



**ST. MARY'S®**

HEALTH CARE SYSTEM

A Member of Trinity Health

**St. Mary's Hospital  
CHNA Implementation Strategy  
Fiscal Years 2019-2021**

St. Mary's Hospital completed a comprehensive Community Health Needs Assessment (CHNA) that was adopted by the Board of Directors on 6/25/2019. St. Mary's performed the CHNA in adherence with certain federal requirements for not-for-profit hospitals set forth in the Affordable Care Act (ACA) and by the Internal Revenue Service (IRS). The assessment took into account a comprehensive secondary data analysis of patient outcomes, community health status, and social determinants of health, as well as primary data including input from representatives of the community, community members, and various community organizations.

The complete CHNA report is available electronically at <https://www.stmarysathens.org/about-us/community-benefit/>, or printed copies are available at St. Mary's Hospital.

## Hospital Information

St. Mary's Hospital a not-for-profit Catholic health care ministry whose mission is to be a compassionate, healing presence in the communities we serve. Founded in 1906 and now a member of Trinity Health, St. Mary's focuses on neurosciences, cardiac care, orthopedics, general medicine/general surgery, women's health and gastroenterology. Services include emergency care, intensive care, stroke care, cardiac catheterization, home health care/hospice services, inpatient and outpatient rehabilitation, assisted living, Alzheimer's/dementia care, preventative care, state-of-the-art diagnostic and therapeutic services and a growing network of physician practices. St. Mary's Hospital is located in Athens-Clarke County and serves a multi-county area in Northeast Georgia. Athens-Clarke County, comprised of 121 square miles, is the smallest in land area of Georgia's 159 counties. It is located approximately 65 miles northeast of Atlanta is 94% urban. The U.S. Census Bureau estimates the 2010 population of Athens-Clarke County to be 116,714, making it the 19th most populous county in the state. Among counties with a population of at least 100,000, Athens-Clarke County has the third lowest median age in the United States (25.9). Of the 2010 Census population: 17.5%

of the population was under 18 years of age; 74% were between the ages of 18 and 64; and 8.5% were age 65 or older. The gender distribution of the county was 52.5% female and 47.5% male. The residents of Athens-Clarke County come from a myriad of ethnic, cultural and socioeconomic backgrounds. The majority of the population is white (61.9%), followed by black or African-American (26.6%). From 2000-2010, the Hispanic population in the county increased 4.1%. The residents of Athens-Clarke County exceed the state average in education attainment levels, both in terms of high school completion and four or more years of college education. Of the population age 25 years and over in Athens-Clarke County, 41.2% have at least a bachelor's degree compared to 15.8% in the average county in Georgia. According to the Georgia Department of Labor, the average unemployment rate in the county fell to 6.5% in 2012. Despite the high number of educated citizens in the local workforce and a relatively low unemployment rate, Athens-Clarke County has a very high poverty rate. In 2010, the per capita income in Athens-Clarke County was \$25,309 and the median household income was \$34,000. At 33.3%, the poverty rate in Athens-Clarke County is nearly double the Georgia average of 18%. Poverty levels are particularly striking for children in the county; 35.5% of the population under age 17 lives below the poverty level.

## Mission

We, St. Mary's Health Care System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

## Health Needs of the Community

The CHNA conducted in 2018-2019 identified the top 10 significant health needs within the St. Mary's Health Care System community. Those needs were then prioritized based on prevalence, severity, required length of hospitalization, whether vulnerable population were disproportionately impacted, community acknowledgement of this issue, etc. The top 10 significant health needs are listed below and the prioritized significant health needs are listed in the next section.

<p><b>1) Cardiovascular Health</b></p>	<ul style="list-style-type: none"> <li>- 29.1% of deaths (all ages) attributed to cardiovascular disease among this service area.</li> <li>- More than 1 in 3 reported cholesterol in their household.</li> </ul>
<p><b>2) Nutrition, Obesity and Diabetes</b></p>	<ul style="list-style-type: none"> <li>- Over 30% of adults living in St. Mary's primary service area are obese.</li> <li>- Both WIC and SNAP have been underutilized in St. Mary's primary services areas. In Clarke County, only 32% of eligible people are using WIC and only 67% of eligible people are using SNAP.</li> </ul>
<p><b>3) Behavioral Health</b></p>	<ul style="list-style-type: none"> <li>- St. Mary's primary service area age-adjusted opioid death rate (9.7) is higher than the state's rate (8.2).</li> <li>- The age-adjusted rate of suicides (16.1) in St. Mary's primary service area is significantly higher than the state's rate (12.9).</li> </ul>

<b>4) Maternal &amp; Child Health</b>	<ul style="list-style-type: none"> <li>- Of the 7 counties in St. Mary's primary service area, 3 counties do not have a practicing OB-GYN and 1 does not have a practicing pediatrician.</li> <li>- The percent of births from women who use tobacco while pregnant in St. Mary's primary service area is triple the state's percentage.</li> </ul>
<b>5) Healthcare Access</b>	<ul style="list-style-type: none"> <li>- 15% of households reported having trouble finding a doctor that accepted their insurance in the last 12 months.</li> <li>- 26% indicated that they went to the emergency department in the last year as the place where they receive 'most of their care.'</li> </ul>
<b>6) Reproductive Health</b>	<ul style="list-style-type: none"> <li>- In St. Mary's Hospital primary service area, Clarke County has the highest rate of STIs (654.6).</li> <li>- High rates of teen pregnancy are reported in St. Mary's Hospital primary service area. Teen pregnancy rates are significantly higher in African American women compared to White women.</li> </ul>
<b>7) Cerebrovascular Health</b>	<ul style="list-style-type: none"> <li>- 5.7% of all deaths attributed to strokes in this service area.</li> <li>- 1 in 2 households reported having high blood pressure.</li> </ul>
<b>8) Cancer</b>	<ul style="list-style-type: none"> <li>- The age-adjusted death rate due to colon cancer is higher in all of St. Mary's service areas (15.9) compared to the state's rate (15.2).</li> <li>- In St. Mary's Hospital Service area, 1 in 20 deaths are caused by lung cancer.</li> </ul>
<b>9) Respiratory Health</b>	<ul style="list-style-type: none"> <li>- Almost 1 in 5 adults living in all 7 counties within St. Mary's Hospital service area use tobacco.</li> <li>- St. Mary's pneumonia-related ER visits are over 50% higher than the state's average.</li> </ul>
<b>10) Injuries &amp; Accidents</b>	<ul style="list-style-type: none"> <li>- The motor vehicle crash death rate (14.7) in St. Mary's Hospital service area is worse than the state average (13.9).</li> <li>- St. Mary's rate of fall-related ER visits (2414.7) is also higher than the state average (1959.7).</li> </ul>

## Hospital Implementation Strategy

St. Mary's Hospital resources and overall alignment with the hospital's mission, goals and strategic priorities were taken into consideration of the significant health needs identified through the most recent CHNA process.

### Significant health needs to be addressed

St. Mary's Healthcare System will focus on developing and/or supporting initiatives and measure their effectiveness, to improve the following health needs:

- **Respiratory Health** – page 39
- **Nutrition, Obesity & Diabetes** – page 8
- **Healthcare Access** – page 10

### **Significant health needs that will not be addressed**

St. Mary's Healthcare System acknowledges the wide range of priority health issues that emerged from the CHNA process, and determined that it could effectively focus on only those health needs which it deemed most pressing, under-addressed, and within its ability to influence. St. Mary's Healthcare System will not take action on the following health needs:

- **Behavioral Health** – St. Mary's Healthcare System does not plan to directly address this particular need because there are not sufficient resources within our system to adequately address this multifaceted issue. However, the hospital has staff members who are on local committees who are working with local behavioral health agencies to address issues with repeat behavioral health patients, such as implementing a data sharing mechanisms across agencies (police department, jail, emergency department, mental health facility).
- **Maternal & Child health** – St. Mary's Healthcare System does not plan to directly address this particular need because this health need is already being addressed by St. Mary's Family Birth Center and the pediatric hospice care. Also, there is a strong local WIC clinic in the county
- **Reproductive Health** – St. Mary's Healthcare System does not plan to directly address this particular need because there are other local organizations, such as the local public health departments, who are addressing this need. However, St. Mary's Hospital provides referrals for patients.
- **Cancer** – St. Mary's Healthcare System does not plan to directly address this particular need because the hospital is not a cancer center and does not have an oncology practice. Another local organization in the area has a cancer center and is addressing this need. However, the hospital continues conducting screenings and referrals.
- **Cardiovascular Health** – St. Mary's Healthcare System does not plan to directly address this particular need because it is encompassed in the Nutrition, Diabetes and Obesity health need via the Farm Rx program.
- **Injuries & Accidents** – St. Mary's Healthcare System does not plan to directly address this particular need because there is another hospital within the area that is designated as a trauma center, whereas we are not.

This implementation strategy specifies community health needs that the hospital has determined to address in whole or in part and that are consistent with its mission. The

hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During these three years, other organizations in the community may decide to address certain needs, indicating that the hospital then should refocus its limited resources to best serve the community.

## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

<b>Hospital facility:</b>	St. Mary's Healthcare System		
<b>CHNA significant health need:</b>	Respiratory Health		
<b>CHNA reference page:</b>	39-40	<b>Prioritization #:</b>	1

### Brief description of need:

In Clarke county there were 22% of adults who reported smoking, compared to the state at 18%. Across the service area, the maternal smoking rate is more than twice the state's rate. Smoking can compromise respiratory health and is correlated with the prevalence of emphysema. For Barrow and Walton counties, the age-adjusted death rates for emphysema from 2010-2017 were 10.0 and 13.4 (respectively). This is in comparison with the state age-adjusted death rate of 2.9 for the same time period.

**Goal:** Reduce prevalence of smoking in service area

### **Objective:**

- Increase availability and access to Freedom from Smoking classes for those in the community by June 2022.

### Actions the hospital facility intends to take to address the health need:

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Add 1 more Freedom from Smoking instructor	X			\$300 initial for certification and for staff time		
Add 2 more Freedom from Smoking sessions		X	X	\$533/yr. for staffing plus meeting space		Athens Housing Authority
Increase promotion and marketing for Freedom from Smoking specifically targeted for pregnant community	x	x	x	Cost of marketing materials		

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**Anticipated impact of these actions:**

CHNA Impact Measures	CHNA Baseline	Target
Number of participants completing Freedom from Smoking	12	24
Successful in quitting smoking after completion of Freedom from smoking program	60%	62%

**Plan to evaluate the impact:**

Create a formal follow up process for Freedom from Smoking that occurs within 3-6 months after completion of the program. Continue to track success rate of Freedom from Smoking graduates and increase it by 2%.

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## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

<b>Hospital facility:</b>	St. Mary's Hospital		
<b>CHNA significant health need:</b>	Nutrition, Obesity & Diabetes		
<b>CHNA reference page:</b>	25	<b>Prioritization #:</b>	2

### Brief description of need:

Obesity prevalence for the service area was comparable to the state average, but there has been a 27% increase in obesity over the last decade. There were 60% of respondents who reported eating one or less fruits per day and 34% reported eating one or less vegetables a day. There were also 22% who reported experiencing food insecurity.

**Goal:** Expanding access to fresh fruits and vegetables in St. Mary's Hospital service area, thereby reducing obesity and better managing diabetes.

### **Objectives:**

- Increase consumption of fruits and vegetables by 0.75 cups per day for at least 45 households in service area by June 2020. This measurement will also be applied to 45 additional households in the service area, each year, for years 2021 and 2022.
- Reduce weight by an average of 5 pounds for those who are obese after 6 months for at least 45 households in the service area by June 2020. This will also be applied to 45 additional households in the service area, each year, for years 2021 and 2022.

### **Actions the hospital facility intends to take to address the health need:**

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Weekly voucher for produce (6 months) at Athens Farmers Market through FARM Rx program	X	X	X	15,000/yr.	15,000/yr.	Athens Farmers Market & UGA
10-weeks of nutrition education through FARM Rx program	X	X	X	15,000/yr. plus meeting space	15,000/yr.	UGA/SNAP ed & Cooperative Extension



**Anticipated impact of these actions:**

CHNA Impact Measures	CHNA Baseline	Target
Increase fresh fruit & vegetable consumption amongst FARM Rx participants	Class baseline TBD	Increase from baseline by 0.75 cups per day per participant
Reduce weight by 5 lbs. for obese FARM Rx participants	Class baseline TBD	Reduce body weight by 5 lbs per obese participant

**Plan to evaluate the impact:**

Participants of FARM Rx will have baseline measures collected (fruit & vegetable consumption, food security, biometric measures, clinical measures, economic evaluation) and there will be follow ups at 6 months from baseline.

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## CHNA IMPLEMENTATION STRATEGY FISCAL YEARS 2019-2021

<b>Hospital facility:</b>	St. Mary's Hospital		
<b>CHNA significant health need:</b>	Healthcare Access		
<b>CHNA reference page:</b>	31	<b>Prioritization #:</b>	3

### Brief description of need:

Healthcare access is a complex, multidimensional area of need that is ubiquitous in all communities and deeply connected to many other health needs in this service area. There were 15% of respondents who reported traveling 30-60 minutes to the doctor and 97% rely on a personal care as their primary source of transport. In this area, 15% of households reported having trouble finding a doctor that accepted their insurance in the last 12 months.

**Goal:** Increase access to health care within the St. Mary's Hospital service area, specifically Athens-Clarke and Oconee counties.

### **Objectives:**

- Increase access to the Healthy at Home program by enrolling 5 new participants each year (by June 2020, June 2021, June 2022).
- Increase number of those in this service area who are able to access the necessary medications for their health conditions by 5 people per year (June 2020, June 2021, June 2022).

### **Actions the hospital facility intends to take to address the health need:**

Strategies	Timeline			Committed Resources		Potential Partners
	Y1	Y2	Y3	Hospital	Other Sources	
Create and implement a plan to relaunch the Healthy at Home program and increase access and growth of program	X	X	X	\$120 in staff time plus Marketing materials for promotion, classroom facility		National EMS
Determine way to	X	X	X	\$120 in		UGA Pharmacy

measure impact of medication assistance program and expand into more physician practices				staff time, office space		school
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**Anticipated impact of these actions:**

CHNA Impact Measures	CHNA Baseline	Target
Completion of Healthy at Home program	4 graduates	8 graduates or more
Repeat Emergency Department visits	Baseline TBD	5 visits or less
Achieved access to medication through assistance	Baseline TBD	15% of participants

**Plan to evaluate the impact:**

Increase number of participants who enroll and number of participants who complete the Healthy at Home program. Implement follow up appointments that occur within 3-6 months of last visit. Track number of Emergency Department visits for those who have participated in the Healthy at Home program. Appropriate impact measurements for the medication assistance will be determined during year 1 and will be assessed in years 2 and 3. These will potentially be whether the patient achieved access to the medication through assistance and following up 6 months after appointment to evaluate medication adherence.

## Adoption of Implementation Strategy

On June 25th, 2019, the Board of Directors for St. Mary's Hospital, met to discuss the 2019-2021 Implementation Strategy for addressing the community health needs identified in the 2019-2021 Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget.