Jefferson Hospital—Louisville, GA
Community Health Needs Assessment

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EXECUTIVE SUMMARY

Introduction

The Community Health Needs Assessment (CHNA) was written to comply with federal tax law requirements in the Internal Revenue Code section 501(r) requiring nonprofit hospitals to conduct a CHNA once every three years. Jefferson Hospital partnered with the University of Georgia's College of Public Health to conduct its 2016 CHNA. This report includes a background on the hospital, the data collection process, and key findings of the CHNA. Jefferson Hospital is a 37-bed general acute care facility providing primary medical and surgical care to Jefferson County and the surrounding area.

Methods

A CHNA team was formed through the University of Georgia's College of Public Health to complete the 2016 Community Health Needs Assessment for Jefferson Hospital in Louisville, Georgia. The CHNA team consisted of researchers from the departments of Health Promotion and Behavior, Health Policy and Management, and graduate students from the College of Public Health. In addition to the secondary data analysis, the CHNA team collected data from community members and other stakeholders with knowledge of the health needs, health disparities, and vulnerable populations.

Results

Secondary results showed that Jefferson County generally experienced higher rates of conditions such as diabetes, obesity, and smoking compared to the state of Georgia. Jefferson County also suffered from poorer primary care and mental health provider ratios compared to Georgia. Women, those with a higher education, Whites, and older individuals tended to respond more to the community survey. Participants reported chronic diseases such as diabetes and obesity as primary health problems in their community. Related health behaviors such as exercise and healthy eating were reported as primary ways to improve the health of the community. Participants generally reported favorable experiences with Jefferson Hospital. Some participants requested increased availability of specialty care.

Prioritization of Community Needs

The results from data collection were presented to the both internal and external groups in December 2016. Three overarching categories in community health needs emerged from the data, and include: preventive care, education, and chronic disease management; education on available health resources, particularly those for lower income families in the community; and teen sexual behavior.

Implementation Strategy

The final step in conducting the CHNA is the development of implementation strategies to address the identified community health needs. Jefferson Hospital's implementation strategy is as follows:

Identified Community Health Needs

1. Preventative Care, Education and Chronic Disease Management

Interventions:

Evaluate processes related to preventative care in PHG clinics

Increase Annual Wellness Visits in PHG clinics

Utilize Azalea system

Implement a Quarterly Community Health Education Program:
-Smoking Cessation
-Diabetes Education
-Perinatal Care
-Hypertension

Utilize Medical Staff / Others as speakers

Establish a Home Monitoring Program for designated diagnoses

Health Fairs / Screenings

Goals:

Implement Preventative Care Program in PHG Clinics

Provide Education on various areas to include Chronic Disease Management on a quarterly basis

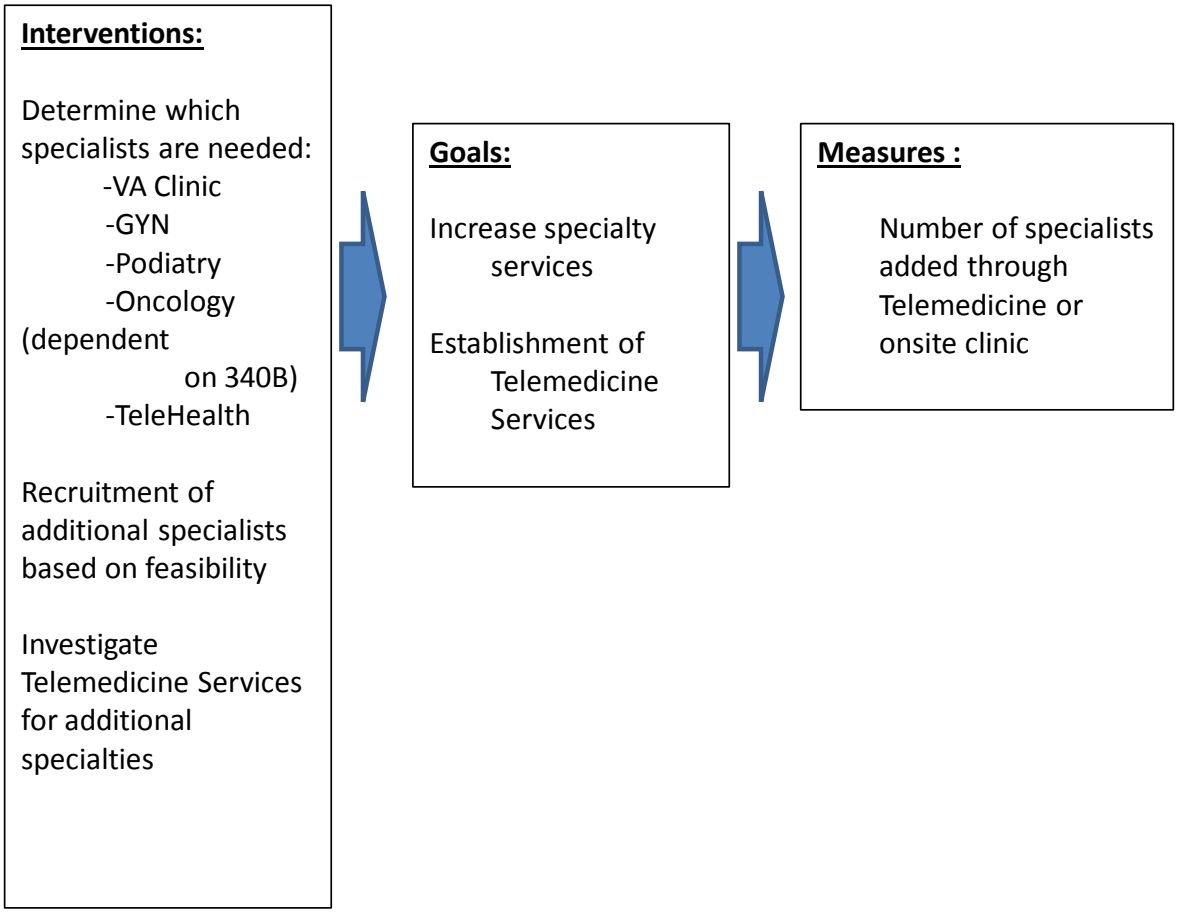
Measures :

% of increase in Wellness visits

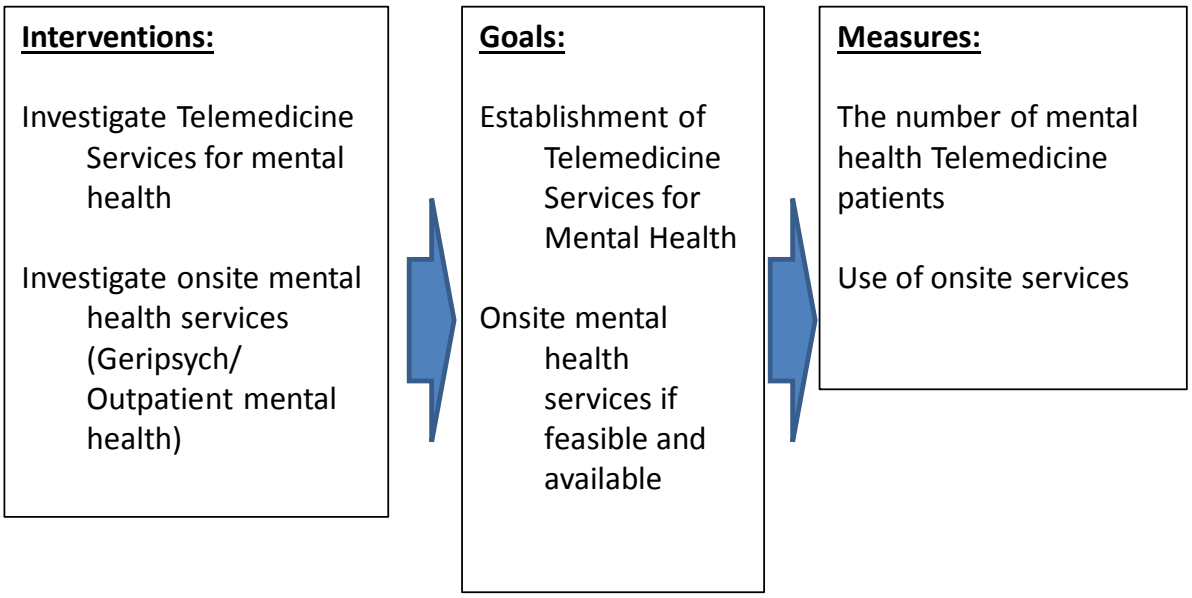
Monitor the number of classes and attendance

Number of health fairs and attendance

Identified Community Health Needs
2. Lack of Medical Specialists



Identified Community Health Needs
3. Lack of Mental Health Services



Identified Community Health Needs:
4. Lack of communication between community agencies regarding health care needs

Interventions :

Establish a committee that meets quarterly to share concerns regarding community needs

- Jefferson Hospital, Health Department, DFACS, SHIPS for Youth, Board of Education, Extension Office, Senior Center, Cancer Coalition, and other organizations as identified

Goals:

Increase communication between County agencies

Identify possible approaches to address health care needs

All agencies have a better understanding of what each agency offers

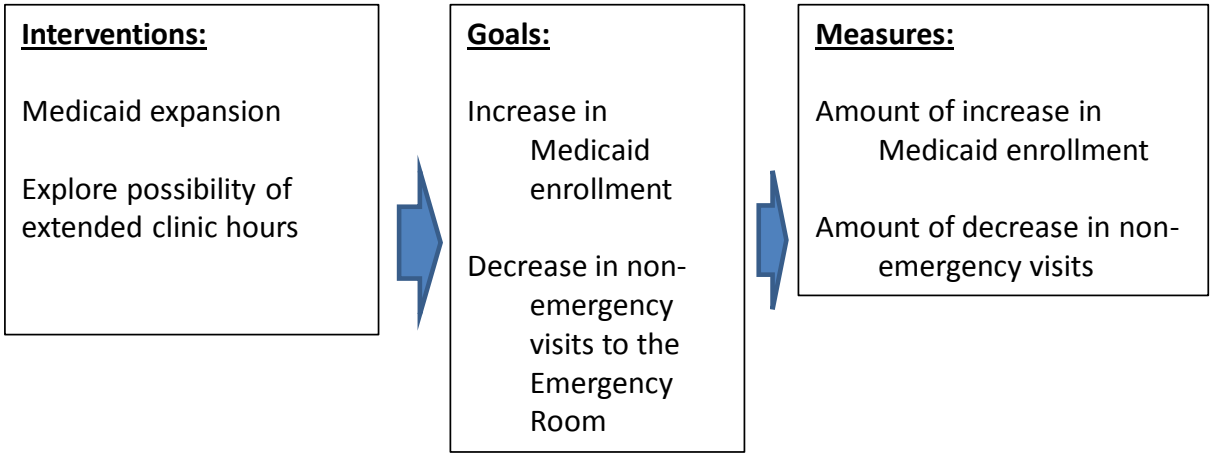
Measures:

Number of agencies participating

Minutes of meetings to show multiagency involvement

Identified Community Health Needs

5. Overutilization of Emergency Room for non-emergency services



INTRODUCTION

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was written to comply with federal tax law requirements in the Internal Revenue Code section 501(r) requiring nonprofit hospitals to conduct a CHNA once every three years. There are five major components to the CHNA:

1. Define community
2. Collect secondary data on community health
3. Gather community input and collect primary data
4. Prioritize community health needs
5. Implement Strategies to address community health needs

Jefferson Hospital partnered with the University of Georgia's College of Public Health to conduct its 2016 CHNA. This report includes a background on the hospital, the data collection process, and key findings of the CHNA.

Jefferson Hospital

Jefferson Hospital is a 37-bed general acute care facility providing primary medical and surgical care to Jefferson County and the surrounding area. Jefferson Hospital has a well-equipped emergency room, which utilizes hospital staff and contract physicians. Support services are provided for both inpatients and outpatients and the scope of service is consistent with the current mission of the hospital to provide quality community-based primary health care to Jefferson and surrounding counties.

Jefferson Hospital is a member of Georgia Hospital Association's for Rural Health and is directed by a 7 member Hospital Authority. Located at 1067 Peachtree Street in Louisville, Georgia, Jefferson Hospital is in the geographic center of Jefferson County. Louisville is located approximately 45 miles southwest of Augusta, 88 miles east of Macon, and 120 miles northwest of Savannah.

Mission

It is the **MISSION** of Jefferson Hospital to provide quality, community-based primary health care to the citizens of Jefferson and surrounding counties.

Vision

The **VISION** of Jefferson Hospital is to meet or exceed the standard for quality of rural community hospitals. We will be a benchmark in our industry for exceptional clinical outcomes, customer satisfaction, and value for the services we provide. In partnership our medical staff, employees, patients, and other community resources, will ensure that all residents of the county have access to a continuum of care to provide for their health care needs.

Goals

1. The hospital will manage its operations to assure the availability of the financial resources necessary to continue to provide quality health services to the community.
2. The hospital will increase its generated revenue by at least 3% annually. The hospital will strive to reduce operating expenses through efficient use of resources and supplies.
3. The hospital will organize and staff in such a manner as to efficiently manage its patient care and support functions.
4. The hospital will attract and retain personnel with the skills and personalized concerns necessary to provide the high quality patient services to which it is committed.
5. The hospital will maintain its emergency department operation at the level necessary to meet its patient care goals as expressed in the Performance Improvement Plan.
6. The hospital will increase the utilization of existing services, through outreach and marketing.
7. The hospital will maintain its physical plant and support equipment to effectively support the goals and the objectives of the institution.
8. The hospital will acquire, maintain, and replace technological equipment to provide services needed by the community and appropriate to its mission and role.
9. The hospital will play a major role in providing a full range of health care services to the community. It will seek to focus on community health and movement toward community care networks and collaborative partnerships through collaborative leadership with other regional entities.
10. The hospital will continue to carry out its strategic plan that outlines long range goals.

METHODS

A CHNA team was formed through the University of Georgia's Archway Partnership to complete the 2016 Community Health Needs Assessment for Jefferson Hospital in Louisville, Georgia. The CHNA team consisted of researchers from the departments of Health Promotion and Behavior, Health Policy and Management, and graduate students from the College of Public Health. In addition to the secondary data analysis, the CHNA team collected data from community members and other stakeholders with knowledge of the health needs, health disparities, and vulnerable populations.

Define Community

As discussed in the introduction, the first step in conducting the CHNA is to define the community. Hospital officials and hospital utilization data were used to define the hospital service areas. The service area included the counties of Jefferson, Burke, Emmanuel, Glascock, Jenkins, Johnson, Richmond and Washington.

Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. Jefferson Hospital set out with great deliberation to create a network of stakeholders that was representative of the population. In order to accomplish this goal, a CHNA Steering Committee was formed for an initial meeting in September 2016. Individuals on this committee were selected because of their community health expertise and their overall knowledge about the well-being of the community, including low income and minority populations.

Members of the CHNA Steering Committee included: CEO, Administrative Manager, Nursing Consultant, Director of Nursing, Medical Staff representative, Hospital Authority representative and other department managers. This group was asked to provide expertise in the proper designation of 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 entire process and led efforts to encourage participation and engagement in the CHNA process. This group of about 10+ individuals was responsible for piloting the survey, recruiting participants for survey completion and focus groups, and providing feedback on collected data.

In December 2016, the committee was 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 in order to improve future assessments. At this meeting, committee members also assisted in the prioritization of identified health needs. This process of stakeholder engagement served as the foundation for the development of the community engagement strategy, and fostered a collaborative approach to community health.

Secondary Data Collection and Analysis

The second step in conducting the CHNA in Jefferson County was to collect secondary data on community health indicators. Online sources for secondary data included County Health Rankings and Georgia Department of Public Health's Online Analytical Statistical Information

System (OASIS). Data were always collected from the most recent year available, 2016 for County Health Rankings and 2014 for OASIS. County data were compared to Georgia state data to identify potential areas for improvement. Detailed summaries of the secondary data sources are 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 standard methods to assess the overall health of nearly every county in the United States. Rankings consider factors that affect people's health within the following 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). More information is available at www.countyhealthrankings.org.

OASIS

The Georgia Department of Public Health manages a system called OASIS (Online Analytical Statistical Information System). Indicators available within OASIS include the following: vital statistics (i.e., births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, hospital discharge, emergency room visit, arboviral surveillance, Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. More information is available at oasis.state.ga.us.

Gather Community Input and Collect Primary Data

The first two steps in the CHNA process informed the collection of primary data. Primary data provided a critical role in filling informational gaps and providing additional data not available through secondary data sources. In addition, the collection of primary data ensured the inclusion of the community's views. Qualitative and quantitative methods were used to collect primary data, which included one focus group and a community survey.

Focus Groups and Key Informant Interview

Two focus groups were conducted to assess the community assets, community resources, additional services needed, perceptions of strengths, challenges, and opportunities for growth. One focus group was conducted with community members external to Jefferson Hospital, and a second focus group was conducted with participants internal to Jefferson Hospital. These two focus groups helped to tap two different perspectives on the issue. Copies of the focus group guides can be found in Appendix A. A complete list of participants is located in Appendix B.

Community Survey

The CHNA team developed a community survey (Appendix C) to examine individual health status, health behaviors, hospital use, and views on overall community health status and needs. General demographic information such as insurance carrier, household income, age, race/ethnicity, and highest level of education was also collected. Community members completed the survey from September 2016 through November 2016. Paper surveys were

distributed to community members through Jefferson Hospital; local Physicians Health Groups in Louisville, Wrens, and Wadley; local Public Libraries in Louisville, Wrens, and Wadley and by visiting local civic organizations and asking them to complete survey. Community members could also complete the survey online. All paper surveys were returned to the University of Georgia for data entry and descriptive analyses. 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 • Ways to improve community health
Health and Health Care Practices	• Perceived health status • Existing health conditions • Preventative health care practices • Barriers to accessing care
Health Habits	• Use of tobacco products • Use of alcohol products • Preventative health behaviors • Fruit and vegetable consumption • Food security • Mental health • BMI
Hospital use	• Hospital use • Reasons for using hospitals other than Jefferson Regional • Hospital services used at Jefferson Regional • Satisfaction with services at Jefferson Regional • Access to physicians at Jefferson Regional • Additional services requested for Jefferson Regional
Demographics	• Age • Sex • Ethnicity/Race • Marital status • Highest level of education • Family size • Household income • Employment status • Insurance coverage • County of residence

Prioritization Strategy

The fourth step in the CHNA process is prioritizing community health needs. Researchers from the University of Georgia triangulated findings from primary and secondary data in order to draw key findings. The CHNA team presented key findings in December 2016. Following the presentation, community stakeholders discussed prioritization of health issues.

Implementation Strategy

The next step in completing the CHNA was 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 will be adopted by the Hospital's governing body within 4 ½ months of the completion of the CHNA.

A diverse team of CHNA Steering committee members was identified to develop the implementation strategy for Jefferson Hospital. The team was composed of Jefferson Hospital Administration, Department Managers and members from the focus groups.

RESULTS

Secondary Data

A community profile for Jefferson County was created using data gathered from a variety of sources. County level indicators were compared to state statistics to provide an initial overview of the community's health status and areas for improvement. Table 2 provides some of the key indicators collected and assessed.

Table 2. Secondary Data Results for Jefferson County

Health Indicator	Jefferson County	Georgia
Diabetes	18%	11%
Premature Age-Adjusted Mortality per 100,000	570	370
Childhood Mortality per 100,000	100	60
Low Birth Weight Babies (%)	12%	9%
Teen Birth rate per 1,000 females aged 15-19	72	42
STD Morbidity N (rate per 100,000)	166 (1,020)	68,774 (681)
Adult Smoking	21%	17%
Adult Obesity	38%	29%
Physical Inactivity	30%	25%
Food insecurity	26%	19%
Poor mental health days (average in the last 30 days)	4.6	4.0
Uninsured	21%	21%
Primary Care Providers (Patient to Provider ratio)	2,720:1	1,540:1
Mental Health Providers (Patient to Provider ratio)	16,270:1	850:1

Table Notes: Data are from 2016 Community Health Rankings and 2014 OASIS

Health Outcomes

The rates of chronic illnesses in Jefferson County are above state levels. For example, the percent of residents with diabetes in Jefferson County (18%) is above the percent in Georgia (11%). Thirty-eight percent of residents in this county are obese, well above the statewide twenty-nine percent. The rate of premature age-adjusted mortality in Jefferson County is higher than the overall state rate, 570 per 100,000 compared to 370 per 100,000. The county child mortality rate is also higher than the state level, 100 per 100,000 compared to 60 per 100,000.

The rate of STD morbidity in Jefferson County is also higher than the state rate. In Jefferson 1,020 residents per 100,000 are affected while 681 per 100,000 are affected statewide. Teen birth rates are also above the state level (72 per 1,000 at the county level and 42 per 1,000 at the state level). Jefferson County experiences drug overdose deaths at over twice the rate at the state level.

Health Care

In 2016, 21% of Jefferson County residents were uninsured, the same percent of those at the state level. The ratio of patients to primary care physicians is higher in Jefferson County compared to the state of Georgia (2,720:1 for Jefferson and 1540:1 for Georgia), and the ratio of patients to mental health providers is stunningly higher in Jefferson County compared to the entire state (16,270:1 for Jefferson and 850:1 for Georgia). Residents of Jefferson County experience 4.6 poor mental health days on average in the last 30 days compared to 4.0 days at the state level.

Leading Causes of Death

Table 3: Leading Causes of Death in Jefferson County

Top 10 Causes of Death in Jefferson County	
1	Motor Vehicle Crashes 12%
2	Ischemic Heart and Vascular Disease 7%
3	Essential (Primary) Hypertension and Hypertensive, Renal, and Heart Disease 6%
4	Suffocation 4%
5	Malignant Neoplasms of Colon, Rectum, and Anus 4%
6	Congenital Malformations, Deformations, and Chromosomal Abnormalities 4%
7	Accidental Poisoning and Exposure to Noxious Substances 3%
8	Cerebrovascular Disease 3%
9	Diabetes Mellitus 3%
10	Malignant Neoplasms of the Trachea, Bronchus, and Lung 3%

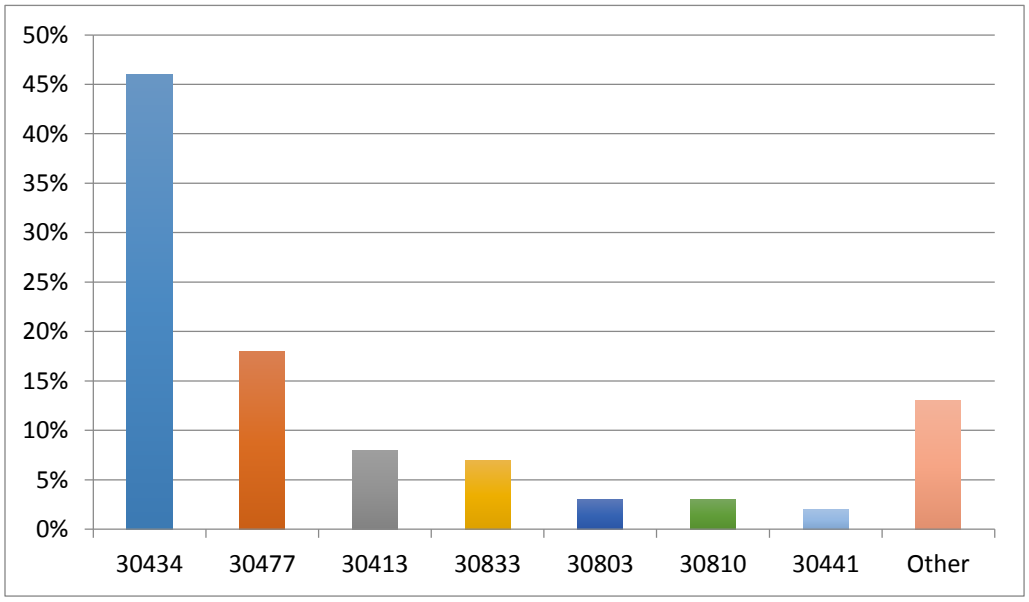
*Data are from 2015 OASIS

Community-Based Survey

The following section presents the results from the community survey.

Survey Demographics

Figure 1. Percent of survey respondents by zip code



Community members completed a total of 286 surveys, either in person or online. The largest percentage of survey respondents resided in the following zip codes: 30434 (46%), 30477 (18%), 30413 (8%), and 30833 (7%). The majority of survey respondents were women (80%). Nearly 57% of survey respondents were married. Of all survey respondents 63% were non-Hispanic White, 33% were Black/African-American, 1% were Hispanic/Latino, and the remaining reported other race/ethnicities.

Respondents were slightly more white, higher educated, and older than the overall population in the hospital service area.

Table 4. County-level comparison of survey respondent demographics and U.S. Census 2015 data

Demographics		Survey Population	Census
Gender	*Female*	80%	51%
Age	*18-64*	66%	59%
	65 or older	34%	18%
Race	*White*	63%	42%
	African American	33%	53%
Education	*Bachelor's degree or higher*	41%	9%

Information Gaps

Based on the respondents' demographics, the survey sample may not have been completely representative of Jefferson Hospital's service area, with a possible skew towards the opinions of women, those with a higher education, Whites, and older individuals.

Community Perception

This section describes community member's perceptions of the most important health problems and ways to improve the health of the community.

Table 5. Top five most important health problems

Health Problem	% of Respondents
Diabetes	46%
Cancer	39%
Heart disease, stroke, heart failure	32%
Overweight, obesity	32%
Aging problems (e.g., arthritis, hearing loss, etc.)	30%

Participants were asked to report the top three most important health problems in their community. Among community members who completed the survey, diabetes was identified most often as one of the most important health problems in the community (46%), followed by cancer (39%), cardiovascular diseases (32%), obesity (32%), and aging related problems (30%). Aside from aging, all of the health problems reported were chronic diseases often linked with modifiable behaviors such as healthy eating and physical activity.

Table 6. Most important things to improve the health of the community

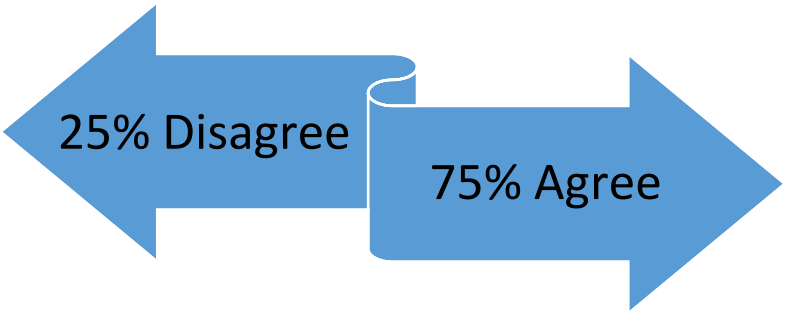
Responses	% of Respondents
Exercise	61%
Eat well	56%
Follow medical advice	43%
Not abuse drugs (illegal and prescription)	25%
Graduate from high school	22%

Participants were asked to report the top three areas that would improve the health of the community. Among community members who completed the survey, exercising was identified most often as one of the areas that would improve health in the community (61%), followed by eating well (56%), following medical advice (43%), not abusing illegal and prescription drugs (25%), and graduating from high school (22%). Participants reporting that exercise and healthy eating were important things to improve the health of the community fit well with many of the top health problems reported by participants.

Table 7. Top areas that would improve health care in the community	
Responses	% of Respondents
Improved access to health care	62%
Services for seniors	50%
Urgent care	40%
Mental health services	35%
Transportation	35%

Participants were asked to report the top three areas that would improve health care in the community. Improved access to health care was identified most often as one of the areas that would improve health care in the community (62%), followed by services for seniors (50%), urgent care (40%), mental health services (35%), and transportation (35%). The desire for increased services for seniors may be related to respondents reporting aging problems as one of the top health problems in the community.

"We have a strong health care system in our community."



Survey respondents were asked the extent to which they believed there was a strong health care system in the community. The majority either agreed (60%) or strongly agreed (16%) that there was a strong health care system in their community.

Personal Health and Health Care

This section describes the health and health care seeking behaviors of the survey respondents. Survey respondents were asked about their overall health status, health care seeking behaviors, barriers to accessing care, and prevention behaviors.

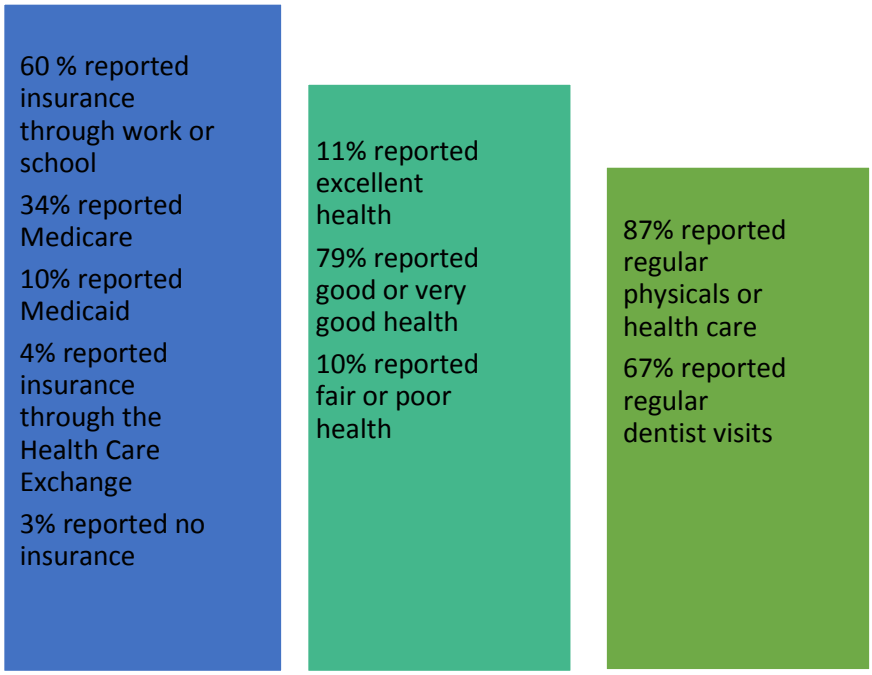


Table 8. BMI categories for survey respondents

BMI Category	% of Respondents
Underweight	1%
Normal	28%
Overweight	32%
Obese	39%

The body mass index (BMI) was calculated for survey respondents who provided height and weight. About 28% of survey respondents were normal weight while almost 71% of respondents were overweight or obese.

Table 9. Where are you most likely to go for care when you or someone in your household is ill?	
Responses	% of Respondents
Physicians Health Groups/other doctor office	89%
Emergency room	26%
Urgent care	4%

When asked about health care facilities, the majority of survey respondents (89%) reported they were most likely to go to a Physicians Health Group office or another doctor office for health care when they, or someone else in their family, were ill. Over a quarter of respondents reported the emergency room as where they were most likely to go for healthcare when sick, which might point towards a need for greater urgent care availability or possibly a need for greater health insurance coverage.

In addition, a quarter of respondents reported there was a time in the past 12 months when they avoided filling a prescription because they could not afford the cost.

Table 10. Top barriers to accessing health care	
Responses	% of Respondents
I have not had any barriers	52%
Work hours	25%
Cannot afford copays or deductibles	21%
No health insurance	12%

Participants reported what barriers, if any, kept them or their household from accessing health care. About half reported no barriers to accessing care. Work hours care was identified most often as a barrier to accessing health care (25%), followed by not being able to afford copays or deductibles (21%), and not having health insurance (12%).

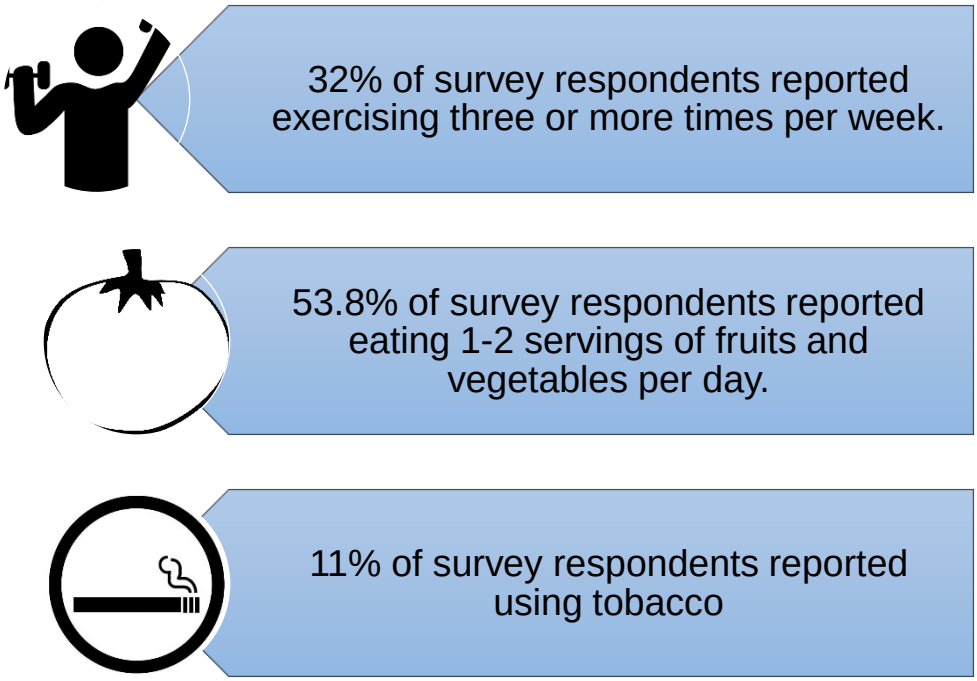
Table 11. Top health conditions experienced by respondents or household members	
Health Problem	% of Respondents
Hypertension	49%
Diabetes	33%
Overweight/obesity	31%
Aging problems (e.g., arthritis, etc.)	30%
Dental problems	17%

When asked about the top health conditions experienced, the top three responses were all chronic diseases. Hypertension was identified most often as a diagnosed condition (49%), followed by diabetes (33%), overweight/obesity (31%), aging problems (30%), and dental problems (17%). These results corroborate some of the greatest health problems experienced by the community. Interestingly, only 31% of the sample reported being diagnosed as overweight or obese even though 71% of the sample reported heights and weights resulting in an overweight or obese

classification. It is possible that increased focused by healthcare providers on overweight and obesity might help address the problem.

Health Behavior Habits

This section describes the health related behaviors reported by survey respondents and includes information on practices such as alcohol consumption, tobacco use, fruit and vegetable consumption, food security, and exercise.



Forty eight percent of respondents reported exercising less that once per week, 20% reported exercising one to two times per week, 24% reported exercising three to four times per week, and 8% reported exercising five or more times per week. Particularly since self-reported physical activity often overestimates true levels of physical activity, these findings point towards a great need for increased physical activity among those who responded.

Only two percent of the sample reported not eating any fruits or vegetables, 60% reported one to two servings, and 32% reported eating three to four servings. Only 7% reported eating the recommended five or more servings of fruits and vegetables per day. Increased fruit and vegetable consumption would likely help the community since many of the reported health problems in the community were conditions like diabetes, heart disease, and obesity.

Eleven percent of survey respondents reported tobacco use. Of those respondents who reported tobacco use, cigarettes/cigars/pipes were the most commonly reported tobacco product used (52%), followed by chewing tobacco (30%).

Forty four percent of the sample reported alcohol use in the last 30 days. Among the men who drank, 7% reported drinking more than the recommended two drinks per day for men. Among

the women who drank, 34% reported drinking more than the recommended one drink per day for women.

Table 12. How often in the past 30 days have you felt, down, depressed, or hopeless	
Frequency	% of Respondents
Never	36%
Rarely	34%
Sometimes	29%
Almost always	2%
Always	0%

Survey respondents were asked how often in the last month they felt down, depressed, or hopeless. A little over one third reported never feeling down, depressed, or hopeless in the past 30 days. Thirty four percent of respondents reported rarely and 29% reported sometimes feeling down, depressed, or hopeless in the last month and nobody reported always feeling down, depressed, or hopeless in the past 30 days. Though depression likely is likely present among some of the respondents, these numbers are less than reported in some other communities. Over half, 55%, of women reported completing monthly breast self-exams.

Hospital Use

This section describes hospital use among community members who completed the survey.

Table 13. Hospital locations used	
Responses	% of Respondents
We haven't been to the hospital in the last 24 months	23%
We used Jefferson Hospital	58%
We used other hospitals	37%

Almost a quarter, 23%, of respondents reported that not using a hospital in the last 24 months. Of the survey respondents who reported hospital use, 58% reported they used Jefferson Hospital and 37% reported using other hospitals.

Table 14. Reasons for using hospital other than Jefferson Hospital	
Reason	% of Respondents
Specialty care	39%
Physician referral	34%
Quality of care	25%
Quality of doctors	18%
Closer, more convenient	13%

Overall, community members completing the survey reported satisfaction with Jefferson Hospital, with 89% of those who used the hospital reported satisfaction with the services received. Among those who used other hospitals, 39% reported doing so for specialty care, 34% due to a physician referral, 25% for the quality of care, 18% for the quality of doctors, and 13% as it was closer or more convenient. Ninety one percent of those who visited Jefferson Hospital reported they were able to get an appointment with a primary care physician when needed. About 14% of respondents requested additional specialty services. Some of the top requested specialty services included increased mental health, cardiology, oncology, and gynecological services.

Focus Groups

Internal Focus Group

Asked what the hospital was doing well, respondents reported that patient care is outstanding, physicians work with patients to get medications they can afford, and there is a continuity of care between the clinic and ER. The department of physical and occupational therapy is very good, as is technology for mammograms. There is great community support and there has been financial commitment from the community as community members realize how important it is to keep hospital open to serve the community.

Asked about what services are needed, respondents reported needing specialty clinics, expanding cardiology and pain management. There are some specialists from other hospitals who see Jefferson Hospital patients, but who do not communicate back to Jefferson Hospital physicians. More space is needed in the Wellness Center. To address the issues of obesity and diabetes, respondents suggested needing a diabetes educator, nutrition and physical activity education could be communicated through classes or "lunch and learns." Partnering with Cooperative Extensive to deliver these was mentioned as an option. There is a great need for mental health services.

In general, there is a need to partnership with others in the community. There is a lack of knowledge about what is going on in the community regarding health, e.g., school-based efforts for childhood obesity. There is a desire to work more closely with the local health department, but there is little interagency work due to lack of staff, work overload, and lack of funding. The communication lines are open, but actual communication is sporadic, at best. A suggestion was made about having a community wide health group to help with an inventory of health activities and improve communication.

External Focus Group

The top health concerns focused by participants of the external focus group were preventive health care, teen pregnancy, obesity, diabetes, drug abuse, mental health, Alzheimer's and cancer. Social determinants of health such as low income, low education, being of a minority race, lack of access to healthy food and lack of transportation contributed strongly to health outcomes. They spoke of community members avoiding going to the hospital because of work concerns, needing prescriptions and not having the money to fill them, and fearing the costs associated with the diagnoses. They expressed needs to educate the community about nutrition, physical activity, and how to use insurance. Mental health needs to be addressed in the community as well.

The strengths of Jefferson Hospital mentioned were its primary care clinics in each of the large towns, beds for overnight stay, the indigent program, radiology, laboratory services, swing bed program, mammograms, ER stabilizing, telemedicine to Augusta, and physical therapy. Suggestions for change were strengthening communication to ensure that the community knows what the hospital is capable of doing and ongoing changes, ambulance backup, increasing specialty care, addressing men's health (particularly addressing cancer), extended hours for the clinics, and customer service (which is currently being addressed). There was an expressed call for community leaders to promote, support, and be advocated of the hospital.

Prioritization Strategy

The results from data collection were presented to the both internal and external groups in December 2016. Three overarching categories in community health needs emerged from the data, and include: preventive care, education, and chronic disease management; education on available health resources, particularly those for lower income families in the community; and teen sexual behavior. The consensus of the group is that there is a need for a health issue work group to be formed in the community (with broad, multi-sector and socio-demographic representation) to spearhead the work to address these needs.

Implementation Strategy

APPENDXES

Appendix A. Focus Group Guides

Jefferson Hospital County Community Health Needs Assessment
External Focus Group Facilitator Guide

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. For community members who have chronic conditions (e.g. diabetes, obesity, heart disease), how well do you think they are managing these health problems?
    - Probe: How to people manage their heart disease, mental health, substance use etc.?
    - What are some of the challenges to managing health problems in your community?

4. What suggestions or recommendations do you have for addressing the health issues you mentioned?
    - What community resources are available to help your community address their health problems?
    - What resources are needed?

5. 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?

6. 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?

7. What additional services, if any, would you like to see provided at Jefferson Hospital?

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

Jefferson Hospital County Community Health Needs Assessment
Internal Focus Group Facilitator Guide

1. How well do you think the hospital is meeting the needs of the community?
    a. What needs to improve?
    b. What additional services are needed?

2. What do you think are the biggest health problems in the community?
    a. How can we as a hospital address these problems?

3. What are some of the complaints you hear about the hospital that you think are justified?
    a. Identify the challenges in addressing these complaints.

4. Why do you think people in the community do not use the hospital?

5. Do you feel the hospital needs to provide specialty services? If so, which ones would be the most used?

7. Why do you think people use other physicians and hospitals rather than the ones provided by Jefferson Hospital?

Appendix B. Focus Group Participants

Internal Focus Group

Mary Sue Rachels
Steve Widener
Jesica Guy
Ashlee Arrington
Mary Margaret Clark
L. Stewart
Amy Howard
Stacy Smith
Cindy Woofe
Angie Headley
Endy Davis
Lizabeth Bryant
Mary Caran
Mat Clark
Jennifer Tanner

External Focus Group

Adam Mestres – Jefferson Co. Adm.
April Parker - YMCA
Caniel Thompson -
Carl Wagster – Ambulance Director
Janet Pilcher – Public Health
Lil Eastern – Chamber of Commerce
Lynette Samuel – East Georgia Cancer Coalition
Lynetter McDowell – Vero Health & Rehab
Parish Howard – News and Farmer
Scott Parker - UMCA
Tim Lumpkin – Battle Lumber Co.
Wendall Stephens - WPEH
William Hadden – City of Wrens
Chester Johnson – Jefferson Co. Ships for Youth
Harold Moore – Mayor of Wadley
Tom Brawn – Priut Health – Old Capitol Inn Nsg Home
Larry Morgan, Mayor Louisvile
Arty Thrift –Wrens City Adm.
Ricky Sapp – Couisville city Adm.
Mitchell McGraw – Jefferson Co. Commissioner Chairman
Dennis Thompson East Georgia Cancer Coalition
David Gunn – Wadley Pharmacist

Appendix C. Community Health Survey

YOUR COMMUNITY

1. In the following list, what do you think are the **three** most important "health problems" in our community?

Check only three:

- ○ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- ○ Alcohol abuse
- ○ Alzheimer's/Dementia
- ○ Asthma
- ○ Cancer
- ○ Child abuse/neglect
- ○ Dental problems
- ○ Diabetes
- ○ Drug abuse (illegal and/or prescription)
- ○ Firearm-related injuries
- ○ Heart disease, stroke, heart failure
- ○ Hypertension/high blood pressure
- ○ HIV/AIDS
- ○ Infectious diseases (e.g., flu, hepatitis, TB, etc.)
- ○ Mental health problems (depression, bipolar disease, anxiety)
- ○ Motor vehicle crash injuries
- ○ Overweight/obesity
- ○ Prenatal and infant health
- ○ Rape/sexual assault
- ○ Respiratory/lung disease (e.g., COPD)
- ○ Sexually transmitted diseases (STDs)
- ○ Suicide
- ○ Teenage Pregnancy
- ○ Other: _____

2. What are the top **three** areas that would improve health care in the community?

   *Check only **three**:*

   - ○ Not abuse alcohol
   - ○ Graduate from high school
   - ○ Exercise
   - ○ Eat well
   - ○ Not abuse drugs (illegal and/or prescription)
   - ○ Follow medical advice (e.g., visits to doctor's offices, taking medication)
   - ○ Get maternity care
   - ○ Get immunizations ("shots" to prevent disease)
   - ○ Not use tobacco
   - ○ Use birth control
   - ○ Use seat belt/child safety seats
   - ○ Be tolerant of everyone regardless of race or ethnicity
   - ○ Have save sex
   - ○ Secure firearms
   - ○ Other: _____

3. What are the top three areas that would improve the health of the community?

   *Check only **three**:*

   - ○ Improved access to health care
   - ○ Services for the disabled
   - ○ Transportation
   - ○ Mental health services
   - ○ Prenatal health care services
   - ○ Bilingual health care providers
   - ○ Hospice
   - ○ Urgent care
   - ○ Services for seniors
   - ○ Other: _____

4. We have a strong health care system in my community. Do you strongly agree, agree, disagree or strongly disagree with that statement?

   - ○ Strongly agree
   - ○ Agree
   - ○ Disagree
   - ○ Strongly disagree

YOU AND YOUR HEALTHCARE

1. Please rate your overall health status.
    - ○ Excellent
    - ○ Very good
    - ○ Good
    - ○ Fair
    - ○ Poor

2. Do you get regular physicals and/or healthcare?
    - ○ Yes
    - ○ No

3. Where are you most likely to go for care when you or someone from your household is ill? *Check **all** that apply.*
    - ○ Physicians Health Group clinics / other doctors office
    - ○ Emergency Room (ER)
    - ○ Urgent care facility
    - ○ Health department
    - ○ I do not go to one specific place regularly

4. What type of health insurance do you have? *Check **all** that apply.*
    - ○ Medicaid
    - ○ Medicare
    - ○ Managed Medicaid (Wellcare, AmeriGroup, PeachCare)
    - ○ Health care exchange (Affordable Care Act)
    - ○ Insurance through school or work
    - ○ I do not have health insurance

5. Was there a time in the past 12 months, when you avoided filling a prescription because you couldn't afford to do so?
    - ○ Yes
    - ○ No

6. What barriers, if any, keep you or other people in your household from accessing health care? *Check **all** that apply.*
    - ○ Transportation
    - ○ Work hours
    - ○ School demands
    - ○ No health insurance
    - ○ Medical provider will not take my health insurance
    - ○ Cannot afford co-pays or deductibles
    - ○ Cannot get a timely appointment
    - ○ Childcare issues

- ○ Caregiver issues
- ○ Undocumented status
- ○ Other: _____
- ○ I have not had any barriers to accessing healthcare

7. Has a healthcare provider ever told you or someone else in your household that you have any of the following conditions?
   *Check **all** that apply.*

- ○ Aging problems (e.g., arthritis, hearing/vision loss, etc.)
- ○ Alcohol abuse
- ○ Alzheimer's/Dementia
- ○ Asthma
- ○ Cancer
- ○ Dental problems
- ○ Diabetes
- ○ Drug abuse (illegal and/or prescription)
- ○ Heart disease, stroke, heart failure
- ○ Hypertension/high blood pressure
- ○ HIV/AIDS
- ○ Infectious diseases (e.g., flu, hepatitis, TB, etc.)
- ○ Mental health problems (depression, bipolar disease, anxiety)
- ○ Overweight/obesity
- ○ Respiratory/lung disease (e.g., COPD)
- ○ Sexually transmitted diseases (STDs)
- ○ Other: _____

8. Do you see a dentist regularly (at least twice a year)?
   - ○ Yes
   - ○ No

YOU AND YOUR HEALTH HABITS

1. How often do you exercise?
   - ○ Not at all
   - ○ Occasionally
   - ○ 1-2 times each week
   - ○ 3-4 times each week
   - ○ 5 or more times each week
2. Do you use tobacco products?
   - ○ Yes → (3)
   - ○ No ↓

3. Which tobacco products do you use?
   *Check **all** that apply.*
   - ○ Cigarettes/cigars/pipe
   - ○ E cigarettes
   - ○ Chew tobacco
   - ○ Dipping tobacco
   - ○ Dissolvable tobacco

4. During the last 30 days, did you have at least one drink of any alcoholic beverage? *One drink = one can of beer, one glass of wine, bottle of wine cooler, one cocktail, or one shot of liquor.*
    - ○ Yes
    - ○ No

5. On the days you drank alcohol, about how many drinks did you have on average?
    - ○ 1 drink
    - ○ 2-3 drinks
    - ○ 4-5 drinks
    - ○ 6 or more drinks

6. How often do you buckle your seat belt when you are driving or riding in a car?
    - ○ Never
    - ○ Rarely
    - ○ Sometimes
    - ○ Almost always
    - ○ Always
7. How often, in the past 30 days, have you felt down, depressed, or hopeless?
    - ○ Never
    - ○ Rarely
    - ○ Sometimes
    - ○ Almost always
    - ○ Always
8. How many servings of fruits and vegetables do you eat each day? (1 serving = ½ cup cooked vegetables, 1 cup salad, 1 piece fruit, ¾ cup 100% fruit juice).
    - ○ 0
    - ○ 1-2
    - ○ 3-4
    - ○ 5 or more
9. How tall are you? _____ feet _____ inches

    How much do you weigh? _____ pounds
10. Have you or your family not eaten when you were hungry or skipped a meal because there was not enough money to buy food?
    - ○ Yes
    - ○ No
11. Where do you get food for your household? *Check **all** that apply.*
    - ○ Grocery Store
    - ○ Farmers market
    - ○ Home garden
    - ○ Food bank/Pantry
    - ○ Fast food restaurant
    - ○ Gas stations/convenience stores
    - ○ Church/community organization
    - ○ Other (Please specify): _____

12. For you, what are the main problems, if any, in getting the foods you need? *Check **all** that apply.*
    - ○ Cost of food
    - ○ Quality of food
    - ○ Time for shopping
    - ○ Distance to the store
    - ○ Other (Please specify): _____
    - ○ I don't have any problems getting food I need.

WOMEN ONLY:

13. Do you do a monthly breast self-exam?
    - ○ Yes
    - ○ No

YOUR HOSPITAL USE

1. Which of the following hospitals have you or anyone in your household visited in the last two years? *Check **all** that apply*
    - ○ We haven't been to the hospital in the last 24 months.
    - ○ We used **Jefferson Hospital**
    - ○ We used other hospital(s). Please list the city or cities where the hospital(s) was located.

       _____

2. Why did you use other hospitals?
    - ○ Physician referral
    - ○ Closer, more convenient
    - ○ Health insurance
    - ○ Quality of care
    - ○ Quality of doctors
    - ○ Quality of nursing staff
    - ○ Availability of specialty care
    - ○ Other (Please specify):
    - • _____

3. If you went to **Jefferson Hospital** in the last two years**,** what hospital services were used? *Check **all** that apply.*

   General Services
    - ○ Respiratory
    - ○ Emergency Room (ER)
    - ○ Physical and Occupational Therapy (PT, OT, Speech Therapy)
    - ○ Prenatal Clinic
    - ○ General and Outpatient Surgery
    - ○ Radiology (i.e., x-rays, CT, MRI, Ultrasound)
    - ○ Inpatient Care
    - ○ Swingbed Care
    - ○ Laboratory
    - ○ Food Services

Prevention/Wellness

- ○ Physical, Speech, and Occupational Therapy
- ○ Pulmonary Rehabilitation
- ○ Wellness Center
- ○ Diabetic Education Classes
- ○ Smoking Cessation Classes

Specialty Services

- ○ Pain Management Clinic
- ○ Cardiology
- ○ Sleep Disorders (Sleep Study)
- ○ Other Services Used at Jefferson Hospital (Please specify): _____
- ○ Don't Know / Can't Remember
- ○ I did not go to Jefferson Hospital

4. Were you or someone else in your household satisfied with the services you received at **Jefferson Hospital**?
   - ○ Yes
   - ○ No
5. Have you or someone else in your household been to a primary care (family) practitioner in **Jefferson Hospital** or **Physicians Health Group Clinics** in the last two years?
   - ○ Yes
   - ○ No
6. Are you able to get an appointment with the primary care (family) doctor or physician assistant or nurse practitioner at **Jefferson Hospital** or **Physicians Health Group Clinics** when you need one?
   - ○ Yes
   - ○ No

7. What other services or programs would you like to see offered at **Jefferson Hospital**?

Answer: _____

8. Over the past 2 years have you attended a Jefferson Hospital sponsored Health Fair?
   - O Yes
   - O No
9. Over the past 2 years have you been a patient at Jefferson Hospital Emergency Room?
   - ○ Yes
   - ○ No
10. Were you satisfied with the care provided by the Physician / Physician Assistant?
    - ○ Yes
    - ○ No
11. Were you satisfied with the care provided by the Nursing Staff?
    - ○ Yes
    - ○ No

ABOUT YOU

1. What is your gender?
   - ○ Male
   - ○ Female

2. How old are you? _____ years

3. What is your ethnicity/race?
   - ○ White, Non-Hispanic
   - ○ Black/African-American
   - ○ Hispanic/Latino
   - ○ Asian/Pacific Islander
   - ○ American Indian/Alaskan Native
   - ○ Other: _____

4. What is your marital status?
   - ○ Single/Never married
   - ○ Married
   - ○ In a relationship/Living together
   - ○ Separated
   - ○ Divorced
   - ○ Widowed

5. What is the number of people in each age group who live in your household? Include yourself.

Age range	**Number in household**
0-5 years	
6-12 years	
13-17 years	
18-65 years	
65+ years	

6. What is your highest level of education?
   - ○ Less than High School
   - ○ High School *or* GED
   - ○ Technical School/Associates Degree (2 years)
   - ○ Some College
   - ○ College graduate
   - ○ Advanced degree (masters, doctorate, MD, JD)

7. What best describes your current employment status? *Check **all** that apply.*
   - ○ Employed, full-time
   - ○ Employed, part-time
   - ○ Going to school
   - ○ Working in the home/homemaker
   - ○ Retired
   - ○ Self-employed
   - ○ Unemployed

8. What is your yearly household income?
   - ○ Under $15,000
   - ○ $15,000 to $34,999
   - ○ $35,000 to $54,999
   - ○ $55,000 to $74,999
   - ○ $75,000 to $100,000
   - ○ Over $100,000

9. What benefits are you receiving? *Check **all** that apply.*
   - ○ TANF (Temporary Assistance for Needy Families)
   - ○ SSI (Supplemental Security Income)
   - ○ Food stamps/SNAP
   - ○ Disability insurance
   - ○ Medicare
   - ○ Medicaid
   - ○ Childcare assistance
   - ○ WIC
   - ○ Unemployment
   - ○ No benefits

10. What is the zip code where you live most of the time?

- ○ 30401
- ○ 30413
- ○ 30434
- ○ 30441
- ○ 30442
- ○ 30477
- ○ 30803
- ○ 30810
- ○ 30815
- ○ 30816
- ○ 30818
- ○ 30823
- ○ 30830
- ○ 30833
- ○ 30909
- ○ 31018
- ○ 31049
- ○ 31082
- ○ 31094
- ○ Other: _____

Thank you for completing the survey!