

 **PHOEBE PUTNEY  
MEMORIAL HOSPITAL**

Community Health Needs Assessment

2013

## **Executive Summary**

Phoebe Putney Memorial Hospital (PPMH) opened its doors in 1911 with a founding mission to embrace all who come to her doors. More than 100 years later, that mission is unchanged, providing care and healing to all, regardless of personal circumstances or ability to pay. PPMH has a long and documented history of providing care and services to the most vulnerable among us, and the hospital works in partnership with the community to address health needs and develop plans that will improve and sustain the health of the community. PPMH has relied on a broad-ranging partnership model to create community actions that translate into better access for all citizens in Southwest Georgia. These strategic partnerships have resulted in health improvement initiatives that are most often hospital-led and community-owned, reaching out across diverse needs, and ultimately becoming the ties that bind people, resources and organizations together with a common focus on improving community health for the long term.

Meeting community need is core to the hospital's mission. In fiscal year 2012 PPMH provided more than \$130 million in total community benefit, including \$26 million in charity care, \$2.6 million in health improvement services, \$7 million in subsidized health services, and community health programs, \$68 million in unpaid Medicare costs and \$24 million in unreimbursed Medicaid services. The acquisition of a former for-profit hospital in the community also converts that facility to a charitable asset, creating more access for vulnerable populations.

PPMH conducted a Community Health Needs Assessment in compliance with the provisions of the Patient Protection and Affordable Care Act (ACA), which requires all non-profit hospitals in the United States to conduct a community health needs assessment to identify health priorities and adopt an implementation strategy to meet the identified community health needs. The assessment process requires hospitals to take into account input from individuals who represent a broad interest of the community served, including those with special knowledge or expertise in public health.

This work, conducted over almost two years, resulted in identifying four priorities: Maternal and Fetal Health, Mental Health, Obesity and Related Disease, and Health Literacy, Awareness and Promotion. The needs assessment demonstrates the value of community services and further discusses hospital and community responses to identified needs and provides the basis for the plans to address needs.

## **Phoebe Putney Memorial Hospital Overview**

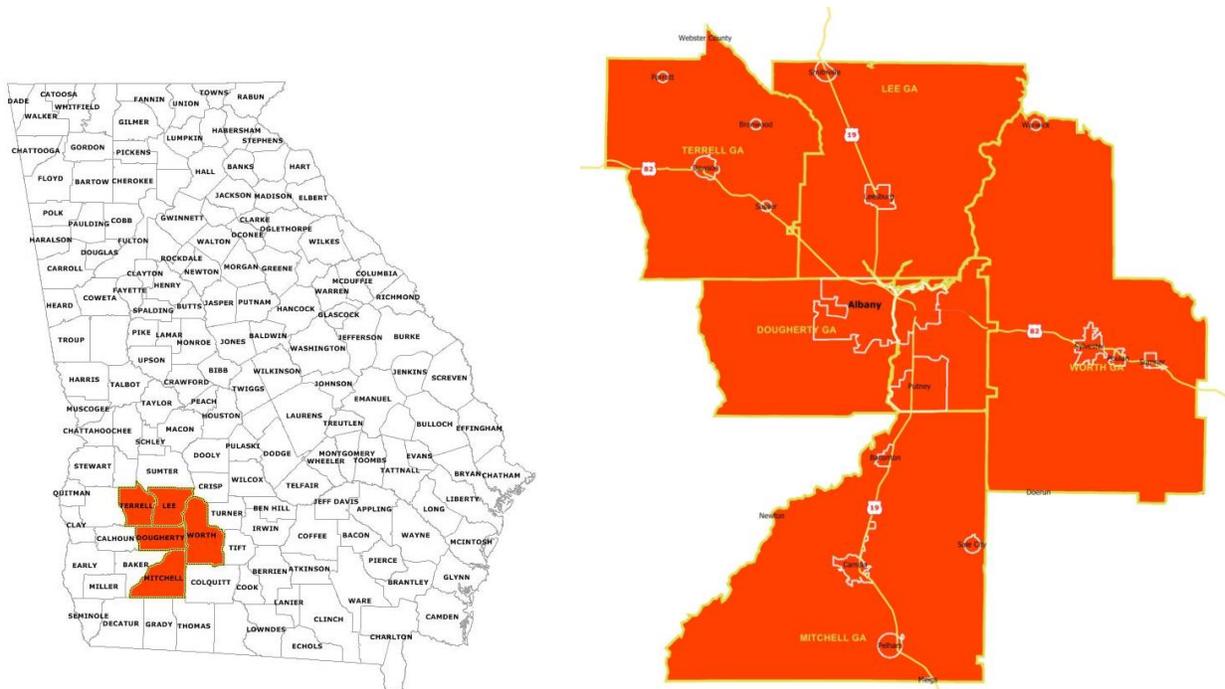
Phoebe Putney Memorial Hospital (PPMH) is a private, not-for-profit hospital with 691 licensed beds, excluding neonatal intensive care beds, on two campuses in Albany, Georgia. It is governed by volunteer boards whose members represent the socio, economic and cultural diversity of the region. The hospital's community benefit structure is grounded in strong

community relationships and has sustained its commitment to community benefit and service through a clear mission and purpose:

- VISION**      World-Class Health Care with Hometown Commitment
- MISSION**    To deliver the best possible care and exceed the expectations of all we serve
- VALUES**      People, Relationships, Reputation, Excellence, Efficiency, Commitment

The PPMH primary service area includes five contiguous counties and 24 counties in the secondary and tertiary service areas, with population in excess of 400,000. (See Figure 1 below.) The hospital is located in Albany, Georgia, a medical and retail hub for the southwestern corner of the state. PPMH is the flagship facility of a growing health care delivery system which serves residents through a network of five hospitals, rural health and family medicine clinics, a family medicine residency program, and a complement of more than 300 physicians representing virtually every subspecialty. The hospital admits approximately 22,000 inpatients and logs 1,138,644 outpatient visits annually, with an additional 102,000 emergency center visits and 53,000 annual urgent care visits. Beyond the hospital campuses, PPMH provides services at multiple locations, including off-site Physical Medicine facility, imaging and diagnostics, two urgent care centers, and an assisted living facility. More than 55% of PPMH patients originate from outside of Dougherty County, the home county, and discharges from PPMH’s five-county primary service area represent over 80 percent of the hospital’s total discharges.

**Figure 1**  
**PPMH Service Area**



Phoebe Putney Memorial Hospital reaches out to Southwest Georgians by paying careful attention to all the layers that ultimately create community health. Four pillars of excellence—tradition, values, visions and service – guide PPMH’s work in community health improvement. The organization’s approach to community benefit targets the intersection of documented health needs in the community and the hospital’s key strengths and commitment to its founding mission to serve all who come regardless of ability to pay. The community benefit strategy promotes access, innovation and advocacy. There is an emphasis on maternal fetal and prenatal health, health promotion and screening and chronic disease management and prevention, especially for the underserved. Strategic emphasis on building a continuum of care is increasingly focused on more closely aligning community-based programming to clinical services and resources.

PPMH provides a comprehensive range of services for the community. Hospital-based centers include Cancer and Surgical Oncology, Heart and Vascular, General and Robotic Surgery, Endoscopy, Imaging, Behavioral Health, Women’s and Children’s, Diabetes, Emergency and Trauma, Neurological Services, Hospice and Palliative Care, Physical and Sports Medicine, Inpatient Rehabilitation, Bariatrics, Neonatal and Maternal Fetal Medicine, Family Medicine, and Hyperbaric and Wound Care. PPMH has active partnerships for pediatric cardiology, surgical and neurology specialties with the Georgia Regents University (Medical College of Georgia). The hospital is part of a regional education consortium and was the first off-site clinical campus for Georgia Regents University and partners with the University of Georgia as a residency site for graduate pharmacy students. PPMH has clinical partnerships with Georgia Regents University in pediatric subspecialties and with Emory University for community-based health improvement research.

PPMH is fully accredited by DNV and has achieved many awards and distinctions, including full accreditation for its breast cancer treatment and radiology programs. PPMH was the 2003 winner of the prestigious Foster G. McGaw Prize for Excellence in Community Health and has been recognized by VHA and Discovery Health for exceptional community health programs. Community benefit is integrated into management, governance, strategic and operational plans with collaborative partners in the region and state. Progress and commitment are tracked and recorded in CIBSA and other tools.

## **Methodology**

The 2013 Community Health Needs Assessment was conducted from February 2012 through April 2013 to identify the health issues of primary concern and to provide information and data to all stakeholders who can impact health status improvement, including government, social service agencies, non-profit organizations, businesses, healthcare providers and the community at-large. The outcomes prescribed by the data sources will lead to strategically established

priorities and assist in developing plans and necessary resources to improve health. The Assessment is also offered as a vehicle and a means to foster collaboration across agencies, counties and providers to address complex health issues that go beyond acute care and reach all the vectors of health, including jobs, education, poverty, housing and transportation.

The full 12-member Board of Phoebe Putney Memorial Hospital has been apprised of the Community Health Needs Assessment process. Members take seriously the responsibility to reinvest earnings in programs, facilities and technologies to serve the community with clear benefit. The organization's board subsequently designated a Community Benefits subcommittee that has met consistently and will review and recommend an implementation plan to meet federally required guidelines. The Board members are listed in Appendix "A".

The Community Health Needs Assessment draws on qualitative and quantitative data gathered from a variety of sources. The assessment service area includes the counties of Dougherty, Terrell, Lee, Worth and Mitchell. The Assessment was led and conducted by the hospital's Strategy Department. Using the best practice model from the Catholic Health Association, a hospital-led internal community assessment work team was formed with members from finance, strategy, research, hospital based epidemiologist, quality, public health and Mission Change, a local non-profit whose mission is to eliminate homelessness in Dougherty County. The work team reviewed, analyzed and commented on reports presented by hospital and community healthcare related organizations. Hospital-led presentations and discussions used primary quantitative data from hospital data sources to show areas of need. A data source was purchased from Health Community Institute (HCI), which provided a real-time live dashboard which uses secondary data sources and more than 100 indicators to measure health and wellness, economic factors, education, public safety and social environment. The software provides dashboard measurements of health indicators and offers robust information on evidence-based best practices to meet health needs. The HCI software tool was made available to the public through the hospital's web site at the start of the study.

Stakeholder and key leader interviews of 60 to 90 minutes in length were conducted with thirty-three (33) individuals who work directly in the health improvement arena. The selection process was careful to include representation that reflects the make-up of patients receiving services in our health system (public health, faith-based organizations, United Way, and various health related charity organizations). Two large-audience input sessions were also held on February 6, 2013 and February 25, 2013 to review data and provide feedback on the community's view of priorities. The sessions were led by Mark Miller, Planning Analyst, PPMH. The group's full prioritized discussion is listed in the appendix.

Members of the organization participate in local and state coalitions, collaboratives, partnerships and panels. Ethnic health promoters, school-based nurses and outreach coordinators work in the hospital and in the community to provide first-hand information on community health needs.

Several contributors also provided input from individuals with special knowledge of public health. The sessions elicited stakeholder opinion on important health concerns in the community, significant gaps in service, and ideas for addressing health concerns and gaps as a community. The stakeholders and contributors included:

**Jacqueline H. Grant, MD, MPH, MPA**

Atlanta native Dr. Jacqueline H. Grant has served as District Health Director for the 6,000-square-mile, 14-county Southwest (Georgia) Health District since 2005. She received a master of public administration degree from Harvard University, a master of public health degree from the University of Alabama in Birmingham and a doctor of medicine degree from the Morehouse School of Medicine. In 2009, Dr. Grant was instrumental in acquiring a March of Dimes grant to launch the first Public Health-administered CenteringPregnancy® program in Georgia as well as the first such program in the southern half of the state. While the first site continued to address the needs of primarily African-American women, the program soon expanded into a second site primarily aimed at Hispanic women. In 2012, Dr. Grant presented on Centering at the American Public Health Association Convention. She frequently speaks on Centering throughout Georgia and in 2012 received the Tee Rae Dismukes Award. In 2013, Dr. Grant became the only Georgian and one of only two Southerners selected by the National Patient-Centered Outcomes Research Institute to serve on a national advisory council addressing health disparities.

**Michael S. Edwards, M.D.**

Michael S. Edwards, M.D., is the Director of the Maternal Fetal Medicine Department at Phoebe Putney Memorial Hospital in Albany, Georgia. He attended Houston Baptist University in Houston, Texas where he received his undergraduate degree and attended medical school at the Texas Tech University School of Medicine in Lubbock/El Paso, Texas. His residency was completed at the University of South Alabama Medical Center in Mobile, Alabama, specializing in Obstetrics and Gynecology. Dr. Edwards also attended the Medical University of South Carolina in Charleston, South Carolina where he completed his fellowship in Maternal-Fetal Medicine.

He served as a member of the faculty of Louisiana State University School of Medicine-Shreveport in Shreveport, Louisiana as the Assistant Professor of the Department of Obstetrics and Gynecology from 1994-1998.

Dr. Edwards is a member of the Society of Maternal-Fetal Medicine and the American Institute of Ultrasound in Medicine.

### **Donna Edmond-King M.D.**

Donna Edmond-King M.D. is a native of Philadelphia, PA.. After graduating from high school in 1981, she enrolled into Smith College located in Northampton, MA . After graduating from Smith College with her bachelor's degree, she enrolled into a post-baccalaureate program at Bryn Mawr College. Dr. Edmond-King received her medical degree from the Medical College of Pennsylvania in 1991. She completed her pediatric internship and residency at Albert Einstein Medical Center in Philadelphia in 1994. She practiced as a general pediatrician in Hampton, Virginia 1994-1995 and then in the Norfolk, Virginia area 1995-1998. She moved to Albany, Georgia to join the pediatric staff at Albany Area Primary Health Care in July 1998. She has been working full time at East Albany Pediatric Center since her arrival. She has been serving as the clinical director of East Albany Pediatric Center for more than ten years. She has been serving as the chairperson of the Department of Pediatrics at PPMH Putney Memorial Hospital since January 2012.

### **Charlotte Law, RN**

Charlotte Law, RN, has worked for the Terrell County Health Department for 19 years and has been the County Nurse Manager for the last 13 years. She graduated from Darton College in 1992 with an Associate's Degree in Nursing. She is an active member of the Terrell County Family Connection and Terrell County HeadStart Advisory Board.

### **Jacqueline M. Jenkins, MSPH**

Jacqueline M. Jenkins, MSPH, is an epidemiologist with expertise in the surveillance and epidemiology of infectious diseases, and chronic disease epidemiology. Ms. Jenkins holds a graduate degree in epidemiology and biostatistics from the University of South Carolina and is currently the District Epidemiologist and Director of Epidemiology and Surveillance for the Southwest Public Health District (SWHD). In this position she serves as epidemiologist for the fourteen county health departments in the region. In addition, she is responsible for statistical analysis of data and health information for the health district. Ms. Jenkins has worked for the SWHD for 13 years.

### **Steven Ziemba, PhD**

Steven Ziemba, PhD is the Director of Clinical Research for the PPMH. He has held this role for over seven years, and is responsible for regulatory oversight, budget and contract negotiation, education, identifying clinical trial opportunities, and integration of research into day-to-day activities of the organization. Prior to his present role, he was a Senior Scientist for a large international molecular diagnostics company located in New Jersey. Dr. Ziemba earned his Doctorate in Human Services with a concentration in Health Care Administration from Capella University, an accredited online university. His dissertation focused upon burnout and job roles among clinical research professionals in community cancer centers. He simultaneously earned a post-graduate certificate online in Research Administration from Emmanuel College, located in Boston. He also holds an MBA with a concentration in Pharmaceutical Industry Studies, MS in Biomedical Science, and a BS in Biology. In addition to his academic degrees, Dr. Ziemba holds

professional certification as a Fellow of the American College of Healthcare Executives (FACHE), Certified Clinical Research Coordinator (CCRC), Clinical Research Contracts Professional (CRCP), and as a Certified IRB Professional (CIP). He is also a member of the Board of Trustees with the Association of Clinical Research Professionals.

See Appendix “B” for a full list of key leader interviews.

## Demographic Analysis

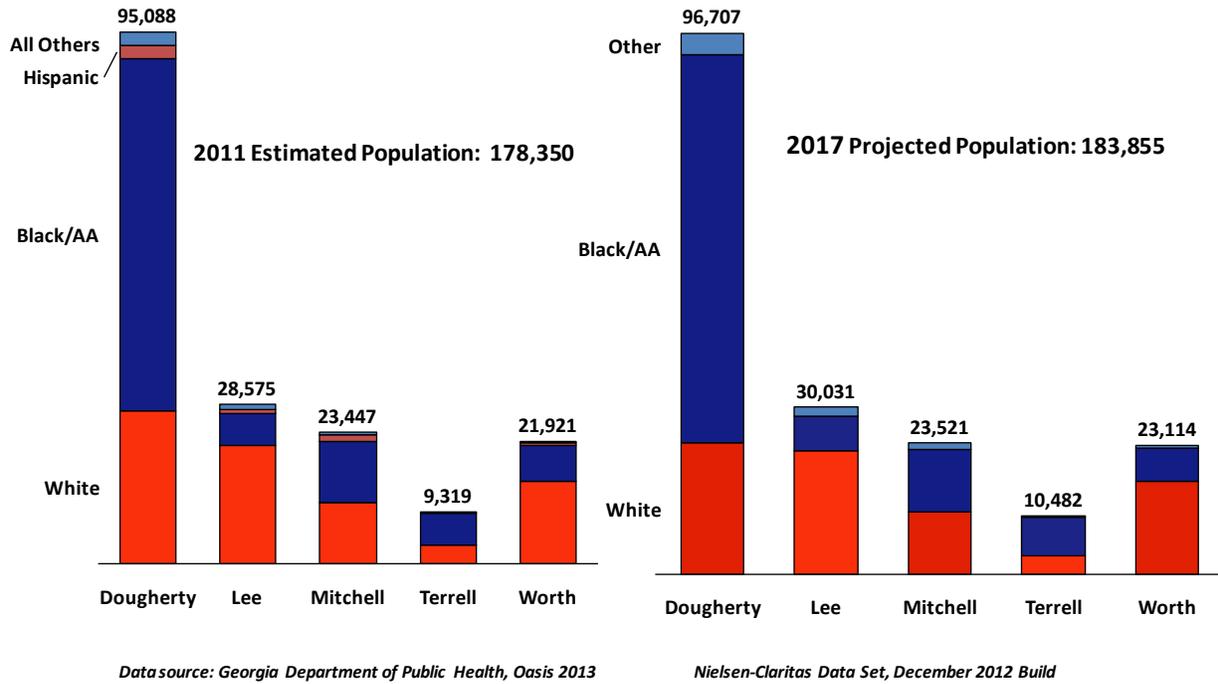
PPMH’s primary service area is based on hospital inpatient discharge data by county of residence and includes Dougherty, Lee, Mitchell, Terrell and Worth counties. As of 2011, Dougherty is the largest county with a population of 95,088 recorded in US Census records. It accounts for 53% of the primary service area total population. The service area ethnic composition is comprised of 51.5% African-Americans (67% in Dougherty County), 43.5% Whites, 2.6% Hispanics and 2.4% of all others. Population growth is expected to be very small. By 2017, the area population is projected to increase by 3%, led by a 12% population increase in Terrell, one of the state’s poorest counties.

**Figure 2: Demographic Quick Facts**

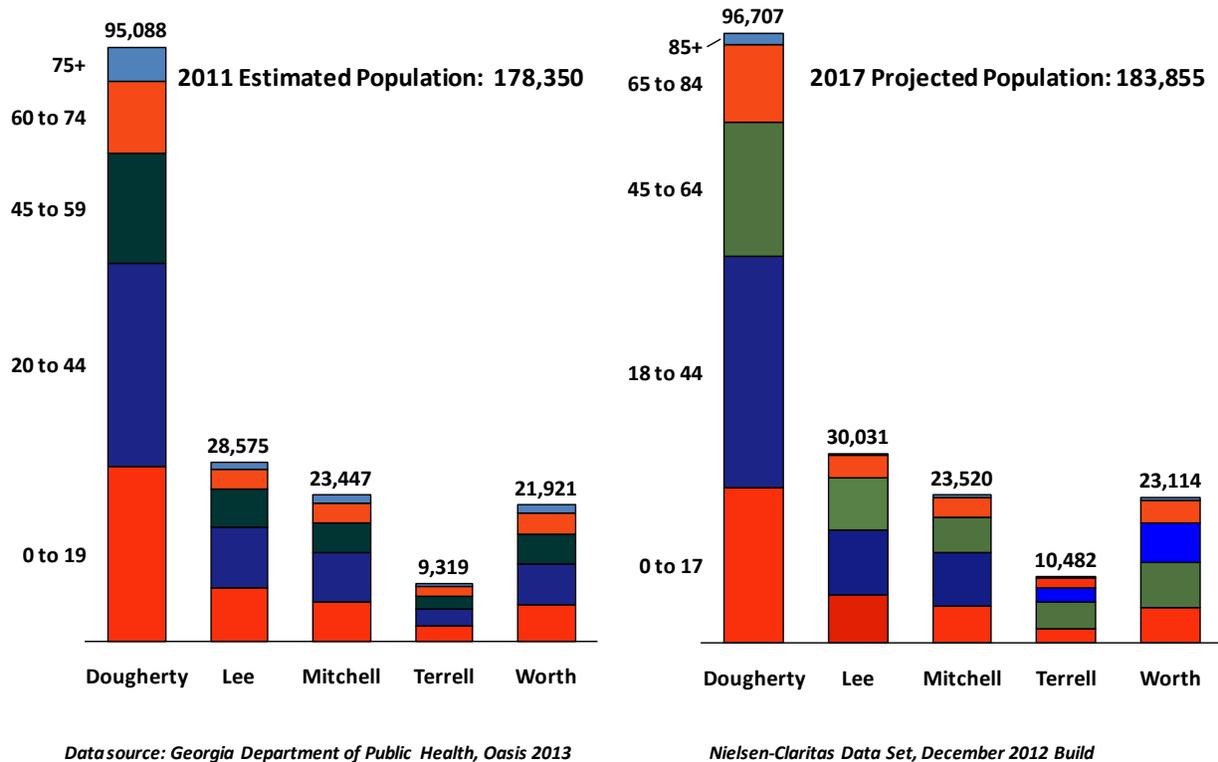
	<b>Dougherty</b>	<b>Lee</b>	<b>Mitchell</b>	<b>Terrell</b>	<b>Worth</b>	<b>Georgia</b>
Population, 2012	94,501	28,746	23,144	9,045	21,741	9,919,945
Persons 65 years and older	12.4%	8.7%	13.6%	15.25	15.1%	11.0%
% White	30.4%	76.0%	50.0%	37.4%	69.0%	63.2%
% Black	67.1%	20.0%	47.9%	60.6%	29.2%	31.0%
High graduate or higher, persons age 25+	80.0%	83.7%	68.1%	63.9%	73.2%	84.0%
Median household income, 2007-2011	\$32,364	\$58,252	\$37,597	\$30,953	\$38,336	\$49,736
Persons below poverty, 2007-2011	28.7%	10.3%	24.1%	30.9%	22.6%	16.5%

Source: US Census Bureau

**Figure 3: Population by Ethnicity**



**Figure 4: Population by Selected Age Range**



The region is marked by large dichotomies in income, health status and educational attainment. According to County Health Rankings, the service area has some of the worst Social and Economic Factors Ranking in the State. Out of 159 counties, the largest county in the area (Dougherty) ranks 150, Terrell 141, Mitchell 130 and Worth 83. All are below the 50<sup>th</sup> percentile with the exception of Lee County, which ranks 12<sup>th</sup>. Compared to all US Counties, those same four counties show entrenched poverty well below the 25<sup>th</sup> percentile with poverty ranging from 23% to 30% of the total population. The impact is even deeper among children, with poverty estimates ranging from 33% to 42% with many living in single-parent households. More than 33% of residents are eligible to receive Medicaid, more than double the state average.

Children living in poverty are more likely to develop depression, tobacco and alcohol and other substance abuse. With the exception of Mitchell County, high school graduation rates are lower than the 50<sup>th</sup> percentile when compared to all Georgia counties.

All of these factors lead to low health literacy in adults and adolescents. Low literacy rates are linked to an unhealthy lifestyle and lower health outcomes. As an example, evidence shows that smoking, obesity, and consumption of alcohol are risk factors for low birth weight babies. In the service area, low and very low birth weight infants are a major problem and the area ranks below the 25 percentile compared to all Georgia counties.

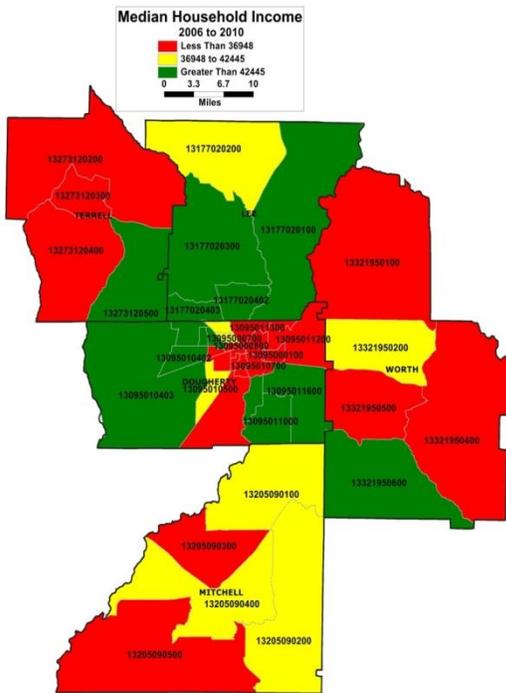


Figure 5: This shows Median Household Income at the Census Tract Level. The census tracts in red show a higher degree of poverty and need.

Source: US Census

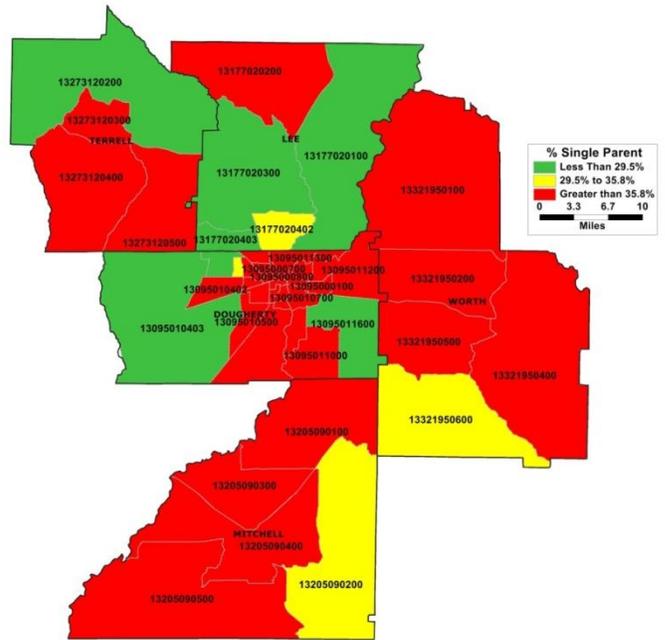


Figure 6: This map shows the percent of single-parent households by census tract. In some census tracts, single-parent households are above 90%. If this were mapped at the county level, all counties would be red with the exception of Lee, showing areas of need.

## Findings

Phoebe Putney Memorial Hospital is committed in its strategic and operational plans to community benefit strategies that further and strengthen the hospital's mission. The identified needs were prioritized by the internal work team based on the following criteria of

- size of the population affected
- severity of the problem
- the health system's ability to impact the need
- availability of internal and external resources that exist

Based on these criteria, four community benefit themes emerged from the work of the internal work team and community stakeholders. PPMH's planned response to needs will have oversight by the hospital board of directors through its subcommittee and will focus on putting evidence-based practices in place across the service area. Key community partners will continue to be engaged as detailed plans are created. As the safety net hospital, PPMH abides by the laws and regulations that require tax-exempt hospitals to provide services for those in need, but the tenets of community health responsibility are core to the organization's identity.

The 2013 Community Needs Assessment and Implementation Plan prepared by Phoebe Putney Memorial Hospital addresses the following priorities:

- 1) Maternal, Infant, and Child Health and Reproductive Responsibility:
  - Low and Very Low Birth weight
  - Prematurity
  - Infant Mortality
  - Teen Pregnancy
  - Sexually Transmitted Disease
- 2) Mental Health
  - Child and Adolescent Services
  - Adult Services
  - Addiction Services
- 3) Obesity and Related Acute and Chronic Diseases
- 4) Health Literacy, Education and Awareness

## **Priority 1:**

### **Maternal, Infant, and Child Health and Reproductive Responsibility**

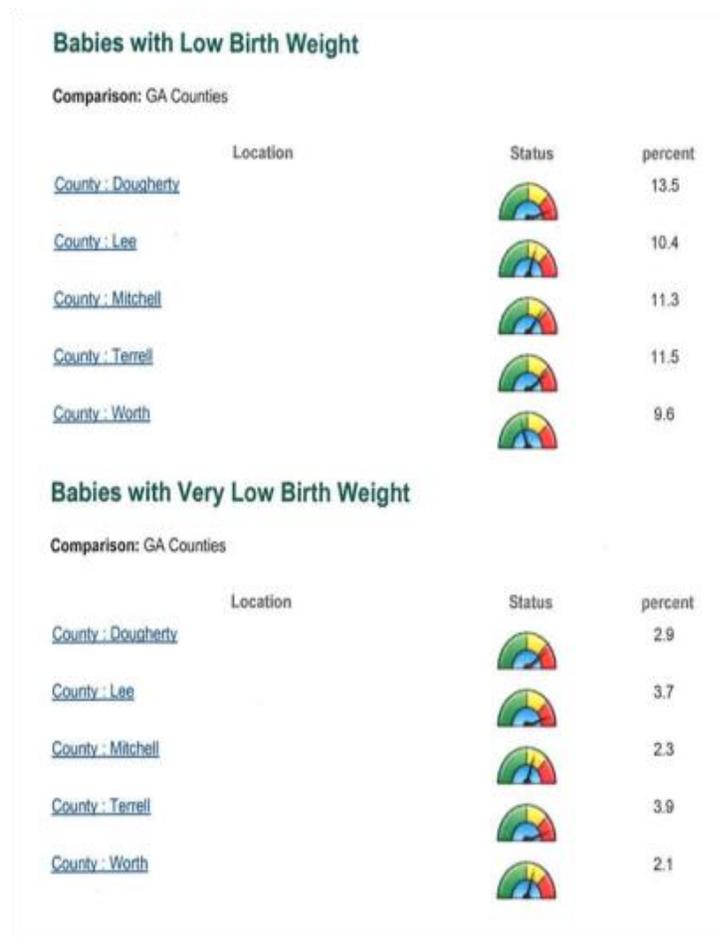
#### **Why is this Important?**

Low birth weight (LBW) and very low birth weight babies are a significant problem in Southwest Georgia and emerged as a top priority in internal work team discussions, key leader interviews, and in analysis of data, accounting for 12 to 16% of all births. The percentage of births with low birth weight is one of the most widely used indicators of population-level health, and reducing LBW is a common public health policy objective. There are a multitude of risk factors associated with LBW, including, but not limited to the following: teen or older pregnancy, inadequate prenatal care, low educational attainment, maternal stress, sexually transmitted diseases, hypertension, diabetes, previous LBW baby, and occupational and environmental exposures. Access to good pre-conception and pre-natal care is a key factor that can positively impact and help to prevent prematurity and the associated low birth weight. In the case of LBW, an additional half pound of weight can save more than \$28,000 in costs in the first year of life (Centers for Disease Control).

In 2010, in the PPMH service area, one of every 6.5 births was LBW. Low and Very low birth weight babies are more likely to need specialized care and require neonatal intensive care. Because of the magnitude of VLBW and LBW babies in the region, additional NICU beds are often required, straining the 27-bed capacity at PPMH. Currently all surgical ICU infants are transported to Atlanta or Augusta for treatment.

Community key leaders and stakeholders point to contributing factors of poverty, few activities, lack of school involvement or persistence and lack of family support among mothers who have low birth weight infants.

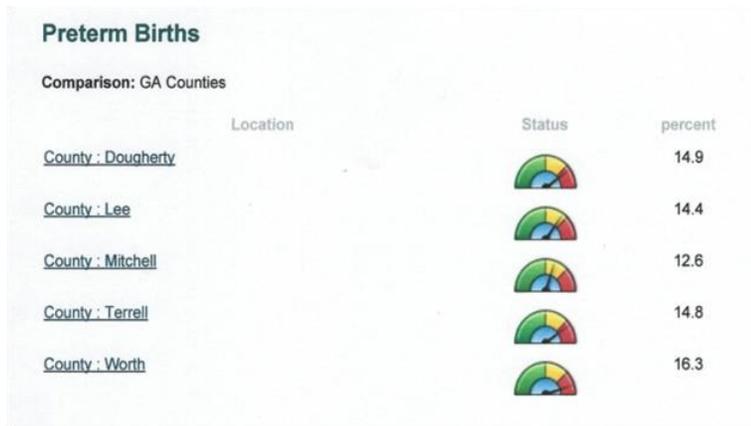
**Figure 7: Low Birth Weight and Very Low Birth Weight**



Source: GA Department of Public Health

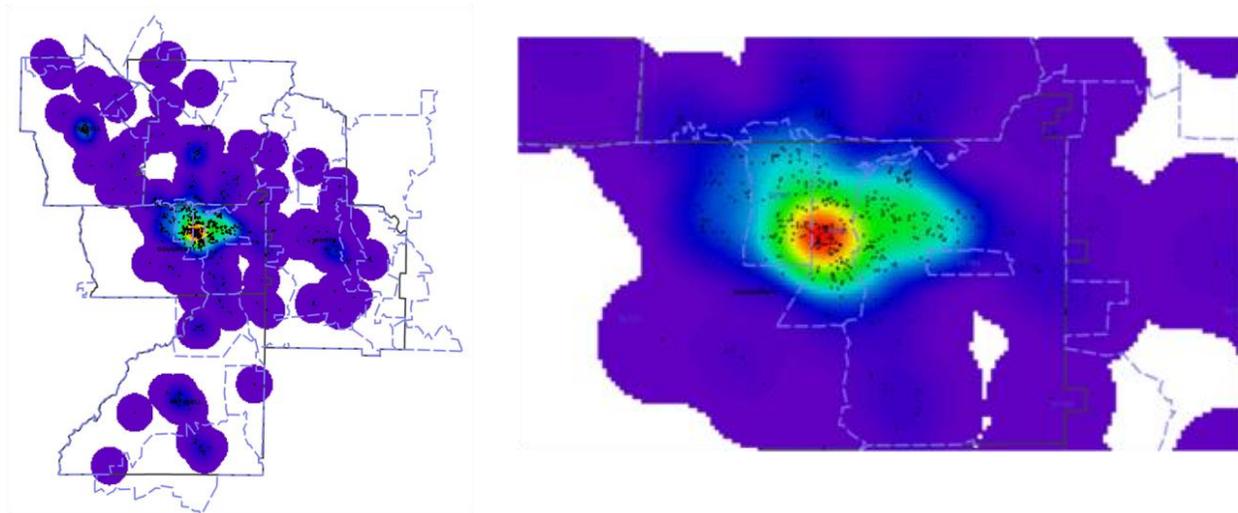
Low birth weight is also associated with prematurity and a corresponding greater risk of infant death and long-term cognitive disabilities. Studies have shown that an infant born at less than 37 weeks does less well in school than full-term infants. Women who give birth to one low birth weight are also more likely to have subsequent low birth weight infants.

**Figure 8: Preterm Births**



Source: GA Department of Public Health

**Figure 9: Low Birth Weight Babies**



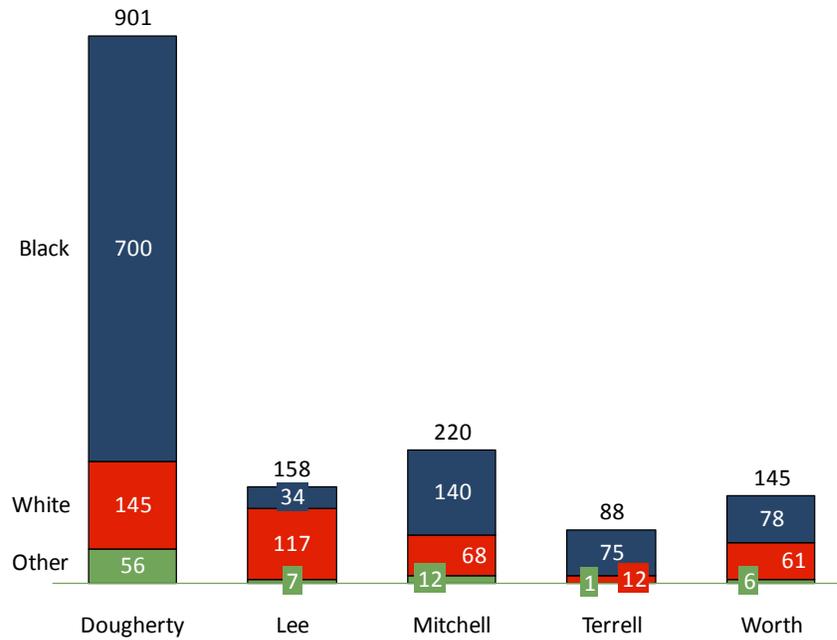
Source: PPMH Hospital Records 2012

Low Birth weight Babies (2009 thru 2011): This dot density map grid shows a hot-spot located in North Central Albany, Ga. This cluster shows the greatest concentration of Low birth weight babies.

This is the same map zoomed to the Zip Code Level. Notice the number of cases that form the hot-spot.

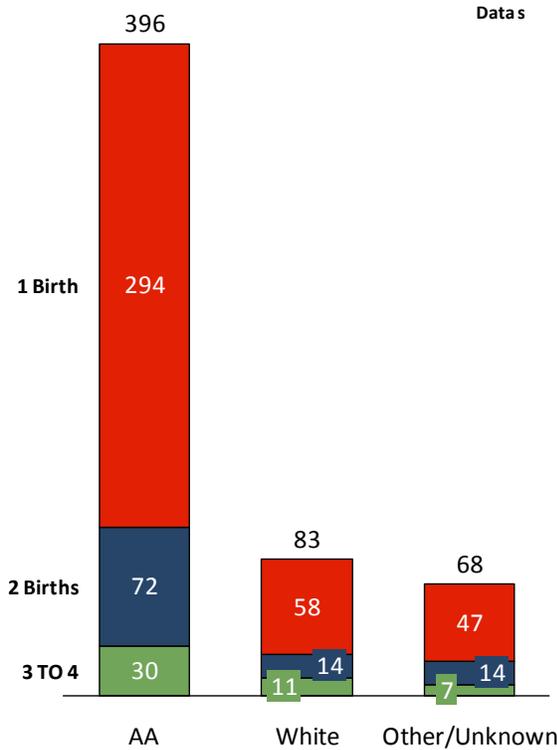
Birth Spacing of less than two years is an identified risk factor for low birth weight infants. In the Phoebe service area, 68% of all birth spacing at less than two years is from African-American moms.

**Figure 10: Birth Spacing (all births) <2 years by County and Race  
Primary Service Area  
2009-2011**



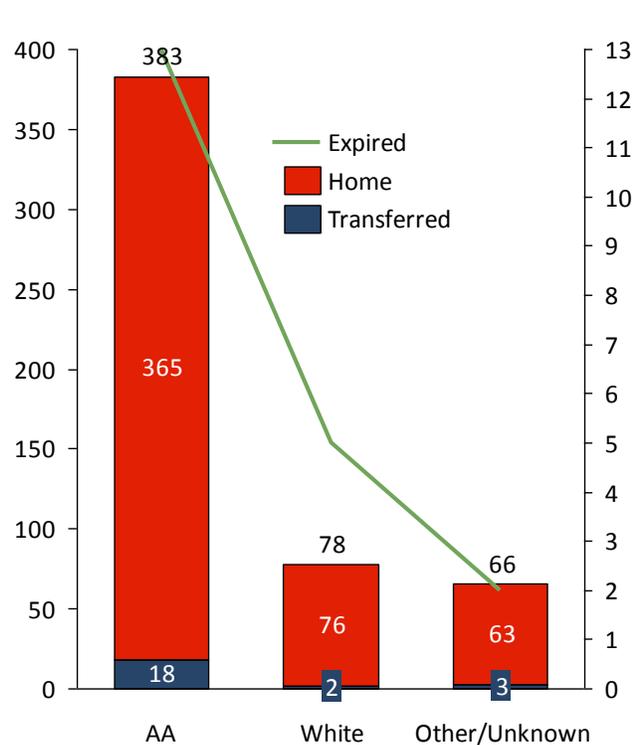
Data source: Georgia Department of Public Health, Oasis, 2012

**Figure 11: Birth Spacing (all births) < 2 years and LBW Primary Service Area 2009-2011**



Of those with birth spacing of less than two years, 36% had low birth weight infants. Of those with identified low birth weight infants, almost 80% were African-American.

**Figure 12: LBW and Survivability Primary Service Area 2009-2011**

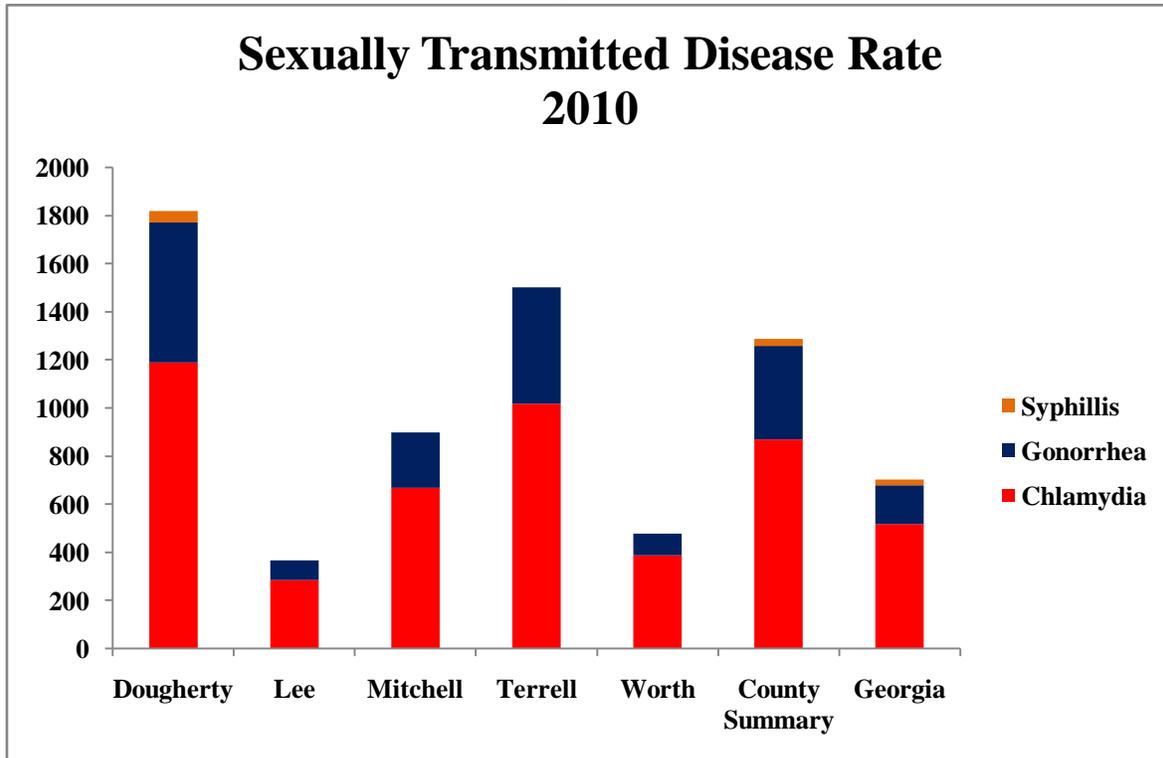


Of those infants with low birth weight, twenty-one expired. Breakdown by race: African-American (13), White (5), and other (2).

### Sexually Transmitted Disease

Compared to other industrialized countries, sexually transmitted diseases are significantly higher in the United States. As of 2011, Phoebe’s primary service area sexually transmitted disease rate is 80% higher than the state average. Sexually Transmitted disease, such as syphilis, can be passed from mother to infant during pregnancy causing a disease called congenital syphilis. Chlamydia, with usually mild or silent symptoms can cause irreversible damage including infertility. Since people can be unaware of their infection, the disease is considered under-reported. Gonorrhea, untreated, can cause serious and permanent health problems in both women and men. It’s a common cause of pelvic inflammatory disease. The highest infection rates are among sexually active teenagers, young adults and African Americans.

Figure 13



Source: GA Department of Public Health

### Teenage Pregnancy

Teen pregnancy and childbearing have substantial social and economic impacts for communities. The teen pregnancy rates in the PPMH service area range from a high of 42.7 pregnancies per 1000 females aged 15 to 17 (Dougherty County) to a low of 10.2 in Lee County. In 2009, a total of 409,840 infants were born to females between the ages of 15 and 19, accounting for more than \$9 billion in costs to U.S. taxpayers. The pregnancy, birth, sexually transmitted disease and abortion rates are substantially higher among teenagers in the U.S. compared to other western industrialized nations. The Healthy People 2020 national health target is to reduce the teen pregnancy rate to 36.2 pregnancies per 1,000 females aged 15 to 17 years. The severity of this issue in the PPMH service area surfaced in stakeholder and input session discussions, with a call for community-wide strategic programming in sex education, center programs, core services, family planning and health literacy education.

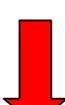
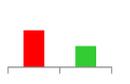
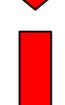
The chart below shows the number and rate of teen pregnancy by county. The Primary Service Area is approximately 60% higher than the State average. Dougherty, Terrell, and Worth are significantly higher when compared to other Georgia Counties while Mitchell and Lee are lower.

**Figure 14: Teen Pregnancy Rate**

	2008		2009		2010		2011	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Georgia	7,160	34.9	6,372	30.8	5,743	28.0	3,795	18.8
Dougherty	122	56.1	121	55.9	111	59	75	42.7
Lee	18	23.4	18	23.8	9	12.8	7	10.2
Mitchell	32	65.6	16	34.6	11	25.9	6	15.2
Terrell	16	73.1	17	83.7	10	51.3	5	26.6
Worth	20	35.8	22	40.4	10	20	15	29.9
County Summary	208	49.4	194	47.0	151	40.8	108	30.6

Source: Healthy People 2020 Tracker, Healthy Communities Institute

**Figure 15: Maternal, Infant and Child Health and Reproductive Responsibility Indicators**

Primary Service Area (PSA): Dougherty, Lee, Mitchell, Terrell, Worth				
Indicator	Current and Target	Data	Since Prior Period	Status
Maternal, Infant and Child and Reproductive Responsibility				
<b><u>Babies with Low Birth Weight(PSA)</u></b>	<b>Current: 12.3</b> <b>Target: 7.8</b>			 TARGET NOT
<b><u>Babies with Very Low Birth Weight (PSA)</u></b>	<b>Current: 2.8</b> <b>Target: 1.4</b>			 TARGET NOT
<b><u>Pre-term Births(PSA)</u></b>	<b>Current: 14.7</b> <b>Target: 11.4</b>			 TARGET NOT
<b><u>Infant Mortality Rate (PSA)</u></b>	<b>Current:8.2/1,000</b> <b>live births</b> <b>Target: 6.0/1,000</b> <b>live births</b>			 TARGET NOT
<b><u>Teen Pregnancy (PSA)</u></b>	<b>Current:40.8/1,000</b> <b>0 females aged</b> <b>15-17</b> <b>Target:36.2 /1,000</b> <b>females aged 15-</b> <b>17</b>			 TARGET NOT
<b><u>Sexually Transmitted Disease (PSA) (GA Benchmark)</u></b>	<b>Current:1,272</b> <b>cases/100,000</b> <b>Target: 703.9</b> <b>cases/100,000(GA</b> <b>)</b>			 TARGET NOT
	This gauge shows whether or not the County or Service Area value meets a specific target. The County or Service Area value is represented by the left bar and the target value by the right bar.			
 	This gauge shows whether the County: Dougherty value is increasing or decreasing over time. A green arrow means the value is improving and a red arrow means the value is getting worse. The = (equal) sign means that there is not a significant increase or decrease since the last measurement. A blue arrow means the value being higher (or lower) is not necessarily good or bad.			
 TARGET NOT MET	This gauge shows whether or not a specific target is met.			

Source: Healthy People 2020 Tracker, Healthy Communities Institute

## **What are the gaps?**

- Mental Health/SA in women giving birth (psychiatric)
- Lack of coaches to visit homes
- Lack of providers accepting presumptive Medicaid
- Lack of capacity in Centering Program
- Obesity (preconception care)
- A need to bolster preconception care
- Lack of birth control and safe sex education and awareness
- Prenatal care geared toward patient education
- Lack of adequate NICU beds
- Lack of adequate transport vehicles, respirators, ultrasounds
- Transportation is a barrier to care

## **How is the need being met?**

Several agencies and organizations and PPMH address and impact the priority of reproductive health, from community outreach programs to targeted clinical programs aimed at reducing low birth weight and infant mortality through direct means, such as PPMH's state-designated Regional Perinatal Center, or addressing associated risk factors. (Analysis issued to the Georgia OBGYN Society of the state's low performance on the national maternal-child health measure related to Very Low Birth Weight Infants is included in the appendix of this assessment.) PPMH leadership has identified women's and children's services as a key priority in its strategic plan for growth and expansion of services to a free-standing facility, PPMH North Campus, allowing for expansion and improvement of neonatal intensive care services, pediatric programs and improved access to specialists.

### **Centering**

The Southwest Health District operates Centering Pregnancy, an evidenced-based, group model program for prenatal care. Studies have shown that group prenatal care reduces premature birth, results in higher birth-weight babies and increases breast feeding. Women who participate have a higher satisfaction rate about their care as well as a healthy and happy baby. To date, approximately 250 women at two sites have participated in Centering Pregnancy and data show improvements in LBW and premature births compared to county level data. The program provides participants with improved access to healthcare providers and built-in support groups to enhance knowledge of pregnancy, childbirth and parenting.

### **Maternal Fetal High Risk**

As Southwest Georgia's designated Perinatal Center, the Perinatal Outreach Department at PPMH serves the educational needs for both maternal and neonatal problems that may arise anywhere in Southwest Georgia.

Neonatal outreach education classes and maternal outreach education classes are offered in the hospitals of Southwest Georgia and at Phoebe Putney on a monthly basis.

The program works closely with the perinatologist and neonatologists at Phoebe to conduct site visits, consultations, and peer reviews for the referring hospitals in Phoebe's perinatal region.

Phoebe Putney Memorial Hospital provides programs and services for the management of high-risk pregnancy directed by Michael Edwards, MD, who is fellowship trained in maternal fetal medicine. The 23 county maternal/fetal program offers education, consultation, fetal testing, fetal procedures, maternal testing, maternal procedures, genetic counseling, and delivery services and outpatient diagnostic ultrasound for the fetus. The maternal/fetal program offers counseling regarding abnormal ultrasound findings and determines the best place for delivery. Some of our most common consultations include hypertension, diabetes, sickle cell, lupus, seizure disorder, poor OB history, and incompetent cervix. These consultations give the primary OB a plan for the management of the patient.

When preterm labor occurs, PPMH maternal/fetal accepts transports from surrounding hospitals. PPMH has a level III NICU that cares for the preterm infant. Most centers in the region care for babies above 34 weeks gestation. Any impending delivery that is anticipated prior to this gestation is transferred to Maternal Fetal Medicine so the mother can be close to the baby after delivery. Maternal/Fetal medicine also delivers babies that have anomalies that their pediatricians are not comfortable with. There may also be deliveries performed due to OB discomfort due to maternal indications—especially maternal heart defects.

### **Outreach Educators**

The Obstetrical and Neonatal Outreach Educators serve to provide and maintain open lines of communication between the Regional Perinatal Center and the referral hospitals, (and community health providers) whether by telephone, email, fax or written materials or facility visits or other meetings.

In so doing, the outreach coordinators are able to assess educational needs of each facility and offer educational opportunities specific to their needs. The educational opportunities include, but are not limited to teaching of NRP (Neonatal Resuscitation Program) , S.T.A.B.L.E. (stabilization of newborns while the transport team is en route), fetal monitoring (on all levels), imminent delivery, obstetrical complications, and other relevant classes, as requested. This may involve research to be investigated by the outreach educators, so as to offer the latest up-to-date, evidenced-based information to the referral hospitals. In addition to the actual teaching of classes, the outreach team coordinates educational offerings that will benefit all providers in the region, such as support the concepts of the Baby Friendly initiative, and Perinatal Bereavement.

In addition to conducting the annual needs assessment of each hospital in the region, the outreach educators plan the curriculum and teach. They serve as resources to those who call and need

answers to questions. They also collect and use perinatal data, write reports and maintain informative working relationships between community personnel and outreach team members.

The Outreach Educators take an active role in following up with the maternal and neonatal transport teams.

**Early Induction Program** -- PPMH has launched a program to impact the scheduling of early induction in pregnant women, using March of Dimes program platforms. The hospital is working with physicians to provide data and gaining support for ensuring all inductions are medically necessary. Current hospital data shows a significant drop in inductions over the past year.

### **The Network of Trust**

Network of Trust is a comprehensive children and teen services program operated and funded primarily by Phoebe Putney Memorial Hospital with some external grant assistance for specific programs. Network of Trust operates and funds school nurses in all 28 of the Dougherty County Public Schools, the only such program in Georgia, with an annual expenditure of \$1.3 million. It serves 17,000 students (ages 4-19), including faculty and staff to provide much needed access to care to often vulnerable populations. Services address many of the identified high priority health issues.

Network of Trust started 17 years ago as a program to address teen pregnancy and, more specifically, to reduce and delay second pregnancies among teen mothers and to improve persistence towards high school graduation. It was awarded a NOVA from the American Hospital Association for program effectiveness in teen pregnancy prevention. Over the years the program has developed to include several initiatives and provide platforms where nurses can intervene early in helping teens avoid pregnancy, and if pregnant, to access pre-natal care and avoid risk factors that could harm the health of mother and baby.

In schools, Network of Trust provides educational programs, assessments, and prevention and referral services and nurses provide basic nursing care, medication administration, health/disease monitoring, education and services. School nurses see children with many serious chronic and acute conditions, ranging from diabetes, hypertension, obesity, to asthma and teen pregnancy. Visits total nearly 7,000/month, and often the school nurse is the only health educator or health resource in a school. Faculty and staff utilize the nurse for classroom health and prevention education, disease monitoring, and referrals. Network of Trust also provides other programs in service area schools and communities, including the following which impact reproductive health:

- **Teen Parenting Program** -- Serves pregnant and parenting teens in the public middle and high schools in Dougherty, Lee, Worth, Terrell and Calhoun counties. The goals are to provide education and support so teen moms are able to complete high school and delay a second pregnancy.

- **HealthTeacher** -- A comprehensive K-12 curriculum that addresses knowledge, attitudes, and skills development; provides opportunities for students to practice behaviors to promote lifelong health. PPMH invested approximately \$500,000 in HealthTeacher to provide every teacher in Dougherty County and 16 other Southwest Georgia counties free, unlimited access to HealthTeacher platforms and programs. Lesson plans meet national standards, are approved by the staff of Vanderbilt University, and go through the HECAT (Health Education Curriculum Assessment Tool).
- **Making a Difference Curriculum** – This is an abstinence-based curriculum geared to teach skills for avoiding sex, provide information about puberty and sexuality and the consequences of sex. With diverse levels of expertise from nurses to educators to implement this curriculum, adolescents are given the tools they need to reduce their risk of sexually transmitted diseases, HIV, and pregnancy. The nurses and educators are well trained to facilitate the day-to-day instruction of the *Making a Difference Curriculum* within the middle school. *Making a Difference* allows the adolescents to feel comfortable about abstaining from sex. The curriculum covers not only HIV prevention but also integrates STD and pregnancy prevention into the program. The targeted audiences are young African American, Hispanic, and White adolescents, ages 11-13 who attend middle schools and youth-servicing community based programs.
- **“Get a Life” Teen Maze** -- Sponsored by Network of Trust and the Taking Time for Teens Pregnancy Prevention Coalition, this program is held annually for middle school students in Dougherty County. It allows students to experience the positive and negative consequences from a variety of decisions teens face every day, such as dating, having sex, drinking, and dropping out of high school. Good decisions are awarded during this interactive Teen Maze. A great addition to the teen maze is the Choices Bus which was created by the Mattie C. Stewart Foundation. The Choices Bus is half school bus and half prison bus. Students sit in the school bus portion and watch a documentary about prison life and the importance of staying in school followed by a tour of a jail cell on the back half of the school bus.
- **School Based Health Center** --This center at Turner Elementary School opened March 2013 in partnership with Albany Area Primary Health Care (Federally Qualified Health Clinic), PPMH Network of Trust and Emory University Urban Health Program through a grant awarded by Health Care Georgia Foundation. It is one of only 10 such centers in Georgia and is an evidence-based model that provides the services of a medical home and a primary care physician at the school. The center is positioned to further impact health issues related to teen pregnancy and associated risk factors.
- **Working to Institutionalize Sex Education-A WISE Choice** - Through the WISE Initiative, the Georgia Campaign for Adolescent Power and Potential (GCAPP) has trained teachers and Network of Trust school nurses in Dougherty County in the Making A Difference curriculum. School nurses from the Network of Trust School Health Program are

partnering with health and physical activity teachers in the Dougherty County School System to provide Making A Difference programming to all 7th and 8th grade public school students in Dougherty County. Through the WISE Initiative, GCAPP is the lead organization in building the state's infrastructure to institutionalize comprehensive and improved sexual health education in Georgia school districts. The WISE Initiative services to school districts include: support in selecting sexual health curriculum, teacher training, parent workshops, and technical assistance as needed throughout the implementation process. The program is funded by The Grove Foundation. Proven curricula like Making a Difference, Reducing the Risk, Family Life and Sexual Health, Health Smart, and others are currently being taught by teachers with the support of the WISE Initiative.

- **Mirian Worthy Women's Health Center** provides OB/Gyn specialty care to Medicaid and uninsured women. The practice is owned by Albany Area Primary Health Care (AAPHC) and has a social worker on staff. It plays a key role in providing care to Medicaid and low income expectant mothers but more providers are needed. PPMH has contributed \$205,000 since FY2011.
- **The Alpha Center**, a mission of Sherwood Baptist Church in Albany, teaches pre-natal care, and parenting skills, targeting those in poverty. It is a licensed medical facility with an ultrasound. The Alpha Center provides mothers with supplies, such as diapers and wipes.
- **Gamma Omicron Lambda chapter of Alpha Phi Alpha Fraternity** operates a teen pregnancy prevention retreat and program. It is focused on a mentoring model for middle school-aged boys to help them understand their role in responsible sexual behavior. The program reaches more than 40 youths and has 20 counselors and facilitators drawn from the organization and the community at large.
- **PPMH Outpatient Clinic** – PPMH provides an outpatient clinic at no charge for post-partum NICU graduates. It is staffed by a nurse practitioner with specialty care (nutritionist, gastroenterologist, cardiologist, etc) rotating to the clinic periodically.
- **Girls Inc Preventing Adolescent Pregnancy** is a program where girls acquire the knowledge and skills for taking charge of and making informed decisions about their sexual health. Exploring values, practicing responses in different situations, and thinking about their futures help girls identify ways and reasons to avoid early pregnancy and prevent sexually transmitted infections, including HIV. (available in Spanish)
- **WIC services**, provided by the local county health departments, provide Individual nutrition assessments every 6 months to determine weight status (including BMI). Other services include:

- Individual nutrition education sessions; including the use of motivational interviewing techniques to encourage realistic and attainable behavior change.
- Incorporate focus areas from Georgia's Nutrition & Physical Activity Initiative into educational sessions, including breastfeeding, increased fruit & vegetable consumption, physical activity & reduced screen time.
- High Risk follow-up scheduled with RD, nutritionist, or nurse at a minimum of 2 times per year (in addition to the nutrition assessment/education visits) to discuss healthy eating and physical activity.
- Outreach workers and nutritionists providing outreach in the community to target at risk groups and provide resources. Local agencies targeted include Boys & Girls Clubs, Head Start, Parks & Recreation, Pre-K programs, Daycare Centers, Health Fairs, etc.
- Breastfeeding promotion beginning in the prenatal period. Breastfeeding Peer Counselors providing coverage for 4 counties in the district.
- Provide supplemental foods that follow the Dietary Guidelines and Choose My Plate principles. (In October 2009, the state redesigned food packages to increase fiber, decrease saturated fat, and decrease sugar.)
- Farmer's Market program in one county during the summer to provide additional fruit & vegetable vouchers and provide education on increasing fruit & vegetable consumption.
- Participation in the state's Obesity Action Network/Healthcare Workgroup, an informational group headed by the Health Promotion & Disease Prevention Program.

## **Priority 2: Mental Health**

### **Why is this important?**

Findings from the Key Leader Interviews and Community Input Sessions cite the lack of accessible mental health services particularly among children and adolescents. In the school system, reports of suicidal ideation due to bullying are almost a daily occurrence according to support services. Pediatricians are constantly seeing children with social, emotional and behavioral issues beyond their scope of care and expertise, often with no place to refer or a way for them to get there. Child and adolescent behavioral health cases that present to the emergency room must be referred to a crisis stabilization unit with the closest facilities 90 miles away. It can take up to 24 hours to refer a case while they remain in observation status at the hospital. There are so many cases; Phoebe's emergency director opines that a local crisis unit would be overwhelmed with referrals. Albany Area Primary Health is evaluation whether to add a psychiatrist to their group; however, recruiting to this area is difficult.

According to a report prepared by Diamond Healthcare Corporation for Phoebe (February, 2009), the prevalence of severe mental illness in the general population for adults (age 18-54) is 14%. And, 20% of this population suffers a mental condition appropriate for inpatient intervention. From the report, *"It is estimated that there are 5,220 persons between 18 and 54*

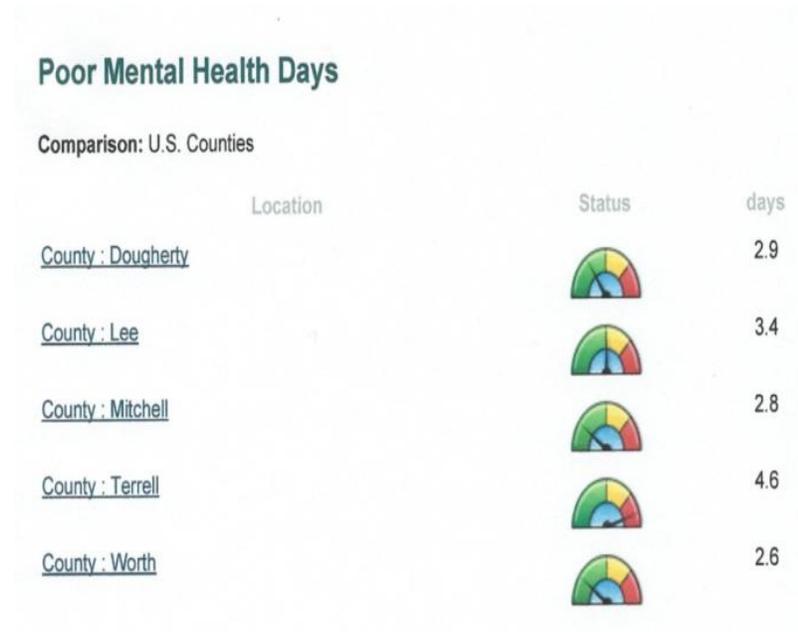
years of age in the defined market area that require inpatient intervention for their behavioral health issues out of a total at-risk population of 25,830. These patients represent a bed need of approximately **71 beds** or 26,090 patient days in the service area (service area defined as 32 counties).”

- For persons age 55 to 64, there is an approximate capacity of 21 Inpatient beds.
- Geriatric persons age 65 year and older, there is an approximate capacity of 44 beds.
- For adolescents and adults with chemical dependency, there is a potential bed demand of 28 beds.

Using appropriate applied statistical analysis of outpatient mental health services in the United States, Structured Outpatient Program would be the most appropriate level of care with an estimated 890 annual admissions in our service area.

**Figure16: Poor Mental Health Days**

This dial chart shows the average number of poor mental days per month in the past 30 days. Mitchell County reports the most poor mental health days in our service area.



Source: [www.countyhealthrankings.com](http://www.countyhealthrankings.com)

### Figure17: Mental Health Access

This Health Disparity report shows the County Grade for Mental Health Access to minorities. Mitchell had the highest grade, a C-.

Health Disparity Report 2008 Department of Public Health	
Mental Health Care Access	County Grade
Dougherty	F
Lee	D
Mitchell	C-
Terrell	F
Worth	*

### What are the Gaps?

- Child and adolescent
- Inpatient Stabilization Unit
- Residential
- Structured Outpatient Program
- Psychiatric
- Group Therapy (anger management)
- Adult Services
- Residential
- Quality Medical Detox
- Drug and Alcohol Structured Program
- Eating Disorders
- Inpatient /Outpatient
- Inadequate number of Psychiatrists to serve the population

## How is the need being met?

- **Albany Area Community Service** is a public, non-profit organization providing mental and addiction services to Southwest Georgia. Adult Mental Health and Addiction Services include Diagnostic Assessment, Psychiatric, Crisis Intervention and Stabilization Services. Child and Adolescent include Outpatient Services and an Aspire Clubhouse.
- **John D. Archbold Hospital** operates a 40 bed Inpatient Unit.
- **Southwestern State Hospital** located in Thomasville, Georgia provides a 67 bed comprehensive psychiatric unit for people age 18 or older and a 19 bed adult forensic program.
- **PPMH Behavioral Health program** -- PPMH provides a Structured Outpatient Program for individuals who present with a psychiatric diagnosis and a 38 bed Inpatient facility for those who are 18 and older.
- **Mid-level mental health providers** -- There is a variety of mid-level mental health professionals located in Albany.
- **Rachel's Challenge** - In July 2011 with community partners the Albany Chamber of Commerce and the Dougherty County School System, Phoebe Putney Memorial Hospital introduced the Rachel's Challenge program to service area schools to help alleviate and eliminate bullying in schools. Rachel Scott was the first person killed at Columbine High School on April 20, 1999. Her acts of kindness and compassion coupled with the contents of her six diaries have become the foundation for one of the most life-changing school programs in America. Working through school partners and school nurses, the program includes chains of kindness, celebrations of the 12 Days of Kindness, and specific awareness lessons on recognizing, dealing with and changing bullying behaviors.
- **Graceway Recovery**— This non-profit, faith-based community rehabilitation program is a residential model to help rehabilitate women who have substance/addiction abuse issues. A home environment is aimed at empowering residents to become productive members of their families and society through intensive application of the Twelve-Step methodology of Alcoholics Anonymous. Through community partnerships women are encouraged to pursue their ongoing education, employment, family responsibilities. PPMH provides grant funding through its Community Visions program.
- **Teen Maze**, described in Priority 1, also contains programs and materials that make youth aware of counseling and mental health services. Providers are in attendance and provide materials. Modules provide awareness of wrong choices, and then what interventions can do when delivered at the right time.
- **Girls' Inc. PEERsuasion program** --Girls develop skills to resist pressure to use harmful substances, such as drugs, alcohol, tobacco, and household chemicals. After learning healthy ways to manage stress and to deflect peer, media, and other pressures

that contribute to substance use, girls become peer educators (PEERsuaders) for younger girls. (available in Spanish)

- **PTSD Telemedicine study** -- This study is funded by the Department of Defense and is comparing the delivery of cognitive behavioral therapy via face-to-face administration with delivery by telemedicine, to military personnel residing in the South Georgia region. The study has completed recruitment, with a total number of nineteen enrolled. The targeted number was 60, but enrollment needed to stop to allow those already enrolled to complete their treatment and assessment sessions before the grant terminates in August 2013. A greater number of enrollments were not achieved despite a tremendous marketing effort incorporating public presentations, television advertising and appearances, radio advertising, newspaper articles and advertising, as well as flyers distributed to a large number of businesses and other organizations in the community. It should be noted that this marketing campaign stretched throughout the South Georgia region, with inquiries and subsequent enrollments from individuals in Columbus and Savannah, as well as Dougherty county and the surrounding communities. The low rate of enrollment is not uncommon for a study involving PTSD among the military. Clinical practitioners and published studies have indicated a stigma surrounding the diagnosis, a sense of denial among some of those affected, feelings of wanting to remain in control, concerns for one's career, among other factors.
  
- **Camp Good Grief and Journey**-- Albany Community Hospice holds an annual grief camp for children and teens. Camp Good Grief is for children fifth grade and below, and Journey is for youth/teens sixth-12th grades. The camps allow children and teens to grow and grieve together. Camp participants engage in activities and small group sessions to help them learn about and discuss grief with their peers. Experienced, trained counselors, who are prepared to deal with bereavement issues, will assist campers throughout their time at the camps. The children participate in small group activities, such as crafts, group sessions and games to help children express their grief. A memorial service is also held at the conclusion of each camp day. There is no cost for participating. The camp is most beneficial to those children and teens who:
  - have lost a loved one in the last one to three years
  - have a realistic memory of the person who died
  - placed significant importance on the person who died

### Priority 3: Obesity and Related Diseases

#### Why is this Important?

In the past 30 years, childhood and adult obesity have tripled nationally. Obese children are at greater risk of being obese as adults than their normal weight peers. Children and adolescents who are obese are a greater risk of joint problems, sleep apnea and more likely to be teased and bullied which can lead to low self-esteem. Children living in low socio-economic status (SES) households are most likely to be obese (26%). According to several pediatricians interviewed for this assessment, adolescent obesity is a major concern. It is not uncommon for children as young as eight to be diagnosed with adult onset Type II diabetes. In rural Georgia where obesity among Black children averages 33%, county health directors facing almost annual budget cuts report obesity among our children as soaring despite reports that each county other than Dougherty have met the national target for low income preschoolers.

Among adults, obesity rates are significantly above the national average in Dougherty, Terrell and Mitchell. Coincidentally, those same counties have the significantly high diabetes rates compared to the national averages. Age-adjusted death rates caused by diabetes in the primary service area ranks in the bottom quartile of all Georgia Counties .

Each year, Albany Area Primary Health Care (AAPHC) conducts an annual demand needs assessment. The latest report lists the top ten diagnoses by condition and associated visits with each category. This is a summary report from all of AAPHC sites.

**Figure 18: Top Ten Diagnoses: All AAPHC Clinics**

Description	2012	Description	2011	Description	2010
Hypertension, benign	13,118	Hypertension	20,817	Hypertension	21,687
Hypertension, 401.9	7,171	Hypertension, benign	11,421	Hypertension, benign	11,421
Diabetes II, 250.0	6,483	Diabetes II, 250.0	11,096	Diabetes II, 250.0	10,720
Well Child Visit	5,172	Well Child Visit	7,072	Hyperlipidemia	7,131
Hyperlipidemia	3,664	Hyperlipidemia	6,155	Allergic Rhinitis	5,676
Allergic Rhinitis	3,844	Allergic Rhinitis	5,097	Diabetes II, uncontrolled	5,662
Diabetes II, uncontrolled	2,760	Vaccine Flu	4,631	Well Child Visit	4,422
Asthma	2,500	Diabetes II, uncontrolled	4,322	Anemia	2,647
Reflux, Esophagus	1,956	Asthma	3,937	Vacc Hep Viral	2,575
Hypercholesterol	1,245	Anemia	3,302	URI	2,546

*Data Source: AAPHC, Demand Needs Assessment, November 2012*

Figure 19: Obesity and Related Diseases Indicators

Primary Service Area (PSA): Dougherty, Lee, Mitchell, Terrell, Worth				
Indicator	Current and Target	Data	Since Prior Period	Status
Low-Income Preschool Obesity and Adults Who are Obese				
<b>Dougherty</b>	<u>Preschool</u> Current: 14.0 Target: 13.9			
	<u>Adult</u> Current: 34.8 Target: 30.9			TARGET NOT
<b>Lee</b>	<u>Preschool</u> Current: 13.1 Target: 13.9			TARGET MET
	<u>Adult</u> Current: 28.1 Target: 30.9			TARGET MET
<b>Mitchell</b>	<u>Preschool</u> Current: 11.6 Target: 13.9			TARGET MET
	<u>Adult</u> Current: 34.3 Target: 30.9			TARGET NOT
<b>Terrell</b>	<u>Preschool</u> Current: 12.1 Target: 13.9			TARGET MET
	<u>Adult</u> Current: 37.5 Target: 30.9			TARGET NOT
<b>Worth</b>	<u>Preschool</u> Current: 13.6 Target: 13.9			TARGET MET
	<u>Adult</u> Current: 29.7 Target: 30.9			TARGET MET

	This gauge shows whether the County or Service Area value meets a specific target. The County or Service Area value is represented by the left bar and the target value by the right bar.
	This gauge shows whether the County; Dougherty value is increasing or decreasing over time. A green arrow means the value is improving and a red arrow means the value is getting worse. The = (equal) sign means that there is not a significant increase or decrease since the last measurement. A blue arrow means the value being higher (or lower) is not necessarily good or bad.
	This gauge shows whether a specific target is met.

**Figure 20**



Source: GA Department of Public Health

**Figure 20: Obesity is a risk factor for diabetes and other chronic diseases. Dougherty, Mitchell, Terrell, Lee and Worth have significantly higher incidence of diabetes compared to all US Counties. The Age-Adjusted death rate for Dougherty, Terrell and Worth are also significantly higher compared to all US Counties.**

**Figure 21**

**Age-Adjusted Death Rate due to Obstructive Heart Disease**

Comparison: GA Counties

Location	Status	Deaths/ 100,000 population
<a href="#">County : Dougherty</a>		88.6
<a href="#">County : Lee</a>		85.4
<a href="#">County : Mitchell</a>		146.0
<a href="#">County : Terrell</a>		77.4
<a href="#">County : Worth</a>		192.7

**Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)**

Comparison: GA Counties

Location	Status	Deaths/ 100,000 population
<a href="#">County : Dougherty</a>		54.7
<a href="#">County : Lee</a>		32.6
<a href="#">County : Mitchell</a>		67.2
<a href="#">County : Terrell</a>		57.5
<a href="#">County : Worth</a>		49.6

Source: GA Department of Public Health

**Figure 21: Obesity is a risk factor for high blood pressure, high cholesterol as well as heart disease and stroke. This dial chart shows Mitchell and Terrell have significantly higher Age-adjusted death rates due to Obstructive Heart Disease while Dougherty, Mitchell and Terrell have high to significantly higher Age-Adjusted death rates due to stroke.**

**Figure 22**

**All Cancer Incidence Rate**

Comparison: U.S. Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		467.6
<a href="#">County : Lee</a>		448.9
<a href="#">County : Mitchell</a>		524.9
<a href="#">County : Terrell</a>		525.8
<a href="#">County : Worth</a>		436.2

**Age-Adjusted Death Rate due to Cancer**

Comparison: U.S. Counties

Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		178.3
<a href="#">County : Lee</a>		185.7
<a href="#">County : Mitchell</a>		212.7
<a href="#">County : Terrell</a>		218.5
<a href="#">County : Worth</a>		174.0

Source: [www.cancer.gov](http://www.cancer.gov)

**Figure 23**

**Breast Cancer Incidence Rate**

Comparison: U.S. Counties

Location	Status	cases/ 100,000 females
<a href="#">County : Dougherty</a>		107.7
<a href="#">County : Lee</a>		110.0
<a href="#">County : Mitchell</a>		136.0
<a href="#">County : Terrell</a>		120.0
<a href="#">County : Worth</a>		101.0

**Age-Adjusted Death Rate due to Breast Cancer**

Comparison: U.S. Counties

Location	Status	deaths/ 100,000 females
<a href="#">County : Dougherty</a>		22.2
<a href="#">County : Lee</a>		25.2
<a href="#">County : Mitchell</a>		30.9

Source: [www.cancer.gov](http://www.cancer.gov)

**Figure 24**

**Lung and Bronchus Cancer Incidence Rate**

Comparison: U.S. Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		67.3
<a href="#">County : Lee</a>		74.4
<a href="#">County : Mitchell</a>		90.5
<a href="#">County : Terrell</a>		70.4
<a href="#">County : Worth</a>		65.7

**Age-Adjusted Death Rate due to Lung Cancer**

Comparison: U.S. Counties

Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		53.5
<a href="#">County : Lee</a>		54.7
<a href="#">County : Mitchell</a>		61.9
<a href="#">County : Terrell</a>		65.4
<a href="#">County : Worth</a>		50.0

Source: [www.cancer.gov](http://www.cancer.gov)

**Figure 25**

**Prostate Cancer Incidence Rate**

Comparison: U.S. Counties

Location	Status	cases/ 100,000 males
<a href="#">County : Dougherty</a>		224.6
<a href="#">County : Lee</a>		168.9
<a href="#">County : Mitchell</a>		223.9
<a href="#">County : Terrell</a>		261.3
<a href="#">County : Worth</a>		174.5

**Age-Adjusted Death Rate due to Prostate Cancer**

Comparison: U.S. Counties

Location	Status	deaths/ 100,000 males
<a href="#">County : Dougherty</a>		21.0
<a href="#">County : Mitchell</a>		42.8

Source: [www.cancer.gov](http://www.cancer.gov)

## What are the gaps?

- Lack of recreational built-neighborhoods to encourage physical activity
- Lack of nutritionists to provide meal planning guidance
- More routine and intense exercise in the schools
- A comprehensive all-out approach to engage families in healthy living and active lifestyles through community health education outreach program
- Lack of collaborative community resources to eliminate fragmentation of services
- Lack of enrollment in clinical trials particularly among rural residents
- Lack of health navigators
- Inadequate access to health screenings
- Lack of medical homes

## How is the need being met?

Many community programs address aspects of obesity and the related acute and chronic diseases in a variety of programs and screenings, as well as structured assessments. The hospital also works closely with the community to identify areas of opportunity and where applied resources will have the most impact. For example, a Choice Neighborhood proposal by the Albany Housing Authority on Census Tract 8 near the hospital identifies high reliance on the PPMH emergency room by the neighborhood's 1478 residents (.46 visits per person per year). The study estimates that more than one third could have been avoided, indicating a lack of access to primary care for this population and the need for more neighborhood primary care access. PPMH is currently preparing for Level II trauma designation and in the planning phases of repurposing emergency space in its two Albany facilities. The hospital is also planning a chronic heart failure clinic to address better management of one of the most prevalent conditions leading to ER usage and avoidable hospitalization.

Programs include the following:

- **Kohl's Cares Middle School Health Program** -- In partnership with Kohl's and their Associates in Action, we offer 8<sup>th</sup> grade health fairs at nine public and private middle schools in Dougherty and Lee County. At these events, 8<sup>th</sup> grade students participate in important health screenings and are engaged in brief health education lessons on a variety of topics: Blood Pressure, Hearing and Vision Screening, Hemoglobin Check, No Smoking Survey, Flexibility, Choking Charlie, Height and Weight, Drugs and Alcohol, and Healthy Lifestyles to name a few.
- **Phoebe's Diabetes Center** participates in community outreach programs, health fairs, provides blood sugar screenings and gave lectures on healthy eating in schools and churches to almost 3,200 participants in FY 2012.

- **Youth Being Healthy, Inc.** is a nationally recognized program that focuses on adolescent obesity prevention.
- **Phoebe's Network of Trust** provides Health Teacher Training and Nutritional seminars to school personnel throughout Southwest Georgia and participated in several health fairs to reach over 3,000 people .
- **Albany Area Primary Health Care (AAPHC)** has partnered with a major hospital in New York in a large research study to determine if In-home coaching will improve lifestyle choices, improve food selection and increase exercise levels aid in reducing BMI and chronic disease. The research project uses an accelerometer to measure activity.
- **District Public Health** has several key outreach initiatives to reduce obesity and its impact on acute and chronic disease.
  - **Albany Faith Network** -- The Network consists of Pastors, Lay Member and community organizations working together to increase the awareness of Chronic Diseases and their risk factors such as obesity through policy and environmental change initiatives. Through collaboration, faith based partners work to build capacity, share successes and challenges, offer support and serve as a platform to mobilize faith ministries in their service/target area. Several of the faith based organizations have walking clubs that meet regularly.
  - **Community Gardens** -- Public health is in the process of working with local partners to establish community gardens and a mobile farmers market. The gardens and mobile market will provide affordable easy to access vegetables to the community. Community Gardens provide nutrition as well as physical activity. Trumpet of God church has also developed a community garden.
  - **Health fairs** are done routinely throughout our district. Health fairs are structured to help ensure that prevention strategies are culturally, linguistically, and age appropriate, and that they match people's health literacy skills. Education on diet and exercise as well as BMI measurement is provided at the health fairs. Pedometers are given out as well.
  - **SHAPP program (Stroke Heart Attack Prevention Program)** -- This program provides counseling and education to patients on modifiable risk factors such as diet at exercise.
- **PPMH Stroke program** is working with the American Heart Association to gain certification.

- **Lincoln Elementary Magnet School Garden** -- PPMH partnered with the American Heart Association and provided \$25,000 in funding for a teaching garden at Lincoln Elementary Magnet School. The Garden promotes healthy living through a learning – based program. Students learn how to plant seeds, nurture growing plants, harvest produce and ultimately understand the value of good eating habits. They had their first meal prepared with the harvested veggies on Wednesday, April 24, 2013. The idea for the Teaching Garden is based on studies indicating that participating in school gardening programs can improve students' attitudes about fruits and vegetables.

## Cancer

### Phoebe programs

PPMH works in partnership with several community organizations to reduce the incidence of disease, including heart, cancer and stroke. The incidence of and mortality from cancer in the region continue to rank among the highest in the state, and collaboratives and community-based programming in prevention and education, and health promotion are in place with the Cancer Coalition of South Georgia, Phoebe Gastroenterology and Albany Area Primary Health Care and Public Health to address these priorities. Initiatives also reach out to many faith-based organizations, universities and schools and civic groups.

Cancer Coalition of South Georgia operates the following programs impacting disease, lifestyles and behavior. PPMH contributes approximately \$250,000 annually to this work and has an active role on the organization's board.

### **Tobacco cessation**

- Focused on teaching and training high-school students to advocate for policies designating their schools 100% tobacco-free. Very successful in Miller County; local hospital, county, and others followed lead of school district, and community has *sustained* the efforts on their own. Now working in Early County with plans to replicate in Lee Co. and other areas.
- Facilitated Emory's plans to include Albany Tech and Moultrie Tech in new study re: tobacco use and cessation among community college and technical college students (higher smoking rates).
- Promotion of Georgia Tobacco Quitline throughout the region.
- Previous work in community health centers increased clinicians' screening of patients for tobacco use, referring to cessation support group and prescribing nicotine replacement therapy.

## **Obesity Prevention**

The Emory Research Prevention Research Center has a Southwest Georgia collaborative of which PPMH is a member to look at the efficacy of using health coaches in family homes. Emory University conducts the study locally with the Cancer Coalition as its community partner. The recently completed study assisted 353 families in identifying and changing behaviors to prevent weight gain by improving diet and physical activity. Behavioral change will not only decrease cancer risks, but also risk of other chronic diseases,

## **Community Cancer Screening Program <sup>TM</sup>**

- An integrated and coordinated system of care that provides individualized health navigation and cancer screening for uninsured and under-insured individuals. Centered around establishing the patient within a primary care medical home, so all health needs are addressed with goal of comprehensive chronic disease prevention and management (cancer, heart, diabetes, others).
- Partners include Phoebe Memorial Hospital, PPMH Cancer Center, Digestive Health and Gastroenterology; Public Health Department; Albany Area Primary Health Care and other community health centers.
- Colorectal cancer screening prevents potential future cancers by removing high-risk polyps at the time of colonoscopy screening, or finds it early stage; mammograms and Pap tests detect breast and cervical cancers early stage; discussion with PCP re: prostate cancer risk determines need for and follow-up from prostate cancer screening. Prevention and early detection saves lives as well as healthcare dollars.
- The program's structure allows us to be responsive to new evidence, such as newly-released guidelines for lung cancer screening.
- Has provided 1,400 screenings since program's inception in 2006 Program has been adopted by the Georgia Department of Public Health as the statewide model and also recognized by the national Centers for Disease Control and Prevention for its success. PPMH and community physicians have provided almost \$500,000 in free colonoscopy services.
- Long-term sustainability due to institutionalizing the program within the major clinical entities and the national focus on disease prevention and screening.

## **Biobank**

The Cancer Coalition initiated at Phoebe the first regional collection site for the state's biorepository (tumor bank). In order to determine causes of the area's high cancer incidence and mortality rates, researchers must have access to tissue samples from our area's residents. Providing the means for local specimens to be collected and submitted ultimately will lead to effective measures to better prevent and control cancer in our communities.

- **Asthma Awareness** -- PPMH has created an asthma resource guide for each school nurse in Dougherty County, reaching a total of 27 schools. This guide includes quick reference charts for common asthma triggers, information on how to appropriately use a peak flow meter, common asthma medications, including both maintenance and rescue medications, instructions on how to properly use a metered dose inhaler, a list of asthma resources to include a list of pediatricians names and numbers that serve our community. School nurses have completed a minimum of four hours of continuing education on-line, to include the GASN Asthma Webinar. This webinar includes a detailed description of asthma related topics that impact our community. Each nurse completed the webinar and received a pulse-oximeter to be used in their clinics. The pulse-oximeter is a valuable tool in the assessment of our asthmatic students/patients. To further collaboration, a nurse serves actively as a vice co-chair with the Georgia Association of School Nurses (GASN) Asthma Task Force. The GASN Task Force is made up of school nurses throughout the state of Georgia who have an interest in asthma education and awareness of school aged children. We meet monthly via teleconference to discuss asthma action/education within the state of Georgia. Currently, we are gearing up for the GASN Conference in July 2013 with discussion of how to get more nurses trained as Asthma Educators within the state. In addition, we are planning asthma awareness activities for our schools and communities and focusing on how to share these with other nurses who could benefit. Discussions are also happening pertaining to indoor/outdoor air quality, common pollutants found in schools, as well as school bus retro-fit laws.
- **Project S.A.V.E.** (Sudden Cardiac Death, Awareness, Vision for Prevention and Education) -- A program, created by *Children's Healthcare* of Atlanta to assist schools with implementation of a comprehensive program to prevent sudden cardiac death. This prevention program includes use of a pre-participation sports physical form to help identify students at risk, awareness of the school staff and community of the warning signs and treatment of sudden cardiac death, CPR/AED training, and overall implementation of a quality AED program. Four school nurses are trained CPR instructors. All middle and high schools are Project SAVE/CPR certified with AED's, which have been provided by PPMH. Through a grant from the *Firehouse Subs Foundation*, as of February 2013 we will provide AED's to our 17 elementary schools so they can become Project SAVE certified also.
- **Kohl's Cares Middle School Health Program** -- In partnership with Kohl's and their Associates in Action, we offer 8<sup>th</sup> grade health fairs at 9 public and private middle schools in Dougherty and Lee County. At these events, 8<sup>th</sup> grade students participate in important health screenings and are engaged in brief health education lessons on a variety of topics: Blood Pressure, Hearing and Vision Screening, Hemoglobin Check, No Smoking Survey, Flexibility, Choking Charlie, Height and Weight, Drugs and Alcohol, and Healthy Lifestyles to name a few.

- **Clinical research** – Clinical research, especially in the form of randomized controlled clinical trials, offers many benefits to the individuals who enroll. Attention to the details of their care, the potential to be an early recipient of beneficial care, and a sense of giving are only a few. However, clinical research suffers from challenges to enrollment. PPMH is also very engaged in cancer clinical trials. Presently, there are nearly 40 studies actively recruiting in various cancer diagnoses. However, only a few studies have actually enrolled patients, with fewer still enrolling more than two subjects. The exception has been our breast cancer screening study, which is a diagnostic study with more than 60 enrolled over the 16-month open period. Nationally, the percentage of adult cancer patients that enroll to a study varies between three to five percent. Locally, enrollment is presently at four percent, which meets Commission on Cancer accreditation requirements for clinical trial enrollment. Most commonly, this level of low enrollment results in delays in the eventual approval of new treatments or even early cancellation of otherwise promising clinical trials. A number of aspects may impact enrollment, including physician and patient awareness, the stringent eligibility criteria, poor public understanding of clinical research, discomfort at having one's treatment randomly selected, and negative media profiles of dishonest and unreliable research.

## **Priority 4: Health Literacy, Education and Lifestyle Choices**

### **Why is this important?**

A key recommendation from the community input sessions centered on health literacy, education and advocacy. The importance of health literacy is multi-faceted and is particularly impactful in efforts to reduce health disparities. The participants had strong opinions on the link between health literacy and health outcomes. A health disparity is a difference in health outcomes across subgroups of the population, often linked to social, economic, or environmental disadvantages (e.g., less access to good jobs, unsafe neighborhoods, lack of affordable transportation options). According to the Office of Disease Prevention and Health Promotion, people with limited health literacy skills make greater use of services designed to treat complications of disease and less use of services designed to prevent complications. This is noted in a proposal prepared by the Albany Housing Authority for a Choice Neighborhoods, where data show residents access care at the emergency center level far more than at primary care sites. Studies also demonstrate a higher rate of hospitalization and use of the emergency centers. In fact, those with low health literacy skills are more likely to report their health as poor and more likely to skip preventive measures such as mammograms, pap smears and flu shots.

**Figure 26**

**High School Graduation  
County View**

Comparison: GA Counties

Location	Percent	Status
<a href="#">County : Dougherty</a>	78.4	
<a href="#">County : Lee</a>	74.8	
<a href="#">County : Mitchell</a>	91.1	
<a href="#">County : Terrell</a>	75.3	
<a href="#">County : Worth</a>	72.7	

*This indicator shows the percentage of students who graduate from high school within four years of their first enrollment in 9<sup>th</sup> grade. These scores are for the 2009-2010 school year. With the exception of Lee County, all schools are below the state average.*

Source: Georgia Governor's Office of Student Achievement

## Figure 27: Self-Reported General Health Assessment

Those with lower health literacy skills are more likely to self-report Poor or Fair health and report a greater number of poor physical health days compared to those with greater health literacy skills.

### Self-Reported General Health Assessment: Poor or Fair

Comparison: U.S. Counties

Location	Status	Percent
<a href="#">County : Dougherty</a>		20.8
<a href="#">County : Lee</a>		11.1
<a href="#">County : Mitchell</a>		18.6
<a href="#">County : Worth</a>		24.6

### Poor Physical Health Days

Comparison: U.S. Counties

Location	Status	Days
<a href="#">County : Dougherty</a>		3.8
<a href="#">County : Lee</a>		3.2
<a href="#">County : Mitchell</a>		4.3
<a href="#">County : Worth</a>		4.5

Source: [www.countyhealthrankings.com](http://www.countyhealthrankings.com)

## What are the gaps?

### School-Based:

- School Based Health Literacy Education that translates to smarter choices
- Earlier introduction of health education in schools and physician offices
- A need for more peer education or lifestyle coaches in schools
- Greater focus on education and health literacy prevention models
- Utilization of social media to get to reinforce the message

## Community-based:

- A need for more parent-focused health education classes
- Conduct education on specific education issues tied to health indicators, and
- Focus on targeted Preventative measures.

## How is the need being met?

- **HealthTeacher** -- A comprehensive K-12 curriculum that addresses knowledge, attitudes, and skills development; provides opportunities for students to practice behaviors to promote lifelong health. PPMH invested approximately \$500,000 in HealthTeacher to provide every teacher in Dougherty County and 16 other Southwest Georgia counties free, unlimited access to HealthTeacher platforms and programs. Lesson plans meet national standards, are approved by the staff of Vanderbilt University, and go through the HECAT (Health Education Curriculum Assessment Tool).
- **Childbirth and lactation classes**
- **Faith-based outreach**
- **Health Fairs** – PPMH has held a Men’s Health Fair (Healthy Fathers) event since 2002 to provide screenings for cholesterol, glucose (if not a diabetic) and blood pressure. Abnormal results were found in 40% of blood pressures, 50% of glucose screens and 27% of cholesterol screens. The Fair for 2012 drew 469 participants, 85% of whom are African American. Fairs have also included prostate exams. The Fairs underscore the need to provide access. 190 men had no primary physician and 166 were uninsured. Participants receive letters of explanation and other health information on notification of results. The Fair also includes physician presentations on important health awareness issues, including smoking cessation, head and neck cancers and nutrition.
- A **Women’s Health Fair** is held every October with 294 in attendance in 2012 for screenings as above and seminars on women’s health issues, especially breast cancer awareness. 83% of participants were African American and 20% of all participants were uninsured. Breakout sessions were lead by doctors Phillip Roberts – *Lung Cancer Treatment types and Improvements*, Shawnta Speer – *Breast Cancer Risk Factors and Prevention*, Wayne Holley – *Screening & Diagnosing Lung Cancer* and staff from Public Health who addressed *Breast, Cervical and Colon Cancer Screening*.
- **Screenings** -- PPMH holds a February screening event annually at the Albany Mall. All fairs have strong community partnerships with local business, civic groups, physicians and media outlets.

- **Dougherty County Family Connections Literacy Program** – The goal of DCFLC is to break the cycle of illiteracy and poverty using a literacy model that involves the whole family. Students (mostly female) with children under the age of eight in need of adult education participate in a four component program that include basic adult education, GED preparation classes, parenting classes, and quality child care for children birth to age four. The main focus of adult students is obtaining a GED. After receiving a GED, 85% of students continue their education by enrolling in a higher education institution,

## Appendix A

### PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

#### 2013 BOARD OF DIRECTORS

<b>NAME</b>	<b>OCCUPATION</b>
John Culbreath Chairman	Retired Superintendent of Dougherty County Schools
Mary Helen Dykes Vice Chairman	Retired Owner/Treasurer Bobs Candies
Bernard P. Scoggins, M.D.	Internal Medicine
Hasan Rizvi, M.D.	Physician, Nephrology
Ron Wallace	Deputy Site Manager, Albany Operations JacobsAdvanced Systems Group
Mark Lane	President, SB&T
Tim Dill	Plant Manager Miller Coors
Steve E. Kitchen, M.D.	Physician/OB-GYN
Sally Whatley, PH.D.	Retired- School Superintendent
Kimberly Fields, Ed.D	Special Education Coordinator Albany State University
Clay Banks	General Manager -Equity Group-Camilla
Karen Iler	CFO, Woodford Plywood, Inc.

## Appendix B

### List of Key Leader Interviews

Nedra Fortson, Executive Director Samaritan Clinic	Sandy Hilsman, President 100 Black Men
Mindy Spencer, RNC, Outreach Coordinator Phoebe Putney	Cynthia George, Consultant Strive to Thrive
Margaret Funk, RN Transport Coordinator Phoebe Putney	Pam Reynolds, MN, Med Center Director, AHEC
Angie Barber, Director Phoebe Network of Trust	Vamella Lovett, Director Dougherty County Health Department
Brett Kirkland, Director of Community Outreach Sherwood Baptist Church	Diane Fletcher, Executive Director Southwest Georgia Cancer Coalition
Sandy Bamford, Executive Director Dougherty County Family Connection Literacy	Lucius Holloway, District 1 Commissioner Terrell County
Todd and Ladonna Urick, Co-founders Mission Change	Mr Holley, President Terrell County NAACP
Dr Donna Edmond, M.D., Pediatrician Albany Area Primary Health Care	Charlotte Law, Director Terrell County Health Department
Ausha Jackson, Executive Director Albany Strive to Thrive	Richard Crowdis, Manager Dougherty County Board of Commissioners
Margaret Halbrook, Executive Director Terrell County Family Connection	Clifton Bush, Director of Specialty Programs Albany Area Primary Health
Aaron Blair, Downtown Manager City of Albany	Barbara Turner, Support Service Dougherty County School System
LaKiesha Bryant and Lorraine Alexander United Way	Dr. Jacqueline Grant, M.D. District Health Officer, District 8 Unit 2

Dr Robert B Shiver, M.D.  
Phoebe Family Medicine, Camilla

Todd Braswell, Director  
Phoebe Putney Emergency Center

Dr. Grace Davis, M.D., Pediatrician  
Sylvester Pediatrics

Bobbie Burroughs, LPN  
Phoebe Family Medicine Camilla

Dan McCarthy, Director Albany Housing  
Authority  
Albany Housing Authority

Gina Connell, RN, Director  
Worth County Health Department

Ron Wallace, Board Sub-Committee Chair  
Phoebe Putney Memorial Hospital

## **Appendix C**

### **Community Input Session Attendees**

Karman Williams, Darton College Student

Karen Hills, Phoebe, RN-Educator

Hope Harrelson, Phoebe-Network of Trust, RN-Educator

Denise Ballard, Cancer Coalition of Southwest Georgia, Vice-President

Diane Fletcher, Cancer Coalition of Southwest Georgia, CEO

Steven Ziemba, Phoebe, Director of Research

Ross Powell, Sherwood Baptist Church

Lorraine Alexander, United Way of SWGA, Community Impact Director

Dan McCarthy, Albany Housing Authority, Executive Director

LaKisha Bryant, United Way of SWGA, CEO

Jim Franklin, Phoebe, QI Analyst

Margaret Halbrook, Terrell County Family Connection, Coordinator

Charlotte Law, Terrell County Health Department, Co-Manager

Jan Shiver, Sowega-AHEC, Preceptor Coordinator

Danita Wiggins, Albany Housing Authority, Assistant Director for CHOICE

Debra Willingham, Southwest Public Health District, Youth Development Coordinator

Judith Rosenbaum, Albany State University, Health Disparity Research Community

Sherrell Alexander, Girls Inc of Albany, Executive Director

Pamela Jackson, MCLB, YBH Project, CEO

Mandy Flynn, Phoebe Foundation, Major Gifts

Eddie McBride, Network of Trust, Project Coordinator

Ginny Pike, Worth County Family Connection, Director

Tyrone Jackson, Trumpet of God Ministries, Health Coach/Ministry

Vellea Jackson, Trumpet of God Ministries, Ministry

Patricia Swain, Phoebe Cancer Center, Outreach Coordinator

Regina Glass, Trumpet of God Ministries, Ministry

Gloria Jefferson, Delta Life Development Foundation, Board of Director

Gail Melvin, Lee County School System, Assistant Director/Wellness Chair

Lisa Bailey, Lee County School System, System Social Worker

Lisa Spears, Albany Area Community Service Board, Aspire OP Clubhouse Manager

Elizabeth McQueen, Albany Area Community Service Board, Chief Clinical Officer

Rena Brewer, SE Telehealth Resource Center, Director

Margaret Funk, Phoebe, Neonatal Transport Coordinator

Mindy Spencer, Phoebe, Neonatal Outreach Coordinator

Keisha Callins, M.D., Mirion Worthy Women's Health Center, Ob/Gyn

Charlene Glover, Trumpet of God Ministries, Pastor

## **Appendix D**

### **Network of Trust Partners**

Dougherty County Health Department

Health District 8-2

Albany State University

MPA Program

HHP Program (formerly HPER)

History and Political Science

International Students

Nursing Students

Darton College Human Services Program

Albany Technical College LPN Students

Dougherty County School System

Albany Recreation and Parks Department

NAMI Albany

Dougherty County Family Literacy Connection

Lily Pad SANE Center

Right From the Start Medicaid

Wellcare

Peachstate Health Plan

Amerigroup

Alpha Pregnancy Center

Phoebe Cancer Center

Open Arms, Inc.

Albany Sickle Cell Foundation

Albany Area Primary Health Care

Lee County Pregnancy Resource Center

Vital Smiles of Georgia

# **Appendix E**

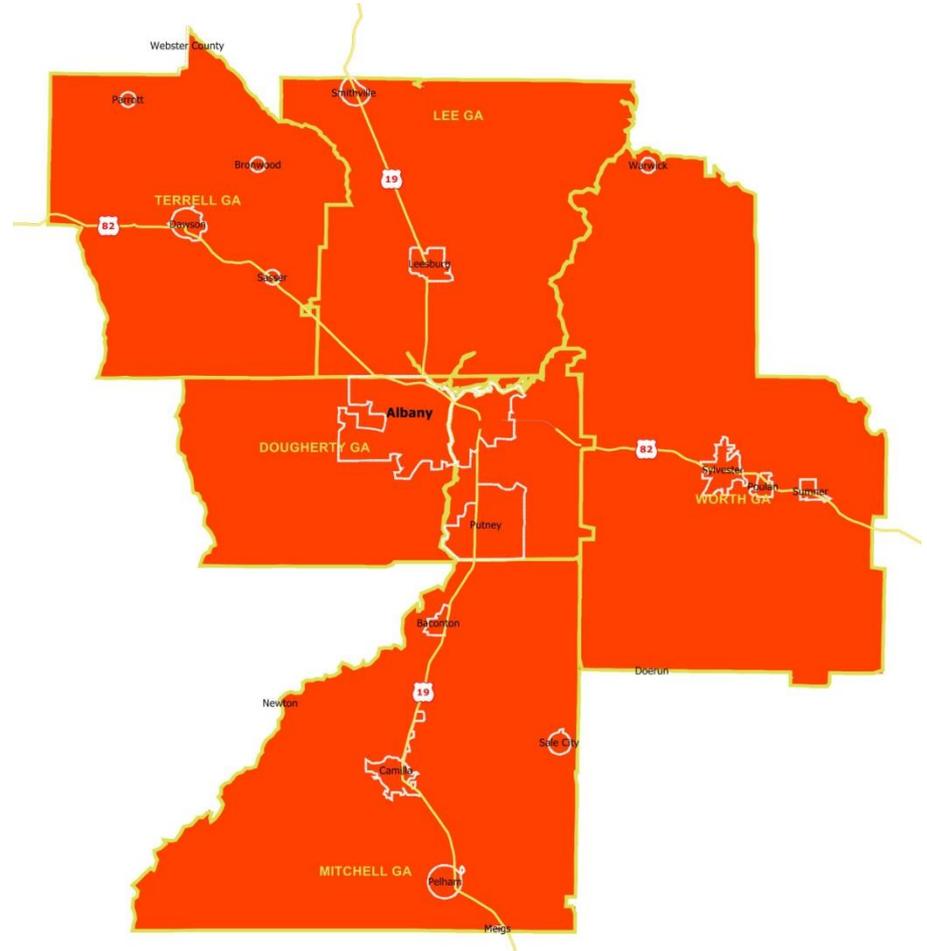
Prioritization work team meeting presentation

# COMMUNITY HEALTH NEEDS ASSESSMENT

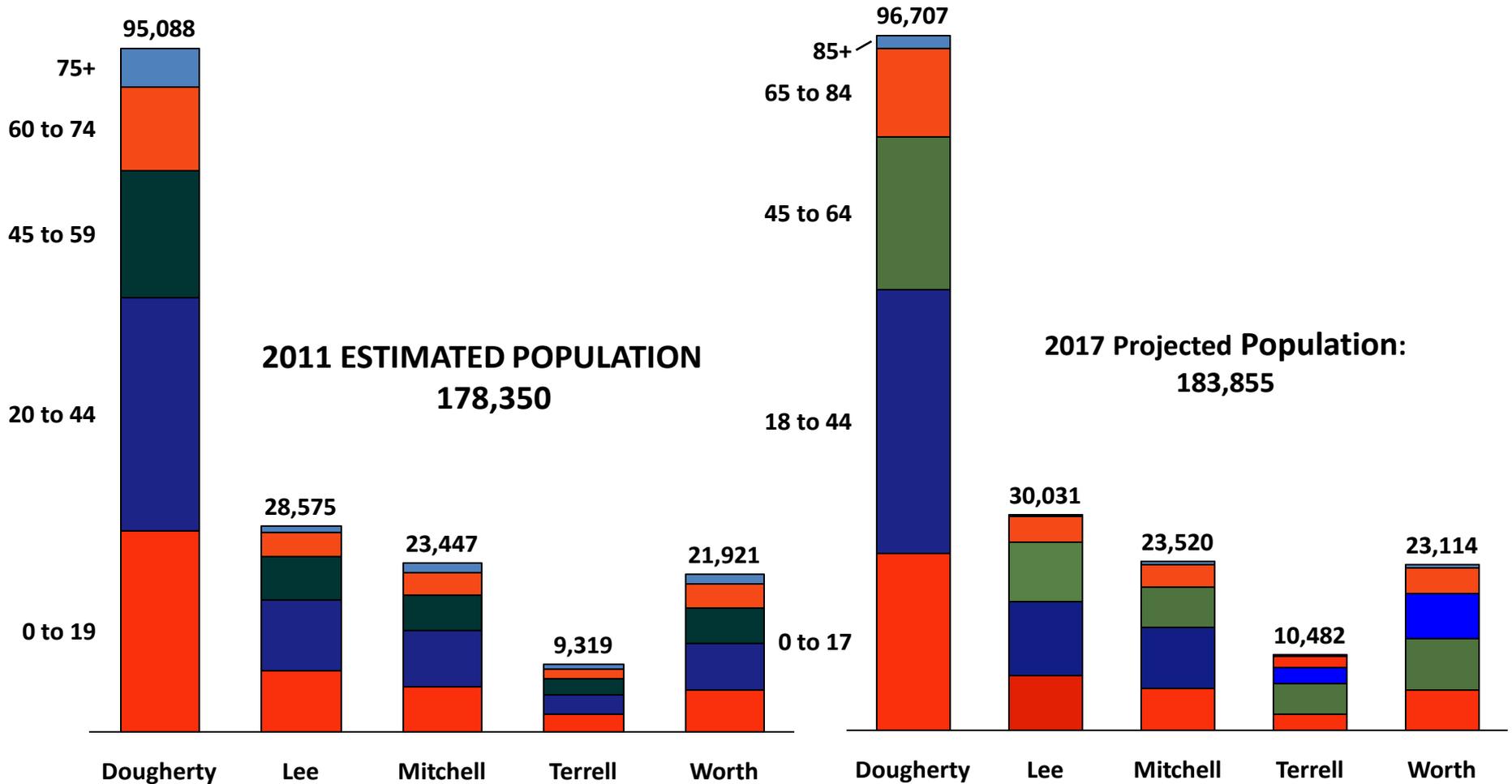
List of Priorities

March 29, 2013

# Community Health Needs Assessment Coverage Area



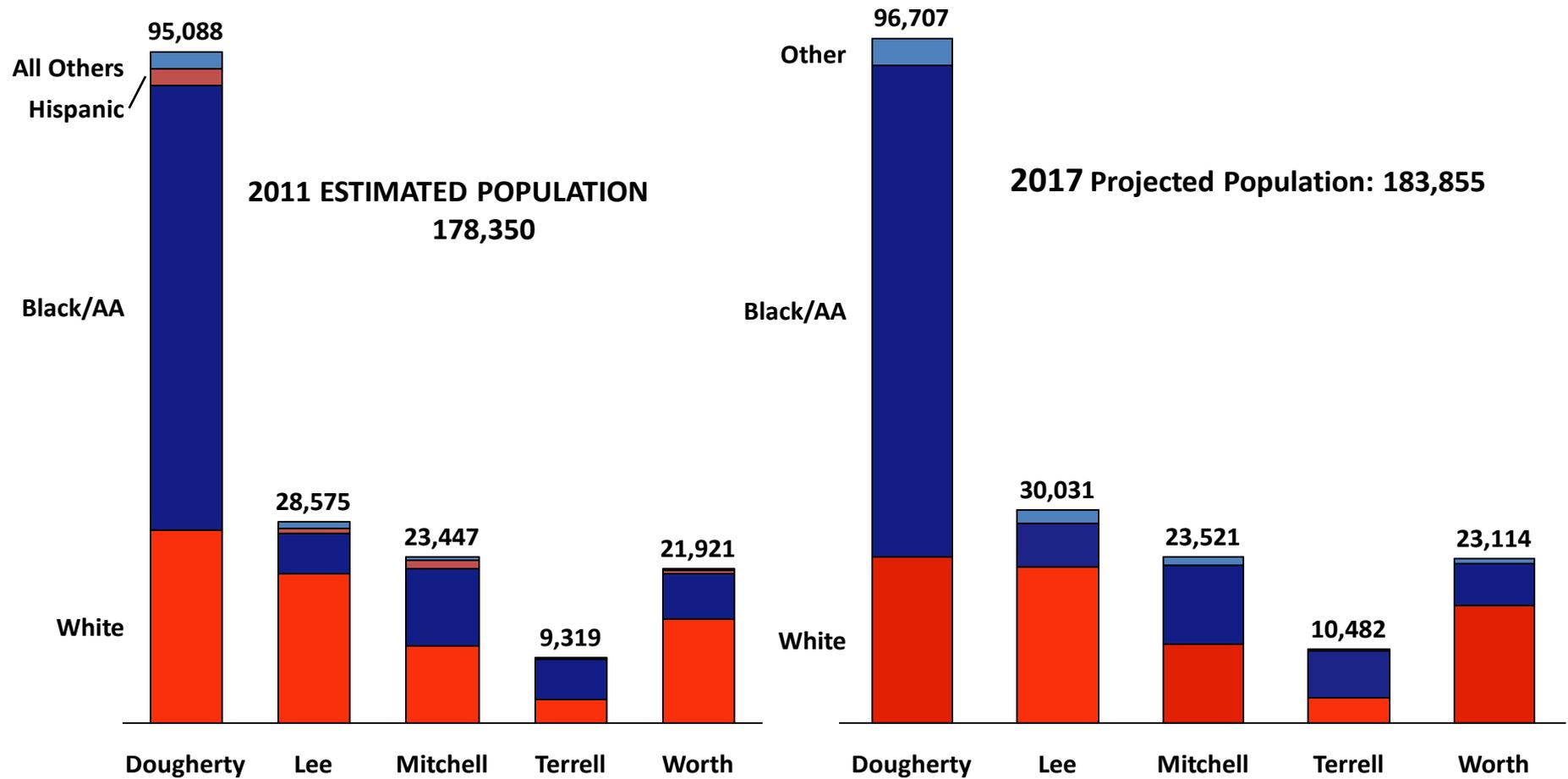
# POPULATION ESTIMATES AND PROJECTIONS



Data source: Georgia Department of Public Health, Oasis 2013

Nielsen-Claritas Data Set, December 2012 Build

# POPULATION ESTIMATES AND PROJECTIONS BY RACE



Data source: Georgia Department of Public Health, Oasis 2013

Nielsen-Claritas Data Set, December 2012 Build

# 2011 ESTIMATED POPULATION BY AGE AND RACE

County	White	Black/ AA	His- panic	Other	Total	County	White	Black/ AA	His- panic	Other	Total
<b>Dougherty</b>						<b>Mitchell</b>					
0 to 19	5268	20924	996	797	27985	0 to 19	2451	3351	411	160	6373
20 to 44	7472	23017	973	979	32441	20 to 44	3232	3904	518	130	7784
45 to 59	6037	11118	235	328	17718	45 to 59	2414	2232	92	47	4785
60 to 74	5416	5909	98	167	11590	60 to 74	1882	1186	30	43	3141
75+	3151	2094	43	66	5354	75+	876	461	18	9	1364
<b>Total</b>	<b>27344</b>	<b>63062</b>	<b>2345</b>	<b>2337</b>	<b>95088</b>	<b>TOTAL</b>	<b>10855</b>	<b>11134</b>	<b>1069</b>	<b>389</b>	<b>23447</b>
<b>Lee</b>						<b>Terrell</b>					
0 to 19	6014	1843	255	428	8540	0 to 19	614	1760	65	60	2499
20 to 44	6977	2148	263	374	9762	20 to 44	766	1816	91	42	2715
45 to 59	4834	1088	80	192	6194	45 to 59	848	1203	25	15	2091
60 to 74	2610	460	20	62	3152	60 to 74	778	620	12	6	1416
75+	778	127	8	14	927	75+	369	225	1	3	598
<b>Total</b>	<b>21213</b>	<b>5666</b>	<b>626</b>	<b>1070</b>	<b>28575</b>	<b>Total</b>	<b>3375</b>	<b>5624</b>	<b>194</b>	<b>126</b>	<b>9319</b>

*Data source: Georgia Department of Public Health, Oasis 2013*

# POPULATION BY AGE AND RACE

County	White	Black/ AA	His- panic	Other	Total
<b>Worth</b>					
0 to 19	3515	1991	155	154	5815
20 to 44	4338	1993	157	89	6577
45 to 59	3356	1326	49	62	4793
60 to 74	2585	734	27	54	3400
75+	1020	277	26	13	1336
<b>TOTAL</b>	<b>14814</b>	<b>6321</b>	<b>414</b>	<b>372</b>	<b>21921</b>

*Data source: Georgia Department of Public Health, Oasis 2013*

# **INPUT SESSION SCHEMATIC**

**Support Self-Sufficiency**

Expansion Of Poverty Prevention Programs (Strive To Thrive)

Local Job Skills Education

Increase Programs that address literacy rates

By Creating Jobs

Improve sub-standard housing

+role models for children

Role Modeling (breaking cycles)

Fund and Mobilize non-profits

**Plan for Effective Resource Development**

Focused, Collaborative & Coordinated Initiatives (pilot and duplicate) neighborhood level

Partner with Successful Cities

Collaborate & Pool Resources to Specific Problems

Utilize Existing Community Resources

Churches Reaching Communities Together

Increase Promotion & Availability of fit colorectal Screen Test in home

Educate community on health indicators

More Evidenced Based research and data

Collaboration within Community

Faith based involvement in education, prevention and provisions.

More Evidenced Based research and data

Faith based organizations take lead

Foster unity among stakeholders

**Promote Reproductive Responsibility**

Sex Education and Family Planning Clinics

Expand Pregnancy Centering Programs

Expansion of core services within Network of Trust

Education through social media and video.

Seek Innovative Solutions to Teen Pregnancy-find best practices.

STOP glorifying teen pregnancy: Stop publishing baby names in Herald

Family Planning in School Health Clinics

Offer Teen Pregnancy Prevention Programs in Schools and Community

Birth Control/STD Education

Increase Support in Rural Areas: AA, NA, NAMI, Alanon (Terrell County)

**Enhance Mental Health Services**

Improve Communication between HCP

Affordable healthcare/ Insurance Options

Educate on Need

More C&A in Albany

Drug Screening and Treatment

Integration of mental and physical health

Adolescent Crisis Stabilization Unit

Return Funding to C&A mental Health care

Development of Mental Health Facilities

Physician Recruitment of psychiatrists

**Promote Healthy Lifestyles**

Home Gardens (Education and Supplies)

Education and Access to Exercise

Adopt and Promote "Get Moving" Campaign

Expansion of Garden Planting in Low Income Areas

Mandatory PE Classes in School (k-12)

Promote Healthier Lifestyle Choices

Gov't support for healthy lifestyles

Community Gardens with poor communities

Small, healthy lifestyle support groups

Food Stamp Recipients' taught nutrition

### Health Literacy in Communities

Increasing Literacy leads to better understanding of health issues via education

Parent focused Health Education Classes

Conduct Education on Specific Health Issues

Targeted Prevention Education

Educate on Health and Wellness

School-based Health Education

Early Education (schools, dr's, etc.)

Health Info via "new media"

Peer Education (coaches, eg.)

### Improve Health Access

More Community Health Fairs and Screenings

Free Health Care Screenings

Provide Nurse Practitioners in Schools

Health Outreach semi-annually

Access to Preventive Health Care

Affordable healthcare/ Insurance Options

Grant Funding to support health access

More Mobile Clinics

More Local PCP (Terrell County)

Quick Care in Terrell County

Dentist accepting Medicaid

Provide Transportation to Medical Offices

Transportation for easier access to Resources

Use Navigator to connect Uninsured to Free or Affordable Care

Address Insurance Issues

RSM Outreach and Education

Identify health resources with navigation

PRIORITY

**MATERNAL/FETAL HEALTH**

# LOW AND VERY LOW BIRTHWEIGHT

Low Birth Weight and Very Low Birth weight is a significant problem in Southwest Georgia and accounts for 12 to 16% of all births.

## Babies with Low Birth Weight

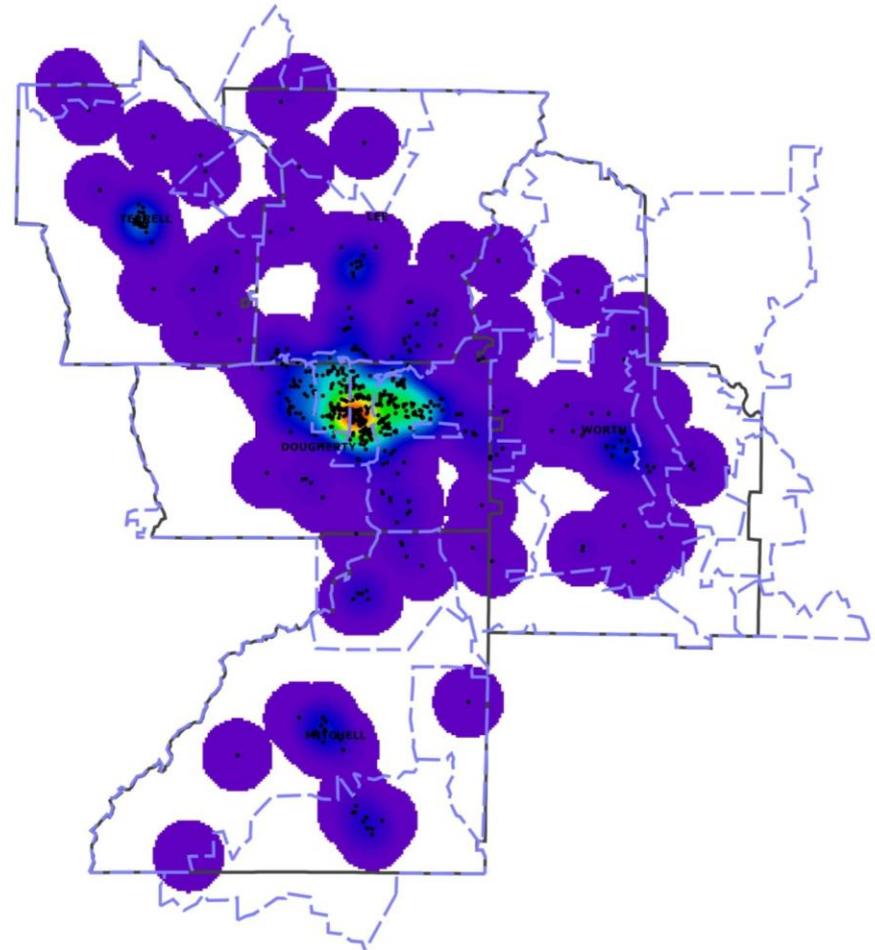
Comparison: GA Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		13.5
<a href="#">County : Lee</a>		10.4
<a href="#">County : Mitchell</a>		11.3
<a href="#">County : Terrell</a>		11.5
<a href="#">County : Worth</a>		9.6

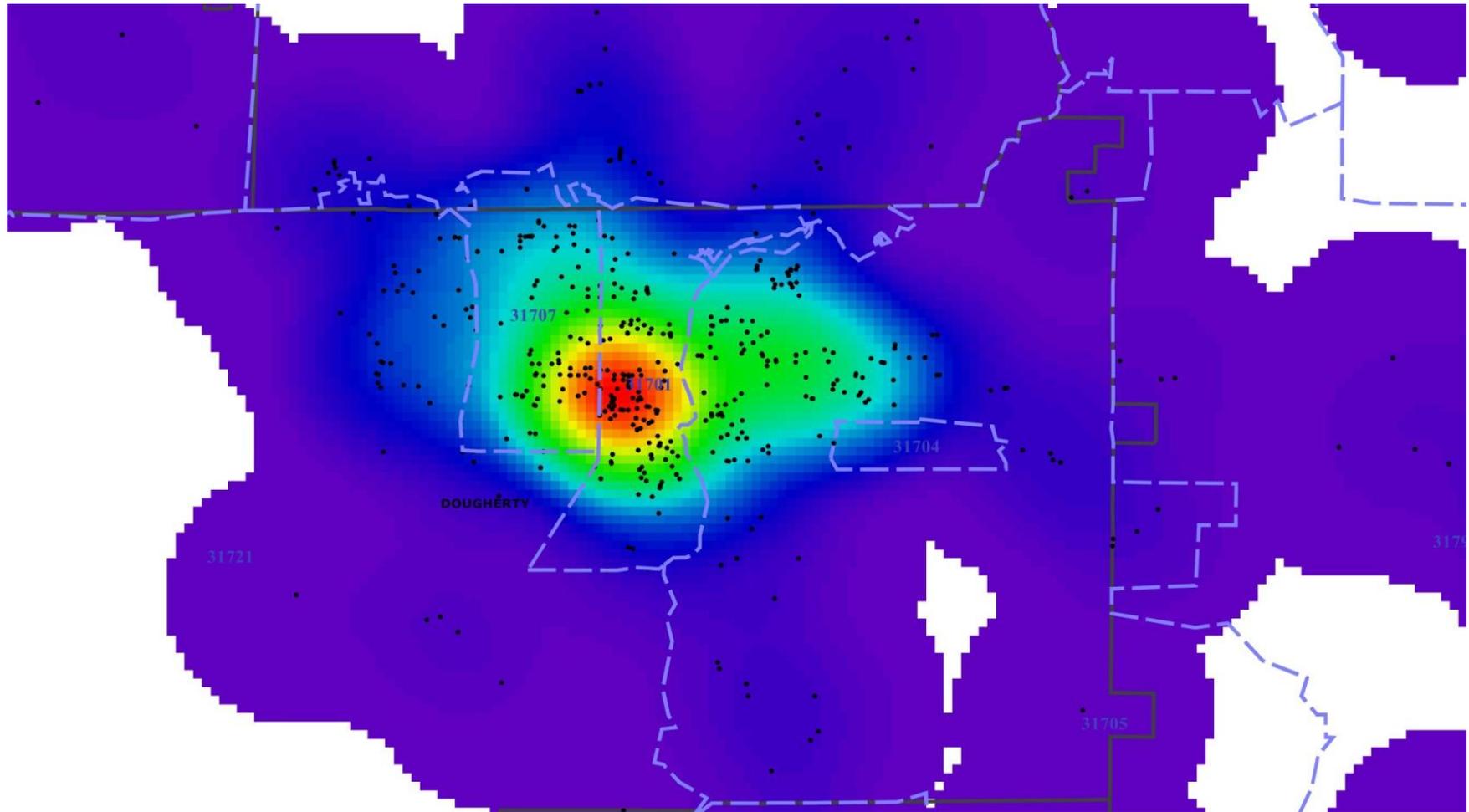
## Babies with Very Low Birth Weight

Comparison: GA Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		2.9
<a href="#">County : Lee</a>		3.7
<a href="#">County : Mitchell</a>		2.3
<a href="#">County : Terrell</a>		3.9
<a href="#">County : Worth</a>		2.1



**DOT DENSITY MAP AND GRID TO IDENTIFY HOTSPOTS  
LOW BIRTHWEIGHT INFANTS  
ZIP CODE VIEW IN ALBANY GA**

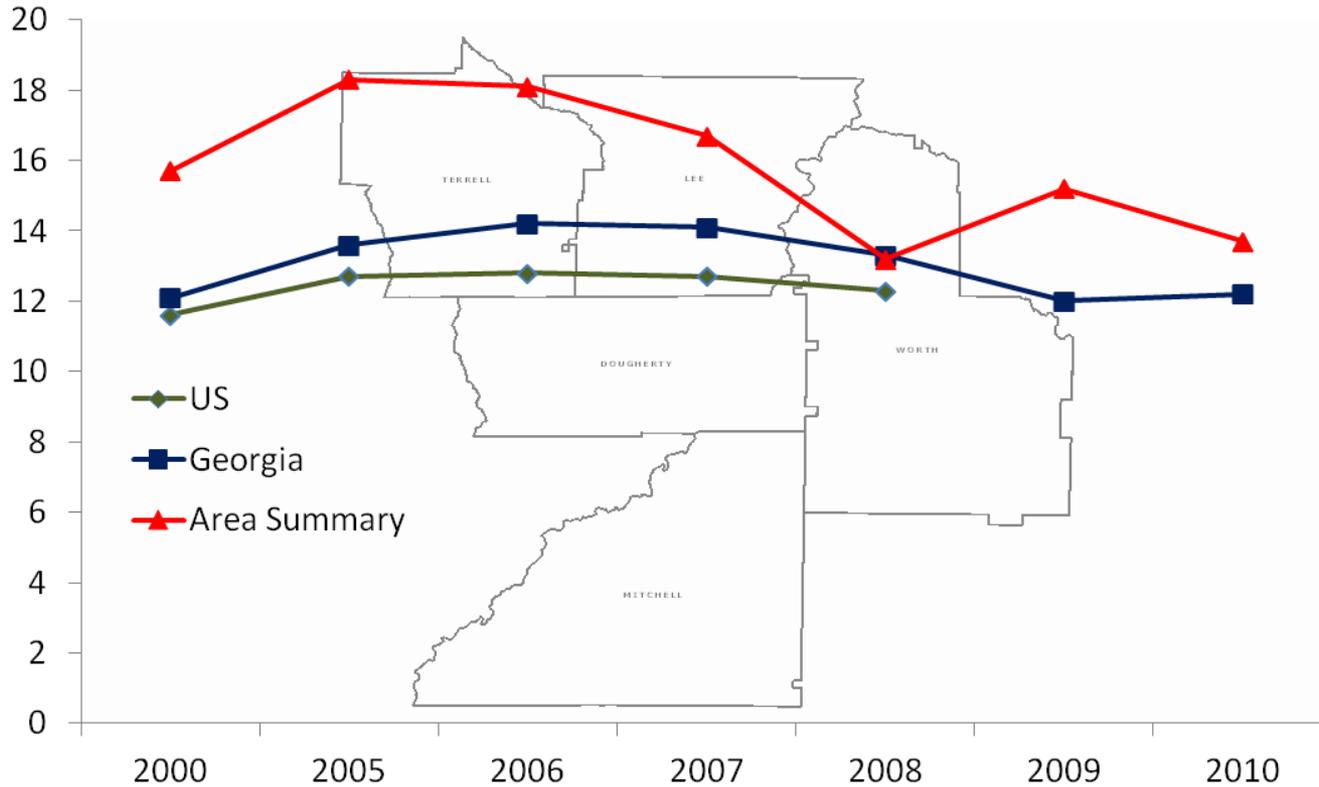


**DATA SOURCE: PHOEBE DECISION SUPPORT, 2012**

# PRETERM BIRTHS

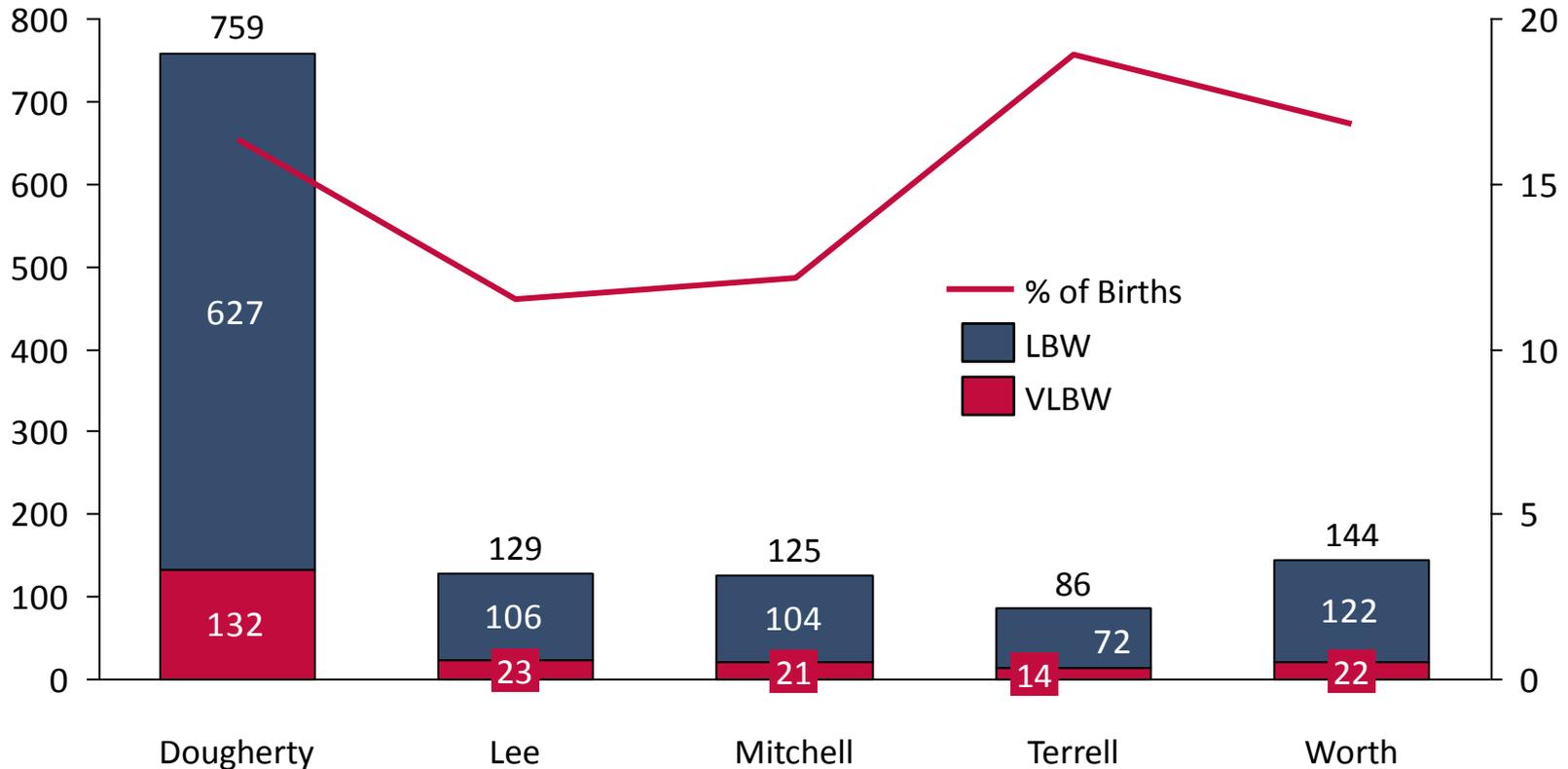
Nearly 58% of Preterm births came from Dougherty County from 2005 through 2010 from Phoebe's Primary Service Area.

Percent of Live Births



PRETERM BIRTHS=<37 MONTHS GESTATION

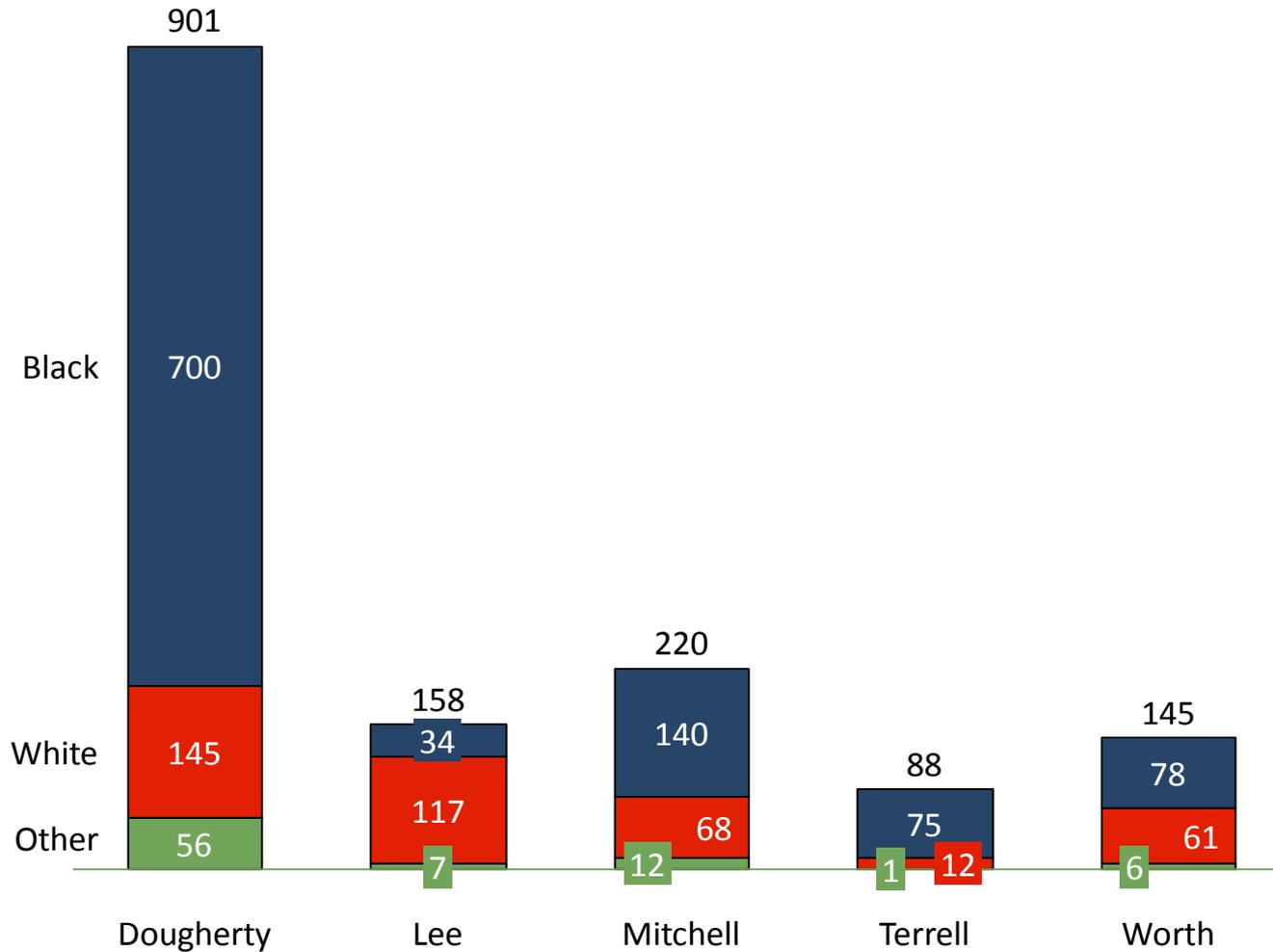
# NUMBER AND PERCENT OF LBW/VLBW INFANTS 2008 THROUGH 2010



Data source: Georgia Department of Public Health, Oasis, 2012

LBW=<2500g VLBW=<1500g

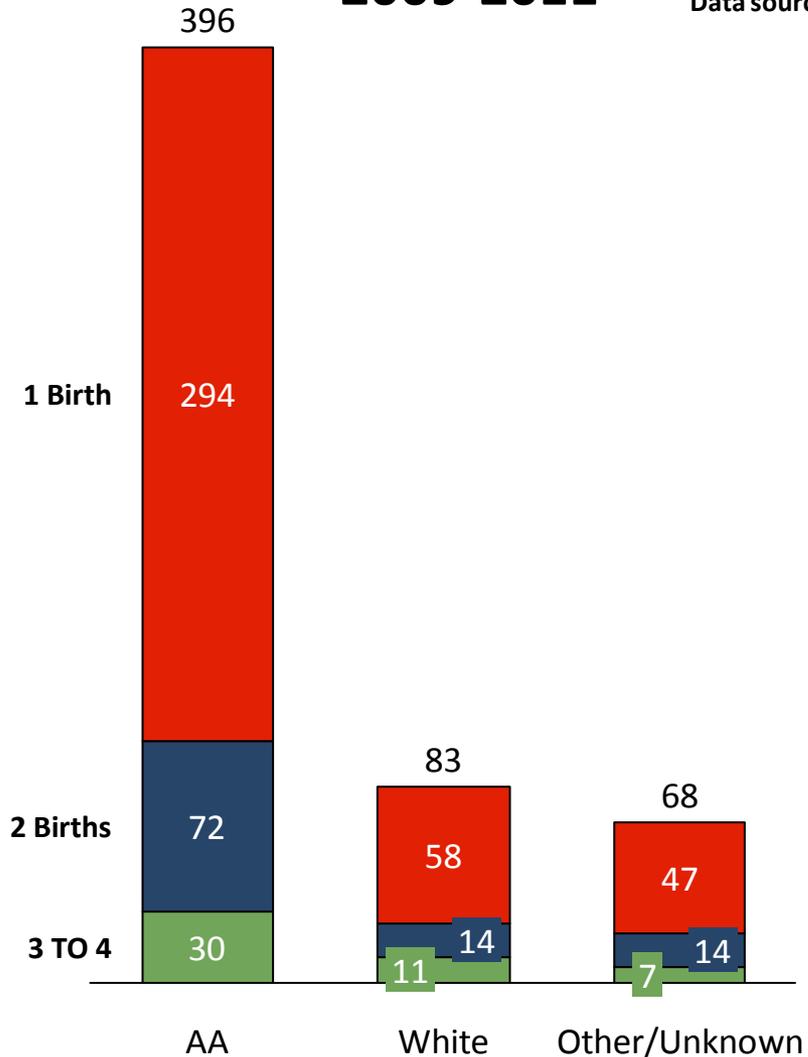
# BIRTH SPACING (all births) <2 YEARS BY COUNTY AND RACE 2008 THRU 2010



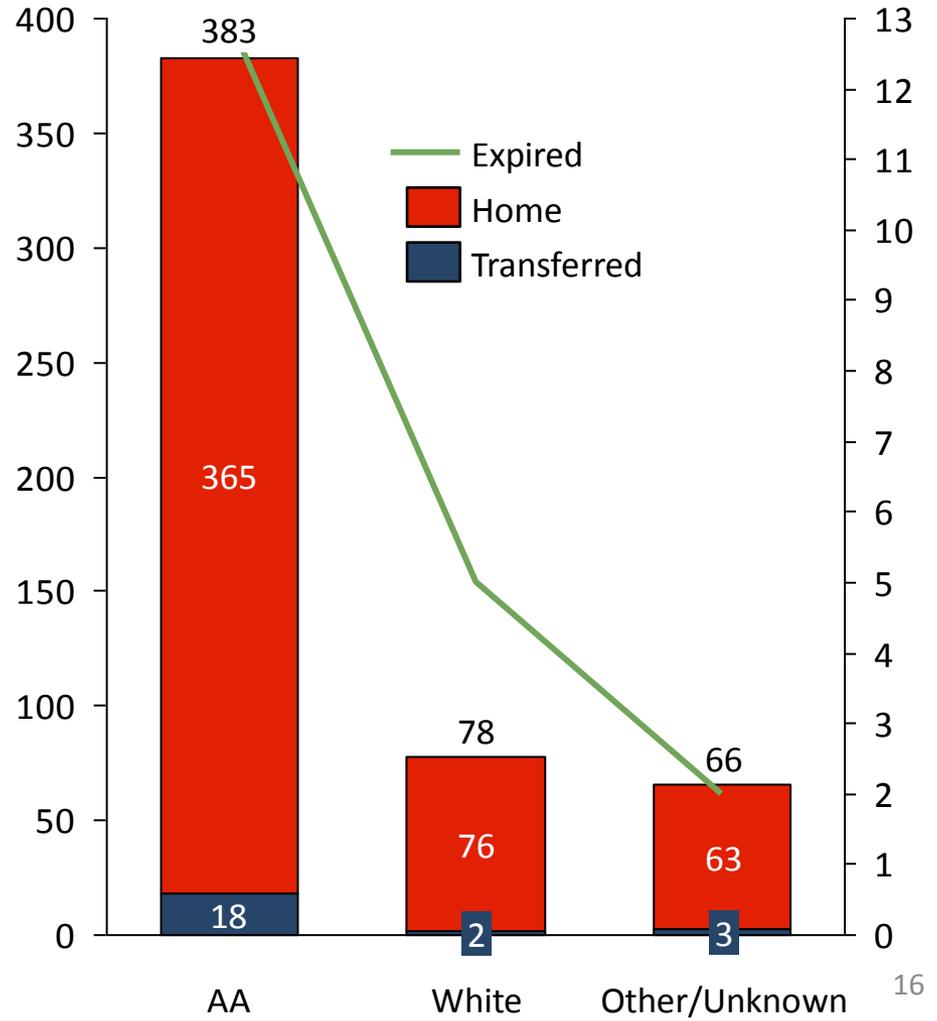
Data source: Georgia Department of Public Health, Oasis, 2012

# Birth Spacing (less than 2 years apart) and LBW Primary Service Area 2009-2011

Data source: PPMH, Decision Support, 2012



# LBW AND SURVIVABILITY Primary Service Area 2009-2011



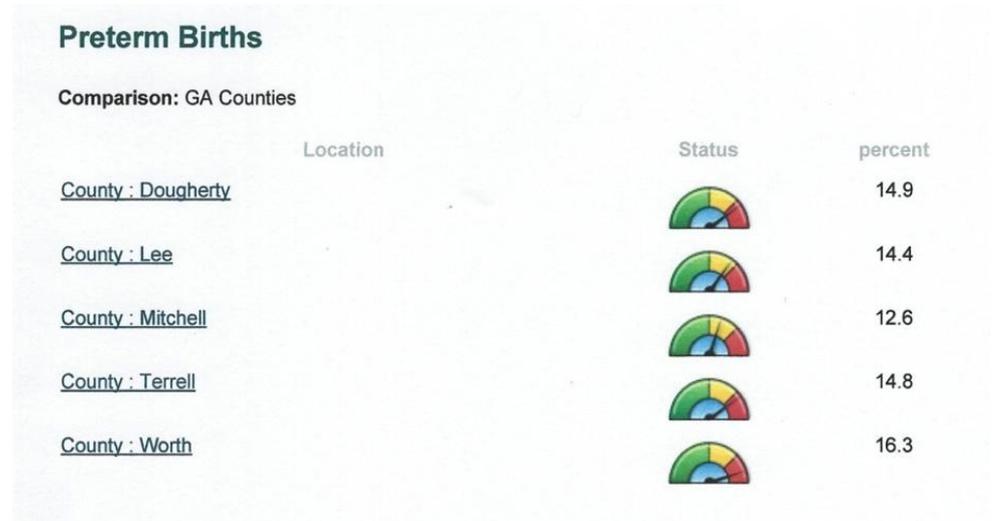
# IDENTIFIED GAPS

- Mental Health/SA in women giving birth (psychiatric)
- Need coaches to visit homes
- Obesity Impacts Birth Outcomes (Preconception Care)

**From: Dr Michael Edwards, M.D., Maternal Fetal Specialist, 2012**

# Prematurity

- PPMH Needs
  - Physical Plant/Facility
    - Space
    - Beds
  - Equipment
    - Vehicles
    - Respirators
    - Ultrasounds



From: Dr Michael Edwards, M.D., Maternal Fetal Specialist, 2012

# Prematurity

- PPMH Needs

- Personnel

- Physicians
- Advanced practice nurses
- Nurses
- Respiratory therapy
- Pharmacy
- Sonographers

## Infant Mortality Rate

Comparison: GA Counties

Location	Status	deaths/ 1,000 live births
<a href="#">County : Dougherty</a>		8.0
<a href="#">County : Lee</a>		12.0
<a href="#">County : Terrell</a>		31.6

From: Dr Michael Edwards, M.D., Maternal Fetal Specialist, 2012

PRIORITY

**FAMILY/PLANNING-REPRODUCTIVE  
RESPONSIBILITY**

## Teen Pregnancy Rate

Comparison: GA Counties

Location	Status	pregnancies/ 1,000 females aged 15-17
<a href="#">County : Dougherty</a>		58.9
<a href="#">County : Lee</a>		12.9
<a href="#">County : Mitchell</a>		26.1
<a href="#">County : Terrell</a>		51.8
<a href="#">County : Worth</a>		20.2

## Teen Birth Rate

Comparison: GA Counties

Location	Status	live births/ 1,000 females aged 15-17
<a href="#">County : Dougherty</a>		42.7
<a href="#">County : Lee</a>		10.2
<a href="#">County : Mitchell</a>		15.2
<a href="#">County : Terrell</a>		26.6
<a href="#">County : Worth</a>		29.9

**Sex Education and Family Planning Clinics**

**Expand Pregnancy Centering Programs**

**Expansion of core services within Network of Trust**

**Education through social media and video.**

**Seek Innovative Solutions to Teen Pregnancy-find best practices.**

**STOP glorifying teen pregnancy: Stop publishing baby names in Herald**

**Family Planning in School Health Clinics**

**Offer Teen Pregnancy Prevention Programs in Schools and Community**

**Birth Control/STD Education**

# RESPONSIBLE REPRODUCTIVE HEALTH SEXUALLY TRANSMITTED DISEASES

## Syphilis Incidence Rate

Comparison: GA Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		14.8

## Chlamydia Incidence Rate

Comparison: GA Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		1191.1
<a href="#">County : Lee</a>		287.0
<a href="#">County : Mitchell</a>		669.2
<a href="#">County : Terrell</a>		1019.4
<a href="#">County : Worth</a>		387.8

## Gonorrhea Incidence Rate

Comparison: GA Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		581.3
<a href="#">County : Lee</a>		80.5
<a href="#">County : Mitchell</a>		230.2
<a href="#">County : Terrell</a>		482.9
<a href="#">County : Worth</a>		91.2

## AIDS Prevalence Rate

Comparison: GA State Value

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		342.6
<a href="#">County : Lee</a>		35.3
<a href="#">County : Mitchell</a>		204.3
<a href="#">County : Terrell</a>		161.0
<a href="#">County : Worth</a>		41.5

PRIORITY

# **BEHAVIORAL HEALTH SERVICES**

# MENTAL HEALTH

Location	Status	days
<a href="#">County : Dougherty</a>		4.1
<a href="#">County : Lee</a>		3.3
<a href="#">County : Mitchell</a>		4.3
<a href="#">County : Terrell</a>		8.0
<a href="#">County : Worth</a>		4.8

## Poor Mental Health Days

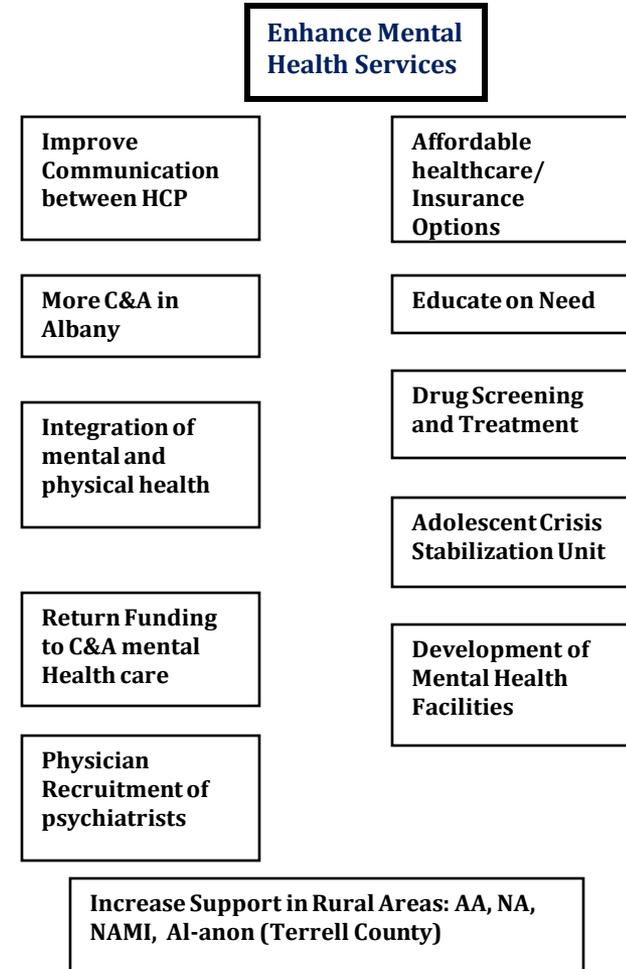
Comparison: U.S. Counties

Location	Status	days
<a href="#">County : Dougherty</a>		2.9
<a href="#">County : Lee</a>		3.4
<a href="#">County : Mitchell</a>		2.8
<a href="#">County : Terrell</a>		4.6
<a href="#">County : Worth</a>		2.6

Health Disparity Report 2008 Department of Public Health	
Mental Health Care Access	County Grade
Dougherty	F
Lee	D
Mitchell	C-
Terrell	F
Worth	*

# Mental Health Gap Analysis

- Child and Adolescent
  - Inpatient
  - Residential
  - Structured Outpatient Programs
  - Psychiatric
  - Group therapy (anger management)



# Gap Analysis (Continue)

- Adult Services
  - Residential
  - Quality Medical Detox
  - Drug and Alcohol Structured Program
  - Eating Disorders
- Inpatient/Outpatient

Data Source: Kurt Issacson, March 2012

PRIORITY

# **OBESITY AND LIFESTYLE CHOICES**

# Obesity and Lifestyle Choices

## Low-Income Preschool Obesity

Comparison: U.S. Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		14.0
<a href="#">County : Lee</a>		13.1
<a href="#">County : Mitchell</a>		11.6
<a href="#">County : Terrell</a>		12.1
<a href="#">County : Worth</a>		13.6

**Expansion of Garden Planting in Low Income Areas**

**Promote Healthier Lifestyle Choices**

**Adopt and Promote "Get Moving" Campaign**

**Gov't support for healthy lifestyles**

**Education and Access to Exercise**

**Community Gardens with poor communities**

## Adults who are Obese

Comparison: GA Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		34.8
<a href="#">County : Lee</a>		28.1
<a href="#">County : Mitchell</a>		34.3
<a href="#">County : Terrell</a>		37.5
<a href="#">County : Worth</a>		29.7

**Home Gardens (Education and Supplies)**

**Small, healthy lifestyle support groups**

**Mandatory PE Classes in School (k-12)**

**Food Stamp Recipients' taught nutrition**

# Diabetes and Stroke

## Age-Adjusted Death Rate due to Diabetes

Comparison: GA Counties

Location	Status	deaths/ 100,000 popul
<a href="#">County : Dougherty</a>		24.8
<a href="#">County : Lee</a>		15.0
<a href="#">County : Mitchell</a>		18.9
<a href="#">County : Terrell</a>		62.6
<a href="#">County : Worth</a>		45.4

## Adults with Diabetes

Comparison: U.S. Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		13.6
<a href="#">County : Lee</a>		9.2
<a href="#">County : Mitchell</a>		12.1
<a href="#">County : Terrell</a>		13.8
<a href="#">County : Worth</a>		11.5

## Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

Comparison: GA Counties

Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		54.7
<a href="#">County : Lee</a>		32.6
<a href="#">County : Mitchell</a>		67.2
<a href="#">County : Terrell</a>		57.5
<a href="#">County : Worth</a>		49.6

PRIORITY

**ACCESS TO CARE**

# ACCESS TO CARE

## Primary Care Provider Rate

Comparison: U.S. Counties



More Local PCP  
(Terrell County)

Provide  
Transportation to  
Medical Offices

Quick Care in  
Terrell County

Transportation for  
easier access to  
Resources

Access to Preventive  
Health Care

Dentist accepting  
Medicaid

## Dentist Rate

Comparison: U.S. Counties



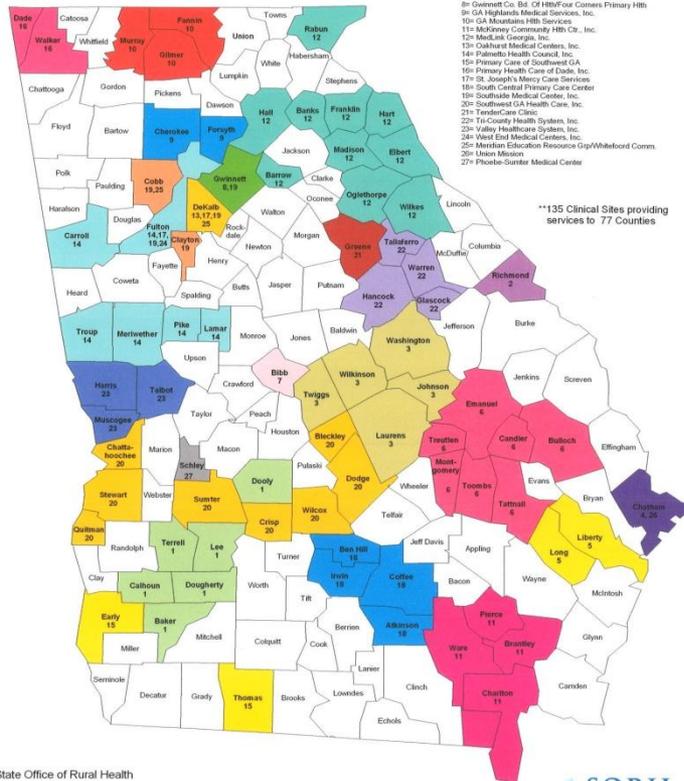
## Households with No Car and Low Access to a Grocery Store

Comparison: U.S. Counties



# ACCESS TO CARE

Federally Qualified Health Center Sites

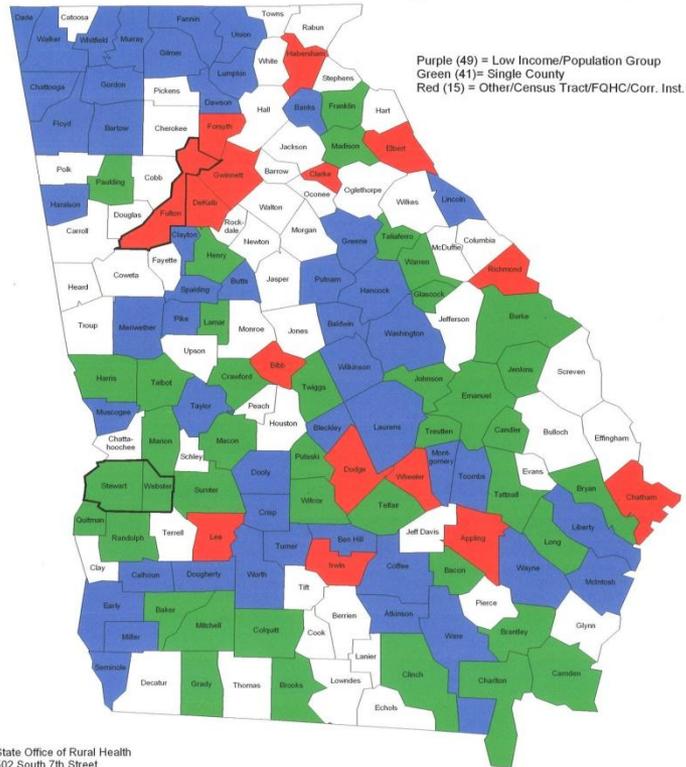


State Office of Rural Health  
 502 South 7th Street  
 Cordele, GA 31015  
 Ph: 229-401-3090



State of Georgia

Dental Health Professional Shortage Areas (DHPSA's)



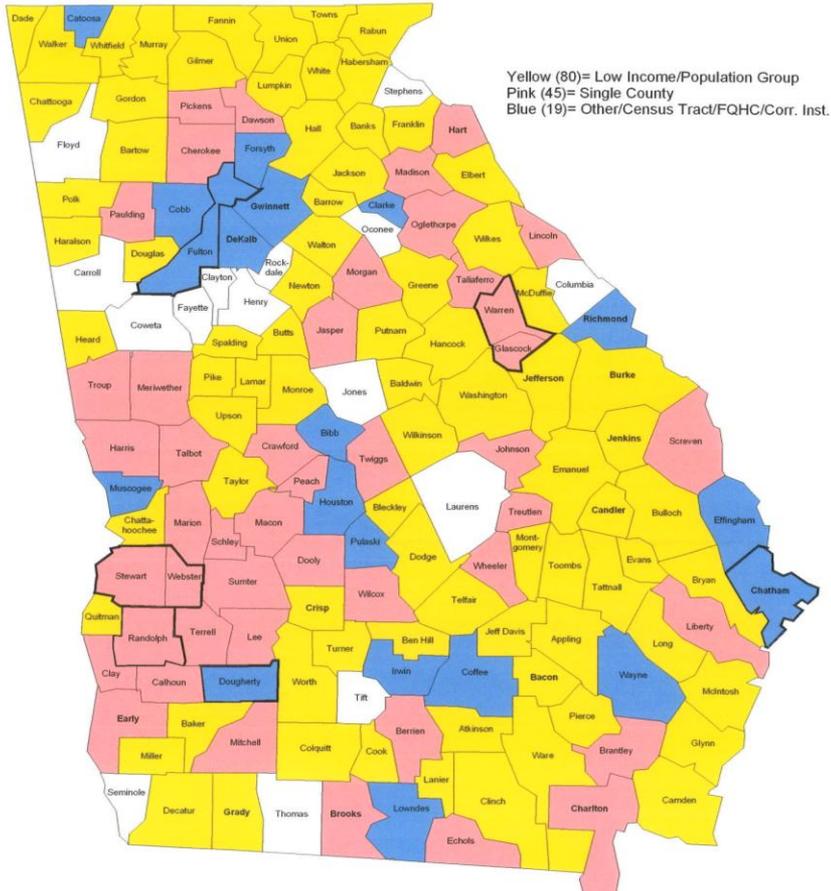
State Office of Rural Health  
 502 South 7th Street  
 Cordele, GA 31015  
 Ph: 229-401-3090  
 Source: <http://www.hrsa.gov>  
 Sept. 30, 2011



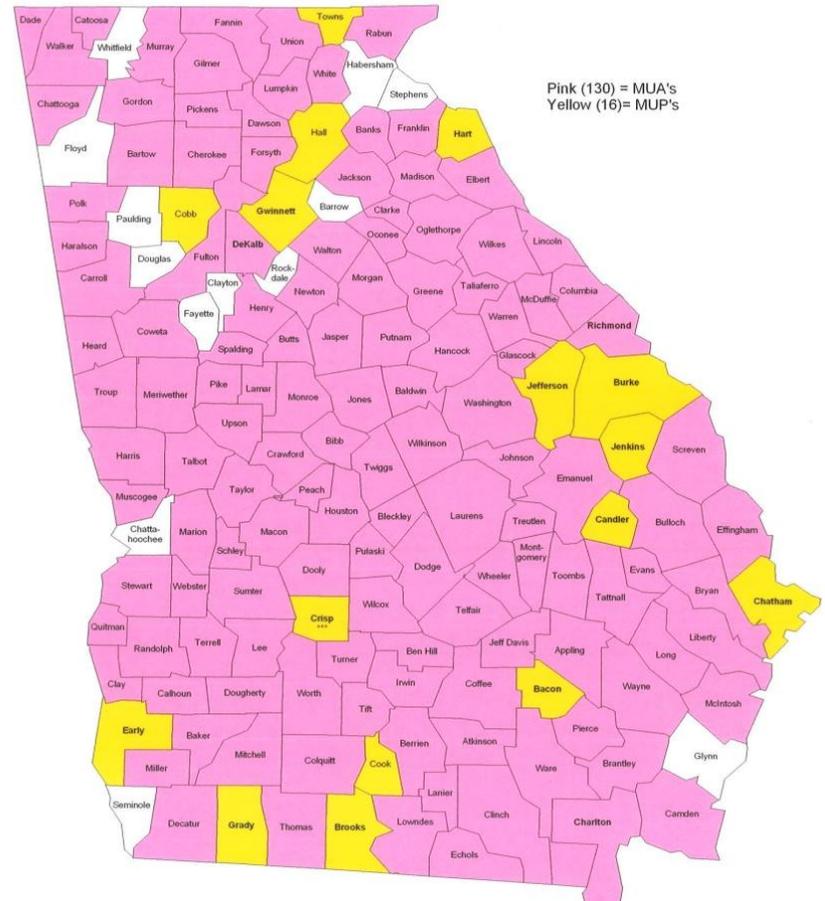
Data Source: AAPHC, Demand Needs Assessment, November 2011

# ACCESS TO CARE

**Primary Health Professional Shortage Areas (HPSA's)**



**Medically Underserved Areas/Populations**



*Data Source: AAPHC, Demand Needs Assessment, November 2011*

PRIORITY

# **CHRONIC DISEASE PREVENTION AND MANAGMENT**

# TOP 10 DIAGNOSES ALL AAPHC CLINICS

DESCRIPTION	2011	DESCRIPTION	2010	DESCRIPTION	2009
HBP	20,817	HBP	21,687	HBP	19,790
HBP, benign	11,674	HBP, benign	11,421	HBP, benign	10,312
Diabetes II	11,096	Diabetes II	10,720	Diabetes II	9,795
Well Child Visit	7,072	Hyperlipidemia	7,131	Hyperlipidemia	5,885
Hyperlipidemia	6,155	Allergic Rhinitis	5,676	Diabetes II, Uncontrolled	5,152
Allergic Rhinitis	5,097	Diabetes II, Uncontrolled	5,662	Allergic Rhinitis	4,793
Vaccine Flu	4,631	Well Child Care	4,422	Well Child Care	4,066
Diabetes II, Uncontrolled	4,332	Anemia	2,647	Vacc. Hep viral	3,509
Asthma	3,937	Vacc Hep Viral	2,575	Asthma	3,473
Anemia	3,302	URI	2,546	URI	2,585

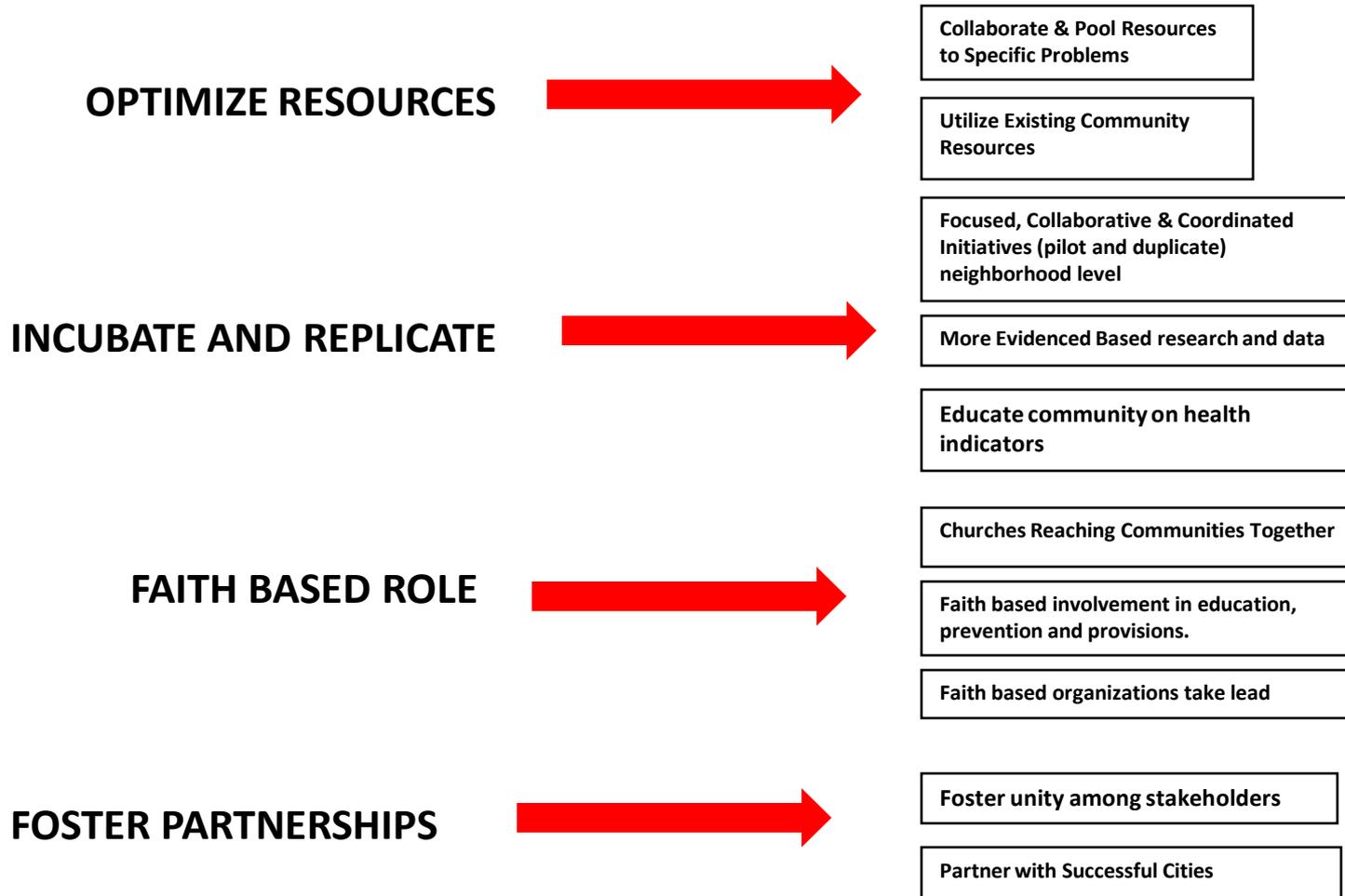
*Data Source: AAPHC, Demand Needs Assessment, November 2011*

PRIORITY

# **COLLABORATION LEADING TO ACTION**

# COLLABORATION

A sense of shared vision, shared resources, and shared outcomes



PRIORITY

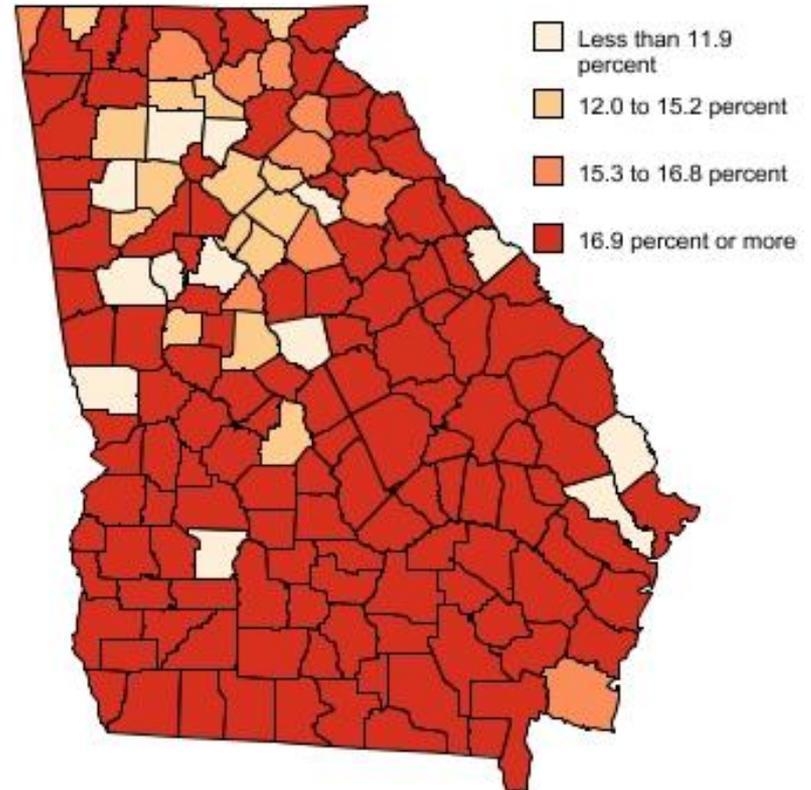
# **CANCER PREVENTION AND TREATMENT**

# KNOWN RISK FACTORS FOR CANCER

High prevalence of known risk factors:

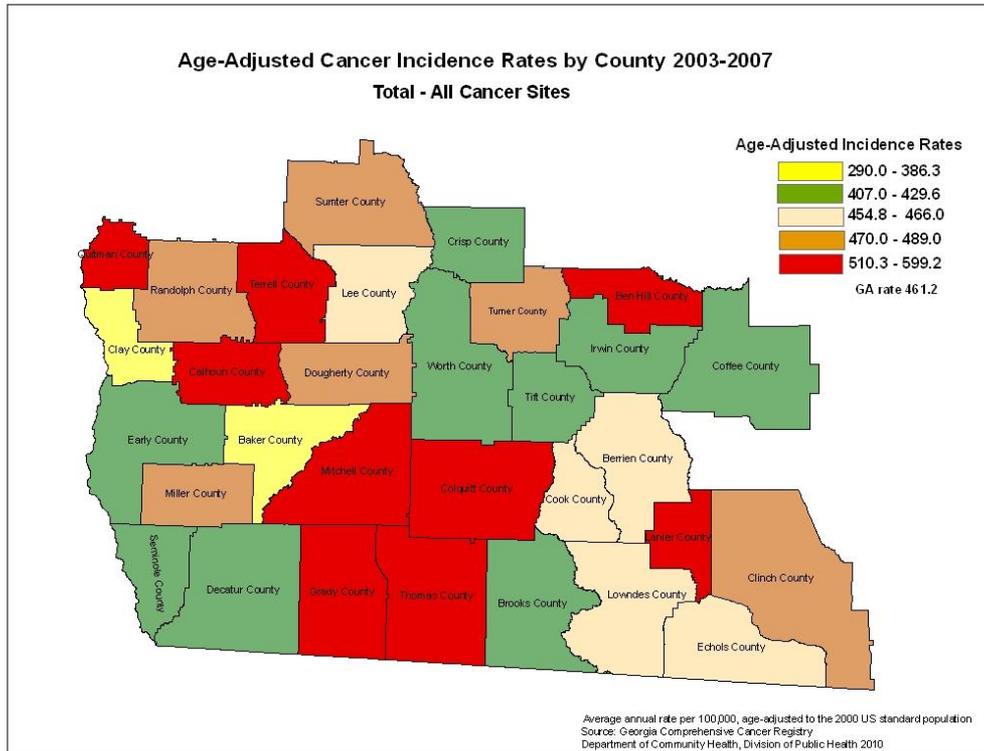
- Obesity
- Smoking
- Poor nutrition
- Poverty

*Community Assessment, General Review Phoebe Cancer Center 2012*



Georgia counties: Percent poverty rate for 2010. Source: USDA.gov

# AGE ADJUSTED ALL CANCERS



## All Cancer Incidence Rate

Comparison: U.S. Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		467.6
<a href="#">County : Lee</a>		448.9
<a href="#">County : Mitchell</a>		524.9
<a href="#">County : Terrell</a>		525.8
<a href="#">County : Worth</a>		436.2

## Age-Adjusted Death Rate due to Cancer

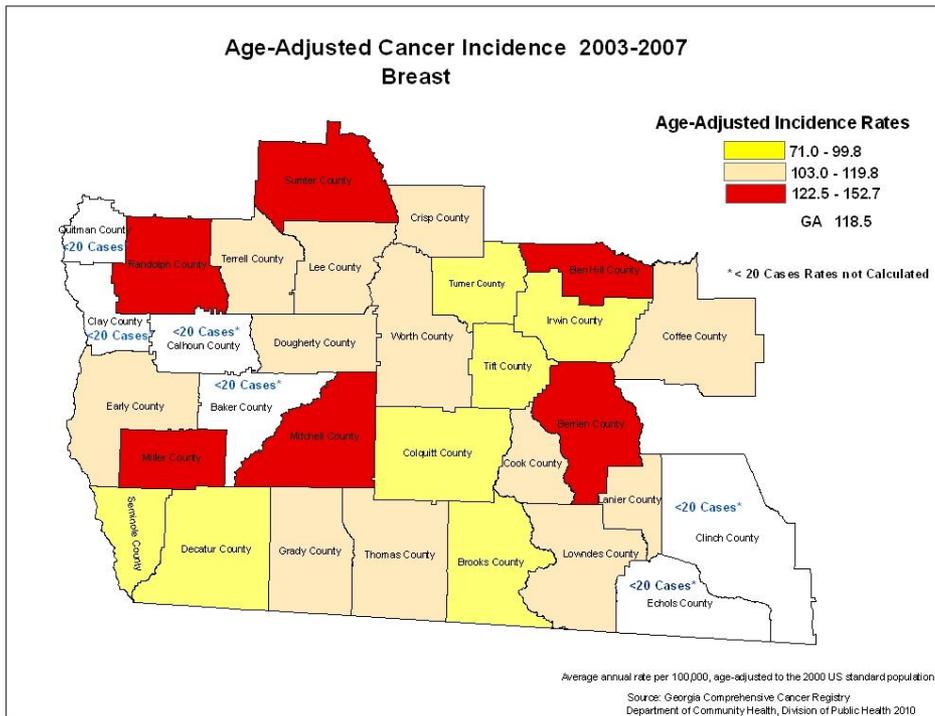
Comparison: U.S. Counties

Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		178.3
<a href="#">County : Lee</a>		185.7
<a href="#">County : Mitchell</a>		212.7
<a href="#">County : Terrell</a>		218.5
<a href="#">County : Worth</a>		174.0

## Data Assessment Project Report

Conducted November 2010 - September 2011

# AGE ADJUSTED BREAST CANCER



## Breast Cancer Incidence Rate

Comparison: U.S. Counties

Location	Status	cases/ 100,000 females
<a href="#">County : Dougherty</a>		107.7
<a href="#">County : Lee</a>		110.0
<a href="#">County : Mitchell</a>		136.0
<a href="#">County : Terrell</a>		120.0
<a href="#">County : Worth</a>		101.0

## Age-Adjusted Death Rate due to Breast Cancer

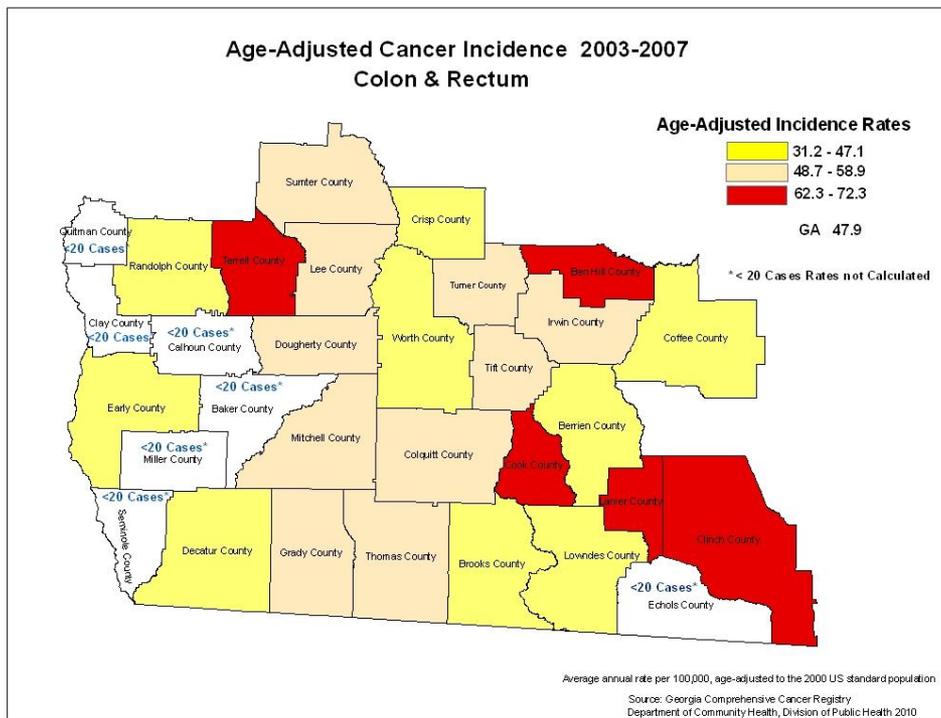
Comparison: U.S. Counties

Location	Status	deaths/ 100,000 females
<a href="#">County : Dougherty</a>		22.2
<a href="#">County : Lee</a>		25.2
<a href="#">County : Mitchell</a>		30.9

## Data Assessment Project Report

Conducted November 2010 - September 2011

# AGE ADJUSTED COLON&RECTAL CANCER



## Colorectal Cancer Incidence Rate

Comparison: U.S. Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		47.1
<a href="#">County : Lee</a>		44.4
<a href="#">County : Mitchell</a>		44.9
<a href="#">County : Terrell</a>		68.0
<a href="#">County : Worth</a>		36.2

## Age-Adjusted Death Rate due to Colorectal Cancer

Comparison: U.S. Counties

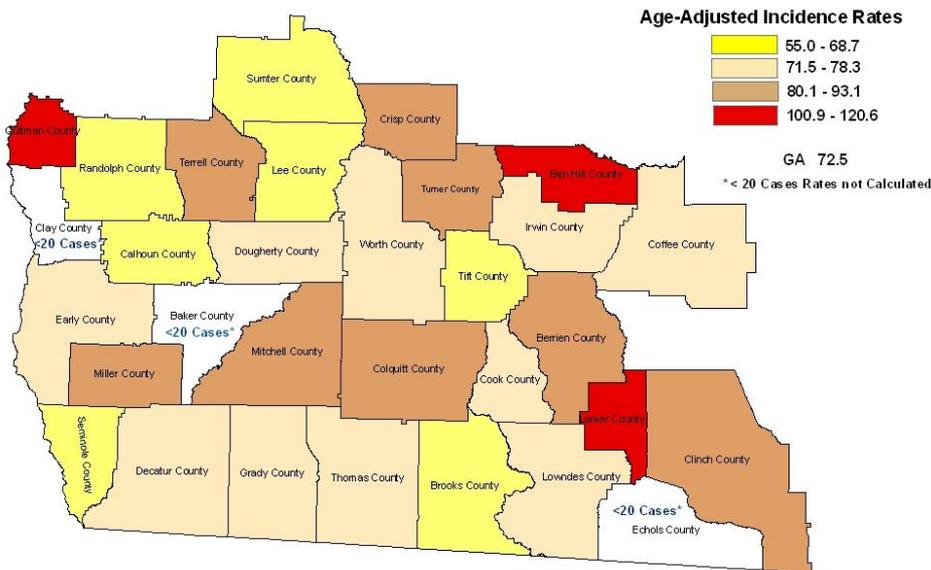
Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		14.8
<a href="#">County : Lee</a>		19.6
<a href="#">County : Mitchell</a>		20.8
<a href="#">County : Terrell</a>		32.7
<a href="#">County : Worth</a>		13.5

## Data Assessment Project Report

Conducted November 2010 - September 2011

# AGE ADJUSTED LUNG AND BRONCHUS CANCER

Age-Adjusted Cancer Incidence 2003-2007  
Lung & Bronchus



Average annual rate per 100,000, age-adjusted to the 2000 US standard population  
Source: Georgia Comprehensive Cancer Registry  
Department of Community Health, Division of Public Health 2010

## Lung and Bronchus Cancer Incidence Rate

Comparison: U.S. Counties

Location	Status	cases/ 100,000 population
<a href="#">County : Dougherty</a>		67.3
<a href="#">County : Lee</a>		74.4
<a href="#">County : Mitchell</a>		90.5
<a href="#">County : Terrell</a>		70.4
<a href="#">County : Worth</a>		65.7

## Age-Adjusted Death Rate due to Lung Cancer

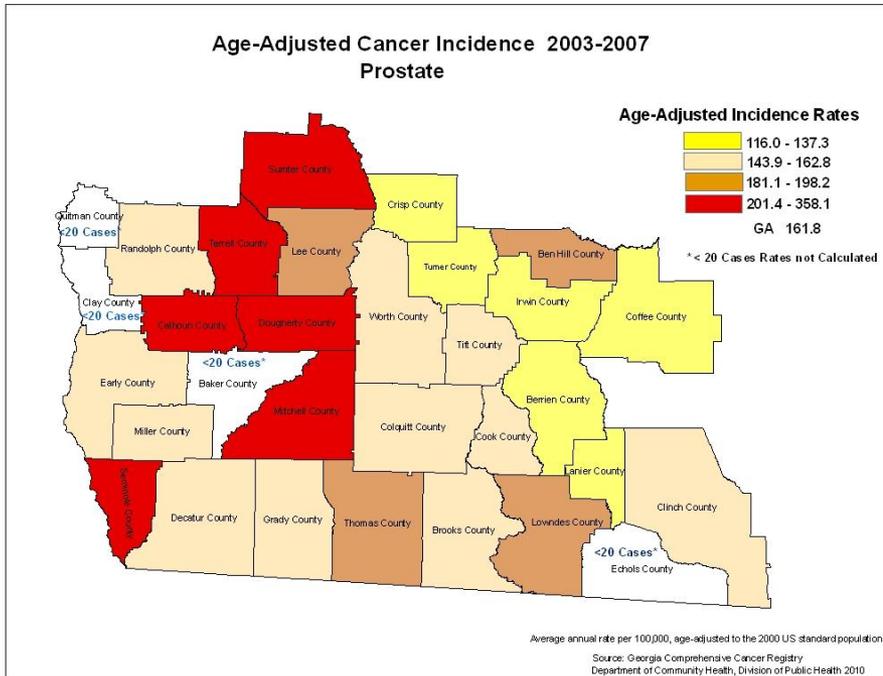
Comparison: U.S. Counties

Location	Status	deaths/ 100,000 population
<a href="#">County : Dougherty</a>		53.5
<a href="#">County : Lee</a>		54.7
<a href="#">County : Mitchell</a>		61.9
<a href="#">County : Terrell</a>		65.4
<a href="#">County : Worth</a>		50.0

### Data Assessment Project Report

Conducted November 2010 - September 2011

# AGE ADJUSTED PROSTATE CANCER



## Prostate Cancer Incidence Rate

Comparison: U.S. Counties

Location	Status	cases/ 100,000 males
<a href="#">County : Dougherty</a>		224.6
<a href="#">County : Lee</a>		168.9
<a href="#">County : Mitchell</a>		223.9
<a href="#">County : Terrell</a>		261.3
<a href="#">County : Worth</a>		174.5

## Age-Adjusted Death Rate due to Prostate Cancer

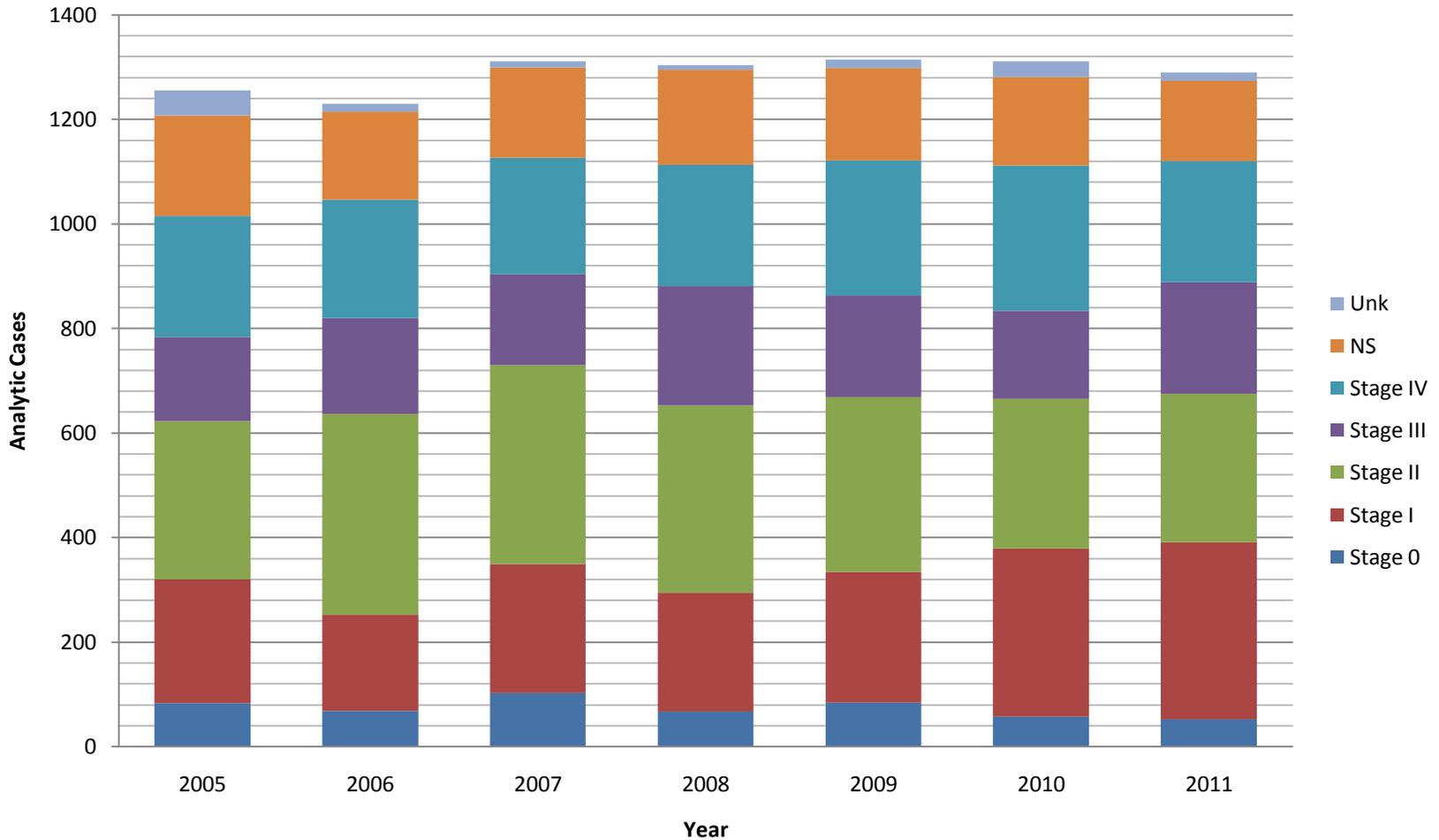
Comparison: U.S. Counties

Location	Status	deaths/ 100,000 males
<a href="#">County : Dougherty</a>		21.0
<a href="#">County : Mitchell</a>		42.8

### Data Assessment Project Report

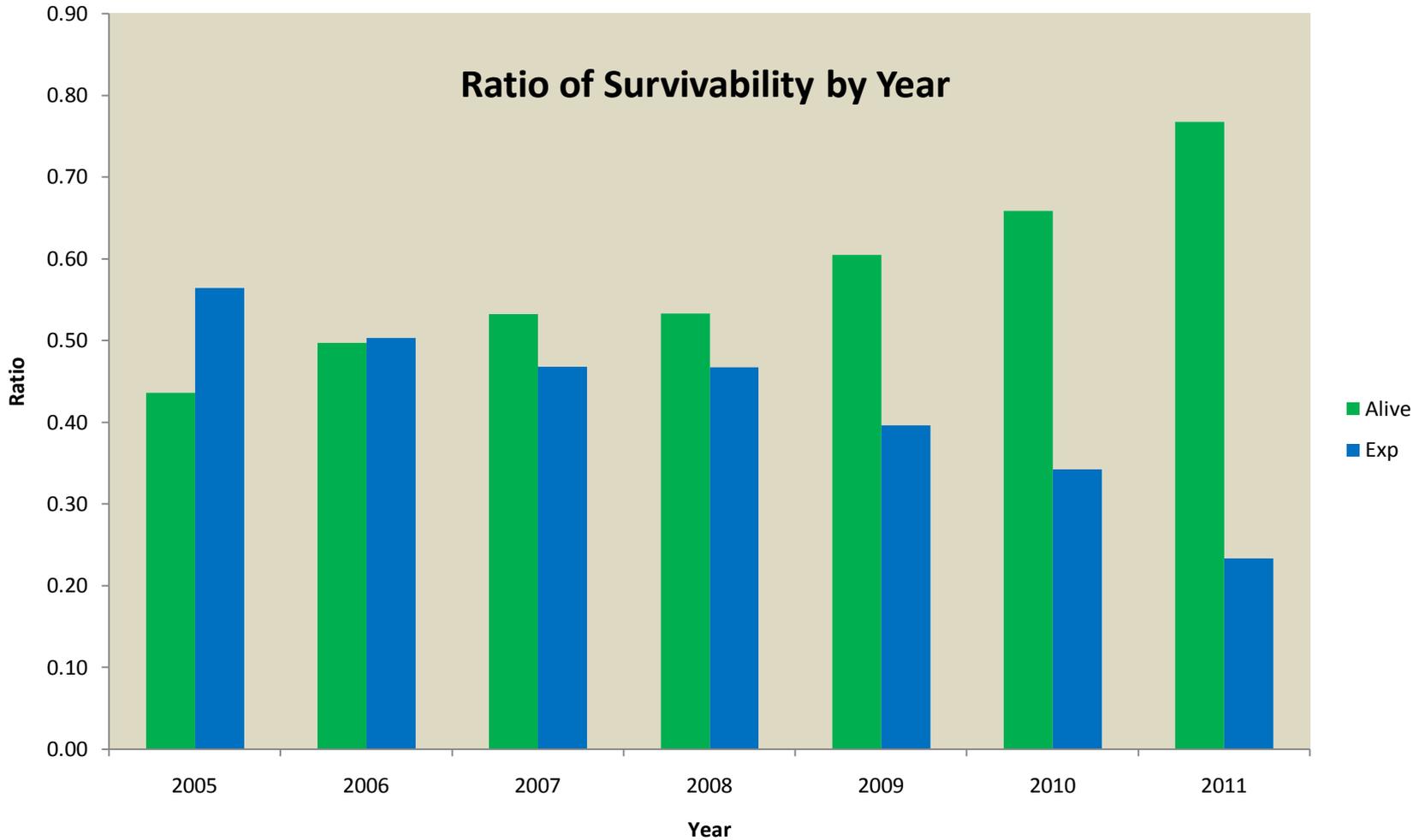
Conducted November 2010 - September 2011

# OVERALL CANCER VALUES



*Community Assessment, General Review Phoebe Cancer Center 2012*

# INCREASE IN SURVIVAL



*Community Assessment, General Review Phoebe Cancer Center 2012*

# SUMMARY

- **Incidence**

- Southwest public health district has one of the highest incidence rates in the state for all cancers and prostate cancer
- Terrell county has the highest incidence rate for all cancers in SWGA region and the third highest in the state
- Quitman county has the highest incidence rate for lung cancer in the state
- Calhoun county has the highest incidence rate for prostate cancer in the state and the US
- Randolph and Ben Hill counties have the 1<sup>st</sup> and 3<sup>rd</sup> highest incidence rates for breast cancer in the state
- Lanier and Clinch counties have the 1<sup>st</sup> and 3<sup>rd</sup> highest incidence rates for colorectal cancer in the state

*Data Assessment Project Report*

Conducted November 2010 - September 2011

# SUMMARY CONTINUED

- There are common clusters of counties that suffer most from disparities, offering opportunities to reach multiple counties simultaneously with robust interventions
- Socioeconomic barriers, access to quality healthcare, and effective outreach and education in these communities are top priorities for the Cancer Coalition.
- Research that further explores and addresses barriers and facilitators to early detection and prevention practices in these areas is needed.

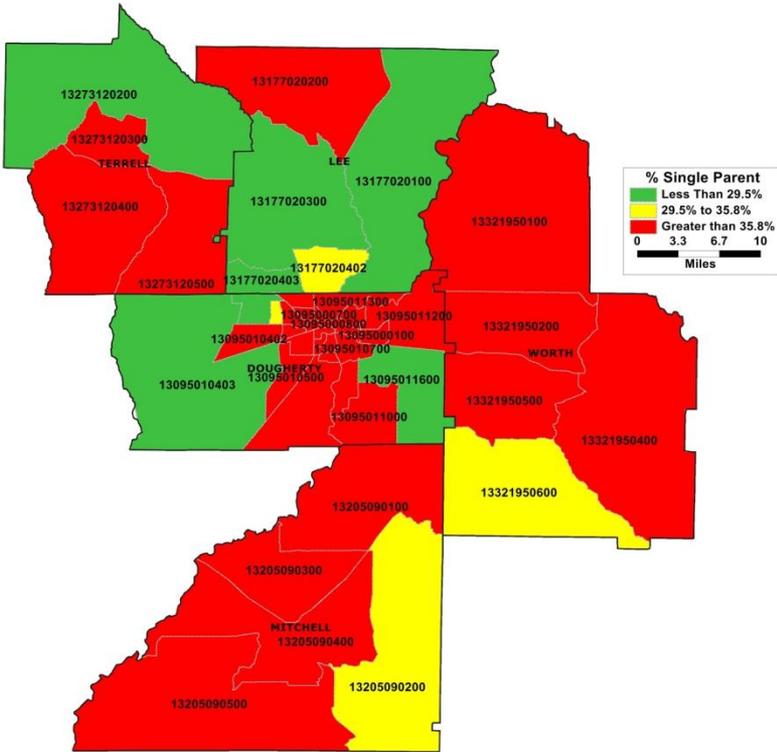
***Data Assessment Project Report***

Conducted November 2010 - September 2011

PRIORITY

# **SELF-SUFFICIENT FAMILIES**

# BUILDING SELF-SUFFICIENT FAMILIES



Increase Programs that address literacy rates

## Inadequate Social Support

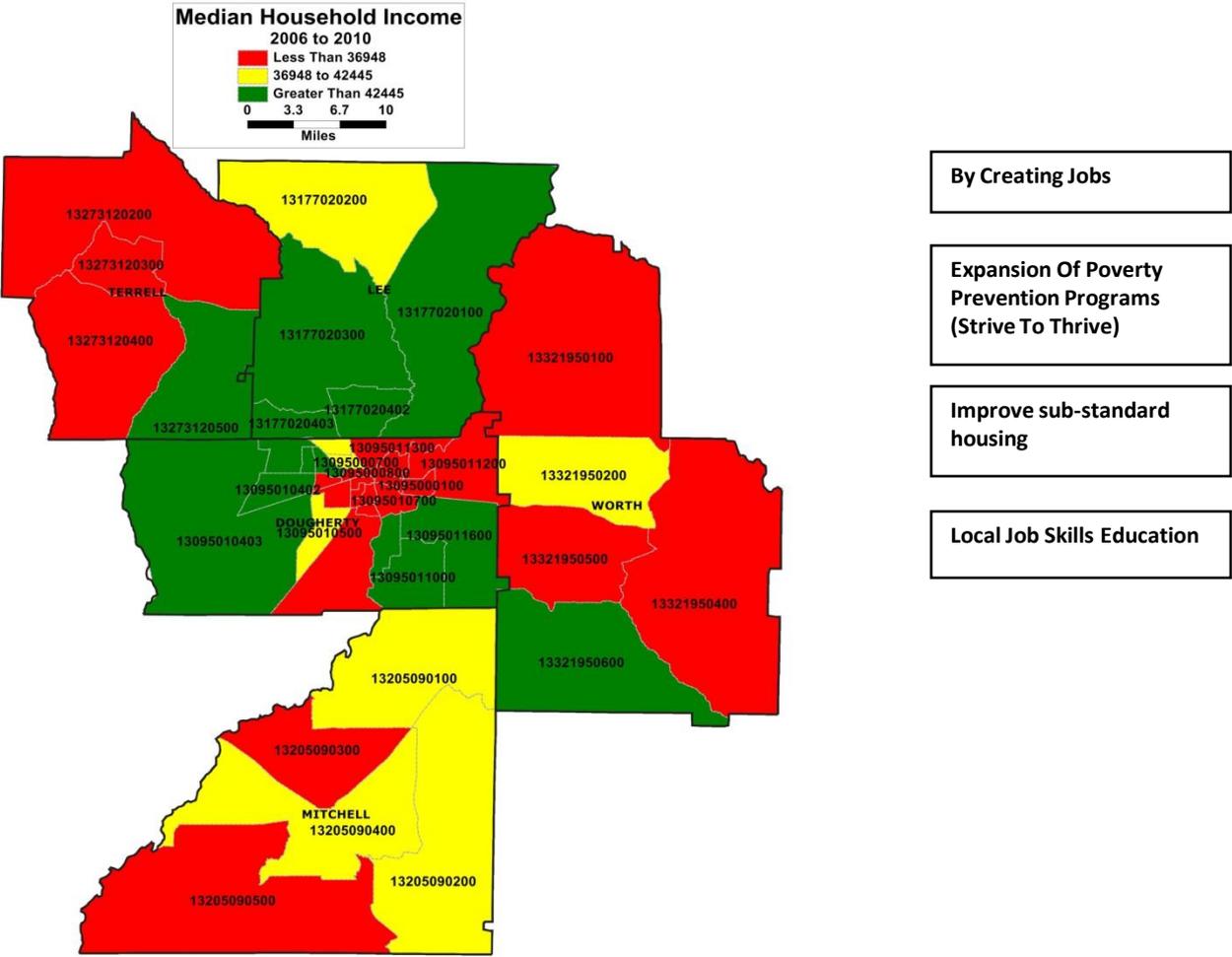
Comparison: U.S. Counties

Location	Status	percent
<a href="#">County : Dougherty</a>		25.7
<a href="#">County : Lee</a>		20.6
<a href="#">County : Mitchell</a>		24.4

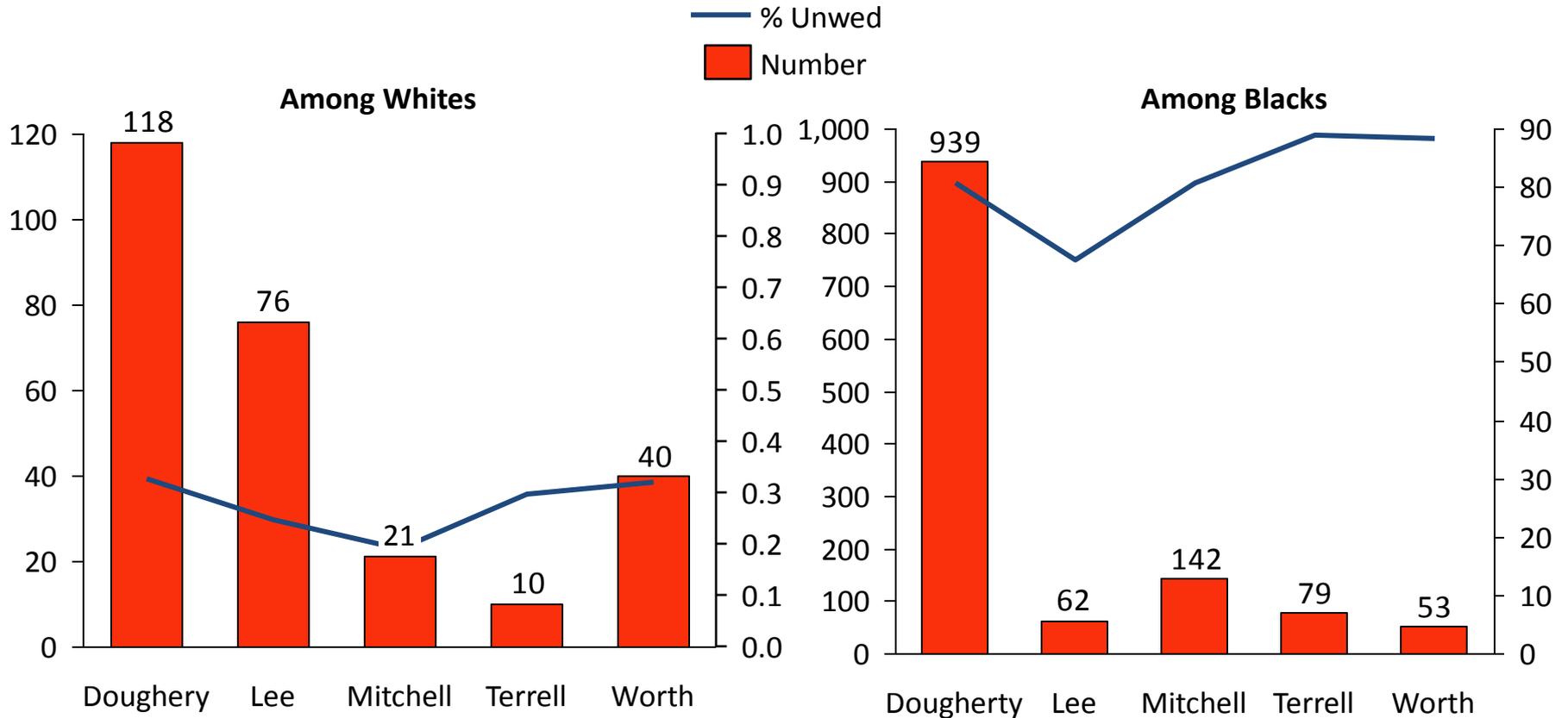
Role Modeling  
(breaking cycles)

Fatherhood Initiatives

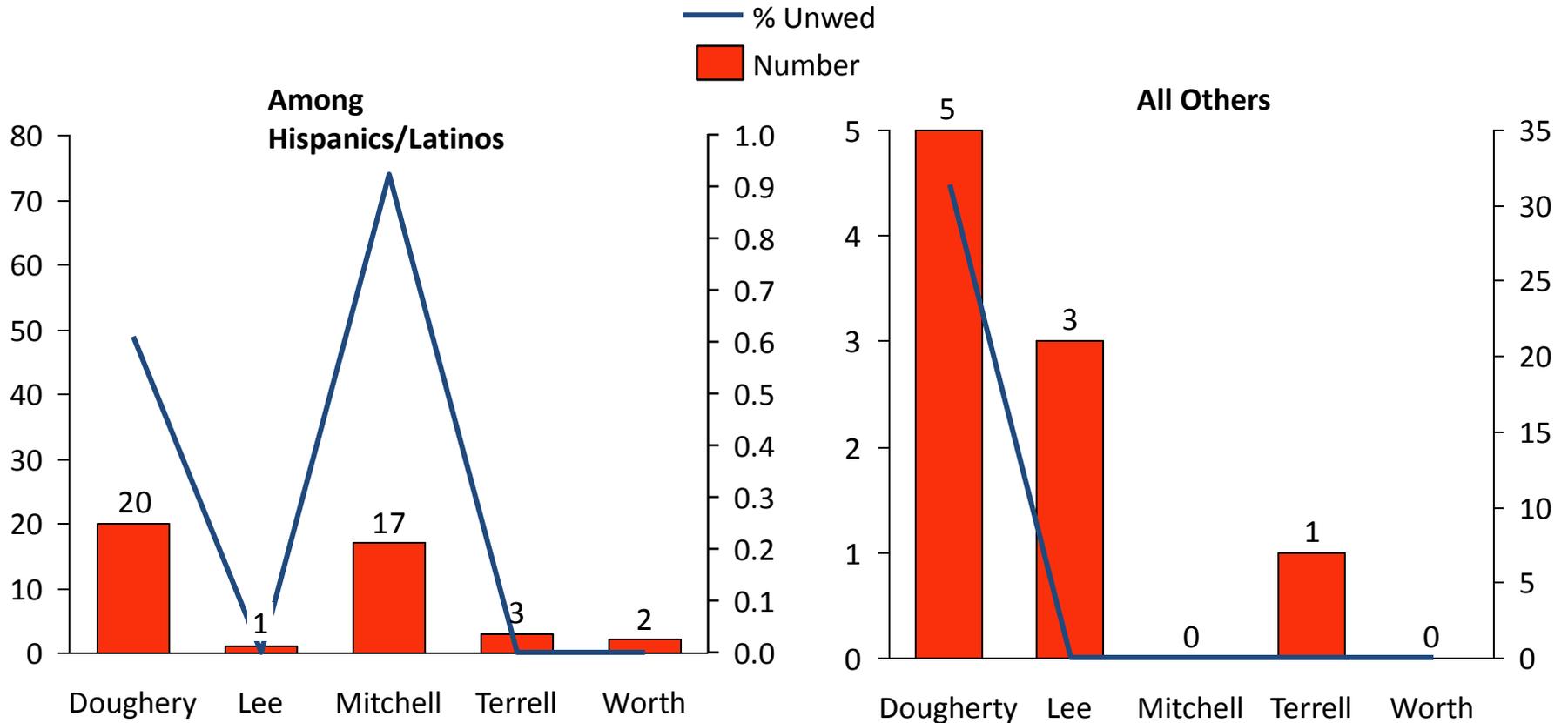
# MEDIAN HOUSHOLD INCOME AT THE CENSUS TRACT LEVEL 2006 TO 2010



# Number and Percent of Unwed Births Calendar Year 2011



# Number and Percent of Unwed Births Calendar Year 2011



PRIORITY

**HEALTH LITERACY**

# HEALTH LITERACY IN COMMUNITIES

**SCHOOL-BASED**



Increasing Literacy leads to better understanding of health issues via education

School-based Health Education

Early Education (schools, dr's, etc.)

Peer Education (coaches, eg.)

Educate on Health and Wellness

Health Info via "new media"

**COMMUNITY BASED**



Parent focused Health Education Classes

Conduct Education on Specific Health Issues

Targeted Prevention Education

## **Appendix F**

Community Benefit Footnote as reported in audited financial statement

## PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

### SERVICE TO THE COMMUNITY

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Phoebe Putney Memorial Hospital, Inc. (Corporation) is a not-for-profit health care organization that exists to serve the community. The Corporation opened in 1911 to serve the community by caring for the sick regardless of ability to pay. As a tax-exempt corporation, the Corporation has no stockholders or owners. All revenues after expenses are reinvested in the mission to care for the citizens of the community – into clinical care, health programs, state-of-the-art technology and facilities, research and teaching, and training of medical professionals now and for the future.

The Corporation operates as a charitable organization consistent with the requirements of Internal Revenue Code Section 501(c)(3) and the “community benefit standard” of IRS Revenue Ruling 69-545. The Corporation takes seriously its responsibility as the community’s safety net hospital and has a strong record of meeting and exceeding the charitable care and the organizational and operational standards required for federal tax-exempt status. The Corporation demonstrates a continued and expanding commitment to meeting its mission and serving the citizens by providing community benefits. A community benefit is a planned, managed, organized, and measured approach to meeting identified community health needs, requiring a partnership between the healthcare organization and the community to benefit residents through programs and services that improve health status and quality of life.

The Corporation improves the health and well-being of Southwest Georgia through clinical services, education, research, and partnerships that build health capacity in the community. The Corporation provides community benefits for every citizen in its service area as well as for the medically underserved. The Corporation conducts community needs assessments and pays close attention to the needs of low income and other vulnerable persons and the community at large. The Corporation often works with community groups to identify needs, strengthen existing community programs, and plan newly needed services. It provides a wide-ranging array of community benefit services designed to improve community health and the health of individuals and to increase access to health care, in addition to providing free and discounted services to people who are uninsured and underinsured. The Corporation’s excellence in community benefit programs was recognized by the prestigious Foster McGaw Prize awarded to the Corporation in 2003 for its broad-based outreach in building collaboratives that make measurable improvements in health status, expand access to care, and build community capacity so that patients receive care closest to their own neighborhoods. Drawing on a dynamic and flexible structure, the community benefit programs are designed to respond to assessed needs and are focused on upstream prevention.

As Southwest Georgia’s leading provider of cost-effective, patient-centered health care, the Corporation is also the region’s largest employer with more than 3,600 members of the Phoebe Family caring for patients. The Corporation participates in the Medicare and Medicaid programs and is one of the leading providers of Medicaid services in Georgia.

See independent auditor’s report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

The following table summarizes the amounts of charges foregone (i.e., contractual adjustments) and estimates the losses incurred by the Corporation due to inadequate payments by these programs and for indigent/charity. This table does not include discounts offered by the Corporation under managed care and other agreements:

	<u>Charges Foregone</u>	<u>Estimated Unreimbursed Cost</u>
Medicare	\$ 375,700,000	\$ 68,800,000
Medicaid	143,700,000	23,900,000
Indigent/charity	<u>62,000,000</u>	<u>24,000,000</u>
	<u>\$ 581,400,000</u>	<u>\$ 116,700,000</u>

The following is a summary of the community benefit activities and health improvement services offered by the Corporation and illustrates the activities and donations during fiscal year 2012.

**I. Community Health Improvement Services**

**A. Community Health Education**

The Corporation provides health education services that reached 37,000 individuals in 2012 at a cost of \$787,000. These services included the following free classes and seminars:

- Prepared childbirth classes
- Refresher childbirth classes
- Pregnancy classes
- Breastfeeding classes
- Lactation consulting
- Teen Maze
- Health Teacher Training
- Nutrition and Diabetes Education
- Breast Cancer Awareness
- K-12 Health Fairs
- Cancer Prevention
- Sun Safety
- Golden Key Health Seminars
- Support Groups

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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I. **Community Health Improvement Services, Continued**

A. Community Health Education, Continued

The Corporation is involved in many activities aimed at educating the community about health-related topics. Examples of these activities are a comprehensive health information magazine-format newsletter at a cost of \$25,000; a monthly health information newsletter distributed to 20,000 senior citizens at a cost of \$55,000; and frequent ongoing health seminars held at Phoebe Northwest free of charge and attracting audiences ranging from 30 to 150 persons. The Corporation also produces public service television campaigns called "Do It For Life," frequently featuring celebrity personalities. These campaigns urge viewers to adopt healthy lifestyle changes and to participate in screenings for cancer, heart disease, diabetes, and other diseases. Videos on heart and stroke prevention and action, as well as videos on cancer treatment care, are available to the general public and to patients. Many staff members of the Corporation also lend their time to schools and civic organizations to speak on health issues.

Camp Good Grief

The Corporation hosts Camp Good Grief, an annual event held at Potter's Community Center. This free event is for children who have experienced the loss of a loved one. The event provides a host of activities designed to help the participants deal with their grief. The event concludes with a memorial service. This year 40 children attended the 2-day event at a cost of \$11,000.

Men and Women's Health Conferences

The Corporation holds Men's and Women's Annual Health Conferences that provide health screenings for PSA, cholesterol, HIV/AIDS, blood pressure, hearing and vision, health information, speakers, and fellowship to more than 1,900 attendees. The health conference programs provide outreach, health screenings, educational programs, and health conferences and events. These programs target men and women at risk of poor health status. The programs target men and women without a primary care physician and who are uninsured, and men and women without knowledge of recommended preventive health care services. The Corporation also runs public service television spots on breast cancer awareness and breast health, as well as announcements on prostate cancer, heart health, high blood pressure, child transportation safety, and smoking cessation. The following are examples of Men's Health Initiative programs:

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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I. **Community Health Improvement Services, Continued**

A. Community Health Education, Continued

- **Men at Work** – This event has taken place for the last six years, serving the city of Albany, Dougherty County, and the Water, Gas and Light male employees. This is a program that The Corporation does in partnership with the American Cancer Society, Dr. Ajayi/Southwest GA Urology Clinic, the City/County, and Subway, who supplies food for free. This event is held in our downtown Government Center and the men are allowed a liberal leave so that they can get their PSA screenings, visit our various educational booths, and have lunch with the doctor. At each event over 125 men are served.
- **Fired-up-for-Fitness** – As a way to increase physical activity and promote mental health, the Albany Fire Department (AFD) instituted the Fired Up for Fitness program in 2009. This program was motivated by the AFD's desire to develop a program to address both employee wellness and improved job performance. The goal of the Fired Up for Fitness program is to improve the firefighters' physical condition (primarily through weight loss), thereby preventing heart attacks and reducing lost work hours due to cardiovascular events and other chronic health problems. With funding from a Department of Homeland Security grant, in June, 2009 the AFD purchased and installed exercise equipment for each of its 11 fire stations. The core component of the Fired Up for Fitness program is a mandatory department-wide physical fitness policy that requires that all suppression personnel (firefighters) use the exercise equipment for at least one hour during each 24-hour shift worked. The mandatory policy was implemented in February 2010. The AFD partnered with Phoebe Corporate Health Center (PCHC), part of the Corporation, to offer an educational component to the Fired Up for Fitness program. PCHC engaged experts to present sessions on the following topics: cooking healthy (taught by a chef), nutrition (taught by a dietitian), stress management (taught by a psychiatrist), and medication adherence (taught by a pharmacist).
- **Men's Prostate Health Clinic** – This annual event is in its thirteenth year. Men are given a digital rectal exam (DRE) as well as a PSA. DRE's are performed by the Corporation's Radiation Oncologist and physicians from Albany Urology, who volunteer their time. Over 198 men from all demographic groups are reached at this event.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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I. **Community Health Improvement Services, Continued**

A. Community Health Education, Continued

Golden Key

This is a membership organization for people age 55 and older. With 23,688 members, Golden Key offers programs that encourage healthy lifestyles including the privilege of walking at the Corporation's Physical Medicine complex. To its members, it provided a bi-monthly newsletter (Key Notes). In 2012, the unreimbursed cost was \$166,000.

Network of Trust

This is a nationally recognized program aimed at teen mothers to prevent repeat pregnancies, provide parenting skills, and complete high school. This program also includes a teen father program along with other teenaged children programs. Network of Trust enrolled 319 teen parents during the 2011/2012 school year at a cost of \$250,000.

B. Community Based Clinical Services

Flu Shots

The Corporation provides free flu shots to volunteers. In 2012, the Corporation administered 612 flu shots at an unreimbursed cost of \$11,000.

School Nurse Program

The Corporation places nurses in sixteen elementary schools, six middle schools, and four high schools in Dougherty County with a goal of creating access to care for students and staff, assessing the health care status of each population represented, and effectively establishing referrals for all health care needs. Nurses also conducted the Eighth Grade Health Fairs. During the 2011/2012 school year, the school nurse program covered 90,000 student visits. This program was operated at a cost of \$1,346,000 in 2012.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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I. **Community Health Improvement Services, Continued**

C. Health Care Support Services

New Foundations

The Corporation offers New Foundation Breast Forms and Fashion Boutique. New Foundations caters to the physical and mental well-being of women and their families. They provide one-on-one post mastectomy consultation to help women overcome their anxieties and feel better about themselves. They carry a large variety of prosthesis and also have a wide selection of clothing. They conduct support groups, seminars, and exercise classes and help patients with breast cancer issues. This department saw 1,782 patients and operated at an unreimbursed cost in 2012 of \$13,000.

Lights of Love Vans

Lights of Love donated vans to the Corporation to transport cancer patients to and from the hospital for their treatments. In 2012, Phoebe Lights of Love provided 143 patient transports at a cost of \$104,000.

Phoebe Care Representatives

Phoebe Care Representatives assist patients and citizens with pre-qualifying for free or reduced-cost medical care before medical attention is needed by applying for the Phoebe Care Card. This is accepted at the hospital as well as at hospital-affiliated specialty clinics. To ensure this program is accessible and understood by its intended beneficiaries, the Corporation employs Phoebe Care Representatives to assist patients in various ways. Their services include helping with applications to medical assistance programs not limited to the Phoebe Care Card and providing information on how to access assistance with medicine, food, clothing, shelter, medical transportation, and more.

The Phoebe Cares Department assisted 6,263 patients during the year and operated at a net unreimbursed cost of \$410,000 in 2012. Patients who qualify for the Phoebe Care Card are provided millions of dollars of uncompensated care annually, and the total amount of community benefit provided by the program is included in the amount of charity care reported in the Corporation's financial statements.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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**I. Community Health Improvement Services, Continued**

**C. Health Care Support Services, Continued**

• Indigent Financial Assistance

Patients whose income is below 125% of the Federal Poverty Levels are classified as indigent and receive care at no cost.

• Charity Financial Assistance

Patients whose income level is between 126% - 200% of the Federal Poverty Levels are classified as charity. These patients will be responsible for a percentage of the Hospital charges. This percentage will be based on calculations using the Federal Poverty Levels that are published in the "Federal Register" each year. If it is determined the patient responsibility will be an undue hardship on the patient/guarantor, these cases will be reviewed on an individual basis with the Phoebe Cares Supervisor for possible catastrophic charity based on sliding scale guidelines.

• Catastrophic Financial Assistance

Patients whose income exceeds 200% of the Federal Poverty Levels and whose hospital charges exceed 25% of their annual income, resulting in excessive hardship, are eligible for a discount up to 75% of the patient balance. The patient may pay the remaining balance over 24 months.

**II. Health Professions Education**

The Corporation recognizes that to continuously improve the company's long-term value to our community and our customers, to encourage life-long learning among employees, and to achieve a world-class employer status, it is in the Corporation's best interest to provide opportunities that will assist eligible employees in pursuing formal, healthcare-related educational opportunities. The Corporation also provides non-employees financial support in pursuing healthcare-related degrees. In fiscal year 2012, the Corporation provided \$1,282,000 in clinical supervision and training of 1,269 nursing students, and an additional \$348,000 in clinical supervision and training to pharmacy, pharmacy techs, and other health professionals.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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**III. Subsidized Health Services**

A. Hospital Outpatient Services

Phoebe Family Medical Centers

The Corporation has a strong commitment to primary care for the Southwest Georgia region. The family of medical centers in the surrounding counties are a network of care that serves the entire family closest to where people live. In 2012, the rural clinics operated at a net loss of \$29,000 and the Pelham clinic operated at a net loss of \$121,000.

Convenient Cares

The Corporation's Convenient Care provides treatment for minor injuries and ailments in a more timely fashion and at a more reasonable cost than an emergency center. In 2012, the clinics operated at a net loss of \$1,212,000.

Phoebe Specialty Clinics

- Phoebe Gastroenterology Associates has been a part of providing exceptional patient care for more than 30 years and treats virtually every kind of gastrointestinal related healthcare problem. In 2012, this clinic operated at a net loss of \$421,000.
- The Behavioral Health Clinic provides treatment for adults and adolescents with addictive diseases and/or psychiatric disorders. In 2012, this clinic operated at a net loss of \$450,000.
- The Corporation operates a specialty clinic encompassing Endocrinology, Rheumatology, and Physiatry. The clinic offers medical care on a referral basis to inpatients and outpatients with endocrine or rheumatoid problems or with physical medicine or rehabilitation needs. The clinic operated at a net loss of \$351,000 in 2012.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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**III. Subsidized Health Services, Continued**

A. Hospital Outpatient Services, Continued

Phoebe Specialty Clinics, Continued

- Maternal/Fetal Medicine program is for high risk mothers and pregnant women who need specialized care. It serves this perinatal region. In 2012, this clinic operated at a net loss of \$48,000.
- The Corporation operates Neurosurgery and Neurology practices that provide two neurosurgeons and two neurologists to our community, improving access to care in several settings, including trauma care in the Emergency Department and community health forums. This department operated at a net loss of \$931,000.
- The Corporation offers an Infectious Disease Clinic. This clinic is primarily directed at providing treatment to those who have chronic and acute infectious diseases and to terminally ill persons in need of pain management. In 2012, this clinic operated at a net loss of \$117,000.
- The Corporation operates a comprehensive Cardiac program which performs open heart, thoracic and vascular procedures, including the region's only electrophysiology and peripheral vascular intervention procedures as well as community angio screenings. This group operated at a net loss of \$1,132,000.
- The Corporation operates a special seniors clinic at the Camilla Senior Center, set up for this population to have a comfortable atmosphere in which to access physician care, including a kitchen area and gathering places. The Center operated at a net loss of \$11,000 for 2012.
- Lee QuickCare Clinic provides walk-in treatment for common illnesses and conditions after hours, 6 p.m. to 10 p.m., Mondays through Fridays. The staff serves non-urgent patients and can prescribe medications when indicated. The clinic operated at a net loss of \$60,000.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

III. Subsidized Health Services, Continued

A. Hospital Outpatient Services, Continued

Phoebe Specialty Clinics, Continued

- The Corporation operates a Surgical Oncology Department in its Cancer Center. This practice surgically treats and manages cancers primarily of the esophagus, stomach, liver, pancreas, colon, breast and skin, and soft tissues. The surgical oncologist also serves as a distinguished scholar for the Georgia Cancer Coalition and conducts clinical research and is working on elevating the level of cancer care in the region. The clinic operated at a loss of \$155,000.
- The Corporation operates a Wound Care and Hyperbaric Center with two satellite clinics in Sylvester and Americus, Georgia for advanced wound care treatments. The Center provides treatment for chronic wounds that have resisted healing and hyperbaric oxygen therapy. The Center operated at a net loss of \$30,000.
- The Corporation provides palliative care to patients in Southwest Georgia with a limited life expectancy. In 2012, the department operated at a net loss of \$79,000.

Residency Program

The Southwest Georgia Family Medicine Residency Program is an award winning facility continuously addressing the shortage of health care professionals in the region. Their primary mission is to train family physicians to practice in rural Southwest Georgia.

Established in 1993, this program offers a rich opportunity for physicians to develop as strong clinicians capable of delivering high-quality primary care in any setting. The need for medical services in this rural region is great. The region has high incidences of cancer, heart attack, stroke and other diseases, and the need for medical and outreach services are tremendous. The program has successfully diverted persons without access from costly emergency rooms to appropriate primary care settings. In 2012, this program showed a net loss of \$902,000.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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**III. Subsidized Health Services, Continued**

B. Women's and Children's Services

The Corporation supports midwifery services provide by Albany Area Primary Health Care (a federally qualified health clinic) to women without access to prenatal care. The program is a needed intervention and impacts mother and baby health, including infant mortality rates, by reaching women who otherwise would arrive at the hospital with adequate prenatal care. The Corporation provided \$205,000 to the Midwifery program during the fiscal year.

C. Other Subsidized Services

Inmate Care

The Corporation provides care to persons in jail for Dougherty County. In 2012, the Corporation provided \$780,000 of unreimbursed medical and drug treatment to 298 inmates.

Indigent Drug Pharmacy

Indigent Drug Pharmacy provides medication upon discharge to patients that are either indigent or uninsured. In 2012, the pharmacy assisted 1,584 patients at a cost of \$257,000.

**IV. Clinical Research**

The Corporation offers clinical trials to cancer patients who are residents of Southwest Georgia. In 2012, 116 patients elected to participate at an estimated cost of \$735,000. The Corporation is also a regional site for the collection of tissue for the statewide Tumor, Tissue and Serum Biorepository.

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

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**V. Financial and In-Kind Support**

In 2012, the Corporation provided \$562,000 in cash donations and in-kind support to non-profit organizations in Southwest Georgia. Listed are some highlights:

- The Cancer Coalition of South Georgia received \$188,000 for staff support and various projects.
- Installing Health Teacher into classrooms throughout Southwest Georgia received \$62,000.
- Graceway Recovery for Women received a cash donation of \$5,000 to partially fund a van purchase.
- 100 Black Men of Albany, GA received a \$5,000 donation for the robotics program.
- Albany Marathon received a \$20,000 donation to raise funds for hospice services.
- A \$50,000 donation was made to Move the Mountain for a national development center in Albany with the goal of reducing poverty.
- In-kind support of foregone rent to 17 non-profit organizations at an estimated cost of \$174,000.

**VI. Community Building Activities**

**A. Economic Development**

As a corporate citizen, the Corporation is involved in various economic development activities throughout the year. In 2012, the Corporation contributed \$104,000 to various economic development initiatives in the community

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

**VI. Community Benefit Operations**

The Corporation incurred \$213,000 to support staff and community health needs assessment costs.

**Summary**

	<b><u>2012</u></b>
<b>Community Health Improvement Services:</b>	
Community Health Education	\$ 787,000
Community Based Clinical Services	1,357,000
Healthcare Support Services	<u>527,000</u>
<b>Total community health improvement services</b>	<b><u>2,671,000</u></b>
<b>Health Professions Education:</b>	
Nurses/nursing students	1,282,000
Other health professional education	<u>348,000</u>
<b>Total health professions education</b>	<b><u>1,630,000</u></b>
<b>Subsidized Health Services:</b>	
Hospital outpatient services	5,599,000
Women's and children's services	205,000
Behavioral health services	450,000
Other subsidized health services	<u>1,037,000</u>
<b>Total subsidized health services</b>	<b><u>7,291,000</u></b>
<b>Research:</b>	
Clinical research	<u>735,000</u>
<b>Total research</b>	<b><u>735,000</u></b>

See independent auditor's report on supplemental information.

PHOEBE PUTNEY MEMORIAL HOSPITAL, INC.

SERVICE TO THE COMMUNITY, Continued

VI. Community Benefit Operations, Continued

Summary, Continued

	<u>2012</u>
<b>Financial and In-Kind Support:</b>	
Cash donations	\$ 321,000
In-kind donations	<u>241,000</u>
<b>Total financial and in-kind support</b>	<b><u>562,000</u></b>
<b>Community Building Activities:</b>	
Other economic development activities	<u>104,000</u>
<b>Total community building activities</b>	<b><u>104,000</u></b>
<b>Community Benefit Operations:</b>	
Dedicated staff and other resources	<u>213,000</u>
<b>Total community benefit operations</b>	<b><u>213,000</u></b>
<b>Other:</b>	
Traditional charity care – estimated unreimbursed cost of charity services	24,000,000
Unpaid cost of Medicare services – estimated unreimbursed cost of Medicare services	68,800,000
Unpaid cost of Medicaid services – estimated unreimbursed cost of Medicaid services	<u>23,900,000</u>
<b>Total other</b>	<b><u>116,700,000</u></b>
<b>Total summary</b>	<b><u>\$ 129,906,000</u></b>

This report has been prepared in accordance with the Community Benefit reporting guidelines established by Catholic Health Association (CHA) and VHA. The Internal Revenue Services' requirements for reporting community benefits are different than the guidelines under which this report has been prepared.

See independent auditor's report on supplemental information.

# Appendix G

CBISA Report

5/14/2013

Phoebe Putney Memorial Hospital

Selected Categories - Detail

For period from 8/1/2011 through 7/31/2012

<u>Category / Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
<b>Community Health Improvement Services (A)</b>				
<b>Community Health Education (A1)</b>				
Child Birth Classes				
Child Birth Education (525030)	109,107	22,827	86,280	762
Community Health Education				
Unknown (0)	7,793	0	7,793	7,012
Golden Key 55 Plus				
Golden Key (980100)	126,348	5,665	120,683	23,688
Health Fairs				
Unknown (0)	57,099	0	57,099	3,476
Health Promotion and Wellness Programs				
Unknown (0)	97	0	97	40
Key Notes Newsletter				
Golden Key (980100)	46,536	0	46,536	Unknown
Lactation Services				
Lactation (525040)	207,671	0	207,671	5,028
Project Network of Trust				
Unknown (0)	249,754	0	249,754	319
Support Groups				
Unknown (0)	10,785	0	10,785	65
<b>*** Community Health Education</b>	<b>815,190</b>	<b>28,492</b>	<b>786,698</b>	<b>40,390</b>
<b>Community Based Clinical Services (A2)</b>				
Flu Shots				
Accounting (700002)	10,687	0	10,687	612
Health Screenings				
Unknown (0)	610	0	610	547
School Nurse Program				
School Nurse Program (928101)	1,588,615	242,513	1,346,102	90,000
<b>*** Community Based Clinical Services</b>	<b>1,599,912</b>	<b>242,513</b>	<b>1,357,399</b>	<b>91,159</b>
<b>Health Care Support Services (A3)</b>				
New Foundation				
New Foundation (890115)	213,797	201,156	12,641	1,296
Phoebe Care Program				
Phoebe Cares (705100)	409,574	0	409,574	6,263
Transportation Programs				
Radiation Oncology (533000)	103,872	0	103,872	143
<b>*** Health Care Support Services</b>	<b>727,243</b>	<b>201,156</b>	<b>526,087</b>	<b>7,702</b>
<b>**** Community Health Improvement Services</b>	<b>3,142,345</b>	<b>472,161</b>	<b>2,670,184</b>	<b>139,251</b>
<b>Health Professions Education (B)</b>				
<b>Nurses/Nursing Students (B2)</b>				
Nurses/Nursing Students				
Nursing Clinicals (1000)	1,282,077	0	1,282,077	1,269
<b>*** Nurses/Nursing Students</b>	<b>1,282,077</b>	<b>0</b>	<b>1,282,077</b>	<b>1,269</b>
<b>Other Health Professional Education (B3)</b>				

5/14/2013

Phoebe Putney Memorial Hospital

Selected Categories - Detail

For period from 8/1/2011 through 7/31/2012

<u>Category / Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
Other Health Professional Education School Nurse Program (928101)	348,311	0	348,311	86
<b>*** Other Health Professional Education</b>	<b>348,311</b>	<b>0</b>	<b>348,311</b>	<b>86</b>
<b>**** Health Professions Education</b>	<b>1,630,388</b>	<b>0</b>	<b>1,630,388</b>	<b>1,355</b>
<b>Subsidized Health Services (C)</b>				
<b>Other (C10)</b>				
Indigent Drug Pharmacy Pharmacy (504000)	256,612	0	256,612	1,584
Prisoner Care Accounting (700002)	780,398	0	780,398	298
<b>*** Other</b>	<b>1,037,010</b>	<b>0</b>	<b>1,037,010</b>	<b>1,882</b>
<b>Hospital Outpatient Services (C3)</b>				
Subsidized Health Services Unknown (0)	5,157,993	0	5,157,993	Unknown
<b>*** Hospital Outpatient Services</b>	<b>5,157,993</b>	<b>0</b>	<b>5,157,993</b>	<b>0</b>
<b>**** Subsidized Health Services</b>	<b>6,195,003</b>	<b>0</b>	<b>6,195,003</b>	<b>1,882</b>
<b>Research (D)</b>				
<b>Clinical Research (D1)</b>				
Clinical Research Unknown (0)	884,592	149,831	734,761	Unknown
<b>*** Clinical Research</b>	<b>884,592</b>	<b>149,831</b>	<b>734,761</b>	<b>0</b>
<b>**** Research</b>	<b>884,592</b>	<b>149,831</b>	<b>734,761</b>	<b>0</b>
<b>Financial and In-Kind Contributions (E)</b>				
<b>Cash Donations (E1)</b>				
Cash Donations Unknown (0)	323,009	2,210	320,799	Unknown
<b>*** Cash Donations</b>	<b>323,009</b>	<b>2,210</b>	<b>320,799</b>	<b>0</b>
<b>In-kind Donations (E3)</b>				
In-Kind Donations Unknown (0)	241,166	0	241,166	Unknown
<b>*** In-kind Donations</b>	<b>241,166</b>	<b>0</b>	<b>241,166</b>	<b>0</b>
<b>**** Financial and In-Kind Contributions</b>	<b>564,175</b>	<b>2,210</b>	<b>561,965</b>	<b>0</b>
<b>Community Building Activities (F)</b>				
<b>Economic Development (F2)</b>				
Economic Development Accounting (700002)	103,750	0	103,750	Unknown
<b>*** Economic Development</b>	<b>103,750</b>	<b>0</b>	<b>103,750</b>	<b>0</b>

5/14/2013

Phoebe Putney Memorial Hospital

Selected Categories - Detail

For period from 8/1/2011 through 7/31/2012

<u>Category / Title / Department</u>	Monetary Inputs			Outputs
	Expenses	Offsets	Benefit	Persons
<b>**** Community Building Activities</b>	<b>103,750</b>	<b>0</b>	<b>103,750</b>	<b>0</b>
<b>Community Benefit Operations (G)</b>				
<b>Dedicated Staff (G1)</b>				
Community Benefit Operations				
Planning (735000)	139,140	0	139,140	Unknown
<b>*** Dedicated Staff</b>	<b>139,140</b>	<b>0</b>	<b>139,140</b>	<b>0</b>
<b>Community Needs/Health Assets Assessment (G2)</b>				
Community Health Needs/Health Needs Assessment				
Unknown (0)	63,630	0	63,630	Unknown
<b>*** Community Needs/Health Assets Assessment</b>	<b>63,630</b>	<b>0</b>	<b>63,630</b>	<b>0</b>
<b>**** Community Benefit Operations</b>	<b>202,770</b>	<b>0</b>	<b>202,770</b>	<b>0</b>
<b>Number of Programs</b> 26 <b>Grand Totals</b>	<b>12,723,023</b>	<b>624,202</b>	<b>12,098,821</b>	<b>142,488</b>