Community Health Needs Assessment
Fiscal Year 2019

Piedmont NEWNAN

As a designated 501(c)(3) nonprofit hospital, Piedmont Newnan Hospital is required by the Internal Revenue System to provide to conduct a triennial community health needs assessment (CHNA), in accordance with regulations put forth by the IRS pursuant to the 2010 Patient Protection and Affordable Care Act (ACA). In its simplest definition, 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 accomplished 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.

Key findings

- People tend to lead longer lives in Coweta County, with a rate of 6,300 years of potential life lost, as compared to the state rate of 7,500.
- Rates of preventable hospital stays among Medicare enrollees were better than both state and national averages.
- Rates of infant mortality, low birth weight and teen births are better than state and national averages.
- Diabetes rates have remained steady, though are still high at one in ten county residents having the disease.
- Heart disease, stroke and lung cancer continue to pose detrimental risks to county residents.
- Healthy behaviors are an issue in Coweta County, especially in regards to alcohol and substance use. Like with most of the state, opioid use is a critical issue.
- Health disparities are significant, and social determinants of health create serious inequities that translate to worse health outcomes.
- There is a noted lack of both mental and dental health care providers.

2020, 2021 and 2022 health priorities

A key component of the CHNA is to identify the top health priorities we'll address over fiscal years 2020, 2021 and 2022. These priorities will guide our community benefit work. They are, in no order:

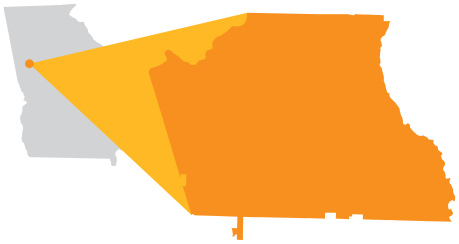
- Increase access to appropriate and affordable health and mental care for all community members, and especially those who are low income and/or uninsured
- Decrease deaths from all cancers, with a focus on lung cancer and breast cancer
- Reduce opioid and related substance abuse and overdose deaths
- Reduce instances of and deaths from heart disease
- Reduce preventable instances of diabetes and increase access to care for those living with the disease
- Reduce rates of obesity and increase access to healthy foods and recreational activities

With each priority, we will work to achieve greater health equity by reducing the impact of poverty and other socioeconomic indicators. When possible, we will work to address other issues that arose during the CHNA, such as COPD and Alzheimer's Disease, even though those are not listed in the above priority list. You can find more detail on how priorities were chosen are on page 15.

Community snapshot

OUR COMMUNITY

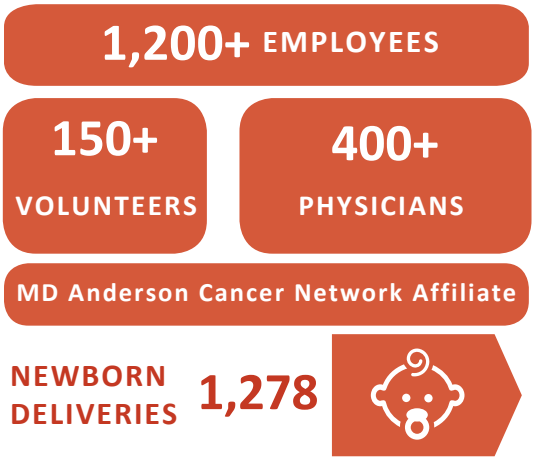
While we serve patients from many parts of Georgia, for the purposes of this CHNA, we only examined the hospital's home county of Coweta County.

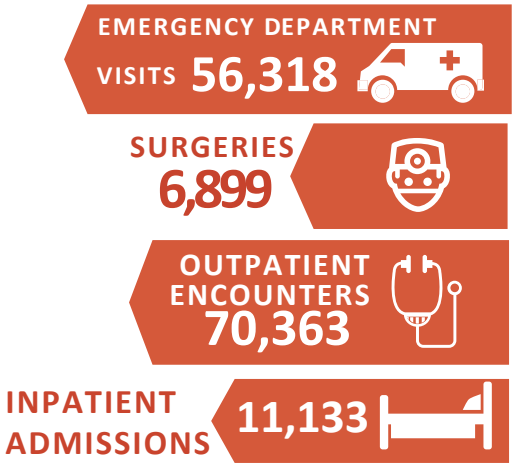


- In 2017, approximately 138,015 people lived in Coweta County's 440.92 square miles. Three-fourths of the population was white and the majority lived in a urban community. The county skews slightly female. The median age is 38.
- Coweta is also growing. Between 2000 and 2010, the county grew by about 43%. Hispanic or Latino populations alone grew by 204% during that time.
- In 2017, the median household income was $60,856, much higher than both state and national averages.
- Most people owned their homes in Coweta County -about 73% in 2017, a rate much higher than state and national averages.
- Of the total county population, 66,983 were employed at least a majority of 2017.
- In 2017, the top industries for employed residents were, in order: manufacturing, retail, transportation and warehousing, health care and social assistance, and educational services.
- 3% of adults were unemployed in 2018, a figure that's a percentage point better than state and national averages.
- There were 9,732 veterans living in Coweta County in 2017. Seventy-five percent of veterans were white, 15% lived with a disability and 13% lived below poverty. Most were non-elderly adults.

Key hospital stats

Piedmont Newnan Hospital is a 136-bed, acute-care, community hospital in Newnan, Georgia. Piedmont Newnan is a cornerstone of wellness as the only acute-care facility in Coweta County. Since joining Piedmont Healthcare in 2007, the hospital generated more than $1 billion in revenue for the local and state economy in the first five years, while at the same time providing nearly $44 million in uncompensated care. As a not-for-profit organization, hospital earnings go directly back into maintaining and improving services and facilities, and to educational outreach.





Community rankings

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

- **10th for health outcomes,** which includes positive indicators for mortality and morbidity for all its community members.
- **12th in length of life**, with an estimated 6,300 years of life lost by all community members due to health factors, far less than the state average of 7,500.
- **14th for quality of life**, with indicators for overall health, poor physical health days, poor mental health days and low birth weight rates better than state averages.
- **18th for healthy behaviors**, with slightly better than average rates of smoking, physical inactivity, excessive drinking, motor vehicle crashes and teen births, and very low rates of sexually transmitted diseases.
- **18th for clinical care**, with better than average uninsured rates and preventable hospital stays, though relatively poor ratios of clinicians to residents.
- **24th for social and economic factors**, with better than average rates of violent crime, injury deaths, children in single-parent households, unemployment and children living in poverty.
- **85th for physical environment**, with rates worse than the state average for long commutes and access to recreational facilities.

With the exception for physical environment, Coweta County ranks in top quarter of all Georgia counties.

Mortality

In Coweta 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 death rates allows communities with different age structures to be compared. In comparison, premature death is when death happens before the average age for a given community.

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

Between 2013 and 2017, leading cause of premature death were, in order, ischemic heart and vascular disease, motor vehicle crashes, suicide, accidental poisoning, primary hypertension, hypertensive renal and heart disease, lung cancer, COPD and diabetes. These particular issues are driven heavily by health behaviors, and indicate a need for further intervention on these behaviors (such as smoking and healthy eating) to help curb premature death rates. Additionally, screening for these conditions could help reduce mortality rates due to early detection and management.

Health factors

Access to care

- There were no designated health professional shortage areas in the community in 2016, meaning that all communities were considered to have adequate access to a physician.
- 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 were much higher than that of their white counterparts.
- There is a noted lack of dentists in the area. There was only 35 dentists for every 100,000 people in 2015, a figure far below average and national rates.

Health status

- Community members have reported an average 3.5 and 3.6 poor or fair physical and mental health days, respectively, and 15% of county residents reported their health as poor or fair in 2015. This indicator has worsened since our last CHNA.
- Statewide, race matters when it comes to poor health status. Approximately 26% of Hispanics reported being in poor health in 2017, as compared to their white and African-American counterparts (18% and 19%, respectively). Information on other races was not available.

Quality and length of life

- 11% of the population lived with at least one disability in 2017, which was lower than the state average of 12%. The majority of those disabled were between 18 and 64, though that's likely due to there being more people in that age group in the county.
- Preventable hospital stays among Medicare enrollees was at a rate equal to 43.1 preventable stays per every 100,000 people. This is better than both state and national averages.
- The infant mortality rate in Coweta County is far less than state and national averages at 3.7 infant deaths per every 1,000 births in 2017.
- During that same time, 7% of all babies born were at a low birth weight, with minority children most likely to be born at a low birth weight. This indicator, though, is still better than state and national averages.

In Coweta County, **10% of the total population was uninsured in 2017, and 14% of the adult population was uninsured that year.** Minorities in Coweta County were also more likely to be uninsured than their white counterparts.

Statewide, one in five uninsured adults in 2017 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.

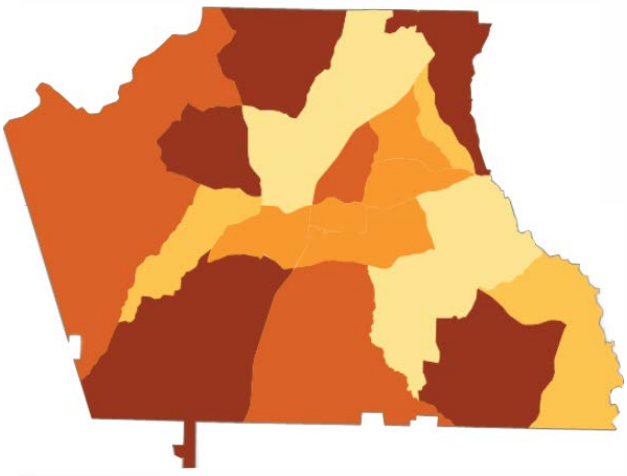
Additionally, these patients are less likely to be able to afford necessary medicine and ongoing chronic condition management. Lower-income patients are more likely to have increased health issues due to social determinants of health.

There is one charitable clinic in Coweta County -- the Coweta Samaritan Clinic, which primarily serves low-income uninsured patients. Piedmont Newnan, actively partners with the clinic to support its work, including the provision of free lab services and a part-time licensed medical social worker.

There is one Federally Qualified Health Center in Coweta County -- YourTown Health. 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 Coweta County was ischemic heart and vascular disease. During that time, 536 people have 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, 205 Coweta County community members died from stroke, making it the 7th 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

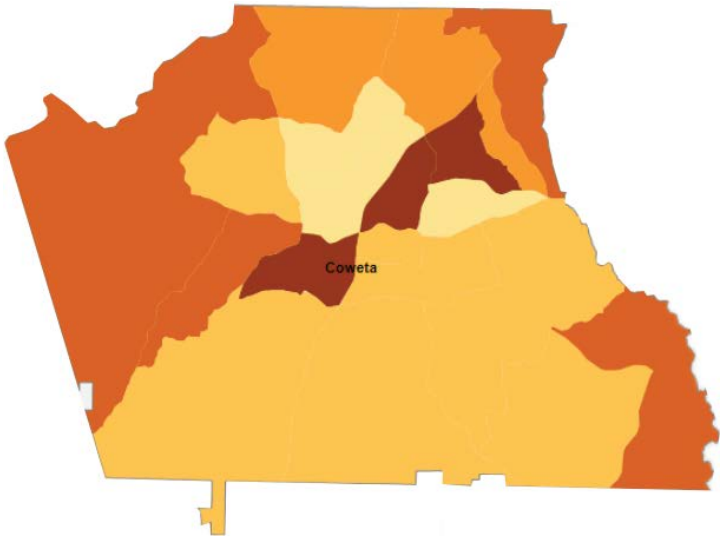
Approximately 10% of adults lived with diabetes in Coweta County in 2015, a figure relatively in line with state and national averages (11% and 9%, respectively). In 2015, 25% of Medicare beneficiaries lived with diabetes. The numbers may be higher for Medicare beneficiaries because that population is more likely to be tested routinely for the disease.

In Georgia, the less educated you are, the more likely you are 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 earned less than $25,000.

Cancer

Cancer continues to have a devastating impact in Coweta County. In 2017 alone, 225 people died from cancer. Of those, lung cancer kills the most Coweta County members. It is the third leading cause of age-adjusted death and the sixth leading cause of premature death.

To the right is a map of age-adjusted 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.



During those years, colon, rectum and anal cancers were the 11th leading cause of death, pancreatic cancer was the 14th and breast cancer was the 15th leading cause of death.

The female breast cancer incidence rate is slightly lower than state and national averages, with a rate of 117.7 incidences per every 100,000 people. There are an average 89 new cases diagnosed annually, and about 7,500 women lived with the disease in 2015.

The lung cancer incidence rate is lower at 64.7 incidences per every 100,000 people, however this is higher than national averages. An estimated 13,137 people had lung cancer in 2015.

Cancer and health equity

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

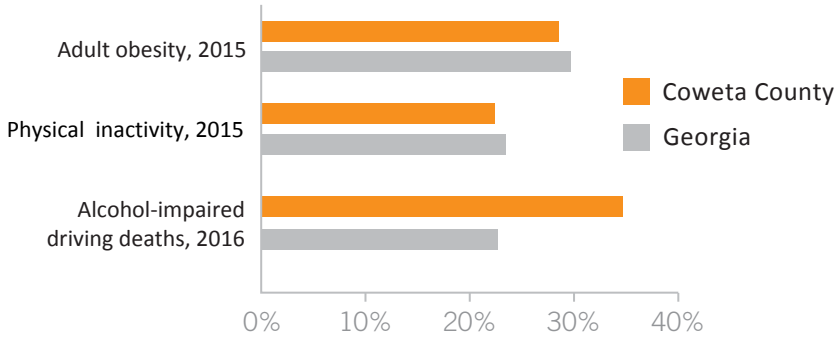
- Deaths from some cancers, mostly related to obesity and tobacco use, continue to rise among low-income populations.
- Poor women have twice as many deaths from cervical cancer than affluent women.
- Lung and liver cancer mortality is more than 40% higher in poor men compared to affluent men.
- White females in Georgia are 8% more likely than black females to be diagnosed with cancer.
- Black males in Georgia are 8% more likely than white males to be diagnosed with cancer, and black males are 25% 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.

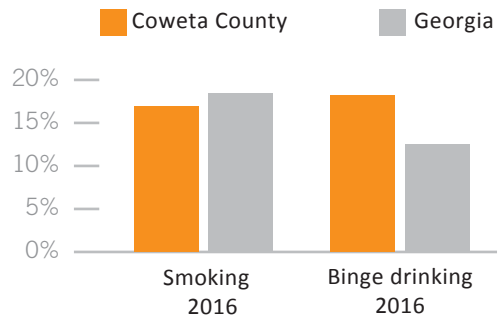
Unhealthy behaviors, such as tobacco use, poor diet, physical inactivity and obesity continue to heavily contribute to cancer rates and tend to disproportionately impact low-income populations. For example, although overall smoking rates have declined statewide, high rates still persist among lower educated,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

Lower income patients are also far less likely than the rest of the community to have a primary care physician, 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.

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.





- **Obesity rates were high in Coweta County,** and contributes to a number of diseases, including heart disease, stroke and diabetes.
- Smoking rates were lower than the state average, though smoking is still an issue as it is a key contributor to cancer, and in particular lung cancer, which has a devastating effect on Coweta County residents.
- Long commutes were also higher in Coweta County than in the rest of the state. 13% drove more than 60 minutes in 2016, and the majority of commuters from Coweta County drive alone.
- Binge drinking rates and the number of alcohol-impaired driving deaths are much higher than state averages.

Mental health

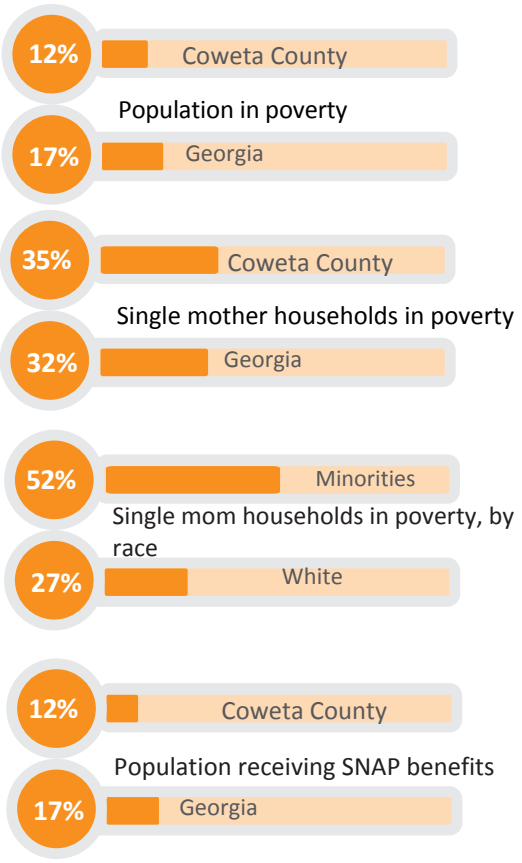
- **Mental health and behavioral disorders was the 5th leading cause of age-adjusted death for all county residents between 2013 and 2017.**
- **Suicide was the third cause of premature deaths for all races between 2013 and 2017.** It was most common among white males aged 25 to 34 years of age.
- **There was one mental health providers for every 1,653 residents in the county in 2017**, a rate far worse the state and national averages of one provider for every 813 and 493 residents, respectively.

Opioid use and substance abuse

- **Opioid prescriptions are a significant issue in the Coweta County community**, with a total 74.1 opioids prescriptions written per every 100 people in 2017. This figure is down from 2007, when there were 86.2 retail opioid prescriptions dispensed per every 100 persons. Please note we aren't able to tell how many scripts were written to a single person. We only know the overall figure, meaning a single person could have several prescriptions.
- **Even so, in 2017, Coweta remained above both state and national averages of 70.9 and 58.7 per every 100 people, respectively.**
- 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.
- Total deaths from all overdoses in Coweta County was 16.1 per every 100,000 people in 2017, a figure that has steadily increased year over year. For example, in 2010, the death rate was 5.5.

Social determinants of health

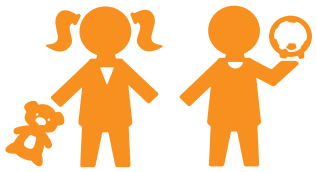
As defined by the World Health Organization, social determinants of health (SDHs are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. Included among these is economic stability, housing stability, food security, 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% of those living in poverty in the county did not graduate high school in the 2015-2016 school year.** Minorities were twice as likely to not have a high school diploma.
- In 2016, **42% of the population had limited access to healthy foods and an additional 14% 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 reasonable travel time.
    - Of the 20 census tracts in Coweta County, 13 were in a food desert.
- There were 76 fast food restaurants in Coweta County in 2019, a figure that's less, per capita, than state and national averages. That said, there is a noted absence of grocery stores, with only 17 per every 100,000 people.
- **27% of households had housing costs that exceeded more than 30% of total household income in 2017**, indicating a cost burdened household more likely to face overall financial difficulty.
- **1,925 Coweta County households had no motor vehicle in 2017,** which can present significant barriers to accessing care and other primary needs, such as groceries, due to very limited public transportation options in the county.

Families and children

- **Nearly a third of children lived in single-parent homes in 2017**, a statistic often tied to lower graduation rates.
- **42% of children qualified for free or reduced cost lunch in the 2015-2016 school year,** a statistic that represents poverty and food instability. Coweta County is less than the 2017 state average of 62%.
- **For every 1,000 teen girls aged 15 to 18 in Coweta County, 39 gave birth to a child** on average each year between 2010 and 2016. Children born to teen are statistically much more likely to experience adverse health and socioeconomic issues as they grow older. In Coweta, African Americans and Hispanic or Latina teen birth rates were 65 and 49 births per every 1,000 teen women, respectively.

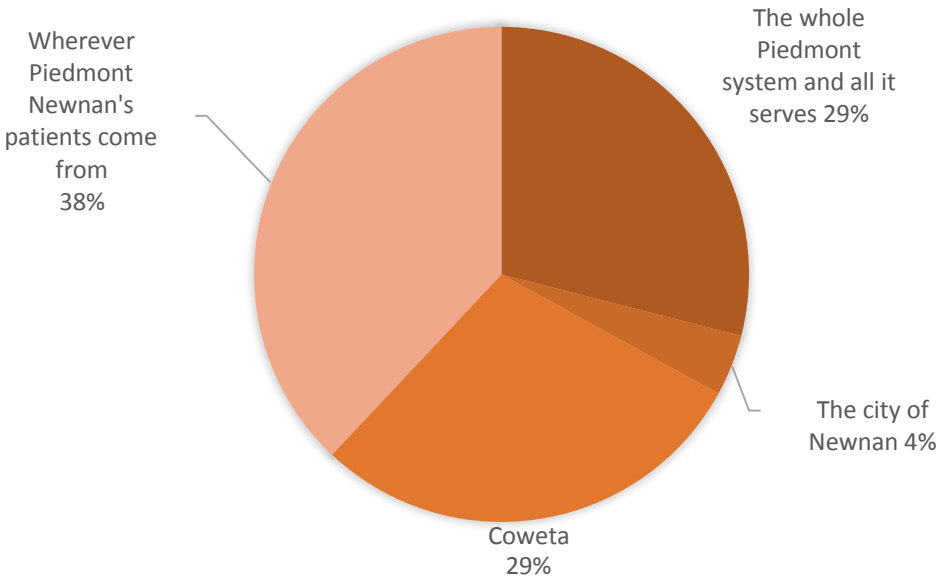


17% of children in Coweta County lived in poverty in 2017. Poor children are statistically less likely to graduate high school and are nearly twice as likely to become poor adults and, should they have children, continue a circle of poverty that's difficult to break. These children are also more likely to experience dental issues, anxiety problems and higher rates of accidental injury.

PNH stakeholder survey

In December 2018 and December 2019, 24 key stakeholders within the Piedmont Newnan 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 Newnan's community?



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

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

1. Ability to pay for care
2. Cost of health care
3. Mental health care
4. Lack of health insurance
5. Drug abuse - illegal substances
6. Lack of transportation to health care services
7. Obesity in adults
8. Additional access points to affordable care within the community
9. Drug abuse - prescription medications
10. Obesity in children and teenagers

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. Fear
4. Transportation
5. Unable to use technology to help schedule appointments, find a doctor, etc.
6. Language barriers
7. Don't understand the need to see a doctor
8. Lack of availability of doctors
9. Don't know how to find doctors
10. Cultural/religious beliefs

PNH stakeholder survey (continued)

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

Top 10 answers ranked "most important":

1. Access to health care services
2. Access to local inpatient behavioral health facilities
3. Access to low-cost mental health services
4. Financial assistance for those who qualify
5. Access to dental care services
6. Partnerships with local charitable clinics
7. Additional access points to affordable care within the community
8. Free or affordable health screenings
9. Safe places to walk/play
10. Services to help physically or developmentally disabled children and adults

Q What is your vision for a healthy community?

Some answers:

"More services for the infirm and the poor."

"To have an active healthy community focused on mental, physical, spiritual and social wellbeing."

"Better education from an early age about benefits of exercise and a good diet, along with an infrastructure of high quality parks and recreation."

"All citizens able to afford the care they need."

"A true system of care where the common aim is focused on patient outcomes and not profitability."

"Excellent health care for the entire community."

"Active people with healthy eating habits."

"Services for the homeless rise in numbers."

"Affordable and accessible health care for all members of a community."

"Preventive care ongoing for all."

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

Some answers:

"Obesity and the health issues that go with it, coupled with high cost of care."

"Inability to pay co-pays and deductibles for procedures."

"Affordable quality healthcare."

"Access to affordable, high quality health care services."

"Cost of healthcare."

"The ability to pay for care with even without health insurance."

"Lack of preventive medical knowledge because of inabilities to access such knowledge."

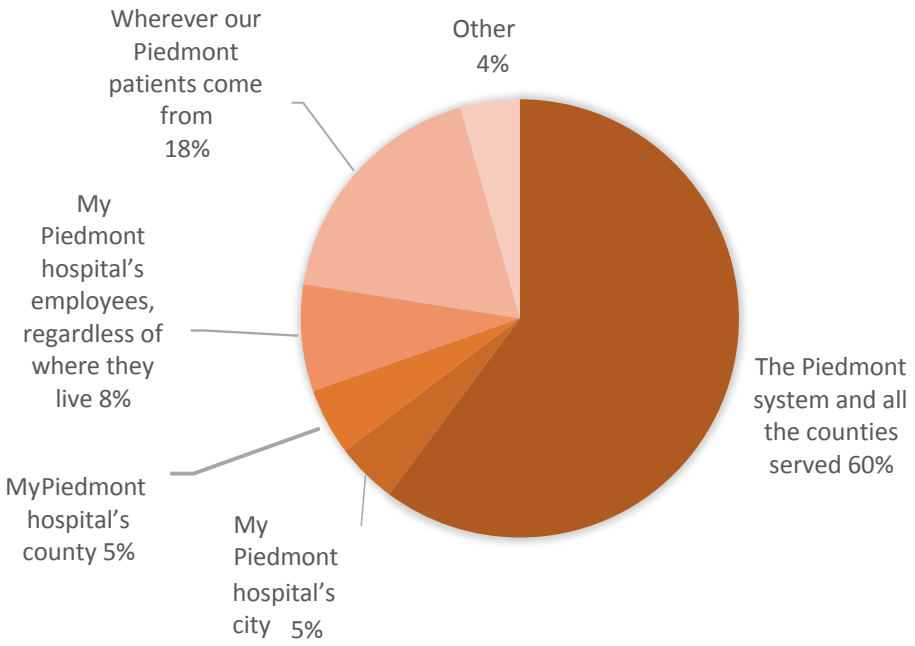
"People need to find where to go to access health care and get frustrated with the process."

"Lack of knowledge concerning funding their health care and who provides free services."

PHC employee survey

Fifty-seven Piedmont Newnan employees completed an internal CHNA assessment. Questions focused on issues facing community members, as well as how Piedmont staff feels the hospital should address 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

PHC employee survey (continued)

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
3. Free or affordable health screenings
4. Local outpatient mental health services
5. Additional access points to affordable care within the community
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 programs for health
13. Cancer awareness and prevention
14. Increased social services
15. Opioid awareness and prevention campaigns
16. Transportation for care
17. Substance abuse rehabilitation services
18. Programs 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 the 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 state and regional stakeholders and policy makers that represent public health, low-income populations, uninsured and uninsured persons, minorities, chronic conditions and older adults, as well elected officials and lawmakers. These interviews were conducted for people representing the entire region, including Coweta 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 percent 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. As one interviewee stated: **"Hospitals tend to wait until the patient shows up sick to consider how that patient can afford their care or if he or she can get coverage. If they supported more outreach for getting coverage, the patient would probably have been able to get care before they were so sick they needed hospital care."**
- 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 EMRs.
- 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 Newnan, 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 interviews 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 Newnan Hospital Board of Directors on May 23, 2019.

Methodology

The Piedmont Newnan CHNA was led by the Piedmont Healthcare community benefits team, with input and direction from Piedmont Newnan leadership and direct input from board members both at a March 2018 board meeting and through individual meetings.

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 equal 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.

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.

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 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. By federal mandate, community benefit programs must:

- 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 CHNA guides Piedmont's community benefit work.