



**Phoebe**  
**Sumter**

**2016 Community Health Needs Assessment**

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# Introduction

Phoebe Sumter Medical Center, Inc. (PSMC), formerly Sumter Regional Hospital, is a 76-bed, not-for-profit health care organization that exists to serve the community. PSMC opened in 1953 to serve the community by caring for the sick regardless of their ability to pay. As a not-for-profit hospital, PSMC has no stockholders or owners. All revenue after expenses is reinvested in the mission to care for the citizens of the community – into clinical care, health programs, state-of-the-art technology and facilities, research, and teaching and training of medical professional now and for the future.

PSMC operates as a charitable organization consistent with the requirements of Internal Revenue Code Section 501(c)(3) and the “community benefit standard” of IRS Revenue Ruling 69-545. PSMC takes seriously its responsibility as the community’s safety net hospital and has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. PSMC demonstrates a continued and expanding commitment to meeting its mission and serving the citizens by providing community benefits.

PSMC improves the health and well being of Southwest Georgia through clinical services, education, research, and partnerships that build health capacity in the community. PSMC provides community benefits for all citizens as well as for the medically underserved. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. The community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

## 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 Phoebe Sumter’s defined eight-county primary and secondary service area. The project Team Lead was Mark Miller, Strategy Analyst with oversight from Lori Jenkins, Director of Strategy and Planning. 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.

### Phoebe Sumter Community Benefit Board Subcommittee

Randy Jones, Phoebe Sumter Board, Community Benefit Subcommittee Chair

Dr. Fred McLaughlin, Phoebe Sumter Board

Robbie Latimore, Phoebe Sumter Board

Brad Lafevers, Phoebe Sumter Board

Joel Wernick, CEO, Phoebe Putney Health System

### Internal Assessment Team Members

Brandi Lunneborg, CEO, Phoebe Sumter

Susan Bruns, Chief Nursing Officer, Phoebe Sumter

Midge Schuster, Director of Surgical Services, Phoebe Sumter

Kimberly Horne, Director of Acute Care, Phoebe Sumter

Mary Alice Applegate, Archway Professional, UGA

Nyla Franklin, Director, Phoebe-Sumter Foundation

Anna Stinchcum, FNP, After Hours Care of Americus

Maggie McGruther, CEO, Southwest GA Children’s Alliance

Dr. Ajay Gehlot, CEO, Southwest Georgia Healthcare

Luneda H Brown, MSN, County Nurse Manager

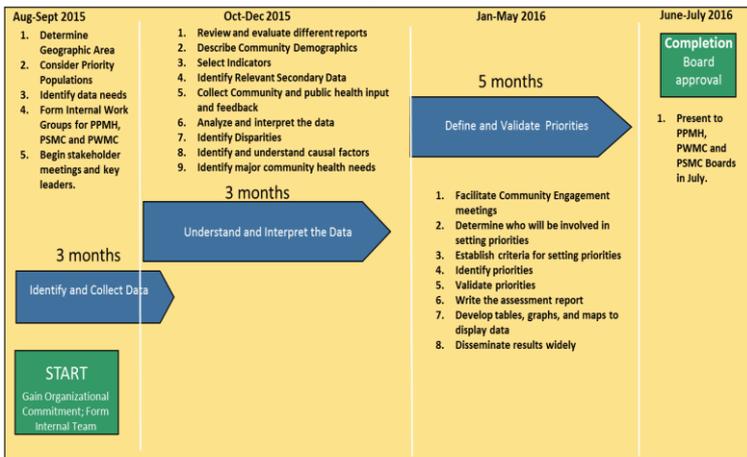
Marcus Johnson, Director, Marketing [support staff]

Darrell Sabbs, Coordinator, Community Benefits, Phoebe [support staff]

Lori Jenkins, Director of Planning and Strategy [support staff]

Mark Miller, Strategic Data Analyst, [support staff]

### 2016 Community Health Needs Assessment Timeline to Meet Requirements



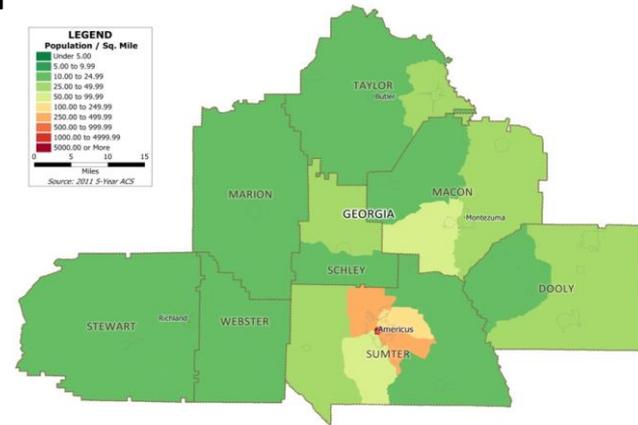
Source: Assessment & Addressing Community Health Needs, Catholic Health Association, June 2013

## SECTION II: Defining Community and Key Demographic Data

Early on, Brandi Lunneborg, CEO, Phoebe Sumter, [defined the community](#) as it's primary and secondary service area because of the hospital's relationship with the Rural Advisory Committee [\[see appendix\]](#) and Community Forums which had either been held or scheduled during the early stages of the needs assessment.

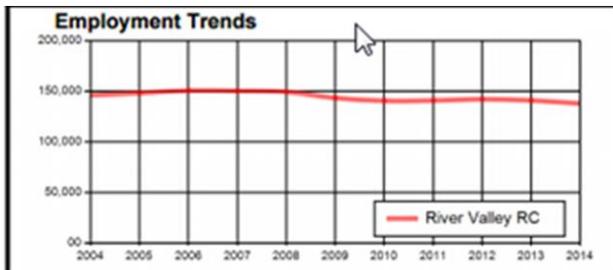
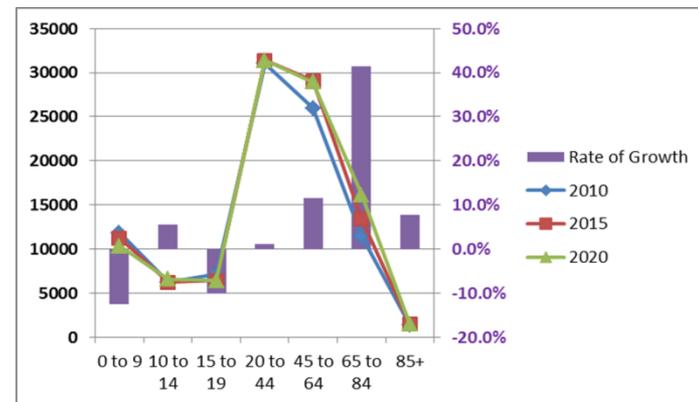
The Middle Flint Region shown on the right [\[see figure 1\]](#) expects very little growth from 2010-2020. According to the Georgia Office of Management and Budget, the projected 10-year growth rate is slightly less than 7% with all of the gains from Age 45 & up [\[see chart 1 below\]](#). In fact, there is an expected net loss of population from age 15-44 due to outmigration. Sumter County, Middle Flint's largest county by population, is expected to show a slight population decrease from 2015 to 2020. According the latest Census Bureau 2014 Population estimates, there are 90,007 residents with 49.3% white, 47.8% AA/black and all others at 2.9%. The 2014 estimate shows a net-loss of 4% from 2010 Actual Census. The projected 10-year growth rate of almost 7% may be overly optimistic.

The River Valley Regional Commission which includes all of the Middle-Flint Region and the Columbus area shows the region never really recovered from the 2008-2009 recessionary period. Although the unemployment rate has decreased to 8% from a high of 10%, the actual number of people working has remained about the same since 2009 with little fluctuation [\[see employment Trends below\]](#).



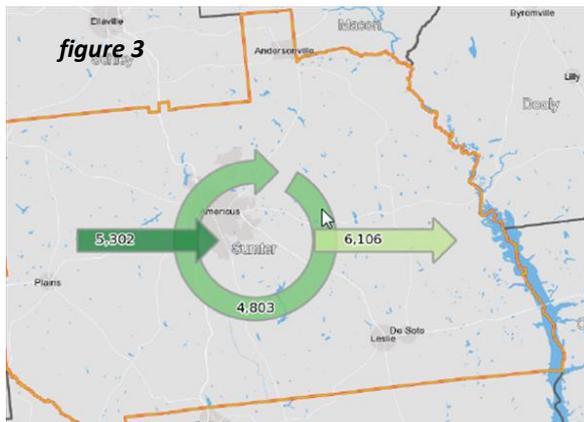
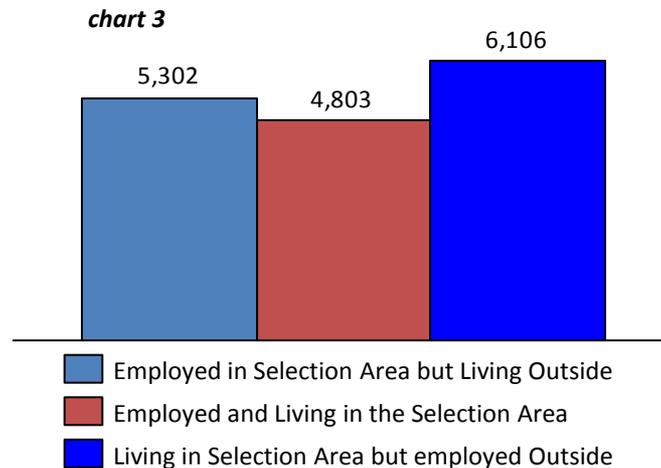
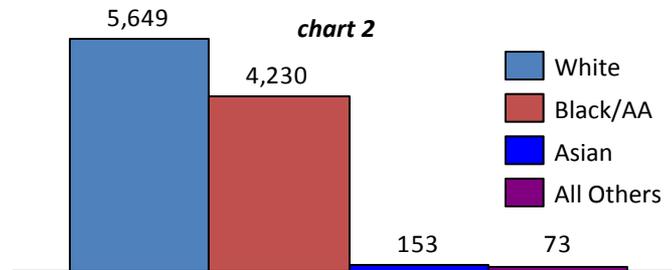
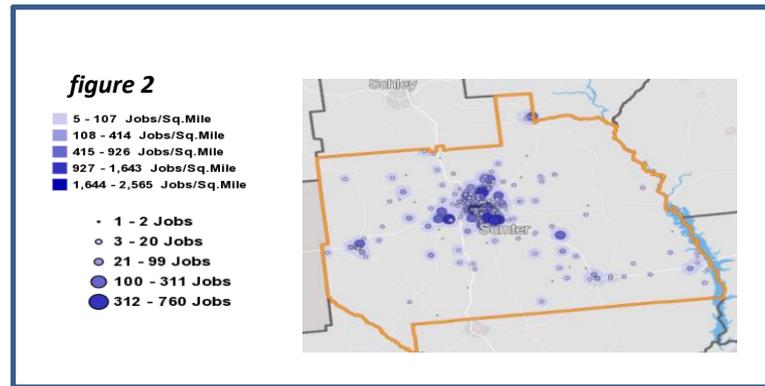
**Figure 1:** This is a population density map showing the number of people per square mile by census tract. The darker the color the greater the density. The center of Americus and adjacent census tracts contain the most people per square mile. The counties include Sumter, Schley, Webster, Stewart, Marion, Macon, Dooly and Taylor.

**Chart 1: Projected Population Growth Rate by Standard Age Range**



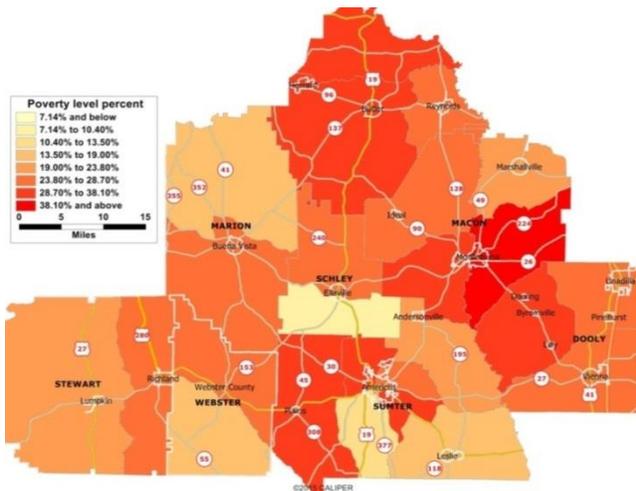
2013 Data gathered from US Census Bureau, CES, On the Map, shows most of the Primary Jobs (10,106) are located within Sumter County and centered within the most populous city in the County-Americus [see figure 2]. In a breakout of jobs by worker ethnicity, whites made up 56% of the workforce while AA/blacks comprised 42% [see chart 2]. Of those employed, 41% have some post-secondary education while 27% have received a high school diploma or equivalency.

An inflow/outflow count of Primary Jobs shows 5,302 workers who were employed in Sumter County but lived outside the county and 4,803 who were employed and lived in Sumter County and another 6,106 who were living in Sumter County but Employed Outside [figure 3]. There was a Net Outflow of -804 jobs [chart 3].

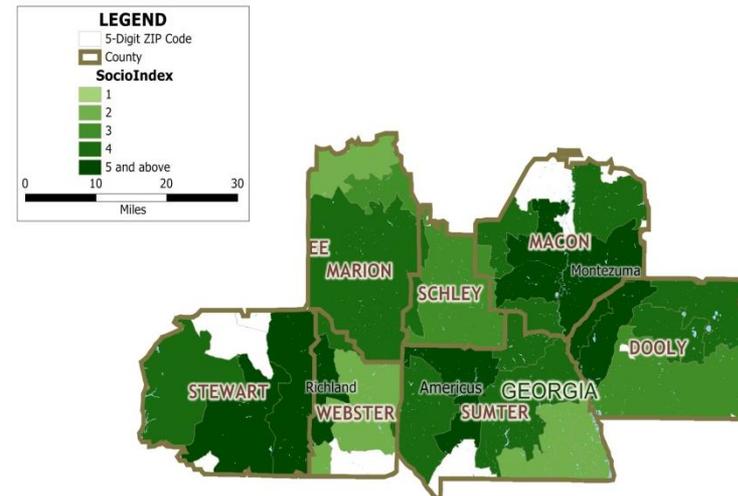


Nationally, the median percent of people in poverty hovers at 15.9. The Middle Flint region experiences widespread poverty with just two tracts at or above the US 50% percentile. Research shows that a high poverty rate indicates local employment opportunities are scarce and not sufficient to provide for the local community. A decreased buying power and tax base adversely impact quality schools and business survival [see figure 4]. 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, much of the Middle Flint Region faces poor health outcomes due to the deleterious effects 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%.

**Figure 4: PERCENT OF PEOPLE IN POVERTY BY CENSUS TRACT**

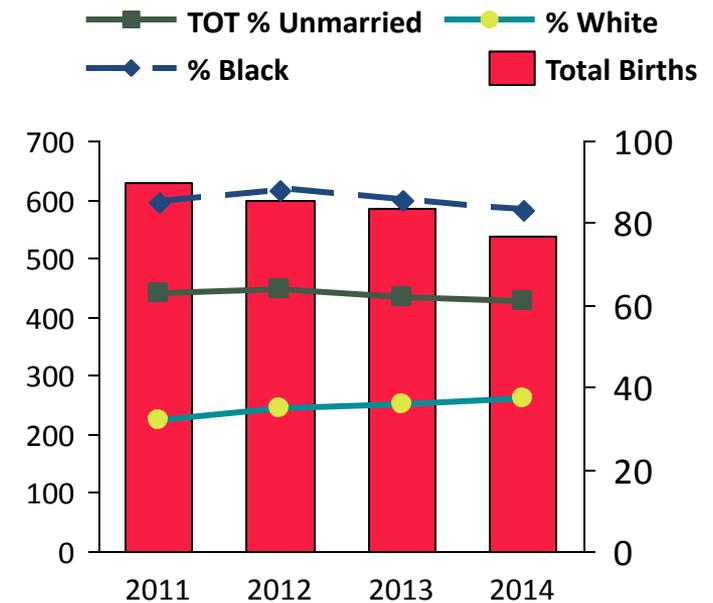
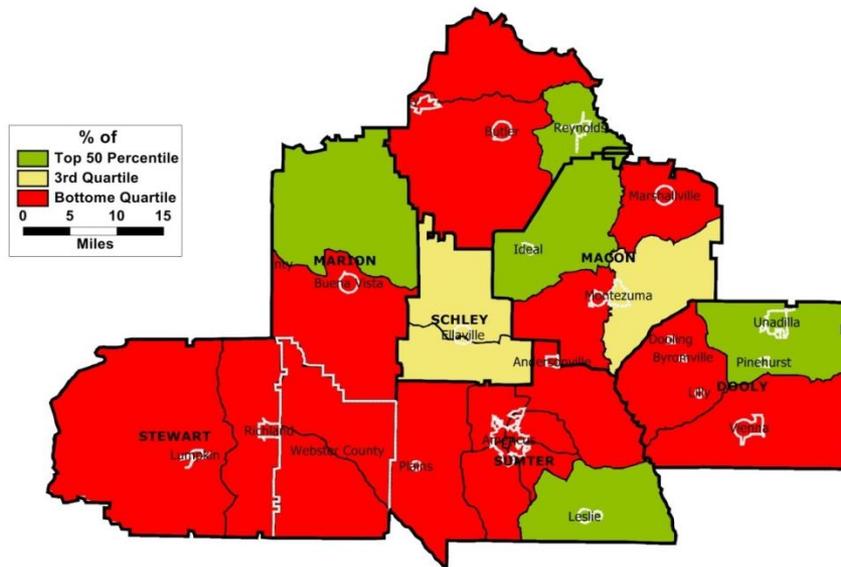
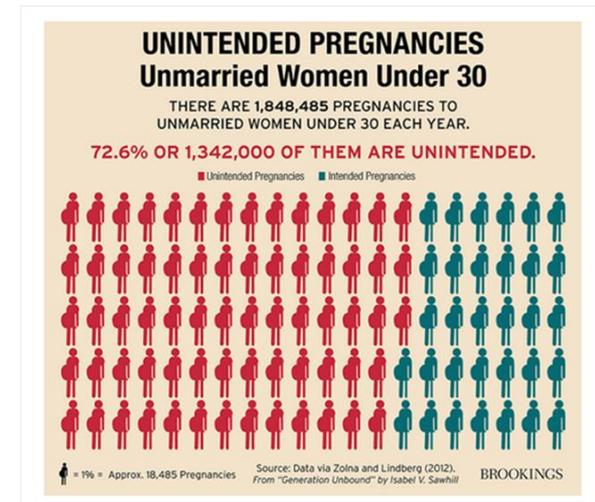


**Figure 5: SOCIONEEDS INDEX**



**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 the Middle Flint region, the percentage of single-parent households has remained high and steady since 2011. AA/Black % of Unwed mothers giving birth is twice that of whites; however, the percentage among whites has steadily increased since 2011.

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% in recent years and over 50% 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 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 that the Middle Flint Area children born to unved mothers is a third higher than the national average.



**2014-2015 EDUCATION SCORECARD:** This scorecard highlights core test scores for the Middle Flint Region. 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, Marion And Schley have the highest achievement scores with Sumter, Stewart, Taylor, Dooly, Macon the lowest.

Metric	Georgia	Dooly	Macon	Marion	Schley	Stewart	Sumter	Taylor	Webster
<b>Early Childhood</b>									
<b>School Age</b>									
Children Absent More Than 15 Days From School	8.2%	17.2%	13.6%	8.2%	5.2%	3.0%	7.2%	6.6%	1.4%
Students Who Graduate From High School on Time	72.5%	73.4%	73.4%	80.2%	84.7%	70.4%	83.7%	74.8%	70.0%
Teens Who Are High School Dropouts, Ages 16-19	6.6%	8.5%	16.7%	29.5%	10.0%	20.5%	8.3%	6.5%	
Teens Ages 16-19 Not in School and Not Working	10.9%	14.5%	23.7%	35.0%	15.8%	22.6%	15.7%	12.1%	
<b>Test Scores</b>									
3rd Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	46.0%	16.0%	18.0%	52.0%	65.0%		20.0%	40.0%	52.0%
3rd Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	95.0%	91.0%	90.0%	100.0%	100.0%	90.0%	85.0%	97.0%	100.0%
5th Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	42.0%	16.0%	14.0%	33.0%	57.0%		17.0%	34.0%	
5th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	98.0%	93.0%	90.0%	99.0%	100.0%	92.0%	91.0%	95.0%	96.0%
5th Grade Students Exceeding State Standards on CRCT Promotional Test In Math	44.0%	26.0%	29.0%	31.0%	77.0%		14.0%	28.0%	
5th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Math	93.0%	84.0%	88.0%	94.0%	100.0%	86.0%	79.0%	91.0%	92.0%
8th Grade Students Exceeding State Standards on CRCT Promotional Test In Reading	53.0%	28.0%	28.0%	48.0%	66.0%		31.0%	38.0%	57.0%
8th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Reading	98.0%	96.0%	89.0%	98.0%	99.0%	97.0%	95.0%	97.0%	100.0%
8th Grade Students Exceeding State Standards on CRCT Promotional Test In Math	34.0%	36.0%	16.0%	24.0%	40.0%		13.0%	10.0%	
8th Grade Students Meeting or Exceeding State Standards on CRCT Promotional Test In Math	87.0%	85.0%	76.0%	88.0%	97.0%	94.0%	71.0%	76.0%	89.0%

**Data Source: Georgia Governor's Office of Student Achievement**

## 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, the hospital's Community Health Dashboard located, and indicators that can be reliably measured over time. The assessment process included **qualitative and quantitative data** from both primary and secondary sources. Qualitative data was primary sourced using key leader interview [see appendix for 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 coordinated between Archway and the Phoebe Sumter Community Benefit point person, Marcus Johnson and Phoebe Sumter's CEO. The interviews were conducted by Marcus Johnson and a Master's Candidate in Public Health Administration supplied by Archway in affiliation with the University of Georgia. The Community Input Sessions were

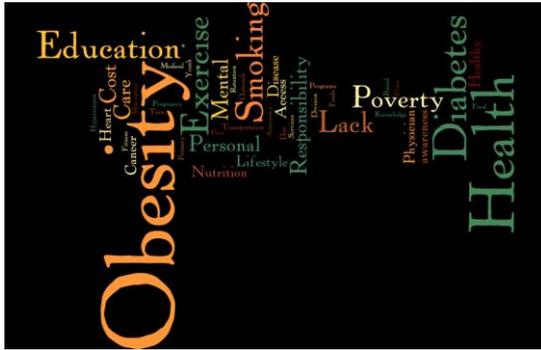
TOP TEN EC VISITS July 1 2015 thru June 30 2015		Leading Cause of Death Middle Flint Region	
Diagnosis	TOT	Diagnosis	TOT
URIN TRACT INFECT NOS	2087	Ischemic Heart and Vas	573
HEADACHE	1156	Lung Cancer	262
ADMN PAIN UNSPCF	1129	Cerebrovascular Disease	233
ACUTE URI NOS	1065	All COPD except Asthma	193
CHEST PAIN	686	Diabetes Millitus	166
PAINFUL RESPIRATION	631	Mental/Behavior Disorder	166
BACKACHE NOS	618	Alzheimer's Disease	162
LUMBAGO	606	Pneumonia	132
HYPERTENSION NOS	593	Nephrosis	131
ACUTE BRONCHITIS	589	Primary Hypertension & Renal	102

**Data Source: Phoebe Sumter Information System**

**Data Source: OASIS Community Health Needs Assessment Dashboard**

coordinated by Mary Alice Applegate, Archway, who prepared the invitation list with Phoebe Sumter staff [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.

## Section IV: Community Engagement & Priority Identification



According to the Key Leader Interview respondents, **obesity, diabetes, health education and literacy, and smoking were the major issues facing those living in Sumter County.** The responses were then grouped and themed into three broad categories. Interviews were conducted between August and December 2015 and included representation from the broader community and selected organizations representing the most vulnerable among us [see full report attached to appendix].

### Major Health Issues

Lifestyle Choices/Behavioral	
Obesity	13
Personal Responsibility	7
Exercise	5
Smoking	5
Lifestyle	4
	<b>34</b>
Social-Determinants	
Economically Related	8
Health Literacy and Awareness	7
Access to Care	4
Physician Autonomy	1
Physician Retention	1
Race Related	1
	<b>22</b>
Chronic Diseases/Health Outcomes	
Diabetes	6
Behavioral Health	3
Heart Disease	2
Cancer	2
Hypertension	1
	<b>14</b>

### Key Leader Interviews: 6 Things We Learned

- 1) Education and/or education system was identified as a Strength, Weakness, Opportunity, Threat and a Challenge facing children and families.
- 2) While the area workforce was given thumbs up, it was off-set by diminishing job opportunities, a weak economy, and college graduates leaving the area to pursue employment elsewhere. Underneath this perceived reality is a quiet optimism and brewing excitement of potential downtown growth.
- 3) The healthcare system and facilities received high marks with a mean score of 6.44 on a scale of 1 to 9.
- 4) While cost and access drive healthcare decisions, personal accountability and genetics play a role in our well-being.
- 5) Sumter County and surrounding counties have an ample supply of natural beauty and resources. If you are interested in hunting, fishing or golfing, it's within easy driving distance. The Sumter County Recreation department offers a full array of youth group sports activities. There are various parks and trails to accommodate those who enjoy walking or biking.
- 6) While there are several places to purchase healthy foods, education and cost were identified as the biggest blocks.

## 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

### Priority Recommendations:

- Engage Leadership in Affecting Community and Economic Development Priorities
- Evaluate and Determine Specialty Care Needs
- Improve Discharge Process
- Explore and Recommend Solutions to Healthcare Barriers
- Increase Participation for Prevention Education

### Methodology

The participant list was drafted by Mary Alice Applegate from Archway Partnership, an affiliation of the University of Georgia System. From their resource list, approximately 100 invitations were sent out with almost half accepting and participating in one of the two Input Sessions held on January 19 -20, 2016. The event was hosted by Phoebe Sumter [Marcus Johnson] and observed and assisted by Mary Alice Applegate and Sharon Liggett (both Archway). The Input Sessions were 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 Sumter County?,” 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 Sumter County.

## The Community Input Sessions



## Section V: Priority Selection

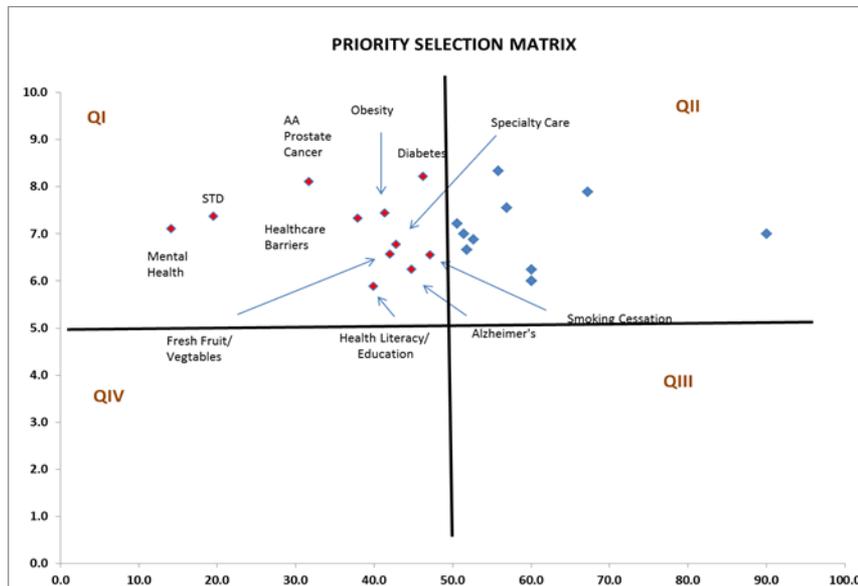
### Priority Rating VS. Performance

Quadrant I	May need increased attention	<b>Perceived Priority (1-10)</b>	<b>High</b>	<b>I</b> High Priority Low Performance	<b>II</b> High Priority High Performance
Quadrant II	May be important to maintain efforts				
Quadrant III	May shift or reduce some resources or attention to focus on higher priority activities		<b>Low</b>	<b>IV</b> Low Priority Low Performance	<b>III</b> Low Priority High Performance
Quadrant IV	May need little or no attention at this time			<b>Low</b>	<b>High</b>
			<b>Current Level of Performance (1-100)</b>		

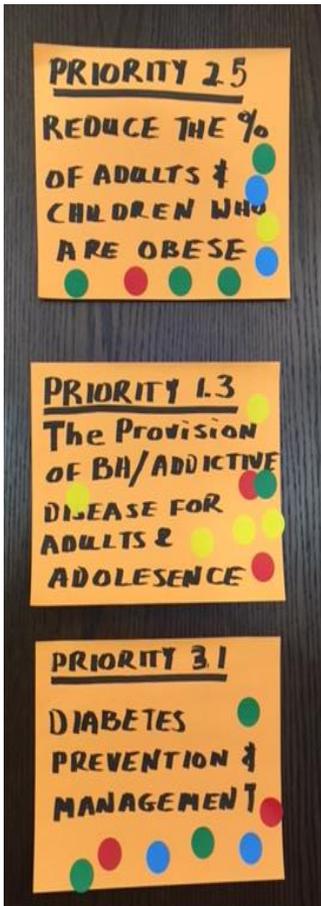
Using the National Public Health Performance Standard Program model for prioritizing need, a score sheet was developed that measure “How important is the Need” and “the Healthcare System and it’s partners” addressing the need to optimize performance. Those that scored in Quadrant I reflect the greatest need. Using a criteria filter recommended by the Catholic Health Association, the Internal Workgroup will reconvene to chose the top three to four priorities for recommendation.

#### Quadrant I Priorities:

- ✓ Evaluating and Determining Specialty Care Needs
- ✓ Explore and Recommend Solutions to Healthcare Barriers
- ✓ The Provision of behavior Health/Addictive Disease for Adults and Adolescence
- ✓ Health Literacy and Education
- ✓ Smoking Cessation
- ✓ Children and Adult Obesity
- ✓ Reducing Sexually Transmitted Disease Rate
- ✓ Diabetes Prevention and Management
- ✓ Reducing Age-adjusted Death Rate from Prostate Cancer for AA/Black Men
- ✓ Accessing Fresh Fruits and Vegetables
- ✓ Reducing Age-Adjusted Death Rate from Alzheimer’s



## Section V: Priority Selection



### CATHOLIC HEALTH ASSOCIATION RECOMMENDATION SELECTION FILTERS

**Magnitude.** The magnitude of the problem includes 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 organization's 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.**

## Priority Selecting-Meeting II

The Priority Committee reconvened and reviewed eleven priorities that scored in Quadrant I [High Priority-Low

Performance]. The data of each priority was reviewed and the participants were given three dots to choose their 3 most important health issues. The priorities were ranked according to number of dots and further vetted using elements of the criteria shown in the box. The selection committee quickly agreed that Priority 2.5, 1.3 and 3.1 are the most significant priorities [see far left] that will be addressed for the 2016-2019 implementation plan.

**Selection Committee:** Brandi Lunneborg, CEO-Phoebe Sumter, \*Ajay Gehlot, CEO Southwest Georgia Health Care, Midge Schuster, Director of Surgical Services, Phoebe-Sumter, Marcus Johnson, Director of Community Relations & Communication, Susan Bruns, Chief Nursing Officer, Phoebe-Sumter, Kimberly Horne, Nyla Franklin, Director of Foundation/Hospice, Mary Alice Applegate, Archway, Valerie Bentley, Administrative Assistant, Anna Stinchcum, APRN, \*After Hours Care, Maggie McGruther, Executive Director, \*Southwest Georgia Children's Alliance, \*Luneda Brown, Director, Sumter County Health Department

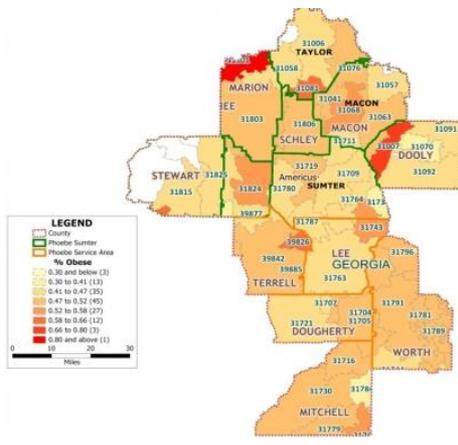
\* Represents Low Income, Medically Underserved, and Minority Populations

## Priority I: Child and Adult Obesity

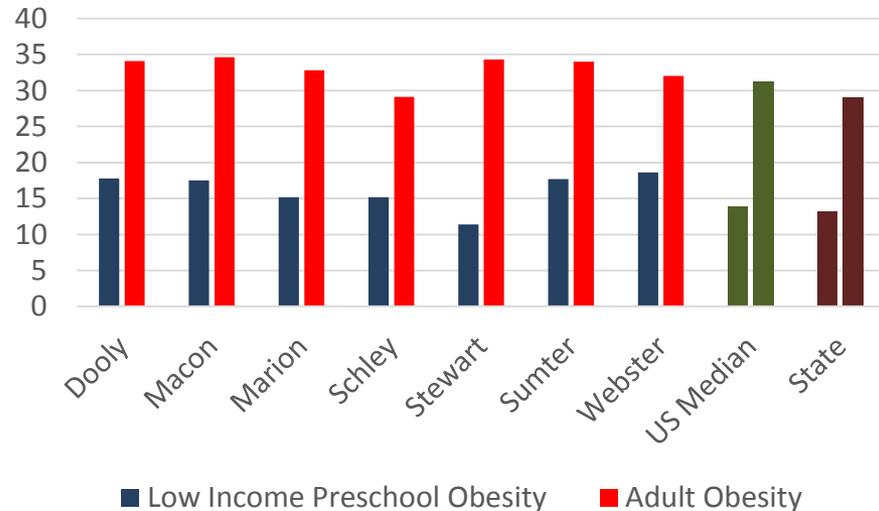
In the US, 1 in 8 children are obese, approximately 12 million. An overweight preschooler is 5 times more likely to be overweight as an adult than their normal weight peer. One in 5 AA/Black and 1 in 6 Hispanic children between the ages of 2 and 4 are considered obese. In these older children and adolescents, obesity is associated with high cholesterol, high blood sugar, asthma and mental health issues. Currently, 72 million adults in the US are considered obese or 1 in 3. The Centers for Disease Control (CDC) considers obesity a winnable battle through proper nutrition and creating an environment conducive to physical exercise and healthy lifestyles. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings. Other than Schley, the Middle Flint Region is well above the US 50% percentile and the Health People 2020 Target of 30.5 for adult obesity. And,

with the exception of Webster, all other counties are above the State Average for Low Income Preschool children who are obese.

Internal data from Athena from all Phoebe Physician Group locations for adults 20 & Up (sample size 71,000), shows adult obesity percentages closer to 48% suggesting the estimates from these highly respected sources are underestimating the adult obesity in our region(see map below).



**Low Income Preschool(2009 to 2011)  
and Adult Obesity (2012)**



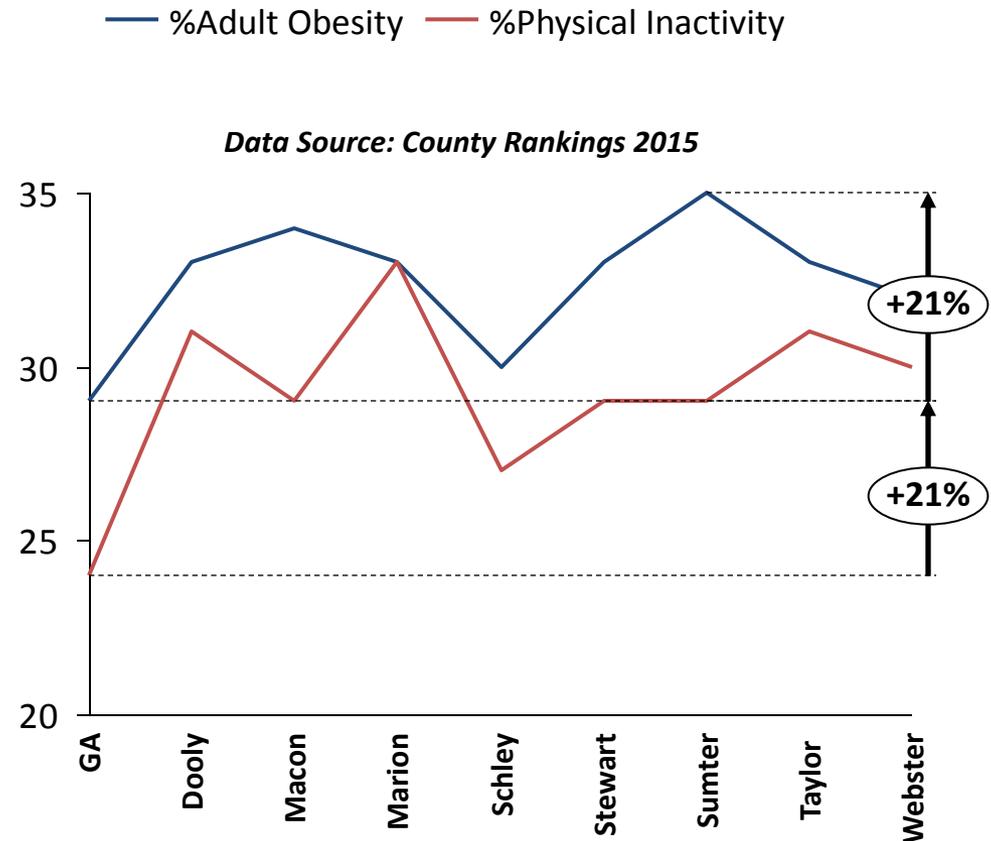
**Data Sources: Centers For Disease Prevention and USDA Food Environment Atlas**

*Phoebe Sumter Medical Center has Outpatient Dietician services and Health and Wellness programming through HealthWorks that could be used to create innovative educational offerings to address diet and exercise.*

*There are opportunities to enhance local walking trail and park options to provide physical activity options through collaboration with the Archway Partnership in Sumter County and with other agencies in neighboring counties.*

### Adult Obesity and Physical Activity

**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. Sumter County's Obesity rate is 21% greater than the state average and its Physical Inactivity is 21% less than the state average.



## Priority II: Behavioral Health/AD Key Fact Sheet

- In Georgia, over 2.3 million face the challenge of living with mental illness; 1 in 3 will receive treatment.
- U.S. death rate by suicide happens every 16 minutes
- In Georgia, suicide is the 11<sup>th</sup> 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 6, shows the estimated Unmet Need which is significant. Primary Care Providers and Clinics [FQHC] are beginning to address the issue. In Albany, GA (region 4)—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 II: The Provision of Behavioral Health and Addictive Disease Prevention and Treatment Services**

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.

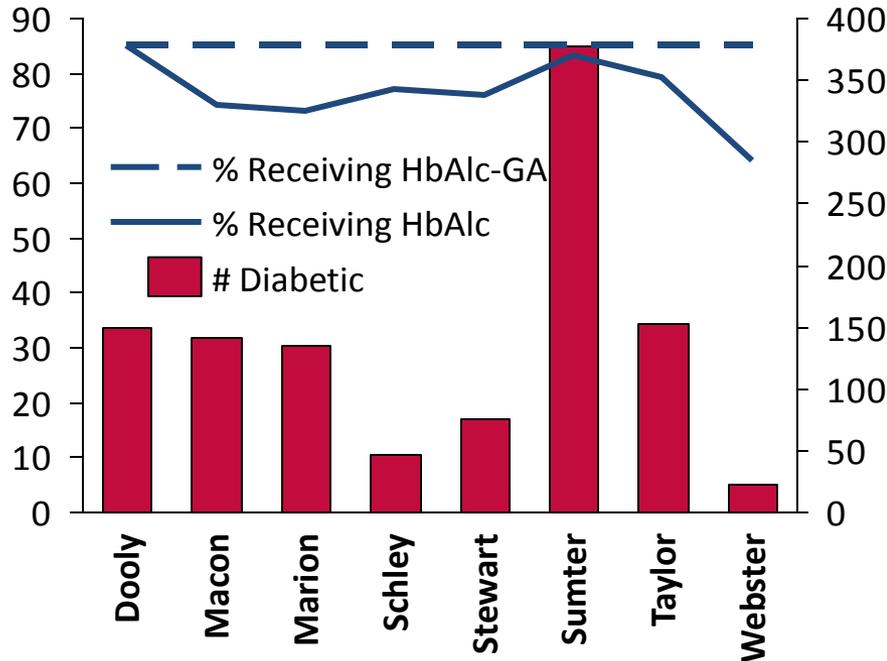
### Priority III: Diabetes Prevention and Management

Diabetes is the 7<sup>th</sup> leading cause of death in the United States and an estimated 23.6 million people have diabetes. Regular HbA1c screening among patients tells us how well the disease is being managed. There is an estimated 377 Medicare Aged people with diabetes in Sumter County. The Prevalence of Diabetes in Sumter County is almost a third higher than the Georgia Average and even greater than the US Median.

#### Diabetic Monitoring

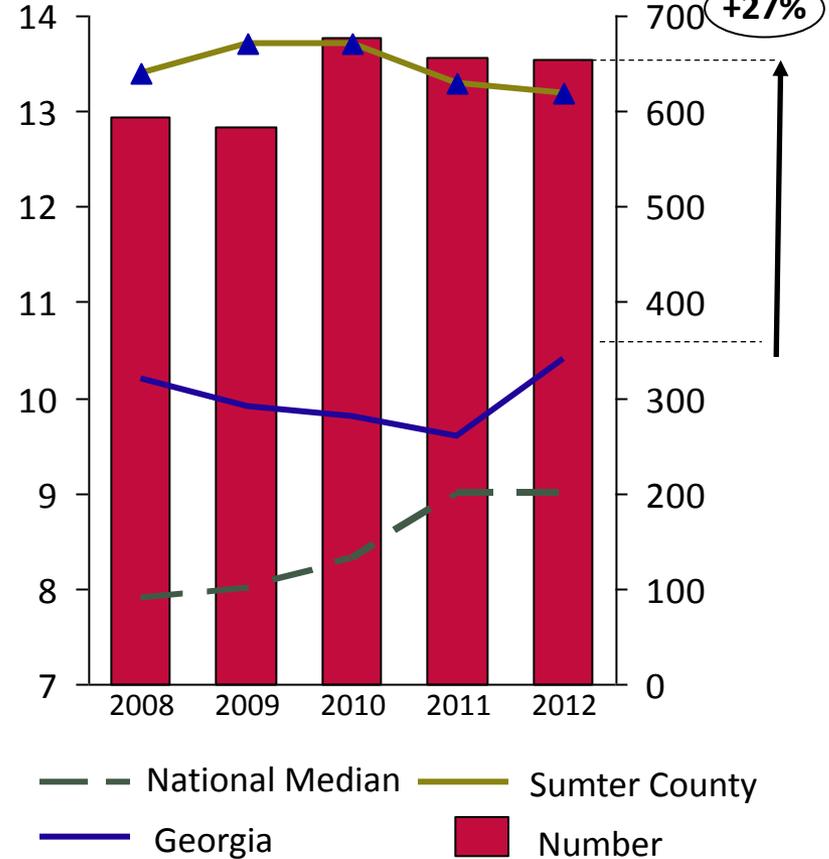
% Monitored

Number of



Data Source: County Rankings, 2015

#### Prevalence of Diabetes Among Adults Age 20 or older



Data Source: Centers for Disease Control and Prevention

### Priority III: Diabetes Prevention and Management

In 2014, the age adjusted death rate due to diabetes was 84% higher than the state average with AA/Black having a significantly higher death rate than whites. This disease can have a harmful effect 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. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the CDC estimates that direct medical expenditures attributable to diabetes are over \$116 billion.

**Rate Per 100,000**

**Cases**

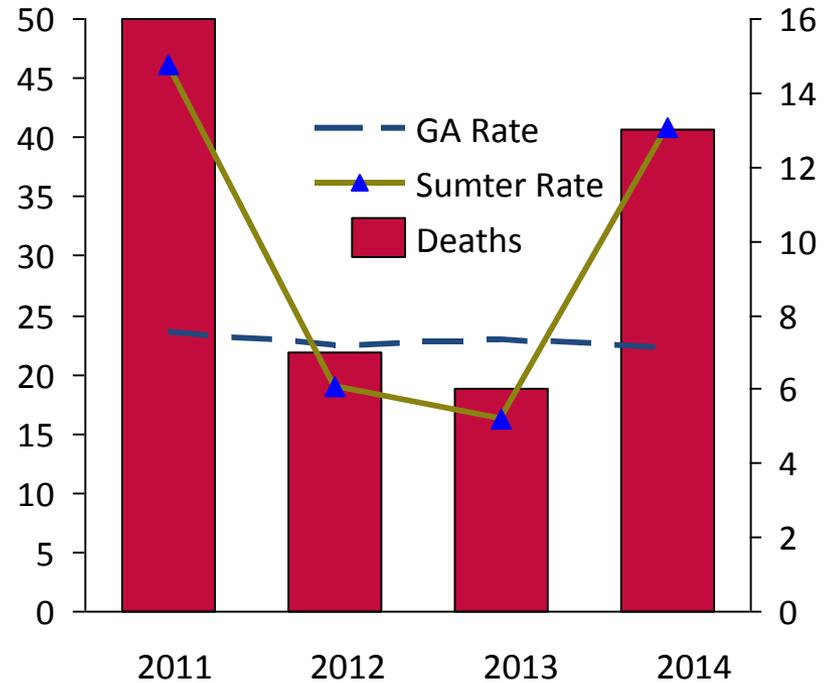
*Access to education and testing supplies through the Paramedicine program and the Diet and Exercise programs.*

*Partnership between local primary care providers to provide high quality diabetes care.*

*Partner with the local Endocrinology provider to address opportunities for education and prevention.*

*Continue recruitment for internal medicine and primary care providers to provide disease management.*

**Age Adjusted Death Rate due to Diabetes Sumter County**



**White Adjusted Death Rate: 27.5**

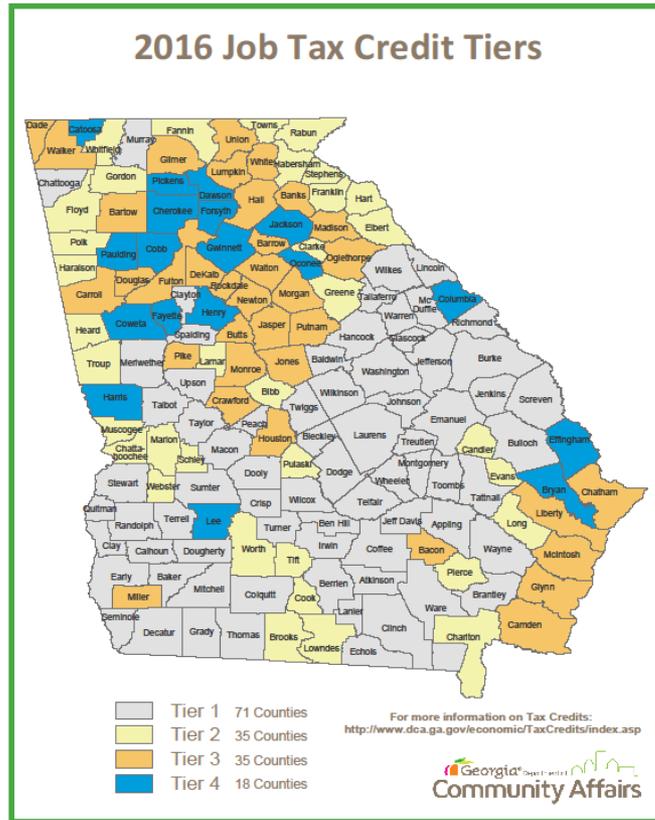
**Black/AA Adjusted Death Rate: 36.0**

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

APPENDIX I

# **OTHER SELECTED INDICATORS AND METRICS**

The Georgia Department of Community Affairs Job Tax Credit Program “ Provides for a statewide credit for any business or headquarters of any such business engaged in manufacturing, warehousing and distribution, processing, telecommunications, tourism, or research and development industries, but does not include retail businesses.” Those that are recognized and designated as the 40 least developed counties are eligible. All Middle Flint counties with the exception of Schley are eligible for the Job Tax Credit benefit.



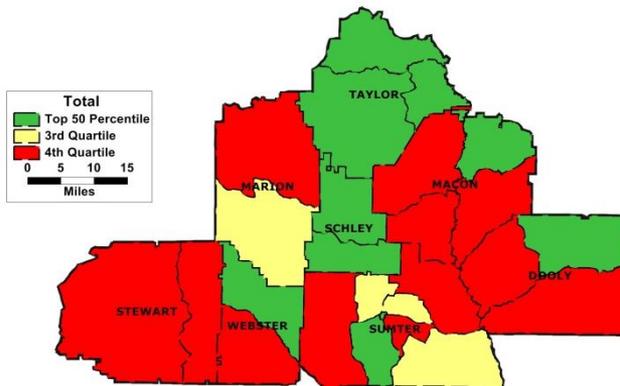
Counties and certain census tracts in the state are ranked and placed in economic tiers using the following factors:

- Unemployment Rate
- Lowest Per Capita Income
- Highest Percentage of residents whose incomes are below the poverty level.

County	Rank
Macon	7
Dooly	10
Taylor	12
Sumter	16
Stewart	23
Marion	73

# Housing

Of the 26 census tracts, 10 were in the top 50% Percentile (green) and 12 were in the bottom quartile (red) and 4 tracts were in the 2<sup>nd</sup> quartile.

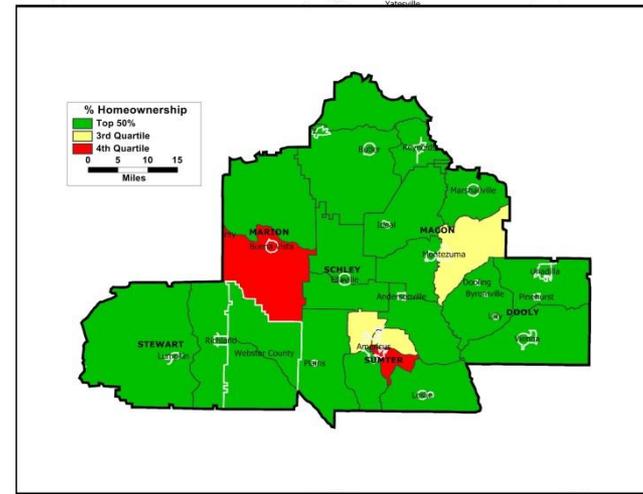


## Renters spending 30% or More on Rent per Month by Census Tract

*Spending a high percentage of household income on rent can create financial hardships, especially for low-income renters. Paying a higher rent makes it difficult to purchase healthy foods, transportation or pay for medical expenses.*

**Data source: US Census Bureau, ASC Survey, 2010-2013**

There are only two tracts that are not in the Top 50th percentile of housing units occupied by homeowners is located in Buena Vista and a cross section of Americus.



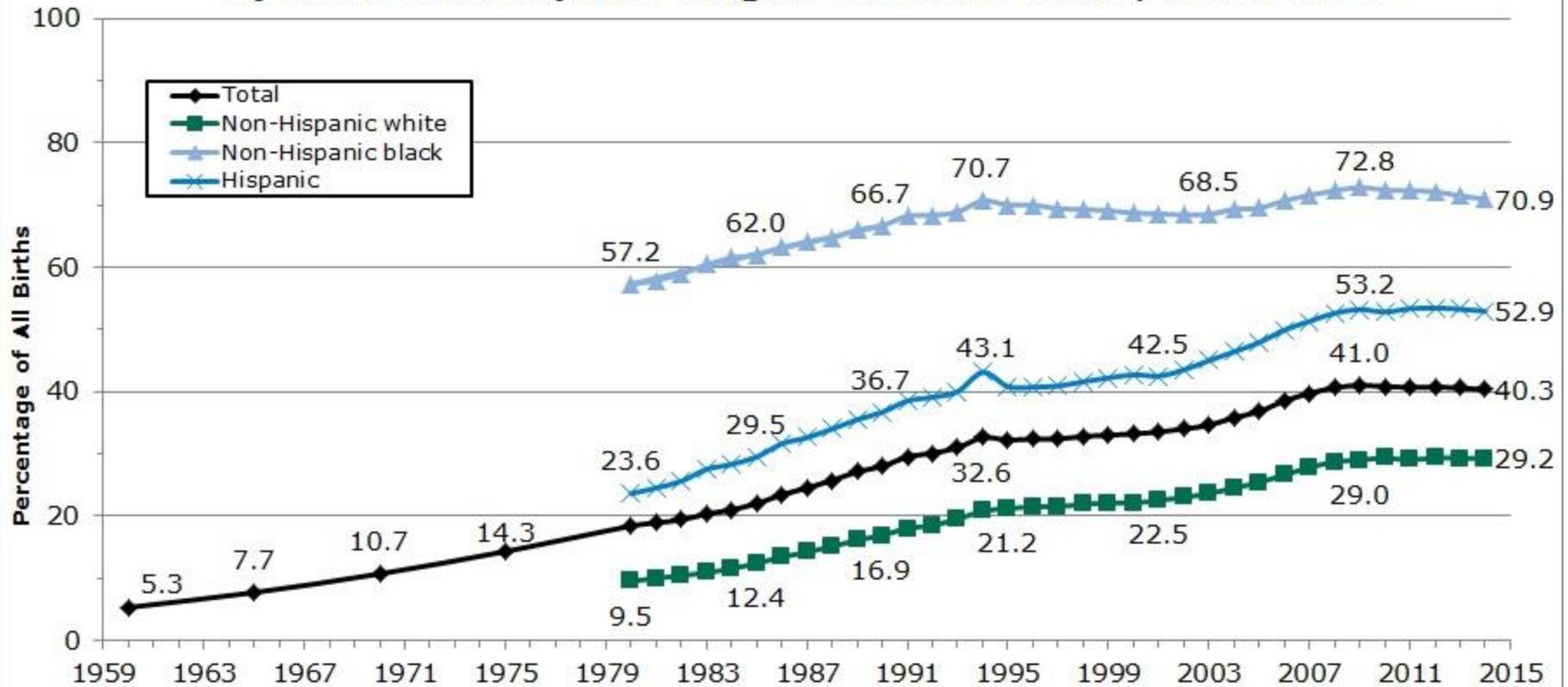
## % of Housing Units That Are Occupied by homeowners

*Homeownership has benefits for the individual and the community. Homeowners are more likely to be active in civic organizations, neighborhood associations, improve their homes and enlarge the tax base.*

**Data source: US Census Bureau, ASC Survey, 2011-2014**

Figure 1

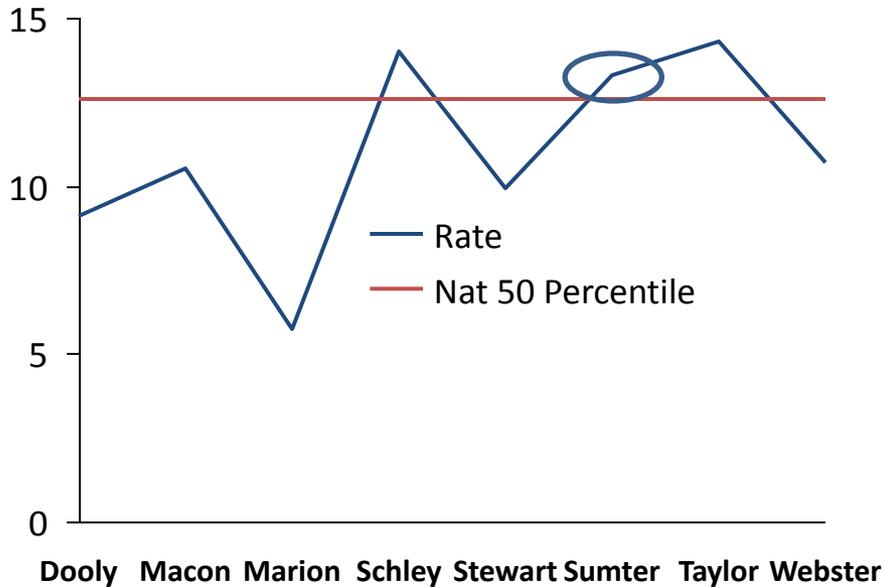
## Percentage of All Births that Were to Unmarried Women, by Race and Hispanic Origin: Selected Years, 1960-2014



Data for 1960-1975: Ventura, S.J., Bachrach, C.A. (2000) Nonmarital childbearing in the United States, 1940-1999. *National Vital Statistics Reports*, 48(16). Hyattsville, Maryland: National Center for Health Statistics. Table 4. [http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48\\_16.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_16.pdf).  
 Data for 1980-1989: National Center for Health Statistics. (2014) Health, United States, 2013. Hyattsville, Maryland. Table 5. Available at: <http://www.cdc.gov/nchs/hus/previous.htm#tables>.  
 Data for 2011-2013: National Center for Health Statistics, CDC WONDER online tool. <http://wonder.cdc.gov/nativity-current.html>.  
 Data for 1990-2010 and 2014: Centers National Center for Health Statistics, National Vital Statistics System. *VitalStats*. Demographic characteristics of mother. Available at <http://205.207.175.93/VitalStats/ReportFolders/ReportFolders.aspx>.



**Social Associations** measures the number of membership associations per 10,000 population. Associations include business, labor, political, professional, athletic, civic, volunteer, and religious organizations.



*Social Associations and community engagement, along with a person's social support network, enhances perceptions of social trust. People who are fully integrated into the community and who have a strong support network experience better health outcomes compared to individuals who lack support.*

### Percentage of Register Voters who voted in the last General Election, 2014

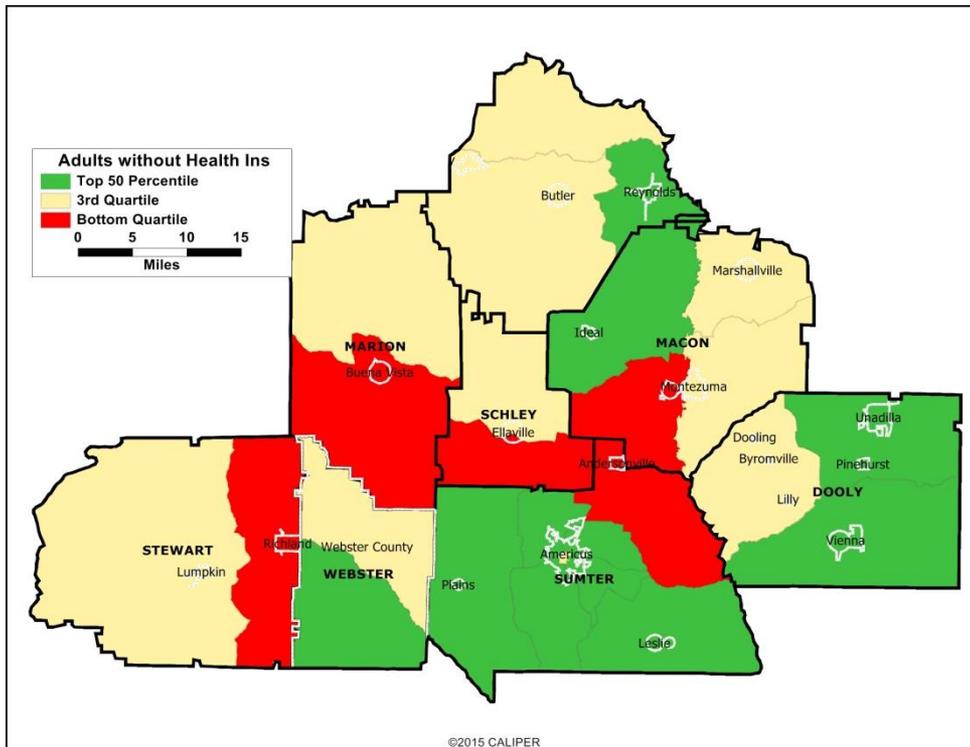
County	Percent Voted
Dooly	50.0
Macon	40.3
Marion	50.3
Schley	56.4
Stewart	45.3
Sumter	45.6
Taylor	51.1
Webster	54.0
<b>GA</b>	<b>49.1</b>

*As a fundamental right in a free society, citizens have an opportunity to affect how tax dollars are being used and influence policies. High voter turnout suggests an involved citizenry.*

# HEALTH AND HEALTH CARE

## Adults without Health Insurance

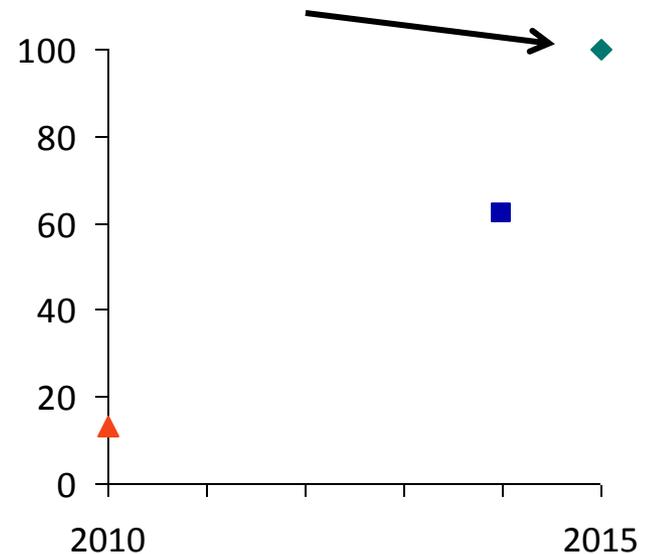
Adults without insurance are less likely to seek preventative care including routine screenings and often wait until the condition worsens and becomes more difficult to treat and more expensive. In this map, 15 of the 26 tracts were either in the 3<sup>rd</sup> or bottom quartile compared to all other tracts in the United States.



## Average Monthly Cost of the 50 Most Prescribed Generic Drugs.

According to Catamaran, a pharmaceutical benefit company, the average cost of the 50 most commonly generic drugs has sky-rocketed since 2010 creating another class of people unable to afford prescription drugs.

*1/3 of the prescribed drugs are over \$100 per monthly refill.*



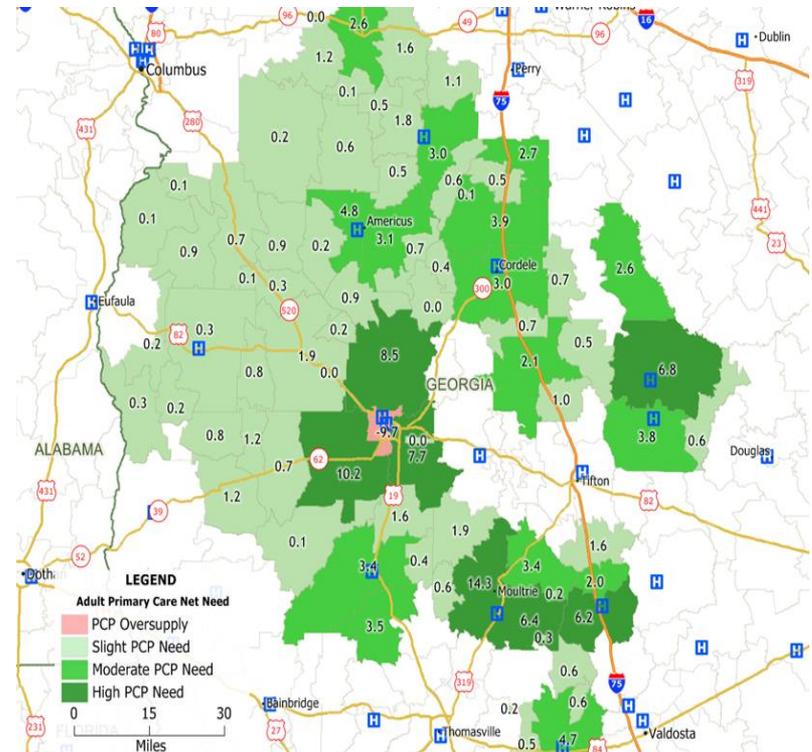
**Data Source: Catamaran, 2015**

# Health and Health Care

**A key Social Determinant for a healthy community is the alignment between population need and physician supply.**

According to the consulting firm, Healthcare Strategy Group, the Middle Flint region is lacking in selected subspecialties with a gross undersupply of Primary Care physicians. The map to the right shows net need by zip code. The darker the area, the greater the need.

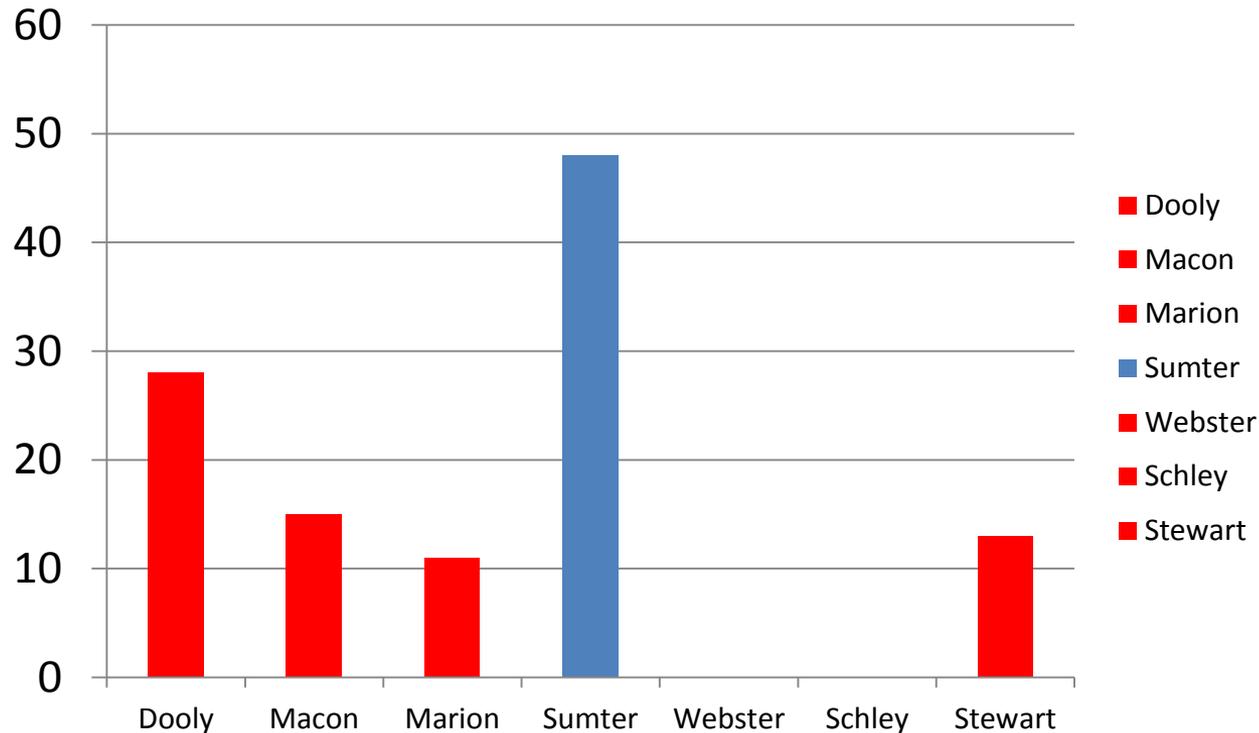
Manpower Need	
Specialty	NET NEED
Primary Care	27
OB/GYN	3
Medicine Specialties	5
Surgery Specialties	9



## Dental Care in the Middle Flint Region

Tooth decay is the most prevalent chronic infectious disease affecting children in the United States and affects more than half of children ages 12 to 15. In this chart, Sumter [Blue] is the only Middle Flint County with an adequate supply of dentists. Webster and Schley, according to the latest County Health Rankings-2016, have no dentist in their counties.

### Dentist Per 100,000 Population



## Severe Housing Problems

**Safe and affordable housing is an essential component of healthy communities.** Substandard and crowded housing residents are at risk of food insecurity. These living conditions, particularly for children, increase the risk of infection, pest infestation, mold, and mildew. The higher the rank the more severe the housing problem.

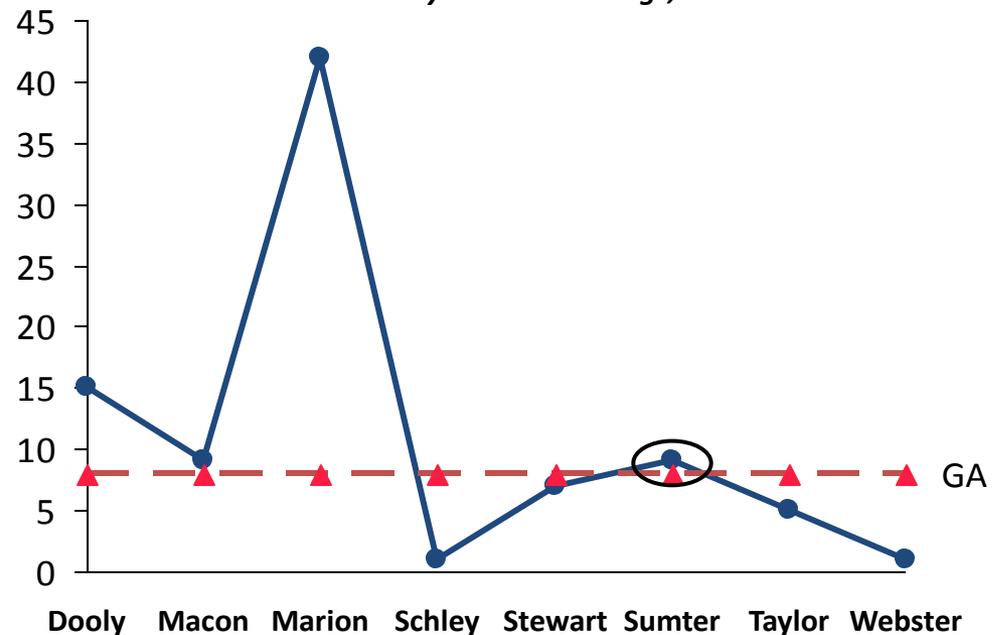
*Data source: County Health Rankings, 2015*

Severe Housing Problems		
County	Percent	GA Rank
Dooly	16	77
Macon	16	67
Marion	16	72
Schley	19	119
Stewart	14	30
Sumter	20	133
Taylor	20	136
Webster	9	2

## Limited Access to Healthy Foods

**For far too many people, especially those living in low-income communities and minority communities, healthy food is simply out of reach.** Finding quality fresh food means traveling significant distances or paying exorbitant prices for overripe fruit. With the exception of Dooly and Marion, all other counties are close to or better than the Georgia percent.

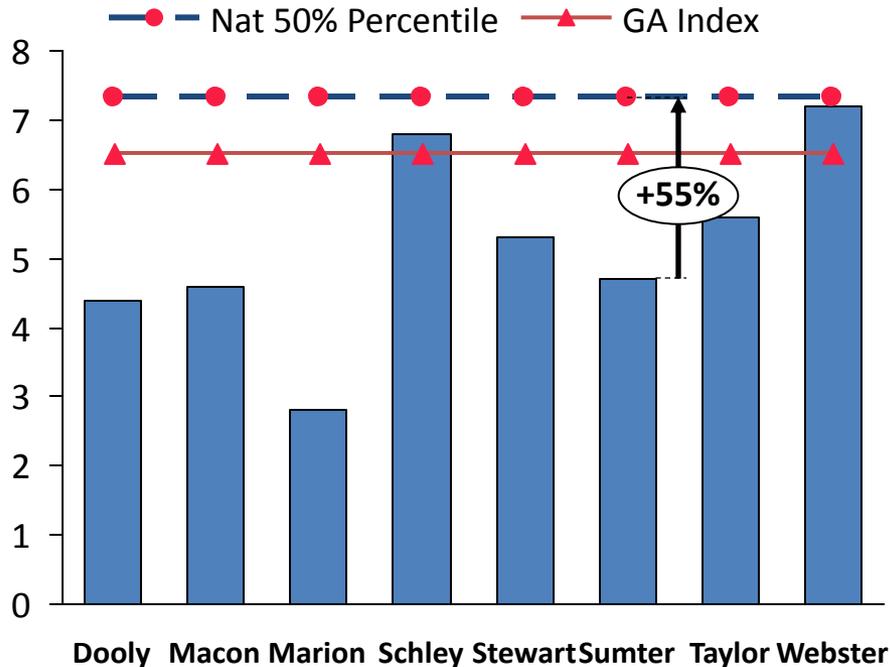
*Data source: County Health Rankings, 2015*



## Food Environment Index

The Food Environment Index uses two measures of food access: low income and low access to grocery store with food insecurity. Lower scores are associated with chronic health problems including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity and mental health issues including major depression. The national index is 55% greater than Sumter's.

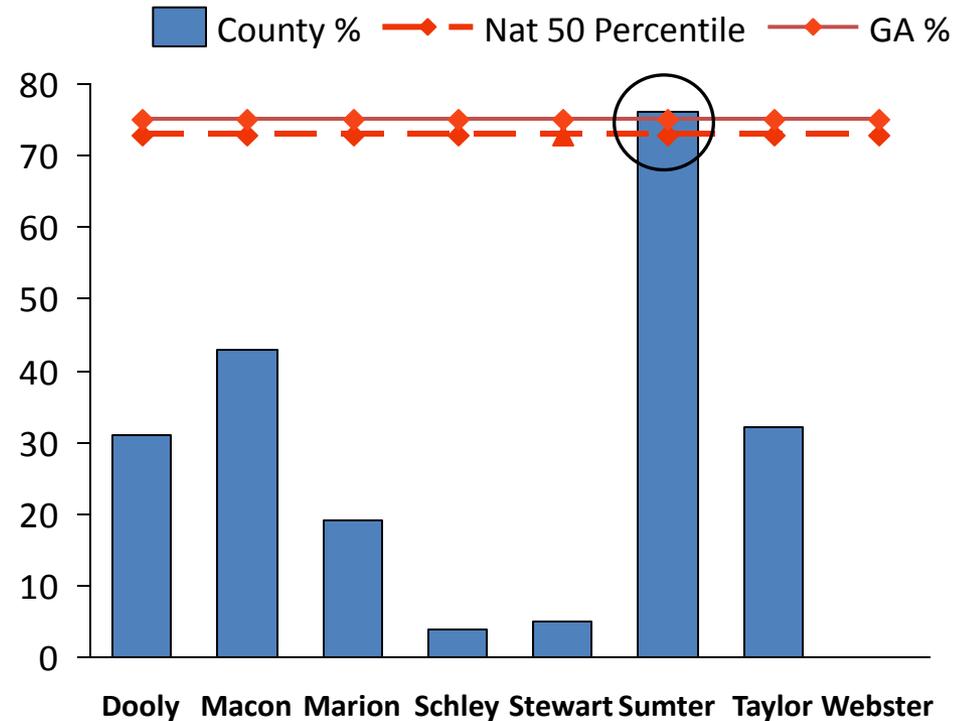
*Data source: County Health Rankings, 2015*



## Access to Exercise Opportunities

This indicator measures the percentage of individuals who live reasonable close to a park or recreational facility. The closer you are to an exercise facility the more likely you will use it. Sumter County is right at the National 50 Percentile rank meaning ample places to exercise and recreate.

*Data source: County Health Rankings, 2015*

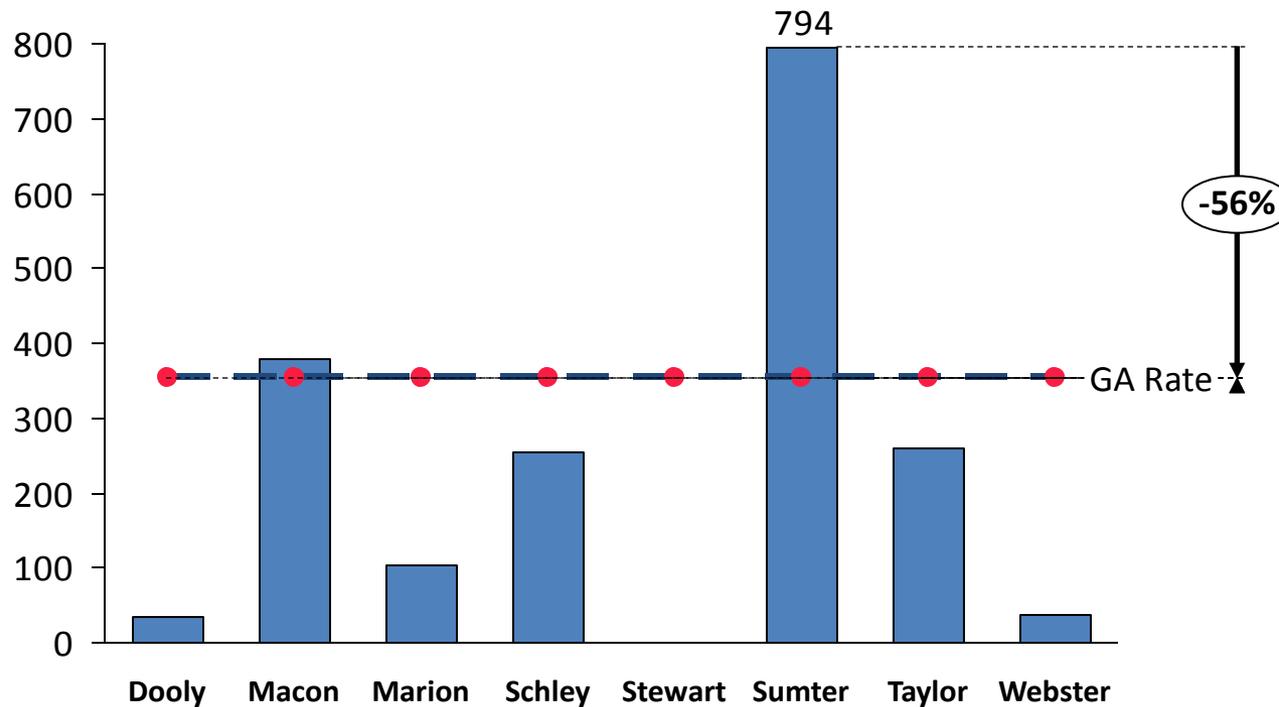


## Violent Crime Rate

Violent crime includes murder, rape, robbery, and aggravated assault. Violence negatively impacts communities by reducing productivity, making it more costly for businesses to locate or stay there, and decreasing property values. The Georgia State rate is 56% less than the Sumter County rate translating to a crime rate of 794 per 100,000 population.

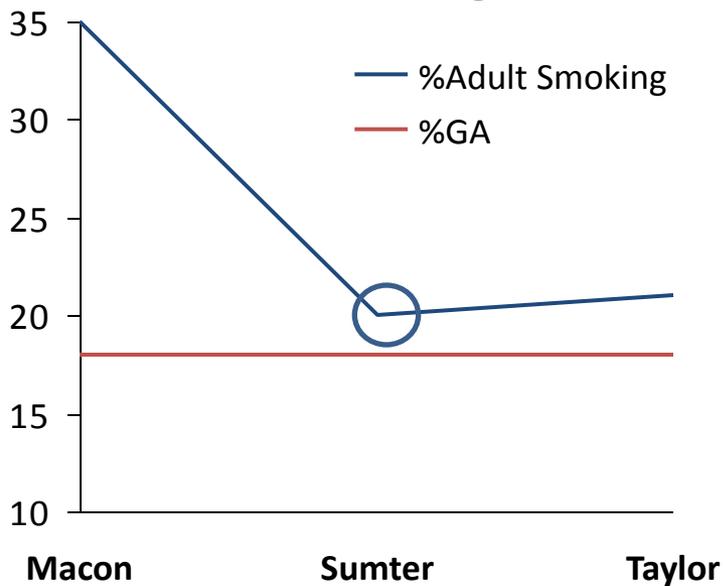
*Data source: Georgia Statistical System*

**Violent Crime Rate per 100,000 Population, 2013**



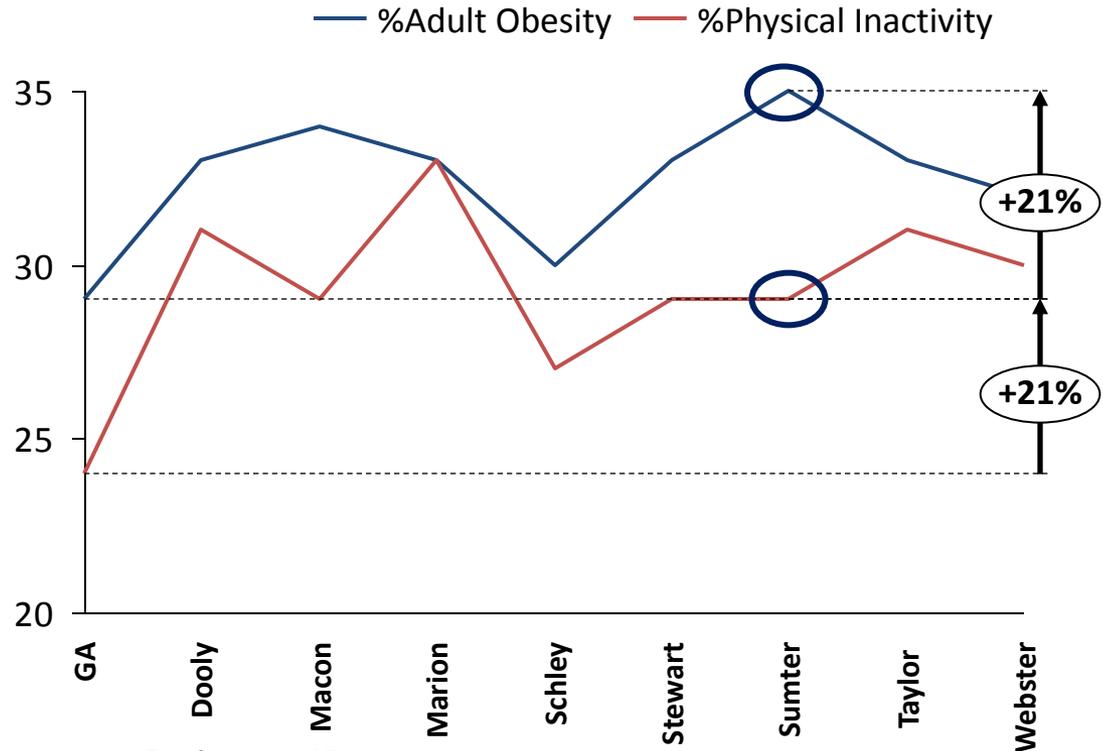
## ADULTS WHO SMOKE

**Tobacco is responsible for the most preventable illnesses and deaths in America today.** Almost a third of smokers will die prematurely due to tobacco dependence. In Sumter County, approximately 1 in 5 adults smoke while Macon County is twice the State Average.



## ADULT OBESITY AND PHYSICAL INACTIVITY

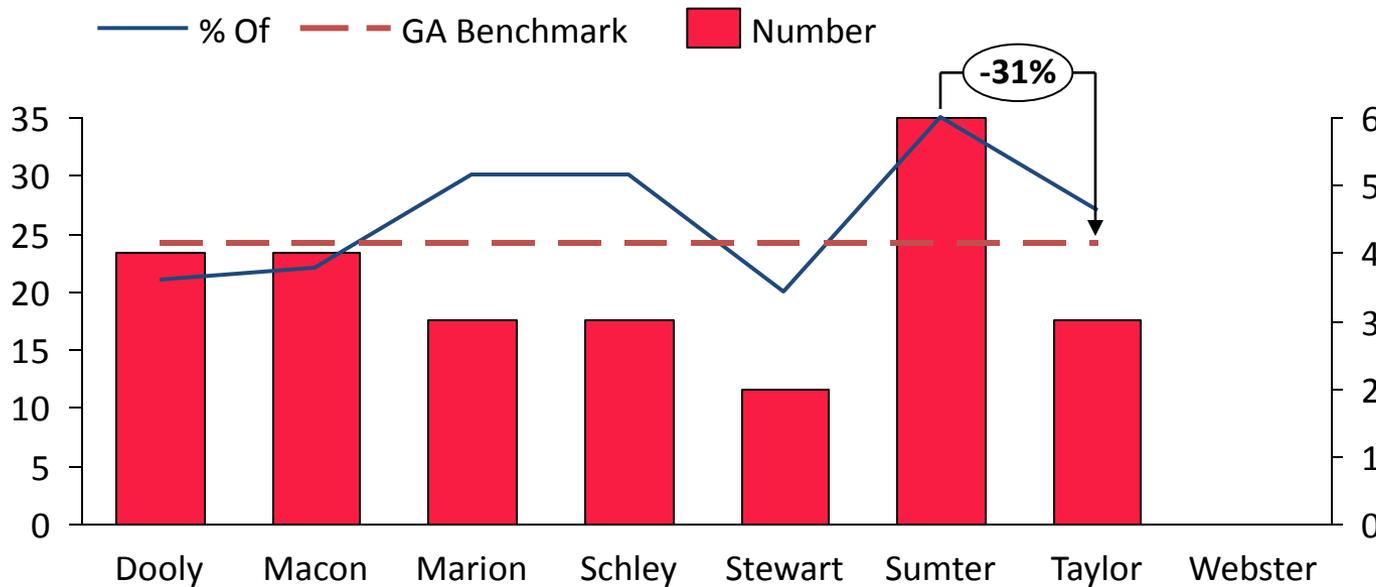
**Obesity is a benchmark indicator of the overall health and lifestyle of a community.** Obesity increases the risk of a host of chronic diseases from hypertension, diabetes to osteoarthritis. Sumter County's Obesity rate is 21% greater than the state average and its Physical Inactivity is 21% less than the state average.



Data Source: County Rankings 2015

## Alcohol Impaired Driving Deaths 2009-2013

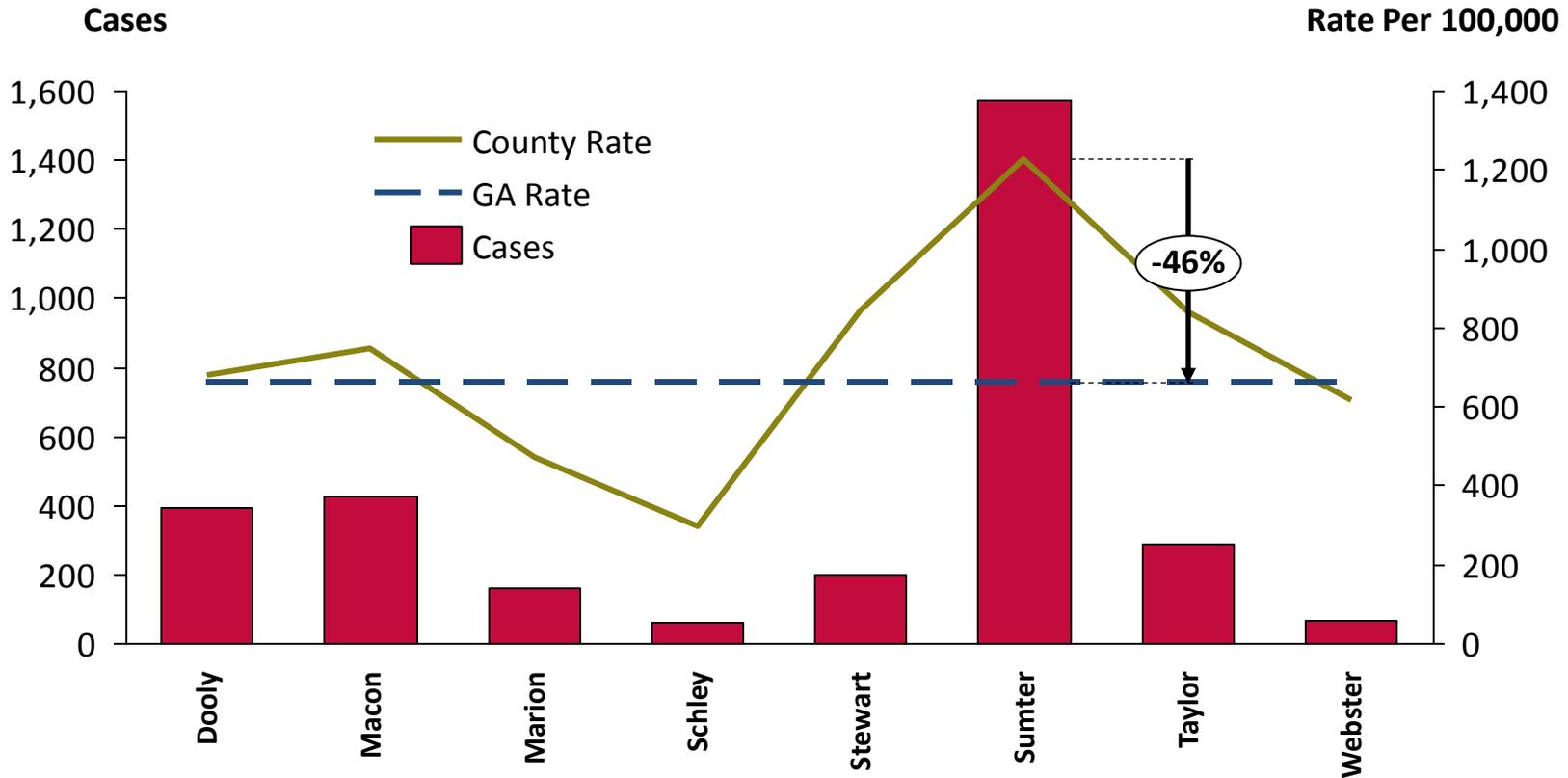
**In 2013, approximately 4.7% of the total population in Georgia were identified as heavy drinkers.** Whites were more likely to drink heavily than AA/Blacks and Males more likely than females. Those making at least \$75,000 and a college graduate are the most likely group to drink excessively. According to the latest report released by the Georgia Department of Public Health, the Georgia Rate of Alcohol Impaired Driving Deaths is 31% less than Sumter's.



*Data Source: Georgia Department of Public Health, Oasis*

## Sexually Transmitted Diseases-All Types 2010 thru 2013

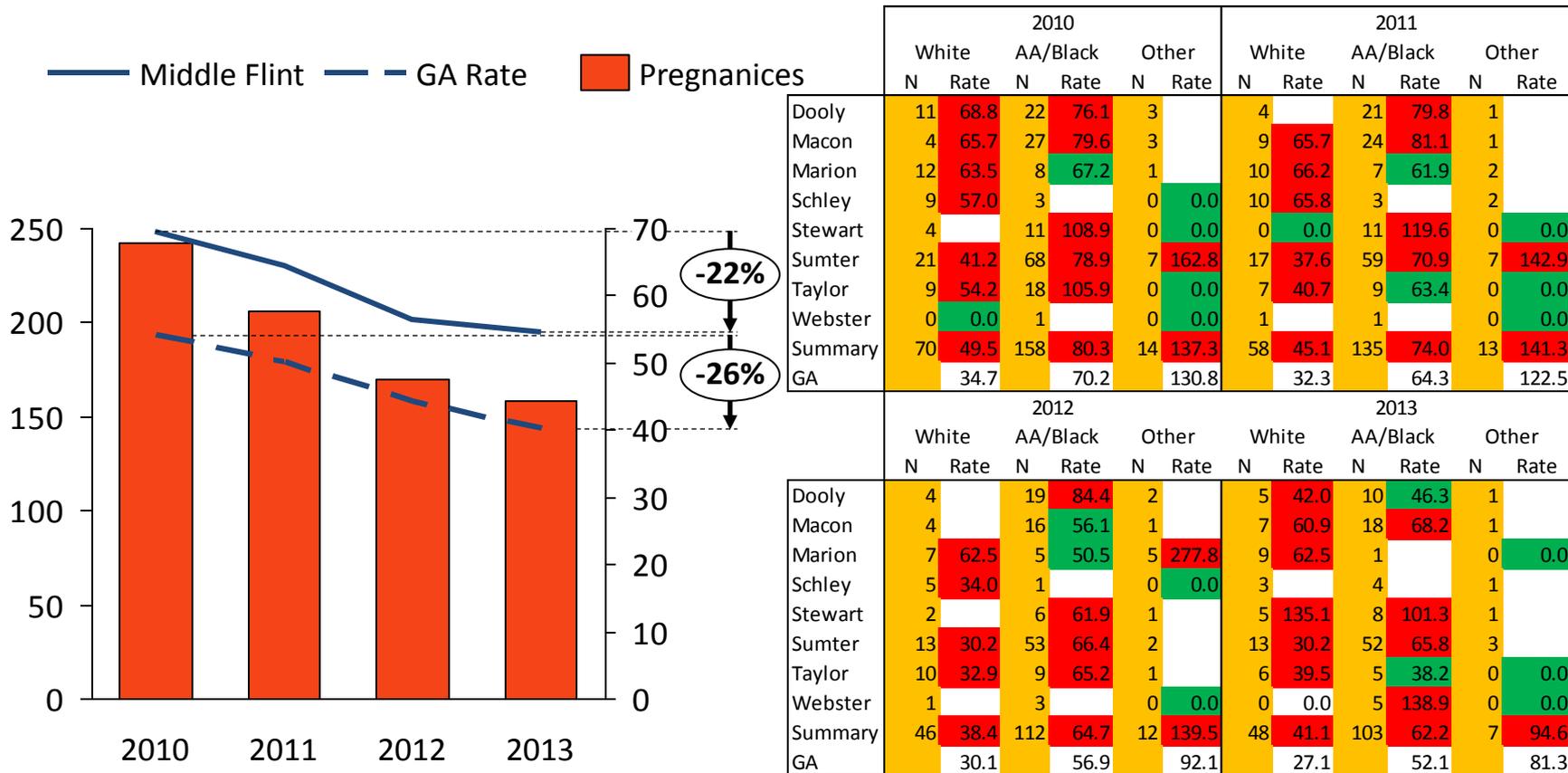
**Some sexually transmitted diseases (STD) can be asymptomatic but easy to treat with antibiotics.** Left untreated, STDs can lead to infertility, pelvic inflammatory disease particularly in women and cause permanent health problems in both men and women. Sumter County's STD rate is almost twice the state of Georgia Rate.



*Data Source: Georgia Department of Public Health, Oasis Database*

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

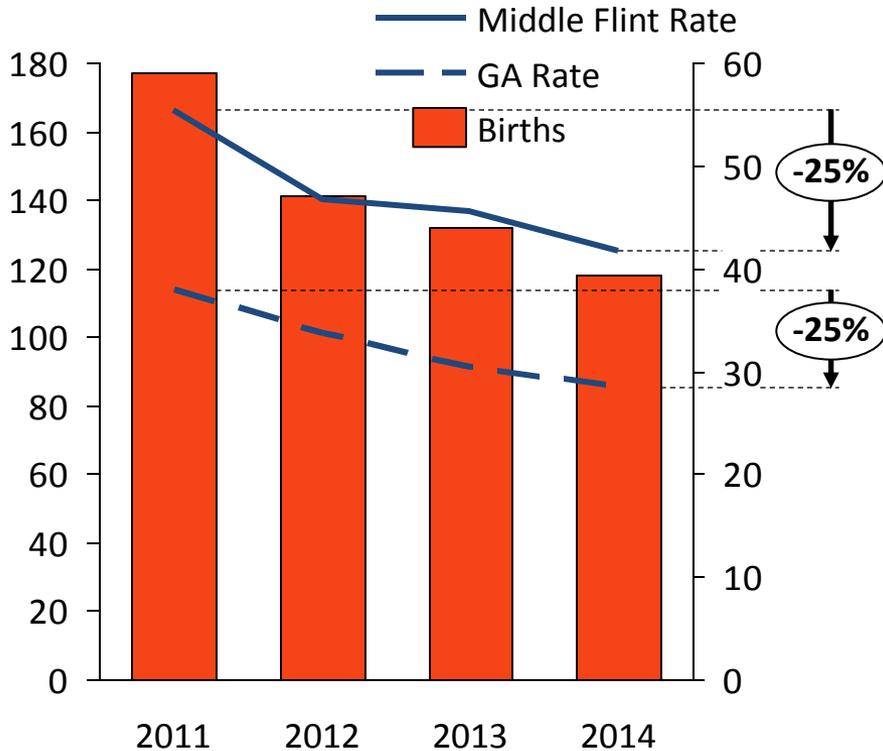
**Teen Pregnancy and childbearing have substantial social and economic impacts for communities.** Teen pregnancy, births and sexually transmitted diseases are substantially higher in the United States than other industrialized nations. Since 2010, the teen pregnancy rate in the Middle Flint Region has decreased by 22%, slightly less than the Georgia trend line.



*Data Source: Georgia Department of Public Health, Oasis-2016*

**Comparison of Births to Teens by Race and County of Residence and Within Race Compared to State Mean from 2011 to 2014.** Since 2011, the Middle Flint Region rate of Teen Births has steadily declined matching the same percent of decline as the State of Georgia. However, the Middle Flint remains approximately 47% higher overall compared to the State of Georgia.

**Middle Flint Service Area Trend Line  
Births to Teens Age 15-19  
2010 to 2014**



Data Source: Department of Public Health, Oasis 2016

	2011						2012					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dooly	4		17	64.6	1		3		14	62.2	1	
Macon	9	65.7	19	64.2	1		4		11	38.6	1	
Marion	10	66.2	6	53.1	2		7	46.4	5	50.5	4	
Schley	10	65.8	2		2		2		1		0	0.0
Stewart	0	0.0	10	108.7	0	0.0	2		4		1	
Sumter	11	24.3	49	58.9	7	142.9	11	26.5	49	61.4	2	
Taylor	7	40.7	8	56.3	0	0.0	8	49.1	7	50.7	1	
Webster	1		1		0	0.0	1		2		0	0.0
Summary	52	40.4	112	61.4	13	141.3	38	31.7	93	53.7	10	116.3
GA		26.6		46.5		87.7		24.8		41.0		67.5

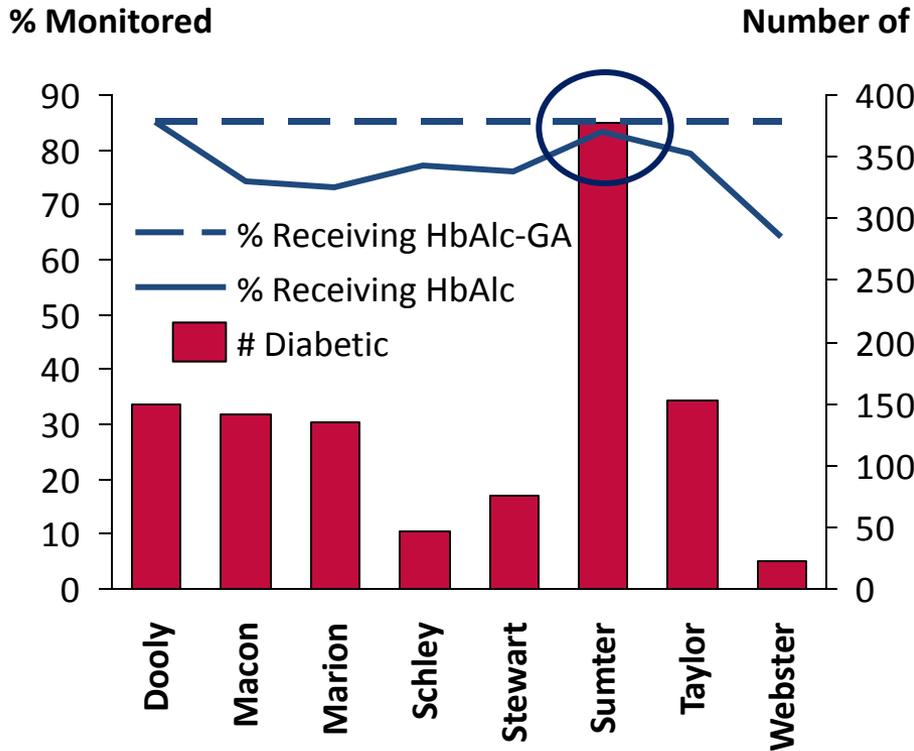
  

	2013						2014					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dooly	4		7	32.4	1		5	42.7	10	46.1	2	
Macon	6	52.2	11	41.7	1		6	55.6	15	55.8	2	
Marion	9	62.5	1		0	0.0	8	58.4	1		1	
Schley	3		2		0	0.0	2		1		1	
Stewart	5	135.1	7	88.6	0	0.0	0	0.0	6	81.1	0	0.0
Sumter	13	30.2	46	58.2	3		6	13.9	37	48.2	4	
Taylor	5	32.9	3		0	0.0	5	35.5	3		1	
Webster	0	0.0	5	138.9	0	0.0	0	0.0	2		0	0.0
Summary	45	38.4	82	49.5	5	67.6	32	28	75	46.2	11	148.6
GA		22.3		36.5		62.9		22.9		32.8		48.2

■ Above State Mean  
■ Below State Mean

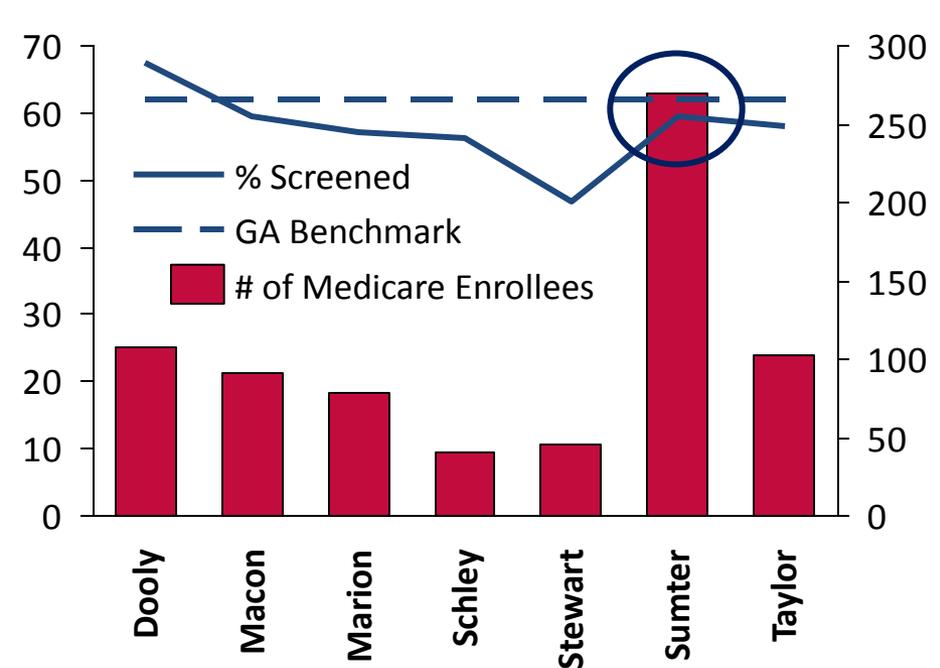
## Diabetic Monitoring

Diabetes is the 7<sup>th</sup> leading cause of death in the United States and an estimated 23.6 million people have diabetes. Regular HbA1c screening among patients tells us how well the disease is being managed. There are an estimated 377 Medicare Aged people with diabetes in Sumter County.



## Mammography Screening-Medicare Population

Annual mammography increases early detection of breast cancer leading to higher survival rates. Among Medicare aged women, mammography screening percentages are slightly below the Georgia average.



Data Source: County Rankings, 2015

# TOP INPATIENT DISCHARGES FROM PHOEBE-SUMTER

## October 1 2014 to September 30 2015

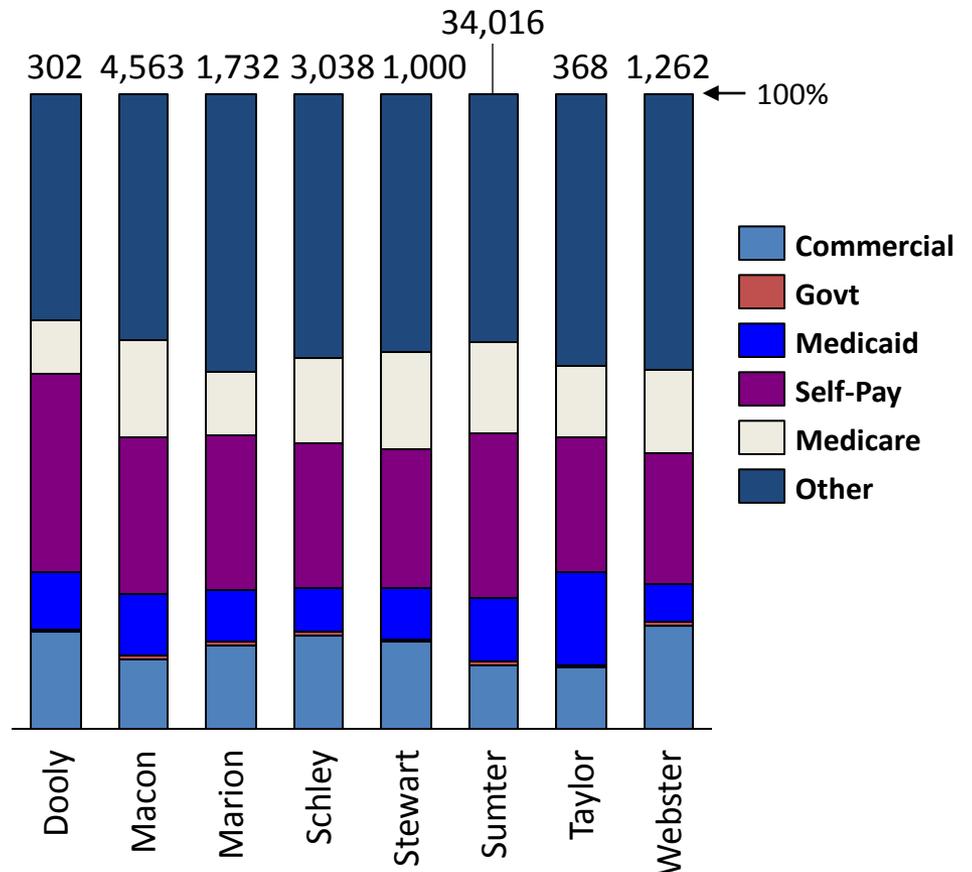
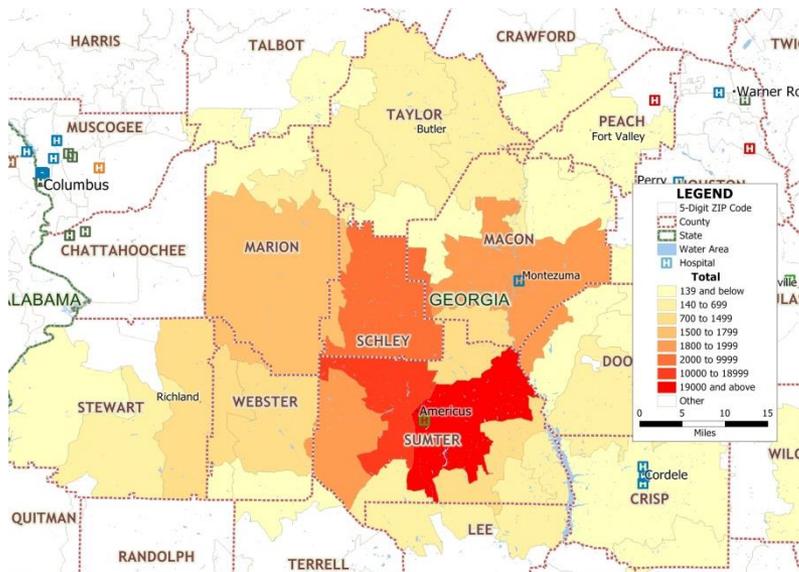
795 - NORMAL NEWBORN	243
775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	181
794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	149
189 - PULMONARY EDEMA & RESPIRATORY FAILURE	116
462 - BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY W/O MCC	98
766 - CESAREAN SECTION W/O CC/MCC	96
871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	88
765 - CESAREAN SECTION W CC/MCC	84
641 - MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC	77
812 - RED BLOOD CELL DISORDERS W/O MCC	77
292 - HEART FAILURE & SHOCK W CC	75
392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	65
065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	60
683 - RENAL FAILURE W CC	59
193 - SIMPLE PNEUMONIA & PLEURISY W MCC	50
690 - KIDNEY & URINARY TRACT INFECTIONS W/O MCC	50
743 - UTERINE & ADNEXA PROC FOR NON-MALIGNANCY W/O CC/MCC	50
774 - VAGINAL DELIVERY W COMPLICATING DIAGNOSES	50
194 - SIMPLE PNEUMONIA & PLEURISY W CC	49
291 - HEART FAILURE & SHOCK W MCC	46
293 - HEART FAILURE & SHOCK W/O CC/MCC	46
190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	44
872 - SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	44
378 - G.I. HEMORRHAGE W CC	40
638 - DIABETES W CC	40
066 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W/O CC/MCC	38
603 - CELLULITIS W/O MCC	34
767 - VAGINAL DELIVERY W STERILIZATION &/OR D&C	32
682 - RENAL FAILURE W MCC	31

# EC Visit Data

Time Range: July 1 2013 thru June 30 2015

Of the 46,281 EC visits within the time range, almost 75% were from Sumter County with almost 35% of the visits from the poor, uninsured or underinsured.

Thematic Map  
EC Visits by Zip Code

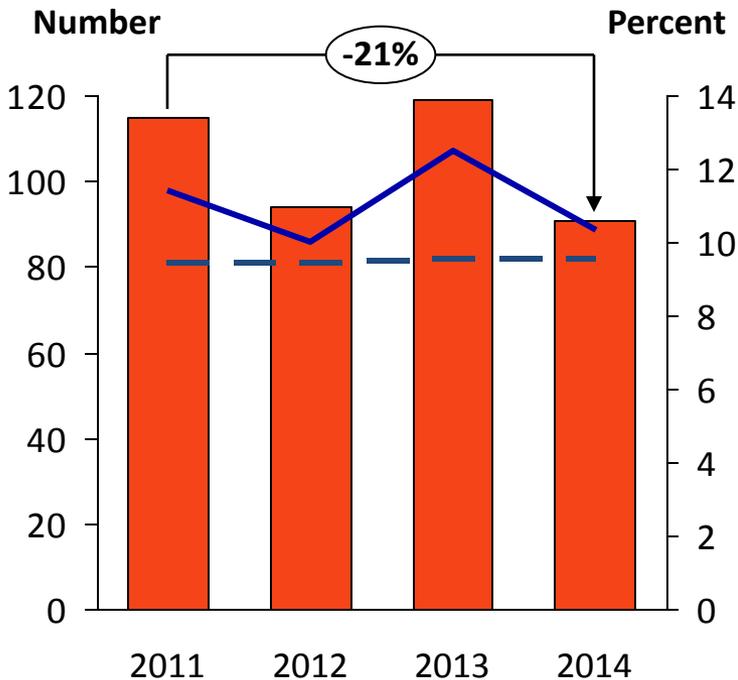


# Why Low Birth Weight Infants Matter?

- 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.
- LBW 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.

**Comparison of Low Birth Infant by Race and County of Residence and Within Race Compared to State Mean from 2010 to 2014.** In the Middle Flint Region, there was a 21% drop in the number of Low Birth Weight infants and a 1/10 reduction in the overall percentage. You are twice as likely to give birth to a Low Birth Weight infant if you are AA/black. Low Birth Weight is defined as an infant born less than 2500g but greater than 1500g.

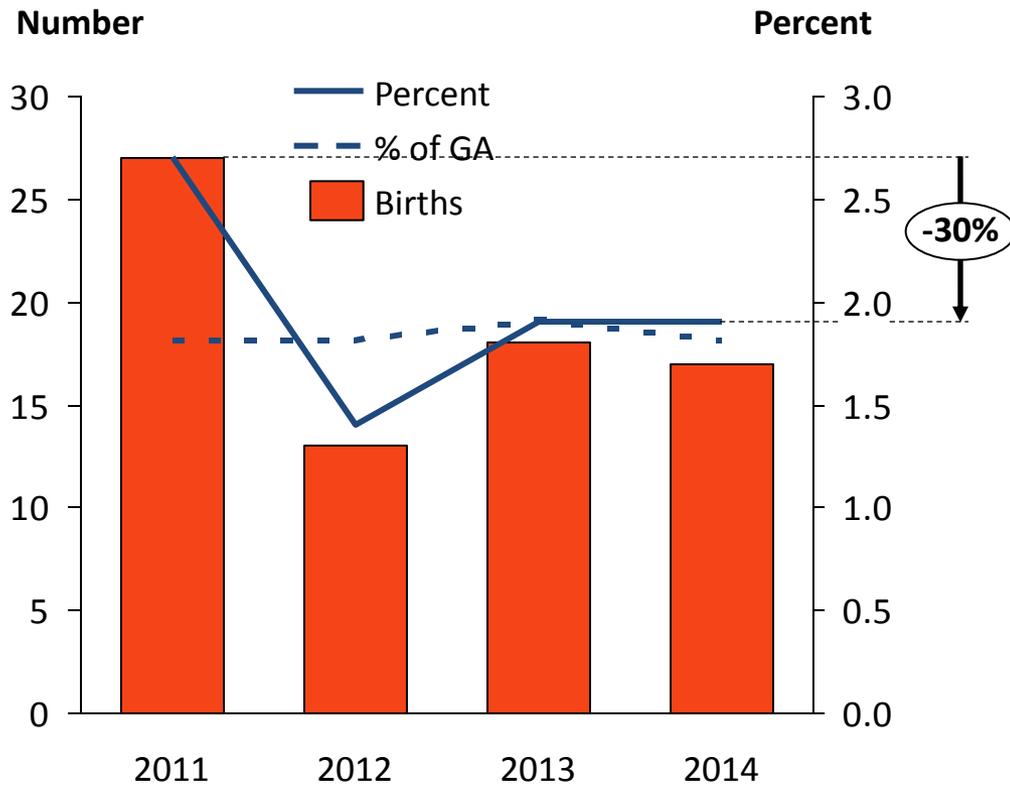
— Middle Flint — GA Percent ■ LBW Births



	2011						2012					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dooly	2		15	24.6	0		1		3		3	
Macon	4		10	12.8	0		2		8	12.9	1	
Marion	1		3		1		0	0.0	4		2	
Schley	2		1		0		2		3		1	
Stewart	3		8	19.5	0		1		3		0	0.0
Sumter	5	4.2	36	13.8	2		14	10.5	34	14.7	4	
Taylor	4		11	24.4	1		1		5	11.1	0	0.0
Webster	2		4		0		1		1		0	0.0
Summary	23	6.1	88	16.3	4		22	6.0	61	12.5	11	12.4
GA		7.4		13.5		7.4		7.3		13.5		7.5
	2013						2014					
	White		AA/Black		Other		White		AA/Black		Other	
	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate
Dooly	1		9	15.5	1		8	21.1	7	15.2	0	
Macon	5	9.3	16	21.9	0		0		7	10.3	3	
Marion	6	12.5	4		1		4		2		1	
Schley	2		3		0		1		0	0.0	0	
Stewart	0	0.0	2		0		0		5	13.9	0	
Sumter	9	7.0	41	17.7	5	12.8	13	10.7	30	14.4	0	
Taylor	3		7	17.9	0		4		3		0	
Webster	2		2		0		1		2		0	
Summary	28	7.2	84	17.8	7	8.0	31	8.4	56	12.8	4	
GA		7.3		13.6		7.9		6.9		14.0		7.9

## Percent of Very Low Birth Weight <1500 Grams

Compared to 2011, the number of cases has decreased by 37% since 2011 with a 30% drop in the rate of VLBW infants. You are three times as likely to have a VLBW infant if you are AA/Black.

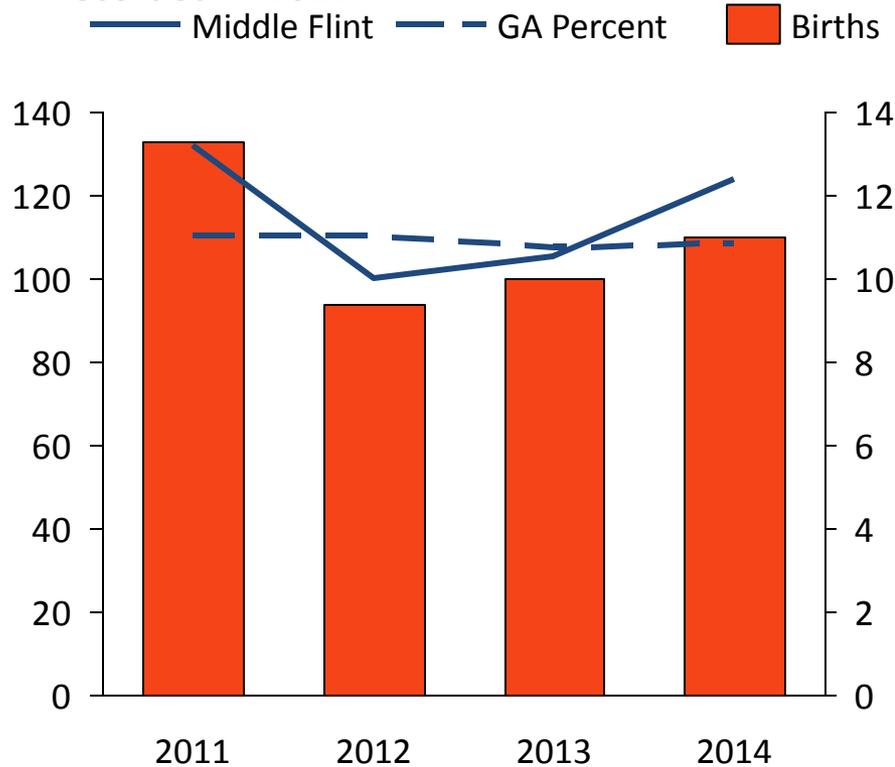


Data Source: Georgia Department of Public Health, Oasis

	White				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	1	0	0	2	3	*
Macon	0	0	1	0	1	*
Marion	0	0	0	1	1	*
Schley	0	0	0	0	0	0.0
Stewart	0	1	0	0	1	*
Sumter	0	0	1	1	2	*
Taylor	1	0	2	0	3	*
Webster	1	0	0	0	1	*
Summary	3	1	4	4	12	0.8
GA						1.2
	Black/AA				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	4	1	0	2	7	3.0
Macon	0	4	3	1	8	2.8
Marion	0	1	1	0	2	*
Schley	0	1	1	0	2	*
Stewart	1	0	0	1	2	*
Sumter	16	3	5	7	31	3.3
Taylor	3	1	1	1	6	3.6
Webster	0	0	0	0	0	0.0
Summary	24	11	11	12	58	3.0
GA						3.1
	Other				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	0	0	0	0	0	0.0
Macon	0	0	0	1	1	*
Marion	0	0	1	0	1	*
Schley	0	0	0	0	0	0.0
Stewart	0	0	0	0	0	0.0
Sumter	0	1	2	0	3	*
Taylor	0	0	0	0	0	0.0
Webster	0	0	0	0	0	0.0
Summary	0	1	3	1	5	1.4
GA						1.3

## Premature Births <37 Weeks Gestation

Infants born premature often require specialized medical care including intensive care nursing. Risk factors for prematurity include lack of pre-conception health, lack of prenatal vitamins, smoking, alcohol or drug use, and birth spacing. The total number of premature births has decreased by 17% from 2011 with the lowest recorded in 2012.



	White				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	4	1	2	7	14	8.8
Macon	5	3	3	3	14	6.2
Marion	4	2	4	8	18	8.5
Schley	3	1	2	2	8	5.7
Stewart	3	2	1	1	7	12.1
Sumter	6	15	9	14	44	8.8
Taylor	7	2	6	2	17	9.7
Webster	1	0	1	1	3	
Summary	<b>33</b>	<b>26</b>	<b>28</b>	<b>38</b>	<b>125</b>	<b>8.3</b>
GA						<b>9.5</b>

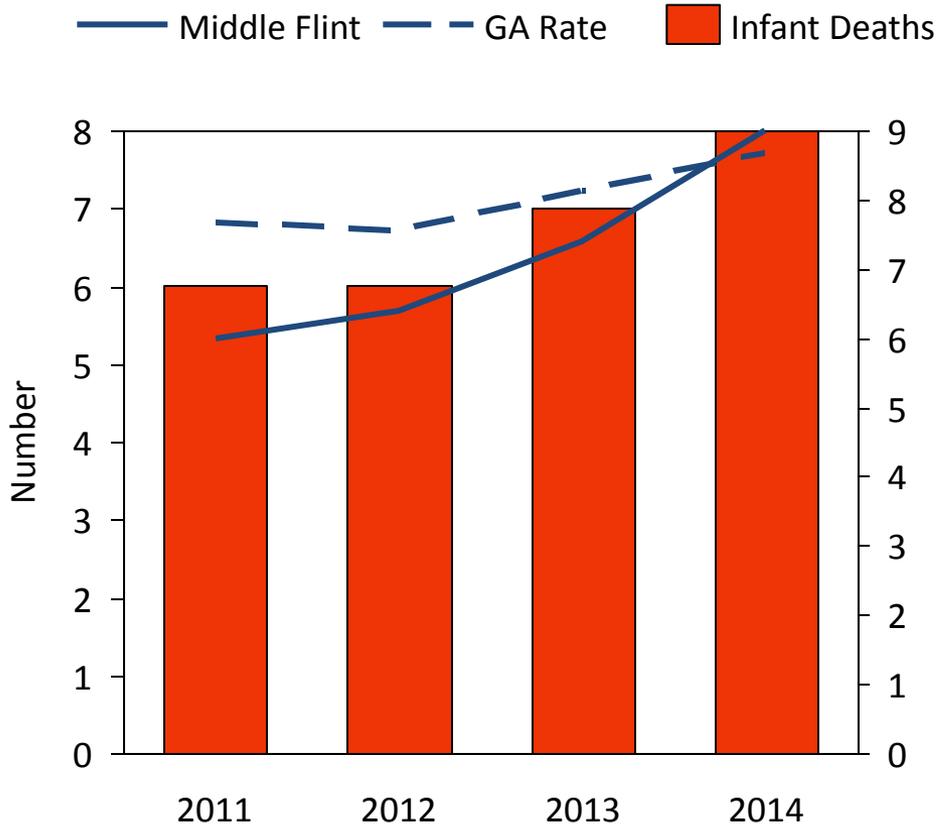
	Black/AA				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	17	2	7	7	33	14.3
Macon	8	9	11	10	38	13.5
Marion	2	7	4	4	17	16.2
Schley	2	3	3	0	8	17.8
Stewart	6	2	1	5	14	10.7
Sumter	43	30	32	34	139	14.9
Taylor	10	5	5	2	22	13.2
Webster	5	0	1	1	7	14.9
Summary	<b>93</b>	<b>58</b>	<b>64</b>	<b>63</b>	<b>278</b>	<b>14.3</b>
GA						<b>13.8</b>

	Other				Total	
	2011	2012	2013	2014	N	% Of
	N	N	N	N		
Dooly	3	4	1	1	9	16.1
Macon	0	0	0	2	2	
Marion	0	3	3	1	7	13.7
Schley	0	1	0	1	2	
Stewart	0	0	0	1	1	
Sumter	3	2	4	2	11	7.3
Taylor	1	0	0	0	1	
Webster	0	0	0	1	1	
Summary	<b>7</b>	<b>10</b>	<b>8</b>	<b>9</b>	<b>34</b>	<b>9.8</b>
GA						<b>9.1</b>

# Infant Mortality Rate

Both the rate and raw totals have steadily increased since 2011. There has been a 33% increase in the total number infant deaths and a 28% increase in the infant mortality rate. Since 2011, an AA/Black infant is 85% more likely to die than if they were white.



	White				Total	
	2011 N	2012 N	2013 N	2014 N	N	% Of
Dooly	0	0	0	0	0	0.0
Macon	0	0	0	0	0	0.0
Marion	0	0	0	1	1	*
Schley	0	0	0	0	0	0.0
Stewart	0	1	0	1	2	*
Sumter	0	0	0	1	1	*
Taylor	0	1	2	0	3	*
Webster	1	0	0	0	1	*
Summary	1	2	2	3	8	5.3
GA						5.7
	Black/AA				Total	
	2011 N	2012 N	2013 N	2014 N	N	% Of
Dooly	3	0	0	0	3	*
Macon	0	2	0	0	2	*
Marion	0	1	2	0	3	*
Schley	0	0	0	0	0	0.0
Stewart	0	1	1	0	2	*
Sumter	2	0	2	4	8	8.6
Taylor	0	0	0	1	1	*
Webster	0	0	0	0	0	0.0
Summary	5	4	5	5	19	9.8
GA						11.7
	Other				Total	
	2011 N	2012 N	2013 N	2014 N	N	% Of
Dooly	0	0	0	0	0	0.0
Macon	0	0	0	0	0	0.0
Marion	0	0	0	0	0	0.0
Schley	0	0	0	0	0	0.0
Stewart	0	0	0	0	0	0.0
Sumter	0	0	0	0	0	0.0
Taylor	0	0	0	0	0	0.0
Webster	0	0	0	0	0	0.0
Summary	0	0	0	0	0	0.0
GA						4.9

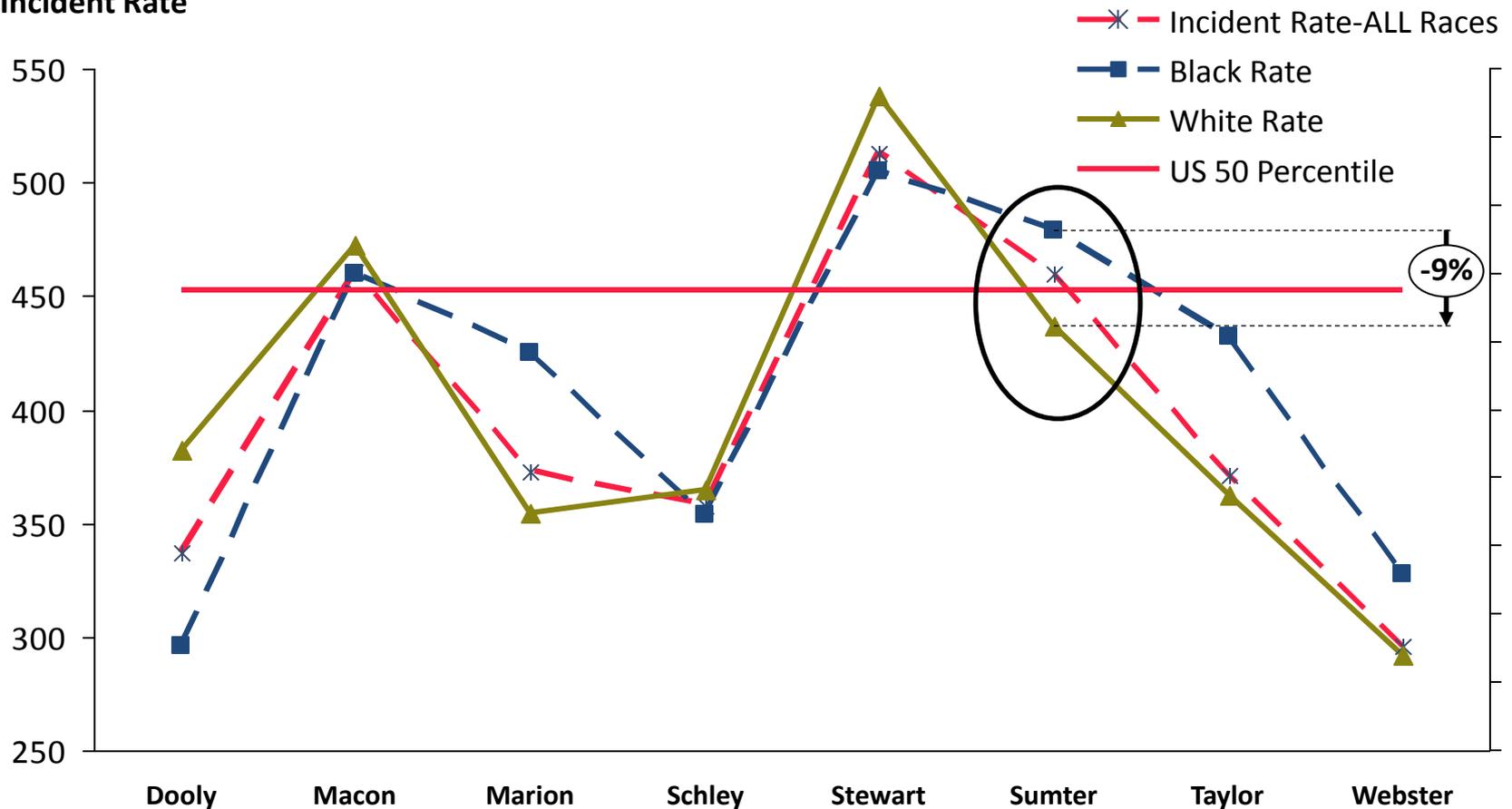
# Age Adjusted Incident Rate-All Cancer Sites

*Includes Dooly, Macon, Marion, Schley, Stewart, Sumter, Taylor and Webster*

**Date Range: 2008 thru 2012**

AA/Black have a slightly higher Age Adjusted Incident Rate for all Cancer Sites compared to whites. AA/Black are slightly above the US 50<sup>th</sup> Percentile while whites are slightly below the US 50<sup>th</sup> Percentile in Sumter County.

## Incident Rate



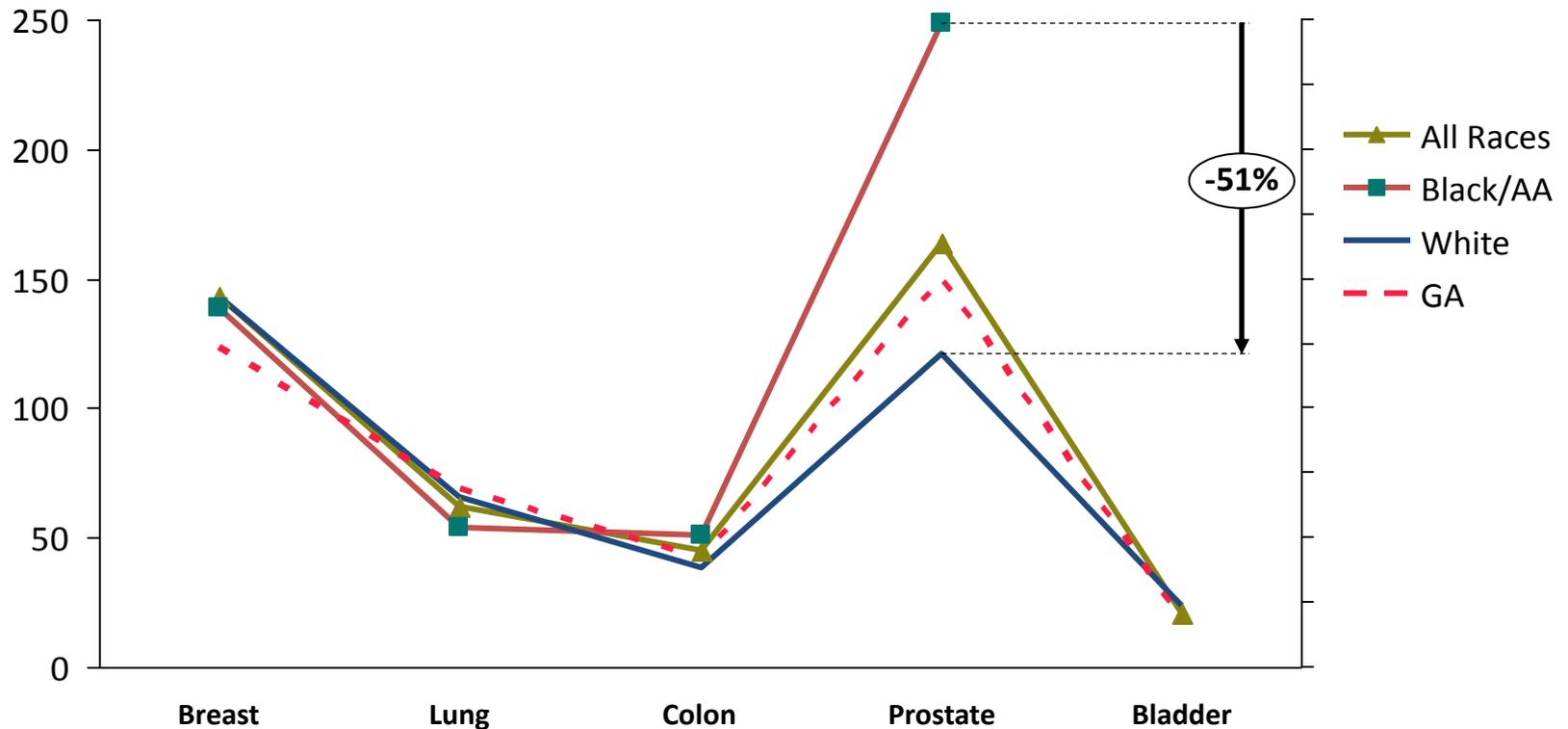
# Age Adjusted Incident Rate-Top Five Cancer Sites

*Sumter County*

**Date Range: 2008 thru 2012**

Of the five top cancers, four show little difference in incident rate. However, you are twice as likely to be diagnosed with Prostate Cancer if you are AA/Black compared to whites.

## Incident Rate

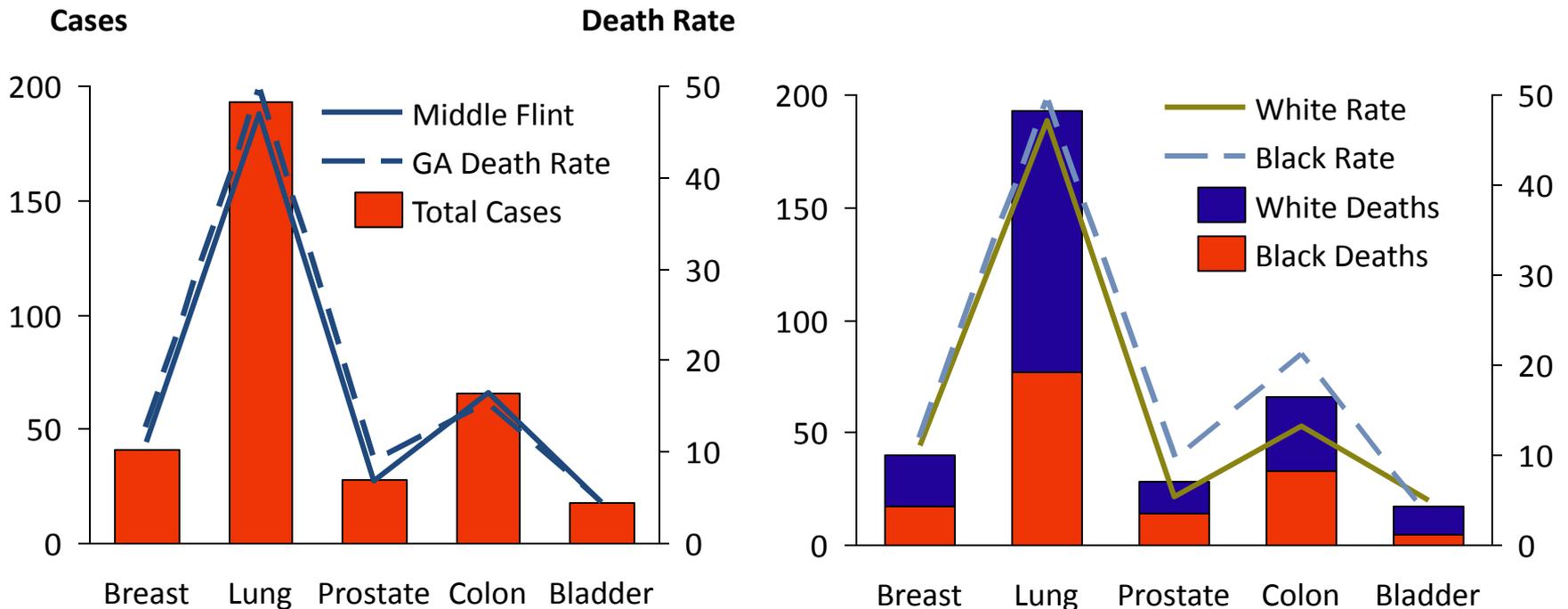


# Age Adjusted Death Rate by Site

*Includes Dooly, Macon, Marion, Schley, Stewart, Sumter, Taylor and Webster*

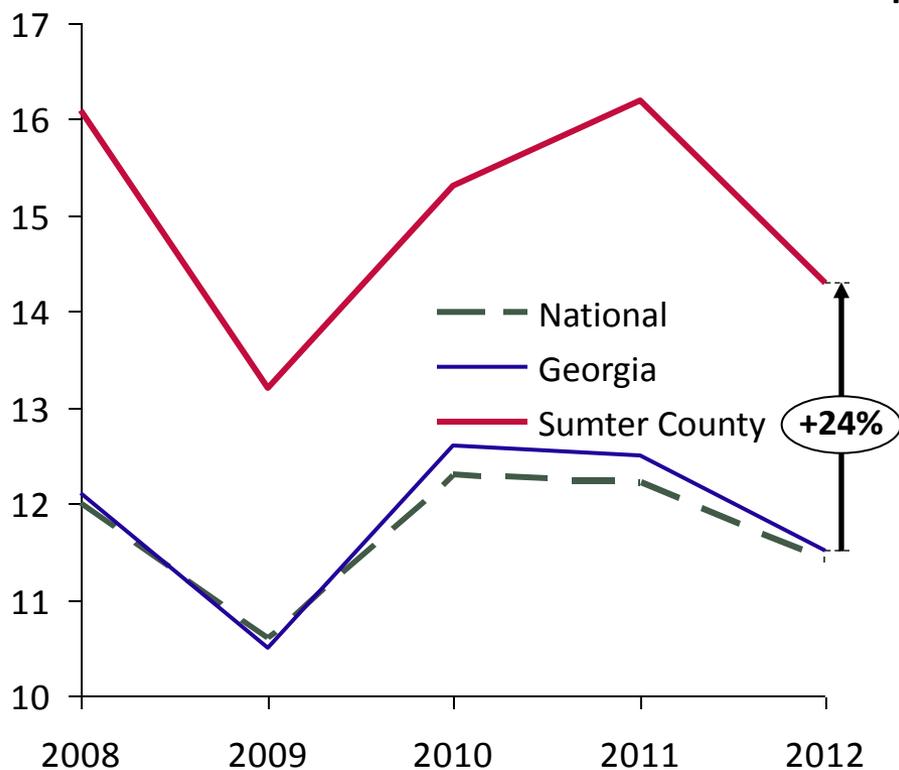
**Date Range: 2011 thru 2014**

Lung Cancer had the highest number of deaths and the largest Age Adjusted Death rate of all cancers. For the most part, Middle Flint Region death rates hugged the state rates. By race, you were more likely to die from Prostate and Colon cancer if you were AA/Black compared to whites. All other rates for Breast, Lung and Bladder are not significantly different.



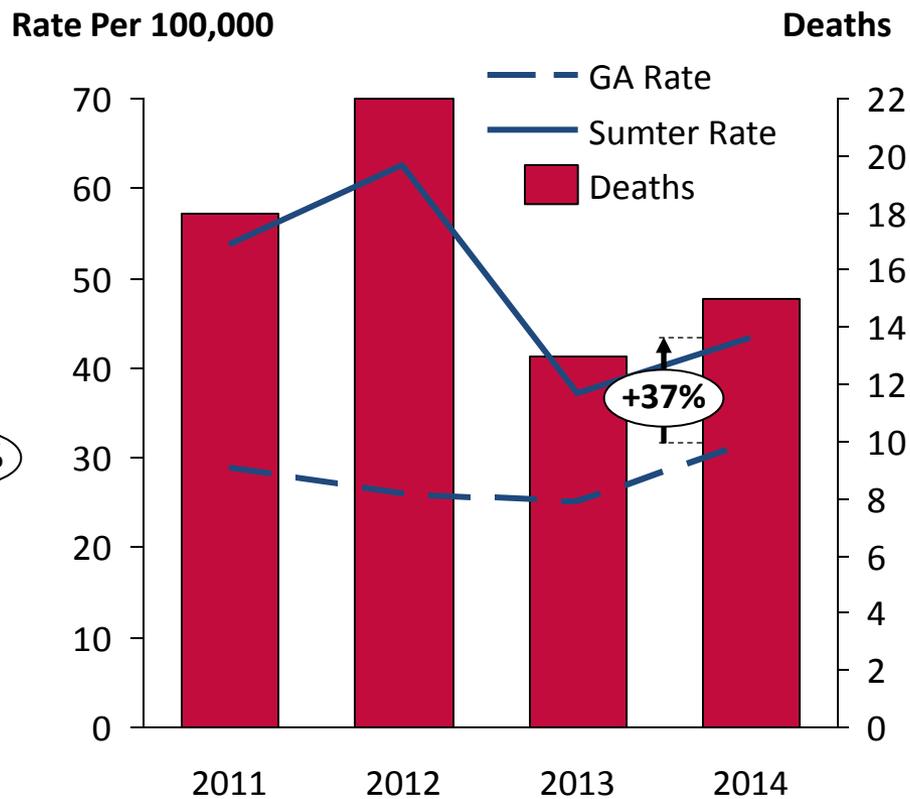
The Alzheimer's Association estimates that 7.1 million people age 65 and over will have the disease by 2025. Currently, Alzheimer's and other dementias are estimated to cost \$107 billion dollars in 2013. The prevalence of Alzheimer's is 24% higher and the Age Adjusted Death Rate is 37% higher than the Georgia average.

**Prevalence of Alzheimer's Among Medicare Beneficiaries-Age 65+**



Data Source: Centers for Medicare & Medicaid Services, 2016

**Deaths and Age-Adjusted Death Rate, Alzheimer's Sumter County**

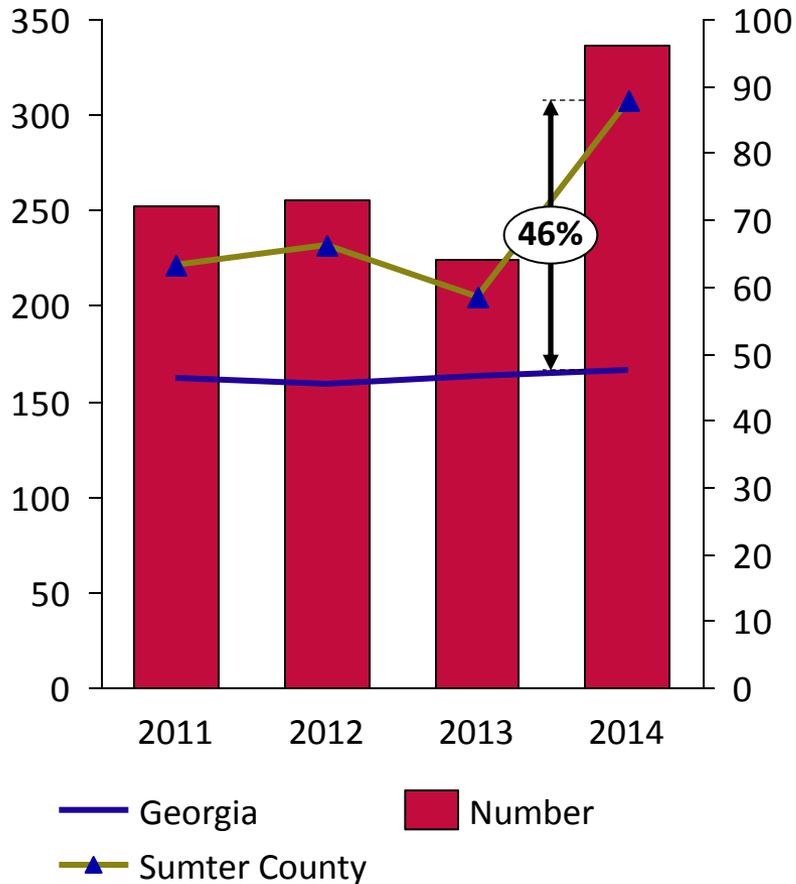


Data Source: GA Department of Public Health, Oasis, 2016

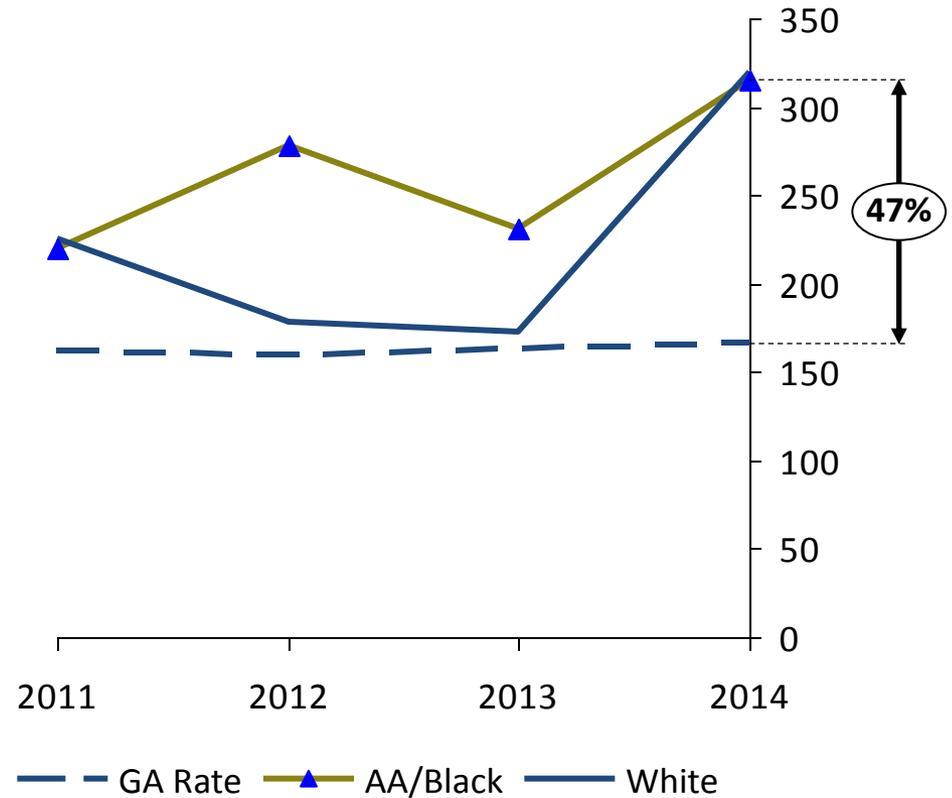
## Age Adjusted Inpatient Discharge Rate: Kidney Disease

Data shows that Inpatient Discharges in Sumter County for Kidney Disease are almost twice as high as the Georgia Average [see combination chart] with little difference between races in 2014 [see line graph].

Rate per 100,000

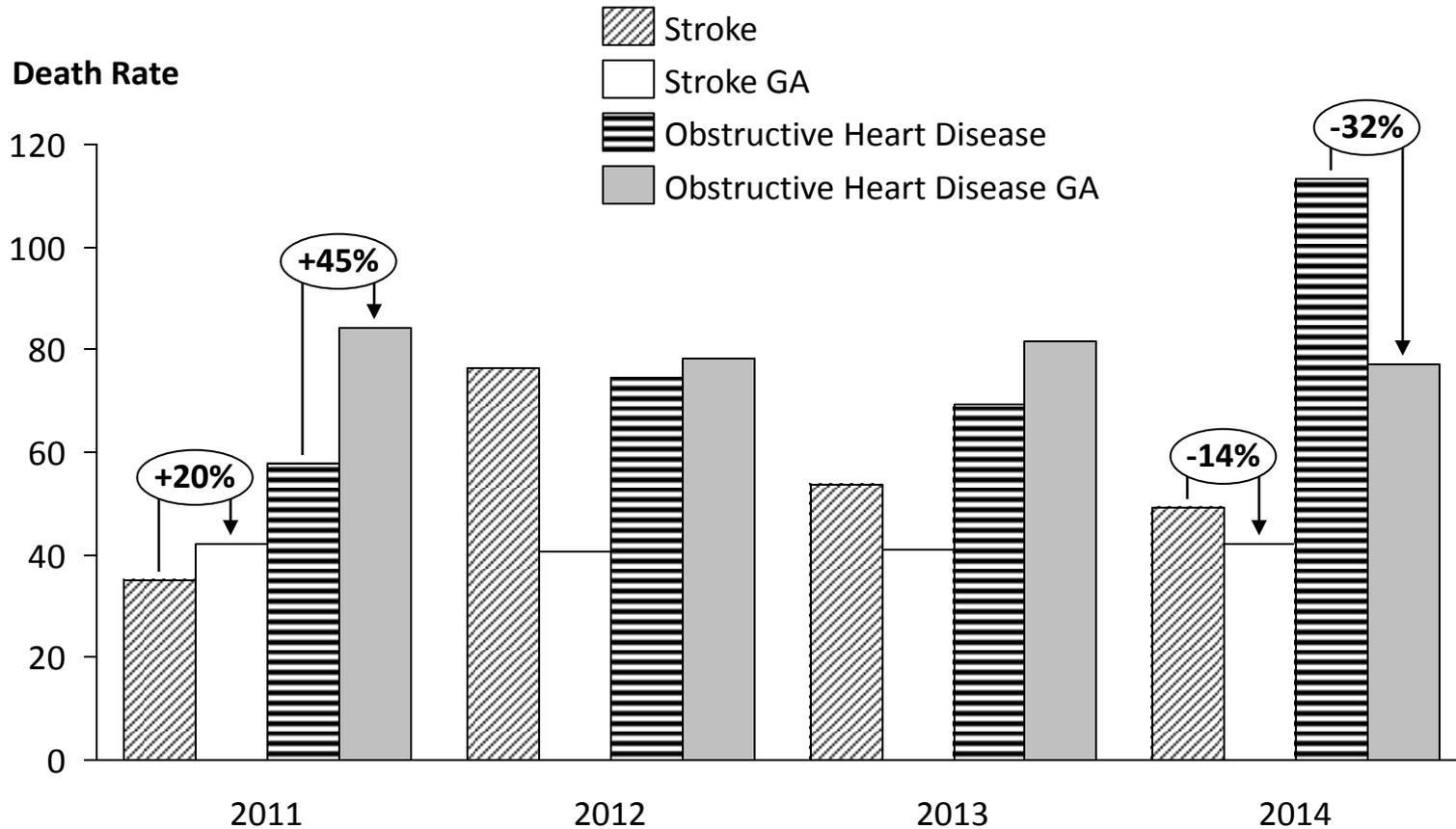


Cases



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

Comparing Age Adjusted Death Rates due to Stroke and Obstructive Heart Disease including Heart Attack in Sumter County. In 2014, the age adjusted death rate for Stroke and Obstructive Heart Disease exceeded State Averages. Stroke was 14% higher and Obstructive Heart Disease was 32% higher in Sumter County than the rest of the state.



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

APPENDIX II

# **FINANCIAL ASSISTANCE POLICY**

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**Approved by:** PPHS Board of Directors

**Review Period:** Annually

**Contact Information:** VP Revenue Cycle

Review Date:

Revised Date:

Approval Date:

Effective Date:

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**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

# **COMMUNITY INPUT AND ENGAGEMENT**

# Gaps in The Healthcare Continuum (Macon County)

## What did we miss?

Prevention  
and  
Wellness

Primary  
and  
Specialty  
Care

Acute  
and  
Emergency  
Care

Post  
Acute  
Care

End of  
Life  
Care

The Healthcare Continuum

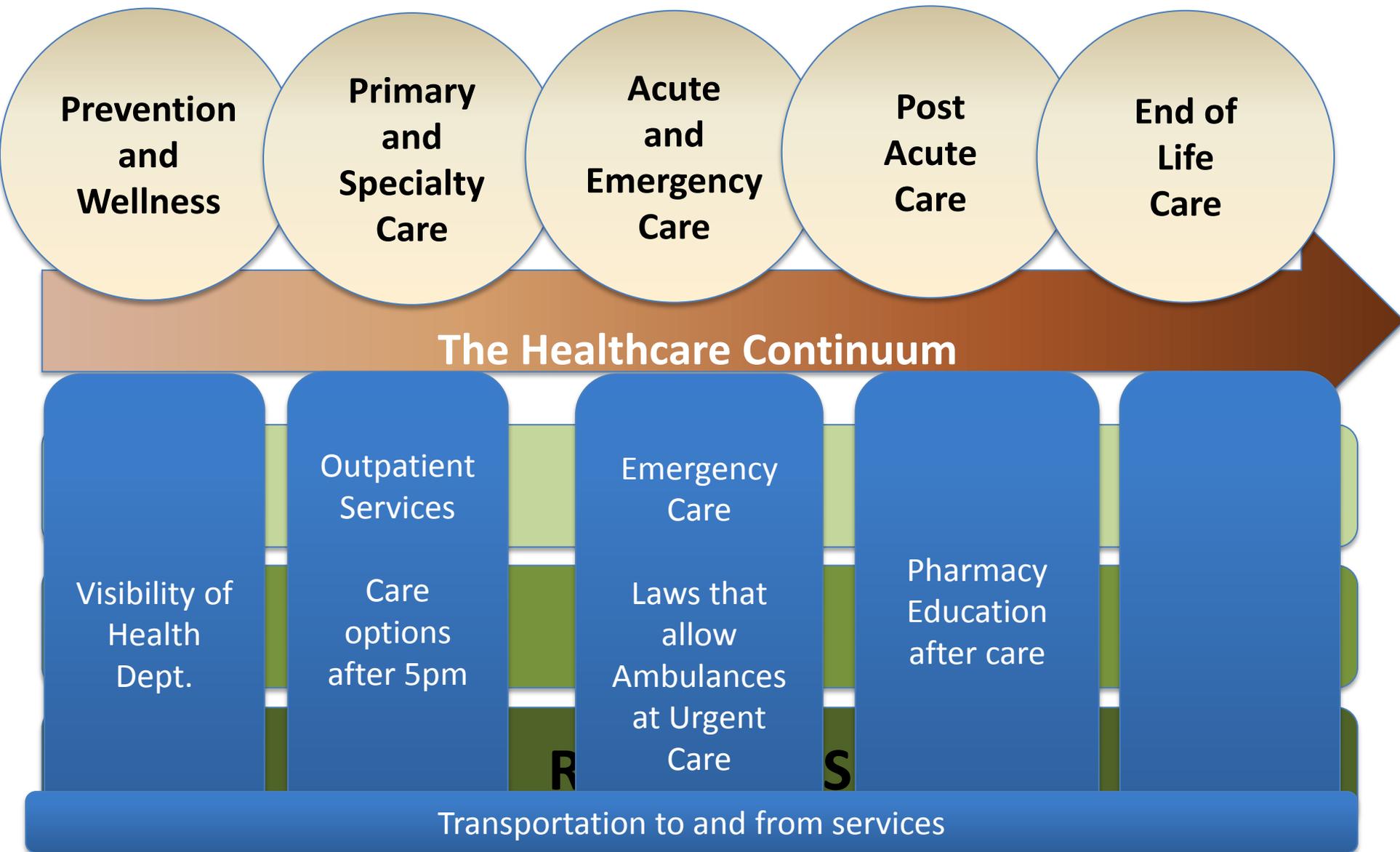
PEOPLE

PROCESS

RESOURCES

# Gaps in The Healthcare Continuum (Macon County)

## What did we miss?



# Gaps in The Healthcare Continuum-Schley County

## What did we miss?

Prevention  
and  
Wellness

Primary  
and  
Specialty  
Care

Acute  
and  
Emergency  
Care

Post  
Acute  
Care

End of  
Life  
Care

The Healthcare Continuum

PEOPLE

PROCESS

RESOURCES

# Gaps in The Healthcare Continuum-Schley County

## What did we miss?

**Prevention  
and  
Wellness**

**Primary  
and  
Specialty  
Care**

**Acute  
and  
Emergency  
Care**

**Post  
Acute  
Care**

**End of  
Life  
Care**

### The Healthcare Continuum

Promotion  
and  
Utilization of  
existing  
services

Education on  
health  
statistics and  
healthy  
behaviors

Community  
Exercise  
Options

Outpatient  
Specialty  
Services

Improved  
local clinic  
options

Care options  
after 5pm  
and after  
12pm on  
weekends

No local  
home health  
or  
rehab/skilled  
nursing care

R

S

# What did we miss?

Prevention  
and  
Wellness

Primary  
and  
Specialty  
Care

Acute  
and  
Emergency  
Care

Post  
Acute  
Care

End of  
Life  
Care

The Healthcare Continuum

PEOPLE

PROCESS

RESOURCES

# Gaps in The Healthcare Continuum-Stewart and Webster

## What did we miss?

Prevention  
and  
Wellness

Primary  
and  
Specialty  
Care

Acute  
and  
Emergency  
Care

Post  
Acute  
Care

End of  
Life  
Care

### The Healthcare Continuum

Limited  
Health Dept  
services

Education on  
healthy  
behaviors/  
Dietary  
Education

No local  
Health Fair

Outpatient  
Specialty  
Services

No WIC  
Providers

No PCP in  
Webster Co

Care options  
after 5pm  
and  
weekends

Limited  
Home Health  
Access due  
to CON on  
HH Agencies

Transportation to and from services

## Regional Advisory Council Members

Name	Title	Name	Title
Ajay Gehlot	Physician/SWGA Healthcare	Daniel Singleton	Physician
Barbara Gaston	Nurse Manager	Kristy Smith	Nurse Manager
Steve Sanders	County Administrator	Bill Sawyer	County Administrator-Schley
Don Williford	EMS Director Dooly County	Duane Montgomery	Schley County EMS Director
Dhara Patel	Unadilla Drug Company	Paula Williams	Gills Drug Store
Steve and Frank Morgan	Forbes Drug Company	Julie Oliver	Physician's Assistant
Charlotte Best	Director, Pine Hill Nursing Home	Teresa Thomas	Nurse Manager
Tracy Hall	Nurse Manager	Leisa Eason	Georgia Southwestern University
Regina McDuffie	County Manager	Adolph McLendon	Mayor
Dr Richard Chase	D.O.	Ed Lynch	Stewart County-EMS Director
William Weaver	Director of Macon Co EMS	Steve Metheny	Four County Health and Rehab
Kenneth Rogers	Flint River Pharmacy	Luneda Brown	Nurse Manager
Renee Barrett	Nurse Manager	Dennis Billings	Mayor of Desota
Tim Sweezy	Marion County Manager	Linda Cobb	Mayor of Leslie
John Lassen	Marion County Director EMS	Boze Godwin	Mayor of Plains
Becky Powell	Becky's Drugstore	Charles Proctor	Sumter County-EMS Director
Cynthia Howard	Nurse Manager	Lenda Tauton	Taylor-County Manager
Bobby Bazemore	Smith Pharmacy	Gary Lowe	Taylor County-EMS Director
Michelle Stone	Nurse Manager	Darrell Holbrook	Webster County-EMS Director
Nikki Bryant	Adams Family Pharmacy		

**BUILDING RELATIONSHIPS  
&  
SHARE RESOURCES**



Partnerships Between  
Community Organizations

Current List of Available Care

Health Fair for Hispanics  
Families in Spanish

Communication Website to  
Share Resources

Creating Access to Healthy  
Environments

Awareness of Resources

Knowing About Resources  
(Health and Food)

Resource Directory on  
Healthcare Services

Better Working Relationships  
between Health/Health Care  
Facilities

Racial Harmony

Broad Approach  
Cooperation of Similar Groups

Involve More People in  
Community Issues

Churches Need to Step Up and  
Love ALL

Bring Information to Social  
Engagement Organizations

**PROMOTE HEALTHY LIFESTYLES**



Indoor/Outdoor Health &  
Wellness Facility

Get People Moving Especially  
Kids

Improve Access to Health  
Promotion Activities

Increase Attendance to Health  
Related Activities

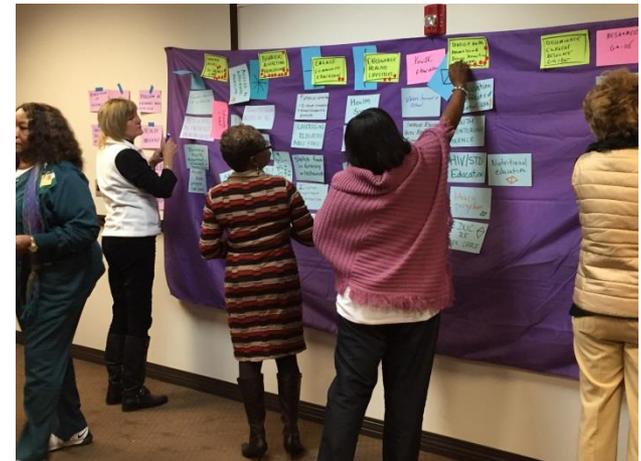
Modeling Healthy Behaviors

Cater to our YOUTH (food  
programs, after school,  
playgrounds)

Reduce Obesity

Identify School & Church  
Champions to Increase Physical  
Activity

On January 26<sup>th</sup>, Maggie McGruther, Kat Mourninghan (owner of Center Stage Market), Mary Alice Applegate met with Mark Miller, Input Session Facilitator, to consolidate the recommendations from the two input sessions. The small team grouped similar themes, deleted duplicate ideas, move ideas to other themes and renamed each consolidated group with a new title and re-tabulated the dots.



**CONSOLIDATED PHOEBE SUMTER INPUT SESSIONS**  
**Community Health Needs Assessment**

January 19 & 20 2016

**ENGAGE LEADERSHIP IN AFFECTING COMMUNITY AND ECONOMIC DEVELOPMENT PRIORITIES**



- Leveraging Public and Private Resources
- Decrease Children In Poverty
- SWGA Foods in Grocery and Restaurants
- Improved Public Education System
- Decrease Crime Rate
- Attract/Retain 20-40 YR Olds In Community
- Improve Employment Opportunities
- Attract Jobs/Industries

**EVALUATE & DETERMINE SPECIALTY CARE NEEDS**



- Evidence-Based Dementia Programs (RCI Reach)
- Mental Health (Places like Serenity Farms)
- Behavioral Health Treatment and Crisis Placement
- Inpatient Pediatric Floor
- Geriatric Physicians Do In-home Care

**IMPROVE DISCHARGE PROCESS**

- 48 Hour Follow-up From Hospital
- Health Education (Patients complying/not complying)
- Bedside Delivery of Medication to Patients Being Discharged

**EXPLORE & RECOMMEND SOLUTIONS TO HEALTHCARE BARRIERS**



- Affordable Medicine
- Affordable, Reliable Transportation
- Homelessness
- Expand Delivery to Rural Sumter County
- Coaches, Resources for \$ Available
- Caregiver Support (Sitter's Funding)
- Education Access to Help

**INCREASE PARTICIPATION FOR PREVENTION EDUCATION**



- Literacy Programs
- Youth Mentoring (Violence Prevention)
- Offer Health Cooking Classes
- Alcohol Abuse Prevention Education
- Nutritional Education
- Financial Management in Schools
- Values Learned in School
- Expand Sex Education to Include Healthy Relationships
- HIV/STD Education

## INPUT SESSSION PARTICIPANTS

### January 19 and 20<sup>th</sup> 2016

Name	Organization	Name	Organization
Sharon Leggett	Archway	Kat Mouringham	Center Stage
Mary Alice Applegate	Archway	Eshunda Blue*	Innovative Senior Solutions
Bonnie Gary	Phoebe-Sumter	Fred McLaughlin	Phoebe-Sumter Board Member
Laura Murphy	Phoebe-Sumter	Michelle Doggett	Phoebe-Sumter
Beverly Butcher	City of Americus	Mike Waldel	Phoebe-Sumter
Christina Ta	Maranatha Baptist Church	Donna Griffin	Phoebe-Sumter
Mary Anne Shepard	Georgia Southwestern University	Gloria Jones	Phoebe-Sumter
Susan Bruns	Phoebe-Sumter	Leisa Eason	Georgia Southwestern University
Jamie Crozier *	SWGA Healthcare	Raymarrius Brown	Destiny Fitness
Ramona Price	Middle Flint Behavioral Health	Russ Childers	Russ Childers Insurance
Ivy Oliver	Chamber of Commerce	Carolyn Campbell	St.Mary's Catholic Church
Anne Isbell	Lake Blackshear Regional Library	Maggie McGruther*	SWGA Children's Alliance
Natalie Thomas	Georgia Southwestern University	Darrell Sabbs	Community Benefits Coordinator
Jessica Wright*	Innovative Senior Solutions	Ashley Patterson	Phoebe-Sumter
Robbie Latimore	Phoebe-Sumter Board Member	Nyla Franklin	Phoebe-Sumter
Nancy Collins*	Middle Flint Behavioral Health	Krystal Heath	Sumter County Family Connection

## INPUT SESSION PARTICIPANTS January 19 and 20th

Name	Organization	Name	Organization
Dr. Shirley Reese*	Boys and Girls Club	Jennifer Pollard*	Magnolia Manor
Jennifer Pollard*	Magnolia Manor	Louise Tucker*	Sumter Faith Clinic
Bhuni Patel	Georgia Southwestern University	Jaden Terry	Student
Bill Tweeny	City of Americus	Sonny Pinckard*	Harvest of Hope
Ginger Pinckard*	Harvest of Hope	Jessica Davis	American Cancer Society
Norm Graves*	Council on Aging	Judy Tott	Retired
Betty Tatum	Retired Hospital Employee	Luneda Brown*	Sumter County Health Department
Kirk Lyman Barner	Pastor	Spencer smith	Pharmacist, Doctor's Pharmacy
Valerie Shoulta	Center Stage Market		

\* Represents Low Income, Medically Underserved & Minority Populations

## **Key Leader Interviews**

### **Phoebe Sumter Community Health Needs Assessment**

### **December 2015**

#### Purpose

To gather information, input and feedback from selected key leaders in the Sumter County to identify health care needs for the 2016-2019 Community Health Needs Assessment. Interviews were conducted between August and November of 2015.

#### Number of Interviews (9)

**Reverend Larry P Sims, Pastor of Union Tabernacle Baptist Church, Americus Georgia**  
**Barbara Grogan, Executive Director, Chamber of Commerce and Payroll Development Authority**  
**Dr. Wallace Mays, Physician**  
**Barry Blount, Mayor of Americus**  
**Charles Proctor, Owner of Gold Star Emergency Medical Services**  
**Randy Howard, Sumter Board of Commissioners, Chairman**  
**Eshonda Blue, Innovative Senior Solutions, CEO\***  
**LaNita Brown, RN, County Nurse Manager, Sumter County Health Department\***  
**Anna Stinchcum, Nurse Practitioner, After Hours Care\***

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

#### Key Leader Interviews Conducted by:

Marcus Johnson, Director of Marketing, Phoebe-Sumter

#### Findings Compiled by,

Sabrina Cherry, UGA Graduate Student

#### Report Written by,

Mark Miller, Strategy Data Analyst, Phoebe Putney Memorial Hospital

#### Requested by

Brandi Lunneborg, Chief Executive Officer, Phoebe Sumter Medical Center

# I. Introduction

## A. Purpose/Objectives of Research

The purpose of the Key Leader Interviews was to gather information, gain knowledge and receive input regarding health issues facing the Phoebe Sumter service area as part of the 2016-2019 Community Health Needs Assessment (CHNA).

### Methodology

Marcus Johnson (Phoebe-Sumter liaison) met with the project coordinator (Mark Miller) and Community Benefits Coordinator (Darrell Sabbs) to discuss and select CHNA interviewees that complies with requirements outlined in the IRS code 990. Nine participants received face to face interviews and represented religious, business, political, public health, the elderly, physicians and afterschool programs. Eleven other participants, all members of the Americus Rotary Club, received a modified written version of the survey and completed during an official meeting. All face to face interviews were conducted by Marcus Johnson. The responses were transferred to an Excel spreadsheet by Sabrina Tindal Cherry, University of Georgia Intern for further analysis as part of the Key Leader Executive Summary.

### 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.

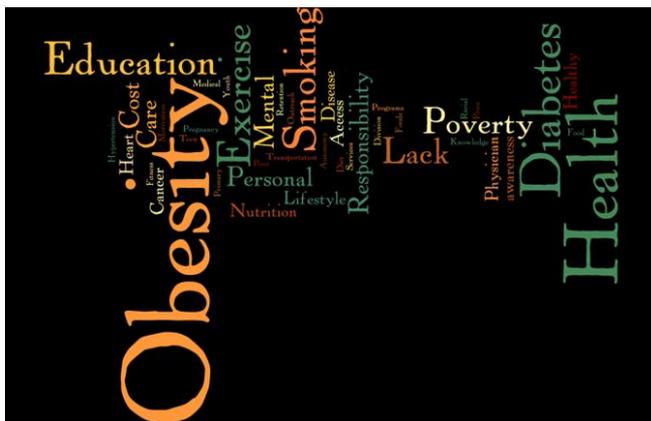
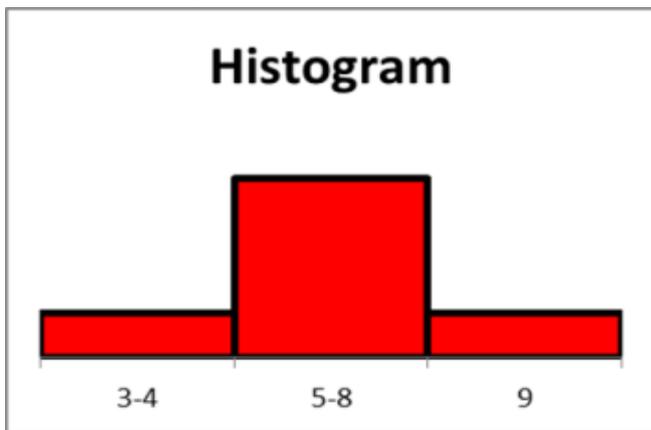
The reader may find some information that seems inconsistent in character on first reading this report. When such data appears in the context of findings, it should be considered as valid data from the participant point of view. That is, the participant may be misinformed or simply wrong in his/her judgment,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

- **Education and/or education system was identified as a Strength, Weakness, Opportunity, Threat and a Challenge facing children and families.**
  - Sumter County offers a k-8 Charter School, Elementary, Intermediate (Grade 5 thru 6), Middle (Grade 7 thru 8), a 9<sup>th</sup> Grade Academy, and Public and Private High School, home to Georgia Southwestern State University and South Georgia Technical College.
  - The Charter school has given the community a reason for optimism, but
  - Stigma and perception continue to fuel the public school system as underperforming.
  
- **While the area workforce was given thumbs up, it was off-set by diminishing job opportunities, a weak economy, and college graduates leaving the area to pursue employment elsewhere. Underneath this perceived reality is a quiet optimism and brewing excitement of potential downtown growth.**
  
- **The healthcare system and facilities received high marks with a mean score of 6.44 on a scale of 1 to 9(see histogram below).** However, there were noted challenges.
  - Access to healthcare was a visible block to care due to either cost, insufficient supply of Primary Care Providers and lack of needed specialty care.
  - **Poverty, Medicaid density and income equality were main financial drivers to healthcare access. Furthermore,**

**On a Scale of 1 to 9, Rate the Entire Healthcare System**



- **While cost of and access drive healthcare decisions, personal accountability and genetics play a dominant role in our well-being.**
  - Personal behaviors such as smoking and food choices are significant risk factors.
  - Family structure and cultural –healthcare access habits impede appropriate utilization.
  - Obesity, diabetes, health education and literacy, and smoking were the four major healthcare issues identified by respondents facing the Middle Flint Region today. (see word cloud).
  
- **Sumter County and surrounding counties have an ample supply of natural beauty and resources. If you are interested in hunting, fishing or golfing, it's within easy driving distance. The Sumter County Recreation department offers a full array of youth group sports activities. There are various parks and trails to accommodate those who enjoy walking or biking. And, for the most part, anyone who wants to exercise or enjoy a leisure activity can at little to no cost.**
  - Apathy, knowledge and awareness, and to lesser extent cost were given as reasons for not accessing recreational activities in Sumter County.
  - Recommendations included increased advertising, creating a walking/biking culture, the construction of bike lanes and building a YMCA.

- **While there are several places to purchase healthy foods, education and cost were identified as the biggest blocks.**
  - Walmart and local grocery stores have a selection of healthy foods.
  - There are seasonal food and vegetable stands that sell local produce direct.
  - Center Stage, located downtown, is a popular Organic Grocery store.