Community Health Needs Assessment

FY 2013 – FY 2015

NORTHSIDE HOSPITAL
ATLANTA

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Executive Summary

About Us

Northside Hospital-Atlanta ("NHA") opened in 1970 with 250 inpatient beds in a then sparsely populated area north of downtown Atlanta, Georgia. Today, NHA is a 537-bed general acute care hospital, and is a leading provider of obstetrical and newborn care, surgical services, cancer care, emergency services and radiology services. NHA consistently delivers more babies than any other hospital in the country, has one of the largest surgical programs in Georgia and is the only hospital in metro Atlanta to be selected to participate in the National Cancer Institute Community Cancer Center Program. NHA is committed to serving all patients regardless of their ability to pay as evidenced by the $73.5 million in indigent and charity care provided in 2011. This amount represents 4.8% of the hospital's 2011 adjusted gross revenue.

Our Community

Broadly, NHA primarily serves portions of Cherokee, Cobb, DeKalb, Forsyth, Fulton and Gwinnett Counties. Given that the hospital only serves *portions* of the aforementioned counties, the hospital defined its "Community" on a ZIP-code level basis for this Community Health Needs Assessment ("CHNA") in order to identify and define a contiguous area that represents 75% of total inpatient and outpatient volume. It is important to note that no high-priority populations (e.g., indigent, minority, medically underserved or those with chronic conditions) were excluded from NHA's definition of Community.

In 2011, an estimated 2.1 million people resided in NHA's Community and the median age was 35; equivalent with the median age for Georgia's total population. A higher percentage of the Community is Caucasian and Asian compared to the race breakdown for the state. In addition, a higher percentage of NHA's Community is Hispanic or Latino (15%) when compared to Georgia (9%).

The Community is well educated as a higher percentage of the population holds advanced degrees compared to Georgia, and the Community's median household income in 2011 was $69,000 compared to $49,000 for Georgia. The Community is insulated from unemployment more so than the state as nearly 68% of the Community's working-age population is employed compared to 59% for Georgia. Accordingly, the Community's poverty rate (7%) is lower than Georgia's poverty rate (12%).

While the demographic data paints a picture of NHA's Community as one of general affluence, poverty does exist. For those families in poverty or who find themselves suddenly in financial distress due to broader economic conditions, it often is difficult for them to identify and obtain the emergency relief needed given that they reside in an otherwise affluent area of metro Atlanta.

Our Community's Access to Care

An estimated 23% of the Community's population under the age of 65 is uninsured.[1] There are nine (9) general acute care hospitals located within the Community and in 2011, these hospitals provided more than $310 million in total indigent and charity care combined. In fact, NHA provided the second highest dollar amount of indigent and charity care among these providers. Also, these nine hospitals have sufficient inpatient bed capacity to meet the Community's inpatient demand.

The majority of NHA's Community has sufficient numbers of primary care physicians per population according to the U.S. Department of Health and Human Services, with one major exception being all of Forsyth County which is designated as a Medically Underserved Area. In terms of patient access to physicians, within NHA's Community, a slightly higher percentage of minority populations (8%) reported dissatisfaction with their access to medical care when needed (i.e., physician visit) than Caucasians (6%).

[1] Understanding a true number of the uninsured for NHA's Community is challenging as uninsured data only is available at the county level and NHA's Community is defined at the ZIP-code level.

In the Community, there appears to be an inverse relationship between emergency room ("ER") utilization and household income: 43% of households with income under $25,000 reported ER utilization compared to just 28% of households with income over $75,000, indicating that the ER serves as the primary source of healthcare access for many low-income residents. Similarly, 38% of uninsured respondents reported ER utilization but only 18% reported utilizing outpatient or same day surgery. Thus, there appear to be barriers to routine, outpatient care which lead to higher utilization of the ER, likely for many non-emergent services, for low-income and uninsured members of the Community.

Our Community's Health Status

Healthy lifestyle behaviors such as eating a balanced diet with plenty of fresh fruits and vegetables, getting regular exercise, and not smoking all help increase a person's or community's health status. Compared to national and state benchmarks, a higher percentage of NHA's Community engages in healthy lifestyle behaviors; however, there is opportunity for improvement as risk for many diseases such as cancer and cardiovascular disease can be reduced with increased healthy lifestyle behaviors.

Much like ER utilization and household income, an inverse relationship exists between household income and self-reported health status. For example, 39% of Community respondents with household income less than $25,000 reported their health status as Fair or Poor compared to only 13% of households with income over $75,000.

Not surprisingly, the number of chronic conditions reported increased with age as Community respondents' ages 18-34 reported 3.5 chronic conditions compared to 5.0 chronic conditions reported for respondents' age 65-and-older. High blood pressure and high cholesterol repeatedly were cited as two of the top chronic conditions for the Community across all races, ethnicities and incomes. Smoking was cited as the number one or two "chronic condition" for low income and uninsured respondents; this appeared unique to these two populations in particular.

As with chronic conditions, the number of preventive health behaviors ("PHBs") reported by Community respondents also increased with age: Respondents ages 18-34 reported 2.8 PHBs compared to 5.8 behaviors for respondents age 65-and-older. Not surprisingly, lower income households reported fewer PHBs (2.9) than did higher income households (4.8). Numerous analyses were performed on the PHBs data by select populations (e.g., uninsured, low income and minority) a few noteworthy observations follow. First, stop smoking programs, weight loss programs, pre-natal care, mental health screening, and carotid artery screening are among the least used PHBs for all ages and particularly for vulnerable populations. Second, minorities reported fewer PHBs than Caucasian respondents: 3 vs. 5.

The top two leading causes of death for NHA's Community are major cardiovascular diseases and cancer, particularly lung, colon, breast, pancreatic, and prostate cancers. It is worth noting that while African Americans are at higher risk of developing certain diseases such as cardiovascular disease, prostate cancer and colorectal cancer, important preventive health screenings for these diseases are among the lowest utilized PHBs by the Community's African American population.

Another important measure of our Community's health status is the health status of our Community's mothers and babies. In 2010, 42% of Georgia's babies were born to a mother who resided in a NHA Community county. The rate of premature babies for our Community mirrors the state-wide rate of 12%. A high percentage of the state's minority premature births occurred in NHA's Community counties: 1) 37% of African American premature births, 2) 68% of Asian premature births and 3) 48% of Hispanic or Latino premature births.

Community Stakeholders

NHA sought input from stakeholders representing the broad interests of the community with particular emphasis on those representing vulnerable populations and/or with special knowledge in health care. A total of sixteen (16) interviews were conducted with stakeholders

from various segments of the Community including business, local governments, health experts and community organizations.

The stakeholders received a standard discussion guide to ensure a consistent methodology was utilized across all interviews. Among other issues, the discussion guide sought to uncover (A) the top issues negatively impacting the Community's health and (B) if the top issues mentioned were not health related, the top health issues facing the Community. A summary of the responses is provided below.

(A) Top issues negatively impacting the Community's health.

1. Lack of healthcare insurance
2. Poverty
3. Ignorance about healthcare options
4. Access to affordable health care
5. Transportation

(B) Top health-related issues impacting the Community.

1. Obesity/diabetes/poor nutrition
2. Dental care
3. Cardiovascular health
4. Mental health
5. Lack of pre-natal care/infant mortality/prematurity

Needs We Will Address

NHA assessed the health needs of its Community through a variety of "lenses": (1) overall access to health care, (2) the current health status of the Community and (3) important needs as identified by Community stakeholders. In total, 25 needs were identified. NHA consolidated the needs into different categories and then developed a five-step process for prioritizing the identified needs. The analysis resulted in the following list of needs that NHA will focus on based on the magnitude of the issue, the severity of the issue, the fit of the issue with NHA's

mission/expertise, the effect improvement will have on the broader Community and last, the effect improvement will have on vulnerable populations.

1. Cancer
2. Cardiovascular Disease
3. Preventive Health Services
4. Healthy Lifestyle Behaviors
5. Maternal and Infant Health

Needs We Will Not Address

Unfortunately, NHA is unable to address directly all of the Community's identified needs due to limited resources, magnitude/severity of the issue, existing resources available to meet the need, etc. The identified Community needs that NHA is not going to directly address at this time include: 1) obesity, 2) affordable care, 3) specialty care, 4) primary care, 5) mental health, and 6) transportation.

Some of the needs not selected (i.e., obesity) likely will benefit from activities undertaken to meet selected needs (i.e., healthy lifestyle behaviors). Other needs not selected such as affordable care and transportation are not within NHA's expertise and therefore NHA would be unable to effectively influence improvement. For mental health, NHA already is serving as a resource for vulnerable populations as 60% of the hospital's outpatient indigent and charity care cases are mental health cases. Additionally, there are more than 70 organizations in the Community aimed at helping those with mental and behavioral health issues. Thus, in order to maximize its resources, NHA has not selected mental health as a need on which to focus further. Last, while select populations are in need of increased access to primary and/or specialty care, NHA did not adopt this need as its magnitude and severity does not represent a need across the broader Community. In fact, according to the U.S. Department of Health and Human Services, there are only a few Medically Underserved Areas across NHA's entire Community and there are more than 800 existing resources to support the needs of the broader Community as well as those with specialty health needs; therefore, NHA will endeavor

to indirectly help address the issue of access to care through other adopted needs (e.g., PHBs and healthy lifestyle behaviors).

Overview of Our Implementation Strategy

While all of the identified needs affect the broader community, certain needs disproportionately impact vulnerable populations such as low-income persons or minority populations. Accordingly, NHA's implementation strategy will reflect the unique dynamics of each identified need and will employ tactics to ensure appropriate distribution of resources.

NHA intends to utilize myriad strategies to address the Community's needs including:

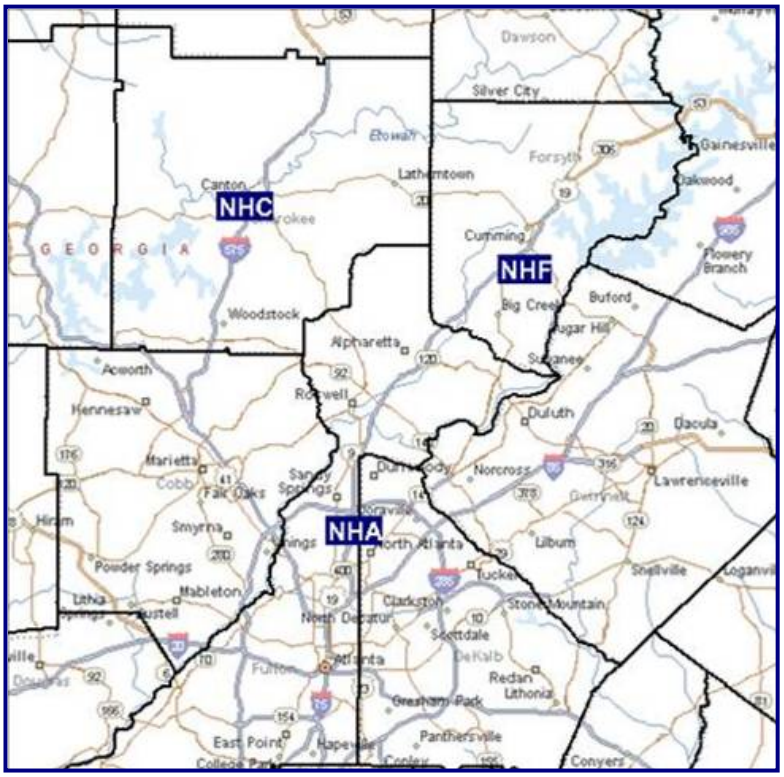
1. Financial assistance on behalf of uninsured, underinsured and low-income persons.
2. Community health improvement services:
    - Community health education outreach.
    - Community health screenings.
    - Support groups.
    - Community-based clinical services for reduced cost or free.
    - Health care support services such as enrollment assistance for government-funded health programs.
3. Collaborating with other mission-driven organizations to address health disparities and improve the Community's health status.
4. Financial and in-kind contributions for community benefit.
5. Reinvesting capital to expand or establish services and/or facilities in response to Community need.

Northside Hospital Atlanta

I. Introduction

About Us

The Northside Hospital System ("Northside") is composed of three not-for-profit hospitals located across the northern metropolitan Atlanta area: 1) Northside Hospital-Atlanta ("NHA"), 2) Northside Hospital-Cherokee ("NHC") and 3) Northside Hospital-Forsyth ("NHF").



Naturally, given the hospitals' proximity to one another and each hospital's patient catchment area, there is some degree of overlap among the three hospitals' service areas. However, in accordance with the Patient Protection and Affordable Care Act of 2010 (the "Affordable Care Act") and Internal Revenue Service Notice 2011-052, each hospital developed its own Community Health Needs Assessment ("CHNA" or "Assessment") reflective of the Community it serves. This Assessment specifically addresses the needs identified for NHA's Community.

NHA opened in 1970 with 250 inpatient beds in a then sparsely populated area north of downtown Atlanta, Georgia. Today, NHA is a 537-bed general acute care hospital. NHA is a leading provider of obstetrical and newborn care, surgical services, cancer care, emergency

services and radiology services. NHA consistently delivers more babies than any other hospital in the country, has one of the largest surgical programs in Georgia and is the only hospital in metro Atlanta to be selected to participate in the National Cancer Institute Community Cancer Center Program. In addition, NHA has more than sixty (60) outpatient centers located throughout its Community and across the Atlanta Metropolitan Statistical Area.

NHA is committed to serving all patients regardless of their ability to pay as evidenced by the $73.5 million in indigent and charity care provided in 2011. This amount represents 4.8% of the hospital's 2011 adjusted gross revenue.

Our Mission

Northside Hospital is committed to the health and wellness of our Community. As such, we dedicate ourselves to being a center of excellence in providing high-quality health care. We pledge compassionate support, personal guidance and uncompromising standards to our patients in their journeys toward health of body and mind. To ensure innovative and unsurpassed care for our patients, we are dedicated to maintaining our position as regional leaders in select medical specialties. And to enhance the wellness of our Community, we commit ourselves to providing a diverse array of educational and outreach programs.

Our Values

Northside's outstanding reputation in its industry is fueled by an instinctive devotion to a unique set of values. This statement of values defines and communicates those guiding, motivating philosophies that have led us to distinction.

- Excellence
- Compassion
- Community
- Service
- Teamwork
- Progress and Innovation

Our Community Health Needs Assessment Process

Northside developed a standardized process for conducting each hospital's CHNA. In short, Northside's Assessment process includes:

1. Review of hospital internal data.
2. Review of publicly available health data.
3. Review of proprietary quantitative consumer research data.
4. Stakeholder input from a variety of stakeholders representing the broad interests of the Community.
5. Summary and prioritization of needs identified.
6. Development of an implementation plan to address the needs identified.
7. Presentation of Assessment and implementation plan to the Board of Directors of Northside Hospital, Inc.
8. Public access to each of the hospital's Assessments.

Dedicated to Serving Our Community

II. Our Community

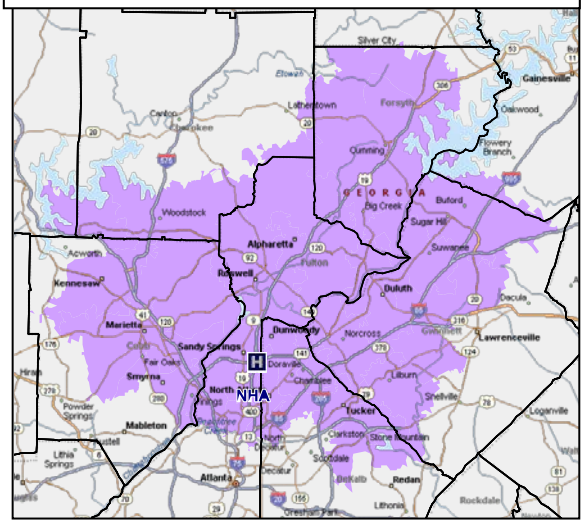
How We Defined Our "Community"

NHA has the largest reach of each of Northside's three hospitals. Broadly, NHA primarily serves portions of Cherokee, Cobb, DeKalb, Forsyth, Fulton, and Gwinnett Counties. Given that NHA only serves *portions* of the aforementioned counties, the hospital defined its "Community" on a ZIP-code level basis for this CHNA in order to identify and define a contiguous area that represents 75% of its total inpatient and outpatient volume. It is important to note that no high-priority populations (e.g., indigent, minority, medically underserved or those with chronic diseases) were excluded from the definition. The following chart lists all of the ZIP codes that comprise the NHA Community.

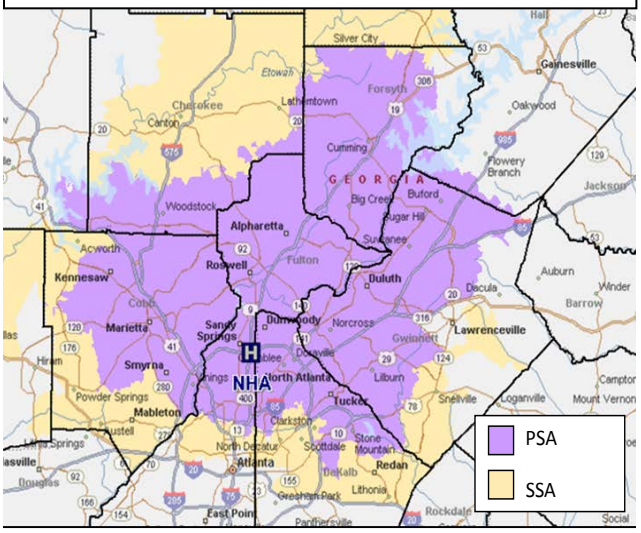
Northside Hospital-Atlanta CHNA Community Definition		% Total Cases
30004 ALPHARETTA,GA	30092 NORCROSS,GA	
30005 ALPHARETTA,GA	30093 NORCROSS,GA	
30008 MARIETTA,GA	30096 DULUTH,GA	
30009 MILTON,GA	30097 DULUTH,GA	
30022 ALPHARETTA,GA	30102 ACWORTH,GA	
30024 SUWANEE,GA	30144 KENNESAW,GA	
30028 CUMMING,GA	30152 KENNESAW,GA	
30040 CUMMING,GA	30188 WOODSTOCK,GA	
30041 CUMMING,GA	30189 WOODSTOCK,GA	
30043 LAWRENCEVILLE,GA	30305 ATLANTA,GA	
30044 LAWRENCEVILLE,GA	30319 ATLANTA,GA	
30047 LILBURN,GA	30324 ATLANTA,GA	
30060 MARIETTA,GA	30326 ATLANTA,GA	
30062 MARIETTA,GA	30327 ATLANTA,GA	
30063 MARIETTA,GA	30328 ATLANTA,GA	
30064 MARIETTA,GA	30329 ATLANTA,GA	
30066 MARIETTA,GA	30338 ATLANTA,GA	
30067 MARIETTA,GA	30339 ATLANTA,GA	
30068 MARIETTA,GA	30340 ATLANTA,GA	
30069 DOBBINS AIR FORCE	30341 ATLANTA,GA	
30071 NORCROSS,GA	30342 ATLANTA,GA	
30075 ROSWELL,GA	30345 ATLANTA,GA	
30076 ROSWELL,GA	30346 ATLANTA,GA	
30080 SMYRNA,GA	30350 ATLANTA,GA	
30083 STONE MOUNTAIN,GA	30360 ATLANTA,GA	
30084 TUCKER,GA	30518 BUFORD,GA	
30087 STONE MOUNTAIN,GA	30519 BUFORD,GA	75%

As the maps below illustrate, the Community definition used for NHA's CHNA mirrors the hospital's primary service area. Thus, the CHNA Community definition is an accurate representation of the Community actually served by NHA.

Northside Hospital-Atlanta
CHNA Service Area



Northside Hospital-Atlanta
Primary and Secondary Service Areas



Demographic Characteristics of Our Community

Age and Gender

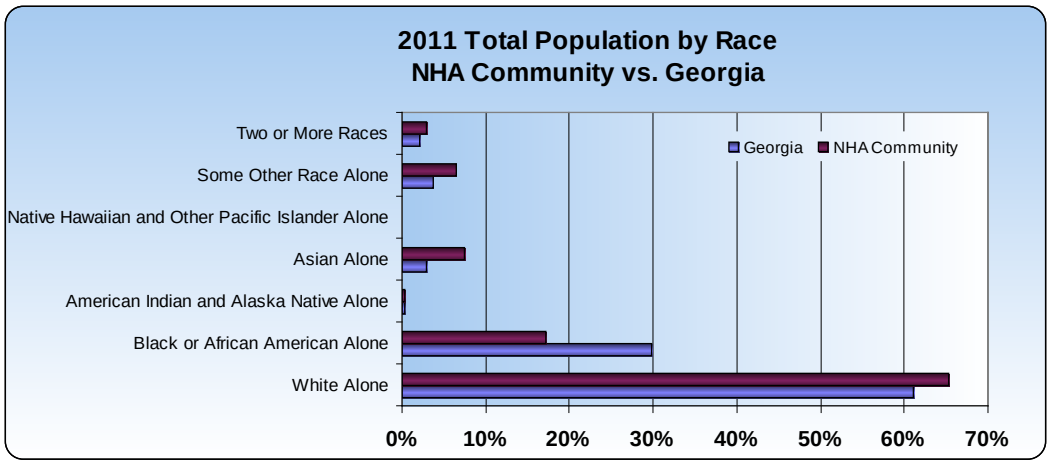
In 2011, an estimated 2.1 million people resided in NHA's Community.[2] The gender ratio was balanced, essentially 50/50, and the median age was 35; equivalent with the median age for Georgia's total population. Females 15-44 represented 21% of the Community's total population, the same as Georgia, and the 65+ age group represented 9% of the Community's total population compared to 11% for the state.

Race and Ethnicity

NHA's Community predominately is Caucasian with African Americans and Asians comprising the two largest minority populations. The chart below compares the racial composition of NHA's Community to Georgia. A larger percentage of NHA's Community is Caucasian and Asian

[2] Source: Nielsen Claritas

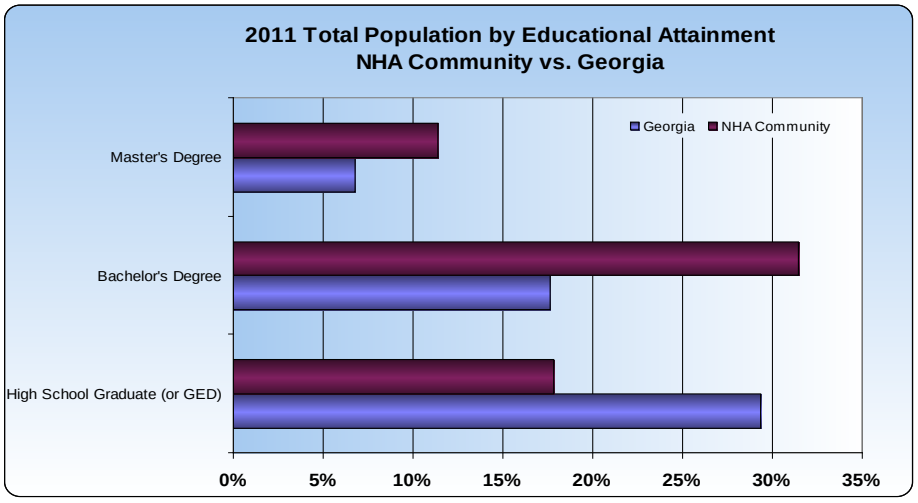
compared to the race breakdown for the state. In addition, a higher percentage of NHA's Community is Hispanic or Latino when compared to Georgia's statewide rate: 15% of NHA's Community is Hispanic or Latino compared to 9% for Georgia.



Source: Nielsen Claritas

Educational Attainment and Financial Status

As post-secondary education increases, so too does earning potential. NHA's Community is relatively affluent in terms of the highest educational attainment achieved, household income and housing values. As illustrated in the chart below, the percentage of NHA's Community with bachelors or masters degrees is nearly double the state-wide rate. Also, it is worth noting that the educational attainment of the Hispanic or Latino population in NHA's Community is very consistent with the state-wide rates with one primary exception: The percentage of Hispanics or Latinos with bachelor degrees in NHA's Community is 13% compared to 10% for Georgia.



Source: Nielsen Claritas

Given the higher percentage of population with advanced degrees, it is not surprising that the household income and housing values in NHA's Community exceeds state-wide rates as well. The largest percentage of the population in NHA's Community had 2011 household incomes of $100,000 or more compared to $25,000-$49,999 for Georgia. For Housing Unit value, nearly 55% of homes in the Community were valued at $200,000 or more compared to just 30% for Georgia.

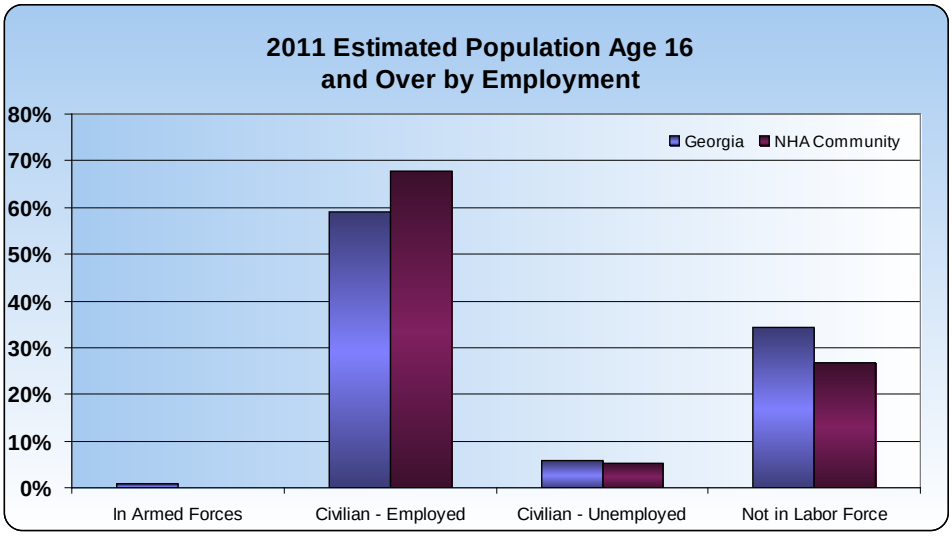
2011 Estimate Household Income	Georgia	NHA Community
Less than $24,999	24%	12%
$25,000 to $49,999	27%	22%
$50,000 to $74,999	20%	20%
$75,000 to $99,999	12%	15%
$100,000 or more	17%	30%

2011 Estimate All Owner-Occupied Housing Units by Value	Georgia	NHA Community
Less than $100,000	27%	6%
$100,000 to $199,999	43%	39%
$200,000 to $399,999	22%	39%
$400,000 or more	7%	16%

Source: Nielsen Claritas

Employment

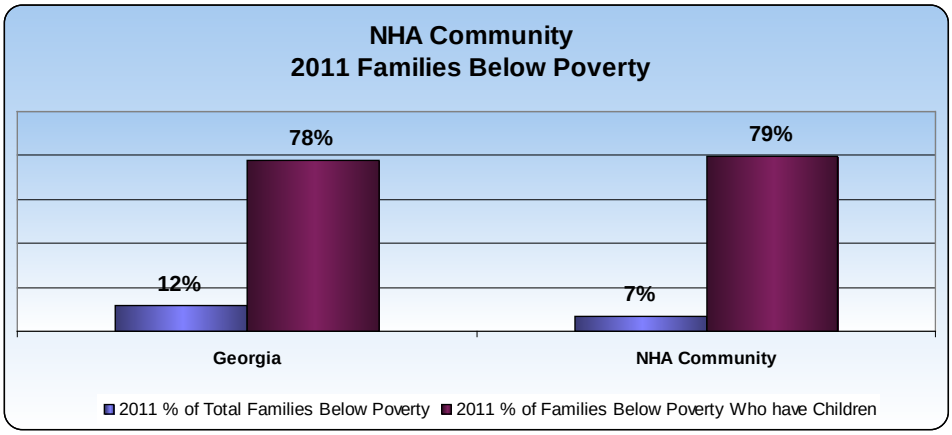
NHA's Community has a higher percentage of the working-aged population (i.e., age 16-and-older) employed than state wide. In fact, nearly 68% of the Community's population age 16-and-older is employed in non-military positions compared to 59% for Georgia. The Community also enjoys lower civilian unemployment and has a lower percentage of residents "not in the labor force"; not in the labor force includes all persons age 16-and-older who are not employed or looking for employment.



Source: Nielsen Claritas

Poverty

Consistent with the higher educational attainment and financial status demographics of NHA's Community, it is not surprising that the rate of poverty in the Community is lower than the state-wide rate[3]. In 2011, an estimated 35,600 families, or 7% of NHA's Community, were below the poverty level compared to nearly 12% of Georgia's families. One slight difference between the areas, however, is that in NHA's Community a higher percentage of families below poverty have children.



Source: Nielsen Claritas

While the demographic data paints a picture of NHA's Community as one of general affluence, poverty does exist. For those families in poverty or who find themselves suddenly in financial distress due to broader economic conditions, it often is difficult for them to identify and obtain the emergency relief needed given that they reside in an otherwise affluent area of metro Atlanta.

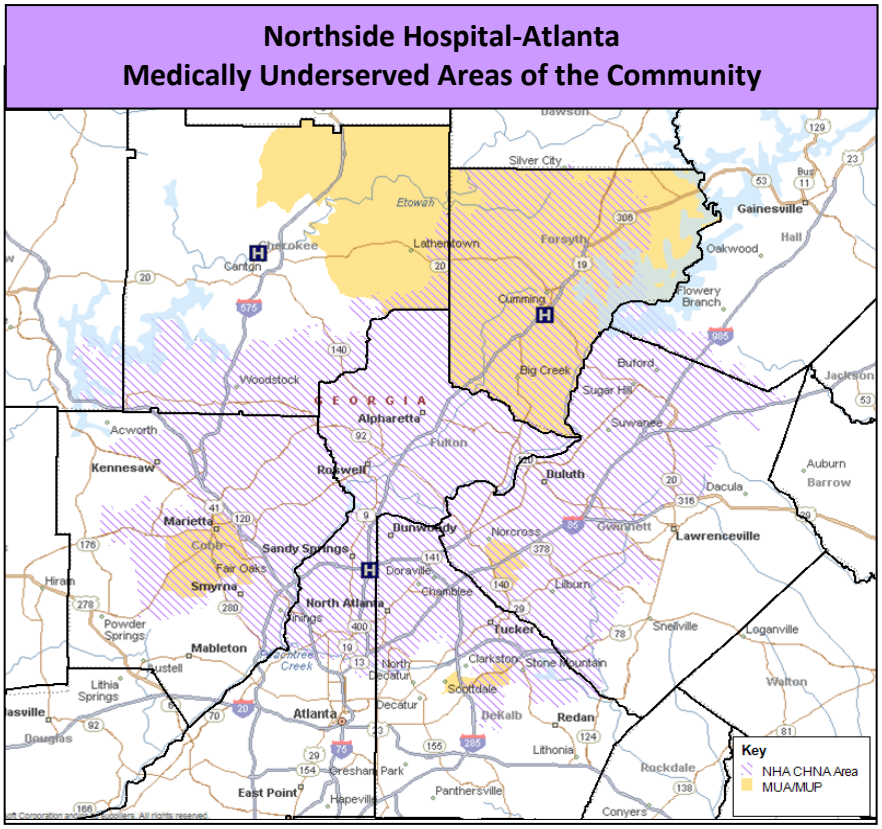
Our Community's Access to Health Care

Health Professional Shortage Areas and Medically Underserved Areas

By definition, Medically Underserved Areas ("MUA") may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.[4] Given that the majority of NHA's

[3] Poverty is based on the U.S. Census Bureau's *Poverty Thresholds for 2011 by Size of Family and Number of Related Children Under 18 Years.*
[4] http://www.hrsa.gov/shortage/

Community is in a densely populated metropolitan area, it is not surprising that there are only a few MUAs as determined by U.S. Department of Health and Human Services; note Forsyth County's MUA designation.

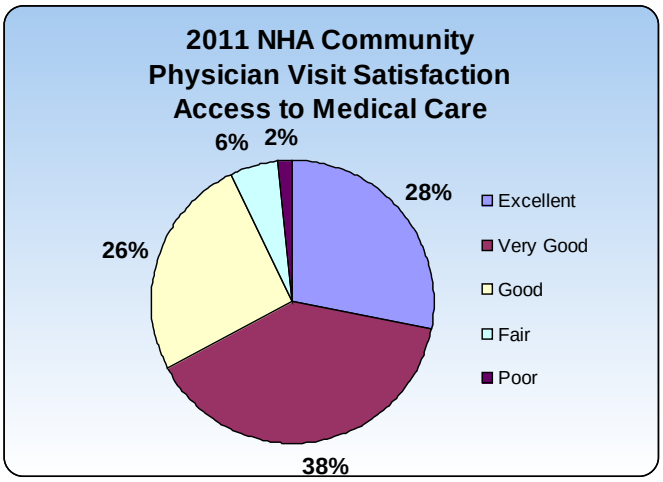


NHA supplemented publicly-available health data from national and state-level agencies with proprietary consumer market research data collected, tabulated and reported by the National Research Corporation[5] ("NRC"). Annually, the NRC conducts a Community Health Needs Assessment ("NRC Survey") using a proprietary questionnaire designed by NRC. Based on a representative sample of people residing in a NHA Community ZIP code, this proprietary data set includes consumers' feedback on their utilization of healthcare services, overall health status, chronic health conditions, preventable health behaviors, satisfaction with their health care providers and many other topics.

[5] Founded in 1981, the National Research Corporation is a healthcare research and quality improvement firm with extensive experience in designing, conducting, tabulating and reporting consumer market research. With a client roster including more than 2,000 hospital facilities and 6,000 long-term care providers, NRC is well-respected in the healthcare industry.

Physician Access by Community Member's Age

Sixty-seven percent (67%) of NRC Survey respondents from NHA's Community indicated that they thought their access to medical care when needed (i.e., physician visit) was either Excellent or Very Good; this is similar to the state-wide percentage (66%). The NRC Survey stratifies the responses by respondent age group – 18-34, 35-44, 45-64 and 65+ – interestingly, only three percent (3%) of respondents' age 65-and-older indicated that their access to medical care when needed was either Fair or Poor compared to a range of six to nine (6-9%) percent for all other age cohorts. When compared to the state-wide responses, again only three percent (3%) of state-wide respondents' age 65-and-older indicated their access to medical care when needed was Fair or Poor. Eight to ten percent (8-10%) of all other state-wide age cohorts indicated their access to medical care when needed was Fair to Poor; a slightly higher range than that of the Community. For both populations, Community and Georgia, the 18-34 age cohort expressed the highest percent of dissatisfaction with access to medical care when needed (i.e., physician visit).



Source: National Research Corporation, 2011 Community Health Needs Assessment

NHA Community - Snapshot

- 3% of 65+ pop thinks access to care Fair or Poor

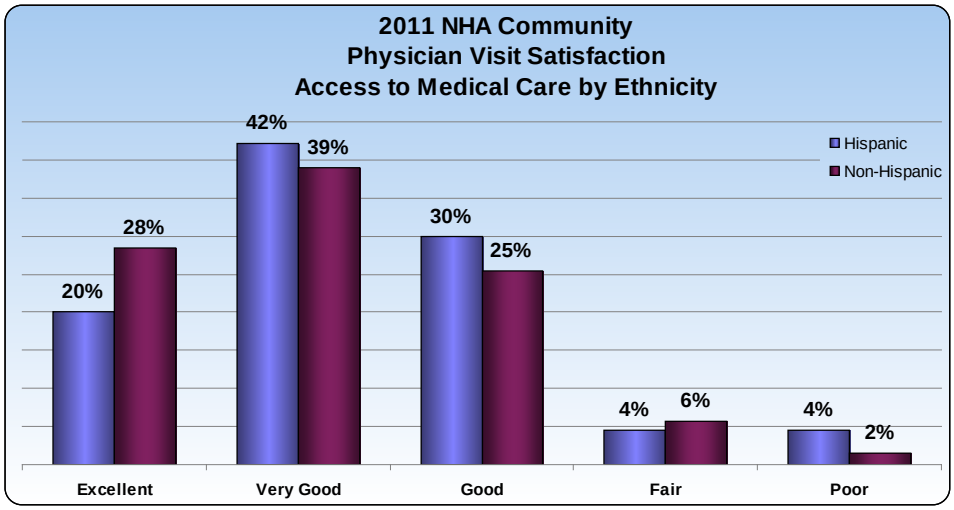
Vs.

- 6-9% all other age cohorts

Physician Access by Community Member's Ethnicity

The percentage of Hispanic respondents (66%) who reported their access to medical care when needed (i.e., physician visit) was either Excellent or Very Good was very similar to the 67% of Non-Hispanic respondents. However, a higher percentage of the Hispanic responses were Very Good versus Excellent but overall, the responses were comparable. Also, as noted in the graph

below, eight percent (8%) of Hispanic and Non-Hispanic respondents indicated that their access to medical care when needed is either Fair or Poor with a higher percentage of Hispanics categorizing their access as Poor than Non-Hispanics. While overall the responses do not indicate broad differences or disparities in access to medical care (i.e., physician visit) the undertone is that access is somewhat more difficult or limited for the Hispanic population.[6]

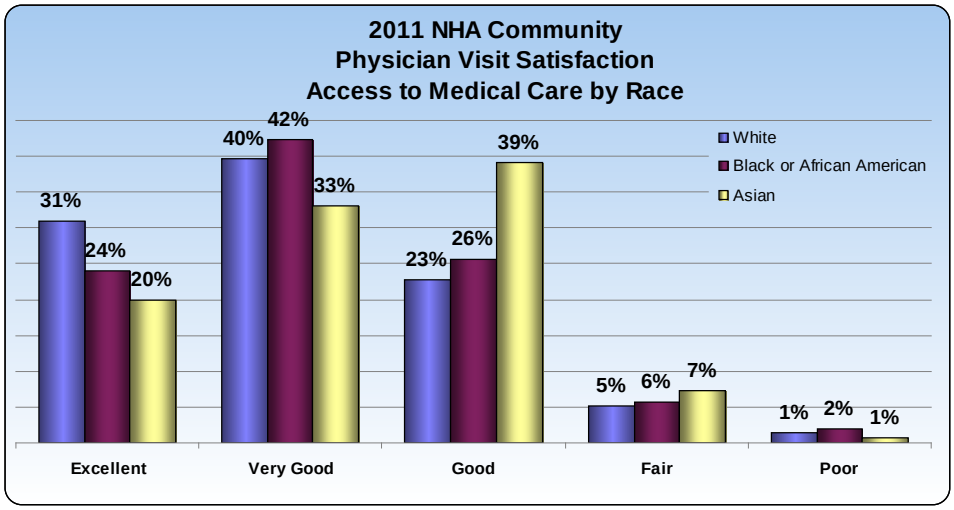


Source: National Research Corporation, 2011 Community Health Needs Assessment

Physician Access by Community Member's Race

Of Community respondents, White respondents reported the highest satisfaction with their access to medical care when needed (i.e., physician visit). As illustrated in the graph below, 71% of White respondents categorized their access as Excellent or Very Good compared to 66% for Black or African American respondents and only 53% of Asian respondents. Both Black or African American and Asian respondents reported a higher percentage of dissatisfaction (8%) with access to medical care when needed (i.e., physician visit) as compared to White respondents (6%). From this data it appears that Asian members of the Community are the least satisfied with access to physicians followed closely by Black or African American members.

[6] State-wide, 62% of Hispanic respondents indicated their access to medical care when needed (i.e., physician visit) was either Excellent or Very Good. Also, nine percent (9%) of Hispanics from across Georgia indicated their access was either Fair or Poor.



Source: National Research Corporation, 2011 Community Health Needs Assessment

Satisfaction with access to medical care when needed (i.e., physician visit) among Whites and Blacks or African Americans in Georgia and the Community is very similar. The most notable difference in satisfaction is between the state-wide Asian population's response of thirteen percent (13%) indicating their access to medical care as Fair or Poor compared to eight percent (8%) of Community Asian respondents. While within the Community, Asians reported greater dissatisfaction with access compared to other races; their satisfaction is higher than Asians across the state.

2011 Physician Visit Satisfaction Access to Medical Care GA vs. Community						
	Georgia			NHA Community		
Satisfaction	White	Black or African American	Asian	White	Black or African American	Asian
Excellent	31%	27%	16%	31%	24%	20%
Very Good	38%	38%	28%	40%	42%	33%
Good	24%	28%	42%	23%	26%	39%
Fair	5%	6%	10%	5%	6%	7%
Poor	2%	1%	3%	1%	2%	1%

Source: National Research Corporation, 2011 Community Health Needs Assessment

Percent Population Uninsured

In 2011, an estimated 2.1 million people resided in NHA's Community of which 1.5 million were eighteen-or-older. Understanding a true number of the uninsured for NHA's Community is challenging as uninsured data is only available at the county level and NHA's Community is defined at the ZIP-code level. Nonetheless, the counties comprising NHA's Community

experienced uninsured rates of an estimated 23% of the population under the age of 65.[7] The uninsured rate of NHA's Community counties is very similar to that of Georgia which was an estimated 22%.

Hospitals and Number of Beds per 10,000 Population

There are nine (9) general acute care hospitals with a total of 2,412 beds located in NHA's Community.[8] In 2011, there were 15.6 general acute care beds per 10,000 adults in the Community compared to 32.8 general acute care hospital beds per 10,000 adults for the state. NHA's Community generated more than 580,000 adult (i.e., 18-and-older) general acute care inpatient days. Based on an optimal utilization level of 75%[9], the Community generated total need for 2,120 general acute care inpatient beds. Thus, while the Community may appear under bedded as compared to Georgia, based on the Community's utilization, there is a slight surplus of general acute care inpatient beds as defined by the GA DCH.

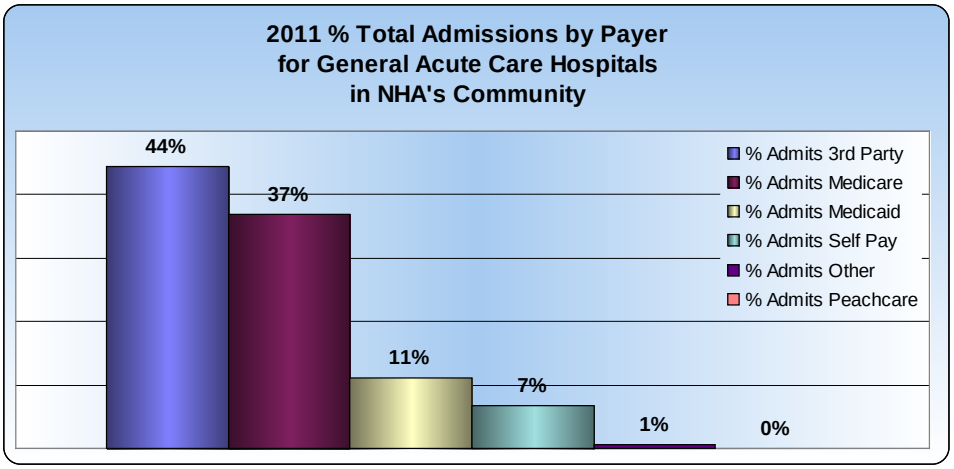
Percent Admissions by Payer

In 2011, these nine (9) hospitals reported 110,512 total admissions. The percent of total admissions by government and non-government payer is presented below. Given NHA's large obstetrics program, Medicare represented just 15% of its 2011 admissions compared to an average 37% for all nine (9) providers. Conversely, NHA had the highest percentage of 2011 Medicaid admissions (16%) of any provider in the Community, also likely attributable to its large obstetrics program.

[7] U.S. Census Bureau, Small Area Health Insurance Estimates, 2010 data

[8] Total includes Emory Orthopaedic & Spine Hospital. Total excludes six (6) specialty hospitals including a dedicated children's hospital, a geriatric hospital, a geriatric long-term care hospital, a long-term acute care hospital and several hospitals dedicated to treating mental, behavioral and chemical dependency conditions.

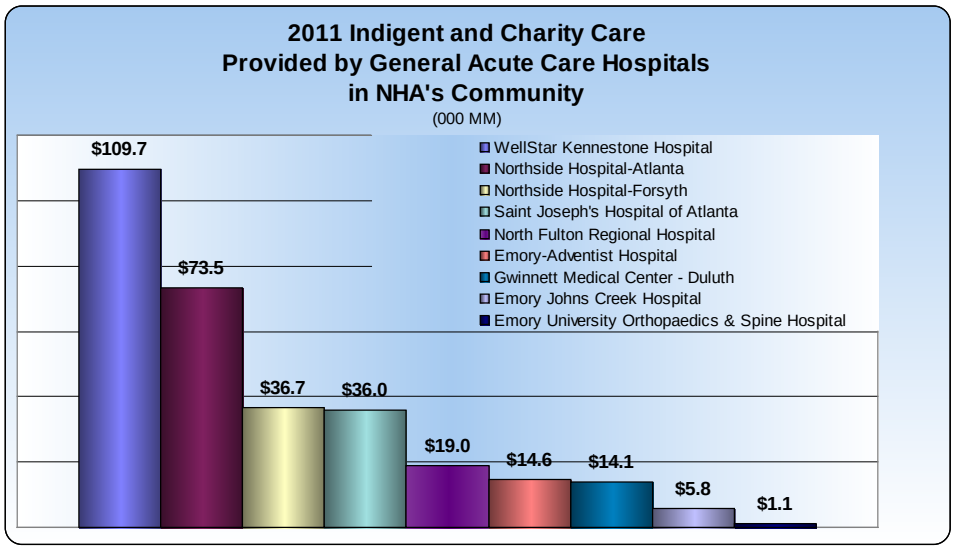
[9] The Georgia Department of Community Health's ("GA DCH") Short-Stay General Hospital Beds Rule defines optimal occupancy rate for hospitals located in a non-rural county as seventy-five percent (75%).



Source: 2011 Georgia Department of Community Health, Annual Hospital Questionnaire

Percent Indigent and Charity Care Provided by Hospitals in the Community

Indigent and charity care often is used as a metric for assessing a community's access to healthcare services, particularly for individuals with limited financial means. The level of indigent and charity care provided by the nine (9) general acute care hospitals in NHA's Community varies widely. In 2011, the nine (9) general acute care hospitals in NHA's Community provided more than $310 million in indigent and charity care combined. NHA provided the second largest dollar amount ($73.5 million) of indigent and charity care of any general acute care provider in the Community, demonstrating that it is providing community benefit and serving all patients regardless of their ability to pay. In fact, NHA provided the seventh largest amount of indigent and charity care of all general acute hospitals in Georgia.

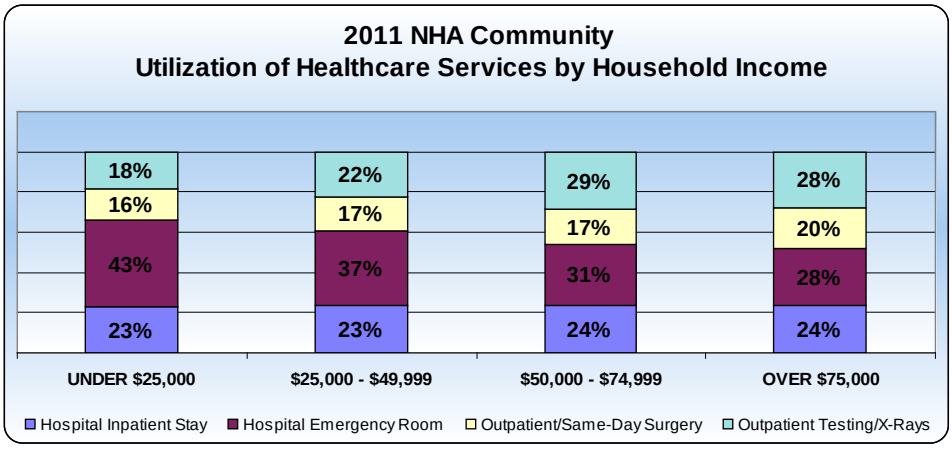


Source: 2011 Georgia Department of Community Health, Annual Hospital Financial Survey

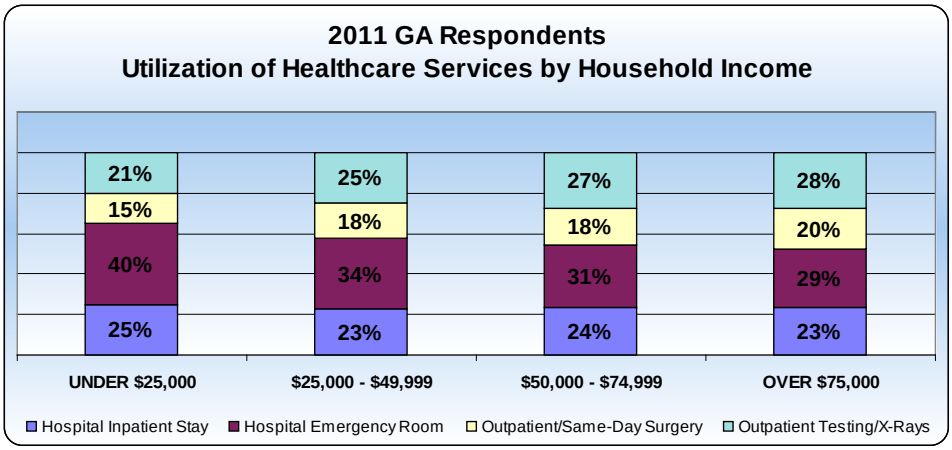
As noted previously, NHA supplemented publicly-available health data from national and state-level agencies with proprietary consumer market research data collected, tabulated and reported by the NRC.

Healthcare Utilization by Household Income and Race

The NRC Survey asked households to report their healthcare utilization by type of service (i.e., Hospital Inpatient Stay, Hospital Emergency Room, Outpatient/Same-Day Surgery and Outpatient Testing/X-Rays). In 2011 across all income levels, the hospital emergency room ("ER") was the most frequently utilized healthcare service. While households of all income levels reported having access to the four categories of healthcare services, it is important to note that a larger percentage of households with incomes under $25,000 reported utilizing the hospital ER compared to higher income brackets: As income increases the percentage of households reporting hospital ER utilization decreases. Additionally, as household income increases so too does utilization of Outpatient/Same-Day Surgery and Outpatient Testing/X-Rays indicating possible access barriers to care to these services for lower income households in NHA's Community. The experiences of NHA's Community mirror those of Georgia residents as a whole, as indicated in the graphs below.



Source: National Research Corporation, 2011 Community Health Needs Assessment



Source: National Research Corporation, 2011 Community Health Needs Assessment

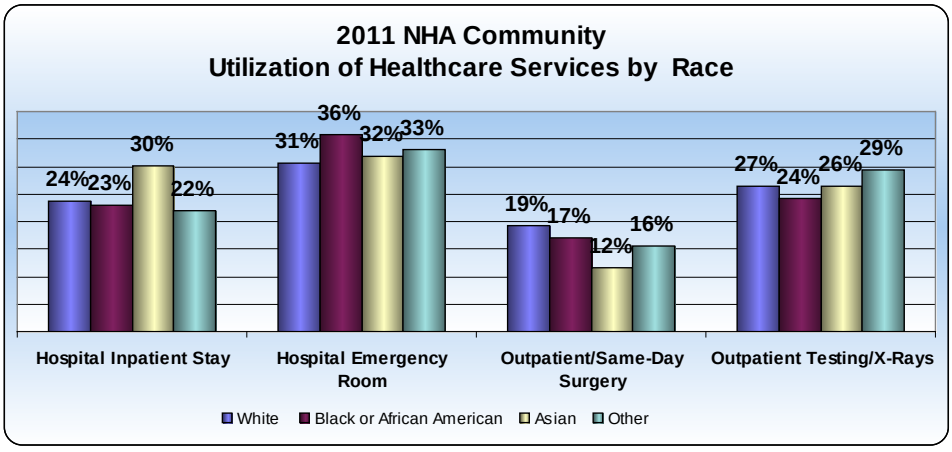
When analyzing healthcare utilization by race, the responses were fairly homogenous for each type of service with the exception of one racial group having slightly higher utilization within each service as summarized below:

1) Hospital inpatient stay – Asian

2) Hospital emergency room – Black or African American

3) Outpatient/same-day surgery – White

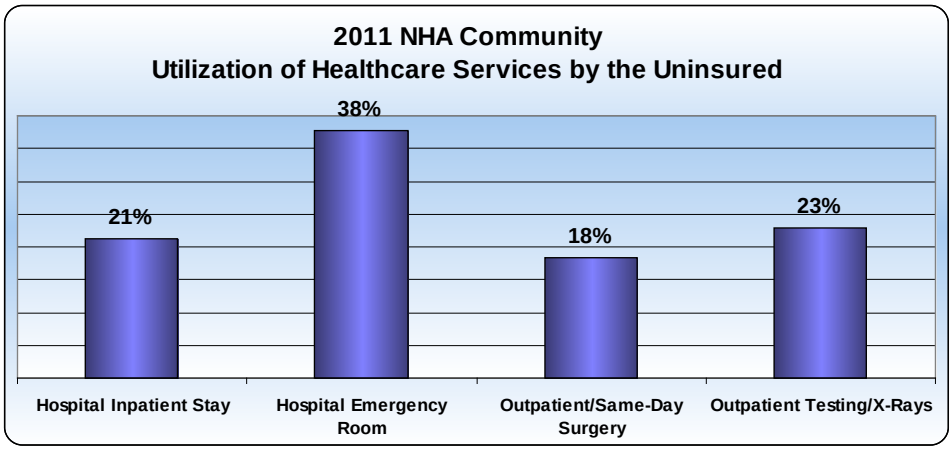
4) Outpatient testing/x-ray – Other



Source: National Research Corporation, 2011 Community Health Needs Assessment

Healthcare Utilization by the Uninsured

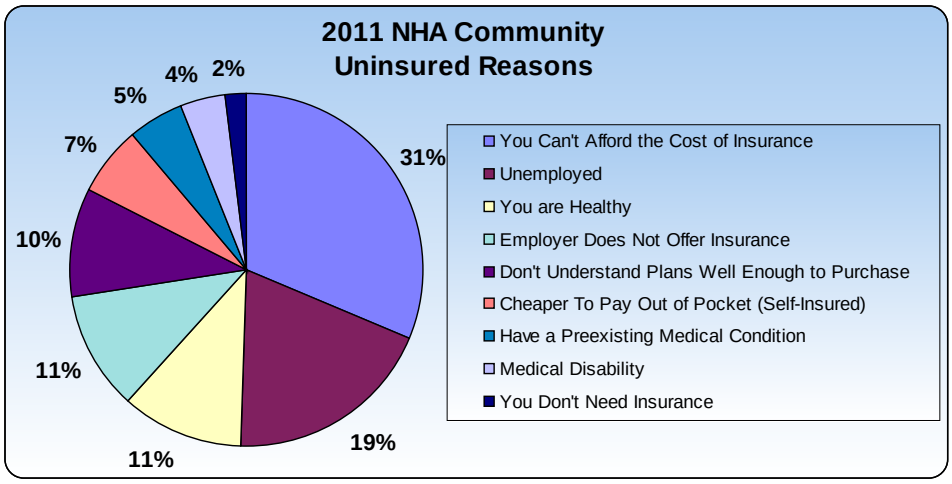
While the NRC Survey captures healthcare utilization by a variety of health plans – HMO, fee-for-service ("FFS"), preferred provider organizations ("PPO"), point-of-services plans ("POS"), Medicare, Medicaid, and Uninsured – NHA elected to focus on the uninsured population. As noted in the chart below, the hospital ER was the service most frequently cited by the uninsured respondents. This result is in-keeping with industry experience as the ER often is the only means of accessing health care for this segment of the population. Also of note is that Outpatient/Same-Day Surgery is the least utilized service for the uninsured respondents. Reasons for the low utilization of outpatient surgery services by the uninsured likely are due to financial barriers to care and the non-emergent nature of outpatient surgery. Uninsured patients are likely to delay obtaining outpatient surgical care until the condition becomes an emergency and then seek care in a more expensive site of delivery: the ER.



Source: National Research Corporation, 2011 Community Health Needs Assessment

Reasons for being Uninsured

Not unlike the national landscape, the most frequently cited reasons why uninsured respondents from the Community lacked insurance were because respondents could not afford insurance and/or they were unemployed. The remaining reasons for lack of insurance are summarized in the chart below.



Source: National Research Corporation, 2011 Community Health Needs Assessment

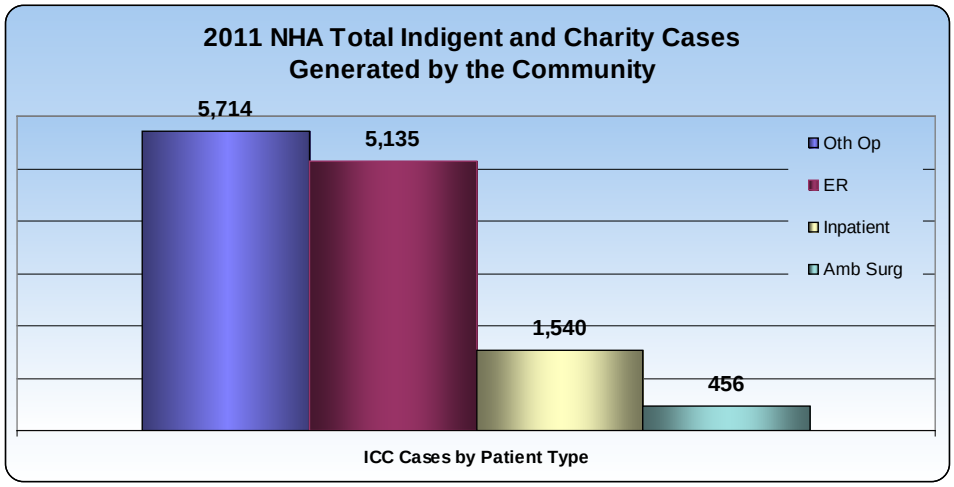
Our Community's Health Status

NHA utilized a variety of data sources to attempt to assemble as comprehensive an overview of the Community's health status as possible. Extra care was taken to ensure that all populations – general, financially disadvantaged, minority – were represented in the data. Sources utilized include NHA internal data, NRC proprietary data and public health data.

NHA's Indigent and Charity Care Patients

In 2011, NHA provided $57.5 million in indigent and charity care to the Community.[10] Broadly, services rendered can be grouped into ambulatory surgery, emergency room, inpatient services and other outpatient services with nearly 85% of indigent and charity care cases falling into other outpatient services and the emergency room as depicted in the chart below.

[10] It is important to note that this figure only includes indigent and charity care provided to residents of the Community, representing 70% of the hospital's total indigent and charity care (i.e., all patients served by the hospital regardless of residence). In 2011, NHA provided a total of $73.5 million in indigent and charity care.



Source: NHA internal records Note: Includes newborns

Upon further analysis of the other outpatient services utilized by the indigent and charity population, sixty percent (60%), or 3,428 of the 5,714 indigent and charity cases, utilized NHA's mental health services.

In stark contrast, it is challenging to identify a leading cause or two of ER utilization by NHA's indigent and charity population from the Community as the 5,135 emergency charity cases had a very large range of principal diagnoses; in fact, they are too numerous to list separately. The top ten diagnoses by case volume represented approximately twenty percent (20%) of total indigent and charity emergency cases and are summarized in the table below.

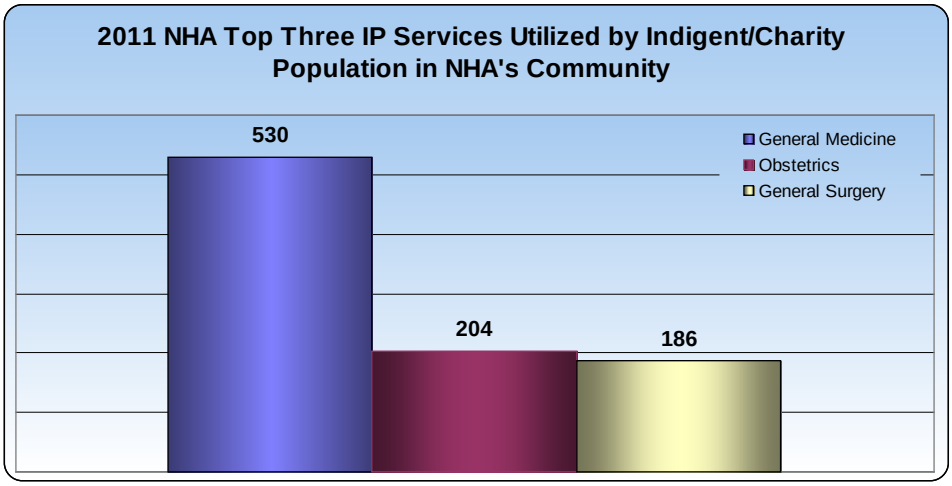
2011 NHA Community ICC - ER Cases
Top 10 Diagnoses

Princ Dx	Description	Cases	% to Total
789	Abdmnal pain unspcf site	194	4%
784	Headache	150	3%
648.93	Oth curr cond-antepartum	99	2%
599	Urin tract infection NOS	92	2%
786.59	Chest pain NEC	89	2%
786.5	Chest pain NOS	83	2%
462	Acute pharyngitis	79	2%
466	Acute bronchitis	77	1%
493.92	Asthma NOS w (ac) exac	75	1%
640.03	Threaten abort-antepart	69	1%
Total Top 10 Diagnoses		**1,007**	**20%**

Source: NHA internal records

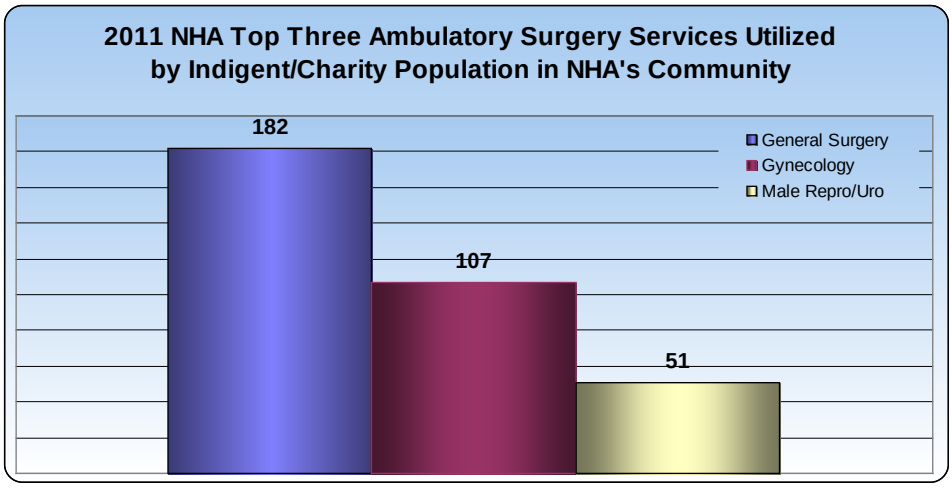
On the inpatient side, the Community's indigent and charity population had the highest utilization of general medicine, obstetrics and general surgery services. These three inpatient

service lines represented sixty percent (60%) of the Community's inpatient indigent and charity utilization.



Source: NHA internal records

Similar to the demand for inpatient services, demand for outpatient surgical services is concentrated among three service lines as indicated in the graph below. Together, these three service lines comprise seventy-five percent (75%) of the Community's need for indigent and charity ambulatory surgical services.



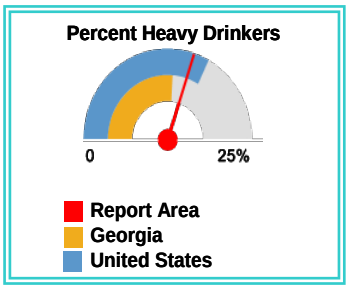
Source: NHA internal records

The Community's Lifestyle/Health Behaviors

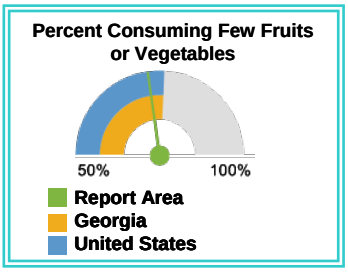
NHA relied upon CHNA.org for certain of its community health status data. CHNA.org is a free web-based program that compiles data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010 into an easy-to-use web-based tool. Data only is available at the county level so the "Report Area" captured in the data below are the counties comprising NHA's Community: Cherokee, Cobb, DeKalb, Forsyth, Fulton, and Gwinnett. While NHA's Community only includes portions of these counties, the data provide a broad picture of the Community's health behaviors.

Poor health behaviors such as poor diet, lack of exercise, and substance abuse can contribute to an individual's and community's poor health status. Below are several measures of the Community's health status from CHNA.org. Overall, NHA's Community has more positive health status indicators as compared to Georgia or even the United States.

The only indicator in which the Community underperforms the state benchmark is the heavy consumption of alcohol. The percentage of Community adults' age eighteen-and-older who self-reported as being heavy drinkers* is 16% which is higher than the Georgia-wide rate of 13% but lower than the national rate of nearly 17%. This indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.



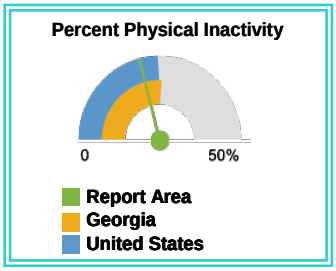
**Respondents are considered heavy drinkers if they were male and reported having more than 2 drinks per day, or females that reported having more than 1 drink per day*

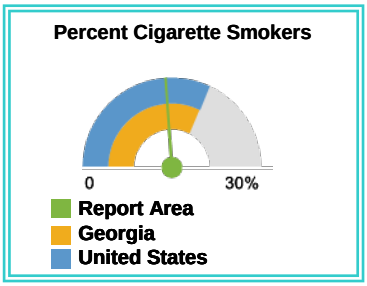


It is widely-known that a well-rounded diet including several daily servings of fruits and vegetables helps promote a healthy lifestyle and reduces the risks of numerous chronic diseases such as cancer, diabetes and heart disease to name a few examples. Seventy-two percent (72%) of adults in the Community self-reported a diet consisting of few fruits and vegetables compared to 76% for both Georgia and the U.S.*

**76% of Cherokee County respondents reported consuming few fruits and vegetables. Percentages are based on respondents reporting the consumption of five or more servings of fruits and vegetable per week.*

A sedentary lifestyle can lead to significant health problems such as obesity or cardiovascular disease. This metric compares the Community's inactivity level to Georgia and the U.S. Again, the Community's health status is slightly more positive than the comparison groups as 21% of adults in the Community reported no time for leisure activities compared to 25% for Georgia and the U.S.

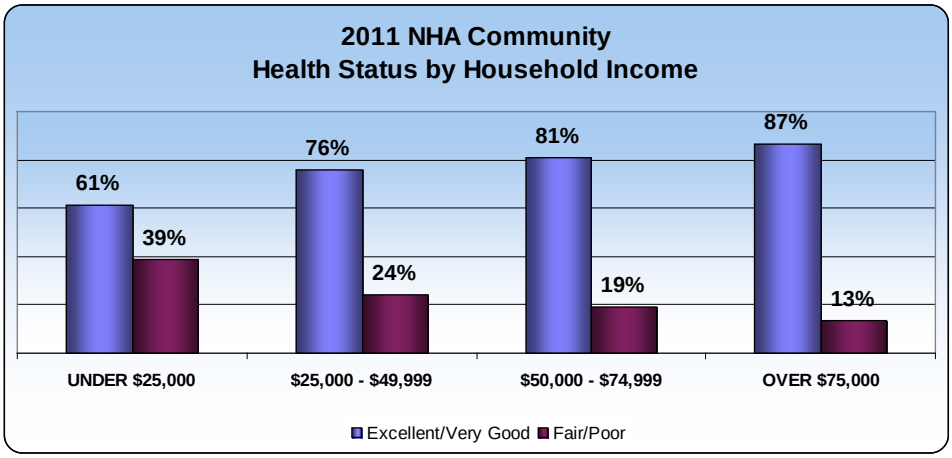




Cigarette smoking is linked to leading causes of death such as cancer and cardiovascular disease. Also, according to the National Institutes of Health, the most common irritant in the United States that causes chronic obstructive pulmonary disease is cigarette smoke. Fourteen percent (14%) of adults in NHA's Community self-reported themselves as smokers compared to nineteen (19%) of adults in Georgia and across the U.S.

Health Status by Household Income

As household income increases, a greater percentage of respondents in each household income bracket reported that their overall health status was Excellent/Very Good. Thus, there appears to be a correlation between a positive health status self-assessment and household income. For households with income under $25,000, thirty-nine percent (39%) of respondents reported a health status of Fair/Poor compared to only thirteen percent (13%) of households with income over $75,000. The health status of NHA's Community by household income mirrored that of respondents from across Georgia.



Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions

The NRC provides a comprehensive list of chronic conditions to respondents of its NRC Survey. Respondents are asked "Has ANY HOUSEHOLD MEMBER been diagnosed as having any of the following health problems? (Select as many as apply.)"

National Research Corporation List of Chronic Conditions Provided to Community Health Needs Assessment Survey Respondents			
Allergies-Hay Fever	Chronic Headaches	High Cholesterol	Sciatica/Chronic Back Pain
Allergies-Other	Chronic Heartburn	Indigestion/Irritable Bowel	Sinus Problem
Arthritis	Depression/Anxiety Disorder	Migraines	Skin Cancer
Asthma	Diabetes	No Chronic Conditions in HH	Sleep Problem/Insomnia
Attention Deficit Disorder	Eating Disorder	Obesity/Weight Problems	Smoker
Cancer (Other than Skin)	Heart Disease	Osteoporosis	Stomach Ulcer
Cataract	High Blood Pressure	Other Chronic Condition	Stroke

Given that this particular question applies to any member in the household and not just the NRC Survey respondent, the chronic conditions summarized in the following sections are a very good representation of the Community's health status.

Our Community's Top Chronic Conditions – By Age

The top ten chronic conditions (i.e., the most frequently mentioned) for all respondent age groups in NHA's Community are summarized below. As respondent age increases, so too do the number of chronic conditions reported per household. Respondents' age 18-34 reported an average of 3.5 chronic conditions for their household and the rate steadily increased among the 35-44 and 45-64 age cohorts culminating with an average of 5.0 chronic conditions reported for respondents' age 65-and-older. Also, High Blood Pressure was in the top five chronic conditions across all four age cohorts and Allergies-Other was cited in three of the four age cohorts.

2011 NHA Community Top Ten Chronic Conditions, All Ages	
Chronic Condition	**Average Age**
High Blood Pressure	51
High Cholesterol	53
Allergies-Other	44
No Chronic Conditions in HH	42
Smoker	45
Allergies-Hay Fever	49
Arthritis	53
Depression/Anxiety Disorder	46
Asthma	43
Diabetes	50

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – By Household Income

NHA analyzed the top ten chronic conditions (i.e., the most frequently mentioned) by household income to see if there were any differences between households of all incomes and low-income households.[11] While many chronic conditions affecting all households also affect low-income households, there are subtle differences in the ranking or hierarchy of the chronic conditions. Of note is that Smoker is the number one chronic condition for low-income households. Cigarette smoking is linked to heart disease and hypertension. Also, it can increase blood pressure. In fact, about 30% of all deaths from heart disease in the U.S. are directly related to cigarette smoking.[12]

2011 NHA Community Top Ten Chronic Conditions All Households
High Blood Pressure
High Cholesterol
Allergies-Other
Smoker
No Chronic Conditions in HH
Allergies-Hay Fever
Arthritis
Depression/Anxiety Disorder
Asthma
Diabetes

2011 NHA Community Top Ten Chronic Conditions Low-Income Households
Smoker
No Chronic Conditions in HH
High Blood Pressure
High Cholesterol
Allergies-Other
Depression/Anxiety Disorder
Arthritis
Asthma
Obesity/Weight Problems
Sleep Problem/Insomnia

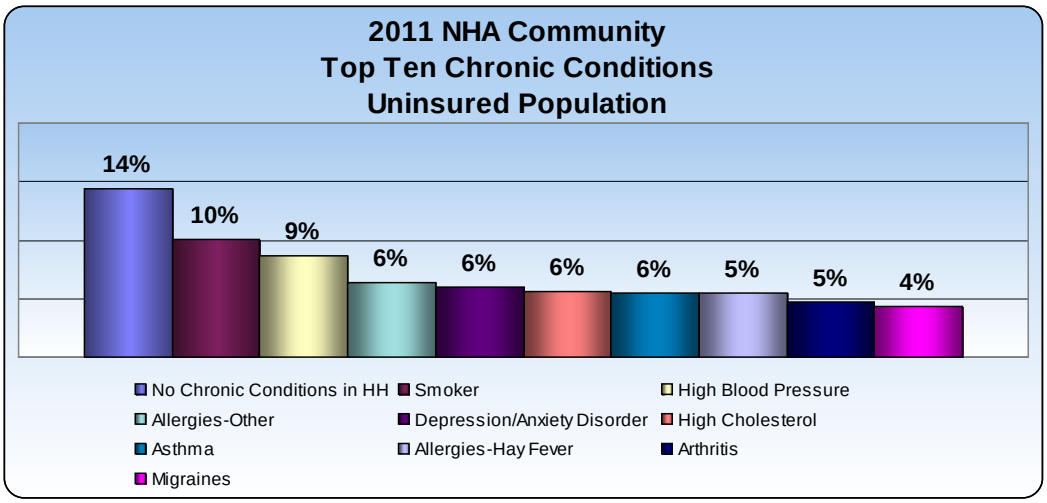
Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – Uninsured

As noted previously in this CHNA, when asked the reason for being uninsured, eleven percent (11%) of NRC Survey respondents indicated that they are healthy hence they do not "need" health insurance. Consistent with this rationale, of all the chronic conditions cited by the Community's uninsured respondents, the most frequently cited chronic condition, fourteen percent (14%), was No Chronic Conditions in the Household.

There are several similarities between the top chronic conditions among low-income households and the uninsured: namely Smoking, High Blood Pressure and No Chronic Conditions.

[11] Low-income households are defined as those households with income under $25,000.
[12] Source: http://www.webmd.com/hypertension-high-blood-pressure/guide/kicking-habit



Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – By Ethnicity

Much like with the household income comparison, there are many similarities between the top ten chronic conditions (i.e., the most frequently mentioned) for the Hispanic and Non-Hispanic respondents, with subtle differences in the ranking or hierarchy of the chronic conditions. Of note is that No Chronic Conditions in Household was the most frequently cited response from Hispanic residents. Another important distinction is that Depression/Anxiety Disorder appears in the top five chronic conditions for the Hispanic respondents and also in the uninsured respondents' top five but not in any other population group analyzed (e.g., all ages, all household incomes and low-income households).

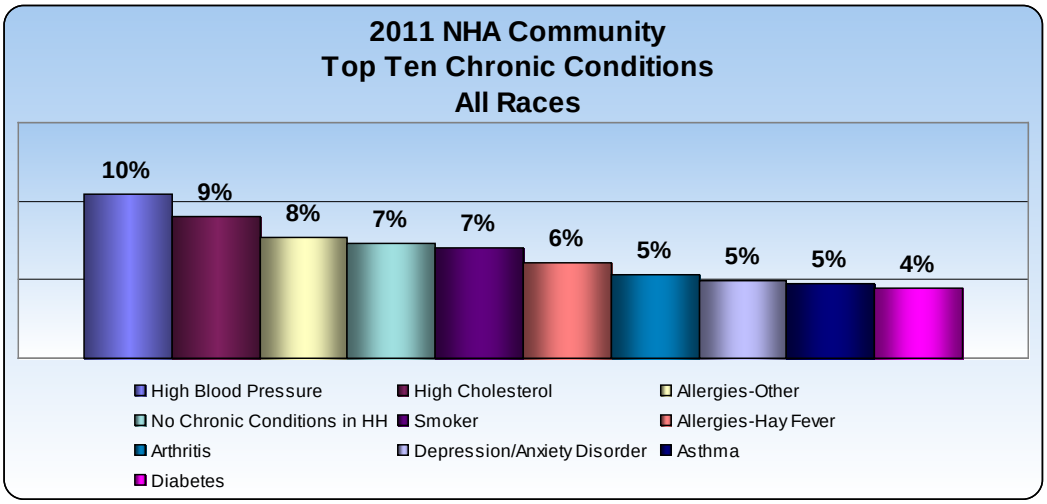
2011 NHA Community Top Ten Chronic Health Conditions Hispanic
No Chronic Conditions in HH
High Blood Pressure
Allergies-Other
High Cholesterol
Depression/Anxiety Disorder
Migraines
Diabetes
Arthritis
Asthma
Allergies-Hay Fever

2011 NHA Community Top Ten Chronic Health Conditions Non-Hispanic
High Blood Pressure
High Cholesterol
Allergies-Other
No Chronic Conditions in HH
Allergies-Hay Fever
Arthritis
Depression/Anxiety Disorder
Asthma
Diabetes
Obesity/Weight Problems

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – By Race

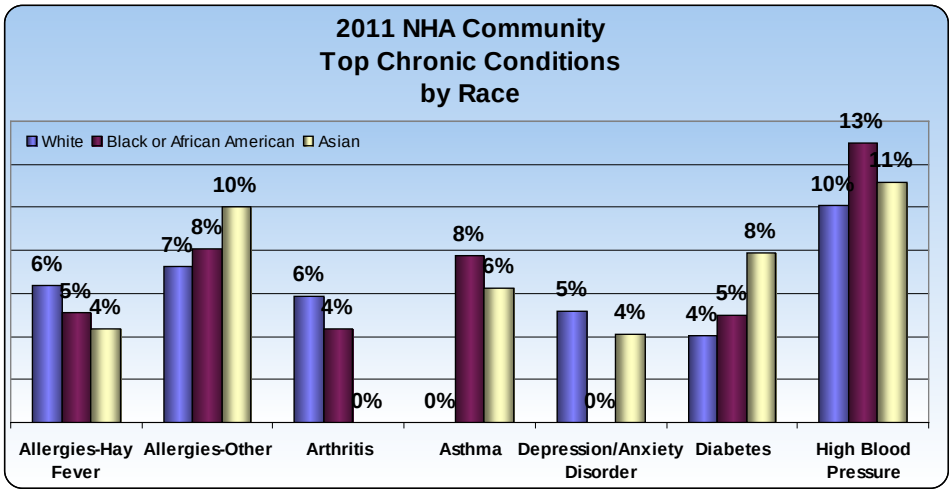
The most frequently cited chronic conditions for all races are very similar to those cited by all ages. This similarity is likely due to the fact that NHA's Community is predominately White and the NRC research is representative of the Community.



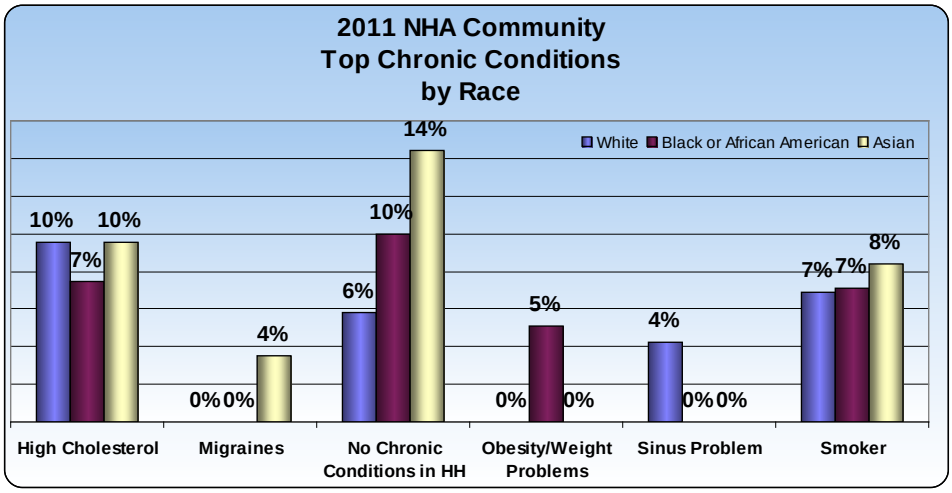
Source: National Research Corporation, 2011 Community Health Needs Assessment

Several aspects of the Community's health status by race warrant highlighting. As expected several chronic conditions are frequently cited among all races – White, Black or African American and Asian – including: Allergies, High Blood Pressure, High Cholesterol, and Smoking. All four (4) of these chronic conditions were among the top chronic conditions by each race.

However, there are several differences among the races that are worth noting as well. Concentrating on minority populations only, there are three chronic conditions that appear in the top ten for either Black or African Americans and/or Asians that do not appear in the top ten chronic conditions for Whites: 1) Asthma, 2) Migraines and 3) Obesity/Weight Problems.



Source: National Research Corporation, 2011 Community Health Needs Assessment



Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Preventive Health Behaviors

The NRC provides a comprehensive list of preventive health behaviors ("PHBs") to respondents of its NRC Survey. Respondents are asked "Has ANY HOUSEHOLD MEMBER used or had any of the following health care services or tests in the last 12 months? (Select as many as apply.)"

National Research Corporation List of Preventive Health Behaviors Provided to Community Health Needs Assessment Survey Respondents			
Blood Pressure Test	CT Scan	Mammogram	Routine Physical Exam
BMI (Body Mass Index) Screening	Eye Exam	MRI	Stop Smoking Program
Cardiovascular Stress Test	Dental Exam	Osteoporosis Testing	Weight Loss Programs
Child Immunizations	Diabetes Screening	Pap Smear	Other Preventive Service or Test
Carotid Artery Screening	Flu Shot	PET Scan	No Preventive Service or Test in Household
Cholesterol Test	Hearing Test	Pre-Natal Care	
Colon Screening	Mental Health Screening	Prostate Screening	

Given that this particular question applies to any member in the household and not just the NRC Survey respondent, the PHBs summarized in this section are a very good representation of the Community's health status.

Our Community's Preventive Health Behaviors – By Age

The top ten PHBs (i.e., most frequently utilized) for all respondent age groups in NHA's Community are summarized below. Similar to the findings with chronic conditions, as respondent age increases, so too do the number of PHBs reported per household. Respondents' age 18-34 reported an average of 2.8 PHBs for their households and the rate steadily increased among the 35-44 and 45-64 age cohorts culminating with an average 5.8 PHBs for respondents' age 65-and-older. Also, Blood Pressure Test, Dental Exam and Eye Exam were in the top five PHBs across all four age cohorts.

2011 NHA Community Top Ten Preventive Health Behaviors, All Ages	
Preventive Health Behavior	**Average Age**
Blood Pressure Test	50
Dental Exam	48
Eye Exam	49
Routine Physical Exam	50
Cholesterol Test	53
Flu Shot	50
Pap Smear	46
Mammogram	54
No Service or Test	42
Diabetes Screening	51

Source: National Research Corporation, 2011 Community Health Needs Assessment

It is interesting to review the Community's bottom five PHBs (i.e., least utilized) as possible opportunities for improving access to care and the overall health status of the Community. The table below summarizes the bottom five PHBs; meaning, these behaviors were cited the fewest times as having been used by the Community's households over the NRC Survey's time period.

2011 NHA Community Bottom Five Preventive Health Behaviors, All Ages	
Preventive Health Behavior	**Average Age**
Stop Smoking Program	43
Weight Loss Programs	44
Pre-Natal Care	31
Mental Health Screening	40
Carotid Artery Screening	59

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Preventive Health Behaviors – By Household Income

Not surprisingly, low-income households reported the fewest PHBs per household of all the income brackets. [13] Households with income under $25,000 reported an average 2.9 PHBs per household compared to an average of 4.8 PHBs reported for households with income over $75,000. Given this stark difference, NHA analyzed the least used PHBs by household income to see if there were any differences between households of all incomes and low-income households. Smoking Cessation, Weight Loss Programs and Pre-Natal Care were in the bottom five (i.e., least utilized) PHBs for all households and low-income households.

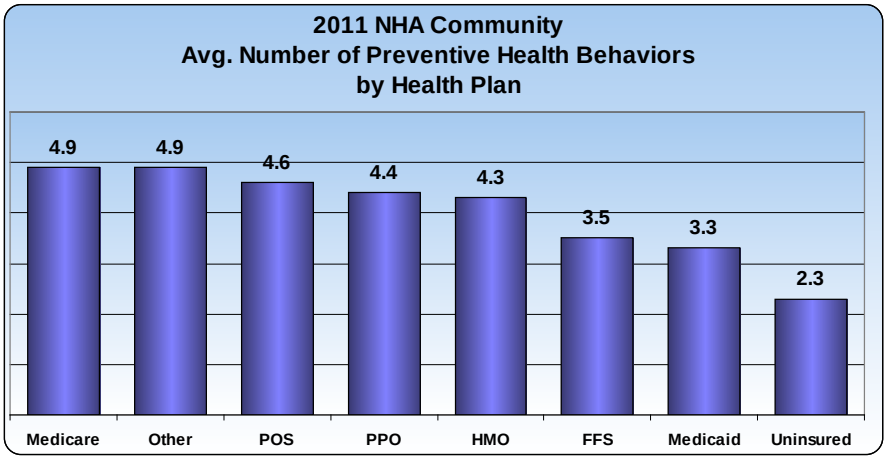
2011 NHA Community Bottom Five Preventive Health Behaviors All Households
Stop Smoking Program
No Service or Test
Pre-Natal Care
Weight Loss Programs
Mental Health Screening

2011 NHA Community Bottom Five Preventive Health Behaviors Low-Income Households
Stop Smoking Program
Weight Loss Programs
Osteoporosis Testing
Carotid Artery Screening
Pre-Natal Care

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Preventive Health Behaviors – Uninsured

The Community's uninsured population reported the lowest number of PHBs per household while the Medicare population reported the highest. Likely there are numerous reasons as to why the uninsured have the lowest utilization of preventive health services; primarily a lack of insurance but also the perception that they are healthy or possibly certain barriers to care based on financial, cultural, linguistic or other barriers.[14]

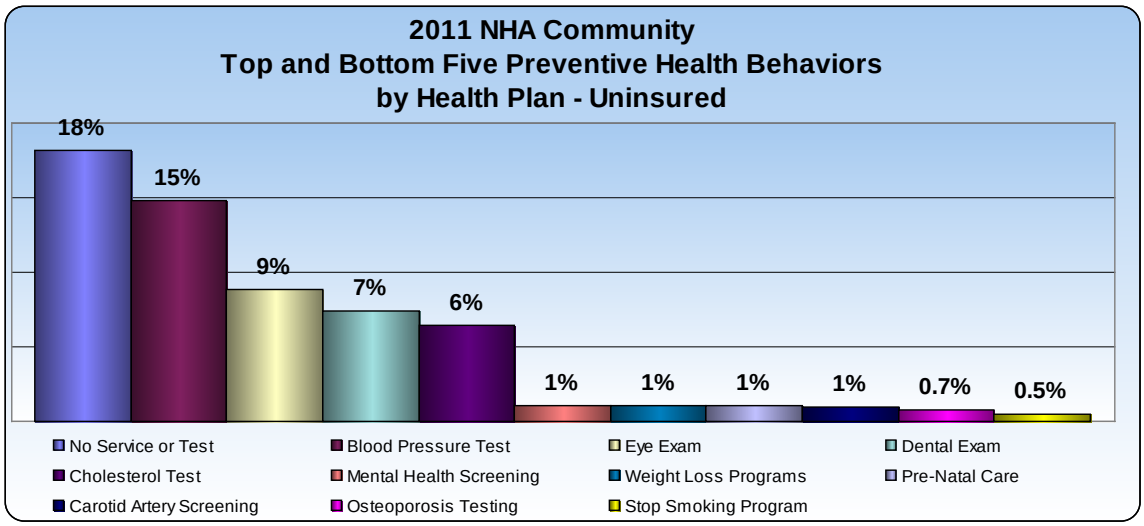


Source: National Research Corporation, 2011 Community Health Needs Assessment

[13] *Ibid.*

[14] Eleven percent (11%) of NRC Survey respondents indicated that they did not have health insurance because they were healthy.

The mix of least used PHBs for the uninsured respondents in the Community are the same mix when reviewed by age and household income. The only difference is the ranking or hierarchy of the behavior. The graph below summarizes the top and bottom five PHBs for the uninsured respondents. It is important to note that No Service or Test was cited eighteen percent (18%) out of all the PHBs for the uninsured compared to four percent (4%) for all households (income) and five percent (5%) based on age, thus demonstrating the uninsured's lack of access to preventive care which is not dissimilar to the national experience.



Source: National Research Corporation, 2011 Community Health Needs Assessment
Note: Six PHBs in the chart were given a four-way tie of 1% utilization including Mental Health Screening, Weight Loss Programs, Pre-Natal Care, and Carotid Artery Screening

Our Community's Preventive Health Behaviors – By Race

The top ten PHBs (i.e., most frequently utilized) for all races are identical to the top ten preventive health behaviors for all ages. Likewise, the bottom five (i.e., least utilized) PHBs for all races are identical to those for all age groups.

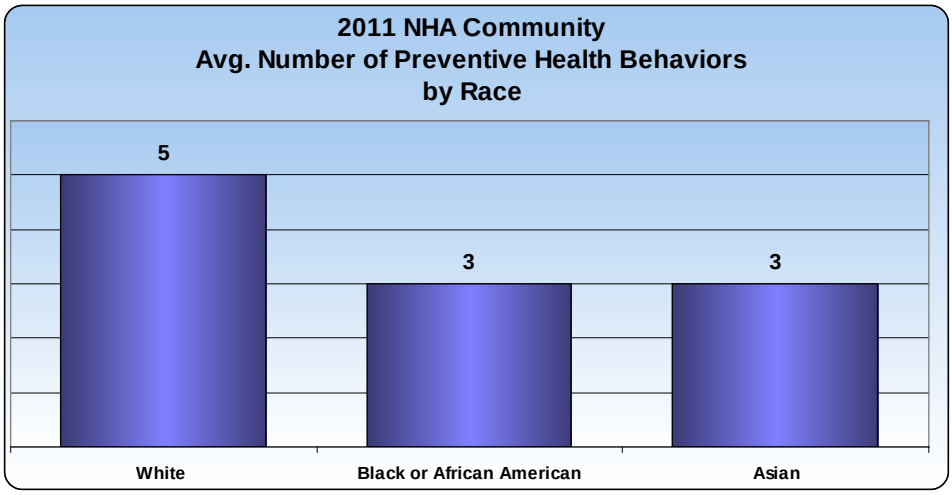
2011 NHA Community Top Ten Preventive Health Behaviors All Races
Blood Pressure Test
Dental Exam
Eye Exam
Routine Physical Exam
Cholesterol Test
Flu Shot
Pap Smear
Mammogram
No Service or Test
Diabetes Screening

2011 NHA Community Bottom Five Preventive Health Behaviors All Races
Carotid Artery Screening
Mental Health Screening
Weight Loss Programs
Pre-Natal Care
Stop Smoking Program

Source: National Research Corporation, 2011 Community Health Needs Assessment

Given that the NRC's research is representative of the Community and the Community is predominately White, the PHBs of the White respondents is likely masking some unique behavior patterns for the minority populations. Thus, further analysis by race is warranted.

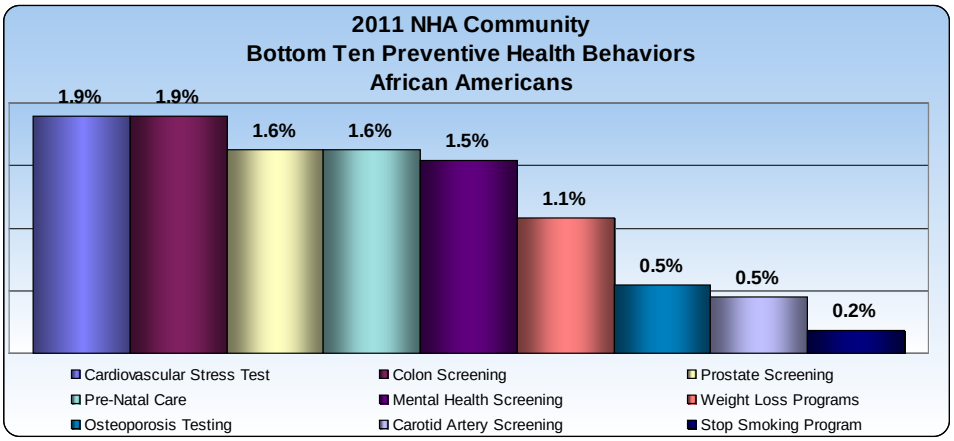
As noted below, White respondents in the Community reported an average of five (5) PHBs per household which is roughly two-thirds more than reported by minority households.



Source: National Research Corporation, 2011 Community Health Needs Assessment

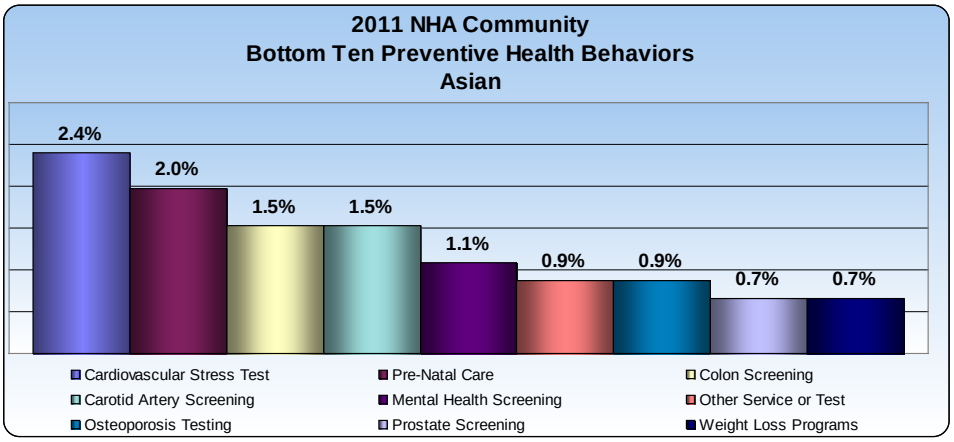
Several aspects of the Community's health status by race warrant highlighting. As expected, several PHBs – top and bottom five – are frequently cited among all races – (White, Black or African American and Asian) – such as Blood Pressure Testing, Dental Exam and Eye Exam (top), and Weight Loss Program and Stop Smoking Program (bottom). All five (5) of these PHBs were among the top/bottom behaviors by each race.

However, there are several differences among the races that are worth noting as well. Expanding the list of least reported PHBs for African Americans reveals several important dynamics. African Americans are at a higher risk of developing certain diseases such as cardiovascular disease, prostate cancer and colorectal cancer, yet important screenings for these diseases are among the lowest utilized PHBs by the Community's African American population.



Source: National Research Corporation, 2011 Community Health Needs Assessment

The bottom ten PHBs (i.e., least utilized) for Asian respondents to the NRC Survey are virtually identical to those for the Black or African American respondents; only the hierarchy or percent utilization varies by behavior. Thus, it appears that there is opportunity in the Community to improve utilization of important PHBs among the minority population.



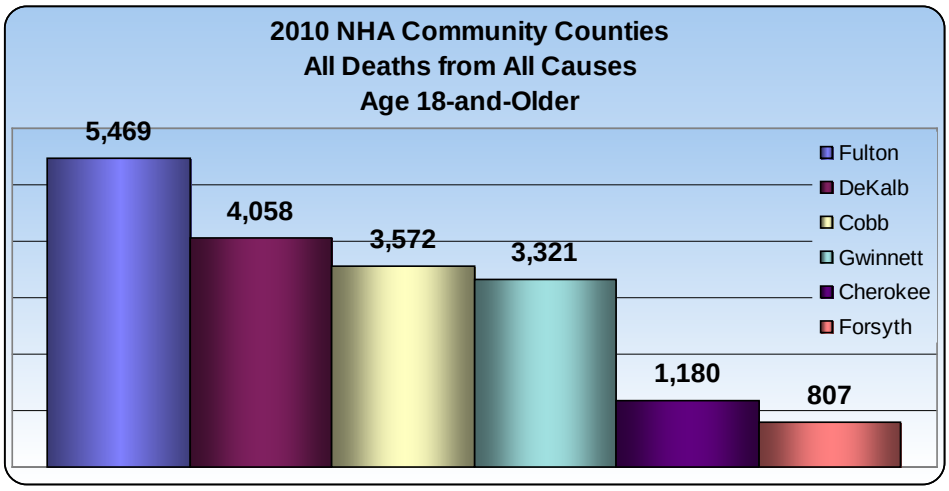
Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Leading Causes of Death

According to the Georgia Department of Public Health, in 2010 there were 68,468 deaths in Georgia.[15] The counties comprising NHA's Community accounted for approximately 27% of Georgia's deaths (18,407) with Fulton County having the largest number of deaths and Forsyth

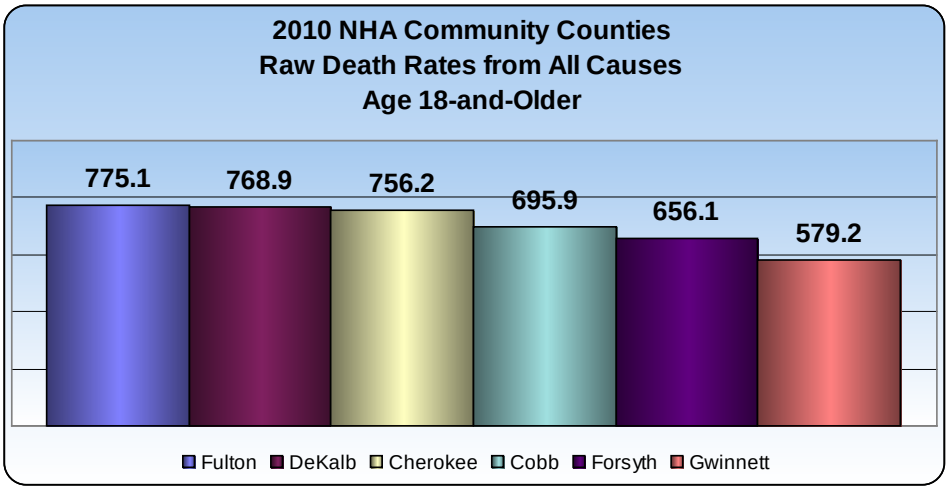
[15] 2010 State data is the most recent data available at the time this CHNA was conducted. Also, data is only available at the county level so it includes the Community's counties, of which NHA serves portions of: Cherokee, Cobb, DeKalb, Forsyth, Fulton, and Gwinnett. The data includes all causes, all races and is based on deaths for population age eighteen-and-older for all causes except obstetric/infant related causes which are based on all ages.

County the lowest number of deaths within the Community; Fulton County also has the highest total population of any Community county and is the most populous county in Georgia.



Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

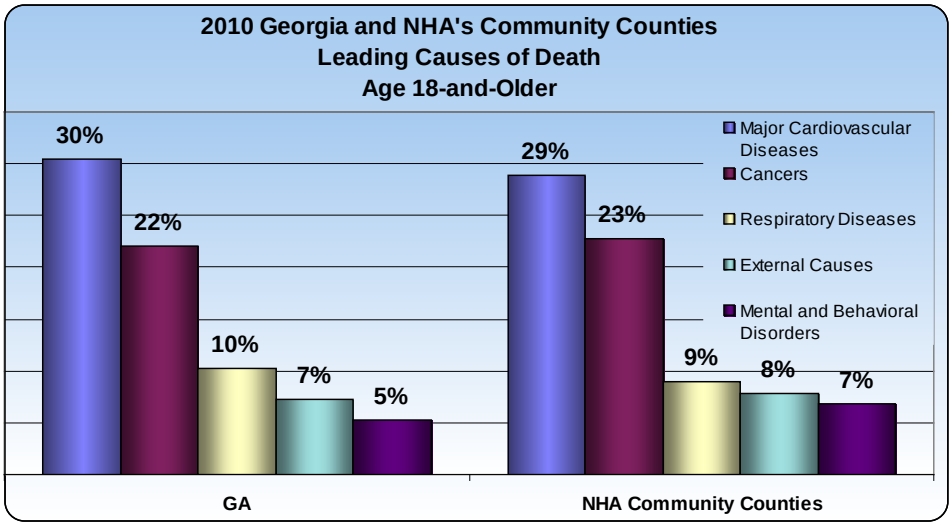
Fulton County had the highest raw death rate per 100,000 population of the Community's counties while Gwinnett County had the lowest. Given that the rates are raw rates and not age-adjusted no further comparison or real inferences are made other than to note the rates as a baseline measure for 2010 and to monitor each county's death rate in subsequent Assessments.



Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

Seventy-five percent (75%) of deaths in Georgia and in the Community are attributed to the same five (5) causes, as indicated in the chart below. The Community has slight differences

from the state's experience such as a slightly higher percentage of deaths are caused by Cancers, External Causes, and Mental and Behavioral Disorders.



Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

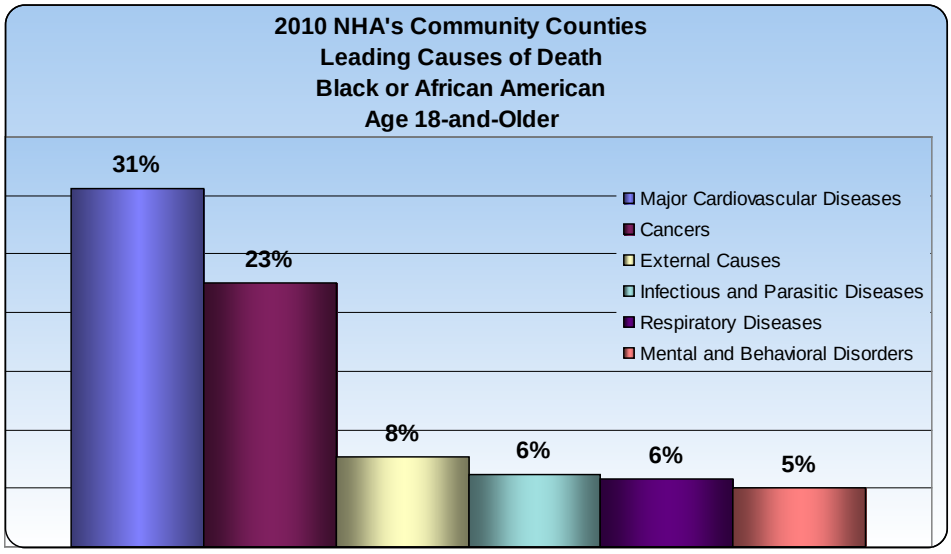
Our Community's Leading Causes of Death – By Race

In 2010, there were nearly 18,000 Black or African American deaths in Georgia due to all causes. NHA's Community counties represented roughly one-third, or thirty-three percent (33%), of these deaths. Similar to the Community as a whole, Major Cardiovascular Diseases and Cancers are the top two leading causes of death for Blacks or African Americans; in fact, these two categories represent more than 50% of deaths among this population. The leading causes of cancer deaths for the Black or African American community are:

1. Lung Cancer – 293
2. Breast Cancer – 162
3. Colon Cancer – 157
4. Prostate Cancer – 100
5. Pancreatic Cancer – 93

The remaining leading causes of death for the Black or African American population in the Community counties mirror those for the Community as a whole with one primary exception: Infectious and Parasitic Diseases. Infectious and Parasitic Diseases is the fourth leading cause of death in the African American population but does not appear in the top five leading causes of

death for the total population. It includes subcategories such as Blood Poisoning, HIV/AIDs, TB, and Meningitis.

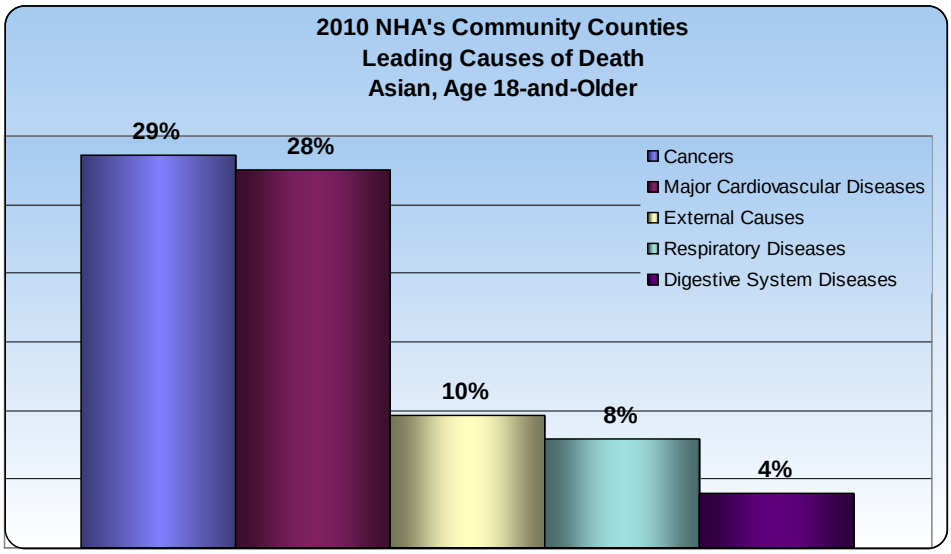


Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

In 2010, there were nearly 625 Asian deaths in Georgia due to all causes, with NHA's Community counties comprising just over 400 of these deaths or sixty-five percent (65%). Similar to the Community as a whole, Cancers and Major Cardiovascular Diseases are the top two leading causes of death for Asians; in fact, these two categories represent more than 50% of deaths among this population. The top five leading causes of cancer deaths for the Asian population in the Community are:

1. Lung Cancer – 24
2. Colon Cancer – 18
3. Stomach Cancer – 10
4. Liver Cancer – 10
5. Breast Cancer – 7

The remaining leading causes of death for the Asian population in the Community counties mirror those for the Community as a whole with one primary exception: Digestive System Diseases. Digestive System Diseases is the fifth leading cause of death in the Asian population but does not appear in the top five leading causes of death for the total population. It includes subcategories such as Alcoholic Liver Disease and All Other Chronic Liver Diseases and Cirrhosis.



Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

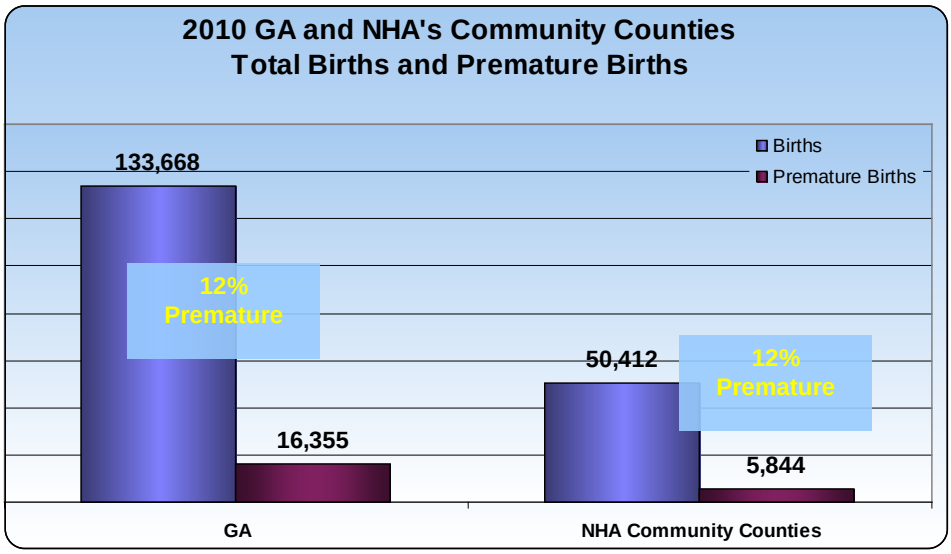
Our Community's Health Status – Maternal Child Health

NHA is recognized as a leader in obstetrical and newborn care and consistently delivers more babies than any other Georgia hospital, and often even across all hospitals nationally. Another important measure of our Community's health status is the health status of our Community's mothers and babies.

In 2010, there were nearly 134,000 births across Georgia of which 50,412, or forty-two percent (42%), occurred in the Community's counties.[16] Of the total births in Georgia, twelve percent (12%), or 16,355, were premature and the same held true for NHA's Community counties as depicted in the graph below .[17] NHA's Community counties comprise a significant percentage of the state's premature births by high-priority populations:

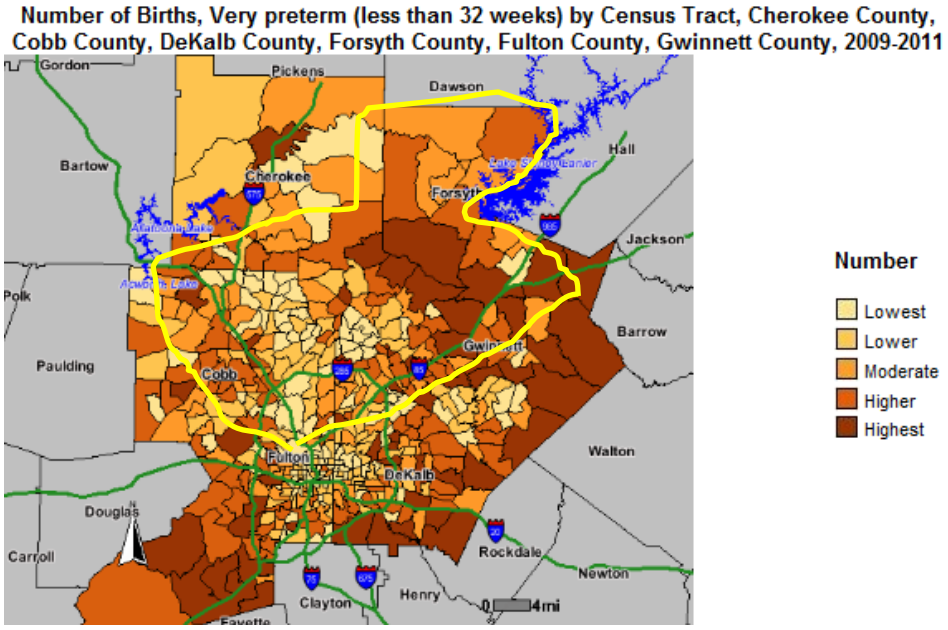
- Thirty-seven percent (37%) of all Black or African American premature births
- Sixty-eight percent (68%) of all Asian premature births
- Forty-eight percent (48%) of all Hispanic or Latino premature births

[16] 2011 data is not available for all metrics such as prematurity so 2010 data is used for births as well as all other mother and baby health status data.
[17] Premature is defined by the Georgia Department of Public Health as less than 37 weeks gestation.



Source: OASIS, Georgia Department of Public Health, Office of Health Indicators for Planning

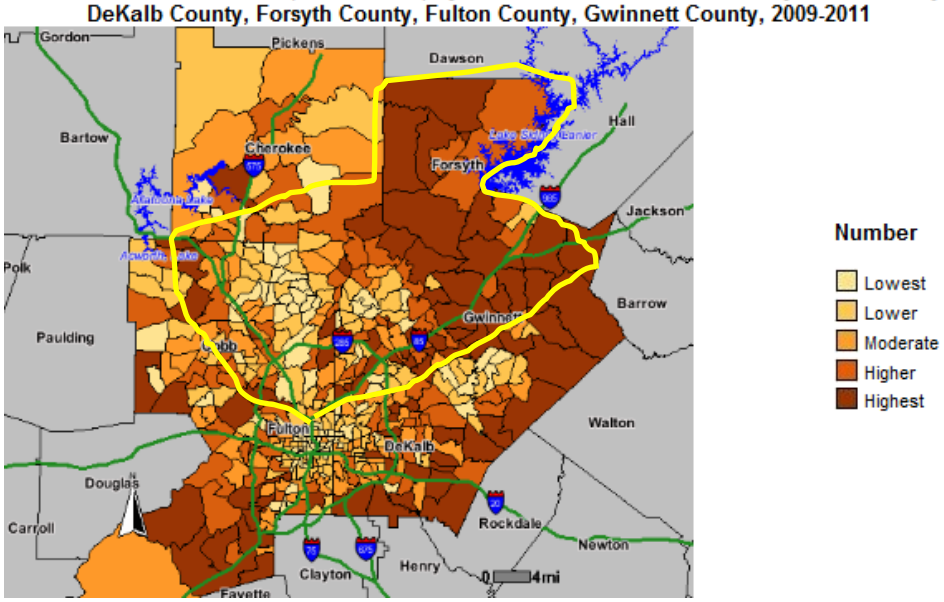
As depicted in the maps below, there is a higher concentration of very premature births and premature births in the north/northeastern region of NHA's Community.[18]



Source: OASIS Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning

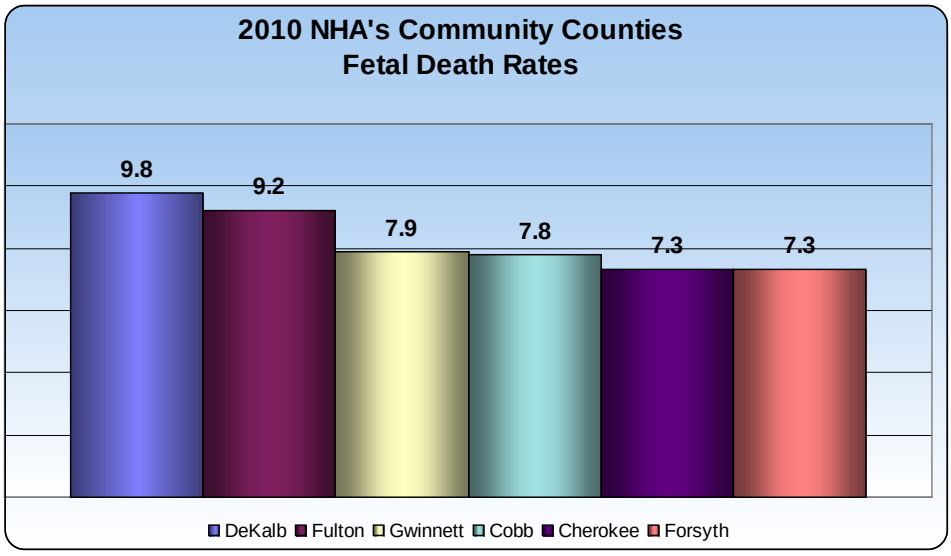
[18] The yellow border is a rough approximation of the Community.

Number of Births, Preterm (32-36 weeks) by Census Tract, Cherokee County, Cobb County, DeKalb County, Forsyth County, Fulton County, Gwinnett County, 2009-2011



Source: OASIS Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning

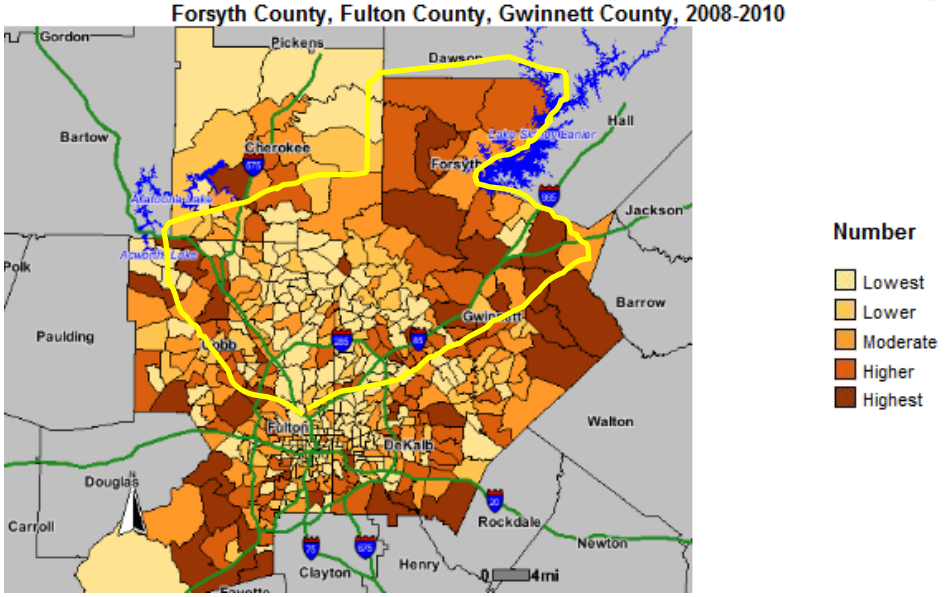
In 2010, there were a little more than 1,000 fetal deaths in Georgia of which forty-one percent (41%), or 436, occurred in the Community's counties. DeKalb County had the highest fetal death rate of any Community county.



Source: OASIS Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning

Given the concentration of very preterm and preterm births in the north/northeastern region of NHA's Community, it is not surprising that the same concentration holds true for fetal deaths.

Number of Fetal Deaths by Census Tract, Cherokee County, Cobb County, DeKalb County, Forsyth County, Fulton County, Gwinnett County, 2008-2010



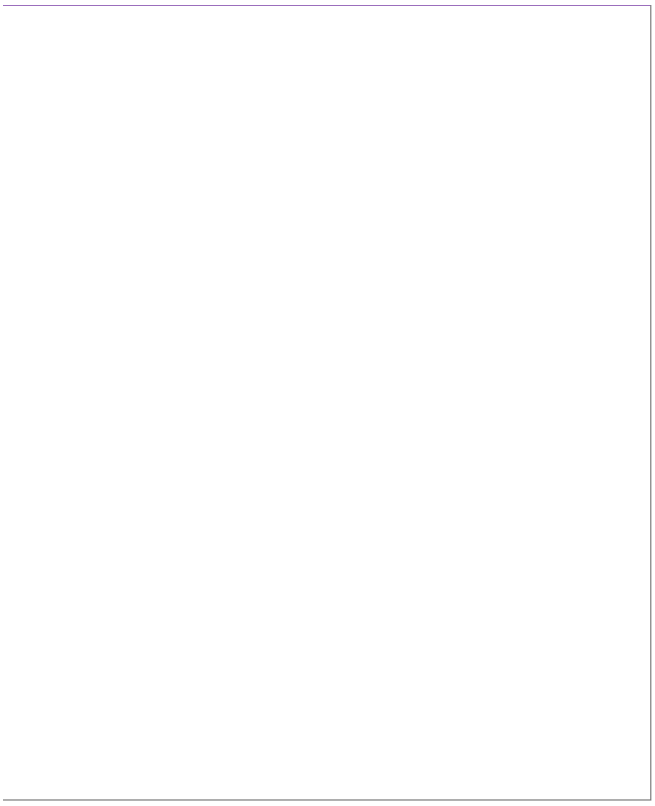
Source: OASIS Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning

Stakeholders Representing the Broad Interests of Our Community

III. Community Stakeholders

Process for Identifying Stakeholders

NHA identified community stakeholders who broadly represented the interests of the Community and specifically sought to identify stakeholders with special knowledge of or expertise in public health. NHA then developed the Stakeholder Assessment Discussion Guide, a copy of which is included as Appendix A, and conducted, either in person or by telephone, interviews with a qualified representative of each identified stakeholder. The table below summarizes the completed stakeholder interviews from NHA's Community.[19]



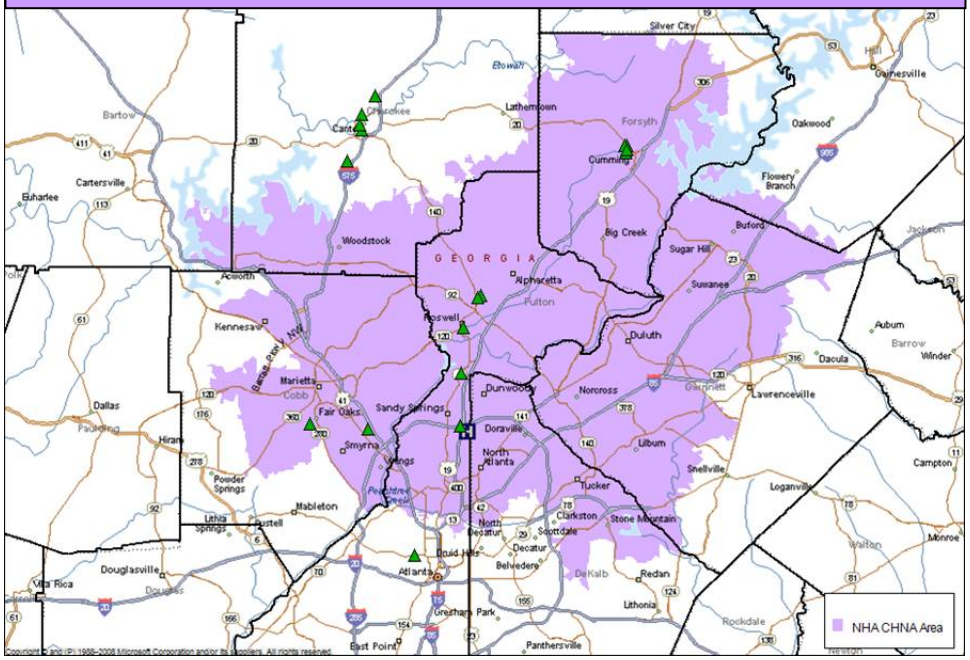
Description of Our Participating Stakeholders

The map below is a general representation of the various Community stakeholders from whom NHA sought input during the CHNA process. The map includes the stakeholder's office location;

[19] It should be noted that the table above does not reflect the entire list of stakeholders who were contacted to participate; it only reflects those stakeholders who elected to participate in NHA's CHNA process.

however, the office locations do not always represent the area the stakeholder serves. For example, the United Way of Greater Atlanta has a corporate office in downtown Atlanta but the organization's service area comprises thirteen (13) metro counties. Thus, the map is not intended to be a literal representation of the population served by NHA's Community stakeholders.

Northside Hospital-Atlanta
Overview of Stakeholders Located in and/or Serving
NHA's Community



NHA spoke with sixteen (16) stakeholders from across the Community. The stakeholders represented a broad range of perspectives from local governments, businesses, social services agencies, public health, safety net clinics and more. The table below summarizes the entity contacted; the entity's mission, population served and geographic area served; and the representative's area of responsibility within the stakeholder entity.

Northside Hospital-Atlanta Stakeholder Descriptions				
Entity	**Entity Mission**	**Population Served by Entity**	**Geographic Area Served by Entity**	**Representative Title**
Cherokee County Chamber of Commerce	The mission of the Chamber is to promote business and the community, while expanding the economy and enhancing the quality of life.	1,400 Chamber members representing nearly 1000 employers; mostly small businesses	Cherokee County	President & CEO
Cherokee County Government	The Cherokee County Board of Commissioners is dedicated to providing a "Superior Quality of Life" for its residents.	Approximately 1,300 county employees	Cherokee County	Manager
Cherokee County Schools	The Cherokee County School District consists of 41 schools: 12 elementary, grades kindergarten through 6; eight elementary, grades kindergarten through 5; three elementary, grades kindergarten through 4; one intermediate school, grades 5 and 6; four middle schools, grades 7 and 8; three middle schools, grades 6 through 8; six high schools; Ralph Bunche for Head Start, ACE Academy, Polaris Evening Program and L.R. Tippens Educational Center.	Cherokee County Residents	Cherokee County Residents	Director, Public Information, Communications and Partnerships
City of Sandy Springs		96,000 Residents and 200,000 Daytime Population	Sandy Springs	City Manager and Assistant City Manager
Cumming/Forsyth Chamber of Commerce	The mission of the Cumming-Forsyth County Chamber of Commerce is to be the voice of business, provide leadership, information and solutions to foster a strong economic environment and a superior quality of life in Cumming/Forsyth County.	Forsyth County business community	Forsyth County	President & CEO
Forsyth Health Department	To help in preventing disease, injury and disability; promoting health and well-being; and preparing for and responding to disasters from a health perspective.	All residents of Forsyth County	Forsyth County	County Nurse Manager
Good Samaritan Health Center Atlanta	Sharing Christ's love through quality healthcare to those in need.	Uninsured, underinsured, working poor	Fulton County although no geographic restrictions, so patients are from all over Georgia	Patient Navigator
Good Samaritan Health Center Cobb	Sharing Christ's love through quality healthcare to those in need.	Uninsured, underinsured, working poor	Cobb County although no geographic restrictions, so patients are from all over Georgia	Chief Operating Officer
HomeStretch	To guide working homeless families to permanent stability through transitional housing, life skills classes, mentoring and active case management.	Homeless families	North Metro Atlanta	Program Director
M.U.S.T. Ministries	Serving our neighbors in need… transforming lives and communities in response to Christ's call. Vision to become Georgia's most respected Servant Leader - Restoring lives one person and one community at a time.	Residents who are struggling and need groceries, hot meals, emergency shelter, supportive housing, clothing, access to medical care, education and employment services and more.	Cherokee and Cobb Counties	Senior Director of Program Development
March of Dimes	We help moms have full-term pregnancies and research the problems that threaten the health of babies.	Women/Pregnant women of childbearing age	North Metro Atlanta	State Director
North Fulton Community Charities	To build self sufficiency and prevent homelessness and hunger in our community by providing emergency assistance and enrichment programs.	Residents in need of emergency assistance and enrichment programs.	Residents in North Fulton County	Executive Director
North Fulton Senior Services	To provide services to North Fulton Seniors age 60 and older.	Residents of North Fulton County age 60 and older	North Fulton County	Care Management Supervisor
United Way - Greater Atlanta	United Way of Greater Atlanta engages all segments of our community to drive sustainable change in education, income, health and homelessness while continuing to address urgent and basic human care.	80,000+ individuals and families	Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Paulding and Rockdale Counties	Development Officer
United Way-Forsyth	To improve lives in our community by mobilizing the caring power and spirit of our citizens.	Forsyth County	Forsyth and Dawson Counties	Executive Director
Visiting Nurse Health System	When patients face a life-limiting illness, we know they and their families need a special kind of care. We strive to ensure that every patient is cared for compassionately, comfortably and with dignity and that every family receives the support they need during this difficult time.	60% of patients served are 65+ and 74% of patients served are home health patients	Fulton, DeKalb, Gwinnett, Cobb, Clayton, Cherokee, Fayette, and Forsyth Counties	President & CEO

Summarize Stakeholder Input

The following sections summarize the stakeholders' responses to the Stakeholder Assessment Discussion Guide. While NHA's stakeholders provided a wide range of responses to all questions, there were several recurring themes or sentiments which were mentioned more frequently than others. Thus, when reviewing and prioritizing the Community's needs, NHA focused on the responses with the higher frequency in an effort to strike a balance between meeting the Community's needs and maximizing NHA's resources.

Based on your experience, what are the top three issues that negatively impact the health of the community you serve?

Northside Hospital-Atlanta Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Lack of Insurance	7
Financial/Poverty	6
Ignorance (Several Meanings: Not knowing resources are available; Ignorance to basic healthy lifestyle choices, i.e. nutrition; High School graduation rates	6
Access to Affordable Care	6
Transportation	5
Lack of Access to Fitness Programs or Affordable Places to Exercise	5
Poor Nutrition	2
Poor Economy	1
Medication Costs	1
Lack of Sufficient # of MDs	1
Lack of Specialty Care Locally	1
Fatigue and Stress	1
Cost of Housing	1

If all of the issues identified above are not health-related, what are the top three health-related issues that negatively impact the health of the community you serve?

Northside Hospital-Atlanta Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Obesity/Diabetes/Poor Nutrition	11
Dental	6
Cardiovascular Health	5
Mental Health	3
Lack of Pre-Natal Care/Infant Mortality/Prematurity	3
Cancer	1
GYN	1
Smoking	1
Affordable Prescriptions	1
Substance Abuse	1
Unintentional Injuries/Motor Vehicle Accidents	1
Lack of Home Health/Palliative Care Services	1

Thinking about the people your organization serves, do they face any barriers to obtaining health care services?

This question asked stakeholders to think about barriers to care for preventive or routine care and specialty care separately as there may be different types of barriers to care depending on the type of care sought. The following tables summarize the frequency of mentions for each barrier. As with previous questions, there are several common barriers for both preventive and specialty care as summarized in the table below.

Common Barriers for Preventive and Specialty Care

Northside Hospital-Atlanta Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Transportation	8
Lack of Insurance	6
Affordable Access	5

Preventive Care Barriers Summary

Northside Hospital-Atlanta Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Low Income	3
Lack of Providers	3
Wait Lists at Free/Sliding Scale Clinics	1
Immigration Status	1
Behavioral	1
Ignorance (Not knowing how to access resources)	1

Specialty Care Barriers Summary

Northside Hospital-Atlanta Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Orthopedics	2
GI	1
Nephrology	1
Pediatrics	1
Provider Limited	1
Neurosurgery	1
Urology	1
Trauma Care	1
Endocrinology	1
General Surgery	1
Cardiology	1
GYN	1
Oral Surgery	1

Our Community's Health Needs

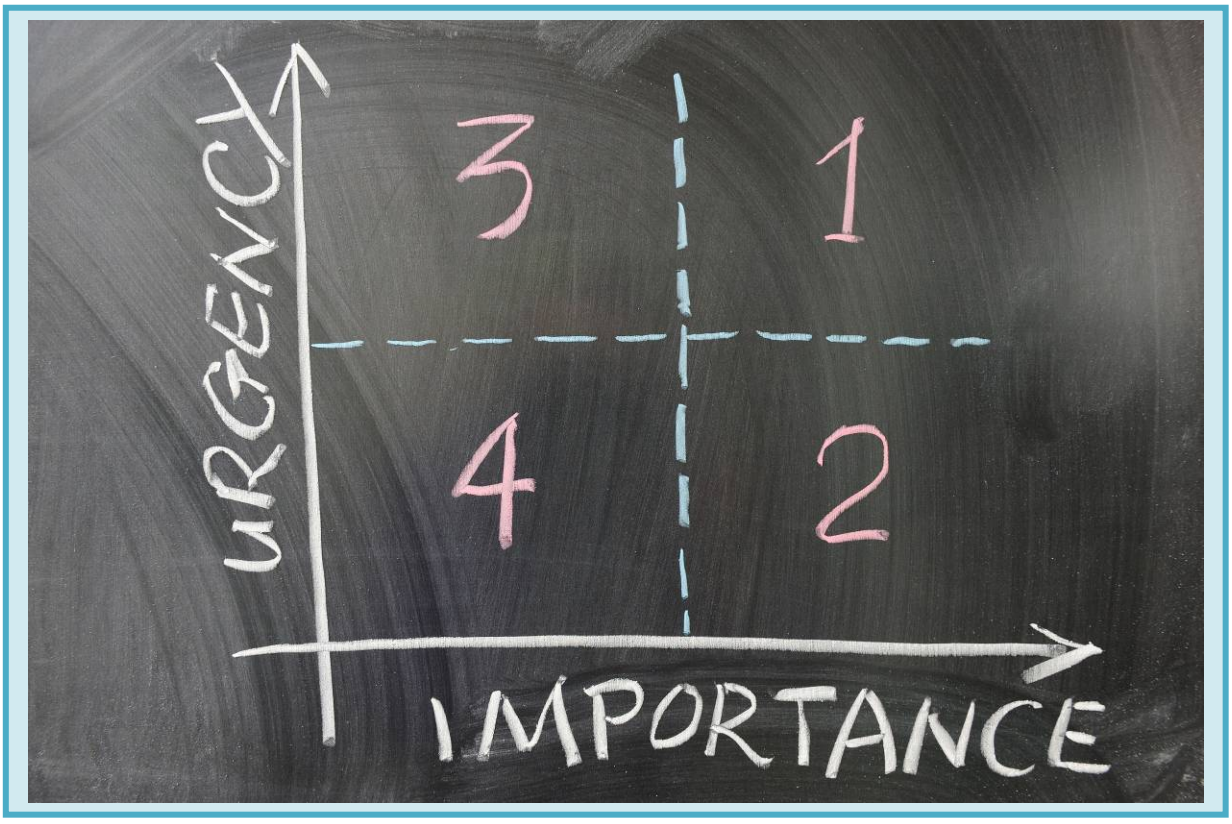
IV. Summary of Needs Identified

Our Community's Needs

NHA's CHNA process assessed the Community's needs through a variety of "lenses": (1) overall access to health care, (2) the current health status of the Community and (3) important needs as identified by Community stakeholders. The table below summarizes all of the needs identified from each of the three perspectives. It is important to note that this table is a raw list of all of the needs identified through the CHNA process and is not prioritized.

Access Needs	
1	Improve access to medical care when needed for Asian and African American or Black residents
2	Improve access to outpatient testing and same day surgery services for low income and uninsured residents
3	Decrease utilization of emergency room for routine care among low income and uninsured residents
Health Status Needs	
4	Decrease alcohol consumption
5	Increase the consumption of fresh fruits and veggies
6	Allergies
7	Obesity particularly impacts African American or Black and low-income residents
8	Smoking is most prevalent among low income and uninsured residents
9	The least used preventive health behaviors among all races are Carotid Artery Screening, Mental Health Screening, Weight Loss Program, Pre-Natal Care, and Stop Smoking Program
10	The least used preventive health behaviors unique to minority residents include Cardiovascular Stress Test, Osteoporosis Screening, Colon Screening, and Prostate Screening
11	52% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancers
12	54% of African American or Black deaths are attributed to Major Cardiovascular Diseases and Cancers
13	57% of Asian deaths are attributed to Cancers and Major Cardiovascular Diseases
14	12% of births in the Community's counties are premature with an exceptionally high percentage of the State's minority premature births occurring in these counties
Stakeholder Identified Needs	
15	Education about what community resources are available; how to make basic healthy lifestyle choices, i.e. nutrition
16	Access to affordable care
17	Transportation
18	Obesity/Diabetes/Poor Nutrition
19	Dental
20	Cardiovascular Health
21	Mental Health
22	Lack of Pre-Natal Care/Infant Mortality/Prematurity
23	Lack of primary care providers
24	Need for more specialty care providers
25	Access to affordable places to exercise

Establishing Our Priorities



V. Prioritize the Health Needs Identified

Our Prioritization Process

NHA developed a five-step process for prioritizing the health needs identified through the CHNA as illustrated and described below.

Northside Hospital-Atlanta
Community Health Needs Prioritization Process

Step 1: Create a crosswalk of all the identified needs

An array of specific health needs was identified through NHA's CHNA process. Oftentimes, the identified needs were very specific (i.e., improving access to medical care for minority populations) other times the identified needs were broader in nature (i.e., Cardiovascular Disease). Thus, NHA created a needs crosswalk which groups all twenty-five specific needs into broader need categories such as primary care, specialty care or preventive health services. Also, the crosswalk defines the population impacted by each of the identified needs. This process resulted in eleven different categories of identified needs. A copy of the crosswalk is included in Appendix B.

NHA-CHNA Need Categories
Affordable Care
Cancer
Cardiovascular Disease
Healthy Lifestyle Behaviors
Maternal and Infant Health
Mental Health
Obesity
Preventive Health Services
Primary Care
Specialty Care
Transportation

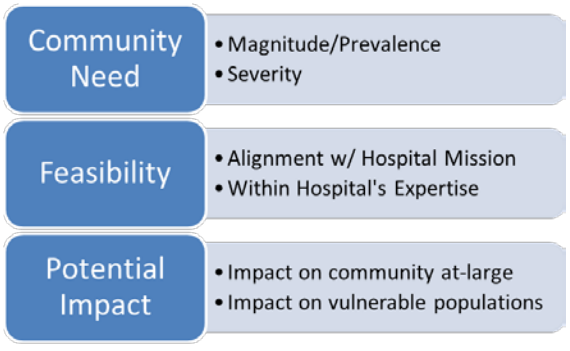
Step 2: Define the criteria used to guide the ranking process

After researching different methodologies for establishing the criteria against which the identified needs would be scored, NHA adopted the Catholic Health Association's ("CHA") guidance.[20] According to the CHA, examples of criteria could include:

1. Magnitude: the number of people impacted by the problem.
2. Severity: the risk of morbidity and mortality associated with the problem.
3. Historical trends.
4. Alignment of the problem with the organization's strengths and priorities.
5. Impact of problem on vulnerable populations.
6. Importance of problem to the community.
7. Existing resources addressing the problem.
8. Relationship of problem to other community issues.
9. Feasibility of change, availability of tested approaches.
10. Value of immediate interventions versus any delay, especially for long-term or complex threats.

NHA elected to focus on criteria that tied to 1) community need, 2) feasibility and 3) potential impact. Specifically, NHA's criteria are presented below.

Northside Hospital-Atlanta
Needs Ranking Criteria



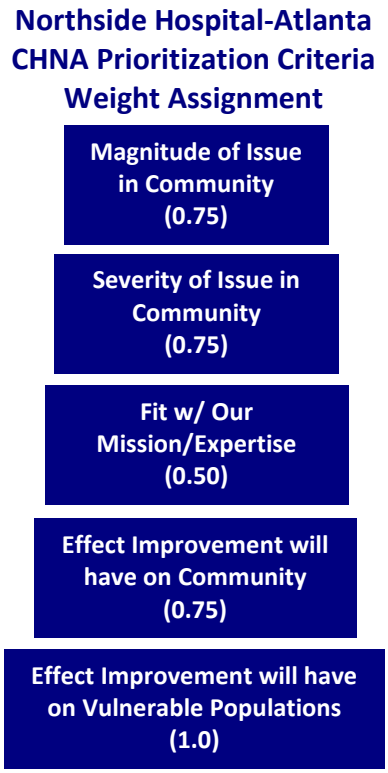
[20] *A Guide for Planning and Reporting Community Benefit*, Establish criteria for priority setting, pg. 153.

Step 3: Determine the weight of each criterion

Again after much research, Northside turned to the National Association of County and City Health Officials ("NACCHO") for guidance regarding common practices used by county and city health departments for prioritizing the needs in their communities. The NACCHO outlined five (5) commonly-used prioritization techniques:

1. Multi-Voting Technique
2. Strategy Grids
3. Nominal Group Technique
4. The Hanlon Method
5. Prioritization Matrix

NHA adopted the Prioritization Matrix methodology given the number of prioritization criteria selected and the number of community needs identified. This methodology assisted NHA in maximizing its resources to address those needs which have the greatest impact on the Community. NHA's prioritization criteria and their assigned weights are summarized below.



Step 4: Rate each identified need against the prioritization criteria

Throughout the CHNA process, NHA compiled and analyzed a variety of quantitative and qualitative data from a myriad of sources. After thoughtful consideration of the prevalence, frequency and severity of the identified needs combined with any disparities and disproportionate impact an identified need may have on vulnerable populations, NHA evaluated each need category against each prioritization criterion and assigned that need category a priority score of 1 through 4.

1. Not a priority.
2. Low priority.
3. Medium priority.
4. High priority.

The table below summarizes the rating of each identified need for NHA's Community.

Northside Hospital-Atlanta CHNA Prioritization Matrix					
NHA-CHNA Need Categories	**Magnitude of Issue in Community**	**Severity of Issue in Community**	**Fit w/ Our Mission/ Expertise**	**Effect Improvement will have on Community**	**Effect Improvement will have on Vulnerable Populations**
Weight	**0.75**	**0.75**	**0.50**	**0.75**	**1.00**
Affordable Care	2	2	2	3	4
Cancer	4	4	4	4	4
Cardiovascular Disease	4	4	3	4	4
Healthy Lifestyle Behaviors	4	2	4	3	4
Maternal and Infant Health	3	3	4	3	4
Mental Health	2	2	2	2	2
Obesity	3	3	3	3	4
Preventive Health Services	3	3	4	4	4
Primary Care	1	2	4	2	4
Specialty Care	2	2	4	2	4
Transportation	1	2	1	2	4

Step 5: Summarize the identified needs according to the prioritization methodology employed

The table below summarizes the final prioritization score of each identified need. The priority score of each need (e.g., 1, 2, 3, or 4) is multiplied by the prioritization criterion's assigned

weight (e.g., 0.50, 0.75 or 1.00); the results are then summed for the total priority score for each identified need.

Northside Hospital-Atlanta CHNA Prioritization Matrix						
NHA-CHNA Need Categories	**Magnitude of Issue in Community**	**Severity of Issue in Community**	**Fit w/ Our Mission/ Expertise**	**Effect Improvement will have on Community**	**Effect Improvement will have on Vulnerable Populations**	**Total Score**
Weight	**0.75**	**0.75**	**0.50**	**0.75**	**1.00**	
Cancer	4	4	4	4	4	15.0
Cardiovascular Disease	4	4	3	4	4	14.5
Preventive Health Services	3	3	4	4	4	13.5
Healthy Lifestyle Behaviors	4	2	4	3	4	12.8
Maternal and Infant Health	3	3	4	3	4	12.8
Obesity	3	3	3	3	4	12.3
Specialty Care	2	2	4	2	4	10.5
Affordable Care	2	2	2	3	4	10.3
Primary Care	1	2	4	2	4	9.8
Transportation	1	2	1	2	4	8.3
Mental Health	2	2	2	2	2	7.5

The Needs We Will Address

Ideally, NHA would have unlimited resources to address all of the Community's identified needs. However, it is not realistic for any single organization to address all of a community's needs, hence the importance of prioritizing the identified needs. NHA selected those needs that impact the greatest number of people in the Community; those needs that disproportionately impact the most vulnerable populations; those needs that are most severe and/or prevalent; and those needs that Northside has the wherewithal to address.

1. Cancer
2. Cardiovascular Disease
3. Preventive Health Services
4. Healthy Lifestyle Behaviors
5. Maternal and Infant Health

Northside Hospital-Atlanta CHNA Prioritization Matrix						
NHA-CHNA Need Categories	Magnitude of Issue in Community	Severity of Issue in Community	Fit w/ Our Mission/ Expertise	Effect Improvement will have on Community	Effect Improvement will have on Vulnerable Populations	Total Score
Weight	0.75	0.75	0.50	0.75	1.00	
Cancer	4	4	4	4	4	15.0
Cardiovascular Disease	4	4	3	4	4	14.5
Preventive Health Services	3	3	4	4	4	13.5
Healthy Lifestyle Behaviors	4	2	4	3	4	12.8
Maternal and Infant Health	3	3	4	3	4	12.8
Obesity	3	3	3	3	4	12.3
Specialty Care	2	2	4	2	4	10.5
Affordable Care	2	2	2	3	4	10.3
Primary Care	1	2	4	2	4	9.8
Transportation	1	2	1	2	4	8.3
Mental Health	2	2	2	2	2	7.5

Available Resources in Our Community

As summarized in the table below there are a rather sizeable number of existing and available resources in the Community to help meet the identified needs. This abundance of existing resources is not surprising given that the majority of NHA's Community is located in a densely populated metropolitan area. The definition used to group the various resources into the summary categories included in Appendix C.[21]

Northside Hospital-Atlanta Existing Resources to Meet Community Needs	
Social Environment	262
Youth	125
Healthcare Services	90
Diseases: Chronic/Communicable/Acute	80
Behavioral and Mental Health	76
Disabilities	58
Aging Services	46
Pregnancy	29
Healthy Lifestyle Organizations	29
Injury Prevention	22
NHA-Community Resources	**817**

[21] Given that there are more than 800 community resources located throughout NHA's Community, a detailed listing is not provided in Appendix C but will be made available on Northside's website at www.northside.com.

The Needs We Will Not Address

Unfortunately, NHA is unable to address directly all of the identified community needs due to limited resources, magnitude/severity of the issue and existing resources available to meet the need. The identified Community needs enumerated below will not be addressed as part of NHA's CHNA:

1. Obesity
2. Affordable Care
3. Specialty Care
4. Primary Care
5. Mental Health
6. Transportation

1. Obesity

While not adopted officially as a need that NHA will address as part of its CHNA, it is highly likely that some of Northside's CHNA efforts (i.e., improving healthy lifestyle behaviors and preventive health services) also will help address the obesity need in the Community.

2. Affordable Care

Much of the quantitative and qualitative data regarding affordable care centered primarily on the cost of insurance and the inability of many in the Community, particularly those with limited financial means, to afford healthcare insurance. Clearly, Northside does not have any influence over the cost of insurance and therefore would be unable to affect change. Although NHA is unable to help patients better afford insurance, the hospital provided $73.5 million of indigent and charity care in 2011 and will continue to serve all patients regardless of their ability to pay. There is not much more NHA can do to assist patients with access to healthcare insurance, as it already makes care available to both uninsured and underinsured patients.

3. Specialty Care

NHA's Community is a densely populated, large metropolitan area with nine (9) general acute hospitals. The Community is well-served with medical professionals, including medical and surgical specialists as evidenced by the ninety (90) existing community resources for healthcare services (including general acute care hospitals) as well as additional resources serving select populations such as people with disabilities (80) and the aged (46). Thus, NHA is not adopting specialty care as one of its CHNA initiatives.

4. Primary Care

As noted previously in the CHNA, according to the U.S. Department of Health and Human Services, there are very few Medically Underserved Areas located in NHA's Community. In addition to the resources noted above, there are eighty (80) organizations serving people with chronic/communicable/acute diseases. Also, there are seven (7) Federally Qualified Health Centers located in the Community serving low income and uninsured populations; a map of these is included in Appendix D. Thus, in order to efficiently utilize its resources to make the biggest positive impact on the Community's health, NHA is not addressing primary care as part of its CHNA initiatives.

5. Mental Health

After analyzing various quantitative and qualitative external data sets, mental health was not determined to be a high priority need in NHA's Community. Additionally, after analyzing the utilization patterns of NHA's indigent and charity patient population, it was determined that NHA is serving as a mental health resource for this vulnerable population. As previously noted, in 2011 sixty percent (60%), or 3,428, of NHA's 5,714 indigent and charity other outpatient cases utilized the hospital's mental health services. Also, there are more than seventy (70) organizations in the Community aimed at helping those with mental and behavioral health issues. Thus, in order to efficiently utilize its resources to make the biggest positive impact on the Community's health, NHA is not directly addressing mental health as part of its CHNA initiatives.

6. Transportation

Although transportation was cited as a barrier to care by community stakeholders, particularly for vulnerable populations, NHA does not have the expertise or resources to adequately address this issue. That being said, the hospital will be cognizant of this barrier to care as it develops its implementation strategy and action plans seeking to make its healthcare services more accessible, locally, to vulnerable populations.

Creating Our Implementation Plan

Overview of our Implementation Strategy

Through the CHNA, NHA identified five (5) community needs that it will focus on addressing: 1) Cancer, 2) Cardiovascular Disease, 3) Preventive Health Services, 4) Healthy Lifestyle Behaviors, and 5) Maternal and Infant Health. While all of these needs affect the broader Community, certain needs disproportionately impact vulnerable populations such as low-income persons or minority populations. Accordingly, NHA's implementation strategy will reflect the unique dynamics of each identified need and will employ tactics to ensure appropriate distribution of resources.

NHA intends to utilize myriad strategies to address the Community's needs including:

1. Financial assistance on behalf of uninsured, underinsured and low-income persons.
2. Community health improvement services:
    - Community health education outreach.
    - Community health screenings.
    - Support groups.
    - Community-based clinical services for reduced cost or free.
    - Health care support services such as enrollment assistance for government-funded health programs.
3. Collaborating with other mission-driven organizations to address health disparities and improve the Community's health status.
4. Financial and in-kind contributions for community benefit.
5. Reinvesting capital to expand or establish services and/or facilities in response to Community need.

Appendix A

Northside Hospital, Inc.
Community Health Needs Assessment
Stakeholder Assessment Discussion Guide

Stakeholder Assessment Questions

1. Based on your experience, what are the top three issues that negatively impact the health of the community you serve?

2. If all of the issues identified above are not health-related, what are the top three health-related issues that negatively impact the health of the community you serve?

3. Thinking about the people your organization serves, do they face any barriers to obtaining health care services?
- Preventive/Routine
- Specialty
- Please explain any barriers identified

4. Hypothetically speaking, if you had unlimited resources, what program(s) or service(s) would you develop in order to meet the health needs of the community you serve?

5. Please feel free to share any comments or observations you may have about the health status/needs of the community.

Stakeholder Background

Entity Name:

Entity Address:

Entity Representative Name and Position:

Entity Mission:

Population Served by Entity:

Geographic Area Served by Entity:

Appendix B

Northside Hospital-Atlanta Community Health Needs Crosswalk			
Number	**Specific Need**	**Need Category**	**Population Impacted**
1	Improve access to medical care when needed for Asian and African American or Black residents	Primary Care	Minority
1	Improve access to medical care when needed for Asian and African American or Black residents	Specialty Care	Minority
2	Improve access to outpatient testing and same day surgery services for low income and uninsured residents	Preventive Health Services	Low Income/Uninsured
3	Decrease utilization of emergency room for routine care among low income and uninsured residents	Preventive Health Services	Low Income/Uninsured
4	Decrease alcohol consumption	Healthy Lifestyle Behaviors	All
5	Increase the consumption of fresh fruits and veggies	Healthy Lifestyle Behaviors	All
6	All segments of the Community are affected by Diabetes, High Blood Pressure, High Cholesterol, and Allergies	Healthy Lifestyle Behaviors	All
7	Obesity particularly impacts African Americans or Blacks and low-income residents	Obesity	Minority
8	Smoking is most prevalent among low income and uninsured residents	Healthy Lifestyle Behaviors	Low Income/Uninsured
9	The least used preventive health behaviors among all races are Carotid Artery Screening, Mental Health Screening, Weight Loss Program, Pre-Natal Care and Stop Smoking Program	Preventive Health Services	All
10	The least used preventive health behaviors unique to minority residents include Cardiovascular Stress Test, Osteoporosis Screening, Colon Screening, and Prostate Screening	Preventive Health Services	Minority
11	52% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancers	Cancer	All
11	52% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancers	Cardiovascular Disease	All
12	54% of African American or Black deaths are attributed to Major Cardiovascular Diseases and Cancers	Cancer	Minority
12	54% of African American or Black deaths are attributed to Major Cardiovascular Diseases and Cancers	Cardiovascular Disease	Minority
13	57% of Asian deaths are attributed to Cancers and Major Cardiovascular Diseases	Cancer	Minority
13	57% of Asian deaths are attributed to Cancers and Major Cardiovascular Diseases	Cardiovascular Disease	Minority
14	12% of births in the Community's counties are premature with an exceptionally high percentage of the State's minority premature births occurring in these counties	Maternal and Infant Health	Minority
15	Education about what community resources are available; how to make basic healthy lifestyle choices, i.e. nutrition	Healthy Lifestyle Behaviors	All
16	Access to affordable care	Affordable Care	Low Income/Uninsured
17	Transportation	Transportation	Low Income/Uninsured
18	Obesity/Diabetes/Poor Nutrition	Healthy Lifestyle Behaviors	All
19	Dental	Primary Care	Low Income/Uninsured
20	Cardiovascular Health	Cardiovascular Disease	All
21	Mental Health	Mental Health	All
22	Lack of Pre-Natal Care/Infant Mortality/Prematurity	Maternal and Infant Health	All
23	Lack of primary care providers	Primary Care	Low Income/Uninsured
24	Need for more specialty care providers	Specialty Care	All
25	Access to affordable places to exercise	Healthy Lifestyle Behaviors	All

Appendix C

Northside Hospital-Atlanta Community Resources Category Definitions	
Category	***Definitions***
Social Environment	Community Centers, Food Pantries, Donations, Spiritual Needs, and Housing
Youth	Education, Libraries, Housing, Delinquency and Violence, Nutrition
Healthcare Services	Hospitals/Clinics/Public Health Departments/Prescription Programs
Diseases	Chronic/Communicable/Acute
Behavioral and Mental Health	Addiction: Alcohol and Drugs, Suicide, Depression and other Mental Health Disorders
Disabilities	Adults and Children living with Developmental Disabilities
Aging Services	Programs targeting adults age 65-and-over
Pregnancy	Conditions related to pregnancy, teen pregnancy, premature infants
Healthy Lifestyle Organizations	Physical Activity, Parks and Recreation Centers, Nutrition/Weight Loss
Injury Prevention	Intentional and Unintentional injuries: Falls, Poison, Motor Vehicle Collisions, Abuse

Appendix D

Northside Hospital-Atlanta

Federally Qualified Health Centers Located in the Community