



2020-2022

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.

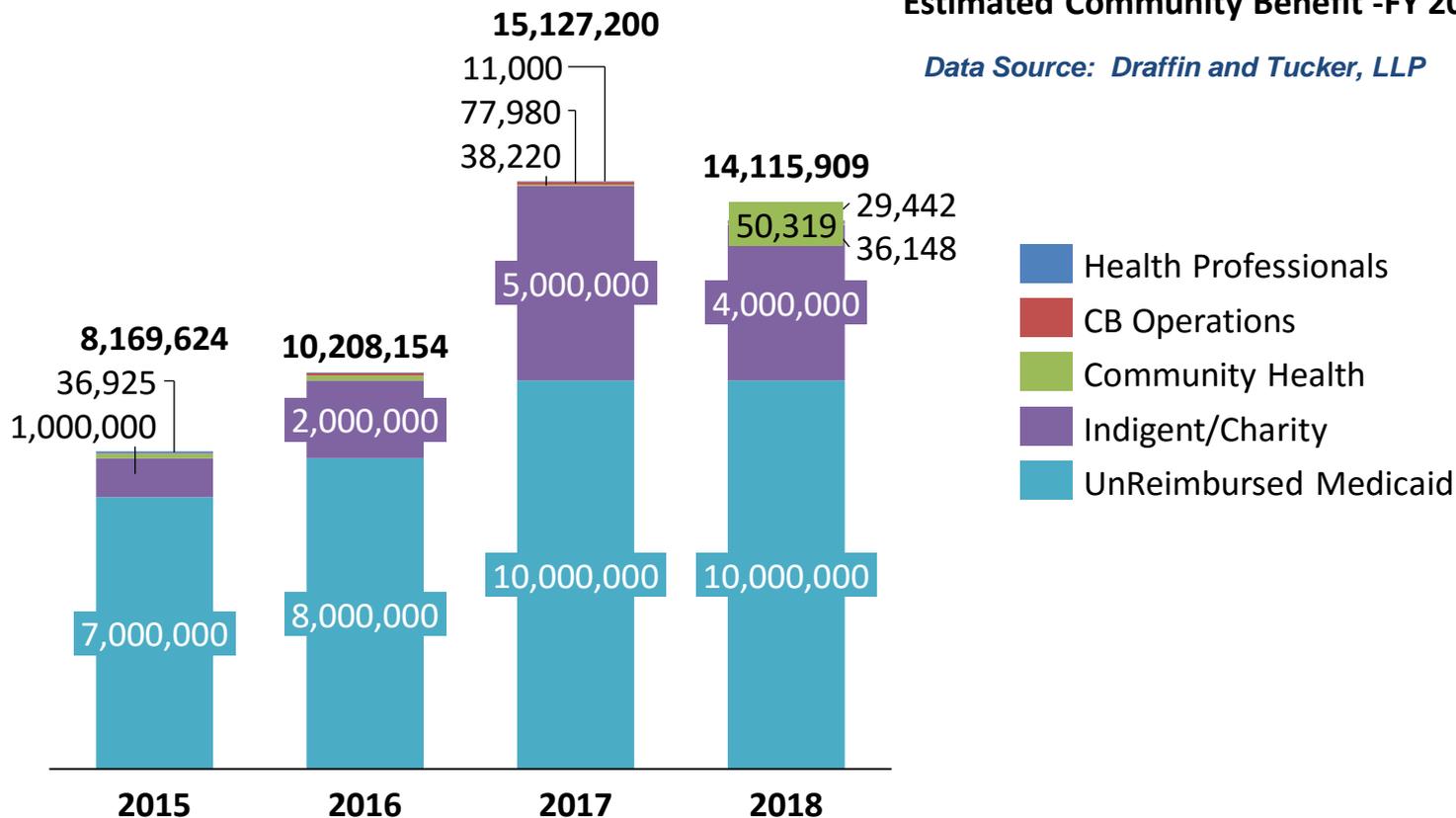
PSMC improves the health and well being of Southwest Georgia through clinical services, education, research, and partnerships that build health capacity in the community. PSMC provides community benefits for all citizens as well as for the medically underserved. It provides a wide-ranging array of community 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.

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

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

Estimated Community Benefit -FY 2015 thru FY2018

Data Source: Draffin and Tucker, LLP



SECTION I: Planning and Preparing for Assessment

The Internal Assessment Team was a blend of hospital staff, and strategic community partners located in Sumter County. The project Team Lead was Marcus Johnson, Director of Customer Service and Community Relations with oversight provided by Brandi Lunneborg, CEO, Phoebe Sumter. 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

Dr. Robbie Lattimore, Board Chair

Dr. Fred McLaughlin, Board Member, Chair-Community Benefit

Bardin Hooks, Board Member

Randy Jones, Board Member

Dr. Sandra Zornes, Board Member

Internal Work Team Members

Brandi Lunneborg, CEO

Susan Bruns, CNO

Michelle Doggett, Director of Finance

Mike Waldal, Director of Operations

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Ashley Stewart, Dietitian

Kim Hicks, Dietitian

Caitlin Downs, Wellness Coordinator, Healthworks

Partners for Healthy Sumter Initiative

John Watford, President, South Georgia Technical College

Clay Jones, Chairman, Sumter County Commissioners

Ivy Oliver, Interim Manager, One Sumter

George Edge, CEO, Americus Housing Authority*

Neal Weaver, President, GSW

Torrance Choates, Superintendent, Sumter County Schools*

Barry Blount, Mayor, Americus

Charles Conley, City Manager, Americus

Tim Estes, Director, Americus & Sumter County Parks & Recreation

Julie Sizemore, Interim Manager, Sumter County Health Department*

Tammye Jones, Sanford Bishop Office

Norris Harris, President, Sumter Area Ministerial Association

Jessica Sinclair, Director, Sumter County Family Connections

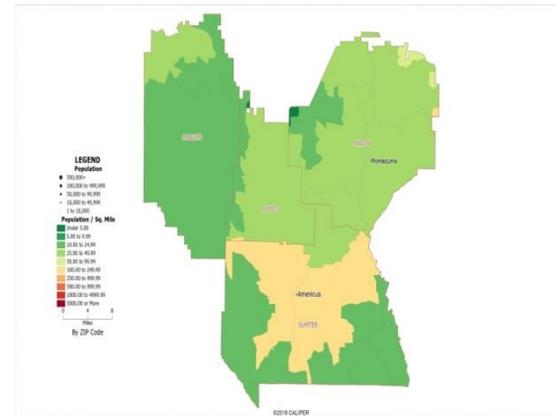
* Represents Medically Underserved or Vulnerable Populations



SECTION II: Defining Community and Key Demographic Data

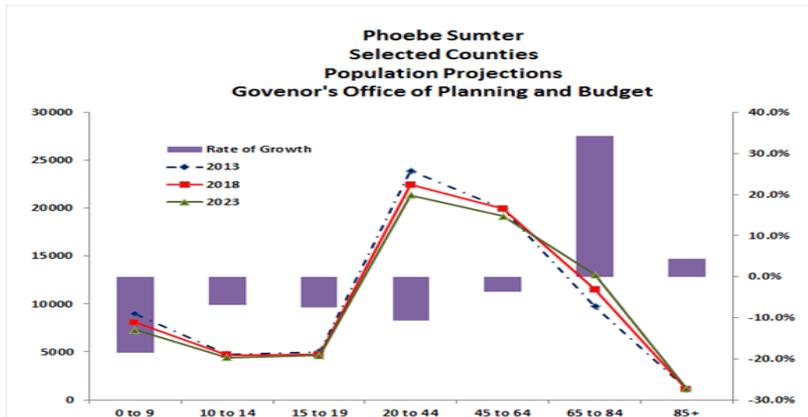
The Middle Flint Workforce Development Area 16 is made up of eight counties, Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor and Webster. The four main counties this report will focus on Marion, Macon, Schley and an amplified look into the largest county Sumter. The census estimated 2018 population is indicating an overall 7.9% decrease for these counties with 56,463 residents compared to the 2010 census totals of 61,311. The Governor’s Office of Management and Budget also reflects the rate of growth as declining in each age category except for 65 to 84 year olds, which is seeing a growth of 30%. [Chart 1] The density map [Figure 1] shows the people per square mile by census tract, the darker the color, the greater the density and below that [Chart 2] is a display of the population by age and race for our four counties.

Figure 1: Population Density Map

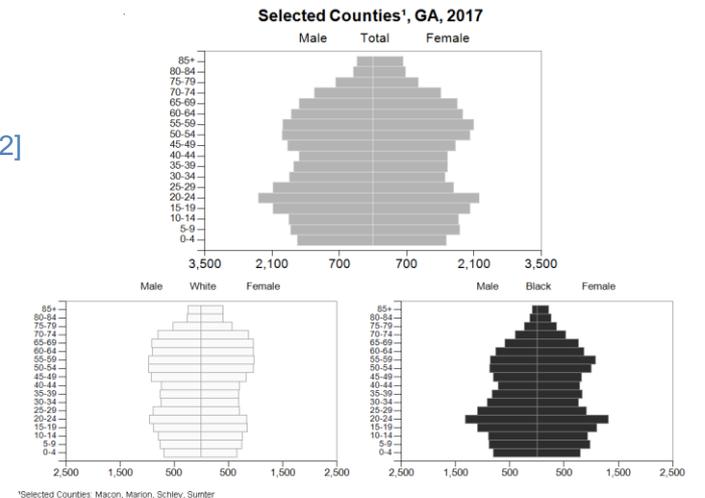


Number of Population by Age, Total, White and Black or African-American

Chart 1: Projected Population Growth Rate by Standard Age Range



[Chart 2]



*Selected Counties: Macon, Marion, Schley, Sumter

Primary data collecting took place in the largest county in the Middle Flint Region, Sumter.

2017 Data gathered from US Census Bureau, CES, On the Map, shows Americus, [figure 2] the seat of Sumter County and the largest city in the Middle-Flint Region employs half of the county's residents, at 5,909

Despite the decrease again in the unemployment rate for Sumter County, the number of people actually working has remained the same with little fluctuation since 2009.[Chart 4]

Chart 3

Unemployment Rate 2018

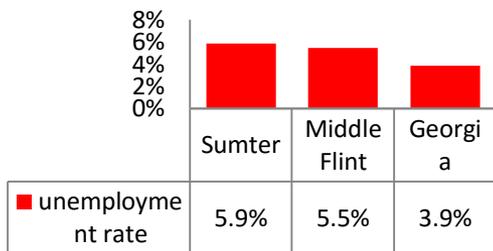


Figure 2

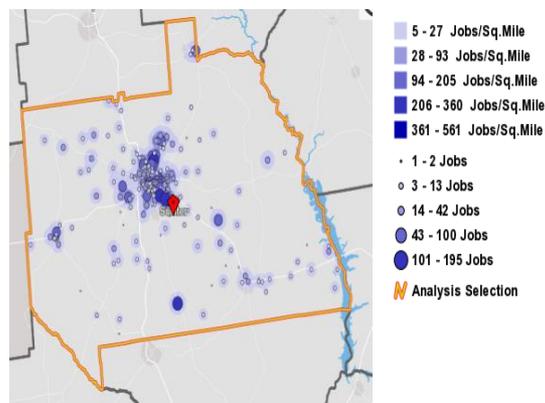
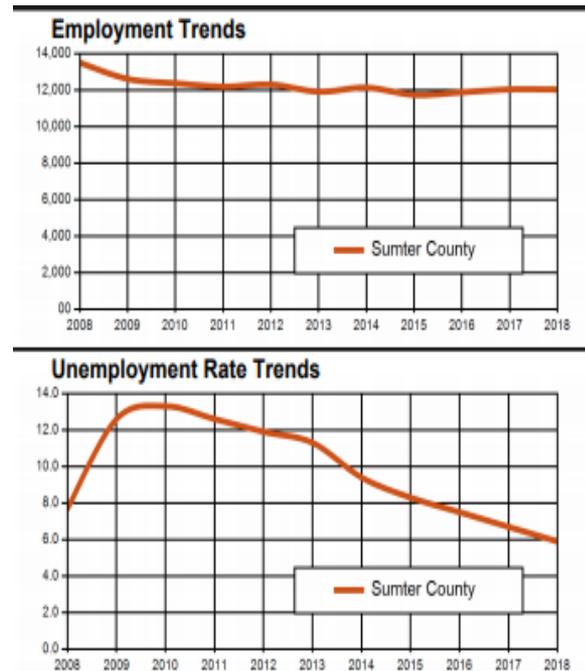


Chart 4



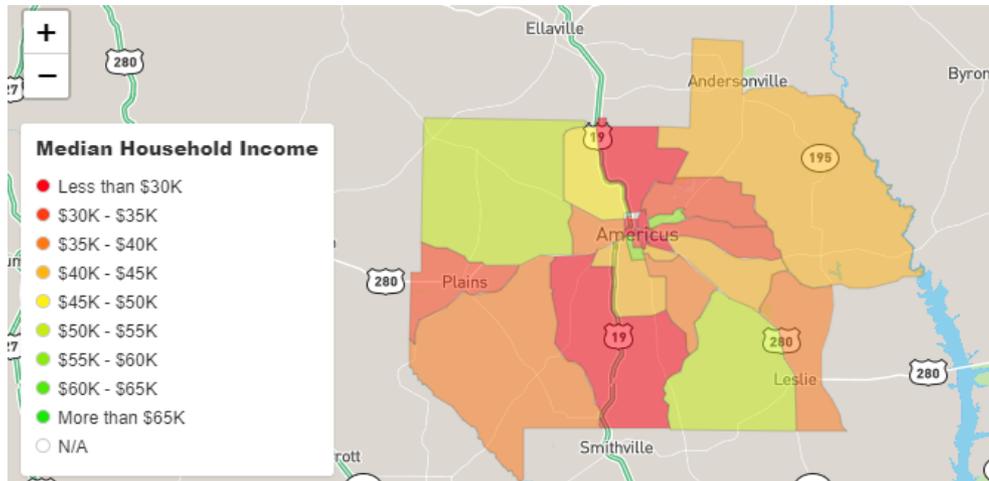
In 2015 the Middle Flint area population was 104,044 which ranked as 19th (last) of the nineteen workforce areas, according to the Region 8 workforce plan 2016-2020. The civilian labor force, for the Middle Flint Workforce Area for February 2019, was 41,228 with 39,149 employed and 2,077 unemployed. That gives the region an unemployment rate of 5.0%, which is an improvement from 2018's average of 5.5%, but still well above Georgia's 3.9%.[Chart 3]

In 2017, there were 1.32 times more Black or African American residents (16.1k people) in Sumter County than any other race or ethnicity. There were 12.2k White and 1.63k Hispanic or Latino residents, the second and third most common racial or ethnic groups.

2017 American Community Survey 5-Year Estimates

Sumter County, Georgia: Median Household Income

Median household income in the past 12 months (in 2017 inflation-adjusted dollars)

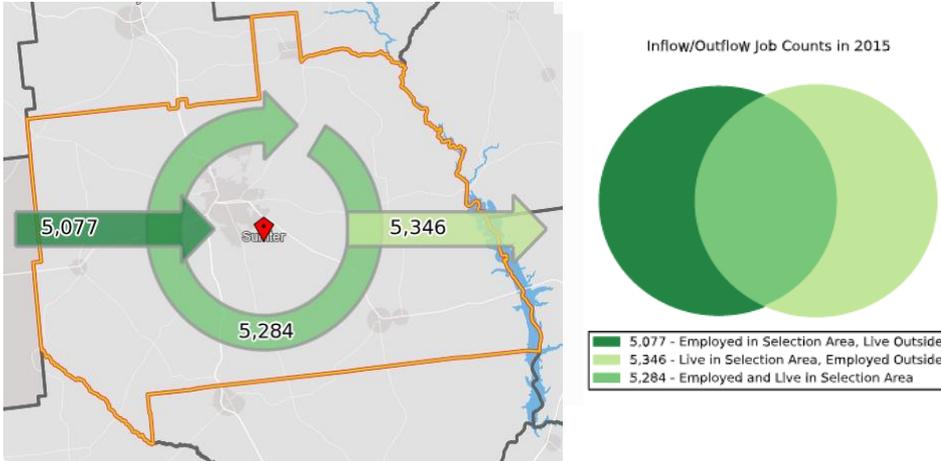


	↕ Total	↕ White	↕ Black
United States	57,652 8.7% ↑	61,363 9.2% ↑	38,183 7.4% ↑
Georgia	52,977 6.8% ↑	60,671 6.8% ↑	40,112 9.5% ↑
Sumter County, Georgia	34,219 2.1% ↑	48,562 3.2% ↑	22,766 -10.0% ↓

Area	↕ Total	↕ White	↕ Black		↕ Total	↕ White	↕ Black		↕ Total	↕ White	↕ Black
United States	57,652 8.7% ↑	61,363 9.2% ↑	38,183 7.4% ↑	United States	57,652 8.7% ↑	61,363 9.2% ↑	38,183 7.4% ↑	United States	57,652	61,363	38,183
Georgia	52,977 6.8% ↑	60,671 6.8% ↑	40,112 9.5% ↑	Georgia	52,977 6.8% ↑	60,671 6.8% ↑	40,112 9.5% ↑	Georgia	52,977	60,671	40,112
Marion County, Georgia	39,015 15.2% ↑	48,958 23.7% ↑	33,063 48.6% ↑	Macon County, Georgia	30,851 -0.2% ↓	46,471 25.2% ↑	18,942 -31.5% ↓	Schley County, Georgia	41,267 1.6% ↑	50,913 2.9% ↑	17,950 -12.6% ↓

An Inflow/Outflow count of Primary jobs shows 5,077 workers were employed in Sumter County but lived outside of the county, 5,284 lived and worked in Sumter and 5,346 lived in Sumter, but worked outside the county. [figure 3] The breakout of ethnicity within those jobs shows whites made up 57% of the workforce and AA/Blacks comprised 41%. [chart 5]

Figure 3



Of those employed, 27% had a high school diploma or equivalent, with no college, 26 % had some college, and 15.5% had a Bachelor's or advanced degree. [chart 6]

Chart 6 Education Level of Employed

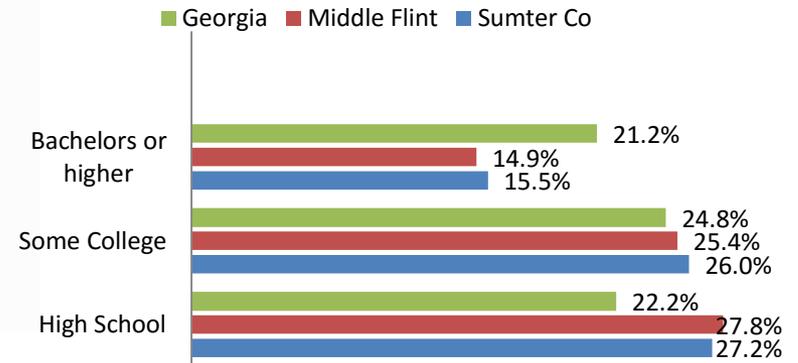
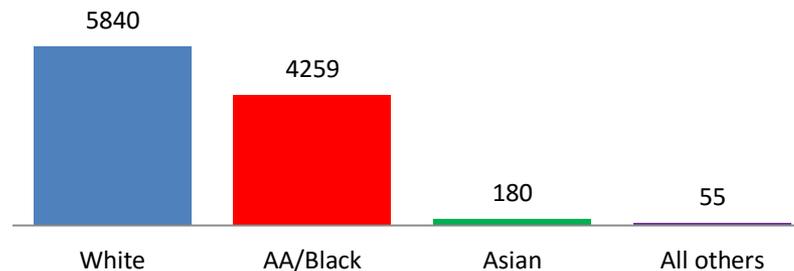
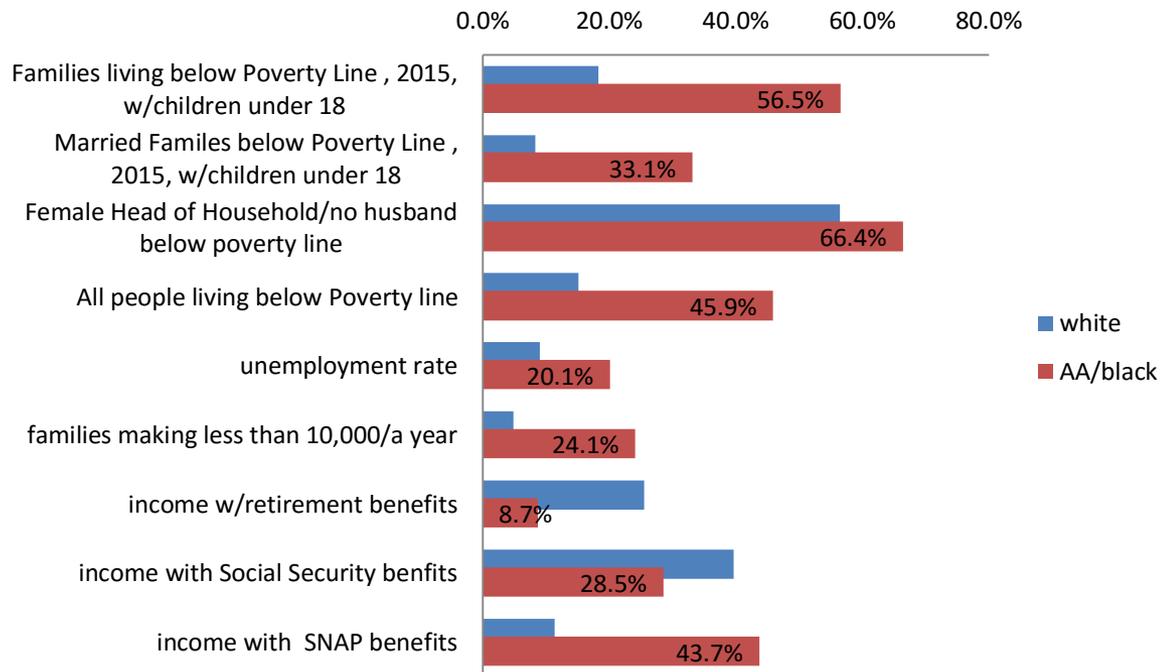


Chart 5 Ethnicity among workers



In 2017, an estimated 14.6 percent of Americans lived below the poverty line, up from 14.0 percent in 2016, yet improved from our last assessment of 15.9. While the improvement is good news, there are many parts of the country where residents are much more likely to struggle with poverty. In southwest Georgia, poverty's symptoms are apparent. Unemployment is relatively high, educational attainment is low and a large share of the jobs are in the low-paying sector. The poverty threshold is set by the federal government and depends on the size of the family. In the 48 contiguous states, the federal poverty level for a family of four is an annual income of \$28,100. Using estimated data from the American Community Survey through the Census Bureau and comparing the two most common races, [chart 7] white and AA/black for Sumter County, we can see the inequality within the areas of poverty.

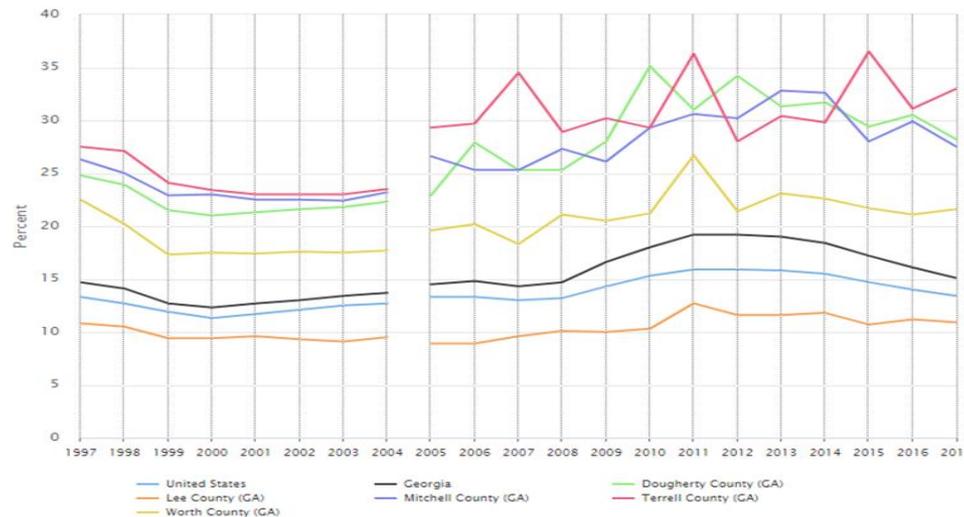
Chart 7: Poverty between races Sumter County



A multitude of different social, economic and cultural factors determine a person's health. A growing body of evidence indicates that the keys to improving population-level health are social and economic in nature. These social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

5 Key Areas-Social Determinants of health

1. **economic** Stability — Poverty, Employment, Food Security, Housing Stability
2. **Education** — High School Graduation, Enrollment in Higher Education, Language and Literacy, Early Childhood Education and Development
3. **Social** and Community Context — Social Cohesion, Civic Participation, Discrimination, Incarceration
4. **Health** and Health Care — Access to Health Care, Access to Primary Care, Health Literacy
5. Neighborhood and **Built Environment** — Access to Healthy Foods, Quality of Housing, Crime and Violence, Environmental Conditions



According to the Department of Health and Human Services, the Federal Poverty Line for a family of 4 in 2018 is \$25,100. Research suggests that, on average, families need an income of about twice the federal poverty threshold to meet their most basic needs. Children living in families with incomes below this level—\$50,200 for a family of four with two children—are referred to as low income. Poverty is both a cause and a consequence of poor health. In our five counties, only one county ranks better than both the US and state average.

The SocioNeeds index [figure 4] created by Healthy Community Institute-Conduent links social determinants of health, including poverty to health outcomes and ranks each zip code on a scale of 1 to 5. A rank of 1 reflects the best health outcomes and a 5, the poorest health outcomes. Illustrated on the map below it shows much of Middle Flint Region facing poor health outcomes due to the damaging 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: Socionneeds Index by Zip Code

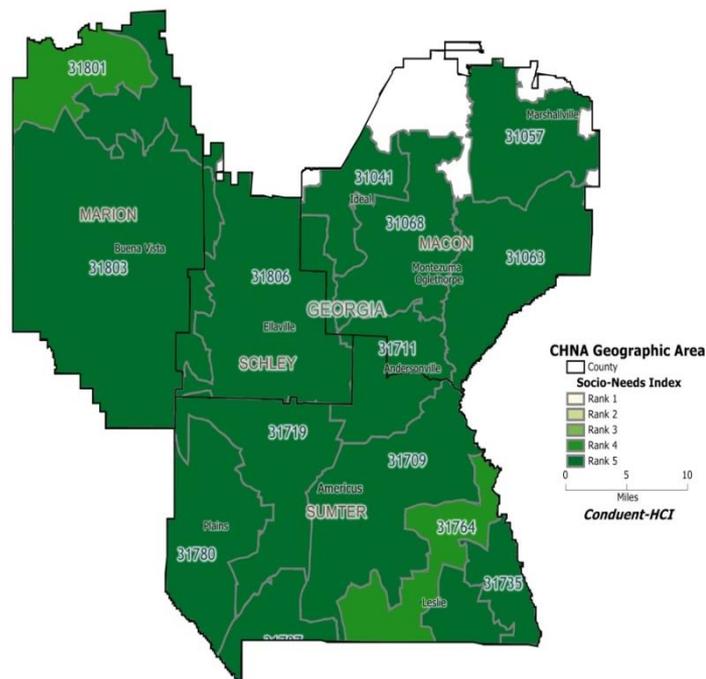


Figure 5: Percent of People in Poverty-4 counties by Census Tract

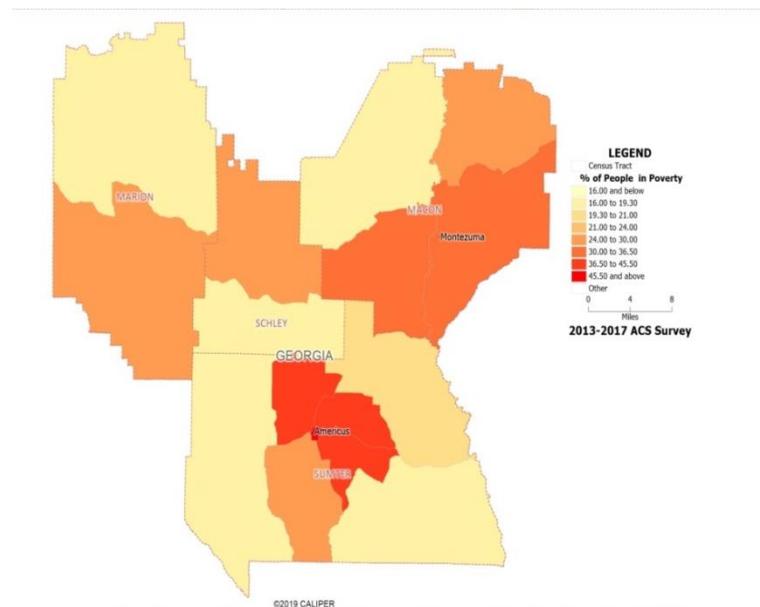
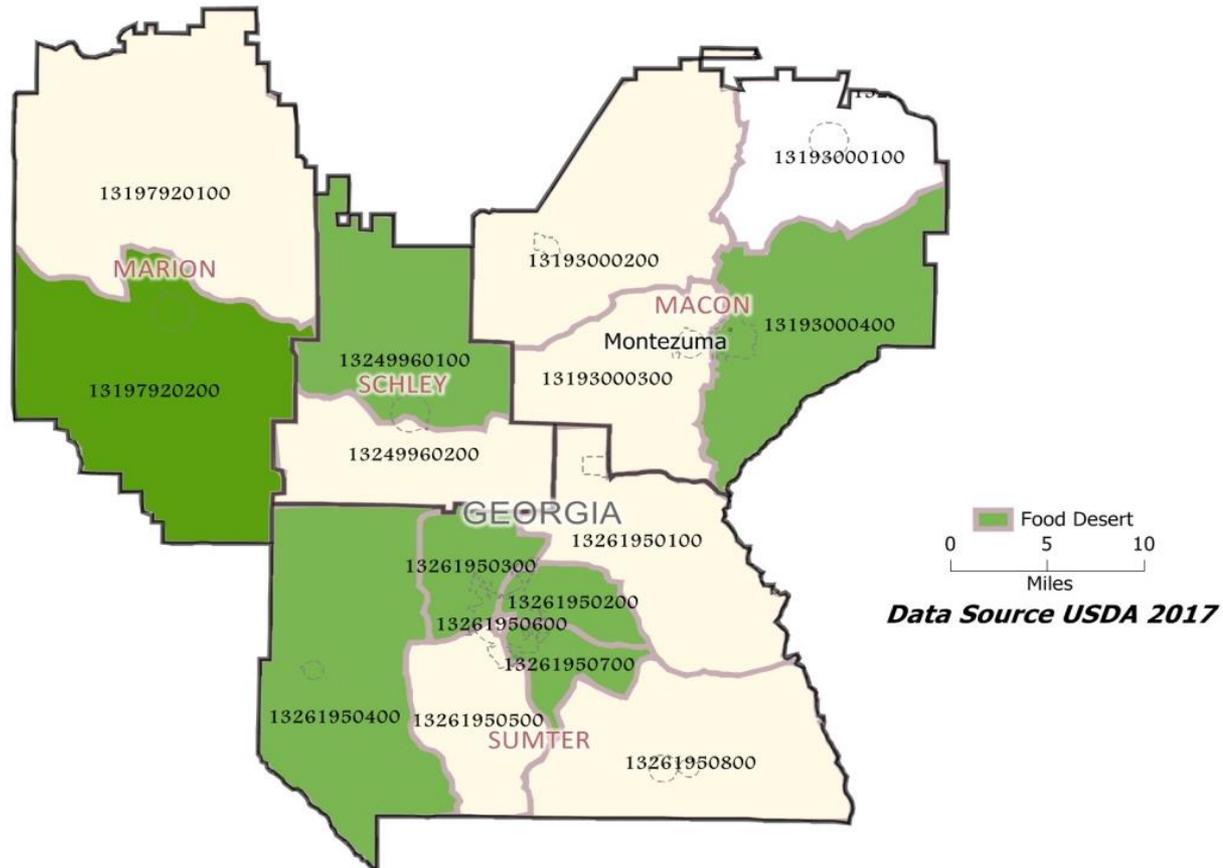


Figure 6



Food deserts are geographic areas where access to affordable, healthy whole foods, such as fresh fruits and vegetables, is very limited and sometimes nonexistent. Food desert residents do have access to food, but unfortunately, it's local quickie marts or dollar stores that provide a wealth of processed, sugar, and fat laden foods that are known contributors to our nation's obesity epidemic

The map above indicates where within the Middle Flint Region food deserts, shown in green, are found. [figure 6]

Most children in unmarried parent households are living with a solo mother, but a growing share are living with cohabiting parents. According to Pre Research Center, about one-in-five children (21%) are living with a solo mother, and 7% are living with cohabiting parents. All told, 24 million U.S. children younger than 18 are living with an unmarried parent. Most (15 million) are living with a solo mother. In comparison, 5 million live with cohabiting parents and 3 million live with a solo father.

The share of children who are living with an unmarried parent varies by race and ethnicity. More than half (58%) of black children are living with an unmarried parent – 47% with a solo mom. At the same time, 36% of Hispanic children are living with an unmarried parent, as are 24% of white children. The share of Asian children living with unmarried parents is markedly lower (13%). [\[chart 8\]](#)

Increasing numbers in single parent homes were seen in three or of four counties. [\[chart 9\]](#)

Chart 8

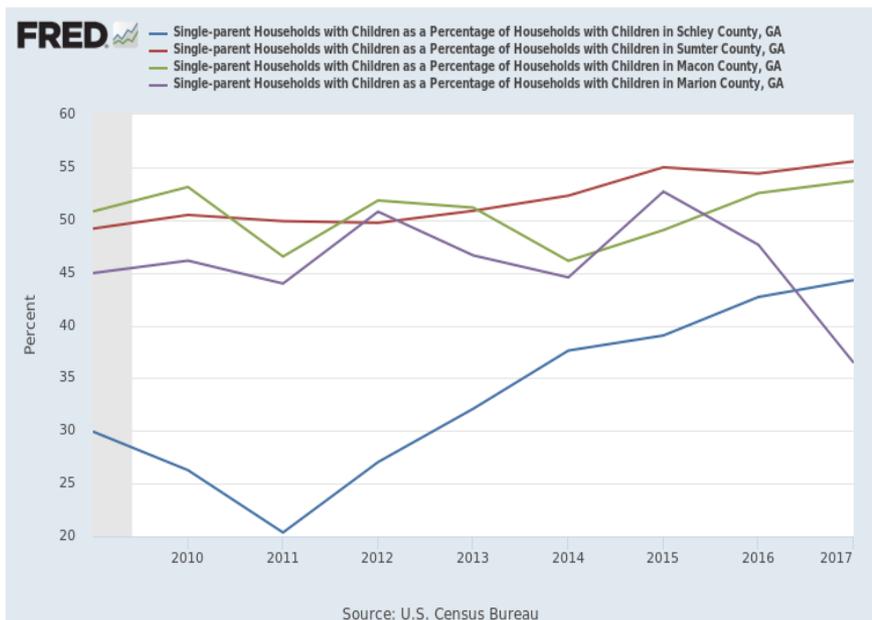


Chart 9

Nearly half of black children live with a solo mom

% of children younger than 18 living with ...

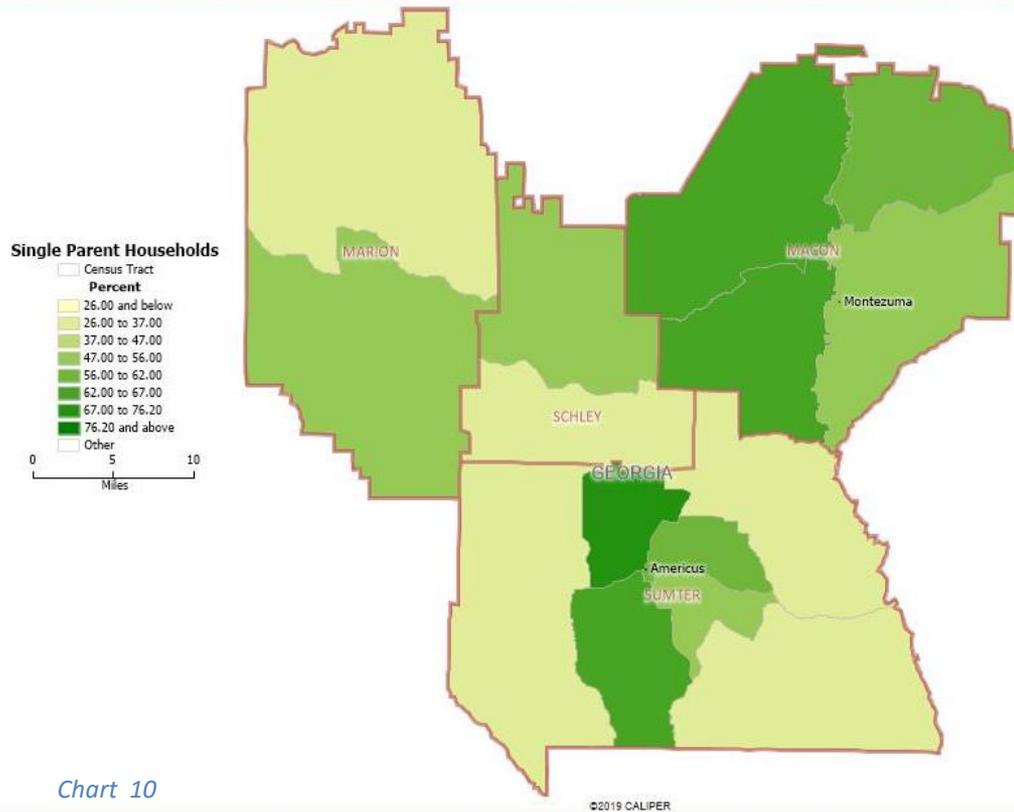
Race of child	Married parents	Solo mother	Solo father	Cohabiting parents
Black	36	47	4	7
Hispanic	62	23	4	9
White	74	13	4	7
Asian	85	7	3	3

Note: Children who are not living with any parents are not shown.

Source: Pew Research Center analysis of 2017 Current Population Survey March Supplement (IPUMS).

PEW RESEARCH CENTER

Figure 7: Single Parent households



Concentrations of Single parent households, as seen to the left, [figure 7] also correlates with the food desert map and people living in poverty. 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.

Below you'll see the marital status by age of residents of Sumter County. [chart 10]

Chart 10

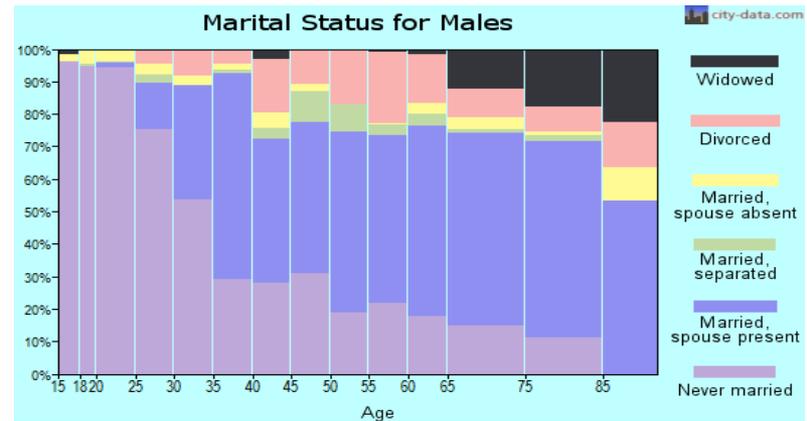
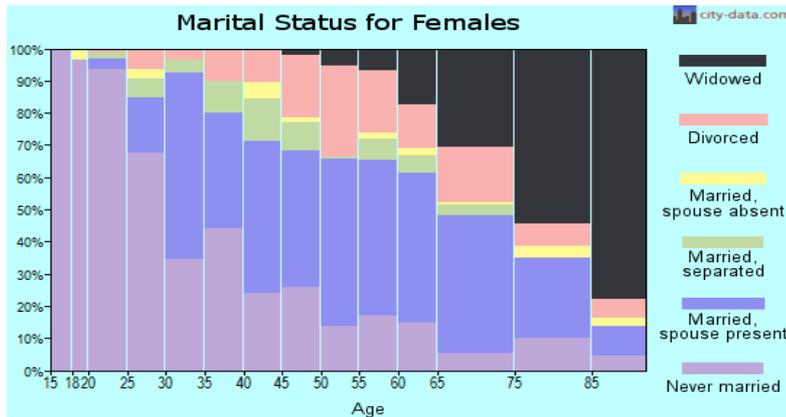


Chart 11

Performed % better than all
other GA districts.

	Schley	Sumter	Marion	Macon
<u>Overall Performance</u>	47%	47%	14%	2%
Elementary academic growth	15%	41%	13%	21%
Middle school academic growth	7%	76%	14%	9%
High school academic growth	1%	92%	88%	22%
Individual school performance				
	Schley	Sumter	Marion	Macon
3rd grade reading at or above	62.1%	25.8%	42.5%	26.2%
8th grade reading at or above	71.7%	42.2%	53.5%	29.0%
4-year graduation rate	97.3%	89.0%	92.8%	86.9%
Graduates college/career ready	82.8%	57.7%	76.5%	36.8%

The Sumter County School system has 21 truancy cases, all made since the beginning of the 2019 school year, awaiting hearings in the Sumter County Magistrate Court. “Students in pre-K, kindergarten, first and second grades are the cases going to court now,” said Jimmy Green, attendance officer for the Sumter County School System. The majority of these cases involve parents who do not work, and the majority of the student offenders are from single-parent households.

The Sumter district as a whole saw 54.5% of students with 5 or fewer days absent and 7.8% chronic absenteeism, a new indicator as of 2018. Migrants and students with disabilities made up the largest percentage of these chronic absences.

Sumter School district improved in 2018 to earn the performance score of a C for the district across its 6 category panel of Accountability, Current & Retired Georgia Assessments, National Tests, Personal & Fiscal and Indicators, such as HOPE Scholarship eligibility, retained Students, 7-12 Dropouts, 9-12 Dropouts, and Attendance. Schley and Marion moved down a letter grade and Macon remained the same. [\[next page\]](#)

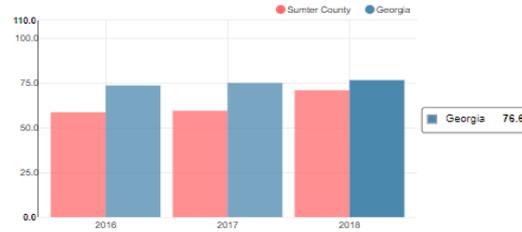
District Wide

C
70.9

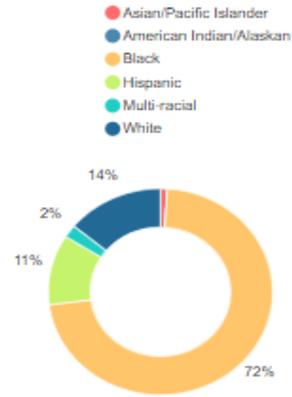
Year	Sumter County
2018	C
2017	F
2016	F

Grade conversion	
A	90 - 100
B	80 - 89.9
C	70 - 79.9
D	60 - 69.9
F	0 - 59.9

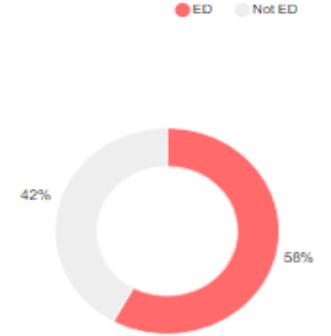
CCRPI Single Score



Race/Ethnicity



Economically Disadvantaged (ED)



Student Mobility Rate

12.4%

Financial Efficiency Star Rating



Per Pupil Expenditures



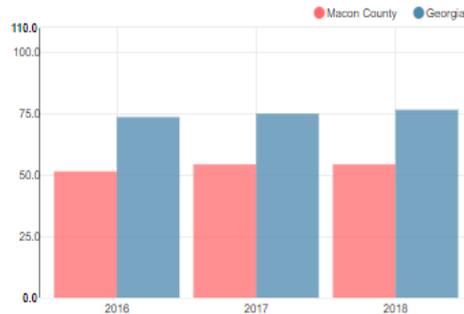
District Wide

F
54.3

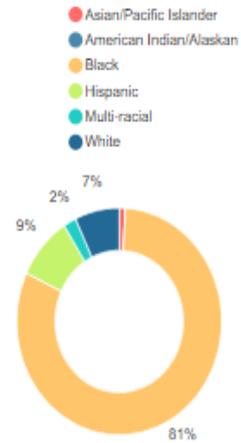
Year	Macon County
2018	F
2017	F
2016	F

Grade conversion	
A	90 - 100
B	80 - 89.9
C	70 - 79.9
D	60 - 69.9
F	0 - 59.9

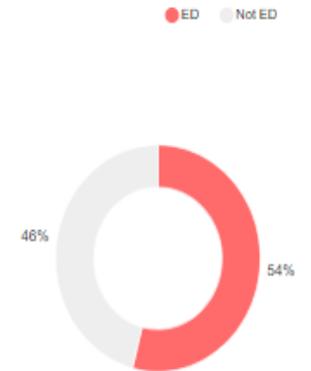
CCRPI Single Score



Race/Ethnicity



Economically Disadvantaged (ED)



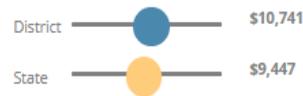
Student Mobility Rate

10.4%

Financial Efficiency Star Rating



Per Pupil Expenditures



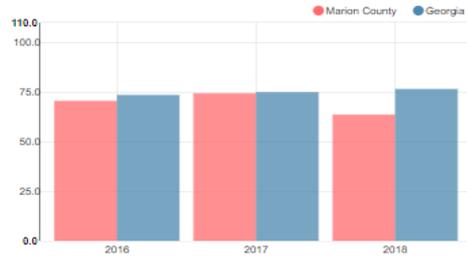
District Wide

D
63.7

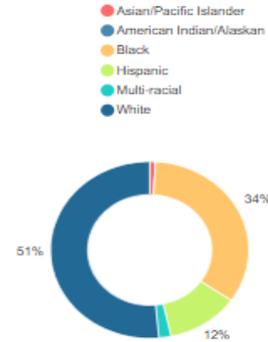
Year	Marion County
2018	D
2017	C
2016	C

Grade conversion	
A	90 - 100
B	80 - 89.9
C	70 - 79.9
D	60 - 69.9
F	0 - 59.9

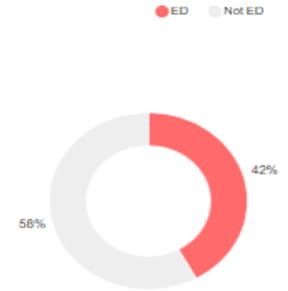
CCRPI Single Score



Race/Ethnicity



Economically Disadvantaged (ED)



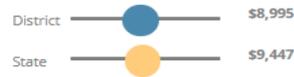
Student Mobility Rate

12.7%

Financial Efficiency Star Rating



Per Pupil Expenditures



District Wide

C
70.9

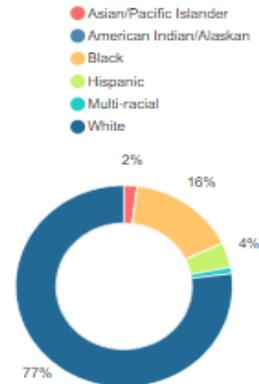
Year	Schley County
2018	C
2017	B
2016	B

Grade conversion	
A	90 - 100
B	80 - 89.9
C	70 - 79.9
D	60 - 69.9
F	0 - 59.9

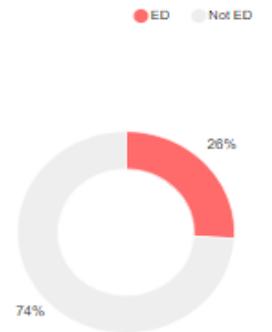
CCRPI Single Score



Race/Ethnicity



Economically Disadvantaged (ED)



Student Mobility Rate

9.1%

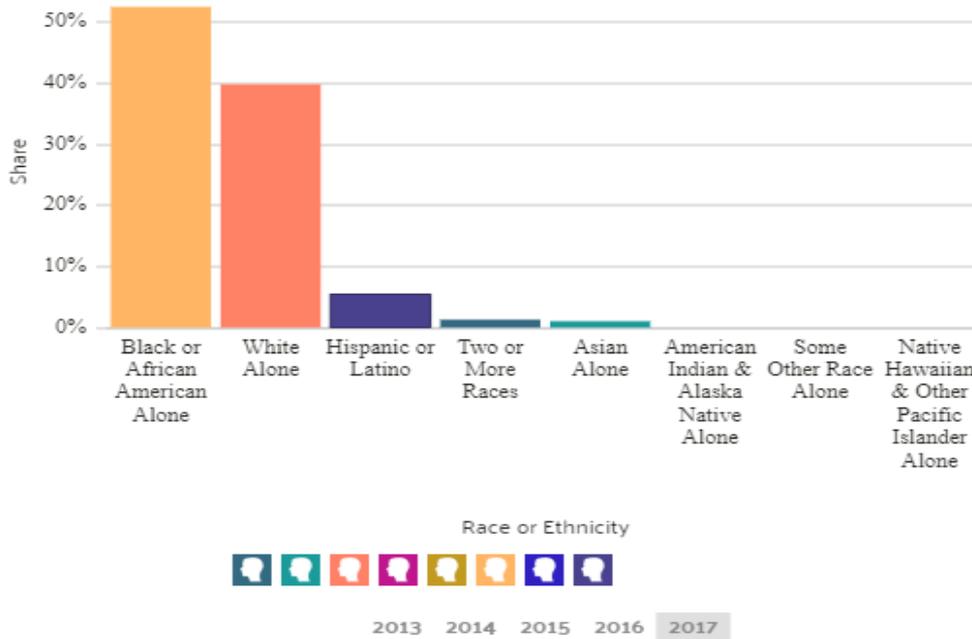
Financial Efficiency Star Rating



Per Pupil Expenditures



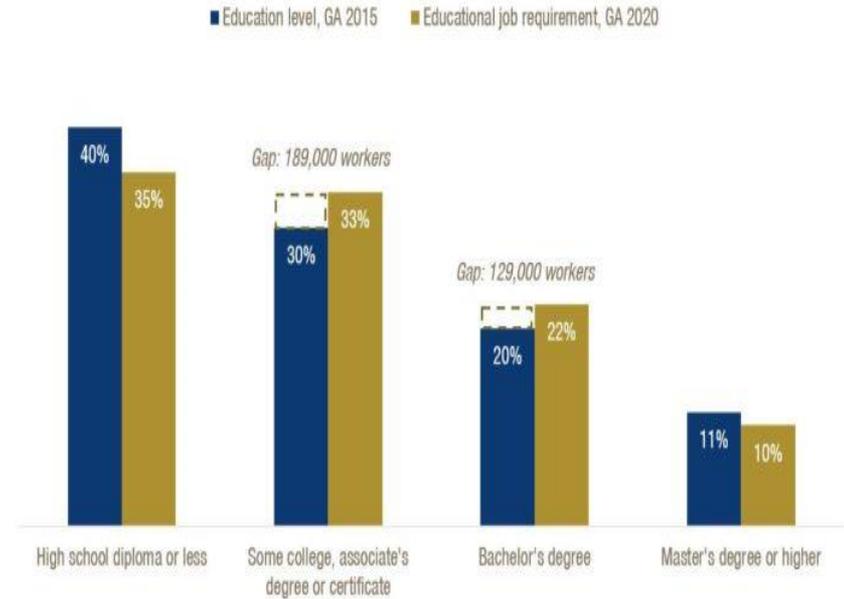
Chart 12



In 2016 the majority of degrees awarded at institutions in Sumter County, GA were to White students. These 1,058 degrees mean that there were 1.35 times more White students than the next closest race/ethnicity group, Black or African American, with 785 degrees awarded. [chart 12]

Workers with more education and higher earnings pay more taxes during their lifetime, are less likely to rely on Medicaid or other public services and are less likely to wind up in jail. One study estimates a public college degree delivers an average lifetime net benefit for federal, state and local governments of \$481,000

Chart 13



The Georgia higher education data book, generated by the Georgia Budget and Policy Institute, explains that by 2020, 65 percent of Georgia's jobs will require some level of postsecondary education and 22 percent will require a bachelor's degree. In 2015, Georgia produced fewer adults ages 25-64 with postsecondary credentials than needed. This leaves a gap of 189,000 workers with some college education, an associate's degree or certificate, and 129,000 workers with bachelor's degrees. [chart 13]

SECTION III: Indicators and Types of Data

Indicator selection was determined by reviewing the Age Adjusted Leading Cause of Death, 2018 hospital Inpatient Discharge data, previous Community Health Needs Assessment, the hospital's Community Health Dashboard, input from key leader interviews and conversations with community and hospital leaders, engagement sessions, and indicators which can be accurately measured using HCI-Conduent Priority Scoring Tool (on the right). There were no comments from the previous assessment received, otherwise, they would have been included in the findings. Phoebe Sumter has a response link located in the Community Benefit online landing page. The assessment process included qualitative and quantitative data from both primary and secondary sources. Qualitative data was primarily sourced using key leader interviews in Sumter County and an Engagement Session to identify 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 planning and engagement process. Selection process for the Key-Leader Interviews process was directed by Marcus Johnson who leads the community benefit team for Phoebe Sumter in Americus. The Key Leader were conducted by Sherry McMurtrey-a CHNA consultant for Phoebe Putney Memorial Hospital..

TOP TEN AGE ADJUSTED LEADING CAUSES OF DEATH-SUMTER COUNTY

Indicator	County		Value		Target		Score	Precision
	State	US	State	US	HP20 20	Trend		
Alcohol-Impaired Driving Deaths	3	3	3	3	1.5	2	2.61	High
Age-Adjusted Death Rate due to Suicide	2	1.5	3	3	3	3	2.58	High
Age-Adjusted Death Rate due to Obstructive Heart Disease	2	1.5	3	3	2	3	2.47	High
Age-Adjusted Death Rate due to Influenza and Pneumonia	2	1.5	3	3	1.5	3	2.42	Medium
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	2	2.36	Medium
Age-Adjusted Death Rate due to Alzheimer's Disease	3	1.5	3	3	1.5	1.5	2.25	Medium
Infant Mortality Rate	1.5	1.5	3	3	3	1.5	2.17	Medium
Age-Adjusted Death Rate due to Cancer	1	2	2	3	3	2	2.11	High
Age-Adjusted Death Rate due to Colorectal Cancer	1	2	2	2	2	3	2.06	High
Age-Adjusted Death Rate due to High Blood Pressure	2	1.5	3	1.5	1.5	2	1.94	Medium
Age-Adjusted Death Rate due to Prostate Cancer	1.5	2	2	3	2	1	1.86	High
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	1	1.5	2	3	3	1	1.81	High
Age-Adjusted Death Rate due to Motor Vehicle Collisions	1	1.5	3	1.5	1.5	2	1.78	Medium
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	3	2	1	1.61	High

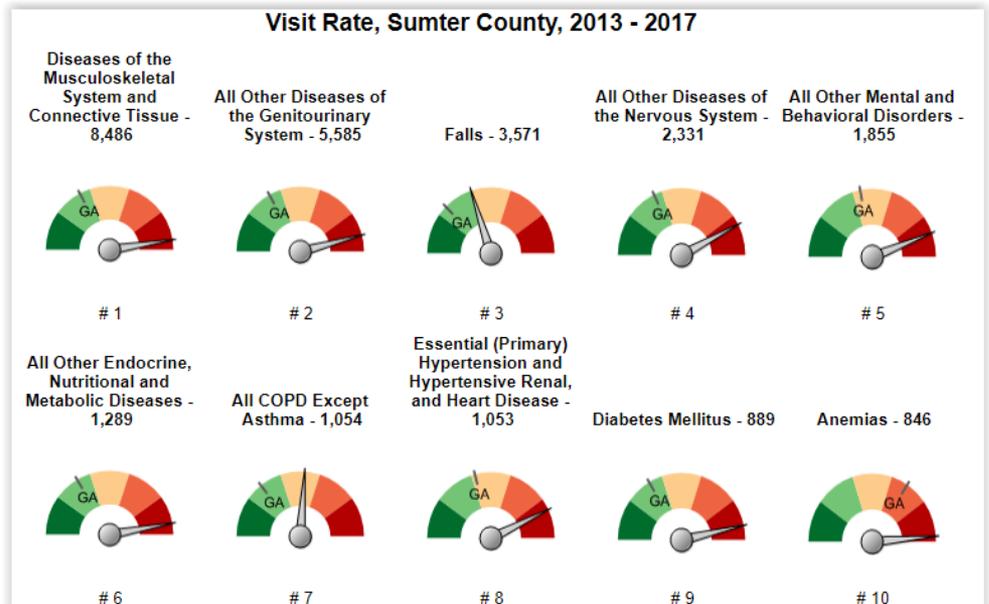
Data Source: Health Community Institute-Conduent Priority Scoring Tool, 2019

2018 Inpatient Discharges

Top Inpatient Discharges & EC Visits Phoebe-Sumter Date Range: 01/01/2018 to 12/31/2018

According to an inpatient report extracted from GHA's discharge data warehouse, pulmonary medicine is the top discharge when excluding normal newborns and vaginal deliveries with Cardiology and General Surgery following 2nd and 3rd and mimics Phoebe-Albany's top 3 Inpatient discharges. Below, the leading cause of an EC Visit from Sumter County was sprains, strains, back pain, etc. with Urinary Tract Infections and other related issues as the 2nd leading cause for an ER visit. While Inpatient Pulmonary was the leading discharge not related to newborns, it was the 7th leading cause for an Emergency room hospital visit. Falls, most which are avoidable, was the third leading cause of an ER visit with 3,571 visits. The 5th leading cause of an ER Visit was mental and behavioral disorders, some attributable to the influx of the fentanyl laced cocaine and opioid addiction.

Care Service Line	Fact	
	Counter	Avg LOS
Newborn	442	2.3
Pulmonary Medicine	409	4.7
Obstetrics	347	2.1
Cardiology	284	4.0
General Surgery	281	4.9
Gastroenterology	217	3.9
Orthopedics: Surgical	213	3.9
Neurology	163	4.2
General Medicine	153	3.5
Endocrinology	139	4.2
Infectious Disease	123	5.5
Nephrology	109	4.6



Section IV: Community Engagement & Priority Identification



Among Key Leader Participants, Obesity, Lack of Jobs and Industry, Poverty, and Mental Health were the major health risks facing Sumter County.

Participants realize much of the effects **of obesity** are poor choices, but there are still opportunities that could lessen its growth in the county. Education earlier in the schools along with classes taught in the churches and health screenings that piggyback on other sponsored events were offered as some possibilities.

The Lack of Industry and therefore jobs in the county is believed to have a direct effect on poverty, homelessness and mental illness. The new College & Career Academy, through OneSumter, hopes to be a large part of the solution through early education that trains the next generation to be a model workforce for the county.

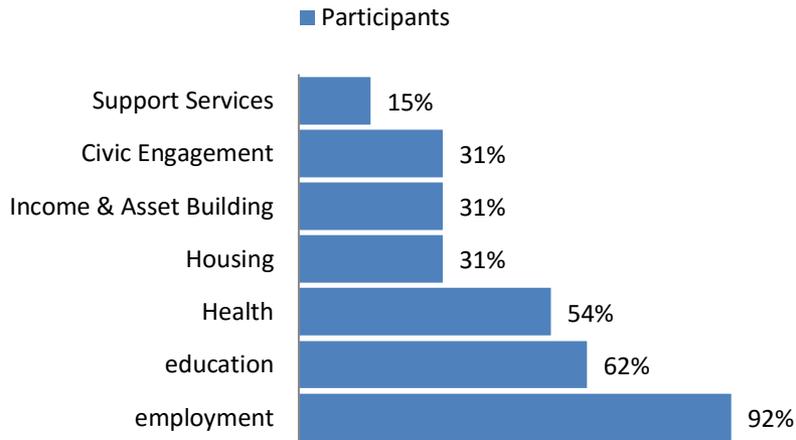
Mental/Behavioral Health resources are needed to help the citizens of the community. Middle Flint Behavioral Health indicated the biggest struggle is finding jobs and housing for those individuals who are suffering, while the rest of the key leaders saw early intervention in the schools as the priority.

Key Leader Interviews: 5 Things We Learned

1. The overall impression of the healthcare services for Sumter County was very favorable, earning a grade of 90%, or an A.
2. Schools see a lot of waste when they participate in the fruit and vegetable program grants that provide a nutritious snack during school.
3. Phoebe Sumter is collaborating with Niki Bryant, a pharmacist in Webster County to incorporate tele-health in her underserved area .
4. Low paying jobs are prevalent, and skills in the county are not matching up with the jobs that are available. The community needs to offer more to entice new employers to move in, this includes housing, most important, K-12 improvement and entertainment options
5. Currently only one homeless shelter in the area is available and access is for adults only without addiction/recovery issues. Also, little to no low-income housing or rent is available for those in transitional phases of life.

Health Survey: Interviewed Participant response to selected questions

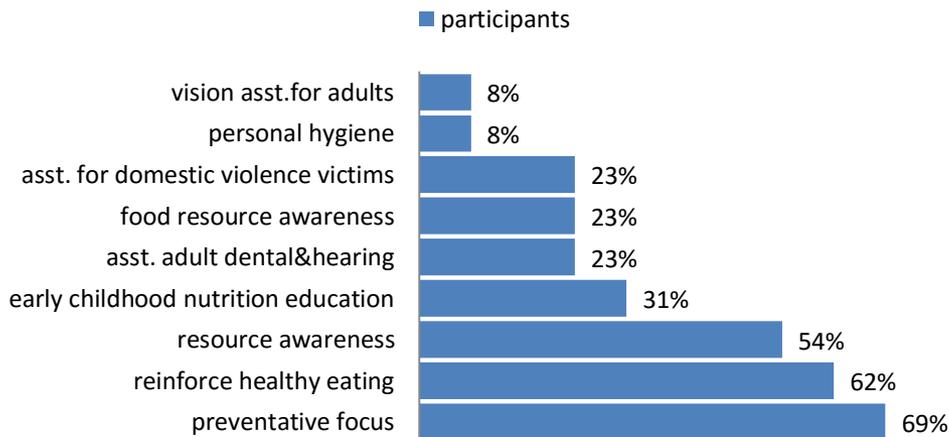
Overall Need



Top 4 Overall Needs

- Employment
- Education
- Health
- Housing

Health Needs



Top 4 Health or health related Needs

- Prevention Minded
- Reinforce Healthy Eating
- Resource Awareness
- Early Childhood Nutrition Education

The Community Input Session

Identified Significant Health Issues and/or Community Conditions

Influencers of Wellness

Behavioral Health Treatment and Collaboration

Personal Safety & Culture of Citizenship

Co-Morbidities Lead to Greater Treatment Complexity

Risky Behaviors of Adults and adolescents



Social Determinants of Healthcare Outcomes

Methodology

The participant list was drafted and invited by Marcus Johnson and other Phoebe Sumter staff. Internal work team members and other citizens participated in an Input Session using elements of MAPP (Mobilizing Action through Planning and Partnerships-“Community Themes and Strengths”) assessment in December of 2018 as part of the Community Health Needs Assessment process. The [Community Themes and Strengths Assessment](#) provide a deep understanding of the issues that organizations and residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The methodology used in conducting the Community Input Session was the “Technology of Participation” gallery walk and consensus workshop approach . The consensus workshop key question to explore was “What are the most significant health issues and/or community conditions facing our area at this time? Mark Miller , system CHNA Project Lead, facilitated the Gallery Walk and Consensus Workshop

Section IV: Community Engagement & Priority Identification

Engagement Meeting-Gallery Walk Results 12-18-2018

Gallery Walk Process

1. Pre-Arranged 10 Posters with a MAPP question each
2. Split into groups of 2
3. Rotated clockwise every 3 minutes until all groups rotated through all 10 posters
4. Individual Reflection
5. Onto Consensus Workshop

Ebonee Kirkwood, Health District 8 Unit 2 *

Kimberly Scott, Horizons Community Solutions*

Denise Ballard, Horizons Community Solutions*

Darrell Sabbs, Community Benefits Coordinator-Phoebe Albany

Andrea Tatum

Judy Tott,

Marcus Johnson, Phoebe-Sumter

Susan Bruns, Phoebe-Sumter

Michelle Doggett-Phoebe Sumter

Michael Waldal, Phoebe Sumter

Meg Goodin, Phoebe Sumter

Maggie McGurther-

Genie Giles, Phoebe-Sumter

Lee McAfee, Phoebe-Sumter

Natalie Thomas, Georgia Southwestern

Angie Christmas, Georgia Southwestern

Sherry McMurtrey- Phoebe-Albany (Staff)

Mark Miller, Project Lead (Staff)

Consensus Workshop Process

1. Gather in Groups of 3
2. Brainstorm in Small groups
3. List 8-10 Ideas
4. Post on Sticky Wall over several rounds
5. Cluster & Name in Big Group
6. Review Work in Big Group

Community Identified Health & Health Related

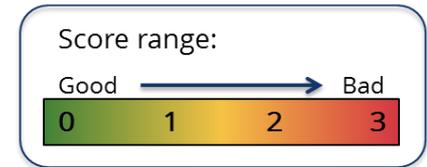
Issues:

- ✓ Lack of Counselors outside of Middle Flint BH/AD
- ✓ Mental Health Services are needed (Adolescent & Adults)
- ✓ Suicide
- ✓ Drugs
- ✓ Tobacco Use
- ✓ Specialists are not Local
- ✓ Transportation
- ✓ Nutrition
- ✓ Obesity
- ✓ Hypertension
- ✓ Diabetes
- ✓ Cancer
- ✓ STD/HIV/AIDS
- ✓ Insurance

PRIORITY SETTING

The Priority Scoring Tool

For each indicator, your county is assigned a score based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. These comparison scores range from 0-3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time.



Comparison to a Distribution of County Values: Within State and Nation

For ease of interpretation and analysis, indicator data on the Community Dashboard is visually represented as a green-yellow-red gauge showing how the community is faring against a distribution of counties in the state or the United States. A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into three groups (green, yellow, red) based on their order. Indicators with the poorest comparisons (“in the red”) scored high, whereas indicators with good comparisons (“in the green”) scored low.



Comparison to Values: State, National, and Targets

Your county is compared to the state value, the national value, and target values. Targets values include the nation-wide Healthy People 2020 (HP2020) goals as well as locally set goals. Healthy People 2020 goals are national objectives for improving the health of the nation set by the Department of Health and Human Services’ (DHHS) Healthy People Initiative. For all value comparisons, the scoring depends on whether the county value is better or worse than the comparison value, as well as how close the county value is to the target value.



Compared to State or National Value



Compared to Health People 2020 Target

Priority Scoring Tool: Sumter County (Excerpt)



County: Sumter
 Phoebe Putney Hospital
 Total indicators: 136
 Tuesday 18th of September 2018 12:03:54 PM



Indicator	County Distribution		Value		Target		Trend	Score	Precision
	State	US	State	US	HP20 20	Local			
Colorectal Cancer Incidence Rate	2	3	3	3	3	3	3	2.83	High
Workers Commuting by Public Transportation	3	3	3	3	3	3	2	2.78	High
Adults who Smoke	3	3	3	3	3	3	1.5	2.67	High
Adults 20+ with Diabetes	3	3	3	3	1.5	1.5	2	2.61	High
Alcohol-Impaired Driving Deaths	3	3	3	3	1.5	1.5	2	2.61	High
Alzheimer's Disease or Dementia: Medicare Population	3	3	3	3	1.5	1.5	2	2.61	High
Children Living Below Poverty Level	3	3	3	3	1.5	1.5	2	2.61	High
Families Living Below Poverty Level	3	3	3	3	1.5	1.5	2	2.61	High
Homeownership	3	3	3	3	1.5	1.5	2	2.61	High
Median Household Income	3	3	3	3	1.5	1.5	2	2.61	High
People Living 200% Above Poverty Level	3	3	3	3	1.5	1.5	2	2.61	High
People Living Below Poverty Level	3	3	3	3	1.5	1.5	2	2.61	High
Single-Parent Households	3	3	3	3	1.5	1.5	2	2.61	High
Students Eligible for the Free Lunch Program	3	3	3	3	1.5	1.5	2	2.61	High
Age-Adjusted Death Rate due to Suicide	2	1.5	3	3	3	3	3	2.58	High
Babies with Very Low Birth Weight	3	1.5	3	3	3	3	2	2.53	High
Female Population 16+ in Civilian Labor Force	2	2	3	3	1.5	1.5	3	2.50	High
People 65+ Living Below Poverty Level	3	3	3	3	1.5	1.5	1.5	2.50	High
Poor Mental Health: Average Number of Days	3	3	3	3	1.5	1.5	1.5	2.50	Medium

Here is a sample of the priority scoring tool for Sumter County. The tool ranks from worst to best and uses the color code detailed in the previous page. Precision refers to degree of measurement accuracy.

How the data scores were calculated

Comparison Type	Indicators	Indicator Score Weight
State Counties	131	16.7%
US Counties	95	16.7%
State Value	118	16.7%
US Value	104	16.7%
HP2020 Target	25	11.1%
Local Target	0	0.0%
Trend	104	22.2%

Section V: Priority Selection



CATHOLIC HEALTH ASSOCIATION RECOMMENDATION SELECTION FILTERS

Magnitude. The magnitude of the problem include the number of people impacted by the problem.

Severity. The severity of the problem includes the risk of morbidity and mortality associated with the problem.

Historical Trends.

Alignment of the problem with the organizations strengths and priorities.

Impact of the Problem on Vulnerable Populations.

Importance of the problem to the community.

Existing Resources Addressing the Problem.

Relationship of the Problem to other Community Issues.

Feasibility of change, availability of tested approaches.

Value of Immediate Intervention vs. any delay, especially for long-term or complex threats.

Selection Committee

Brandi Lunneborg CEO Phoebe Sumter

Michael Waldal Director of Operations-Safety-EM;

Kimberly Hicks RDN,LD/Food & Nutrition;

Meg Goodin/Director/Nutritional Services;

Marcus Johnson/Director/Customer Service & Community Relations

Mark Miller, Project Lead and Sherry McMurtrey CHNA Contracted Employee facilitated the Priority Selection Process. Each selection committee member received a planning packet consisting of Key Leader Report, Engagement meeting summarization and HCI-Conduent Priority Indicator Scoring Tool. The group reviewed the packet together and suggested priority areas for consideration and were placed on the wall for easy review. As a group, they begin to eliminate potential priority areas using the Catholic Health Association Selection Filter criteria. The committee formed priority clusters and titled the cards to form three areas of concentration for the FY 2020-2022 Health Needs Assessment.

Recommendations

Healthy Sumter 2022

Campaign to include:

1. Healthy Bodies

2. Healthy Minds

3. Healthy Community



Healthy Sumter County

Initiate a Community-Wide “Healthy Sumter County” Campaign with Community Partners to include priorities in three categories:

Healthy Bodies

- Eat Healthy / Eliminate Food Deserts
- Increase Opportunities for Exercise / Reduce Obesity
- Prevention of Chronic Disease
 - Tobacco Use
 - Screenings

Healthy Minds

- Education – Reading and Math
- Mental Health Access
- Suicide Prevention
- Alcohol Abuse

Healthy Community

- Housing
- Job Opportunities
- Increase Tourism
- Entertainment
- Transportation / Safe Walking and Biking

Community Partners

SGTC
GSW
City of Americus
Sumter County Commission
Sumter County Tourism
One Sumter
Family Connections
PPG Providers
Sumter County Schools/Ignite
College and Career Academy
Americus Parks and Recreation
Sumter County Health Dept.
SAMA
Rep. Sanford Bishop’s Office

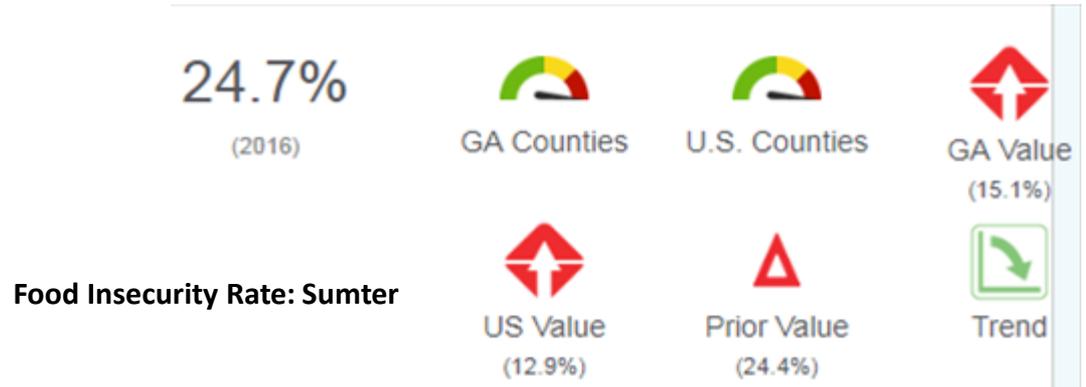
Priority I: Healthy Bodies

Access to Food

Healthy Body

- Decrease food deserts and Promote Health Eating
- Increase awareness and utilization of the PSMC walking track to promote exercise
- Increase awareness and access to Colon Cancer screening to reduce incidences of Colon Cancer in Sumter County

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. Poverty and unemployment are frequently predictors of food insecurity in the United States. A survey commissioned by the Food Research and Action Center (FRAC) found that one in four Americans worries about having enough money to put food on the table in the next year. Food insecurity is associated with chronic health problems in adults including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues including major depression.



Food Insecurity in Sumter County is significant compared to all other Georgia and US Counties. The value is twice the US with recent trends showing slow improvement. Data Source: Feeding America 2018

Social and Economic Determinants of Health Impacting Food Access

The accessibility, availability, and affordability of healthy and varied food options in the community increase the likelihood that residents will have a balanced and nutritious diet. A diet composed of nutritious foods, in combination with an active lifestyle, can reduce the incidence of heart disease, cancer, and diabetes, and is essential to maintain a healthy body weight and prevent obesity. Low-income and underserved areas often have limited numbers of stores that sell healthy foods. People living farther away from grocery stores are less likely to access healthy food options on a regular basis and thus more likely to consume foods which are readily available at convenience stores and fast food outlets.



County: Sumter



Household with No Car



Sumter county value is in the 4th quartile compared to GA and US counties with a slight but insignificant track of improvement.

Data Source: USDA 2015



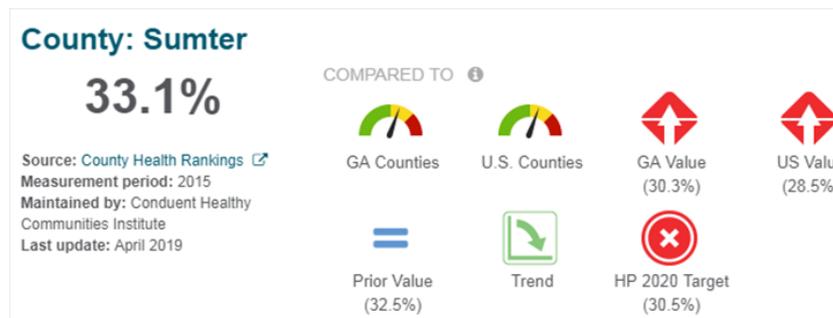
The map on the left shows low income, low access food desert by census tract. Those with tracts filled in green are considered a food desert as defined by the USDA. Compared to other Georgia Counties, Sumter is in the 4th quartile-the worst quartile. For Low Income and Low Access to a Grocery Store Data Source: Feeding America, 2018

Exercise and Obesity

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. 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.

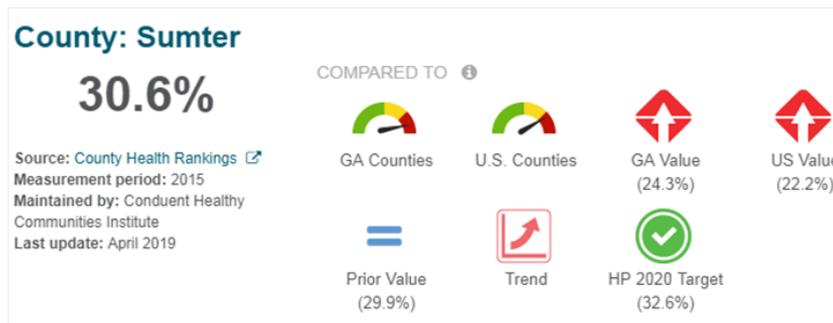
Adults who are sedentary are at an increased risk of many serious health conditions. These conditions include obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. The ACSM also recommends that you include strength and flexibility training in your exercise program. If you are not currently exercising, please consult your physician before beginning any exercise program.

Exercise and Obesity



Compared to State and National Values, Sumter's value is in the 2nd worst quartile with trends showing insignificant but improving trends. Data Source: CDC Diabetes Interactive Atlas

Adults 20+ who are Sedentary

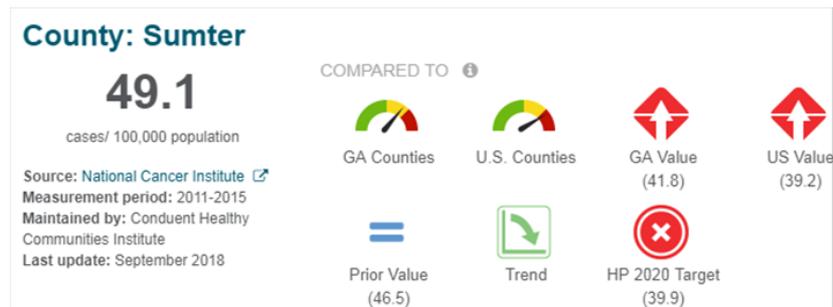


Compared to State and National Values, Sumter's value is in the 2nd worst quartile with trends showing insignificant but improving trends. Data Source: CDC Diabetes Interactive Atlas

Cancer and Smoking

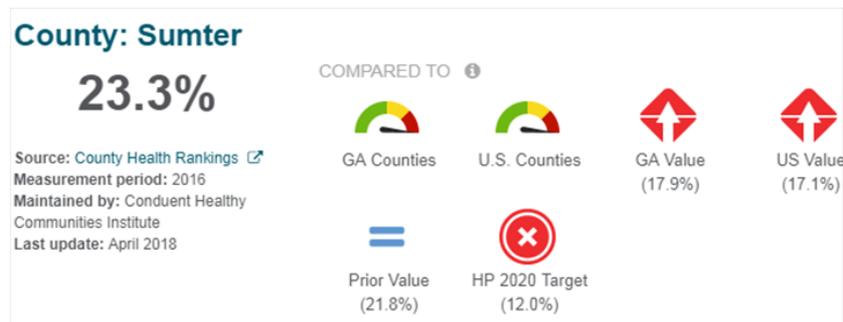
According to the Centers for Disease Control and Prevention (CDC), colorectal cancer--cancer of the colon or rectum-- is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool-based tests, sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Forces recommends that screening begin at age 50 and continue until age 75; however, testing may need to begin earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease. Speak with a doctor about when to begin screening and how often to be tested.

Tobacco is the agent most responsible for avoidable illness and death in America today. According to the Centers for Disease Control and Prevention, tobacco use brings premature death to almost half a million Americans each year, and it contributes to profound disability and pain in many others. The World Health Organization states that approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects such as cancer, respiratory infections, and asthma.



Colon Cancer Incidence Rate is higher than GA or US counties and in the 2nd worst quartile. Although insignificant, recent data suggests a slight improvement. AA/Blacks have a higher not significant rate of Colo-rectal cancer than whites.

Data Source: National Cancer Institute



Percentage of Adults who smoke is significantly higher than GA or US averages. Trend data shows no shift over the last 4 reporting periods. *Data Source: Behavioral Risk Factor Surveillance System*

Priority I: Healthy Body- Community Assets

Phoebe Sumter Medical Center promotes healthy eating in a number of ways:

- (1) Yearly health fairs for Men, Women and Children that provide speakers and information for attendees
- (2) Wellness classes that promote healthy eating
- (3) Participation in community events and health fairs for entities to promote healthy eating

Sumter County Health Department (WIC) is a nutrition program that provides healthy food, nutrition education and other services free of charge to Georgia families who qualify.

Sumter County Family Connection is a nonprofit organization dedicated to helping families as they meet the challenges of life, which includes promoting healthy eating.

Rudy's Happy Patch Produce Market is an open-air market on the Perry Wellness center campus, and they also have a Mobile Unit. It specializes in locally and seasonally grown produce, plants and herbs.

Priority I: Healthy Body- Community Assets

Phoebe Sumter Medical Center has a ¼ mile walking track and a one mile walking trail on its campus. It is open to the public and can be used for awareness walks and for cross country meets.

Sumter County Parks and Recreation Department also has walking tracks located throughout the county, including Boone Park and the recreational facility on Hwy 19.

Phoebe Sumter Medical Center provides colon cancer screening information to local citizens via health fairs, classes, etc. as well through its association with Phoebe Physician Group (PPG) clinics.

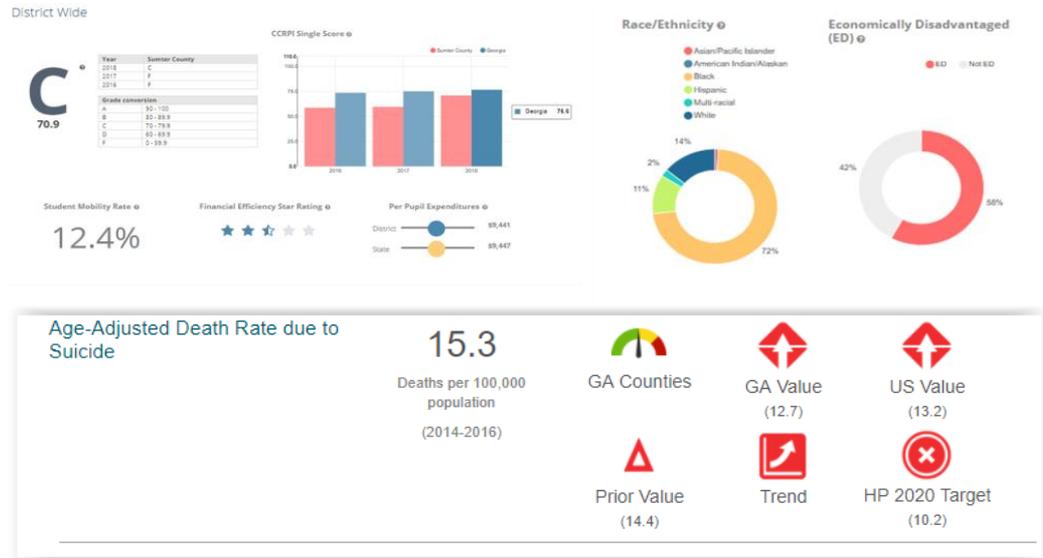
The Phoebe Sumter Medical Center Oncology and Hematology Clinic offers more reason for hope and healing, bringing state of the art services close to home for those who live in Sumter County and nearby areas.

Phoebe Sumter Surgical Associates is composed of four surgeons who perform colonoscopies and offer colon cancer information to their patients and their families.

Priority II: Healthy Minds

- Approximately 1 in 5 adults in the U.S. (46.6 million) experiences mental illness in a given year.
- Approximately 1 in 25 adults in the U.S. (11.2 million) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.
- 1.1% of adults in the U.S. live with schizophrenia.
- 2.6% of adults in the U.S. live with bipolar disorder.
- 6.9% of adults in the U.S.—16 million—had at least one major depressive episode in the past year.
- 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—10.2 million adults—had a co-occurring mental illness. *Data source: National Alliance of Mental Illness (NAMI)*

- **Continue to develop and promote the Ignite College and Career Academy with Sumter County Schools to improve education outcomes and job preparation for local students**
- **Focus on Suicide Prevention and awareness and access to mental health resources in the community**



*Death by suicide is higher and worse than the Georgia or US values. Recent trend analysis shows it's getting worse over time and increasing significantly. *Data source: HCI-Conduent Dashboard**

County: Sumter



The ability to read proficiently is a fundamental skill that affects the learning experiences and school performance of children and adolescents. Students who are competent readers, as measured by their performance on reading tests, are more likely to perform well in other subjects, such as math and science. Reading achievement also predicts one's likelihood of graduating from high school and attending college.

Compared to other GA counties, Sumter is in the worst quartile with a reading proficiency of 15.5% showing a downward trend. It's much lower than the GA 41.6% value.

Competence in mathematics is essential for functioning in everyday life, as well as for success in our increasingly technological workplace. Students who take higher level mathematics and science courses which require strong fundamental skills in mathematics are more likely to attend and to complete college.

Compared to other GA counties, Sumter has a value of 9.8% and in the worst quartile. Counties in the best 50% have values of 38.85 or higher.

Priority II: Healthy Mind- Community Assets

Sumter County School System is located in Sumter County, Georgia and serves over 4,700 students from Americus, Leslie, Desoto and Plains. It is committed to achieving the mission of graduating all students. It is scheduled to open a state of the art new high school in the next few years, which will also include a College and Career Academy.

Southland Academy is proudly accredited by the Southern Association of Independent Schools (SAIS), the Georgia Accrediting Commission (GAC), and AdvanceED/Southern Association of Colleges and Schools (SACS). It's mission is to provide a firm foundation on which each student can build a strong mind, body and spirit.

South Georgia Technical College is a residential college offering the latest in technical education and an exciting campus life for every student. Students can choose to attend college at one of two campuses, the main campus in Americus or the Crisp County Center located in Cordele

Priority II: Healthy Mind- Community Assets

Georgia Southwestern State University is a four-year institution, serves a diverse population of students in a vibrant learning environment. GSW is a comprehensive state university within the University System of Georgia that offers a full range of bachelor degree programs, along with selected master's and specialist degree programs. We are a collegial community that values collaboration and community engagement with an emphasis on faculty, staff, and student interactions. An active student body and state-of-the-art amenities enhance the learning experience on a visually appealing campus located in historic Americus, Georgia.

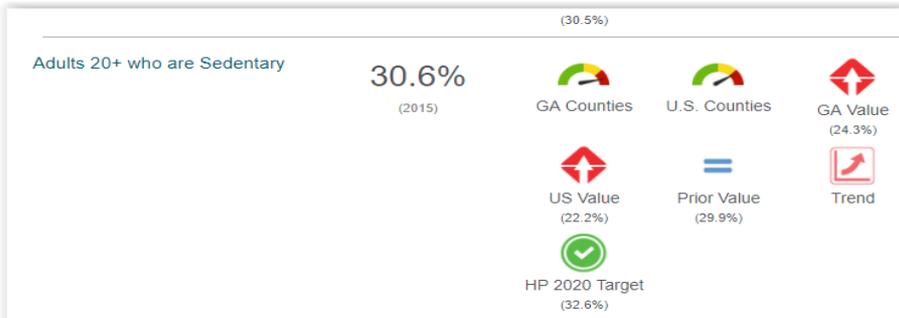
Middle Flint Behavioral Health Care is a proud local healthcare provider in Americus, Georgia. We are serving our community in Sumter, Crisp, Dooly, Macon, Marion, Schley, Taylor, Webster Counties, and the surrounding areas. We aim to create an organization that is dedicated to making a difference in the lives of individuals and families within our community. Services include offering high-quality care, affordable treatment, and comprehensive education for individuals dealing with addiction, emotional struggles, behavioral challenges, and developmental issues. We address problems through expert and collaborative behavioral healthcare solutions.

Priority III: Healthy Community

Healthy Community

- Work with community partners to create additional exercise options throughout Sumter county.
- Create Alignment with community partners to address needs within the community.

According to anecdotal reports, the local parks and recreation department has some of the highest participation numbers in southwest Georgia for youth and youth sports. However, the number of fitness and recreation centers per 1,000 population 50% less than the US value.



Priority III: Healthy Community- Community Assets

In addition to the aforementioned Phoebe Sumter Walking Track/Nature Trail and the Sumter County Parks and Recreation Department walking tracks, Americus & Sumter County has a number of other exercise options:

- (1) Workout Anytime Americus
- (2) Southwest Georgia Fitness Center
- (3) Destiny Fitness

Housing Authority of Americus serves Americus, Georgia, and other cities in the Sumter County, Georgia area. We are the leading provider of affordable housing in the Sumter County, Georgia area. We strive to be a leader in the affordable housing industry not only for the Sumter County area but as an example for other housing authorities across the state and nation. Our commitment is to partner with our residents, local service providers, and our community leaders to enhance the lives of our residents and improve our community.

Priority III: Healthy Community- Community Assets

One Sumter is a five-year Strategic Plan to stimulate community and economic development in Americus and Sumter County. There are four components of the One Sumter Plan: Economic Development, Workforce Development, Marketing/Communications, and Transportation. Every business, every professional, and every citizen in the Greater Sumter County area will benefit. Economic and Workforce Development will have a significant impact across the entire county. Expansions of existing business and industry, new entrepreneurial opportunities, as well as new business will create new jobs, new capital investments, new and expanded payrolls and new tax revenues.

Sumter County Georgia Government has a number of entities designed to address tourism and overall entertainment for Americus & Sumter County:

- (1) Americus & Sumter County Visitor Information
- (2) Americus Downtown Development Authority
- (3) Chamber of Commerce/Payroll Development Authority
- (4) This includes such attraction as Andersonville, Lake Blackshear and Plains, the home of the Jimmy Carter, the 39th President of the United States.

Priority III: Healthy Community- Community Assets

Best Western Plus Windsor Hotel is located in the heart of downtown Americus, Georgia. Built in 1892, to attract winter visitors from the north, the Windsor was a 100 room, five story Victorian masterpiece architecturally designed with tower and turret, balconies, and a three story open atrium lobby. It occupies nearly an entire city block, and was the site of numerous balls and celebrations. The hotel closed its doors in 1972 after almost 80 years in operation. In 1991, the hotel re-opened after a \$6.5 million dollar renovation. has been featured on NBC's "The Today Show", Georgia Public Broadcasting, New York Times, Los Angeles Times, Atlanta Journal-Constitution, USA Today, Southern Distinction magazine, Southern Living, is the recipient of Georgia's Department of Tourism Excellence in Customer Service Award, National Preservation Award, and is located within the National Historic Register recognized historic downtown Americus. A full array of business services is available for conferences and meetings. Host an elegant wedding in our main lobby or a business meeting in one of our conference rooms. Guests can enjoy dinner in the beautiful Rosemary & Thyme Restaurant, an American restaurant serving flavorful food. Floyd's Pub is always a great time with rocking chairs on the veranda, refreshing cocktails, and amazing food. Experience the Victorian ambiance of this castle-like hotel located just 10 miles in between world-famous Plains and the infamous Andersonville National Historic Site.

FY 2017-FY 2019

PLAN EVALUATION

2017-2019 Priority Areas: An Evaluation

- Childhood Obesity
- Adult Obesity
- Behavioral Health and Addictive Disease Prevention & Treatment
- Diabetes Prevention and Management

Childhood Obesity

- A Childhood Obesity Summit was held to address the need for resources and attention to childhood obesity.
- Phoebe Sumter became a sponsor for the Furlow Charter School Obesity Walk, which draws annual 175-200 children each year.
- Phoebe Sumter donated funds to help refurbish a playground in Schley County.
- During the Annual Phoebe Sumter Children's Health Fair, healthy snacks were served, physical activities were encouraged, local high school athletes were available to play with participants, and specific information was distributed regarding ways to prevent childhood obesity.
- The Women's Health Fair hosted Dominique Dawes, gold medal gymnast, as its speaker in 2019. Local gymnasts were invited and it attracted a younger audience. Additional information was shared about healthy eating and exercise and health screenings for young adults.
- Phoebe Sumter is evaluating current fitness/education programs in Sumter County, but due to the turnover in hospital roles (School Nurse Program and Director of Program) that were charged with this task it is still a work in program).
- A Pilot program for a school fitness program is under development.

Adult Obesity

- Community participation has increased in Community Walks to get people active.
- Body Mass Index (BMI) tracking was instituted at the Women's and Men's Health Fairs (not Children's?)
- A Regional Heart Walk was created in 2016, which encouraged people from the 8 counties service area to participate in annual walk for Heart Disease each February. Each county held a local walk simultaneously. The number of participants has increased each year.
- With the opening of a Cross Country track on the Phoebe Sumter campus in 2019, there has been a steady increase of community recreational and organized (awareness walk) usage.
- The Women's Health Fair hosted Dominique Dawes, gold medal gymnast, as its speaker in 2019. Information was shared about healthy eating and exercise and health screenings.
- Continued partnerships with the local school systems, South Georgia Technical College and Georgia Southwestern State University are under development.
- Increasing adult sports and walking club creation among local churches, businesses and other groups with partnership of the local recreation department are under development.

Behavioral Health and Addictive Disease Prevention & Treatment

- Community leaders came together to collaborate to increase mental health awareness. From that effort the following activities occurred:
 - A Suicide Prevention and Behavioral Health Services brochure was created to increase awareness and accessibility of existing resources within the community.
 - A Community Health Symposium was held in April 2019 and featured renowned educator Ron Clark. Topics covered included Senior Citizens and Mental Health, Bullying and Cyberbullying and presentations from Middle Flint Behavioral Health, Mental Health of Georgia and Behavior Health Link.
- Phoebe Sumter initiated an Opioid stewardship program along with its physicians. 90% of providers completed the education for the program. A certified suicide prevention training occurred at the local schools and a healthcare worker certified prevention training occurred with Phoebe Sumter's emergency department staff.

Diabetes Prevention and Management

- Creation of a community Para-medicine program to provide resources and education to indigent patients with Diabetes. Over 100 patients were enrolled in the program over 2 years. The program includes providing an in-home visit from a paramedic, diabetes testing supplies and education, and ongoing follow up from case management and a registered dietician for at least 30 days.
- A Type 2 Diabetes Prevention program was created and currently meets monthly with Phoebe Sumter employees.
- Phoebe Sumter dietitians hosted wellness classes throughout Sumter County and surrounding areas, including at churches and housing authorities, speaking about diabetes prevention and management. More than 3,000 people were impacted during this time period.
- A farmer's market was established with Rudy's Happy Patch Mobile Patch, which is onsite at Phoebe Sumter every 2 weeks to encourage eating locally grown fruits and vegetables.
- Expansion of the Type 2 Diabetes Prevention program to the community, and coordinating with area physicians and expansion of a wellness classes for students is in the planning stages.

FY 2020

FINANCIAL ASSISTANCE POLICY

Phoebe Putney Health System, Inc.

POLICY TITLE Financial Assistance Program

POLICY NO. PPHS

Approved by: PPHS Board of Directors
Review Period: Annually
Contact Information: VP, Revenue Cycle

Review Date: 3/1/2019
Revised Date: 3/1/2019
Approval Date:
Effective Date:

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

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

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

DEFINITIONS

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

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 for a government program, and otherwise unable to pay for such care based on their individual financial situation, and who meet the requirements contained within this Policy.

Federal Poverty Guidelines (FPG): Poverty guidelines issued by federal government at the beginning of each calendar year that are used to determine eligibility for poverty programs. The current FPG can be found on the U.S. Department of Health and Human Services website at www.hhs.gov.

Gross Charges, or the chargemaster rate, means a hospital facility's full, established price for medical care that the hospital facility consistently and uniformly charges patients before applying any contractual allowances, discounts, or deductions.

Gross Income: Income as defined by the Internal Revenue Service (IRS), which includes but is not limited to: income from wages, salaries, tips; interest and dividend income; unemployment compensation, individual income policy, alimony, all social security income, disability income, self-employment income, rental income, k-1 income, and other taxable income. For applicants who are financially dependent on another individual, that individual's income will become part of the gross income of the applicant. Examples of other sources of income that are not included in the definition of Gross Income are food stamps, student loan, and foster care disbursement.

Household: Number or people claimed on income tax filing, or individuals the Applicant is legally responsible for, and any person whose income is included in the applicant's gross income.

Limited Health Insurance: means benefits that are considered "excepted benefits" per 42 U.S.C. 300gg-91(c) that do not provide coverage for the plan of care to be approved for financial assistance under this policy, individual and group market coverage whose benefit package does not cover the applicant's plan of care, and individual and group market coverage where applicant's cost sharing responsibility exceeds his or her liquid assets in addition to 9.66% of his or her annual household income.

Medical Necessity: Any procedure reasonably determined to prevent, diagnose, correct, cure, alleviate, or avert the worsening of conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, if there is no other equally effective, more conservative or less costly course of treatment available.

PPHS Hospital Facilities: Phoebe Putney Memorial Hospital (PPMH), Phoebe Sumter Medical Center (PSMC), and Phoebe Worth Medical Center (PWMC).

PPG Physicians: Emergency Room Physicians, Anesthesiologists, Radiologists, Hospitalists, Critical Care Physicians, Oncology, Neurosurgery, Cardiovascular Surgery, and other specialists as listed on <https://www.phoebehealth.com/media/file/PrintablePhysicianDirectory.pdf>. Community physicians and independent specialists who are not PPG physicians will not be subject to the Phoebe FAP.

PROCEDURE

1. Urgent or Emergency Care

Any patient seeking urgent or emergent care [within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)] at a PPHS Hospital Facility shall be treated without discrimination and without regard to a patient's ability to pay for care. PPHS Hospital Facilities shall operate in accordance with all federal and state requirements for the provision of urgent or emergent health care services, including screening, treatment and transfer requirements under the federal Emergency Medical Treatment 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.

2. 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.

A. 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.

B. Who is eligible for financial assistance?

You will be eligible for financial assistance if you:

- Have limited or no health insurance
- Are not a member of any healthcare sharing ministry
- 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
- Have limited household income, within 400% of Federal Poverty Guidelines, as listed on Exhibit 1
- Have medical bills in excess of 25% of household income
- You are a legal resident of a county within the PPHS service area
- Were transferred to a PPHS hospital for a higher level of service from outside of 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.

Management reserves the right to evaluate special circumstances and extend financial assistance outside of the above listed criteria.

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 is twelve (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.
- Phoebe uses prior FAP eligibility determinations approved within six (6) months of the medically necessary services, unless originally deemed eligible only for those dates of service as a clinical exception or a result of a transfer from outside of the PPHS service area.

B. 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.phoebehealth.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.

2. *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.

3. *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.

4. *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.

A. 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 400% of FPG qualify for discounted charges for care (see Exhibit 1).

- 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
- Medically necessary healthcare services within 12 months of a favorable FAP eligibility determination will be discounted at the previously verified FAP level.

3. 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 will make every effort to work with patients who owe large balances, yet do not qualify for financial assistance, to arrange mutually acceptable payment terms.

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.

4. 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

REVISION HISTORY

Revision Number	Description of Changes	Approvals	Date
1	FPL increase to 400% and elimination of catastrophic qualification, Exhibit 1 updated with 2018 AGB and FPL, healthcare ministry co-operative exclusion		3/8/2018
2	Refinement of terms and additional AGB detail		10/23/2018
3	Exhibit 1 updated with 2019 AGB and FPL		3/1/2019

EXHIBIT 1

Patients who are eligible individuals will not be charged more for emergency or other medically necessary care than the AGB for individuals who have insurance coverage. The minimum percentage discount to be applied to FAP eligible individuals shall be calculated on an annual basis, and in the event the percentage discount changes for any year, Exhibit 1 shall be amended. Financial Assistance Guidelines shall be adjusted annually, in accordance with updated AGB from the previous fiscal year and current year Federal Poverty Level (FPL) guidelines.

The hospital Amount Generally Billed (AGB) and corresponding discount off gross charges are, as follows, effective 3/1/2019:

- Phoebe Putney Memorial Hospital (PPMH) – AGB = 38%, after 62% discount off gross charges
- Phoebe Sumter Medical Center (PSMC) – AGB = 37%, after 63% discount off gross charges
- Phoebe Worth Medical Center (PWMC) – AGB = 44%, after 56% discount off gross charges

AGB =
Maximum
Amount
Due under
FAP

AGB and Financial Assistance Discounts Off of Gross Charges

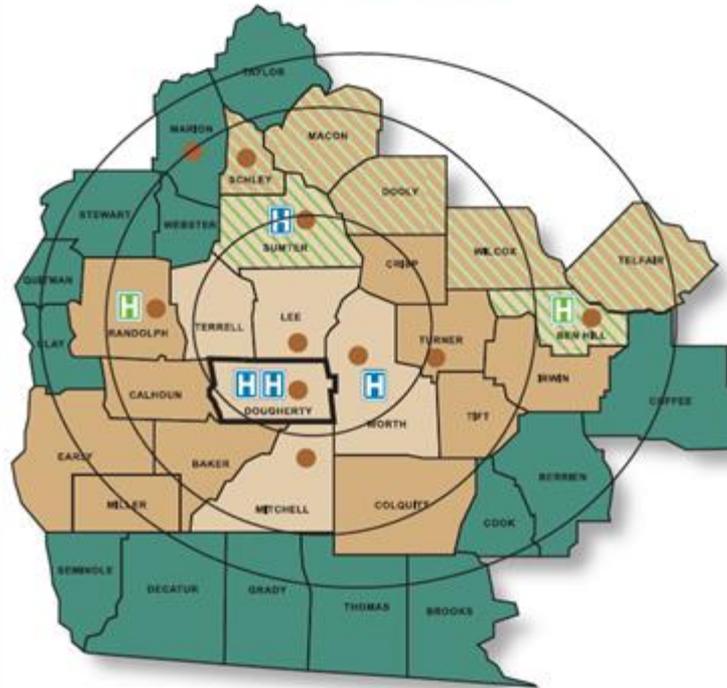
2018 FPL	100%	125%	140%	150%	160%	170%	180%	190%	200%	225%	250%	275%	300%	325%	350%	375%	400%
PPMH																	
Discount	100%	100%	95%	92%	90%	88%	85%	82%	80%	78%	75%	72%	70%	68%	65%	64%	62%
Pt. Responb.	0%	0%	5%	8%	10%	12%	15%	18%	20%	22%	25%	28%	30%	32%	35%	36%	38%
PSMC																	
Discount	100%	100%	95%	92%	90%	88%	85%	82%	80%	78%	75%	74%	72%	70%	68%	65%	63%
Pt. Responb.	0%	0%	5%	8%	10%	12%	15%	18%	20%	22%	25%	26%	28%	30%	32%	35%	37%
PWMC																	
Discount	100%	100%	96%	93%	90%	88%	86%	83%	80%	76%	73%	70%	66%	63%	60%	58%	56%
Pt. Responb.	0%	0%	4%	7%	10%	12%	14%	17%	20%	24%	27%	30%	34%	36%	40%	42%	44%

EXHIBIT 2

ALL FINANCIAL ASSISTANCE INFORMATION MAY BE OBTAINED FREE OF CHARGE, UPON REQUEST, AT THE LOCATIONS BELOW OR AT WWW.PHOEBEHEALTH.COM

Mailing Address	Hours of Operation
<p>Phoebe Financial Counseling Dept Phoebe Putney Memorial Hospital 417 Third Avenue P.O. Box 3770 Albany, GA 31706-3770 229-312-4220 or 866-514-0015 229-312-4225 (fax)</p>	<p>By telephone at 229-312-4220 or 866-514-0015 from 8:30AM-4:30PM, Monday-Friday</p> <p>Walk-in hours from 8:00AM-5:00PM, Monday-Friday</p> <p>Scheduled appointments from 9:00AM-4:00PM, Monday-Friday</p> <p>Floor visits are available upon request from a patient or responsible party, or any staff member within the organization</p>
<p>Phoebe Financial Counseling Dept. Phoebe Sumter Medical Center 126 Highway 280 West P.O. Box 527 Americus, GA 31719 229-931-1292 229-931-1186 (fax)</p>	<p>By telephone at 229-931-1292 from 8:30AM-4:30PM, Monday-Friday</p> <p>Walk-in hours from 9:00AM-12:00PM, Monday-Friday</p> <p>Scheduled appointments from 1:00PM-4:00PM, Monday-Friday</p> <p>Floor visits are available upon request from a patient or responsible party, or any staff member within the organization</p>

MODEL OF DELIVERY



- Phoebe Primary Service Area
- Phoebe Secondary Service Area
- Phoebe Tertiary Service Area
- Transition to Primary Market
- Transition to Secondary Market
- PPG Physician Practice Locations
- Phoebe Owned/Leased Hospitals
- Phoebe Managed Hospitals



SUMTER COUNTY

PRIORITY SCORING TOOL



County Value Target
State US State US HP2020 Trend Score Precision

Indicator	County	Value	Target	Trend	Score	Precision
Babies with Very Low Birth Weight	3	1.5	3	3	2	2.53 High
Female Population 16+ in Civilian Labor Force	2	2	3	3	1.5	3 2.50 High
People 65+ Living Below Poverty Level	3	3	3	3	1.5	1.5 2.50 High
Poor Mental Health: Average Number of Days	3	3	3	3	1.5	1.5 2.50 Medium
Poor Physical Health: Average Number of Days	3	3	3	3	1.5	1.5 2.50 Medium
Self-Reported General Health Assessment: Poor or Fair	3	3	3	3	1.5	1.5 2.50 Medium
Total Employment Change	3	3	3	3	1.5	1.5 2.50 Medium
Age-Adjusted Death Rate due to Obstructive Heart Disease	2	1.5	3	3	2	3 2.47 High
Mammography Screening: Medicare Population	3	2	3	3	1.5	2 2.44 High
Oral Cavity and Pharynx Cancer Incidence Rate	2	3	3	3	1.5	2 2.44 High
Age-Adjusted Death Rate due to Influenza and Food Insecurity Rate	2	1.5	3	3	1.5	3 2.42 Medium
Stroke: Medicare Population	3	3	3	3	1.5	1 2.39 High
Unemployed Workers in Civilian Labor Force	3	3	3	3	1.5	1 2.39 High
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	2 2.36 Medium
Frequent Physical Distress	3	3	3	2	1.5	1.5 2.33 Medium
Per Capita Income	2	3	3	3	1.5	1.5 2.33 High
Severe Housing Problems	3	3	3	2	1.5	1.5 2.33 High
Adults 20+ who are Sedentary	3	2	3	3	1	1.5 2.28 High
Age-Adjusted Death Rate due to Alzheimer's	3	1.5	3	3	1.5	1.5 2.25 Medium
Chlamydia Incidence Rate	3	1.5	3	3	1.5	1.5 2.25 Medium
Drinking Water Violations	3	3	3	1.5	1.5	1.5 2.25 Medium
Inadequate Social Support	3	3	3	1.5	1.5	1.5 2.25 Medium
Persons with Disability Living in Poverty (5-year)	3	1.5	3	3	1.5	1.5 2.25 Medium
Food Environment Index	3	3	2	3	1.5	1 2.22 High
Prostate Cancer Incidence Rate	3	3	2	3	1.5	1 2.22 High
Median Housing Unit Value	2	1.5	3	3	1.5	2 2.19 Medium
Child Food Insecurity Rate	3	3	3	3	1.5	0 2.17 High
Diabetic Monitoring: Medicare Population	3	3	2	2	1.5	1.5 2.17 High
Frequent Mental Distress	3	3	3	1	1.5	1.5 2.17 Medium



County



Value



Target

Indicator

State US State US HP2020 Trend Score Precision

Depression: Medicare Population	1	2	2	1	1.5	3
People 65+ with Low Access to a Grocery Store	3	2	1.5	1.5	1.5	1.5
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	1	1.5	2	3	3	1
Infants Born to Mothers with <12 Years Education	1	1.5	3	3	1.5	1
Age-Adjusted Death Rate due to Motor Vehicle Collisions	1	1.5	3	1.5	1.5	2
Fast Food Restaurant Density	2	2	1.5	1.5	1.5	2
Lung and Bronchus Cancer Incidence Rate	1	1	2	3	1.5	2
Adults with Health Insurance	2	3	2	1.5	3	0
Health Behaviors Ranking	3	1.5	1.5	1.5	1.5	1.5
Morbidity Ranking	3	1.5	1.5	1.5	1.5	1.5
Social and Economic Factors Ranking	3	1.5	1.5	1.5	1.5	1.5
Adults 20+ who are Obese	2	2	2	3	2	0
People 25+ with a Bachelor's Degree or Higher	1	1	3	3	1.5	1
People 65+ Living Alone	2	2	2	2	1.5	1
Children with Low Access to a Grocery Store	2	2	1.5	1.5	1.5	1.5
People with Low Access to a Grocery Store Recreation and Fitness Facilities	2	2	1.5	1.5	1.5	1.5
Age-Adjusted Death Rate due to Lung Cancer	1	1	2	3	2	1
Chronic Kidney Disease: Medicare Population	1	2	1	2	1.5	2
Food Insecure Children Likely Ineligible for Assistance	2	1	0	3	1.5	2
Mortality Ranking	2	1.5	1.5	1.5	1.5	1.5
Persons with Health Insurance	1	3	2	1.5	3	0
Physical Environment Ranking	2	1.5	1.5	1.5	1.5	1.5
Diabetes: Medicare Population	1	2	2	2	1.5	1
Teen Pregnancy Rate	2	1.5	3	1.5	0	1



County Value Target

Indicator

State US State US HP2020 Trend Score Precision

Alzheimer's Disease or Dementia: Medicare Population	3	3	3	3	1.5	3	2.83	High
Homeownership	3	3	3	3	1.5	3	2.83	High
People 65+ Living Alone	3	3	3	3	1.5	3	2.83	High
Severe Housing Problems	3	3	3	3	1.5	3	2.83	High
Colorectal Cancer Incidence Rate	3	3	3	3	3	2	2.78	High
Adults who Smoke	3	3	3	3	3	1.5	2.67	High
Liquor Store Density	3	2	3	3	1.5	3	2.67	High
Stroke: Medicare Population	3	3	3	3	1.5	2	2.61	High
Students Eligible for the Free Lunch Program	3	3	3	3	1.5	2	2.61	High
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	3	2.58	Medium
Age-Adjusted Death Rate due to Prostate Cancer	1.5	3	3	3	3	2	2.53	High
Babies with Low Birth Weight	3	1.5	3	3	3	2	2.53	High
Cervical Cancer Incidence Rate	1.5	3	3	3	3	2	2.53	High
Food Insecurity Rate	3	3	3	3	1.5	1.5	2.50	High
Insufficient Sleep	3	3	3	3	1.5	1.5	2.50	Medium
Oral Cavity and Pharynx Cancer Incidence Rate	2	2	3	3	1.5	3	2.50	High
Poor Physical Health: Average Number of Days	3	3	3	3	1.5	1.5	2.50	Medium
Self-Reported General Health Assessment: Poor or Fair	3	3	3	3	1.5	1.5	2.50	Medium
Total Employment Change	3	3	3	3	1.5	1.5	2.50	Medium
Age-Adjusted Death Rate due to Cancer	2	2	3	3	3	2	2.44	High
Age-Adjusted Death Rate due to Lung Cancer	2	2	3	3	3	2	2.44	High
Adults 20+ who are Obese	3	3	3	1.5	3	1.5	2.42	Medium
Babies with Very Low Birth Weight	3	1.5	3	3	3	1.5	2.42	High
Preterm Births	3	1.5	3	3	3	1.5	2.42	Medium
Child Food Insecurity Rate	3	3	3	3	1.5	1	2.39	High
Children Living Below Poverty Level	3	3	3	3	1.5	1	2.39	High
Families Living Below Poverty Level	3	3	3	3	1.5	1	2.39	High
Food Environment Index	3	3	3	3	1.5	1	2.39	High
Median Household Income	3	3	3	3	1.5	1	2.39	High
People Living 200% Above Poverty Level	3	3	3	3	1.5	1	2.39	High



County Value Target

Indicator

State US State US HP2020 Trend Score Precision

Alzheimer's Disease or Dementia: Medicare Population	3	3	3	3	1.5	3	2.83	High
Homeownership	3	3	3	3	1.5	3	2.83	High
People 65+ Living Alone	3	3	3	3	1.5	3	2.83	High
Severe Housing Problems	3	3	3	3	1.5	3	2.83	High
Colorectal Cancer Incidence Rate	3	3	3	3	3	2	2.78	High
Adults who Smoke	3	3	3	3	3	1.5	2.67	High
Liquor Store Density	3	2	3	3	1.5	3	2.67	High
Stroke: Medicare Population	3	3	3	3	1.5	2	2.61	High
Students Eligible for the Free Lunch Program	3	3	3	3	1.5	2	2.61	High
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	3	2.58	Medium
Age-Adjusted Death Rate due to Prostate Cancer	1.5	3	3	3	3	2	2.53	High
Babies with Low Birth Weight	3	1.5	3	3	3	2	2.53	High
Cervical Cancer Incidence Rate	1.5	3	3	3	3	2	2.53	High
Food Insecurity Rate	3	3	3	3	1.5	1.5	2.50	High
Insufficient Sleep	3	3	3	3	1.5	1.5	2.50	Medium
Oral Cavity and Pharynx Cancer Incidence Rate	2	2	3	3	1.5	3	2.50	High
Poor Physical Health: Average Number of Days	3	3	3	3	1.5	1.5	2.50	Medium
Self-Reported General Health Assessment: Poor or Fair	3	3	3	3	1.5	1.5	2.50	Medium
Total Employment Change	3	3	3	3	1.5	1.5	2.50	Medium
Age-Adjusted Death Rate due to Cancer	2	2	3	3	3	2	2.44	High
Age-Adjusted Death Rate due to Lung Cancer	2	2	3	3	3	2	2.44	High
Adults 20+ who are Obese	3	3	3	1.5	3	1.5	2.42	Medium
Babies with Very Low Birth Weight	3	1.5	3	3	3	1.5	2.42	High
Preterm Births	3	1.5	3	3	3	1.5	2.42	Medium
Child Food Insecurity Rate	3	3	3	3	1.5	1	2.39	High
Children Living Below Poverty Level	3	3	3	3	1.5	1	2.39	High
Families Living Below Poverty Level	3	3	3	3	1.5	1	2.39	High
Food Environment Index	3	3	3	3	1.5	1	2.39	High
Median Household Income	3	3	3	3	1.5	1	2.39	High
People Living 200% Above Poverty Level	3	3	3	3	1.5	1	2.39	High



County

Value

Target

Indicator

State US State US HP2020 Trend Score Precision

Indicator	State	US	State	US	HP2020	Trend	Score	Precision
Annual Ozone Air Quality	1.5	1	1.5	1.5	1.5	2	1.53	Low
Substantiated Child Abuse Rate	1	1.5	3	0	1.5	2	1.53	Medium
Age-Adjusted Death Rate due to Breast Cancer	1	2	2	2	3	0	1.50	High
Grocery Store Density	1	1	1.5	1.5	1.5	2	1.44	Medium
Liquor Store Density	1	1	2	1	1.5	2	1.44	High
Student-to-Teacher Ratio	2	2	1	0	1.5	2	1.44	High
All Cancer Incidence Rate	1	2	1	2	1.5	1	1.39	High
Cancer: Medicare Population	2	2	1	1	1.5	1	1.39	High
Syphilis Incidence Rate	1.5	1.5	0	1.5	1.5	2	1.36	Low
Linguistic Isolation	2	2	0	0	1.5	2	1.28	High
Workers who Drive Alone to Work	0	1	1	2	1.5	2	1.28	High
Clinical Care Ranking	0	1.5	1.5	1.5	1.5	1.5	1.25	Low
Median Household Gross Rent	1	1.5	0	0	1.5	3	1.25	Medium
Heart Failure: Medicare Population	1	1	2	1	1.5	1	1.22	High
Access to Exercise Opportunities	0	1	1	2	1.5	1.5	1.17	Medium
Farmers Market Density	0	1	1.5	1.5	1.5	1.5	1.17	Medium
Hyperlipidemia: Medicare Population	0	2	1	1	1.5	1.5	1.17	High
PBT Released	1.5	1.5	1.5	1.5	1.5	0	1.17	Low
Children with Health Insurance	1	2	1	1.5	2	0	1.14	High
Social Associations	1	2	0	0	1.5	2	1.11	High
Voter Turnout: Presidential Election	1	1.5	1	0	1.5	1.5	1.08	Medium
Breast Cancer Incidence Rate	1	2	1	1	1.5	0	1.00	High
Dentist Rate	0	1	1	3	1.5	0	1.00	High
Age-Adjusted Death Rate due to Falls	1	1.5	0	0	1	2	0.97	High
Mortgaged Owners Median Monthly Household Costs	1	1.5	0	0	1.5	1.5	0.92	Medium



County

Value

Target

Indicator

State US State US HP2020 Trend Score Precision

COPD: Medicare Population	0	1	1	1	1.5	1	0.89	High
Osteoporosis: Medicare Population	1	1	1	0	1.5	1	0.89	High
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	0	1	1	1	1.5	1	0.89	High
SNAP Certified Stores	0	0	1.5	1.5	1.5	1	0.89	Medium
Primary Care Provider Rate	0	1	1	2	1.5	0	0.83	High
High School Graduation	1	1.5	0	1.5	1	0	0.78	Medium
Mean Travel Time to Work	0	1	0	0	1.5	2	0.78	High
Solo Drivers with a Long Commute	0	1	0	0	1.5	2	0.78	High
Age-Adjusted Death Rate due to Unintentional Poisonings	0	1.5	0	0	1.5	1.5	0.75	Medium
Mental Health Provider Rate	0	0	0	3	1.5	0	0.67	High
Mothers who Smoked During Pregnancy	0	1.5	0	0	3	0	0.58	High
Asthma: Medicare Population	0	0	0	0	1.5	1.5	0.50	High
Atrial Fibrillation: Medicare Population	0	0	0	0	1.5	1	0.39	High
Adults who Drink Excessively	0	0	0	0	0	1.5	0.33	High
Ischemic Heart Disease: Medicare Population	0	0	0	0	1.5	0	0.17	High
Non-Physician Primary Care Provider Rate	0	0	0	0	1.5	0	0.17	High