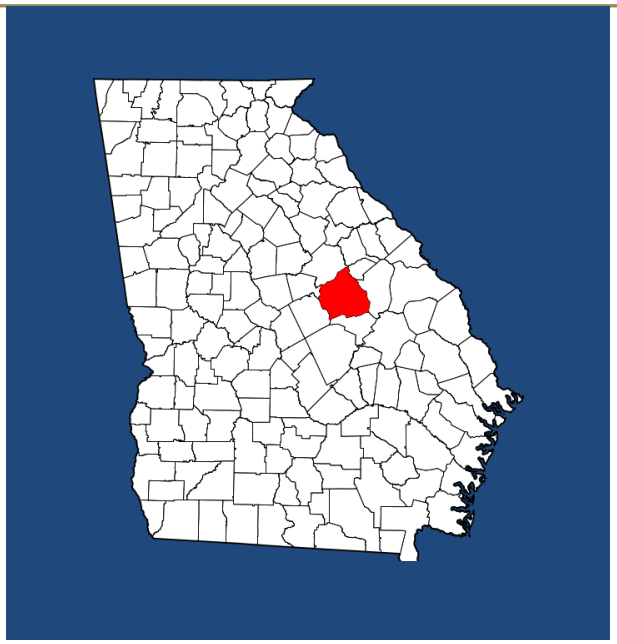

# Community Health Needs Assessment

Washington County Regional Medical Center

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## Executive summary

### Introduction:

Under the Affordable Care Act, nonprofit hospitals are mandated to conduct a Community Health Needs Assessment (CHNA) study every three years. The steps to conducting a community health needs assessment include: defining a community, gathering secondary data on community health, collecting community input and collect primary data, prioritizing community health needs, and implementing strategies to address the community's health needs. In 2019, Washington County Regional Medical Center partnered with the University of Georgia's Archway Partnership and College of Pharmacy to conduct its 2019 CHNA. This report includes a background on the hospital, data collection process for conducting the CHNA, and key findings from the CHNA study.

**Methodology:** To engage stakeholders, a CHNA Steering Committee and a Community Advisory Committee were formed. The CHNA Steering Committee served as the guide for the entire CHNA process and led efforts to encourage participation and engagement in the CHNA process. The Community Advisory Committee was responsible for piloting the community survey, recruiting participants for survey completion and focus groups, and providing feedback on the data collected. The contribution from the two teams fostered a joint approach in completing the CHNA between community members and the University of Georgia.

A team of University of Georgia faculty and students and a Public Service and Outreach professional who works in the community was formed in order to conduct the CHNA. The CHNA team followed the five-step process in conducting the CHNA study. The community, or service area, identified for Washington County Regional Medical Center included Washington County, Hancock County, Wilkinson County, Baldwin County, and Johnson County. After defining the community, primary and secondary data were collected by the study team. The CHNA team obtained county level data for the five counties. Sources for secondary data included the Georgia County Health Rankings and the U.S. Census Bureau. Secondary data was exported into Excel for county level and state level comparisons. Summaries for health profile and health outcomes were created for each county and were compared with each other, and Georgia's state-wide statistics. This was done to identify potential areas for improvement.

Next, the CHNA team collected primary data from community members. Three focus groups were conducted with a total of 22 community stakeholders who varied in expertise and represented diverse community views. All focus groups were recorded and transcribed by the CHNA team. The CHNA team summarized the responses from the focus groups and identified key themes. In addition to the focus group data collection, the CHNA team also developed a community survey to identify individual health status, health behaviors, hospital use, and views on overall community

health status and needs. Paper surveys were distributed throughout Washington County; surveys were also made available online. Survey data were analyzed to produce descriptive statistics and cross-tabulations were conducted to examine relationships between selected demographics and health outcomes.

**Results:** By triangulating findings across multiple data sources, the CHNA team created a community health profile for the service area of Washington Regional. The community profile highlighted major health issues in the community, barriers to accessing care and to managing health conditions, important areas to improve the health of the community, and additional services needed. Based on the findings, community members recognized a number of chronic conditions (e.g., cardiovascular conditions, cancer, diabetes, obesity) as major health problems in the community. They also identified problems like teenage pregnancy, sexually transmitted diseases (STDs), and mental health problems as health-related challenges faced by the community. Community members expressed the need for lifestyle changes, and improved access to health providers and access to care. Community members also highlighted the need for additional services, most often requesting women health services, mental health services, surgical care, and specialty care.

**Prioritization of Community Needs:** The results from data collection were presented to the CHNA Steering Committee and the Community Advisory Committee in December 2019. Three overarching community health themes emerged from the data: Communication between the hospital and the community, specifically to inform the community of available resources; Access to providers and specialty services; Social determinants of health (e.g., poverty, education); Use of the Emergency Department as primary care, Transportation, and Chronic Disease Management. Community stakeholders prioritized these health issues to develop strategies for addressing the identified health needs in the community.

**Implementation Strategy:** The final step in conducting the CNHA is the development of implementation strategies to address the identified community health needs. A team of CHNA Steering committee members was identified to develop the implementation strategy for Washington County Regional Medical Center. This group will engage community members in the development of and the execution of the implementation strategy.

# INTRODUCTION

## Purpose of Community Health Needs Assessment Study

The Community Health Needs Assessment (CHNA) was implemented to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r), that requires nonprofit hospitals to conduct a Community Health Needs Assessment once every three years.

This CHNA not only meets the rules of the Internal Revenue Service, but also provides planned insight for resource development, medical development, and regional networking and collaboration for the hospital. The findings of the study will help inform the growth of Washington County Regional Medical Center. It will also benefit the community by informing programs and their implementation strategies. It is expected that this report will be used by Washington Regional and other community agencies in developing programs to meet the health needs of the County.

Washington County Regional Medical Center partnered with the University of Georgia's Archway Partnership and College of Pharmacy to conduct the 2019 CHNA study. This report includes a background on the hospital, the data collection process and key findings of the CHNA.

## Washington County Regional Medical Center

Washington County is located in central Georgia with an estimated population of 20,386 in 2018. Washington County Regional Medical Center (WCRMC) is a general acute care 56-bed hospital with a 60-bed extended care facility. The center is located in the city of Sandersville and serves Washington County and surrounding areas. The hospital provides a wide-range of services including Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech Therapy, and Wound Care), Respiratory Therapy, Imaging services, Cardiac Rehabilitation, Swing-Bed, Inpatient and Outpatient Surgery, ICU, Telemedicine, Lab, and Ambulance Services. WCRMC also operates a Pediatric Clinic, Sleep Center, Family Practice and a Specialty Clinic offering Cardiac and Orthopedic Services. The medical center also has a 24-hour physician staffed emergency room.

WCRMC is committed to providing premier quality care to their patients. The medical center services patients from 5 counties. WCRMC is consistently growing and is dedicated to adding services to enhance the healthcare in the area. WCRMC's mission is to be instrumental in the community's health and happiness.

## METHODOLOGY

In order to conduct the CHNA, hospitals are required to follow guidelines given by the Federal register. The guidelines include the following steps: 1) define the service community; 2) assess the health needs of that community; 3) solicit and take into account input received from persons who represent the broad interests of that community and include those with special knowledge of or expertise in public health; 4) document the CHNA in a written report that is adopted for the hospital facility by an authorized body of the hospital facility; and 5) make the CHNA report widely available to the public.

### Stakeholder Engagement

An important constituent of a CHNA is stakeholder engagement. Washington County Regional Medical Center set out with planning to create a network of stakeholders that was representative of the population of the county. In order to achieve this goal, a CHNA Steering Committee was formed and an initial meeting was held. Participants on this committee were chosen because of their community health expertise and their knowledge about the well-being of the community.

The CHNA Steering Committee consisted of the Archway Executive Committee for Washington County. This group was asked to provide expertise on the hospital's service area, identify leaders to serve on the Community Advisory Committee, and assist in data collection strategies. The CHNA Steering Committee served as the guide for the CHNA process and led efforts to encourage participation and engagement in the CHNA study.

Members of the Community Advisory Committee representing the community health interest met to discuss the CHNA process and assist in the collection of data through surveys made available online and in print. Members of this committee were identified by recommendation from the Steering Committee, by participation in previous Archway Partnership health activities, or a prior expressed interest in health. This group was in charge for piloting the survey, recruiting participants for focus groups and survey completion, and providing feedback on collected data.

In December 2019, both committees were invited to review primary and secondary data collected for the CHNA. They were also encouraged to provide input on the CHNA process and data collection strategies to improve future community health assessments. At this meeting, committee members also assisted in the prioritization of identified needs pertaining to the health of the community members. This process of stakeholder engagement served as the foundation for the development of the community engagement approach, and fostered a collaborative approach to community health.

### Defining Community

The first step in conducting the CHNA is to define the community. The community for this CHNA study was defined based on the Hospital's primary service area. Washington County was selected

as the community for inclusion in this report. It was done in a manner that included the broad interests of the community served.

**Secondary Data Collection and Analysis**

The next step in conducting the CHNA was to collect secondary data on community health indicators. Secondary data was collected for the four counties within the defined service areas for Washington Regional and included the following counties: Washington, Hancock, Wilkinson, Baldwin, and Johnson.

Two secondary data sources were used for the CHNA: County Health Rankings and U.S. Census Bureau data. All secondary data was exported and stored in Excel. Key indicators extracted from secondary data sources included Children in poverty, Uninsured, Unemployment, STDs, Teen births, Access to exercise opportunities, Limited access to healthy food, Obesity, Physical inactivity, Smoking, Premature deaths, Primary care providers, Mental health provider, and Preventable hospital stays. The most recent year for available data (2019) was used for data collection. County level data was compared across the counties and Georgia state-level statistics. Summaries were created for each county to generate a county health profile and compared to health outcomes from other counties and Georgia (state-level) in order to identify potential areas for improvement. A detailed summary of the secondary data sources is provided below.

*County Health Rankings*

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings use standards methods to assess the overall health of nearly every county within the United States, in all 50 states. Rankings consider factors that affect people's health within four categories: health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such as, National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to www.countyhealthrankings.org.

*U.S. Census Bureau*

The U.S. Census Bureau manages an online tool called the American FactFinder. American FactFinder provides quick access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. The data from these sources include a wide variety of population, economic, geographic, and housing information at the city, county, and state level. For more information, go to www.factfinder.census.gov.

**Gather Community Input and Collect Primary Data**

The collection of primary data was conducted using the first two steps in the CHNA process. Primary data had an important role in filling informational gaps and providing additional data not available through secondary data sources. Qualitative and quantitative methods were used to collect primary data, which included three focus groups and a community survey.

*Focus Groups:* The CHNA team from UGA facilitated three focus groups in the WCRMC service area: two focus groups in Sandersville and one in Wrightsville. A semi-structured focus group guide was developed to examine community assets, community resources, community challenges and additional services needed to address community health problems (Appendix B). The Archway Professional for Washington County identified and recruited community members to participate in the focus groups. Focus groups participants represented a variety of community stakeholders. A total of 22 community members participated in the three focus groups. The focus groups lasted approximately one hour and were recorded and transcribed verbatim. The CHNA team summarized the responses from the focus groups and identified key themes.

All participants signed an informed consent form (Appendix C).

*Community Survey:* The CHNA team developed a community survey to examine individual health status, health behaviors, hospital use, and views on overall community health status and needs. General demographic information such as age, race/ethnicity, education, household income, and insurance status was also collected.

The survey was finalized through a collaborative process that included feedback from the Washington Regional advisory board. Community members completed the survey from June 2019 through August 2019. Paper surveys were distributed to community members through civic groups, churches, health departments, and physicians' offices. All surveys were returned to the University of Georgia for data analysis. Descriptive statistics were calculated and crosstabulations were conducted to examine relationships between demographic characteristics and other variables. Table 1 outlines the constructs and variables included in the survey.

**Table 1. Information Collected from the CHNA Community Survey**

| Survey Constructs | Survey Variables |
|---|---|
| Community Health | • Most important community health problems<br>• Ways to improve community health |
| Health and Health Care Practices | • Perceived health status<br>• Existing health conditions<br>• Preventative health care practices<br>• Barriers to accessing care |
| Health Habits | • Use of tobacco products<br>• Use of Alcohol products<br>• Preventative health behaviors<br>• Fruit and vegetable consumption<br>• Food security<br>• Mental health<br>• BMI |
| Hospital use | • Hospital use<br>• Reasons for using hospitals other than Washington Regional<br>• Hospital services used at Washington Regional<br>• Satisfaction with services at Washington Regional<br>• Access to physicians at Washington Regional<br>• Additional Services requested for Washington Regional |
| Demographics | • Age<br>• Sex<br>• Ethnicity/Race<br>• Marital Status<br>• Highest level of education<br>• Family Size<br>• Household income<br>• Employment status<br>• Insurance coverage<br>• County of Residence |

## RESULTS

Data gathered from a variety of sources were used to create community profiles for each county, and then compared to state statistics. Table 2 provides key indicators that were collected and assessed. Each county is included in the table, as well as the state-level indicators. Disparities between county and state level data are evident in many of these indicators. Many indicators suggest poorer performance in specific counties in comparison to the overall state level. Children in poverty, teen births, access to exercise opportunities, physical inactivity, number of primary care providers, and number of mental health providers were slightly or moderately poorer in specific counties compared to Georgia overall. In addition, the results revealed cases where specific counties had notably worse outcomes in comparison to neighboring counties and Georgia.

**Table 2. Secondary data results**

| | Washington | Hancock | Wilkinson | Baldwin | Johnson | Georgia | Source |
|---|---|---|---|---|---|---|---|
| Children in poverty | 34% | **45%** | 32% | 33% | 36% | 23% | 2019 County Health Rankings |
| Uninsured | 14% | 14% | 14% | 15% | 14% | 19% | 2019 County Health Rankings |
| Unemployment | 6% | **7.1%** | 5.7% | 5.9% | 5.1% | 4.7% | 2019 County Health Rankings |
| STDs (number of Chlamydia cases) | **1004** | 702 | 557 | 636 | 50 | 615 | 2019 County Health Rankings |
| Teen birth rate | **50** | 33 | 42 | 18 | 36 | 29 | 2019 County Health Rankings |
| Access to exercise opportunities | 28% | 9% | **2**% | 63% | 0% | 76% | 2019 County Health Rankings |
| Limited access to healthy food | 13% | **14%** | 11% | 9% | 3% | 9% | 2019 County Health Rankings |
| Obesity | 33% | 31% | **36%** | 34% | 34% | 30% | 2019 County Health Rankings |
| Physical inactivity | 27% | 27% | **31%** | 24% | 31% | 24% | 2019 County Health Rankings |
| Smoking | 21% | **24%** | 20% | **24%** | 22% | 18% | 2019 County Health Rankings |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Premature deaths (Years of Potential Life Lost Rate) | 9400 | 1100 | 1160 | 9700 | 10103 | 7700 | 2019 County Health Rankings |
| Primary care providers | 1,460:1 | **4,320:1** | **4,550:1** | 1,740:1 | 2376:1 | 1,520:1 | 2019 County Health Rankings |
| Mental health providers | **5080:1** | 4280:1 | 4480:1 | 750:1 | 9788:1 | 790:1 | 2019 County Health Rankings |
| Preventable hospital stay rate | 4558 | 3312 | 5687 | 5451 | 4961 | 4851 | 2019 County Health Rankings |

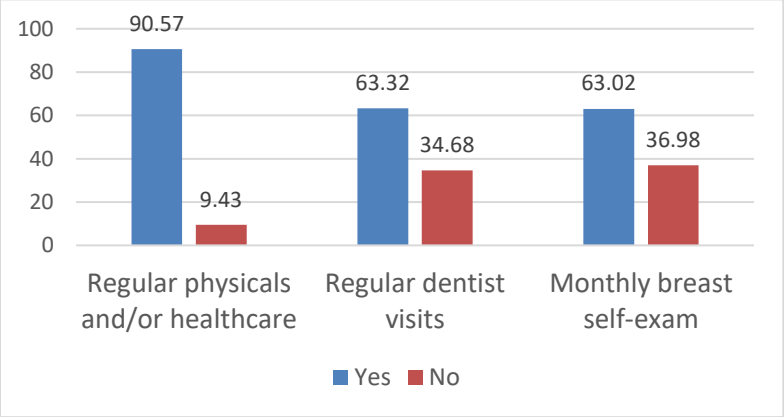
**Findings across Data Sources: Secondary, Survey, and Focus Group**

The following section presents the results from the secondary data, community survey, and focus groups members of the community. The results are organized as community strengths and challenges that are 1) aligned (i.e., consistent) across all sources of data (secondary data, community survey, and focus groups), and 2) mixed (i.e., did not align) across sources of data or that were highlighted in one source of data. This section also includes additional challenges and opportunities uncovered in focus group survey data that could be addressed to impact health in the community.

## Community Strengths: Aligned

### Prevention and wellness

Survey respondents were asked about use of preventive healthcare services. The majority of respondents had regular physicals and dentist visits. The majority of women respondents also had monthly breast self-exams.




The focus group participants identified prevention and well programs as one of the strengths of the community. Some of the community strengths highlighted during focus groups include:

> *"With Head Start we have training for our staff as well as our parents, and we also ensure that our children see the doctor as well – dentist as well as health center. Whether it's like cavities or just cleanings. They go and the Health Department comes and does the scoliosis screenings. I'm trying to think what else."*

> *"Yeah, and we have the State Health Department – the State Public Health and State Board of Education have the school-based flu vac campaign."*

> *"Women's clinic for women in untimely pregnancies who are not sure what they want to do with their pregnancy. So we provide free pregnancy screening, our free pregnancy test, ultrasound confirmation, and some limited STD testing."*

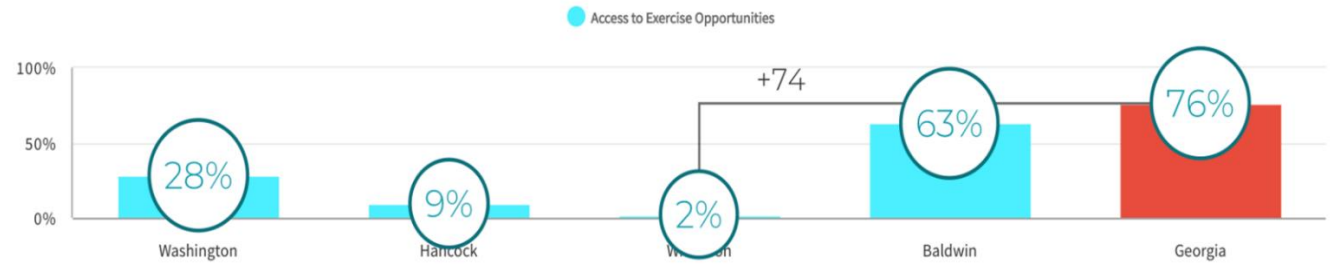
*"Yes. They were at – yeah, Community Healthcare Center does it too. Yeah, so they're actually at high school and they're doing free sports physicals. So you have your Nurse Practitioners that are there and they have a nurse over there too helping."*

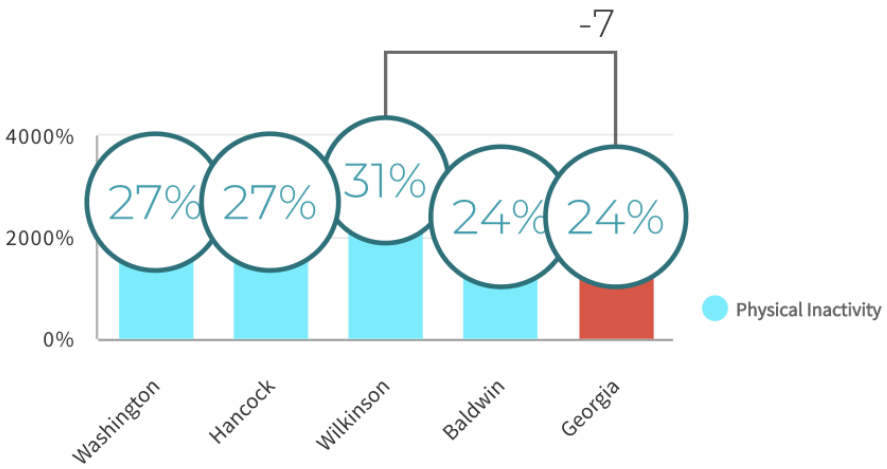
*"And then our County employees and our City employees, as well as Field Kaolin have wellness programs in place for their employees. And there may be others, but I'm familiar with those three."*

## Community Strengths: Mixed

### Recreational facilities and exercise

Findings from the secondary data (County Health Rankings) also indicate that there is less access to exercise opportunities and more physical inactivity in the WCRMC service area in comparison to Georgia as a whole.




Survey findings indicated that less than 25% of respondents exercised more than 3 times a week; the majority of respondents (48.57%) exercised occasionally.

**Table 3. Exercise behavior**

| How often do you exercise? | Percent |
|---|---|
| 5 or more times each week | 6.43 |
| 3-4 times each week | 17.38 |
| 1-2 times each week | 19.52 |
| Occasionally | 48.57 |
| Not at all | 8.10 |

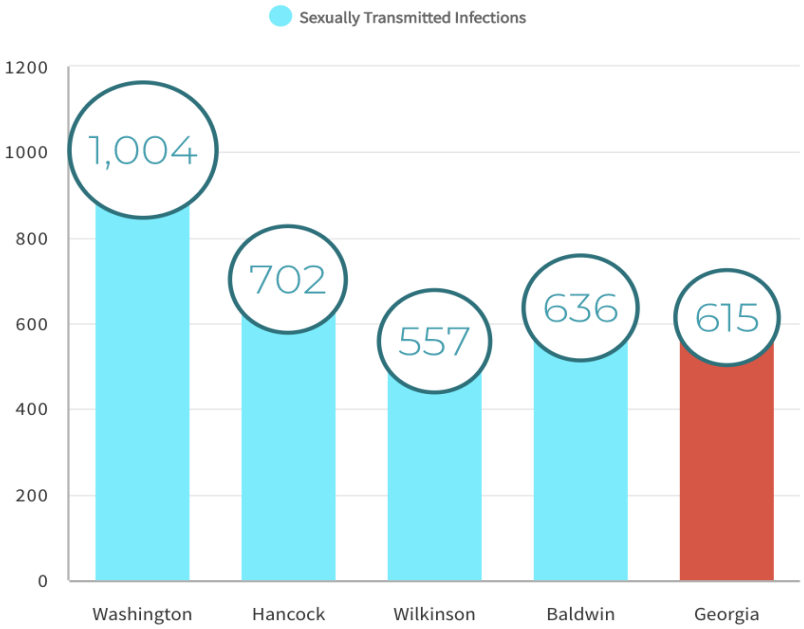
The focus group participants identified the availability of recreational facilities and gym as a strength of the community. However, focus group participants also suggested that the recreation options may not be accessible to all segments of the community.

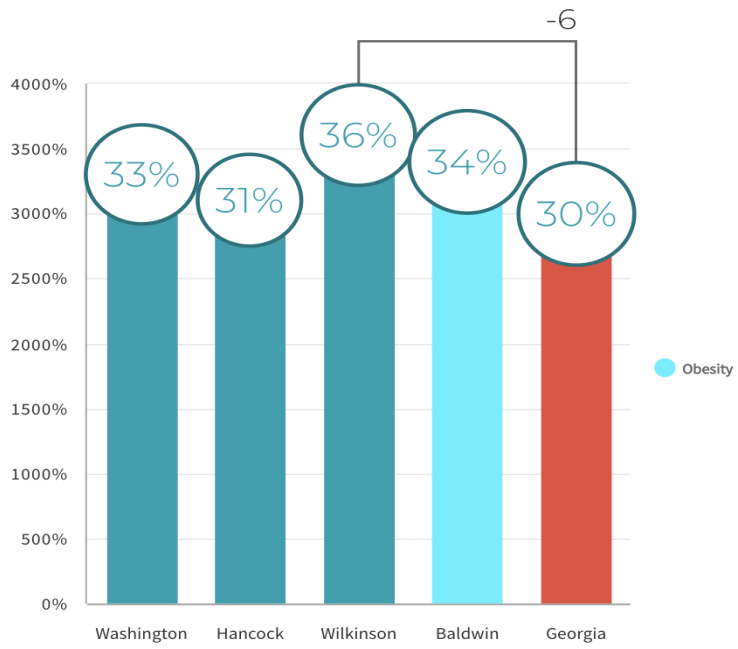
> *"We have a recreation department and there is a trail that you can walk on around there. And you'll see parents that their kids are practicing or whatever that walk the track sometimes. There is a new park –"*
>
> *"So we have recreational options - country club, golf course."*
>
> *"The recreation center in the department, it may be the price. I know that [crosstalk] – yeah, it's $45 for every child to participate in each of the sports. So that may deter a lot of the parents' right there."*
>
> *"I've been here a little less than two years. It seems that we have a fairly inclusive recreation department for our young people."*

## Community Challenges: Aligned

### Health problems and Chronic conditions

Findings from the secondary data (County Rankings) indicate that the number of sexually transmitted infections (Chlamydia cases) are higher in Washington county compared to the neighboring counties. In addition, the percentage of people with obesity in Washington county is higher compared to the state of Georgia.




In the survey, the most important health problems in the community were considered to be obesity, cardiac conditions, diabetes, mental health problems, and substance abuse. Risky behaviors in the community included unsafe sex, not using birth control, not following medical advice, and poor eating habits.

**Table 4. Top Most Important Health Problems**

| Top 5 most important health problems | Percentage |
|---|---|
| Overweight/obesity | 18.67 |
| Hypertension/high blood pressure | 13.19 |
| Heart disease, stroke, heart failure | 9.77 |
| Mental health problems | 9.39 |
| Substance Abuse | 7.90 |

**Table 5. Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions?**

| Condition | Percentage |
|---|---|
| Hypertension/high blood pressure | 23.11 |
| Overweight/obesity | 19.59 |
| Diabetes | 11.30 |
| Aging problems (e.g., arthritis, hearing/vision loss, etc.) | 10.16 |
| Mental health problems (depression, bipolar disease, anxiety) | 7.98 |
| Asthma | 6.94 |
| Dental problems | 5.91 |

**Table 6. Top risk behaviors in the community**

| Top risky behaviors | Percentage |
|---|---|
| Unsafe sex | 17.46 |
| Not following medical advice | 16.01 |
| Poor eating habits | 14.62 |
| Tobacco use | 12.31 |
| Not using birth control | 7.74 |
| Lack of exercise | 5.66 |

Findings from the focus groups were similar to the secondary data and survey results. When asked about the biggest problems in the community, the focus group participants responded with chronic

diseases like *hypertension*, *obesity*, *cancer*, and *cardiac* problems. They also mentioned *sexually transmitted diseases (STDs)*, *teenage pregnancy*, *substance abuse*, and *mental health* as conditions relevant to the community.

**STDs and Teenage pregnancy**

*"So one of the challenges in this community is that-and I don't because I have not been allowed to reach out to find out if this is actually true-but sex education is one of the things that we lack in the community in the school system, and I don't mean a health education. I mean the word sex and showing how-and doing condom demonstration."*

*"And I've heard you say this before, I'm pretty sure I'm correct, but because of the STD rates are so high, it seems our pregnancy rates are lower, which sounds good, but it's because of the STD rates are higher so that more than likely, you know, people aren't able to get pregnant. I mean it's –"*

*"Our numbers here are higher than the State averages numbers. So to be able to get a curriculum in the school that says the word sex, it teaches them about abstinence and safe-sex practices."*

*"One thing I don't think we need to do is throw out statistics that we may not be sure of. But I will tell you something …, speaking of Washington County having an exorbitantly high number is STDs."*

*"It is spreading like wildfire, within high school and, you know, adult population."*

*"So, I hear that and I can't speak to it as a subject matter expert but what I've understood, we have a very high level of STDs in our young people, in that kind of 16 to 22-year-old range, is what I'm hearing."*

**Substance abuse**

*"We have a tremendous problem according to the Police Department here with the young males that are in their late teens or early 20s that work out of town and they come back on the weekends and they come home and it's the meth and pot and beer and the parties that they have."*

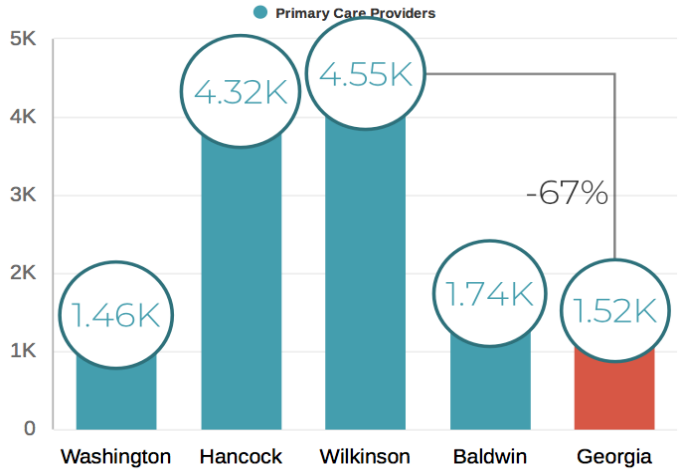
**Mental Health**

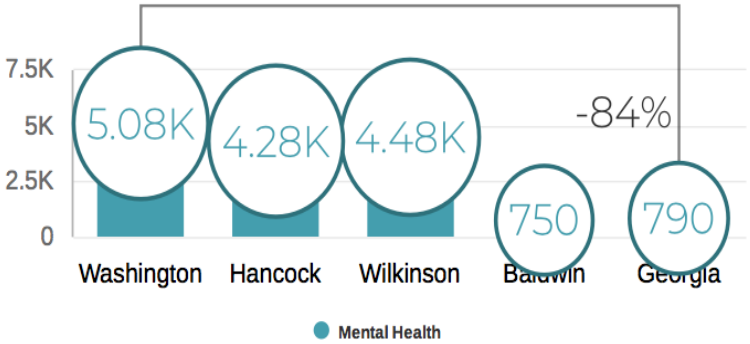
*"But yeah, I mean because of the negativity surrounding it nobody needs to – nobody wants to address it as an organ, and that maybe it's not producing the chemicals that it needs. That – I mean if the rest of your body wasn't producing it, you'd go to a specialist and see about it. So I think, you know, I think that is an issue."*

*"And when you're thinking about our mental health, I think a lot of our – like our police officers, our prisons and things like that, I think they are – they're a housing unit for some of our mental health patients. And I see that as an issue. Not just here. I mean I mean I think it's an issue everywhere. But I know that we have that here as well."*

**Provider related issues**

Another aligned challenge was provider related issues. Secondary data showed that there is a shortage of primary care providers and mental health providers in Washington county as well as some of the surrounding counties. In Washington county, the primary care provider ratio is 1460:1 and the ratio of mental health providers is 5080:1.



The findings from the secondary data were reflected in the focus groups findings where provider related issues were a big challenge in the community.

**Access**

*"And some – I'm not sure on this – but sometimes doctors don't receive certain types of insurance, like the lower probably.*

*Yeah, Medicaid. They don't receive it. So they're just kind of out the door. They have to find what doctor they to go to that'll accept Medicaid and sometimes it's if you do find that doctor that you have to wait so long to see that doctor."*

*"There's some doctors that don't Blue Cross and Blue Shield, if you believe that. So they're picky on who – some of them are very picky on who they get."*

**Turnover**

*"We've had those things; we've had heart specialists here. We've had cancer specialists here. We've had those things. They don't stay. There's got to be some retention."*

*"Since we're a community of elderly and people are in need of maintenance, our hospital needs elderly maintenance, testing, diagnostics. These cancer people come in once or twice a week, these cardiologists come in once or twice a week; that's important stuff, in my opinion, to keep people like me from having to take their parents out of town to see these specialists."*

*"Well we have an aging provider population. Most of our doctors have been here since I was little and so - I mean –"*

*"Oh yeah. A lot of them are definitely retirement age. So we've got to attract some young blood, new young blood in here."*

**Sustainability**

*"But I think where we have fallen down on the job, um, is getting younger physicians to come in because that then gives us a sustainability factor going on out. But what we do is, we try and recruit the person, the physician. We don't try and recruit the family. We have a fantastic community but if no one knows, why would you want to come here? We're technically in the middle of nowhere. So, what makes you..."*

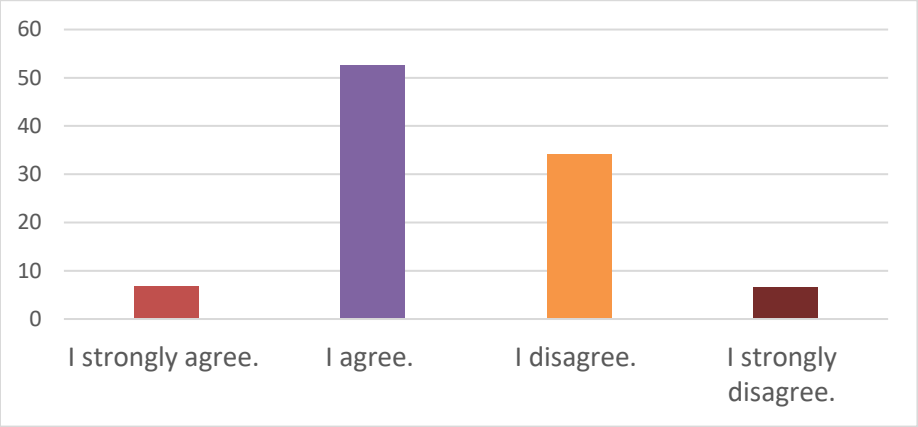
## Community Challenges: Mixed

### Access to services

Findings were mixed regarding access to healthcare services. Survey respondents had positive views about the services at WRCMC, while focus group participants stressed on the unavailability of many services.

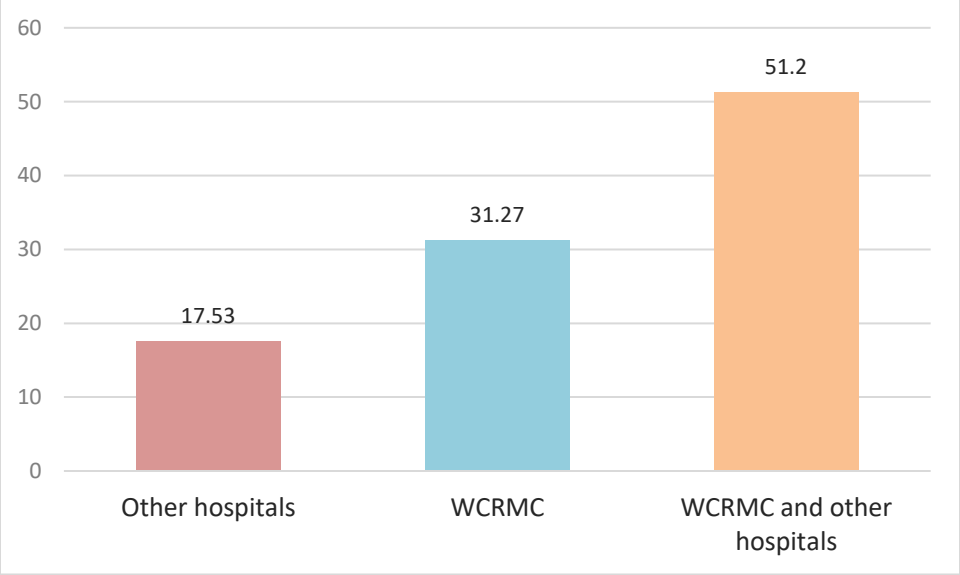
The majority of respondents agreed that there was a strong healthcare system in the community.

**"Strong healthcare system in the community"**



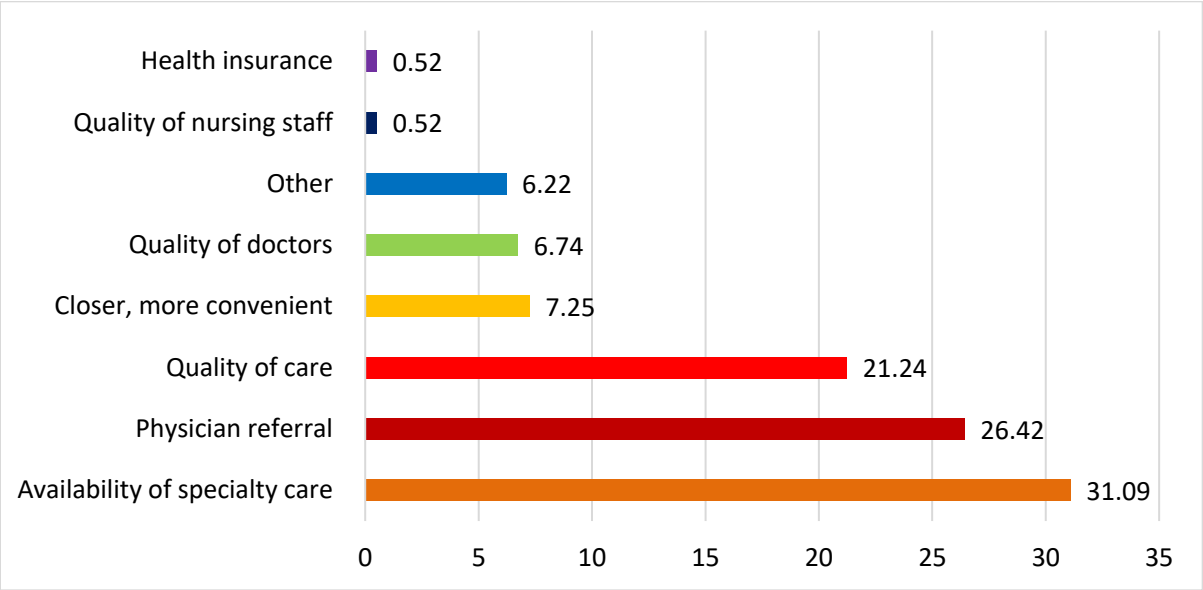

The majority of survey respondents received care at Washington Regional Medical Center (WCRMC) as well as other hospitals.

**"At which hospital were services received?"**



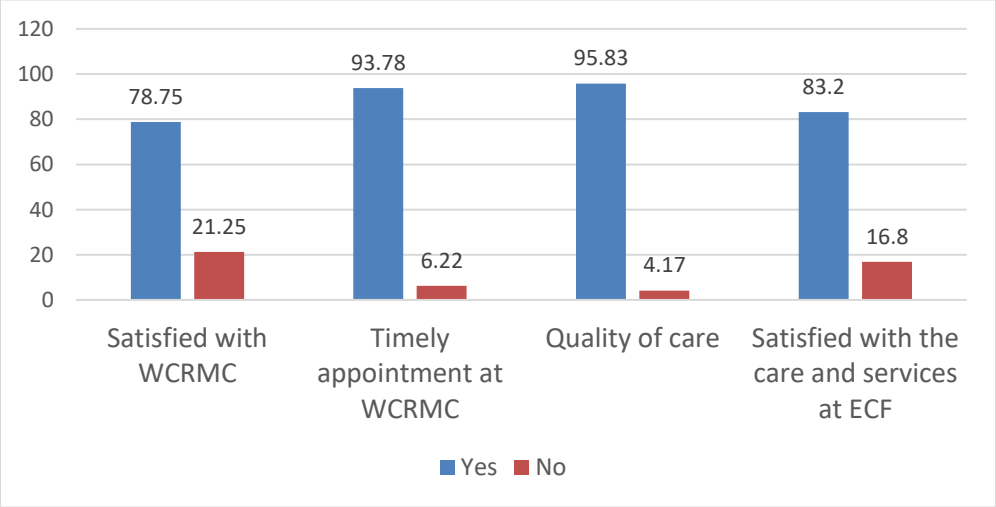
When asked why the respondents used other hospital services, the three major factors identified were quality of care, physician referral, and availability of specialty care.

**"Why did you use other hospitals?"**



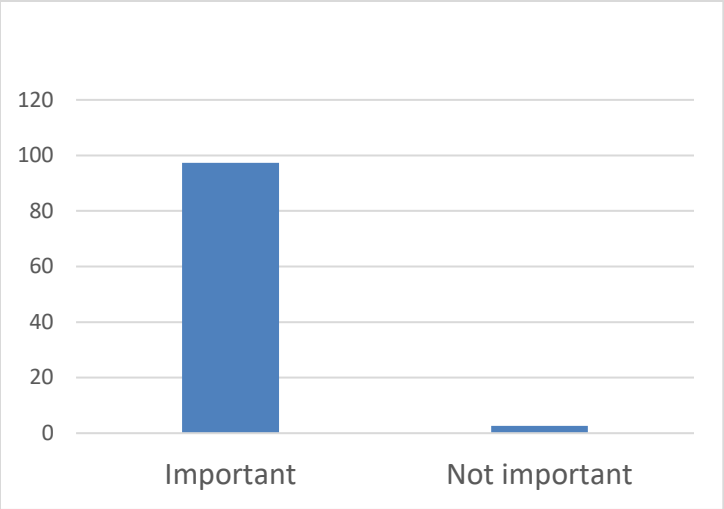

When asked about Washington Regional's services in particular, more than 90% of the respondents were satisfied with the quality of care and that they got a timely appointment at WCRMC.

**"Washington Regional Services"**




Another important finding in the survey results was that it was considered very important to have women's health services in Washington county.

**“How important is it to have Women's Health Services available in Washington County?”**




However, findings from the focus groups suggested problems with access to healthcare services. Focus group participants indicated that a *lack of services, lack of specialists, lack of urgent care, or limited services provided by hospital,* were challenges in their community.

> *“I want our hospital, you know, to be this – to be this busy and have – a just the impact it could have. Why can’t we have those services here? That hospital – I mean yes, it’s bigger, but they’ve had to add to it. It wasn’t always bigger than our hospital.”*
>
> *“Very little of that anywhere now. But you do have to go outside of the community for that as well.”* (on mental and behavioral health)
>
> *“We have people that come in that have bowel issues. We really need a specialist for endocrine and thyroid disorders and –“*
>
> *“But we need more of that in this area because some of them can’t got to Augusta or Macon or Atlanta. We’ve had to do TB treatments going to a patient’s house every day.”*
>
> *“So I mean we can – of course we’d get it approved through the district – but I mean I’m willing, if we have a partner for a specialist to you know, try and utilize that service for our community.”*
>
> *“We do have a surgeon but we’re not able to perform extensive surgeries, colonoscopies and things – simple procedures because we don’t have an ICU yet, but the ICU is opening back up.”*

*"They should never have closed that OB.*

*They need to open the OB back up."*

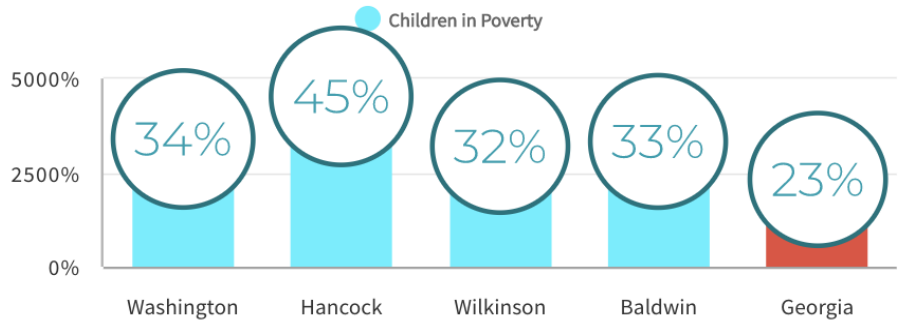
*"And now we have nowhere – well, I think – I don't even know if [inaudible] does at community health care center. There's nowhere in Sandersville to have prenatal care."*

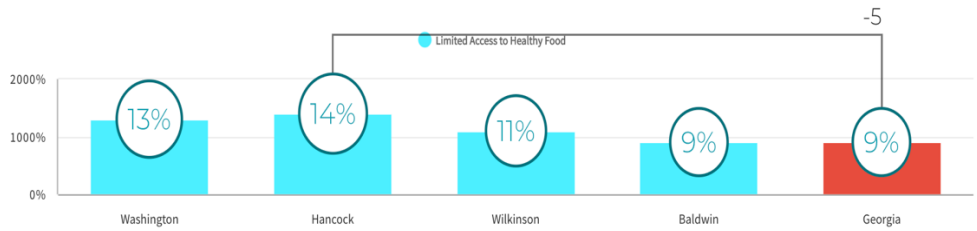
*"And they did shut down departments. They shut down OBGYN. They shut down intensive care those few years ago, and then they raised everybody's property taxes to keep it open. So, a little resentment there, I guess."*

*"No, we have no Urgent Care here. I have – I know of people that goes to Dublin."*

## Social determinants of health: poverty and cost of food

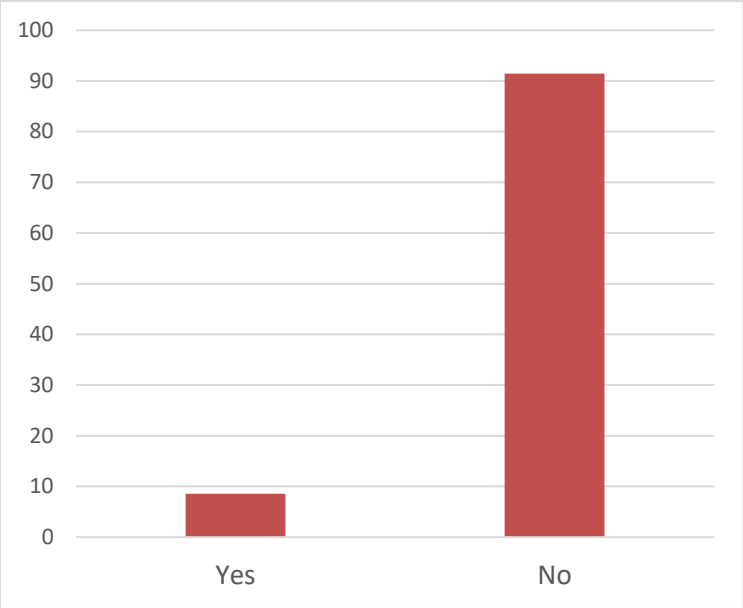
Findings from the secondary data analysis, survey and focus groups were mixed regarding poverty and food insecurity. Secondary data results showed that there is a higher percentage of children in poverty, and that there are more limitations to accessing healthy food in and near Washington county.



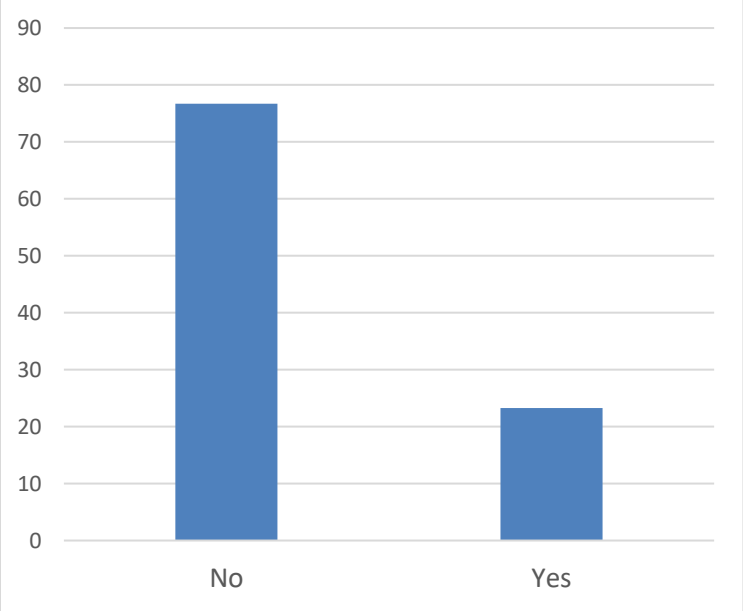



These findings were not reflected in the data from survey respondents. When asked whether the respondents had gone hungry or skipped a meal because there was not enough money to buy food and whether they avoided filling a prescription because you couldn't afford to do so, the majority of respondents indicated that they had no issues with money and food.

**"Hungry or skipped a meal because there was not enough money to buy food?"**




**"Avoided filling a prescription because you couldn't afford to do so"**




However, the focus group findings also pointed towards the inability of people to procure healthy food because of cost and limited resources.

*"We're a food desert."*

*"You know, am I going to buy fresh fruit and vegetables versus something that's in a can that I maybe get for 50 cents."*

*"We also have higher poverty rates here. We have a high poverty rate here in Washington County."*

*"That's the biggest issue that I see with the families and the pregnant teens, is changing that mindset to don't feed your child Cheetos or whatever for supper, you know, here's – you can do this and this is a healthy alternative and – but it's what – like you say – whatever's cheapest."*

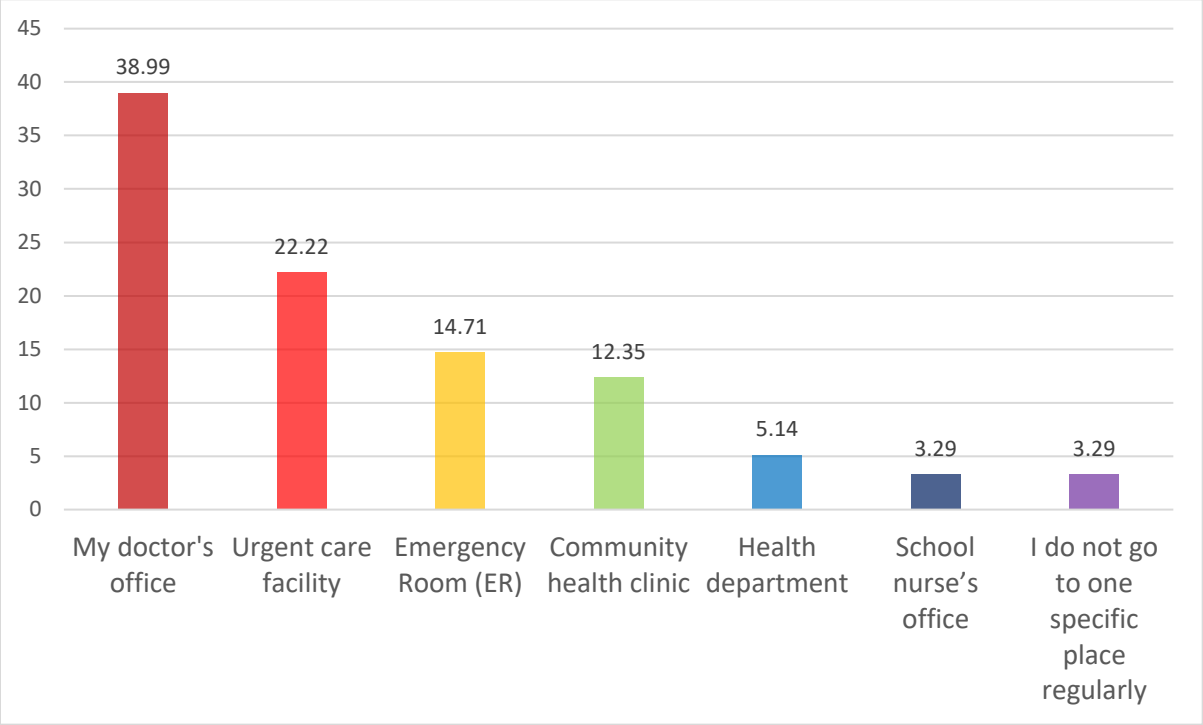
*"And our economic factors obviously are a big barrier. They might – can get to that physician, but they're not going to be able to get to that specialist. You know, unless we have – and some are located here in our community, but that probably is just a snowball effect for that. They're eating fast food because it's cheaper. They're not able to handle those chronic diseases because they're not able to either get there in a vehicle or either afford those visits. So that just –"*

*"Well, just money because they don't have health insurance. That was one of my, uh, pet peeves. It's a controversial subject but, um, there are big companies in town who do not hire people directly, but hire them on contract and they don't have any health benefits."*

**Emergency room as a source for primary care**

Findings from the survey and focus groups were mixed regarding the community's use of the WRCMC emergency department. The majority of survey respondents (39%) indicated that they would go to their doctor's office if they or someone in their home were sick.

**"Where are you most likely to go for care when you or someone from your household is ill?"**




However, focus group respondents reported that community members frequently used the emergency department to address issues that are more appropriate for primary care settings.

> *"And that's just like even if – I mean they got to the Emergency Room for cold symptoms [crosstalk]....They still do that. It's like – and I mean if we had an Urgent Care center here, oh my gosh. It would be wonderful."*

> *"They call an ambulance. They go to an Emergency Room. That's what they do."*

> *"Yeah. I mean I think we have a high percentage of our residents that use our ER for their health services."*

## Additional Challenges – Focus Group Findings

As focus groups give an in-depth information about a situation, additional issues that were not identified in the secondary or survey data were discovered. The additional issues were social determinants of health (other than cost of food and poverty covered in the previous section), and the promotion of health services. Excerpts from the focus groups regarding the additional issues are provided below.

## Social determinants of health

### Transportation

*"That's – I mean whether you're school age or elderly or in between, transportation is an issue for a lot of the income."*

*"We're actually trying to start promoting diabetes in the Health Departments where they actually have somebody that's a certified diabetes coordinator that can tele help and remote in and speak to people about meals and their condition to make it – because are low income. They can't afford to drive to Dublin or Sandersville."*

### Stigma

*"Just keeping – like keeping your head in the sand. That, you know, they'll have issues – I've got a friend that – I mean he's had all kind of issues with his knee and he's like I hate doctors, I'm not going."*

*"I think knowledge, because you know, a lot think well I'm not crazy or they think they're crazy if they get mental health."*

### Lack of knowledge and literacy issues

*"In the adult population as well as young adults. But literacy is just a problem. So it's hard to get the word out when you send this of paper home."*

*"And then you have to is – I think knowledge is still a – there's still a lack of knowledge that they know that they can either go to the community health system or they can go to the health department, and it's a low – reduced low income fee. I can't speak for a community healthcare center, but I know at the health department even if you still don't have that low-income figure, you're not turned away for inability to pay."*

*"Lack of knowledge. They don't even know that maybe they're getting to receive service at a discount."*

### Communication

*"Yeah, to come out. I mean it just – I don't know how to communicate. That's the problem, communication with – yeah, a lot of it does get out in the schools, but I'm telling you, we send home stuff every year, a couple of times a year. We advertise. They do all kinds of stuff. It just doesn't get out there."*

*"And it's – what I've found is it's not that community members are not willing, a lot of times they're not able because they don't get the message. It's not that the message didn't*

*go out, but we didn't get the message. So it's almost the same as us receiving some vital information written in Chinese –"*

*"I mean, you know, there's lots of health fairs. There's always a 5k run going on. There's lots of activities promoting health. I think one of the biggest challenges with that is finding out if it's actually going on."*

*"So I think that's one of the biggest challenges – and I'm sure that's a challenge in every community, is trying to figure out how to disseminate that information."*

*"But I think communication is a big factor for us. I think communication; just like we have the after-hours services and limited people know about it."*

**Family issues**

*"You just don't have that now and it's just not the hands on. It's just let me get through, get my kids rid of Friday night so I can go out and we can have a beer or party – I'm sorry.*

*There's a lack of accountability that is –"*

*"So you fix a platter, and you eat everything on your platter. If you feel you can, have some more. And so it's generational. Not just cooking habits, but parenting and –- and budgeting and discipline, it's generational. And so unless we're able to put some stopgap measure there to divert people into a more productive way, we will always get what we got."*

*"But I think a lot of it is cultural too. You know, young children, they'd rather sit there and play that video game on that iPad, on that whatever – on the technology that's easier on the parents. You can sit, watch TV, do this game, do this, than making that conscious choice to say no, you're going to put that down and you're going outside."*

*"That is beyond poverty. So, there is a... there is a tie to generational poverty and healthy eating but I've got to say that the lack of people knowing how to cook and knowing how to meal plan and knowing how to go to the grocery store, and knowing that you should only shop around the outside of the grocery store and not the aisles, that crosses socioeconomic..."*

**Promotion of health services**

*"And then for the hypertension and diabetes programs, unfortunately the Health Departments really don't advertise. So there's a lot of services that we offer that the community doesn't know about."*

*"And our hypertension program is very underutilized. We only have five participants in it."*

*"So you know, blood pressure – we have blood pressure and diabetes programs. So that's two of our things right there. And we have nutrition so you can talk about problems with food. But once again, I don't – it's promotions, like you said, trying to get it out there, just some of the information."*

## Additional Suggestions

Below you will find additional opportunities identified by focus group participants.

*"So I think if we could find a way to promote affordable healthy choices or alternatives, you know, just things like that make a big difference. But it is really hard in this area because we're small and we're limited on what's there."*

*"So maybe also for education, it's the way it's presented. We might need to rethink the way it's representing –"*

*"And that also incorporates some of their choices with not being able to read and understand and process the information. I just think if we're more visual too in the campaigns."*

*"If we had someone from Sandersville across the hill come down to the health department see some patients, wouldn't that be beneficial and helpful to get some of these people locked into the hospital?"*

*"But I feel also that if we had more recreation to do round here, I think of that bowling, you know, we got to go what? 45 minutes just to get to bowl or to a skating rink. We have – we don't have any of that here. If we had some more indoor things to do for those children who can't get outside – if we had more of those kinds of types of things to do, you know. I think that would have with the reparation."*

*"I wish we did. I wish an indoor so we could have it during the winter, especially for elderly population to get in an exercise with their joints and things like that. It would great. I'd love to see it happen here."*

*"A collective effort.*

*So that everybody that plays a role in that, which would be lots of people, that they're all at one table making those decisions. Not so and so over here trying to formulate a playground, and so and so over here trying to do the same. And so they're all going on the same path."*

*"I'd love to see more promotion and see more champions as far as getting our community more excited about moving more and encouragement of others getting out and being more active. I'd like to see that happen."*

*"As far as like STD and teen pregnancy, I would love to be able to offer that curriculum in the schools. To go into the school system and start it in the middle school, start it at a younger age."*

*"We need the community at the table."*

*"We need some kind of transportation. Not just for medical but for these people to get to town, to go to the grocery store or something."*

*"If whoever makes the rules for food stamps, you could only get this, this, this and this, and you cannot get that, that, that, that, that would be a help."*

*"Urgent care.*

*I think 100 percent, there's that missing piece."*

## PRIORITIZATION OF COMMUNITY NEEDS

The CHNA team used data from all sources to present key findings to community members. These results were presented during a community engagement meeting. Health related issues that emerged from the data include: access to providers and specialty services, social determinants of health, use of ER as primary care, and transportation. Prominent categories recognized by the stakeholders included chronic disease management and communication with the community regarding the availability of resources.

## IMPLEMENTATION STRATEGY

The next step in completing the CHNA is the development of an implementation strategy to address opportunities to continue the dialogue established during the CHNA process and provide accountability for addressing significant health needs in the community. While no prescribed method for the development of this strategy is specified under the Affordable Care Act (ACA) requirements, there is the requirement that the strategy be adopted by the Hospital's governing body within 4 1⁄2 months of the completion of the CHNA (Stephens, 2015).

The implementation strategy, unlike the CHNA, does not have the same requirement "to be made widely available" or to "take into account input from persons who represent the interests of the community" (Stephens, 2015). However, Washington Regional has an established history of collaboration in the community through participation in the Archway Partnership. This provides an ongoing opportunity to develop an effective implementation strategy with a variety of community partners, publicize the intended strategy, and demonstrate progress toward addressing the established needs.

## APPENDIX A

The following section shows additional results from the community survey and focus groups.

### Survey Demographics

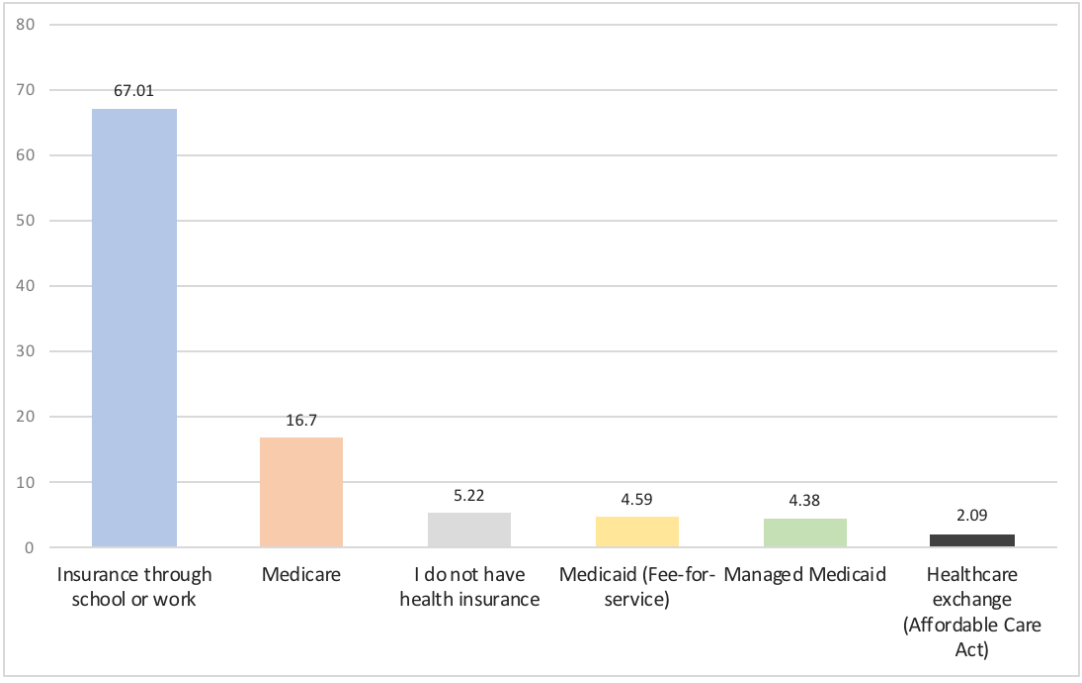
| | | N | Percentage |
|---|---|---|---|
| **Gender** | Female | 328 | 63.08 |
| | Male | 72 | 13.65 |
| | Missing | 121 | 23.27 |
| **Race/ Ethnicity** | White, Non-Hispanic | 216 | 41.54 |
| | Black/ African-American | 165 | 31.73 |
| | Hispanic/Latino | 1 | 0.19 |
| | Other | 7 | 1.35 |
| | Missing | 131 | 25.19 |
| **Age group** | 18-24 | 13 | 2.50 |
| | 25-34 | 50 | 9.62 |
| | 35-44 | 62 | 11.92 |
| | 45-54 | 106 | 20.38 |
| | 55-64 | 97 | 18.65 |
| | 65 or older | 70 | 13.46 |
| | Missing | 122 | 23.46 |
| **Married** | Married | 241 | 46.35 |
| | Living together | 4 | 0.77 |
| | Divorced | 34 | 6.54 |
| | Single | 88 | 16.92 |
| | Widowed | 28 | 5.38 |
| | Missing | 125 | 24.04 |
| **Degree** | Advanced degree (masters, doctorate) | 98 | 18.85 |
| | Associate's Degree (2 years) | 60 | 11.54 |
| | Bachelor's degree (BA, BS) | 85 | 16.35 |
| | High School or GED | 87 | 16.73 |
| | Some college | 59 | 11.35 |
| | < High School | 7 | 1.35 |
| | Missing | 124 | 23.85 |
| **Employment** | Full-time | 272 | 52.31 |
| | Part-time | 27 | 5.19 |
| | Retired | 58 | 11.15 |
| | Self-employed | 6 | 1.15 |
| | Unemployed | 32 | 6.15 |
| | Missing | 125 | 24.04 |

| | | | |
|---|---|---|---|
| **Income** | $100,000 or more | 93 | 17.88 |
| | $25,000 to $49,000 | 69 | 13.27 |
| | $50,000 to $74,000 | 61 | 11.73 |
| | $75,000 to $99,000 | 40 | 7.69 |
| | Don't know/not sure | 37 | 7.12 |
| | Under $25,000 | 79 | 15.19 |
| | Missing | 141 | 27.12 |
| **Benefits** | Food stamps/SNAP,Medicaid or Peach Care,WIC | | |
| | Medicaid or Peach Care | | |
| | Medicaid or Peach Care,WIC | | |
| | Medicare | | |
| | No benefits | | |
| | SSI | | |
| | SSI,Medicare | | |
| | WIC | | |
| | Missing | | |

## Personal Health and Healthcare

This section explains health and health seeking behaviors of the respondents. They were asked about their insurance coverage, barriers to accessing healthcare, and their health.

*Health Insurance*



**What barriers, if any, keep you or other people in your household from accessing health care?**

| Barriers | Percentage |
|---|---|
| I have not had any barriers to accessing healthcare | 21.89 |
| Cannot afford co-pays or deductibles | 17.22 |
| No convenient service provider | 14.44 |
| Cannot get a timely appointment | 13.22 |
| Work hours | 11.89 |

**How often, in the past 30 days, have you felt down, depressed, or hopeless?**

| Frequency | Percentage |
|---|---|
| Almost Always | 5.57 |
| Always | 0.73 |
| Never | 32.93 |
| Rarely | 30.99 |
| Sometimes | 29.78 |

## Health Behavior Habits

The following section describes health related behaviors like exercise, fruit and vegetable consumption, tobacco use, and alcohol consumption.

### Exercise behavior

| How often do you exercise? | Percent |
|---|---|
| 1-2 times each week | 19.52 |
| 3-4 times each week | 17.38 |
| 5 or more times each week | 6.43 |
| Not at all | 8.10 |

| | |
|---|---|
| Occasionally | 48.57 |

**How many servings of fruits and vegetables do you eat each day?**

| Servings | Percentage |
|---|---|
| 0 | 4.35 |
| 1 to 2 | 66.91 |
| 3 to 4 | 23.67 |
| 5 or more | 5.07 |

**Tobacco consumption**

| Tobacco consumption | Percentage |
|---|---|
| No | 89.02 |
| Yes | 10.98 |

| Ethnicity x Tobacco Use | | | | | |
|---|---|---|---|---|---|
| | Black/African-American | Hispanic/Latino | Other | White, Non-Hispanic | missing |
| **No** | | | | | |
| **Frequency** | 149 | 1 | 6 | 188 | 29 |
| **Percent** | 35.56 | 0.24 | 1.43 | 44.87 | 6.92 |
| **Yes** | | | | | |
| **Frequency** | 13 | 0 | 1 | 27 | 5 |
| **Percent** | 3.10 | 0.00 | 0.24 | 6.44 | 1.19 |

| Age x Tobacco Product Use | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **18-24** | **25-34** | **35-44** | **45-54** | **55-64** | **65 or older** | **missing** |
| **No** | | | | | | | |
| Frequency | 11 | 43 | 55 | 96 | 86 | 62 | 20 |
| Percent | 2.63 | 10.26 | 13.13 | 22.91 | 20.53 | 14.80 | 4.77 |
| **Yes** | | | | | | | |
| Frequency | 2 | 7 | 7 | 9 | 10 | 6 | 5 |
| Percent | 0.48 | 1.67 | 1.67 | 2.15 | 2.39 | 1.43 | 1.19 |

**Alcohol consumption**

| **Consumption of have at least one drink of any alcoholic beverage during the last 30 days** | **Percent** |
|---|---|
| No | 54.57 |
| Yes | 45.43 |

## Hospital Use

### Additional Services Requested for Taylor Regional

Additional services requested by the respondents included Acute Dialysis, Dermatology, Ophthalmology, Orthopedic Services, After Hours Physician Clinic, and Occupational Health Services

## Alternate healthcare settings

*"We have UG Extension, they promote health education. Our community health care systems – I don't know if I'm saying that right – community health care systems. Yeah, we have that available as well."*

### Pharmacy

*"You get – well, we have one pharmacy.*

*And they will deliver."*

*"Oh yeah, we've got the places to get drugs."*

## APPENDIX B

**Washington County Regional Medical Center - Washington County Health Needs Assessment**
**Focus Group Facilitator Guide**

**Principal Investigator:** Henry N Young, PhD
College of Pharmacy
(706) 542-0720
hnyoung@uga.edu

1. **What are some of your community's assets and strengths related to the health of community residents?** ***(In other words, what are we doing well with respect to the health of our community?)***
    - Probe: Can you name a few community resources/assets that promote health and wellness?
    - Probe: Are there any specific things that people in your community do to help them stay healthy?

2. **What would you say are the biggest health problems in the community?**
    - Probe: Obesity, heart disease, diabetes, mental health, substance abuse, dental problems health, etc.
    - Follow up: Are there any specific groups of people who are impacted by these health problems (e.g. age groups, socioeconomic groups, sections of town)?

3. **What suggestions or recommendations do you have for addressing the health issues you mentioned?**

4. **Where does the community usually get health care services when they need it?** ***(In other words, where have you gone and/or where do people go for health care?)***
    - Probe: What about specialty care? Where do people go for it?
    - Probe: What about mental and behavioral health care? Where do people go for it?
    - Follow up: In general, where do uninsured and underinsured individuals go when they need health care?

5. **What are the biggest barriers that keep people in the community from accessing health care? (e.g. Insurance, availability of providers, transportation, cost, language/cultural barriers, accessibility, awareness of services)**

- Follow up: What about access to dental and vision care? What about mental health services?

6. **On a scale of 1 to 10, with 1 being the worst, 5 being average, and 10 being the best, how would you rate Washington County Regional Medical Center? Consider things like the quality of services, ease of getting an appointment, range of services provided, and overall satisfaction.**
    - Follow-up: Why did you choose this rating?
    - Follow-up: How can this rating be improved?

7. **What additional services, if any, would you like to see provided at Washington County Regional Medical Center?**

8. **Is there anything we haven't covered in this discussion that you think is important?**

# APPENDIX C

## UNIVERSITY OF GEORGIA
## CONSENT FORM
## WASHINGTON COUNTY - COMMUNITY HEALTH NEEDS ASSESSMENT (W-CHNA)

**CHNA Team Statement**

We are asking you to take part in a focus group as a part of the Washington County Community Health Needs Assessment (W-CHNA). Before you decide to participate in this group, it is important that you understand why it is being done and what it will involve. This form is designed to give you the information about the CHNA so you can decide whether to be in the study or not. Please take the time to read the following information carefully. Please ask the focus group facilitators if there is anything that is not clear or if you need more information. When all your questions have been answered, you can decide if you want to be in the focus group or not. This process is called "informed consent." A copy of this form will be given to you.

**Principal Investigator:** Henry N Young, PhD
University of Georgia, College of Pharmacy
706.542.0720 or hnyoung@uga.edu

**Purpose of the Study**

The Washington County Community Health Needs Assessment is being conducted to collect information about your community's needs, assets and resources.

**Study Procedures**

If you agree to participate, you will be asked to …

- Participate in a 1-hour focus group with other community members. This focus group will ask you about the available needs and resources in your community.

**Risks and discomforts**

- We do not anticipate any risks from participating in this group.
- However, your name will not be used in any reports or study documents.

**Benefits**

- By participating in this group, you will help us learn valuable information about your community, including the resources that are currently available and areas where the community may need more assistance.

**Audio/Video Recording**

Focus groups will be audio recording for the purpose of making sure that we collect all important information that is shared. The Research Assistants will listen to these recordings and make notes based on the information you provide. You name will not appear on any of the notes and the recording will be destroyed within one year after the P-CHNA is completed.

**Privacy/Confidentiality**
The audio recordings will be stored securely at the University of Georgia's College of Pharmacy. No one will have access to these recordings other than the W-CHNA team.

The project's records may be reviewed by departments at the University of Georgia responsible for regulatory and project oversight.

The W-CHNA Team will not release identifiable results of the study to anyone other than individuals working on the project without your written consent unless required by law.

**Taking part is voluntary**
Your involvement in the group is voluntary, and you may choose not to participate or to stop at any time without penalty or loss of benefits to which you are otherwise entitled.

If you decide to stop or withdraw from the group, the information/data collected from or about you up to the point of your withdrawal will be kept as part of the data and may continue to be analyzed.

**If you have questions**
The main faculty lead conducting this study is Henry N Young, a professor at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Young at hnyoung@uga.edu or at (706) 542-0720. If you have any questions or concerns regarding your rights as a focus group participant you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

**Subject's Consent to Participate in Focus Group:**
To voluntarily agree to take part in this focus group, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

| _____ | _____ | _____ |
|---|---|---|
| Name of Facilitator | Signature | Date |
| _____ | _____ | _____ |
| Name of Participant | Signature | Date |

Please sign both copies, keep one and return one to the focus group facilitator.