



**Phoebe Worth Medical Center
2016 Community Health Needs Assessment**

Table of Contents

Introduction	3
SECTION I: Planning and Preparing for Assessment	5
SECTION II: Defining Community and Key Demographic Data	6
SECTION III: Indicators and Types of Data	15
Section IV: Community Engagement & Priority Identification	17
Section V: Priority Selection	19
Appendix I: Current Implementation Plan – Evaluation	24
Appendix II: Financial Assistance Policy	29
Appendix III: Other Selected Indicators and Metrics	36
Appendix IV: Qualitative Research and Input Sessions	48

Introduction

Phoebe Worth Medical Center (PWMC), located in Sylvester, Georgia, is designated as one of the state's Critical Access Hospitals. PWMC provides state-of-the-art health care services for the community it serves.

PWMC conducted a Community Health Needs Assessment in compliance with the provisions of the Patient Protection and Affordable Care Act (ACA), which requires all non-profit hospitals in the United States to conduct a community health needs assessment to identify health priorities and adopt an implementation strategy to meet the identified community health needs. The assessment process requires hospitals to take into account input from individuals who represent a broad interest of the community served, including those with special knowledge or expertise in public health.

This work resulted in identifying three priorities:

- Mental Health Services
- Primary Care Physicians
- Prevention and Management of High Blood Pressure and Diabetes

A Community Health Needs Assessment is a systematic process involving the community, to identify and analyze community health needs and assets in order to prioritize, plan and act upon unmet community health needs.

An ***Implementation Strategy*** is the health care organization's plan for addressing prioritized health needs and problems identified in the community health needs assessment. The implementation strategy may also be called the organization's community benefit plan.

Community Benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They are not provided for marketing purposes and are guided by these four principles:

- 1. Improves access to health care services.*
- 2. Enhances health of the community.*
- 3. Advances medical or health knowledge.*
- 4. Relieves or reduces the burden of government or other community efforts.*

SECTION I: Planning and Preparing for Assessment

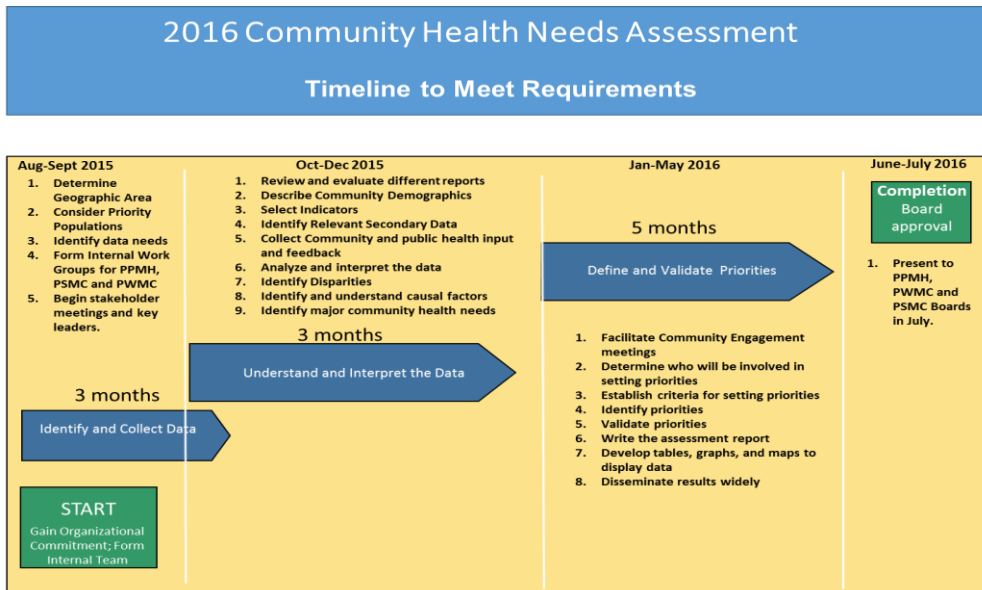
The internal Assessment Team was a blend of hospital staff, hospital board members and strategic community partners located in Sylvester/Worth County. The project Team Lead was Mark Miller, Strategy Data Analyst with oversight from Lori Jenkins, Director of Strategy and Planning and Darrell Sabbs, Community Benefit Coordinator. Early on, hospital leadership made the decision to use the Multiple Organization Partnership Model as the approach to Determine How the Community Health Needs Assessment Will Be Conducted. This approach engages multiple organizations, provides a broader focus, and allows greater input in need identification and determining appropriate strategy for action.

Assessment I Team Members

Gina Connell, Worth County Health Department*
 Melissa Culpepper, Worth County Schools
 Mary King Givens, Phoebe Worth Board Member
 Mandy Gordon, Phoebe Worth Medical Center
 Candace Guarnieri, Phoebe Worth Medical Center
 Marcus McDonald, Sylvester-Worth Chamber of Commerce
 Karen Rackley, Sylvester-Worth Chamber of Commerce/EDA
 Debra Smith, Phoebe Worth Family Medicine
 Danny Warren, Phoebe Worth Medical Services

** Represents Low Income, Medically Underserved & Minority Populations*

Community Health Needs Assessment Timeline



SECTION II: Defining Community and Key Demographic Data

The Internal Work Team **defined the community** as those residents residing in Worth County which comprise its Primary Service Area.

The 2010 census shows a population of 21,678 with 70% white and 28% AA/black. Current 2015 estimates show age groups 20-34, 35-49 and 50-64 with the largest population. By 2020, the age group with the greatest growth rate is age 65+ with a projected 39% increase from 2010. The overall growth is projected at 5% which may be overly optimistic [see chart bottom right]

Data Source: Georgia Office of Management and Budget

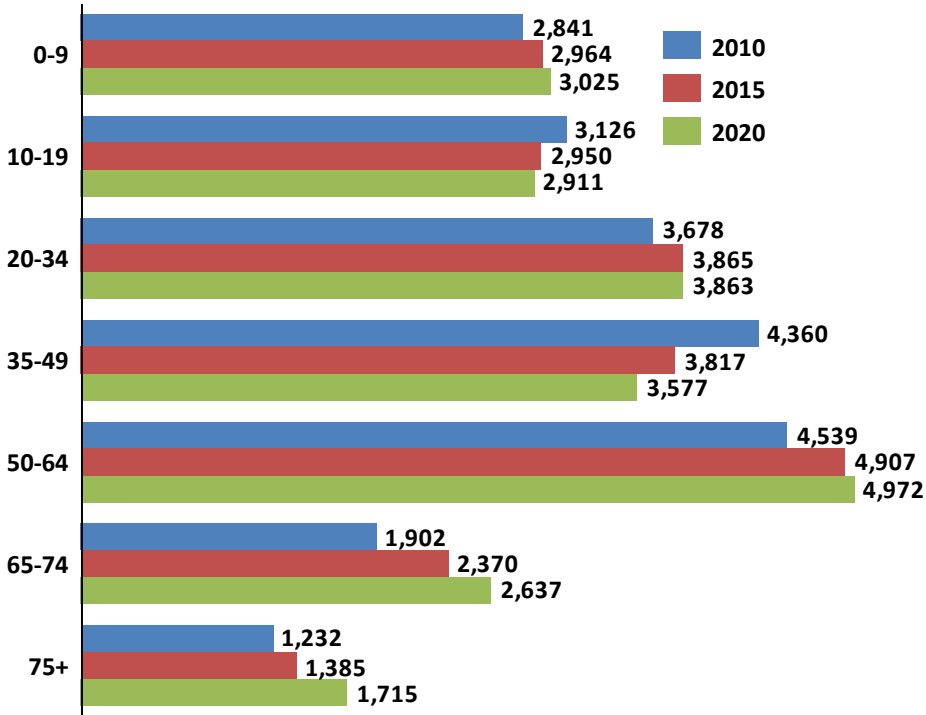
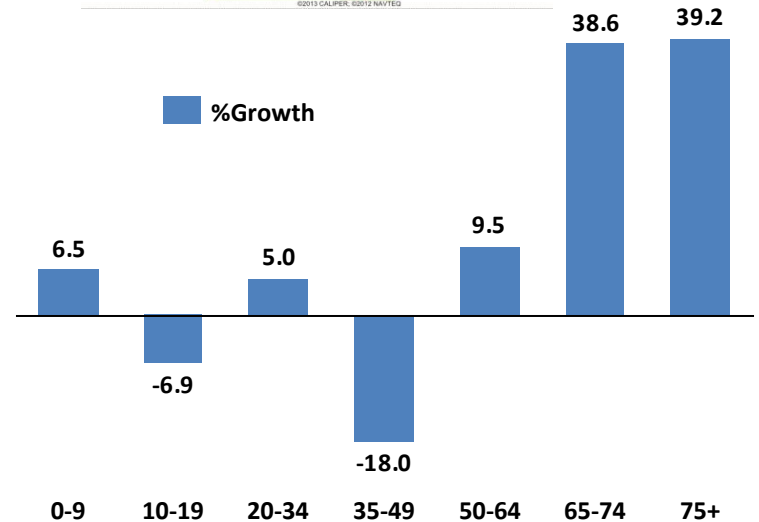
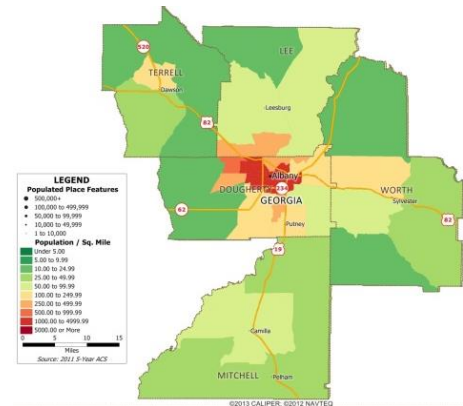


Figure 1:

This is a population density map showing the number of people per square mile by census tract within the Primary Service Area. The darker the color the greater the density. Worth County is known for its agriculture and is the proclaimed “Peanut Capital of the World.” The greatest density is along GA 500, a major corridor and whose population density is greatest within Sylvester’s city limit.



2013 Data gathered from US Census Bureau, CES, On the Map shows most of the Primary Jobs (3,064) are located within the City Limit of Sylvester [see figure 2]. In a breakout of jobs by worker ethnicity, whites made up 70% of the workforce while AA/blacks comprised 29% [see chart 2]. Of those employed, 40% have some post-secondary education while 29% have received a high school diploma or equivalency.

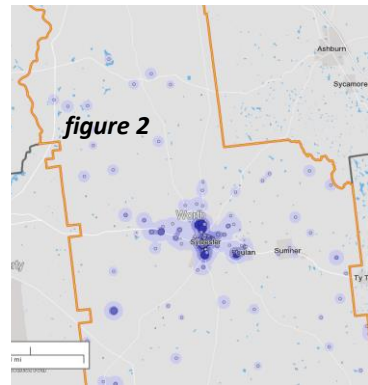
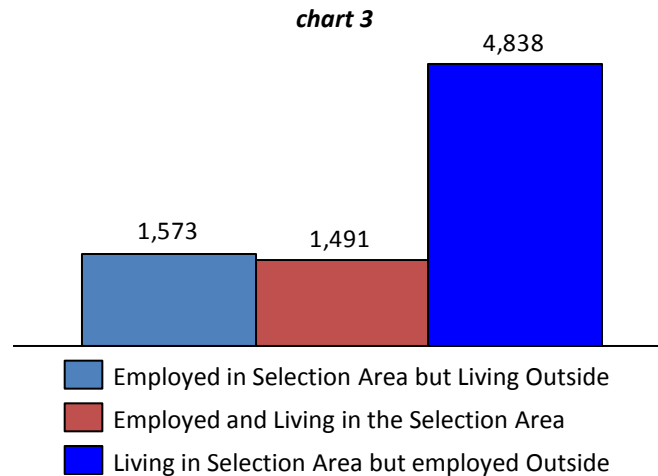
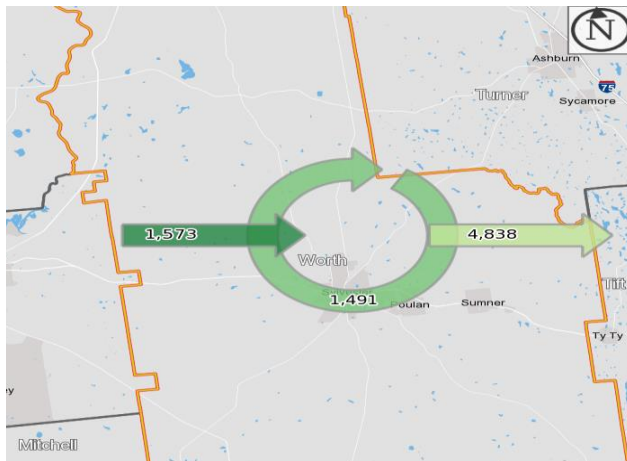
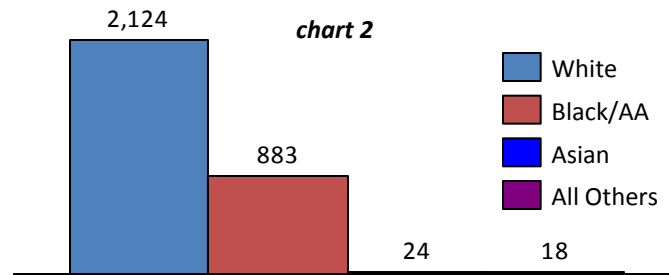


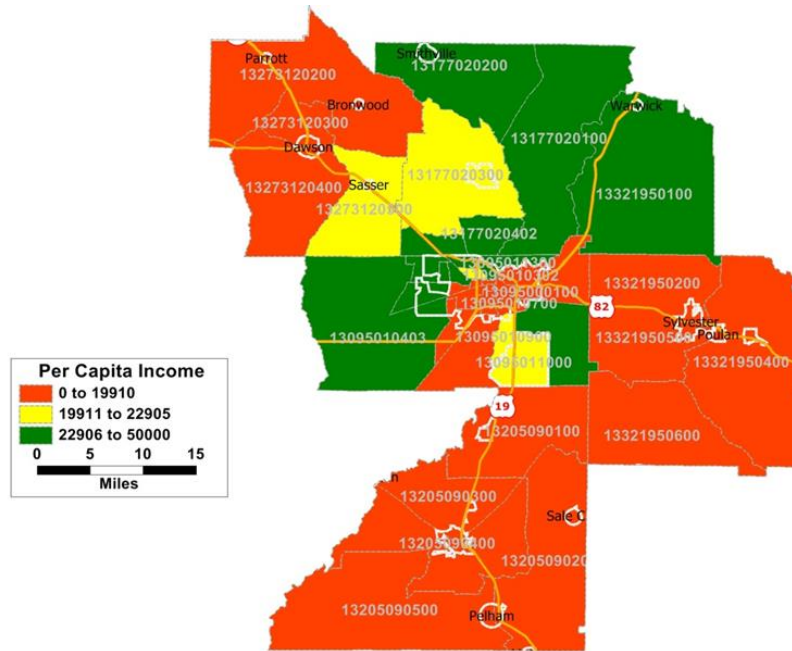
figure 2

The Inflow/Outflow Counts of Primary Jobs shows that of the 3,064 workers who were employed in Worth County 1,573 lived outside of Worth. Of those living in Worth and Employed, 4,834 worked outside of Worth and 1,491 inside [see chart 3].



Per Capita Income by Census Tract

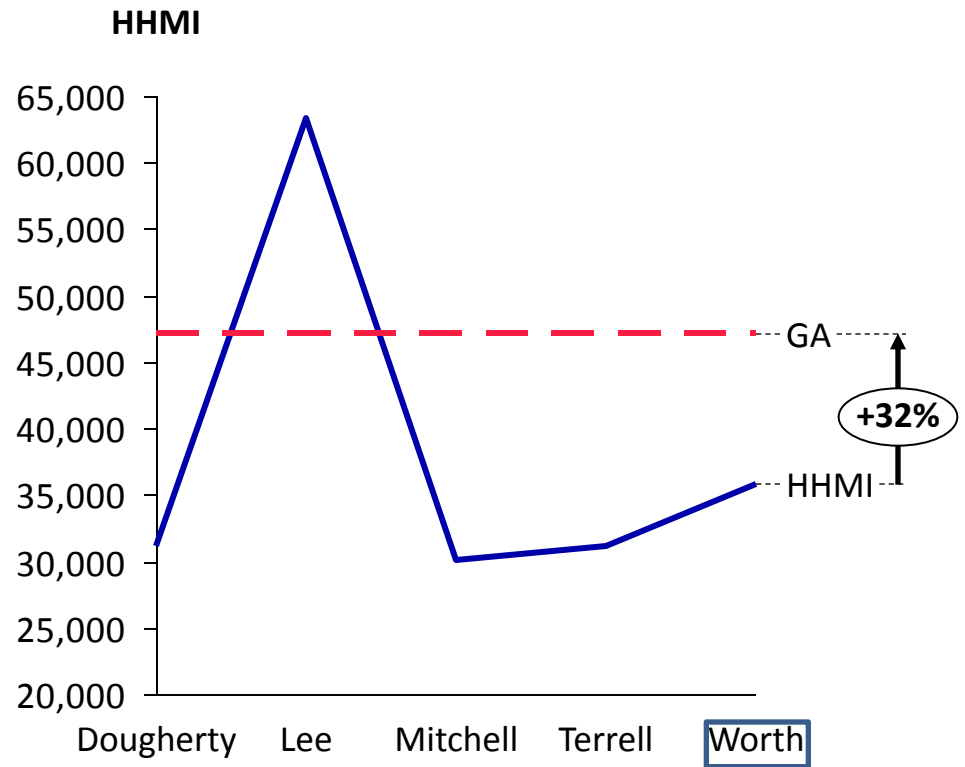
The average census tract per capita income is \$19,073 or 78% of the national average. Of the 46 census tracts shown here, 13 were at or above the national average. Contiguous tracts running from Western Albany through Lee County and Northern Worth County are relatively well-off while Dawson, Camilla, Sylvester and a swath running from Northeast Albany through South Central Albany are some of the poorest in the nation. Only one Worth County census tract, the northern most, per capital income is at or exceeds the US median.



Data Source: American Community Survey, 2015

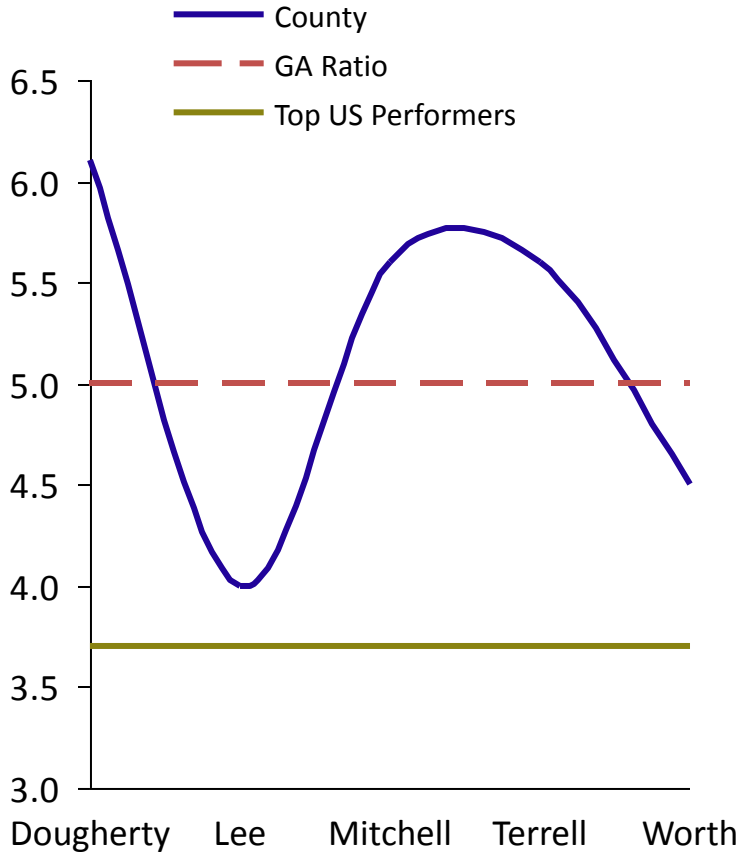
Household Median Income 2012 Model Based Estimate

With the exception of Lee County, all other counties were well below the Georgia average. In fact, Lee County's HHMI is slightly more than twice the largest county in the Primary Service Area, Dougherty. Worth County has the second highest HHMI among the five county area [\$35,8015], but a third less than the Georgia HHMI Median Income.



Data source: Georgia Statistical Systems

Income Inequality is the ratio of household income at the 80th percentile to that at the 20% percentile. The higher the ratio the greater division between the top and bottom ends of the income spectrum. While lagging the national top performers, **Worth County** is 2nd to Lee County in the lowest Ratio in the five county area.

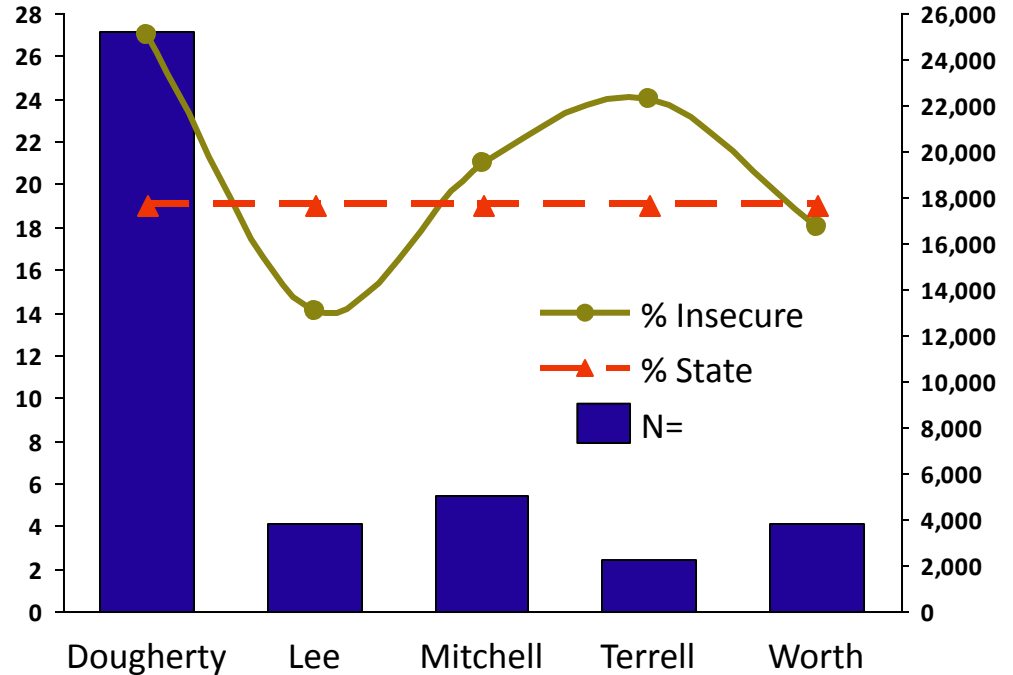


Data source: County Rankings, 2015

Food insecurity is an economic and social indicator of the health of a community. The USDA defines food insecurity as limited or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. Worth is at the State average and 2nd in the five county area behind Lee County.

Data source: Feeding America, 2015

Percent



Nationally, the median percent of people in poverty hovers at 15.9. Southwest Georgia experiences widespread poverty with just a few tracts at or above the US 50th percentile [see figure 4] mainly in Northwest and West Albany, the Putney area and a majority of Lee County. Research shows that a high poverty rate indicates local employment opportunities are scarce and not sufficient to provide for the local community. A decreased buying power and tax base adversely impact quality schools and business survival. To the right and below [see figure 5] is the SocioNeeds Index created by Community Health Solutions, a community health enterprise recently purchased by Xerox. The index uses social determinants of health including poverty and ranks each zip code from a scale of 1 to 5. The scale links social determinants of health to health outcomes. A rank of 1 reflects the best health outcomes and a 5 the poorest health outcomes. Illustrated in the map below, it shows much of Southwest Georgia facing poor health outcomes due to the deleterious affects of poverty, inadequate housing, lack of insurance for some, food insecurity and income equality when measuring the income spread between the top 80% and the bottom 20%. **Worth County** has the poorest health outcomes in its most populous zip code located in the heart of the county.

Figure 4: PERCENT OF PEOPLE IN POVERTY BY CENSUS TRACT

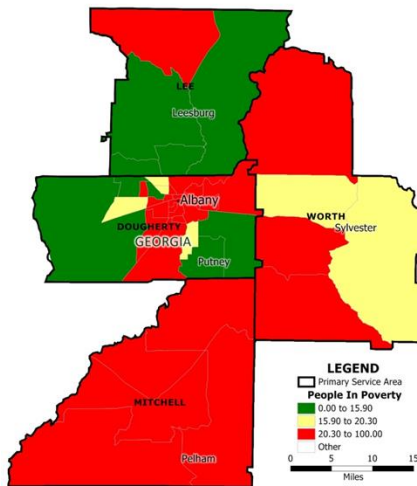
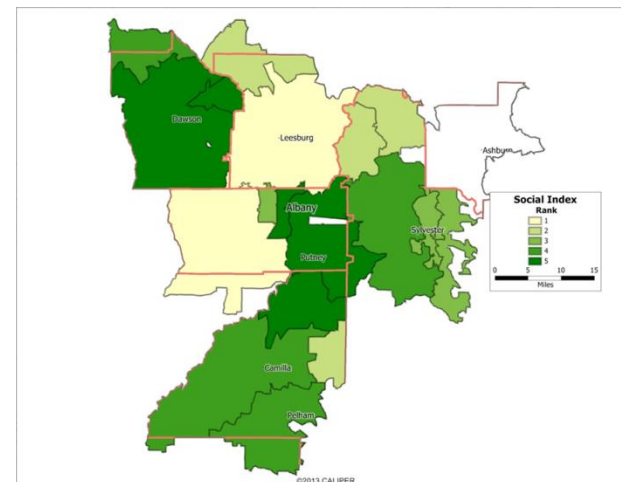


Figure 5: SOCIONEEDS INDEX

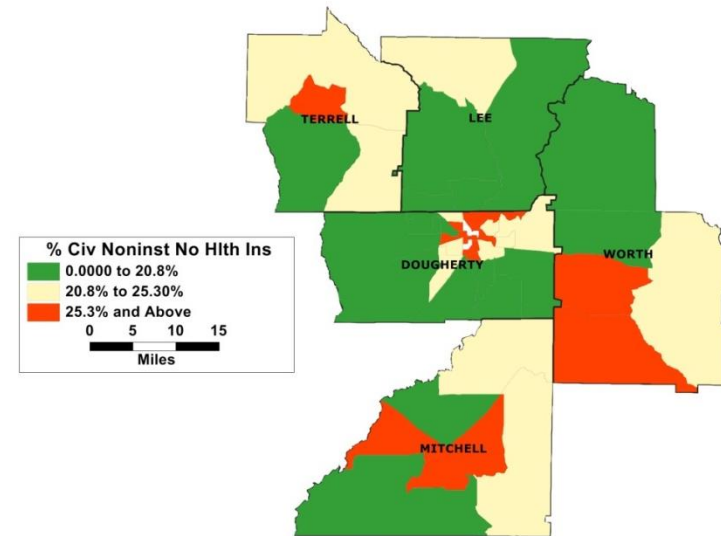


Children growing up in single-parent families typically do not have the same economic or human resources available as those growing up in two-parent families. Compared with children in married-couple families, children raised in single-parent households are more likely to drop out of school, to have or cause a teen pregnancy and to experience a divorce in adulthood. In Southwest Georgia, the percentage of single parent households, only Lee County is below the US 50%. And among unwed mothers who give birth, AA/Black are three times as likely than whites. Since 2011, the percentage of unwed mothers among blacks and whites has not fluctuated and remained static.

Among the primary service area, **Worth County** has the lowest percentage of **Children with Health Insurance** [92.2%] according to the 2014 Small Area Health Insurance estimates

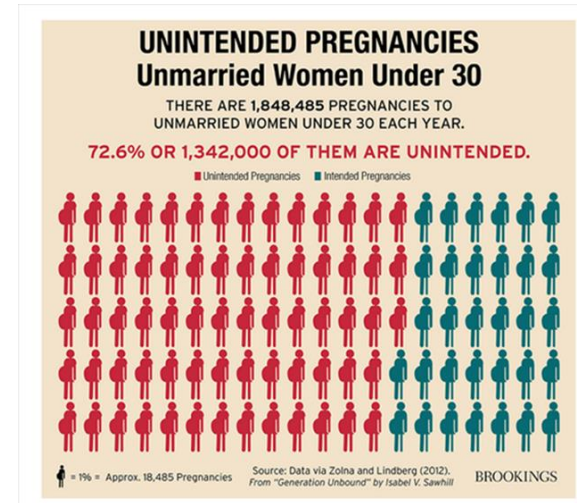
Adults without insurance are less likely to seek preventative care including routine screenings and often wait until the condition worsens and becomes more difficult to treat and more expensive. In the five county area, approximately 40% of the census tracts are at or about the US Median with 25% at the bottom quartile.

Children with Health Insurance				
Location	Status	Percent	Source	Measurement Period
Comparison: U.S. Counties				
Period: 2014				
County: Dougherty		94.6	Small Area Health Insurance Estimates	2014
County: Lee		93.1	Small Area Health Insurance Estimates	2014
County: Mitchell		93.0	Small Area Health Insurance Estimates	2014
County: Terrell		93.8	Small Area Health Insurance Estimates	2014
County: Worth		92.2	Small Area Health Insurance Estimates	2014

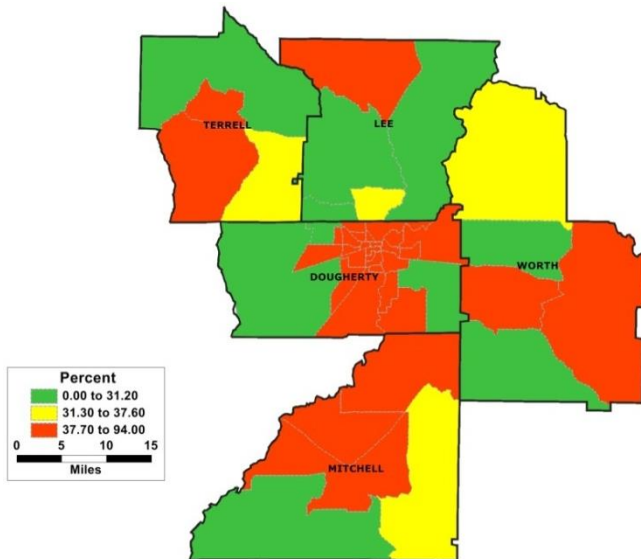


Data Source: US Census Bureau, Small Area Health Insurance Estimates for Counties and states, 2016

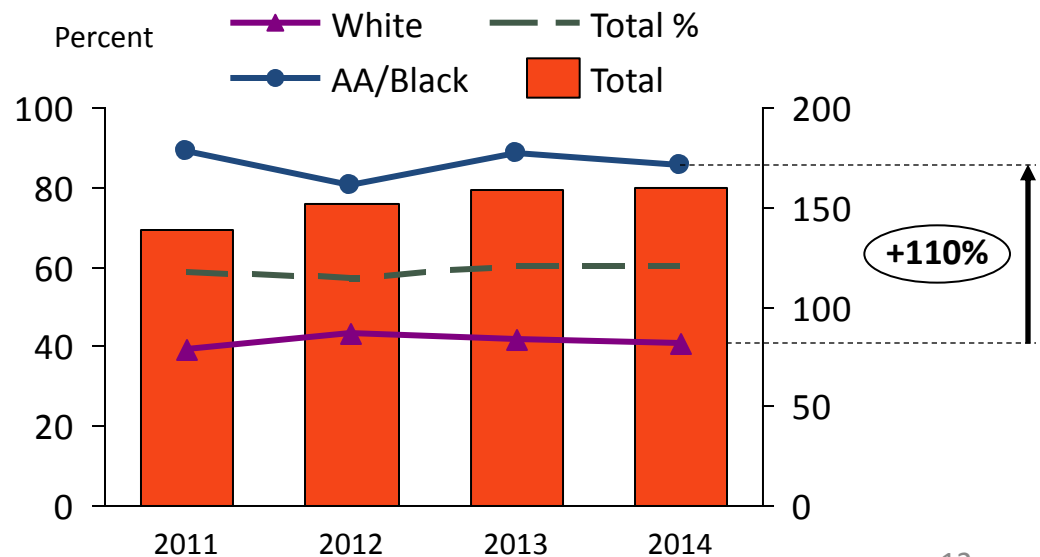
In a recent study published by the Brookings Institute, *Marriage and Child Wellbeing Revisited, Volume 25, Number 2 Fall 2015*, found that 73% of all pregnancies to females below the age of 30 were unintended. The result is that a growing proportion of children are born to unmarried parents—roughly 40 percent in recent years and over 50 percent for children born to women under 30. According to the published report, almost all the gains in non-marital childbearing during the past two decades have occurred to cohabitating rather than single mothers. However, cohabitating relationships are unstable and are defined as “fragile families”. The thematic map below shows single parent households by census tract. The red shows areas where the single parent households are very high and places them in the bottom quartile when compared against all other US census tracts. The bottom right chart shows **Worth County** children born to unwed mothers is a third higher than the national average [40.3%].



Single Parent Households



Children Born to Unwed Mothers



EDUCATION SCORECARD: This scorecard highlights core test scores for the Phoebe-Albany 5 county Service Area. Those scores highlighted in Red are below the State Average and those in Green are at or above State Average. Compared to other counties in the region, Lee has the highest achieving schools followed by Mitchell and Worth. Dougherty and Terrell have the least achieving schools.

Metric	Georgia	Dougherty	Lee	Mitchell	Terrell	Worth
Early Childhood						
Children Ages 3 to 4 not attending preschool 2009-2013	50.2%	40.5%	52.6%	51.3%	74.9%	43.4%
Children Enrolled in Pre-K Program	58.0%	56.5%	82.0%	64.0%	63.0%	53.0%
Children from Low income Families Enrolled in the Georgia Pre-K Program	55.0%	67.4%	38.0%	69.0%	91.0%	47.0%
School Age						
Children Absent More Than 15 Days From School	8.2%	9.7%	5.3%	5.1%	12.1%	12.8%
Students Who Graduate From High School on Time	72.5%	59.1%	76.8%	80.3%	85.1%	80.4%
Teens Who Are High School Dropouts, Ages 16-19	6.6%	9.4%	4.7%	8.4%	8.6%	8.7%
Teens Ages 16-19 Not in School and Not Working	10.9%	10.4%	8.3%	18.9%	8.6%	16.6%
Test Scores						
3rd Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	46.0%	23.0%	52.0%	27.0%	23.0%	38.0%
3rd Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	95.0%	89.0%	99.0%	94.0%	92.0%	97.0%
5th Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	42.0%	23.0%	46.0%	27.0%	19.0%	30.0%
5th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	98.0%	97.0%	100.0%	98.0%	92.0%	99.0%
5th Grade Students Exceeding State Standards on CRCT Promotional Test In Math	44.0%	30.0%	58.0%	30.0%	32.0%	29.0%
5th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Math	93.0%	92.0%	98.0%	96.0%	90.0%	92.0%
8th Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	53.0%	37.0%	56.0%	37.0%	28.0%	39.0%
8th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	98.0%	95.0%	99.0%	99.0%		98.0%
8th Grade Students Exceeding State Standards on CRCT Promotional Test In Math	34.0%	19.0%	31.0%	32.0%	20.0%	27.0%
8th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Math	87.0%	80.0%	93.0%	96.0%	80.0%	86.0%

ADULT LITERACY

It is estimated that college graduates earn approximately \$1 million per lifetime more than non-graduate peers. Southwest Georgia counties are well below the Georgia Average. In addition, Southwest Georgia has a high illiteracy rate ranging from 13 to 27% of the population. This negatively impacts their health status. Approximately 1 in 5 residents of **Worth County** are unable to read or understand Basic Prose Literacy Skills.

Metric	Georgia	Dougherty	Lee	Mitchell	Terrell	Worth
Early Childhood						
Adult Educational Attainment High School Graduate or Higher(2009-2013)	84.7%	79.9%	83.9%	72.3%	65.6%	71.4%
Bachelor's Degree Or Higher(2009-2013)	28.0%	17.8%	20.5%	9.6%	8.7%	8.1%

National Center for Education Statistics

Indirect estimate of percent lacking *Basic* prose literacy skills and corresponding credible intervals : Georgia 2003

Location	FIPS code ⁰	Population size ¹	Percent lacking <i>basic</i> prose literacy skills ²	95% credible interval ³	
				Lower bound	Upper bound
Dougherty County	13095	68,104	20	10.3	34.6
Lee County	13177	20,839	13	6.2	22.0
Mitchell County	13205	16,531	25	13.0	40.3
Terrell County	13273	8,025	27	14.0	42.9
Worth County	13321	16,372	20	10.2	33.5

⁰ The state and county Federal Information processing Standards (FIPS) codes are standardized unique state and county identifiers. The first two positions identify the state, and the last three positions identify the county. For more information, see <http://www.census.gov/geo/www/fips/fips.html>

¹ Estimated population size of persons 18 years and older in households in 2003.

² Those lacking *Basic* prose literacy skills include those who scored *Below Basic* in prose and those who could not be tested due to language barriers.

³ The estimated percent lacking *Basic* prose literacy skills has a margin of error as measured by the associated credible interval. There is a 95% chance that the value of the percent lacking *Basic* prose literacy skills is contained between the lower and upper bound.

SOURCE: U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, 2003 National Assessment of Adult Literacy

SECTION III: Indicators and Types of Data

Indicator selection was determined by reviewing the Leading Cause of Death for each county, hospital ER discharge data, previous Community Health Needs Assessment, Inpatient discharge data, the hospital's Community Health Dashboard located [here](#), input from key leader interviews and community sessions, and indicators which can accurately be measured over time. *There were no comments from the previous assessment received; otherwise, they would have been included as findings.* The assessment process included **qualitative and quantitative data** from both primary and secondary sources. Qualitative data was primarily sourced using key leader interviews [see survey], County Level Community Forums, and input sessions to identify potential gaps in service and priority identification. Careful attention to assure that people and/or organizations representing the broad interest of the community and medically underserved, low income, and minority were specifically targeted to participate in the key leader interview process and the community input sessions [see appendix for the complete list]. Selection process for the Key Leader Interviews was generated by a list from the core support in Strategy and Planning. The interviews were coordinated by Darrell Sabbs and conducted by Darrell Sabbs and Mark Miller [see complete list in appendix].

Quantitative Data was both primary and secondary sourced. Hospital related data such as utilization rates came directly from Decision Support team—other metrics, primarily community health [population health] where sourced mainly from the Community Health Dashboard, County Health Rankings, and the Department of Public Health OASIS web-based data sets. Each targeted indicator is sourced for verification.

TOP TEN Low Level Severity EC VISITS July 1 2015 thru June 30 2015	
Diagnosis	TOT
Otitis Media & URI	4118
Medical Back Problem	2658
Minor Skin Disorders	2553
Dental and Oral Diseases	1866
Cellulitis	1352
Musculoskeletal & Tissue	1498
Gastro/Esoophagitis	1768
Trauma to the skin	1203
Headaches	1236
Other Ear Nose Throat Diagn	742

Data Source: Phoebe Putney Decision Support

Age Adjusted Death Rate Worth County 2010-2014	
Diagnosis	TOT
Ischemic Heart and Vas	139
All COPD except Asthma	90
Lung Cancer	84
Diabetes Mellitus	59
Cerebrovascular Disease	58
Mental/Behavior Disorder	41
Alzheimer's Disease	41
Hypertension and Renal Heart	38
Motor Vehicle Crashes	23
All Other Diseases of Nervous	20

Data Source: OASIS Community Health Needs Assessment Dashboard

Top Inpatient Discharges

Phoebe Worth

Time Range: 10/1/2014 to 9/30/2015

According to an inpatient report extracted from GHA's Analytic Advantage data warehouse, rehabilitation cases make up the majority of discharges - not surprising given Phoebe Worth's swing bed specialty care unit. Pneumonia, heart failure and shock, and bronchitis were other top inpatient discharges from Phoebe Worth Medical Center.

Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for "ambulatory care sensitive conditions." These conditions are potentially avoidable with timely outpatient care. Data pulled by Phoebe's quality team showed that compared to all other hospitals of our type in the State of Georgia, Phoebe was either at the top or 2nd in number of cases. Generally, across the matrix, given the diagnosis, Phoebe's length of stay and readmit rate was higher than the peer group. Readmits rates were higher than expected for Hypertension, Asthma in Younger Adults, Long and Short-term diabetes, Urinary Track Infections and Dehydration. However, the complication rate was high for hypertension, asthma COPD, short-term diabetes and dehydration. Complications are associated with those patients that have multiple diseases [discharges include those from Worth County].

946 - REHABILITATION W/O CC/MCC	131
945 - REHABILITATION W CC/MCC	130
195 - SIMPLE PNEUMONIA & PLEURISY W/O CC/MCC	18
641 - MISC DISORDERS OF NUTRITION, METABOLISM, FLUIDS/ELECTROLYTES W/O MCC	17
293 - HEART FAILURE & SHOCK W/O CC/MCC	15
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	14
194 - SIMPLE PNEUMONIA & PLEURISY W CC	13
690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	12
292 - HEART FAILURE & SHOCK W CC	10
203 - BRONCHITIS & ASTHMA W/O CC/MCC	9
153 - OTITIS MEDIA & URI W/O MCC	8
192 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	6
603 - CELLULITIS W/O MCC	6
638 - DIABETES W CC	4
948 - SIGNS & SYMPTOMS W/O MCC	4
202 - BRONCHITIS & ASTHMA W CC/MCC	3

PREVENTION QUALITY INDICATORS					
Discharges from Phoebe					
Date Range: August 1 2014 to July 31 2015					
			INDEX		
Diagnosis	Volume	LOS Variance	Mortality	Complication	Readmit
Hypertension	111	0.7	0.00	3.34	1.21
Asthma/COPD	604	1.4	1.92	2.51	1.00
Asthma Younger Adults	27	1.1	0.00	0.00	1.31
Long-Term Diabetes	210	0.0	1.26	0.68	1.22
Short-Term Diabetes	211	1.2	1.84	4.12	2.01
Uncontrolled Diabetes	26	0.4	0.00	0.00	0.57
LE Amputations					
Diabetic Patients	131	-1.19	1.75	0.56	1.00
UTI	315	1.6	1.11	0.94	1.28
Dehydration	1936	2.1	0.86	1.39	1.16

Section IV: Community Engagement & Priority Identification

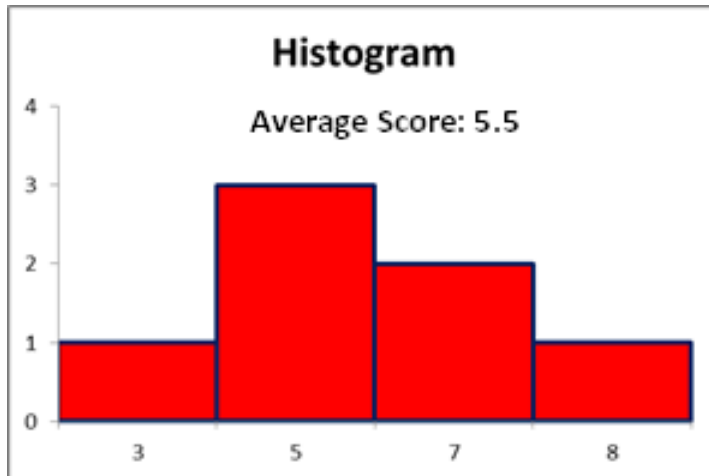
Key Leader Interviews 4 Major Health Issues Facing Our Community Today?



4 Major Health Issues

The word cloud to the left highlights major health issues facing Worth County residents. They were identified as **cancer, diabetes, obesity, heart disease and behavioral health**. Barriers to care include convenient and reliable **transportation, lack of health insurance, and social determinants of health such as poverty, teen pregnancy and health literacy**.

ON A SCALE OF 1 TO 9, RATE THE HEALTH CARE SYSTEM IN WORTH COUNTY. Key leader respondents gave the whole health care complex in Worth County an average Score of 5.5. And, what would bump it up a notch?



Four major themes emerged that would “bump the score up a notch” from current reality: **(1) Increase services (2) Capital investment and equipment (3) Health education and awareness, and (4) Adjust pricing and reinvest revenue**

- Increased services included a convenient care, more primary care physicians with expanded hours, specialists, after hours mammography, decreased wait times in doctor’s office and Emergency Center and a Mental Health facility.
- Capital Investment and Equipment included bigger EC with more waiting room capacity, updated equipment and more ambulances.

Section IV: Community Engagement & Priority Identification

Meeting Agenda for Input Sessions

- Review Area and Local Data
- Facilitate a Consensus Workshop Method
 - Identify the Focus Question
 - Individually Make a List
 - Discuss the List in a Small Group Setting
 - Each Group will develop 8 to 10 ideas
 - Whole group will Pair then Cluster the Ideas
 - Whole group will title the Clusters.
 - Assign Importance Using Dots.
- Next Steps and Closing

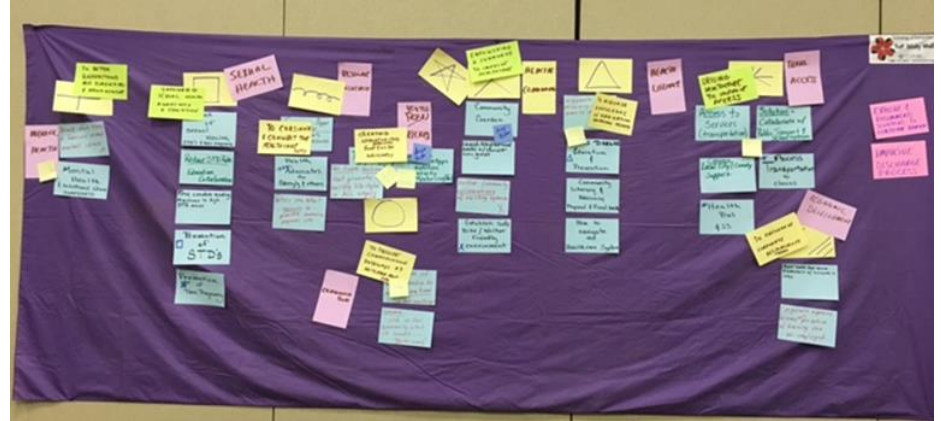
Implementation Recommendations:

- *To Create and Promote Healthy Lifestyles in Schools*
- *To Create and Promote Healthy Lifestyles in the Community*
- *Explore and Recommend Solutions to Healthcare Barriers*
- *Coordinate Care Advocacy*
- *Promote Public Health Initiatives*

Methodology

The participant list was drafted by the staff support team of Darrell Sabbs, Mark Miller and Mandy Gordon. Fourteen people participated in the input session held on March 23, 2016. The event was hosted by Phoebe Worth Medical Center and facilitated by Mark Miller, Phoebe Putney-Strategy Analyst, using the ToP Consensus Workshop Method with sticky wall (see photo above). The focus question, “What Must Be Done to Improve Health and Well-Being in our community?”, was brainstormed then clustered in pairs and groups and then titled. It’s referred to as “Storming, Forming, and Norming”. After all the ideas were placed on the sticky wall and titled, each participant received two dots to place on one or more health issues facing our community [see appendix for participant list and complete results].

The Community Input Sessions



Participants

Mary King Givens, Phoebe Worth Board
Dawn Chapman, ER Manager PWMC
Ira Moore, Director, Shipp Senior Center
Jami Harper, SOWEGA Council on Aging
Erin Willingham, SOWEGA Council on Aging
Karen Rackley, President, Worth County Chamber of Commerce/EDA
Tanya Bennett, Phoebe Worth Family Medicine
Jean Brooks, Retired, Community Volunteer
Becky Geer, Worth County Board of Health Chair
Melissa Culpepper, RN, WCHS Health Occupations Coordinator
Jack Colby, City of Sylvester Fire Chief
Mandy Gordon, Phoebe Worth-Administration

Section V: PRIORITY SETTING and SELECTION

After an extensive review of Quantitative and Qualitative Data using various methods the **priority and selection committee** iterated these priorities for further review.

TOP Priorities:

- ✓ Transportation
- ✓ Primary Care Physicians
- ✓ Mental Health Services
- ✓ Child and Adult Obesity
- ✓ Asthma and COPD
- ✓ Teen Pregnancy & Unplanned Pregnancy
- ✓ High Blood Pressure
- ✓ Diabetes
- ✓ Low Birth Weight Infants
- ✓ Lung Cancer
- ✓ Breast Cancer
- ✓ Alzheimer's
- ✓ STD

Selection Committee:

Mandy Gordon, Phoebe Worth

Debra Smith, Phoebe Worth Family Medicine

*Gina Connell, Worth County Health Department**

Danny Warren, Phoebe Worth Medical Services

Marcus McDonald, Sylvester-Worth Chamber

Karen Rackley, Sylvester-Worth Chamber/EDC

Candace Guarneri, Phoebe Worth

Mary King Givens, Phoebe Worth Board Member

Melissa Culpepper, Worth County Schools

***Represents Low Income, Medically Underserved, and Minority Populations**

CATHOLIC HEALTH ASSOCIATION RECOMMENDATION SELECTION FILTERS
Magnitude. The magnitude of the problem include the number of people impacted by the problem.
Severity. The severity of the problem includes the risk of morbidity and mortality associated with the problem.
Historical Trends.
Alignment of the problem with the organizations strengths and priorities.
Impact of the Problem on Vulnerable Populations.
Importance of the problem to the community.
Existing Resources Addressing the Problem.
Relationship of the Problem to other Community Issues.
Feasibility of change, availability of tested approaches.
Value of Immediate Intervention vs. any delay, especially for long-term or complex threats.



The Priority and Selection Committee discussed each priority and used the Catholic Health Association Selection Criteria Filter to identify the most significant community health needs facing Worth County. Once the discussion was complete, the committee received three dots each and chose the three most important health issues. More discussion ensued and three priorities emerged from the original list as the most significant need:

- (1) *The Provision of Mental Health Services*
- (2) *Recruiting Primary Care Physicians in Worth County which is currently undersupplied and is a designated a Medically Underserved Area.*
- (3) *Prevention and Control of High Blood Pressure and Diabetes in Worth County. Phoebe Worth currently provides funds to the Worth County Health Department for Diabetes.*

Priority 1: Provision of Mental Health Services

- In Georgia, over 2.3 million face the challenge of living with mental illness; 1 in 3 will receive treatment.
- In the U.S., death by suicide happens every 16 minutes.
- In Georgia, suicide is the 11th leading cause of death.
- 41% of Georgians with addictive diseases report needing treatment but are not receiving it.
- 111,000 children in Georgia live with serious mental illness.
- Individuals with Serious Mental Illness average age of death is 53.
- And those with co-occurring mental illness and substance abuse disorders average age of death is 45.
- The Middle Flint Area, region 4 [Includes Worth County] shows a significant estimated Unmet Need. Primary Care Providers and Clinics [FQHCs] are beginning to address the issue. In Albany, GA, a federally qualified health clinic began offering psychiatry and counseling services to patients age 8 & up.

Category	REGION 6			REGION 4
	Estimated Number of Needing Services	Number Served	Unmet Need	Unmet Need
Adult Serious and Persistent Mental Illness	3426	2101	38.7%	45.1
C&A Serious Emotional Disturbance	950	370	61.1%	63.5
Adult Addictive Disorder/Substance Abuse	3046	494	83.8%	91.2
Adolescent Addictive Disorder/Substance Abuse	680	6	99.1%	96.8

CHALLENGES

- People with Mental Health and Substance Abuse problems have historically had high rates of being uninsured.
- Multiple transportation issues
- Homelessness
- Stigma
- Criminal justice involvement
- Employment Opportunities
- Lack of Providers in some areas-particularly rural-make it more difficult to seek treatment if wanted.
- Impact of bullies and victims in primary and secondary schools increase the risk of depression, anxiety and low self-esteem.

Priority I: Provision of Mental Health Services

- The Worth County School system provides counseling and testing services to Worth County students.
- Partnerships can be created with local Behavioral Health providers as well as leveraging Telemedicine as a strategy to expand access to qualified providers in the primary care setting where preventive interventions and early detection can be addressed.
- Phoebe Behavioral Health provides a Structured Outpatient Program (SOP) and Phoebe's School Nurse Program partners with NAMI on bullying and suicide prevention.
- Mental Health is one of the biggest areas Phoebe Worth will invest in with respect to Telemedicine technology and a provider system.

Mental Health Providers by County

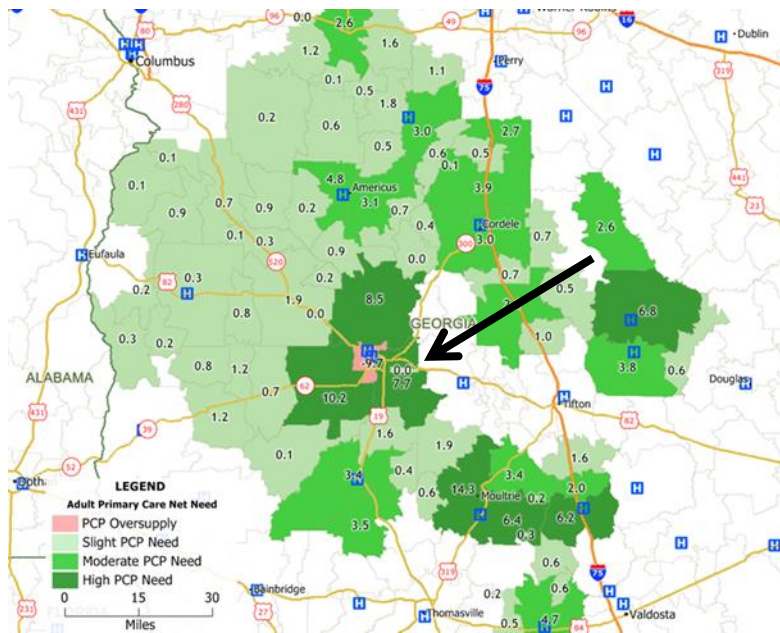
This table shows that Dougherty and Mitchell counties have the largest number of Mental Health Providers compared to others in the state while Worth and Terrell (not reported) are non-existent. This table shows Worth County ranked 156 out of 159 counties. According to Health Resources and Services Administration (HRSA), Worth County is designated as Medically Underserved in Mental Health Services.

County	Rank	Ratio	Z-Score (Lower the better)
Dougherty	23	968:1	-0.65
Lee	143	968:1	0.83
Mitchell	5	512:1	-2.17
Worth	156	21291:1	0.98

Data Source: County Health Rankings 2015; CMS, NPI File

Priority II: Recruiting Primary Care Providers

A just completed Physician Manpower Study conducted by Healthcare Strategy Group, shows a shortage of 5 physicians in Worth County's Stark III area which comprises Worth County. This thematic map shows a High Primary Care Need in Worth County. According to the latest report from Health Resources and Service Administration (HRSA), Worth County is designated as Medically Underserved in Primary Care, Dental and Mental Health Services.



- Phoebe Physician Group provides physician support to Worth County and will continue to evaluate needs.
- Phoebe Physician Recruiting Department will continue to support Worth in recruiting needed physicians to the area.
- Telemedicine will be used to bridge access to care utilization issues.

Average Net Model FTE Needs/ (Oversupply) By Service Area		
Specialty	Worth County/Stark III	
	With Midlevels in Inventory	Physician Only Inventory
Primary Care		
Primary Care Subtotal	4.40	5.00
OB/GYN Subtotal	1.70	1.70
Cardiology Subtotal	1.20	1.20
Hematology/Oncology Subtotal	0.40	0.40
Pulmonary Medicine Subtotal	0.50	0.50
Allergy and Immunology	0.20	0.20
Dermatology	0.50	0.50
Endocrinology	0.30	0.30
Gastroenterology	0.50	0.50
Infectious Diseases	0.20	0.20
Neurology	0.60	0.60
Nephrology	0.40	0.40
Rheumatology	0.20	0.20
Medicine Specialties Subtotal	5.00	5.00
Surgery Specialties		
Cardiothoracic Subtotal	0.40	0.40
Orthopedics Subtotal	1.10	1.10
General Surgery Subtotal	1.50	1.50
Neurosurgery	0.20	0.20
Ophthalmology	0.90	0.90
Otolaryngology	0.50	0.50
Plastic Surgery	0.20	0.20
Urology	0.50	0.50
Surgery Specialties Subtotal	5.30	5.30
Other Specialties		
Pain Medicine (Anesthesiology)	0.10	0.10
Pain Management Subtotal	0.10	0.10
Psychiatry	1.50	1.50
Child and Adolescent Psychiatry	0.30	0.30
Psychiatry Subtotal	1.80	1.80
Physical Medicine & Rehabilitation	0.20	0.20
Radiation Oncology	0.20	0.20
Neuroradiology	0.30	0.30
Vascular & Interventional Radiology	0.30	0.30

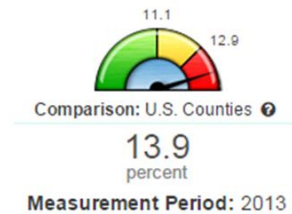
Priority III: Prevention and control of High Blood Pressure and Diabetes in Worth County

Diabetes is a leading cause of death in the United States and the fourth leading cause of death in Worth County. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including diagnosed and undiagnosed. Diabetes is responsible for the deleterious effects on most of the organ systems in the human body; it is a frequent cause of end stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working age adults. Again, according the CDC, expenditures attributed to diabetes are over \$116 billion. Diabetes disproportionately affects minority populations and the elderly. In Worth County, [Adults with diabetes](#) is almost 14% while the [Age-Adjusted Death Rate due to Diabetes](#) is 38.1 putting this disease in the bottom quartile with an approximate percentile rank of 10%. Compared to all other US Counties, diabetes prevention and management is in the severe category.

Hypertension, or high blood pressure, is a leading cause of stroke and a major cause of heart attacks. In 2010, approximately 58 million persons were treated for hypertension with direct medical spending to treat hypertension totaling 43 billion. Half of these costs are attributed to prescription medications. Among Worth County's Medicare population, almost 65% are diagnosed with hypertension compared to the US Median of 55.7% placing Worth County Seniors in the 10th percentile showing significant need.

PWMC makes annual contributions to the Worth County Health Department for the operations of their Stroke and Heart Attack Prevention Program (SHAPP) and Diabetes Program. This annual contribution of \$45,619 allows the Health Department to provide programs to educate, screen and treat low-income individuals and assist with health supplies and medications for individuals who are considered uninsured or underinsured. PWMC plans to continue supporting/funding the program the Health Department offers, and in the coming months/years, plans to market the program and inform the community and local healthcare providers more about the program and how to participate.

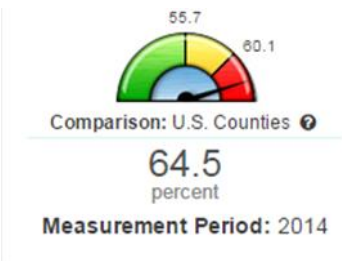
Adults with Diabetes



Age Adjusted Death Rate due to Diabetes



Hypertension: Medicare Population



APPENDIX I
CURRENT IMPLEMENTATION PLAN
EVALUATION

Priority 1: Adolescent Lifestyle Including Alcohol, Tobacco and Drugs	Status as of July 2016
1. Address community awareness and education via a series of articles published in the local news sources.	Darrell responding.
2. Collaborate with local law enforcement on hosting "A Night Out Against Crime" to educate the community on monitoring adolescent behavior.	"A Night Out Against Crime" is a community event held and hosted by the Sylvester Police Department on the first Friday in August. This annual event is an effort on the part of local law enforcement to educate the community of crime prevention. Each year, Phoebe Worth participates as a sponsor for the event in the form of monetary donations.
3. Collaborate with and sponsor the County EMS in hosting lifestyle awareness classes in school events.	Phoebe Worth collaborates with County EMS and helps sponsor the functioning of a Safety Awareness Day. This is a day where our County EMS along with other public safety groups, put on a full-scale disaster for our county's high school kids. Real cars and kids (acting) as victims. For 2014, the theme was drinking and driving, last year was marijuana and driving. This is full scale accident with fire/rescue, police, the coroner and helicopters. As part of the presentation and in keeping with the fullness of reality, the cars are cut open and kids are transported away via ambulance, coroner van or helicopter. The presentation is followed by speaking to the kids about these types of lifestyle decisions and the consequences of such decisions.
Priority 2: Diabetes and Obesity	
1. Work toward reducing the number of adults and children that are obese, overweight or diabetic by participating in and sponsoring local health fairs, farmer's market activities and publishing a series of articles in local news sources.	Phoebe Worth hosted its first Women's Health Fair on October 25th. The Fair offered our community's ladies with a free Health Screen, complimentary breakfast and lunch, a exercise demonstration, a nutritional demonstration, a breast self exam demonstration and then a Q&A session with a local physician specializing in Breast Health. The free health screens provided access to multiple health factors including, BMI, Blood Pressure, Cholesterol Levels, and Blood Sugar levels.
2. Collaborate with Network of Trust to provide educational information in schools.	Darrell responding.
3. Explore ways to assist in funding local activities, such as Relay for Life, Little League Team or any other program that promotes physical activity.	Every year Phoebe Worth hosts the annual Relay for Life Survivor Dinner. The staff of Phoebe Worth volunteer to assist in preparing and serving the meal and Phoebe Worth provides the entertainment for the evening event. All costs associated with the dinner are covered by Phoebe Worth.
4. Support the Health Department with Stroke and Heart Attack Prevention and Diabetes Program.	Phoebe Worth makes annual contributions to the Worth County Health Department for the operations of their Stroke and Heart Attack Prevention Program (SHAPP) and Diabetes Program. Our annual contribution of \$45,619 allows the Health Department to provide programs to educate, screen and treat low-income, uninsured, or underinsured patients age 18 years or older who are diagnosed with primary hypertension and/or diabetes. Patients are provided access to obtaining necessary lab work, medications, extensive education and follow up. Our funding also allows the program to offer 24 hour phone coverage to deal with critical labs.

Priority 3: Access to Care-Providers and Prevention

<p>1. Improve access to the uninsured and underinsured by helping to minimize the cost of healthcare to the individual through the charity and indigent care program.</p>	<p>During the Spring of 2014, Phoebe Worth hosted an Affordable Care Act Event focusing on the Health Insurance Exchange – Our hospital partnered with a federally funded team tasked with enrolling people in the Health Insurance Exchange for a one day event. At the event we spoke with 51 attendees, assisted 22 attendees, and enrolled 8. We also offered the assistance of a staff member and the technology required for enrolling in the Exchange at our hospital 2 days a week for several months. We are planning our next event for the ACA on December 13th.</p> <p>Through Phoebe Worth’s Financial Assistance Policy, we offer uninsured/underinsured individuals access to financial assistance to help with the cost of needed medical services. Based on our Financial Assistance Policy guidelines, certain individuals qualify for free or reduced costs for their healthcare needs. This Policy allows individuals who have demonstrated their inability to pay access to needed healthcare.</p>
<p>2. Support local health fairs and offer free or reduced charge biometric health screenings to educate individuals on the prevention of diseases and conditions and on the importance of having a primary care provider.</p>	<p>Phoebe Worth hosted its first Women's Health Fair on October 25th. The Fair offered our community's ladies with a free Health Screen, complimentary breakfast and lunch, a exercise demonstration, a nutritional demonstration, a breast self exam demonstration and then a Q&A session with a local physician specializing in Breast Health. The free health screens provided access to multiple health factors including, BMI, Blood Pressure, Cholesterol Levels, and Blood Sugar levels.</p>
<p>3. Develop and distribute a community resources directory and provide education via a series of articles published in local media.</p>	<p>Currently working on compiling a draft Resource Directory. Our plans are to create a bound directory to provide to local healthcare facilities for distribution to the community.</p>

Priority 4: Mental Health

<p>1. Collaborate with regional mental health providers to increase education and awareness surrounding mental health.</p>	<p>Darrell responding.</p>
<p>2. Collaborate with regional mental health providers to develop a community resources directory to help individuals navigate and find appropriate mental healthcare services.</p>	<p>Currently working on compiling a draft Resource Directory. Our plans are to create a bound directory to provide to local healthcare facilities for distribution to the community.</p>

Priority 5: Heart Disease and Stroke

<p>1. Provide free or reduced biometric health screenings in local family practice clinic, education materials to at-risk patients, and publish a series of articles through local news sources.</p>	<p>Phoebe Worth hosted its first Women's Health Fair on October 25th. The Fair offered our community's ladies with a free Health Screen, complimentary breakfast and lunch, a exercise demonstration, a nutritional demonstration, a breast self exam demonstration and then a Q&A session with a local physician specializing in Breast Health. The free health screens provided access to multiple health factors including, BMI, Blood Pressure, Cholesterol Levels, and Blood Sugar levels.</p> <p>Free Blood Pressure Screenings were offered at our Rural Health Clinic on February 24, 2015 in honor the American Heart Month.</p> <p>Participate in the annual Senior Health Fair that the Shipp Senior Center hosts. We offer free screening items such as total cholesterol, A1C and PSA studies for our community seniors attending the health fair.</p>
<p>2. Sponsor EMS efforts to provide free CPR classes.</p>	<p>Phoebe Worth hosts CPR classes on a regular basis but we haven't offered on a grand scale to the community free of costs.</p>

Priority 6: Senior Health

<p>1. Collaborate with other community service providers to develop a directory to include specialty care that can be distributed throughout the community, with special emphasis on reaching the Senior population and their caregivers.</p>	<p>Currently working on compiling a draft Resource Directory. Our plans are to create a bound directory to provide to local healthcare facilities for distribution to the community.</p>
<p>2. Provide community outreach by participating and sponsoring health fairs organized by the local Senior Center and Nursing Home.</p>	<p>Phoebe Worth seeks opportunities to participate in activities organized by the local Senior Center and/or Nursing Home. On August 25th, the Senior Center provided our hospital with an opportunity to come speak to the Seniors about their Healthcare Needs. Many topics and tips were covered including the Importance of Knowing their Medications, Using the Same Pharmacy for their Medications, Writing down questions before hand for their doctor visits, etc. Phoebe Worth also provides funding for the Senior Center banquets and other activities.</p> <p>Phoebe Worth hosted its first Women's Health Fair on October 25th. The Fair offered our community's ladies with a free Health Screen, complimentary breakfast and lunch, a exercise demonstration, a nutritional demonstration, a breast self exam demonstration and then a Q&A session with a local physician specializing in Breast Health. The free health screens provided access to multiple health factors including, BMI, Blood Pressure, Cholesterol Levels, and Blood Sugar levels.</p> <p>Participate in the annual Senior Health Fair that the Shipp Senior Center hosts. We offer free screening items such as total cholesterol, A1C and PSA studies for our community seniors attending the health fair.</p>
<p>3. Develop and make available brochures and run ads addressing awareness of Senior abuse and signs of neglect.</p>	<p>Currently working on compiling information for a brochure.</p>

Priority 7: Access to Care - Transportation

1. Provide a community resource directory that will guide individuals to transportation services.	Currently working on compiling a draft Resource Directory. Our plans are to create a bound directory to provide to local healthcare facilities for distribution to the community.
---	---

Priority 8: Teen Birth Rate

1. Provide a community resource directory to the community to identify health resources for pregnant teens.	Darrell responding.
2. Collaborate with Health Department and Network of Trust to provide education and awareness regarding sex education and lifestyle choices.	Darrell responding.

APPENDIX II
FINANCIAL ASSISTANCE POLICY

Approved by: PPHS Board of Directors

Review Period: Annually

Contact Information: VP Revenue Cycle

Review Date:

Revised Date:

Approval Date:

Effective Date:

SCOPE: This Policy applies to Phoebe Putney Health System (PPHS) hospital facilities and Phoebe Physician Group (PPG) providers providing care within PPHS facilities.

PURPOSE: PPHS as a not-for-profit charitable corporation is committed to fulfilling its charitable mission of each hospital by providing high quality medical care to all patients in their service areas, regardless of their financial situation.

POLICY: PPHS hospitals and PPG physicians shall provide financial assistance according to the PPHS Financial Assistance Program (FAP) policy for persons who have healthcare needs and are uninsured or under-insured, ineligible for government program, and otherwise unable to pay for medically necessary care based on their individual financial situation. Based on financial need, either reduced payments or free care may be available. The Financial Assistance Program is administered by the Revenue Cycle of each PPHS hospital and PPG, with authority and approval from the PPHS Board of Directors

DEFINITIONS

Amounts Generally Billed (AGB) means the amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care, determined in accordance with § 1.501(r)-5(b). AGB is determined by dividing the sum of claims paid the previous fiscal year by Medicare fee-for-service and all private health insurance, including payments received from beneficiaries and insured patients, by the sum of the associated gross charges for those claims.

Applicant: Applicant may include the patient, the guarantor of a patient's financial account, or a designated patient's representative such as a legal guardian.

Assets: Assets include but are not limited to: bank accounts; investments including 401k and 403b accounts; real property; businesses whether or not incorporated; personal property including vehicles, boats, airplanes, and other such items. Assets shall be reported on the FAP application as a source of revenue.

Catastrophic Status: Applicants whose balance owed exceeds 25% of the patient's annual income, resulting in excessive hardship.

Financial Assistance Program (FAP): PPHS program that provides financial assistance to persons who have emergent and/or medically necessary healthcare needs and are uninsured or under-insured, ineligible

and Active Labor Act (EMTALA). This policy prohibits any action that would discourage individuals from seeking emergency medical care (EMC) including but not limited to demanding pay before treatment for emergency medical conditions or by permitting debt collection activities that interfere with the provision, without discrimination, of EMC.

Financial Assistance

PPHS Hospital Facilities will extend free or discounted care to eligible individuals for all other medically necessary services. The FAP applies to medically necessary services that are not elective in nature.

Who may apply for financial assistance?

Patients, or the person legally responsible for their bill, may request financial assistance in regards to their obligation at any time before or during the billing process. Patients, or the person legally responsible for their bill, may meet guidelines for full or partial assistance.

Who is eligible for financial assistance?

You may be eligible for financial assistance if you:

Have limited or no health insurance

Are not eligible for a Federal or State health care program that would cover the specific services, or a specified episode or plan of care, for which you are making this application

Can show that you have financial need

You are a legal resident of a county within the PPHS service area

You have less than \$175,000 in assets

The PPHS service area encompasses the following counties (see map in Exhibit 3):

PPMH and PSMC: Baker, Calhoun, Dooly, Dougherty, Lee, Macon, Marion, Mitchell, Randolph, Schley, Stewart, Sumter, Terrell, Webster, and Worth

PWMC: Dougherty and Worth

Georgia residents who are existing patients of PPG physicians will be deemed to have met the residency requirement regardless of which county in Georgia they currently reside.

You are not eligible for financial assistance if you:

- Refuse to apply for a State or Federal health care program.
- Refuse to apply for an individual or a group market health plan when legally entitled to do so
- Not a legal resident of a county within the PPHS service area
- Not a US resident
- Your plan of care is covered under liability or worker's compensation with no proof of denial of coverage
- Your plan of care is covered under liability still in litigation or where the payment went to the subscriber

A. What services are eligible for financial assistance?

Financial assistance is available for eligible patients who require:

- Emergency medical services
- Other non-elective and medically necessary services

Financial assistance is not available for the following:

- Elective plastic surgery
- Services that are not medically necessary
- Services covered by State or Federal agencies such as, but not limited to, Cancer State Aid, Disability Adjudication

A. When do you have to apply for financial assistance?

- For non-emergent services, patients who expect to need assistance must apply for a financial assistance determination prior to obtaining care.
- Patients may also request financial assistance at any time during pre-registration, registration, inpatient stay, or throughout the course of the billing and collections cycle by requesting and completing an application for financial assistance.
- The time limit to apply for financial assistance twelve is (12) months from the time the patient became responsible for the account balance, unless the patient initiated a payment plan. There is no time limit to apply for the FAP when the patient was participating in a payment plan but has a change in financial circumstances.

How does an eligible person apply for financial assistance?

1. *Download or request the FAP Application*

The FAP application, along with a complete list of any required documentation that you may be required to submit, is available in English and Spanish at <http://www.phoebe.com>. To request an application for financial assistance, a copy of the detailed financial assistance policy, or if you have any questions about the process please contact the Financial Counseling team.

Note: PPHS may use a propensity-to-pay or presumptive charity scores to determine a patient's financial status and a patient's ability to pay for bills already incurred. These scores are obtained by using a data analytics model that helps us identify patients that qualify for financial assistance but may not have specifically requested it.

Complete the FAP Application.

Complete the FAP application and submit it, along with the documentation listed in the FAP application, directly to the Financial Counseling team or by mailing it to the PPHS Facility of application. Financial Assistance will not be denied based solely upon an incomplete application initially submitted. A PPHS representative will contact patients or financial guarantors via mail to notify of additional documentation requirements. Patients will have fourteen (14) business days to return additional information.

The Financial Counseling team will review your application and notify you of their decision

PPHS will review all FAP applications in a timely fashion. PPHS employees may require an interview with the applicant. If an interview is required, the FAP application may be completed at that time if all required documents have been provided. Once a completed application is reviewed, a decision will be made and the patient/applicant will be notified in writing of the decision. Patients who do not qualify for financial assistance will be billed in accordance with PPHS policy as a means of making arrangements for payments or obtaining payment in full.

You may appeal the decision

Applicants who receive a letter of denial may appeal the denial. The appeal must be made within thirty (30) days of the date of the letter of denial.

What financial assistance is available?

Level 1 Status: Household incomes at or below 125% of the FPG are eligible for free care as provided in the FAP.

Level 2 Status: Household incomes between 126% and 200% of FPG qualify for discounted charges for care (see Exhibit 1).

Catastrophic Status: Applicants, including applicants whose incomes exceed 200% of FPL, whose balance owed exceeds 25% of their annual income, resulting in excessive hardship, qualify for discounted charges for care on a sliding scale basis ranging from 89% to 60% based on income and number of dependents. Applicants that qualify for both Catastrophic Status and Level 2 Status will receive whichever discount is greater. Additionally, PPHS hospitals and physicians provide financial assistance to indigent patients for services needed that a physician deems necessary for post-discharge care, in accordance with PPHS policies and procedures

Billing and Collection

PPHS makes reasonable efforts to ensure that patients are billed for their services accurately and timely. PPHS will attempt to work with all patients to establish suitable payment arrangements if full payment cannot be made at the time of service or upon delivery of the first patient statement.

PPHS maintains a separate billing and collections policy which describes in detail the actions PPHS hospital facilities and PPG may take in the event of non-payment. Copies of the PPHS Billing and Collections Policy are available to members of the community for no charge at <http://www.phoebeputney.com> and also upon request to the Financial Counseling Department.

Communication of the Financial Assistance Program

PPHS shall take the following measures to widely publicize its FAP:

Notice of the PPHS FAP is posted in areas where patients may present for registration prior to receiving medical services at any of the PPHS hospital facilities, or where any patients/patient representatives may make inquiries regarding their hospital bills. Information is available in English and Spanish.

All patients of PPHS hospitals will be offered a plain language summary of the FAP and upon request, receive a FAP Application prior to being discharged from a PPHS hospital.

The FAP Policy, FAP Application, and a plain language summary are available on the PPHS website in English and Spanish at <http://www.phoebeputney.com>. A plain language summary is also in the PPHS Patient Handbook, in the “Guide to Understanding Your Hospital Bill”, and is referenced in patient statements and letters.

The FAP Policy, FAP Application, and plain language summary are available without charge upon request and by mail. In-person requests may be made to any registration area of any PPHS hospital, the Financial Counseling Department, and the Patient Accounting Department. Written requests can be submitted to addresses set forth in Exhibit 2 to this Policy.

The FAP plain language summary will also be made available at community health centers, Financial Counselors are available to discuss the Financial Assistance Program and to accept and assist with applications. Hours of operations are set forth in Exhibit 2 to this Policy.

REFERENCES:

Federal Poverty Guidelines

Patient Protection and Affordable Care Act, Public Law 111-148 (124 Stat. 119 (2010))

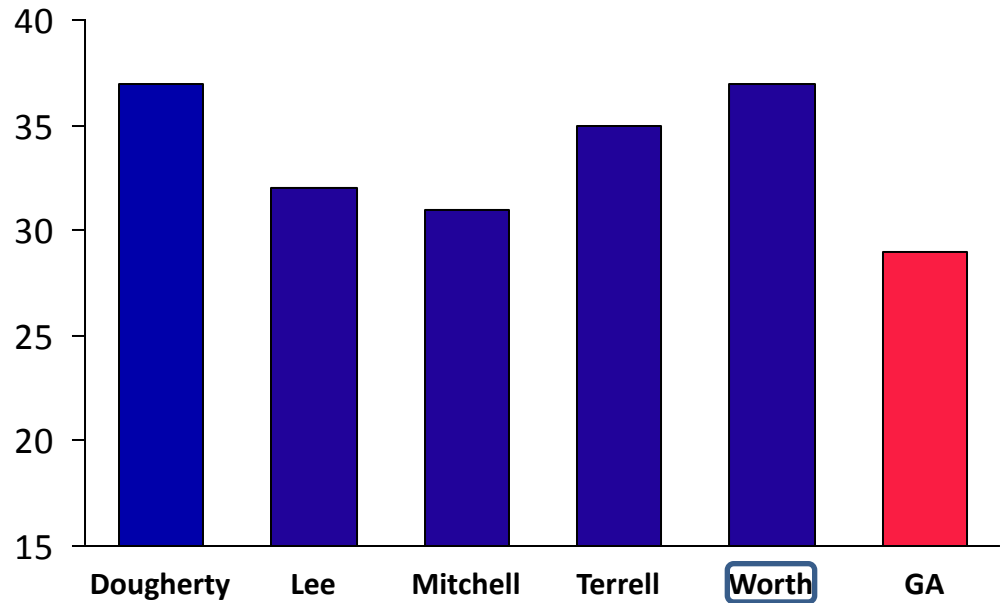
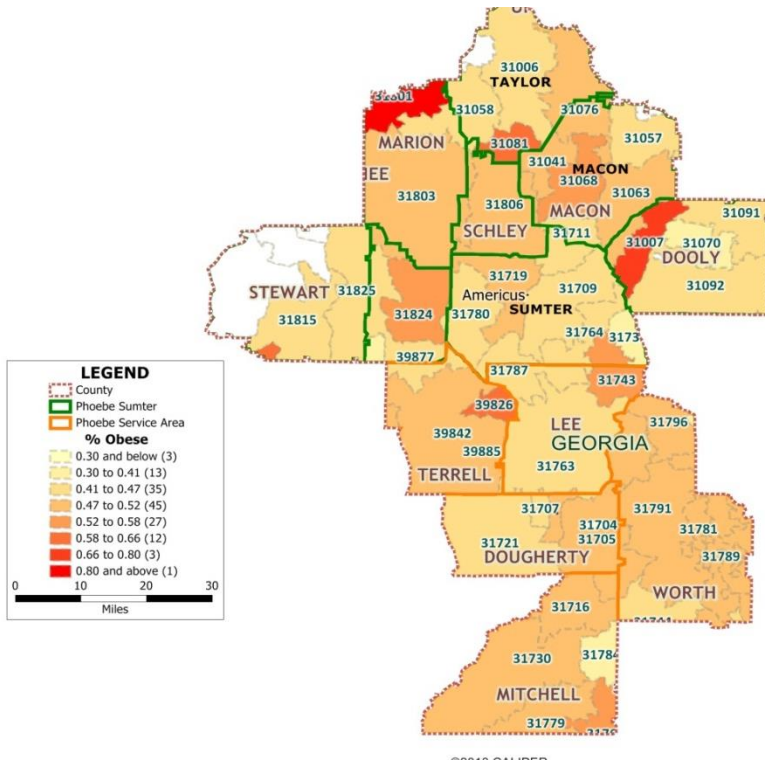
Internal Revenue Service Regulations s. 1.501(r)-1 through s. 1.501(r)-7

APPENDIX III

OTHER SELECTED INDICATORS AND METRICS

Internal data from Athena from all Phoebe Physician Group locations, shows adult obesity percentages closer to 48% of the patients that come to one of its facilities

Obesity is a benchmark indicator of the overall health and lifestyle of a community. Obesity increases the risk of a host of chronic diseases from hypertension, diabetes to osteoarthritis. **Worth** and Dougherty have the highest obesity rates in the Primary Service Area but all are above the State average.



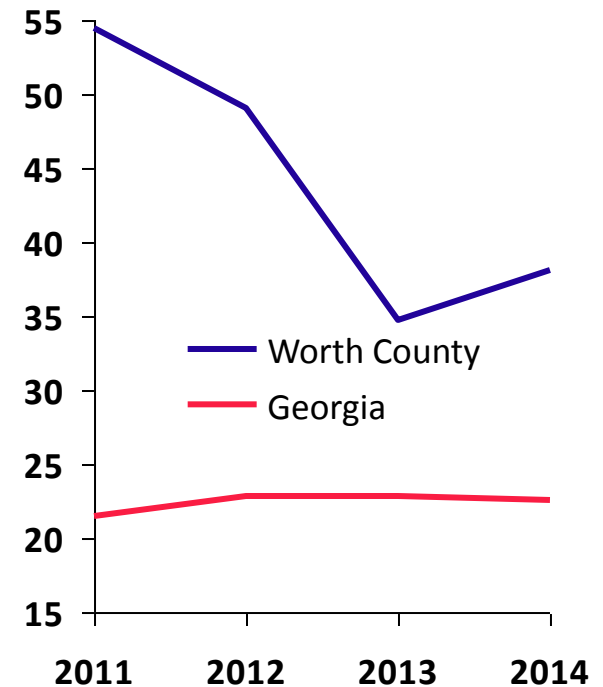
Data Source: Ryan Graham, PPMH, Ambulatory Applications, 2015

County Rankings, 2015

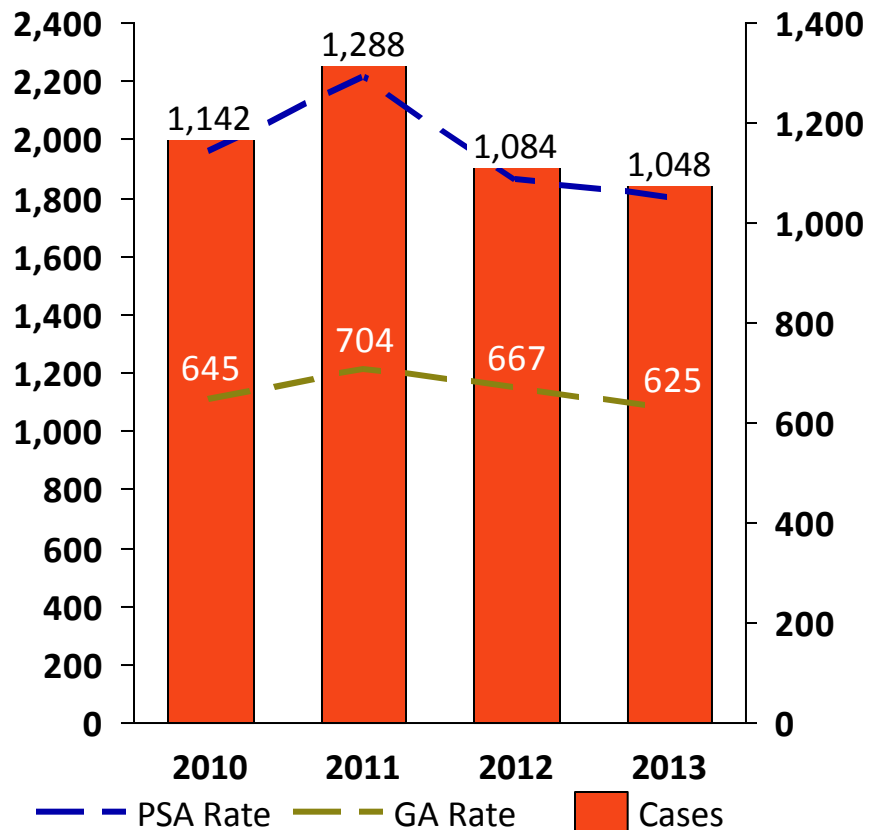
Percentage of Adults aged 20 and older diagnosed with Diabetes



Age-Adjusted Death Rate due to Diabetes 2011-2014



Sexually Transmitted Diseases(STD)can be asymptomatic but easy to treat with antibiotics. Left untreated, STD can lead to infertility, pelvic inflammatory disease particularly in women and cause permanent health problems in both men and women. The area STD rate is 68% greater than the Georgia Rate. To compare within Race Rates to the State of Georgia, see the table on the right. Those in Red are above the State Rate and those in Green are below. **Worth** STD rate[429.6] is significantly lower [a third lower]than the State rate[669.0] from 2011-2014.



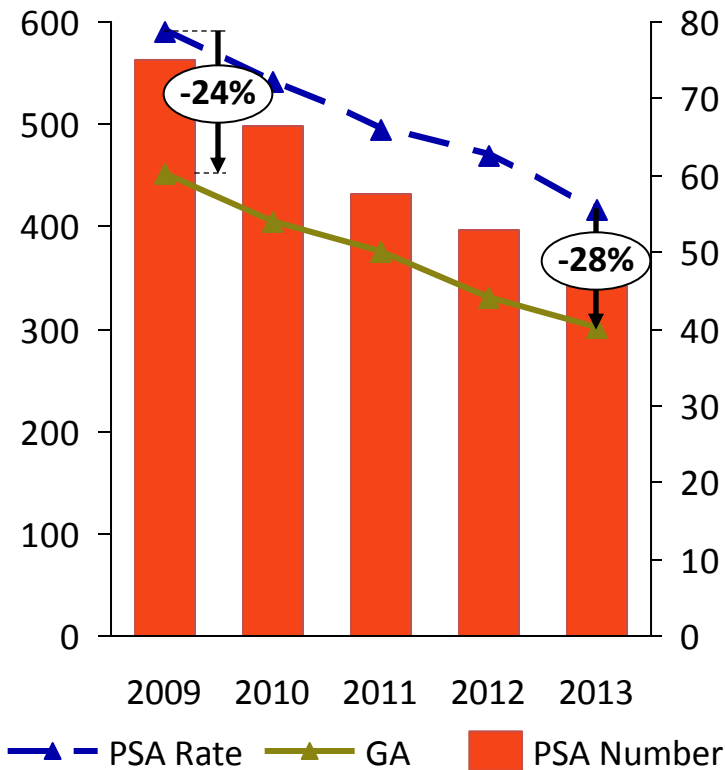
STD RATE BY COUNTY AND RACE
Primary Service Area
Time range: 2010 through 2013

County	Race	Cases	Rate	Age 15-19	Rate
Dougherty	White	162	143.4	32	600.2
	Black	3498	1375.2	1199	5171.7
Lee	White	86	98.2	28	442.3
	Black	143	630.8	47	2502.7
Mitchell	White	56	120.3	23	897.0
	Black	530	1186.9	181	5574.4
Terrell	White	10	73.1	1	*
	Black	297	1332.3	111	6183.8
Worth	White	71	118.2	22	581.2
	Black	199	1264.9	52	2394.1
PSA Total	White	385	120.0	106	570.4
	Black	4667	1264.9	1590	4926.3
GA Total	White		120.9		502.4
	Black		1086.6		3867.4

Data Source: Department of Public Health, Oasis, 2016

Comparison of Pregnant Teens Aged 15-19 by Race and County of Residence and Within Race Compared to State Mean from 2010 to 2013

Teen Pregnancy and childbearing have substantial social and economic impacts for communities. Teen Pregnancy, birth and Sexually Transmitted Diseases are substantially higher in the United States than other industrialized nations. Since 2009, the teen pregnancy rate decreased in the PSA decreased by 30% slightly lower than the State Average. While the percentages dropped, the gap between the PSA rate and Georgia slightly increased. From 2010 to 2014, **Worth County** teen birth rate age 15 to 19[54.6] was 20% higher than the State average[45.1].



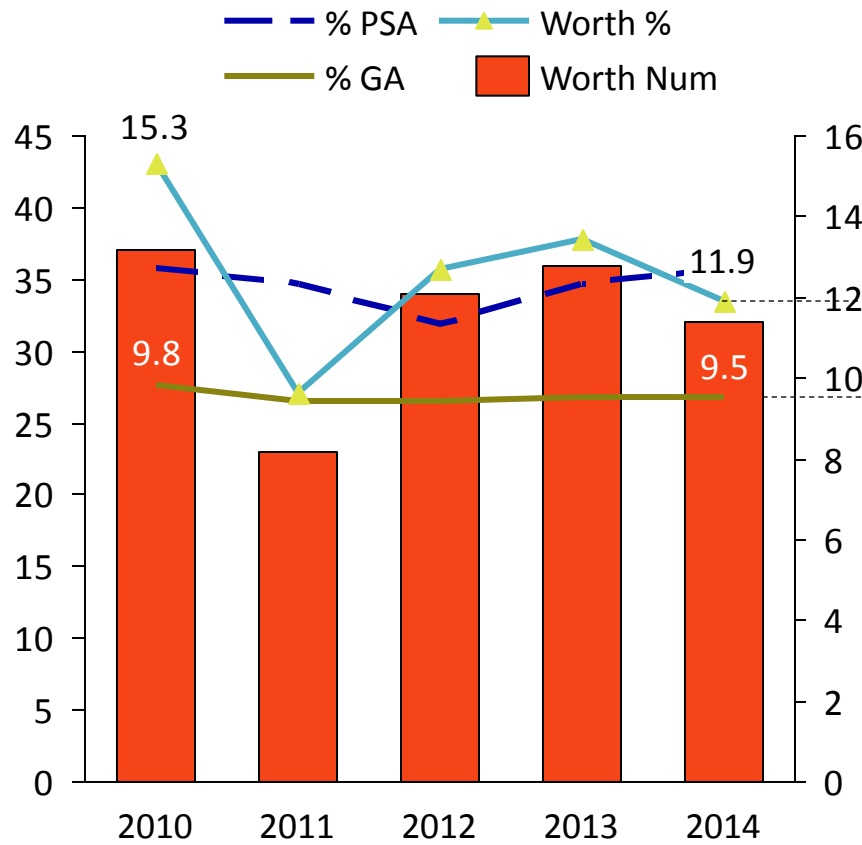
	2010						2011					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dougherty	34	47.9	275	89.0	9	85.7	33	51.2	246	83.9	3	*
Lee	29	35.0	9	83.7	3	*	22	28.2	11	48.7	1	*
Mitchell	17	54.8	39	105.9	2	*	13	46.3	18	47.7	5	294.1
Terrell	3	*	35	142.9	0	0.0	5	63.3	18	82.9	2	*
Worth	20	40.9	23	75.5	0	0.0	31	65.3	21	65.4	2	*
Summary	103	42.6	410	92.4	14	81.4	104	46.0	314	77.1	13	66.7
GA		34.7		76.5		130.8		32.3		64.3		122.5
	2012						2013					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dougherty	27	42.4	212	73.3	15	138.9	20	33.7	191	66.5	8	81.6
Lee	24	31.7	14	61.1	0	0.0	16	21.7	9	37.5	3	*
Mitchell	9	31.4	25	75.5	6	400.0	15	52.3	30	90.6	2	*
Terrell	1	*	23	127.8	1	*	0	0.0	17	88.5	2	*
Worth	22	46.7	18	57.5	0	0.0	18	44.0	11	42.6	0	*
Summary	83	30.2	292	74.0	22	113.4	69	33.1	258	66.2	15	79.8
GA		37.5		56.9		92.1		27.1		52.1		81.3

■ Above State Mean
■ Below State Mean

Data Source: Department of Public Health, Oasis, 2016

- The percentage of births that are Low Birth Weight[LBW] is one of the most widely used indicators of population-level health around the globe, and reducing LBW is a common public health policy objective.
- Is associated with worse health outcomes over the entire life course.
- LBW infants are more likely to suffer from chronic conditions such as asthma, high blood pressure and compromised cognitive development.
- The disadvantage from LBW persists into adulthood, with lower weight individuals scoring lower on IQ tests at age 18, attaining less education, and earning less income than their peers.
- It is estimated that raising the birth weight of a LBW infant by even a half pound saves an average of more than \$28,000 in first year medical expenses alone.
- The average cost of Medicaid Services for the first four years of life of a very low birth weight infant is \$62,000 compared to \$7,000 for a normal weight infant.

Low Birth Weight in Southwest Georgia remains problematic and consistently above the State average and Worth County is no different and represents a 25% gap. While the percentage decreased significantly from the 2010 high water mark, this graph shows the tendency of year to year fluctuation.



Low Birth Weight Key Facts

- The percentage of births that are Low Birth Weight [LBW] is one of the most widely used indicators of population-level health around the globe, and reducing LBW is a common public health policy objective.
- Is associated with worse health outcomes over the entire life course.
- LBW infants are more likely to suffer from chronic conditions such as asthma, high blood pressure and compromised cognitive development.
- The disadvantage from LBW persists into adulthood, with lower weight individuals scoring lower on IQ tests at age 18, attaining less education, and earning less income than their peers.
- It is estimated that raising the birth weight of a LBW infant by even a half pound saves an average of more than \$28,000 in first year medical expenses alone.
- The average cost of Medicaid Services for the first four years of life of a very low birth weight infant is \$62,000 compared to \$7,000 for a normal weight infant.

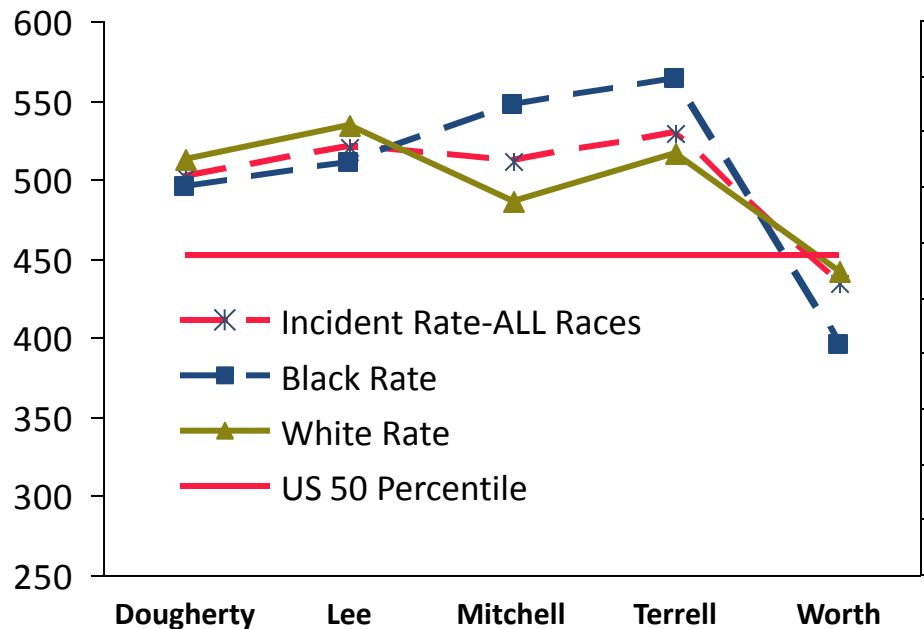
Date Source: Georgia Department of Public Health, Oasis, 2016

Age Adjusted Incident Rate-All Cancer Sites Date Range: 2008 thru 2012

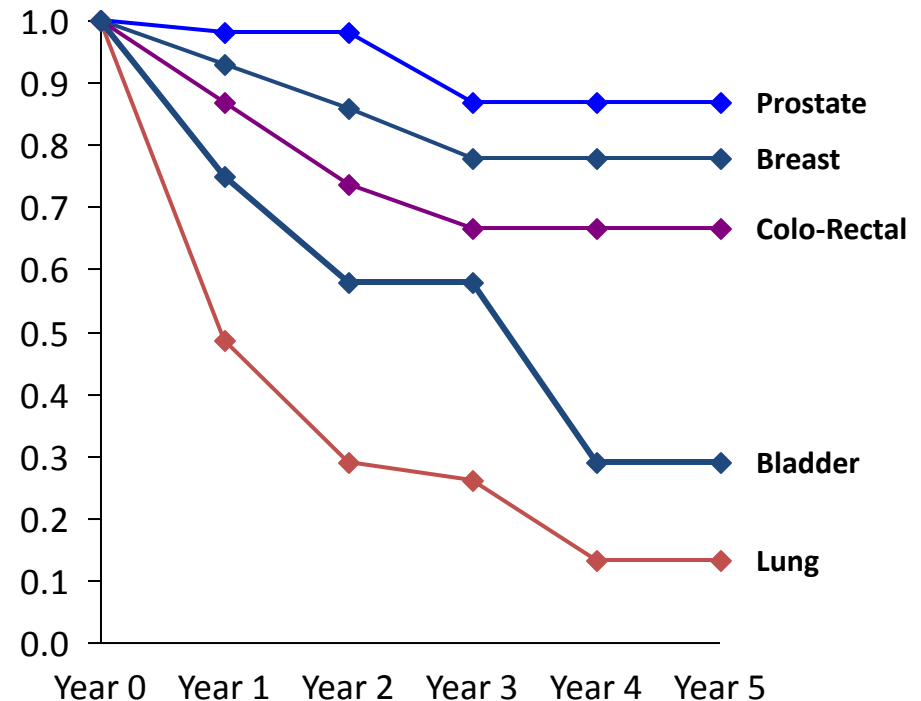
Worth County Age-Adjusted Incident Rate for all types of Cancer is better than the US 50 Percentile by race and total. It has the best rate of the 5 counties. Meanwhile, among AA/Black, the incident rate is lower than Whites in Dougherty, Lee and Worth County but higher in Mitchell and Terrell.

This data shows the top 5 Cancers that were diagnosed and/or treated at Phoebe Putney Memorial Hospital. The survival rates are based on location and stage of the cancer. Lung and bladder have the lowest 5 year survival rates while Prostate, Breast and Colo-rectal have higher much higher 5 year survival rates.

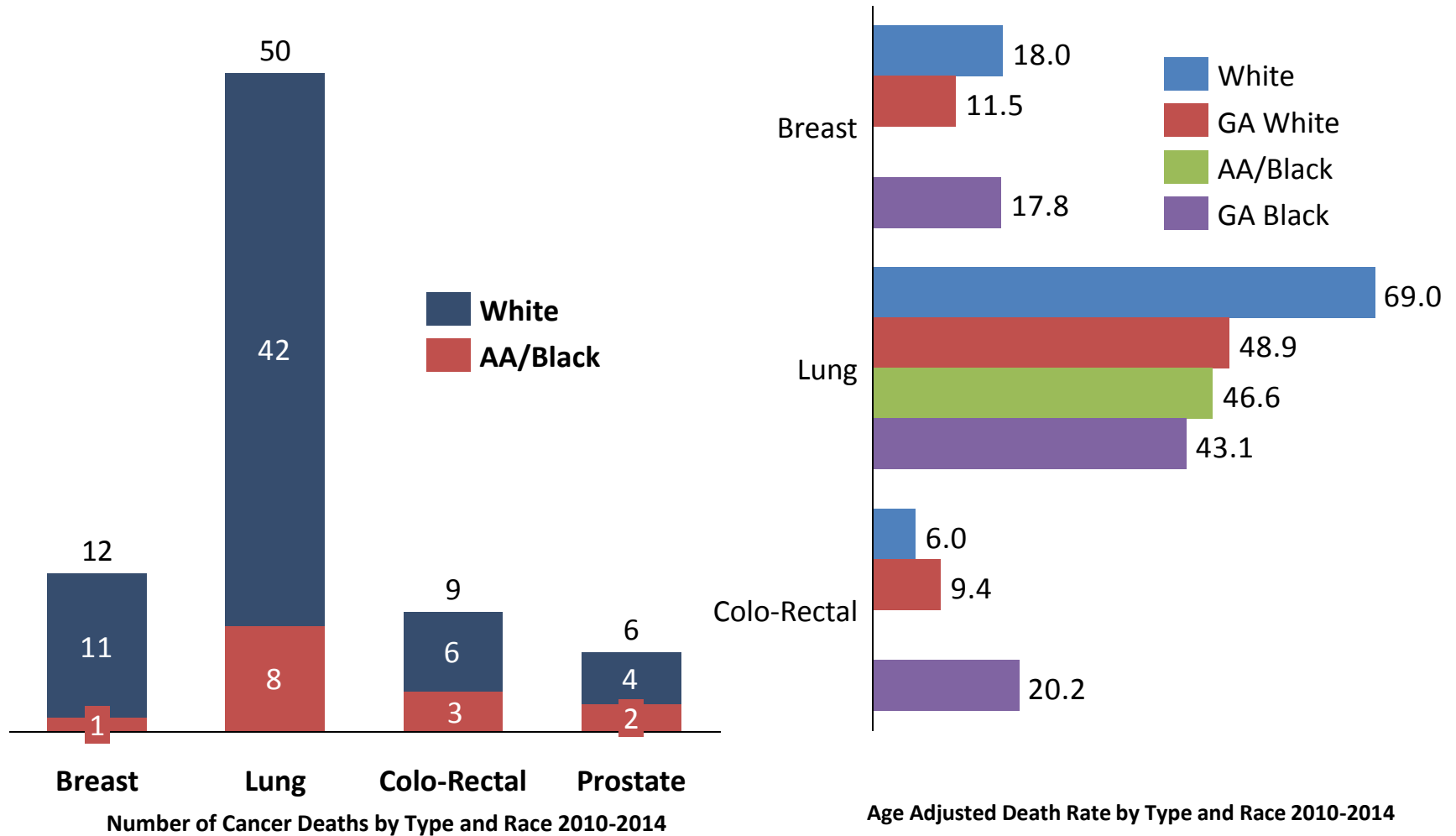
Incident Rate



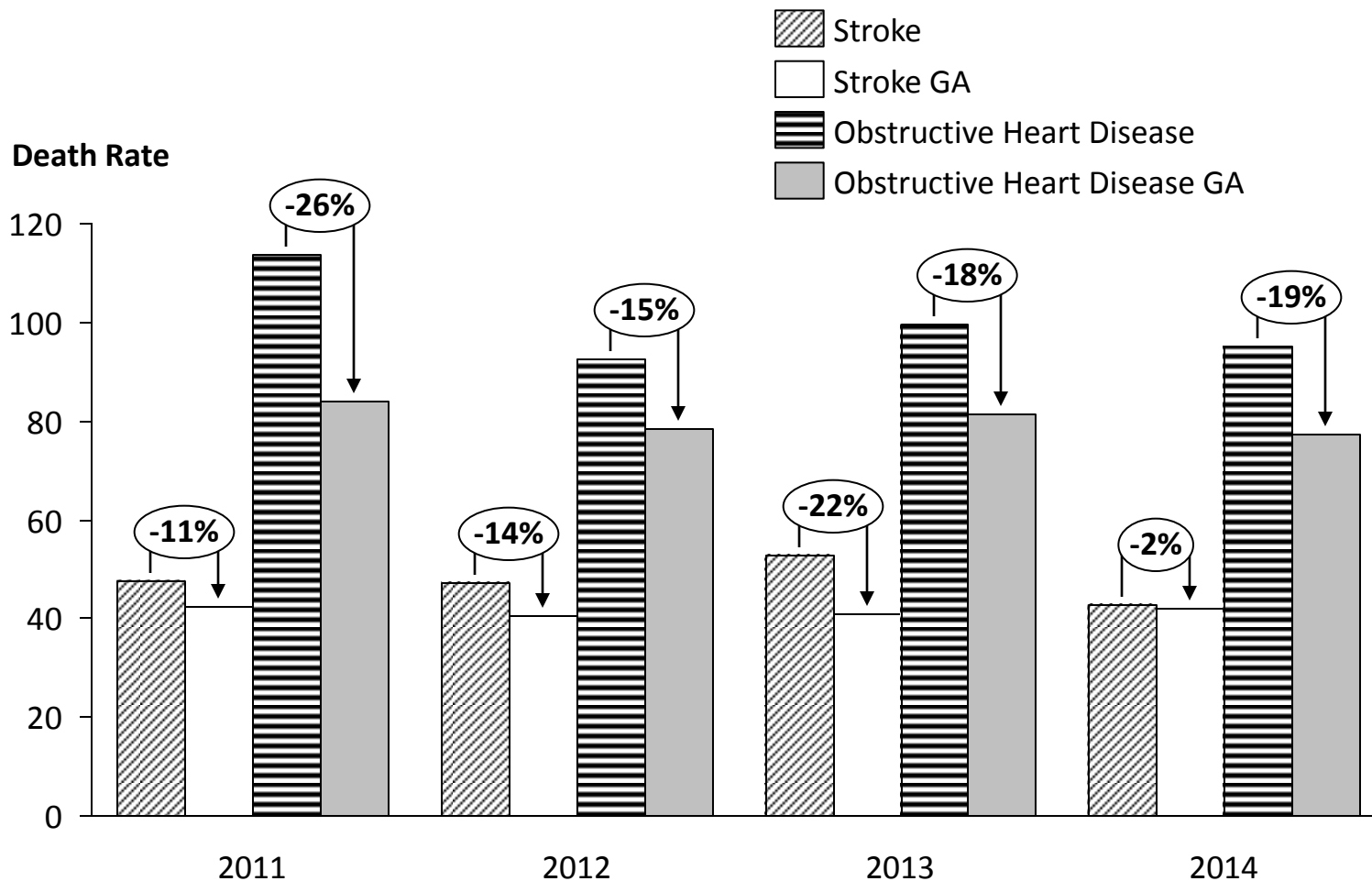
Data source: National Cancer Institute, 2016



Of the four most commonly diagnosed cancers in Worth County, Lung by far is the most deadly. By volume, it's almost four times that of Breast. And overwhelming, impacts whites at a higher rate. When adjusted for Age, whites have higher death rates from breast and lung. They are not enough cases from Colo-rectal or Prostate cancer among AA/black to calculate a rate.



Comparing Age Adjusted Death Rates due to Stroke and Obstructive Heart Disease including Heart Attack in Primary Service Area. Compared to state average, death Rates due to stroke were higher in the Primary Service Area with the gap closing to 2% gap in 2014. Obstructive heart disease exceeded the state average since 2011 with a 19% gap as of 2014.



Data Source: Georgia Department of Public Health, 2016

Prevention Quality Indicators (PQIs) are a set of measures that can be used with hospital inpatient discharge data to identify quality of care for “ambulatory care sensitive conditions.” These conditions are potentially avoidable with timely outpatient care. Using data pulled by Phoebe’s quality team showed that compared to all other hospitals of our type in the State of Georgia, Phoebe was either at the top or 2nd in number of cases. Generally, across the matrix, given the diagnosis, Phoebe’s length of stay and readmit rate was higher than the peer group. Readmits rates were higher than expected for Hypertension, Asthma in Younger Adults, Long and Short-term diabetes, Urinary Track Infections and Dehydration. However, the complication rate was high for hypertension, asthma COPD, short-term diabetes and dehydration. Complications are associated with those patients that have multiple diseases.

Includes Discharges from Worth County

PREVENTION QUALITY INDICATORS					
Discharges from Phoebe					
Date Range: August 1 2014 to July 31 2015					
			INDEX		
Diagnosis	Volume	LOS Variance	Mortality	Complication	Readmit
Hypertension	111	0.7	0.00	3.34	1.21
Asthma/COPD	604	1.4	1.92	2.51	1.00
Asthma Younger Adults	27	1.1	0.00	0.00	1.31
Long-Term Diabetes	210	0.0	1.26	0.68	1.22
Short-Term Diabetes	211	1.2	1.84	4.12	2.01
Uncontrolled Diabetes	26	0.4	0.00	0.00	0.57
LE Amputations					
Diabetic Patients	131	-1.19	1.75	0.56	1.00
UTI	315	1.6	1.11	0.94	1.28
Dehydration	1936	2.1	0.86	1.39	1.16

WORTH COUNTY HEART DISEASE AND STROKE

Heart Disease & Stroke

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke) MAP	Comparison: GA Counties	
Age-Adjusted Death Rate due to High Blood Pressure MAP	Comparison: GA Counties	
Age-Adjusted Death Rate due to Obstructive Heart Disease MAP	Comparison: GA Counties	
Atrial Fibrillation: Medicare Population MAP	Comparison: U.S. Counties	
Heart Failure: Medicare Population MAP	Comparison: U.S. Counties	
Hyperlipidemia: Medicare Population MAP	Comparison: U.S. Counties	
Hypertension: Medicare Population MAP	Comparison: U.S. Counties	
Ischemic Heart Disease: Medicare Population MAP	Comparison: U.S. Counties	
Stroke: Medicare Population MAP	Comparison: U.S. Counties	

Other Chronic Diseases

Chronic Kidney Disease: Medicare Population MAP	Comparison: U.S. Counties	
Osteoporosis: Medicare Population MAP	Comparison: U.S. Counties	
Rheumatoid Arthritis or Osteoarthritis: Medicare Population MAP	Comparison: U.S. Counties	

Respiratory Diseases

Asthma: Medicare Population MAP	Comparison: U.S. Counties	
COPD: Medicare Population MAP	Comparison: U.S. Counties	

APPENDIX IV

QUALITATIVE RESEARCH AND INPUT SESSIONS

WHAT CAN WE DO TO PROMOTE HEALTH AND WELLBEING IN WORTH COUNTY?

Worth County Input Session: March 24 2016

TO CREATE AND PROMOTE HEALTHY LIFESTYLES IN SCHOOLS

Health Education (Pre-K to Adulthood)

Educate the Youth to Become Fit and Healthy

School Health Screenings

Promote Public Health Initiatives

Plan to Investigate the Cost of Targeted (new) drugs (script)

Walking city

Eliminate Food Deserts

Ban Smoking in All Public Areas

TO CREATE AND PROMOTE HEALTHY LIFESTYLES IN THE COMMUNITY

Community Access to Bike Trails

Increase Physical Activity

Well-lit Safe Places to Exercise/Physical Activity

Farm to Table

Personal Accountability and Enforcement

Healthy Foods with Food Stamps

Target AA Churches for Screening Events

Local-Area Screenings

Evidence-Based Programs/Peer Groups for Chronic Disease

Pre-Natal Education for Expectant Mothers

EXPLORE AND RECOMMEND SOLUTIONS TO HEALTHCARE BARRIERS

Transportation to Care Access

Access to Specialist and PCP

Mental Health Services

Alzheimer's Support [Caregiver, ATO]

Walk-In-Care

Accessibility and Transportation

Increase Medicaid Enrollment [State]

Coordinate Care Advocacy

Patient Advocacy

Primary Care is Gatekeeper

Culturally Appropriate Health Communication

Key Leader Interviews Phoebe Worth Community Health Needs Assessment December 2016 to 2019

Purpose

To gather information from identified Key Leaders Worth County with knowledge regarding community health issues and attendant factors.

Number of Interviews (10)

Bill Yerta, Mayor of Sylvester

Jean Brooks, Director, Worth Co CASA

Linda Farley, Director, Worth County Head Start

Tom Whittington, EMS Director, Worth County

Debbie Bridges, City Manager, City of Sylvester

Karen Rackley, Director, Sylvester-Worth Chamber of Commerce

Lisa Valensky, Coordinator, Worth County Family Connection

Fidila Griffin, Mary Alice Shipp Senior Center, SOWEGA Council on Aging

Judy Hall, Pastor, Family Vision Outreach

Key Leader Interviews Conducted and Reported by:

Interviewed by Darrell Sabbs, Community Benefit Coordinator

Reported by Mark Miller, Strategy Data Analyst, Phoebe Putney Memorial Hospital

I. Introduction

A. Methodology

A list of potential Key Leader Interviewees was compiled and approved by the director of Strategy and Planning, Lori Jenkins. The prospective Key Leaders were representative of the community the hospital serves and had knowledge in health or health related issues important to assessing the community health needs in our area.

The Key Leader Interviews were face to face and typically lasted between 30-60 minutes. They were conducted between September and December of 2015.

Statement of Limitation

In qualitative research, the key leader interview approach seeks to develop insight and direction rather than quantitatively precise or absolute measures. Because of the limited number of respondents and the limitation of recruitment, this research must be considered in a qualitative frame of reference.

The reader may find some information that seems inconsistent in character on first reading this report. When such data appears in the context of findings, it should be considered as valid data from the participant point of view. That is, the participant may be misinformed or simply wrong in his/her judgment, and the reader should interpret that as useful information.

This study cannot be considered reliable in the statistical sense since the recruiting of participants was self-selected and not randomized. The information gained can only be added to the body of knowledge on this topic. This type of research is intended to provide a first step in determining knowledge, awareness, attitudes and opinions about services, concepts or products.

The reader is reminded that this report is intended to clarify cloudy issues and to point the direction for further research, and that the findings presented here cannot confidently be statistically projected to a universe of similar respondents without quantitative support. However, the strength of qualitative research lies in its ability to provide insights and flush out data that can be used to help decision-makers make more informed decisions.

I. Executive Summary: *Key Findings*

ABOUT OUR COMMUNITY

- **Worth County is described as rural, agriculturally driven and caring community with good governmental and business leadership.**
- While a small thriving community made up of a diverse population and rural in scope, it's geographically one of the largest counties in Georgia.
- It's a community that comes together to meet the needs of its neighbors such as senior citizens, a food pantry for low income residents, fundraisers for specific causes, and to increase school attendance and children's programming.
- They also describe elected leadership as engaged, a proactive school system, and an active Chamber of Commerce with businesses such as Peter Pan that support the community.
- **Reported weakness centered-on income, access to care and inclusiveness.**
 - With low to low-moderate income households living in Worth County, there is a need of more programs to meet the challenge and more affordable housing.
 - Identified barriers to healthcare were the high cost of prescription drugs and the lack of convenient and reliable transportation; and,
 - Seeing the picture (vision) by soliciting diverse ethnicities and thought.

- **Reported weakness centered-on income, access to care and inclusiveness.**
 - With low to low-moderate income households living in Worth County, there is a need of more programs to meet the challenge and more affordable housing.
 - Identified barriers to healthcare were the high cost of prescription drugs and the lack of convenient and reliable transportation; and,
 - Seeing the picture (vision) by soliciting diverse ethnicities and thought.

- **So, what are the identified opportunities and identified threats to the practical vision identified by key leaders from Worth County?**
 - **There were four major opportunities identified by leaders from Worth County: (1) Programs (2) System Integration (3) Economic Development and (4) Parental Involvement.**
 - Develop and expand programs and recreational facilities for children to include a Boys/Girls club and advocate for drug and alcohol programs.
 - Further “systemness” through greater organizational collaboration and the building of a resource directory.
 - A focus on Identifying and training Visionary Leaders through Chamber led Leadership Classes and continued emphasis for downtown redevelopment.
 - Personal involvement and Parental presence in their child’s education.
 - **Unstructured time for children, uneducated workforce and social isolation were listed as threats.**
 - There is a general lack of structure youth programs and recreational activities for many children in Worth County.
 - Worries graduation rates resulting in an untrained workforce.
 - Social Isolation and lack of networking necessary to access available resources.

CHALLENGES FACING CHILDREN AND FAMILIES

- **What, then, are the challenges facing children and families in Worth County?** Five themes, some capture previously, were emphasized with effective parenting being the major challenge followed by Quality and Affordable Childcare, Poverty, Reproductive Responsibility, educational programming.
 - With an escalation of single family households due to unwed births, divorce, or cohabitating couples, has led to fewer role models, a decrease in parental involvement in the child's education, and a need of parenting classes to bridge the gap.
 - Unlawful behavior, such as high rate of molestation, and parents' selling food stamps for drugs, further erodes the protective parent-child relationship.
 - And, given the intense social-media age we live in, even the most able parents find it difficult to structure family time with distraction.
 - The acquisition of **Quality and Affordable Childcare** particular among the poor was a challenge due to either cost or transportation.
 - **Reproductive Responsibility and Personal responsibility** further threaten the social fabric leading to an increase in Teen Pregnancies.
 - **Generational Poverty** has made some to go hungry and have difficulty in finding decent housing. And,
 - With such challenging issues, it places a strain on the **Educational** system particularly the High Drop- out rate with one remedy being an afterschool STEM program.

HOW IS HEALTH DEFINED AND WHAT INFLUENCES HEALTH?

- **Health was defined either as a Process (Personal Responsibility) or an outcome (Well-being), and factors influencing health included Access to Care, Lifestyle choices and Social Determinants of Health.**
 - **Two main drivers defining health were process and outcome related.**
- **Process outcomes** were illustrated by lifestyle or personal responsibility factors such as eating healthy, eating health foods, managing weight, taking care of oneself. Or as one said, “able to walk without giving out of breath.”
- **Outcome related factors** include key words such as “feeling good,” “mental and physical wellbeing,” and “feeling good in every aspect of life.”
- **And, two main factors driving wellness centered on Access to Care and Lifestyle choices.**
- Health Insurance and the Politics of Health Care (Medicaid Expansion for example) drove **Access to Care** as a factor for wellbeing.
- The second factor was **lifestyle choices** defined as peer pressure, exercising, handling stress, teen pregnancy and how mobile (active) one is.

BUILT ENVIRONMENT

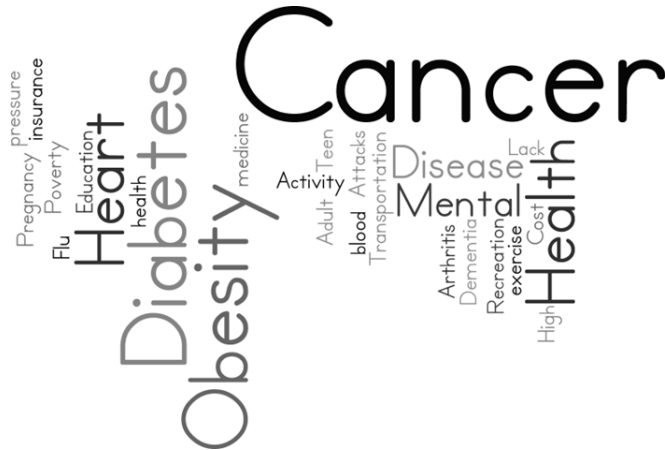
- **For a community this size, there are options for residents of all ages to exercise or participate in sport. There are parks and sidewalks, recreational facilities with activities and organized school athletics.**
 - Worth is busy making its neighborhoods owner friendly with a sidewalk project which is in process. There is a downtown waterpark and parks in every district and green space with tracks around some ponds.
 - Worth County has a large recreational department with Adult Zumba on Wednesday and includes gyms, ballparks and a recreation center with some cost to participate. Dynasty fitness Center is located in Sylvester as an option for those not participating in recreational activities.
 - There is a big focus on school sponsored sports and school related activities. If you don’t participate, there are limited options for inclusion other than Henry Hall center and after-school programs.
 - Senior citizens participate in SOWEGA activities for entertainment and two music studios for the younger population.

- **Participants did identify some gaps in recreational infrastructure, such as:**
 - Recreational Center for Games
 - Need a Fun Park
 - Bowling Alley, Movie Theater and Miniature Golf
 - Need to focus on activities for non-school age adults

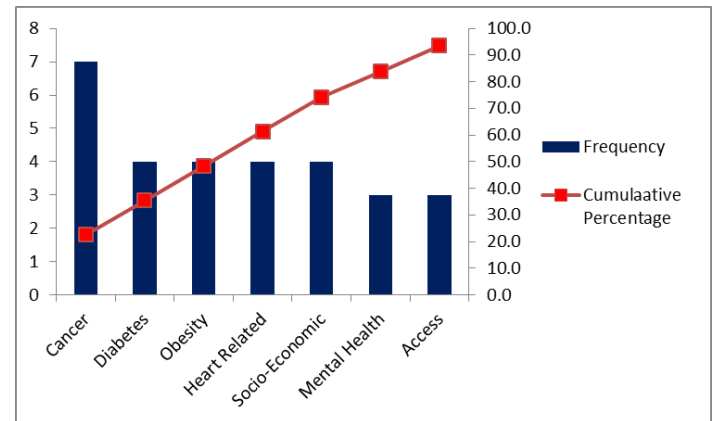
Given an economy built on agriculture, there are few places to purchase fresh food and vegetables. Options are limited to Wal-Mart, the Farmer’s Market and two grocery stores. The local truck stop is a “greasy spoon” and offers unhealthy foods

WHAT ARE THE KEY HEALTH RELATED ISSUES FACING OUR COMMUNITY TODAY?

WORD CLOUD BASED ON FEEDBACK FROM RESPONDENTS



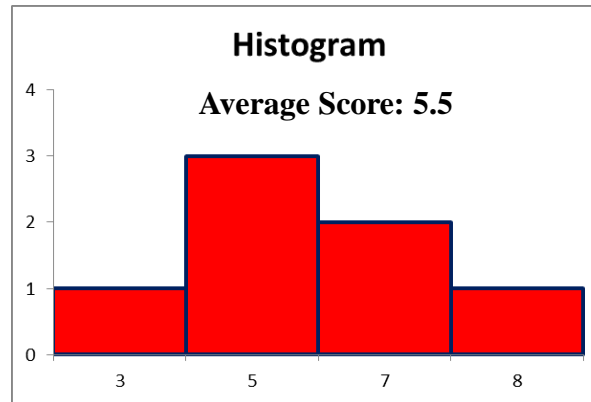
PARETO CHART SHOWING FREQUENCY AND CUMULATIVE PERCENTAGE OF RESPONDENTS



The Key Leader Survey questionnaire included a question to list the four major health or health related issues facing Worth County today. The responses were lifted from the interview and placed in a WordCloud application (see results above). The combination chart to the right above was compiled by clustering the responses and placing them into categories that fit the theme and intent.

- Major health issues facing Worth County Residents were identified as cancer, diabetes, obesity, heart disease and behavior health. Barriers to care included convenient and reliable transportation, lack of health insurance, and social determinants of health such as poverty, teen pregnancy and health literacy.

ON A SCALE OF 1 TO 9, RATE THE HEALTH CARE SYSTEM IN WORTH COUNTY?



- **Four major themes emerged that would “bump the score up a notch” from current reality: (1) Increase Services (2) Capital Investment and Equipment (3) Health Education and Awareness, and (4) Adjust Pricing and Reinvest Revenue**
 - Increased services included a convenient care, more primary care physicians with expanded hours, specialists, after hour’s mammography, decreased wait times in Doctor’s office and Emergency Center and a Mental Health facility.
 - Capital Investment and Equipment included Bigger EC with more waiting room capacity, updated equipment and more ambulances.