



2019

Community Health Needs  
Assessment



**ST. MARY'S<sup>®</sup>**  
H E A L T H C A R E S Y S T E M

A Member of Trinity Health



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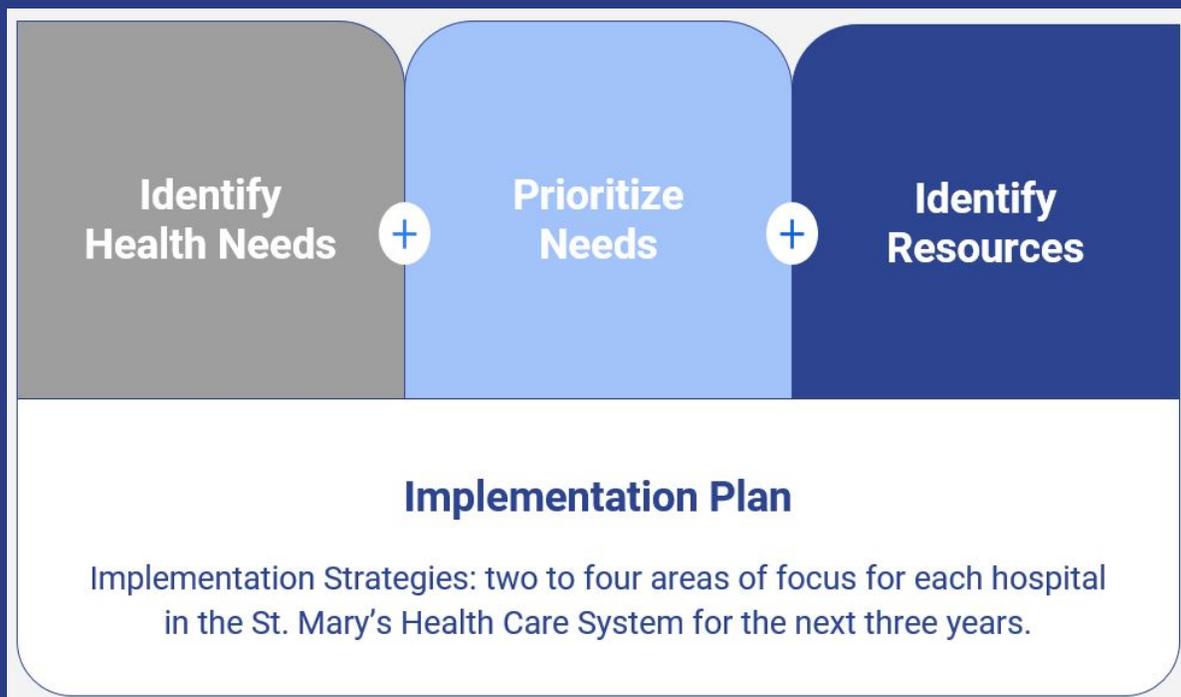
# ST. MARY'S HEALTH CARE SYSTEM COMMUNITY HEALTH NEEDS ASSESSMENT 2019

## Executive Summary

Community Health Needs Assessments (CHNA) are produced to identify and prioritize health needs, and also to present relevant resources to address those needs within our community. This CHNA used a comprehensive mixed-methods approach with the latest available data on health outcomes and behaviors, demographics of the community, healthcare supply, and healthcare utilization.

Under the Affordable Care Act (ACA), nonprofit hospitals are required to conduct these assessments every three years to submit to the Internal Revenue Service (IRS). In addition to the assessment, an Implementation Strategy is required, detailing the hospital's plan to address the identified health needs.

The 2019 St. Mary's Health Care System's Community Health Needs Assessment (CHNA) was produced to satisfy the requirements of Section 501(r) of the IRS code for three St. Mary's Health Care System hospitals: St. Mary's, Good Samaritan, and Sacred Heart.



# TOP TEN HEALTH NEEDS

This report presents data on the seven county region served by St. Mary's Hospital and accomplishes three CHNA goals: 1) Identifying Health Needs; 2) Prioritization of Needs; 3) Presentation of Community Health Resources. Data collection and analysis resulted in identification of the top ten health needs presented below, with their respective prioritization scores.

- |   |                                     |    |                              |
|---|-------------------------------------|----|------------------------------|
| 1 | Cardiovascular Health (222)         | 6  | Reproductive Health (193)    |
| 2 | Nutrition & Physical Activity (213) | 7  | Cerebrovascular Health (177) |
| 3 | Behavioral Health (212)             | 8  | Cancer (172)                 |
| 4 | Maternal & Child Health (208)       | 9  | Respiratory Health (159)     |
| 5 | Healthcare Access (196)             | 10 | Injuries & Accidents (125)   |

## MOVING FORWARD

In January 2019, a research team from the College of Public Health at the University of Georgia partnered with the St. Mary's Health Care System and the J.W. Fanning Institute for Leadership to produce the 2019 CHNA for the 17 county region served by the system's three hospitals. This study defines health broadly, and applies the social determinants of health model to assess regional health from a population perspective, looking also at the impact of where people live, work, and play on their health outcomes.

The result is a robust understanding of health and its determinants for the population as a whole, but also for vulnerable sub-populations. Special attention was given to analyzing and presenting health disparities where observable for low income families, racial and ethnic minorities, and rural residents, among others. The result is a deeper understanding of the challenges and strengths in our community, which will be used to design the implementation strategy for St. Mary's Health Care System and their approach to community benefits for the next three years.

# INTRODUCTION



# INTRODUCTION

## ABOUT

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. Founded in 1906 and now a member of Trinity Health, St. Mary's focuses on neurosciences, cardiac care, orthopedics, general medicine/general surgery, women's health, and gastroenterology. 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 Large Hospital of the Year in 2006, 2010, 2015 and 2018, St. Mary's is an accredited Chest Pain Center with Primary PCI, a gold-plus hospital for stroke care, and has received the Joint Commission Gold Seal of Approval™ for advanced primary stroke care, advanced inpatient diabetes, heart failure care, knee and hip replacement, spine surgery, and COPD.

## MISSION

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.

*Justice* - We foster right relationships to promote the common good, including sustainability of the Earth.

*Commitment to Those Who Are Poor* - We stand with and serve those who are poor, especially those most vulnerable.

*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.

# SUMMARY OF PREVIOUS CHNA: *St. Mary's Health Care System, 2016*

St. Mary's Health Care System completed a Community Health Needs Assessment (CHNA) in order to meet the requirements of the Internal Revenue Service (IRS), Notice 2011-52. The document assessed population factors, health conditions, community priorities, and health behaviors in Athens-Clarke County and the surrounding counties in Northeast Georgia. Additionally, and as the IRS-requirement suggests, the assessment was used for the development of the hospitals community benefits program, including outreach services and resource development, for the following three years (2016-2019).

The St. Mary's Health Care System 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. Primary data were gathered through administration of a household survey in Athens-Clarke 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 accomplish a prioritization of health conditions and risk factors so that the hospital could concentrate their efforts and improve community health. Following the identification and prioritization of health needs, St. Mary's staff worked with faculty from the J.W. Fanning Institute for Leadership to construct an implementation plan to systematically address the health needs in the service area. This implementation plan provided specific areas of focus with objectives and strategies to accomplish stated objectives for the three years following the 2016 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: access to health services; nutrition, physical activity, and obesity; cardiovascular disease.

St. Mary's engaged with local community partners to increase access to care by annually host/co-host events bringing outreach education to the community about appropriate ER utilization, finding a PCP and other resources, and opportunities for insurance enrollment. St. Mary's also addressed chronic disease, including Cerebrovascular Health, Diabetes & Obesity, Cardiovascular Health, and Respiratory Health, through expansion of our support groups, education programs, and disease management classes

# RESPONSES TO 2016 CHNA

## **From United Way of Northeast Georgia:**

Solicited: January 2019

Received: February 2019

*"United Way of Northeast Georgia motivates and mobilizes resources to meet the highest priority needs of those living in Northeast Georgia. We understand that the health of our community and access to healthcare for all, especially the most vulnerable populations, is of great priority for our region. The St. Mary's Community Health Needs Assessment very thoroughly assesses the health needs of their 17 county service area through both quantitative and qualitative data analysis, both current and longitudinal, that engaged community members and leaders from throughout the Northeast Georgia region.*

*St. Mary's went above and beyond in the scope of their assessment, leading to a clear prioritization of needs to guide the hospital's work moving forward. What is helpful not only in the hospital's work, but for our community, is the data provided on the unique needs of vulnerable populations in our region. This information, and the included resource information, help to guide our work and the work of other organizations in Northeast Georgia."*

## **From Envision Athens:**

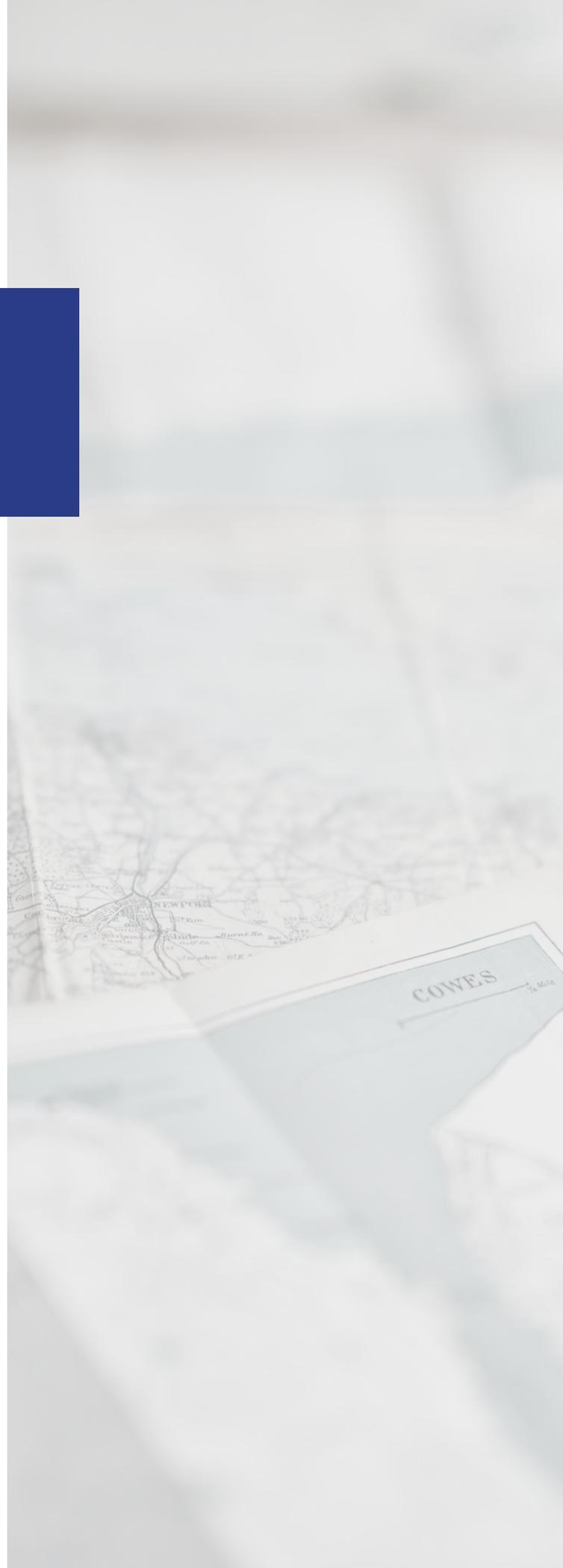
Solicited: January 2019

Received: February 2019

*"Envision Athens is the 20 year strategy for community and economic development in Athens-Clarke County. As this strategy moved into implementation phase in mid-2017, it was imperative that we had real-time community based data to help inform our decision making which directly impacts the programs, policies, and procedures which affect our stakeholders and residents.*

*This data and approach also further connects this hospital system in relationship with other care providers and stakeholders in a way that moves the local hospital from facility to community partner and decision-maker. This report helps position the healthcare system as the informed leader that it is and that we need."*

# COMMUNITY SERVED





# Service Area: Demographic Overview

The numbers presented below are a snapshot of the seven county service area for St. Mary's, including the total population of the counties served, the total square mileage covered, and the median household income. The following pages contain community profiles for each county served, presenting a demographic overview, strengths and challenges, and healthcare supply information.

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**447,451** Service Area Population  
Across All 7 Counties

*Population estimate as of July 1, 2017 according to the U.S. Census Bureau's Quick Fact Profiles.*

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**1,850.5** Service Area Land Mass, in  
Square Miles

*Estimate as of July 1, 2017 according to the U.S. Census Bureau's Quick Fact Profiles.*

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**\$55,876** Median Household Income,  
2013-2017 Average

*Adjusted to 2017 dollars. Median household income data from U.S. Census Bureau's American Community Survey. Median income across all seven counties in service area.*

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# Athens-Clarke County: Community Profile

Population: 127,064  
Miles from Hospital: 0

## Strengths

### Life Expectancy

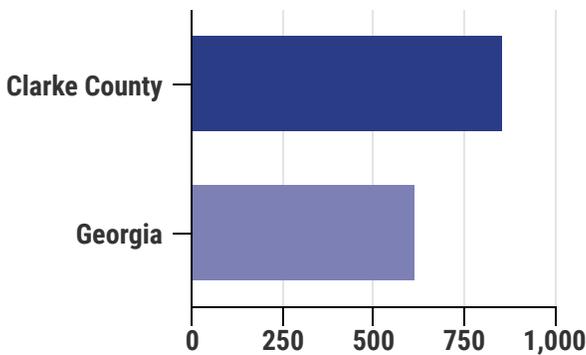
**78.6** is life expectancy in Clarke County, compared to life expectancy of **77.7** across the state.

(County Health Rankings, 2019)

## Challenges

### Sexually Transmitted Infections

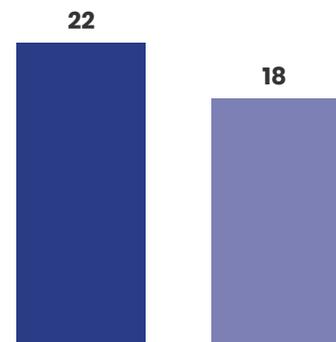
**857.9** newly diagnosed chlamydia cases (per 100,000 people), compared to the state rate of **614.6**



(County Health Rankings, 2019)

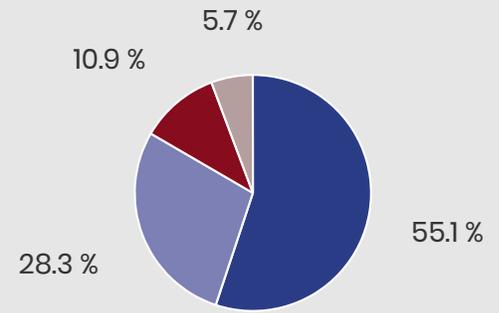
### Smoking

**22%** of adults smoke, compared to **18%** in the state



(County Health Rankings, 2019)

## Race & Ethnicity



White, not Latinx African-American  
Latinx Other

(Census, 2010)

## Education

Less Than High School	High School diploma	Bachelor's Degree
<b>13.3%</b>	<b>86.7%</b>	<b>41.3%</b>

(Census, 2010)

## Economy

% Living in Poverty	Median income	Unemployment Rate
<b>26.6%</b>	<b>\$34,557</b>	<b>4.1%</b>

(Dept. of Labor, 2018)

## Other Demographics

% with broadband internet	% without health insurance	County Health Rank
<b>76.2%</b>	<b>15.5%</b>	<b>50 / 159</b>

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary  
1 : 1,580



Mental  
1 : 400



Dental  
1 : 1,840

(County Health Rankings, 2019)

# Barrow County: Community Profile

Population: 79,061  
Miles from Hospital: 22.1

## Strengths

### Low Birthweight

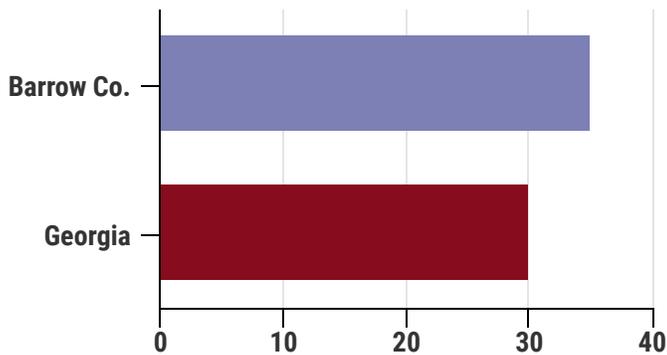
Only 7% of live births in Barrow County have a low birthweight, compared to 10% across the state.

(County Health Rankings, 2019)

## Challenges

### Obesity

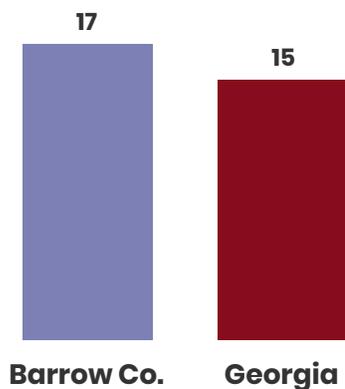
Adult obesity, as a %



(County Health Rankings, 2019)

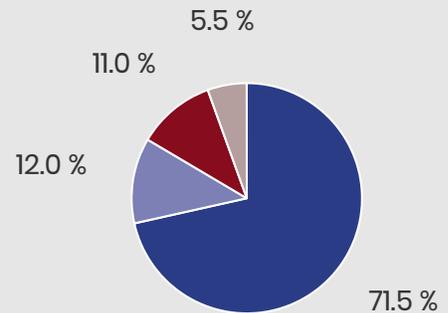
### Excessive Drinking

Excessive drinking, as a %



(County Health Rankings, 2019)

## Race & Ethnicity



White, not Latinx African-American  
Latinx Other

(Census, 2010)

## Education

Less Than High School

17%

High School diploma

83.0%

Bachelor's Degree

17.3%

(Census, 2010)

## Economy

% Living in Poverty

12.0%

Median income

\$56,119

Unemployment Rate

3.7%

(Dept. of Labor 2018)

## Other Demographics

% with broadband internet

78.7%

% without health insurance

17.1%

County Health Ranking

25 / 159

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary

1 : 5,025



Mental

1 : 6,427



Dental

1 : 5,009

(County Health Rankings, 2019)

# Jackson County: Community Profile

Population: 67,519  
Miles from Hospital: 18.2

## Strengths

### Obesity

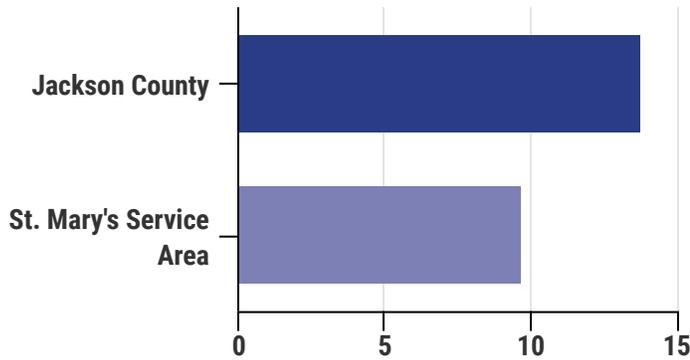
Only 27% of the county's adults are obese, which is only 1% more than top U.S. performers at 26%.

(County Health Rankings, 2019)

## Challenges

### Opioid Use

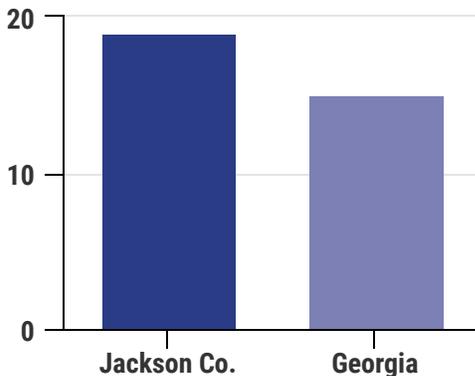
13.8 deaths related to all opioids (per 100,000 people), compared to the service area rate of 9.7



(OASIS Opioid, 2018)

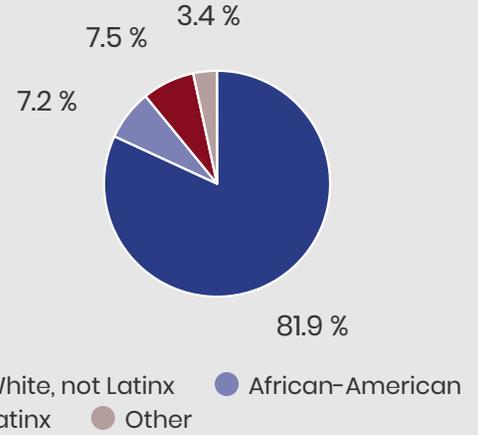
### Excessive Drinking

19% of adults report binge or heavy drinking, compared to 15% in the state



(County Health Rankings, 2019)

## Race & Ethnicity



(Census, 2010)

## Education

Less Than High School	High School diploma	Bachelor's Degree
17.2%	82.8%	19.7%

(Census, 2010)

## Economy

% Living in Poverty	Median income	Unemployment Rate
11.5%	\$57,999	3%

(Dept. of Labor, 2018)

## Other Demographics

% with broadband internet	% without health insurance	County Health Rank
74.8%	14.3%	12 / 159

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary  
1 : 1,620



Mental  
1 : 2,250



Dental  
1 : 2,050

(County Health Rankings, 2019)

# Madison County: Community Profile

Population: 29,302  
Miles from Hospital: 19.8

## Strengths

### Low Birthweight

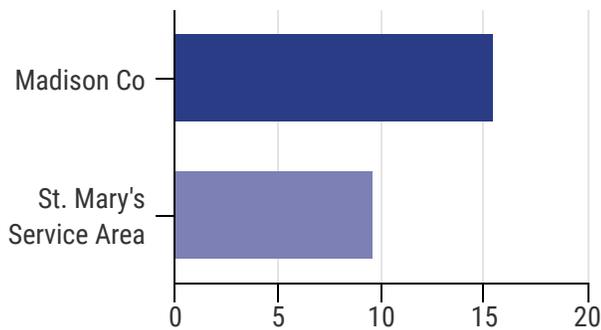
**Only 8% of live births in Madison County have a low birthweight compared to 10% across the state.**

(County Health Rankings, 2019)

## Challenges

### Opioid Use

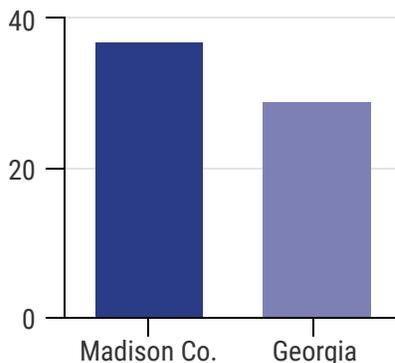
**15.5 deaths related to all opioids (per 100,000 people), compared to the service area rate of 9.7**



(OASIS Opioid, 2018)

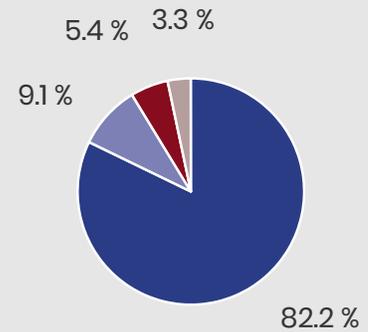
### Teen Births

**Rate of 37 teen births (per 1,000) in Madison County compared to 29 across the state**



(County Health Rankings, 2019)

## Race & Ethnicity



● White, not Latinx ● African-American  
● Latinx ● Other

(Census, 2010)

## Education

Less Than High School	High School diploma	Bachelor's Degree
<b>17.7%</b>	<b>82.3%</b>	<b>16.7%</b>

(Census, 2010)

## Economy

% Living in Poverty	Median income	Unemployment Rate
<b>15.9%</b>	<b>\$47,653</b>	<b>3.5%</b>

(Dept. of Labor 2018)

## Other Demographics

% with broadband internet	% without health insurance	County Health Rank
<b>66.9%</b>	<b>17.4%</b>	<b>34 / 159</b>

(County Health Rankings, 2019)

## Healthcare Labor Force



**Primary**  
**1 : 7210**



**Mental**  
**1 : 7330**



**Dental**  
**1 : 29300**

(County Health Rankings, 2019)

# Oconee County: Community Profile

Population: 39,028  
Miles from Hospital: 11.8

## Strengths

### Lowest Rates of Poor Health Days in Service Area

Poor Physical Health Days



3.2

(County Health Rankings, 2019)

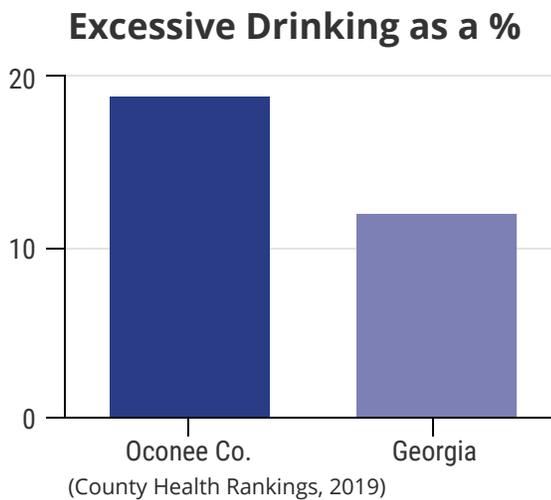
Poor Mental Health Days



3.4

## Challenges

### Excessive Drinking

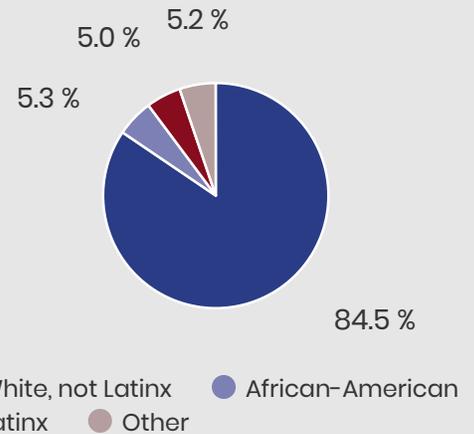


## Suicide

Oconee County had a suicide death rate of 28.2 in 2017, compared to the statewide suicide rate of 13.6.

(OASIS, 2018)

## Race & Ethnicity



## Education

Less Than High School	High School diploma	Bachelor's Degree
5.7%	94.3%	48.2%

(Census, 2010)

## Economy

% Living in Poverty	Median income	Unemployment Rate
6.5%	\$77,388	4.1%

(Dept. of Labor 2018)

## Other Demographics

% with broadband internet	% without health insurance	County Health Ranking
83.4%	9.6%	2 / 159

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary  
1 : 799



Mental  
1 : 576



Dental  
1 : 1842

(County Health Rankings, 2019)

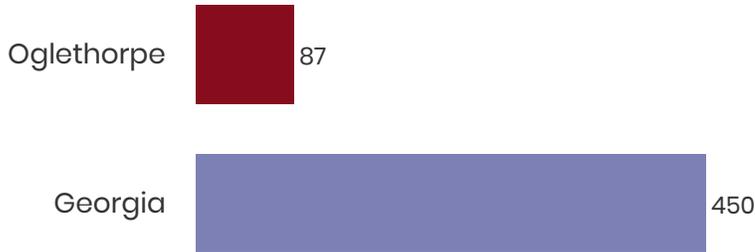
# Oglethorpe County: Community Profile

Population: 38,028  
Miles from Hospital: 29.9

## Strengths

### HIV Prevalence

Oglethorpe Co. has one of the lowest rate of HIV prevalence in the St. Mary's service area.

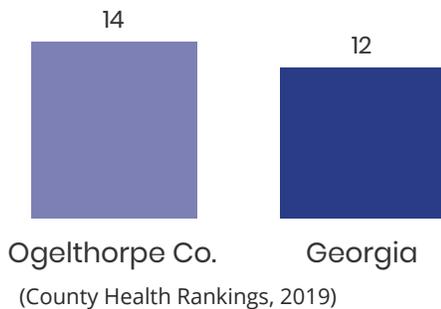


Rate per 100,000 population  
(County Health Rankings, 2019)

## Challenges

### Diabetes Prevalence

#### Diabetes Prevalence as %



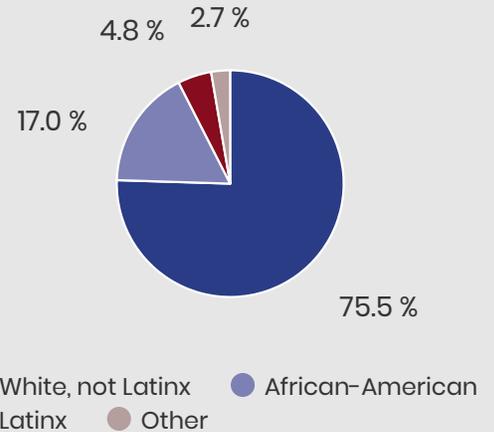
(County Health Rankings, 2019)

### Physical Activity

Only 34% of Oglethorpe Co. residents have access to exercise opportunities compared to 76% across the state.

(County Health Rankings, 2019)

## Race & Ethnicity



(Census, 2010)

## Education

Less Than High School	High School diploma	Bachelor's Degree
22.1%	77.9%	15.5%

(Census, 2010)

## Economy

% Living in Poverty	Median income	Unemployment Rate
13.4%	\$43,398	3.6%

(Dept. of Labor 2018)

## Other Demographics

% with broadband internet	% without health insurance	County Health Ranking
61.6%	16.8%	32 / 159

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary  
1 : 14,920



Mental  
1 : 14,880



Dental  
1 : 14,880

(County Health Rankings, 2019)

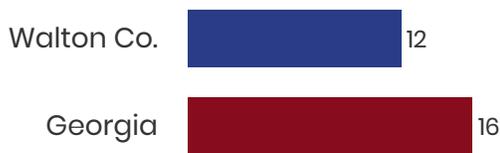
# Walton County: Community Profile

Population: 91,600  
Miles from Hospital: 27.4

## Strengths

### Low Rate of Death From Motor Vehicular Crash

Death rate from MV crashes (per 10,000)



(County Health Rankings, 2019)

## Challenges

### Built Environment Issues

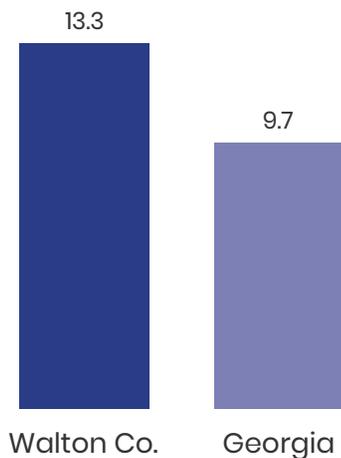


Residents of Walton Co. report longer commutes and higher rates of driving alone to work compared to residents of other counties in the St. Mary's service area.

(County Health Rankings, 2019)

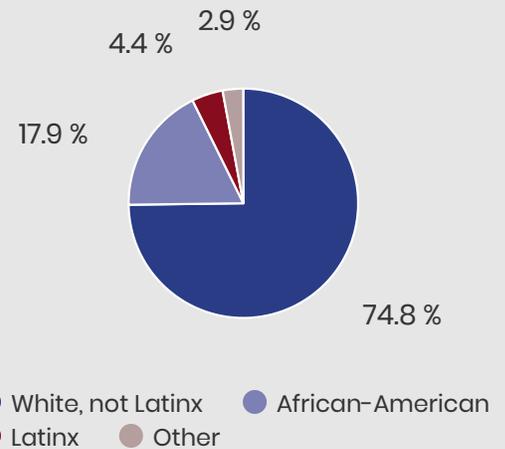
### Death Rate From Opioids

Death rate from all opioids 13.3 (per 10,000), compared to the state rate of 9.7.



(OASIS Opioid, 2018)

## Race & Ethnicity



(Census, 2010)

## Education

Less Than High School

13.2%

High School diploma

86.8%

Bachelor's Degree

19%

(Census, 2010)

## Economy

% Living in Poverty

22.9%

Median income

\$35,207

Unemployment Rate

3.6%

(Dept. of Labor 2018)

## Other Demographics

% with broadband internet

52.8%

% without health insurance

16.9%

County Health Ranking

30 / 159

(County Health Rankings, 2019)

## Healthcare Labor Force



Primary  
1 : 2,326



Mental  
1 : 1,734



Dental  
1 : 3,110

(County Health Rankings, 2019)

# *Health Facilities Owned & Operated by Trinity Health*

Trinity Health owns and operates three separate hospitals, the largest being St. Mary's Health Care System in Athens-Clarke County serving the seven county service area covered in this report. Below is a list of each hospital campus, its location, and the number of beds at each facility.

<b>Facility</b>	<b>Location</b>	<b>Number of Beds</b>
<b>St. Mary's Health Care System</b>	<b>Athens, GA (Clarke County)</b>	<b>196</b>
<b>Good Samaritan Hospital</b>	<b>Greensboro, GA (Greene County)</b>	<b>25</b>
<b>Sacred Heart Hospital</b>	<b>Lavonia, GA (Franklin County)</b>	<b>56</b>

# Services Provided by St. Mary's Hospital

## **Emergency Department**

Open 24/7 for any medical emergency, including heart attack and stroke. St. Mary's is a certified chest pain center with primary percutaneous coronary intervention, and provides clot-busting drug therapy and limited mechanical thrombectomy services for stroke patients. St. Mary's is an accredited Chest Pain Center with PCI and a gold-plus hospital for stroke care.

## **Inpatient and critical care**

Acute care, pre- and post-operative, and restorative inpatient care are available for medical and surgical patients, along with palliative care services at all levels. Critical care services include dedicated medical/surgical intensive care (ICU), neurosciences critical care (NCCU), and level II neonatal intensive care (NICU). St. Mary's also provides an intermediate care unit (IMCU).

## **Surgery**

St. Mary's Hospital provides a large surgical suite with inpatient and outpatient capabilities and dedicated pre-op and post-anesthesia care units, as well as the region's first da Vinci surgical system. The hospital also provides a separate outpatient surgical center and an endoscopy center. A dedicated C-section suite is located within the Family Birth Center. St. Mary's is certified by The Joint Commission for hip and knee replacement and spine surgery.

## **Family Birth Center**

This beautiful unit provides comprehensive, family-centered care in private labor, delivery, recovery and postpartum rooms. Services include perinatal education, breastfeeding education and support, complicated delivery care, and access to critical care.

## **Center for Rehabilitative Medicine**

St. Mary's CRM provides inpatient care and intensive physical and occupational therapy and speech-language pathology services to help patients who meet admission qualifications maximize their function and return to independent living. CARF accredited.

## **Imaging & Laboratory**

From fast 64-slice CT scanning and laboratory testing for stroke patients to routine annual mammograms and blood testing, St. Mary's provides sophisticated diagnostic services at our hospital and our outpatient facilities on Daniells Bridge Road (\*\*bolded section for st mary only). Imaging capabilities include CT, MRI, echocardiography, stress testing, nuclear medicine, 2D and 3D mammography, ultrasound and bone density testing. Laboratory services include bloodwork, urinalysis, blood bank and more at St. Mary's Hospital with an additional collection site at the Daniells Bridge location.

## **Cardiac Cath/EP/IR Lab**

St. Mary's provides emergency and elective catheter-based procedures, including diagnostic and therapeutic cardiac catheterization procedures, electrophysiology services, pacemaker and implantable defibrillator placement and follow-up, and tilt table studies. A new interventional radiology suite within the lab provides minimally invasive diagnosis and treatment of aneurysm, strokes caused by large vessel occlusion, blood vessel malformation and more. St. Mary's is certified by The Joint Commission in heart failure care.

## **Hospitalists**

St. Mary's created the region's first hospitalist program in 2002 to optimize care for inpatients. The hospitalist group has grown and today provides the vast majority of inpatient care, including specialized hospitalist services in neurosciences and obstetrics and gynecology.

## **Medical Group**

St. Mary's Medical Group provides a growing continuum of medical practitioners to enhance access to care across the entire region. In addition to primary care (internal medicine and family medicine) and pediatrics, SMMG provides specialized care in cardiology, endocrinology, general surgery, industrial medicine, infectious disease, neurology, OB/GYN and rheumatology.

## **Graduate Medical Education**

Partnering with the Augusta University/University of Georgia Medical Partnership, St. Mary's is the participating site for the Internal Medicine Residency Program, Northeast Georgia's first graduate medical education program. Up to 33 physician residents provide supervised care with increasing levels of independence as the final stage of their medical education. The program is designed to address Georgia's physician shortage and attract new doctors to our region.

## **Spiritual care**

Emotional and spiritual care are as important to healing as physical care. St. Mary's provides a dedicated staff of employed and volunteer chaplains to support patients in their individual faith tradition and beliefs. St. Mary's Spiritual Care Department offers an onsite chapel, therapeutic music, visits with a certified therapy dog, and a bereavement support group.

## **Respiratory Care**

St. Mary's Respiratory Care Department is available for any breathing-related need, from ventilator management in the critical care setting to outpatient breathing tests, smoking cessation, and a support group. St. Mary's is certified by The Joint Commission for COPD care.

## **Continuum of Care**

St. Mary's Outpatient Diagnostic, Rehabilitation and Wellness Center on Daniells Bridge Road provides imaging, laboratory and rehabilitation services, a sleep disorders center and a wellness center in a freestanding location convenient to Loop 10, Ga. 316 and the Oconee Connector. Preventive care services at the hospital and/or the outpatient center include diabetes education, support groups, cardiac rehabilitation and nutritional counseling.

## **St. Mary's Home Health Care/Hospice Services.**

Homebound patients can receive nursing and rehabilitative care, aides, social work services and more in their home in a multi-county area of Northeast Georgia. Also, people diagnosed with a life-limiting illness and their family can receive care to maximize quality of life through St. Mary's home hospice services and inpatient hospice house.

## **Highland Hills Village**

St. Mary's retirement community provides independent living, assisted living and memory care in a beautiful facility on wooded grounds convenient to Athens, Bogart and Watkinsville.

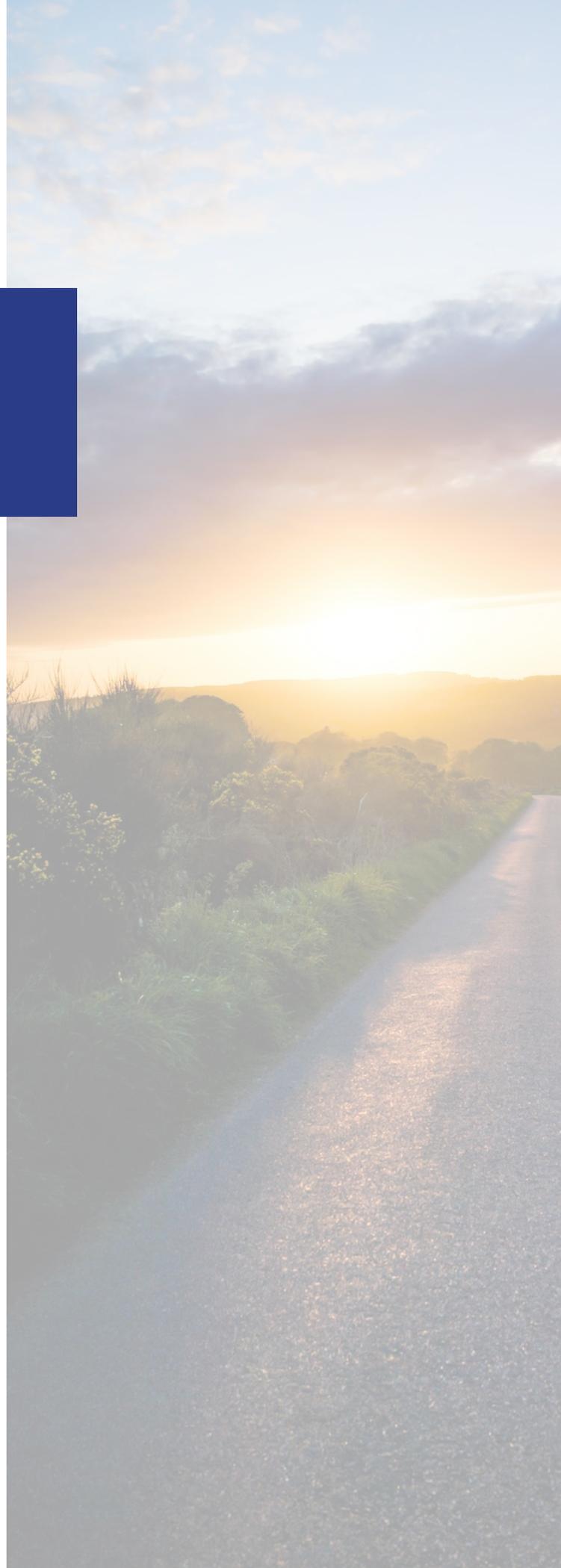
## **St. Mary's Infusion Suite**

St. Mary's Outpatient Infusion Suite can help patients of all ages manage a wide range of conditions such as Anemia, Asthma, Crohn's Disease, Immune Deficiencies, Psoriasis and Rheumatoid Arthritis. Our skilled, compassionate registered nurses are trained to help you maximize your health and avoid inpatient hospital stays.

## **St. Mary's Center for Wound Healing**

Our state-of-the-art wound center provides a full range of wound healing services including hyperbaric therapy in one clean and convenient outpatient facility. St. Mary's Center for Wound Healing utilizes a multidisciplinary approach to managing chronic, non-healing wounds. Our goal is to provide compassionate care and patient education to help prevent amputations and improve quality of life.

# Top 10 Health Needs



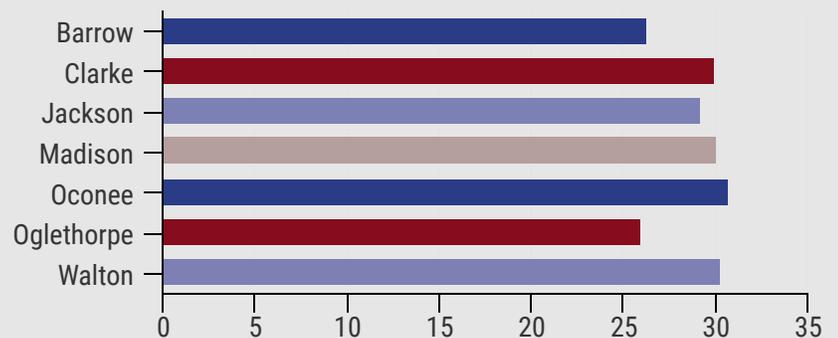
# 1 Cardiovascular Health

Cardiovascular health is ranked as the number one health need in our community. This includes incidence and prevalence of heart disease, which proportionally accounts for the most deaths in the service area (relative to all other causes). High blood pressure (hypertension), high cholesterol, and other cardiovascular indicators were examined across all data sources. Cardiovascular disease (CVD) and preliminary indicators of compromised cardiovascular health are also linked to many other health conditions, many of which are preventable. Further, there was significant health disparity present in cardiovascular outcomes for individuals in medically underserved communities, low income individuals, and racial and ethnic minorities. Cardiovascular deaths were the most commonly occurring preventable deaths.

## Secondary Data

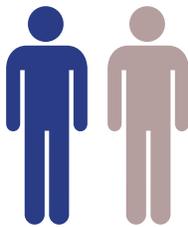
Among the 7 counties in this service area, **cardiovascular diseases** accounted for 29.1% of all deaths (all ages) between 2015 and 2017. Four of the counties in the service area are slightly higher than the state average (29.4%). (Source: OASIS, 2019)

Cardiovascular Deaths as a % of All Deaths, 2017

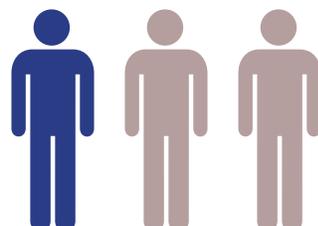


## Survey Data

\* More than **1 in 2** reported hypertension in their household.



\* **1 in 3** respondents reported high cholesterol in their household.



42% reported walking less than 10 minutes on at least 3 of the last 7 days.

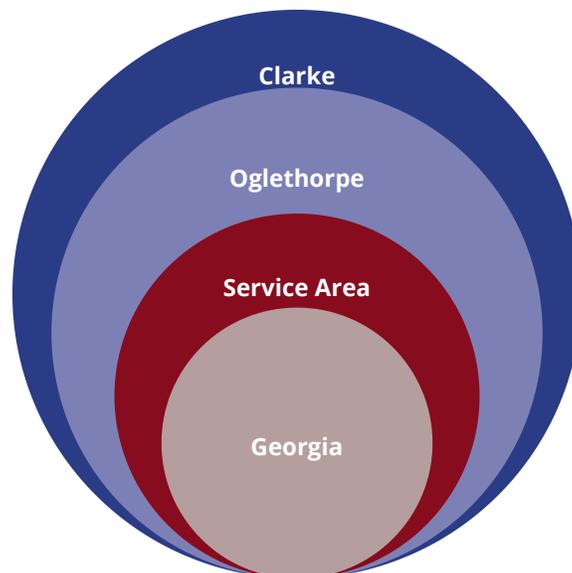
# Persistent Disparities

In all counties with available data, Black residents were significantly more likely to die from cardiovascular disease (CVD) than White residents. In Clarke, Oconee, and Oglethorpe counties, a Black resident was more than twice as likely to die from CVD than a White resident, adjusting for age, in 2017 (Source: OASIS).

Across the service area, a Black resident was more likely to visit an emergency department (ED) for CVD than a White resident. In all counties, Black residents were more than twice as likely to visit an ED for CVD than White residents, adjusting for age, in 2017. When we examined these trends over time, evidence from secondary data showed persistent, statistically significant differences for the years observed (2007-2017) (Source: OASIS).

The figure below represents the orders of magnitude between the CVD related ED visit rates for Black residents as compared to White residents. The two counties with the greatest disparity were Clarke, where Black individuals are 3.87 times more likely than Whites to go to the ED for CVD, and Oglethorpe, where the ED rate is 3.38 times greater than that for Whites.

## Emergency Department Visits for Cardiovascular Disease: Racial Disparity



## Focus Group Data

What is your biggest health challenge?

"If you're over 40, the biggest threat to dying early is heart attack and stroke."

"High blood pressure is one of our biggest challenges, especially for African Americans."

"Heart disease, along with diabetes & obesity."

# 2 Nutrition, Diabetes & Obesity

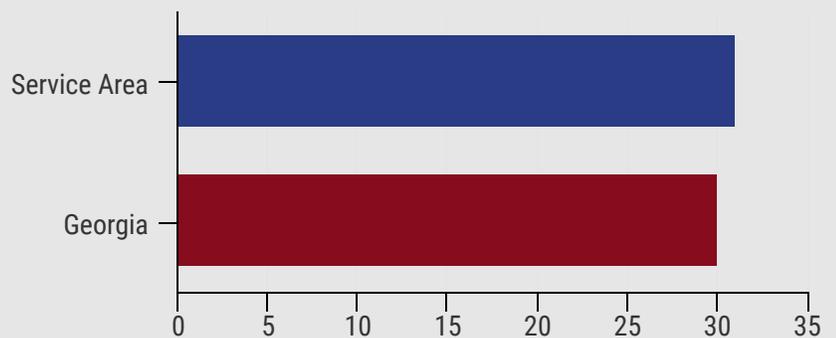
Following the *HealthyPeople 2020* categorization, the number two ranked health need includes food security (access to healthy food for all families), type II diabetes, and obesity. We examined both the demand for healthy food, health behaviors for food consumption, supply of healthy food, and incidence and prevalence of diabetes and obesity. Of course, many of these health needs categories are inextricably linked; cardiovascular health and this category is perhaps one of the best examples of the intersectionality of health issues. We observed this need as being one of the most pressing across all data sources. As with cardiovascular outcomes, there were significant health disparity present in nutrition, diabetes, and obesity outcomes for individuals in medically underserved communities, low income individuals, and racial and ethnic minorities.

## Secondary Data

In Barrow, Jackson, Madison and Oglethorpe counties, mortality rates (per 100,000), adjusted for age, for **diabetes** exceeded the state rate of 207 in 2017. (Source: OASIS)

**Obesity** prevalence for the service area was comparable to the state average, but there has been a 27% increase in obesity over the last decade. (Source: OASIS)

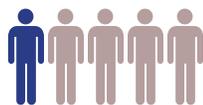
Obesity Prevalence (%), Service area vs. Georgia, 2018



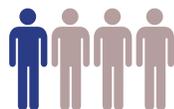
\*One in three individuals in the service area is obese.

## Survey Data

\* **1 in 5** reported diabetes in their household.



\* **1 in 4** respondents reported obesity in their household.



\* Only **32% (WIC)** and **67% (SNAP)** of families eligible for food assistance are enrolled in Clarke County.



**60%** report eating one or less fruits per day



**34%** report eating one or less veggies per day



**22%** report experiencing food insecurity

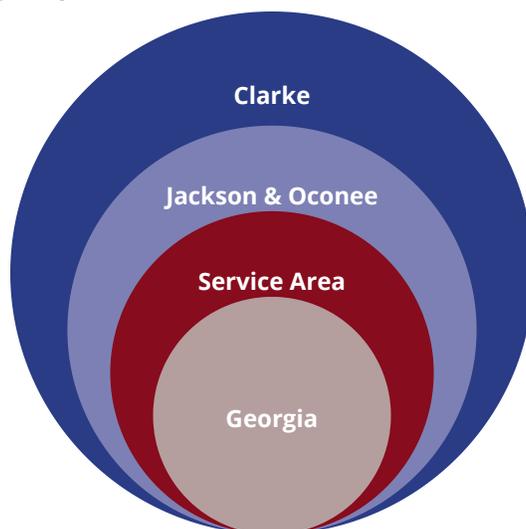
# Persistent Disparities

In all seven counties, Black residents had a significantly higher rate of ED visits for diabetes than White residents. Additionally, in all counties (excepting Madison), a Black resident was more than twice as likely to visit the emergency department for diabetes than a White resident, adjusting for age, in 2017. According to U.S. Department of Health & Human Services data (HHS), Latinx males and females are significantly more likely to be obese or overweight than non-Latinx, white males and females.

In Clarke, Jackson, and Oconee counties, an Black resident was more than three times as likely to visit an ED for diabetes than a White resident, adjusting for age, in 2017. When we examined these trends over time, evidence from secondary data showed persistent, statistically significant differences for the years observed (2007-2017) (Source: OASIS).

The figure below represents the orders of magnitude between the state ED visit rate disparity for the Black population in the Service Area, and the three counties with the greatest disparity: Clarke, where Black residents were 4.41 times more likely than White residents to go to the ED for diabetes; Jackson, at 3.65 times greater than that for White residents; and Oconee, where the ED rate was 3.61 greater than that for Whites residents.

## Emergency Department Visits for Diabetes: Racial Disparity



## Focus Group Data

What are your most significant health issues?

"Diabetes-controlled and uncontrolled, and obesity."

"It doesn't matter if you have a grocery store if you can't get to it."

"We are in a food desert, most people rely on a "meat and three," we need healthier options and awareness...the closest salad bar is 27 minutes away."

# 3 Behavioral Health

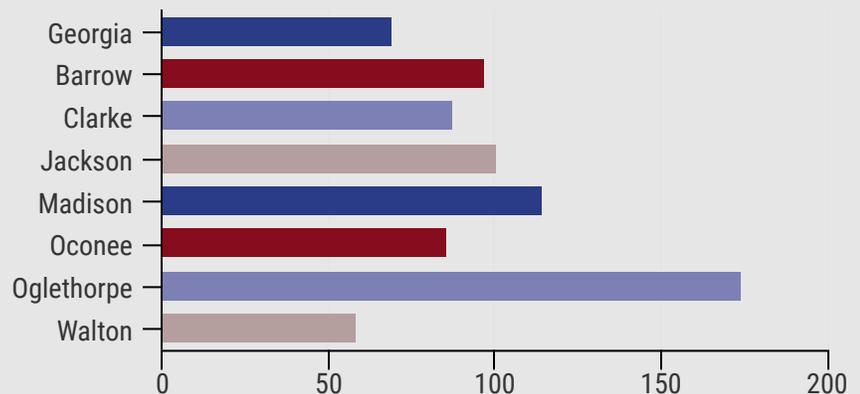
The number three ranked health need is behavioral health, which includes: mental health and substance use disorder. This is the health need that has increased most drastically since the last CHNA. Due to the comorbidity of mental health and substance use disorder, the categorization of the two together is critically important and they must be addressed simultaneously. Across all data sources, this need was observed as being one of the most prevalent. Suicide and drug overdose were the leading causes of mortality within this health need. The demographic group most affected was working age white males. Within substance use disorder, licit and illicit opioid use and misuse has driven the increase in drug overdoses (many of which result in death). Health disparities for behavioral health were concentrated in low income, rural communities. Supply of behavioral health professionals and treatment for substance use disorder is a major concern in the service areas.

## Secondary Data

In each county besides Barrow and Oglethorpe, age-adjusted mortality rates (per 100,000) for **suicide** exceeded the state rate in 2017, and was more than twice the state rate in Oconee county. (Source: OASIS)

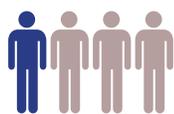
Age-adjusted mortality rate (per 100,000) for **opioid overdose** exceeded the state mortality rate in Jackson, Madison, and Walton counties for 2014-2017. (Source: OASIS, 2019)

Age-Adjusted ED Visit Rates (per 100,000) for Suicide, 2017



## Survey Data

\* **1 in 4** reported depression in their household.



\* **1 in 4** reported anxiety in their household.



**5% reported another mental health disorder (e.g. bipolar disorder)**



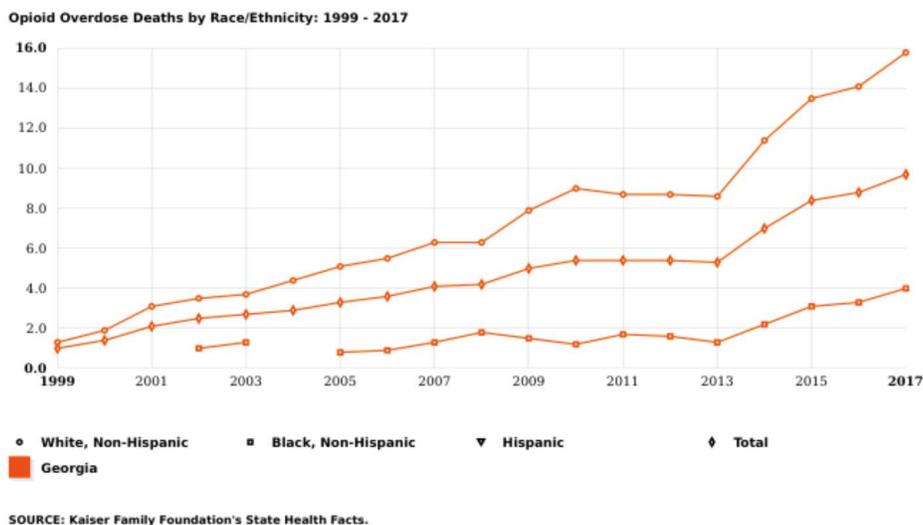
**25% said they needed mental healthcare in the last 12 months but could not get it**



**Lack of affordability was the most common reason for not getting the mental or substance use treatment needed**

# Persistent Disparities

White residents in all seven counties were more than twice as likely to die from issues related to opioids, adjusting for age, in 2017. When we examined these trends over time, evidence from secondary data showed persistent, statistically significant differences for the years observed (2007-2017). The time trend line below shows opioid overdose deaths over time for the state of Georgia. The service area data reflect the same trends shown below. (Source: Kaiser, 2019)



## Opioid Epidemic: Cost Analysis

Using county-level data from the Georgia Department of Public Health from 2014 through 2018, we conducted a cost analysis of emergency services related to opioid overdose across the service area. We used the number of Naloxone doses administered by EMS professionals and the number of opioid overdose calls made to EMS that resulted in a visit to the scene.

**\$29,000**

Spent on Naloxone in the Service Area, 2014-2018



**\$844,480**

Spent on EMS Opioid Overdose Calls in the Service Area, 2014-2018

## Focus Group Data

In the St. Mary's service area, two issues were the third most frequently mentioned "significant health needs" :

- Substance use disorder, specifically **opioids, heroin, and meth.**
- Mental health, and access to **behavioral health providers.**

Even in areas where such care is available, there are long waiting lists for both. Individuals requiring a police enforced psychiatric evaluation are often taken to emergency departments when mental health care providers are unavailable.

# 4 Maternal & Child Health

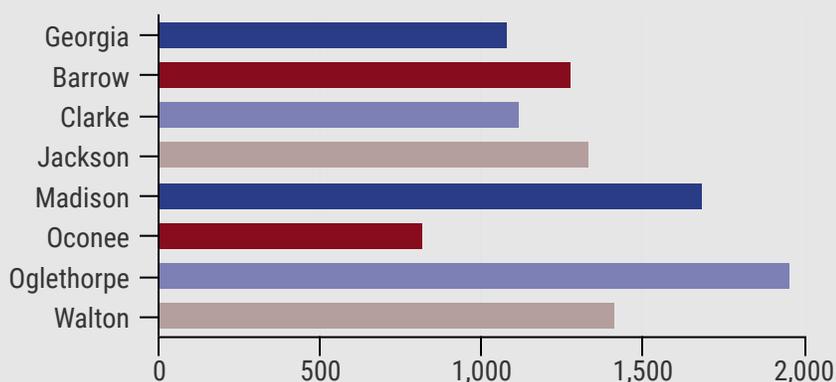
The number four ranked health need is maternal and child health. This need was significant across all data sources and observed as being a concern of county residents. Health disparities for maternal and child health are concentrated in low income, rural communities and are especially problematic for racial and ethnic minorities. Shortage in Ob-Gyn specialists, pediatricians, and other health professionals that serve pregnant and postpartum women and their children is a major barrier to health in the service area. Many women must travel significant distances for routine prenatal care, labor and delivery, and pediatric care for their children. Health behaviors during pregnancy are also a concern. Across the service area, the maternal smoking rate was more than twice the state's rate.

## Secondary Data

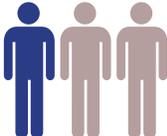
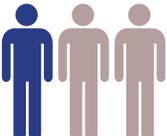
In every county (except Oconee) the percent of births to women who reported **using tobacco while pregnant** exceeded the state percentage in 2017. The percent of women smoking during pregnancy was more than triple the state's value. (Source: OASIS, 2019)

In every county except Oconee, the age-adjusted ED visit rate (per 100,000) for **pregnancy & childbirth complications** exceeded the state rate in 2017. (Source: OASIS, 2019)

Age-Adjusted ED Visit Rates (per 100,000) for Pregnancy & Childbirth Complications, 2017



## Survey Data

- \* **1 in 3** reported taking a child to the ED in the last 12 months. 
- \* **1 in 3** reported that the ED was the child's closest provider. 
- \* **20% of Clarke households** said their child gets most of their care in the ED.

## Healthcare Supply

According to the Area Health Resources File (2016), three counties in the service area do not have an **obstetrician-gynecologist** in the service area: Barrow, Madison, and Oglethorpe counties.

According to the same data, Oglethorpe does not have any **pediatricians**. Maternal and child health outcomes are also the worst for Oglethorpe relative to the other counties, adjusting for age and population size.

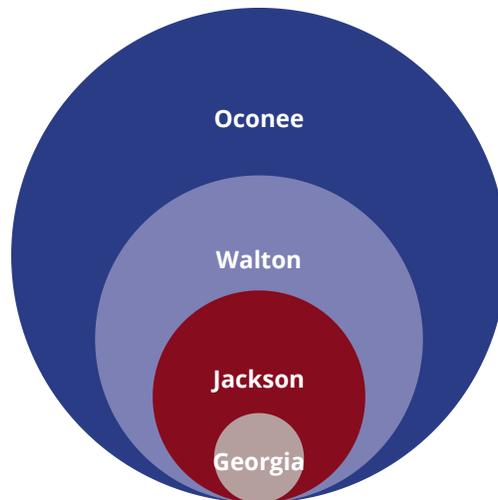
# Persistent Disparities

Evidence from the Pregnancy Risk and Monitoring System data (PRAMS) indicate Latinx women are significantly more likely to delay prenatal care than non Latinx (58% vs 78% accessing care in first trimester, respectively).

In all counties in the service area, an African American resident was more than twice as likely to have less than five prenatal care visits than a white resident, adjusting for age and population, in 2017. In Clarke, Oconee, and Walton counties, an African American resident was more than four times as likely to have less than five prenatal care visits than a white resident, adjusting for age, in 2017.

Infant mortality and preterm birth were also significantly greater for African Americans relative to whites. In Clarke County, the five year average of infant mortality between 2013 to 2017 for whites was 4.5 (per 1,000 live births) and nearly three times greater for African Americans at 13.2 (per 1,000 live births). This trend has been sustained over time. While infant mortality has been declining in the aggregate for the last twenty years, the decrease has not been steady for racial and ethnic minorities.

## Probability of African American Women Having <5 Prenatal Care Visits



## Focus Group Data

- ➔ To **deliver babies**, parents tend to go to Athens, Gainesville, Macon, Augusta, and Baldwin. In some areas, routine care is not available which means people have to travel long distances and miss work.
- ➔ Residents utilize the local health department for **care of babies and preventive care**. For hospital and specialty healthcare, many residents travel outside of their county and tend to go to places such as Athens, Atlanta, Gainesville, Lake Oconee, Augusta, Macon, Washington, Thompson, Putnam, Stephens, and Covington.

# 5 Healthcare Access

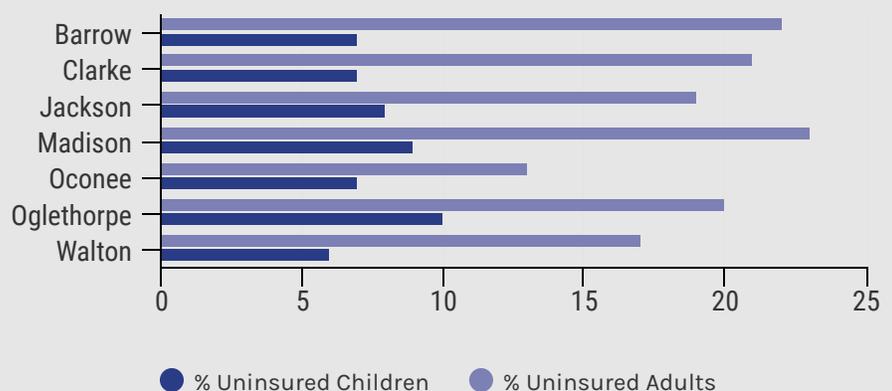
The number five ranked health need is healthcare access. In contrast with the other nine health needs, healthcare access is substantively different in that it is the only need not defined by a specific set of conditions or health outcomes. Rather, access is a complex, multidimensional area of need that is ubiquitous in all communities and deeply connected to all the other health needs presented in this study. As with each of the other top five health needs, healthcare access stood out as a concern across all data sources. Similarly to other needs, health disparities are concentrated in low income, rural communities and are especially problematic for racial and ethnic minorities. Shortage of supply in health professionals of all types is a primary factor in this category. Transportation and drive time were two other predominant themes, as was being uninsured and underinsured. Addressing healthcare access presents an opportunity to simultaneously intervene on all health needs, because when access improves, so does community and public health.

## Secondary Data

In Barrow, Jackson, Madison, Oconee, and Walton counties there were less **dental providers** per 100,000 than the state average and in Oglethorpe county there were none. (Source: AHRF, 2016)

In Barrow, Jackson, Madison, Oglethorpe, and Walton there were less **physicians** per 100,000 residents than in the state overall. (Source: AHRF, 2016)

Percentage of Uninsured Children & Adults by Service Area County, 2018



## Survey Data

- \* **1 in 4** anticipate caregiving for a loved one in the next two years 
- \* **1 in 4** needed dental care but could not get it 
- \* **15% of households** reported having trouble finding a doctor that accepted their insurance in the last 12 months



**85%** of respondents traveled <30 minutes to the doctor



**15%** of respondents traveled 30-60 minutes to the doctor



**97%** relied on a personal car as their primary source of transport

# Persistent Disparities

In all counties in the service area, being in a low income family significantly decreased a person's access to healthcare. Survey data showed that one in seven households indicated they did not take their medication as prescribed due to cost of the medication. We also found that 26% of people who indicated that they went to the emergency department in the last year did so because it is the place where they receive "most of their care." Being uninsured and low income was significantly ( $p < .01$ ) associated with using the ED as the primary place for receiving care.

Across health department interviews and focus groups, the dominating narrative around barriers to health and health care was about access; with a particular focus on rural counties. Dr. Maritza Keen noted that the majority of comments on the focus group question pertaining to barriers to care focused on lack of transportation, including public transit, lack of a personal vehicle, or lack of access to vans or other forms of transportation such as Uber or taxis. The next major barrier was cost of healthcare services and lack of insurance. Respondents also indicated there was a lack of awareness/education concerning what health services were available in their communities, and the need for patient advocates or educators to help patients understand medical issues and treatment. The non-availability of providers rounded off the top barriers to access.

Barriers to Health	Number of Comments	% of Total
Transportation	45	52%
Cost/Lack of Insurance	36	41%
Education/Awareness	12	14%
Availability of Providers	11	13%

## Focus Group Data

- ➔ Other factors mentioned concerning barriers to health: **language and culture** (Latinx community).
- ➔ When asked what is needed for a healthier community, the most common responses centered on the need for **more local health care providers**, including: urgent care, rural clinics, specialty care, dental care, and hospitals.

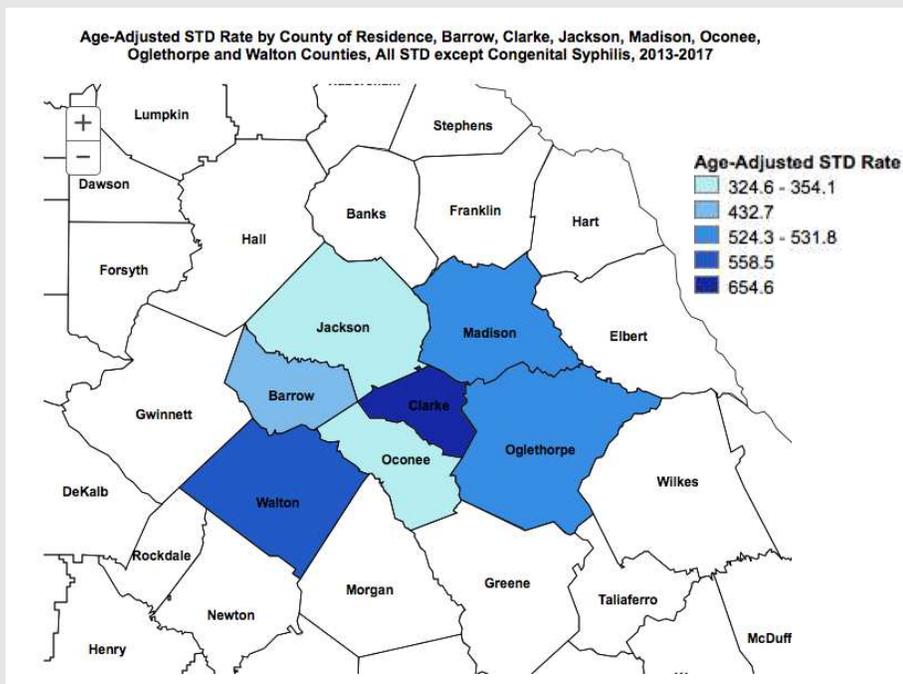
# 6 Reproductive Health

Reproductive health is ranked as the number six health need in the community. This includes sexually transmitted infections (STIs), family planning, and teen pregnancy. Prevalence of STIs were examined across all data sources. There was significant health disparity present in reproductive health outcomes for individuals in medically underserved communities, low income individuals, and racial and ethnic minorities. Service area rates (at 518.1 per 100,000) are lower than the 2013 to 2017 five-year state rate (752 per 100,000).

## Secondary Data

Among the 7 counties in this service area, age-adjusted STI rates (per 100,000) were highest for Clarke County, followed by Walton, then Madison and Oglethorpe counties, respectively. (Source: OASIS, 2019)

HIV prevalence rates were more than twice the service area rate (per 100,000) for Clarke County (307), and significantly higher in Barrow and Walton, respectively. (Source: RWJF County Health Rankings, 2018)



## Reproductive Health Education

According to GA's 2013 Youth Risk Behavior Survey of high school students, the percentage of students who report ever being taught about AIDS or HIV infection in school by race and ethnicity differed significantly.



Race/Ethnicity	% Taught About HIV/AIDS
African American	85%
Latinx	81%
White	91%

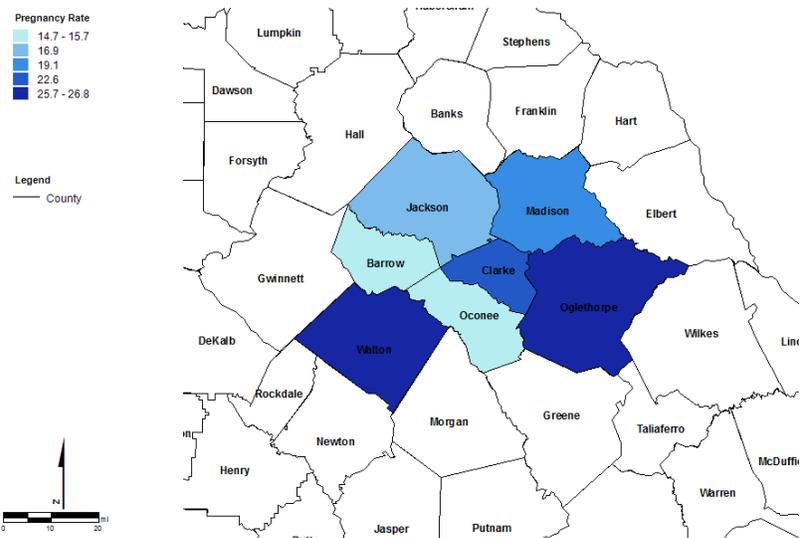
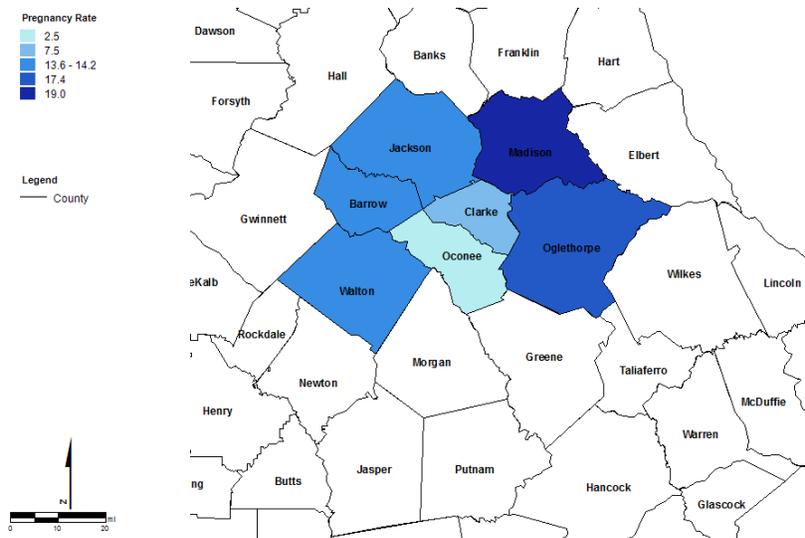
# Persistent Disparities

A Black resident in the seven county service area was eight times more likely to have an STI than a White resident after adjusting for age and county population from 2015 to 2017. This disparity was particularly pronounced in Clarke, Oconee, and Walton counties. (Source: OASIS, 2019)

Racial disparity also exists in the teen pregnancy rate. Teen pregnancy (ages 10-19) was significantly higher among Black women relative to White women. Differences between teen pregnancy rates by race are especially striking in Clarke, Oconee, Oglethorpe, and Walton counties. The maps below show teen pregnancy five year averages across service area counties by race. (Source: OASIS, 2013-2017)

Pregnancy Rate by County of Residence, Barrow, Clarke, Jackson, Madison, Oconee, Oglethorpe and Walton Counties, White, 10-19 Years of Age, 2013-2017

Pregnancy Rate by County of Residence, Barrow, Clarke, Jackson, Madison, Oconee, Oglethorpe and Walton Counties, Black or African-American, 10-19 Years of Age, 2013-2017



## Health Department Interviews

**What is going well in terms of meeting county health needs?**



**A** "We offer free birth control, maternal health and women's annual screening." Jackson Co. Health Department

**A** "We provide thorough wellness screenings which can include pap smears for women, STI testing, and general labs." Barrow Co. Health Department

**What are the greatest health needs you see in the county?**



**A** "Maternal health and access to care." Barrow Co. Health Department

**A** "Family Planning." Clarke Co. Health Department

# 7 Cerebrovascular Health

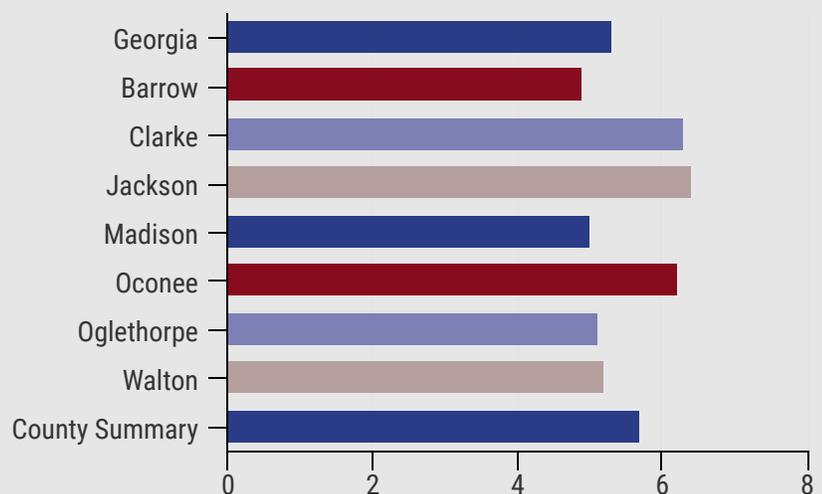
The number seven ranked category is cerebrovascular health. This covers both both ischemic and hemorrhagic stroke. Due to the time sensitive nature of getting a patient experiencing stroke to the hospital, healthcare access stood out as a concern across all data sources. According to the Georgia Department of Public Health, Georgia is part of the United States' "Stroke Belt" where stroke morbidity and mortality rates are well above those of other states. Eighty percent of strokes are preventable, which is an important reason for communities to intervene on preventive health in this area. In 2013, hospital charges related to stroke totaled over \$1 billion in Georgia (Source: Georgia Department of Public Health, 2017). As with other needs, health disparities were concentrated in low income, rural communities and were especially problematic for racial and ethnic minorities. Rural counties where access to ambulance transportation is limited or nonexistent is a major impediment to improving cerebrovascular outcomes when stroke occurs.

## Secondary Data

Among the 7 counties, **strokes** accounted for 5.7% of all deaths (all ages) between 2015 and 2017. (Source: OASIS, 2019)

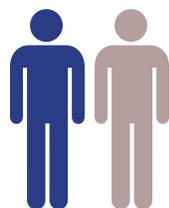
Georgia is part of the United States' "Stroke Belt" where stroke morbidity and mortality rates are well above those of other states. 80% of strokes are preventable. (Source: Georgia Department of Public Health, 2019)

Stroke Deaths as a % of ALL deaths, 2015 - 2017



## Survey Data

\* **1 in 2** households reported having high blood pressure



\* Evidence shows that uncontrolled high blood pressure can lead to stroke. (Source: Mayo Clinic, 2019)



**38%** of hemorrhagic strokes result in death in <30 days (Source: NIH, 2012).

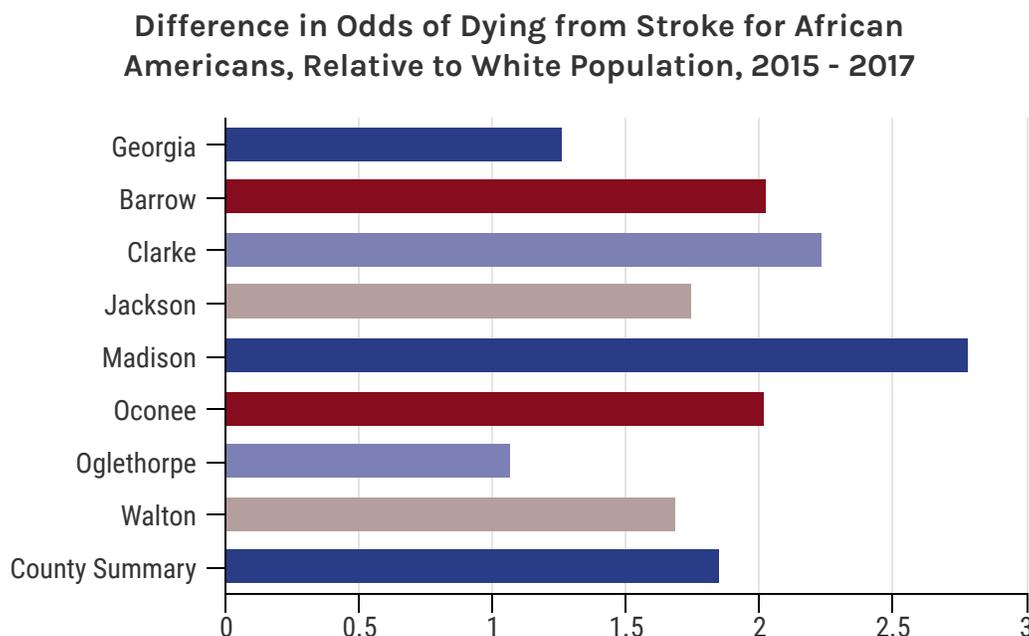


Being more than **37 miles** from a hospital increases the mortality rate for stroke by 3%

# Persistent Disparities

In all counties in the service area, Black residents had a higher rate of death from stroke than White residents. In Madison, Oconee, Barrow, and Clarke counties, a Black resident was more than twice as likely to die from stroke than a White resident, adjusting for age and population between 2015 and 2017. (Source: OASIS, 2019)

The following graphic shows the magnitude of disparity by presenting the odds of dying from stroke for Black residents to White residents of the service area by county. The disparity is greatest in Madison and Clarke counties, respectively.



## Health Department Data

- ➔ Health department interviews showed that many patients come in with **uncontrolled high blood pressure and cholesterol**, both of which put patients at significantly greater risk of experiencing stroke.
- ➔ **Transportation** needs were cited numerous times, including public transit, increased and improved local ambulance service, and hospital vans for patient appointments. This is a critical component of stroke prevention and treatment.

# 8 Cancer

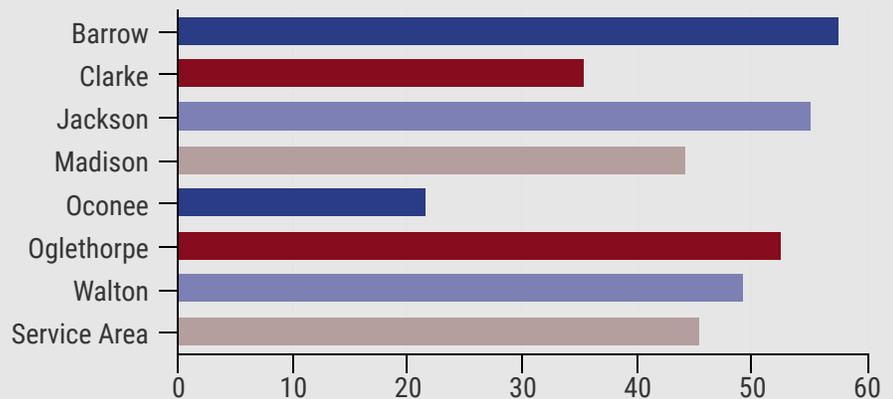
The number eight ranked health need is cancer. This category covers cancer of all types; the data in this overview is not comprehensive of cancer trends and specific diseases or stages within the category. According to the Georgia Department of Public Health, cancer is the second leading cause of death in the state. Here, secondary data are presented on lung cancer, which has some of the highest rates of prevalence and that are also largely preventable. As in each of the other health needs, healthcare access stood out as a concern across all data sources. Further, data are presented on risky behaviors, such as smoking, that have been shown to directly cause cancer. Similar to other needs, health disparities were concentrated in low income, rural communities.

## Secondary Data

The service area age-adjusted death rate for **lung cancer** (at 45.5 per 100,000) was statistically significantly higher than the state rate of 40.1. (Source: OASIS, 2019)

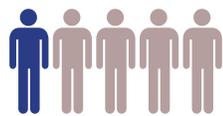
Barrow, Jackson, Oglethorpe, and Walton counties had the highest age-adjusted death rates for **lung cancer** in the service area between 2015 and 2017 (Source: OASIS, 2019).

Age-Adjusted Lung Cancer Death Rate (Per 100,000), 2015 - 2017

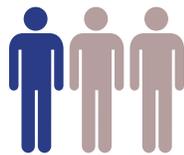


## Survey Data

\* **1 in 5** households reported having a smoker



\* **1 in 3** households in **poverty** reported having a smoker



**22%** of respondents indicated that someone in their house had been diagnosed with cancer before

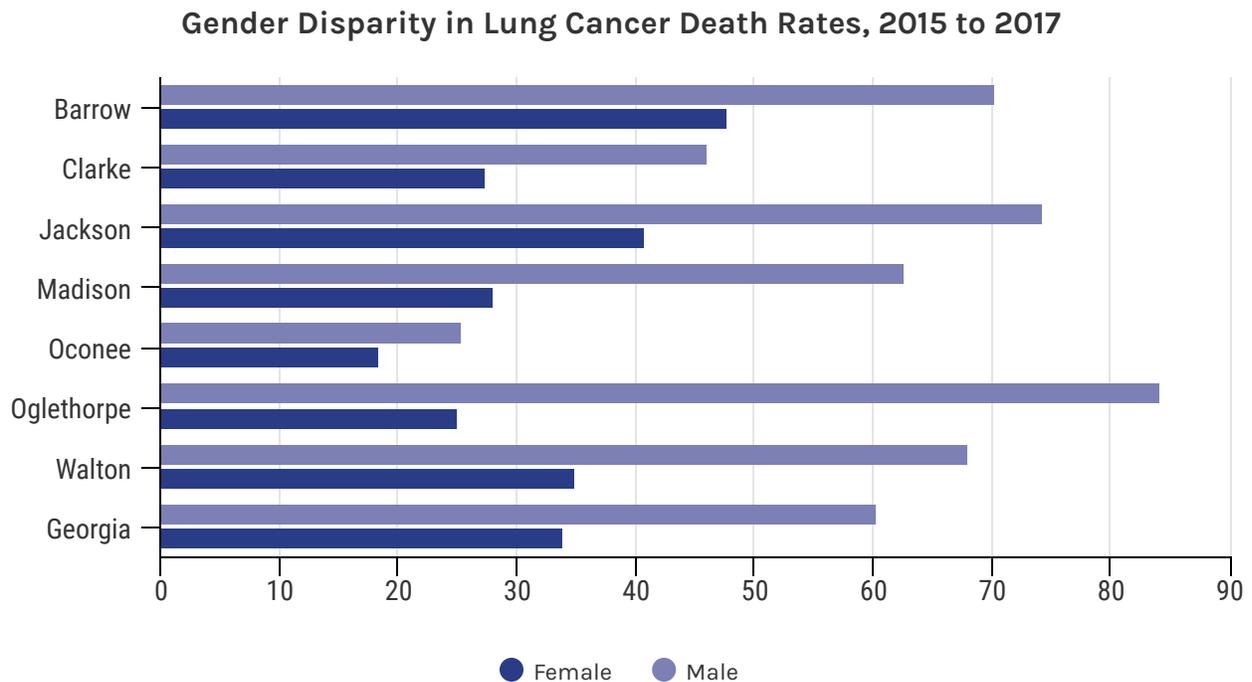


Average age of households with cancer: **60.4 years**

# Persistent Disparities

In Clarke county, a Black resident was 2.68 times more likely to die from colon cancer than a White resident, adjusting for both age and population in 2017.

In all counties, male residents were more likely to die from lung cancer than female residents. The differences were especially pronounced in Barrow, Jackson, Madison, Oglethorpe, and Walton counties, respectively. (Source: OASIS, 2019)



## Focus Group Data

- ➔ **Access to specialty care** is a major issue in all service area counties, especially where focus groups were conducted. When a serious diagnosis such as **cancer** occurs, patients need timely access to specialty care and treatment.
- ➔ **Cancer** was commonly cited in the focus groups as one of the biggest health concerns.

# 9 Respiratory Health

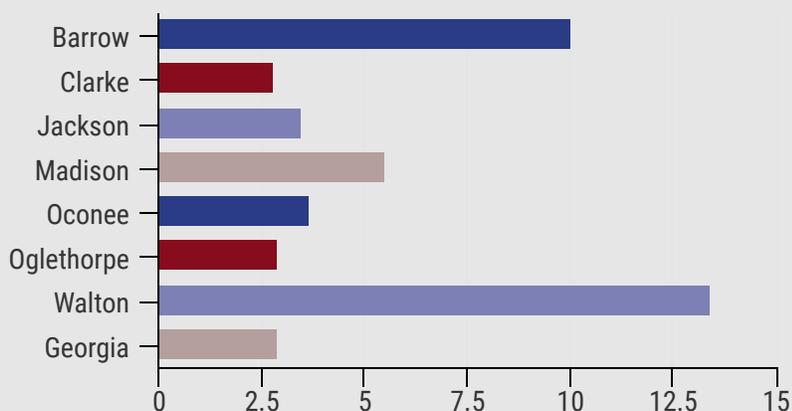
The number nine ranked health need is respiratory health. This category includes chronic conditions such as asthma and COPD, as well as acute illnesses such as influenza and pneumonia. Due to the inextricable link between respiratory health and environmental factors (e.g. air quality), data are presented on household measures such as mold and pests in the home. We also present information on vaccination for influenza because of the link between vaccination and flue incidence and prevalence. Risky health behaviors such as smoking also compromise respiratory health, and are correlated with prevalence of emphysema. The age-adjusted death rates for emphysema from 2010 to 2017 for Barrow and Walton Counties were 10.0 and 13.4 (per 100,000), respectively. This is alarmingly high as compared to the age-adjusted rate for the state over that same time period of 2.9. All other counties were relatively similar to the state's rate. As with other needs, health disparities were concentrated in low income, rural communities and are especially problematic for racial and ethnic minorities.

## Secondary Data

Age-adjusted ED visit rate for **flu** was greater than the state rate in all counties (with the exception of Oconee) in 2017. In Clarke it was more than twice the state rate. (Source: OASIS, 2019)

Age-adjusted ED visit rate for **pneumonia** was greater than the state rate in all counties (with the exception of Oconee) in 2017. In Barrow it was more than twice the state rate. (Source: OASIS, 2019)

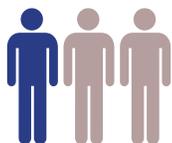
Age-Adjusted Emphysema Death Rate, 2017



## Survey Data

\* Did not get a **flu shot** in the last 12 months **42%**

\* **1 in 3** low income households have a smoker



**15%** of respondents reported asthma in their household



**~10%** of respondents reported mold in their home



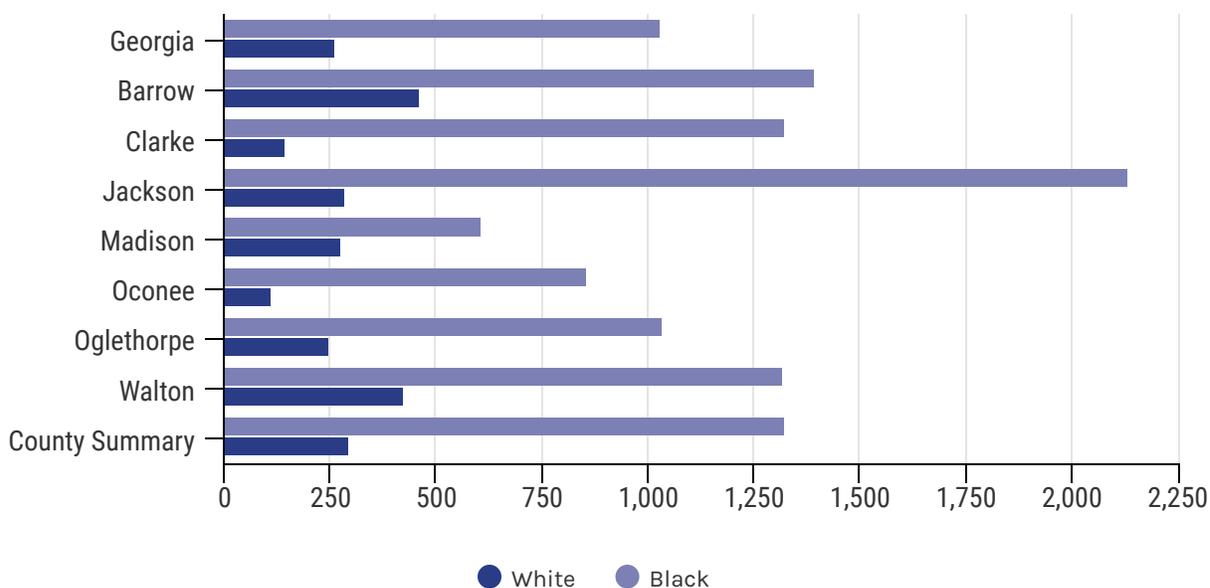
**~10%** of respondents reported pests in their home

# Persistent Disparities

The age-adjusted ED visit rate for respiratory diseases for Black residents was greater than twice the age-adjusted rates for White residents in 2017 (OASIS). More specifically, all were more than double the state rate except for Barrow, where the rate was 1.98 times greater for the Black population relative to the White population in 2017.

While the overall age-adjusted ED visit rates from 2015 to 2017 for asthma were below the state rate for all seven St. Mary's counties, the racial disparity, shown in the graph below is striking (Source: OASIS, 2019).

**Racial Disparity: Emergency Department Visits Due to Asthma, 2015-2017**



## Focus Group Data

➔ **Asthma, especially among children** was cited as one of the biggest health concerns in the community among focus group participants.

Regarding respiratory health among children, one person said: *"smoking and vaping is a big problem here. The kids are all doing it."*

# 10 Injuries & Accidents

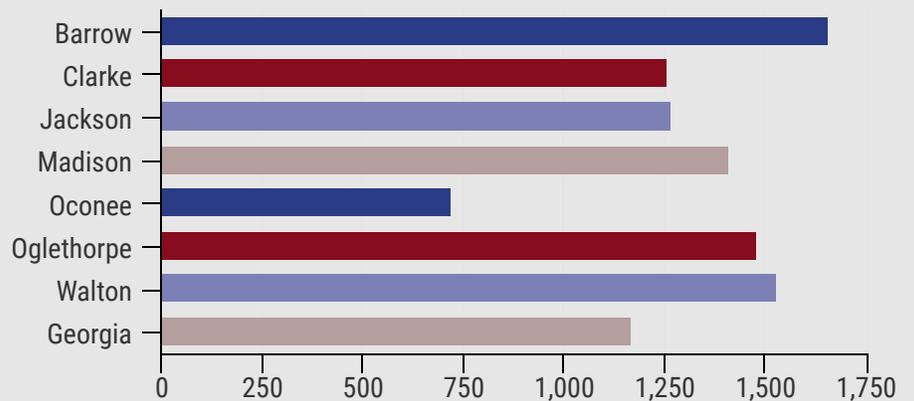
The number ten ranked health need is injuries and accidents. This category includes motor vehicle accidents and falls. As with other needs, health disparities were concentrated in low income, rural communities. Evidence from the International Journal of Preventive Medicine and the American Journal of Epidemiology shows that lower levels of education and socioeconomic status are associated with higher rates of mortality from motor vehicle crashes (Sehat, 2012; Harper, 2015). Age disparity was also an issue: falls are disproportionately experienced by older adults and motor vehicle crashes are disproportionately experienced by young adults.

## Secondary Data

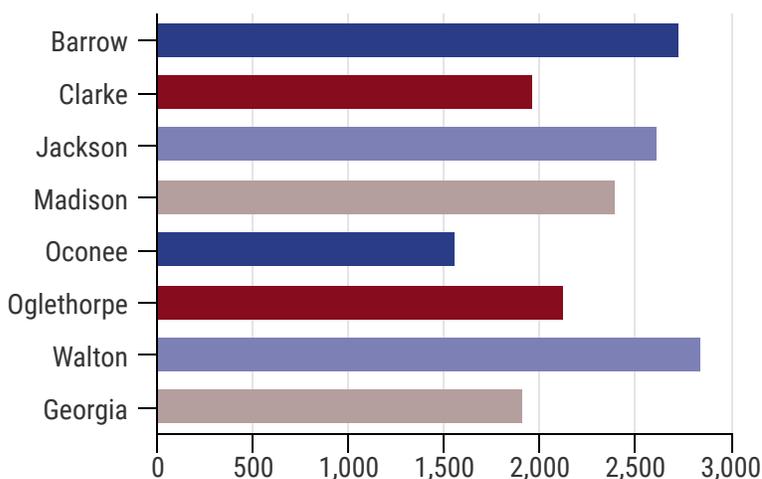
In every county besides Oconee, emergency department visit rates (per 100,000) for **motor vehicle crashes** exceeded the state rate in 2017. (Source: OASIS, 2019)

In every county besides Oconee, emergency department age-adjusted visit rates (per 100,000) for **falls** exceeded the state rate in 2017 as well. (Source: OASIS, 2019)

ED Visit Rate (Per 100,000) for Motor Vehicle Crashes, 2017



Age-Adjusted Fall Rate (Per 100,000), 2017



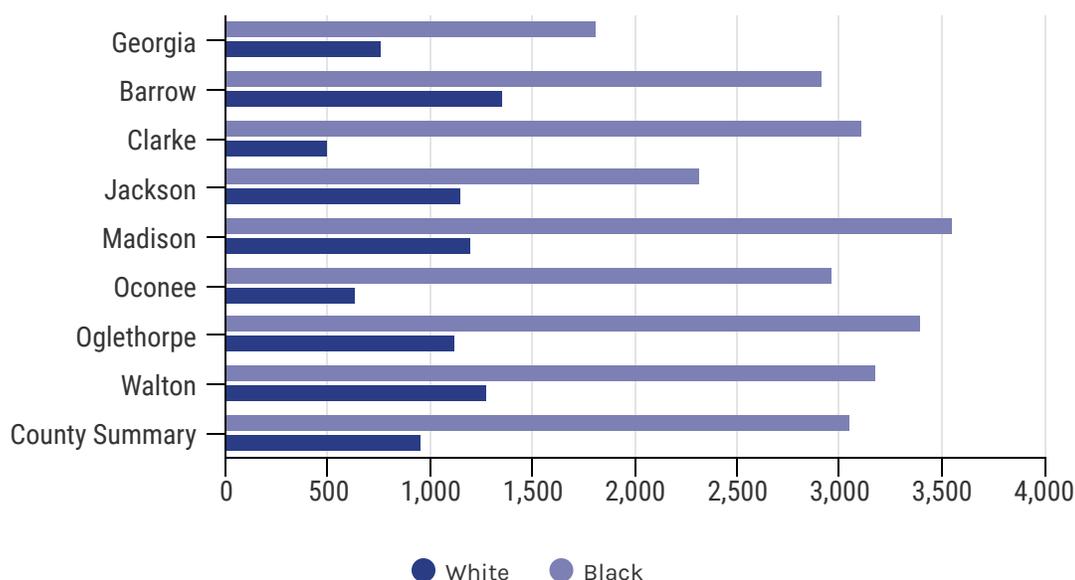
## Survey Data

- \* Over 60% of respondents reported that they were either "somewhat worried" or "very worried" they would not be able to pay their medical bills should they have an accident.

# Persistent Disparities

In Clarke and Oconee counties, a Black resident was significantly more likely to visit the Emergency Department for falls than a White resident in 2017. The same racial disparity persisted for age-adjusted ED rates for motor vehicle crashes. In Clarke and Oconee counties, the ED visit rates for Black individuals for motor vehicle crashes were more than double those of White individuals. (Source: OASIS, 2019)

**Racial Disparity: Emergency Department Visits Due to Motor Vehicle Crash, 2015-2017**

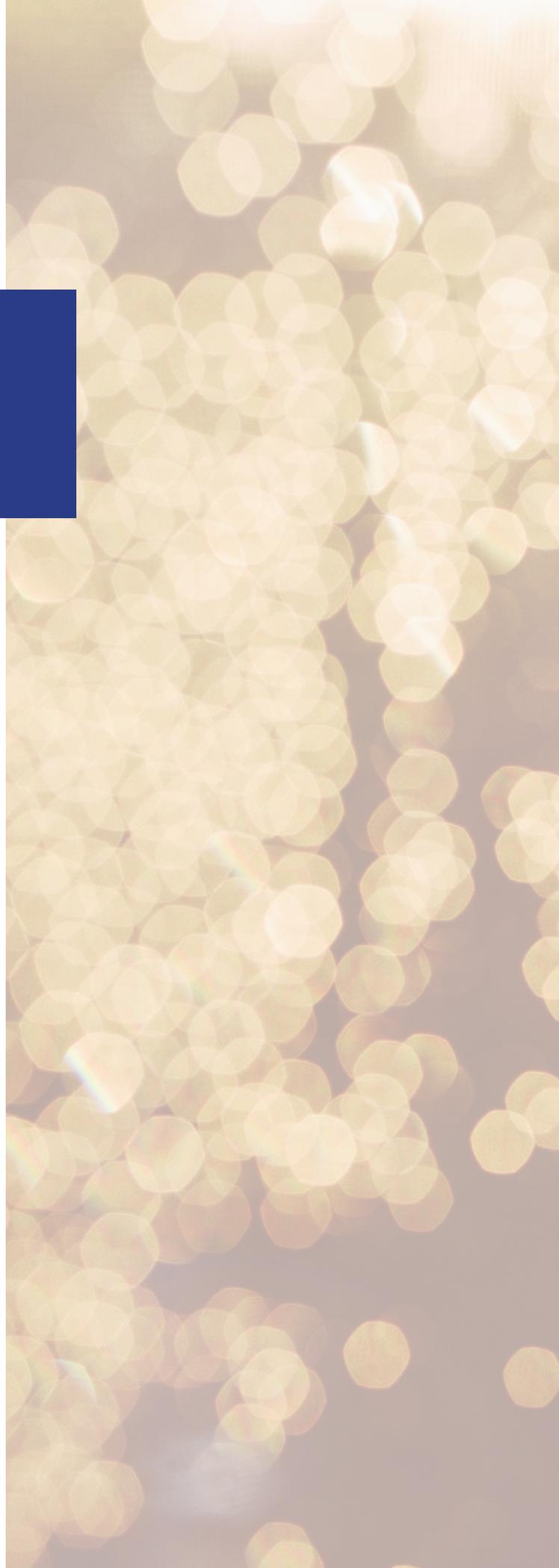


## Focus Group Data

➔ **Transportation and access to ambulance services** were cited as major issues in all focus groups. When accidents or injuries occur, emergency care is needed and time is of the essence in treating serious injury.

"Car crashes are the cause of a lot of people dying under 40."

# PRIORITIZATION OF NEEDS



# Prioritizing Needs: *Building a Rubric*

## **Prioritizing Health Needs**

In order to determine how to prioritize the health needs, we first conducted a Best Practices Analysis of existing resources. This included review of tools by The Centers for Disease Control and Prevention and World Health Organization; over 35 CHNAs from across the United States; publicly available city, county, and state health initiatives; and the Trinity Health Systems CHNA toolkit. Finding no consistent method, our research team created a unique, customized rubric tool with which each health issue could objectively and consistently be prioritized using qualitative and quantitative measures. An example is included in this CHNA at the end of this section.

## **Rubric Inclusion Criteria**

*Face Validity:* Does each element make sense on its own and with the others?

*Objectivity:* Can each criteria be scored using evidence and/or data as opposed to opinions?

*Replicability:* Can multiple people, working separately and given the same data, arrive at the same (or very nearly the same) final score?

*Accessibility:* Is each element of the rubric straightforward enough for an unfamiliar user to operate the tool?

Once the questions were determined, a scoring system was created. Each item had the potential to score from 0 (not applicable) through 4 (dire). A score of zero was given if the question was not applicable. Example: What is the average length of hospitalization for Healthcare Access? Though a lack of access may cause health problems that require hospitalization, lack of access itself did not. Therefore, a score of 0 was given.

# Prioritizing Needs: *Building a Rubric*

Individual questions included on the rubric were placed into four distinct categories:

*Micro:* To what extent, if any, is this a health issue – right here, right now?

*Equity:* To what extent does this health issue disproportionately impact groups of people and are those groups already members of vulnerable populations?

*Scope:* To what extent is St. Mary’s hospital able to work on this health issue?

*Macro:* To what extent is this health issue impacting the whole population – right now and over time?

In order to give measures appropriate influence, each score was multiplied by a predetermined weight of 1 through 4. Weights were determined by Best Practice Analysis results, as well as consultations with each CHNA research team member. Example: A weight of 4 was applied to the measure “What is the prevalence?” whereas a weight of 2 was given for “What is the average length of hospitalization?” This was done in order to give greater impact to the pervasiveness of a health issue than to how long a health issue caused a person to be hospitalized. The image below shows how the score was calculated for each item on the rubric.



# Prioritizing Needs: *Final Scores*

Once calculations for each rubric item was complete, weighted scores were totaled to give a final score to each health issue. The possible range of scores was from zero (if each measure was deemed “not applicable”) to 240 (if each measure was deemed “dire”). Final scores for the top ten health needs are presented below.

## 2019 CHNA Scores for the Top Ten Health Needs

- |          |                                     |           |                              |
|----------|-------------------------------------|-----------|------------------------------|
| <b>1</b> | Cardiovascular Health (222)         | <b>6</b>  | Reproductive Health (193)    |
| <b>2</b> | Nutrition & Physical Activity (213) | <b>7</b>  | Cerebrovascular Health (177) |
| <b>3</b> | Behavioral Health (212)             | <b>8</b>  | Cancer (172)                 |
| <b>4</b> | Maternal & Child Health (208)       | <b>9</b>  | Respiratory Health (159)     |
| <b>5</b> | Healthcare Access (196)             | <b>10</b> | Injuries & Accidents (125)   |

A sample rubric complete with the scores for cardiovascular health is included on the following page. Completed rubrics for each of the top ten health needs can be found in the Appendix to this report.

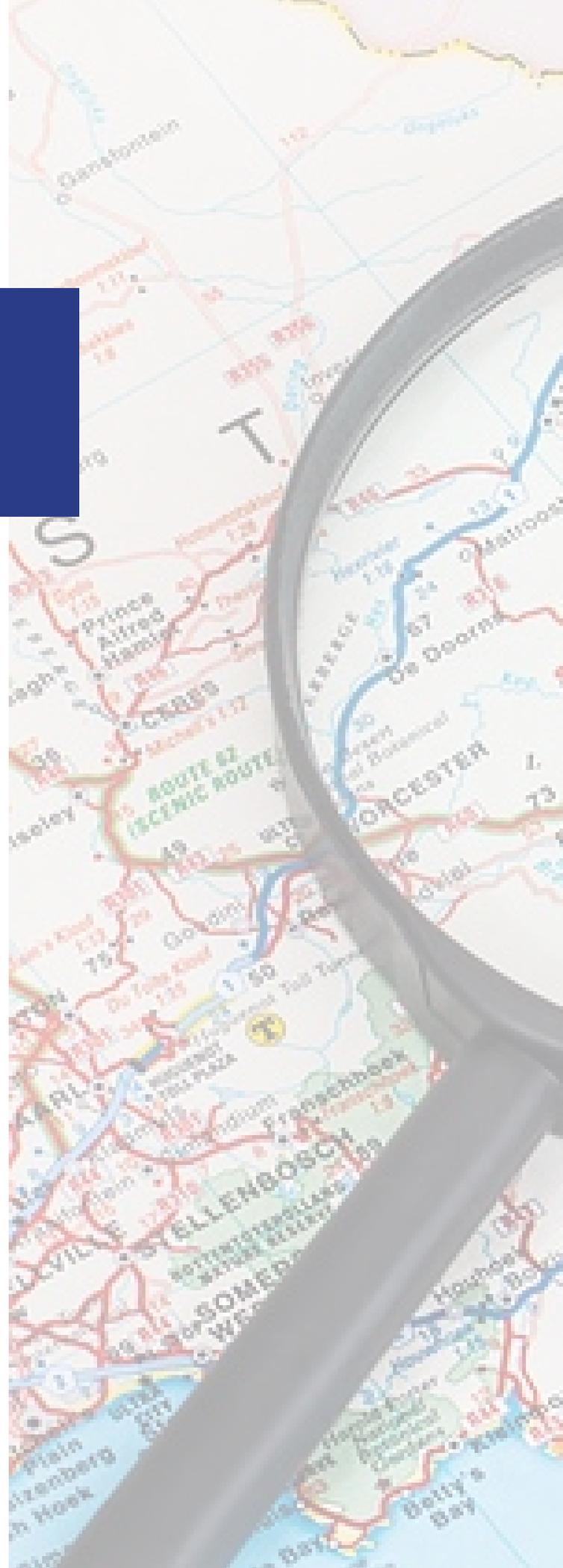
# Prioritizing Needs: Sample Rubric

Organization: St. Mary's

Health Issue: Cardiovascular

	N/A 0	Problem 1	Serious 2	Severe 3	Dire 4	Choose score:	Weight	Final score:
<b>Micro</b> What is the prevalence?	-	0.1% to 9%	10% to 19%	20% - 29%	30% +	4	4	16
What is the severity?	-	illness	severe illness	some death	premature death common	4	3	12
What is our ability to evaluate outcomes?	-	anecdotal	anecdotal + some numbers	anecdotal + specific numbers	anecdotal + specific numbers over time	4	1	4
What is the average required length of hospitalization?	-	none	1 to 6 days	7 days to 1 month	more than 1 month	2	2	4
What is the average required length of treatment?	-	none	1 day to 1 month	1 month to 1 year	1 year to a lifetime	4	3	12
Is this topic a theme in focus group or Health Department responses?	-	no	rarely	sometimes	often	4	4	16
<b>Equity</b> Are specific groups more at risk?	-	no	yes one	yes some	yes several	4	2	8
Are vulnerable populations disproportionately impacted?	-	no	yes one	yes some	yes several	4	4	16
<b>Scope</b> Are there evidence-based interventions in place?	-	no	few	many	several / large scale	3	2	6
Are there evidence-based interventions available?	-	no	few	many	several + gold standard	4	3	12
Does this issue align with hospital mission/values?	-	no	partially	mostly	yes	4	4	16
Is the hospital equipped to handle this issue?	-	no	partially	mostly	yes	2	3	6
Is it appropriate for the hospital to handle this issue?	-	no	partially	mostly	yes	3	4	12
Is there an opportunity to intervene at the prevention level?	-	no	little	some	yes	4	4	16
<b>Macro</b> Has the community acknowledged this as an issue?	-	no	some acknowledgement	full acknowledgement	acknowledgement & action	4	2	8
Is this issue trending up?	-	no	slightly	significantly	long time / large spike	4	4	16
Is this a root cause of other health problems?	-	no	correlation	causation <i>some</i>	causation <i>several</i>	4	4	16
Does this impact community issues?	-	no	few	some	many	3	2	6
Are there barriers to intervention?	-	no	few	some	many	4	1	4
What % of the population is at risk?	-	0.1% to 9%	10% to 19%	20% - 29%	30% +	4	4	16
<b>Notes:</b>							<b>TOTAL</b>	<b>222</b>

# PROCESS & METHODS



# *Process & Methods: Mixed-Methods Approach*

## ***Methods Used***

A mixed-methods approach was used, which is a combination of qualitative and quantitative data and analyses. Using a mixed-methods approach allows for more confidence in the findings of the CHNA and ensures robustness in identification of health needs. The methods to solicit input from primary sources (survey data, focus groups, health department interviews) are detailed in Section VIII. Where secondary data sources were used, a quantitative approach was applied. This means that population estimates (e.g. the percentage of people experiencing a particular condition such as heart disease) were examined for each county in the service area and aggregated across counties. Averages were calculated for the service area counties in aggregate form where appropriate.

Secondary data were downloaded from the hosting institution's website (see table on page ). Time trends were accounted for by downloading several years for each indicator. Where possible we examined at least eight years of data to examine and show longitudinal measures (typically 2010-2017). When data had limited availability (e.g. one cross section, or year), the latest available year was collected and reported.

## ***Description of Study Team***

The study team was composed of faculty and graduate students from the College of Public Health and the J.W. Fanning Institute for Leadership at the University of Georgia. Dr. Grace Bagwell Adams (College of Public Health) served as the Principal Investigator for the CHNA and oversaw research design, data collection, data analysis, and composition of the final report. Graduate students (see Acknowledgments for a full list of team members) from the College of Public Health, the College of Pharmacy, and the School of Public and International Affairs contributed to all aspects of project development and data analysis. Ben Gardner served as the Project Manager for the Athens-Clarke County data collection efforts.

Dr. Maritza Soto Keen, Dr. Carolina Darbisi, Lori Tiller, and Emily Bonness of the J.W. Fanning Institute for Leadership designed and facilitated the focus groups with stakeholders in service area counties. They also conducted theme analysis of focus group data and wrote the findings for that aspect of CHNA data collection. Graduate student Rachel Colegrove assisted in focus group facilitation.

# Process & Methods: Data Overview

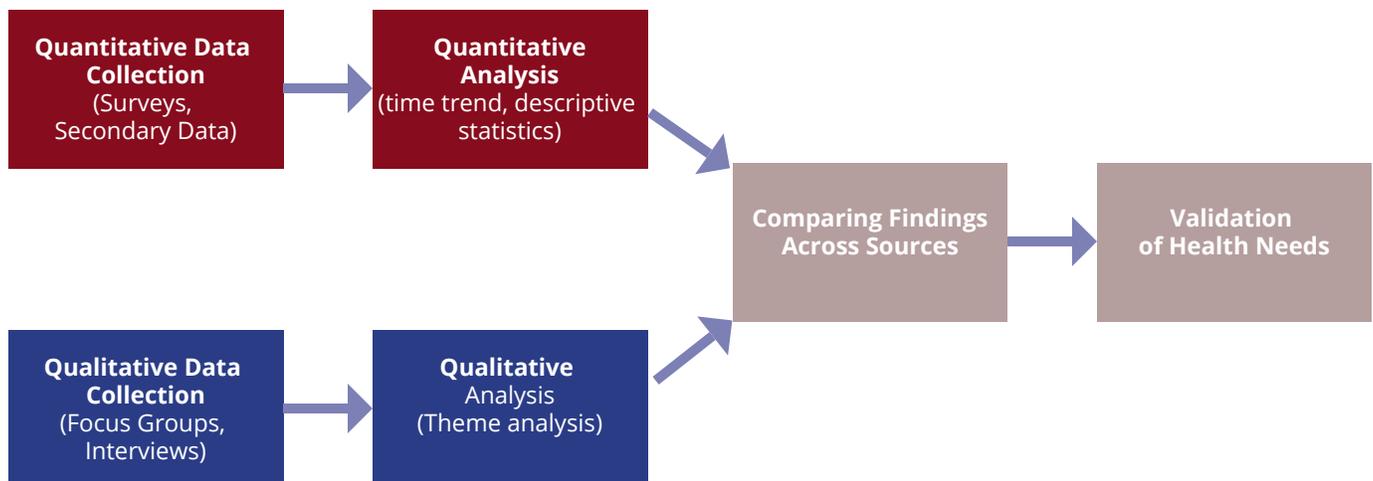
There were five main data sources used for the 2019 CHNA. These data sources used can be broken into two main types:

## 1. Primary Data

Primary data are data that were generated by the CHNA process. These are original data sources that were collected by the study team and include three outputs for this study, each of which are detailed in Section VI of this report: 1) surveys in primary service area counties; 2) focus groups in service area counties; 3) interviews with health department key personnel in service area counties.

## 2. Secondary Data

Secondary data are data that were publicly available from existing sources. This included local, state, and federal agencies that routinely collect and report population-level data. These sources were free and available to download for analysis and reporting purposes. In order to measure both supply and demand-side factors, secondary data were collected on the demographics, healthcare utilization, and health outcomes of service area populations in addition to supply-side measures on the number of licensed physicians, specialists and the health provider shortage areas in service-area counties. Each of these sources are detailed in table on the next page; all observation time frames were collected for the latest available date as of Spring 2019.



## 2019 CHNA Secondary Data Source List

Dataset	Indicator Focus	Observation Time frame	Source
Behavioral Risk Factor Surveillance System (BRFSS)	Health-related risk behaviors by county and service area	2011-2012, 2018	Centers for Disease Control and Prevention
Census QuickFacts	Demographic factors by county	2017	U.S. Census Bureau
Health Professional Shortage Areas	HPSA Scores (1-26) for Primary Care, Mental Health, and Dental by county	2017	Health Resources & Services Administration
Area Health Resource Files	Count and rate of health practitioners by county	2016	Health Resources & Services Administration
OASIS Emergency Department Utilization	Emergency Department visits by disease type, county, race, and payor	2010-2017	Georgia Department of Public Health
OASIS Mortality	Causes of Death by disease type, county, and race	2010-2017	Georgia Department of Public Health
OASIS Hospital Discharges	Hospital discharges by disease type, county, race, and payor	2010-2017	Georgia Department of Public Health
OASIS Opioid Mortality	Opioid deaths by drug category and county	2014-2017	Georgia Department of Public Health
County Health Rankings	Social determinants of health; health outcomes, county-level rankings	2018	Robert Wood Johnson Foundation

# COMMUNITY PARTNERS



# Community Partners

Trinity Health engaged with several community partners in order to complete the Community Health Needs Assessment. These partners include health departments in each of the 17 counties in the service area, the J.W. Fanning Institute for Leadership, and the College of Public Health at the University of Georgia.

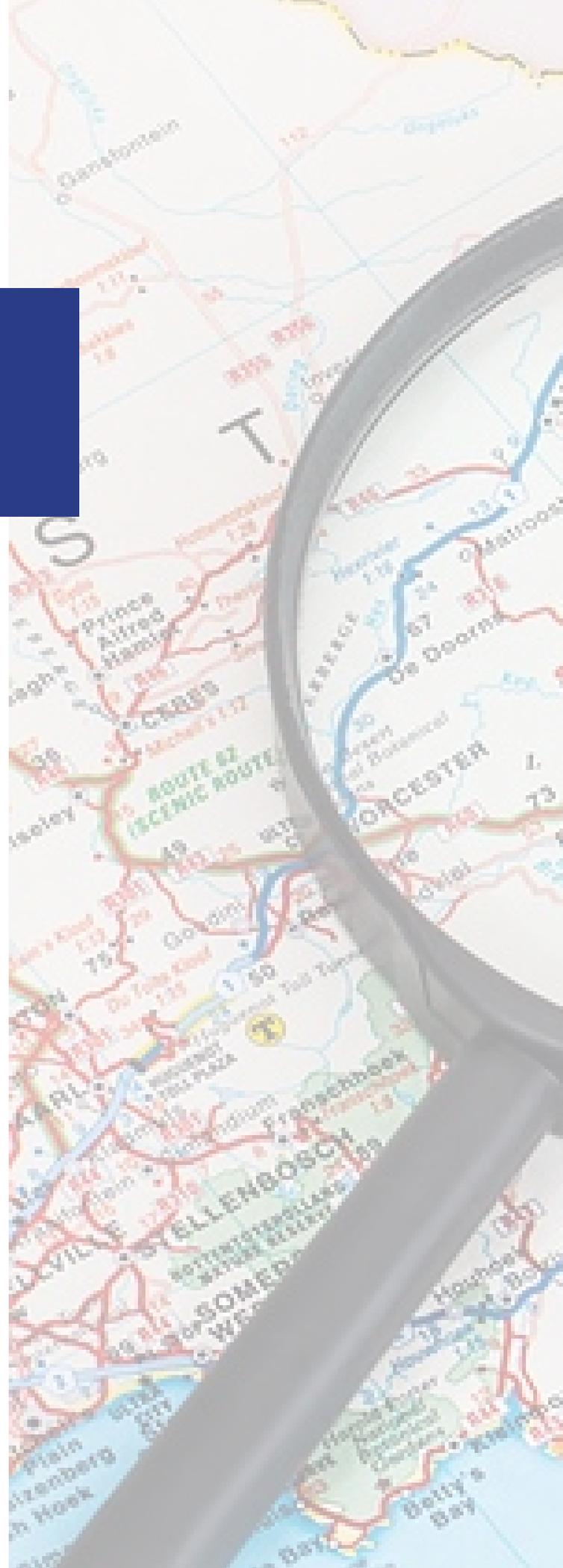
St. Mary's Community Benefit Manager, Alex Lundy, and Director of Corporate Health Services, Courtney Vickery, assembled and oversaw the community benefits team that coordinated with the College of Public Health and the J.W. Fanning Institute to design the CHNA approach.

Athens-Clarke County data were supplemented by the *Athens Wellbeing Project (AWP)*, a collaboration of community institutions and stakeholders committed to collecting and utilizing representative household data on life in the county across a variety of domains. Health is one of the domains in the AWP survey, and the data provide unique representation of underrepresented groups and special populations that have historically been medically underserved. Community partners of the Athens Wellbeing Project include the stakeholders listed below.

## Athens Wellbeing Project Partners

- 1 Athens Area Community Foundation
- 2 Athens Housing Authority
- 3 Athens-Clarke Unified Government
- 4 Clarke County School District
- 5 Envision Athens
- 6 Family Connection-Communities in Schools of Athens
- 7 Piedmont Athens Regional Medical Center
- 8 St. Mary's Healthcare System
- 9 United Way of Northeast Georgia
- 10 University of Georgia

# COMMUNITY INPUT



# Community Input: *Health Department Interviews*

## **Local Organizations: County-Level Health Department Interviews**

Community input was gathered from each Health Department in the hospital service area. This was done by emailing key health department staff members an open-ended interview questionnaire with the questions listed in the table below.

An internet search and phone calls were used to determine staff members names and email addresses. Emails were sent on 2/22/2019 and 2/25/2019. Follow up phone calls and emails were done on 2/26/2019 and 2/27/2019, respectively. Input was provided beginning on 2/22/2019 and continued through 4/8/2019.

Health Department Interview Questions	
1	What county does your health department serve?
2	What are the greatest health needs you see in the county?
3	What is going well in the county in terms of meeting those needs?
4	How can healthcare providers (hospitals, doctors, health departments) improve to better serve county residents?
5	Please share any additional thoughts or comments.

Upon completion of the health department interviews, a methodological approach was used called theme analysis. Responses were examined for common phrases, themes, and points of discussion and grouped into specific health needs (i.e. *"hunger," "access to health foods," and "mental health"*). Each health need was then recorded by the number of times that it was identified, and by the county of origin for the response.

## **Summary of Input Received**

Common themes for almost all health departments responding included issues of health access. In particular, interviewees stated that the biggest barriers were access to free or low cost primary medical care, preventative services, and mental healthcare. Many counties in the service area also referenced the need for access to reproductive health services and the challenges of teen pregnancy and prevention of sexually transmitted infections. Other common themes present in all responses included high blood pressure, mental health disorders and their prevalence, substance use issues, and nutrition. Specific references to vulnerable populations and the medically underserved, especially those who experience poverty, food insecurity, and homelessness were also common concerns noted by health department officials.

# Community Input: *Medically Underserved*

## **Medically Underserved & Low Income: *Secondary & Survey Data***

Both secondary and survey data were collected to examine health access, utilization, and outcomes for the medically underserved and low income populations in the hospital service area. Secondary data from OASIS, HPSA, & AHRF were examined at the county level by sub-groups that included racial and ethnic minorities, low income populations, and insurance payor (self pay, Medicaid, Medicare, and privately insured), and rural residency. Secondary sources were downloaded in January 2019 and analyzed through March 2019.

A household survey was developed by utilizing questions from the Athens Wellbeing Project (AWP) survey, each of which is a validated measure. Survey items related to health and demographics were used to create a health-specific survey for all primary counties in the hospital service areas outside of Athens-Clarke. Additional measures were added based on iterative feedback from the St. Mary's Healthcare System Community Benefits Team. In particular, measures on transportation, physical activity, and financial challenges were added to the measures taken from the AWP survey to compose a comprehensive survey instrument. This survey, designed to specifically complement the existing secondary data, included questions related to healthcare access, chronic conditions, health behaviors (including risky behaviors and healthy behaviors), benefit utilization, and preventive health measures (e.g. vaccines).

The survey was designed and administered using the *Qualtrics* platform. The survey was accessible through St. Mary's website, redirecting respondents to the *Qualtrics* site. Promotion to garner respondents was done by handing out information cards at St. Mary's, Good Samaritan, and Sacred Heart campuses, as well local businesses, health departments, libraries, and doctor's offices. The cards explained how to access the survey, and advertised the \$100 weekly raffle drawing for survey respondents. Promotion was also done through AWP Facebook, Instagram, and Twitter accounts. Survey data collection began in Athens-Clarke County on October 15, 2018 and surrounding service area counties on November 15, 2018. The survey officially closed on February 1, 2019.

# Community Input: *Medically Underserved*

Community input from survey data was used to identify health needs by calculating descriptive statistics from responses across all variables and by sub-populations. Survey data measures were compared to secondary data sources by health area where possible. For example, self-reported prevalence of household conditions (*i.e. anxiety and depression*) were examined in conjunction with population health measures from the Department of Health's OASIS data on county-level health data (*i.e. ED visits and hospitalizations due to mental health disorders*). Triangulation of cross-sectional survey data with longitudinal secondary data increased confidence and validity of identification of health needs. A copy of the survey instrument is included in the Appendix of this CHNA document.

## Demographic Measures

- Age
- Race/ethnicity
- Socioeconomic status
- Education
- Household composition
- Insurance status
- Benefits received

## Health Measures

- Chronic conditions
- Health status
- Healthcare access
- Experience with healthcare utilization
- Risky health behaviors
- Preventive health measures (e.g. vaccinations)

## Social Determinant Measures

- Transportation access and utilization
- Housing status
- Housing condition
- Social capital

# Community Input: *Medically Underserved*

## **Summary of Input Received**

A total of 2,070 completed surveys were received across the St. Mary's service area: this includes 1,070 surveys from Athens-Clarke County and 1,000 surveys from surrounding counties. Survey respondent demographic trends reflected the demographics of the population across a variety of characteristics (for demographic information from American Community Survey please see the county profiles in the Community Served section of this report).

Data on specific health conditions from secondary and survey sources are presented in the following section on the Top 10 Health Needs, but a few indicators capturing vulnerability of medically underserved populations are important to highlight here. Surveys asked families, for example, if they would be worried about being able to pay if they were presented with an unexpected medical bill. The overwhelming majority of respondents indicated (>70%) that they were at least somewhat worried. Respondents were also asked if they had trouble finding a general doctor in the last 12 months.

Results showed one in five (~20% of low income families) had trouble finding a doctor, and of these 25% did not get the care they needed. When the low income sample was examined by race and ethnicity, white and black low income families had the same probability, but Latinx families were significantly more likely than non-Latinx families of having trouble finding a provider. More data on healthcare access are provided throughout the next section on health needs.

# Community Input: *Broader Community*

## **Community Stakeholders: Focus Groups with Individuals Representing Broader Interests of the Communities**

Faculty from the J.W. Fanning Institute for Leadership designed and facilitated focus groups to collect data from counties in the secondary service areas. The focus group instrument was created using instruments from other health organizations across the country using a best practices analysis. Questions were selected from many of these instruments, similar or overlapping questions were thrown out or condensed, and ultimately an instrument with six questions was agreed upon.

### **Focus Group Instrument**

What makes a community healthy?

Where does the community usually get healthcare when they need it?

Probe: What about specialty care?

What about mental and behavioral care?

What about the uninsured and underinsured in your community?

What are the most significant barriers that keep people in the community from accessing health care? (i.e. insurance, availability of providers, transportation, cost, language/cultural barriers, accessibility, awareness of services)

Focusing on specific health issues, what would you say are the biggest health problems in the community?

In terms of being a healthier community, how would you like your community to be different in 3 years?

What are the most significant barriers that keep people in the community from accessing health care? (i.e. insurance, availability of providers, transportation, cost, language/cultural barriers, accessibility, awareness of services)

After the instrument was created, counties in the secondary service areas were contacted. For St. Mary's Health Care System in Athens-Clarke, these counties included Barrow, Jackson, Madison, Oglethorpe and Walton. To begin recruitment for the focus groups, the team at Fanning contacted stakeholders in each county. In some, the team at Fanning already had contacts who were able to help them locate a facility where they could hold the focus group and particular community members to invite. St. Mary's also publicized these focus groups on their Facebook page and website. Invitations were sent out via email and phone. In most counties, ten to fifteen community organizations were recruited to participate in the focus groups.

# Community Input: *Broader Community*

## Focus Group Data Collection Details.

County	Date	Time	Location
Barrow	February 18, 2019	12:30-2:00pm	Winder Public Library
Jackson	February 26, 2019	12:00-1:30pm	Crawford Long Museum
Madison	February 11, 2019	3:30-5:00pm	Jackson EMC
Oglethorpe	February 19, 2019	3:30-5:00pm	Oglethorpe Public Library
Walton	February 26, 2019	3:30-5:00pm	Walton County Development Authority

At almost all of the focus groups, community stakeholders and representatives from local agencies attended. Several focus groups also had residential community members who were not in health or social services professions. At the focus group meetings, food and beverages were provided and the focus group instrument was used to lead the discussion with participants. Detailed notes were taken with each focus group, and notes were then compiled to create a master document for the St. Mary's service area.

Thematic analysis was conducted after each focus group was completed. Notes were taken during the focus group, and theme analysis extracted common topics from focus group participants. Themes and findings were shared across College of Public Health and Fanning teams to integrate into the identification and prioritization of health needs. Once theme analysis was complete, focus group data were compared to secondary quantitative measures and primary survey data.

### Summary of Input Received

The data collected from focus groups provided a valuable counterpart to the primary and secondary data analysis that we conducted using quantitative data. After aggregating the notes from each focus group in the service area, we looked for themes in the notes and recurring topics that were brought up in each of the focus groups. Though these counties vary in some measures according to the secondary data, the focus group dialogues revealed that they all face many of the same health issues and concerns, and they also share the same goals and aspirations for the future of their community and its health. The focus group findings also helped connect health needs that were found in the secondary data. Health needs do not typically exist in isolation of one another, and the focus group data made a lot of these connections clear. Through the focus group findings, we also gleaned deeper understanding on some of the more complex issues around healthcare access (e.g. transportation and ambulance transports). Overall, the focus group findings gave depth and dimension to survey and secondary data.

# Community Input: *Broader Community*

As the secondary data suggests, some of the larger, most prevalent issues facing these communities are around nutrition and access to healthy foods. Focus group participants cited obesity and diabetes as some of the largest health issues facing their communities. Behind these issues are a more general lack of education and awareness of healthy foods, but also lack of access to those healthy foods. These claims can be corroborated by the food environment indices in these counties, along with rates of obesity and diabetes.

Another central finding from the focus groups was a general lack of access to health care services, particularly around a lack of access to transportation. Many of these counties have no public transportation system, and individuals without a car are often unable to receive the healthcare that they need as a result. This issue is compounded by insufficient numbers of clinics, primary care offices, dentist offices and urgent care clinics in these counties--almost all counties in the service area are technically Health Provider Shortage Areas (HPSAs) as defined by the U.S. federal government. This means that the supply of health care professionals are not adequately proportional to the population in these counties.

Thus, even with reliable transportation, patients have nowhere to go in these communities and they are often forced to travel outside the county to seek services. Connected to the issue of access to care, focus group attendees lamented the lack of mental health providers in their counties and the issues patients face if they need therapy or counseling. Substance abuse is a growing concern in these counties. The comorbidity of substance abuse and mental health issues are highlighted in Behavioral Health in the Top Ten Health Needs section, and is bolstered by significant quantitative and clinical empirical evidence.

Though the focus group participants discussed many specific clinical issues that their community members faced, the social determinants of health and wellbeing were discussed far more frequently and highlighted as the most pressing concerns in their communities. Issues such as income inequality and education were discussed at length as reasons that preventable diseases take lives in their communities. From the focus groups, it was clear that rural communities are particularly vulnerable and underserved. The rural nature of many of these communities also contributes to poorer health outcomes and lower county health rankings.

In closing, it is important to note that many focus group attendees were unaware that St. Mary's Health Care System served their community, and were hopeful that St. Mary's Health Care System would build facilities in their county. This particular finding is useful for St. Mary's Health Care System in thinking about how to serve the counties in their service area--especially those that are more rural in nature and experience greater health disparities as a result.

# Appendix A: Resource Guide



Domain	Name/Agency	Street Address	City	Zip Code	County	Phone Number	Website
CVD	Barrow County Health Department The Heart Center of Northeast Georgia Medical Center	15 Porter St. E 426 Exchange Blvd, Ste 600	Winder Bethlehem	30680 30620	Barrow Barrow	770-307-3011 7705342020	<a href="http://publichealthathens.com/wp/clinics/health-departments/barrow-county/">http://publichealthathens.com/wp/clinics/health-departments/barrow-county/</a> <a href="https://www.heartngmc.org/our-locations/bethlehem/">https://www.heartngmc.org/our-locations/bethlehem/</a> <a href="http://publichealthathens.com/wp/clinics/health-departments/madison-county/">http://publichealthathens.com/wp/clinics/health-departments/madison-county/</a>
CVD	Madison County Health Department	1424 Hwy 98 W	Danielsville	30633	Madison	7067952131	
CVD	Athens Clarke County Health Dept	345 N Harris St. 1720 Epps Bridge Parkway,	Athens		Clarke	800-257-6941 x. 6160	<a href="https://www.heart.org/en/affiliates/georgia/athens">https://www.heart.org/en/affiliates/georgia/athens</a>
CVD	American Heart Association Life Line Screening	Suite 108-383 MOBILE	Athens	30606	Clarke	800.718.0961	<a href="https://www.lifelinescreening.com/">https://www.lifelinescreening.com/</a> <a href="https://millionhearts.hhs.gov/partners-progress/partners/partner-opportunities.html">https://millionhearts.hhs.gov/partners-progress/partners/partner-opportunities.html</a>
CVD	Million Hearts (HHS) Monroe Family and Cosmetic Dentistry	2120 W Spring St	Monroe	30655	Walton	7702667188	<a href="http://monroefamilydental.com">monroefamilydental.com</a>
Access	Walton Dental Care	862 Michael Etchison Rd	Monroe	30655	Walton	7702672301	<a href="http://www.waltondentalcare.com">www.waltondentalcare.com</a>
Access	Walton Center for Family Dentistry	4353 Atlanta Hwy, Ste 300	Loganville	30052	Walton	7704502030	<a href="http://www.waltondentistry.com">www.waltondentistry.com</a>
Access	Spring Street Family Dentistry	416 E Spring St	Monroe	30655	Walton	7709886053	<a href="http://www.springstreetfamilydentistry.com">www.springstreetfamilydentistry.com</a>
Access	F.I.S.H. Dental Clinic	226 Alcovy St	Monroe	30655	Walton	6786357335	<a href="http://www.fishofwalton.com">www.fishofwalton.com</a> <a href="http://publichealthathens.com/wp/clinics/health-departments/barrow-county/">http://publichealthathens.com/wp/clinics/health-departments/barrow-county/</a>
Access	Barrow County Health Department	15 Porter St. E	Winder	30680	Barrow	770-307-3011	<a href="http://www.spfamilydentistry.com">www.spfamilydentistry.com</a>
Access	SP Family Dentistry	369 E Broad St	Winder	30680	Barrow	7708672277	
Access	F.I.S.H.	700 South Madison Ave	Monroe	30655	Walton	7702074357	
Access	Athens Nurses Clinic	240 North Ave	Athens	30601	Clarke	706-613-6976	
Access	GA Medicaid Non-Emergency Medical Transport					866-388-9844	<a href="https://medicaid.georgia.gov/no-n-emergency-medical-transportation">https://medicaid.georgia.gov/no-n-emergency-medical-transportation</a>
Access	Uber Health						<a href="https://www.uberhealth.com/">https://www.uberhealth.com/</a>
Access	Lyft: Healthcare						<a href="https://www.lyftbusiness.com/healthcare">https://www.lyftbusiness.com/healthcare</a>
Health	Advantage Behavioral Health	240 Mitchell Bridge Road	Athens	30606	Clarke	855-333-9544	<a href="https://www.advantagebhs.org/">https://www.advantagebhs.org/</a>
Health	REMIX Youth Clubhouse	130 Mill Center Boulevard	Athens	30622	Clarke	706-369-6363	<a href="https://www.advantagebhs.org/remix.cms">https://www.advantagebhs.org/remix.cms</a>
Behavioral Health	Advantage Behavioral Health Center: Barrow County	98 Lanthier Street	Winder	30680	Barrow	770-868-4150	<a href="https://www.advantagebhs.org">https://www.advantagebhs.org</a>
Behavioral Health	Advantage Behavioral Health Center: Jackson County	383 Stan Evans Drive	Jefferson	30549	Jackson	706-367-5358	<a href="https://www.advantagebhs.org">https://www.advantagebhs.org</a>
Behavioral Health	Advantage Behavioral Health Center: Walton County	834 State Highway 11 SW	Monroe	30655	Walton	770-267-8302	<a href="https://www.advantagebhs.org">https://www.advantagebhs.org</a>
Behavioral Health	Community Connection of Northeast Georgia	1865 Broad Street	Athens	30606	Clarke	706-353-1313	
Behavioral Health	Aspire Clinic	210 Mc Phaul	Athens	30602	Clarke	706-542-4486	<a href="https://www.aspireclinic.org/">https://www.aspireclinic.org/</a>
Behavioral Health	Center for Counseling and Personal Evaluation	55 Carlton Street	Athens	30602	Clarke	706-542-2273	<a href="https://www.uhs.uga.edu/caps/welcome">https://www.uhs.uga.edu/caps/welcome</a>
Behavioral Health	Nuçi Phillips Memorial Foundation	396 Oconee Street	Athens	30601	Clarke	706-227-1515	<a href="https://www.nuci.org/">https://www.nuci.org/</a>
Behavioral Health	Family Counseling Services of Athens	1435 Oglethorpe Avenue	Athens	30606	Clarke	706-549-7755	<a href="https://http://www.fcsathens.com/">https://http://www.fcsathens.com/</a>
Behavioral Health	Psychology Clinic	139 Psychology Building	Athens	30602	Clarke	706-542-1173	<a href="https://psychology.uga.edu/clinic-information">https://psychology.uga.edu/clinic-information</a>
Behavioral Health	Samaritan Center for Counseling and Wellness	455 North Lumpkin Street	Athens	30601	Clarke	706-369-7911	<a href="https://www.samaritanega.org/">https://www.samaritanega.org/</a>
Behavioral Health	Athens Area Alcoholics Anonymous	1175 Mitchell Bridge Road	Athens	30606	Clarke	706-546-7355	<a href="https://www.thecommentcenter.com/">https://www.thecommentcenter.com/</a>
Behavioral Health	Alcoholics Anonymous	243 Washington St	Jefferson	30549	Jackson	706-389-4164	<a href="http://www.athensaa.org/">http://www.athensaa.org/</a>
Behavioral Health	Alcoholics Anonymous	197 West New St	Winder	30680	Barrow	706-389-4164	<a href="http://www.athensaa.org/">http://www.athensaa.org/</a>
Behavioral Health	Alcoholics Anonymous	1331 New High Shoals Rd	Watkinsville	30677	Oconee	706-389-4164	<a href="http://www.athensaa.org/">http://www.athensaa.org/</a>
Behavioral Health	Palm House Recovery Center	610 Oglethorpe Ave	Athens	30606			<a href="https://www.palmhouserecovery.com/">https://www.palmhouserecovery.com/</a>
Behavioral Health	Eating Disorders Recovery Center of Athens						
Behavioral Health	Twin Lakes Recovery Center	398 Highway 11 SW	Monroe	30655	Walton	800-984-3828	<a href="http://www.twinlakesrecoverycenter.com">http://www.twinlakesrecoverycenter.com</a>
Behavioral Health	Potters House	655 Potters House Road	Jefferson	30549	Jackson	706-543-8338	<a href="http://www.atlantamission.org/">http://www.atlantamission.org/</a>
Behavioral Health	Robert W Dail Memorial	734 Hospital Road	Commerce	30529	Jackson	706-335-5180	<a href="http://www.rwdmemorial.com/">http://www.rwdmemorial.com/</a>
Behavioral Health	Advantage	115 Berlin Street	Athens	30601	Clarke	706-227-5321 x6208	<a href="http://www.advantagebhs.org">http://www.advantagebhs.org</a>
Behavioral Health	DM and ADR Inc	1710 Commerce Road	Athens	30607	Clarke	706-552-0688	<a href="http://www.theathensclinic.com">http://www.theathensclinic.com</a>
Behavioral Health	Advantage Behavioral Health Systems	240 Mitchell Bridge Road	Athens	30606	Clarke	706-389-6767 x7345	<a href="http://www.advantagebhs.org">http://www.advantagebhs.org</a>
Behavioral Health	Advantage Behavioral Health Systems	240 Mitchell Bridge Road	Athens	30606	Clarke	706-369-6363	<a href="http://www.advantagebhs.org">http://www.advantagebhs.org</a>
Behavioral Health	Athens Area Commencement Center	1175 Mitchell Bridge Road	Athens	30606	Clarke	706-546-7355	<a href="http://www.thecommentcenter.com">http://www.thecommentcenter.com</a>

Domain	Name/Agency	Street Address	City	Zip Code	County	Phone Number	Website
Behavioral Health	Lifetime Counseling LLC	138 Park Avenue Suite 214	Winder	30680	Barrow	678-425-9007	<a href="http://www.Lifetimecounseling.com">http://www.Lifetimecounseling.com</a>
Behavioral Health	Advantage Behavioral Health Systems	98 Lanthier Street	Winder	30680	Barrow	770-868-4150	<a href="http://www.advantagebhs.org">http://www.advantagebhs.org</a>
Behavioral Health	Project ADAM	112 Lanthier Street	Winder	30680	Barrow	770-867-8003	<a href="http://www.projectadam.org">http://www.projectadam.org</a>
Behavioral Health	Barrow County Clinic	98 Lanthier Street	Winder	30680	Barrow	770-868-4150	<a href="http://www.advantagebhs.org">http://www.advantagebhs.org</a>
Behavioral Health	Comprehensive Counseling Services	329 Resource Parkway	Winder	30680	Barrow	678-425-0975	<a href="http://www.ccswinder.com">http://www.ccswinder.com</a>
Behavioral Health	Medicine Wheel Clinic	85 Auburn Park Drive	Auburn	30011	Barrow	770-277-7958	<a href="http://business.barrowchamber.com/list/member/medicine-wheel-clinic-auburn-1238">http://business.barrowchamber.com/list/member/medicine-wheel-clinic-auburn-1238</a>
Health	Medlink	133 West Athens St.	Winder	30680	Barrow	770-867-6633	<a href="http://www.medlinkga.org/local.cfm?id=113">http://www.medlinkga.org/local.cfm?id=113</a>
Cancer	Northeast Georgia Health System	316 N Broad St	Winder	30680	Barrow	770-285-1826	<a href="https://www.nghs.com/barrow-cancer-services">https://www.nghs.com/barrow-cancer-services</a>
Cancer	American Cancer Society	105 Westpark Dr. C	Athens	30605	Clarke	706-549-4893	<a href="https://www.cancer.org">https://www.cancer.org</a>
Cancer	University Cancer and Blood Center - Medical Oncology Clinic	3320 Old Jefferson Rd Building 700	Athens	30607	Clarke	706-353-2990	<a href="http://www.universitycancer.com">http://www.universitycancer.com</a>
Cancer	University Cancer and Blood Center - Radiation Oncology Clinic	220 Hawthorne Park	Athens	30606	Clarke	706-548-0500	<a href="http://www.universitycancer.com">http://www.universitycancer.com</a>
Cancer	University Cancer and Blood Center	2151-B West Spring St	Monroe	30655	Walton	770-267-0724	<a href="http://www.universitycancer.com">http://www.universitycancer.com</a>
Cancer	University Cancer and Blood Center Loran Smith Center for Cancer Support	20 Satellite Drive, Suite 200	Winder	30680	Barrow	706-353-2990	<a href="http://www.universitycancer.com">http://www.universitycancer.com</a>
Cancer	Support	240 Talmadge Dr	Athens	30606	Clarke	706-475-4900	<a href="https://www.piedmont.org/location/s/piedmont-athens/oran-smith-cancer-center">https://www.piedmont.org/location/s/piedmont-athens/oran-smith-cancer-center</a>
Cancer	East Georgia Cancer Coalition	315 Riverbend Rd Ste 3065	Athens	30602	Clarke	7065426449	<a href="http://eastgeorgiacancer.org">eastgeorgiacancer.org</a>
Cancer	The Cancer Foundation of Northeast Georgia	PO Box 49309	Athens	30604		706-353-4354 706-227-5321	
Maternal and child	Advantage Women's Services	250 North Avenue	Athens	30606	Clarke	855-333-9544	<a href="https://www.advantagebhs.org/">https://www.advantagebhs.org/</a>
Maternal and child	Athens Clarke County Health Dept - WIC	345 N Harris St	Athens	30601	Clarke	7063896921	<a href="http://publichealthathens.com/wp/services/wic-supplemental-food/">http://publichealthathens.com/wp/services/wic-supplemental-food/</a>
Reproductive Health	Advantage Women's Services	250 North Avenue	Athens	30606	Clarke	706-227-5321 855-333-9544	<a href="https://www.advantagebhs.org/">https://www.advantagebhs.org/</a>
Reproductive Health	Live Forward	240 North Ave	Athens	30601	Clarke	706-549-3730	<a href="http://www.liveforward.org">www.liveforward.org</a>
Reproductive Health	Specialty Care Clinic	700 Sunset Dr. Ste. 501	Athens	30606	Clarke	7064252935	<a href="http://publichealthathens.com/scc/">http://publichealthathens.com/scc/</a>
Reproductive health	Medlink	133 West Athens St.	Winder	30680	Barrow	770-867-6633	<a href="http://www.medlinkga.org/local.cfm?id=113">http://www.medlinkga.org/local.cfm?id=113</a>
Reproductive Health	Walton County Health Dept	1404 South Madison Avenue	Monroe	30655	Walton	7702074125	<a href="http://publichealthathens.com/wp/clinics/health-departments/walton-county/">http://publichealthathens.com/wp/clinics/health-departments/walton-county/</a>
Reproductive Health	Athens Clarke County Health Dept	345 N Harris St	Athens	30601	Clarke	7063896921	
Cerebrovascular	American Heart Association	1720 Epps Bridge Parkway, Suite 108-383	Athens	30606	Clarke	800-257-6941 x. 6160	<a href="https://www.heart.org/en/affiliates/georgia/athens">https://www.heart.org/en/affiliates/georgia/athens</a>
Nutrition/ Activity/ Obesity	Aspire Clinic	210 Mc Phaul	Athens	30602	Clarke	706-542-4486	<a href="https://www.aspireclinic.org/">https://www.aspireclinic.org/</a>
Nutrition/ Activity/ Obesity	Barrow County Food Pantry	41 E. Candler St.	Winder	30680	Barrow	(678)425-6605	
Nutrition/ Activity/ Obesity	Action Inc-Barrow Co. Food Panty	90 Lanthier St.	Winder	30680	Barrow	(770)307-3026	<a href="http://www.barrowga.org/government/boards/action-inc.aspx?AspxAutoDetectCookieSupport=1">http://www.barrowga.org/government/boards/action-inc.aspx?AspxAutoDetectCookieSupport=1</a>
Nutrition/ Activity/ Obesity	Barrow Ministry Village Inc.	416 Argonne Rd.	Winder	30680	Barrow	(706)255-8711	<a href="https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;cad=rja&amp;uact=8&amp;ved=2ahUKewjBruGujvhAhUrUt8KHAmPAW_sQFjAAegQIBRAD&amp;url=http%3A%2F%2Fwww.barrowministryvillage.org%2F&amp;usq=AOvVaw2aQfbl2sB2ykbBikALNAo">https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;cad=rja&amp;uact=8&amp;ved=2ahUKewjBruGujvhAhUrUt8KHAmPAW_sQFjAAegQIBRAD&amp;url=http%3A%2F%2Fwww.barrowministryvillage.org%2F&amp;usq=AOvVaw2aQfbl2sB2ykbBikALNAo</a>
Nutrition/ Activity/ Obesity	Beach Haven Baptist Church	2390 W Broad St	Winder	30608	Barrow	706-548-7084	<a href="http://www.beechhaven.org/">http://www.beechhaven.org/</a>
Nutrition/ Activity/ Obesity	Winder Wesleyan Church	64 E Midland Ave.	Winder	30680	Barrow	(770)867-5629	<a href="https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;cad=rja&amp;uact=8&amp;ved=2ahUKewjY6Me9yJvhAhWiVt8KHxnmBYMQFjAAegQIABAC&amp;url=http%3A%2F%2Fwww.winderwesleyan.org%2F&amp;usq=AOvVaw1Dm-agalltoQc4j8cOHZXi">https://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;source=web&amp;cd=1&amp;cad=rja&amp;uact=8&amp;ved=2ahUKewjY6Me9yJvhAhWiVt8KHxnmBYMQFjAAegQIABAC&amp;url=http%3A%2F%2Fwww.winderwesleyan.org%2F&amp;usq=AOvVaw1Dm-agalltoQc4j8cOHZXi</a>
Nutrition/ Activity/ Obesity	Winder Free Life Church	476 Jefferson Hwy 11	Winder	30680	Barrow	(770)867-7939	
Nutrition/ Activity/ Obesity	Winder Church of God Prophecy	100 E. Wright St.	Winder	30680	Barrow	(678)900-1953	<a href="http://www.gacogop.org/about-us/find-a-church/winder--church-of-god-of-prophecy.html">http://www.gacogop.org/about-us/find-a-church/winder--church-of-god-of-prophecy.html</a>
Nutrition/ Activity/ Obesity	Come Alive Pregnancy Care Center		Winder	30680	Barrow	770-867-3000	<a href="https://www.come-alive.org">https://www.come-alive.org</a>
Nutrition/ Activity/ Obesity	Barrow Senior Citizen Center	80 Lee Street	Winder	30680	Barrow	770-307-3025	<a href="http://www.barrowga.org/departments/senior-center.aspx">http://www.barrowga.org/departments/senior-center.aspx</a>

Domain	Name/Agency	Street Address	City	Zip Code	County	Phone Number	Website
Nutrition/ Activity/ Obesity	Bush Chapel African Methodist Episcopal Zion Church	181 Horton St	Winder	30680	Barrow	(770)867-1200	
Nutrition/ Activity/ Obesity	St. Vencent de Paul	25 Wilkins Rd. SW	Winder	30608	Barrow	(770)867-4876	<a href="https://saintmatthewcc.org/st-vincent-de-paul">https://saintmatthewcc.org/st-vincent-de-paul</a>
Nutrition/ Activity/ Obesity	Action Ministries	465 N. Lumpkin St.	Athens	30601	Clarke	(706)353-6647	
Nutrition/ Activity/ Obesity	Live Forward (AIDS Athens)	112 Park Ave.	Athens	30601	Clarke	(706)549-3730	
Nutrition/ Activity/ Obesity	ARC United Ministry Outreach	640-A Barber St.	Athens	30601	Clarke	(706)548-8155	
Nutrition/ Activity/ Obesity	Athens Area Emergancy Food Bank	640 Barber St.	Athens	30601	Clarke	(706)353-8182	
Nutrition/ Activity/ Obesity	Beech Haven Baptist Church	2390 W. Broad St.	Athens	30606	Clarke	(706)548-7084	
Nutrition/ Activity/ Obesity	First AME Church	521 N. Hull St.	Athens	30601	Clarke	(706)548-1454	
Nutrition/ Activity/ Obesity	New Covenant Worship Center	1425 Newton Bridge Rd.	Athens	30607	Clarke	(706)613-5000	
Nutrition/ Activity/ Obesity	Ononee Heights Baptist Church	4180 Jefferson Rd.	Athens	30607	Clarke	(706)548-4600	
Nutrition/ Activity/ Obesity	Open Heart Center Inc.	150 Old Winterville Rd.	Athens	30601	Clarke	(706)354-8566	
Nutrition/ Activity/ Obesity	Salvation Army Food Bank	484 Hawthorne Ave.	Athens	30606	Clarke	(706)543-5350	
Nutrition/ Activity/ Obesity	The Light	174 Henderson Extension	Athens	30606	Clarke	(706)208-8066	
Nutrition/ Activity/ Obesity	Sparrows Nest	745 Prince Ave.	Athens	30606	Clarke	(706)549-6693	
Nutrition/ Activity/ Obesity	The Food Pantry-Barrow Co Cooperative Benevolence Ministries	41 E Candler St	Winder	30680	Barrow		
Nutrition/ Activity/ Obesity	F.I.S.H.	700 S Madison Ave	Monroe	30655	Walton	7702074357	<a href="http://www.fishofwalton.com">www.fishofwalton.com</a>
Nutrition/ Activity/ Obesity	Athens Community Council on Aging	135 Hoyt St	Athens	30601	Clarke		<a href="http://publichealthathens.com/wp/services/dohc-diabetes-obesity-hypertension-cardiovascular-disease/klc-educational-classes-support/">http://publichealthathens.com/wp/services/dohc-diabetes-obesity-hypertension-cardiovascular-disease/klc-educational-classes-support/</a>
Nutrition/ Activity/ Obesity	UGA Cooperative Extension		Athens		Clarke		
Nutrition/ Activity/ Obesity	UGA Cooperative Extension	90 Lanthier St. Suite B	Winder	30680	Barrow		
Nutrition/ Activity/ Obesity	UGA Cooperative Extension	255 Curtis H. Spence Dr	Jefferson	30549	Jackson	706-367-6344	
Nutrition/ Activity/ Obesity	UGA Cooperative Extension	97 Sunset Dr	Danielsville	30633	Madison	706-795-2281	
Nutrition/ Activity/ Obesity	UGA Cooperative Extension	1420 Experiment Station Rd	Watkinsville	30677	Oconee	706-769-3946	
Nutrition/ Activity/ Obesity	UGA Cooperative Extension	55 Oglethorpe Dr	Crawford	30630	Oglethorpe	706-743-8341	
Nutrition/ Activity/ Obesity	Rainbow Pantry	191 Campbell St	Royston	30662	Hart/Madison	7062450965	