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

Community Health Needs Assessment 2022

St. Mary's Good Samaritan Hospital

5401 Lake Oconee Pkwy, Greensboro, GA 30642
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 Good Samaritan Hospital, Greensboro, Georgia was adopted by St. Mary’s Good Samaritan Board of Directors on May 19, 2022.

Through further prioritization and identification of existing community resources and assets, St. Mary's Good Samaritan Hospital will focus on four 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
4. Chronic Disease Prevention and Management

INTRODUCTION

About St. Mary's Good Samaritan Hospital

St. Mary's Good Samaritan 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 Good Samaritan Hospital is a 25-bed critical access hospital serving the greater Greene County area. Located on Lake Oconee Parkway, Good Samaritan Hospital is a Joint Commission accredited, not-for-profit Catholic hospital guided by the Mission of Trinity Health and St. Mary's to be a compassionate and transforming healing presence in the communities we serve. The hospital provides emergency care, inpatient care, surgical services, swing beds, and numerous outpatient services. St. Mary's Good Samaritan Hospital features cutting-edge rural medicine technologies, including cardiac and stroke telemedicine, and is the first hospital to be designated by the State of Georgia as a Remote Treatment Stroke Center. For more information, visit St. Mary'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 Good Samaritan 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 Good Samaritan 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 Green and Putnam 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 Good Samaritan 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. 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: healthcare access; cancer; cardiovascular health; cerebrovascular health; and respiratory health.

Evaluation of 2019 Impact

In the prior CHNA, primary data was gathered through administration of a household survey in Greene 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 Good Samaritan staff worked with faculty from the University of Georgia's 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: healthcare access; cancer; cardiovascular; and cerebrovascular health.

Cardiovascular Health

Goal: Prevent chronic diseases and increase wellness by promoting healthy habits.

Nutrition, Diabetes & Obesity

Goal: Prevent chronic diseases and increase wellness by promoting healthy habits.

Cerebrovasular

Goal: Prevent chronic diseases and increase wellness by promoting healthy habits.

Healthcare Access

Goal: Increase patient access to clinical prevention services.

Cancer

Goal: Increase number of cancer screenings and reduce breast cancer mortality in Greene County.

In March 2020, St. Mary's Health Care System 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 Good Samaritan 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, St. Mary's 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. 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

Cardiovascular & Cerebrovascular	•Good Samaritan 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 Cardiovascular Disease, specifically in minority communities. •The St. Mary's Community Health Worker Program has collaborated with the clinical teams to refer patients into community resources and regional programs such as Freedom from Smoking and Better Breathers Club. •Walk to Wellness was paused due to COVID-19 restrictions.
Nutrition, Obesity, and Diabetes	•St. Mary's Community Health and Well-being Department and the Nutrition Department launched educational blogs and healthy recipes posted on the external website for patients, community members, and colleagues; Quarterly education on healthy eating and physical activity are also posted on social media pages. •St. Mary's Regional Nutrition Department leads regular community based nutrition education, and during Nutrition Month held a special event called "Personalize your plate" •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. •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.
Healthcare Access	•Improved access to patient care and clinical prevention services for uninsured and underinsured from St. Mary's and AU/UGA Medical Partnership; 3rd year residents spend two months at St. Mary's Good Samaritan Hospital, where they provide inpatient care in a rural healthcare setting. •The St. Mary's Community Health Worker Program identified local and regional organizations that provide free or low cost transportation resources and durable medical equipment. •Collaborated with community partners to offer COVID-19 education, mass testing events, and vaccination to the broad community as well as underserved communities.
Cancer	•Annually offer no-cost mammograms for uninsured patients; follow-up care for any abnormal results provided at St. Mary's Health Care in Athens, GA. •Expanded access to diagnostic mammography that uses state-of-the-art Hologic 3D machine for screening mammograms. •Collaborate with local philanthropist and community-based organizations to provide cancer prevention and treatment to individuals in need. •Power of One Walk was paused due to COVID-19 restrictions.

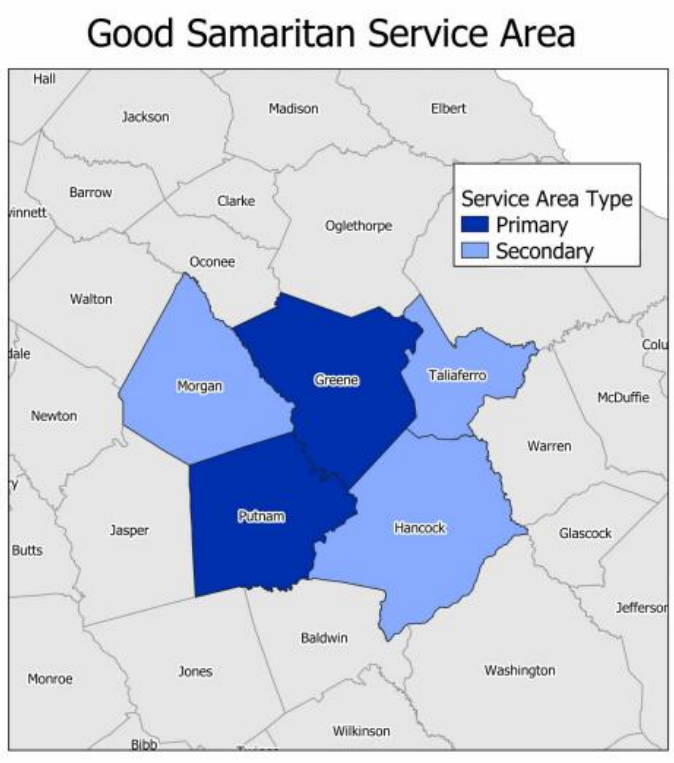
COMMUNITY SERVED

St. Mary's Good Samaritan 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 Good Samaritan Hospital: Green, Hancock, Morgan, Putnam and Taliaferro. 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 for a 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 Good Samaritan Hospital service area zip codes: 30642, 30665, 30669, 30678, 31024, 31026, 31087, 30820, 31045, 30650, 30055, 30621, 30663, 30625, 30641, 30056, 30623, 30631, 30664.



Service Area: Demographic Overview

The demographic overview is a snapshot of the St. Mary's Good Samaritan 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 the appendix.

Total Population by Age

Data Indicator	Indicator Variable	Good Samaritan Service Area	State of Georgia Data
Population Age 0-4	Population Age 0-4	6,979	656,677
	Population Age 0-4, Percent	5.93%	6.31%
Population Age 5-17	Population Age 5-17	19,033	1,848,563
	Population Age 5-17, Percent	16.16%	17.77%
Population Age 18-64	Population Age 18-64	68,860	6,492,122
	Population Age 18-64, Percent	58.47%	62.40%
Population Age 65+	Population Age 65+	22,888	1,406,485
	Population Age 65+, Percent	19.44%	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
Good Samaritan Hospital	21,415	14,263	29	207	15	972	336
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
Good Samaritan Hospital	1,885.00	35,355.00	5.06%	94.94%
Georgia	590,793	5,901,329	9.10%	90.90%

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

Special Populations

Data Indicator	Indicator Variable	Good Samaritan Service Area	State of Georgia Data
Population with Any Disability	Total Population (For Whom Disability Status Is Determined)	116,295	10,213,659
	Population with a Disability	23,710	1,261,925
	Population with a Disability, Percent	19.96%	12.36%
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%
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%

Other Demographics

Data Indicator	Indicator Variable	Good Samaritan Service Area	State of Georgia Data
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	181
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%

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.

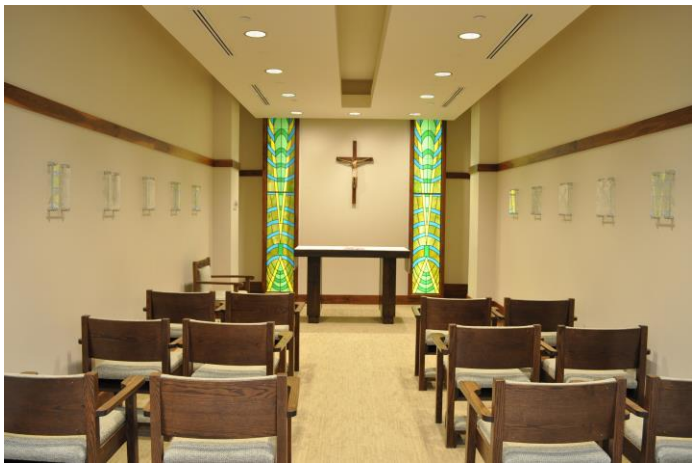
The secondary data sources were used to gather demographic and health indicator data. The data analysis generated by the Trinity Health Data Hub is based on each hospital service area and provided comprehensive reports on the following indicators: healthcare access, economic stability, education, social 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 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 14 of this report, St. Mary's Good Samaritan identified four 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
4. Chronic Disease Prevention and Management

Priority Need #1: Access to Care

Stakeholders in the community discussed a lack of local community-based programs. Additionally, there are few chronic disease-based programs to assist with specific health problems, such as diabetes and hypertension. Stakeholders identified the availability of mental health resources as a need within the Good Samaritan location. Additionally, a need for resources for uninsured patients, particularly a need for primary care was mentioned. A significant health professional shortage was discussed: dental care, with no dentist within the service area at the federally qualified health center (FQHC). Georgia state law prohibits a dental hygienist from providing routine cleanings without the supervision of a licensed dentist. As discussed by stakeholders, there is a need for clinical services and infrastructure, coordination of the healthcare system and access to local resources.

Supporting data: Access to Care

Location data indicates 131.94% of the population resides in a Health Professional Service Area (HPSA) for dental care, compared to the state percentage of 59.05%. Among insured patients at Good Samaritan, a higher share of the population is covered by Medicaid because of their low incomes or disabilities, 24.34% compared to 20.17% in the state. Good Samaritan's location data shows that 15.23% of its population has a disability, higher than the state's 12.36%. A higher infant mortality rate of 8.8 per 100,000 in the location compared to 7.3 in the state is attributable to access to prenatal care.

Priority Need #2: Addressing Social Needs

The stakeholders discussed the significant social need of limited housing and decreased affordability of housing with the increasing number of residents moving to Good Samaritan service area. Lack of transportation was identified as a barrier to accessing healthcare resources by stakeholders, in particular transportation to access healthcare appointments. Rural counties lack resources, which causes additional challenges for residents, forcing them to travel to larger counties to address their social needs.

Supporting data: Addressing Social Needs

The data shows that low-income individuals with limited food access make up 36.10% of the local population, compared with 28.39% in the state. 15.06% of the population identified food insecurity, compared to 14.40% of the population of the state.

Priority Need #3: Behavioral and Mental Health

Community stakeholders identified a need for behavioral and mental health resources and indicate a need for further connectivity between providers for community members. Stakeholders shared that the existing resources, which include Georgia Department of Behavioral Health and Developmental Disabilities, and other regional resources may be overburdened by the high need for services.

Supporting data: Behavioral and Mental Health

Seventeen percent (17.09%) of adults in the Good Samaritan service area self-reported poor mental health in the past month, compared to 16.0% state-wide. The age-adjusted rate of "deaths of despair" in our area (54.2/100,000 population) is also higher than at the state level (39.7/100,000 population). "Deaths of despair" include deaths due to self-harm (suicide), drug overdose and alcohol-related disease. Specifically, our community is experiencing a higher age-adjusted suicide rate (19.2/100,000 population vs. 14.0/100,000 population state-wide), and of deaths by drug poisoning (21.0/100,000 population vs. 15.7/100,000 population state-wide). People in our service area spend an average of 14.65% of their monthly food-at-home expenditures on alcohol (vs. 13.75% state-wide).

Priority Need #4: Chronic Disease Prevention and Management

Increasing prevalence of chronic diseases such as hypertension, diabetes, and cancer, and the need for specific chronic diseases-based programs to address physical health, were mentioned by community stakeholders.

Supporting data: Chronic Disease Prevention and Management

In comparison with the state's population percentage, Good Samaritan's service area has a higher rate of chronic illnesses compared to state-wide rates. For example, there are higher incidences of cancer (474.4 incidence rate per 100,000 local population vs. 468.5 state-wide), diabetes (15.38% of all local adults have been diagnosed with diabetes at some point, compared to 12.6% state-wide), high blood pressure (63.2% of local Medicare beneficiaries have hypertension vs. 61.8% Medicare beneficiaries state-wide), high cholesterol (55.3% of service area population have high cholesterol vs. 50.1% state-wide), obesity (36.89% of local adults have a BMI≥30.0 kg/m vs. 33.9% state-wide), and heart disease (28.2% of local Medicare beneficiaries vs. 26.3% of Medicare beneficiaries state-wide). The Good Samaritan service area also boasts a higher population of current tobacco smokers (21.78%) than state-wide (18.1%).

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 14,746 confirmed cases of COVID-19. people in the service area and 10 have died as a result of the respiratory infection. St. Mary's Good Samaritan Hospital treated a total of 415 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 Good Samaritan 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. For those areas not being addressed – motor vehicle crashes and dental health - it was determined that addressing those needs were best served by others in the community who have the expertise, capacity, and adequate resources. Accordingly, Good Samaritan 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. The appendix 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 Greensboro Foundation (www.greensbororotary.org/)

- The Rotary Club of Greensboro provides service to others, promote integrity, and advance world understanding, goodwill, and peace through our fellowship of business, professional, and community leaders.

Knights of Columbus (www.knights-13808.org)

- Knights of Columbus is a global Catholic fraternal service order dedicated to promoting and conducting education, charitable, religious, and social welfare works through the four core areas of focus: Faith, Community, Family & Life.

Habitat for Humanity (www.habitat.org/us-ga/greensboro/greene-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 (www.unitedwaynega.org/)

- United Way improves lives by mobilizing the caring power of communities around the world to advance the common good.

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

Poole Recreation Center (www.putnamcountyga.us/rec/page/poole-recreation-center)

- Poole Recreation Center is a public space that is equipped with five baseball/softball fields, one football/soccer field, gymnasium and playground.

YMCA (www.ymcagreensboro.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.

Harmony Park Famers Market (www.vharmonycrossing.com/farmersmarket)

- The Harmony Park Farmers Markets provides local vendors offering seasonal produce and handcrafted artisanal goods (Runs May to September)

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

Greene County Food Pantry (www.greenecountyfoodpantry.org)

- Greene County Food Pantry assist those in the community by providing a nutritionally sound assortment of canned goods, box dinners, rice, beans, pasta, cereal, fruit, meat, bread, etc. in quantities large enough for a few meals per month.

Pete Nance Boys and Girls Club (www.bgcncg.com/petenance)

- Provides after-school programs for young people to enable them, especially those who need us most, to reach their full potential as productive, caring, responsible citizens.

Oconee Center Behavioral Health Services (www.ocbhllc.com)

- Provides high level of care for those individuals and families who are experiencing difficult life stressors and/or struggling with ongoing mental health disorders.

First Call Pregnancy Center (www.firstcall.me)

- Empowers women and men to make life-affirming decisions regarding pregnancy and sexual integrity, assisting those hurting from past decisions, and improving parenting skills.

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

Penfield Addiction Ministries (www.penfieldaddictionministries.org)

- Christ-centered rehab approach and specialized curriculum focus on substance use as a life-related health problem with biological, psychological, sociological, and spiritual dimensions.

UGA Cooperative Extension (/extension.uga.edu/county-offices/greene.html)

- The University of Georgia Greene 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.

Putnam Christian Outreach (www.pcoicares.com)

- Putnam Christian Outreach is a nonprofit for the purpose of helping needy families and individuals within the Putnam community by providing food, shelter, household goods and reasonable clothing.

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

Greene County Health Department (www.publichealthathens.com/wp/)

- 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.

Central Georgia Technical College, Putnam County Center (www.centralgatech.edu/campuses/putnam)

- CGTC's Putnam County Center, located in Eatonton, offers adult education courses, credit courses, and continuing education courses.

Circle of Love Center (www.colinc.org/)

- The Circle of Love Center, Inc. provides direct and support services to victims and their children through residential (shelter) and non-residential services in our five-county area - Greene, Morgan, Putnam, Baldwin, and Hancock counties.

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 Greene, Hancock, Morgan, Putnam, and Taliaferro counties. The 2022-2025 CHNA process is part of ongoing efforts of St. Mary's Good Samaritan 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 Good Samaritan Community Health and Well-being Department at 706-453-7331. 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 Good Samaritan Community Health and Well-being Department at 706-453-7331. We will consider all comments received as we plan to develop the next 2025 CHNA.

APPENDIX A. ADVISORY COMMITTEE AND KEY STAKEHOLDERS

Advantage Behavioral Health Systems
Evan Mills- Director of Development & Housing
Tarsha Deadwyler- Director of Integrated Care
Provides person-centered treatment and recovery support to individuals and families experiencing behavioral health challenges, intellectual/developmental disabilities, and addictive diseases.

Atlas Ministry
Joan Antone, Vice President; St. Mary's Good Samaritan Hospital Board Member
ATLAS is a Christ-centered community resource that works with families who are committed to setting their lives on a healthy and productive new path.

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.

Greene County High School
James Peek, Principal; St. Mary's Good Samaritan Hospital Board Member
The mission of Greene County High School is to provide all students with a quality education that supports success in an ever-changing world.

Greene County Sheriff's Office
Donnie Harrison, Sheriff of Greene County; Good Samaritan Hospital Board Member
The mission of the Greene County Sheriff's Office is to uphold the spirit of the law, maintain order, and to assist the residents and visitors of Greene County when called upon.

Greensboro First United Methodist Church
Kris Hopkins, Director of Preschool and Children's Ministries; St. Mary's Good Samaritan Hospital Board Member
At Greensboro First United Methodist Church, we offer several ministries and programs for our children. We also offer a Youth Program, with resources and support for those ranging from 6-12th grade.

Oconee Valley Healthcare
David Ringer- CEO
Provides cost-effective and accessible healthcare with dedication to the highest quality of customer service delivered with a sense of warmth, friendliness, individual pride and company spirit.

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 Good Samaritan Hospital
Tanya Adcock, President
Bria Brown, Manager of Support Services
Lindsey Floyd, Community Health and Well-being Coordinator
John Foos, Board Member
Joan Antone, Board Member
Donnie Harrison, Board Member
Kris Hopkins, Board Member
James Peek, Board Member

APPENDIX B. OVERVIEW OF SERVICE AREA DEMOGRAPHICS

The following report was generated by the Trinity Health Data Hub on February 10, 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	65,769	10,403,847
	Naturalized U.S. Citizens	809	459,275
	Population Without U.S. Citizenship	1,323	594,599
	Total Foreign-Birth Population	2,133	1,053,874
	Foreign-Birth Population, Percent of Total Population	3.24%	10.13%
Population Age 0-4	Total Population	65,769.00	10,403,847
	Population Age 0-4	3,279.00	656,677
	Percent Population Age 0-4	4.99%	6.31%
Population Age 18-64	Total Population	65,769.00	10,403,847
	Population Age 18-64	37,240.00	6,492,122
	Population Age 18-64, Percent	56.62%	62.40%
Population Age 5-17	Total Population	65,769.00	10,403,847
	Population Age 5-17	9,787.00	1,848,563
	Population Age 5-17, Percent	14.88%	17.77%
Population Age 65+	Total Population	65,769	10,403,847
	Population Age 65+	15,463	1,406,485
	Population Age 65+, Percent	23.51%	13.52%
Population Geographic Mobility	Total Population	65,278	10,277,909
	Population In-Migration	4,723	825,405
	Percent Population In-Migration	7.24%	8.03%
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%**
Population with Limited English Proficiency	Population Age 5+	62,490	9,747,170
	Population Age 5+ with Limited English Proficiency	935	539,739
	Population Age 5+ with Limited English Proficiency, Percent	1.50%	**5.54%**
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	180.64
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	23.03%	75.07%
	Rural Population, Percent	76.97%	24.93%
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%

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 - 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)	38,796	10,711,908
	Number of Federally Qualified Health Centers	4	287
	Rate of Federally Qualified Health Centers per 100,000 Population	10.25	**2.68**
Health Professional Shortage Areas	Primary Care Facilities	2	83
	Mental Health Care Facilities	1	73
	Dental Health Care Facilities	2	72
	Total HPSA Facility Designations	5	228
Health Professional Shortage Areas - Dental Care	Total Area Population	64,248	9,687,653
	Population Living in a HPSA	84,767.00	5,720,632
	Percentage of Population Living in a HPSA	131.94%	**59.05%**
Insurance - Population Receiving Medicaid	Total Population (For Whom Insurance Status is Determined)	62,769.00	10,213,659
	Population with Any Health Insurance	54,447.00	8,862,562
	Population Receiving Medicaid	13,251.00	1,787,277
	Percent of Insured Population Receiving Medicaid	24.34%	**20.17%**
Insurance - Uninsured Population	Total Population (For Whom Insurance Status is Determined)	62,769	10,213,659
	Uninsured Population	8,323	1,351,097
	Uninsured Population, Percent	13.26%	**13.23%**
Recent Primary Care Visit	Total Population (2019)	64,248	10,617,423
	Percentage of Adults with Routine Checkup in Past 1 Year	79.61%	**77.3%**

Economic Stability

Data Indicator	Indicator Variable	Location Summary	Georgia
Area Deprivation Index	Total Population	62,529	10,136,085
	State Percentile	52	No data
	National Percentile	58	56
Employment - Labor Force Participation Rate	Total Population Age 16+	54,057.05	8,187,263
	Labor Force	27,508.29	5,125,182
	Labor Force Participation Rate	50.89%	62.60%
Employment - Unemployment Rate	Labor Force	26,560	5,207,912
	Number Employed	25,872	5,084,054
	Number Unemployed	688	123,858
	Unemployment Rate	2.6%	2.4%
Food Insecurity Rate	Total Population	64,668.00	10,428,333
	Food Insecure Population, Total	10,102.00	1,501,680
	Food Insecurity Rate	15.60%	14.40%
Homeless Children and Youth	Total Students	9,114	1,750,003
	Districts Reporting	80.0%	90.6%
	Students in Reported Districts	100.0%	99.9%
	Homeless Students	205	40,224
	Homeless Students, Percent	2.3%	2.3%
Income - Income Inequality (GINI Index)	Total Households	25,727	3,758,798
	Gini Index Value	0.46	0.48
Income - Median Household Income	Total Households	25,727	3,758,798
	Average Household Income	$78,731	$82,406
	Median Household Income	No data	$58,700
Poverty - Children Below 200% FPL	Total Population Under Age 18	62,561.00	2,468,726
	Population Under Age 18 at or Below 200% FPL	23,533.00	1,106,903
	Percent Population Under Age 18 at or Below 200% FPL	37.62%	44.84%
Poverty - Children Eligible for Free/Reduced Price Lunch	Total Students	9,802	1,769,657
	Students Eligible for Free or Reduced Price Lunch	7,054	1,056,179
	Students Eligible for Free or Reduced Price Lunch, Percent	72.0%	59.7%
Poverty - Population Below 200% FPL	Total Population	62,561.00	10,130,335
	Population with Income at or Below 200% FPL	23,533.00	3,470,773
	Percent Population with Income at or Below 200% FPL	37.62%	34.26%
SNAP Benefits - Households Receiving SNAP	Total Households	25,727	3,758,798
	Households Receiving SNAP Benefits	3,935	481,103
	Percent Households Receiving SNAP Benefits	15.30%	12.80%

Education

Data Indicator	Indicator Variable	Location Summary	Georgia
Access - Head Start	Children Under Age 5	3,698	686,785
	Total Head Start Programs	9	469
	Head Start Programs, Rate (Per 10,000 Children)	24.32	**6.83**
Access - Preschool Enrollment (Children Age 3-4)	Population Age 3-4	1,408	273,912
	Population Age 3-4 Enrolled in School	997	137,655
	Population Age 3-4 Enrolled in School, Percent	70.79%	**50.26%**
Attainment - Bachelor's Degree or Higher	Total Population Age 25+	47,668	6,888,279
	Population Age 25+ with Bachelor's Degree or Higher	10,132	2,157,616
	Population Age 25+ with Bachelor's Degree or Higher, Percent	21.26%	**31.32%**
Attainment - No High School Diploma	Total Population Age 25+	47,667	6,888,279
	Population Age 25+ with No High School Diploma	7,231	885,498
	Population Age 25+ with No High School Diploma, Percent	15.17%	**12.86%**
Chronic Absenteeism	Student Cohort	9,269	1,753,047
	Number Chronically Absent	1,216	251,310
	Chronic Absence Rate	13.12%	**14.34%**
Proficiency - Student Reading Proficiency (4th Grade)	Students with Valid Test Scores	2,466	524,832
	Students Scoring 'Proficient' or Better, Percent	33.3%	39.2%
	Students Scoring 'Not Proficient' or Worse, Percent	66.9%	**60.8%**

Social Support & Community Context

Data Indicator	Indicator Variable	Location Summary	Georgia
Commuter Travel Patterns - Public Transportation	Total Population Employed Age 16+	25,889.00	4,781,201
	Population Using Public Transit for Commute to Work	64.00	100,374
	Percent Population Using Public Transit for Commute to Work	0.25%	**2.10%**
Households with No Motor Vehicle	Total Occupied Households	25,727	3,758,798
	Households with No Motor Vehicle	1,702	242,468
	Households with No Motor Vehicle, Percent	6.62%	**6.45%**
Incarceration Rate	Total Population (2010)	64,248	9,687,653
	Incarceration Rate	2.2%	**2.1%**
Opportunity Index	Total Population	64,859	10,304,763
	Opportunity Index Score	47.68	**47.93**
Social Vulnerability Index	Total Population	64,979	10,297,484
	Socioeconomic Theme Score	0.59	0.52
	Household Composition Theme Score	0.60	0.41
	Minority Status Theme Score	0.43	0.80
	Housing & Transportation Theme Score	0.52	0.53
	Social Vulnerability Index Score	0.56	**0.57**
Teen Births	Female Population Age 15-19	11,666	4,893,952
	Teen Births, Rate per 1,000 Female Population Age 15-19	30.2	**24.2**
Violent Crime	Total Population	65,742.00	10,527,735
	Violent Crimes, 3-year Total	603.00	117,844
	Violent Crimes, Annual Rate (Per 100,000 Pop.)	305.40	**373.10**
Young People Not in School and Not Working	Population Age 16-19	2,623	583,596
	Population Age 16-19 Not in School and Not Employed	586	45,857
	Population Age 16-19 Not in School and Not Employed, Percent	22.34%	**7.86%**

Neighborhood & Physical Environment

Data Indicator	Indicator Variable	Location Summary	Georgia
Air Quality - Particulate Matter 2.5	Total Population (2010)	64,250	9,687,653
	Average Daily Ambient Particulate Matter 2.5	7.56	9.85
	Days Exceeding Emissions Standards	1.93	1
	Days Exceeding Standards, Percent (Crude)	0.53	0.27
	Days Exceeding Standards, Percent (Weighted)	0.64%	0.39%
Built Environment - Broadband Access	Total Population (2020)	68,777	10,709,715
	Access to DL Speeds > 25MBPS (2020)	74.06%	96.02%
Built Environment - Park Access	Total Population, 2010 Census	81,453	9,687,653
	Population Within 1/2 Mile of a Park	10,060.00	1,687,537.00
	Percent Within 1/2 Mile of a Park	12.35%	17.42%
Built Environment - Recreation and Fitness Facility Access	Total Population (2010)	20,039	9,687,653
	Number of Establishments	3	1,107
	Establishments, Rate per 100,000 Population	14.97	11.43
Built Environment - Social Associations	Total Population (2010)	64,248	9,687,653
	Number of Establishments	62	9,623
	Establishment Rate per 100,000 Population	96.50	99.33
Drinking Water Safety	Estimated Total Population	13,868.00	5,629,816
	Presence of Health-Based Drinking Water Violation	Yes	Yes
Food Environment - Fast Food Restaurants	Total Population (2010)	64,248	9,687,653
	Number of Establishments	41	8,762
	Establishments, Rate per 100,000 Population	63.82	90.45
Food Environment - Grocery Stores and Supermarkets	Total Population (2010)	64,248	9,687,653
	Number of Establishments	8	1,691
	Establishments, Rate per 100,000 Population	12.45	17.46
Food Environment - Low Income & Low Food Access	Total Population	64,250	9,687,653
	Low Income Population	25,351	3,420,617
	Low Income Population with Low Food Access	9,153	971,069
	Percent Low Income Population with Low Food Access	36.10%	28.39%
Housing Costs - Cost Burden (30%)	Total Households	25,727.00	3,758,798
	Cost Burdened Households (Housing Costs Exceed 30% of Income)	7,197.00	1,110,770
	Cost Burdened Households, Percent	27.98%	29.55%
Housing Quality - Overcrowding	Total Occupied Housing Units	16,840	2,320,665
	Overcrowded Housing Units	282	83,669
	Percentage of Housing Units Overcrowded	1.68%	3.61%
Housing Quality - Substandard Housing	Total Occupied Housing Units	25,727	3,758,798
	Occupied Housing Units with One or More Substandard Conditions	7,080	1,131,218
	Occupied Housing Units with One or More Substandard Conditions, Percent	27.52%	30.10%
Tenure - Owner-Occupied Housing	Total Occupied Housing Units	25,727	3,758,798
	Owner-Occupied Housing Units	19,105	2,377,773
	Percent Owner-Occupied Housing Units	74.26%	63.26%
Tenure - Renter-Occupied Housing	Total Occupied Housing Units	25,727	3,758,798
	Renter-Occupied Housing Units	6,621	1,381,025
	Percent Renter-Occupied Housing Units	25.74%	36.74%

Health Outcomes & Behaviors

Data Indicator	Indicator Variable	Location Summary	Georgia
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)	$616.82	$759.52
	Percentage of Food-At-Home Expenditures	14.65%	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	101,180	11,091,782
	New Cases (Annual Average)	479	51,965
	Cancer Incidence Rate (Per 100,000 Population)	474.4	468.5
Cancer Incidence - Breast	Estimated Total Population (Female)	50,350	5,968,847
	New Cases (Annual Average)	66	7,664
	Cancer Incidence Rate (Per 100,000 Population)	132.6	128.4
Cancer Incidence - Colon and Rectum	Estimated Total Population	89,551	11,000,000
	New Cases (Annual Average)	43	4,499
	Cancer Incidence Rate (Per 100,000 Population)	48.7	40.9
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	10,361	922,696
	Beneficiaries with Alzheimer's Disease	974	98,702
	Beneficiaries with Alzheimer's Disease, Percent	9.4%	10.7%
Chronic Conditions - Diabetes (Adult)	Total Population (2019)	64,248	10,617,423
	Adults Ever Diagnosed with Diabetes (Crude)	15.38%	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	10,361	922,696
	Beneficiaries with Heart Disease	2,927	242,410
	Beneficiaries with Heart Disease, Percent	28.2%	26.3%
Chronic Conditions - High Blood Pressure (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	10,361	922,696
	Beneficiaries with High Blood Pressure	6,548	570,504
	Beneficiaries with High Blood Pressure, Percent	63.2%	61.8%
Chronic Conditions - High Cholesterol (Medicare Population)	Total Medicare Fee-for-Service Beneficiaries	10,361	922,696
	Beneficiaries with High Cholesterol	5,729	461,974
	Percent with High Cholesterol	55.3%	50.1%
Chronic Conditions - Obesity (Adult)	Total Population (2019)	64,248	10,617,423
	Adult Obesity (BMI ≥30.0 kg/m²) (Crude)	36.89%	33.9%
	Adult Obesity (BMI ≥30.0 kg/m²) (Age-Adjusted)	No data	33.9%
Diabetes Management (Hemoglobin A1c Test)	Medicare Enrollees with Diabetes	1,092	16,736
	Medicare Enrollees with Diabetes with Annual Exam	969	14,258
	Medicare Enrollees with Diabetes with Annual Exam, Percent	88.73%	85.19%

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)	$512.57	$674.17
	Percentage of Food-At-Home Expenditures	12.17%	**12.20%**
HIV Prevalence	Population Age 13+	55,605.00	8,737,682
	Population with HIV / AIDS	128.00	54,600
	Population with HIV / AIDS, Rate per 100,000 Pop.	229.55	**624.9**
Hospitalizations - Preventable Conditions	Medicare Beneficiaries	17,970	1,633,421
	Preventable Hospitalizations, Rate per 100,000 Beneficiaries	2,838	**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	60,158	19,915,602
	Life Expectancy at Birth (2017-19)	76.4	**78.0**
Low Birth Weight	Total Live Births	4,466	1,801,717
	Low Birthweight Births	457	175,548
	Low Birthweight Births, Percentage	9.8%	**9.7%**
Mortality - Cancer	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	820	87,299
	Crude Death Rate (Per 100,000 Population	246.3	166.0
	Age-Adjusted Death Rate (Per 100,000 Population)	152.7	**153.1**
Mortality - Coronary Heart Disease	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	255	39,694
	Crude Death Rate (Per 100,000 Population)	78.5	75.5
	Age-Adjusted Death Rate (Per 100,000 Population)	52.0	**72.4**
Mortality - Deaths of Despair	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	147	20,881
	Crude Death Rate (Per 100,000 Population)	45.2	39.7
	Age-Adjusted Death Rate (Per 100,000 Population)	42.0	**38.1**
Mortality - Drug Poisoning	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	31	8,294
	Crude Death Rate (Per 100,000 Population)	10.9	15.8
	Age-Adjusted Death Rate (Per 100,000 Population)	21.0	**15.7**
Mortality - Homicide	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	No data	4,352
	Crude Death Rate (Per 100,000 Population)	No data	8.3
	Age-Adjusted Death Rate (Per 100,000 Population)	No data	8.4
Mortality - Infant Mortality	Number of Infant Deaths	0.26	12,283
	Deaths per 1,000 Live Births	8.8	**7.3**

Health Outcomes & Behaviors (Ctd.)

Data Indicator	Indicator Variable	Location Summary	Georgia
Mortality - Lung Disease	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	184	24,234
	Crude Death Rate (Per 100,000 Population)	56.6	46.1
	Age-Adjusted Death Rate (Per 100,000 Population)	34.9	**44.5**
Mortality - Motor Vehicle Crash	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	88	7,787
	Crude Death Rate (Per 100,000 Population)	27.2	14.8
	Age-Adjusted Death Rate (Per 100,000 Population)	**29.4**	**14.5**
Mortality - Premature Death	Premature Deaths, 2017-2019	1,078	265,864
	Years of Potential Life Lost, 2017-2019 Average	14,867	4,559,513
	Years of Potential Life Lost, Rate per 100,000 Population	**8,430**	**7,637**
Mortality - Suicide	Total Population, 2016-2020 Average	66,594	10,517,333
	Five Year Total Deaths, 2016-2020 Total	52	7,505
	Crude Death Rate (Per 100,000 Population)	18.5	14.3
	Age-Adjusted Death Rate (Per 100,000 Population)	**19.2**	**14.0**
Poor Mental Health	Total Population (2019)	64,248	10,617,423
	Adults with Poor Mental Health (Crude)	**17.09%**	**16.0%**
	Adults with Poor Mental Health (Age-Adjusted)	No data	16.1%
Poor or Fair Health	Population Age 18+	13,868	5,629,816
	Adults with Poor or Fair Health	3,072	1,049,611
	Percentage of Adults with Poor or Fair Health	**22.1%**	**18.6%**
Poor Physical Health Days	Total Population (2019)	64,248	10,617,423
	Adults with Poor Physical Health (Crude)	**16.78%**	**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)	$176.63	$231.07
	Percentage of Food-At-Home Expenditures	**4.19%**	**4.18%**
Tobacco - Current Smokers	Total Population (2019)	64,248	10,617,423
	Adult Current Smokers (Crude)	**21.78%**	**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)	$677.15	$835.80
	Percentage of Food-At-Home Expenditures	**1.80%**	**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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