2013

Phoebe Sumter Medical Center
Implementation Strategy

126 Hwy. 280 West
Americus, GA 31719

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Implementation Strategy

For FY2013-2015 Summary

Phoebe Sumter Medical Center is a 76 bed not-for-profit community hospital located in Americus, Georgia. In early 2013, the hospital conducted a Community Health Needs Assessment (CHNA) to identify the health needs of Sumter County. The Implementation Strategy for Phoebe Sumter Medical Center was developed based on findings and priorities established in the CHNA and a review of the hospital's existing community benefit activities.

This report summarizes the plans for Phoebe Sumter Medical Center to sustain and develop community benefit programs that 1) address prioritized needs from the 2013 Phoebe Sumter Medical Center CHNA and 2) respond to other identified community health needs.

The following prioritized needs were identified by the community and the CHNA steering committee. Particular focus was placed upon these needs in developing the implementation strategy.

1. Access to Care – Providers and Prevention
2. Obesity
3. Cancer
4. Diabetes
5. Teen Birth Rate
6. Heart Disease and Stroke
7. Respiratory Disease
8. Mental Health
9. Access to Care – Transportation
10. Alcohol and Drugs

Phoebe Sumter Medical Center has addressed each of the health needs identified in the CHNA. Phoebe Sumter Medical Center developed implementation strategies to address each of the health issues identified over the next three years.

Specific implementation strategies for each of the CHNA identified health needs are addressed in the following appendices to this report.

As stated in the information gaps section of Phoebe Sumter Medical Center's CHNA Report (page 11), some of the needs identifed by the community were based on opinions or perceptions. In particular, perceptions of provider availability in a community can often be biased. The hospital will address these needs in a manner that aligns current resources available with the most recent facts about provider shortages in the community.

1. Access to Care—Providers and Prevention
    a. There is a need for free or low cost care options for the working poor, uninsured, or underinsured.
        i. There is a need for low cost alternatives for certain medications.
    b. There is a need for a centralized community resources pamphlet to assist community residents in identifying the appropriate resources to meet their health care needs.
        i. There is a need for physician knowledge of referral sources.
    c. The community perceives there is a shortage of providers, specialists, or services in the community.
    d. There is a need for education and awareness concerning prevention of chronic illnesses, health behaviors, and habits that promote the use of primary care and preventive medicine.
    e. There is a need for more health promotion education and outreach to the Hispanic population due to language and cultural barriers.

2. Obesity
    a. There is a need for education awareness on the causes, prevention, and intervention for obesity.
        i. There is a need for specific education on how to purchase healthy foods on a budget.
        ii. There is a need for lifestyle intervention education on healthy eating and exercise habits; especially for low-income areas.
    b. There are limited places for physical activity that are safe and cost-effective.
        i. There is a need for free or low cost recreational facilities or education on how to stay active with limited resources.
        ii. There is a need for afterschool activities for children to keep them active.

3. Cancer
    a. There is a need for education and awareness regarding cancer screenings, prevention, and treatment methods.
        i. There is a need for specific education on workplace protection from environmental and occupational hazards associated with the agriculture industry.
    b. There is a need for free or low cost cancer care options for the working poor, uninsured, or underinsured.

4. Diabetes
    a. There is a need for education awareness on the causes, prevention, and intervention for diabetes.
        i. There is a need for specific education on how to purchase healthy foods on a budget.
        ii. There is a need for lifestyle intervention education on healthy eating and exercise habits; especially for low-income areas.
    b. There are limited places for physical activity that are safe and cost-effective.
        i. There is a need for free or low cost recreational facilities or education on how to stay active with limited resources.
        ii. There is a need for afterschool activities for children to keep them active.

5. Teen Birth Rate
    a. There is a need for early education and awareness for adolescents concerning sex education and contraceptive use.
    b. There is a need for more afterschool activities.
    c. There is a need for education to increase self-esteem and self-worth.

6. Heart Disease and Stroke
    a. There is a need for education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.
    b. There is a need for increased access to free or low cost blood pressure medication.

7. Respiratory
    a. There is a need for outreach education and awareness regarding respiratory disease.
    b. There is a need for more respiratory providers.

8. Mental Health
    a. There is a need for more services, providers, and specialists relating to mental healthcare.
    b. There is a need for education and awareness on mental illness.

9. Access to Care—Transportation
    a. Transportation to health care providers is an issue for all population groups, especially the young, the poor and the Senior residents.

10. Alcohol, Tobacco, and Drugs (Adolescent Lifestyle)
    a. There is a need for education and awareness surrounding healthy lifestyle choices.
    b. There is a need for education to increase self-esteem.
    c. There is a need for more afterschool activities to encourage healthy habits.

Community Work Plan for Access to Care—Providers and Prevention
CHNA Page Reference – pages 84-100

Health Problem	Outcome Objective
A. Affordable care access B. Education regarding available services C. Provider shortages D. Education on prevention E. Health promotion outreach to the Hispanic population F. Health promotion outreach to the Senior population	A. Increased access to healthcare for the underinsured and uninsured residents B. Increased community awareness of health care resources and financial assistance available in community C. Recruit health care providers to the community D. Increased awareness and access to prevention education E. Increased awareness and access to prevention education (health promotion activities) for the Hispanic population F. Increased awareness and access to prevention education (health promotion activities) for the Senior population

Description of the health problem, risk factors and contributing factors:

A. According to 2010 U.S. Census data, Sumter County had a higher proportion of uninsured (16.6 percent) than the U.S. (15.2 percent).

B. According to focus groups and key stakeholder interviews conducted in 2013, community members were not aware of available health care resources, particularly for the uninsured, low income, chronic disease and minority populations.

C. According to the 2008 Physician Workforce Report, Sumter County had an inadequate supply of physicians in the following specialties: emergency medicine, radiology, and family practice. Community members perceived a need for the following specialties or services: cardiologists, pediatricians, inpatient pediatric unit, endocrinologists, respiratory, ostomy nurses, and primary care providers.

D. According to 2013 focus group meetings, community members reported a need for education and awareness concerning prevention of chronic illnesses, health behaviors, and habits that promote the use of primary care and preventive medicine.

E. According to the 2010 U.S. Census report, the Hispanic population represents 5.2 percent of Sumter's population. The Hispanic population has nearly doubled since the 2000 census (2.7 percent). The Hispanic population is predicted to be higher due to under-reporting of census data. According to key stakeholder interviews and focus group meetings, the community reported that some of the Hispanic population are fearful of accessing healthcare due to a fear of being deported. The community also reported concerns for education on self-awareness of diabetes and need for better nutrition. The Hispanic migrant farmer population is in need of occupational hazard education.

F. Generally the more aged a population, the greater its health needs because of a higher risk of developing more chronic medical conditions. The proportion of individuals 65 and older was higher in Sumter County (13 percent) than Georgia (10.7 percent). In addition, Sumter County had a higher proportion of individuals 65 and older living in poverty (14 percent) than Georgia (12 percent) and the U.S. (9 percent).

Related Healthy People 2020 objectives:

AHS-1 Increase the proportion of persons with health insurance
AHS-3 Increase the proportion of persons with a usual primary care provider
AHS-4 Increase number of practicing primary care medical providers – Developmental

Implementation Strategy:

A. The hospital will improve access to the uninsured and underinsured by working toward the development of an onsite caseworker position that acts as a resource for both healthcare community resources and financial assistance. The hospital will also increase healthcare access through the hospital's financial charity and indigent care program.

B. During the community focus group meetings and key stakeholder interviews, it became apparent that there is a need for a centralized community resources pamphlet. The hospital will collaborate with Court Appointed Special Advocates (CASA) on the printing and distribution of the community resources pamphlet. The pamphlet will be distributed to physician offices, hospital registration areas, rural health clinics, local papers, and other venues with special emphasis on reaching the low-income, uninsured, minority and chronic disease populations. The pamphlet will also be translated in Spanish.

C. The hospital will collaborate with Phoebe Putney Health System on the recruitment of needed community healthcare providers. The hospital will increase awareness of community providers through advertisements, health fairs, and local papers.

D. The hospital will collaborate with Phoebe Putney Health System and Sumter County school leaders on the implementation of HealthTeacher, a web-based program that promotes healthy lifestyles. The hospital will publish "preventive care facts" for major health issues on the hospital's main website.

E. The hospital will provide community outreach programs to educate the Hispanic population on the prevention of diseases, and education on the importance of having a primary care provider. The hospital will collaborate with area Hispanic Churches or Hispanic community leaders to encourage active participation in these programs.

F. The hospital will collaborate with agencies (see possible collaborations) to help provide community outreach programs to educate the Senior population on health issues specific to their needs.

Possible Collaborations:

- Health Department
- Churches
- Healthcare providers
- Grant projects
- Senior Center
- Community Center
- Court Appointed Special Advocates
- Council on Aging
- River Valley Regional Commission
- Rosalyn Carter Institute
- Sumter County School System
- Phoebe Putney Health System
- Sumter County Parks and Recreation Department

Community Work Plan for Obesity
CHNA Page Reference – pages 54-61

Health Problem	Outcome Objective
A. Lack of prevention education and awareness B. Limited places and resources for physical activity and healthy living	A. Reduction of the number of adults and children in Sumter County that are overweight or obese B. Increased access to places or resources for physical activity and healthy living

Description of the health problem, risk factors and contributing factors:

A. The prevalence of adult obesity in Health District 7-0 (31.7 percent) was higher than the State (27.6 percent), but lower than the U.S. (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Sumter County had a higher prevalence of obesity (35 percent) compared to the Health District, State, and the U.S. According to community focus groups and key stakeholder interviews conducted in 2013, the community reported a lack of education and awareness about obesity prevention.

B. According to community focus groups and key stakeholder interviews conducted in 2013, the community reported a lack of affordable and safe places for exercise. In addition, the community reported a need for more afterschool activities for children to keep them active throughout the day.

The hospital and community believe obesity contributes to other health issues such as heart disease and stroke, and for this reason rated obesity as a priority health need. (See also diabetes).

Related Healthy People 2020 objectives:

NWS-9 Reduce the proportion of adults who are obese
NWS-10 Reduce the proportion of children and adolescents who are considered obese.

Implementation Strategy:

A. The hospital will work toward reducing the number of adults and children in Sumter County that are obese or overweight by implementing health promotion programs that increase self-awareness of body mass index (weight status) and increase nutrition education. Increasing self-awareness of weight status will be achieved by offering screening of BMI, providing nutritional education, and having a nutritionist onsite at health fairs for adults and children.

B. The hospital will increase access to affordable places and resources for exercise by collaborating with community centers, the Boys and Girls Club, Sumter County Parks and Recreation Department, and Georgia Southwestern State University's School of Nursing to develop programs that support healthy behavior change through building, strengthening and maintaining social networks. One specific program that supports social behavior change is Zumba. The hospital plans to implement this type of exercise program at their health fairs. In

addition, the health fairs for children will have areas supplied with "play equipment" that shows attendees affordable ways to stay active when resources are limited. The hospital will explore ways to assist in funding activities, such as Relay for Life, Little League teams, or any other programs that promote physical activity. The hospital will develop an exercise video for distribution to churches and community centers. Additionally, the hospital will collaborate with the City in the development of a community-wide weight-loss campaign.

Possible Collaborations:

- Churches
- Community Center
- Boys and Girls Club
- Healthcare providers
- Sumter County Parks and Recreation Department
- School of Nursing – Georgia Southwestern State University
- South Georgia Technical College

Community Work Plan for Cancer
CHNA Page Reference – pages 26-36

Health Problem	Outcome Objective
A. Lack of community awareness for cancer prevention and treatment methods B. Lack of affordable options for screenings and treatment	A. Increased number of individuals receiving cancer screenings; also, increased number of individuals receiving treatment B. Increased access to cancer screenings and treatment for the uninsured and underinsured

Description of the health problem, risk factors and contributing factors:

A. According to focus group meetings and key stakeholder interviews conducted in 2013, community members reported that the general population (especially the low-income, uninsured, and underinsured) was not aware of cancer prevention education and treatment methods. According to U.S. Census data, Sumter County had a higher proportion of uninsured (16.6 percent) than the U.S. (15.2 percent). In addition, Sumter County had a lower high school graduation rate than both Georgia and the U.S.

B. The community also reported there was a lack of affordable screenings and treatment for the uninsured and underinsured. According to U.S Census data, Sumter County had a higher percentage of individuals whose income was below poverty (27 percent) compared to Georgia (16 percent) and the U.S. (14 percent).

Related Healthy People 2020 objectives:

C-1 Reduce the overall cancer death rate
C-2 Reduce the lung cancer death rate
C-3 Reduce the female breast cancer death rate
C-5 Reduce the colorectal cancer death rate
C-7 Reduce the prostate cancer death rate

Implementation Strategy:

A. The hospital will increase an individual's access to cancer screenings and treatment by first increasing self-awareness. The hospital will utilize small media methods to increase awareness. Small media methods include videos and printed materials such as letters, brochures, and newsletters. The hospital website will also be used for electronic communication of health screening access information. These materials will be used to inform and motivate people to get screened for cancer. The hospital will tailor the information within the media and the type of media to fit specific population groups. The hospital will collaborate with churches, various community centers, and health care providers in the distribution of these materials. The hospital will implement guidance to providers on how to provide one-on-one education about cancer prevention.

B. The hospital will improve access to care for the underinsured and uninsured by helping to reduce out-of-pocket costs associated with cancer screenings and treatment. The hospital will

collaborate with other community services to determine specific cancer related services currently offered and to educate the community on the availability of such services. The hospital will evaluate current oncology indigent patient funding in order to increase access to care and treatment.

Possible Collaborations:

- Churches
- Community Centers
- Healthcare providers
- State Health Clinic
- Grant projects

Community Work Plan for Diabetes
CHNA Page Reference – pages 52-53, 58-60

Health Problem	Outcome Objective
A. Lack of prevention education and awareness B. Limited places and resources for physical activity and healthy living	A. Reduction of the number of new cases of diabetes among adults and children in Sumter County B. Increased access to places or resources for physical activity and healthy living

Description of the health problem, risk factors and contributing factors:

A. The diabetes prevalence rate in Sumter County (14 percent) was higher than the Health District rate (12.1 percent), the State rate (9.5 percent) and the U.S. rate (8.1 percent). Obesity is a contributing factor to diabetes. The prevalence of adult obesity (31.7 percent) in Health District 7-0 was higher than the State (27.6 percent), but lower than the U.S. (33.8 percent). The Healthy People 2020 goal is set at 30.6 percent. Sumter County had a higher prevalence of obesity (35 percent) compared to the Health District, State, and the U.S. According to community focus groups and key stakeholder interviews conducted in 2013, the community reported a lack of education and awareness about obesity and diabetes prevention.

B. According to community focus groups and key stakeholder interviews conducted in 2013, the community reported a lack of affordable and safe places for exercise. In addition, the community reported a need for more afterschool activities for children to keep them active throughout the day. The community also reported a need for specific education on how to purchase healthy foods on a budget.

The hospital and community believe diabetes contributes to other health issues such as heart disease and stroke, and for this reason rated diabetes as a priority health need.
(See also Obesity).

Related Healthy People 2020 objectives:

D-1 Reduce the annual number of new cases of diagnosed diabetes in the population
D-3 Reduce the diabetes death rate

Implementation Strategy:

A. The hospital will design and procure educational materials for distribution to the community on signs and symptoms, screenings, and treatment of diabetes. The hospital will design nutrition education programing that focuses on affordable healthy eating. The hospital will offer this program in various areas of the community to increase access to the underserved population. Health fairs will include screenings for blood glucose levels.

B. The hospital will investigate the cost of glucose test strips and collaborate with agencies on ways to reduce costs.

Possible Collaborations:

- Local providers
- Boys and Girls Club
- Dieticians and nutritionists
- School of Nursing – Georgia Southwestern State University
- Practical Nursing Program - South Georgia Technical College

Community Work Plan for Teen Birth Rate
CHNA Page Reference – pages 65-68

Health Problem	Outcome Objective
A. Lack of early education and awareness regarding sex education B. Lack of afterschool activities C. Lack of self-esteem	A. Early education on sex and contraceptive use will decrease teen birth rate B. Increased access to afterschool activities for adolescents C. Improved self-esteem and self-worth among adolescents

Description of the health problem, risk factors and contributing factors:

A. The teen birth rate in Sumter County (68 per 1,000 females) was higher than both Georgia (49.7 per 1,000 females) and the U.S. (34.3 per 1,000 females). The Black teen birth rate (82.2 per 1,000 females) was significantly higher than the White teen birth rate (42.3 per 1,000 females) in Sumter County. According to focus group meetings and key stakeholder interviews conducted in 2013, community members reported that there is a lack of appropriate and comprehensive sex education.

B. According to focus group meetings conducted in 2013, the community reported there was a lack of afterschool activities available to adolescents. In addition, the community reported that there was a lack of supervision of adolescents due to working-class households. The households were either single, working mother households or households with both parents working. The community reported that most adolescents have sex between 3:00 pm and 6:00 pm when parents are at work. The community also reported transportation to activities was an issue.

C. In Georgia, according to self-reported reasons for not using contraception at the time of an unintended pregnancy, the top reason was that the teen did not mind if she got pregnant. The community reported that low self-esteem and low self-worth contribute to risky sexual behavior. Also, teens look forward to having a baby because they see instant gratification due to the instant love of a child.

Related Healthy People 2020 objectives:

FP-6 Increase the proportion of females or their partners at risk of unintended pregnancy who used contraception at most recent sexual intercourse

FP-8 Reduce the pregnancy rate among adolescent females

FP-9 Increase the proportion of adolescents aged 17 years and under who have never had sexual intercourse

Implementation Strategy:

A. There is a lack of community consensus on the recommended curriculum for sex education. This lack of consensus creates a barrier to the hospital directly addressing the need. A partnership between the school system and public health would better serve this identified need. The hospital will provide a community resources pamphlet to the community to identify health resources for pregnant teens.

B. It is beyond the scope of the hospital to provide afterschool activities for adolescents. The hospital will help community members find afterschool activities for adolescents through the community resources pamphlet published on the hospital's website.

C. The hospital will collaborate with Sumter County Health Department, community leaders, churches, and schools to develop a program on ways to increase self-esteem among young women.

Possible Collaborations:

- Health Department
- "Girl Talk" program (self-esteem programming)
- Boys and Girls Club
- Grant program
- School System

Community Work Plan for Heart Disease and Stroke
CHNA Page Reference – pages 37-40

Health Problem	Outcome Objective
A. Lack of education and awareness on prevention B. Cost of blood pressure medication	A. Increased access to education and awareness for early prevention of heart disease and stroke B. Decreased cost or free blood pressure medication

Description of the health problem, risk factors and contributing factors:

A. Heart disease and stroke are preventable diseases. Sumter County had a higher death rate due to heart disease (118 per 100,000 population) compared to Georgia (109.7 per 100,000 population). The stroke death rate in Sumter County (47 per 100,000 population) was comparable to Georgia (47.4 per 100,000 population). Heart disease and stroke have similar modifiable risk factors such as: tobacco smoke, poor nutrition, overweight and obesity, stress, and high cholesterol. In 2013, the community reported that Sumter County is part of area in Georgia known as the "stroke-belt" which has a high incidence of hypertension.

B. Access to care and access to medication is affected by cost. In 2013, the community reported that patients do not comply with medication due to the cost associated with it. Even when the cost is minimal, the community reported patients do not comply.

Related Healthy People 2020 objectives:

HDS-2 Reduce coronary heart disease deaths
HDS-3 Reduce stroke deaths
TU-1.1 Reduce cigarette smoking by adults
TU-2.2 Reduce cigarette use by adolescents within last 30 days
TU-4 Increase smoking cessation attempts by adult smokers
TU-7 Increase smoking cessation attempts by adolescent smokers
D-13 Increase the proportion of adults with diabetes who perform self-blood glucose monitoring
D-14 Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
D-15 Increase the proportion of persons with diabetes whose condition has been diagnosed

Implementation Strategy:

A. The hospital will provide blood pressure monitoring devices to area churches. Hospital staff will train designated members of the church on proper methods to monitor blood pressure for church members. The hospital will provide education materials to at-risk patients through health fairs, health screenings, and physician visits.

B. The hospital will distribute a community resources pamphlet to assist community members in locating free or sliding fee scale providers.

Possible Collaborations:

- Community Centers
- Health Department
- Local providers

Community Work Plan for Respiratory Disease
CHNA Page Reference – pages 41-44

Health Problem	Outcome Objective
A. Lack of education and awareness on prevention B. Lack of specialists	A. Increased access to education and awareness for respiratory diseases B. Increased number of specialty providers

Description of the health problem, risk factors and contributing factors:

A. Chronic lower respiratory disease includes asthma, chronic bronchitis, and emphysema. Modifiable risk factors associated with respiratory diseases include tobacco smoke, unhealthy diet, physical inactivity, air pollution, allergens, and occupational agents. Although Sumter County had a lower respiratory disease death rate (34.9 per 100,000 population) than Georgia (44.5 per 100,000 population) and the U.S. (42.1 per 100,000 population), community members reported that unhealthy risk factors exist within the community.

B. According to focus group meetings conducted in 2013, the community reported a lack of respiratory providers.

Related Healthy People 2020 Objectives:

RD-1 Reduce asthma deaths
RD-2 Reduce hospitalizations for asthma
RD-3 Reduce hospital emergency department visits for asthma
RD-4 Reduce activity limitations among persons with current asthma
RD-5 Reduce the proportion of persons with asthma who miss school or work days.
RD-6 Increase the proportion of persons with current asthma who receive formal patient education
RD-9 Reduce activity limitations among adults with chronic obstructive pulmonary disease (COPD) from
RD-10 Reduce deaths from COPD
RD-11 Reduce hospitalizations for COPD
RD-12 Reduce hospital emergency department visits for COPD

Implementation Strategy:

A. The hospital will provide patient education on the risk factors associated with respiratory disease and smoking. The hospital will collaborate with other agencies in creating health programming to reach underserved areas of the community.

B. Given the size of the hospital and community, it is not feasible to have a specialist in pulmonary medicine full time; however, the hospital will refer to specialists (pulmonologist) 30 minutes away in Albany, GA.

Possible Collaborations:

- Local providers
- Community Centers
- Health Fairs
- Health Screenings

Community Work Plan for Mental Health
CHNA Page Reference – pages 94, 104

Health Problem	Outcome Objective
A. Lack of mental health services and providers B. Lack of education and awareness	A. Increased access to mental health services B. Increased education and awareness about mental health

Description of the health problem, risk factors and contributing factors:

There is no quantitative, disease-specific data available regarding mental health in Sumter County. The community members reported difficulty in navigating the mental healthcare system due to lack of knowledge, lack of family support services, and lack of local mental health providers.

Related Healthy People 2020 objectives:

MHMD-6 Increase the proportion of children with serious mental health problems who receive treatment
MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment

Implementation Strategy:

A. The hospital will collaborate with local mental health providers to develop a community resources pamphlet for the community to help individuals navigate the mental healthcare system.

B. The hospital will collaborate with mental health providers to increase education and awareness surrounding mental health. Also, the hospital will increase recognition of mental health problems in adolescents and Seniors. Health fairs and local community events will be used to increase education and awareness.

Possible Collaborations:

- Local NAMI (National Alliance on Mental Illness) chapter
- Health Department
- Churches
- Senior Center
- Community Center
- Healthcare providers

Community Work Plan for Access to Care - Transportation
CHNA Page Reference – pages 94, 96-100

Health Problem	Outcome Objective
Transportation is an issue for all population groups, especially the young, poor, and Senior residents.	Increased access to transportation for all county residents

Description of the health problem, risk factors and contributing factors:

According to community focus groups conducted in 2013, there is no public transportation system within the community. There is one service that offers transportation at a cost. There are other services that provide transit for specific populations. These transportation services are limited. Many people in the community cited transportation as major issue preventing access to care. Many residents depend upon family members or others in the community for their transportation needs.

Related Healthy People 2020 objectives:

AHS-3 Increase the proportion of persons with a usual primary care provider
AHS-5 Increase the proportion of persons who have a specific source of ongoing care

Implementation Strategy:

It is beyond the hospital's mission and financial resources to provide transportation. As described in the strategies related to *Access to Care - Providers and Prevention,* the hospital will increase access to health services by providing screenings and other forms of preventive care in community locations other than the hospital's main campus. The hospital will provide a community resources pamphlet that will guide individuals to transportation services.

Possible Collaborations:

- Churches
- Community Center
- Healthcare providers
- Health Department

Community Work Plan for Alcohol and Drugs
CHNA Page Reference – pages 71-77

Health Problem	Outcome Objective
Substance abuse behaviors	Decreased use of alcohol and drugs

Description of the health problem, risk factors and contributing factors:

The binge drinking rate in Health District 7-0 (14.4 percent) was higher than the State rate (12.5 percent). Sumter County had a higher binge drinking rate (15 percent) than both the Health District and the State. According to community focus group meetings conducted in 2013, the community believed that drugs and alcohol were a significant issue in the community and affected more people than the report estimates. Community members also believed there was a lack of resources to help substance abuse individuals seeking help.

Related Healthy People 2020 objectives:

SA-8 Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for abuse or dependence in the past year

SA-9 Increase the proportion of person who are referred for follow-up care for alcohol problems, drug problems after diagnosis, or treatment for one of these conditions in a hospital emergency department (developmental)

SA-2.1 Increase proportion of at risk adolescents aged 12 – 17 years who in the past year refrained from using alcohol for the first time

SA-2.2 Increase proportion of at risk adolescents aged 12 – 17 years who in the past year refrained from using marijuana for the first time

SA-13 Reduce the past-month use of illicit substances

SA-14 Reduce the proportion of person engaging in binge drinking of alcoholic beverages

ECBP-2.6 Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in alcohol or other drug use

Implementation Strategy:

Substance Abuse treatment is beyond the mission and financial resources of the hospital. The hospital will collaborate with other organizations to establish a community resources pamphlet for individuals seeking substance abuse treatment and assistance.

Possible Collaborations:

- Health Department
- NAMI (National Alliance for Mental Illness)
- Mental health or substance abuse providers and therapists