Phoebe

COMMUNITY HEALTH NEEDS ASSESSMENT

2026 - 2028

Phoebe Worth Medical Center

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Phoebe Worth is pleased to present our 2025-2027 Community Health Needs Assessment (CHNA). The 2025 CHNA covers our primary service area (PSA) adopted and used in the 2016, 2019, and 2022 CHNAs, which includes Worth county. 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.

Introduction & Purpose

Since joining the Phoebe Putney Health System in 2001, Phoebe Worth Medical Center has exemplified the integration of advanced medical innovation with compassionate, community-focused care. As a DNV-GL accredited facility and one of Georgia's designated critical access hospitals, Phoebe Worth plays a vital role in delivering high-quality health services in a hometown setting. With 25 beds, the center handles over 500 inpatient and swingbed admissions annually, along with more than 12,500 emergency visits and 11,000 clinic visits. In its commitment to equitable care, Phoebe Worth provides over $3.3 million in charity and indigent care each year, reinforcing its dedication to the health and well-being of the community it serves.

In compliance with the Affordable Care Act, Phoebe Worth Medical Center conducted a Community Health Needs Assessment (CHNA), engaging diverse stakeholders to identify key priorities.

CHNA Purpose

The purpose of this CHNA is to offer a deeper understanding of the health needs across the Phobe Worth Medical Center primary service area 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 2026 community health needs assessment representing extensive effort by staff members and our many healthcare and community partners. I am grateful for the thoughtful work, generous support, and hours of outreach and engagement that made this possible.
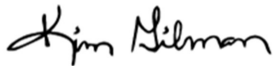
This new assessment was undertaken with a root-cause approach with the intent that we all can make a difference in the causes of many of the health issues facing our community. The assessment process collected data from community perspectives, partner insights, and staff input to whittle down our priorities to a few strategic issues that drive many of the health problems affecting Worth County residents.

With that in mind, after much analysis and debate, the three priority strategic issues that came out of the assessment this time are:

- **Access to Health Care**
- **Diabetes**
- **Mental Health and Mental Health Disorders**

These are big topics that contribute to several other downstream issues and health outcomes to be addressed in our next Community Health Improvement Plan (CHIP) that will soon follow. This report serves as an essential function in the formulation of the plan. We hope that all our partners find this guide useful as we move forward together on our journey toward creating a healthier Worth County.

Sincerely,

Kim Gilman

Kim Gilman, President

Acknowledgements

We thank all those who helped us determine our priorities and develop our implementation strategies. 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.

Description of Community Benefits Team

- Kim Gilman

- Stacey Barbee

- Tonya Vaughn

- Mandy Gordon

- Candace Guarnieri

Consultants

Phoebe Worth 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, 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 Since Prior CHNA

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

- Mental Health and Mental Health Disorders
- Diabetes Management and Prevention
- Access to Quality of Healthcare Services

Mental Health and Mental Health Disorders

Phoebe Worth Medical Center (PWMC) has made significant progress in expanding mental health services to meet growing community needs.

- **ASPIRE Behavioral Health Partnership**:
  - Weekly in-person counseling on hospital campus.
  - Rent-free space provided to support community access.
- **Tele-behavioral Health Services**:
  - Offered through the Rural Health Clinic.
  - Temporary service gap (2023–2024) due to psychiatrist vacancies.
  - Resumed in late 2024 with **179 patient visits** in the most recent fiscal year.

Diabetes Management and Prevention

Phoebe Worth Medical Center advanced its efforts to support diabetes care through strong community partnerships and targeted education. Collaborations with the Village Community Garden and the Worth County Health Department helped expand access to resources, improve patient outcomes, and increase program enrollment. These initiatives reflect PWMC's commitment to empowering individuals with the tools and knowledge needed to manage and prevent diabetes effectively.

- Collaboration with Village Community Garden.
- $250,000 grant secured for a demonstration kitchen.
- Monthly health education sessions.
- Support for events, signage, and volunteer work.
- Partnership with Worth County Health Department:
- Financial support for Stroke and Heart Attack Prevention Program (SHAPP) and Diabetes Program.
- Medical Director appointment led to 411% increase in program enrollment.
- Free access to medical supplies, labs, and education for diabetic patients.

Access to Quality Healthcare Services

Phoebe Worth Medical Center made significant investments to improve healthcare access and expand service offerings for the community. From opening a new Urgent Care facility to enhancing specialty care and maternal health programs, PWMC focused on meeting evolving health needs and ensuring comprehensive, timely care for patients of all ages.

Urgent Care Expansion
- **$565,000 investment** to expand Rural Health Clinic.
- Urgent Care opened **September 9, 2025**, offering 7-day-a-week services for all ages.

Specialty Services:
- Continued support for **Orthopedics** and **Hematology/Oncology**.
- Plans to add **Cardiology** and **Pulmonology** services.

Maternal & Child Health
- Teen Pregnancy Rate Reduction:
  - Worth County rate dropped from **15.2 (2022)** to **9.7 per 1,000 (2024)**.

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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 Worth 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.[2] In addition to these highlights, detailed findings from the secondary data analysis can be found in Appendix C.

Demographic Profile

Geography and Data sources

This section examines the demographic profile of the primary service area for Phoebe Worth Medical Center, which encompasses Worth County, Georgia. 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 Worth Medical Center primary service area has an estimated population of 20,266 persons. Figure 2 shows the population breakdown for the service area by zip code.

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[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

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**FIGURE 2. PHOEBE WORTH MEDICAL CENTER PRIMARY SERVICE AREA POPULATION
DISTRIBUTION BY ZIP CODE**
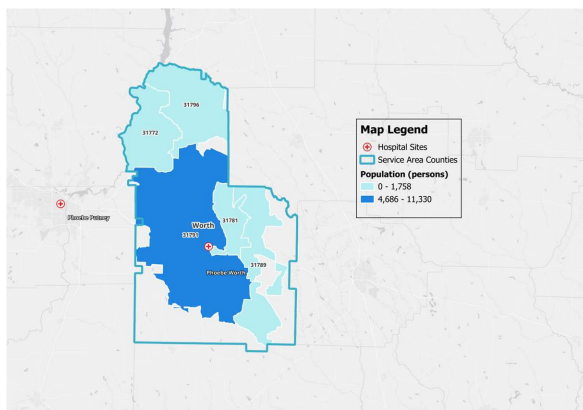
Age

Figure 3 illustrates the age distribution of the population within Phoebe Worth 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 3: POPULATION BY AGE: PHOEBE WORTH SERVICE AREA
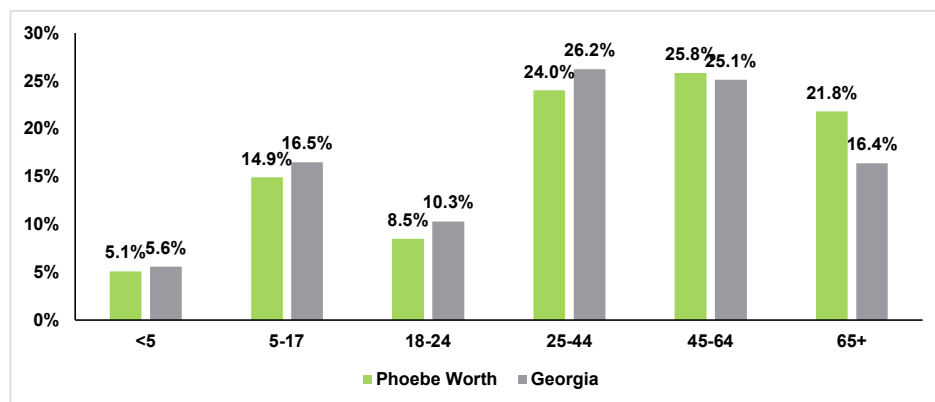
Sex

As seen in Figure 4, 52.0% of the Worth County population is female, which is similar to the state population (51.6%).

FIGURE 4. POPULATION BY SEX: SERVICE AREA AND STATE COMPARISONS
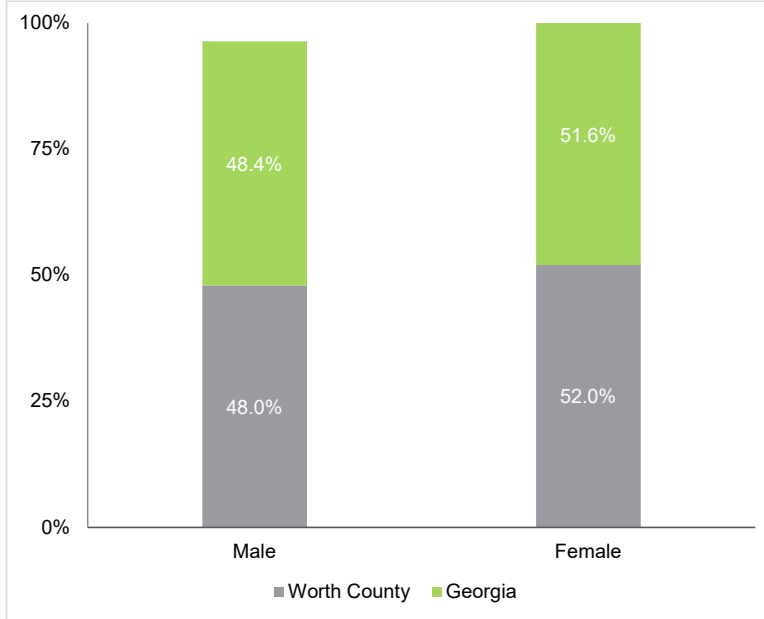
Race and Ethnicity

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.

In the Phoebe Worth service area, 68.5% of residents identify as White—higher than both the state (50.0%) and national (60.5%) averages. Black or African American residents make up 26.1% of the population, which is above the national average (12.1%) but below the state average (31.5%). Hispanic or Latino residents represent a small portion of the population at just 2.4%.

FIGURE 5. POPULATION BY RACE AND ETHNICITY
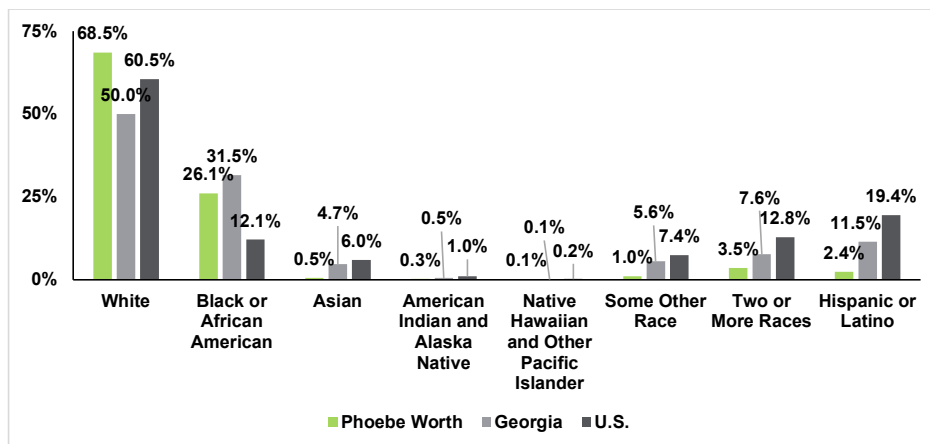
U.S. value taken from American Community Survey (2019-2023)

Language and Immigration

As shown in Figure 6, 97.8% of residents in the Phoebe Worth service area speak only English at home. This is significantly higher than both the national average (77.5%) and the state average (86.1%).

FIGURE 6. LANGUAGE OTHER THAN ENGLISH AT HOME

Population Age 5+ who Speak a Language Other than English at Home

Region	Spanish	Another Language
Phoebe Worth	2.0%	0.3%
Georgia	7.9%	6.0%
U.S.	13.7%	8.8%
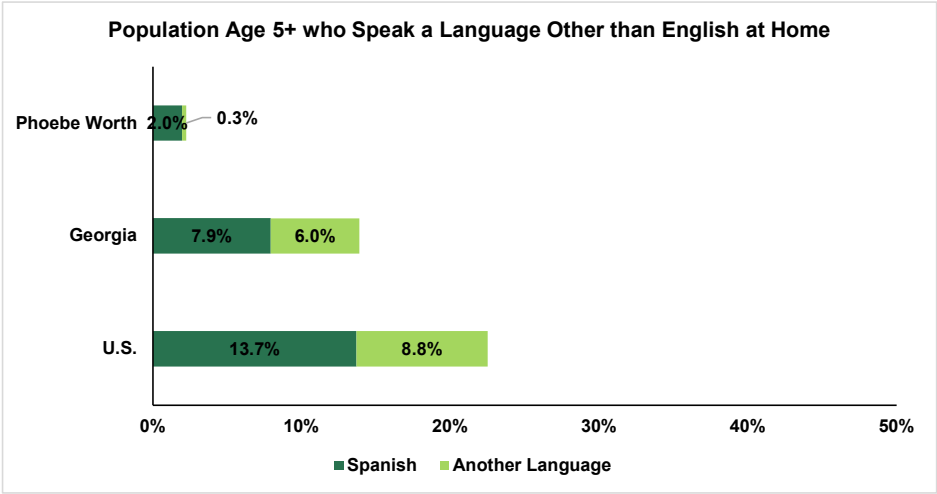
U.S. value taken from American Community Survey (2019-2023)

Social & Economic Drivers of Health

This section explores the economic, environmental, and social drivers of health impacting the Phoebe Worth 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 7 shows the Healthy People 2030 Social Drivers of Health domains (Healthy People 2030, 2022).

FIGURE 7. 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 envir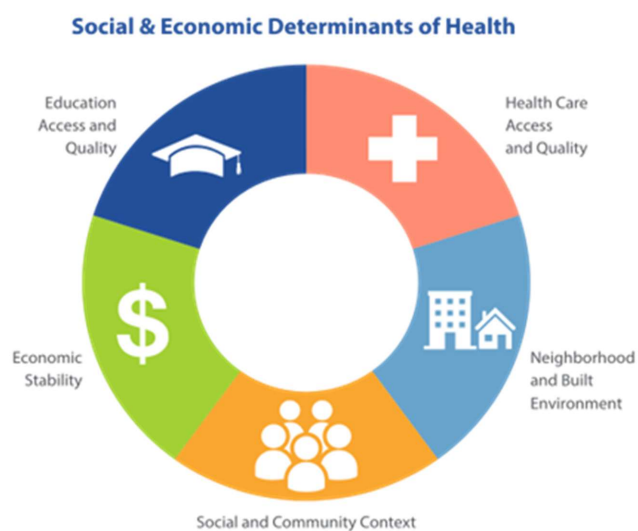onmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work.

Figure 8 illustrates the median household income across the Phoebe Worth service area, with comparisons to state and national benchmarks. Overall, the service area reports a lower median income than Georgia and the United States.

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FIGURE 8. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS
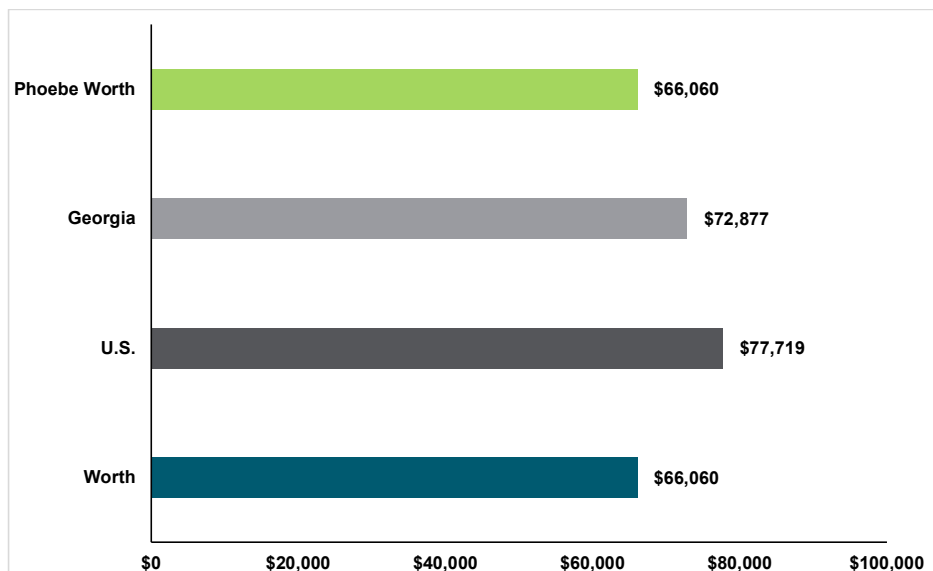
U.S. value taken from American Community Survey (2019-2023)

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, 12.9% of families in the Phoebe Worth primary service area live below the poverty level, slightly higher than the state rate of 9.6% and the national rate of 8.7%. Figure 9 illustrates the percentage of families living below the poverty level by ZIP code. Darker green areas on the map indicate higher concentrations of families experiencing poverty.

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[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 9. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE

PHOEBE PUTNEY HEALTH SYSTEM SERVICE AREA
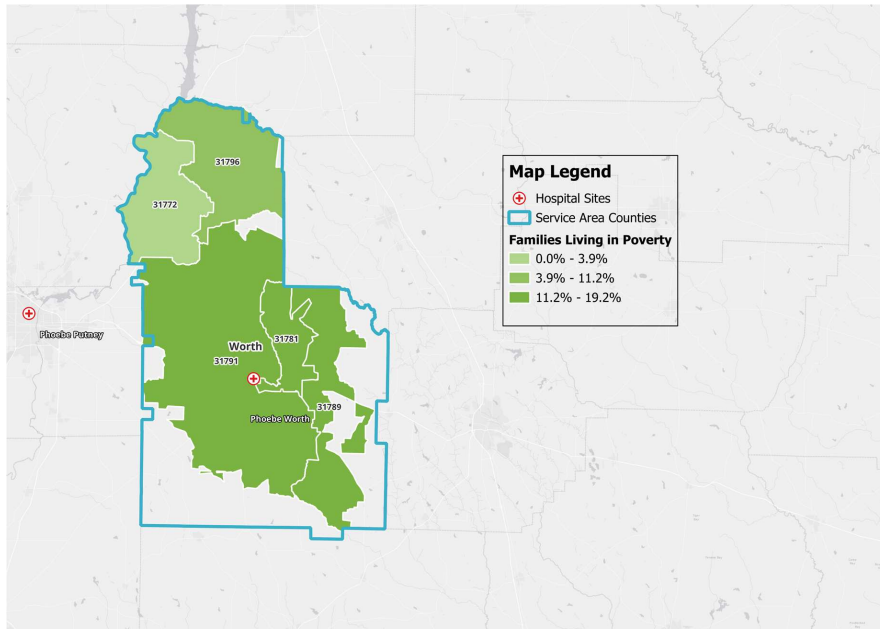
The percentage of families living below poverty for each zip code in the Phoebe Worth Medical Center service area is provided in Table 1. The zip code in the service area with the highest concentration of poverty is 31791 at 16.0%.

TABLE 1. FAMILIES LIVING IN POVERTY: <u>PHOEBE WORTH PRIMARY SERVICE AREA</u>

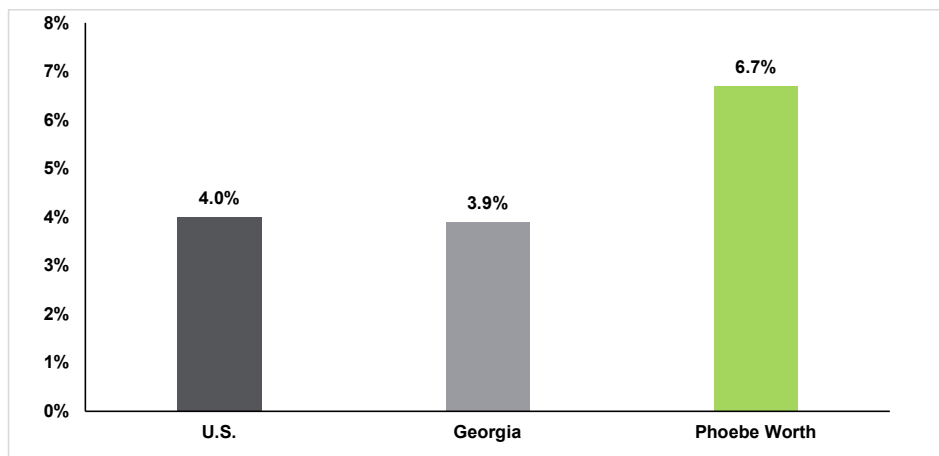| ZIP Code	% of Families in Poverty
31791	16.0%
31781	13.8%
31789	13.1%
31796	7.6%
31772	3.9%

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 10 shows the population aged 16 and over who are unemployed. The unemployment rate for the Phoebe Worth primary service area is 6.7%, which is higher than the state-wide and nation-wide unemployment rates (3.9% and 4.0%, respectively).

FIGURE 10. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.

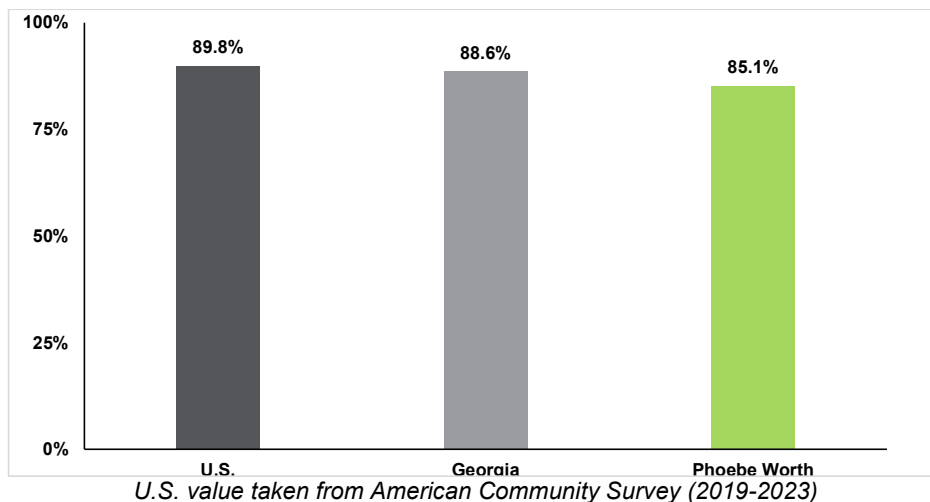*U.S. value taken from American Community Survey (2019-2023)*

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[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]

Figure 11 highlights educational attainment among residents aged 25 and older in the Phoebe Worth primary service area. While 85.1% have earned at least a high school diploma—comparable to state (88.6%) and national (89.8%) rates—attainment of higher education falls short. Only 10.9% of residents in the Phoebe Worth service area hold a bachelor's degree or higher, significantly below the state (33.8%) and national (34.9%) averages.

FIGURE 11. PHOEBE WORTH HOSPITAL 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)

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[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.
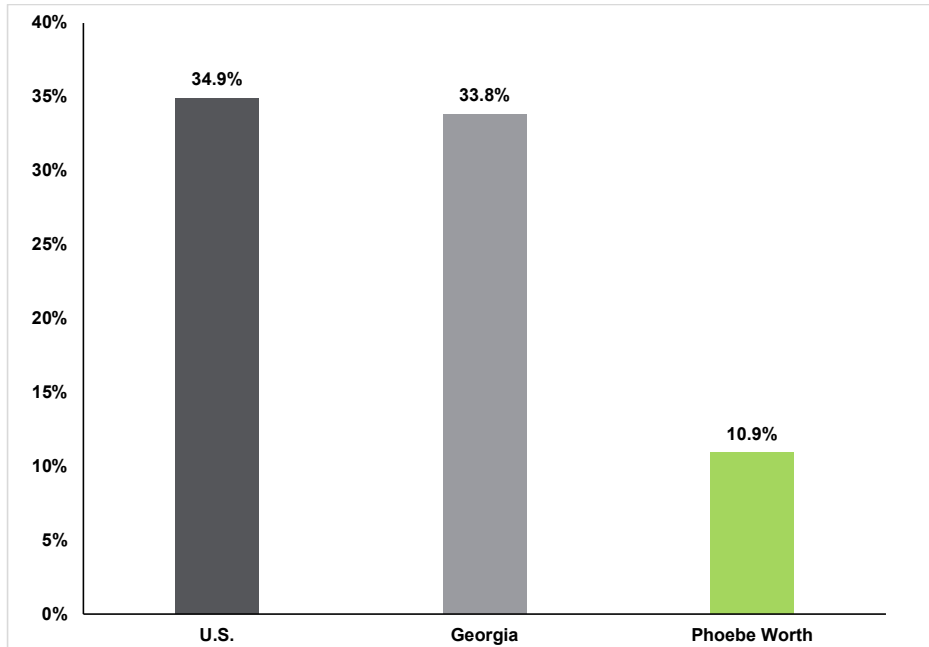https://www.rwjf.org/en/library/research/2011/05/educationmatters-for-health.html

FIGURE 12. PHOEBE WORTH 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]

Figure 13 illustrates the percentage of households experiencing severe housing problems across the Phoebe Worth service area. In Worth County, 11.3% of households are affected by at least one of the following issues: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.

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[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 13. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS
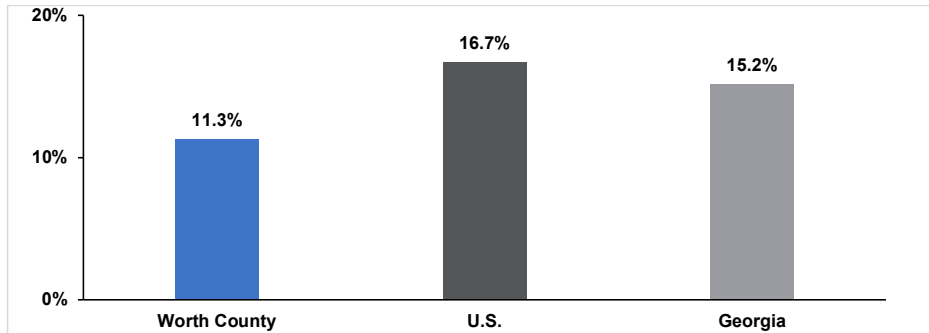
County, state, and U.S. values taken from County Health Rankings (2016-2020)

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

Figure 14 illustrates the percentage of renters in the Phoebe Worth service area who spend 30% or more of their household income on rent. Worth County is generally in line with state and national averages, with 48.9% of renters facing this cost burden compared to 51.4% statewide and 50.4% nationally.

FIGURE 14. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS
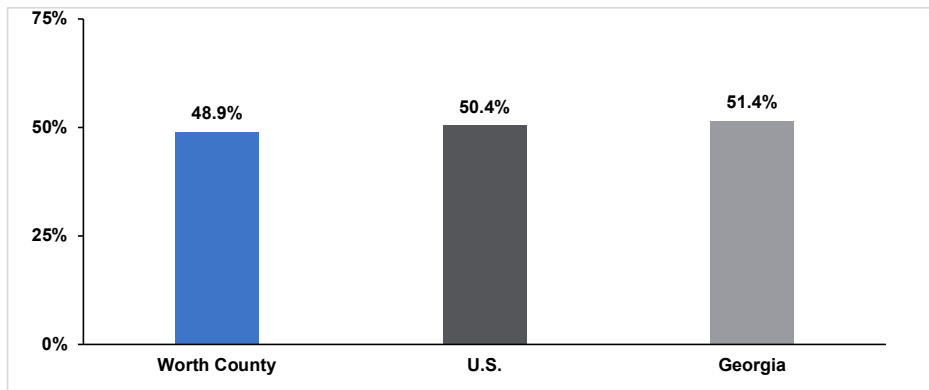
County, State, and U.S. values taken from American Community Survey (2019-2023)

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[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

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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.[9] Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[9]

Figure 15 presents the percentage of households with an internet subscription across the Phoebe Worth service area. Worth County (74.2%) falls well below the state average of 89.5% and the national average of 89.9%.

FIGURE 15. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION
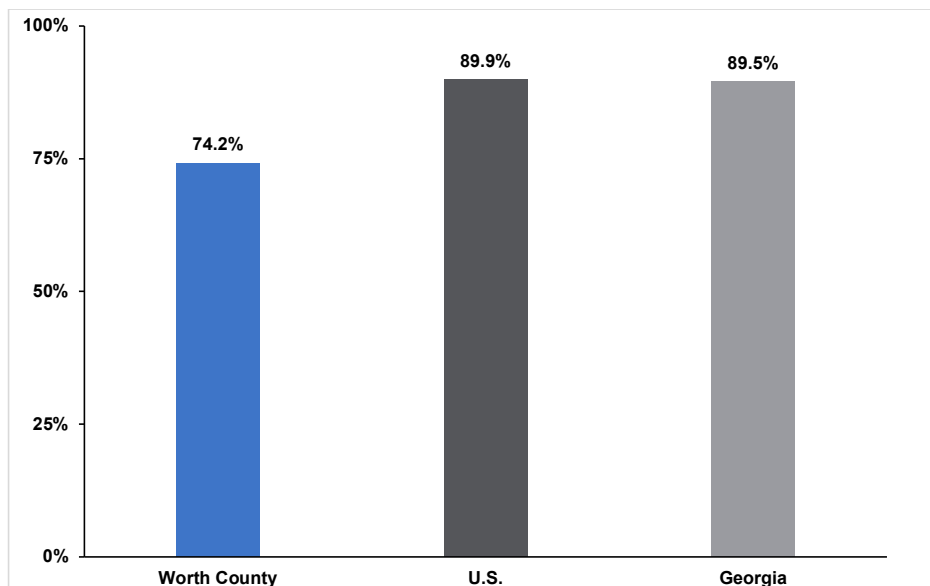
County, State, and U.S. values taken from American Community Survey (2019-2023)

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[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

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 darkest shade of blue in the map in Figure 16 illustrates the zip codes with the highest level of socioeconomic need in the Phoebe Worth Medical Center's Primary Service Area.

FIGURE 16. COMMUNITY HEALTH INDEX: PWMC PRIMARY
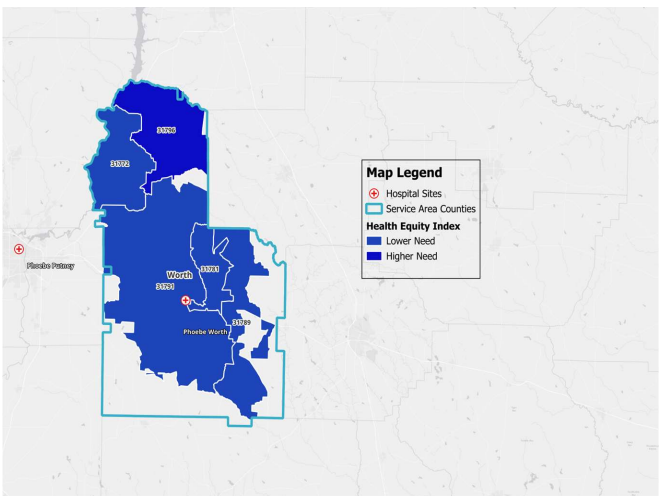
TABLE 2. COMMUNITY HEALTH INDEX: PHOEBE WORTH PRIMARY SERVICE AREA

ZIP Code	CHI
31796	89.9
31781	83.9
31791	80.2
31789	80.1
31772	75.2

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 darkest shade of green in the map in Figure 17 illustrates the zip codes with the highest risk of food insecurity. Table 3 shows that ZIP Code 31781 has the highest risk of food insecurity in the Phoebe Worth service area, with a Food Insecurity Index of 91.6.

FIGURE 17. FOOD INSECURITY INDEX: PHOEBE HEALTH SYSTEM PRIMARY SERVICE AREA
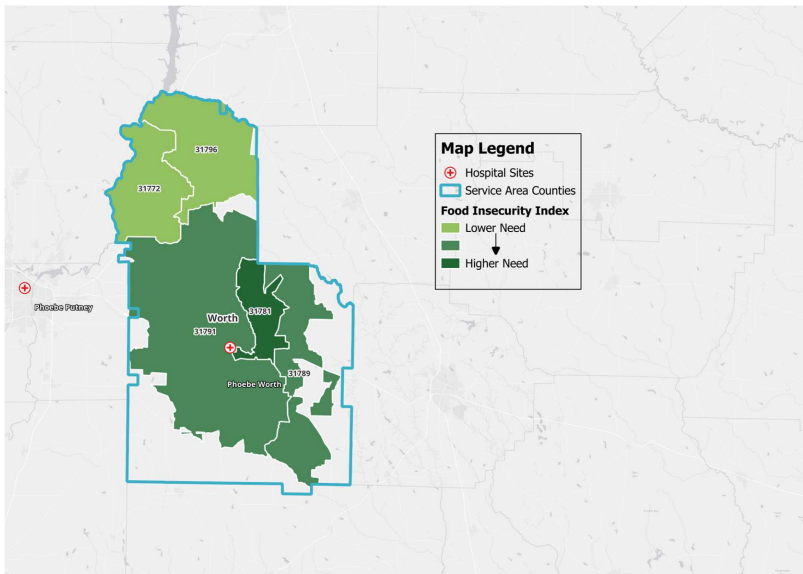
TABLE 3. FOOD INSECURITY INDEX: PHOEBE WORTH PRIMARY SERVICE AREA

ZIP Code	FII
31781	91.6
31791	88.7
31789	81.2
31796	48.1
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 darkest shade of purple in the map in Figure 18 illustrates the zip codes with the highest risk for poor mental health. In the Phoebe Worth service area, the ZIP Code at greatest risk for poor mental health is 31791 at 91.3.

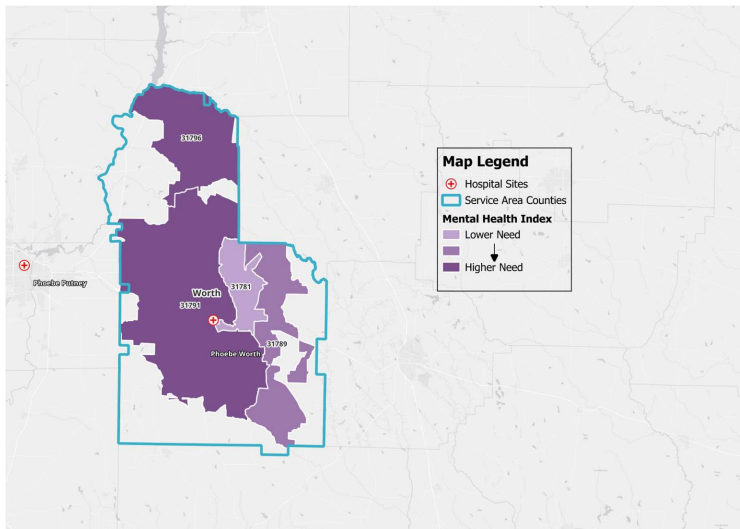**FIGURE 18. MENTAL HEALTH INDEX: PHOEBE HEALTH SYSTEM PRIMARY SERVICE AREA**

**TABLE 4. MENTAL HEALTH INDEX: PHOEBE WORTH PRIMARY SERVICE AREA**

ZIP Code	MHI
31772	#N/A
31791	91.3
31796	86.7
31789	74.2
31781	63.9

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 Worth Medical Center primary service area, which is comprised of Worth County. 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 19.

FIGURE 19. SECONDARY DATA SCORING

Georgia Counties
US Counties
Georgia Value
US Value
HP2020
Trend
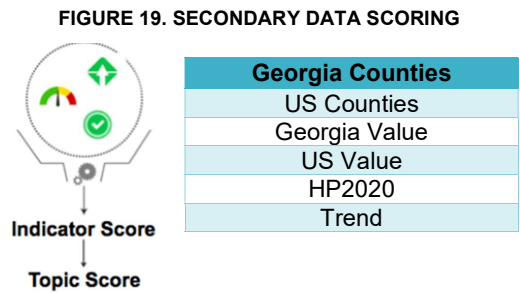
Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome, and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected 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.

Table 5 shows the health and quality of life topic scoring results for the Phoebe Worth Medical Center service area, with "other conditions" as the poorest performing topic area, followed by Mental Health and Mental Disorders. Topics that received a score of 1.75 or higher were considered significant health needs. Ten 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 and Quality of Life Topics	Score
Other Conditions	2.23
Mental Health & Mental Disorders	2.13
Physical Activity	2.03
Diabetes	1.99
Wellness & Lifestyle	1.93
Older Adults	1.92
Community	1.89
Health Care Access & Quality	1.87
Respiratory Diseases	1.85
Family Planning	1.77
Heart Disease & Stroke	1.74
Children's Health	1.73
Maternal, Fetal & Infant Health	1.73
Education	1.73
Economy	1.65
Oral Health	1.64
Prevention & Safety	1.64
Immunizations & Infectious Diseases	1.62
Environmental Health	1.51
Cancer	1.40
Women's Health	1.32
Alcohol & Drug Use	1.28
Sexually Transmitted Infections	1.23

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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 surveys 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 the Phoebe Worth County 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 region, while fostering collaboration among local organizations. Participants included:

TABLE 6. KEY INFORMANT ORGANIZATIONS & POPULATION SERVED

Key Informant Organization
Access Medical Clinic
Flint River Fresh, Inc
Phoebe Worth Medical Center
Worth Co. School District
Worth County High School

Listening Sessions 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 20 summarizes the main themes and topics that emerged from these discussions.

FIGURE 20. LISTENING SESSIONS RESULTS

Access to Care	Mental Health	Social, Economic and Community Context
People express concerns about the availability and hours of operation of healthcare providers.	Concerns about mental health issues affecting youth and elderly populations are prevalent.	Transportation challenges are a major concern for accessing healthcare and other services.
Access to healthcare is limited due to financial constraints and lack of insurance.	People appreciate telehealth options but express concerns about the availability and accessibility of behavioral health services.	People highlight the importance of community resources and assets, such as the community garden and career technical education.
People express concerns about limited access to health care services due to transportation issues and availability of providers.		People express concerns about the lack of affordable housing in the area.

Community Survey

Phoebe Worth conducted an online community survey to support its Community Health Needs Assessment (CHNA). The survey was promoted throughout Phoebe Worth 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 A.

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 Worth and its partner organizations. A total of 66 responses were received from residents across Worth county.

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 21 and 22 below.

FIGURE 21. MOST IMPORTANT COMMUNITY HEALTH ISSUES

IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST IMPORTANT "HEALTH PROBLEMS" IN YOUR COMMUNITY? (N=66)
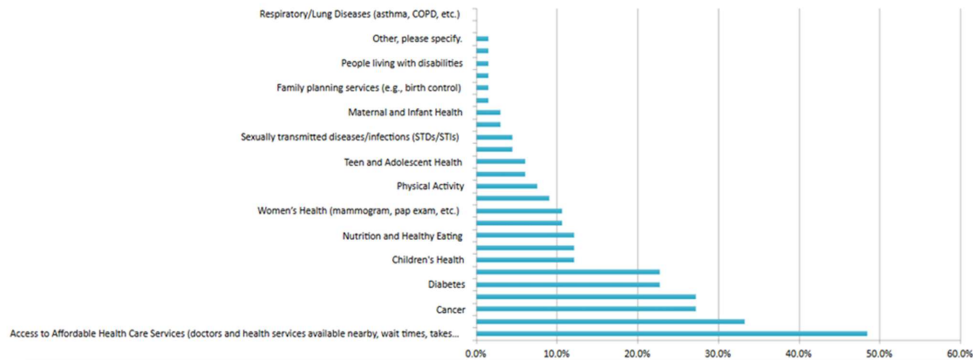
As shown in Figure 21, nearly half of the survey respondents (approximately 50%) identified access to affordable care as a significant concern. Additionally, 33.3% of participants highlighted alcohol use as a key issue, followed by 28% who pointed to cancer, and 24% who expressed concern about diabetes. These findings underscore the diverse range of health priorities within the surveyed population, with affordability of care emerging as the most pressing issue.

FIGURE 22. RESOURCES NEEDED IN COUNTY

IN YOUR OPINION, WHICH OF THE FOLLOWING WOULD YOU MOST LIKE TO SEE ADDRESSED IN YOUR COMMUNITY? Select up to 3. (N=66)
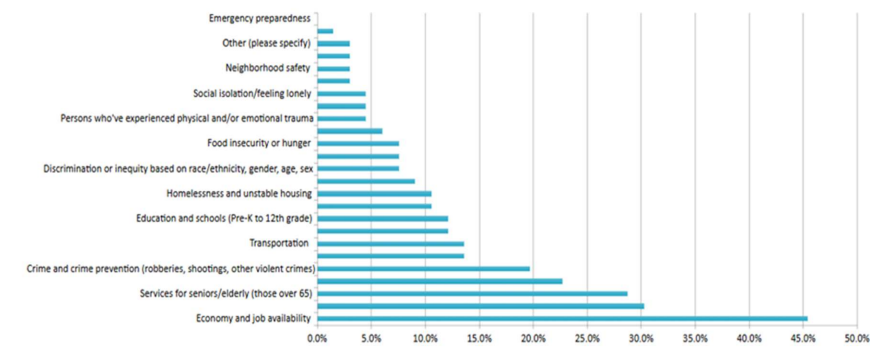
As shown in Figure 22, 45.5% of survey respondents indicated that addressing economic issues and job availability is their top priority. This was followed by 31% who emphasized the importance of services for seniors and elderly individuals aged 65 and over. Healthy eating initiatives were highlighted by 30.3% of participants, while concerns about crime and crime prevention were noted by nearly 20%.

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 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 23—were selected for prioritization based on a thorough synthesis of all data collected for the Phoebe Worth Community Health Needs Assessment (CHNA).

FIGURE 23. DATA SYNTHESIS RESULTS

Health/Quality of Life Category	Data Source(s)
Access to Health Care & Quality	Secondary Data, Community Survey, Focus Group
Alcohol & Drug Use	Secondary Data, Community Survey
Cancer	Secondary Data, Community Survey
Children's Health	Secondary Data, Community Survey
Community	Secondary Data, Focus Group
Diabetes	Secondary Data, Community Survey
Economy	Secondary Data, Focus Group
Family Planning	Secondary Data, Community Survey
Heart Disease & Stroke	Secondary Data, Community Survey
Maternal, Fetal & Infant Health	Secondary Data, Community Survey
Mental Health & Mental Disorders	Secondary Data, Community Survey, Focus Group
Oral Health	Secondary Data, Community Survey
Physical Activity	Secondary Data, Community Survey
Respiratory Diseases	Secondary Data, Community Survey
Wellness & Quality of Life (Housing, education, low income, nutrition)	Secondary Data, Community Survey, Focus Group
Women's Health	Secondary Data, Community Survey

Prioritization

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

Participants

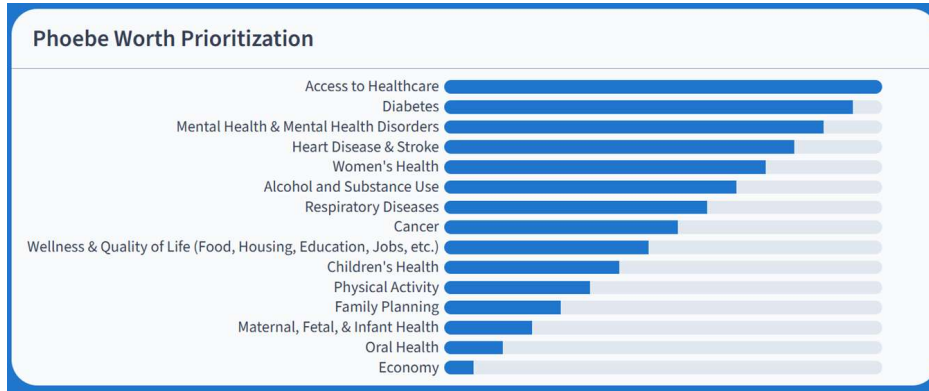Phoebe Worth Medical Center Community Benefits team attendees:

- Kim Gilman
- Stacey Barbee
- Tonya Vaughn
- Mandy Gordon
- Candace Guarnieri

Process

On **August 6, 2025**, Conduent presented the findings from the Community Health Needs Assessment (CHNA) to the **Phoebe Worth leadership team**, summarizing both primary and secondary data collection efforts. The presentation included direct input from community members and key stakeholders regarding **Significant Health Needs**, as well as comparative data on critical **social drivers of health**. Following a comprehensive review of the data, the leadership team engaged in a prioritization process to identify the most pressing health concerns facing the community. As a result, three **priority health needs** were selected to guide the focus of the **2025 CHNA implementation cycle**:

Prioritized Health Needs
Access to Care
Diabetes
Mental Health

FIGURE 241. SIGNIFICANT HEALTH NEEDS

Phoebe Worth Prioritization

Access to Healthcare
Diabetes
Mental Health & Mental Health Disorders
Heart Disease & Stroke
Women's Health
Alcohol and Substance Use
Respiratory Diseases
Cancer
Wellness & Quality of Life (Food, Housing, Education, Jobs, etc.)
Children's Health
Physical Activity
Family Planning
Maternal, Fetal, & Infant Health
Oral Health
Economy

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 Worth Medical Center.

Through a comprehensive analysis of data and robust community engagement, the most pressing health needs within the Phoebe Worth 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 Worth County, 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.

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Prioritized Health Topic #1: Access to Healthcare

Secondary Data

Secondary data indicates that a shortage of healthcare providers significantly contributes to poor access to care within the service area. Out of the health topics within the service area, *Health Care Access and Quality* ranked 8th with a topic score of 1.87. In Worth County, both dentist and mental health provider rates are critically low, with only 9.8 providers per 100,000 residents. The primary care provider rate is also concerning, standing at 29.2 per 100,000, compared to 65.9 at the state level and 74.9 nationally. Additionally, the non-physician primary care provider rate is nearly half that of state and national benchmarks.

As a result, preventable hospital stays among the Medicare population are notably higher in Worth county than in both the state and national averages, indicating gaps in timely and effective outpatient care.

Another key indicator is the percentage of adults without health insurance, which further exacerbates access issues and contributes to the elevated rate of preventable hospitalizations.

Indicators scoring 1.50 or higher were classified as indicators of concern and are listed in Table 8 below.

TABLE 8. DATA SCORING RESULTS FOR ACCESS TO HEALTHCARE

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			↗
1.92	Adults without Health Insurance	percent	11.9	--	--	10.8			--
1.75	Adults who Visited a Dentist	percent	55.0	--	--	63.9			--

1.75	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	73.4	--	136.0	131.4			

Primary Data

Community feedback from the Phoebe Worth project highlights persistent and multifaceted barriers to healthcare access in the region. Residents report that transportation limitations significantly hinder their ability to reach medical services, particularly in rural areas where distances to providers are long, and public transit options are scarce.

Access to Healthcare Key Themes

During the listening session, patients voiced consistent concerns regarding multiple barriers to healthcare access. Among these are the **limited availability and inconsistent hours of healthcare providers**, which restrict opportunities for timely and reliable care. **Transportation challenges**—particularly in rural areas—further compound the issue, making it difficult for individuals to reach medical facilities. Additionally, **financial constraints and lack of insurance coverage** remain significant obstacles, even for those who are employed, leading many to forgo necessary medical services or rely on costly out-of-pocket payments.

Barriers to Access to Healthcare

- **Transportation Challenges**: Long travel distances and lack of reliable public or private transportation options limit access to healthcare, especially in rural areas.
- **Limited Provider Availability**: There are not enough healthcare providers, and existing services often have restricted or inconsistent hours.
- **Financial Constraints**: Many residents, including those who are employed, cannot afford health insurance, leading to a high number of self-paying patients.
- **Mental Health Gaps**: Youth and elderly populations face significant challenges in accessing mental health services due to provider shortages and logistical barriers.
- **Telehealth Limitations**: While telehealth is appreciated, especially for behavioral health, it does not fully address the need for in-person care.
- **Community Optimism**: Despite these challenges, there is hope tied to new healthcare initiatives and development projects aimed at improving access.

> **The lack of insurance, even with the working middle class. It's unaffordable.**
> – Listening Session Participant

Prioritized Health Topic #2: Mental Health and Mental Disorders

Secondary Data

Mental Health and Mental Disorders emerged as the second most concerning health topic, with a score of 2.13. As previously noted, the mental health provider rate is a key indicator of concern in Worth County. This shortage correlates with a higher number of poor mental health days, averaging 5.8 days per month, compared to 4.8 days at both the state and national levels. Additionally, the percentage of individuals experiencing 14 or more poor mental health days per month exceeds the national average.

The age-adjusted death rate due to suicide in Worth County is alarmingly high at 33.3 deaths per 100,000, significantly surpassing both the Healthy People 2030 goal of 12.8 and the state average of 14.8. Rates of Alzheimer's Disease, Dementia, and Depression among the Medicare population also exceed state and national benchmarks. Furthermore, the age-adjusted death rate due to Alzheimer's disease in Worth County stands at 61.6 deaths per 100,000, compared to the state average of 40.8, highlighting another critical area of concern.

TABLE 9. DATA SCORING RESULTS FOR MENTAL HEALTH AND MENTAL DISORDERS

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 significant concern in the Phoebe Worth community, particularly for youth and elderly populations. Residents consistently emphasized the lack of accessible behavioral health services, citing both a shortage of providers and limited availability of in-person care.

Mental Health Key Themes Identified

- **High Concern for Youth and Elderly**: Mental health issues are especially prevalent among young people and older adults, with both groups identified as needing more targeted support.

- **Appreciation for Telehealth**: Community members value the availability of telehealth services for behavioral health, particularly in areas where in-person care is limited.

- **Community Awareness**: There is growing recognition of the importance of mental health and a desire for more resources and services to address these needs.

- **Hope for Expansion**: Residents are optimistic about new initiatives, partnerships, and grant-funded programs aimed at improving access to behavioral health services.

Barriers to Accessing Mental Health Services

- **Limited Access to Providers**: There is a shortage of mental health professionals, especially in rural areas, leading to long wait times and unmet needs.

- **Transportation Challenges**: Lack of reliable transportation prevents many individuals from accessing in-person mental health services.

- **Insurance and Financial Barriers**: Some residents face difficulties navigating insurance requirements or cannot afford mental health care, particularly when services are not covered.

- **Scheduling and Availability**: Limited hours and infrequent availability of mental health providers reduce opportunities for consistent care.

- **Stigma and Awareness**: Social stigma and lack of mental health literacy may prevent individuals from seeking help, especially in smaller or more traditional communities.

> **We are talking about mental health impacting youth and juvenile mental health, and it also impacts our elderly.**
> – Listening Session Participant

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Diabetes ranks as the third most concerning health topic in Worth County, based on secondary data, with a score of 1.99. The most significant indicator is the prevalence of diabetes among the Medicare population: 31% of Medicare residents in Worth County have diabetes, compared to 25% statewide and 24% nationally.

The age-adjusted death rate due to diabetes in Worth County is 47.2 deaths per 100,000, which is more than double the state rate of 22.7. Additionally, Worth County falls within the bottom 25% of Georgia counties for age-adjusted emergency room visit rates due to diabetes. Similarly, the age-adjusted hospitalization rate for diabetes in the county exceeds state averages, further highlighting the severity of the issue.

TABLE 10. DATA SCORING RESULTS FOR DIABETES

SCORE	INDICATOR	UNITS	WORTH COUNTY	HP2030	GA	U.S.	GA Counties	U.S. Counties	Trend
2.50	Diabetes: Medicare Population	percent	31.0		25.0	24.0			--
2.00	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	47.2		22.7			--	
2.00	Age-Adjusted ER Rate due to Diabetes	ER visits/ 100,000 population	542.0		325.6			--	
1.83	Age-Adjusted Hospitalization Rate due to Diabetes	hospitalizations/ 100,000 population	268.2		209.8			--	
1.64	Adults 20+ with Diabetes	percent	9.0						

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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 Worth Medical Center 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 Drug Use

Alcohol and Drug Use was ranked as the second-to-last health concern in Worth County, receiving a score of 1.28. The most concerning indicator was Mothers Who Smoked During Pregnancy, with 8.2% of mothers in Worth County reporting tobacco use during pregnancy—four times higher than Georgia's statewide rate of 2.1%.

Additionally, opioid-related outcomes are alarming. Worth County has an age-adjusted emergency department visit rate of 88.1 per 100,000 residents due to opioid overdose, and an age-adjusted death rate of 34.3 per 100,000 residents from all opioid overdoses.

Non-Prioritized Health Need #2: Cancer

Cancer scored below the threshold with a score of 1.50; however, several indicators within this health topic exceed concern thresholds. The most pressing issue is the overall cancer incidence rate, which stands at 492.2 cases per 100,000 residents in Worth County—higher than both the state rate of 468.9 and the national rate of 444.4. The primary cancers of concern are prostate cancer and lung and bronchus cancer.

In terms of preventive measures, Worth County falls short in key screening metrics. Among adults aged 50–74, only 72.3% have had a mammogram in the past two years, compared to the Healthy People 2030 goal of 80.3%. Additionally, cervical cancer screening among individuals aged 21–65 is at 80.5%, slightly below the national average of 82.8%.

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

Children's Health received a score of 1.73 based on secondary data, indicating moderate concern. The most pressing indicators relate to child food insecurity and the

mortality rate among individuals under age 20. Worth County reports a mortality rate of 76.8 deaths per 100,000 for those under 20, which is significantly higher than the national rate of 50.6.

Another area of concern is the limited availability of child-care centers, with only 6.9 centers per 1,000 children under age 5 in Worth County.

Non-Prioritized Health Need #4: Community

Community was identified as the most concerning quality of life topic in Worth County, receiving a score of 1.89. The most pressing indicator is the total employment change, with Worth County experiencing a 15.4% decline in the number of paid employees over the past year. In contrast, the state saw a 5.3% increase, and the national rate rose by 5.8%.

Additional community-based indicators of concern include:

- People aged 65+ living alone
- Individuals living below the poverty level
- Households with an internet subscription
- Adults aged 25+ with a bachelor's degree or higher
- Persons with an internet subscription
- Age-adjusted death rate due to firearms
- Female population (16+) in the civilian labor force
- Total population (16+) in the civilian labor force
- Children living below the poverty level
- Per capita income
- Workers who drive alone to work
- Age-adjusted death rate due to motor vehicle collisions
- Mean travel time to work
- Youth not in school or working
- Solo drivers with a long commute
- Broadband quality score

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Non-Prioritized Health Need #5: Economy

According to secondary data analysis, *Economy* received a quality-of-life score of 1.65. As noted in the *Community* topic area, the most concerning indicator is the total employment change, with Worth County experiencing a 15.4% decline in paid employees—contrasting sharply with the state's 5.3% growth and the national growth rate of 5.8%.

Other significant economic concerns in Worth County include elevated poverty rates across multiple groups:

- People aged 65+ living below the poverty level

- Veterans living below the poverty level

- Children living below the poverty level

- Families living below the poverty level

- Overall population living below the poverty level

All of these indicators are substantially higher than both state and national averages.

Additionally, labor force participation among individuals aged 16 and older lags behind state and national levels—particularly among females, highlighting a gender gap in economic engagement.

Non-Prioritized Health Need #6: Family Planning

Family Planning received a secondary data score of 1.77, indicating notable concern. The most pressing indicator is the teen birth rate among females aged 15–17, which stands at 12.7 births per 1,000 in Worth County. This rate is significantly higher than both the state average of 6.9 and the national average of 5.6.

Non-Prioritized Health Need #7: Heart Disease and Stroke

Heart Disease and Stroke received a secondary data score of 1.74, indicating a notable health concern in Worth County. The most pressing indicator is hypertension among the Medicare population, with 77% of recipients diagnosed with high blood pressure.

Additional indicators of concern include elevated age-adjusted death rates due to:

- Obstructive heart disease

- Cerebrovascular disease (stroke)

- Heart attacks

All of these rates are higher than the corresponding state averages, highlighting the need for targeted cardiovascular health interventions in the county.

Non-Prioritized Health Need #8: Maternal, Fetal and Infant Health

Maternal, Fetal, and Infant Health received a topic score of 1.73, indicating a moderate level of concern. The most pressing issue is mothers who smoked during pregnancy, as previously noted in the *Children's Health* section.

Another significant concern is the infant mortality rate, which is 22.8 deaths per 1,000 live births in Worth County—more than three times higher than the state rate of 7.1.

Additionally, the teen birth rate is an indicator of concern, contributing to a higher number of infants born to mothers with less than 12 years of education, which can impact long-term health and socioeconomic outcomes.

Non-Prioritized Health Need #9: Oral Health

Oral Health received a score of 1.64 among health topics in Worth County. The most concerning indicator is the dentist rate, with only 9.8 dentists per 100,000 residents—significantly lower than the state rate of 53.9 and the national rate of 73.5.

This shortage may contribute to poor oral health outcomes. For example:

- 20.7% of adults aged 65 and older in Worth County have experienced total tooth loss.

- Only 55% of adults reported visiting a dentist or dental clinic for any reason in the past year.

Non-Prioritized Health Need #10: Physical Activity

Physical Activity is the third most concerning health topic in Worth County, with a score of 2.03. The most pressing indicator is access to exercise opportunities, with only 37.6% of individuals living reasonably close to a park or recreational facility—compared to 74.1% at the state level and 84.1% nationally. Additionally, just 2.1% of residents live within a half mile of a publicly accessible park.

As a likely consequence, 23% of adults aged 20 and older in Worth County are classified as sedentary, highlighting the need for improved access to physical activity resources.

Non-Prioritized Health Need #11: Respiratory Disease

Respiratory Disease received a secondary data score of 1.85. The most pressing indicator is Chronic Obstructive Pulmonary Disease (COPD) among the Medicare population, affecting 19% of recipients.

Additional concerns include elevated age-adjusted emergency room visit rates due to asthma, pneumonia, and influenza, with Worth County reporting 1,773 visits per 100,000 residents—more than double the state rate of 736.3 per 100,000.

Furthermore, both the incidence rate and age-adjusted death rate due to lung and bronchus cancer exceed state and national averages. Contributing to these outcomes, 18% of adults in Worth County smoke, compared to just 12.9% nationally.

Non-Prioritized Health Need #12: Women's Health

Women's Health was the third least concerning health topic in Worth County, with a score of 1.32. The most pressing indicator within this category is the percentage of women aged 50–74 who obtained a mammogram in the past two years, which falls below recommended levels.

While cervical cancer screening among women aged 21–65 also scored poorly, the screening rate in Worth County is higher than both the state and national averages, indicating some relative strength in this area.

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 on strategies for addressing 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

The community faces significant challenges related to poverty, lack of affordable housing, and limited access to essential services. These stressors contribute to broader health disparities and negatively impact overall well-being. Community members also expressed concern about the mental health of vulnerable populations, particularly youth and the elderly, which is compounded by social isolation and limited support services.

Transportation

Transportation is a major obstacle to accessing healthcare and other critical services. During the listening sessions, residents shared long travel distances and a lack of reliable transportation options, especially in rural areas. These barriers delay or prevent individuals from receiving timely medical attention and contribute to missed appointments.

Cost, Wait Times, Literacy

Cost and Insurance: Financial constraints are a widespread issue. Many individuals, including those who are employed, cannot afford health insurance. As a result, a high number of residents are self-paid patients, which places a heavy financial burden on those seeking care.

Wait Times and Provider Availability: Although not explicitly labeled as "wait times," concerns about limited provider availability and inconsistent hours suggest that residents experience delays in accessing care. These limitations reduce the community's ability to receive consistent and timely healthcare services.

Conclusion

The findings of this Community Health Needs Assessment highlight three key priority areas that demand focused attention: **Mental health and mental health disorders, Diabetes, and Access to healthcare.**

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
- 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.

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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.

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