseases. As the strategy unfolds there will be a growing need for direct patient interaction, innovative technology and increased partnerships, to successfully reach this population.

Health Concerns Not Addressed during this CHIP plan and Why

In acknowledging the wide range of priority health issues that emerged from the CHNA process, AHNTMC determined that it could effectively focus on those which it deemed most pressing, most under-addressed, and/or most within its ability to influence. Although there are other health needs which appeared in our needs assessment being addressed by regional partners and community organizations, our focus and strategic resources will be dedicated to the three identified in this document.

2024-2026 Implementation Strategy

Action Plans

The following tables outline AHNTMC's plans to address priority health issues chosen for action in FY2024-FY2026.

Priority Area #1: Metabolic Syndrome (Diabetes, Heart Disease & Stroke)	
Community Health Need	There is a lack of community awareness and management of metabolic syndrome. Metabolic syndrome is a group of five conditions that can lead to heart disease, diabetes, stroke, and other health problems. Metabolic syndrome is diagnosed when someone has 3 or more of these risk factors: high blood sugar, low levels of HDL, elevated levels of triglycerides, large waist circumference, and high blood pressure. Approximately 47 percent of adults surveyed have been told by a health professional at some point that their blood pressure was high. Thirty eight percent have been told by a health professional that their cholesterol level was high. 16.8 percent of adults reported being diagnosed with diabetes. This is worse than the state (12.3%) and national (12.8%) percentages. (CHNA 2023)
Goal(s)	• Identify individuals/populations at-risk of having and/or developing metabolic syndrome • Increase awareness and education of metabolic syndrome, prevention and contributing factors • Reduce incidence of heart disease, diabetes, and stroke
Target Population(s)	• Communities within the counties served
Partnering Organization(s)	• North Central Health District (Georgia Department of Public Health) • Educational institutions (primary and secondary) such as Mercer University, Georgia College and State University, Fort Valley State University, Central Georgia Technical College, Public school districts • Faith-Based organizations • Community-Based organizations such as United Way of Central GA, Macon-Bibb Economic Opportunity Council, Middle Georgia Regional Commission • Government organizations such as CDC • National health organizations such as American Heart Association, American

	Diabetes Association, and American Stroke Association
Action Plan	**Strategy 1: Data Driven Identification of Vulnerable Communities** Atrium Health Navicent will use heat maps to strategically identify areas of vulnerability to metabolic syndrome. Collaborate with community organizations in the identified areas to host health screenings and offer services to prevent progression of metabolic syndrome into more advanced disease states such as heart disease, diabetes, and stroke. **Strategy 2: Education and Awareness** Educate and increase awareness by partnering with community organizations and educational institutions to embed metabolic syndrome risk factors and prevention into curriculum and outreach efforts. **Strategy 3: Empower Faith-Based Organizations** Develop strong relationships with faith-based organizations who are the pillars of the community. Atrium Health Navicent will offer education, clinical services, screenings and other resources addressing metabolic syndrome to empower their ministries to serve their communities. **Strategy 4: Utilize Community Health Workers** Introduce a community-based healthcare delivery model with a holistic approach. Atrium Health Navicent will employ community health workers to provide outreach, advocacy, education, and individualized support such as relationship building, motivational interviewing and resource identification to address metabolic syndrome. Community Health Workers will be the connectors for all strategies in this priority area.

Measuring Our Impact	• Number of health screenings performed • Number of organizations committed to add cardiometabolic education to their curriculum • Number of community outreach events where education and resources were distributed • Number of Community Health Workers hired and trained

Priority Area #2: Mental Health	
Community Health Need	Approximately 25% of respondents in the AHTMC service area reported 'fair or 'poor' mental health. This marks a steady and significant increase since 2012. According to Healthy People 2030, mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.
Goal(s)	• Increase awareness and education of mental health symptoms and risk factors • Evaluate the prevalence of behavioral health/social issues to develop interventions to address specific issues. • Increase skill-based education to teammates for symptom recognition and basic intervention (i.e. Mental Health First Aid, Question, Persuade, and Refer [QPR], Zero Suicide [pediatric]) • Increase participation with partnerships to promote community-wide advocacy focused on mental health prevention
Target Population(s)	• School aged children to adults

Partnering Organization(s)	• River Edge Behavioral Health • Resilient Middle Georgia • Mercer University Family Therapy Program • Family Counseling Center • Macon Mental Health Matters • Georgia Crisis and Access Line • Community Health Care Systems, Inc. • Bibb County Board of Education • United Way of Central Georgia • Macon Volunteer Clinic • Mental Health America • North Central Health District • Georgia Department of Public Health • National Council for Mental Wellbeing • Georgia Department of Behavioral Health
Action Plan	**Strategy 1: Mental Health Screenings** We will provide mental health screenings at community, school-based and Atrium-led health fairs. Educational handouts will be distributed to all participants. Referrals will be made for individuals who screen positive. **Strategy 2: Skill-Based Training for Teammates** Teammates will take mental health first aid training and renewal on a three-year cycle. This training will increase identification of mental health signs and symptoms for appropriate intervention. **Strategy 3: Build and Enhance Community Partnerships** Collaborate with community and faith-based organizations to promote normalization of mental health disorders and treatment. Provide organizations with education and training opportunities to become proficient trainers in mental health identification and intervention. **Strategy 4: Utilize Community Health Workers** Atrium Health Navicent will employ community health workers to provide outreach, advocacy, education, and individualized support such as relationship building, motivational interviewing and resource identification to address mental health. Community Health Workers will be the connectors for all strategies in this priority area.

Measuring Our Impact	• Number of community members screened for mental health disorders • Number of teammates that have completed Mental Health First Aid Training • Number of Community-Based Organizations (CBO) and Faith-Based Organizations (FBO) members trained in Mental Health First Aid • Number of CBO and FBO members who have become trainers

Priority Area #3: Nutrition, Physical Activity and Weight	
Community Health Need:	In the Macon and the surrounding central Georgia community, 28.7 percent of adults experience low food access, and difficulty accessing affordable fresh fruit and vegetables. This represents a significant increase from previous findings of 16.9 percent. The prevalence decreases with age and income level and is reported more often among women, Hispanic respondents, people of diverse races, and LGBTQ+ adults (https://health.gov/healthypeople2030). Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans (https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf) lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people do not get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities. 31.2 percent of adults report no leisure-time physical activity in the past month. Obesity is linked to many serious health problems, including Type 2 diabetes, heart disease, stroke, and some types of cancer. While some racial /ethnic groups are more likely to have obesity, this results in an increased risk of chronic diseases. Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce the risk of becoming overweight and obese. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight. Most total area adults (72.5 percent) are overweight. This includes 42.5 percent of area adults who are obese.
Goal(s)	• Demonstrate improved access to healthy foods, including easy access of fresh produce • An increased number of patients will receive nutritional education • An increased number of people in the community will report healthier lifestyles

Target Population(s)	Children and adults
Partnering Organization(s)	• Society of St Andrew • Middle Georgia Community Food Bank • UGA Cooperative Extension • Walk with A Doc • Macon-Bibb County Parks and Recreation • Southeast Produce Council • College of Agriculture, Family Sciences and Technology, Fort Valley State University • Meals on Wheels • TGW Agriculture and Education
Action Plan	<u>Updating Foundational Strategies 2024-2025:</u> **Strategy 1: Expand and Enhance Food Security Concept** AHNTMC will continue to increase access to fresh fruit and produce to community members with food security needs. This will include produce provided by the Society of St Andrew, the Southeast Produce Council and produce grown by use of hydroponic gardens. • Both inpatient and community patients will be referred by clinicians to the Food Farmacy, our medical/food security partnership. • Any community member facing food insecurity is welcome. • An expansion of the food security concept in Baldwin and Peach counties is planned for 2025-2026. • AHNTMC will partner with the Middle Georgia Community Food Bank to provide mobile food distribution services to vulnerable counties in the AHN footprint. • AHNTMC will expand the partnership with Meals on Wheels to prepare meals to serve community members with low food access in seven Middle Georgia Counties (Bibb, Jones, Monroe, Crawford, Twiggs, Houston, Baldwin and Peach) **Strategy 2: Increase Community Fitness Programs** AHNTMC will build upon foundational experiences to develop community fitness programs.

To enhance this, we will increase participation in activities by advertising within local schools and universities. We will support development of fitness activities at Atrium Health Navicent Baldwin and Atrium Health Navicent Peach.

<u>New and Innovative Strategies 2025-2026:</u>
NEW Strategy 3: Year-round access to fresh produce

AHNTMC will partner with Fort Valley State University to grow fresh produce year-round in a large hydroponic garden. Access to fresh produce was recognized as an issue for the community making it hard to follow a healthy diet. This program will keep vegetables coming in the Food as Medicine Market for those with food insecurity. Classes will also be offered to teach individuals how to start their own hydroponic container farming at home.

Measuring Our Impact

- Amount of food distributed measured by pounds
- Number of Food Farmacy enrollees
- Increase average number of Walk with a Doc attendees
- Number of families served by mobile food distribution events
- Number of meals provided to Meals on Wheels community members
- Amount of fresh produce in pounds from hydroponic farm

Implementation Strategy Adoption

On August 8, 2024, the Board of Directors of AHNTMC, approved this Community Health Implementation Plan Implementation (CHIP) Strategy to undertake the outlined measures to better address and improve the identified health needs of the community.

This CHIP is posted on the AHNTMC website, Atrium Health Navicent The Medical Center.