



*St. Joseph's Hospital, Inc. and
Candler Hospital, Inc.*

**2016 Joint Community Health Needs
Assessment**



St. Joseph's/Candler
2016 Community Health Needs Assessment

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A complete listing of the CHNA partners, members and other organizations who address the health and social wellbeing of the Chatham County community can be found in **Appendix 2** of this report.

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EXECUTIVE SUMMARY

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

Community Profile At-A-Glance

Chatham County is located on the southeast coast of the United States. The total estimated population in 2016 is 289,535 people. There are an estimated 113,232 households and 71,309 families in Chatham County.

Females make up the majority of the population at 51.6% of the total population. Caucasians make up the highest percentage of the total population at 52.30%, followed by African Americans at 39.43% and Hispanics at 6.42%.

The median household income in Chatham County is \$48,238. The highest number of people living in poverty reside in zip code 31401.

Chatham County's unemployment rate is 10.57% compared to Georgia's unemployment rate at 10.68%.

Birth and Deaths

During 2014, there were 3,988 births in Chatham County. The majority of births were babies born to African American mothers (42.5%) and Caucasian mothers (40%). There were 2,379 deaths in 2014. The leading cause of death was heart disease. This is also the leading cause of death in Georgia.

Chronic Diseases

Heart disease and a variety of cancer and respiratory diseases constitute the majority of chronic diseases found in the Chatham County community.

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, housing as well as other living and working conditions. Survey participants in the CGIC Armstrong State University survey identify unemployment, student/parent/community engagement in education, violent crime rates and legal support services as the social issues which may affect their overall health.

Community Leader and Stakeholder Findings

A variety of feedback was received from Community leaders and stakeholders in the Chatham County Community. In particular, the Chatham County Health Department, CGIC and the CCSNPC were asked to help St. Joseph's/Candler and Memorial Health identify the most important needs identified through primary and secondary data collection.

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Conclusion

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

Community Health Needs
Individuals with <i>(in need of)</i> Health Insurance
Access to Mental Health Services
Affordable Adult Oral Health With Restorative Care
Medication Assistance
Directory of Health and Social Service Resources
<i>(Access to)</i> Chronic Disease/Specialty Care Services (Cancer, GI, Rheumatology, Endocrinology, etc.)
Access to Physicians Accepting Self-Pay Patients
Opioid Abuse <i>(Recovery Services)</i>
AIDS Prevalence Rate <i>(Prevention & Education Services)</i>
STD Incident Rates <i>(Gonorrhea, Chlamydia and Syphilis Prevention & Education Services)</i>
Access to Exercise Opportunities

Social Determinants of Health
Economy
Unemployment <i>(Workforce Development)</i>
Severe Housing Problems
People Living Below Poverty Level
Chatham County Income Per Capita
Education
Engaging Students, Parents and the Community in Student Education
Reading on Grade Level
Student-To-Teacher Ratio
School Discipline
Quality of Life Needs
Violent Crime Rate
Workers Commuting by Public Transportation
Miles of Safe, Pedestrian-Friendly Transportation
Recidivism Rate for Juvenile and Adult Offenders
Other Patient Identified Needs
Legal Support
End of Life Planning

Increased efforts on addressing these needs should be focused on the at risk and vulnerable populations of Chatham County living in zip codes **31401, 31404 and 31415.**

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INTRODUCTION

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 region's only faith based 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, and is noted as one of the country's Top 100 Integrated Healthcare Systems by *Modern Healthcare Magazine*. In January 2013, The American Hospital Association awarded St. Joseph's/Candler the prestigious Foster G. McGaw prize for its innovative programs to improve the health and well being of everyone in their community.

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-literally and figuratively-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

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- **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 ASSESSING HEALTH AND SOCIAL NEEDS AT SJ/C

St. Joseph's/Candler has a rich history of service to the community, building activities that address the health and social service needs for all its members. For example, sixteen (16) 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. Sixteen (16) years later St. Mary's continues to be an anchor of the community responding to the residents' ever changing needs.

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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 include 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 into 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., Candler Hospital Inc., and Memorial Health, 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 (January 2015)⁴ is listed below:

- Description of the community served by the hospital and a description of how the community was determined.
- Description of the process and methods used to conduct the assessment
 - The data and other information used in the assessment
 - Methods of collecting and analyzing this data and information

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 <https://www.chausa.org/docs/default-source/community-benefit/summary-of-chna-requirements.pdf?sfvrsn=2>

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- Any parties with whom the hospital collaborated or contracted for assistance
 - In the case of data obtained from external source material, the CHNA report may cite the source material rather than describe the method of collecting the data.
- Description of how the hospital solicited and took into account input from persons who represent the broad interests of the community.
 - The CHNA report should summarize the input of these persons and how and over what time period such input was provided (for example, meetings, focus groups, interviews, surveys or written comments and between what approximate dates)
 - Provide the names of organizations providing input and summarize the nature and extent of the organization's input.
 - The medically underserved, low-income, or minority populations being represented by organizations or individuals providing input.
 - The organization does not need to name persons participating in forums or other groups.
 - In the event a hospital solicits but cannot obtain input from a source described above, the CHNA report must describe the hospital's efforts to solicit input from such sources.
- A prioritized description of the significant community health needs identified through the community health needs assessment, including a description of the process and criteria used in identifying significant needs and prioritizing such health needs.
- A description of the potential measures and resources identified through the CHNA to address the significant health needs.
- An evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA(s).

COLLABORATING PARTNER - MEMORIAL HEALTH

Working with community partners to identify and address complex community health needs enhances population health and provides better coordination of limited community resources. Our collaborating partner for the Community Health Needs Assessment is Memorial Health.

Memorial Health is an award-winning, two-state healthcare organization serving a 35-county area in southeast Georgia and southern South Carolina. The flagship hospital, Memorial University Medical Center, is a nonprofit, 604-bed safety net, tertiary care facility that serves as a regional referral center for cardiac care, cancer care, trauma, pediatrics, high-risk obstetrics, and neonatology. Memorial is home to the region's Level 1 trauma center, children's hospital, the Savannah campus of Mercer University School of Medicine, and a major graduate medical education program that provides physician residency training in diagnostic radiology, family medicine, internal medicine, obstetrics and gynecology, pediatrics, and surgery. With nearly 5,000 Team Members, the healthcare system is a large employer in the region. Memorial Health takes pride in

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partnering with others to develop forward-thinking and proactive approaches to improve the health of the community.

2013 CHNA REPORT

Written Comments and Feedback

After the 2013 CHNA was completed, written comments were received from Georgia Watch, a non-profit consumer advocacy organization in Atlanta, GA as part of a report titled, "Nonprofit Hospital Community Health Needs Assessment in Georgia." Written comments and findings specific to St. Joseph's/Candler and Memorial Health included:

- St. Joseph's/Candler and Memorial Health were as a best practice in Appendix D of their report for collaboratively completing the 2013 CHNA together, despite being competitors.

ACTION: SJ/C and MH partnered again in 2016 to complete a second formal CHNA.

- SJ/C and MH did not articulate how the hospitals defined its community (Chatham County) for the purposes of completing the CHNA.

ACTION: SJ/C and MH have clarified why the hospitals have again defined Chatham County as the "community" for the purposes of completing the CHNA.

Evaluation of Impact

During fiscal years 2014 – 2016, 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 2013 CHNA. These efforts are reported annually in the "Implementation Plan Progress Report" published on the SJ/C website at <http://www.sjchs.org/in-the-community/in-the-community>. A summary of the impact for fiscal years 2014 – 2015 is below. The reporting format was adopted from the Catholic Health Association's "Guide to Reporting Community Impact."⁵ Impact indicators were adapted from Healthy People 2020 Tracker⁶.



NOTE: Annual data for fiscal year 2016 is not available until after June 30th, the same date as this new CHNA is due. As a result of the timing of data collection and reporting, this summary report will be updated and published on the www.sjchs.org as supplemental material for review and an addendum to this report will be made to ensure all three years of impact are included.

⁵ https://www.chausa.org/docs/default-source/community-benefit/2015-evaluatingcommunitybenefit-impact_web.pdf?sfvrsn=2


⁶ <https://www.healthypeople.gov/>

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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 2013 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 <http://www.sichs.org/in-the-community/in-the-community> to review the specific work being done for each indicator listed below.

Identified Health Need	Community Benefit Actions	Impact
Increase access to health insurance for adults and children	<p>Goal 1: Facilitate enrollment in Health Exchange through counseling services and on-line assistance at four SJ/C outreach sites.</p> <ul style="list-style-type: none"> ➤ 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. <p>Goal 2: Provide a primary medical home for ineligible patients or for those who miss the enrollment periods, provide a primary medical home</p> <ul style="list-style-type: none"> ➤ 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 	


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Identified Health Need	Community Benefit Actions	Impact
Adults with Diabetes	<p>Goal: Operate comprehensive culturally and linguistically appropriate diabetic management programs</p> <ul style="list-style-type: none"> ➤ 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 <ul style="list-style-type: none"> ○ Provide at least one culturally and linguistically appropriate group education annually 	
Death Rate Due to Prostate Cancer	<p>Goal 1: Support evidence-based prostate cancer screening and early detection at the Good Samaritan Clinic, St. Mary's Health Center, the one SOURCE clinic, and one MGM clinic.</p> <p>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.</p> <ul style="list-style-type: none"> ➤ 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	<p>Goal 1: Support evidence-based colon & rectal cancer screening and early detection at the Good Samaritan Clinic, St. Mary's Health Center, the one SOURCE clinic, and one MGM clinic.</p> <p>Goal 2: Continue to provide colon & rectal cancer care including navigation services, social services support,</p>	

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Identified Health Need	Community Benefit Actions	Impact
	<p>palliative care, and survivorship support at SJ/C Lewis Cancer & Research Pavilion to underserved populations.</p> <ul style="list-style-type: none"> ➤ 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	<p>Goal 1: Support evidence-based breast cancer screening and early detection at the Good Samaritan Clinic, St. Mary's Health Center, the one SOURCE clinic, and one MGM clinic.</p> <p>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.</p> <ul style="list-style-type: none"> ➤ 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. 	
Lung and Bronchus Incidence Rate	<p>Goal 1: Support evidence-based lung & bronchus cancer screening, early detection, and smoking cessation at the Good Samaritan Clinic, St. Mary's Health Center, the one SOURCE clinic, and one MGM clinic.</p> <p>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.</p> <p>Goal 3: SJ/C supports early detection of lung cancer with low contrast CT scan of the lungs to at-risk</p>	

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Identified Health Need	Community Benefit Actions	Impact
	<p>individuals for low cost.</p> <p>Goal 4: SJ/C supports smoking cessation in the community.</p> <ul style="list-style-type: none"> ➤ 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. 	
<p>Access to Affordable Medications</p>	<p>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</p> <ul style="list-style-type: none"> ➤ 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 <p>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</p> <ul style="list-style-type: none"> ➤ Provide in-kind office space including utilities, maintenance and repairs ➤ Provide in-kind office supplies ➤ Support MedBank's annual fundraiser ➤ Provide support to MedBank by providing SJ/C staff on the organization's Board of Directors 	

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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 and Memorial Health.

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 2016 population estimate for the county is 289,535, up from 279,103 reported in the 2013 CHNA.

This focus on Chatham County is in alignment with the focus of the Coastal Georgia Indicators Coalition (CGIC) which includes plans to expand to additional counties within the Coastal Health District. The data in the CGIC has recently been expanded to include Bryan, Effingham, and Liberty counties. In addition, efforts have begun to develop a local coalition in those counties to assess needs and develop a community plan. As members of the CGIC, both health systems have been involved in this process.

PRIORITY POPULATIONS – MEDICALLY UNDERSERVED

St. Joseph's/Candler has outreach programs that are inclusive of the broader community, such as the CareCall Center, a physician referral and health information hotline; at the same time, SJ/C 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, described by the World Health Organization (WHO) are, *"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*

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avoidable differences in health status seen within and between countries.⁷ 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.



Source: Global Oral Health Inequalities

METHODOLOGY

St. Joseph's/Candler and Memorial Health partnered with the CGIC, CCSPNC, SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Care Centers to obtain primary and secondary data. CGIC and the CCSPNC assisted the hospitals with prioritizing the health and social needs of the Chatham County community while SJ/C's Good Samaritan Clinic and J.C. Lewis Primary Health Care Center helped the hospitals obtain additional information on the Hispanic and homeless populations. The extent of their assistance is outlined below.

- CGIC
 - Managed Armstrong University's development, administration and analysis of the public opinion survey
 - Managed neighborhood forums, meetings, etc. to collect additional feedback on health and social needs in the Chatham. *Note: Needs in Effingham and Bryan County communities were collected and prioritized in focus group meetings, but were excluded from inclusion in the Chatham County report*
 - Managed the prioritization of needs from those primary data collection methods and developed list of prioritized needs in the areas of health, education, economy and quality of life for the hospitals
- CCSPNC
 - Reviewed and refined the list of significant health need priorities for the hospitals using their special knowledge and skills as leaders in the

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

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areas of public health, mental health, medically underserved population health and broader health (hospitals) in the Chatham County community

- SJ/C's Good Samaritan Clinic
 - Distributed and collected health and social service surveys to patients of the medically underserved Hispanic community including both resident and non-resident populations
- J.C. Lewis Primary Health Care Center
 - Advertised health forum and recruited patients to participate in a medically underserved health specific focus group with patients representing the uninsured, underinsured and homeless population in Chatham County

PRIMARY DATA SOURCING

Armstrong State University was contracted by the CGIC to distribute approximately 26,000 random public opinion surveys, equating to one (1) in four (4) Chatham County households. The goal was a 15% return rate through the utilization of incentives for completion. The information from the survey was intended to supplement the feedback collected through neighborhood forums, focus group meetings, community-wide meetings, and emergency department patients living at or below the federal poverty guidelines. A copy of ASU's community survey can be found in **Appendix 4** of this report.

Community Survey

As stated previously, the CGIC contracted with the Public Service Center at Armstrong State University to distribute a public opinion survey to approximately 30,000 households in Chatham County. The objectives of the survey included assessing citizens' satisfaction with various aspects of their neighborhoods and seeking input regarding community challenges. The executive summary and information regarding the methodology is included in this report. To view the full report, please click on the link. [http://www.coastalgaindicators.org/content/sites/uwce/planning_documents/Public Opinion Survey Report 10-2015-2.compressed.pdf](http://www.coastalgaindicators.org/content/sites/uwce/planning_documents/Public%20Opinion%20Survey%20Report%2010-2015-2.compressed.pdf)

Community Engagement

In order to communicate with the public and all those involved in the assessment and planning process to date, the CGIC developed a Communication and Outreach Committee. Working with a public relations consultant, the committee implemented the following strategies to increase community engagement and establish an ongoing communication process.

- Web Site: The CGIC website www.coastalgaindicators.org links to sponsor web pages, houses a calendar of events, and posts meeting minutes, reports and publications.
- Monthly Electronic Newsletters: Email addresses were collected at every public meeting and event. A monthly electronic newsletter is sent to all in the database to maintain open and continuous communication, list opportunities for involvement, and provide update on progress towards the goals.

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Open Community Meetings

The Chatham County Blue print process included a wide array of public meetings focused on listening to the voice of the community.

- **Neighborhood Forums** Over 400 community members participated in a total of fourteen neighborhood forums. At least 1 forum was held in each of the 8 County districts. **Appendix 4**
- **Community meetings** were held in Effingham and Bryan Counties.
- **Focus groups** by specific topic areas were held for input from stakeholders. Topic areas included: Economic Independence, Education, Health, Housing, Safety, and Transportation. **Appendix 5**
- **Vulnerable Population Focus Groups** were held with the Hispanic and African-American populations. **Appendix 6**
- **Community-Wide Meetings:** Members of the public, participants from previous forums and focus groups, community organizations and business leaders were encouraged to attend three community-wide planning meetings. The results from each meeting were posted on the CGIC website for community transparency and comments. **Appendix 7**
 - Meeting 1: The purpose of the first meeting was to: 1) provide the results of the work performed to date and the community survey; 2) reach consensus on the vision and goals for the future; and 3) orient the public on the process and the project road map.
 - Meeting 2: The purpose of the second meeting was to: 1) develop objectives and strategies to achieve the previously identified goals and objectives and 2) establish priority metrics for ongoing measurement using the community indicator data.
 - Meeting 3: The purpose of the third and final meeting was to: 1) attach specific actions to each strategy and 2) identify potential community partners for execution of action items.

Additional Vulnerable Population Data

In order to ensure the voice of vulnerable populations was well represented in the Community Health Needs Assessment, health questionnaires were randomly distributed and completed by Hispanic patients at St. Joseph's/Candler's Good Samaritan Clinic. One additional health focus group was held at J.C. Lewis Primary Health Care Center, a federally qualified health center which serves a large number of homeless patients.

Additional vulnerable population data was also collected from uninsured and underinsured Emergency Department (ED) patients utilizing the ED for primary care needs through a face-to-face meeting with a Health Coach or Clinical Resource Specialist from St. Joseph's/Candler or Memorial Health. This data included the identified needs, barriers to meeting the need and the community resource utilized for

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assistance with the identified need.

Community Partnerships

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 to better assess the position and progress of the quality of life and to better engage citizens and other key stakeholders in the development and use of community indicators and performance measures by governmental and non-profit organizations.

The City of Savannah, Chatham County and United Way of the Coastal Empire (UWCE) partnered in 2008 to evaluate and address community needs and after interest from St. Joseph's/Candler and Memorial Health in 2012, the group expanded and became known as the Community Indicators Coalition. With a desire to expand to the Coastal region, the name was changed to the Coastal Georgia Indicators Coalition (GCIC). The CGIC website currently provides indicator data for Chatham, Bryan, Effingham and Liberty counties.

Chatham County is unique in that it has several collaborative groups that work together to assess and address community health and social service needs. These key collaborative groups are members of the CGIC and include:

- Chatham County Safety Net Planning Council
- Step Up! Savannah's Anti-Poverty Coalition
- Healthy Savannah
- Youth Futures Authority

These collaborative groups along with the city and county governments and many other organizations are members of the Coastal Georgia Indicators Coalition and participated in the development of the Chatham County Community Blue print, a public process to identify and address complex community health and social service needs. St. Joseph's/Candler and Memorial Health are members of the CGIC and have a representative on the Executive Committee. A list of CGIC members' organizations can be found in **Appendix 2** of this report or on the CGIC website www.coastalgaaindicators.org.

The purpose of the CGIC 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.

From 2013 – 2014, the CGIC hosted sixteen (16) neighborhood forums with over 100 locally trained volunteers known as community facilitators. A Community Summit was held on March 1, 2014 to share the data gathered during recent neighborhood forums, discuss concerns shared by local citizens and engage individuals in developing a shared agenda to improve community well-being. The four priority areas were identified during the community summit.

- Economy
- Health

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- Education
- Quality of Life

These identified areas became the focus of the Chatham County Blue print.

SECONDARY DATA SOURCING

In 2012, St. Joseph's/Candler, Memorial Health and 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 Healthy Communities Institute (HCI) 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 2020, 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 HCI Community Indicators data.

About Healthy Communities Institute

Healthy Communities Institute developed a Community Health Needs Assessment web-based information system which compiles county, state, and federal data on a variety of health and social indicators in one user friendly platform. Through St. Joseph's/Candler's and Memorial Health's partnership with the Coastal Georgia Indicators Coalition, the secondary data from that site was used in the creation of this report. The platform is open to the public and can be found at www.coastalgaindicators.org.

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 2020 target values. Healthy People 2020 values are established by the U.S. Department of Health and Human Services. For more information on Healthy People 2020, please direct your browser to www.healthypeople.gov.

A screenshot of Healthy Communities Institute's Chatham County dashboard is shown on the next page.


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Indicator Gauges

Easy to read visual aids are colored green, yellow and red. An explanation of how to read the gauge is provided by Healthy Communities Institute:



The colored gauge gives a visual representation of how your community is doing in comparison to other communities. The three-colored dial represents the distribution of values from the reporting regions (e.g. counties in the state) ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50th percentile, the yellow represents the 25th to 50th percentile, and the red represents the "worst" quartile.

Indicators

Each indicator in the data base can be explored in detail by simply clicking on the indicators link from the dash board. For example, the Access to Health Insurance indicator appears below. Each indicator is described in detail including comparison scores, percentile rankings, time period, data sourcing, Healthy People 2020 comparisons (when applicable) and why the indicator is important. Each indicator

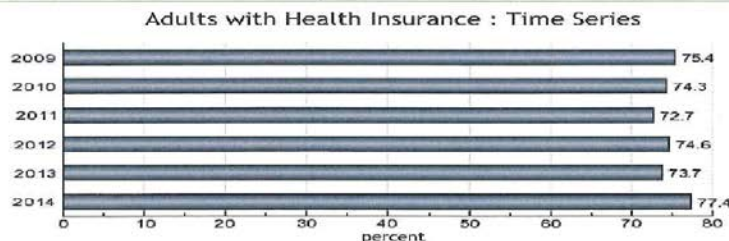
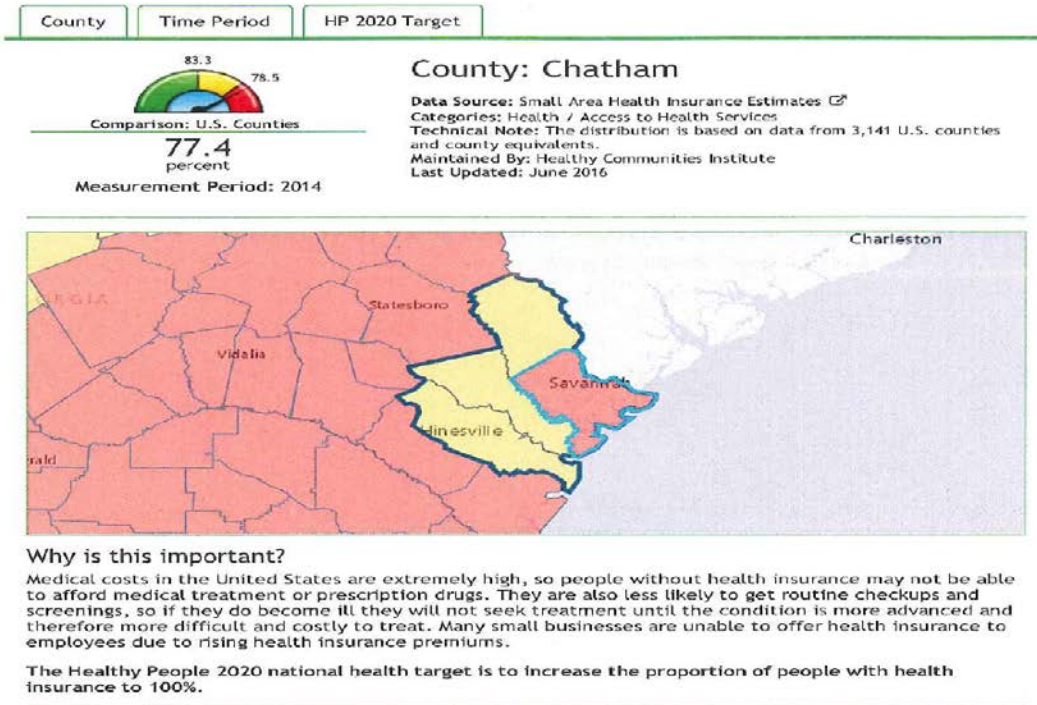
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includes a variety of links to related indicators, best practices, reports including national, state and local information related to the indicator, plans, resources and other information. This comprehensive platform allows anyone accessing the site to evaluate each indicator in depth.

Adults with Health Insurance

This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage.



Healthy Communities Institute's SocioNeeds Index

HCI created the SocioNeeds Index to measure socioeconomic needs that are correlated to poor health outcomes. The image below shows the needs prioritized from 1-5 in Chatham County, by zip code, with 5 being the areas where poor socioeconomic conditions are influencing health outcomes. The greatest needs are in zip codes 31415, 31401, 31404 and 31419 representing the City of Savannah's west side, downtown and east sides and Port Wentworth, GA on Chatham County's west side.

For additional information on the SocioNeeds Index, direct your web browser to:

<http://www.coastalgaindicator.org/modules.php?op=modload&name=NS-Indicator&file=socioneeds>

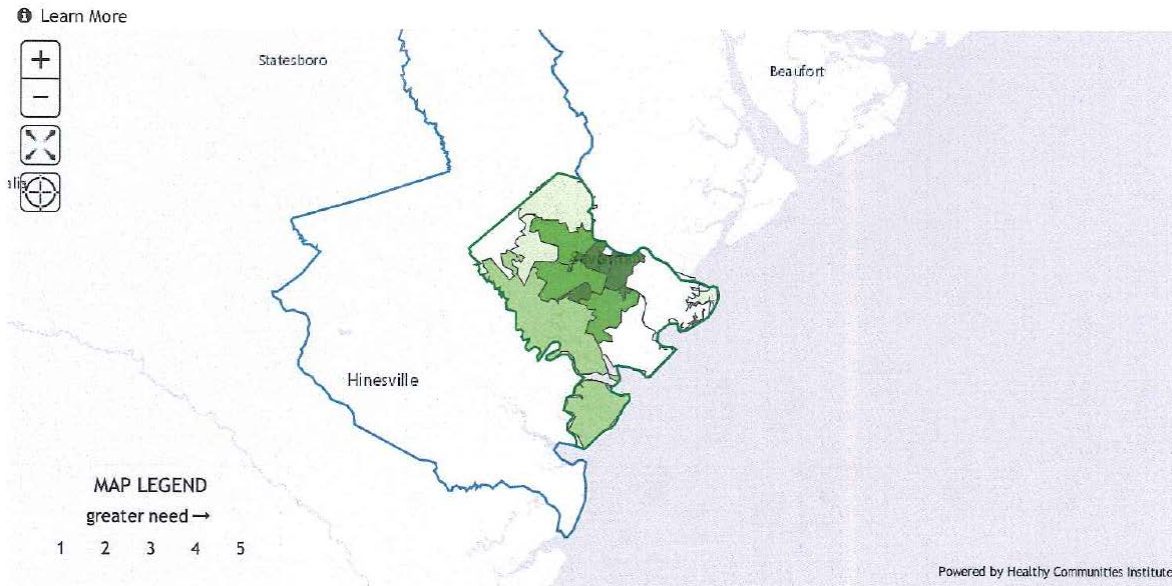
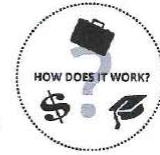
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SocioNeeds Index

The 2016 SocioNeeds Index, created by Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes.

All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To help you find the areas of highest need in your community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.



County: Chatham Index Data: Zip Code [CSV](#)

Rank				
31415	97.9	5	13,154	Chatham
31401	94.3	5	22,452	Chatham
31404	90.6	5	30,020	Chatham
31409	86.6	5	730	Chatham
31408	78.0	4	11,623	Chatham
31406	71.8	4	37,254	Chatham
31405	70.3	4	38,253	Chatham
31419	52.4	3	53,964	Chatham
31322	25.8	2	31,235	Chatham
31328	22.8	2	3,227	Chatham
31407	21.7	2	8,814	Chatham
31410	9.2	1	25,731	Chatham
31411	1.0	1	9,380	Chatham

The SocioNeeds Index is calculated by Healthy Communities Institute using data from the Nielsen Company, 2016.

CHNA FEATURES

Where possible and when applicable, a variety of visual aids including charts, graphs, maps and other tools, such as the Healthy Communities Institute indicator gauges were used to provide a visual aid for the reader. In some areas of this report, the “WHY?” icon is used to draw the reader’s attention to why a particular indicator is important. In most cases, the description of the indicator’s significance has been taken directly from indicator site in the Healthy Communities Institute database and is directly referenced. When a description of the importance is not available through HCI, no reference is cited.

WHY?

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Whenever possible, links to primary, secondary and other data and resources have been embedded in this report. The hyperlink to those sources will be identified with text which has a blue underline. The reader may use their mouse to hover over the text and then either press the “cntrl” and left click with the mouse or simply left click with the mouse (depending on your operating system) to access the source data mentioned in the report.

CHATHAM COUNTY DEMOGRAPHICS

Demographics by People, Housing and Zip Code

The U.S. Census Bureau's American Community Survey 2016 population estimate for Chatham County is 289,535 people, 113,232 households, 129,822 housing units and 71,309 families. Each category shows significant growth between years 2010 and year 2016. The most populous location is in zip code 31419 (51,630 people) located on Savannah's south side.

Table 1 - People and Housing

Category	Chatham	Percentage of Growth Between 2010 – 2016
2016 Population	289,535	9.21%
2016 Households	113,232	9.89%
2016 Housing Units	129,822	8.80%
2016 Families	71,309	10.36%

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

Table 2 - Population by Zip Code


<u>Zip Code</u>	Population
Chatham	289,535
31419	53,964
31405	38,253
31406	37,254
31322	31,235
31404	30,020
31410	25,731
31401	22,452
31415	13,154
31408	11,623
31411	9,380
31407	8,814
31328	3,227
31409	730
31421	17

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

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Housing and Households – Severe Housing Problems

 <p>13.9% - 50th Percentile</p> <p>16.8% - 25th Percentile</p> <p>19.4% - In Chatham County</p> <p>Measurement Period: 2008-2012</p>	<p>County: Chatham</p> <p>View Every County</p> <p>Data Source: County Health Rankings</p> <p>Categories: Economy / Housing Affordability & Supply, Environment / Built Environment, Health / Prevention & Safety</p> <p>Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents.</p> <p>Maintained By: Healthy Communities Institute</p> <p>Last Updated: April 2016</p>
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The U.S. Census Bureau reports that there are 113,232 households in Chatham County. Healthy Communities Institute Disparity Dashboard report identifies “Severe Housing Problems” as a significant problem in Chatham.

This indicator measures the percentage of households with at least one problem in four areas including overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities. According to County Health Rankings, 19.4% of households have at least one of these problems compared to 18% in other GA counties and 14% median in all U.S. counties. The Chatham County Blue print identified this indicator as a significant concern among residents who participated in neighborhood forums, focus groups, and community-wide meetings. *NOTE: Zip code data for Chatham County was not available through Health Communities Institute for this indicator.*


WHY?

Healthy Communities Institute notes, “Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease.

Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards.

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Housing – Renters Who Spend More Than 30% More of Household Income on Rent

 <p>47.8 – 50th Percentile</p> <p>52.9 – 25th Percentile</p> <p>Comparison: U.S. Counties</p> <p>55.9 – In Chatham County</p> <p>Measurement Period: 2010-2014</p>	<p>County: Chatham</p> <p>View Every County</p> <p>Data Source: American Community Survey Categories: Economy / Housing Affordability & Supply Technical Note: The distribution is based on data from 3,141 U.S. counties and county equivalents. Maintained By: Healthy Communities Institute Last Updated: January 2016</p>
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Another problem in Chatham County is that 55.9% of renters spend more than 30% of their household income on rent.

WHY? Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

This indicator was identified as significant problem in the CGIC Armstrong State University Survey. The survey notes, “78% of residents reporting annual household incomes less than \$50,000 spend more than 33% of their budgets on housing compared to 54% of those earning \$50,000 and over. Thus, housing cost burdens are disproportionately felt by low income residents.” The report also notes, “African Americans report being in still more financial stress because of housing costs: 85% spend more than one-third of their budget on housing compared to 54% of Caucasians⁸.

Demographics by Age and Gender

Females make up the largest population at 51.6% of the total population compared to males who make up 48.4%. The most populous age group for both genders identified in Table 3 is persons aged 25-34 (15.62%).

Table 3 - Age and Gender

⁸ Savannah – Chatham Community Assessment, pgs. 54-55

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Category	Both Genders	Male	Female
0 - 4	19,706 (6.81%)	10,062 (7.18%)	9,644 (6.45%)
5 - 9	18,872 (6.52%)	9,656 (6.89%)	9,216 (6.17%)
10 - 14	17,244 (5.96%)	8,799 (6.28%)	8,445 (5.65%)
15 - 17	10,223 (3.53%)	5,194 (3.71%)	5,029 (3.36%)
18 - 20	14,077 (4.86%)	6,875 (4.91%)	7,202 (4.82%)
21 - 24	17,789 (6.14%)	9,059 (6.47%)	8,730 (5.84%)
25 - 34	47,000 (16.23%)	23,490 (16.77%)	23,510 (15.73%)
35 - 44	36,068 (12.46%)	17,698 (12.64%)	18,370 (12.29%)
45 - 54	33,884 (11.70%)	16,277 (11.62%)	17,607 (11.78%)
55 - 64	33,742 (11.65%)	15,501 (11.07%)	18,241 (12.20%)
65 - 74	24,126 (8.33%)	10,854 (7.75%)	13,272 (8.88%)
75 - 84	11,813 (4.08%)	5,000 (3.57%)	6,813 (4.56%)
85+	4,991 (1.72%)	1,600 (1.14%)	3,391 (2.27%)

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

Demographics by Race

Caucasians make up the majority of residents in Chatham County (52.30%) followed by African American (39.43%) and Hispanics (6.42%). Table 4 identifies Caucasians are most populous in zip code 31419 on Savannah's south side. African Americans have the highest population in zip code 31404 located on Savannah's east side, followed by Hispanics in zip code 31419.

Table 4 – All Races by Zip Code

Zip Code	White	Black/Af Amer	Hispanic	Am Ind/AK Native	Asian	Native HI/PI	Some Other Race
31322	16,443 (57.32%)	10,115 (35.26%)	2,547 (8.15%)	47 (0.16%)	1,203 (4.19%)	45 (0.16%)	93 (0.32%)
31328	2,981 (93.77%)	107 (3.37%)	48 (1.49%)	12 (0.38%)	38 (1.20%)	0 (0.00%)	1 (0.03%)
31401	11,660 (54.46%)	8,605 (40.19%)	1,042 (4.64%)	44 (0.21%)	606 (2.83%)	12 (0.06%)	32 (0.15%)
31404	7,104 (24.52%)	20,879 (72.07%)	1,048 (3.49%)	75 (0.26%)	339 (1.17%)	7 (0.02%)	38 (0.13%)
31405	16,367 (45.24%)	18,072 (49.95%)	2,076 (5.43%)	81 (0.22%)	866 (2.39%)	40 (0.11%)	60 (0.17%)
31406	18,549 (53.53%)	14,156 (40.85%)	2,604 (6.99%)	73 (0.21%)	1,030 (2.97%)	46 (0.13%)	79 (0.23%)
31407	5,409 (66.89%)	2,062 (25.50%)	728 (8.26%)	9 (0.11%)	347 (4.29%)	14 (0.17%)	19 (0.23%)
31408	4,242 (43.29%)	5,013 (51.16%)	1,824 (15.69%)	25 (0.26%)	275 (2.81%)	20 (0.20%)	14 (0.14%)
31409	405 (64.18%)	166 (26.31%)	99 (13.56%)	4 (0.63%)	12 (1.90%)	7 (1.11%)	2 (0.32%)
31410	22,299 (89.56%)	1,187 (4.77%)	832 (3.23%)	49 (0.20%)	939 (3.77%)	5 (0.02%)	24 (0.10%)
31411	8,901 (96.34%)	94 (1.02%)	141 (1.50%)	9 (0.10%)	182 (1.97%)	5 (0.05%)	13 (0.14%)
31415	918 (7.21%)	11,530 (90.50%)	414 (3.15%)	33 (0.26%)	88 (0.69%)	10 (0.08%)	9 (0.07%)
31419	24,781 (50.60%)	20,314 (41.47%)	4,985 (9.24%)	97 (0.20%)	2,057 (4.20%)	115 (0.23%)	113 (0.23%)

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Zip Code	White	Black/Af Amer	Hispanic	Am Ind/AK Native	Asian	Native HI/PI	Some Other Race
31421	15	0 (0.00%)	2 (11.76%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Chatham Totals	142,990 (52.78%)	112,728 (41.61%)	18,593 (6.42%)	563 (0.21%)	8,044 (2.97%)	326 (0.12%)	514 (0.19%)

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

Households by Income

The median income is \$48,238 up from \$42,679 reported in the 2013 CHNA. The average household income is up, reported at \$70,616 this year compared to \$58,884 in 2013. Actual household income by zip code in Table 5 and 6 identifies zip code 31401 as the poorest zip code in Chatham County with 3,771 (39.32%) households earning less than \$15k annually, which is down from 4,031 (43.42%) reported in 2013. Skidaway Island, located in zip code 31411 had the highest population of earners making more than \$500k annually at 131 (3.74%) down from 4.72% in 2013.

Consistent with the finding of the Chatham County Blue print Report, income by race and ethnicity show a considerable gap in median earnings. The U.S. census bureau reports median household income among Caucasians in 2016 was \$59,402 compared to Hispanics at \$40,943 and African Americans at \$34,930

Table 5 – Annual Earnings

<u>Category</u>	<u>Chatham</u>
< \$15,000	17,652 (15.59%)
\$15,000 - \$24,999	12,627 (11.15%)
\$25,000 - \$34,999	11,278 (9.96%)
\$35,000 - \$49,999	17,063 (15.07%)
\$50,000 - \$74,999	18,967 (16.75%)
\$75,000 - \$99,999	12,418 (10.97%)
\$100,000 - \$124,999	8,086 (7.14%)
\$125,000 - \$149,999	4,903 (4.33%)
\$150,000 - \$199,999	4,445 (3.93%)
\$200,000 - \$249,999	2,019 (1.78%)
\$500,000+	2,560 (2.26%)

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

Table 6 – Annual Earnings by Zip Code

Zip Code	< \$15,000	\$15,000 - \$24,999	\$25,000 - \$34,999	\$35,000 - \$49,999	\$50,000 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$124,999	\$125,000 - \$149,999	\$150,000 - \$199,999	\$200,000 - \$249,999	\$500,000+
31322	644 (5.71%)	918 (8.13%)	863 (7.65%)	1,644 (14.56%)	2,073 (18.36%)	1,970 (17.45%)	1,299 (11.51%)	578 (5.12%)	618 (5.47%)	281 (2.49%)	306 (2.71%)
31328	93 (6.32%)	154 (10.46%)	154 (10.46%)	199 (13.52%)	408 (27.72%)	152 (10.33%)	63 (4.28%)	83 (5.64%)	65 (4.42%)	34 (2.31%)	52 (3.53%)

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Zip Code	< \$15,000	\$15,000 - \$24,999	\$25,000 - \$34,999	\$35,000 - \$49,999	\$50,000 - \$74,999	\$75,000 - \$99,999	\$100,000 - \$124,999	\$125,000 - \$149,999	\$150,000 - \$199,999	\$200,000 - \$249,999	\$500,000+
31401	3,771 (39.32%)	1,243 (12.96%)	844 (8.80%)	1,047 (10.92%)	916 (9.55%)	553 (5.77%)	352 (3.67%)	217 (2.26%)	219 (2.28%)	125 (1.30%)	186 (1.94%)
31404	2,650 (22.38%)	2,153 (18.19%)	1,576 (13.31%)	1,929 (16.29%)	1,818 (15.36%)	751 (6.34%)	438 (3.70%)	251 (2.12%)	160 (1.35%)	50 (0.42%)	46 (0.39%)
31405	2,314 (16.05%)	1,847 (12.81%)	1,598 (11.09%)	2,235 (15.50%)	2,363 (16.39%)	1,421 (9.86%)	873 (6.06%)	627 (4.35%)	423 (2.93%)	212 (1.47%)	326 (2.26%)
31406	2,367 (16.31%)	1,389 (9.57%)	1,468 (10.12%)	2,471 (17.03%)	2,598 (17.90%)	1,461 (10.07%)	988 (6.81%)	624 (4.30%)	547 (3.77%)	256 (1.76%)	258 (1.78%)
31407	150 (4.59%)	214 (6.55%)	290 (8.88%)	442 (13.53%)	552 (16.90%)	576 (17.64%)	415 (12.71%)	213 (6.52%)	164 (5.02%)	88 (2.69%)	119 (3.64%)
31408	735 (17.37%)	592 (13.99%)	630 (14.89%)	706 (16.68%)	585 (13.82%)	435 (10.28%)	232 (5.48%)	97 (2.29%)	96 (2.27%)	38 (0.90%)	46 (1.09%)
31409	25 (16.89%)	12 (8.11%)	19 (12.84%)	41 (27.70%)	25 (16.89%)	15 (10.14%)	8 (5.41%)	2 (1.35%)	1 (0.68%)	0 (0.00%)	0 (0.00%)
31410	767 (7.12%)	817 (7.59%)	759 (7.05%)	1,347 (12.51%)	1,797 (16.69%)	1,713 (15.91%)	1,165 (10.82%)	651 (6.05%)	783 (7.27%)	358 (3.33%)	409 (3.80%)
31411	161 (3.74%)	159 (3.69%)	187 (4.34%)	325 (7.55%)	512 (11.89%)	603 (14.01%)	533 (12.38%)	368 (8.55%)	432 (10.03%)	260 (6.04%)	483 (11.22%)
31415	1,542 (32.43%)	899 (18.91%)	620 (13.04%)	804 (16.91%)	425 (8.94%)	252 (5.30%)	116 (2.44%)	49 (1.03%)	38 (0.80%)	6 (0.13%)	3 (0.06%)
31419	2,313 (10.93%)	2,031 (9.59%)	2,138 (10.10%)	3,638 (17.18%)	4,613 (21.79%)	2,325 (10.98%)	1,482 (7.00%)	1,077 (5.09%)	840 (3.97%)	284 (1.34%)	295 (1.39%)
31421	0 (0.00%)	0 (0.00%)	0 (0.00%)	8	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Chatham Totals	17,652 (15.59%)	12,627 (11.15%)	11,278 (9.96%)	17,063 (15.07%)	18,967 (16.75%)	12,418 (10.97%)	8,086 (7.14%)	4,903 (4.33%)	4,445 (3.93%)	2,019 (1.78%)	2,560 (2.26%)

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

LABOR STATISTICS

In 2016, the U.S. Census Bureau reports that by industry, Health Care and Social Assistance Services employ the most people in Chatham County at 16,449 (13.03%). Accommodations/Foodservices and Retail Trade follow closely behind at 11.59% and 11.25% respectively.

Unemployment

In 2016, the U.S. Census Bureau reports 10.57% of Chatham County residents report being unemployed compared to 8.2% reported in the 2013 CHNA. Chatham County's rate was marginally higher in 2016 at 10.68%. Table 7 illustrates that throughout the county, males are employed less than females at rates of 11.42% compared to 9.70% respectively. The three highest concentrations of unemployment are found in zip codes 31415 (15.41%), 31401 (14.11%) and 31409 (14.07%). These zip codes represent portions of west side and downtown Savannah, GA and Port Wentworth, GA.

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Table 7 – Unemployment by Gender and Zip Code

Zip Code	2013 Percent Civ Labor Force Unemployed	Female Unemployment	Male Unemployment
31322	7.04%	6.98%	7.10%
31328	6.69%	5.52%	7.80%
31401	14.11%	11.74%	16.51%
31404	13.42%	12.25%	14.69%
31405	12.46%	9.92%	14.97%
31406	12.79%	11.13%	14.51%
31407	5.57%	5.84%	5.31%
31408	10.46%	11.98%	9.24%
31409	14.07%	24.19%	5.48%
31410	6.10%	5.65%	6.50%
31411	3.96%	3.34%	4.52%
31415	15.41%	14.57%	16.38%
31419	10.44%	10.15%	10.73%
31421	10.00%	33.33%	0.00%
Chatham	10.57%	9.70%	11.42%

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

POVERTY

The U.S. Census Bureau issues a report each year that sets the poverty thresholds for the current year. In 2016 the thresholds range from a family of one (1) with income of \$11,880 to a family of eight (8) with income of \$40,890 annually. These guidelines are used to determine which public benefit programs and other services families may be eligible for throughout the county, state and nation.

Table 8 – Poverty Guidelines, 2016

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
<i>For families/households with more than 8 persons, add \$4,160 for each additional person.</i>	
Persons in family/household	Poverty guideline
1	\$11,880
2	16,020
3	20,160
4	24,300
5	28,440
6	32,580
7	36,730
8	40,890

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Source: U.S. Department of Health and Human Services, 01-25-2016

Poverty in Chatham County

Chatham County scores between the 25th and 50th quartiles in four of the five most common poverty measures compared to other U.S. counties. Table 11 notes the percentage of the Chatham County population by each poverty measure as reported in 2013 compared to 2016. Despite some improvement, poverty continues to be a problem in Chatham County.

WHY?

Healthy Communities Institute notes, "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."

Females in Chatham County report living below poverty level at 21.2% compared to males at 17.3%. In terms of race, Caucasians report living below poverty at 12.2% compared to African Americans at 31.6% and Hispanics at 31.7%. The highest concentrations of poverty in Chatham County are located in zip codes 31401 (42.8%), 31415 (37.3%) and 31404 (26.6%).

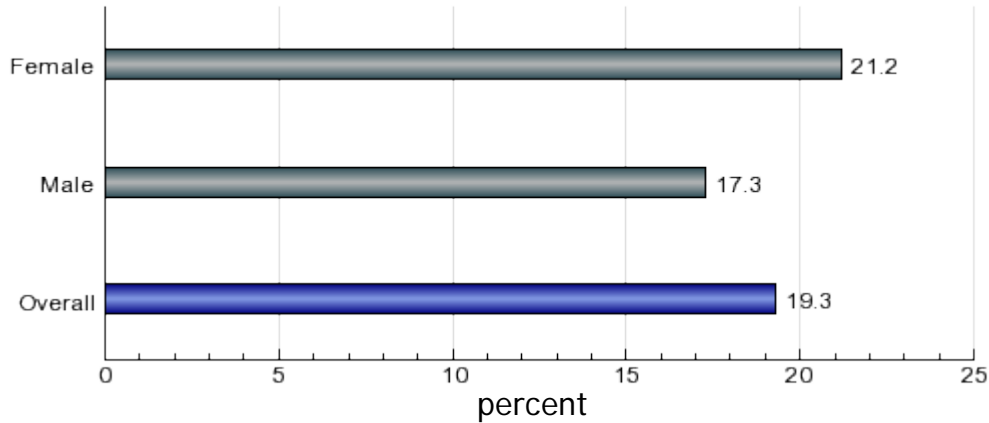
Table 9 – Five Most Common Poverty Measures

Category In Rank of Those at Most Risk	Category	Comparison Group	Value 2013	Value 2016
1	Children Living Below Poverty Level MAP	Comparison: U.S. Counties	26.1%	29.6%
2	People Living Below Poverty Level MAP	Comparison: U.S. Counties	18.1%	19.3%
3	Families Living Below Poverty Level MAP	Comparison: U.S. Counties	12.2%	14.2%
4	People Living 200% Above Poverty Level MAP	Comparison: U.S. Counties	61%	60.1%
5	People 65+ Living Below Poverty Level MAP	Comparison: U.S. Counties	10.1%	8.8%

Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

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People Living Below Poverty Level by Gender



People Living Below Poverty Level by Race/Ethnicity

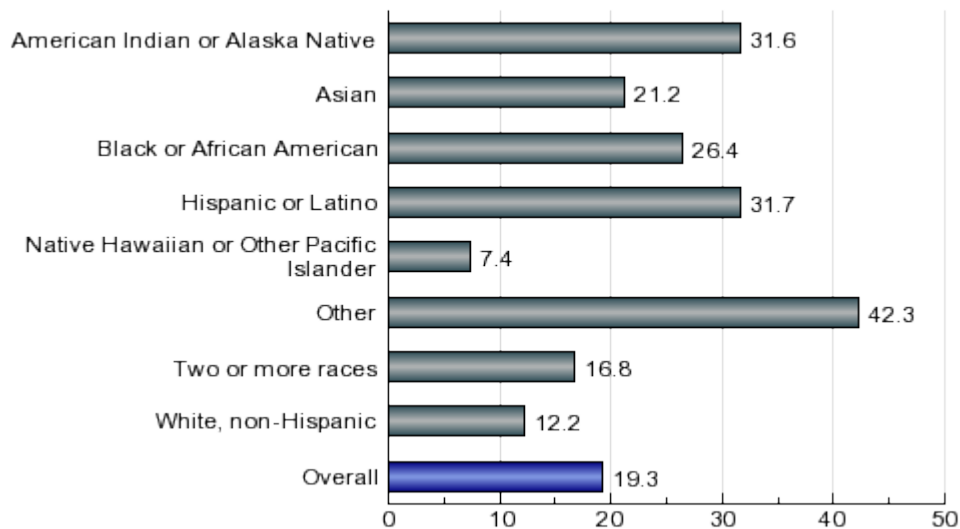


Table 10 – People Living in Poverty by Most At-Risk Zip Codes

Location	Percent
Zip Code : 31401	42.8
Zip Code : 31415	37.3
Zip Code : 31404	26.6

EDUCATION

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In the Chatham County population of people twenty-five (25) and older, 5,993 (3.13%) have less than a 9th grade education and 14,903 (7.78%) have some high school, but have never graduated. Table 12 shows the highest concentration of both these education categories live in zip codes 31401, 31404, 31405 and 31419. Professors David M. Cutler, Harvard University and Adriana Lleras-Muney, Princeton University produced a report on education and health for the National Poverty Center at Michigan University. That report illustrated how important education levels are to overall good health. Key finding of their report include⁹:

- *Better educated people have lower morbidity rates from the most common acute and chronic diseases, independent of basic demographic and labor market factors.*
- *Life expectancy is increasing for everyone in the United States, yet differences in life expectancy have grown over time between those with and without a college education.*
- *Health behaviors alone cannot account for health status differences between those who are less educated and those who have more years of education.*
- *The mechanisms by which education influences health are complex and are likely to include (but are not limited to) interrelationships between demographic and family background indicators, effects of poor health in childhood, greater resources associated with higher levels of education, a learned appreciation for the importance of good health behaviors, and one's social networks.*

Table 11 – Chatham County Education Attainment

Category	Chatham
Less than 9th Grade	5,993 (3.13%)
Some High School, No Diploma	14,903 (7.78%)
High School Grad	48,701 (25.41%)
Some College, No Degree	46,898 (24.47%)
Associate Degree	11,960 (6.24%)
Bachelor Degree	38,830 (20.26%)
Master's Degree	16,978 (8.86%)
Professional School Degree	3,811 (1.99%)
Doctorate Degree	3,550 (1.85%)

Table 12 – Chatham County Education Attainment by Zip Code

Location	Less than 9th Grade	Some High School, No Diploma	High School Grad	Some College, No Degree	Associate Degree	Bachelor Degree	Master's Degree	Professional School Degree	Doctorate Degree
31322	344 (1.68%)	1,078 (5.27%)	4,452 (21.76%)	4,834 (23.62%)	1,428 (6.98%)	4,992 (24.39%)	2,692 (13.15%)	300 (1.47%)	344 (1.68%)

⁹ NPC Policy Brief #9

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Location	Less than 9th Grade	Some High School, No Diploma	High School Grad	Some College, No Degree	Associate Degree	Bachelor Degree	Master's Degree	Professional School Degree	Doctorate Degree
31328	37 (1.35%)	264 (9.67%)	553 (20.25%)	691 (25.30%)	99 (3.63%)	565 (20.69%)	309 (11.31%)	86 (3.15%)	127 (4.65%)
31401	792 (5.90%)	1,369 (10.20%)	3,015 (22.46%)	2,753 (20.51%)	584 (4.35%)	3,018 (22.48%)	1,178 (8.78%)	442 (3.29%)	273 (2.03%)
31404	788 (4.05%)	2,469 (12.70%)	6,896 (35.48%)	4,538 (23.35%)	908 (4.67%)	2,540 (13.07%)	921 (4.74%)	213 (1.10%)	163 (0.84%)
31405	997 (3.96%)	2,025 (8.04%)	6,269 (24.89%)	6,427 (25.52%)	1,517 (6.02%)	4,885 (19.40%)	2,099 (8.34%)	503 (2.00%)	460 (1.83%)
31406	622 (2.57%)	2,091 (8.63%)	6,747 (27.85%)	6,314 (26.06%)	1,275 (5.26%)	4,544 (18.76%)	1,769 (7.30%)	519 (2.14%)	347 (1.43%)
31407	92 (1.54%)	358 (5.98%)	1,439 (24.05%)	1,139 (19.04%)	333 (5.57%)	1,572 (26.27%)	800 (13.37%)	113 (1.89%)	137 (2.29%)
31408	414 (5.33%)	901 (11.59%)	2,604 (33.51%)	1,647 (21.19%)	550 (7.08%)	1,065 (13.70%)	415 (5.34%)	84 (1.08%)	91 (1.17%)
31409	17 (5.92%)	17 (5.92%)	88 (30.66%)	72 (25.09%)	36 (12.54%)	42 (14.63%)	11 (3.83%)	1 (0.35%)	3 (1.05%)
31410	159 (0.85%)	376 (2.01%)	3,404 (18.22%)	4,707 (25.19%)	1,223 (6.55%)	5,668 (30.34%)	2,145 (11.48%)	495 (2.65%)	507 (2.71%)
31411	3 (0.04%)	79 (1.00%)	580 (7.37%)	1,181 (15.00%)	388 (4.93%)	2,820 (35.81%)	1,676 (21.29%)	570 (7.24%)	577 (7.33%)
31415	613 (7.86%)	1,393 (17.86%)	3,189 (40.89%)	1,537 (19.71%)	289 (3.71%)	526 (6.74%)	179 (2.30%)	35 (0.45%)	38 (0.49%)
31419	1,058 (3.00%)	2,205 (6.26%)	8,658 (24.58%)	10,442 (29.64%)	3,179 (9.02%)	6,191 (17.58%)	2,613 (7.42%)	435 (1.23%)	444 (1.26%)
31421	3 (23.08%)	2 (15.38%)	0 (0.00%)	1 (7.69%)	1 (7.69%)	6 (46.15%)	0 (0.00%)	0 (0.00%)	0 (0.00%)
Chatham	5,993 (3.13%)	14,903 (7.78%)	48,701 (25.41%)	46,898 (24.47%)	11,960 (6.24%)	38,830 (20.26%)	16,978 (8.86%)	3,811 (1.99%)	78,499 (1.17%)

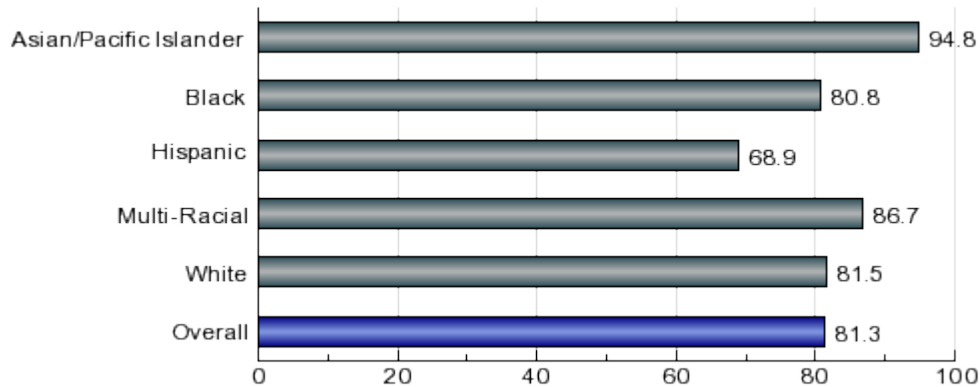
Source: Healthy Communities Institute Database, U.S. Census Bureau – American Community Survey

The graph below indicates the Asian/Pacific Islander population in Chatham County have the highest percentage of high school graduation rates at (94.8%) followed by those people who identify their selves as multiracial (86.7%) and then Caucasians/whites (81.5%). The most at risk population of not graduating in this category is the Hispanic community (68.9%).

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High School Graduation by Race/Ethnicity



Pre-Graduation Indicators for Success

Graduation indicators can be measured by early achievement of student's success in math and reading in the 4th and 8th grades. Table 13 below shows that overall success for Chatham County students lags behind that of other GA counties, especially in math for both the 4th grade and 8th grade proficiency tests.

Table 13 – Proficiency in 4th and 8th Grade Reading and Math

4th Grade Students Proficient in Math 	71.8% 83.1% - 50 th Percentile	
4th Grade Students Proficient in Reading 	91.8% 93.8% - 50 th Percentile	
8th Grade Students Proficient in Math 	79.7% 88.4% - 50 th Percentile	
8th Grade Students Proficient in Reading 	97.5% 98.3% - 50 th Percentile	

Source: Healthy Communities Institute Database, Georgia Governor's Office of Student Achievement

BIRTH AND DEATH FINDINGS IN CHATHAM COUNTY

Using the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), the births and deaths in Chatham County during 2014 are noted below.

Births¹⁰

In 2014, there were 3,988 births compared to 3,928 in 2011 as reported in the last CHNA. The county's birth rate was 44.1%. Birth rates among the three most populous ethnicities include Caucasian (40%), African American (42.5%) and Hispanic (67.3%).

¹⁰ <https://oasis.state.ga.us/oasis/oasis/qryMCH.aspx>

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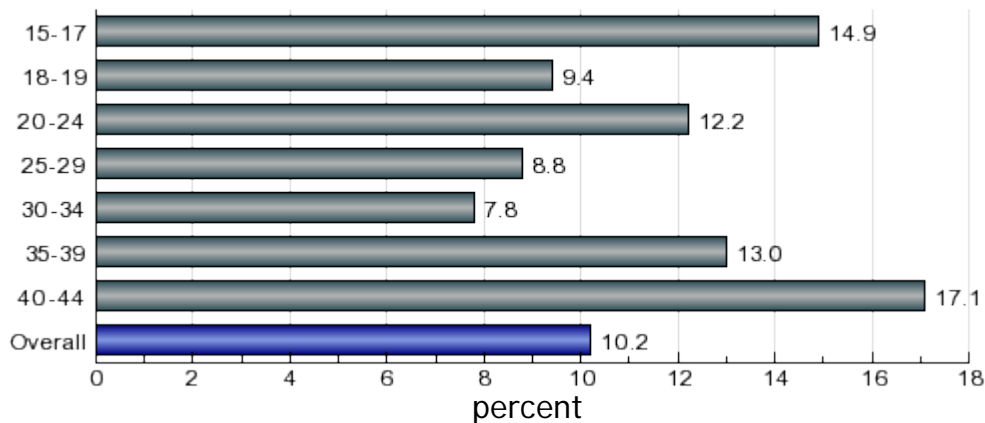
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in Chatham County. Secondary data identified in the Healthy Communities Institute indicator, "Babies with Low Birth Weights" reflect there is a significant community health need.

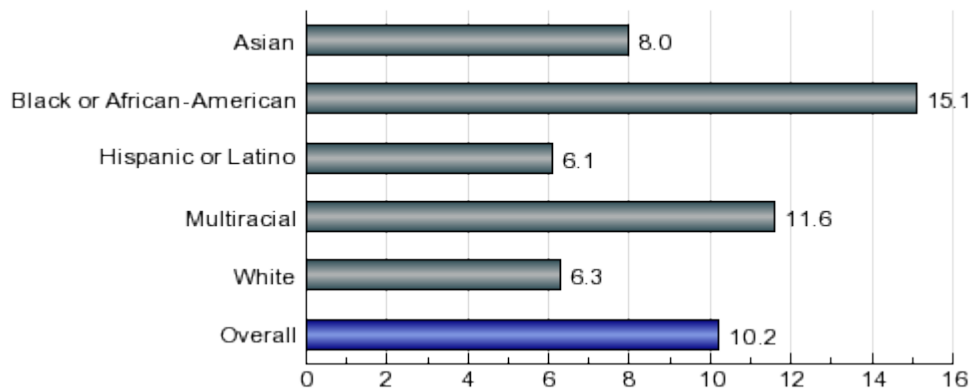
Babies with Low Birth Weights

In Chatham County, the babies at greatest risk were born to mothers aged 40-44 (17.1%). African American mothers have the highest incidence of low birth weights in Chatham County (15.1%). Babies are born preterm in Chatham County to mothers aged 40-44 (20.7%) up from 13.1% reported in the 2013 CHNA. The highest rate of premature births was among African Americans (15.8%). According to Healthy Communities, *"Pre-term babies require more hospital care and may have future health issues."* Preterm births are more likely to be to mothers aged 40-44 (22.1%) and Asian (17.6%) in Chatham County. It should also be noted that there is a significant disparity in infant mortality in African American babies (12.6%) compared to Caucasians (3.8%).

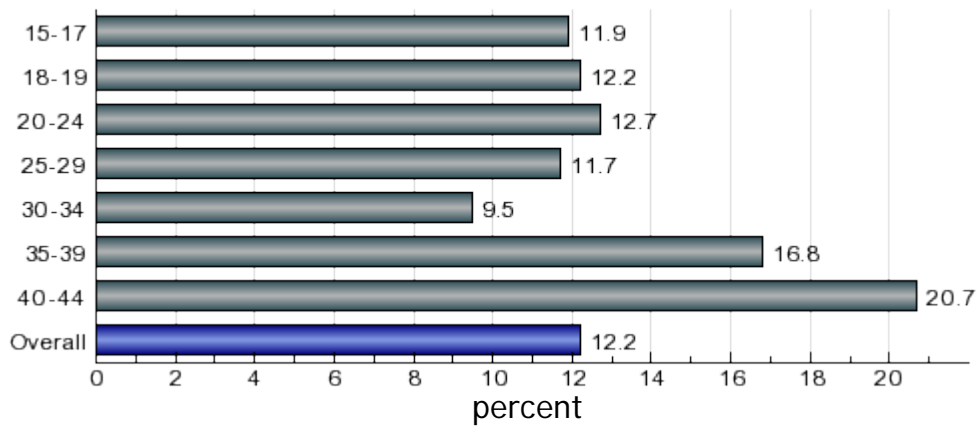
Babies with Low Birth Weight by Maternal Age



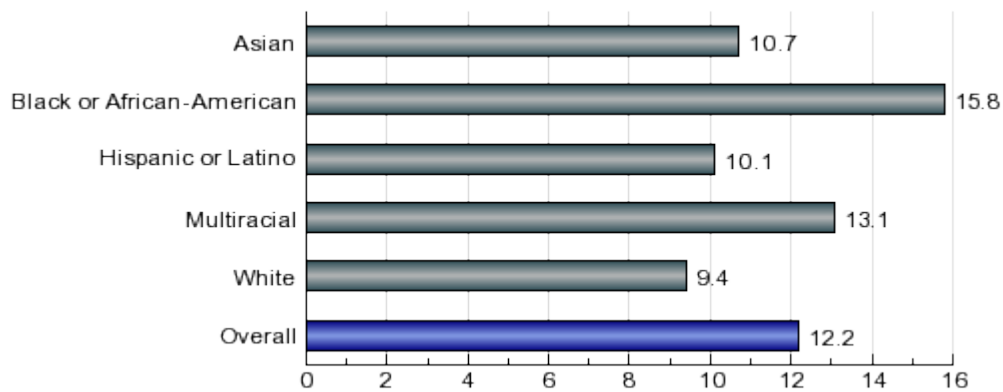
Babies with Low Birth Weight by Maternal Race/Ethnicity



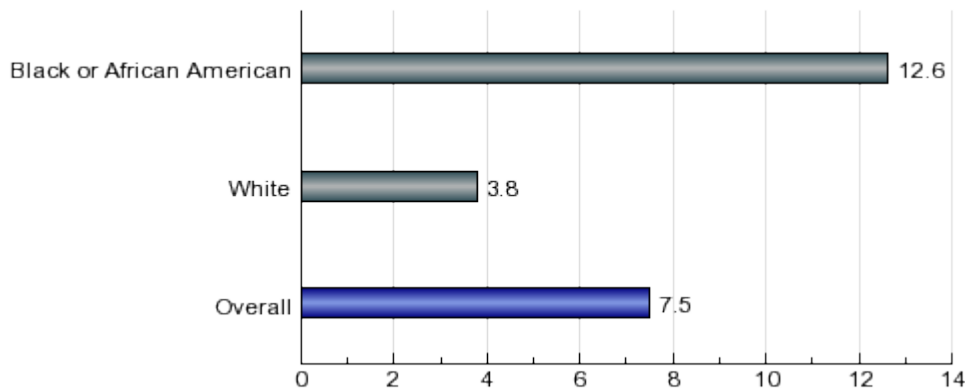
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Preterm Births by Maternal Age



Preterm Births by Maternal Race/Ethnicity



Infant Mortality Rate by Maternal Race/Ethnicity



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WHY?

Healthy Communities Institute describes the importance of this indicator: 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 influenced 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.

Deaths in Chatham County

According to OASIS, there were 2,379 deaths in Chatham County during 2014, up from 2,109 deaths in reported in the last CHNA. Of those deaths, Caucasian deaths were 1,435, African American 934, and Hispanics 24. The five (5) leading causes of death were Heart Disease, Lung Cancer, Chronic Lower Respiratory Disease, Alzheimer's Disease and Suicide.

Chronic Disease

The Center for Disease Control (CDC) reports that, "Chronic diseases – such as heart disease, stroke, cancer, diabetes, and arthritis – are among the most common, costly, and preventable of all health problems in the U.S."¹¹

The report from the CDC underscores the need for chronic disease management and education programs in communities. Preventative care and early detection are essential to good health. The CDC also states that many chronic diseases are preventable by targeting four modifiable health risk factors.

- Lack of physical activity
- Poor nutrition
- Tobacco use
- Excessive alcohol consumption

These health risk factors can lead to suffering and premature death.

WHY?

Access to primary care services for routine health exams and preventative care services were are highly correlated to "Individuals with Health Insurance" indicator in the Healthy Communities Institute database. Individuals without health insurance may not have the financial resources to see a primary care physician in an established medical home. During the CHNA process, medically underserved populations, CCSNPC/Public Health and the broader community identified this indicator as an unmet community need.

¹¹ www.cdc.gov/chronicdisease

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Access to specialty care physicians for chronic disease care was identified as a community need by the medically underserved populations and CCSNPC/Public Health. Access to mental health services was also identified as community needs by both groups including the broader community.

Primary care, specialty care and mental health services are significant community needs in the Chatham County community. Access to these services may have an effect on the five leading causes of death in Chatham.

COMMUNITY HEALTH NEEDS SURVEY RESULTS

Community Survey

As stated previously, the CGIC contracted with the Public Service Center at Armstrong State University to distribute a public opinion survey to approximately 26,000 households in Chatham County. The objectives of the survey included assessing citizens' satisfaction with various aspects of their neighborhoods and seeking input regarding community challenges. The executive summary and information regarding the methodology is included in this report. To view the full report, please click on the link. [http://www.coastalgaindicators.org/content/sites/uwce/planning_documents/Public Opinion Survey Report 10-2015-2.compressed.pdf](http://www.coastalgaindicators.org/content/sites/uwce/planning_documents/Public_Opinion_Survey_Report_10-2015-2.compressed.pdf)

Continued on Next Page

Chatham County Speaks!

The 2015 Community-Wide Survey



Prepared by the
Armstrong State University
Armstrong Public Service Center
August 2015



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Chatham County Speaks! The 2015 Community Wide Survey Results

Executive Summary

The Savannah-Chatham community indicators project unfolded over a period of years. The intent was to develop a database to serve as an informational tool that can be used to monitor progress on matters of importance to the well-being of the community. In 2007, a strategic planning initiative among community leaders led to a general survey of the population in 2008. Through late 2009 and into 2010, a feasibility study for the database was conducted, the project developed, a countywide survey was completed, and the first edition of the Savannah-Chatham Community Indicators report and website were released. The third edition of the database report was released in 2013. At the time, plans called for another countywide survey to be completed in 2014. However, the surveying process was intentionally delayed as plans emerged for the development of countywide community strategic plan. In 2014, the Coastal Georgia Indicators Coalition took on the role of facilitating the plan's development. The survey was substantially expanded and re-designed by the Data Committee of the Coastal Georgia Indicators Coalition and the Armstrong State University Public Service Center. The results of the survey, administered in 2015, are reported on the pages that follow.

In the big picture, Chatham County residents most frequently offered opinions about crime, education, economic opportunity, and local government as topics that mattered the most to them. These topics were at the forefront in the minds of residents in the here-and-now, as well as of importance to the citizenry over the next 10 years. These four big picture issues were repeatedly expressed in open-ended comments made by a majority of the survey respondents, and appear to be the issues about which the populace is desirous of a community-wide discussion about solutions and a path to a better future.

A recurring theme throughout this report is that place, race, and income matter in terms of differences in responses, particularly in the areas of public safety, education, and public transportation. For some measures of satisfaction and access to services and amenities, some Chatham County Commission Districts (place) ranged 20 percentage points above or below the County average. For example, satisfaction with public transportation is above the County average of 42% in Districts 2, 3, 5, and 8, but well below the average in Districts 1, 4, 6, and 7. District 4 is lowest at 23%, while District 5 is highest at 60%. Satisfaction with neighborhood recreational opportunities is highest in District 4 at 82% and lowest in District 5 at 39%. Satisfaction with public safety is below the 59% County average in Districts 1, 2, 3, 5, and above the average in Districts 4, 6, 7, and 8, ranging from 36% in District 2 to 82% in District 4.

Some of the notable results from the survey are highlighted in the overview by topic area below. However, please note that the richness and detail of the survey responses are found throughout the full report and cannot be thoroughly discussed in this brief executive summary.

Neighborhood Access to Goods, Services, and Public Transportation

- Overall, 90% of residents have access to grocery stores with healthy food choices and access varies from 76% of residents in District 8 to 95% in District 6 and 97% in District 4.

- 71% of Chatham County residents are satisfied with food options in neighborhoods. Districts 5 and 8 are less satisfied at 66% and 65% respectively, and satisfaction is highest in District 1 at 85%.

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

- African American residents are significantly less likely to have convenient access to grocery stores with healthy food choices (83% compared to 91% of Caucasian residents) and less likely to be satisfied with food options (63% satisfied compared to 78% satisfied of Caucasian residents).
- 71% of residents say their neighborhoods are conveniently located near recreational facilities and activities, and over 57% of residents are satisfied with recreational opportunities in their neighborhoods.
- Of residents not selecting the "N/A or Don't Know" responses, perceptions of convenient access to CAT bus routes are highest in Districts 2, 3, 5, and 1 (84% to 96%), and lowest in Districts 7, 4, and 8 (39% to 59%). Of residents not selecting "N/A or Don't Know," satisfaction with public transportation in neighborhoods is lowest in Districts 4 (23%), 7 (29%), 6 (36%), and District 1 (38%), and highest in District 5 (60%).

Neighborhood Cohesiveness

- 70% of residents know their neighbors and have friends in the neighborhood, and 68% see people in their neighborhoods as being willing to help one another.
- 77% are satisfied/very satisfied with the overall quality of their lives, varying from 68% in District 5 to 93% in District 4.
- About 49% of residents between 18 and 34 are satisfied with race relations in their neighborhoods compared to 54% of 50-64 year olds and 62% of respondents age 65 and older. Satisfaction is about equal between Black and White residents, although Black residents are more likely to select the Neutral response, and 23% of White residents are dissatisfied compared to 16% of Black residents.

Public Safety

- Overall, 72% of Chatham County residents report that their neighborhoods are mostly free of violent crime; 55% say their neighborhoods are mostly free of property crime, and 56% agree that the police care about the needs of their neighborhoods.
- Positive perceptions of public safety in neighborhoods are most apparent in the opinions of residents in District 4, followed by District 7; lowest opinions of public safety are in District 2, followed by District 3.
- 41% of District 1 residents see the trend in quality of public safety as getting worse, while 56% of Districts 4 and 8 see public safety as not changing.

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

Economic Independence

- Excluding “N/A or Don’t Know” responses, 43% of residents would benefit if bus routes were changed for better job access; this varies from 32% of District 1 residents to 50% of District 2 residents.
- 72% of 18-34 year olds in the County are aware of financial aid and resources that can support educational goals (such as FAFSA, scholarships, loans, grants)
- Housing cost burdens are disproportionately felt by low-income residents; 78% of residents reporting annual household incomes less than \$50,000 spend more than 33% of their budgets on housing compared to 54% of those earning \$50,000 and over.

Health and Wellness

- About 64% of residents are satisfied with medical services in the County, with District 1 residents being significantly more satisfied (83%) compared to all other districts, and District 8 being least satisfied (55%).

Education

- Of residents in Chatham County with at least one child living in the household and able to evaluate the school systems, over 60% are satisfied with Pre-K and early childcare programs.
- About 58% of these same residents are satisfied with their children’s public elementary schools, 37% are satisfied with middle schools, and 38% are satisfied with high schools.
- Current satisfaction levels are generally lowest in District 2. Respondents from District 3 are more likely to feel that their public schools are improving, while District 6 residents feel most strongly that their public school quality is deteriorating.

Plans to Leave Chatham County

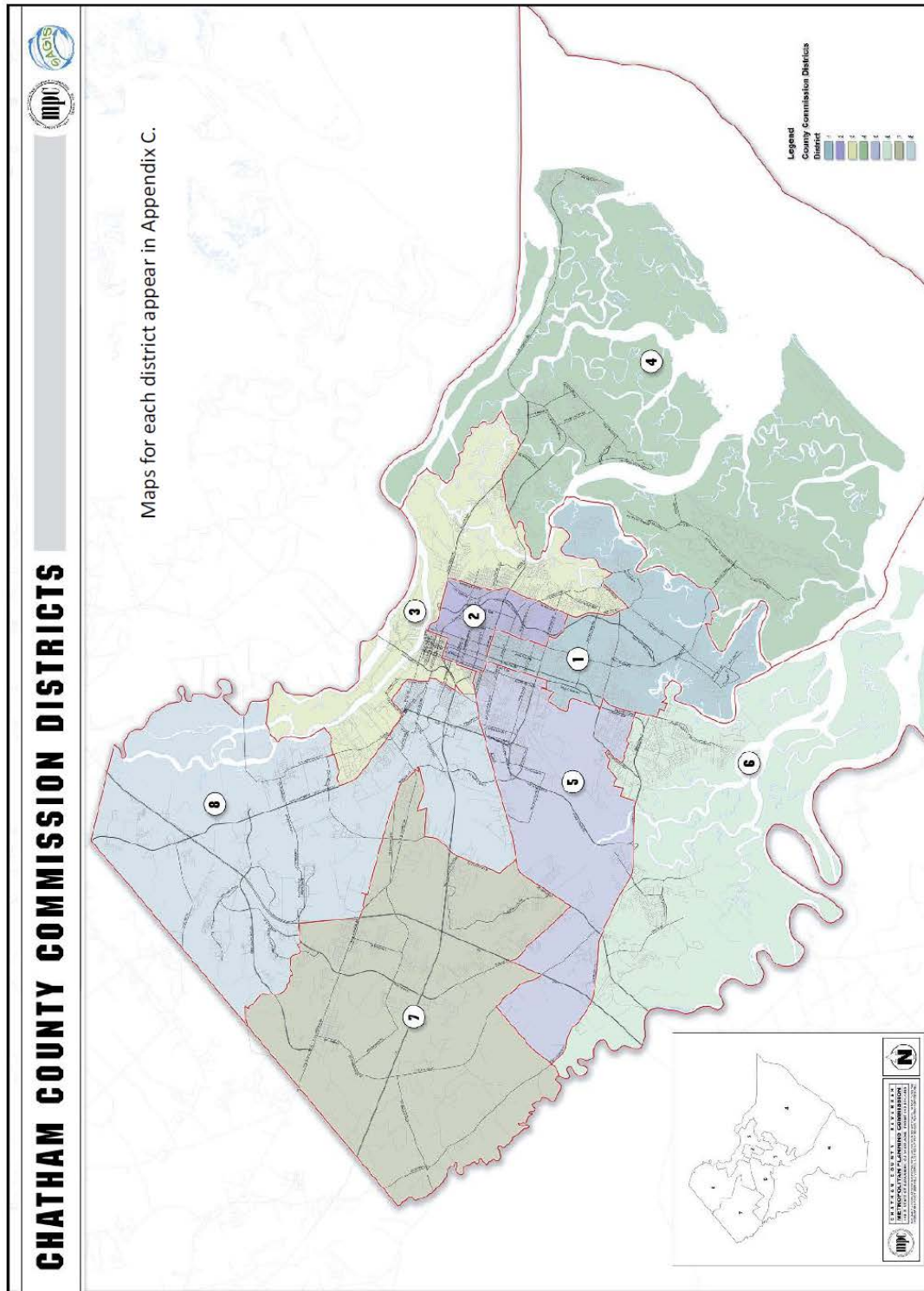
- Twenty percent of residents report that they plan to leave Chatham County during the next 5 years. However, this varies significantly by age, with 31% of 18-34 year olds planning to leave Chatham County, and another 31% of 18-34 year olds answering “unsure at this point.”

The report provides responses to the survey questions along with a discussion of the results. A brief overview of the methodology used to collect and analyze the data, as well as statistics descriptive of the survey respondents is provided in the introductory section of the report. Results are tabulated and analyzed by district, race, age, and, in some cases, by income. Appendices include tables providing overall results for the county as a whole, and individually for each district.

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2016 Community Health Needs Assessment

Chatham County Speaks! The 2015 Community Wide Survey Results (continued)



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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

I. Introduction

The Coastal Georgia Indicator Coalition, Inc. (CGIC) implemented Project Approach Community Assessment as one aspect of meeting CGIC's goal of improving community well-being and developing a long-range strategic plan process for Chatham County (<http://www.communityindicators.net/projects/show/574>).

As part of community assessment, in September 2014 CGIC contracted with the Public Service Center at Armstrong to distribute a public opinion survey to approximately 30,000 households in Chatham County in 2015. Objectives of this community wide survey included assessing citizens' satisfaction with various aspects of their neighborhoods in Chatham County and seeking input from respondents regarding their insight into community challenges, both now and in the future. The results of this report may be used to monitor progress toward improving the well-being of community life in a number of major areas. This report supplements information already gathered from focus groups and neighborhood forums held by the CGIC between February and April of 2015.

Survey Instrument

The Public Service Center and the Survey Committee of the CGIC developed a draft of the survey questionnaire that would capture citizens' assessments of a variety of specific issues related to quality of life in communities. Input was solicited from the Executive Leadership of CGIC, other coalition members, and community stakeholders. The survey was pre-tested with neighborhood focus groups in early 2015. The final survey instrument consisted of 57 closed-ended questions, 13 demographic questions, and three open-ended questions regarding "the big picture." A copy of the survey is in Appendix B. Question areas are as follows:

- **Access** to Goods, Services, Public Transportation and Jobs (10 questions)
- **Health** (8 questions)
- **Public Safety** (10 questions)
- **Satisfaction** of Aspects of Neighborhood (15 questions)
- **Trends** in Neighborhood Quality (12 questions)
- **Reasons for Living in Chatham County**, Length of Residence in Chatham County, Plans for Staying in Chatham County (5 questions)
- **Demographics** (gender, age, race, household income, education, home ownership status, employment status, county of work, number of adults and children in household, means of transportation, food sources)

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

- **The Big Picture:** identification of three most important problems facing community today; perceptions of one thing needing improvement in community 10 years from now; identification of planning initiatives 20 years from now

Methodology: Sampling Strategy

Project objectives included developing a sampling strategy that would be generalizable to the adult population of the Chatham County community as a whole, as well as reflective of household perceptions in each of the eight districts in Chatham County. The total adult population, 18 and over, was 205,121 in 2010 (source: <http://factfinder.census.gov/>). Of that population, 37% were between 18 and 34, 24% between 35 and 49, 23% between 50 and 64, and 16% 65 and older (source: U.S. Census Bureau, 2010 Census).

In order for this sample to be generalizable to the County population, proportionate to the adult age population, as well as generalizable across the eight Chatham County Commission Districts at a 95 percent confidence level with a margin of error of plus or minus 4 percent, required sample sizes between 586 and 587 from each district (source: www.surveysystem.com/sscalc.htm).

A Microsoft Excel Database was acquired from the Chatham County - Savannah Metropolitan Planning Commission, Savannah Area Geographic Information Systems (SAGIS) department which contained mailing addresses and a number of identifiers including *commission district and type of residence for each participant entry*. Entries were eliminated according to business and commercial identifiers, although all residential entries were kept.

Overlaying this database on Google Maps showed an absence of public housing residential communities. A second file was obtained from the Savannah Area Public Housing Authority and separated by Commission District as well (District 2, *Fred Wessel Home, Edgar Blackshear Homes, and Horace Stilwell Towers*; District 3, *Herbert Kayton Homes, Yamacraw Village*; and District 5, *Pickens Patterson Terrace Homes*.) A random sample of these addresses was drawn, 150 from District 2, 197 from District 3, and 76 from District 5.

In all, a final random sample of 30,400 Chatham County household addresses stratified by the eight districts was compiled. Six-digit token numbers were randomly drawn and assigned to each address.

Timeline. Beginning in April, the first step involved mailing postcards to current residents of addresses, informing them of the survey and its identified objectives of

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

helping the County to measure satisfaction and prioritize strategic planning needs. Postcards informed residents of the voluntary nature of participation and confidentiality of individual responses, and the requirement that one must be 18 and over to participate. Recipients were given the option to complete the survey online at armstrong.edu/chathamsurvey_Z and entering the unique six-digit token number on the mailing label. As incentives for completing surveys, the token numbers entered by respondents were entered in a random drawing for one prize \$250.00 and five \$50.00 prizes. Two weeks after postcard mailings, paper surveys were mailed to residents who did not participate in the web survey. Prepaid return envelopes were enclosed. Paper surveys also included the unique token numbers, which were entered into the same drawing for the incentives described above.

The timeline was stretched and adjusted to allow for sampling in each district. Interim updates about response rates were provided from each district, two weeks after the first postcard mailing, and two weeks after mailing of the printed survey.

In an effort to collect as many surveys as possible, the final date for accepting both web and paper responses was Friday, July 17, 2015. Web responses were downloaded into an Excel spreadsheet, and paper responses were entered by hand into Excel. Data were cleaned and analyzed using SPSS (Statistical Package for Social Sciences) software.

Description of the Sample

Project Sample. The Public Service Center received a total of 1,927 completed surveys: 565 (29%) web surveys and 1,362 (71%) paper surveys¹. Responses by Chatham County Commission District range from a low of 159 (8%) from District 8 to 332 (17%) in District 1, as shown in Table 1.1.

¹ Surveys were mailed to 30,400 addresses. Of those, 3,177 mailings were returned for a "bad address" rate of 10.5%. Thus, the response rate on good addresses was 7.1%.

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

Table 1.1. Sample by District: Comparison to Adult Population* in Chatham County

Commission District	Respondents	% of Respondents	County Population	% of County Population
District 1	332	17%	25,366	12%
District 2	243	13%	25,999	13%
District 3	232	12%	25,886	13%
District 4	253	13%	25,870	13%
District 5	213	11%	26,195	13%
District 6	293	15%	25,116	12%
District 7	202	11%	25,178	12%
District 8	159	8%	25,511	12%

*Adult population was drawn from factfinder.census.gov and based on 2010 numbers. About 77% of the County population are 18 and older. Age demographics across district are likely comparable to the age demographics of the county as a whole, according to SAGIS.

Sample Demographics. Only 15% of survey participants are between 18 and 34 years of age; 18% are between 35 and 49 years of age; 31% are between 50 and 64, and over 35% of the sample are 65 years of age and older.

About 63% of the respondents are females; 22% of respondents are African American/Black and almost 69% are Caucasian/White.² Only 24 respondents (1.2%) self-identified as Hispanic or Latino³; 27 respondents (1.4%) self-identified as Asian/Pacific Islander. Thirty-one (1.6%) respondents identified their race as biracial or multiracial, and 34 (1.8%) selected the "Other" category. Almost three percent (55 individuals) of the sample did not answer this question.

Almost 60% have either a bachelor's degree (26%) or graduate/professional degree (31%). About 80% live in owner-occupied housing, while 15% are in rental housing, and 3% report staying with family or friends.

Responses to the question, "How many years have you lived in total in Chatham County?" range from less than one to 96 years. About 30% have lived in this county ten years or less, while over 37% have lived in Chatham County for more than 30 years.

² Throughout this report, the terms "African American" or "Black" and "Caucasian" or "White" are used interchangeably, following Census guidelines. Further, "Caucasian" or "White" assumes the individuals are "non-Hispanic White."

³ According to federal standards, two questions should be used when collecting self-identified race and ethnicity data. This questionnaire only used one question. Federal agencies are required to use at least five race categories and two ethnicity categories: Hispanic or Latino, not Hispanic or Latino. (Source: <http://www.census.gov/prod/cen2010/briefs/c2010br-05.pdf>)

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About 46% of the sample are employed full-time, 12% work part-time, 33% are retired, with another 7% reporting not working. About one fourth of this sample report a total annual household income of \$100,000 or more, while 11% report an annual income of less than \$10,000. Overall, 39% report annual incomes at less than \$50,000, and 58% have total household incomes at \$50,000 or above. Only 2.7% did not answer this question.

Table 1.2 provides both absolute and relative frequencies reflecting the responses to the above questions, as well as comparing the sample to the population statistics for Chatham County (when available).

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Chatham County Speaks! The 2015 Community Wide Survey Results (continued)

Table 1.2. Demographic Characteristics of Sample: Population of Chatham County

	Total Respondents (n=1,927)	% of Sample	Total N	% of Total Population
Age*				
18-24	45	2%	34,815	17%
25-34	244	13%	40,919	20%
35-49	348	18%	48,949	24%
50-64	587	31%	47,574	23%
65-74	435	23%	18,028	9%
75 and older	242	13%	14,836	7%
Missing	26	1%	n/a	n/a
Gender*				
Male	672	35%	97,084	47%
Female	1217	63%	108,037	53%
Missing	38	2%	n/a	n/a
Race/Ethnicity*				
Hispanic or Latino	24	1%	14,370	5%
African American/Black	420	22%	105,274	40%
Caucasian/White	1320	69%	133,492	50%
Native American	16	1%	587	0.2%
Asian/Pacific Islander	27	1%	6,453	2%
Biracial/Multiracial	31	2%	4,476	2%
Other	34	2%	476	0.2%
Missing	55	3%	n/a	n/a
Education**				
Less than high school	20	1%	21,629	13%
High school/GED	182	9%	48,197	28%
Some college	330	17%	39,000	23%
Job training/cert.	107	6%	n/a	n/a
Associate degree	140	7%	11,581	7%
Bachelor degree	509	26%	33,209	20%
Graduate/Prof. degree	604	31%	16,860	10%
Missing	35	2%	n/a	n/a
Type Residence				
Owner-occupied	1550	80%	148,133	56%
Rental housing	283	15%	104,104	39%
Stay w/ family/friends	63	3%	n/a	n/a
Missing	31	2%	n/a	n/a

*Age and gender percentages refer to adult pop., 18 and over; Race/Ethnicity percentages reflect total population.

**Education estimates refer to adult pop., 25 and over.

Source: U.S. Census Bureau, 2010 American Community Survey

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Table 1.2 continued

	Total Respondents (n=1,927)	% of Sample
Length of Residency in Chatham County		
Less than 5 years	281	15%
5-10 years	295	15%
11-15 years	180	9%
16-20 years	149	8%
21-30 years	246	13%
31-50 years	357	19%
51 years or more	361	19%
Missing	58	3%
Household Annual Income*		
Less than \$5,000	160	8%
\$5,000-\$9,999	46	2%
\$10,000-\$19,999	104	5%
\$20,000-\$29,999	149	8%
\$30,000-\$39,999	155	8%
\$40,000-\$49,999	140	7%
\$50,000-\$59,999	188	10%
\$60,000-\$79,999	274	14%
\$80,000 -\$99,999	192	10%
\$100,000 and above	467	24%
Missing	52	3%
Employment Status**		
Full-time job	884	46%
Part-time (<30 hours weekly)	235	12%
Retired	643	33%
Not working	133	7%
Missing	32	2%

*Total household income in Chatham County less than \$10,000: 9.6%; \$100,000 and over: 16.2%.

**Population in Chatham County 16 and over employed: 56.7%; 4.2% unemployed; 37.6% not in labor force.

Source: 2010 American Community Survey 5-Year Estimates, Selected Economic Characteristics

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Cities/Counties Where Employed

Respondents were also asked for the city within Chatham County or another county in which they work. Twenty-four percent of the sample left this question blank, suggesting that they either are retired, unemployed, or simply did not want to answer this question. Of the entire sample, 58% work in Savannah. A subsample of only those people who reported where they work was created, and further analyses are based on the subsample reporting working (76% of the total sample). The following list shows the cities where residents work and percentages. Ten percent of this subsample work elsewhere in Chatham County or outside Chatham County.

•	SAVANNAH	77%
•	POOLER	6%
•	GARDEN CITY	3%
•	THUNDERBOLT	2%
•	PORT WENTWORTH	1%
•	TYBEE ISLAND	1%
•	BLOOMINGDALE	.3%
•	VERNONBURG	.1%
•	ELSEWHERE IN CHATHAM COUNTY	3%
•	OUTSIDE CHATHAM COUNTY	7%

Those who work outside the County report a variety of locations, as listed on the next page. The actual number of Chatham County residents writing in that location is displayed in the second column, with Liberty County being most often identified.

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Location	#
Liberty County	28
Effingham County	13
Bryan County	12
Bulloch County	9
Fulton County	4
Jasper County, SC	3
Beaufort County, SC	2
Dekalb County	2
Ft. Stewart	2
Airport	1
Bluffton, SC	1
Glynn County	1
Hardeeville SC	1
Hinesville	1
Home	1
Leon	1
Los Angeles County	1
Mobile Business	1
Muscogee	1
New Castle Cty, DE	1
North Carolina	1
Richmond Hill	1
Screven	1
South Carolina	1
Statesboro	1
Talahi Island	1
Wayne County	1
Wilmington Island	1
Southeast Georgia	1
Out of state	1

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Weighting Procedures. As noted in the previous discussion, only 15% of survey participants are between 18 and 34; 18% are between 35 and 49; 31% are between 50 and 64, and over 35% are 65 years of age and older. Thus, compared to the age demographics of the adult population in Chatham County, younger participants are underrepresented, and respondents 50 and older are significantly overrepresented.

Thus, data required weighting to achieve proportionate distributions by district and age within each district.⁴ Weighting is a technique in survey data analysis that attempts to reduce sampling bias by applying multipliers to individual cases to better align the sample with specific population parameters. Thus, the following results reported are based on the data weighted by district and age.

The remaining sections of this report include an analysis of responses with results presented in eight sections:

- ❖ **II. Neighborhood Convenience and Satisfaction**
- ❖ **III. Public Safety**
- ❖ **IV. Economic Independence**
- ❖ **V. Health and Wellness**
- ❖ **VI. Education**
- ❖ **VII. Reasons for Moving to, and Plans to Stay in, Chatham County**
- ❖ **VIII. Challenges facing Chatham County (analysis of open-ended comments)**
- ❖ **IX. Strategic Planning for the Future (analysis of open-ended comments)**

As well as reporting overall results in each section, bivariate analyses are conducted where appropriate across Commission Districts and by selected demographic characteristics, age, race, and income, in some sections. Trends in the quality of items within the above areas are discussed in relevant sections. Substantive findings are noted throughout as statistically significant or non-significant.⁵

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PRIORITIZATION OF NEEDS

Utilizing the community indicator data, the community survey results, the information collected through the Chatham County Blue print process, the vulnerable population focus group data, and the needs identified by ED uninsured and underinsured patients, St. Joseph's/Candler and Memorial Health developed a list of identified health and social needs met with the Chatham County Safety Net Planning Council and representative from Coastal Health District to prioritize the needs that were identified.

The Chatham County Safety Net Planning Council (Safety Net) is a county-wide planning body of key stakeholders, including providers, government representatives, advocates, funders, and consumers. The goal of the Safety Net is to strengthen the health care infrastructure for primary care, build capacity within our community's safety net system, improve access to health care and link the uninsured and underinsured to a medical home, and improve health outcomes in Chatham County by working together on common problems. The input of the Safety Net was invaluable in finalizing the findings of this report.

A decision tree was used to determine if an indicator was or was not a community need (**Appendix 14.**) There were four determination types:

1. Secondary Data – Is the Chatham County indicator red or yellow? If yes, the indicator is a community need.
2. Secondary Data – Is the Chatham County value meeting the Healthy People 2020 target? If not, the indicator is a community need.
3. Primary Data – Did survey respondents identify additional needs? If so, they are a community need.
4. Primary Data – Did the community input process identify additional needs? If so, they are a community need.

The color codes, as identified earlier in this report, are: green for the top two quartiles, yellow for the third quartile and red for the lowest. Thus, red indicates most urgent shortcomings or problems, followed by yellow.

OVERVIEW OF KEY FINDINGS

The HCI Community Dashboard data was reviewed to determine which health indicators were in need of improvement. A list of these indicators was compiled and compared to the Healthy People 2020 targets to determine the initial list of community health needs. Fifty-one (51) indicators were identified as needing some level of improvement.

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Savannah-Chatham Co. Community Indicator	Chatham Co. Current Rate	Healthy People 2020 Target	Target Status
Gonorrhea Incidence Rate	1.99/100,000	N/A	N/A
Adults with Health Insurance	73.7%	100%	Not Met
Chlamydia Incidence Rate	781.3 cases/100,000	N/A	N/A
Food Insecurity Rate	19%	N/A	N/A
Students Eligible for Free Lunch Program	58.9%	N/A	N/A
Children Living Below Poverty	29.6%	N/A	N/A
Homeownership	48.1%	N/A	N/A
Renters Spending 30% or more of Household Income on Rent	55.9%	N/A	N/A
Severe Housing Problems	19.4%	N/A	N/A
4th Grade Math Proficiency	71.8%	N/A	N/A
8th Grade Math Proficiency	79.7%	N/A	N/A
Fast Food Restaurant Density	.96/100,000	N/A	N/A
Food Environment Index	6.3	N/A	N/A
Violent Crime Rate	389.7/100,000	N/A	N/A
Children with Health Insurance	90.3%	100%	Not Met
Age-Adjusted Due to Prostate Cancer	24.7/100,000 males	21.8/100,000	Not Met
All Cancer Incident Rate	455.8/100,000	N/A	N/A
Breast Cancer Incidence Rate	125.9/100,000 females	N/A	N/A
Cervical Cancer Incident Rate	8.1/100,000 females	7.1/100,000	Not Met
Prostate Cancer Incident Rate	138.6/100,000 males	N/A	N/A
Child Food Insecurity	26.2%	N/A	N/A
Teen Pregnancy Rate*	23.6/1,000 females age 15-17	36.2/1,000	Met
Age-Adjusted Death Rate due to Stroke	45.1/100,000 population	34.8/100,000	Not Met
AIDS Prevalence Rate	327.4/100,000	N/A	N/A
Syphilis Incidence Rate	5.4/100,000	N/A	N/A
Babies with Low Birth Weight	10.2%	7.8%	Not Met
Preterm Births	12.2%	11.4%	Not Met
Infant Mortality Rate	7.5 deaths/1,000 live births	6.0 deaths/1,000	Not Met
Unemployment Civilian Workforce	5.4%	N/A	N/A

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Savannah-Chatham Co. Community Indicator	Chatham Co. Current Rate	Healthy People 2020 Target	Target Status
Families Living Below Poverty	14.2%	N/A	N/A
People Living 200% Above Poverty Level	60.1%	N/A	N/A
People Living Below Poverty Level	19.3%	N/A	N/A
4th Grade Reading Proficiency	91.8%	N/A	N/A
8th Grade Reading Proficiency	97.5%	N/A	N/A
High School Graduation	81.3%	82.4%	Not Met
Annual Particle Pollution	3	N/A	N/A
Grocery Store Density	0.19/100,000	N/A	N/A
Liquor Store Density	17.2/100,000	N/A	N/A
Poor Mental Health Days	3.8 days	3.7 days	N/A
Age-Adjusted Death Rate due to Colorectal Cancer	16.3 deaths/100,000	14.5 deaths/100,000	Not Met
Age-Adjusted Death Rate due to Falls	7.5 deaths/100,000 population	7.2 deaths/100,000	Not Met
Age-Adjusted Death Rate due to Breast Cancer	21.4/100,000 females	20.7/100,000	Not Met
Age-Adjusted Death Rate due to Cancer	173.3/100,000 population	161.4/100,000	Not Met
Age-Adjusted Death Rate due to Lung Cancer	46.9/100,000 population	45.5/100,000	Not Met
Colorectal Cancer Incidence Rate	41.5/100,000 population	39.9/100,000	Not Met
Babies with Very Low Birth Weight	1.80%	1.40%	Not Met
Mothers Who Smoked During Pregnancy	4.20%	1.40%	Not Met
Adults who Smoke	18.8%	12.0%	Not Met
Child Abuse Rate	9.7/1,000 children	8.5/1,000	Not Met
Workers Commuting by Public Transportation	2.3%	5.5%	Not Met
Age-Adjusted Death Rate due to Suicide	12.6 deaths/100,000 population	10.2 deaths/100,000	Not Met

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Chatham County Blue print Identified Needs

These indicators were grouped into four areas of focus and shared with the community through Chatham County Blue print neighborhood forums, focus groups, and community-wide meetings. The following community indicators were identified in each of the focus areas.

Economy

- Unemployment Rate
- Chatham County Income Per Capita
- Severe Housing Problems
- People Living Below Poverty Level

Education

- Engaging Students, Parents and the Community in Student Education
- Reading on Grade Level
- Student-To-Teacher Ratio
- School Discipline

Health

The complete section on health from the CGIC's Blue print Report can be found in **Appendix 13** of this report.

- Individuals with Health Insurance
- Food Insecurity Rate
- Poor Mental Health Days
- Access to Exercise Opportunities

Quality of Life

- Violent Crime Rate
- Workers Commuting by Public Transportation
- Miles of Safe, Pedestrian-Friendly Transportation
- Recidivism Rate for Juvenile and Adult Offenders

Vulnerable Population (Medically Underserved) Identified Needs

To ensure the voice of vulnerable populations was well represented in the Community Health Needs Assessment, an additional focus group was held with low income and homeless patients at J.C. Lewis Primary Care Center. For additional input from the Hispanic population, a Spanish language survey specific to health was provided to patients at SJ/C's Good Samaritan Clinic. The following needs were identified:

Low Income/Homeless Populations

- Affordable Adult Oral Health with Restorative Care
- Medication Assistance
- Directory of Health and Social Service Resources
- Chronic Disease/Specialty Care Services (Cancer, Gastroenterology, Rheumatology, Endocrinology, etc.)

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Hispanic Population

- Access to Physicians Accepting Self-Pay Patients
- Medication Assistance
- Affordable Oral Health
- Chronic Disease/Specialty Care Services (Cancer, Gastroenterology, Rheumatology, Endocrinology, etc.)

The agenda for the J.C. Lewis Health Care focus group meeting materials and Hispanic health survey can be found in **Appendices 11 - 13** of this report.

Needs Identified by Emergency Department Patients

More than 35 needs were identified by Emergency Department patients. Those needs included specialty care, access to primary care, job training, etc. Many of these needs were already identified through the public meeting process or the vulnerable population focus groups. However, two additional needs were identified through this process: 1) Legal Support, and 2) End of Life Planning.

IDENTIFIED COMMUNITY HEALTH NEEDS

Considering the primary and secondary data, input from a variety of community organizations, and the CCSNPC recommended priorities, the following is the prioritized lists of health and social needs in **Tables 14 and 15**.

Table 14 – Summary of Community Health Needs

Community Health Need	Need Identification
Individuals with Health Insurance	Vulnerable Populations CCSNPC/Public Health Community Identified Need
Access to Mental Health Services	Vulnerable Populations CCSNPC/Public Health Community Identified Need
Babies with Low Birth Weights	Community Identified Need
Affordable Adult Oral Health With Restorative Care	Vulnerable Populations CCSNPC/Public Health
Medication Assistance	Vulnerable Populations CCSNPC/Public Health
Directory of Health and Social Service Resources	Vulnerable Population CCSNPC/Public Health
Chronic Disease/Specialty Care Services (Cancer, GI, Rheumatology, Endocrinology, etc.)	Vulnerable Population CCSNPC/Public Health

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Community Health Need	Need Identification
Access to Physicians Accepting Self-Pay Patients	Vulnerable Population CCSNPC/Public Health
Opioid Abuse	Vulnerable Population CCSNPC/Public Health
AIDS Prevalence Rate	Vulnerable Population CCSNPC/Public Health
STD Incident Rates (Gonorrhea, Chlamydia, Syphilis)	Vulnerable Population CCSNPC/Public Health
Access to Exercise Opportunities	Community Identified Need

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Table 15 – Summary of Social Determinants of Health by Category

Economy	
Unemployment	Community Identified Need
Severe Housing Problems	Community Identified Need
People Living Below Poverty Level	Community Identified Need
Chatham County Income Per Capita	Community Identified Need
Education	
Engaging Students, Parents and the Community in Student Education	Community Identified Need
Reading on Grade Level	Community Identified Need
Student-To-Teacher Ratio	Community Identified Need
School Discipline	Community Identified Need
Quality of Life Needs	
Violent Crime Rate	Community Identified Need
Workers Commuting by Public Transportation	Community Identified Need
Miles of Safe, Pedestrian-Friendly Transportation	Community Identified Need
Recidivism Rate for Juvenile and Adult Offenders	Community Identified Need
Other Patient Identified Needs	
Legal Support	Patient Identified Need
End of Life Planning	Patient Identified Need

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CONCLUSIONS

Despite the many health and social needs identified in Chatham County, the county is fortunate to have an extremely collaborative environment where hospitals, the health department, social service agencies, municipal governments, schools of higher learning and many others work together to help address the health and social needs of the community. No one organization can address all the needs identified as priorities in Chatham County. To that end St. Joseph's/Candler and Memorial Health will evaluate these lists to determine which indicators will be addressed by each of the hospitals. They will continue to collaboratively work in partnership with other area organizations and agencies to improve the overall health in Chatham County.

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: Adam Walker
5353 Reynolds Street
Savannah, GA 31405

Email

communitybenefits@sjchs.org

Website

www.sjchs.org/communityhealthneeds

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APPENDIX 1, FISCAL YEAR 2015 COMMUNITY BENEFIT REPORT



Community Benefits Report Year 2015

TRADITIONAL CHARITY CARE

Charity Care	\$18,746,615
Outpatient and inpatient services provided at cost for indigent patients	
Unreimbursed Care	\$13,667,510
Medicaid uncompensated care at cost for the underinsured and GA hospital tax	
Means Tested Programs	\$431,635
SJ/C's St. Mary's Health Center and SJ/C's The Good Samaritan Clinic. Both are free clinics serving the uninsured population of Chatham and surrounding counties. They are partners in the Share the Health Collaborative which receives some funding through the Chatham County Commissioner's uncompensated care program based on the number of unduplicated patients treated.	
TOTAL TRADITIONAL CHARITY CARE	\$32,845,760

OTHER BENEFITS

Community Health Improvement Services & Community Benefit Operations	\$1,400,181
<ul style="list-style-type: none">• African-American Health Information and Resource Center• Care Call Center• Community Education and Presentations• Eye Care Clinic• Public Program Enrollment Services• Smart Senior• St. Mary's Community Center	
Health Professions Education	\$59,785
Subsidized Health Services	\$619,961
<ul style="list-style-type: none">• Assisted Living/Nursing Home Assistance• Home Health Services<ul style="list-style-type: none">- Infusion/DME/Tube Feeding Supplies- Mobile Mammography Outreach- Outpatient Palliative Care- Renal Dialysis Services	
Financial and In-Kind Contributions	\$821,695
<ul style="list-style-type: none">• Angels of Mercy• Church/Religious Outreach• Community Board Involvement• Food Assistance• Augusta University• Hotel Lodging• Medbank, Inc.• Medical Missions• Meeting Space• Mercy Volunteers• Prescription Drug Assistance• Support Groups	
Community Building Activities	\$231,798
<ul style="list-style-type: none">• Community Economic Development Boards• GED Classes• Pre-school Program<ul style="list-style-type: none">- Project SEARCH- Resume and Employment Search Assistance- Tax Preparation Assistance (VITA)- Workforce development Programs	
TOTAL OTHER BENEFITS	\$3,133,420

TOTAL COMMUNITY BENEFITS \$35,979,180

In addition to the \$36 million dollars in formal community benefits, St. Joseph's/Candler provided \$31,953,761 dollars in uncollected service cost and uncompensated Medicare cost.

2015 TOTAL COMMUNITY ASSISTANCE \$67,932,941

2014 TOTAL COMMUNITY ASSISTANCE \$56,034,841

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APPENDIX 2, CHNA KEY PARTNERSHIP MEMBERS AND OTHERS

Chatham County is an extremely collaborative community where hospitals, the health department, social service agencies, municipal governments, 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 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.

Sponsoring partners of the CGIC include:

- Kristen Bolyston, Armstrong State University, Savannah Graduates
- Edward Chisholm and Tony Holmes, Youth Futures Authority
- Linda Cramer, Assistant County Manager, Chatham County Government, Charter Member, Coastal GA Indicators Coalition Executive Committee
- Earline Davis and Yolonda Fontaine, Housing Authority of Savannah
- Leia Dedic and Brynn Grant, Savannah Economic Development Authority
- Suzanna Donovan, Step Up! Savannah
- Cheryl Dozier, Ph.D., and David Smith, Ph.D., Savannah State University
- David Feliciano and Rhonda Barlow, Savannah Chatham County Public School System
- Lisa Hayes, Chatham County Safety Net Planning Council
- Bill Hubbard and Drew Hunt, Savannah Area Chamber of Commerce
- Mike Kemp, Chair, Coastal GA Indicators Coalition
- Jackie Jackson, Savannah-Chatham Metropolitan Planning Commission
- Otis Johnson, Ph.D., Co-Vice Chair, Coastal GA Indicators Coalition
- Paula Kreissler, Healthy Savannah
- Kathy Love, Ph.D., Savannah Technical College
- Kathryn Martin, Ph.D., GA Regents University – Medical College of GA
- Gary Rost, Savannah Business Group
- Melissa Rheams, GA Association for Primary Health Care
- Greg Schroder, United Way of the Coastal Empire, Charter Member, Coastal GA Indicators Coalition Executive Committee
- Mike Tucker, Coastal Workforce Development Services
- Adam Walker, St. Joseph's/Candler's Mission Services, Secretary, Coastal GA Indicators Coalition
- Diane Weems, M.D., and Randy McCall, M.D., Coastal District Health Department

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- Jennifer Wright, Director, Memorial Health Public Policy & Community Affairs and Co-Vice Chair, Coastal GA Indicators Coalition
- Taffanye Young, Bureau Chief, City of Savannah's Community and Economic Development Bureau, Charter Member, Coastal GA Indicators Coalition

Chatham County Safety Net Planning Council (CCSNPC)

www.chathamsafetynet.org

The CCSNPC serves as a countywide planning group for healthcare. It was created in 2004 to improve the efficiency and effectiveness of the local healthcare delivery system, to advise regarding healthcare trends, and to assist the County Commissioners in better meeting the healthcare needs of uninsured and underinsured constituents. Since 2006, the Council has provided an annual evaluation to assess needs and trends and to identify key existing resources and gaps in the Community's healthcare delivery system. This evaluation is based on voluntary submission of data from the provider partners and publicly available data on population and policies affecting healthcare.

The CCSNPC Provider Network is composed of both primary care providers and other agencies which support the delivery of healthcare.

Membership includes:

- Susan Alt, BSN, ACRN, District HIV Director, Coastal Health District
- Sr. Pat Baber, RSM, Director of St. Joseph's/Candler's St. Mary's Community Center, St. Mary's Health Center and Good Samaritan Clinic and Member, Chatham County Safety Net Planning Council Executive Committee
- Robert Bush, JD, Attorney, Georgia Legal Services Program and Co-Chair, Chatham County Safety Net Planning Council Policy Executive Committee
- Agnes Cannella, Director, St. Joseph's/Candler Mission Services and Secretary, Chatham County Safety Net Planning Council
- Edward Chisolm, Executive Director, Chatham-Savannah Youth Futures Authority
- Patricia Corse, Director of Counseling Center, Union Mission
- Susanne Donovan, Communications Director, Step Up! Savannah
- Rena Douse, Interim CEO, J.C. Lewis Primary Health Care Center and Member, Chatham County Safety Net Planning Council
- John Finney, Executive Director, EOA Savannah-Chatham County
- Zaer Fariborz, MD, Medical Director, Curtis V. Cooper (CVC) Primary Health Care
- Christian Gibson, Director, Health Promotion and Disease Prevention, Coastal Health District
- Albert Grandy, Executive Director, Curtis V. Cooper Primary Health Care and Treasure, Chatham County Safety Net Planning Council Executive Committee
- Lisa Hayes, Executive Director, Chatham County Safety Net Planning Council
- Mark Johnson, M.D., CEO, Gateway and Member, Chatham County Safety Net Planning Council Executive Committee

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- Michael Kaigler, Assistant County Manager & Director, Human Resource Chatham County Government
- Tammy Kennedy, Eastside Concerned Citizens, Inc.
- Liz Longshore-Stephens, Executive Director of MedBank, Inc. and
- Maureen McFadden, Deputy Director, Department of Family and Children Services
- Pfeffer McMaken, Senior Director, Community Investments, United Way of the Coastal Empire
- Felix Maher, DMD, Dental Representative
- Robert Pallay, M.D., Memorial Health Family Practice
- Sarah Plaspol, Dr.P.H., Professor of Health Sciences, Armstrong Atlantic State University
- Gary Rost, Executive Director, Savannah Business Group
- Diane Weems, M.D., District Medical Director, Costal District Health Department and Chair, Chatham County Safety Net Planning Council.
- Jennifer Wright, Director, Memorial Health Public Policy & Community Affairs and Member, Chatham County Safety Net Planning Council Planning Council Executive Committee
- Michael Zoller, MD, Ear, Nose & Throat Associates of Savannah.

Chatham-Savannah Youth Futures Authority (YFA)

www.youthfutures.com

The Chatham-Savannah Youth Futures Authority (YFA) is a state legislated authority serving as the collaborative for addressing issues relevant to children, youth and families in Chatham County. The collaborative is comprised of representatives from city, county and state government, the local board of education, more than 20 health and human service providers with a focus on children, youth and families, the United Way of the Coastal Empire, faith community, area businesses, and neighborhoods.

Healthy Savannah, Inc.

www.healthysavannah.org

Healthy Savannah is dedicated to making Savannah a healthier place to live. Healthy Savannah leads and supports healthy lifestyles in Savannah by:

- Creating an environment that makes a healthy choice an easy choice,
- Building a collaborative network that identifies and shares resources,
- Collecting and disseminating information,
- Promoting best practices and implementing innovative programs, and
- Advocating for effective policies.

Step-Up Savannah, Inc.

www.stepupsavannah.org

Step Up Savannah, Inc., a collaborative of organizations, businesses, and government agencies, seeks to move families toward economic self sufficiency. Areas of focus include (1) workforce development and jobs, (2) wealth building and financial understanding and (3) work supports.

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APPENDIX 3 - OTHER PROVIDERS AND SERVICES

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 the United Way of the Coastal Empire serves as a hub for health and social services through their 211 program.

ST. JOSEPH'S/CANDLER HEALTH OUTREACH

St. Joseph's/Candler operate Chatham County's only two free clinics serving 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.

SJ/C'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 5 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.

SJ/C'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 5 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.

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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:

<http://www.chathamsafetynet.org/dental-care-treatment-sites/index.html>

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.

Phoenix Clinic

The Phoenix Clinic provides Comprehensive Primary Health Care to persons living with HIV/AIDS. Services include primary health care, physician services, medication assistance through the AIDS Drug Assistance Program, housing case management, health promotion and disease prevention, social service referrals, nutritional education and planning, dietary supplementation, housing programs, behavioral health counseling, and dental services.

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: <http://www.chathamsafetynet.org/prescription-assistance/index.html>

This information is provided with permission by the Chatham County Safety Net Planning Council.

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SOCIAL SERVICES

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

ST. JOSEPH'S CANDLER COMMUNITY OUTREACH

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.

Food Pantry, Public Benefit Enrollment Program, Counseling Service, Health Education, Eye Exam and Eye Glass Assistance, Pre-school, Senior Services, General Education Diploma (GED) Courses, Job Search Assistance, Computer Classes, Free Tax Preparation and Membership in Local Advocacy Groups.

African American Health Information and Resource Center

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.

United Way of the Coastal Empire

www.uwce.org

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

Other Social Services

There are many other social service agencies serving Chatham County too. The United Way 211 program assists residents in identifying available programs throughout the county. A link to the 211 program is provided here so that any resident may explore the wide array of programs and services for health & social needs available in Chatham, Bryan, Effingham and Liberty Counties.

For a complete listing of the programs and services available in the 211 database, please visit: <http://www.referweb.net/uwce/>

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Appendix 4 – CGIC/ASU Chatham County Speaks, 2015 Community-Wide Survey Questionnaire

Dear Chatham County Resident,

The Public Service Center at Armstrong State University is conducting a community wide survey to learn about access, quality, and satisfaction of Chatham County residents with various aspects of their lives. Information collected through the survey will help identify and prioritize needs in our community. Your address was selected at random, and your participation is very important to Chatham County's community planning process.

Participation in the survey is voluntary, and no one is required to complete the survey. You must be age 18 or over to participate. To thank you for your time in completing this survey for our community, we will enter your survey in a drawing in which you could win either a grand prize of \$250 or one of five runner up prizes of \$50. Please know that all responses are confidential. **Please respond by June 19.**

If you prefer to complete this survey online, please go to: armstrong.edu/chathamsurvey_Z and enter the following number when asked to provide a token number. **Token Number: ZXXXXX**

If you have any further questions or concerns regarding the survey or your participation, please contact Professor Carry Smith at (912) 344-2593. Thank you very much for your participation.

- Please read each item carefully and select the best response for you.
- There are no right answers and because your opinions are what matters, your total honesty is needed for the survey to be meaningful.
- Do not include your name or any other identifier anywhere on the survey.
- Remember, your responses are completely confidential.

I. The first set of questions is about your access to Goods, Services, Public Transportation, and Jobs.

Please circle the number (1 to 6) indicating your <u>agreement or disagreement</u> with the statements.	Strongly				Strongly		Not applicable
	Agree	Agree	Neutral	Disagree	Disagree	Don't Know	
1. My neighborhood is conveniently located near a grocery store with healthy food choices (such as fresh fruits/vegetables).	1	2	3	4	5	6	
2. My neighborhood is conveniently located near recreational facilities and activities.	1	2	3	4	5	6	
3. My neighborhood is conveniently located near CAT bus routes.	1	2	3	4	5	6	
4. The CAT bus is usually on time.	1	2	3	4	5	6	
5. It would benefit me if CAT bus routes were changed for better access to jobs.	1	2	3	4	5	6	
6. There are job opportunities available that match my skills.	1	2	3	4	5	6	
7. Opportunities for job and career advancement are available to me	1	2	3	4	5	6	
8. I am aware of financial aid and resources that can support my educational goals (such as: FAFSA, scholarships, loans, grants).	1	2	3	4	5	6	
9. I spend 1/3 or more of my budget on housing (mortgage or rent).	1	2	3	4	5	6	
10. I live paycheck to paycheck at my current job.	1	2	3	4	5	6	

II. Health

Please circle the number (1 to 6) indicating your <u>agreement or disagreement</u> with the <u>health-related</u> statements below.	Strongly				Strongly		Not applicable
	Agree	Agree	Neutral	Disagree	Disagree	Don't Know	
11. I eat five cups of fruits and/or vegetables daily.	1	2	3	4	5	6	
12. I exercise regularly (at least 30 minutes 5 times a week).	1	2	3	4	5	6	
13. I or someone in my household currently smokes cigarettes.	1	2	3	4	5	6	
14. I or someone in my household drinks more than two drinks of alcohol <u>DAILY</u> (beer/wine/hard liquor).	1	2	3	4	5	6	
15. I or someone in my household has diabetes.	1	2	3	4	5	6	
II. Health continued	Strongly				Strongly		Not applicable
	Agree	Agree	Neutral	Disagree	Disagree	Don't Know	
16. I or someone in my household has high blood pressure.	1	2	3	4	5	6	

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17. I or someone in my household has cancer.	1	2	3	4	5	6
18. I have a family doctor I see for routine care.	1	2	3	4	5	6

III. Public Safety	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not applicable, Don't Know
19. My neighborhood is mostly free of property crime (break-ins/stealing).	1	2	3	4	5	6
20. My neighborhood is mostly free of violent crime (robbery, assault, rape, murder).	1	2	3	4	5	6
21. The police care about the needs of my neighborhood.	1	2	3	4	5	6
22. My neighborhood is mostly free of alcohol-related problems	1	2	3	4	5	6
23. My neighborhood is mostly free of unlawful drugs.	1	2	3	4	5	6
24. I know my neighbors and have friends in the neighborhood.	1	2	3	4	5	6
25. People in my neighborhood are willing to help each other.	1	2	3	4	5	6
26. Juvenile crime is a problem in my neighborhood.	1	2	3	4	5	6
27. I feel safe on the CAT bus.	1	2	3	4	5	6
28. There are homeless people who live in my neighborhood.	1	2	3	4	5	6

IV. Satisfaction with Aspects of My Neighborhood	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Applicable, Don't Know
29. Pre-K/Early Childcare	1	2	3	4	5	6
30. My child's Public Elementary School	1	2	3	4	5	6
31. My child's Public Middle School	1	2	3	4	5	6
32. My child's Public High School	1	2	3	4	5	6
33. Public Transportation	1	2	3	4	5	6
34. Housing Options	1	2	3	4	5	6
35. Public Safety	1	2	3	4	5	6
36. Race Relations	1	2	3	4	5	6
37. Visual Appeal of Neighborhood	1	2	3	4	5	6
38. Litter	1	2	3	4	5	6
39. Recreational Opportunities	1	2	3	4	5	6
40. Medical Services (treatment, medicine)	1	2	3	4	5	6
41. Food Options	1	2	3	4	5	6
42. Job/Vocational Training Programs	1	2	3	4	5	6
43. Overall Quality of Life	1	2	3	4	5	6

V. Trends in Quality in My Neighborhood (Getting Better or Worse?)	Getting Much Worse	Getting Slightly Worse	Not Changing	Getting Slightly Better	Getting Much Better	Not Applicable, Don't Know
44. My child's Public Elementary School	1	2	3	4	5	6
45. My child's Public Middle School	1	2	3	4	5	6
46. My child's Public High School	1	2	3	4	5	6
47. Public Safety	1	2	3	4	5	6
48. Natural Environment (water, air)	1	2	3	4	5	6
49. Services Provided by Local Government	1	2	3	4	5	6
V. Trends in Quality of Neighborhood continued	Getting Much Worse	Getting Slightly Worse	Not Changing	Getting Slightly Better	Getting Much Better	Not Applicable, Don't Know
50. Visual Appeal of Your Neighborhood	1	2	3	4	5	6
51. Equal Distribution of Resources or Services for All Ethnic and Racial Groups in My Neighborhood	1	2	3	4	5	6

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52. Recreational Opportunities	1	2	3	4	5	6
53. Medical Services (treatment, medicine)	1	2	3	4	5	6
54. Public Transportation (CAT bus, trolley, ferry, bike system)	1	2	3	4	5	6
55. Overall Quality of Life	1	2	3	4	5	6

56. Have you always lived in Chatham County? ☐ 1. Yes (Go to #57) ☐ 2. No (Go to #56a)

56a. How influential was each of the following in your decision to move to Chatham County?	Did Not Influence My Decision	Somewhat Influenced My Decision	Greatly Influenced My Decision
a. Close to job	1	2	3
b. Close to family	1	2	3
c. Good schools	1	2	3
d. Safe neighborhood	1	2	3
e. Affordability	1	2	3
f. Quality of Life	1	2	3

57. Which statement best describes your current plans to stay in Chatham County during the next 5 years?

- ☐ 1. No plans to leave Chatham County
☐ 2. Plan to leave Chatham County for another location in Georgia
☐ 3. Plan to leave Chatham County and leave Georgia
☐ 4. Unsure at this point

VI. Demographics. This section asks general demographic and other questions about you. Please check the appropriate responses, being as honest as possible. This information is used for comparison purposes only, and not as means of identification. Remember, all of your answers are STRICTLY CONFIDENTIAL.

58. Which age category describes your current age?

- ☐ 1. 18-24 ☐ 2. 25-34 ☐ 3. 35-49 ☐ 4. 50-64 ☐ 5. 65-74 ☐ 6. 75 and above

59. What is your gender? ☐ 1. Male ☐ 2. Female

60. Which best describes your living situation?

- ☐ 1. Owner-occupied housing ☐ 2. Rental housing ☐ 3. Staying with family or friends

61. How many adults and children are currently living or staying at this address?

Adults (age 18 and over) _____

Children (under age 18) _____

62. How many years have you lived at your CURRENT address? _____ years

63. How many years have you lived in TOTAL in Chatham County? _____ years

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64. The address of where you work is:

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Savannah | <input type="checkbox"/> 5. Port Wentworth | <input type="checkbox"/> 9. Elsewhere in Chatham County |
| <input type="checkbox"/> 2. Bloomingdale | <input type="checkbox"/> 6. Thunderbolt | <input type="checkbox"/> 10. Outside Chatham County |
| <input type="checkbox"/> 3. Garden City | <input type="checkbox"/> 7. Tybee Island | What County? 11. _____ |
| <input type="checkbox"/> 4. Pooler | <input type="checkbox"/> 8. Vernonburg | |

65. What is your highest level of education?

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. Less than high school | <input type="checkbox"/> 3. Some college (no degree) | <input type="checkbox"/> 6. Bachelor (4-year) degree |
| <input type="checkbox"/> 2. High school/GED | <input type="checkbox"/> 4. Job training/certification | <input type="checkbox"/> 7. Graduate or professional degree |
| | <input type="checkbox"/> 5. Associate (2-year) degree | |

66. What is your race/ethnicity?

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> 1. Hispanic or Latino | <input type="checkbox"/> 3. Caucasian/White | <input type="checkbox"/> 5. Asian/Pacific Islander | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 2. African American | <input type="checkbox"/> 4. Native American | <input type="checkbox"/> 6. Biracial/Multiracial | |

67. In 2014, your employment status was...

- | | | | |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> 1. Full-time job | <input type="checkbox"/> 2. Part-time job (less than 30 hours/week) | <input type="checkbox"/> 3. Retired | <input type="checkbox"/> 4. Not working |
|---|---|-------------------------------------|---|

68. What is the combined annual income, before taxes, of all working adults in the household in 2014?

Please include wages, earnings on a business, retirement income, social security, income on rental property you own, unemployment, disability, or any other source of cash income.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 1. Less than \$5,000 | <input type="checkbox"/> 4. \$20,000-29,999 | <input type="checkbox"/> 7. \$50,000-59,999 | <input type="checkbox"/> 9. \$80,000-99,999 |
| <input type="checkbox"/> 2. \$5,000-9,999 | <input type="checkbox"/> 5. \$30,000-39,999 | <input type="checkbox"/> 8. \$60,000-79,999 | <input type="checkbox"/> 10. \$100,000 and up |
| <input type="checkbox"/> 3. \$10,000-19,999 | <input type="checkbox"/> 6. \$40,000-49,999 | | |

69. What is the primary means of transportation in your household?

- | | | |
|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> 1. Car/Truck | <input type="checkbox"/> 3. Walk | <input type="checkbox"/> 5. Motorcycle/Moped/Motorized Scooter |
| <input type="checkbox"/> 2. Bus | <input type="checkbox"/> 4. Bicycle | <input type="checkbox"/> 6. Other _____ |

70. Where do you buy most of your food for you and your household? (Check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1. Grocery Store | <input type="checkbox"/> 3. Discount Store (Dollar Store, Big Lots, etc.) | <input type="checkbox"/> 5. Farmer's Market |
| <input type="checkbox"/> 2. Convenience Store | <input type="checkbox"/> 4. Fast Food/Takeout | <input type="checkbox"/> 6. Other _____ |

VII: The Big Picture

71. What do you see as the three most important problems facing our community today?

1. _____
2. _____
3. _____

72. Thinking about the future 10 years from now, if you could change and improve one thing about our community, what would that be?

73. Do you have any other comments you would like to make about our community as we think about planning for 2035 and beyond?

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APPENDIX B. SURVEY INSTRUMENT

We appreciate you taking the time to complete this survey.
Your opinions and feedback are vitally important to us!

Armstrong
PUBLIC SERVICE CENTER

St. Joseph's/Candler

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Appendix 5 – CGIC Neighborhood Flyer



FIND A LOCATION TO JOIN THE CONVERSATION.

Over the next year, the Coastal Georgia Community Indicators Coalition will be working to develop a comprehensive strategic plan for the community. In order to solicit public input, multiple neighborhood forums will be held throughout the County. Get involved with shaping the outcomes of this process by attending one of these events listed below.

TUES 10 FEBRUARY Goodwill Industries 7220 Sallie Mood Drive Savannah, GA 31406 5:30-7:00 pm	THURS 12 FEBRUARY Forest City Library 1501 Stiles Avenue Savannah, GA 31415 5:30-7:00 pm	TUES 17 FEBRUARY Bull St. Library 2002 Bull Street Savannah, GA 31401 5:30-7:00 pm
THUR 19 FEBRUARY Garden City, City Hall 100 Central Ave. Garden City, GA 31405 5:30-7:00 pm	SUN 22 FEBRUARY HISPANIC FOCUS GROUP Savannah Christian Church 50 Al Henderson Blvd. Savannah, GA 31419 12:30 - 2:00 pm	TUES 24 FEBRUARY Islands Library 50 Johnny Mercer Blvd Savannah, GA 31410 5:30-7:00 pm
WED 25 FEBRUARY Savannah Tech 5717 White Bluff Road Savannah, GA 31405 11:30 am-1:00pm & 3:00-4:30 pm	THURS 26 FEBRUARY Senior Citizens Center 3236 Russell Street Savannah, GA 31404 7:00- 8:00 pm	TUES 3 MARCH Tybee Library 405 Butler Avenue Tybee Island, GA 31328 5:30-7:00 pm
MON 9 MARCH Pooler Library 216 South Rogers St. Pooler, GA 31322 5:30-7:00 pm	TUES 10 MARCH Southwest Library 14097 Abercorn Street Savannah, GA 31419 5:30-7:00 pm	FUTURE DATES TO BE ANNOUNCED

visit <http://www.coastalgaaindicators.org> or call (912) 651- 1478 for more information

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Appendix 6 – CGIC Community Conversations Focus Group Flyer



Chatham Community Blueprint 2035

COMMUNITY CONVERSATIONS

The Coastal Georgia Indicators Coalition is soliciting public input on multiple topics to develop a comprehensive long-range strategic plan. Come share YOUR VISION for the future of our community at one of the events listed below.

ECONOMY

TUES 3.24 (9:00 - 10:30 AM)
Chatham DFCS
761 Wheaton St., Savannah

WED 4.15 (8:30 - 10:00 AM)
United Way of the Coastal Empire
428 Bull Street, Savannah

EDUCATION

TUES 3.31 (9:00 - 10:30 AM)
United Way of the Coastal Empire
428 Bull Street, Savannah

TUES 4.28 (11:30 - 1:00 PM)
Chatham DFCS
761 Wheaton St., Savannah

TRANSPORTATION

TUES 4.14 (9:00 - 10:30 AM)
Chatham DFCS
761 Wheaton St., Savannah

NATURAL RESOURCES

TUES 4.21 (11:30 - 1:00 PM)
Chatham DFCS
761 Wheaton St., Savannah

HOUSING

TUES 4.21 (3:00 - 4:30 PM)
Chatham DFCS
761 Wheaton St., Savannah

SAFETY

TUES 3.31 (12:00 - 1:30 PM)
United Way of the Coastal Empire
428 Bull Street, Savannah

TUES 4.28 (9:00 - 10:30 AM)
Chatham DFCS
761 Wheaton St., Savannah

HEALTH

TUES 4.14 (11:30 - 1:00 PM)
United Way of the Coastal Empire
428 Bull Street, Savannah

THURS 5.7 (8:30 - 10:00 AM)
Candler Hospital
5353 Reynolds Street, Savannah

ALL TOPIC AREAS

THURS 4.2.15
Stevens Wetlands Building
240 Cedar St.
Richmond Hill, GA 31324
9:00-11:00 AM

THURS 4.23.15
Skidaway Island
United Methodist Church
54 Diamond Causeway
Savannah, GA 31411
5:30 -7:00 PM

THURS 5.14.15
Effingham College and
Career Academy
2940 Georgia 21
Rincon, GA 31326
9:00-11:00 AM

visit <http://www.coastalgaindicators.org> or call (912) 651- 1478 for more information

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Appendix 7 – CGIC Community Wide Meeting Notice



COMMUNITY WIDE MEETINGS

Seeking input from stakeholders, advocates, concerned and engaged residents regarding a vision for our community, as we set priorities and align strategies to maximize impact.

Wednesday August 19, 2015 8:30-11:00 am

VISION & GOALS

- Armstrong Center; Armstrong State University
- 11935 Abercorn Street Savannah, GA 31419

Saturday September 26, 2015 9:00-11:30 am

OBJECTIVES & STRATEGIES

- Eckburg Auditorium; Savannah Technical College
- 5717 White Bluff Road Savannah, GA 31405

Wednesday October 21, 2015 4:30-7:00 pm

COMMITTING to ACTION

- Student Union Center; Savannah State University
- 3219 College Street Savannah, GA 31404

Chatham Community Blueprint 2035

Improving 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.



Coastal Georgia
Indicators Coalition

110 E. State Street
Savannah, GA 31401

912-651-1478

www.coastalgaindicators.org

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Appendix 8 – CGIC Trained Facilitator List

Table Facilitator Volunteers

Name	8/19/2015	9/26/2015	10/21/2015
Adam Walker	X	X	X
Ahna Zackery		X	
Aisha Butts			X
Akeya Sanders	X		
Andy Page	NA	X	
Anita Cutter	NA	X	
Annie Aiken	X		
Asha Anumolu		X	
Ashle' King	X	X	X
Becky Major	X	X	NA
Breyana Davis	NA	X	X
Catherine Kostilnik	X	X	NA
Curly Green	X	NA	NA
Daniella Trajkovska			
Deanne Bergen	NA	NA	
Dennis Jones	X	X	X
Ebony Simpson			
Heidi Benke	NA	X	NA
Hilton Fordham	X	NA	NA
J.D. Hunt	NA	X	
Jackie Jackson	X	X	X
Jackie Ogden	NA	X	X
Jamar Frink	X	NA	
Jazmin A Williamson			
Jennifer Borak	X	NA	X
Jennifer Wright	X	X	X
Jim Klein		X	
Kibwana Burks	X	N/A	
Laura Morgan	NA	X	X
Leia Dedic	X	NA	X
Lisa Hayes	X		
Lloyd Johnson	X	NA	
Lou Caputo	X	X	NA
Mary Fuller	X	X	X
Melanie Rodriguez	X	NA	
Michelle Nelson	X	NA	NA
Miriam Rittmeyer	X	NA	
Patty McIntosh	NA	X	NA
Paula Kreissler	NA	NA	X
Pfeffer McMaken	X		
Phillip Claxton	X		
Robyn Wainner	X		
Rosa Pastran	NA	X	X
Sam McCachern	NA	X	NA
Stephanie Johnson	X	X	NA
Tamala Fulton	X	X	X
Teea Morris-Hunter	NA	X	X
Terry Enoch	X	NA	
Tom Thompson	X	X	NA
Tony Holmes	NA	X	NA
Yolonda Fountaine	X		
Jessica Chapman			X
Andrew Duncan			X
Jameria Mullins			X
Rakim Johnson			X

As of 8/18/15

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Appendix 9 – Table Facilitator Task List and Tips

Chatham Community Blue print Meeting

Table Facilitator Task List

August 19, 2015

Specific Tasks

1. Participants choose a table according to the theme of interest – economy, education, health, quality of life
2. Welcome participants and ask them to complete a name tag provided in the packet.
3. Thank participants for attending reinforce the value of each person's feedback
4. 1st Table Exercise – Prioritization Dot Exercise (Individual)
 - a. Each participant gets three dots
 - b. Tally the dots for each goal and provide the tally to the JCCI facilitator
5. Participants may want to switch tables before the 2nd exercise
6. Ask participants to complete the sign-in sheet. Direct participants to the maps posted in the room if the participant's district is unknown
7. 2nd Table Exercise – Input and Refinement (Group)
 - a. Assign a table scribe
 - b. Discuss the goals and through consensus, decide how each goal and its importance could be clarified.
 - c. Table scribe will use the worksheet in your packet to record the suggestions
8. Distribute the evaluation forms and collect completed forms

Other Notes

Red Card – If you have a question or need assistance, hold up the red card and a floor facilitator will assist you so that you do not have to leave the group.

Table Assignments

Indicate your interest in serving as a Table Facilitator for the next two meetings

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Appendix 10 – CGIC 2015 Community Wide Survey – Health Section



V. Health and Wellness

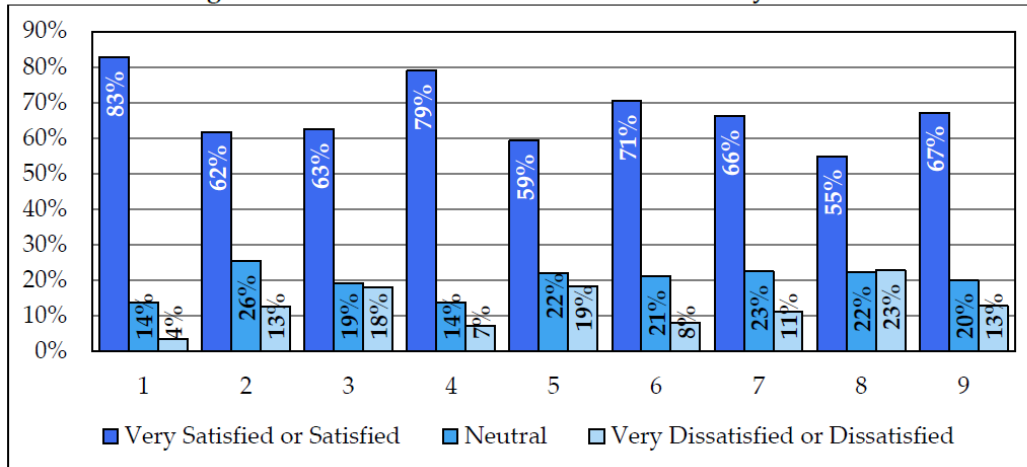
The survey contained eight questions on residents' health. Respondents were asked to rate their agreement or disagreement with statements on diet, alcohol use, tobacco use, disease, exercise habits, and healthcare.

Satisfaction with Medical Services in Neighborhoods

Survey respondents were asked how satisfied they are with medical services (treatment, medicine) in their neighborhoods. About 64% of residents are very satisfied (20%) or satisfied (43%) with medical services in the County, with 12% of residents being very dissatisfied (4%) or dissatisfied (8%). However, another 19% are neutral regarding this question.

Respondents in District 1 are significantly more satisfied (83%) compared to all other Districts. Almost one fourth of District 8 residents are dissatisfied or very dissatisfied.

Figure 5.1. Satisfaction with Medical Services by District

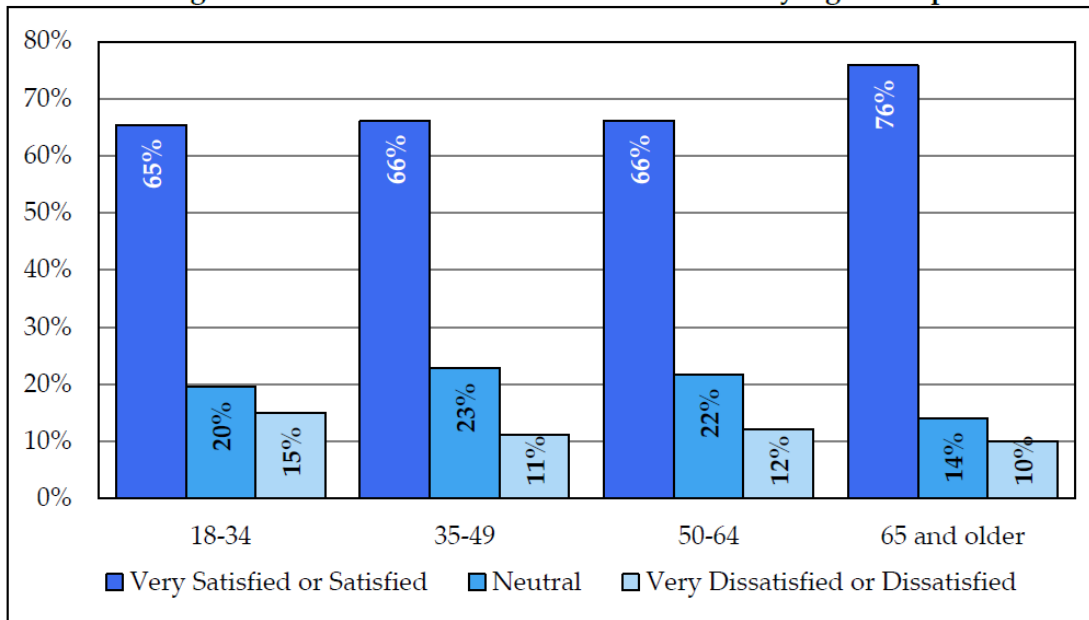


Age of respondent also significantly influences satisfaction with medical services: 76% of respondents in Chatham County who are 65 years of age and older are very satisfied/satisfied with medical services compared to 66% of respondents between 35 and 64 and 65% of respondents between 18 and 34.

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Figure 5.2. Satisfaction with Medical Services by Age Group



Respondents were asked to rate the trends in the quality of medical services in their neighborhoods. Attitudes toward the trend in quality of medical services are fairly positive, with about 31% of residents seeing changes for the better. Only 2% stated that medical services are “getting much worse,” another 5% believe that they are “getting slightly worse,” and 49% see medical services as not changing. About 20% see medical services as “getting slightly better,” and 11% said services are “getting much better.” Almost 13% of residents responded “N/A or “Don’t know” to this question, however.

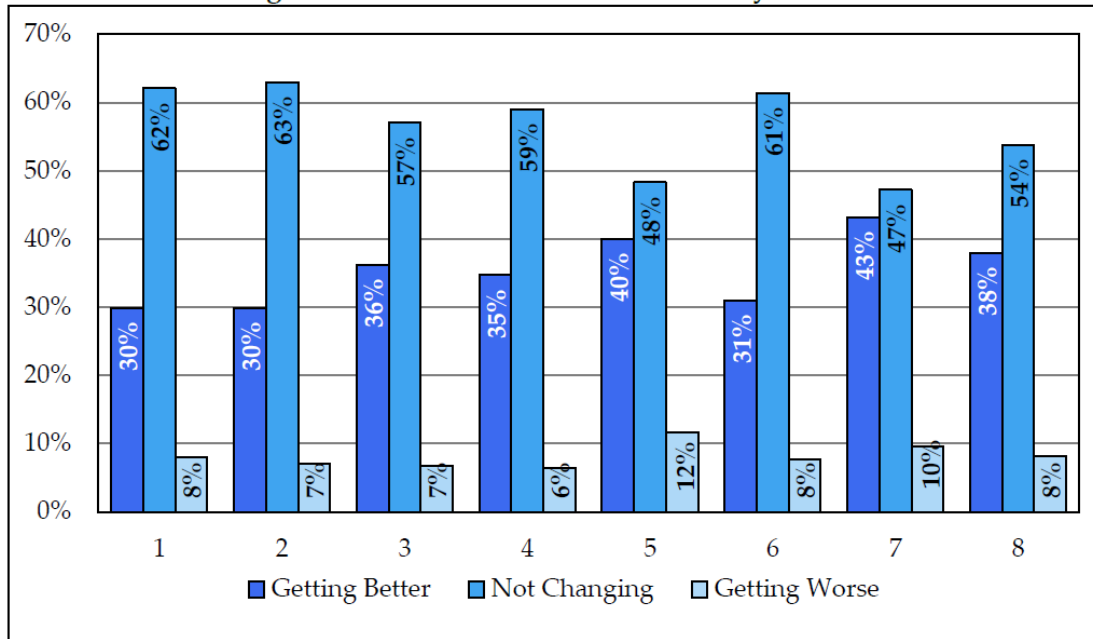
Of respondents who are already satisfied with medical services, 47% see those services as not changing in quality, and 40% see the trend in quality as changing for the better.

Analyzing trends in medical services by Commission Districts does reveal significant differences. Residents in District 7 are significantly more likely than all other districts except for District 5 to see medical services as getting better. Respondents seeing services as getting better ranged from 30% in Districts 1 and 2 to 43% in District 7.

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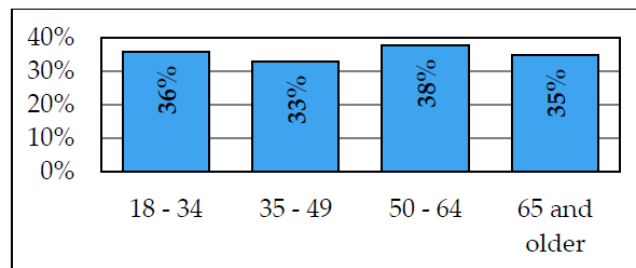
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Figure 5.3. Trends in Medical Services by District



Significant differences were also apparent with age but those differences are small. Respondents in the 50-64 age category are more likely to see medical services as getting better (38%) compared to 36% of 18-34 year olds, 33% of 35-49 year olds, and 35% of respondents age 65 and older.

Fig. 5.4. Medical Services "Getting Better" by Age Group



Healthy Lifestyles and Illnesses

Eight questions in the Public Opinion Survey measured aspects of healthy lifestyles and serious illnesses facing Chatham County residents. Some of the news is positive. For example, almost 77% of survey respondents see a family doctor for routine care, and only 6% of households report that someone in the household has cancer. However, percentages of persons dealing with diabetes and especially high blood pressure are higher: about 15% of respondents note that they or other household members have diabetes, and 34% state that they or others in the household have high blood pressure.

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Two questions related to diet and exercise as key components of healthy lifestyles. About 47% of Chatham County residents acknowledge that they do not eat five cups of fruits/and or vegetables daily, and 16% selected the “neutral” response to this question, suggesting that the 47% could be even higher. A high number of residents report exercising regularly: almost 20% “strongly agreed” and another 26% agree that they exercise at least 30 minutes five times a week. However, almost 41% of County residents do not exercise regularly and another 13% were “neutral” on this question.

Other obvious aspects of healthy lifestyles concern smoking cigarettes and alcohol consumption. About 18% of residents acknowledge that they or someone in the household smoke cigarettes, and 16% report they or household members drink more than two drinks of alcohol daily. Conversely, almost three-fourths of respondents or their household members do not smoke cigarettes or drink more than two drinks daily. (Respondents were more emphatic with respect to smoking than alcohol consumption: 63% “strongly disagreed” that someone in the household smokes cigarettes compared to 53% “strongly disagreeing” with the alcohol question.)

This table shows responses to these eight survey questions by the six response categories. It is noted that the “N/A or Don’t Know” category was less than one percent for three items but more substantial in questions related to cigarette smoking (6%), alcohol consumption (4%), diabetes (6%), high blood pressure (4%), and cancer (8%).

Table 5.1 Healthy Lifestyles and Wellness

Questions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I eat five cups of fruits and/or vegetables daily.	9%	27%	16%	38%	9%	0.6%
I exercise regularly (at least 30 minutes 5 times a week).	20%	26%	13%	32%	10%	0.4%
I or someone in my household currently smokes cigarettes.	8%	10%	0.7%	13%	63%	6%
I or someone in my household drinks more than two drinks of alcohol <u>DAILY</u> (beer/wine/hard liquor).	7%	10%	4%	22%	53%	4%
I or someone in my household has diabetes.	10%	6%	1%	18%	59%	6%
I or someone in my household has high blood pressure.	15%	19%	3%	15%	44%	4%
I or someone in my household has cancer.	3%	3%	2%	21%	64%	8%
I have a family doctor I see for routine care.	47%	29%	6%	9%	9%	0.3%

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The next table shows percent agreement with the eight questions related to healthy lifestyles and illnesses facing County residents by Commission Districts. Significant differences are apparent within each issue, but no clear pattern emerges. For example, those residents reporting eating a healthy diet are more likely to be in Districts 1, 2, 3, and 4, but District 2 also reports one of the highest percentages of smoking cigarettes and daily alcohol consumption, although those numbers are still low. Over half of residents in Districts 1, 2, and 4 exercise regularly, and 84% of District 4 residents see a doctor regularly for routine care. High blood pressure ranges from a high of 42% in District 5 to a low of 31% in District 1.

**Table 5.2. Percent Agreement with Health and Wellness Questions:
District Comparisons**

Questions	D1	D2	D3	D4	D5	D6	D7	D8
I eat five cups of fruits and/or vegetables daily	41%	40%	38%	45%	35%	34%	29%	28%
I exercise regularly (at least 30 minutes 5 times a week)	53%	53%	44%	52%	42%	44%	44%	35%
I or someone in my household currently smokes cigarettes	17%	25%	22%	10%	26%	16%	18%	21%
I or someone in my household drinks more than two drinks of alcohol <u>DAILY</u>	19%	22%	18%	23%	16%	14%	13%	12%
I or someone in my household has diabetes	13%	16%	18%	10%	22%	17%	15%	18%
I or someone in my household has high blood pressure	31%	38%	33%	35%	42%	35%	33%	39%
I or someone in my household has cancer	6%	4%	9%	8%	8%	8%	4%	6%
I have a family doctor I see for routine care	77%	72%	73%	84%	75%	78%	77%	79%

Considering these aspects of healthy lifestyles and illnesses by age categories also reveals significant differences and highlights the serious health concerns faced by older residents in Chatham County. Almost 60% of individuals age 65 and older are dealing with high blood pressure, and 15% of individuals in that age group either have cancer or live with someone who has cancer compared to only 3% of 18-34 year olds. Dealing with diabetes faces almost 54% of residents 50 years of age and older compared to about 20% of those between 18 and 40. Seeing a doctor for routine care obviously varies by age, ranging from 62% of 18-34 year olds to 95% of those 65 and older.

One issue that stands out is the percent of persons who smoke cigarettes or live with someone who does. Almost 23% of younger individuals (18-34) answered affirmatively to this question compared to 18% of those between 35 and 49, 20% between 50 and 64, and only 13% 65 and older.

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Table 5.3. Percent Agreement with Health and Wellness Questions by Age

Questions	Age 18-34	Age 35-49	Age 50-64	Age 65+
I eat five cups of fruits and/or vegetables daily	39%	39%	31%	33%
I exercise regularly (at least 30 minutes 5 times a week)	51%	43%	42%	45%
I or someone in my household currently smokes cigarettes	23%	18%	20%	13%
I or someone in my household drinks more than two drinks of alcohol <u>DAILY</u>	15%	20%	18%	17%
I or someone in my household has diabetes	8%	13%	25%	29%
I or someone in my household has high blood pressure	18%	30%	53%	60%
I or someone in my household has cancer	3%	4%	9%	15%
I have a family doctor I see for routine care	62%	79%	86%	95%

Healthy Lifestyles and Wellness by Race and Gender

Analyzing results further by race and gender revealed significant differences in both demographics. However, gender differences were small, varying by less than three percentages points in most areas related to illnesses. Differences by the two racial categories of African-American and Caucasian are more marked, especially with respect to diabetes and high blood pressure.

- Over 30% of Black residents in Chatham County responding to this survey report having diabetes or living with someone who does compared to 11% of White residents answering similarly.
- Even more dramatic is the difference between racial groups and high blood pressure: 51% of Black residents have high blood pressure or live with someone who does compared to 29% of White residents.
- Differences in having a family doctor that one sees regularly for routine care did not vary as widely: 80% of African Americans agreed with this statement compared to 77% of Caucasians.

Responses to questions regarding healthy lifestyles are not consistent by race and gender as well. About 29% of African Americans and 31% of males report that they eat five cups of fruits/and or vegetables daily compared to 38% of White residents and females. Both males (51%) and Caucasians (50%) report exercising regularly compared to 44% of

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females and only 36% of African Americans. However, considering this question further shows a different picture: African American males are more likely to report exercising regularly (54%), followed by White males (50%), White females (50%), and last by African American females (30%).

Black residents are more likely to report smoking but White residents are more likely to report drinking more than two drinks daily. A little over 17% of White residents acknowledge that they or someone in the household smoke cigarettes compared to 24% of Black residents, while almost 19% of Whites drink more than two drinks of alcohol daily compared to 14% of Blacks. Also, women are more likely to report smoking or living with someone who does (20% compared to 16%), while males are slightly more likely to report drinking more than two drinks daily or living with someone who does (18% compared to 16.5%). However, analyzing responses by subpopulations of White males, Black males, White females, and Black females did not reveal significant differences.



Agenda

1. Welcome and Overview
2. Purpose of the Focus Group
3. Introductions
4. First Group Discussion
5. Community Health Data
6. Second Group Discussion
7. Closing

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Appendix 12 – J.C. Lewis Focus Group Facilitator Guide

J.C. Lewis Primary Health Care Center
CHNA FOCUS GROUP

Setup

1. Lead Facilitator
2. U-Shape open at the front
3. Participant Goal - #30
4. Tables for food and sign in

Participant Materials & Supplies – Memorial Health (MH)

1. Flyer
2. Agenda
3. Participant Handout
4. Feedback Form

Other Materials & Supplies

1. Facilitator Guide
2. Participant Handout
3. Health Indicator Data
4. Sign-in sheets
5. Pens
6. Name badges/tags
7. Post It Flip charts
8. F/C Stand
9. Markers – Crayola Washable Markers
10. Masking Tape
11. Refreshments
12. Ice
13. Incentives

FOCUS GROUP AGENDA

Before the Session

- Arrive 30 minutes early to prepare the room and materials
- Greet participants as they arrive
- Ask them to sign in and invite them to help themselves to the refreshments

Welcome & Overview (10 minutes) Memorial Health

- Welcome – Facilitator(s)
- Introduce yourselves and welcome participants. Thank participants for coming

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- Thank the location sponsor and the refreshments sponsor
- Review logistics – materials, restroom locations, snacks, incentives

Before we get started, I want to make sure each of you have...review participant materials list. I also want to let you know that since we only have a short amount of time, we are not planning to take any formal breaks so please feel help yourself to the refreshments and take a restroom break as needed. The restrooms are located just outside the room to the left. At the end of the session, we have small token of our appreciation for you to say thank you for taking time out of your day to share your thoughts with us.

Q - So, you may be wondering - Why are we here today? St. Joseph's/Candler

Well...every three years St. Joseph's/Candler and Memorial Health work together to assess the health needs of our community. We use information, data, surveys, and meetings like this one to learn more about the health needs and discover ways we can help improve the health of our community.

Facilitator Introduction

Adam Walker, St. Joseph's/Candler

Mission – Rooted in God's love, we treat illness and promote wellness for all people. SJ/C has a rich history of providing community benefit and building activities that address the health and social service needs for all members of the community. (Give a few examples)

Jennifer Wright, Memorial Health

Mission – With compassion, we heal, teach, and discover.

Also a rich community benefit history - founded as a living Memorial to our nation's war dead, education of health professionals included in the original charter, we heal the sick and work discover ways to improve the health of our community. (Give a few examples)

We completed our last community needs assessment in 2013 so now it's time for us to reach back out to the community and hear your thoughts and ideas. The agenda is pretty easy...we are going to ask you a few questions and so that we can listen and learn from your experiences.

Review the agenda – Handout & F/C

1. Welcome and Overview
2. Purpose of the Focus Group
3. Introductions
4. Group Discussion - Community Health Needs
5. Community Health Data
6. Second Group Discussion

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7. Closing

Let's get started with some introductions:

F/C – Introductions – St. Joseph's/Candler
(One facilitator and one recorder)

- Name
- How long you have lived here
- One thing you like about our community
- One important health need

Memorial Health

As you can see from the introductions, many factors contribute to a healthy life. Factors such as where we live, the state of our environment (pollution, lead paint, and clean water), genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. In the past most only considered factors such as access to health insurance and use of health care services which sometimes have less of an impact on a person's health.

A healthy community is one that embraces the belief that health is more than merely an absence of disease; a healthy community includes those elements that enable people to maintain a high quality of life and productivity. A healthy community reflects a sense of mental and physical well-being and is the foundation for achieving other goals. Good health should not be for granted and is essential for a productive community.

Recorder – Review the List of Health Needs

Now that each of you have had a chance to hear from each other...

Q – Do you have any additional health needs we want to make sure are on the list?

Record responses on the flip chart.

Share the Health Data – St. Joseph's/Candler

Now we would like to see the top health needs according to data and information that is collected (National, state, and local)

Q - Based on this information, are there additional items you would like to add to our list?

Q – What could we do to make some of these items better? (If time allows)

Closing – Memorial Health

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Thank participants and remind them of how their feedback will be used.

1. **Feedback Form – Handout** - Ask participants to complete the feedback form. The feedback form will also have space for people to give additional input on the topic areas
2. **Incentives – Distribute Gas Cards**

After the Focus Group – Facilitator Debriefing

Q - What went well?

Q - What should we do differently?

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Appendix 13 – Hispanic Survey



Evaluación de las necesidades de
salud de la comunidad
Cuestionario
2016

Memorial
H E A L T H

*****ENCIERRE EN UN CÍRCULO TODAS LAS RESPUESTAS QUE APLICAN A CADA PREGUNTA*****

SALUD

- 1) ¿Cuáles que cree que sean los principales problemas de salud en los adultos del condado de Chatham?
 - a. Encontrar un médico que lo atienda sin tener seguro médico
 - b. Encontrar seguros económicos
 - c. Servicios dentales
 - d. Servicios de la visión
 - e. Servicios de salud mental
 - f. Medicamentos económicos
 - g. Atención prenatal
 - h. Abuso de sustancias
 - i. Enfermedad de transmisión sexual (ETS)
 - j. Control de enfermedades crónicas (diabetes, enfermedad cardíaca, presión arterial alta, etc.)
 - k. Otro (Díganos el problema: _____)
- 2) ¿Cuáles que cree que sean los principales problemas de salud en los niños del condado de Chatham?
 - a. Encontrar un médico que lo atienda sin tener seguro médico
 - b. Encontrar seguros económicos
 - c. Servicios dentales
 - d. Servicios de la visión
 - e. Servicios de salud mental
 - f. Medicamentos económicos
 - g. Atención prenatal
 - h. Abuso de sustancias
 - i. Enfermedad de transmisión sexual (ETS)
 - j. Control de enfermedades crónicas (diabetes, enfermedad cardíaca, presión arterial alta, etc.)
 - k. Otro (Díganos el problema: _____)
- 3) ¿Qué grupos son los que necesitan más acceso a los servicios de atención médica en el condado de Chatham?
 - a. Los de bajos recursos
 - b. Hispanos
 - c. Sin seguro
 - d. Trabajadores de bajos ingresos
 - e. Las personas discapacitado
 - f. Ancianos
 - g. Otro (¿Quién?: _____)
 - h. No lo sé
- 4) ¿Cuáles son los mayores impedimentos para recibir atención médica en el condado de Chatham?
 - a. Conseguir un médico
 - b. Poder pagar un médico
 - c. Confiar en un médico
 - d. Transporte
 - e. Otro (Describe: _____)
- 5) ¿Cuáles son las mayores necesidades relacionadas con información y educación en temas de salud en el condado de Chatham?
 - a. Mayores recursos (médicos, consultorios, clínicas, etc.)
 - b. Citas médicas después del trabajo o los fines de semana
 - c. Control de enfermedades (diabetes, enfermedad cardíaca, presión arterial alta, etc.)
 - d. Enfermedad mental
 - e. Servicios dentales
 - f. Información general de salud
- 6) ¿Dónde cree que hayan vacíos para las personas que necesitan atención médica en el condado de Chatham?
 - a. No hay suficientes médicos
 - b. Clínicas gratuitas o de costo reducido
 - c. Salud mental
 - d. Control de enfermedades
 - e. Atención dental
 - f. Asistencia para medicamentos con receta
 - g. Otro (¿Qué servicio?: _____)

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2016 Community Health Needs Assessment



Evaluación de las necesidades de
salud de la comunidad
Cuestionario
2016

Memorial
H E A L T H

*****ENCIERRE EN UN CÍRCULO TODAS LAS RESPUESTAS QUE APLICAN A CADA PREGUNTA*****

7) ¿Qué otros problemas afectan la manera en que las personas reciben atención médica y dónde la reciben, en el condado de Chatham?

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Transporte b. Dinero c. Horarios de las citas médicas | <ul style="list-style-type: none"> d. Médicos que acepten Medicaid o Medicare e. Otro <p>(Describe: _____)</p> |
|--|--|

8) Si tiene cáncer, ¿qué tipo de cáncer tiene?

- | | |
|--|--|
| <ul style="list-style-type: none"> a. Cáncer prostático b. Cáncer colorrectal c. Cáncer de la orofaringe d. Cáncer de pulmón y bronquios | <ul style="list-style-type: none"> e. Cáncer de mama f. Melanoma o cáncer de piel g. Otro <p>(¿Qué tipo? _____)</p> |
|--|--|

9) ¿Cuándo va al médico?

- a. Para hacerse chequeos
- b. Cuando está enfermo y se siente mal
- c. Nunca

10) ¿Cuando se enferma, ¿adónde va para ver al médico?

- a. Al consultorio médico
 - b. Centros de Atención Inmediata/de urgencia
 - c. Sala de urgencias
 - d. St. Mary's Health Center
 - e. La clínica The Good Samaritan
 - f. J.C. Lewis Health Care Center
 - g. Curtis V. Cooper Primary Care Centers
 - h. Departamento de Salud
 - i. Community Health Mission
 - j. Otro
- (Díganos dónde: _____)

11) Si va a la sala de urgencias, ¿por qué va?

- a. No aplica
- b. No tiene seguro
- c. Siempre están abiertos (las 24 horas del día)
- d. No puedo pagar un copago de seguro
- e. No tengo médico

12) ¿Alguna vez ha tenido problemas al tratar de sacar una cita médica por no poder pagar?

- a. Sí
- b. No
- c. No aplica

13) Si no puede ver a un médico, ¿por qué no puede?

- a. Los costos son muy altos
- b. No acepta nuevos pacientes
- c. Le debe dinero al médico
- d. No acepta mi seguro médico
- e. No aplica
- f. Otro

(Describe: _____)

14) ¿Tiene seguro médico?

- a. No tiene seguro
- b. Seguro privado (como Blue Cross Blue Shield, seguro del empleador, etc.)
- c. Medicare
- d. Medicaid
- e. Tricare
- f. Otro (¿Qué tipo? _____)

15) ¿Necesita un médico que le cobre en base a lo que puede pagar? (Escala de descuentos)

- a. Sí
- b. No
- c. No aplica

16) ¿Cuánto tiempo le toma conseguir una cita?

- a. Más de 5 días
- b. 5 días
- c. 4 días
- d. 3 días
- e. 2 días
- f. 1 día

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17) ¿Cuánto tiempo espera normalmente para ver a un médico?

- a. De 2 a 4 horas
- b. De 1 a 2 horas
- c. De 30 minutos a 1 hora
- d. Menos de 30 minutos

OTROS DATOS.

1) ¿Cuántos años tiene?

- a. 18-25
- b. 26-30
- c. 31-35
- d. 36-40
- e. 41-45
- f. 46-50
- g. 51-55
- h. 56-60
- i. 60-65
- j. Más de 65

2) Género

- a. Masculino
- b. Femenino
- c. Prefiero no responder

3) Raza

- a. Afroamericano
- b. Indoamericano
- c. Asiático
- d. Caucásico/Blanco
- e. Hispano
- f. Más de una raza
- g. Otro
- h. Prefiero no responder

4) ¿Cuántas personas viven en su hogar?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5
- f. 6 ó más

5) ¿Cuál es el idioma principal que se habla en su hogar?

- a. Inglés
- b. Español
- c. Vietnamita
- d. Filipino
- e. Otro

(¿Qué idioma? _____)

6) ¿Cuál es el ingreso familiar neto al mes? El monto final después de los impuestos, seguro, seguro social, etc.)

- a. \$0 - \$199
- b. \$200 - \$499
- c. \$500 - \$999
- d. \$1,000 - \$1,999
- e. \$2,000 - \$2,999
- f. Más de \$3,000

7) Estado civil

- a. Soltero
- b. Separado/Divorciado
- c. Casado
- d. Viudo
- e. Cónyuge

8) ¿Cuál es su grado de educación?

- a. Grado 9-12
- b. Diploma de Educación General (GED)
- c. Graduado de escuela secundaria
- d. Algo de universidad
- e. 2 - 4 años de universidad
- f. Más de 4 años de universidad

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- 9) ¿Cuál es su situación laboral?
- a. Desempleado
 - b. Ama de casa
 - c. A tiempo completo
 - d. A tiempo parcial
 - e. Estudiante
 - f. Jubilado
- 10) ¿Qué otros aspectos cree que pueden contribuir para mejorar su calidad de vida y la de su salud? Marque todas las opciones que correspondan.
- | | |
|---|--|
| a. Comprender mejor la salud y el control de la salud (educación) | f. Gastos de guardería reducidos o gratuitos para poder trabajar o ir a la escuela |
| b. Saber a qué programas gubernamentales califico (por ejemplo: cupones para alimentos, Medicaid, discapacidad, etc.) | g. Preescolar gratuito |
| c. Título universitario | h. Vivienda segura y asequible |
| d. Más educación universitaria | i. Transporte confiable |
| e. Capacitación laboral y asistencia para curriculums y aplicaciones | j. Clases para la administración del dinero |
| | k. Acceso a alimentos a precio reducido o gratuito |
| | l. Capacitación en computación |
| | m. Otro |
| | (_____) |
- 11) ¿Cuál es su código de área? _____
- 12) He completado esta encuesta en, o a nombre de la organización:
- | | |
|------------------------------------|---------------------------------------|
| a. Coastal Health Department | e. Memorial University Medical Center |
| b. Curtis V. Cooper | f. St. Joseph's/Candler |
| c. Good Samaritan Clinic | g. St. Mary's Community Center |
| d. J. C. Lewis Primary Care Center | h. St. Mary's Health Center |
| | i. Otro |
| | ¿Dónde?: _____ |

GRACIAS POR COMPLETAR ESTA ENCUESTA

Nombre: _____

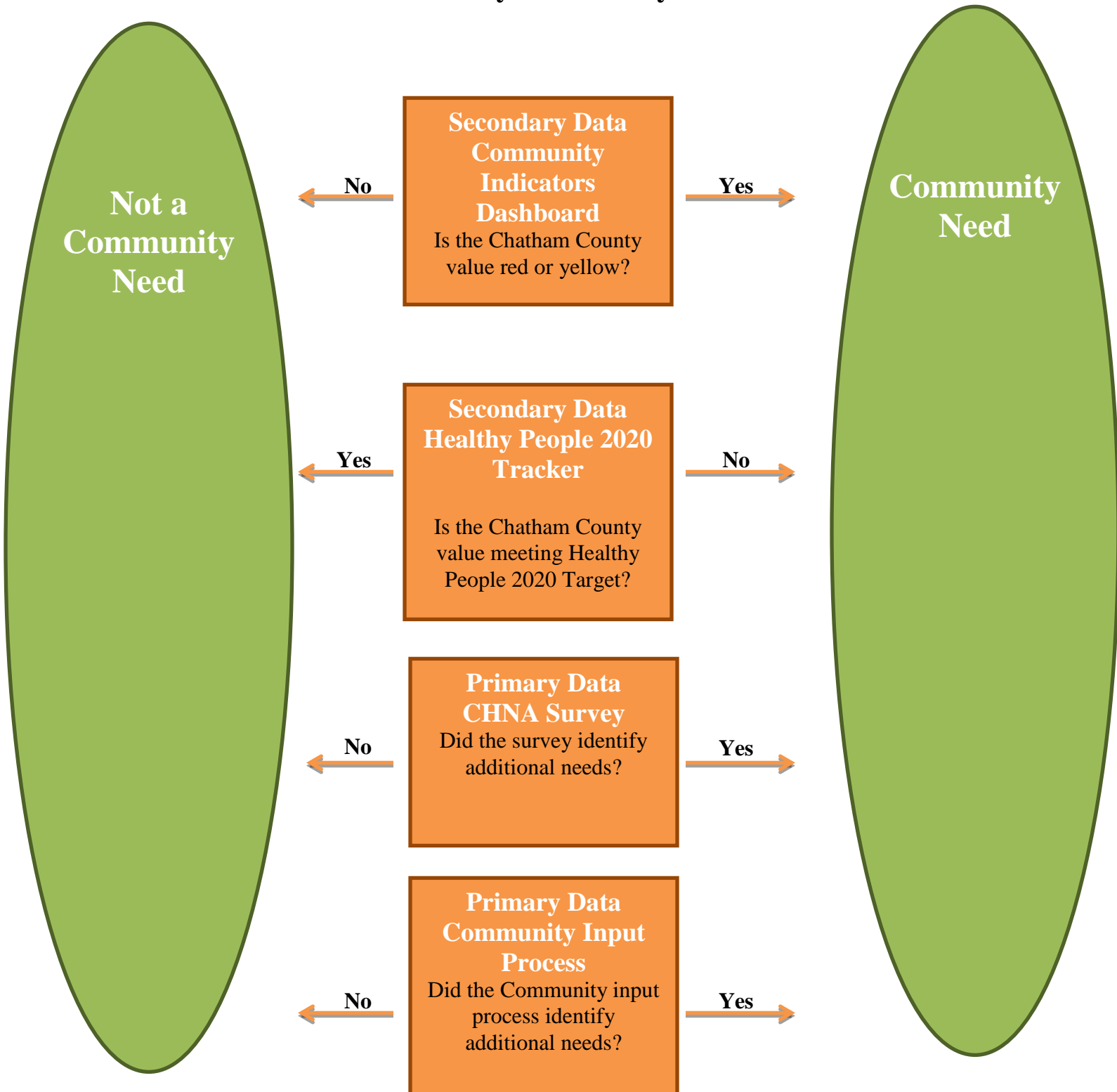
Fecha: _____

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Appendix 8 – Prioritization Decision Tree

Process to Identify Community Health Needs



St. Joseph's/Candler
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QUICK REFERENCE LIST

www.whitehouse.gov/affordablecareact

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

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

<https://www.chausa.org/docs/default-source/community-benefit/summary-of-chna-requirements.pdf?sfvrsn=2>

https://www.chausa.org/docs/default-source/community-benefit/2015-evaluatingcommunitybenefit-impact_web.pdf?sfvrsn=2

<https://www.healthypeople.gov/>

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

http://www.npc.umich.edu/publications/policy_briefs/brief9/

<https://oasis.state.ga.us/oasis/oasis/qryMCH.aspx>

www.cdc.gov/chronicdisease