

Mitchell County Hospital is a critical resource for residents in Mitchell and surrounding counties, and offers much needed healthcare services locally in the small rural town of Camilla, Georgia.

The most recent economic impact report from the Georgia Hospital Association found that in 2014, MCH provided \$3.6 million in uncompensated care for residents in South Georgia and North Florida. The inability of patients to pay for the healthcare they need, along with declining Medicaid, Medicare and private insurance reimbursements poses serious challenges for the financial stability of the hospital. The hospital operates in the original facility that was built in 1948. The cost of upgrading the facility and patient care equipment to meet current regulatory requirements is significant, but the enhancements must be made for MCH to continue to provide much needed healthcare to the residents of Mitchell County.

The hospital is also struggling to recruit primary care providers to care for patients in the rural community. The hospital's medical

staff is required to practice both outpatient medicine and inpatient medicine. For this reason, the hospital recently developed a hybrid-hospitalist program to assist medical staff with hospital call coverage and weekend coverage for acute inpatient admissions and management of subacute patients. The cost of this program is approximately \$250,000 annually. The expense does not qualify for cost-based reimbursement nor does it yield any return on investment for the hospital. However, it's currently a necessity to be able to have physicians available to provide care for the citizens of Mitchell County.

The following pages provide a snapshot of the demographics and extreme health needs of the Mitchell County community. Put simply, Mitchell County Hospital is essential to the health and financial stability of our region. Contributions to the Georgia Tax Credit program will help MCH offset the charity care the hospital provides, and donations will enable the hospital to continue providing patients in Mitchell and surrounding counties the high quality healthcare in a cost-effect manner that the deserve.

### At a Glance

Archbold's Mitchell County Hospital is a 25-bed critical access hospital located in rural Camilla, Georgia. The hospital offers convenient and personalized inpatient and outpatient services, and connects patients to specialty care in the Archbold network.

Location Camilla, Ga

Bed Capacity **25** 

Annual Inpatient Admissions 103

Annual ED Visits **11,696** 

**Annual Sub-acute Admissions** 

230

**Hospital** Services



**24 Hour** Skilled Nursing Care



IV Antibiotic Therapy



Wound Care and Wound Vacuum-Assisted Closures



TPN and Tube Feeding



24 Hour Respiratory Care

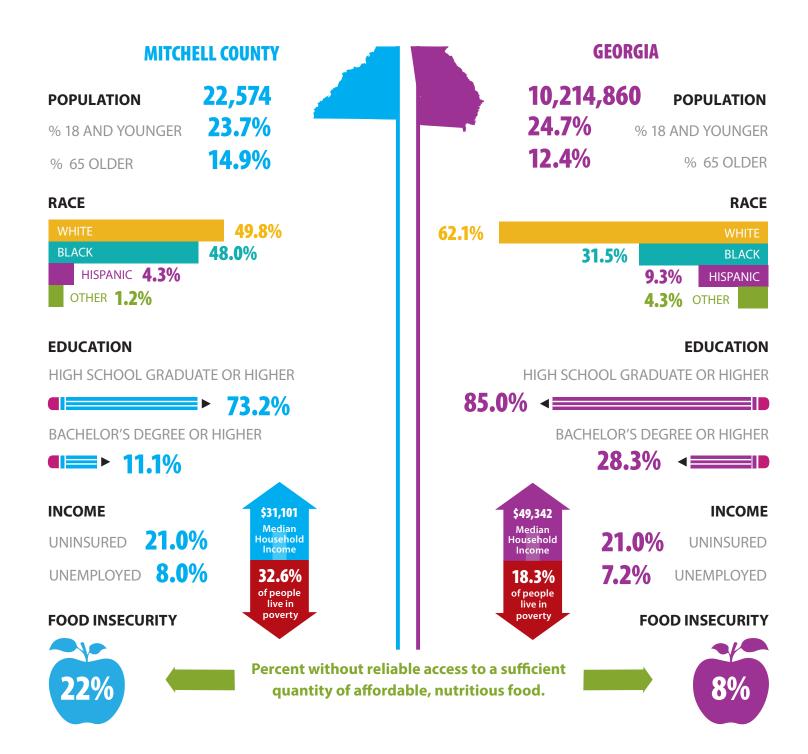


Physical, Speech and Occupational Therapy

## **Essential** for the Local Economy

Archbold's Mitchell County Hospital is a critical resource for residents in Mitchell and surrounding counties. Not only does the hospital provide critical healthcare services locally, but its existence is essential to recruit and retain industry that is so important to the economic health of the region.

MCH is one of the largest local employers in Mitchell County and a vital economic engine. The most recent Economic Impact report from the Georgia Hospital Association found that Mitchell County Hospital contributed \$60.2 million to the local economy in 2014. MCH was directly responsible for employing around 350 people in Mitchell County. The hospital provided \$3.6 million in uncompensated care for residents in South Georgia and North Florida. According to the GHA report, for every MCH employee, there is more than one supporting job created throughout the region and state. In addition the funds the organization spends on goods and services flow from the hospital to businesses, and those funds ripple through the local economy, as well.



## Essential for the Health of the Community

As part of a leading regional healthcare provider (Archbold Medical Center) operating the largest health system in the region, MCH helps take the lead in trying to improve the health of residents in the communities we serve.

Input was gathered from the following sources from June 3-July 25, 2016:

- · Archway Partnership—Written
- · City of Camilla health screen

participants—Written Surveys

- · Housing Authority, City of Camilla (typically representing low-income/minority/medically underserved population)--Written Surveys
- · Mitchell County Family Connection—Written Surveys
- Mitchell County Health Department (typically representing low-income/ minority/medically underserved

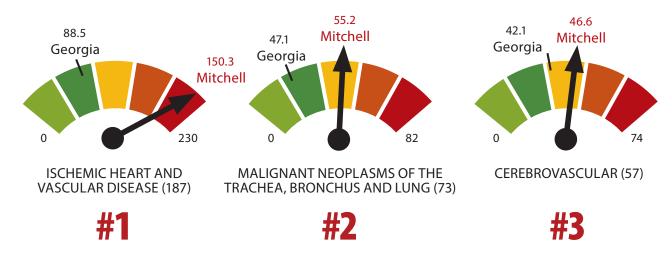
population)—Written Surveys and Phone Interview

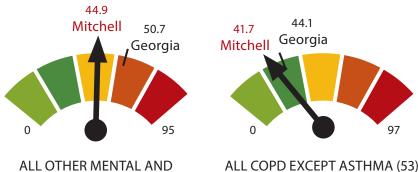
Qualitatively, the greatest medical needs according to community perception included:

- Diabetes
- · High Blood Pressure
- Obesity
- · Heart Disease
- Back/Joint Pain

#### TOP 5 CAUSES OF DEATH IN MITCHELL COUNTY AND AGE-ADJUSTED DEATH RATE 2010-2014

Deaths per 100,000. Data source: Georgia Department of Health, OASIS, census.gov





ALL COPD EXCEPT ASTHMA (53)

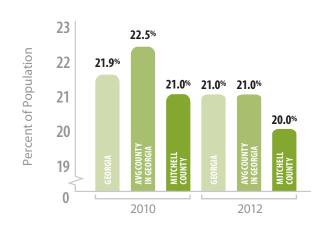
**BEHAVIORAL DISORDERS (54)** 

## **Key Health Issues**

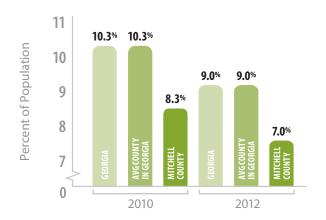


Access to care is an issue that impacts all of the other community health needs on our list. It is the degree to which individuals and groups are able to obtain a broad range of healthcare without excessive economic strain. According to the community input we received, a lack of insurance is the greatest barrier to access. Other access issues expressed were a lack of income, preventative healthcare not being a priority and the declining amounts of funding for the county's stroke and heart attack program.

### **UNINSURED, UNDER AGE 65: 2010, 2012**



### **UNINSURED, UNDER AGE 19: 2010, 2012**

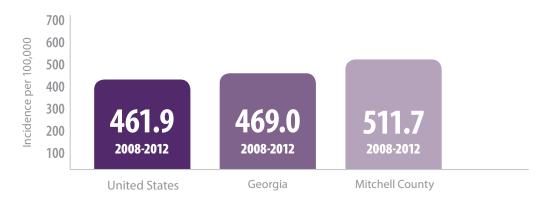




Cancer is the second-leading cause of death among all diseases, both nationally and in Georgia. Some specific types of cancer are on the rise, but a review of all ages and all cancers reveal Mitchell County's incidence rate between 2008-2012 is higher than Georgia's rate, which is higher than the national rate. Mitchell County males had a higher incidence rate over the four year period (571.3) than women (402.4), Non-Hispanic black males males had a higher incidence rate (738.8) than Non-Hispanic white males (527.1), though Non-Hispanic black females had a lower incidence rate (402.5) than Non-Hispanic white females (413.3).

### **CANCER INCIDENCE SNAPSHOT: 2008-2012**

 $\textit{All Cancer Sites, All Ages, All Races, Both Sexes. Source: State Cancer Profiles, National Cancer Institute, CDC and Control Contr$ 



### **Key Health Issues**

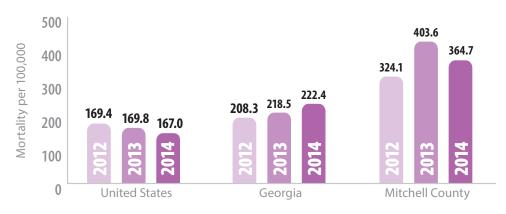


According to the American Heart Association (AHA), the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH) and other government sources, cardiovascular disease is the leading global cause of death, accounting for more than 17.3 million deaths per year, a number that is expected to grow to more than 23.6 million by 2030. The AHA's 2016 Heart Disease and Stroke Statistics Update suggests one of every three deaths in the U.S. in 2013 were from heart disease, stroke and other cardiovascular diseases.

Mitchell County ranks among the counties with the highest mortality levels in Georgia, and well exceeds heart disease rates per 100,000 than both Georgia and U.S. rates.

#### MAJOR CARDIOVASCULAR DISEASES MORTALITY: 2012-2014

All ages. Source: OASIS, CDC

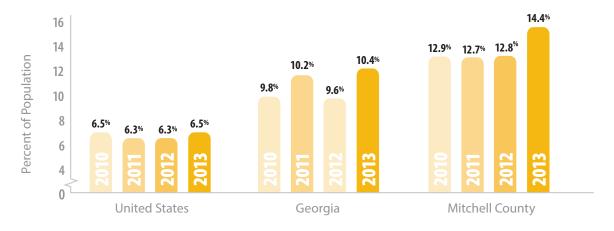




In our last CHNA, we noted that the American Diabetes Association (ADA) estimated the percentage of Americans with diabetes at 8.3%. That metric has risen to 9.3%. The ADA also estimates nearly four million more Americans have diabetes since our last CHNA was published. Further, the ADA estimates 86 million aged 20 and over are pre-diabetic, also an increase. Comparatively, those in Georgia and Mitchell County exceed national estimates for diabetes. Diabetes is a disease with serious complications and can lead to premature death, and is the leading cause of blindness and kidney failure.

#### **DIAGNOSED DIABETES RATE: 2010-2013**

Age adjusted. Source: CDC, National Diabetes Surveillance System



### **Key Health Issues**

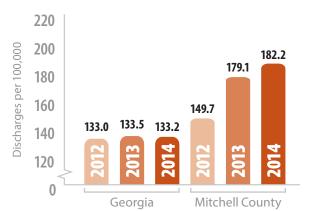


Nearly 23 million persons in the United States have chronic kidney disease (CKD), and another 20 million are at increased risk for CKD. African Americans, Hispanics, Pacific Islanders, American Indians and seniors are at increased risk. It is very difficult to make statistically consistent comparisons of CKD on a national, state and local level. Variances within specific data sets are so complex and specific enough that attempts to compare would be highly estimated, and perhaps inaccurate.

Two of the main causes of CKD are diabetes and hypertension—potentially reversible conditions with proper diet and exercise—so we are choosing to focus on comparable local and state statistics, in turn, we can provide prevention and early identification efforts.

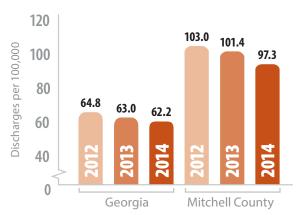
#### **DIABETES MORBIDITY: 2012-2014**

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis



#### **HYPERTENSION MORBIDITY: 2012-2014**

Deduplicated Discharges and Age-Adjusted Rate. Source: Oasis

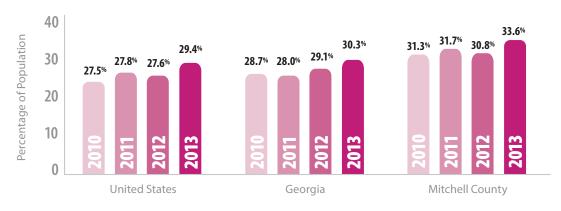




According to the most recent data released September 2015 from The State of Obesity, a University of Wisconsin Population Health Institute/Robert Wood Johnson Foundation Project, rates of obesity now exceed 35 percent in three states (Arkansas, West Virginia and Mississippi), 22 states have rates above 30 percent, 45 states are above 25 percent, and every state is above 20 percent. Georgia now has the 19th highest adult obesity rate in the nation, according to the same report.

#### **OBESITY PREVALENCE: 2010-2013**

Source: CDC-BRFSS, University of Wisconsin Population Health Institute



### Key **Health Issues**

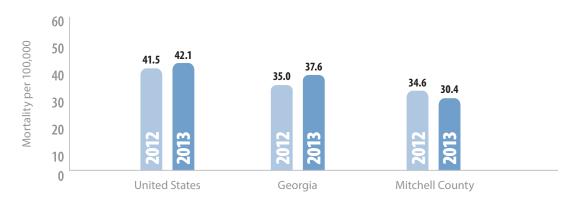


According to the American Lung Association's 2016 Estimated Prevalence and Incidence of Lung Disease, Mitchell County had a total of 2,048 cases of asthma (611 pediatric and 1,437 adult), 1,301 cases of COPD and 16 cases of lung cancer. Data are based on the 2014 Behavioral Risk Factor Surveillance Survey and the 2015 joint report from CDC's National Program of Cancer Registries, NCI's SEER program, and state-based cancer registries.

Smoking clearly has a direct impact on respiratory diseases, one reason why Archbold continues to offer free smoking cessation classes to anyone in the communities they serve. The 2016 County Health Rankings and Roadmaps report estimates the smoking rate among adults in Mitchell County is at 21%, compared to 17% in Georgia and 14% nationally.

### **CHRONIC LOWER RESPIRATORY DISEASES MORTALITY: 2012-2013**

Age adjusted. Source: GA Oasis, CDC



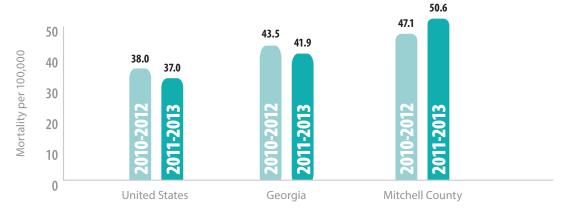


Stroke kills almost 130,000 Americans each year—about one out of every 20 deaths. However, the risk of having a stroke varies with race and ethnicity. Reviewing Mitchell County data from the CDC's 2011-2013 Interactive Atlas of Heart Disease and Stroke, blacks have a death rate much higher than whites (70.1 deaths per 100,000 compared to 50.6).

The country's highest death rates from stroke continue to be in the southeastern United States. Further, it appears that while the United States and Georgia have had modest decreases in stroke mortality, the Mitchell County rate has risen.

### STROKE MORTALITY: 2010-2012, 2011-2013





## **How You Can Help**

Mitchell County Hospital is one of 49 rural hospitals in Georgia that qualifies for the Georgia Rural Hospital Tax Credit Program. Donations made directly to MCH in 2017 will receive a state income tax credit of up to 70%. These charitable gifts are also considered federally tax deductible, so your impact to MCH could be tripled!



#### How Your Donation will be Used

Donations will be used to help address uncompensated care, fund patient care enhancements, capital improvements and new technology and equipment—all dedicated specifically for MCH.

### Physical Plant Maintenance/Upgrade/Replacement

Mitchell County Hospital was built in 1948 and still operates in the original facility structure. There are multiple areas in need of updating. Currently the first floor hallways, as well as multiple areas throughout the building, need HVAC replacement or installation.

The hospital's patient population is primarily sub-acute and in need of speech, physical and occupational therapy rehab services. In order to meet the needs of patients, the therapy gym is in desperate need of expansion. In addition, the emergency department is in need of renovation in order to improve the efficiency and patient throughput.

## **Physician Recruitment and Retention**

The high level of uncompensated care poses challenges for both recruitment and retention of primary care physicians to Mitchell County Hospital. The recruitment and retention of physicians has proven to be a great challenge for the Mitchell County community. Currently, physicians are required to practice both outpatient medicine and inpatient medicine, which has forced the hospital to develop a hybrid-hospitalist program to assist medical staff with hospital call coverage and weekend coverage for acute inpatient admissions and management of subacute patients. The cost of this program is approximately \$250,000 annually, which does not qualify for cost based reimbursement nor does it yield any return on investment for the hospital. Funds acquired would be used to recruit and retain physicians to Mitchell County Hospital, and help with expenses related to implementing a hospital medicine program.

## **Capital Equipment**

To comply with CMS regulations that take effect in 2018, the hospital must upgrade current radiology equipment from a CR unit (cassette reader) to a DR unit (digital reader).

The hospital must also purchase capital equipment for the infusion center located within the hospital to meet the health needs of the community specifically, oncology and dialysis patients.