FY 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

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Introduction

Phoebe Worth Medical Center (PWMC), located in Sylvester, Georgia, is designated as one of the state's Critical Access Hospitals. PWMC provides state-of-the-art health care services for the community it serves. PWMC conducted a Community Health Needs Assessment in compliance with the provisions of the Patient Protection and Affordable Care Act (ACA), which requires all non-profit hospitals in the United States to conduct a community health needs assessment to identify health priorities and adopt an implementation strategy to meet the identified community health needs. The assessment process requires hospitals to take into account input from individuals who represent a broad interest of the community served, including those with special knowledge or expertise in public health. This work resulted in identifying three priorities:

• *Increase Access to Care for Screenings and Specialty Care Related to Women' s Services*
• *Increase Community Awareness of Mental Health Resources*
• *Diabetes and Chronic Disease Management*

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

Legend:
- Community Health
- InKind/Cash Donations
- Indigent/Charity
- UnReimbursed Medicaid

Chart values:

2015 — Total 3,047,619
- InKind/Cash Donations: 47,619
- Indigent/Charity: 1,000,000
- UnReimbursed Medicaid: 2,000,000

2016 — Total 2,051,476
- InKind/Cash Donations: 51,476
- UnReimbursed Medicaid: 2,000,000

2017 — Total 5,047,519
- Community Health: 1,300
- InKind/Cash Donations: 46,219
- Indigent/Charity: 3,000,000
- UnReimbursed Medicaid: 2,000,000

2018 — Total 3,051,519
- Community Health: 5,300
- InKind/Cash Donations: 46,219
- Indigent/Charity: 1,000,000
- UnReimbursed Medicaid: 2,000,000

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 Worth County, GA.. The project Team Lead was Mark Miller, Strategy Analyst with oversight from Lori Jenkins, Director of Strategy and Planning, with Sherry McMurtrey a CHNA contracted employee to assist with analysis and report writing. 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.

2020 Community Health Needs Assessment Timeline to Meet Requirements

Internal Work Team Members

Joel Vandenberg, LPC
Aspire behavioral Health Services*

Tracie Turner
Worth County Board of Education-Retired/Bread of Life*

Julie Sumner, Worth County Board of Education-Retired
Chronic Disease Prevention Program Manager

Karen Rackley
Chamber of Commerce/Economic Development Authority

Gina Connell
Worth County Health Department*

Mary King Givens
Phoebe Worth Board

Josephine Stewart, RN
Phoebe Worth Medical Center

Glenice Stephens
City of Sylvester

Tonya Singletary
Worth County Primary School

Mandy Gordon, HR Business Partner
Phoebe-Worth Medical Center

Gena Lynn Parrish, Executive Coordinator
Phoebe Worth Medical Center

Candace Guarnieri, CFO
Phoebe Worth Medical Center

Jackie Jenkins, MSPH, District 8, Southwest Health District 8-2*
Director, Office of Epidemiology and Prevention

Ebonee Kirkwood, Southwest Health District 8-2*
Chronic Disease Prevention Program Manager

Mark Miller, Strategy Data Analyst, Project Lead
Phoebe Health System

**Sherry McMurtrey, CHNA Contracted Employee**
Phoebe Putney Memorial Hospital

SECTION II: Defining Community and Key Demographic Data

Worth County, while small in population size at just under 21,000 residents, covers 570 square miles, more than all other surrounding counties, and is 14th largest in the state.

In 2018, Worth County, GA had an estimated population of 20.3k people with a median age of 39 and a median household income of $40,639. The population of Worth County, GA has declined by 6.3% since the last census. The county is projected to grow minimally over the next 7 year period but still see negative numbers, except for the 65 and older age group. Black/AA make up 28.4% of the population while Whites make up 69.2%.

LEGEND
Population
- 500,000+
- 100,000 to 499,999
- 50,000 to 99,999
- 10,000 to 49,999
- 1 to 10,000

Population / Sq. Mile
- Under 5.00
- 5.00 to 9.99
- 10.00 to 24.99
- 25.00 to 49.99
- 50.00 to 99.99
- 100.00 to 249.99
- 250.00 to 499.99
- 500.00 to 999.99
- 1000.00 to 4999.99
- 5000.00 or More

0   2.5   5
Miles
By ZIP Code
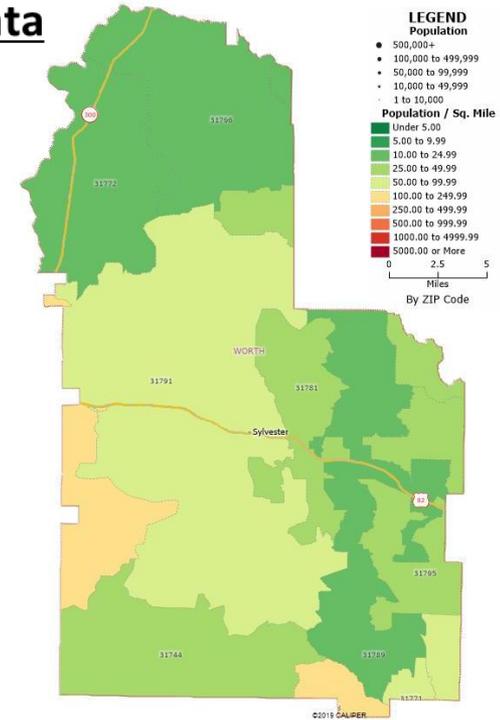
Number of Population by Age, Total, White and Black or African-American
Worth County, GA, 2017
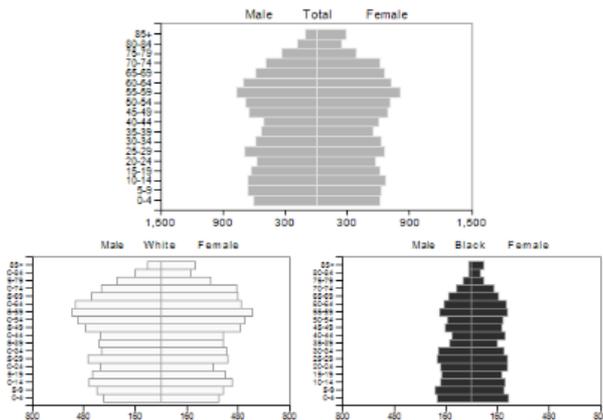
Population

|	2010 Census	2018 Rank	2018 Estimate	% Change 2010-2018	2025 Projected*	% Change 2010-2025
Worth	21,679	89	20,299	-6.4	20,746	-4.3
City of Sylvester	6,188					
Worth Area	286,025		280,174	-2.0	299,392	4.7
Georgia	9,687,653		10,519,475	8.6	11,538,707	19.1
United States	308,745,538		327,167,434	6.0	349,439,199	13.2

Source: Population Division, U.S. Census Bureau, *Governor's Office of Planning and Budget.

Demographics: Population Trends

Worth County
Population Projections-Selected Years
**Governor's Office of Planning and Budget**
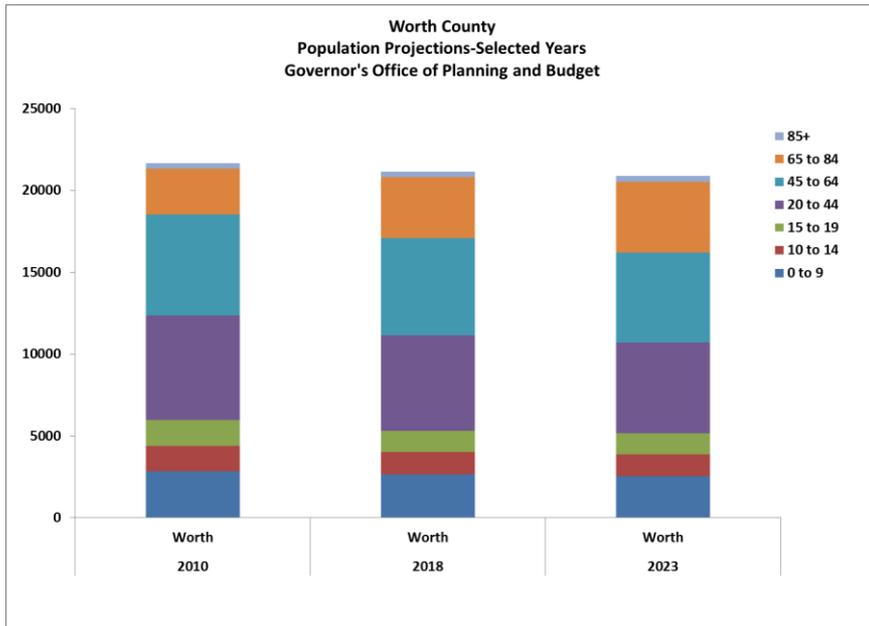
Looking beyond 2023, the year 2030 marks an important demographic turning point in U.S. history according to the U.S. Census Bureau's 2017 National Population Projections. By 2030, all baby boomers will be older than age 65. This will expand the size of the older population so that 1 in every 5 residents will be retirement age.

Looking at the chart to the right we can see that the only color getting larger across the years is the 65 to 84 year olds. The chart below shows that increase along with the severity of the drop in the 20-44 year olds and the 45-65 year olds projected by 2023.

Worth County
Population Projection by Age Group
**With Rate of Growth**
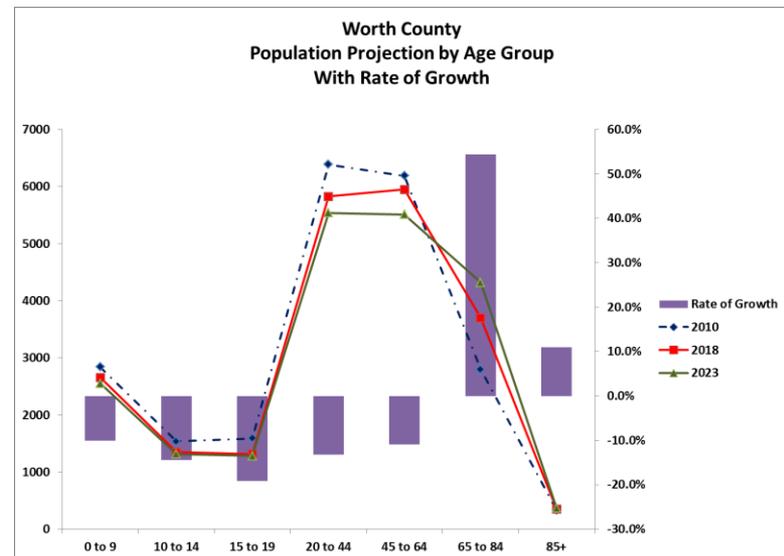
Economy: Workforce and Wages

An Inflow/Outflow count of Primary jobs shows 1,480 workers were employed in Worth County, but lived outside of the county, 1,513 lived and worked in Worth and 5,724 lived in Worth, but worked outside the county. [Map] The breakout of ethnicity within those jobs shows Whites made up 70.1% of the workforce and AA/Blacks comprised 27.7%. [Chart]

Inflow/Outflow Job Counts 'n 2015

1,480 - Employed 'n Select'on Area, L've Duts'de
5,724 - Live in Selection Area, Employed Outside
1,513 - Employed and Live in Selection Area

Race of Workforce

■ white   ■ black/AA   ■ Asian   ■ all others

white	70.1%
black/AA	27.7%
Asian	0.9%
all others	0.6%
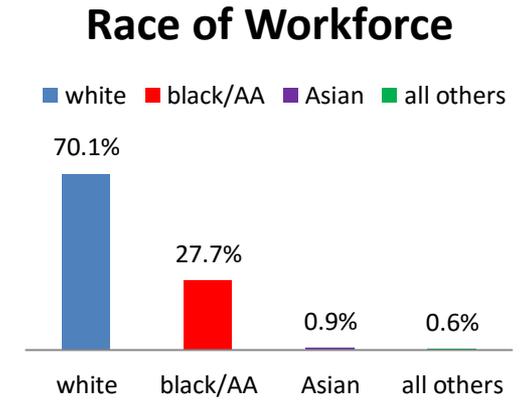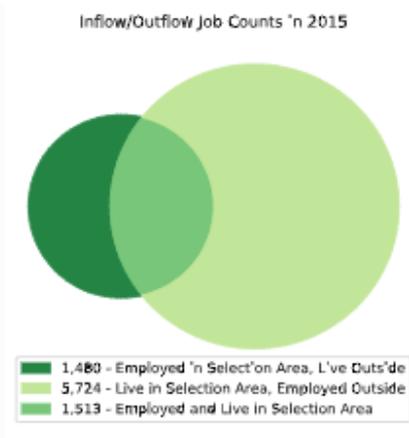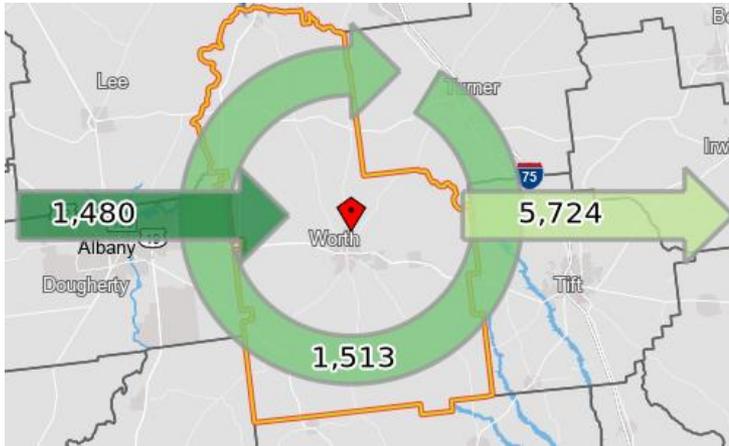
Southwest Georgia is a region that has long struggled to attract business and industry. Southwest Georgia has been identified as having a shortage of local skilled trades' workers, and a surplus of those with low basic work skills, and no formal training. [Chart] The Unemployment rate is at an all time low at 3.3%, employment is low with just over 3,000 employed, the population decreased by 4.48% and the personal income was $32,000.[Chart]

%	■	■■	⬮
3.3%	3K Low	-4.48% High	$32K Low

Employment and Wages

Area	Number of Employees	Average Hourly Wage†	Average Weekly Wage	Average Annual Wage†
Worth County	3,175	$17.88	$715	$37,180
Albany, GA Metropolitan Statistical Area	60,551	$20.55	$822	$42,744
Southwest Georgia Local Workforce Development Area	127,006	$19.68	$787	$40,924
SDR 10	126,994	$19.68	$787	$40,924
Georgia	4,490,454	$26.33	$1,053	$54,756

† Assumes a 40-hour week worked the year round.

Source: Georgia Dept. of Labor, Workforce Statistics & Economic Research, Quarterly Census of Employment and Wages Program

Worth Workforce

■ Worth County

less than high-school	11.1%
high-school or GED	28.4%
some College/ Associates Degree	25.4%
Bachelor's degree	15.7%
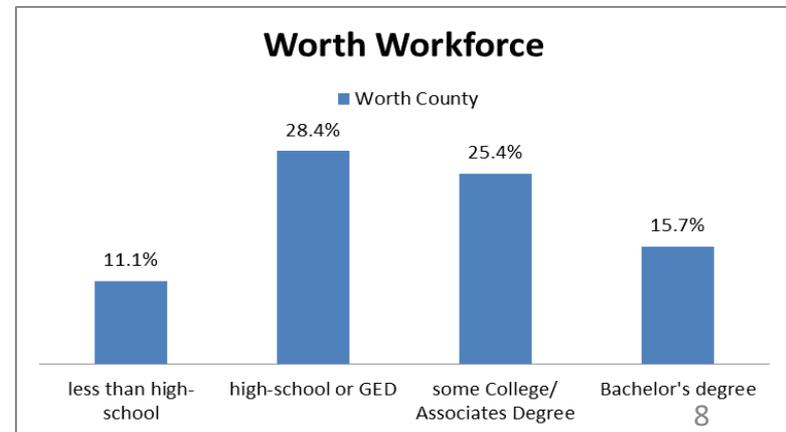
Education

District Wide

CCRPI Single Score

Year	Worth County
2018	C
2017	C
2016	D

Grade conversion

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

C
75.6

Race/Ethnicity
- Asian/Pacific Islander
- American Indian/Alaskan
- Black
- Hispanic
- Multi-racial
- White

34%
2%
3%
60%
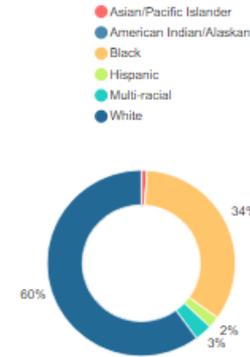
Economically Disadvantaged (ED)
- ED
- Not ED

47%
53%
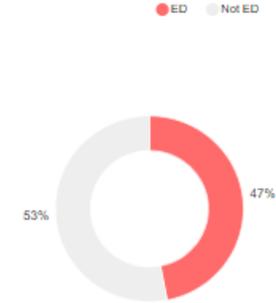
Student Mobility Rate
14.7%

Financial Efficiency Star Rating
★★★★☆

Per Pupil Expenditures
District	$8,462
State	$9,447

Worth County School District

- Overall Score: 75.6
- 3rd Grade Reading: 46.8
- 5th Grad Reading: 53.4
- 8th Grade Reading: 69.5
- College Readiness: 49.1
- Accelerated Courses: 38.6
- 4-Year Grad Rate: 76.9
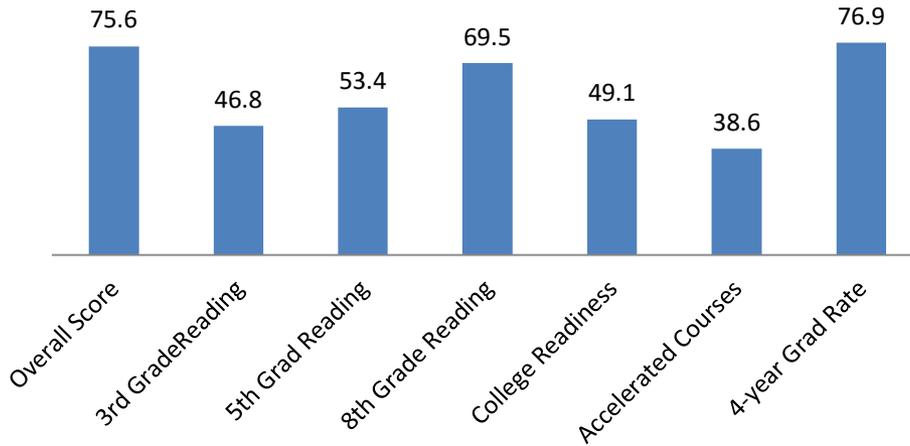
Performance Snapshot

- Worth County's overall performance **is higher than 68% of districts.**
- Its elementary students' academic growth **is higher than 76% of districts.**
- Its middle school students' academic growth **is higher than 92% of districts.**
- Its high school students' academic growth **is higher than 21% of districts.**
- 46.8% of its 3rd grade students are reading at or above the grade level target.
- 69.5% of its 8th grade students are reading at or above the grade level target.
- Its four-year graduation rate is 76.9%, which **is higher than 3% of districts.**
- 49.1% of graduates are college and career ready.

Education

Truancy is an early warning sign for a student headed toward school failure and dropping out. Truant students also are at greater risk of drug and alcohol abuse, teen pregnancy and delinquency. Mitchell had the lowest percent absent with 5.3% and Worth had the highest with 16.3%. [Map 3]

In Georgia school district , A child is "truant" when he/she has accrued 10 or more days of unexcused absences from school in the current academic year.

Map 3

GEORGIA
Worth County School District
Number chronically absent: 522
Total number of students: 3,211
% of students who are chronically absent: 16.3%
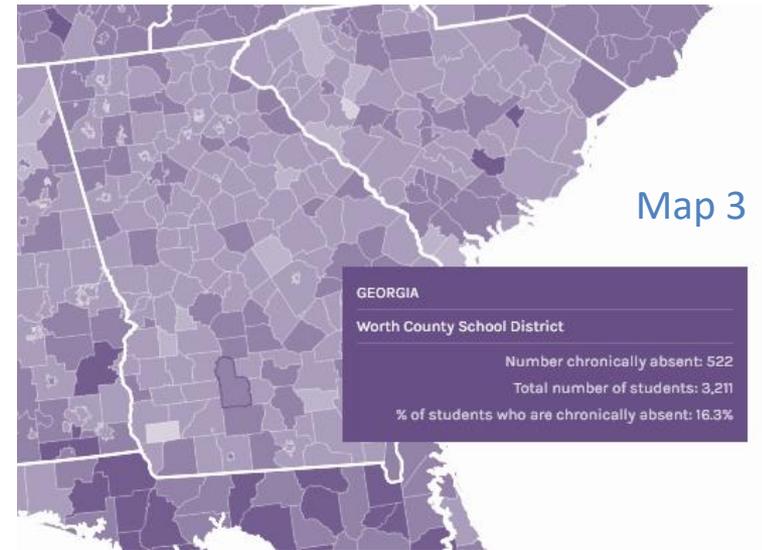
Chronic absenteeism may prevent children from reaching early learning milestones.

Children who are chronically absent in preschool, kindergarten, and first grade are much less likely to read at grade level by the third grade. Students who cannot read at grade level by the end of third grade are four times more likely than proficient readers to drop out of high school.

Irregular attendance can be a better predictor of whether students will drop out before graduation than test scores.

A study of public school students in Utah found that an incidence of chronic absenteeism in even a single year between 8th and 12th grade was associated with a seven-fold increase in the likelihood of dropping out.

Frequent absences from school can shape adulthood.

High school dropout, which chronically absent students are more likely to experience, has been linked to poor outcomes later in life, from poverty and diminished health to involvement in the criminal justice system.

Socio-Economics

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

Worth-Poverty-All Ages 1997-2017

United States   Georgia   Worth County (GA)
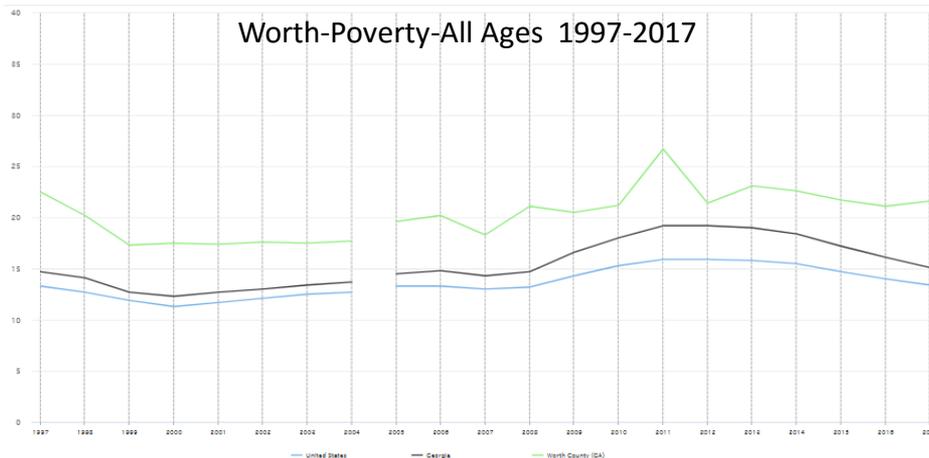
According to the Department of Health and Human Services, the Federal Poverty Line for a family of 4 in 2018 is $25,100. Research suggests that, on average, families need an income of about twice the federal poverty threshold to meet their most basic needs. Children living in families with incomes below 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.

Socio-Needs Index 2019

Socio-Needs Index
Rank
Rank 1
Rank 2
Rank 3
Rank 4
Rank 5

0   2   4
Miles

©2019 CALIPER
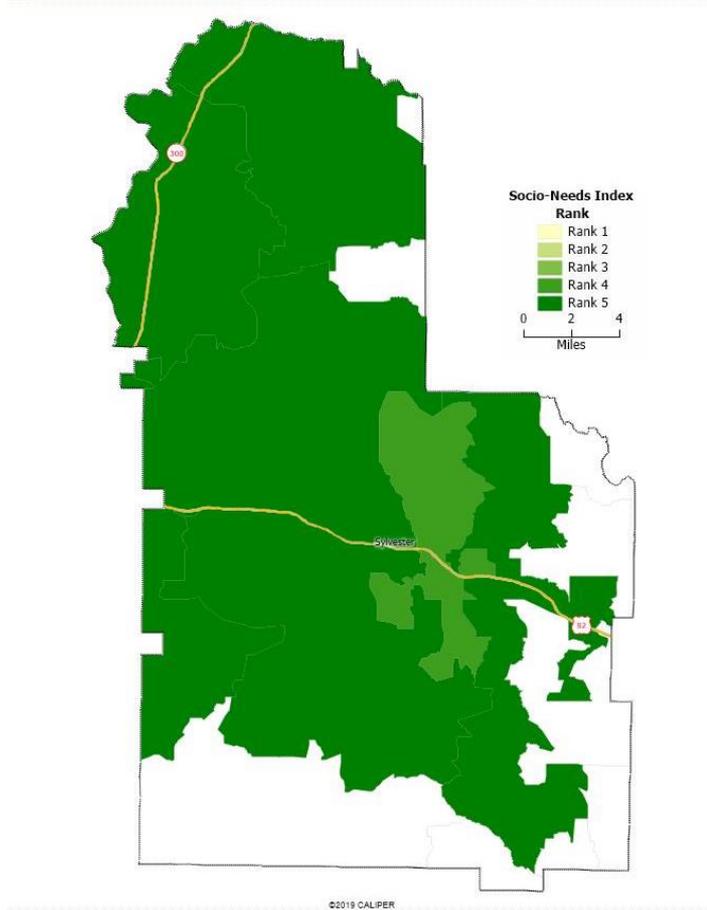
Healthy People 2020 creates targets for improving health status, promoting community health, and challenging individuals, communities, and professionals to take specific steps to ensure that good health, as well as long life, are enjoyed by all. Because "health" is more than just the absence of disease, a focus on socioeconomic factors is required. Socioeconomic status is a reflection of an individual's economic and social position in relation to others based on income, education, and occupation. The environment—in particular, where we work and live—as well as education, income, and age play a significant role in an individual's socioeconomic status. It is well documented that residents who have limited education and limited financial resources often experience challenges such as poor housing, limited opportunities for employment advancement, and a low quality of life. All these challenges ultimately affect their health outcomes. Children attending schools in poor neighborhoods are likely to lack a rich educational infrastructure. Parents who struggle with employment opportunities are less likely to be able to offer their children educational resources such as computers, tutors, and books—materials typically needed for students to become successful. Similarly, community residents living in neighborhoods that are underserved may face higher levels of stress if their community is plagued with crime, drugs, and poverty.

The SocioNeeds Index, to the left, takes these factors above and generates an Index Value (from 1-100) for each zip code in the nation. Those with the highest values have the highest socioeconomic need and are the darkest in color, which is the majority of this map of Worth County.

Socio-Determinants of Health: Family Structure

Figure 1

24 million U.S. children younger than 18 are living with an unmarried parent. Our map to the right [figure 1 reflects single parent households by census tract for Worth County, along with surrounding counties, and the FRED report [Chart 1] displays the increasing/decreasing trend in the same counties. 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 2]

Chart 1

Shaded areas indicate U.S. recessions   Source: U.S. Census Bureau   myf.red/g/o0ga
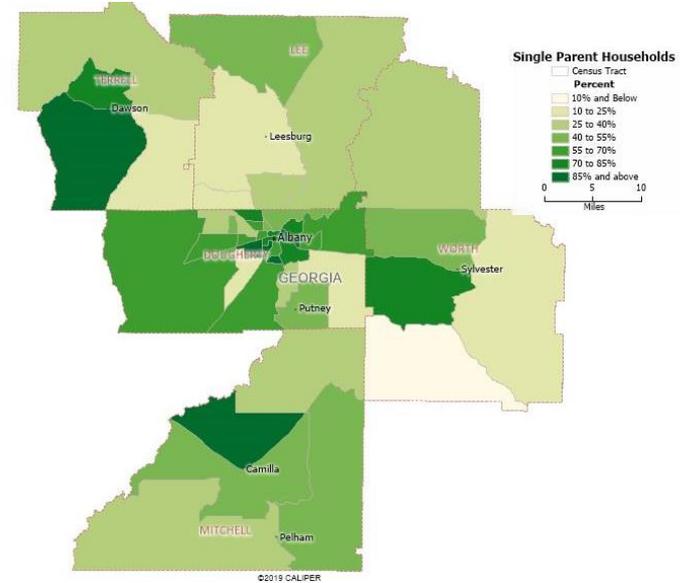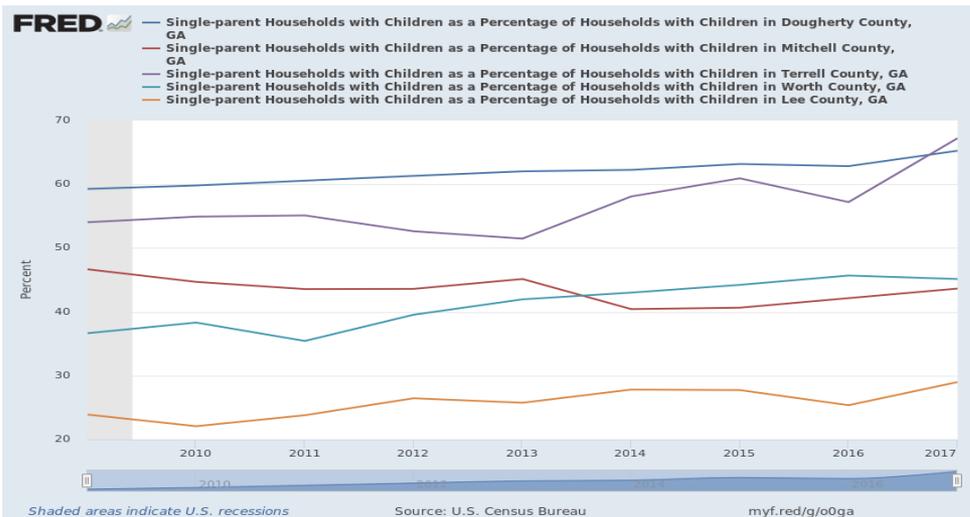
Chart 2

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

Nationally, the median percent of people in poverty hovers at 15.9%. Southwest Georgia experiences widespread poverty, but in Worth County White residents are slightly below the median percent while Black/AA are higher than the median at 36.1%. Those with less than a high school education make up 31% of those living in poverty. The green map below [figure 2] shows **individuals** in Worth County and the orange map [figure 3] show **families** in Worth, and surrounding counties for comparison.

Figure 2
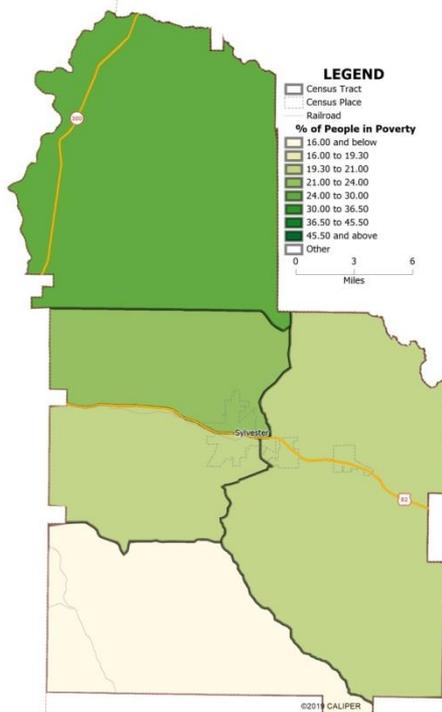
Figure 3
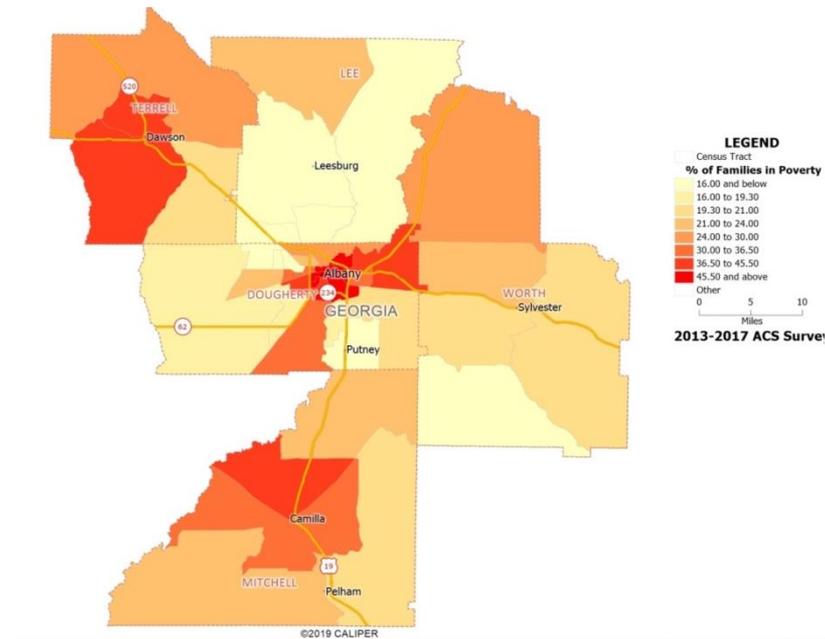
Food Deserts

The USDA defines **food deserts** "as parts of the country vapid of fresh fruit, vegetables … and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets … and healthy food providers."

Figure 4
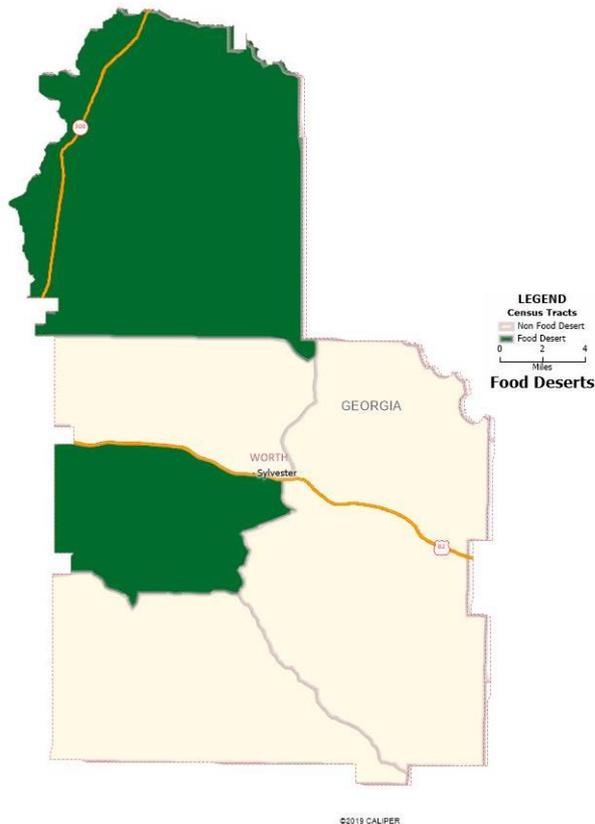
Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some Americans to eat a healthy diet. There are many ways to measure food store access for individuals and for neighborhoods, and many ways to define which areas are food deserts—neighborhoods that lack healthy food sources.

For an area to be considered a food desert or a low-access community, 33 percent of the population must reside more than a mile from a supermarket or large grocery store (and for rural areas, more than 10 miles)- [see figure 4]

The socioeconomic characteristics of a food desert community commonly include:
- Low-income areas
- Areas where residents commonly don't have cars
- Communities of color
- Areas oversaturated with liquor stores and fast food restaurants that serve foods high in sugar, fat and salt
- Areas with convenience stores abundant in ultra-processed foods.

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 Putney 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, County Level 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 District Public Health staff in Worth County(See full report in appendix). Hospital-related data originated from Decision Support, Quality Improvement, Women's and Children data reports, the Tumor Registry, and the Department of Public Health OASIS web-based data sets.

AGE ADJUSTED LEADING CAUSES OF DEATH- WORTH COUNTY GA

Mortality Data in Worth County

Indicator	County		Value		Target		Trend	Score	Precision
	State	US	State	US	HP2020	Local			
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5		3	2.58	Medium
Age-Adjusted Death Rate due to Lung Cancer	2	2	3	3	3		2	2.44	High
Age-Adjusted Death Rate due to Suicide	2	1.5	3	3	3		2	2.36	High
Age-Adjusted Death Rate due to Motor Vehicle Collisions	3	1.5	3	1.5	1.5		3	2.33	Medium
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2	1.5	2	3	3		2	2.19	High
Age-Adjusted Death Rate due to High Blood Pressure	3	1.5	3	1.5	1.5		2	2.11	Medium
Death Rate due to Drug Poisoning	1.5	2	3	3	1.5		1.5	2.08	Medium
Age-Adjusted Death Rate due to Alzheimer's Disease	2	1.5	2	3	1.5		2	2.03	Medium
Age-Adjusted Death Rate due to Cancer	1	1	2	2	2		3	1.89	High
Age-Adjusted Death Rate due to Heart Attacks	2	1.5	3	1.5	1.5		1.5	1.83	Medium
Age-Adjusted Death Rate due to Unintentional Poisonings	2	1.5	3	1	1.5		1.5	1.75	Medium
Mortality Ranking	2	1.5	1.5	1.5	1.5		1.5	1.58	Low
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	1.5	1		1.5	0.69	Medium
Age-Adjusted Death Rate due to Influenza and Pneumonia	0	1.5	0	0	1.5		0	0.42	Medium
Alcohol-Impaired Driving Deaths	0	0	0	0	1.5		1	0.39	High
Age-Adjusted Death Rate due to Obstructive Heart Disease	0	1.5	0	0	0		0	0.25	High

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

Other than External Causes (vehicle accidents, injuries, etc.) Respiratory conditions was the 2nd leading cause for an ER visits from Worth County and a leading cause of Inpatient admissions.

With the help of HCI-Conduent Community Health Dashboard, Worth County has a significantly higher pneumonia and influenza rate and chronic respiratory diseases such as asthma and COPD compared to GA and US counties.
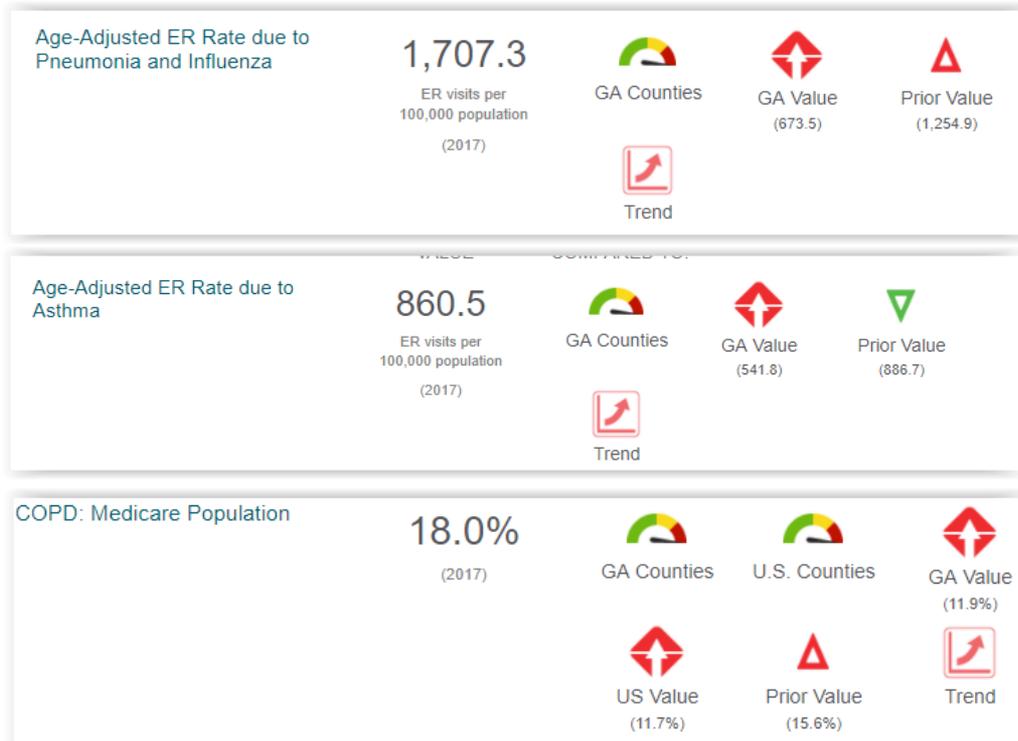
ER Discharges	Cases
External Causes	2191
Respiratory	1816
Bone & Muscle	1010
Digestive	888
Urinary	636
Nervous System	280
Major Cardiovascular Diseases	269
Endocrine	237
Infectious Diseases	221
Mental and Behavioral Disorder	185
Pregnancy or Childbirth Complications	150

2018 TOP IP Discharges

Service Line	Cases
Pulmonary Medicine	306
Cardiology	231
Newborn	231
Obstetrics	198
General Surgery	187
General Medicine	184
Gastroenterology	156
Neurology	141
Infectious Disease	133
Orthopedics: Surgical	104
Endocrinology	77
Psychiatry	71
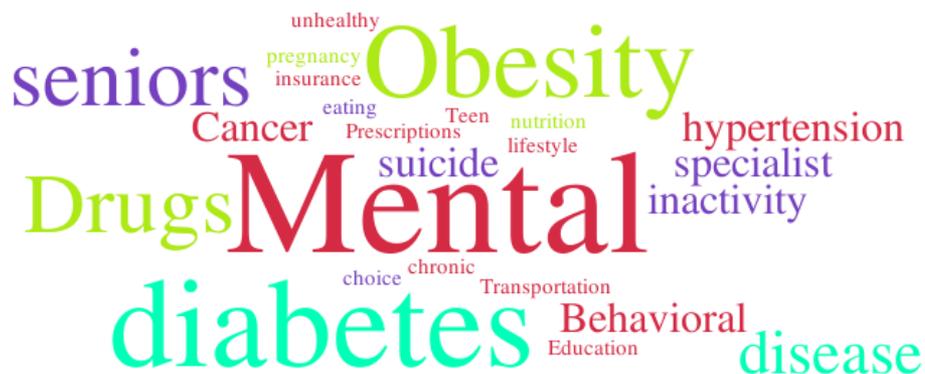
Among Key Leader Participants:

Again, Mental Heath was the most mentioned health issue facing Worth County, followed by Diabetes and Obesity, Drug Use, and Seniors.

PWMC has worked with Aspire Behavioral Health to provide them space to provide services to support the community. Aspire counselors are working in the schools for students, as well as the hospital. Unfortunately, service hours are limited and they are not well known in the community. Those interviewed would like to see an Aspire teen center, like in Albany, or other support groups for the community.

More campaigns targeting families were advised to help encourage changes in healthy lifestyles. Education along with community involvement was suggested to make a difference in the obesity crisis.

Small in size but large in square miles, transportation needs are also a concern, especially for the aging population.

Key Leader Interviews:
5 Things We Learned

1. Worth County's healthcare system received a B for it's overall services to the community. Individuals stated the letter grade would go up if they received a third ambulance, more pediatric doctors, scheduled health fairs, and convenient care centers equipped with preventative medicine.
2. More education was seen as the solution to encourage big lifestyle changes in nutrition and activity level.
3. The Sylvester Farm run by Sam X, where everything grown is free to locals, is a huge asset to the community.
4. Age of the community is increasing and action needs to be taken to provide services to seniors as well as bring in activities and opportunities to attract young adults.
5. Drug use also seen as a problem spanning the young to the elderly. Too many prescription drugs being provided to patients, law enforcement not adequate in keeping drugs out of the community, and not enough activities in the community for the youth to engage in.

Section IV: Community Engagement & Priority Identification

Engagement Meeting-Gallery Walk Results
2-12-2019
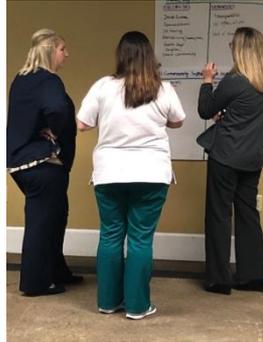
LIST OF PARTICIPANTS:

Gena Lynn Parrish, Phoebe Worth Medical Center (PWMC)
Mandy Gordon, PWMC
Candace Guarnieri, PWMC
Nicole Young, PWMC
Julie Sumner, First Baptist Church-Bread of LIfe*
Siam X, the Village Community Garden
Karen Rackley, Sylvest-Worth Chamber of Commerce
Forster L Evans Jr, FAB to Hope Baptist Church*
Sandra Cosby, DBHDD Regional Advisory Council-Region 4*
Mary King Givens, PWMC Board
Glenice Stephens, City of Sylvester
Jacqueline Jenkins, SWHD-DPH, Epidemiologist*
Ebonee Kirkwood, SWHD 8-2*
Mark Miller, Phoebe Putney Memorial Hospital, Project Lead

* Represents the broad public interest and/or the medically underserved

Community Identified Health & Health Related Issues:
- ✓ Cardiologist
- ✓ Expansion of Mental Health Services
- ✓ Long wait time for Mental Health Appointment
- ✓ Addictive Disease and Developmental Disability Resources
- ✓ Local Mental Health Hotline
- ✓ Public Transportation
- ✓ Medicaid Expansion
- ✓ Housing Options for Low Income
- ✓ Smoking
- ✓ Vaping
- ✓ Bullying
- ✓ Easy Access to Fast Food
- ✓ Speeding

Section IV: Community Engagement & Priority Identification

The Community Input Session

Identified Significant Health Issues and/or Community Conditions

Public and Emergency Transportation Infrastructure

Behavioral Health Treatment and Education

Resource Development for Children and Adults

Affordable Housing Options

Chronic Disease Prevention, Education & Management

Promoting Nutritional Awareness

<u>Methodology</u>

The participant list was drafted by Phoebe Worth executive 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 early spring of 2019 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.? Ebonee Kirkwood, Department of Public Health led the Gallery Walk and Mark Miller, Project Lead facilitated the Consensus Workshop.

PRIORITY SETTING

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.

Score range:

Good →   Bad

| 0 | 1 | 2 | 3 |
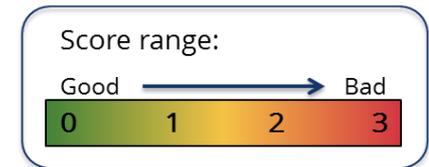
Comparison to a Distribution of County Values: Within State and Nation

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

The Priority Tool

County: Worth
Phoebe Putney Hospital
Total indicators: 139
Thursday 11th of April 2019 06:45:04 AM

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Colorectal Cancer Incidence Rate	3	3	3	3	3	3	3.00	High
Adults 20+ with Diabetes	3	3	3	3	1.5	3	2.83	High
Lung and Bronchus Cancer Incidence Rate	3	3	3	3	1.5	3	2.83	High
Solo Drivers with a Long Commute	3	3	3	3	1.5	3	2.83	High
Adults 20+ who are Obese	3	3	3	3	3	1.5	2.67	High
Asthma: Medicare Population	3	3	3	3	1.5	2	2.61	High
COPD: Medicare Population	3	3	3	3	1.5	2	2.61	High
Dentist Rate	3	3	3	3	1.5	2	2.61	High
Households with Cash Public Assistance	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 Colorectal Cancer	0	0	0	1.5	1	1.5	0.69	Medium
Adults who Drink Excessively	1	0	1	0	0	1.5	0.67	High
Liquor Store Density	0	0	0	0	1.5	2	0.61	High
Severe Housing Problems	0	1	0	0	1.5	1	0.56	High
Ischemic Heart Disease: Medicare Population	0	1	1	0	1.5	0	0.50	High
Age-Adjusted Death Rate due to Influenza and Pneumonia	0	1.5	0	0	1.5	0	0.42	Medium
Alcohol-Impaired Driving Deaths	0	0	0	0	1.5	1	0.39	High
Linguistic Isolation	0	0	0	0	1.5	1	0.39	High
People 65+ Living Alone	0	0	0	0	1.5	1	0.39	High
Age-Adjusted Death Rate due to Obstructive Heart Disease	0	1.5	0	0	0	0	0.25	High
People 65+ Living Below Poverty Level	0	0	0	0	1.5	0	0.17	High

Priority Setting Documents

(1) Key Leader Interview Report of Findings
(2) Community Engagement Documents
(3) Conduent HCI Priority Setting Tool
(4) Current Community Health Needs Assessment

This table shows the worst ten and the best ten health or health related indicators in Worth County. One oddity, while they have the highest colorectal cancer rate when compared to all over state and national counties in the United States, there age adjusted death rate is surprisingly low—better than the Top 50% of all US counties. This suggests a high screening rate.

The priority tools has a Precision scale from low to high. This measures the accuracy of the composite Score.

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.

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.

Recommendation

1. **Increase Access to care for screening and specialty care related to Women's Services**
2. **Increase community awareness of Mental Health Resources**
3. **Diabetes and Chronic Disease Management**

Selection Committee
Mandy Gordon, Phoebe Worth Medical Center (PWMC), Community Relations; Gina Lynn Parrish, PWMC, Administration; Nicole Young, PWMC, Quality; Lisa Dylinski, Sylvester-Worth Family Connection,* director; Joel Vandenbergh, Aspire, Therapist;* Tracie C Turner, Worth County Board of Education, Social Worker; Candace Guarnieri, PWMC, CFO; Glenice Stephens, City of Sylvester, Community Development Director
* Represents Low Income, Medically Underserved, and Minority Populations

PRIORITY I: *Increase Access to care for Screening and specialty care related to Women's Services*

% of Low and Very Birth Weight Infants
1994 thru 2017
Worth County

Since 1994, there has been a 69% increase in the percentage of AA/Black low birth weight infants in Worth County. While showing great variability between any given year, the percent of low birth weight peaked in 2013 at 28.6%.. Likewise, among white infants, data shows an increase of 22% since 1994 and peaked in 2010 at 16% of all births.

Resources Available:
Alpha Pregnancy Center
Worth County Health Department
Albany Area Primary Health Care

Data Source: GA Dept of Public Health: OASIS
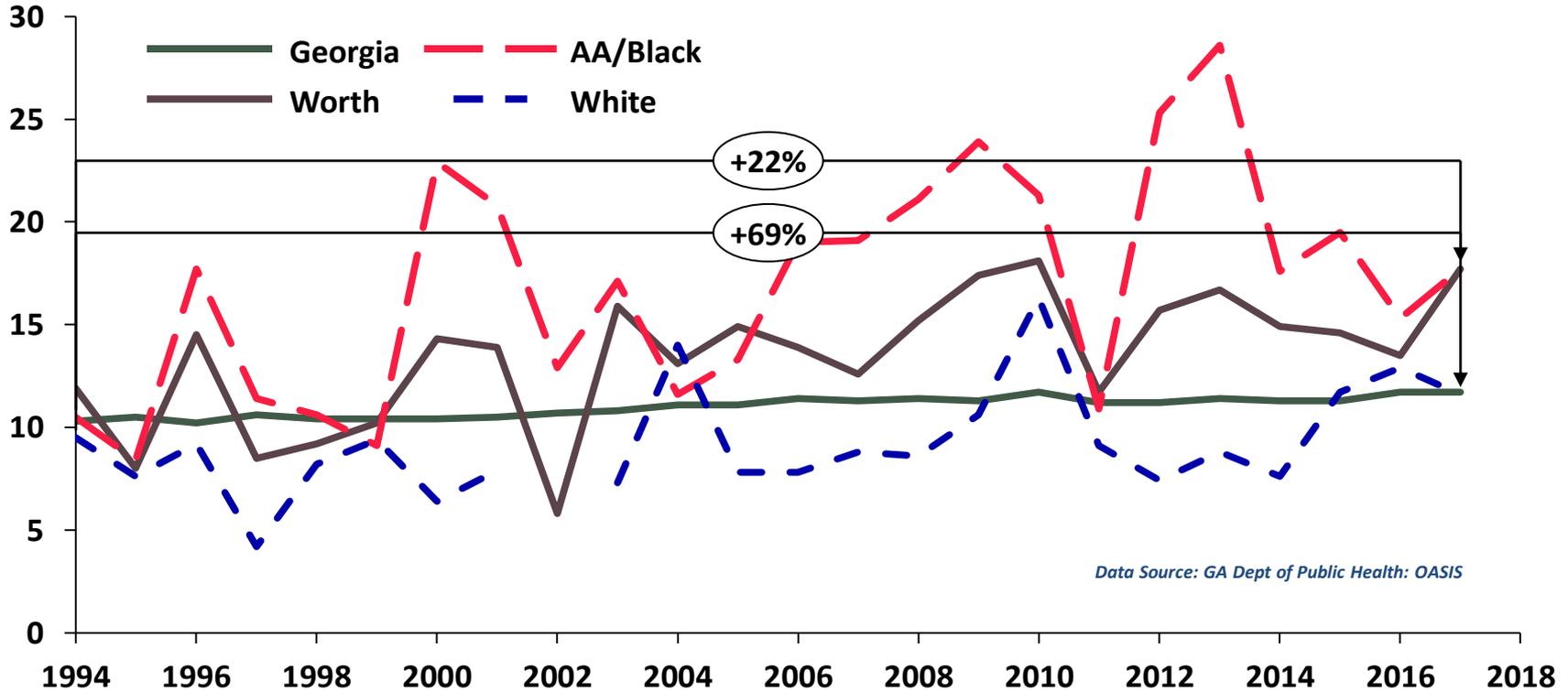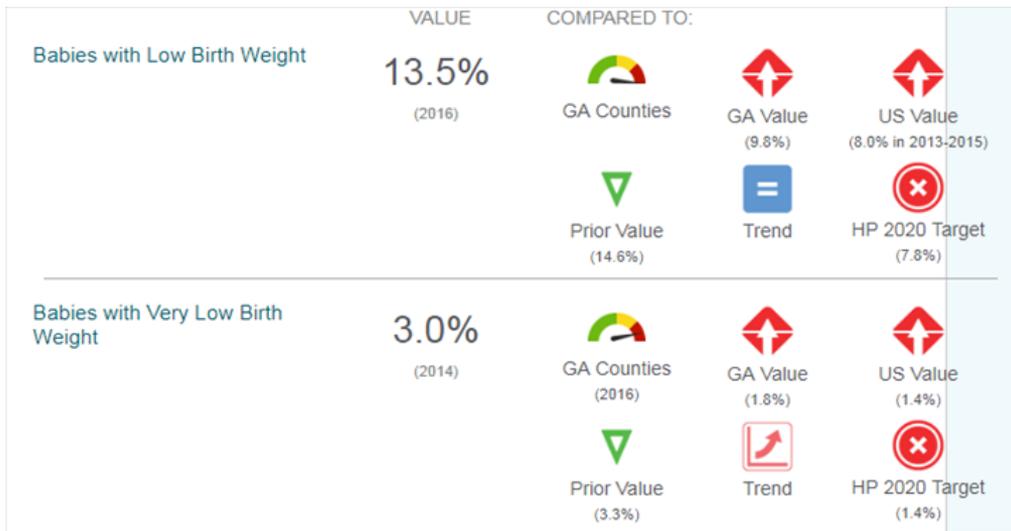
Hospital	Patient County	Fact Counter	Avg LOS	Case Share %
Colquitt Regional Medical Center - Moultrie, GA	Worth, GA	6	1.83	2.64%
Colquitt Regional Medical Center - Moultrie, GA - Total		**6**	**1.83**	**2.64%**
Crisp Regional Hospital, Inc. - Cordele, GA	Worth, GA	4	1.75	1.76%
Crisp Regional Hospital, Inc. - Cordele, GA - Total		**4**	**1.75**	**1.76%**
Irwin County Hospital - Ocilla, GA	Worth, GA	1	2.00	0.44%
Irwin County Hospital - Ocilla, GA - Total		**1**	**2.00**	**0.44%**
John D. Archbold Memorial Hospital - Thomasville, GA	Worth, GA	2	2.50	0.88%
John D. Archbold Memorial Hospital - Thomasville, GA - Total		**2**	**2.50**	**0.88%**
Phoebe Putney Memorial Hospital - Albany, GA	Worth, GA	102	4.75	44.93%
Phoebe Putney Memorial Hospital - Albany, GA - Total		**102**	**4.75**	**44.93%**
Tift Regional Medical Center - Tifton, GA	Worth, GA	112	2.76	49.34%
Tift Regional Medical Center - Tifton, GA - Total		**112**	**2.76**	**49.34%**
Overall - Total		**227**	**3.61**	**100.00%**

With an undersupply of pediatric offices and no Obstetrics/Gynecology physicians in Worth County, residents go to either Phoebe-Albany or Tift Regional Medical Center with slightly more choosing Tift Regional Medical Center. As a level II perinatal center, Phoebe-Albany gets almost all of the high-risk pregnancies accounting for the higher length of newborn stays.

Lung and Bronchus Cancer Incident Rate

87.4

Cases per 100,000 population

(2011-2015)

GA Counties

U.S. Counties

GA Value (64.9)

US Value (60.2)

Prior Value (81.9)

Trend

Age Adjusted Death Rate due to Lung Cancer

54.6

Deaths per 100,000 population

(2011-2015)

GA Counties

U.S. Counties

GA Value (46.2)

US Value (43.4)

Prior Value (55.7)

Trend

HP 2020 Target (45.5)
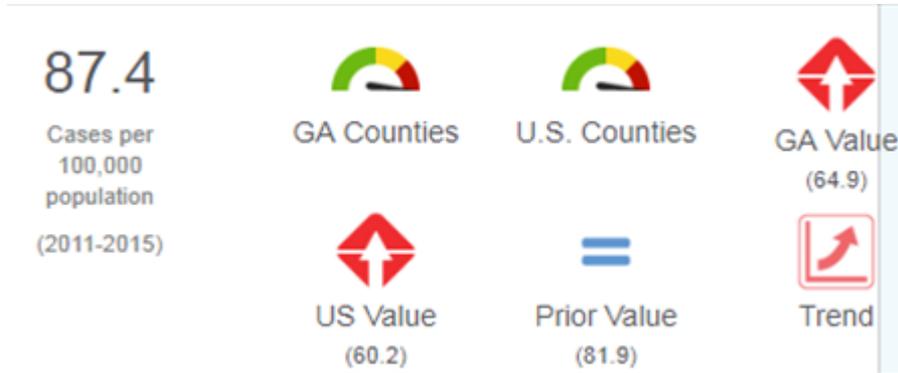
According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer, and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. African Americans have the highest risk of developing lung cancer. *Compared to Georgia and US counties, Worth County has one of the highest Lung and Bronchus Incident rates in the country and continues an upward trend. However, the age adjusted death rate due to Lung and Bronchus Cancer seems to have stabilized and whose values are just outside the mean value compared to Georgia and US counties.*

Mammography Screening-Medicare Population

57.1%
(2015)

| GA Counties | U.S. Counties | GA Value (62.3%) |
| US Value (63.2%) | Prior Value (60.5%) | Trend |

Breast Cancer Incidence Rate

113.1
Cases per 100,000 females
(2011-2015)

| GA Counties | U.S. Counties | GA Value (125.2) |
| US Value (124.7) | Prior Value (110.7) | Trend |

Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Breast cancer is associated with increased age, hereditary factors, obesity, and alcohol use. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.
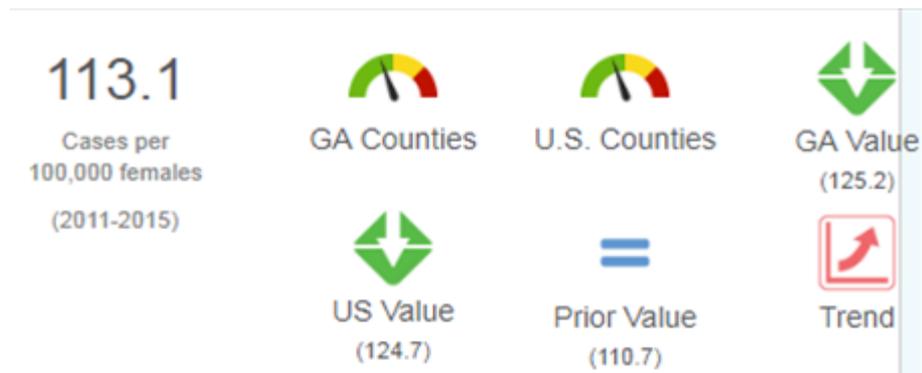
Most recent data shows a mammography screening rate of 57.1% among Worth County Medicare eligible women and ranks in the 2nd worst quartile. Trend suggests further declines in Medicare women screened in the future. This isn't surprising since there isn't a mammography machine in Worth County.

While mammography rates are below state and national averages, breast cancer incidence rates are slightly better than average.

Priority II: Increase Community Awareness of Mental Health Resources

- 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.

Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

NAMI
National Alliance on Mental Illness
www.nami.org

Prevalence of Mental Illness by Diagnosis

1.1%	2.6%	6.9%	18.1%
1 in 100 (2.4 million) American adults live with schizophrenia.[1]	2.6% (6.1 million) of American adults live with bipolar disorder.[1]	6.9% (16 million) of American adults live with major depression.[1]	18.1% (42 million) of American adults live with anxiety disorders.[1]

Treatment in America

60%	50%	
Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.[4]	Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.[1]	African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.[1]

Indicator	County Distribution		Value		Target		Score	Precision
	State	US	State	US	HP2020	Trend		
Mental Health Provider Rate	3	3	3	3	1.5	1	2.39	High
Age-Adjusted Death Rate due to Suicide	2	1.5	3	3	3	2	2.36	High
Age-Adjusted Death Rate due to Alzheimer's Disease	2	1.5	2	3	1.5	2	2.03	Medium
Depression: Medicare Population	2	2	2	2	1.5	2	1.94	High
Poor Mental Health: Average Number of Days	1	2	2	2	1.5	1.5	1.67	Medium
Frequent Mental Distress	1	2	2	0	1.5	1.5	1.33	Medium
Alzheimer's Disease or Dementia: Medicare Population	1	2	1	1	1.5	1	1.22	High

Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional. Delays in mental health treatment can lead to increased morbidity and mortality, including the development of various psychiatric and physical comorbidities. In addition, it can lead to the adoption of life-threatening and life-altering self-treatments (e.g., licit and illicit substance abuse).

Key Leader and Community leaders and residents agree that more behavioral health and addictive disease services are needed in Worth County. Compared to all Georgia Counties all US counties, Worth County ranks in the lowest quartile signifying a critical need. While Aspire BH/AD/DD licensed counselor is at Phoebe-Worth 11/2 days per week, more is needed. Aspire provides counseling to children and teens in the School system as they rotate through on a weekly basis. However, residents site a need for a Aspire Clubhouse modeled after the one located in Albany, GA

Mental Health Resources Available:
ASPIRE MHSA
NAMI
DBHDD
Sylvester / Worth County Health Department
**Phoebe Behavioral Health**

Priority III: Diabetes and Other Chronic Diseases or Conditions

WHY IT'S IMPORTANT

Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. Diabetes is a leading cause of death in the United States. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older.

This disease can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the CDC estimates that direct medical expenditures attributable to diabetes is over $116 billion.

Age Adjusted IP Discharges per 100,000 population
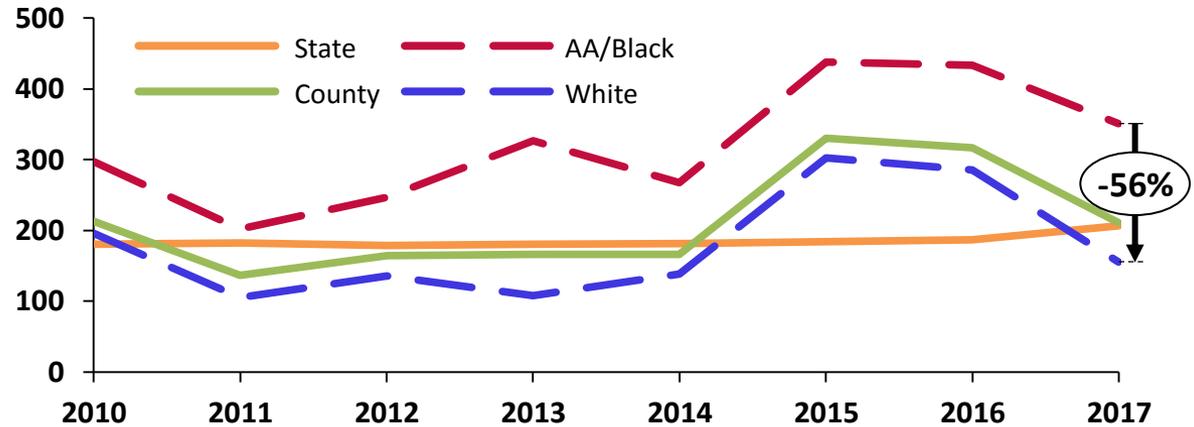
**Age Adjusted Death Rate due to Diabetes by Race 2010 to 2017**
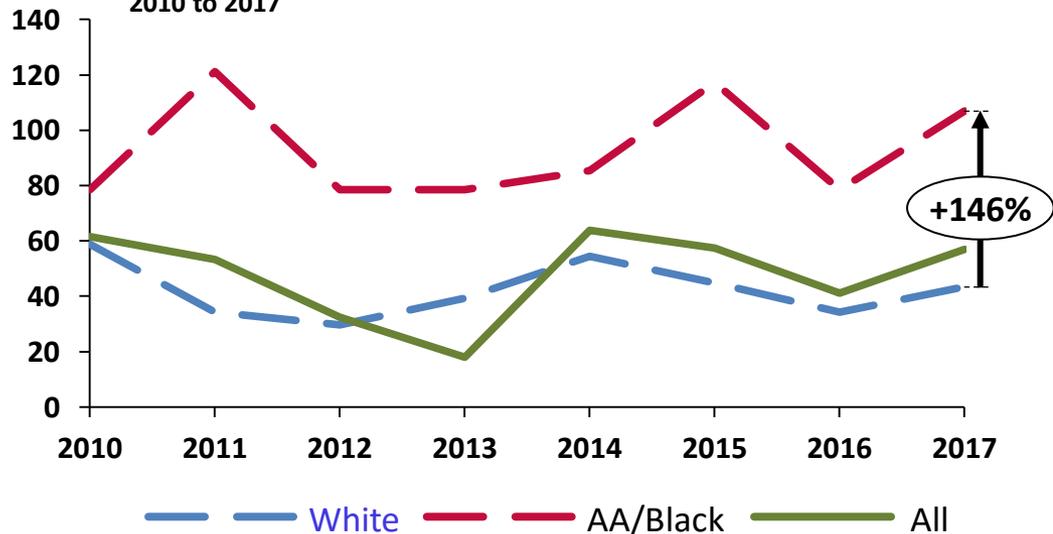
Source: www.oasis.state.ga.us

Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Asthma is one of the most common long-term diseases of children, but it also affects millions of adults nationwide. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens, such as dust, pollen, mold, cigarette smoke, and animal dander, or by exertion and stress. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death.

*Worth County has one of the highest rates of age adjusted ER visits related to Asthma in Georgia. Compared to all other GA counties, Worth County ranks in the bottom quartile and trending upward over the last 4 data reporting periods. AA/Black ER visits due to asthma are approximately **five times** that of whites in 2017.*

Age Adjusted Asthma ER Visits per 100,000 population

Legend: GA, AA/Black, County, White

-81%

Age-Adjusted ER Rate due to Asthma
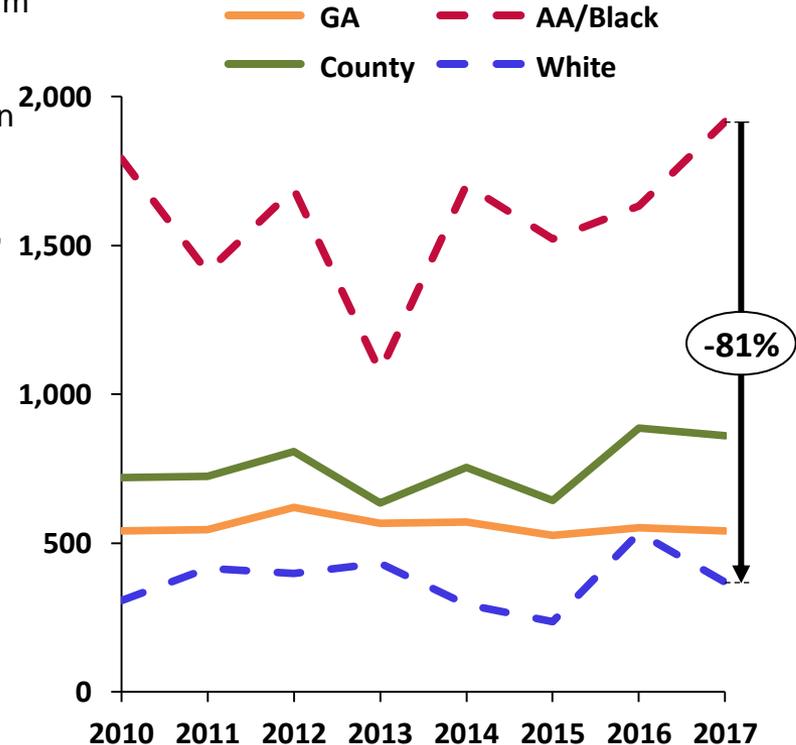
VALUE: 860.5
ER visits per 100,000 population (2017)

COMPARED TO:
GA Counties
GA Value (541.8)
Prior Value (886.7)
Trend

Resources Available:
Sylvester / Worth County Health Department
Phoebe Worth Family Medicine
Phoebe Physician Group

CURRENT IMPLEMENTATION PLAN

EVALUATION

Priority I: Provision of Mental Health Services

Phoebe Worth has developed Implementation Strategies to address the three priorities which represented the most significant health needs as identified by our community's engagement. Our strategies are based on input from our community and build upon our existing community benefit activities and operating strategies. Over the next three years, Phoebe Worth will be engaging in activities as outlined below to address the three priorities:

The Provision of Mental Health Services –Mental Health Services is a significant unmet health need in Worth County. In order to address the health need, Phoebe Worth is committed to a strategy to address the challenges involved with this particular need, such as Lack of Education and Awareness and Lack of Health Care Providers.

In order to address the Lack of Health Care Providers, Phoebe Worth will collaborate with Mental Health Providers and offer their services to local patients in need through the use of Telemedicine Technology. Phoebe Worth's investment in Telemedicine Technology will allow local patients to have local consults, counseling, and testing with Mental Health Providers outside our community.

Phoebe Worth will partner and collaborate with local medical providers, including our Worth County Health Department, our School System counselors, and the Behavioral Health Services offered by Phoebe Putney to develop educational information about mental illness and provide awareness information to our community and where they can go for help.

July 1, 2019 Evaluation of Efforts:
Since this need was identified, Phoebe Worth has utilized various tactics to address the mental health need. Included in these tactics were:
Community/Stakeholder Meetings – Organized 2 community stakeholder meetings to better understand the current state of Mental Health in our area and to set goals for moving forward.
Applying for the 2 Georgia's Initiative Grant
Researching and vetting potential partners and determining the most appropriate start up plan for immediate implementation.

Ultimately, Phoebe Worth contracted with Aspire Behavioral Health to offer space to Aspire for licensed counselors to be onsite each week for needed services. Currently, Aspire is onsite offering services 5 to 6 days a month, along with their days in other facilities within Worth County. This has increased access but we're aware there continues to be barriers to fully addressing this health need. This will be a continued health need for our 2020-2022 Needs Assessment.

Priority II: Recruiting Primary Care Physicians in Worth County

Recent studies of Physician Manpower revealed physician shortages for Worth County and our community engagement participants agreed. Over the years, we have seen Physician turnover in our Rural Health Clinic and have seen Physicians reaching the retirement age. These changes and challenges have limited the primary care offered in Worth County and ultimately created access to care issues.

Phoebe Worth is committed to being the healthcare provider for Worth County and has developed strategies to address this health need. Phoebe Worth has extended the operating hours at its Rural Health Clinic to remain open for walk-ins or appointments until 7 o'clock Tuesdays through Fridays.   The clinic has also changed its hours of operations in order to stay open through the lunch hours. There remain opportunities to extend operations into other days and hours and Phoebe Worth is evaluating if the communities health needs demand those days and hours.   Phoebe Worth has also recently added another primary care physician and nurse practitioner to the Rural Health Clinics operations in order to address the community's expressed health need. We review the operations based on multiple factors and will evaluate the need to recruit more providers should our visits and provider productivity indicate a need.

July 1, 2019 Evaluation of Efforts:
The extended hours outlined above were not a service our community utilized and ultimately, due to productivity and costs, we eliminated the extended hours strategy.

Over the past years, we've tried different operating tactics and marketing strategies to boost community awareness of our primary care Rural Health Clinic as well as renovated portions of our physical facility to enhance the patient experience that our clinic offers. We've also introduced new mid-level providers that have provided great community impacts for our primary care offerings.   Based on our most recent CHNA, we believe our efforts of the past years have positively shaped the primary care offering as this didn't rise to the top of the needs listing, however, our community has voiced needs for more access to specialists.

Priority III: Prevention and Control of High Blood Pressure and Diabetes

Health indicators tracked and released by the CDC indicate Worth County's population is above average for High Blood Pressure and Diabetes diagnoses. These health diagnoses affect so many members of our community. In order to address our populations health needs regarding High Blood Pressure and Diabetes, Phoebe Worth will continue to make annual contributions to the Worth County Health Department for the operations of their Stroke and Heart Attack Prevention Program (SHAPP) and Diabetes Program. Annually, Phoebe Worth contributes $45,619 to the Health Department to help them operate programs which educate, screen and treat low-income individuals and assist them with their health supplies and medications. Phoebe Worth plans to continue supporting the program of the Health Department financially, as well as, collaborate with them to market the program. The program is a very worthy program staffed with skilled professionals but it remains underutilized. Our marketing efforts will be focused on informing our community of the service offering and highlighting what our local resources can do for them.

July 1, 2019 Evaluation of Efforts:
For the 3 year period this implementation strategy applies, Phoebe Worth will have contributed $136,857 to the Worth County Health Department supporting their specialized programs targeting Diabetes and High Blood Pressure.

Phoebe Worth Medical Center-FY 2020

FINANCIAL ASSISTANCE POLICY

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.

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.

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:

- 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 with 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. <u>What financial assistance is available?</u>

- **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 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
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)	By telephone at 229-312-4220 or 866-514-0015 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 8:00AM-5:00PM, Monday-Friday Scheduled appointments from 9:00AM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
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)	By telephone at 229-931-1292 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 9:00AM-12:00PM, Monday-Friday Scheduled appointments from 1:00PM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization

Phoebe Worth Medical Center 807 S Isabella Street P.O. Box 545 Sylvester, GA 31791 229-776-6961 229-776-7062 (fax)	By telephone at 229-776-6961 from 8:30AM-4:30PM, Monday-Friday Walk-in hours from 9:00AM-12:00PM, Monday-Friday Scheduled appointments from 1:00PM-4:00PM, Monday-Friday Floor visits are available upon request from a patient or responsible party, or any staff member within the organization
Phoebe Financial Counseling Dept. Phoebe Physicians Group, Inc. 500 3rd Ave. Ste. 101 P.O. Box 3109 Albany, GA 31706-3770 229-312-5815 (fax)	By telephone at 229-312-5841, 229-312-5842 or 877-844-1943 from 8:30AM-4:30PM, Monday-Friday

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.

MODEL OF DELIVERY
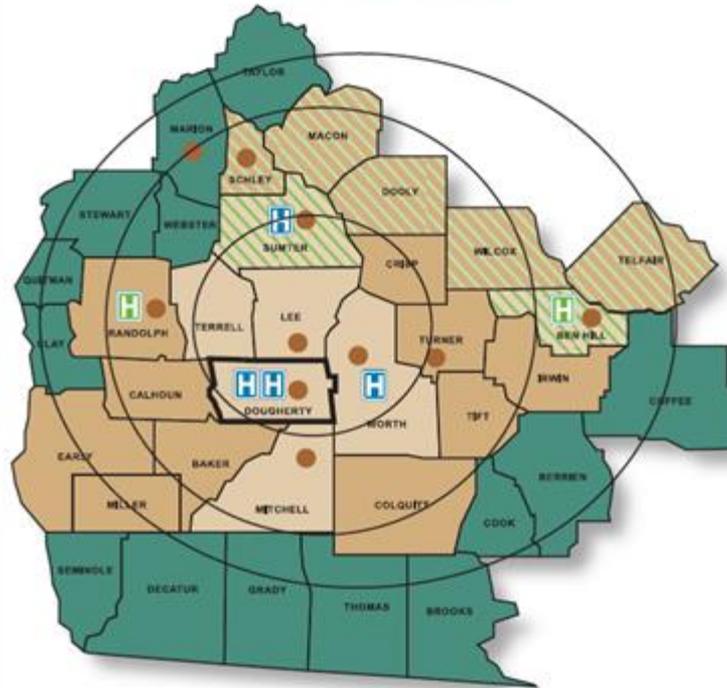
Phoebe Primary Service Area
Phoebe Secondary Service Area
Phoebe Tertiary Service Area
Transition to Primary Market
Transition to Secondary Market
● PPG Physician Practice Locations
Ⓗ Phoebe Owned/Leased Hospitals
Ⓗ Phoebe Managed Hospitals

HCI-Conduent Priority Scoring Tool

WORTH COUNTY

Indicator	County Distribution State	County Distribution US	Value State	Value US	Target HP 2020	Trend	Score	Precision
Colorectal Cancer Incidence Rate	3	3	3	3	3	3	3.00	High
Adults 20+ with Diabetes	3	3	3	3	1.5	3	2.83	High
Lung and Bronchus Cancer Incidence Rate	3	3	3	3	1.5	3	2.83	High
Solo Drivers with a Long Commute	3	3	3	3	1.5	3	2.83	High
Adults 20+ who are Obese	3	3	3	3	3	1.5	2.67	High
Asthma: Medicare Population	3	3	3	3	1.5	2	2.61	High
COPD: Medicare Population	3	3	3	3	1.5	2	2.61	High
Dentist Rate	3	3	3	3	1.5	2	2.61	High
Households with Cash Public Assistanc	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
Workers Commuting by Public Transportation	2	3	3	3	3	2	2.61	High
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	3	2.58	Medium
Adults 20+ who are Sedentary	3	3	3	3	1	2	2.56	High
Babies with Low Birth Weight	3	1.5	3	3	3	2	2.53	High

| Indicator | County Distribution | | Value | | Target | Trend | Score | Precision |
	State	US	State	US	HP 2020			
Age-Adjusted Death Rate due to Diabetes	3	1.5	3	3	1.5	3	2.58	Medium
Adults 20+ who are Sedentary	3	3	3	3	1	2	2.56	High
Babies with Low Birth Weight	3	1.5	3	3	3	2	2.53	High
Hypertension: Medicare Population	3	3	3	3	1.5	1.5	2.50	High
Renters Spending 30% or More of Household Income on Rent	3	3	3	3	1.5	1.5	2.50	High
Rheumatoid Arthritis or Osteoarthritis: Medicare Population	3	3	3	3	1.5	1.5	2.50	High
Age-Adjusted Death Rate due to Lung Cancer	2	2	3	3	3	2	2.44	High
Osteoporosis: Medicare Population	3	3	3	2	1.5	2	2.44	High
Workers who Drive Alone to Work	3	3	2	3	1.5	2	2.44	High
Mental Health Provider Rate	3	3	3	3	1.5	1	2.39	High
Age-Adjusted Death Rate due to Suicide	2	1.5	3	3	3	2	2.36	High
Mothers who Smoked During Pregnancy	2	1.5	3	3	3	2	2.36	High
Age-Adjusted Death Rate due to Motor Vehicle Collisions	3	1.5	3	1.5	1.5	3	2.33	Medium

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Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Age-Adjusted ER Rate due to Diabetes	3	1.5	3	1.5	1.5	3	2.33	Medium
Children Living Below Poverty Level	2	3	3	3	1.5	1.5	2.33	High
Families Living Below Poverty Level	2	3	3	3	1.5	1.5	2.33	High
Female Population 16+ in Civilian Labor Force	2	3	3	3	1.5	1.5	2.33	High
Single-Parent Households	2	3	3	3	1.5	1.5	2.33	High
Babies with Very Low Birth Weight	1.5	1.5	3	3	3	2	2.28	Medium
People Living Below Poverty Level	1	3	3	3	1.5	2	2.28	High
Persons with Disability Living in Poverty (5-year)	3	1.5	3	3	1.5	1.5	2.25	Medium
Preterm Births	2	1.5	3	3	3	1.5	2.25	Medium
Non-Physician Primary Care Provider Rate	2	3	3	3	1.5	1	2.22	High
Per Capita Income	2	3	3	3	1.5	1	2.22	High
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2	1.5	2	3	3	2	2.19	High
Substantiated Child Abuse Rate	2	1.5	3	3	1.5	2	2.19	Medium
Access to Exercise Opportunities	2	2	3	3	1.5	1.5	2.17	Medium

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Access to Exercise Opportunities	2	2	3	3	1.5	1.5	2.17	Medium
All Cancer Incidence Rate	2	2	2	2	1.5	3	2.17	High
Mammography Screening: Medicare Population	2	2	2	2	1.5	3	2.17	High
People 25+ with a Bachelor's Degree or Higher	3	3	3	3	1.5	0	2.17	High
Primary Care Provider Rate	3	3	3	3	1.5	0	2.17	High
Total Employment Change	2	2	3	3	1.5	1.5	2.17	Medium
Adults with Health Insurance: 18-64	3	3	2	1.5	3	1	2.14	High
Age-Adjusted Death Rate due to High Blood Pressure	3	1.5	3	1.5	1.5	2	2.11	Medium
Age-Adjusted ER Rate due to Asthma	3	1.5	3	1.5	1.5	2	2.11	Medium
Age-Adjusted ER Rate due to Pneumonia and Influenza	3	1.5	3	1.5	1.5	2	2.11	Medium
Grocery Store Density	3	3	1.5	1.5	1.5	2	2.11	Medium
Oral Cavity and Pharynx Cancer Incidence Rate	1	2	3	3	1.5	2	2.11	High
Population 16+ in Civilian Labor Force	1	2	3	3	1.5	2	2.11	High
Death Rate due to Drug Poisoning	1.5	2	3	3	1.5	1.5	2.08	Medium

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Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Teen Birth Rate: 15-17	2	1.5	3	3	1.5	1.5	2.08	Medium
Child Food Insecurity Rate	1	3	3	3	1.5	1	2.06	High
Median Household Income	1	3	3	3	1.5	1	2.06	High
People Living 200% Above Poverty Level	1	3	3	3	1.5	1	2.06	High
Unemployed Workers in Civilian Labor Force	2	2	3	3	1.5	1	2.06	High
Age-Adjusted Death Rate due to Alzheimer's Disease	2	1.5	2	3	1.5	2	2.03	Medium
Adults who Smoke	1	2	2	3	3	1.5	2.00	High
Age-Adjusted Hospitalization Rate due to Pneumonia and Influenza	3	1.5	3	1.5	1.5	1.5	2.00	Medium
Chronic Kidney Disease: Medicare Population	1	3	1	2	1.5	3	2.00	High
High School Graduation	3	1.5	2	2	2	1.5	1.97	High
Persons with Health Insurance	2	3	2	1.5	3	1	1.97	High
Daily Dose of UV Irradiance	3	1.5	2	1.5	1.5	2	1.94	Medium
Depression: Medicare Population	2	2	2	2	1.5	2	1.94	High
Age-Adjusted Death Rate due to Cancer	1	1	2	2	2	3	1.89	High

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Priority
8th Grade Students Proficient in Math	2	1.5	3	1.5	1.5	1.5	1.83	Low
Age-Adjusted Death Rate due to Heart Attacks	2	1.5	3	1.5	1.5	1.5	1.83	Medium
Age-Adjusted Hospitalization Rate due to Hypertension	2	1.5	3	1.5	1.5	1.5	1.83	Low
Cancer: Medicare Population	2	2	1	1	1.5	3	1.83	High
Households with No Car and Low Access to a Grocery Store	2	3	1.5	1.5	1.5	1.5	1.83	Low
People 25+ with a High School Degree or Higher	2	3	2	3	1.5	0	1.83	High
Diabetes: Medicare Population	1	2	2	2	1.5	2	1.78	High
Student-to-Teacher Ratio	2	2	2	1	1.5	2	1.78	High
Age-Adjusted Death Rate due to Unintentional Poisonings	2	1.5	3	1	1.5	1.5	1.75	Medium
Median Housing Unit Value	2	1.5	3	3	1.5	0	1.75	Medium
Diabetic Monitoring: Medicare Population	2	2	2	2	1.5	1	1.72	High
Life Expectancy for Males	1	3	2	2	1.5	1	1.72	High
8th Grade Students Proficient in English/Language Arts	1	1.5	3	1.5	1.5	1.5	1.67	Low
Food Insecurity Rate	1	3	2	3	1.5	0	1.67	High

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Poor Physical Health: Average Number of Days	1	2	2	2	1.5	1.5	1.67	Medium
Hyperlipidemia: Medicare Population	1	2	1	2	1.5	2	1.61	High
Months of Mild Drought or Worse	1.5	1.5	1.5	1.5	1.5	2	1.61	Low
SNAP Certified Stores	2	1	1.5	1.5	1.5	2	1.61	Medium
Weeks of Moderate Drought or Worse	1.5	1.5	1.5	1.5	1.5	2	1.61	Low
Clinical Care Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
Health Behaviors Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
Infants Born to Mothers with <12 Years Education	1	1.5	2	2	1.5	1.5	1.58	Medium
Morbidity Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
Mortality Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
Physical Environment Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
Social and Economic Factors Ranking	2	1.5	1.5	1.5	1.5	1.5	1.58	Low
4th Grade Students Proficient in English/Language Arts	1	1.5	2	1.5	1.5	1.5	1.50	Low
4th Grade Students Proficient in Math	1	1.5	2	1.5	1.5	1.5	1.50	Low
Age-Adjusted Hospitalization Rate due to Asthma	2	1.5	3	1.5	1.5	0	1.50	Medium

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Age-Adjusted Hospitalization Rate due to Diabetes	1	1.5	2	1.5	1.5	1.5	1.50	Medium
Food Insecure Children Likely Ineligible for Assistance	1	1	0	2	1.5	3	1.50	High
Mean Travel Time to Work	2	2	1	1	1.5	1	1.39	High
Number of Extreme Precipitation Days	1.5	1.5	1.5	1.5	1.5	1	1.39	Low
Prostate Cancer Incidence Rate	1	2	1	2	1.5	1	1.39	High
Stroke: Medicare Population	1	2	1	2	1.5	1	1.39	High
Teen Pregnancy Rate	1	1.5	3	1.5	0	1	1.39	Medium
Median Monthly Owner Costs for Households without a Mortgage	2	1.5	1	0	1.5	2	1.36	Medium
Frequent Mental Distress	1	2	2	0	1.5	1.5	1.33	Medium
Frequent Physical Distress	1	2	2	0	1.5	1.5	1.33	Medium
Low-Income and Low Access to a Grocery Store	1	1	1.5	1.5	1.5	1.5	1.33	Low
Self-Reported General Health Assessment: Poor or Fair	0	2	1	2	1.5	1.5	1.33	Medium
Breast Cancer Incidence Rate	1	1	1	1	1.5	2	1.28	High
Median Household Gross Rent	1	1.5	0	0	1.5	3	1.25	Medium
Alzheimer's Disease or Dementia: Medicare Population	1	2	1	1	1.5	1	1.22	High

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Food Environment Index	1	2	0	2	1.5	1	1.22	High
Social Associations	2	2	0	1	1.5	1	1.22	High
Chlamydia Incidence Rate	1	1.5	0	1	1.5	2	1.19	Medium
Children with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
Farmers Market Density	0	1	1.5	1.5	1.5	1.5	1.17	Medium
People 65+ with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
People with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
Children with Health Insurance	1	2	1	1.5	2	0	1.14	High
Age-Adjusted ER Rate due to Hypertension	1	1.5	0	1.5	1.5	1	1.06	Medium
Heart Failure: Medicare Population	1	1	1	1	1.5	1	1.06	High
Gonorrhea Incidence Rate	1	1.5	0	0	1.5	2	1.03	Medium
Fast Food Restaurant Density	0	0	1.5	1.5	1.5	1.5	1.00	Medium
Recreation and Fitness Facilities	0	0	1.5	1.5	1.5	1.5	1.00	Medium
Atrial Fibrillation: Medicare Population	1	0	1	0	1.5	2	0.94	High
Mortgaged Owners Median Monthly Household Costs	1	1.5	0	0	1.5	1	0.81	Medium

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Food Environment Index	1	2	0	2	1.5	1	1.22	High
Social Associations	2	2	0	1	1.5	1	1.22	High
Chlamydia Incidence Rate	1	1.5	0	1	1.5	2	1.19	Medium
Children with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
Farmers Market Density	0	1	1.5	1.5	1.5	1.5	1.17	Medium
People 65+ with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
People with Low Access to a Grocery Store	1	0	1.5	1.5	1.5	1.5	1.17	Low
Children with Health Insurance	1	2	1	1.5	2	0	1.14	High
Age-Adjusted ER Rate due to Hypertension	1	1.5	0	1.5	1.5	1	1.06	Medium
Heart Failure: Medicare Population	1	1	1	1	1.5	1	1.06	High
Gonorrhea Incidence Rate	1	1.5	0	0	1.5	2	1.03	Medium
Fast Food Restaurant Density	0	0	1.5	1.5	1.5	1.5	1.00	Medium
Recreation and Fitness Facilities	0	0	1.5	1.5	1.5	1.5	1.00	Medium
Atrial Fibrillation: Medicare Population	1	0	1	0	1.5	2	0.94	High
Mortgaged Owners Median Monthly Household Costs	1	1.5	0	0	1.5	1	0.81	Medium

Indicator	County Distribution		Value		Target HP 2020	Trend	Score	Precision
	State	US	State	US				
Mortgaged Owners Median Monthly Household Costs	1	1.5	0	0	1.5	1	0.81	Medium
Age-Adjusted Death Rate due to Colorectal Cancer	0	0	0	1.5	1	1.5	0.69	Medium
Adults who Drink Excessively	1	0	1	0	0	1.5	0.67	High
Liquor Store Density	0	0	0	0	1.5	2	0.61	High
Severe Housing Problems	0	1	0	0	1.5	1	0.56	High
Ischemic Heart Disease: Medicare Population	0	1	1	0	1.5	0	0.50	High
Age-Adjusted Death Rate due to Influenza and Pneumonia	0	1.5	0	0	1.5	0	0.42	Medium
Alcohol-Impaired Driving Deaths	0	0	0	0	1.5	1	0.39	High
Linguistic Isolation	0	0	0	0	1.5	1	0.39	High
People 65+ Living Alone	0	0	0	0	1.5	1	0.39	High
Age-Adjusted Death Rate due to Obstructive Heart Disease	0	1.5	0	0	0	0	0.25	High
People 65+ Living Below Poverty Level	0	0	0	0	1.5	0	0.17	High