COMMUNITY HEALTH NEEDS ASSESSMENT

KEY HEALTH ISSUES AND IMPLEMENTATION PLAN
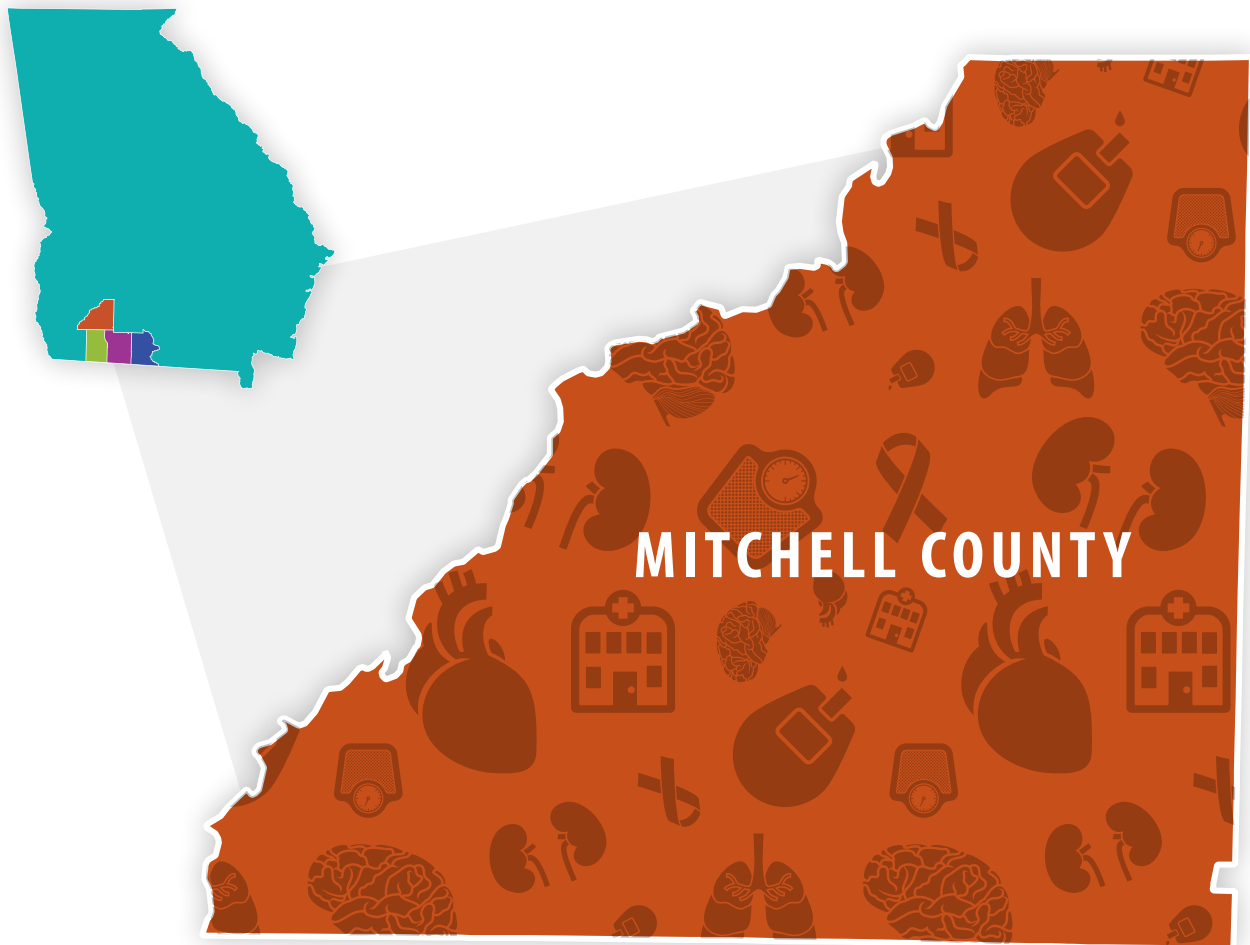
MITCHELL COUNTY

2019–2020

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 2016–2017 CHNA was published**
- **our path forward for the 2019–2020 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 Mark D. Lowe, Vice President of Planning and Marketing, at 229.584.5520 or mdlowe@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 $49,124,639 in community benefit during 2018.

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, YMCAs, local schools, law enforcement, churches, senior services and resource centers, but in this CHNA we follow up on the new, bolder approach to improving the health of our community we outlined in the 2016–2019 CHNA—Live Better.
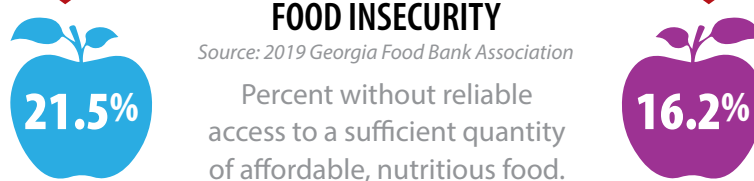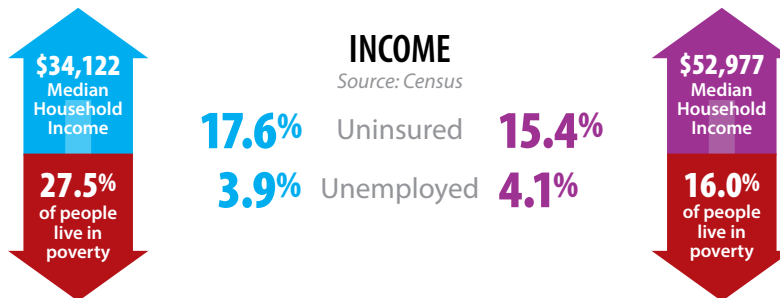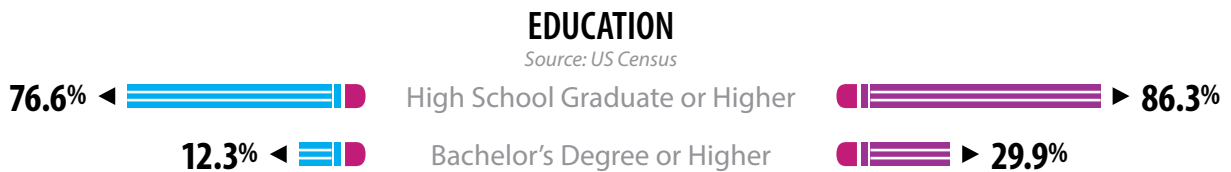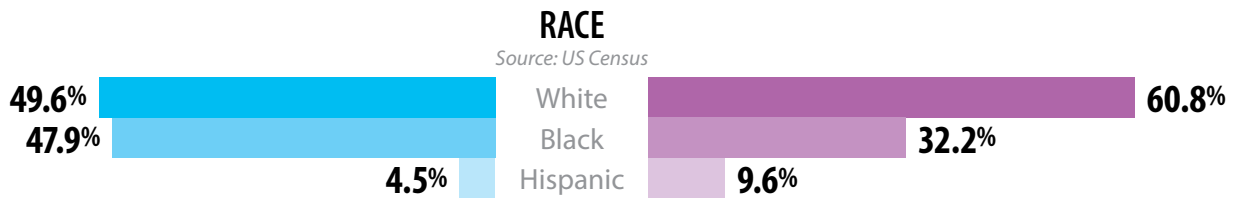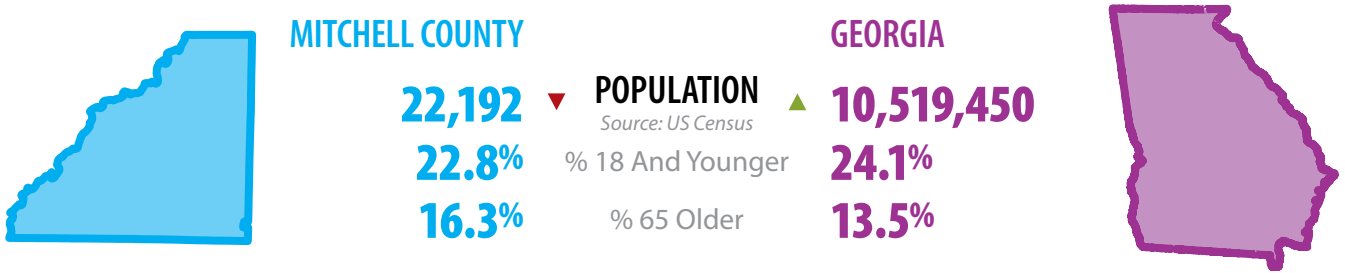
DEFINING THE COMMUNITY

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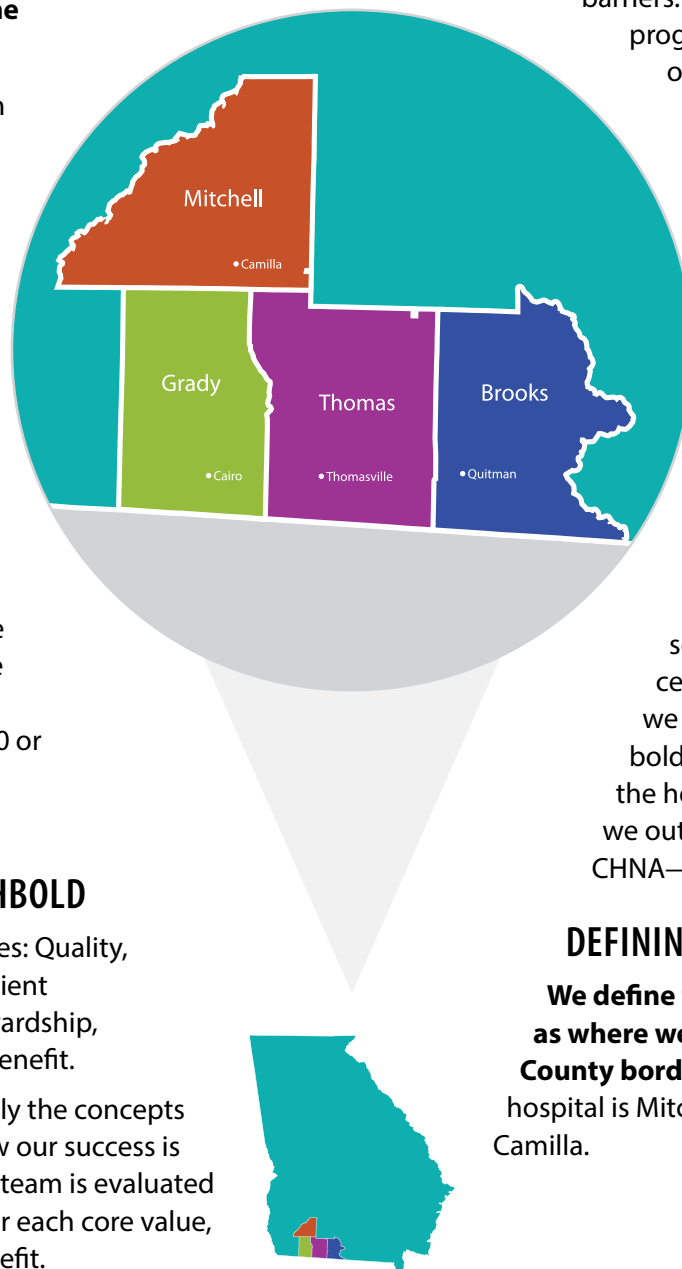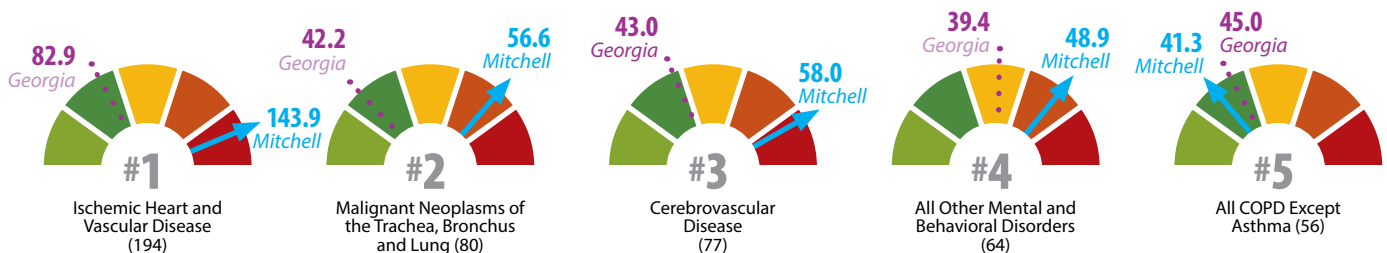
COUNTY PROFILE

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.

MITCHELL COUNTY

GEORGIA

MITCHELL COUNTY		POPULATION		GEORGIA
22,192	▼	**POPULATION** *Source: US Census*	▲	10,519,450
22.8%		% 18 And Younger		24.1%
16.3%		% 65 Older		13.5%

RACE
Source: US Census

Mitchell		Georgia
49.6%	White	60.8%
47.9%	Black	32.2%
4.5%	Hispanic	9.6%

EDUCATION
Source: US Census

Mitchell		Georgia
76.6% ◄	High School Graduate or Higher	► 86.3%
12.3% ◄	Bachelor's Degree or Higher	► 29.9%

INCOME
Source: Census

$34,122 Median Household Income

27.5% of people live in poverty

$52,977 Median Household Income

16.0% of people live in poverty

Mitchell		Georgia
17.6%	Uninsured	15.4%
3.9%	Unemployed	4.1%

FOOD INSECURITY
Source: 2019 Georgia Food Bank Association

Percent without reliable access to a sufficient quantity of affordable, nutritious food.

21.5% (Mitchell)

16.2% (Georgia)

TOP 5 CAUSES OF DEATH AND AGE-ADJUSTED DEATH RATE: 2013–2017
Deaths per 100,000. Source: Georgia Department of Health/OASIS

#1
82.9 Georgia
143.9 Mitchell
Ischemic Heart and Vascular Disease (194)

#2
42.2 Georgia
56.6 Mitchell
Malignant Neoplasms of the Trachea, Bronchus and Lung (80)

#3
43.0 Georgia
58.0 Mitchell
Cerebrovascular Disease (77)

#4
39.4 Georgia
48.9 Mitchell
All Other Mental and Behavioral Disorders (64)

#5
41.3 Mitchell
45.0 Georgia
All COPD Except Asthma (56)

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 written surveys, telephone interviews and in person meetings. 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. We relied more on written surveys for this CHNA than in the 2016–2017 CHNA to be able to have a tool that was more comparable. Survey questions included multiple choice and open-ended answers.

Input was gathered from the following sources from February 28–June 6, 2019:

- Mitchell County Children and Youth Collaborative
  Written Surveys and Phone Interview
- City of Camilla health screen participants
  Written Surveys
- Mitchell County Family Connection
  Written Surveys
- Mitchell County Health Department
  Typically representing low-income/minority/medically underserved population; Written Surveys and Phone Interview

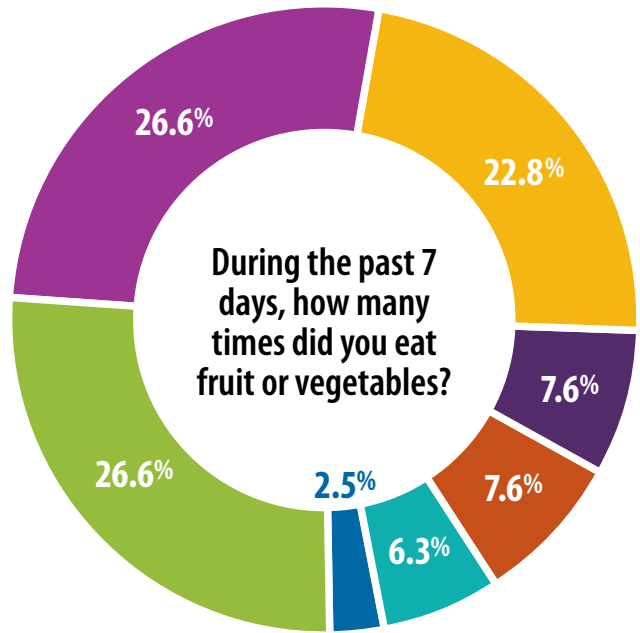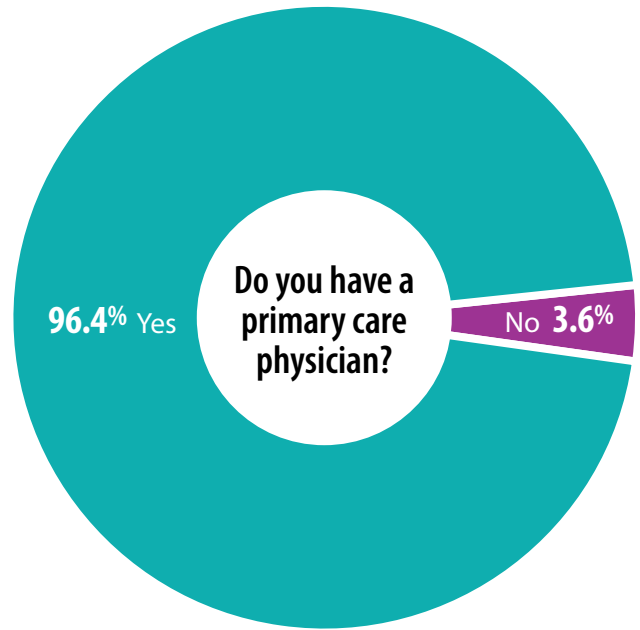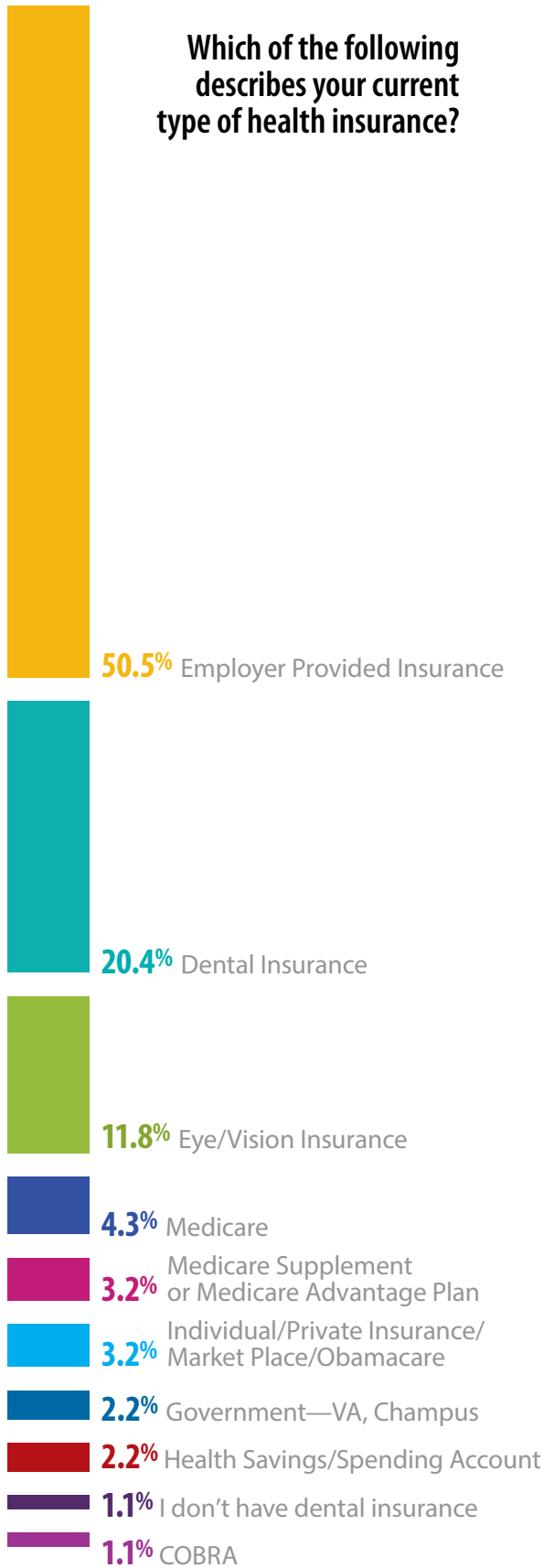**On the following page are our survey responses.**

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

1. Diabetes
2. High Blood Pressure
3. Obesity
4. Cancer
5. Heart Disease
6. Mental Health Issues/ Drug Addiction
7. Alcohol Abuse
8. Back/Joint Pain

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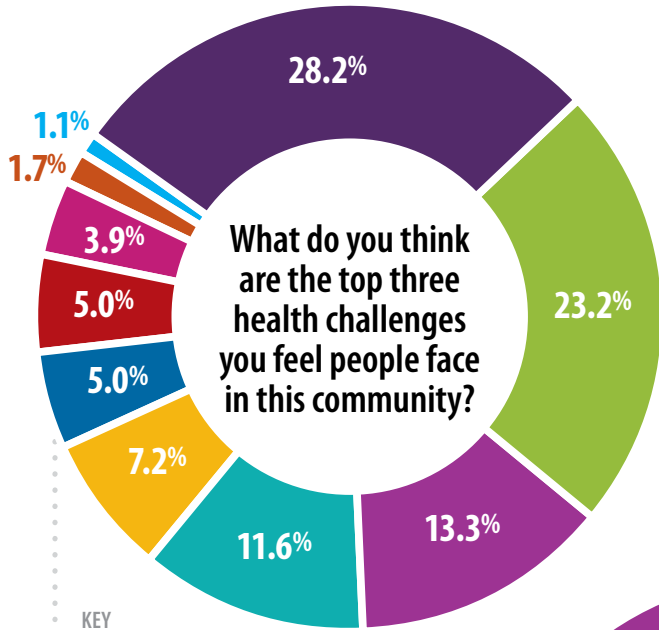
COMMUNITY HEALTH NEEDS SURVEY RESPONSES

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

50.5% Employer Provided Insurance

20.4% Dental Insurance

11.8% Eye/Vision Insurance

4.3% Medicare

3.2% Medicare Supplement or Medicare Advantage Plan

3.2% Individual/Private Insurance/ Market Place/Obamacare

2.2% Government—VA, Champus

2.2% Health Savings/Spending Account

1.1% I don't have dental insurance

1.1% COBRA

Do you have a primary care physician?

96.4% Yes

No **3.6%**

During the past 7 days, how many times did you eat fruit or vegetables?

26.6%

22.8%

7.6%

7.6%

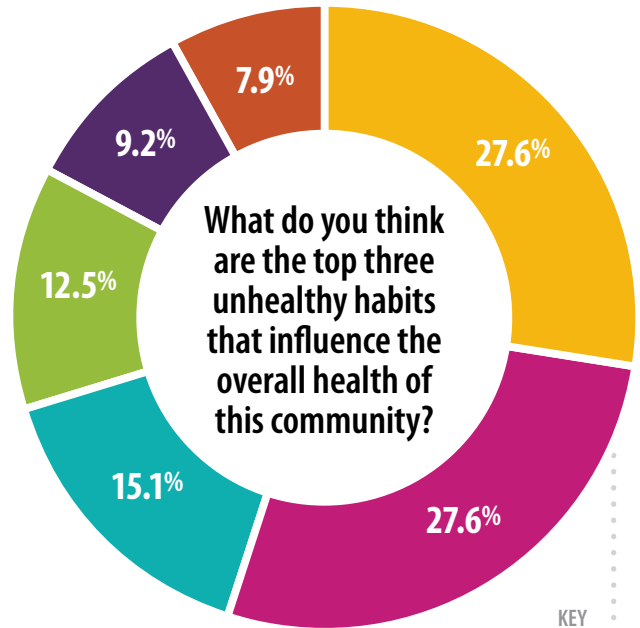**6.3%**

2.5%

26.6%

KEY

- I did not eat fruit or vegetables during the past 7 days
- 1–3 times during the past 7 days
- 4–6 times during the past 7 days
- 1 time per day
- 3 times per day
- 2 times per day
- 4+ times per day

Community Health Needs Survey Responses

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

- 28.2%
- 23.2%
- 13.3%
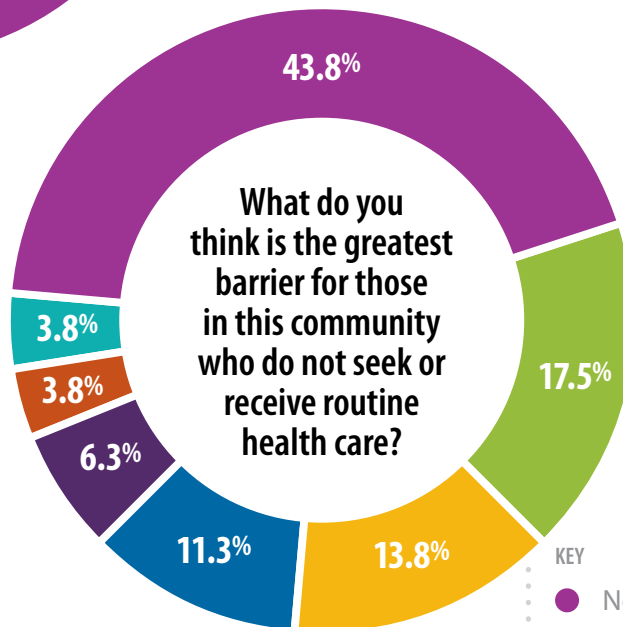- 11.6%
- 7.2%
- 5.0%
- 5.0%
- 3.9%
- 1.7%
- 1.1%

KEY
- Diabetes
- High Blood Pressure
- Overweight/Obesity
- Cancer
- Heart Disease
- Drug Addiction
- Mental Health Issues
- Alcohol Abuse
- Back or Joint Pain
- Stroke

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

- 27.6%
- 27.6%
- 15.1%
- 12.5%
- 9.2%
- 7.9%

KEY
- Lack of exercise
- Poor diet
- Alcohol use
- Illegal drugs
- Tobacco Use
- Overuse of prescription drugs

What do you think is the greatest barrier for those in this community who do not seek or receive routine health care?
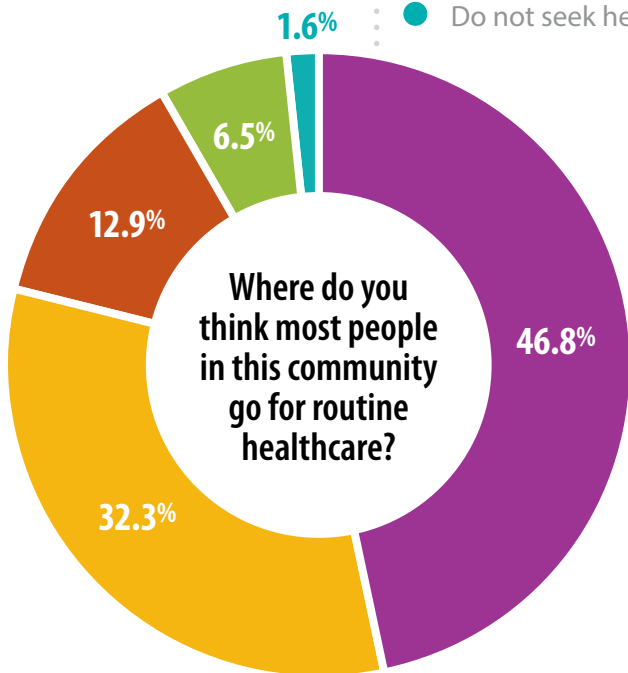
- 43.8%
- 17.5%
- 13.8%
- 11.3%
- 6.3%
- 3.8%
- 3.8%

KEY
- No health insurance
- Lack of income
- Level of Education
- Preventative health care not a priority
- Lack of transportation
- Cannot afford co-pay
- No primary care physician

Where do you go for routine healthcare?

85.2%

8.2%

3.3%
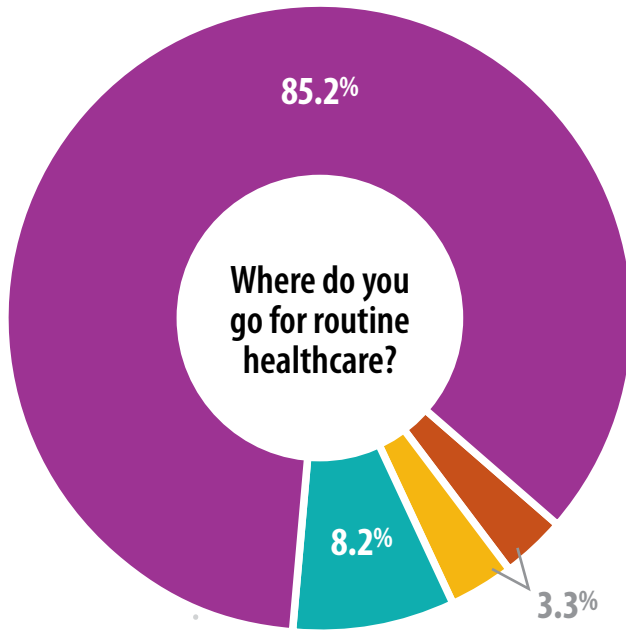
KEY
- ● Physician Office
- ● Emergency Department
- ● Health Department
- ● Urgent Care Walk-in Clinic
- ● Do not seek healthcare

Where do you think most people in this community go for routine healthcare?

46.8%

32.3%

12.9%

6.5%

1.6%

What other health services need to be offered to meet health challenges in this community?

- More Doctors for rural areas
- More Health Education
- Free/Low cost clinics
- Exercise programs
- 24/7 Walk-in Clinic
- Grant assistance program for lower income homes
- Mental health
- Health care education
- Affordable rehab for Alzheimer and dementia
- Free health screenings
- Services for homeless
- Diabetes management
- Need for OB/GYN services
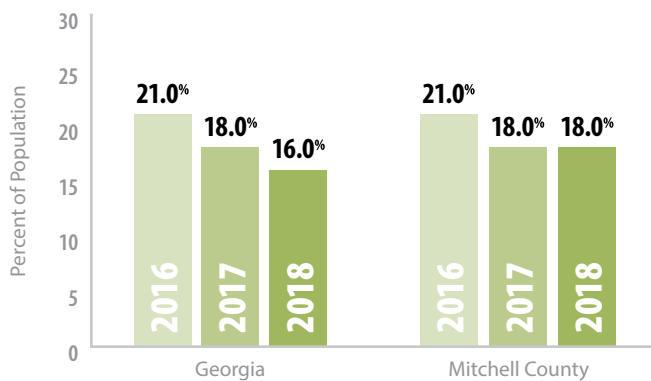- Hypertension management

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. Quantitatively, lack of insurance, previously a large barrier, appears to be less of an issue. Nationally, the percent of uninsured under age 65 is at 10.2%. Comparatively, the percentage of uninsured patients in Mitchell County is above the national and state rates, though it has improved.
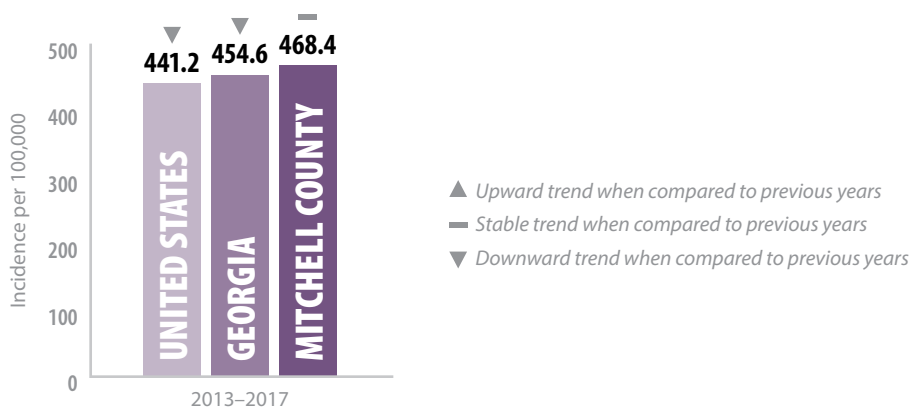
UNINSURED, UNDER AGE 65: 2016–2018
Source: University of Wisconsin Population Health Institute

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 2013–2017 (468.4) is higher than Georgia's rate, which is higher than the national rate, despite the fact that Mitchell County's rate slightly declined from the last CHNA. When comparing cancer death rates, African-Americans had higher rates for both males and females, regardless of gender.

CANCER INCIDENCE SNAPSHOT: 2013–2017
All Cancer Sites, All Ages, All Races, Both Sexes. Source: State Cancer Profiles, National Cancer Institute, CDC

▲ *Upward trend when compared to previous years*
— *Stable trend when compared to previous years*
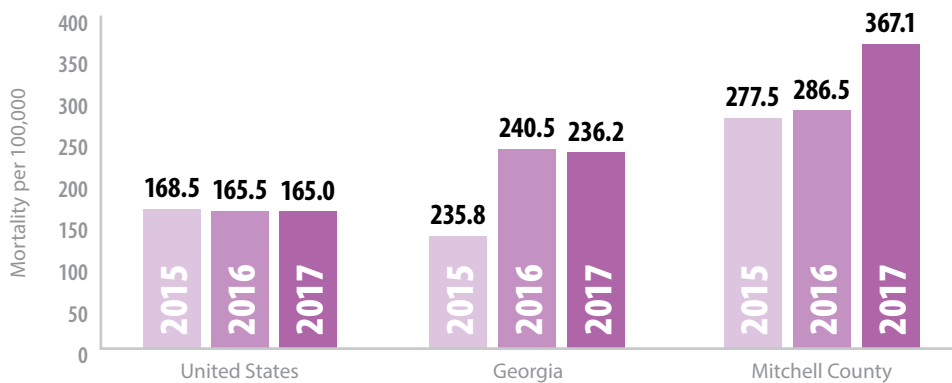▼ *Downward trend when compared to previous years*

CARDIOVASCULAR DISEASE

According to the American Heart Association (AHA), about 610,000 people die of heart disease in the United States every year; that's one in every four deaths. Heart disease is the leading cause of death for both men and women. Coronary heart disease (CHD) is the most common type of heart disease, killing over 370,000 people annually. High blood pressure, high cholesterol and smoking are key risk factors for heart disease. About half of Americans (47%) have at least one of these three risk factors. Obesity and diabetes also are major risk factors.

Mitchell County ranks among the counties with the highest mortality levels in Georgia, and exceeds heart disease rates per 100,000 than both Georgia and U.S. rates.

MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2015–2017
All ages. Source: OASIS, CDC

United States: 2015 168.5, 2016 165.5, 2017 165.0
Georgia: 2015 235.8, 2016 240.5, 2017 236.2
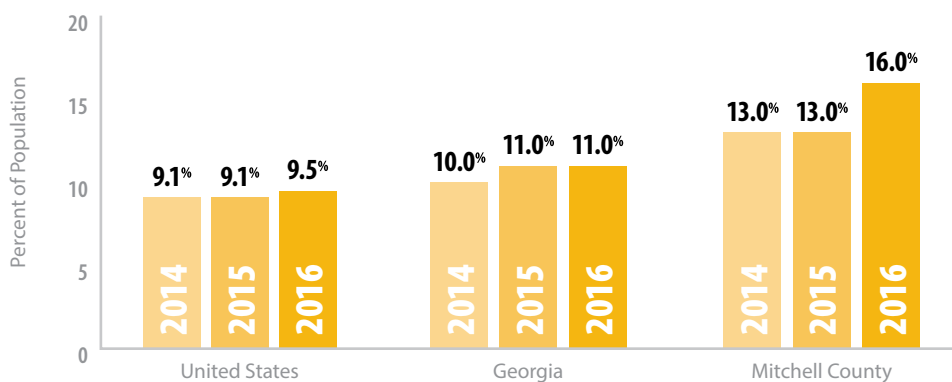Mitchell County: 2015 277.5, 2016 286.5, 2017 367.1

DIABETES

More than 30 million Americans have diabetes, and another 84 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: 2014–2016
Age adjusted. Source: CDC, National Diabetes Surveillance System, County Health Rankings and Roadmaps

United States: 2014 9.1%, 2015 9.1%, 2016 9.5%
Georgia: 2014 10.0%, 2015 11.0%, 2016 11.0%
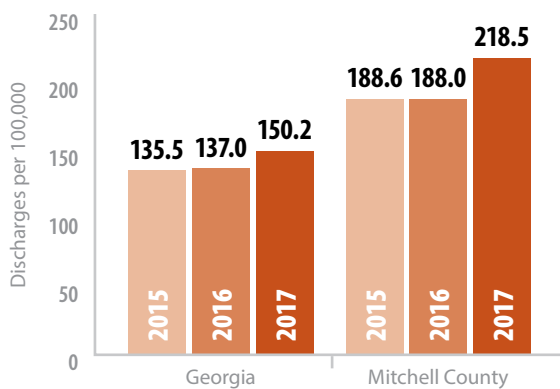Mitchell County: 2014 13.0%, 2015 13.0%, 2016 16.0%

KIDNEY DISEASE

Chronic Kidney Disease (CKD) affects an estimated 30 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.
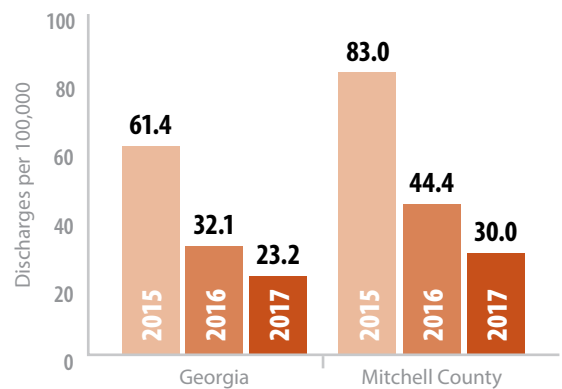
DIABETES MORBIDITY: 2015–2017

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis

Discharges per 100,000

	Georgia			Mitchell County		
	2015	2016	2017	2015	2016	2017
	135.5	137.0	150.2	188.6	188.0	218.5

HYPERTENSION MORBIDITY: 2015–2017

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis

Discharges per 100,000

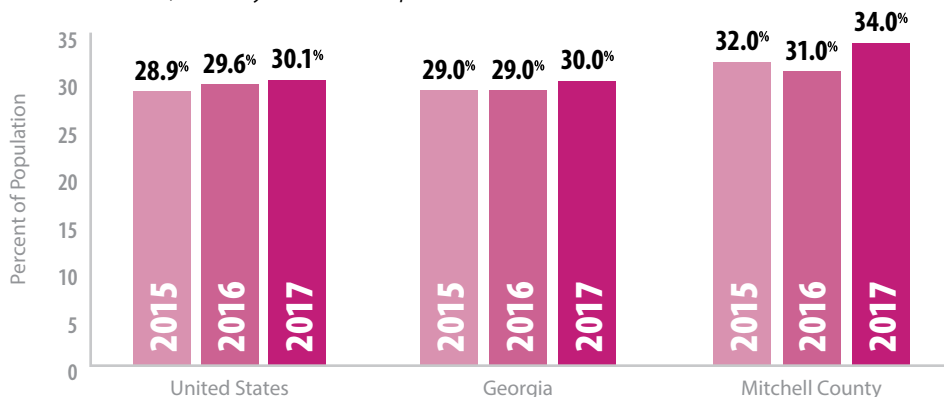|	Georgia			Mitchell County		
	2015	2016	2017	2015	2016	2017
	61.4	32.1	23.2	83.0	44.4	30.0

OBESITY

Obesity is a national epidemic, causing higher medical costs and a lower quality of life. In every state, more than 15% of adults are obese, and in nine states, over 30% of adults are obese. 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.

OBESITY PREVALENCE: 2010–2013

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

Percent of Population

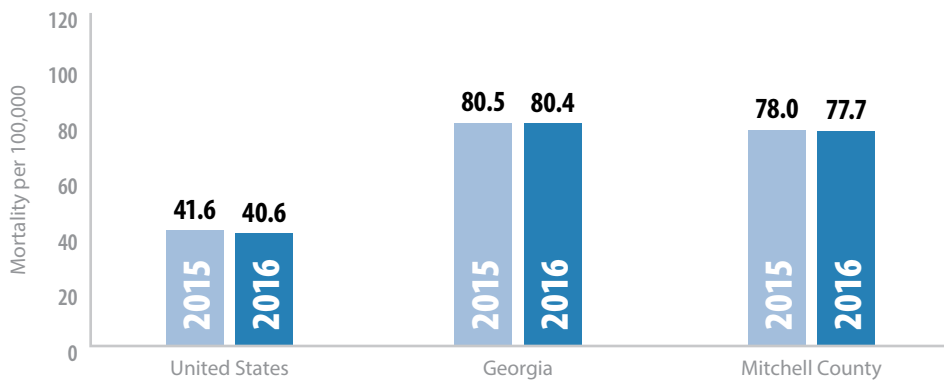|	United States			Georgia			Mitchell County		
	2015	2016	2017	2015	2016	2017	2015	2016	2017
	28.9%	29.6%	30.1%	29.0%	29.0%	30.0%	32.0%	31.0%	34.0%

RESPIRATORY DISEASE

More than 25 million people in the United States have asthma. Approximately 14.8 million adults have been diagnosed with COPD, and approximately 12 million people have not yet been diagnosed. 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.

Smoking clearly has a direct impact on respiratory diseases, one reason why Archbold continues to offer free smoking cessation classes to the community. And it's necessary: the 2019 County Health Rankings and Roadmaps report estimates the smoking rate among adults in Mitchell County is at 23%, compared to 18% in Georgia and 14% nationally.

CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2015–2016

Age adjusted. Source: GA Oasis, CDC

Bar chart, Mortality per 100,000:
- United States: 2015 = 41.6, 2016 = 40.6
- Georgia: 2015 = 80.5, 2016 = 80.4
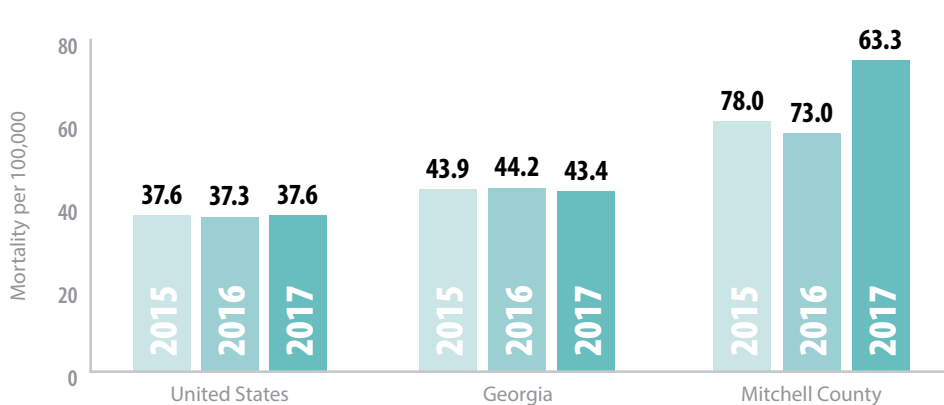- Mitchell County: 2015 = 78.0, 2016 = 77.7

STROKE

Someone in the United States has a stroke every 40 seconds. Every 4 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—1in 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: 2015–2017

Source: CDC, Oasis

Bar chart, Mortality per 100,000:
- United States: 2015 = 37.6, 2016 = 37.3, 2017 = 37.6
- Georgia: 2015 = 43.9, 2016 = 44.2, 2017 = 43.4
- Mitchell County: 2015 = 78.0, 2016 = 73.0, 2017 = 63.3

LOOKING BACK AND MOVING FORWARD

MEASURING PROGRESS

In the 2016–2017 CHNA, our primary plans were to:

- **Continue screenings and/ or education for key health issues, with priority on disease states where reducing obesity can have a positive impact**

- **Evaluate the Live Better concept in Mitchell County by determining whether there was interest and willing partners to achieve a sustainable effort**

Twelve community screenings were held, recording blood pressure, pulse, BMI, height/ weight, lipid panels, renal 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. We also continued to offer monthly free smoking cessation classes and childbirth education.

In evaluating whether Live Better could be successfully launched and sustained in Mitchell County, we considered the major sectors of the community: government, education, business, healthcare— and also the sub-sector of media. We believe that if the chief executives in these key sectors are heavily engaged, Live

Better Mitchell County could be successful. Engaged sector leaders formed the successful nucleus of Live Better in Thomas County, and are essential in unifying community support in Mitchell County. But, we lack the resources to operationalize Live Better at this time.

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 some health needs in our implementation plan. Our biggest opportunities are to help with improving disease states by addressing obesity, remaining available for 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

The challenge remains on how to have the greatest impact on improving the health of Mitchell County given available resources, financial constraints, and not taking on commitments that were best served by other community entities. We've noted before that the communities we serve represent the some of unhealthiest counties in the country. We also noted that obesity is the common denominator with many of the

same disease states we already identified as areas to address. If we reduce obesity, we have great potential to reverse negative trends in heart disease, stroke, COPD, sleep disorders, vascular disease, diabetes, cancer, arthritis, spine problems and other conditions.

We still believe that, despite the resource challenges we face, the right actions involve continuing prevention and early detection efforts through focusing on obesity. And although obesity will be our focus, 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. 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.

For the 2019–2020 CHNA, our plans to address obesity, and in turn, the disease states that obesity impacts are:

1. **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.**

2. **Complete conversations with executive leadership in key sectors of the community to determine whether they will support and sustain Live Better Mitchell County.**

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 95 years.

$49,124,639

TOTAL COMMUNITY BENEFIT 2018

$11,861,909 — Cost of free or reduced-fee care based on ability to pay

$21,676,777 — Cost to support trauma care and subsidize other healthcare services

$126,916 — Free screenings, health information and related services

$7,133,163 — Scholarships and on-site training support for all healthcare careers

$14,325,874 — Cost of care not fully reimbursed by Medicaid