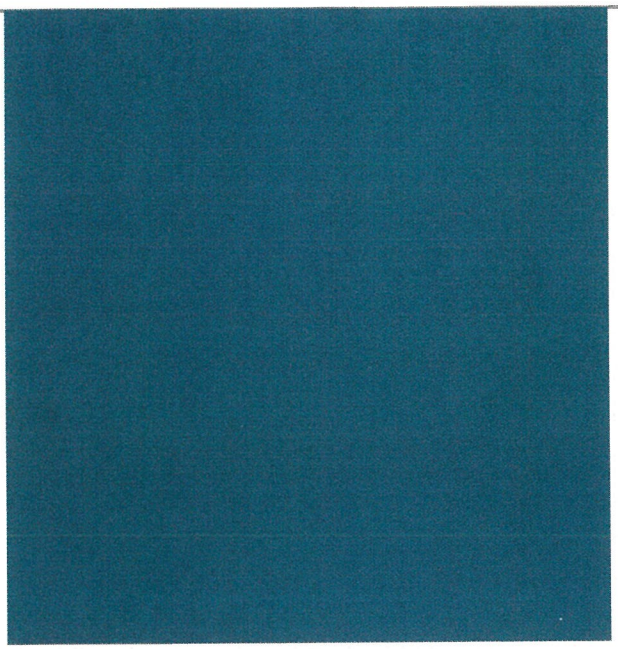

Community Health Needs Assessment

Taylor Regional Hospital

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Executive Summary

Introduction: Under the Affordable Care Act, nonprofit hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years. The steps to conducting a community health needs assessment include: define community, collect secondary data on community health, gather community input and collect primary data, prioritize community health needs, and implement strategies to address community health needs. In 2015, Taylor Regional Hospital partnered with the University of Georgia's Archway Partnership and College of Public Health to conduct its 2016 CHNA. This report includes a background on the hospital, the data collection process for conducting the CHNA, and key findings from the CHNA.

Methodology: In order 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 collaborative 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 complete the CHNA. The CHNA team followed the five-step process in completing the CHNA. The community, or service area, identified for Taylor Regional Hospital included Pulaski County, Wilcox County, Bleckley County, and Dooly County. After defining the community, primary and secondary data was collected by the CHNA team. The CHNA team pulled county level data for the four counties within the identified service area. Sources for secondary data included the Georgia County Health Rankings, U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and the Annie E. Casey Foundation Kids Count data. Secondary data was exported into Excel for county level and state level comparisons. Summaries were created for each county which generated a county health profile and compared health outcomes to other counties, Georgia, and national statistics in order to identify potential areas for improvement.

Following the collection of secondary data, the CHNA team collected primary data from community members. Three focus groups were conducted in Hawkinsville, Georgia with 22

community stakeholders who varied in expertise and represented diverse community views. There was one key informant interview conducted by phone. All focus groups and the key informant interview were recorded and transcribed by the CHNA team. The CHNA team summarized the responses from the focus groups and the interview and identified key themes. In addition to qualitative data collection, the CHNA team 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 Pulaski County and was also available online. Survey results were analyzed to produce descriptives and crosstabs were run to examine relationships between selected demographics and health outcomes

Results: By triangulating findings across data sources, the CHNA team created a community health profile for the service area of the hospital. 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 identified a number of chronic conditions like cancer, heart disease, and diabetes as major health problems identified by the community. Community members also expressed the need for lifestyle changes, and improved access to care. Community members requested a number of additional services for Taylor Regional Hospital, most often requesting mental health services, urgent 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 February 2016. Four overarching categories in community health needs emerged from the data, and include: preventive care, education, and chronic disease management; education on available resources; mental health services; and teen sexual behavior and STDs. Community stakeholders prioritized these health issues in order to develop strategies to address the significant health needs identified 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 Taylor Regional Hospital. This group will engage community members in the development of and the execution of the implementation strategy.

INTRODUCTION

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) was written in order 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. 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

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

Taylor Regional Hospital

Taylor Regional Hospital, an acute care facility, is a private, not-for-profit facility governed by a self-perpetuating Board of Trustees. Chartered in 1936, Taylor Regional Hospital began in downtown Hawkinsville with only a handful of physicians and was the only hospital south of Macon. In 1977 the hospital moved to its present 90-acre campus north of town, paving the way for growth and expansion. In 1994, construction was completed on a 14,000 square foot outpatient surgery and ancillary center. In 1998 Taylor Health Care Group was formed. Comprised of Taylor Regional and Bleckley Memorial Hospitals, and including a home health agency and durable medical equipment company, along with outreach clinics in Cochran, Vienna, Kathleen, Eastman, Rochelle, and Unadilla. In 2014 Taylor Health Care Group continued its commitment to our community with the acquisition of Pinewood Manor Nursing Home. This acquisition positions us to provide quality health care services to our community throughout the entire healthcare continuum.

Taylor Regional Hospital also includes the Dan S. Maddock Cancer Treatment Center, a $3 million, state-of-the-art radiation and medical oncology center on the hospital campus and the

Taylor Rehabilitation & Wellness Center, which offers outpatient physical therapy, and a comprehensive fitness; wellness program to members. A telemedicine program links the facility to larger, metropolitan hospitals, thus enabling patients to receive necessary specialty care without having to leave the area. As a member of most PPO and HMOs, Taylor Regional has over 30 managed care contracts. Health care services are also provided for area prisons through a correctional medicine program.

Today, the hospital boasts an annual gross revenue of over $69,000,000, and employs nearly 500, with an annual payroll exceeding $20,000,000. Taylor Health Care Group reaches a patient base of over 170,000 and provides patients with access to over 94 credentialed physicians representing twenty-five major specialties.

The hospital has also received awards for Outstanding Hospital of the Year from Georgia Alliance of Community Hospitals, Outstanding Rural Health Program of the Year from Georgia Rural Health Association, the Circle of Hope Award from the American Cancer Society, and has been named Hospital of the Year by GACH.

Mission

The mission of Taylor Regional Hospital is to ensure access to superior quality integrated health care for our community and surrounding service areas in a fiscally responsible manner. Through the creation of a supportive team environment for patients, employees, and clinical staff, the hospital seeks to foster an atmosphere of perpetual self-evaluation for the purpose of continual improvement in the areas of patient safety, quality of care, and patient satisfaction.

The mission of Taylor Regional is accomplished through adherence to the following guiding principles:

- Meet and exceed patient, physician, employee, payer and public expectations through continuous improvement and innovation.
- Provide an environment of trust and respect which enables physicians and employees to realize their full potential as individuals and members of the health care team.
- Work in partnership with our physicians and employees to provide excellence in facilities, technology and services to best serve the needs of our patients, physicians, employees, payers and the public.

- Anticipate and meet the financial requirements necessary to ensure a fiscally viable future.
- Strive to be a responsible member of the communities we serve and to work cooperatively with other health care organizations to reduce unnecessary duplication of capital expenditures and services.

Taylor Regional Hospital provides healthcare services to meet the needs and expectations of our customers through a commitment to continuous improvement and innovation. The hospital continues to be a patient-centered, integrated health care provider which will consistently provide a better experience for patients, employees, physicians, and payers and thus become their health care provider of choice.

Vision

The vision of Taylor Regional Hospital is to be a premier regional hospital, recognized by patients and staff for excellence and compassion in service and care.

Goals

Taylor Regional Hospital's goals are to practice CARE values when delivering treatment and services to their patients:

- Consistency and Continuous Improvement
- Attention to Details
- Respect for Others
- Excellence in Medical Care and Service

METHODOLOGY

In July 2015, a CHNA team was formed through the University of Georgia's Archway Partnership to complete the 2015-2016 CHNA for Taylor Regional Hospital in Hawkinsville, Georgia. The CHNA team consisted of researchers from the departments of Health Promotion and Behavior, Health Policy and Management, graduate students from the College of Public Health, and the Public Service Office faculty member from Pulaski County who served as the community liaison. In addition to extensive 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.

Stakeholder Engagement

An important component of the CHNA process is stakeholder engagement. Taylor Regional 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, 2015. 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: members of hospital administration, the hospital marketing director, the health department director, a member of the hospital Board of Directors, local government representative and Family Connection coordinator for Pulaski County. 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.

In October, 2015, 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 in print and online. Members of this committee were identified by recommendation of the Steering Committee, by participation in previous Archway Partnership health activities, or a prior expressed interest in health. This group of about 30 individuals was responsible for piloting the survey, recruiting participants for survey completion and focus groups, and providing feedback on collected data.

In February, 2016, 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 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.

Define Community

As discussed in the introduction, the first step in conducting the CHNA is to define the community. The community for this particular CHNA was defined around the service delivery area for Taylor Regional Hospital. Hospital officials, community members, and hospital utilization data were used to define the hospital service areas, which include the following Georgia counties: Pulaski, Wilcox, Bleckley, and Dooly.

Secondary Data Collection and Analysis

The second 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 Taylor Regional and included the following counties. Online sources for secondary data included County Health Rankings, U.S. Census Bureau, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS), and Kids Count. All secondary data was exported and stored in Excel. Key indicators extracted from secondary data sources were organized into the following categories: demographics, health outcomes, health behaviors, health care, Kids Count data, clinical care, and OASIS. When available, data was pulled from two data points within a five year span (e.g. 2009 and 2013) in order to identify trends over time. The most recent year for available data was always the first data collection point. It is worth noting that the most recent year for data differed across data sources. For example, 2014 was the most recent year for data available in OASIS. However, 2013 was most recent year for data available from Kids Count. County level data was compared across the three counties and to Georgia and national level statistics. Summaries were created for each county which generated a county health profile and compared health outcomes to other counties, Georgia, and national statistics in order to identify potential areas for improvement. A detailed summary of the secondary data sources is 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. 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.

Georgia Department of Public Health

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 (births, deaths, infant deaths, fetal deaths, and induced terminations), Georgia Comprehensive Cancer Registry, Hospital Discharge, Emergency Room Visit, Arboviral Surveillance, Risk Behavior Surveys (Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance Survey (BRFSS), STD, and population data. For more information, go to http://oasis.state.ga.us.

Kids Count Data Center

Kids Count Data Center is managed and funded by the Annie E. Casey Foundation. This foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the U.S. The Kids Count Data Center receives data from a nationwide network of grantee projects. They collect data on, and advocate for, the wellbeing of children at the state and local levels. For more information, go to www.datacenter.kidscount.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 includes 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 informed by the first two steps in the CHNA process. Primary data provided a critical role in filling informational gaps and providing additional data not available through secondary data sources. Qualitative and quantitative methods were use to collect primary data, which included three focus groups, one key informant interview, and a community survey.

Focus Groups and Key Informant Interview: In December 2015, the CHNA team from UGA facilitated three focus groups in Hawkinsville, Georgia. A semi-structured focus group guide was developed to examine community assets, community resources, and additional services needed to address community health problems (Appendix A). The Archway Partnership PSO for Pulaski County identified and recruited community members to participate in the focus groups. Focus groups participants represented a variety of community stakeholders and included pharmacists, business owners, clergy, elementary school and middle school staff, high school and college students, and retirees. A total of 22 community members participated in the three focus groups. There were two focus groups with eight participants and one focus group with six participants. The focus groups lasted approximately one hour and were conducted at Pulaski County Middle School and the Pulaski County Annex. An additional key informant interview was conducted by phone. Focus groups and the key informant interview were recorded and transcribed verbatim by researchers at the University of Georgia. The CHNA team summarized the responses from the focus groups and the interview and identified key themes.

All participants signed an informed consent form (Appendix B). A complete list of participants is located in 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 insurance carrier, household income, age, race/ethnicity, and highest level of education was also collected.

The survey was finalized through a collaborative process that included feedback from the Taylor Regional advisory board. Community members completed the survey from October 2015

through January 2016. Paper surveys were distributed to community members through civic groups, churches, health departments, and physicians' offices. All paper surveys were returned to the University of Georgia for data entry and analysis. Survey results were analyzed to produce descriptives and crosstabs were run to examine relationships between selected demographics and health outcomes. 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 Taylor Regional • Hospital services used at Taylor Regional • Satisfaction with services at Taylor Regional • Access to physicians at Taylor Regional • Additional Services requested for Taylor 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 March 2016 at the Community Engagement Meeting in Hawkinsville, Georgia. Following the presentation, community stakeholders at the meeting participated in an exercise to prioritize health issues. Based on the CHNA results, four overarching categories were identified and listed on a flip chart. Participants reviewed and edited the four categories to ensure they best represented the CHNA findings.. Participants voted by placing stickers under the category they perceived to be most important to the community and most feasible to address or easily modifiable. After participants completed this exercise, the stickers for each category were counted and used to rank the prioritized areas.

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 (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, Taylor Regional Hospital 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.

A diverse team of CHNA Steering committee members was identified to develop the implementation strategy for Taylor Regional Hospital. The team was composed of the hospital's Director of Nursing, the hospital's Public Relations and Marketing Director, and the Archway PSO faculty. This group will engage community members in the development of and the execution of the implementation strategy. This exceeded the current ACA requirements, but supported the goals of greater transparency and greater community involvement in the process expressed in the CHNA requirements.

RESULTS

Results: Secondary Data

Data gathered from a variety of sources were used to create community profiles for each county, and then compared to state and national statistics. Table 2 provides some of the key indicators collected and assessed. Each county is included in the table, as well as the state-level indicators. Health disparities between county and state level data are evident in many of these indicators. While half of the selected county level indicators were similar to the overall indicators at the state level, the remaining indicators, including diabetes, premature age-adjusted mortality, adult smoking, obesity, teen births, uninsured adults, and primary care providers were slightly, and in some cases, moderately higher than Georgia. In addition, the results revealed cases where specific counties had notably worse outcomes in comparison to neighboring counties and Georgia (e.g., the number of teen births in Wilcox, and the patient-provider ratio in Wilcox and Bleckley). These results were used to understand cross-county variation and guide primary data collection needs.

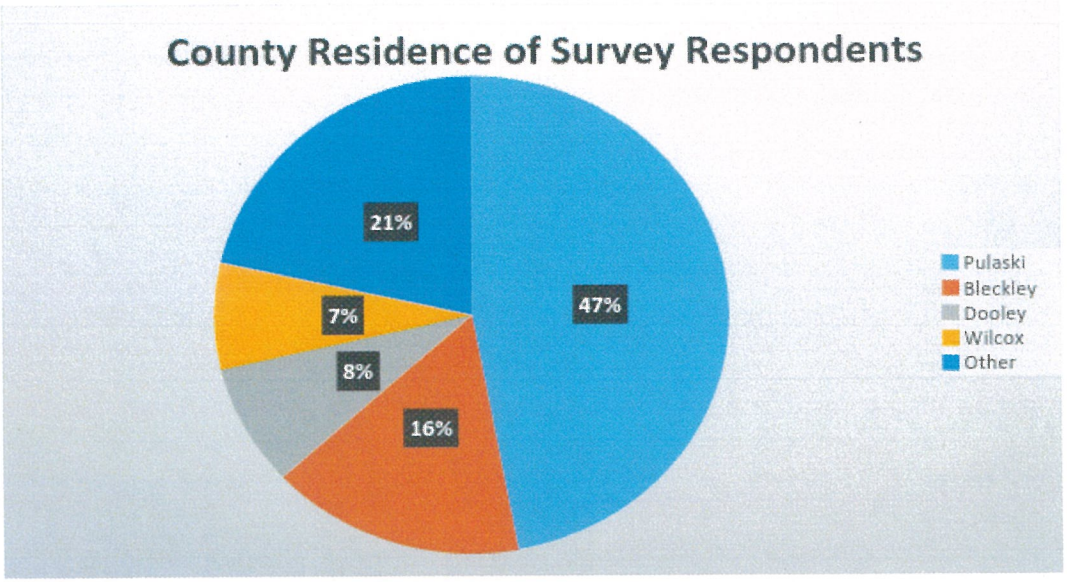
Table 2. Secondary Data Results

	Dooly	Pulaski	Wilcox	Bleckley	Georgia	Source
Diabetes	13%	13%	12%	12%	10%	2014 County Health Rankings
Premature Age-Adjusted Mortality	-	17%	-	20%	18%	2014 County Health Rankings
Adult Smoking	-	17%	-	20%	18%	2014 County Health Rankings
Obesity	32%	31%	32%	30%	28%	2014 County Health Rankings
Physical Inactivity	29%	31%	32%	29%	25%	2014 County Health Rankings
Low birth weight babies (Number and percent)	11 (9.2%)	14 (14.9%)	11 (10.6%)	6 (4.6%)	12,158 (9.5%)	2013 Kids Count
Teen births, Ages 15-19 (Number and Rate per 1,000)	12 (34.8)	11 (34.6)	21 (92.5)	8 (11.8)	10,251 (30.3)	2013 Kids Count Data
STDs (Morbidity and Rate)	77 (538)	70 (606)	41 (457.6)	84 (657)	62,398 (624)	2013 Oasis
Uninsured adults	29%	25%	22%	22%	27%	2014 County Health Rankings
Uninsured children	11%	10%	-	9%	10%	2014 County Health Rankings
Poor mental health days	3.0	4.8	3.3	2.9	3.4	2014 County Health Rankings
Primary Care Providers	14,587: 1	1,174:1	4,534:1	2,658:1	1,598:1	2014 County Health Rankings

Results: Community-Based Survey

The following section presents the results from the community survey.

Survey Demographics



Gender	76.6% of respondents were women
Age	45.7% of respondents were 55 and older
Race/Ethnicity	71% of respondents were White
Highest level of Educational Attainment	93.6% completed high school or GED

Community members completed a total of 339 surveys, either in person or online. The largest portion of community members completing the survey resided in Pulaski County (47%), followed by Bleckley (16%), Dooly (8%), and Wilcox (7%). Other counties included Chatham, Crisp, Houston, Jones, Laurens, Macon, Sumter, Twiggs, Wilkinson, Dodge, Peach, Telfair, and Bibb. There were 65 total respondents from the aforementioned "other" counties. Women made up the majority of survey respondents (76.6%). The majority of community members who completed the survey were also White (71%), followed by African American (27.4%), which is representative of US Census data for the area surrounding Taylor Regional. The highest level of education attained by survey respondents was slightly higher than the census data for the surrounding area. The majority (93.6%) of respondents completed high school or GED equivalent and 24.6% were college graduates. Forty four percent of respondents had an annual household income of $55,000 or more. Nearly 67% of survey respondents were 45 years old or older, with approximately 25% of all respondents 65 years or older. Only three percent of community members who completed the survey were between the ages of 18 and 24.

Table 3. County level comparison of survey respondent demographics and U.S. Census 2014 data

	Pulaski (n = 148)		Bleckley (n =51)		Dooly (n = 25)		Wilcox (n = 22)	
	Survey	**Census**	**Survey**	**Census**	**Survey**	**Census**	**Survey**	**Census**
Gender (% Female)	73%	57%	78%	52%	80%	46%	79%	41%
Age (% 65 and older)	19%	19%	27%	17%	48%	16%	24%	16%
Race	65% White 30% African American	66% White 32% African American	82% White 18% African American	71% White 27% African American	56% White 44% African American	48% White 51% African American	76% White 23% African American	62% White 36% African American
Education (% Bachelor's degree or higher)	46%	10%	40%	15%	12%	10%	30%	9%

*The n listed for each county reflects the overall number of survey respondents for each county. Not all respondents answered each demographic question. Therefore, the specific n for each demographic varies.

For each county within the Taylor Regional service area, a larger percentage of women, as well as, a larger percentage of community members with a bachelor's degree or higher completed the survey, in comparison to 2014 U.S. Census data. In addition, for Bleckley County, Wilcox County, and Dooly County there were slightly more respondents who were ages 65 and older, in comparison to the U.S. Census data. The race/ethnicity of the survey respondents from each service area, on the other hand, is representative of the U.S. data for each county.

Information Gaps

Based on the demographics of community members who completed the survey, the findings may be slightly skewed to reflect female respondents and those community members of higher levels of education.

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 4. Top Five Most Important Health Problems	
Health Problem	% of Respondents
Cancer	49.0%
Diabetes	33.1%
Drug Abuse	27.4%
Heart Disease	25.2%
Overweight/Obesity	24.6%

Among community members who completed the survey, cancer was identified as the most important health problem in the community (49%), followed by diabetes (33.1%), drug abuse (27.4%), heart disease (25.2%), and overweight/obesity (24.6%).

Table 5. Five most important things to improve the health of community	
Responses	% of Respondents
Exercise	51.8%
Eat well	43.9%
Follow Medical Advice	34.8%
Not abuse drugs (illegal or prescription)	34.5%
Graduate from high school	29.4%

Community members were asked to select the three most important things that people could do to improve the health of the community. Survey respondents often selected more than three items and all responses were included in this analysis. Over half of survey respondents (51.8%)

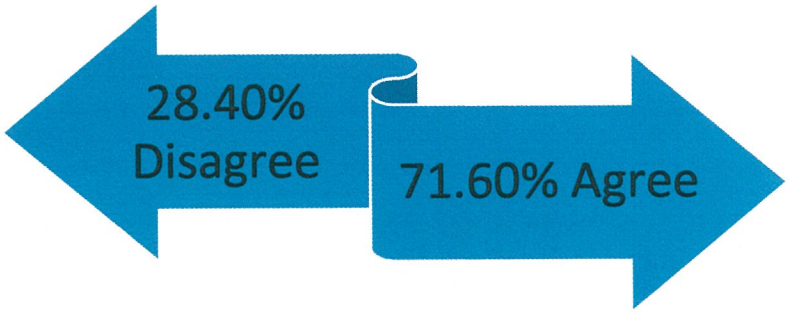
reported that exercising was one of the most important things that people could do to improve the health of the community, followed by eating well (43.9%). Following medical advice (34.8%), not abusing illegal or prescription drugs (34.5%), and graduating from high school were also among the top practices reported that would improve the health of the community.

Table 6. Top areas that would improve health of community

Responses	% of Respondents
Improved access to health care	64.4%
Mental health services	46.7%
Urgent Care	44.8%
Services for seniors	37.9%
Services for the disabled	36.3%

Community members were also asked about the top areas that would improve the health of the community. Similarly, respondents often selected more than three responses to this question. All responses were included in the analysis. The majority of respondents (64.4%) reported that improving health care was a top area that would improve the health of the community. Community members who completed the survey also reported mental health services (46.7%), urgent care (44.80%), services for seniors (37.9%), and services for the disabled (36.3%).

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



Survey respondents were also asked the extent to which they believed there was a strong health care system in the community. The majority of the respondents either agreed or strongly agreed 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.

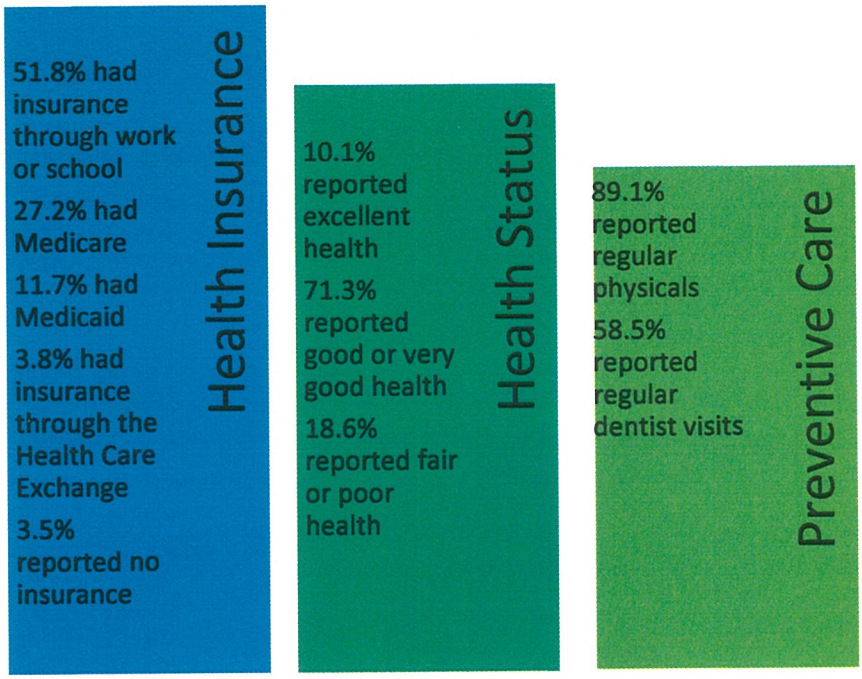


Table 7. Where are you most likely to go for care when you or someone in your household is ill?	
Responses	% of Respondents
My doctor's office	86.9%
Emergency Room	37.3%
Urgent Care Facility	23.9%

When asked about health care facilities, the majority of survey respondents (86.9%) reported that they are most likely to go to their doctor's office for health care when they, or someone else in their family, are ill. Over one-third of respondents also reported going to the emergency room and nearly a quarter reported going to an urgent care facility.

Table 8. Top barriers to accessing health care	
Responses	% of Respondents
I have not had any barriers	47%
Work hours	23%
Cannot afford copays or deductibles	20.1%
No health insurance	14.4%
Cannot get a timely appointment	14.1%

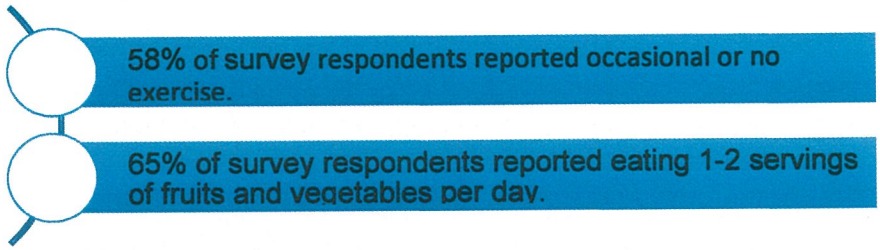
Among community members who completed the survey, 47% reported that they had no barriers to accessing care. Survey respondents most often reported work hours as a barrier to accessing care. The cost of copays or deductibles was also reported frequently, followed by not having health insurance and not being able to get a timely appointment.

Table 9. Top health conditions experienced by respondents or household members	
Health Problem	% of Respondents
High blood pressure	60.50%
Diabetes	39.50%
Overweight/Obesity	33.10%
Mental Health Problems (depression, bipolar disease, anxiety)	19.2%
Heart Disease	17.4%

Survey respondents most often reported that they or other members in their families were diagnosed with chronic diseases. Chronic diseases experienced by survey responses were also reflected in the top most important health problems reported earlier in the survey. For example, 60% of respondents reported that either they or someone else in their household had high blood pressure, nearly 40% reported diabetes, and 33% reported overweight and obesity. Mental health problems were also among the top health issues experienced, as reported by 19% of respondents. Approximately 17% reported heart disease.

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.



Despite, 51% of respondents listing exercise as one of the most important things to improve the health of the community, 13.3% of community members who completed the survey reported no exercise at all and 44.8% reported occasional exercise. Nearly 19% reported exercising 1-2 times per week, 17.6% reported exercising 3-4 times per week, and 5.6% reported exercising 5 or more times per week.

As mentioned earlier, 43.9% of survey respondents reported eating well as one of the most important things to improve the health of the community. However, nearly 65% of respondents reported eating 1-2 servings of fruits and vegetables per day. Nearly 25% reported eating 3-4 servings per day and 5% reported 0 servings per day. Only 5.3% reported eating 5 or more servings of fruits and vegetables per day as recommended. Respondents ages 65 and older, with an annual household income of $15,000-$34,000, and whose highest level of education was high school or GED were significantly more likely to report eating 1-2 servings of fruits and vegetables per day.

18% of survey respondents reported tobacco use

Of the community members who completed the survey, 17.9% (n = 58) reported tobacco use. African Americans and individuals between the ages of 35 and 44 were significantly more likely to report tobacco use. Cigarettes/cigars/pipes and chew tobacco were the top tobacco products, used by 82.1% and 14.3% of tobacco users, respectively.

Table 10. How often in the past 30 days have you felt, down, depressed, or hopeless (N = 320)

Frequency	%
Never	31.90%
Rarely	31.90%
Sometimes	31.60%
Almost always	4.10%
Always	0.60%

Survey respondents were asked how often in the last month did they feel down, depressed, or hopeless. Of those that responded to this question, approximately one third reported never, rarely, or sometimes feeling depressed in the last month. Less than 5% reported almost always feeling depressed in the last month and less than 1% reported always feeling depressed in the last month.

Fifty six percent of women who completed the survey (n = 137) responded completing monthly breast exams.

Hospital Use

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

Table 11. Hospital locations used (n = 257)	
Responses	%
We only used Taylor Regional.	34.20%
We used Taylor Regional and other hospitals	47.50%
We did not use Taylor Regional. We only used other hospitals.	18.30%

Seventy four percent of respondents (n=234) reported using a hospital in the last 24 months. Of the survey respondents who reported hospital use, almost 50% reported that they used Taylor Regional along with other hospitals, while 34% reported that they only used Taylor Regional.

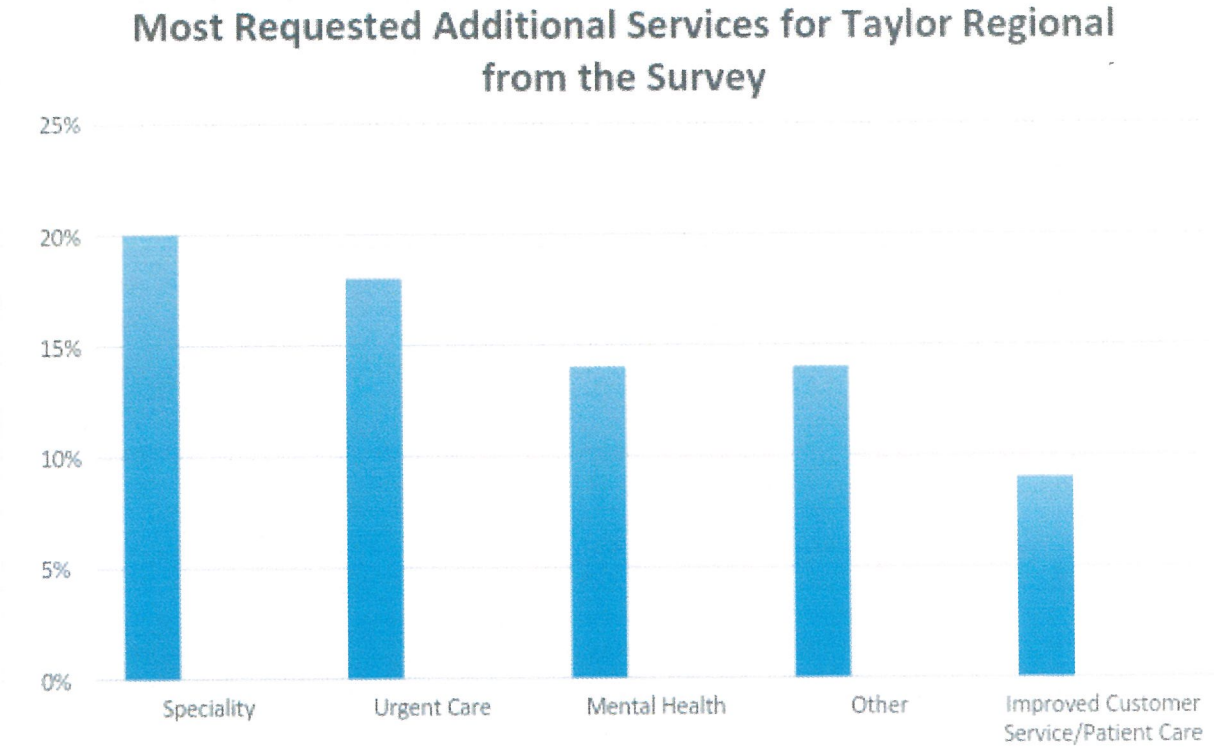
Table 12. Reasons for using hospital other than Taylor Regional	
Reason	%
Physician Referral	29.6%
Closer, more convenient	19.6%
Availability of specialty care	17.3%
Other (please specify)	16.8%
Quality of doctors	6.1%
Health insurance	5.0%
Quality of care	3.9%
Quality of nursing staff	1.7%

Overall, community members completing the survey were satisfied with Taylor Regional. Nearly 90% of respondents who used the hospital (n=205) reported satisfaction with the services at Taylor Regional. The most commonly reported reason for using other hospitals was physician referral, as reported by 29.6% of survey respondents. These findings were echoed in the responses of community members who participated in focus groups. Focus group members reported traveling to neighboring cities for medical services that were not readily available in Hawkinsville. In addition to physician referral, survey respondents also reported location (19.6%) and the availability of specialty care (17.3%) as reasons for seeking care at other hospitals.

Table 13. Top five reported services used at Taylor Regional	
Type of service used	% of Respondents
Laboratory	65.9%
Radiological imaging	64.2%
ER	42.8%
Physician services	35.4%
Outpatient services	14.8%

Laboratory services (65.9%) were the most commonly reported services used by survey respondents at Taylor Regional, followed by radiological imaging (64.2%) and the emergency room (42.8%). Approximately, one-third of survey respondents reported using physician services.

Nearly 60% (n=198) of respondents reported seeing a primary care provider, physician's assistant or registered nurse at Taylor Regional. Of the participants who answered this question (n=229), 86.9% reported that they were able to get an appointment with a primary care provider, physician's assistant, or registered nurse when needed.



When asked about additional services for Taylor Regional, survey respondents most often reported specialty care services, as reported by 20% of survey respondents. The specific specialty care services requested included cardiac rehab, dialysis, optometry, physical therapy, occupational therapy, and additional children's services such as pediatric speech and autism services. Eighteen percent of respondents requested urgent care. Respondents requesting urgent care services specifically requested an urgent care center with after hours and a 24 hour Med-Stop. Fourteen percent of respondents to this question requested mental health services and other services. "Other" services included better lighting in parking lots, easier access to physicians when needed, swimming lessons, and medical bill paying assistance. Nine percent of respondents reported improved patient care and customer service. A smaller percent of respondents to this question requested improved ER billing, child care and adult care, exercise classes, and community health or other educational events. A full list of additional services requested are located in Appendix D.

Results: Focus Groups and Key Informant Interview

Focus groups and one key informant interview was conducted to gain an understanding of community perceptions related to health, access to healthcare and barriers to care. Three focus groups were conducted with a total of 22 participants. Participants included: pharmacists, business owners, elementary and middle school staff, clergy, high school and college students and retirees from Pulaski and Bleckley Counties. The focus group meetings were held at Pulaski County Middle School on December 10, 2015 at 3:00pm; the Pulaski County Annex on December 10, 2015, 2016 at 6:00 pm; and the Pulaski County Annex on December 10, 2015 at 10:00 am. The key informant interview was conducted via telephone on December 21, 2015.

Data from the qualitative data collection are valuable to understanding the community's perceptions of strengths, challenges and opportunities for growth. The key findings from the focus group and key informant interview are outlined in this section.

Community Assets. Participants were asked questions related to community strengths, access to healthcare services and challenges to addressing health concerns. When asked about community assets, participants listed a number of resources. As identified by the participants, the community assets are: Taylor Regional Hospital, including the Wellness Center; senior assisted living facilities and adult day care facilities; the health department; telehealth in schools; community walking trails; and the local pharmacists and drug stores. One participated stated that, "I think that Taylor is definitely a great hospital, especially a rural hospital that's probably thriving compared to some of the other rural hospitals around here that have been struggling in the past." This information highlights that community members recognize a number of assets within their community.

Community Health Challenges. In addition to listing community assets, participants discussed the major health challenges in the community. These challenges ranged from chronic diseases, including cancer, diabetes and heart disease to health behaviors related to chronic disease, such as unhealthy eating, obesity, lack of physical activity and tobacco use among both adults and youth. According to the focus group attendees, chronic disease does not discriminate against anyone in the community, "Diabetes is really, I've seen young people, I've seen white, black, older. At one time I thought it was basically the black males, but I was wrong. I mean you see kids with diabetes sometimes". According to this perspective, everyone in the community is impacted by chronic diseases.

Community members also discussed mental health, substance use, depression and suicide occurrences within the county and not knowing how to adequately address these challenges. One participant stated that,

> It's hard to wrap your arms around somebody who's having a really hard time, whether it be with drugs or depression – emotional problems – that kind of thing ... this community has had some serious problems with suicide and depression and it's awful. It tears families apart so if there's more therapy and more support groups – absolutely – for people who may be suicidal or even for families who have dealt with that. That would be helpful. It's not just about physical sickness and physical health problems, there's a lot of mental health and a lot of emotionally sick people around here who need help too.

Another participant highlighted that there are resources available for students and staff working the schools, "... this year in the school system we have two mental health counselors [who] are a part of a grant from the South Central Health District". Participants emphasized that they would like to see more support services for individuals and families coping with mental health and substance abuse challenges.

Recommendations for addressing community health challenges. As participants were able to identify major health challenges within the community, they also offered a variety of suggestions for addressing these challenges. Recommendations on ways to address chronic disease included: classes at the wellness center to teach about healthy eating and eating healthy on a budget; and hosting a Men's Health Day and other community wide health fairs. There were also more generic suggestions that can be applicable to a number of health behaviors and outcomes such as finding creative ways to get information out to the public, working with community agencies like churches, and encouraging personal responsibility. In terms of new community facilities, participants emphasized the need for more mobile clinics and urgent care facilities. There was also an emphasis on programs targeting youth. According to one participant,

> I'd love to have just more – especially kind of focused on the kids – because I think childhood obesity is a bigger problem than I was when I was younger, when I was growing up. I don't know if it's because of – maybe it's the lack of activity and more junk food; that kind of thing. I just see more of that and I know there's more of that going on so if we could teach kids and not just talk about it but actually have a camp in the summertime when there's [no] school going on, whether it's week-long thing or if it's once a week or all summer long or whatever and just have them be engaged in some activities that get them moving ... that along with encouraging other healthy habits that can kind of send them through

lifetime of knowing and learning how to be healthy.

Access to health services. Community members travel to a number of places to access health care services. In addition to Taylor Regional Medical Center, the health department, aftercare centers and mobile units, health care facilities in Warner Robins, Albany, Tifton, Macon, Dublin, Fairview, Cochran and Eastman were recognized as alternatives to accessing specialty care services. The VA (Veteran's Affairs) was described as a viable resource for veterans.

Barriers to accessing health care services. When considering recommendations for addressing health challenges and access to health care services, focus group participants acknowledged that there are a number of barriers to accessing these services. In addition to transportation barriers, there was a wide range of financial barriers mentioned by community members. These include lack of health insurance, healthcare and medication costs, and eligibility gaps for government sponsored programs. There are also personnel challenges related to a general shortage of physicians, as well as those who provide specialty care, including mental health services. Patient specific barriers include a growing aging population, lack of education about diet and nutrition and patients' acceptance of health care diagnosis and/or lifestyle change recommendations.

Additional services offered by Taylor Regional. Finally, when asked what additional services community members would like to see offered at Taylor Regional, participant responses included: specialty care and therapies; mental health services; support groups for child abuse and sexual abuse; cardiac rehab; additional mobile clinics; improved ambulatory services; and co-pay assistance or specialized program for those without insurance. Participants stated that, " "...you often hear about the ones in the gap – folks that are on Medicaid and Peach Care for children. I think they have that access as far as costs: no cost or low-cost, but folks that don't qualify for those programs but still are not wealthy and don't have resources to pay the $50 deductible for each visit or something is perhaps ones that are most affected by cost" and "I know that in the Part D plan when they hit the coverage gap, what they call the doughnut hole, we'd have quite a few that kind of suffer because they have to pay the full price of the medicine until they hit that next level and that's kind of been a problem." Participants stressed that financial assistance is a significant need for many populations within the county.

The qualitative data in this section highlights the voice of the community as it pertains to health needs and services. The findings also emphasize the resources that community members are aware of and changes that can be made to improve the health outcomes of others. Finally, this data supports previous secondary and survey data related to health disparities and access to care with Pulaski County.

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 monthly community engagement meeting. Four health related issues emerged from the data, and include: preventive care, education, and chronic disease management; education on available resources; mental health services; and teen sexual behavior and STDs. Table 6 illustrates the results from the prioritization exercise, with the community issue in the first column and the number of votes received during the stakeholder meeting.

Table 14. Prioritization of Community Issues

Community Issue	Number of Dots
Preventive Care, Education and Chronic Disease management, care giver education/support (internal and external)	17
Education on available care, coverage and services, indigent care & proper resource utilization	14
Mental health services and support	11
Teen Sexual behavior, pregnancies and STD's	9

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 (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, Taylor Regional Hospital 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.

A diverse team of CHNA Steering committee members was identified to develop the implementation strategy for Taylor Regional Hospital. The team was composed of the hospital's Director of Nursing, the hospital's Public Relations and Marketing Director, and the Archway PSO faculty. This group will engage community members in the development of and the execution of the implementation strategy. This exceeded the current ACA requirements, but supported the goals of greater transparency and greater community involvement in the process expressed in the CHNA requirements.

APPENDIX A

Additional Services Requested for Taylor Regional

Survey Responses
Not use a hospitalist
"Better care, because they don't care about anybody when they come in"
[Shorter wait time], urgent care
24-7 MED STOP
After hours urgent care so we don't have to go to ER that our Secure Health is accepted
An urgent care center that is after hours. Also, the billing situation with Taylor is down right horrible. When you go to the ER, a person ends up getting numerous bills and it is confusing to the patient. There is no reason why there shouldn't be one ill to the patient and then Taylor sort out who gets what in house. Even for people with good insurance, most people I know would rather nearly perish before making a trip to the ER at Taylor, simply because of the billing. Another issue is that at time, you pay a bill in full and then a couple of months later you get the same bill again. I'll strongly state that the billing department at Taylor is far from satisfactory.
Any autism services for children
Babysitting program
Better billing services: "Taylor is pretty well covered with services. I do think that it is wrong to send 2 bills from the ER - one for the grant and one for after hour care".
Better care for employees.
Better care when needed
Better doctors
Better doctors and services
Better doctors in the ER
Better lit parking lots
Cardiac rehab
Cardiac rehab Pain management
Child care for single mother during visit
Dialysis

Dialysis Center
Dialysis services, more doctors, better seating restaurant (?)
Doctors/Hospitalists that actually take your insurance. Hospitalists who actually know their patients name and their condition. I've seen two experiences in the past year where this was not the case.
easier access to doctor's appointments when needed
Everything is great!
Exercise
Eye doctor
Faster services
Free swimming lessons
Getting help with health insurance
Health education and promotion tied to healthy lifestyle not "disease management".
Help with high paid bills
Hospice Care, afternoon exercise classes (around 4:00), children's mental health provider
I do not live in the area. I do wish Dr. Zanghi? hospitalist would open a private practice again in Warner Robbins GA. He is an excellent doctor and has always taken care of his patients with great expertise. We miss him as our physician.
I would like to see physicians stay in local area and leave after they have been here for a short while. That is one reason I see my physicians out of town.
Low cost gym for community access
Med stop/ Urgent care
Med-stop possibly
Mental health
Mental Health
MENTAL HEALTH
Mental health care
Mental Health Evaluation and Treatment
Mental health services
Mental/ behavioral health, psychiatry, grief groups for school, transportation, and hospice
More children's specialists

More road races, etc. to develop exercise culture
Much better mental health services. There is only 1 physician in the area. Appointments take much too long and the physician is not able to handle all ages. For people with no transportation, Warner Robins or Perry is not an option.
n/a
N/A
NA
Neurological Dermatology Psychiatry Gastroenterology
Neurologist, pain management
Nothing I can think of
Open MRI
PAIN INJECTIONS IV INFUSION CLINIC
Pediatric speech, physical, and occupational therapies
Prenatal education, Urgent care
Quality mental health for adults and children.
Services for Autistic kids
SOMETHING FOR THE KIDS. MAYBE A LITTLE HEALTH FAIR WITH LITTLE FUN THINGS FOR THEM TO DO SO THAT THEY CAN KNOW HEALTHY HABITS.
Taylor Regional meets all of my family's needs.
The services were fine but Taylorsville EMS is ridiculous! The doctor and hospital should both be in network, not just the hospital. I will probably travel to Macon for an emergency from now on.
TOTALLY LATEX FREE
Transportation
unsure
Unsure
Urgent care
Urgent Care - non appointment care after hours
Urgent care & mental health
Urgent care center
Urgent Care centers/ Mental Health centers -Adult Day Care/ Hospitals/ Child Care

Urgent care Mental/ behavioral services Transportation
Urgent Care not through the ER and preferably one that doesn't accept Medicaid. Only private health insurance and private pay individuals.
Urgent Care Pain Management
Urology, Gastroenterology
Visiting Rhumatology practice More Involved Heart/Cardiology Practice
Walk-in health care
Weight loss Lap-band surgery
Weight management
Wellness Center in Cochran
Women's Health Clinic

APPENDIX B

UNIVERSITY OF GEORGIA
CONSENT FORM
PULASKI COUNTY - COMMUNITY HEALTH NEEDS ASSESSMENT (P-CHNA)

CHNA Team Statement
We are asking you to take part in a focus group as a part of the Pulaski County Community Health Needs Assessment (P-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: Marsha Davis, PhD
University of Georgia, College of Public Health
706.542.4369 or davism@uga.edu

Purpose of the Study
The Pulaski 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.

Please provide initials below if you agree to have this interview audio recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

_____I do not want to have this interview recorded.
_____I am willing to have this interview recorded.

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

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

The P-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 Marsha Davis, a professor at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Davis at davism@uga.edu or at (706) 542-4369. 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.

APPENDIX C

Focus Group Participants

Barbara Lawson
Brittany Lucas
Carley Johnson
Carole Martin
Cassandra Singletary
Drew Cravey
Frankie Faircloth
Greg Brown
Hugh Coleman
James Joyner
Jason Lard
Jeff Hair
Jeff Tarver
John Bembry
Ken Clark
Kia Neal
Liz Conner
Nevin Shennett
Robin White
Sara Myers
Sarah Tenon
Sylandi Brown
William Wall