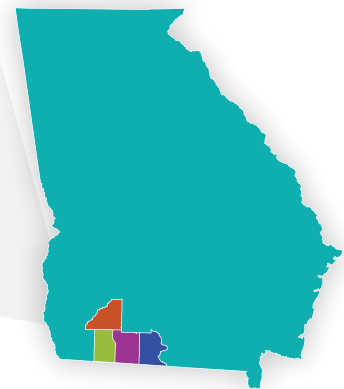
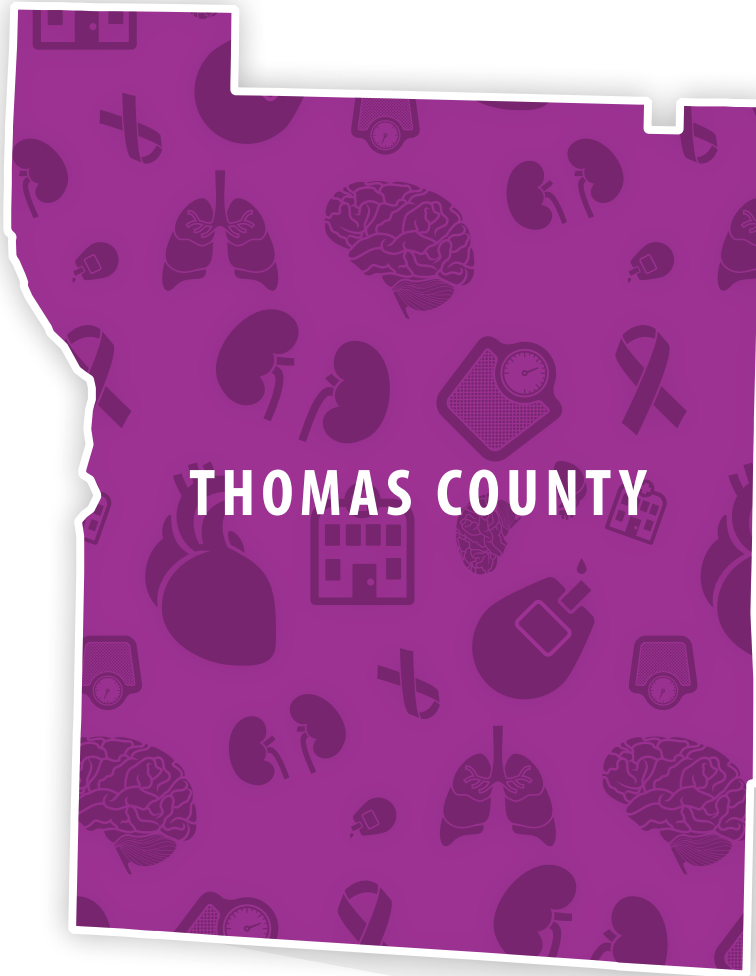


# COMMUNITY HEALTH NEEDS ASSESSMENT

## KEY HEALTH ISSUES AND IMPLEMENTATION PLAN



**2019–2020**



**ARCHBOLD**

# THIS PUBLICATION

As part of a leading regional healthcare provider operating the largest acute care hospital in the region (Archbold Memorial Hospital), we take the lead in trying to improve the health of the residents in the communities we serve.

## This publication highlights:

- **what we've identified as the top health-related needs in Thomas 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](mailto: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

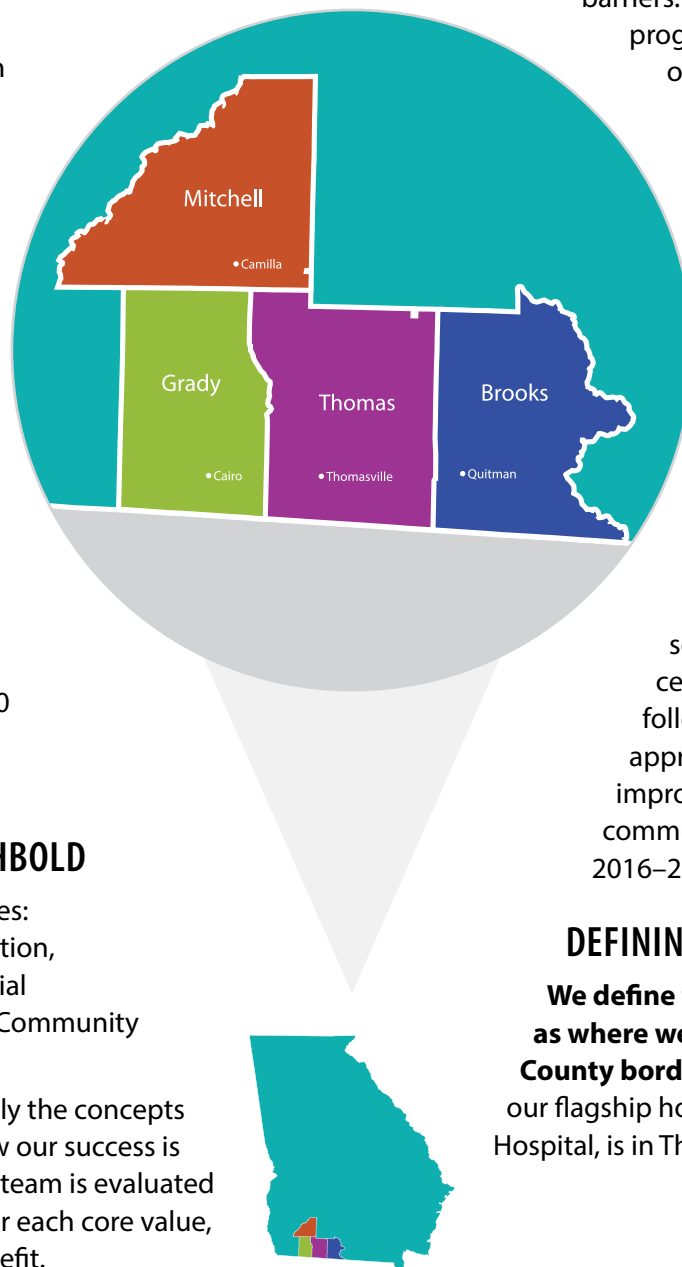
We are dedicated to protecting the health and well-being of our communities by providing healthcare to the insured, underserved, uninsured and underinsured. It is our commitment to these communities that enabled us to provide \$49,124,639 in community benefit during 2018.

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, and in this CHNA we follow up on the new, bolder approach to partnerships and 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 Thomas County, our flagship hospital, Archbold Memorial Hospital, is in Thomasville.



# 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.



## THOMAS COUNTY

**44,448** ▼

**24.0%**

**18.0%**

### POPULATION

Source: US Census

% 18 And Younger

% 65 Older

## GEORGIA

**10,519,450** ▲

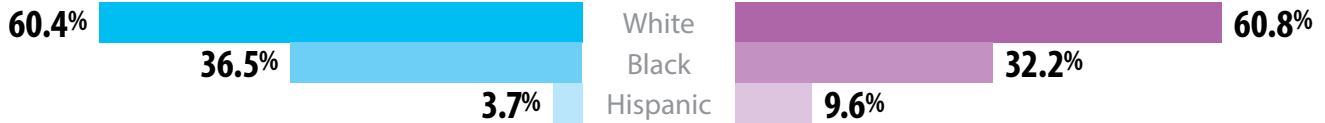
**24.1%**

**13.5%**



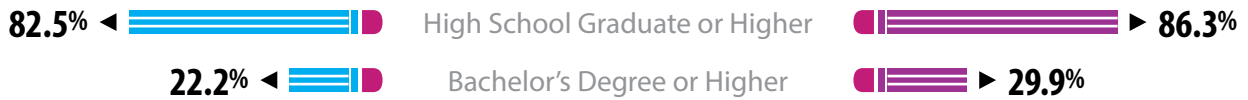
### RACE

Source: US Census



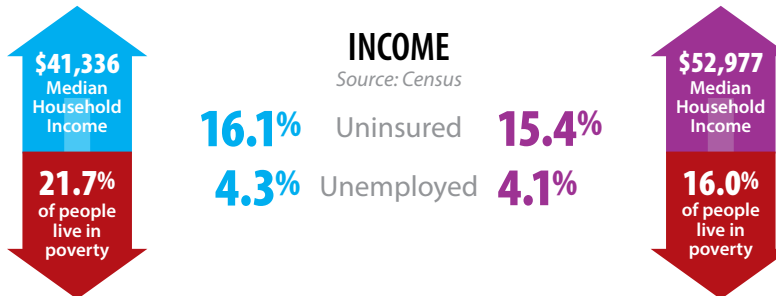
### EDUCATION

Source: US Census



### INCOME

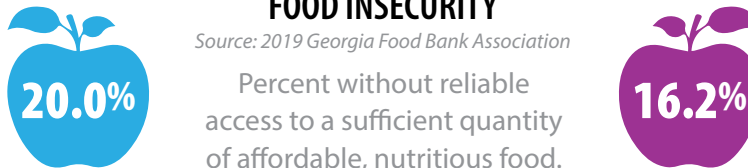
Source: Census



**16.1%** Uninsured **15.4%**  
**4.3%** Unemployed **4.1%**

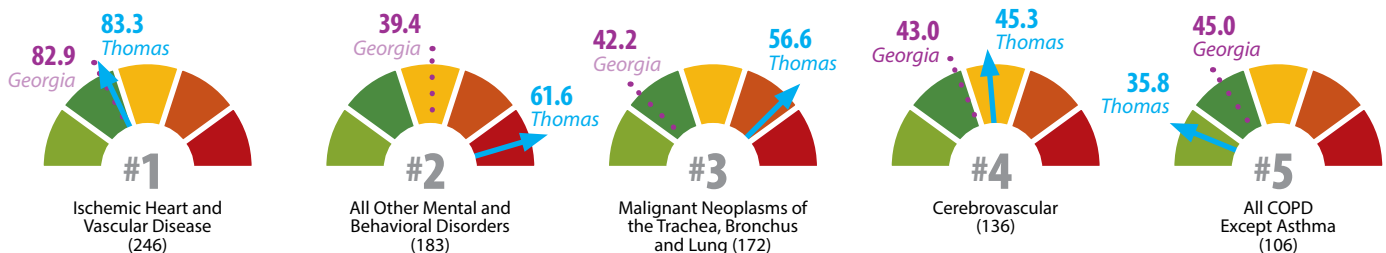
### FOOD INSECURITY

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:

- Magnolia High School Alumni Association  
*Group Meeting and Written Surveys*
- Boston Community Screen  
*Written Surveys*
- Archbold Hospital Health Talk  
*Written Surveys*
- Thomas County Family Connection  
*Written Surveys*
- Thomas County Health Department  
*Typically representing low-income/minority/medically underserved population; Written Surveys and Telephone Interview*

**On the following page are our survey responses.**

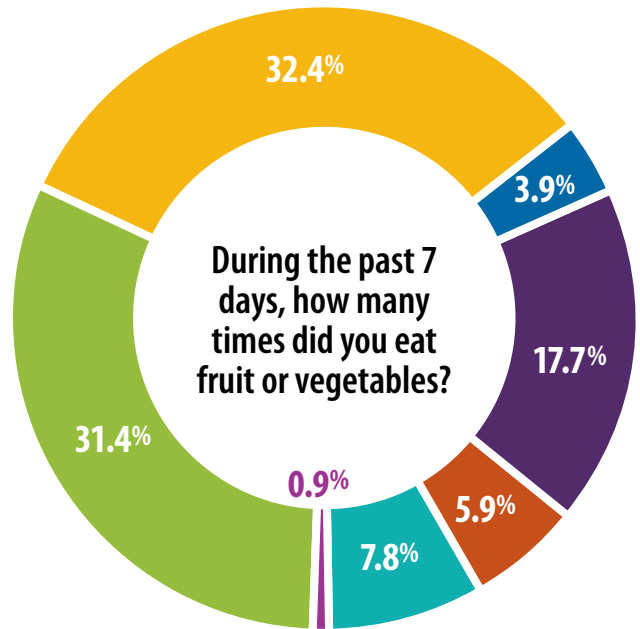
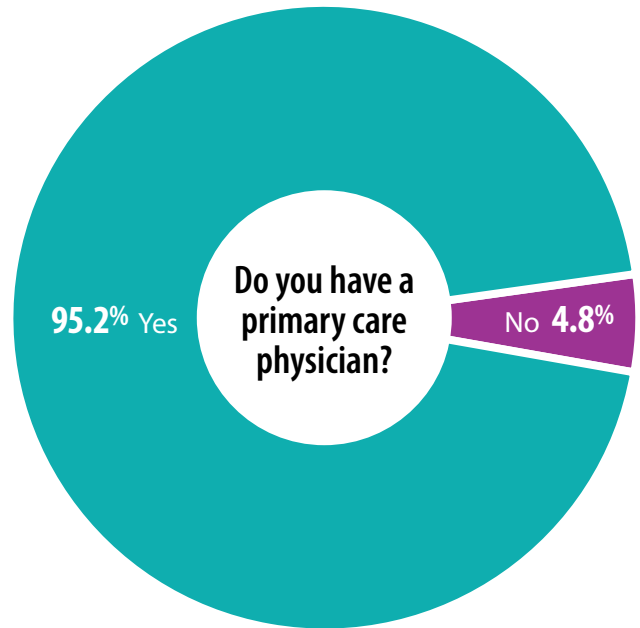
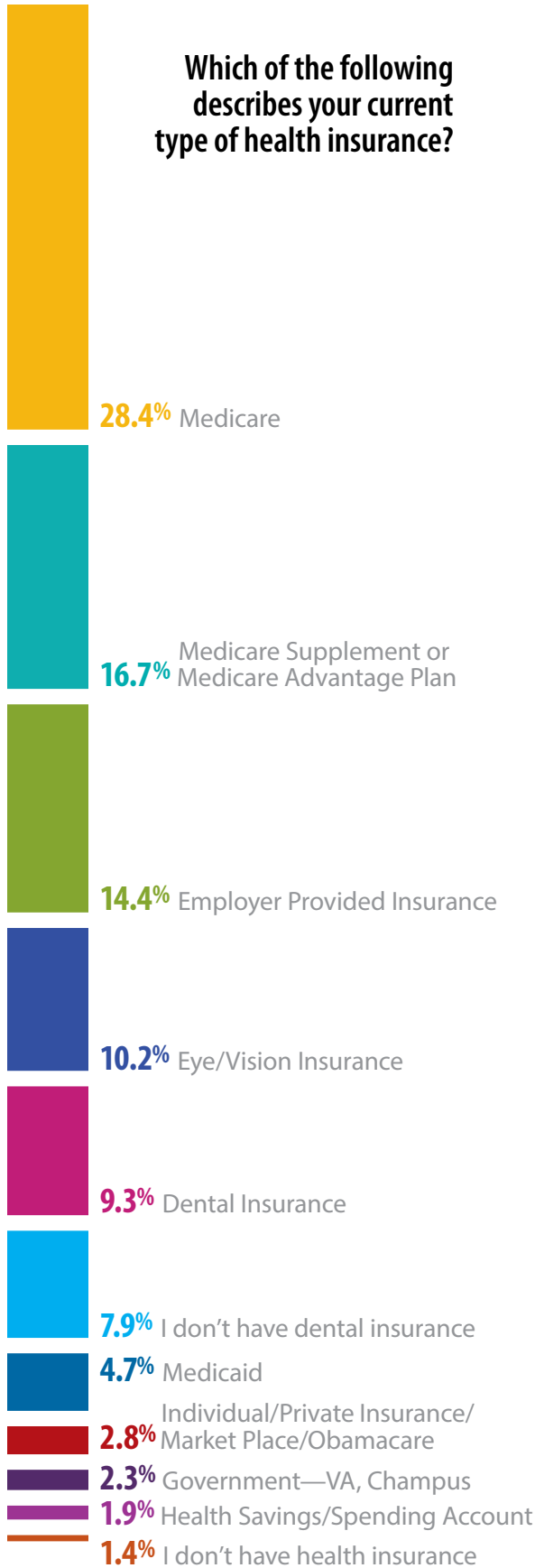
Qualitatively, the greatest medical needs according to community perception included:

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

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

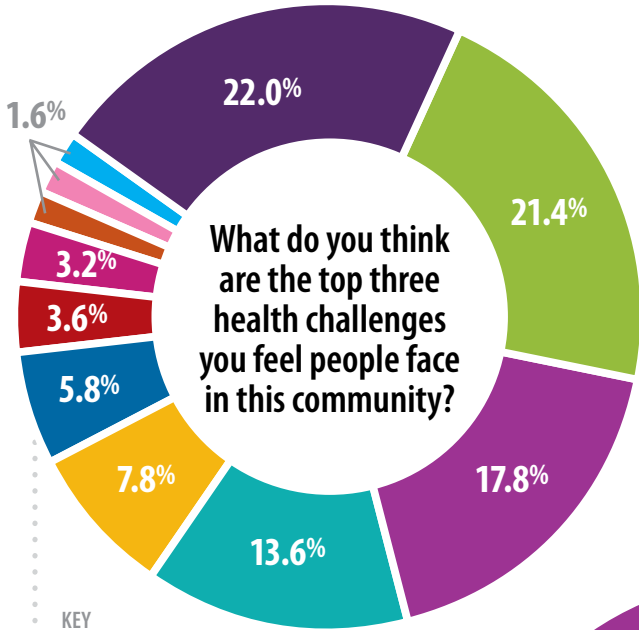
Which of the following describes your current type of health insurance?



KEY

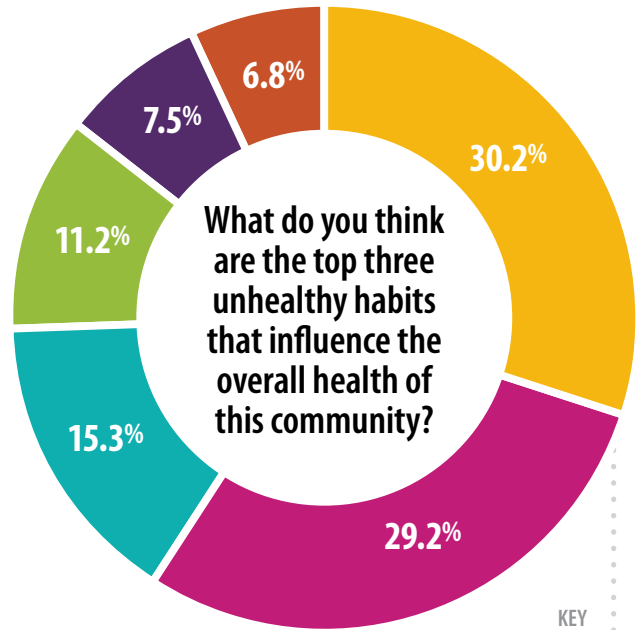
- I did not eat fruit or vegetables during the past 7 days
- 1–3 times during the past 7 days
- 4–6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4+ times per day

# Community Health Needs Survey Responses



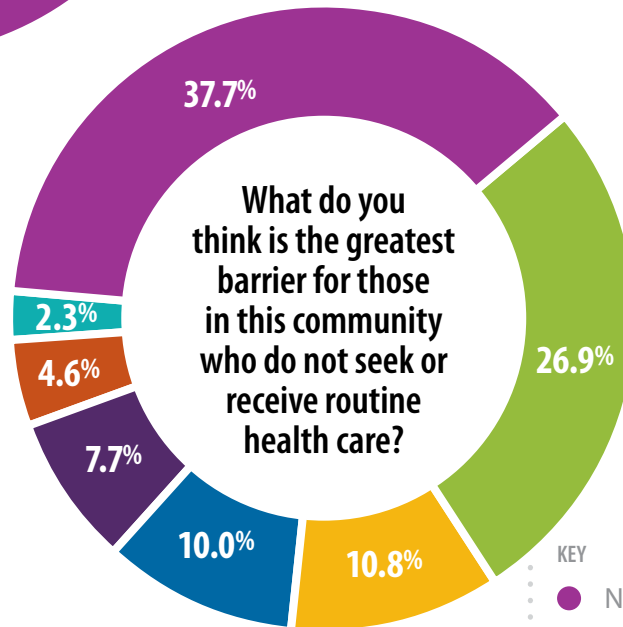
KEY

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



KEY

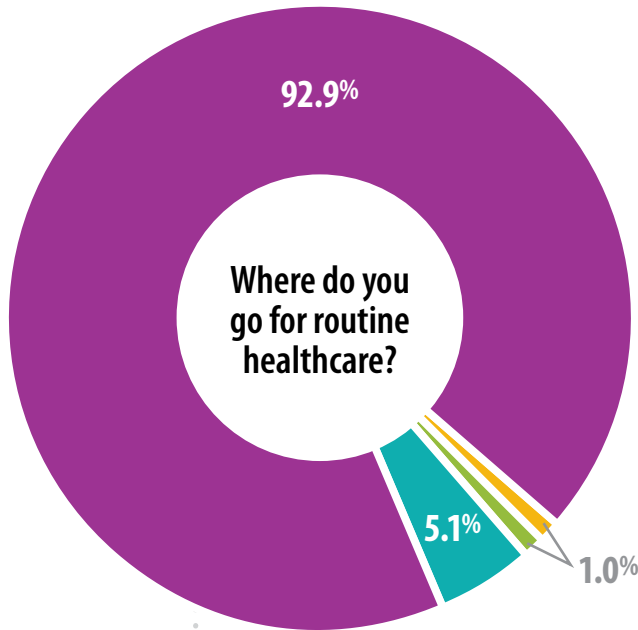
- Lack of exercise
- Poor diet
- Tobacco Use
- Overuse of prescription drugs
- Alcohol use
- Illegal drugs



KEY

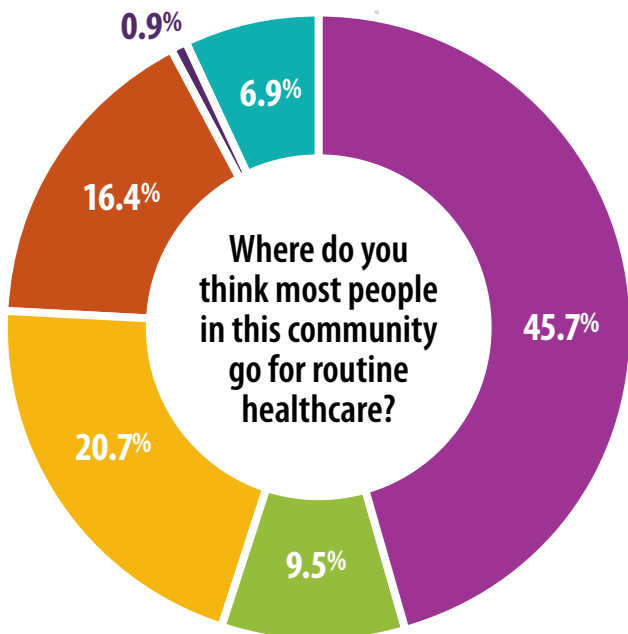
- No health insurance
- Lack of income
- Cannot afford co-pay
- No primary care physician
- Lack of transportation
- Level of Education
- Preventative health care not a priority

## Community Health Needs Survey Responses



KEY

- Physician Office
- Urgent Care Walk-in Clinic
- Emergency Department
- Health Department
- Do not seek healthcare
- Clinic in a drug store



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

- Nutrition
- More doctors for rural areas
- More health education
- Free/low cost clinics
- Medicare expansion
- Stress importance of checkups
- Cancer health talks
- Drug abuse education
- Exercise programs
- Lower cost medications
- Skin care education
- Kidney disease education
- Childhood cancer education
- Need another pulmonary MD
- Open heart surgery
- Less ED wait time
- Legs for life
- Support groups

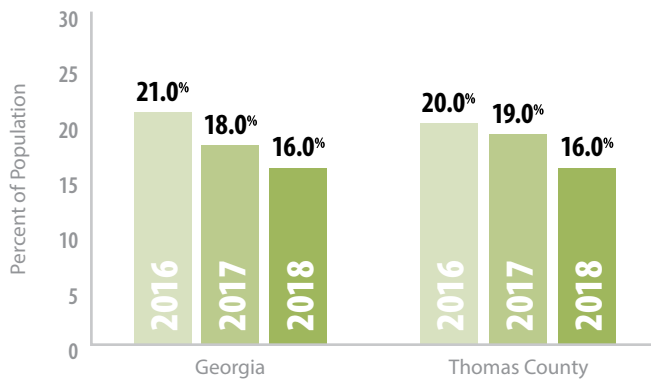
# THE KEY HEALTH ISSUES OF THOMAS COUNTY



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. Interestingly, as of this CHNA, it is the first time the issue hasn't been identified as a major health challenge in our qualitative surveys. Quantitatively, lack of insurance, previously a large barrier, appears to be less of an issue. Nationally, the percent of uninsured under age 65 is at 10.2%. Comparatively, county and state percentages are below.

## UNINSURED, UNDER AGE 65: 2016–2018

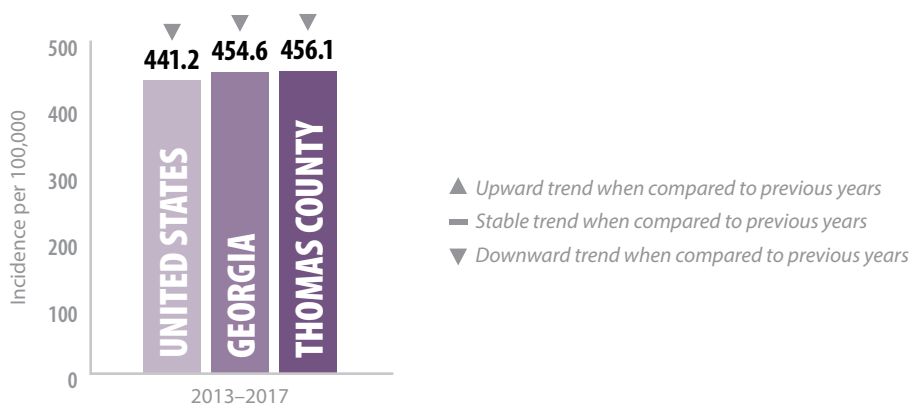
Source: University of Wisconsin Population Health Institute



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 Thomas County's incidence rate between 2013–2017 (456.1) is higher than Georgia's rate, which is higher than the national rate, despite the fact that Thomas County's rate slightly declined 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, 129.6 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 Thomas County

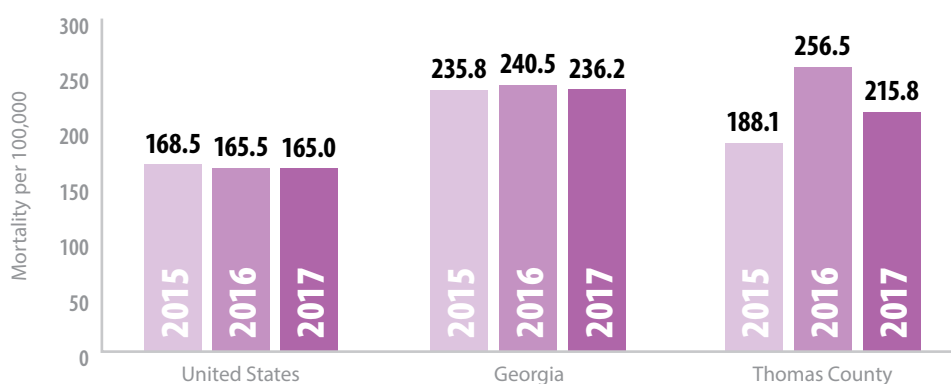
### CARDIOVASCULAR DISEASE

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.

Thomas County ranks among the counties with the highest mortality levels in Georgia, yet in recent years a lower cardiovascular disease rate than in Georgia has been observed.

### MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2015–2017

All ages. Source: OASIS, CDC



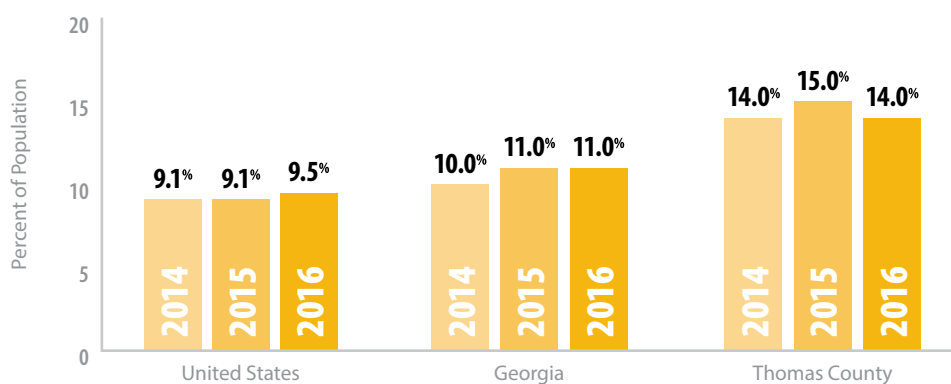
### DIABETES

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 Thomas 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 Thomas County

### KIDNEY DISEASE

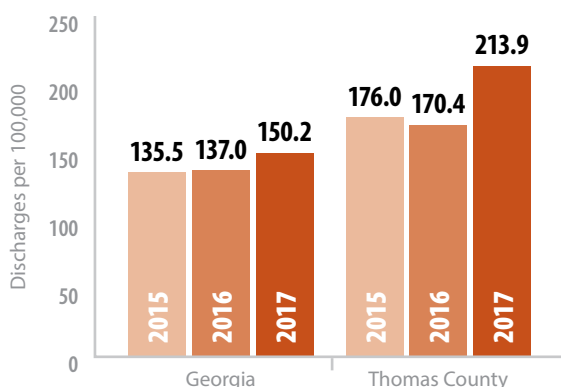


Chronic Kidney Disease (CKD) affects an estimated 30 million people, or 15% of US adults. When the kidneys stop working, dialysis or kidney transplant is needed for survival. Kidney failure treated with dialysis or kidney transplant is called end-stage renal disease (ESRD).

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.

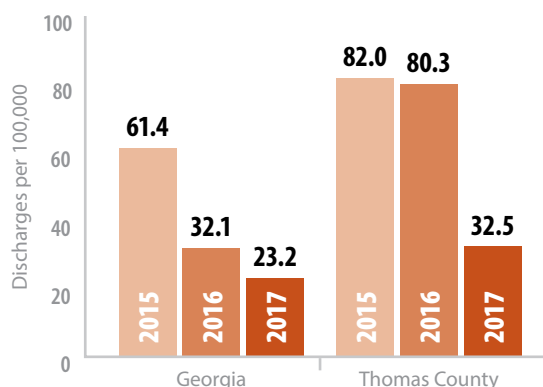
#### DIABETES MORBIDITY: 2015–2017

*Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis*



#### HYPERTENSION MORBIDITY: 2015–2017

*Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis*



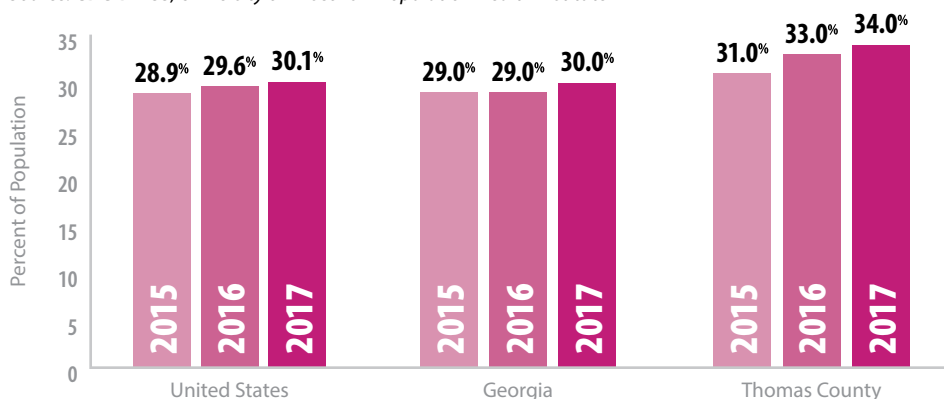
### OBESITY



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 Thomas County

### RESPIRATORY DISEASE

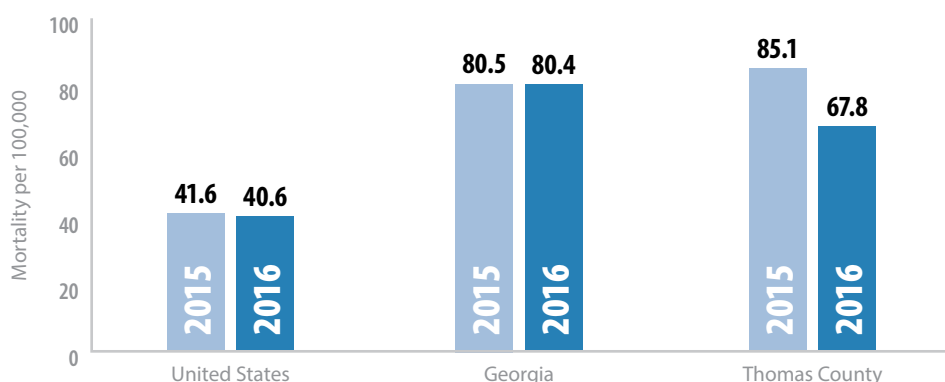


More than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million people have not yet been diagnosed. Lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die 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 Thomas County is at 20%, compared to 18% in Georgia and 14% nationally.

### CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2015–2016

Age adjusted. Source: GA Oasis, CDC



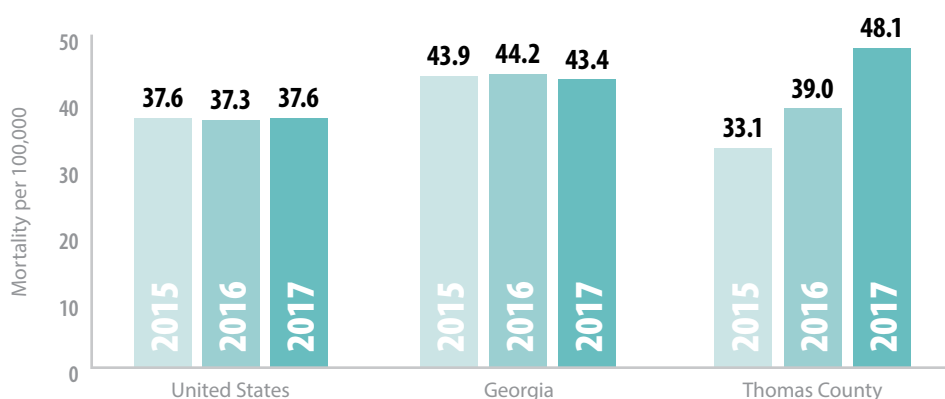
### STROKE



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: FROM WORDS TO ACTION

**In the 2016–17 CHNA, we introduced the newly launched Live Better initiative—an Archbold-led effort of key community leaders and partners focused on improving the overall health of the citizens of Thomas County.**

Live Better was formed as part of a challenge from our President and CEO, Perry Mustian, for Archbold to do even more to improve the health of our community. Archbold has always had some form of clinical outreach, most often offered in the form of early identification efforts such as free screenings, prevention efforts such as our branded Health Talks, or interventional education like breastfeeding or smoking cessation classes. While those efforts have had positive impact, they really haven't moved the needle substantially on the overall health of our community or the major prevalent diseases that exist.

We began to research current population health literature and what other hospitals were doing, which included an American Hospital Association publication that listed some of the hospitals with noteworthy efforts and apparent best practices. There was a common theme with several of the hospitals—they had reached out to leaders in key segments of the community to figure out a way to work together to improve the health of their communities. Most often, a hospital would partner with a municipality, or a school, or a large business in some way. That's really when the Live Better concept started to form. *We decided that making an effort to change the environment we live in was really going to be a key to actually making a difference.*

To decide what to focus on, we consulted our 2016–2017 Community Health Needs Assessment. Qualitatively, obesity ranked #2 on our top ten perceived health issues. Co-morbidities related to obesity filled out six of the nine remaining places.

Quantitatively, according to the CDC and the University of Wisconsin Population Health Institute, our county obesity rate in 2013 (34%) was higher than Georgia (30.3%) and the U.S. (29.4%). Along

with the prevalence of chronic disease, these averages are generally rising, and the impact on our families and businesses are profound. After we reviewed the measures, we realized we had an opportunity to create very focused, simple goals. Instead of focusing on all our disease states separately, we needed to concentrate on the one condition that could achieve the greatest value and affect the most disease states—obesity. By focusing on obesity, we were addressing high blood pressure, diabetes, heart disease, cancer and many other correlated health conditions.

We thought: What if we found not just one large partner in the effort, but several key partners to form an alliance? If we leveraged the strengths of each entity on board, we stood a much better chance of improving health than if the hospital tried to do it alone or with just one partner. And so, alongside Archbold's vice president of planning and marketing and clinical outreach manager, we formed an advisory board of chief decision-makers that would represent each of the major sectors of our community (local government, education, business and the media).

**Three years after inception, our advisory board continues to collaborate, problem-solve and put into action solutions that involve what each member organization and our growing list of community partners can offer. We have measurable goals, and make data-based decisions to adjust our strategies until we find what works best. To further validate our efforts, the Georgia Hospital Association awarded Archbold and Live Better the 2017 Community Leadership Award.**

### MEASURING PROGRESS

One way we create legitimacy and accountability in every aspect of the program is to create measurable goals. Creating separate goals for adults and children—especially younger students—is necessary, given that it takes different approaches to find success for different groups.

## The 2016–2017 Implementation Plan and Progress

As a group, we decided not to focus on epidemiological data (self-reported, smaller sample size), as we couldn't measure our efforts until years later, negating any opportunity to quickly adjust our strategies and tactics if we see indicators of unsuccessful approaches. Instead, we measure goal progress using near real-time data.

For our adults, we use data from a large primary care practice as well as a Federally Qualified Healthcare Center to ensure we included input from a practice that primarily focused on the underserved. Between the two practices, we were able to capture BMI data for approximately 7,500 patients.

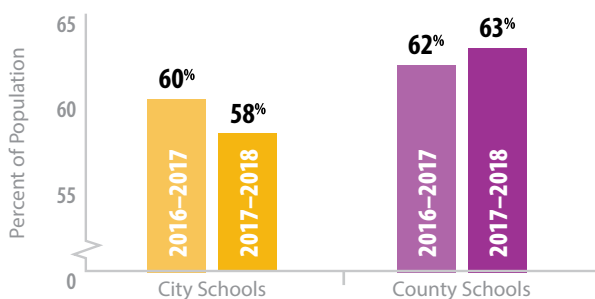
For children, we continue to focus on K–5 students as our sample group. Our two school superintendent board members helped us craft the goals for this group.

For the 2016–17 CHNA and years immediately following CHNA plan implementation, our goals to address obesity, and, in turn, the disease states that obesity impacts were:

**Increase the number of students in grades K–5 who fall within the Healthy Fitness Zone by 3%, as measured by the BMI using the Fitness Gram assessment, during each school year (Measure using real-time school data)**

**Results: In our K–5 population, we had mixed results.**

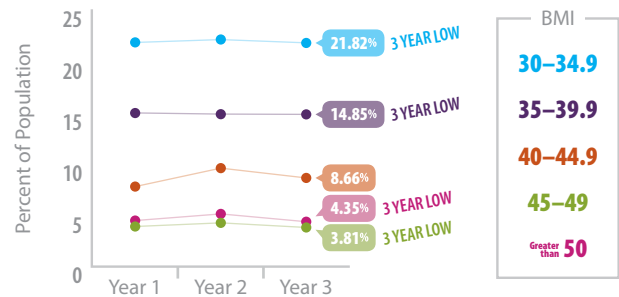
*Healthy Fitness Zone: K–5*



**Decrease the average of percent of adults in morbidly obese and obese BMI categories in a sample population of over 7,500 Thomas County residents by 1%, from 50% to 49% each year (Measure using real-time EHR data sample)**

**Results: We have seen some modest decreases in obesity in our adult population, as evidenced in the chart below. These decreases helped us meet our adult goal in the most recent period.**

*BMI: Obese Adults*



We are actively working with our advisory group members on specific projects in each of the sectors of the community they represent, as well as our own:

**Business—Recruiting restaurant partners to identify healthy choices on their menus, as well as create specific Live Better-endorsed meals, working with grocery stores to display Live Better Buys for sale-priced healthy foods, further researching how to address food deserts and food insecurity**

We knew early on it would take even broader collaboration beyond our Live Better Board to achieve long-term success. We created a Live Better “partner” level so that businesses and organizations in the community could actively support the goals by leveraging the strengths of their organizations, big or small.

When we began this process, we had a handful of partners. **To date, 35 community businesses have now signed agreements to be Live Better partners. We have 14 local restaurants that make it easier for patrons to choose healthier meals by highlighting “Live Better” menu items that meet nutrition criteria developed by our registered dietitians, six gyms, two banks, Thomas University, Southern Regional Technical College, the Thomas County Library several other local businesses.** All community partners have committed in

## The 2016–2017 Implementation Plan and Progress



*Live Better Partners Lewis Produce, Thomas County Library, Thomas University*

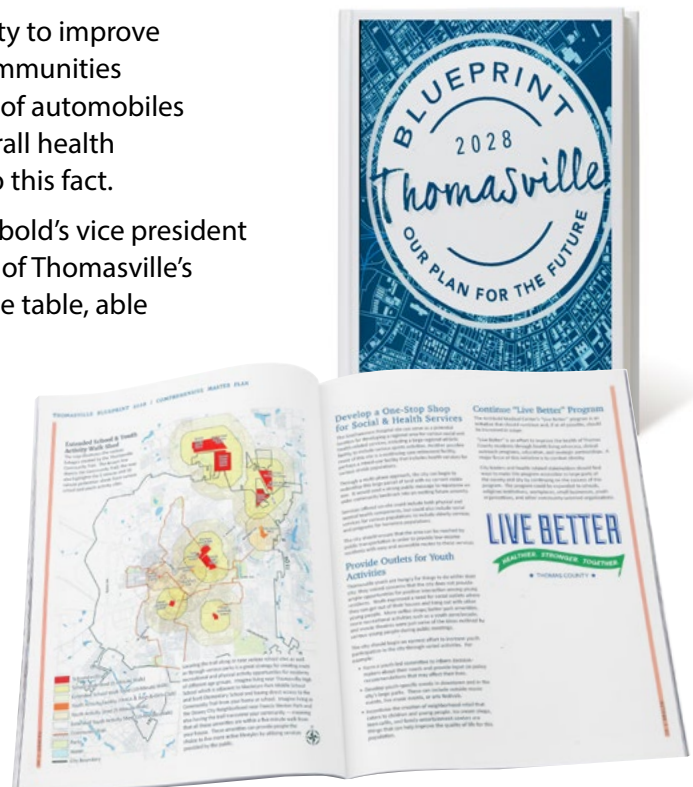
writing as to how they will contribute to improving the health of the community.

**Government—Inclusion on city and county planning committees to address community exercise paths and making Thomas County more walk/bike/run-friendly through policy and public events**

One of the earliest, impactful wins was the opportunity to improve the physical space in which our citizens live. Many communities across the country have been designed for the needs of automobiles rather than human health, and the decline in our overall health has been well-documented and partially attributed to this fact.

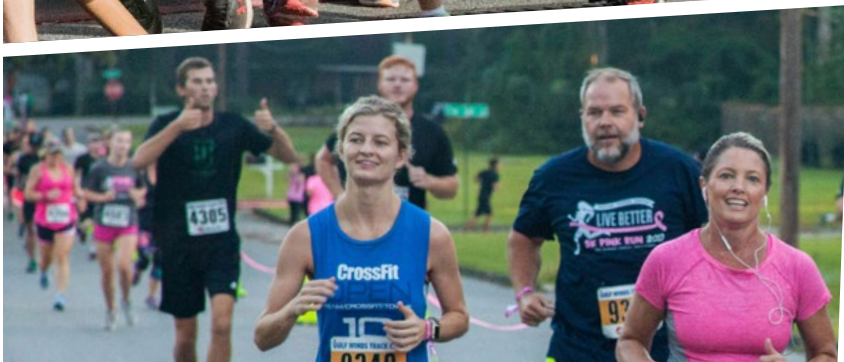
As a result of efforts seen across the community, Archbold's vice president of planning and marketing was appointed to the City of Thomasville's Planning and Zoning Commission. Having a seat at the table, able to participate and vote, has helped **reshape three parks, begin work on a 16-mile community trail and improve Thomasville's main traffic corridor. Of particular note is the addition of sidewalks and bicycle lanes, a direct focus on transforming the built environment to help improve the health and safety of our community.**

As a result of the positive momentum and health strategy Live Better created, the **City of Thomasville specifically recommended continued involvement with Live Better in the city's 10-year Comprehensive Plan, their strategic roadmap for the next decade.**



*Live Better inclusion in City of Thomasville's Blueprint 2028 Comprehensive Plan*

## The 2016–2017 Implementation Plan and Progress



**Hospital—Continuing prevention, early identification and awareness efforts with community events, educational lectures, cooking classes and screenings**

### **LIVE BETTER PINK RUN AND HEART AND SOLE RUN**

To reinforce the link between chronic disease and obesity two community races were established. The Live Better Pink Run is now an annual event, with the third annual race recently completed in October 2018. In 2018, more than 300 runners and walkers participated in the 5k race, and to keep the race fresh, a multi-station challenge course was included in the final quarter mile.

In February 2019, we hosted the second annual Heart and Sole Run, a one-mile run for our K–5 population to highlight the connection between heart disease and obesity. Over 100 runners completed the race, and this year we added free heart health screenings for the adults that accompanied their children.





### TEAM LIVE BETTER

Team Live Better is a three-month program for Team Lean participants to continue their journey toward weight loss or weight maintenance and help them transition from the eight-week weight-loss competition to a long-term healthy lifestyle. As part of Team Live Better, the YMCA has committed to developing one-on-one relationships with participants to provide the accountability and support that is needed to help participants reach their immediate and long-term goals. The YMCA also offers weekly health challenges and ongoing weight checks. Our hospital staff is contributing additional resources, including special community-based health talks and cooking classes for participants.



Live Better, the Archbold-led collaborative of key community leaders and partners focused on improving the overall health of the citizens in Thomas County, recently kicked off the Live Better Fit program. The Live Better Fit program is a 25-week wellness program, where ten participants chosen by the six Live Better partner gyms learn how to lead healthier lifestyles.



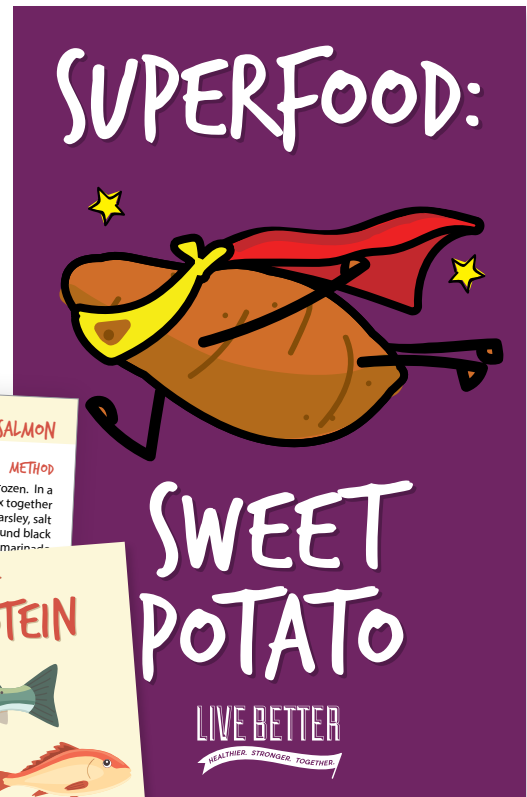
**Schools—Creating and delivering educational curriculum for grades K–5 to supplement existing health education**

**MY PLATE AND TRY DAYS**

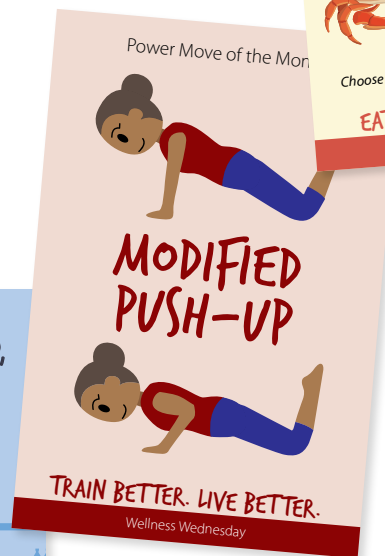
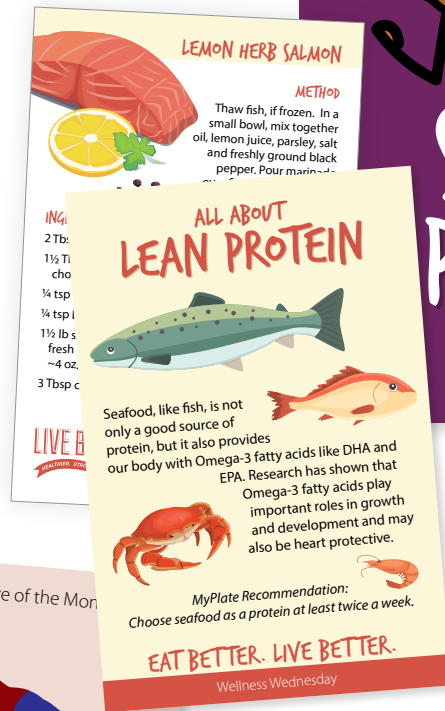
My Plate and ChooseMyPlate.gov is the United States Department of Agriculture’s effort that redefined the traditional food pyramid, transforming the pyramid concept of food groups to categories represented visually on a plate. Live Better decided to use My Plate as the centerpiece of addressing our K–5 goals.

**We annually purchase thousands of My Plates and My Plate placemats for every K–5 student in Thomas County. We work with school nutrition directors to plan a grade-specific My Plate curriculum for all K–5 students for integration into their health education courses.**

Students are encouraged to take the contents of their lunches and put the foods in the appropriate sections on the My Plate to visually see how to make a My Plate meal. We have committed to continuing funding these purchases as part of our long-term strategy.



*Superfood Poster*



*“Wellness Wednesday” health tips*



At the end of the 2017–18 school year, we sought feedback from the school administrators and teachers. We used this

feedback to modify our wellness curriculum to create an even higher-profile focused approach for use in the 2018–19 school year. Students only have so much control over choices related to wellness, so we needed to reach parents with our Live Better messages as well. To help reinforce our school wellness curriculum, we created and provided Live Better print materials to go home on a cyclical basis to parents of each K–5 student. One added piece is “Wellness Wednesday” health tips. Each Wednesday during the school year, a Live Better health tip is shared during the morning announcements at school and a corresponding Live Better handout goes home to parents. We also developed a Superfood of the Month series, working with the school nutrition directors to select superfoods to highlight and incorporate

## The 2016–2017 Implementation Plan and Progress



Try-Days

into the school cafeteria menu each month. As part of our Superfood of the Month series, Superfood posters are delivered to each school for display in the cafeteria during the respective months. We also design and print Superfood newsletters that go home to parents each month that include Superfood nutritional benefits, preparation tips and recipes.

The Superfood series also includes Superfood “Try-Days” provided by our hospital food and nutrition team at all Thomas County elementary schools. Try-Days give students a chance to taste the Superfood of the Month in a recipe prepared by our hospital chef. The recipe is sent home with each student, as well. Students who taste the superfood receive an “I am a Superfood Hero, I tried something new today” sticker and are able to enter their name for door prize drawings. We visited each of the seven Thomas County elementary schools, where approximately 4,000 K–5 students had the opportunity to taste a Superfood. Over 98% of the students present at Try-Days tried a Superfood. *For most of the students it was either the first time they tasted that particular superfood or the first time they tasted it prepared in such a way.*

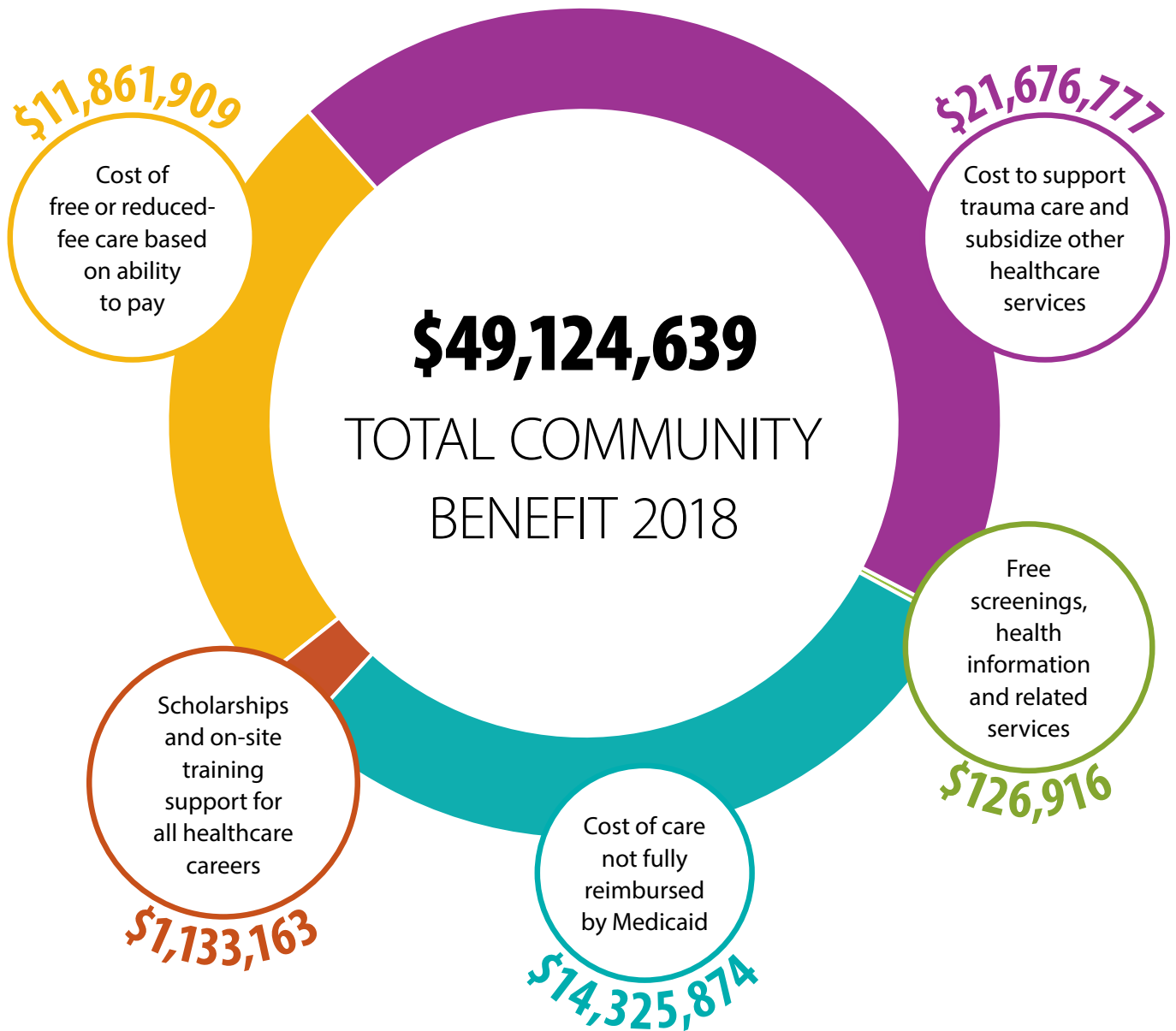
### OTHER HEALTH PROGRAMS

Thirty community screenings were held, recording blood pressure, pulse, BMI, Height/Weight, lipid panels and glucose levels. Head, neck and colon cancer screens were available at some screenings as well. 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 in their community.

Educationally, we continued to offer monthly free smoking cessation classes and childbirth education. Two maternity and infant care educational events were also held for the community. Seventeen health talks were held on a wide range of topics including heart disease, Alzheimer’s Disease, women’s health, organ donation, obesity, preventative medicine, healthy eating, back pain and cancer.

# 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.



# ADDRESSING FUTURE HEALTH NEEDS: MOVING FORWARD

## 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 opportunity is 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

Three years after the launch of Live Better, we have reached more children, established new alliances, had the opportunity to further influence city planning, and develop new methods of clinical outreach. We have a more engaged community coming together around a common theme: *Live Better*.

Success in significantly reducing the obesity rate in our county is realistically going to take many years, perhaps a generation, and is likely to meet setbacks. It is too early to tell whether our positive gains are cause-and-effect, but we're pleased with the progress we've made thus far. What we're trying to accomplish will likely happen incrementally, but we must continue our path and not let up.

We believe that as Live Better gains more partners, performs more outreach, expands programs and events and grows in influence, living healthy will be the norm, not the exception. Having these measurable goals will help us be accountable, and we believe accountability will make the difference between well-intentioned efforts versus efforts that are sustainable and yield positive outcomes.

We have witnessed that a) group effort yields buy-in, and buy-in strengthens the chance for success; and b) we must be relentless in the pursuit of these goals to overcome the obstacles we face. We believe Archbold's continued efforts to sustain Live Better is an outstanding community-based contribution to improve the health status of the entire community. We have created a meaningful, measurable and highly accountable endeavor, taking great steps to ensure

Live Better doesn't exist "in name only." Further, we believe our approach is innovative and in many ways unique—we know of no other effort that is meeting identified community health needs to advance health status and reduce health disparities precisely as we are doing. The efforts have also instilled within our community a greater sense of affiliation with Archbold and a better understanding of the role we play in the vitality of the community.

As we continue our effort to permanently reduce the obesity rate in our community, we have observed awareness and enthusiasm increase. While our focus is local, our blueprint might be global, and we would like to continue a path to making our methods a best practice for others to adopt.

As noted earlier, Live Better won the 2017 Georgia Hospital Association Community Leadership award. This submission is testimony to moving pilot ideas to hardwired processes, having initial participants to now reaching thousands, creating a concept that is actually changing our community—and the potential foundation of a best practice.

**For the 2019–2020 CHNA, our plan is to build on the early successes of Live Better by:**

- 1. Continue to advance K–5 My Plate school curriculum**
- 2. Plan for expansion of school involvement by creating Live Better Ambassador Program, creating student leaders that lead peers to implement ways to reduce obesity in student populations**
- 3. Add more community partners that pledge to leverage the strengths of their organization to reduce obesity in the community at large**
- 4. Explore population health initiatives that address reducing obesity**
- 5. Support City of Thomasville Comprehensive Plan initiatives and projects that change the built environment which lead to reducing obesity**
- 6. 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.**

