ST. MARY'S
HEALTH CARE SYSTEM
A Member of Trinity Health

Community Health Needs Assessment 2022

St. Mary's Sacred Heart Hospital
367 Clear Creek Parkway, Lavonia, GA 30553
www.stmaryshealthcaresystem.org

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EXECUTIVE SUMMARY

Community Health Needs Assessments (CHNAs) use data and community input to measure the relative health and social well-being of a community. The community assets and needs identified through the CHNA will be used to develop an implementation strategy, which outlines the hospital's strategies for addressing the identified needs and expanding upon the assets. The findings should inspire collective action and ensure meaningful, effective allocation of resources, both within the hospital and in the community.

The Patient Protection and Affordable Care Act (ACA), enacted March of 2010, added Section 501(r) to the Internal Revenue Code, which effects charitable hospital organizations that are 501(c)(3) tax-exempt. Section 501(r)(3) of the Code requires each separately licensed hospital facility to conduct a CHNA at least once every three tax years, beginning in 2011, and to adopt an implementation strategy to meet the community health needs identified through the CHNA. A Notice of Final Rule was published December 2014 and provides the requirements for tax-exempt hospitals to conduct the CHNA and prepare Implementation Strategies, as well as the consequences for failing to comply with Section 501(r). Tax-exempt hospitals are required to report on the most recently conducted CHNA and implementation strategy on the annual IRS Form 990, Schedule H, which is made publicly available to regulators, press, community organizations and residents by the Trinity Health Tax Department.

This CHNA used a comprehensive mixed-methods approach with the latest available data on demographics of the community, healthcare access, economic stability, social support and community context, neighborhood and physical environment, and health outcomes and behaviors. The CHNA for St. Mary's Sacred Heart Hospital, Lavonia, Georgia was adopted by St. Mary's Sacred Heart Hospital Board of Directors on May 16, 2022.

Through further prioritization and identification of existing community resources and assets, St. Mary's Sacred Heart Hospital will focus on three priority community health needs. The significant community health needs are listed below, with the emergent and ongoing public health need of COVID-19.

1. Access to Healthcare
2. Addressing Social Needs
3. Behavioral and Mental Health

INTRODUCTION

About St. Mary's Sacred Heart Hospital

St. Mary's Sacred Heart Hospital is proud to be in St. Mary's Health Care System, a Regional Health Ministry in Trinity Health. Trinity Health is one of the nation's largest Catholic health care systems, serving people multiple states from coast to coast. Being a part of a large national system gives us access to resources and ideas across the broad spectrum of care, making it easier for us to advance clinical quality in significant ways at the local level and providing economies of scale that reduce our costs. It also allows us to contribute our knowledge and best practices to make care better where Trinity Health operates.

St. Mary's Health Care System, a member of Trinity Health, is a faith-based, not-for-profit health care ministry whose mission is to be a compassionate and transforming healing presence in the communities we serve. St. Mary's puts special focus on neurosciences, cardiac care, orthopedics, general medicine, general surgery, women's and children's health, and care for older adults. Our system includes hospitals in Athens, Lavonia and Greensboro, as well as a multi-practice medical group, a retirement community, outpatient care facilities, graduate medical education, and a region-wide home health care/hospice service. St. Mary's Sacred Heart Hospital is accredited by The Joint Commission and guided by the Mission of Trinity Health to be a compassionate and transforming healing presence within the community. Sacred Heart Hospital is designated by the State of Georgia as a Remote Treatment Stoke Center. For more information, visit St. Mary Sacred Heart's website at www.stmaryshealthcaresystem.org.

Mission Statement

We, St. Mary's Health Care System and Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Vision

As a mission-driven, innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be the most trusted health partner for life.

Values

- **Reverence.** We honor the sacredness and dignity of every person.
- **Commitment To Those Who Are Poor.** We stand with and serve those who are poor, especially those most vulnerable.
- **Safety.** We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
- **Justice.** We foster right relationships to promote the common good, including the sustainability of Earth.
- **Stewardship.** We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
- **Integrity.** We are faithful to who we say we are.

Advisory Committee

The advisory committee consisted of both internal and external representatives. The internal stakeholders of the advisory committee consisted of the St. Mary's Health Care System Community Health and Well-being Team. The external stakeholders included community-based organizations and individuals representative of the community that St. Mary's Sacred Heart Hospital serves. This combined group provided feedback on the CHNA process, ensuring a collaborative and inclusive approach to conducting the CHNA. This committee was also informed of the regulatory standards to ensure that the CHNA and Implementation Strategy process and final written reports are compliant. The advisory committee participants can be found in Appendix A.

Review of the 2019 CHNA

In 2019, St. Mary's Sacred Heart Hospital completed a Community Health Needs Assessment (CHNA) that met the requirements of the Internal Revenue Service (IRS), Notice 2011-52. The document assessed population factors, health conditions, community priorities, and health behaviors in Franklin and Hart Counties and the surrounding counties in Northeast Georgia. Additionally, and as the IRS requirement suggests, the assessment was used to inform the hospital's community benefit strategy, including outreach services and resource development, for the following three years (2019-2022).

The St. Mary's Sacred Heart Hospital service area was defined by examining data at the patient visit level. For the purposes of the CHNA, existing secondary and primary data were gathered from local, state, and federal data sources. The implementation strategy provided specific areas of focus with objectives and strategies to accomplish stated objectives for the three years following the 2019 CHNA. was defined by examining data at the patient visit level. For the purposes of the CHNA, existing secondary and primary data were gathered from local, state, and federal data sources. The implementation strategy provided specific areas of focus with objectives and strategies to accomplish stated objectives for the three years following the 2019 CHNA.

Evaluation of 2019 Impact

In the prior CHNA, primary data was gathered through administration of a household survey in Franklin County and focus groups in surrounding counties to gain insight into the most pressing community health needs. Special focus was given to populations where health disparities were present, including those without health insurance and low-income families. The Community Advisory Committee assessed this data in order to prioritize the health conditions and risk factors for which the hospital could concentrate their efforts and improve community health. Following the identification and prioritization of health needs, the St. Mary's Sacred Heart staff worked with faculty from the J.W. Fanning Institute for Leadership to construct an implementation plan to systematically address the health needs in the service area.

Through this process, the following needs were recognized as the most important issues to be addressed to improve the health and quality of life in our community: cardiovascular health; nutrition, physical activity, and obesity; respiratory health; and cerebrovascular health.,

Cardiovascular
Goal: Reduce the prevalnce of high blood pressure, high cholesteral, and high triglycerides in service area.

Nutrition, Obesity & Diabetes
Goal: Improve access to fresh food for low-income memebers of the community to lower obesity and diabetes rates.

Respiratory Health
Goal: Reduce prevalence of smoking in service area.

Cerebrovasular
Goal: Provide stroke education to community

In March 2020, St. Mary's Sacred Heart Hospital began to implement strong measures to ensure an effective response to the historic COVID-19 global health crisis. Overall, the measures focused on safety, care delivery and stewardship. Like for many health systems, multiple surges of COVID-19 cases strained the capacity of our hospitals and outpatient clinics. St. Mary's Sacred Heart has worked diligently to expand resources and capacity, including:

- Identifying and supplying personal protective equipment to caregivers
- Increasing staffing, beds and ventilators in hospitals
- Expanding telehealth visits with physicians
- Expanding lab testing and turnaround

In response to COVID-19, Sacred Heart mobilized infrastructure to assess the most urgent community needs, strengthened partnerships with community-based organizations, and collaborated with medical groups and clinically integrated networks providing direct patient care to ensure that patient social needs were met. Across the region, St. Mary's Health Care System accelerated its response for social services by launching launched Social Care programs, and pivoted community education classes to online platforms and/or telephonic check-in. COVID-19 testing and non-COVID-19 medical services were provided for those who are homeless, uninsured, underinsured or with Medicaid, and/or lack the resources to obtain care.

Due to the COVID-19 pandemic response, some of the CHNA implementation strategies were paused and/or reprioritized based on the urgent and emergent community needs. Many community organizations followed CDC guidance and postponed meetings, and other community events. Hospital priorities shifted to focus community related efforts towards COVID education, testing, and vaccination. These efforts were done in collaboration with the local health department, community clinics, first responder organizations, and the neighboring hospitals and healthcare facilities. A summary of the 2019 CHNA impact can be found in the charts below.

CHNA Impact

Nutrition, Obesity, and Diabetes

- St. Mary's Regional Nutrition Department leds regular community based nutrition education, and during Nutrition Month held a special event called "Personalize your plate"; Quarterly education on nutritious recipes and special diets for those living with chronic diseases are on the St. Mary's blog and external webpage.
- Diabetes- Trained facilitators for the launch of the CDC Diabetes Prevention Program (DPP); This research-based program will focus on healthy eating and physical activity in a structured lifestyle change program aimed a reducing the risk of developing type 2 diabetes.
- Sacred Heart Community Health and Well-being Department is developing a plan to increase SNAP enrollment for Housing Authority residents.
- St. Mary's donated over 200 turkeys to the Food Bank of Northeast Georgia and the Greene County Food Pantry to give to families in need at Thanksgiving.
- Farmers-to-Families Program collaborated with Metz Culinary Management and Sysco Atlanta to provide 1,250 food boxes to distribute to families in need of food. Every food box contained 30-40 pounds of fresh fruit, vegetables, dairy, meat and eggs.

Cardiovascular

- Sacred Heart Community Health and Well-being Department participated in community education on heart health and overall wellness.
- Interventional Cardiologist, Dr. Patrick Willis led an educational seminar on Cardiovasular Disease, specficially in minority communities.
- A Healthier You program was paused due to COVID-19 restrictions.

Cerebrovascular

- The St. Mary's Community Health Worker Program has collaborated with the Sacred Heart Bundled Payments for Care Improvement Advanced (BPCI-A) to refer patients into community resources and programs such as Stroke Support groups.

Respiratory Health

- COVID-19- Collaborated with community partners to offer education, mass testing events, and vaccination to the broad community as well as underserved communities.
- Freedom from Smoking Program is for tobacco users who are ready to quit. This American Lung Association program focuses almost exclusively on how to quit, not why to quit.
- The St. Mary's Community Health Worker Program has collaborated with the Sacred Heart Bundled Payments for Care Improvement Advanced (BPCI-A) to refer patients into community resources and programs such as Freedom from Smoking and Better Breathers Club.
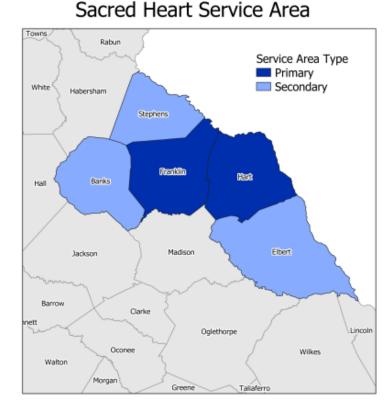
COMMUNITY SERVED

St. Mary's Sacred Heart Hospital Service Area

The geographic service area was defined at the county-level for the purposes of the 2022 Community Health Needs Assessment (CHNA). The service area was determined by counting the number of patient visits by county of residence. Five counties are defined as the service area for St. Mary's Sacred Heart Hospital: Banks, Elbert, Franklin, Hart, and Stephens. The counties with the most patient visits are the Primary Service Area. The counties with the next highest patient visits are the Secondary Service Area. See the below map of the service area.

The inpatient discharge data for the hospital was reviewed and zip codes reflecting the top inpatient discharges within the most recent year of data were included within the defined community. Demographic data by zip code was analyzed to ensure that medically underserved, low-income, or minority populations who live in the geographic areas from which the hospitals draw patients were not excluded from the defined community.

St. Mary's Sacred Heart Hospital service area zip codes: 30529, 30510, 30530, 30554, 30543, 30558, 30511, 30547, 30624, 30634, 30635, 30520, 30521, 30553, 30639, 30662, 30643, 30516, 30577, 30557, 30538, 30598.

Sacred Heart Service Area

Demographic Overview

The demographic overview is a snapshot of the St. Mary's Sacred Heart service area and highlights the total population by age race, and ethnicity; demographics of special populations; and other relevant demographics that describe the community served. A comprehensive account of the service area demographics can be found in Appendix B.

Total Population by Age

Data Indicator	Indicator Variable	Sacred Heart Service Area	State of Georgia Data
Population Age 0-4	Population Age 0-4	3,279	656,677
	Population Age 0-4, Percent	4.99%	6.31%
Population Age 5-17	Population Age 5-17	9,787	1,848,563
	Population Age 5-17, Percent	14.88%	17.77%
Population Age 18-64	Population Age 18-64	37,240	6,492,122
	Population Age 18-64, Percent	56.62%	62.40%
Population Age 65+	Population Age 65+	15,463	1,406,485
	Population Age 65+, Percent	23.51%	13.52%

Data Source: US Census Bureau, *American Community Survey*. *2015-19. Source geography: Tract*

Population Age 18-64 by Race Alone

Report Area	White Age 18-64	Black or African American Age 18-64	Native American or Alaska Native Age 18-64	Asian Age 18-64	Native Hawaiian or Pacific Islander Age 18-64	Some Other Race Age 18-64	Multiple Race Age 18-64
St. Mary's Sacred Heart Hospital	55,560	10,959	86	702	20	926	603
Georgia	3,759,078	2,113,473	24,138	286,554	3,981	180,760	124,138

Data Source: US Census Bureau, *American Community Survey*. *2015-19. Source geography: Tract*

Population Age 18-64 by Ethnicity Alone

Report Area	Hispanic or Latino Age 18+	Not Hispanic or Latino Age 18+	Hispanic or Latino Age 18+, Percent	Not Hispanic or Latino Age 18+, Percent
St. Mary's Sacred Heart Hospital	3,368.00	65,492.00	4.89%	95.11%
Georgia	590,793	5,901,329	59.53%	62.70%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Special Populations

Data Indicator	Indicator Variable	St. Mary's Service Area	State of Georgia Data
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	62,769	10,213,659
	Population with a Disability	9,558	1,261,925
	Population with a Disability, Percent	15.23%	12.36%
Veteran Population	Total Population Age 18+	52,626	7,849,349
	Total Veterans	4,515	629,302
	Veterans, Percent of Total Population	8.58%	8.02%
Homeless Children and Youth	Total Students	9,114	1,741,375
	Districts Reporting	80.0%	93.7%
	Students in Reported Districts	100.0%	99.3%
	Homeless Students	205	36,678
	Homeless Students, Percent	2.3%	2.1%

Other Demographics

Data Indicator	Indicator Variable	St. Mary's Service Area	State of Georgia Data
Total Population	Total Population	65,769	10,403,847
	Total Land Area (Square Miles)	1,698	57,594.80
	Population Density (Per Square Mile)	38.71	181
Urban and Rural Population	Total Population	64,251	9,687,653
	Urban Population	14,796	7,272,151
	Rural Population	49,455	2,415,502
	Urban Population, Percent	65.16%	75.07%
	Rural Population, Percent	34.84%	24.93%

PROCESS AND METHODS

A mixed-methods approach, which is a combination of qualitative and quantitative data and analyses, was used to identify and prioritize community health needs. This approach allows for more confidence in the findings of the CHNA and ensures robustness in identification of health needs. The qualitative methods to solicit input from primary sources included focus groups and stakeholder discussions; the quantitative methods utilized secondary data sources such as the TrinityHealthDataHub.org for service area data and Emergency Department for hospital-specific data.

The primary data collected included input from persons who represented the broad interests of the community and those with special knowledge of or expertise in public health; federal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of the community served; leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community; and, input from other persons located in and/or serving the community. Information was gathered by conducting focus groups and stakeholder interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members. Appendix A is a list of participants.

The secondary data sources were used to gather demographic and health indicator data. The data analysis generated by the Trinity Health Data Hub is based on each hospital service area and provided comprehensive reports on the following indicators: healthcare access, economic stability, education, social support and community context, neighborhood and physical environment, and health outcomes and behaviors. A number of indicators are calculated using areal weighted interpolation to estimate the values for each census tract which overlaps with the service areas, and the tract-level estimates are aggregated for the hospital regions. A rule has been implemented to ensure the total percentage of all selected hospital service areas does not exceed 100% for any census tract. Each hospital report includes data from the most updated and nationally recognized sources such as the US Census Bureau, American Community Survey, and Behavioral Risk Factor Surveillance System.

Summary of Community Input

There were no written comments received on the prior CHNA and Implementation Strategy. Community input for this CHNA was obtained through focus groups and stakeholder discussions held between December 2021 and February 2022. The hospital engaged state, local, and regional health departments; representatives of those who are medically underserved, low-income, or in minority populations; and internal stakeholders to provide feedback on identifying and prioritizing significant needs. The list of stakeholders is on Appendix A of this report.

The focus group and stakeholder discussions were in response to the following prompts: (1) describe the community health needs, (2) identify the existing resources and assets, and (3) provide recommendations to address the needs identified. Members of the St. Mary's Community Health and Well-being team took notes separately during each meeting and compared them to each other to ensure consensus of qualitative themes.

Based on the primary data collected during focus groups and individual interviews, as well as available secondary data, the St. Mary's Sacred Heart Community Health and Well-being team ranked the identified community needs based on priority and existing community assets. A written summary of the findings was developed and shared via e-mail to stakeholders for feedback. Feedback from internal and external stakeholders was addressed and incorporated into the final list of community health priorities.

SIGNIFICANT COMMUNITY HEALTH NEEDS

The overarching goals of the Community Health Needs Assessment process are to evaluate the impact of actions taken to address significant health needs identified in prior CHNA, identify new significant community health needs of the community, prioritize those community health needs, and identify resources and community assets available to address those health needs. This CHNA used a comprehensive mixed-methods approach that considered community input and the latest available secondary data on demographics of the community, healthcare access, economic stability, social support and community context, neighborhood and physical environment, and health outcomes and behaviors. Through the prioritization process described on page 19 of this report, Sacred Heart Hospital identified three priority community health needs. The significant community health needs are described below, in addition to the emergent and ongoing public health need of COVID-19.

1. Access to Healthcare
2. Addressing Social Needs
3. Behavioral and Mental Health

Priority Need #1: Access to Healthcare

Stakeholders in the community discussed a lack of community-based programs. Additionally, there is a lack of chronic disease-based programs to assist with specific health problems, such as diabetes and heart disease. Two areas of shortage of health professionals were identified by the community. Shortage areas: Mental health resources (there are no AVITA Behavioral Health services in Franklin County) and pediatricians. Rural counties lack resources, which causes additional challenges for residents, forcing them to travel to larger counties to address their needs.

Supporting Data: Access to Care
The rate of access to dental care in Sacred Heart's location data is 29.6 per 100,000 people, compared with 52.4 in the state. Additionally, location data indicates that 100%

of the population resides in a Health Professional Service Area (HPSA) for dental care. Location data shows that 14.07% of the population is uninsured, compared to 13.23% in the state. Among insured patients at Sacred Heart, a higher share of the population is covered by Medicaid because of their low incomes or disabilities, 27.60% compared to 20.17% in the state. Sacred Heart's location data shows that 19.96% of its population has a disability, higher than the state's 12.36%. The increase impacts access to care significantly. In comparison to the state currently, Sacred Heart's location data indicates a higher rate of chronic illnesses, including cancer, diabetes, Alzheimer's, high blood pressure, obesity, heart disease, and current tobacco smokers.

Priority Need #2: Addressing Social Needs

Lack of transportation was identified as a barrier to accessing healthcare resources by stakeholders. Food stamps will be accessed and traded as a way for residents to meet their transportation needs, resulting in food insecurity among residents. Resources are limited because the county is rural.

Supporting Data: Social Needs

Sacred Heart's location area has a significant percentage of its population living at or below 200% of the federal poverty level, 42.95%, compared to the state's percentage of 34.26%. The environmental impact of care includes minimal access to parks and a population living within 1/2 of a park 10.14% compared with 17.42% state-wide. Furthermore, grocery store and supermarket access are highly restricted, with a rate of 7.66 per 100,000 population, compared with 17.46 per 100,000 population.

Priority Need #3: Mental and Behavioral health

Community stakeholders identified a need for behavioral and mental health resources and indicate a need for further connectivity between providers for community members.

Supporting Data: Mental and Behavioral Health

There are more deaths from despair, drug poisoning, and suicide in Sacred Heart's location area than in the state. There are 18.44% adults with poor mental health in the service area, compared to 16% in the state. An increased number of current tobacco smokers is associated with behavioral and mental health issues.

Emergent Public Health Need: COVID-19

COVID-19 became an emergent global health priority in March 2020. Since then and as of March 31, 2022, there have been at least 24,826 confirmed cases of COVID-19 of people in the service area and 426 have died as a result of the respiratory infection (https://dph.georgia.gov/covid-19-daily-status-report). St. Mary's Sacred Heart Hospital treated a total of 798 inpatients for COVID-19 through March 2022. The global pandemic put unprecedented burden on local healthcare facilities and staff, necessitating the refocus of human and capital resources originally earmarked for 2019 CHNA priority needs. The service area–as highlighted by the stakeholder group behind this CHNA–continues to feel the impact of COVID-19, particularly with every surge of cases and hospitalizations. Stakeholders described the need to be better prepared for new surges of COVID-19 and other such public health emergencies.

Needs not being addressed

St. Mary's Sacred Heart Hospital acknowledges the complex and wide number of health needs that emerged from the CHNA process. Stakeholders mentioned needs that specific communities face as daily barriers to health and quality of life. We prioritized to address those areas of collaboration and partnerships that can leverage impact and address systemic social determinants of health and chronic concerns, as well as emergent public health needs. All needs were addressed that were shared by the community stakeholders. Accordingly, St. Mary's Sacred Heart Hospital will continue to support strong partners in the community to effectively address the needs of the community we serve.

COMMUNITY RESOURCES AND ASSETS

Community resources and assets were identified in the both the community focus groups and through the Community Resource Directory (https://communityresources.trinity-health.org). The Community Resource Directory is an online platform enables the hospital, community-based organizations, and community members to identify and refer community wide resources to address the social needs of the community we serve. With knowledge of the current assets, the hospital places greater emphasis on enhancing, expanding, and connecting existing resources to address the priority community needs. The Community Resource Directory has been an important tool in identifying specific free or reduced cost services such as medical care, food, job training, and more. Appendix C includes instructions on how to access the Community Resource Directory.

Assets that were considered critical to meet community needs include:

Human resources. Examples of local organizations, governing bodies, existing programs, and associations.

Rotary Club of Hartwell (https://hartwellrotary.com)
- The Rotary Club of Hartwell provides service to others, promote integrity, and advance world understanding, goodwill, and peace through our fellowship of business, professional, and community leaders.

Habitat for Humanity of Franklin County (https://www.habitat.org/us-ga/lavonia/franklin-county-hfh)
- Habitat for Humanity partners with people in your community, and all over the world, to help them build or improve a place they can call home. Habitat homeowners help build their own homes alongside volunteers and pay an affordable mortgage.

United Way of Northeast Georgia (https://www.unitedwaynega.org/)
- United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.

Hart Interdenominational Ministries (https://www.him4hart.org)
- H.I.M connects people in need with churches and social agencies that will provide the appropriate help, support and education that will not only meet the present need but will enable them to address the root causes of their personal, social, and economic problems

Physical resources. Examples of public spaces that are available to community members for meeting space and recreation.

Bell Family YMCA (https://gapiedmontymca.org)
- The YMCA is a nonprofit organization whose mission is to put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Royston Wellness and Community Park (https://www.cityofroyston.com)
- The Royston Wellness Park is a 43-acre development that will be primarily used for fitness and picnic areas. The 1.2 miles of paved walking trails will have fitness stations to assist therapy patients in their journey of good health and rehabilitation.

Hartwell Farmers Market (https://farmersmarket.country/city/hartwell-ga/)
- Hartwell Farmers Market provides local vendors offering seasonal produce and handcrafted artisanal goods (Runs year-round)

Informational resources. Examples of associations and memberships, both formal and informal, available for networking, communication, and support.

Pilot Club of Hartwell (http://pilotgeogria.org)
- A volunteer organization working to support and educate individuals and families facing brain-related diseases and disorders, and other various programs

Step of Faith Outreach (https://www.stepoffaithoutreach.org)
- Outreach founded on biblical principles to help impoverished communities, families and individuals with food, clothes, shelter, literacy, and job placement opportunities

UGA Cooperative Extension (https://extension.uga.edu/county-offices/franklin.html)
- The University of Georgia Franklin County Extension Office extends lifelong learning to Georgia citizens through unbiased, research-based education. Services in agriculture and gardening; 4-H youth development programs; food, health, communities, and families.

Existing intervention resources. Examples of initiatives and programs that are currently provided within the community.

Rainbow Pantry (https://www.foodpantries.org/li/rainbow-pantry)
- Non-profit organization organize the collection of food donations and distributions to those in need.

Teen Matters (https://teenmattersathens.com/)
- Teen Matters provide confidential health services for youth age 11 to 19. Services include birth control, STIs testing, health education, immunizations, nutrition, and exercise advice, and advice about dating, relationships, and risks.

Senior Center Franklin County (https://www.franklincountyga.gov/senior-center)
- The Senior Center is to promote and provide, in a comfortable and friendly setting – social, educational, nutritional, and recreational programs that will enrich the lives and overall well-being of Seniors throughout Franklin county.

Political/governmental resources. Examples of public and private institutions that currently advocate for resources and policy change within the community.

Northeast Georgia Council on Domestic Violence (https://negacdv.org/)
- Promote and preserve healthy non-violent, non-abusive interpersonal relationships through intervention, prevention, and education.

Franklin County Health Department (https://phdistrict2.org/?page_id=608)
- Responsible for the oversight and care of matters relating to public health including prevention of disease, injury, and disability; promoting health and well-being; preparation for and respond to disasters.

Emmanuel College (https://ec.edu)
- Emmanuel College is a private, Christian, liberal arts college in Franklin Springs, GA. Affiliated with International Pentecostal Holiness Church

CONCLUSION

In collaboration with key stakeholders, this comprehensive Community Health Needs Assessment (CHNA) identified access to healthcare, addressing social needs, behavioral and mental health, chronic disease prevention and management, and COVID-19 as priority focus areas for residents of Banks, Elbert, Franklin, Hart, and Stephens counties. The 2022-2025 CHNA process is part of ongoing efforts of St. Mary's Sacred Heart Hospital to best support health and well-being of the community it serves. An accompanying implementation strategy that outlines how we will address those areas will be developed and available in a separate document.

To receive a physical copy of this 2022 CHNA report and implementation strategy, please contact St. Mary's Sacred Heart Community Health and Well-being Department at 706-356-7468. Digital copies of the documents are also available to the public on the St. Mary's Health Care System website (https://www.stmaryshealthcaresystem.org/about-us/community-benefit)

Members of the public are encouraged to provide comments on the 2022 CHNA by contacting St. Mary's Sacred Heart Community Health and Well-being Department at 706-356-7468. We will consider all comments received as we plan to develop the next 2025 CHNA.

APPENDIX A. ADVISORY COMMITTEE AND KEY STAKEHOLDERS

Franklin County Health Department
Angy Fowler, RN, County Nurse Manager
Health department that provides essential health services to Franklin County

Georgia Department of Public Health
Erika Lopez Gil, Chronic Disease & Health Promotion
Lead agency in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.

Hart County Health Department, District II Public Health
Heather R. Still, RN, Public Health RN II
Provides a variety of Nursing and Environmental Health services as a division of the Georgia Department of Human Resources.

Lavonia Housing Authority
Rick Whitworth, Executive Director
Housing Authority that provides safe, affordable low-income housing in the Lavonia area.

St. Mary's Health Care System
Montez Carter, President and CEO
Tamara Bourda, VP Community Health and Well-being
Ed Moore, Community Health and Well-being Coordinator
Alejandra Calva, Community Health and Well-being Coordinator
Catherine Gurak, Community Health Worker

St. Mary's Sacred Heart Hospital
Jeff English, President
Lauren Papka, Director of Administrative & Support Services
Lindsey Floyd, Community Health and Well-being Coordinator

APPENDIX B. OVERVIEW OF SERVICE AREA DEMOGRAPHICS

The following report was generated by the Trinity Health Data Hub on February 17, 2022, based on the hospital service area. A number of indicators are calculated using areal weighted interpolation to estimate the values for each census tract which overlaps with the service areas; the tract-level estimates are aggregated for the hospital regions. A rule has been implemented to ensure the total percentage of all selected hospital service areas does not exceed 100% for any census tract. The report includes data from the most updated and nationally recognized sources, including the US Census Bureau, American Community Survey, and Behavioral Risk Factor Surveillance System.

Demographics

Data Indicator	Indicator Variable	Location Summary	Georgia
Foreign-Born Population	Total Population	117,760	10,403,847
	Naturalized U.S. Citizens	1,459	459,275
	Population Without U.S. Citizenship	2,221	594,599
	Total Foreign-Birth Population	3,680	1,053,874
	Foreign-Birth Population, Percent of Total Population	3.13%	10.13%
Population Age 0-4	Total Population	117,760.00	10,403,847
	Population Age 0-4	6,979.00	656,677
	Percent Population Age 0-4	5.93%	6.31%
Population Age 18-64	Total Population	117,760.00	10,403,847
	Population Age 18-64	68,860.00	6,492,122
	Population Age 18-64, Percent	58.47%	62.40%
Population Age 5-17	Total Population	117,760.00	10,403,847
	Population Age 5-17	19,033.00	1,848,563
	Population Age 5-17, Percent	16.16%	17.77%
Population Age 65+	Total Population	117,760	10,403,847
	Population Age 65+	22,888	1,406,485
	Population Age 65+, Percent	19.44%	13.52%
Population Geographic Mobility	Total Population	116,295	10,277,909
	Population In-Migration	7,190	825,405
	Percent Population In-Migration	6.18%	8.03%
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	116,090	10,213,659
	Population with a Disability	23,170	1,261,925
	Population with a Disability, Percent	19.96%	12.36%
Population with Limited English Proficiency	Population Age 5+	110,781	9,747,170
	Population Age 5+ with Limited English Proficiency	2,443	539,739
	Population Age 5+ with Limited English Proficiency, Percent	2.21%	5.54%
Total Population	Total Population	117,760	10,403,847
	Total Land Area (Square Miles)	1,244	57,594.80
	Population Density (Per Square Mile)	94.65	180.64
Urban and Rural Population	Total Population	117,463	9,687,653
	Urban Population	32,696	7,272,151
	Rural Population	84,767	2,415,502
	Urban Population, Percent	27.84%	75.07%
	Rural Population, Percent	72.16%	24.93%
Veteran Population	Total Population Age 18+	91,658	7,849,349
	Total Veterans	7,198	629,302
	Veterans, Percent of Total Population	7.85%	8.02%

Healthcare Access

Data Indicator	Indicator Variable	Location Summary	Georgia
Access to Care - Addiction/Substance Abuse Providers	Total Population (2020)	No data	10,711,908
	Number of Facilities	No data	209
	Number of Providers	No data	524
	Providers, Rate per 100,000 Population	No data	4.89
Access to Care - Dentists	Estimated Population	121,638	21,112,656
	Number of Dentists	36	11,056
	Ratio of Dental Providers to Population (1 Provider per x Persons)	3,383.4	1,909.6
	Dentists, Rate (Per 100,000 Population)	29.6	52.4
Access to Care - Mental Health Providers	Total Population (2020)	554,590	10,711,908
	Number of Facilities	34	1,248
	Number of Providers	458	6,681
	Providers, Rate per 100,000 Population	82.63	62.37
Access to Care - Primary Care	Total Population (2020)	No data	10,711,908
	Number of Facilities	No data	3,277
	Number of Providers	No data	8,884
	Providers, Rate per 100,000 Population	No data	82.94
Federally Qualified Health Centers	Total Population (2020)	59,453	10,711,908
	Number of Federally Qualified Health Centers	3	287
	Rate of Federally Qualified Health Centers per 100,000 Population	5.56	2.68
Health Professional Shortage Areas	Primary Care Facilities	1	83
	Mental Health Care Facilities	1	73
	Dental Health Care Facilities	1	72
	Total HPSA Facility Designations	3	228
Health Professional Shortage Areas - Dental Care	Total Area Population	117,464	9,687,653
	Population Living in a HPSA	117,464.00	5,720,632
	Percentage of Population Living in a HPSA	100.00%	59.05%
Insurance - Population Receiving Medicaid	Total Population (For Whom Insurance Status is Determined)	116,090.00	10,213,659
	Population with Any Health Insurance	99,757.00	8,862,562
	Population Receiving Medicaid	27,530.00	1,787,277
	Percent of Insured Population Receiving Medicaid	27.60%	20.17%
Insurance - Uninsured Population	Total Population (For Whom Insurance Status is Determined)	116,090	10,213,659
	Uninsured Population	16,333	1,351,097
	Uninsured Population, Percent	14.07%	13.23%
Recent Primary Care Visit	Total Population (2019)	117,463	10,617,423
	Percentage of Adults with Routine Checkup in Past 1 Year	76.91%	77.3%

Economic Stability

Data Indicator	Indicator Variable	Location Summary	Georgia
Area Deprivation Index	Total Population	117,760	10,136,085
	State Percentile	68	No data
	National Percentile	73	56
Employment - Labor Force Participation Rate	Total Population Age 16+	94,988.98	8,187,263
	Labor Force	50,974.04	5,125,182
	Labor Force Participation Rate	53.66%	62.60%
Employment - Unemployment Rate	Labor Force	54,191	5,207,912
	Number Employed	52,907	5,084,054
	Number Unemployed	1,284	123,858
	Unemployment Rate	2.4%	2.4%
Food Insecurity Rate	Total Population	117,553.00	10,428,333
	Food Insecure Population, Total	15,588.00	1,501,680
	Food Insecurity Rate	13.30%	14.40%
Homeless Children and Youth	Total Students	18,757	1,741,375
	Districts Reporting	100.0%	93.7%
	Students in Reported Districts	100.0%	99.3%
	Homeless Students	341	36,678
	Homeless Students, Percent	1.8%	2.1%
Income - Income Inequality (GINI Index)	Total Households	44,190	3,758,798
	Gini Index Value	0.45	0.48
Income - Median Household Income	Total Households	44,189	3,758,798
	Average Household Income	$59,211	$82,406
	Median Household Income	No data	$58,700
Poverty - Children Below 200% FPL	Total Population Under Age 18	114,673.00	2,468,726
	Population Under Age 18 at or Below 200% FPL	49,253.00	1,106,903
	Percent Population Under Age 18 at or Below 200% FPL	42.95%	44.84%
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	18,746	1,769,657
	Students Eligible for Free or Reduced Price Lunch	11,704	1,056,179
	Students Eligible for Free or Reduced Price Lunch, Percent	62.4%	59.7%
Poverty - Population Below 200% FPL	Total Population	114,673.00	10,130,335
	Population with Income at or Below 200% FPL	49,253.00	3,470,773
	Percent Population with Income at or Below 200% FPL	42.95%	34.26%
SNAP Benefits - Households Receiving SNAP	Total Households	44,189	3,758,798
	Households Receiving SNAP Benefits	8,289	481,103
	Percent Households Receiving SNAP Benefits	18.76%	12.80%

Education

Data Indicator	Indicator Variable	Location Summary	Georgia
Access - Head Start	Children Under Age 5	7,314	686,785
	Total Head Start Programs	6	469
	Head Start Programs, Rate (Per 10,000 Children)	8.46	6.83
Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4	2,958	273,912
	Population Age 3-4 Enrolled in School	1,282	137,655
	Population Age 3-4 Enrolled in School, Percent	43.37%	50.26%
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	81,497	6,888,279
	Population Age 25+ with Bachelor's Degree or Higher	13,173	2,157,616
	Population Age 25+ with Bachelor's Degree or Higher, Percent	16.16%	31.32%
Attainment - No High School Diploma	Total Population Age 25+	81,496	6,888,279
	Population Age 25+ with No High School Diploma	15,907	885,498
	Population Age 25+ with No High School Diploma, Percent	19.52%	12.86%
Chronic Absenteeism	Student Cohort	18,745	1,753,047
	Number Chronically Absent	2,776	251,310
	Chronic Absence Rate	14.81%	14.34%
Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	5,600	524,832
	Students Scoring 'Proficient' or Better, Percent	35.7%	39.2%
	Students Scoring 'Not Proficient' or Worse, Percent	64.4%	60.8%

Social Support & Community Context

Data Indicator	Indicator Variable	Location Summary	Georgia
Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	47,370.00	4,781,201
	Population Using Public Transit for Commute to Work	105.00	100,374
	Percent Population Using Public Transit for Commute to Work	0.22%	2.10%
Households with No Motor Vehicle	Total Occupied Households	44,190	3,758,798
	Households with No Motor Vehicle	2,838	242,468
	Households with No Motor Vehicle, Percent	6.42%	6.45%
Incarceration Rate	Total Population (2010)	117,464	9,687,653
	Incarceration Rate	1.8%	2.1%
Opportunity Index	Total Population	117,491	10,304,763
	Opportunity Index Score	42.19	47.93
Social Vulnerability Index	Total Population	117,825	10,297,484
	Socioeconomic Theme Score	0.72	0.52
	Household Composition Theme Score	0.76	0.41
	Minority Status Theme Score	0.40	0.80
	Housing & Transportation Theme Score	0.60	0.53
	Social Vulnerability Index Score	0.69	0.57
Teen Births	Female Population Age 15-19	25,399	4,893,952
	Teen Births, Rate per 1,000 Female Population Age 15-19	32.2	24.2
Violent Crime	Total Population	119,784.00	10,527,735
	Violent Crimes, 3-year Total	971.00	117,844
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	270.30	373.10
Young People Not in School and Not Working	Population Age 16-19	6,246	583,596
	Population Age 16-19 Not in School and Not Employed	624	45,857
	Population Age 16-19 Not in School and Not Employed, Percent	10.00%	7.86%

Neighborhood & Physical Environment

Data Indicator	Indicator Variable	Location Summary	Georgia
Air Quality - Particulate Matter 2.5	Total Population (2010)	117,462	9,687,653
	Average Daily Ambient Particulate Matter 2.5	7.31	9.85
	Days Exceeding Emissions Standards	2.32	1
	Days Exceeding Standards, Percent (Crude)	0.63	0.27
	Days Exceeding Standards, Percent (Weighted)	0.77%	0.39%
Built Environment - Broadband Access	Total Population (2020)	123,813	10,709,715
	Access to DL Speeds > 25MBPS (2020)	94.52%	96.02%
Built Environment - Park Access	Total Population, 2010 Census	157,384	9,687,653
	Population Within 1/2 Mile of a Park	15,952.00	1,687,537.00
	Percent Within 1/2 Mile of a Park	10.14%	17.42%
Built Environment - Recreation and Fitness Facility Access	Total Population (2010)	22,230	9,687,653
	Number of Establishments	3	1,107
	Establishments, Rate per 100,000 Population	13.50	11.43
Built Environment - Social Associations	Total Population (2010)	117,463	9,687,653
	Number of Establishments	144	9,623
	Establishment Rate per 100,000 Population	122.59	99.33
Drinking Water Safety	Estimated Total Population	27,498.00	5,629,816
	Presence of Health-Based Drinking Water Violation	Yes	Yes
Food Environment - Fast Food Restaurants	Total Population (2010)	117,463	9,687,653
	Number of Establishments	80	8,762
	Establishments, Rate per 100,000 Population	68.11	90.45
Food Environment - Grocery Stores and Supermarkets	Total Population (2010)	117,463	9,687,653
	Number of Establishments	9	1,691
	Establishments, Rate per 100,000 Population	7.66	17.46
Food Environment - Low Income & Low Food Access	Total Population	117,462	9,687,653
	Low Income Population	50,433	3,420,617
	Low Income Population with Low Food Access	5,963	971,069
	Percent Low Income Population with Low Food Access	11.82%	28.39%
Housing Costs - Cost Burden (30%)	Total Households	44,190.00	3,758,798
	Cost Burdened Households (Housing Costs Exceed 30% of Income)	11,428.00	1,110,770
	Cost Burdened Households, Percent	25.86%	29.55%
Housing Quality - Overcrowding	Total Occupied Housing Units	36,730	2,320,665
	Overcrowded Housing Units	815	83,669
	Percentage of Housing Units Overcrowded	2.22%	3.61%
Housing Quality - Substandard Housing	Total Occupied Housing Units	44,190	3,758,798
	Occupied Housing Units with One or More Substandard Conditions	11,841	1,131,218
	Occupied Housing Units with One or More Substandard Conditions, Percent	26.80%	30.10%
Tenure - Owner-Occupied Housing	Total Occupied Housing Units	44,189	3,758,798
	Owner-Occupied Housing Units	31,353	2,377,773
	Percent Owner-Occupied Housing Units	70.95%	63.26%
Tenure - Renter-Occupied Housing	Total Occupied Housing Units	44,189	3,758,798
	Renter-Occupied Housing Units	12,836	1,381,025
	Percent Renter-Occupied Housing Units	29.05%	36.74%

Health Outcomes & Behaviors

Data Indicator	Indicator Variable	Location Summary	Georgia
30-Day Hospital Readmissions	Medicare Part A and B Beneficiaries	28,840	1,680,680
	30-Day Hospital Readmissions	618	35,341
	30-Day Hospital Readmissions, Rate	17.6%	18.7%
Alcohol Expenditures	State Rank	No data	No data
	Z-Score (US)	No data	-0.08
	Z-Score (Within-State)	No data	No data
	Average Expenditures (USD)	$591.86	$759.52
	Percentage of Food-At-Home Expenditures	14.34%	13.75%
Breastfeeding - Any	Total Population (Age 0 - 5)	No data	734,500
	Number Ever Breastfed	No data	554,493
	Percent Ever Breastfed	No data	75.00%
Cancer Incidence - All Sites	Estimated Total Population	158,014	11,091,782
	New Cases (Annual Average)	771	51,965
	Cancer Incidence Rate (Per 100,000 Population)	488.2	468.5
Cancer Incidence - Breast	Estimated Total Population (Female)	81,700	5,968,847
	New Cases (Annual Average)	105	7,664
	Cancer Incidence Rate (Per 100,000 Population)	128.6	128.4
Cancer Incidence - Colon and Rectum	Estimated Total Population	160,090	11,000,000
	New Cases (Annual Average)	77	4,499
	Cancer Incidence Rate (Per 100,000 Population)	48.1	40.9
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	16,895	922,696
	Beneficiaries with Alzheimer's Disease	1,904	98,702
	Beneficiaries with Alzheimer's Disease, Percent	11.3%	10.7%
Chronic Conditions - Diabetes (Adult)	Total Population (2019)	117,463	10,617,423
	Adults Ever Diagnosed with Diabetes (Crude)	13.73%	12.6%
	Adults Ever Diagnosed with Diabetes (Age-Adjusted)	No data	12.0%
Chronic Conditions - Heart Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	16,895	922,696
	Beneficiaries with Heart Disease	4,676	242,410
	Beneficiaries with Heart Disease, Percent	27.7%	26.3%
Chronic Conditions - High Blood Pressure (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	16,895	922,696
	Beneficiaries with High Blood Pressure	10,649	570,504
	Beneficiaries with High Blood Pressure, Percent	63.0%	61.8%
Chronic Conditions - High Cholesterol (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	16,895	922,696
	Beneficiaries with High Cholesterol	8,269	461,974
	Percent with High Cholesterol	48.9%	50.1%
Chronic Conditions - Obesity (Adult)	Total Population (2019)	117,463	10,617,423
	Adult Obesity (BMI ≥30.0 kg/m²) (Crude)	34.99%	33.9%
	Adult Obesity (BMI ≥30.0 kg/m²) (Age-Adjusted)	No data	33.9%
Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes	1,829	17,498
	Medicare Enrollees with Diabetes with Annual Exam	1,619	14,800
	Medicare Enrollees with Diabetes with Annual Exam, Percent	88.53%	84.58%

Health Outcomes & Behaviors (Ctd.)

Data Indicator	Indicator Variable	Location Summary	Georgia
Fruit/Vegetable Expenditures	State Rank	No data	No data
	Z-Score (US)	No data	-0.26
	Z-Score (Within-State)	No data	No data
	Average Expenditures (USD)	$492.67	$674.17
	Percentage of Food-At-Home Expenditures	11.93%	12.20%
HIV Prevalence	Population Age 13+	101,609.00	8,737,682
	Population with HIV / AIDS	189.00	54,600
	Population with HIV / AIDS, Rate per 100,000 Pop.	185.53	624.9
Hospitalizations - Preventable Conditions	Medicare Beneficiaries	28,087	1,633,421
	Preventable Hospitalizations, Rate per 100,000 Beneficiaries	3,394	3,503
Lack of Prenatal Care	Total Births	No data	381,786
	Births with Late/No Care	No data	32,275
	% of Births with Late/No Care	No data	8.45%
Life Expectancy (County)	Total Population	110,892	19,915,602
	Life Expectancy at Birth (2017-19)	75.5	78.0
Low Birth Weight	Total Live Births	9,618	1,801,717
	Low Birthweight Births	864	175,548
	Low Birthweight Births, Percentage	11.1%	9.7%
Mortality - Cancer	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	1,483	87,299
	Crude Death Rate (Per 100,000 Population	246.5	166.0
	Age-Adjusted Death Rate (Per 100,000 Population)	175.4	153.1
Mortality - Coronary Heart Disease	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	819	39,694
	Crude Death Rate (Per 100,000 Population)	136.1	75.5
	Age-Adjusted Death Rate (Per 100,000 Population)	99.0	72.4
Mortality - Deaths of Despair	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	336	20,881
	Crude Death Rate (Per 100,000 Population)	55.8	39.7
	Age-Adjusted Death Rate (Per 100,000 Population)	50.9	38.1
Mortality - Drug Poisoning	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	103	8,294
	Crude Death Rate (Per 100,000 Population)	17.1	15.8
	Age-Adjusted Death Rate (Per 100,000 Population)	22.8	15.7
Mortality - Homicide	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	12	4,352
	Crude Death Rate (Per 100,000 Population)	10.1	8.3
	Age-Adjusted Death Rate (Per 100,000 Population)	No data	8.4
Mortality - Infant Mortality	Number of Infant Deaths	7.36	12,283
	Deaths per 1,000 Live Births	5.6	7.3

Health Outcomes & Behaviors (Ctd.)

Data Indicator	Indicator Variable	Location Summary	Georgia
Mortality - Lung Disease	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	508	24,234
	Crude Death Rate (Per 100,000 Population)	84.4	46.1
	Age-Adjusted Death Rate (Per 100,000 Population)	60.6	44.5
Mortality - Motor Vehicle Crash	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	135	7,787
	Crude Death Rate (Per 100,000 Population)	22.4	14.8
	Age-Adjusted Death Rate (Per 100,000 Population)	22.0	14.5
Mortality - Premature Death	Premature Deaths, 2017-2019	2,198	265,864
	Years of Potential Life Lost, 2017-2019 Average	31,560	4,559,513
	Years of Potential Life Lost, Rate per 100,000 Population	9,487	7,637
Mortality - Suicide	Total Population, 2016-2020 Average	120,382	10,517,333
	Five Year Total Deaths, 2016-2020 Total	121	7,505
	Crude Death Rate (Per 100,000 Population)	20.0	14.3
	Age-Adjusted Death Rate (Per 100,000 Population)	24.0	14.0
Poor Mental Health	Total Population (2019)	117,463	10,617,423
	Adults with Poor Mental Health (Crude)	18.44%	16.0%
	Adults with Poor Mental Health (Age-Adjusted)	No data	16.1%
Poor or Fair Health	Population Age 18+	27,498	5,629,816
	Adults with Poor or Fair Health	5,977	1,049,611
	Percentage of Adults with Poor or Fair Health	21.7%	18.6%
Poor Physical Health Days	Total Population (2019)	117,463	10,617,423
	Adults with Poor Physical Health (Crude)	17.32%	14.0%
	Adults with Poor Physical Health (Age-Adjusted)	No data	13.7%
Soda Expenditures	State Rank	No data	No data
	Z-Score (US)	No data	0.21
	Z-Score (Within-State)	No data	No data
	Average Expenditures (USD)	$184.82	$231.07
	Percentage of Food-At-Home Expenditures	4.48%	4.18%
Tobacco - Current Smokers	Total Population (2019)	117,463	10,617,423
	Adult Current Smokers (Crude)	22.96%	18.1%
	Adult Current Smokers (Age-Adjusted)	No data	18.3%
Tobacco - Expenditures	State Rank	No data	No data
	Z-Score (US)	No data	-0.04
	Z-Score (Within-State)	No data	No data
	Average Expenditures (USD)	$781.00	$835.80
	Percentage of Food-At-Home Expenditures	2.32%	1.68%

APPENDIX C. COMMUNITY RESOURCE DIRECTORY

The Community Resource Directory is an online platform that enables the hospital, community-based organizations, and community members to identify and refer community wide resources to address the social needs of the community we serve*. The Directory is accessible in multiple languages and is fully WCAG 2AA compliant.

To access the Community Resource Directory, visit https://communityresources.trinity-health.org or use the QR code below. Follow the on-screen prompts to search for free and reduced-cost health resources and social services.

* Trinity Health is working with findhelp to provide this online tool. Findhelp is not an affiliate of Trinity Health. The Community Resource Directory uses the findhelp network of third-party resources and community-based resources available in a specific community that are free and/or low-cost. Trinity Health does not endorse third-party organizations and resources linked in the findhelp network, and some resources may not align with our Trinity Health Mission.

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