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FY22

# PIEDMONT ATHENS REGIONAL

## COMMUNITY HEALTH NEEDS ASSESSMENT



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# Introduction

As a not-for-profit healthcare system, the mission of Piedmont Athens is healthcare marked by compassion and sustainable excellence in a progressive environment, guided by physicians, delivered by exceptional professionals, and inspired by the communities we serve.

In our commitment as a not-for-profit health system, Piedmont Healthcare studied the region's community health needs for its Community Health Needs Assessment (CHNA), a triennial process required by the Internal Revenue Service due to our tax-exempt status. A CHNA is a measurement of the relative health or well-being of a given community. It's both the activity and the end-product of identifying and prioritizing unmet community health needs, which is done by gathering and analyzing data, soliciting the feedback of the community and key stakeholders, and evaluating our previous work and future opportunities.

Through this assessment, we hope to better understand local health challenges, identify health trends in our community, determine gaps in the current health delivery system and craft a plan to address those gaps and the identified health needs. This is the fourth Piedmont CHNA, with the others having been conducted in 2013, 2016 and 2019. The 2022 Piedmont CHNA will serve as a foundation for developing our community benefit strategies and further strengthening our community-focused work.

## About the hospital

Piedmont Athens is a nonprofit acute care hospital with 400-plus beds, four urgent care centers, a network of physicians and specialists, and a home health agency. The hospital system serves a 17-county area and is one of the largest hospital systems in northeast Georgia. The hospital is a regional Level II trauma center and Level III neonatal ICU. As the second-largest employer in the region, Piedmont Athens Regional contributes more than \$800 million annually to the economy.

Founded by physicians in 1919, the hospital has garnered national acclaim in patient experience, comprehensive cardiac care including open heart and thoracic surgery, orthopedics, neurosciences, minimally invasive surgeries, obstetrics and gynecology, pediatrics, oncology and gastroenterology. The hospital has campuses in Oconee County and Royston, Ga.

In FY21, Piedmont Athens employed 2,700+ community members, 675+ physicians, 1,800+ students and interns, and 360+ volunteers. That year, the hospital delivered 2,502 newborns, treated 78,171 emergency department visits, performed 14,242 surgeries, admitted 21,432 inpatients, and served 275,365 patients in outpatient settings.

## Community benefit

Piedmont Athens is a not-for-profit hospital, meaning it is exempt from paying certain taxes. In exchange for those exemptions, federal and some state laws require that communities receive from their hospitals certain benefits, appropriately called community benefit. These programs are generally meant as programs intended to increase access to care and boost the health of the community, with a focus on low-income populations and others who face unique challenges to being healthy. Since our last CHNA, in FY20 and FY21 combined, Piedmont Athens provided \$109 million in community benefit.

	FY20	FY21
<b>Care for low-income patients</b>	\$35,445,596	\$38,266,728
<b>Community health promotion</b>	\$443,447	\$402,333
<b>Community health services</b>	\$981,271	\$1,125,111
<b>Health professions education</b>	\$2,341,120	\$1,332,841
<b>Bad debt</b>	\$12,442,087	\$16,335,236

Key programs include support for labs and prescriptions for our partner charitable clinics, community-focused health education, health professions education within the hospital, COVID-19 vaccination clinics, and, importantly, financial assistance for low-income patients who aren't able to afford their health care and care for those covered through the low-income state/federal public insurance program Medicaid.

Additionally, the health system provides two programs free of charge to patients, regardless of where they receive their care. Sixty Plus Services provides educational and supportive programs designed to enhance the well-being of older adults and their families, including geriatric support, dementia support, insurance guidance, the Aging Helpline, and community education and wellness. Piedmont's Cancer Wellness provides free programs such as yoga, cooking demos, expressive art classes, and counseling that are available to anyone affected by cancer at any phase in his or her journey, regardless of whether they are a Piedmont patient.

## Financial assistance

Piedmont Healthcare provides financial assistance to qualifying low-income patients at or below 300 percent of the Federal Poverty Level. Patients qualify for financial assistance in one of two ways: either through presumptive eligibility, in which the patient's file is automatically scanned for certain indicators that mean he or she would qualify for financial assistance, or via manual application by the patient or his or her representative. Below is a list of the top ten ZIP codes by volume of patients receiving financial assistance at the hospital during the last two fiscal years.

ZIP code	No. of patients - FY20	No. of visits - FY20	No. of patients - FY21	No. of visits - FY21
30606	3,119	5,670	2,886	5,479
30601	2,768	5,470	2,709	5,547
30605	2,610	4,715	2,277	4,198
30607	1,251	2,258	1,173	2,179
30549	1,190	2,014	977	1,587
30680	1,025	1,713	745	1,197
30529	782	1,397	802	1,318
30635	787	1,350	751	1,365
30646	706	1,234	724	1,435
30683	665	1,197	639	1,201

Please note we provided financial assistance to patients outside of these ten ZIP codes as well.

Examining ZIP code data can help us to better target specific communities that may have unique challenges due to social determinants of health, such as having a low income, poor housing conditions, or limited access to healthy foods.

# Medicaid

Piedmont provides services to patients who receive benefits through the state/federal public insurance program Medicaid, which covers the cost of care for low-income patients who: are pregnant, are a child or teenager, are 65 and older, are legally blind, have a disability, or need nursing home care. Below is a list of the top ten ZIP codes by volume of patients receiving care at the hospital as a Medicaid beneficiary during the last two fiscal years.

ZIP code	No. of patients - FY20	No. of visits - FY20	No. of patients - FY21	No. of visits - FY20
30606	14,022	37,174	16,105	44,445
30605	9,687	24,250	10,314	27,317
30601	7,330	19,428	7,502	21,219
30677	6,428	16,830	7,459	20,822
30549	5,190	12,105	5,436	13,573
30680	4,797	10,759	5,369	12,522
30607	4,161	11,016	4,358	12,596
30622	3,289	7,927	3,893	10,362
30529	3,137	7,542	3,661	9,379
30635	3,112	6,864	3,496	8,212

Please note we provided care to Medicaid beneficiaries outside of these ten ZIP codes as well.

Examining ZIP code data can help us to better target specific communities that may have unique challenges due to social determinants of health, such as having a low income, poor housing conditions, or limited access to healthy foods.

# FY22 Priorities

A key component of the CHNA is to identify the top health priorities we'll address over fiscal years 2023, 2024, and 2025. These priorities will guide our community benefit work. They are, in no order of importance:

## Ensure affordable access to health, mental and dental care

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We will work to ensure that all community members have access to affordable health, mental and dental care, regardless of income. This includes partnerships with community-based organizations, as well as internal programming to increase access.

## Promote healthy behaviors to reduce preventable conditions, diseases and addiction

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We will actively promote healthy behaviors and encourage community members to stop risky behaviors, such as smoking. This includes widespread health education and programming, and specific efforts aimed at curbing opioid use.

## Reduce preventable instances of and death from cancer

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We will promote both the prevention and treatment of all cancers, especially among those most vulnerable to the disease. This includes community-based screenings and the promotion of programming meant to support community members with cancer and their families.

## Reduce preventable instances and death from heart disease

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We will promote both the prevention and treatment of heart disease and will emphasize early detection and healthy behaviors to help reduce risk. We will pay particular attention to populations most at risk for heart disease.

With each priority, we will work to achieve greater health equity by reducing the impact of poverty and other socioeconomic indicators for that priority. This means we will prioritize programming and investment in areas that directly address issues related to income and poverty and others who face particular challenges in accessing care due to disability, race, English proficiency, educational attainment, and other areas of socioeconomic status. Additionally, whenever possible, health education will be available in the languages found within the community, with special attention spent on outreach to those populations.

When possible, we will work to address other issues that arose during the CHNA, such as Alzheimer's Disease, even though those are not listed in the above priority list.

## Progress since last CHNA

In the hospital's FY19 CHNA, four health priorities were identified to address over the following three years. These priorities were:

- Increase access to appropriate and affordable health and mental care for all community members, especially those who are uninsured and those with low incomes
- Decrease deaths from cancer and increase access to cancer programming for those living with the disease, with a focus on lung and breast cancer
- Promote healthy weights and behaviors to decrease preventable instances of heart disease, stroke, diabetes, hypertension and other related chronic conditions
- Reduce opioid and related substance abuse and overdose deaths

Piedmont Athens offered numerous proactive community benefit programs meant to boost the health of the community it serves. This includes housing and staffing the Community Care Clinic, a full-service community-based clinic that treats patients at no charge. Services include preventative and specialty care, as well as ophthalmology.

The hospital provides funding to other organizations as well, tallying approximately \$1.25 million each year in subsidized health services in FY20 and FY21. This includes the provision of free-of-charge lab services to partner clinic Mercy Health Center, as well as direct funding to the Community Care Clinic to provide specialty services to all patients, particularly low-income, high-need patients. We also provided funding for support prescription access for low-income patients to both the Community Care Clinic and Mercy Health Center each year, and funded transportation support for patients to get to their appointments.

Additionally, we support the community through our community benefit grants program, which provides funding to local not-for-profit organizations whose programs and mission align with Piedmont Athens' CHNA. In FY20, these organizations were: The Tree House, for its mental health services; the Athens Community Council on Aging's transportation services; New Neighbors Network, for its coordination of refugee care; People Living in Recovery, for addiction-related mental health services; and Mercy Health Center, for health care services for low-income patients.

In both years, Piedmont Athens provided to the public a bilingual community resource guide, which gives information on community resources for lower income populations as well as plain language details on our financial assistance programs. This guide is available via hardcopy and online.

As part of a Piedmont Healthcare systemwide effort, Piedmont Athens was an active participant in anti-opioid work, which included: active participation on the systemwide task force, tracking opioid prescriptions within the hospital and by providers, utilizing Epic EMR tools to monitor opioid use, offering patients and the community ways to safely dispose of unused



## Progress since last CHNA, cont'd

medication, and providing ongoing education on opioid prescribing. The advent of COVID-19 precluded local take-back day activities, in which we'd traditionally partner with local law enforcement to host an event in which residents were encouraged to bring in any unused prescriptions for safe disposal.

Additionally, we supported education to build the health workforce. We allocated \$250,000 to Athens Technical College supporting 2,202 students and interns, 301 shadow interns and 116 residents. The students and interns included nursing, physician assistants, pharmacy, respiratory, rehab, social work, paramedic, surg/tech, and radiology.

We explored opportunities to provide place-based care. We provided in-community vaccinations at local gyms, the Boys and Girls Clubs, churches, and the parking lots during Food Bank distribution. We also provided place-based prevention education, chronic disease management education, screenings, and health and social services referrals. From January to May 2021, we conducted 290 in-person education sessions that hosted 3,150 participants.

In our support for our schools and our community's children, we built the first school-based health clinic in Northeast Georgia. The clinic is located at Hilsman Middle School, and provides healthcare services to the students and faculty of Gaines Elementary School and Hilsman Middle School

During the pandemic, we dedicated community education staff hours to vaccine clinics. However, select classes were adapted to videos and online platforms in response and had a total of 1,321 participants. We provided phone coaching for 658 heart failure patients post-discharge. We also provided 16 self-study programs to employers in two counties with a total of 308 participants.

We offered stroke awareness educational materials and blood pressure screenings at health fairs and community events to achieve and maintain stroke certification. We conducted nine community classes with 163 participants.

We prioritized decreasing lung and breast cancer deaths and increasing access to cancer programming by increasing access to mammogram screenings. By using an It's the Journey grant and hospital funds, we provided 195 screening mammograms, 35 diagnostic mammograms, and 18 ultrasounds and 11 biopsies, with no cancers diagnosed.

Piedmont Athens also provided extensive one-on-one support through our cancer program, with a total of 2,749 program participants and 24 events with 1,174 participants and 1,957 individual contacts. The numbers highlight the decrease in program activity and community events with a concurrent increase in individual contacts to our cancer patient population. Adaptation has meant intensive one-to-one outreach to ensure high-risk clients still get the support they need. The hospital also provided 34 mammograms to low-income women through March 2020.

## Progress since last CHNA, cont'd

In 2020, we moved the 3D mammography unit to the Oncology Hematology Center (OHC), which increased the number of patients screened. We held mammogram appointments on the fourth Tuesday of each month to allow easier scheduling of patients for the Athens Nurses Clinic. We have replaced the day of free mammograms with grant funding. In partnership with the American Cancer Society, we provided additional screening mammograms and partner on the "Return to Screening" project. The "Return to Screening" project also supports education and outreach materials to the community.

In FY21, we provided comprehensive, evidence-based psychosocial support for cancer patients and their families, assisting 1,059 community members dealing with cancer.

We also increased local awareness of and local opportunities for lung cancer screening. In November, we held a Lung Screen Day to screen Community Care Clinic patients who meet necessary criteria and uninsured status.

Outreach to cancer patients continued without interruption via telehealth and the introduction of in-person support programs in April 2021. These programs included massage, healing touch, and support groups. We hope to resume cancer screening and target eligible patients who deferred cancer screening throughout 2020 and early 2021 due to COVID risk.

We prioritized promoting healthy weight and behavior to prevent diseases by offering family programs to instill healthy behavior changes, which totaled \$5,479 with 821 patient encounters. We also provided ongoing education, training, and support for community members on weight management. We canceled most programs related to weight management due to COVID-19, though YMCA provided 628 phone and in-person coaching sessions, with our support.

In 2021, we directed significant resources toward COVID-19 vaccine delivery. Additional focus was placed on mitigating the impact of COVID-19-related stress among our employees with dog therapy visits throughout the first half of the year. Our staff hours were dedicated to community vaccine clinics and out in the community. Georgia Department of Public Health, Athens Technical College of Public Health students, Innovative Healthcare Institute nurses and phlebotomists, Piedmont Athens Regional Graduate Medical Education residents, and our community health and relations team worked together to provide COVID-19 vaccinations out in the community.

Finally, we provide free parking to patients who qualify for financial assistance or Medicaid, as paid parking can be a barrier to accessing care.

FY22

# **Community Health Needs Assessment**

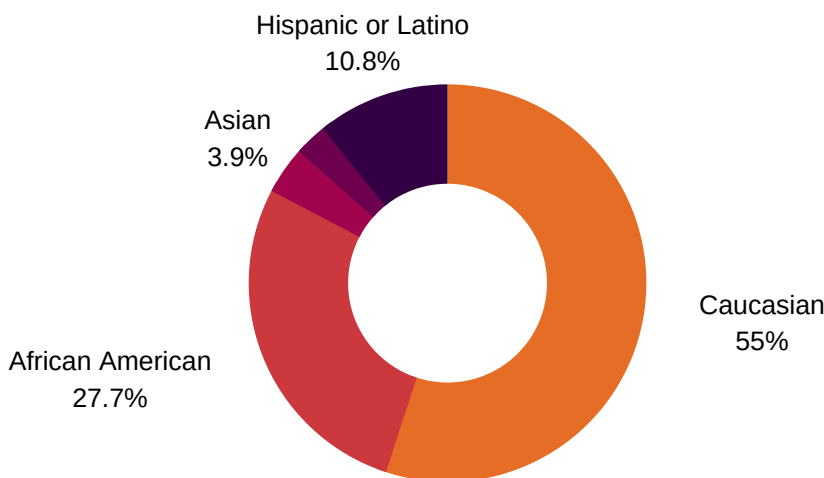
# About the community

While Piedmont Athens serves patients from all over northeast Georgia, however, for purposes of this CHNA, we consider our community to be Athens-Clarke County. We do this in consideration of our relationship with the Hospital Authority of Clarke County and in recognition of the direct impact of our tax-exempt status on county residents.

In Athens-Clarke County, an average 126,176 people lived in the 119.22 square mile area each year between 2015 and 2019. The population density for this area, estimated at 1,058.36 persons per square mile, is greater than the national average population density of 91.93 persons per square mile.

Athens-Clarke is almost entirely urban -- 94 percent of community members live within an urban setting. The median age of people living within the county was 28, much lower than state and national averages. About 17 percent of the population were 18 or younger, 11 percent were over the age of 65, and 72 percent were between ages of 18-64. Ten percent identified as being born outside of the US and seven percent do not possess US citizenship status. The Hispanic population within the community is growing, and now represents approximately 11 percent of the community.

About 4.41 percent of county residents were veterans in 2020, with the highest concentration living in the ZIP code 30622 (Bogart). The majority are between the ages of 25 and 64. Nearly 12 percent of the county population lived with a disability in 2020, and most were over the age of 65. In Athens-Clarke County, black populations were more likely to be disabled than any other race



The chart to the left represents a breakdown of races within the community. Minority populations have steadily grown in recent years, with Hispanic or Latino populations leading growth at 10 percent from 2010 to 2020. This is on-trend with Hispanic/Latino population growth throughout the state.

# Root causes of poor health

In conducting the FY22 CHNA, we recognized two main issues that emerged that are root causes of poor health.

## Poverty and health

Poverty is the most significant indicator of health as, in general, poorer people are sicker than their richer counterparts. Those living at or near poverty are most likely to die from cancer, heart disease and diabetes, due to several factors that go beyond income, such as education, housing and simple geography, things commonly dubbed “social determinants of health.” This means that factors outside your immediate physical self can play a huge role in your health, even including how long you live. Life expectancy can vary as much as 30 years between the richest and poorest Georgia counties. Athens-Clarke County has one of the highest poverty rates in the state at 30 percent of the population living in poverty, and this is a critical root cause of poor health for community members, something we see throughout the data.

## Insurance status and health outcomes

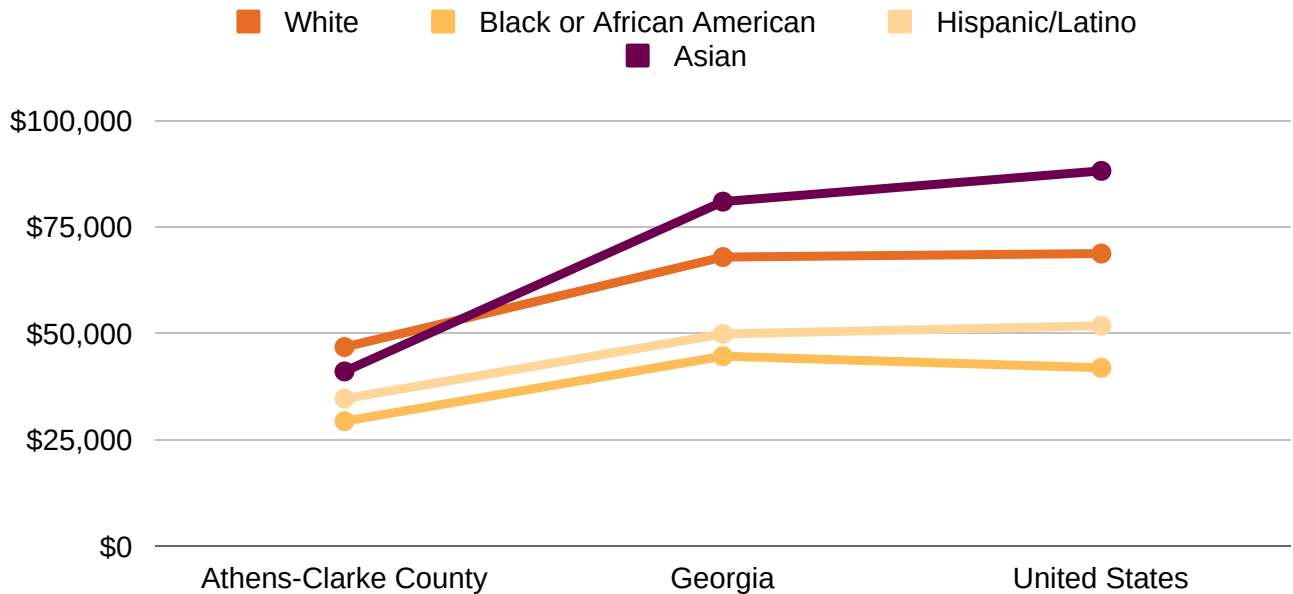
In 2020, more than 13 percent of the county's population was insured. Being uninsured is generally a marker of low income, and the overwhelming majority of those that are uninsured are also within certain ranges of the Federal Poverty Level (FPL). This means these populations are also likely to face the myriad of other social determinants of health (SDH), like housing and food insecurity.

No insurance can mean no access to primary and specialty care, due to cost and/or provider availability. Conditions that could have been treated affordably in a community setting are often not and, because of this, those without insurance statistically suffer worse health outcomes than their insured counterparts. Diseases like cancer are often diagnosed later, and manageable conditions such as hypertension can elevate to dangerous levels.

Adults aged 18 to 64 are most likely to be uninsured, and that's true in Athens-Clarke County. In 2020, 19.4 percent of the population was uninsured. The majority of those that were uninsured lived in the northern part of the county, and minorities were much more likely to be uninsured.

# Community and income

Between 2015 and 2019, the median household income was \$38,623, which is lower than state and national levels, which are \$58,700 and \$62,843, respectively. When broken down by the four dominant races in the community, income disparities are evident.



Of employers in the community, the largest sector by employment size is government and government enterprises, which employed 25,809 people in 2019 according to the US Department of Commerce. The average wage for the industry is \$66,136. Health care and social assistance and retail trade are the next largest sectors, employing 11,875 and 9,387 workers, respectively. The retail industry paid the least of the three at an average of \$33,599.

## Unemployment and labor force participation

According to the 2015-2019 American Community Survey, of the 106,427 working age population, 64,813 are included in the labor force. The labor force participation rate is 60.90 percent. Total unemployment in the county in January 2022 equaled 1,975, or 3.2 percent of the civilian non-institutionalized population age 16 and older.

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status. This rate has steadily dropped since January 2021, when the unemployment rate was 4.9 percent. When looking back further, the rate is nearly three times less than the unemployment rate in 2012.

# Community safety

Relatively speaking, Athens-Clarke County is a fairly safe community, with one exception - sexual assault. Below is a chart breaking down offenses in 2017, as reported to the Georgia Bureau of Investigation. This is the last year for which this information is publicly available.

Murder	Rape	Robbery	Assault	Burglary	Larceny	Vehicle Theft
6	69	126	335	719	3,302	234

## Sexual assault

Within the county, the three-year total of reported rapes was 205, equally an annual rate of 54.90 rapes per 100,000 people, significantly higher than the statewide rate of 24.60 and among the highest rates in the state.

## Juvenile arrests

Juvenile arrests can illustrate one aspect of the complex societies in which youth live. Juvenile arrests are the result of many factors such as policing strategies, local laws, community and family support, and individual behaviors. Youth who are arrested face disproportionately higher morbidity and mortality. Those who are arrested and incarcerated experience lower self-reported health, higher rates of infectious disease and stress-related illnesses, and higher body mass indexes. In 2018, there were a total 1,053 juvenile arrests, and 587 made their way through the court process.

## Firearm fatalities

Firearm fatalities are a critical public health issue as they are largely preventable. The vast majority of firearm fatalities are the result of suicides and homicides. Between 2015 and 2019, there were 83 firearm fatalities in Athens-Clarke County.

## Assault

In Athens-Clarke County, the three-year total of reported assaults was 984, equally an annual rate of 263.60 assaults per 100,000 people, higher than the statewide rate of 230.20.

# Vulnerability and Deprivation indexes

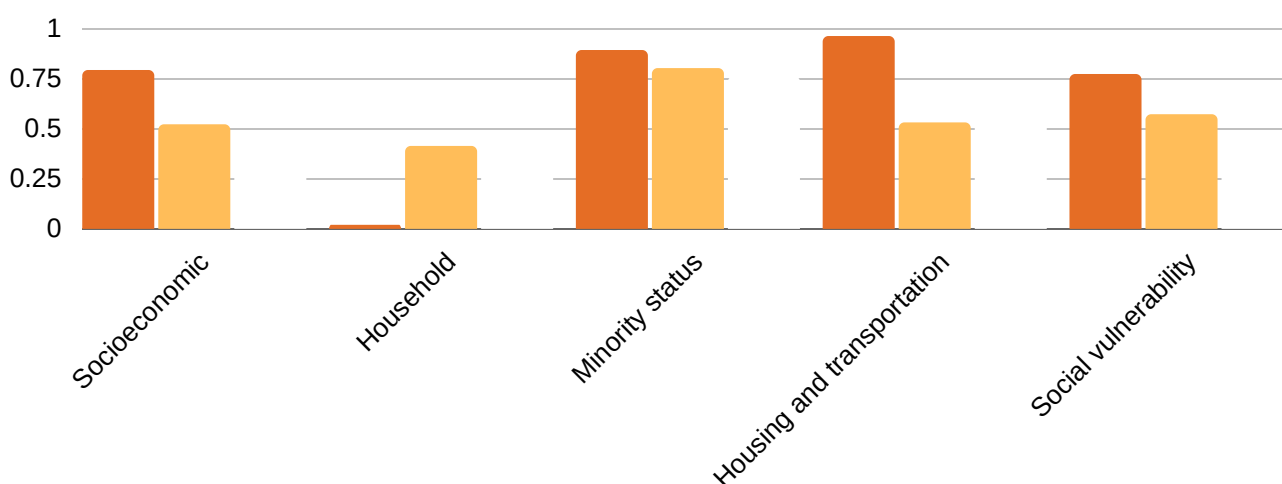
## Area Deprivation Index

The Area Deprivation Index (ADI) ranks neighborhoods and communities relative to all neighborhoods across the nation and the state. ADI is calculated based on 17 measures related to four primary domains: education, income and employment, housing, and household characteristics. The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged). Athens-Clarke County ranks in the 53rd state percentile and in the 62nd national percentile, both of which are high figures.

## Social Vulnerability Index

The Social Vulnerability Index is the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, that may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability.

The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods, where a higher score indicates higher vulnerability. Athens-Clarke County has a social vulnerability index score of 0.77, which is much higher than the state score of 0.57 and the national score of 0.40. Broken down by themes:

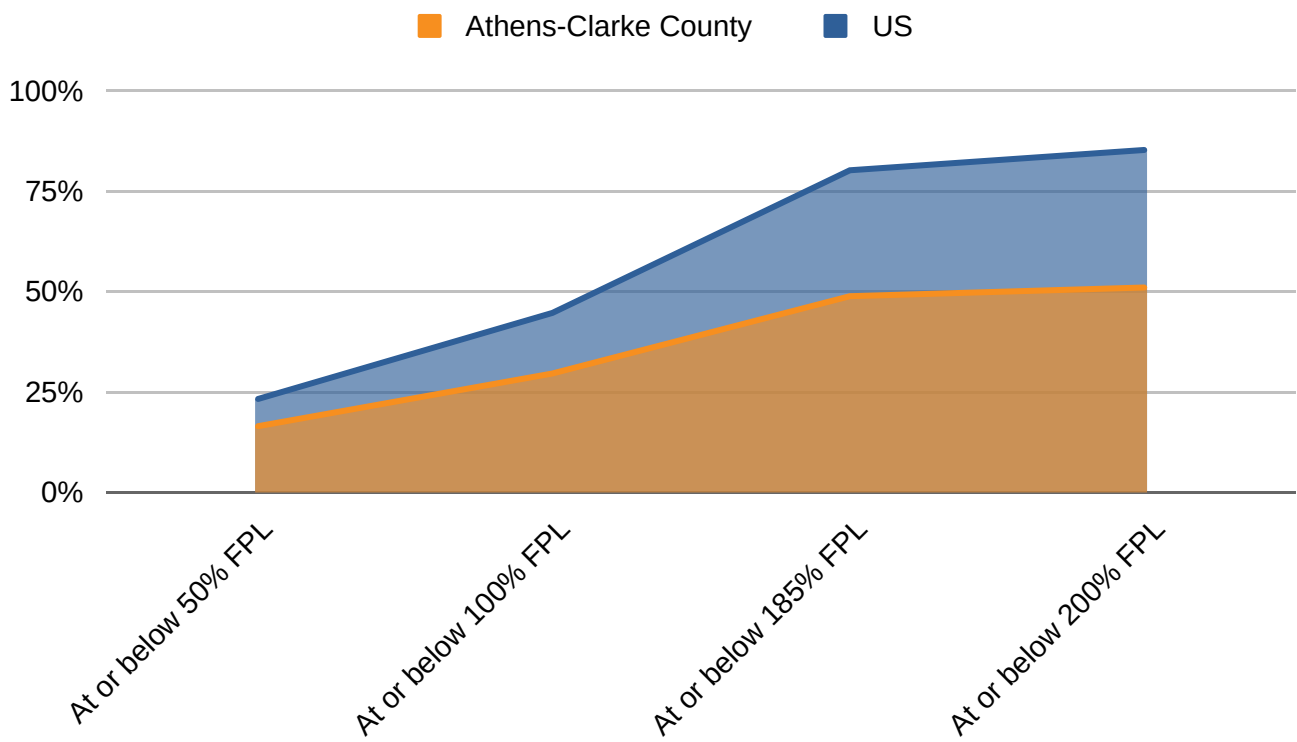




# Income and poverty

A person's income status is directly related to their health status, and predictably the more money you have, the healthier you tend to be.

The chart below demonstrates how many community members live in poverty or near-poverty. In 2022, the Federal Poverty Level (FPL) placed a family of four as having a total household income of \$27,750. Even when living at twice the FPL, families are likely unable to afford many of life's basics. By far, the poorest zip code within Athens-Clarke County is 30601, where 40 percent of the population lives at or below the FPL. In Athens-Clarke County, like most of the state, minorities are far more likely to live in poverty - nearly a third more likely than their white counterparts.



## SNAP Benefits

The Georgia Food Stamp Program (Supplemental Nutrition Assistance Program (SNAP)) is a federally-funded program that provides monthly benefits to low-income households to help pay for the cost of food. A household may be one person living alone, a family, or several unrelated individuals cohabitating who routinely purchase and prepare meals together. SNAP enrollment and poverty rates are co-related.

In Athens-Clarke County, nearly 19,000 people received SNAP benefits in December 2020, representing about 1,500 households. Black populations are far more likely to receive SNAP benefits than any other demographic --- nearly a third of all SNAP recipients are black, as compared to 14 percent of white recipients and 20 percent of Hispanic or Latino populations.

# Housing

In 2019, the median rent cost for a one-bedroom was \$1,000 within the Athens Metropolitan Statistical Area, with some differences between living within the city center (\$1,450) and living outside the city center (\$912.50). According to 2020 USDA data, the average adult male spends between \$193 and \$358 on groceries per month, and the average adult female spends between \$174 and \$315. In Athens, in 2020, basic utilities average \$107 per month, and internet averaged \$59. Added together, the monthly costs for a single person are, at the lowest end, \$1,178, not including transportation, insurance, and other costs of living.

## Cost-burdened households

Of the 48,844 total occupied households in Athens-Clarke County, 20,299 -- about 42 percent -- of the population live in cost burdened households, in which housing costs are 30 percent or more of total household income. Eighty percent of these households were occupied by renters. Approximately 23 percent of households had costs that exceeded 50 percent of the household income, which places the household in significant financial strain.

## Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. Of all households in the county, 20,451 households (41.87 percent of all households) have one or more substandard conditions. This is significantly higher than the state average of 30.1 percent.

## Area Median Income and affordable housing

This indicator reports the number and percentage of housing units at various income levels relative to Area Median Income (AMI). The AMI is the midpoint of a region's income distribution, meaning that half of households in a region earn more than the median and half earn less than the median. A household's income is calculated by its gross income, which is the total income received before taxes and other payroll deductions.

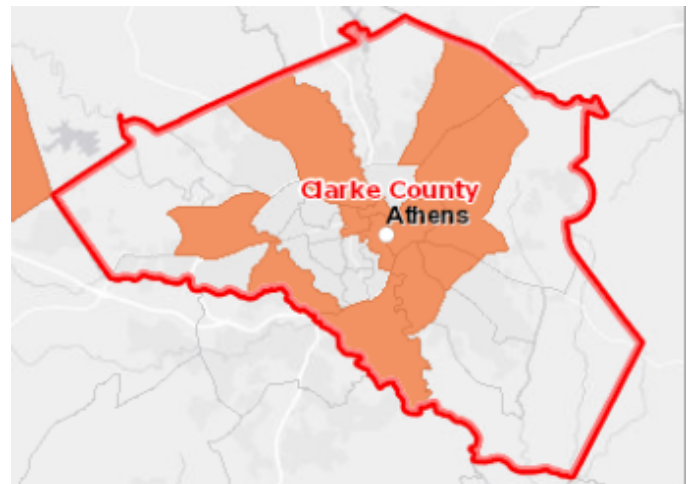
This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed 30 percent of total household income. Income levels are expressed as a percentage of the county's AMI. Only 51.24 percent of housing units are affordable at 100 percent AMI, which means that housing is not affordable for a significant percent of the county's population. This is much worse than the state rate of 67.13 percent of housing units affordable at 100 percent AMI.

# Food deserts and food insecurity

Food insecurity happens when a person or family does not have the resources to afford to eat regularly. This can happen due to affordability issues, particularly for households facing unemployment, and especially so if they were already low-income. As with many health indicators, minorities are much more likely than their white counterparts to experience food insecurity.

Neighborhood conditions can affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. Predominantly black and Hispanic neighborhoods tend to have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as “food deserts.”

In Athens-Clarke County, in 2019, 13 of the county's 17 census tracts were considered to be food deserts. About 52,000 people lived within these census tracts, which are shown in the map to the right. These tracts almost directly correspond with census tracts demonstrating retailers who are authorized to take SNAP benefits. In Athens-Clarke County, like in most of the state, those retailers tend to be convenience and discount stores that carry limited, if any, healthy foods.



## Grocery stores

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. There are 26 grocery establishments in the county, a rate of 22.28 per 100,000 population, which is better than the state and national rates of 17.46 and 20.66, respectively. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included, and convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

## Low food access

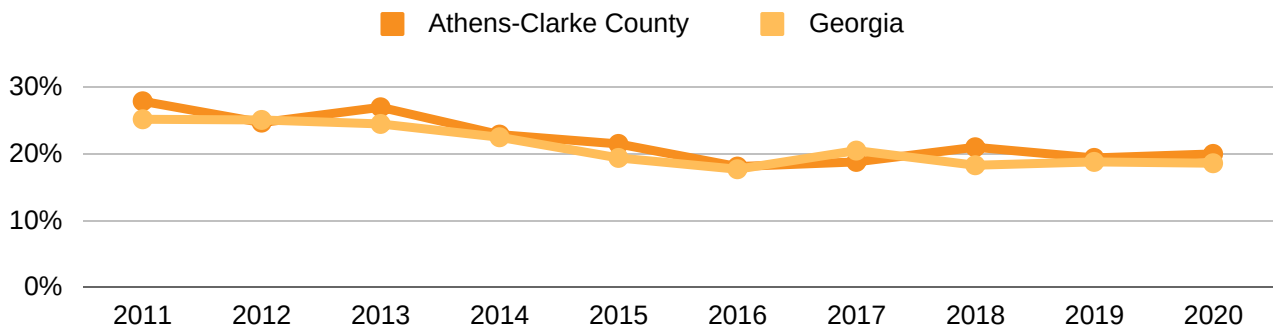
Low food access is defined as living more than 0.5 mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. According to the 2021 Food Access Research Atlas database, 40 percent of the total population in the county have low food access, meaning about 46,700 county residents may struggle to access healthy foods.

# Access to care

## Insurance

Insurance status is directly related to a person's ability to access care, and this is particularly true for non-emergent care and specialty care. Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether. The consequences can be severe, particularly when preventable conditions or chronic diseases go undetected. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional's office or clinic in the past 12 months.

In Athens-Clarke County, in 2020, 13.46 percent of the population were uninsured, a figure in the middle of state and national rates, which were 16 percent and 8.84 percent, respectively. When looking only at adults aged 18-64, the uninsured rate jumps to nearly 20 percent. Uninsured populations are statistically far less likely to have a primary care physician, receive specialty care and maintain control of chronic conditions. The chart below shows the uninsured rate for nonelderly adults.



## Insurance coverage

The below table demonstrates the type of insurance for those who had coverage in 2020, by percentage of the population. Note this doesn't equal 100 percent, as some community members have two types of coverage.

Employer or Union	Self-purchased	TRICARE	Medicare	Medicaid	VA
64.21%	18.16%	2.56%	14.48%	19.14%	1.86%

# Access to care, cont'd

## Health professions shortages

In Athens-Clarke County, as of March 2022, there were five designated health professions shortage areas: two primary care areas, two mental health and one dental health. Health profession shortage areas are defined in two ways: a shortage of providers for an entire group of people within a defined geographic area or a shortage of providers for a specific group of people within a defined geographic area (e.g., low-income, migrant farm workers). In 2019:

- Primary care: There was one primary care physician for every 1,480 county residents, which is better than that state rate of 1,510:1 but far worse than top US communities of 1,030:1.
- Mental health: There was one mental health provider for every 370 people within the county, a measure better than that state rate of one provider for every 690 people, but far less than the top US community performers of one mental health provider for every 270 people.
- Dental care: There was one dentist for every 1,860 people, a figure better than the state average of one provider for every 1,920 people, but much less than that of top US community performers of one provider for every 1,210 residents.

## Charitable care

There are several charitable clinics in Athens-Clarke County and Piedmont actively partners with, including the provision of labs, staffing, and funding to support relevant health programming.

These clinics are:

- Piedmont Athens Regional Community Care Center: Nonprofit clinic that provides primary care services and accepts all adult patients regardless of insurance status.
- Mercy Health Center: Nonprofit clinic providing health, mental and dental care to low-income, uninsured patients.
- Athens Nurses Clinic: Nonprofit health care clinic providing free evaluation, treatment, and education for acute and chronic medical and dental conditions to uninsured low-and-no income residents of Athens-Clarke County and the surrounding communities.

There are two Federally Qualified Health Centers in Clarke County: Athens Neighborhood Health Center and Athens Neighborhood Health Center - East. Like charitable clinics, FQHCs are community assets that provide health care to low-income populations. FQHCs receive extra funding from the federal government to promote access to community-based care for everyone.

Low-cost and charitable clinics are vital to the community's health, as they are generally the only access point for those without insurance.

# Access to dental and primary care

## Dental care and dental outcomes

Dental care is crucial to health, as dental conditions that go unchecked can lead to decay, infection and tooth loss. Within the county, in 2018, 59.20 percent of adults went to the dentist in the past 12 months. That year, 17.8 percent of the county reported having lost all natural teeth because of tooth decay or gum disease. This is an impactful measure in multiple ways:

- Research shows that losing your teeth will shorten your lifespan. Missing nine teeth for nine years or more reduces lifespan compared to a contemporary who maintains their teeth.
- The lower your income and education level, the more likely you are to lose your teeth, which results in even fewer economic opportunities, creating a poverty cycle. For example, it is difficult to gain employment if you have visible missing teeth.
- The individual will inevitably struggle with eating certain foods, limiting their options, which can be detrimental for lower-income populations already facing food insecurity.

It's important to note that there are few options for low-income patients needing dental care. While most dental services for children enrolled in the low-income public health insurance program PeachCare are covered, for adults covered by Medicaid, only emergency dental care is provided. There are limited options for low-income dental care services within the county, and there are few -- if any, at a given time -- options for low-cost dental services that go beyond cleaning, basic fillings, and extractions. For example, if you have lost even one tooth, you have few, if any, options for implants that aren't at full retail cost. In Georgia, the cost to replace a single tooth can range from \$3,000 to \$4,500, out of pocket.

## Primary care and routine check-ups

In 2019, only 75.2 percent of adults aged 18 or older saw a doctor for a routine check-up the previous year, a measure that is likely over-reported and is lower than both state and national averages. For Medicare recipients, this number jumps to 88.13 percent of adult beneficiaries, which is above both state and national averages. Routine check-ups are a critical component to maintaining good health and identifying conditions that can be treated affordably in a community-based setting. Absent that, even simple-to-treat conditions can escalate to deeper issues, eventually requiring more intensive care, later stage diagnoses, or reduced life expectancy.

As with most all other indicators, race and income play heavily into this. White populations are far more likely to receive preventative care than their black counterparts (80.27 percent among black populations compared to 90 percent among white populations), and those with insurance are also much more likely to go to the doctor for a routine check-up than those without insurance.

# Causes of death

Below are the eight leading causes of age-adjusted death, in total between 2016 and 2020. The dials indicate how severe the rate is, as compared to the rest of the state. The further to the right the dial is, the more severe that issue is within the county, as compared to Georgia overall.



Ischemic heart and vascular disease - 1



Cerebrovascular disease - 2



Alzheimer's disease - 3



All COPD except Asthma - 4



Trachea, bronchus and lung cancer - 5



Essential hypertension and hypertensive renal and heart disease - 6



All other mental and behavioral disorders - 7



All other diseases of the nervous system - 8

When broken down by age, the leading causes of death shift. Below is a list of the top cause of death, by age group.

>1: Certain conditions originating in the perinatal period

1-9: All other disease of the nervous system

10-14: Motor vehicle crashes

15-19: Suicide

20-24: Homicide

25-34: Accidental poisoning

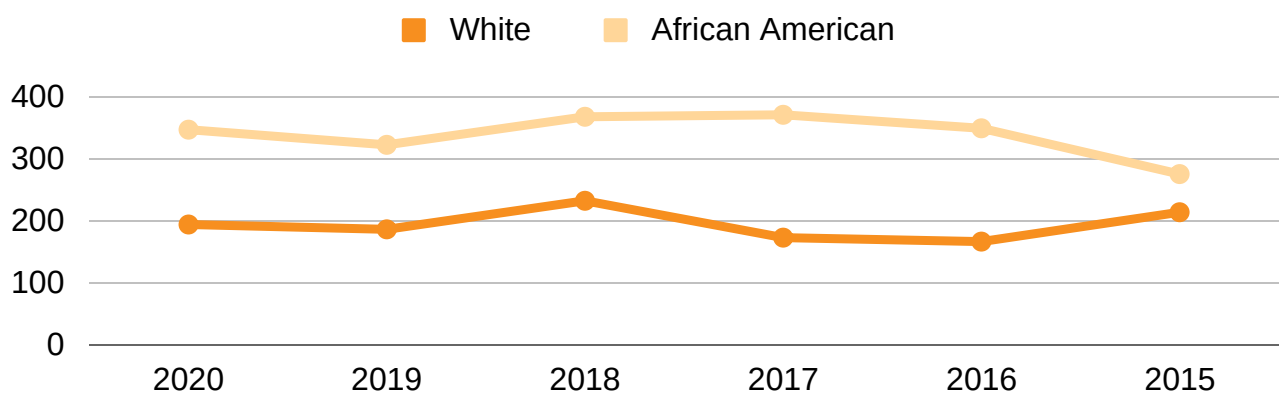
35-44: Suicide

45-74: Ischemic heart disease and vascular disease

75+: Alzheimer's disease

# Heart disease and stroke

Heart disease is the leading cause of death for both women and men in Athens-Clarke County, with a disproportionate impact on black populations. In 2020, the age-adjusted death rate was 233.6 deaths for every 100,000 people, an increase since our last CHNA, when the date rate was 221.4 deaths per every 100,000 people. When looking at race, there is a stark difference between African American and white populations, The below chart demonstrates the death rate for major cardiovascular disease deaths per every 100,000 people for the two populations over the last five years for which data is available. Deaths among other populations were nominal, and not reflected below.



There are similar disparities when looking at other areas of heart and cerebrovascular disease deaths. For example, in 2020, the death rate for stroke for African Americans was 87.3 per every 100,000 people, as compared to the death rate for whites, which was 33.8 per every 100,000 people.

There are several potential reasons for this, including a higher poverty rate among black populations, which impacts all areas of life, including access to primary health care and healthy foods. Hypertension and other related chronic conditions also tend to be higher among black populations, as does obesity and diabetes, all of which tend to occur at a younger age than it does for their white counterparts. Finally, neighborhoods matter. In Athens-Clarke County, black populations tend to live in communities with lower walkability rates and more limited access to healthy foods.

## Hospitalizations

The hospitalization rates for heart disease and stroke among Medicare recipients have steadily decreased over the last five years. The cardiovascular disease hospitalization rate in 2018 was 10.9 hospitalizations per every 1,000 Medicare beneficiaries, which is below the state and national rates of 12.2 and 11.8, respectively. The hospitalization rate for stroke, though, is above state and national rates, with 9.7 hospitalizations per every 1,000 Medicare beneficiaries versus the state rate of 9.3 and the national rate of 8.4.



# Cancer

Although heart disease leads in county deaths, cancer remains a critical issue within the community. Below is a chart showing cancer diagnoses, by site, between 2014 and 2018, the last years for which this data is available.

Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
1 - Breast	77	137.8
2 - Prostate	58	122.7
3 - Lung & Bronchus	55	54.6
4 - Colon & Rectum	38	38.4
5 - Bladder	21	20.7

When comparing to state and national averages, though, Athens-Clarke County does fare better in terms of overall diagnosis. This means one of two things: there are either fewer incidence rates of cancer within the community or there are fewer screenings for all members of the community, therefore resulting in fewer diagnoses.

When broken down by cancer site, though, the breast cancer incidence rate is much higher than state and national rates, which are 128.4 and 126.8 diagnoses per every 100,000 people, on average each year. Other diagnosed cancer sites are below state and national averages.

Poverty is directly related to increased incidence rates of cancer, as those with lower levels of education and lower levels of income experience higher rates of cancer diagnoses. They are also more likely to die from certain cancers – particularly lung cancer and colorectal cancer. For survivors, income and socioeconomic status are significant predictors of quality of life after cancer. Increased income allows patients to maintain a level of comfort that people with low SES might not be able to afford – so even if a low-income patient survives cancer, their quality of life after will be worse than someone more well off.

# Hospitalizations and ER visits

## Emergency department visits

In 2020, the two hospitals within Athens-Clarke County treated patients through approximately 40,890 emergency room visits, a decrease of about 9,000 visits from 2019. This is likely in part due to the impact of COVID-19 and a wariness among patients to visit a hospital. In previous years, the rate remained steady, usually around 50,000 total visits each year.

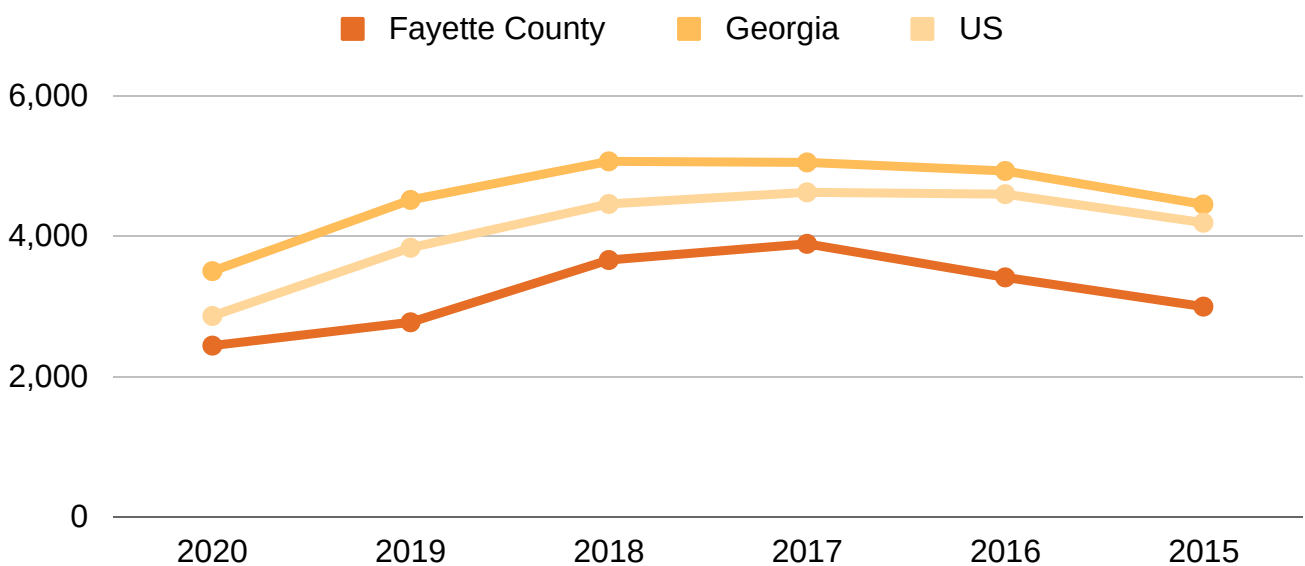
## Inpatient stays

In 2020, there were 16,513 Medicare beneficiaries in the report area and approximately 1,251 total beneficiaries, or 13.7 percent, had a hospital inpatient stay. This resulted in a rate of rate of stay of 212.0 stays per every 1,000 beneficiaries. This is lower than the state rate of 230.0 inpatient stays during the same time.

## Preventable hospitalizations among Medicare beneficiaries

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries. In 2020, there were 121,805 Medicare beneficiaries in the county, and the preventable hospitalization rate was 2,443, which was lower than the state rate of 3,503. As with other health indicators, African Americans were nearly twice as likely to experience preventable hospitalizations than other races in 2020.

The below chart demonstrates the five-year trend for preventable hospitalizations over the last five years.



# Chronic conditions

A chronic condition is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. As with most health indicators, low-income households are most at risk for developing chronic diseases and for premature deaths. Such households are more vulnerable for several reasons, including their inability to cover medical expenses and diminished access to health care facilities.

## Diabetes

In 2019, 8,150 of adults aged 20 and older had diabetes, equaling 7.7 percent of the county's population, which was lower than the state rate of 9.8 percent. Diabetes is a prevalent problem in the US, often indicating an unhealthy lifestyle and puts individuals at risk for further health issues. This figure has steadily increased year over year.

## Kidney disease

Chronic kidney disease, also called chronic kidney failure, involves a gradual loss of kidney function. Kidneys filter wastes and excess fluids from your blood, which are then removed in your urine. Advanced chronic kidney disease can cause dangerous levels of fluid, electrolytes, and wastes to build up in your body. In 2019, 3 percent of the county's population had a diagnosis of kidney disease, a rate better than the state and national percentages of 3.22 percent and 3.1 percent, respectively.

## High cholesterol

In 2019, 33.9 percent of adults 18 and older reported having high cholesterol of the total population. Too much cholesterol puts you at risk for heart disease and stroke, two of the main causes of death within the county.

## High blood pressure

In 2019, 36.2 percent of adults 18 and older had a diagnosis of high blood pressure. High blood pressure can damage your arteries by making them less elastic, which decreases the flow of blood and oxygen to your heart and leads to heart disease.

## Multiple chronic conditions among Medicare populations

This indicator reports the number and percentage of the Medicare fee-for-service population with multiple (more than one) chronic conditions. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the county, there were 9,198 beneficiaries with multiple chronic conditions based on administrative claims data in 2018, representing 70 percent of all Medicare fee-for-service beneficiaries. Fourteen percent of beneficiaries have six or more chronic conditions.

# Infectious diseases

Infectious diseases are an issue in Fayette County, as with most communities. Most infectious diseases have only minor complications. But some infections — such as pneumonia, AIDS and meningitis — can become life-threatening. A few types of infections have been linked to a long-term increased risk of cancer. For example, human papillomavirus is linked to cervical cancer.

## **HIV/AIDS**

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). While there is no cure for HIV/AIDS, if treated, most can live a relatively healthy life. In Fayette County, in 2018, there were 228.9 confirmed cases of HIV/AIDS for every 100,000 people. This is much lower than the state rate of 624.90 confirmed cases per every 100,000 people.

## **Chlamydia**

Chlamydia is a common STD that can cause infection among both men and women. It can cause permanent damage to a woman's reproductive system. This can make it difficult or impossible to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). In Fayette County, in 2018, there were 314.53 confirmed cases of chlamydia for every 100,000 people. This is much lower than the state rate of 632.2 confirmed cases per every 100,000 people.

## **Gonorrhea**

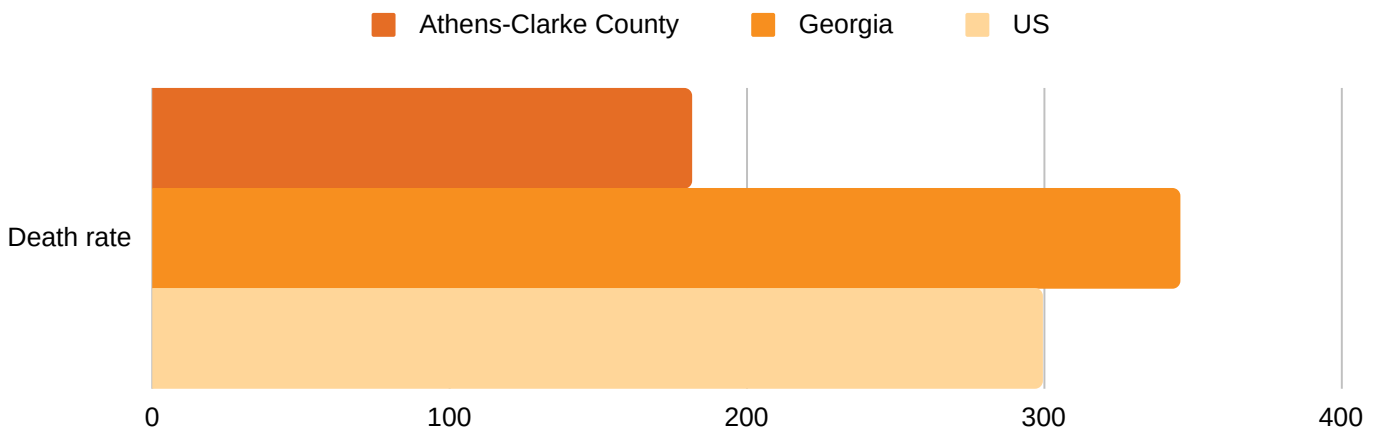
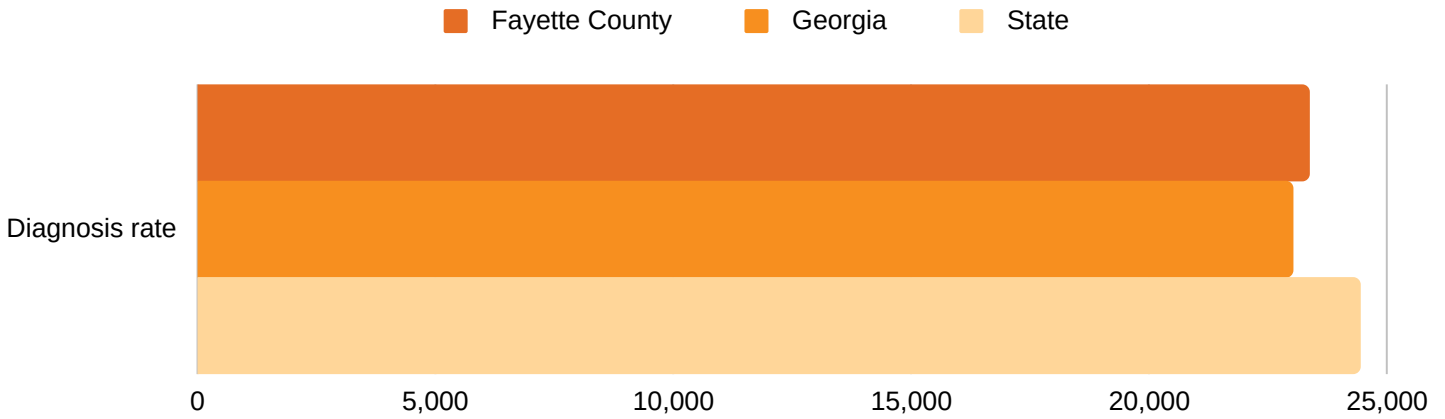
Gonorrhea is an STD that can cause infection in the genitals, rectum, and throat. It is very common, especially among young people ages 15-24 years. Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). In Fayette County, in 2018, there were 56 confirmed cases of gonorrhea for every 100,000 people. This is lower than the state rate of 200.10 confirmed cases per every 100,000 people.

## **Influenza and pneumonia**

Within the county between 2016 and 2020, there were 73 deaths due to influenza and pneumonia, representing an age-adjusted death rate of 10.5 per every 100,000 total population, much better than the state and national rates of 13.6 and 13.6, respectively. In Fayette County, men are nearly twice as likely to die from influenza or pneumonia than women, and white men are especially susceptible.

# COVID-19

Without a doubt, COVID-19 is easily one of the most impactful health events to happen within both the community and the world. As of May 03, 2022, the diagnosis rate and death rates were as follows:



Approximately 54.4 percent of the county was fully vaccinated as of May 03, 2022, with an estimated 17 percent of adults hesitant about receiving the vaccination. The county had a COVID-19 vaccine coverage index (CVAC) of 0.58, which is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging). CVAC ranks states and counties on barriers to coverage through 28 indicators across five themes:

- Historic undervaccination
- Sociodemographic barriers
- Resource-constrained health system
- Health care accessibility barriers
- Irregular care-seeking behaviors.

The CVAC can help contextualize progress to widespread COVID-19 vaccine coverage, identifying underlying community-level factors that could be driving low vaccine rates.

# Youth and young adults

There were approximately 22,000 children in Athens-Clarke County in 2020, representing 17.4 percent of the population. The ZIP code with the highest number of children was 30606, and 30602 and 30609 had the lowest number of children, according to the Census Bureau. Approximately 2.9 percent of children were homeless in 2020.

Of all children, 60 percent lived at or below 200 percent of the Federal Poverty Level (FPL), which was \$55,500 gross household income for a family of four in 2022. The highest percentage of poor children was in the 30601 ZIP code, where 85 percent of children lived in poverty in 2020.

Additionally, 75 percent of county children qualified for free or reduced-price lunch in the 2019-2020 school year, a figure far above state and national rates of 60 percent and 50 percent, respectively. Free or reduced-price lunches are served to qualifying students in families with income under 185 percent (reduced price) or under 130 percent (free lunch) of the US FPL as part of the federal National School Lunch Program (NSLP).

## **Access - Head Start and preschool enrollment**

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level, as to help these children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support. Athens-Clarke County has only two Head Start programs, resulting in a rate of 2.87 programs per 10,000 children under 5 years old in 2020. This rate is far below state and national rates of 6.83 and 10.53, respectively. Approximately half of all children aged 3 to 4 were enrolled in preschool in 2020, a rate on par with state and national averages.

## **Teen births**

In 2019, the teen birth rate was 11.7 teen births per every 1,000 females aged 15 to 19, a statistic much lower than state and national rates of 24.2 and 20.9, respectively. Teen mothers face unique challenges and are statistically more likely to dropout of high school, live in poverty, be uninsured, and have certain health conditions like Type 2 diabetes much younger than other adults. They also tend to have additional children, who are themselves statistically more likely to have children at a young age.

## **English and math 4th grade proficiency**

Of 4,797 students tested, 34.2 percent of 4th graders performed at or above the "proficient" level, and 65.8 percent tested below the "proficient" level in the English Language Arts portion of state standardized tests in the 2018-2019 school year. This is worse than the statewide rate of 39.2 percent. Up until 4th grade, students are learning to read. After 4th grade, they are reading to learn, making these statistics key for future success. For the math portion, of 4,787 students tested, 38.5 percent of 4th graders performed at or above the "proficient" level, and 61.5 percent tested below the "proficient" level, according to the latest data, which is worse than the statewide rate of 46.1 percent.

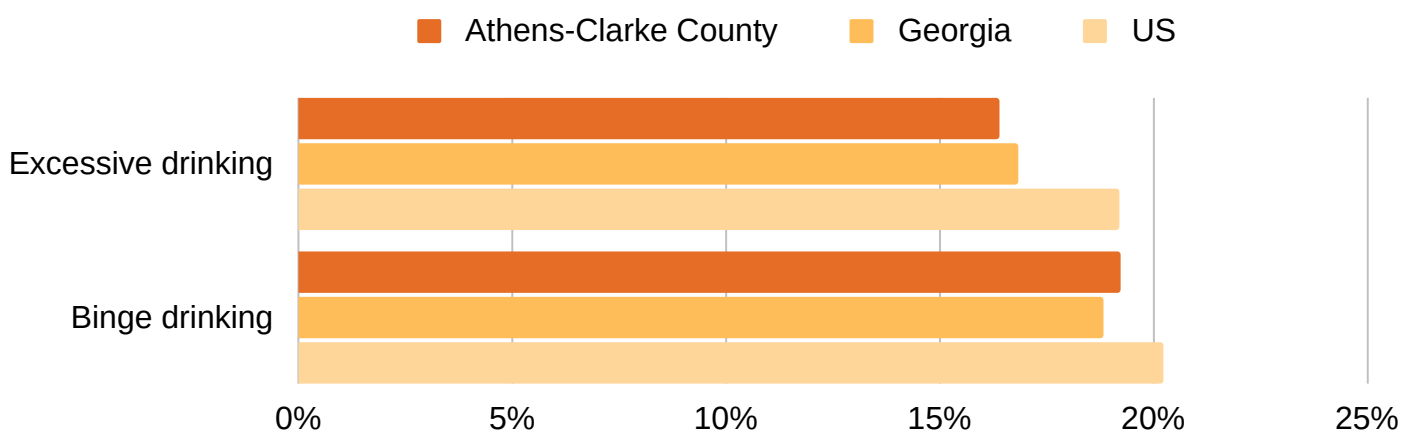
# Risky behaviors

Behaviors are directly related to health outcomes, leading to increased risks of cardiovascular disease, cancer, liver diseases, hepatitis and sexually transmitted diseases.

## Alcohol use

Excessive alcohol use can lead to a myriad of health issues, including liver disease, depression, injuries, violence, and cancer. In Athens-Clarke County, 20,839, or 16.37 percent of adults self-report excessive drinking in the last 30 days, which is less than the state rate of 16.81 percent. Data for this indicator were based on survey responses to the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey, the last year for which data is available. Based on preliminary national data, these rates likely increased during 2020, in which alcohol use increased during COVID-19 quarantine periods.

The below chart shows self-reported excessive and binge drinking rates in 2018. Binge drinking is defined as adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Excessive drinking is when binge drinking episodes occurred multiple times within the last 30 days.



## Tobacco use

Within the county in 2019, 17.60 percent adults reported being a current smoker. Smoking is directly related to a myriad of health issues, the most serious of which is cancer.

## Insufficient sleep

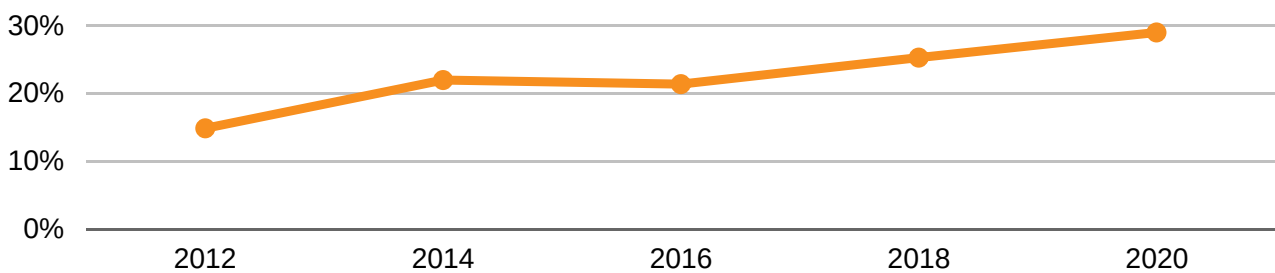
Approximately 38 percent of county residents reported regularly sleeping less than seven hours most nights, on average, in 2019. Sleep is an essential function that allows your body and mind to recharge, leaving you refreshed and alert when you wake up. Healthy sleep also helps the body remain healthy, fight diseases and maintain good mental health. Without enough sleep, the brain cannot function properly.

# Health factors

Certain health factors have a strong impact on overall health, including obesity and physical inactivity.

## Obesity

In 2019, 29 percent of county residents aged 20 and older were obese, meaning they had a body mass index of 30 percent or more. Obesity rates have steadily risen in Athens-Clarke County, where only five years ago, only 21 percent of the population were considered obese. Obesity is directly linked to a number of health issues, including diabetes and heart disease.



In Athens-Clarke County, as throughout the state and nation, the poorer you are, the more likely you are to be obese. Additionally, Hispanic/Latino and black populations are much more likely to be obese than their white counterparts.

## Physical inactivity

Within the county in 2019, 19.6 percent of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

## Walking or biking to work

Integrating walking or biking into daily routines, such as commuting to work, provide a significant health benefit and can indicate a healthier lifestyle if commuting by walking is by choice. In 2019, about 6 percent of the county's population walked or biked to work. Certain ZIP codes saw higher physical commutes. For example, in the ZIP code 30609, where the University of Georgia is located, nearly 30 percent of the population walked or biked to work.

## Soda expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total food-at-home expenditures. Soda is directly related to obesity and poor dental health. In Athens-Clarke County, households spent an average 4.5 percent of their food budget on sodas in 2019, which is higher than average state and national expenditures, which were 4.11 percent and 4.18 percent, respectively. Some ZIP codes spent more on soda, such as 30602 and 30609, which had rates twice that of some other ZIP codes.

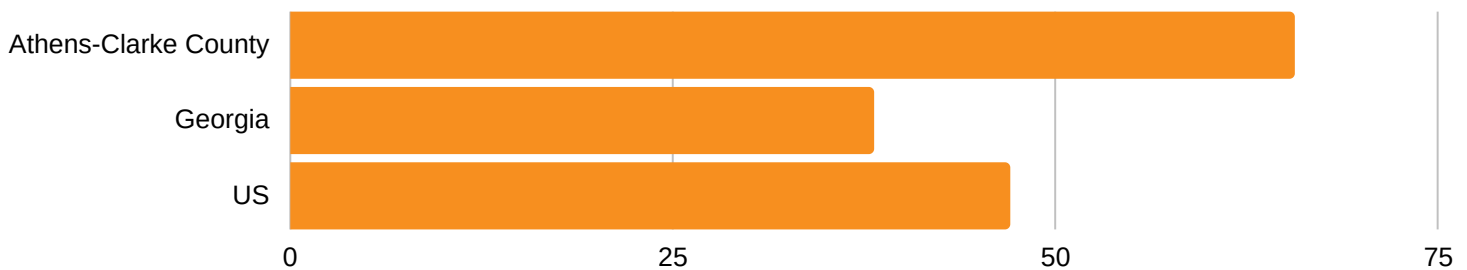


# Mental health

Mental health is a critical driver of overall health, as being in a good mental state can keep you healthy and help prevent serious health conditions. A study found that positive psychological well-being can reduce the risks of heart attacks and strokes. On the other hand, poor mental health can lead to poor physical health or harmful behaviors.

## Deaths of Despair

Deaths of despair -- suicide, drug and alcohol poisoning, and alcoholic liver disease—are at their highest rate in recorded history, according to the Centers for Disease Control and Prevention (CDC). The below chart demonstrates these rates, as occurring for every 100,000 people.

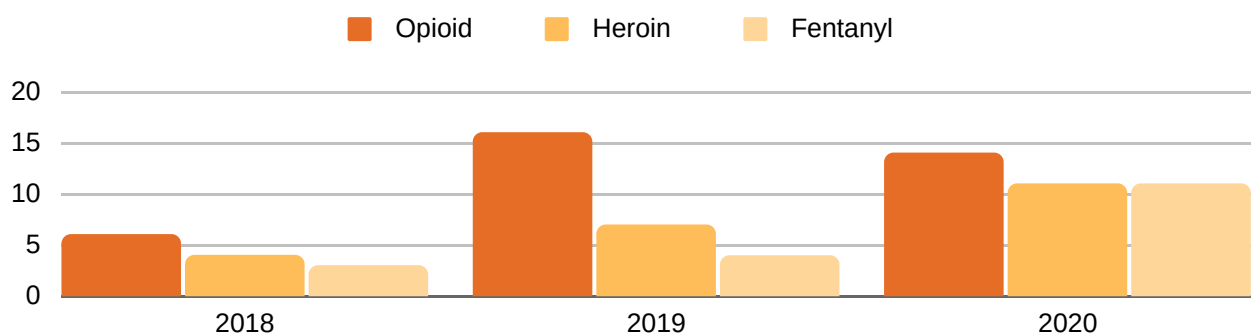


## Poor mental health days

In 2018, the last year for which data is available, county residents reported an average 4.5 poor mental health days over the last 30 days, which is higher than the state average of 4.2 poor mental health days. This is a statistic that likely sharply increased in 2020 and 2021, when the severe mental impact of COVID-19 was felt throughout the community. Additionally, in 2018, 19 percent of adults reported being in frequent mental distress, which is 14 or more poor mental health days within a 30-day period. This statistic also likely increased during 2020 and 2021.

## Opioid and substance use

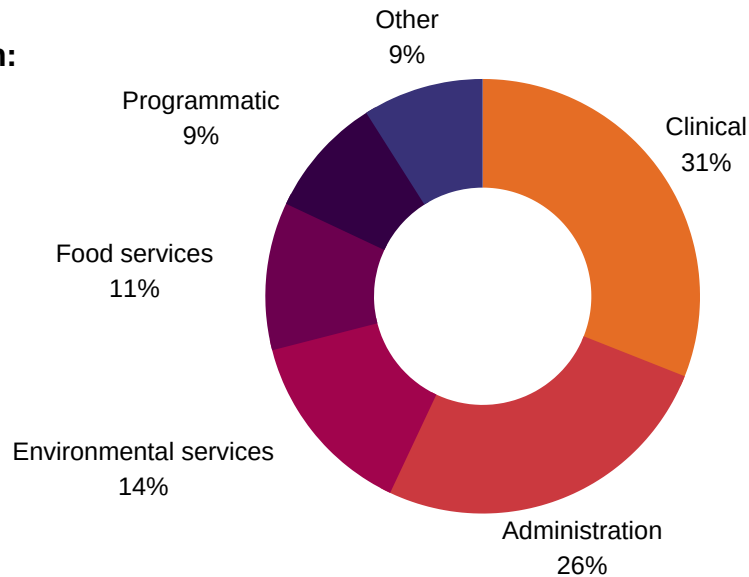
In 2020, providers in Athens-Clarke prescribed 138.2 opioid prescriptions per every 100 people, which is a figure steadily increasing. For example, in 2018, providers prescribed 90.9 opioid prescriptions per every 100 people. Athens-Clarke has one of the highest prescription rates in the state. Deaths have also risen, particularly for heroin and fentanyl. The below chart is for years 2018, 2019, and 2020, by drug type.



# Employee survey

In March 2022, we launched an online employee survey to solicit community input on key health issues. A total of 1,053 system employees responded, including 151 Piedmont Athens Regional employees. Below are the results of that survey.

## The employees who responded worked in:



## They worked at:

- Piedmont Athens: 13.12%
- Piedmont Atlanta: 9%
- Piedmont Cartersville: 2.98%
- Piedmont Columbus: 8.93%
- Piedmont Eastside: 4.31%
- Piedmont Fayette: 7.69%
- Piedmont Healthcare: 4.29%
- Piedmont Henry: 5%
- Piedmont Macon: 4.4%
- Piedmont Mountainside: 5.83%
- Piedmont Newnan: 7.38%
- Piedmont Newton: 3.33%
- Piedmont Physicians: 4.4%
- Piedmont Rockdale: 4.64%
- Piedmont Walton: 3.45%
- Multiple locations: 5.98%
- Other: 5.36%

**Q: What do you think are the five most important factors for a healthy community? The top five answers were:**

1. Access to health care
2. Access to healthy foods
3. Economic opportunity for everyone
4. Healthy behaviors and lifestyle
5. Good place to raise children

**Q: What do you think are the five most important health problems in your community? The top five answers were:**

1. Aging problems
2. Poverty
3. Mental health problems
4. COVID-19
5. Heart disease and stroke

# Employee survey, cont'd

**Q: What do you think are the five riskiest behaviors in your community?**

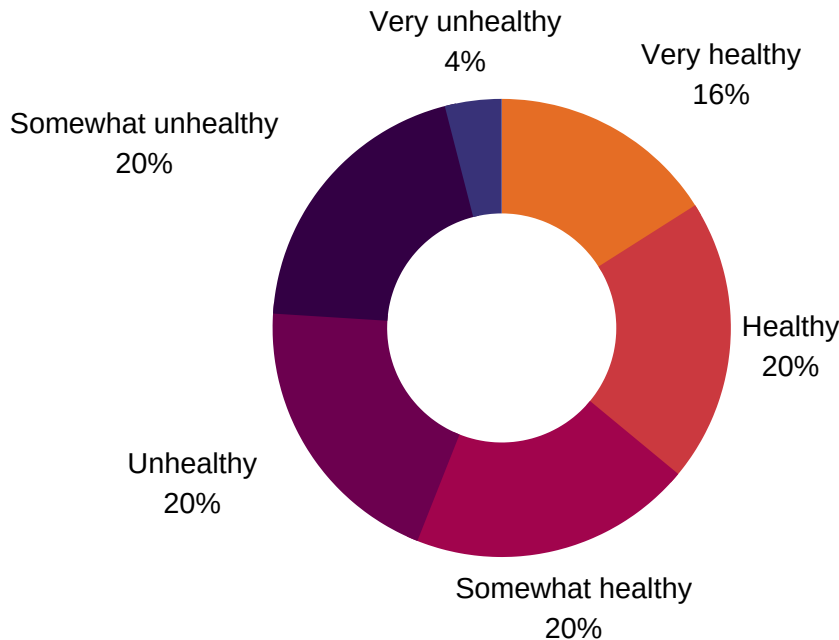
The top five answers were:

1. Not getting vaccinations to prevent disease, including COVID-19
2. Poor diet
3. Alcohol abuse
4. Tobacco use
5. Lack of exercise

**Q: What issues do you think may prevent community members from accessing care? The top five answers were:**

1. Unable to pay co-pays and deductibles
2. No insurance
3. Lack of access to transportation
4. Fear (e.g., not ready to face or discuss health problem)
5. Don't understand the need to see a doctor

**Q: How would you rate the overall health of your community?**



## Employee survey, cont'd

**Q: What do you think are the top five most important actions in improving the health of community members living within Piedmont communities? The top five answers were:**

1. Access to low-cost mental health services
2. Financial assistance to those who qualify
3. Access to dental care services
4. Community-based programs for health
5. Expanded access to specialty physicians

**Q: What is your vision for a healthy community? Some answers were:**

A healthy community includes access to affordable healthcare, healthy food, safe housing, quality education, and stable jobs.

A place where people are healthy enough to move about and enjoy life.

One that is educated, with access to health services both financially and geographically.

Families and individuals who care for each other.

A community who has access to services, I have been an ER nurse for nearly a decade and the mental health population continues to grow. There are not many resources for these patients; Advantage is great but it would be wonderful to have a local Piedmont facility to help with these patients.

Affordable housing that is safe.

More community care clinics where underserved communities can have access to "affordable" healthcare.

Using healthcare for prevention instead of trying to treat most problems after onset.

Free little food pantries on different blocks in towns, with healthy food choices.

A healthy community to me would be a place where social and financial factors do not stop a person for asking for help when in need. If everyone was able to get healthcare assistance, the community would be a healthy place as a whole.

## Employee survey, cont'd

**Q: What is the single most pressing issue that you believe our patients face? Most answers centered around cost, with some health factors. Among the answers:**

Barriers to accessing health care including lack of health insurance and poor socioeconomic status.

Medical bills.

Affordable, really affordable, health care for everyone.

Financial insecurity (including but not limited to people living at or below poverty lines).

Mental health.

Drug use, obesity, and heart failure are things that could probably be helped if they had the access to the right facilities.

Uninsured and underinsured people are so underserved. There are so many people who don't access care until they are falling apart and end up hospitalized simply because they couldn't afford to see a doctor and pay out of pocket rates.

Low healthcare literacy.

**Q: What are one or two things we can do better to serve our patients/our community? Some answers were:**

Include better discharge instructions on how to stay well at home. Also have a health hotline to triage calls before heading to emergency room.

Participate in community clinics that offer reduced cost preventative services (wellness, vaccines, chronic illness management) in challenged communities.

Get more involved in schools, as healthy behaviors start early.

Make non-emergent care more viable for uninsured and underinsured populations.

Help lower income patients with housing and food issues and provide discharge instructions that are viable for these patients.

Push the Governor to accept federal funding to fully expand Medicaid under the ACA.

# Community stakeholders

As part of our process, we interviewed nearly 245 stakeholders, policy makers, and lawmakers representing public health, low-income populations, minorities, chronic conditions, older adults, and our communities. These included 12 stakeholders within the county, whose voices are reflected below.

## Behavioral Health and Substance Use

All stakeholders mentioned an ongoing need for an increase in mental health providers and substance use services for Athens-Clarke County and the surrounding areas served, with even more of a need seen during the COVID 19 pandemic, with one stakeholder stating “services are not growing as fast as the problem.” Consequently, many people requiring such services are going untreated and only seeking assistance when in crisis, particularly in local emergency rooms. Another stakeholder stated, “aside from crisis care, there are not enough ongoing resources to meet the need for mental health and substance abuse treatments.”

Since the onset of the COVID 19 pandemic, multiple stakeholders report seeing an increase in deaths of despair (suicide and substance use) due to more people going without treatment and an uptick in abuse cases, including physical, mental, and elder abuse. Mental health resources are scarce for Medicaid patients, resulting in people having to travel outside of Athens for the mental care services needed, particularly for the pediatric population.

## Access to Care

Almost all stakeholders noted a growing need for increased access to health services, including primary care, specialty care, and dental care. Athens-Clarke County has a low number of providers that accept Medicare and Medicaid. Currently, the existing facilities do not have the capacity to keep up with the need. With high numbers of chronic conditions reported, including diabetes, hypertension, obesity, and high cholesterol, this results in people presenting in local emergency rooms when such issues create larger concerns or become unable to be managed outside of a hospital. Furthermore, specialty care is often needed. One contributing factor is a considerable amount of food insecurity reported from numerous agencies in the area.

Multiple stakeholders cited a need for transportation, especially to support the growing needs of the aging population, stating many people are housed away from access to buses and public transportation means. One interview participant pointed out “when multiple providers are needed, this particularly prohibits the ability to access providers and get the full problems addressed,” making accessing specialty care prohibitive.

Women’s health was of particular concern in the stakeholder interviews as maternal health and infant mortality are currently an issue. It was said that there is no Gynecologist in Athens-Clarke County currently accepting Medicaid/Medicare.

## Community stakeholders, cont'd.

Multiple stakeholders discussed the growing needs of the aging population.

### Education System

Almost all stakeholders expressed a concern over the education system in Clarke County as it needs additional funding to meet growing needs of the students. Currently a high number of students are not reading at their appropriate grade level which is indicative of difficulties later in life. One person interviewed expressed a concern that “underprivileged children are paying the price for the gaps in the education system.”

Most stakeholders expressed a concern over the growing rates of crime, specifically around gang activity in the Athens area. There is a pattern of increasing rates of crime and a decreasing rates of school attendance. There is a concern that gangs are seen by youth as a place to belong but they are hindering their educational opportunities.

### Housing and Homelessness

There is a growing number of people experiencing homelessness and not enough affordable housing to accommodate the needs of the families. In addition, poor infrastructure and poor conditions of the housing that is available is furthering the problem, leading to high-cost bills and prohibiting a tenant’s resources from going to other basic needs. There was a consensus around the concern that livable wages are not provided in the workforce, contributing to an inability to afford housing. In addition to having housing, it was also noted that there needs to be more availability in areas where there is close proximity to basic needs such as grocery stores, businesses, and transportation stops.

# Methodology

The Piedmont Athens CHNA was led by the Piedmont Healthcare community benefits team and consulting organization Public Goods Group, with significant input and direction from Piedmont Athens' leadership and Piedmont Healthcare's Department of External Affairs.

The CHNA started first with an analysis of available public health data. We looked at our Piedmont service region, which spans the northeast section of the state. We paid particular attention to the home counties of our hospitals, which is reflected in this CHNA. We focused on the home counties in the individual CHNAs due to the local impact of our tax-exempt status.

Once our community was established, we interviewed key stakeholders who have a particular expertise or knowledge of our communities. Specifically, we interviewed representatives of local and regional public health entities, minority populations, faith-based communities, local business owners, the philanthropic community, mental health agencies, elected officials and individuals representing our most vulnerable patients.

An internal survey was also conducted throughout the healthcare system for both clinical and non-clinical employees. Information was gathered on knowledge and understanding of community benefit and current programs, as well as suggestions for how we can better serve our patients and communities. Approximately 1,053 employees spanning the system responded. Additionally, we conducted a community-based survey that was widely advertised to the community.

Once both qualitative and quantitative data was gathered, we authored the preliminary report. Several key community health needs emerged during the assessment process. The chosen priorities were recommended by the community benefit department with sign-off from hospital and board leadership. The following criteria were used to establish the priorities:

- The number of persons affected;
- The seriousness of the issue;
- Whether the health need particularly affected persons living in poverty or reflected health disparities; and,
- Availability of community and/or hospital resources to address the need.

While the priorities reflect clinical access and certain conditions, all priorities are viewed through the lens of health disparities, with particular attention paid to improving outcomes for those most vulnerable due to income and race. The priorities we chose reflected a collective agreement on what hospital leadership, staff and the community felt was most important and within our ability to positively impact the issue. Once priorities were chosen, we then authored the CHNA and presented our findings and recommendations to the hospital's board of directors for their input and approval.



# Approval

Hospital leadership then reviewed the CHNA and provided input. We incorporated their input into the final CHNA report, which is this report. We then presented our findings and recommended priorities to the hospital board of directors.

Once we established our priorities, we presented the CHNA to the board of directors for approval on May 26, 2022.

## Board of Directors

- Philip E. Bettendorf
- Kevin Brown
- J. Michael Burnett
- Carolann Eisenhart, M.D.
- Kelly C. Grow, M.D.
- Cheryl K. Legette, Vice Chair
- Roswell Lawrence, Jr., Ph.D.
- Michael J. Mandl
- Alan Reddish
- Kim Ripps
- David M. Sailors, M.D., Chair
- Samuel K. Thomason, D.M.D.
- Tony L. Townley

# Appendices

## Appendix one: Federal Poverty Levels

Data on the poverty threshold is created by the US Census Bureau, which uses pre-tax income as a yardstick to measure poverty. The statistical report on the poverty threshold is then used by the HHS to determine the federal poverty level (FPL). Below are the rates for 2022.

Family size	100%	150%	200%	300%	400%
1	\$13,590	\$20,385	\$27,180	\$40,770	\$54,360
2	\$18,310	\$27,465	\$36,620	\$54,930	\$73,240
3	\$23,030	\$34,545	\$46,060	\$69,090	\$92,120
4	\$27,750	\$41,625	\$55,500	\$83,250	\$111,000
5	\$32,470	\$48,705	\$64,940	\$97,410	\$129,880
6	\$37,190	\$55,785	\$74,380	\$111,570	\$148,760
7	\$41,910	\$62,865	\$83,820	\$125,730	\$167,640
8	\$46,630	\$69,945	\$93,260	\$139,890	\$186,520

## Appendix two: Stakeholders interviewed

In February and March 2022, we interviewed 12 stakeholders within the Athens-Clarke community as to gain their insight on community and health issues. These stakeholders were: Marcus Garner, (CEO, Athens Neighborhood Health Center), Mike Pilcher (Executive Director, Mercy Health Center), Erin Barger (CEO, Food Bank of Northeast Georgia), Whitney Howell (Registered Nurse, Clarke County DPH), Kay Keller (CEO, United Way), Shae Wilson (CEO, Athens YMCA), Cshanyse Allen (Owner/Director, Innovative Healthcare Institute), Sarah McKinney (President and CEO, Athens Area Community Foundation), Ovita Thornton (Clarke County Government), Eve Anthony (CEO, Athens Community Council on Aging), Amanda Davis (Oconee Connection), and Tammy Conlin (CEO, Advantage Behavioral Health Services).

### Appendix three: Sources for data

We utilized numerous data sources throughout the CHNA process. Due to the high volume of sources in this report, we did not individually cite each statistic. That said, we provide a list of all data sources below. Please contact the Piedmont Healthcare community benefit department at [communityprograms@piedmont.org](mailto:communityprograms@piedmont.org) for questions on specific data points.

Category	Data Source
Demographics	US Census Bureau, Decennial Census, 2020.
Demographics	US Census Bureau, American Community Survey, 2015-19.
Demographics	University of Wisconsin Net Migration Patterns for US Counties, 2010-20.
Income and Economics	US Census Bureau, American Community Survey, 2015-19.
Income and Economics	US Census Bureau, Business Dynamics Statistics, 2018-19.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Income and Economics	US Department of Labor, Bureau of Labor Statistics, Jan. 2022.
Income and Economics	IRS - Statistics of Income, 2018.
Income and Economics	US Census Bureau, American Community Survey, 2015-19.

### Appendix three: Sources for data, cont'd

Category	Data Source
Income and Economics	US Census Bureau, American Community Survey, University of Missouri, Center for Applied Research and Engagement Systems, 2007-11.
Income and Economics	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2016.
Income and Economics	National Center for Education Statistics, NCES - Common Core of Data, 2020-21.
Income and Economics	US Census Bureau, Small Area Income and Poverty Estimates, 2020.
Education	US Department of Health & Human Services, HRSA - Administration for Children and Families, 2019.
Education	US Census Bureau, American Community Survey, 2015-19.
Education	National Center for Education Statistics, NCES - Common Core of Data, 2020-21.
Education	US Department of Education, EDData, 2018-19.
Education	US Census Bureau, American Community Survey, 2014-18.
Education	U.S. Department of Education, US Department of Education - Civil Rights Data Collection, 2017-18.
Housing and Families	US Census Bureau, American Community Survey, 2015-19.

### Appendix three: Sources for data, cont'd

Category	Data Source
Housing and Families	US Department of Housing and Urban Development, 2019.
Housing and Families	US Department of Housing and Urban Development, US Census Bureau, American Community Survey, 2019.
Housing and Families	Eviction Lab, 2016.
Housing and Families	US Census Bureau, American Community Survey, 2011-15.
Housing and Families	Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act, 2014.
Housing and Families	US Census Bureau, Decennial Census, US Census Bureau, American Community Survey, 2015-19.
Housing and Families	US Department of Housing and Urban Development, 2014.
Housing and Families	US Census Bureau, Census Population Estimates, 2019.
Housing and Families	US Department of Housing and Urban Development, 2020-Q4.
Other Social & Economic Factors	University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas, 2021.
Other Social & Economic Factors	Feeding America, 2017.
Other Social & Economic Factors	US Department of Education, EDFacts, 2019-20.

### Appendix three: Sources for data, cont'd

Category	Data Source
Other Social & Economic Factors	US Census Bureau, American Community Survey, 2015-19.
Other Social & Economic Factors	Opportunity Insights, 2018.
Other Social & Economic Factors	US Census Bureau, American Community Survey, 2015-19.
Other Social & Economic Factors	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2020.
Other Social & Economic Factors	US Census Bureau, Small Area Health Insurance Estimates, 2019.
Other Social & Economic Factors	Opportunity Nation, 2019.
Other Social & Economic Factors	US Census Bureau, Decennial Census, University of Missouri, Center for Applied Research and Engagement Systems, 2020.
Other Social & Economic Factors	US Census Bureau, Small Area Income and Poverty Estimates, 2019.
Other Social & Economic Factors	Pennsylvania State University, College of Agricultural Sciences, Northeast Regional Center for Rural Development, 2014.
Other Social & Economic Factors	Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2018.
Other Social & Economic Factors	Debt in America, The Urban Institute, 2021.

### Appendix three: Sources for data, cont'd

Category	Data Source
Other Social & Economic Factors	Centers for Disease Control and Prevention, National Vital Statistics System, 2013-19.
Other Social & Economic Factors	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2014; 2016.
Other Social & Economic Factors	Federal Bureau of Investigation, FBI Uniform Crime Reports, 2014; 2016.
Other Social & Economic Factors	Townhall.com Election Results, 2016.
Physical Environment	US Environmental Protection Agency, 2018-19.
Physical Environment	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2015.
Physical Environment	Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network, 2016.
Physical Environment	EPA - National Air Toxics Assessment, 2014.
Physical Environment	US Environmental Protection Agency, 2019.
Physical Environment	US Census Bureau, County Business Patterns, 2019.
Physical Environment	National Broadband Map, Dec. 2020.
Physical Environment	US Census Bureau, American Community Survey, 2015-19.

### Appendix three: Sources for data, cont'd

Category	Data Source
Physical Environment	US Department of Health & Human Services, US Food and Drug Administration Compliance Check Inspections of Tobacco Product Retailers, 2018-20.
Physical Environment	Climate Impact Lab, 2018.
Physical Environment	Multi-Resolution Land Characteristics Consortium, National Land Cover Database, 2016.
Physical Environment	Federal Emergency Management Agency, National Flood Hazard Layer, 2019.
Physical Environment	Center for Disease Control and Prevention, CDC National Environmental Public Health Tracking, 2017-19.
Physical Environment	Federal Emergency Management Agency, National Risk Index, 2020.
Physical Environment	US Census Bureau, Decennial Census, ESRI Map Gallery, 2013.
Physical Environment	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2019.
Physical Environment	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.
Physical Environment	Centers for Disease Control and Prevention, CDC - Division of Nutrition, Physical Activity, and Obesity, 2011.
Physical Environment	US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator, 2021.



### Appendix three: Sources for data, cont'd

Category	Data Source
Physical Environment	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2012.
Physical Environment	US Fish and Wildlife Service, Environmental Conservation Online System, 2019.
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019.
Clinical Care and Prevention	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018.
Clinical Care and Prevention	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2019.
Clinical Care and Prevention	Centers for Disease Control and Prevention, CDC - Atlas of Heart Disease and Stroke, 2016-18.
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2020.
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2020.
Clinical Care and Prevention	Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2019.
Clinical Care and Prevention	Centers for Disease Control and Prevention, CDC - FluVaxView, 2019-20.
Clinical Care and Prevention	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.

### Appendix three: Sources for data, cont'd

Category	Data Source
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2015-18.
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2018-19.
Clinical Care and Prevention	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2015-16.
Health Behaviors	University of Wisconsin Population Health Institute, County Health Rankings, 2018.
Health Behaviors	Child and Adolescent Health Measurement Initiative, National Survey of Children's Health, 2018.
Health Behaviors	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.
Health Behaviors	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018.
Health Behaviors	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018.
Health Behaviors	US Census Bureau, American Community Survey, 2015-19.
Health Outcomes	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File, 2018.
Health Outcomes	State Cancer Profiles, 2014-18.

**Appendix three: Sources for data, cont'd**

<b>Category</b>	<b>Data Source</b>
Health Outcomes	State Cancer Profiles, 2014-18.
Health Outcomes	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2019.
Health Outcomes	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019.
Health Outcomes	Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2018.
Health Outcomes	Centers for Medicare and Medicaid Services, 2018.
Health Outcomes	Centers for Disease Control and Prevention, National Vital Statistics System, 2016-20.
Health Outcomes	University of Wisconsin Population Health Institute, County Health Rankings, 2013-19.
Health Outcomes	Institute for Health Metrics and Evaluation, 2017.
Health Outcomes	Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project, 2010-15.
Health Outcomes	US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2015-19.
Health Outcomes	University of Wisconsin Population Health Institute, County Health Rankings, 2017-19.

### Appendix three: Sources for data, cont'd

Category	Data Source
Health Outcomes	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2018.
Health Outcomes	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2019.
Healthcare Workforce	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), May 2021.
Healthcare Workforce	US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Feb. 2022.
Healthcare Workforce	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, 2015.
Healthcare Workforce	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2021.
Healthcare Workforce	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES), 2020.
Healthcare Workforce	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File, 2017.
Healthcare Workforce	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, Sept. 2020.
Healthcare Workforce	US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, 2019.

### Appendix three: Sources for data, cont'd

Category	Data Source
Healthcare Workforce	US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Health Professional Shortage Areas Database, May 2021.
COVID-19	Johns Hopkins University, 2022.
COVID-19	Google Mobility Reports, Feb 01, 2022.
COVID-19	Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP, 2022.

### Appendix four: Employee survey

From March 01 to March 31, 2022, the hospital placed online an employee survey meant to capture employees' thoughts on challenges within our communities and suggestions on how the hospital can improve its community's health. Below are the survey questions these employees answered.

In our commitment as a not-for-profit health system, Piedmont is currently studying the region's community health needs for its Community Health Needs Assessment. As a member of our community, we invite you to take this 15-minute survey so that your feedback can be heard and included in identifying health priorities which we'll address over the next three years.

Thank you for your time and input.

1. What type of role do you have?

- Administrative
- Clinical
- Environmental Services
- Food Services
- Programmatic
- Other: Please describe

2. Are you an employee or are you a contract employee?

## Appendix four: Employee survey, cont'd.

3. What is your home zip code?

4. How do you define the community you serve in your role?

- From wherever our patients come
- All of Georgia
- The hospital's county
- Other: Please describe

5. In the following list, what do you think are the five most important factors for a healthy community? We consider this to be those factors which most improve the quality of life in a community.

- Access to health care (e.g., family doctor)
- Access to healthy food
- Arts and cultural events
- Civic participation
- Clean environment
- Ethnic and cultural diversity
- Financial assistance for health care at the hospital
- Healthy behaviors and lifestyles
- High retirement rates
- Emergency preparedness
- Good place to raise children
- Low adult death and disease rate
- Low crime/safe neighborhoods
- Low infant deaths
- Low level of child abuse
- Parks and recreation
- Low- and no-cost options for health care within the community
- Quality of care
- Quality of housing or housing availability
- Religious or spiritual values
- Social cohesion
- Strong family life
- Strong school district
- Transportation and walkability
- Other: Please describe

## Appendix four: Employee survey, cont'd.

6. In the following list, what do you think are the five most important health problems in our community? Please check five.

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse / neglect
- COVID-19
- Dental problems
- Diabetes
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Infectious diseases
- Mental health problems
- Motor vehicle crash injuries
- Poverty
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STDs)
- Social isolation
- Suicide
- Teenage pregnancy
- Terrorist activities
- Health illiteracy
- Built environment
- Housing insecurity
- Neighborhood environmental risk (e.g., pollution, high lead exposure)
- Other: Please describe

7. How would you rate the overall health of our community?

- Very unhealthy (most have three or more chronic conditions such as heart disease or diabetes)
- Unhealthy (most have one or two chronic conditions such as heart disease or diabetes)
- Somewhat unhealthy
- Somewhat healthy
- Healthy
- Very healthy (most have no chronic conditions such as heart disease or diabetes)

## Appendix four: Employee survey, cont'd.

8. What issues do you think may prevent community members from accessing care?

- No insurance
- Unable to pay co-pays and deductibles
- Language barriers
- Lack of access to transportation
- Unable to use technology to find doctors, schedule appointments, manage online care
- Fear (e.g., not ready to face or discuss health problem)
- Don't understand the need to see a doctor
- Don't know how to find doctors
- Cultural/religious beliefs
- Lack of availability of doctors

9. Of the following, what do you think are the top five things most important in improving the health of community members living in our communities?

- Access to local inpatient mental health services
- Access to local outpatient mental health services
- Access to low-cost mental health services
- Access to health care services
- Access to dental care services
- Additional access points to affordable care within the community
- Cancer awareness and prevention
- Community-based health education
- Community-based programs for health
- Curbing tobacco use, such as banning indoor smoking
- Expanded access to specialty physicians
- Financial assistance for those who qualify
- Free or affordable health screenings
- Increased social services
- More options for paying for care
- Opioid awareness and prevention campaigns
- Partnerships with local charitable clinics
- Programs that address issues of housing
- Programs that address food insecurity
- Safe places to walk and play
- Substance abuse rehabilitation services
- Other: Please describe



#### **Appendix four: Employee survey, cont'd.**

10. What is your vision for a healthy community?

11. What is the single most pressing issue you feel our patients face?

12. What are one or two things we can do better to serve our patients/our community?

13. Do you have questions about this survey or community health in general?