AdventHealth Gordon

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Adventist Health System Georgia, Inc. d/b/a AdventHealth Gordon
Approved by the Hospital Board on: November 12, 2019
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Extending the Healing Ministry of Christ

AdventHealth

2019 Community Health Needs Assessment

Table of Contents

	Sections	Page
1	Executive Summary	3
2	About AdventHealth Gordon	5
3	Choosing the Community	5
4	Community Description and Demographics	6
5	Community Health Needs Assessment Committee	9
6	Public Health	10
7	Primary and Secondary Data Sources	10
8	Data Summary	12
9	Community Asset Inventory	14
10	Priority Selection	15
11	Priority Issues to be Addressed	18
12	Priority Issues that will not be Addressed	20
13	Next Steps	20
14	Written Comments Regarding 2016 Needs Assessment	21
15	Review of Strategies Undertaken in the 2017 Community Health Plan	22
	Appendices	
A	Primary Data Survey and Responses	23
B	Secondary Data Report	30
C	Hospital Utilization and Emergency Room Data	34

Acknowledgements

This report was prepared by Wendy Taylor, with contributions from members of the AdventHealth Gordon Community Health Needs Assessment Committee representing health leaders in our community and AdventHealth Gordon leaders.

A special thanks to Gordon County Health Department, Gordon County Family Connections, and the Voluntary Action Center for their expertise and support in the collection and analysis of the data.

We are especially grateful to all those who participated in our household surveys and key informant interviews. Their contributions made this report possible and lay the groundwork as we continue to fulfill our mission of *Extending the Healing Ministry of Christ*.

1. EXECUTIVE SUMMARY

Goals

Adventist Health System Georgia, Inc. d/b/a AdventHealth Gordon will be referred to in this document as AdventHealth Gordon or "The Hospital." AdventHealth Gordon in Calhoun, Georgia conducted a community health needs assessment in 2019. The goals of the assessment were to:

- Engage public health and community stakeholders including low-income, minority and other underserved populations
- Assess and understand the community's health issues and needs
- Understand the health behaviors, risk factors and social determinants that impact health
- Identify community resources and collaborate with community partners
- Publish the Community Health Needs Assessment
- Use assessment findings to develop and implement a 2020-2022 Community Health Plan based on AdventHealth Gordon's prioritized issues

Community Health Needs Assessment Committee

In order to ensure broad community input, AdventHealth Gordon created a Community Health Needs Assessment Committee (CHNAC) to help guide the Hospital through the assessment process. The CHNAC included representation from the Hospital, public health experts, and the broad community. This included intentional representation from low-income, minority and other underserved populations.

The CHNAC met six times in 2018-2019. They reviewed the primary and secondary data, helped define the priority issues to be addressed by the Hospital, and helped develop the Community Health Plan to address the priority issues. *See Section 5 for a list of CHNAC members*.

Data

AdventHealth Gordon collected both primary and secondary data. The primary data included stakeholder interviews and community surveys.

Secondary data sources included internal Hospital utilization data (inpatient and emergency department). This utilization data showed the top reasons for visits to AdventHealth Gordon over the past year. In addition, AdventHealth Gordon utilized publicly available data from state and nationally recognized data sources. *See Section 7 for a list of data sources.*

Primary and secondary data was then compiled and analyzed in order to identify the top 8-12 aggregate issues from the various sources of data.

Community Asset Inventory

The next step was a Community Asset Inventory. This inventory was designed to help AdventHealth Gordon and the CHNAC to:

- Understand existing community efforts to address the 8-12 identified issues from aggregate primary and secondary data.
- Prevent duplication of efforts as appropriate. *See Section 9 for the Community Asset Inventory.*

Selection Criteria

Using the data findings and the Community Asset Inventory, the CHNAC narrowed the list of 10 issues to four priority issues.

The CHNAC used a priority selection tool that uses clearly defined criteria to select the top issues to address. *See Section 10 for the Priority Selection Report.*

The priority selection criteria included:

A. Relevance: How important is this issue?
B. Impact: What will we achieve by addressing this issue?
C. Feasibility: Can we adequately address this issue?

Priority Issues to be Addressed

The priority issues to be addressed included:

1. Cancer
    a. Goal 1: Provide free screening and preventive information in our community
    b. Goal 2: Increase number of individuals receiving preventative, early diagnosis and treatment

2. Chronic Disease (Cholesterol/Diabetes/Heart Disease/High Blood Pressure)
    a. Goal 1: Provide free screenings in our community
    b. Goal 2: Increase number of individuals receiving preventative, early diagnosis and treatment

3. Mental Health
    a. Goal 1: Provide information on resources in our community
    b. Goal 2: Increase number of individuals receiving treatment

4. Vaping
    a. Goal 1: Partner with the school systems to educate the students in our community
    b. Goal 2: Provide information and resources in our community to adults

See Section 11-12 for an explanation of priority issues which were chosen as well as those not chosen.

Approvals

On November 12, 2019, the AdventHealth Gordon Board approved the Community Health Needs Assessment findings, priority issues and final report. A link to the 2019 Community Health Needs Assessment was posted on the Hospital's website as well as https://www.adventhealth.com/community-health-needs-assessments prior to December 31, 2019.

Next Steps

The CHNAC will work with AdventHealth Gordon to develop a measurable 2020-2022 Community Health Plan to address the priority issues. The plan will be completed and posted on the Hospital's website prior to May 15, 2020.

2. ABOUT: ADVENTHEALTH GORDON

Transition to AdventHealth

In January of 2019, every wholly-owned entity across our organization adopted the AdventHealth system brand. Our identity has been unified to represent the full continuum of care our system offers. Throughout this report, we will refer to our facility by AdventHealth Gordon. Any reference to our 2016 Community Health Needs Assessment in this document will utilize our new name for consistency.

AdventHealth Gordon is part of AdventHealth. With a sacred mission of Extending the Healing Ministry of Christ, AdventHealth is a connected system of care for every stage of life and health. More than 80,000 skilled and compassionate caregivers in physician practices, Hospitals, outpatient clinics, skilled nursing facilities, home health agencies and hospice centers provide individualized, wholistic care. A Christian mission, shared vision, common values and service standards focus on whole-person health, and commitment to making communities healthier.

About AdventHealth Gordon

AdventHealth Gordon operates as a 69-bed acute care facility. AdventHealth Gordon offers multiple services for the residents of North Georgia. These include: 24-hour Emergency Center, Rehabilitation Services, Intensive and Progressive Care Units, Radiology, Women's Diagnostic Center, General and Cancer Surgery, Home Health Services, Oncology Services and Radiation Therapy, Urgent Care Centers, Urology Services, Endocrinology Services, Pain Management Services and Pastoral Care.

In addition, AdventHealth Gordon operates the following satellite AdventHealth Medical Group facilities: Urgent Care Calhoun, North Georgia Eye Care, Oncology, Urology, Northwest Georgia Orthopedics and Sports Medicine (three locations), Home Care, Northwest Georgia OB/GYN, Primary Care, Northwest Georgia Endocrinology, Adult & Pediatric Medical Associates, Internal and Family medicine, OWASA Family Medicine, North Georgia Cancer Center, Health Depot, Cook Family Practice, and Michael A. Witt, MD, Offices in Chatsworth, Georgia.

During 2018, AdventHealth treated 3,996 inpatients, saw 33,150 emergency patients, performed 5,989 surgeries, delivered 548 babies, cared for 31,357 outpatients and saw 176,700 patients in its physician clinics.

3. CHOOSING THE COMMUNITY

AdventHealth Gordon defined its community as its Primary Service Area (PSA) from which 75-80% of its patients come. This area includes all zip codes located within Gordon County. The zip codes in our primary service area are:

30701 – Calhoun

30703 – Calhoun Post Office Boxes

30139 – Fairmount

30732 – Oakman

30733 – Plainville

30734 – Ranger

30735 – Resaca

30746 – Sugar Valley

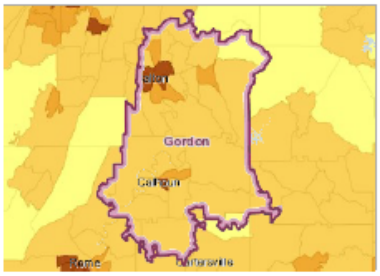
4. COMMUNITY DESCRIPTION AND DEMOGRAPHICS

Gordon County is located on I-75 in northwest Georgia, 45 minutes from both Atlanta and Chattanooga, TN. This enviable location has attracted and continues to attract commercial and industrial enterprises such as major carpet and floor covering manufacturers, food processors, heavy machinery assembly companies and distribution firms. Gordon County and the surrounding area offer a vast array of quality-of-life resources including civil war historic sites, a state park, quality health care, excellent public and higher educational opportunities, a cultural arts center and regional outlet mall.

In order to understand our community and the challenges faced, AdventHealth Gordon looked at both demographic information for the service area population, as well as available data on social determinants of health. According to the Center for Disease Control and Prevention, social determinants of health include conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. A snapshot of our community demographics and characteristics is included below. Secondary report data and methodology can be found in Appendix B.

A total of 193,283 people lives in the 1,066 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2012-16 5-year estimates. The population density for this area, estimated at 181.17 persons per square mile, is greater than the national average population density of 90.19 persons per square mile.

The map below represents the service area where 75-80% of AdventHealth Gordon's patients come from.



View larger map

Population, Density (Persons per Sq Mile) by Tract, ACS 2012-16

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed
- Gordon

Source: US Census Bureau, American Community Survey. 2013-17.

COMMUNITY DEMOGRAPHICS

Female 50.59%

Male 49.41%

AGE	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
%	6.7%	19.64%	9.03%	13.04%	13.36%	13.93%	11.32%	12.98%

RACE	Caucasian	African-American	Asian	Native American / Alaska Native	Native Hawaiian /Pacific Islander	Other Race	Multiple Races
%	90.32%	3.77%	0.93%	0.68%	0.01%	2.91%	1.39%

ETHNICITY	Hispanic or Latino	Non-Hispanic
%	24.11%	75.89%

Source: US Census Bureau, American Community Survey. 2013-17.

DATA INDICATOR	DESCRIPTION	ADVENTHEALTH GORDON SERVICE AREA	GEORGIA AVERAGE
Poverty[1]	% Population in Poverty (Below 100% FPL)	19.6%	17.77%
Unemployment Rate[2]	Unemployment Rate	8.4%	3.8%
Violent Crime[3]	Violent Crime Rate (Per 100,000 Pop.)	266.1	378
Population with No High School Diploma[1]	% Population Age 25+ with No High School Diploma	28.9%	14.16%
Insurance[4]	Uninsured Adults-% Without Medical Insurance	24.82%	18.25%
Insurance[4]	Uninsured Children-% Without Medical Insurance	8.51%	6.67%
Food Insecurity Rate[5]	Food Insecurity Rate	14.4%	17.7%
Population with Low Food Access[6]	% Population with Low Food Access	21.73%	30.82%
Use of Public Transportation[1]	% Population Using Public Transit for Commute to Work (Age 16+)	.33%	2.1%
Income[1]	Per Capita	$19,750.00	$26,677.00
Social Support[7]	Estimated % Population without Adequate Social/Emotional Support	24.8%	20.7%

[1] US Census Bureau, American Community Survey. 2013-17. [2] US Department of Labor, Bureau of Labor Statistics. 2019 - August. [3] Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2019. [4] US Census Bureau, Small Area Health Insurance Estimates. 2017. [5] Feeding America. 2017. [6] US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. [7] Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

5. COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

A Community Health Needs Assessment Committee (CHNAC) was formed to help AdventHealth Gordon conduct a comprehensive assessment of the community. The committee included representation from the Hospital, public health officials and the broad community as well as representation from low-income, minority and other underserved populations. The committee met regularly throughout 2018-2019. Current CHNAC members include:

Community Members

Name	Title	Organization	Description of Services	Low-Income	Minority	Other Underserved Populations
Mary Barclay	CEO	George Chambers Resource Center	Provides training for handicap adults			x
Ann Bradford	Director	Gordon County Senior Center	Provides programs and meals for senior citizens			x
Lisa Crowder	Nurse Manager	Gordon County Health Department	Provides healthcare services to Gordon County			x
Kim Gallman	Director of Member Services	Gordon County Chamber	Provides information about businesses in the community			x
Vickie McEntire	Coordinator	Family Connection of Gordon County	Provides help for abused children	x	x	
Stacy Long	Executive Director	Voluntary Action Center	Provides educational programs and assistance for the underserved	x	x	
Scorpio Denmon	Director	Gordon County Boys and Girls Club	Provides childcare and learning for underserved children	x	x	

AdventHealth Gordon Members

The following AdventHealth Gordon team members provided leadership throughout the process:

- **Selina Morgan,** Director Case Management
- **Pete Weber**, CEO
- **Tracy Farriba**, Director Community Relations
- **Garrett Nudd**, Director Marketing/Foundation
- **Don Jehle**, Chaplain

6. PUBLIC HEALTH

Public health was represented throughout the Community Health Needs Assessment. A Gordon County Health Department representative participated throughout the Community Health Needs Assessment process as a member of the CHNAC. In addition, key informant responses included perspectives from public health employees. Team members from the Gordon County public health department assisted in gathering of both primary and secondary data. The Gordon County representative joined the CHNAC with previous experience conducting community needs assessment and was involved in many aspects of the AdventHealth Gordon needs assessment process.

The following Gordon County Health Department employee provided leadership throughout the process:

- **Lisa Crowder,** RN, Nurse Manager, Gordon and Catoosa County Health Department

7. PRIMARY AND SECONDARY DATA SOURCES

Primary Data

a. Community Surveys – Paper survey questionnaires were collected at health fairs, health screenings, blood pressure screenings and blood pressure clinics set up at the local Wal-Mart, local churches and the Gordon County Family Connections office. Online surveys were distributed via email.
b. Stakeholder Interviews – Stakeholder interviews were conducted in person interviews with individuals as well as two focus groups comprised of representatives from community organizations, which serve low income community members.

Secondary Data

a. Hospital Utilization Data: Top 10 inpatient and emergency department diagnoses by payer was utilized from internal Hospital data.
b. Engagement Network: Our secondary data was sourced from the Engagement Network. This is a national platform produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. The Engagement Network hosts a national Map Room with 15,000+ data layers, a Community Health Needs Assessment reporting tool with 80+ health-related indicators, and a hub network with 30+ partner organizations using CARES technology.

Data Sources:

a. US Census Bureau, Decennial Census, 2000-2010
b. US Census Bureau, American Community Survey, 2013-17
c. Feeding America, 2014
d. US Census Bureau, Small Area Health Insurance Estimates, 2016
e. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
f. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
g. US Department of Labor, Bureau of Labor Statistics, 2018 – August
h. Federal Bureau of Investigation, FBI Uniform Crime Reports, 2012-14
i. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2015
j. US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015
k. Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2015
l. US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration, April 2016
m. US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, March 2018
n. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12
o. Centers for Disease Control and Prevention, National Vital Statistics System, Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-10
p. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015
q. State Cancer Profiles, 2011-15
r. State Cancer Profiles, 2009-13
s. Centers for Medicare and Medicaid Services, 2015
t. Centers for Disease Control and Prevention, National Vital Statistics System, US Department of Health & Human Services, Health Indicators Warehouse, 2006-12
u. Centers for Disease Control and Prevention, National Vital Statistics System, 2012-16
v. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10
w. AdventHealth Gordon Inpatient and Emergency Diagnosis Report

8. DATA SUMMARY

Primary and Secondary Data: High Level Findings

Once all primary and secondary data was collected, this was then analyzed and categorized into top 10 priorities per source of data. These results are listed by source in the tables below.

Primary and secondary data was presented to the CHNAC. The AdventHealth Gordon financial department presented admission data for inpatient and the emergency department including diagnosis, payer source and zip codes for 2018.

Top Priorities determined from Stakeholder Interviews					
1	Cancer	5	Diabetes	9	Immunization - children
2	Mental health	6	High blood pressure/cholesterol	10	Transportation
3	Smoking	7	Teen pregnancy rates		
4	Heart Disease	8	Chronic diseases		

Top Priorities determined from Community Surveys					
1	Cancer	5	Mental health disorders	9	Respiratory disease - adults
2	Heart Disease	6	Teen pregnancy rates/low birth-weight babies	10	Immunization - adults
3	Diabetes	7	Immunization - children		
4	High blood pressure/cholesterol	8	Asthma - children		

Top Priorities determined from Hospital Emergency Department Data					
1	Gastroenterology	5	Other general medicine	9	Nephrology
2	Otology	6	Medical trauma (orthopedics)	10	Medical spine
3	Body Injuries	7	Medical cardiology		
4	Pulmonology	8	Dermatology		

Top Priorities determined from Hospital Inpatient Admission Data					
1	Births	5	Gastroenterology	9	Nephrology
2	Pulmonology	6	Neonate with major problems	10	Endocrinology
3	Medical cardiology	7	Joint replacement		
4	Infectious disease	8	Normal newborn		

Top Priorities determined from Secondary Data provided by Engagement Network					
1	High cholesterol	5	Heart Disease	9	
2	Obesity	6	Mortality - cancer	10	
3	High blood pressure	7			
4	Diabetes	8			

Primary and Secondary Data: Aggregate Community Health Needs

At a subsequent CHNAC meeting, the data was reviewed. The group categorized and prioritized the issue based on importance, impact and the ability to impact change. The CHNAC determined which of the priorities AdventHealth Gordon should address based on need and available assets.

Aggregate Priorities				
	Priority Issue	Ethnic Group	Age Group	Specific Geographic Area
1	Cancer	All	varies	Underserved community
2	Heart Disease	All	Varies	Underserved community
3	High Blood Pressure	All	Varies	Underserved community
4	Cholesterol	All	Varies	Underserved community
5	Diabetes	All	Varies	Underserved community
6	Mental Health	All	Varies	Underserved community
7	Vaping	All	School Age & Parents	Students and Parents
8	Respiratory Disease	All	Varies	Underserved community
9	Immunizations	All	Varies	Underserved community
10	Teen Pregnancy	All	Teens	All

9. COMMUNITY ASSET INVENTORY

In order to help AdventHealth Gordon's CHNAC determine the community health priorities where they could make a meaningful difference, the Hospital conducted a Community Asset Inventory related to the top 10 identified community health needs. The inventory was designed to help the CHNAC narrow the aggregated 10 needs to the top five to be addressed.

COMMUNITY ASSET INVENTORY		
Top Issues Defined by Primary/Secondary Data	**Current Community Programs**	**Current Hospital Programs**
Cancer Detection – will include all types: breast, colorectal, lung, prostate, melanoma, etc.	Partnership with the American Cancer Society; Screenings; Partnership between area hospital and NWGA Cancer Coalition; Education seminars; Mammography partnership between the hospital and the health department to offer low cost mammograms	Medical staff; Cancer committee; Employees; Seminars and education events; Harris Radiation Therapy Center;
Heart Disease	Screenings	Dinner with the Doctors Educational Seminars; Blood Pressure Clinics at Walmart; Health Fairs; Educational Information
High Blood Pressure	Screenings	Blood pressure screenings at local industries and in general community; Seminars and educational events; Advertising
Cholesterol	Screenings	Screenings at local industries and in general community; Seminars and educational events
Diabetes	Screenings	Health fair; She is More event; Back to School Blast
Mental Health	Partnership with community agencies; Voluntary Action Center Family Connection	
Vaping	Partnership with local school systems.	
Respiratory Disease	Health Department	
Immunizations	Health Department	
Teen Pregnancy	Health Department	

10. PRIORITY SELECTION

Priority Selection using the RATING & PRIORITIZING KEY HEALTH ISSUES WORKSHEET

The top 10 issues identified from the CHNAC data review of household data, key informant survey responses and the top inpatient and ED admissions data, were reviewed and discussed again alongside the Community Asset Inventory to identify the top priorities.

Once the top 10 aggregate issues were selected, the CHNAC utilized a tool called the Rating & Prioritizing Key Health Issues Worksheet to help identify the issues to be addressed.

This worksheet utilized the following criteria for each issue:

1. Relevance: How important is this issue?
2. Impact: What will we achieve by addressing this issue?
3. Feasibility: Can we adequately address this issue?

Rating Criteria: (1=lowest priority; 2=medium; 3=high; 4=highest)		
Relevance How important is this issue?	**Impact** What will we achieve by addressing this issue?	**Feasibility** Can we adequately address this issue?
• Size of problem (e.g. % population) • Severity of problem (e.g. Cost to treat, lives lost) • Urgency to solve problem; community concern • Linked to other important issues	• Availability of solutions/proven strategies • Builds on or enhances current work • Significant consequences of not addressing issue now	• Availability of resources (staff, community partners, time, money) to address issue • Political capacity/will • Community/social acceptability • Appropriate socio-culturally • Can identify easy, short-term wins

Each potential issue was rated based on the above criteria, with a scoring of 1 = lowest priority, to 4= highest priority.

RATING & PRIORITIZING KEY HEALTH ISSUES							
Step 1: List Key Issues	**Step 2:** Rate Against Selection Criteria (1= lowest priority; 2= medium; 3= high; 4=highest)					**Step 3:** Total Rating	
	RELEVANCE *How important is the issue?*		**IMPACTFUL** *What will we achieve by addressing this issue?*		**FEASIBLITY** *Can we adequately address this issue?*		
Cancer	4	+	3	+	4	=	11
Heart Disease	3	+	2	+	4	=	9
High Blood Pressure	3	+	2	+	4	=	9
Cholesterol	3	+	2	+	4	=	9
Diabetes	3	+	2	+	4	=	9
Mental Health	3	+	2	+	2	=	7
Vaping	3	+	2	+	2	=	7
Respiratory Disease	2	+	2	+	2	=	6
Immunizations	2	+	2	+	2	=	6
Teen Pregnancy	2	+	1	+	1	=	4

During the priority selection, several similar issues were combined to avoid duplication of services. The final list of priorities reflects the consolidation of cholesterol, diabetes, heart disease and high blood pressure into one category listed as Chronic Disease in order to avoid duplicating efforts.

RATIONALE FOR ISSUES TO BE ADDRESSED			
Priority Issue	**Relevance**	**impact**	**Feasibility**
1. Cancer	180.33 deaths per 100,000 people higher than state average of 164.74	Increased mortality rate	Community outreach team, funds American Cancer Society and NWGA Cancer Coalition
2. Chronic Disease: (Cholesterol/Diabetes/ Heart Disease/High Blood Pressure)	39.98% adults with high cholesterol higher than state average of 37.24% 12.2% adults diagnosed with diabetes compared with 10.96% at the state level 5.3% adults with heart disease higher than state average of 4.4% 31.72% adults with high blood pressure higher than state average of 31.6%	Increased healthcare cost; leading cause of death and disability in US	Community outreach Health Dept.
3. Mental Health	24.8% of population lacks adequate social/emotional support higher than state average of 20.7%	Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes and heart disease.	Community outreach Family Connection and Voluntary Action Center
4. Vaping	Increase in vaping in schools; Community stakeholders highlighted the increase of vaping by students	Increased healthcare costs and higher risk for chronic disease	Community outreach Local school systems and Family Connection

RATIONALE FOR ISSUES NOT TO BE ADDRESSED			
Priority Issue	**Relevance**	**Impact**	**Feasibility**
1. Teen Pregnancy	Both Stakeholders and community members identified teen pregnancy as an important issue	Negative impact on mother and child with higher risk for postpartum depression, higher incidence of poverty	Community outreach team, funds The Teen Health Task Force, Boys and Girls Club, Family Intervention Specialists
2. Immunization	Impacts both adults and children	Increase risk of contracting preventable disease; increases risk for surrounding vulnerable populations such as immunosuppressed, elderly, etc.	Health Dept.
3. Respiratory Disease	Considering the leading industries in the region, respiratory disease is common in the community	One of leading causes of death in U.S.; increased health care costs	Health Dept.

11. PRIORITY ISSUES TO BE ADDRESSED

ISSUE 1: CANCER

Cancer continues to be the leading cause of death across the United States as well as the top concern according to community surveys and stakeholder interviews. According to the Center for Disease Control and Prevention's National Vital Statistics System, the Age-Adjusted Death Rate (Per 100,000 Pop.) is 180.33 compared to the state average of 164.74.

One important determining factor for incidence of cancer is the percent of adults who receive recommended cancer screenings. This preventive behavior provides an opportunity for early detection and treatment of disease. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach and/or social barriers preventing utilization of services. Consistently, AdventHealth Gordon Primary Service area data reflects a lower percentage than state average of adults receiving recommended preventative screenings as shown below.

% AdventHealth PSA receiving recommended preventative screenings	AdventHealth PSA	State Average
% adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy	52.2%	62.4%
% of women aged 18 and older who self-report that they have had a Pap Test in the past three years	77.8%	82.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

The age adjusted incidence rates for various types of cancer are consistently higher than the state average in the Hospital primary service area as shown below with the exception of Breast Cancer, which is still the second most frequent type of cancer diagnosed in the community.

Cancer Incidence per 100,000 population per year (age-adjusted)	AdventHealth PSA	State Average
Lung Cancer	85.7	64.1
Breast Cancer	100	125.8
Cervix Cancer	8.8	7.7
Colon and Rectum Cancer	40.4	41.8
Mortality-Cancer	183.58	162.06

Source Data Source: State Cancer Profiles. 2012-16

The Hospital plans to continue efforts to offer screenings and education to educate the community as well as provide opportunities for increased access to early detection.

ISSUE 2: CHRONIC DISEASE
(Cholesterol, Diabetes, Heart Disease and High Blood Pressure)

Chronic Disease is the leading cause of death and disability in the United States. Cholesterol, diabetes, heart disease and high blood pressure were all identified as top priorities in both primary and secondary data. Health outcomes reflect the need for strategic efforts to address chronic disease in the AdventHealth Gordon community.

Health Outcomes	AdventHealth PSA	State Average
High Blood Pressure (Adult)	31.42%	31.6%
Diabetes (Adult)	15.5%	11.15%
Cholesterol (Adult)	39.9%	37.24%
Heart Disease (Adult)	7.3%	4.4%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Access to care continues to be an additional contributor to higher than average rates of chronic disease among the Hospital PSA. The below indicators are relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

- 32.7% of adults lack a consistent source of primary care according to the Center for Disease Control and Prevention Behavioral Risk Factor Surveillance System 2011-12 data. This indicator is higher than the state average of 26.09%.
- The rate of preventable hospital events per 1,000 Medicare enrollees is also higher than state average at 59.2 for the primary service area compared to the state average of 50.2. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

ISSUE 3: MENTAL HEALTH

Mental health issues are often undiagnosed due to the lack of knowledge regarding treatment. Mental illness, especially depression, increases the risk for many types of physical health problems, particularly long-lasting conditions like stroke, type 2 diabetes and heart disease.

Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. Secondary data indicates that 22.7% of adults over the age of 18 self-report that they receive insufficient social and emotional support all or most of the time. This is higher than the state average of 20.7%.

The AdventHealth PSA has a slightly higher rate of death due to intentional self-harm (suicide) per 100,000 population at 15.35 compared to the state rate of 13.3. This indicator is relevant as suicide is a major indicator of poor mental health. Moreover, the percentage of Medicare fee-for-service population inside the Hospital PSA with depression is 20.8% compared to the state average of 17.9%.

The Hospital recognizes that impacting issues such as mental health will be more successful with collaboration. AdventHealth Gordon will partner with community agencies to educate the community and help connect those in need to available resources.

ISSUE 4: VAPING

Vaping is quickly becoming an epidemic among school age children. AdventHealth Gordon community stakeholders vocalized concern over the growing number of children adopting this behavior. The use of e-cigarettes is unsafe for children, teens and young adults. Most e-cigarettes contain nicotine, which has proven to be highly addictive and harmful to adolescent brain development. There is growing concern regarding the increase in use, especially in the community's youth. Opportunities have been identified for the Hospital to partner with the school system to help bolster efforts to provide education, screenings and strengthen prevention efforts.

12. PRIORITY ISSUES THAT WILL NOT BE ADDRESSED

ISSUE 1: TEEN PREGNANCY

Teen pregnancy can impact quality of life for both mother and child. Teen mothers are at a higher risk for postpartum depression and future poverty. The Community Asset Inventory identified several existing programs and organizations addressing this issue. The CHNAC chose not to focus on this issue in order to avoid duplication of efforts.

ISSUE 2: IMMUNIZATIONS (Adults & Children)

The CHNAC agreed that while important, already existing efforts led by the local health department were addressing the issue of immunizations. The Hospital will continue to support the efforts of the local health department.

ISSUE 3: RESPIRATORY DISEASE

Although some community members cited childhood asthma as a community health problem, the CHNAC did not believe this priority compared to other issues. AdventHealth Gordon will continue to partner with the school system to help bolster efforts to provide education, and screenings.

13. NEXT STEPS

The CHNAC will work with AdventHealth Gordon and other community partners to develop a measurable Community Health Plan for 2020-2022 to address the priority issues. For each priority, specific goals will be developed including measurable outcomes, intervention strategies and the resources necessary for successful implementation.

Evidence based strategies will be reviewed to determine the most impactful and effective interventions. For each goal, a review of policies that can support or deter progress will be completed with consideration of opportunities to make an impact. The plan will be reviewed quarterly with an annual assessment of progress. A presentation of progress on the plan will also be presented to the Hospital board annually.

A link to the Community Health Plan will be posted on AdventHealth.com prior to May 15, 2020.

14. WRITTEN COMMENTS REGARDING 2016 NEEDS ASSESSMENT

We posted a link to the most recently conducted CHNA and most recently adopted implementation strategy 2016 on our Hospital website as well as https://www.adventhealth.com/community-health-needs-assessments prior to May 15, 2017 and have not received any written comments.

15. REVIEW OF STRATEGIES UNDERTAKEN IN THE 2017 COMMUNITY HEALTH PLAN

AdventHealth Gordon conducts an annual evaluation of the progress made from the implementation strategies from the Community Health Plan. The evaluation is reported to the IRS in Form 990. The following is a summary of progress made on our most recently adopted plan.

Priority #1: Cancer

2016 Description of the Issue: Cancer is the number one health problem/condition in our community. We believe we are in a position to help our community with cancer due to our continued work at the Harris Radiation Therapy Center and our new breast center.

Cumulative Update: The Hospital continued efforts to Increased awareness of women's health regarding cancer for low income women by focusing on breast cancer awareness through the Foundation 5k, continued partnership with the health department, and opening of the Edna Owens Breast Center.

In 2018, AdventHealth Gordon provided the following:

- 331 community members received screenings for various types of cancer.
- Low dose lung screenings were added in 2018 as another type of available screening.
- 5,064 mammogram screenings were completed including referrals from the area health department for low
  income women.
- The Edna Owens Breast Center, which includes 3D mammography, opened in 2019. This new location will increase
- Increased access to preventative screenings and care.

Priority #2: High Blood Pressure/Cholesterol & Heart Disease

2016 Description of the Issue: High blood pressure, cholesterol, and heart disease also ranked high in our community survey.

We can continue to offer risk assessments and screenings but on a larger scale.

Cumulative Update: Increased information to the community through Hospital events such as health fairs, She is More event and
Back-to-School Blast.

- 1,391 community members received free blood pressure screenings at locations such as Walmart, Shaw Industries, the annual Back-to-School Blast event.
- 111 community members participated in CREATION Health educational programs based on whole person health. The CREATION Health program focuses on the tenants of: Choice, Rest, Environment, Trust, Interpersonal relationships, Outlook and Nutrition.
- AdventHealth Gordon also has a CREATION Health Walking Trail, which is available for use year-round by the community. Activity on the trail has increased tremendously in 2018 and 2019.

Priority #3: Diabetes

2016 Description of the Issue: Several of the behavior/risk factors indicated on our community survey are directly related Factors of diabetes; therefore, the Committee chose diabetes as one of our key issues.

Cumulative Update: Increased the amount of diabetes information to the community through Hospital events such as health fairs, She is More event and Back-to-School Blast. AdventHealth Gordon hosted free monthly diabetes education classes in order to Increase community outreach and education opportunities. Sixty-two community members received free diabetes education in 2018.

APPENDIX A:
PRIMARY DATA SURVEY
& PRIMARY DATA RESULTS

AdventHealth Community Survey

Community surveys were completed in collaboration with our CHNAC and community partners. Surveys were administered in person as well as online. The aggregate results are shown below.

- 194 In-person surveys
- 127 Online surveys

1. *Within the past 12 months we worried whether our food would run out before we got money to buy more. Y N*
2. *Within the past 12 months the food we bought just didn't last and we didn't have money to get more. Y N*
3. *Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household? Y N*
4. *In the past 12 months has your utility company shut off your service for not paying your bills? Y N*
5. *In the past 12 months, was there a time you needed to see a doctor but could not because of cost? Y N*
6. *In the past 12 months, have you ever had to go without health care because you didn't have a way to get there? Y N*
7. *Are you afraid you might be hurt in your apartment building or house? Y N*
8. *Do problems getting child care make it difficult for you to work or study? Y N N/A*

   Social Isolation Questions: Answer 1=Hardly ever; 2=Some of the time; or 3=Often)
9. *How often do you feel that you lack companionship? 1 2 3*
10. *How often do you feel left out? 1 2 3*
11. *How often do you feel isolated from others? 1 2 3*

COMMUNITY SURVEY QUESTION	COMMUNITY SURVEY RESULTS	
Within the past 12 months we worried whether our food would run out before we got money to buy more.	29% Yes	71% No
Within the past 12 months the food we bought just didn't last and we didn't have money to get more.	13% Yes	87% No
Are you worried or concerned that in the next 2 months you may not have stable housing that you own, rent, or stay in as part of a household?	20% Yes	80% No
In the past 12 months has your utility company shut off your service for not paying your bills?	8% Yes	92% No
In the past 12 months, was there a time you needed to see a doctor but could not because of cost?	31% Yes	69% No
In the past 12 months, have you ever had to go without health care because you didn't have a way to get there?	9% Yes	91% No
Are you afraid you might be hurt in your apartment building or house?	7% Yes	93% No
Do problems getting child care make it difficult for you to work or study?	9% Yes	51% No 40% N/A
How often do you feel that you lack companionship?	67% Hardly ever 24% Some of the time 10% Often	
How often do you feel left out?	62% Hardly ever 28% Some of the time 11% Often	
How often do you feel isolated from others?	64% Hardly ever 24% Some of the time 12% Often	

AdventHealth Stakeholder Interview

Stakeholder interviews were completed in collaboration with our CHNAC and community partners. Interviews were administered in person to individuals as well as two focus groups. The aggregate results are shown below.

- 23 In-person surveys
- 2 Focus groups (4 participants each)

AdventHealth Gordon

Stakeholder Interview

1. *How would you rate the following?*

	Excellent	Good	Fair	Poor	Very Poor
Overall community health status					
Your personal health status					
Community understanding of health risks					
Your own understanding of health risks					
Community quality of life					
Your own quality of life					

2. What do you see as the greatest **health problems/conditions** in our community? *(circle 3)*

Cancer
Heart disease
High blood pressure / cholesterol
Respiratory disease – adults
Asthma – children
Diabetes
Mental Health disorders
Immunizations – children
Immunizations – adults
Teen pregnancy rates / low birth-weight babies
Other (describe)

3. Which health **behaviors/risk factors** are the most common in our community? *(circle 3)*

Obesity
Lack of exercise
Smoking
Poor nutrition
Seatbelt use
Firearms in homes
Substance abuse – alcohol
Substance abuse – drugs
Lack of family / religious support systems
Risky sexual behaviors
Aging population
Other (describe)

4. Which **community conditions** most impact the health of people in our community? *(circle 3)*

Unemployment
Low-income families / poverty
Crime / violence
Homelessness
Low education levels/literacy
Inadequate transportation
Lack of grocery stores / access to healthy food
Lack of health insurance / affordable care
Access to dental care
Air & water quality
Other (describe)

5. Who in our community promotes good health?

6. What are one or two things that they do that are effective?

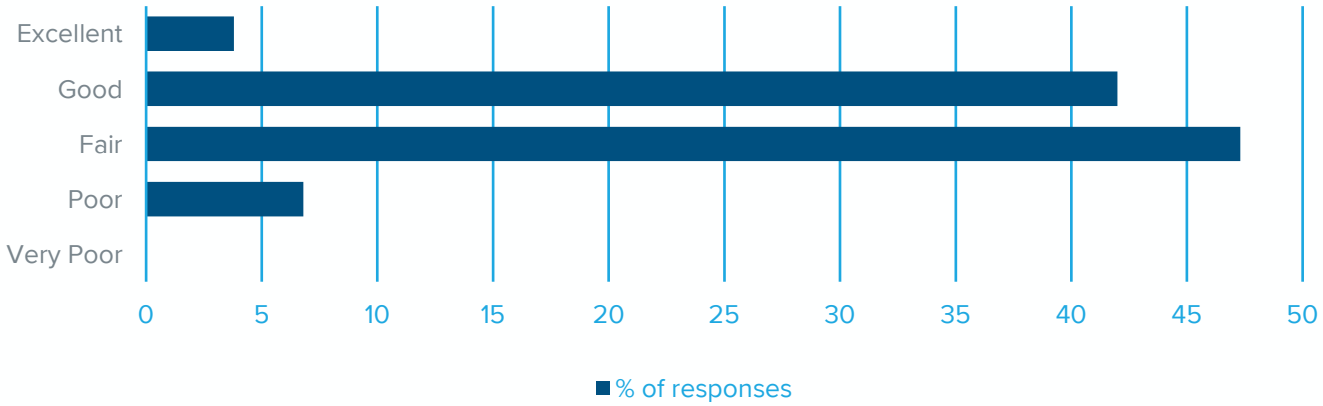
7. If you were in charge of promoting good health, what would you do first?

8. Who else should we talk to?

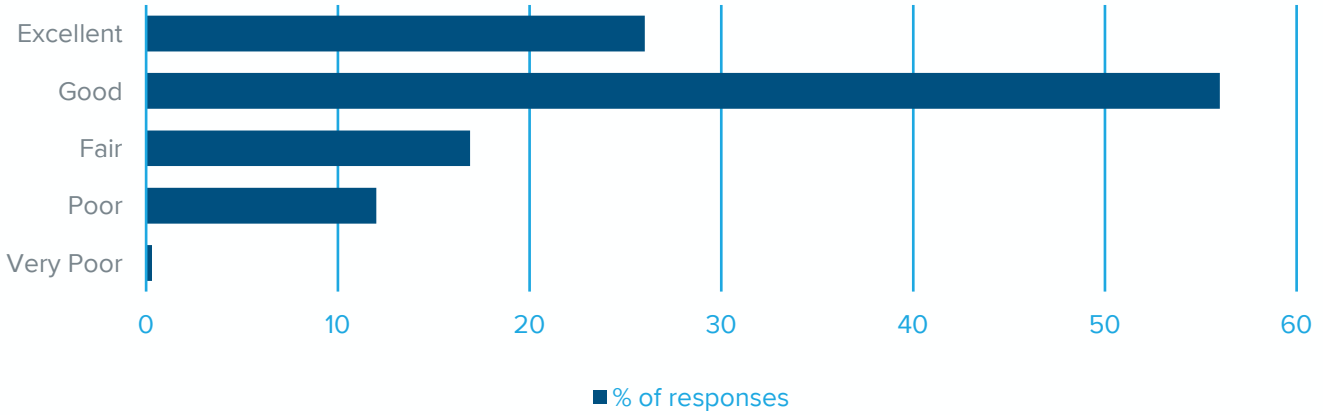
STAKEHOLDER INTERVIEW RESULTS

1. How would you rate the following?

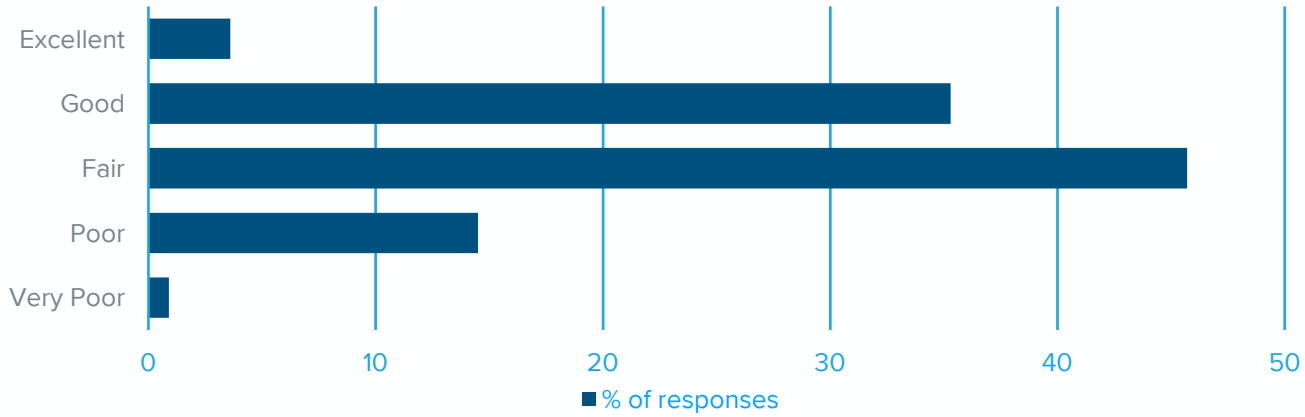
Overall Community Health Status



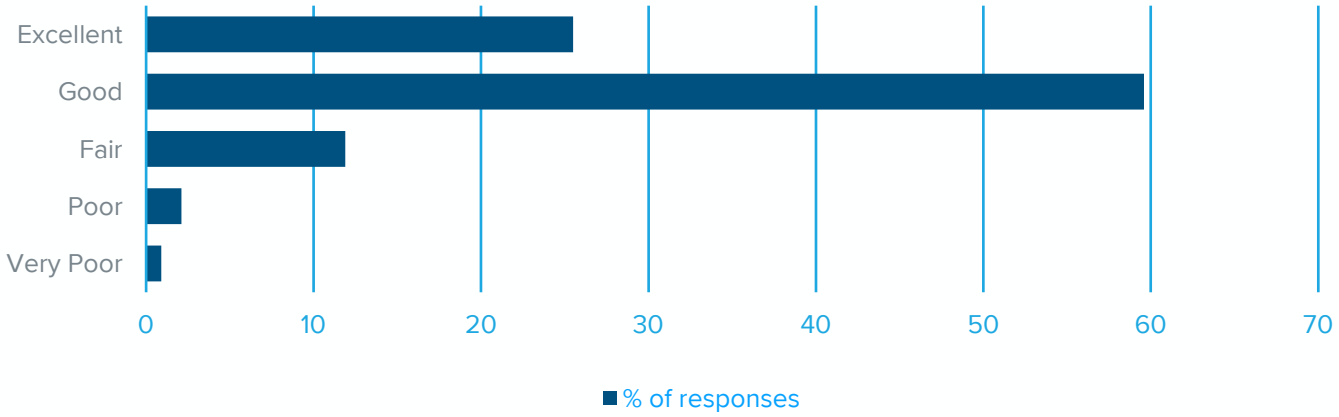
Your Personal Health Status



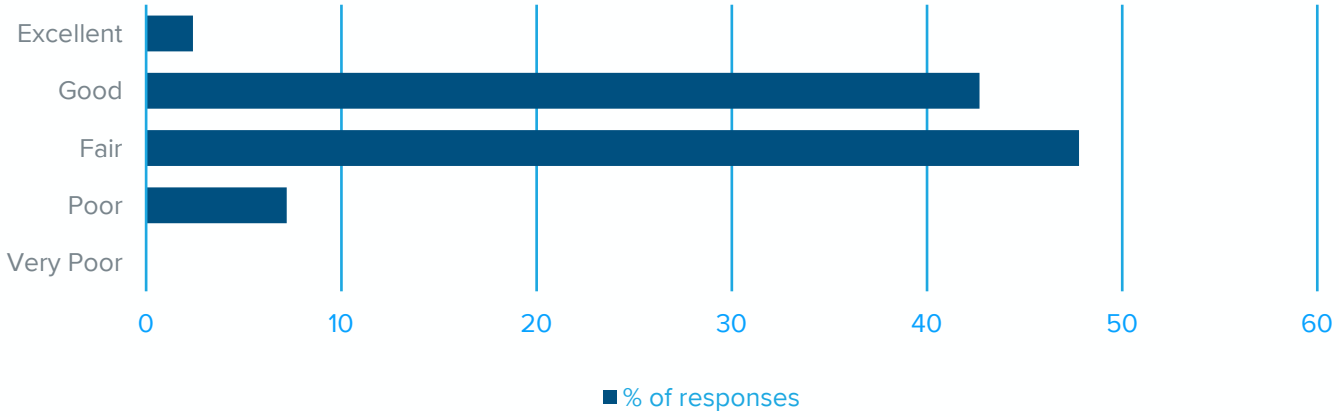
Community Understanding of Health Risks



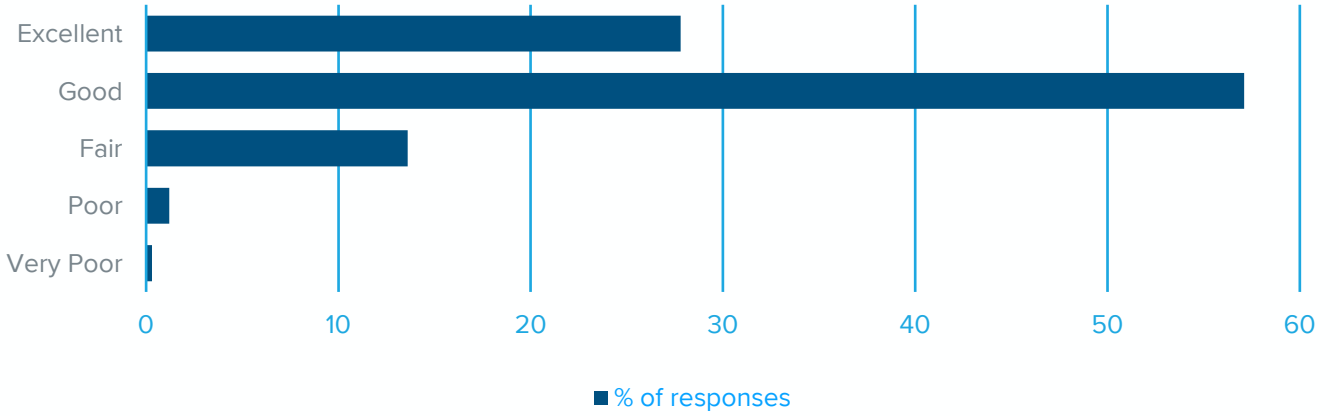
Your Own Understanding of Health Risks



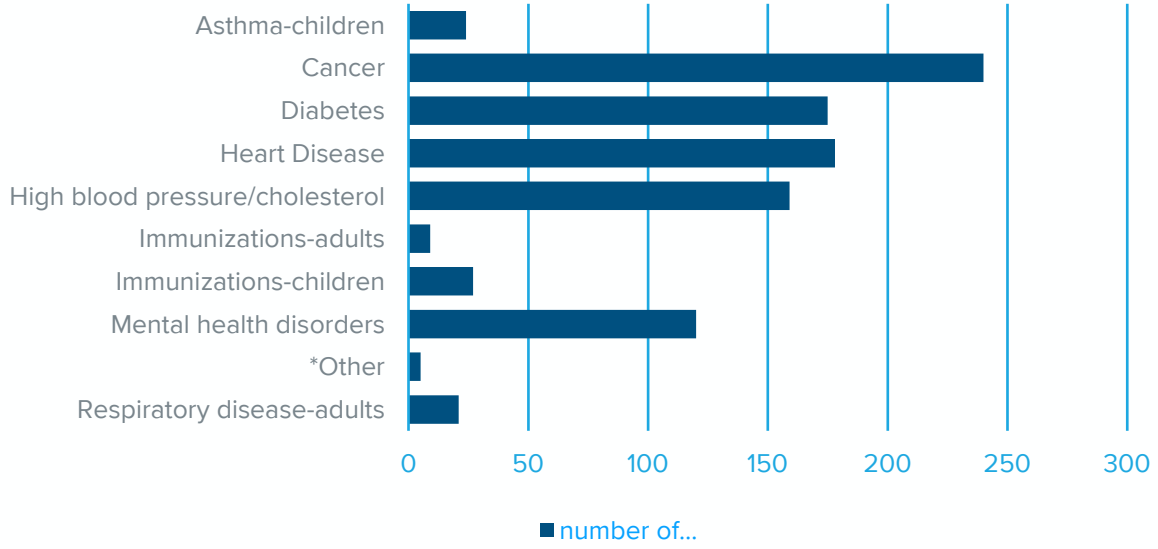
Community Quality of Life



Your Quality of Life

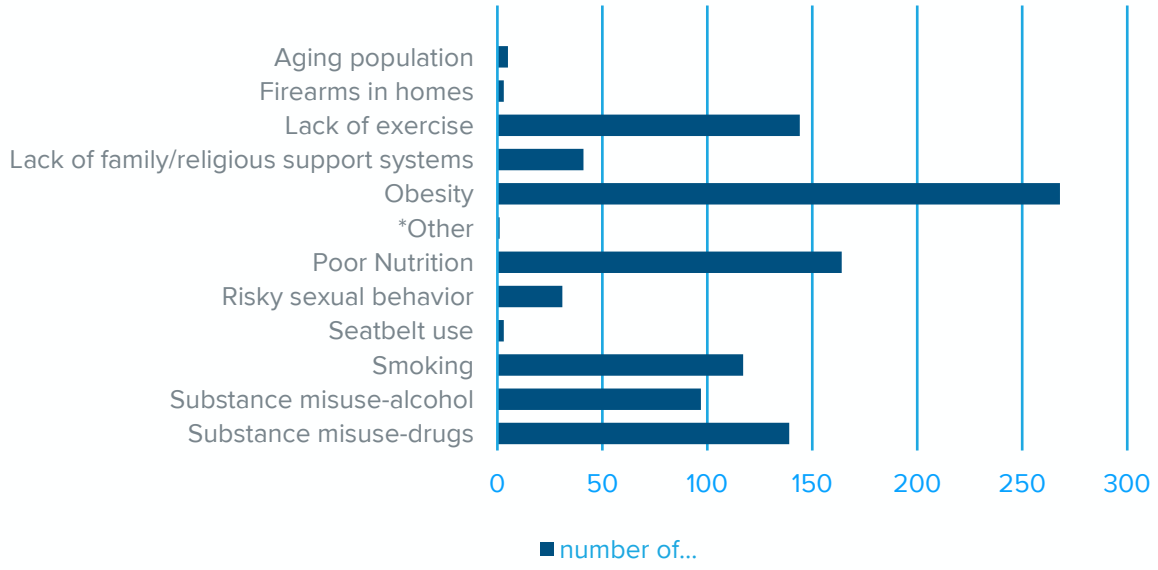


2. What do you see as the GREATEST HEALTH PROBLEMS/CONDITIONS in our community? (Select 3)



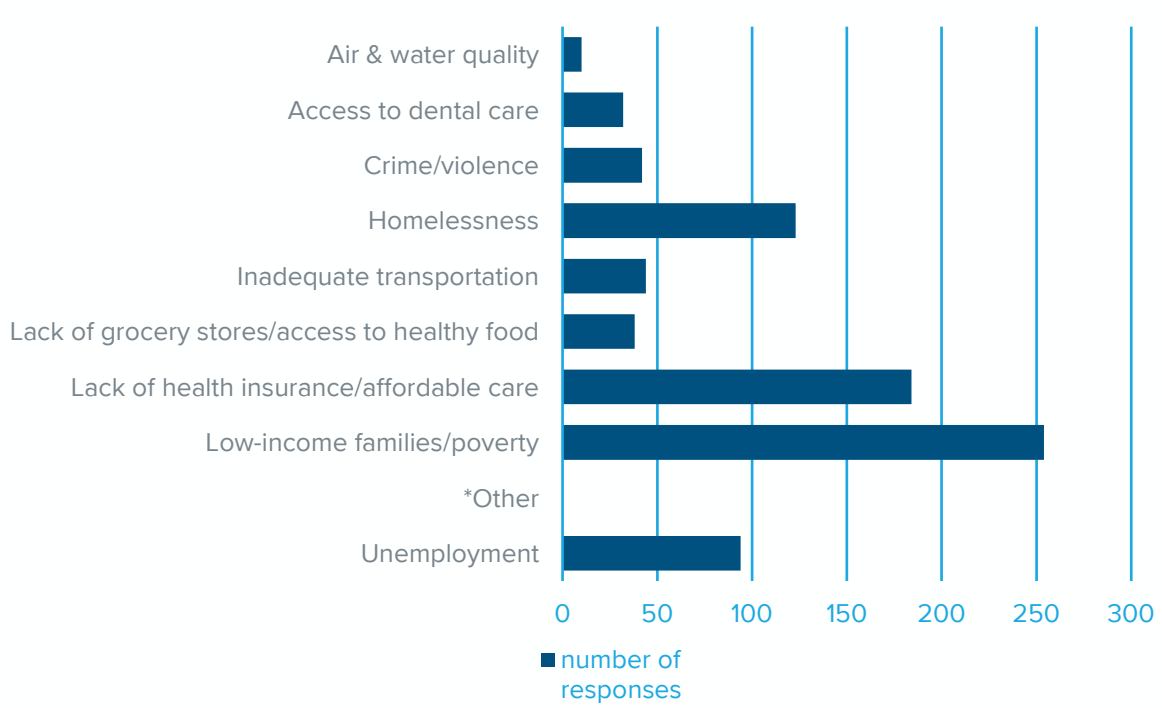
*Other health problems/conditions: poverty, addiction, chronic diseases, and dental care for children

3. Which HEALTH BEHAVIORS/RISK FACTORS are the most common in our community? (Select 3)



*Other health problems/conditions: suicide

4. Which COMMUNITY CONDITIONS most impact the health of people in our community? (Select 3)



*Other health problems/conditions: none

5. Who in our community promotes good health?

Hospitals and schools were listed as the top two health promotion groups in the community. Schools were mentioned specifically as being promoters of children's health in the community, through education, resources for children and families, and family resources.

6. What are one or two things that they do that are effective?

There were several mentions of school initiatives, such as providing healthy food for low income students to take home over the weekend and school breaks. The hospital was mentioned multiple times for providing free health screenings.

7. If you were in charge of promoting good health, what would you do first?

The majority of responses to this question encouraged collaborating with local social service agencies, which are already established in the community. An overwhelming amount of answers focused on organizations such as the local United Way. Many respondents also suggested working with faith communities who are already active in the community and providing resources to strengthen their work.

8. Who else should we talk to?

Majority of responses to this question highlighted churches and local nonprofits already established in the community.

APPENDIX B:
SECONDARY DATA REPORT

AdventHealth Gordon
Needs Assessment Report - Quick Facts

Location
AdventHealth Gordon (GOR) (Service Area)

Demographics

Data Indicator	Indicator Variable	Location Summary	State Average
Population Age 65+	Total Population	193,283	10,099,320
	Population Age 65+	25,080	1,246,295
	Percent Population Age 65+	12.98%	12.34%
Population Age 0-18	Total Population	193,283	10,099,320
	Population Age 0-17	50910	2,495,175
	Percent Population Age 0-17	26.34%	24.7%
Population Age 18-64	Total Population	193,283	10,099,320
	Population Age 18-64	117,295	8,192,084
	Percent Population Age 18-64	80.32%	62.05%
Total Population	Total Population	193,283	10,099,320
	Total Land Area (Square Miles)	1,066	57,594.80
	Population Density (Per Square Mile)	181.17	175.35
Change in Total Population	Total Population, 2000 Census		
	Total Population, 2010 Census		
	Total Population Change, 2000-2010		
	Percent Population Change, 2000-2010		
Female Population	Total Population	193,283	10,099,320
	Female Population	97,785	5,176,849
	Percent Female Population	50.59%	51.26%
Hispanic Population	Total Population	193,283	10,099,320

	Non-Hispanic Population	146,686	9,172,330
	Percent Population Non-Hispanic	75.89%	90.82%
	Hispanic or Latino Population	46,597	926,990
	Percent Population Hispanic or Latino	24.11%	9.18%
Male Population	Total Population	193,283	10,099,320
	Male Population	95,498	4,922,471
	Percent Male Population	49.41%	48.74%

Social & Economic Factors

Data Indicator	Indicator Variable	Location Summary	State Average
Violent Crime	Total Population	189,965	9,832,423
	Violent Crimes	505	37,160
	Violent Crime Rate (Per 100,000 Pop.)	**266.1**	378
Population with No High School Diploma	Total Population Age 25+	124,920	6,589,462
	Population Age 25+ with No High School Diploma	36,147	932,810
	Percent Population Age 25+ with No High School Diploma	**28.9%**	14.16%
Poverty - Population Below 100% FPL	Total Population	190,918.23	9,829,056
	Population in Poverty	37,502.73	1,746,894
	Percent Population in Poverty	**19.6%**	17.77%
Insurance - Uninsured Adults	Total Population Age 18 - 64	116,919	6,239,578
	Population with Medical Insurance	87,900	5,100,985
	Percent Population with Medical Insurance	75.2%	81.75%
	Population Without Medical Insurance	29,019	1,138,593
	Percent Population Without Medical Insurance	**24.82%**	18.25%
Insurance - Uninsured Children	Total Population Under Age 19	51,194	2,593,948
	Population with Medical Insurance	46,835	2,421,036
	Percent Population with Medical Insurance	99.5%	93.33%
	Population Without Medical Insurance	4,359	172,912
	Percent Population Without Medical Insurance	**8.51%**	6.67%

Income - Per Capita Income	Total Population	193,284	10,099,320
	Total Income ($)	$3,817,292,083.00	$269,427,522,800.00
	Per Capita Income ($)	**$19,750.00**	$26,677.00
Unemployment Rate	Labor Force	85,585	5,124,948
	Number Employed	78,384	4,932,333
	Number Unemployed	7,201	192,615
	Unemployment Rate	**8.4%**	3.8%
Lack of Social or Emotional Support	Total Population Age 18+	137,352	7,121,933
	Estimated Population Without Adequate Social / Emotional Support	34,229	1,467,118
	Crude Percentage	25.1%	20.6%
	Age-Adjusted Percentage	**24.8%**	20.7%
Food Insecurity Rate	Total Population	191,186	10,097,343
	Food Insecure Population, Total	27,588	1,783,450
	Food Insecurity Rate	14.4%	17.7%

Physical Environment

Data Indicator	Indicator Variable	Location Summary	State Average
Use of Public Transportation	Total Population Employed Age 16+	82,397	4,438,650
	Population Using Public Transit for Commute to Work	270	93,061
	Percent Population Using Public Transit for Commute to Work	**0.33%**	2.1%
Population with Low Food Access	Total Population	191,120	9,687,653
	Population with Low Food Access	41,531	2,985,396
	Percent Population with Low Food Access	**21.73%**	30.82%

Health Outcomes

Data Indicator	Indicator Variable	Location Summary	State Average
High Blood Pressure (Adult)	Total Population (Age 18+)	137,351	7,121,9633
	Total Adults with High Blood Pressure	43,573	2,250,531
	Percent Adults with High Blood Pressure	**31.72%**	31.6%
Obesity	Total Population Age 20+	138,998	7,421,269
	Adults with BMI > 30.0 (Obese)	44,628	2,247,969
	Percent Adults with BMI > 30.0 (Obese)	**31.8%**	30%
Diabetes (Adult)	Total Population Age 20+	138,983	7,416,388
	Population with Diagnosed Diabetes	18,575	863,153
	Population with Diagnosed Diabetes, Age-Adjusted Rate	**12.2%**	10.96%
Mortality - Cancer	Total Population	192,964	10,106,937
	Average Annual Deaths, 2010-2014	364	16,650
	Crude Death Rate (Per 100,000 Pop.)	188.82	164.74
	Age-Adjusted Death Rate (Per 100,000 Pop.)	**180.33**	164.92
High Cholesterol (Adult)	Survey Population (Adults Age 18+)	115,912	5,525,203
	Total Adults with High Cholesterol	46,345	2,057,475
	Percent Adults with High Cholesterol	**39.98%**	37.24%
Heart Disease (Adult)	Survey Population (Adults Age 18+)	139,598	7,210,872
	Total Adults with Heart Disease	7,353	318,050
	Percent Adults with Heart Disease	5.3%	4.4%

https://ahs.engagementnetwork.org, 1/9/2019

APPENDIX C: HOSPITAL UTILIZATION & EMERGENCY ROOM DATA

Below are the top 10 diagnoses for AdventHealth Gordon in 2018.

Emergency Department

1. Gastroenterology
2. Otology
3. Body Injuries
4. Pulmonology
5. Other General Medicine
6. Medical Trauma (Orthopedics)
7. Medical Cardiology
8. Dermatology
9. Nephrology
10. Medical Spine

Inpatient Admissions

1. Delivery
2. Pulmonology
3. Medical Cardiology
4. Infectious Disease
5. Gastroenterology
6. Neonate with Major Problems
7. Endocrinology
8. Other General Surgery
9. Oncology (Medical)
10. Substance Abuse