Phoebe

COMMUNITY HEALTH NEEDS ASSESSMENT

2026 - 2028

Phoebe Memorial Hospital

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Numerical health indicators from HCI's 200+ community health database.

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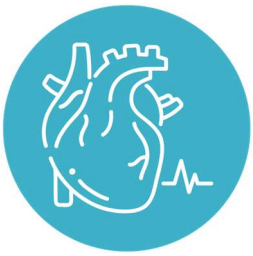
Listening Sessions

Conversations with community partners to understand health needs in the community.

Prioritized Health Needs

Mental Health & Mental Health Disorders



Heart Disease & Stroke

Access to Healthcare

Sexually Transmitted Diseases

Phoebe Putney Memorial Hospital

Phoebe Putney Memorial Hospital (Phoebe Memorial) is pleased to present its 2025-2027 Community Health Needs Assessment (CHNA). The 2025 CHNA covers the five counties in our primary service areas (PSA) adopted and used in the 2016, 2019, and 2022 CHNAs that include Dougherty, Lee, Mitchell, Terrell, and Worth counties. This CHNA report provides an overview of the process and methods used to identify and prioritize health needs as federally required by the Affordable Care Act.

Our Mission

We empower every member of the Phoebe Family to safeguard the health of our communities – embracing a culture that delivers great patient experiences, innovative treatments, and access to superior care.

Our Vision

To make every life we touch better.

Our Values

- **Safety** is fundamental. Zero harm is priority #1.
- **Community** is our focus. We are a part of the places we serve. These are our families, our friends, and our neighbors – together, we rise.
- **Compassion** is our core. For us, it's not a catch phrase – it's who we are.
- **Service** is our calling. This is not just a job; this is our life's work – it's what we love and what we are meant to do.
- **Commitment** is our promise to always get better. We don't settle for "that's how it has always been done." We learn from our past and build a better tomorrow.

About Phoebe Putney Memorial Hospital

Phoebe Putney Health System is nationally recognized for its clinical excellence and innovative community health programs, serving as a cornerstone of healthcare in Southwest Georgia. At the heart of its system is Phoebe Putney Memorial Hospital, a 691-bed teaching hospital that functions as a regional center specializing in cancer treatment, cardiac medicine and surgery, gastrointestinal disease, and neuroscience.

The Phoebe Cancer Center ranks among the busiest and most advanced in the Southeast, while the Phoebe Heart and Vascular Center perform more open-heart and

cardiac catheterization procedures than all other hospitals in the region combined. Phoebe Memorial is also one of only six designated perinatal centers in Georgia and is the region's sole provider of neonatal intensive care, cardiovascular surgery, and radiation oncology services.

Phoebe Memorial offers a comprehensive range of services including medical-surgical care, emergency treatment, obstetrics, pediatrics, wound care, and a dedicated women's health center. As a true not-for-profit community hospital, Phoebe Memorial is governed by a volunteer board composed of members from the community it serves. The organization continually reinvests in the health of Southwest Georgia through prevention, education, and research initiatives that extend beyond traditional medicine.

CHNA Purpose

The purpose of this CHNA is to offer a deeper understanding of the health needs across Phoebe Memorial's five-county region and guide the hospital's planning efforts to address needs in actionable ways with community engagement. Findings from this report will be used to identify and develop efforts to address disparities, improve health outcomes and focus on social drivers of health to improve the health and quality of life of residents in the community.

This report includes a description of:

- The community demographic and population served;
- The process and methods used to obtain, analyze, and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

Letter from CEO

I am pleased to present the results of our 2025 community health needs assessment, created in close partnership with staff, community members, and our valued partners in health. Collecting insights from those living and working in our community enabled us to thoughtfully identify four pressing health priorities for Dougherty and surrounding counties:

- **Access to Healthcare Services**
- **Mental Health and Mental Health Disorders**
- **Heart Disease and Stroke**
- **Sexually Transmitted Infections**

As we embark on the next steps, collaboration and commitment from all stakeholders will be crucial to achieving meaningful change. By working collectively, sharing expertise, and leveraging our resources, we can address these priorities and improve the overall health and wellbeing of our community. Your ongoing engagement and feedback will help shape our strategies and ensure that the Community Health Improvement Plan truly reflects the needs and aspirations of the communities we serve. Together, we can lay the foundation for a stronger, healthier future.

Sincerely,

Deb Angerami, President

Acknowledgements

We thank all those who helped us determine our priorities and develop our implementation strategy. We look forward to working with a broad and diverse coalition of individuals and organizations as we address these priorities and improve the overall health and wellness of the communities we serve.

Community Benefit Leadership/Team

- Derek Heard, MD
- Pamela Jackson
- Kari Middleton
- Marvin Laster
- James Hotz, MD
- Angie Barber
- Dawn Benson
- Dianna Grant, MD
- Keisa Mansfield
- Ursula Mathis-Dennis
- Darrell Sabbs
- Jennifer Williams

Consultants

Phoebe Memorial commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2025 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. The following HCI team members were involved in the development of this report:

Alejandra Zavala MHA – Public Health Consultant, Sarah Jameson, MPH – Professional Service Analyst II, and Irene Ortiz, Delivery Management Analyst. To learn more about Conduent HCI, please visit https://www. conduent.com/claims-and-administration/community-health-solutions/.

Evaluation of Progress Since Prior CHNA

Phoebe Memorial completes its CHNA every three years. An important piece of this three-year cycle includes the ongoing review of progress made on priority health topics set forth in the preceding CHNA and Implementation Strategy (Figure 1). By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next assessment.

FIGURE 1. CHNA CYCLE

Priority Health Needs from Preceding CHNA

Phoebe Memorial identified needs for fiscal years 2023-2025 including several factors and behaviors that stand out as recurring, common areas of concern.

- Improving birth outcomes and reproductive responsibility
- Preventing and managing diabetes
- Cancer prevention and treatment
- Mental health, alcohol & drug use & violence prevention

Improving Birth Outcomes and Reproductive Responsibility

Phoebe Memorial, through its Network of Trust and strategic partnerships, has remained committed to improving reproductive health outcomes and promoting responsible decision-making among youth and families in Southwest Georgia. Focused efforts to reduce teen pregnancy rates and improve birth outcomes have led to measurable progress across Dougherty, Sumter, and Worth Counties. By implementing evidence-based education programs and expanding the Nurse Family Partnership (NFP), Phoebe Memorial has reached thousands of youth and supported hundreds of mothers, contributing to healthier pregnancies and increased awareness of reproductive responsibility.

Teen Pregnancy Prevention

- Georgia's teen pregnancy rate declined from 12.4 per 1,000 in 2022 to 11.3 per 1,000 in 2024, approaching the state goal of 10.0.
- Dougherty County's rate dropped from 18.8 in 2022 to 15.9 in 2023 but rose again to 17.8 in 2024.
- Educational outreach through "Take Time for Teens" and "LoveNotes" curricula continues to promote safe sex and informed choices.

Youth Education Impact

- In FY2022, 1,832 youth were reached through four evidence-based programs.
- In FY2023, outreach expanded to 3,289 youth.
- In FY2024, two projects reached a combined 2,215 youth.
- In FY2025, the HEAT Project reached 2,337 youth through targeted programs for middle school, high school, and college students.

Nurse Family Partnership Expansion

- NFP enrollment grew from 20 clients in FY2022 to 100 clients in FY2025, with 66 currently active.
- The program supports mothers with high-risk pregnancies and provides intensive care when needed.

Birth Outcome Improvements

- Low birthweight rates in Dougherty County dropped from 160 in 2022 to 115 in 2023, then rose to 157 in 2024.
- Sumter County saw an increase from 36 in 2022 to 63 in 2024.
- Worth County showed consistent improvement, decreasing from 29 in 2022 to 22 in both 2023 and 2024.

NFP Birth Metrics (2021–2025)

- Very Low Birthweight (<1500g): Decreased from 11.76% in 2022 to 2.6% in 2024, with a slight rise to 7.7% in 2025.
- Low Birthweight (<2500g): Improved from 35% in 2022 to 12.8% in 2024, then rose to 19.2% in 2025.
- ICU admissions and pre-term births showed an overall decline, indicating better prenatal care and outcomes.

Preventing and Managing Diabetes

Phoebe Memorial continues to prioritize high-quality, patient-centered care for individuals living with diabetes. Through targeted clinical interventions and innovative care coordination strategies, the medical center has worked to reduce complications and improve long-term outcomes. Annual diabetic foot and eye exams, statin therapy, and the launch of an intensive outpatient care program have strengthened the approach to managing poorly controlled diabetes. While challenges remain—particularly in reaching underserved populations through programs like **FreshRx** lessons learned are guiding future improvements to ensure more equitable access and measurable impact.

Preventive Screenings Enhanced

- Annual diabetic foot exams help reduce the risk of chronic infections and amputations, while diabetic eye exams support early detection of retinopathy, a leading cause of blindness.

Cardiovascular Risk Reduction

- Statin therapy is being used to lower the risk of heart disease in diabetic patients, aligning with best-practice guidelines.

Intensive Outpatient Care Program Launched

- Designed for patients with poorly controlled diabetes, this program improves care coordination and allows for deeper provider-patient engagement to identify and address barriers.

FreshRx Program Faced Accessibility Challenges

- Limited cohort size and logistical barriers—such as transportation and scheduling—impacted participation and outcomes. Plans are underway to relocate sessions to our intensive outpatient care program and adjust timing to better serve working patients.

Cancer Prevention and Treatments

Phoebe Memorial continues to advance health equity in Southwest Georgia through innovative, community-rooted initiatives that address critical health disparities among underserved populations. Project Elevation and the Women of Wellness (WOW) initiatives exemplify the power of faith-based partnerships, culturally responsive outreach, and holistic care. By engaging trusted community leaders, including pastors, barbers, estheticians, and public health professionals, these programs have successfully increased access to preventive screenings, health education, and wraparound support for both men and women. Together, they foster a culture of wellness that extends beyond clinical settings and into the heart of the community.

Project Elevation Initiative

- Target Population:
    - Focused on increasing prostate cancer screening among high-risk Black men in Southwest Georgia.
- Collaborative Partners:
    - Includes Albany Coalition of Pastors, local barbers, Morehouse School of Medicine, and Phoebe Putney Health System.

- Screening Impact:
    - In FY 2022, 384 men screened; 30 had elevated PSA levels; 4 diagnosed with prostate cancer.
    - Since inception: 1,249 PSA tests conducted, 19 prostate cancers detected.
- Holistic Support:
    - Events included free haircuts, blood pressure checks, fresh produce, and hens to support household wellness.
- Follow-Up Care:
    - Oncology Nurse Navigator contacts all participants with abnormal results and assists with care coordination.
- Participant Engagement: Each attendee receives a thank-you letter, test results, provider list, and educational materials by mail.

Women of Wellness (WOW) Initiative

- Mission: Empower women with knowledge and resources to improve personal and family health.
- Faith-Based Approach: Leverages trusted church leaders and safe community spaces for education and engagement.
- Services Offered:
    - Free glucose and blood pressure screenings
    - Complimentary esthetician services (paraffin wax, mini-facial)
    - Fresh vegetables to promote healthy eating
- Expanded Access in FY 2025:
    - Additional churches trained to host WOW events
    - Partnership with Department of Public Health to provide Clinical Breast Exams via mobile health unit
- Participation: Since FY 2024, 152 women have engaged with the WOW initiative

Mental Health, Alcohol, & Drug Use and Violence Prevention

Phoebe Memorial continues to strengthen its behavioral health services through strategic planning, community partnerships, and stigma-reduction efforts. With a focus on expanding access, improving care coordination, and integrating mental health into primary and school-based care, Phoebe Memorial is addressing the complex needs of individuals and families across Southwest Georgia. From becoming a National Health Service Corps site to launching governance councils and public awareness campaigns, the system is building a more inclusive and responsive behavioral health infrastructure that prioritizes equity, dignity, and whole-person wellness.

Expanding Access to Behavioral Health Services

- In Fall 2023, Phoebe's Behavioral Health Clinic became a National Health Service Corps site, enabling care for uninsured and underinsured patients.
- In Spring 2025, a Behavioral Health Governance Council was established to guide a 5-year strategic plan, supported by three specialized workgroups:
    - Outpatient Workgroup: Piloting co-location of mental health therapists in primary care clinics and improving group therapy documentation.
    - Inpatient & EC Workgroup: Developed a standardized admission criteria form, approved by the Medical Executive Committee.
    - Patient Flow Workgroup: Partnering with Continuous Improvement to streamline transitions from ECs and medical floors to inpatient units.

Reducing Mental Health Stigma

- Internal efforts included expanding the Employee Assistance Program from 6 to 12 free counseling sessions, promoting mental health awareness via new employee orientation, flatscreens, and printed materials.
- External outreach featured billboards, social media, and local news spots introducing mental health experts and encouraging community engagement.
- Website redesign improved access to behavioral health resources and contact information.

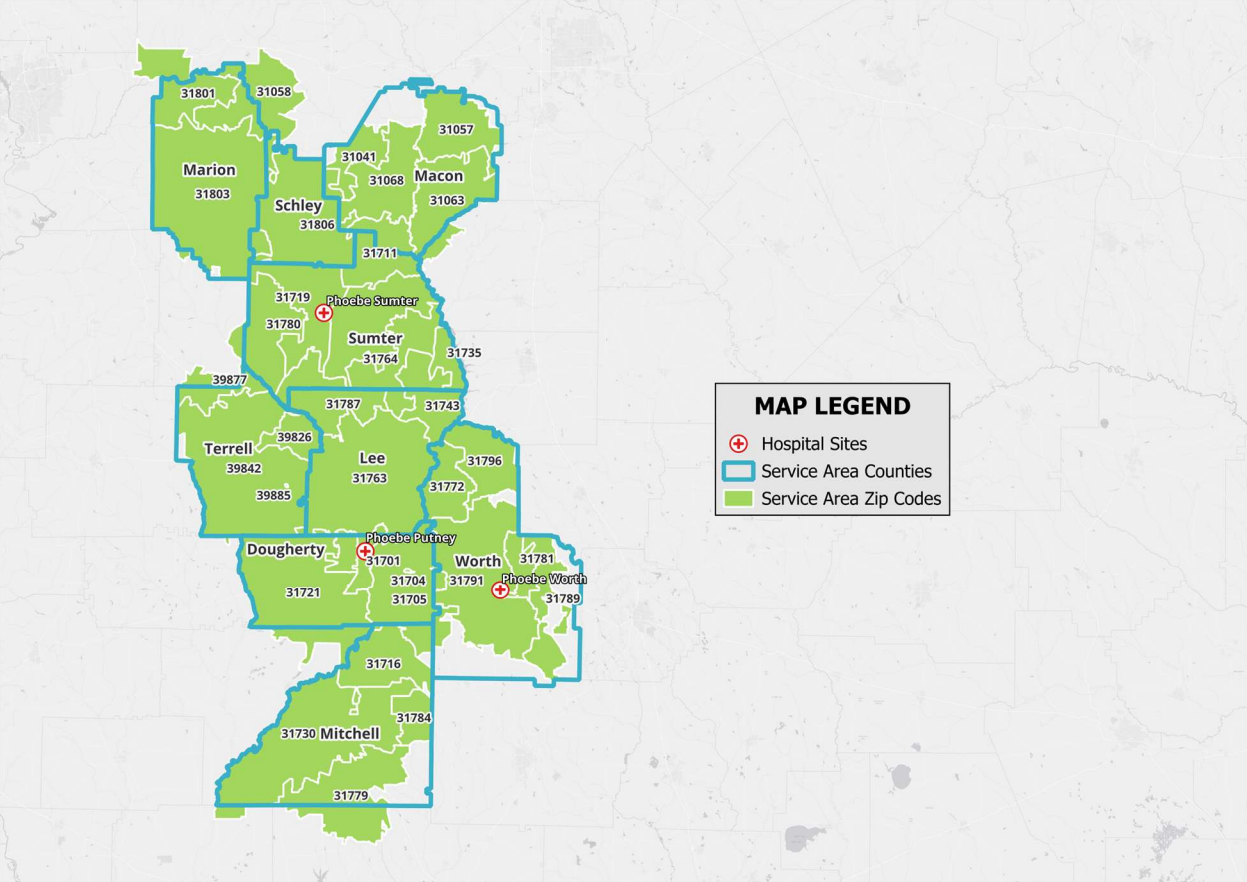
School-Based Mental Health Support

- Through the Network of Trust, mental health services were integrated into the School Nurse Program, serving students in 13 local schools.
- A team of 10 nurses provides behavioral health medication management, education, and referrals for families navigating mental health challenges.

Demographics

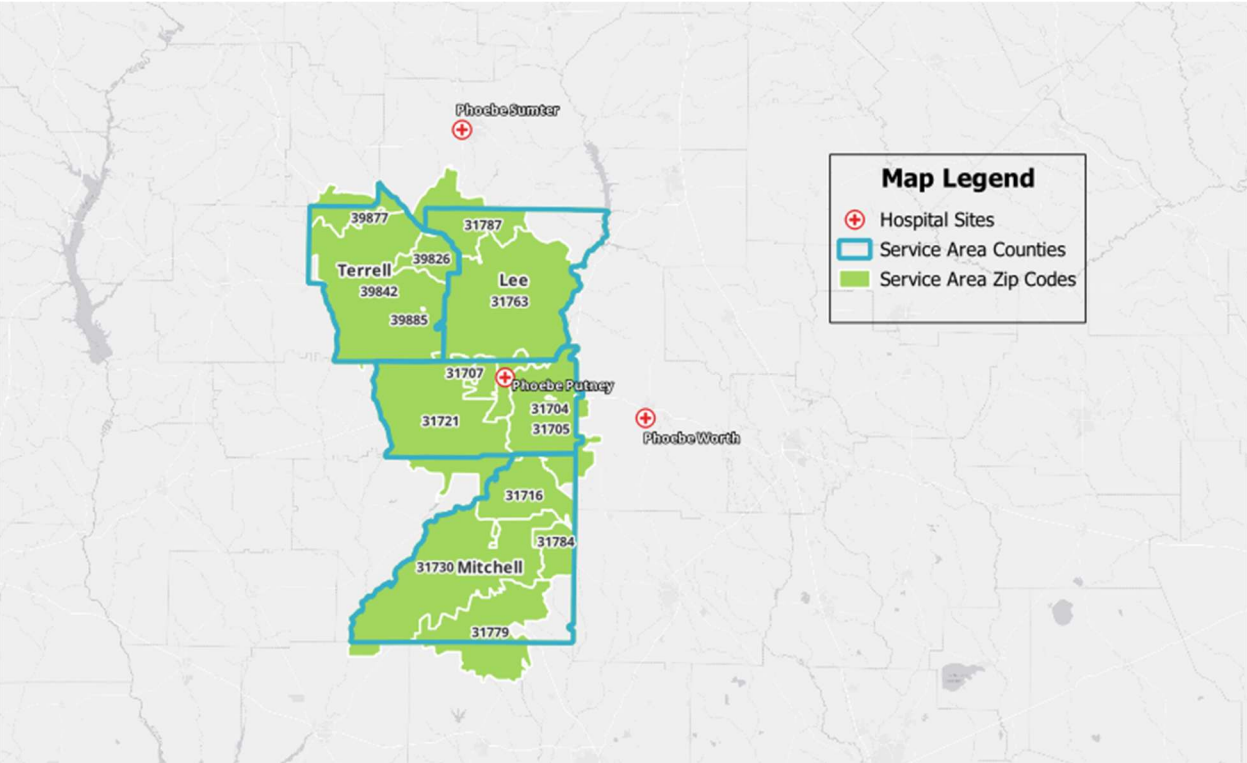
The demographics of a community significantly impact its health profile.[1] Different cultural and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of the community served by Phoebe Memorial including the economic, environmental, and social drivers of health. The social drivers of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.[2] In addition to these highlights, detailed findings from the secondary data analysis can be found in Appendix C.

FIGURE 2. PHOEBE PUTNEY HEALTH SYSTEM SERVICE AREA AND PHOEBE MEMORIAL HOSPITAL SERVICE AREA



[1] National Academies Press (US); 2002. 2, Understanding Population Health and Its Determinants. Available from: https://www.ncbi.nlm.nih.gov/books/NBK221225/

[2] World Health Organization. Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1



Demographic Profile

Geography and Data sources

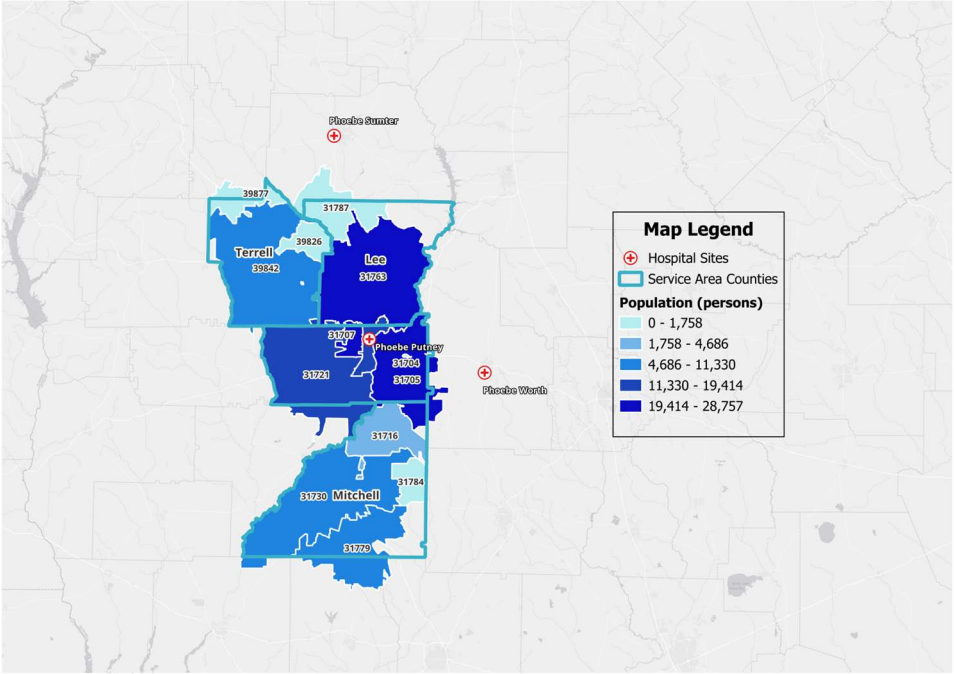
This section examines the demographic profile of the primary service area for Phoebe Memorial, which encompasses five counties in Georgia: Dougherty, Lee, Mitchell, Terrell, and Worth. A community's demographics significantly impact its health profile. Different racial/ethnic, age, and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts.

Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

Population

The Phoebe Memorial primary service area has an estimated population of 166,220 people. Figure 3 shows the population breakdown for the service area by zip code.

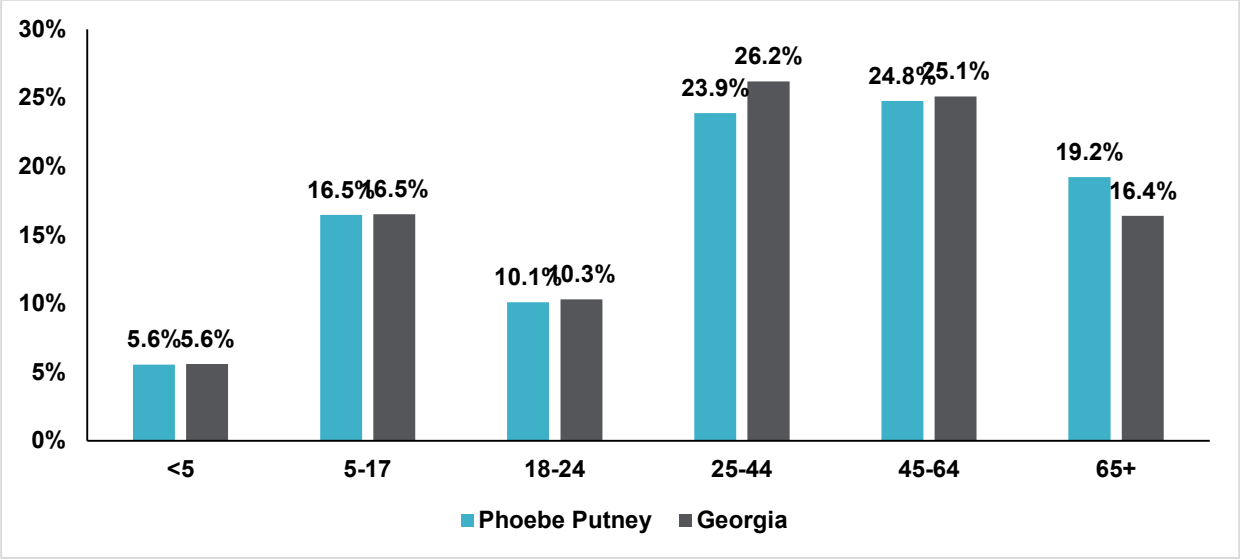
FIGURE 3. PHOEBE PUTNEY MEMORIAL HOSPITAL PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE



Age

Figure 4 illustrates the age distribution of the population within Phoebe Memorial's primary service area, compared to the overall population of Georgia. The distributions are largely similar, with the majority of individuals falling between the ages of 25 and 74.

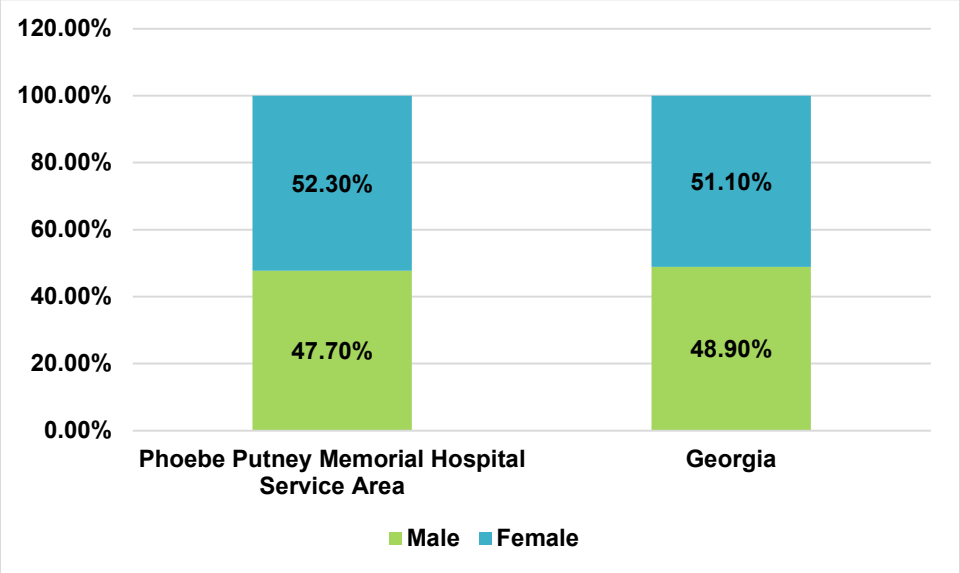
FIGURE 4: POPULATION BY AGE: PHOEBE MEMORIAL'S SERVICE AREA



Sex

As seen in Figure 5, 52.3% of the Phoebe Memorial population is female, which is similar to the state population (51.1%).

FIGURE 5. POPULATION BY SEX: SERVICE AREA AND STATE COMPARISONS

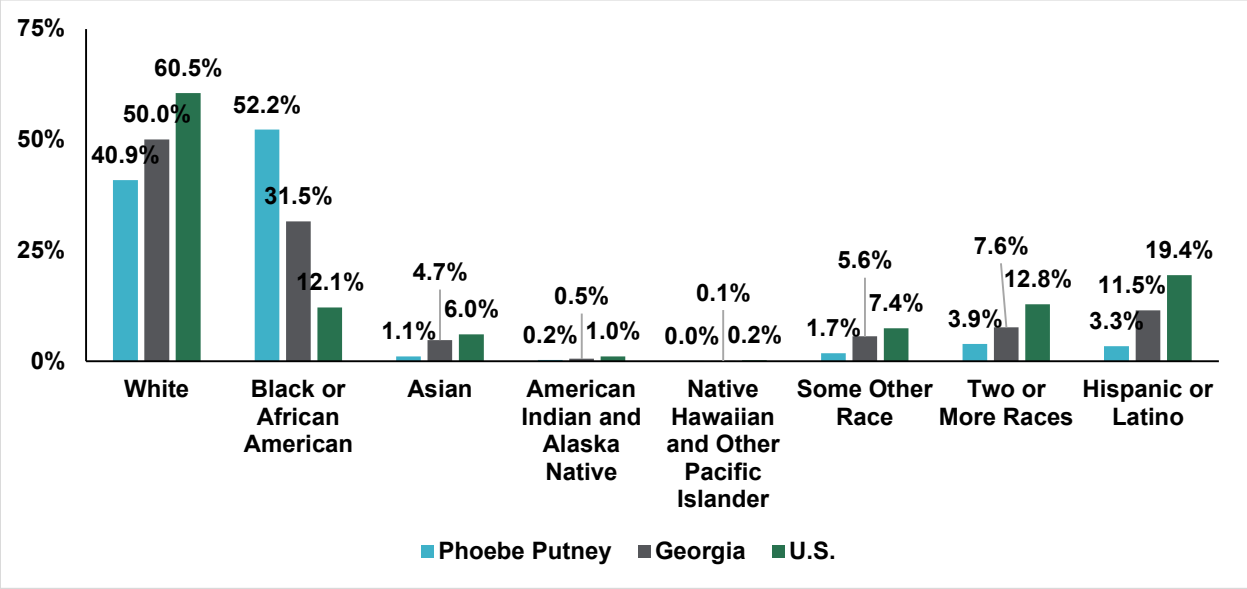


Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analysis of health and social drivers of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

The population within the Phoebe Memorial service area is predominantly Black or African American, comprising 52.2% of residents. This is slightly higher than Phoebe Sumter (46.3%) and significantly higher than Phoebe Worth (26.1%). It also exceeds the statewide proportion (31.5%) by over 20 percentage points and is markedly higher than the national average (12.1%). Individuals identifying as White make up 40.9% of the Phoebe Memorial population, which is lower than both the state (50.0%) and national (60.5%) figures. Hispanic or Latino residents account for 3.3% of the service area's population.

FIGURE 6. POPULATION BY RACE AND ETHNICITY

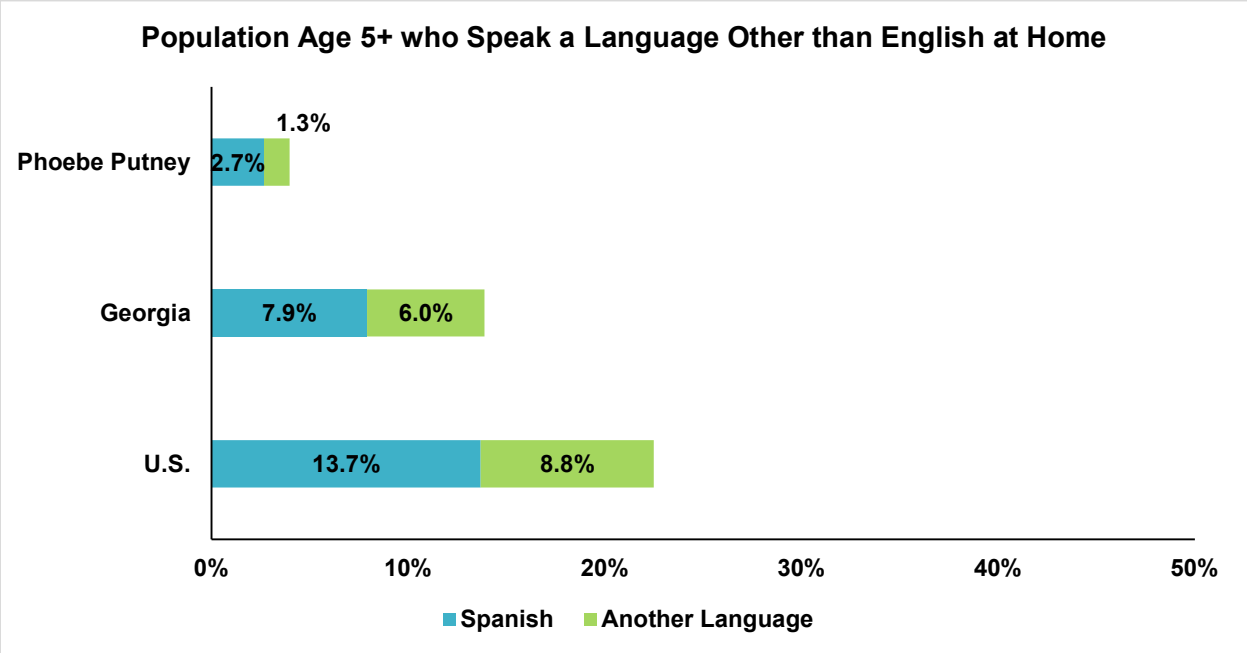


U.S. value taken from American Community Survey (2019-2023)

Language

As shown in Figure 7, 96.0% of residents in the Phoebe Memorial service area speak only English at home. Compared to statewide and nationwide figures, this population is less likely to speak Spanish (2.7% vs. 7.9% in Georgia and 13.7% nationally) or an Asian or Pacific Islander language (0.3% vs. 2.2% in Georgia and 3.6% nationally).

FIGURE 7. LANGUAGE OTHER THAN ENGLISH AT HOME

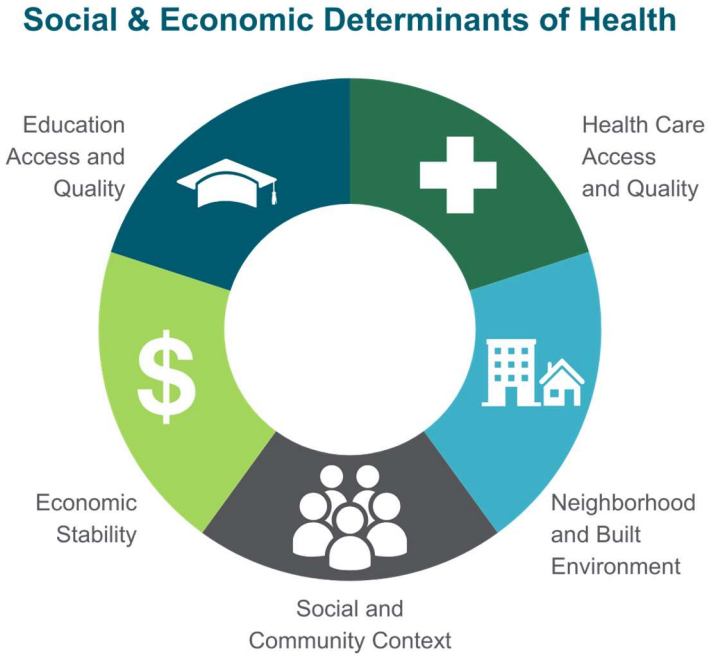


U.S. value taken from American Community Survey (2019-2023)

Social & Economic Drivers of Health

This section explores the economic, environmental, and social drivers of health impacting the Phoebe Memorial's primary service area. Social Drivers of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDOH can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Drivers of Health domains (Healthy People 2030, 2022).

FIGURE 8. HEALTHY PEOPLE 2030 SOCIAL DRIVERS OF HEALTH

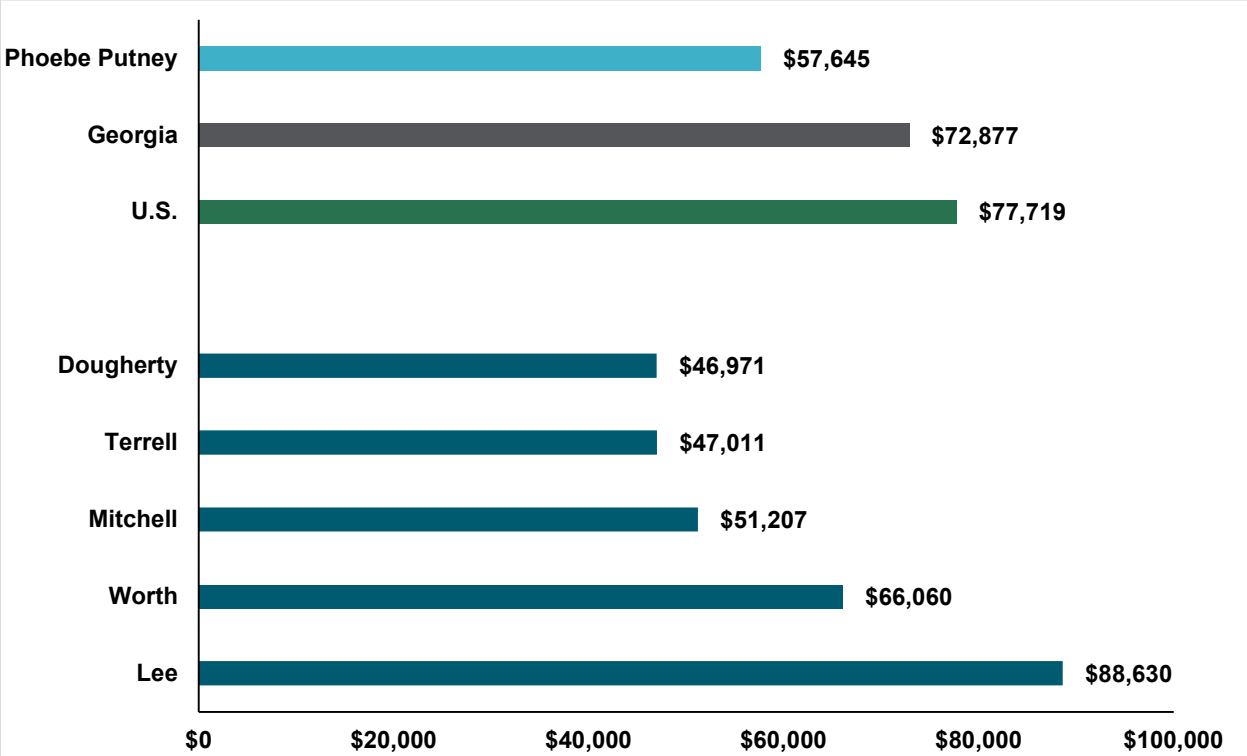


Income

Income has been shown to be strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

Figure 9 presents the median household income across Phoebe Memorial's service area, alongside comparisons to state and national figures. Overall, the service area reports a lower median income than both Georgia and the United States. Within the service area, Lee County has the highest median income, while Dougherty County has the lowest.

FIGURE 9. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



U.S. value taken from American Community Survey (2019-2023)

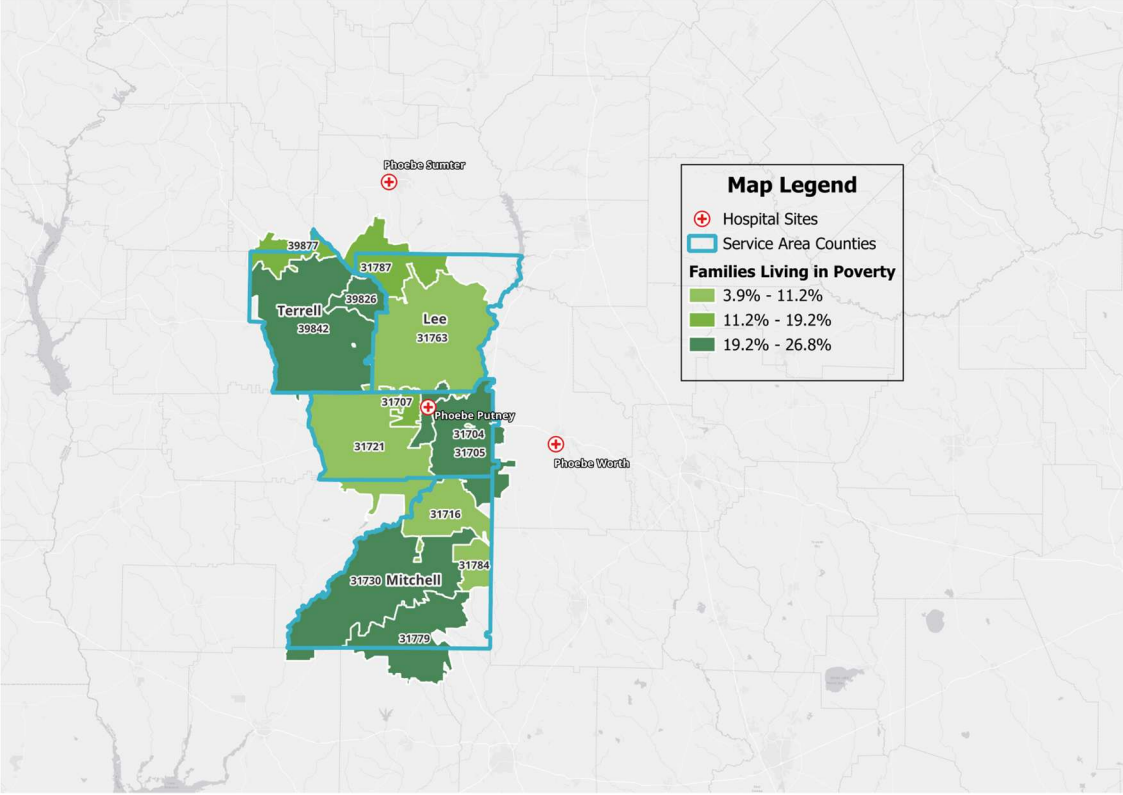
Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[3]

Overall, 18.4% of families in Phoebe Memorial's primary service area live below the poverty level—nearly double the statewide rate of 9.6% and more than twice the national rate of 8.7%. The map in Figure 10 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level.

[3] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

FIGURE 10. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The zip code in the service area with the highest concentration of poverty is 31730 (Mitchell County) at 26.8%.

TABLE 1. FAMILIES LIVING IN POVERTY: PHOEBE MEMORIAL PRIMARY SERVICE AREA

ZIP Code	% Families in Poverty	ZIP Code	% Families in Poverty
31730	26.8%	**31789**	13.1%
39842	24.3%	**31716**	10.6%
31701	23.8%	**31784**	10.2%
31779	22.8%	**31704**	10.0%
31705	22.4%	**31763**	8.3%
39826	20.4%	**31796**	7.6%
31707	18.1%	**31721**	7.0%
39877	17.7%	**31772**	3.9%
31787	16.3%		
31791	16.0%		
31781	13.8%		

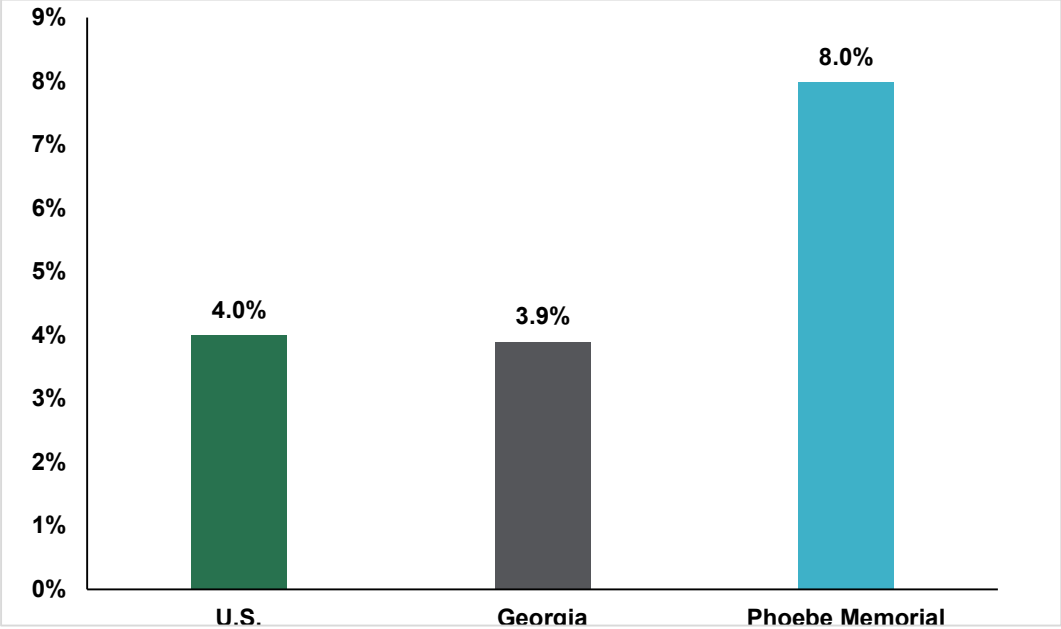
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[4]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment.[4] Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[4]

Figure 11 shows the population aged 16 and over who are unemployed. The unemployment rate for the Phoebe Memorial primary service area is 8.0%, which is double the state-wide and nation-wide unemployment rates (3.9% and 4.0%, respectively).

FIGURE 11. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



U.S. value taken from American Community Survey (2019-2023)

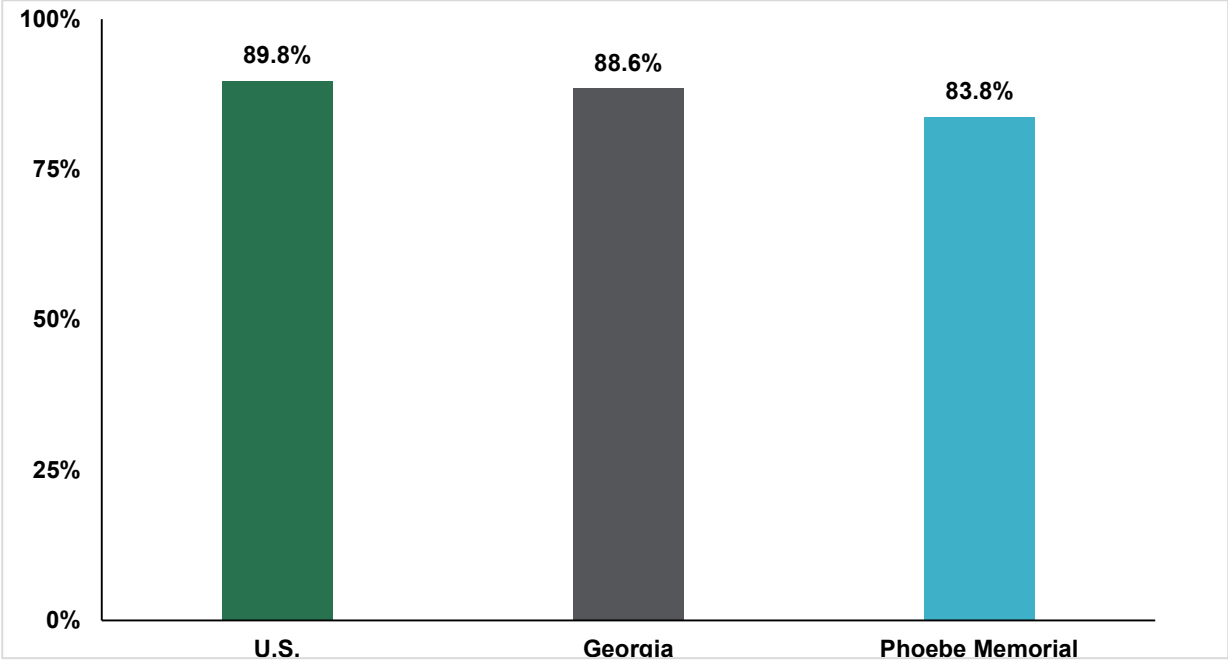
[4] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment

Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[5] Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.[6]

Figures 12 and 13 display educational attainment among residents aged 25 and older in the Phoebe Memorial primary service area. While 83.8% have at least a high school diploma, this is lower than both the state (88.6%) and national (89.8%) averages. Additionally, only 20.6% hold a bachelor's degree or higher—over 10 percentage points below the state (33.8%) and national (34.9%) rates. However, this level of higher education is still greater than that of the Phoebe Sumter and Phoebe Worth service areas.

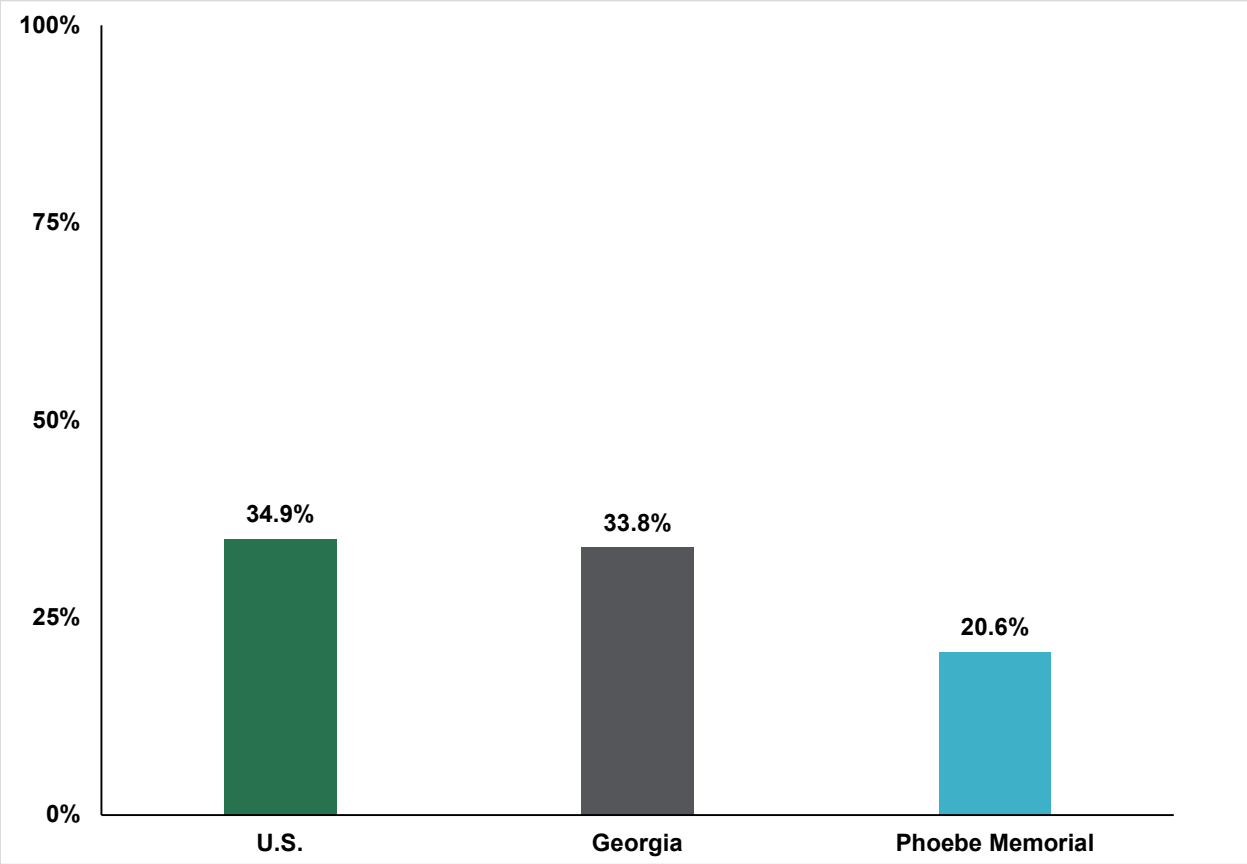
FIGURE 12. PHOEBE MEMORIAL'S PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, INIDIVIDUALS AGE 25+ WITH A HIGH SCHOOL DIPLOMA OR HIGHER



U.S. value taken from American Community Survey (2019-2023)

[5] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/priority-areas/social-determinants-health
[6] Robert Wood Johnson Foundation, Education and Health. https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html

FIGURE 13. PHOEBE PUTNEY MEMORIAL HOSPITAL PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, INIDIVIDUALS AGE 25+ WITH A BACHELOR'S DEGREE OR HIGHER



U.S. value taken from American Community Survey (2019-2023)

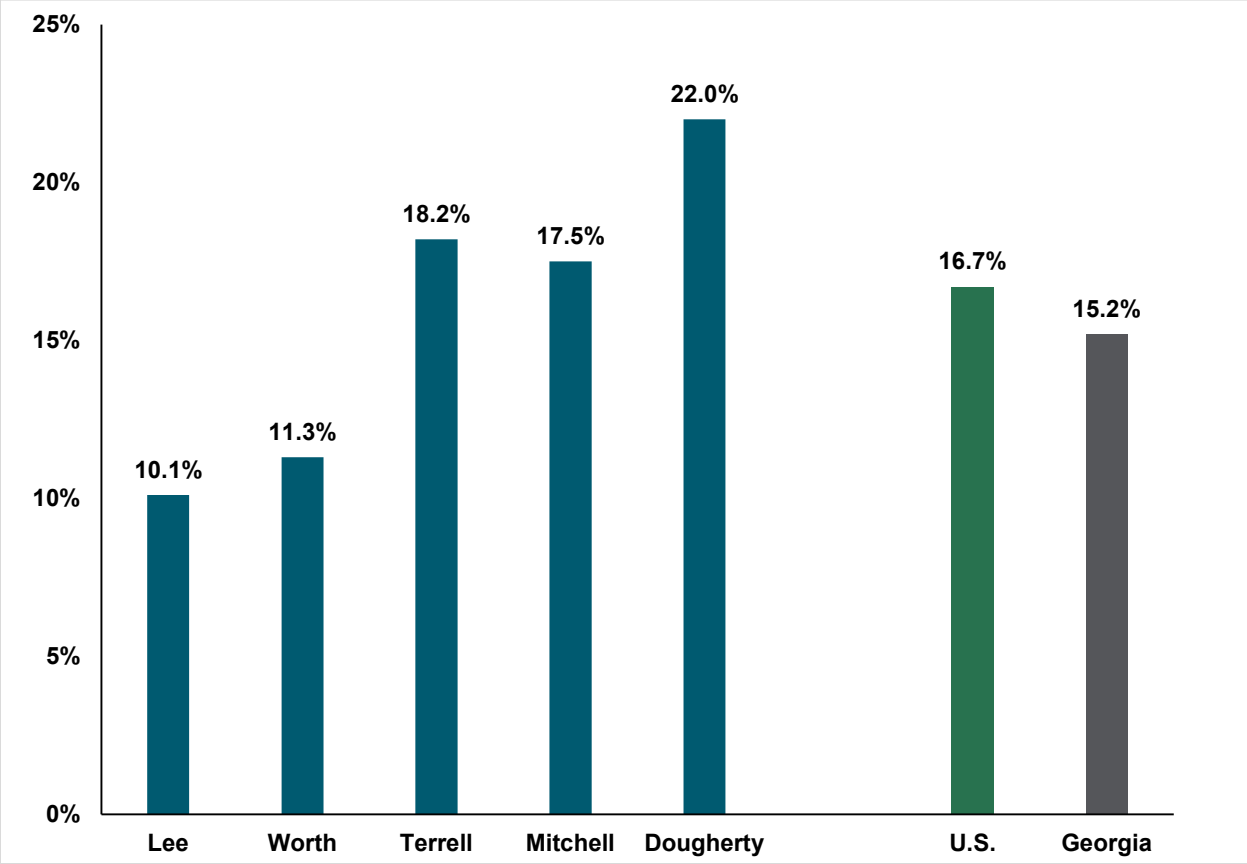
Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Exposure to health hazards and toxins in the home can cause significant damage to an individual or family's health.[7]

As shown in Figure 14, Dougherty County has the highest percentage of severe housing problems, indicating that they have at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities.

[7] County Health Rankings, Housing and Transit. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/housing-and-transit

FIGURE 14. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



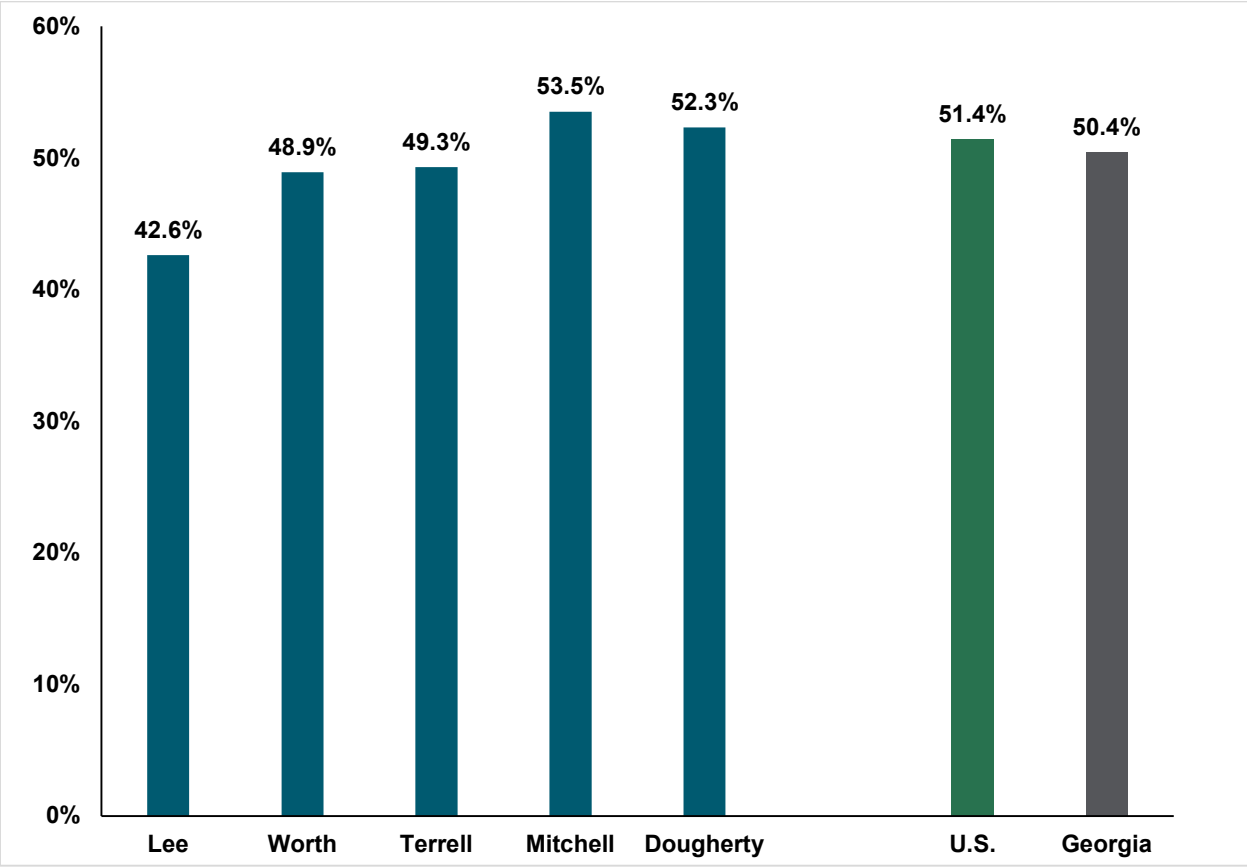
County, state, and U.S. values taken from County Health Rankings (2016-2020)

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[8]

Figure 15 highlights the percentage of renters in the Phoebe Memorial service area who spend 30% or more of their household income on rent. Mitchell County has the highest proportion, with 53.5% of renters exceeding this threshold—higher than both the state and national averages.

[8] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

FIGURE 15. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS



County, State, and U.S. values taken from American Community Survey (2019-2023)

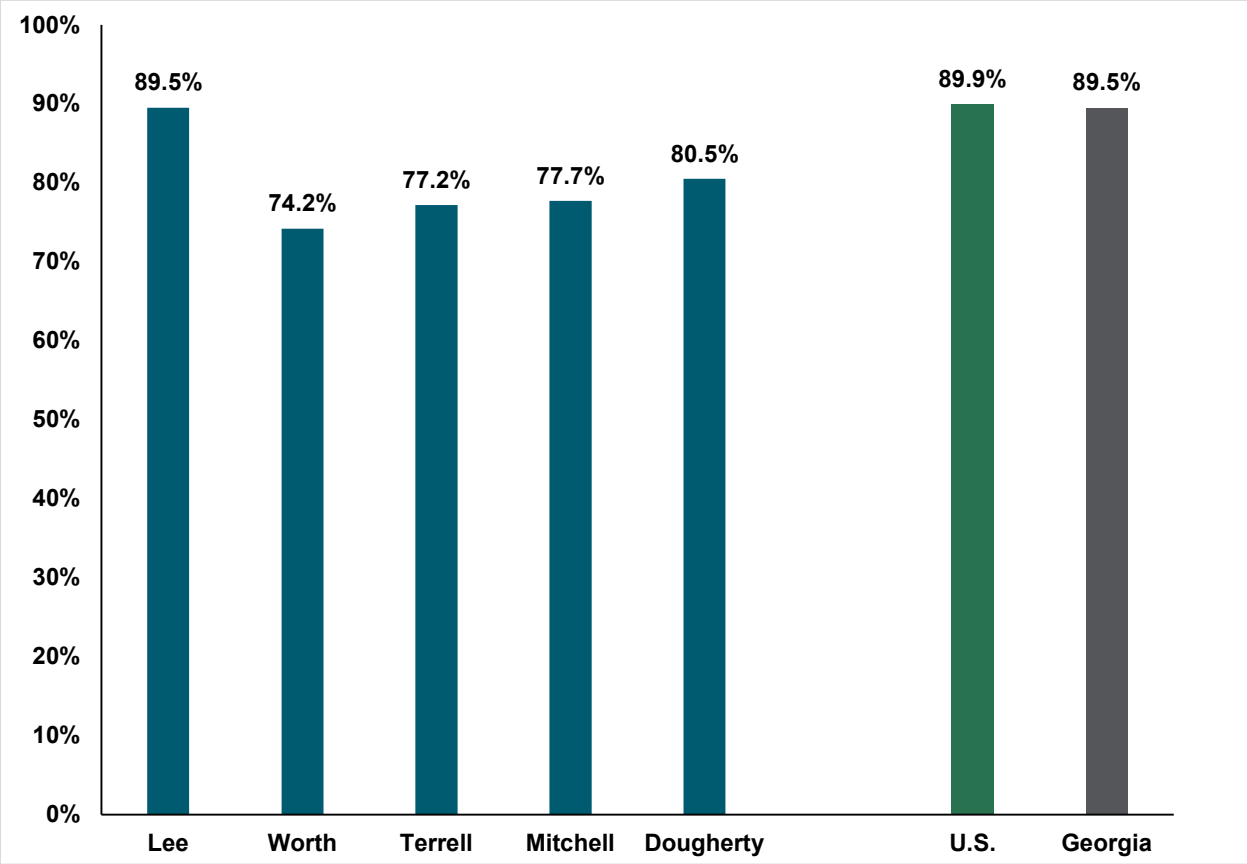
Neighborhood and Built Environment

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet also helps expand healthcare access through home-based telemedicine services, which has been particularly critical during the COVID-19 pandemic.[9] Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[9]

Figure 16 shows the percentage of households with an internet subscription across the Phoebe Memorial service area. All counties in the region fall below the national average of 89.9%. Worth County has the lowest rate, with only 74.2% of households having internet access—15 percentage points below the Georgia state average.

[9] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

FIGURE 16. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



County, State, and U.S. values taken from American Community Survey (2019-2023)

SocioNeeds Index

This assessment not only identified demographic differences by race, ethnicity, age, and sex, but also found differences in health and social outcomes across specific ZIP codes and municipalities.

Geographic differences were identified using three key indices:

- Community Health Index (CHI)
- Food Insecurity Index (FII)
- Mental Health Index (MHI)

These indices were developed by Conduent HCI to highlight areas with high socioeconomic need, food insecurity, and mental health challenges.

Community Health Index

Conduent's Community Health Index (CHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor health outcomes, such as preventable hospitalization or premature death. Each zip code is ranked based on its index value to identify relative levels of need. Table 2 provides the index values and local ranking for each zip code. The map in Figure 17 illustrates that the zip code with the highest level of socioeconomic need (as indicated by the darkest shade of blue) is 31701 with an index score of 97.8.

FIGURE 17. COMMUNITY HEALTH INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

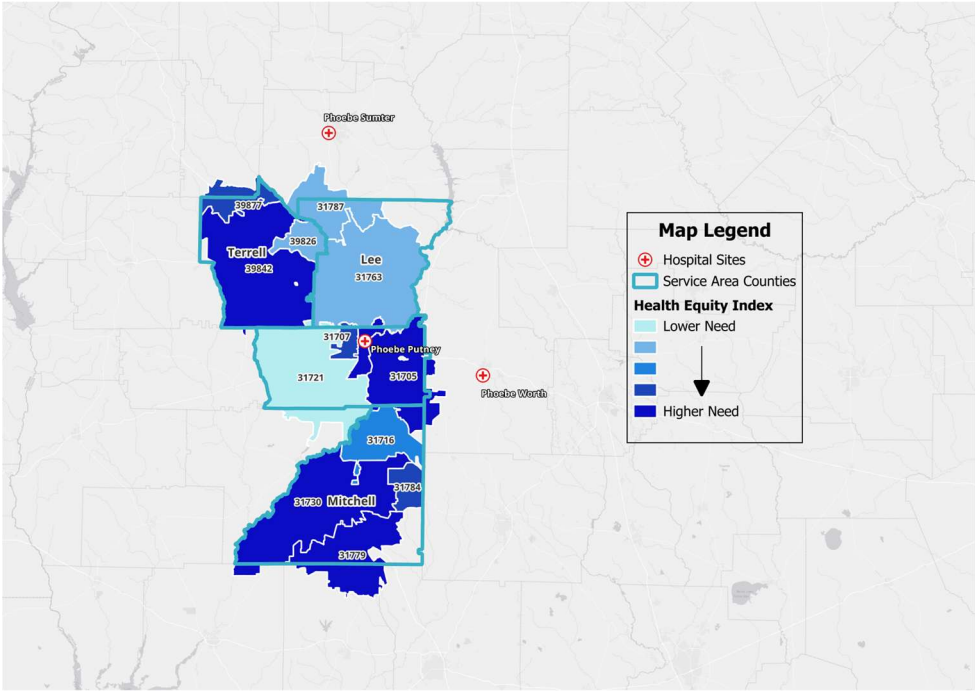


TABLE 2. COMMUNITY HEALTH INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

ZIP Code	CHI	ZIP Code	CHI
31701	97.8	**31789**	80.1
31705	97.5	**31784**	77.9
31779	97.0	**31772**	75.2
39842	93.2	**31707**	72.2
31730	90.4	**31716**	59.3
31796	89.9	**39826**	44.8
31781	83.9	**31787**	34.6
39877	81.5	**31763**	28.2
31791	80.2	**31721**	11.9

Food Insecurity Index

Conduent's Food Insecurity Index (FII) uses socioeconomic data to estimate which zip codes are at greatest for poor food access. The map in Figure 18 illustrates that the zip code with the highest risk of food insecurity is 31730 with an index score of 98.3.

FIGURE 18. FOOD INSECURITY INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

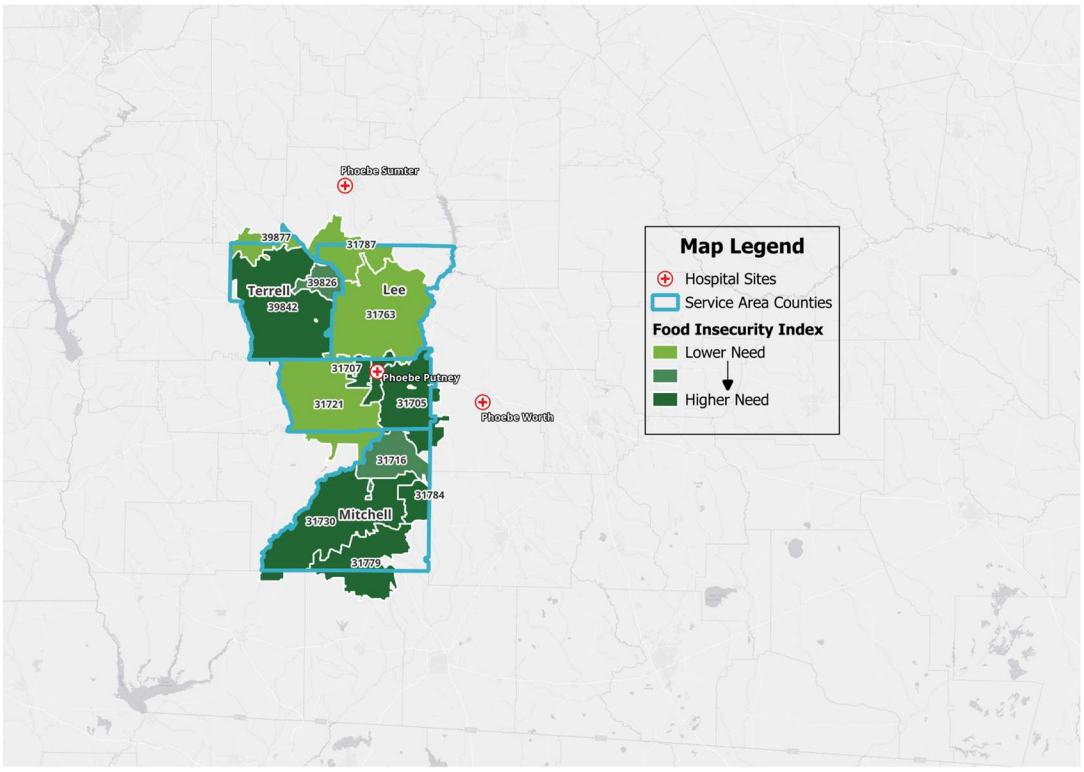


TABLE 3. FOOD INSECURITY INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

ZIP Code	FII	ZIP Code	FII
31730	98.3	**39826**	82.3
31705	98.3	**31716**	81.5
31701	97.6	**31789**	81.2
31779	95.3	**31721**	73.7
39842	94.9	**31787**	68.4
31784	94.2	**31763**	67.9
31707	93.7	**39877**	60.2
31781	91.6	**31796**	48.1
31791	88.7	**31772**	44.2

Mental Health Index

Conduent's Mental Health Index (MHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor mental health. Each zip code is ranked based on its index value to identify relative levels of need. Table 4 provides the index values and local ranking for each zip code. The map in Figure 19 illustrates that the zip code with the highest risk for poor mental health (as indicated by the darkest shade of purple) is 31701 with an index score of 99.4.

FIGURE 19. MENTAL HEALTH INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

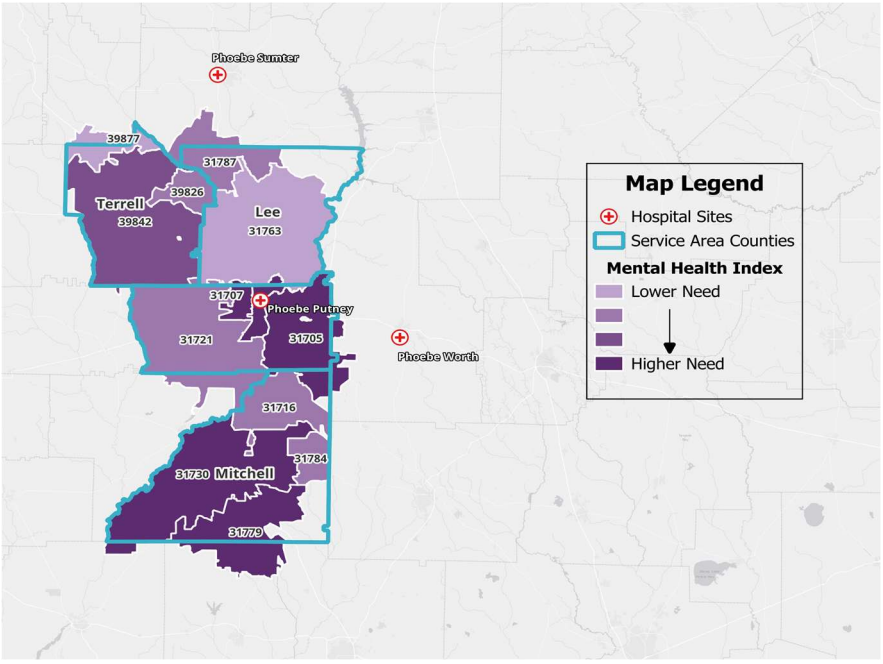


TABLE 4. MENTAL HEALTH INDEX: PHOEBE MEMORIAL PRIMARY SERVICE AREA

ZIP Code	MHI	ZIP Code	MHI
31701	99.4	**39826**	79.3
31705	98.9	**31721**	78.4
31730	97.6	**31787**	77.7
31779	97.3	**31784**	77.6
31707	95	**31789**	74.2
39842	93.1	**31781**	63.9
31791	91.3	**31763**	60.1
31796	86.7	**39877**	49.7
31716	81.4		

Primary and Secondary Methodology and Key Findings

Overview

Two types of data—primary and secondary—were analyzed for this Community Health Needs Assessment (CHNA), each using distinct methodologies. The findings were categorized by key health topics and synthesized to provide a comprehensive overview of the health needs within the Phoebe Memorial service area, which includes the Dougherty, Lee, Mitchell, Terrell and Worth counties.

Secondary Data Collection & Analysis

Secondary data used for this assessment were collected and analyzed with Conduent Healthy Communities Institute (HCI).

HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. For each indicator, the Georgia Counties' value was compared to a distribution of state and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends, as shown in Figure 20. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

FIGURE 20. SECONDARY DATA SCORING

Georgia Counties
US Counties
Georgia Value
US Value
HP2020
Trend

Table 5 shows the health and quality of life topic scoring results for the Phoebe Memorial service area, with Other Conditions as the poorest performing topic area, followed by Wellness and Lifestyle in the five counties that make up the service area. Topics that received a score of 1.75 or higher were considered significant health needs. Eight topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap.

TABLE 5. SECONDARY DATA TOPIC SCORING RESULTS

Health & Quality of Life Topics	Score
Other Conditions	2.00
Wellness & Lifestyle	1.98
Sexually Transmitted Infections	1.97
Family Planning	1.88
Diabetes	1.88
Mental Health & Mental Disorders	1.82
Oral Health	1.78
Maternal, Fetal & Infant Health	1.78
Older Adults	1.72
Prevention & Safety	1.70
Economy	1.68
Physical Activity	1.68
Respiratory Diseases	1.67
Cancer	1.67
Community	1.63
Children's Health	1.62
Environmental Health	1.60
Heart Disease & Stroke	1.59
Health Care Access & Quality	1.57
Education	1.57
Immunizations & Infectious Diseases	1.55
Alcohol & Drug Use	1.37
Women's Health	1.35

Primary Data Collection & Analysis

Multiple types of data were collected and analyzed to inform this Community Health Needs Assessment (CHNA). Primary data consisted of listening sessions and community survey while secondary data included indicators spanning health outcomes, health behaviors and social drivers of health. The methods used to analyze each type of data are outlined below. The findings from each data source were then synthesized and organized by health topic to present a comprehensive overview of the health needs in Phoebe Memorial's five county service area.

Listening Sessions

As part of the Community Health Needs Assessment (CHNA) process, listening sessions were held to gather valuable insights directly from community stakeholders and residents. The purpose of these sessions was to better understand the health challenges, barriers to care, and social drivers impacting the region, while fostering collaboration among local organizations. Participants included:

TABLE 6. LISTENING SESSIONS ORGANIZATIONS

Organization
Albany Area Primary Healthcare
Georgia Department of Public Health District 8-2
Horizons Community Solutions
STRIVE2THRIVE INC
Aspire

Listening Session Analysis Results

The project team captured detailed transcripts of the key informant interviews using MS Teams live transcription feature that allows conversion from spoken words into written text real-time during the conversations. The text from these transcripts was then analyzed using the qualitative analysis tools in Qualtrics®[1]. Text was organized by themes and analyzed for observations. Figure 21 summarizes the main themes and topics that emerged from these discussions.

Figure 21. Listening Sessions Results

Access to Care	Mental Health	Social, Economic and Community Context
People's feedback highlights significant concerns about healthcare access and utilization, particularly in rural areas. People expressed concerns about limited access to healthcare services and the reliance on emergency rooms. People emphasized the need for better maternal health support and equitable treatment in hospitals.	People expressed concerns about stigma and the way mental health patients are treated in healthcare settings. People discussed the stigma surrounding mental health and substance use disorders, and the need for education and awareness.	People highlighted the impact of social drivers on health outcomes and the need for addressing these issues. People expressed concerns about food insecurity and the prevalence of food deserts in rural areas.

Community Survey

Phoebe Memorial conducted an online community survey to support its Community Health Needs Assessment (CHNA). The survey was promoted throughout the five primary counties served by Phoebe Memorial—Dougherty, Lee, Mitchell, Terrell, and Worth—and was available in both English and Spanish. Responses were collected between May and June 2025.

The survey included 49 questions covering a range of topics, including perceived community health needs, individual health status, access to healthcare services, and social and economic drivers of health. A full list of survey questions is provided in Appendix C.

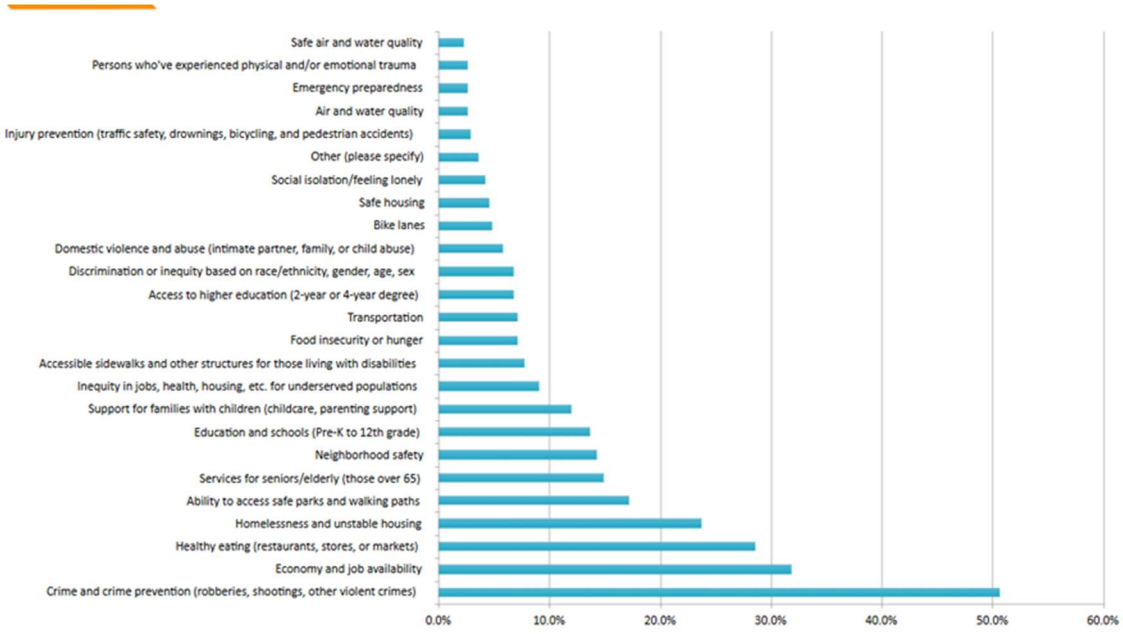
To maximize participation, outreach efforts included distributing flyers at community events and coalition meetings, sending email invitations, leveraging social media, and utilizing other marketing channels through Phoebe Memorial and its partner organizations. A total of 308 responses were received from residents across the broader five-county target area, which includes Dougherty, Lee, Mitchell, Terrell, and Worth Counties in Georgia.

Community Survey Analysis Results

Survey participants were asked about the most important health issues and which quality of life issues they would most like to see addressed in the community. The top responses for these questions are shown in Figures 22 and 23 below.

FIGURE 22. MOST PRESSING ISSUES TO ADDRESS IN THE COMMUNITY

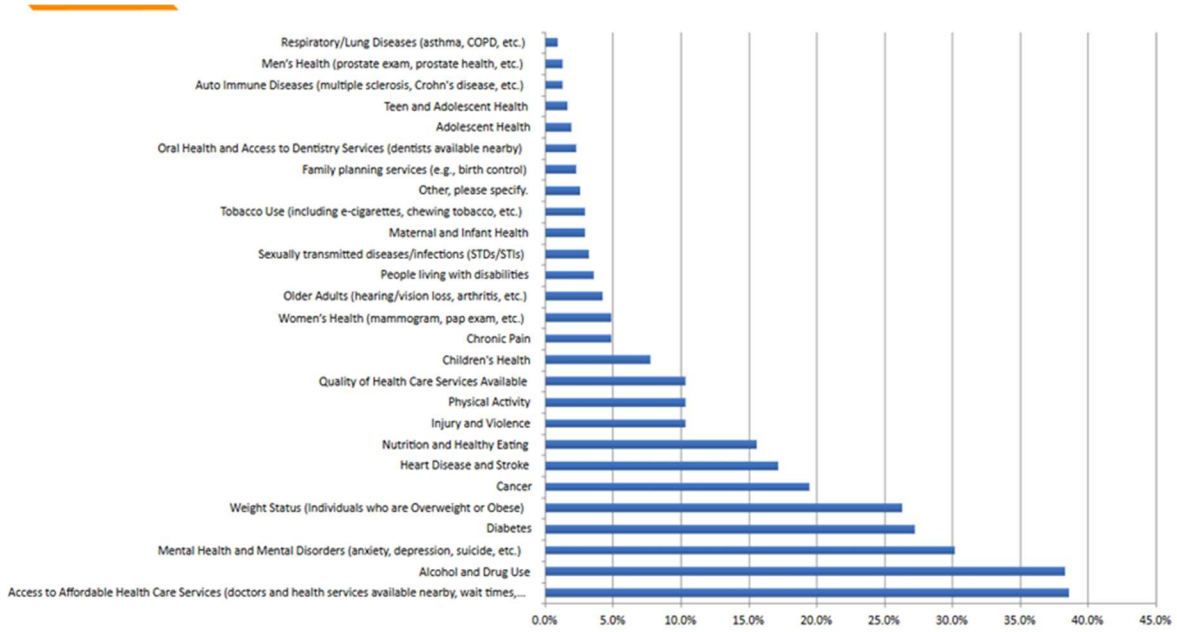
In your opinion, which of the following would you most like to see addressed in your community? Select up to 3. (N=308)



As shown in Figure 22, the online community survey highlights the issues residents consider most important to address. Among the 308 responses received, the top concern was crime and crime prevention, cited by over 50% of participants. This was followed by economic issues, with more than 30% emphasizing job availability. Nearly 30% of respondents identified access to healthy food options—such as restaurants, stores, or markets—as a priority. Homelessness and unstable housing were noted by over 25%, while more than 15% expressed concern about access to safe parks and walking paths. Lastly, services for seniors and older adults (ages 65 and above) were identified as a key issue by over 10% of respondents.

FIGURE 23. MOST IMPORTANT COMMUNITY HEALTH ISSUES

In the following list, what do you think are the three most important "health problems" in your community? (N=308)



As illustrated in Figure 23, nearly 40% of respondents identified access to affordable health care services as the most urgent concern. Alcohol and drug use followed closely, cited by just over 35% of participants. Mental health disorders were also prominent, with 30% of respondents ranking them as a top priority. Diabetes and concerns about weight status were each mentioned by more than 25% of the community, indicating comparable levels of concern. Cancer was noted by nearly 20% of those surveyed. These findings highlight a diverse range of health challenges, reinforcing the need for targeted interventions and strategic resource allocation to address both physical and behavioral health needs within the community.

Data Considerations

Significant efforts were made to ensure both primary and secondary data sources reflected a broad spectrum of community health indicators, perspectives from listening sessions, and survey responses. While the data is organized across a wide range of health and quality-of-life topics, the depth and scope of available information within each category varied.

Secondary data were constrained by availability. Some health topics were supported by a robust set of indicators, while others had limited data. Additionally, population health and demographic data are often released with delays, so the most recent available data were used for each source. Geographic granularity also varied, with data available at levels ranging from census tract or ZIP code to state or national scales. Whenever possible, the most localized and relevant data were reported. However, differences in geographic boundaries, population sizes, and data collection methods—across hospital service areas, ZIP codes, and counties—resulted in inconsistencies in time spans and levels of detail across datasets. Persistent gaps in data systems also remain for certain community health issues.

Primary data findings were shaped by the selection of participants in listening sessions, which influenced the breadth of perspectives captured. The community survey utilized a convenience sampling method, meaning participants self-selected to respond. As a result, the findings may be subject to selection bias and may not be fully generalizable to the broader population.

Data Synthesis and Prioritization

To develop a comprehensive understanding of the prioritized health needs, both primary and secondary data sources were systematically analyzed to identify areas of convergence. Insights from the community survey, listening sessions (primary data) and publicly available health indicators (secondary data) revealed seventeen key areas of elevated need. These seventeen significant health concerns presented in alphabetical order in Figure 24—were selected for prioritization based on a thorough synthesis of all data collected for the Phoebe Memorial Community Health Needs Assessment (CHNA).

FIGURE 24. DATA SYNTHESIS RESULTS

Health/Quality of Life Category	Data Source(s)
Access to Health Care Access & Quality	*Secondary Data, Community Survey, Focus Groups*
Alcohol and Substance Use	*Secondary Data, Community Survey, Focus Groups*
Cancer	*Secondary Data, Community Survey*
Children's Health	*Secondary Data, Community Survey*
Diabetes	*Secondary Data, Community Survey*
Economy	*Secondary Data, Focus Groups*
Family Planning	*Secondary Data, Community Survey*
Heart Disease & Stroke	*Secondary Data, Community Survey*
Maternal, Fetal & Infant Health	*Secondary Data, Community Survey, Focus Groups*
Mental Health & Mental Disorders	*Secondary Data, Community Survey, Focus Groups*
Oral Health	*Secondary Data, Community Survey*
Physical Activity	*Secondary Data, Community Survey*
Prevention & Safety	*Secondary Data, Focus Groups*
Respiratory Diseases	*Secondary Data, Community Survey*
Sexually Transmitted Infections	*Secondary Data, Community Survey*
Wellness & Quality of Life/nutrition/food/education/housing	*Secondary Data, Community Survey, Focus Groups*
Women's Health	*Secondary Data, Community Survey*

Prioritization

To better target activities to address the most pressing health needs in the community, Phoebe Memorial convened a group of hospital and community leaders to participate in a presentation of data on health needs facilitated by HCI. Following the data presentation and a brief question and answer session, participants were given access to an online link to complete a ranking exercise to identify which health needs they felt were most important for Phoebe Memorial to consider for implementation planning based on a set of provided criteria.

Participants

Phoebe Memorial Community Benefits team attendees:

- Derek Heard, MD
- Pamela Jackson
- Kari Middleton
- Marvin Laster
- Angie Barber
- Dawn Benson
- Dianna Grant, MD
- Keisa Mansfield
- Ursula Mathis-Dennis
- Darrell Sabbs
- Jen Williams

Process

On August 5, 2025, Conduent presented the findings from the Community Health Needs Assessment (CHNA) primary and secondary data collection efforts to the Phoebe Memorial Community Benefits team. The presentation included direct insights from community surveys and listening sessions, along with a thoughtful discussion on the prioritization of identified health needs.

Attendees were invited to participate in a virtual data synthesis presentation and prioritization ranking activity. A total of eleven representatives from Phoebe Memorial joined the session and completed the online prioritization exercise.

The criteria for prioritization included:

- Scope & Severity gauges the magnitude of each health issue
- Ability to Impact: the perceived likelihood of positive impact on each health issue

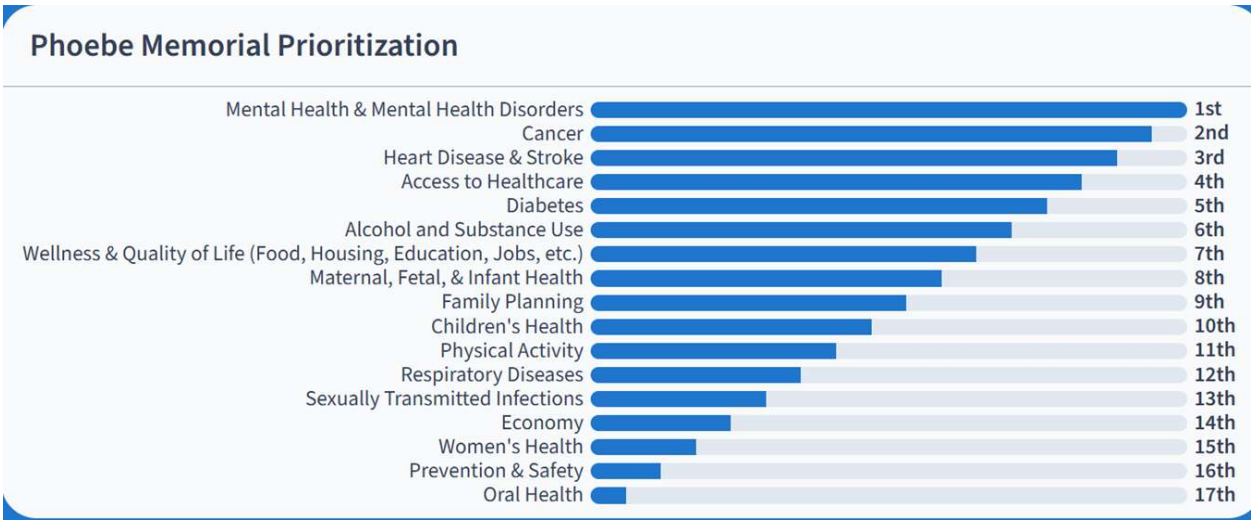
Participants were asked to rank each of the seventeen significant health needs identified in the assessment considering the criteria above. In addition to considering the data presented by HCI in the presentation, participants were encouraged to use

their judgment and knowledge of the community in considering how well a health topic meets the criteria.

Completion of the online exercise resulted in a final ranking of significant health needs. The results of the prioritization ranking are shown in Figure 25.

The committee was able to narrow the priorities and agreed on the top five but requested that finalization of the priorities be postponed until a special-called meeting to take a formal vote. The meeting adjourned with the understanding that committee members would reconvene on August 26th, 2025. The five priorities for consideration were:

FIGURE 25. PRIORITIZATION RESULTS



Participants

Final Prioritization Meeting Attendees:

- Derek Heard, MD
- Tary Brown
- James Hotz, MD
- Pamela Jackson
- Kari Middleton
- Marvin Laster
- Angie Barber
- Dawn Benson
- Keisa Mansfield
- Ursula Mathis-Dennis
- Jen Williams

Process

On August 26, 2025, the Community Benefits Committee reconvened to finalize the top four priorities for the 2025 Community Health Needs Assessment (CHNA). After a thorough discussion of previously identified focus areas, the committee reached a consensus on the priorities outlined in figure 26. Members emphasized the importance of continuing the impactful work currently underway at the cancer center. Additionally, based on emerging data and community feedback, the committee agreed that sexually transmitted infections (STIs) should be elevated as a key priority moving forward.

Figure 26. Prioritized Health Needs

Prioritized Health Needs
Mental Health & Mental Health Disorders
Heart Disease & Stroke
Access to Healthcare
Sexually Transmitted Diseases

Prioritized Significant Health Needs

The following section provides a deeper exploration of each prioritized health need, illustrating how insights from both primary and secondary data contributed to their designation as priority issues for Phoebe Memorial

Through a comprehensive analysis of data and robust community engagement, the most pressing health needs within the Phoebe Memorial service area were identified. Each priority health topic is supported by key themes from primary data and warning indicators from secondary data. These indicators, which exceed two thresholds across five counties, highlight significant areas of concern and underscore the urgency of addressing these health challenges

Indicators of Concern for Prioritized Health Needs

Below are details regarding indicators of concern for all prioritized health needs discussed in this report. Each indicator includes a county-level value and standardized score, as well as the following comparison data, where available: state value, national value, state county distribution, national county distribution, and over-time trend. Table 7 describes how to interpret the icons used to describe county distributions and trend data.

TABLE 7: ICON LEGEND

Icon(s)	Definition
	If the needle is in the green, the county value is among the least concerning 50% of counties in the state or nation.
	If the needle is in the red, the county value is in the most concerning 25% (or worst quartile) of counties in the state or nation.
	The county value is significantly trending in a concerning direction.
	The county value is trending in a concerning direction, but not significantly.
	The county value is significantly trending in the ideal direction.
	The county value is trending in the ideal direction, but not significantly.

Prioritized Health Topic #1: Mental Health and Mental Disorders

Secondary Data

Mental Health and Mental Disorders consistently score above 1.50 in overall topic scores across all counties in the Phoebe Putney Health System service area, making it a prominent health concern. In Lee County, it ranks as the highest scoring health need. Across the region, the Medicare population is notably affected by Alzheimer's Disease or Dementia and Depression, with every county exceeding both state and national averages for Alzheimer's Disease or Dementia prevalence among Medicare beneficiaries.

Worth County has the greatest number of indicators scoring above 1.50, with the Mental Health Provider Rate being the most critical issue—potentially contributing to or exacerbating poor mental health outcomes. Additionally, the age-adjusted death rate due to suicide is a significant concern in Worth, Lee, and Mitchell Counties, with all three surpassing both the state average and the Healthy People 2030 targets.

Those indicators scoring at or above 1.50 were categorized as indicators of concern and are listed in Table 8 below.

TABLE 8. DATA SCORING RESULTS FOR MENTAL HEALTH AND MENTAL DISORDERS

SCORE	INDICATOR	UNITS	DOUGHERTY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8	--	6	6			--
2.50	Depression: Medicare Population	*percent*	19	--	16	17			--
2.47	Poor Mental Health: Average Number of Days	*days*	5.7	--	4.8	4.8			
2.25	Poor Mental Health: 14+ Days	*percent*	19.3	--	--	15.8			--

SCORE	INDICATOR	UNITS	LEE COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Depression: Medicare Population	*percent*	20	--	16	17			--
2.17	Alzheimer's Disease or Dementia: Medicare Population	*percent*	7	--	6	6			--
1.92	Mental Health Provider Rate	*providers/ 100,000 population*	35.7	--	179	313.9			
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	55.1	--	40.8	--		--	

1.78	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	20.7	12.8	14.8	1.78		--	

SCORE	INDICATOR	UNITS	MITCHELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8	--	6	6			--
2.25	Poor Mental Health: 14+ Days	*percent*	19.4	--	--	15.8			--
2.00	Poor Mental Health: Average Number of Days	*days*	5.5	--	4.8	4.8			
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	59.9	--	40.8	--		--	
1.72	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	14.9	12.8	14.8	--		--	

SCORE	INDICATOR	UNITS	TERRELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.71	Poor Mental Health: Average Number of Days	*days*	5.8	--	4.8	4.8			
2.56	Alzheimer's Disease or Dementia: Medicare Population	*percent*	9	--	6	6			--
2.56	Depression: Medicare Population	*percent*	19	--	16	17			--
2.56	Mental Health Provider Rate	*providers/ 100,000 population*	11.4	--	179	313.9			--
2.12	Poor Mental Health: 14+ Days	*percent*	19	--	--	15.8			--

SCORE	INDICATOR	UNITS	WORTH COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.64	Mental Health Provider Rate	*providers/ 100,000 population*	9.8	--	179	313.9			
2.64	Poor Mental Health: Average Number of Days	*days*	5.8	--	4.8	4.8			
2.50	Alzheimer's Disease or Dementia: Medicare Population	*percent*	8	--	6	6			--

2.22	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	33.3	12.8	14.8	--		--	
2.00	Depression: Medicare Population	*percent*	18	--	16	17			--
1.86	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	61.6	--	40.8	--		--	
1.75	Poor Mental Health: 14+ Days	*percent*	17.7	--	--	15.8			--

Primary Data

Mental health emerged as a critical concern in the Phoebe Memorial service area, as reflected in both community feedback and data analysis. Residents voiced deep concerns about access, affordability, stigma, and systemic barriers that prevent individuals from receiving timely and compassionate mental health care. The following summary highlights key findings, barriers to access, and direct quotes that illustrate the lived experiences and pressing needs related to mental health in the region.

Mental Health Key Themes Identified

Stigma in Healthcare Settings: Individuals reported feeling judged or labeled, particularly in relation to substance use and mental health conditions.

Lack of Trust in the Healthcare System: Many community members expressed a general distrust in healthcare providers, which discourages them from seeking mental health services.

Communication Gaps: Poor communication between healthcare providers and patients was cited as a barrier to building trust and receiving appropriate care.

Economic Barriers: High insurance costs and lack of coverage for preventive mental health care were frequently mentioned.

Emergency Room Misuse: Due to limited access to primary care and mental health services, people often resort to emergency rooms for non-emergency mental health issues.

> **I'd like to reduce the stigma around recovery, and people tend to think that people in recovery are drug dealers or criminals or thieves and we're not.**
> – Listening Session Participant

Barriers to Accessing Mental Health Services

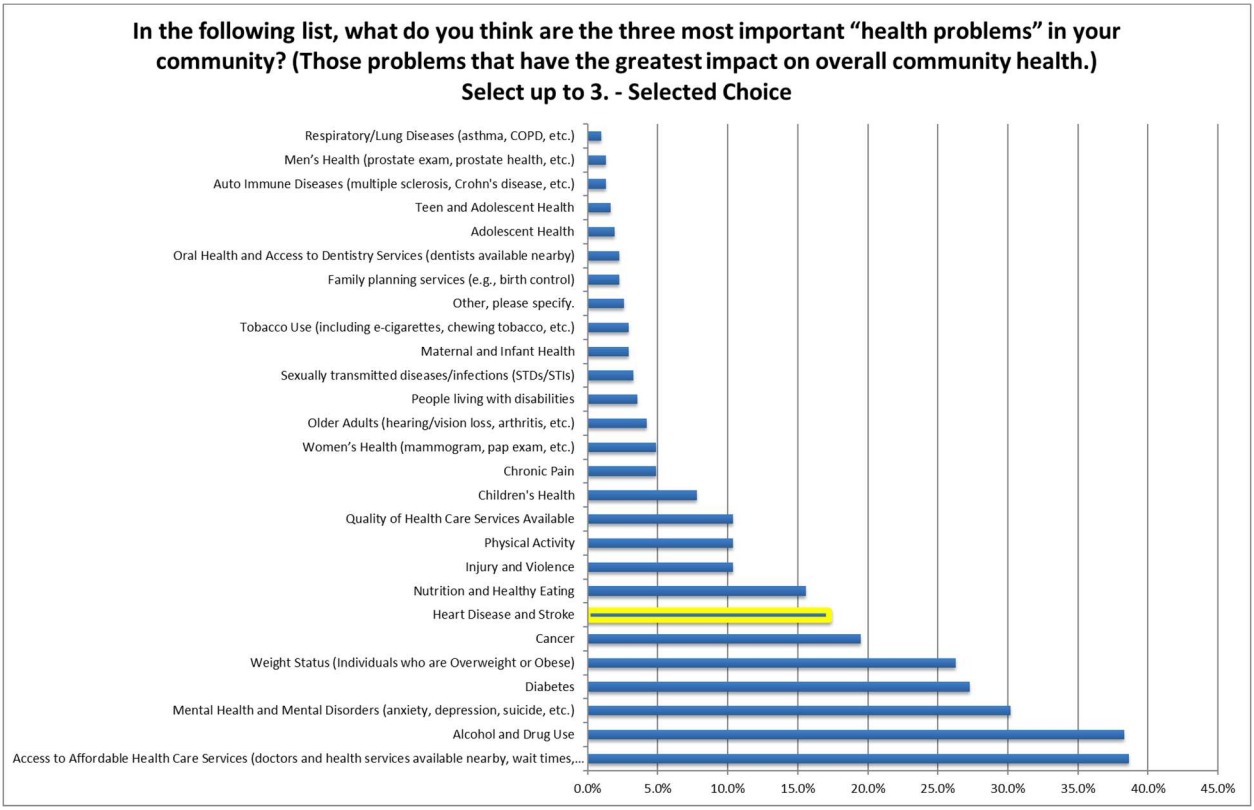
Affordability: Many residents are uninsured or underinsured, making mental health services financially inaccessible.

Stigma and Mislabeling: Patients feel they are treated differently or unfairly, especially those with substance use disorders.

Geographic and Provider Access: Rural areas lack mental health professionals and facilities, forcing residents to travel long distances or forgo care.

Social Drivers of Health: Issues like housing instability, food insecurity, and economic hardship compound mental health challenges and limit access to care.

Prioritized Health Topic #2: Heart Disease and Stroke



Secondary Data

Indicators scoring 2.00 or higher were classified as indicators of concern and are listed in Table 9 below.

Hypertension among the Medicare population is a concern across all five counties. Similarly, high blood pressure prevalence is elevated in all counties except Lee. Both conditions are major contributors to serious health outcomes, including stroke, heart attack, heart failure, kidney failure, and atherosclerosis.

Secondary data highlights elevated age-adjusted death rates from heart attacks, strokes, and high blood pressure across the Phoebe Memorial service area. In Mitchell County, for example, the age-adjusted death rate from heart attacks is more than twice the state average—113.6 per 100,000 adults over age 35, compared to 50.4 statewide. In Dougherty County, the age-adjusted death rate due to high blood pressure is particularly concerning, at six times the state rate—71.4 per 100,000 versus 11. 9.

TABLE 9. DATA SCORING RESULTS FOR HEART DISEASE AND STROKE

SCORE	INDICATOR	UNITS	DOUGHERTY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.42	Age-Adjusted Death Rate due to High Blood Pressure	*deaths/ 100,000 population*	61.3	--	11.9	--		--	
2.33	High Blood Pressure Prevalence	*percent*	48.9	41.9	--	32.7			--
2.25	Adults who Experienced a Stroke	*percent*	6	--	--	3.6			--
2.17	Hypertension: Medicare Population	*percent*	74	--	69	65			--
2.06	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	56.7	33.4	44.9	--		--	

SCORE	INDICATOR	UNITS	LEE COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.17	Hypertension: Medicare Population	*percent*	73	--	69	65			--
2.08	Adults who Have Taken Medications for High Blood Pressure	*percent*	76.5	--	--	78.2			--
2.00	Hyperlipidemia: Medicare Population	*percent*	70	--	68	66			--

SCORE	INDICATOR	UNITS	MITCHELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Heart Failure: Medicare Population	*percent*	16	--	12	11			--
2.39	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	113.6	--	50.4	--			
2.33	High Blood Pressure Prevalence	*percent*	47.4	41.9	--	32.7			--
2.25	Adults who Experienced a Stroke	*percent*	5.8	--	--	3.6			--
2.17	Hypertension: Medicare Population	*percent*	74	--	69	65			--
2.14	Age-Adjusted Death Rate due to High Blood Pressure	*deaths/ 100,000 population*	28.4	--	11.9	--		--	
2.06	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	56.5	33.4	44.9	--		--	

SCORE	INDICATOR	UNITS	TERRELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	80.8	33.4	44.9			--	
2.29	Adults who Experienced a Stroke	*percent*	6.6	--	--	3.6			--
2.29	Adults who Experienced Coronary Heart Disease	*percent*	9.9	--	--	6.8			--
2.29	High Blood Pressure Prevalence	*percent*	50.8	41.9	--	32.7			--
2.29	High Cholesterol Prevalence	*percent*	40.6	--	--	35.5			--
2.03	Hypertension: Medicare Population	*percent*	72	--	69	65			--

SCORE	INDICATOR	UNITS	WORTH COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Hypertension: Medicare Population	*percent*	77	--	69	65			--

2.33	Age-Adjusted Death Rate due to Obstructive Heart Disease	*deaths/ 100,000 population*	85.9	71.1	69	--		--	
2.22	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	*deaths/ 100,000 population*	61	33.4	44.9	--		--	
2.22	Age-Adjusted Death Rate due to Heart Attack	*deaths/ 100,000 population 35+ years*	86.8	--	50.4	--			
2.11	High Blood Pressure Prevalence	*percent*	44.7	41.9	--	32.7			--
2.08	Adults who Experienced a Stroke	*percent*	4.9	--	--	3.6			--
2.08	High Cholesterol Prevalence	*percent*	40.1	--	--	35.5			--
2.00	Hyperlipidemia: Medicare Population	*percent*	70	--	68	66			--

Prioritized Health Topic #3: Access to Healthcare

Secondary Data

Across all five counties, preventable hospital stays among the Medicare population emerged as a consistent concern. This measure reflects the quality and accessibility of primary health care services in a community. When outpatient care is inadequate, individuals may rely on hospitals for routine care, leading to unnecessary hospitalization.

Access to dental care is also a widespread issue. Mitchell, Terrell, and Worth counties have significantly lower dentist-to-population ratios compared to state and national benchmarks. Terrell County shows the most concerning indicators within the Healthcare Access and Quality domain. It has low rates of dentists, non-physician primary care providers, and mental health professionals, along with high rates of preventable hospitalizations. Additionally, Terrell County reports a higher percentage of adults without health insurance and a lower percentage of insured children.

Indicators scoring 2.00 or higher were classified as indicators of concern and are listed in Table 10 below.

TABLE 10. DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

SCORE	INDICATOR	UNITS	DOUGHERTY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.33	Preventable Hospital Stays: Medicare Population	*discharges / 100,000 Medicare enrollees*	3807	--	3147	2769			--
2.25	Adults who Visited a Dentist	*percent*	50.7	--	--	63.9			--

SCORE	INDICATOR	UNITS	LEE COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.33	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3930	--	3147	2769			--
2.19	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	62.4	--	136	131.4			

SCORE	INDICATOR	UNITS	MITCHELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.64	Dentist Rate	*dentists/ 100,000 population*	14.2	--	53.9	73.5			
2.25	Adults who Visited a Dentist	*percent*	48.1	--	--	63.9			--
2.17	Preventable Hospital Stays: Medicare Population	*discharges/ 100,000 Medicare enrollees*	3497	--	3147	2769			--
2.08	Adults without Health Insurance	*percent*	14.4	--	--	10.8			--

SCORE	INDICATOR	UNITS	TERRELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.71	Dentist Rate	*dentists/ 100,000 population*	11.4	--	53.9	73.5			
2.56	Mental Health Provider Rate	*providers/ 100,000 population*	11.4	--	179	313.9			--
2.56	Preventable Hospital Stays: Medicare Population	*discharges / 100,000 Medicare enrollees*	4119	--	3147	2769			--
2.29	Adults who Visited a Dentist	*percent*	46.4	--	--	63.9			--
2.12	Adults without Health Insurance	*percent*	13.3	--	--	10.8			--
2.12	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	34.3	--	136	131.4			
2.09	Children with Health Insurance	*percent*	92.9	--	93.8	--			

SCORE	INDICATOR	UNITS	WORTH COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.64	Dentist Rate	*dentists/ 100,000 population*	9.8	--	53.9	73.5			
2.64	Mental Health Provider Rate	*providers/ 100,000 population*	9.8	--	179	313.9			
2.33	Preventable Hospital Stays: Medicare Population	*discharges / 100,000 Medicare enrollees*	3845	--	3147	2769			--

2.31	Primary Care Provider Rate	*providers/ 100,000 population*	29.2	--	65.9	74.9	

Primary Data

The Phoebe Memorial community feedback initiative gathered insights from residents across rural and underserved areas to better understand the challenges they face in accessing healthcare. The findings reveal deep-rooted concerns related to healthcare access, affordability, trust in the system, and the impact of social drivers of health (SDOH). Community members voiced a strong desire for more equitable, compassionate, and community-driven healthcare solutions. Their stories and suggestions underscore the urgency of addressing systemic barriers and fostering trust through inclusive engagement.

Access to Healthcare Key Themes

Community members consistently reported limited access to healthcare services, especially in rural areas. Key issues include:

- **The lack of primary care providers and specialists**, such as OBGYNs, forces patients to travel long distances.
- **Overreliance on emergency rooms** for non-emergency care due to the absence of accessible alternatives.
- **High rates of uninsured or underinsured individuals**, making preventive and routine care unaffordable.

> **For maternal health, like we literally have communities that do not have an OBGYN, and women are having to travel upwards of 45 minutes to an hour just to get to the nearest labor and delivery.**
> – Listening Session Participant

Barriers to Care

Several systemic and social barriers were identified:

- Economic barriers: High insurance costs and lack of Medicaid-accepting providers.
- Geographic inequity: Rural residents face long travel times and limited provider availability.
- Stigma and discrimination: Particularly in mental health and substance use treatment, patients feel judged or mistreated.
- Food insecurity and housing instability: These SDOH factors directly impact health outcomes and access to care.

Prioritized Health Topic #4: Sexually Transmitted Diseases

Secondary Data

In Lee County, none of the indicators exceeded the 1.50 threshold. In contrast, Dougherty County showed elevated concern, with Gonorrhea, Syphilis, and Chlamydia all scoring above 2.00. Additionally, the incidence rates for Chlamydia and Gonorrhea in Dougherty, Mitchell, and Terrell counties surpass both state and national averages. Notably, Terrell County's Chlamydia rate is nearly three times the national rate—1,445.3 cases per 100,000 population compared to 492.2.

Indicators scoring 1.50 or higher were classified as indicators of concern and are listed in Table 11 below.

TABLE 11. DATA SCORING RESULTS FOR SEXUALLY TRANSMITTED DISEASES

SCORE	INDICATOR	UNITS	DOUGHERTY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.67	Chlamydia Incidence Rate	*cases/ 100,000 population*	1397.5	--	646.4	492.2		--	
2.67	Syphilis Incidence Rate	*cases/ 100,000 population*	30.3	--	19.2	16.6		--	
2.25	Gonorrhea Incidence Rate	*cases/ 100,000 population*	504.6	--	274.8	179.5		--	

SCORE	INDICATOR	UNITS	MITCHELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.39	Chlamydia Incidence Rate	*cases/ 100,000 population*	824.1	--	646.4	492.2		--	
2.25	Gonorrhea Incidence Rate	*cases/ 100,000 population*	312.6	--	274.8	179.5		--	

SCORE	INDICATOR	UNITS	TERRELL COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend

2.44	Gonorrhea Incidence Rate	*cases/ 100,000 population*	504.7	--	274.8	179.5		--	
2.15	Chlamydia Incidence Rate	*cases/ 100,000 population*	1445.3	--	646.4	492.2		--	

SCORE	INDICATOR	UNITS	WORTH COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
1.56	Gonorrhea Incidence Rate	*cases/ 100,000 population*	192.4	--	274.8	179.5		--	

Non-Prioritized Significant Health Needs

The following significant health needs listed in alphabetical order were identified through a comprehensive review of both primary and secondary data sources. While Phoebe Memorial did not formally rank or prioritize these specific topics, they are closely aligned with the organization's selected priority areas. As such, these health needs will be thoughtfully integrated into the upcoming Implementation Strategy and will inform future initiatives aimed at addressing community health challenges. This approach will be carried out in collaboration with strategic community partners, ensuring a coordinated and inclusive response to the broader spectrum of health concerns.

Non-Prioritized Health Need #1: Alcohol and Substance Use

Based on secondary data scoring, *Alcohol and Substance Use* ranked as the second-to-last health concern in the service area, with a score of **1.37**. Liquor store density and maternal smoking during pregnancy were recurring issues across multiple counties. The top indicators of concern identified in each of the five counties are as follows:

- **Dougherty County**: Liquor store density
- **Lee County**: Adults who drink excessively
- **Mitchell County**: Liquor store density
- **Terrell County**: Mothers who smoked during pregnancy
- **Worth County**: Mothers who smoked during pregnancy

Non-Prioritized Health Need #2: Cancer

Based on secondary data scoring, *Cancer* ranked as the 14th most concerning health need in the service area, with a score of **1.67**. The leading cancer-related indicators of concern identified in each of the five counties are as follows:

- **Dougherty County**: Prostate cancer incidence rate
- **Lee County**: Breast cancer incidence rate
- **Mitchell County**: Prostate cancer incidence rate
- **Terrell County**: Overall cancer incidence rate
- **Worth County**: Overall cancer incidence rate

Non-Prioritized Health Need #3: Children's Health

Based on secondary data scoring, *Children's Health* ranked as the 16th most pressing health concern in the service area, with a score of **1.62**. Across the five counties, the most significant indicators of concern were related to child food insecurity:

- **Dougherty County**: Child Food Insecurity Rate
- **Lee County**: Food-Insecure Children Likely Ineligible for Assistance
- **Mitchell County**: Child Food Insecurity Rate
- **Terrell County**: Child Food Insecurity Rate
- **Worth County**: Child Food Insecurity Rate

Non-Prioritized Health Need #4: Diabetes

Based on secondary data scoring, *Diabetes* ranked as the fifth most pressing health concern in the service area, with a score of **1.88**. Across all counties, diabetes—particularly among the Medicare population—consistently emerged as a key indicator of concern. The following diabetes-related metrics were identified as the top health indicators in each of the five counties:

- **Dougherty County**: Diabetes prevalence among the Medicare population
- **Lee County**: Adults aged 20 and older with diabetes
- **Mitchell County**: Diabetes prevalence among the Medicare population
- **Terrell County**: Age-adjusted emergency room visit rate due to diabetes
- **Worth County**: Diabetes prevalence among the Medicare population

Non-Prioritized Health Need #5: Economy

Economy ranked as the 11th most concerning topic in the service area based on secondary data scoring, with a score of **1.68**.

The top economic indicators identified in each of the five counties are:

- **Dougherty County**: Veterans Living Below the Poverty Level
- **Lee County**: Total Employment Change
- **Mitchell County**:
    - Adults with Disabilities Living in Poverty
    - Child Food Insecurity Rate

    - Overall Food Insecurity Rate
    - People Aged 65+ Living Below the Poverty Level
    - Total Employment Change
- **Terrell County**:
    - Children Living Below the Poverty Level
    - Population Aged 16+ in the Civilian Labor Force
- **Worth County**: Total Employment Change

Non-Prioritized Health Need #6: Family Planning

Based on secondary data scoring, *Family Planning* ranked as the fourth most pressing health topic in the service area, with a score of **1.88**. Teen pregnancy remains a prevalent issue across the region.

The following family planning-related metrics were identified as the leading health indicators in each of the five counties:

- **Dougherty County**: Teen Birth Rate (ages 15–17)
- **Lee County**: Teen Birth Rate (ages 15–17)
- **Mitchell County**: Teen Pregnancy Rate
- **Terrell County**: Teen Birth Rate (ages 15–17)
- **Worth County**: Teen Birth Rate (ages 15–17)

Non-Prioritized Health Need #7: Maternal, Fetal & Infant Health

Based on secondary data scoring, *Maternal, Fetal, and Infant Health* ranked eighth among health topics in the service area, with a score of **1.78**. Key concerns include maternal smoking, preterm births, and newborns with low birthweight (less than 2,500 grams or 5 pounds, 8 ounces).

The top *Maternal, Fetal and Infant Health* indicators identified in each of the five counties are:

- **Dougherty County**: Mothers Who Smoked During Pregnancy
- **Lee County**: Preterm Births
- **Mitchell County**: Babies with Low Birthweight and Teen Pregnancy Rate

- **Terrell County**: Teen Birth Rate (ages 15–17)
- **Worth County**: Mothers Who Smoked During Pregnancy

Non-Prioritized Health Need #8: Oral Health

Based on secondary data scoring, *Oral Health* ranked seventh among all health topics in the service area, with a score of **1.78**. A key concern across three counties is the lack of access to dental care. In every county except Dougherty, the dentist rate falls below both the state and national averages.

The top oral health indicators identified in each of the five counties are:

- **Dougherty County**: Adults Who Visited a Dentist
- **Lee County**: Oral Cavity and Pharynx Cancer Incidence Rate
- **Mitchell County**: Dentist Rate
- **Terrell County**: Dentist Rate
- **Worth County**: Dentist Rate

Non-Prioritized Health Need #9: Physical Activity

Based on secondary data scoring, *Physical Activity* ranked twelfth among health topics in the service area, with a score of **1.68**. A key concern is limited access to resources that support opportunities for physical activity.

The top physical activity-related indicators identified in each of the five counties are:

- **Dougherty County**: Adults (ages 20+) Who Are Obese
- **Lee County**: Access to Exercise Opportunities
- **Mitchell County**: Access to Parks
- **Terrell County**: Access to Parks
- **Worth County**: Access to Exercise Opportunities

Non-Prioritized Health Need #10: Prevention and Safety

Based on secondary data scoring, *Prevention and Safety* ranked tenth among health topics in the service area, with a score of **1.70**. The most pressing indicators of concern relate to firearm-related deaths and severe housing issues.

The top *Prevention and Safety* indicators identified in each of the five counties are:

- **Dougherty County**: Age-Adjusted Death Rate due to Firearms
- **Lee County**: Age-Adjusted Death Rate due to Firearms
- **Mitchell County**: Severe Housing Problems
- **Terrell County**: Severe Housing Problems
- **Worth County**: Age-Adjusted Death Rate due to Firearms

Non-Prioritized Health Need #11: Respiratory Diseases

Respiratory Diseases ranked as the 13th most concerning health issue in the service area based on secondary data scoring, with a score of **1.67**.

The top respiratory disease indicators identified in each of the five counties are:

- **Dougherty County**: Adults with Current Asthma
- **Lee County**: COPD among the Medicare Population
- **Mitchell County**: Age-Adjusted Death Rate due to Lung Cancer
- **Terrell County**: Lung and Bronchus Cancer Incidence Rate
- **Worth County**: COPD among the Medicare Population

Non-Prioritized Health Need #12: Wellness & Quality of Life

Based on secondary data scoring, *Wellness and Lifestyle* ranked as the second most concerning health topic in the service area, with a score of **1.98**. Key indicators varied by county, with high blood pressure prevalence and insufficient sleep emerging as common concerns. The top wellness-related indicators identified in each of the five counties are as follows:

- **Dougherty County**: High blood pressure prevalence and insufficient sleep
- **Lee County**: High blood pressure prevalence and insufficient sleep
- **Mitchell County**: Poor physical health (average number of unhealthy days)

- **Terrell County**: Poor physical health (average number of unhealthy days)
- **Worth County**: High blood pressure prevalence

Non-Prioritized Health Need #13: Women's Health

Based on secondary data scoring, *Women's Health* ranked as the least concerning health topic in the service area, with a score of **1.35.** While women's health ranked lowest in overall concern, breast cancer and mammogram access remain key indicators across the counties, highlighting the importance of continued screening and preventive care efforts. The top women's health indicators identified in each of the five counties are as follows:

- **Dougherty County**: Age-adjusted death rate due to breast cancer
- **Lee County**: Breast cancer incidence rate
- **Mitchell County**: Mammogram in the past two years (ages 50–74)
- **Terrell County**: Mammogram in the past two years (ages 50–74)
- **Worth County**: Mammogram in the past two years (ages 50–74)

Other Findings

A critical component in assessing the needs of a community includes identifying barriers to health care and social services, which can inform and focus strategies for addressing the prioritized health needs. Listening session participants were asked to identify any barriers to health care observed or experienced in the community. The following section explores those barriers that were identified through primary and secondary data collection.

Economic and Social Stressors

Economic mobility and geographic equity play a critical role in shaping health outcomes. Individuals living in underserved areas often lack access to essential services and opportunities, which directly impacts their ability to thrive. As a listening session participant noted, ***"These are impacted by economic mobility and geographic equity—people live in areas where they don't have access to what they need."*** Additionally, food insecurity and poor nutrition are prevalent in marginalized communities, where healthy options are scarce. Instead, residents are surrounded by fast food outlets, liquor stores, and dollar stores, which offer limited nutritional value. **"We have fast food, liquor stores, and dollar stores littered all over Black and Brown communities. That's what people have to eat,"** one participant shared, underscoring the urgent need for systemic change.

Transportation

Transportation remains a significant barrier to accessing care, particularly due to the lack of public transit options in many areas. As one participant plainly stated, during a listening session ***"There is no transportation, some treatments are scheduled at 8:30 in the morning, but facilities don't open until 10 and there's no transportation to get them there."*** highlighting the complete absence of reliable transit services. Without transportation to bridge this gap, patients are left stranded, unable to attend critical appointments. These logistical challenges underscore the urgent need for coordinated transportation solutions to ensure timely and equitable access to care.

Cost, Wait Times, Literacy

The high cost of healthcare and insurance continues to be a major barrier for many individuals, with some communities experiencing among the highest rates of uninsured residents in the state. This lack of affordability means that essential services like health insurance are simply out of reach for many. In addition to being uninsured, coverage gaps persist even among those who do have insurance, limiting access to preventive care and early intervention. As a listening participant noted, **"They simply don't have the coverage needed to do preventive care,"** highlighting the urgent need for more comprehensive and accessible insurance options.

Health literacy remains a significant challenge, particularly in communities where education is neither prioritized nor readily accessible. A recurring concern raised during listening sessions was the intergenerational cycle of limited educational attainment, as one participant noted: "**There's a vicious cycle of uneducated parents, and education is not important in the family."** This cycle contributes to low health literacy and poor engagement with healthcare systems. Additionally, participants highlighted a widespread lack of awareness about available resources. Many individuals are either unaware of the services that exist or hesitant to access them due to fear, mistrust, or cultural barriers. As one person shared, **"People don't know what's available or are afraid to take advantage of it,"** underscoring the need for more targeted outreach and culturally responsive education efforts.

Conclusion

The findings of this Community Health Needs Assessment highlight four key priority areas that demand focused attention: **Mental health and mental health disorders, heart disease and stroke, access to healthcare, and sexually transmitted infections**.

These issues were identified through a comprehensive analysis of health data, stakeholder input, and community feedback. Addressing these priorities will require a collaborative, multi-sector approach that leverages local resources, strengthens partnerships, and promotes equitable access to care. This report serves as a strategic framework to guide future planning, policy development, and program implementation aimed at improving health outcomes and fostering a healthier, more resilient community.

Appendices Summary

The following support documents are shared separately on www.phoebehealth.com

A. Secondary Data (Methodology and Data Scoring Tables)

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

B. Community Input Assessment Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this collaborative CHNA:

- Community Survey
- Listening Sessions
- Listening Sessions Findings Summary

C. Community Resources

This document highlights existing resources that organizations are currently using and available widely in the community.

D. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this CHNA.