



2016 Community Health Needs Assessment

EXECUTIVE SUMMARY



Northeast Georgia Medical Center

NGMC: Improving the Health of the Community in All That We Do

As the trusted healthcare provider for this region, Northeast Georgia Medical Center (NGMC) and the communities it serves have long shared a symbiotic relationship where each worked to care for the other knowing that a community without a strong hospital could not prosper, and that the hospital could not stay strong without the support of its community.

NGMC serves over 800,000 people in 13 counties through two hospital campuses, NGMC Gainesville and NGMC Braselton, providing technology and expertise that saves lives and enhances quality of life.

As a not-for-profit hospital, all revenue generated above operating expenses is returned to the community through improved services and innovative programs, and NGMC's Charity Care Policy supports the provision of care for indigent patients, regardless of their ability to pay. In fact, in 2015, NGMC's cost of caring for the indigent in Hall County was \$19.8 million and another \$15.4 million to residents outside Hall County. Since 2000, NGMC has provided nearly three times the amount of indigent and charity care set forth in requirements by the Department of Community Health for successful passage of a certificate of need for new services.

NGMC continues to invest in projects to improve the care we deliver to our patient and to enhance patient safety. The organization invested \$200 million in the NGMC Braselton campus and has also recently invested in Trauma Level II Designation as well as in a system for electronic medical record (EPIC).

For 65 years, Northeast Georgia Medical Center has worked to improve the health of our community in all we do. We are dedicated to improving the health and quality of life of the people of Northeast Georgia, and we value cooperative efforts with community organizations and other healthcare providers to improve the health status of area residents.

Community Health Needs Assessment

NGMC has completed community health needs assessments (CHNAs) since the late 1990s. In 2015, NGMC engaged Truven Health Analytics to help collect and analyze the data for the 2016 CHNA and to compile a final report made publicly available on September 30, 2016.

Whereas previous assessments focused mainly on Hall County, the 2016 project expanded to include other counties in our service area. The geographic boundaries for the study encompass the counties where 90% of NGMC hospital admissions originate. These counties were grouped into four communities based on consideration for patient volume, location, and the broad interests of the community, including medically underserved populations, low-income persons, minority groups, or those with chronic disease needs. The four communities are:

- Primary Service Area (PSA)
- Secondary Service Area 400 (SSA 400)
- Greater Braselton Service Area (GBSA)
- Secondary Service Area North (SSA North)



	Count of SA ZIP Codes	% of Total ZIP Codes in County
CHNA Service Area		
PSA	9	
Hall County, GA*	9	75%
SSA 400	3	
Lumpkin County, GA	2	100%
Dawson County, GA	1	100%
SSA North	27	
Rabun County, GA	8	100%
Habersham County, GA	6	100%
Stephens County, GA	4	100%
Union County, GA	3	100%
White County, GA	3	100%
Towns County, GA	2	100%
Banks County, GA*	1	33%
GBSA	22	
Jackson County, GA	9	100%
Barrow County, GA	4	100%
Gwinnett County, GA	4	14%
Hall County, GA*	3	25%
Banks County, GA*	2	67%
Grand Total	61	

Process

A quantitative and qualitative assessment was performed by Truven Health. More than 100 public health indicators were evaluated for the quantitative analysis. Community needs were identified by comparing each community’s value for each health indicator to that of the state and nation. Where the community value was worse than the state, the indicator was identified as a community health need. After initial community needs were identified, an index of magnitude analysis was conducted to determine the relative severity of the issue.

Input from the community was gathered for the qualitative analysis via focus groups and interviews conducted by Truven Health. Focus group participants and interviewees included community leaders, public health experts, and those representing the needs of minority, underserved, and indigent populations. Additional input from low-income, Latino, and uninsured residents was gathered in the form of a survey conducted by a third party.

The outcomes of the quantitative and qualitative analyses were aligned to create a comprehensive list of health needs for each community. Next, the health needs were compiled to create a health needs matrix for each community in order to illustrate where the qualitative and quantitative data correspond as well as differ.

In May 2016, a prioritization meeting was held in which the health needs matrix was reviewed by the NGMC CHNA workgroup and members of an appointed NGMC Board Level Committee to establish and prioritize significant needs for the communities. Members of these groups included community leaders from various Northeast Georgia Health System boards, as well as NGMC representatives with high community interaction such as through the emergency department and case management. The meeting was moderated by Truven Health and included an overview of the community demographics, summary of health data findings, and review of each community's identified health needs.

Participants all agreed the health needs which deserved the most attention and considered significant were those identified both through the quantitative analysis as worse than benchmark by a greater magnitude, as well as identified as a common theme through the qualitative analysis.

The NGMC Board Level Committee met in March 2016 to identify several criteria for prioritizing the significant health needs for each community. They were:

1. Alignment – with mission, vision and values of organization
2. Consequences – disability, premature death, social, economic or other burdens to the community
3. Magnitude – number of people the problem affects, either actually or potentially
4. Root Cause – issue is a root cause of multiple problems, possibly affecting multiple issues

Utilizing that criteria, each community's significant health needs were rated on the criteria resulting in an overall score. The session participants subsequently reviewed the prioritized health needs for each community and made a recommendation as to which of the prioritized significant health needs NGMC should address based on a scoring process. The recommendation was based on the needs with the highest overall score, as well as commonality across the four communities in order to leverage resources effectively.

In July 2016 the NGMC senior leadership team reviewed the health needs identified in the assessment as well as the recommendations made by the Northeast Georgia CHNA Workgroup and members of the NGMC Board Level Committee. The leadership team took into consideration the impact of the need on the community, current organizational initiatives, as well as organization's strengths, resources, and ability to impact the health needs identified. After careful consideration, the leadership team validated, refined, and expanded the list of health needs NGMC will address. The finalized community health needs to be addressed by NGMC by geographic area are as follows:

Communities	Community Health Needs				
	Septicemia	Access to Care	Diabetes	Cancer	Injury
PSA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
GBSA	<input checked="" type="checkbox"/>				
SSA 400	<input checked="" type="checkbox"/>				
SSA North	<input checked="" type="checkbox"/>				

A description of each chosen need is included in the body of the full CHNA report. Subsequently, the hospital facility will develop an implementation strategy including specific initiatives to address the chosen health needs. This implementation strategy will be completed and adopted by NGMC on or before February 15, 2017.

A summary report of interventions and activities outlined in the implementation strategy drafted after the 2013 assessment was also completed and is included in the full report. The Community Health Needs Assessment for NGMC was approved by the NGMC Board and the full assessment will be available to the public at no cost for download on our website at www.nghs.com.

This assessment and corresponding implementation strategies are intended to meet the requirements for community benefit planning and reporting as set forth in federal law, including but not limited to: Internal Revenue Code Section 501(r).

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