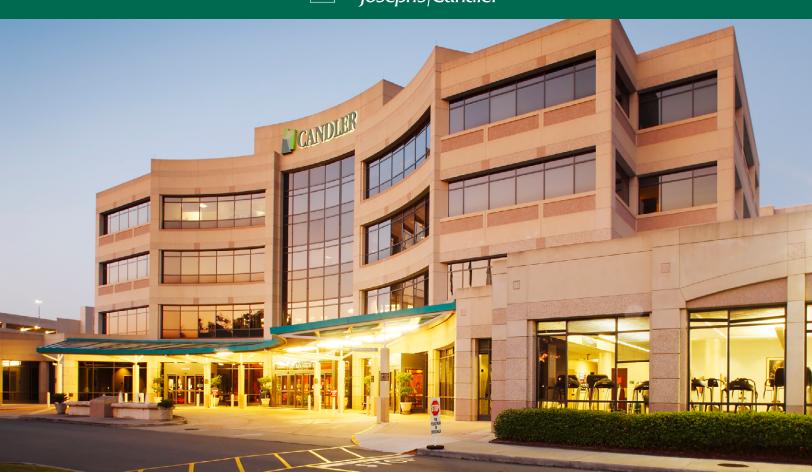


ST. JOSEPH'S HOSPITAL AND CANDLER HOSPITAL 2022 COMMUNITY HEALTH NEEDS ASSESSMENT





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St. Joseph's/Candler would like to thank the many people, organizations, agencies and partners who worked collaboratively to make this report possible.

Partners in Chatham County Safety Net Planning Council (CCSNPC)

The CCSNPC partners include providers of care to the uninsured and underinsured, including the Health Department, federally qualified health centers, volunteer medicine clinics, and both hospital systems, local businesses, community organizations and representatives from city and county government.

Government

- · Chatham County
- City of Savannah
- Chatham County Health Department
- Chatham County Department of Family and Children Services (DFCS)
- Department of Behavioral Health and Developmental Disabilities, Gateway Community Service Board

Federally Qualified Health Centers

- Curtis V. Cooper Primary Health Care, Inc.
- J. C. Lewis Primary Health Care Center, Inc.

Community Health Clinics

- St. Joseph's/Candler's St. Mary's Health Center
- St. Joseph's/Candler's Good Samaritan Clinic
- Chatham C.A.R.E. Center- Chatham County Health Department Ryan White Clinic

Hospital Systems

- Memorial Health University Medical Center
- St. Joseph's/Candler Health Systems

Other Community Partners

- United Way of the Coastal Empire
- Step Up Savannah
- Savannah Business Group
- MedBank

Coastal GA Indicators Coalition

The purpose of the Coalition is to improve community well-being by engaging and leading the community to work collectively in its development of strategic priorities that guide policy, programs and resource allocation. The Community Health Needs Assessment (CHNA) utilized Coastal GA Indicators Coalition's community data information in order to assess the needs of the targeted community.

Georgia Southern University Health Sciences Students, Dr. Janet Buelow

Georgia Emergency Association (GEA) Physicians

Live Oak Public Library

St. Joseph's/Candler

Medical Group Management Physicians

Patient Care Departments

Mission Services Community Outreaches: African American Health and Information Resource Center (AAHIRC) and Hero Database, E. D. Medical Home Program, Good Samaritan Clinic, St. Mary's Community Center, and St. Mary's Health Center

Strategic Planning

Chatham County Public School System Social Workers

Metropolitan Savannah Hispanic Chamber of Commerce

Augusta Medical College Department of Medicine- South East Campus,

Dr. Elizabeth Gray

Mercy Core Volunteers

Joseph Buford

Nolan Gundlach

Lily Kase

This overview summarizes the key findings from the analysis of all data as well as community perception survey results. A full description of the qualitative and quantitative data follows in the full report.

Community Profile At-A-Glance

Chatham County is located on the southeast coast of United States in Georgia. The total estimated population in 2021 is 291,228 people. There are an estimated 114,362 households with 72,107 families in Chatham County.

Caucasians make up the majority of the population at 51%, followed by Black/African Americans at 41%. The largest percentage of the population falls into the 25-34 year-old age group.

The median household income is \$87,337. Approximately 47% of residents are homeowners. Approximately 49% of those who rent are burdened with more than 30% of their income going to rent. Approximately 65% of the population age 25+ has some college experience or some type of degree. Approximately 11% of families live below the poverty level in the county.

Life and Death

Female life expectancy is 79.6 years while male life expectancy is 74.3 years. The leading causes of death include cancer, heart disease, and stroke.

Health Issues

High blood pressure, arthritis and diabetes are among the top chronic diseases in the county. More than 50% of the population received routine dental care in the past year and more than 75% reported having routine medical checkup.

Breast and lung/bronchial cancers lead the number of cancer cases in the county. Adults 18-64 have an 81% insured rate. Children 19 and under have a 95% insured rate.

Social Determinants

The term "social determinants of health" is used to describe the conditions in which a person is born, grows, lives, and works that affect their overall health. These conditions include education, workforce development, work environment, employment, and housing as well as other living and working conditions.

CONCLUSIONS

After reviewing all the data and feedback, the following indicators of health and social determinants of health are the most pressing needs in Chatham County.

Chatham County Community Health Needs

- Access to affordable health insurance
- Access to mental health services
- Access to affordable and convenient health care
- Access to affordable dental care
- Chronic disease and routine care
- Preventative Cancer Care
- Reproductive Health
- COVID-19 Education

Chatham County Social Determinants of Health

- Unemployment
- Severe housing problems
- Poverty/Income Disparities
- Exercise Programs
- Reading on grade level
- Recidivism

Increased efforts on addressing these needs should be focused on the at-risk and vulnerable populations of Chatham County. It is necessary to provide support to our local community in the form of quality services which are easily accessible to the masses. It is also necessary to provide ways to foster security in individuals and opportunities to improve quality of life. A strong support and resource system is invaluable for the health of our community.

St. Joseph's Hospital, Inc. and Candler Hospital, Inc., known as St. Joseph's/Candler Health System (SJ/C) is located in historic Savannah, GA and is the regions only faith-based Health System. It is the areas only private not for profit Health System. SJ/C offers healthcare services across the entire continuum of care, including local and regional primary care, specialized inpatient and outpatient services at two anchor hospitals, home healthcare services, as well as a wide variety of community outreach and education efforts throughout the region.

SJ/C provides the most advanced, comprehensive treatments and state-of-the-art medical technologies available almost anywhere. Its faith based, holistic approach to healing encourages individuals to become more knowledgeable and responsible about their personal health.

Both St. Joseph's Hospital and Candler Hospital are individually accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), while the health system is one of a select few in the country to have achieved network accreditation status. Additionally, St. Joseph's/Candler is the only health provider in the region to have achieved MAGNET status for nursing excellence.

Mission

Rooted in God's love, we treat illness and promote wellness for all people.

Vision

Our vision is to set the standards of excellence in the delivery of health care throughout the regions we serve.

Values

The following values are represented by the six brush strokes preceding the name in the corporate logo. They serve as a reminder to the community that the SJ/C values precede everything we do.

- **Compassion-** Showing empathy and concern for everyone and responding with kindness and sensitivity
- Quality- Optimizing talents, skills and abilities to achieve excellence in meeting and exceeding our patients' expectations
- **Integrity-** Adhering without compromise to high moral principles of honesty, loyalty, sincerity and fairness
- Courtesy- Demonstrating polite, cooperative and respectful behavior; showing consideration and care for each person
- Accountability- Using material goods wisely; being conscious of the environment; being accountable for prudent use of our talents and financial resources
- **Team Work-** Working together to accomplish tasks and goals; recognizing the interdependence of one another and each person's unique gifts

HISTORY

St. Joseph's/Candler is rich in history and heritage. Its anchor institutions, St. Joseph's Hospital and Candler Hospital, are two of the oldest continuously operating hospitals in the nation. As such, both have been a part of the Savannah landscape and culture for a combined history of more than 350 years.

In addition, the Georgia Infirmary, Central of Georgia Railroad Hospital and Mary Telfair Women's Hospital, historic in their own right, bring that service record to nearly 650 cumulative years.

In 1997, the two legendary hospitals and their various entities affiliated, creating the largest health system in Southeast Georgia and the South Carolina Low Country.

St. Joseph's Hospital began in 1875 when the Sisters of Mercy took over the operations of the Forest City Marine Hospital in what is now the historic district. For over 135 years, Savannahians have trusted the care, compassion and medical

expertise that have become synonymous with the St. Joseph's name. Now, located on Savannah's south side, St. Joseph's Hospital is home to some of the most breakthrough medical technology and innovations available. Specialty services at St. Joseph's include The Heart Hospital, The Institute for Advanced Bone and Joint Surgery and the Institute of Neurosciences, each offering unsurpassed space-age technology and expert clinical care.

Candler Hospital is Georgia's first hospital (first chartered in 1804) and the second oldest continuously operating hospital in the United States. Located in Savannah's Midtown and affiliated with the Methodist Church, Candler has been long recognized as offering the finest in primary care, outpatient services, and women's and children's services. Candler is home to the Mary Telfair Women's Hospital and the Nancy N. and J.C. Lewis Cancer & Research Pavilion, both renowned medical facilities offering some of the most advanced patient services in the country.

HISTORY OF ACCESSING HEALTH AND SOCIAL NEEDS AT SJ/C

St. Joseph's/Candler has a rich history of service to the community and building activities that address the health and social service needs for all its members. For example, twenty-two (22) years ago two Sisters of Mercy literally walked the streets of Savannah's Historic Cuyler Brownsville Neighborhood and asked the residents of that community what services were most needed to improve their health and overall standard of living. The responses were recorded, prioritized and presented to the Leadership Team and St. Joseph's/Candler's Board of Trustees. That exercise resulted in the creation of St. Mary's Community Center, strategically located directly in the Cuyler Brownsville Neighborhood. St. Mary's began providing for the health and social needs identified by the residents to improve that community's overall wellbeing. Twenty-two (22) years later St. Mary's continues to be an anchor of the community responding to

the residents' ever changing needs.

The example above is just one of the informal ways St. Joseph's/Candler has evaluated the community's needs. Other forms of evaluation have been in part through collaborative efforts with organizations, business, churches, community leaders and social service agencies working to address other identified needs in various parts of the community and the region. In fact, St. Joseph's/Candler is one of the founding members of the Chatham County Safety Net Planning Council which includes many groups which work to improve the health of the community.

Highlights of St. Joseph's/Candler's extensive community benefit and community assistance efforts can be found in appendix 1 of this report.

AFFORDABLE CARE ACT

The Patient Protection and Affordable Care Act was signed in to law by President Barack Obama on March 23, 2010¹. The first outline of the requirements for not-for-profit hospitals was published in Notice 2010-39 on June 14, 2010². Subsequent notices followed. In the Internal Revenue Bulletin: 2015-5³ the IRS provided the final approved regulations that provide guidance regarding the requirements for charitable hospital organizations added by the Patient Protection and Affordable Care Act of 2010.

A key provision of the Act is that all not-for-profit hospitals must complete a Community Health Needs Assessment (CHNA) every three years. Once completed, an implementation plan must be submitted describing how the hospital(s) are addressing the identified health needs in their community. If the hospital(s) are not addressing those needs, they must explain why they are not. The IRS was charged with enforcing the new requirement.

COMPLIANCE WITH THE REQUIREMENTS OF IRS BULLETIN 2015-5

The IRS released the final requirements for hospital's CHNA in IRS Bulletin 2015-5 effective December 29, 2014. St. Joseph's Hospital, Inc. and Candler Hospital Inc. have made every effort to comply with the guidance provided by the IRS in that bulletin. An outline of the final requirements for each CHNA written report was adopted from the Catholic Health Association's for use in the completion of this CHNA. A summary of written CHNA requirements (Updated August 2021)⁴ is listed below:

A hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility. The CHNA report must include the following items.

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.

¹ www.whitehouse.gov/affordablecareact

² http://www.irs.gov/irb/2011-30_IRB/ar08.html

³ https://www.irs.gov/irb/2015-5_IRB/ar08.html#d0e162

 $^{^4\ \}underline{\text{https://www.chausa.org/community-benefit/a-guide-for-planning-and-reporting-community-benefit}}$

- A description of resources potentially available to address the significant health needs identified through the CHNA.
- An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

A CHNA report will be considered to describe the process and methods used to conduct the CHNA report if it:

- Describes the data and other information used in the assessment,
- Describes the methods of collecting and analyzing this data and information,
- Identifies any parties with whom the hospital facility collaborated or contracted for assistance in conducting the CHNA.

A hospital facility may rely on (and the CHNA report may describe) external source material in conducting its CHNA. In such cases, the hospital facility may simply cite the source material rather than describe the methods of collecting the data.

A hospital facility's CHNA report must describe how the hospital facility took into account input received from persons who represent the broad interests of the community it serves.

The CHNA report should:

- Summarize, in general terms, the input provided by such persons,
- Describe how and over what time period such input was provided (for example, whether through meetings, focus groups, interviews, surveys, or written comments and between what approximate dates),
- Provide the names of any organizations providing input and summarizes the nature and extent of the organization's input, and
- Describe the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.

However, a CHNA report does not need to name or otherwise individually identify any individuals providing input on the CHNA, including individuals participating in community forums, focus groups, survey samples, or similar groups. If a hospital facility solicits, but cannot obtain, input from a required source representing the broad interests of the community, the hospital facility's CHNA report must describe the hospital facility's efforts to solicit the input from such source.

2019 CHNA REPORT - REQUEST FOR COMMENTS AND FEED BACK

St. Joseph's/Candler posted the 2019 Community Health Needs Assessment on the System's website for easy access by anyone who wished to review and comment on the report. The web page, https://www.sjchs.org/in-the-community/community-health-needs-assessment includes historical and current CHNAs, Implementation Plans and Annual Updates and the System's Community Benefit Reports. The web page includes the following message:

"Your feedback is important in the CHNA process. Please send your written correspondence through any of the following options:

Mail

St. Joseph's/Candler's Community Benefits Attention: Jackie Lambert 11705 Mercy Blvd Savannah, GA 31405

Email

communitybenefits@sjchs.org

No written comments or feedback was received pertaining to the information contained in the 2019 CHNA.

EVALUATION OF IMPACT

During fiscal years 2019-2021, St. Joseph's/Candler continued, modified or increased outreach efforts in a number of areas in an effort to address the health and social determinants of health needs identified in the 2019 CHNA. These efforts are reported annually in the "Implementation Plan Progress Report" published on the SJ/C website

Community Health Needs Assessment | St. Joseph's/Candler (sjchs.org). A summary of the impact for fiscal years 2019-2021 is below. The reporting format was adopted from the Catholic Health Association's "Guide to Reporting Community Impact." Impact indicators were adapted from Healthy People 2030 Tracker⁶.

KEY

Symbol	Description
	A green arrow in the up direction indicates the identified health need in Chatham County is improving over time compared to the values in the 2019 CHNA.
	An equals sign indicates the identified health need in Chatham County has not significantly increased or decreased compared to the previous reporting period.

Long term initiatives such as reducing the breast cancer incidence rate may show little indicator improvement over short amounts of time, such as the three years between CHNA reporting cycles. However, SJ/C's goals and objectives outlined in the Implementation Plan Progress Reports represent ongoing efforts to improve the indicator in the interim periods. As noted before, please visit Community Health Needs Assessment | St. Joseph's/Candler (sichs.org) to review the specific work being done for each indicator listed below.

Due to the COVID-19 Pandemic, many resources and efforts were redirected to prevention and education of COVID-19. This includes COVID-19 testing, COVID-19 vaccination sites, and community education in the form of one on one counseling, advertisement, and community outreach initiatives. Some of the identified needs below will show little progress because of the urgent need to redirect resources and community focus.

 $^{^{5}\,\}underline{https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit}$

⁶ https://www.healthypeople.gov/

Identified Health Need	Community Benefit Actions	Impact
Increase access to health insurance for adults and	Goal 1: Facilitate enrollment in Health Exchange through counseling services and on-line assistance at four SJ/C outreach sites.	
children	 Commit staff time and resources of at least one co-worker at each of the four sites to be a credentialed counselor on the Health Exchange. Offer counseling and web tutorials to community members to enroll in Health Exchanges at each of the four outreach sites. Provide Medicaid application assistance to eligible clients through St. Mary's Center's Public Benefit Enrollment Services. Goal 2: Provide a primary medical home for ineligible patients or for those who miss the enrollment periods, provide a primary medical home for those patients who do not qualify for Medicare/Medicaid and who cannot afford healthcare premiums because they are not eligible for a federal subsidy. Increase access to health care services at St. Mary's Health Center and the Good Samaritan Clinic for those who do not qualify for care under the 	
	Affordable Care Act, for example those people who are undocumented or those who miss the enrollment period.	
Adults with Diabetes	Goal: Operate comprehensive culturally and linguistically appropriate diabetic management programs.	4
	Provide free diabetes testing supplies for those patients enrolled in the diabetes management programs.	
	Provide A1C testing for those patients enrolled in the diabetes management program at least annually.	
	Enroll diabetic patients in diabetes group or one-on-one education at least annually.	
	Provide at least one culturally and linguistically appropriate group education annually.	

Identified Health Need	Community Benefit Actions	Impact
Death Rate Due to Prostate Cancer		
	Goal 2: Continue to provide prostate cancer care including navigation services, social services support, palliative care, and survivorship support at SJ/C Lewis Cancer & Research Pavilion to underserved populations.	
	➤ Implement evidence-based prostate cancer screenings and follow-up guidelines at clinics.	
	 Provide PSA screening to qualified Good Samaritan Clinic and St. Mary's Health Center patients. 	
	➤ Provide cancer support services to individuals with prostate cancer at SJ/C Lewis Cancer & Research Pavilion (LCRP).	
Death Rate Due to Colorectal Cancer	Goal 1: Support evidence-based colon & rectal cancer screening and early detection at the Good Samaritan Clinic, St. Mary's Health Center, the SOURCE clinic, and one MGM clinic.	4
	Goal 2: Continue to provide colon & rectal cancer care including navigation services, social services support, palliative care, and survivorship support at SJ/C Lewis Cancer & Research Pavilion to underserved populations.	
	Implement evidence-based screenings for colorectal cancer and follow-up guidelines at clinics.	
	Provide Fecal Immunochemical Test (FIT) screening to qualified Good Samaritan Clinic and St. Mary's Health Center patients.	
Breast Cancer Incidence Rate	Goal 1: Support evidence-based breast cancer screening and early detection at the Good Samaritan Clinic, St. Mary's Health Center, the SOURCE clinic, and one MGM clinic.	4
	Goal 2: Continue to provide breast cancer treatment and care including navigation services, social services support, palliative care, and survivorship support at SJ/C Lewis Cancer & Research Pavilion to underserved populations.	
	 Implement evidence-based screenings for breast cancer and follow-up guidelines at clinics. Provide screening mammograms to qualified Good Samaritan Clinic and St. Mary's Health Center patients. 	

Identified Health Need	Community Benefit Actions	Impact	
Lung and Bronchus Incidence Rate	Goal 1: Support evidence-based lung & bronchus cancer screening, early detection, and smoking cessation at the Good Samaritan Clinic, St. Mary's Health Center.		
	Goal 2: Continue to provide lung & bronchus cancer care including navigation services, social services support, palliative care, and survivorship support at SJ/C Lewis Cancer & Research Pavilion to underserved populations.		
	Goal 3: SJ/C supports early detection of lung cancer with low contrast CT scan of the lungs to at- risk individuals for low cost.		
	Goal 4: SJ/C supports smoking cessation in the community.		
	➤ Implement evidence-based screenings for lung cancer and follow-up guidelines at clinics.		
	Support healthy lifestyles and smoking cessation through group education at the Good Samaritan Clinic and St. Mary's Health Center clinics.		
	 Provide cancer support services to individuals with lung cancer at SJ/C Lewis Cancer & Research Pavilion. 		
	➤ Implement a low-contrast CT scan lung screening program if feasible.		
Access to Affordable Medications	Goal 1: Increase utilization of MedBank Inc., services at St. Mary's Health Center and the Good Samaritan Clinic; provide other medication assistance when needed.	4	
	Provide MedBank, Inc. at SJ/C's St. Mary's Health Center or the Good Samaritan Clinic.		
	 Purchase medications at pharmacies for patients who do not qualify for MedBank, Inc. services or patients with other special needs. 		
	Goal 2: Support MedBank, Inc. operations through in-kind operations to reduce operating cost to ensure services are offered to the broader community outside the operations of SJ/C outreach sites.		
	> Provide in-kind office space including utilities, maintenance and repairs.		
	➤ Provide in-kind office supplies.		
	➤ Support MedBank's annual fundraiser.		

PURPOSE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT

St. Joseph's/Candler seeks to understand the health and social needs of the residents of Chatham County, GA through primary and secondary data collection including direct input from the medically underserved community and those who serve them directly or indirectly. This assessment complies with the Internal Revenue Service's (IRS) Final Ruling issued on December 31, 2014.

SCOPE OF ASSESSMENT

The Community Health Needs Assessment was conducted in Chatham County, Georgia, the primary service location for St. Joseph's/Candler. SJ/C's outreach centers are located in Chatham County, but most accept patients and clients from any county in GA and nearby counties in South Carolina.

Savannah, the first city established in Georgia, is the county seat of Chatham County. The county is the most populous one in Georgia that lies outside the Atlanta metropolitan area. Other municipalities within the county are Bloomingdale, Garden City, Pooler, Port Wentworth, Tybee Island, Thunderbolt, and Vernonburg. The U.S. Census Bureau's American Community Survey 2021 population estimate for the county is 295,291.

PRIORITY POPULATIONS - MEDICALLY UNDERSERVED

St. Joseph's/Candler has outreach programs that are inclusive of the broader community, such as the Health Lectures and Education Series, but also places special emphasis in outreach to at risk and vulnerable populations.

The IRS describes the medically underserved populations in IRS Bulletin 2015-5 as "at risk of not receiving adequate medical care as a result of being uninsured or underinsured or due to geographic, language, financial, or other barriers."

Specifically, SJ/C targets populations living in poverty with a variety of health programs, as well as programs or services that address the social determinants of health, as described by the World Health Organization (WHO): "Conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries." Social determinants affect safe and affordable housing, workforce development and opportunities, education and many other social needs.

NOTE: Throughout the report the term vulnerable populations is used to describe those people living in poverty or at 200% of the federal poverty level or who are defined by the IRS as "medically underserved." These terms are used interchangeably throughout this report.



Social Determinants of Health (SDOH) have a major impact on people's health and wellbeing, and they are a key focus of Healthy People 2030.

What are social determinants of Health?

SDOH are the conditions in the environments where

people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH Can be grouped into five domains.

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community context

Healthy People 2030

Many people in the United States do not get the health care services they need. Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services.

About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need. More information about Healthy People 2030's health care access and quality objectives can be found in appendix 2.

METHODOLOGY

St. Joseph's/Candler created surveys for community feedback. The surveys were distributed to local community outreach centers in paper and electronic formats.

PRIMARY DATA SOURCING

St. Joseph's/Candler distributed QR codes, website links, and physical surveys to numerous community service agencies throughout Chatham County. In person interviews were conducted with community members seeking services at Good Samaritan Clinic, St. Mary's Health Center, African American Health Information Resource Center, St. Mary's Community Center, and both St. Joseph's and Candler's Emergency Departments. Due to the current COVID-19 pandemic restriction in Chatham County, no large in person community forums were held to seek responses and concerns from the community. The goal was to obtain 200 completed surveys, and 209 were submitted. A survey copy can be found in appendix 4.

Community Engagement

In order to reach as many community members as possible, survey links were provided to many community partners outside of the St. Joseph's/Candler Health System. A list of community partners is listed in our 'Acknowledgements Section'.

The survey was widely available by a QR code, website link, and paper with return postage. The computer access was also made widely available at community locations where community members can access computers and internet free of charge.

Survey facilitators provided one-on-one assistance to community members who requested assistance with completion of the survey.

⁷ http://www.who.int/social_determinants/en/

SECONDARY DATA SOURCING

In 2012, St. Joseph's/Candler joined the Coastal Georgia Indicators Coalition (CGIC) and worked to expand the membership along with the number of community health data points collected. The Coalition purchased the Conduit Healthy Communities Institute (CHCI) web-based information system, which includes more than 100 health and quality of life indicators from more than 20 sources, including: U.S. Census Bureau, American Survey, Healthy People 2030, County Health Rankings, Centers for Disease Control and Prevention, Georgia Department of Public Health OASIS, Georgia Statistics System, National Cancer Institute, U.S. Department of Agriculture and The Food Environment Atlas. This information is uploaded to one data platform that is easy for the public to read and understand. In addition, the data is updated as new information is made available. The initial list of community health needs was compiled using the CHCI Community Indicators data. www.coastalgaindicators.org

About Conduit Healthy Communities Institute

The database measures how Chatham County compares to counties in the United States, or other Georgia counties. The Chatham County values may also be compared to established Healthy People 2030 target values. Healthy People 2030 values are established by the U.S. Department of Health and Human Services. For more information on Healthy People 2030, please direct your browser to www.healthypeople.gov.

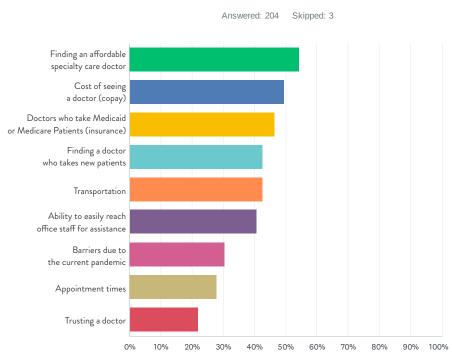
The St. Joseph's/Candler 2021 Community Health Needs Assessment will make every effort to cross walk identified needs from these secondary sources with the direct information obtained with the health system survey.

SJ/C COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY 2022 TOP IDENTIFIED NEEDS BY PARTICIPANTS

Based on survey responses from the Community Health Needs Assessment Survey, the information below lists the most urgent needs identified by the Chatham County Community.

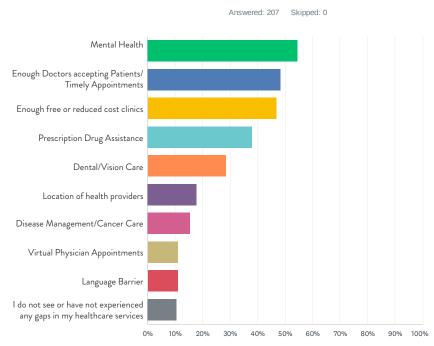
In question four (4), the greatest barriers identified to accessing healthcare were finding an affordable specialist (54%) and cost of finding an affordable primary care doctor (50%). The question asks for respondents to select all that apply.

Q4 What are the greatest barriers to accessing health care services in Chatham County? (Check all that apply)



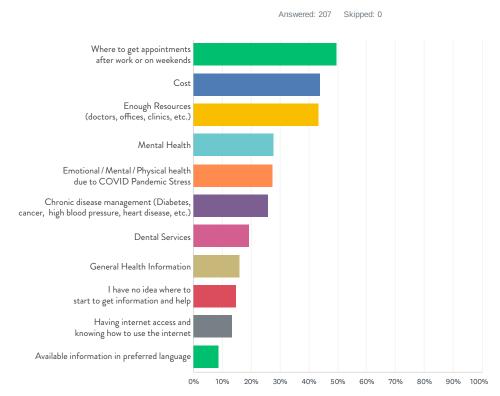
Based on question five (5), mental health was identified as one of the biggest gaps for healthcare services in Chatham County (55%). The second biggest identified gap was doctors accepting new patients (48%), followed by availability of providers providing care for free or at a reduced cost (46%).

Q5 Where do you see the biggest gaps for healthcare services in Chatham County?



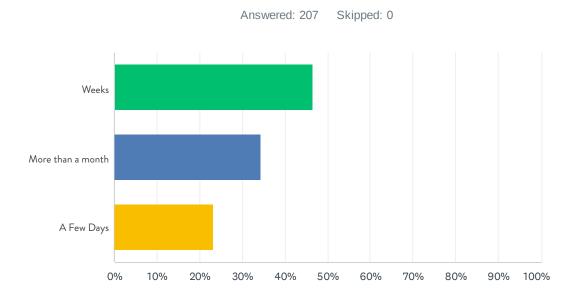
Question thirteen (13) identifies the greatest need to availability of health information and education is the inability to find after hours and weekend appointments for annual check-ups (50%).

Q13 What is the greatest need when you try to find health information and education in Chatham County? (check all that apply)

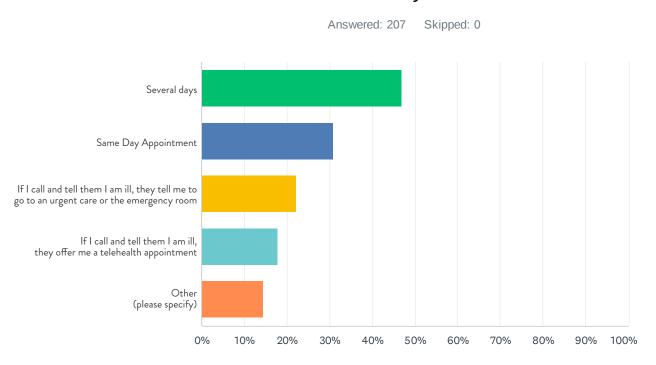


Questions eighteen (18) and nineteen (19) addresses the amount of time it takes to schedule an appointment for a wellness visit and a sick visit. For a wellness visit, most community members stated that it took weeks to schedule an appointment (46%). For a sick visit, most community members stated that it took several days to schedule an appointment (47%).

Q18 How long do you have to wait for a routine (annual checkup) appointment?

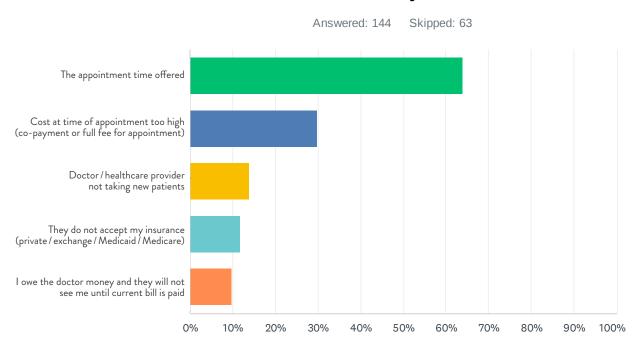


Q19 How long does it take you to get an appointment if you call and are currently ill?



In question twenty-one (21), the main reason community members do not see a doctor is because of the availability of appointment times (67%), followed by the cost at the time of the appointment (30%).

Q21 If you do not see a doctor/healthcare provider when needed, what is your reason?



CHATHAM COUNTY DEMOGRAPHICS

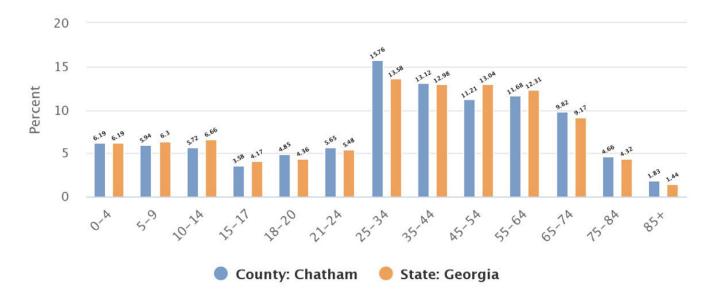
Total Population: 114,362

Families: 72,107

Households: 114,362

RACE	% OF THE POPULATION IN CHATHAM	% OF THE POPULATION IN GEORGIA
White	51%	56%
African American	41%	32%
American Indian/Alaskan Native	0.3%	0.4%
Asian	3%	4.5%
Native Hawaiian/Pacific Islander	0.1%	0.1%
Some other race	3%	5%
2+ races	3%	3%

Population by Age Group County: Chatham

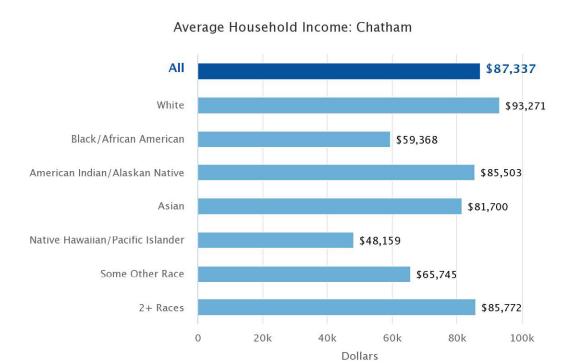


Claritas, 2021. www.coastalgaindicators.org

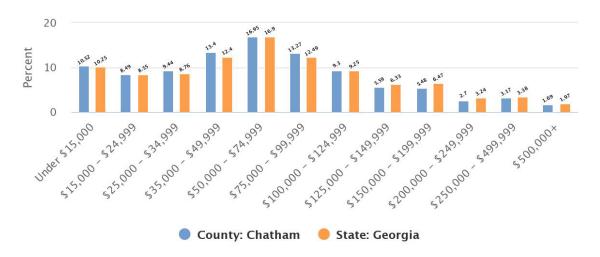
Income is a measure of economic wellbeing. Household with higher income tend to have better education, better access to care, and more options for housing, insurance, and leisure time activities. Housing situation is also a predictor of household health. Those who spend 30% or more of household income on rent tend to have less available food and medical expenses. Homeowners are more stable in the community and more likely to participate in civic affairs.

Housing Units in Chatham County: 131,206

Owner-Occupied Housing Units Median Value in Chatham County: \$239,763

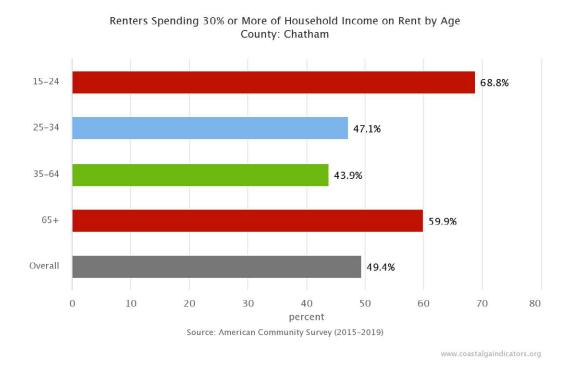


Households by Income County: Chatham

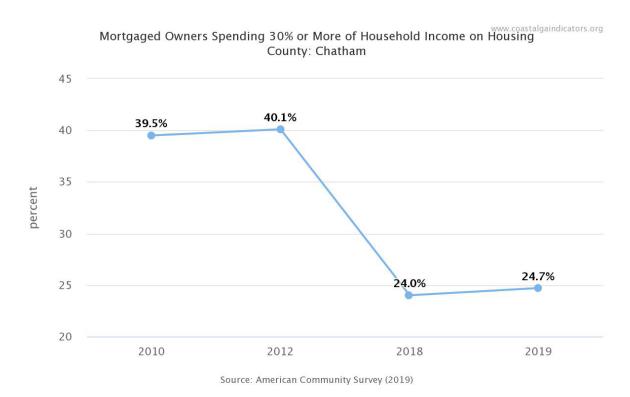


Claritas, 2021. www.coastalgaindicators.org

Renters Spending 30% or More of Household Income on Rent in Chatham County: 49.4%



Spending a high percentage of household income on housing can create financial hardship, especially for lower-income homeowners. With a limited income, high monthly housing costs may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high housing costs reduce the proportion of income a household can allocate to savings each month.



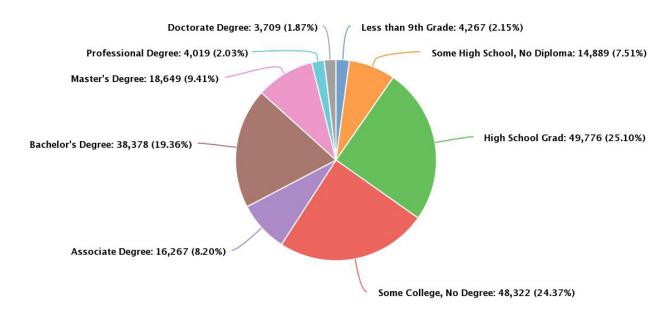
EDUCATION

Education attainment impacts all aspects of life. Reading is a fundamental life skill. Being able to read at or above grade level is a precursor to college and career readiness. It also improves math and science scores. High school graduates have lower rates of health problems and lower risk of incarceration. Those with a college degree have improved job opportunities and have tendency to earn a much higher lifetime salary than those without.

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance, or involved in crime.

In Chatham County, 9.66% (19,156 people) of the population 25 years of age and older have less than a high school education level.

Population 25+ by Educational Attainment County: Chatham



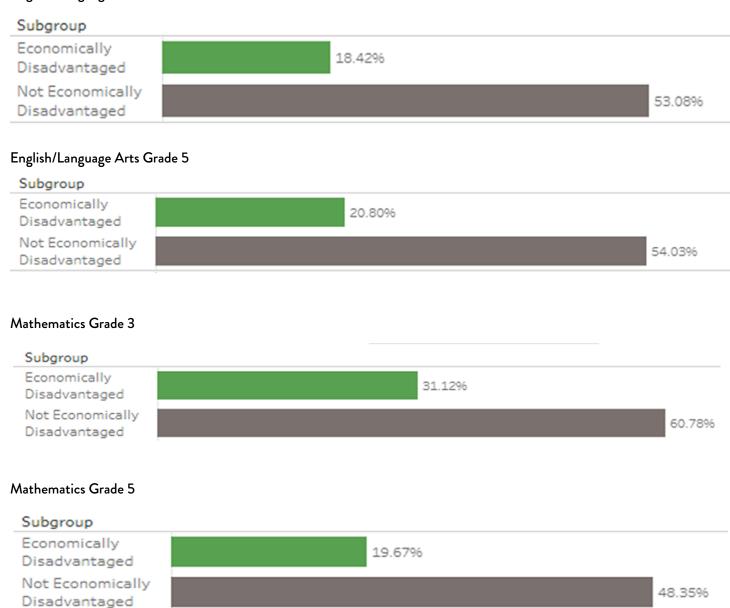
Claritas, 2021. www.coastalgaindicators.org

This dashboard displays the percentage of 3rd and 5th grade students performing at the proficient and above level on the Georgia Milestone Assessment for English Language Arts (ELA) and math at the school and system level for all systems in Georgia. It also displays the data by year and by the following 'subgroups': gender, race/ethnicity, economic status, English proficiency, disability status, and migrant status.

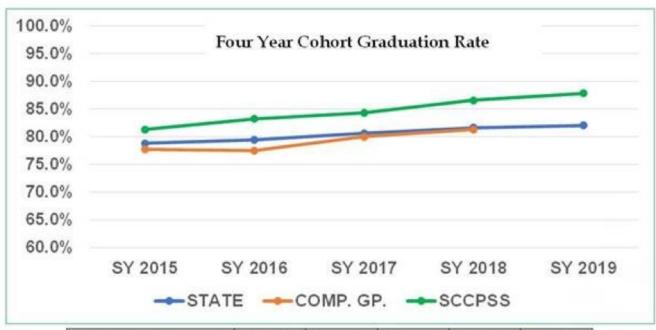
Student Achievement by Subgroups 15-19

- Savannah-Chatham County Schools- All Schools Year 2019
- English Language Arts Grade level 3= 28.4% Grade level 5= 30.3%
- Mathematics Grade level 3=39.6% Grade level 5=37.95
- Savannah-Chatham County Schools- All Schools
- English Language Arts Grade Level 3

English/Language Arts Grade 3



 $\frac{https://spwww.sccpss.com/PublishingImages/Pages/SCCPSS-Graduation-Rate-Sets-New-Record, -Once-Again-Surpasses-State-and-National-Rates/2019%20GRADUATION%20RATE%20COMPARISON.jpg$



Graduation Rate	SY 2015	SY 2016	SY 2017	SY 2018	SY 2019
STATE	78.8%	79.4%	80.6%	81.6%	82.0%
COMP. GP.	77.7%	77.5%	80.0%	81.3%	
SCCPSS	81.3%	83.2%	84.3%	86.6%	87.8%
SCCPSS GAP to STATE	2.5%	3.8%	3.7%	5.0%	5.8%

Savannah Chatham County Public School System has an 87.8% graduation rate for the 2019 school year, which is the most up to date data available.

 $\frac{https://spwww.sccpss.com/PublishingImages/Pages/SCCPSS-Graduation-Rate-Sets-New-Record, -Once-Again-Surpasses-State-and-National-Rates/2019%20GRADUATION%20RATE%20COMPARISON.jpg$

Federal poverty thresholds are set every year by the census bureau and vary by size of household and ages of household members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival.

(Measurement period: 2015-2019)

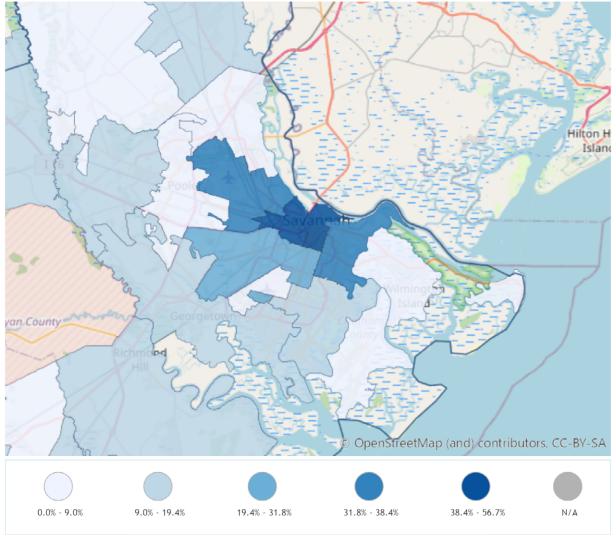
Compared to GA Counties, Chatham has a value of 10.6% which is in the best 50% of counties. Counties in the best 50% have a value lower than 15.4% while counties in the worst 25% have a value higher than 18.5%

Technical note: The distribution is based on data from 159 Georgia counties.

Children Living Below Poverty Level

Measurement Period: 2015-2019

Data Source: American Community Survey



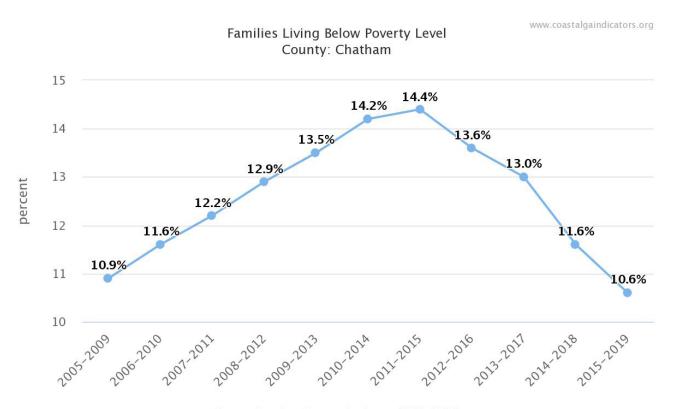
February 9, 2022 www.coastalgaindicators.org

Children Living Below Poverty Level

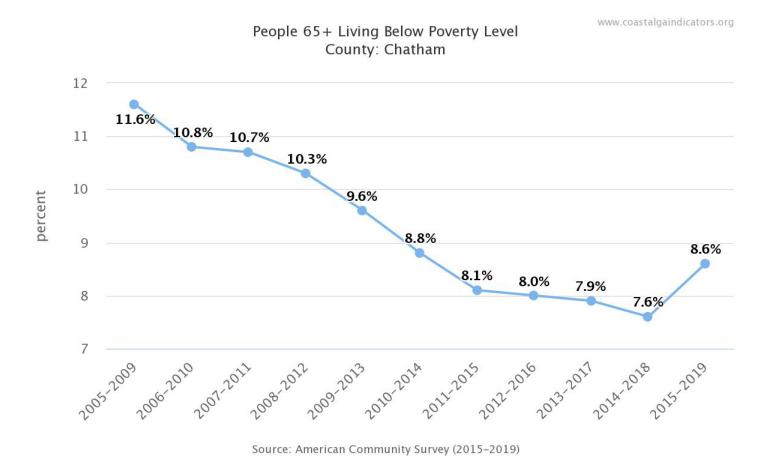


Source: American Community Survey (2015-2019)

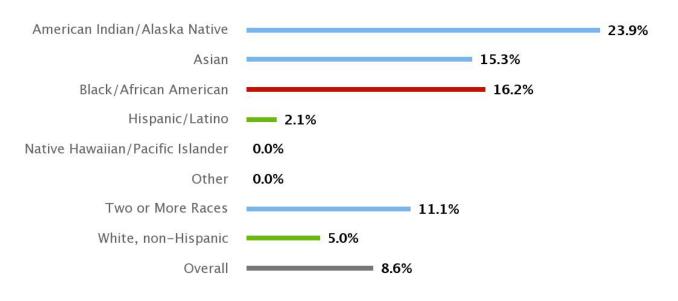
Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning, and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, as shown in achievement scores, and are less likely to complete basic education.



Source: American Community Survey (2015-2019)



People 65+ Living Below Poverty Level by Race/Ethnicity Www.coastalgaindicators.org
County: Chatham



Source: American Community Survey (2015-2019)

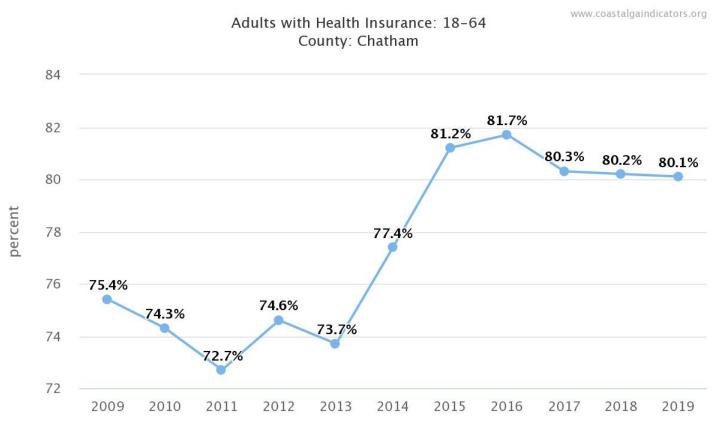
INSURANCE

Medical costs in the United States are extremely high, so people without health insurance may not be able to afford medical treatment on prescription drugs. They are also less likely to get routine check-ups and screenings, so if they do become ill, they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

The Health People 2030 national health target is to increase the proportion of people with health insurance to 100%.

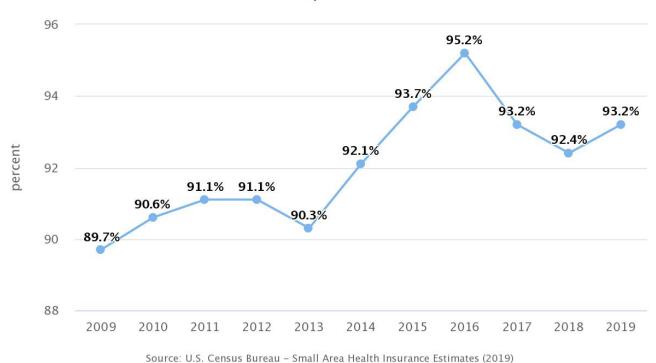
Source: U.S. Census Bureau - Small Area Health Insurance Estimates

Measurement period: 2019 Maintained by: Conduent Healthy Communities Institute Last update: August 2021



Source: U.S. Census Bureau – Small Area Health Insurance Estimates (2019)

Children with Health Insurance County: Chatham



Persons with Private Health Insurance Only County: Chatham

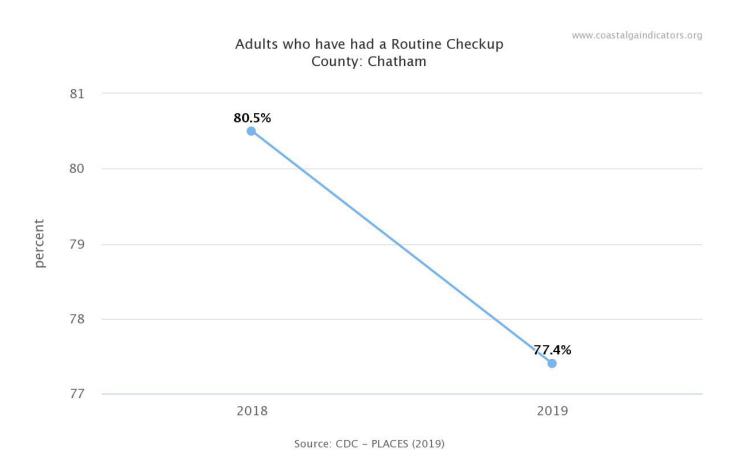
www.coastalgaindicators.org



Source: American Community Survey (2019)

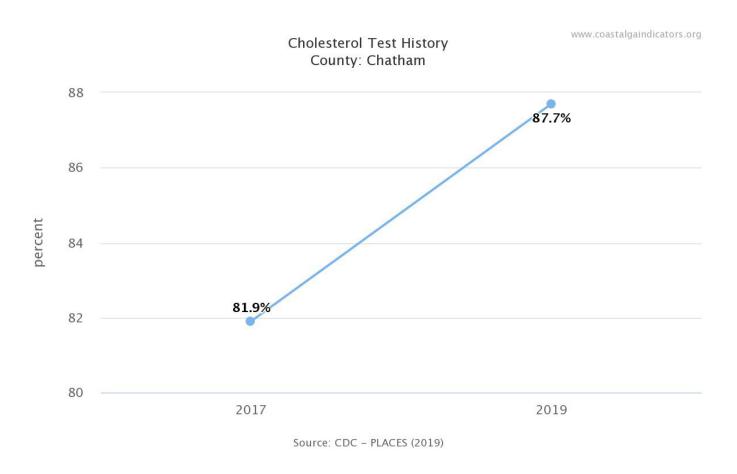
ROUTINE CARE

Routine check-ups are integral to maintaining good health and preventive care. Regular screenings and exams that take place during routine check-ups can help diagnose problems before they begin or early on when changes for treatment and cure are better. Age, current health status, family history, lifestyle choices, and other important factors determine how frequently one should have a check-up and which screenings and tests should be taken. A check-up may include, but is not limited to, cholesterol screenings, blood pressure screening, breast and cervical cancer screening for women, and prostate cancer screening for men.



According to the Center for Disease Control and Prevention, about one in six adults have high blood cholesterol. High blood cholesterol is one of the major risk factors for heart disease. Studies show that the higher your blood cholesterol level, the greater your risk for developing heart disease or having a heart attack. Heart disease is the number one killer of men and women in the United States. High blood cholesterol does not cause symptoms, so it is important to find out what your cholesterol numbers are. Lowering cholesterol levels lessens the risk for developing heart disease and reduces the chance of having a heart attack. Lowering high cholesterol levels is important for people of all ages, and for both men and women.

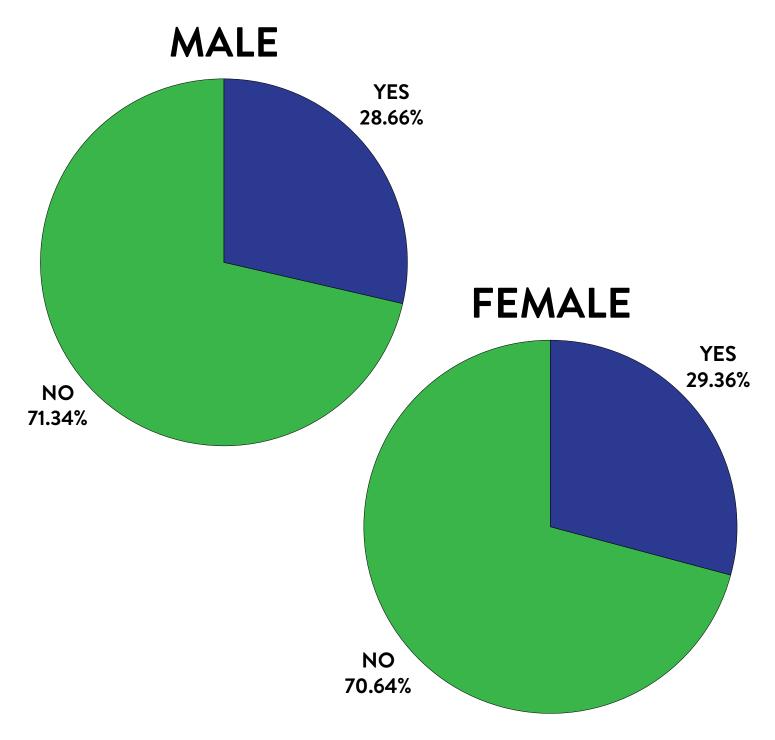
Healthy People 2030 national health target is to increase the proportion of adults who have had their blood cholesterol check within the preceding five years to 82.1%



Oral health has been shown to impact overall health and well-being. According to the Centers for Disease Control and Prevention, nearly one-third of all adults in the United States have untreated tooth decay, or tooth caries, and one in seven adults aged 15-44 years old have periodontal (gum) disease. Given these serious health consequences, it is important to maintain good oral health. It is recommended that adults and children see a dentist on a regular basis. Professional dental care helps to maintain the overall health of the teeth and mouth, and provides for early detection of pre-cancerous or cancerous lesions. Maintaining good oral health by using preventive dental health services is one way to reduce oral disease and disorders.

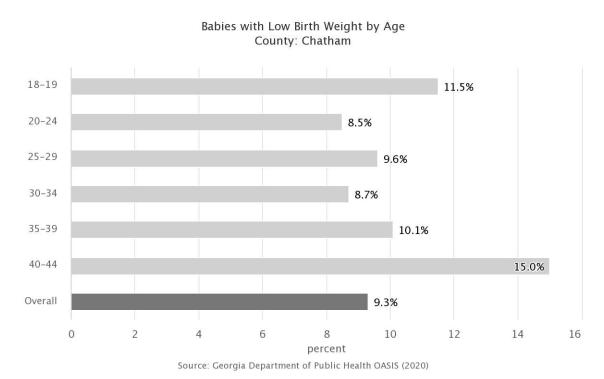
65.3% of Chatham County residents have visited a dentist or dental clinic for any reason in the past year.

Ages 65+ Who Received Recommended Preventive Services



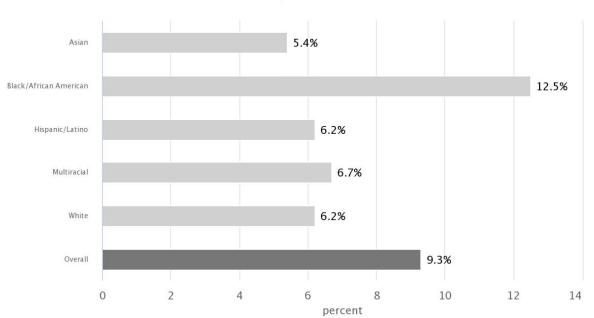
Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are included by a mother's health and genetics. The most important things an expectant mother can do to prevent low birth weight are to seek prenatal care, take prenatal vitamins, stop smoking, and stop drinking alcohol and using drugs.

The Healthy People 2030 national health target is to reduce the proportion of infants born with low birth weight to 7.8%.



www.coastalgaindicators.org

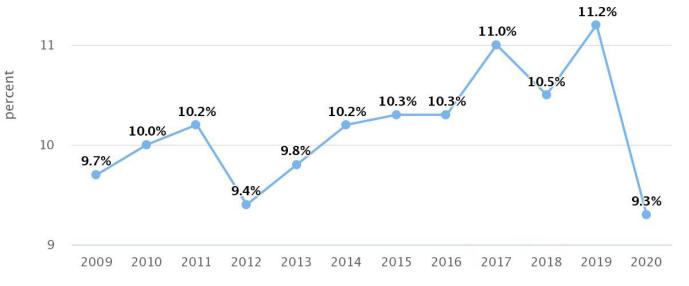
Babies with Low Birth Weight by Race/Ethnicity County: Chatham



Source: Georgia Department of Public Health OASIS (2020)

Babies with Low Birth Weight County: Chatham

12



Source: Georgia Department of Public Health OASIS (2020)

Daily Average Case-Fatality Rate

This indicator shows the daily average confirmed deaths due to COVID-19 calculated from the daily average confirmed cases recorded in the preceding 7 days (for example, Jan 31 includes the daily average deaths between January 25 - January 31, 2020).

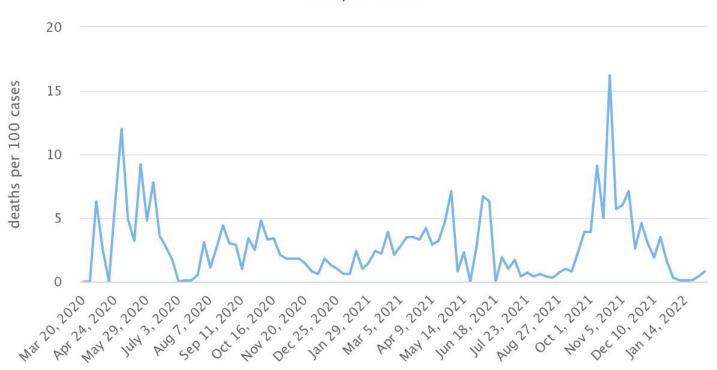
Numerator = daily average confirmed deaths in preceding 7 days

Denominator = daily average confirmed cases in preceding 7 days

Why is this important? Case-fatality rate is the proportion of person with a particular condition (cases) who die from that condition. It is a measure of the severity of the condition. The case fatality rate is a proportion, not a true rate. As a result, some epidemiologists prefer the term case-fatality ratio. Case-fatality rate still is seen as the best tool to express the fatality of this disease; however, it may be an underestimate when widespread testing is not available. By showing the daily average case-fatality rate per week, this approach helps prevent major events (such as a change in reporting methods) from skewing the data and better allows visualizations overtime.



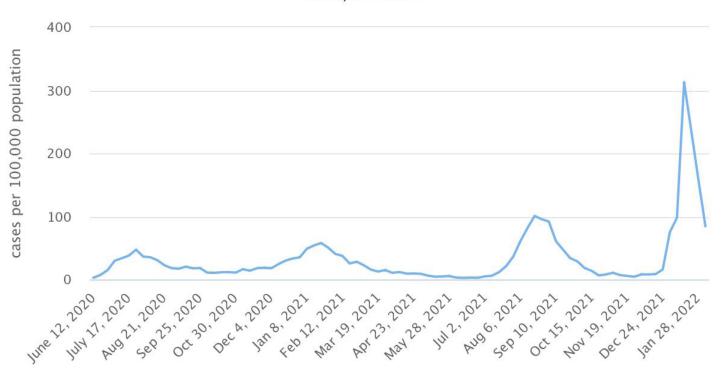
www.coastalgaindicators.org



Source: Healthy Communities Institute (Feb 4, 2022)

www.coastalgaindicators.org

COVID-19 Daily Average Incidence Rate County: Chatham



Source: Healthy Communities Institute (Feb 4, 2022)

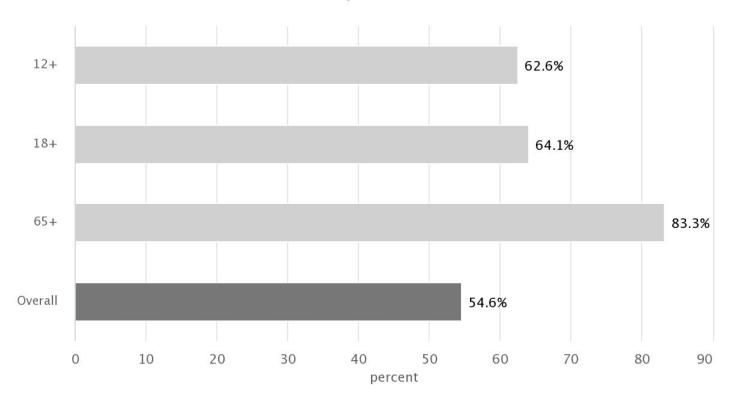
Persons Fully Vaccinated Against COVID-19

This indicator shows the percentage of people who are fully vaccinated against COVID-19. This represents the number of people who have received the second dose in a two-dose COVID-19 vaccine series or one dose of the single-shot J&J/Janssen COVID-19 vaccine and is based on where the person resides.

Why is this important?

The COVID-19 global pandemic has greatly impacted society and every part of life. As a way to transition out of this global pandemic and protect people from serious illness, hospitalization, or death, the COVID-19 vaccination has been made available. According to the Centers for Disease Control and Prevention (CDC), vaccination is an act of introducing the vaccine into the body to produce immunity. By showing and tracking percentage of vaccinations, communities can monitor trends across counties and allocate resources as needed.

Persons Fully Vaccinated Against COVID-19 by Age County: Chatham

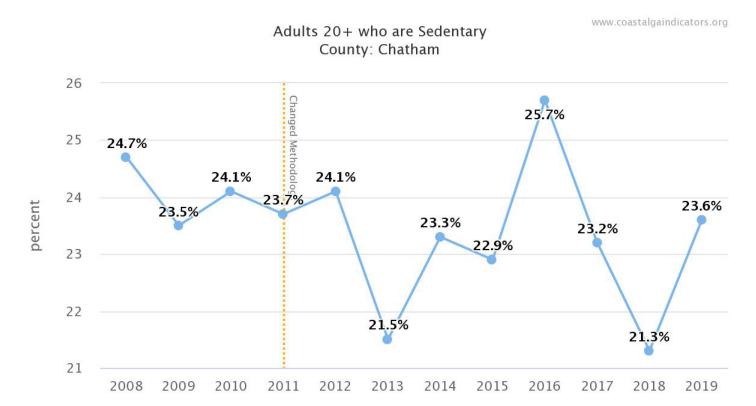


Source: Centers for Disease Control and Prevention (Jan 28, 2022)

www.coastalgaindicators.org

Adults who are sedentary are at an increased risk of many serious health conditions. These conditions include obesity, heart disease, diabetes, colon cancer, and high blood pressure. In addition, physical activity improves mood and promotes healthy sleep patterns. The American College of Sports Medicine (ACSM) recommends that adults perform physical activity three to five times each week for 20 to 60 minutes at a time to improve cardiovascular fitness and body composition. The ACSM also recommends that you include strength and flexibility training in your exercise program. If you are not currently exercising, please consult your physician before beginning any exercise program.

The Healthy People 2030 national health target is to reduce the percentage of adults (ages 18 and up) who do not engage in any leisure-time physical activity to 32.6%.



Due to changes in methodology, 2011 data should be considered a baseline year for data analysis and is not comparable to data from prior years.

Source: Centers for Disease Control and Prevention (2019)

Adults 20+ who are Obese

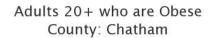
This indicator shows the percentage of adults aged 20 and older who are obese according to the Body Mass Index (BMI). The BMI is calculated by taking a person's weight and dividing it by their height squared in metric units (BMI = Weight (Kg)/[Height (m) ^ 2]). A BMI >=30 is considered obese.

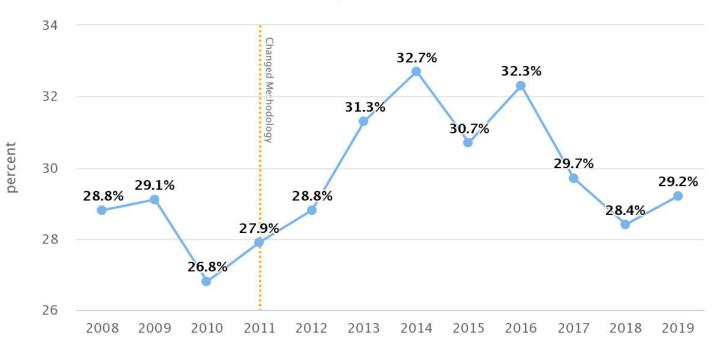
Why is this important?

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions, including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems, and osteoarthritis. Losing weight and maintaining a healthy weight helps to prevent and control these diseases. Being obese also carries significant economic costs due to increased healthcare spending and lost earnings.

The Healthy People 2030 national health target is to reduce the proportion of adults with obesity to 36%

www.coastalgaindicators.org

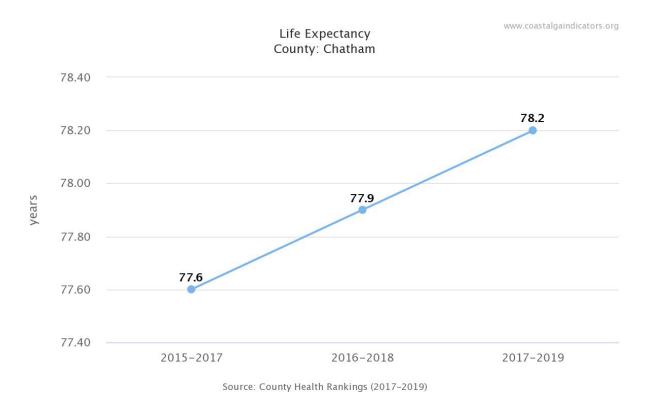


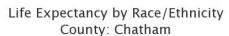


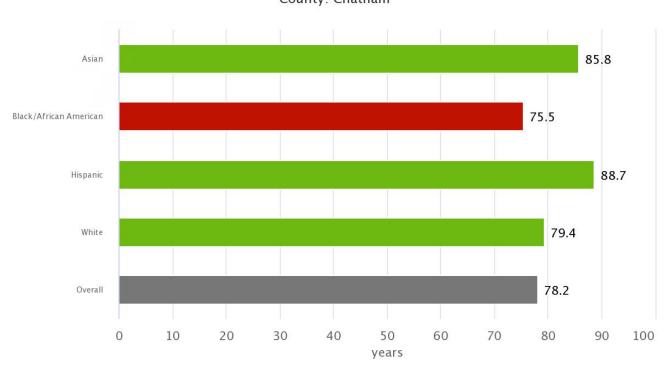
Due to changes in methodology, 2011 data should be considered a baseline year for data analysis and is not comparable to data from prior years.

Source: Centers for Disease Control and Prevention (2019)

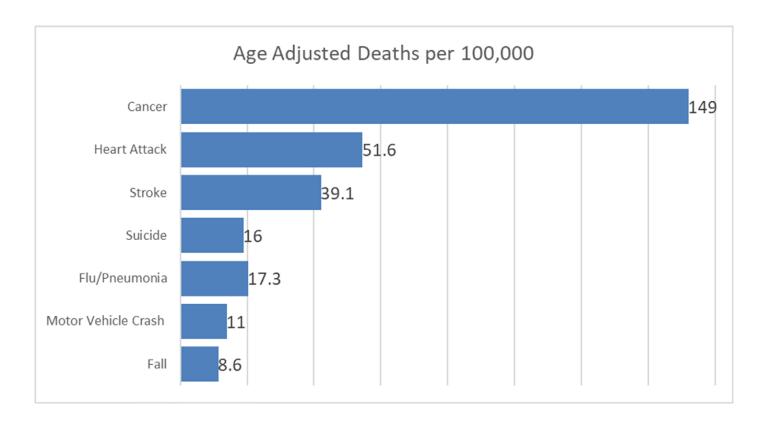
Life expectancy is the estimated number of years a person can expect to live considering influences like demographics, geographical location, and available medical care. It is a good measure of population health but is affected by all cause death rates. Death rates are also affected by available medical care.







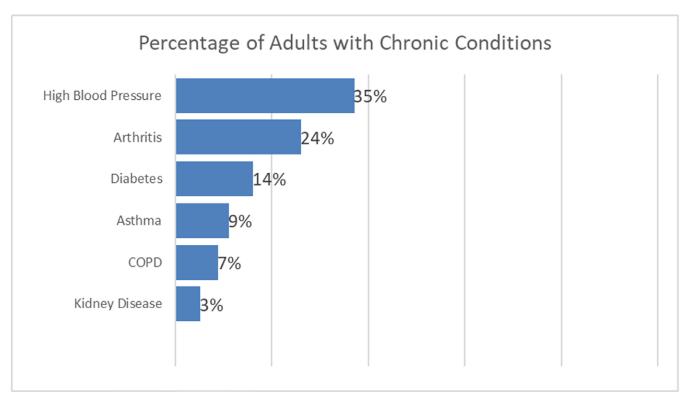
Source: County Health Rankings (2017-2019)



CHRONIC DISEASE

The Centers for Disease Control defines a chronic disease as one that lasts more than one year, requires ongoing medical attention, and can inhibit some activities of daily living. Many chronic diseases share similar risk factors such as poor diet, lack of exercise and smoking. Often lifestyle changes, such as controlling obesity, plays a part in treatment along

with medication and careful monitoring of conditions.



Cancer is the leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths.

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer, cancer of the colon or rectum, is one of the most commonly diagnosed cancers in the United States, and is the second leading cancer killer in the United States. The CDC estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Risks and benefits of using different screening methods, such as stool based tests sigmoidoscopies, and colonoscopies, vary. The US Preventive Service Task Force recommends that screenings begin at the age of 50 and continue until the age of 75; however, testing may need to be earlier or be more frequent if colorectal cancer runs in the family, or if there is a previous diagnosis of inflammatory bowel disease. Speak with a doctor about when to begin screening and how often to be tested.

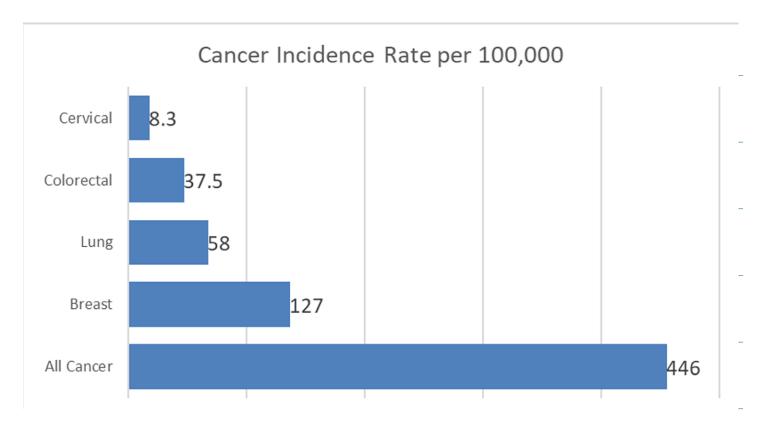
The Healthy People 2030 national health target is to increase the proportion of adults who get screened for colorectal cancer to 74.4%.

68% of Chatham County Residents Ages 50-75 received a Colon Cancer Screening.

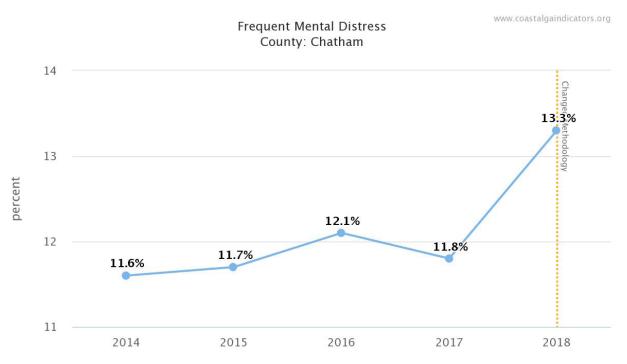
A mammogram is an x-ray of the breast that can be used to detect changes in the breast such as tumors and calcifications. The test may be done for screening or for diagnostic purposes. A positive screening mammogram leads to further testing to determine if cancer is present. Mammograms may also be used to evaluate known cases of breast cancer. Although mammograms do not detect all cases of breast cancer, they have been shown to increase early detection, thus reducing mortality. Centers for Disease Control and Prevention provides low-income, uninsured, and underserved women access to free and low-cost mammograms through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The Healthy People 2030 national health target is to increase the proportion of females who get screened for breast cancer to 77.1%.

79% of Chatham County Residents Ages 50-74 received a mammogram in the past two years.

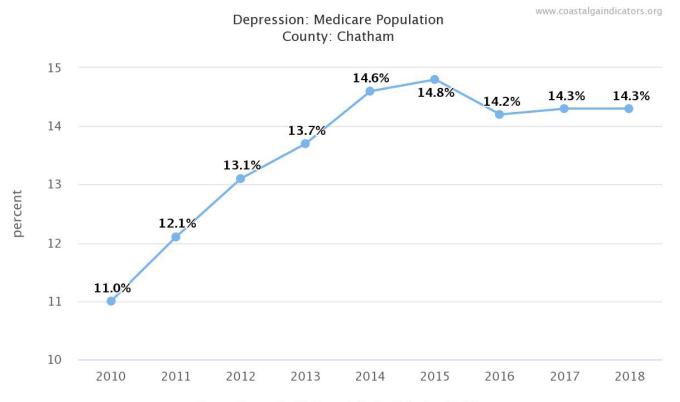


Psychological distress can affect all aspects of our lives. It is important to recognize and address potential psychological issues before they become critical. Occasional down days are normal, but persistent mental/emotional health problems should be evaluated and treated by a qualified professional.



Beginning with 2018, the CDC's BRFSS has updated their modeling procedure for producing small-area estimates.

Source: County Health Rankings (2018)



Source: Centers for Medicare & Medicaid Services (2018)

PRIORITIZATION OF NEEDS

Utilizing primary and secondary data sources, SJ/C developed a list of identified health and social needs. The needs were also cross referenced with annual reports from other local health and social service providers as secondary verification sources. The final list of needs was analyzed to help prioritize the needs that SJ/C could address. Data used included:

- Community Blue Print Needs appendix 3
- Healthy People 2030 appendix 2
- SJ/C Community Health Needs Assessment Survey 2022 via Survey Monkey and in person interviews (n: 207) – appendix 4

Other Internal Information

SJ/C's Emergency Department (ED) Medical Home Team is made up of health coaches who work with GA Southern University students to connect uninsured and underinsured patients with health and social services. Data from June 2020 – July 2021 was used to determine the most health and social needs identified by patients utilizing ED services by zip code. This information can be found in appendix 5 of this report.

Secondary Source Partners

Chatham County is an extremely collaborative community where hospitals, the health department, social service agencies, municipal government, schools of higher learning and many others work together to help address the health and social needs of the community. Key partnerships and coalitions in Chatham County include the organizations listed below. Each of these organizations provides an annual report to assess needs and evaluate progress toward their stated goals. Please refer to the websites listed for other helpful community health and social services' reports.

Coastal Georgia Indicators Coalition (CGIC)

www.coastalgaindicators.org

Over the past few years there has been a growing awareness of the need to integrate community indicators and performance measurement efforts at the community level. The intention is to better assess the position and progress of communities' quality of life and to better engage the communities' citizens and stakeholders. The sponsors of the Savannah-Chatham Community Indicators Coalition have a shared responsibility for assessment, planning, evaluation, and accountability for policy change and systems change over time.

CONCLUSIONS - REPEATED

After reviewing all the data and feedback, the following indicators of health and social determinants of health are the most pressing needs in Chatham County.

Chatham County Community Health Needs

- Access to affordable health insurance
- Access to mental health services
- Access to affordable and convenient health care
- Access to affordable dental care
- Chronic disease and routine care
- Preventative Cancer Care
- Reproductive Health
- COVID-19 Education

Chatham County Social Determinants of Health

- Unemployment
- Severe housing problems
- Poverty/Income Disparities
- Exercise Programs
- Reading on grade level
- Recidivism

Increased efforts on addressing these needs should be focused on the at-risk and vulnerable populations of Chatham County. It is necessary to provide support to our local community in the form of quality services which are easily accessible to the masses. It is also necessary to provide ways to foster security in individuals and opportunities to improve quality of life. A strong support and resource system is invaluable for the health of our community.

St. Joseph's/Candler will continue to work independently and collectively with other health and social services' providers to address the health and social service needs of the Chatham County community. A list of other partner providers can be found in appendix 7. A list of Chatham County Safety Net health providers can be found in appendix 6.

REQUEST FOR COMMENTS

St. Joseph's/Candler welcomes your comments, suggestions or questions related to the Community Health Needs Assessment, including any report published in previous years. Your feedback is important in the CHNA process. Please send your written correspondence through any of the following options:

Mail:

St. Joseph's/Candler's Community Benefits, Attention: Jackie Lambert • 5353 Reynolds Street • Savannah, GA 31405

Email:

communitybenefits@sjchs.org

APPENDIX 1

ST. JOSEPH'S/CANDLER'S FY 2021 COMMUNITY BENEFIT REPORT



- A SOCIAL ACCOUNTABILITY REPORT ON ST. JOSEPH'S/CANDLER'S CHARITABLE MISSION REFLECTING THE ACTUAL COST (NOT CHARGES) OF PROVIDING CARE IN OUR COMMUNITY -

TRADITIONAL CHARITY CARE		
Charity Care Outpatient and inpatient services provided <u>at cost</u> for indigent patients		\$31,544,521
Unreimbursed Care Medicaid uncompensated care at cost for the underinsured and GA hospital tax		\$13,894,172
TOTAL TRADITIONAL CHARITY CARE	and C. Moophar tax	\$45,438,693
OTHER BENEFITS		
Community Health Improvement Services & Community	unity Benefit Operations	\$1,970,671
 African American Health Info. and Resource Center E. D. Medical Home Program Eye Care Clinic Good Samaritan Clinic Community Benefit Operations 	 Johnny's Bridges to Hope Mental Health Pro Smart Senior St. Mary's Health Center Transportation 	
Health Professions Education		\$705,751
Subsidized Health Services	 Nursing Home Assistance Outpatient Palliative Care Renal Dialysis Services	\$903,192
Financial and In-Kind Contributions		\$231,086
Angels of Mercy	Medbank, Inc.	
Augusta University Obursh / Daliniana Outropell	Medical Missions Machiner Consons	
Church/Religious Outreach Community Poord Involvement	Meeting Space Mercy Volunteers	
Community Board InvolvementFood Assistance	Mercy VolunteersPrescription Drug Assistance	
Hotel Lodging	Support Groups	
Community Building Activities Community Economic Development Boards GED Classes Project SEARCH	 Resume and Employment Search Assistance Tax Preparation Assistance (VITA) Workforce Development Programs 	\$429,471 e
TOTAL OTHER BENEFITS		\$4,240,171

TOTAL FORMAL COMMUNITY BENEFITS

40 670 064

In addition to nearly \$50 million dollars in formal community benefits, St. Joseph's/Candler provided \$7,907,298 in uncollected service cost and \$45,297,367 in unreimbursed Medicare cost in Fiscal Year 2021.

2021 TOTAL COMMUNITY ASSISTANCE

\$102,883,529

2020 TOTAL COMMUNITY ASSISTANCE

\$92,183,050

APPENDIX 2 HEALTHY PEOPLE 2030

Health Care Access and Quality — General

- Increase the proportion of adults who get recommended evidence-based preventive health care.
- Reduce the proportion of emergency department visits with a longer wait time than recommended.

Adolescents

- Increase the proportion of adolescents who had a preventive health care visit in the past year.
- Increase the proportion of adolescents who speak privately with a provider at a preventive medical visit.

Cancer

- Increase the proportion of adults who get screened for lung cancer.
- Increase the proportion of females who get screened for breast cancer.
- Increase the proportion of adults who get screened for colorectal cancer.
- Increase the proportion of females who get screened for cervical cancer.
- Increase the proportion of people who discuss interventions to prevent cancer with their providers.
- Increase the proportion of people with colorectal cancer who get tested for Lynch syndrome.

Children

• Increase the proportion of children with developmental delays who get intervention services by age 4 years.

Community

• Increase the number of community organizations that provide prevention services.

Drug and Alcohol Use

• Increase the proportion of people with a substance use disorder who got treatment in the past year.

Family Planning

 Increase the proportion of women who get needed publicly funded birth control services and support.

Health Care

- Reduce the proportion of people who can't get medical care when they need it.
- Reduce the proportion of people who can't get prescription medicines when they need them.
- Increase the proportion of people with a usual primary

- care provider.
- Increase use of the oral health care system.
- Increase the ability of primary care and behavioral health professionals to provide more high-quality care to patients who need it.

Health Communication

- Increase the proportion of adults whose health care provider checked their understanding.
- Decrease the proportion of adults who report poor communication with their health care provider.
- Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted.
- Increase the proportion of adults with limited English proficiency who say their providers explain things clearly.

Health IT

- Increase the proportion of adults offered online access to their medical record.
- Increase the proportion of hospitals that exchange and use outside electronic health information.
- Increase the proportion of hospitals with access to necessary electronic information.
- Increase the proportion of doctors with electronic access to information they need.
- Increase the proportion of doctors who exchange and use outside electronic health information.
- Increase the proportion of people who can view, download, and send their electronic health information.
- Increase the proportion of people who say their online medical record is easy to understand.
- Increase the use of telehealth to improve access to health services.

Health Insurance

- Increase the proportion of people with health insurance.
- Increase the proportion of people with prescription drug insurance.
- Reduce the proportion of people under 65 years who are underinsured.

Oral Conditions

- Increase the proportion of people with dental insurance.
- Reduce the proportion of people who can't get the dental care they need when they need it.
- Increase the proportion of low-income youth who have a preventive dental visit.

People with Disabilities

• Increase the proportion of adults with traumatic brain injury who can do at least half of preinjury activities 5 years after rehabilitation.

Pregnancy and Childbirth

• Increase the proportion of pregnant women who receive early and adequate prenatal care.

Sensory or Communication Disorders

- Increase the proportion of infants who didn't pass their hearing screening who get evaluated for hearing loss by age 3 months.
- Increase the proportion of infants with hearing loss who get intervention services by age 6 months.
- Increase the proportion of newborns who get screened

- for hearing loss by age 1 month.
- Increase access to vision services in community health centers.

Sexually Transmitted Infections

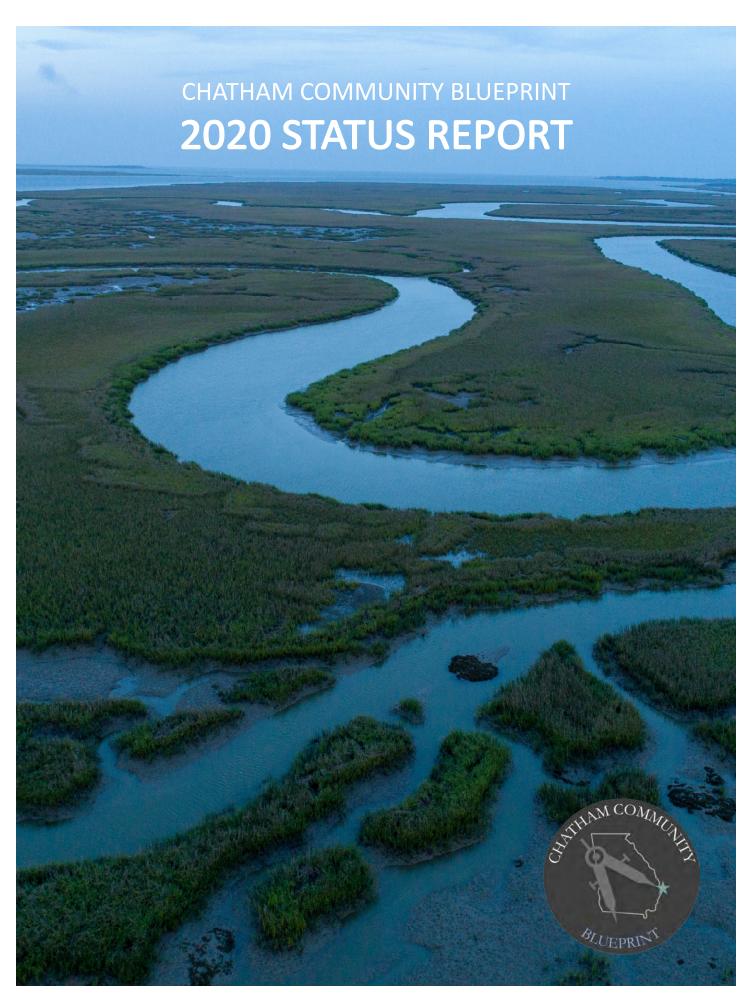
- Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia.
- Reduce the number of new HIV infections.
- Increase knowledge of HIV status.
- Reduce the number of new HIV diagnoses.
- Increase linkage to HIV medical care.
- Increase viral suppression.
- Reduce the rate of mother-to-child HIV transmission.

References

1. Berchick, E.R., Hood, E., & Barnett, J.C. (2018). Health Insurance Coverage in the United States: 2017. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf [PDF - 1.4 MB]

APPENDIX 3

CHATHAM COUNTY BLUEPRINT 2020 STATUS REPORT



2020-2021 COASTAL GEORGIA INDICATORS COALITION EXECUTIVE LEADERSHIP

CURRENT CHAIR: Tammi Brown
Chatham County Health Department

VICE CHAIR: Melanie Wilson Metropolitan Planning Commission

PAST CHAIR/CHARTER BOARD MEMBER: Adam Walker
St. Losenh/Candler Health System

TREASURER/CHARTER BOARD MEMBER: Linda Cramer
Chatham County

SECRETARY/CHARTER BOARD MEMBER: Jennifer Wright Memorial Health University Medical Center

CHARTER BOARD POSITION: Brynn Grant United Way of the Coastal Empire

BOARD MEMBER: Mark Johnson Gateway Community Service Board

CHARTER BOARD MEMBER EMERITUS: Dr. Otis Johnson

EXECUTIVE DIRECTOR: Lizann Roberts

OPERATIONS COORDINATOR: Rachel McConathy

Dear Community Partners,

2020 brought about unprecedented challenges for the world as we faced a new pandemic. Economies, governments, and health care systems were put to the test as COVID-19 spread. Around the globe people started paying close attention to the numbers and what daily reports meant for the coming weeks and months. Now as we begin to emerge in a new normal, it is vital that we measure, monitor, and rely on the data to lead our next steps to not only cope with challenges 2020 brought, but to also aid in our recovery and strength moving forward.

Coastal Georgia Indicators Coalition (CGIC), serving as the Chatham Family Connection Collaborative, aims to drive positive change in the community by examining trends in community indicators. Following the data, CGIC strives to strengthen collaboration and advocate for policy and systems change to improve the well-being of our community.

The Executive Leadership Board of Coastal Georgia Indicators Coalition (CGIC) is pleased to present the 2020 Status Report. The information on the following pages represents our community. It tells the story of where we've been, where we are, and guides us to a better tomorrow.

Best regards,





ABOUT US

Partnerships

- Sponsors
- Public, private and government resources

Data Measurement

Local, regional and national indicators

Strategic Alignment

- Community Blueprint
- Healthy People 2030 Framework
- Plan 2040

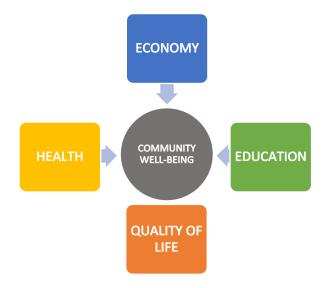
Convening

- Public and private stakeholders
- Community organizations
- Residents

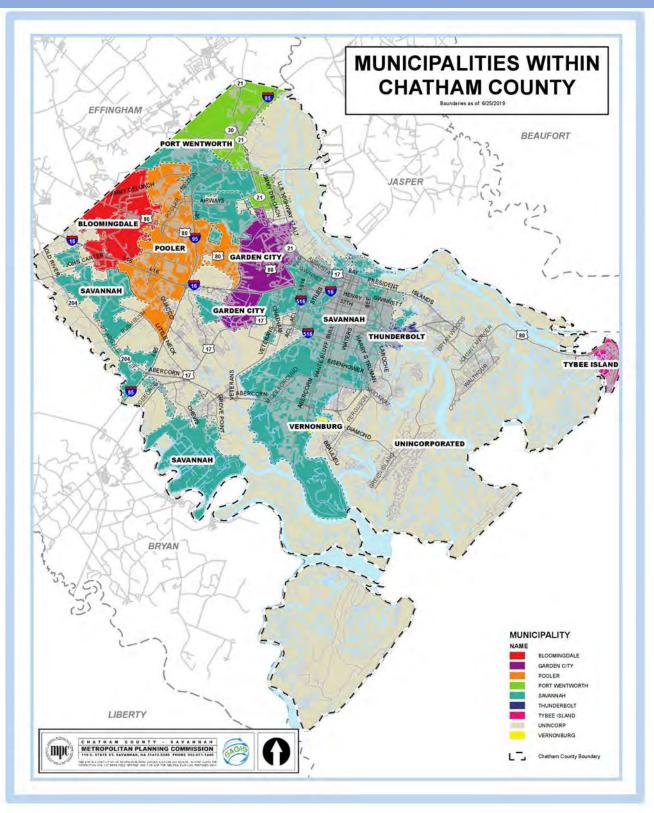
Coastal Georgia Indictors Coalition, Inc. (CGIC) is a group of community members and advocates working together for a comprehensive, coordinated approach to planning and accountability. The goal of CGIC is to improve community well-being by engaging and leading the public, civic and private sectors to work collectively in development of strategic priorities that guide policy, programs and resource allocation. The Coalition addresses the growing need to better assess the position and progress of our community's well-being using community-level indicators and performance measures are data points that can be useful in assessments by helping to track and measure community health.

OUR PRIORITY AREAS

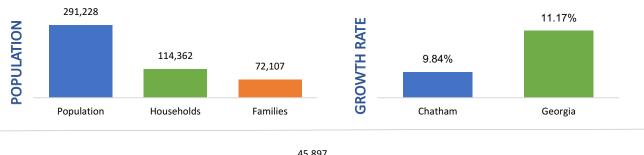
Coastal Georgia Indicators Coalition, Inc. (CGIC) serves as the responsible organization for the development, implementation and evaluation of the *Chatham Community Blueprint*. Adopted by Chatham County Government, the *Blueprint* includes timelines for short, mid- and long-term work to drive future action of the commission and other boards and councils operating in the community. The *Blueprint* strategically moves the community towards the accomplishment of specified goals within the four priority areas: Economy, Education, Health and Quality of Life.

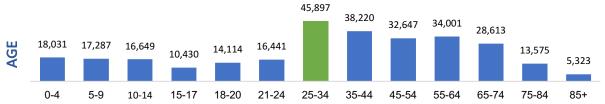


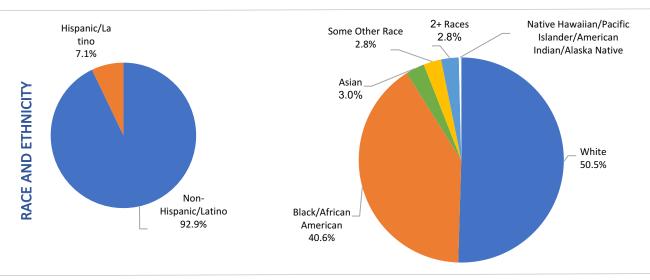
CHATHAM COUNTY

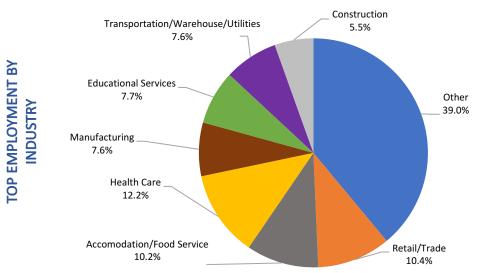


CHATHAM COUNTY DEMOGRAPHICS









Priority Area: Economy

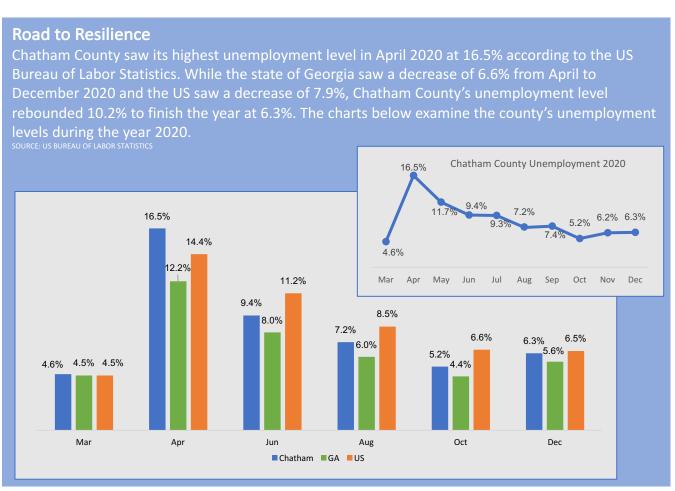
VISION

Chatham County anchors a thriving, business-friendly, regional economy in which all workers are prepared for quality jobs and residents feel empowered to attain a high quality of life.

GOAL 1 Using accurate and reliable data, link current and projected needs of employers through the development of apprenticeship and vocational programs for the placement of individuals with quality employment leading to self-sufficiency.

GOAL 2 Facilitate lifting individuals out of poverty by reducing barriers and creating opportunities for quality employment for young adults, the working poor, ex-offenders, and those struggling with mental illness.

GOAL 3 Guide entrepreneurial growth through the enhanced presence of small business support resources and facilitate collaboration among local businesses to promote innovation.

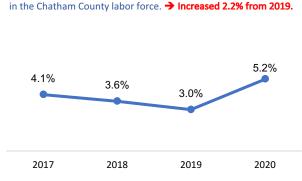


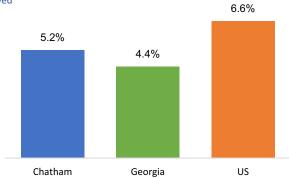
Economy Indicators

KEY INDICATOR A (PART A): UNEMPLOYED WORKERS IN CIVILIAN LABOR FORCE

SOURCE: BUREAU OF LABOR STATISTICS

As of October 2020, 5.2% of civilians, 16 years of age and over, are unemployed



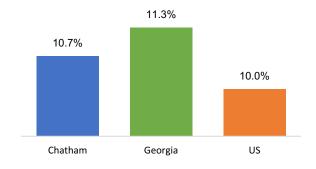


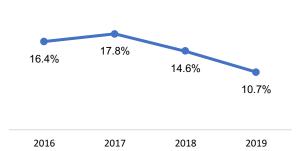
KEY INDICATOR A (PART B): YOUTH UNEMPLOYMENT

SOURCE: U.S. CENSUS BUREAU, 2019 AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES

In 2019, 10.7% of civilian youth, ages 16-24, were unemployed in the Chatham County labor force.

→ Decreased 3.9% from 2018.



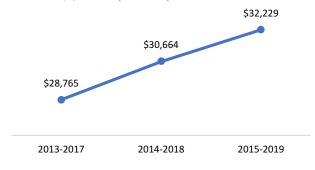


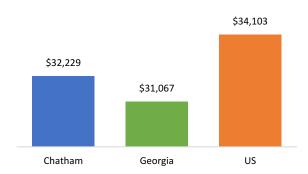
KEY INDICATOR B: PER CAPITA INCOME

SOURCE: AMERICAN COMMUNITY SURVEY

The per capita income was \$32,229 for Chatham County per the most recent census data.

→ Increased \$1,565 from (2014-2018).





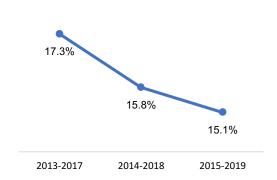
Economy Indicators

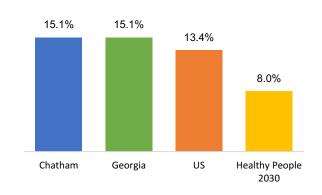
KEY INDICATOR C (PART A): PEOPLE LIVING BELOW POVERTY LEVEL

SOURCE:AMERICAN COMMUNITY SURVEY

The Chatham County poverty rate was 15.1% per the most recent census data.

→ Decreased 0.7% from (2014-2018).

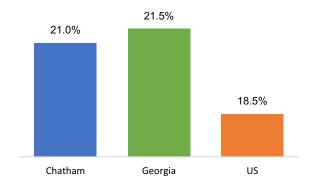


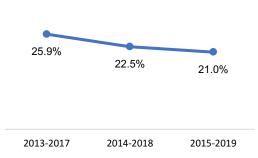


KEY INDICATOR C (PART B): CHILDREN LIVING BELOW POVERTY LEVEL

SOURCE: AMERICAN COMMUNITY SURVEY

21.0% of people under the age of 18 are living below the federal poverty level per the most recent census data. → Decreased 0.5% from (2014-2018).



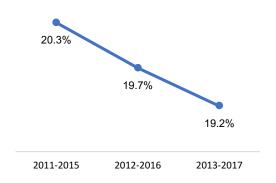


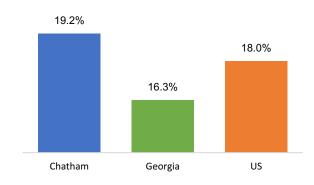
KEY INDICATOR D: SEVERE HOUSING PROBLEM

SOURCE: COUNTY HEALTH RANKINGS

Chatham County had 19.2% or residents living in conditions with an increased exposure to mold, mildew, pest infestation and other environmental hazards per the most recent County Health Rankings data.

Decreased 0.5% from (2012-2016).





Priority Area: Education

VISION

From early childhood education through post-secondary achievement, Chatham County's innovative and inclusive educational systems are a model of academic excellence that enable students to attain the knowledge, skills and ability to succeed at their chosen pathways.

GOAL 1 Ensure that financial skills, social skills, and conflict resolution skills are being offered to parents and taught to all students through use of technology, community partnership, and counseling for parents and children.

GOAL 2 Implement mentorship programs between employers and students; while increasing leadership development programs between community organizations and public schools to prepare students for employment and promote upward mobility.

GOAL 3 Incentivize and promote parental involvement in schools by teaching parents to advocate for their child(ren), facilitating better communication between parents and school leadership, and eliminating barriers to parent engagement.

Road to Resilience

2020 brought about changes to the average school day. As coronavirus exploded and closures began, SCCPSS immediately began adjusting to continue serving the needs of students and their families. Everything from educational instruction to meal-times had to be accounted for when classrooms were closed after spring break. Learning platforms like Google Classroom and Zoom were put into use. SCCPSS TV was launched April 13th. Graduations were held in drive-thru style to make sure senior students still got their final moment. Wi-Fi on Wheels began in September. Meal deliveries were made on bus routes. Virtual open houses were held to begin the school year and a new e-learning model was created. The school system quickly adapted to make sure students continued receiving quality education, full bellies, and the emotional support they needed to be successful even in a global pandemic.

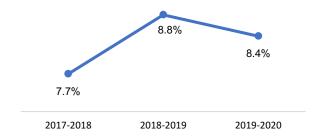


Education Indicators

Due to COVID-19, the 2019-2020 in-person school year ended early, and remote learning began. As a result, complete school year data is not available as previously reported for all indicators. Adaptations in reporting have been made for indicators with no data available, some data available, or change in calculation methods. Please see individual indicator notes for changes in data collection or calculation methods.

KEY INDICATOR A: SCHOOL DISCIPLINE

SOURCE: SCCPSS DISTRICT ACCOUNTABILITY SYSTEM
School discipline is a weighted rate based on the same calculation method used by the Georgia Department of Education. Each student is assigned a weighted value based on OSS, ISS, alternative placement or expulsion referrals reported to the student information system. The indicator data reported here only reflects the first semester of the past three school years. Decreased
0.8% from school year 2018-2019.

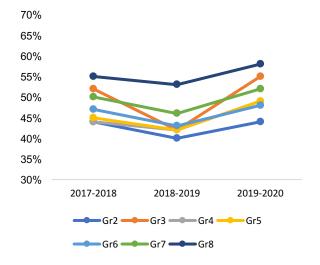


KEY INDICATOR B: READING AND MATH GROWTH PERCENTILES

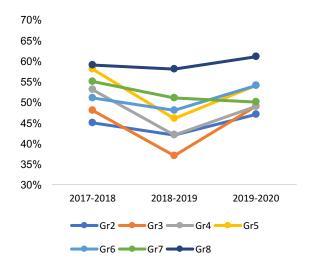
SOURCE: SCCPSS MAP TESTING DATA

The NWEA-Measures of Academic Performance (MAP) formative assessment tool provides a means to monitor student learning and adjust instruction to meet students' needs. The indicator data shows the median Beginning of Year and Middle of Year Growth Percentiles in Math and Reading.

MATH MEDIAN GROWTH PERCENTILE



READING MEDIAN GROWTH PERCENTILE



Education Indicators

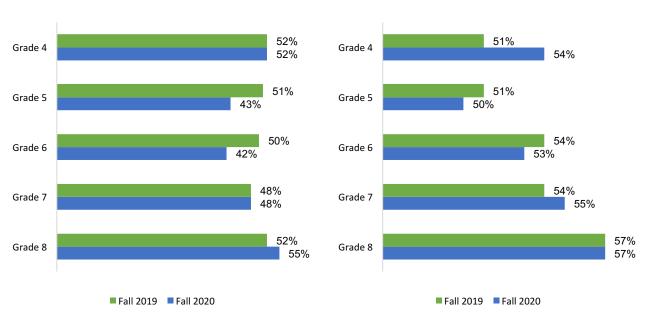
LEARNING LOSS

SOURCE: SCCPSS DISTRICT ACCOUNTABILITY SYSTEM

SCCPSS utilized MAP assessments to measure learning loss during remote learning due to COVID-19. Student achievement and growth percentiles in Math and ELA were measured for grade 4 through grade 8.

MATH MAP ACHIEVEMENT PERCENTILES

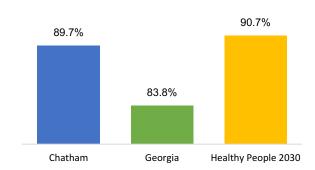
ELA MAP ACHIEVEMENT PERCENTILES

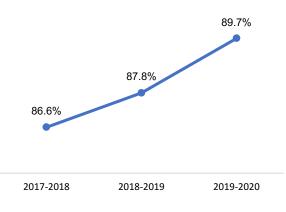


KEY INDICATOR B: GRADUATION RATE

SOURCE: SCCPSS DISTRICT ACCOUNTABILITY SYSTEM 89.7% of SCCPSS students graduated from high school in school year 2019-

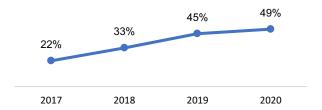
2020. → Increased 1.9% from school year 2018-2019.





QUALITY RATED CHILDCARE CENTERS

SOURCE: THE ANNIE E CASEY FOUNDATION'S KIDS COUNT DATA CENTER In Chatham County, 49% of out-of-home child-care settings were Quality Rated in 2020. > Increased 4% from 2019.



Priority Area: Health

VISION

Chatham County has a culture of health including equal access to quality and affordable healthcare, chronic disease prevention, health inclusive policies, and environmental design.

GOAL 1 Effectively address mental health by educating the public and reducing stigma, increasing early intervention programs, removing gaps and barriers, and increasing access to treatment particularly as it impacts incarcerated individuals, children, and adolescents.

GOAL 2 Ensure access to and invest in community-based health resources for citizens to increase health equality while optimizing their health and wellness with preventive healthcare services, health education and strategies to motivate individuals and families to adopt healthy lifestyle behaviors.

GOAL 3 Instill healthy practices in schools by providing comprehensive health education, nutrient-rich foods, opportunities for physical activity, and prevention education including, but not limited to violence prevention .

GOAL 4 Increase access to healthy food for populations that are mostly likely to be food-insecure such as older adults, children, those in poverty, and those that live in food deserts.

Road to Resilience

Frontline healthcare providers in Chatham County rose to the occasion even as they faced personal protective equipment shortages, increased risk of exposure, and mental and physical burnout. The Coastal Health District set up a mass testing site at the Savannah Civic Center. Healthcare providers continued the charge, leading by example as representatives from Memorial Health, Candler, and St. Joseph's received some of the first vaccine doses in Georgia, alongside Tammi Brown, the Chatham County Health Department Nurse Manager.



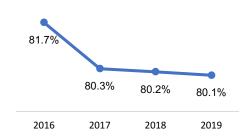
Health Indicators

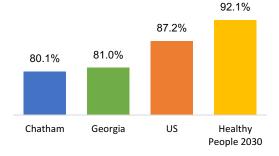
KEY INDICATOR A (PART A): ADULTS WITH HEALTH INSURANCE

SOURCE: SMALL AREA HEALTH INSURANCE ESTIMATES

In 2019, 80.1% of adults age 18-64 years old in Chatham County have health insurance.

→ Decreased 0.1% from 2018.



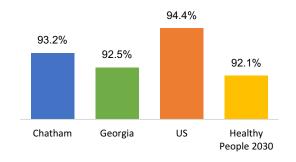


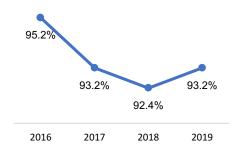
KEY INDICATOR A (PART B): CHILDREN WITH HEALTH INSURANCE

SOURCE: SMALL AREA HEALTH INSURANCE ESTIMATES

In 2019, 93.2% of children 18 years old and younger in Chatham County have health insurance.

→ Increased 0.8% from 2018.



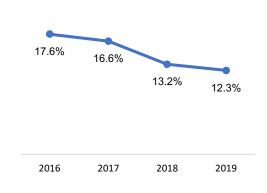


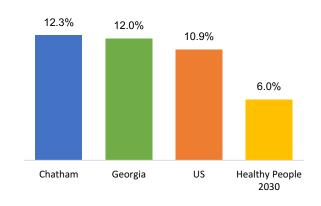
KEY INDICATOR B: FOOD INSECURITY RATE

SOURCE: FEEDING AMERICA

12.3% of Chatham County residents are food insecure in 2019.

→ Decreased .9% from 2018.



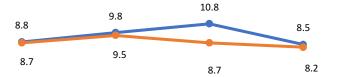


Health Indicators

AGE ADJUSTED DEATH DUE TO OPIOID OVERDOSE

SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH

In 2019, 8.5 deaths from opioid overdose occurred per 100,000 residents in Chatham County. A total of 25 deaths related to opioid overdose were reported. Chatham County is again ranked 6th in Georgia for the highest number of opioid overdose related deaths. Decreased 2.3 deaths per 100,000 residents.



Technical note: Indicator data is updated as DPH updates their surveillance reports. Some data may differ from that included in previous status reports to insure most up to date figures.

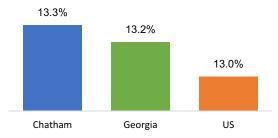


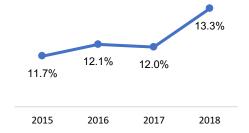
KEY INDICATOR C: FREQUENT MENTAL DISTRESS

SOURCE: COUNTY HEALTH RANKINGS

In 2018, 13.3% of adults reported 14 or more days with mental distress in the previous 30 days.

→ Increased 1.3% from 2017.





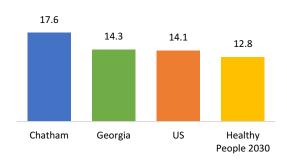
SUICIDE ADJUSTED DEATH RATE

SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH OASIS

Per the most recent OASIS data, there were 17.6 deaths per 100,000 residents of Chatham County. → Increased 2 deaths per 100,000 from (2016-2018).



 $2014\hbox{-}2016 \quad 2015\hbox{-}2017 \quad 2016\hbox{-}2018 \quad 2017\hbox{-}2019$

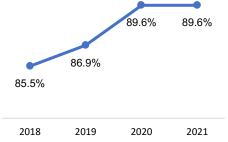


KEY INDICATOR D: ACCESS TO EXERCISE OPPORTUNITES

SOURCE: COUNTY HEALTH RANKINGS

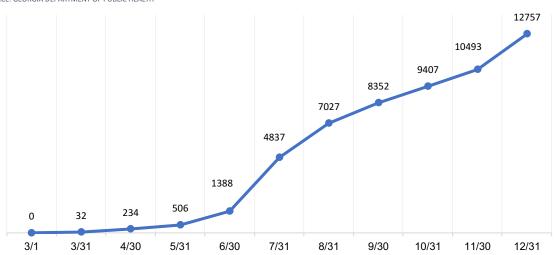
89.6% of Chatham County residents have some access to exercise opportunities per the most recent County Health Rankings data. → No change from the previous year.





COVID -19

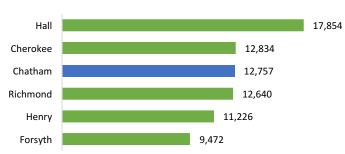
2020 Chatham County Cumulative COVID-19 Cases



COVID-19 Cumulative Cases as of 12/31/2020 (compared with Georgia counties of similar populations)

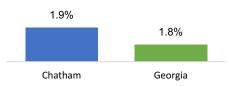
SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH

COVID-19 Percent Positive Tests as of 12/31/2020 SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH 20.5% 15.4% Chatham Georgia



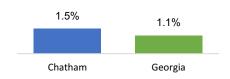
COVID-19 Percent Deaths of Cumulative Cases as of 12/31/2020

SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH



COVID-19 Cumulative Vaccines as of 12/31/2020

SOURCE: GEORGIA DEPARTMENT OF PUBLIC HEALTH



Priority Area: Quality of Life

VISION

Chatham County citizens achieve a superior quality of life within a safe, active and healthy environment inclusive of the area's history, natural resources, public mobility and efficient government.

GOAL 1 Reduce crime, particularly abuse and violence, by building trust between law enforcement and residents, focusing enforcement in high crime areas, and expanding the visibility of police to ensure all residents feel safe.

GOAL 2 Promote and provide neighborhood connectivity and build environments that encourage active and healthy lifestyles through the strategic placement of bicycle and pedestrian pathways, public parks, enforcement of road regulations, and education about health benefits.

GOAL 3 Develop local and regional collaboration among similar organizations to improve the delivery of social services and to expand the continuum of services.

GOAL 4 Provide effective and efficient government services while ensuring that processes and procedures are planned and executed with transparency.

Road to Resilience

The Savannah Police Department began the Behavioral Health Unit in September 2020 to promote enhanced child safety, child permanency and child and family well-being through effective interventions with families having parental substance use/abuse disorders and involvement with the justice system and child protective services. The grant supported program has a goal to reduce the use of jail for adults, young adults and juveniles who may need alternative services or

may have behavioral health and/or substance abuse needs. The program includes an Enhanced Crisis Intervention Team of volunteer ECIT officers, a Behavioral Health Response Team of uniformed ECIT officers partnered with a licensed clinician, and a Service Coordination referral network of providers. The unit responds to calls with factors that include opioid or substance abuse, suicide and mental health disorders, and assists with calls for homelessness and disorderly conduct. By the end of 2020, the Behavioral Health Unit handled 62 cases.



Priority Area: Quality of Life

VISION

Chatham County citizens achieve a superior quality of life within a safe, active and healthy environment inclusive of the area's history, natural resources, public mobility and efficient government.

GOAL 1 Reduce crime, particularly abuse and violence, by building trust between law enforcement and residents, focusing enforcement in high crime areas, and expanding the visibility of police to ensure all residents feel safe.

GOAL 2 Promote and provide neighborhood connectivity and build environments that encourage active and healthy lifestyles through the strategic placement of bicycle and pedestrian pathways, public parks, enforcement of road regulations, and education about health benefits.

GOAL 3 Develop local and regional collaboration among similar organizations to improve the delivery of social services and to expand the continuum of services.

GOAL 4 Provide effective and efficient government services while ensuring that processes and procedures are planned and executed with transparency.

Road to Resilience

The Savannah Police Department began the Behavioral Health Unit in September 2020 to promote enhanced child safety, child permanency and child and family well-being through effective interventions with families having parental substance use/abuse disorders and involvement with the justice system and child protective services. The grant supported program has a goal to reduce the use of jail for adults, young adults and juveniles who may need alternative services or

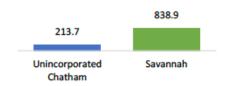
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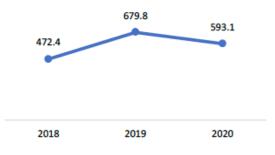


Quality of Life Indicators

KEY INDICATOR A: VIOLENT CRIME RATE PER 100,000 RESIDENTS

SOURCE: THE SAVANNAH AND CHATHAM COUNTY POLICE DEPARTMENTS
In 2020, 213.7 violent crimes occurred per 100,000 residents of
unincorporated Chatham County and 838.9 violent crimes occurred per
100,000 residents of City of Savannah. A combined rate of 593.1 violent
crimes occurred per 100,000 residents of the two jurisdictions. Violent
crimes include murder, rape, robbery, and aggravated assaults.
Decreased 12.8% from 2019.



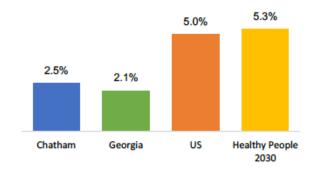


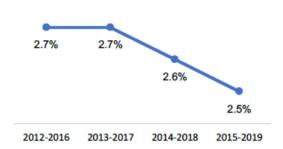
KEY INDICATOR B: WORKERS COMMUTING BY PUBLIC TRANSIT

SOURCE: AMERICAN COMMUNITY SURVEY

2.5% of Chatham County's workers aged 16 years and older commute to work by public transportation.

→ Decreased of 0.1% from (2014-2018).





KEY INDICATOR C: MILES OF SAFE, PEDESTRIAN-FRIENDLY TRANSPORTATION

SOURCE: CHATHAM-SAVANNAH METROPOLITAN PLANNING COMMISSION There are a total of 625 miles of safe, bicycle and pedestrian-friendly paths of transportation within Chatham County. This data focuses on paths with transportation purposes. These numbers omit paths inside of gated communities but includes sidewalks on Hunter Army Air Base as the public does have some access. Increased by 5.1 miles added.

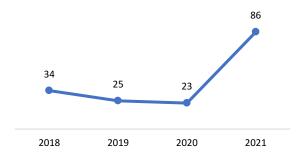


Quality of Life Indicators

PHYSICAL ENVIRONMENT RANKINGS

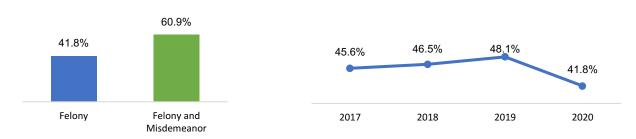
SOURCE: COUNTY HEALTH RANKING

The 2021 Physical Environmental Ranking for Chatham County is 86. The ranking is based on a summary composite score calculated from the following measures: daily fine particulate matter, drinking water violations, severe housing problems, driving alone to work, and long commute while driving alone. → Increased 63 points from 2020.



The value for the Georgia is based on the best 50th percentile of a distribution of 159 GA Counties. Technical note: Counties (or county equivalents) are ranked relative to the health of other counties in the same state on a variety of health measures. Those having high ranks, e.g. 1 or 2, are considered the "healthiest." Use caution when comparing current ranking to previous time periods as ranking criteria may have changed.

KEY INDICATOR D (PART A): RECIDIVISM RATE FOR ADULT OFFENDERS



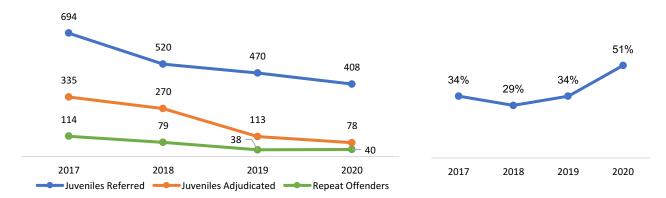
In 2020, the rate of recidivism in Chatham County shows that 41.8% of adults have been rearrested with a felony charge within the last 3 years.

Decreased 6.3% since 2019.

KEY INDICATOR D (PART B): RECIDIVISM RATE FOR JUVENILE OFFENDERS

SOURCE: CHATHAM COUNTY JUVENILE COURT

NOTE: The number of referrals for delinquency decreased in 2020 to 408 as compared to 470 in 2019. a decease of 13.2%. It is important to note that the percentage for recidivism shows 51% when only 40 youth, which is 9.8%, reoffended (or re-engaged) in criminal behavior within the previous 3 years. Recidivism is defined by the number of Referrals, the number of previous Adjudications within a certain time period, and the number of Repeat Offenders in the last 3 years. → Increased 17% from 2019.



PARTNERS AND SPONSORS



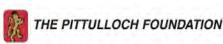














United Way of the Coastal Empire



















































CAT CHATHAM AREA TRANSIT





































Georgia Department of Behavioral Health and Developmental Disabilities

































And many more...



COASTAL GEORGIA INDICATORS COALITION

THE CHATHAM FAMILY CONNECTION COLLABORATIVE
110 EAST STATE STREET
SAVANNAH, GA 31401



APPENDIX 4

ST. JOSEPH'S/CANDLER'S SURVEY MONKEY QUESTIONNAIRE



CHNA 2022

St. Joseph's/Candler 2022 Community Health Needs Assessment Survey

Please help us gain a better understanding about the health issues and strengths within our community. If you can take a few minutes and complete the attached survey, it will help us understand the community needs, challenges, and strengths to help us improve our services. Thank you.

* 1. What do you think are the (mark all that apply)	ne biggest health issues for	adults in Chatham County
 Finding a doctor who will take care of you without insurance Finding affordable insurance Dental Services Vision Services Mental Health Services 	Affordable Medications Prenatal Care Substance Abuse Sexually Transmitted Diseases (STDs) Chronic Disease Management (Diabetes, Heart Disease, High Blood Pressure, etc.)	 Safe and affordable housing Domestic Violence Cancer Care None of the above
Other (please specify)		

* 2. What do you think are	the biggest he	alth issues for	children in Chatham
County (mark all that appl	y)		
Finding a doctor who will your children insured wire Peachcare Dental Services Vision Services Mental Health Services/E Affordable Medications Other (please specify)	th Medicaid or		Transmitted Diseases(STDs) / Virtual Learning Supervision
* 3. What groups need the County? (check all that ap	•		are service in Chatham Homeless
Hispanics	The Disak		Do Not Know
Uninsured	Seniors (6		None of the above
Other (please specify)			
4. What are the greatest be County? (Check all that ap			are services in Chatham Appointment times
takes new patients	Medicaid	or Medicare (insurance)	Barriers due to the
Finding an affordable specialty care doctor	Trusting a		current pandemic Ability to easily reach
Cost of seeing a doctor (copay)	Transpor	tation	office staff for assistance
Other (please specify)			

* 5. Where do you see th	ie biggest gaps	ioi lieattiicale	
County?			
Enough Doctors accep	•	Prescripti	on Drug Assistance
patients/Timely appoi	ntments	Virtual Ph	ysician Appointments
Enough free or reduced	d cost clinics	Location (of health providers
Mental Health		Language	Barrier
Disease Management/	Cancer Care		ee or have not experienced y healthcare services.
Dental/Vision Care		Sabo	y modernour o con vicco.
Other (please specify)			
1			
Yes7. If your doctor has told	-	ore exercise to	Not Diagnosed improve your health, ch
classes? Yes 7. If your doctor has told all that you find as a bar Affordable exercise	I you to have m	ore exercise to	improve your health, ch
Yes7. If your doctor has told all that you find as a bar	l you to have m rier:		improve your health, ch
Yes 7. If your doctor has told all that you find as a bar Affordable exercise	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch
Yes7. If your doctor has told all that you find as a barAffordable exercise places	l you to have m rier:	e locations near	improve your health, ch

☐ I do not have a doctor ☐ Emergency Room is always open	 I cannot afford insurance co-payment Doctors office had no available appointments/Office told me to go to the emergency room 	☐ I have no Insurance☐ Does not apply to me
Other (please specify)		
10. If you had to visit the	emergency room in the last 3	years and you are not
•	emergency room in the last 3 o you find a permeant doctor/	•
•		•
insured did someone help Yes 11. If you have needed to v	you find a permeant doctor/ No visit the emergency room in tod pressure, etc., did someon	clinic (medical home) he last 3 years for treatme
insured did someone help Yes 11. If you have needed to you due to diabetes, high block	you find a permeant doctor/ No visit the emergency room in tod pressure, etc., did someon	clinic (medical home) he last 3 years for treatme
insured did someone help Yes 11. If you have needed to vidue to diabetes, high blockhelp? (Chronic Disease Management)	you find a permeant doctor/ No visit the emergency room in tood pressure, etc., did someon anagement Program)	clinic (medical home) he last 3 years for treatme
Yes 11. If you have needed to y due to diabetes, high blockhelp? (Chronic Disease Management) Yes	you find a permeant doctor/ No visit the emergency room in tood pressure, etc., did someon anagement Program)	clinic (medical home) he last 3 years for treatme
Yes 11. If you have needed to y due to diabetes, high blockhelp? (Chronic Disease Material) Yes Other (please specify)	you find a permeant doctor/ No visit the emergency room in to pressure, etc., did someon anagement Program) No No	clinic (medical home) he last 3 years for treatme e offer you resources to

Enough Resources (doctors, offices, clinics, etc.)	Emotional/Mental/Physical health due to COVID Pandemic Stress
Cost	☐ Dental Services
 Where to get appointments after work or on weekends Chronic disease management (Diabetes, cancer, high blood pressure, heart disease, etc.) Having internet access and knowing how to use the internet 	 General Health Information Available information in preferred language I have no idea where to start to get information and help
Mental Health Other (please specify) 4. If you had a choice of how to learn moservices, changes in public policy, which	
Other (please specify) 4. If you had a choice of how to learn moservices, changes in public policy, which	would be the best way?
Other (please specify) 4. If you had a choice of how to learn mo	
Other (please specify) 4. If you had a choice of how to learn moservices, changes in public policy, which Newspaper/printed and posted flyers	would be the best way? Public Transportation Ads

Private Doctors Practice	☐ Dentist/Eye Doctor
Payment is sliding scale (CV Cooper or JC Lewis)	Fire Departments for blood pressure checks
Free Health Clinic (SJ/C Good Samaritan or SJ/C St. Mary's Health Center)	SJ/C African American Health Resour Center or SJ/C St. Mary's Community
Public Health Department (CCHD)	Center
Mental Health Services	SNAP/EBT Benefits
Emergency Room for all medical needs	WIC (Women Infants Children) Benefi
Urgent Care Clinics	Telehealth
	I have not used any healthcare provide or services in the last 3 years.
16. When you are sick, where do you see	a doctor or healthcare provider?
16. When you are sick, where do you see	Payment is sliding scale (CV Cooper of the cooper of
Doctors Office	Payment is sliding scale (CV Cooper of the cooper of
□ Doctors Office□ Urgent/Immediate Care	Payment is sliding scale (CV Cooper of J.C. Lewis Health Center)
□ Doctors Office□ Urgent/Immediate Care□ Emergency Room	 Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) Health Department School Nurse/Clinic
 Doctors Office Urgent/Immediate Care Emergency Room Free Health Clinic (SJ/C St. Mary's Health Center or Good Samaritan Clinic) 	 □ Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) □ Health Department □ School Nurse/Clinic □ I have not needed to see a doctor in the search of the search
☐ Urgent/Immediate Care ☐ Emergency Room ☐ Free Health Clinic (SJ/C St. Mary's	 □ Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) □ Health Department □ School Nurse/Clinic □ I have not needed to see a doctor in the search of the search
 □ Doctors Office □ Urgent/Immediate Care □ Emergency Room □ Free Health Clinic (SJ/C St. Mary's Health Center or Good Samaritan Clinic) Other (please specify) 	Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) Health Department School Nurse/Clinic I have not needed to see a doctor in t last 3 years.
Doctors Office Urgent/Immediate Care Emergency Room Free Health Clinic (SJ/C St. Mary's Health Center or Good Samaritan Clinic) Other (please specify)	Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) Health Department School Nurse/Clinic I have not needed to see a doctor in t last 3 years.
 □ Doctors Office □ Urgent/Immediate Care □ Emergency Room □ Free Health Clinic (SJ/C St. Mary's Health Center or Good Samaritan Clinic) Other (please specify) 	Payment is sliding scale (CV Cooper of J.C. Lewis Health Center) Health Department School Nurse/Clinic I have not needed to see a doctor in the last 3 years.

* 18. How long do you have to wait for a routine (annual checkup) appointment?
A Few Days
Weeks
More than a month
* 19. How long does it take you to get an appointment if you call and are currently ill?
Same Day Appointment
Several days
If I call and tell them I am ill they offer me a telehealth appointment
☐ If I call and tell them I am ill, they tell me to go to an urgent care or the emergency room
Other (please specify)
20. Once you are checked in at the doctor's office how long do you normally wait to see the doctor/provider?
2-4 hours
1-2 hours
Less than 1 hour

I owe the doctor money and they will n see me until current bill is paid They do not accept my insurance (private/exchange/Medicaid/Medicare
- •
ce.
Children are covered by Peachcare
No Insurance
I lost my insurance during the pandem
ce in the past 3 years, did you know ce for Adults and Children and

Prostate Cancer	☐ Breast Can	cer
Lung Cancer	Melanoma	(Skin) Cancer
Colon (any GI) Cancer	☐ Does not a	pply
f not listed above please species. 25. Which of these items wo have a species and eyeglasses. Access to food assistance. Free Glucose checks and referrals.	fy type of cancer ould improve your health and Access to a social worker Mental Health/Stress Relief/COVID Exhaustion Burial Assistance Senior Care Assistance Safe and Affordable	
Understanding what government programs my family might qualify for (example food stamps, Medicaid, disability, childcare, etc.) Transportation	Housing	Teen mentoring programs Domestic Violence Assistance/Anti-Bullyinhelp
Your Zip Code		

	27. Current Marital S	tatus		
28. How many Adults (18 or older) live in your household? 29. How many children (Under 18 live in your household) 30. I identify as Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60	Married or Life Par	tner	○ Widowed	
D. How many children (Under 18 live in your household) 30. I identify as Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-	O Divorced/Separate	ed	○ Single	
30. I identify as Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6	28. How many Adults	(18 or older) live in	your household?	
30. I identify as Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6				
30. I identify as Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6				
 Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6 	9. How many children	(Under 18 live in yo	ur household)	
 Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6]
 Male Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6 				
 Female Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6 	30. I identify as			1
 Transgender Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6 	○ Male			
Genderqueer/Gender nonconforming 31. Current Age Under 18 30-44 60-6	○ Female			
31. Current Age Under 18	Transgender			
○ Under 18 ○ 30-44 ○ 60-6	Genderqueer/Gend	der nonconforming		
	31. Current Age			
○ 18-29 ○ 45-59 ○ 66+	O Under 18	30-44	\circ	60-6
	18-29	45-59	\bigcirc	66+

White or Caucasian		American Indian or Alaska Native
Black or African Americ	an	Native Hawaiian or other Pacific Islander
Hispanic or Latino		○ Another race
Asian or Asian Americar	ı	
Other (please specify)		
3. What language do you	mainly speak a	at home?
English	Vietname	se Farsi
Spanish	Filipino/T	agalog
Some other language		
Some other language		
Some other language		
	vel of school vo	ou have completed or the highest degree
4. What is the highest le	vel of school yo	ou have completed or the highest degree
1. What is the highest le ou have received?		
4. What is the highest led by have received? Less than high school do	egree	Associate degree
1. What is the highest le ou have received?	egree	Associate degree Bachelor degree
4. What is the highest le ou have received? Less than high school de High school degree or ea GED)	egree quivalent (e.g.,	Associate degree
4. What is the highest lebu have received? Less than high school degree or each	egree quivalent (e.g.,	Associate degree Bachelor degree
4. What is the highest led to the have received? Less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the high school degree or	egree quivalent (e.g., gree	Associate degree Bachelor degree
4. What is the highest led to the have received? Less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the highest less than high school degree or each of the high school degree or	egree quivalent (e.g., gree g categories bes	Associate degree Bachelor degree Graduate degree
4. What is the highest lead to have received? Less than high school degree or each of the following to the following the follow	egree quivalent (e.g., gree g categories bes time	Associate degree Bachelor degree Graduate degree tdescribes your employment status?
4. What is the highest le ou have received? Less than high school de High school degree or ed GED) Some college but no degoe. 5. Which of the following Employed, working full-	egree quivalent (e.g., gree g categories bes time -time	Associate degree Bachelor degree Graduate degree Graduate degree St describes your employment status? Not employed, NOT looking for work
4. What is the highest lead to have received? Less than high school degree or each of the following of the following the Employed, working full-Employed, working part	egree quivalent (e.g., gree g categories bes time -time	Associate degree Bachelor degree Graduate degree Graduate degree St describes your employment status? Not employed, NOT looking for work Retired

36. What is your household nuse)	net income per month? (amount left in you check to
\$0-\$500	\$1001-\$1500
\$501-\$750	\$1501-\$3000
\$751-\$1000	○ More than \$3000 per month

APPENDIX 5

SJ/C EMERGENCY DEPARTMENT MEDICAL HOME SURVEY RESULTS

SJ/C EMERGENCY DEPARTMENTS UN/UNDER INSURED PATIENTS, JULY 2020-JUNE 2021

NEEDS - MEDICAL DOMAIN							
Assessment	31401	31405	31409	31415	31419	TOTAL	
Needs - Medication(s)	213	425	8	248	393	1287	
Needs - Education, Health	311	674	10	386	752	2133	
Needs - Dependency, substance(s)	1	4	0	0	2	7	
Needs - Disease(s), chronic	15	36	0	24	76	151	
Needs - Medical Home (Primary Care)	291	607	10	351	690	1949	
Needs - Medical attention, timely access	22	63	1	39	124	249	
Needs - Mental Health, care of	3	10	0	3	11	27	
Needs - Specialist(s)	7	31	0	16	54	108	
Needs - Medical need, other	7	20	0	7	18	52	
TOTAL	870	1870	29	1074	2120	5963	

NEEDS - FAMILY/ENVIRONMENTAL DOMAIN							
Assessment	31401	31405	31409	31415	31419	TOTAL	
Needs - Budgeting Tips	0	0	0	0	0	0	
Needs - Child Care	6	15	0	16	15	52	
Needs - Clothing	5	6	0	0	10	21	
Needs - Education, Health	242	511	8	279	461	1501	
Needs - Eligibility	9	21	0	9	37	76	

Needs - Employment	25	47	0	26	88	186
Needs - Family Assistance	12	30	0	11	43	96
Needs - Financial Assistance	142	345	5	184	292	968
Needs - Health Insurance	22	39	1	18	83	163
Needs - Job Training	2	8	0	6	13	29
Needs - Food/Healthy Eating	8	15	0	6	18	47
Needs - Shelter/Housing	9	24	0	5	19	57
Needs - Legal	0	5	0	2	2	9
Needs - Phone Minutes	0	1	0	0	0	1
Needs - Relocation	2	1	0	3	7	13
Needs - Safe Home	0	0	0	0	0	0
Needs - SNAP, SSI, SSD	11	27	0	9	32	79
Needs - Transportation	2	10	0	4	1	17
Needs - Fam/Evn Needs - Other	0	0	0	0	1	1
TOTAL	497	1105	14	578	1122	3316

NEEDS - PERSONAL GROWTH DOMAIN							
Assessment	31401	31405	31409	31415	31419	TOTAL	
Needs - Legal	0	1	0	0	1	2	
Needs - Personal Issues	2	1	0	2	5	10	
Needs - Education	1	1	0	1	1	4	
Needs - Cultural Adaptation	0	0	0	0	0	0	
Needs - Safety, Basic Need	0	2	0	0	2	4	
Needs - Support	1	3	0	1	1	6	
Needs - Other	0	0	0	0	0	0	
TOTAL	4	8	0	4	10	26	

APPENDIX 6 SAFETY NET BROCHURE



PRESCRIPTION ASSISTANCE

MEDBANK FOUNDATION

www.medbank.org

MedBank provides access to medications to eligible clients at no cost.

MEDICATION ASSISTANCE ELIGIBILITY:

- Resident of a participating county in SE/Central GA
- Diagnosed with a chronic illness
- Have NO prescription drug coverage
- Provide required proof of income.

HIV

CHATHAM CARE CENTER

Chatham CARE Center is a dedicated Ryan White CARE Center and addresses the needs of those living with HIV providing comprehensive primary care, case management and supportive services. CARE is an AIDS Drug Assistance and Health Insurance Continuation Program enrollment site. Proof of residency and income are required. Individuals with no income can be assisted with support letters for proof of income.

107-B Fahm St. Savannah (912) 651-2253 Service Hours: Mon - Fri: 7:30 AM - 6 PM

CHILDREN'S PUBLIC HEALTH INSURANCE

COASTAL CAMPAIGN FOR HEALTHY KIDS

www.coastalcampaign.org

MEDICAID / PEACHCARE FOR KIDS

Free enrollment and renewal assistance for children ages 0-19 years old. Children in a family of four earning up to \$60,768 may qualify.

(912) 661-3040 Mobile enrollment. Flexible days and times.



BEHAVIORIAL HEALTH RESOURCES

Developmental, mental health and addictive disease services for adults and children

GEORGIA CRISIS AND ACCESS LINE

1-800-715-4225
Free and confidential crisis intervention24/7;

mental health, drugs or alcohol. www.mygcal.com

HUGS INC. (Heads Up Guidance Services)
Mental & Behavioral Health Counseling & Addiction
Recovery Services

706 Wheaton St. Savannah (912) 417-4320 Service Hours: Call for an appointment

SAVANNAH COUNSELING SERVICES

800 East 70th St. Service Hours: Savannah Mon – Thurs: 8 AM – 6 PM (912)344-9403 Fri: 8 AM – 12 PM 1-866-557-9955

RECOVERY PLACE COMMUNITY SERVICES

835 E. 65th St. **Service Hours:** Savannah Mon-Fri: 9 AM – 6 PM (912) 355-5938

GA DEPT. OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES

For non-emergency, developmental disability services.

NOTE: Both J.C. Lewis and Curtis V. Cooper provide behavioral health services

DENTAL SERVICES

SAVANNAH TECHINCAL COLLEGE DENTAL CLINIC

717 White Bluff Rd Service Hours: Savannah Call for an Appointment (912) 443-5351

NOTE: Both J.C. Lewis / Curtis V. Cooper provide dental services

VISION SERVICES

ST. MARY'S COMMUNITY CENTER

812 W. 36th St. Service Hours:
Savannah 2nd Thurs. & Fri. every month
(912) 447-0578 Appointments only





COMMUNITY HEALTHCARE RESOURCES

Community Providers Offering Affordable Healthcare Services

www.ChathamSafetyNet.org

For more information about services in your Community, please contact, United Way of the Coastal Empire at 2-1-1 or (912) 651-7730, or go to www.uwce.org/211-2/

IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, CALL 911

AFFORDABLE PRIMARY CARE SERVICES

CURTIS V. COOPER PRIMARY HEALTH CARE, Inc. www. cvcprimaryhealthcareinc.com

The Curtis V. Cooper Primary Health Care, Inc. is a Federally Qualified Health Center providing primary and preventive health care, pediatric care, behavioral health, pharmacy services, OB/GYN, adult and pediatric dental services. Service areas: Savannah, Pooler, Garden City, Port Wentworth, Richmond Hill

106 E BROAD STREET SITE (Main)

106 E. Broad St. Service Hours: Mon/Wed/Fri: 8 AM – 5 PM Savannah (912) 527-1000 or Tues/Thurs: 8 AM = 7 PM (912) 454-8070 Pharmacy

Sat: 9 AM – 2 PM Service Hours Mon/Wed/Fri: 8 AM – 5 PM Tues/Thurs: 9 AM - 5 PM

Dental Service (912) 527-1000 or (912) 454-8070

(912) 527-1111

Sat: 10 AM - 2 PM Service Hours: Mon – Fri: 8 AM – 5 PM

Mon/Tues/Thurs/Fri 9 AM - 5 PM

ROBERTS STREET SITE

2 Roberts St. Service Hours: Mon – Thurs: 8 AM – 5 PM (912) 527-1100 Fri: 8 AM - 2:30 PM Service Hours:

YAMACRAW VILLAGE SITE

(912) 527-2742

349 West Bryan St. Service Hours: Mon-Thurs: 8 AM - 5 PM Savannah (912) 527-2727 Fri: 8 AM - 2:30 PM

COMPASSIONATE CARE WOMEN'S CENTER Candler Professional

Service Hours: Mon-Thurs: 8 AM – 5 PM Building 5354 Reynolds St. Fri: 8 AM - noon Suite 420, Savannah

(912) 355-6990

- REQUIRED FOR PATIENT REGISTRATION: Current state ID and social security card, passport, or birth certificate
- Verification of current address such as: driver's license. or utility bill
- Verification of Insurance: We accept Medicaid, PeachCare for Kids, Medicare, private insurance and self-pay
- Proof of household income (if uninsured): one month earnings or most recent IRS 1040 form, Social Security, child support, unemployment and/or worker's compensation etc. Service discounts are available for qualifying patients. Eligibility is based on family income and family size

IMPORTANT APPOINTMENT INFORMATION:

Please call to schedule an appointment. Walk-Ins are accepted, however, patients with appointments are seen first.

AFFORDABLE PRIMARY CARE SERVICES

J.C. LEWIS PRIMARY HEALTH CARE CENTER www.jclewishealth.org

J.C. Lewis Primary Health Care Center is a Federally Qualified Health Center offering comprehensive primary health care and preventative, enabling health services, as well as comprehensive behavioral health services. The adjacent Dental Center provides preventative, restorative and emergency oral health services for adults and children.

FAHM STREET SITE (Main)

125 Fahm St. Service Hours: Mon-Wed: 7 AM - 7 PM Savannah (912) 495-8887 Thurs: 8 AM - 5 PM Fri – Sat: 8 AM – noon

Dental Center Service Hours: Mon – Wed: 8 AM – 7 PM 107 Fahm St. Savannah Thurs: 8 AM - 5 PM (912) 544-0847 Fri: 8 AM - noon

SALVATION ARMY

3100 Montgomery St. Service Hours: Wednesday 2 PM – 5 PM (912) 651-7420

OLD SAVANNAH CITY MISSION 2414 Bull St. Service Hours: Savannah (912) 232-1979 Tues: 1:30 PM - 6 PM

WEST BROAD STREET YMCA

Service Hours: 1110 May St. Savannah (912) 233-1951 Mon: 4 PM - 7 PM

J.C. LEWIS PRIMARY CARE PEDIATRIC CENTER

3802 Waters Avenue Service Hours: Mon – Thu: 8 AM – 5 PM (912) 352-3845 Fri: 8 AM - noon

REQUIRED FOR PATIENT REGISTRATION:

- Current state ID and social security card, passport, or birth certificate
- Verification of current address such as: driver's license, or utility bill
- Verification of Insurance: We accept Medicaid, PeachCare for Kids, Medicare, private insurance and self-pay
- · Proof of household income (if uninsured): one month earnings or most recent IRS 1040 form, Social Security, child support, unemployment and/or worker's compensation, etc. Service discounts are available for qualifying patients. Eligibility is based on family income

IMPORTANT APPOINTMENT INFORMATION:

Please call to schedule an appointment. Walk-Ins are accepted, however, patients with appointments are

PUBLIC HEALTH SERVICES (Chatham County)

GA DEPARTMENT OF PUBLIC HEALTH

www.gachd.org

Preventive healthcare services include immunizations, women's health, STD testing, health screenings and more.

CHATHAM COUNTY HEALTH DEPARTMENT

1395 Eisenhower Dr. Service hours: Mon – Fri: 8 AM – 5 PM Savannah (912) 356-2441 Thurs: 8 AM - 7 PM* *extended hours for clinic services only

CHILDREN'S SPECIAL SERVICES

Babies Can't Wait, Children's Medical Services, Savannah Perinatal Initiative, Early Newborn Hearing

420 Mall Blvd. Service Hours Mon-Fri: 8 AM - 5 PM Savannah (912) 644-5804

COMMUNITY CARE SERVICES

410 Mall Blvd., Suite G Service Hours Mon - Fri: 8 AM - 5 PM Savannah (912) 353-5001 Toll-free: (888) 698-2984

MIDTOWN CLINIC

1602 Drayton St. Service Hours: Savannah Adult Health Phone: Mon - Fri: 8 AM - 5 PM (912) 651-3378 Child Health/Immunizations: (912) 651-2587

FREE PRIMARY CARE SERVICES

FREE Primary Medical Homes for the uninsured with an income less than 200% FPI

ST. MARY'S HEALTH CENTER

Service Hours: Mon – Thurs: 8 AM – 5 PM 1302 Drayton St. Savannah (912) 443-9409 Fri: 8 AM - 12 PM

GOOD SAMARITAN

4704 Augusta Rd. Service Hours: Mon – Thurs: 8 AM – 5 PM Garden City (912) 964-4326

Services for non-English speaking Hispanic/Latino adults Both clinics supported by St. Joseph's Candler Health System.



APPENDIX 7

CHATHAM COUNTY HEALTH AND SOCIAL SERVICE PROVIDER PARTNERS

Chatham County is fortunate to have a number of health and social service providers who work independently and collaboratively to provide services to the residents of Chatham County. The CCSNPC focuses on health and is able to utilize the HERO Help Me Database as a way to easily find resources within the community.

Health

St. Joseph's/Candler operates Chatham County's only two free clinics serving adult patients throughout the county and region. These two clinics are strategically placed in locations to care for the medically underserved populations. They provide a variety of health and referral services to the patients they treat.

St. Joseph's/Candler's St. Mary's Health Center

St. Mary's Health Center (SMHC) started in a small room of SJ/C's St. Mary's Community Center, located in Culyer-Brownsville on the City of Savannah's West side in 2003. SMHC now operates in a free standing building at the corner of Henry and Drayton street in downtown Savannah and easily accessible to their patients. SMHC operates five days each week.

Primary Care Ages 19-64, Mammograms, Pap Smears, HIV Testing, Diagnostic/Imaging, Routine Pathology, Medication Assistance, Diabetic Counseling, Medical Supply Assistance and Hospitalization.

St. Joseph's/Candler's Good Samaritan Clinic

Located in Garden City, the Good Samaritan Clinic (GSC) opened in October 2007 to provide medical care to Hispanic patients on Savannah's West side. Since opening, GSC has seen a shift in ethnic demographics, but remains a trusted medical home for all their patients. GSC is open five days each week.

Services: Primary Care Ages 19-64, Diagnostic/Imaging, Routine Pathology, Medication Assistance, Diabetic Counseling, Nutrition Education, Personal Counseling and Hospitalization

OTHER HEALTH SERVICES

Chatham County Health Department

Health care services and wellness programs for Adults, Children, and Women's Health are available through the Georgia Department of Public Health. Services include immunizations, eye, ear and dental screenings, tuberculosis skin testing, family planning, sexually transmitted disease services, HIV testing and counseling, child health check and sports physical, the Children First program, breast feeding support, lead program, WIC, Babies Born Healthy, and a breast and cervical cancer program.

Curtis V. Cooper Primary Health Care

Curtis V. Cooper Primary Health Care provides discounted services for qualifying patients. Services include adult medicine, pediatric health care, health education, gynecological clinic (by referral), Medicaid screening, prenatal (pregnancy) services, family planning services (birth control, etc.), pharmacy services, dental services, nutrition services, laboratory services, radiology services.

Dental Care Treatment Sites

There are several dental care treatment sites in Chatham County serving uninsured clients. To find out more information about dental sites, please visit: https://bherohelpme.com/MatchList.aspx?k;;0;;N;0;0;Dental%20 Services; Dental%20Services

J. C. Lewis Primary Health Care Center

The J. C. Lewis Primary Health Care Center provides primary health care, physician services, medication assistance, medical case management, health promotion and disease prevention, optometry, podiatry, shelter & housing referrals, economic education & referral, nutritional education and planning, dietary supplementation, prisoner re-entry program, 24-hour respite care, and behavioral health counseling.

Prescription Assistance

Prescription assistance is available from the City of Savannah, PharmaCare, Medicare Prescription Drug Plan, GeorgiaCares, NeedyMeds, MedBank, your doctor, or by purchasing generic medications. For more information on prescription assistance, please visit: https://herohelpme.com/MatchList.aspx?k;;0;;N;0;0;Prescription%20Assistance;Prescription%20Assistance

SOCIAL SERVICES

There is a wide variety of social services available to residents of Chatham County who qualify. Social service programs offered by St. Joseph's/Candler are listed below.

St. Joseph's/Candler's St. Mary's Community Center

This center was established in 2000 in the Cuyler-Brownsville neighborhood to provide a variety of services addressing basic needs as well as opportunities for advancement.

Public Benefit Enrollment Program, Counseling Service, Health Education, Eye Exam and Eye Glass Assistance, Senior Services, Job Search Assistance, Computer Classes, Free Tax Preparation and Membership in Local Advocacy Groups.

African American Health Information and Resource Center

https://herohelpme.com

Started in 1999, this center is part of St. Joseph's/Candler's ongoing commitment to improve the health of the African-American community and to correcting health disparities. Originally the Center opened to bridge the digital divide in computer services, but has become a hub for health and social service referrals.

Computer Classes, Healthy Kids Cooking Camp, Job Search Assistance, Health Education and Seminars, Weight Loss/ Exercise Program, Reading and Story Telling for Children, Blood Sugar & Pressure Screenings and Case Management Program, Hero Help Me Database.

United Way of the Coastal Empire

http://www.referweb.net/uwce

The mission of United Way of the Coastal Empire (UWCE) is to improve lives by mobilizing the caring power of communities. Through partnerships, long-term planning and wise investment of donor contributions, United Way supports community programs and services within four impact areas.

Four Impact Areas

- Education & Youth Development
- Economic Independence
- Health & Wellness
- Basic Human Needs