

MITCHELL COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT

2022–2023

KEY HEALTH ISSUES AND
IMPLEMENTATION PLAN



ARCHBOLD

THIS PUBLICATION

As part of a leading regional healthcare provider (Archbold Medical Center) operating the largest health system in the region, Mitchell County Hospital helps take the lead in trying to improve the health of residents in the communities we serve.

This publication highlights:

- **what we've identified as the top health-related needs in Mitchell County, Georgia**
- **our measured progress since the 2019–2020 CHNA was published**
- **our path forward for the 2022–2023 CHNA**

We encourage everyone in the community to work together to improve the health status of our community and we hope that this overview of community needs helps provide a road map for those efforts. For additional information on key health needs in our community or outreach programs, please contact Todd Bennett, Clinical Outreach Manager, at 229.584.5522 or tbennett@archbold.org.

COMMUNITY BENEFIT: A CORE VALUE OF ARCHBOLD

Archbold has six core values: Quality, Employee Satisfaction, Patient Experience, Financial Stewardship, Growth and **Community Benefit**.

Our core values are not only the concepts we believe in, but also how our success is measured. Our leadership team is evaluated by measurable goals under each core value, including Community Benefit.

COMMUNITY BENEFIT MEANS MEETING HEALTH RELATED NEEDS

We are dedicated to protecting the health and well-being of our communities by providing healthcare to the insured, underserved, uninsured and underinsured. It is our commitment to these communities that enabled us to provide \$60,675,156 in community benefit during 2020.

A very important part of our work is to serve those who do not always have access to healthcare because of transportation and financial barriers. Often, we take our programs and services where our patients need them most, in the communities in which they live and work.

Community partnerships are a key to reaching people successfully. We've typically worked closely with health departments, community non-profits, local schools, law enforcement, churches, senior services and resource centers, but in this CHNA we give an update on our partnerships with these organizations during the pandemic.

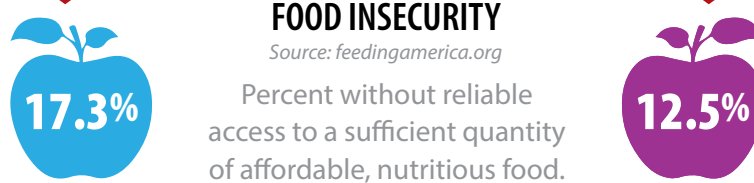
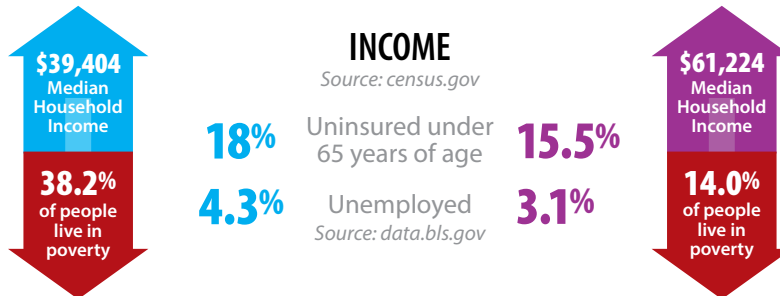
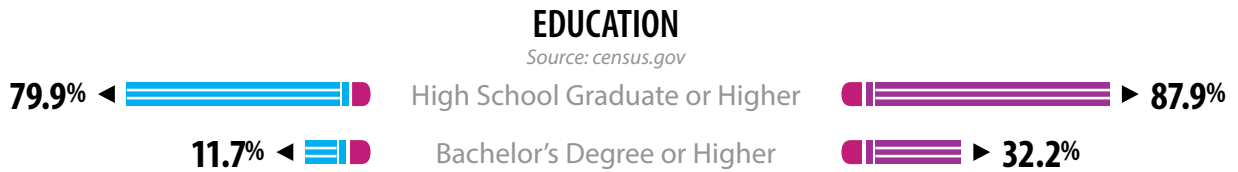
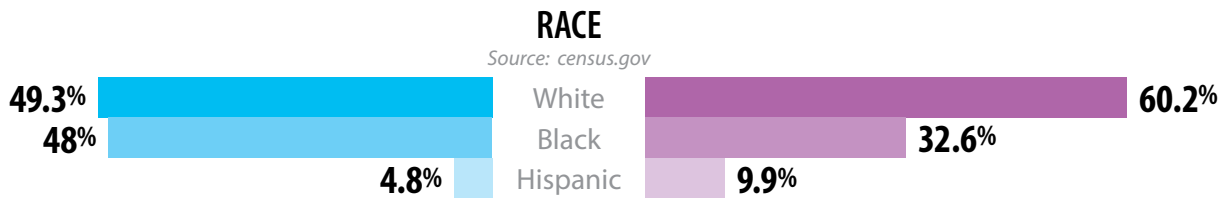
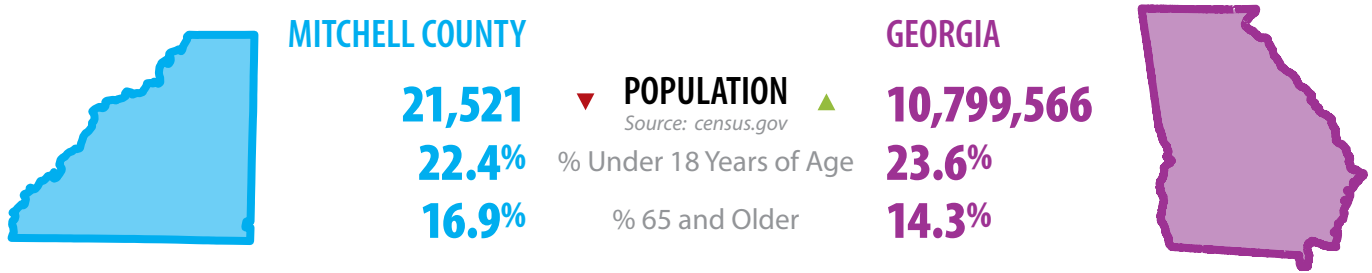
DEFINING THE COMMUNITY

We define the communities we serve as **where we operate hospitals within County borders**. In Mitchell County, our hospital is Mitchell County Hospital in Quitman.



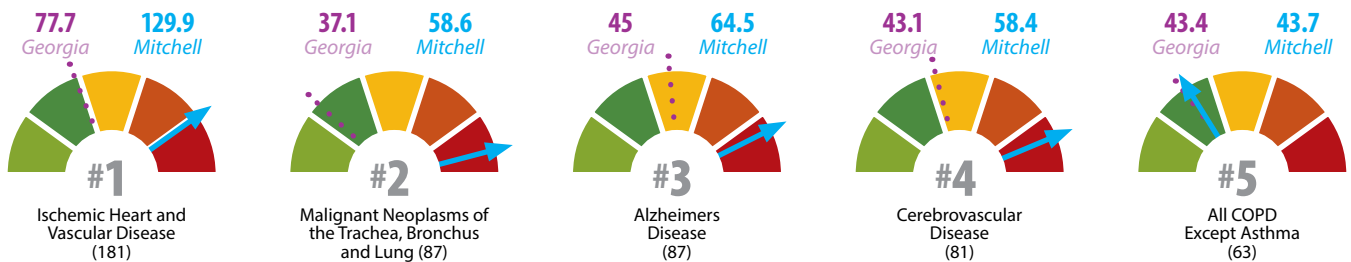
COUNTY PROFILE

Many factors determine healthcare access and use. County demographics can provide a guide to potential challenges in the delivery of care as well as give us an understanding of the challenges facing county residents. A broad view from different sources gives us this insight.



TOP 5 CAUSES OF DEATH AND AGE-ADJUSTED DEATH RATE: 2016–2020

Deaths per 100,000. *Source: Georgia Department of Health/OASIS*



ASSESSING THE NEEDS OF THE COMMUNITY

In order to maximize our impact and operate efficiently, we determine the health needs in the communities we serve through analysis of quantitative federal, state and local data, as well as seeking qualitative input from members of the community, especially the underserved/underestimated. We have found it very effective to assess the health needs of the community through a combination of approaches. These include:

- utilizing assessments conducted by other organizations
- review of federal and state community health status data
- review of internal data such as patient volumes and screening outcomes
- participating in community organizations that identify needs
- responding to requests from the community

COMMUNITY INPUT

Each year, new information is considered and previously identified needs are validated as the organization sets priorities for outreach efforts. Although annual review of needs sometimes identifies something new, Archbold's prioritized efforts are directed toward needs that have been consistent over time. These include high rates of certain diseases as compared with the United States and the rest of Georgia and a need to improve access for underserved/underestimated citizens.

Input from community members representing the broader interests of the county was gathered through a combination of online and written surveys. These efforts yielded information that will be used in addressing barriers, allocating resources and assets and determining opportunities to support. Input was considered in determining gaps in services and to identify whether developing new relationships and partnerships was necessary to meet the needs of the community. This year we enhanced our approach to obtaining this information from our communities. An online survey was accessible through our website

(archbold.org), Archbold social media channels including Facebook, Instagram and Twitter. A press release was sent to the Camilla Enterprise and Pelham Journal asking for the community's participation. A website link and/or paper copies of the survey were sent to the following entities:

- City of Camilla—*online survey*
- Mitchell County Family Connection—*written and online survey*
- Mitchell County Health Department—*Typically representing low-income/minority/medically underserved population—written and online survey*
- Camilla Chamber of Commerce—*online survey*
- Pelham Chamber of Commerce—*online survey*
- Mitchell UGA Extension—*online survey*
- Mitchell County Hospital employee—*online survey*
- Pelham City Schools—*online survey*
- Mitchell County Schools—*online survey*

On the following page are our survey responses.

Qualitatively, the greatest medical needs according to community perception included:

1. High Blood Pressure
2. Diabetes
3. Obesity
4. Heart Disease
5. Drug Addiction
6. Cancer
7. Mental Health Issues

A quantitative analysis of some of the health issues we face every day is included in the Key Health Needs section. Evaluating both qualitative and quantitative information, we chose areas to focus our efforts on where we were best suited to have impact.

COMMUNITY HEALTH NEEDS SURVEY RESPONSES



71.5% Employer Provided Insurance

Which of the following describes your current type of health insurance?

11% Medicare

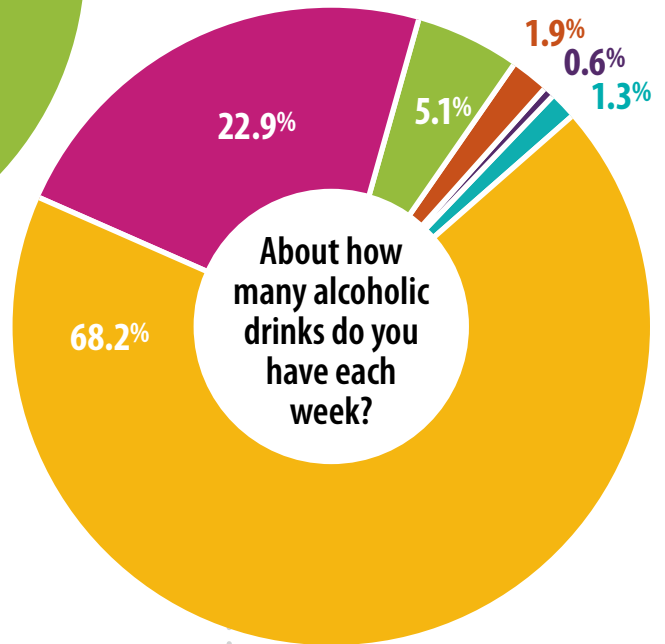
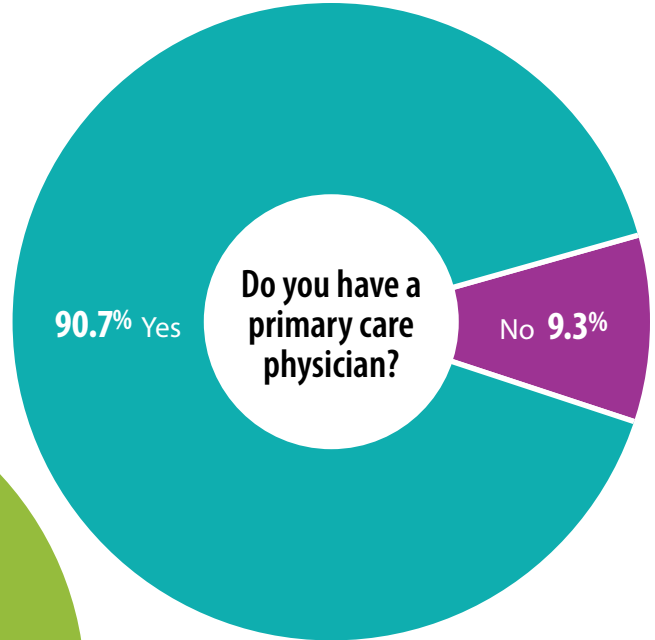
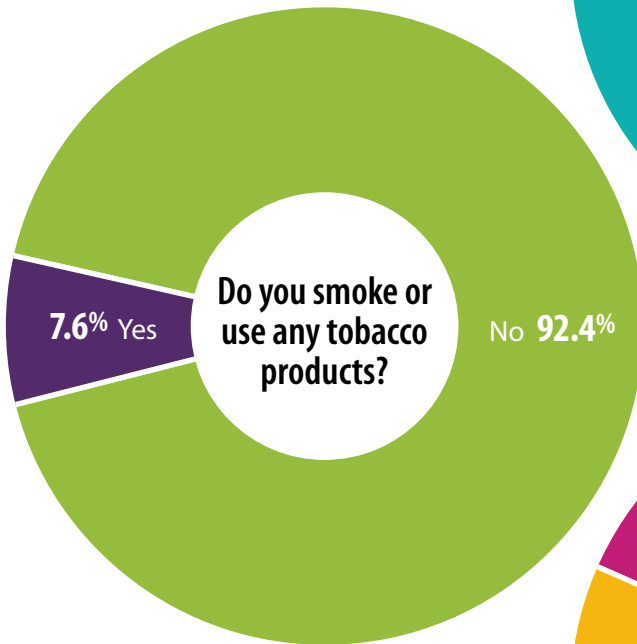
5.8% Individual

5.2% Government—VA, Champus

3.5% I do not have health insurance

1.7% Medicaid

1.2% Medicaid/Medicare



KEY

- 0 drinks a week
- 1–4 drinks a week
- 5–8 drinks a week
- 9–12 drinks a week
- 13–16 drinks a week
- More than 16 drinks a week

Community Health Needs Survey Responses

What do you think are the top three health challenges people face in this community?



1 High Blood Pressure



2 Diabetes



3 Overweight/Obesity

What do you think are barriers for those in this community who do not seek or receive routine healthcare?



1 No health insurance



2 Lack of Income



3 Preventative healthcare not a priority

What do you think are the top three unhealthy habits that influence the overall health of the community?



1 Poor diet

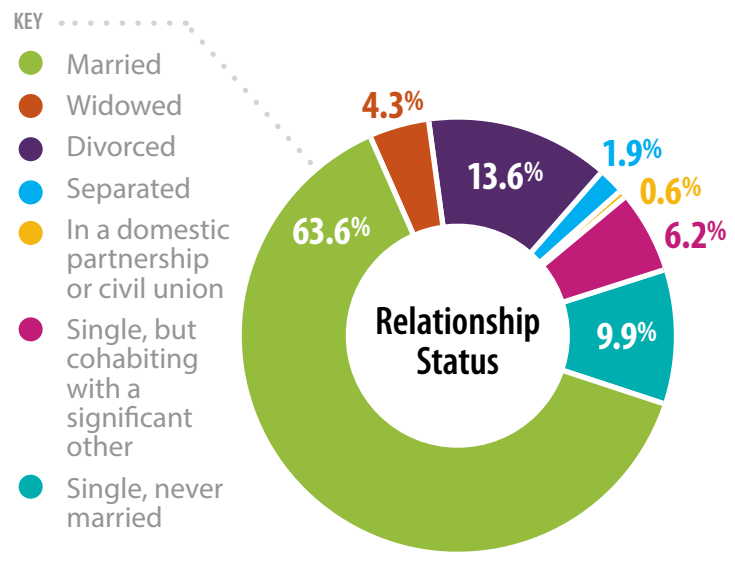
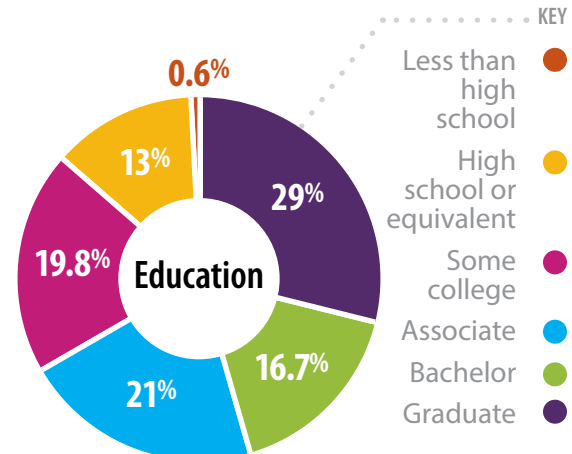
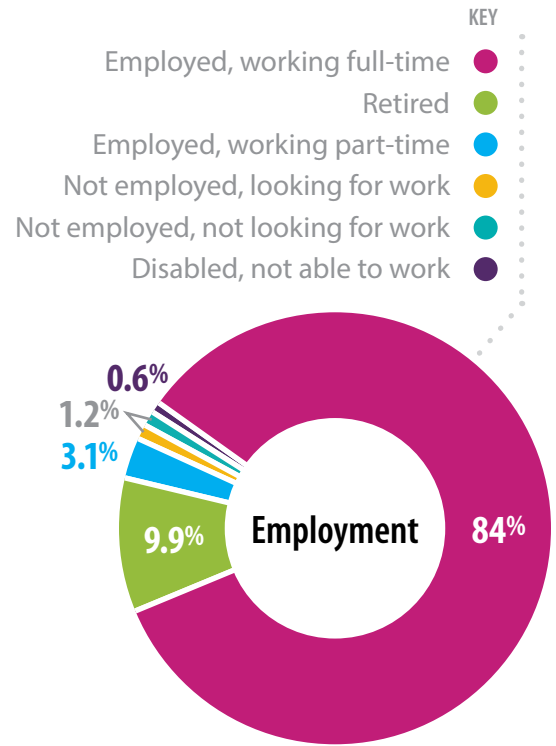
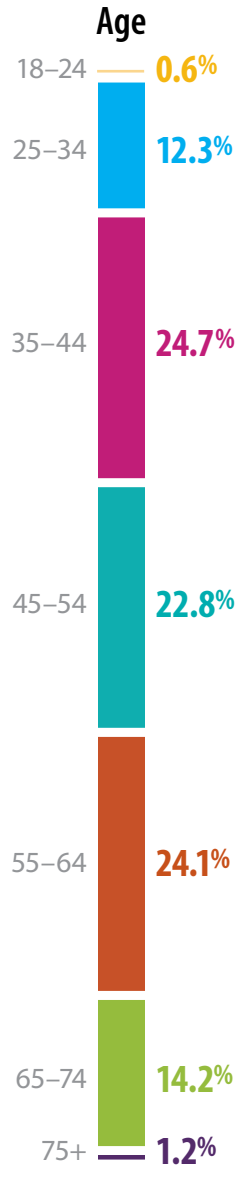
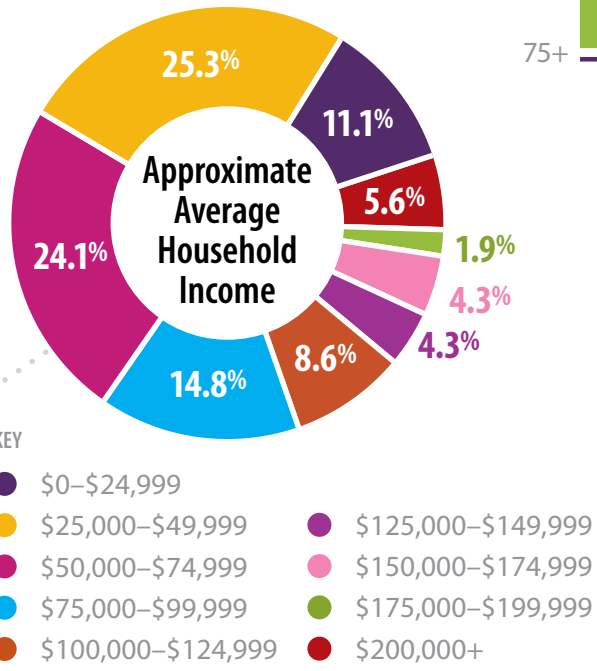
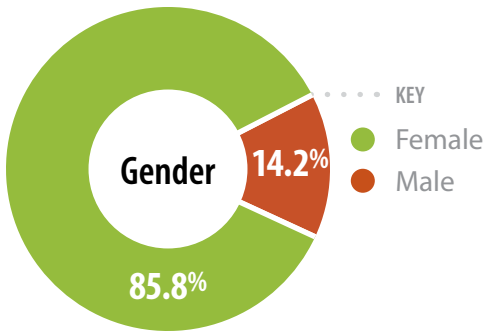
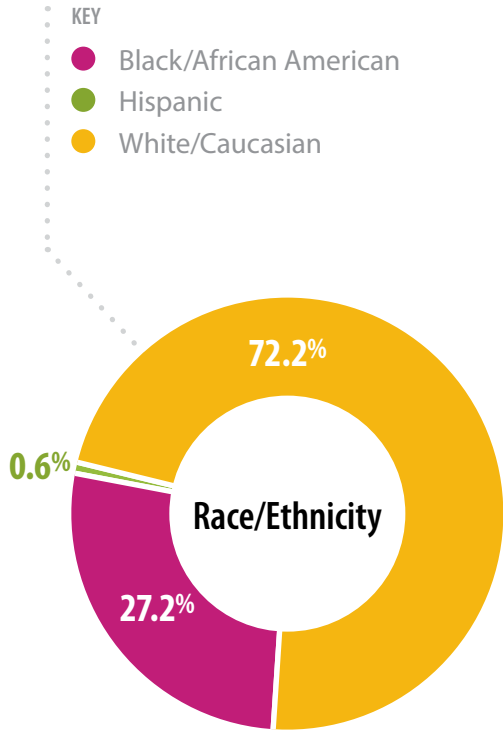


2 Lack of exercise

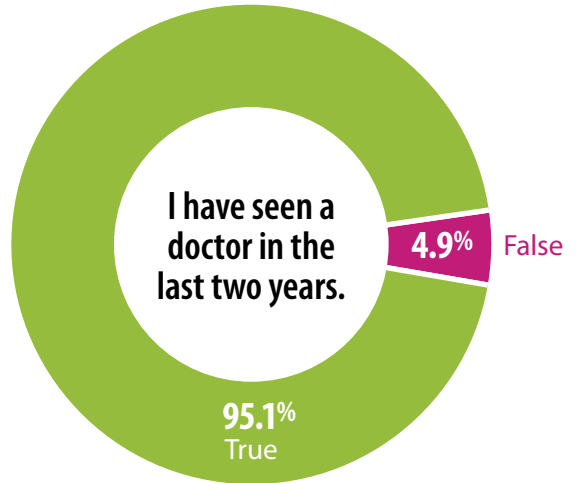
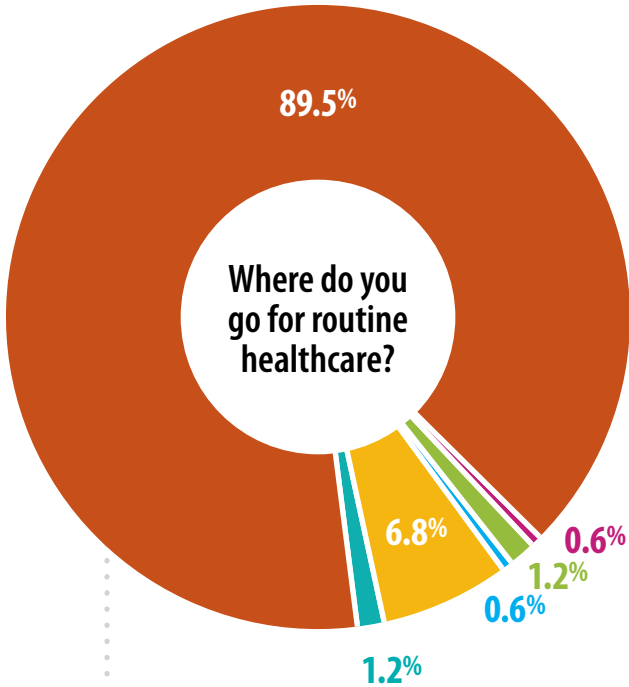


3 Alcohol use

Community Health Needs Survey Responses

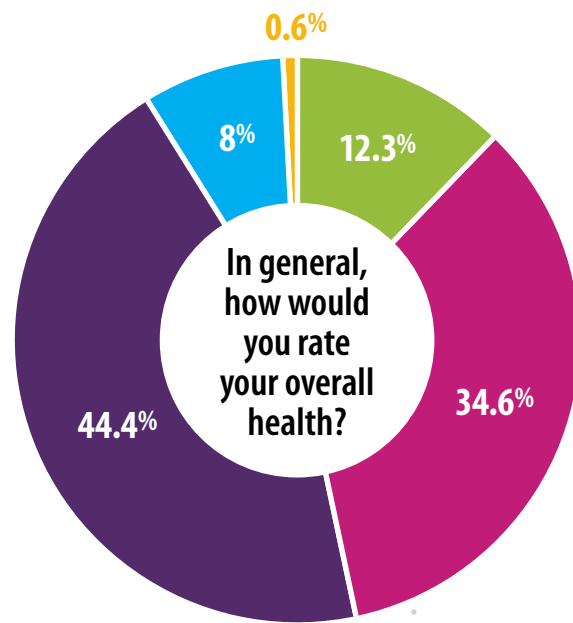


Community Health Needs Survey Responses



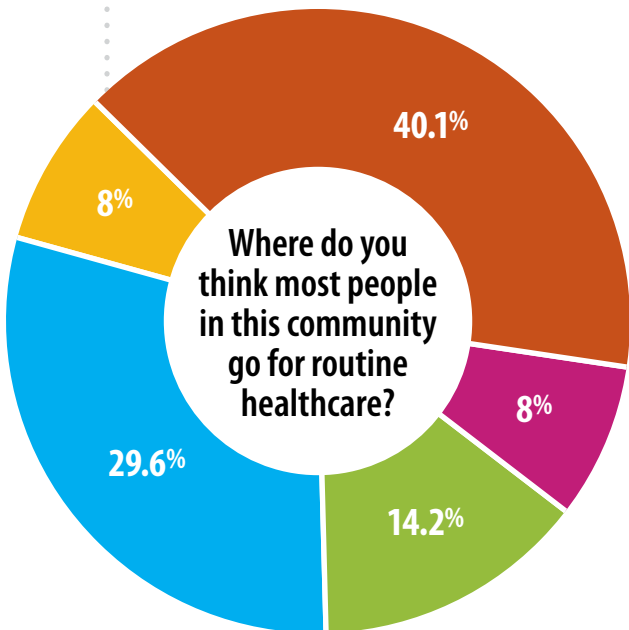
KEY

- Physician Office
- Health Department
- Urgent Care/Walk-in Clinic
- Emergency Department
- Do not seek healthcare
- Other



KEY

- Excellent
- Very good
- Good
- Fair
- Poor



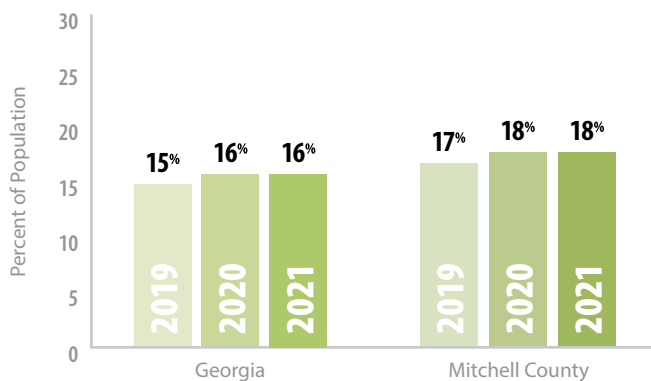
THE KEY HEALTH ISSUES OF MITCHELL COUNTY



Access to care is an issue that typically impacts all of the other community health needs on our list. It is the degree to which individuals and groups are able to obtain a broad range of healthcare without excessive economic strain. According to the community input we received, a lack of income and health insurance were identified as issues. Quantitatively, lack of insurance, previously a large barrier, appears to be less of an issue. Nationally, the percent of uninsured under age 65 was at 8.6% in 2020. Comparatively, county and state percentages are below.

UNINSURED, UNDER AGE 65: 2019–2021

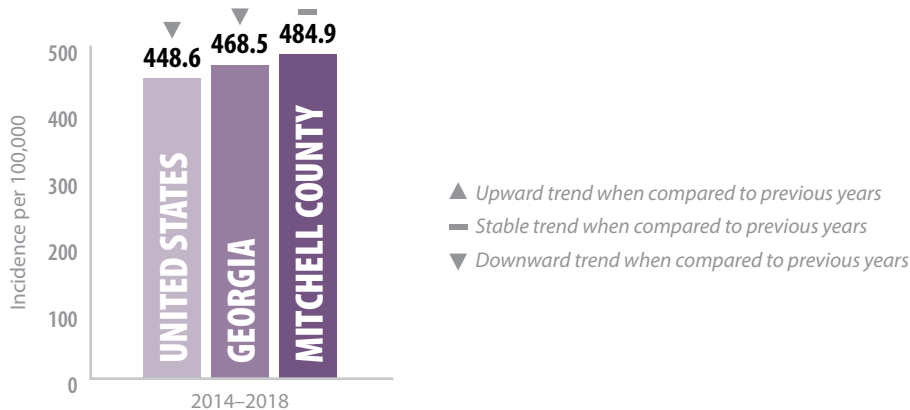
Source: University of Wisconsin Population Health Institute



Cancer is the second-leading cause of death among all diseases, both nationally and in Georgia. Some specific types of cancer are on the rise, but a review of all ages and all cancers reveal Mitchell County's incidence rate between 2014–2018 (484.9) is higher than Georgia's rate, which is higher than the national rate. When comparing cancer death rates, African-Americans had higher rates for both males and females, regardless of gender.

CANCER INCIDENCE SNAPSHOT: 2014–2018

All Cancer Sites, All Ages, All Races, Both Sexes. Source: State Cancer Profiles, National Cancer Institute, CDC



The Key Health Issues of Mitchell County

CARDIOVASCULAR DISEASE

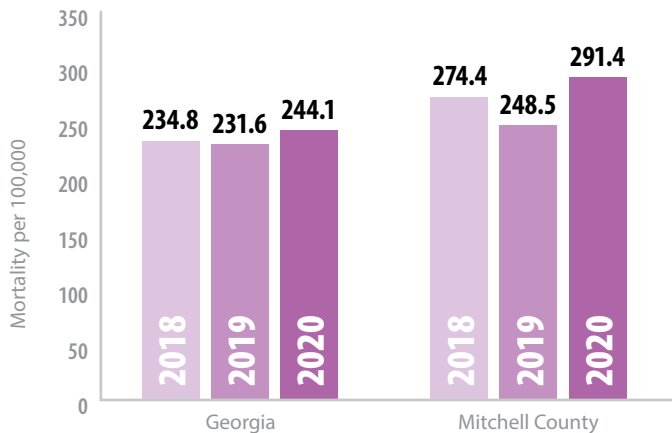


According to the American Heart Association (AHA), cardiovascular disease (CVD) accounted for 874,613 deaths in the United States in 2019. Coronary heart disease (CHD) is the most common type of heart disease, killing over 360,900 people annually. High blood pressure, high cholesterol, smoking, obesity and diabetes are major risk factors for heart disease.

Mitchell County ranks among the counties with the highest mortality levels in Georgia.

MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2018–2020

All ages. Source: OASIS, CDC



DIABETES

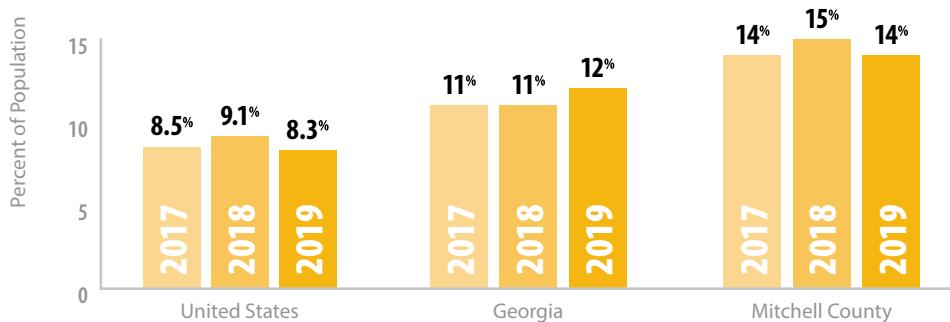


More than 34 million Americans have diabetes, and another 88 million US adults have prediabetes, a serious health condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. A person with prediabetes is at high risk of type 2 diabetes, heart disease and stroke. A person with diabetes is at high risk of heart disease, stroke and other serious complications, such as kidney failure, blindness and amputation of a toe, foot or leg. In the last 20 years, the number of adults diagnosed with diabetes has more than tripled as the US population has aged and become more overweight.

The diagnosed diabetes rate in Mitchell County exceeds both state and national rates.

DIAGNOSED DIABETES RATE: 2017–2019

Age adjusted. Source: CDC, National Diabetes Surveillance System, County Health Rankings and Roadmaps



The Key Health Issues of Mitchell County

KIDNEY DISEASE

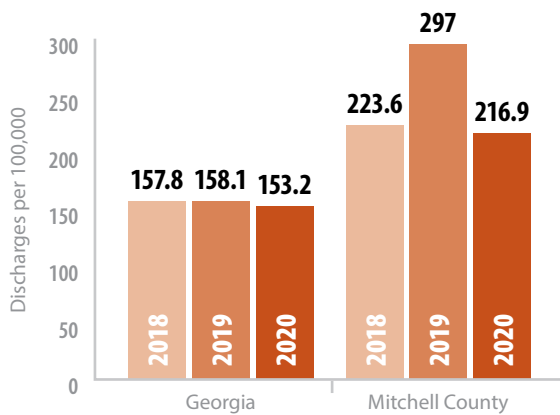


Chronic Kidney Disease (CKD) affects an estimated 37 million people, or 15% of US adults. When the kidneys stop working, dialysis or kidney transplant is needed for survival. Kidney failure treated with dialysis or kidney transplant is called end-stage renal disease (ESRD).

Two of the main causes of CKD are diabetes and hypertension—potentially reversible conditions with proper diet and exercise. It is very difficult to make statistically consistent comparisons of CKD on a national, state and local level because variances within specific data sets are so complex and specific enough that attempts to compare would be highly estimated, and perhaps inaccurate. And so, we are choosing to focus on comparable local and state statistics.

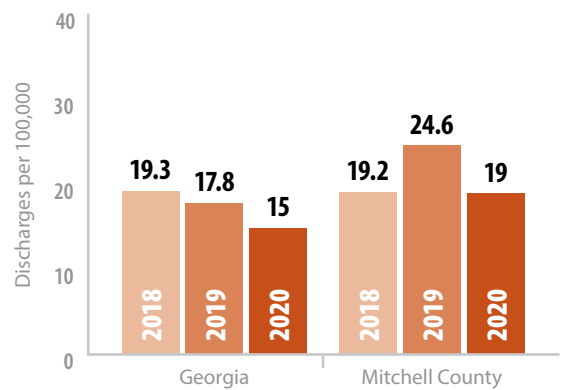
DIABETES MORBIDITY: 2018–2020

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



HYPERTENSION MORBIDITY: 2018–2020

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



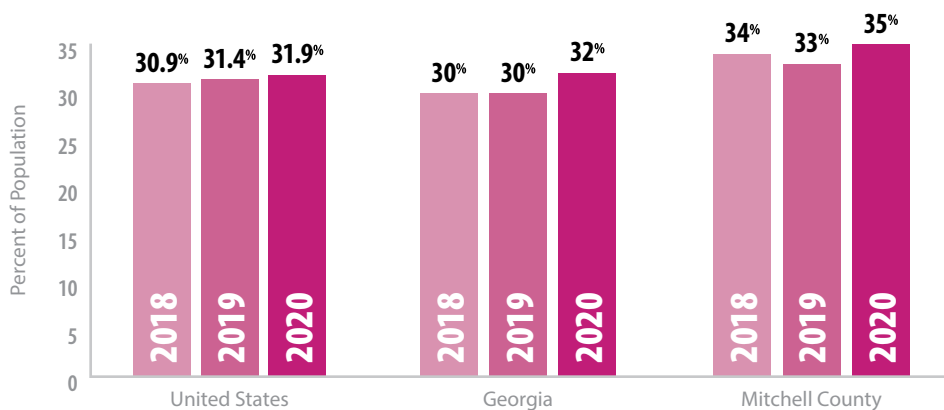
ADULT OBESITY



According to Healthline, 36.5% of adults in the United States are obese and another 32.5% are overweight. Obesity is a preventable, yet contributing cause of many other health problems, including heart disease, stroke, diabetes and some types of cancer, some of the leading causes of death in the country. Southwest Georgia has some of the higher obesity rates nationally.

ADULT OBESITY PREVALENCE: 2018–2020

Source: CDC-BRFSS, University of Wisconsin Population Health Institute



The Key Health Issues of Mitchell County

RESPIRATORY DISEASE

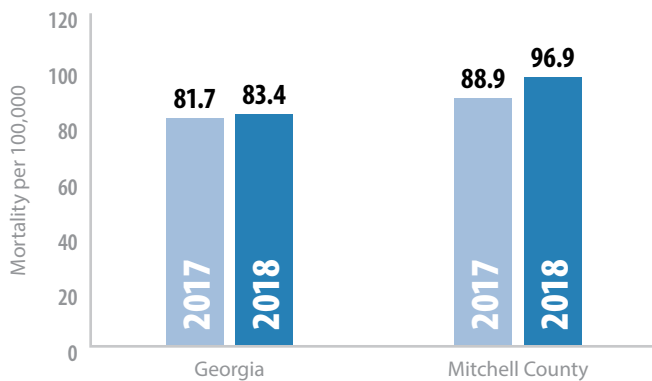


More than 25 million people in the United States have asthma. In 2018, approximately 15.7 million adults have been diagnosed with COPD, and 50% of adults with low pulmonary function were not aware they had COPD. Lung cancer is by far the leading cause of cancer death among both men and women. Each year, more people die of lung cancer than of colon, breast and prostate cancers combined. All represent major chronic respiratory diseases, and many cases can be prevented by not smoking.

The 2021 County Health Rankings and Roadmaps report estimates the smoking rate among adults in Mitchell County is at 25%, compared to 16% in Georgia. In 2020, the CDC reported the smoking rate for adults to be 12.5% nationally.

CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2017–2018

Age adjusted. Source: GA Oasis, CDC



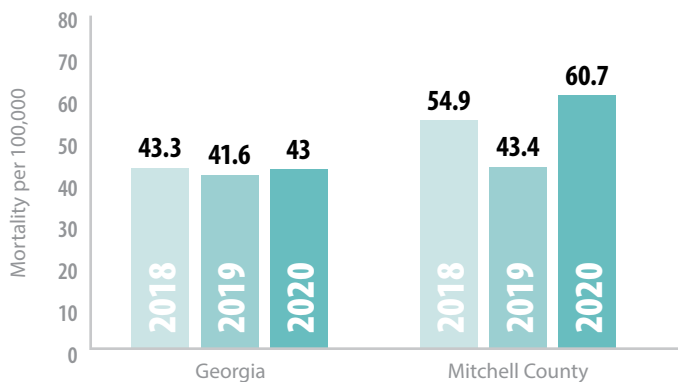
STROKE



Someone in the United States has a stroke every 40 seconds. Every 3.5 minutes, someone dies of stroke. Stroke is the fifth leading cause of death for Americans, but the risk of having a stroke varies with race and ethnicity. Risk of having a first stroke is nearly twice as high for blacks as for whites, and blacks have the highest rate of death due to stroke. Though stroke death rates have declined for decades among most races/ethnicities, Hispanics have seen an increase in death rates since 2013. High blood pressure, high cholesterol, smoking, obesity and diabetes are leading causes of stroke—1 in 3 US adults has at least one of these conditions or habits. By far, the country's highest death rates from stroke are in the southeastern United States.

STROKE MORTALITY: 2018–2020

Source: CDC, Oasis



OUR COMMITMENT TO THE COMMUNITY NEVER WAIVERS

Like others across the world, the COVID-19 pandemic presented many challenges for our health system. Though our 2019 clinical outreach initiatives, activities, and community events may resemble those of years past, our efforts in 2020 and 2021 may look quite different. However, when our community needed us most, we were there. And when it came to clinical outreach, we simply changed the way we did things. We shifted our focus from hosting large community gatherings to organizing virtual events. We also temporarily halted community screenings and implemented ongoing COVID-19 vaccine clinics to reach nearby communities we serve. Even at the peak of the pandemic, while our dedicated clinical teams worked around the clock to care for community members that were fighting for their lives, Archbold’s commitment to improving the health of citizens in our community never once wavered.



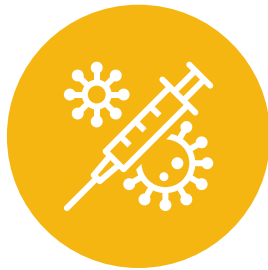
A COMMUNITY FOCUSED ON OVERCOMING COVID-19

Starting in December 2020, Archbold opened COVID-19 vaccine clinics across South Georgia. From December 2020 through March 2022, Archbold hosted 116 total vaccine clinics in Thomas, Brooks, Grady and Mitchell counties combined. We administered a total of 38,491 COVID-19 vaccines in that same time period.



38,491

Total Vaccines Administered by Archbold



“We had an overwhelmingly great response from our community to the vaccine clinics. We’re grateful to the Archbold team members and volunteers that played an instrumental part in ensuring our community members are vaccinated and protected from the dangerous impact of COVID-19.”

Chris Newman, Vice President of Clinical Services, Archbold Medical Center



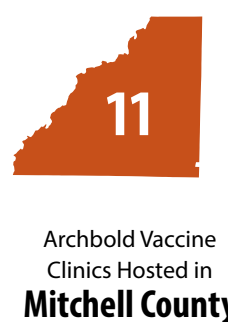
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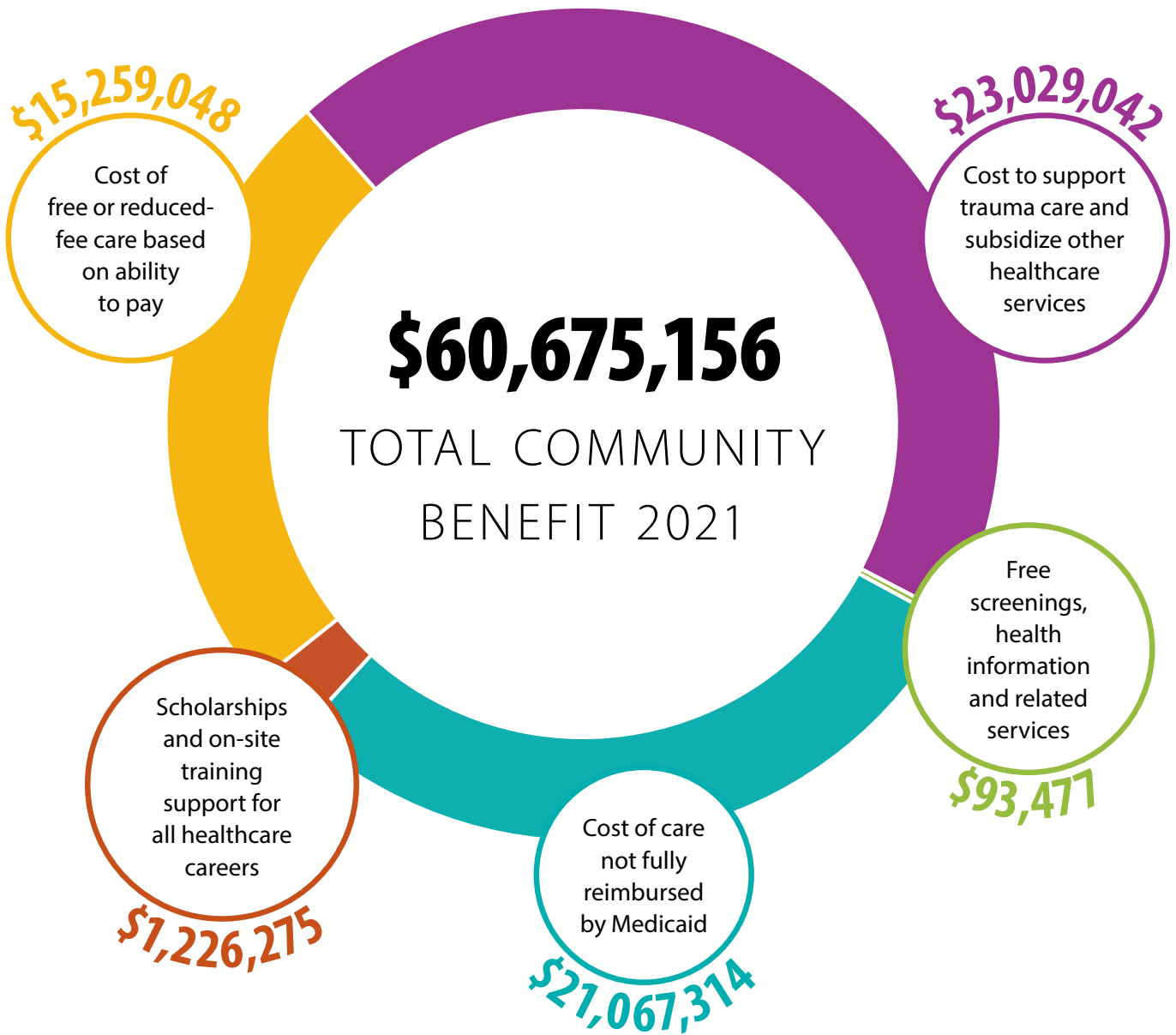


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COMMUNITY BENEFIT

Community Benefit is measured in different forms, some highly visible, some behind the scenes. In sum, Archbold's efforts to live up to the core value of Community Benefit represents a massive investment, as represented below. Each area shows deep investment in the communities we serve, consistently aligned with the spirit of our existence for nearly 100 years.



ADDRESSING HEALTH NEEDS IN BROOKS COUNTY

In the 2019–2020 CHNA, our primary plans were to:

- Continue screenings and/or education for key health issues as noted in this CHNA, with priority on disease states where reducing obesity can have a positive impact.
- Complete conversations with executive leadership in key sectors of the community to determine whether they will support and sustain Live Better Mitchell County.

One, free community screening was held in Mitchell County from 2019–2020. We recorded blood pressure, pulse, BMI, height/weight, lipid panels, and glucose levels. Screening participants with elevated levels or areas of concern were directed to follow up with their primary care physician. If the participant didn't have a primary care physician, attempts were made to connect the participant with a provider that was a good fit. Sometimes this included steering the participant to the Federally Qualified Health Center in their community. While we would like to have conducted more screenings, our health system's outreach efforts and resources were redirected during this time period to provide COVID-19 vaccine clinics throughout South Georgia.

We evaluated the logistics involved with launching a Live Better program in Mitchell County. It was determined that the health system does not have the resources at this time to operationalize Live Better in Mitchell County.

NEEDS NOT ADDRESSED

Not all health needs are easily addressed by Archbold. Further, keeping too broad of a focus will dilute the impact we can have on each health need. These are some of the primary reasons we aren't addressing certain health needs in our implementation plan. Our biggest opportunities are to help with improving disease states by addressing obesity, as well as remaining available to provide assistance with other health needs as requested and as time and finances permit. We will address mental health issues, but more from

our psychiatric service line than through clinical outreach/ community benefit.

SETTING PRIORITIES

One of the common challenges in rural communities across the country is determining how a health system can have the greatest impact on improving the health of citizens given available resources and financial constraints. We've noted before that the communities we serve represent some of the unhealthiest counties in the country. Despite the challenges we face with inadequate resources, we still believe it is our responsibility to continue prevention and early detection efforts by allocating our available resources to offer free community screenings in Mitchell County.

Although health screening will be our focus going forward, there is still a need to address other key health issues individually with similar tactics. We will continue to use doctors, mid-levels, nurses, and other clinicians for education and screenings as we can provide. In addition to a full-time clinical outreach manager, we will provide part-time clinical staff, laboratory use, clinical supplies, and resources for other contingencies.

MOVING FORWARD AFTER COVID-19

Our nation learned a lot from the COVID-19 pandemic. We watched as comorbidities commonly associated with obesity (diabetes, hypertension, cancer, asthma, and physical inactivity) became classified by the Centers for Diseases Control (CDC) as risk factors for severe COVID-19. This further validates our efforts focused on improving the overall health of citizens in South Georgia, including Mitchell County.

Archbold will continue to offer health screenings and/or education for key health issues as noted in this CHNA. Our screening efforts will focus primarily on disease states where reducing obesity can have a positive impact on the overall health of citizens living in the communities we serve.

