
FY23

PIEDMONT MCDUFFIE

COMMUNITY HEALTH NEEDS
ASSESSMENT



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Introduction

Our purpose, our promise is to make a positive difference in every life we touch. We deliver the highest quality and safest patient-centered care and services, known as “The Piedmont Way.” We maintain the highest ethical standards and treat our patients, their families and each other with compassion, courtesy, transparency and respect to create the one-of-a-kind experience we would want for ourselves.

In our commitment as a not-for-profit health system, Piedmont Healthcare studied the region’s community health needs for its Community Health Needs Assessment (CHNA), a triennial process required by the Internal Revenue Service due to our tax-exempt status. A CHNA is a measurement of the relative health or well-being of a given community. It’s both the activity and the end-product of identifying and prioritizing unmet community health needs, which is done by gathering and analyzing data, soliciting the feedback of the community and key stakeholders, and evaluating our previous work and future opportunities.

Through this assessment, we hope to better understand local health challenges, identify health trends in our community, determine gaps in the current health delivery system and craft a plan to address those gaps and the identified health needs. This is the fourth Piedmont CHNA, with the others having been conducted in 2013, 2016 and 2019. The 2022 Piedmont CHNA will serve as a foundation for developing our community benefit strategies and further strengthening our community-focused work.

About the Hospital

Piedmont McDuffie is a licensed 25-bed not-for-profit/non-tax supported medical center dedicated to providing high quality, cost-effective and patient-focused medical and health services to the people of McDuffie, Glascock, Jefferson, Lincoln, Warren, Wilkes, Taliaferro and western Columbia counties. Piedmont McDuffie is part of the Piedmont Augusta Hub, which also includes Piedmont Augusta, Piedmont Augusta Summerville Campus, office buildings that house more than 600 private practice physicians and various treatment centers. Piedmont McDuffie, formerly University Hospital McDuffie, joined the health system in 2012, and was relocated in 2015 to a new, expanded and more accessible location for McDuffie County and surrounding communities.

Piedmont McDuffie is governed by a Board of Trustees of which serves voluntarily to help ensure that our patients have quality medical services. The former University Health Care System joined the Piedmont family on March 1, 2022, and leads the region in safety, quality and price transparency. In addition to improving the health of those we serve, Piedmont McDuffie gives back to our community in other ways, including providing more than \$3.7 million in indigent and charity care at cost annually, including bad debt.

About Piedmont Healthcare

Piedmont has more than 31,000 employees caring for 3.4 million patients across 1,400 locations and serving communities that comprise 80 percent of Georgia’s population. This includes 22 hospitals, 55 Piedmont Urgent Care centers, 25 QuickCare locations, 1,875 Piedmont Clinic physician practices and more than 2,800 Piedmont Clinic members. Piedmont has provided \$1.4 billion in uncompensated care and community benefit programming to the communities we serve over the past five years.

Community Benefit

Piedmont McDuffie is a not-for-profit hospital, meaning it is exempt from paying certain taxes. In exchange for those exemptions, federal and some state laws require that communities receive from their hospitals certain benefits, appropriately called community benefit. These programs are generally meant as programs intended to increase access to care and boost the health of the community, with a focus on low-income populations and others who face unique challenges to being healthy. Since our last CHNA, in FY20 and FY21 combined, Piedmont McDuffie provided over \$12 million in community benefit. Specifically, Piedmont McDuffie provided:

	2020	2021
Indigent and Charity Care	\$ 1,991,302.00	\$ 1,765,761.00
Cost of Physician Services	\$ 1,010,348.00	\$ 701,840.00
Bad Debt	\$ 3,230,982.00	\$ 4,134,817.00
Total cost of indigent and charity care services	\$ 6,232,632.00	\$ 6,602,418.00

Key programs include: support for labs for community health clinics, community-focused health education, and COVID-19 vaccination clinics.

Financial Assistance

Piedmont McDuffie provides financial assistance to qualifying low-income patients at or below 200 percent the Federal Poverty Level. Patients qualify for financial assistance in one of two ways: either through presumptive eligibility, in which the patient's file is automatically scanned for certain indicators that mean he or she would qualify for financial assistance, or via manual application by the patient or his or her representative. Below is a list of the top 10 ZIP codes by volume of patients receiving financial assistance at the hospital during the last two fiscal years.

ZIP Code	2020		2021	
	Number of Pts	All Visits	Number of Pts	All Visits
30808	9	38	2	2
30810	4	7	2	3
30814	6	11	5	6
30817	6	7	7	8
30820	3	6	4	7
30821	4	13	1	3
30823	3	19		
30824	50	103	18	44
30828	8	15	4	5
31087	2	7	1	1

Indigent Total	95	226	44	79
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Please note we provided financial assistance to patients outside of these 10 ZIP codes as well. Examining ZIP code data can help us to better target specific communities that may have unique challenges due to social determinants of health, such as having a low income, poor housing conditions, or limited access to healthy foods.

Medicaid

Piedmont McDuffie provides services to patients who receive benefits through the state/federal public insurance program Medicaid, which covers the cost of care for low-income patients who: are pregnant, are a child or teenager, are 65 and older, are legally blind, have a disability, or need nursing home care. Below is a list of the top 10 ZIP codes by volume of patients receiving care at the hospital as a Medicaid beneficiary during the last two fiscal years.

ZIP code	2020		2021	
	Number of Pts	All Visits	Number of Pts	All Visits
30673	37	59	25	40
30808	50	90	46	81
30810	19	48	20	39
30814	30	50	24	42
30817	48	87	51	84
30821	18	54	12	38
30824	302	678	256	618
30828	83	223	75	154
30833	15	28	15	31
31087	27	43	16	26
Medicaid Total	629	1360	540	1153

Please note we provided care to Medicaid beneficiaries outside of these 10 ZIP codes as well. Examining ZIP code data can help us to better target specific communities that may have unique challenges due to social determinants of health, such as having a low income, poor housing conditions, or limited access to healthy foods.

Training Tomorrow's Caregivers

In 2021, Piedmont Augusta Hub, which includes Piedmont McDuffie, opened its doors to 68 residents, who were able to perform or assist with 4,531 cases to further their education, along with 242 senior practicum nursing students, 528 junior and senior nursing students and 225 allied health students. These services cost the Augusta Hub \$1.4 million, combined with training students in Piedmont's Schools of Radiography and Cardiovascular Technology.

COST PIEDMONT AUGUSTA

School of Radiography - **\$247,626**

School of Cardiovascular Technology - **\$11,014**

Internes and Residents - **\$59,639**

In January 2021 Piedmont Augusta Hub signed a partnership with Augusta Technical College to grow the local healthcare labor force by developing an Augusta Technical College Health Science Campus on the Piedmont Augusta Summerville Campus. The goal is to increase the capacity to educate and graduate future health professionals predominantly in nursing, but also other clinical roles to include patient care assistants, patient care technicians, certified medical assistants and others.

Progress Since Last CHNA

In the hospital's FY19 CHNA, three health priorities were identified to address over the following three years. These priorities were:

- Heart Attack and Stroke - Identify women at risk for cardiovascular disease and diabetes and provide education and connections to primary care services to develop a prevention plan.
- Diabetes - UH Diabetes Services will launch a Diabetes Prevention Program. During the first year, we will offer this program to UH employees – education will focus on healthy food choices, fitness, and ways to incorporate healthy lifestyle changes into their daily routine. We are modeling the launch of a successful DPP program out of another large health system, which started their DPP program with employees the first year. They have since begun offering the DPP to the community.
- Maternal Health and Morbidity - Review AWHONN POST-BIRTH warning signs with every mother post-delivery. This will be incorporated with patients' prenatal curriculum and hospital discharge information, externally through social media and internally through appropriate communication channels.

To address these priorities, we, like many hospitals during the COVID-19 pandemic, had to pivot in a different direction to accommodate the needs of the community, and many goals put forth in the hospital's FY19 Implementation Strategy were placed on hold.

During the pandemic, the Piedmont Augusta Hub, including Piedmont McDuffie, focused on patient care, providing reliable COVID-19 information and vaccinations for the community. The hospital held 246 vaccine clinics targeting hospital employees, the elderly and at-risk community members. Hospital employees and administrators volunteered to administer more than 31,000 vaccinations in community clinics.

	2019	2020	2021
Diabetic EDU referrals	935	801	624
Sweet Success (under & uninsured)	85	31	47
DPP	13 started program & 8 graduated		
Women Wellness	52 days; 136 women	3 days; 6 screened	
Community COVID Line calls	na	13901	3675
COVID Vaccines	na	1864	27998
COVID Monoclonal Antibody Infusions		38	1795
AWHONN post Birth Flyers	3282	3102	3117
Child Birth Classes	2312 attendees	2658 attendees	3400 attendees
Lactation Outpatient Visits	157	41	1
Heart Attack & Stroke Prevention talks	41 talks; 2305 attendees	16 talks; 1156 attendees	
Stroke Awareness Events	9 events; over 2670 participants	2 events; 135 participants	2 events; 75 participants
Health Fairs (with and without HASP screening)	22 events; 2482 people interactions	4 events; 144 people interactions	

Piedmont Augusta Hub prioritized access to appropriate and affordable health and mental care for all community members, especially the uninsured, and those with low income. The hospital accomplished this in part by supporting charitable clinics such as Christ Community Health, Harrisburg Family Healthcare and others, who serve uninsured, underinsured, low-income residents. The Piedmont Augusta Hub Chief Operating Officer meets with the Executive Directors periodically to discuss opportunities and issues, and continues to provide the clinics with laboratory services and some diagnostic tests, either at no charge or a prorated fee.

We hosted two health fairs in McDuffie County at Jefferson Energy and McCorkle Nurseries. 175 people received free screenings and health education including cancer, cardiovascular care and diabetes.

We also provide the area's only accredited mobile mammography unit. Our mobile unit is equipped with digital mammography equipment and is staffed by an all-female team of registered technologists with advanced training in the discipline of mammography. This allows Piedmont McDuffie to make access to breast health care readily available to the CSRA and surrounding areas. Through funds raised at the Miracle Mile Walk and through other philanthropic giving to Piedmont Augusta Foundation, no woman who needs a screening mammogram is ever turned away regardless of her ability to pay.

FY23 Priorities

A key component of the CHNA is to identify the top health priorities we'll address over fiscal years 2023, 2024, and 2025. These priorities will guide our community benefit work. They are, in no order of importance:

Ensure affordable access to health and mental health care

We will work to further ensure our community members have access to affordable health, and mental care, regardless of income. This includes partnerships with community-based organizations, as well as internal programming to increase access to services.

Reduce preventable instances and death from heart disease

We will promote both the prevention and treatment of heart disease and will emphasize early detection and healthy behaviors to help reduce risk. We will pay particular attention to populations most at risk for heart disease.

Promote healthy behaviors to reduce preventable conditions and diseases

We will actively promote healthy behaviors and encourage community members to stop risky behaviors, such as smoking. This includes widespread health education and programming.

Reduce preventable instances and death from cancer

We will promote both the prevention and treatment of all cancers, especially among those most vulnerable to the disease. This includes community-based screenings and the promotion of programming meant to support community members with cancer and their families.

With each priority, we will work to achieve greater health equity by reducing the impact of poverty and other socioeconomic indicators for that priority. This means we will prioritize programming and investment in areas that directly address issues related to income and poverty and others who face particular challenges in accessing care due to disability, race, English proficiency, educational attainment and other areas of socioeconomic status.

When possible, we will work to address other issues that arose during the CHNA even though those are not listed in the above priority list.

FY23

Community Health Needs Assessment

Community Snapshot

While Piedmont McDuffie serves patients from McDuffie, Lincoln, Warren and Columbia counties, however, for purposes of this CHNA, we consider our community to be McDuffie County. We do this in recognition of the direct impact of our tax-exempt status on county residents.

According to the U.S. Census Bureau, in 2020:

- 21,632 people lived in the 85 square mile area.
- About 53.16 percent of all McDuffie County residents were white, 39.93 percent were white, 3.2 percent were Hispanic or Latino, 0.43 percent were Asian and 3.28 percent were another race.
- The median household income was \$47,327, which is lower than both state and national averages. African Americans specifically had a slightly lower median household income at \$44,136.
- Approximately 1,403 veterans lived in McDuffie County, which is about 6% of the population.
- An estimated 84.4 percent of county residents graduated high school, just under the state average.
- The percentage of population living in poverty in McDuffie County is 16.7 percent, slightly higher than the national average of 14%.
- More than half the population, 68% owned their own home, above the state average of 64%.

Community Rankings

In 2022 and in comparison with the other 159 Georgia counties, McDuffie County ranks:

- 153th in length of life
- 128th for quality of life, with indicators for poor or fair health, poor physical health days, poor mental health days and low birthweight rates far above state averages.
- 103rd for healthy behaviors, with high rates of smoking, obesity, physical inactivity, motor vehicle crashes, Teen births, and Food Environment Index.
- 62nd for clinical care, with slightly higher than average uninsured rates, but better than average rates of preventable hospital stays and rates of primary care physicians for community members.
- 121st for social and economic factors, with higher than average percentages of children in single parent households, unemployment, children eligible for free or reduced priced lunch and children living in poverty.
- 138th for physical environment, with rates on par with the state for housing problems and commutes.

Root Causes of Poor Health

Poverty and Health

Poverty is the most significant indicator of health as, in general, poorer people are sicker than their richer counterparts. Those living at or near poverty are most likely to die from cancer, heart disease and diabetes, due to several factors that go beyond income, such as education, housing and simple geography, things commonly dubbed “social determinants of health.” This means that factors outside your immediate physical self can play a huge role in your health, even including how long you live. McDuffie County has a poverty rate slightly higher than state average, with about 16.7 percent of the population living at or below poverty.

Insurance Status and Health Outcomes

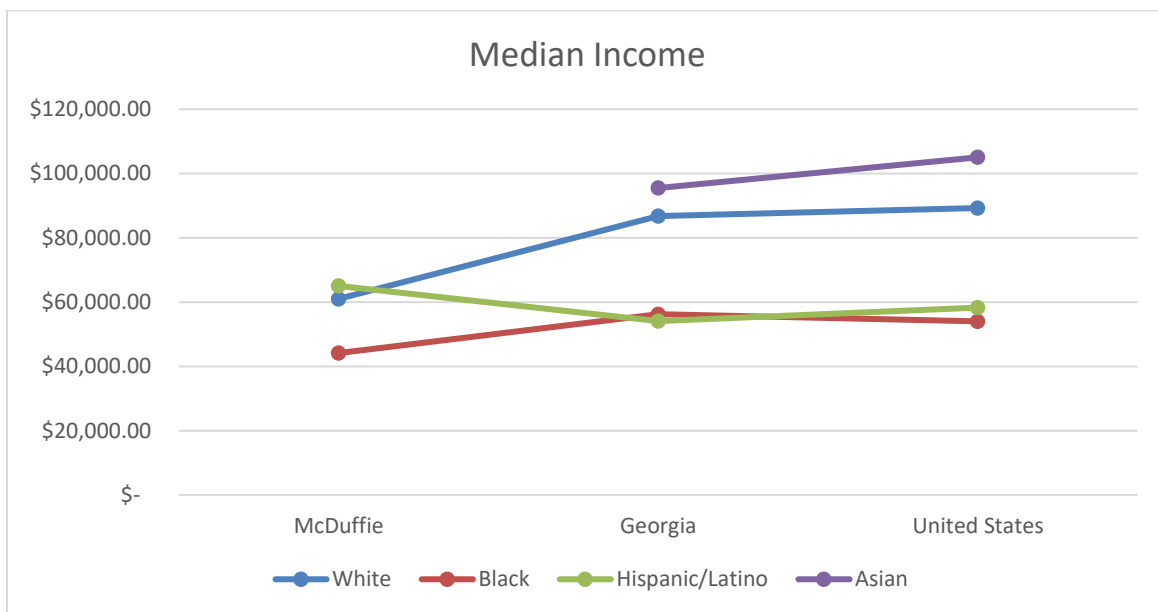
In 2020, almost 14 percent of the population had no form of insurance. Insurance status and health are inextricably linked. Being uninsured is generally a marker of low-income, as the overwhelming majority of those that are uninsured are also within certain ranges of the Federal Poverty Level. This means these populations are also likely to face the myriad of other social determinants of health (SDH), like housing and food insecurity. No insurance can mean no access to primary and specialty care, due to cost and/or provider availability. Conditions that could have been treated affordably in a community setting are often not and, because of this, those without insurance statistically suffer worse health outcomes than their insured counterparts. Diseases like cancer are often diagnosed later, and manageable conditions such as hypertension can elevate to dangerous levels. Adults aged 18 to 64 are most likely to be uninsured, and that's true in McDuffie County. In 2020, 20.44 percent of nonelderly adults were uninsured. In McDuffie County Hispanics represent 33.10 percent, the highest percentage of uninsured adults.

Family and Children

- 34 percent of McDuffie County children live at or below the poverty level. It is significantly higher than the state average of 20.09%.
- 85.27% of children qualified for free or reduced cost lunch in the 2020-2021 school year.
- 54% of children live in single-parent homes in 2020, above the state average of 30%.

Community and Income

In 2020 the median household income was \$47,327, lower than state and national levels, which are \$61,224 and \$64,994 respectively. When broken down by the four dominant races in the community, income disparities are evident.



Unemployment and Labor Force Participation

According to the 2020 US Census 12,100 people in the community were part of the labor force, approximately 55.94 percent. Only about 3.90% were unemployed in 2022. This figure has steadily decreased; in 2020, 8% of the labor force was unemployed.

This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Community Safety

Below is a chart breaking down offenses in 2017, as reported to the Georgia Bureau of Investigation. This is the last year for which this information is publicly available.

Murder	Rape	Robbery	Assault	Burglary	Larceny Theft	Vehicle Theft
0	1	5	31	117	92	15

Incarceration rate

The Opportunity Atlas estimates the percentage of individuals born in each census tract who were incarcerated at the time of the 2020 Census. According to the Atlas data, 4.1 percent of the county population were incarcerated, higher than the state average of 2.1 percent.

Violent crime

Violent crime is a critical public health issue as it is often largely preventable. Between 2014 and 2016, there were a total 173 violent crimes within McDuffie County, a figure that includes homicide, rape, robbery, domestic violence, and aggravated assault. This equates to a violent crime annual rate of 205.6 per every 100,000 people, a figure lower than the state and national rates of 373.1 and 416, respectively.

Juvenile arrests

Within the county, in 2018, there were 28 juvenile arrests. Juvenile arrests can illustrate one aspect of the complex societies in which youth live. Juvenile arrests are the result of many factors such as policing strategies, local laws, community and family support, and individual behaviors. Youth who are arrested face disproportionately higher morbidity and mortality. Those who are arrested and incarcerated experience lower self-reported health, higher rates of infectious disease and stress-related illnesses, and higher body mass indices.

Firearm fatalities

Firearm fatalities are a critical public health issue as they are largely preventable. Most firearm fatalities are the result of suicides and homicides. Between 2015 and 2019, there were 28 firearm fatalities in McDuffie County.

Assault

In McDuffie County, between 2014 and 2016, there were 128 reported assaults equaling an annual rate of 152.1 assaults per 100,000 people, much lower than the statewide rate of 230.20.

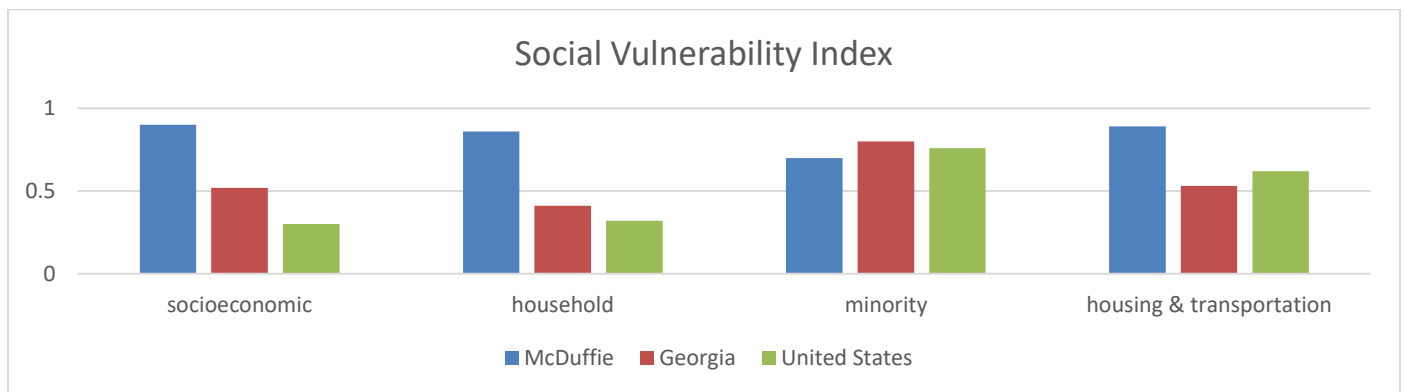
Vulnerability and Deprivation Indexes

Area Deprivation Index

The Area Deprivation Index (ADI) ranks neighborhoods and communities relative to all neighborhoods across the nation and the state. ADI is calculated based on 17 measures related to four primary domains: education, income and employment, housing, and household characteristics. The overall scores are measured on a scale of 1 to 100 where 1 indicates the lowest level of deprivation (least disadvantaged) and 100 is the highest level of deprivation (most disadvantaged). McDuffie County ranks in the 70th percentile for Georgia and 76th in the national percentile, both of which are relatively high figures.

Social Vulnerability Index

The Social Vulnerability Index is the degree to which a community exhibits certain social conditions, including high poverty, low percentage of vehicle access, or crowded households, that may affect that community's ability to prevent human suffering and financial loss in the event of disaster. These factors describe a community's social vulnerability. The social vulnerability index is a measure of the degree of McDuffie County has a social vulnerability index score of 0.94, which is higher than the state score of 0.57. Broken down by themes:



Income and Poverty

A person's income status is directly related to their health status, and predictably the more money you have, the healthier you tend to be.

In 2020 16.70 percent of McDuffie County's population lived in poverty, higher than the state average of 14 percent.

SNAP Benefits

The Georgia Supplemental Nutrition Assistance Program (SNAP) is a federally funded program that provides monthly benefits to low-income households to help pay for the cost of food. A household may be one person living alone, a family, or several unrelated individuals cohabitating who routinely purchase and prepare meals together. SNAP enrollment and poverty rates are correlated. In McDuffie County, more than 17.75 percent of households received SNAP benefits in December 2020. Black populations are far more likely to receive SNAP benefits than any other demographic. The ZIP code with the highest percentage of SNAP recipients was 30824, where 19.43 percent of the population received SNAP benefits.

Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian or Alaska Native	Some Other Race	Multiple Race	Hispanic or Latino
McDuffie County, GA	17.75%	10.08%	26.43%	0.00%	No data	11.98%	34.09%	10.74%
Georgia	12.23%	6.70%	22.23%	5.12%	16.21%	14.51%	12.40%	12.85%
United States	11.35%	6.86%	24.38%	7.10%	23.34%	19.65%	16.33%	18.53%

Housing

In 2020, the median rent cost for a one-bedroom in McDuffie County was \$719. Rising rents mean less of an ability to pay for other crucial areas of life. According to 2020 USDA data, the average adult male spends between \$193 and \$358 on groceries per month, and the average adult female spends between \$174 and \$315. As the family size grows, costs increase, and households are increasingly burdened. None of the above reflects the impact of COVID-19 on housing stock, income, and increased cost of living, meaning the situation is likely worse than before.

Cost-burdened households

Of the 8,238 total occupied households in McDuffie County in 2020, 2,286 -- about 27.75% -- of the population live in cost burdened households, in which housing costs are 30 percent or more of total household income. This is just below the state percentage of 29.07%. Approximately 11.2% of households had costs that exceeded 50 percent of the household income which places the household in significant financial strain. This compares to the state percentage of 13.3%.

Substandard housing

This indicator reports the number and percentage of owner- and renter-occupied housing units having at least one of the following conditions: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30 percent, and 5) gross rent as a percentage of household income greater than 30 percent. Of all households in the county, about 26.66 % have substandard housing and 19.3% have severe substandard housing compared to the state averages of 29.52% and 17.71% respectively.

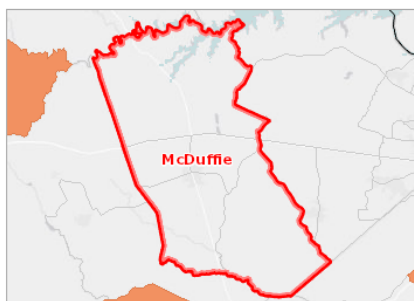
Area Median Income and Affordable Housing

This indicator reports the number and percentage of housing units at various income levels relative to Area Median Income (AMI). The AMI is the midpoint of a region's income distribution, meaning that half of households in a region earn more than the median and half earn less than the median. A household's income is calculated by its gross income, which is the total income received before taxes and other payroll deductions. Affordability is defined by assuming that housing costs should not exceed 30 percent of total household income. Income levels are expressed as a percentage of the county's AMI. About 74 percent of housing units are affordable at 100 percent AMI, which means that housing is not affordable for the remaining 26 percent of the population. This is better than both the state and national rates which are 66.39% and 60.68 %, respectively of housing units affordable at 100 percent AMI.

Food Deserts and Food Insecurity

Food insecurity happens when a person or family does not have the resources to afford to eat regularly. This can happen due to affordability issues, particularly for households facing unemployment, and especially so if they were already low-income. As with many health indicators, minorities are much more likely than their white counterparts to experience food insecurity. Neighborhood conditions can affect physical access to food. For example, people living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores. Predominantly black and Hispanic neighborhoods tend to have fewer full-service supermarkets than predominantly white and non-Hispanic neighborhoods. Communities that lack affordable and nutritious food are commonly known as “food deserts.”

In McDuffie County, in 2019, none of the county's census tracts were food deserts, as shown in the map below.



Food Desert Census Tracts, 1 Mi. / 10 Mi. by Tract, USDA - FARA 2019

- Food Desert
- Not a Food Desert
- No Data
- McDuffie County, GA

[View larger map](#)

Grocery stores

Healthy dietary behaviors are supported by access to healthy foods, and grocery stores are a major provider of these foods. There are 3 grocery establishments in the county, a rate of 13.37 per 100,000 population, which is lower than the state rate of 15.7. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delicatessen-type establishments are also included, and convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Low food access

Low food access is defined as living more than 0.5 mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. According to the 2021 Food Access Research Atlas database, .79 percent of the total population in the county have low food access. This is much better than the state and national rates of 30.89 percent and 22.22 percent, respectively. ZIP code 30801 has the worst rate of low food access at 21.65 percent.

Access to Care

At the crux of healthcare is access, which is determined by a few factors: availability of providers, insurance status, and ability to pay.

Insurance

Insurance status is directly related to a person's ability to access care, and this is particularly true for non-emergent care and specialty care. Health insurance makes a difference in whether and when people get necessary medical care, where they get their care, and ultimately, how healthy they are. Uninsured people are far more likely than those with insurance to postpone health care or forgo it altogether. The consequences can be severe, particularly when preventable conditions or chronic diseases go undetected. Compared to those who have health coverage, people without health insurance are more likely to skip preventive services and report that they do not have a regular source of health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional's office or clinic in the past 12 months. They are also less likely to receive recommended screening tests such as blood pressure checks, cholesterol checks, blood sugar screening, pap smear or mammogram (among women), and colon cancer screening. Part of the reason for poor access among the uninsured is that half do not have a regular place to go when they are sick or need medical advice, while most insured people do have a regular source of care.

In McDuffie County, in 2020, about 13.91 percent of the population were uninsured, a figure higher than the state rate of 13.03% and the national figure of 8.73 percent. As with other indicators, these rates are much worse for minorities, and particularly Hispanic/Latino populations, which had an uninsured rate of 33.1 percent.

Insurance coverage

The below table demonstrates the type of insurance for those who had coverage in 2020, by percentage of the population. Note this doesn't equal 100 percent, as some community members have two types of coverage.

Report Area	Employer or Union	Direct Purchase	TRICARE or Other Military	Medicare	Medicaid	VA Health Care
McDuffie County, GA	49.30%	10.85%	6.00%	23.73%	31.67%	3.80%
Georgia	62.00%	14.71%	4.70%	18.28%	19.83%	2.88%
United States	60.75%	14.99%	2.98%	19.29%	21.99%	2.49%

Access to Dental and Primary Care

Dental care and dental outcomes

Dental care is crucial to health, as dental conditions that go unchecked can lead to decay, infection and tooth loss. Within the county, in 2018, 52.1 percent of adults went to the dentist in the past 12 months.

That year, 23.4 percent of the county reported having lost all natural teeth because of tooth decay or gum disease. This is an impactful measure in multiple ways:

- Research shows that losing your teeth will shorten your lifespan. Missing nine teeth for nine years or more reduces lifespan compared to a contemporary who maintains their teeth.
- The lower your income and education level, the more likely you are to lose your teeth, which results in even fewer economic opportunities, creating a poverty cycle. For example, it is difficult to gain employment if you have visible missing teeth.
- The individual will inevitably struggle with eating certain foods, limiting their options, which can be detrimental for lower-income populations already facing food insecurity.

Primary care and routine check-ups

In 2019, about 80.1 percent of adults aged 18 or older saw a doctor for a routine check-up the previous year, a measure that is likely over-reported and is lower than both state and national averages. For Medicare recipients, this number is 80.9 percent of adult beneficiaries, which is close to both state and national averages which are 83.81% and 80.64%, respectively. Routine check-ups are a critical component to maintaining good health and identifying conditions that can be treated affordably in a community based setting. Absent that, even simple-to-treat conditions can escalate to deeper issues, eventually requiring more intensive care, later stage diagnoses, or reduced life expectancy. As with most all other indicators, race and income play heavily into this. White populations are far more likely to receive preventative care than their white counterparts (73.33 percent among black populations compared to 82.75 percent among non-black populations), and those with insurance are also much more likely to go to the doctor for a routine check-up than those without insurance.

Causes of Death

In McDuffie County and the state of Georgia, heart disease is the number one cause of both age-adjusted and premature death. Below are the nine leading causes of age-adjusted death from 2016 – 2020.

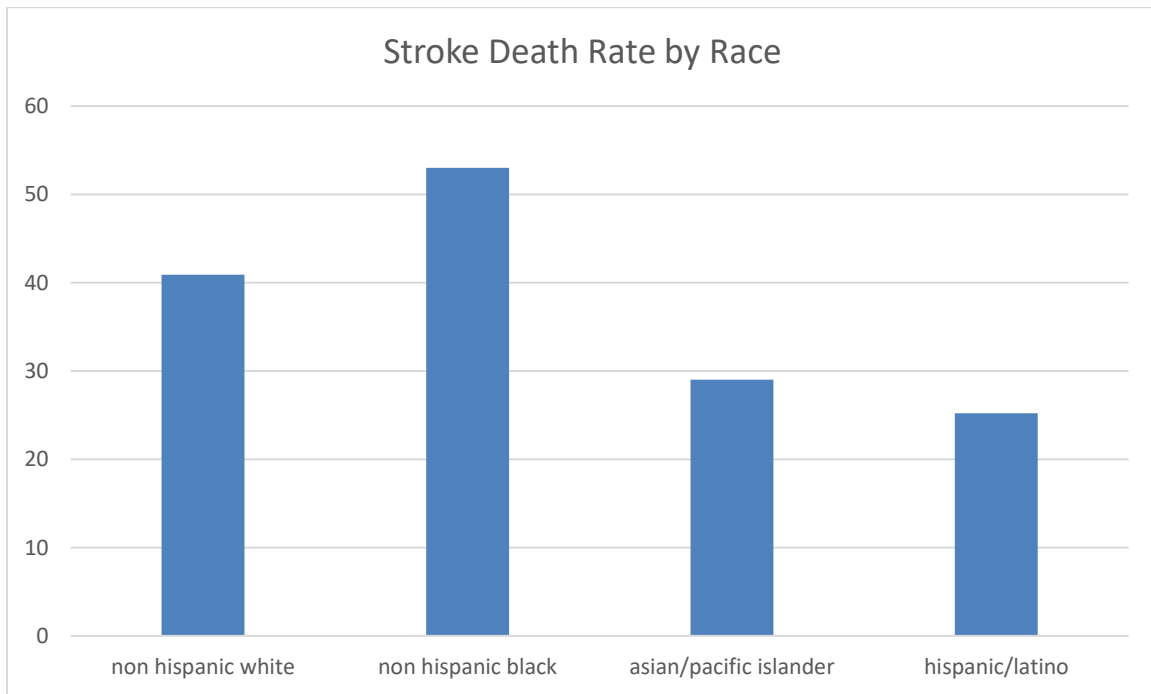
Ranking	Age-Adjusted Death Rate, in Aggregate 2016 - 2020
1	Ischemic heart and vascular disease
2	All COPD except Asthma
3	Lung Cancer
4	Alzheimer Disease
5	Cerebrovascular disease
6	Diabetes mellitus
7	Primary hypertension & hypertensive renal & heart disease
8	Other Nervous system diseases
9	Mental and behavioral disorders

When broken down by race, the leading causes of death shift. Below is a list of the top three causes of death, by race.

- White: all COPD; Ischemic heart/vascular; Lung Cancer
- Black: Ischemic Heart/vascular; Diabetes mellitus; Hypertension & heart disease
- Asian: too small to report

Heart Disease and Stroke

Heart disease is a leading cause of death for both women and men in McDuffie County. Between 2016 and 2020, the age-adjusted death rate was 224.8 persons for every 100,000 people, which is much higher than both state and national rates, which were 178 and 164.8 heart-related deaths per 100,000 people, respectively. Between 2016 and 2020, there were 57 deaths due to stroke, representing an age-adjusted death rate of 44.8 deaths per every 100,000 people. Men are more likely to die from stroke than women, as are black populations. Below is a chart demonstrating the state death rate broken down by race, per every 100,000 people, between 2016 and 2020.



Hospitalizations

The cardiovascular disease hospitalization rate in 2018 was 11.1 hospitalizations per every 1,000 Medicare beneficiaries, which is lower than the state and national rates of 12.2 and 11.8, respectively. The hospitalization rate for stroke, is below state and national rates, with 7.9 hospitalizations per every 1,000 Medicare beneficiaries, as compared to the state rate of 9.3 and the national rate of 8.4.

Cancer

Although heart disease leads in county deaths, cancer remains a critical issue within the community. The cancer incidence rate for McDuffie County each year, on average between 2014 and 2018, was 537.3 per every 100,000, which equates to a diagnosis rate of an average 144 new cases each year. Below is a chart showing cancer diagnoses, by site, between 2014 and 2018, the last year for which this data is available.

Cancer Site	Incidence Rate (per 100,000 population)	New Cases (Annual Average)
Cancer Incidence Rate	537.3	144
Breast	18	128.5
Prostrate	20	139.6
Lung & Bronchus	21	71.8
Colon & Rectum	16	56.6

Poverty is directly related to increased incidence rates of cancer, as those with lower levels of education and lower levels of income experience higher rates of cancer diagnoses. They are also more likely to die from certain cancers – particularly lung cancer and colorectal cancer. For survivors, income and socioeconomic status are significant predictors of quality of life after cancer. Increased income allows patients to maintain a level of comfort that people with low SES might not be able to afford, meaning that even if a low-income patient survives cancer, their quality of life after will be worse than someone more well off.

Hospitalizations and ER visits

Emergency Department Visits

In 2021, Piedmont McDuffie treated patients through approximately 15,744 emergency room visits, an increase of about 361 visits from 2020 and a decrease of 3,246 from 2019. This is likely in part due to the impact of COVID-19 and a wariness among patients to visit a hospital.

	2019	2020	2021
Emergency Visits	18990	15383	15744
Inpatient Stays	500	479	561
Outpatient Surgery	2282	2615	3077

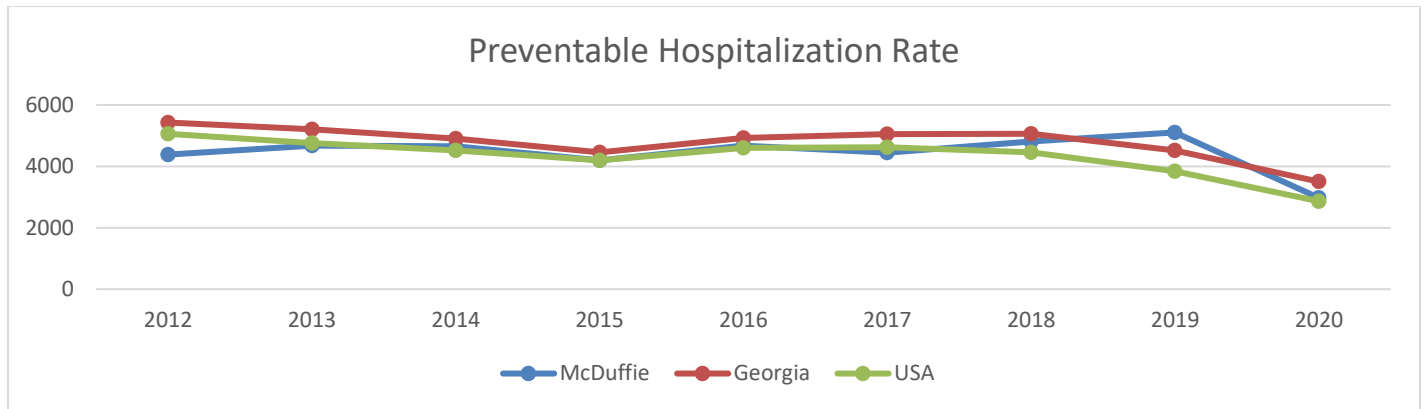
Inpatient Stays

In 2020, there were 4,828 Medicare beneficiaries in the county. Approximately 17.10 percent, had a hospital inpatient stay, and the rate of stays was 282 per every 1,000 beneficiaries. The rate of inpatient stays in the county was lower than the state rate of 230.0 during the same time.

Preventable Hospitalizations

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infections. Rates are presented per 100,000 beneficiaries. In 2020, there were 4,828 Medicare beneficiaries in the county, and the preventable hospitalization rate was 2,977, which is better than the state rate of 3,503 during the same time. As with other health indicators, African Americans were twice as likely to experience preventable hospitalizations than other races in 2020.

The chart below demonstrates the five-year trend for preventable hospitalizations over the last eight years.



As with other health indicators, African Americans were more likely to experience preventable hospitalizations though McDuffie County is below the state average. Below is a table with Preventable Hospitalization Rates by race:

Race	McDuffie County	State of Georgia
White	2955	3279
Black	3842	5029
Hispanic Latino	Statistically Insignificant	3927

Chronic Conditions

A chronic condition is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. As with most health indicators, low-income households are most at risk for developing chronic diseases and for premature deaths. Such households are more vulnerable for several reasons, including their inability to cover medical expenses and diminished access to health care facilities.

Diabetes

In 2019, 18 percent of McDuffie County's population of adults aged 20 and older had diabetes, which is higher than the state rate of 9.8 percent. Diabetes is a prevalent problem in the US, often indicating an unhealthy lifestyle and puts individuals at risk for further health issues. THE ZIP codes with the highest rates of diabetes were 30802 and 30814, each having a rate of 9.50 percent.

Kidney Disease

Chronic kidney disease, also called chronic kidney failure, involves a gradual loss of kidney function. Your kidneys filter wastes and excess fluids from your blood, which are then removed in your urine. Advanced chronic kidney disease can cause dangerous levels of fluid, electrolytes and wastes to build up in your body. In 2019, 4.3 percent of the county's population had a diagnosis of kidney disease, a rate higher than the state and national percentages of 3.22 percent and 3.1 percent, respectively.

High cholesterol

In 2019, 36.90 percent of adults 18 and older reported having high cholesterol of the total population, above the state rate of 32.3%. Too much cholesterol puts you at risk for heart disease and stroke, two of the main causes of death within the county.

High blood pressure

In 2019, 43.50 percent of adults 18 and older had a diagnosis of high blood pressure, this is higher than the state percentage of 35.5. High blood pressure can damage your arteries by making them less elastic, which decreases the flow of blood and oxygen to your heart and leads to heart disease.

Multiple Chronic Conditions Among Medicare Populations

This indicator reports the number and percentage of the Medicare fee-for-service population with multiple (more than one) chronic conditions. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the county, there were 1,510 beneficiaries with multiple chronic conditions based on administrative claims data in the latest report year, representing 71.80 percent of the total Medicare fee-for-service beneficiaries. Of these with multiple chronic conditions 951 or 19.7 percent have six or more chronic conditions.

Infectious diseases

HIV/AIDS

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome). While there is no cure for HIV/AIDS, if treated, most can live a relatively healthy life. In McDuffie County in 2018, there were 102.1 confirmed cases of HIV/AIDS for every 100,000 people. This is significantly lower than the state rate of 624.90 confirmed cases per every 100,000 people.

Chlamydia

Chlamydia is a common STD that can cause infection among both men and women. It can cause permanent damage to a woman's reproductive system. This can make it difficult or impossible to get pregnant later. Chlamydia can also cause a potentially fatal ectopic pregnancy (pregnancy that occurs outside the womb). In McDuffie County, in 2018, confirmed cases of chlamydia resulted in a rate of about 632.62 infections per every 100,000 people. This is on par with the state rate of 632.2 confirmed cases per every 100,000 people.

Gonorrhea

Gonorrhea is an STD that can cause infection in the genitals, rectum, and throat. It is very common, especially among young people ages 15-24 years. Untreated gonorrhea can cause serious and permanent health problems in both women and men. In women, gonorrhea can spread into the uterus or fallopian tubes and cause pelvic inflammatory disease (PID). In McDuffie County, in 2018, there were 237.2 confirmed cases of

gonorrhea for every 100,000 people. This is slightly higher than the state rate of 200.10 confirmed cases per every 100,000 people.

Influenza and Pneumonia

Within the county, between 2016 and 2020, there were a total 24 deaths due to influenza and pneumonia, representing an age-adjusted death rate of 18 per every 100,000 people, which is higher than the state and national rates of 13.6 and 13.6, respectively.

COVID-19

COVID-19 has been one of the most impactful health events to happen within both the community and the world. As of July 14, 2022, McDuffie County had a total 5,142 confirmed COVID-19 cases and 101 COVID-19 related deaths.

Approximately 57 percent of the county was fully vaccinated as of July 20, 2022, and the county had a COVID-19 vaccine coverage index (CVAC) of 0.83, which is a score of how challenging vaccine rollout may be in some communities compared to others, with values ranging from 0 (least challenging) to 1 (most challenging). CVAC ranks states and counties on barriers to coverage through 28 indicators across five themes:

- Historic under-vaccination
- Sociodemographic barriers
- Resource-constrained health system
- Health care accessibility barriers
- Irregular care-seeking behaviors

The CVAC can help contextualize progress to widespread COVID-19 vaccine coverage, identifying underlying community-level factors that could be driving low vaccine rates.

Community resilience

The US Census's Community Resilience Estimates (CRE) provide a metric for how at-risk every neighborhood in the United States is to the impacts of disasters, including COVID- 19. The more risk factors you have, the less likely you are to recover from the impacts of COVID-19 in several ways, such as physically, economically, and psychologically. According to these estimates, as of July 2022, within McDuffie County:

- 27 percent of the population had no risk factors
- 41.4 percent of the population had one to two risk factors
- 31.6 percent of the population had three or more risk factors

These risk factors include:

- Poverty rates
- Single or zero caregiver household
- Crowding
- Communication barriers
- Households without full-time, year-round employment
- Households with disabilities
- No health insurance
- Age 65+ living alone
- No vehicle access
- No broadband internet access

Children

In McDuffie County in 2020, 24.87% of the population was under the age of 18. Approximately 0.7 percent of students were homeless in 2020, compared to a state rate of 2.11 percent.

Of all children, 65% lived at or below 200 percent of the Federal Poverty Level (FPL), which was \$55,500 gross household income for a family of four in 2022. This is higher than the state percentage of 43.27%.

Additionally, 85.27 percent of county children qualified for free or reduced-price lunch in the 2020- 2021 school year, a figure far above state and national rates of 56 percent and 42 percent, respectively. Free or reduced-price lunches are served to qualifying students in families with income under 185 percent (reduced price) or under 130 percent (free lunch) of the US FPL as part of the federal National School Lunch Program (NSLP).

Access - Head Start and Preschool Enrollment

Head Start is a program designed to help children from birth to age five who come from families at or below poverty level. This helps these children become ready for kindergarten while also providing the needed requirements to thrive, including health care and food support. McDuffie County has 1 Head Start program, with a rate of 6.41 per 10,000 children under 5 years old in 2019. This rate is below state and national rates of 6.83 and 10.53, respectively. Approximately 41.91 percent of all children aged 3 to 4 were enrolled in preschool in 2020, a rate lower than state figure of 49.05 percent.

Single-Parent Households

In 2020, 54 percent of children lived in households where only one parent is present, and the majority of those were led by a single woman. Statistically, compared to married parents, single parents tend to be poorer (because there is not a second earner in the family) and less well-educated (in part because early childbearing interrupts or discourages education, and single parent households tend to be led by younger parents).

English and Math 4th Grade Proficiency

Of 1,351 students tested, 70.50 percent of 4th graders tested below the "proficient" level in the English Language Arts portion of state standardized tests in the 2018-2019 school year, which is worse than the state rate of 60.7 percent and the national rate of 53.8 percent. Reading proficiency is key; up until 4th grade, students are learning to read. After that, they are reading to learn. For the math portion of the test, 64.50 percent of 4th graders tested below the "proficient" level, according to the latest data. Students in the county tested worse than the statewide rate of 53.9 percent.

Risky Behaviors

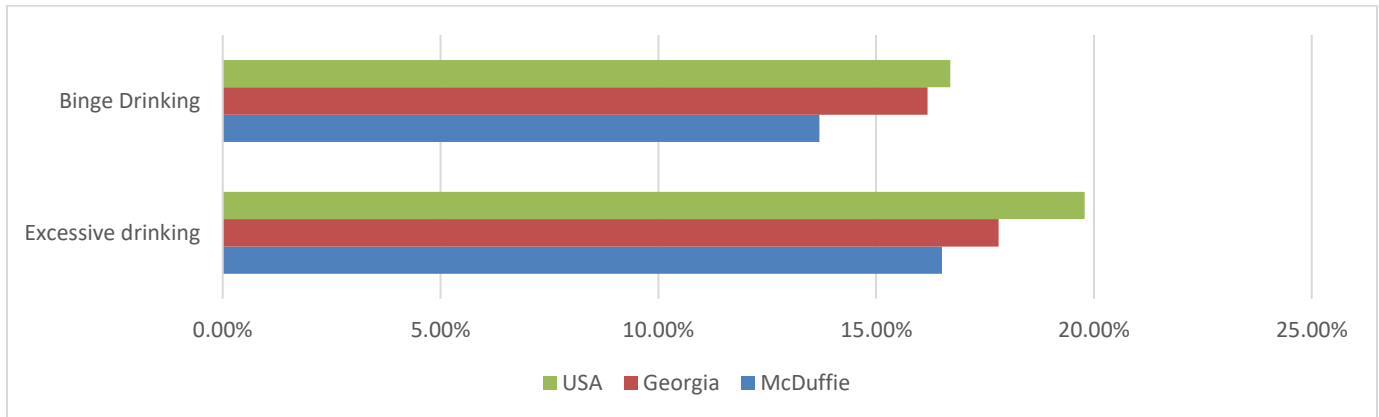
Behaviors are directly related to health outcomes, leading to increased risks of cardiovascular disease, cancer, liver diseases, hepatitis, and sexually transmitted diseases.

Alcohol use

Excessive alcohol use can lead to a myriad of health issues, including liver disease, depression, injuries, violence, and cancer. In McDuffie County, in 2019, about 16.51 percent of adults self-reported excessive drinking in the last 30 days, which was less than the state rate of 17.81 percent. Data for this indicator were

based on survey responses to the 2019 Behavioral Risk Factor Surveillance System (BRFSS) annual survey, the last year for which data is available. Based on preliminary national data, these rates likely increased during 2020, in which alcohol use increased during COVID-19 quarantine periods.

The below chart shows self-reported excessive and binge drinking rates in 2019. Binge drinking is defined as adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Excessive drinking is when binge drinking episodes occurred multiple times within the last 30 days.



Tobacco use

Within the county in 2019, 24 percent of adults reported being a current smoker. Smoking is directly related to a myriad of health issues, the most serious of which is cancer.

Insufficient sleep

Approximately 40.50 percent of county residents reported regularly sleeping less than 7 hours most nights, on average, in 2018. Sleep is an essential function that allows your body and mind to recharge, leaving you refreshed and alert when you wake up. Healthy sleep also helps the body remain healthy, fight diseases, and maintain good mental health. Without enough sleep, the brain cannot function properly.

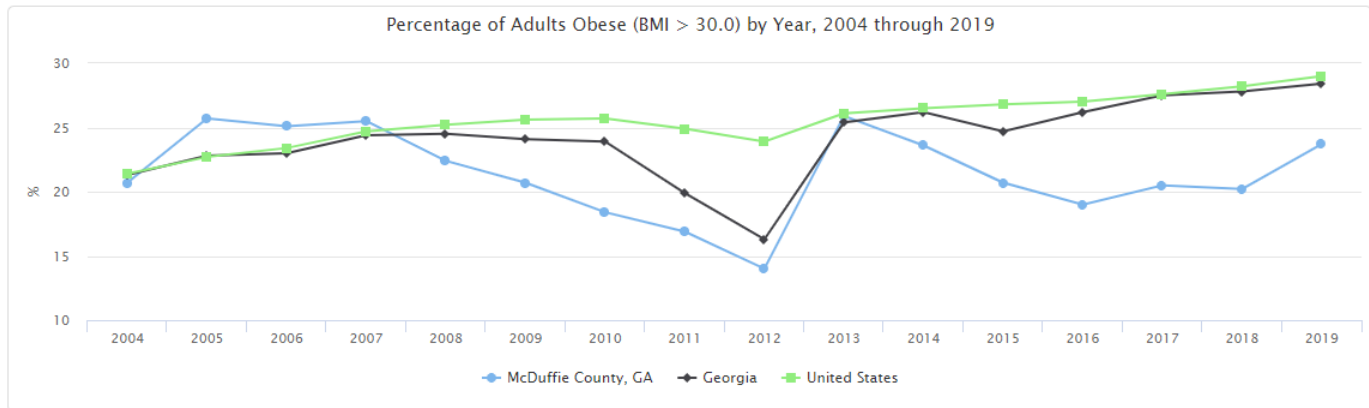
Health Factors

Certain health factors have a strong impact on overall health including obesity and physical inactivity.

Obesity

In 2019, 23.70 percent of county residents aged 20 and older were obese, meaning they had a body mass index of 30 percent or more. This is higher than the state and national percentages which are 28.4 and 27.6%, respectively.

In McDuffie County this health risk affects 22.8 percent of males and 24.5 percent of females. Obesity is directly linked to several health issues, including diabetes and heart disease.



Physical Inactivity

Within the county in 2019, 21.4 percent of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

One reason may be the lack of available public places for physical activity. For example, 0.00% of county residents live within a half mile of a park, a figure much lower than state and national rates of 17.42 percent and 38.01 percent, respectively. Additionally, there were only 2 recreation and fitness places within the county in 2019, resulting in a rate of 9.24 facilities per every 100,000 people, another number below state and national averages which were 10.8 and 11.94, respectively.

Mental Health

Mental health is a critical driver of overall health, as being in a good mental state can keep you healthy and help prevent serious health conditions. A study in the National Library of Medicine found that positive psychological well-being can reduce the risks of heart attacks and strokes. On the other hand, poor mental health can lead to poor physical health or harmful behaviors.

Deaths of Despair

Deaths of despair -- suicide, drug and alcohol poisoning, and alcoholic liver disease—are at their highest rate in recorded history, according to the Centers for Disease Control and Prevention (CDC). In McDuffie County, between 2016 and 2020 the average rate of death due despair was 45.1 people per every 100,000. This is higher than the state rate of 38.1.

Poor mental health days

In 2019, the last year for which data is available, county members reported an average 5.9 poor mental health days over the last 30 days, which is higher than the state average of 4.8 poor mental health days. This is a statistic that likely sharply increased in 2020 and 2021, when the severe mental impact of COVID-19 was felt throughout the community. Additionally, in 2019, 19.90 percent of adults reported being in frequent mental distress, which is 14 or more poor mental health days within a 30-day period. This statistic also likely increased during 2020 and 2021.

Opioid and substance use

In McDuffie County in 2019 there were 270,002 prescription drug claims from Medicare beneficiaries. Of those drug claims 8,488 or 3.1 percent were opioid drug claims. This is lower than the state and national percentages of 4.40 and 5.30 percent, respectively.

Between 2016 and 2020 there were 13 deaths from opioid.

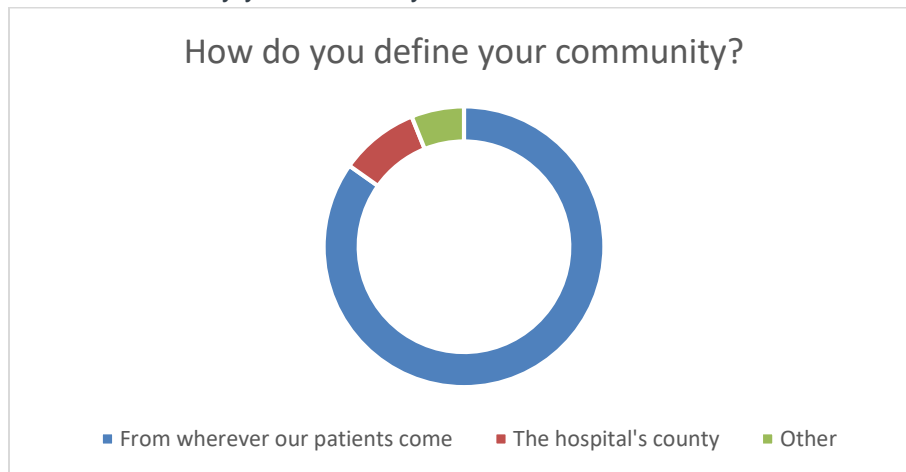
Employee Survey

In July 2022 we launched an online employee survey to solicit community input on key health issues. A total of 33 Piedmont McDuffie employees responded. Below are the results of that survey. The survey questions can be found in the appendix.

The employees who responded worked in:

Department	Responses
Administrative	21.21% - 7
Clinical	60.61% - 20
Other	18.81% - 6
TOTAL	33

Q: How do you define the community you serve in your role?



Q: In the following list, what do you think are the five most important factors for a healthy community? We consider this to be those factors which most improve the quality of life in a community.

1. Access to health care (e.g., family doctor)
2. Access to healthy food
3. Healthy behaviors and lifestyles
4. Low crime/safe neighborhoods
5. Financial Assistance for Health Care

Q: In the following list, what do you think are the five most important health problems in our community?
Please check five.

1. Diabetes
2. Mental health problems
3. High blood pressure
4. Heart disease and stroke
5. Cancers

Q: How would you rate the overall health of our community?

ANSWER CHOICES	RESPONSES
<i>Very unhealthy (most have three or more chronic conditions such as heart disease or diabetes)</i>	16.13% - 5
<i>Unhealthy (most have one or two chronic conditions such as heart disease or diabetes)</i>	19.35% - 6
<i>Somewhat unhealthy</i>	51.61% - 16
<i>Somewhat healthy</i>	12.90% - 4
<i>Healthy</i>	0.00% - 0
<i>Very healthy (most have no chronic conditions such as heart disease or diabetes)</i>	0.00% - 0
TOTAL	31

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

- No insurance
- Unable to pay co-pays and deductibles
- Lack of access to transportation
- Unable to use technology to find doctors, schedule appointments, manage online care
- Fear (e.g., not ready to face or discuss health problem)
- Don't understand the need to see a doctor
- Don't know how to find doctors
- Cultural/religious beliefs
- Lack of availability of doctors
- Language barriers

Q: Of the following, what do you think are the top five things most important in improving the health of community members living in our communities?

1. Access to health care services
2. Access to local outpatient mental health services
3. Access to local inpatient mental health services
4. Access to low-cost mental health services
5. Additional access points to affordable care within the community

Q: What are the five most important health problems in our community? (Top 10 answers)

1. Diabetes
2. Mental health problems
3. High Blood Pressure
4. Heart Disease and Stroke
5. Cancers

6. Aging problems (e.g., arthritis, hearing/vision loss, etc)
7. Poverty
8. Health Illiteracy
9. Respiratory/Lung Disease
10. Dental problems

Q: What do you think are the top five things most important in improving the health of community members living in our communities?

1. Access to health care services
2. Access to local outpatient mental health services
3. Access to local inpatient mental health services
4. Access to low-cost mental health services
5. Additional access points to affordable care within the community

The following questions called for open-ended responses. The most common responses are noted here:

<p>Q: What is your vision for a healthy community?</p>	<ul style="list-style-type: none"> • Expanded access to specialty physicians • Low cost screenings • Education on medicine compliance • Easy access to affordable healthcare • More trails and biking areas • Expanded care locations in rural areas • Access to everyone for health care, dental and vision care • Affordable housing • A community with involvement from health care workers, fire, EMT & police • Healthy lifestyles including exercise and diet
<p>Q: What is the single most pressing issue you feel our patients face?</p>	<ul style="list-style-type: none"> • Lack of housing • Not being educated about health and health care • Cost of health care and prescriptions • Lack of specialists • Unaware of resources available • Lack of mental health resources • Waiting too long to see medical attention • Finances
<p>Q: What are one or two things we can do better to serve our patients/our community?</p>	<ul style="list-style-type: none"> • Affordable housing in safe areas • Education about health conditions • Communicate available resources • Decrease cost • Health Fairs and screenings • Expand healthcare clinics to rural areas • Free health screenings • Financial assistance

Community Stakeholders

A Community Listening session was held in McDuffie County; individuals from various health and social service agencies from McDuffie, Lincoln and Warren counties were invited to attend.

Those agencies that participated in the sessions are: Georgia Department of Public Health, East Central Health District IV, Crawford & Breazeale Drug Co., Family Connection of Warren County, Forward McDuffie, Thomson McDuffie Fire/EMS.

These agencies represent the homeless, the elderly, and individuals living in poverty, as well as those facing food insecurity, mental health issues, or addiction.

Those who were invited but did not attend were from the following organizations: Thomson Family YMCA, McDuffie County Extension Service, McDuffie County Extension Service, Family Care Group, Thomson Dental Wellness, Archway Partnership, Partners for Success, Shaw, Lincoln County Health Department, Community Medical Associates, Lincoln Family Dentistry, Lincoln County government, Lincoln Family Medicine, Lincoln County Schools, Warren County Health Department, Family Connection of Warren County, Warren County Senior Center, Hometown Warrenton, Community Health Care System, Care Source, Lincoln County Office of Emergency Services.

Representatives from these organizations were sent an email with the list of questions from the listening session and invited to provide feedback.

These agencies represent the homeless, the elderly, and individuals living in poverty, as well as those facing food insecurity, mental health issues, or addiction.

Representatives from Piedmont Augusta facilitated the listening session, following questions and guidelines provided by the CHNA Steering Committee. These questions and guidelines were based on the North Carolina Department of Health and Human Services, North Carolina Division of Public Health's Community Health Assessment Guide, revised June 2014.

Taking notes for the session were Rebecca Sylvester, Piedmont Augusta Director of Corporate Communications; Christine McDowell, Piedmont Augusta Community Relations Specialist; Katie Wilkes, Piedmont Augusta Process Improvement Engineer.

The session length was one and one-half hours. The following chart is a summary of the questions and feedback received. Questions and answers may have been combined or changed slightly to accommodate repeated and/or similar responses or themes. The order of feedback as it appears in the chart is not significant.

<p>Q: What do people in this community do to stay healthy?</p>	<ul style="list-style-type: none">• Nature trails• Recreation• Rural areas have some health fairs• Family Y• PE teachers help with good sports and recreation in the schools• Senior activities at some churches
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<p>Q: What are the major health problems in our community?</p>	<ul style="list-style-type: none"> • Diabetes • High blood pressure • Cancer • Obesity • No good food choices – affordable or not • Stroke • Heart disease • Substance abuse • Mental health • Veterans with PTSD • STDs • Vaping • Opioid issues
<p>Q: What are the causes of these problems? Also: What keeps people from being healthy?</p>	<ul style="list-style-type: none"> • Lack of education in nutrition leads to higher risk for diabetes • Food choices • Food prep – Southerners fry and cook with lots of butter and salt • Access to healthcare providers. This is improving with the use of PA's. • No Primary Care providers or pharmacies for surrounding counties • Access and affordability of wellness programs • No recreation areas or wellness programs available in rural areas • Effects from COVID: mental health issues for students, domestic violence • Not enough mental health clinicians • Poverty • Lack of transportation • Many people don't want a lifestyle change • Medication management
<p>Q: What can be done/is being done to solve these problems?</p>	<ul style="list-style-type: none"> • Hospitals can be more involved in preventative care and education. • Get partners to the table to collaborate after identifying the issues. • Some churches provide activities and transportation • More community outreach • Sometimes local organizations/resources compete against each other to fulfill their own initiative • Create flowcharts for event/crisis process

Methodology

Our process included studying assessments conducted by peer hospitals as well as processes used for our previous CHNAs. We made every effort to adhere to the final IRS rules regarding community health need assessments. We formed an internal team comprised of staff from Corporate Communications, Community Relations and Systems Engineering to conduct the assessment.

Our first step was to define our community using data from our medical record system. We examined the counties from which our ER patients live. Having defined our community, we sought to understand their health needs by collecting information from public health data and community leaders.

With public health data, we sought to answer several questions. First, which issues are affecting the highest number of people in our community and in the most significant ways? Second, how does each county in our community compare to others in our community, and to the general population of Georgia, South Carolina, and the United States? Third, is the incidence rate of the health problem, symptom, or factor increasing? And finally, do minority groups experience higher incidence rates or more severe outcomes than the general population?

We also sought the feedback of community leaders, inviting them to a listening session in which a moderator posed several questions about their communities' health problems and causes. We have described the format of the listening sessions, the leaders, and the feedback they provided, both regarding the community's current needs and regarding our 2019 CHNA and ISG. Equipped with these sources of information, our steering committee prioritized the health needs of our community using a nominal group method.

Approval

Hospital leadership then reviewed the CHNA and provided input. We incorporated their input into the final CHNA report, which is this report. We then presented our findings and recommended priorities to the hospital board of directors. Once we established our priorities, we presented the CHNA to the board of directors for approval on October 27, 2022.

Piedmont McDuffie Board of Directors

- William P. Doupé, Chairman
- John Bieltz, D.O.
- Robin S. Dudley
- James R. Davis
- Elizabeth R. Gallup
- Dawn Swan, Recording Secretary

Next steps

Upon approval of the CHNA, the Piedmont Healthcare Community Benefits team will work with hospital leadership to create a three-year implementation strategy that will outline a strategy to address the identified priorities. This plan will include both internal and external strategies to positively impact our communities and boost the health of all, with a special focus on those most vulnerable due to income, race, insurance status, age, and geography. This plan will be board approved and will serve as our blueprint for community benefit activities over the next three years.

Appendices

Appendix one: Federal Poverty Levels

Data on the poverty threshold is created by the US Census Bureau, which uses pre-tax income as a yardstick to measure poverty. The statistical report on the poverty threshold is then used by the HHS to determine the federal poverty level (FPL). Below are the rates for 2022.

Family size	100%	150%	200%	300%	400%
1	\$13,590	\$20,385	\$27,180	\$40,770	\$54,360
2	\$18,310	\$27,465	\$36,620	\$54,930	\$73,240
3	\$23,030	\$34,545	\$46,060	\$69,090	\$92,120
4	\$27,750	\$41,625	\$55,500	\$83,250	\$111,000
5	\$32,470	\$48,705	\$64,940	\$97,410	\$129,880
6	\$37,190	\$55,785	\$74,380	\$111,570	\$148,760
7	\$41,910	\$62,865	\$83,820	\$125,730	\$167,640
8	\$46,630	\$69,945	\$93,260	\$139,890	\$186,520

Appendix two: Stakeholders interviewed

In May 2022, we conducted a community listening session and heard from 8 community members from McDuffie, Lincoln and Warren counties to better understand their perspectives on community health through the lens of their role within the community. These stakeholders were: Sadie Stockton (GA Dept. of Public Health East Central Health District IV), Kathy Linbarger (GA Dept. of Public Health East Central Health District IV), Bryce Allfrey (Crawford & Breazeale Drug Co./Thomson Drug), Emma Sinkfield (Family Connection of Warren County), Danita Kiser (RN, Piedmont McDuffie), Don Powers (Forward McDuffie), Kevin Williamson (Thomson McDuffie Fire/EMS).

Appendix three: Sources for data

We utilized numerous data sources throughout the CHNA process. Due to the high volume in this report, we did not individually cite each statistic. That said, we provide a list of all data sources below. Please contact the Piedmont Healthcare community benefit department at communityprograms@piedmont.org for questions on specific data points.

Category	Data Source
Demographics	US Census Bureau, Decennial Census, 2020.
Demographics	US Census Bureau, American Community Survey, 2015-19.
Demographics	University of Wisconsin Net Migration Patterns for US Counties, 2010-20.
Income and Economics	US Census Bureau, American Community Survey, 2015-19.
Income and Economics	US Census Bureau, Business Dynamics Statistics, 2018-19.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2019.
Income and Economics	US Department of Labor, Bureau of Labor Statistics, Jan. 2022.
Income and Economics	IRS - Statistics of Income, 2018.
Income and Economics	US Census Bureau, American Community Survey, 2015-19.

Income and Economics	US Census Bureau, American Community Survey, University of Missouri, Center for Applied Research and Engagement Systems, 2007-11.
Income and Economics	US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture, 2017.
Income and Economics	US Department of Commerce, US Bureau of Economic Analysis, 2016.
Income and Economics	National Center for Education Statistics, NCES - Common Core of Data, 2020-21.
Income and Economics	US Census Bureau, Small Area Income and Poverty Estimates, 2020.
Education	US Department of Health & Human Services, HRSA - Administration for Children and Families, 2019.
Education	US Census Bureau, American Community Survey, 2015-19.
Education	National Center for Education Statistics, NCES - Common Core of Data, 2020-21.
Education	US Department of Education, EDFacts, 2018-19.
Education	US Census Bureau, American Community Survey, 2014-18.
Education	U.S. Department of Education, US Department of Education - Civil Rights Data Collection, 2017-18.
Housing and Families	US Census Bureau, American Community Survey, 2015-19.
Housing and Families	US Department of Housing and Urban Development, 2019.
Housing and Families	US Department of Housing and Urban Development, US Census Bureau, American Community Survey, 2019.
Housing and Families	Eviction Lab, 2016.
Housing and Families	US Census Bureau, American Community Survey, 2011-15.
Housing and Families	Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act, 2014.
Housing and Families	US Census Bureau, Decennial Census, US Census Bureau, American Community Survey, 2015-19.
Housing and Families	US Department of Housing and Urban Development, 2014.
Housing and Families	US Census Bureau, Census Population Estimates, 2019.
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Appendix four: Employee survey

In August 2022, the hospital surveyed its employees regarding their opinions on challenges within our communities, and suggestions on how the hospital can improve its community's health. The survey is shown here.

1. What type of role do you have?

- Administrative
- Clerical
- Environmental Services
- Food Services
- Programmatic
- Other: Please describe

2. Are you an employee or are you a contract employee?

3. What is your home zip code?

4. How do you define the community you serve in your role?

- From wherever our patients come
- All of Georgia
- The hospital's county
- Other: Please describe

5. In the following list, what do you think are the five most important factors for a healthy community? We consider this to be those factors which most improve the quality of life in a community.

- | | |
|--|---|
| • Access to health care (e.g., family doctor) | • High retirement rates |
| • Access to healthy food | • Emergency preparedness |
| • Arts and cultural events | • Good place to raise children |
| • Civic participation | • Low adult death and disease rate |
| • Clean environment | • Low crime/safe neighborhoods |
| • Ethnic and cultural diversity | • Low infant deaths |
| • Financial assistance for health care at the hospital | • Low level of child abuse |
| • Healthy behaviors and lifestyles | • Parks and recreation |
| | • Low- and no-cost options for health care within the community |

- Quality of care
- Quality of housing or housing availability
- Religious or spiritual values
- Social cohesion
- Strong family life
- Strong school district
- Transportation and walkability
- Other: Please describe

6. In the following list, what do you think are the five most important health problems in our community? Please check five:

- Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- Cancers
- Child abuse / neglect
- COVID-19
- Dental problems
- Diabetes
- Domestic violence
- Firearm-related injuries
- Heart disease and stroke
- High blood pressure
- HIV/AIDS
- Homicide
- Infant death
- Infectious diseases
- Mental health problems
- Motor vehicle crash injuries
- Poverty
- Rape/sexual assault
- Respiratory/lung disease
- Sexually transmitted diseases (STDs)
- Social isolation
- Suicide
- Teenage pregnancy
- Terrorist activities
- Health illiteracy
- Built environment
- Housing insecurity
- Neighborhood environmental risk (e.g., pollution, high lead exposure)
- Other: Please describe

7. How would you rate the overall health of our community?

- Very unhealthy (most have three or more chronic conditions such as heart disease or diabetes)
- Unhealthy (most have one or two chronic conditions such as heart disease or diabetes)
- Somewhat unhealthy
- Healthy
- Very healthy (most have no chronic conditions such as heart disease or diabetes)

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

- No insurance
- Unable to pay co-pays and deductibles
- Language barriers
- Lack of access to transportation
- Unable to use technology to find doctors, schedule appointments, manage online care

- Fear (e.g., not ready to face or discuss health problem)
- Don't understand the need to see a doctor
- Don't know how to find doctors
- Cultural/religious beliefs
- Lack of availability of doctors

9. Of the following, what do you think are the top five things most important in improving the health of community members living in our communities?

- Access to local inpatient mental health services
- Access to local outpatient mental health services
- Access to low-cost mental health services
- Access to health care service
- Access to dental care services
- Additional access points to affordable care within the community
- Cancer awareness and prevention
- Community-based health education
- Community-based programs for health
- Curbing tobacco use, such as banning indoor smoking
- Expanded access to specialty physicians
- Financial assistance for those who qualify
- Free or affordable health screenings
- Increased social services
- More options for paying for care
- Opioid awareness and prevention campaigns
- Partnerships with local charitable clinics
- Programs that address issues of housing
- Programs that address food insecurity
- Safe places to walk and play
- Substance abuse rehabilitation services
- Other: Please describe

10. What is your vision for a healthy community?

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

12. What are one or two things we can do better to serve our patients/our community?

13. Do have questions about this survey or community health in general?