Community Health Needs Assessment and Implementation Plan

As a nonprofit hospital, Piedmont Henry Hospital belongs to the communities and patients we serve. Our mission 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. This mission is evidenced within our community benefit programs, which were created to provide quality and meaningful access to health care services to all members of our community. During Fiscal Year 2013, Piedmont Henry Hospital conducted a community health needs assessment (CHNA) for the residents of Henry County, Georgia, as to better understand the health and related challenges county residents face.

A CHNA is both the activity and product of identifying and prioritizing a community’s health needs, and this is accomplished through input from community stakeholders and an analysis of relevant data. Once that information was gathered, the hospital then identified the top priorities it will address over the next three years. In partnership with the community, the hospital crafted strategies to address those prioritized needs, with an end goal of bettering community health, and particularly that of those most vulnerable. Through these programs and strong partnerships between consumers, neighborhood leaders, advocates and hospitals, the hospital’s community can become stronger and healthier, both physically and fiscally. The CHNA guides this work.

About the hospital
Piedmont Henry Hospital is a full-service facility with 215 beds, and is the only hospital within the county. The hospital was founded in 1979 as Henry General Hospital. In 1995, the name was changed to Henry Medical Center, and remained that until the hospital joined the Piedmont Healthcare family of community hospitals on January 01, 2012, thus becoming Piedmont Henry Hospital.

Overall approach to community benefits
Community benefits are those programs and activities offered to the community in exchange for a nonprofit hospital’s tax-exempt status, and Piedmont Henry Hospital is a 501(c)(3) nonprofit organization. These programs should boost the health of the community the hospital serves, especially that of its more vulnerable populations. Per federal law, community benefit programs must do at least one of the following:

- Generate a low or negative margin;
- Respond to the needs of vulnerable populations;
- Supply services or programs that would likely be discontinued if the decision to offer this program was made on a purely financial basis;
- Respond to an identified public health need; and/or,
- Involve education or research that improves overall community health.

The goal of Piedmont’s community benefit programs is to improve the health status of its communities by identifying and responding to unmet community health needs, facilitating relationships to create stronger communities and serving as an example and a leader to others in community benefits.

In Fiscal Year 2011, Piedmont Henry Hospital provided:

- Approximately $5.37 million in financial assistance at cost for low-income uninsured patients
- $4 million in shortfalls from treating Medicaid patients
- $133,699 in community health improvement services and community benefit oversight
- $384,528 in educating future health professionals
- $8.5 million in subsidized health services
- $43,526 dedicated to relevant research activities
- $46,607 in cash and in-kind contributions to nonprofit community groups
- $217,579 in community building activities

Additionally, in 2012, Piedmont Healthcare formed the Georgia Center for Healthier Communities, a non-partisan research, advocacy and educational organization committed to building a healthier Georgia through community building, the promotion of pro-community policy and the formation of strategic partnerships. Though policy and advocacy, the organization will address key public health issues, such as access to care, obesity and mental health. These activities will be done in tandem with and in support of Piedmont Henry’s community benefit activities laid out in this assessment and implementation plan.

**Piedmont Henry Hospital’s community**

Henry County is a growing suburban county located just south of Atlanta. In 2000, the population came in just under 120,000 residents; by 2012, the population had swelled by 75 percent to nearly 210,000 residents, as compared to an overall increase in Georgia of a little less than 20 percent. Henry is Georgia’s eighth most populous county, and the tenth fastest growing county in the nation. Henry’s county seat is McDonough, and its other large cities are Hampton, Locust Grove and Stockbridge.

**Demographics**

Henry County has large Caucasian and African American populations, comprising approximately 50 percent and 40 percent of the total population in 2010, respectively. The Hispanic and Asian populations together comprise nearly 10 percent. The county skews slightly female, with women comprising about 52 percent of the county and men at about 48 percent, according to the 2010 US Census. The majority of residents are between the ages of 25 and 54, and only about 10 percent of the population is elderly.

An estimated 3.63 percent – or about 7,260 people – were identified as “linguistically isolated” in the 2010 US Census. Linguistically isolated refers to those aged 5 and older who speak a language other than English at home and do not speak English well, if at all. This percentage is relevant as the inability to speak English well creates formidable barriers to healthcare access, provider communications and health education. In Henry County, these populations are primarily Asian (about 41 percent of the total) and Hispanic/Latino (about 30 percent). Henry County’s linguistically isolated population rate is lower than both state and national averages, which are 5.87 percent and 8.7 percent, respectively. Spanish, French Creole, Vietnamese and Mandarin are the top requested languages for translation and interpretation services at the hospital.

Unemployment rates in Henry have steadied climbed since 2001, peaking in 2009, and have remained somewhat steady since then at 10 percent. For those with jobs, non-labor jobs dominate the workforce, with about 61 percent of all those working doing so in a management, business, science, arts, sales or office settings. Another 16 percent work in the service industry and the remaining 23 percent work in productions, transportation, construction, maintenance, natural resources and material moving occupations.

Median household income is $63,942 per family, a significantly higher amount than the state average of $49,347. That said, one in three children qualify for free lunch, and nearly 21 percent of all children live in poverty. The majority of those children are male (about 56 percent) and African-American (about 53 percent). Eight percent of all Henry County households live below the poverty line.

**Key health findings**

About 18 percent of non-elderly adults in Henry County are currently uninsured, a jump of about 3 percent from 2012. About 10 percent of county residents receive Medicaid, which is federal health insurance for some low-income Georgians. In Henry County, as in Georgia, the majority of Medicaid recipients are children, as eligibility
requirements are different and children qualify more easily for the program than their adult counterparts. Of the privately insured, an estimated one-third is likely underinsured, which is when a person spends at least 10 percent or more of their annual income on health care, including co-pays, deductibles and prescriptions.

Approximately 17 percent of the overall adult population has reported they were unable to see a doctor in 2011 due to cost. In 2013, an estimated 13 percent are in poor or fair health, a figure higher than the national benchmark of 10 percent reporting that low level of health. About 15 percent of the adult population is in poor dental health, according to the Centers for Disease Control and Prevention's 2006 to 2010 Behavioral Risk Factor Surveillance System. Nearly 10 percent of the total noninstitutionalized population lived with a disability in 2012, according to the US Census.

In Henry County, the leading causes of death between 2008 and 2011 in a five-year aggregate are:

<table>
<thead>
<tr>
<th>Leading causes of age-adjusted death</th>
<th>Leading causes of premature death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ischemic heart and vascular disease</td>
<td>1. Motor vehicle crashes</td>
</tr>
<tr>
<td>2. Trachea, bronchus and lung cancer</td>
<td>2. Ischemic heart and vascular disease</td>
</tr>
<tr>
<td>3. All COPD except asthma</td>
<td>3. Conditions originating in perinatal period</td>
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<tr>
<td>4. Hypertension and hypertensive renal and heart disease</td>
<td>4. Suicide</td>
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<tr>
<td>5. Cerebrovascular disease</td>
<td>5. Accidental poisoning</td>
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For every 100,000 people, there were about 7,436 years of potential life lost, or YPLL, which is a statistic that measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This is a relevant indicator, as it can provide a unique and comprehensive look at overall health status.

Cancer, heart disease and stroke are among the top killers in the community, as evidenced in both age-adjusted and premature death rates. Annually, about 250 Henry County residents die from cancer. In Henry County, between 2005 and 2009, an average 735 new cancer cases were diagnosed each year, according to the National Cancer Institute. Of those diagnoses, 211 were prostate cancer, 74 were lung cancer, 132 were breast cancer and 54 were colon cancer.

Each year, heart disease claims the lives of about 131 Henry County residents, and an estimated 3.5 percent of the population currently lives with heart disease, according to the American Heart Association. Henry County’s stroke mortality rate is also high, annually averaging about 39 deaths per every 100,000 people, according to the National Center for Health Statistics' Underlying Causes of Death report for 2006 through 2010. In 2010, nearly 10 percent of the population over age 18 was not taking their blood pressure medication when needed, a relevant indicator that often means limited access to preventative care and/or access to prescription services.

About 10 percent of the county’s adults are living with diabetes in 2013, according to the University of Wisconsin's County Health Rankings. Henry County ranks among the highest for diabetes prevalence in Georgia, and Georgia ranks among the top for the disease in the nation. Annually, diabetes ranks among the top causes of premature death in Henry County and is the 15th leading cause of emergency department visits.

Unhealthy behaviors
Of the top five causes of Henry County deaths identified, all are conditions commonly associated with unhealthy lifestyles such as the use of tobacco, high fat diets and a lack of exercise. For example, 20 percent of the county’s adult population reports that tobacco use, a figure slightly higher than the state average of 19 percent and much higher than the national average of 14 percent. The motor vehicle crash rate is the same as the state average at 17 percent. Approximately 12 percent of the county reports heavy and/or binge drinking, according to the University of Wisconsin’s County Health Rankings.
One in four adults are notably physically inactive, and nearly 28 percent of adults are obese (with a Body Mass Index of more than 30) and 37 percent are overweight (with a Body Mass Index between 25 and 30). Access to healthy foods is an issue; about 10 percent of the population does not live within close proximity of a grocery store that sells fresh fruit and vegetables, and there are only 14 grocery stores per every 100,000 people. Nearly 4 percent of the population lives in a food desert, which means that part of the community has little or no access to large grocery stores that offer fresh and affordable foods needed to maintain a healthy diet. Instead of such stores, these districts often contain many fast food restaurants and convenience stores. This is true in Henry County, as more than half of the restaurants in the county primarily serve fast food.

**Teen birth**

The teen birth rate in Henry County is high at 40 births per 1,000 teenaged women, as compared to the national average of only 21 births per 1,000 women. The majority of the births are to Hispanic/Latino teens, who are more than twice as likely than their other ethnic and racial counterparts to become pregnant in their teens. Generally speaking, pregnant teens have a higher risk of having high blood pressure – called pregnancy-induced hypertension – than pregnant women in their 20s or 30s. They also have a higher risk of preeclampsia, a dangerous medical condition that combines high blood pressure with excess protein in the urine, swelling of a mother’s hands and face, and organ damage. Teens are also at higher risk of having low birthweight babies.

Additionally, there is a strong connection between teen birth and low incomes, and generational poverty can play heavily into that. For example, females born to a teen mother are a third more likely to become a teen mother themselves, according to national statistics. Other socioeconomic issues exist as well. Sons born to teen mothers are 2.7 times more likely to be incarcerated than sons born to women at least 20 years of age. Children born to unmarried teen mothers are ten times more likely to live in poverty the majority of their life. Children of teen parents are about 50 percent more likely to repeat a grade and are less likely than children born to adult parents to graduate high school.

**Mental health**

In 2012, 10,244 Henry County residents self-identified as having major depression, according to the US Substance Abuse and Mental Health Services Administration. Approximately 11,545 self-identified themselves as being a recent drug user, a figure that is likely largely underreported. Throughout 2013, Henry County adults will have a reported 2.8 poor mental health days each month, according to the University of Wisconsin’s County Health Rankings. Over the last five years, mental and behavioral disorders were the sixth leading cause of emergency department visits, in aggregate, and this does not include the ramifications of violent outbursts, such as assault. In 2010, about 1,500 overdose-related visits were made the hospital’s emergency department, a figure that is double than the emergency department visit rate eight years earlier, in 2002.

In 2009, 18 percent of high schoolers reported having used marijuana in the last 30 days and 2.5 percent used cocaine during that same period, according to the Georgia Online Analytical Statistical Information System. Twenty-one percent of high-schoolers reported having had their first drink of alcohol and 8 percent had smoked marijuana before turning 13. Twenty percent report having ridden with a drunk driver at least once. Thirty-three percent reported having been offered, given or sold illegal drugs on school property at some point that year. Thirty percent reported having been sad or hopeless that year, and 8 percent attempted suicide. Thirteen percent made a plan as to how they would commit suicide, even if that plan wasn't attempted.

Approximately 2.6 of middle schoolers had used cocaine at least once in their life, and 8.3 percent of middle schoolers had tried marijuana. Eight percent reported having attempted suicide, and 12 percent made a plan as to how they would, even if not attempted. Twenty percent had seriously contemplated suicide at least once. As noted before, suicide was the fourth leading cause of death over a five-year aggregated period. It is especially prevalent among those between the ages of 25 and 34 (as the second leading cause of premature death), those 35 to 44 (as the third leading cause of premature death) and those 15 to 24 (as the fourth leading cause of premature death).
Instances of mental health issues are generally most prevalent in low-income communities, as the link between poverty and mental illness is significant. According to a March 2011 article in the Archives of Psychiatry, the affect of poverty on mental illness – and vice versa – is repeatedly demonstrated. For example, persons dropping from a higher income level to poverty will often face mental illness in the form of anxiety, depression and mood disorders. Conversely, those living in poverty for an extended period of time may suffer from mental illness for other reasons. Their depression and mood disorders may stem from a lack of optimism for the future. Additionally, those in poverty often do not have access to, or knowledge about, medical help and therapy that would help diagnose and treat their mental illness. Lack of nutrition, lack of education and a feeling of living day to day can contribute to mental instability.

Identification of unmet community health needs

Several key community health needs emerged during the assessment process. The initial list of priorities to be addressed was determined by the community benefits department and the strategic planning department. The following criteria were used to establish the initial list of 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.

Through this process, the hospital identified four priority issues for the community:

1. Increased access to necessary and appropriate care for uninsured and underinsured patients
2. Reduced preventable readmissions and emergency department re-encounters
3. Reduced instances of preventable heart disease and stroke
4. Reduced rates of teen birth rates and increased access to prenatal care

We aim to address those priorities as follows:

Increased access to necessary and appropriate care for uninsured and underinsured patients

Piedmont Henry Hospital is committed to helping low-income community members access necessary and appropriate care in the right setting. Over the next three years, we will do this through a multi-faceted approach:

- Develop an emergency department care coordination program targeting preventable encounters, including those led by underlying mental health issues and ambulatory care sensitive conditions, in partnership with the Hands of Hope Clinic and other relevant partners
- Provide support for an expansion of Hands of Hope's capacity through both the provision of midlevel staff and Community Connect electronic medical records, and continue providing laboratory services at no cost to clinic patients
- Create community-based partnerships to better address underlying mental health needs of our patients and the overall community
- Create a resource guide of mental health resources along with information to help community members self-identify potential mental health issues, such as depression and substance abuse
- Work to eliminate certain socioeconomic barriers to accessing appropriate care, including transportation, through the strengthening of current community-based partnerships
- Continue to provide financial assistance to qualifying low-income, uninsured patients
- Translate relevant materials, including information about financial assistance, into appropriate languages

Reduced preventable readmissions and emergency department re-encounters

Piedmont Henry Hospital is committed to helping low-income community members access necessary and appropriate care in the right setting. Over the next three years, we will do this through a multi-faceted approach:
• Utilize the emergency department care coordination program to help curb preventable emergency department reencounters, particularly around ambulatory-care sensitive conditions
• Develop a patient care self-management program that focuses on three primary areas:
  • Emergency department and admission discharge planning, including special consideration for those with limited health literacy
  • Medication management, including the connection of patients to appropriate prescription assistance programs and the provisions of relevant durable medical equipment, such as glucose monitors
  • Post-emergency department or admission follow-up to ensure continued good health
• Create a gatekeeper program, which will allow the hospital to provide health-specific information to those who come in contact with members of more vulnerable communities, including volunteers delivering meals to elderly populations
• Translate relevant educational materials into appropriate languages

Reduced incidences of preventable heart disease and stroke
Piedmont Henry Hospital is committed to helping community members achieve and maintain a healthy weight. Over the next three years, we will do this through a multi-faceted approach:

• Create the Healthy Henry program as to foster independent, healthy lifestyles in families that live in high risk areas of Henry County. The hospital will act as lead convener of a group of relevant community groups. The program is composed of four components:
  • Assessment: relevant medical screenings and result-appropriate counseling and education
  • Nutrition: education and assistance in the cultivation of a healthy community garden and preparation of a low budget healthy plate
  • Exercise: promotion of a multi-sector walking initiative
  • Monitoring: continual review of health status and indicators, including annual health screenings
• Create and execute relevant public service announcements and health education aimed at the general population
• Provide in-hospital education efforts targeted at high-risk populations
• Continue of community-based health screenings aimed at identifying at-risk and diagnosable heart disease and stroke risk factors with appropriate follow-up care
• Translate relevant educational materials into appropriate languages

Reduced rates of teen birth rates and increased access to prenatal care
Piedmont Henry Hospital is committed to helping prevent teen pregnancy by utilizing the opportunities we have as health providers through our prenatal care clinic. Over the next three years, we will do this through a multi-faceted approach:

• Continue to provide free and reduced-cost prenatal care to qualifying women, including teen mothers
• Promote and support a healthy lifestyle through health care, and education and a linkage to the Healthy Henry program
• Conduct an overall health assessment with appropriate and sustainable care plans, including connection to an appropriate medical home
• Educate teen moms about health and the aspects of a healthy lifestyle and healthy behavioral choices, tailored to each mom and specific to her risk factors
• Form peer support groups facilitated by a trained worker, with language and culture of the moms considered in the formation of the groups
• Link teen moms to programs addressing socioeconomic barriers, and promotion of activities to overcome these barriers (such as completing high school or obtaining a GED)
Next steps for priorities
For each of the priority areas listed above, Piedmont Henry Hospital will work with community partners to:

- Identify any related activities being conducted by others in the community that could be built upon
- Align relevant budgets with implementation plan end goals, and seek grant funding, when possible
- Develop measurable goals and objectives so that the effectiveness of their efforts can be measured
- Sync work with system initiatives, as to ensure consistent messaging and to utilize system resources
- Build support for the initiatives within the community and among other health care providers
- Develop detailed work plans

Additionally, we will continue to support our core community benefit programs, including the provision of financial assistance for low-income, uninsured patients; breast cancer screenings and education; health professions education, including nursing students and physicians; research aimed at information that would benefit the whole community; family health and safety education conducted in community settings; referrals to community services; workforce development; lactation counseling; smoking cessation classes and assistance; community-based health education programs and health screenings; and, prescription assistance.

Implementation, oversight and execution
Piedmont Henry Hospital has initiated the development of implementation strategies for each health priority identified by the community health needs assessment conducted in Fiscal Year 2013. This implementation plan will be executed over the next three fiscal years, and will contain measures to monitor and evaluate program effects in order to ensure that our programs are making a difference in our communities.

How the assessment was conducted
The assessment process was initiated by Piedmont Henry Hospital and was conducted in partnership with the Henry County Government, Henry County Health Department, Henry County Sheriff’s Office, Henry County Board of Education and Henry County Chamber of Commerce. Other municipal entities, care providers and other key stakeholders were invited to participate. To ensure input from persons with broad knowledge of the community, notices of all meetings were announced in the local paper, and personal invitations were sent to organizations representing a wide breadth of community members. More than 100 community members and key stakeholders living in Henry County actively participated in the process.

Hospital and system staff reviewed publicly available health and socioeconomic data, and the main sources of that data was the Georgia Department of Public Health, US Health and Human Services’ Community Health Status Indicators, County Health Rankings, Georgia Online Analytical Statistical Information System (OASIS), hospital discharge and emergency department data and other relevant sources. Primary data collection involved a three-step approach: surveys, focus groups and community meetings. A paper version of the community health survey was made available in 61 county-based locations as well as the hospital’s website. All responses to the survey were aggregated, analyzed and interpreted by a faculty member of the Georgia Southern University’s Jiann-Ping Hsu College of Public Health.

Eight focus groups representing different facets (both broad and specific) of the community were held to receive further community input. Focus groups were facilitated by a faculty member of Mercer University, who also analyzed and documented the findings. Hospital and community partners then met with a Georgia Southern University Public Health faculty member to discuss emerging trends (as well as the top causes of death) and prioritization of identified needs.

In January 2013, hospital staff and community members learned about the results of the assessment, and brainstormed on ways to address identified health priorities, and particularly the priorities of access to care (including mental health and specialty care) and teen birth rates. Community members shared their personal experiences and suggested program ideas and partnerships that could help to address that topic in the community, including edu-
cational campaigns, interventional efforts and increased support of the Hands of Hope Clinic.

In February 2013, Piedmont Henry held a public meeting at the Henry County Extension Service for community members to convene and discuss community health topics. The meeting was an open discussion around addressing the identified priorities in the community. Topics discussed in the meeting included difficulty with transportation, barriers to specialty care, access to prescriptions, mental health awareness, teen pregnancy, community role models, prenatal care and patient navigators. Some common themes emerged from the community benefits town hall discussion, including the need for increased communication around available health resources in the community, the need for strong community partnerships to share resources, and the need for health education programs targeting children.

The Piedmont Henry Hospital board of directors and executive leadership has been actively informed throughout this process as well, and both board members and executive leadership have participated in community meetings.

**Approval**
The Piedmont Henry Hospital Board of Directors approved this community health needs assessment and implementation plan to address identified health issues through a unanimous vote on April 22, 2013.