

# COMMUNITY HEALTH NEEDS ASSESSMENT

2026 - 2028



Phoebe Sumter Medical Center

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# CHNA At a Glance

## Data Analysis Overview



### Secondary Data

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



### Community Survey

An online community survey was made available to people residing in Worth and surrounding counties.



### Listening Sessions

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

## Prioritized Health Needs



### Mental Health & Mental Health Disorders



### Access to Healthcare



### Women's Health



### Wellness and Lifestyle

# Phoebe Sumter Medical Center

Phoebe Sumter Medical Center is pleased to present its 2025-2027 Community Health Needs Assessment (CHNA). The 2025 CHNA covers the four primary service areas (PSA) adopted and used in the 2016, 2019, and 2022 CHNAs that include Marion, Macon, Schley and Sumter 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 Sumter

In 1908, a group of women in Americus, Georgia, founded the Americus and Sumter County Hospital Association, opening the area's first hospital with just eight beds. By 1914, a larger 27-bed facility was built, followed by a 27-bed annex in 1932, marking the start of rapid growth.

In 1952, a new \$2 million hospital opened on the north side of town, officially welcoming patients in 1953. A major renovation in 1975 added an east wing, and throughout the 1980s, the hospital expanded services to include coronary care, oncology, LDRP, and more.



By the late 1990s, Sumter Regional had grown into a 143-bed nonprofit hospital. A \$21.5 million expansion in 1997 led to a 94,000-square-foot addition in 1999, reinforcing its role as a regional healthcare leader.

In 2010, construction began on a new 40-acre site. By December 2011, Phoebe Sumter Medical Center opened its 183,000-square-foot facility with 76 private rooms and advanced technology, continuing its legacy of patient-centered care.

As part of the Affordable Care Act, Phoebe Sumter Medical Center conducted a Community Health Needs Assessment (CHNA), identifying key priorities that were subsequently approved by the Community Benefits Committee on August 05, 2025

## CHNA Purpose

The purpose of this CHNA is to offer a deeper understanding of the health needs across the Phoebe Sumter Medical Center four-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

It seems almost impossible that Astrid and I just celebrated our third year of calling this wonderful community our home. Three years can go by in a flash, but there are moments and milestones that stick with you, helping to shape and tell the story of the years gone by, which makes it possible to take a moment to take stock.

The same applies to our hospital here at Phoebe Sumter. It's important to take a moment to take a long look at how the services we provide impact the communities we serve. Which is why I'm excited to share that we've just completed our 2025 Community Health Needs Assessment.

Every three years we conduct our community assessment to take a deep look into the challenges and issues that our community faces. And while the data is invaluable, the results of the assessment go well beyond just stats and figures; they help inform our focus for the next three years. Based on feedback from our community, neighbors, and friends we have identified the priorities below and will soon begin implementing our plans to address each one:

- **Access to Healthcare**
- **Mental Health & Mental Health Disorders**
- **Women's Health**
- **Wellness & Quality of life**

While the last years have not been without their challenges, we have made great strides in improving the health of our community by strengthening partnerships, programs, and initiatives that actively create health changes in our community.

I dedicate this report to you - our friends, neighbors, patients and coworkers who all play a part in making sure our hospital is a beacon of health for the communities we serve.



Sincerely,

**Carlyle Walton, 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

- Bardin Hooks
- Rene Smith
- Alton Marcus
- Carlyle Walton
- Kelsey Reed
- Michelle Doggett
- Marcus Johnson
- Jennifer Williams

## Consultants

Phoebe Sumter Medical Center 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 Integrated Digital Solutions. 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 Sumter 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 Sumter identified needs for fiscal years 2023-2025 including several factors and behaviors that stand out as recurring, common areas of concern.

1. Maternal and Child Health.
2. Mental Health and Mental Health Disorders
3. Nutrition and Healthy Eating

### Maternal and Child Health

Phoebe Sumter Medical Center remains deeply committed to supporting the health and well-being of mothers, children, and youth across Sumter County. Through strategic collaboration with the Network of Trust, the medical center has expanded vital programs that empower first-time mothers, educate teens, and address high-risk maternal health needs. These efforts reflect a broader mission to foster healthier families and build a foundation for lifelong wellness in the communities we serve.

- **Nurse Family Partnership Expansion:**
  - Enrollment grew from 20 first-time mothers in FY22 to a caseload of 100 by FY25, supporting families in Sumter County with personalized nursing care.
- **Current Client Snapshot:**
  - As of the latest report, 66 clients remain active, following a large graduation cohort and increased high-risk cases requiring more intensive support.
- **Teen Education Programs Reached Thousands:**
  - Each year, 1,000 teens completed the Taking Time for Teens curriculum and 500 completed LoveNotes, promoting healthy choices around drugs, self-care, relationships, and violence.
- **Network of Trust Collaboration:**
  - Played a critical role in expanding maternal health services and delivering impactful education to youth across the region.

### Mental Health and Mental Health Disorders

Phoebe Sumter Medical Center prioritized mental health as a core focus during the 2022–2025 CHNA cycle, recognizing the growing need for education, support, and stigma reduction across the region. Through strategic partnerships with behavioral health experts, law enforcement, educational institutions, and faith-based organizations, Phoebe Sumter implemented impactful initiatives aimed at strengthening community awareness and expanding access to mental health resources. These efforts reflect a commitment to building a more informed, compassionate, and resilient community.

- **Mental Health First Aid Training Expanded:**
  - The number of trained residents increased from 60 to 300, with sessions held in-person and virtually to reach a broader audience.
- **Collaborative Partnerships Strengthened Impact:**
  - Phoebe Sumter worked closely with Middle Flint Behavioral Health, local law enforcement, schools, and faith-based groups to maximize outreach and education.
- **Stigma Reduction Efforts Show Progress:**
  - While ER visits for mental health concerns remain steady, community stigma has decreased due to workshops, social media campaigns, printed materials, and church-led initiatives.
- **Faith-Based Engagement Played a Key Role:**
  - The Sumter Ministerial Area Association (SAMA) helped extend mental health messaging into trusted community spaces.
- **Substance Abuse Awareness Elevated:**
  - In partnership with the New Life Addiction Recovery Support Center, Phoebe Sumter promoted services and resources during Mental Health Awareness Month and beyond.

## Nutrition and Healthy Eating

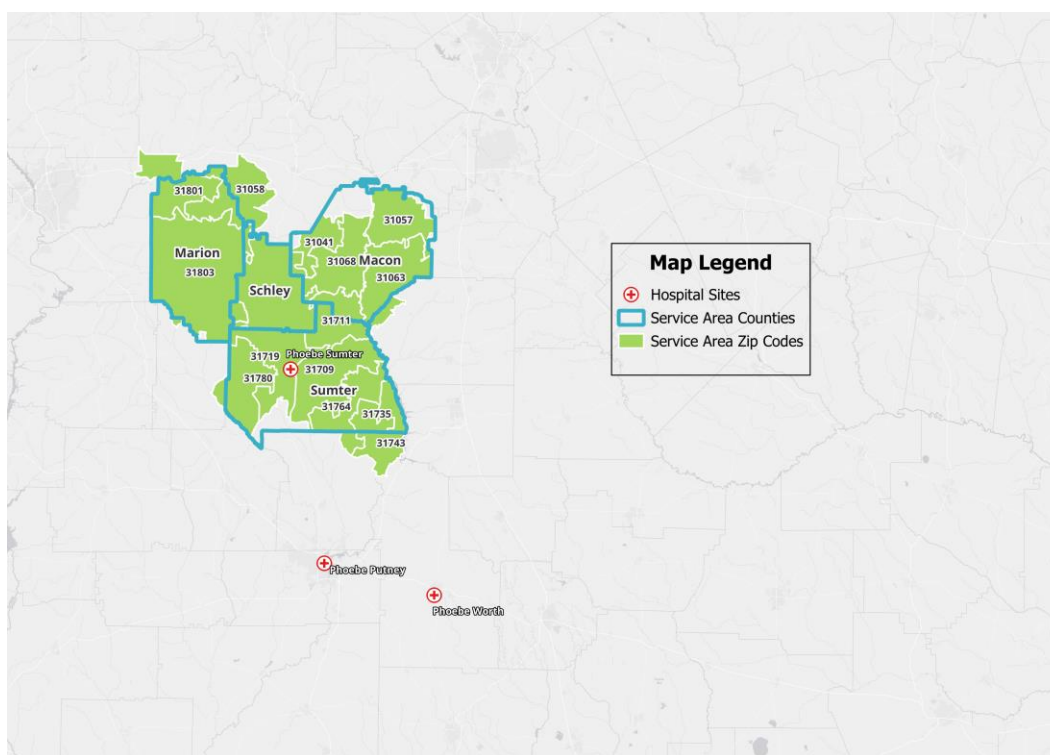
Over the past three years, Phoebe Sumter Medical Center (PSMC) has made substantial progress in promoting nutrition and healthy eating across Sumter County and surrounding areas.

- **Produce Distribution Expanded:**
  - Phoebe Sumter Medical Center distributed over 3,200 produce boxes in 2023 and 6,340 in 2024, reaching more than 36,700 residents across Southwest Georgia.
- **Community Partnerships Strengthened:**
  - Collaborations with organizations like Flint River Fresh and Healthy Sumter helped scale efforts and reduce costs through shared distribution responsibilities.
- **Community Gardens Established:**
  - Five new gardens were created, including sites at Calvary Episcopal and Magnolia Manor, with plans for an additional garden at the Americus Colored Hospital Museum.
- **Employee Food Pantry Launched:**
  - In 2024, PSMC opened a pantry for staff, distributing thousands of pounds of healthy food thanks to support from local donors and organizations.
- **Future Plans:**
  - Continued collaboration with Harvest of Hope aims to expand food access for all residents in the region.

# Demographics

The demographics of a community significantly impact its health profile.<sup>1</sup> 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 Sumter Medical Center 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.<sup>2</sup> In addition to these highlights, detailed findings from the secondary data analysis can be found in Appendix C.

**FIGURE 2. PHOEBE SUMTER MEDICAL CENTER SERVICE AREA**



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

<sup>2</sup> World Health Organization. Social Determinants of Health. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

## Demographic Profile

### Geography and Data sources

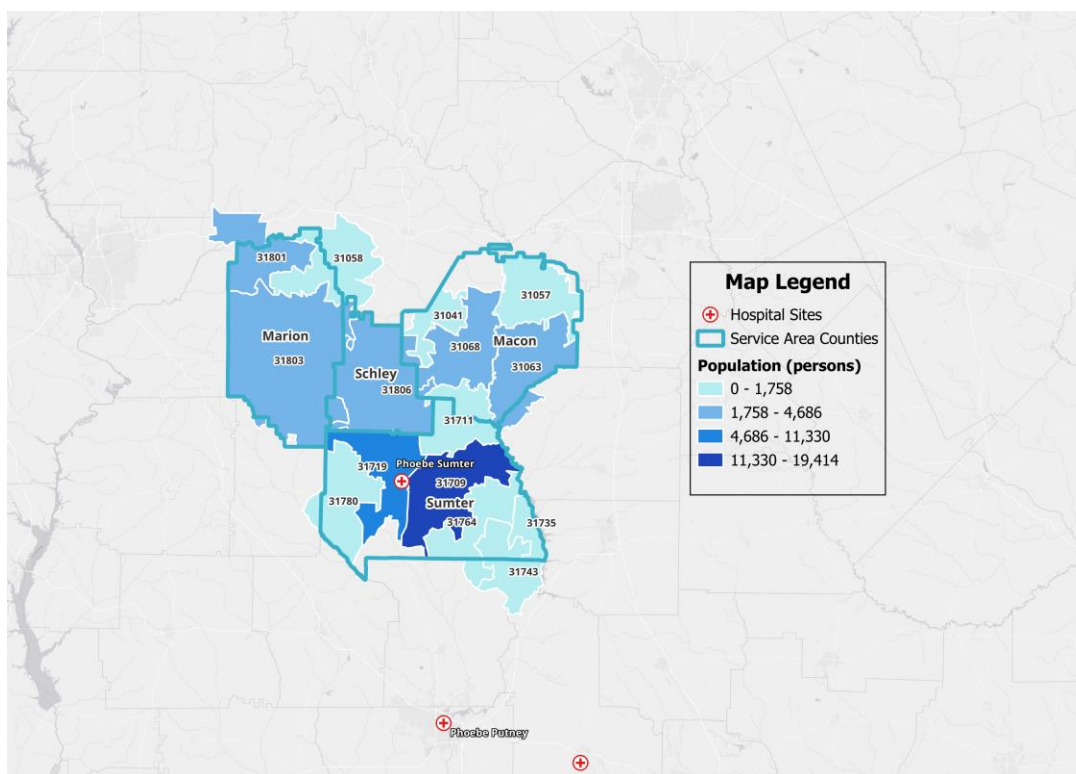
This section examines the demographic profile of the primary service area for Phoebe Sumter Medical Center, which encompasses four counties in Georgia: Macon, Marion, Schley, and Sumter.

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 Sumter Medical Center primary service area has an estimated population of 52,635 people. Figure 3 shows the population breakdown for the health system service area by zip code.

**FIGURE 3. PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA POPULATION DISTRIBUTION BY ZIP CODE**

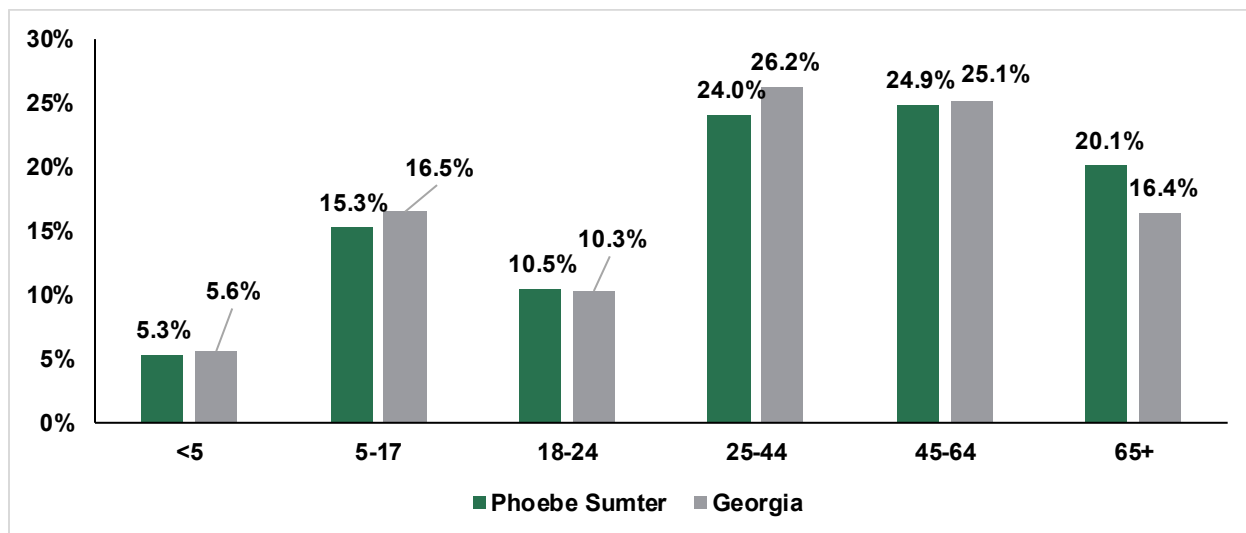


### Age

Figure 4 illustrates the age distribution of the population within Phoebe Sumter Medical Center'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.

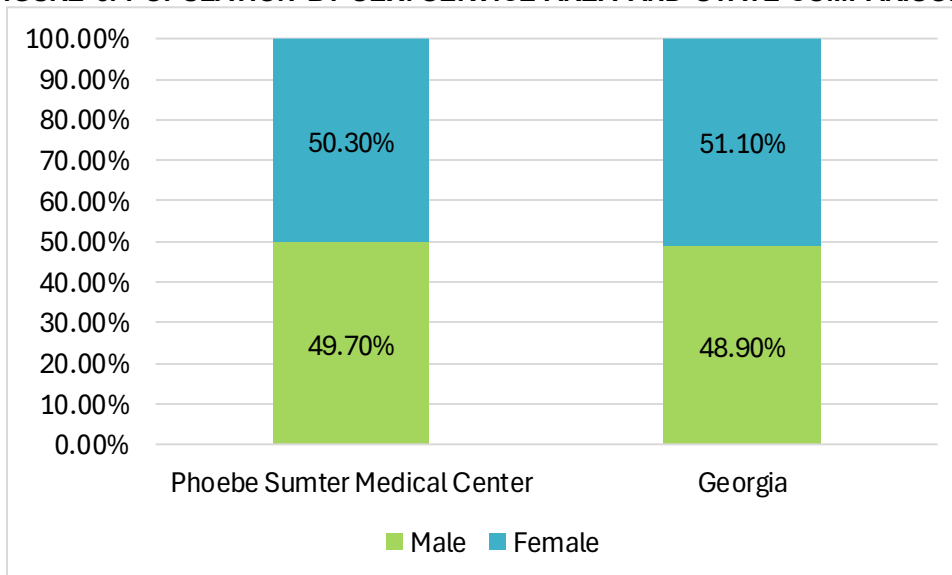
**FIGURE 4: POPULATION BY AGE: PHOEBE SUMTER SERVICE AREA**



## Sex

As seen in Figure 5, 50.3% of the Phoebe Sumter service area 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

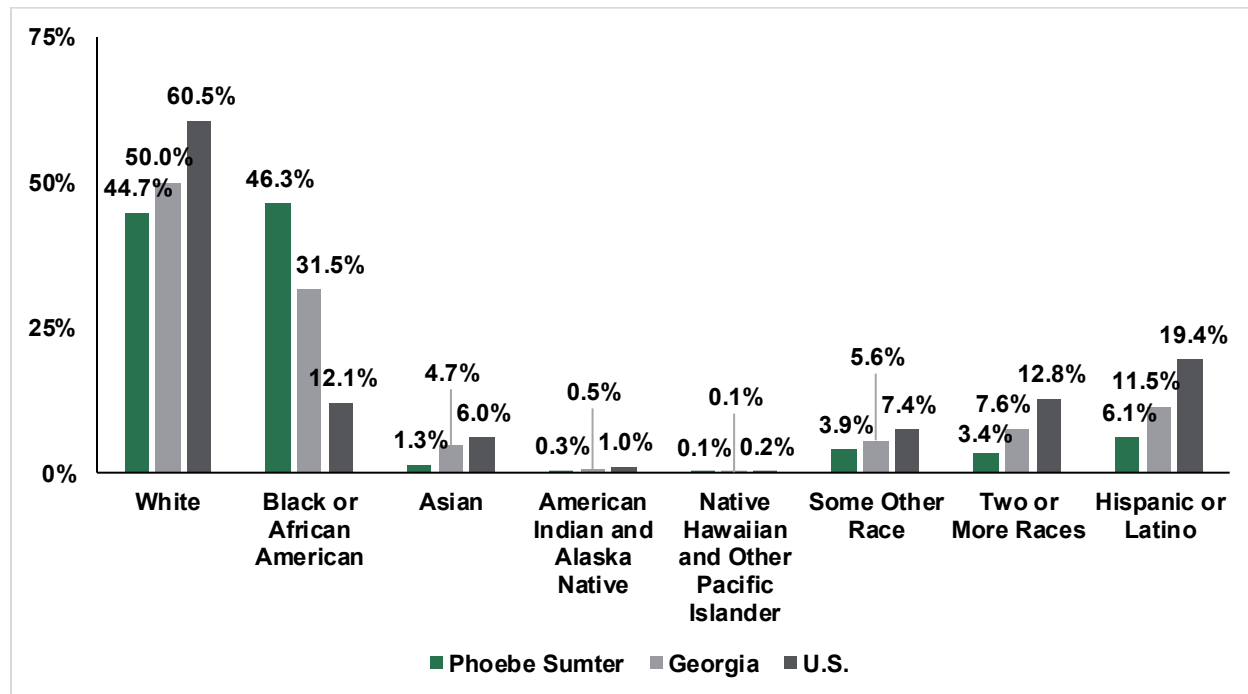
Considering the racial and ethnic composition of a population is important in planning future community needs, particularly for schools, businesses, community centers, health



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 Sumter service area is nearly evenly split between Black/African American residents (46.3%) and White residents (44.7%). Hispanic or Latino residents represent 6.1% of the service area.

**FIGURE 6. POPULATION BY RACE AND ETHNICITY**

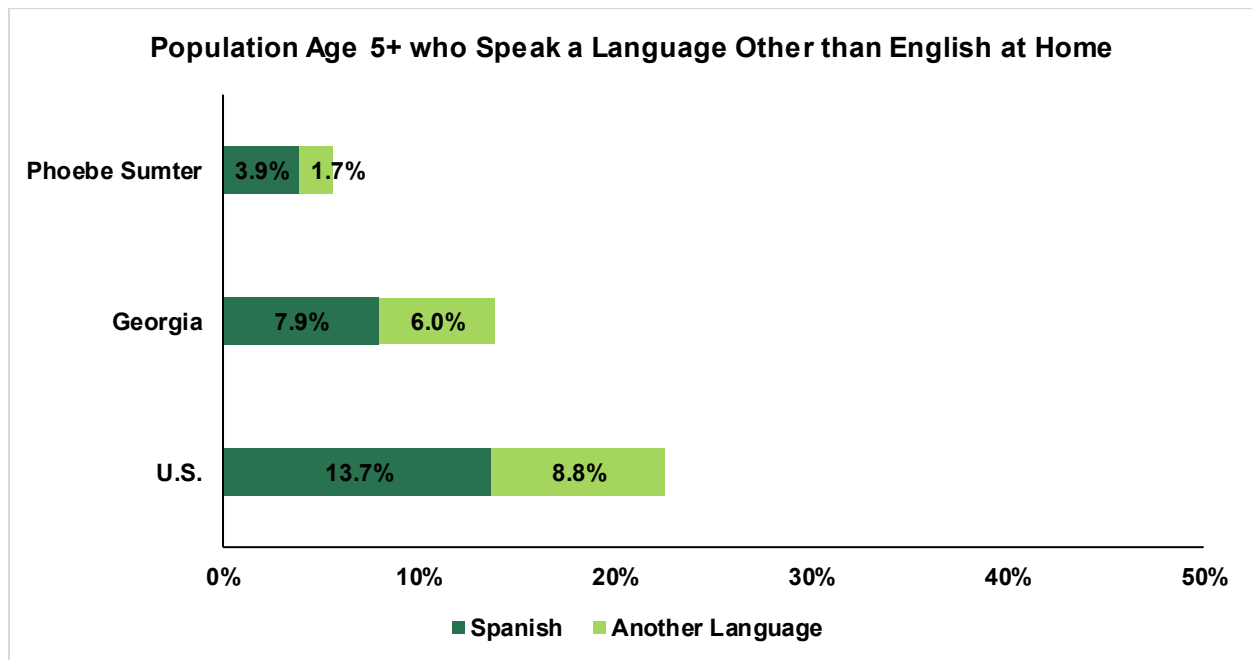


*U.S. value taken from American Community Survey (2019-2023)*

## Language

As shown in Figure 7, 94.4% of residents in the Phoebe Sumter service area speak only English at home. Compared to statewide and nationwide figures, this population is less likely to speak Spanish (3.9% vs. 7.9% in Georgia and 13.7% nationally) or an Asian or Pacific Islander language (0.5% vs. 2.2% in Georgia and 3.6% nationally).

**FIGURE 7. LANGUAGE OTHER THAN ENGLISH AT HOME**



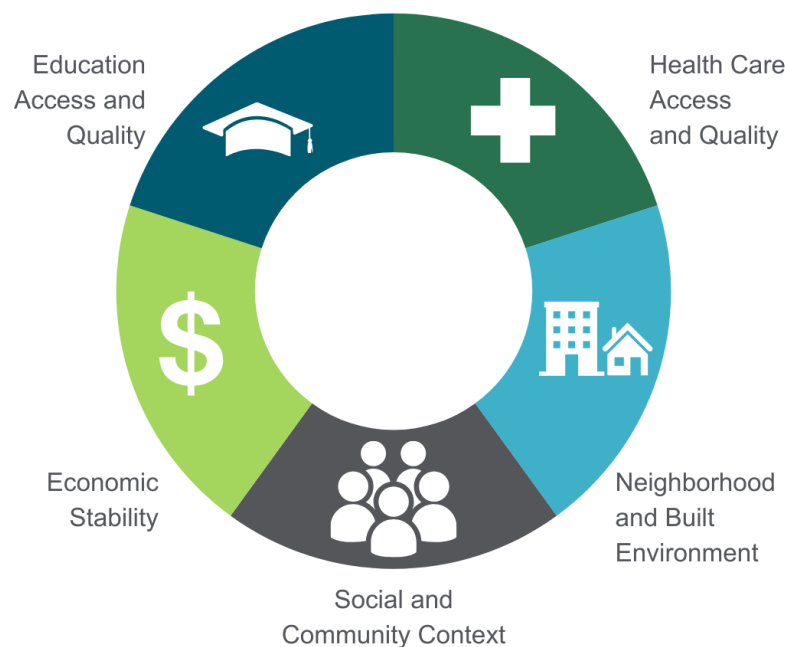
*U.S. value taken from American Community Survey (2019-2023)*

# Social & Economic Drivers of Health

This section explores the economic, environmental, and social drivers of health impacting the Phoebe Sumter 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

## Social & Economic Determinants of Health

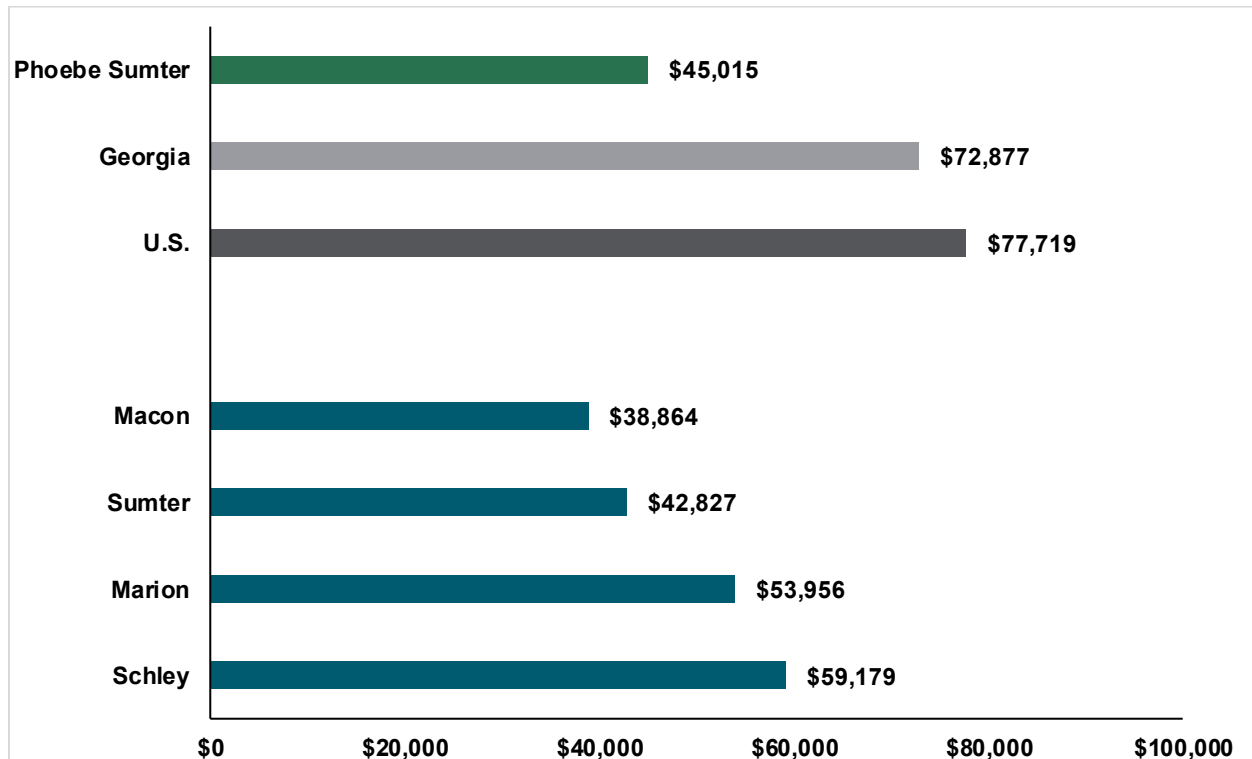


## Income

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** illustrates the median household income across the Phoebe Sumter service area, with comparisons to state and national benchmarks. Overall, the service area reports a lower median income than Georgia, and the United States. Within the Phoebe Sumter service area, Macon County has the lowest median income at \$38,864.

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



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

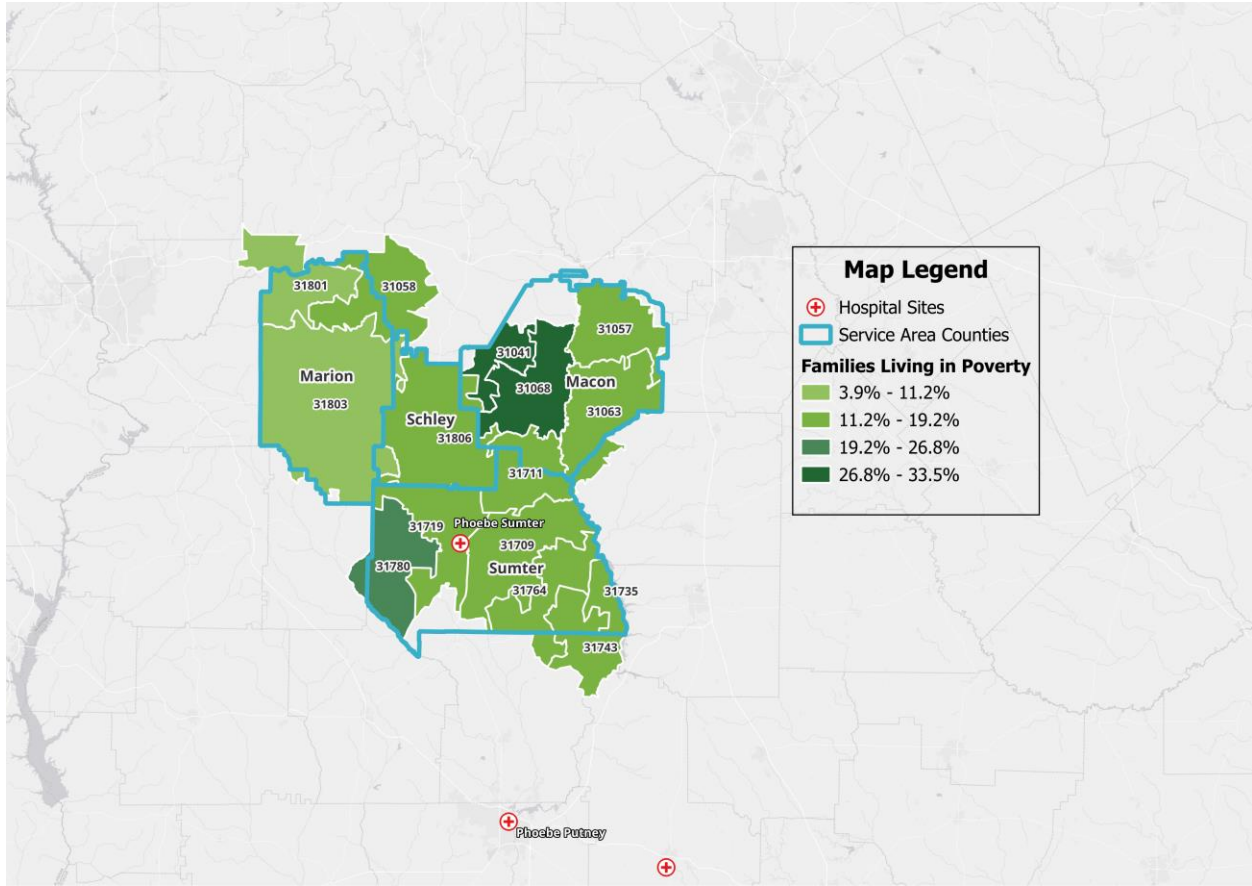
## Poverty

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.<sup>3</sup>

Overall, 17.3% of families in the Phoebe Sumter 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%. Figure 10 displays a map showing the percentage of families living below the poverty level by ZIP code. Darker green areas indicate higher concentrations of families living in poverty.

<sup>3</sup> 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 Phoebe Sumter service area is provided in Table 1. The zip code in the service area with the highest concentration of poverty is 31041 at 33.5%.

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

ZIP Code	% of Families in Poverty	ZIP Code	% of Families in Poverty
<b>31041</b>	33.5%	<b>31057</b>	14.4%
<b>31068</b>	29.7%	<b>31063</b>	13.7%
<b>31780</b>	23.0%	<b>31801</b>	11.2%
<b>31709</b>	19.2%	<b>31803</b>	10.2%
<b>31735</b>	18.8%		
<b>31058</b>	18.0%		
<b>31711</b>	16.7%		
<b>31764</b>	16.5%		
<b>31719</b>	14.8%		
<b>31806</b>	14.8%		
<b>31743</b>	14.6%		

## 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.<sup>4</sup>

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.<sup>4</sup> 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.<sup>4</sup>

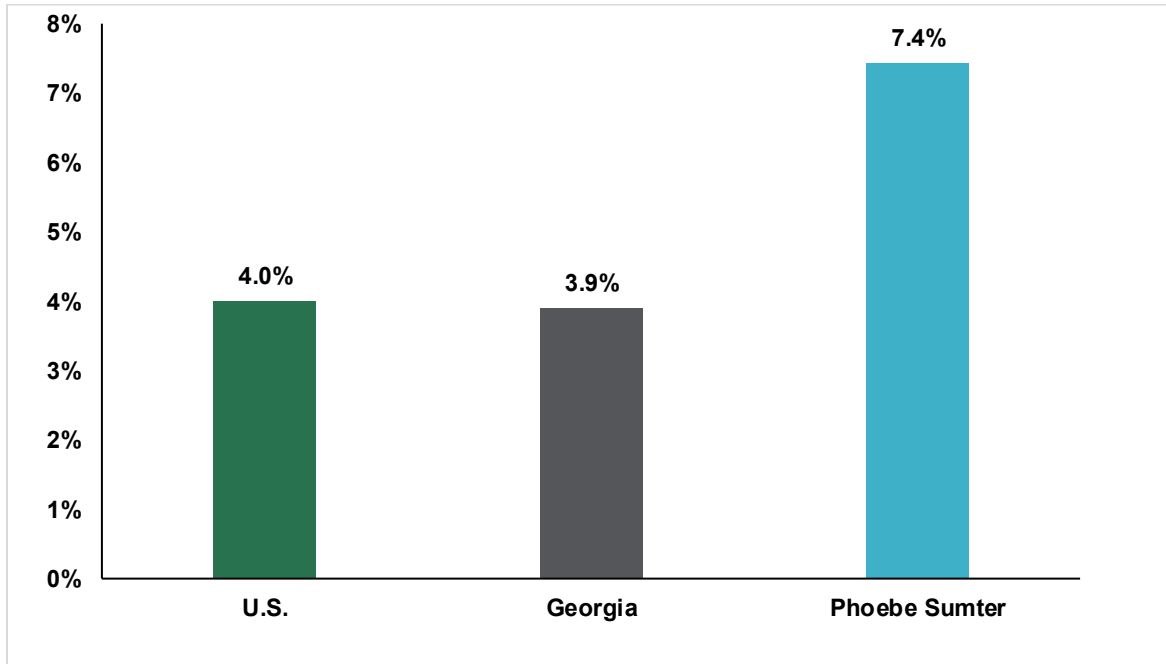
Figure 11 shows the population aged 16 and over who are unemployed. The unemployment rate for the Phoebe Sumter primary service area is 7.4%, which is almost double the state-wide and nation-wide unemployment rates (3.9% and 4.0%, respectively).

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



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



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

## Education

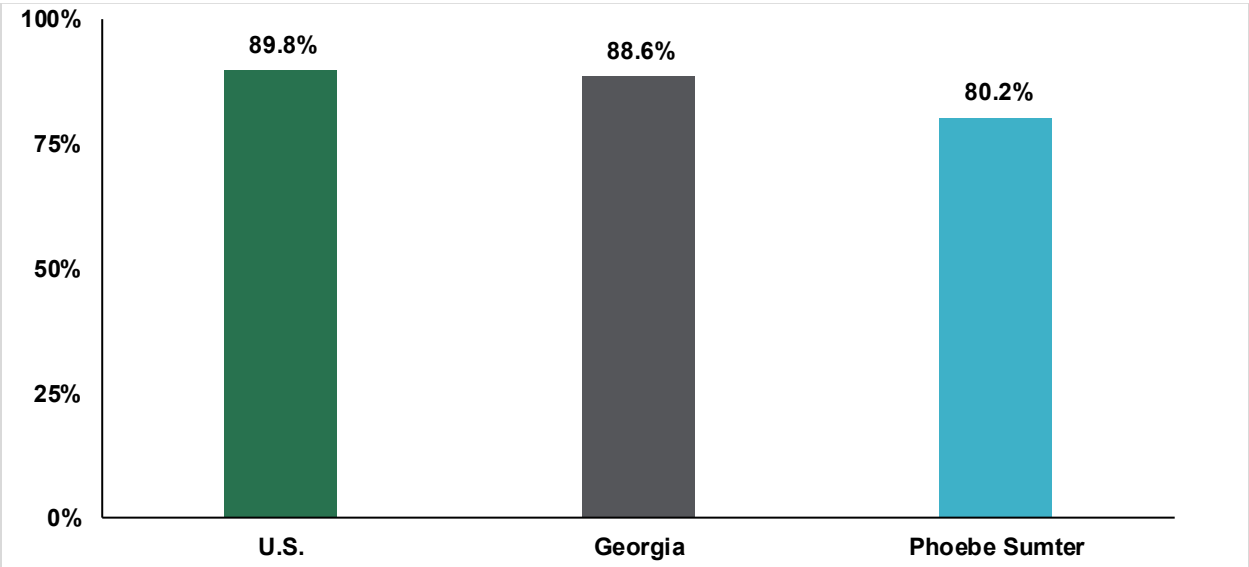
Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular 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.<sup>5</sup> Further, people with higher levels of education are likely to live longer, to experience better health outcomes, and practice health-promoting behaviors.<sup>6</sup>

**Figures 12 and 13** highlight educational attainment among residents aged 25 and older in the Phoebe Sumter primary service area. While 80.2% have earned at least a high school diploma, this falls below both the state average of 88.6% and the national average of 89.8%. Additionally, only 16.2% hold a bachelor's degree or higher—less than half the rate seen at the state (33.8%) and national (34.9%) levels.

<sup>5</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

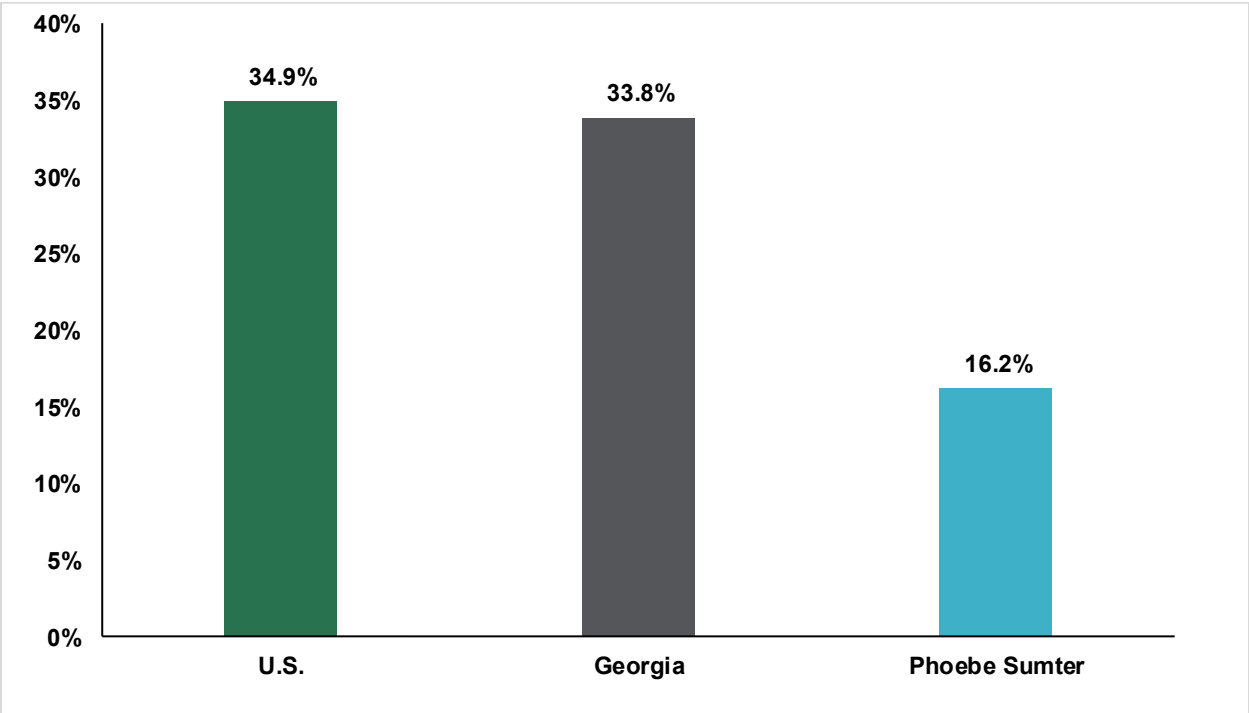
<sup>6</sup> Robert Wood Johnson Foundation, Education and Health.  
<https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html>

**FIGURE 12. PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT- INDIVIDUALS AGE 25+ WITH A HIGH SCHOOL DIPLOMA OR HIGHER**



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

**FIGURE 13. PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, INDIVIDUALS AGE 25+ WITH A BACHELOR'S DEGREE OR HIGHER**



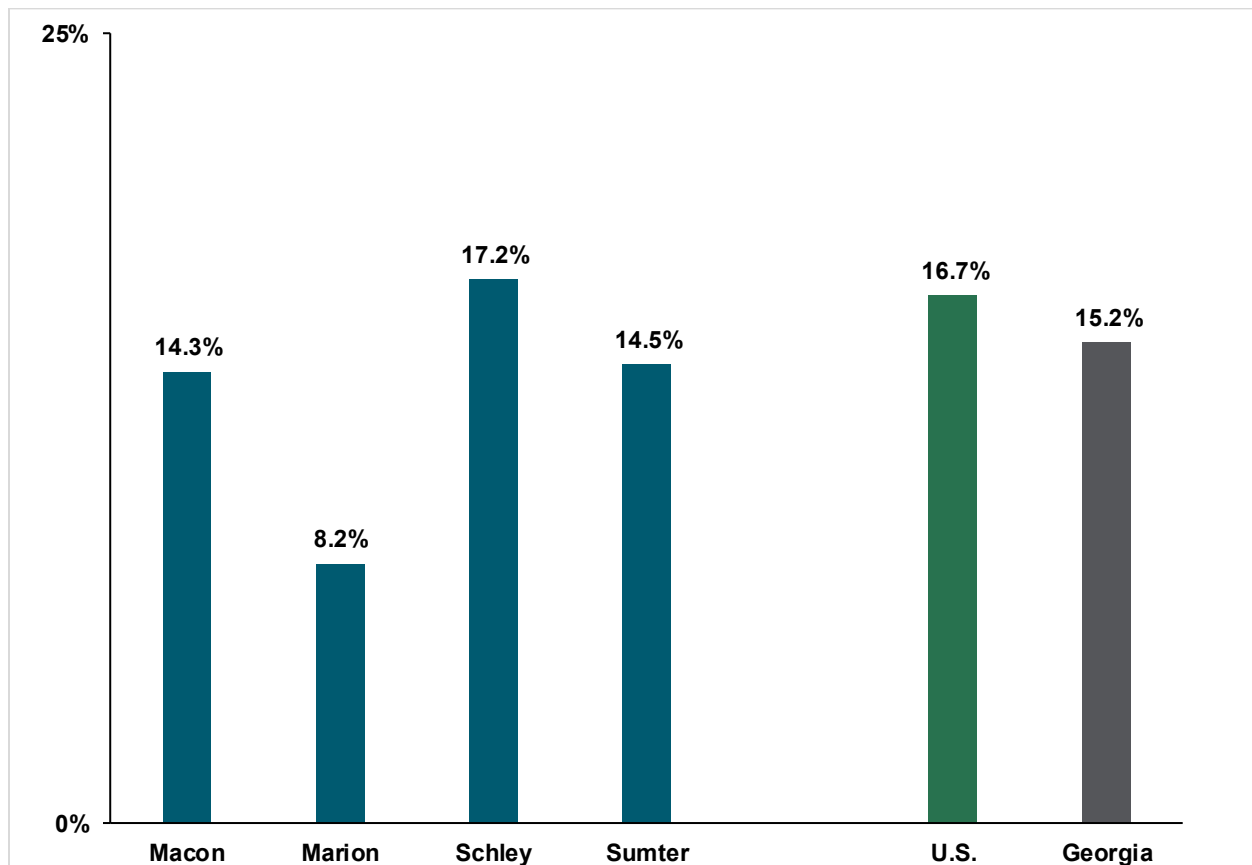
*U.S. value taken from American Community Survey (2019-2023)*

## 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.<sup>7</sup>

Figure 14 shows the percentage of severe housing problems across the Phoebe Sumter service area. Schley County reports the highest rate at 17.2%, indicating that households there are more likely to experience at least one of the following issues: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.

**FIGURE 14. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS**



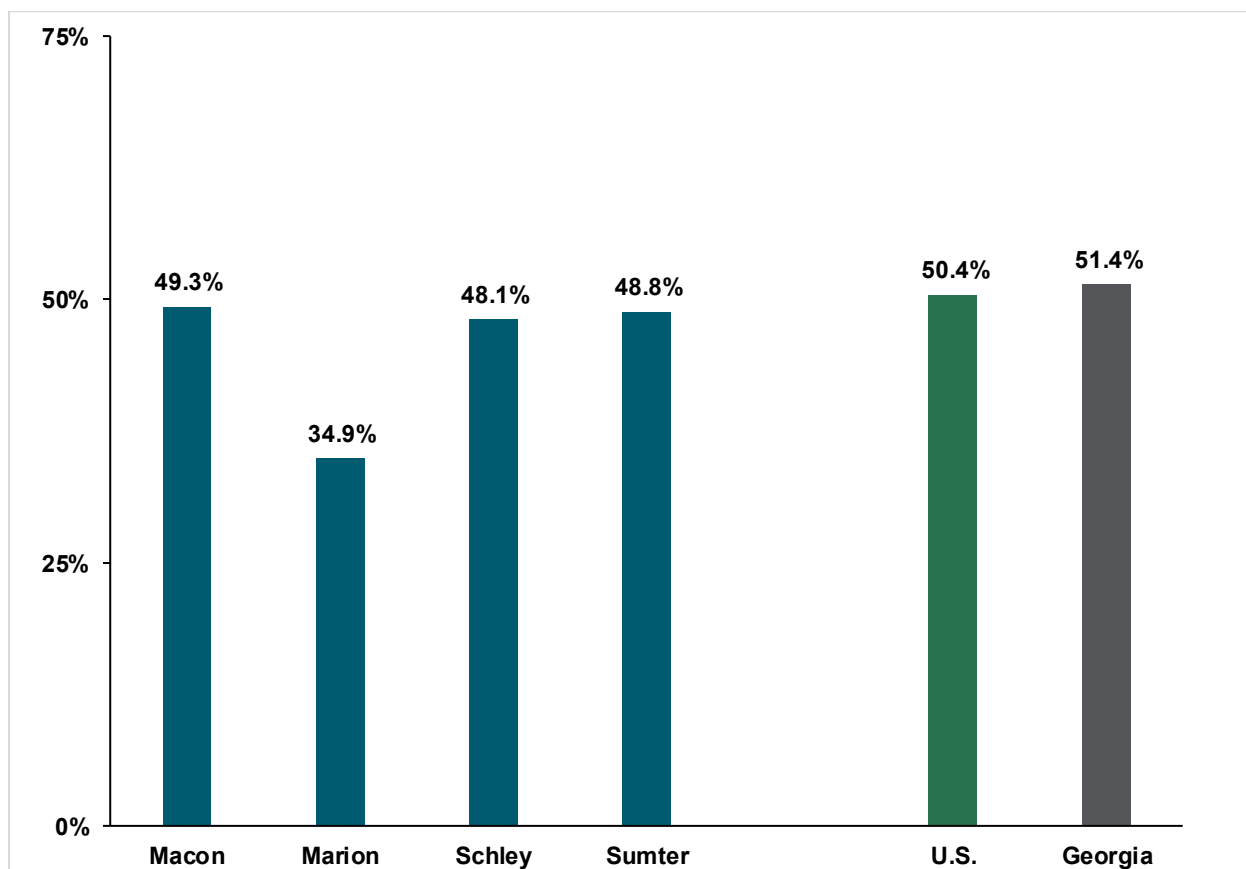
*County, state, and U.S. values taken from County Health Rankings (2016-2020)*

<sup>7</sup> 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>

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

Figure 15 illustrates the percentage of renters in the Phoebe Sumter service area who spend 30% or more of their household income on rent. Macon, Schley, and Sumter counties are generally aligned with state and national averages. In contrast, Marion County reports a significantly lower percentage, with only 34.9% of renters spending 30% or more of their income on housing.

**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)*

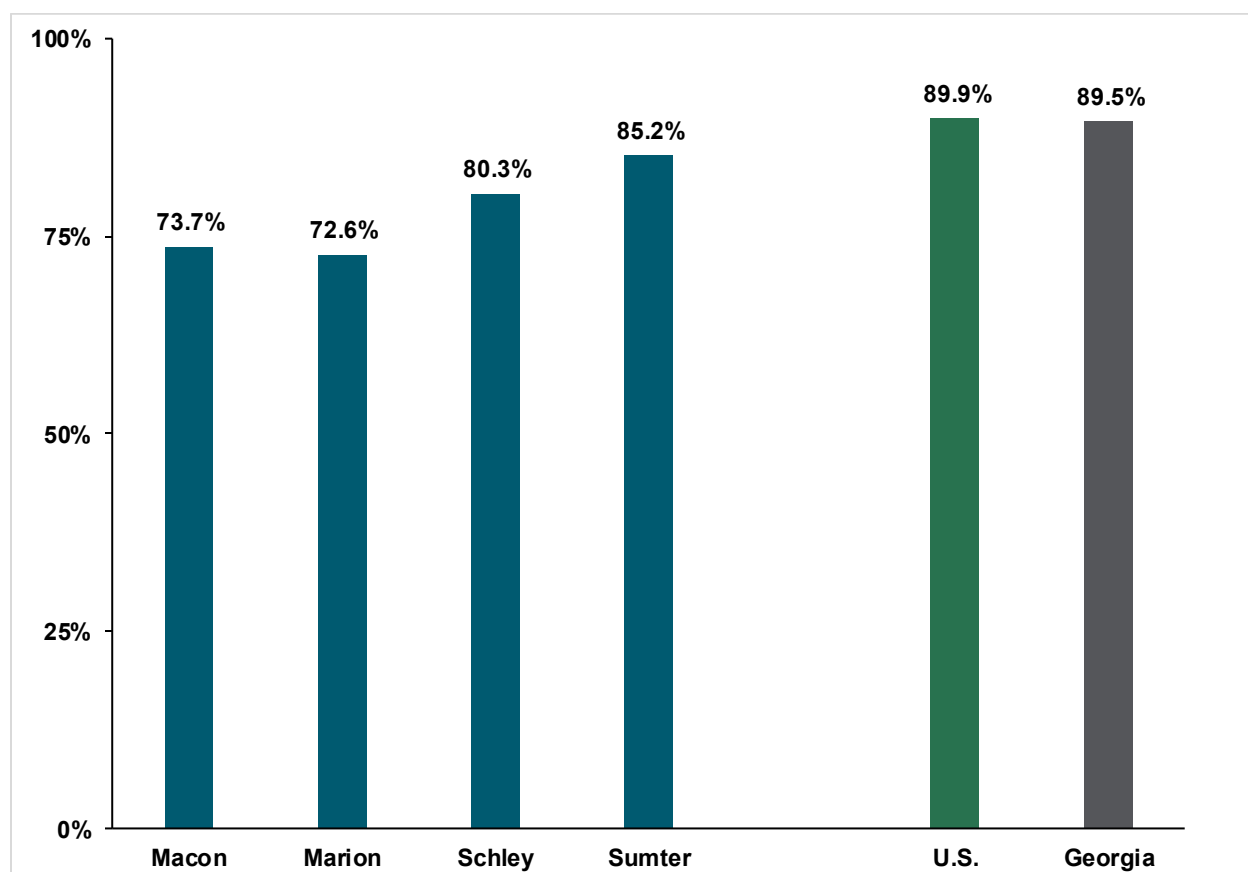
<sup>8</sup> U.S. Department of Health and Human Services, Healthy People 2030.  
<https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04>

## 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 was particularly critical during the COVID-19 pandemic.<sup>9</sup> Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.<sup>9</sup>

Figure 16 presents the percentage of households with an internet subscription across the Phoebe Sumter service area. All counties in the region fall below the state average of 89.5% and the national average of 89.9%. Marion County has the lowest rate, with only 72.6% of households reporting an internet subscription.

**FIGURE 16. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION**



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

<sup>9</sup> 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>

# 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:

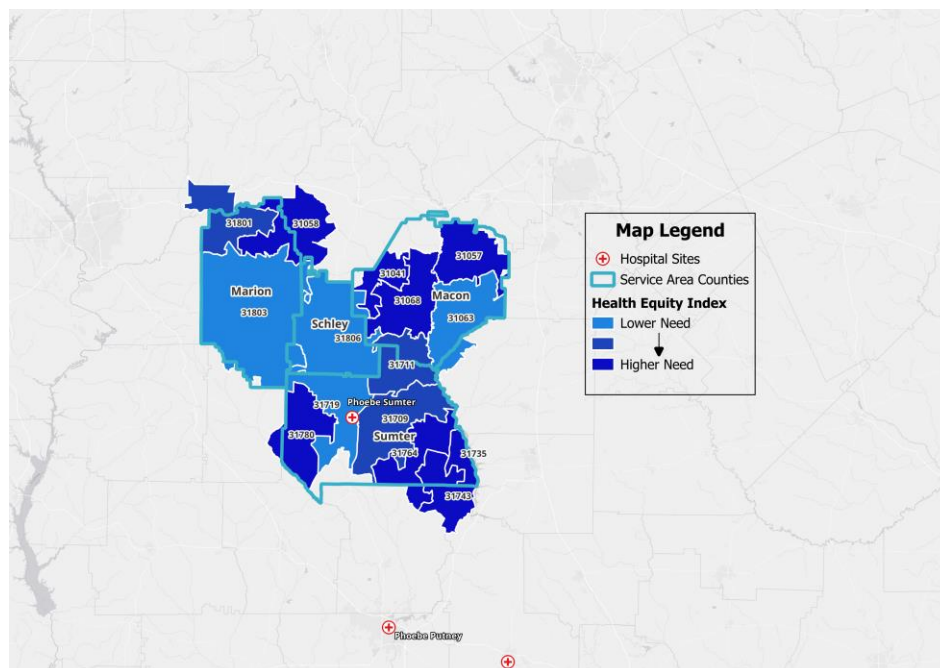
- Community Health Index (CHI)
- Food Insecurity Index (FII)
- Mental Health Index (MHI)

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 the zip code with the highest level of socioeconomic need in the Phoebe Sumter service area is 31041 with an index score of 99.8. (as indicated by the darkest shade of blue).

**FIGURE 17. COMMUNITY HEALTH INDEX: PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA**





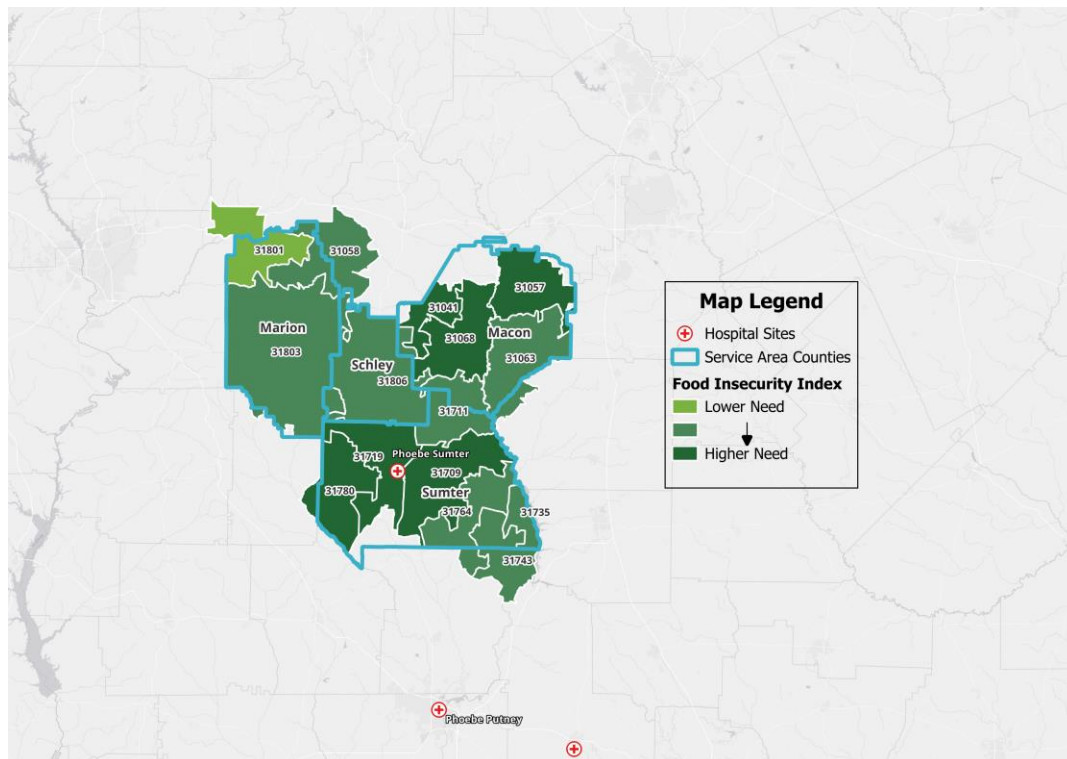
**TABLE 2. COMMUNITY HEALTH INDEX: PHOEBE SUMTER PRIMARY SERVICE AREA**

ZIP Code	CHI	ZIP Code	CHI
<b>31041</b>	99.8	<b>31711</b>	84.6
<b>31068</b>	99.3	<b>31801</b>	83.3
<b>31057</b>	96.6	<b>31709</b>	70.5
<b>31058</b>	96.6	<b>31806</b>	66.3
<b>31764</b>	95.1	<b>31719</b>	61.8
<b>31735</b>	93.2	<b>31803</b>	56.3
<b>31780</b>	92.4	<b>31063</b>	55.5
<b>31743</b>	89.4		

## Food Insecurity Index

Conduent's Food Insecurity Index (FII) uses socioeconomic data to estimate which zip codes are at greatest risk for poor food access. Table 3 shows that the zip code with the highest risk of food insecurity in the Phoebe Sumter service area is 31041 with an index score of 99.9.

**FIGURE 18. FOOD INSECURITY INDEX: PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA**



**TABLE 3. FOOD INSECURITY INDEX: PHOEBE SUMTER PRIMARY SERVICE AREA**

ZIP Code	FII	ZIP Code	FII
<b>31041</b>	99.9	<b>31711</b>	86.3
<b>31068</b>	99.2	<b>31803</b>	86.3
<b>31057</b>	96.4	<b>31806</b>	86.0
<b>31719</b>	96.3	<b>31735</b>	83.9
<b>31709</b>	96.1	<b>31764</b>	83.0
<b>31780</b>	94.5	<b>31063</b>	81.8
<b>31058</b>	89.0	<b>31801</b>	73.7
<b>31743</b>	86.6		

## 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 within the Phoebe Health Systems service area. The map in Figure 19 illustrates that the zip code with the highest risk for poor mental health in the Phoebe Sumter service area is 31057 with an index score of 98.5% (as indicated by the darkest shade of purple).

**FIGURE 19. MENTAL HEALTH INDEX: PHOEBE SUMTER MEDICAL CENTER PRIMARY SERVICE AREA**

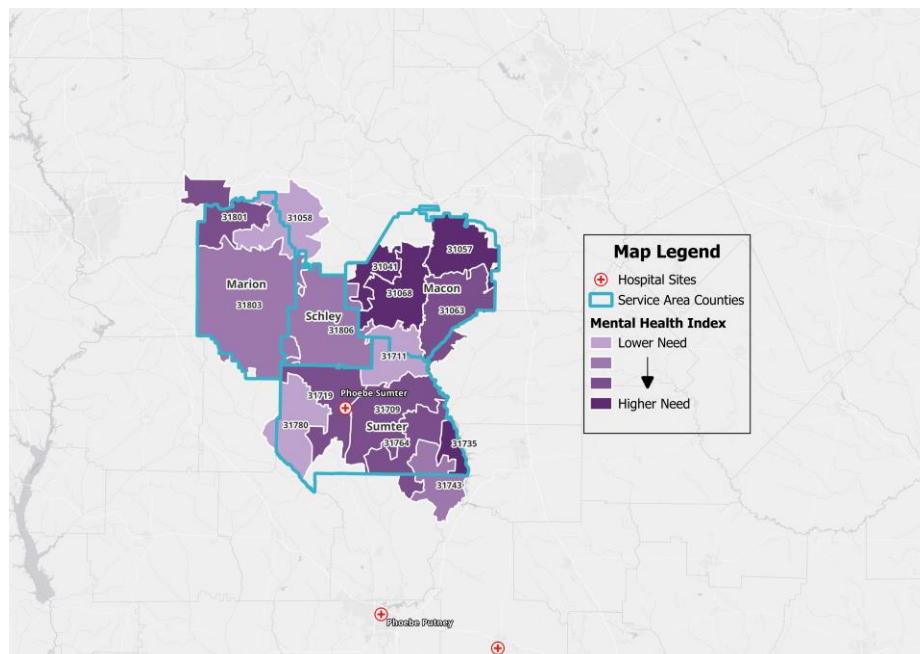


TABLE 4. MENTAL HEALTH INDEX: PHOEBE SUMTER PRIMARY SERVICE AREA

ZIP Code	MHI	ZIP Code	MHI
31057	98.5	31801	88.0
31735	95.7	31743	79.3
31068	95.6	31803	78.6
31041	94.5	31806	69.8
31709	92.9	31780	65.2
31764	91.9	31711	59.5
31719	91.2	31058	55.0
31063	91.0		

## Primary and Secondary Methodology and Key Findings

### Overview

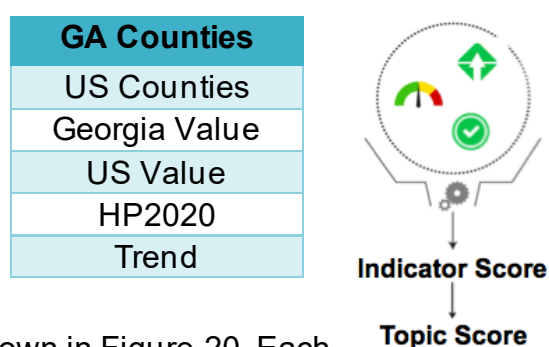
Two types of data—primary and secondary—were analyzed for this Community Health Needs Assessment (CHNA), each using distinct methodologies. The findings were categorized by key health topics and synthesized to provide a comprehensive overview of the health needs within the Phoebe Sumter Medical Center service area, which includes the Marion, Macon, Schley and Sumter counties.

### Secondary Data Sources & 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

FIGURE 20. SECONDARY DATA SCORING



indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 5 shows the health and quality of life topic scoring results for the Phoebe Sumter Medical Center service area, with Wellness and Lifestyle as the poorest performing topic area, followed by Oral Health in the four counties that make up the service area. Topics that received a score of 1.75 or higher were considered significant health needs. Twelve 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**

<b>Health &amp; Quality of Life Topics</b>	<b>Score</b>
Wellness & Lifestyle	<b>2.10</b>
Oral Health	<b>2.03</b>
Sexually Transmitted Infections	<b>2.00</b>
Family Planning	<b>2.00</b>
Diabetes	<b>1.90</b>
Cancer	<b>1.90</b>
Respiratory Diseases	<b>1.87</b>
Physical Activity	<b>1.82</b>
Education	<b>1.78</b>
Immunizations & Infectious Diseases	<b>1.78</b>
Economy	<b>1.77</b>
Women's Health	<b>1.75</b>
Maternal, Fetal & Infant Health	<b>1.73</b>
Environmental Health	<b>1.69</b>
Community	<b>1.65</b>
Health Care Access & Quality	<b>1.65</b>
Children's Health	<b>1.59</b>
Heart Disease & Stroke	<b>1.58</b>
Older Adults	<b>1.48</b>
Other Conditions	<b>1.43</b>
Mental Health & Mental Disorders	<b>1.39</b>
Prevention & Safety	<b>1.38</b>
Alcohol & Drug Use	<b>1.14</b>

## 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 Sumter's service area.

## Listening Sessions

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




**TABLE 6. KEY INFORMANT ORGANIZATIONS & POPULATION SERVED**

Key Informant Organization
One Sumter Economic Development Foundation, Inc.
Middle Flint Health & Wellness
Southwest Georgia Children's Alliance, Inc.
Flint River Fresh, Inc.
Sumter County Sheriff's Office

## 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®<sup>1</sup>. 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**

 <b>Access to Care</b>	 <b>Mental Health</b>	 <b>Social, Economic and Community Context</b>
<p>Access to healthcare is a major issue in rural areas, with limited availability of urgent care and specialized service.</p> <p>People emphasized the role of transportation in limiting access to healthcare services in rural areas.</p>	<p>Mental health services are a priority concern in rural areas, with a need for more accessible and effective support.</p> <p>People mention the challenge of accessing mental health services, particularly in rural areas with limited resources.</p>	<p>Poverty and socioeconomic factors are major contributors to health issues in the service area, affecting access to basic needs.</p> <p>People highlighted the need for addressing poverty and socioeconomic disparities to improve overall health and wellbeing.</p>

## Community Survey

Phoebe Sumter conducted an online community survey to support its Community Health Needs Assessment (CHNA). The survey was promoted throughout the Phoebe Sumter service area 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 B.

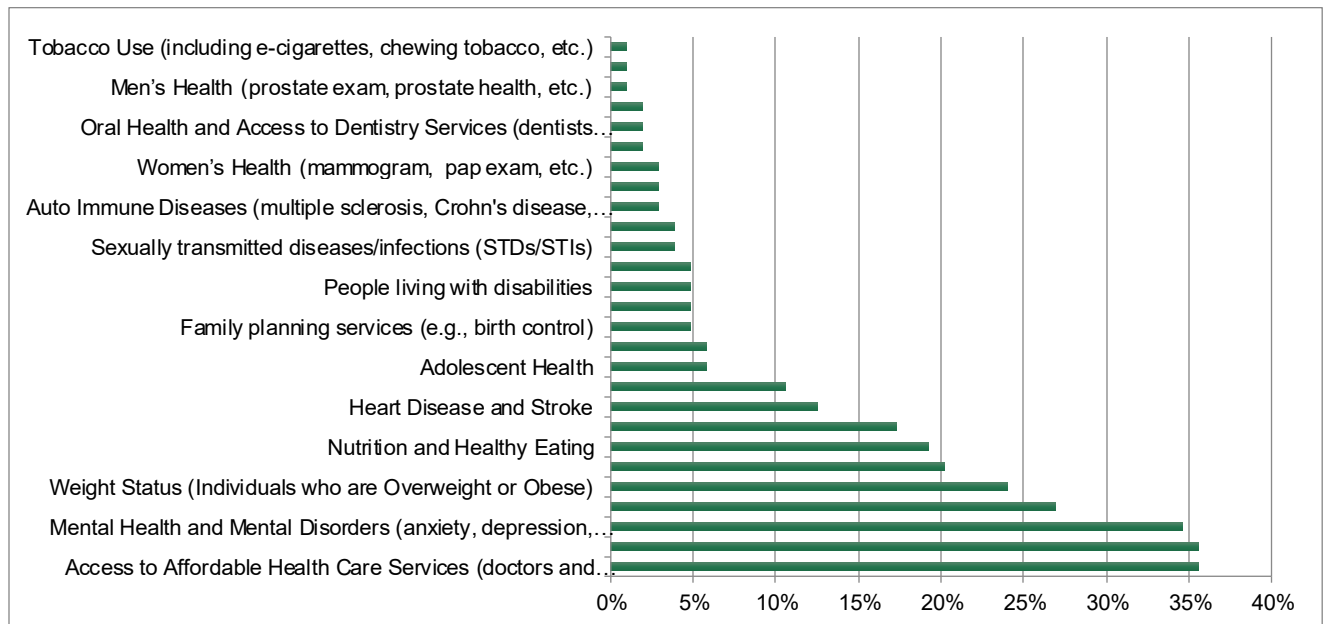
To maximize participation, outreach efforts included distributing flyers at community events and coalition meetings, sending email invitations, leveraging social media, and utilizing other marketing channels through Phoebe Sumter Medical Center and its partner organizations. A total of 104 responses were received from residents across the service area, which includes Marion, Macon, Schley and Sumter 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 IMPORTANT COMMUNITY HEALTH ISSUES**

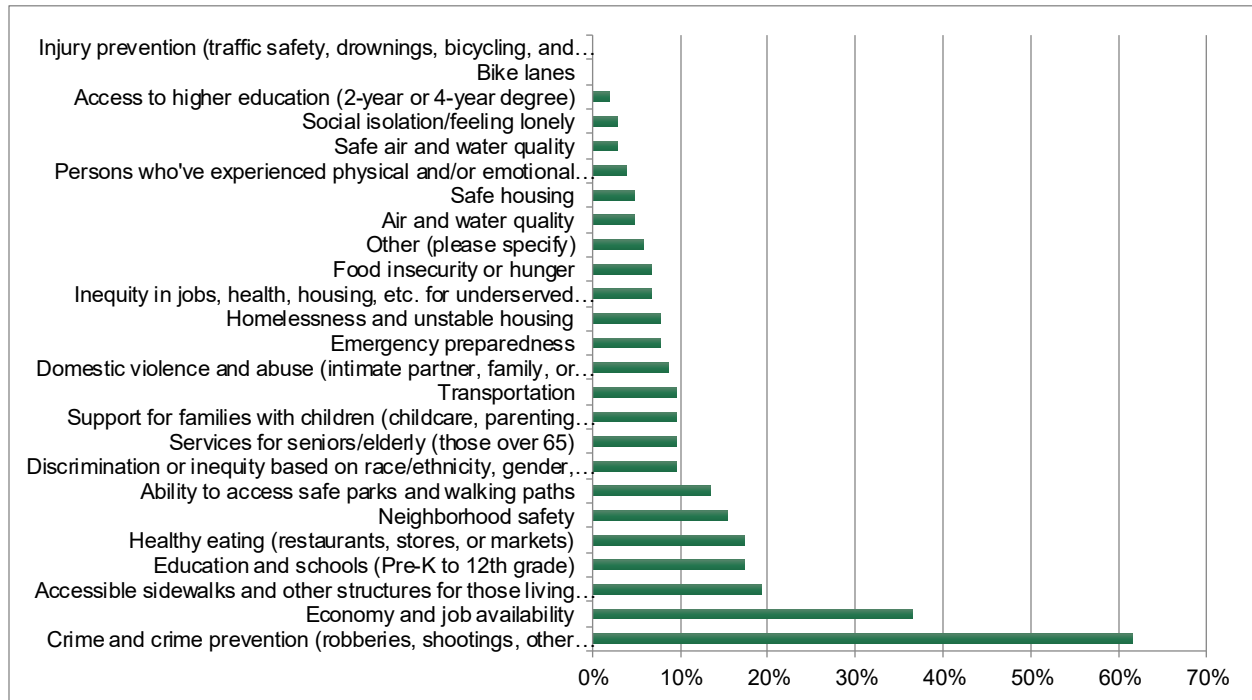
**In the following list, what do you think are the three most important “health problems” in your community? (Those problems that have the greatest impact on overall community health.) Select up to 3. - Selected Choice**



As shown in Figure 22, analysis of responses from 104 survey participants revealed the top five priority health concerns. The most frequently identified issue was access to affordable health care services, reported by 37% of respondents. This was closely followed by alcohol and drug use, also at 37%, and mental health and mental health disorders, which accounted for nearly 35%. Diabetes ranked fourth with 27%, while weight status, referring to individuals who are overweight or obese, was cited by almost 25% of participants. Additionally, injury and violence emerged as a significant concern, noted by 20% of respondents.

**FIGURE 23. 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.**



As shown in Figure 23, the online community survey highlights the issues residents consider most important to address. Among the 104 responses received, the top concern was crime and crime prevention, cited by over 60% of participants. This was followed by economic issues, with more than 30% emphasizing job availability. Nearly 30% of respondents identified accessible sidewalks and other structures as a priority. Education and healthy eating were noted by almost 20%, while more than 15% expressed concern about access to neighborhood safety. Lastly, access to safe parks and walking paths were identified as key issues by over 10% of respondents.



## 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 varies.

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 varies, 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 was 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 Sumter Community Health Needs Assessment (CHNA).

**FIGURE 24. DATA SYNTHESIS RESULTS**

Health/Quality of Life Category	Data Source(s)
Access to Health Care & Services	<i>Secondary Data, Community Survey, Focus Groups</i>
Alcohol & Substance Use	<i>Community Survey, Focus Groups</i>
Cancer	<i>Secondary Data, Community Survey</i>
Children health	<i>Secondary Data, Community Survey</i>
Economy	<i>Secondary Data, Focus Groups</i>
Family Planning	<i>Secondary Data, Community Survey</i>
Injury and Violence	<i>Community Survey, Focus Groups</i>
Maternal, Fetal, & Infant Health	<i>Secondary Data, Community Survey,</i>
Mental Health	<i>Community Survey, Focus Groups</i>
Oral Health	<i>Secondary Data, Community Survey</i>
Physical Activity	<i>Secondary Data, Community Survey, Focus Groups</i>
Respiratory Diseases	<i>Secondary Data, Community Survey</i>
Sexually Transmitted Infections	<i>Secondary Data, Community Survey</i>
Wellness & Quality of Life (Nutrition, Education, housing, food)	<i>Secondary Data, Community Survey, Focus Groups</i>
Women's Health	<i>Secondary Data, Community Survey</i>

## Prioritization

To better target activities to address the most pressing health needs in the community, Phoebe Sumter convened a group of hospital leaders and community members 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 Sumter to consider for implementation planning based on a set of provided criteria.

## Participants

Phoebe Sumter Medical Center Community Benefits team attendees:

- Bardin Hooks
- Rene Smith
- Alton Marcus
- Carlyle Walton
- Kelsey Reed
- Michelle Doggett
- Marcus Johnson
- Jennifer Williams

## Process

An invitation to participate in Phoebe Sumter CHNA data synthesis presentation and virtual prioritization ranking activity was provided for attendees. A total of 7 individuals representing Phoebe Sumter Medical Center attended the virtual meeting and completed the online prioritization activity.

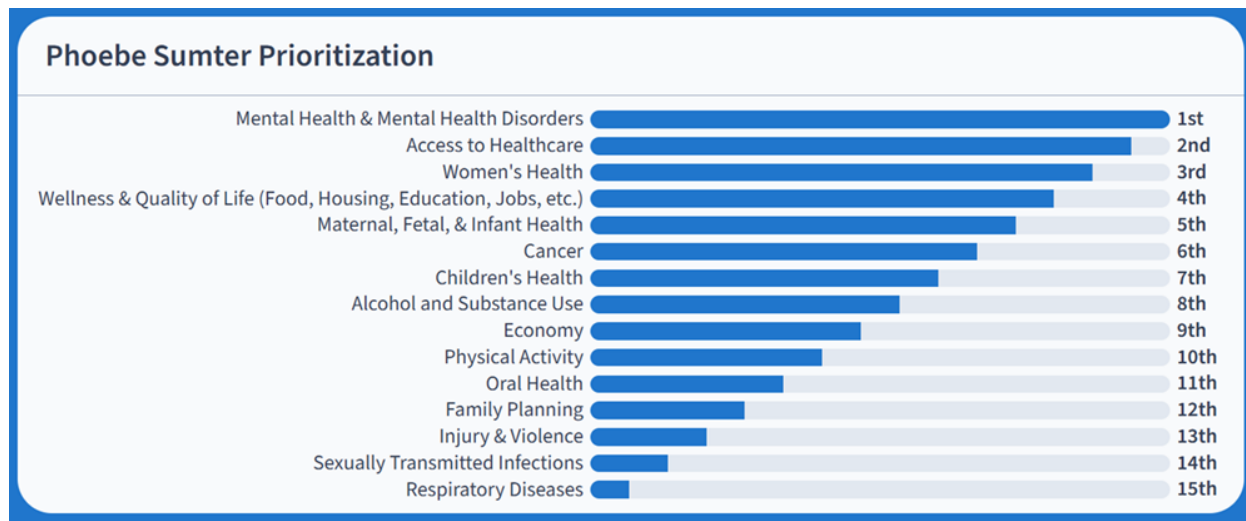
The criteria for prioritization included:

- 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.

**FIGURE 25. PRIORITIZATION RESULTS**



After discussion, the group reached a unanimous decision to prioritize the health concerns that they agreed would help build on the previous initiatives from CHNA 2022 as well as develop new initiatives that would address the newly identified community health needs. The four priorities are listed below:

**FIGURE 26. PRIORITIZED HEALTH NEEDS**

Prioritized Health Needs
Mental Health & Mental Health Disorders
Access to Healthcare
Women's Health
Wellness & Quality of Life (Food, Housing, Education, Jobs, etc.).

# 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 Sumter.

Through a comprehensive analysis of data and robust community engagement, the most pressing health needs within the Phoebe Sumter Medical Center 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

In all counties within the Phoebe Sumter service area, residents report an average number of poor mental health days in the past 30 days that exceeds the state and national average of 4.8. Additionally, the percentage of individuals experiencing 14 or more poor mental health days per month is higher than the national average across all four counties.

A contributing factor may be the low availability of mental health providers. For example, Macon County has only 17 mental health providers per 100,000 residents, compared to 179 per 100,000 statewide.

Alzheimer's disease also poses a significant concern in Macon, Marion, and Sumter counties. Most notably, Macon County's age-adjusted death rate due to Alzheimer's disease is double the state average—80.9 deaths per 100,000 compared to 40.8 in Georgia.

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	MACON COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.47	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	80.9	--	40.8	--		--	
2.29	Poor Mental Health: 14+ Days	percent	20.6	--	--	15.8			--
2.18	Poor Mental Health: Average Number of Days	days	5.4	--	4.8	4.8			
2.12	Mental Health Provider Rate	providers/ 100,000 population	17.0	--	179.0	313.9			
1.82	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	16.2	12.8	14.5	--		--	

SCORE	INDICATOR	UNITS	MARION COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.35	Poor Mental Health: Average Number of Days	days	5.6	--	4.8	4.8			
1.76	Poor Mental Health: 14+ Days	percent	17.9	--	--	15.8			--
1.65	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	41.8	--	40.8	--		--	

SCORE	INDICATOR	UNITS	SCHLEY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.35	Poor Mental Health: Average Number of Days	days	5.6	--	4.8	4.8			
2.29	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	34.3	12.8	14.3	13.9		--	--
1.76	Poor Mental Health: 14+ Days	percent	17.5	--	--	15.8			--
1.59	Adults Ever Diagnosed with Depression	percent	22.4	--	--	20.7			--

SCORE	INDICATOR	UNITS	SUMTER COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.47	Poor Mental Health: Average Number of Days	days	5.7	--	4.8	4.8			
2.17	Alzheimer's Disease or Dementia: Medicare Population	percent	7.0	--	6.0	6.0			--
1.92	Poor Mental Health: 14+ Days	percent	18.9	--	--	15.8			--

## Primary Data

Mental health emerged as a significant concern in Sumter County, particularly within its rural communities. Feedback from residents highlighted the inadequacy of local mental health services, with limited access to care and few available resources to address conditions such as anxiety and depression. While some services are offered through local hospitals, logistical barriers—especially transportation and poverty—hinder consistent access. Additionally, mental health issues were frequently linked to broader community challenges, including domestic violence and safety concerns, underscoring the need for integrated and accessible mental health support systems tailored to the unique needs of rural populations.



Behavioral health is a great need that I have seen, especially increased since COVID.  
– Listening Session Participant



## Prioritized Health Topic #2: Access to Healthcare

### Secondary Data

Macon County shows the greatest number of concerning indicators related to Healthcare Access and Quality. Health insurance coverage is a primary area of concern: the percentage of adults without insurance is twice the national average. Among adults aged 18–64, only 77% have health insurance, compared to 83.5% statewide. Overall, the percentage of insured individuals in Macon County is 6 points lower than the state average. Coverage among children also lags behind, with 90.7% insured compared to 93.8% across Georgia.

Additionally, primary care provider (PCP) rates are relatively low in both Macon and Schley counties, falling below state and national levels. The rate of adults who visited a dentist is also notably low in Macon, Marion, and Sumter counties, raising further concerns about access to oral healthcare.

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

TABLE 9. DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

SCORE	INDICATOR	UNITS	MACON COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.29	Adults who Visited a Dentist	percent	38.5	--	--	63.9			--
2.29	Adults without Health Insurance	percent	19.9	--	--	10.8			--
2.26	Children with Health Insurance	percent	90.7	--	93.8	--			
2.12	Adults with Health Insurance: 18-64	percent	77.0	--	83.5	--			
2.12	Mental Health Provider Rate	providers/ 100,000 population	17.0	--	179.0	313.9			
2.12	Persons with Health Insurance	percent	80.7	92.4	86.4	--			
2.12	Primary Care Provider Rate	providers/ 100,000 population	8.3	--	65.9	74.9			

SCORE	INDICATOR	UNITS	MARION COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.56	Preventable Hospital Stays: Medicare Population	discharges/ 100,000 Medicare enrollees	4867.0	--	3147.0	2769.0			--



2.41	Dentist Rate	dentists/ 100,000 population	13.4	--	53.9	73.5			
2.24	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	53.7	--	136.0	131.4			
2.12	Adults who Visited a Dentist	percent	51.3	--	--	63.9			--
2.12	Adults with Health Insurance: 18-64	percent	78.0	--	83.5	--			
2.12	Adults without Health Insurance	percent	14.5	--	--	10.8			--

SCORE	INDICATOR	UNITS	SCHLEY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.71	Primary Care Provider Rate	providers/ 100,000 population	22.3	--	65.9	74.9			--

SCORE	INDICATOR	UNITS	SUMTER COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.33	Preventable Hospital Stays: Medicare Population	discharges/ 100,000 Medicare enrollees	3879.0	--	3147.0	2769.0			--
2.08	Adults who Visited a Dentist	percent	52.2	--	--	63.9			--

## Primary Data

Access to healthcare in Sumter County is a persistent challenge, particularly in its rural areas. Residents report limited availability of urgent care and specialized services, often relying on emergency rooms for basic health needs due to the absence of local facilities. Transportation barriers further compound the issue, making it difficult for individuals, especially those with lower incomes, to reach the county seat or other locations where healthcare services are concentrated. The intersection of poverty, geographic isolation, and inadequate infrastructure underscores the urgent need for expanded healthcare access and targeted solutions that address the unique needs of rural populations.



Those small areas we're referring to, they don't have urgent care. Um, I think transportation is a huge barrier for them.



## Prioritized Health Topic #3: Women's Health

### Secondary Data

Mammography screening rates among the Medicare population are a concern in Macon, Marion, and Schley counties, all of which fall below state and national averages. Additionally, the percentage of adults aged 50–74 who have received a mammogram in the past two years is lower than both the national average and the Healthy People 2030 target in Macon and Marion counties.

Sumter County stands out for having a higher incidence of breast cancer and a higher age-adjusted death rate due to breast cancer compared to both the state and national levels.

Indicators scoring 1.50 or higher were classified as indicators of concern and are listed in Table 10 below.

TABLE 10. DATA SCORING RESULTS FOR WOMEN'S HEALTH

SCORE	INDICATOR	UNITS	MACON COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.12	Cervical Cancer Screening: 21-65	Percent	78.8	--	--	82.8			--
1.76	Mammogram in Past 2 Years: 50-74	percent	73.1	80.3	--	76.5			--
1.50	Mammography Screening: Medicare Population	percent	44.0	--	47.0	39.0			--

SCORE	INDICATOR	UNITS	MARION COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.21	Mammography Screening: Medicare Population	percent	41.0	--	47.0	39.0			--
1.76	Mammogram in Past 2 Years: 50-74	percent	72.9	80.3	--	76.5			--
1.59	Breast Cancer Incidence Rate	cases/100,000 females	120.2	--	132.6	129.8			
1.59	Cervical Cancer Screening: 21-65	Percent	80.8	--	--	82.8			--

SCORE	INDICATOR	UNITS	SCHLEY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.21	Mammography Screening: Medicare Population	percent	41.0	--	47.0	39.0			--

SCORE	INDICATOR	UNITS	SUMTER COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.92	Breast Cancer Incidence Rate	<i>cases/100,000 females</i>	146.4	--	132.6	129.8			
2.72	Age-Adjusted Death Rate due to Breast Cancer	<i>deaths/100,000 females</i>	29.2	15.3	20.7	19.3			
1.58	Cervical Cancer Screening: 21-65	<i>Percent</i>	80.3	--	--	82.8			--

## Prioritized Health Topic #4: Wellness and Lifestyle

### Secondary Data

Residents in every county within the Phoebe Sumter service area report more poor physical health days than both the state and national averages. Each county also shows a higher likelihood of individuals experiencing 14 or more poor physical health days in the past month.

Insufficient sleep and high blood pressure prevalence are consistent indicators of concern across all four counties, contributing to or exacerbating poor physical health. As expected, self-reported general health ratings of “poor” or “fair” also exceed national averages in all four counties.

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 WELLNESS AND LIFESTYLE

SCORE	INDICATOR	UNITS	MACON COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.41	Poor Physical Health: Average Number of Days	<i>days</i>	4.9	--	3.6	3.3			
2.29	High Blood Pressure Prevalence	<i>percent</i>	47.7	41.9	--	32.7			--
2.29	Insufficient Sleep	<i>percent</i>	46.8	26.7	--	36.0			--
2.29	Poor Physical Health: 14+ Days	<i>percent</i>	20.4	--	--	12.7			--
2.29	Self-Reported General Health Assessment: Poor or Fair	<i>percent</i>	35.0	--	--	17.9			--

SCORE	INDICATOR	UNITS	MARION COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.29	High Blood Pressure Prevalence	percent	46.5	41.9	--	32.7			--
2.29	Poor Physical Health: 14+ Days	percent	17.6	--	--	12.7			--
2.29	Self-Reported General Health Assessment: Poor or Fair	percent	27.0	--	--	17.9			--
2.24	Poor Physical Health: Average Number of Days	days	4.7	--	3.6	3.3			=
1.59	Insufficient Sleep	percent	38.5	26.7	--	36.0			--

SCORE	INDICATOR	UNITS	SCHLEY COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
1.94	High Blood Pressure Prevalence	percent	42.1	41.9	--	32.7			--
1.88	Poor Physical Health: Average Number of Days	days	4.3	--	3.6	3.3			=
1.76	Poor Physical Health: 14+ Days	percent	15.2	--	--	12.7			--
1.76	Self-Reported General Health Assessment: Poor or Fair	percent	21.8	--	--	17.9			--
1.59	Insufficient Sleep	percent	38.4	26.7	--	36.0			--

SCORE	INDICATOR	UNITS	SUMTER COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.33	Insufficient Sleep	percent	41.7	26.7	--	36.0			--
2.11	High Blood Pressure Prevalence	percent	43.5	41.9	--	32.7			--
2.08	Self-Reported General Health Assessment: Poor or Fair	percent	24.8	--	--	17.9			--
2.03	Poor Physical Health: Average Number of Days	days	4.4	--	3.6	3.3			↺
1.75	Poor Physical Health: 14+ Days	percent	15.8	--	--	12.7			--

# 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 Sumter 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 & Substance Use

Based on secondary data scoring, *Alcohol and Substance Use* was ranked as the least concerning health topic in the service area, with a score of 1.14. However, two recurring issues were noted across counties:

- **Liquor store density per 100,000 residents**
- **Percentage of motor vehicle crash deaths involving alcohol**

The top alcohol-related indicators of concern identified in each county are:

- **Macon County:** Liquor store density
- **Marion County:** Alcohol-impaired driving deaths
- **Schley County:** Alcohol-impaired driving deaths
- **Sumter County:** Liquor store density

## Non-Prioritized Health Need #2: Cancer

Based on secondary data scoring, *Cancer* ranked as the sixth highest health concern in the service area, with a score of 1.90. Lung and Bronchus Cancer is a recurring concern in three of the four counties (Macon, Marion, and Schley), both in terms of incidence and mortality.

The top cancer-related indicators of concern identified in each county are:

- **Macon County:**
  - Colorectal Cancer (Age-Adjusted Death Rate)
  - Lung and Bronchus Cancer (Incidence Rate)
  - Prostate Cancer (Incidence Rate)
- **Marion County:**
  - Lung Cancer (Age-Adjusted Death Rate)
  - Lung and Bronchus Cancer (Incidence Rate)
- **Schley County:**
  - Lung Cancer (Age-Adjusted Death Rate)

- Lung and Bronchus Cancer (Incidence Rate)
- **Sumter County:**
  - Breast Cancer (Incidence Rate)

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

Based on secondary data scoring, *Children's Health* ranked 17th among health topics in the service area, with a score of 1.59. Food insecurity emerged as a common concern across Macon, Marion, and Sumter counties. In Schley County, the most pressing issue is the rate of substantiated child abuse or neglect, measured in cases per 1,000 children under the age of 18.

#### Top *Children's Health* Indicators of Concern by County:

- **Macon County:** Child Food Insecurity Rate
- **Marion County:** Food-Insecure Children Likely Ineligible for Assistance
- **Schley County:** Substantiated Child Abuse Rate
- **Sumter County:** Child Food Insecurity Rate

### Non-Prioritized Health Need #4: Economy

Based on secondary data scoring, *Children's Health* ranked 11th among health topics in the service area, with a score of 1.77. Macon County shows a strong presence of veteran-related concerns and housing issues. Sumter County has a mix of food insecurity, poverty, and housing challenges, indicating broader socioeconomic concerns.

#### Top *Economic* Indicators of Concern by County:

- **Macon County:**
  - Homeowner Vacancy Rate
  - Unemployed Veterans
  - Veterans Living Below Poverty Level
- **Marion County:**
  - Female Population 16+ in Civilian Labor Force
  - Food Insecure Children Likely Ineligible for Assistance
- **Schley County:** Female Population 16+ in Civilian Labor Force
- **Sumter County:**
  - Child Food Insecurity Rate
  - Families Living Below Poverty Level
  - Homeowner Vacancy Rate

### Non-Prioritized Health Need #5: Family Planning

Based on secondary data scoring, Family Planning ranked 4th among health topics in the service area, with a score of 2.00.

A key concern across three counties—Marion, Schley, and Sumter—is the number of infants born to mothers with less than 12 years of education, highlighting a consistent regional challenge.

**Top *Family Planning* Indicators of Concern by County:**

- **Macon County:** Teen Birth Rate (Ages 15–17)
- **Marion County:** Infants Born to Mothers with <12 Years of Education
- **Schley County:** Infants Born to Mothers with <12 Years of Education
- **Sumter County:** Infants Born to Mothers with <12 Years of Education

## Non-Prioritized Health Need #6: Injury and Violence

Based on secondary data scoring, *Prevention and Safety* ranked second to last among health topics in the service area, with a score of 1.38. Each county has distinct concerns related to injury and mortality, with unintentional injuries and poisonings emerging as key issues.

**Top *Prevention and Safety* Indicators of Concern by County:**

- **Macon County**
  - Death Rate Due to Injuries
- **Marion County**
  - Age-Adjusted Death Rate Due to Unintentional Poisonings
- **Schley County**
  - Death Rate Due to Injuries
- **Sumter County**
  - Age-Adjusted Death Rate Due to Motor Vehicle Collisions

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

Based on secondary data scoring, *Maternal, Fetal, and Infant Health* ranked 13th among health topics in the service area, with a score of 1.73.

Concerns vary by county, with preterm births being notable in Marion and Schley Counties. Educational attainment among mothers is a key issue in Sumter County.

**Top *Maternal, Fetal, and Infant Health* Indicators of Concern by County:**

- **Macon County**
  - Teen Birth Rate (Ages 15–17)
- **Marion County**
  - Preterm Births
- **Schley County**
  - Preterm Births
- **Sumter County**
  - Infants Born to Mothers with <12 Years of Education

## Non-Prioritized Health Need #8: Oral Health

Based on secondary data scoring, Oral Health ranked as the second highest health topic in the service area, with a score of 2.03.

Concerns vary across counties, with issues ranging from tooth loss among older adults and low dental visitation rates to limited access to dental providers and oral cancer incidence.

### Top *Oral Health* Indicators of Concern by County:

- **Macon County**
  - Adults Aged 65+ with Total Tooth Loss
  - Adults Who Visited a Dentist
- **Marion County**
  - Dentist Rate
- **Schley County**
  - Adults Aged 65+ with Total Tooth Loss
  - Adults Who Visited a Dentist
- **Sumter County**
  - Oral Cavity and Pharynx Cancer Incidence Rate

## Non-Prioritized Health Need #9: Physical Activity

Based on secondary data scoring, *Physical Activity* ranked 8th among health topics in the service area, with a score of 1.82.

A consistent concern across all counties is limited access to exercise opportunities, which may contribute to broader health disparities in physical activity levels.

### Top *Physical Activity* Indicators of Concern by County:

- **Macon County:** Access to Exercise Opportunities
- **Marion County:** Access to Exercise Opportunities
- **Schley County:** Access to Exercise Opportunities
- **Sumter County:** Access to Exercise Opportunities

## Non-Prioritized Health Need #10: Respiratory Diseases

Based on secondary data scoring, *Respiratory Diseases* ranked 7th among health topics in the service area, with a score of 1.87.



Concerns vary across counties, with lung and bronchus cancer being a recurring issue in Macon, Marion, and Schley Counties, while Sumter County shows elevated rates of influenza, pneumonia, and asthma-related hospitalizations.

**Top *Respiratory Disease* Indicators of Concern by County:**

- **Macon County**
  - Lung and Bronchus Cancer Incidence Rate
- **Marion County**
  - Age-Adjusted Death Rate Due to Lung Cancer
  - Lung and Bronchus Cancer Incidence Rate
- **Schley County**
  - Age-Adjusted Death Rate Due to Lung Cancer
  - Lung and Bronchus Cancer Incidence Rate
- **Sumter County**
  - Age-Adjusted Death Rate Due to Influenza and Pneumonia
  - Age-Adjusted Hospitalization Rate Due to Asthma

## **Non-Prioritized Health Need #11: Sexually Transmitted Infections**

Based on secondary data scoring, *Sexually Transmitted Infections (STIs)* ranked as the third most concerning health topic in the service area, with a score of 2.00.

Chlamydia incidence is a key concern in Macon, Schley, and Sumter Counties. In Marion County, the top indicator is Gonorrhea incidence, though the top indicators in Marion and Schley Counties have scores of 1.03, suggesting these issues are less severe.

**Top *Sexually Transmitted Infections* Indicators of Concern by County:**

- **Macon County:** Chlamydia Incidence Rate
- **Marion County:** Gonorrhea Incidence Rate
- **Schley County:** Chlamydia Incidence Rate
- **Sumter County:** Chlamydia Incidence Rate

# 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.

## Barriers to Care

Residents in Sumter County face multiple barriers to accessing healthcare, particularly in rural areas. These include geographic isolation, limited availability of urgent care and specialty services, and reliance on emergency rooms due to the absence of local clinics. The need to travel long distances for basic care—often to the county seat—creates significant inconvenience and discourages preventive health visits. These barriers are compounded by poverty, which limits individuals' ability to afford transportation, time off work, or out-of-pocket medical expenses.

## Transportation

Transportation is consistently cited as one of the most critical challenges affecting wellness and access to services. The lack of affordable, reliable, and efficient transportation options prevents many residents from reaching healthcare providers, mental health services, and other essential resources. This issue is especially pronounced in rural communities, where public transit is minimal or nonexistent. Community members have expressed frustration and urgency around this issue, and local initiatives are underway to assess and improve transportation infrastructure.

## Cost

The cost of healthcare and related services is a major concern for Sumter residents, particularly those living in poverty or with limited financial resources. Many individuals struggle to afford necessities such as housing, medicine, and transportation, which directly impacts their ability to maintain wellness. The economic burden of care often leads to delayed treatment, reliance on emergency services, and poor health outcomes. Addressing affordability is seen as essential to improving access and equity in healthcare delivery.

## Wait Times and Health Literacy

Long wait times for services and low health literacy levels further hinder wellness in the community. Residents report delays in receiving care, especially for mental health and specialized services, which can exacerbate existing conditions. Additionally, limited access to information—due to poor communication infrastructure—reduces awareness of available resources and contributes to confusion about how to navigate the healthcare system. Improving health education and streamlining service delivery are key priorities identified by community members

# Conclusion

The findings of this Community Health Needs Assessment highlight four key priority areas that demand focused attention: **Mental health and mental health disorders, access to healthcare, women's health and wellness and lifestyle.**

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](http://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
- Focus Group Guide
- Focus Group 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.