



Community Health Needs Assessment

2017-2018

Presented by



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Introduction

History, Mission and Vision

TRHS is an economic and healthcare pillar in the community. Tift Regional Medical Center (TRMC) is the 181-bed flagship for Tift Regional Health System. Cook Medical Center (CMC) has 60 inpatient beds, including the Sylvia Barr Center, a 12-bed geriatric - psychiatric unit. The TRHS care continuum is supported by the CMC Cook Senior Living Center (a 95-bed skilled nursing facility).



TRHS works to improve the quality of life of area residents by providing acute care medical services, specialized medical care (such as women's health, oncology, orthopedics, surgical services, geriatric mental health, and others). The organization provides a full range of treatment alternatives in several locations throughout south central Georgia to meet the needs of children, adolescents, adults, and older adults. Inpatient services are provided at TRMC, as well as CMC. Additionally, the Tifton Physicians Center (located near the TRMC main campus), the Tift Regional Physician Group (with over 20 locations throughout South Central Georgia), and the West Campus (located near the TRMC main campus) position TRHS as the core of the healthcare system in the Tift County Primary Service Area (PSA), as well as the seven adjacent counties that comprise the Secondary Service Area (SSA).

The Community Health Needs Assessment (CHNA) will help TRHS continue to focus its efforts on community needs that can be positively impacted by the hospitals' inpatient hospitalization, outpatient services, and integrates care capabilities. TRHS's prominent role in this culturally rich area underscores the importance of the CHNA and the associated research proposed in this document.

The 2017 CHNA provides TRHS with an in-depth assessment of healthcare priorities (focusing on medical health, behavioral health, and co-morbid conditions), linkage to the Implementation Plans, and a foundation for ongoing community engagement activities for each inpatient hospital. Crescendo's unique approach encompasses the same broad definition of "health" consistent with that reflected in the TRHS mission statement.

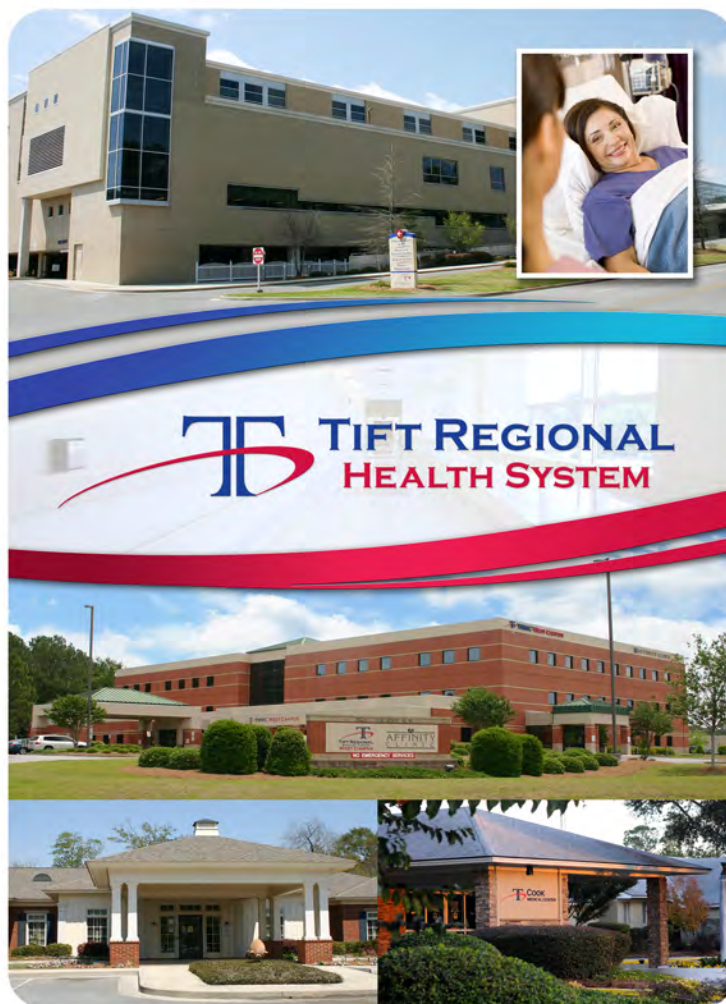
"To serve the health needs of the patient as well as those of the communities we serve."
– Tift Regional Health System Mission Statement

Executive Summary

In order to provide succinct, easily accessible reference to the Community Health Needs Assessment requirements, the Executive Summary includes the following section contains the research results:

- Market Area Definition
- Response to the 2013–2015 Community Health Needs Assessment and the Changing Healthcare Environment
- Community Health Needs Assessment Participants
- Assessment Methodology (including prioritization)
- Summary of 2017-2018 Prioritized Community Needs

The requirements also include a list of community resources available to address community needs; the list is included in the appendix.



Market Area Definition

Service Areas

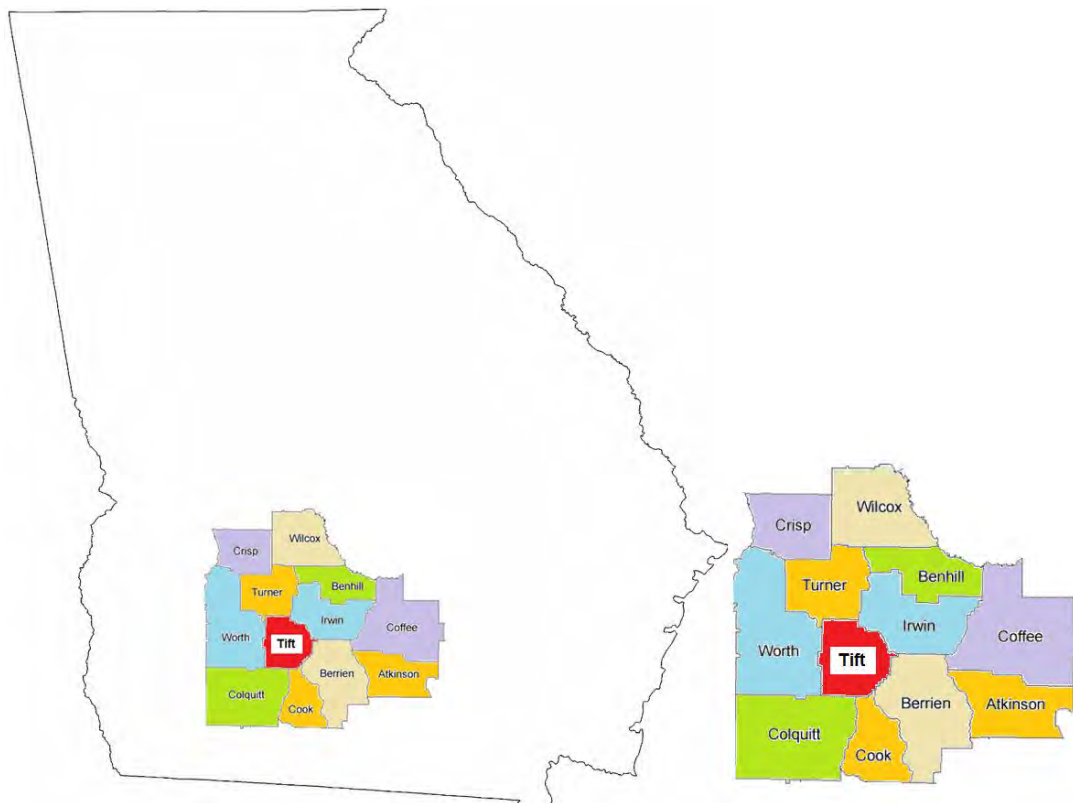
The TRMC Service Area includes 12 counties in southwest Georgia:

Primary Service Area (PSA)

- Tift County
- Turner County
- Cook County

Secondary Service Area (SSA)

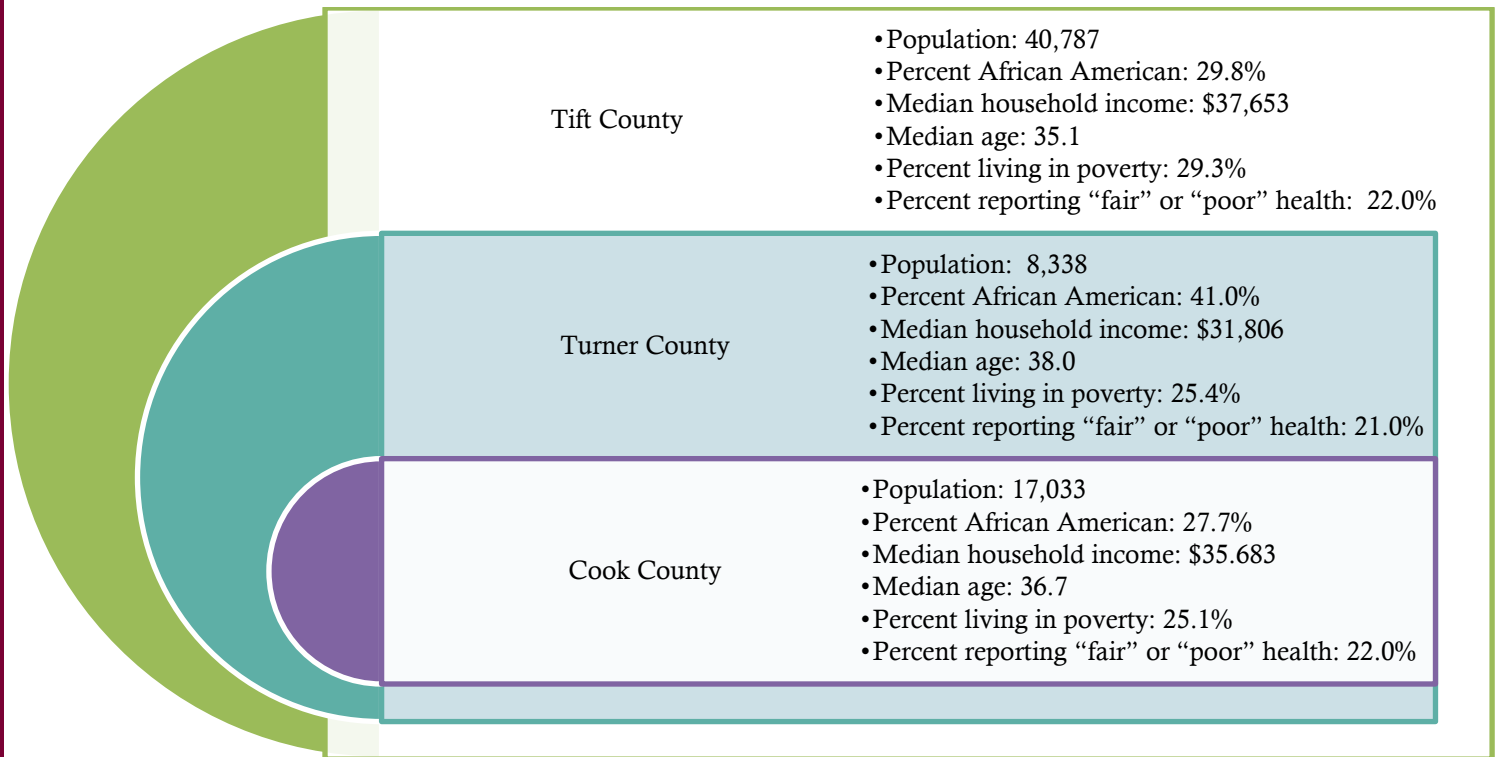
- Atkinson County
- Benhill County
- Berrien County
- Coffee County
- Colquitt County
- Crisp County
- Irwin County
- Wilcox County
- Worth County



Description of the Community Served

TRHS is an economic and healthcare pillar in the community. Tift Regional Medical Center (TRMC) is the 181-bed flagship for Tift Regional Health System. Cook Medical Center (CMC) has 60 inpatient beds, including the Sylvia Barr Center, a 12-bed geriatric - psychiatric unit. The TRHS care continuum is supported by the CMC Cook Senior Living Center (a 95-bed skilled nursing facility).

The Primary Service Area (PSA) is comprised Tift, Turner, and Cook Counties. tri-county area includes nearly 67,000 people and reflects high level of racial, economic, and health status diversity.



- Tift County includes over half of the service area population. About three of ten (29.8%) of the county's population is comprised of African Americans. In addition, residents have a slightly higher median household income and lower median age than the other two PSA counties. These two indicators often correlate with a better community health. Tift County also has a higher percentage of people living below 100% of the Federal Poverty Level (FPL).
- Turner County residents have the highest median age. The county is racially diverse, with over 40% of its residents being African American.
- Cook County is the least racially diverse county in the TRMC PSA, as slightly more than one of four residents (27.7%) are African American.

Response to the 2013–2015 Community Health Needs Assessment and the Changing Healthcare Environment

Activities in Response to Prioritized Needs

The 2014 TRHS CHNA identified four leading community needs; the highest priority ones were to improve access to primary care, increase mental health service resources, promote healthy behavior with specific preventive education and outreach programs geared towards chronic conditions, and reduce vehicle accidents and deaths.

Based on the 2014 assessment, the hospital enacted specific programs designed to impact the needs. TRHS developed implementation plan activities for the top needs. Activities enacted as a result of the 2014 CHNA and Implementation Plan include the following:

2014 CHNA-related Priority Needs and Activities Conducted by TRHS to Address Them	
CHNA Need Category	TRHS Activity Undertaken to Address the Needs
Improve primary care	
Expand the primary care base within Tift Regional's service area in accordance with an independent medical staff development analysis.	<ul style="list-style-type: none">• TRHS has recruited 22 primary care physicians since 2014. This includes internal medicine, hospital medicine, pediatrics, family medicine, emergency medicine and OB/GYN.• TRHS has outreach primary care clinics in seven counties, including Tift, Worth, Turner, Irwin, Berrien, Cook and Colquitt counties.• TRHS has expanded use of advanced practice providers to meet demand (currently 34 are deployed at the various primary care clinics within the service area, not including specialty advanced practice providers). This includes nurse practitioners and physician assistants.

<p>Provide outpatient services that offer preventive care for the underinsured, decompress the Emergency Room prevent readmissions to the hospital</p>	<ul style="list-style-type: none"> • Accepting walk-in patients and offering same-day appointments, Tift Community Health Center (TCHC) is a clinic serving residents who may be economically-disadvantaged. The clinic recently welcomed four new providers and is expanding its building for additional patient capacity. • TCHC also offers the Transition Clinic program, which provides follow-up appointments and prescription refills to recently discharged hospital patients who may not have timely access to a primary care provider. • Tift Regional's Outpatient Case Management Department helps recently-discharged patients access local resources and assistance programs to help minimize readmissions. • TRHS currently has primary care providers embedded in local high-volume nursing homes. The providers are training nursing home staff to identify potential patient problems before the issues blossom into a crisis requiring a visit to the ER and/or admission (or readmission) to the hospital. • The Tift Regional Medical Center Foundation is purchasing a healthcare bus for TRHS in fall 2018. This mobile clinic will be used for outreach to medically-underserved areas within the region. • TRHS has two convenient care clinics: Affinity ExpressCare in Tifton and Cook Family Wellness Center in Adel. In-the-works: an orthopedic convenient care clinic.
<p>Implement disease management programs and convenient care services for employers.</p>	<ul style="list-style-type: none"> • WorkSmart is an occupational health clinic which currently provides disease management programs for five major employers and is seeking to expand this service. In addition, WorkSmart has a sick visit program with a large distribution company and holds on-site wellness activities for numerous industries. • As Tift County's biggest employer, Tift Regional provides an employee medical home clinic for its own workforce. • TRHS holds ongoing free health seminars, screenings and medical fairs for the community covering issues such as obesity,

	<p>cardiovascular disease, cancer, musculoskeletal disorders and more.</p> <ul style="list-style-type: none"> • TRHS offers a Diabetes Learning Center, chronic kidney disease classes and various support groups, including cancer, Alzheimer's, Lupus and more. • TRHS has two convenient care clinics: Affinity ExpressCare in Tifton and Cook Family Wellness Center in Adel. In-the-works: an orthopedic convenient care clinic.
Develop Patient Centered Medical Homes (PCMHs) for the TRMC service area.	<ul style="list-style-type: none"> • TRHS currently has 18 primary care practices which have achieved Top Recognition as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA).
Work with Stratus Healthcare partners and the South Georgia Primary Care Network on the development of population health management.	<ul style="list-style-type: none"> • These efforts have been streamlined to focus on the development of the Care Alliance Accountable Care Organization (ACO), which launched in January 2016. This is a Medicare-approved ACO.
Develop a plan to address the shortage of mental health resources	
Recruit a psychiatrist to develop a psychiatry program to include inpatient consults, outpatient counseling and to serve as medical director of the Sylvia Barr Center, Tift Regional Health System's 12-bed geriatric psychiatric unit at Cook Medical Center in Adel.	<ul style="list-style-type: none"> • TRHS recruited a full-time employed psychiatrist to serve in this role along with a psychiatric nurse practitioner and two licensed counselors. • TRHS is also building a replacement facility for Cook Medical Center in Adel, which will include a brand new Sylvia Barr Center (to be completed in late 2019). The goal is to expand to 20 geriatric psychiatric beds by 2020.
Explore a psychiatric telemedicine complement.	<ul style="list-style-type: none"> • TRHS is currently providing psychiatric telemedicine consulting to a local nursing home and is exploring additional psychiatric telemedicine services for the community.

Community Health Needs Assessment Participants

TRHS reached out to an expansive and highly diverse group of individuals to participate in its CHNA leadership team and to contribute insight from community service organizations. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area.

The CHNA leadership team included the following members:

LEADERSHIP GROUP PARTICIPANTS

Tift Regional Health System participants

Name	Title
Jay Carmichael	Administrative Chief of Staff
Dr. William Guest	Chief Medical Officer (retired)
Dr. Cameron Nixon	Chief Transformation Officer
Mindy McStott, RN	Vice President, Quality Management
Chris Efaw	Vice President, Outreach and Development
Mary Perlis, RN	Director, Outpatient Case Management
Andrea Heath	Director, Director of Specialty Clinics
Wanda Watson, RN	Manager, Diabetes Learning Center
Kristy Daniels, LCSW	Manager, Hospice of Tift Area
Joel Presley	Director, Clinical Integration
Valerie Levy	AHC Grant Director
Amanda Ramshead	Director, Behavioral Services
Shannon Simpson	Tumor Registry Supervisor
Liza Tillman	Director of Public Relations
Joy Davis	Oncology Accreditation Coordinator
LeAnn Pritchett	Director, Patient Safety
Jim O'Conner	Data Analyst, Clinical Integration

Community participants

Name	Title/Organization
John B. Prince, III	President, Prince Automotive Group and Former Chairman, Hospital Authority of Tift County
Joyce Mims	Secretary, Hospital Authority of Tift County
Darian Peavy	CEO, Tiftarea YMCA
Craig Sowell	Director, Tift County Recreation Department
Nancy Bryan	Executive Director, Ruth's Cottage & Patticake House
Lillie McEntyre	Director, Tift County Commission on Children and Youth
Fran Kinchen	Director, Leroy Rogers Center
Roxie Price	Family & Consumer Sciences Agent, Tift County Extension Service
Dina Willis	Tifton Tift County Public Library/Hispanic Community Activist
Marcus Seigle	Chiropractor/Hispanic Community Activist
Tammy Licea	Social Worker, Diversified Resources

The CHNA executive interview list included the following members:

EXECUTIVE INTERVIEWS

Tift Regional Health System participants

Name	Title
Dr. Langston Cleveland	Occupational Medicine, WorkSmart Occupational Health
Dr. William Hancock	Cardiology, Tift area Cardiology
Dr. Vincent Valencia	Family Medicine, Cook Primary Care
Mandy Brooks	Executive Director, Tift Regional Medical Center Foundation
Chris Dorman	President/CEO
William T. Richardson	Retired President/CEO
Michael Purvis	CEO, Cook Medical Center
LeAnn Pritchett	Director, Patient Safety
Valerie Levy	AHC Grant Director
Mary Perlis, RN	Director, Outpatient Case Management
William Guest, MD	Senior VP and Chief Medical Officer
Mindy McStott, RN	VP, Quality Management
Dr. Melissa Rampal	Nephrology

Community participants

Name	Title/Organization
Cindy Evers	Community Member, Northside Baptist Church
Tina Moody, RN	Medical Services Supervisor, Tift County School System
David Fant	Orgill
Pete Pyrzenski	Manager, City of Tifton
Julie Smith	Mayor, City of Tifton
Greg Battle	Pastor, Herring Memorial United Methodist Church
Judge Herbert Benson	State Court of Tift County

Assessment Methodology

The TRHS CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology include the following:

- Strategic secondary research
- Qualitative discussion groups and one-on-one interviews with TRHS leaders, Community Leadership Team members, other community service providers, and healthcare consumers in the primary service area (PSA) and Secondary Service Area (SSA)
- Hispanic population surveys
- Community surveys
- Needs prioritization using a modified Delphi Method. The Delphi Method was pioneered by the RAND Corporation. It is a quantitative and qualitative survey method used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions.

Each of these components of the CHNA methodology is described in the following sections.

Strategic secondary research. This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The “demographics and key indicators” table is shown below while others follow or are included in the appendices of this report.

<i>Data Source Examples</i>	<i>Data Goal</i>
<ul style="list-style-type: none"> • Demographic Data <ul style="list-style-type: none"> ○ U.S. Census Bureau ○ U.S. Centers for Disease Control and Prevention ○ Georgia Department of Health • Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention <ul style="list-style-type: none"> ○ Behavioral Risk Factor Surveillance System Survey (BRFSS) ○ Robert Wood Johnson Foundation • Existing materials (including hospital discharge data) from TRHS and other organizations • Health profile and incidence data from Georgia Department of Public Health and others • Birth and Death Statistics • Chronic disease data from the Cancer Registry and others 	<p>Strategic secondary research data goals include properly framing the service area in terms of lifestyle, demographic factors, and general health trends, and to better understand previous research conducted for the hospital.</p> <p>In addition, goals include developing a better understanding of community health, morbidity and mortality data, key health-related factors that impact the PSA or SSA, and disease-based incidence levels that exceed Georgia or national averages.</p>

Qualitative discussion groups with TRHS leaders, Leadership Team members, other community service providers, and healthcare consumers in the PSA and SSA. The discussion groups represent a span of healthcare consumers – including underserved populations and Public Health. Although not all groups were represented at each meeting, information and insights were gathered either from their direct participation in a group setting or electronically.

<i>Data Source Examples</i>	<i>Data Goal</i>
As noted in the list shown earlier, the Leadership Team members represented a breadth of community groups – especially those serving at-risk populations.	Discussion group goals involve creating a broad list of community health needs. A thorough review of the research includes extensive input from community group participants, all in an effort to “cast a broad net” to secure opinions from across the service area, especially among the underserved.

Feedback from Hispanic population surveys conducted at La Fiesta del Pueblo Festival. As an interesting and unique aspect of the TRHS CHNA, Crescendo and TRHS conducted brief intercept surveys with attendees at the La Fiesta del Pueblo Festival – the largest Hispanic culture festival in the Southeastern U.S. The activity provided the ability of the research to engage a broader spectrum of the Hispanic community.

Data Source Examples

The La Fiesta del Pueblo Festival survey questions are shown below:

- Where do you go when you need basic medical care?
- In the past 12 months, have there been times when you needed medical help but chose NOT to seek it? ... and if so, why not?
- How would you rate the need for healthcare services for **adult and children's** in the area?
 - Basic medical services – Primary Care
 - Specialized care doctors (for diabetes care, heart disease care, back problems, etc.)
 - Dentistry
 - Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)
 - Substance abuse – drug abuse treatment
- If you wanted to pick the top three healthcare needs in the area, what would they be?
- Demographics – Age group, gender, race or ethnicity, language

Data Goal

The La Fiesta del Pueblo Festival surveys provide an additional arena in which to solicit insight from area healthcare consumers – a community considered by some as facing unique challenges to healthcare access. The research is a unique initiative and augments the process of gathering opinions across the service area, especially among the underserved.

Community surveys.

To receive input from local residents, Tift Regional Health System conducted a Community Health Needs Survey between January 19, 2018 and February 16, 2018 among adults (age 18+) in the primary service area. Through print advertising, web communications and a news release, the community was encouraged to participate in an online survey. Residents without internet access had the option of having a paper survey mailed to them along with a self-addressed and self-stamped return envelope. As an incentive for participation, all those surveyed were entered into a drawing for one of four \$50.00 VISA gift cards. There were 536 total participants in the survey. The survey included equal representation of all three PSA counties, a large (40%) representation of African Americans, and a diverse mix of economic strata and educational attainment levels.

Needs prioritization using a modified Delphi process. *The Delphi Method was pioneered by the RAND Corporation. It is a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions.*

In this phase of the prioritization research, Leadership Group members rated health initiatives and provided qualitative feedback. The modified Delphi method included three steps.

- Leadership team members were asked to complete a survey in which they were to quantitatively and qualitatively evaluate each of the 53 community needs identified in earlier research and to submit responses to Crescendo. Participants were also asked to provide feedback regarding the rationale for the rating.
- Crescendo rank-ordered the needs based on the average score and aggregated the qualitative comments.
- The results were sent to leadership team members in the form of a second survey. The second survey included the same list of 53 needs, as well as the group ranking from the previous survey and qualitative comments. Leadership team members re-rated the needs based on opinions and the insights of others as expressed in the list of aggregated comments. Team members submitted responses to Crescendo.

<i>Data Source Examples</i>	<i>Data Goal</i>
Crescendo worked with TRHS to implement a modified Delphi process as described above. Detailed descriptions of the top prioritized needs are shown later in the report. The full list of 53 needs is included below.	The goal of the modified Delphi process was to prioritize the community health needs and to build consensus among the Leadership Group.

Summary of 2017-2018 Prioritized Community Needs

Several methodologies were combined to develop a comprehensive and prioritized list of 2017-2018 community needs. A summary table of the top identified community needs is shown below with methodological details and processes described in a later section. The top needs fall into three, somewhat overlapping domains: Access to Care, System Capacity, and Care Coordination Services.

Prioritized Community Needs

<u>Domain and Rank</u>	<u>Health Need</u>
Access to Care	
1	• Transportation services for people needing to go to doctor's appointments or the hospital
2	• Greater access to care for people with mental illness or substance use issues
3	• Affordability of prescription drugs and primary care services
System Capacity	
4	• Primary and specialty care providers: psychiatry, dementia spectrum issues, pediatrics, rheumatology, endocrinology, neurology
6	• Providers for population segments with unique cultures or needs: Spanish language services (primary care, specialized medicine, care coordination)
Care Coordination Services	
5	• People with co-morbid or complex chronic conditions
7	• People with existing challenges of access to care (e.g., homeless, Spanish speaking households, low socio-economic strata)
8	• People requiring behavioral health and medical / physical healthcare services (i.e., integrated care)
9	• Seniors - especially those with chronic conditions and those with co-morbid behavioral health and medical / physical health issues

Community Needs Assessment Research Summary

The following sections present results of the secondary research, primary quantitative research, and primary qualitative research. Major sub-sections include the following:

- Key Demographic and Economic Indicators for the 12 County Total Service Area
- Primary Service Area Data Focus
- Social and Physical Environment
- Health Status Profile
- Hospital Inpatient Discharge Data Patterns
- La Fiesta del Pueblo Festival Survey Highlights
- Patient, Community Stakeholder, Provider, and Staff Discussions
- Community Survey Results
- Health Issues Evaluated in the Modified Delphi Method (i.e., Prioritization)
- Implementation Strategy Considerations

“There aren’t too many places like Tifton and [Tift] County. I’ve lived here almost all my life, and I’ve seen a lot of growth and change. The local culture hasn’t changed much, though; it is one of the best, sweetest characteristics about the area. It may also contribute to some of the health-related challenges, too, though. More importantly, people are ready and willing to roll up their sleeves and help people truly in need.”

– Leadership team member

Key Demographic and Economic Indicators

Population, age, and disability status tend to drive the need for healthcare services while income, education, and poverty level highly correlate to them. The following analysis of demographic factors such as these highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage.

As identified in the most recent 2010 U.S. Census, service area residents tend to have several characteristics that heighten the urgency of developing a clear, proactive approach to meeting the health needs in the service area. Relative to the current status and compared to key national and state of Georgia averages, the service area has the following characteristics:

- Median age similar to Georgia state averages
- Lower median household incomes
- A lower degree of educational attainment
- Higher disability rates

Since 2000, Georgia has grown rapidly with most growth attributed to more urban areas of the state. Within the TRMC service area, growth has been more moderate. The following demographic tables and discussion present key data reflecting these summary points and highlight the impact on community needs and the prioritization of issues.

Demographic Composition and Population Change Projections

The TRMC service area includes over a quarter of a million residents (262,825) with slightly more females than males.

Population			
Measure	Total Population	Total Male Population	Total Female Population
Tift	40,787	19,671	21,116
Turner	8,338	4,284	4,054
Cook	17,033	8,200	8,833
Atkinson	8,294	4,090	4,204
Ben Hill	17,477	8,349	9,128
Berrien	19,019	9,471	9,548
Coffee	43,003	21,980	21,023
Colquitt	46,024	22,869	23,155
Crisp	23,314	11,035	12,279
Irwin	9,408	4,798	4,610
Wilcox	8,972	5,252	3,720
Worth	21,156	10,208	10,948
PSA	66,158	32,155	34,003
SSA	196,667	98,052	98,615
Total Service Area	262,825	130,207	132,618
Georgia	10,006,693	4,883,331	5,123,362

- TRMC's PSA population is concentrated in Tift County which makes up approximately two-thirds of the total PSA population.
- SSA population centers are located in Colquitt and Coffee Counties.

The state of Georgia saw extraordinary growth from 2000 to 2015 (+18.4%). However, the TRMC PSA has seen modest (4.3%) growth since 2000. Higher growth was seen in the SSA.

Population Trends			
Measure	Total Population	Population growth since 2000	Projected growth 2020
Tift	40,787	4.5%	47,936
Turner	8,338	-6.0%	9,334
Cook	17,033	9.1%	18,295
Atkinson	8,294	10.1%	8,890
Ben Hill	17,477	0.9%	19,938
Berrien	19,019	18.8%	19,936
Coffee	43,003	13.2%	52,825
Colquitt	46,024	8.2%	55,209
Crisp	23,314	6.6%	25,383
Irwin	9,408	-4.0%	10,891
Wilcox	8,972	7.9%	9,655
Worth	21,156	-1.3%	2,515
PSA	66,158	4.3%	35,440
SSA	196,667	5.9%	32,786
Total Service Area	262,825	5.5%	33,454
Georgia	10,006,693	18.4%	12,189,252
U.S.	316,515,021	9.8%	334,500,000

- The fastest growth rates in the TRMC Total Service Area (TSA) were in the SSA counties of Berrien (18.9%), Coffee (13.2%) and Atkinson (10.1).

The TRMC service areas have substantially greater poverty (and lower median household income) than the Georgia average.

Median Household Income and Poverty		
Measure	Median Household Income	Percent Living Below 200% FPL
Tift	\$47,346	49.0%
Turner	\$38,177	50.9%
Cook	\$41,553	51.0%
Atkinson	\$38,011	58.2%
Ben Hill	\$36,250	58.6%
Berrien	\$42,017	51.3%
Coffee	\$41,968	53.9%
Colquitt	\$38,546	53.4%
Crisp	\$40,942	55.5%
Irwin	\$46,055	50.3%
Wilcox	\$41,466	52.5%
Worth	\$44,852	47.2%

Median Household Income and Poverty		
Measure	Median Household Income	Percent Living Below 200% FPL
PSA	\$44,699	49.7%
SSA	\$40,858	53.4%
Total Service Area	\$41,825	52.4%
Georgia	\$59,410	38.9%
U.S.	\$66,011	34.3%

- All of the 12 PSA and SSA counties have poverty rates exceeding the Georgia average.
- Approximately one-third more people (by percentage) live below 200% of the FPL in service area counties than in the state as a whole.

The age of people in the TRMC PSA and SSA aggregately mirror the Georgia averages and are slightly below the U.S. total.

PSA and SSA Age-related Measures		
Measure	Median Age	Percent 65 and older
Tift	35.1	13.6%
Turner	38.0	17.5%
Cook	36.7	14.3%
Atkinson	34.9	11.0%
Ben Hill	38.6	14.9%
Berrien	39.0	15.7%
Coffee	35.2	12.0%
Colquitt	35.5	13.6%
Crisp	38.4	14.9%
Irwin	39.0	16.3%
Wilcox	39.4	15.3%
Worth	40.4	16.3%
PSA	35.9	14.3%
SSA	37.2	14.1%
Total Service Area	36.9	14.2%
Georgia	35.9	11.9%
U.S.	37.6	14.1%

- Only one county in the PSA or SSA (i.e., Worth County) has a median age over 40.0 years.
- Seniors over age 65 comprise only about one-seventh of the population, but as with most U.S. locations, is expected to slowly increase as Baby Boomers reach that age plateau.

Additional Data by County (All 12 Total Service Area Counties)

The appendices of the report contain additional, detailed charts that illustrate county-level data for each of TRMC's 12-county Total Service Area.

The table below lists the data included in the appendices and provides hyperlinks for easy reference.

<u>Educational Attainment</u>	<u>Unemployment</u>	<u>Poor or Fair General Health</u>
<u>Low Birthweight</u>	<u>Teen Births</u>	<u>Children in Poverty</u>
<u>Uninsured Population</u>	<u>Quality of Life</u>	<u>Preventable Hospital Days</u>
<u>Premature Death</u>	<u>Excessive Drinking</u>	<u>Alcohol-Impaired Driving Deaths</u>
<u>Adult Smoking</u>	<u>Physical Activity</u>	<u>Adult Obesity</u>
<u>Sexually Transmitted Infections</u>	<u>Diabetes Monitoring</u>	<u>Mammogram Screening</u>

Primary Service Area Data Focus

Approximately 80% of TRMC's patient volume lives in Tift, Turner, or Cook Counties – the Primary Service Area (PSA). The following tables present a deeper perspective of data defining the PSA.

Demographic and Community Profile Factors

There are approximately 65,000 people in the TRMC PSA

Population by Age Group					
	Tift	Cook	Turner	Georgia	United States
Total Population	40,787	17,033	8,338	10,006,693	316,515,021
Percent Under 5 years	7.1%	6.8%	6.5%	6.6%	6.3%
Percent 5 to 9 years	6.7%	7.5%	6.3%	7.0%	6.5%
Percent 10 to 14 years	6.9%	7.7%	6.4%	7.1%	6.5%
Percent 15 to 19 years	7.9%	7.4%	6.3%	7.1%	6.7%
Percent 20 to 24 years	7.6%	5.9%	6.2%	7.3%	7.1%
Percent 25 to 29 years	7.0%	6.1%	6.5%	7.3%	7.2%
Percent 30 to 34 years	6.1%	5.9%	5.6%	6.9%	6.9%
Percent 35 to 39 years	6.4%	6.5%	5.2%	6.9%	6.6%
Percent 40 to 44 years	5.8%	6.4%	4.8%	6.8%	6.2%
Percent 45 to 49 years	6.1%	6.4%	5.7%	7.1%	6.6%
Percent 50 to 54 years	6.1%	6.6%	6.2%	7.1%	6.9%
Percent 55 to 59 years	6.3%	6.4%	6.3%	6.7%	6.9%
Percent 60 to 64 years	5.7%	5.5%	5.5%	5.7%	6.2%
Percent 65 to 69 years	4.8%	5.5%	5.9%	5.0%	5.3%
Percent 70 to 74 years	3.6%	3.9%	4.9%	3.4%	3.7%
Percent 75 to 79 years	2.6%	2.9%	3.4%	2.3%	2.6%
Percent 80 to 84 years	1.8%	1.9%	2.3%	1.5%	1.9%
Percent 85 years and over	1.6%	1.4%	2.3%	1.4%	2.0%

- The Tift County area is large representations of major age groups that tend to have unique categories of needs.
 - Children age 19 and under (28.6%) often require preventive and early intervention support.
 - Young people and families of child-bearing years (ages 20 to 44) with lifestyle and substance use challenges.
 - Older adults and seniors 45 and over (38.6%,) who may require higher levels of chronic condition and acute care support.
- Other PSA counties have a similar make-up.

Population Age Structure

The population age structure for the Tift service area is consistent with that of the state and the nation.

Total Population							
Location	Total Population	Under 18	18-24	25-44	45-64	65+	Median Age
Tift County	40,787	24.8%	11.4%	25.3%	24.2%	14.4%	35.1
Turner County	8,338	26.9%	8.4%	24.9%	25.0%	15.6%	38.0
Cook County	17,033	23.3%	8.5%	22.1%	23.7%	18.7%	36.7
Georgia	10,006,693	25.1%	10.0%	27.8%	26.5%	13.5%	35.9
United States	316,515,021	23.3%	9.7%	26.9%	26.6%	15.6%	37.6

Source: American Community Survey, 2011-2015 American Community Survey 5-Year Estimates.

- The median age of Tift County residents is slightly lower than the U.S. average though similar Georgia.
- Age distribution in the TRMC PSA counties is consistent with state and U.S. averages.
- Approximately one of seven Tift County residents in age 65 or older.

Families with Children under Age 18

There is a consistent need for services for children and young adults, as over 7,500 households in the TRMC PSA include children.

Families and Households			
	Total Number of Households (HH)	Families w/ Children Under Age 18	Families w/Children Under Age 18), % of Total HH
Tift County	14,127	4,629	32.8%
Turner County	3,013	809	26.9%
Cook County	6,157	2,147	34.9%
Georgia	3,574,362	1,247,471	34.9%
United States	116,926,305	37,419,210	32.0%

Source: Community Commons, <www.communitycommons.org>, September 26, 2017

- Consistent with U.S. averages, approximately one-third of households in Tift County include children.

Race Ethnicity

The TRMC service area is racial mixed – containing approximately 40% minorities (African American, Hispanic, or Asian).

Race and Ethnicity						
Location	Total Population	% African American	% Hispanic or Latino	% Asian	% White	% Other Race
Tift County	40,787	29.8%	10.8%	1.4%	64.3%	3.2%
Turner County	8,338	41.0%	4.3%	1.2%	55.6%	1.3%
Cook County	17,033	27.7%	5.9%	0.3%	69.1%	1.6%
Georgia	10,006,693	31.0%	9.2%	3.6%	60.2%	2.8%
United States	316,515,021	12.6%	17.1%	5.1%	73.6%	4.7%

Source: Community Commons, <www.communitycommons.org>, August 21, 2017

Social and Physical Environment

Compared to state and national data, county level analyses of selected social and physical environment characteristics highlight racial disparities especially in unemployment, income, and poverty. The following tables summarize these characteristics of the service area by county.

Unemployment – Civilian Population 16 and Older

Unemployment rates for individuals 16 years and older in Tift, Turner, and Cook Counties is slightly higher than the rest of the state. Black residents are more than twice as likely than White residents to be unemployed.

Employment				
	Labor Force	Employed	Unemployed	Unemployment Rate
Tift County	18,372	17,283	1,089	5.9
Turner County	3,184	2,962	22	7.0
Cook County	7,509	7,059	450	6.0
Georgia	4,948,936	4,665,723	283,213	5.7
United States	161,376,737	152,992,568	8,384,169	5.2

Source: US Department of Labor, Bureau of Labor Statistics. July 2017. Source geography: County

Unemployment Rate by Race

There are significant unemployment disparities between races.

Unemployment by Race or Ethnic Group					
	Tift County	Turner County	Cook County	Georgia	United States
White	4.6%	6.4%	5.7%	7.3%	7.1%
Black or African American	9.3%	19.8%	9.5%	14.7%	14.8%
Hispanic or Latino Origin	2.6%	5.0%	4.8%	8.2%	9.8%

Source: 2011-2015 American Community Survey 5-Year Estimates, United States Census Bureau. (2011-2015). S2301: EMPLOYMENT STATUS. Retrieved from <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

- Turner County has a slightly higher unemployment rate (7.0%) compared to Cook (6.0%) and Tift Counties (5.9%), and the state as a whole (5.7%).
- The five-year rate of unemployment for Black residents is nearly 20% in Turner County. It is also much higher than rate for Whites and Hispanics in other areas.

Poverty

The poverty rates in the PSA are higher than the poverty rates in the state. This health indicator is particularly important because poverty can create and exacerbate barriers to accessing health services, nutritious or healthy foods, and many other indicators that contribute to poor health status.

Poverty Levels Individuals living below 50%, 100%, 185% and 200% of the Federal Poverty Level (FPL)				
	% Population (At or Below 50% FPL)	% Population in Poverty (Below 100% FPL)	% Population in Poverty (At or Below 185% FPL)	% Population (at or Below 200% FPL)
Tift County	13.9%	29.3%	46.6%	49.0%
Turner County	13.3%	25.4%	47.8%	50.9%
Cook County	11.1%	25.1%	47.6%	51.0%
Georgia	8.3%	18.4%	36.0%	38.9%
United States	6.9%	15.5%	31.6%	34.3%

Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

- Residents living at or below 100% of the Federal Poverty Level in Tift County is about 11% points higher than the state as a whole.

Poverty Segmented By Race

Poverty Statistics by Race							
	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Tift County	21.9%	44.9%	100.0%	17.5%	0%	31.2%	36.3%
Turner County	14.7%	38.7%	100.0%	0.0%	No Data	100.0%	32.0%
Cook County	20.6%	35.1%	58.2%	54.0%	No Data	62.2%	15.6%
Georgia	13.6%	26.7%	26.2%	13.67%	31.0%	34.2%	22.0%
United States	12.7%	27.0%	28.3%	12.57%	21.0%	26.5%	19.9%

Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract

- Tift County's Black/African American residents are twice as likely to be living in poverty than its White residents.
- Similarly, 38.7% of Turner County's Black/African American residents are living in poverty compared to 14.7% of White residents.
- Statewide, the trend is similar.

Children in Poverty

Percentage of children under age 18 in poverty & children living in single parent households

Children in Poverty			
Children Under Age 18 in Poverty	% Children Below 100% FPL	% Children at or Below 200% FPL	Children in single parent households ¹
Tift County	42.2%	63.1%	48.0%
Turner County	43.0%	66.7%	53.0%
Cook County	30.5%	60.7%	36.0%
Georgia	26.0%	49.4%	37.0%
United States	21.7%	44.0%	27.0%

Source: Community Commons, www.communitycommons.org, September 26, 2017. U.S. data point: U.S. Census Bureau. Available at <https://www.census.gov/newsroom/press-releases/2016/cb16-192.html>

- Nearly twice as many children (by percentage) are living in poverty below 100% FPL in Tift County than in the nation as a whole.
- Two of the three PSA counties have child poverty rates approximately 50% greater than the Georgia average.

Income Distribution

The median household income in PSA counties is approximately \$12,000 - \$18,000 less than that of the Georgia average and more than \$15,000 less than the nation as a whole.

Household Income Distribution					
Household Income	Tift County	Cook County	Turner County	Georgia	United States
Median HH Income	\$37,653	\$35,683	\$31,806	\$49,620	\$53,889
Less than \$10,000	15.1%	11.4%	14.3%	8.7%	7.2%
\$10,000 to \$14,999	7.4%	8.3%	5.7%	5.7%	5.3%
\$15,000 to \$24,999	12.7%	16.5%	19.5%	11.2%	10.6%
\$25,000 to \$34,999	12.4%	13.3%	14.0%	10.7%	10.1%
\$35,000 to \$49,999	13.6%	11.3%	14.7%	14.1%	13.4%
\$50,000 to \$74,999	14.8%	18.6%	13.0%	18.0%	17.8%
\$75,000 to \$99,999	10.4%	10.2%	9.4%	11.4%	12.1%
\$100,000 to \$149,999	7.8%	7.4%	7.4%	11.7%	13.1%
\$150,000 to \$199,999	2.9%	1.3%	0.6%	4.4%	5.1%
\$200,000 or more	2.8%	1.7%	1.4%	4.3%	5.3%

Source: 2011-2015 American Community Survey 5-Year Estimates, United States Census Bureau. (2011-2015). DP03: SELECTED ECONOMIC CHARACTERISTICS. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_16_5YR_S1901&prodType=table

¹ Source: County Health Rankings. (2017). *County Health Rankings and Roadmaps*. Retrieved from <http://www.countyhealthrankings.org/>
Crescendo Consulting Group

Educational Attainment

Educational attainment across the three PSA counties is lower than the state as a whole. The more rural counties – Cook and Turner – are particularly challenged with regards to educational attainment.

Educational Attainment in the TRMC Service Area, 2016 Compared to Georgia and U.S. Rates							
Educational Attainment	Tift County	Cook County	Turner County	PSA	Georgia	United States	PSA Variance to Georgia (Percentage Points)
Less than 9 th grade	5.6%	7.2%	7.9%	6.3%	5.2%	5.6%	1.1%
9 th to 12 th grade, no diploma	13.2%	16.5%	16.6%	14.5%	8.9%	7.4%	5.6%
High school graduate (includes equivalency)	34.5%	39.0%	36.5%	35.9%	28.1%	27.5%	7.8%
Some college, no degree	18.1%	16.6%	18.9%	17.8%	21.0%	21.0%	-3.2%
Associate's degree	11.2%	6.9%	7.8%	9.7%	7.4%	8.2%	2.3%
Bachelor's degree	8.9%	8.6%	7.9%	8.7%	18.3%	18.8%	-9.6%
Graduate or professional degree	8.6%	5.2%	4.3%	7.2%	11.1%	11.5%	-3.9%
High school graduate or higher	81.2%	76.4%	75.4%	79.2%	85.8%	87.0%	-6.6%
Bachelor's degree or higher	17.5%	13.8%	12.3%	15.9%	29.4%	30.3%	-13.5%

- Within the TRMC PSA, the percentage of persons aged 25 and older without a high school diploma (or equivalency) is higher than the state or the nation. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg Ruglis, 2007).
- Fewer than one in 11 PSA residents (8.7%) earned a Bachelor's Degree – less than half of the Georgia average rate (18.3%).

Even though educational attainment in the PSA trails state averages, it has improved since 2011.

Educational Attainment in the TRMC PSA Trends: 2016 Compared to 2011			
Educational Attainment	2012-2016	2007-2011	Change Since 2007-2011
Less than 9 th grade	6.3%	9.2%	-2.9%
9 th to 12 th grade, no diploma	14.5%	16.7%	-2.3%
High school graduate (includes equivalency)	35.9%	33.1%	2.8%
Some college, no degree	17.8%	19.1%	-1.3%
Associate's degree	9.7%	7.5%	2.2%
Bachelor's degree	8.7%	8.2%	0.5%
Graduate or professional degree	7.2%	6.2%	0.9%
High school graduate or higher	79.2%	74.2%	5.0%
Bachelor's degree or higher	15.9%	14.5%	1.4%

- The percentage of adults age 25 and older with a high school diploma increased from 74.2% in 2011 to nearly 80% (79.2%) in 2016
- The percentage of adults with Associate's or Graduate Degrees increased at a small rate.

Number of reported violent crime offenses per 100,000 population

Overall, the rate of reported violent crime offenses in the two of the three TRMC PSA counties is high when compared to the state as a whole.

Violent Crime Prevalence			
Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Tift County	40,787	264	647.3
Turner County	8,338	49	587.7
Cook County	17,033	38	223.1
Georgia	10,006,693	37,294	372.7
United States	316,515,021	1,213,859	383.5

Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2010-12. Source geography: County

- Tift County has a significantly higher rate of violent crime offenses compared to the state.

Healthy Eating, Physical Activity, and Overweight/Obesity

Food insecurity is defined by the USDA as a socioeconomic condition of limited or uncertain access to enough food to support a healthy life. The USDA and Feeding America estimates that one in seven Americans struggles to get enough to eat.

The fact that much of the TRMC PSA is on, or very near, a major transportation corridor (i.e., I-75) may drive greater access to fast food than the state or the nation. These nutritional and food access outcomes are important as they relate to obesity rates and other health risk factors like diabetes.

Access to Fast Food			
Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Tift County	40,787	42	103.0
Turner County	8,338	8	95.9
Cook County	17,033	14	82.2
Georgia	10,006,693	7,747	77.4
United States	316,515,021	233,392	73.7

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2015. Source geography: County

The TRMC PSA counties have higher rates of obesity than the Georgia average – consistent with higher rates of poverty and less healthy eating habits.

Obesity and Healthy Lifestyle Activities					
Measure	Tift County	Cook County	Turner County	Georgia	U.S.
Percentage of adults that report a BMI of 30 or more	34.0%	34.7%	31.1%	29.3%	27.5%
Percentage of adults aged 20 and over reporting no leisure-time physical activity	26.6%	28.5%	25.7%	23.1%	21.8%

Source: Community Commons, "Build a Report". Available at <https://www.communitycommons.org/maps-data/>

- More than one-third of Tift County and Cook County adults has a BMI greater than 30.0 (the rate defining “obesity”).
- A high percentage of PSA -county residents report having no leisure time activity.

Low income people in Tift, Cook, and Turner Counties tend to have better access than other in Georgia (on average).

Food Access				
	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Tift County	40,787	20,809	1,726	8.3%
Turner County	8,338	4,176	746	17.9%
Cook County	17,033	6,130	168	2.7%
Georgia	10,006,693	3,819,121	1,044,091	27.3%
United States	316,515,021	106,758,543	20,221,368	18.9%

Data Source: US Department of Agriculture, Economic Research Service, *USDA - Food Access Research Atlas*. 2015. Source geography: Tract

- In Tift County, fewer than one in 11 low income people (8.3%) have low food access.
- In Cook County, nearly all low income people (all except 2.7%) have access to food.

Health Status Profile

Leading Causes of Death

According to the U.S. CDC², the 12 leading causes of death in the U.S. are those listed to the right. Most of the mortality causes reflect the presence of chronic health conditions. Not that for the TRMC PSA, death rates per 100,000 population are higher than the Georgia average. In only two of the 12 measures – Kidney Disease and Hypertension – does the PSA have a lower incidence than the state.

Information learned in focus group discussions and secondary research suggest that lifestyle issues are highly correlated with chronic disease incidence – exacerbated (in some instances) by access to care issues of transportation, poverty, language barriers, system capacity, and other issues.

Most Common Causes of Death (2012-2016)

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease
4. Accidental Deaths
5. Stroke
6. Alzheimer's Disease
7. Diabetes
8. Kidney Disease
9. Septicaemia
10. Influenza and Pneumonia
11. Suicide
12. Hypertension

Death Rates per 100,000 Population 2012-2016 Aggregated Data ³						
Cause of Death	Tift County	Cook County	Turner County	PSA	Georgia	PSA Variance to the Georgia Rate
Heart Disease	258.6	268.3	183.2	251.6	190.5	32.1%
Cancer	174.1	163.2	235.3	179.0	164.8	8.6%
Chronic Lower Respiratory Disease	42.0	67.6	57.6	50.6	46.1	9.7%
Accidental Deaths	46.7	48.5	56.1	48.3	41.0	17.9%
Stroke	45.9	39.7	55.1	45.5	43.1	5.5%
Alzheimer's Disease	49.0	53.9	48.9	50.2	34.4	46.1%
Diabetes	37.9	22.6	NA	33.4	22.0	51.8%
Kidney Disease	14.6	28.4	NA	18.7	19.9	-6.2%
Septicaemia	13.4	23.5	NA	16.4	15.6	5.0%
Influenza and Pneumonia	15.1	26.7	NA	18.5	15.8	17.2%
Suicide	13.1	NA	NA	13.1	12.5	4.8%
Hypertension	10.7	NA	NA	10.7	11.6	-7.8%

- Heart disease death rates in the TRMC PSA are more than 30% higher than the Georgia average.
- Deaths due to Cancer or Chronic Lower Respiratory Disease occur with approximately 10% greater frequency in the PSA than the state average.
- Alzheimer's Disease and Diabetes death rates are approximately 50% higher in the PSA than Georgia (average).

² U.S. Centers for Disease Control and Prevention, CDC Wonder Database. Available at <https://wonder.cdc.gov/>.

³ For Heart Disease and Cancer, adequate data was available to use the most current (i.e., 2016) data only.

Alcohol, Illicit Substance and Tobacco Use

Excessive alcohol consumption rates in Tift, Cook, and Turner Counties are lower than both the state and national rates. Adolescent initiation to alcohol is the most common substance to be introduced for this age group.

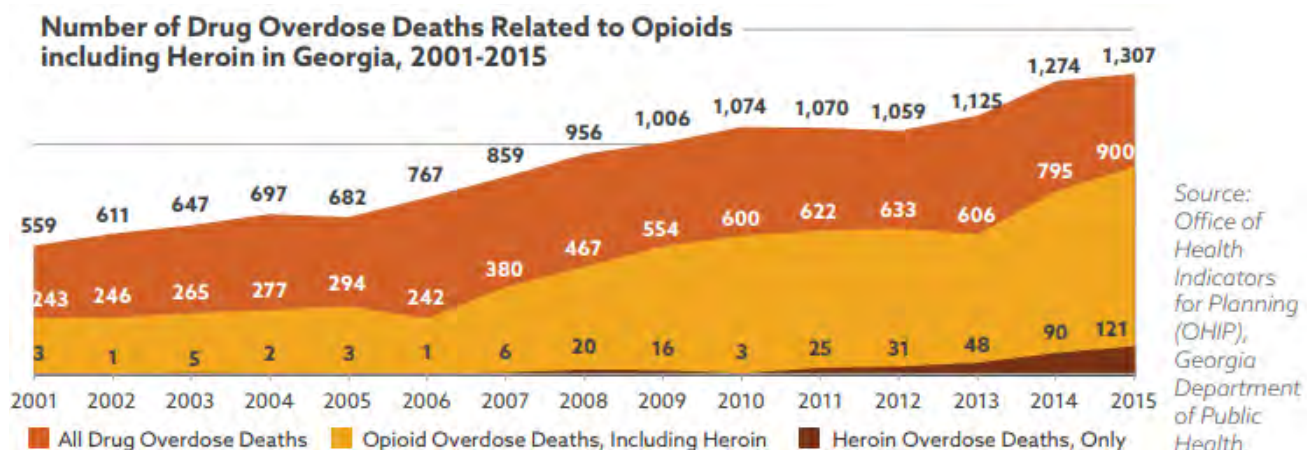
Alcohol Consumption				
	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Tift County	29,782	2,531	8.5%	8.8%
Turner County	6,624	No Data	Suppressed	Suppressed
Cook County	12,432	1,703	13.7%	13.9%
Georgia	7,121,933	982,827	13.8%	13.7%
United States	232,556,016	38,248,349	16.4%	16.9%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12.

Source geography: County

- Excessive alcohol consumption rates among Tift County adults is substantially lower than the Georgia average.
- Overall, Georgia state rates are approximately 20% less than the U.S. rate.

Although marijuana and opioid use rates were not available at the county-level, anecdotal data, as well as state of Georgia data indicate that opioid use is a rising problem in Tift County and the general TSA.



- Georgia's annual opioid death rate increased approximately 30% from 2009 to 2015 – continuing to increase in 2016 (1,394) and nearly 1,400 in 2017 (estimated).⁴

⁴ U.S. CDC. Available at <https://www.cdc.gov/drugoverdose/data/statedeaths.html>
Crescendo Consulting Group

Current Tobacco Users

The percent of Tift County residents who are regular cigarette smokers is slightly lower than the Georgia and U.S. averages.

Tobacco Use			
	Total Population Age 18	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes
Tift County	29,782	4,944	16.6%
Turner County	6,624	1,259	19.0%
Cook County	12,432	2,797	22.5%
Georgia	7,121,933	1,289,070	18.1%
United States	232,556,016	41,491,223	17.8%

- Cook County adults have a higher tobacco smoking rate than other PSA counties, the state of Georgia, and the U.S. average.
- There are approximately 9,000 adult users of tobacco in the TRMC PSA.

General Health

TRMC PSA-county residents report poorer general health and slightly poorer mental health compared to the Georgia average.

Self-Reported Health Status				
Area	Self reported general health (Percentage of adults reporting fair or poor health)	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	Percentage of adults reporting 14 or more days of poor mental health per month	Percentage of population without adequate social/emotional support
Tift County	22.00%	4.6	14.00%	21.20%
Cook County	22.00%	4.6	14.00%	suppressed
Turner County	21.00%	4.5	14.00%	29.60%
Georgia	17.00%	3.7	13.00%	20.70%
United States	17.80%	3.6	14.0%	20.70%

Data Source: Kaiser Family Foundation, Available at <https://www.kff.org/other/state-indicator/percent-of-adults-reporting-fair-or-poor-health-status/?currentTimeframe=0&selectedRows=%7B%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse. 2006-12. Source geography: County. Available at <http://www.countyhealthrankings.org/app/georgia/2018/measure/outcomes/145/data>

- The percentage who self-assess health status as “poor or fair” is 4.2 percentage points (24%) higher than the U.S. rate.
- The percentage of the PSA-county population reporting 14 or more days of poor mental health is approximately equal to the state average. However, one of seven adults report struggling with the issue.

Maternal and Child Health: Infant Mortality

The rate of infant mortality in Tift County in the period from 2011 to 2016 was higher than the national rate.

Infant Mortality			
	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Tift County	3,315	29	8.8
Turner County	670	5	6.9
Cook County	1,255	14	11.0
Georgia	716,420	5,445	7.6
United States	20,913,535	136,369	6.5

Data Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File. 2011-16. Source geography: County

- The rate of infant mortality in Cook County is nearly twice that of the U.S. average. However, given the small sample size (i.e., 1,255 births), the data must be considered directional but not statistically significant.

Access to Healthcare Providers

With the one exception of primary care providers in Tift County, the availability of PCPs, dentists, and mental health providers in Tift, Cook, and Turner Counties lags Georgia and U.S. averages.

Healthcare Provider Capacity					
Primary Care	Total Population	PCPs per 100,000 Pop.	Dentists per 100,000 Pop.	Mental Health Providers per 100,000 Population	Percent Adults Without Any Regular Doctor (PCP)
Tift County	40,787	108.1	39.3	51.5	24.3%
Turner County	8,338	36.8	24.4	NA	No Data
Cook County	17,033	58.1	29.2	34.8	18.5%
Georgia	10,006,693	72.9	49.2	121.2	26.1%
United States	316,515,021	87.8	65.6	202.8	22.1%

Data Source: Source: Community Commons, "Build a Report". Available at

<https://www.communitycommons.org/maps-data/>;

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

- Tift County report having more PCPs per capita than other reporting areas.
- Even with relatively strong number of PCPs, nearly one of four (24.3%) of Tift County residents is without a PCP.
- The number of dentists per 100,000 population in TRMC PSA-counties is much lower than state and U.S. averages.
- The PSA service area counties have fewer than half of the mental health providers per 100,000 than the Georgia average and only about 20% of the U.S. average.

Communicable Diseases

Infection rates of Sexually Transmitted Disease (e.g., chlamydia) in the Tift, Cook, and Turner Counties is above the U.S. average.

Sexually Transmitted Diseases					
	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)	Gonorrhea Infection Rate (Per 100,000 Pop.)	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Tift County	40,787	247	605.6	100.5	331.3
Turner County	8,338	66	791.6	36.0	345.9
Cook County	17,033	80	469.7	88.1	261.7
Georgia	10,006,693	51,607	515.7	137.6	512.7
United States	316,515,021	1,441,789	455.5	110.6	353.2

Data Source: US Department of Health and Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2014; US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention](#). 2013. Available at <https://assessment.communitycommons.org/CHNA/report?page=6&id=616&reporttype=libraryCHNA>

- The rate of chlamydia infections in Tift County is about 20% higher than the Georgia and U.S. averages.
- Gonorrhea rate in the three TRMC PSA counties are lower than state and U.S. averages.
- HIV rates are lower than the state average, but given the health, community, and financial impact of HIV/AIDS, this remains an important indicator.

Health Insurance

The percentage of residents in Georgia with medical insurance is about equal to the the national rate. However, Tift, Cook, and Turner County rates lag U.S. and Georgia totals.

Health Insurance Coverage			
	Total Population Age 18 - 64	Percent Population With Medical Insurance	Percent of Insured Population Receiving Medicaid
Tift County	23,584	75.4%	32.8%
Turner County	4,229	75.6%	38.9%
Cook County	9,946	75.9%	33.3%
Georgia	6,205,261	80.6%	20.8%
United States	193,600,545	83.6%	21.2%

Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014. Source geography: County

- Medicaid coverage rates are far higher in TRMC PSA-counties than the state average.
- Overall insurance coverage rates also lag state and U.S. averages.

Preventable Hospital Events for the Medicare Population

This data is based on the discharge rate per 1,000 Medicare enrollees which are ambulatory care sensitive (ACS). These conditions refer to pneumonia, dehydration, asthma, diabetes and others that may have been prevented if there had been adequate primary care resources accessible to them.

	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Tift County	3,709	234	63.2
Turner County	990	50	50.9
Cook County	1,714	111	65.3
Georgia	793,880	41,143	51.8
United States	29,649,023	1,479,545	49.9

*Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2014.
Source geography: County*

Hospital Inpatient Discharge Data Patterns

By reviewing the hospital discharge data (only de-identified patient data), it can be determined that distance from the hospital has a tremendous impact on patients' ability or willingness to seek care. The data in the following table includes the most common 10 diagnosis codes given to patients discharged from TRMC in 2016. Percentages represent the average "likelihood index" for people living in zip code areas "Near TRMC Hospitals" and for those "Further Away from TRMC Hospitals."

The Index is computed by dividing the percentage of diagnoses from each zip code by the zip code population (as a percent of the total service area. For example,

Total number of Essential (primary) hypertension diagnoses:	56,456
Total number of Essential (primary) hypertension diagnoses in areas Near TRMC Hospitals	45,404
Percent of Essential (primary) hypertension diagnoses in areas Near TRMC Hospitals	72.67%
Population of the total zip code population used for the analysis	220,004
Population of Essential (primary) hypertension diagnoses in areas Near TRMC Hospitals	90,476
Percent of Essential (primary) hypertension population in areas Near TRMC Hospitals	41.12%
Index of diagnosis area to population	177%
[Note the first number in the table below]	

Service Use Indices Based on Transportation Patterns ⁵		
Diagnosis	Areas (by Zip Code) Near TRMC Hospitals	Areas (by Zip Code) Further Away from TRMC Hospitals
Essential (primary) hypertension	177%	54%
Other long term (current) drug therapy	173%	49%
Type 2 diabetes mellitus without complications	188%	51%
Hyperlipidemia, unspecified	195%	51%
Nicotine dependence, cigarettes, uncomplicated	182%	43%
Encounter for screening mammogram for malignant neoplasm of breast	187%	54%
Personal history of nicotine dependence	176%	52%
Gastro-esophageal reflux disease without esophagitis	181%	55%
Urinary tract infection, site not specified	180%	47%
Anemia, unspecified	164%	53%

- The above analysis shows that people living in zip code areas nearer to TRMC hospitals are three to four time more likely to seek hospital services than others.
- An index of 100.0% would indicate that, on a per capita basis, people in a particular area are seeking services at a rate proportionate with the population.

⁵ "Near TRMC Hospitals" includes the following zip code areas: 31620, 31637, 31639, 31647, 31714, 31733, 31749, 31774, 31775, 31783, 31790, 31793, 31794, 31795;

"Further Away from TRMC Hospitals" includes the following zip code areas: 31015, 31533, 31622, 31632, 31650, 31750, 31768, 31771, 31781, 31788, 31789, 31791.

La Fiesta del Pueblo Festival Survey Highlights

During the Autumn 2017 La Fiesta del Pueblo Festival, TRMC staff members and others conduct intercept surveys among 127 Festival attendees. The short survey helped to quantify festival-goers' medical care service use habits, the degree to which they seek care when needed, and perceptions about the most urgent health needs in the area. Summary highlights are shown below, and the full set of frequency tables is contained in the Appendix.

- Most Festival attendees (54.0%) go to the doctor's office when they need basic medical care. However, nearly one in five (19.4%) say that they go to the hospital emergency room – a generally high-cost, low efficiency alternative.

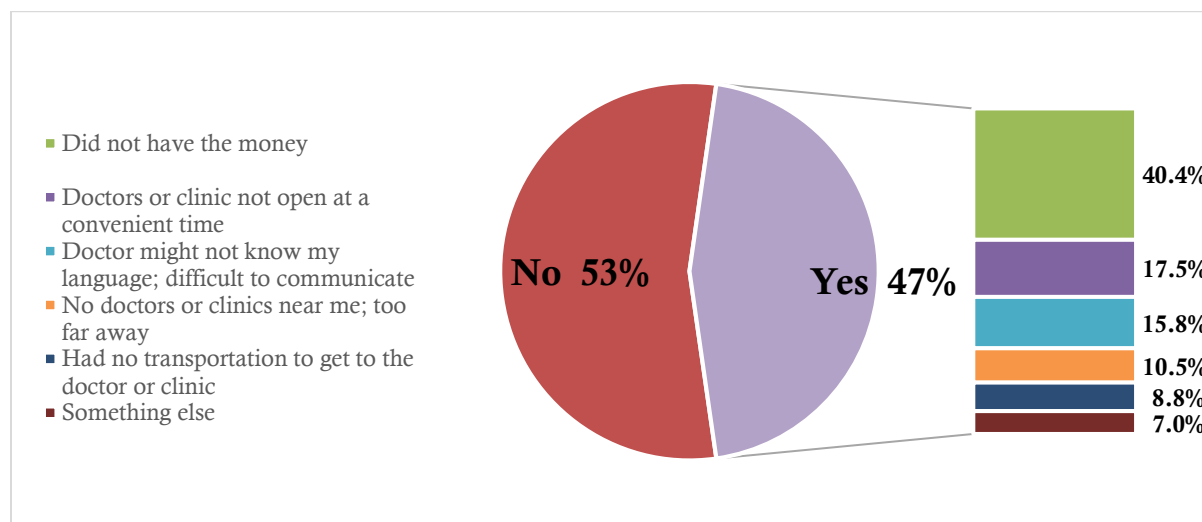
Q1. Where do you go when you need basic medical care?

Answer	Percent of Respondents
Doctor's office	54.0%
Clinic or urgent care facility	23.4%
Hospital Emergency Room	19.4%
I do not get care even when I need it	3.2%

- Many Festival goers do not seek care when needed.
 - Nearly half of survey respondents (47%) indicated that there were times in the past year when they needed medical help but chose not to seek it. In most cases (40.4%), those who chose not to seek care made the decision due to lack of finances.
 - The primary reasons why those needing care did not seek it relate to access issues – transportation or “no doctors near me” (19.3%), language barriers (15.8%), or inconvenient hours of provider service (17.5%).

Q2. In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

Q3. If YES, why did you NOT get care?



- Among respondents, approximately 20% to 30% indicated that “... A LOT more” services are required to meet demands for substance use, mental health, dentistry, primary care, and specialized medical care.

Q4. How would you rate the need for healthcare services ... in the area?

Health Services Need	Percent saying, "We need A LOT more."
Substance use treatment services	29.5%
Mental health services	26.7%
Dentistry	23.0%
Basic Primary Care	19.0%
Specialized care providers	18.3%

See the Appendices for a more complete presentation of associated data tables.

Patient, Community Stakeholder, Provider, and Staff Discussions

Patients and community members joined discussion groups or participated in one-to-one interviews as part of the community health needs assessment. Members were recruited in person by office staff and by phone. The communications to the patients and community explained that the meeting was an important step in the assessment process in that helps identify opportunities for community health improvement over the next few years.

The patient discussions used a formal interview guide (see Appendix) that covered participants' broad perceptions of health and narrowed into what they saw as the biggest health problems facing the community.

Additionally, Crescendo conducted one-on-one telephonic interviews with a diverse group of community stakeholders to provide additional perspective on key topics. TRMC provided Crescendo with names and contact information for interview subjects. Call duration varied by participant but were approximately 15-20 minutes in length.

Many of the Leadership Group members were highly active in local healthcare and/or had personal interests which allowed them to maintain insightful and unique perspectives. During group meetings, they spoke about the most critical community health needs and their impact – particularly as they relate to activities where TRMC may be able to contribute.

Broad Dimensions of Health

Although there is a sample bias in the selection of patients, they universally had positive things to say about their TRMC services and the community, in general.

“Transportation is a critical factor. Especially for a rural area, we have a pretty good range of services. However, that doesn’t mean [anything] if you can’t get to the doctor’s appointment because you don’t have a car and there is no bus.”

“I’ve lived here forever. I see a lot of people – lots of Spanish-speaking residents – who either struggle with the language or they are scared that someone will think that they are an illegal immigrant. Either way, it results in them not getting highly needed services. Then when something goes really bad, they wind up in the hospital ER, and – usually the taxpayers – wind up payer ten times what it would have cost to get them preventive care! It doesn’t make sense. We need more Spanish-speaking docs.”

“Healthcare reimbursement is a crap shoot. If you have health insurance, your deductible and co-pay are so high that you can’t afford to go to the doctor for relatively minor things – though these are things that may WELL get worse! If you are coming from low socio-economic strata, you’re statistically more likely to need care, but you’ve got Medicaid. Crazy though, most preventive care is not on Medicaid. But if you’re on Medicaid, even a really small co-pay may be enough to keep you from care. Ugh! Don’t even ask me about the people in the middle – they are [facing intense financial challenges] if they want care. The people with money can always get care in Tift County. If you don’t have the resources, and you can’t get the medicine to keep you healthy.”

Health Problems and Contributing Factors

There is a great deal of consensus in regard to most of the health needs in the area – especially mental health care. There appeared to be the varying levels of interest in substance abuse treatment, but many recognized that things such as the opioid crisis (though not currently a major issue) may soon become urgent. Although some participants indicated that “drugs and alcohol is an issue with everyone” others had very little energy around the topic. Conditions that patients listed as some of the biggest health problems included (in order):

- Access to primary care and specialized medical care.
- Transportation.
- Mental health and substance abuse.
- Access to care for Spanish-speaking residents.
- Lack of exercise, poor diets, and smoking.
- Diabetes, pre-diabetes, nutrition.

Not surprisingly, participants also pointed to generational, social, and cultural influences as key contributing factors in the persistence of poor health:

- The generational high impact of poverty.

“It’s tough to break the cycle [of poverty]. Sometime, they are truly bad parents, but most parents try hard to provide a good life for their kids. It is difficult, though, when you as a parent, either did not have a good role model or you don’t have the faculties to figure it out. Unless you are really fortunate, you will wind up passing along an ‘absence of aspirations’ to your kids.”

“Some older people have to decide whether to pay for food or medicine.”
- Cultural issues often impact healthy behaviors.

“We are true Southerners! I love this place! We make a lot of our own problems sometimes, though. I love the food here; you will never go away from my kitchen hungry ... maybe a couple pounds heavier, but never hungry. The down side of that is that we have people we love dying at 62 years old because of heart disease, diabetes, or general obesity. That said, I can’t imagine how anyone would ever change how we live. It’s a big challenge.”

Solutions and Suggested Interventions

When asked if community members feel there are services to address the problems mentioned, Leadership Group members spoke highly of existing services, but suggested ways to improve delivery.

“What we really need is a mobile service van that can travel to high-need areas including the Spanish-speaking ones, and provide dental and primary care services.”

“Tift Region’s doctors advocate for senior citizens by helping with a million different community service programs. Other providers don’t care for poor people as much.”

“The Care Coordination capability is the best kept secret in town. Care coordination is a relatively low-cost way to prevent chronic disease patients from showing up in my hospital as often. When they do [show up at the hospital], I’ll take good care of them, but I’d rather not see them at all unless it is for a well-check. Care coordinators keep the high-risk patients healthier and they provide preventive care, too, sometime. Some even provide those wrap-around services that everyone [i.e., patients] needs, but no one can afford.”

“An advocate [i.e., care coordinator] even helped get me coupons from the drug company.”

“Co-locating social workers or other counselors in the emergency department makes a lot of sense because a high percentage of ED patients have mental health issues. Having an onsite counselor will help the throughput of the ED, provide more effective patient care, and I can’t help but think that it will lower the overall cost of care.”

“Senior citizens are an integral part of our culture and institutional heritage here in Tifton. The obvious issue is that they have recurring medical needs. The piece often overlooked is the mental health piece. Loneliness, dementia, age-related disabilities, transportation, health and wellness; as a society and a community, we owe it to these folks to stand up with them. You know what? Before you can turn around twice, you’ll be one of them!”

Participants were very insightful both in terms of understanding the challenges to improving personal health and methods to outreach to new people.

“Changes need to come from within our community. The best role – and a necessary role – for a consultant is to bring an outside perspective and help US guide OUR work. I’m pleased that [the CHNA consultant] has done just that! It would absolutely not work if you come into a community and tell them they’re wrong.”

“To make changes in the community, Tift [Regional Hospital] needs to spend time getting to know people – really learning how to empathize with them.”

“Some people just don’t want to go to the doctor. That attitude is a little higher with African Americans, Spanish speakers, and the obese.”

“Please help us figure out how to educate [doctors] who don’t understand in the inner parts of what the patient needs [i.e., the psychological or motivational interviewing-style piece]. People need encouragement, and they need their doctors to help them figure out what will truly motivate them to change unhealthy behaviors.”

“Our churches are very important. It would be great if the hospital could work with them to improve health and wellness in our community. Just by doing so, you’d likely let folks know that the hospital can help them when they’re sick, too. You can have a health day at church.”

“Get the Tift doctors and nurses, and – especially – the administrators out in the community! They would do a great job, and they have a lot of good things to tell people. Most importantly, with this opioid thing on the increase, make services more top-of-mind.”

“It would be helpful if there was an easier way to find healthcare providers – especially in an emergency. Mental health problems might be the worst. If you or a family member is suicidal, you can’t afford to wait 30 days for an appointment. There needs to be a mental health triage or urgent care facility.”

Although there are good number of clinics and urgent care facilities in the area, community participants noted concerns about quality, access and insurance. Insurance barriers appeared top of mind in some of the discussions.

“You [TRMC] don’t treat me any differently because I’m on Medicaid.”

“Insurance makes a big difference in healthcare.”

“It shouldn’t be based on insurance whether you can take care of your health.”

Leading Challenges

When asked to note the leading health challenges in their community, there were several consensus areas consistent with patient observations:

- **Access to providers**

Stakeholders frequently commented that access to care can be a challenge. Comments suggest that accessibility to providers varies by specialty and geographic area, but also represents a general problem.

“We have a need for urgent care and specialized medicine. Our population is older than other areas where I’ve worked, and the biggest health problem is the emergency care. Having an Urgent Care facility with longer hours rather than sending them in an ambulance to the ER would be a big help.”

“It is difficult to find a doctor taking new patients. When you do find one, sometimes the response is, ‘Hmmm, I wonder why no one else wants to go see this doctor.’ Usually though, any patient is delighted to find any doctor taking new patients.”

“Access to healthcare is the greatest need. TRMC has a great opportunity.”

“There are no specialists in the area – neurology, rheumatology, and others. You need to go to Atlanta.”

“I have no trouble getting in to see my PCP, but sometimes the wait time to see specialists is long.”

“If you need a drug detox facility, you’re in trouble. I think that the jail is the biggest de facto detox facility around here. We really need help here, too.”

- **Prevalence – and management - of chronic health conditions**

Among the stakeholders, the prevalence and management of certain chronic health conditions, such as heart disease, diabetes, and hypertension were identified as important issues facing the community. Several mentioned that either they or a family member (or both) had experience with one or more of these conditions, and it was recognized that better lifestyle habits and better

management of these chronic health conditions could make a big difference in the health of the community.

“I think if diabetes could be controlled that would help with the other conditions.”

“Diabetes and pre-diabetes are very prevalent. Any time we propose grants we must include nutritional value of food. Improving the areas nutrition is our goal.”

“I have high blood pressure and I’m pretty young. I understand that it’s sometimes a challenge to manage chronic health conditions, which is a factor in heart disease.”

“I’m a diabetic; I’m better with a level-headed presentation of what I can do to help myself. You need to understand where people are and don’t expect them to pick of the fine details of what to do from an on-line presentation. I have a physician now – they give me options for me; in the last 3 months I’ve lost 28 pounds; they don’t give me needless information.”

“Early intervention is the key, start with the young people – catch them early and avoids skeptical

“Heart disease and diabetes are the greatest health problems in the Pee-Dee.”

- **Poverty and social isolation**

“The Pee-Dee is one of the highest poverty areas in the state. There are no big businesses that can support these social programs.”

“As bad as this sounds, we have a very poor population base and 54% of the population is African-American; power people can be forgotten. And as they age people get more skeptical about seeing doctors. They don’t understand the importance of early intervention.”

- **Poor nutrition and physical activity**

Several noted that poor nutrition and lack of physical activity are important problems in the community.

“One of the biggest problems is diet. ‘If you can fry it, we’ll eat it’ is the approach around here.”

“Take away fried food. Health is not a primary concern at the dinner table. We need to do a better job telling people you can invest in your future by taking care of how you eat and exercise.”

- **Communications between community groups**

While none of the stakeholders noted any challenges in communication between community groups per se, two identified a need for better communication and/or education with community members about available services in the area, particularly services to support lifestyle changes (e.g., nutrition, exercise) and public transportation services.

- **Services for the aging population**

Services for the aging population were perceived as lacking by one stakeholder.

“The problem is the demographics. The population is decreasing overall. But 65+ is growing and under 18 is decreasing. The area doesn’t have enough physicians to handle the geriatric crowd, who require more care than a 30-year-old.”

Community Survey

TRMC conducted a convenience survey in order to collect direct consumer opinions regarding community health needs. The survey was administered to over 500 randomly selected individuals in the TRMC service area – primarily Tift and Cook Counties.

Most people seek care by going to the doctor's office, however, nearly one in three (27.1%) go to a clinic or urgent care site.

Where do you go when you need basic medical care?

	Frequency	Net Percent	Cumulative Percent
Doctor's office	379	70.7	70.7
Hospital emergency room	5	.9	71.6
Clinic or urgent care	145	27.1	98.7
I don't get care even when I need it	5	.9	99.6
No response	2	.4	100.0
Total	536	100.0	

Nearly one-third of respondents (29.5%), at some time in the last year, needed medical care but chose NOT to seek it – most (61.7%) because they did not have enough money.

More than one-third (34.6%) did not seek care because they had no transportation.

In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

	Frequency	Net Percent	Cumulative Percent
Yes	157	29.5	29.5
No	362	67.9	97.4
Not sure	14	2.6	100.0
Total	533	100.0	
No response	3		
Total	536		

If YES, why did you NOT get care?			
	Frequency	Net Percent	Cumulative Percent
Doctor might not know my language; difficult to communicate	1	.9	.9
Did not have the money	66	61.7	62.6
No doctors or clinics near me; too far away	2	1.9	64.5
Had no transportation to get to the doctor or clinic	1	.9	65.4
Doctors or clinic not open at a convenient time	37	34.6	100.0
Total	107	100.0	
No response	429		
Total	536		

Among survey respondents, mental health and substance abuse issues are identified as the issues for which “a LOT more services” are most needed – for adults, as well as children.

Percent saying, "We need a LOT more [of these services]"		
Service Type	Services for Adults	Services for Children
Primary care	9.0	10.8
Specialized care	11.9	24.3
Dentistry	7.3	11.2
Mental health	30.8	27.4
Substance abuse	30.0	23.3

Social media is identified as the best way to communicate with service area residents. Note, though, that among people age 45 and older, Facebook and other forms of social media are somewhat less popular.

In regards to information about Tift Regional's providers and services, what is the best way to connect with you as a consumer?				
Type of Communication	Best way	Second best way	Third best way	Total
Facebook or other social media site	22.4	16.0	10.6	49.1
Mailer	17.4	15.1	13.6	46.1
Word of mouth	13.8	9.7	15.9	39.4
Television commercial	13.8	12.5	10.4	36.8
Print advertisement (such as newspaper or magazine ad)	4.5	9.1	8.4	22.0
Community event	3.9	4.7	9.0	17.5
Web advertisement with a link to our website	6.2	5.8	5.4	17.4
News media story	3.9	6.2	6.9	17.0
Physician referral	3.4	5.8	6.7	15.9
Google search / website	5.4	5.8	3.9	15.1
Radio commercial	2.4	3.7	4.1	10.3
Billboard	.6	4.1	4.1	8.8

Among people 45 and older, mailers, television commercials, and word of mouth (as well as social media) are preferred communications modalities.

In regards to information about Tift Regional's providers and services, what is the best way to connect with you as a consumer? <i>Survey respondents age 45 and older</i>				
Type of Communication	Best way	Second best way	Third best way	Total
Mailer	22.6%	14.6%	15.9%	53.1%
Facebook or other social media site	13.7%	15.3%	11.1%	40.1%
Television commercial	15.8%	13.9%	8.8%	38.4%
Word of mouth	14.7%	8.5%	15.2%	38.4%
Print advertisement (such as newspaper or magazine ad)	6.5%	12.2%	7.8%	26.5%
News media story	4.8%	7.5%	9.5%	21.7%
Community event	4.8%	6.1%	10.1%	21.0%
Web advertisement with a link to our website	5.8%	4.7%	5.7%	16.3%
Physician referral	3.8%	6.1%	6.4%	16.3%
Google search / website	4.8%	4.4%	2.7%	11.9%
Radio commercial	2.4%	3.7%	3.0%	9.2%
Billboard	0.3%	3.1%	3.7%	7.1%

NOTE: The appendices contain a full set of frequency tables for the Community Survey.

Health Issues Evaluated in the Modified Delphi Method

Through leadership team discussions, healthcare consumer surveys, interviews with other community stakeholders, and secondary research, 53 community health needs were identified. In order to develop a ranked list, leadership team members were asked to rate each of the needs on a 5-point scale (with 1 = the greatest need). The community needs which were evaluated, are contained in the table below in alphabetical order. A **prioritized** list of needs – the results of the research – is shown afterwards.

Health Issues Evaluated in the Modified Delphi Method
Community Needs Listed Alphabetically
Access to primary care physician services
Access to specialty care physician services
Affordable healthcare services
Affordable prescription medications
Autism spectrum and other learning disabilities – early detection and treatment
Behavioral health services for adults for depression, anxiety, or other mental health conditions other than substance abuse
Cancer – Care coordination
Cancer – Diagnosis and treatment
Cancer – Education and prevention
Cancer – Screening
Care coordination for people with multiple co-morbid conditions
Children’s health – behavioral health services
Children’s health – primary care services
Children’s health – specialized care services
Dementia spectrum services for Alzheimer’s, Parkinson’s Disease, Lewy Body dementia, and others
Dental health services for children and adults
Diabetes – Care coordination
Diabetes – Diagnosis and treatment
Diabetes – Education and prevention
Diabetes – Screening
Domestic or intimate partner violence counseling or intervention
End of life issues (including palliative care)
Heart disease – Care coordination
Heart disease – Diagnosis and treatment
Heart disease – Education and prevention
Heart disease – Screening
Home health services such as Visiting Nurses or other in-home care

Health Issues Evaluated in the Modified Delphi Method	
Community Needs Listed Alphabetically	
Homeless services (healthcare for the homeless)	
Hypertension treatment and related services	
Nutrition and healthy eating education	
Obesity – Care coordination	
Obesity – Diagnosis and treatment	
Obesity – Education and prevention	
Obesity – Programs to help with self-management	
Pain management services	
Respiratory health / pulmonology education and services	
Rheumatology and other arthritis services	
Seniors' health services – Care coordination	
Seniors' health services – Diagnostic and treatment	
Sexually transmitted disease education, screening, and treatment	
Smoking cessation services	
Spanish language - Primary care services	
Spanish language - Care coordination or other services to improve access to care and utilization	
Spanish language - Specialized care services (e.g., diabetes care, cardiology, etc.)	
Stroke prevention and care	
Substance abuse – Care coordination	
Substance abuse – Education and prevention	
Substance abuse – Intervention and treatment	
Substance abuse – Screening	
Transportation services for people needing to go to doctor's appointments or the hospital	
Wellness initiatives for adults – exercise and nutrition	
Wellness initiatives for children – exercise and nutrition	
Women's health – comprehensive gynecology and reproductive care for women in all stages of life	

The Prioritized List of Needs

The prioritized list of community needs fall into three categories: Access to Care, System Capacity, Care Coordination Services. The list of the top needs is shown below.

Prioritized Community Needs

<i>Domain and Rank</i>	<u>Health Need</u>
<u>Access to Care</u>	
1	• Transportation services for people needing to go to doctor's appointments or the hospital
2	• Greater access to care for people with mental illness or substance use issues
3	• Affordability of prescription drugs and primary care services
<u>System Capacity</u>	
4	• Primary and specialty care providers: psychiatry, dementia spectrum issues, pediatrics, rheumatology, endocrinology, neurology
6	• Providers for population segments with unique cultures or needs: Spanish language services (primary care, specialized medicine, care coordination)
<u>Care Coordination Services</u>	
5	• People with co-morbid or complex chronic conditions
7	• People with existing challenges of access to care (e.g., homeless, Spanish speaking households, low socio-economic strata)
8	• People requiring behavioral health and medical / physical healthcare services (i.e., integrated care)
9	• Seniors - especially those with chronic conditions and those with co-morbid behavioral health and medical / physical health issues

Implementation Strategy Considerations

As noted above, the Community Leadership members (with the guidance and support of Chris Efaw, CFO) indicated that ongoing strategies which address high priority community health issues effectively encourage continued engagement of diverse community leaders while simultaneously addressing several needs identified in the CHNA. There is particular interest in global strategies and initiatives that do the following:

- Accelerate efforts to provide mobile or co-located chronic disease and specialize medical care.
- Continue successful programs currently in operation, e.g. obesity, heart disease, and mental health programs.
- Evaluate and (if appropriate) develop new or modified programs to address needs identified in the 2017-2018 CHNA – especially those that target sub-populations in the highest risk sections of the service area (e.g., Spanish speaking areas).
- Consider programs designed to strengthen the family unit and encourage healthy lifestyles. This may include continuing and/or increased partnership with faith-based groups.

These *broad-based implementation strategies address many of the prioritized community health needs*, including but not limited to the following:

- Improving access to care, which includes behavioral health and substance abuse services.
- Providing education, communications, and enhanced information exchange.
- Addressing chronic diseases and related issues.
- Supporting obesity, wellness, and preventive services.
- Engaging integrated care, where possible?

Implementation strategies will be developed and communicated under separate cover. The document will identify which community needs the hospital will not address (and state why not) and the ones that it will address (and strategies for doing so).

Appendices

Appendix A: Leadership and Community Discussion Guide

Appendix B: La Fiesta del Pueblo Survey Instrument

Appendix C: Appendix C: La Fiesta del Pueblo Festival Survey Frequency Tables

Appendix D: Additional Data by County (All 12 Total Service Area Counties)

Appendix E: Existing Healthcare Resources and Facilities



**Tift Regional Medical Center
Community Health Needs Assessment**

Stakeholder Interview Guide

Stakeholder Interview Discussion Guide

Introduction

- *Introduction, and thank you.* I'm _____. Thank you for taking the time to speak with me.
- *Explain the general purpose of the discussion.* As we discussed, the purpose of this discussion is to learn more about community health-related needs and available resources, and to collect your insights regarding service gaps. We will also discuss the broader range of needs – medical, social, mental health and substance abuse, and others.
- *Seek participant's honest thoughts and opinions.* We're looking for your honest feedback—this includes both positive and negative insights and comments.

CURRENT INVOLVEMENT AND EXPERIENCE IN THE COMMUNITY

1. [FOR AGENCY INTERVIEWS] Would you please tell me a little bit about the organization you represent and the populations you work with?
 - PROBES: What is your role in your organization or in community health, in general?
2. We've been framing the discussions in the focus group with the CDC's definition of "community health" which says that... "community (or public) health is a dynamic state of complete physical, mental, spiritual, and social well-being and not merely the absence of disease or infirmity. ... [That which] we as a society do collectively to assure the conditions in which people can be healthy."
 - PROBE: Do you think that this way of thinking about community health also applies to how you define health (why or why not)?
3. There are several ways to think about health and healthcare: (1) services provided in the community, (2) access to those services including continuity of care, (3) subpopulations facing particular challenges, (4) operational efficiency including the degree to which providers work together and integrated care.

Based on the **the populations that you serve**, in any of these ways, what are the three greatest health issues or needs including but not limited to medical, social, mental health and substance abuse, and others?

- PROBE: How do the populations you work with understand their own health? How about help seeking behaviors? What are the barriers to seeking out help or treatment?
4. Now I'm going to go over the list of health, mental health, and substance abuse focus areas. I'd like to spend a few minutes and get your insights about ones that require more focus and attention, target populations currently underserved and/or vulnerable, more specific conditions or needs within the more general focus areas where there may be service gaps, and others.

[BRING UP EACH OF THE FOLLOWING TOPICS AND INCLUDE PROMPTS (SUBCATEGORIES) IN THE DIALOGUE. NOTE COMMENTS AND PARTICULAR AREAS OF EMPHASIS. INCLUDE COMPARISONS BETWEEN TOPICS WHERE HELPFUL, e.g., “SO WHICH DO YOU THINK REQUIRES MORE ATTENTION: SUBSTANCE ABUSE EDUCATION IN SCHOOLS OR OPIOD ABUSE INVERVENTION AMONG THE HOMELESS?”]

[NOTE – NOT ALL TOPICS WILL BE COVERED WITH ALL INTERVIEWEES. DISCUSSION CONTENT WILL BE MODIFIED TO RESPOND TO INTERVIEWEES’ PROFESSIONAL BACKGROUND AND TIME AVAILABILITY.]

Your name is not going to be asked and the responses are aggregated with many more results.

[PROBE: Note discussion about the magnitude and severity of “high focus” needs.]

Need	
PROMPTS	Notes / Comments
Chronic disease Services for adults Services for adolescents / children	
Substance Abuse Education Early intervention Treatment / Access / Stigma Post-treatment support / care	
Homeless services	
Alcohol Use Education Early intervention Treatment / Access / Stigma Post-treatment support / care	
Access to care Transportation Insurance / financial Language barriers Wait times to see a provider Cultural issues	
Mental Illness	
Intellectual Disability	
Access to care (specify type: IP, OP, IOP, PHP)	
Transitional Housing Access / Availability (i.e. Group Homes)	
Emergency Department Care Utilization, Quality, Reliance	
Geriatric Population Behavioral Health Dimensia, Alzheimer’s Disease Treatment / Access /Stigma	
[OTHER TO BE ADDED, AS NEEDED]	

GAP EXPLORATION

* Determine top areas of focus (if any emerge). Highlight observable trends, ask for confirmation that these trends represent top areas of need.

**Pay close attention to improvement areas related to TRMC

Now I would like to speak a little about the ways to better meet community health needs.

5. What are the critical challenges to better serving the target populations?
 - PROBE: Are there perceived gaps in services or overlapping services?
 - PROBE: Are there community health needs that aren't being considered by service providers that SHOULD be? Why have they not been traditionally considered related to community health?
6. ["SILOS" vs "COOPERATIVE EFFORTS" ISSUE] You've done a good job naming community health needs and gaps. To what degree is it helpful for groups to work cooperatively on projects, or is it better if they work independently? Why or why not? What is the key to being able to work collaboratively?
7. Regarding the needs and gaps that we've discussed, where do you think TRMC could make an impact? Why? How?

Closing

8. Finally, if you had a magic wand, what health, mental health, or substance abuse needs would you address?
 - PROBE: Why?

Thank You!

9. Thank you for your time, the information you provided today is a vital part of the process and something that will help to highlight how Tift Regional Medical Center can elevate its care to its patients and community.

Appendix B: La Fiesta del Pueblo Survey Instrument

La Fiesta del Pueblo

Tift Regional Medical Center Community Health Needs Assessment Survey

Where do you go when you need basic medical care?

Doctor's office

Hospital Emergency Room

Clinic or urgent care facility

I do not get care even when I need it

In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

Yes

No

Not sure

If YES, why did you NOT get care?

Doctor might not know my language; difficult to communicate

Did not have the money

No doctors or clinics near me; too far away

Had no transportation to get to the doctor or clinic

Doctors or clinics not open at a convenient time

Something else (specify) _____

How would you rate the need for healthcare services for ADULTS in the area?

Need	We have enough	We need SOME more	We need A LOT more	Not sure
Basic medical services – Primary Care				
Specialized care doctors (for diabetes care, heart disease care, back problems, etc.)				
Dentistry				
Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)				
Substance abuse – drug abuse treatment				

How would you rate the need for healthcare services for CHILDREN in the area?

Need	We have enough	We need SOME more	We need A LOT more	Not sure
Basic medical services – Primary Care				
Specialized care services (for diabetes care, heart disease care, back problems, etc.)				
Dentistry				
Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)				
Substance abuse – drug abuse treatment				

If you wanted to pick the top three healthcare needs in the area, what would they be?

About you

Age group

Under 18

18 to 25

26 to 44

45 to 64

65 or older

Gender

Male

Female

Race or Ethnicity

Hispanic

African American

White non-Hispanic

Asian

Other

Language

Spanish

English

Creole

Other

Appendix C: La Fiesta del Pueblo Festival Survey Frequency Tables

La Fiesta del Pueblo Festival Survey Frequency Tables

Q1. Where do you go when you need basic medical care?

	Frequency	Percent	Net Percent	Cumulative Percent
Doctor's office	67	52.8	54.0	54.0
Hospital Emergency Room	24	18.9	19.4	73.4
Clinic or urgent care facility	29	22.8	23.4	96.8
I do not get care even when I need it	4	3.1	3.2	100.0
Total	124	97.6	100.0	
No response	3	2.4		
Total	127	100.0		

Q2. In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	54	42.5	43.2	43.2
No	66	52.0	52.8	96.0
Not sure	5	3.9	4.0	100.0
Total	125	98.4	100.0	
No response	2	1.6		
Total	127	100.0		

Q3. If YES, why did you NOT get care?

	Frequency	Percent	Net Percent	Cumulative Percent
Doctor might not know my language; difficult to communicate	9	7.1	15.8	15.8
Did not have the money	23	18.1	40.4	56.1
No doctors or clinics near me; too far away	6	4.7	10.5	66.7
Had no transportation to get to the doctor or clinic	5	3.9	8.8	75.4
Doctors or clinic not open at a convenient time	10	7.9	17.5	93.0
Something else	4	3.1	7.0	100.0
Total	57	44.9	100.0	
No response	70	55.1		
Total	127	100.0		

Q4a. How would you rate the need for healthcare services for ADULTS in the area? ... Basic medical services – Primary Care

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	41	32.3	33.9	33.9
We need SOME more	37	29.1	30.6	64.5
We need A LOT more	23	18.1	19.0	83.5
Not sure	20	15.7	16.5	100.0
Total	121	95.3	100.0	
No response	6	4.7		
Total	127	100.0		

Q4b. How would you rate the need for healthcare services for ADULTS in the area? ... Specialized care doctors (for diabetes care, heart disease care, back problems, etc.)

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	29	22.8	25.2	25.2
We need SOME more	42	33.1	36.5	61.7
We need A LOT more	21	16.5	18.3	80.0
Not sure	23	18.1	20.0	100.0
Total	115	90.6	100.0	
No response	12	9.4		
Total	127	100.0		

Q4c. How would you rate the need for healthcare services for ADULTS in the area? ... Dentistry

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	27	21.3	23.9	23.9
We need SOME more	37	29.1	32.7	56.6
We need A LOT more	26	20.5	23.0	79.6
Not sure	23	18.1	20.4	100.0
Total	113	89.0	100.0	
No response	14	11.0		
Total	127	100.0		

Q4d. How would you rate the need for healthcare services for ADULTS in the area? ... Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	18	14.2	15.5	15.5
We need SOME more	38	29.9	32.8	48.3
We need A LOT more	31	24.4	26.7	75.0
Not sure	29	22.8	25.0	100.0
Total	116	91.3	100.0	
No response	11	8.7		
Total	127	100.0		

Q4e. How would you rate the need for healthcare services for ADULTS in the area? ... Substance abuse – drug abuse treatment

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	9	7.1	8.0	8.0
We need SOME more	26	20.5	23.2	31.3
We need A LOT more	33	26.0	29.5	60.7
Not sure	44	34.6	39.3	100.0
Total	112	88.2	100.0	
No response	15	11.8		
Total	127	100.0		

Q5a. How would you rate the need for healthcare services for CHILDREN in the area? ... Basic medical services – Primary Care

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	41	32.3	36.3	36.3
We need SOME more	38	29.9	33.6	69.9
We need A LOT more	21	16.5	18.6	88.5
Not sure	13	10.2	11.5	100.0
Total	113	89.0	100.0	
No response	14	11.0		
Total	127	100.0		

Q5b. How would you rate the need for healthcare services for CHILDREN in the area? ... Specialized care services (for diabetes care, heart disease care, back problems, etc.)

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	29	22.8	27.4	27.4
We need SOME more	34	26.8	32.1	59.4
We need A LOT more	30	23.6	28.3	87.7
Not sure	13	10.2	12.3	100.0
Total	106	83.5	100.0	
No response	21	16.5		
Total	127	100.0		

Q5c. How would you rate the need for healthcare services for CHILDREN in the area? ... Dentistry

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	29	22.8	27.9	27.9
We need SOME more	25	19.7	24.0	51.9
We need A LOT more	31	24.4	29.8	81.7
Not sure	19	15.0	18.3	100.0
Total	104	81.9	100.0	
No response	23	18.1		
Total	127	100.0		

Q5d. How would you rate the need for healthcare services for CHILDREN in the area? ... Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	17	13.4	16.0	16.0
We need SOME more	29	22.8	27.4	43.4
We need A LOT more	36	28.3	34.0	77.4
Not sure	24	18.9	22.6	100.0
Total	106	83.5	100.0	
No response	21	16.5		
Total	127	100.0		

Q5e. How would you rate the need for healthcare services for CHILDREN in the area? ... Substance abuse – drug abuse treatment

	Frequency	Percent	Net Percent	Cumulative Percent
We have enough	14	11.0	13.6	13.6
We need SOME more	22	17.3	21.4	35.0
We need A LOT more	38	29.9	36.9	71.8
Not sure	29	22.8	28.2	100.0
Total	103	81.1	100.0	
No response	24	18.9		
Total	127	100.0		

Q6a. If you wanted to pick the top three healthcare needs in the area, what would they be?

	Frequency	Percent	Net Percent	Cumulative Percent
Bilingual services	1	.8	1.8	1.8
Dental services	10	7.9	17.9	19.6
Mental health services	13	10.2	23.2	42.9
More convenient health service locations	1	.8	1.8	44.6
Primary care services	10	7.9	17.9	62.5
Substance abuse services	9	7.1	16.1	78.6
Specialized medicine services	10	7.9	17.9	96.4
Urgent or quick care services	1	.8	1.8	98.2
Other services	1	.8	1.8	100.0
Total	56	44.1	100.0	
No response	71	55.9		
Total	127	100.0		

Q6b. If you wanted to pick the top three healthcare needs in the area, what would they be?

	Frequency	Percent	Net Percent	Cumulative Percent
Children's health services	1	.8	2.0	2.0
Dental services	12	9.4	24.0	26.0
Mental health services	5	3.9	10.0	36.0
Primary care services	8	6.3	16.0	52.0
Substance abuse services	5	3.9	10.0	62.0
Specialized medicine services	11	8.7	22.0	84.0
Urgent or quick care services	5	3.9	10.0	94.0
Women's health services	1	.8	2.0	96.0
Other services	2	1.6	4.0	100.0
Total	50	39.4	100.0	
No response	77	60.6		
Total	127	100.0		

Q6c. If you wanted to pick the top three healthcare needs in the area, what would they be?

	Frequency	Percent	Net Percent	Cumulative Percent
Bilingual services	1	.8	3.3	3.3
Dental services	3	2.4	10.0	13.3
Mental health services	5	3.9	16.7	30.0
Primary care services	5	3.9	16.7	46.7
Substance abuse services	6	4.7	20.0	66.7
Specialized medicine services	7	5.5	23.3	90.0
Transportation	1	.8	3.3	93.3
Urgent or quick care services	1	.8	3.3	96.7
Other services	1	.8	3.3	100.0
Total	30	23.6	100.0	
No response	97	76.4		
Total	127	100.0		

Q7. Age group

	Frequency	Percent	Net Percent	Cumulative Percent
Under 18	15	11.8	12.6	12.6
18 to 25	24	18.9	20.2	32.8
26 to 44	42	33.1	35.3	68.1
45 to 64	29	22.8	24.4	92.4
65 or older	9	7.1	7.6	100.0
Total	119	93.7	100.0	
No response	8	6.3		
Total	127	100.0		

Q8. Gender

	Frequency	Percent	Net Percent	Cumulative Percent
Male	23	18.1	19.3	19.3
Female	86	67.7	72.3	91.6
Other	10	7.9	8.4	100.0
Total	119	93.7	100.0	
No response	8	6.3		
Total	127	100.0		

Q9. Race or ethnicity

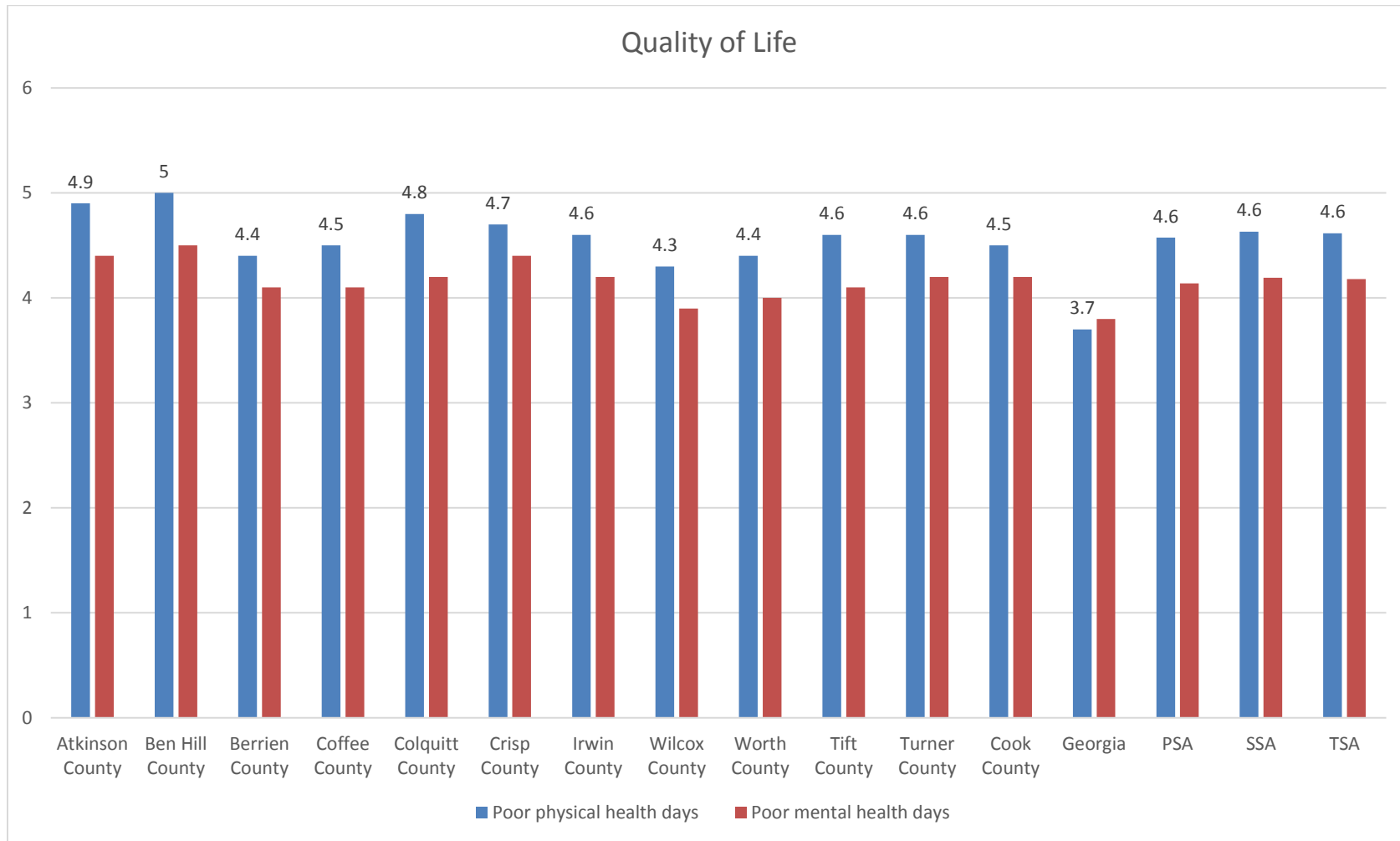
	Frequency	Percent	Net Percent	Cumulative Percent
Hispanic	88	69.3	73.3	73.3
African American	13	10.2	10.8	84.2
White Non-Hispanic	17	13.4	14.2	98.3
Other	2	1.6	1.7	100.0
Total	120	94.5	100.0	
No response	7	5.5		
Total	127	100.0		

Q10. Language

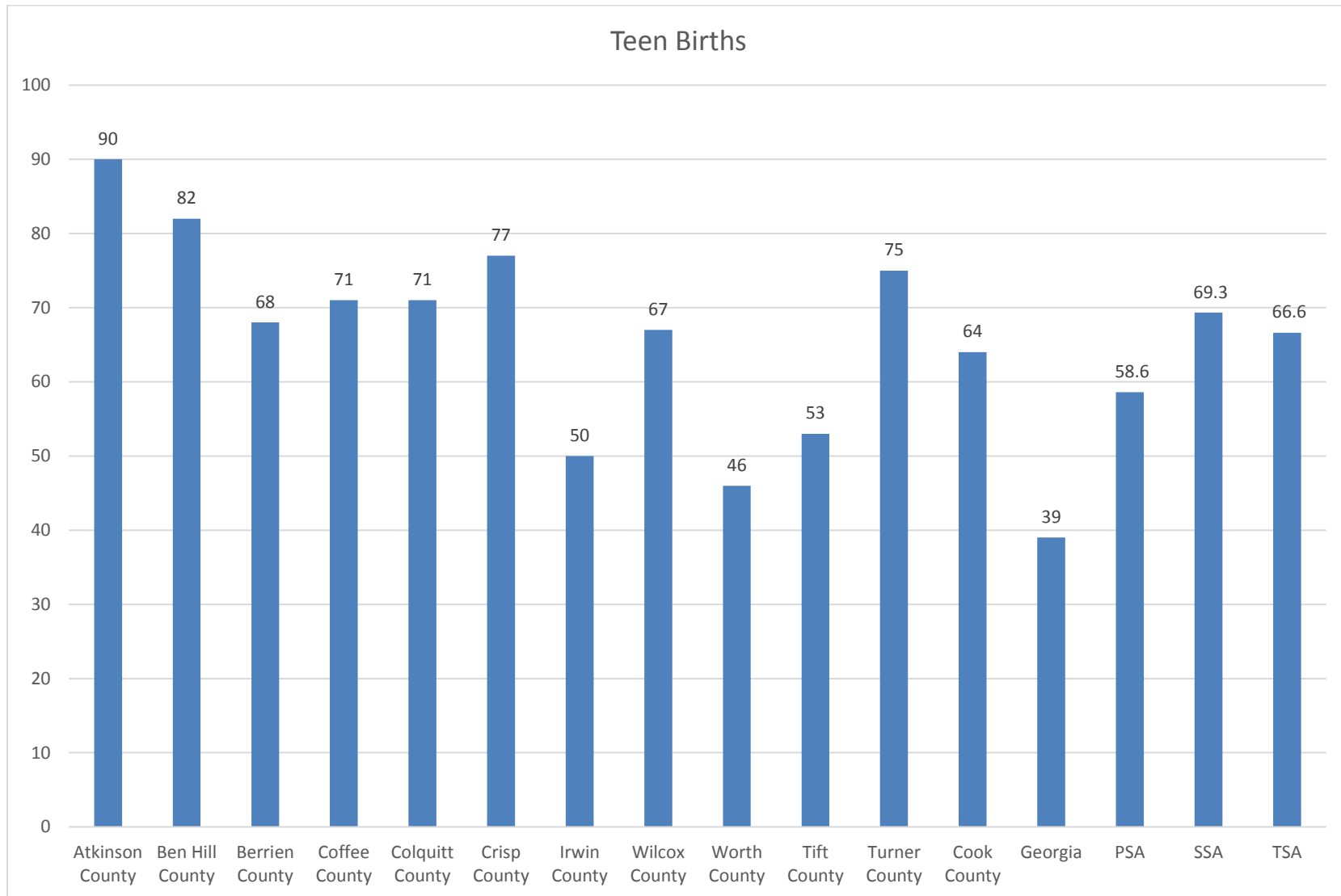
	Frequency	Percent	Net Percent	Cumulative Percent
Spanish	54	42.5	45.0	45.0
English	34	26.8	28.3	73.3
Creole	2	1.6	1.7	75.0
Bilingual	30	23.6	25.0	100.0
Total	120	94.5	100.0	
No response	7	5.5		
Total	127	100.0		

Appendix D: Additional Data by County (All 12 Total Service Area Counties)

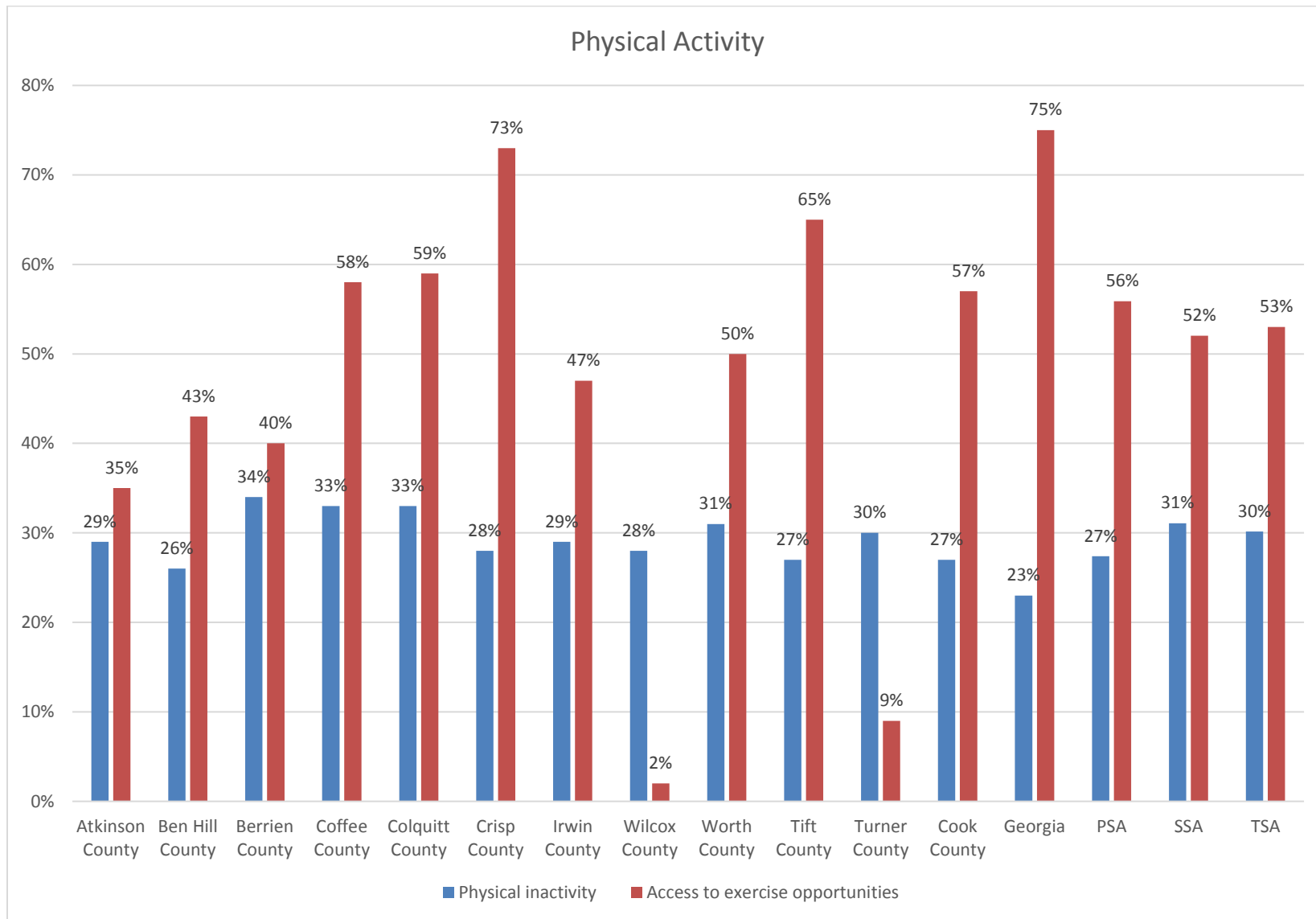
Quality of Life



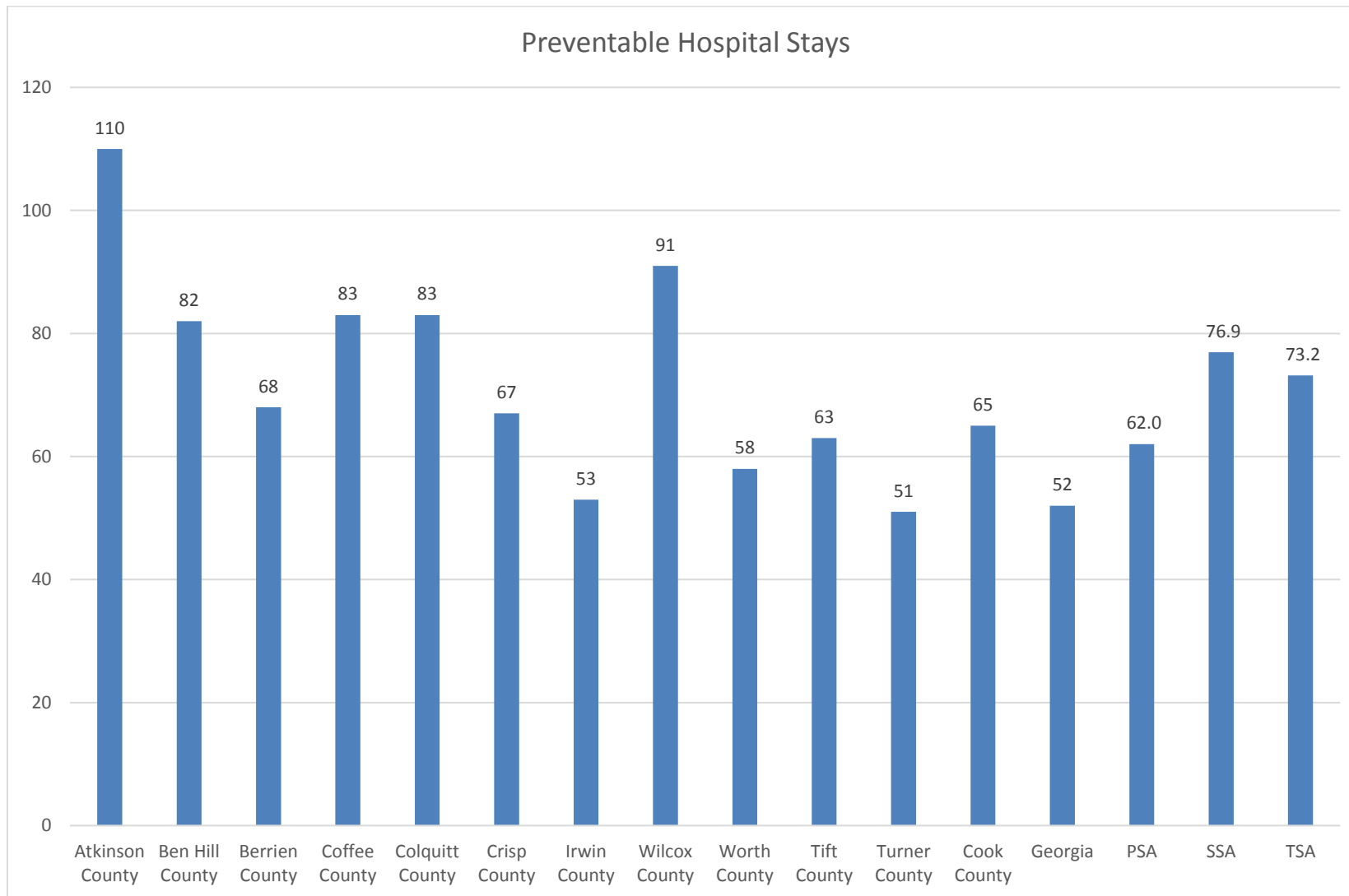
Teen Births



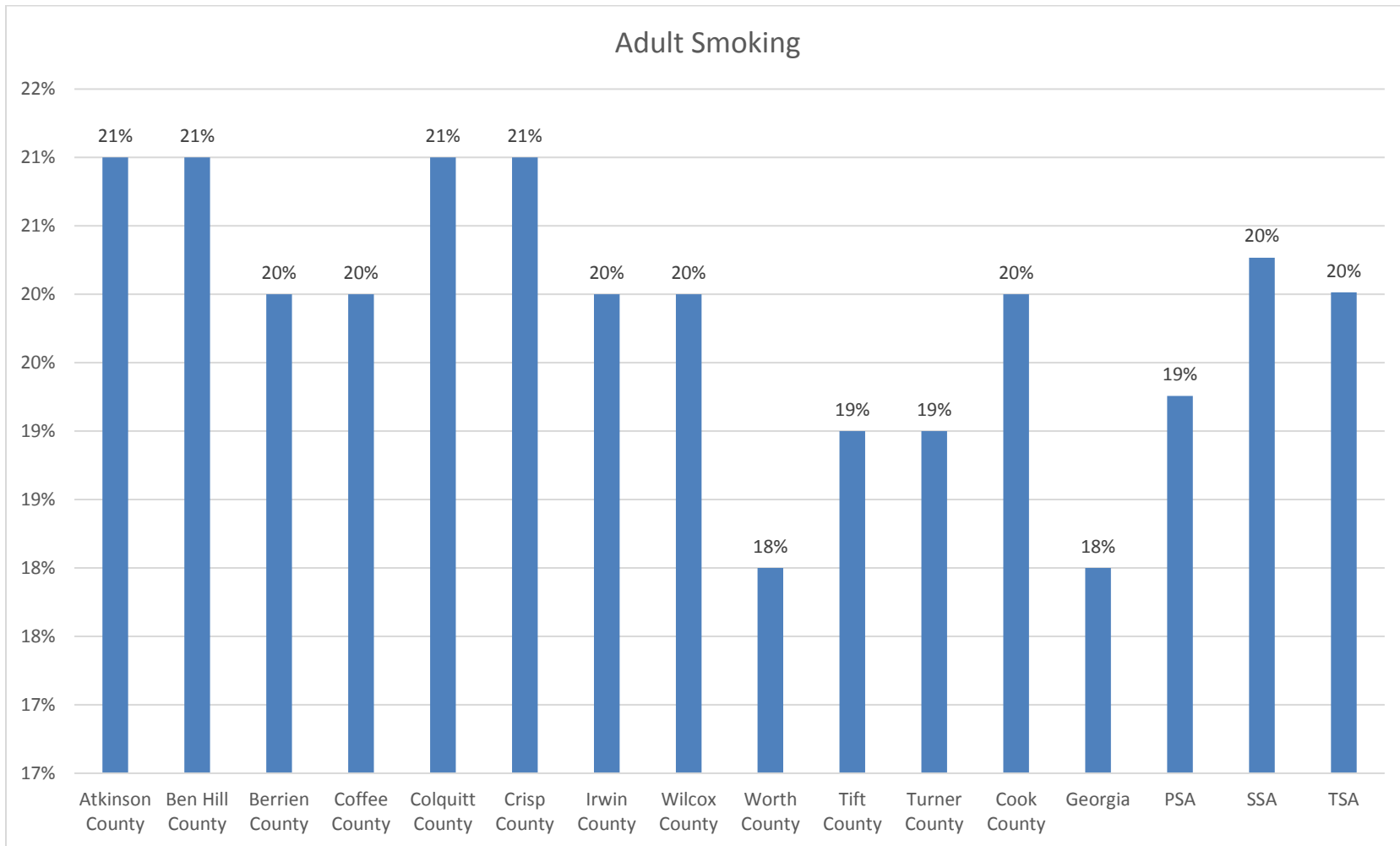
Physical Activity



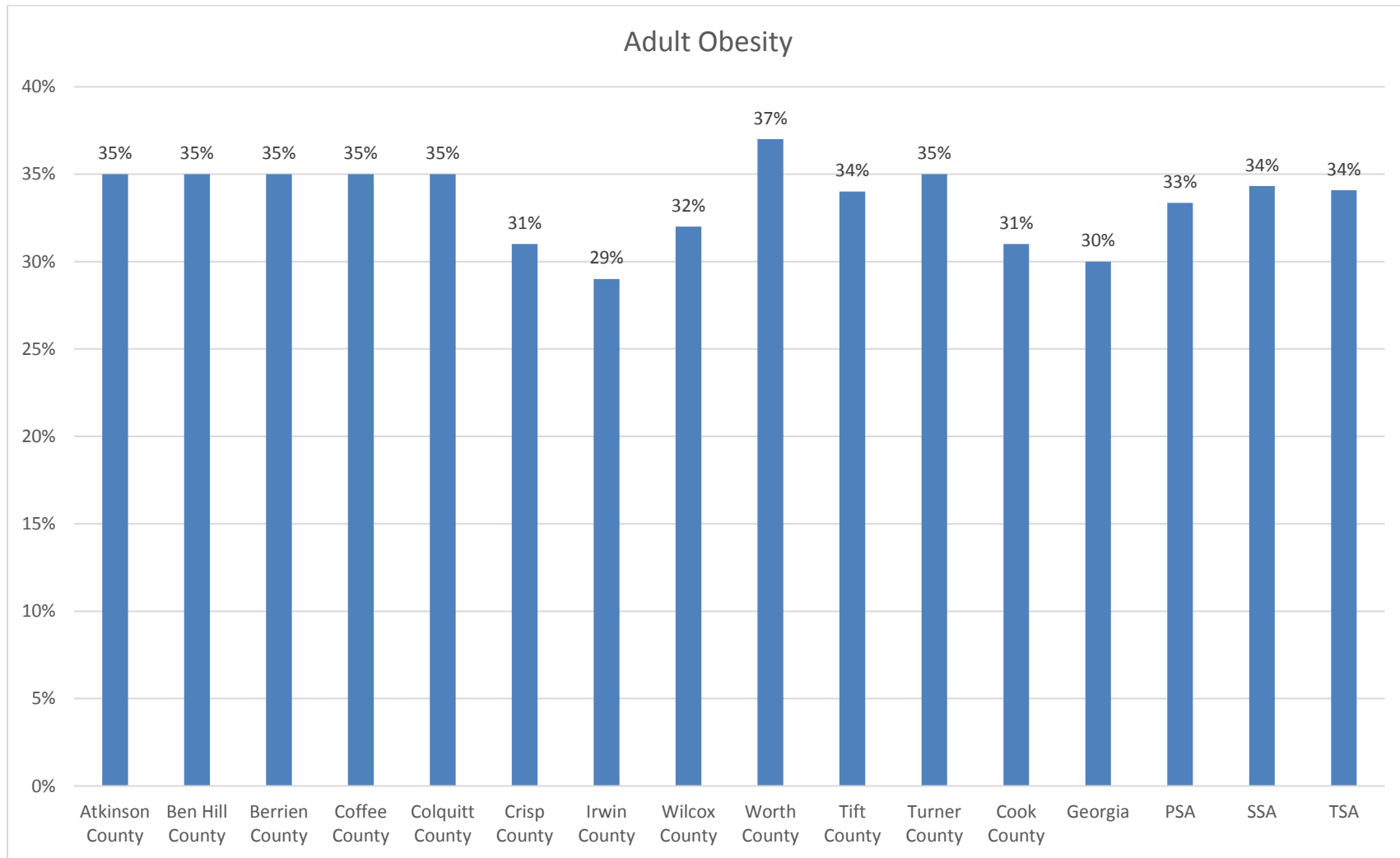
Preventable Hospital Days



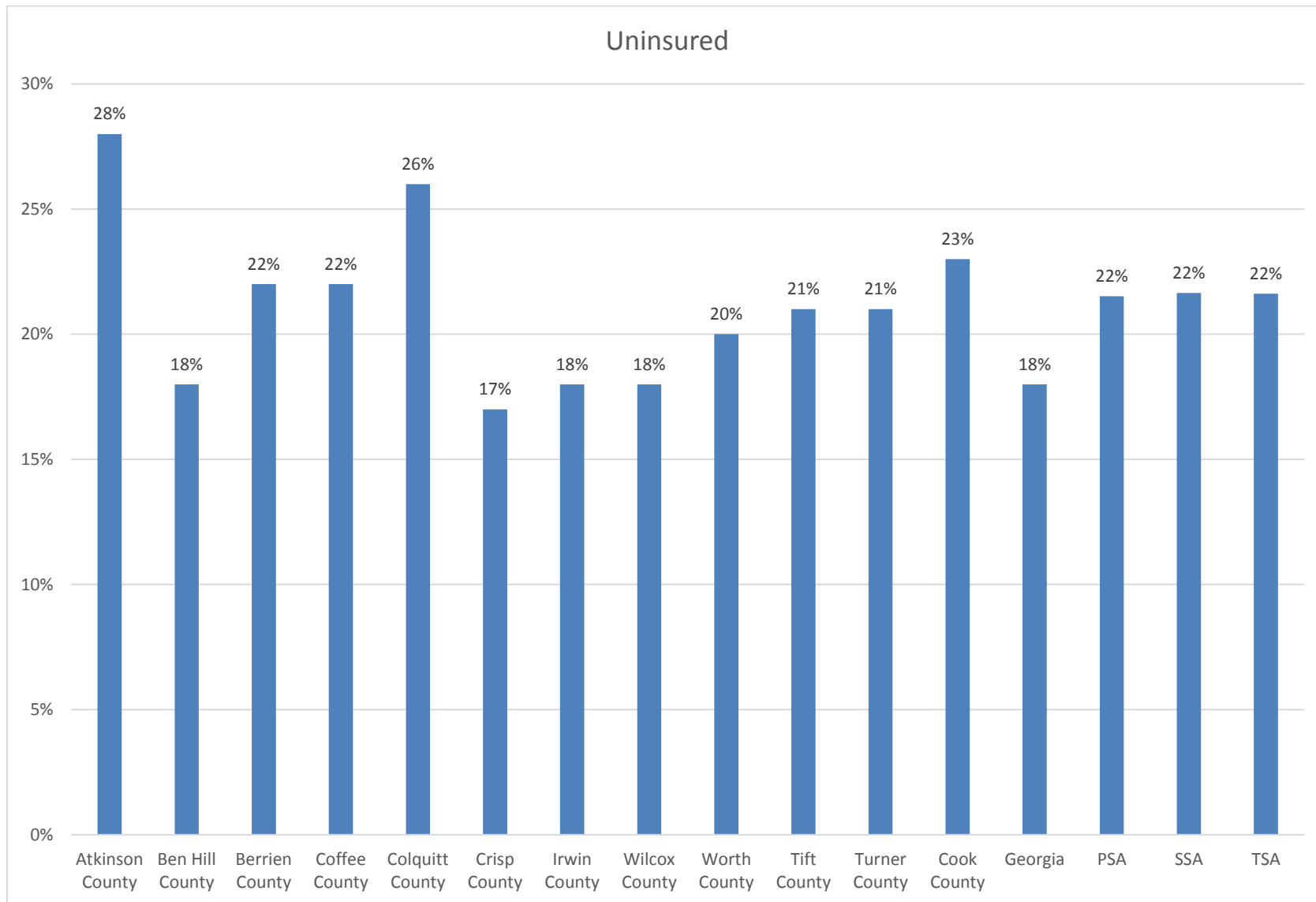
Adult Smoking



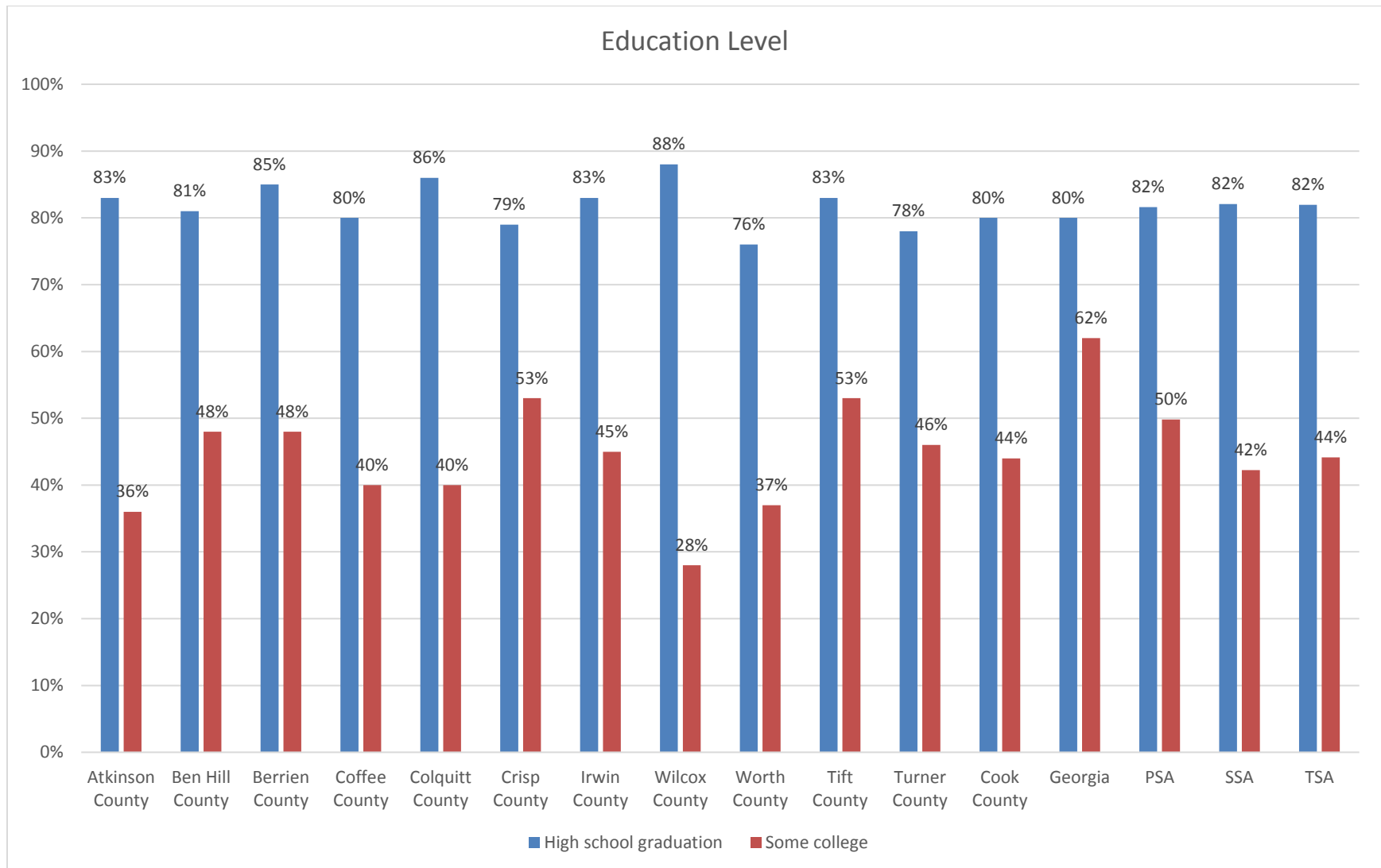
Adult Obesity



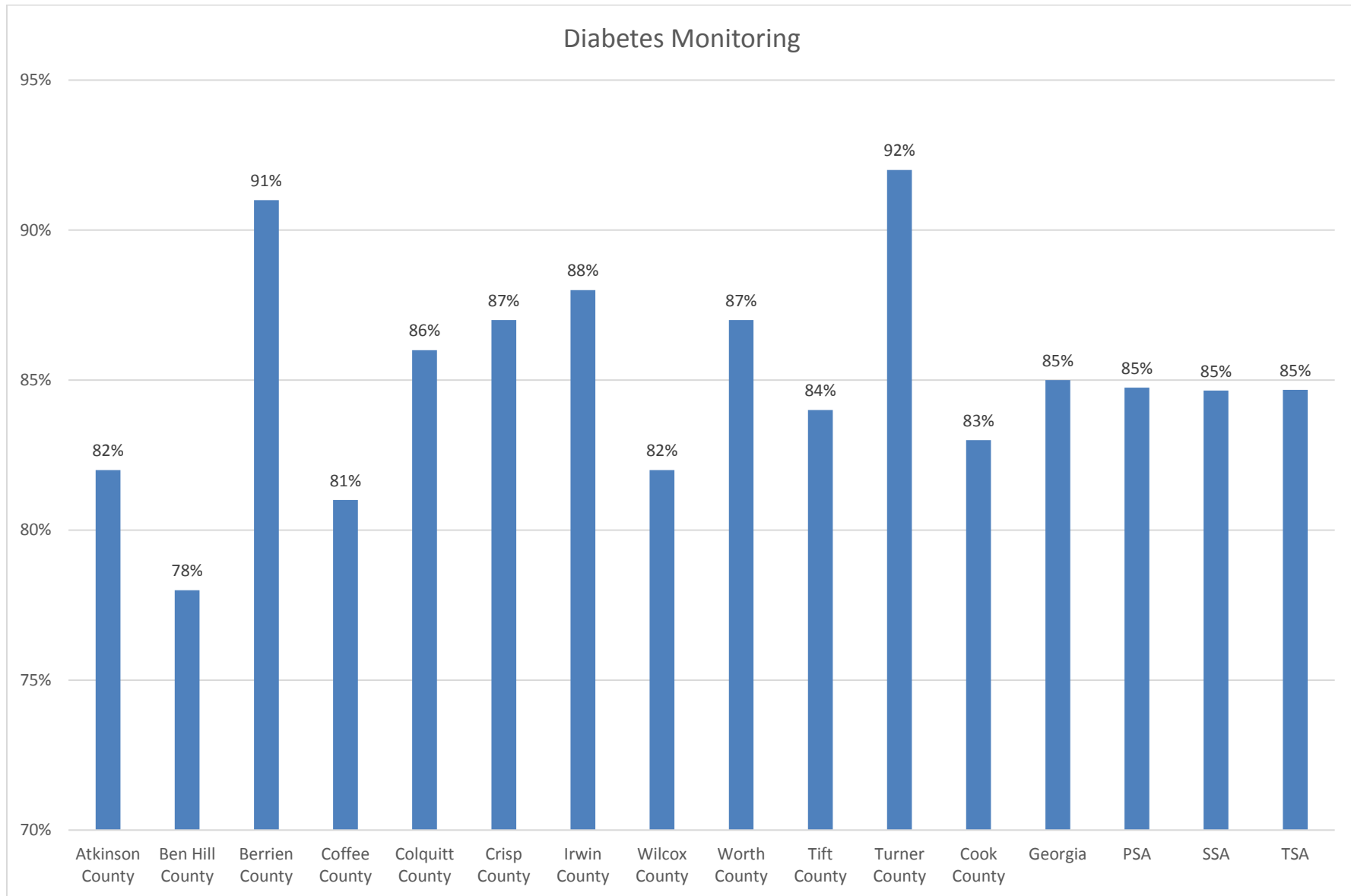
Uninsured Population



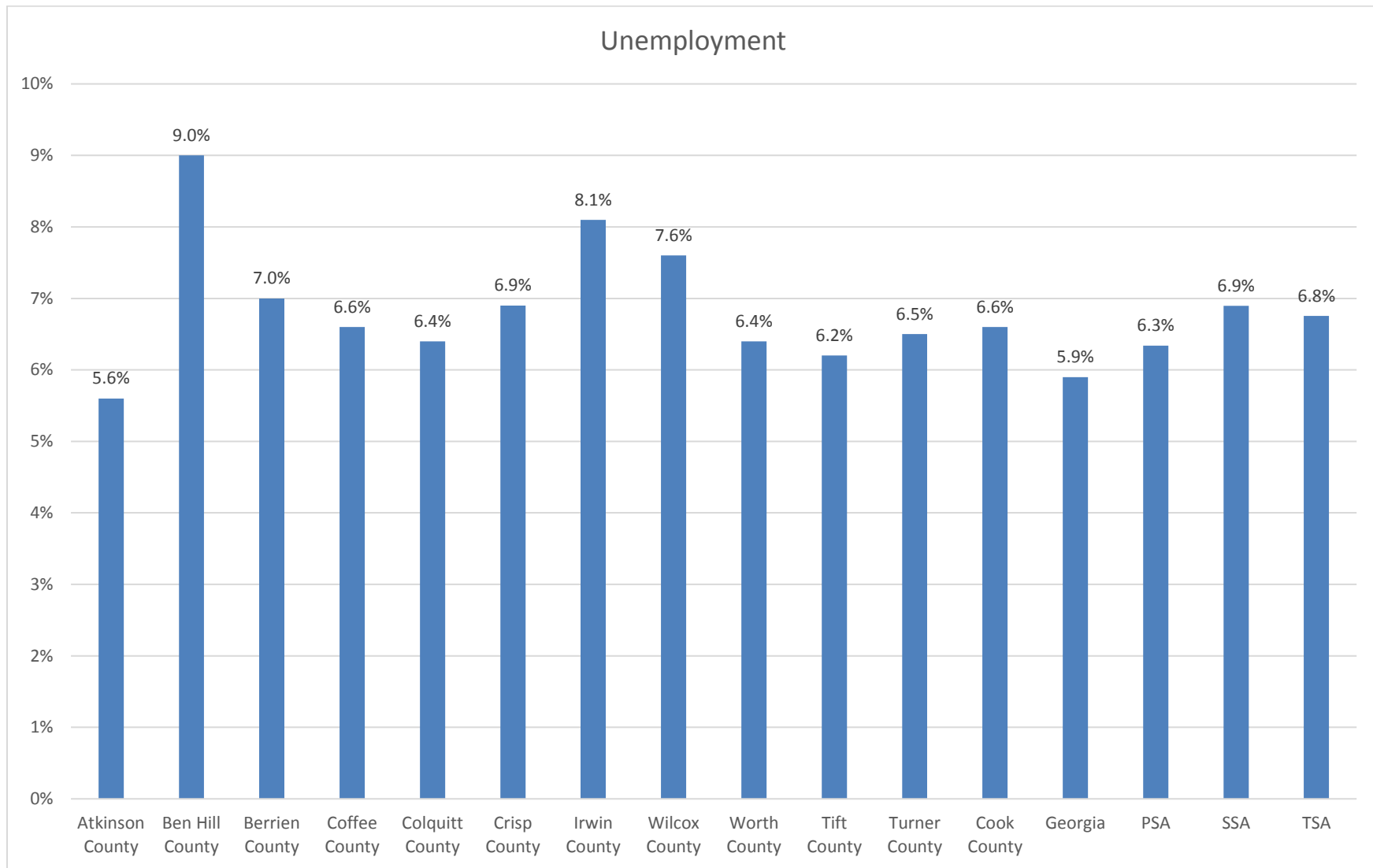
Educational Attainment



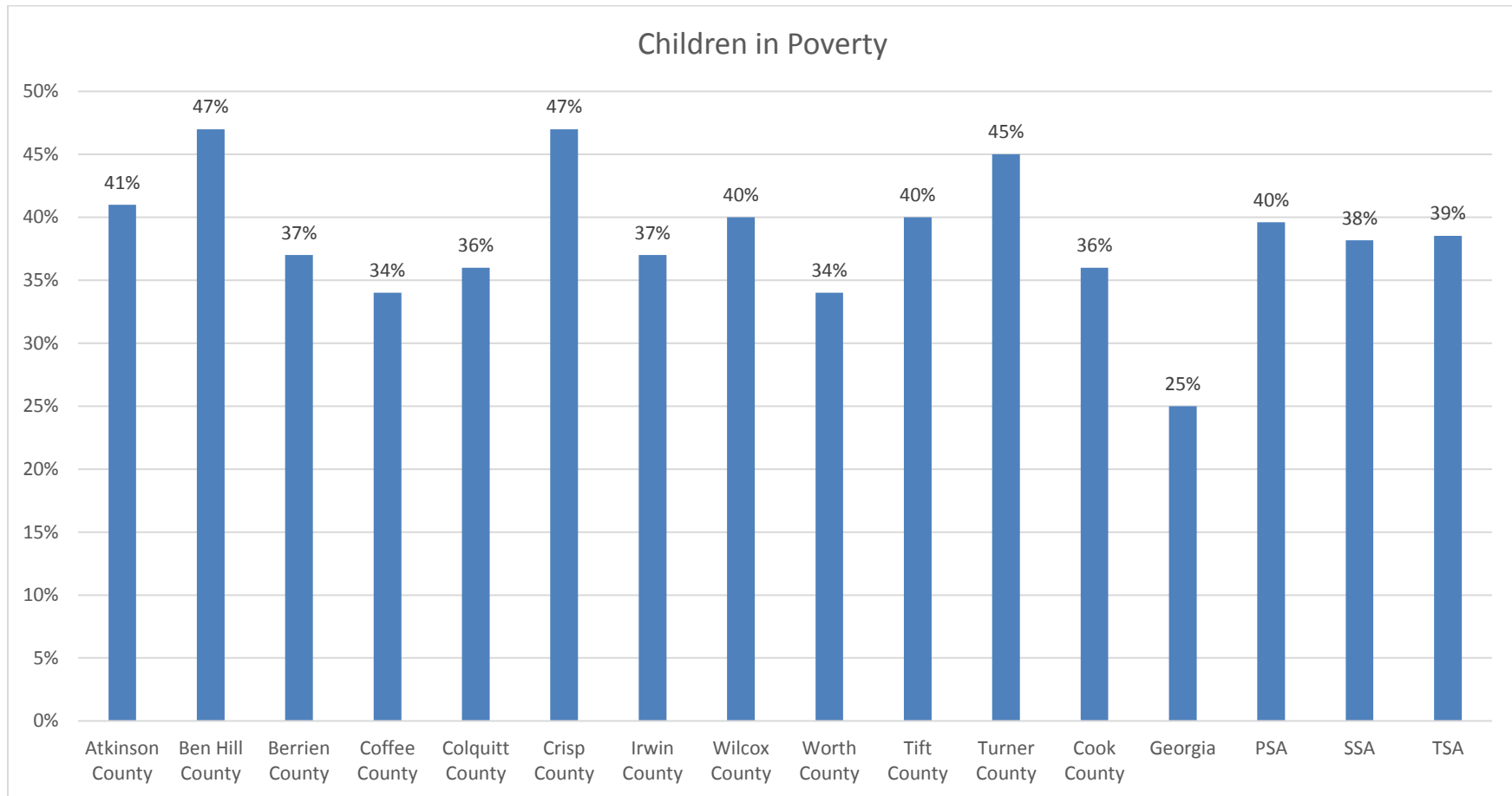
Diabetes Monitoring



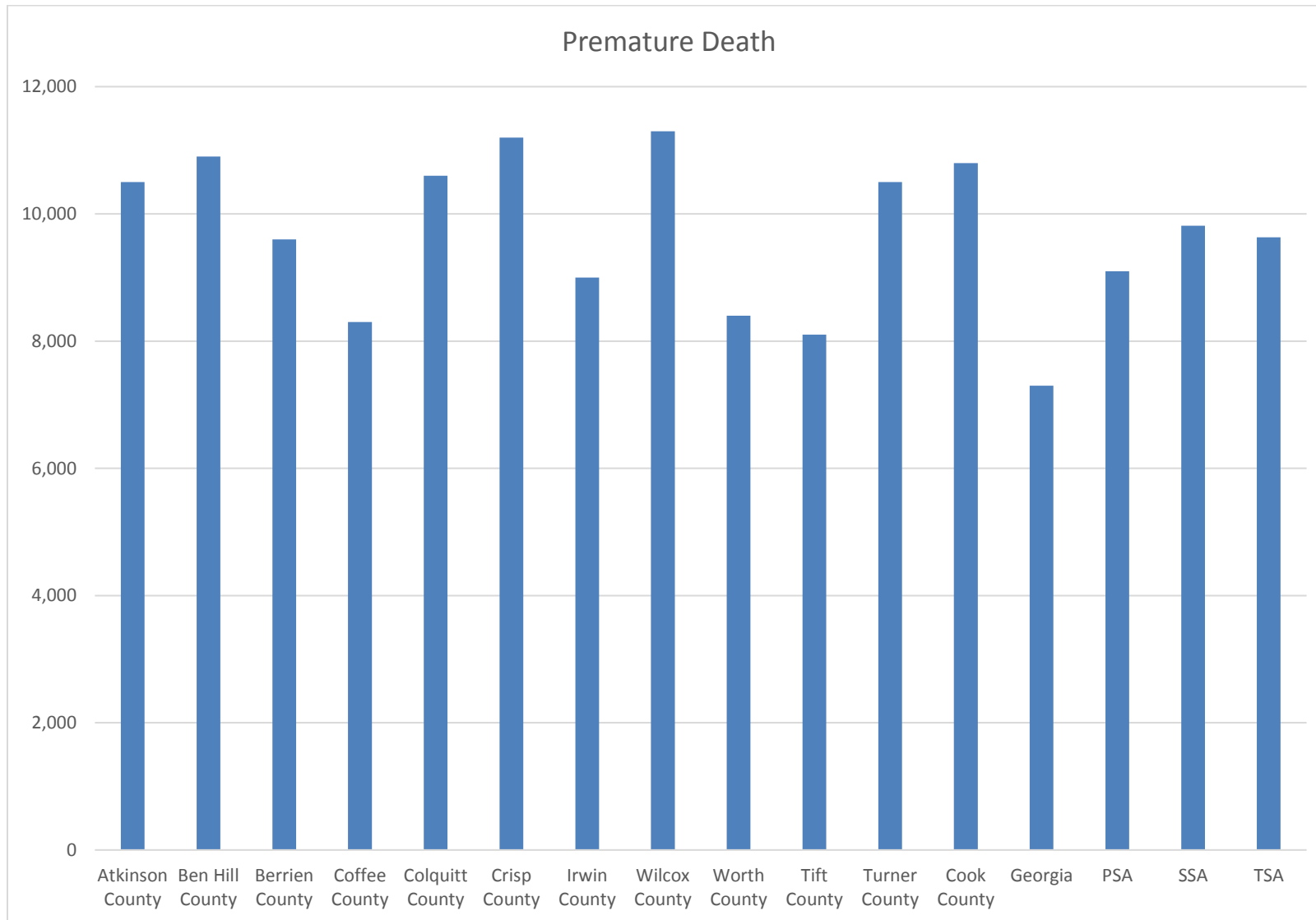
Unemployment



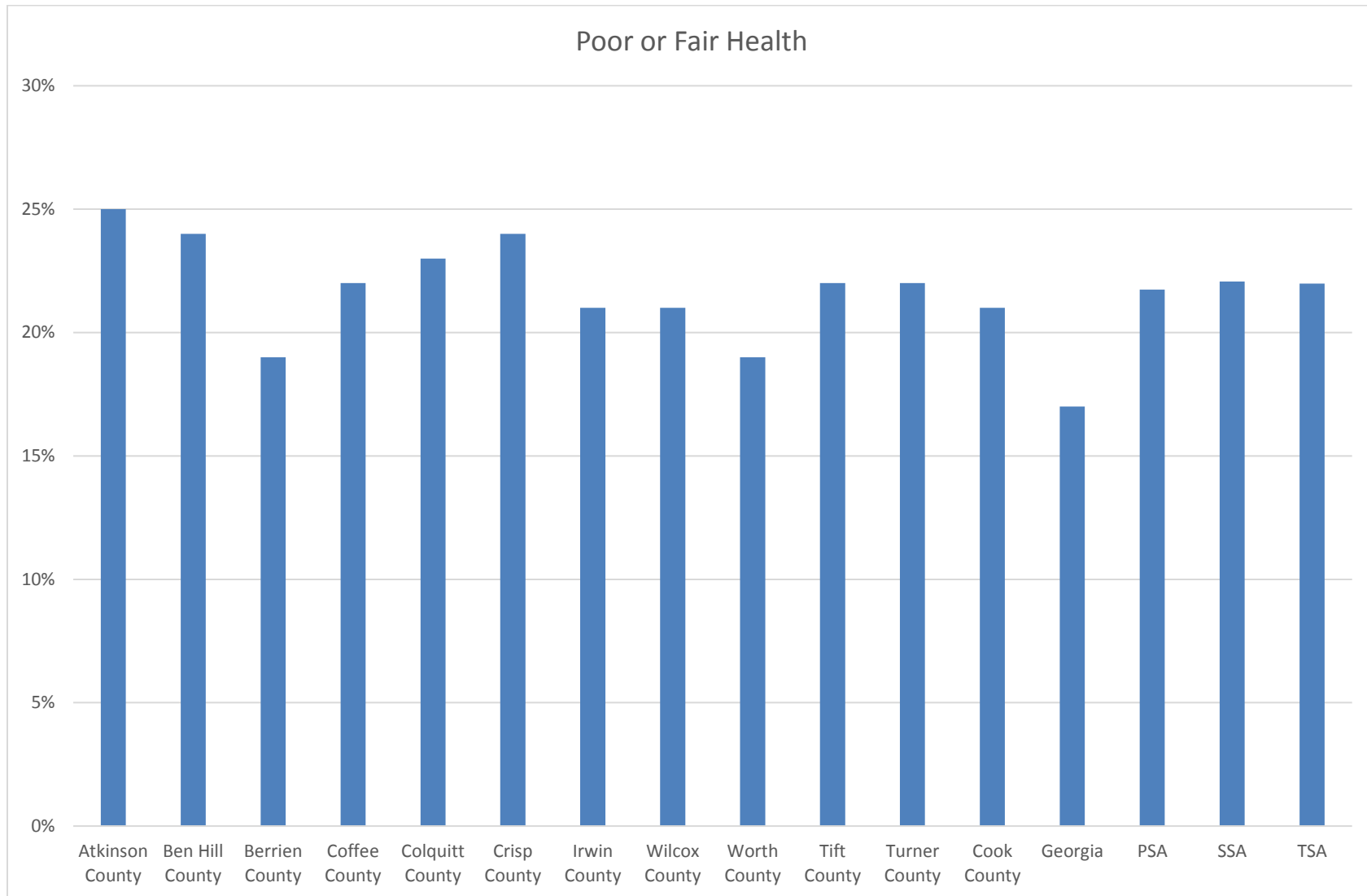
Children in Poverty



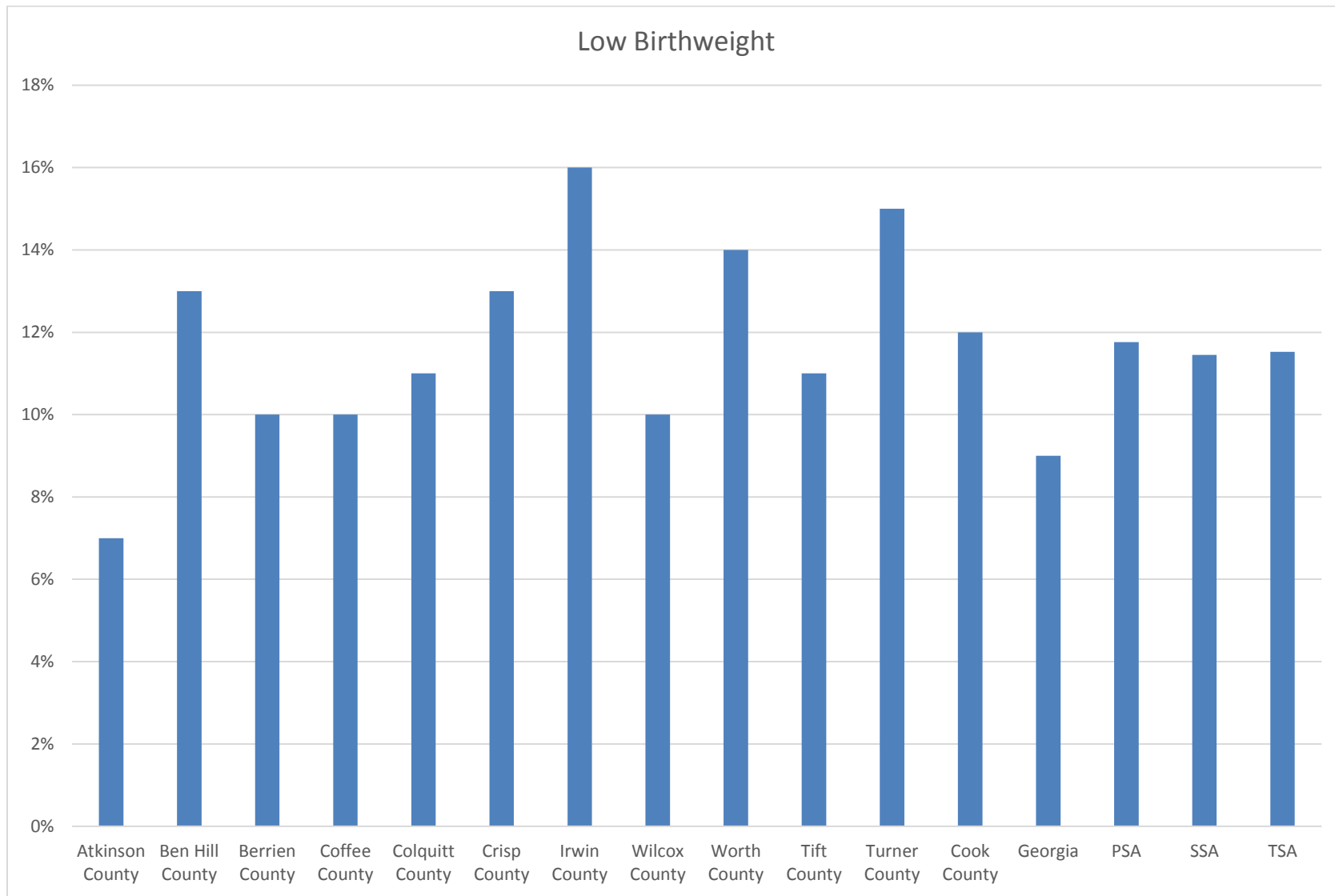
Premature Death



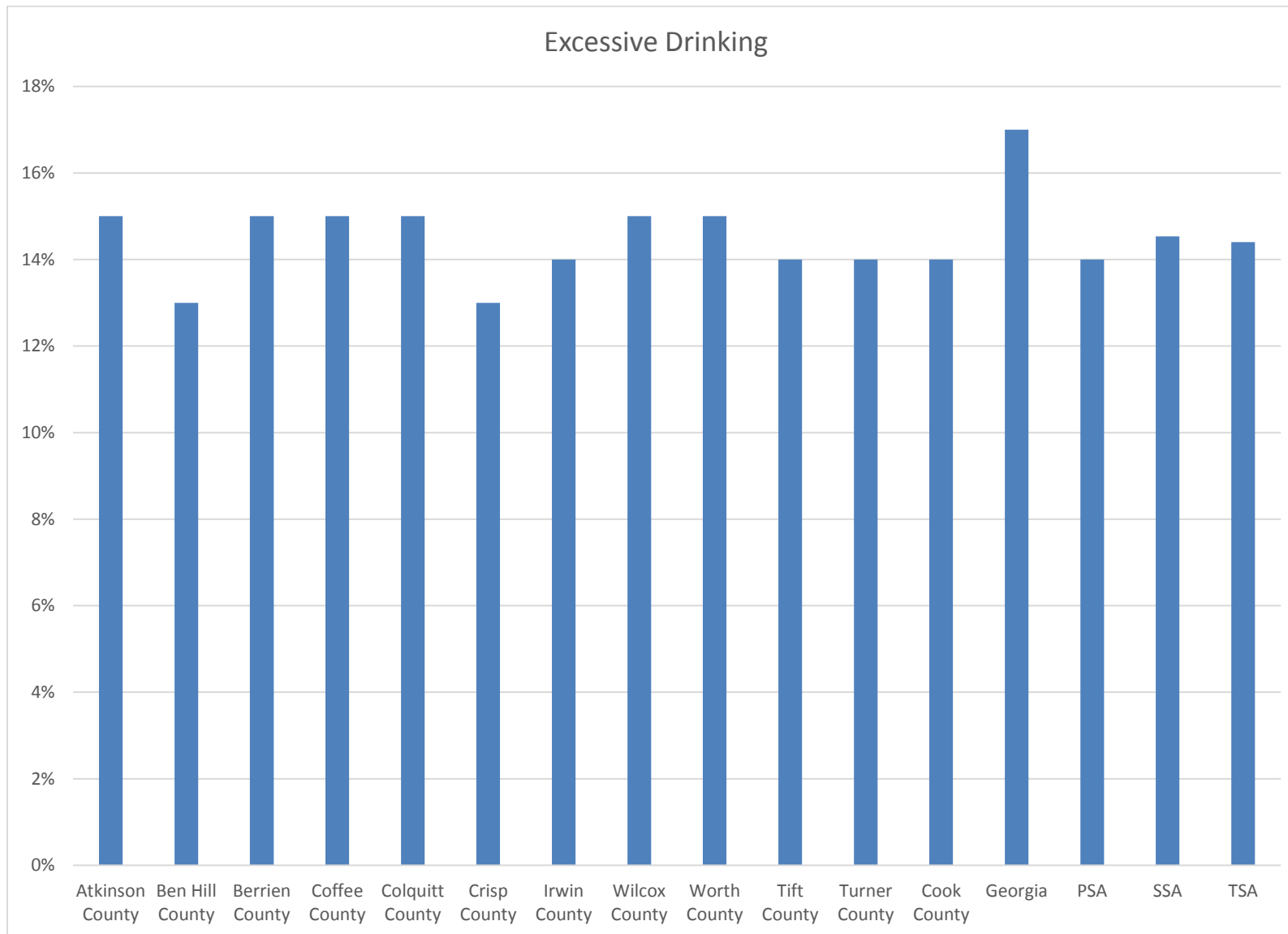
Poor or Fair General Health



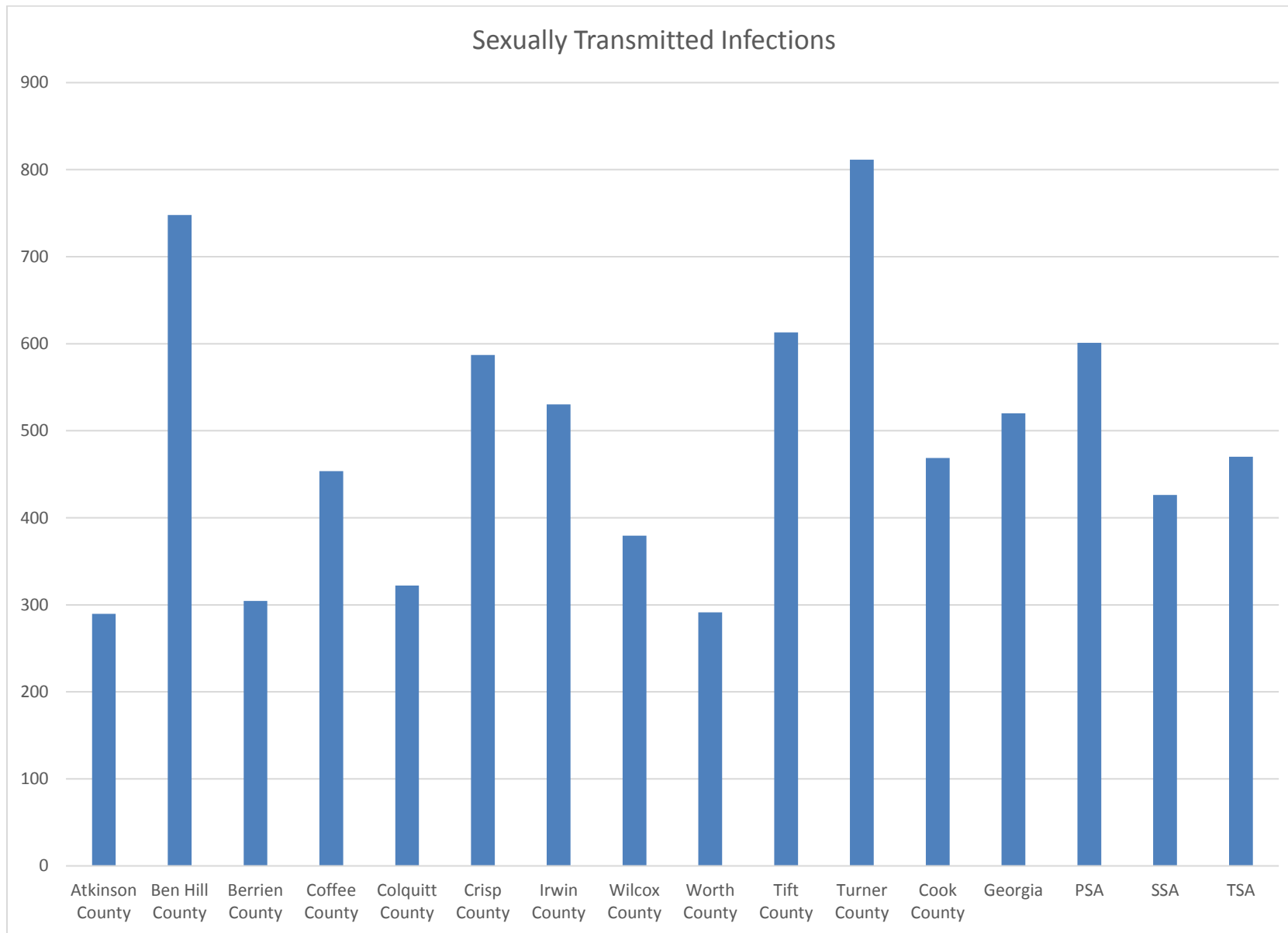
Low Birthweight



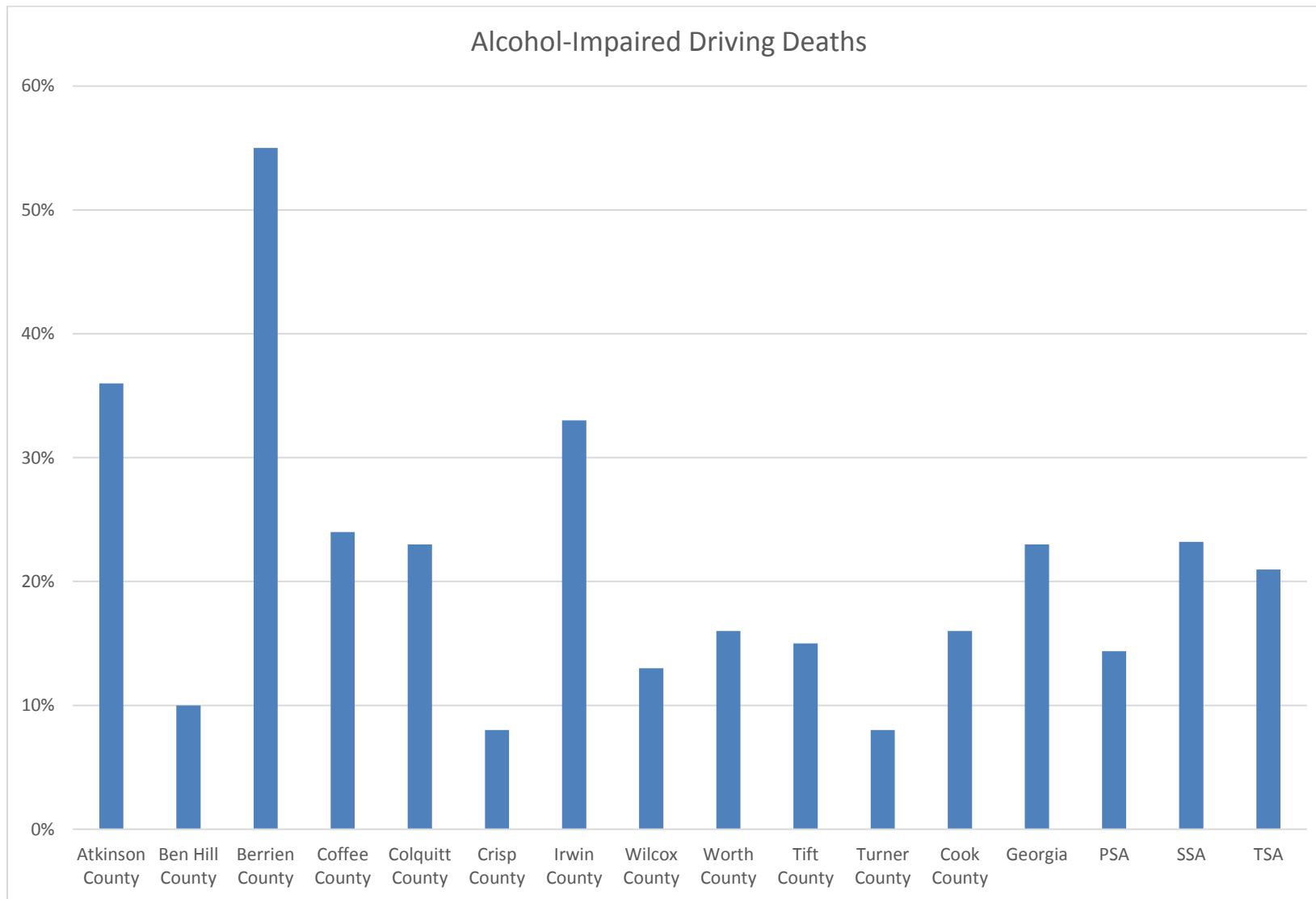
Excessive Drinking



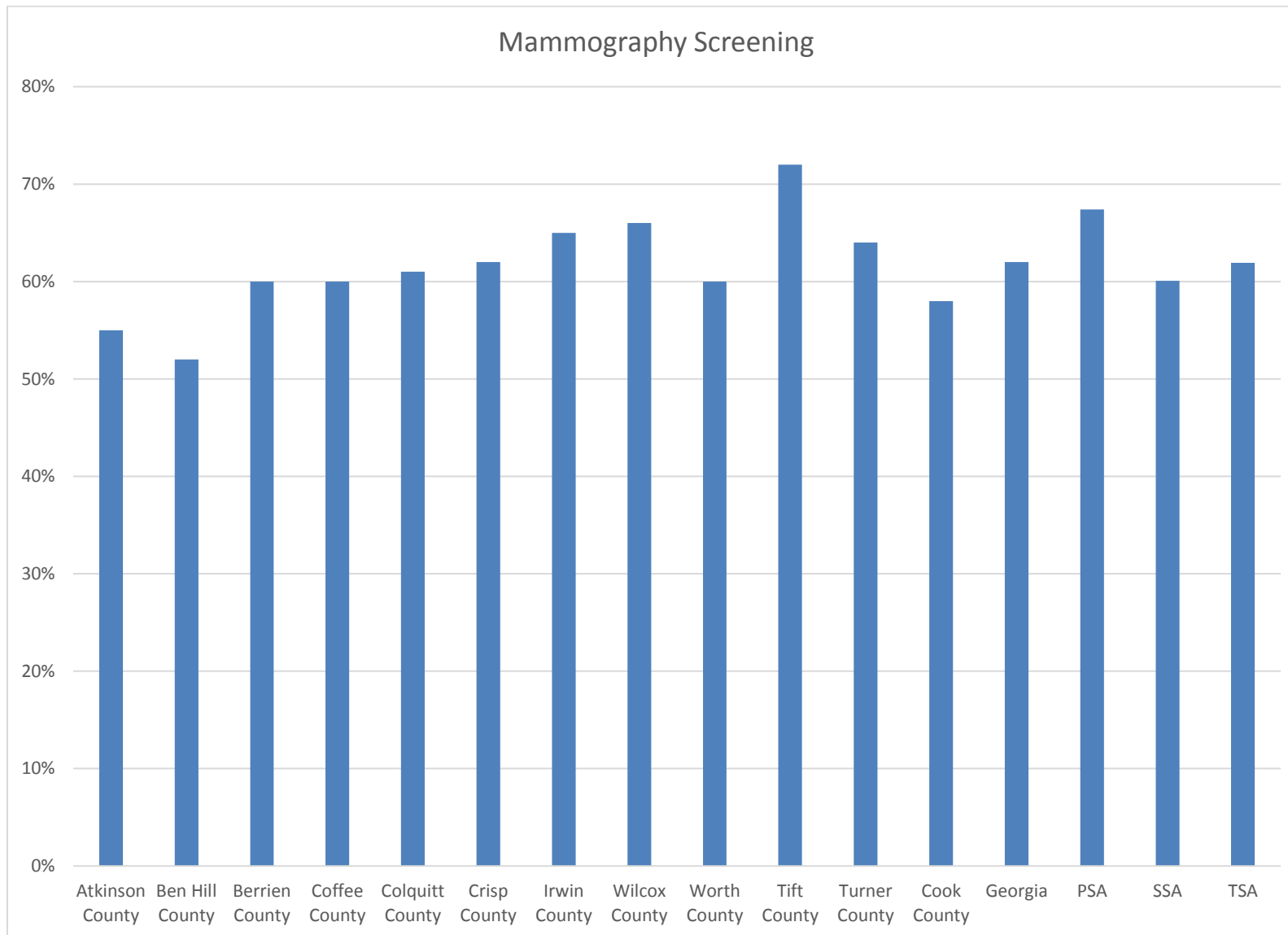
Sexually Transmitted Infections



Alcohol-Impaired Driving Deaths



Mammogram Screening



Community Survey Results

Tift Regional Health System Community Health Needs Survey

Q1 To participate in the prize drawing, please provide the following contact information (leave blank if you want to participate anonymously):

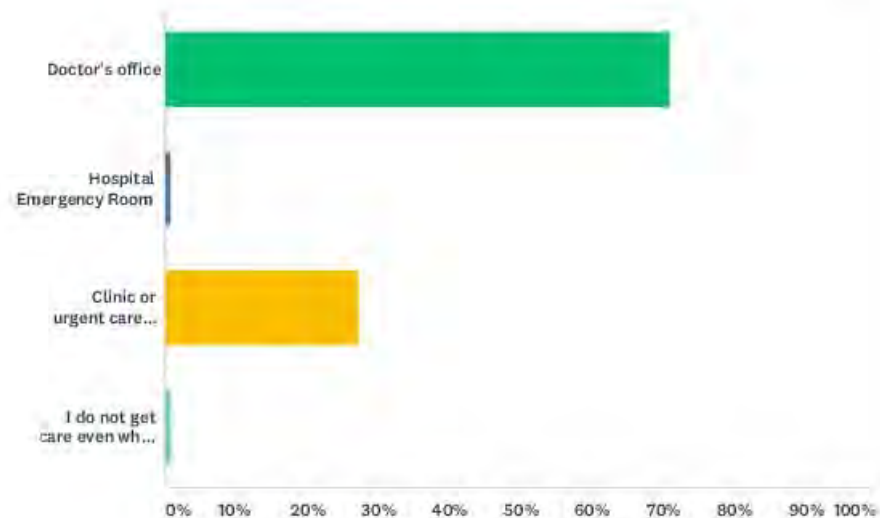
Answered: 499 Skipped: 37

ANSWER CHOICES	RESPONSES	
Name	99.60%	497
Phone	97.60%	487
Email	96.79%	483

Tift Regional Health System Community Health Needs Survey

Q2 Where do you go when you need basic medical care?

Answered: 534 Skipped: 2

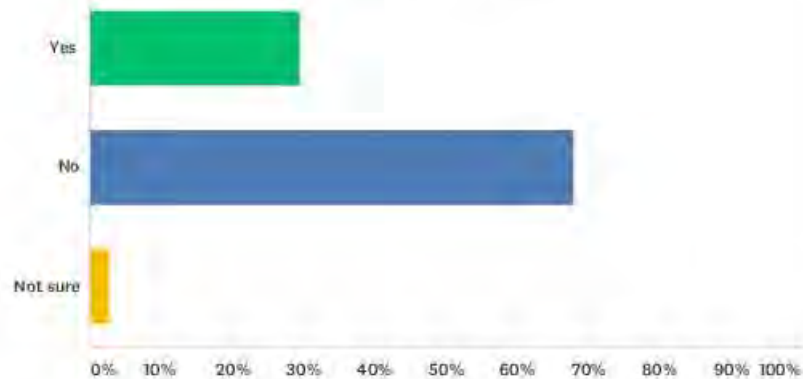


ANSWER CHOICES	RESPONSES	
Doctor's office	70.97%	379
Hospital Emergency Room	0.94%	5
Clinic or urgent care facility	27.15%	145
I do not get care even when I need it	0.94%	5
TOTAL		534

Tift Regional Health System Community Health Needs Survey

Q3 In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

Answered: 533 Skipped: 3

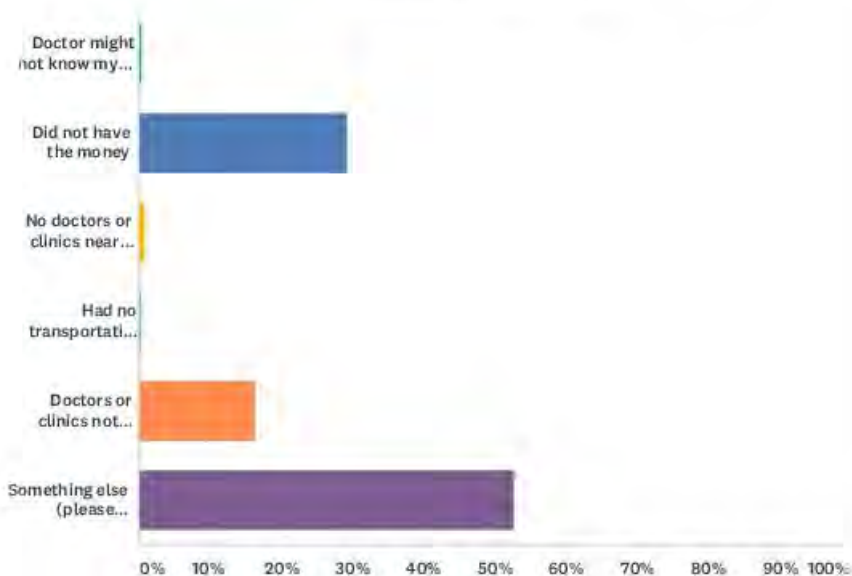


ANSWER CHOICES	RESPONSES	
Yes	29.46%	157
No	67.92%	362
Not sure	2.63%	14
TOTAL		533

Tift Regional Health System Community Health Needs Survey

Q4 If YES, why did you NOT get care?

Answered: 226 Skipped: 310



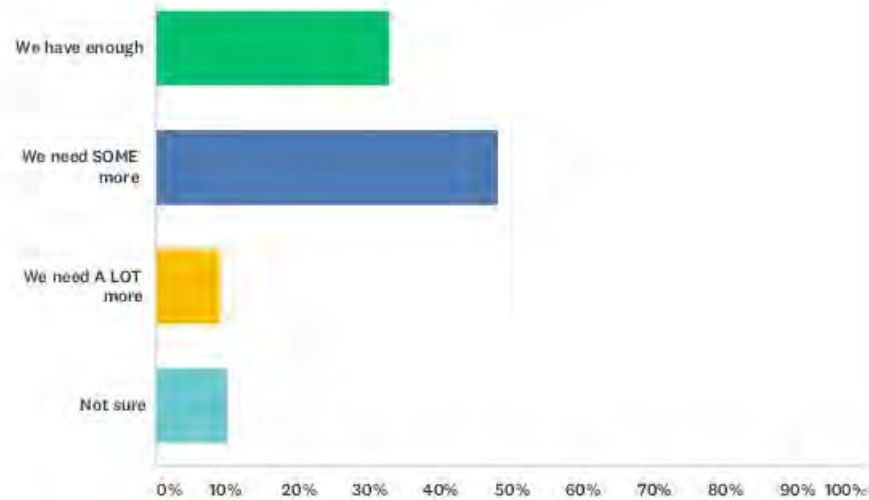
ANSWER CHOICES	RESPONSES	
Doctor might not know my language; difficult to communicate	0.44%	1
Did not have the money	29.20%	66
No doctors or clinics near me; too far away	0.88%	2
Had no transportation to get to the doctor or clinic	0.44%	1
Doctors or clinics not open at a convenient time	16.37%	37
Something else (please specify)	52.65%	119
TOTAL		226

4 / 32

Tift Regional Health System Community Health Needs Survey

Q5 How would you rate the need for healthcare services for ADULTS in the area? Basic medical services – Primary Care

Answered: 532 Skipped: 4

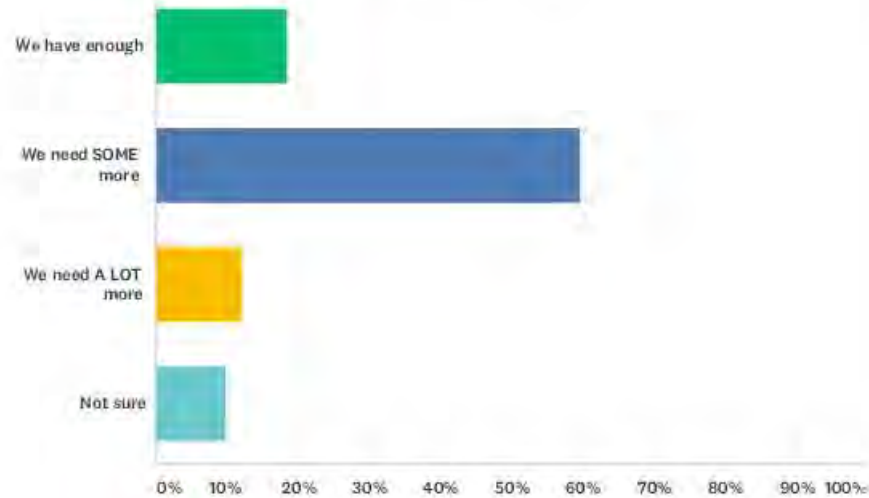


ANSWER CHOICES	RESPONSES	
We have enough	32.89%	175
We need SOME more	48.12%	256
We need A LOT more	9.02%	48
Not sure	9.96%	53
TOTAL		532

Tift Regional Health System Community Health Needs Survey

Q6 How would you rate the need for healthcare services for ADULTS in the area? Specialized care doctors (for diabetes care, heart disease care, back problems, etc.)

Answered: 531 Skipped: 5

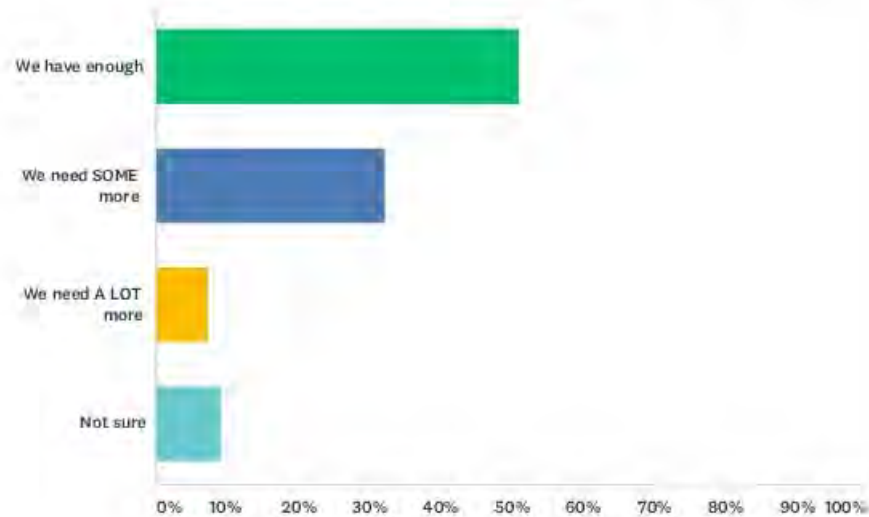


ANSWER CHOICES	RESPONSES	
We have enough	18.46%	98
We need SOME more	59.70%	317
We need A LOT more	12.05%	64
Not sure	9.79%	52
TOTAL		531

Tift Regional Health System Community Health Needs Survey

Q7 How would you rate the need for healthcare services for ADULTS in the area?Dentistry

Answered: 530 Skipped: 6

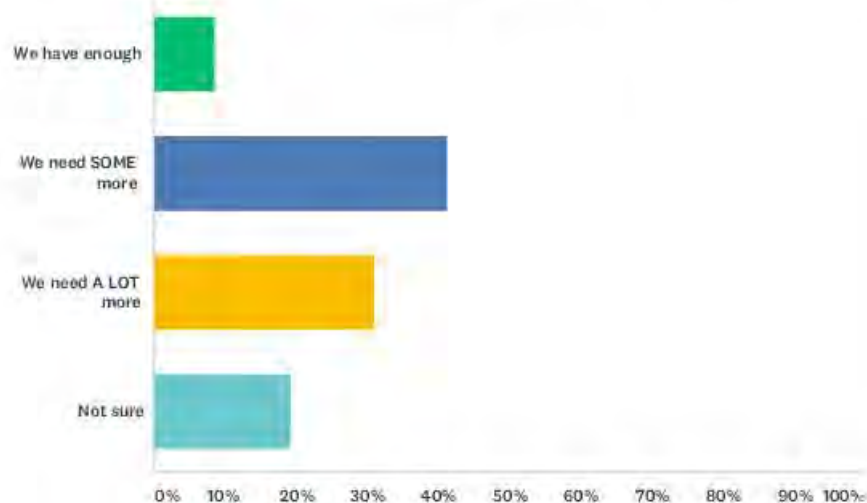


ANSWER CHOICES	RESPONSES	
We have enough	51.13%	271
We need SOME more	32.26%	171
We need A LOT more	7.36%	39
Not sure	9.25%	49
TOTAL		530

Tift Regional Health System Community Health Needs Survey

Q8 How would you rate the need for healthcare services for ADULTS in the area?Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)

Answered: 532 Skipped: 4

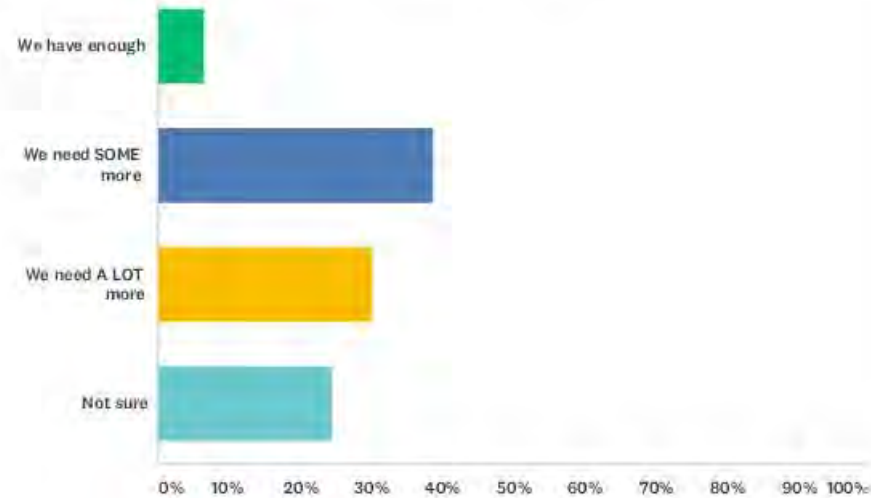


ANSWER CHOICES	RESPONSES	
We have enough	8.65%	46
We need SOME more	41.17%	219
We need A LOT more	31.02%	165
Not sure	19.17%	102
TOTAL		532

Tift Regional Health System Community Health Needs Survey

Q9 How would you rate the need for healthcare services for ADULTS in the area? Substance abuse – drug abuse treatment

Answered: 533 Skipped: 3

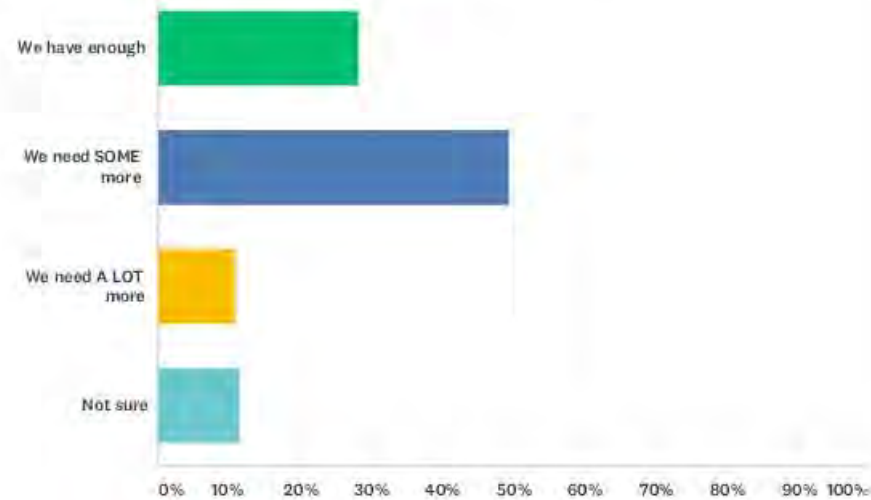


ANSWER CHOICES	RESPONSES	
We have enough	6.57%	35
We need SOME more	38.65%	206
We need A LOT more	30.21%	161
Not sure	24.58%	131
TOTAL		533

Tift Regional Health System Community Health Needs Survey

Q10 How would you rate the need for healthcare services for CHILDREN in the area? Basic medical services – Primary Care

Answered: 534 Skipped: 2

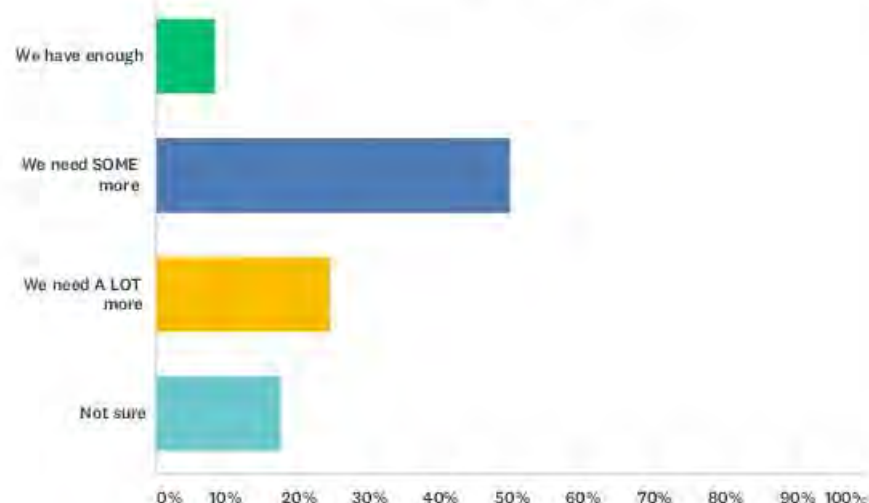


ANSWER CHOICES	RESPONSES	
We have enough	28.28%	151
We need SOME more	49.44%	264
We need A LOT more	10.86%	58
Not sure	11.42%	61
TOTAL		534

Tift Regional Health System Community Health Needs Survey

Q11 How would you rate the need for healthcare services for CHILDREN in the area? Specialized care services (for diabetes care, heart disease care, back problems, etc.)

Answered: 532 Skipped: 4

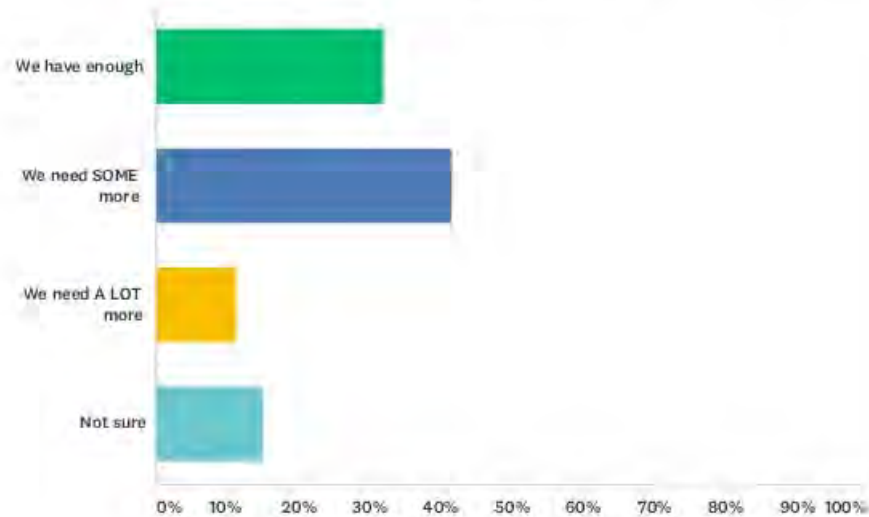


ANSWER CHOICES	RESPONSES	
We have enough	8.27%	44
We need SOME more	49.81%	265
We need A LOT more	24.44%	130
Not sure	17.48%	93
TOTAL		532

Tift Regional Health System Community Health Needs Survey

Q12 How would you rate the need for healthcare services for CHILDREN in the area?Dentistry

Answered: 533 Skipped: 3

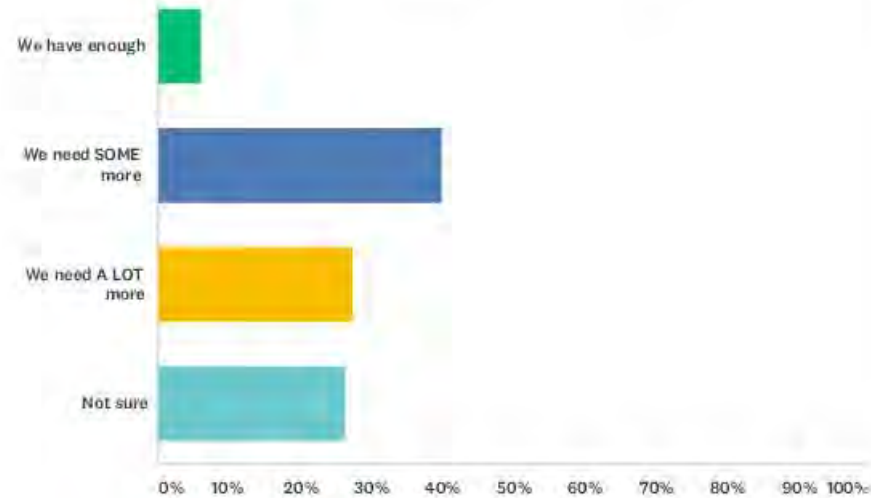


ANSWER CHOICES	RESPONSES	
We have enough	32.08%	171
We need SOME more	41.65%	222
We need A LOT more	11.26%	60
Not sure	15.01%	80
TOTAL		533

Tift Regional Health System Community Health Needs Survey

Q13 How would you rate the need for healthcare services for CHILDREN in the area?Mental health (for example, depression, anxiety, suicidal thinking, anger management, and others)

Answered: 535 Skipped: 1

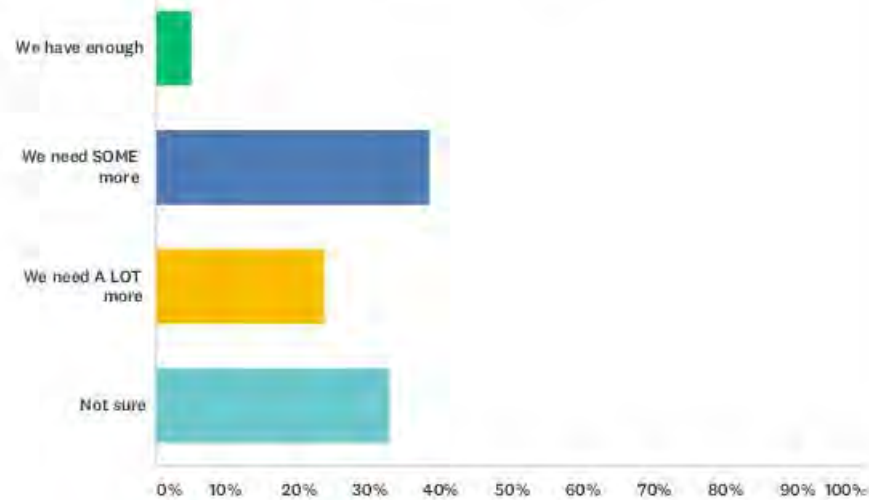


ANSWER CHOICES	RESPONSES	
We have enough	6.17%	33
We need SOME more	40.00%	214
We need A LOT more	27.48%	147
Not sure	26.36%	141
TOTAL		535

Tift Regional Health System Community Health Needs Survey

Q14 How would you rate the need for healthcare services for CHILDREN in the area? Substance abuse – drug abuse treatment

Answered: 530 Skipped: 6



ANSWER CHOICES	RESPONSES	
We have enough	5.09%	27
We need SOME more	38.49%	204
We need A LOT more	23.58%	125
Not sure	32.83%	174
TOTAL		530

Q15 What physician specialties or additional physician specialties do you think are needed for our region? Examples: family medicine, pediatrics, obstetrics/gynecology, orthopedics, dermatology, etc. Leave blank if you think our region has an adequate contingent of physician specialties.

Answered: 380 Skipped: 147

Tift Regional Health System Community Health Needs Survey

Q16 If you wanted to pick the top three healthcare needs in the area, what would they be?

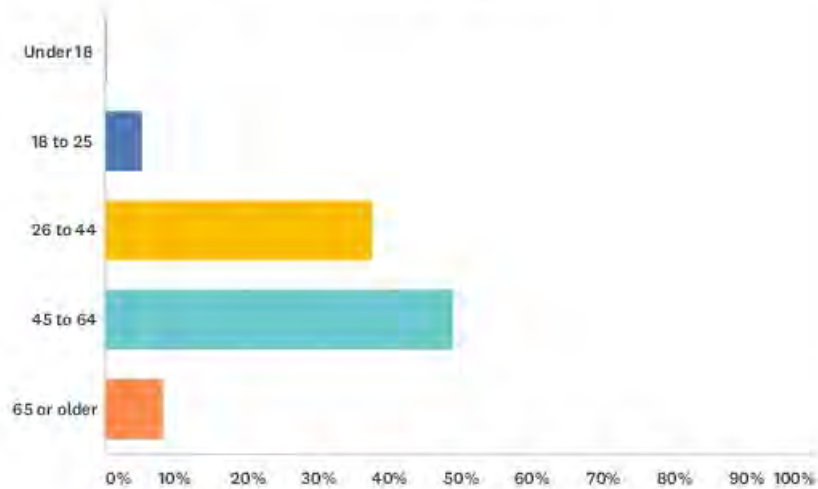
Answered: 428 Skipped: 108

ANSWER CHOICES	RESPONSES	
1	100.00%	428
2	94.63%	405
3	82.24%	352

Tift Regional Health System Community Health Needs Survey

Q17 About you:Age Group

Answered: 526 Skipped: 10

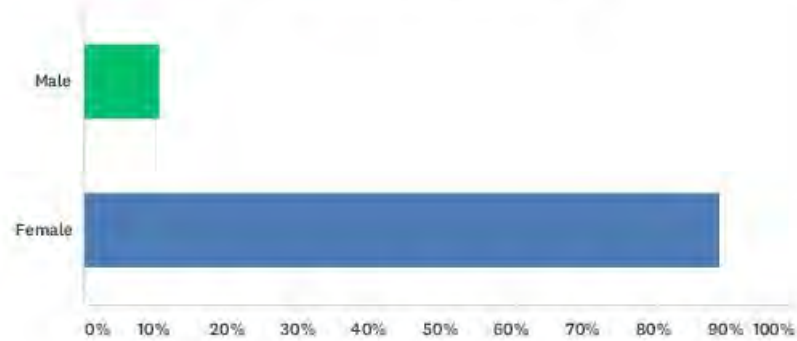


ANSWER CHOICES	RESPONSES	
Under 18	0.19%	1
18 to 25	5.13%	27
26 to 44	37.64%	198
45 to 64	48.86%	257
65 or older	8.17%	43
TOTAL		526

Tift Regional Health System Community Health Needs Survey

Q18 About you:Gender

Answered: 531 Skipped: 5

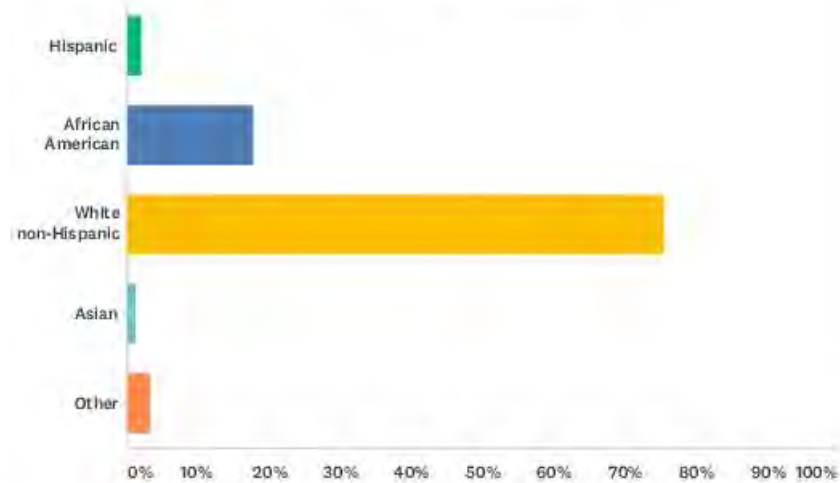


ANSWER CHOICES	RESPONSES	
Male	10.73%	57
Female	89.27%	474
TOTAL		531

Tift Regional Health System Community Health Needs Survey

Q19 About you:Race or Ethnicity

Answered: 530 Skipped: 6

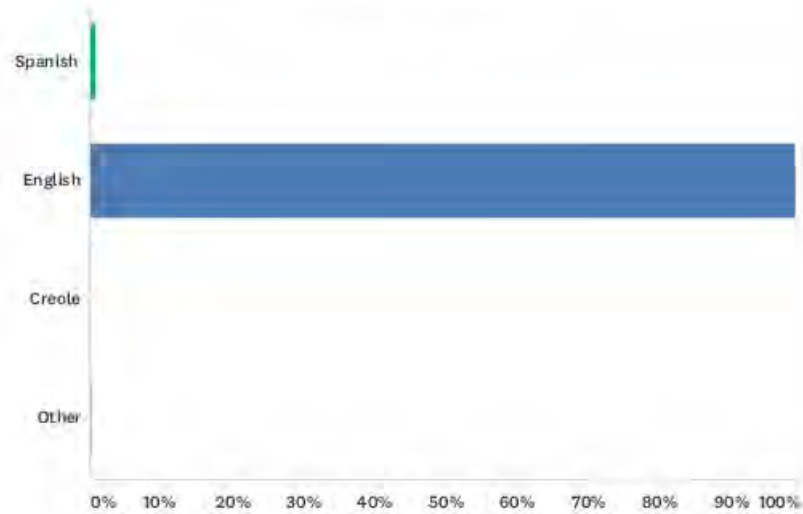


ANSWER CHOICES	RESPONSES	
Hispanic	2.08%	11
African American	17.74%	94
White non-Hispanic	75.47%	400
Asian	1.32%	7
Other	3.40%	18
TOTAL		530

Tift Regional Health System Community Health Needs Survey

Q20 About you:Language

Answered: 533 Skipped: 3



ANSWER CHOICES	RESPONSES	
Spanish	0.75%	4
English	99.06%	528
Creole	0.00%	0
Other	0.19%	1
TOTAL		533

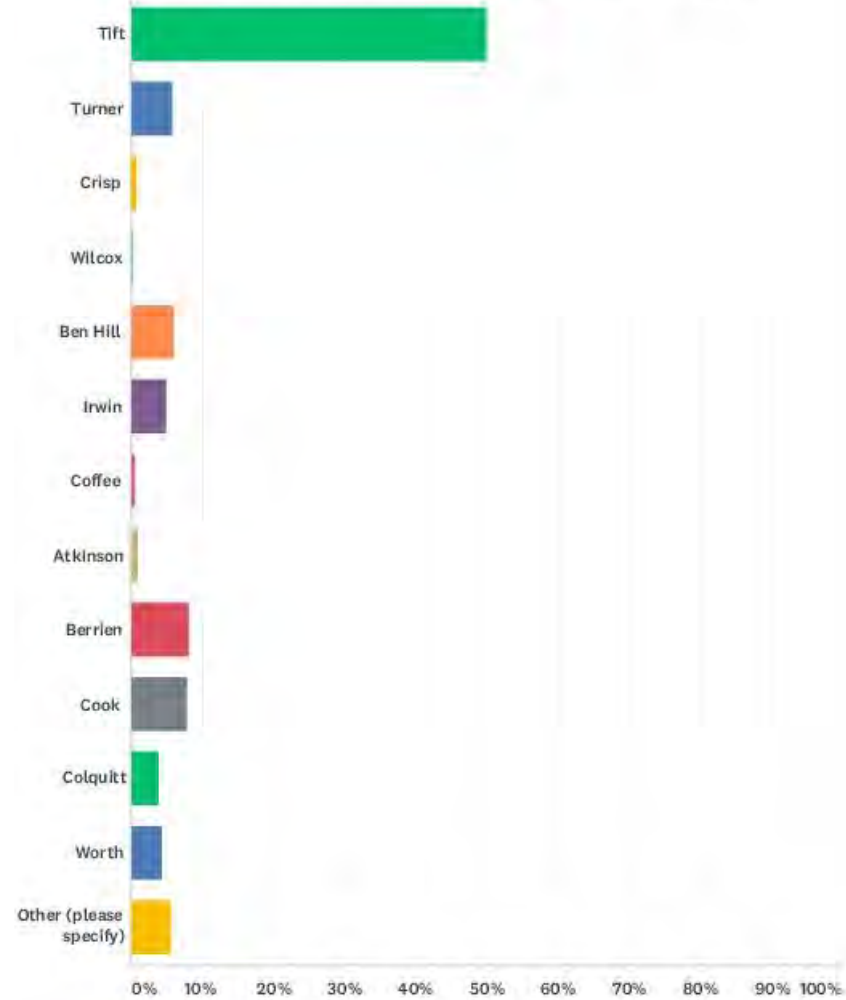
Tift Regional Health System Community Health Needs Survey

Q21 About you:What is your home county

Answered: 535 Skipped: 1

21 / 32

Tift Regional Health System Community Health Needs Survey



ANSWER CHOICES

RESPONSES

22 / 32

Tift Regional Health System Community Health Needs Survey

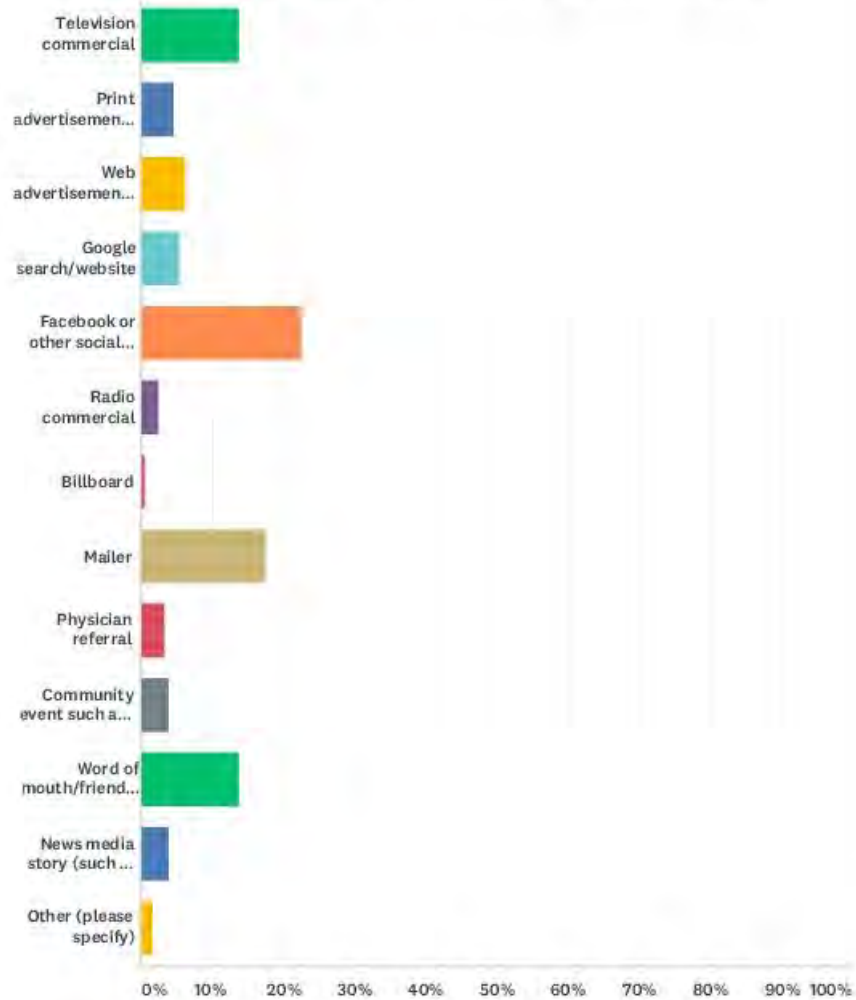
Tift	49.91%	267
Turner	5.79%	31
Crisp	0.75%	4
Wilcox	0.37%	2
Ben Hill	6.17%	33
Inwin	5.05%	27
Coffee	0.56%	3
Atkinson	1.12%	6
Berrien	8.22%	44
Cook	8.04%	43
Colquitt	3.93%	21
Worth	4.49%	24
Other (please specify)	5.61%	30
TOTAL		535

Tift Regional Health System Community Health Needs Survey

Q22 In regards to information about Tift Regional's providers and services, what is the #1 way to connect with you as a consumer? Choose only one.

Answered: 552 Skipped: 9

Tift Regional Health System Community Health Needs Survey



ANSWER CHOICES

RESPONSES

25 / 32

Tift Regional Health System Community Health Needs Survey

Television commercial	13.91%	74
Print advertisement (such as a newspaper or magazine ad)	4.51%	24
Web advertisement with a link to our website	6.20%	33
Google search/website	5.45%	29
Facebook or other social media site	22.56%	120
Radio commercial	2.44%	13
Billboard	0.56%	3
Mailer	17.48%	93
Physician referral	3.38%	18
Community event such as a seminar, civic group or health screening	3.95%	21
Word of mouth/friend or family member recommendation	13.91%	74
News media story (such as a newspaper article or TV news story)	3.95%	21
Other (please specify)	1.69%	9
TOTAL		532

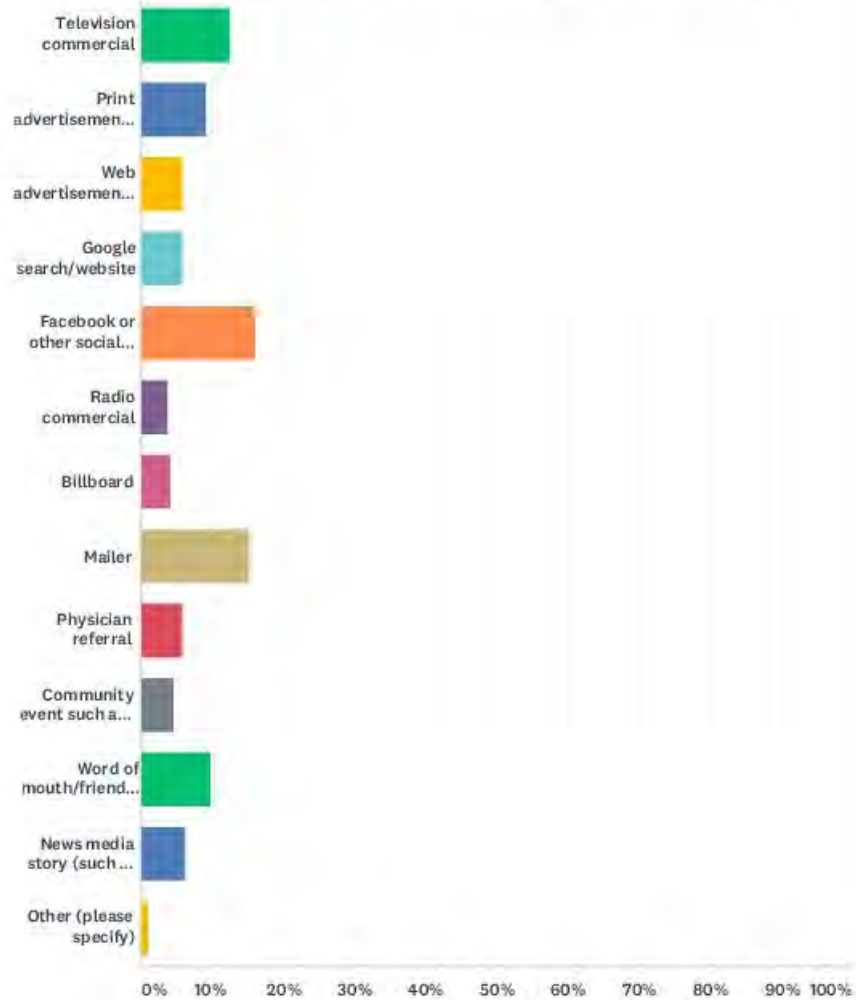
Tift Regional Health System Community Health Needs Survey

Q23 In regards to information about Tift Regional's providers and services, what is the #2 way to connect with you as a consumer? Choose only one.

Answered: 534 Skipped: 2

27 / 32

Tift Regional Health System Community Health Needs Survey



ANSWER CHOICES

RESPONSES

28 / 32

Tift Regional Health System Community Health Needs Survey

Television commercial	12.55%	87
Print advertisement (such as a newspaper or magazine ad)	9.18%	49
Web advertisement with a link to our website	5.81%	31
Google search/website	5.81%	31
Facebook or other social media site	16.10%	86
Radio commercial	3.75%	20
Billboard	4.12%	22
Mailer	15.17%	81
Physician referral	5.81%	31
Community event such as a seminar, civic group or health screening	4.68%	25
Word of mouth/friend or family member recommendation	9.74%	52
News media story (such as a newspaper article or TV news story)	6.18%	33
Other (please specify)	1.12%	6
TOTAL		534

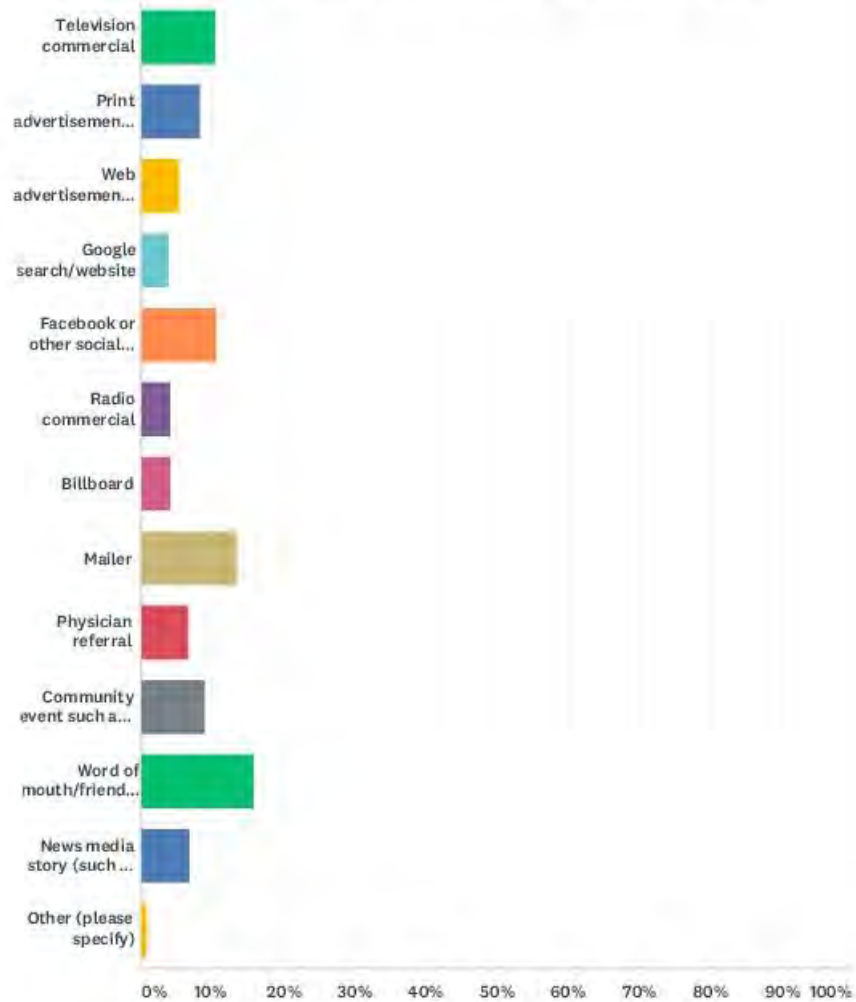
Tift Regional Health System Community Health Needs Survey

Q24 In regards to information about Tift Regional's providers and services, what is the #3 way to connect with you as a consumer? Choose only one.

Answered: 535 Skipped: 1

30 / 32

Tift Regional Health System Community Health Needs Survey



ANSWER CHOICES

RESPONSES

31 / 32

Tift Regional Health System Community Health Needs Survey

Television commercial	10.47%	56
Print advertisement (such as a newspaper or magazine ad)	8.41%	45
Web advertisement with a link to our website	5.42%	29
Google search/website	3.93%	21
Facebook or other social media site	10.65%	57
Radio commercial	4.11%	22
Billboard	4.11%	22
Mailer	13.64%	73
Physician referral	6.73%	36
Community event such as a seminar, civic group or health screening	8.97%	48
Word of mouth/friend or family member recommendation	15.89%	85
News media story (such as a newspaper article or TV news story)	6.92%	37
Other (please specify)	0.75%	4
TOTAL		535

Appendix E: Community Resources and Facilities – Tift Regional Health System

TIFT REGIONAL MEDICAL CENTER— MAIN CAMPUS

Cardiopulmonary Rehabilitation
Case Management
Central Scheduling—Main Campus
CT
Elene Dorminy Women’s Pavilion
(Birthing Center)
Elene Dorminy Women’s Pavilion
(Gynecology)
Emergency Center
Endoscopy
Health Information Management
(Medical Records)
Heart and Vascular Center
Hospital Medicine
Human
Resources/Employment
Infusion Center
Intensive Care Unit
Laboratory
Medical East
Medical Surgical
Medical West
MRI
Neurodiagnostics Center
Observation Unit
Operating Room
Orthopedics
Palliative Care
Patient Financial Services
Pediatrics
PET/CT
Pharmacy
Radiology/Medical Imaging
Respiratory Care
Step Down Unit
Surgical Recovery Unit
Therapy Services (Inpatient Physical
Therapy, Occupational Therapy, Speech
Therapy)
Tift Regional Medical Center Foundation
Transfer Center
Ultrasound
Women’s Health Navigator
Women’s Imaging Center

TIFT REGIONAL MEDICAL CENTER— WEST CAMPUS

Affinity Clinic Building
Affinity Clinic
Cardiac Diagnostic Testing
Central Scheduling—West Campus
Coumadin Clinic
Endoscopy
ExpressCare (Convenient Care Clinic)
Laboratory
Radiology/Medical Imaging

Musculoskeletal Center Building
Affinity Neurology
Arthritis and Osteoporosis Center of South
Georgia
Georgia Sports Medicine (Orthopedics and
Sports Medicine)
Tift Regional Chiropractic Services
Tift Regional Outpatient Therapy Services
(Physical Therapy, Occupational Therapy,
Speech Therapy)
Tift Regional Pain Management Center

COOK MEDICAL CENTER—A CAMPUS OF TIFT REGIONAL MEDICAL CENTER

Central Scheduling
Cook Senior Living Center (Nursing Home
Care)
Human Resources/Employment
Laboratory
Health Information Management (Medical
Records)
Radiology
Registration
Rehabilitation Services
Respiratory Therapy
Sylvia Barr Center (Geriatric Psychiatric
Care)

SATELLITE SERVICES

Anita Stewart Oncology Center
Diabetes Learning Center
Dialysis Center
Hospice of Tift Area
Outreach and Development
Sleep Center
Tift Regional Community Events
Center/Tiftarea YMCA Partnership

TIFT REGIONAL PHYSICIAN GROUP

Affinity Clinic (Multiple Specialties)
Affinity Hospital Medicine (Hospital
Medicine)
Affinity Pediatrics (Pediatrics)
Affinity Physicians for Women
(Obstetrics/Gynecology)
Allure Plastic and Reconstructive Surgery
(Plastic and Reconstructive Surgery)
Arthritis and Osteoporosis Center of South
Georgia (Rheumatology)
Ashburn Primary Care (Family Medicine)
Cook Family Wellness Center (Family
Medicine and Convenient Care)
Cook Primary Care (Family Medicine)
Georgia Sports Medicine (Orthopedic
Surgery)
Irwin Primary Care (Family Medicine)
Nashville Primary Care (Family Medicine)
Ocilla Pediatrics (Pediatrics)
South Georgia Surgical (General Surgery)
Sylvester Family Practice (Family
Medicine)
Tift Community Health Center (Internal
Medicine)
Tift Family Medicine and Weight Loss
(Family Medicine)
Tift Regional Vascular (Vascular Surgery)
Tift Regional Ophthalmology
(Ophthalmology)
Tift Regional Urology (Urology)
TRHS Anesthesiology (Anesthesiology)
TRMC Pain Management Center (Pain
Management)
WorkSmart Occupational Health
(Occupational Medicine)
Wound Care & Hyperbaric Clinic (Wound
Care)

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