

A group of diverse older adults, including a woman with glasses, a woman with braids, and a woman with short grey hair, are walking outdoors and smiling. They are wearing casual clothing like jackets and hoodies. The background is a blurred outdoor setting with trees and a building.

2023-2025
AdventHealth
Murray
Community
Health Plan

Executive Summary.....	3
About AdventHealth.....	7
Priorities Addressed.....	9
Heart Disease and Heart Related Issues.....	10
Cancer.....	11
Vaping.....	12
Priorities Not Addressed.....	14

Table of Contents

Acknowledgements

This community health plan was prepared by Rika Meyer, Marketing and Communications Manager, with contributions from members of AdventHealth Murray’s Community Health Needs Assessment Committee and Hospital Health Needs Assessment Committee both representing health leaders in the community and hospital leaders.

We are especially grateful for the internal and external partners who helped guide the development of the community health plan which will enable our teams to continue fulfilling our mission of Extending the Healing Ministry of Christ.



EXECUTIVE SUMMARY



I Executive Summary

Adventist Health System Georgia, Inc. d/b/a AdventHealth Murray will be referred to in this document as AdventHealth Murray or the “Hospital”.

Community Health Needs Assessment Process

AdventHealth Murray in Chatsworth, Georgia conducted a community health needs assessment in 2022. The assessment identified the health-related needs of the community including low-income, minority and other underserved populations. This assessment process was the most comprehensive to date and included survey questions related to diversity, equity and inclusion. In addition, the priorities were defined, when possible, in alignment with Healthy People 2030, national public health priorities to improve health and well-being.

In order to ensure broad community input, AdventHealth Murray created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts and the broad community. This included intentional representation from low-income, minority and other underserved populations. The prioritization process sought to balance our ability to impact the greatest number of people who are facing the greatest disparities.

AdventHealth Murray also convened a Hospital Health Needs Assessment Committee (HHNAC) to help select the needs the Hospital could most effectively address to support the community. The HHNAC made decisions by reviewing the priorities selected by the CHNAC and the internal Hospital resources available.

The CHNAC and HHNAC met throughout 2021-2022. The members reviewed the primary and secondary data, helped define the priorities to be addressed and helped develop the Community Health Plan to address those priorities. Learn more about Healthy People 2030 at <https://health.gov/healthypeople>.

Community Health Plan Process

The Community Health Plan (CHP), or implementation strategy, is the Hospital’s action plan to address the priorities identified from the CHNA. The plan was developed by the CHNAC, HHNAC and input received from stakeholders across sectors including public health, faith-based, business and individuals directly impacted.

The CHP outlines targeted interventions and measurable outcomes for each priority noted below. It includes resources the Hospital will commit and notes any planned collaborations between the Hospital and other community organizations and hospitals.

The identified goals and objectives were carefully crafted, considering evidence-based interventions and AdventHealth’s Diversity, Equity, and Inclusion and Faith Accountability strategies. AdventHealth Murray is committed to addressing the needs of the community, especially the most vulnerable populations, to bring wholeness to all we serve.



Executive Summary

Priorities Addressed

The priorities addressed include:

1. Heart Disease and Heart-Related Issues
2. Cancer
3. Vaping

See page 9 for goals, objectives and next steps for each priority selected to be addressed.

Priorities Not Addressed

The priorities not addressed include:

1. Diabetes
2. Preventative Care and Screenings
3. Health Insurance and Health Care Access
4. Obesity
5. Nutrition and Healthy Eating
6. Physical Health and Activity
7. Mental Health and Mental Health Disorders

See page 14 for an explanation of why the Hospital is not addressing these issues.



The Community Health Plan is a three-year strategic plan and may be updated during implementation based on changing community needs or availability of resources. AdventHealth recognizes community health is not static and high priority needs can arise or existing needs can become less pressing. The Hospital may pivot and refocus efforts and resources to best serve the community.

I Executive Summary

Board Approval

On February 14, 2023, the AdventHealth Murray Board approved the Community Health Plan goals, objectives and next steps. A link to the 2023 Community Health Plan was posted on the Hospital's website prior to May 15, 2023.

Ongoing Evaluation

AdventHealth Murray's fiscal year is January – December. For 2023, the Community Health Plan will be deployed beginning May 15, 2023, and evaluated at the end of the calendar year. In 2024 and beyond, the CHP will be evaluated annually for the 12-month period beginning January 1st and ending December 31st. Evaluation results will be attached to the Hospital's IRS Form 990, Schedule H. The collective monitoring and reporting will ensure the plan remains relevant and effective.

For More Information

Learn more about the Community Health Needs Assessment and Community Health Plan for AdventHealth Murray at <https://www.adventhealth.com/community-health-needs-assessments>.



ABOUT ADVENTHEALTH



| About AdventHealth

AdventHealth Murray is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth strives to heal and restore the body, mind and spirit through our connected system of care. More than 80,000 skilled and compassionate caregivers serve 4.7 million patients annually. From physician practices, hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers, AdventHealth provides individualized, wholistic care at nearly 50 hospital campuses and hundreds of care sites throughout nine states.

Committed to your care today and tomorrow, AdventHealth is investing in research, new technologies and the people behind them to redefine medicine and create healthier communities.



About AdventHealth Murray

AdventHealth Murray is a comprehensive, 42-bed community hospital located in Murray County, Georgia. Built originally in 1949 as Murray County Memorial Hospital, the Hospital moved to its current location in the 1970's to meet the growing needs in the community. In 2015, the name was changed to Murray Medical Center and Adventist Health System partnered with the Murray County Hospital Authority Board to assume the Hospital operations. The Hospital became AdventHealth Murray in 2019 but officially become part of the Adventist Health System in 2020. AdventHealth Murray offers many services including allergy care, emergency and urgent care, imaging services, lab services orthopedic care, physical therapy, primary care, sports medicine, surgical care, urology and women's care.

PRIORITIES ADDRESSED



Heart Disease and Heart Related Issues

According to secondary data, individuals in the Hospital’s community have higher rates of coronary heart disease and of heart disease mortality per 100,00 than elsewhere in Georgia and the nation. Almost a third of community survey respondents (30.1%) report having hypertension, which can be a major contributing factor to heart disease and hypertension is shown to be one of the top ten codes in Hospital visits by uninsured patients. Also, more than 1/3 of individuals living in the community have been told they have high cholesterol which can be a contributing factor to heart disease as well.

Goal 1: Increase the number of individuals receiving preventative, early diagnosis and treatment of heart disease.

Objective 1.1: By year 3, provide a total of 100 free heart-disease screenings (including blood pressure and calcium screenings) to low-income adults in Murray County.

Objective 1.2: By year 3, partner with a total of three churches to conduct free heart disease screenings.

Target Population: Age 40 and above, low-income residents of Murray County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Blood pressure and health screenings at the senior center, local churches and library, targeting low-income residents and the elderly on a quarterly basis	Two screening events, reaching 10 people each for a total of 40 residents each year	Tracy Farriba and community health staff will provide screenings.	Library, local churches, senior center, Chamber of Commerce	X	X	X
Public educational campaign on heart disease prevention (February Heart Month)	Social media campaign, radio interviews, videos and newspaper stories emphasizing heart disease prevention and recognition	Marketing Team will create and share resources to promote screening events and educational resources.	Local churches, community centers, senior centers, Bojangles	X		X

Cancer

In the Hospital’s community 6.5% of the residents have had cancer according to secondary data. There is also a higher mortality rate per 100,000 than in both the state and the nation for colorectal cancer, breast cancer and lung, trachea and bronchus cancer in Murray County.

Goal 1: Decrease the prevalence of life-threatening cancer in Murray County.

Objective 1.1: By the end of year 3, increase awareness and early detection of lung cancer by implementing a screening questionnaire at community-based events to help individuals identify their risk factors. In addition, offer lung screenings at the National Lung Screening Day event to facilitate early diagnosis and establish a baseline for annual screenings, aiming to improve effective treatment and increase the survival rate.

Objective 1.2: By the end of year 3, increase awareness and early detection of colon cancer by implementing a screening questionnaire at community-based events to help individuals identify their risk factors. In conjunction with the questionnaire, offer colon cancer screenings to support early diagnosis and establish a baseline for annual screenings.

Target Population: Low income in Murray County, men and women over 40 years of age

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Provide lung cancer screenings	Offer free low dose lung cancer screenings for smokers aged 50-75 who have a 20-pack year history	Host, staff and promote the event	Local industries	X	X	X
Preventative & lifestyle education	Ongoing educational materials, social posts and reminders to check for signs of cancer	Marketing, corporate team		X	X	X

Vaping

According to community survey respondents, 30.8% are vaping every day or some days. Stakeholders also consider vaping to be a top health behavior risk factor, particularly among youth. Nationally, the prevalence of vaping and e-cigarette usage has been rising among youth and although vaping is considered to be less than harmful than smoking tobacco, there is still much unknown about its long-term effects.

Goal 1: Decrease the usage of vaping in Murray County among adolescents.

Objective 1.1: By the end of year 3, increase education to teenagers about the dangers of vaping from one school (2021-22) to four public middle and high schools in AdventHealth Murray’s PSA.

Target Population: Adolescents living in Murray County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Conduct vaping education lectures in local schools in Murray County, targeting middle and high school students	Reach every 6 th -12 th grader in Murray County with a vaping lecture	Tracy Farriba and Community Outreach Team	Murray County Schools, Department of Health		X	X
Provide education and information to local school families with ideas on how to stay active and healthy in Feel Whole 101	Quarterly health newsletter for all schools in Murray County	Researching, writing, designing newsletter	Murray County Schools	X	X	X

Vaping

Goal 1 continued: Decrease the usage of vaping in Murray County among adolescents.

Objective 1.2: The Drug and Vaping Task Force is a collaborative focus group of health care personnel, social workers, school administrators, cancer coalition representatives and Live Drug Free representatives. By year three, convene the Drug and Vaping Task Force at least three times annually to create and develop vaping education strategies.

Target Population: Adolescents living in Murray County

Activities/Strategies	Outputs	Hospital Contributions	Community Partnerships	Timeline		
				Y1	Y2	Y3
Partnership task force with all schools in Murray County	Provide materials with resources on cessation and dangers of vaping targeted toward youth	Designing and compiling materials, program planning	Cancer Coalition of Northwest Georgia, Live Drug Free, Murray County Schools	X	X	X
Provide information and resources in the community to adults (parents) and teens	Create a resource list online and printed for our Emergency Department, public service partners	Marketing, Emergency Department team members	Cancer Coalition of Northwest Georgia, Live Drug Free, Murray County Schools	X	X	
The Drug and Vaping Task Force engages Murray County Schools to provide education to middle and high school students.	Provide flyers with resources on cessation and dangers of vaping targeted toward youth with access to free educational resources, attend school orientations to provide resources to parents.	Designing and compiling materials, program planning, web development	Cancer Coalition of Northwest Georgia, Live Drug Free, Murray County Schools	X	X	X

PRIORITIES NOT ADDRESSED



I Priorities Not Addressed

AdventHealth Murray also identified the following priorities during the CHNA process. In reviewing the CHNA data, available resources, and ability to impact the specific identified health need, the Hospital determined these priorities will not be addressed.

Diabetes

Diabetes is shown to impact 12.6% of residents in the Hospital's community according to public data, while 22.4% of community survey respondents report having diabetes. Diabetes related conditions are also shown to be one of the top ten codes in Hospital visits by uninsured patients.

The Hospital did not select diabetes as a priority, as it is not positioned to directly address this in the community at large and will focus its available resources where there is the greatest opportunity for positive impact.

Preventative Care and Screenings

According to community survey respondents, 33.3% are not aware of what preventative screenings are needed. Among those that are aware, 9.6% report not getting regular screenings. While public data shows that only 73.4% of community members are up to date on routine checkups.

The Hospital did not select preventative care and screenings as a priority due to a lack of resources. However, the Hospital did select heart disease and heart related issues as a priority, which is disproportionately impacting the community and may use preventative care strategies in addressing it.

Health Insurance and Health Care Access

In the Hospital's community, secondary data shows 17.2% of residents are uninsured, this is higher than both the state and national rate. There are also fewer primary care, mental health and dental care providers in the counties served by the Hospital than the rates both in the state and nationally. While slightly over a quarter, 25.6%, of community survey respondents reported not having a primary care provider.

The Hospital did not select this as a priority as it is not resourced to directly address this in the community outside of existing efforts but will support other community partners where possible in their efforts.



I Priorities Not Addressed

Obesity

In the Hospital's community 35.1% of the residents are obese according to secondary data. While almost a quarter, 23.1%, of community survey respondents report being overweight. Individuals with obesity have a higher risk of developing heart disease, type 2 diabetes and some types of cancer.

The Hospital did not choose obesity as a priority, instead focusing its efforts and resources on heart disease through which it may indirectly impact obesity in the community.

Nutrition and Healthy Eating

According to community survey respondents, 36.5% eat fruits and vegetables less than two days a week. Secondary data shows 40.2% of residents in the Hospital's community live in a low food access area and more than a quarter (28.1%) live in a very low food access area.

The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.

Physical Activity

In the Hospital's community, 34.6% of residents report not engaging in physical activities outside of their jobs according to secondary data. The community also has a higher percentage, 17.5%, than both the state and the nation of residents who report 14 or more days in the last 30 during which their physical health was not good. Community members in the assessment cited a need for more low-cost fitness centers and accessible community spaces for recreation.

The Hospital believes that other organizations are better positioned in the community to address this need directly and will support those efforts when able.

Mental Health

In the Hospital's community, 22.5% of residents have a prevalence of depression, while 19.5% of the residents report poor mental health. According to community survey respondents 14.7% have been diagnosed with a depressive order and more than 18% have been diagnosed with an anxiety disorder.

Although the mental health needs of the community are significant, the HHNAC did not perceive the ability to impact the issue with existing Hospital resources at this time and did not select it as a priority.



**Adventist Health System Georgia, Inc. d/b/a
AdventHealth Murray**

CHP Approved by the Hospital Board on: February 14, 2023

Updated and Approved by the Hospital Board on: November 13, 2024

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