Community rankings

In 2018 and in comparison with the other 159 Georgia counties, the University of Wisconsin's County Health Rankings placed Fayette County:

- **4th for health outcomes,** which includes indicators for mortality and morbidity for all its community members
- **5th in length of life**, with an estimated 5,400 years of life lost by all community members due to health factors, far less than the state average of 7,500.
- **4th for quality of life**, with indicators for health, poor physical health days, poor mental health days and low birth weight rates better than state averages.
- **5th for healthy behaviors**, with better than average rates of smoking, physical inactivity, excessive drinking, motor vehicle crashes and teen births, and very low rates of sexually transmitted diseases.
- **2nd for clinical care**, with better than average uninsured rates, diabetes monitoring and preventable hospital stays.
- **3rd for social and economic factors**, with better than average rates of violent crime, children in single-parent households, unemployment and children living in poverty.
- **144th for physical environment**, with rates below the state average for long commutes and drinking water violations.

Overall, Fayette County ranks in the very top percentile in all but one category, physical environment, and showed a marked improvement in all health-related indicators since our last CHNA in 2016.

Mortality

In Fayette County, like with the rest of Georgia, heart disease is the number one cause of both age-adjusted and premature death, and this holds true for all races. Age-adjusted allows communities with different age structures to be compared. Premature death is when death happens before the average age for a given community.

Ranking	Age-adjusted death rate, in aggregate, 2013 to 2017
1	Ischemic heart and vascular disease
2	Mental and behavioral disorders
3	Cerebrovascular disease
4	Alzheimer’s Disease
5	All COPD except asthma
6	Trachea, bronchus and lung cancer
7	Primary hypertension and hypertensive renal and heart disease
8	Diabetes
9	Nephritis, nephrotic syndrome and nephrosis
10	All other diseases of the nervous system

Suicide was the top cause of premature death in Fayette County between 2013 and 2017, with a total staggering 1,838 community members that took their own lives. Heart disease was the second leading cause of premature death and accidental poisoning the third. Breast, lung and colon cancers were the sixth, seventh and tenth leading causes of death between 2013 and 2017, respectively.

Most indicators for premature death are related to unhealthy behaviors and mental health, and indicate a need for further community-based interventions for high-risk community members, including efforts to curb tobacco use and resources for those struggling with depression, anxiety and other mental health issues.

Health factors

Access to care

- There were no designated health professional shortage areas in the community in 2016, meaning that all communities are considered to have adequate access to a physician.
- The same holds true for dental care. There were 94 dentists for every 100,000 people in 2015, a figure above average and national rates.
- It's important to note, though, that adequate providers does not necessarily mean full access to care for all community members (see sidebar).
- Throughout Georgia, more than a fifth of all women and a third of all men report having no personal doctor or health home. This was particularly true for minorities, whose rates of not having a doctor are much higher than that of their white counterparts.

Health status

- Community members have reported an average 3.2 and 3.3 poor or fair physical and mental health days, respectively, and a total 13 percent of Fayette County residents reported their health as poor or fair. All three indicators have worsened since our last CHNA.
- Statewide, race matters when it comes to poor health status. Approximately 26 percent of Hispanics reported being in poor health in 2017, as compared to their white and African-American counterparts (18 percent and 19 percent, respectively). Information on other races was not available.

Quality and length of life

- Preventable hospital stays among Medicare enrollees significantly decreased over the last few years, from 51 preventable stays per 1,000 enrollees in 2007 to 38 preventable stays in 2015.
- Medicare enrollees tend to receive proper health screenings, with overall rates above state and national averages.
- Nine percent of the population lived with at least one disability in 2017, which was lower than the state average of 12 percent. The highest concentration of disabled populations in the southern part of the county.
- The infant mortality rate in Fayette County is far less than state and national averages, at 4.8 infant deaths per every 1,000 births in 2017.
    - That year, 7 percent of all babies born were at a low birth weight, and with African American infants most likely to be born at a low birth weight.

In Fayette County, **7 percent of the total population was uninsured in 2017, and 10 percent of the adult population was uninsured that year.** People without insurance coverage have less access to care than people who are insured. Statewide, in 2017, one in five uninsured adults went without needed medical care due to cost. Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.

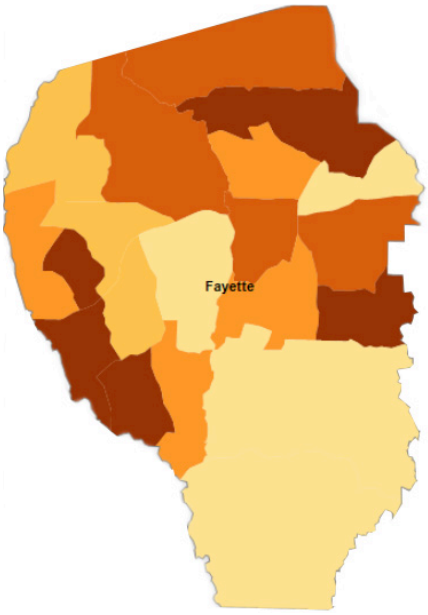
Additionally, these patients are less likely to be able to afford necessary medicine and ongoing chronic condition management. Lower-income patients are more likely to have increased health issues due to social determinants of health.

There are two charitable clinics in Fayette County: the Fayette C.A.R.E. Clinic and the Healing Bridge Clinic. Both serve low-income uninsured patients, and Piedmont Fayette actively partners with both to support their work, including the provision of free lab services and funds for programs. Piedmont and the Fayette C.A.R.E. Clinic share electronic medical records.

There is no Federally Qualified Health Center (FQHC) in Fayette County. 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.

Heart disease

The number one cause of age-adjusted deaths and premature deaths for both men and women each year between 2013 and 2017 in Fayette County was ischemic heart and vascular disease. During that time, 1,674 people died from this disease.



To the left is a breakdown of premature deaths related to ischemic heart and vascular disease by census tract within the county between 2013 and 2017. The darker the color, the more prevalent the issue. This allows us to see exactly where we have the most instances so we can more directly target interventions to this community in the future.

The prevalence of heart disease in the United States is expected to rise 10% between 2010 and 2030. This change in the trajectory of cardiovascular burden is the result not only of an aging population but also of a dramatic rise over the past 25 years in obesity and the hypertension, diabetes and physical inactivity that accompany weight gain. Extensive research from the American Heart Association has also demonstrated a strong correlation between social determinants of health (SDHs) and heart disease. Issues related to SDHs include higher rates of smoking, obesity, lack of physical activity and poor diets, all key contributors to heart disease.

Stroke

Between 2013 and 2017, 228 Fayette County community members died from stroke, making it the 3rd leading cause of age-adjusted death. This equals a death rate of 35 people per every 100,000 people. This is higher than both state and national averages.

Stroke can be caused from several reasons, including a blocked artery, high blood pressure, diabetes, high cholesterol, certain heart conditions, obesity and unhealthy lifestyle choices. While stroke impacts all patients, like with most health measures, the lower income and less educated a person is, the more likely he or she is to experience more severe repercussions, such as death, for several reasons, including limited health literacy, difficulty affording care and necessary prescriptions and unhealthy behaviors.

Diabetes

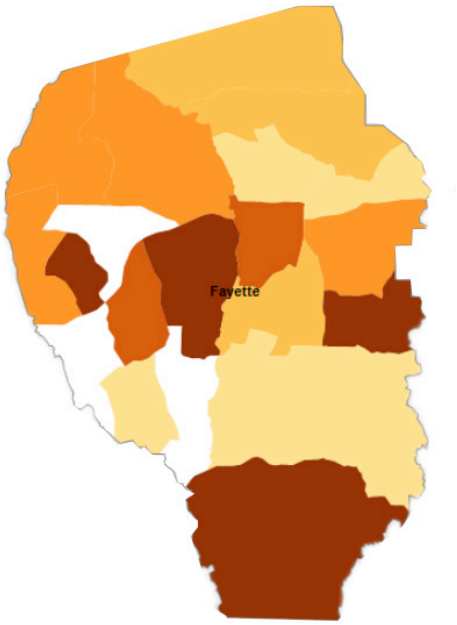
Approximately 11 percent of adults lived with diabetes in Fayette County in 2015, a figure relatively in line with state and national averages (11 percent and 9 percent, respectively). In 2015, 24 percent of Medicare beneficiaries lived with diabetes. The numbers may be higher for Medicare beneficiaries because that population is more likely to be tested routinely for the disease.

In Georgia, individuals with less education are more likely to have diabetes. In 2017, Georgians who did not graduate high school were more than twice as likely to be diagnosed with the disease than Georgians with a college diploma. The same holds true for lower incomes versus higher incomes. According to the CDC, in 2017, the highest percentage of Georgians with diabetes had not graduated high school and earned less than $25,000.

Cancer

Cancer continues to have a devastating impact in Fayette County. In 2017 alone, 162 people died from cancer. Of those, lung cancer kills the most Fayette County members.

To the right is a map of lung cancer deaths by census tract between 2013 and 2017. The darker the color, the more deaths that occurred in that area of the county.



Breast cancer ranked 11th in age-adjusted death, and colon, rectum and anal cancers ranked 13th between 2013 and 2017. Overall, breast cancer death rates have declined over the last several years, but so has prevention. In 2015, only 69 percent of Medicare enrollees said they had a mammogram sometime within the previous two years, a figure down by about 10% from three years previous.

Rates of new breast cancer diagnoses rates are high at 143.6 per every 100,000 residents, a figure high above the state and national average of 125 per every 100,000 residents. African Americans are more likely to be diagnosed with the disease than whites.

Cancer and health equity

Both in the U.S. and throughout Georgia, the gap in the cancer rates widens between racial and socioeconomic groups, particularly in preventable cancers. For example, according to the American Cancer Society:

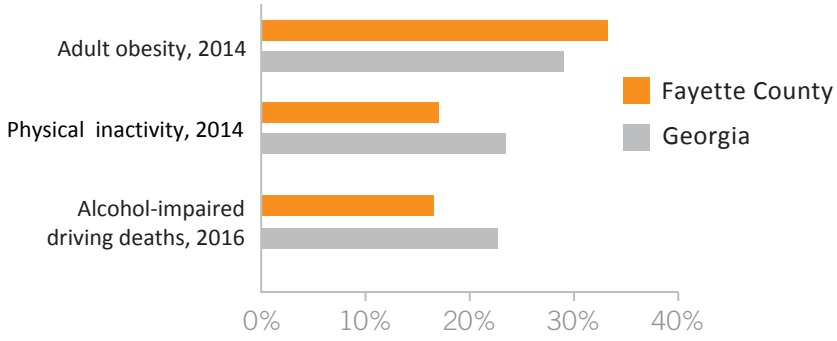
- Deaths from some cancers, mostly related to obesity and tobacco use, continue to rise among low-income populations.
- Poor women have twice as many deaths from cervical cancer than affluent women.
- Lung and liver cancer mortality is more than 40 percent higher in poor men compared to affluent men.
- White females in Georgia are 8 percent more likely than black females to be diagnosed with cancer.
- Black males in Georgia are 8 percent more likely than white males to be diagnosed with cancer, and black males are 25 percent more likely than white males to die from cancer.
- Cancer survivors carry greater financial burdens related to medical debt payments and bills vs patients without a cancer history, and younger survivors face the greatest hardships.

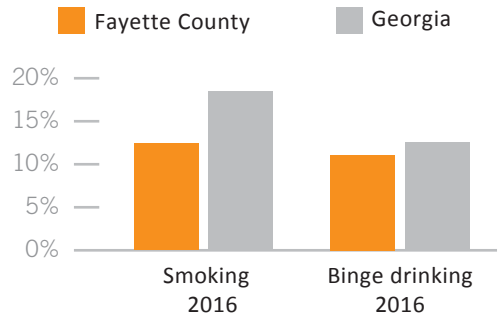
Unhealthy behaviors, such as tobacco use, poor diet, physical inactivity and obesity, continue to heavily contribute to cancer rates and tend to disproportionately impact low-income populations. For example, although overall smoking rates have declined statewide, high rates still persist among lower educated, lower income populations. Also, low income populations tend to have less access to healthy foods.

Additionally, this population is far less likely than the rest of the community to have a primary care physician, and receive annual testing and preventative care, including cancer screenings. They are statistically more likely to be diagnosed due to hospitalization or an emergency department visit once the disease has progressed, meaning their condition is generally far more advanced and will require significant intervention. When dealing with cancer, this could translate to a diagnosis at a later stage and a worse prognosis. In other words, it could mean life or death for the patient.

Healthy behaviors

While poor health and chronic conditions are caused by a number of factors, a key contributor is healthy behaviors. All years below are for the latest time frame for which data was available.





- **Chronic obstructive pulmonary disease was the 5th leading cause of age-adjusted death between 2013 and 2017.** The most common cause of the disease is smoking.
- **Obesity rates are higher than state and national averages in Fayette County,** and contributes to a number of diseases, including heart disease, stroke and diabetes.
- Smoking rates are much lower than the state average, as is binge drinking.
- **Long commutes are also higher in Fayette County than in the rest of the state - 13 percent drove more than 30 minutes to work in 2016, and most drive alone.** A 2017 study showed that those with long commutes tend to be more depressed, have more work-related stress, get less sleep and are more likely to be obese.
- The violent crime rate was 80.1 per every 100,000 county residents, a figure significantly less than the state average of 378 and 380 per every 100,000 residents.

Mental health

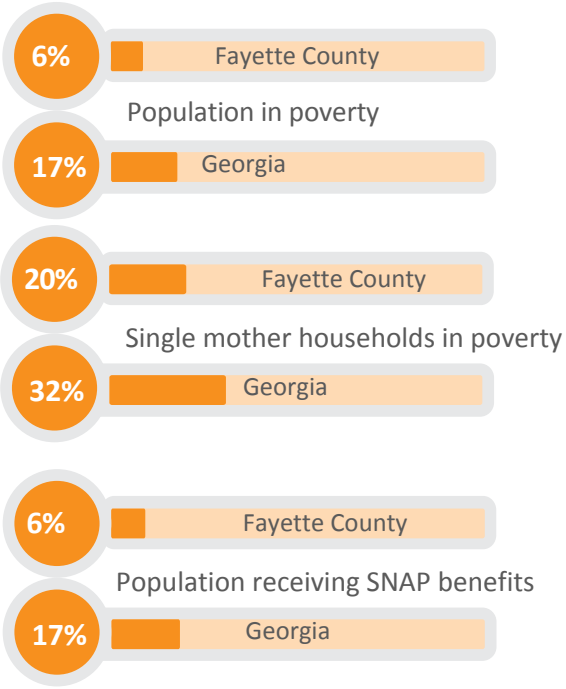
- **Mental health and behavioral disorders was the 2nd leading cause of death for all county residents between 2013 and 2017.**
- **Suicide was the top cause of premature deaths for whites between 2013 and 2017.** It was most common among males aged 25 to 34 years of age.
- There was one mental health providers for every 634 residents in the county in 2017, a rate better than the state and national averages of one provider for every 813 and 493 residents, respectively.

Opioid and substance abuse

- **Opioid prescriptions are a significant issue in the Fayette County community**, with a total 79.2 opioid prescriptions written per every 100 people in 2017. **Fayette is above both state and national averages of 70.9 and 58.7 per every 100 people, respectively.** Please note we aren't able to tell how many prescriptions were written to a single person. We only know the overall figure, meaning a single person could have several prescriptions.
- **Statewide, the age-adjusted opioid death rate was 9.7 per every 100,000 people,** a 10 percent change in rate from 2016. This shows the issue is only continuing to worsen.
- **There were 14 total deaths from all drug overdoses in Fayette County,** which is a 50 percent increase from 2007.

Social determinants of health

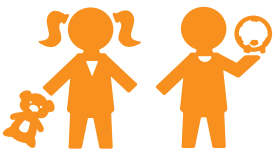
As defined by the World Health Organization, social determinants of health (SDHs) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Included among these is economic stability, housing stability, food security, adequate income to pay for core services such as utilities, literacy, access to healthy food, access to safe recreational spaces, access to health care and access to services in languages the person understands. SDHs often carry negative health impacts, including increased risk of mortality, poor health, and increased cardiovascular disease risks.



- **26 percent of those living in poverty in the county did not graduate high school in the 2015-2016 school year.**
- For the 2015-2016 school year, the graduation rate was 94 percent, much higher than the state average of 82 percent. That said, **about 16 percent of the county's adult population does not have a high school diploma, a significant figure.**
- In 2016, **38 percent of the population had limited access to healthy foods and a 17 percent have no access to healthy foods.** These patients live in what's called a food desert, meaning there is no food outlet with healthy food options, such as produce, within a reasonably short travel time.
- **There were 102 fast food restaurants in Fayette County in 2019,** a figure that's much higher, per capita, than state and national averages.
- **25 percent of households had housing costs that exceeded more than 30 percent of total household income in 2017**, indicating a cost burdened household more likely to face overall financial difficulty.

Families and children

- 56 percent of children read at a proficient level in 4th grade testing, a statistic better than state and national averages.
- **26 percent of children qualified for free or reduced cost lunch in the 2015-2016 school year,** a statistic that represents poverty and food instability. Fayette County is less than half of the 2017 state average of 62 percent.
- **For every 1,000 teen girls aged 15 to 18 in Fayette County, 12 gave birth to a child** on average each year between 2010 and 2016. Children born to teen mothers are statistically much more likely to experience adverse health and socioeconomic issues as they grow older. Additionally, this impacts minorities more than their white counterparts. In Fayette, African American and Hispanic or Latina teen birth rates were 15.2 and 35.8 teen births per every 1,000 teen women, respectively.

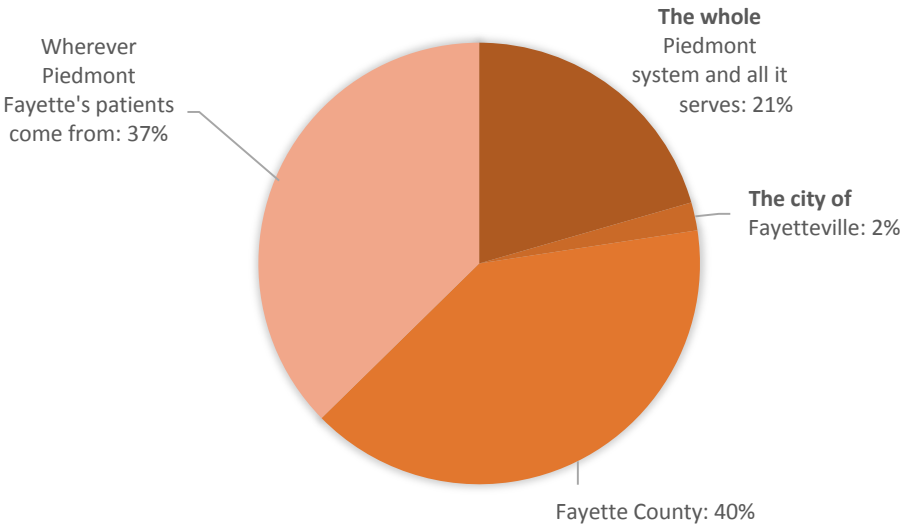


8% of children in Fayette County lived in poverty in 2017, a figure that has steadily gotten worse over the last ten years. Poor children are statistically less likely to graduate high school or complete college. They are nearly twice as likely to become poor adults and, should they have children, continue a circle of poverty that's difficult to break. These children are also more likely to experience dental issues, anxiety problems and higher rates of accidental injury.

PFH stakeholder survey

In December 2018 and December 2019, 41 key stakeholders within the Piedmont Fayette community provided their thoughts on community health, community assets and the role of the hospital in addressing unmet community health needs via a web survey. Below are the results of that survey.

How would you best define Piedmont Fayette's community?



What do you think are the most pressing health problems in the community?

Top ten answers for very important, out of 25 potential interventions:

1. Cost of health care
2. Mental health
3. Ability to pay for care
4. Lack of health insurance
5. Drug abuse - prescription medications
6. Lack of transportation to health care services
7. Cancer
8. Access to health care services
9. Heart disease
10. Dementia/Alzheimer's disease

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

Top ten answers:

1. No insurance and unable to pay for the care
2. Unable to pay co-pays and deductibles
3. Transportation
4. Fear
5. Language barriers
6. Cultural and/or religious beliefs
7. Don't know how to find doctors
8. Don't understand the need to see a doctor
9. Unable to use technology to help schedule appointments, find the doctor, etc.
10. Lack of availability of doctors

PFH stakeholder survey (continued)

How important are the following actions in improving the health of Piedmont Fayette's community?

Top 10 answers ranked "most important":

1. Access to health care services
2. Access to low-cost mental health services
3. Access to dental care services
4. Access to local inpatient behavioral health facilities
5. Additional access points to affordable care within the community
6. Local outpatient mental health services
7. Free or affordable health screenings
8. Expanded access to specialty physicians
9. Safe plays to walk/play
10. Affordable healthy foods

Q What is your vision for a healthy community?

Some answers:

"Ensuring that every member of the community has equal access to healthcare and that all"

healthcare is equally helpful"

"More free clinics for preventive medicine"

"Increased local access to specialty services, focus on healthy food and physical exercise"

"Expand access to those who need it most, poor community, low wage families"

"Having information on problems/issued affecting our community and an ability to address those problems when they arise"

"A community that insures access to medical services for those facing transportation and financial barriers to the services"

"Developing a transportation system that will meet the rural needs"

"Lots of walk/play opportunities"

"Continued expansion of hospital based services"

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

Some answers:

"Transportation for seniors to medical appointments"

"Health care cost"
"Lack of affordable access to mental health services"

"Access to affordable health care and resources necessary to address issues related to maintaining ongoing relationships with health care providers"

"Opioid addiction"

"Obesity"

"Cost of insurance for young adults"

"Developing a one stop shop that will provide the basis services and be the gate referral point to other services"

"Lack forums to bring awareness to the community"

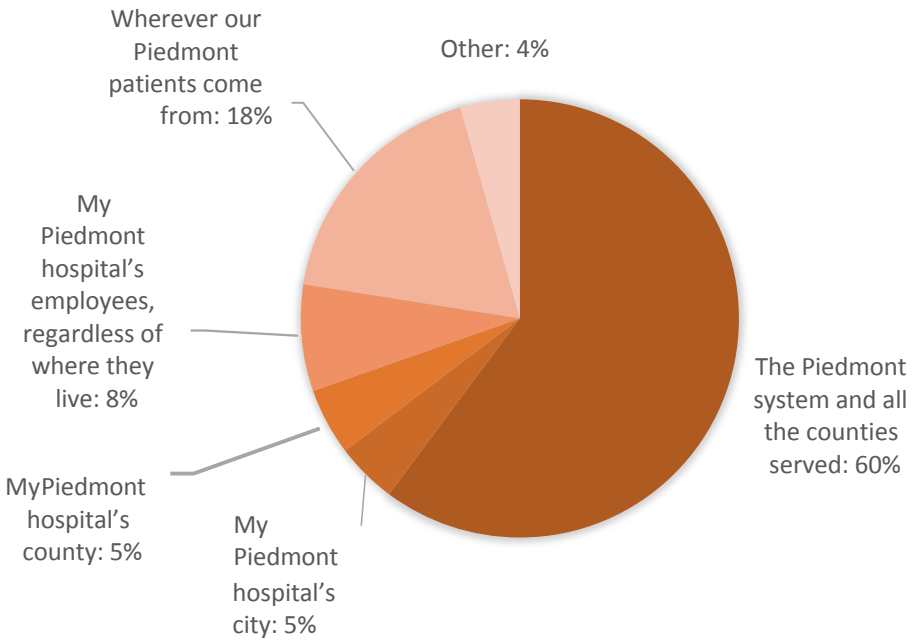
"Obtaining health insurance"

"Drug and alcohol misuse"

PHC EMPLOYEE SURVEY

Sixty-three Piedmont Fayette employees completed the internal survey for this assessment. Questions focused on issues facing community members and the hospital's role in addressing those issues. Below are the results from all who answered the surveyed throughout the system, which had a total 897 responses.

How would you best define Piedmont's community?



What do you think are the most pressing health problems in Piedmont's community?

Top ten answers:

1. Ability to pay for care
2. Lack of health insurance
3. Cost of health care
4. Mental health
5. Prescription medicine too expensive
6. Lack of transportation to health care services
7. Drug abuse - prescription medications
8. Cancer
9. Obesity in adults
10. Lack of supportive services for patients

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

Top ten answers:

1. No insurance and unable to pay for the care
2. Unable to pay co-pays/deductibles
3. Transportation
4. Fear (e.g., not ready to face/discuss health problem)
5. Don't understand the need to see a doctor
6. Unable to use technology to help schedule appointments, find the doctor, etc.
7. Don't know how to find doctors
8. Language barriers
9. Lack of availability of doctors
10. Cultural/religious beliefs

How important are the following actions in improving the health of Piedmont's communities?

Top 20 answers ranked most important:

1. Access to low-cost mental health services
2. Access to local inpatient behavioral health facilities
3. Free or affordable health screenings
4. Local outpatient mental health services
5. Additional access points to affordable care
6. Financial assistance for those who qualify
7. Expanded access to specialty physicians
8. Affordable healthy food
9. Services to help physically or developmentally disabled children and adults
10. Safe places to walk/play
11. Community-based health education
12. Community-based health programs
13. Cancer awareness and prevention campaigns
14. Increased social services for patients
15. Opioid awareness and prevention campaigns
16. Transportation for care
17. Substance abuse rehabilitation services
18. Programs and resources to address SDHs
19. Access to dental care services
20. Partnerships with local charitable clinics

Q What do you think works well in how Piedmont supports its community?

Answers centered on the following themes:

Health education

Financial assistance program

Support for local charitable services and community partnerships

The Cancer Wellness Program

Continued growth with beds and services

The Walk with a Doc program

Sixty Plus Program

Giving Epic to local clinics

Care coordination services

Breast feeding training for new moms

Q What do you think is missing in how Piedmont works with the community?

Answers centered on the following themes:

More Piedmont-sponsored low-cost clinics

More visible community involvement, especially with minorities

More outreach and free services for preventative care

Increased access to specialty physicians

More attention to mental health

More attention to opioid and substance abuse

Screenings that are free for community members, especially for cancers

A better system for referring patients to the services they need that are outside the hospital

PHC stakeholder interviews

As a part of our process, we interviewed 31 statewide key stakeholders and policy makers that represent public health, low-income populations, minorities, chronic conditions, older adults and lawmakers. These interviews were conducted for people representing the entire region, including Fayette County. Answers carried certain themes. Below is a summary of comments.

Affordability and access

- Health insurance coverage was identified among almost every interviewee as a key pressing health need, and 84% of interviewees felt the hospitals could play a larger role in promoting public policies that could expand coverage (such as Medicaid eligibility expansion) or in promoting local activities to encourage enrollment in existing programs.
- Some interviewees suggested programs such as expanded scope of service for nurse practitioners and physician assistants could broaden access to affordable care, as well as the expanded use of telehealth.
- Each interviewee cited the role that Federally Qualified Health Centers (FQHCs) and low-cost clinics currently play in addressing the needs of uninsured patients, and all encouraged further investment in these organizations through the provision of free labs and imagery and shared Electronic Medical Records (EMRs).
    - This is an area where Piedmont has already made significant gains, as most all hospitals currently have a clinic partner and, as of this report, two have full access to our EMRs and a third has read-only rights. This is an area to continue to explore.
- Several interviewees noted the need for increased access to follow up and specialty care for all patients. One patient advocate interviewee stated she fielded questions daily from publicly insured patients who didn't understand how their network worked and uninsured patients who were directed to follow up with a specialist but didn't know who would take them.
- Affordability is a barrier, as many private physicians do not provide financial assistance. As one interviewee stated: **"The patient then just decides they can't get to that specialist and, most likely, their condition gets worse and they are back in the emergency department, sicker and needing even more care now."**
- Almost every interviewee noted transportation issues as a key barrier to access, particularly for older adults and those who are disabled.

Local investment and care coordination

- Most interviewees stated a need for stronger hospital intervention and investment in local communities. While most acknowledged the positive role Piedmont hospitals currently play in the community, some were critical of how Piedmont handles patients and programs that don't pay well.
- Several interviewees noted the need for Piedmont hospitals, including Piedmont Fayette, to better coordinate with surrounding rural communities, including the expansion of primary and specialty care physicians into underserved areas, perhaps through the use of telehealth.

Mental and behavioral health

- Lack of access to behavioral health services also has a huge impact on community health. Key informants recommended training a cross-section of professionals to recognize the role of behavioral health in diagnoses and make appropriate referrals.
- Interviewees also stated a need for hospital investment in substance abuse, addiction and prevention services, including its own approach to issues like opioid prescriptions, due to the health impacts addiction have on patients.

PHC stakeholder interviews (continued)

Social determinants and root causes of poor health

- All interviewees discussed the role of social determinants of health (SDHs) as a critical issue Piedmont is well-positioned to address. As one interviewee stated: **"Piedmont is... in a great position to create programs and referral systems to help address the underlying issues that many patients face. Piedmont could lead all hospitals in this space."**
- Some interviewees noted that SDHs are issues that impact everyone, and are a key cost driver due to the role SDHs play in preventing people from staying well.
- Most interviewees felt that the issues facing our community members were not just solely the responsibility of the hospital, but all acknowledged the outsized role hospitals can play in triggering and sustaining long-term positive change, particularly when working in partnerships with others in the community.

CHNA approval

This community health needs assessment was unanimously approved by the Piedmont Fayette Hospital Board of Directors on May 08, 2019. The CHNA implementation strategy was approved November 13, 2019.

Methodology

The Piedmont Fayette CHNA was led by the Piedmont Healthcare community benefits team, with significant input and direction from Piedmont Fayette leadership, including the Executive Director of Patient Services, and the Piedmont Fayette Board of Directors, who provided input on the assessment at their March 13, 2019, board meeting.

Process

The CHNA started first with a definition of our community. We looked at our entire Piedmont Healthcare service region, which spans the majority of the state. We paid particular attention to the home counties of our hospitals, which is reflected in the individual hospital CHNAs, including this one, due to the impact of our tax-exempt status. Generally, nonprofit hospitals do not pay four types of taxes: property, state and local income, sales and use, and bond financing. Of these, property taxes make up the largest segment of a hospital's tax exemption – about one-quarter. Because of this, we want to ensure that we are providing commiserate benefit to our local community. Additionally, we take into consideration patient origin, and especially that of our lower-income patients, such as those who qualify for financial assistance or receive insurance coverage through Medicaid. While this report focuses on Fayette County, we will consider other communities -- including nearby Clayton County -- when determining our strategies.

Once we established our primary community, we then conducted an analysis of available public health data. This included resources from: US Census, US Health and Human Services' Community Health Status Indicators, US Department of Agriculture, Economic Research Service, National Center for Education Statistics, Kaiser Family Foundation's State Health Facts, American Heart Association, County Health Rankings and Georgia Online Analytical Statistical Information System (OASIS). All figures are for 2017, unless otherwise noted. Health indicators are estimates provided by County Health Rankings and hospital data was provided by the hospital.

From there, 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. The Piedmont Healthcare board of directors and leadership from all 11 hospitals were actively informed and engaged throughout this process.

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. Nearly 900 employees spanning the system responded. Additionally, we conducted a community-based survey in which local stakeholders were asked their thoughts on unmet community health needs and the hospital's role in addressing those needs. These stakeholders included local leaders, nonprofit representatives, elected officials and those with a unique knowledge of the challenges vulnerable populations face. Finally, we conducted direct interviews with 31 state and regional stakeholders and policymakers, with each representing a specific group that tends to be adversely impacted by issues of health equity. These groups included but are not limited to: Georgians for a Healthy Future, Georgia Watch, ConsiderHealth, the Community Foundation for Greater Atlanta, the Georgia Charitable Care Network, the Medical Association of Georgia and Healthy Mothers, Healthy Babies.

How we determined our priorities

Several key community health needs emerged during the assessment process. The chosen priorities to be addressed 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.

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. While the priorities reflect clinical access and certain conditions, all priorities will be viewed through the lens of health disparities, with particular attention paid to improving outcomes for those most vulnerable due to income and race.

About community benefit

Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. These programs increase access to health care and improve community health, with a focus on vulnerable populations, such as those that are low-income, uninsured, underinsured, those with chronic conditions, the disabled, the elderly and any others who face additional barriers and health inequity. This CHNA will guide our work.