



2013 Community Health Needs Assessment and Implementation Plan

Greene County, Georgia



Executive Summary

June 30, 2013

St. Mary's Good Samaritan Hospital in Greensboro, Georgia, has conducted our first Community Health Needs Assessment. For a critical access hospital, this was a new requirement in 2013. This experience has afforded us the opportunity to come to know the health needs of the community in Greene County more in depth. By studying the statistics, interviewing, and meeting the community and community leaders, we have come to understand the unique and vibrant community that Good Samaritan Hospital serves.

We have been able to explore and begin to build partnerships in Greene County that will enable the hospital to be more effective in the outreach and collaboration in the county that will enable us to better serve and improve the health of the community.

We have identified priorities and strategies to begin to implement some initiatives for healthy living. Both the financial and human resources of the hospital were factored into the decision making process on these priorities.

The response and interest of the local community to this first effort at a health needs assessment has been enthusiastic and very supportive of Good Samaritan Hospital. We look forward to the implementation of these priorities with our community in Greene County.

Our thanks go to the community leaders, community members, staff, and administration of Good Samaritan Hospital. In particular, our thanks to Laura Cahill, the Community Benefit/Outreach Coordinator for St. Mary's Health Care System, who conducted this assessment with the assistance of Nathaniel Taylor, our graduate intern, from the University of Georgia, School of Public Health.

Sister Patricia Loome, Vice President, Mission Service
St. Mary's Health Care System, Inc.
Athens, Georgia
June 30, 2013

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I. Introduction

As a not-for-profit health care system, St. Mary's is committed not only to our patients, but also to the communities we serve. St. Mary's Good Samaritan Hospital is proud to give back to Greensboro and the Greater Greene County areas. Community Benefit is the process by which St. Mary's Health Care System measures and reports the impact on our community of health improvement services, health professions education, research, and financial and in-kind contributions. Because we are a Catholic health care system, Community Benefit is a vital part of our mission and values. Community Benefit is also one of the justifications for our not-for-profit tax status.

Over the six months between January and June 2013, St. Mary's Good Samaritan Hospital conducted a comprehensive Community Health Needs Assessment (CHNA) in order to most effectively impact our community and to guide our Community Benefit planning. The CHNA is a thorough analysis of the health needs and assets in the community. The CHNA provides a comprehensive overview of the region being served, including quantitative and qualitative data regarding socioeconomic factors, health indicators, and health status of the community. Not only is the CHNA an important tool for our health care system, but we also hope it serves as a resource for other organizations and citizens in our community.

The CHNA process was guided by an internal assessment team composed of Mission Services staff from St. Mary's Health Care System. The core of the Assessment Team's work was to review the health and community data and contribute to the identification of priority community health needs for the CHNA service area.

This CHNA report was reviewed and approved by the St. Mary's Good Samaritan Hospital Board of Directors in June of 2013.

Infrastructure and Members of Committees

Internal Assessment Team

Laura Cahill, St. Mary's Health Care System

Sr. Patricia Loome, St. Mary's Health Care System

Nate Taylor, University of Georgia College of Public Health

Community Advisory Committee

Anita Brown, Good Samaritan Hospital

Lisa Brown, TenderCare Clinic (FQHC)

Anita Scott, Greene County Health Department

Susan Welch, Good Samaritan Hospital

Good Samaritan Hospital Leadership Priority Committee

Montez Carter, President

Celia Covington, Director of Nursing

Rose Kollauf, Director of Revenue Cycle

St. Mary's Good Samaritan Hospital Board of Directors

Montez Carter, President

Janice Gallimore

Joe Gorman, Chairman

Jody Haas, Vice Chairman

John Hoffner

Fred Hunter

Marty Hutson

Larry Kurlander

Don McKenna

Avis Williams

Rick Wolfert

Overview of St. Mary's Good Samaritan Hospital

St. Mary's Good Samaritan Hospital is guided by the St. Mary's Health Care System mission of improving the health of the people of our communities. St. Mary's Good Samaritan Hospital is a 25-bed acute care critical access hospital accredited by the Joint Commission on Accreditation of Health Care Organizations, serving the Greensboro and Greater Greene County areas of East Georgia. We offer a wide range of services including general surgery and a 24-hour emergency department. As a St. Mary's Good Samaritan Hospital, we are able to bring you specialty services close to home, provided by a network of board certified physicians. Access to the expertise and specialty services at St. Mary's Hospital in Athens is available when you require care not available locally.

Our Mission

As a member of Catholic Health East and sponsored by the Sisters of Mercy, the mission of St. Mary's Health Care System is to be a compassionate healing presence in our community, committed to the sacredness of human life and the dignity of each person we serve.

Our Vision

We will respect the needs and value the dignity of every individual and continually seek to improve the lives of all we serve, including patients, co-workers, physicians and those with whom we partner. We will optimize our clinical performance and will maintain high standards of stewardship and accountability. We will be progressive and responsive to change across the health care continuum and will be considered a vital part of the community.

Our Core Values

Reverence for Each Person

Community

Justice

Commitment to Those Who Are Poor

Stewardship

Courage

Integrity

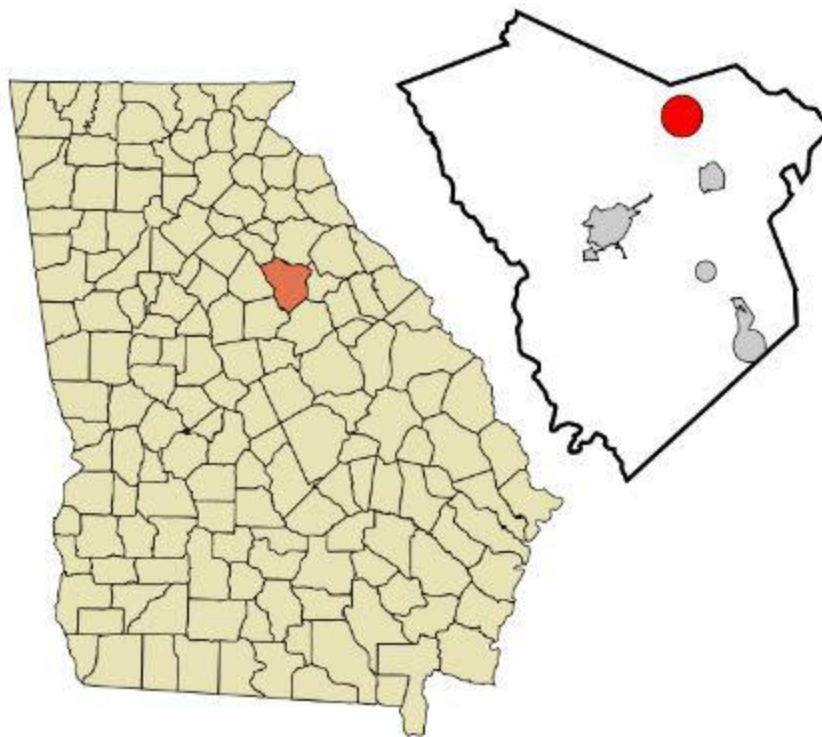
Compassion

Excellence

The Community St. Mary's Good Samaritan Hospital Serves

For purposes of the Community Health Needs Assessment, St. Mary's Good Samaritan Hospital defined its community as the service area of Greene County, Georgia. The percentage of Good Samaritan's discharges by county for fiscal year 2012 was used to determine the hospital's service area for the assessment. Greene County lies approximately one hour from Athens, Atlanta and Macon (Fig. 1). The area is known for its lush green beauty. Greensboro offers fishing, swimming, boating, beautiful golf courses and is home to one of America's 20 Hottest Bass Lakes, Lake Oconee.

Figure 1: Map of Greene County, Georgia



II. Process and Methodology

The purpose of the Community Health Needs Assessment is to identify critical health issues affecting Greene County residents and plan future health initiatives to address them. To prepare the CHNA report, data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues in Greene County.

Secondary Data

The assessment began with the collection of secondary data from various resources. Secondary data included demographic and socioeconomic characteristics for the most recent years available. Information about the health status of the community was also compiled, with an emphasis on data relating to chronic disease and access to health care as well as data describing the homeless population of Greene County.

Secondary data were compiled from the following sources:

- County Health Rankings
- U.S. Department of Health and Human Services' Healthy People 2020
- Georgia Department of Public Health
- U.S. Census Bureau
- Centers for Disease Control and Prevention
- Kids Count Data Center (The Annie E. Casey Foundation)

Primary Data

In addition to collecting quantitative data, Good Samaritan conducted focused interviews with key informants from the CHNA service area regarding the health needs of the community. Good Samaritan received input from a diverse group of leaders that represent the broad interests of our community, including: directors and staff from community health centers, educational leaders and representatives from the faith community. Key informants were identified and recruited by the Assessment Team working in collaboration with Good Samaritan's Leadership Committee. Key informants provided knowledge about the community's health status, risk factors, service utilization, and community resource needs, as well as gaps and service suggestions.

In total, 10 interviews were conducted by a single interviewer from St. Mary's Health Care System over a three month period between February and May 2013. All of the stakeholders interviewed work or serve in Greene County and most work closely with the poor and

underserved. Additional information regarding the key informant interviews can be found in Appendix C.

After reviewing the data and compiling a list of existing health resources, a meeting was held with the Community Advisory Committee, comprised of leaders of medically underserved and low-income populations as well as persons with expertise in or special knowledge of public health. Committee members were given an overview of the assessment findings and were asked to discuss which needs they consider most important and why.

Top community health needs were identified by analyzing secondary data, primary data collected from key informant interviews, and input provided by the Community Advisory Committee. A final report was developed that summarized key findings from the CHNA process and an identification of top community health needs. Section IV lists the identified needs and describes the method of setting priorities.

III. Findings and Analysis

Demographics and Socioeconomic Status

The total population of Greene County is 15,994. Over 58 percent of the population is between 18 and 64 years of age, and 21 percent of the population is age 65 and over. The majority races are white and African American, and 5.6 percent of the population is Hispanic or Latino. Males make up 48.8 percent of residents¹.

Population				
	Greene County	Georgia	United States	
Total Population	15,994	9,687,653	308,745,538	
Age				
	Under 5 Years	5.6%	7.1%	6.5%
	5-17 Years	15.0%	18.6%	17.5%
	18-64 Years	58.4%	63.6%	62.9%
	65 Years and Over	21.0%	10.7%	13.0%
Race				
	White	56.6%	59.7%	74.8%
	African American	38.2%	30.5%	13.6%
	American Indian/Alaska Native	0.3%	0.3%	1.7%
	Asian	0.3%	3.2%	5.6%
	Native Hawaiian/Other Pacific Islander	0.1%	0.1%	0.4%
	Other	3.4%	4.0%	7.0%
Ethnicity				
	Hispanic or Latino (of any race)	5.6%	8.8%	16.3%
Gender				
	Male	48.8%	48.8%	49.2%
	Female	51.2%	51.2%	50.8%

Source: U.S. Census Bureau, 2010 Census

¹U.S. Census Bureau.(n.d.).2010 Census interactive population search. Retrieved from <http://www.census.gov/2010census/popmap/ipmtext.php?fl=13>

The majority of households in Greene County are family households, meaning there is a householder and one or more other person related to the householder by birth, marriage or adoption. The

Household Information			
	Greene County	Georgia	United States
Household Size			
Average Household Size	2.34	2.63	2.58
Average Family Size	2.85	3.17	3.14
Household Type			
Total Households	6,519	3,585,584	116,716,292
Family Households	4,677	2,457,810	66.4%
Nonfamily Households	1,842	1,127,774	33.6%

Source: U.S. Census Bureau, 2010 Census

average household size is 2.43 and the average family size is 2.85 people. Forty-nine percent of children in Greene County live in single parent homes, which is 13 percent higher than the state average and 29 percent greater than the national benchmark. Of children enrolled in school, 71 percent are eligible for free or reduced lunch, 20 percent higher than the state average¹.

Among residents age 25 and over in Greene County, 76.7 percent have graduated from high school and 21.4 percent have a bachelor's degree or higher². Studies have shown that disparities in health and educational achievement are closely linked³. The more education one attains, the better one's health is likely to be. More formal education is associated with lower death rates and lower levels of risky health behaviors such as smoking and being overweight or obese.

Educational Attainment			
Population 25 years and over	Greene County	Georgia	United States
	11,674	6,152,481	202,048,123
Educational Attainment			
Less than 9 th Grade	11.8%	5.9%	6.1%
Some High School	14.2%	10.1%	8.5%
High School Graduate	37.9%	29.4%	28.6%
Some College	12.9%	20.5%	21.0%
Associates Degree	4.5%	6.6%	7.6%
Bachelor's Degree	11.6%	17.7%	17.7%
Graduate or Professional Degree	9.8%	9.8%	10.5%

U.S. Census Bureau, 2007-2011 American Community Survey

²U.S. Census Bureau.(n.d.).2010 Census interactive population search. Retrieved from <http://www.census.gov/2010census/popmap/ipmtext.php?fl=13>

³Freudenberg, N, and Ruglis J. (2007).Reframing school dropout as a public health issue.*Prevention of Chronic Diseases*, 4(4). Available from http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm

Employment Status

Population 16 years and over	Greene Co.	Georgia	United States
	13,179	7,402,545	241,302,749
Employment Status			
In Labor Force	48.5%	65.0%	64.8%
Civilian Labor Force	48.4%	64.3%	64.4%
Employed	42.4%	57.9%	58.8%
Unemployed	5.9%	6.3%	5.6%
Armed Forces	0.1%	0.7%	0.5%
Not in Labor Force	51.5%	35.0%	35.2%

U.S. Census Bureau, 2007-2011 American Community Survey

Just under 6 percent of those 16 years and older in the civilian labor force are unemployed in Greene County. This is similar to the percentage in the United States (5.6%) and lower than the percentage in Georgia (6.3%)⁴.

The median household income in Greene County is \$38,209. This is approximately \$10,000 less than the state median but more than \$10,000 above the national median².

Greene County has a significantly higher percentage of families and individuals living below the poverty level than both Georgia and the United States.

Income & Poverty

	Greene Co.	Georgia	United States
Income			
Per Capita Income	24,479	25,383	52,762
Median Household Income	38,209	49,736	27,915
Poverty Status			
Families Below Poverty Level	17.3%	12.6%	10.5%
Individuals Below Poverty Level	23.2%	16.5%	14.3%
Under 18 years	37.7%	22.6%	20.0%
18 to 64 Years	21.2%	14.8%	13.1%
65 Years and Over	20.6%	11.5%	9.4%

U.S. Census Bureau, 2007-2011 American Community Survey

⁴U.S. Census Bureau.(n.d.).2010 Census interactive population search. Retrieved from <http://www.census.gov/2010census/popmap/ipmtext.php?fl=13>

Homelessness

In January 2013, 17 homeless persons total were counted in Greene County. Of the 17 homeless individuals counted, 10 were unsheltered, 3 were precariously housed and 4 were sheltered at the Circle of Love Emergency Shelter.

Community Needs Index

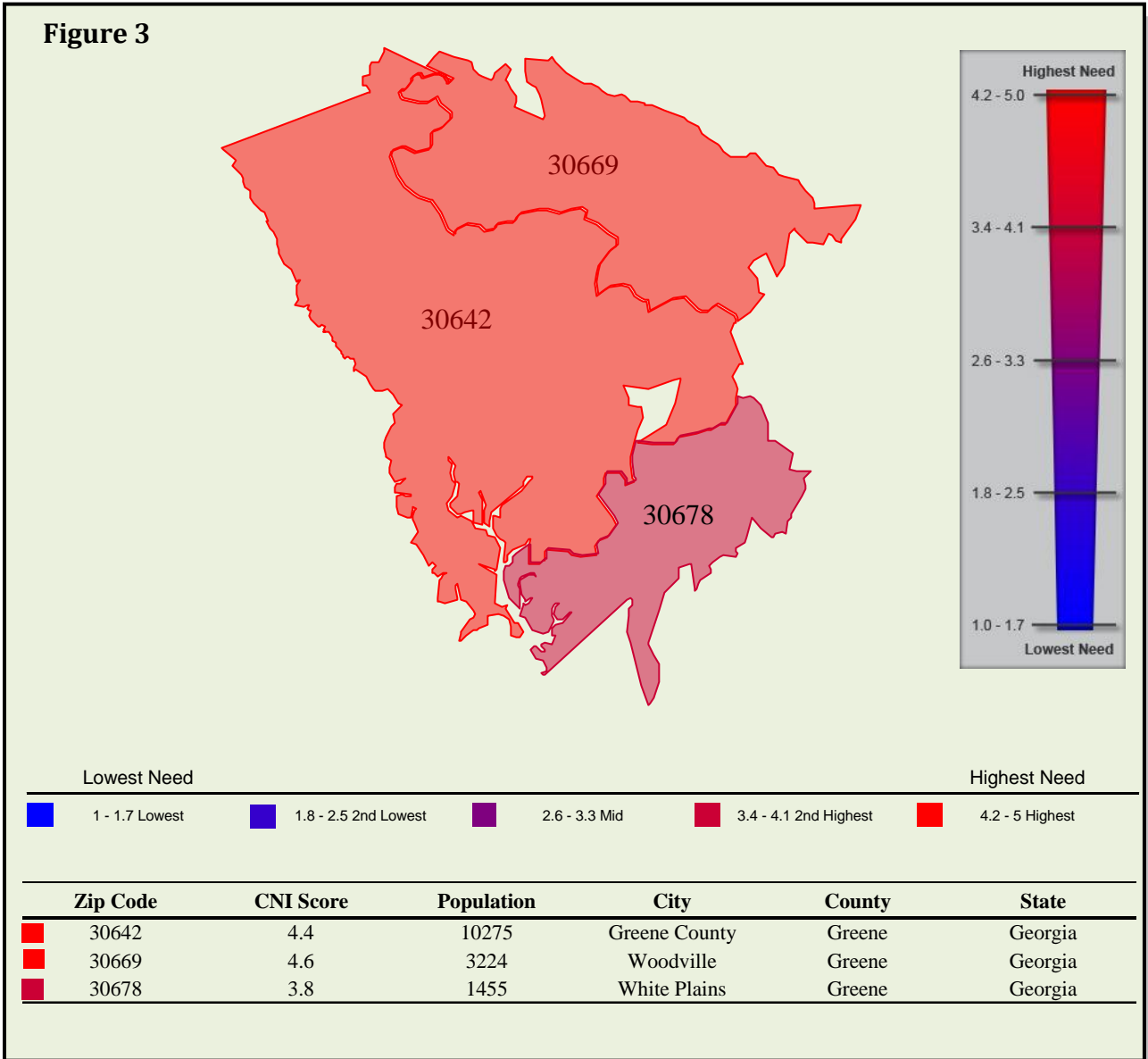
The Community Needs Index (CNI) is a tool used to identify the severity of health disparities by zip code. It measures community need, access to care and preventable hospitalizations. Using a combination of data sources and empirical evidence, the CNI identifies underlying economic and structural barriers that affect overall health, which include culture, language, education, insurance and housing⁵.

The CNI assigns a score to each barrier condition using percentages of population in each zip code that include populations of elderly, poverty, uninsured, unemployed and other high-risk populations. The score ranges from 1 to 5 with 5 representing the most socioeconomic barriers in a given area.

Hospitalization admission rates for manageable conditions have been found to be strongly correlated with CNI scores, as the score increases, rates increase, which is an indicator that CNI scores are a valid tool to measure disparities in a community.

⁵Dignity Health.(2013). Community Need Index. Retrieved from http://www.dignityhealth.org/Who_We_Are/Community_Health/212401

As indicated in the figure 3 below, Greene County has a great deal of health disparities in all geographic areas with zip code 30669 having the most need.



Mean (zipcode): 4.3

Mean (person): 4.4

CNI Score Median: 4.6

CNI Score Mode: None

Access to Health Care

Health Insurance

Twenty-two percent of residents in Greene County are uninsured. This number is slightly higher than the state average and 11 percent over the national benchmark⁶.

Population without Health Insurance			
	Greene County	Georgia	National Benchmark
Under Age 65	22.0%	22.0%	11.0%
18 to 65	27.0%	27.0%	N/A
Under 18	11.0%	10.0%	N/A

Source: 2013 County Health Rankings

Healthcare Workforce

The ratio of residents to primary care physicians is 1,455:1 which is better than the state average but still does not meet the national benchmark.

The county has more than double the ratio of residents to mental health providers (8,005:1) than the state average (3,504:1).

	Greene County		Georgia	
	Total	Ratio	Total	Ratio
Dentists	10	1,618:1	4,431	2,249:1
Primary Care Physicians (MDs and DOs)	11	1,455:1	6,028	1,611:1
Mental Health Providers	2	8,005:1	2,772	3,504:1

Source: 2013 County Health Rankings

⁶University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

Health Factors

Nutrition, Physical Activity, and Obesity

Thirty-two percent of adults in Greene County are obese. Similar to national trends, this number has continued to rise in recent years, up from approximately 28 percent in 2004⁷.

Physical activity plays an important role in improving and maintaining health. For people who are inactive, even small increases in physical activity are associated with health benefits⁵. Physical activity can lower the risk of many chronic diseases such as type 2 diabetes, depression and coronary heart disease. Despite the many benefits of physical activity, 27 percent of adults in Greene County report no leisure time physical activity.

Nutrition, Physical Activity and Obesity

	Greene County	Georgia	National Benchmark
Adult Obesity	32.0%	28.0%	25.0%
Physical Inactivity	27.0%	27.0%	21.0%
Percent of Population who are Low-Income and do not Live Close to a Grocery Store	2.0%	50.0%	27.0%
Percent of all Restaurants that are Fast Food Establishments	41.0%	50.0%	27.0%
Rate of Recreational Facilities per 100,000 population	0	8	16

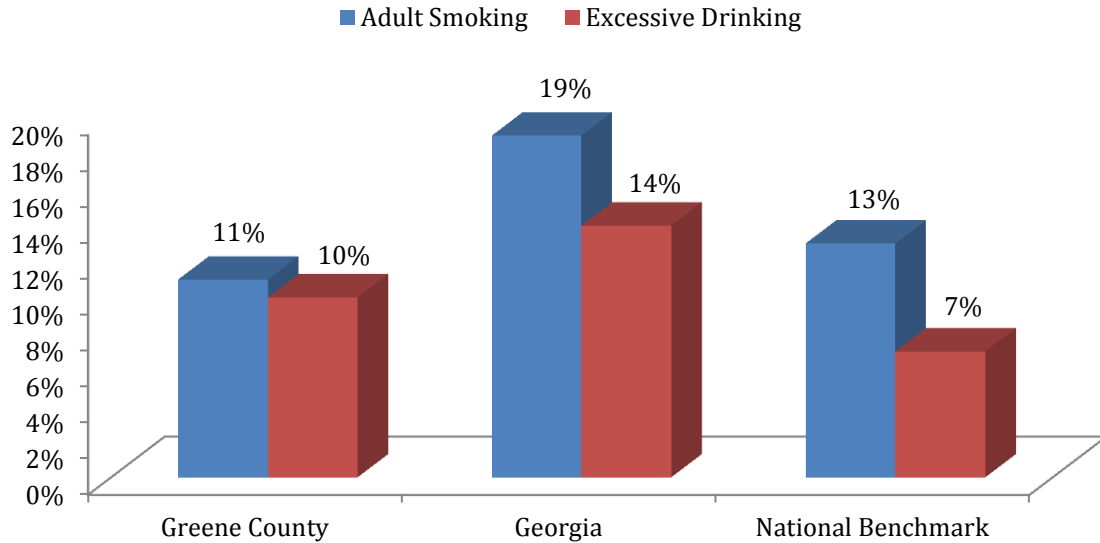
Source: 2013 County Health Rankings

Tobacco and Alcohol

Eleven percent of the adult population in Greene County currently smokes. People who smoke cigarettes increase their risk for high blood pressure, heart attack, stroke, lung cancer, emphysema and asthma.

When it comes to alcohol consumption, 10 percent of adults in Greene County report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or 2 (men) drinks per day on average.

⁷University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>



Source: 2013 County Health Rankings

Health Outcomes

Premature Death

The Greene County rate of premature death is 8,868 per 100,000 population. Premature death is represented by the years of potential life lost before age 75 and the rate is age adjusted⁸.

Leading Causes of Premature Death, 2007-2011

	Greene County Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Motor Vehicle Crashes	2	2
Diabetes Mellitus	3	11
Cerebrovascular Disease	4	8
Malignant Neoplasms of the Trachea, Bronchus and Lung	5	4
Nephritis, Nephrotic Syndrome and Nephrosis	6	18
Certain Conditions Originating in the Perinatal Period	7	3
All Other Diseases of the Nervous System	8	13
Assault (Homicide)	9	7
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	10	16

Source: OASIS, Georgia Department of Public Health

⁸Georgia Department of Public Health (n.d.). Online Analytical Statistical Information System. Available from <http://oasis.state.ga.us/oasis/>

Leading Causes of Death (Age-Adjusted), 2007-2011

	Greene County Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Cerebrovascular Disease	2	3
Malignant Neoplasms of the Trachea, Bronchus and Lung	3	2
Essential (Primary) Hypertension and Hypertensive Renal, and Heart Disease	4	6
All Other Mental and Behavioral Disorders	5	5
Diabetes Mellitus	6	8
Nephritis, Nephrotic Syndrome and Nephrosis	7	9
Malignant Neoplasms of Colon, Rectum and Anus	8	12
All COPD Except Asthma	9	4
Malignant Neoplasms of the Breast	10	14

Source: OASIS, Georgia Department of Public Health

Cancer

Cancer is a leading cause of death in Greene County, accounting for 127 deaths in 2011. Cancer includes more than 100 different diseases in which cells divide uncontrollably and invade other tissues. These cells can spread throughout the body through the blood and lymphatic systems⁹. The top five cancer mortality rates in Greene County are lung, colorectal, breast, pancreatic and prostate and testicular cancer. Between 2007 and 2011, Greene County had a higher mortality rate than Georgia as a whole for colorectal, breast, pancreatic and prostate and testicular cancers, but a lower mortality rate for lung cancer.

Cancer

	Greene County	Georgia
Cancer, Age-Adjusted Death Rate, 2011	168.4	169.2
Lung Cancer, Age-Adjusted Death Rate, 2007-2011	34.8	50.8
Colorectal Cancer, Age-Adjusted Death Rate, 2007-2011	25.4	16.1
Breast Cancer, Age-Adjusted Death Rate, 2007-2011	20.8	13.2
Pancreatic Cancer, Age-Adjusted Death Rate, 2007-2011	12.2	10.3
Cancer of Prostate & Testis, Age-Adjusted Death Rate, 2007-2011	10.8	9.6
Mammography Screening	70.0%	64.0%

Source: OASIS, Georgia Department of Public Health

⁹Centers for Disease Control and Prevention. (2013). Cancer prevention: what is cancer? Division of Cancer Prevention and Control, Available from <http://www.cdc.gov/cancer/dpcp/prevention/>

Cancer places a tremendous emotional and financial burden on patients, families and communities. The number of new cancer cases can be reduced, and many cancer mortalities can be prevented through early detection. Greene County fairs well with breast cancer screenings, with the percentage of mammography screenings higher than the state average.

Cardiovascular Disease

Disease of the heart and blood vessels, cardiovascular diseases (CVDs), are a leading cause of death in the United States. Coronary heart disease (CHD) is the number 1 killer of Americans. In 2004 alone, more than 652,000 people died of heart disease in the United States and it was estimated that more than 71 million Americans have one or more types of CVD¹⁰. Ischemic heart and vascular disease is the number one cause of death in Greene County¹¹. CVD rates in the county are similar to other counties in the state, however, Greene County has a much higher incidence rate for Stroke (233.9 compared to 180.3) and residents with high blood pressure (84.2 compared to 64.7)¹¹.

Cardiovascular Disease		
	Greene County	Georgia
Major Cardiovascular Diseases, Age-Adjusted Death Rate, 2011	243.3	242.5
Obstructive Heart Disease (Including Heart Attack), Age-Adjusted Death Rate, 2011	75.1	84.1
Stroke, Age-Adjusted Death Rate, 2011	39.3	42.2
Stroke, Age-Adjusted Deduplicated Discharge Rate, 2010	233.9	180.3
High Blood Pressure, Age-Adjusted Deduplicated Discharge Rate, 2010	84.2	64.7

Source: OASIS, Georgia Department of Public Health

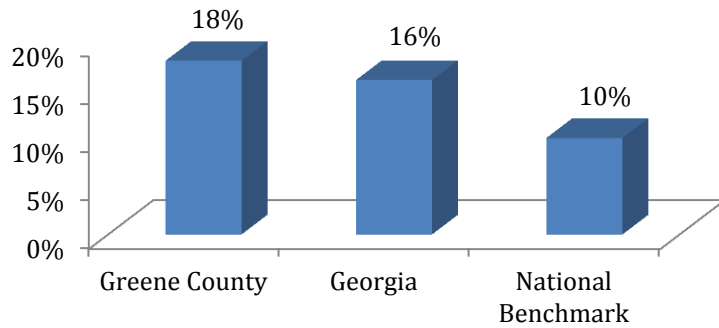
¹⁰McKenzie, J. F., Pinger, R.R., and Kotecki, J. E. (2008). An Introduction to Community Health. Sudbury, MA: Jones and Bartlett Publishers

¹¹Georgia Department of Public Health (n.d.). Online Analytical Statistical Information System. Available from <http://oasis.state.ga.us/oasis/>

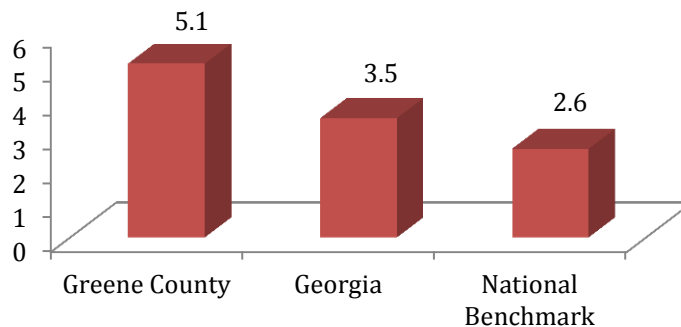
General Health

Greene County's residents report 5.1 unhealthy days per person, per 30 day period. Unhealthy days are based on survey responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good¹²?" Additionally, eighteen percent of adults in Greene County perceive their health as "fair" or "poor".

Poor or Fair Health



Poor Physical Health Days



Diabetes

Between 2007 and 2011, diabetes was the sixth leading cause of death in Greene County and the third leading cause of premature death. Diabetes is preventable and complications can be minimized with early detection and proper management¹³.

Diabetes occurs when the body cannot produce or respond appropriately to insulin. Without a properly functioning insulin signaling system, blood glucose levels become elevated, leading to the development of serious, disabling complications. Fifteen percent of adults in Greene County have been told by a doctor that they have diabetes, compared to 10 percent in the state¹².

¹²University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

¹³McKenzie, J. F., Pinger, R.R., and Kotecki, J. E. (2008). An Introduction to Community Health. Sudbury, MA: Jones and Bartlett Publishers

Black or African American males have a disproportionately high rate of incidence and death due to diabetes than other races in the state. All 3 deaths in Greene County from diabetes in 2011 were Black males and their age adjusted death rate is almost 17 percent higher than the state average for all races¹⁴.

Diabetes		
	Greene County	Georgia
Percent of Adults Aged 20 and Above with Diagnosed Diabetes, 2009	15.0%	10.0%
Diabetes, Age-Adjusted Death Rate, 2011	28.3	23.4
Diabetes, Age-Adjusted Death Rate, Black or African American Males, 2011	N/A	40.1
Percent of Diabetic Medicare Enrollees that Receive HbA1c Screening, 2010	82.0%	84.0%

Source: OASIS, Georgia Department of Public Health

Health Disparities

In 2008, the Minority Health Advisory Council developed a report for the Georgia Department of Community Health, Office of Minority Health in an effort to contribute to the reduction and elimination of health disparities in Georgia¹⁵. The report included grades for each of the 159 counties in Georgia for their performance in avoiding health disparities. These grades are a composite grade based on both the minority health outcome (African American rates of preventable death, for example) and the county’s level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio). Greene County received a “D” in the mortality category meaning minorities had “poor outcomes made worse by extremely severe racial inequality.” The county did not score higher than “C” (below-average outcomes made worse by severe racial inequality) in any category and received the lowest grade of “F” (Extremely Poor) in social and economic indicators, illness events, mental health care access and preventable emergency department visits.

Additional information regarding the report can be found in Appendix A.

¹⁴Georgia Department of Public Health (n.d.). Online Analytical Statistical Information System. Available from <http://oasis.state.ga.us/oasis/>

¹⁵ Georgia Department of Community Health, Office of Health Improvement, Office of Minority Health. (2008). Georgia health equity initiative: Health disparities report 2008: A county-level look at health outcomes for minorities in Georgia. Available from www.dch.ga.gov

Mental Health

According to the World Health Organization, mental illnesses account for more disability in developed countries than any other group of illnesses, including cancer and heart disease. Mental disorders tend to affect physical health and are strongly correlated to the occurrence of chronic diseases such as diabetes, cancer and cardiovascular disease.²Injury rates are also affected by mental disorders. Rates for both intentional (e.g., homicide, suicide) and unintentional (e.g., motor vehicle) injuries are 2 to 6 times higher among people with a mental illness than in the population overall.

In 2010, Greene County residents reported an average of 3.3 mentally unhealthy days per month. This figure was calculated based on survey responses to the question “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good^{16?}”

Hospitalizations for Mental and Behavioral Disorders

	Greene County	Georgia
Mental and Behavioral Disorders, ER Visits, 2010	149	90,347
Mental and Behavioral Disorders, ER Visit Rate, 2010	930.9*	930.2

* Per 100,000 *Source: OASIS, Georgia Department of Public Health*

¹⁶University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

Maternal & Child Health

Greene County has a slightly higher percentage of low birth weight babies (newborns weighing less than 2,500 grams) than Georgia, 10.0 percent and 9.8 percent respectively. Low birthweight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk¹⁷.

The teen pregnancy rate in Greene County is approximately 31 births per 1,000 females age 10-19. This is slightly higher than the Georgia rate of 27.8.

Nativity

	Greene County	Georgia	Avg. Co. in GA
Live births, 2010	150	133,668	841
Rate per 1,000 population	9.4	13.8	12.5
Infant Deaths	0	836	5
Unwed Live Births, 2010	89	60,810	382
Rate per 100 live births	59.3	45.5	49.1
Low Weight Births (<2,500 grams), 2010	15	13,052	82
Rate per 100 live births	10	9.8	10.4
Induced Terminations, 2010	37	31,315	197
Rate per 1,000 females age 15-44	14.8	15.1	7.9
Teen Pregnancies, 2010	26	19,029	120
Rate per 1,000 females age 10-19	31	27.8	31.2

Sources: Carl Vinson Institute of Government and Georgia Cooperative Extension

The University of Georgia, 2013 Georgia County Guide

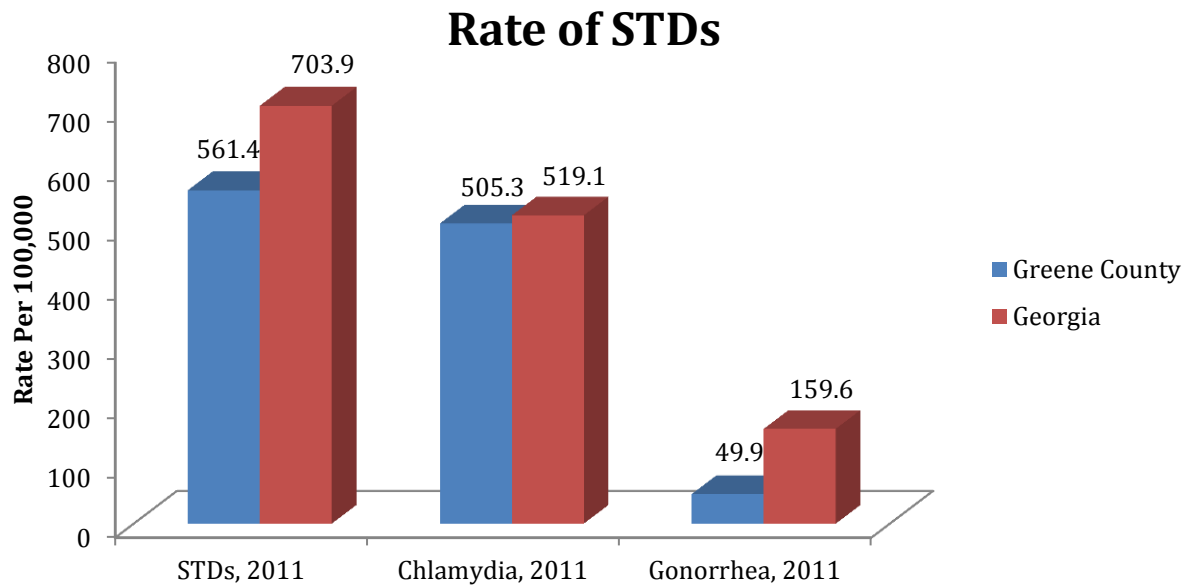
¹⁷University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

Infectious Diseases

In 2009, there were 26 people living with HIV in Greene County¹⁸, which is well below the county average in Georgia. In the same year there were approximately 1.1 million people living with HIV in the United States and about 18 percent or just under 200,000 that did not know they were infected¹⁹. The southeast region of the United States has the largest number of people living with HIV but the northeast has the highest rate per 100,000 people.

Sexually Transmitted Diseases (STD)

In 2011, there were a total of 90 STDs other than HIV reported in the county, including 81 cases of Chlamydia and 8 cases of Gonorrhea²⁰. The rate of Chlamydia was on par with the rest of the state but Greene County has a much lower infection rate for Gonorrhea than other counties in Georgia.



¹⁸University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

¹⁹Centers for Disease Control and Prevention. (2013). HIV/AIDS: Basic statistics. Division of HIV/AIDS Prevention, Available from <http://www.cdc.gov/hiv/basics/statistics.html>

²⁰The Georgia Statistics System (2013). Georgia County Guide. Available from <http://www.georgiastats.uga.edu/crossection.html>

Sexually Transmitted Diseases (STD) among Youth

The incidence rate of sexually transmitted disease (STD) for youth ages 15-19 in Greene County (28.3) is slightly lower than the rate for the state (31.6)²¹.

Sexually Transmitted Diseases (STD) among Youth

	Greene County	Georgia
Incidence of STD for youth ages 15-19, 2011	24	22,135
Rate per 1,000 youth ages 15-19	28.3	31.6

Source: The Annie E. Casey Foundation, Kids Count Data Center

²¹The Annie E. Casey Foundation.(n.d.).Kids Count Data Center. Available from <http://datacenter.kidscount.org/>

IV. Identified Community Needs

A. Needs Identified

Access to Health Services

Twenty percent of residents in Greene County report that they have been unable to see a doctor because of cost. The demographics of the county, particularly the rural environment and the low-socioeconomic status of many residents in the community, undoubtedly contribute to the access barriers regarding the affordability of health services. Greene County has a higher unemployment rate than the national average and higher poverty rates than both state and national averages. Furthermore, the percentage of uninsured adults in Greene County is significantly higher than the national benchmark.

However, unmet health care needs are not just a consequence of being poor and uninsured. Community members at all income levels in Greene County face a large and growing shortage of primary health care options. The ratio of residents to primary care physicians is 1,455:1²².

Cardiovascular Disease

Ischemic heart and vascular disease is the number one cause of death in Greene County²³ which falls in line with the nation as a whole. Disease of the heart and blood vessels, cardiovascular diseases (CVDs), are a leading cause of death in the United States. Coronary heart disease (CHD) is the number 1 killer of Americans. In 2004 alone, more than 652,000 people died of heart disease in the United States and it was estimated that more than 71 million Americans have one or more types of CVD²⁴.

Diabetes

Between 2007 and 2011, diabetes was the sixth leading cause of death in Greene County and the third leading cause of premature death²². Diabetes is preventable and complications can be minimized with early detection and proper management. Black or African American males have a disproportionately high rate of incidence and death due to diabetes than other races in the state. All 3 deaths in Greene County from diabetes in 2011

²²University of Wisconsin Population Health Institute. (2013). County Health Rankings and Roadmaps. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

²³Georgia Department of Public Health (n.d.). Online Analytical Statistical Information System. Available from <http://oasis.state.ga.us/oasis/>

²⁴McKenzie, J. F., Pinger, R.R., and Kotecki, J. E. (2008). An Introduction to Community Health. Sudbury, MA: Jones and Bartlett Publishers

were Black males and their age adjusted death rate is almost 17 percent higher than the state average for all races²².

Obesity

Obesity is a major contributor to morbidity and mortality in Greene County. Obesity is associated with an increased risk of developing cardiovascular disease, diabetes, stroke, hypertension, gall bladder disease, osteoarthritis and some cancers²⁵. Thirty-two percent of adults in Greene County are obese. Similar to national trends, this number has continued to rise in recent years, up from approximately 28 percent in 2004²⁶.

Physical Activity

Physical activity plays an important role in improving and maintaining health. For people who are inactive, even small increases in physical activity are associated with health benefits²⁷. Physical activity can lower the risk of many chronic diseases such as type 2 diabetes, depression and coronary heart disease. Despite the many benefits of physical activity, 27 percent of adults in Greene County report no leisure time physical activity.

Nutrition

Key informants indicated that access to affordable, healthy foods is a major barrier to health for the low-income and medically underserved populations in Greene County. Nutrition is closely related to weight status. According to the CDC, eating more fruits and vegetables is associated with a lower risk of cardiovascular disease, diabetes and obesity.

Teen Pregnancy

All ten of the key informants interviewed indicated teen pregnancy as an important priority in our service area. Empirical evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a sexually transmitted infection (STI), both of which can result in adverse health outcomes for mothers, children, families and communities²⁶. While much progress has been made in recent years, Greene County's teen pregnancy rate remains higher than the state average.

Oral Health

Many of the key informants reported access to affordable dental care as a major need among the low-income and medically underserved populations. Untreated dental disease

²⁵McKenzie, J. F., Pinger, R.R., and Kotecki, J. E. (2008). *An Introduction to Community Health*. Sudbury, MA: Jones and Bartlett Publishers

²⁶University of Wisconsin Population Health Institute. (2013). *County Health Rankings and Roadmaps*. Retrieved from <http://www.countyhealthrankings.org/app/georgia/2013/greene/county/outcomes/overall/snapshot/by-rank>

²⁷Healthy People 2020. (2013). *2020 Topics and Objectives: Physical Activity*. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33>

can lead to serious health effects including pain, infection and tooth loss. Lack of sufficient providers is one barrier to accessing oral health care and much of the country suffers from shortages. In Greene County, there are 10 dentists which equates to 1 dentist for every 1,618 people²⁶. This is a slightly better ratio than the state average and on par with the national benchmark.

Mental Health

Access to mental health providers and treatment especially for Medicaid, uninsured and underinsured populations is a major concern for the community; 60 percent of the key informants interviewed indicated mental health as an important priority in our service area. In 2010, Greene County residents reported an average of 3.3 mentally unhealthy days per month. This problem is compounded by a lack of mental health care professionals in the service area. The ratio of residents to mental health providers in Greene County is 8,005:1.

B. Prioritization Process

St. Mary's Good Samaritan Hospital used the following process to prioritize the identified needs:

1. All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
2. Reference was made to the content of the focused interviews for identified needs from community members.
3. Comparisons were made with these two topics and compared to what had been the common knowledge and experience of the clinical staff in the hospital, especially in the Emergency Department.
4. This information was presented to the Community Advisory Committee.
5. The Community Advisory Committee discussed the findings and made recommendations.
6. The Community Advisory Committee's recommendations coincided with what had been said through the focused interviews and data collection.
7. These identified needs were presented to the senior leadership of the hospital for decision making based on our mission and values as well as our personnel and financial capability.

Criteria for Priority Setting

Good Samaritan's Leadership Committee discussed the needs identified in the data summary and prioritized the community health needs using the following criteria:

- a) Magnitude. The magnitude of the problem includes the number of people impacted by the problem.
- b) Severity. The severity of the problem includes the risk of morbidity and mortality associated with the problem.
- c) Historical trends.
- d) Alignment of the problem with our strengths and priorities.
- e) Impact of the problem on vulnerable populations.
- f) Importance of the problem to the community.
- g) Existing resources addressing the problem.
- h) Relationship of the problem to other community issues

C. Prioritized Needs

The following needs were recognized by St. Mary's Good Samaritan Hospital as the most important issues that must be addressed to improve the health and quality of life in our community.

1. Improve Access to Care
2. Prevent Chronic Diseases and Increase Wellness
3. Heart Disease and Stroke

V. Implementation Strategy

St. Mary's Good Samaritan Hospital will continue to engage our community partners in implementing evidence-based strategies to improve the health of the community we serve, with a special commitment to the poor and underserved. Because this work is so crucial to our identity, we have established leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of community benefit planning activities that are integrated into our multi-year strategic plans. A community outreach oversight committee has been formed to collaborate with the many organizations and resources in our community to implement strategies and programs to address needs identified in the CHNA. Furthermore, the St. Mary's Good Samaritan Hospital Board of Directors will be responsible for reviewing progress on implementation strategies relating to community health needs and assess changes in community health needs as the implementation process evolves.

The overall strategies to address the three priority health areas are as follows:

- I. Improve Access to Care
 - a. Increase access to clinical preventive services by participating in health and wellness fairs at worksites, faith-based institutions, civic organizations and senior centers throughout the community.
 - b. Increase access to recommended clinical preventive services for the poor and uninsured by providing mammograms for low-income population.
- II. Prevent Chronic Diseases and Increase Wellness
 - a. Enhance community exercise program to encourage healthy fitness habits and to assist community members in integrating a regular exercise program into their health routine.
- III. Heart Disease and Stroke
 - a. Expand community education programs aimed at increasing knowledge of stroke risk factors, stroke warning signs, and action needed when stroke warning signs occur.
 - b. Identify and screen high-risk individuals for coronary heart disease through community outreach interventions.

An implementation plan has been developed to respond to each of the prioritized needs within the scope of our services and partnerships. The outcomes and results of these interventions will be tracked and evaluated in preparation for St. Mary's Good Samaritan Hospital's next CHNA scheduled for completion in 2016.

A. 2013 Implementation Plan

Priority #1: Improve Access to Care

Problem: 22% of Greene County residents are uninsured and 20% of residents reported that they could not see a doctor due to cost.

Strategy 1: Increase access to clinical preventive services by participating in health and wellness fairs at worksites, faith-based institutions, civic organizations and senior centers throughout the community.

- 1.1 Partner with community-based organizations to co-host at least 4 health fairs and screening events targeting low income, uninsured and/or underinsured residents of the service area.

Strategy Measure: Number of health fairs and screenings provided.

Strategy 2: Increase access to recommended clinical preventive services for the poor and uninsured by providing mammograms for low-income population.

- 2.1 Partner with the Federally Qualified Health Center in Greene County to develop a community awareness campaign to increase early diagnosis and detection of breast cancer.
- 2.2 Disseminate information about prevention, early detection, and treatment of breast cancer to the community with special attention to minority or underserved populations.
- 2.3 Provide 20 free mammograms to low-income, uninsured women age 40+

Measures for Strategy 2:

1. Number of breast cancer education programs provided.
2. Number of free mammograms provided to low-income women.

Priority #2: Prevent Chronic Diseases and Increase Wellness

Problem: 32% of adults in Greene County are obese and 27% of the population is physically inactive. Regular physical activity reduces the risk of many chronic diseases, including heart disease, stroke and diabetes.

Strategy 1: Promote healthy fitness habits and to assist community members in integrating a regular exercise program into their health routine.

- 1.1 Provide weekly, free group fitness classes for community members.
- 1.2 Offer free health screenings to program participants.
 - Body composition screening/BMI
 - Blood pressure screening

Measures for Strategy 1:

1. The number of participants in the program.
2. The number of sessions attended by program participants.
3. % of adults in the CHNA service area engaging in weekly moderate and vigorous physical activity.

Priority #3: Heart Disease and Stroke

Problem: Ischemic heart and vascular disease is the number one cause of death in Greene County. Compared to other counties in the state of Georgia, Greene County has a higher incidence rate for stroke (233.9 compared to 180.3).

Strategy 1: Expand community education programs aimed at increasing knowledge of stroke risk factors, stroke warning signs, and action needed when stroke warning signs occur.

- 1.1 Provide at least 3 community presentations about stroke symptoms, prevention and treatment.

Strategy Measure: Number of individuals who receive education on signs and symptoms of stroke through the program.

Strategy 2: Provide access to cardiovascular education and screening.

- 2.1 Hold community-based health fairs and health screenings for the community at large.

Strategy Measure: Number of cardiovascular screenings provided.

B. Needs Good Samaritan Hospital Will Not Directly Address

Mental health, oral health and teen pregnancy will not be addressed in the Community Health Implementation Plan. In initial discussion and subsequent prioritization, Good Samaritan Hospital's Leadership Committee considered the levels to which some needs were already being addressed in the community. Additionally, some health needs identified in the assessment fall out of the scope of expertise and resources of the hospital.

The Greene County Teen Pregnancy Prevention Task Force, organized by Teen Matters in Athens-Clarke County, is working to reduce the rate of teen pregnancy in Greene County. A health hotline called Resources for Individual Student Empowerment is also available. Teenagers can call this hotline to get answers to questions about a wide range of sexual health issues. Since teen pregnancy is being addressed by Teen Matters in our service area, St. Mary's Good Samaritan Hospital will not be duplicating services.

Oral health will not be addressed because St. Mary's Good Samaritan Hospital does not have the capacity or expertise to provide dental care services. Mental health also falls out of the scope of expertise and resources of the hospital and will not be addressed at this time. Good Samaritan Hospital will continue to work with existing community health partners and seek out innovative methods to address these needs in the future as resources become available.

VI. Available Health Care Resources

A. St. Mary's Good Samaritan Hospital's Internal Resources and Assets

The following are St. Mary's Good Samaritan Hospital's internal resources and assets to respond to the needs identified through the community health needs assessment.

Improve Access to Care

Emergency Care

St. Mary's Good Samaritan Hospital offers exceptional 24 hour Emergency Care Services with cutting edge monitoring and telemedicine capabilities. The new Emergency Department is state-of-the-art and designed for the patient's care and comfort. It provides private treatment rooms, a trauma room, triage space, registration and waiting areas.

The Emergency Department is open 24 hours a day, seven days a week, 365 days a year. A physician is always on duty in our emergency room, along with specially trained nurses.

Financial Assistance

In keeping with our mission and commitment to our community, St. Mary's Good Samaritan Hospital offers several payment options and financial assistance programs for our patients. The following are some of the services we provide:

- Prompt payment discount for payment in full
- Payment plans
- Self pay discounts based on family income
- Partial financial assistance based on family size and income
- 100% financial assistance based on family size and income
- Screening for eligibility for government programs

Please contact our financial counselor office to discuss your financial needs so we can assist you in determining the best option available for you. Our phone number is 706.453.5032.

Prevent Chronic Diseases and Increase Wellness

Community Outreach

St. Mary's Good Samaritan Hospital, as part of St. Mary's Health Care System, is committed to providing quality community outreach health and wellness programs. We provide health fairs, screenings, special events, and educational opportunities in a variety of settings to

help you, your family, your church or your business maintain your optimum health and well-being.

Corporate and Community Programs

St. Mary's Good Samaritan Hospital offers the convenience of the following on-site screenings and services at your event or place of business. Some services can be offered at no charge, others are available for a fee.

- Blood Pressure
- CPR/first aid
- Body Composition
- Comprehensive Wellness Program
- Total Cholesterol
- Corporate Fitness Center Membership
- Comprehensive Metabolic Panel
- Lead Testing
- Glucose Readings
- Massage Therapy
- Hemoglobin A1c
- Health Risk Assessment
- Lipid Panel
- Wellness Lectures for the Workplace

If you would like to invite St. Mary's Good Samaritan Hospital to participate in your upcoming health or wellness event, please contact Susan Welch, Executive Assistant, at 706.453.5087 or SWelch@www.stmarysgoodsam.org.

Heart Healthy Recipes

A list of recipes to support your heart-healthy diet is available on St. Mary's website at <http://www.stmarysgoodsam.org/health-resources/heart-healthy-recipes/>

Heart Disease and Stroke

Cardiology

St. Mary's Good Samaritan Hospital offers state of the art diagnostic tools, including a 64-slice CT Scanner, to help your Cardiologist determine the best individualized treatment plan for you. Tests performed at St. Mary's Good Samaritan Hospital detect underlying conditions, such as arrhythmias and problems with cardiac blood flow, to help your doctor assess the nature and severity of your disease for diagnosis and treatment.

St. Mary's Good Samaritan Hospital is committed to providing a full continuum of cardiac care and diagnostics. Exceptional service and diagnostic areas include:

- Echocardiograms
- 64 Slice CT Scanner
- Holter Monitoring
- Rhythm strips
- EKG's
- Follow ups after heart surgery
- Inpatient consultations
- Evaluation and treatment of: cardiac arrhythmia, coronary artery disease, congestive heart failure, and vascular heart disease

St. Mary's Health Cardiac Care Continuum

Skilled staff, advanced technology and a comprehensive continuum of care. St. Mary's Health Care System is committed to providing exceptional care for your heart.

In 2007, St. Mary's Hospital in Athens, GA was named one of the first 25 Heart Failure Centers in the United States certified by the Joint Commission. Since then, the program has celebrated consistent annual recertifications. In 2009, St. Mary's Cardiac Catheterization Laboratory opened with a full service cardiac catheterization team and interventional cardiologist on call 24 hours a day, 7 days a week to treat cardiac blockages, heart attacks and arrhythmias. Today, we remain committed to providing a full continuum of cardiac care and diagnostics. Exceptional service areas include:

Oconee Heart and Vascular Center

Oconee Heart and Vascular Center is a full-service cardiac practice offering a complete continuum of care for the heart and blood vessels, and has a location in Greensboro, GA. To schedule an appointment at their Greensboro location, please call 706.389.3440.

Northeast Cardiology

Northeast Cardiology, the practice of Dr. Paul Beltran, ensures patients with the highest quality cardiac care and easy access to diagnostic and treatment resources. To schedule your appointment at their Greensboro office, please call Northeast Cardiology at 706.548.9111.

Interventional Cardiology

Patients suffering from emergency and long-term heart problems, including heart attack, Peripheral Artery Disease and some congenial heart defects, are treated with interventional cardiology services, including angioplasty and stenting, at St. Mary's

Hospital's state-of-the-art Cardiac Catheterization Laboratory in Athens, GA.

Electrophysiology

St. Mary's Hospital launched Athens' first comprehensive electrophysiology program to provide care for persons with cardiac arrhythmias and heart failure, as well as pacemaker and defibrillator implantation and management.

Heart Failure Services

St. Mary's Heart Failure Center in Athens, GA offers experienced staff, a commitment to patient education, leading edge technology and an unmatched continuum of care to patients suffering from heart failure.

Cardiac Rehabilitation

St. Mary's offers Cardiac Rehab Phase I, II and III providing care to individuals as inpatients, upon release from the hospital and as outpatients to promote a healthy lifestyle and take steps to prevent a future cardiac event.

St. Mary's also offers:

- Emergency care for heart attack, heart failure and other cardiovascular conditions
- Nuclear medicine at St. Mary's Hospital, 1230 Baxter Street, Athens, GA 30606 and St. Mary's Outpatient Cardiac Diagnostic Suite, located at 2470 Daniells Bridge Road, Building 200, Athens, GA 30606
- Tilt table studies
- Intensive care and intermediate care units
- Cardiac stress testing
- Echocardiography
- Preventive care, including Wellness Center exercise and fitness, nutritional services, and Healthy Heart Living classes
- Home health/Telehealth care: St. Mary's Health Care System brings nursing, rehabilitation, aides and more to the homes of eligible patients.
- Care Alert medical response service

Emergency Stroke Care

The Emergency Department at St. Mary's Good Samaritan Hospital offers high-speed diagnostics to evaluate stroke symptoms, and is prepared to administer the most modern treatments available, including the clot-busting drug tPA.

REACH: 24/7

"REACH" stands for Remote Evaluation of Acute ischemic Stroke. St. Mary's Good Samaritan Hospital is proud to utilize the REACH system in partnership with Georgia Regents University (formerly known as the Medical College of Georgia). This potentially

life-saving telemedicine system enables specialist consults 24 hours a day, 7 days a week, allowing those specialists to remotely provide urgent consultations, including virtual examinations of both the patient and their corresponding brain imaging studies.

The Clot-Busting Drug, tPA

When deemed medically appropriate, tPA (tissue Plasminogen Activator) is currently the only FDA-approved drug for acute ischemic stroke, and is available at St. Mary's Good Samaritan Hospital. The sooner treatment begins, the more brain tissue can be saved. tPA must not be given to patients whose stroke is caused by a ruptured blood vessel however, so quick and high-tech testing is vital. St. Mary's Good Samaritan Hospital provides this testing in minutes. The recommendation to administer tPA can only be completed by a stroke specialist, and St. Mary's Good Samaritan Hospital's utilization of the REACH system makes the administration of tPA available 24/7.

B. External Community Based Resources

Greene County contains a variety of resources that are available to meet the health needs identified through this CHNA. These resources include a Federally Qualified Health Center (FQHC), a 25-bed critical access hospital, and a public health department.

Advantage Behavioral Health System (Greene County)

Advantage offers mental health services and individual, family and group counseling. It offers community service counseling and child and adolescent counseling. Advantage takes private/public insurance and will also use a sliding scale fee based on income.

(706) 453-2301

<http://advantagebhs.org/>

Athens Regional Health Center

Athens Regional Health Center is a large health care system in Athens which serves Athens-Clarke County and surrounding counties. Athens Regional Health Center includes a 360-bed acute care facility, four urgent care centers, a network of physicians, a health maintenance organization, and a home health agency.

(706) 549-9977

<http://www.athenshealth.org/>

Family Medical Associates of Oconee

Family Medical Associates of Oconee's mission is to be the most comprehensive, highest quality and most available Christian primary care practice in the Lake Oconee area. It has several specialty doctors that visit the practice on designated days of the week.

(706) 453-4945

Greene County Health Department

Greene County Health Department offers a wide variety of services to the public including immunizations for children and adults, pregnancy and newborn care, community outreach, stroke and heart attack prevention, family planning, cancer screening for women over 50, environmental health services, testing and screening for communicable diseases and other children's services.

(706) 453-7561

http://www.publichealthathens.com/greene_county.htm

St. Mary's Good Samaritan Hospital

Good Samaritan Hospital is guided by the St. Mary's Health Care System mission of improving the health of the people of our communities. Good Samaritan is a 25-bed acute care critical access hospital accredited by the Joint Commission on Accreditation of Health Care Organizations, serving the Lake Oconee area of East Georgia. We offer a wide range of services including general surgery and a 24-hour emergency department. As a St. Mary's Health Care System hospital, we are able to bring you specialty services close to home, provided by a network of physicians. We also can provide you with access to the expertise and specialty services at St. Mary's Hospital in Athens when you require care not available locally.

(706) 453-7331

<http://www.stmarysgoodsam.org/>

St. Mary's Health Care System, Inc.

St. Mary's Health Care System is a not-for-profit Catholic health care ministry whose mission is to be a compassionate healing presence in the communities we serve. St. Mary's focuses on neurosciences, cardiac care, orthopedics, general medicine/general surgery, women's and children's health, and gastroenterology. The system includes 196-bed St. Mary's Hospital in Athens and 25-bed St. Mary's Good Samaritan Hospital in Greene County. Services include emergency care, intensive care, stroke care, cardiac catheterization, home health care/hospice services, inpatient and outpatient rehabilitation, assisted living, Alzheimer's/dementia care, preventive care, state-of-the art diagnostic and therapeutic services and a growing network of physician practices. Georgia's Hospital of the Year in 2006 and 2010, St. Mary's is proud to be the official health care provider for the University of Georgia Athletic Association. St. Mary's has earned the Joint Commission Gold Seal of Approval for advanced primary stroke care, advanced inpatient diabetes, heart failure care, knee replacement surgery and spine surgery.

(706) 389-3000

<http://www.stmarysathens.org/>

St. Mary's Wellness Center

St. Mary's Wellness Center provides a large, fully equipped gym, a wide range of classes and services, and friendly knowledgeable staff. Whether you are training for a marathon or recovering from a heart attack, we are here to help you reach your goals. Located just off Ga. 316 near the Athens Perimeter, the modern facility is our region's only Medical Fitness Center. We welcome your questions and invite you to tour our facility. Body composition testing, blood pressure screening, and circumference measuring are all part of the services offered to members. The friendly staff and trainers are more than happy to help you set up a specialized exercise plan that will help ensure a safe workout designed to meet your needs and medical limitations. Most services are included in basic membership; members receive a discount for others.

706.389.3355

<http://www.stmarysathens.org/health-services/health-and-wellness/wellness-center/>

TenderCare Community Health Center

TenderCare offers health services including dental, medical, pharmacy, health and parenting classes. It also offers childcare and other services.

(706) 453-1201

W. H. Rhodes, Jr., MD

(706) 486-4195

CSRA Home Health Agency, Inc.

CSRA services include skilled nursing, physical therapy, certified home health aids, occupational therapy and much more. CSRA caregivers focus on each individual patient's needs and develop a plan of care to make sure those needs are met. It works closely with the hospitals and physicians to ensure continuity of care and the patient's well being.

(800) 344-6371

www.csrahomehealth.org

Greene County Senior Center

The Greene County Senior Center offers a warm, friendly environment that includes a variety of activities, programs, and services for seniors age 60 and above. The GCSC provides the following services: Continuing education services, meals, recreation, health, outreach and transportation.

(706) 453-7463

www.greenecountyga.gov

TRANS-CARE

TransCare provides a full range of non-emergency medical transportation solutions.

(770) 237-3643

Northeast Georgia Community Care Services Program (CCSP)

CCSP assists older and/or functionally disabled consumers, their families, and caregivers in achieving safe, self-reliant lives as they continue to live in their homes and communities. The program is administered by the Division of Aging Services, a Division of The Georgia Department of Human Resources. Participants must meet the same medical, functional and financial eligibility criteria as for placement in a nursing facility under Medicaid and be approved by a physician.

(706) 354-1621

<http://aging.dhs.georgia.gov/community-care-services-program>

Community Connection of Northeast Georgia

Community Connection of Northeast Georgia was established in 1983 as the first information and referral service launched as a computer based service. It strengthens people and organizations to better care for one another.

211 or (706)-353-1313

www.communityconnection211.org

Right from the Start Medicaid (RSM)

Right from the Start Medicaid (RSM) class of assistance is health care coverage for children up to age 19 and pregnant women.

(706) 453-2365 or (800) 869-1150

<http://dfcs.dhs.georgia.gov/right-start-medicaid-program>

Athens Area Homeless Shelter, Inc.

This is a HUD homeless shelter that provides shelter for women with children only.

Services included are shelter, personal hygiene, employment assistance, counseling, child care assistance and other services based on an individual's needs.

(706) 354-0423

<http://helppathenshomeless.org/>

Greene County Family Connection Commission

The Family Connection Commission provides tutoring services, homework assistance, computer training, and extra-curricular activities to at-risk children ages 5-12. Family Connections also partners with the Greene County Food Pantry and Greensboro Housing Authority to serve clients that receive USDA or SNAP products. Initiatives of Family Connection include the "Hope Project", After School Program, Greene County Boys and Girls Club, Greene County Head Start, Information & Referral/211, Local Interagency Planning Teams, Mom Return to School Program, Youth Leadership Program and Summer Youth Academy.

(706) 453-5128

<http://greene.gafcp.org/>

Salvation Army Lodge

The Salvation Army has a long history of providing temporary housing to individuals and families who have become homeless as a result of joblessness, drastic changes in family life, and natural disaster. Shelters offer professional counselors, job placement and life skills programs, as well as temporary housing. Shelters also provide nutritious meals, clothing and toiletries, and tutoring for all children. Each shelter ensures a safe and drug-free environment.

(706) 543-5350

<http://www.salvationarmy-georgia.org/Display.asp?Page=AthensArticlePage>

Greensboro Housing Authority

Greensboro Housing Authority offers housing assistance to Low Income residents through the management of Low Rent Public Housing Apartments. These rentals are income based and eligibility requirements are set by HUD. There may be a waiting list for this program. If you are in need of assistance in the area please contact the Housing Authority directly for more information about eligibility requirements, availability of assistance and their application procedures.

(706) 453-7371

Habitat for Humanity

Greene County Habitat for Humanity is a non-denominational Christian ministry working in partnership with the community and future homeowners to provide decent, affordable and safe housing for those in need.

(706) 453-1718

<http://www.gchabitat.com/>

First Call Pregnancy Center, Inc.

First Call offers free medical quality pregnancy tests, practical information and friendship. Their services are complimentary and completely confidential. If pregnancy is confirmed, they also offer free ultrasound exams to determine if it is viable. The staff is specially trained in all areas of crisis pregnancy care management. Some have also experienced abortion and are here to help you with compassion and care. You will receive no judgment from us, no matter what decision you make.

(706) 453-1908

<http://www.pregnancygreensboro.org/>

Healthy Mothers, Healthy Babies Coalition of Georgia, Inc.

Their mission is to improve access to healthcare for Georgia's women and children.

770-451-0020

<http://www.hmhbga.org/>

Appendix A: Health Disparities

These grades are a composite grade based on both the minority health outcome (African American rates of preventable death, for example) and the county's level of racial inequality, typically measured by a ratio of African American to white death rates (black-white rate ratio)²⁸.

A	Excellent Outcomes with Good to Excellent Level of Equality
A-	Excellent Outcomes but Some Racial Inequality
B+	Above-Average Outcomes with Good to Excellent Level of Equality
B	Above-Average Outcomes but Some Racial Inequality
B-	Above-Average Outcomes but Moderately High Racial Inequality or Below-Average Outcome with High Level of Equality (white outcomes equally bad)
C+	Below-Average Outcomes but Some Racial Inequality
C	Below-Average Outcomes with Moderately High Racial Inequality, or Above-Average Outcomes but Severe Racial Inequality
C-	Below-Average Outcomes made worse by Severe Racial Inequality
D+	Poor Outcomes made worse by Moderately High Racial Inequality
D	Poor Outcomes made worse by Extremely Severe Racial Inequality
F	Extremely Poor

Health Report Card	
Minority Health Outcome Category	County Grade
Social and Economic Indicators	F
Mortality (Deaths)	D
Illness Events (Hospital Admits & Emergency Visits)	F
Prenatal Care & Birth Outcomes	C-
Primary Care Access	C
Physician Racial-Ethnic Diversity	D
Mental Health Care Access	F
Oral Health Care Access	Whole County HPSA
% Speaking non-English Language at Home	3.6%
% Estimated to Have No Health Insurance	18.1%

²⁸Georgia Department of Community Health, Office of Health Improvement, Office of Minority Health. (2008). Georgia health equity initiative: Health disparities report 2008: A county-level look at health outcomes for minorities in Georgia. Available from www.dch.ga.gov

Summary of Findings

Health Outcome Category	Whole County Rate or Measure	African-American or Black Rate in County	Hispanic or Latino Rate in County	County Black-White Inequalities Ratio	Comparison Counties* Rate or Measure	Comparison Counties Black-White Inequalities Ratio (1.0 = equality)	County Grade
Social and Economic							
% Below Poverty	22.3%	36.9%	27.5%	3.7	19.9%	2.8	F
Education (adults w/ <9th grade education)	10.3%	17.4%	33.3%	3.1	11.8%	1.9	D+
Employment (adult unemployment)	6.7%	12.6%	10.8%	4.8	5.8%	2.9	D+
Mortality							
YPLL-75 Rate (Life-Years Lost)	10,391.00	14,371.70	*	1.85	6,363	1.2	D
Age-Adjusted Death Rate per 100,000	1,071.8	1,116.1	*	1	971.8	1.1	D
<i>Note: YPLL-75 represents the number of person-years of life lost due to deaths before age 75. Consider one African-American man dying at age 54 (YPLL = 21 person years) and one white man dying at age 73 (YPLL = 2 person-years). Consider the disproportionate impact (lost grand-parenting, lost productivity and income, and lost wisdom of our elders) of the younger man's death on the African-American community.</i>							
Illness Events							
Preventable Emergency Dept. Visits	11,421.5	38,202.8	*	3.3	17,803.4	1.8	F
Mental Health Emergency Dept Visits	1,596.3	4,060.5	*	2.5	2,357.1	1.3	F
Birth Outcomes							
Low Birth Weight	7.5%	14.1	7.9	1.88	7.7%	1.9	C
Inadequate Prenatal Care	5.4%	11.2%	*	3.39	11.6%	1.7	D
Tobacco Use in Pregnancy	14.6%	4.2%	0%	0.23	11.7%	0.4	Not graded
Counties are compared within these three categories – Atlanta metropolitan (Atlanta-Gainesville MSA), Non-Atlanta Metro Areas, or Rural non-metro.							
*Insufficient Data are available for groups other than Black & White at the County Level; in addition to confidentiality concerns with small numbers of deaths, other groups are also not broken out in the compressed mortality data file. See more detailed racial-ethnic break-out of Asian, Hispanic/Latino, and American Indian mortality in statewide report.							

Appendix B: County Health Rankings



Greene (GE)

	Greene County	Error Margin	Georgia	National Benchmark*	Rank (of 159)
Health Outcomes					74
Mortality					78
Premature death	8,868	7,105-10,631	7,697	5,317	
Morbidity					97
Poor or fair health	18%	12-25%	16%	10%	
Poor physical health days	5.1	3.2-7.1	3.5	2.6	
Poor mental health days	3.3	1.6-5.1	3.4	2.3	
Low birthweight	10.9%	9.2-12.6%	9.5%	6.0%	
Health Factors					66
Health Behaviors					22
Adult smoking	11%	6-19%	19%	13%	
Adult obesity	32%	26-39%	28%	25%	
Physical inactivity	27%	21-34%	24%	21%	
Excessive drinking	10%	4-22%	14%	7%	
Motor vehicle crash death rate	22	14-32	16	10	
Sexually transmitted infections	463		466	92	
Teen birth rate	57	49-66	50	21	
Clinical Care					25
Uninsured	22%	20-25%	22%	11%	
Primary care physicians**	1,455:1		1,611:1	1,067:1	
Dentists**	1,618:1		2,249:1	1,516:1	
Preventable hospital stays	61	50-71	68	47	
Diabetic screening	82%	70-93%	84%	90%	
Mammography screening	70%	59-81%	64%	73%	
Social & Economic Factors					140
High school graduation**	53%		67%		
Some college	27%	20-33%	59%	70%	
Unemployment	10.2%		9.8%	5.0%	
Children in poverty	43%	33-53%	27%	14%	
Inadequate social support			21%	14%	
Children in single-parent households	49%	38-60%	36%	20%	
Violent crime rate	337		437	66	
Physical Environment					88
Daily fine particulate matter	12.8	12.7-13.0	12.0	8.8	
Drinking water safety	1%		2%	0%	
Access to recreational facilities	0		8	16	
Limited access to healthy foods**	2%		8%	1%	
Fast food restaurants	41%		50%	27%	

* 90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data

2013

	Greene County	Georgia
Demographics		
Population	16,031	9,815,210
% below 18 years of age	20%	25%
% 65 and older	22%	11%
% Non-Hispanic African American	37%	30%
% American Indian and Alaskan Native	0%	1%
% Asian	0%	3%
% Native Hawaiian/Other Pacific Islander	0%	0%
% Hispanic	6%	9%
% Non-Hispanic white	55%	56%
% not proficient in English	0%	3%
% Females	51%	51%
% Rural	83%	25%
Health Outcomes		
Diabetes	15%	10%
HIV prevalence rate	198	443
Premature age-adjusted mortality	403	390
Infant mortality		793
Child mortality		67
Health Care		
Mental health providers	8,005:1	3,504:1
Health care costs	\$9,052	\$9,373
Uninsured adults	27%	27%
Uninsured children	11%	10%
Could not see doctor due to cost	20%	16%
Social & Economic Factors		
Median household income	\$39,209	\$45,886
High housing costs	35%	36%
Children eligible for free lunch	71%	51%
Homicide rate		7
Physical Environment		
Commuting alone	81%	79%
Access to parks		16%

* Data supplied on behalf of state

Note: Blank values reflect unreliable or missing data

Appendix C: Key Informant Interviews

Key Informants

Name	Title	Organization
Anita Brown	Case Manager	St. Mary's Good Samaritan Hospital
Lisa Brown	CEO	TenderCare Clinic (FQHC)
Celia Covington	Director of Nursing	St. Mary's Good Samaritan Hospital
Targie Folds	Coordinator	Greene County Family Connection Commission
Janice Gallimore	Board of Directors	St. Mary's Good Samaritan Hospital
Joe Gorman	Chair, Board of Directors	St. Mary's Good Samaritan Hospital
Jody Haas	Board of Directors	St. Mary's Good Samaritan Hospital
Dr. Ray Hill	Principal	Greene County High School
Rev. Bert Matthews	Reverend	First United Methodist Church, Union Point
Anita Scott, RN	County Nurse Manager	Greene County Health Department

Key Informant Interview Questionnaire

St. Mary's Good Samaritan Hospital 2013 CHNA, Key Informant Interviews

Community Member:

Organization:

Interviewer:

Date:

Questions

1. What do you think are the most important needs facing Greene County?
2. Why do you think these needs are important?
3. What, as a community, have we done in the past to meet these needs?
4. Where have we failed in the past to meet these needs?
5. What are some strengths of Greene County?
6. What are some weaknesses of Greene County?
7. What role do you think St. Mary's Good Samaritan Hospital can play in helping meet the needs of the community?

St. Mary's Good Samaritan Hospital

5401 Lake Oconee Parkway

Greensboro, GA 30642

Phone: (706) 453-7331

<http://www.stmarysgoodsam.org>

For questions or comments regarding this report or St. Mary's Community Benefit program, please call
(706) 389-3424.