



Community Health Needs Assessment

2017-2019

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About the Louisiana Public Health Institute:

Founded in 1997, Louisiana Public Health Institute (LPHI) is a 501(c)(3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and community capacity enhancement. Through these initiatives, LPHI provides an array of services to meet the needs of local, regional, and national partners and to develop community-oriented solutions that improve community health and well-being.

Executive Summary

Southern Crescent Hospital for Specialty Care is a long term acute care hospital managed by CHRISTUS Dubuis Health System and located within Southern Regional Medical Center in Riverdale, Georgia, a city in Clayton County. CHRISTUS Dubuis Health System is a non-profit long term acute care hospital (LTACH) system sponsored by CHRISTUS Health to provide care to patients who require acute care over an extended period of time. CHRISTUS Health was formed in 1999 to strengthen the Catholic faith based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission “to extend the healing ministry of Jesus Christ”, CHRISTUS Health’s vision is to be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.

As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health System Office contracted with the Louisiana Public Health Institute (LPHI) and the Texas Health Institute (THI) to develop a uniform, comprehensive CHNA process for its facilities in Texas and Louisiana.

LPHI was responsible for conducting the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for Southern Crescent Hospital for Specialty Care. This report serves as the Southern Crescent Hospital report for 2017-2019, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals’ CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and the U.S. Centers for Disease Control and Prevention WONDER database, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through individual interviews, a focus group discussion, and meetings comprised of hospital leaders, staff, and community partners. As a result, three community health needs were identified as top priorities. These priorities were selected based off of issue prevalence and severity according to county and regional secondary data in addition to the stakeholder input provided. The top needs identified through the process are as follows:

1. Access to care

Improving access to care is a means to improve health outcomes and reduce unnecessary hospitalization. The need in the area immediately surrounding Southern Crescent Hospital is especially great: a little over a quarter of the Clayton County population lacks health insurance and there is number of primary care physicians, dentists, and mental health providers per capita in the county is quite low compared to a larger six-county region and the state.

2. Social Determinants of Health / Connecting People to Available Resources & Basic Needs

By making patients and the public aware of the resources available to them, Southern Crescent Hospital has an opportunity to connect people to what they need to put their best foot forward. While Southern Crescent realized that issues like education and poverty eradication are out of their

purview, there is such a high need population in the Clayton County area (25% of all residents in the county live in poverty) that simply connecting people to basic needs can have a real impact.

3. Chronic Conditions

The CDC cites chronic diseases and conditions, such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, as some of the most common, costly, and preventable of all health problems affecting the American public.¹ For Southern Crescent Hospital, many of their patients are adversely impacted by these conditions. In Clayton County, where the hospital is located, an astounding 40% of adults are obese, the county continuously does poorly on many of the indicators for chronic conditions.

The CHNA report presents data for a number of needs for Southern Crescent Hospital, as well as additional information specific to the above prioritized community health needs. This report will be used by Southern Crescent Hospital as a resource to developing implementation strategies to improve community health over the next three years.

¹ Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

Introduction

Southern Crescent Hospital for Specialty Care is a long term acute care hospital managed by CHRISTUS Dubuis Health System and located within Southern Regional Medical Center in Riverdale, Georgia, a city in Clayton County. Opened in December 2003, Southern Crescent Hospital currently has total of 30 long-term acute care beds to provide care to medically complex patients—patients who require extended acute care hospitalization with specialty programs focusing on ventilator dependency, wound care, and rehabilitation. As part of the larger CHRISTUS Health system, Southern Crescent Hospital is one of several facilities striving to serve as “a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.”² As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for several CHRISTUS Dubuis hospitals, of which Southern Crescent Hospital is one.

This document serves as the Southern Crescent Hospital CHNA report for 2016, and will be made publically available on the CHRISTUS Health website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What constitutes the community/ communities which Southern Crescent Hospital serve(s)?
2. What are the community’s attributes (i.e., demographics, health status, etc.)?
3. What are the community’s health needs?
4. What are the community’s assets and opportunities?
5. What action can Southern Crescent Hospital feasibly take to meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes the methods used for data collection and a summation of findings based on hospital data, publically available secondary data, key informant interviews and focus group discussions.³ This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS staff and external partners representing various community organizations, and with guidance from LPHI. The panel met on June 1, 2016 to prioritize and select needs, and began to chart the next steps for their community health implementation plan (CHIP). The CHIP is provided in a separate document.

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 to complete the CHNA report for CHRISTUS Health Shreveport-Bossier. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was further refined through

² <http://www.christusadvocacy.org/>

³ All statements and opinions herein were expressed by key informants and focus group respondents and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

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discussions with Texas Health Institute (THI) and the CHRISTUS Health corporate office. Representatives from the CHRISTUS Health corporate office were especially interested in formulating a process for CHNA report development that could serve as a template to all hospitals within its southeastern footprint in the U.S., including but not limited to its facilities in Louisiana, New Mexico, and Texas. As a result, both LPHI and THI agreed to conduct a combination of key informant interviews, focus groups, and other validation meetings to provide CHRISTUS Health with critical input from various community representatives to assist each CHRISTUS facility with determining what priorities will be addressed over the next three years. This feedback was used to supplement the quantitative data provided by the host hospital and available from secondary sources, such as the American Community Survey (ACS) and the U.S. Centers for Disease Control and Prevention WONDER database. A full list of data sources referenced in this report is listed in Appendix A.

Each step of the CHNA process essential to this methodology is explained in detail below.

Quantitative Indicators

LPHI and THI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off of prior CHNA reports completed by both public health institutes and a list of recommended indicators provided by the Catholic Health Association. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were representatively addressed in the qualitative instruments developed by LPHI.

The geographic region of focus includes most of the counties within Southern Crescent's catchment area. While the hospital serves patients residing in the following six counties in Georgia, a substantial percentage of Southern Crescent's patients come from Clayton County. This is especially relevant when looking at Clayton County data compared to data for the region as a whole, which is discussed in detail in the Findings section of this report.

Southern Crescent Hospital Counties	
Clayton	Fulton
Coweta	Henry
DeKalb	Spalding

Existing data for this six-county footprint was compiled from local and national sources by an experienced biostatistics epidemiologist. Data was compiled and analyzed using SPSS. A full list of indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. For benchmarking, data at the zip code level were compared to county level and state level data, where applicable. This data is presented in the Findings section starting on page 11.

Key Informant Interview Protocol

The key informant semi-structured interview guide was designed to illicit responses about both the direct and indirect factors that influence the health of community members. Major areas of focus of the guide included: community health and wellness, behavioral risk factors, health care utilization, and access to care. Additional probes and follow up questions were designed to ensure the participant provided detailed responses, including opportunities to share information on assets in the community that could be tapped for future implementation planning. The guide was reviewed and approved by CHRISTUS Health representatives in January 2016.

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Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

*“(1) Persons with special knowledge of or expertise in public health;
(2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and
(3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.*

Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2).”

In order to satisfy these requirements, the Community Benefit Director and/ or Hospital Administrator from each CHRISTUS facility, with input from CHRISTUS Health System Office, provided LPHI with a list of potential key informants, many of whom met one or more of these requirements and were able to speak to the geographic region served by Southern Crescent Hospital, and Clayton County in particular.

Key informants were contacted by phone or email to initiate the scheduling of the interview. The interviewer provided a brief introduction to the project and explained the purpose of the interview, including how the data will be used and the time commitment to complete the interview. All key informants were ensured that no names would be associated with responses in any way and that all results would be reported in aggregate. If the key informant agreed to participate, phone interviews were scheduled depending on interviewer and participant availability.

At the beginning of the scheduled interview, consent was obtained to record the phone call. All interviews were recorded using an audio recorder. Recording did not begin until all instructions were provided and agreed upon. The interviewer assigned a study number to the participant and no identifiers were captured on the recording. Participants were only asked about their names, job titles, and affiliation with CHRISTUS to determine if they met one of the three IRS requirements listed above.

On average, most Interviews took around 45 minutes. Detailed notes comprised of quotes, key themes, and the interviewer’s general comments regarding each interview were typed up and synthesized into a larger master notes document for each facility or hospital region. For Southern Crescent Hospital, a total of 3 interviews were conducted.

Focus Group Protocol

Focus groups were also selected as an additional mechanism to obtain community input. Like the key informant interview guide, the focus group guide was also designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person’s health status within the geographic area of focus. Questions inquiring about existing community assets and ways CHRISTUS could partner with others, to address some of the factors discussed, were included in the guide. The guide was reviewed and approved by CHRISTUS Health representatives in January, 2016.

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As part of the protocol, one of LPHI's qualitative experts provided all community benefit directors with a one hour virtual focus group facilitation training. All directors were responsible for conducting a 90-minute focus group with participants, who were recruited to represent CHRISTUS patients and/or other community stakeholders with knowledge and awareness of health issues impacting the region. Individuals who participated in a key informant interview were not recruited for these groups.

All focus groups were audio recorded to accurately capture responses. Additionally, at least one note taker was assigned to take notes in person and, within the notes, each participant was assigned and referred to by a corresponding number to provide anonymity. Staff from LPHI also listened in via phone or Skype to observe conversation and take their own notes. The notes taken onsite and the audio recording were then provided to LPHI, who combined all notes for a given facility within one master document.

The focus group for Southern Crescent Hospital occurred on May 3, 2016. Information provided during this session is incorporated into the findings shared in the following pages.

Findings

The quantitative data and qualitative data were analyzed independently and then cross-walked together to identify areas of agreement and areas of disconnect. Notes from both the interviews and focus groups were carefully read through to identify major themes, which are summarized below. For the purposes of this report, “participant” refers to key informant interview participants and focus group participants, unless specified.

A major item of note was the difference seen between the larger six-county region that comprises Southern Crescent Hospital and Southern Regional Medical Center’s catchment area and community issues as reported by focus group and interview participants, who tended to reflect on the needs of the populations residing in the immediate hospital vicinity, which is located in Clayton County, Georgia. This discrepancy is likely attributed a hiding of disparities typically seen at a smaller geographic area when aggregating up to a multi-county region.

Of the six-county area, both Clayton and Spalding Counties rank fairly low for Health Factors as measured by the 2016 *County Health Rankings and Roadmaps* program (#148 and #129, respectively, out of 159 counties—see Figure 1). These rankings represent how healthy a county might be in the future based on the many factors that influence health, including factors related to health behaviors, clinical care, social and economic outcomes, and the physical environment.⁴ Counties with a lower ranking for Health Factors typically see poorer outcomes in each of these four areas when compared to other counties within their state.

⁴ University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps* 2016. www.countyhealthrankings.org.

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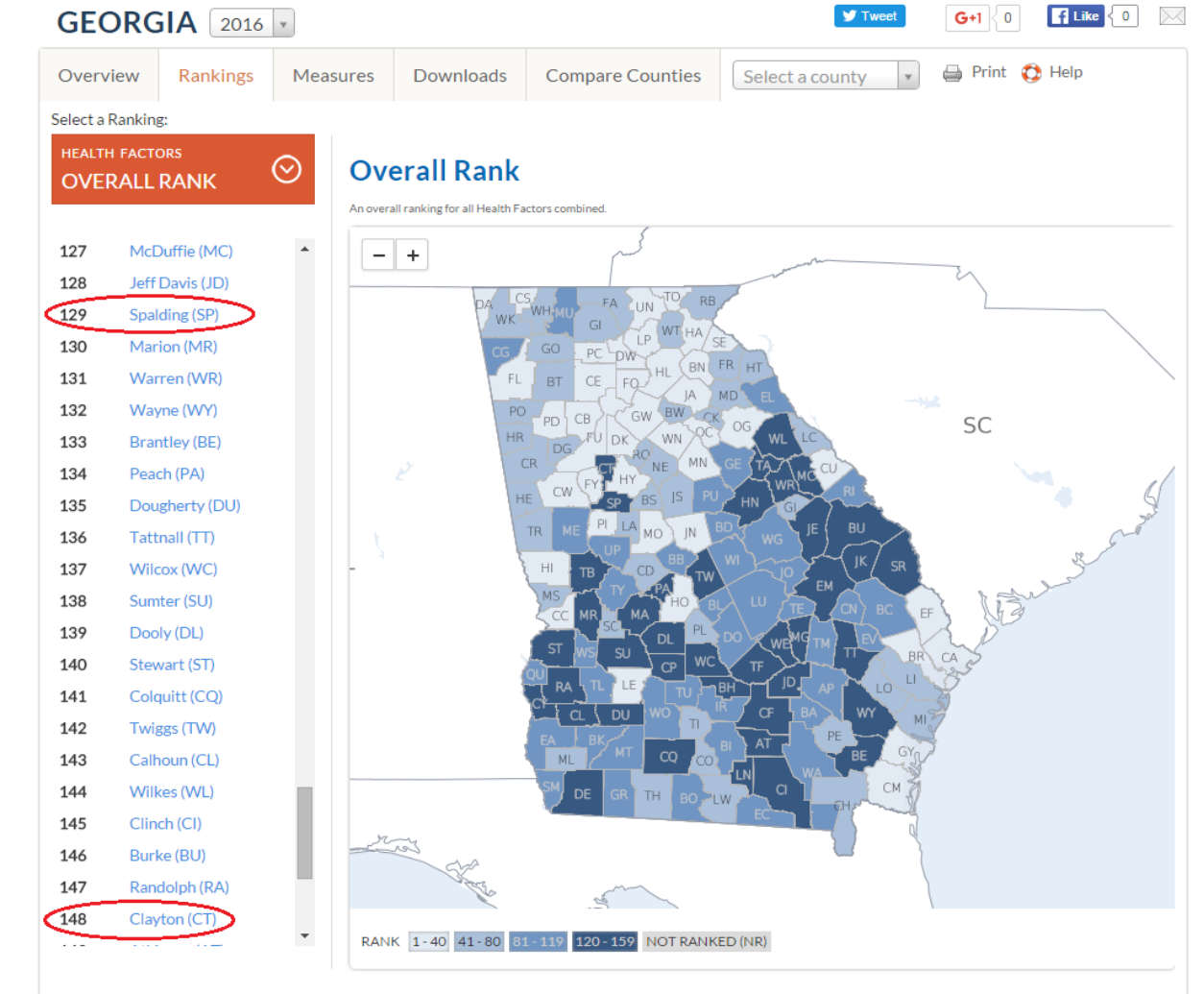


Figure 1: Georgia health factors overall rankings (County Health Rankings and Roadmaps, 2016)

Demographic and Socio-Economic Indicators

As previously mentioned, the area analyzed for this purposes of this report include the six counties of Clayton, Coweta, DeKalb, Fulton, Henry and Spalding. The total population of this area is 2,342,940. Age distributions are similar to the state of Georgia, with Clayton County having a larger percentage of people under the age of 18 when compared to the larger six-county region and the state (Figure 2), and Clayton County and the region are predominantly African American race (Figure 3).

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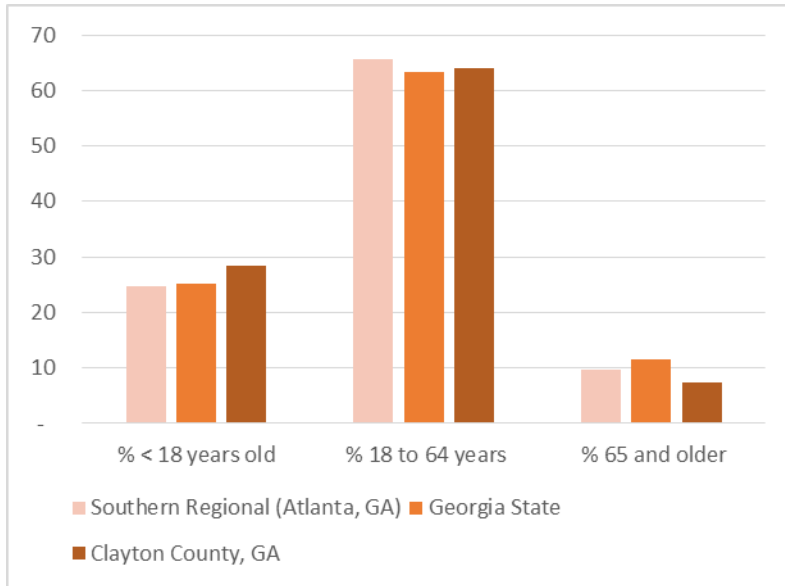


Figure 2: Age distributions in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

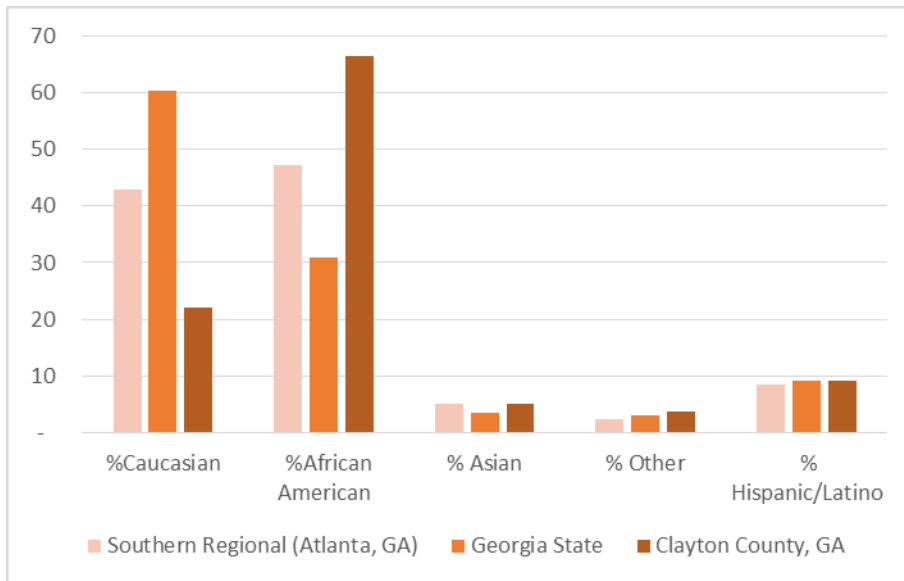


Figure 3: Race distributions in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

The Southern Crescent Hospital/ Southern Regional Medical Center area has similar poverty levels to the state, but poverty is slightly higher for people under the age of 18 and for those aged 65 years or older in the Southern Crescent Hospital/ Southern Regional Medical Center area. In Clayton County, all age groups are poorer than similar populations through the region and the state as a whole (Figure 4).

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Among focus group participants, the issue most commonly noted was economic opportunity and how it relates to poverty, health, education. Lack of accessible transportation options was also a prominent concern in the community.

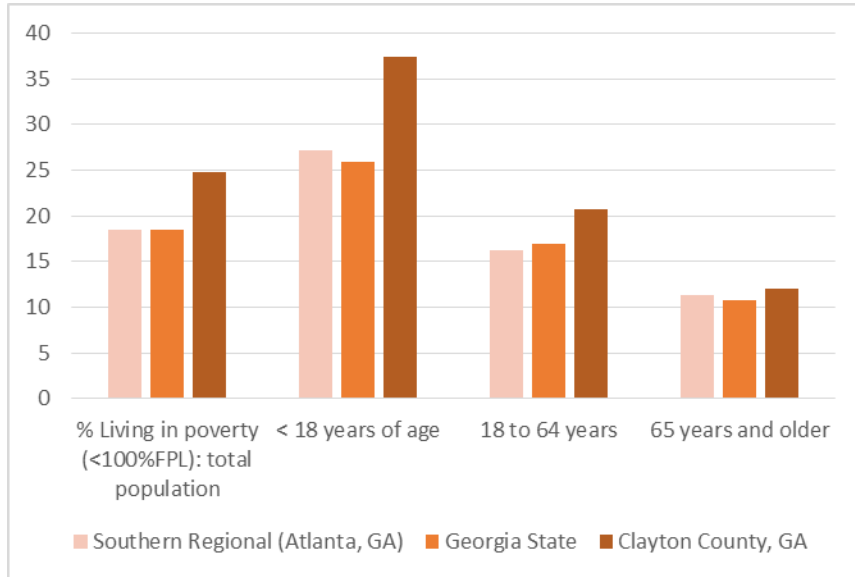


Figure 4: Poverty by age in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

Furthermore, when one looks at poverty by race or ethnicity, it is especially striking to see how a substantially larger percentage of Whites and Hispanics in Clayton County live in poverty compared to those same groups in the six-county region and the state (Figure 5).

Southern Crescent Hospital for Specialty Care 2017-2019 CHNA

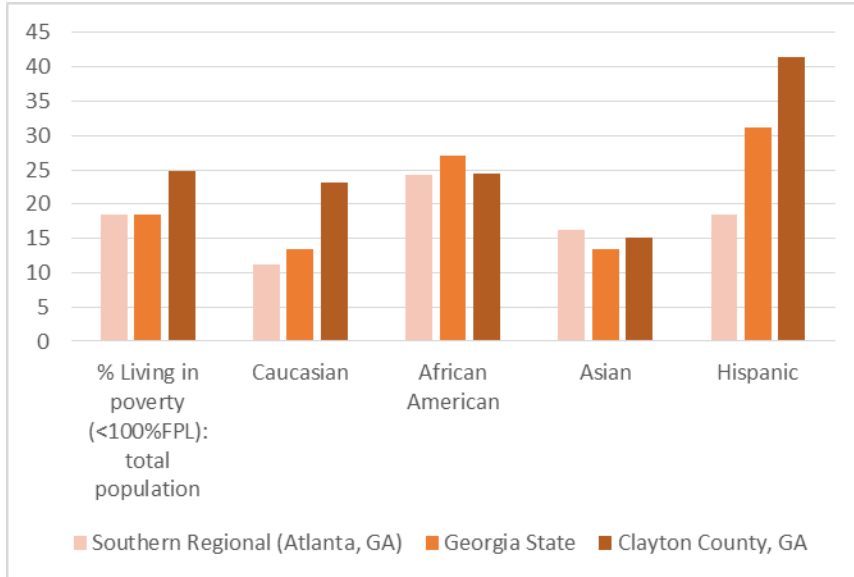


Figure 5: Poverty by race /ethnicity in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

Over the six-county region, the population is better educated with a lower percent of the population who have less than high school education, and a higher percent with college or graduates degrees (Figure 6). This likely reflects the urban area of Atlanta, which is home to several institutions of higher learning. When looking at just Clayton County, a much smaller percentage of residents are college-educated; this is especially striking when comparing the county to the larger six-county region, where the percentage of college graduates is double.

Unsurprisingly, participants indicated that for the population predominantly served by both Southern Crescent Hospital and Southern Regional Medical Center educational attainment was low. Some participants reported that the overall quality of the K-12 education available to this population is poor and that high rates of teen pregnancy and a high dropout rate was prevalent in the community, both factors that impact economic opportunity.

Southern Crescent Hospital for Specialty Care 2017-2019 CHNA

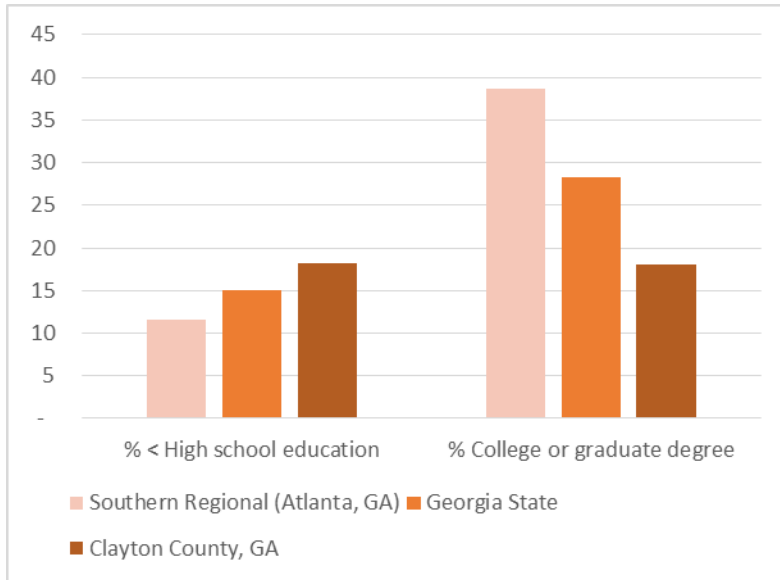


Figure 6: Education in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

Compared to the state, there are slightly more people unemployed in the six-county Southern Crescent Hospital/ Southern Regional Medical Center area, with an even higher percentage of unemployed individuals in Clayton County (Figure 7).

Participants described recent closing of retailers and companies in the immediate area as a result of the recent national recession. This has led to a lack of well-paying jobs and a pool of prospective employees who lack the skills and abilities to make them more employable or must travel longer distances to locate work. Several report that the bus system has expanded to the area to attempt to meet needs but service can be limited with lengthy walking distances to stops and sometimes long wait times.

Southern Crescent Hospital for Specialty Care 2017-2019 CHNA

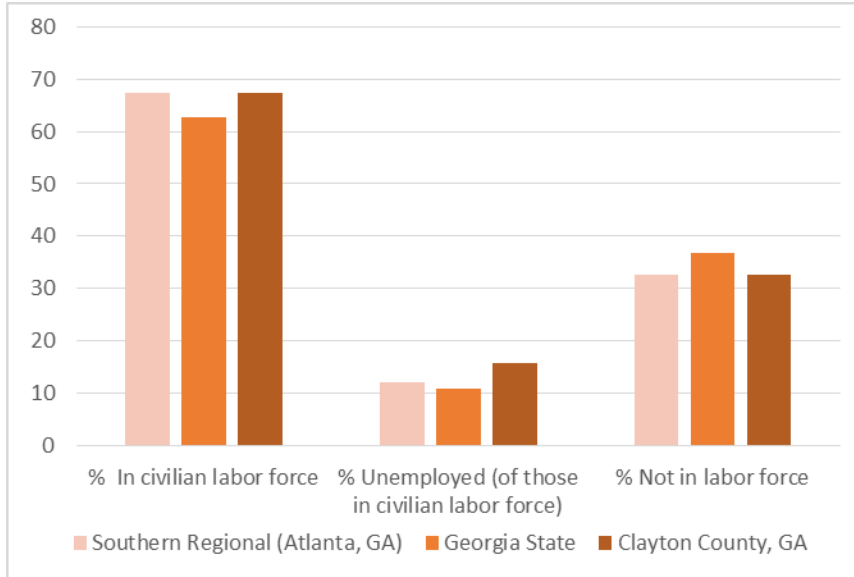


Figure 7: Employment in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

Measures of overall disability show less of a burden in the Southern Crescent Hospital/ Southern Regional Medical Center area than the state as a whole (Figure 8). However, when looking at Clayton County there is a larger percentage of disabled persons age 65 and older when compared to the larger region and the state. Disability includes: hearing, vision, cognitive, ambulatory, self-care and independent living.

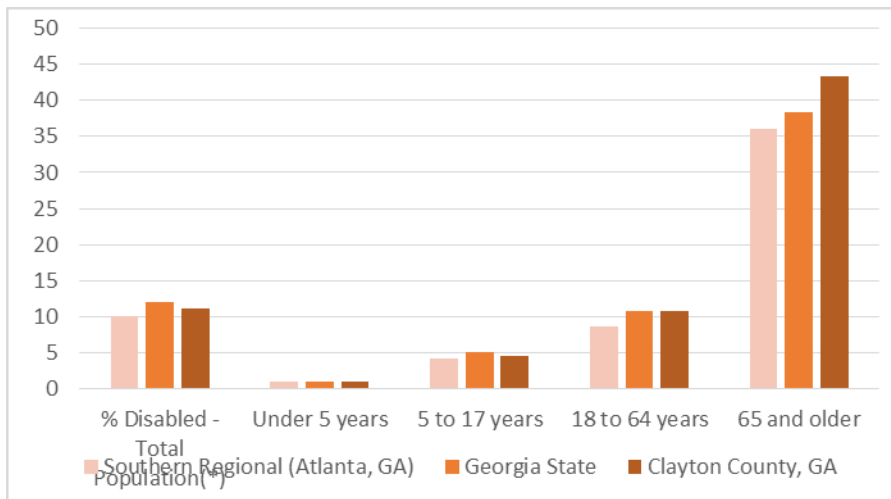


Figure 8: Disability by age in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

Socio-Environmental Factors

The social and built environment of a community facilitates access to health. In particular access to healthy foods is critical to disease prevention and health promotion. Figure 9 shows that a similar percentage of the population in the six-county Southern Crescent Hospital/ Southern Regional Medical Center area have limited access to healthy foods and are food insecure as compared to the percentage of the population in the entire state.

Lacking consistent access to food is related to negative health outcomes such as weight-gain and premature mortality.^{5,6}

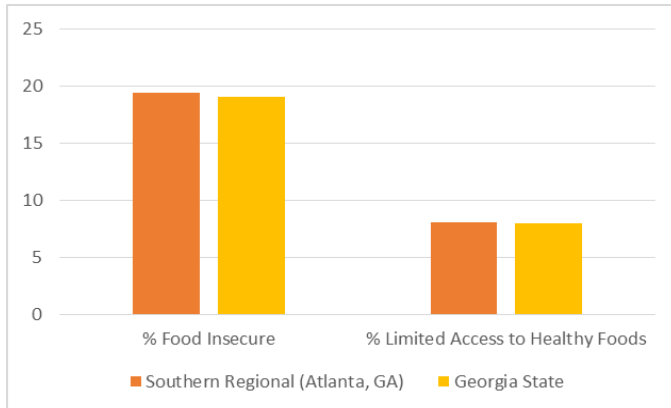


Figure 9: Food insecurity and access⁷

Another social factor that can impact health is crime. Figure 10 shows a much higher violent crime rate in the six-county Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state (609 vs 385 per 100,000 population). Nationally, the rate of violent crime in 2013 was 369.

Participants reported an increase of crime occurring alongside the increase in poverty, with the crime mostly being driven by gang activity and drug trafficking and use.

⁵ Brownson RC, Haire-Joshu D, Luke DA. (2006). Shaping the context of health: A review of environmental and policy approaches in the prevention of chronic diseases. *Annu Rev Public Health*, 27: 341-70.

⁶ Adams, Elizabeth J., Laurence Grummer-Strawn, and Gilberto Chavez. (2003). "Food insecurity is associated with increased risk of obesity in California women." *The Journal of nutrition*, 133.4: 1070-1074.

⁷ Food Insecurity from 'Map the Meal Gap' – 2013. Limited access to health foods from the USDA Environmental Food Atlas (2010).

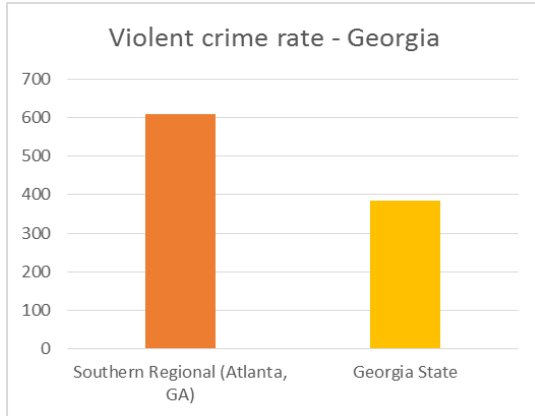


Figure 10: Violent crime rate

Health Care Access Indicators

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes.”⁸ Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.⁹

In the six-county Southern Crescent Hospital/ Southern Regional Medical Center area, the percentage of the population who have no health insurance is similar to the state, 18.7%, compared to 18.3% in the state (Figure 11). This trend repeats itself in all age groups with a slightly higher percent in 65 and older (but not markedly so).

However, when looking at just Clayton County, a larger percentage of each age group is uninsured when compared to the two other geographies, with a little over a quarter of the entire county lacking health insurance.

When looking at insurance by type, one sees that almost twice as many residents in Clayton County are insured by Medicaid (Figure 12).

⁸ Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington, DC: National Academies Press; 1993

⁹ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

Southern Crescent Hospital for Specialty Care 2017-2019 CHNA

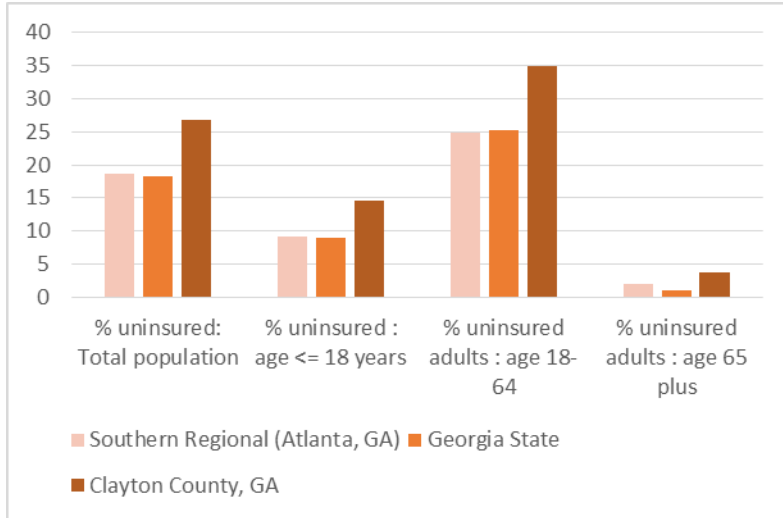


Figure 11: Uninsured by age in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

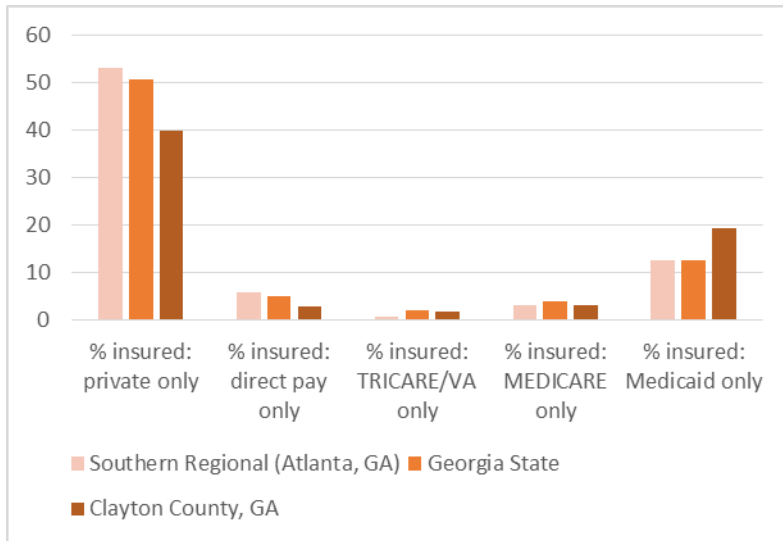


Figure 12: Insurance types in Clayton County & Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state of Georgia (ACS 2014)

The burdens of the uninsured and underinsured was repeatedly mentioned by participants. One participant noted that while the Affordable Care Act has improved access to health insurance for some, high deductibles of many insurance plans also contribute to people not accessing the care they need, with many waiting to seek care until their conditions worsen until they must go to the ER. Another participant described how the limited number of providers who accept Medicaid and other insurances also contribute to delays in receiving proper care. Issues with insurance refusing to cover medically necessary specialty care procedures was also a concern.

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Other participants indicated that many patients, particularly those on public insurance, lack the knowledge of where to go for care and what resources are available to assist with access and cost.

Finally, when looking at the number of primary care physicians, dentists, and mental health providers per capita, in spite of being the home of at least two hospital facilities, residents of Clayton County have much more limited access to these providers than compared to the larger six-county region and the state (Figure 13).

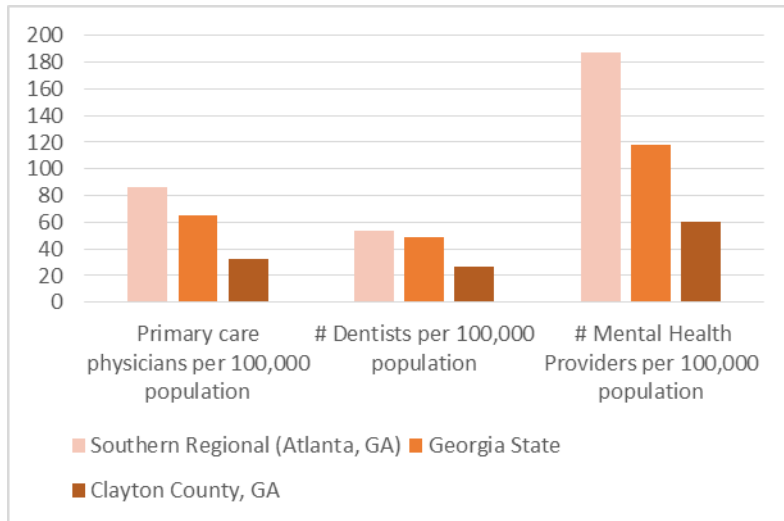


Figure 13: Primary care physicians, dentists, and mental health providers per capita (Area Health Resource File 2014)

Health Outcome Indicators and Health Risk Factors

Ambulatory Care Sensitive Conditions (ACSC) are those for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.¹⁰ Figure 14 shows that in the Medicare population, a much lower rate of admissions due to ACSC is found in the six-county Southern Crescent Hospital/ Southern Regional Medical Center area compared to the state.

¹⁰ Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Prevention Quality Indicators Overview. http://www.qualityindicators.ahrq.gov/Modules/pqi_overview.aspx

Southern Crescent Hospital for Specialty Care 2017-2019 CHNA

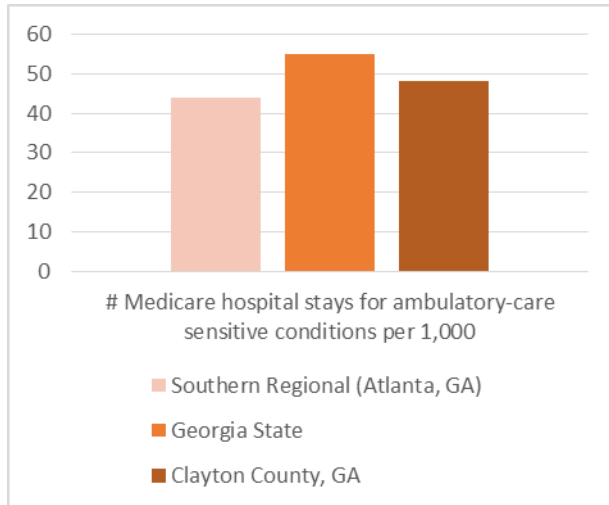


Figure 14: Medicare hospital stays for ambulatory care sensitive conditions (County Health Rankings and Roadmaps, 2014).

When it comes to health risk factors, obesity and physical inactivity are the most prevalent. However, when looking at just Clayton County, an astounding 40% of adults are obese (Figure 15).

Participants described diabetes, obesity, hypertension, and heart disease were described as the major physical health issues impacting the surrounding Southern Crescent Hospital/ Southern Regional Medical Center community. Substance abuse (including prescription drugs), TB, STIs, cancer, COPD, and clinical depression were other health conditions noted by participants.

Primary care access to prevent these conditions was described as lacking, with poor transportation being a factor to limited access. Many reported that the number of primary care providers serving the immediate surrounding community was insufficient.

One participant acknowledged a desire among some providers to “find new ways to bill for prevention activities” to be able to offer more of those services, describing the “chasm between wanting to teach healthy choices and being able to get paid to do that.”

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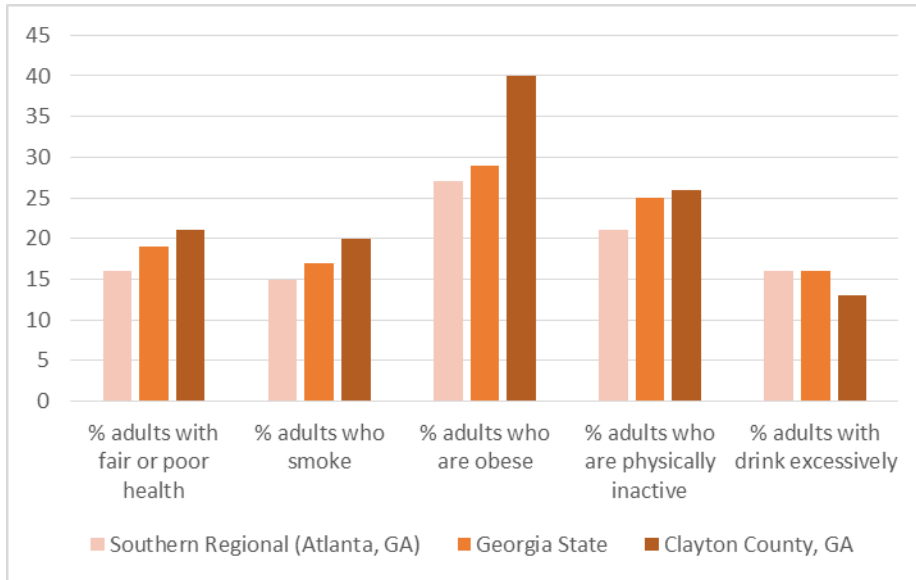


Figure 15: Health risk factors in adults (BRFSS 2014).

The total mortality rate in both Clayton County and the six-county Southern Crescent Hospital/ Southern Regional Medical Center is significantly lower than the state of Georgia (Figure 16). This trend can be further observed in Figures 17 & 18, where mortality rates of all causes in Clayton County are lower than the state and most of the rates of the larger six-county region.

For both the six-county region and the state, diseases of the heart and malignant neoplasms are the primary causes of mortality, contributing similar numbers of deaths (140 vs 144 per 100,000 in Southern Crescent Hospital/ Southern Regional Center area and 169 vs 165 in the state of Georgia).

Participants noted that low wages or an overall lack of income to cover basic needs prohibits the ability for these individuals to consistently purchase medications, resulting in low levels of medication adherence which can exacerbate chronic conditions and result in poor health outcomes.

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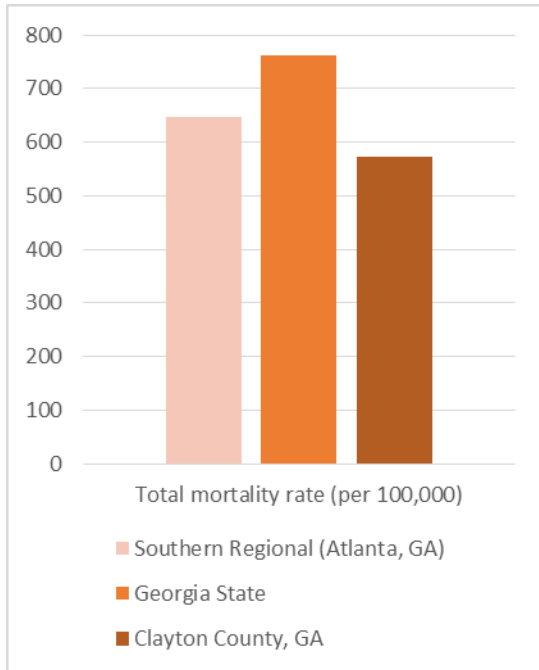


Figure 16: Total mortality rate (CDC Wonder 2014)

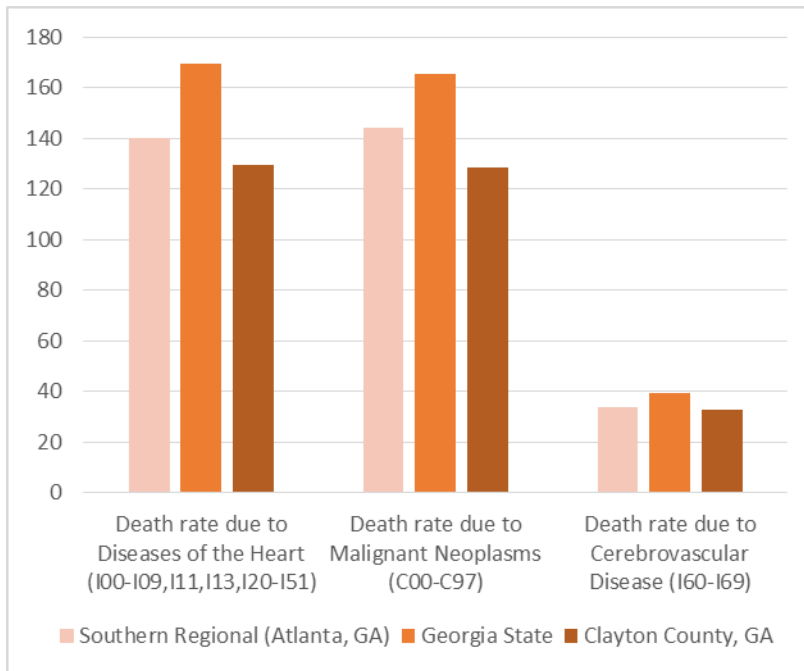


Figure 17: Mortality rates by cause – heart disease, malignant neoplasms, & cerebrovascular disease (CDC Wonder 2014)

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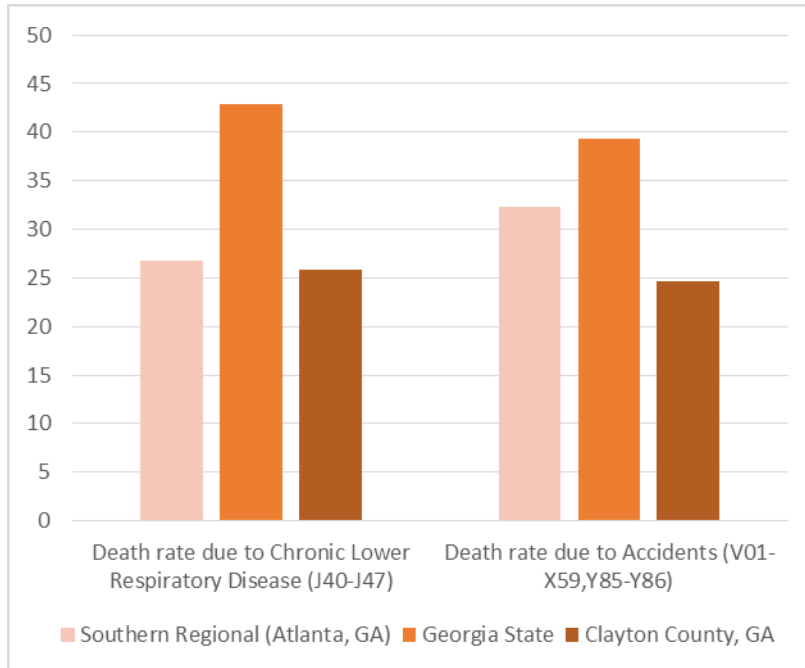


Figure 18: Mortality rates by cause – chronic lower respiratory disease & accidents (CDC Wonder 2014)

Other Issues Highlighted by Qualitative Data: Contributing Factors & Community Perspective

Across the board, participants described mental health as underfunded and under resourced. Due to a shortage of providers and limited insurance coverage, patients in need of mental health services may “wait up to weeks for help” or simply go without. Additionally, knowledge of the location and availability of psych emergency units in the area was varied—with some saying these services were available at a local ER and others saying otherwise.

Many participants reported a lack of sidewalks and good street lighting, particularly in Clayton County. Potential assets like a local senior center and parks and trails that do exist are underutilized due to safety concerns regarding crime in the surrounding area. The population density and physical trash (including overgrowth, debris, and rats seen at blighted properties) were also acknowledged as issues in some low income areas.

Several participants also alluded to the financial strain and flux seen in hospitals across the state, describing how several hospitals in the immediate area were at risk for closure, which could cause confusion or concern about where one could go in the future to access care.

Summary and Discussion of Prioritized Community Health Needs

Prioritization Process

Once the quantitative and qualitative data were analyzed and gathered into an initial draft CHNA report, the draft report was shared with Southern Crescent Hospital leadership and staff. A panel of experts comprised of both CHRISTUS/ Southern Crescent Hospital staff and external partners representing various members of the community was tasked with reviewing the initial findings and determining which priority issues would be selected to address over the next three years as part of a community health implementation plan. This initial meeting occurred on June 1, 2016.

The panel took a number of things into consideration when choosing priorities. Some priorities were selected based off of issue prevalence and severity according to county and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data is less available. Detailed rationale regarding these top priorities is provided below.

1. Access to care

Improving access to care is a means to improve health outcomes and reduce unnecessary hospitalization. The need in the area immediately surrounding Southern Crescent Hospital is especially great: a little over a quarter of the Clayton County population lacks health insurance and there is number of primary care physicians, dentists, and mental health providers per capita in the county is quite low compared to a larger six-county region and the state.

2. Social Determinants of Health / Connecting People to Available Resources & Basic Needs

By making patients and the public aware of the resources available to them, Southern Crescent Hospital has an opportunity to connect people to what they need to put their best foot forward. While Southern Crescent realized that issues like education and poverty eradication are out of their purview, there is such a high need population in the Clayton County area (25% of all residents in the county live in poverty) that simply connecting people to basic needs can have a real impact.

3. Chronic Conditions

The CDC cites chronic diseases and conditions, such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, as some of the most common, costly, and preventable of all health problems affecting the American public.¹¹ For Southern Crescent Hospital, many of their patients are adversely impacted by these conditions. In Clayton County, where the hospital is located, an astounding 40% of adults are obese, the county continuously does poorly on many of the indicators for chronic conditions.

¹¹ Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

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Issues Not Selected for Prioritization

In an effort to maximize any resources available for the priority areas listed above, leaders and staff at Southern Crescent Hospital determined that the following issues would not be explicitly included in their community health improvement plan (CHIP):

- Mental health / behavioral health / substance abuse
- Education

While hospital leaders acknowledged that these issues are tremendously important to the community, the areas of mental health and education are far larger than what Southern Crescent can take on in terms of time, expertise, resources, and personnel.

Available Resources and Opportunities for Action

As previously mentioned, participants involved in each step of the CHNA process were encouraged to offer ideas for implementation or provide examples of other organizations or local assets in the community that Southern Crescent Hospital could possibly engage or utilize when tackling the priority issues listed above. A list of recommendations provided by interview and focus group participants is provided in Appendix C. Participants also listed some of the organizations working on the various issues mentioned in this report, which is located in Appendix D. Leaders, partners, and staff at Southern Crescent Hospital noted additional ways the hospital could take action on these priorities. These items include:

- Provide patient and family education in waiting areas or additional education beyond what is required of normal discharge planning
- Distribute information about resources that are available in community, including info on Medicaid / Medicare eligibility
- Possibly provide meals to family members of low income patients and/ or conduct food drives
- Increase screenings and referrals for other resources, if needed
- Assist with the coordination of primary care
- Participate in community health fairs to provide education
- When possible, provide charity care for patients who can't afford treatment / care

Community Impact Thus Far

Southern Crescent Hospital, a long term acute care hospital located south of Atlanta, Georgia, serves a population of medically complex, acutely ill patients for extended periods of time. Due to the nature of the long term acute care industry and the regulatory bodies that oversee and govern the types of services that are provided, the hospital has a limited scope of service and is subject to penalties if serving patients that do not meet the strict requirements for admission. The hospital only provides inpatient acute care services to patients whose length of stay exceeds 25 days and fall into a limited number of diagnoses. Low profit margins further restrict the scope of community health activities the hospital undertakes. Southern Crescent Hospital is located in Clayton County in an area where many health providers are exiting the market due to the less than desirable location. Southern Crescent is committed to providing long term acute care services to this community since many patients coming

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from this area of the Atlanta metropolis are not welcomed into other areas, making it difficult for placement of medically complex long term patients. Their commitment to stay in the community and provide services is a form of community benefit as moving to another area of the city might be financially more advantageous, but it would leave a gap in services to this portion of the community.

Each month, the staff of Southern Crescent works with Mission Forest Park Baptist Church offering individuals in the community blood sugar checks and blood pressure checks to identify individuals who may have diabetic or heart disease. If individuals are identified as needing additional care, they are referred to their personal physician or they assist them in obtaining further medical care.

Appendix A: Source List

Quantitative data utilized in this report were obtained through the following sources:

- County Health Rankings and Roadmaps, 2016
- United States Census Bureau American Community Survey (ACS) 2013
- USDA Environmental Food Atlas (2010)
- U.S. Department of Health and Human Services Health Resources and Services Administration Area Health Resource Files (AHRF) 2014
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) data for Georgia 2014
- U.S. Centers for Disease Control and Prevention WONDER database (2014)

Appendix B: Matrix of Key Informants Meeting IRS Requirement Guidelines

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each category. It should be noted that several respondents fall into more than one category, which is reflected in the counts below.

Key Informant Affiliations Required by the IRS	Number of Key Informants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	2
2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility	0
3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	2

Appendix C: Recommendations Provided by Interview and Focus Group Participants

- Continue to do the health fairs (but with patient follow-up), food pantry, and programs for kids (at the beginning of the school year and at Christmas time) that you've been doing.
- To address chronic disease and medication adherence, provide folks with in-home visits for evaluation and guidance.
- Offer scholarships to nursing students in community
- Public awareness programs and patient education regarding healthy behaviors was suggested.
- Provide a free clinic
- One of the biggest recommendations made was to have Southern Crescent consider serving as a Medicaid provider. However, it was shared that there has been movement to make this change, but that this was not entirely in the facility's control with other providers actively blocking these attempts to prohibit competition.
- Several participants spoke to the need for collaboration among hospitals and other health and social service providers on joint initiatives for the communities they serve. This will help everyone to better understand all the resources and organizations available to tackle issues the participants discussed and can also alleviate some of the major barriers to access, health, and well-being. Specifically, one participant recommended that Southern Crescent and CHRISTUS "engage in creating a culture of health like Kaiser Permanente does, by spearheading healthy community initiatives. This can be done by helping the community set goals and put their name behind it."
- Another participant suggested that community leaders in Clayton County should convene a task force to create a healthy community, "with involvement all members of the community: politicians, health providers, and business leaders, to talk about how to promote health and look at resources that exist and could be available. Talk to regular people about what and where they would like for facilities."
- Others recommended that area hospitals should look to the community as an asset. One participant described the immediate area as one that was close knit and full of individuals who care about each other but might not know where to start to address the many issues they face. There are many faith based organizations nearby that people can draw on.
- Another shared, "If you want to engage people who are not currently engaged, you need to go to them. They aren't going to come out to a job fair. You need to go to their homes, schools, jobs, churches, etc."

Appendix D: Local Organizations / Community Assets Mentioned by Participants

- Calvary Refuge Center
- Good Shepherd Clinic- help immigrants
- Meals on Wheels
- Metropolitan Atlanta Rapid Transit Authority (MARTA)
- Grandparent raising grandchildren program
- Alzheimer care facility in morrow
- Teen Center off battleground
- Public library
- Extension office for Clayton County
- Churches- substance abuse and counseling,
- United Way
- March of Dimes
- Division of Family & Children Services
- YMCA
- Parks and Rec
- Clayton Collaborative Authority- clearing house to connect people
- Mission Forest Park
- Healthier Generations project of Clayton County Board of Health (CCBOH)
- Prime Health- financial stability for Southern Regional Hospital
- Clayton State University- primary health care clinic
- Henry and Clayton County School Systems
- Law enforcement
- Clayton Family Cares
- Carter Center Mental Health Program