Community Health Needs Assessment

FY 2013 – FY 2015

NORTHSIDE HOSPITAL FORSYTH

Table of Contents

Executive Summary

About Us

In 2002, Northside Hospital, Inc. acquired then Georgia Baptist Medical Center; a 41-bed community hospital located in Forsyth County, Georgia. Today the facility, now known as Northside Hospital-Forsyth ("NHF"), is a 217-bed general acute care hospital. As the only hospital located in Forsyth County, NHF provides critical access services such as emergency services, neonatal intermediate care services and therapeutic cardiac catheterization services in addition to other important hospital-based services such as surgery, cancer care and radiology. NHF is committed to serving all patients regardless of their ability to pay as evidenced by the $36.7 million in indigent and charity care provided in 2011. This amount represents 7.9% of the hospital's 2011 adjusted gross revenue.

Our Community

As a sole-community provider, NHF primarily serves residents of Forsyth and Dawson counties. In fact, these two counties[1] represent 80% of total inpatient and outpatient volume. Thus, for this Community Health Needs Assessment ("CHNA"), NHF defined its "Community" based on these two counties. It is important to note that no high-priority populations (e.g., indigent, minority, medically underserved or those with chronic conditions) were excluded from NHF's definition of Community.

Nationally, Forsyth County has been one of the top ten fastest growing counties in the U.S. and strong population growth is projected. In 2011, an estimated 204,000 people resided in NHF's Community and the median age was 36.6; slightly higher than the median age for Georgia's total population. A significantly higher percentage of the Community is Caucasian (85%)

[1] Inclusive of ZIP codes contained in whole or in part in Forsyth and Dawson counties.

compared to the state (61%). The percentage of Community's total population that is Hispanic or Latino (8%) is very similar 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 $76,000 compared to $49,000 for Georgia. The Community is insulated from unemployment more so than the state as nearly 66% of the Community's working-age population is employed compared to 59% for Georgia. Accordingly, the Community's poverty rate (5%) is lower than Georgia's poverty rate (12%).

While the demographic data paints a picture of NHF'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 15% of the Community's population under the age of 65 is uninsured[2]. NHF is the sole general acute care hospital located within the Community and in 2011, provided more than $36.7 million in total indigent and charity care. Since acquiring the hospital in 2002, Northside has invested in expanding inpatient capacity to meet the Community's growing inpatient demand. In fact, NHF has increased the number of inpatient beds five-fold from 41 to 217. Given the dichotomy of only one hospital being located in the Community and the Community's rapid population growth, currently, there continues to be need for additional inpatient beds in order to meet the Community's inpatient demand.

According to the U.S. Department of Health and Human Services, NHF's Community has an insufficient number of primary care physicians per population; therefore, the entire Community

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

(i.e., Forsyth and Dawson counties) is designated as a Medically Underserved Area ("MUA"). Also, there is only one (1) Federally Qualified Health Center ("FQHC") located in the Community which serves low income and uninsured populations. In terms of patient access to physicians, within NHF's Community, a higher percentage of minority populations (18%) reported dissatisfaction with their access to medical care when needed (i.e., physician visit) than Caucasians (6%).

In the Community, there appears to be an inverse relationship between emergency room ("ER") utilization and household income: 44% of households with income under $25,000 reported ER utilization compared to just 27% 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, 37% of uninsured respondents reported ER utilization but only 17% 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 NHF'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, 41% of Community respondents with household income less than $25,000 reported their health status as Fair or Poor compared to only 12% of households with income over $75,000. Not surprisingly, the highest number of chronic conditions reported by respondent age was 4.1 chronic conditions

reported by respondents' age 65-and-older; comparatively, the lowest number of chronic conditions (2.8) was reported by respondents' age 35-44. High blood pressure repeatedly was cited as the top chronic condition for the Community across all ages, races, incomes, and the uninsured. Smoking was cited as the number 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' age 18-34 reported 3.3 PHBs compared to 7.2 behaviors for respondents' age 65-and-older. Not surprisingly, lower income households reported fewer PHBs (3.3) than did higher income households (4.7). Numerous analyses were performed on the PHB 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 frequently for vulnerable populations too. Second, minorities reported fewer PHBs than Caucasian respondents: 3.5 vs. 5.

The top two leading causes of death for NHF's Community are major cardiovascular disease and cancer, particularly lung, pancreatic, colon, breast, 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, the NHF Community composed two percent (2%) of Georgia's births. While the rate of premature babies for our Community is slightly lower than the state-wide rate (11% vs. 12%), in our Community one out of every 9.3 babies is born prematurely compared to one out of 8.2 babies in Georgia. When analyzing premature births among high-priority populations within the Community: 1) 15% of all African American births

were premature, 2) 9% of all Asian births were premature and 3) 7% of all Hispanic or Latino births were premature.

Community Stakeholders

NHF 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 eight (8) 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

NHF 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. NHF consolidated the needs into unique categories and then developed a five-step process for prioritizing the identified needs. The analysis resulted in the following list of needs that NHF will focus on based on the magnitude of the issue, the severity of the issue, the fit of the issue with NHF'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. Primary Care
3. Cardiovascular Disease
4. Preventive Health Services
5. Maternal and Infant Health

Needs We Will Not Address

Unfortunately, NHF 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 NHF is not going to directly address at this time include: 1) obesity, 2) affordable care, 3) specialty care, 4) healthy lifestyle behaviors, 5) mental health, and 6) transportation.

Some of the needs not selected (i.e., obesity and healthy lifestyle behaviors) likely will benefit from activities undertaken to meet selected needs (i.e., primary care and preventive health services). Other needs not selected such as affordable care and transportation are not within NHF's expertise and therefore NHF would be unable to effectively influence improvement. For mental health there are four (4) organizations in the Community aimed at helping those with mental and behavioral health issues. Thus, in order to maximize its resources, NHF has not selected mental health as a need on which to focus further. Lastly: Specialty care. NHF

continually works to increase the number of specialists practicing in the Community as a matter of routine operations. In 2002 there were a total of 200 physicians, primary care and specialists, in the Community; today, there are 230 specialists practicing in the Community. Thus, NHF will indirectly address the identified need for additional specialists through its existing and ongoing medical staff development efforts.

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, NHF's implementation strategy will reflect the unique dynamics of each identified need and will employ tactics to ensure appropriate distribution of resources.

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

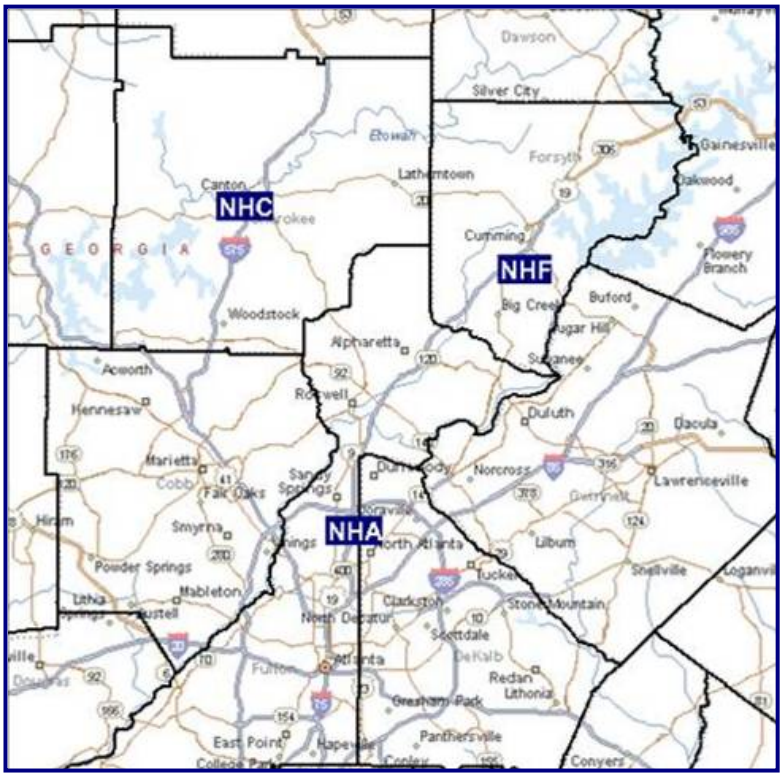
1. Financial assistance on behalf of uninsured, underinsured and low-income persons.
2. Community health improvement services:
    - Community health education outreach.
    - Community health screenings.
    - Support groups.
    - Community-based clinical services for reduced cost or free.
    - Health 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 Forsyth

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 NHF's Community.

In 2002, Northside Hospital, Inc. acquired then Georgia Baptist Medical Center; a 41-bed community hospital located in Forsyth County, Georgia. Today the facility, now known as Northside Hospital-Forsyth, is a 217-bed general acute care hospital. As the only hospital

located in the Community, NHF provides critical access services such as emergency services, neonatal intermediate care services and therapeutic cardiac catheterization services in addition to other important hospital-based services such as surgery, cancer care and radiology. Also, NHF offers several outpatient centers located throughout its Community.

NHF is committed to serving all patients regardless of their ability to pay as evidenced by the $36.7 million in indigent and charity care provided in 2011. This amount represents 7.9% 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"

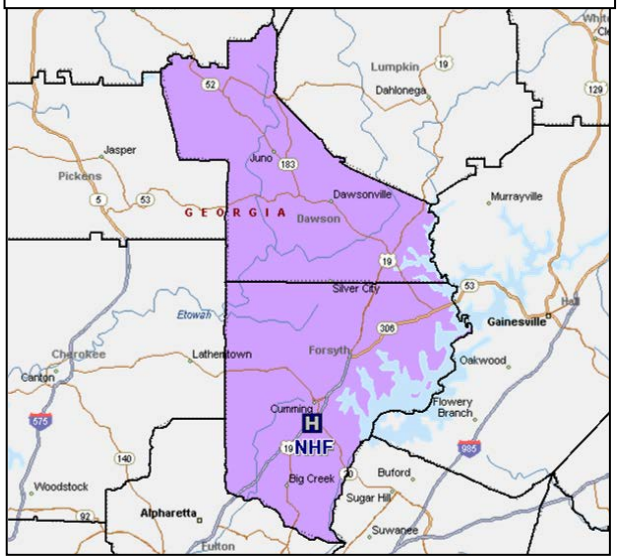
Located in Forsyth County, Georgia, NHF is the sole-community provider and primarily serves residents of Forsyth and Dawson counties. In fact, these two counties[3] represent 80% of total inpatient and outpatient volume. Thus, for this CHNA, NHF defined its "Community" based on these two counties. It is important to note that no high-priority populations (e.g., indigent, minority, medically underserved or those with chronic conditions) were excluded from the definition. The following chart lists the counties that comprise the NHF Community.

Northside Hospital-Forsyth CHNA Community Definition	% Total Cases
FORSYTH COUNTY DAWSON COUNTY	80%

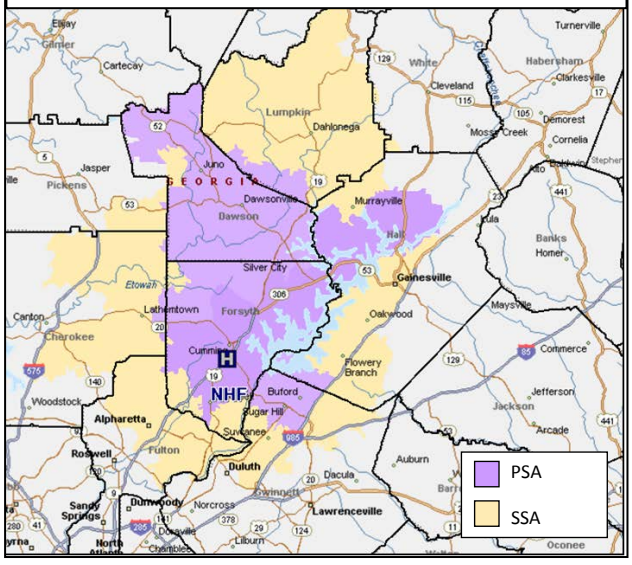
Note: Composed of ZIP codes assigned to and crossing into Forsyth and Dawson counties.

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

Northside Hospital-Forsyth
CHNA Service Area



Northside Hospital-Forsyth
Primary and Secondary Service Areas



[3] Inclusive of ZIP codes contained in whole or in part in Forsyth and Dawson counties.

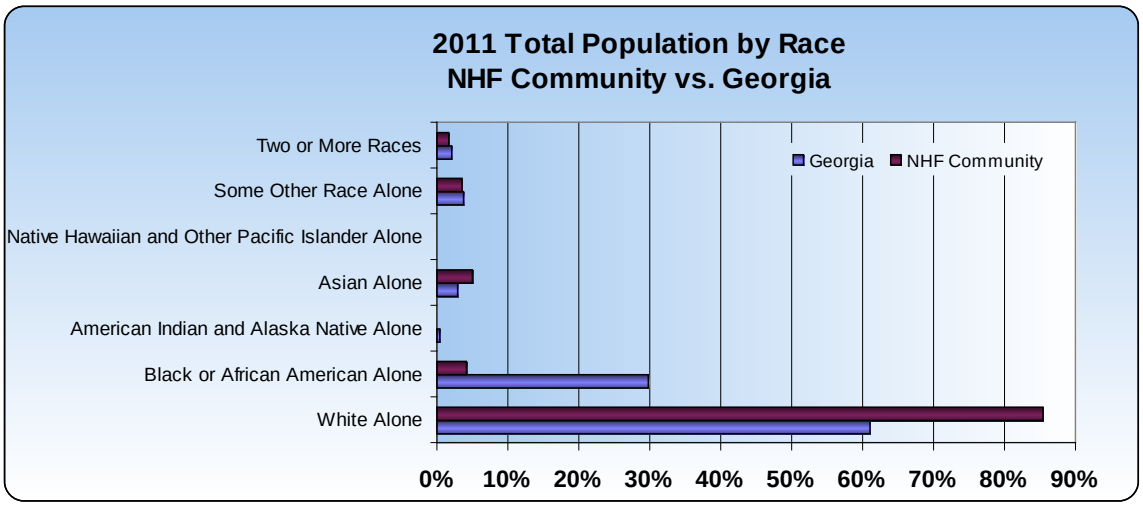
Demographic Characteristics of Our Community

Age and Gender

In 2011, an estimated 204,000 people resided in NHF's Community.[4] The gender ratio was balanced, essentially 50/50, and the median age was 36.6; slightly higher than the median age for Georgia's total population. Females 15-44 represented 19% of the Community's total population compared to 21% of Georgia's and the 65+ age group represented 9% of the Community's total population compared to 11% for the state.

Race and Ethnicity

NHF's Community predominately is Caucasian with Asians and African Americans comprising the two largest minority groups. The chart below compares the racial composition of NHF's Community to Georgia. A significantly larger percentage (85%) of NHF's Community is Caucasian as compared to the state (61%). Four-percent (4%) of the Community's population is Black or African American compared to thirty percent (30%) for the state. Lastly, the Community's percentage of Hispanic or Latino population is fairly similar to Georgia: 8% of NHF's Community is Hispanic or Latino compared to 9% for Georgia.

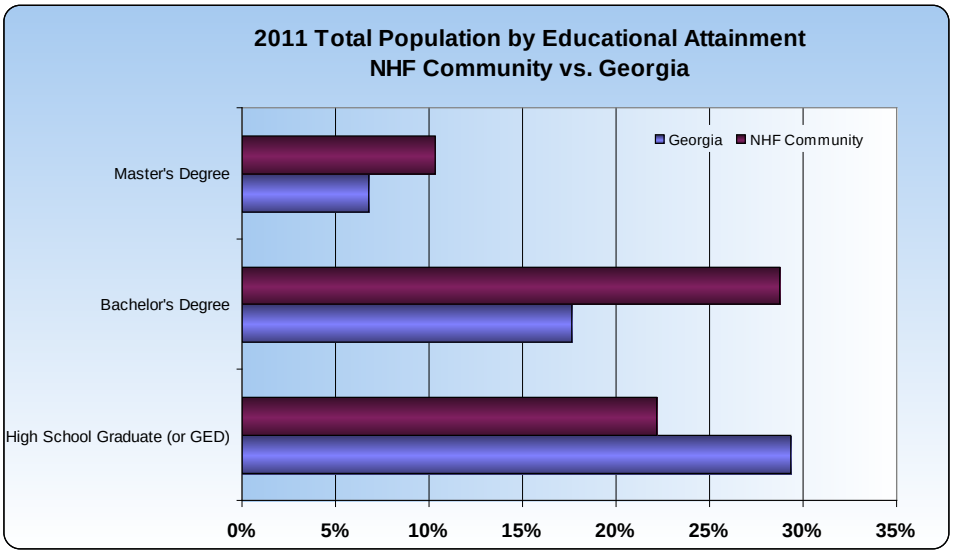


Source: Nielsen Claritas

[4] Source: Nielsen Claritas

Educational Attainment and Financial Status

As post-secondary education increases, so too does earning potential. NHF'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 NHF's Community with bachelors or masters degrees is higher than the state-wide rate. Also, it is worth noting that the educational attainment of the Hispanic or Latino population in NHF's Community is very consistent with the state-wide rates with one primary exception: The percentage of Hispanics or Latinos with bachelor degrees in NHF's Community is 15% 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 NHF's Community exceed state-wide rates as well. The largest percentage of the population in NHF's Community had 2011 household income of $100,000 or more compared to $25,000-$49,999 for Georgia. For Housing Unit value, 60% of homes in the Community were valued at $200,000 or more compared to just 30% for Georgia.

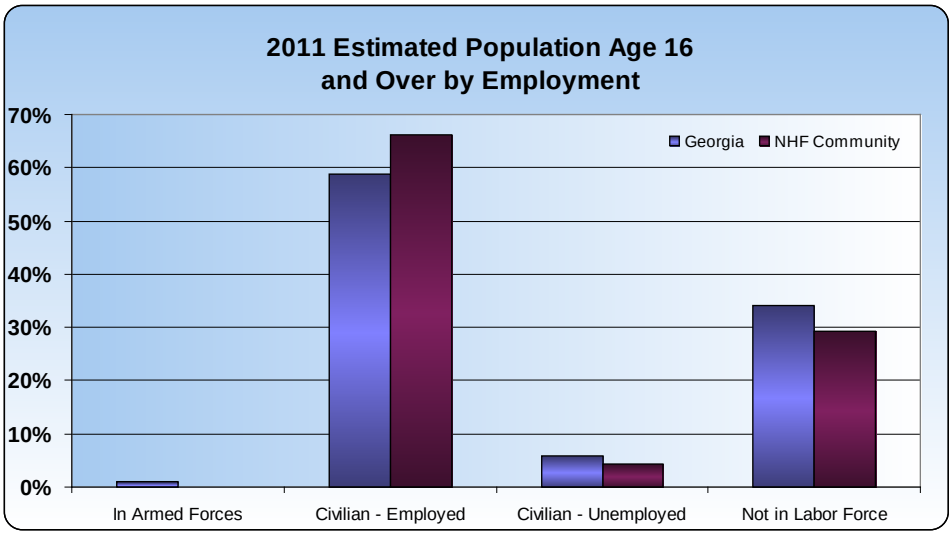
2011 Estimate Household Income	Georgia	NHF Community
Less than $24,999	24%	12%
$25,000 to $49,999	27%	18%
$50,000 to $74,999	20%	19%
$75,000 to $99,999	12%	16%
$100,000 or more	17%	35%

2011 Estimate All Owner-Occupied Housing Units by Value	Georgia	NHF Community
Less than $100,000	27%	10%
$100,000 to $199,999	43%	30%
$200,000 to $399,999	22%	45%
$400,000 or more	7%	15%

Source: Nielsen Claritas

Employment

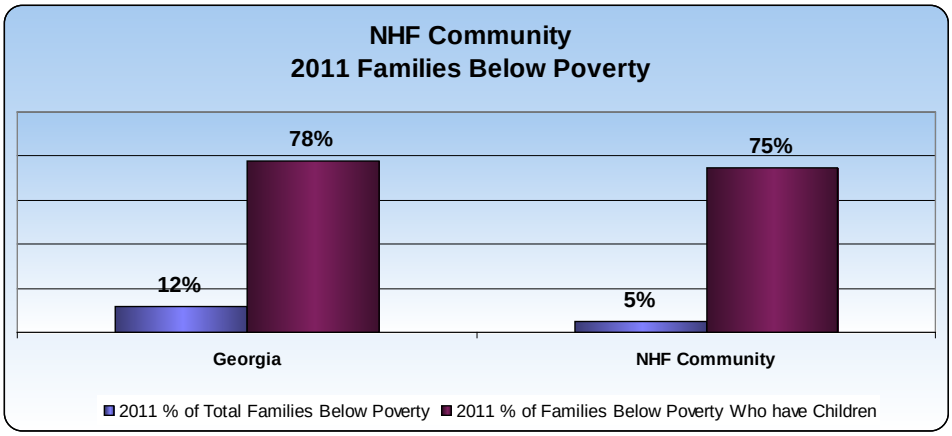
NHF's Community has a higher percentage of the working-aged population (i.e., age 16-and-older) employed than state-wide. In fact, 66% of the Community's population age 16-and-older is employed in non-military positions compared to 59% for Georgia. The Community also enjoys lower civilian unemployment and has a lower percentage of residents "not in the labor force"; not in the labor force includes all persons 16-and-older who are not employed or looking for employment.



Poverty

Consistent with the higher educational attainment and financial status demographics of NHF's Community, it is not surprising that the rate of poverty in the Community is lower than the state-wide rate[5]. In 2011, an estimated 2,900 families or 5% of NHF's Community were below the poverty level compared to nearly 12% of Georgia's families.

[5] 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.*



Source: Nielsen Claritas

While the demographic data paints a picture of NHF'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.

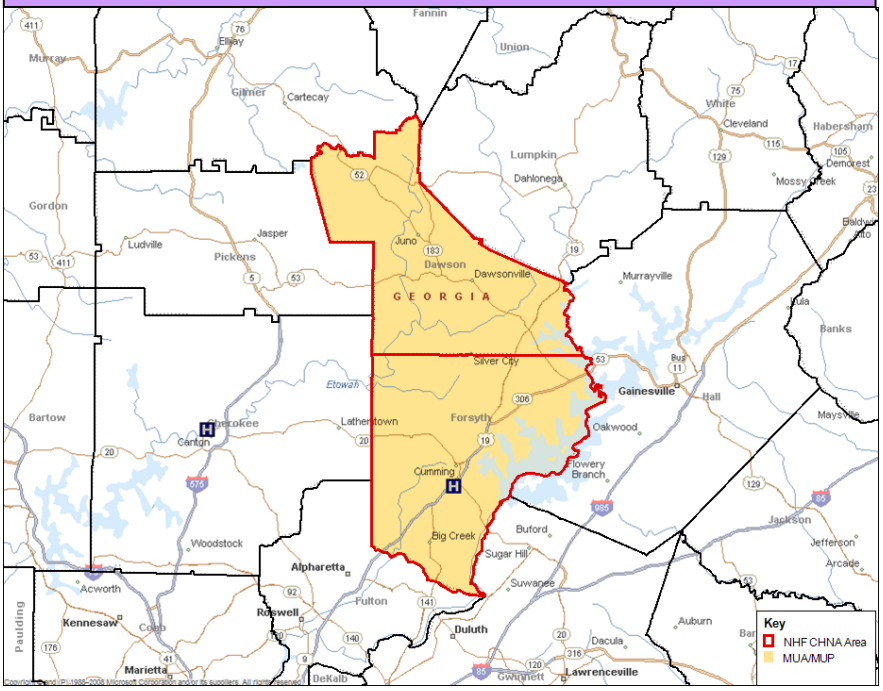
Our Community's Access to Health Care

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.[6] While Forsyth and Dawson counties are part of the Atlanta-Sandy Springs-Roswell Metropolitan Statistical Area, or metro Atlanta, they are located in the northern-most region of the metro and are not as densely populated as some of the metro's more populous counties (e.g., Fulton and Gwinnett counties). Thus, it is not surprising that the entire NHF Community, meaning Forsyth and Dawson counties, is a MUA as determined by the U.S. Department of Health and Human Services.

[6] http://www.hrsa.gov/shortage/

Northside Hospital-Forsyth
Medically Underserved Areas of the Community



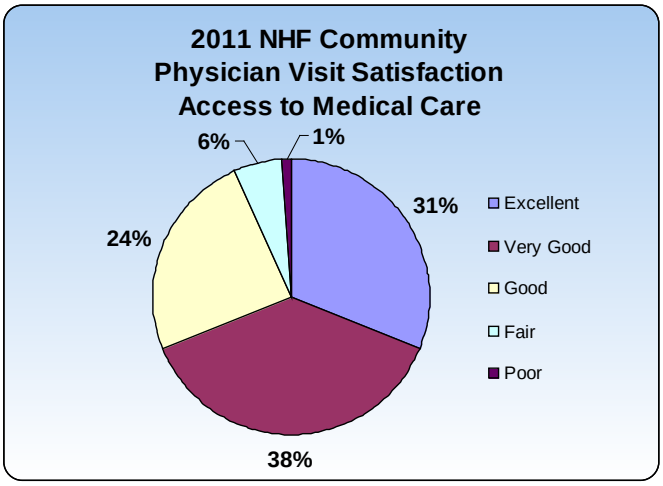
NHF supplemented publicly-available health data from national and state-level agencies with proprietary consumer market research data collected, tabulated and reported by the National Research Corporation[7] ("NRC"). Annually, the NRC conducts a Community Health Needs Assessment ("NRC Survey") using a proprietary questionnaire designed by NRC. Based on a representative sample of people residing in a NHF 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.

Physician Access by Community Member's Age

Sixty-nine percent (69%) of NRC Survey respondents from NHF's Community indicated that their access to medical care when needed (i.e., physician visit) was Excellent or Very Good;

[7] 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.

slightly higher than the state-wide percentage (66%). The NRC Survey stratifies the responses by respondent age group – 18-34, 35-44, 45-64 and 65+ – interestingly, the 35-44 age cohort had the highest percentage (10%) of respondents stating their access to medical care when needed was Fair or Poor. Given periodic national press coverage from across the country citing physicians no longer accepting Medicare patients, it would be reasonable to expect the 65+ age cohort to report the highest dissatisfaction rate instead of 35-44 year olds. (Only five percent (5%) of respondents' age 65-and-older responded that their access was Fair or Poor.) Overall, the percentage of Community respondents reporting access as Fair or Poor ranged from four to ten percent (4-10%) which is comparable to the state-wide range (3-10%).



Source: National Research Corporation, 2011 Community Health Needs Assessment

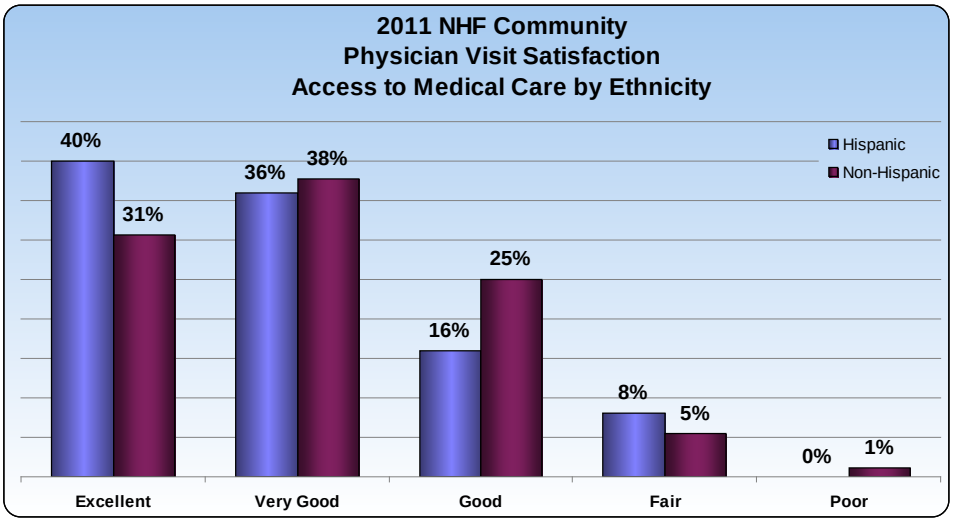
NHF Community - Snapshot

- For the 35-44 respondents' 10% indicated their access was Fair or Poor
- 4-7% all other age cohorts

Physician Access by Community Member's Ethnicity

Seventy-six percent (76%) of Hispanic respondents reported their access to medical care when needed (i.e., physician visit) as either Excellent or Very Good compared to just sixty-eight percent (68%) of Non-Hispanic respondents. The Community's Hispanic population has higher satisfaction with their access to medical care than the state-wide Hispanic population[8] and also reports higher satisfaction than Non-Hispanics in the Community. A Federally Qualified Health Center ("FQHC") is located in Forsyth County and, perhaps, is a key driver to these atypical findings.

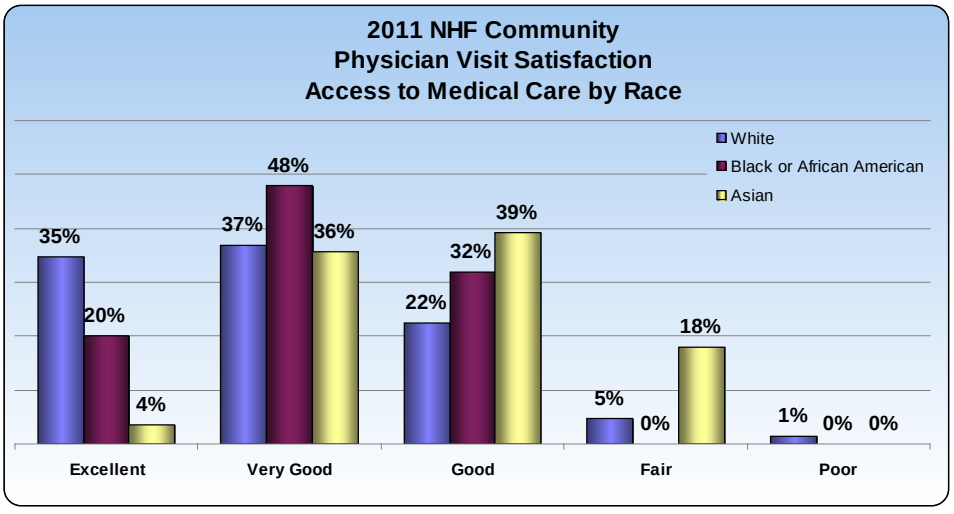
[8] State-wide, 62% of Hispanic respondents reported that their access to medical care when they needed (i.e., physician visit) was either Excellent or Very Good.



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, 72% of White respondents categorized their access as Excellent or Very Good compared to 68% for Black or African American respondents and only 40% of Asian respondents. In terms of dissatisfaction with access to medical care when needed, zero percent (0%) of Black or African American respondents reported dissatisfaction. This is in stark contrast to 18% of Asian respondents who reported that their access to medical care when needed was either Fair or Poor and White respondents' reported six percent (6%) dissatisfaction. From this data it appears that Asian members of the Community are the least satisfied with access to physicians.



Source: National Research Corporation, 2011 Community Health Needs Assessment

Satisfaction with access to medical care when needed (i.e., physician visit) among Whites in Georgia and the Community is very similar. There are, however, stark differences in satisfaction/dissatisfaction among minority populations. For example, zero percent (0%) of Community Black or African American respondents reported dissatisfaction (i.e., Fair or Poor) compared to seven percent (7%) of Georgia Black or African American respondents. The other notable difference between the Community and Georgia is that the Community's Asian population is more dissatisfied (18%) with access to medical care when needed than the state-wide Asian population (13%).

2011 Physician Visit Satisfaction Access to Medical Care GA vs. Community						
	Georgia			NHF Community		
Satisfaction	White	Black or African American	Asian	White	Black or African American	Asian
Excellent	31%	27%	16%	35%	20%	4%
Very Good	38%	38%	28%	37%	48%	36%
Good	24%	28%	42%	22%	32%	39%
Fair	5%	6%	10%	5%	0%	18%
Poor	2%	1%	3%	1%	0%	0%

Source: National Research Corporation, 2011 Community Health Needs Assessment

Percent Population Uninsured

In 2011, an estimated 204,000 people resided in NHF's Community of which approximately 145,000 were eighteen-or-older. The counties comprising NHF's Community (i.e., Forsyth and Dawson) experienced uninsured rates of an estimated 15% of the population under the age of 65.[9] The uninsured rate of NHF's Community is considerably lower than that of Georgia which was an estimated 22%.

Hospitals and Number of Beds per 10,000 Population

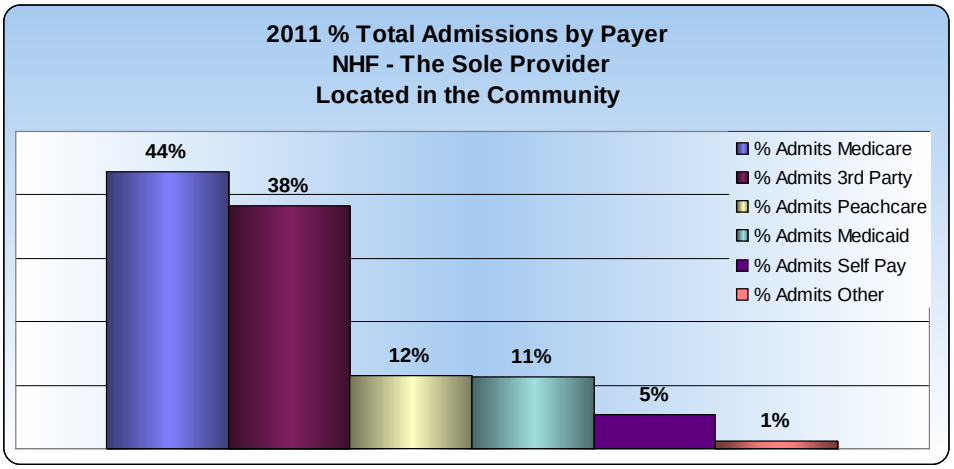
NHF is the only general acute care hospital located in the Community. In 2011, there were 9.9 general acute care beds per 10,000 adults in the Community compared to 32.8 general acute care hospital beds per 10,000 adults for the State. NHF's Community generated more than 112,000 adult (i.e., 18-and-older) general acute care inpatient days. Based on an optimal

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

utilization level of 75%[10], the Community generated total need for 412 general acute care inpatient beds. Therefore, there is a net need of 211 general acute care inpatient beds in the Community as defined by the GA DCH.[11]

Percent Admissions by Payer

As stated previously, NHF is the sole hospital provider located in the Community. In 2011, NHF was a 201-bed general acute care hospital with 10,462 total admissions. The percent of total admissions by government and non-government payer is presented below.



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

Percent Indigent and Charity Care Provided by Hospitals in the Community

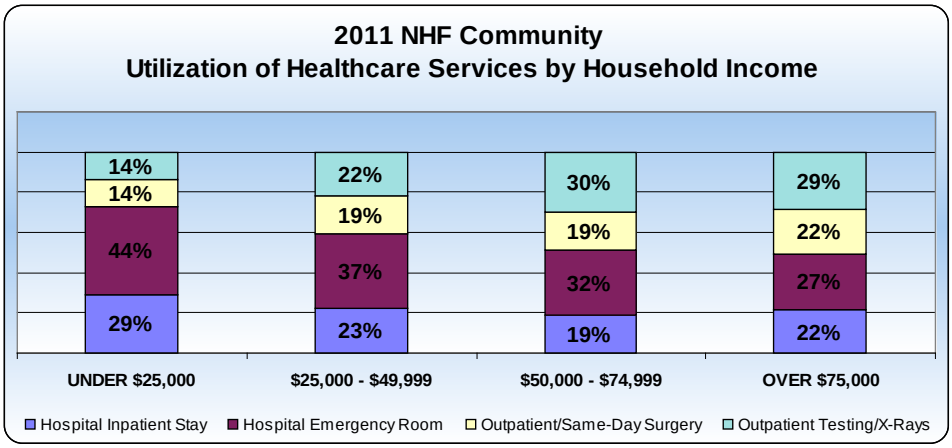
Indigent and charity care is often used as a metric for assessing a community's access to healthcare services, particularly for those with limited financial means. In 2011, NHF provided more than $36.7 million in indigent and charity care. As the only provider in the Community this demonstrates that NHF is providing community benefit and serving all patients regardless of their ability to pay.

[10] The Georgia Department of Community Health's Short-Stay General Hospital Beds Rule defines optimal occupancy rate for hospitals located in a non-rural county as seventy-five percent (75%).
[11] The bed need calculation includes *total* adult inpatient days generated by residents of the Community including those services not currently available in the Community (e.g., open heart surgery).

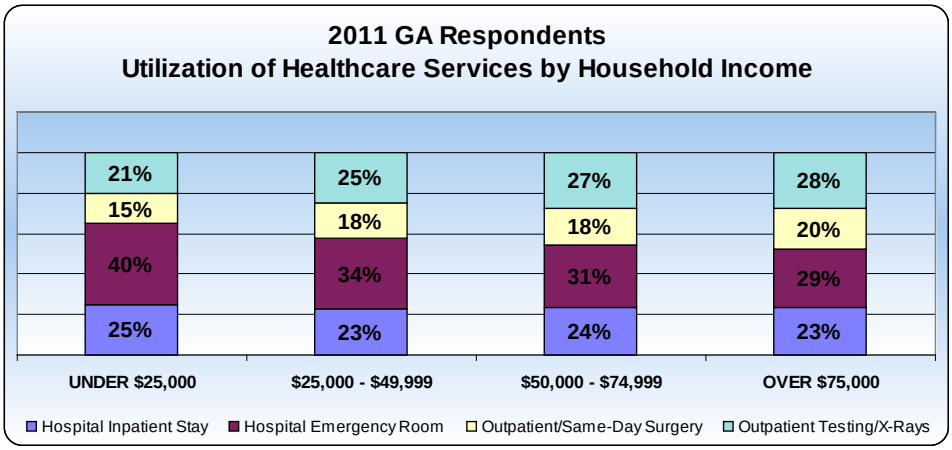
As noted previously, NHF supplemented publicly-available health data from national and state-level agencies with proprietary consumer market research data collected, tabulated and reported by the NRC.

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 the majority of 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 ER compared to higher income brackets: As income increases the percentage of households reporting 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 NHF's Community. The experiences of NHF's Community mirror those of Georgia residents as a whole, as indicated in the graphs below.



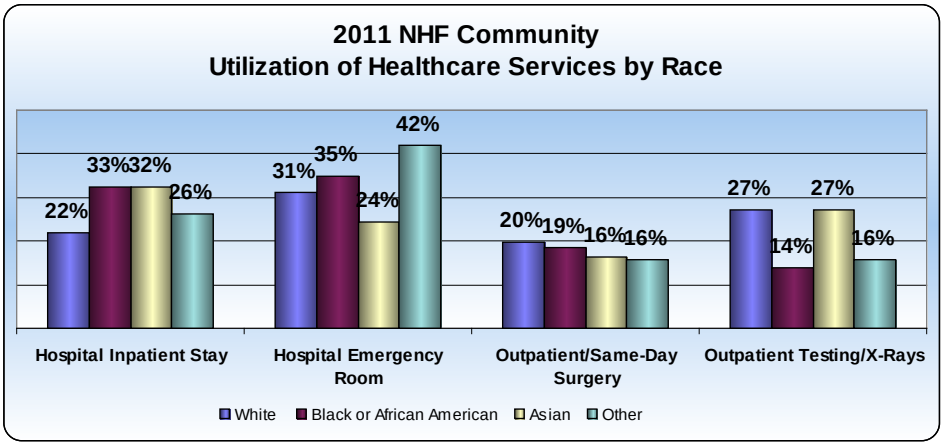
Source: National Research Corporation, 2011 Community Health Needs Assessment



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 one racial group having slightly higher utilization within each service as summarized below:

1) Hospital inpatient stay – Black or African American
2) Hospital emergency room – Other
3) Outpatient/same-day surgery – White
4) Outpatient testing/x-ray – White and Asian

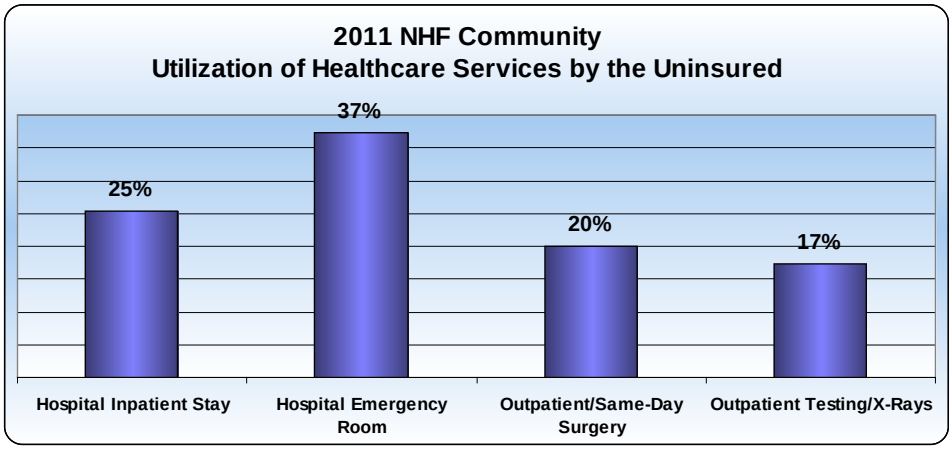


Source: National Research Corporation, 2011 Community Health Needs Assessment

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 organization ("PPO"), point-of-service plans ("POS"),

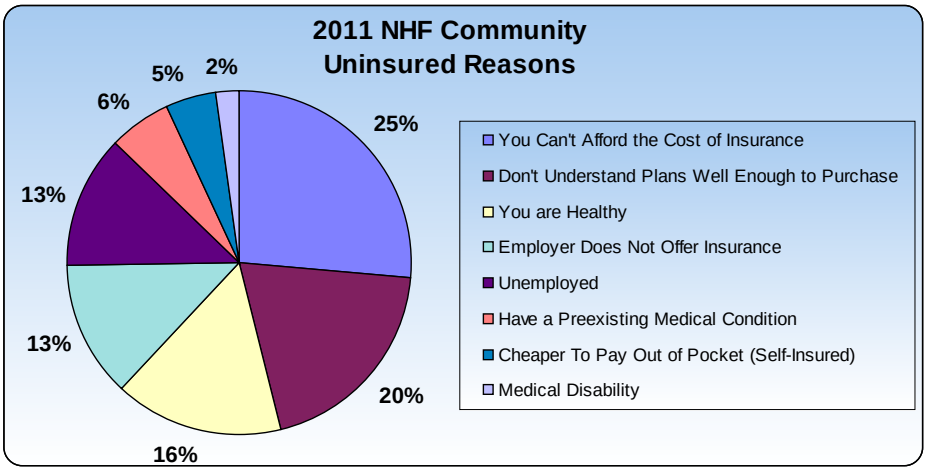
Medicare, Medicaid, and Uninsured – NHF elected to focus on the uninsured population. As noted in the chart below, the ER was the service most frequently cited by the uninsured respondents. This result is in-keeping with industry experience as the ER often is the only means of obtaining health care for this segment of the population. Also of note is that Outpatient Testing/X-Rays is the least utilized service for the uninsured respondents. Reasons for the low utilization of outpatient testing/x-ray services by the uninsured likely are due to financial barriers to care. Uninsured patients are likely to delay obtaining outpatient testing 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 reason why uninsured respondents from the Community lacked insurance were because respondents could not afford insurance. A somewhat surprising finding is that the second most frequently mentioned reason for being uninsured (20%) is because respondents do not understand the insurance plans well enough to purchase one. The remaining reasons for lack of insurance are summarized in the chart below.



Source: National Research Corporation, 2011 Community Health Needs Assessment

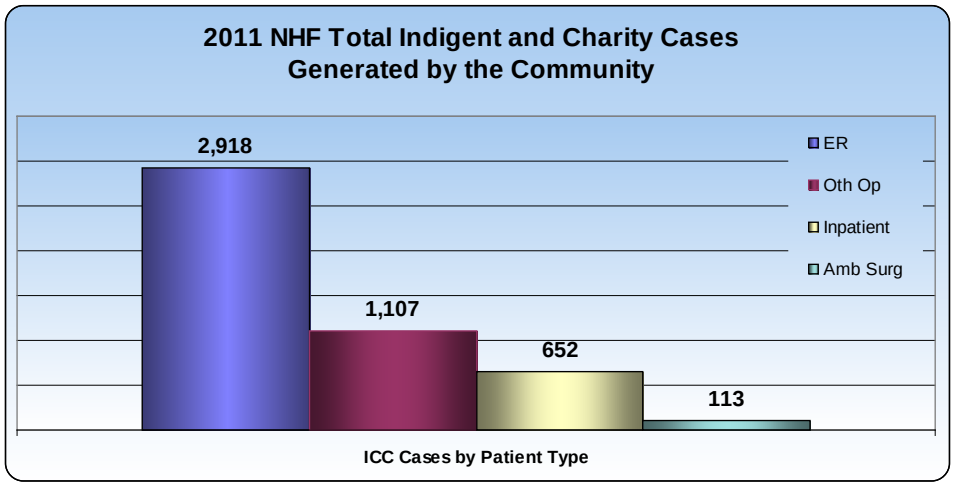
Our Community's Health Status

NHF 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 NHF internal data, NRC proprietary data and public health data.

NHF's Indigent and Charity Care Patients

In 2011, NHF provided $21.4 million in indigent and charity care to the Community.[12] Broadly, services rendered can be grouped into ambulatory surgery, emergency room, inpatient services and other outpatient services with 84% of indigent and charity care cases falling into emergency room and other outpatient services as depicted in the chart below.

[12] It is important to note that this figure only includes indigent and charity care provided to the Community which represented nearly 60% of the hospital's total indigent and charity care. In 2011, NHF provided a total of $36.7 million in indigent and charity care.



Source: NHF internal records Note: Includes newborns

The ER comprised 61% of NHF's total indigent and charity care cases from the Community. It is challenging to identify a leading cause or two of ER utilization by NHF's indigent and charity population from the Community as the 2,918 emergency charity cases had a very large range of principal diagnoses; in fact too numerous to list separately. The top ten diagnoses by case volume represented approximately twenty-two percent (22%) of total indigent and charity emergency cases and are summarized in the table below.

2011 NHF Community ICC - ER Cases
Top 10 Diagnoses

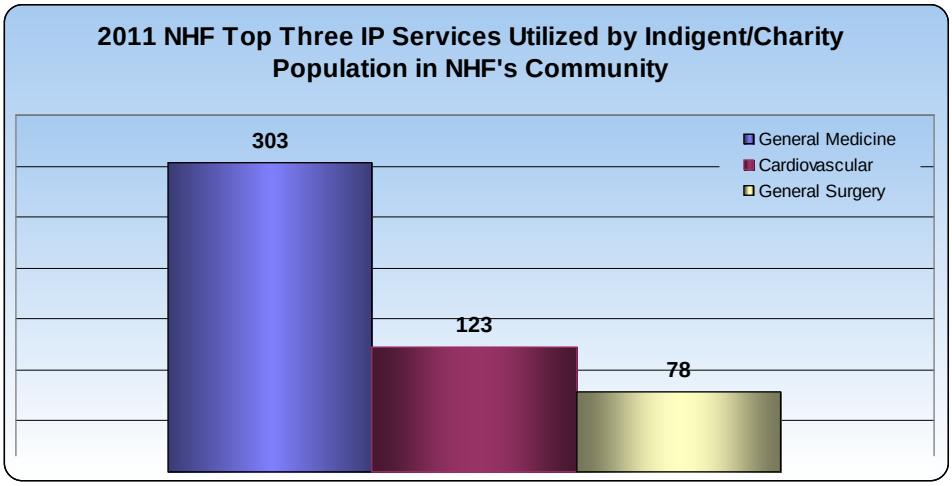
Princ Dx	Description	Cases	Total
789	Abdmnal pain unspcf site	123	4.22%
599	Urin tract infection NOS	98	3.36%
786.59	Chest pain NEC	71	2.43%
786.5	Chest pain NOS	69	2.36%
490	Bronchitis NOS	54	1.85%
787.01	Nausea with vomiting	51	1.75%
79.99	Viral infection NOS	45	1.54%
346.9	Migrne unsp wo ntrc mgrn	44	1.51%
462	Acute pharyngitis	44	1.51%
784	Headache	40	1.37%
Total Top 10 Diagnoses		**639**	**22%**

Source: NHF internal records

Upon further analysis of the other outpatient services utilized by the indigent and charity population, fifty seven percent (57%), or 626 of the 1,107 other outpatient indigent and charity cases, utilized NHF's radiology services.

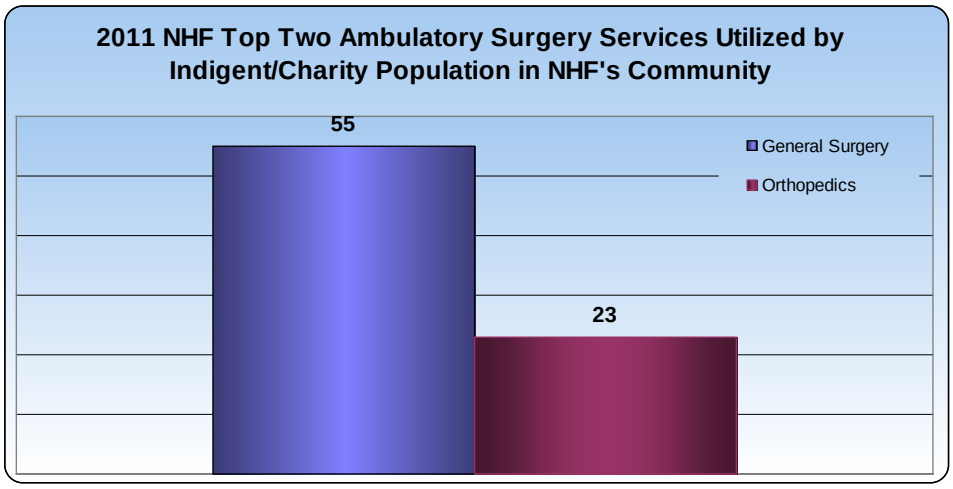
On the inpatient side, the Community's indigent and charity population had the highest utilization of general medicine, cardiovascular and general surgery services. These three

inpatient service lines represented seventy-seven percent (77%) of the Community's inpatient indigent and charity utilization.



Source: NHF internal records

For outpatient surgery services, the Community's indigent and charity population utilized general surgery and orthopedics the most. Together, these two service lines comprised sixty-nine percent (69%) of NHF's total indigent and charity outpatient surgery cases. The next twenty-five percent (25%) of cases, essentially, is evenly distributed across gynecology, oncology, neurology, and male reproduction/urology.



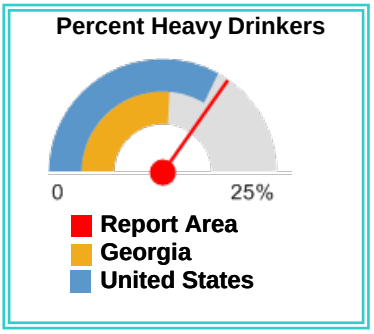
Source: NHF internal records

The Community's Lifestyle/Health Behaviors

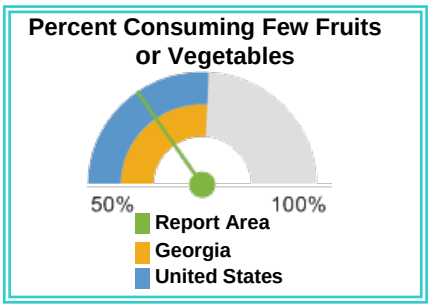
NHF relied upon CHNA.org for certain of its Community health status data. CHNA.org is a free web-based program that compiles data from the Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2004-2010 into an easy-to-use web-based tool. The "Report Area" captured in the data below are the counties comprising NHF's Community: Forsyth and Dawson.

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, NHF's Community has similar 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 17% which is higher than the Georgia-wide rate of 13% equal to the national rate of nearly 17%. No data was available for Dawson County for this indicator. This indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers and untreated mental and behavioral health needs.

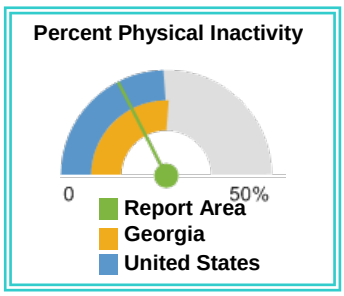


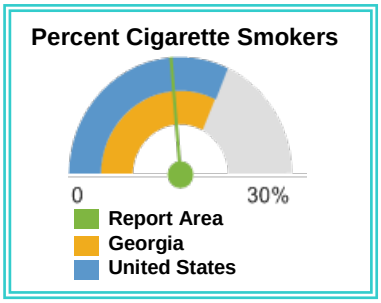
Respondents are considered heavy drinkers if they were male and reported having more than 2 drinks per day, or females that reported having more than 1 drink per day.



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-five percent (75%) of adults in the Community (there was no data reported for Dawson County) self-reported a diet consisting of few fruits and vegetables compared to 76% for both Georgia and the U.S.

A sedentary lifestyle can lead to significant health problems such as obesity or cardiovascular disease. This metric compares the Community's inactivity level compared to Georgia and the U.S. Again, the Community's health status is slightly more positive than the comparison groups as 17% of adults in the Community reported no time for leisure activities compared to 25% for Georgia and the U.S.

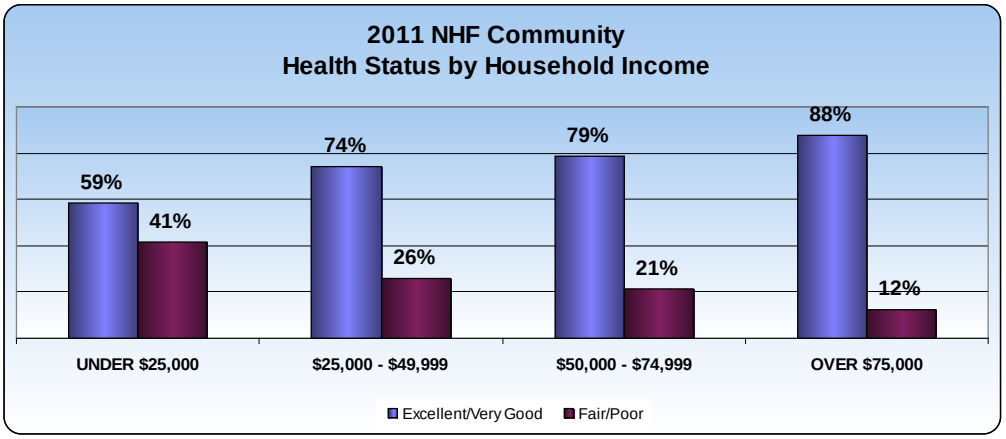




Cigarette smoking is linked to leading causes of death such as cancer and cardiovascular disease. Also, according to the National Institutes of Health, the most common irritant in the United States that causes chronic obstructive pulmonary disease is cigarette smoke. Fourteen percent (14%) of adults in NHF's Community (Dawson County did not report) 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, forty-one percent (41%) of respondents reported a health status of Fair/Poor compared to only twelve percent (12%) of households with income over $75,000. The health status of NHF'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 NHF'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 3.0 chronic conditions for their household. The number of conditions per household decreased slightly among the ages 35-44 to 2.8, but increased among the 45-64 age cohort culminating with an average of 4.1 chronic conditions reported for respondents' age 65-and-older. Also, Allergies-Other was in the top five chronic conditions across all four age cohorts and High Blood Pressure and High Cholesterol were cited in three of the four age cohorts.

2011 NHF Community Top Ten Chronic Conditions, All Ages	
Chronic Condition	**Average Age**
High Blood Pressure	52
High Cholesterol	53
Allergies-Other	46
No Chronic Conditions in HH	44
Smoker	45
Arthritis	52
Allergies-Hay Fever	50
Depression/Anxiety Disorder	46
Migraines	42
Sleep Problem/Insomnia	51

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – By Household Income

NHF 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.[13] 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 High Blood Pressure and Smoker are the number one and two chronic conditions 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.[14]

2011 NHF Community Top Ten Chronic Conditions All Households
High Blood Pressure
High Cholesterol
Allergies-Other
Smoker
Arthritis
No Chronic Conditions in HH
Allergies-Hay Fever
Depression/Anxiety Disorder
Migraines
Sleep Problem/Insomnia

2011 NHF Community Top Ten Chronic Conditions Low-Income Households
High Blood Pressure
Smoker
Asthma
Depression/Anxiety Disorder
Obesity/Weight Problems
Allergies-Other
High Cholesterol
Arthritis
Migraines
Cancer (Other Than Skin)

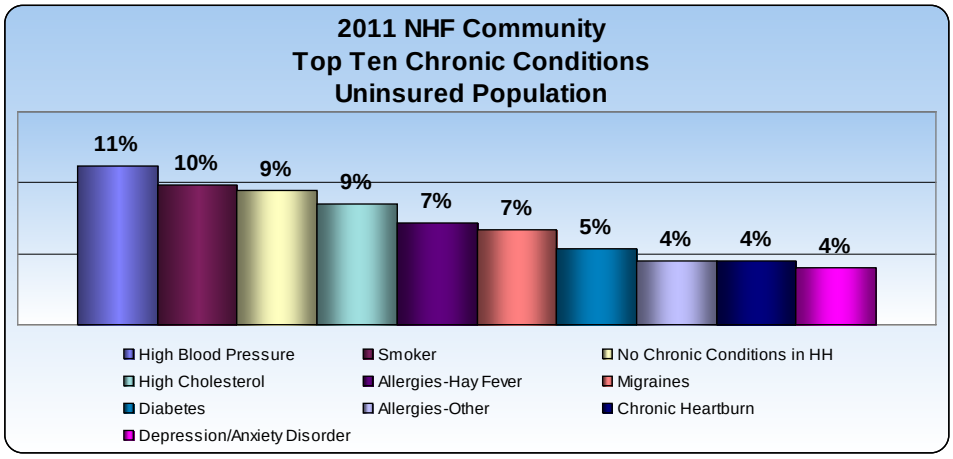
Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – Uninsured

Uninsured NRC Survey respondents cited High Blood Pressure (11%) and Smoking (10%) as the top two (i.e., the most frequently mentioned) chronic conditions. It is worth noting that the third most frequently mentioned chronic condition by uninsured households was No Chronic Conditions (31%). As noted previously in this CHNA, when asked the reason for being uninsured, sixteen percent (16%) of NRC Survey respondents indicated that they are healthy hence they do not "need" health insurance.

There are several similarities between the top chronic conditions among low-income households and the uninsured; namely High Blood Pressure and Smoking.

[13] Low-income households are defined as those households with income under $25,000.
[14] 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 chronic condition for Hispanic residents. Another important distinction is that Obesity/Weight Problems appears in the top five chronic conditions for the Hispanic respondents and also the in low-income households respondents' top five but not in any other population group analyzed (e.g., all ages, all household incomes and uninsured).

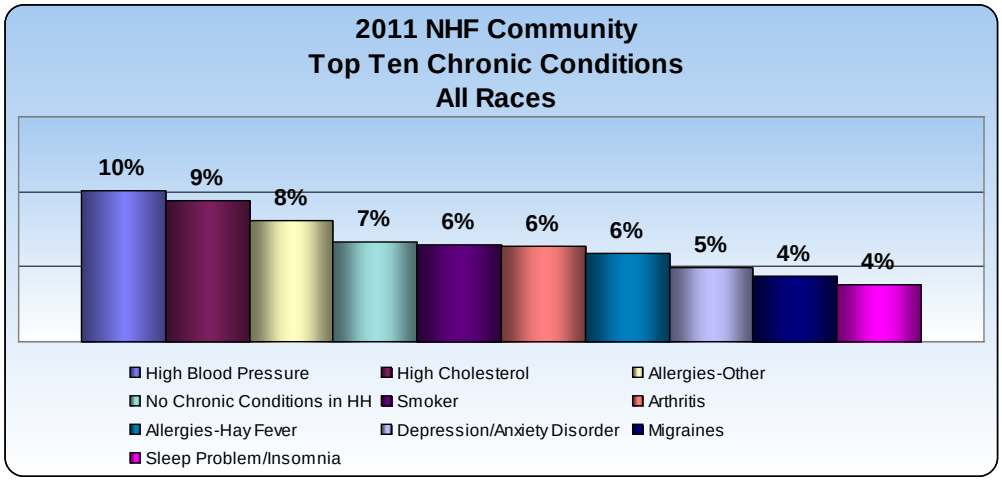
2011 NHF Community Top Ten Chronic Health Conditions Hispanic
No Chronic Conditions in HH
Arthritis
Allergies-Other
Migraines
Obesity/Weight Problems
High Cholesterol
Cancer
Depression/Anxiety Disorder
Diabetes
Allergies-Hay Fever

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

Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Top Chronic Conditions – By Race

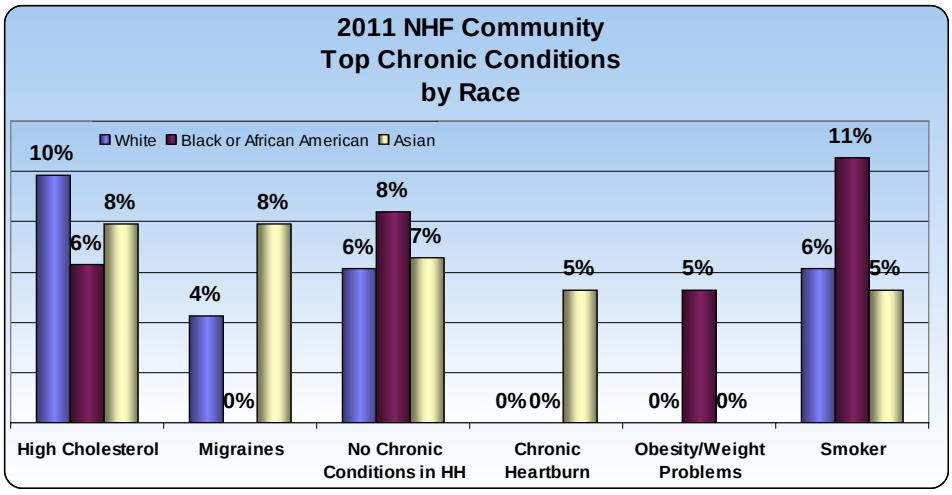
The most frequently cited chronic conditions for all races are very similar to those cited by all ages; likely due to the fact that NHF's Community is predominately White and the NRC research is representative of the Community.

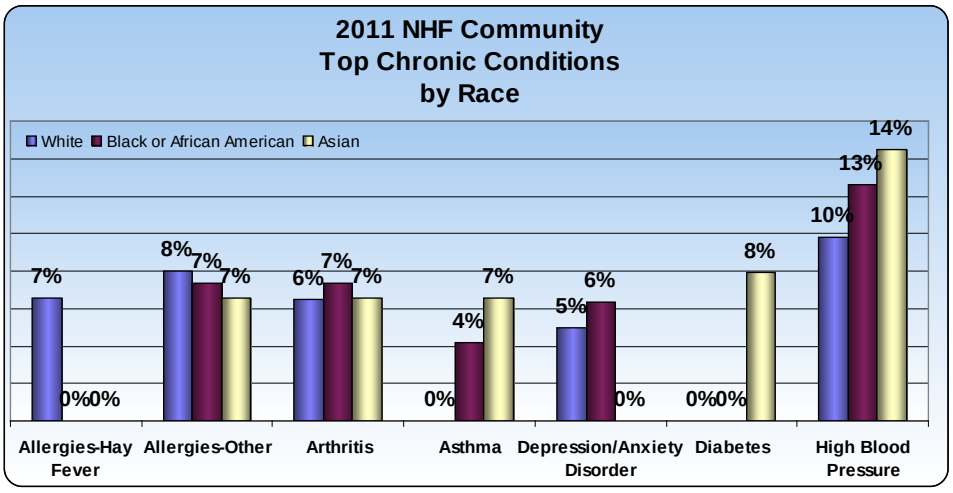


Source: National Research Corporation, 2011 Community Health Needs Assessment

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. It should be noted that High Blood Pressure was the number one chronic condition cited by each race.

However, there are several differences among the races that are worth noting as well. Concentrating on minority populations only, there are four chronic conditions that appear in the top ten for Black or African Americans and/or Asians that do not appear in the top ten chronic conditions for Whites: 1) Asthma, 2) Diabetes 3) Obesity/Weight Problems, and 4) Chronic Heartburn.





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 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 NHF'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 3.3 PHBs for their households and the rate steadily increased among the 35-44 and 45-64 age cohorts culminating with an average 7.2 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 NHF Community Top Ten Preventive Health Behaviors, All Ages	
Preventive Health Behavior	**Average Age**
Blood Pressure Test	51
Dental Exam	49
Eye Exam	50
Cholesterol Test	54
Routine Physical Exam	50
Flu Shot	49
Pap Smear	48
Mammogram	55
No Service or Test	41
Child Immunization	39

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 NHF Community Bottom Five Preventive Health Behaviors, All Ages	
Preventive Health Behavior	**Average Age**
Weight Loss Programs	38
Carotid Artery Screening	66
Pre-Natal Care	30
Mental Health Screening	31
Stop Smoking Program	52

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. [15] Households with income under $25,000 reported an average 3.3 PHBs per household compared to an average of 4.7 PHBs reported for households with income over $75,000. Given this stark difference, NHF analyzed the bottom five PHBs (i.e., least utilized) by household income to see if there were any differences between households of all incomes and low-income households. Carotid Artery Screening, Weight Loss Programs, Pre-Natal Care, and Smoking Cessation were in the bottom five PHBs for all households and low-income households.

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

2011 NHA Community Bottom Five Preventive Health Behaviors Low-Income Households
Weight Loss Programs
Pre-Natal Care
Stop Smoking Program
BMI (Body Mass Index) Screening
Carotid Artery Screening

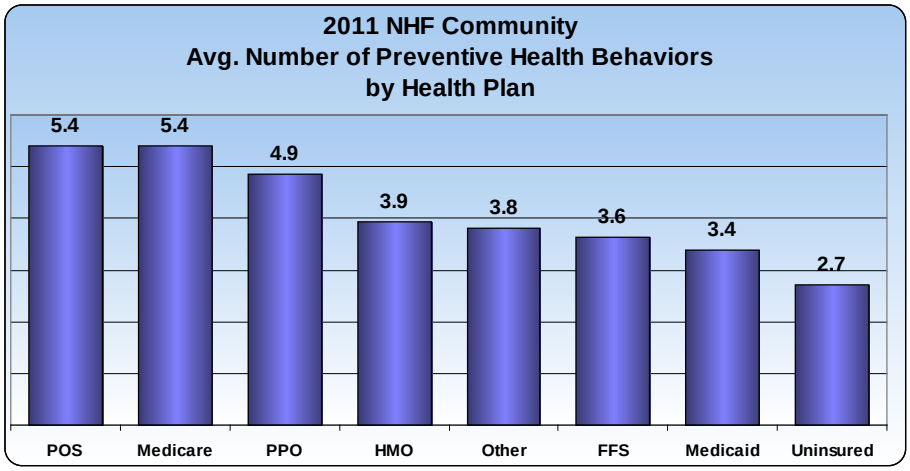
Source: National Research Corporation, 2011 Community Health Needs Assessment

Our Community's Preventive Health Behaviors – Uninsured

The Community's uninsured population reported the lowest number of PHBs per household while the Medicare and POS populations reported the highest. Likely there are numerous reasons as to why the uninsured have the lowest utilization of preventive health services; namely 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.[16]

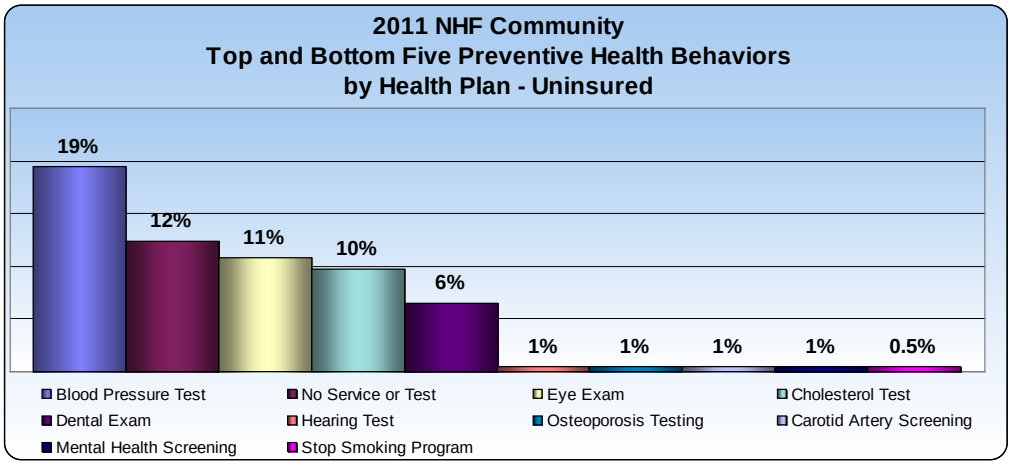
[15] *Ibid.*

[16] Sixteen percent (16%) of uninsured respondents indicated that they did not have health insurance because they were healthy.



Source: National Research Corporation, 2011 Community Health Needs Assessment

The overlapping least used PHBs among the uninsured, all ages and all households are Mental Health Screenings, Carotid Artery Screenings and Stop Smoking Program. Thus, any efforts in these areas will benefit the broader community as well as the uninsured. Least used PHBs that are unique to uninsured respondents include Osteoporosis Testing and Hearing Testing. Thus, any efforts in these areas will have a particular impact on uninsured residents of the Community. It is important to note that No Service or Test was cited twelve percent (12%) out of all the PHBs for the uninsured compared to three percent (3%) for both all households (income) and 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

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 PHBs for all ages. Likewise, the bottom five PHBs (i.e., least utilized) for all races are identical to those for all age groups.

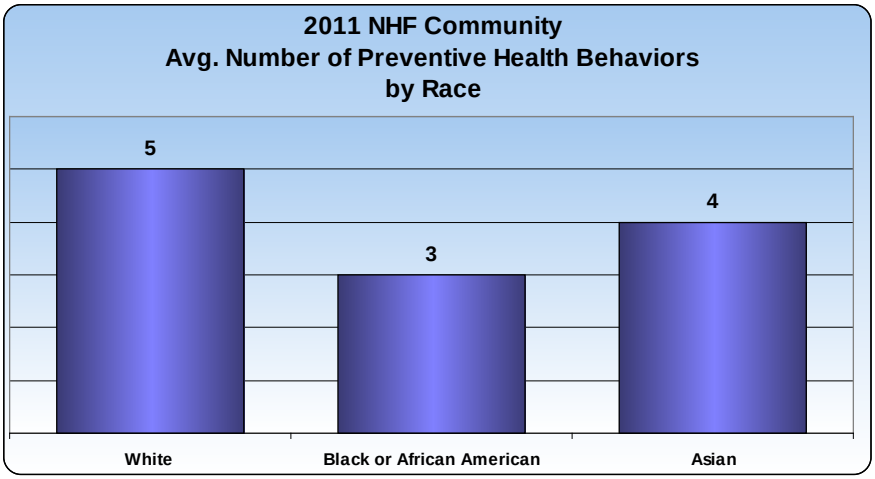
2011 NHF Community Top Ten Preventive Health Behaviors All Races
Blood Pressure Test
Dental Exam
Eye Exam
Cholesterol Test
Routine Physical Exam
Flu Shot
Pap Smear
Mammogram
No Service or Test
Child Immunization

2011 NHF Community Bottom Five Preventive Health Behaviors All Races
Weight Loss Programs
Carotid Artery Screening
Pre-Natal Care
Mental Health Screening
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 White respondents are likely masking some unique behavior patterns for minority populations. Thus, further analysis by race is warranted.

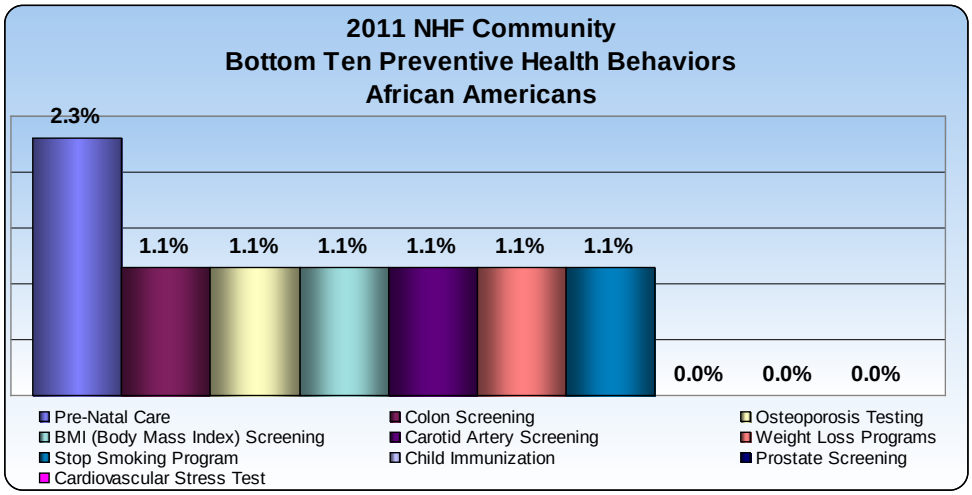
As noted below, White respondents in the Community reported an average of five (5) PHBs per household which is roughly one-third more than reported by minority households.



Source: National Research Corporation, 2011 Community Health Needs Assessment

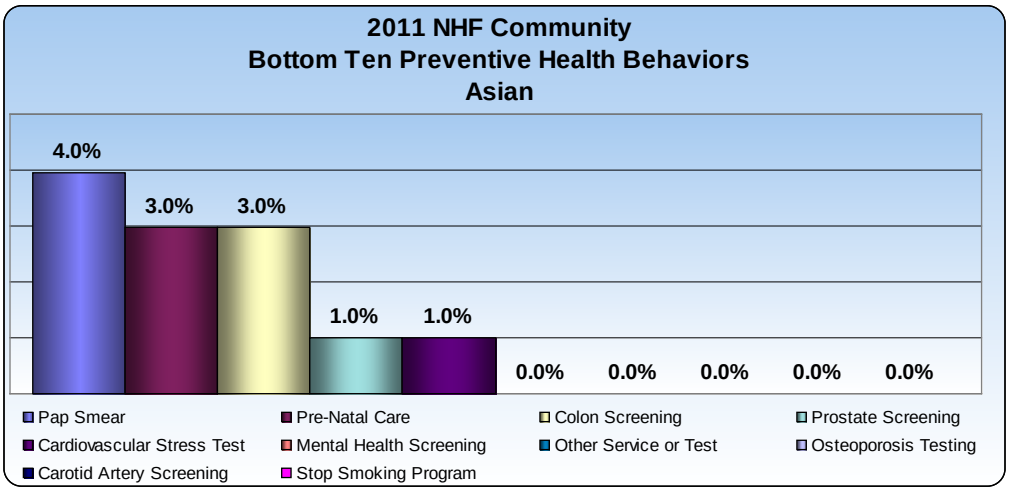
Several aspects of the Community's health status by race warrant highlighting. As expected, several PHBs – top and bottom five – are frequently cited among all races – (White, Black or African American and Asian) – such as Blood Pressure Testing, Dental Exam, Eye Exam, and Routine Physical Exam (top), 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 used 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

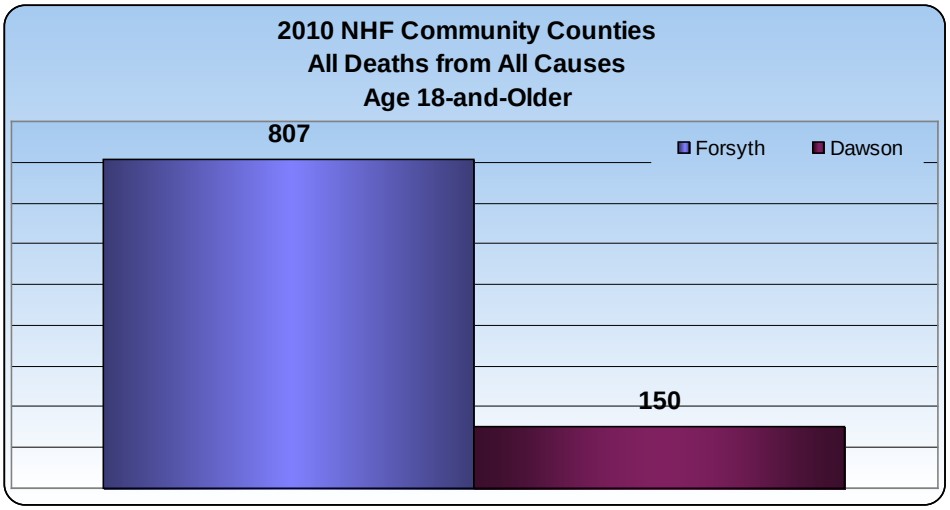
The bottom ten PHBs (i.e., least utilized) for Asian respondents to the NRC Survey are very similar to those for Black or African American respondents; seven (7) of the ten (10) behaviors are identical and only the hierarchy or percent utilization varies by behavior. Thus, it appears that there is opportunity in the Community to improve utilization of important PHBs among the minority population.



Source: National Research Corporation, 2011 Community Health Needs Assessment

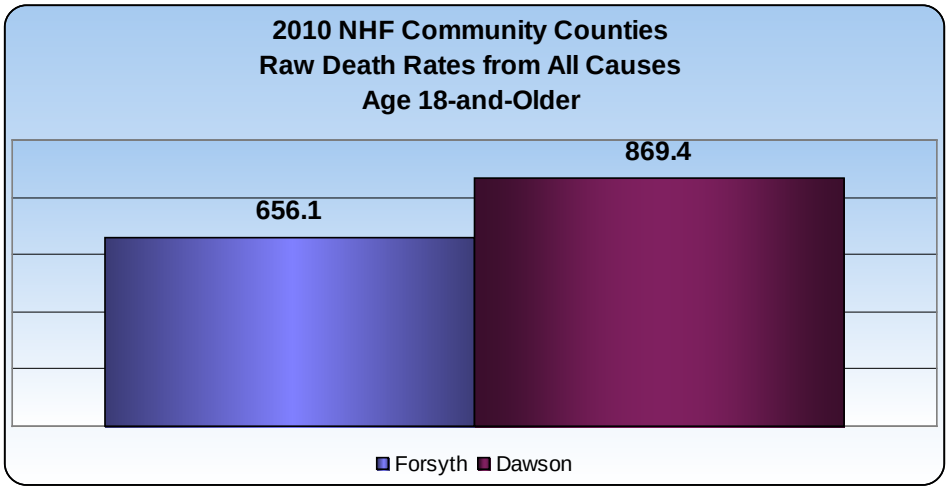
Our Community's Leading Causes of Death

According to the Georgia Department of Public Health, in 2010 there were 68,468 deaths in Georgia.[17] The counties comprising NHF's Community accounted for 1% of Georgia's deaths (957) with Forsyth County having the larger number of deaths and Dawson County the lower; Forsyth County also has the higher total population within the Community.



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

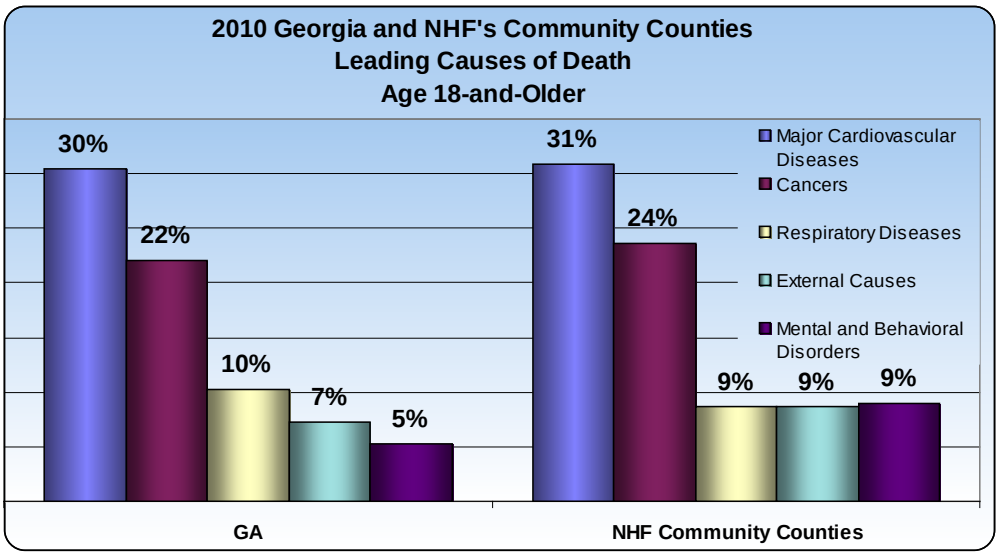
Dawson County had the higher raw death rate per 100,000 population of the Community's counties. Given that the rates are raw rates and not age-adjusted no further comparison or real inferences are made other than to note the rates as a baseline measure for 2010 and to monitor each county's death rate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



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

[17] 2010 State data is the most recent data available at the time this CHNA was conducted. 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.

Seventy-five percent (75%) of deaths in Georgia and eighty-one percent (81%) 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 Major Cardiovascular Diseases, Cancers, External Causes, and Mental and Behavioral Disorders[18].



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

Our Community's Leading Causes of Death – By Race

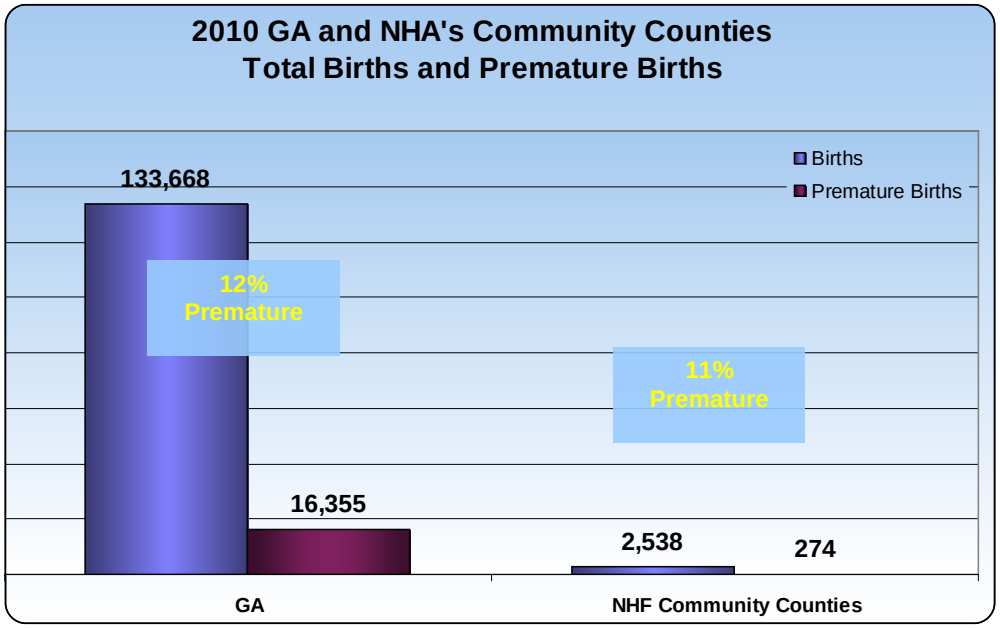
In 2010, there were nine (9) minority deaths (i.e., Black or African American and Asian) from NHF's Community representing roughly one percent (1%) of the Community's total deaths. Given the small number of minority deaths, no further analysis was undertaken.

Our Community's Health Status – Maternal Child Health

Northside is the leading provider of obstetrical and newborn services in Georgia, often delivering more babies than any other hospital. In 2008, Northside expanded its services by establishing neonatal intermediate care services at NHF in order to meet an identified Community need for high quality, locally-accessible perinatal services.

[18] In 2010, lung cancer represented 31% of the Community's cancer deaths for all adults, all races, and all ethnicities.

In 2010, there were nearly 134,000 births across Georgia of which 2,538 or two percent (2%) occurred in the Community's counties.[19] Of the total births in Georgia, twelve percent (12%) or 16,355 were premature compared to eleven percent (11%) for NHF's Community, as depicted in the graph below.[20] In NHF's Community, one out of every 9.3 babies is born prematurely compared to one out of every 8.2 babies in Georgia.



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

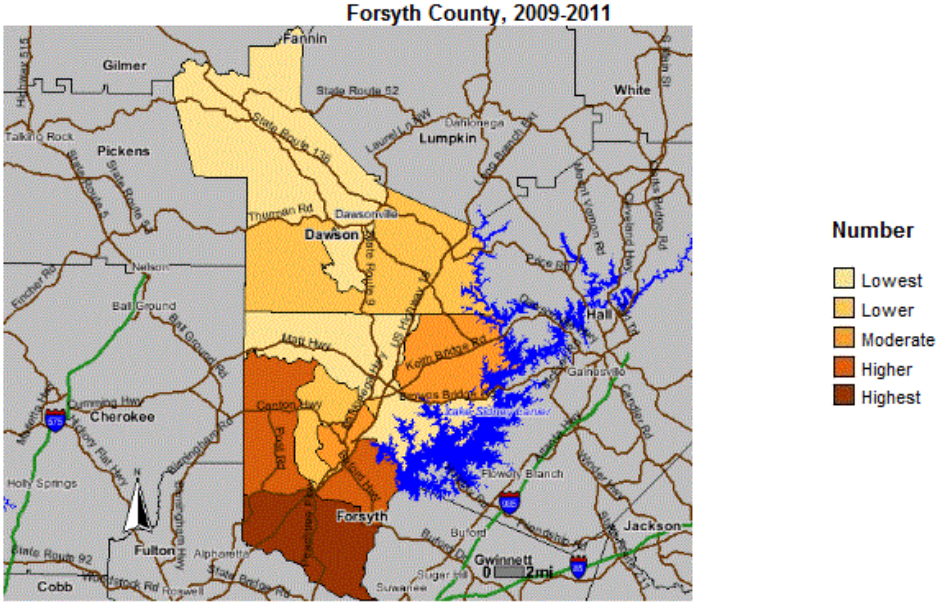
When analyzing premature births among high-priority populations within the Community:

- Fifteen percent (15%) of all Black or African American births were premature
- Nine percent (9%) of all Asian births were premature
- Seven percent (7%) of all Hispanic or Latino births were premature

As depicted in the maps below, there is a higher concentration of very premature births and premature births in the southern region of NHF's Community.

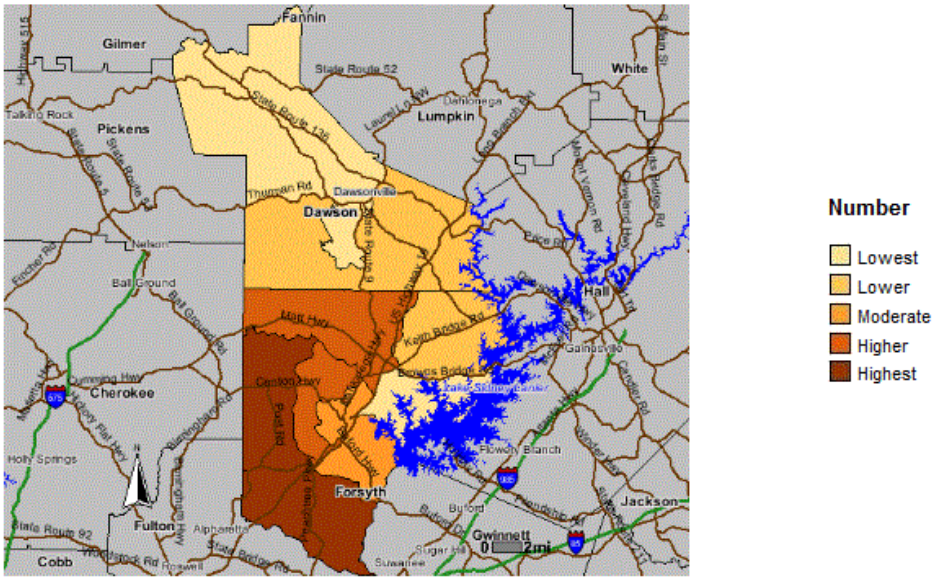
[19] 2011 data is not available for all metrics such as prematurity so 2010 data is used for births as well as all other mother and baby health status data.
[20] Premature is defined by the Georgia Department of Public Health as less than 37 weeks gestation.

Number of Births, Very preterm (less than 32 weeks) by Census Tract, Dawson County, Forsyth County, 2009-2011



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

Number of Births, Preterm (32-36 weeks) by Census Tract, Dawson County, Forsyth County, 2009-2011

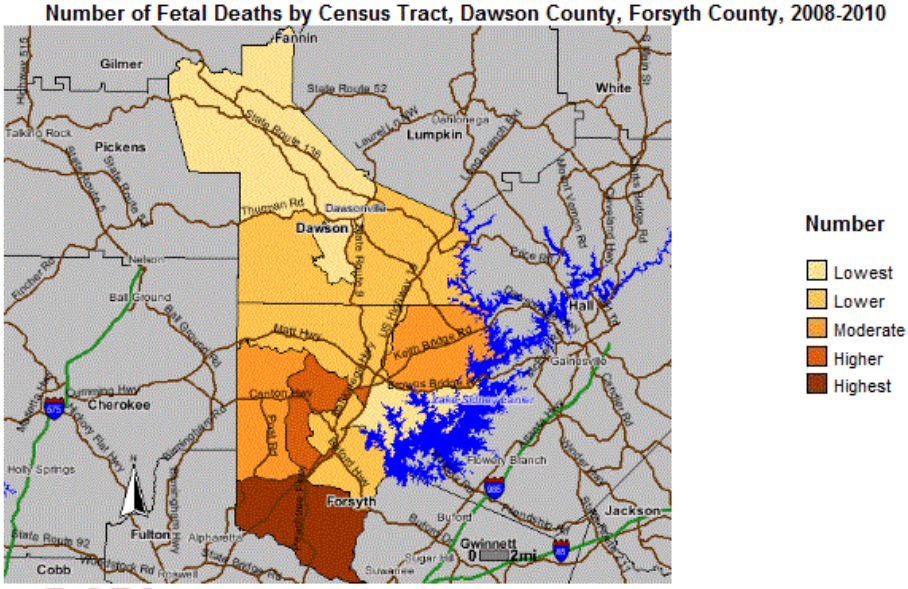


Source: OASIS Mapping Tool, Georgia Department of Public Health, Office of Health Indicators for Planning

In 2010, there were a little more than 1,000 fetal deaths in Georgia of which nearly two percent (2%) or 18 occurred in the Community's counties; of these fetal deaths seventeen (17) occurred from Forsyth County.

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

Number of Fetal Deaths by Census Tract, Dawson County, Forsyth 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

NHF 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. NHF then developed a Stakeholder Assessment Discussion Guide, a copy of which is included in 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 NHF's Community.[21]

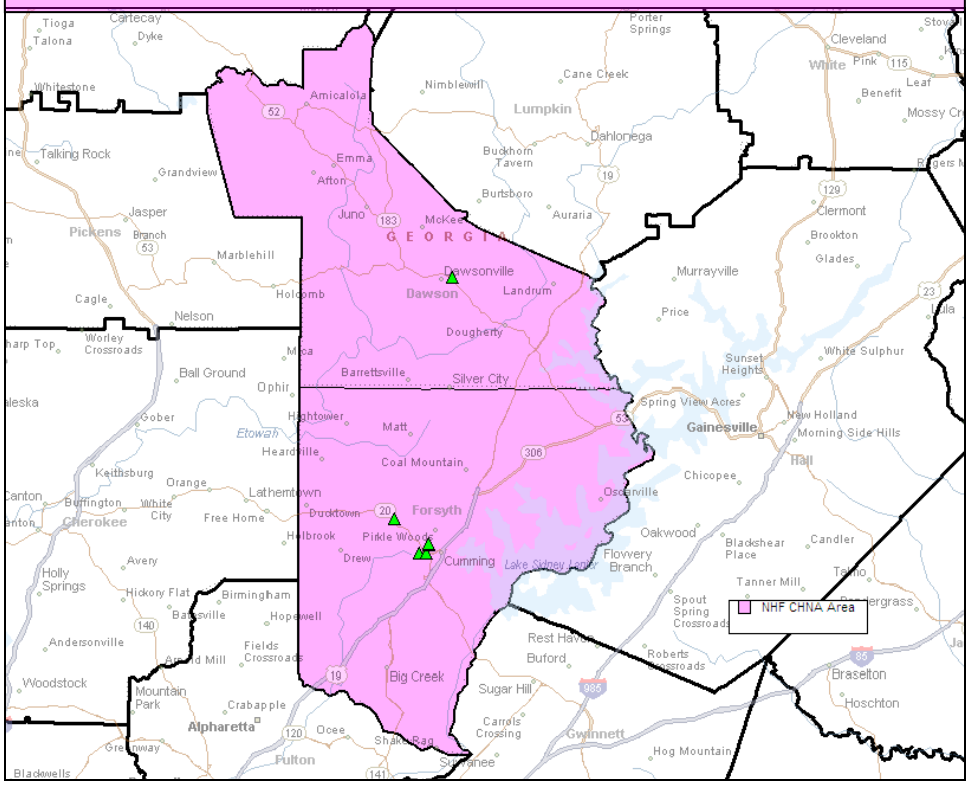
Northside Hospital-Forsyth Community Health Needs Assessment Summary of Stakeholder Interviews			
Business Community	**Local Government**	**Health Experts**	**Community Organizations**
Cumming/Forsyth Chamber of Commerce	City of Cumming	March of Dimes	United Way of Forsyth County
		Forsyth Health Department	
		Georgia Highlands Medical Services	
		Good Shepherd Clinic of Dawson County	
		Visiting Nurse Health System	

Description of Our Participating Stakeholders

The map below is a general representation of the various Community stakeholders from whom NHF sought input during the CHNA process. The map includes the stakeholder's office location; however, the office locations do not always represent the area the stakeholder serves. Additionally, not all stakeholders are represented in the map as some (e.g., March of Dimes) have an office located outside NHF's Community but they serve the Community.

[21] 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 NHF's CHNA process.

Northside Hospital-Forsyth
Overview of Stakeholders Located in and/or Serving
NHF's Community



NHF spoke with eight (8) 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-Forsyth Stakeholder Descriptions				
Entity	**Entity Mission**	**Population Served by Entity**	**Geographic Area Served by Entity**	**Representative Title**
City of Cumming	Local City government offices	Residents of Cumming	City of Cumming	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 and 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
Georgia Highlands Medical Services	A non-profit Community Health Center designed to deliver quality comprehensive family medical services to persons in need of healthcare regardless of their ability to pay.	All residents of North Georgia	North Georgia	Nurse Manager
Good Shepherd Clinic of Dawson County	Sharing Christ's love through quality healthcare to those in need.	Uninsured, underinsured, working poor	Dawson County	Director
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
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 and CEO

Summarize Stakeholder Input

The following sections summarize the stakeholders' responses to the Stakeholder Assessment Discussion Guide. While NHF'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, NHF focused on the responses with the higher frequency in an effort to strike a balance between meeting the Community's needs and maximizing NHF's resources.

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

Northside Hospital-Forsyth Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Financial/Poverty	4
Lack of Insurance	4
Ignorance (Several Meanings: Not knowing resources are available; ignorance to basic healthy lifestyle choices, i.e. nutrition; high school graduation rates)	4
Access to Affordable Care	2
Transportation	1
Lack of Access to Fitness Programs or Affordable Places to Exercise	1
Medication Costs	1
Lack of Sufficient # of MDs	1
Poor Nutrition	1
Poor Economy	1
Lack of Specialty Care Locally	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-Forsyth Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Obesity/Diabetes/Poor Nutrition	4
Dental	2
Affordable Prescriptions	2
Cardiovascular Health	2
Mental Health	2
Lack of Pre-Natal Care/Infant Mortality/Prematurity	2
Cancer	1
Trauma Care	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-Forsyth Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Lack of Insurance	5
Transporation	3

Preventive Care Barriers Summary

Northside Hospital-Forsyth Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Lack of Insurance	2
Ignorance (Not knowing how to access resources)	1
Affordable Access	1
Transportation	1
Low Income	1

Specialty Care Barriers Summary

Northside Hospital-Forsyth Stakeholder Interview Summary	
Stakeholder Responses	**Frequency**
Lack of Insurance	2
Transportation	2
Orthopedics	1
Neurosurgery	1
Urology	1
Trauma Care	1
Endocrinology	1
General Surgery	1
Cardiology	1
Affordable Access	1

Our Community's Health Needs

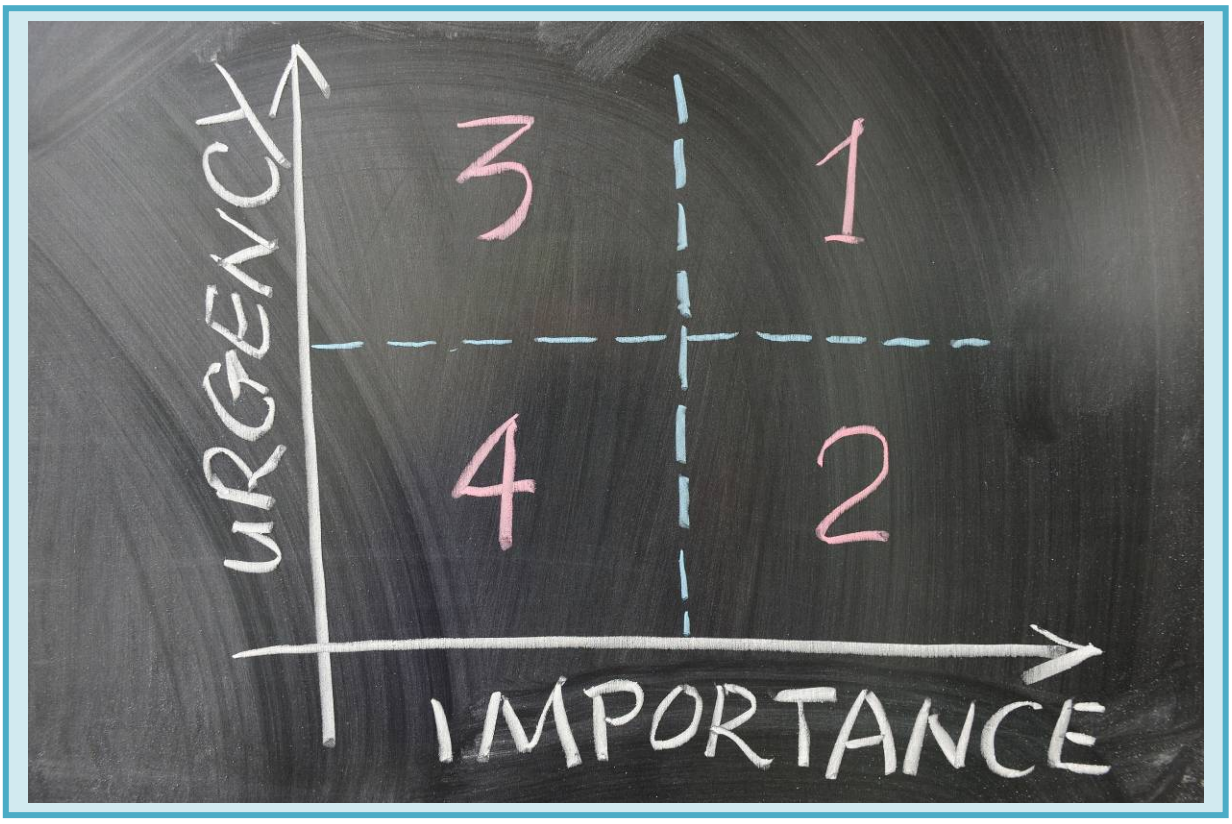
IV. Summary of Needs Identified

Our Community's Needs

NHF's CHNA process assessed the Community's needs through a variety "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 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
4	Improve inpatient bed capacity
5	Improve access to primary care services
Health Status Needs	
6	Decrease alcohol consumption
7	Increase the consumption fresh fruits and veggies
8	All segments of the Community are affected by High Blood Pressure, High Cholesterol and Allergies
9	Obesity particularly impacts African American or Black, Hispanic and/or low-income residents
10	Smoking is most prevalent among low income and uninsured residents
11	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
12	The least used preventive health behaviors unique to minority residents include Cardiovascular Stress Test, Osteoporosis Screening and Prostate Screening
13	55% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancers
14	11% of births in the Community's counties are premature
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

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

Northside Hospital-Forsyth
Community Health Needs Prioritization Process

Step 1: Create a crosswalk of all the identified needs

An array of specific health needs was identified through NHF'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, NHF 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.

NHF-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

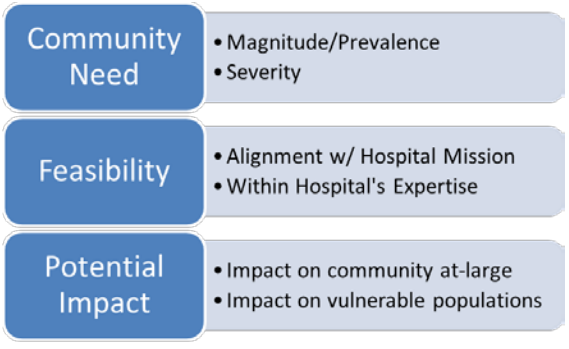
Step 2: Define the criteria used to guide the ranking process

After researching different methodologies for establishing the criteria against which the identified needs would be scored, NHF adopted the Catholic Health Association's ("CHA") guidance.[22] 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 vs. any delay, especially for long-term or complex threats.

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

Northside Hospital-Forsyth
Needs Ranking Criteria



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

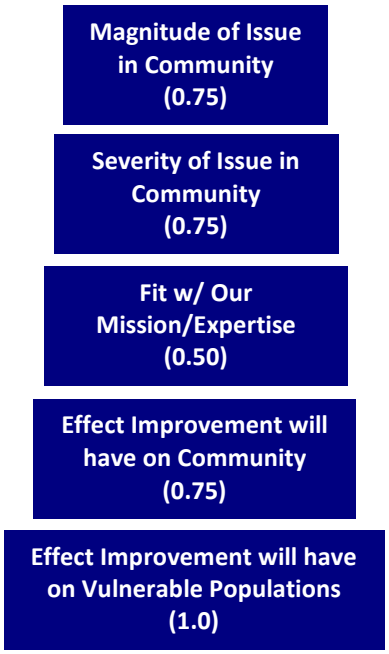
Step 3: Determine the weight of each criterion

Again after much research, NHF 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

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

Northside Hospital-Forsyth
CHNA Prioritization Criteria
Weight Assignment



Step 4: Rate each identified need against the prioritization criteria

Throughout the CHNA process, NHF 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, NHF 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 NHF's Community.

Northside Hospital-Forsyth 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	3	3	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	4	4	4	4	4
Specialty Care	3	3	4	3	4
Transportation	1	1	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-Forsyth CHNA Prioritization Matrix						
NHF-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
Primary Care	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
Maternal and Infant Health	3	3	4	3	4	12.8
Healthy Lifestyle Behaviors	4	2	4	3	4	12.8
Specialty Care	3	3	4	3	4	12.8
Obesity	3	3	3	3	4	12.3
Affordable Care	3	3	2	3	4	11.8
Transportation	1	1	1	2	4	7.5
Mental Health	2	2	2	2	2	7.5

The Needs We Will Address

Ideally, NHF 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. NHF 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. Primary Care
3. Cardiovascular Disease
4. Preventive Health Services
5. Maternal and Infant Health

Northside Hospital-Forsyth CHNA Prioritization Matrix						
NHF-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
Primary Care	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
Maternal and Infant Health	3	3	4	3	4	12.8
Healthy Lifestyle Behaviors	4	2	4	3	4	12.8
Specialty Care	3	3	4	3	4	12.8
Obesity	3	3	3	3	4	12.3
Affordable Care	3	3	2	3	4	11.8
Transportation	1	1	1	2	4	7.5
Mental Health	2	2	2	2	2	7.5

Available Resources in Our Community

As summarized in the table below there are nearly 100 existing organizations available to serve as resources in the Community to help meet the identified needs. Of note is the limited number of existing resources dedicated to maternal and infant health issues, which is one of the five (5) identified needs that NHF will address as part of this CHNA. The definition used to group the various resources into the summary categories along with a list of the existing Community resources is included in Appendix C.

Northside Hospital-Forsyth Existing Resources to Meet Community Needs	
Social Environment	18
Diseases: Chronic/Communicable/Acute	13
Healthcare Services	10
Aging Services	10
Disabilities	9
Healthy Lifestyle Organizations	9
Injury Prevention	8
Youth	6
Pregnancy	5
Behavioral and Mental Health	4
NHF-Community Resources	**92**

The Needs We Will Not Address

Unfortunately, NHF 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 NHF's CHNA:

1. Obesity
2. Affordable Care
3. Specialty Care
4. Healthy Lifestyle Behaviors
5. Mental Health
6. Transportation

1. Obesity

While not adopted officially as a need that NHF will address as part of this CHNA, it is highly likely that some of NHF's CHNA efforts (i.e., primary care 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, NHF does not have any influence over the cost of insurance and therefore would be unable to affect change. Although NHF is unable to help patients better afford insurance, the hospital provided $36.7 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 NHF 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

When Northside acquired Georgia Baptist Medical Center in 2002, there were approximately 200 *total* physicians practicing at the hospital. Today, approximately 230 *specialists* (exclusive of primary care, family medicine, internal medicine, emergency medicine, ob/gyn, and pediatrics) in the Northside System designate NHF as their primary campus. Thus, NHF has grown the number of specialists practicing at the hospital and serving the Community. Although not adopted as an official need NHF will address through this CHNA, it is anticipated that NHF will continue to grow the number and breadth of specialists practicing in the Community through its existing and ongoing medical staff development efforts.

4. Healthy Lifestyle Behaviors

While not adopted officially as a need that NHF will address as part of this CHNA, it is highly likely that some of NHF's CHNA efforts (i.e., primary care and preventive health services) also will help address the healthy lifestyle behaviors need in the Community. In addition, currently Northside provides community education (e. g., free classes and educational events) for all of its hospitals' Communities on a variety of health topics such as asthma and allergies, cancer, diabetes, flu prevention, heart health, nutrition, sleep disorders, and weight management. Northside will continue providing this important community benefit; therefore, the healthy lifestyles behaviors need identified will be met indirectly through existing hospital services and the nine (9) existing Community resources.

5. Mental Health

After analyzing various quantitative and qualitative external data sets, mental health was not determined to be a high priority need in NHF's Community. Also, there are four (4) organizations in the Community aimed at helping those with mental and behavioral health issues. Thus, in order to efficiently utilize its resources in order to make the biggest positive impact on the Community's health, NHF is not 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, NHF does not have the expertise 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, NHF identified five (5) community needs that it will focus on addressing: 1) Cancer, 2) Primary Care, 3) Cardiovascular Disease, 4) Preventive Health Services, and 5) Maternal and Infant Care. While all of these needs affect the broader Community, certain needs disproportionately impact vulnerable populations such as low-income persons or minority populations. Accordingly, NHF's implementation strategy will reflect the unique dynamics of each identified need and will employ tactics to ensure appropriate distribution of resources.

NHF 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-Forsyth Community Health Needs Crosswalk			
Number	**Specific Need**	**Need Category**	**Population Impacted**
1	Improve access to medical care when needed for Asian residents	Primary Care	Minority
1	Improve access to medical care when needed for Asian residents	Specialty Care	Minority
2	Improve access to outpatient testing and same day surgery services for low income and uninsured reside	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	Improve inpatient bed capacity	Primary Care	All
5	Improve access to primary care services	Primary Care	All
5	Improve access to primary care services	Specialty Care	All
6	Decrease alcohol consumption	Healthy Lifestyle Behaviors	All
7	Increase the consumption fresh fruits and veggies	Healthy Lifestyle Behaviors	All
8	All segments of the Community are affected by High Blood Pressure, High Cholesterol and Allergies	Healthy Lifestyle Behaviors	All
9	Obesity particularly impacts African Americans or Black, Hispanic and/or low-income residents	Obesity	Minority
10	Smoking is most prevalent among low income and uninsured residents	Healthy Lifestyle Behaviors	Low Income/Uninsured
11	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
12	The least used preventive health behaviors unique to minority residents include Cardiovascular Stress Test, Osteoporosis Screening and Prostate Screening	Preventive Health Services	Minority
13	55% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancer	Cancer	All
13	55% of deaths in the Community's counties are attributed to Major Cardiovascular Diseases and Cancer	Cardiovascular Disease	All
14	11% of births in the Community are premature	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-Forsyth Community Resources Category Definitions	
Category	***Definitions***
Aging Services	Adults Age 65 and over
Behavioral and Mental Health	Addiction: Alcohol and Drugs, Suicide, Depression and other Mental Health Disorders
Disabilities	Adults and Children living with Developmental Disabilities
Diseases	Chronic/Communicable/Acute
Healthcare Services	Hospitals/Clinics/Public Health Departments/Prescription Programs
Healthy Lifestyle Organizations	Physical Activity, Parks and Recreation Centers, Nutrition/Weight Loss
Injury Prevention	Intentional and Unintentional injuries: Falls, Poison, Motor Vehicle Collisions, Abuse
Pregnancy	Conditions related to pregnancy, teen pregnancy, premature infants
Social Environment	Community Centers, Food Pantries, Donations, Spiritual Needs, and Housing
Youth	Education, Libraries, Housing, Delinquency and Violence, Nutrition

Aging Services
Administration on Aging (AOA)
A Place for Mom
Community Care Services Program (CCSP)
First Call for Help (United Way)
Healthy Seniors
Meals on Wheels
Social Security
VA Clinic
Visiting Nurses Association
Forsyth County Senior Center
Behavioral and Mental Health
Waypointe Center for Addiction Rehabilitation
Hall Family Initiative Residences, Inc.
Potter's House - Atlanta Union Mission
Mental Health America of Georgia
Disabilities
Prevent Blindness Georgia
Center for Low Vision Services
Families of Disabled Adults and Children
Families of Autism/Asperger's syndrome Care, Educate and Support (FACES)
Georgia Council of the Blind-Metro Atlanta Chapter
Heavenly Wheels, Inc.
MS Center of Atlanta
Georgia Mountains Community Services
Georgia Mountains Community Services
Diseases: Chronic/Communicable/Acute
AIDs Coalition of Northeast Georgia
American Cancer Associations
American Kidney Association
Emory Winshape Cancer Center
Georgia Prostate Cancer Coalition
Medicare Diabetes Screening Project
Georgia Refugee Health Program
Acoustic Neuroma Association
United Cerebral Palsy of Georgia
National Kidney Foundation of Georgia
National Multiple Sclerosis Society - Georgia Chapter
Sickle Cell Foundation of Georgia, Inc.
Spina Bifida Association of Georgia, Inc.
Healthcare Services
Emory Johns Creek Hospital
Grady Health System
Children's Healthcare of Atlanta Egleston
Children's Healthcare of Atlanta Hughes Spalding
Children's Healthcare of Atlanta Scottish Rite
Good Shepherd Clinic of Dawson County
Grady Health System Poison Center
Georgia Health Departments - North Health District
Georgia Department of Health & Human Services - Centers for Medicare
Georgia Highlands Medical Services, Inc.

Healthy Lifestyle Organizations
Forsyth County Recreation and Parks Departments
Let's Move
LaFitness Centers
Weight Watchers
YMCA
Swim Atlanta
Georgia Tobacco Use Prevention Program
Quit for Life
Freedom from Smoking
Injury Prevention
Georgia Division of Family and Children Services/DFCS
Bell-Forsyth Judicial Circuit Domestic Violence Taskforce
Forsyth County Family Haven, Inc.
No Longer Bound, Inc.
Recovery First Incorporated
Jesse's House
Forsyth County Child Advocacy Center
Grady Health System Poison Center
Pregnancy
Babies Can't Wait
Georgia Right to Life
Option Line
Right from the Start Medicaid
WIC programs
Social Environment
Cumming-Forsyth County Chamber of Commerce
First Christian Church of Cumming, Inc.
Ninth District Opportunity, Inc. - Administrative Office
Habitat for Humanity - North Central Georgia
Forsyth County Victim Witness Assistance Program
Georgia Court Appointed Special Advocates/Georgia CASA
Goodwill Industries of North Georgia, Inc.
Leadership Forsyth
American Red Cross
Jewish Federation of Greater Atlanta - (JFGA)
Marcus Jewish Community Center of Atlanta
United Way of Forsyth County
Place of Forsyth County, Inc.
Family Promise
Atlanta Food Bank
Act Together Ministries
Forsyth County Community Connection
Abba House
Youth
Collaberations for Resiliency in Children, Inc.
Girl Scouts of Historic Georgia, Inc.
Forsyth County Schools
Grayson's Gift
Lanier Extended Area Drivers Education Resource, Inc./L.E.A.D.E.R.
Mentor Me North Georgia, Inc.

Appendix D

Northside Hospital-Forsyth

Federally Qualified Health Center Located in the Community