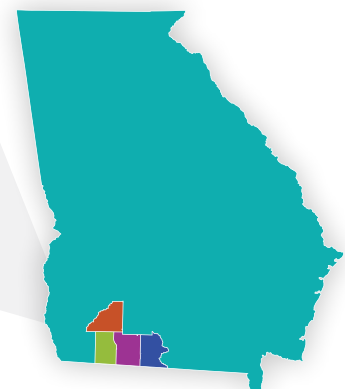


COMMUNITY HEALTH NEEDS ASSESSMENT

KEY HEALTH ISSUES AND IMPLEMENTATION PLAN



2019–2020



ARCHBOLD

THIS PUBLICATION

As part of a leading regional healthcare provider (Archbold Medical Center) operating the largest health system in the region, Grady County Hospital helps take the lead in trying to improve the health of residents in the communities we serve.

This publication highlights:

- **what we've identified as the top health-related needs in Grady County, Georgia**
- **our measured progress since the 2016–2017 CHNA was published**
- **our path forward for the 2019–2020 CHNA**

We encourage everyone in the community to work together to improve the health status of our community and we hope that this overview of community needs helps provide a road map for those efforts. For additional information on key health needs in our community or outreach programs, please contact Mark D. Lowe, Vice President of Planning and Marketing, at 229.584.5520 or mdlowe@archbold.org.

COMMUNITY BENEFIT: A CORE VALUE OF ARCHBOLD

Archbold has six core values: Quality, Employee Satisfaction, Patient Experience, Financial Stewardship, Growth and Community Benefit.

Our core values are not only the concepts we believe in, but also how our success is measured. Our leadership team is evaluated by measurable goals under each core value, including Community Benefit.

COMMUNITY BENEFIT MEANS MEETING HEALTH RELATED NEEDS

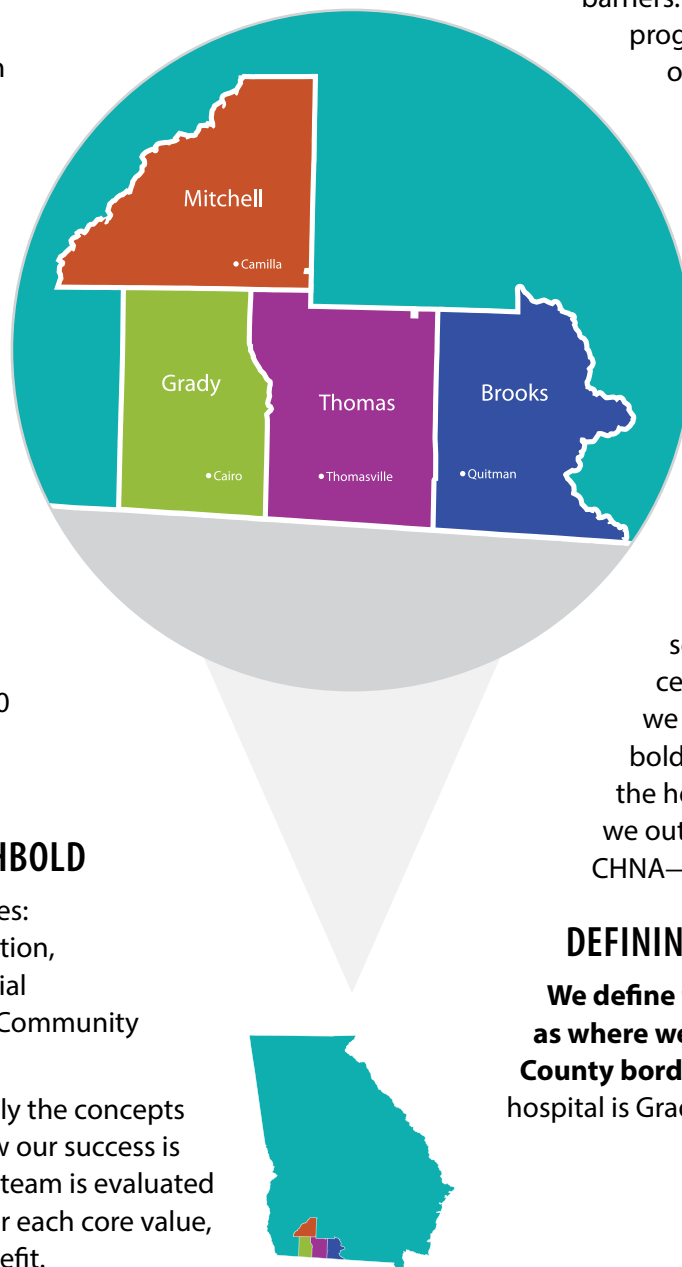
We are dedicated to protecting the health and well-being of our communities by providing healthcare to the insured, underserved, uninsured and underinsured. It is our commitment to these communities that enabled us to provide \$49,124,639 in community benefit during 2018.

A very important part of our work is to serve those who do not always have access to healthcare because of transportation and financial barriers. Often, we take our programs and services where our patients need them most, in the communities in which they live and work.

Community partnerships are a key to reaching people successfully. We've typically worked closely with health departments, community non-profits, YMCAs, local schools, law enforcement, churches, senior services and resource centers, but in this CHNA we follow up on the new, bolder approach to improving the health of our community we outlined in the 2016–2019 CHNA—Live Better.

DEFINING THE COMMUNITY

We define the communities we serve as where we operate hospitals within County borders. In Grady County, our hospital is Grady General Hospital in Cairo.



COUNTY PROFILE

Many factors determine healthcare access and use. County demographics can provide a guide to potential challenges in the delivery of care as well as give us an understanding of the challenges facing county residents. A broad view from different sources gives us this insight.



GRADY COUNTY

24,748 ▼

25.1%

17.5%

POPULATION

Source: US Census

% 18 And Younger

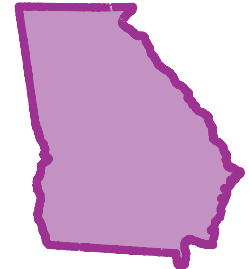
% 65 Older

GEORGIA

10,519,450 ▲

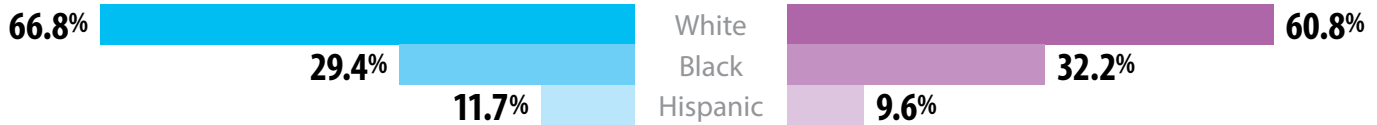
24.1%

13.5%



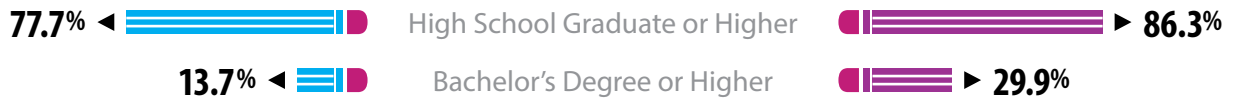
RACE

Source: US Census



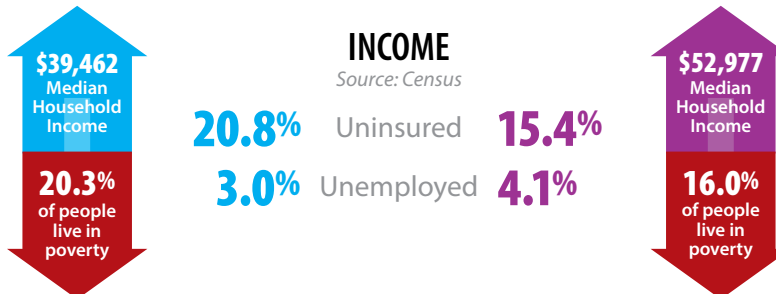
EDUCATION

Source: US Census



INCOME

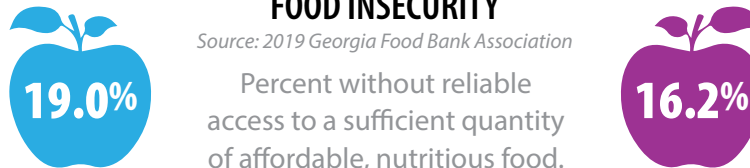
Source: Census



20.8% Uninsured **15.4%**
3.0% Unemployed **4.1%**

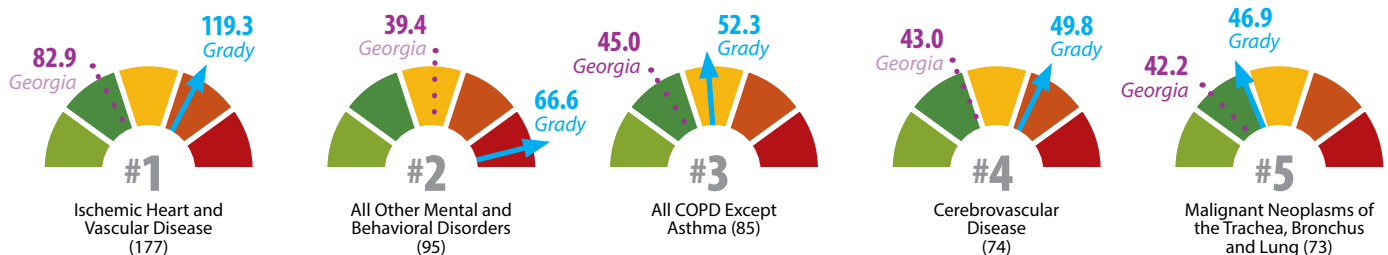
FOOD INSECURITY

Source: 2019 Georgia Food Bank Association



TOP 5 CAUSES OF DEATH AND AGE-ADJUSTED DEATH RATE: 2013–2017

Deaths per 100,000. Source: Georgia Department of Health/OASIS



ASSESSING THE NEEDS OF THE COMMUNITY

In order to maximize our impact and operate efficiently, we determine the health needs in the communities we serve through analysis of quantitative federal, state and local data, as well as seeking qualitative input from members of the community, especially the underserved/underestimated. We have found it very effective to assess the health needs of the community through a combination of approaches. These include:

- utilizing assessments conducted by other organizations
- review of federal and state community health status data
- review of internal data such as patient volumes and screening outcomes
- participating in community organizations that identify needs
- responding to requests from the community

COMMUNITY INPUT

Each year, new information is considered and previously identified needs are validated as the organization sets priorities for outreach efforts. Although annual review of needs sometimes identifies something new, Archbold's prioritized efforts are directed toward needs that have been consistent over time. These include high rates of certain diseases as compared with the United States and the rest of Georgia and a need to improve access for underserved/underestimated citizens.

Input from community members representing the broader interests of the county was gathered through a combination of written surveys, telephone interviews and in person meetings. These efforts yielded information that will be used in addressing barriers, allocating resources and assets and determining opportunities to support. Input was considered in determining gaps in

services and to identify whether developing new relationships and partnerships was necessary to meet the needs of the community. We expanded our written surveys for this CHNA than in the 2016–2017 CHNA to further understand factors affecting those in the community we serve. Survey questions included multiple choice and open-ended answers.

Input was gathered from the following sources from February 28–June 6, 2019:

- Archway Partnership
Written Surveys
- City of Cairo health screen participants
Written Surveys
- Housing Authority, City of Cairo
Typically representing low-income/minority/medically underserved population; Written Surveys
- Grady County Family Connection
Written Surveys
- Grady County Health Department
Typically representing low-income/minority/medically underserved population; Written Surveys and Phone Interview

On the following page are our survey responses.

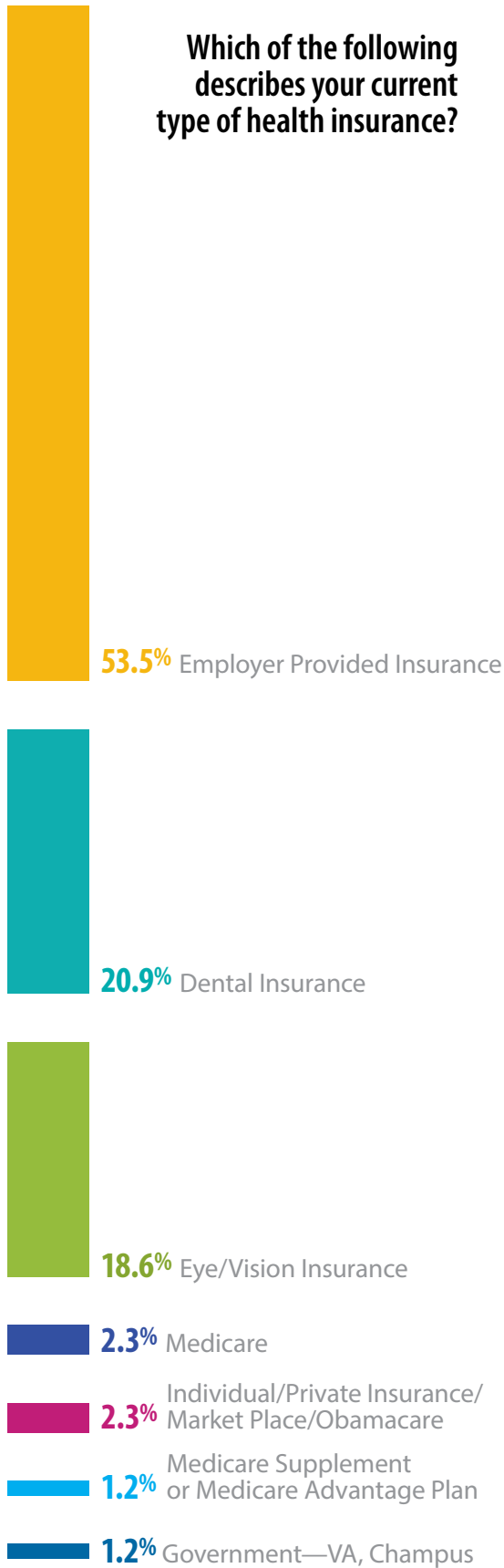
Qualitatively, the greatest medical needs according to community perception included:

1. High Blood Pressure/ Diabetes
2. Obesity
3. Cancer
4. Drug Addiction
5. Heart Disease
6. Mental Health Issues
7. Alcohol Abuse
8. Back/Joint Pain

A quantitative analysis of some of the health issues we face every day is included in the Key Health Needs section of Access to Care. Evaluating both qualitative and quantitative information, we chose areas to focus our efforts on where we were best suited to have impact.

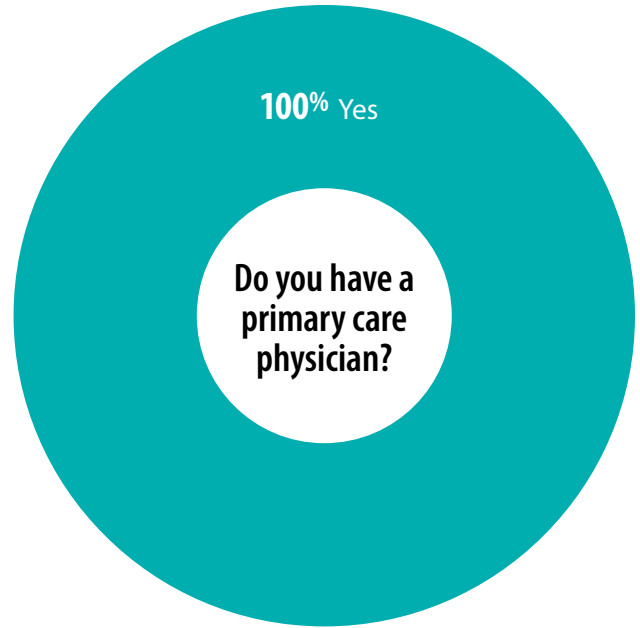
COMMUNITY HEALTH NEEDS SURVEY RESPONSES

Which of the following describes your current type of health insurance?

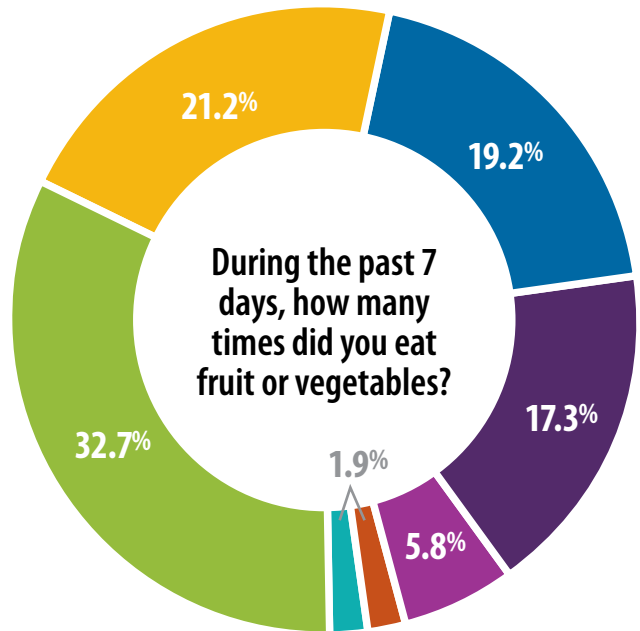


100% Yes

Do you have a primary care physician?



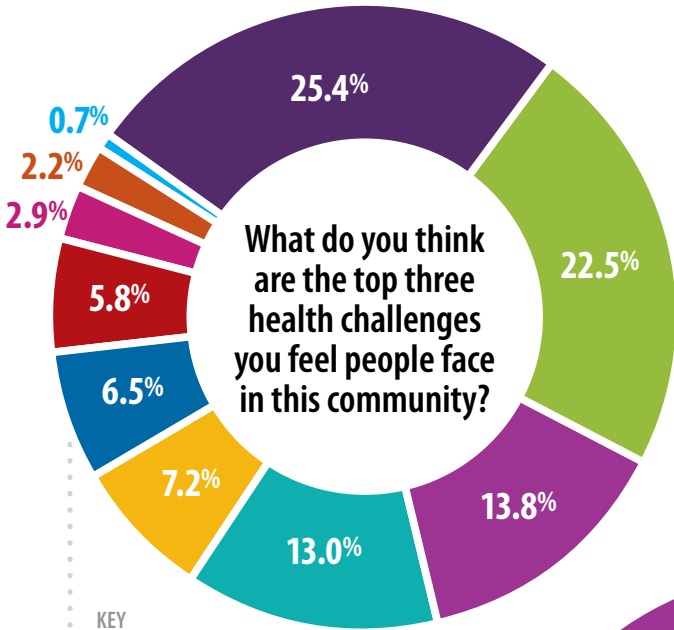
During the past 7 days, how many times did you eat fruit or vegetables?



KEY

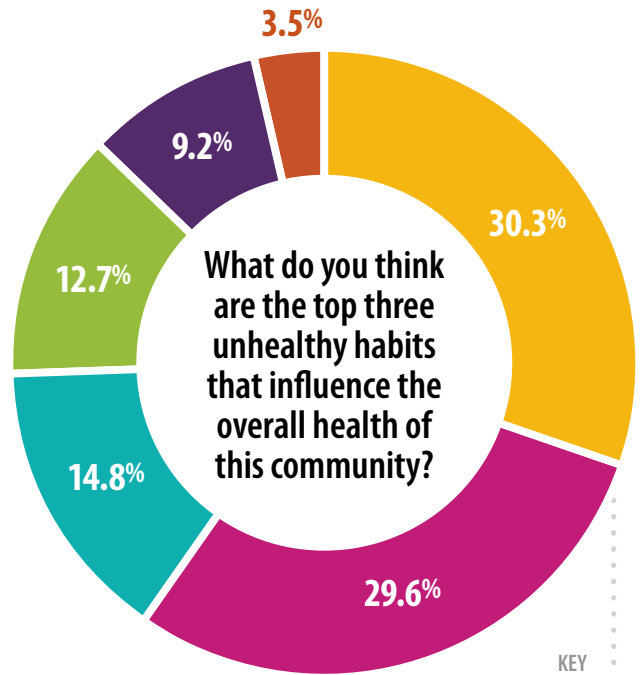
- I did not eat fruit or vegetables during the past 7 days
- 1–3 times during the past 7 days
- 4–6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4+ times per day

Community Health Needs Survey Responses



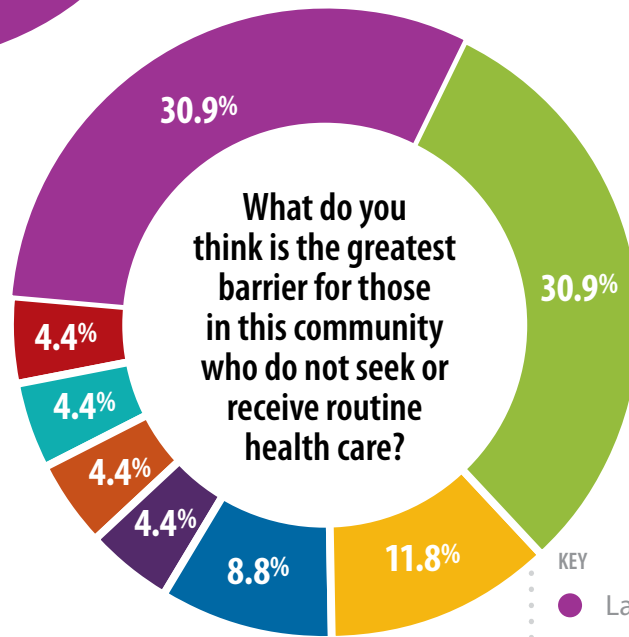
KEY

- High Blood Pressure
- Diabetes
- Heart Disease
- Overweight/Obesity
- Mental Health Issues
- Drug Addiction
- Cancer
- Alcohol Abuse
- Back or Joint Pain
- Lung Disease



KEY

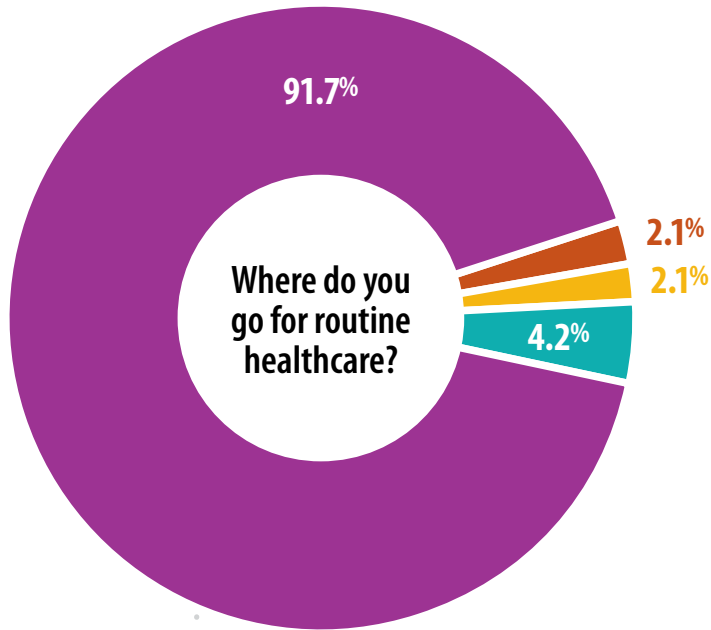
- Lack of exercise
- Poor diet
- Alcohol use
- Tobacco Use
- Illegal drugs
- Overuse of prescription drugs



KEY

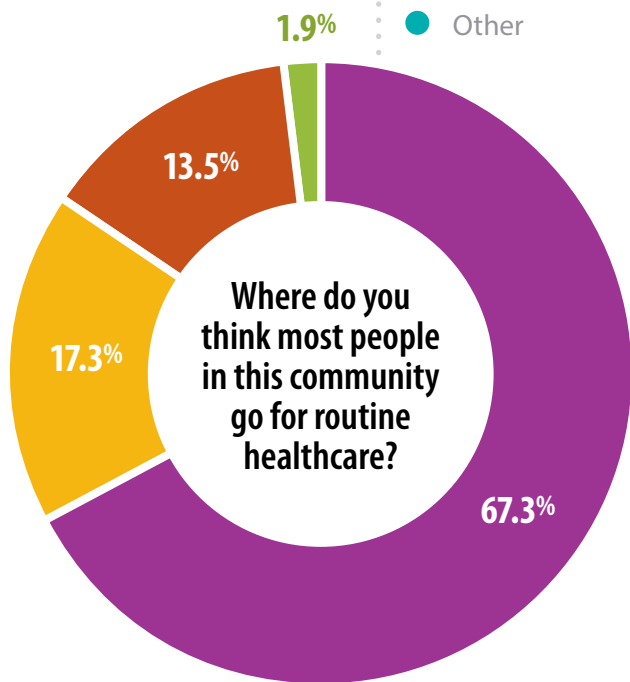
- Lack of income
- No health insurance
- Preventative health care not a priority
- Cannot afford co-pay
- Lack of transportation
- No primary care physician
- Level of Education
- Other

Community Health Needs Survey Responses



KEY

- Physician Office
- Urgent Care Walk-in Clinic
- Emergency Department
- Health Department
- Other



What other health services need to be offered to meet health challenges in this community?

- Cheaper Insurance, doctors, meds
- Army health
- Mental
- VA
- Exercise programs
- Cost
- More educational services

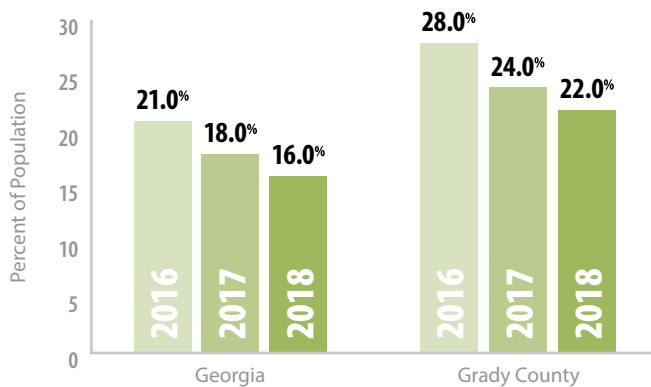
THE KEY HEALTH ISSUES OF GRADY COUNTY



Access to care is an issue that typically impacts all of the other community health needs on our list. It is the degree to which individuals and groups are able to obtain a broad range of healthcare without excessive economic strain. According to the community input we received, a lack of income and health insurance were identified as issues. Quantitatively, lack of insurance, previously a large barrier, appears to be less of an issue. Although improving, Grady still leads our area with the highest percent of uninsured under age 65. Nationally, the percent of uninsured under age 65 is at 10.2%. Comparatively, 22% of patients in Grady County are uninsured.

UNINSURED, UNDER AGE 65: 2016–2018

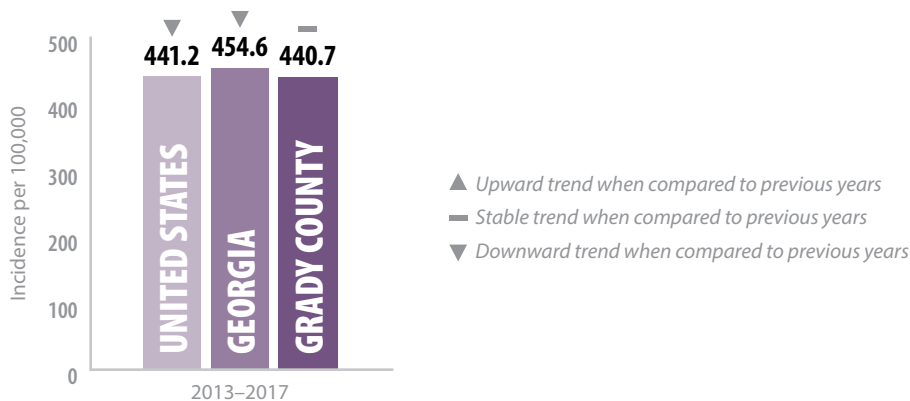
Source: University of Wisconsin Population Health Institute



Cancer is the second-leading cause of death among all diseases, both nationally and in Georgia. Some specific types of cancer are on the rise, but a review of all ages and all cancers reveal Grady County's incidence rate between 2013-2017 (440.7) is lower than both Georgia and the national rate, despite the fact that Grady County's rate slightly rose from the last CHNA. When comparing cancer death rates, African-Americans had higher rates for both males and females, regardless of gender. Non-Hispanic White females had a lower death rate from 2013-2017 than the Georgia average, 125.5 to 133.3, comparatively.

CANCER INCIDENCE SNAPSHOT: 2013–2017

All Cancer Sites, All Ages, All Races, Both Sexes. Source: State Cancer Profiles, National Cancer Institute, CDC



The Key Health Issues of Grady County

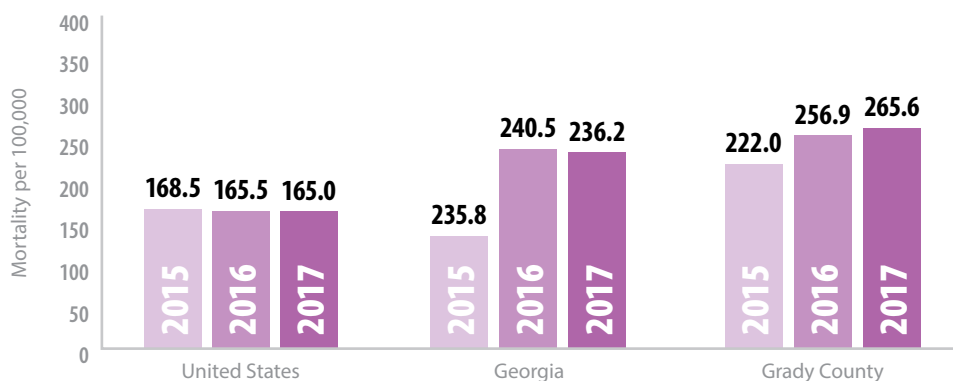
CARDIOVASCULAR DISEASE

According to the American Heart Association (AHA), about 610,000 people die of heart disease in the United States every year—that’s one in every four deaths. Heart disease is the leading cause of death for both men and women. Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually. High blood pressure, high cholesterol and smoking are key risk factors for heart disease. About half of Americans (47%) have at least one of these three risk factors. Obesity and diabetes also are major risk factors.

Grady County ranks among the counties with the highest mortality rates in Georgia, and generally exceeds heart disease rates per 100,000 than both Georgia and U.S. rates.

MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2015–2017

All ages. Source: OASIS, CDC



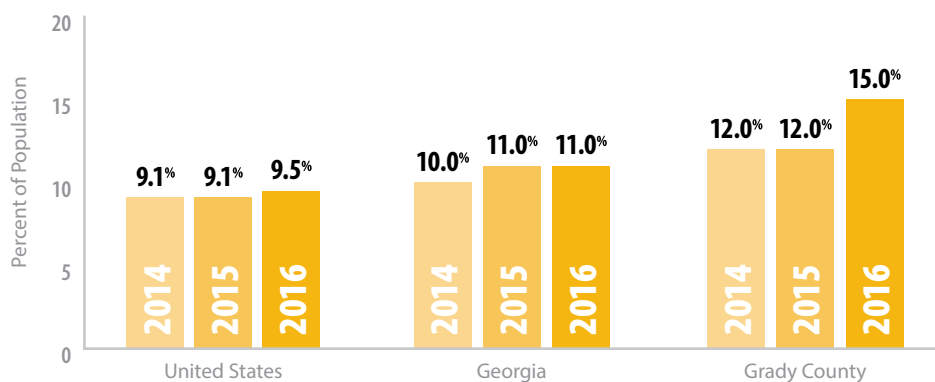
DIABETES

More than 30 million Americans have diabetes, and another 84 million US adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. A person with prediabetes is at high risk of type 2 diabetes, heart disease and stroke. A person with diabetes is at high risk of heart disease, stroke and other serious complications, such as kidney failure, blindness and amputation of a toe, foot, or leg. In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the US population has aged and become more overweight.

The diagnosed diabetes rate in Grady County exceeds both state and national rates.

DIAGNOSED DIABETES RATE: 2014–2016

Age adjusted. Source: CDC, National Diabetes Surveillance System, County Health Rankings and Roadmaps



The Key Health Issues of Grady County

KIDNEY DISEASE

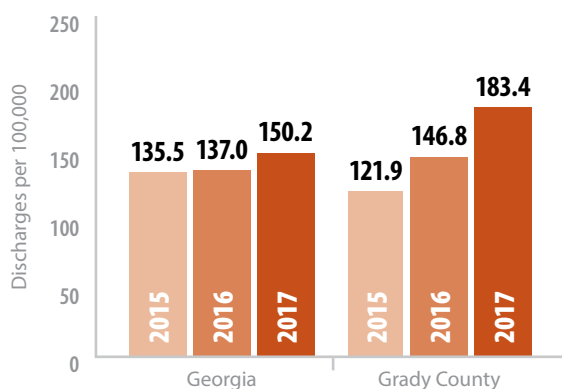


Chronic Kidney Disease (CKD) affects an estimated 30 million people, or 15% of US adults. When the kidneys stop working, dialysis or kidney transplant is needed for survival. Kidney failure treated with dialysis or kidney transplant is called end-stage renal disease (ESRD).

Two of the main causes of CKD are diabetes and hypertension—potentially reversible conditions with proper diet and exercise. It is very difficult to make statistically consistent comparisons of CKD on a national, state and local level because variances within specific data sets are so complex and specific enough that attempts to compare would be highly estimated, and perhaps inaccurate. And so, we are choosing to focus on comparable local and state statistics.

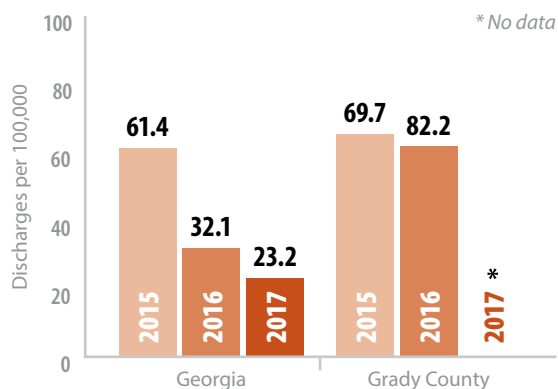
DIABETES MORBIDITY: 2015–2017

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



HYPERTENSION MORBIDITY: 2015–2017

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



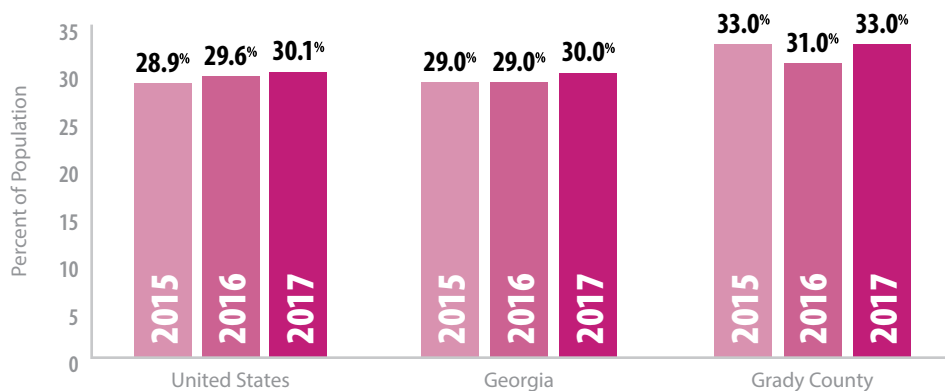
OBESITY



Obesity is a national epidemic, causing higher medical costs and a lower quality of life. In every state, more than 15% of adults are obese, and in nine states, over 30% of adults are obese. Obesity is a preventable, yet contributing cause of many other health problems, including heart disease, stroke, diabetes and some types of cancer, some of the leading causes of death in the country. Southwest Georgia has some of the higher obesity rates nationally.

OBESITY PREVALENCE: 2015–2017

Source: CDC-BRFSS, University of Wisconsin Population Health Institute



The Key Health Issues of Grady County

RESPIRATORY DISEASE

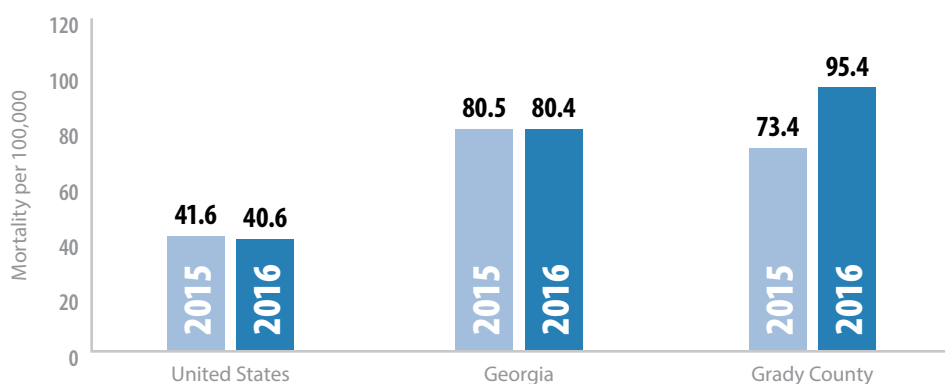


More than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million people have not yet been diagnosed. Lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. All represent major chronic respiratory diseases, and many cases can be prevented by not smoking.

Smoking clearly has a direct impact on respiratory diseases, one reason why Archbold continues to offer free smoking cessation classes to the community. And it's necessary: the 2019 County Health Rankings and Roadmaps report estimates the smoking rate among adults in Grady County is at 23%, compared to 18% in Georgia and 14% nationally.

CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2015–2016

Age adjusted. Source: GA Oasis, CDC



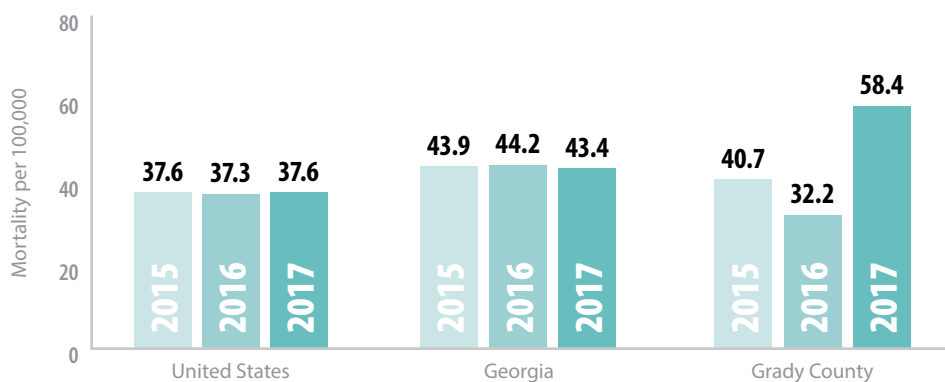
STROKE



Someone in the United States has a stroke every 40 seconds. Every 4 minutes, someone dies of stroke. Stroke is the fifth leading cause of death for Americans, but the risk of having a stroke varies with race and ethnicity. Risk of having a first stroke is nearly twice as high for blacks as for whites, and blacks have the highest rate of death due to stroke. Though stroke death rates have declined for decades among most races/ethnicities, Hispanics have seen an increase in death rates since 2013. High blood pressure, high cholesterol, smoking, obesity and diabetes are leading causes of stroke—1 in 3 US adults has at least one of these conditions or habits. By far, the country's highest death rates from stroke are in the southeastern United States.

STROKE MORTALITY: 2015–2017

Source: CDC, Oasis



LOOKING BACK AND MOVING FORWARD

MEASURING PROGRESS

In the 2016–2017 CHNA, our primary plans were to:

- **Continue screenings and/or education for key health issues, with priority on disease states where reducing obesity can have a positive impact**
- **Evaluate the Live Better concept in Grady County by determining whether there was interest and willing partners to achieve a sustainable effort**

Most of our resources were spent addressing access to care issues in Grady County, most visibly the effort to increase access to high-quality nursing home care. The ability to do so requires a Certificate of Need, and this process is still in review.

Six free community screenings were held, recording blood pressure, pulse, BMI, height/weight, lipid panels and glucose levels. Screening participants with elevated levels or areas of concern were directed to follow up with their primary care physician. If the participant didn't have a primary care physician, attempts were made to connect the participant with a provider that was a good fit. Sometimes this included steering the participant to the Federally Qualified Health Center nearest their community. While we would like to have conducted more screenings, we lacked the resources to accomplish this. A large part of this was because of the amount of effort it took to manage Live Better in Thomas County, where the Archbold health system is headquartered. We did, however, continue to offer monthly free smoking cessation classes and childbirth education.

In evaluating whether Live Better could be successfully launched and sustained in Grady County, we considered the major sectors of the community: government, education, business, healthcare—and also the sub-sector of media. We believe that if the chief executives in these key sectors are heavily engaged, Live Better Grady County could be successful. Engaged sector leaders formed the successful nucleus of Live Better in Thomas County, and are essential in unifying community support in Grady County. Just as limited resources didn't allow us to achieve all we wished to with typical clinical outreach efforts, we lack the resources to operationalize Live Better at this time.

NEEDS NOT ADDRESSED

Not all health needs are easily addressed by Archbold. Further, keeping too broad of a focus will dilute the impact we can have on each health need. These are some of the primary reasons we aren't addressing some health needs in our implementation plan. Our biggest opportunities are to help with improving disease states by addressing obesity, remaining available for assistance with other health needs as requested and as time and finances permit. We will address mental health issues, but more from our psychiatric service line than through clinical outreach/community benefit.

SETTING PRIORITIES

The challenge remains on how to have the greatest impact on improving the health of Grady County given available resources, financial constraints and not taking on commitments that were best served by other community

entities. We've noted before that the communities we serve represent the some of unhealthiest counties in the country. We also noted that obesity is the common denominator with many of the same disease states we already identified as areas to address. If we reduce obesity, we have great potential to reverse negative trends in heart disease, stroke, COPD, sleep disorders, vascular disease, diabetes, cancer, arthritis, spine problems and other conditions.

We still believe that, despite the resource challenges we face, the right actions involve continuing prevention and early detection efforts through focusing on obesity. And although obesity will be our focus, there is still a need to address other key health issues individually with similar tactics. We will continue to use doctors, mid-levels, nurses and other clinicians for education and screenings. In addition to a full-time clinical outreach manager, we will provide part-time clinical staff, laboratory use, clinical supplies and resources for other contingencies.

For the 2019–2020 CHNA, our plans to address obesity, and in turn, the disease states that obesity impacts are:

1. **Continue screenings and/or education for key health issues as noted in this CHNA, with priority on disease states where reducing obesity can have a positive impact.**
2. **Complete conversations with executive leadership in key sectors of the community to determine whether they will support and sustain Live Better Grady County.**

COMMUNITY BENEFIT

Community Benefit is measured in different forms, some highly visible, some behind the scenes. In sum, Archbold's efforts to live up to the core value of Community Benefit represents a massive investment, as represented below. Each area shows deep investment in the communities we serve, consistently aligned with the spirit of our existence for nearly 95 years.

