



Community Health Needs Assessment

April 2014

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INTRODUCTION AND BACKGROUND

Tift Regional Medical Center (TRMC), located in Tifton, Georgia, is a 176-bed regional referral center serving south central Georgia. Along with its affiliated hospital, Cook Medical Center (CMC), the medical staff totals approximately 120 physicians. Though there are several other acute care facilities within an hour's drive of TRMC, the hospital is the sole community provider located within its primary service area of Tift County and is responsible for serving a total population of approximately 180,000, which includes the residents of Tift County and seven other counties.

Mandated by the Patient Protection and Affordable Care Act (ACA), all non-profit hospitals must conduct a community health needs assessment every three years and implement strategies to address unmet needs. Each hospital within a system must have its own community health needs assessment. Although the community health needs assessment is a requirement placed upon non-profit hospitals to ensure they are serving the true needs of the community, it can also be an important part of the hospitals' overall planning process. By analyzing the community and identifying unmet health needs, each hospital will have the opportunity to develop initiatives to improve the health of, and add value to, the communities that it serves. Technically, as an Authority hospital, TRMC is not required by the ACA to conduct a community health needs assessment, although, seeing the many benefits of the assessment, it has chosen to comply with the requirements.

To help address the healthcare needs of the residents of south central Georgia most effectively, TRMC began the process of conducting a community health needs assessment in October 2013. Working with The Strategy House, a healthcare consulting firm, TRMC collected and analyzed data from numerous sources, which it used to profile the health status of its community, identify and prioritize the most important health needs of the residents, and develop service initiatives to help address these needs. The following report describes TRMC's process and the results of its analysis. To fully comprehend the content of this report it is meant to be read in its entirety, including all appendices.

FACTORS THAT DETERMINE HEALTH

There are many determinants to health. According to the World Health Organization¹, factors such as “where we live, the state of our environment, genetics, our income and education level, and our relationship with friends and family all have considerable impact on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact.” Healthy People 2020² points out that the interrelationship among these factors determines the health of an individual or population. For providers whose goal is to improve the health status of its community, initiatives that target several of these factors are the most likely to be effective.

- Income and social status – higher income and social status are linked to better health
- Education – low education levels are linked with poor health, more stress and lower self-confidence
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health
- Employment and work conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support network – greater support from families, friends and communities is linked to better health

¹ Source: World Health Organization, www.who.int

² Healthy People 2020, www.healthypeople.gov

- Genetics – inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illness. Examples of biological and genetic determinants include:
 - Age
 - Sex
 - HIV status
 - Inherited conditions
 - Family history of disease
- Personal behavior and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life’s stresses and challenges all affect health
- Health services – access and use of services that prevent and treat disease influence health. Barriers to health services may include
 - Lack of service availability
 - High cost
 - Lack of insurance
 - Limited language access
- Gender – men and women suffer from different types of diseases at different ages

THE PROCESS: METHODOLOGY AND ACTIVITIES

TRMC's approach to conducting its community needs assessment included an analysis of a wide range of demographic and health-related information from both primary and secondary sources. In general, this approach attempted to collect and analyze sufficient breadth and depth of data to provide a picture of the health status of the community and to identify its important healthcare needs. The following activities and analyses were included in TRMC's community health needs assessment:

"COMMUNITY" DEFINED

Based on patient origin data, TRMC identified eight counties as representing the "community" that its two hospitals serve. The counties included Ben Hill, Berrien, Colquitt, Cook, Irwin, Tift, Turner, and Worth. Please see a map of the service area on page 5.

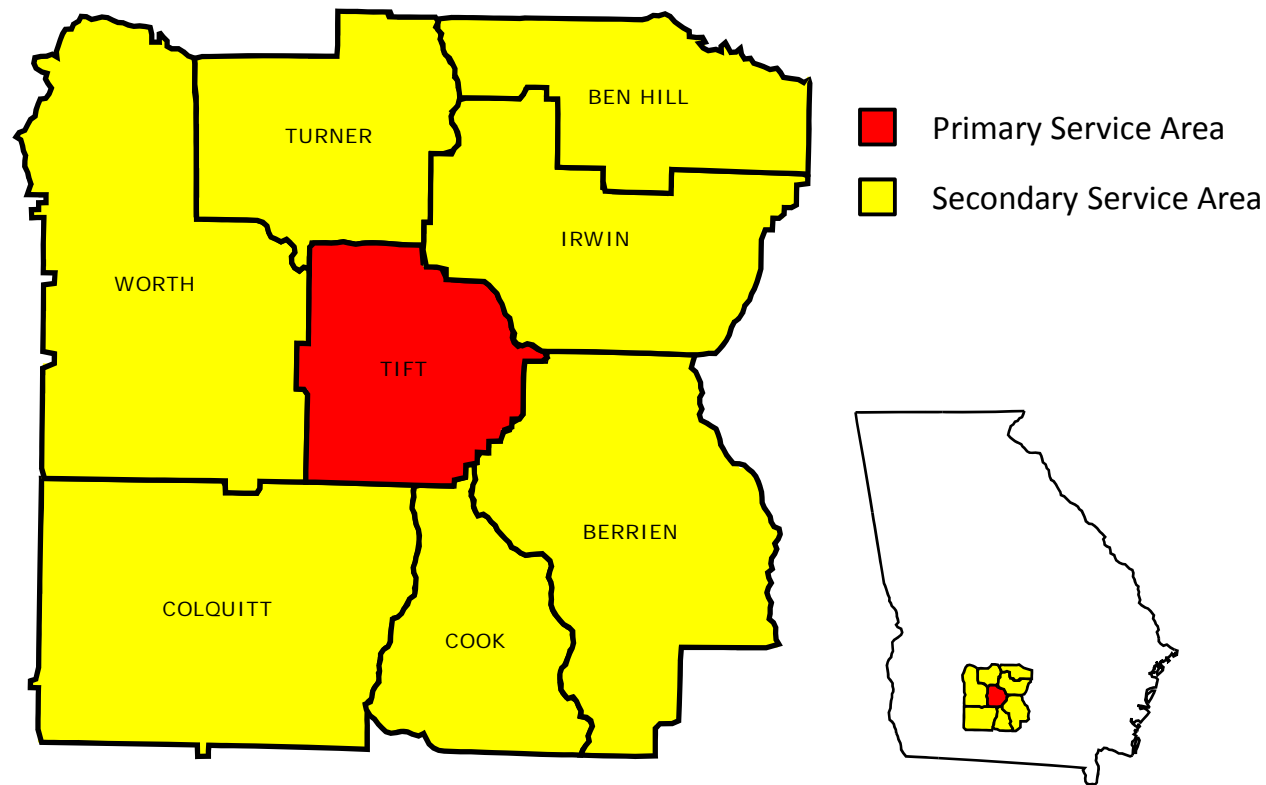
COMMUNITY INTERVIEWS

Individual interviews with conducted with community and hospital representatives that had special knowledge and expertise in local public health issues. The purpose of the interviews was to obtain their insights into the health of the community, including, but limited to, the community's most critical and common health issues, populations within the community that have the greatest challenge in achieving and maintaining good health and specific initiatives that could have the greatest impact on improving the health of the community. The following is a list of the individuals that were interviewed:

- John Price, Chairman, Tift County Hospital Authority
- Dr. Howard McMahan, Co-Director, Patient Centered Medical Home
- Mindy McStott, Director Quality Management, TRMC

Exhibit 1

Service Area Map Tift Regional



- Carla Hall, Director, Occupational Medicine, TRMC
- Mary Perlis, Director, Case Management, TRMC
- Beth Ryther, Director, Physician Clinics and Customer Service, CMC
- Andrea Heath, Director, Regional Physician Practice Management, TRMC
- Christie Moore, Director Hospice of Tift Area
- Marilyn Richardson, Tumor Registry Supervisor
- Wanda Watson, Manager, Diabetes Learning Center, TRMC
- Mecca Reeves, Tift County Health Department
- Michelle Stone, Nurse Manager, Cook County Health Department
- Denise Ballard, Vice President, Community Cancer Screening Program, Cancer Coalition of South Georgia
- Greg Millette, Director, United Way of South Central Georgia
- Lillie McEntyre, Director, Tift County Commission on Children and Youth
- Fran Kinchen, Director, Leroy Rogers Center
- Melissa Chevers, Tift County Commissioner
- Roxie Price, Family & Consumer Science Agent, Tift County Extension Service
- Floyd Moon, Pharmacist, Moon Pharmacy

COMMUNITY SURVEY

To gather health-related information and opinions from the broader community, TRMC used a 30-question survey. The survey was available through TRMC's internet site during a four-week period in November and December 2013. In addition, paper copies of the survey were available for community members without internet access or who preferred a paper survey. TRMC received 1,382 responses. This survey included questions on the following major topics:

- Demographic information about the respondent
- Individual health information about the respondent
- Information on the health status of the community and community health needs

DEMOGRAPHIC PROFILE

In addition to gathering demographic information through the community survey, additional demographic information from secondary sources was collected and analyzed. The following demographic information was collected on residents living in the eight counties:

- Current population estimates
- Projected population growth
- Household income and poverty characteristics
- Educational levels attained
- Profile of residents' race and ethnicity
- Unemployment rates

COMMUNITY HEALTH BEHAVIORS

Information on the community's behavioral health risk factors was also collected from secondary sources. The analysis compared this information to national and state benchmarks. Included was an assessment of the following:

- Smoking
- Obesity
- Binge drinking
- Motor vehicle deaths
- Physical inactivity
- Teen pregnancy
- Rates of sexually transmitted disease

HEALTH RESOURCE UTILIZATION

This assessment analyzed and compared utilization of healthcare resources in the community to state benchmarks. Among the utilization measures that TRMC analyzed were the following:

- Overall hospital discharges/discharge rates by age cohort
- Service line discharges
- Outmigration and utilization of hospitals outside of the service area
- Emergency department discharges/rates by age cohort
- Ambulatory surgeries by general type

HEALTH STATUS, VITAL STATISTICS AND HEALTH OUTCOMES

The study analyzed a number of indices reflecting the health status of the community, which included the following data and information:

- Overall mortality rates
- Infant mortality rates
- Cancer and cardiovascular incidence rates
- Years of potential life lost
- Birth rates and percent of low weight births
- Poor mental and physical health days
- Overall statewide rankings for health outcomes

CLINICAL CARE AND HEALTH RESOURCE ANALYSIS

Finally, the assessment looked at the availability of health resources in the community compared to state and national benchmarks. The analysis included the following data:

- Health professionals including physicians and dentists

- Federal and state health professional shortage areas
- Health institutions including general hospital beds, psychiatric and substance abuse beds, nursing home beds, personal care beds, child care services and home health
- Indicators of clinical care including uninsured adults, preventable hospital stays, diabetic screening and mammography screening

DATA SOURCES

In addition to the interviews and surveys, multiple secondary data sources were used in this analysis. These sources included:

- Nielsen Inc., a national supplier of demographic and socio-economic data
- County Health Rankings, sponsored by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- Georgia Department of Community Health, Healthcare Facility Regulations Division, Office of Health Planning
- Georgia Department of Public Health
- Georgia Statistical System, sponsored by the University of Georgia
- Georgia Hospital Association, HeRMES database
- Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health
- Physician Characteristics and Distribution, 2014, American Medical Association
- Governor's Office of Planning and Budget (Georgia)
- Georgia Dental Association
- Kaiser State Health Facts
- U.S. Department of Health and Human Services

Key Findings and Results

INTERVIEW RESULTS

Nineteen interviews were conducted, in person or by phone. The interviews, which lasted approximately 30 minutes, included open-ended questions that asked the interviewee to assess the following areas:

- the overall health of the community
- the challenges in achieving and maintaining a healthy community
- the most critical and common health issues in the community and the contributing factors to these issues
- obstacles to addressing these health-related issues
- the identification of initiatives that could have the greatest impact on improving the health status of the community.

There was general consensus from the interviews around the following:

- Comparatively, the residents that live in the service area are less healthy than in Georgia, as a whole, and the U.S.
- Behaviors that contribute most to the poorer health status in the community include:
 - High incidence of smoking
 - High incidence of drug abuse, in particular prescription drug abuse
 - Poor nutrition and obesity
- In particular, the interviewees identified the following health diseases/conditions as being of particular concern:
 - Diabetes
 - Cancer

- Congestive heart disease
 - Hypertension
- Some of the more pressing health needs in the community include:
 - Behavioral health services
 - Transportation services
 - Primary care services
 - Senior services
 - Funding for prescription medication
- The following groups were identified as being most "at risk" for poor health
 - Residents living in south Tifton
 - Residents of the more rural counties surrounding Tift County
 - Minority populations, including African American and Hispanic residents
 - Residents living in or near poverty
 - Homeless, especially women and children

SURVEY RESULTS

A 30-question survey was prepared and distributed electronically to the community by internet. In addition, paper copies of the survey, along with self-addressed stamped envelopes, were available through TRMC for community members without internet access or who preferred a paper survey. The survey covered three broad areas:

- Demographic information about the respondent (11 questions)
- Individual health information about the respondent (8 questions)
- Information on the health status of the community and community health needs (11 questions)

Generally, the respondents to the survey were female, white, relatively affluent and relatively well educated. The respondents were primarily residents of Tift county (55%). Respondents were long-time residents with over 72% having lived for more than 10 years in the community. The respondents were representative of the overall age distribution in the community, although females outnumbered male respondents about four to one. Compared to the racial characteristics of the community, white respondents were somewhat overrepresented accounting for 77% of total respondents versus 63% for the community. The respondents also reported a higher level of education and reported a higher annual income compared to the overall community. In addition, only 9.9% of the respondents reported not having any health insurance, which was lower than the percentage for the overall community.

TRMC has presented a detailed analysis of the survey results in **APPENDIX A** of this report. The following are highlights from the community responses with a focus on issues of health status, access and community health needs:

- Sixty-four percent of respondents stated that they could always see a doctor when needed while 31% said that they could only “sometimes” see a doctor when needed. Less than 5% could only see a doctor “seldom” or “never” when needed.
- When asked why they could not see a doctor, 47% stated that they could not get an appointment while approximately 22% stated that it was too expensive or they could not afford to see a doctor. Just over 7% stated that they could not see a doctor because of lack of insurance.
- Forty percent of the respondents never go outside of the community for their health services while 49% seldom or sometimes go outside of the community. Approximately 11% of respondents always go outside of the community for healthcare.

- Respondents primarily go outside the community for the following:
 - Medical/doctor services (75%)
 - Surgical procedures (40%)
 - Laboratory or other tests (39%)
 - Outpatient treatment (37%)
 - Hospitalization (37%)
 - X-rays (34%)
 - Dental appointments (31%)
- The primary reason for going outside of the community for health services is the unavailability of services in the community (35%), and a perception of better quality outside of the community (31%).
- The community rated their level of agreement on a series of statements related to their own healthy behaviors. The following statements received the strongest consensus³ and represent healthy behaviors that respondents reportedly actually practiced:
 - Do not use illegal drugs
 - Do not gamble
 - Do not drink more than 2 alcoholic drinks a day
 - Wear a seatbelt
 - Practice safe sex or are in a long-term monogamous relationship

³ Consensus was defined as the difference between the number of respondents scoring "1" or "2" and respondents scoring "9" or "10". The greater the difference in the number of respondents scoring "1" or "2" and respondents scoring "9" or "10", the more consensus there was among the respondents.

- The following statements received less consensus from the community and represent unhealthy behaviors that need change:
 - Feel stressed out
 - Maintain near to desired weight
 - Eat at least five servings of fruit and vegetables a day
 - Exercise at least 3 times a week
 - I get enough sleep each night
- Respondents cited access to healthcare services as the most important factor needed to have a healthy community
- Respondents identified alcohol/drug abuse as having the greatest impact on the health of the community.
- Respondents identified primary care/family doctors as the most important health services that affect the health of community
- Survey respondents identified overweight/obesity as the greatest threat to the health of community residents followed by cancer
- When asked to identify the top health, environmental and social issues for the community, respondents identified overweight/obesity and alcohol and drug abuse as the top issues, followed by affordable health services, job creation/unemployment, and cancer
- The community was most dissatisfied with alcohol/drug abuse treatment services, mental health services and non-emergency transportation

- Respondents identified family/general practice as the most needed physician specialty in the community
- Not having enough choice was the primary reason respondents gave for needing more physicians in the community

RESULTS FROM ANALYSIS OF SECONDARY SOURCES

Presented below are the major findings from the study's analysis of data obtained from secondary sources including proprietary and public sources. The analysis reflects national as well as state data. Data sources included the following:

- Nielsen Inc., a national supplier of demographic and socio-economic data
- County Health Rankings, sponsored by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
- Georgia Department of Community Health, Healthcare Facility Regulations Division, Office of Health Planning
- Georgia Department of Public Health
- Georgia Statistical System, sponsored by the University of Georgia
- Georgia Hospital Association, HeRMES
- Georgia Comprehensive Cancer Registry, Georgia Department of Community Health, Division of Public Health
- Physician Characteristics and Distribution, 2014, American Medical Association
- Governor's Office of Planning and Budget (Georgia)
- Georgia Dental Association
- Kaiser State Health Facts
- U.S. Department of Health and Human Services

SOCIAL & ECONOMIC FACTORS AND DEMOGRAPHIC PROFILE

Important social and economic characteristics of TRMC's community that have the potential to affect its health and health needs include the high percentage of elderly in the community, the poorer economic status of community residents and the higher percentage of minority residents. Major findings of the analysis include the following:

- The population base in the eight-county service area is approximately 180,000
- Compared to the Georgia, low population growth is projected in the eight-county area from 2014 to 2019 (0.2% annual growth or approximately 2,100 residents)
- The area has a larger percentage of elderly (17.5%) compared to Georgia (12.0%) or the U.S. (14.2%)
- The area is aging quicker than both the U.S. and Georgia
- The average household income is lower (\$48,105) compared to Georgia (\$64,943) and the U.S. (\$75,940) and the area has a higher percentage of children living in poverty
- There are a higher percentage of high school graduates in the area but a lower percentage of college graduates
- The unemployment rate is higher in the eight-county area when compared to the U.S.
- There is a lower percentage of minorities in the area (36.6%) compared to Georgia (41.4%), but higher than the U.S. (28.7%)

- When compared to social and economic factors identified in “County Health Rankings”⁴ the eight-county service area ranked significantly behind the recommended targets. Areas of greatest concern included:
 - Children in poverty (230% of target)
 - Single-parent households (176% of target)
 - Unemployment (175% of target)

Please see **Appendix B** for a more detailed analysis of the social, economic and demographic characteristics of the eight counties.

HEALTH-RELATED BEHAVIORS

One of the most important findings of the analysis is the high percentage of residents in the community that exhibit behaviors that result in poor health and poor health outcomes. Unlike genetic and socio-economic factors, residents have the potential to modify and change these unhealthy behaviors. The following identifies the most important findings related to health-related behaviors:

- The area population has a high rate of sexually transmitted disease (STD) infections with the highest in Ben Hill County (805 cases per 100,000) and Worth County (789 cases per 100,000) as compared to Georgia (466 cases per 100,000)
- Teenage pregnancies for all eight service area counties occur at a higher rate than Georgia
- A greater percentage of adults are obese (30%+) compared to targeted percentages (25%)
- A greater percentage of adults are binge drinkers (10%) compared to targeted percentages (7%)
- The area has a much higher rate of motor vehicle crash deaths (234% of targeted rates)

⁴ Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute

- A greater percentage of adults smoke (192% of targeted rates)
- When compared to health behavior factors identified in “County Health Rankings” the eight-county area ranked significantly behind the recommended targets. Areas of greatest concern included:
 - Sexually transmitted disease (604% of targeted rates)
 - Teen birth rates (376% of targeted rates)
 - Motor vehicle crash deaths (234% of targeted rates)

The exhibit on page 19 profiles the service area's health behaviors compared to Georgia and identifies those areas (red), which of are particular concern. Please see **Appendix B** for a more detailed analysis of health-related behavioral characteristics in the eight counties.

HEALTH SERVICE UTILIZATION

Often, an analysis of the community’s utilization of hospital services can help identify important issues related to access and service availability as well as health status and health needs. In general, residents of the service area utilize hospital services at a rate higher than the state of Georgia. Please see the following:

- Overall inpatient discharges per 1,000 residents are higher than the state of Georgia (135.2 per 1,000 vs. 91.8 per 1,000); this holds true for all age cohorts as well
- The rate of emergency room discharges are higher for the service area (556.1 per 1,000) when compared to the state (357.8 per 1,000); this holds true for all age cohorts as well
- The rate of ambulatory surgery discharges are higher for the service area (132.9 per 1,000) when compared to the state (70.2 per 1,000); this holds true for all age cohorts as well

Exhibit 2
Summary Analysis of Health Behaviors

Percentage of Georgia Average

Health Behaviors	Ben Hill	Berrien	Colquitt	Cook	Irwin	Tift	Turner	Worth
Smoking	115.8%	178.9%	152.6%	115.8%	N/A	100.0%	N/A	N/A
Obesity	117.9%	110.7%	110.7%	117.9%	110.7%	117.9%	121.4%	107.1%
No Leisure-Physical Activity > 20age	129.2%	125.0%	120.8%	120.8%	108.3%	120.8%	137.5%	112.5%
Drinking	50.0%	100.0%	71.4%	100.0%	N/A	50.0%	92.9%	50.0%
STD Rate	172.7%	55.6%	55.2%	76.0%	137.3%	143.3%	144.2%	169.3%
Teen Birth Rate	210.0%	162.0%	182.0%	156.0%	118.0%	146.0%	190.0%	100.0%
Vehicle Motor Crash Death Rate	112.5%	168.8%	156.3%	156.3%	118.8%	150.0%	193.8%	112.5%
Avg # Mentally Unhealth Days	100.0%	126.5%	147.1%	88.2%	120.6%	111.8%	185.3%	85.3%
Avg # Physically Unhealthy Days	122.9%	137.1%	131.4%	100.0%	85.7%	111.4%	120.0%	128.6%
% of Population <65 without health insurance	109.1%	109.1%	122.7%	118.2%	118.2%	113.6%	113.6%	100.0%
Hospitalization Rate for Ambulatory Care Sensitive Conditions per 1,000	175.0%	164.7%	114.7%	172.1%	129.4%	120.6%	104.4%	136.8%

Source: County Health Rankings

A number of possible explanations may account for these higher utilization rates:

- In general, residents have poorer health, which results in higher hospital utilization
- Residents do not have adequate access to primary and preventative health care and, therefore, do not receive needed services until hospital care is required
- Residents inappropriately utilize hospital resources, in particular, emergency room services, when less intensive services could be used

Please see **Appendix B** for a more detailed analysis of health service utilization in the eight counties.

HEALTH STATUS, VITAL STATISTICS AND HEALTH OUTCOMES

In general, based on an analysis of health status, vital statistics and health outcomes, the health of TRMC's community is relatively poor. Of concern is the higher mortality rates in the community, especially the high rate of deaths from nervous system diseases, and the corresponding higher rate of years of life lost. In particular, the residents of Turner, Irwin and Cook counties are in poorer health whereas Worth County residents are healthier. The following are highlights from TRMC's review of health status, vital statistics and health outcomes data:

- The eight-county area has a higher overall mortality rate (945.3 per 100,000) compared to state (810.6 per 100,000)
- Specific causes with especially high mortality rates include:
 - Nervous System Diseases (39% higher than state)
 - Digestive diseases (37% higher than state)
 - Infectious and Parasitic Diseases (23% higher than state)
 - Endocrine, Nutritional and Metabolic Diseases (23% higher than state)

- Respiratory diseases (22% higher than state)
 - Cardiovascular (22% higher than state)
 - External causes⁵ (13% higher than state)
 - Cancer (9% higher than state)
- Correspondingly, the area has higher rate of years of life lost (7,936 to 11,779 per 100,000) when compared to the state (7,697 per 100,000)
 - There is a higher teen birth rate in the area (50 per 1,000 to 105 per 1,000) when compared to the state (50 per 1,000)
 - The percentage of low weight births (7.5% to 18.8%) are generally slightly higher than the state (9.4%)
 - The area has a greater number of poor physical and mental health days when compared to the state
 - Compared to the state (16%), Ben Hill, Berrien, Colquitt, Cook, Turner, and Worth County residents all had higher percentages reporting poor or fair health.
 - When compared to “health outcomes” and “health factors” identified in “County Health Rankings” Ben Hill County ranked the poorest (146/149)⁶, followed by Turner County (155/92). Tift County (70/62) ranked the best for health outcomes and health factors.

Please see **Appendix B** for a more detailed analysis of the health status, vital statistics and health outcomes of the four counties.

⁵ Includes motor vehicle crashes, falls, accidental shooting, drowning, fire & smoke, exposure, poisoning, suicide, homicide and legal intervention

⁶ Note: The first number denotes the county’s ranking on health outcomes and the second number denotes its ranking on health factors. The rankings are out of 156 Georgia counties with higher rankings indicating poorer performance.

CLINICAL CARE AND HEALTH RESOURCES

An important consideration in analyzing the health needs of the community is the need for clinical and other health-related resources. Although not unique to south central Georgia, a major need for TRMC's community is the need for additional physicians. Please see the following summary:

- There is a need for more physicians in the community
 - The need is especially strong need for “medical” and “other” specialists
- There is a need for more dentists in the community
- Many of the counties in the eight-county area are designated as Health Professional Shortage Areas (HPSA) for
 - Primary care
 - Mental health
 - Dentistry
- A slightly higher percentage of the population is without health insurance (22% to 27%) when compared to the state (22%) and well above the targeted percentage (11%)
- All eight counties have higher rates of preventable hospital stays (74 to 108 per 1,000 Medicare recipients) when compared to the state (65 per 1,000 Medicare recipients)

Please see **Appendix B** for a more detailed analysis of the clinical care and health resources of the eight counties.

TARGETED COMMUNITY HEALTH NEEDS AND ISSUES

As part of its planning process to identify and prioritize specific community health needs, TRMC

- Ranked the top health needs and issues in the community based on mortality rates and health behaviors
- Conducted a health planning session with broad community representation during which participants reviewed relevant community health needs data and information and prioritized health needs

MORTALITY RATES AND HEALTH BEHAVIORS

TRMC ranked the top health needs and issues in the community based on mortality rates as reported by the Georgia Department of Public Health⁷ and health behaviors as reported by County Health Rankings. The analysis ranked the factors based on a comparison of community mortality rates and health behavior factors relative to state averages, identifying those factors where the difference between local results and state averages were the greatest. The table on page 26 ranks causes of deaths in the community from the most important (red) to the least important (green).

Based on the analysis of mortality rates, the top 5 ranking causes of death in the community included:

- Motor vehicle accidents
- Diabetes
- Alzheimer's Disease
- All COPD, except asthma
- Ischemic heart and vascular disease

⁷ Source: OASIS, Community Health Needs Assessment Dashboard, Department of Public Health

In addition, other causes, with mortality rates higher than the state average, included:

- Malignant neoplasms of the trachea, bronchus and lung
- All other disease of the nervous system
- Cerebrovascular disease

Exhibit 3
Profile of Causes of Death in the Community

Cause of Death (Georgia Rankable Groups)	Death Rate per 100,000		% of GA Avg.
	State Avg.	Service Area Avg.	
Motor vehicle accidents	14.4	22.9	159.0%
Diabetes mellitus	20.5	32.3	157.6%
Alzheimer's disease	27.4	40.8	148.9%
All COPD except asthma	44.5	63.2	142.0%
Ischemic heart and vascular disease	98.7	130.5	132.2%
Malignant neoplasms of the trachea, bronchus and lung	50.8	59.1	116.3%
All other Diseases of the nervous system	10.4	11.6	111.5%
Cerebrovascular Disease	46.4	51	109.9%
Nephritis, nephrotic syndrome and nephrosis	21	21.3	101.4%
Pneumonia	18.3	18.3	100.0%
Malignant neoplasms of colon, rectum and anus	16.1	15.8	98.1%
Malignant neoplasm of the breast	13.2	12.9	97.7%
Essential (primary) hypertension and hypertensive renal, and heart disease	28	27.3	97.5%
Septicemia	17.5	16.9	96.6%
All other Mental and behavioral disorders	41.3	32.3	78.2%

TRMC also ranked individual behaviors that most impact the health status of the community. Based on data from County Health Rankings, the analysis identified those behaviors, which negatively deviated from the state average (red) and those that positively deviated from the state average (green). Please see the following

Exhibit 4
Profile of Community Health Behaviors

	State Avg.	Service Area Avg.	% of GA Avg.
Teen Birth Rate per 1,000 Females Ages 15-19	50	79.0	158.0%
Vehicle Motor Crash Death Rate per 100,000	16	23.4	146.1%
% of Adults that Report Smoking 100+ Cigarettes	19.0%	25.2%	132.6%
% of Adults, Age 20 and Over, No Physical Activity	24.0%	29.3%	121.9%
Sexually Transmitted Infections per 100,000	466	555.5	119.2%
% of Adults Reporting BMI \geq 30	28.0%	32.0%	114.3%
Excessive Drinking	14.0%	10.3%	73.5%

Based on the analysis of community health behaviors, the top 3 areas concern are:

- Teen birth rates
- Vehicle motor crashes
- Smoking

In addition, other health behaviors that were worst than statewide averages and were of concern included

- Lack of physical activity
- Sexually transmitted Infections
- Obesity

COMMUNITY PLANNING SESSION

On February 20, 2014, TRMC conducted a 3-hour community health needs planning session with 24 representatives of the community and TRMC. Page 28 identifies the meeting's participants. The main purpose of the meeting was to review and discuss the preliminary results and findings of the community health needs assessment and to prioritize the major health-related needs of the community. Information that was reviewed included the individual interviews, community health needs survey and the analysis of all secondary data sources. An additional purpose of the meeting was to give representatives of the community and TRMC the opportunity to talk about and understand what services are currently being provided by the various community organizations and to begin conversations that identify ways that the community organizations and TRMC could work together to better coordinate services.

At the conclusion of the planning session, participants were asked to identify the "top 3 community health needs" from 1 to 3. A scoring system was used to rank the top needs. The scoring system gave a value of "3" to the top ranked health need, a "2" to the health need ranked second and a "1" to the health need ranked third. Sixteen of the 24 participants completed the ranking. The following top 5 priorities were identified:

Exhibit 5
Top Community Health Needs

Overall Ranking	Community Health Need	Overall Score
1	Additional Primary Care	24
2	Unhealthy Behaviors/Education/Prevention	19
3	Mental Health Services	15
4	Insurance/Funding/Affordability	15
5	Overall Service Accessibility	11

Exhibit 6
Community Health Needs Planning Meeting Participants

Name	Organization	Title
John Prince, III	Hospital Authority of Tift County	Chairman
Mecca Reeves	Tift County Health Department	Nurse Supervisor
Lynn Ross	Mother's Love Child Care	Owner
Beth Bernard	Tiftarea YMCA	Board Secretary
Lillie McEntrye	Tift County Commission on Children and Youth	Executive Director
Greg Millette	United Way of South Central Georgia	Executive Director
Craig Sowell	Tift County	Director, Tift Co. Recreation Dept.
Denise Ballard	Cancer Coalition of South Georgia	Vice President
Tasha Patrick	City of Tifton	Site Manager, Leroy Rogers Center
William T. Richardson	Tift Regional Health System	President/CEO
William Guest, MD	Tift Regional Medical Center	Senior VP/Chief Medical Officer
Chris Efaw	Tift Regional Medical Center	Tift Regional Health System
Mindy McStott	Tift Regional Medical Center	Tift Regional Health System
Kristy Walters	Tift Regional Medical Center	Tift Regional Health System
Joy Davis	Tift Regional Medical Center	Tift Regional Health System
Andrea Heath	Tift Regional Medical Center	Tift Regional Health System
Wanda Watson	Tift Regional Medical Center	Tift Regional Health System
Christie Moore	Tift Regional Medical Center	Tift Regional Health System
Carla Hall	Tift Regional Medical Center	Tift Regional Health System
Marilyn Richardson	Tift Regional Health System	Tumor Registry Supervisor
Howard McMahan, MD	Tift Regional Health System	Family Physician, Irwin Primary Care
Lynn Kappel	Tift Regional Medical Center	Tift Regional Health System
Mary Perlis	Tift Regional Medical Center	Tift Regional Health System
Joel Presley	Tift Regional Medical Center	Tift Regional Health System

TRMC'S PRIORITIZED COMMUNITY HEALTH NEEDS AND SERVICE INITIATIVES

Based on all of the inputs from the community health needs assessment, TRMC identified four broad health needs of the community and identified those service initiatives that it plans to undertake, or continue, to meet these needs. The following are the top community health needs and associated service initiatives:

Health Need: Improve access to primary care

Service initiatives:

- Expand the primary care base within Tift Regional's service area in accordance with an independent medical staff development analysis.
- Provide outpatient services that offer preventive care for the underinsured, decompress the Emergency Room and prevent readmissions to the hospital.
- Implement disease management programs and convenient care services for employers.
- Develop Patient Centered Medical Homes (PCMHs) for the TRMC service area.
- Work with Stratus Healthcare partners and the South Georgia Primary Care Network on the development of population health management.

Health Need: Develop a plan to address the shortage of mental health resources

Service initiatives:

- 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.
- Explore a psychiatric telemedicine compliment.
- Work closer with community partners to coordinate access to mental health resources.

Health Need: Promote healthy behavior with specific preventive education and outreach programs geared towards obesity, cancer, cardiovascular disease and diabetes

Service initiatives:

- Partner with the Tiftarea YMCA in offering a wide-range of health, exercise and fitness services for the community.
- Implement a low-cost lung cancer CT screening program.
- Support the Tift Regional Medical Center Foundation's "Heart Safe Community" program, providing 12-lead EKGs to area paramedics and Automatic External Defibrillators (AEDs) to local organizations as well as providing support to cardiac rehabilitation patients requiring financial assistance.

- Continue with the Tree of Life Fund, providing financial assistance to cancer and hospice patients with special needs.
- Team with area primary care physicians in offering evidence-based smoking cessation programs.
- Hold free periodic community seminars, health screenings and other special events.
- Continue offering support groups for cancer, breast cancer, diabetes and other diseases.
- Expand outreach of the Diabetes Learning Center through satellite programs.

Health Need: Create an awareness campaign on safe driving to help reduce the number of car accidents, injuries and fatalities

Service Initiatives:

- Explore working with community partners, such as the State Patrol, in developing an educational program that promotes the benefits of careful driving.

Appendix A

Community Survey Results



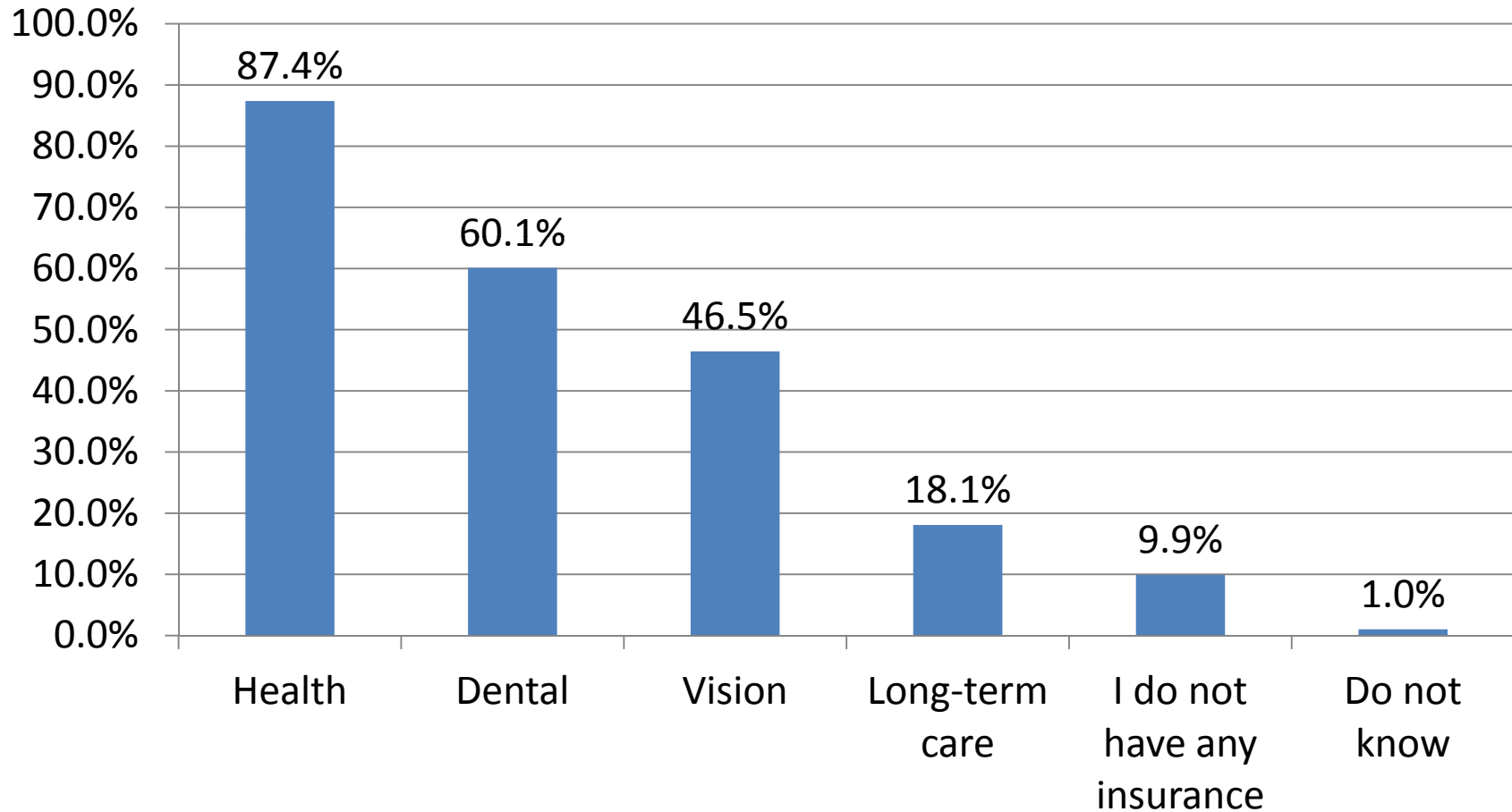
Community Survey Results

Survey Respondent Characteristics

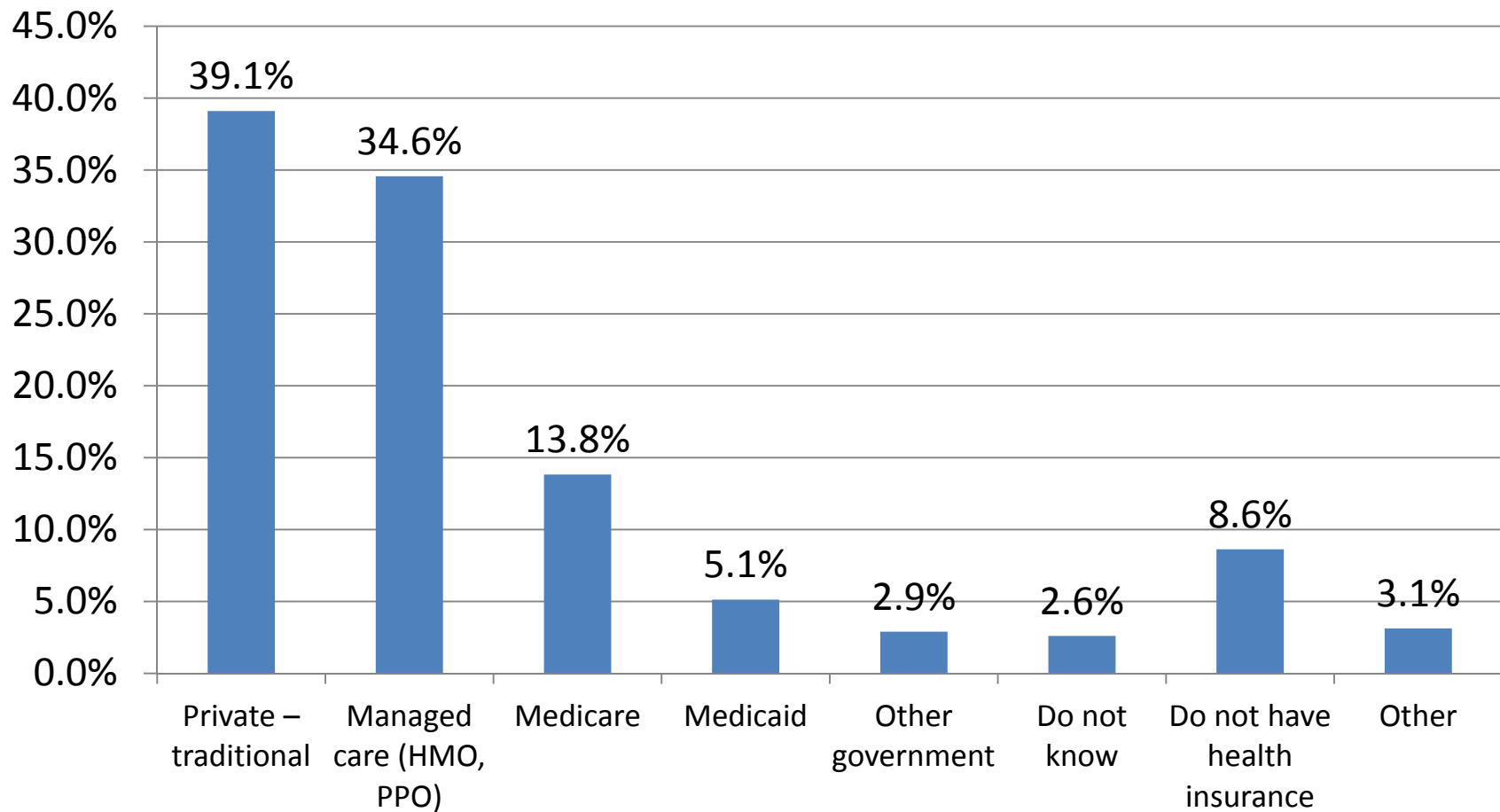
Q1 – Q10

- 1,382 total respondents
- Over 55% were residents of Tift County
 - 12% Turner County residents
 - 11.8% Cook County residents
 - 5.6% Berrien County residents
- Over 72% had been residents for more than 10 years
- 64% were between the ages of 35 and 64
- Over 80% were female
- Over 77% were white and approximately 20% were black
- 97% had completed high school with 41% having completed college
- Just over 5% were unemployed and 13% were retired
- The largest percentage (26%) reported annual HHI of \$25,000 to \$49,999
 - \$50,000 to \$74,999 (21.6%)
 - \$15,000 to \$24,999 (16.1%)
 - \$75,000 to \$99,999 (12.8%)

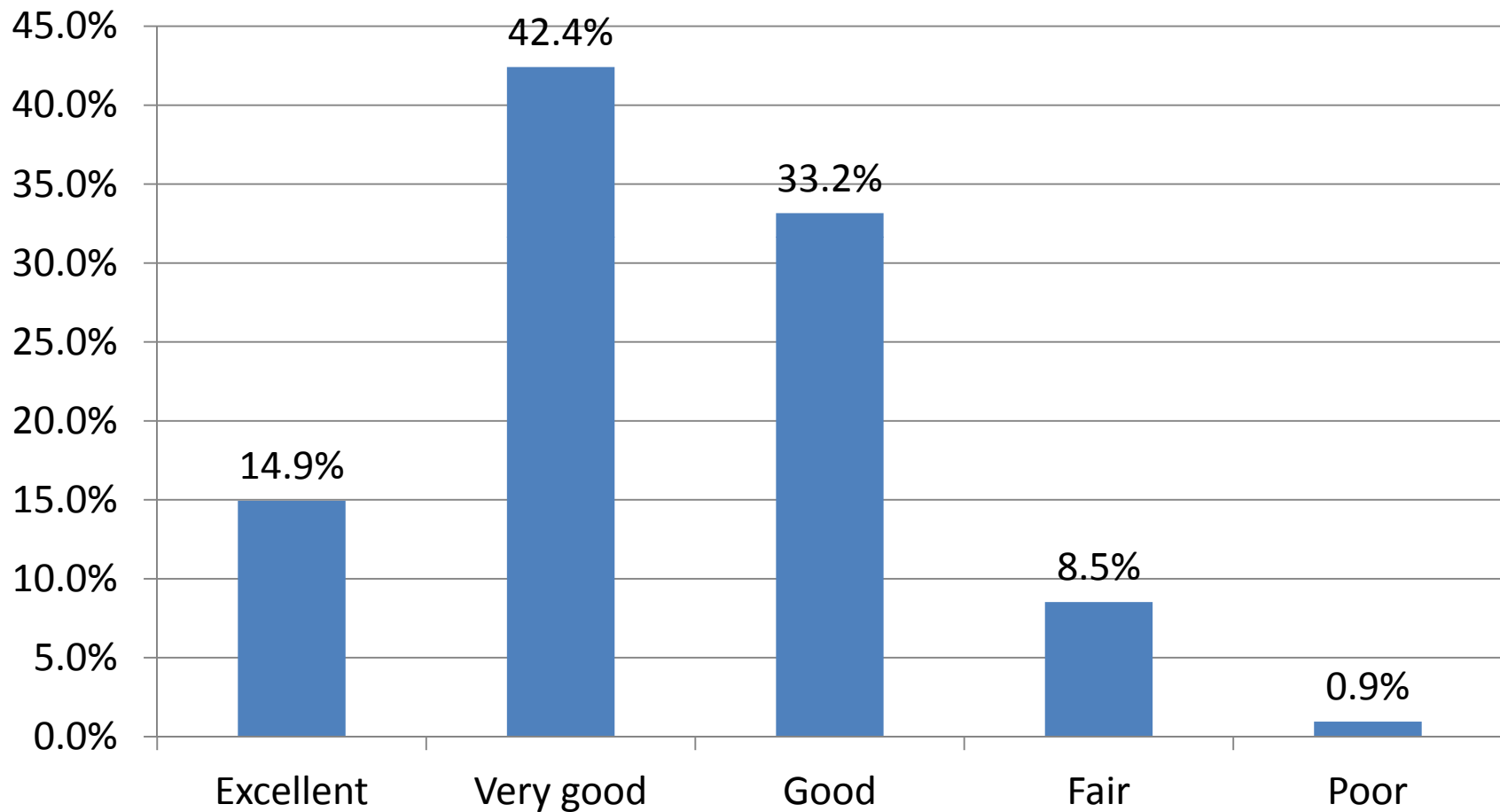
Q11: Select the types of insurance that you have:



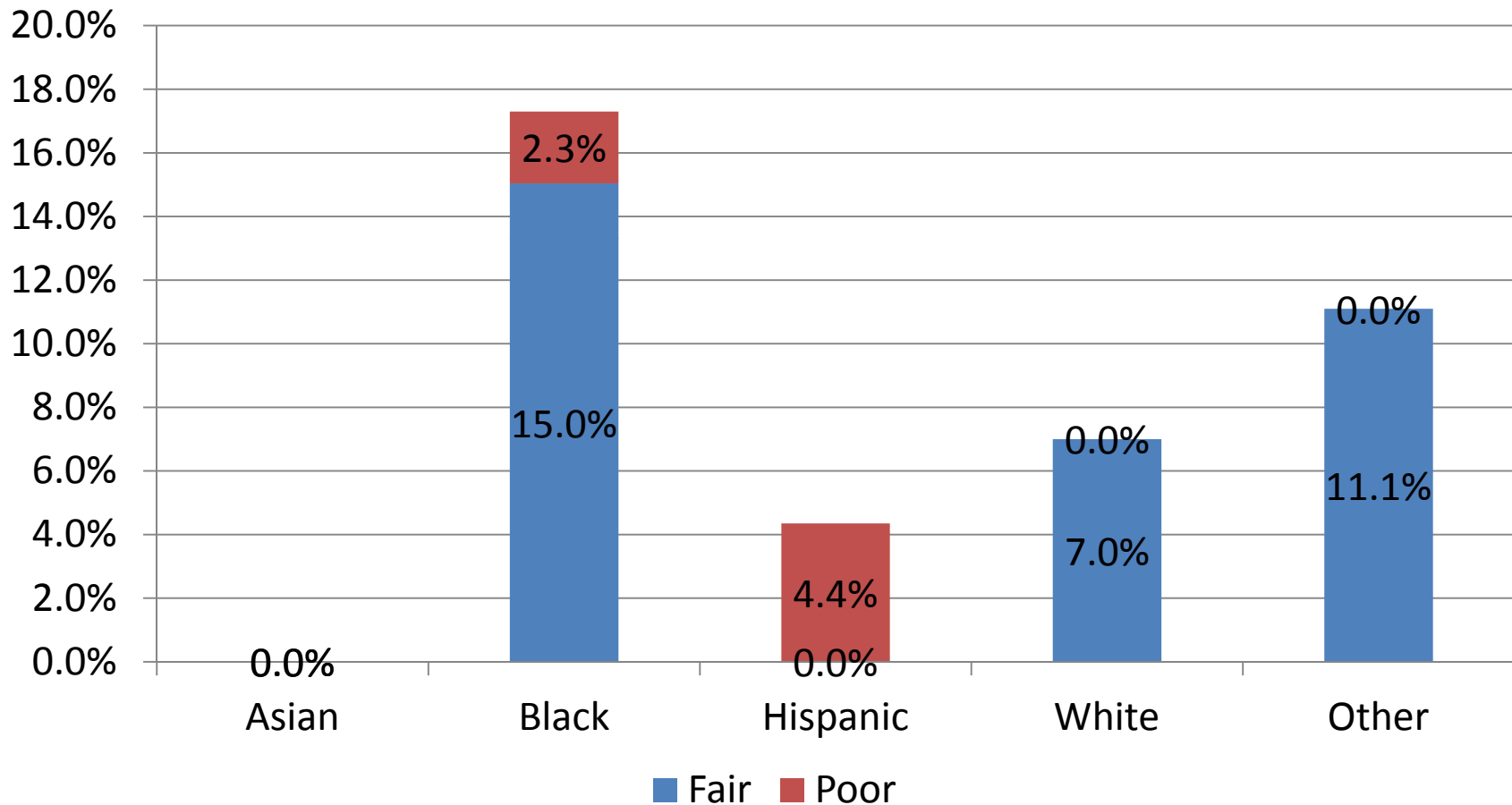
Q12: If you have health insurance, what kind(s)



Q13: How do you rate your health?

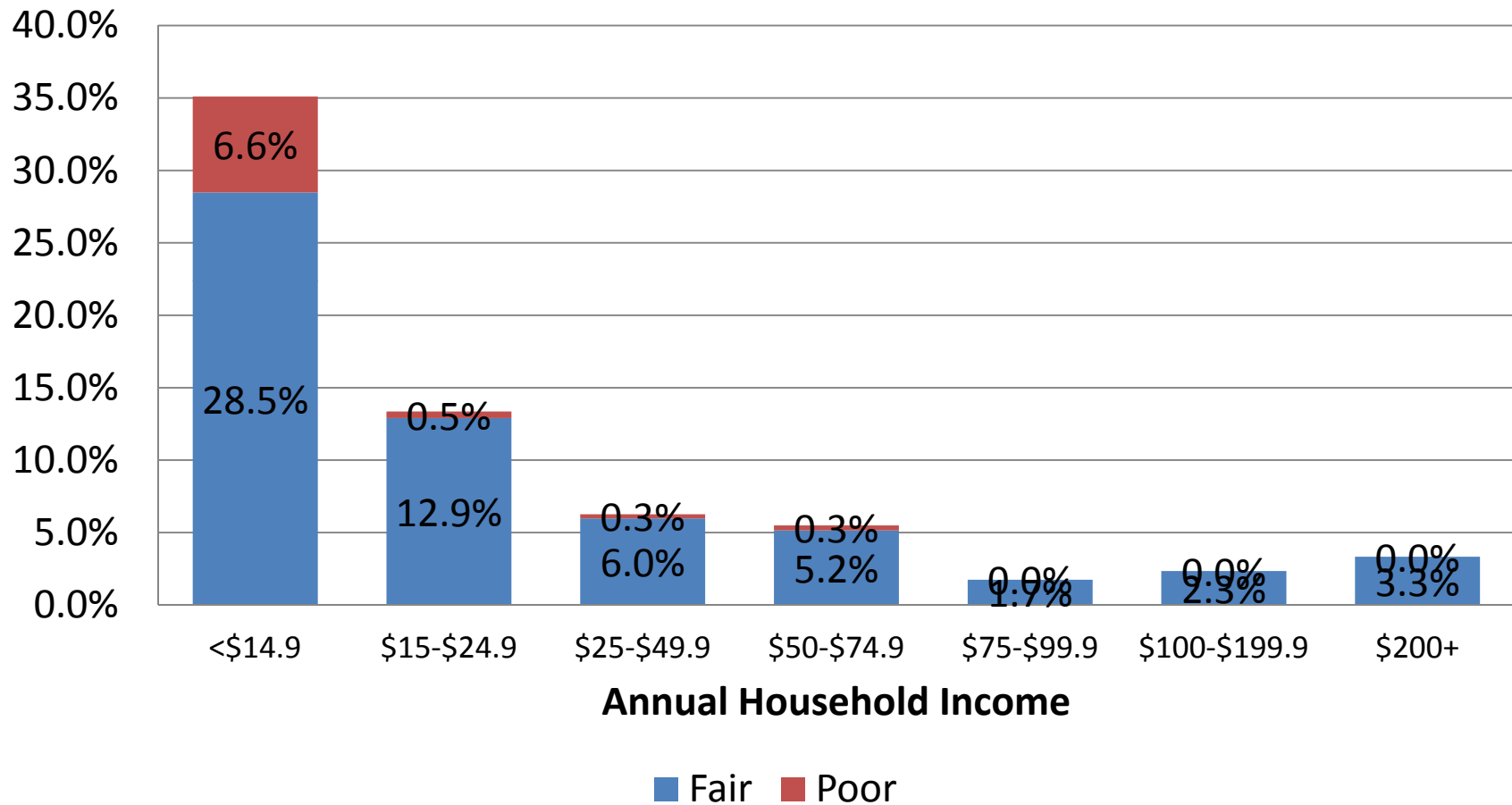


Blacks Rate Their Health Poorest

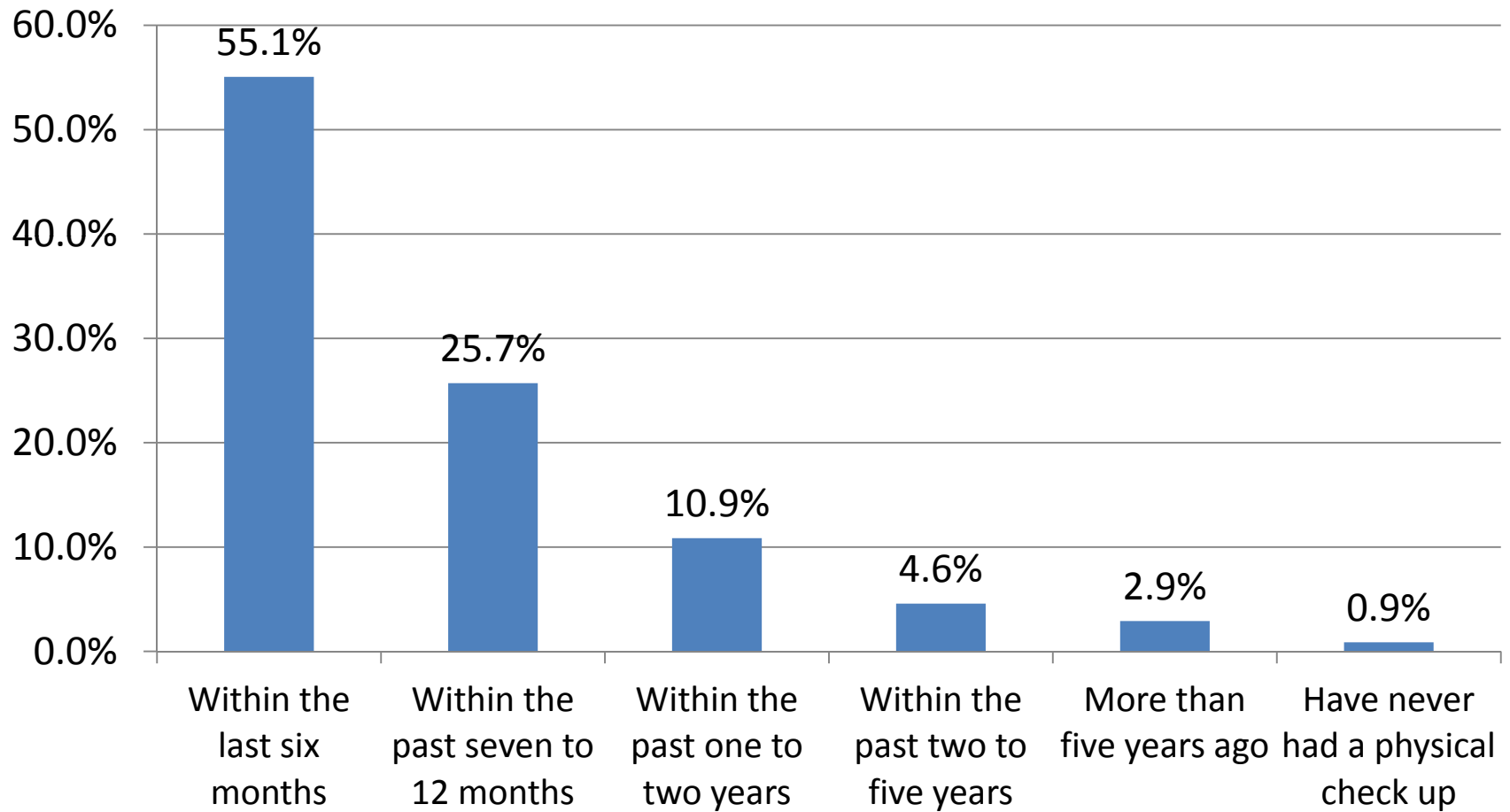


Note: The category "Native American" accounted for only 2 responses and was not included in this summary exhibit.

Less Affluent Rate Their Health Poorest

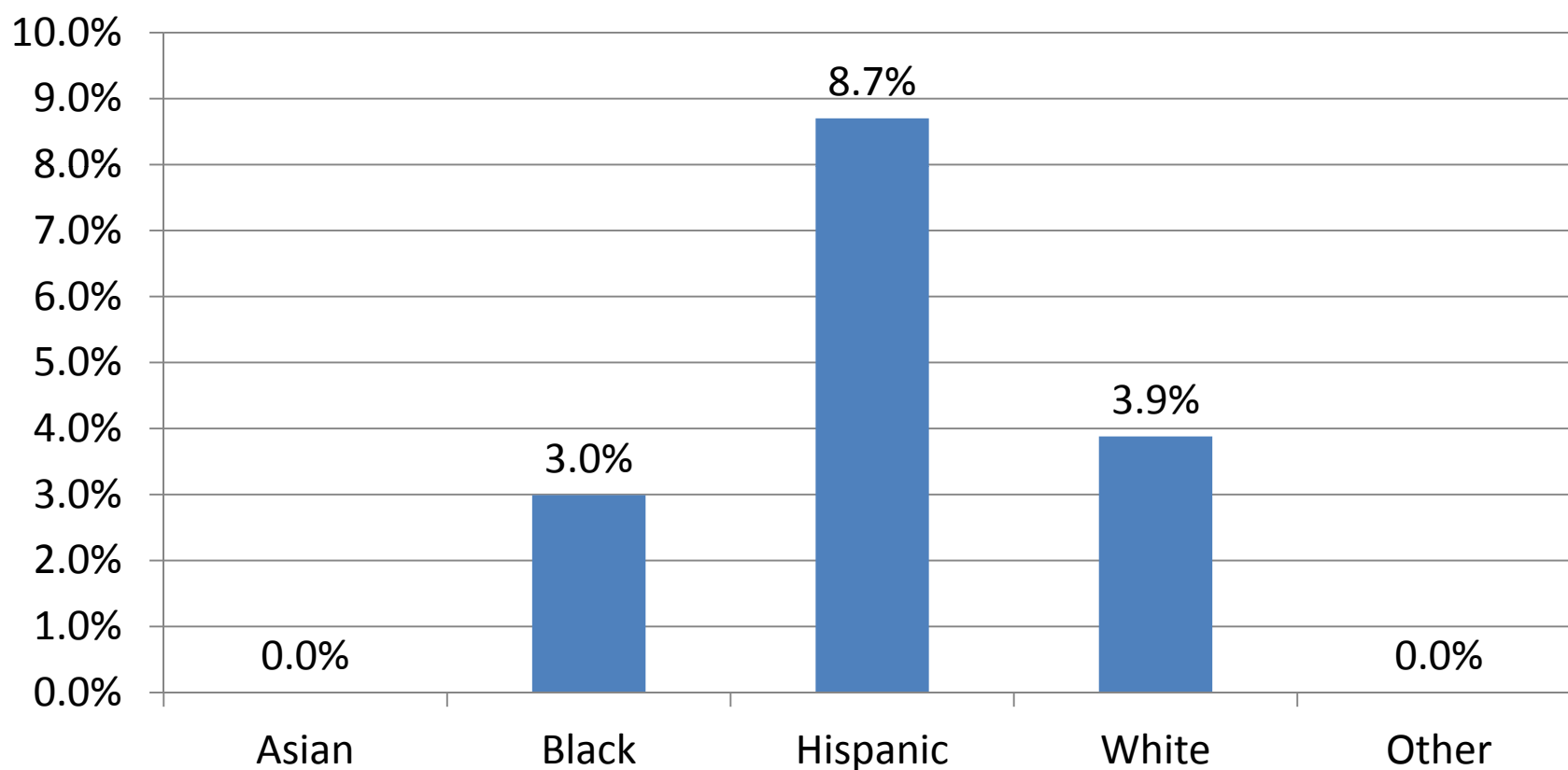


Q14: When was your last physical check up?



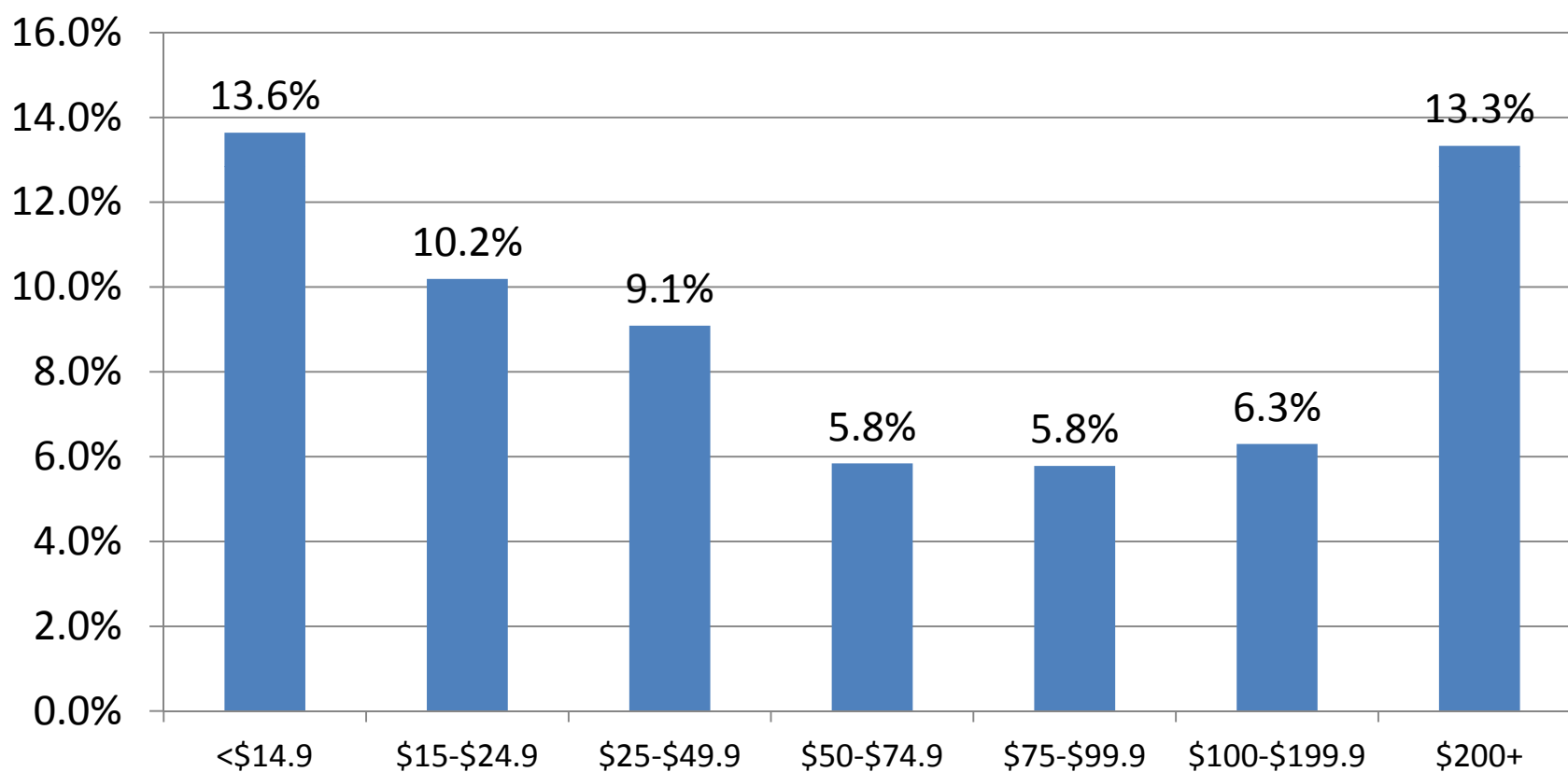
Hispanics Reported Longest Time For Last Physical Check Up

Within the past 2+ years

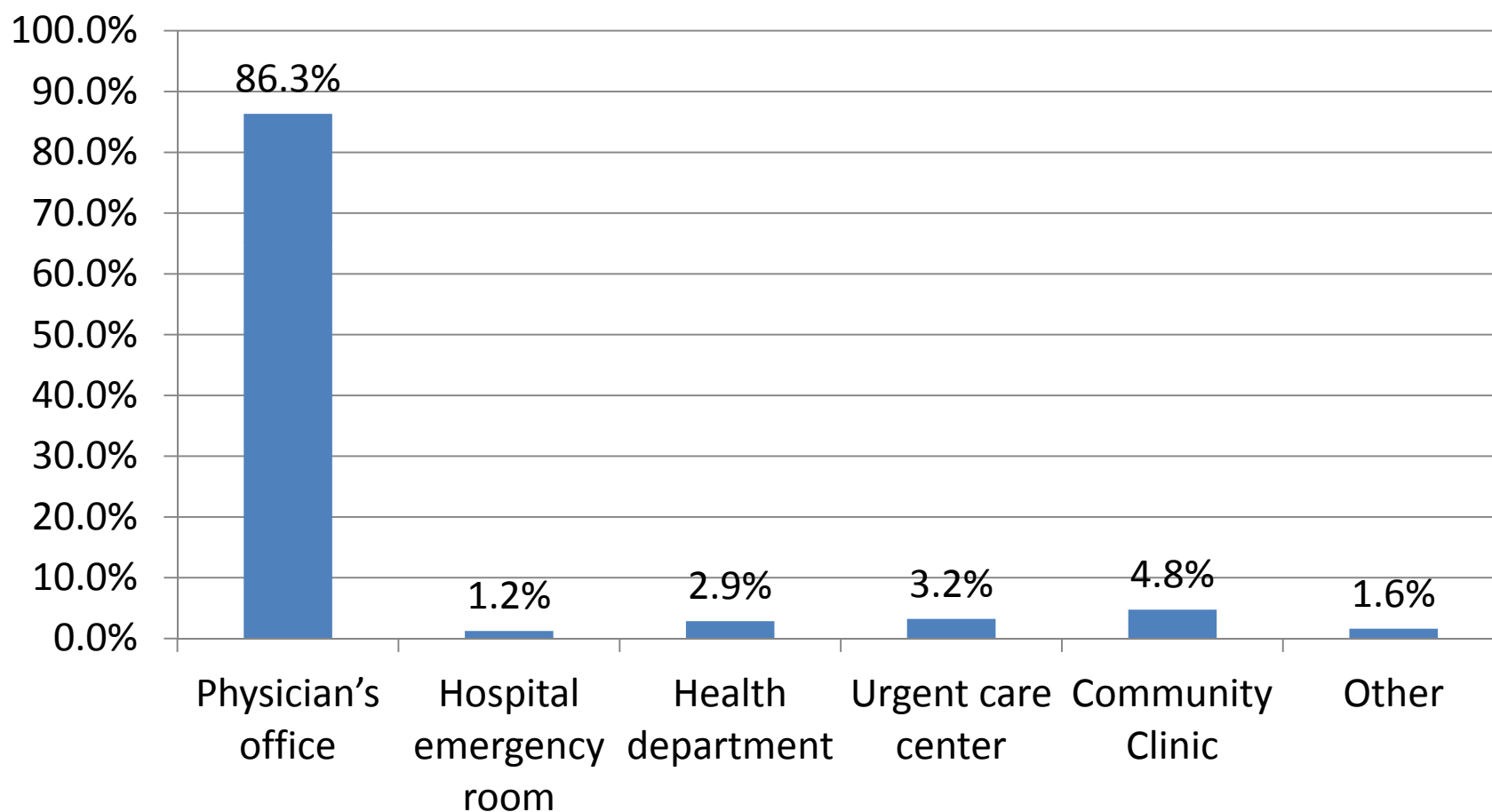


Less Affluent Report Longest Time for Last Physical Check Up

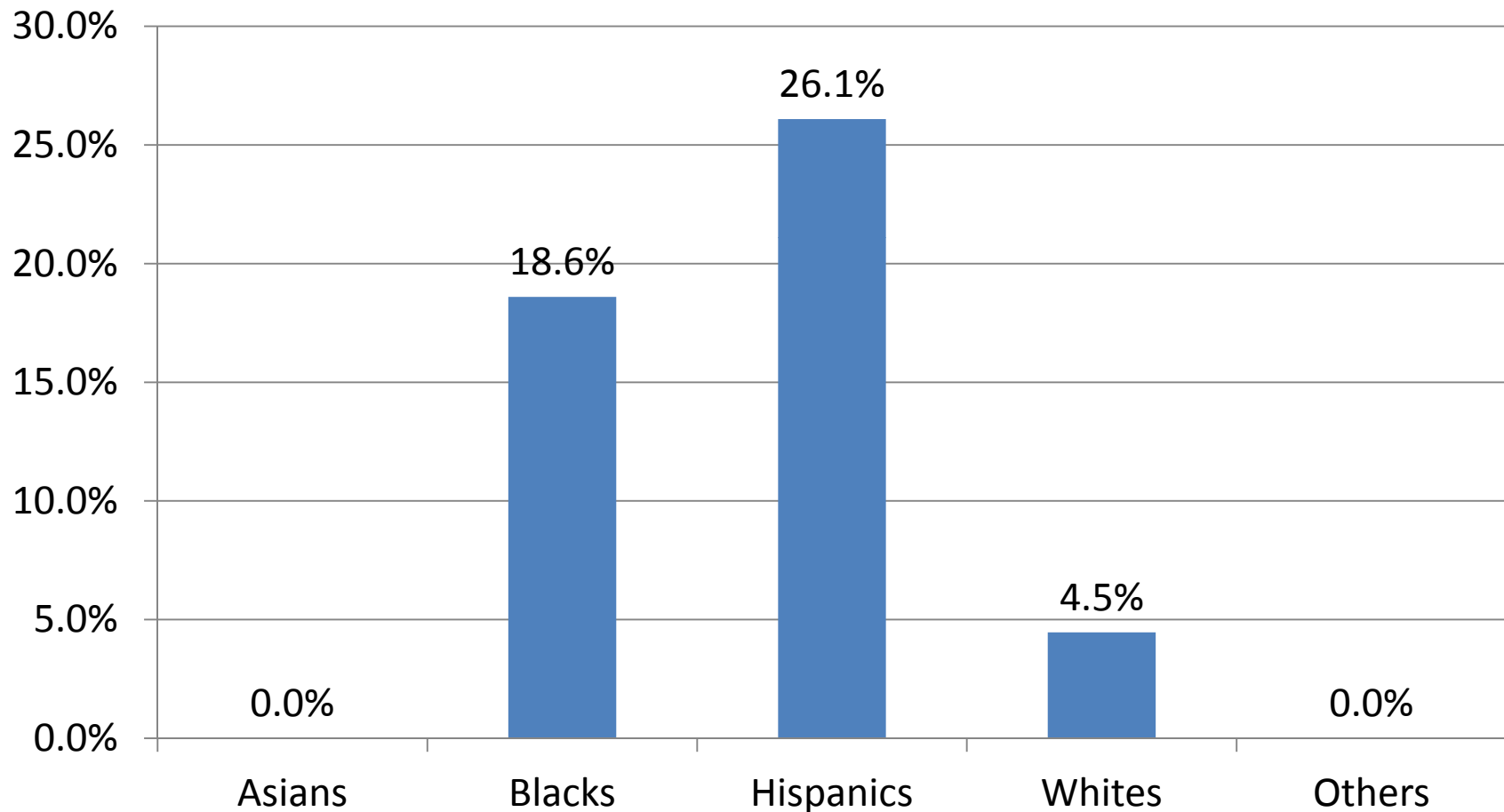
Within the past 2+ years



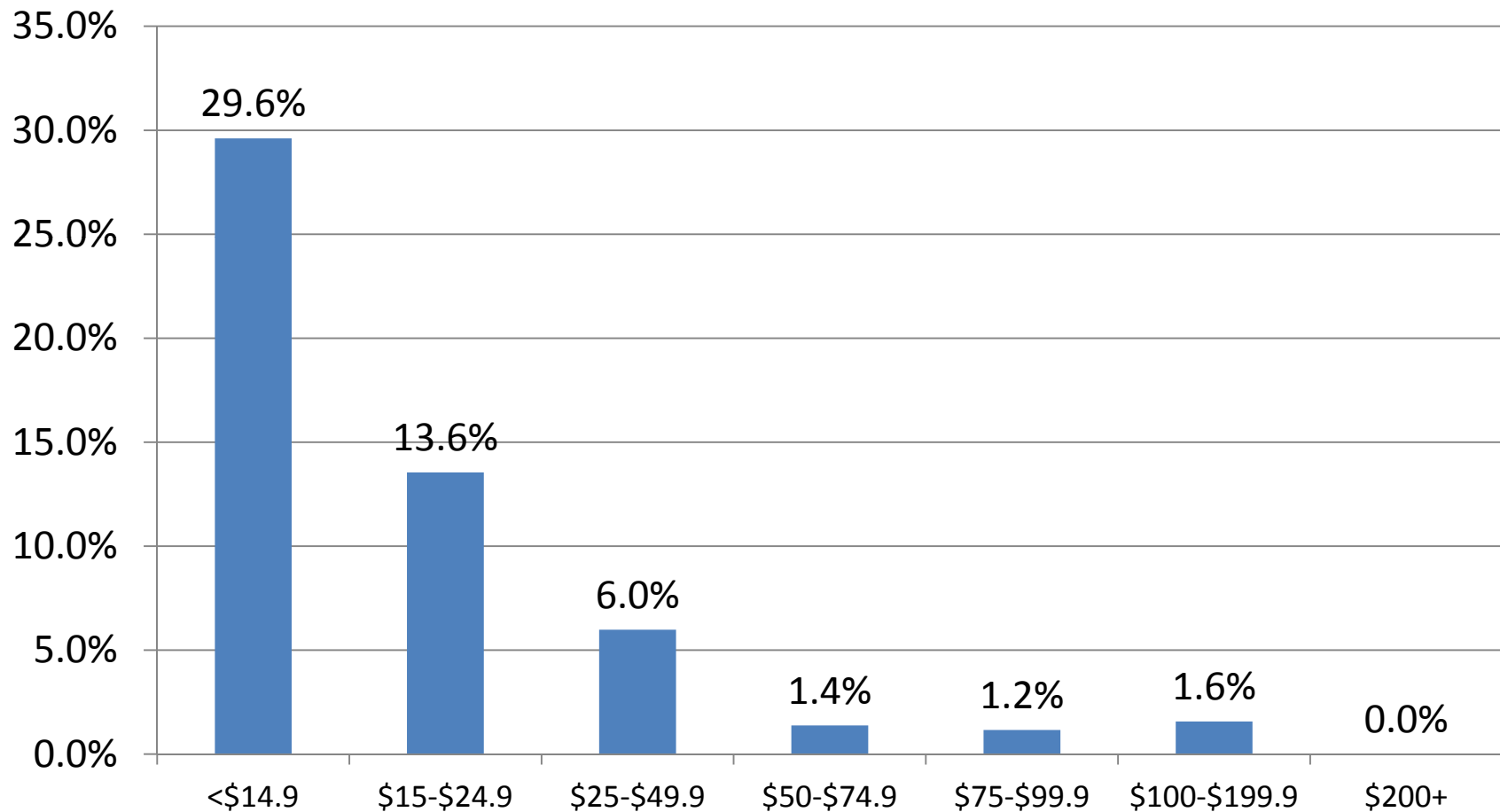
Q15: Where do you generally go for routine health care?



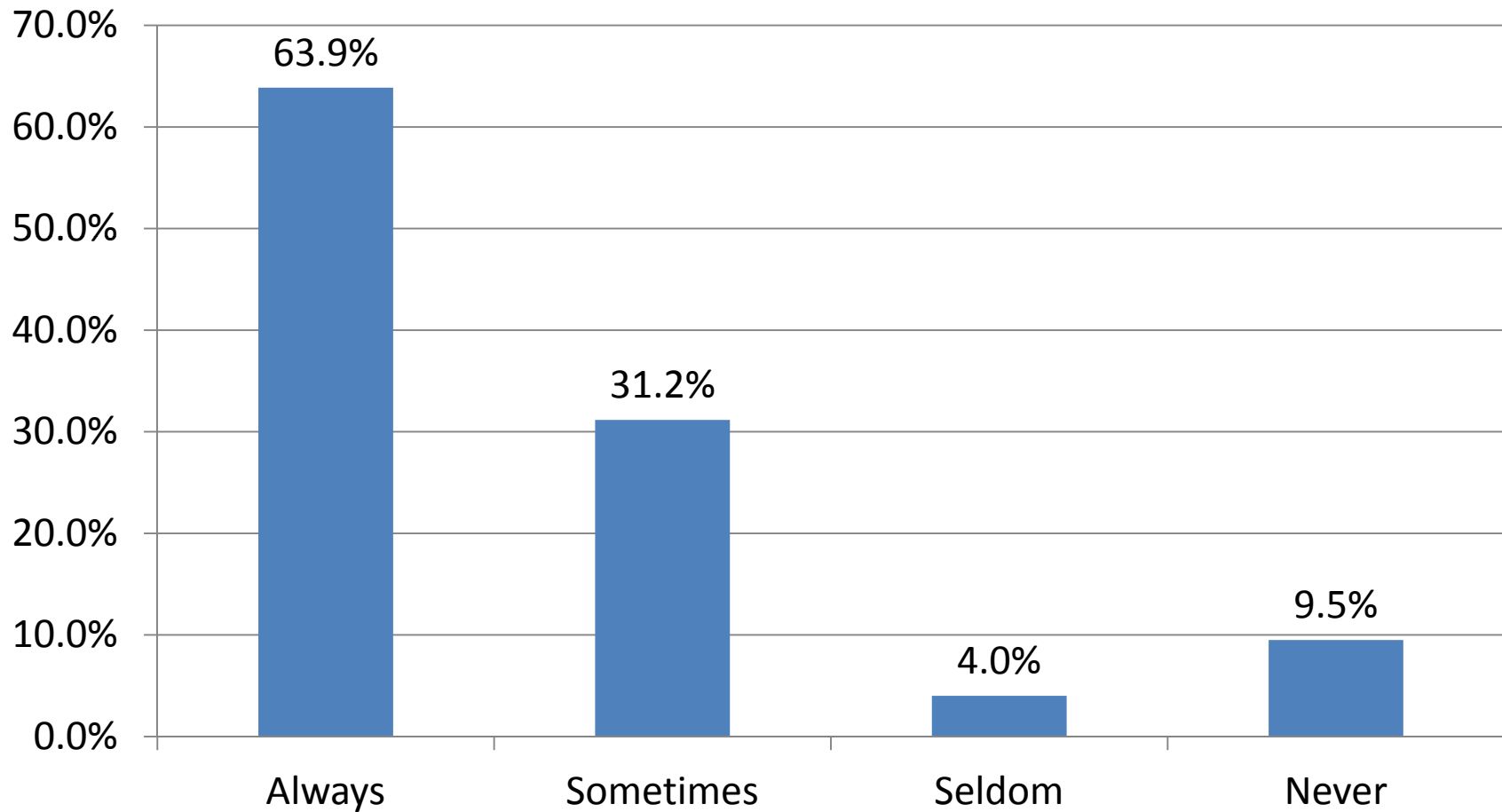
Blacks and Hispanics Rely More on the Health Department and Community Clinics for Routine Health Care



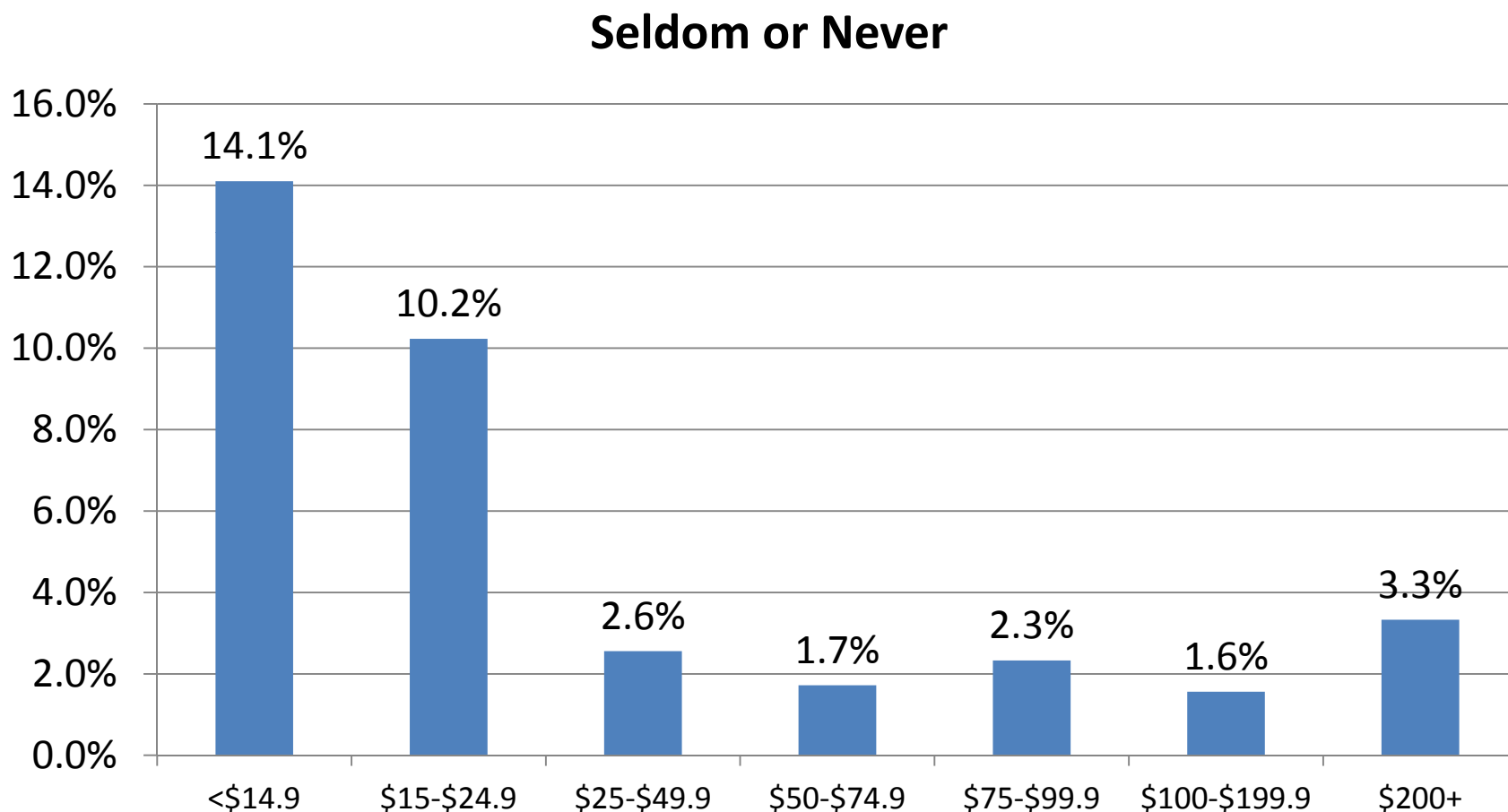
Less Affluent Rely More on the Health Department and Community Clinics for Routine Health Care



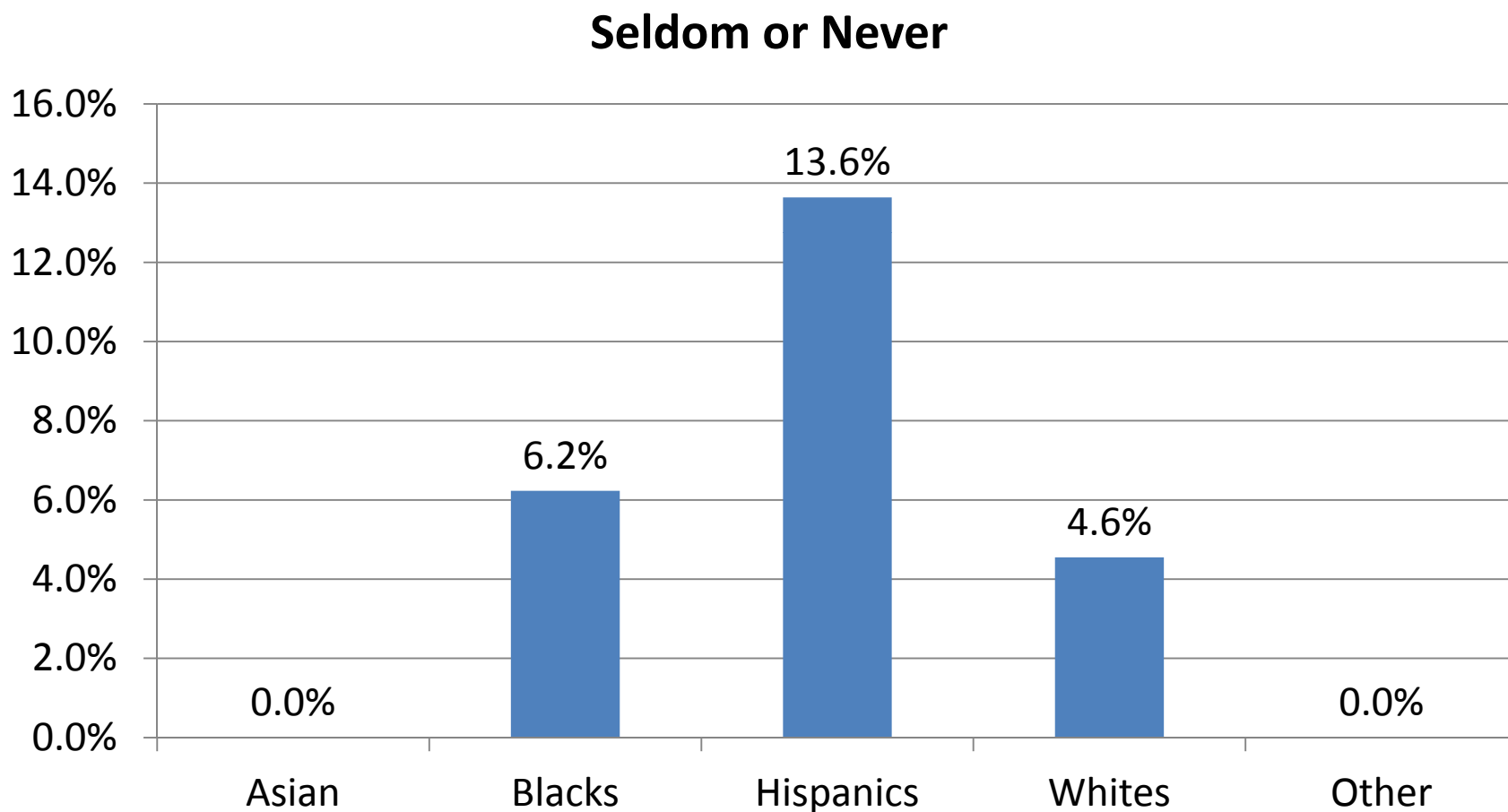
Q16: Can you see a doctor when you need to?



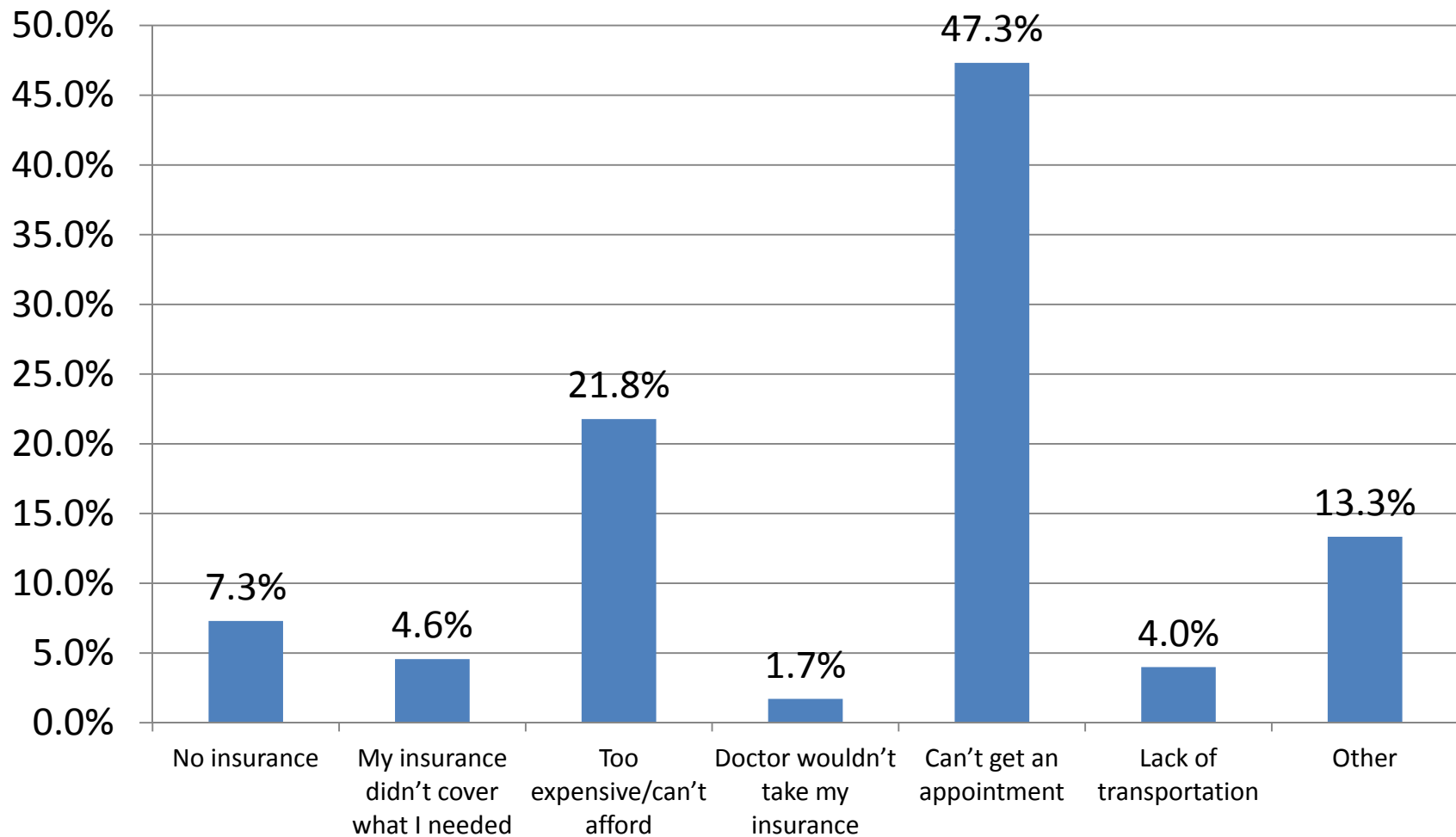
Less Affluent Report Having More Difficulties Seeing a Doctor When Needed



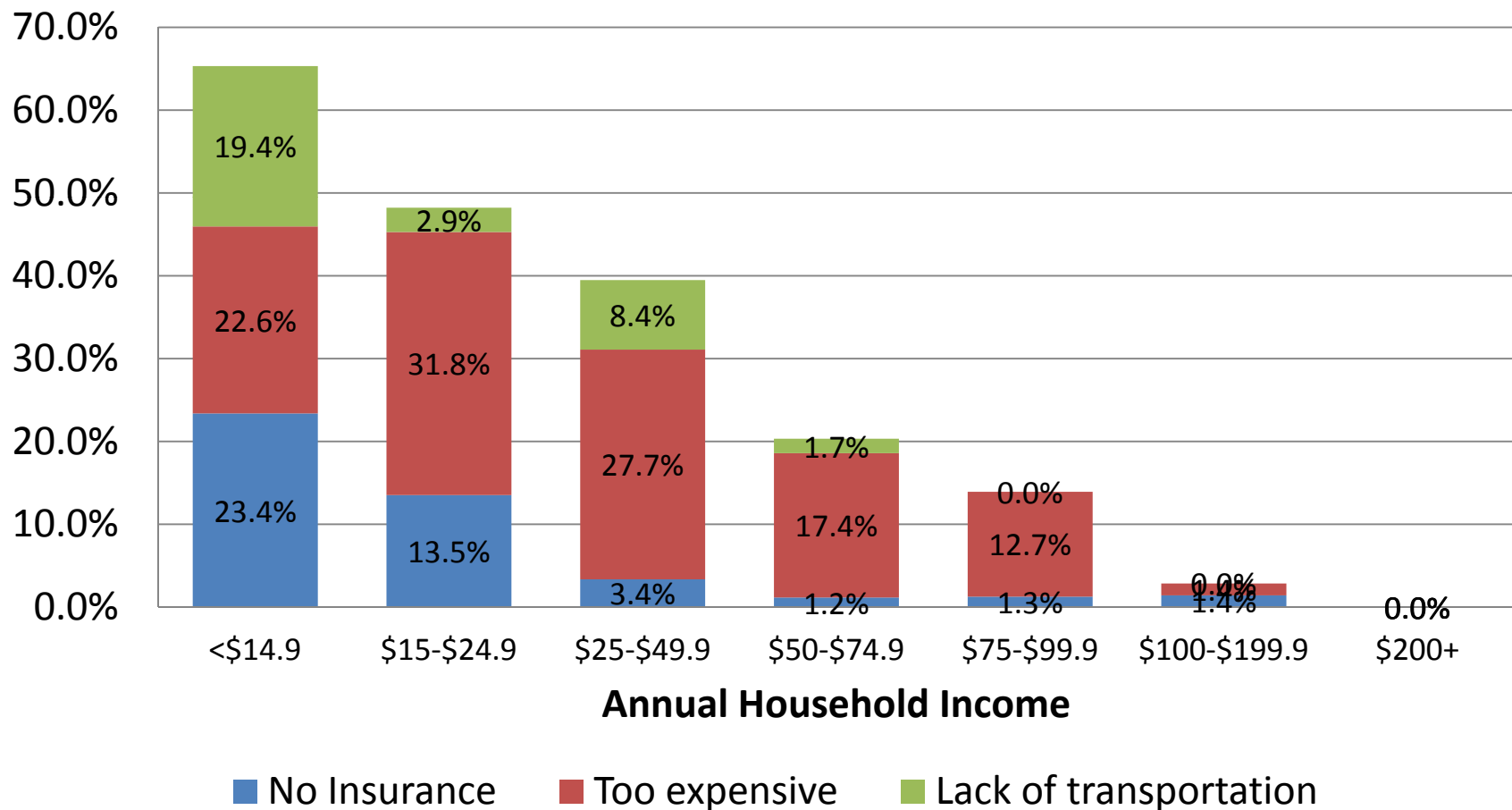
Hispanics Report Having More Difficulties Seeing a Doctor When Needed



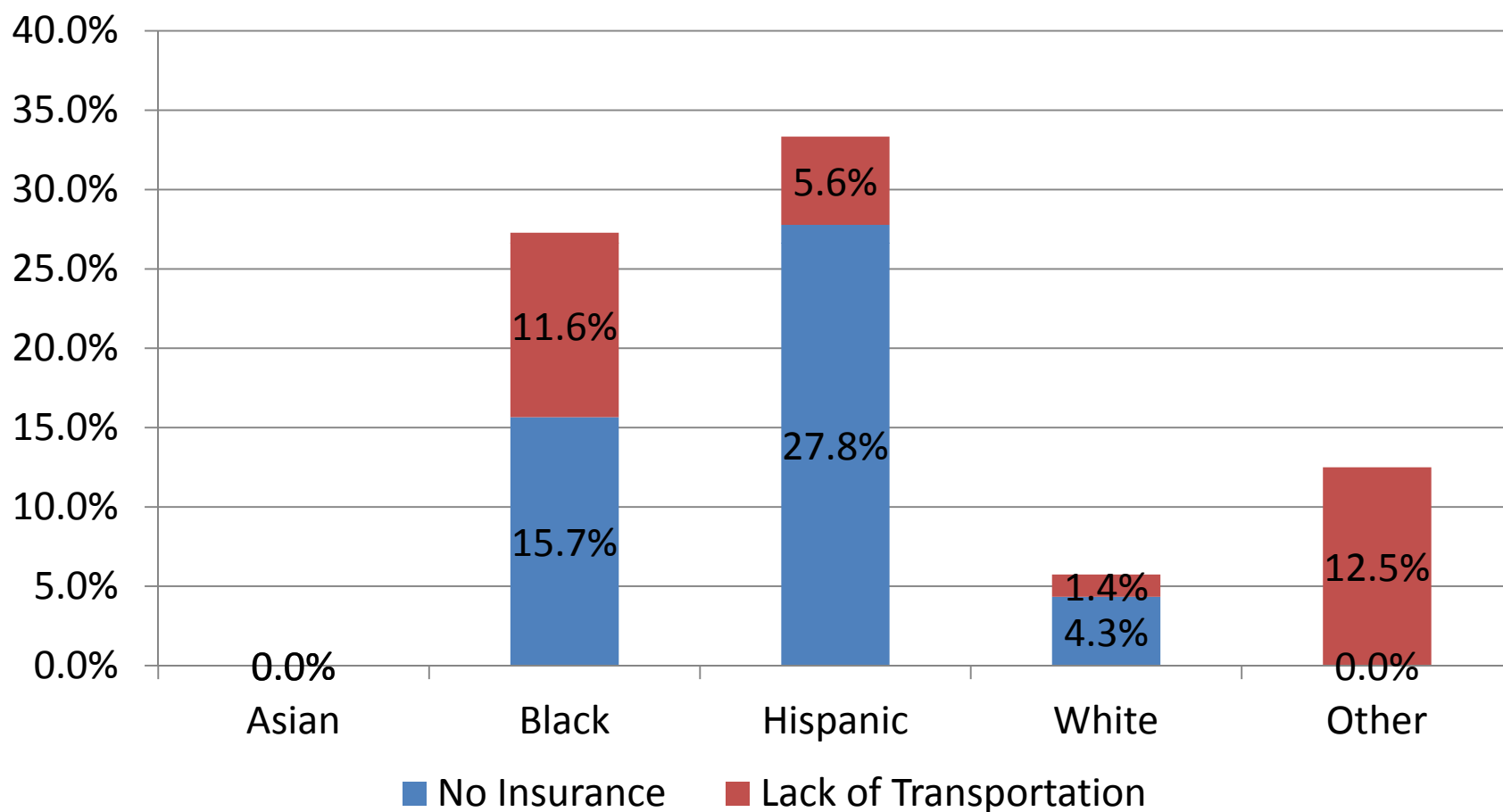
Q17: When you cannot see a doctor, what is the primary reason?



Less Affluent Report Not Being Able to See a Doctor Due to No Insurance, Too Expensive, Lack of Transportation

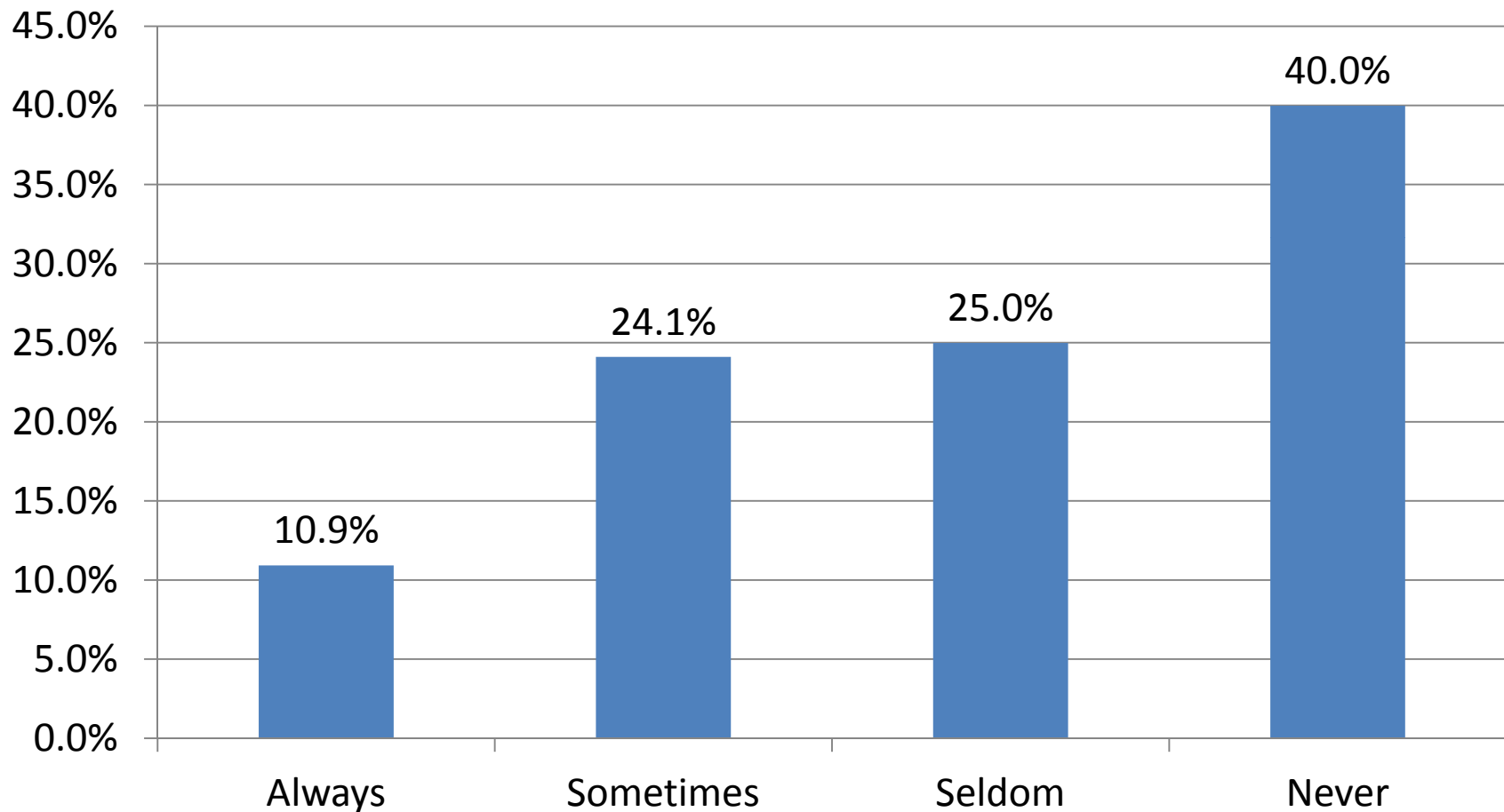


Blacks and Hispanics Report Not Being Able to See a Doctor Due to No Insurance and Lack of Transportation

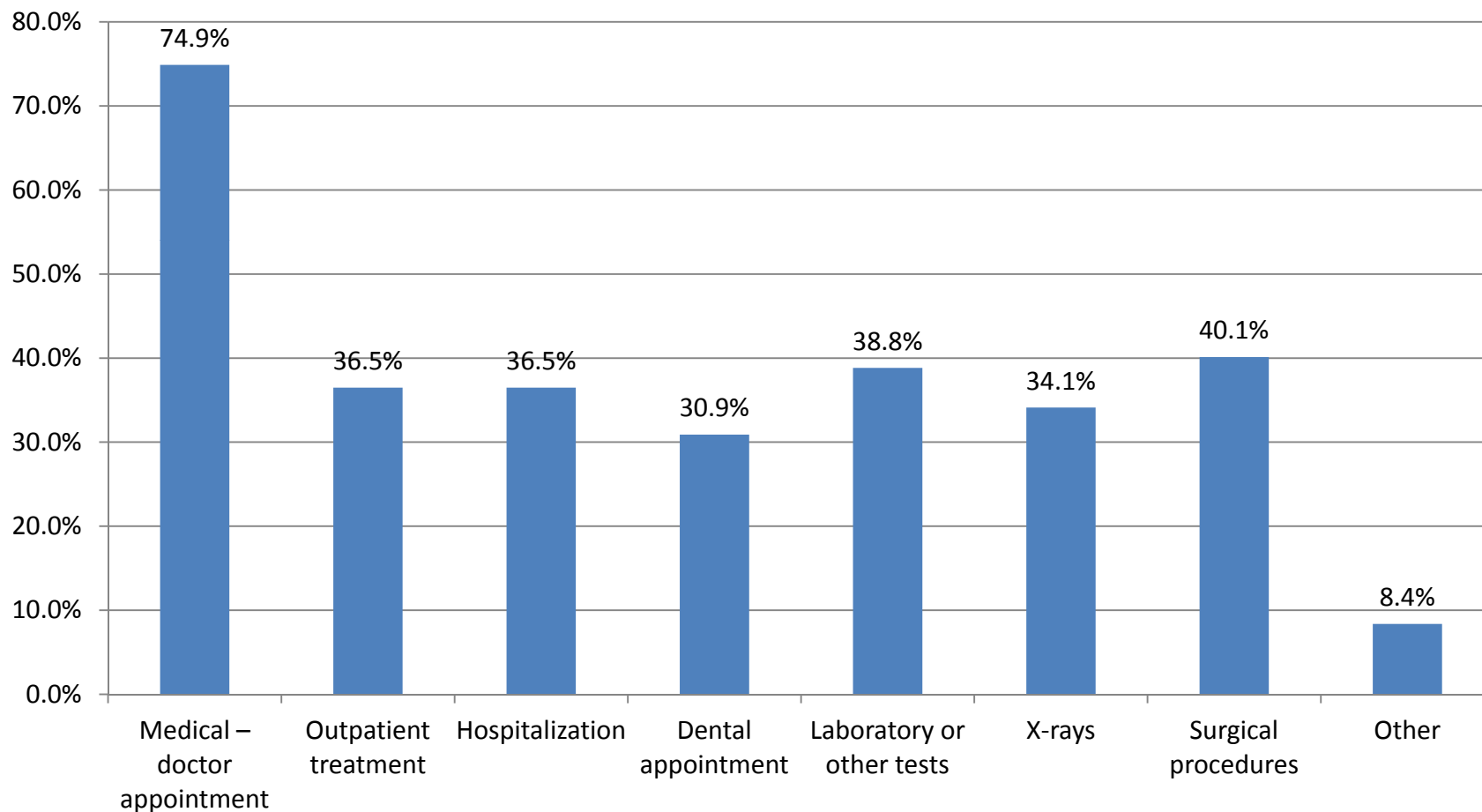


Note: The category "Native American" accounted for only 2 responses and was not included in this summary exhibit.

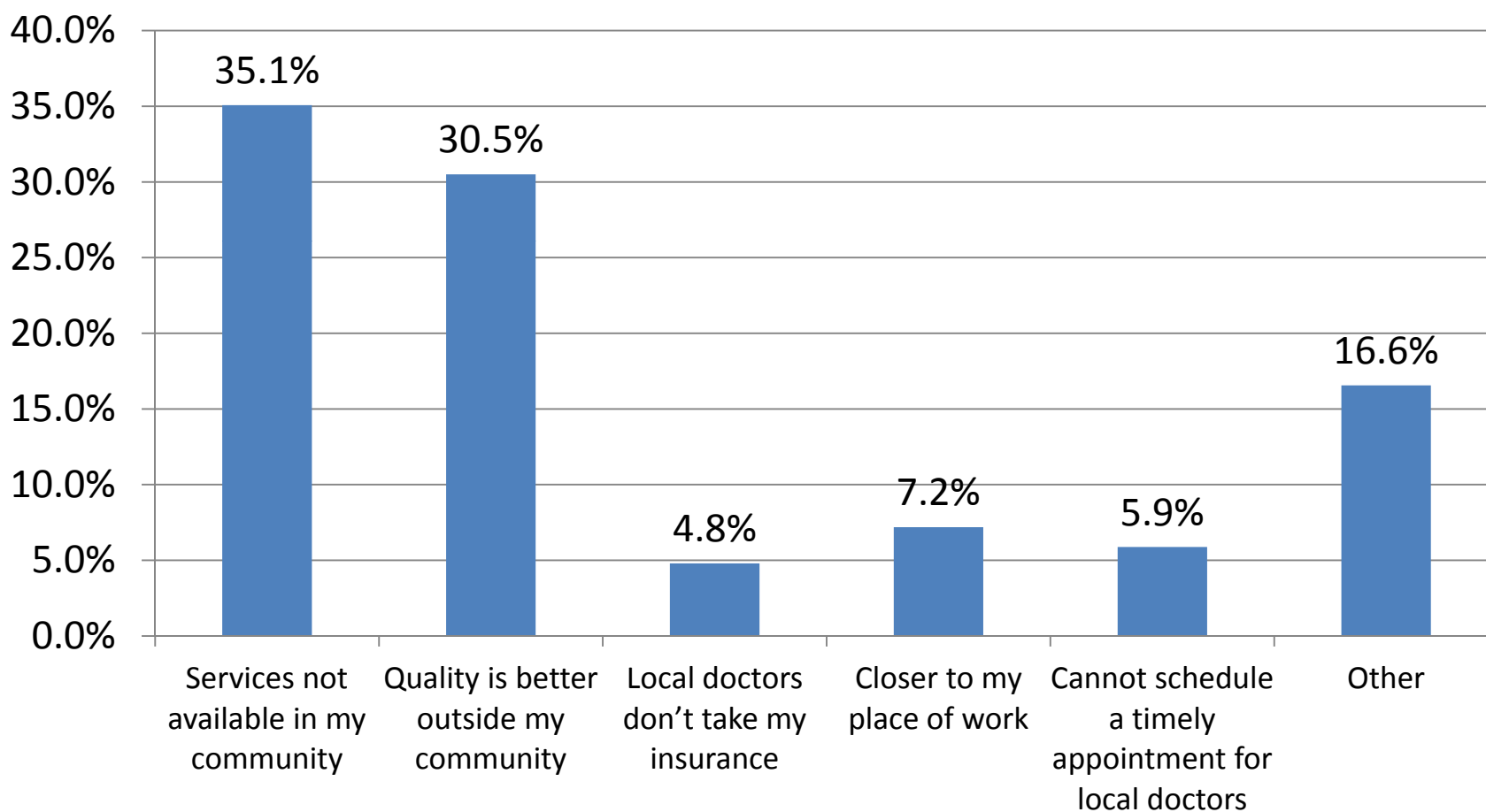
Q18: Do you regularly go outside your community for health services?



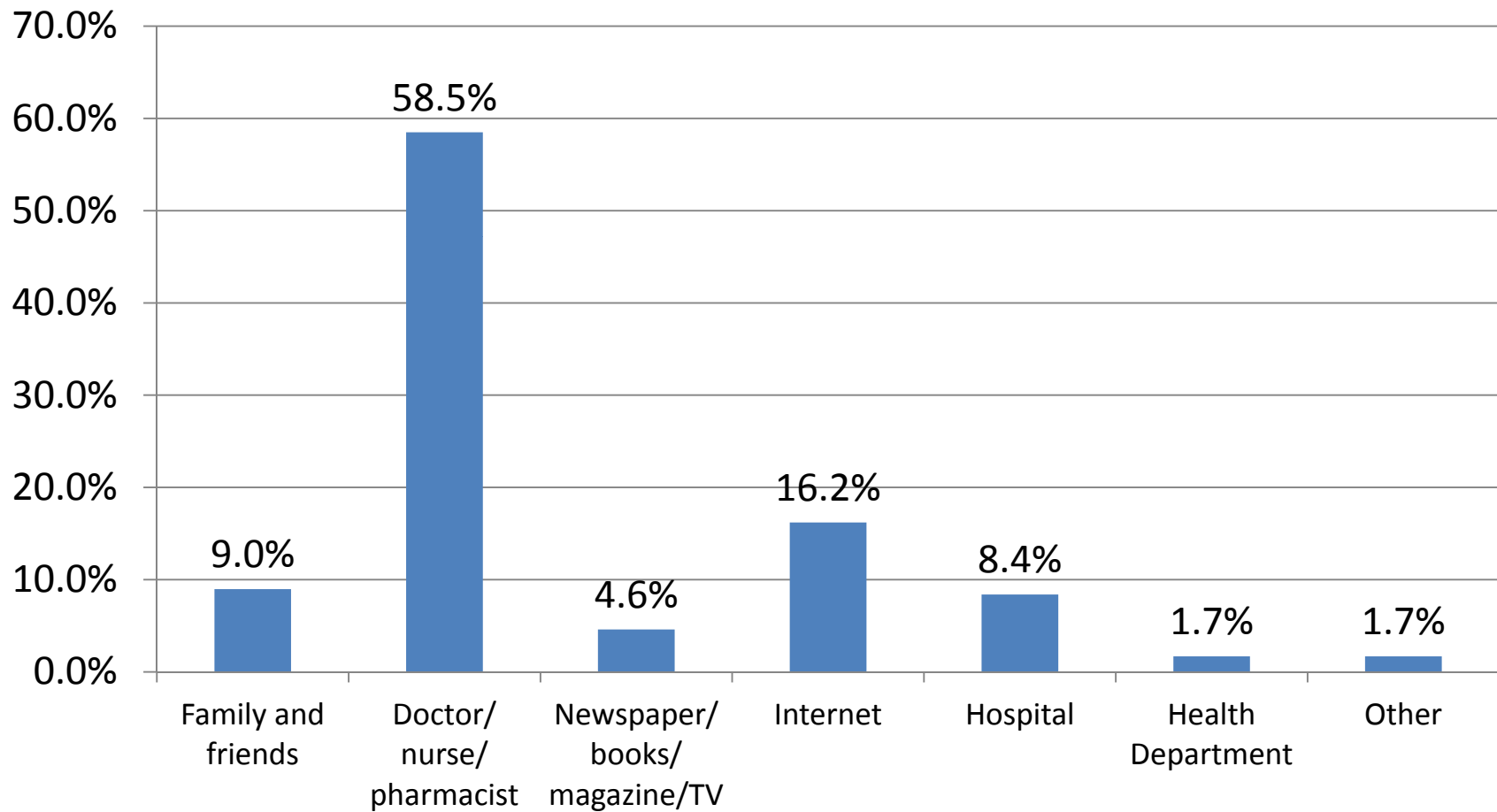
Q19: If you regularly go outside your community for health services, what services?



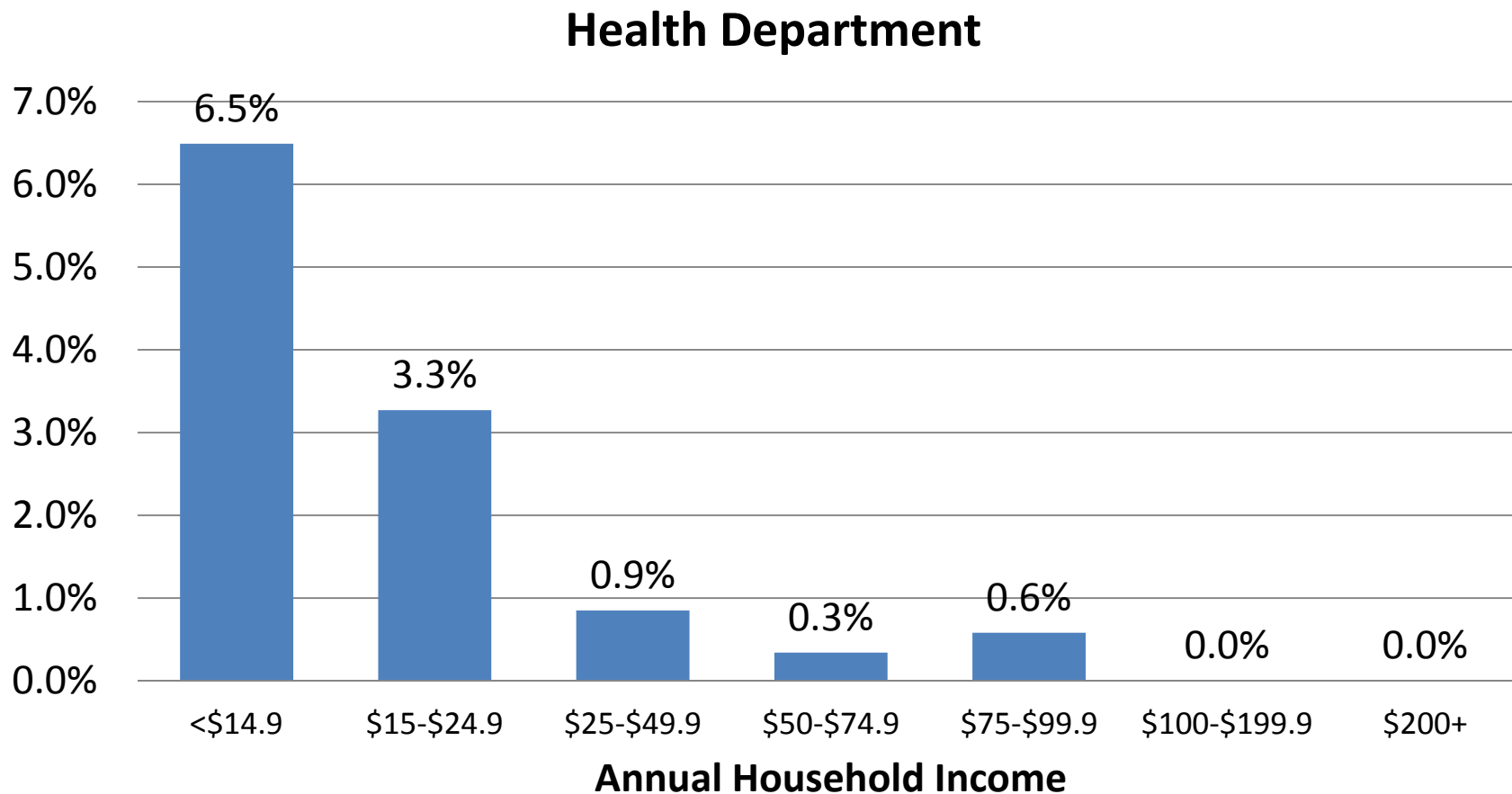
Q20: If you regularly go outside your community for health services, what is the primary reason?



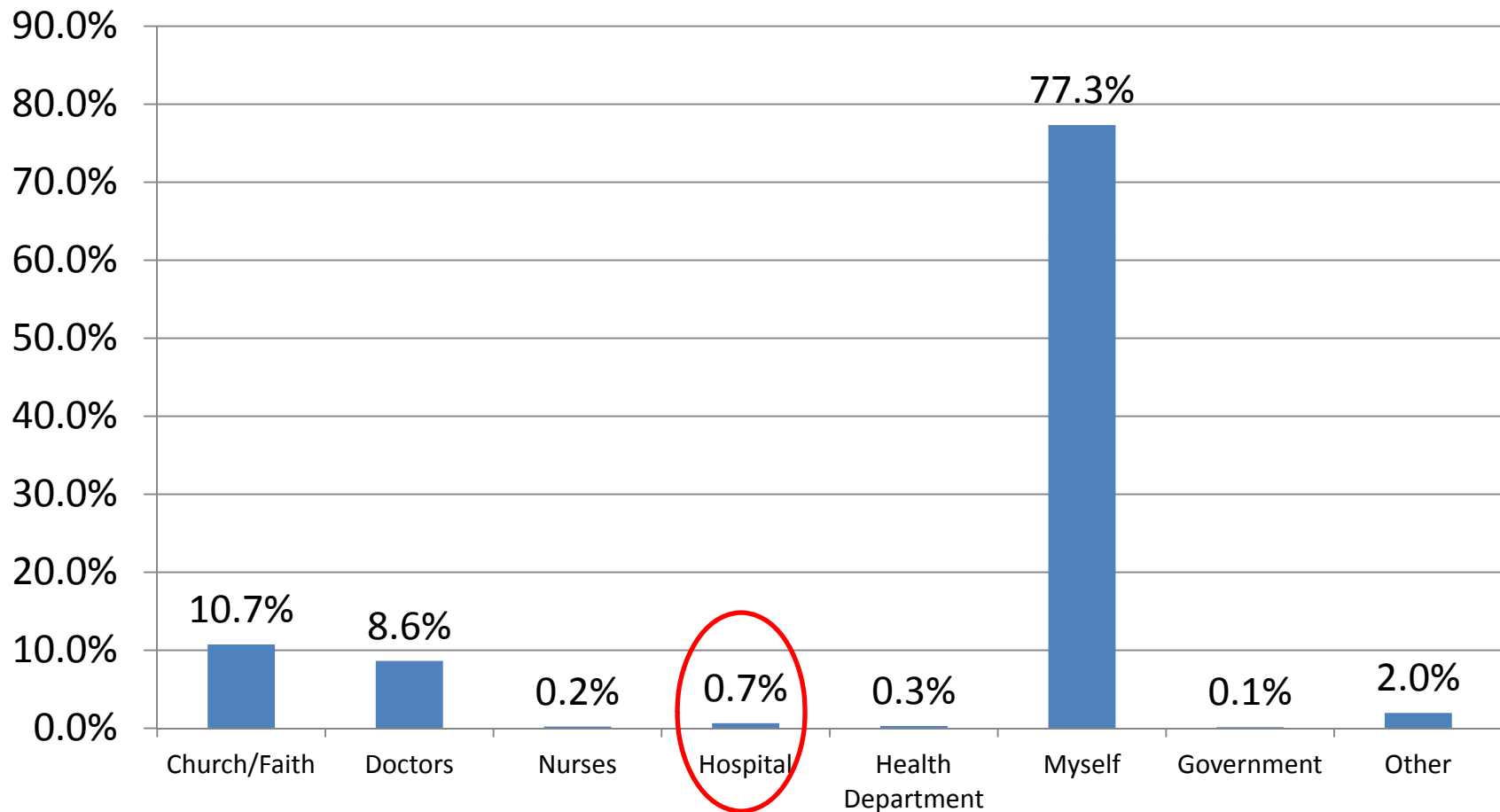
Q21: Where do you receive most of your health-related information?



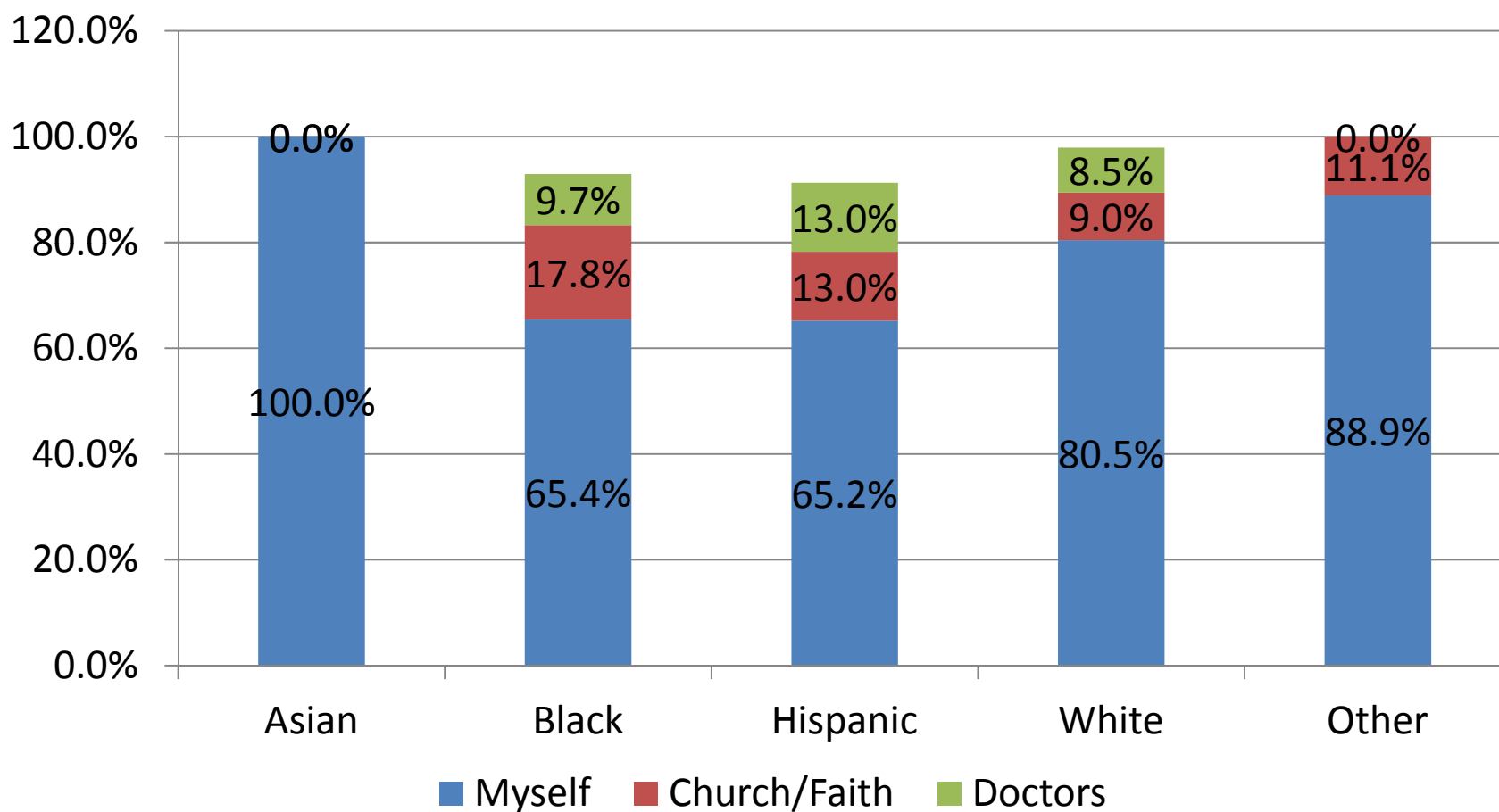
Less Affluent Rely More on the Health Department for Health-related Information



Q22: Who do you think is most responsible for keeping you healthy?

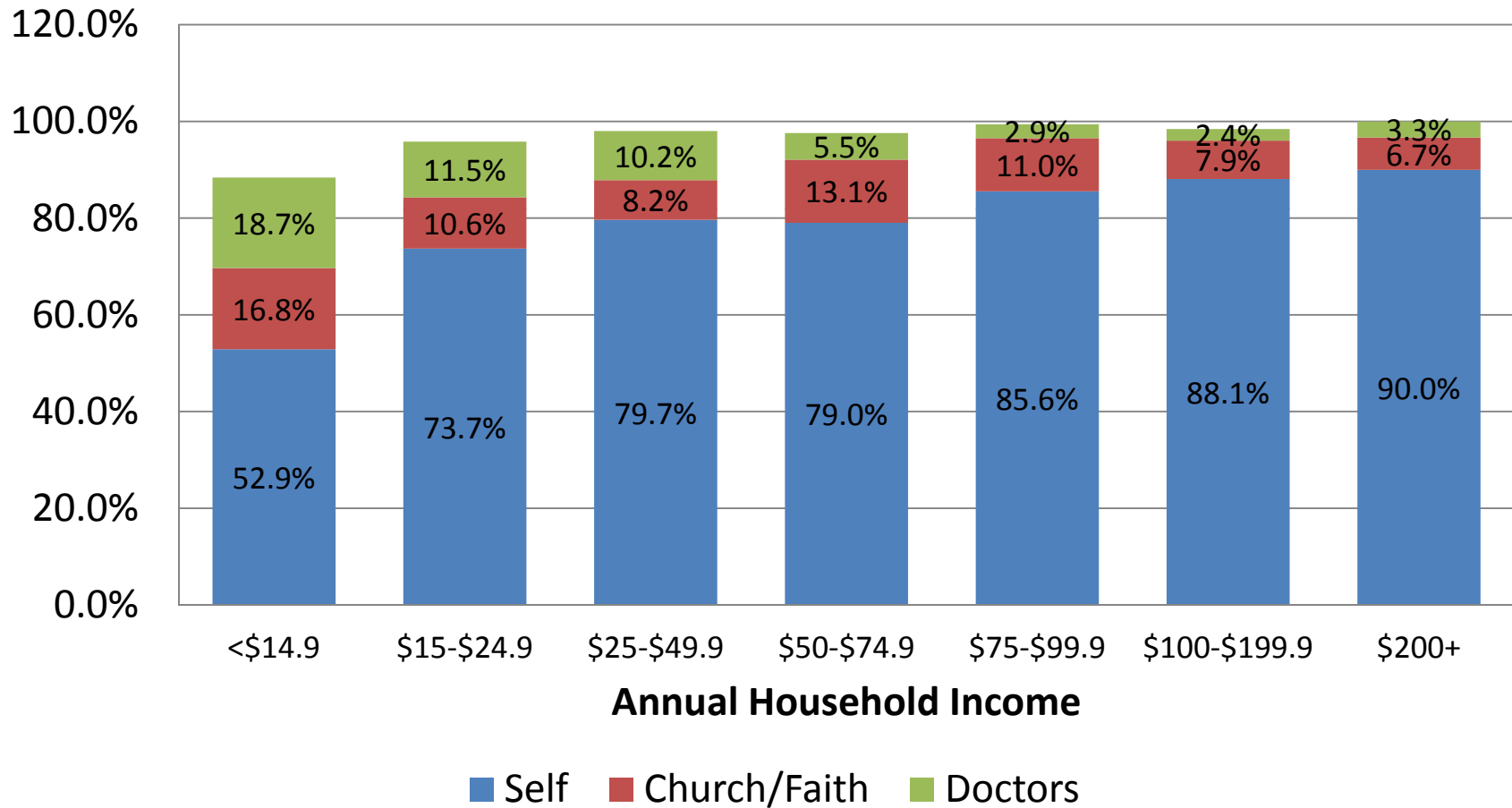


Blacks and Hispanics Rely Less on “Myself” for Keeping Healthy

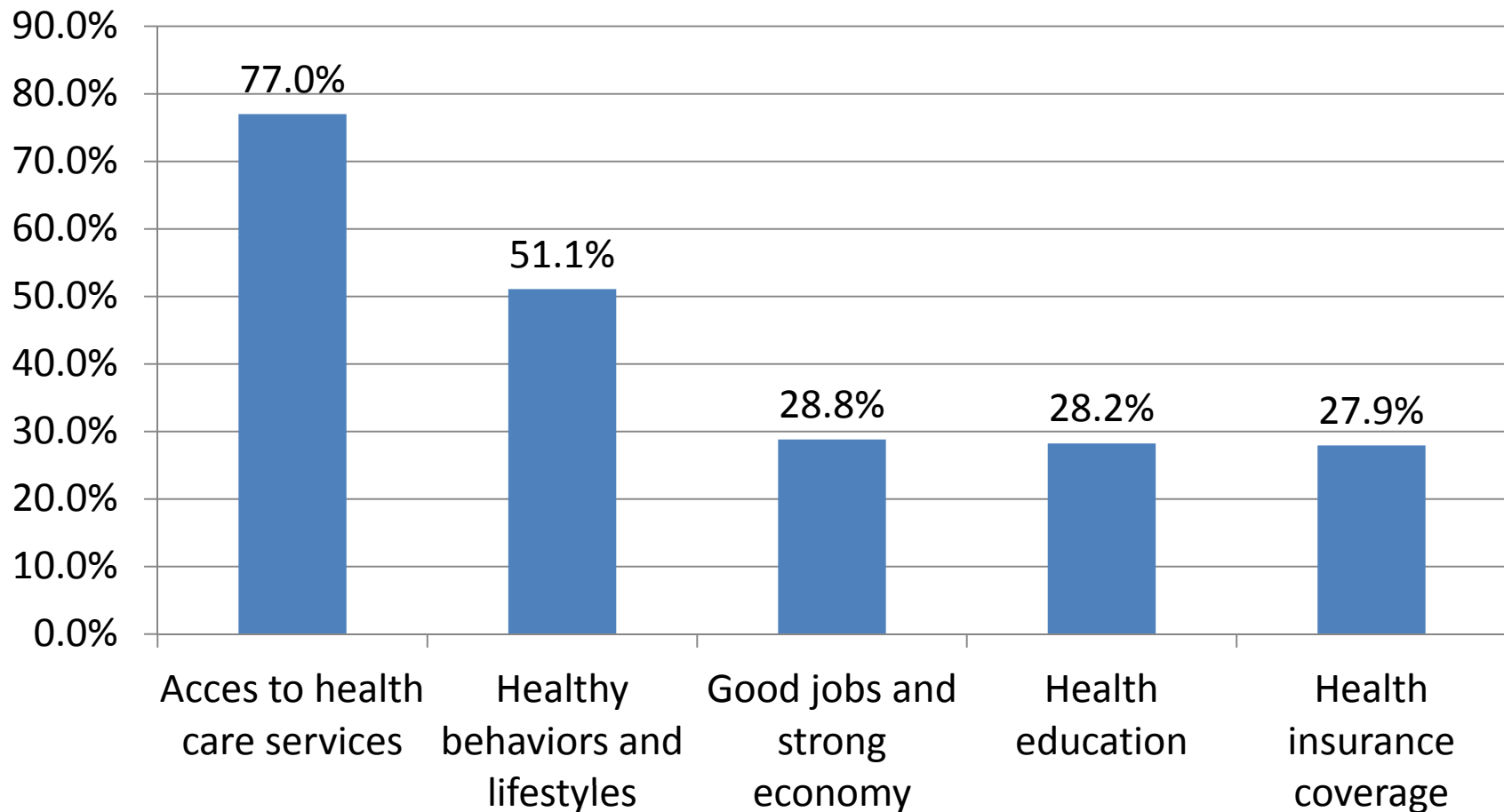


Note: The category “Native American” accounted for only 2 responses and was not included in this summary exhibit.

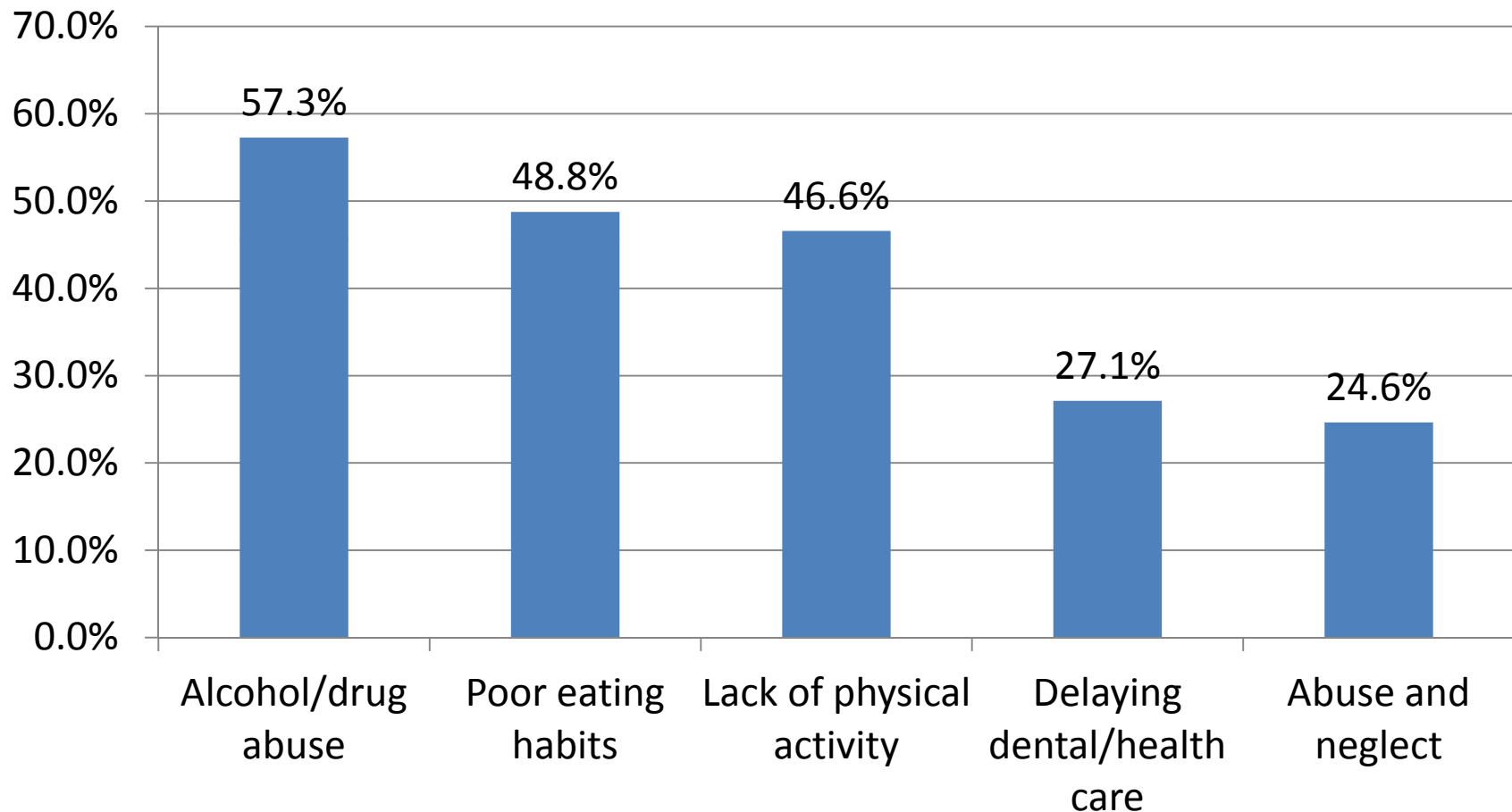
Less Affluent Rely Less on “Myself” for Keeping Healthy



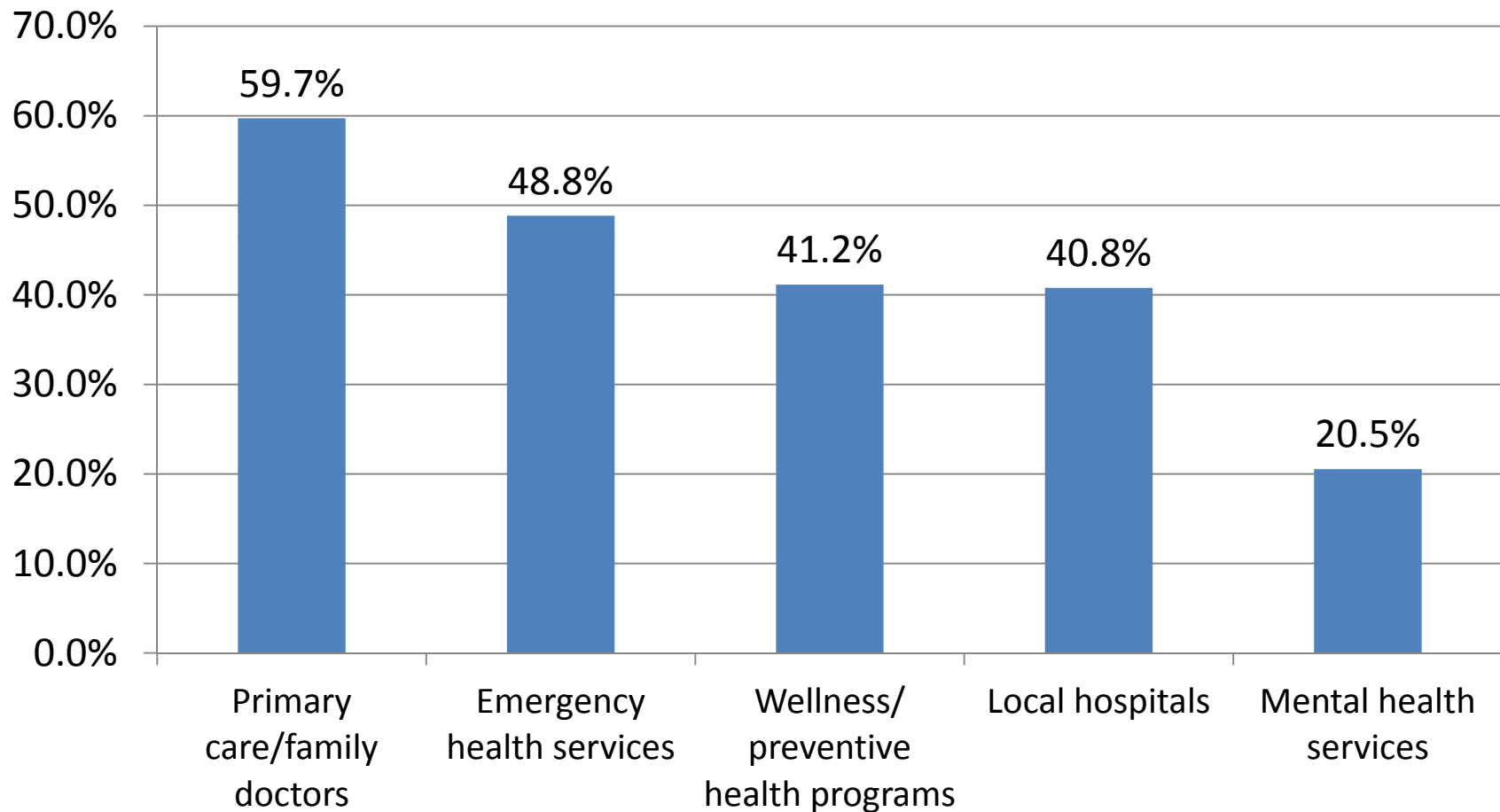
Q23: In your opinion, what are the THREE most important FACTORS needed to have a healthy community?



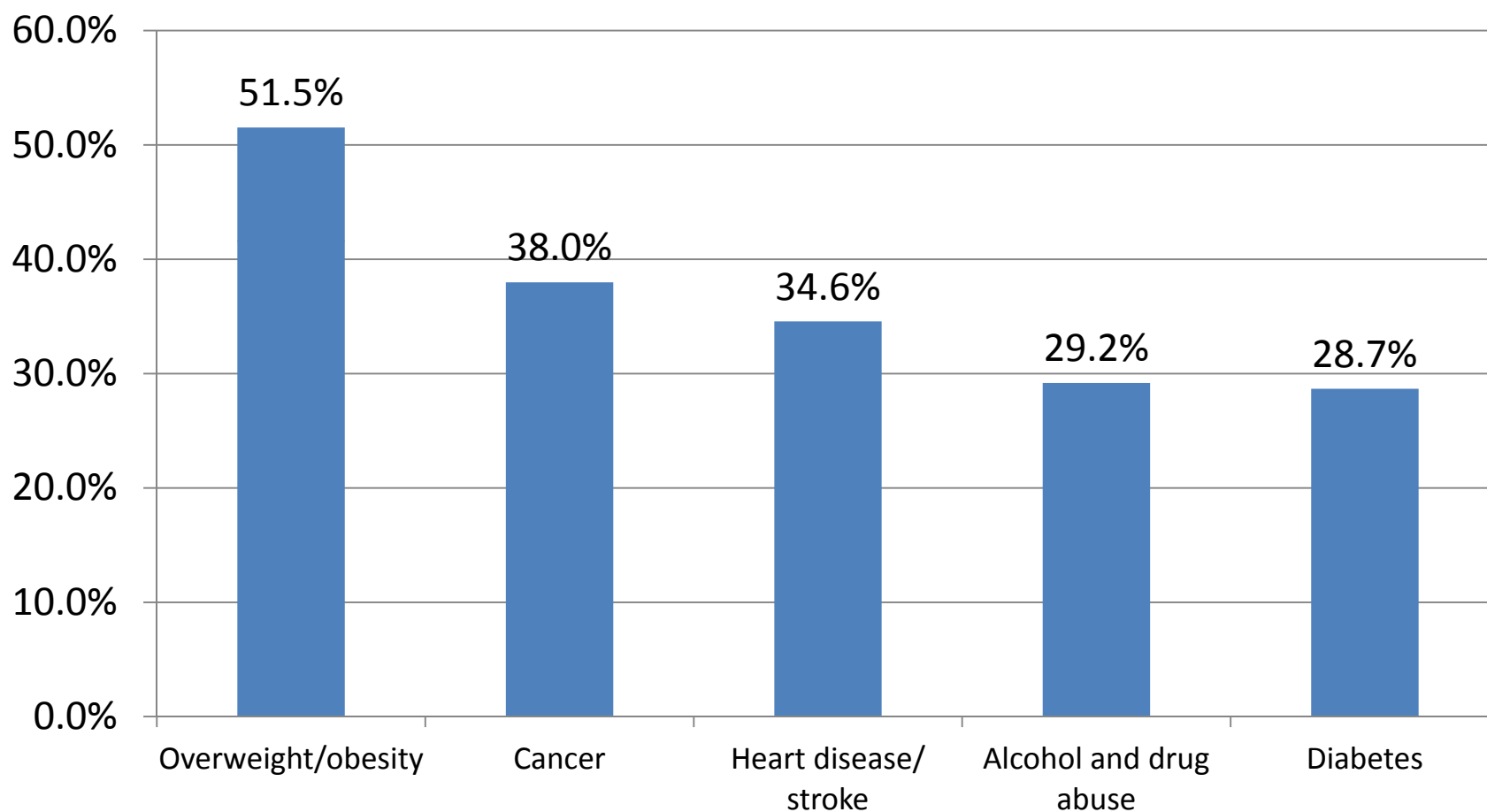
Q24: In your opinion, what are the THREE BEHAVIORS that have the greatest impact on the health of our community?



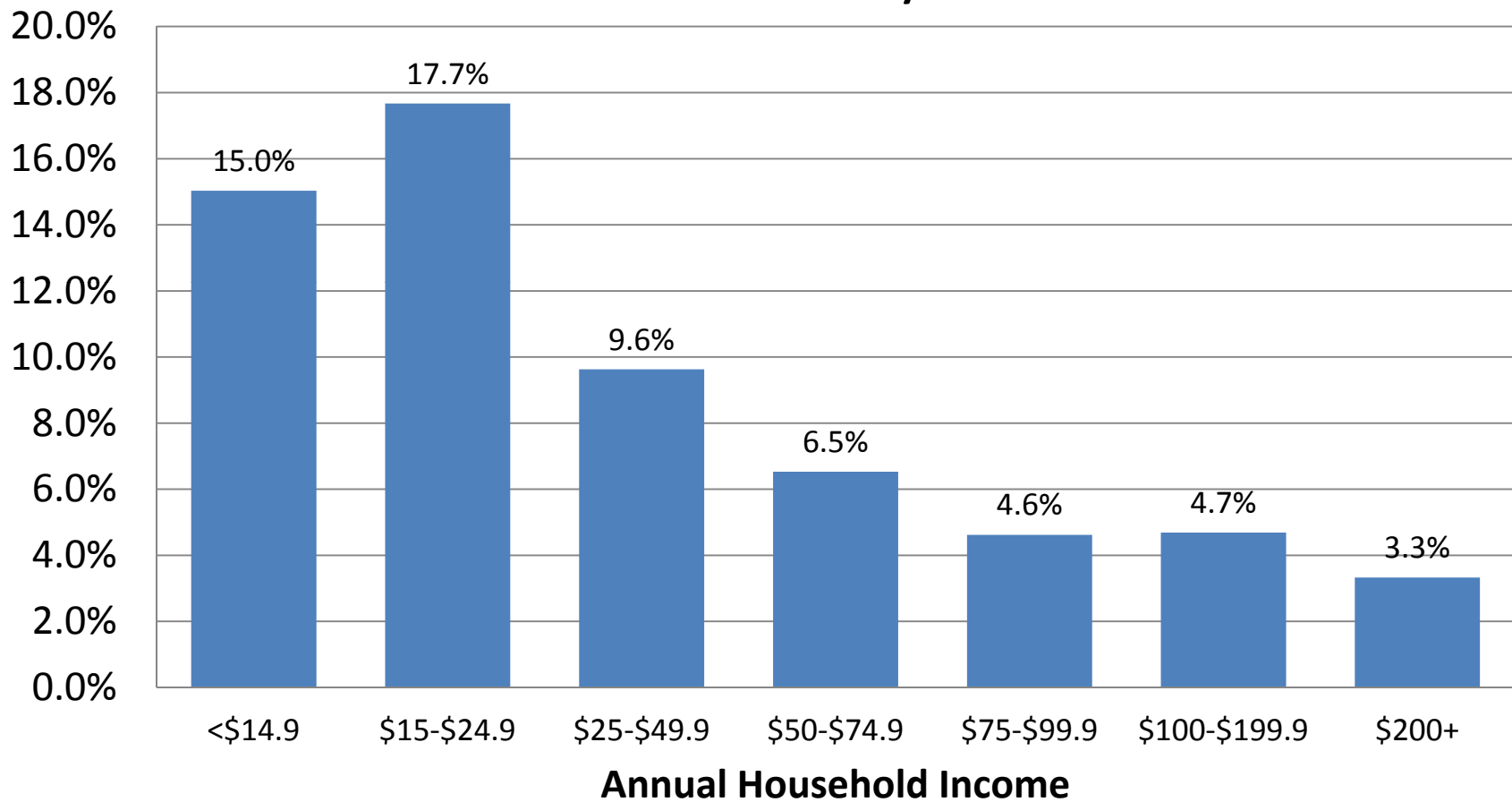
Q25: In your opinion, what are the THREE most important HEALTH SERVICES that affect the health of community's residents?



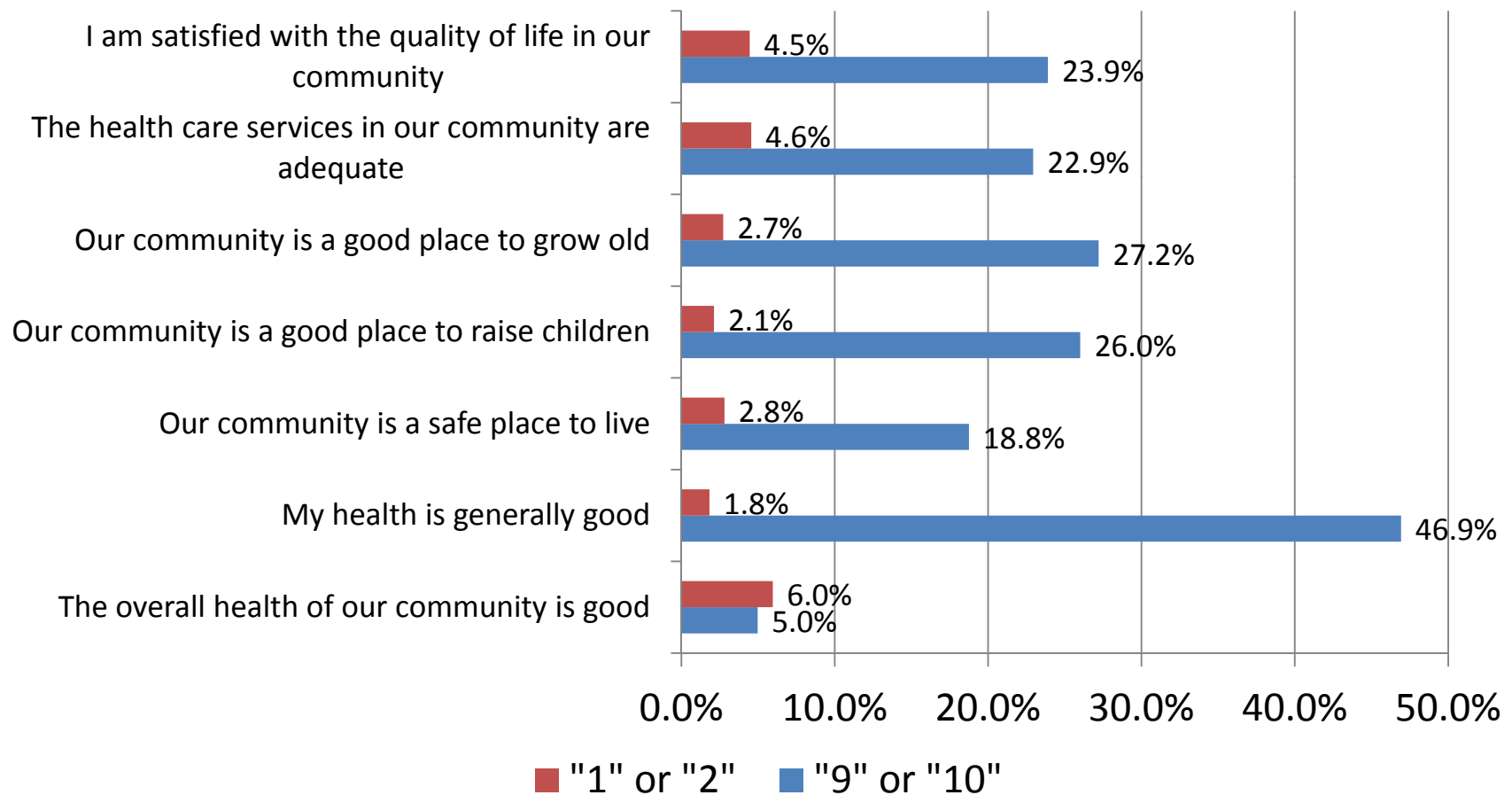
Q26: In your opinion, what are the THREE Greatest Threats to the health of community's residents?



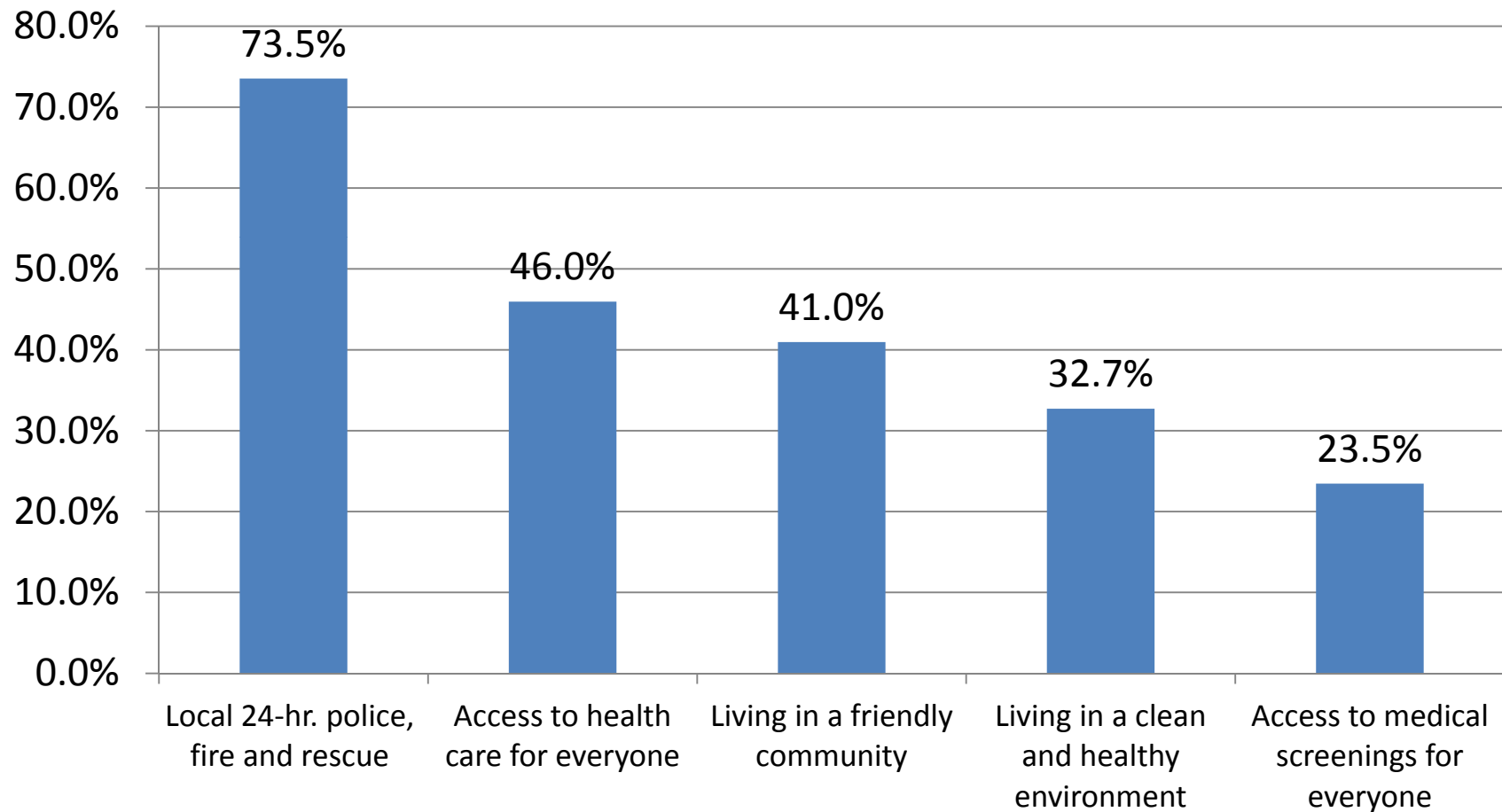
Less Affluent More Likely to Identify Violence/Crime/Homicide as Threats to Health of the Community



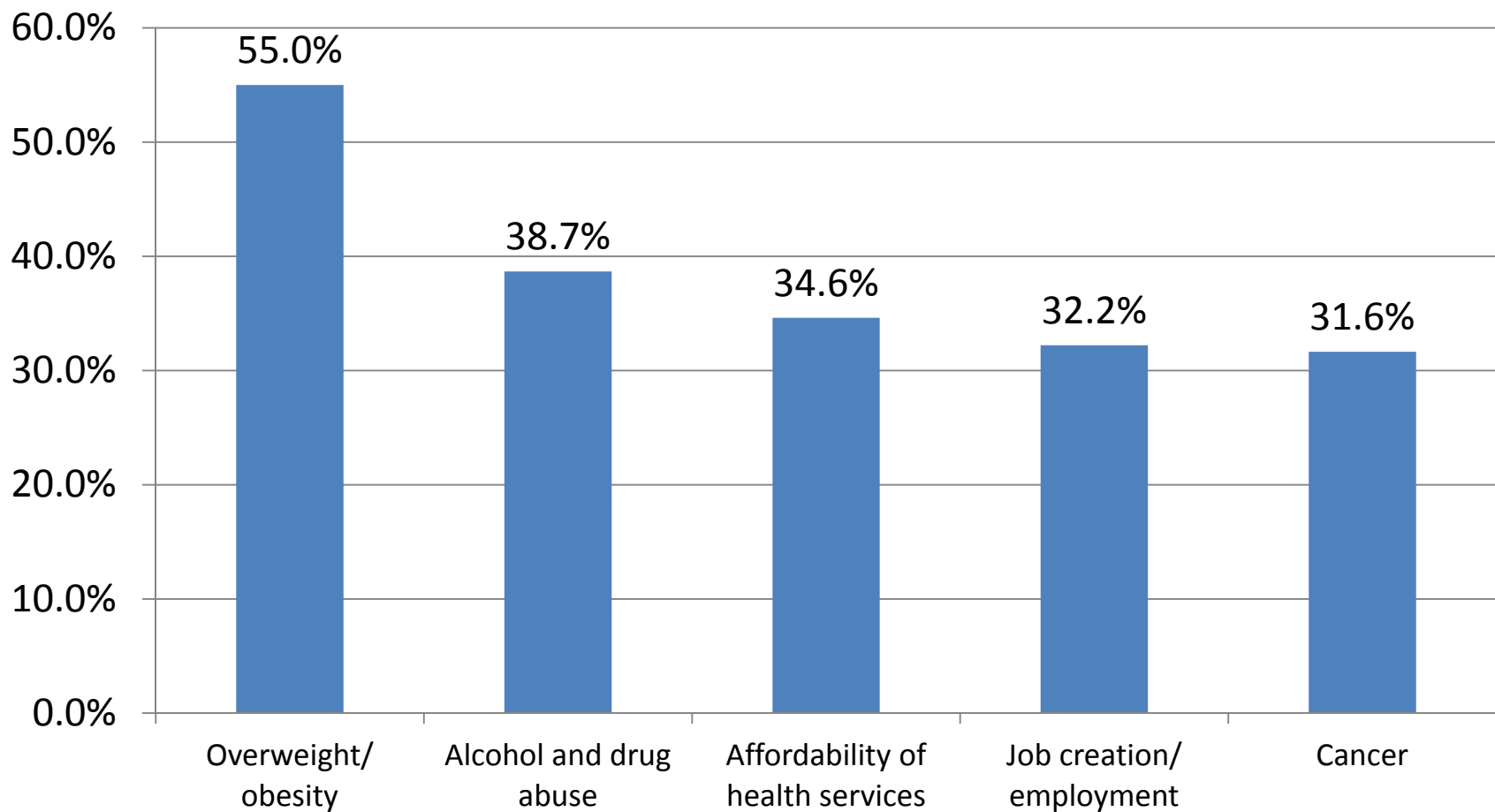
Q: 27: On a scale of 1 to 10, with "1" being strongly disagree and "10" being strongly agree, rate your level of agreement with the following:



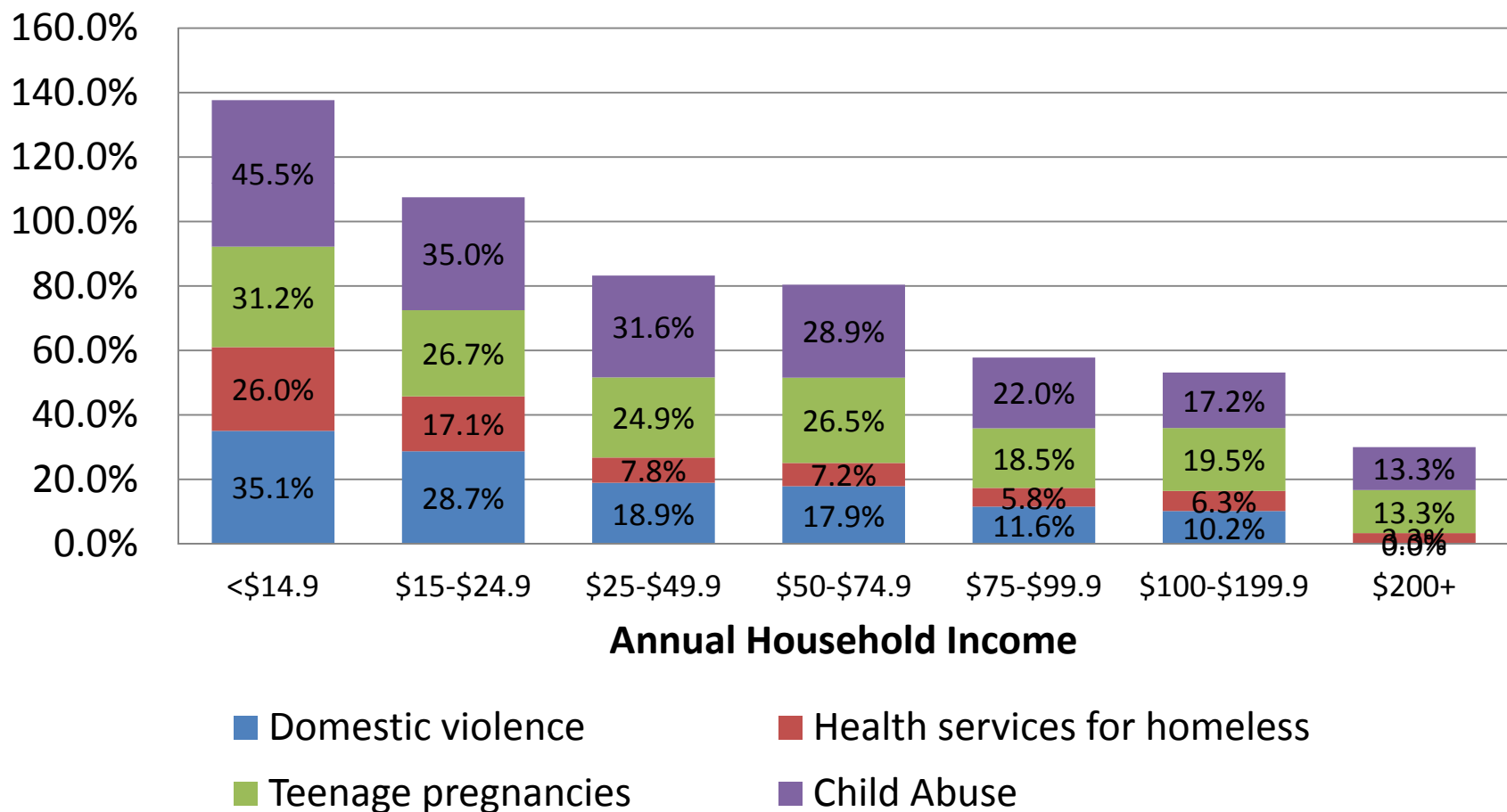
Q28: What are the FIVE greatest strengths of our community?



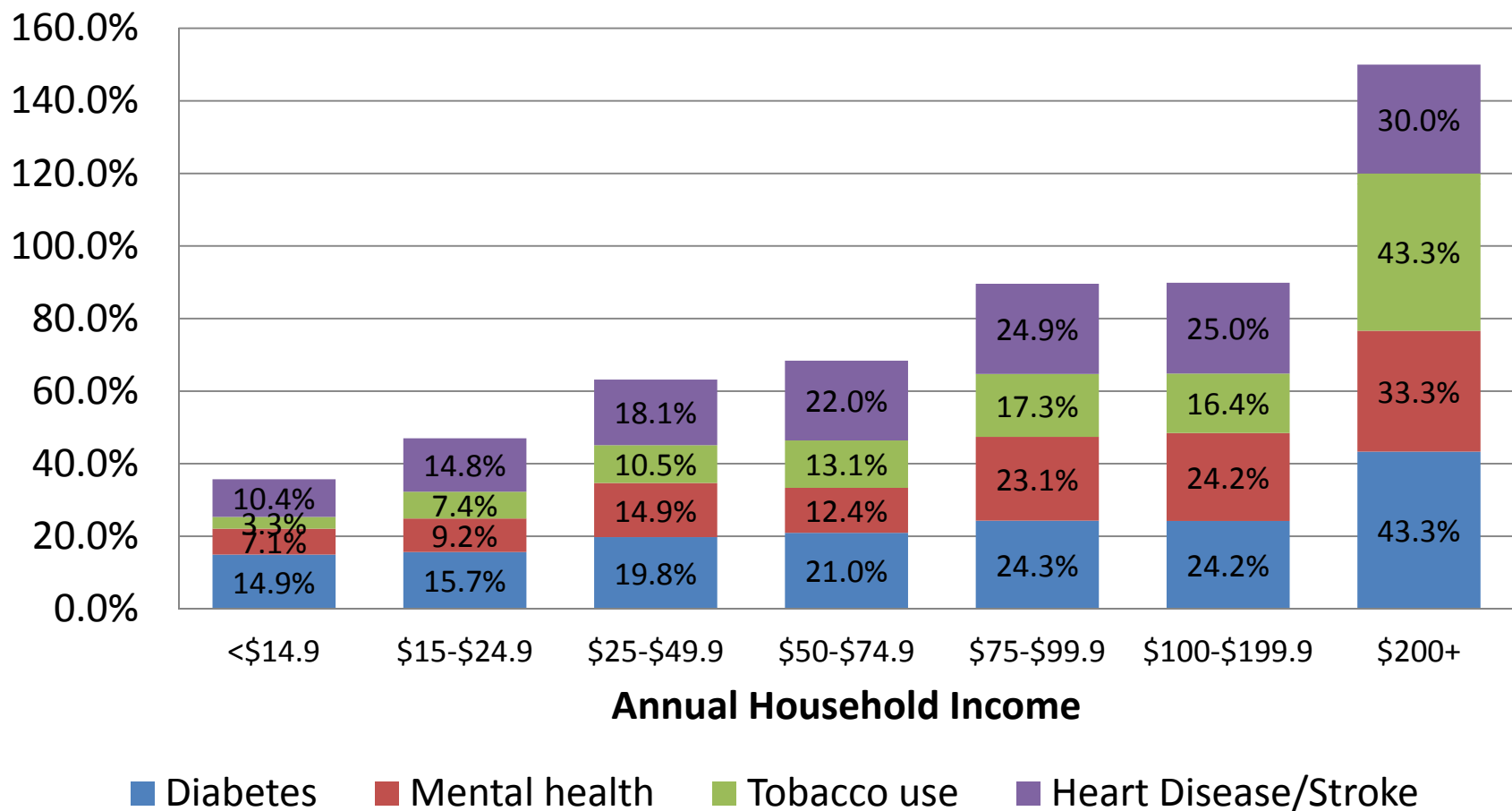
Q29: Please choose the top FIVE health, environmental, and social issues that you think our community should focus on in the immediate future?



Least Affluent More Likely to Identify Domestic Violence, Health Services for Homeless, and Teenage Pregnancies as Issues Affecting Community



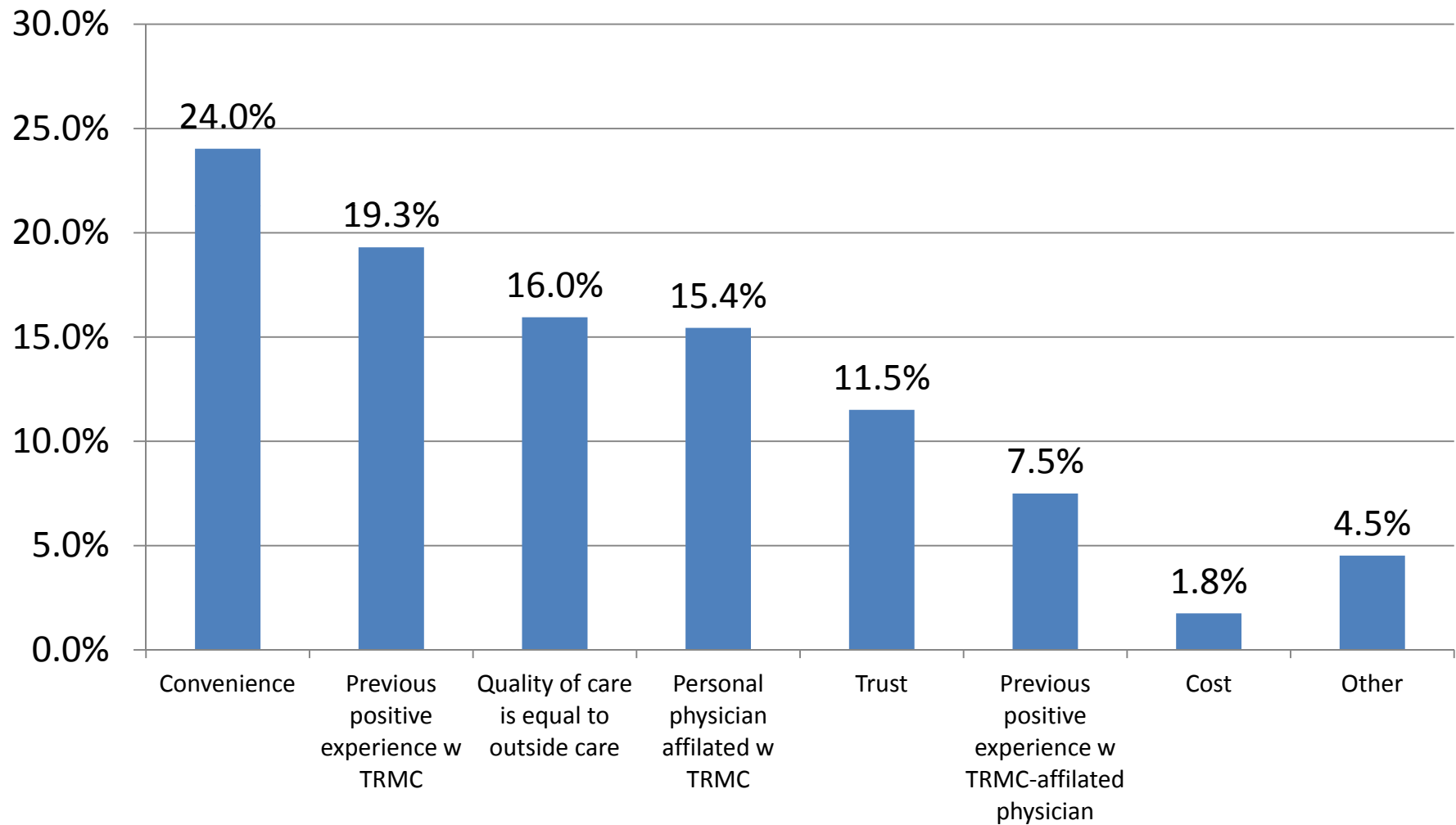
Most Affluent More Likely to Identify Access to Health Services, Diabetes, Mental Health and Heart Disease/Stroke as Issues Affecting Community



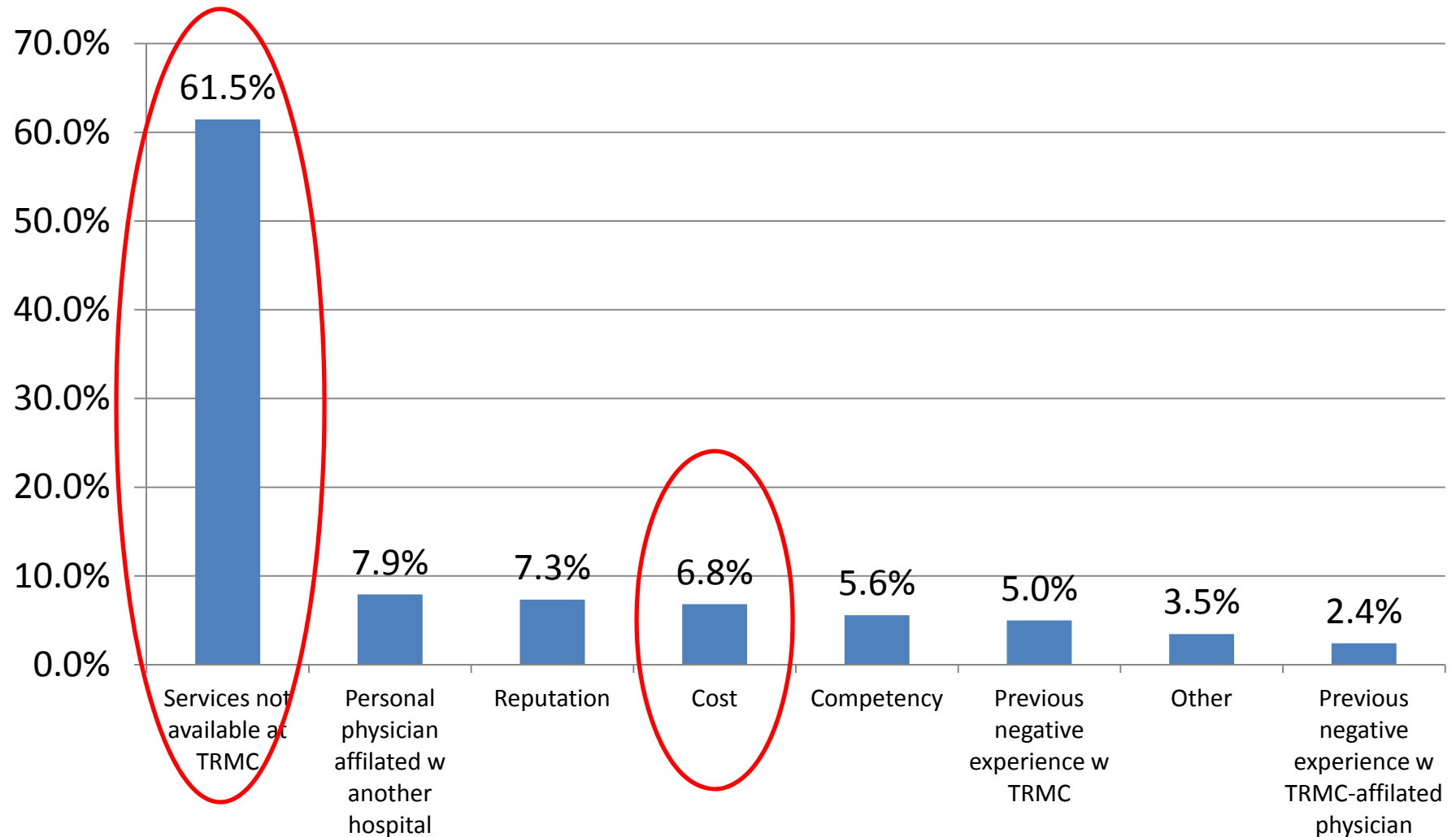
Differences in Issue Priorities Among Income Groups

	Lower 2	Upper 2	Difference
Overweight/Obesity	42.6%	68.4%	25.8%
Child Abuse	39.4%	16.5%	22.9%
Domestic Violence	30.2%	8.2%	22.0%
Mental Health	8.4%	25.9%	17.5%
Tobacco use	5.7%	21.5%	15.8%
Health Services for Homeless	20.8%	5.7%	15.1%
Job Creation/Employment	26.1%	39.2%	13.1%
Heart Disease/Stoke	12.9%	25.9%	13.0%
Diabetes	15.4%	27.8%	12.4%
Teenage Pregnancy	28.6%	18.4%	10.2%
Sexually Transmitted Disease	11.1%	2.5%	8.6%
HIV/AIDS	8.1%	0.0%	8.1%
High Blood Pressure	10.2%	17.7%	7.5%

Q30: What would encourage you to choose TRMC rather than going to a hospital in another community?



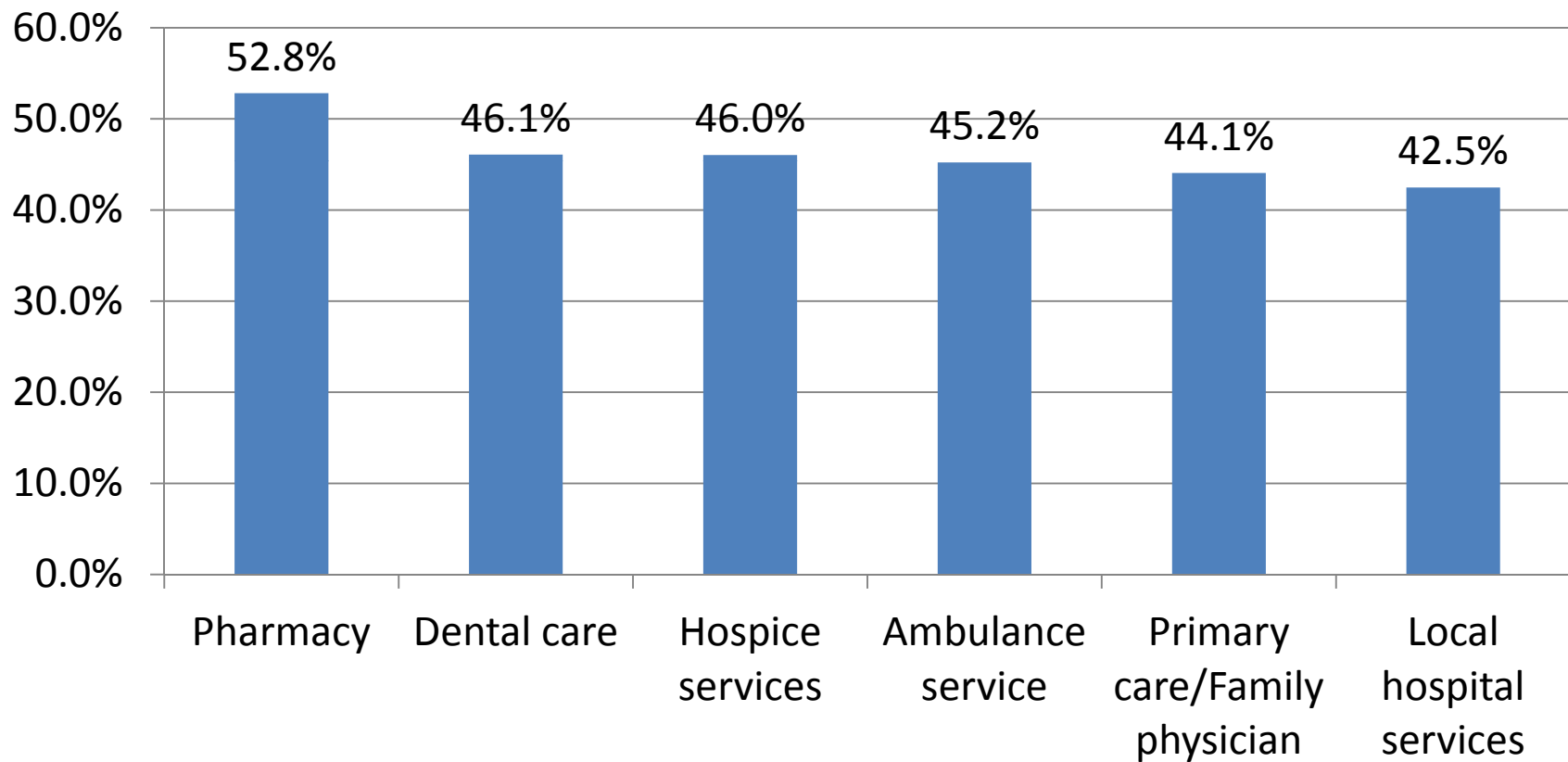
Q31: What would encourage you to choose a hospital outside the community rather than choose TRMC?



Q32: Services With the Highest Satisfaction

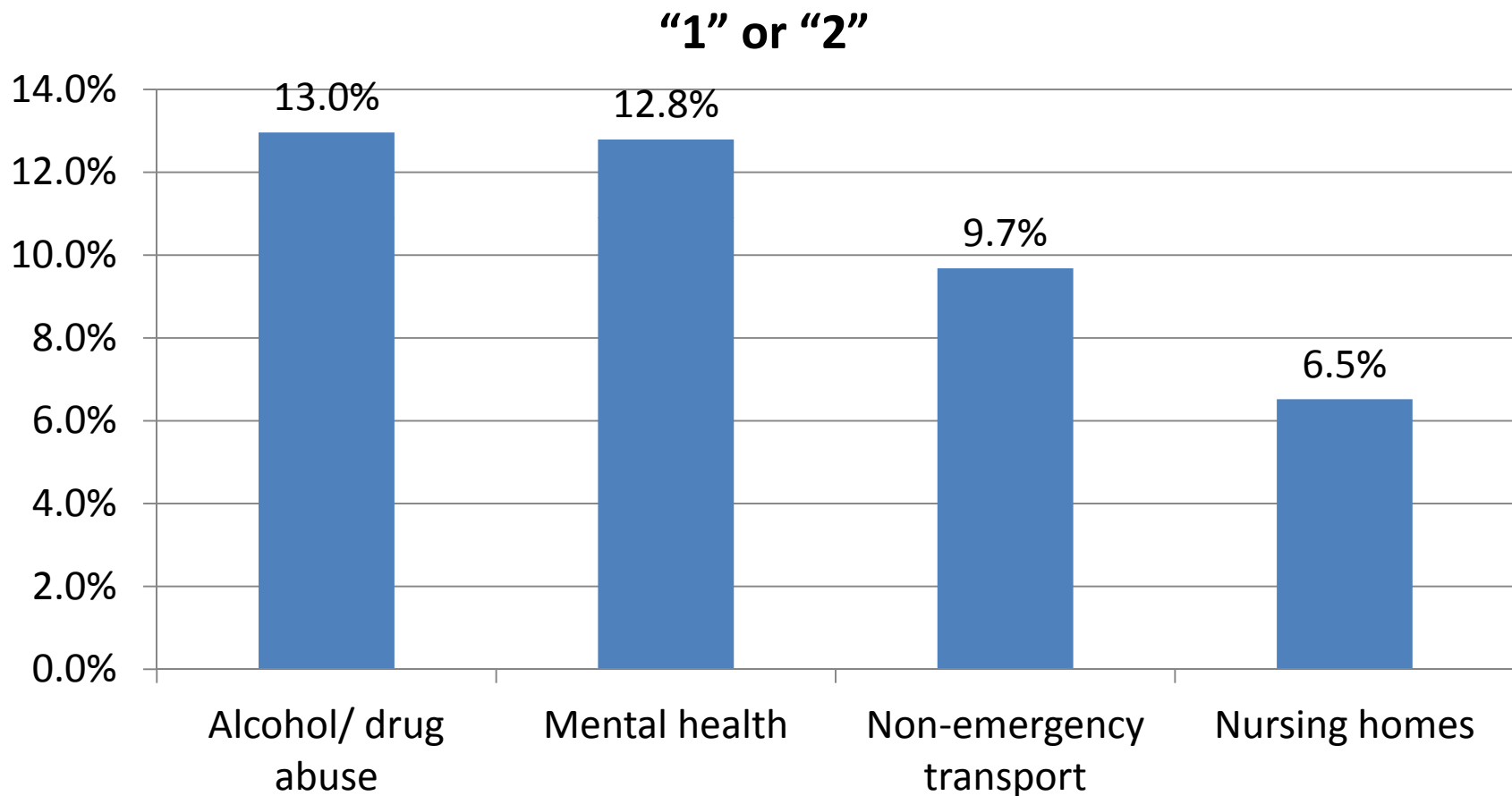
(on a scale of 1 to 10, with 1 being high dissatisfied and 10 being highly satisfied)

“9” or “10”



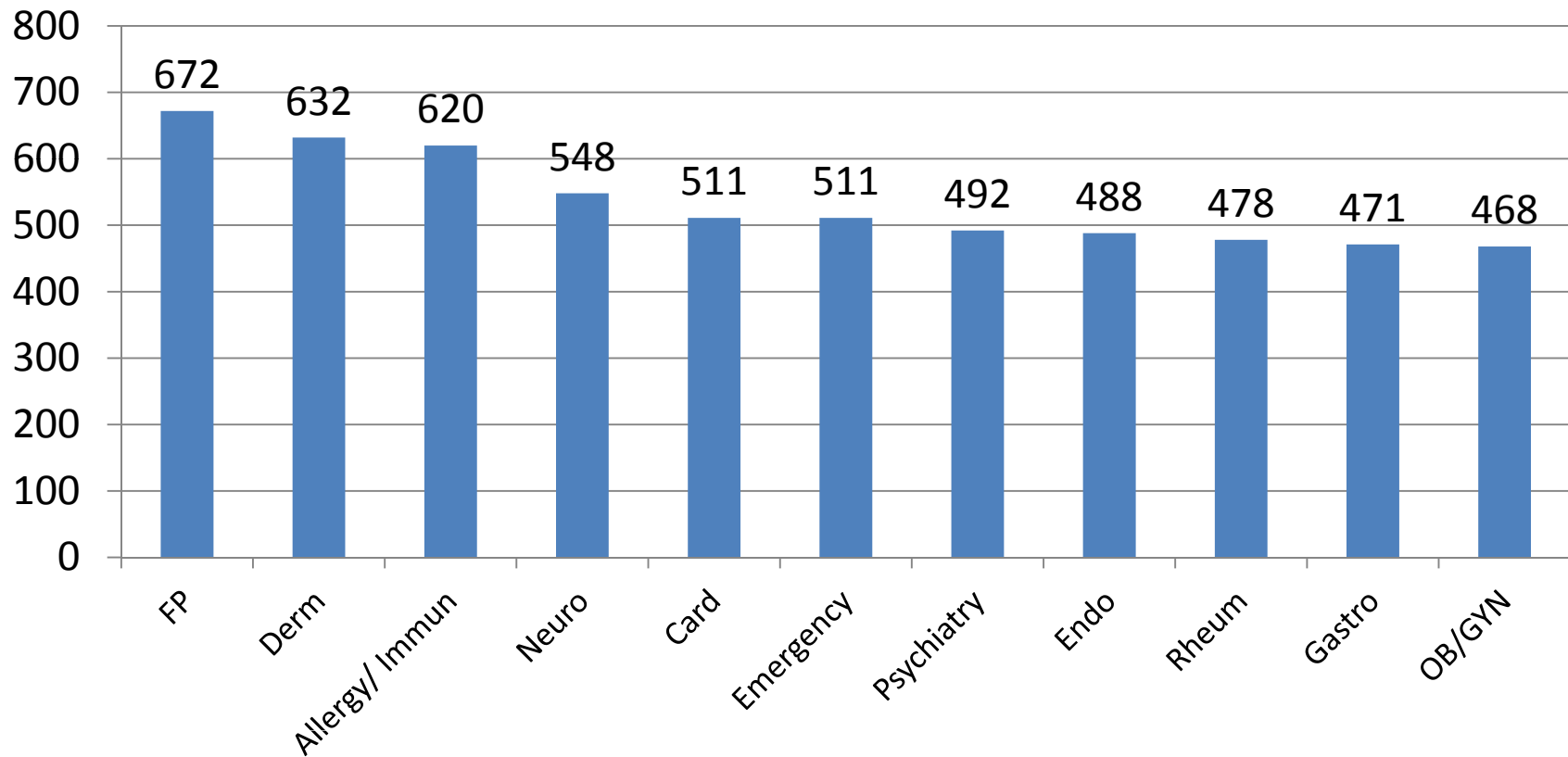
Q 32: Services With the Lowest Satisfaction

(on a scale of 1 to 10, with 1 being high dissatisfied and 10 being highly satisfied)

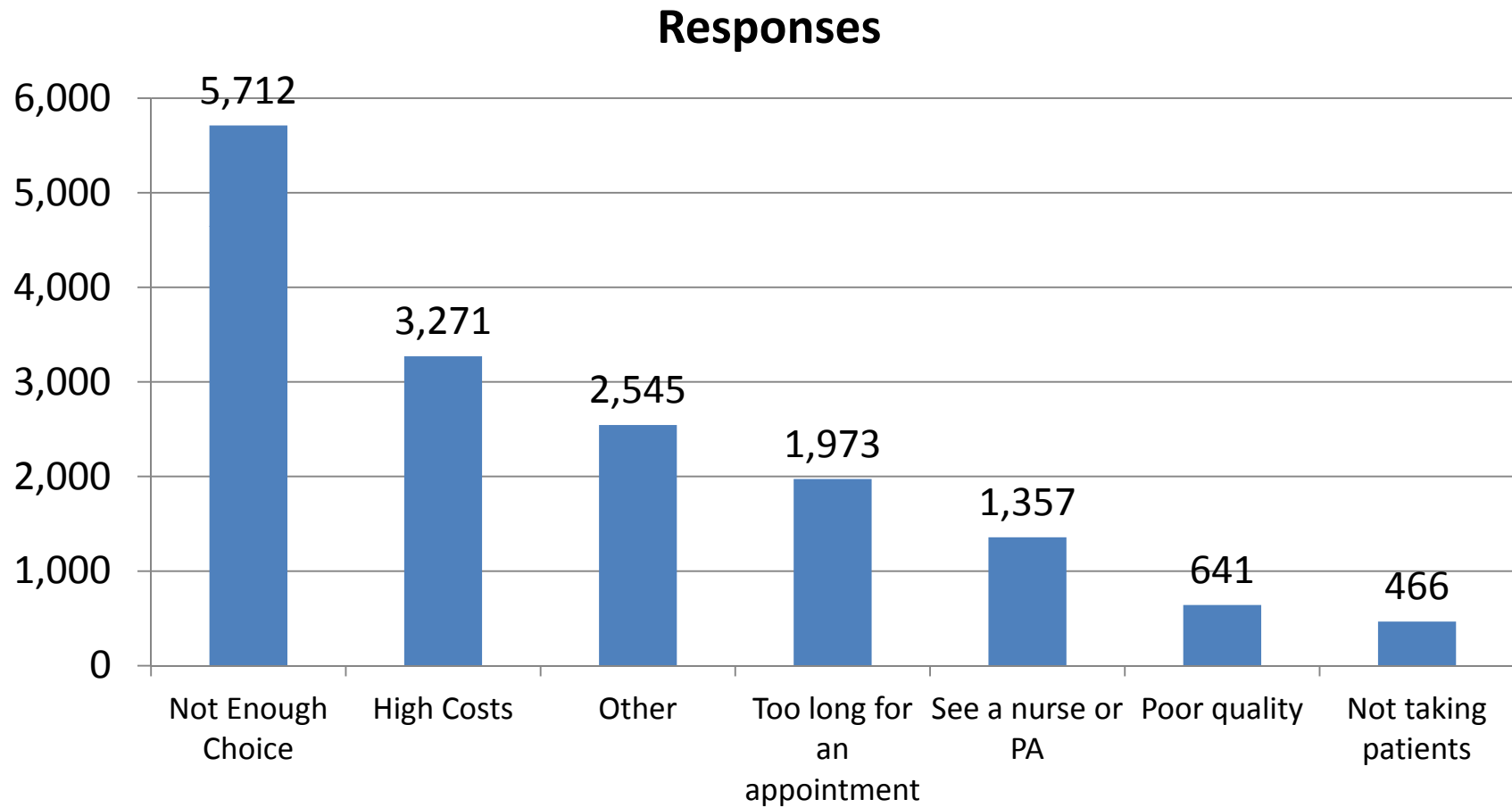


Q33: Top Needed Specialties

Responses



Q33: Reasons there is a need



Q33: Reason for More Physicians Top 3 Specialties

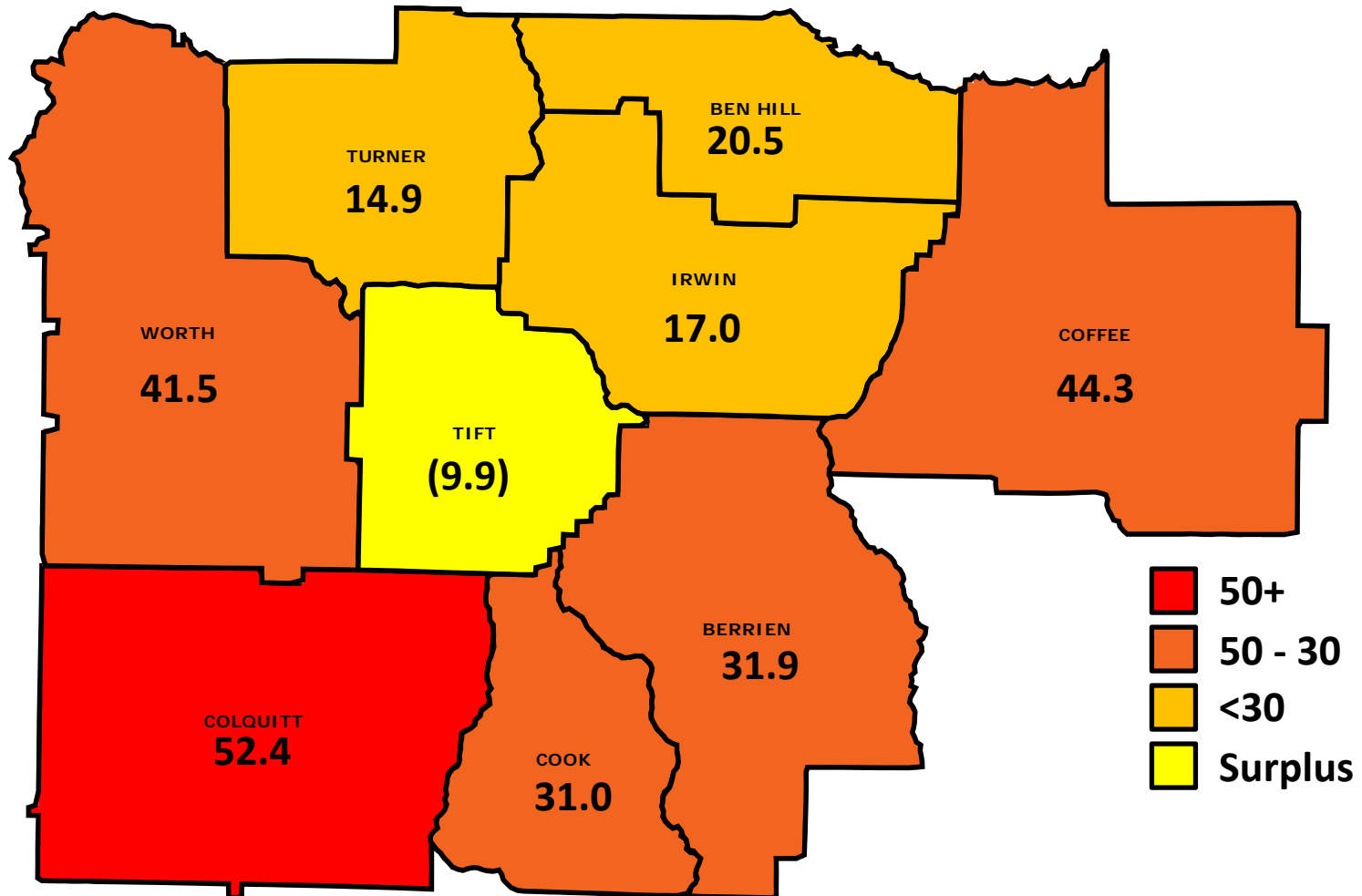
Reason for Need	First	Second	Third
Too long for an appointment	OB/GYN	Rheumatology	Family Practice
Not taking patients	Family Practice	Internal Medicine	Pediatrics
Poor quality	Hospital Medicine	Emergency Medicine	Psychiatry
Not enough choice	Dermatology	Psychiatry	Endocrinology
High costs	Anesthesiology	General Surgery	Emergency Medicine
See a nurse or PA	Family Practice	OB/GYN	Emergency Medicine

2019 County-specific Physician Requirements

	2019 Physician Requirements	
County	Surplus	Deficit
Colquitt		52.4
Coffee		44.3
Worth		41.5
Berrien		31.9
Cook		31.0
Ben Hill		20.5
Irwin		17.0
Turner		14.9
Tift	9.9	
Total		243.5

Note: Totals may not add due to rounding

2019 Physician Requirements



Physician Need, High Need

Specialty	Net Requirement
Family Practice	31.00
Psychiatry	28.11
Internal Medicine	24.22
Pediatrics	21.99
Radiology	14.98
Anesthesiology	14.83
General Surgery	11.54
Obstetrics/Gynecology	11.42
Other & Unspecified	8.05

Note: Specialties highlighted in red were identified as a top need in the community survey

Physician Need, Moderate Need

Specialty	Net Requirement
Pathology	7.34
General Practice	5.96
Neurology	5.73
Dermatology	5.59
Physical Med & Rehab	5.22
Ophthalmology	5.01
Urology	3.82
Cardiology	4.71
Plastic Surgery	3.28
Cardiovascular	3.18
Orthopedic Surgery	3.18
Otolaryngology	3.04
Emergency Medicine	2.88
Allergy, Immunology	2.77
Endocrinology	2.42
Neonatology/Perinatology	2.42

Note: Specialties highlighted in red were identified as a top need in the community survey

Physician Need, Low Need and Surplus

Specialty	Net Requirement
Thoracic Surgery	2.34
Vascular Surgery	1.99
Gastroenterology	1.97
Radiation Oncology	1.91
Infectious Disease	1.56
Critical Care	1.44
Rheumatology	1.00
Neurosurgery	0.96
Hematology/Oncology	0.16
Pulmonology	-0.07
Occupational Medicine	-0.76
Nephrology	-1.70

Note: Specialties highlighted in red were identified as a top need in the community survey

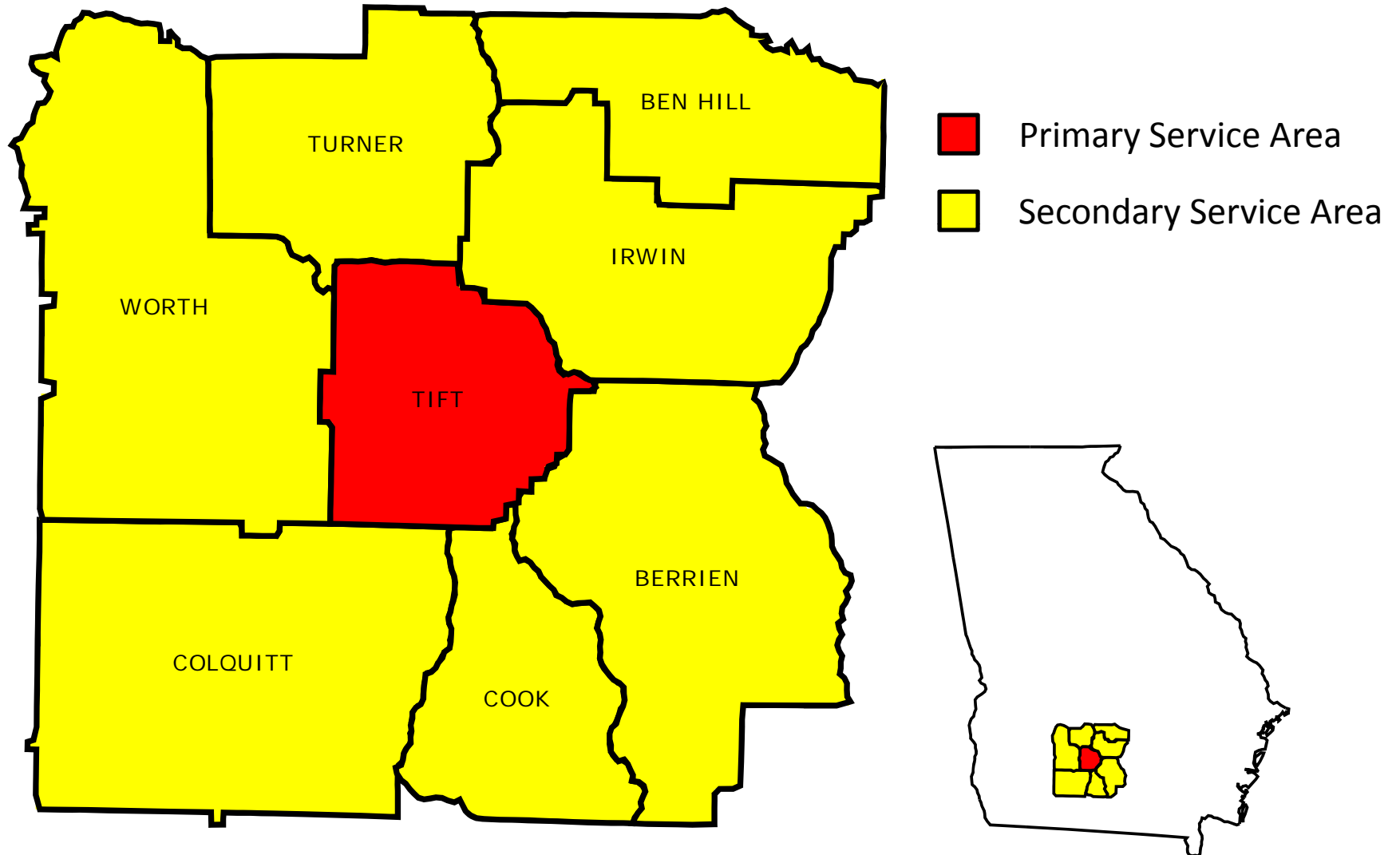
Appendix B

Detailed Data Analysis

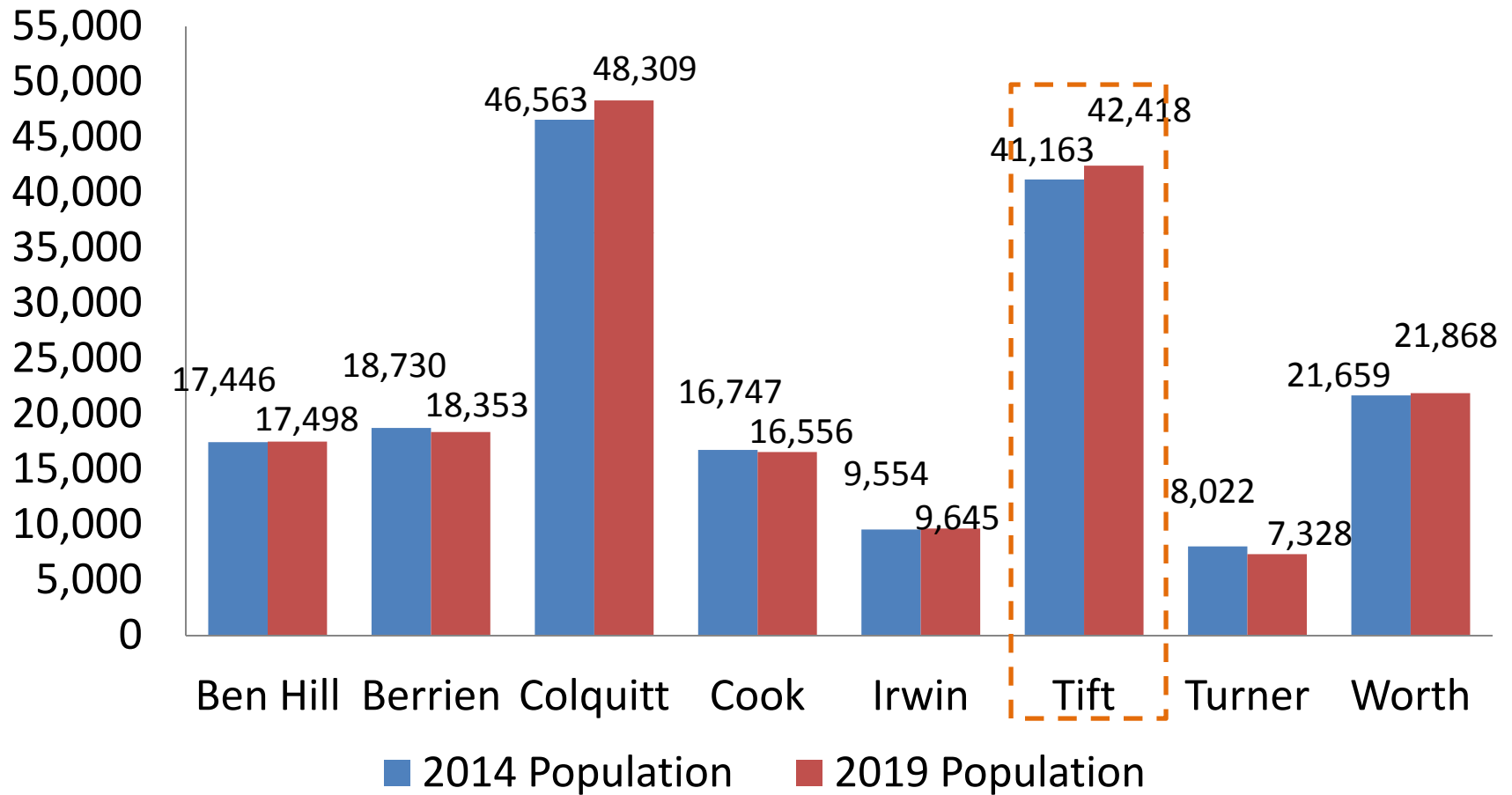


Data Analysis
Secondary Sources

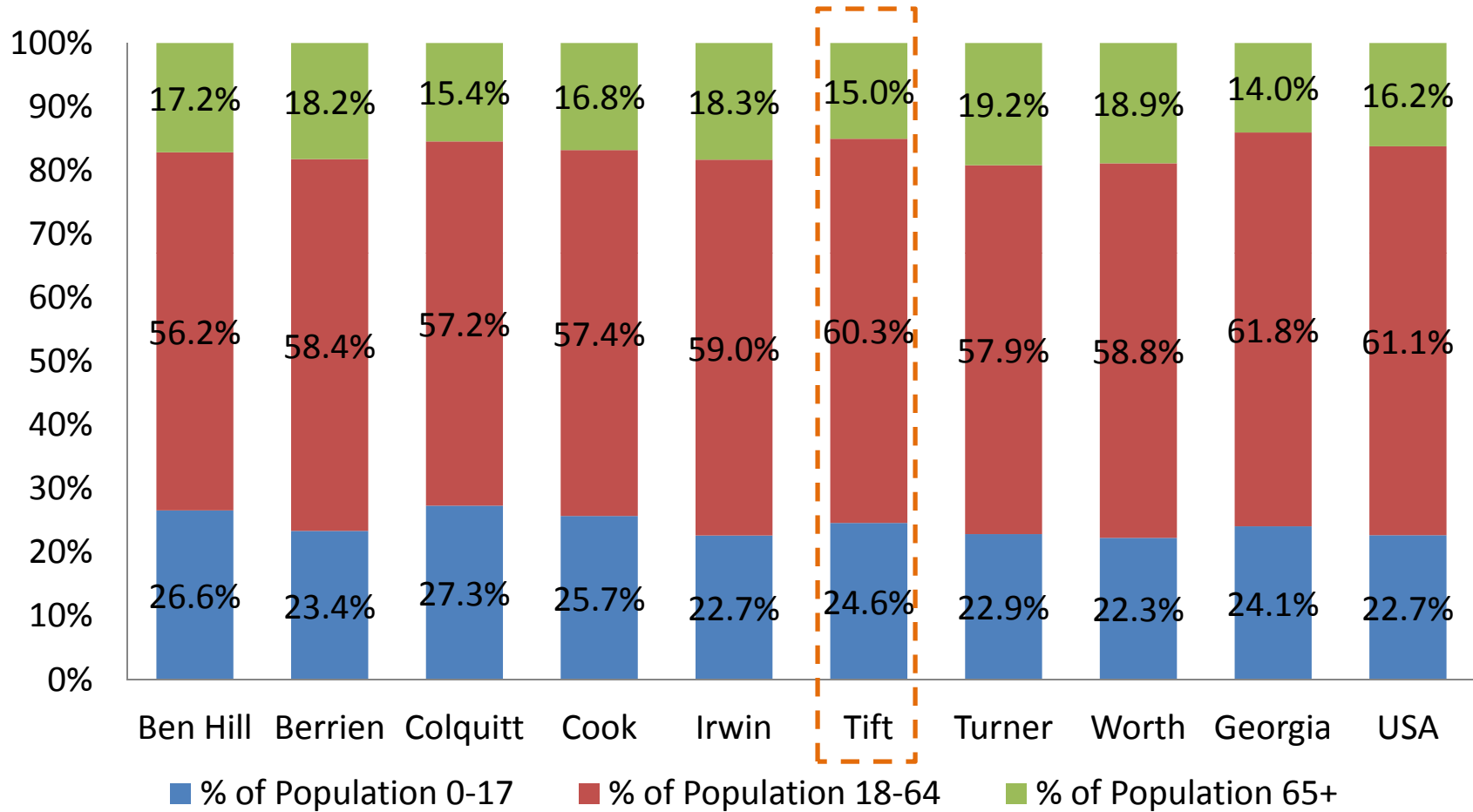
Service Area Map Tift Regional



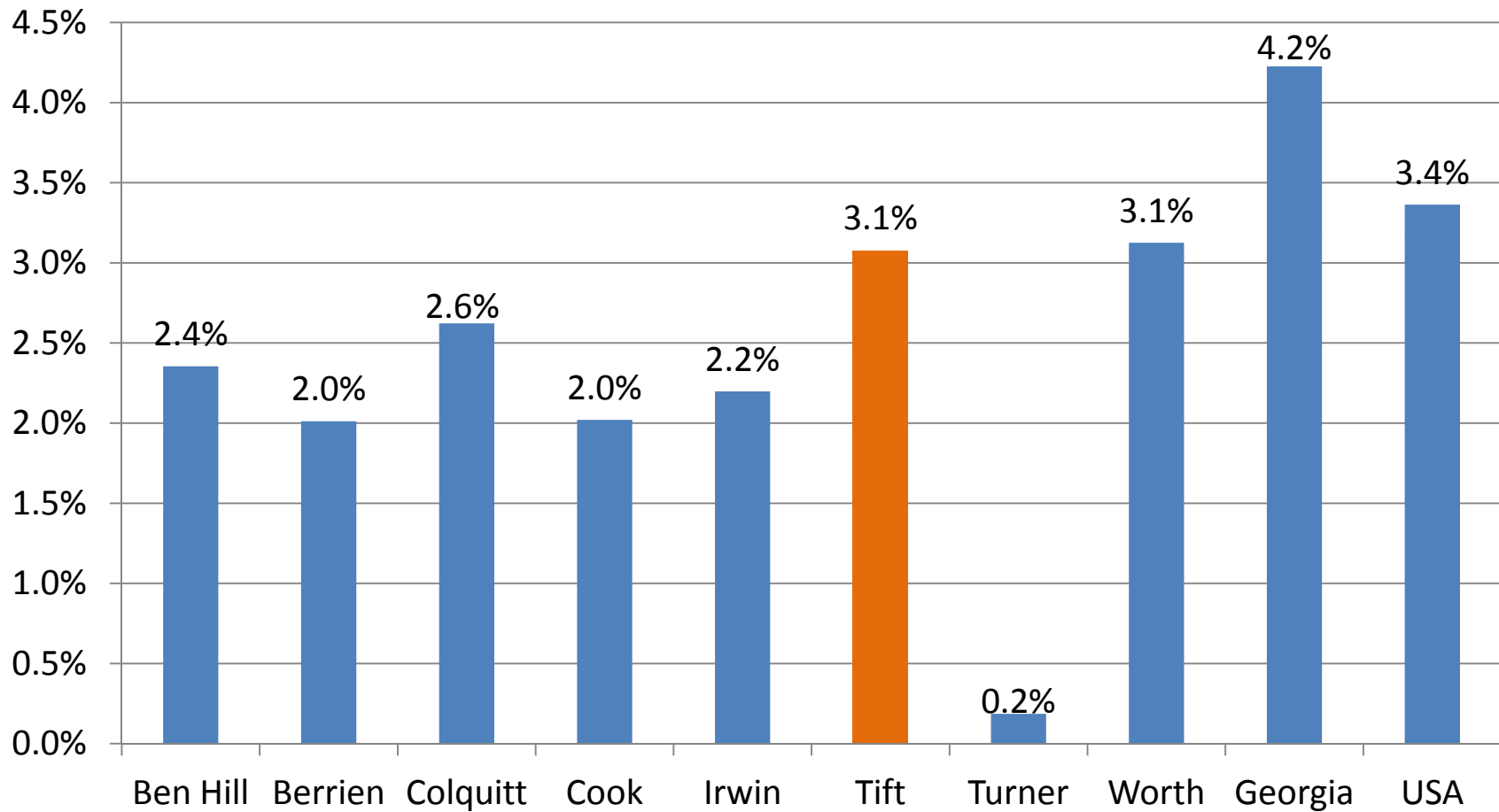
Population By County



Age Cohort %, 2019

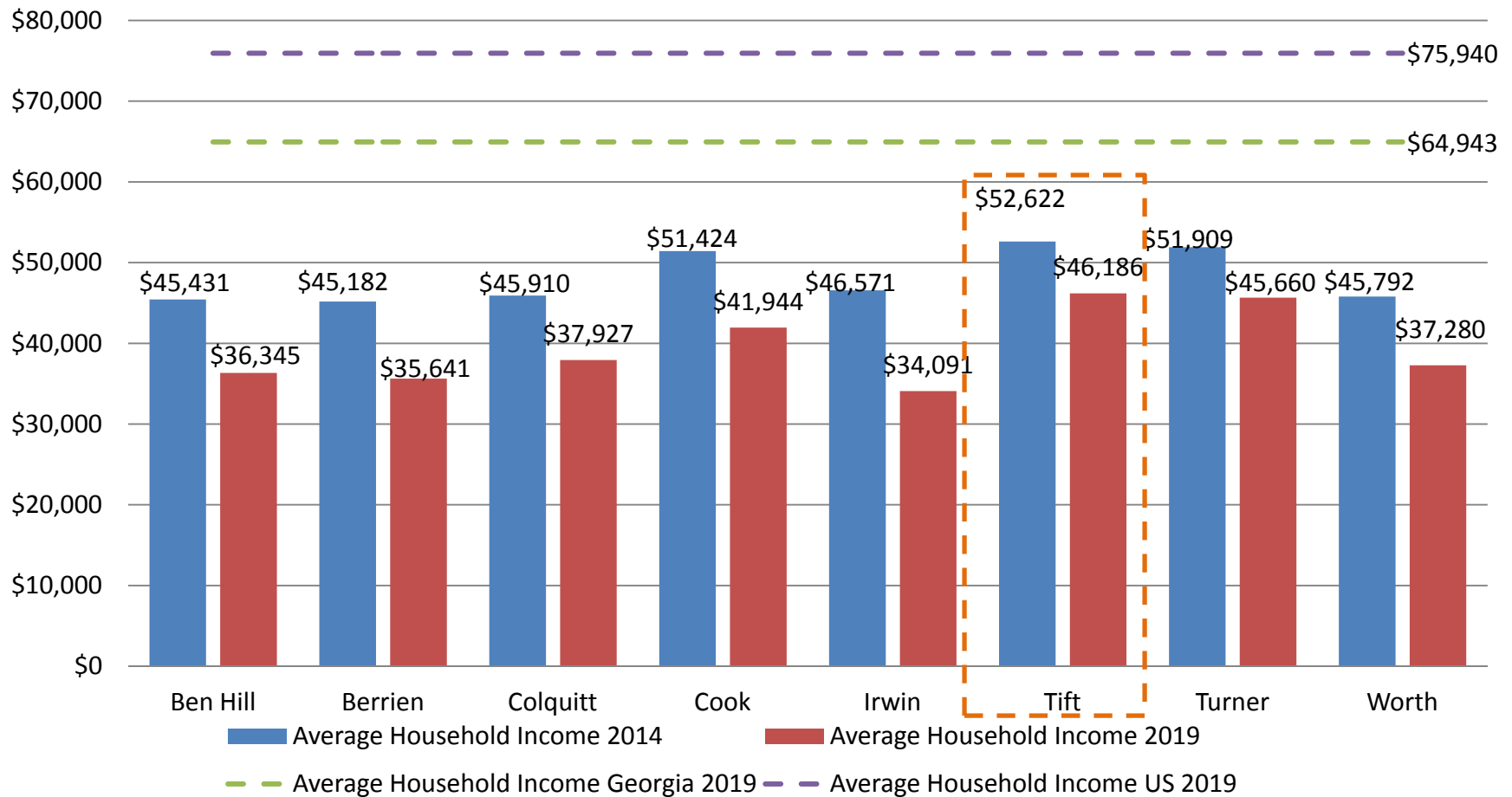


% Annual Growth, 65+ 2014-2019



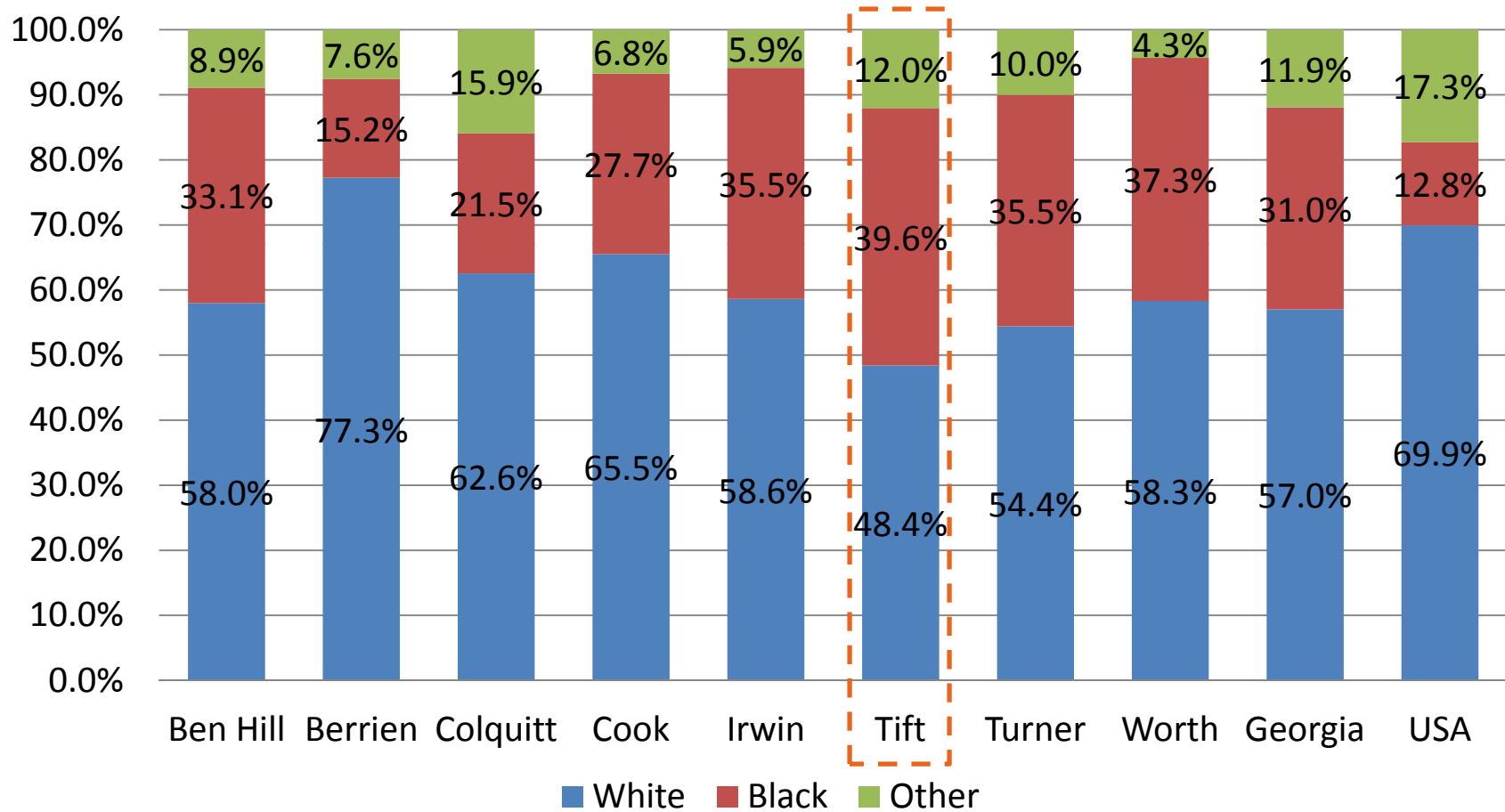
Source: Nielsen

Average Household Income



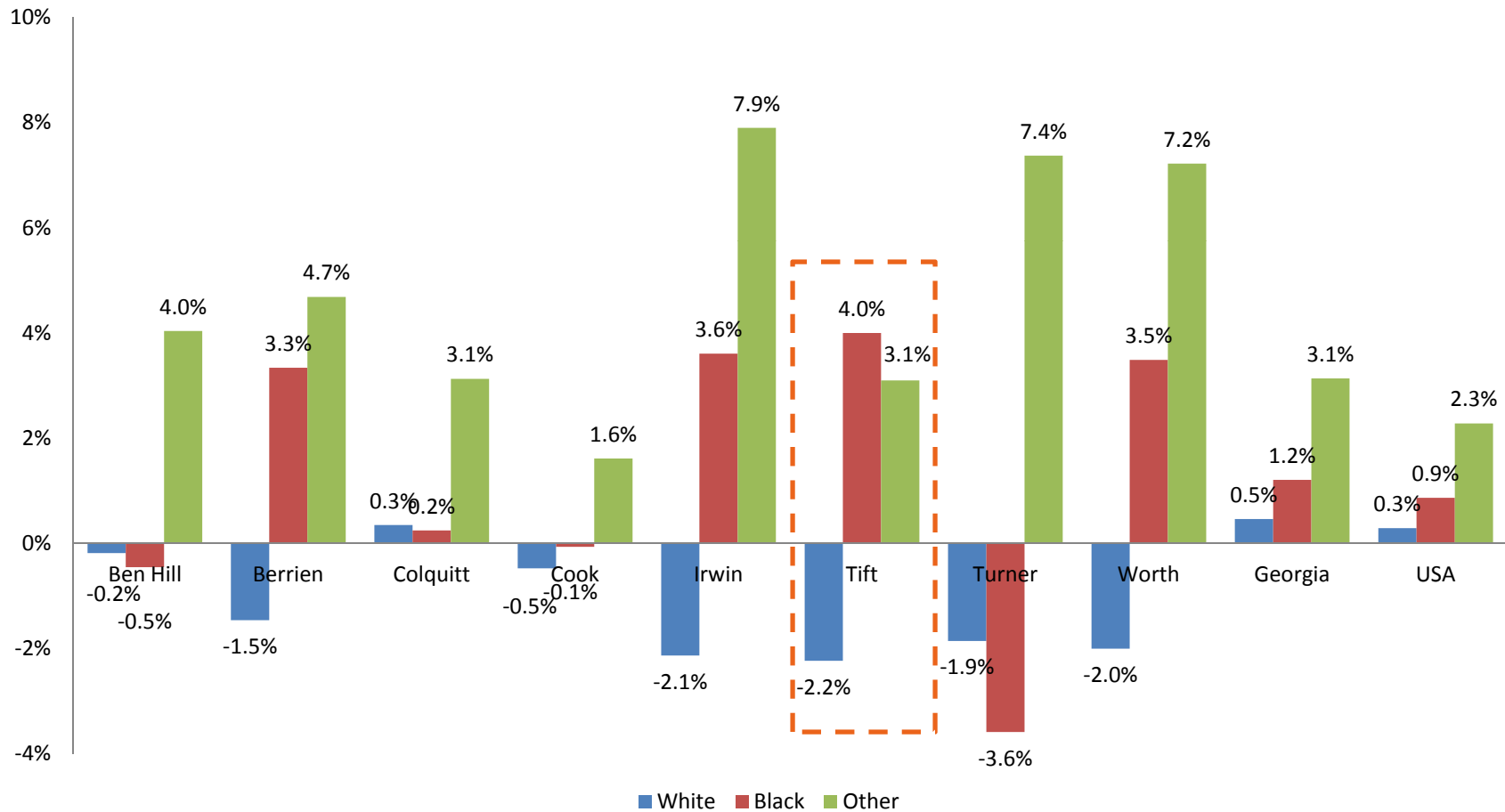
Source: Nielsen

Population Distribution by Race 2019



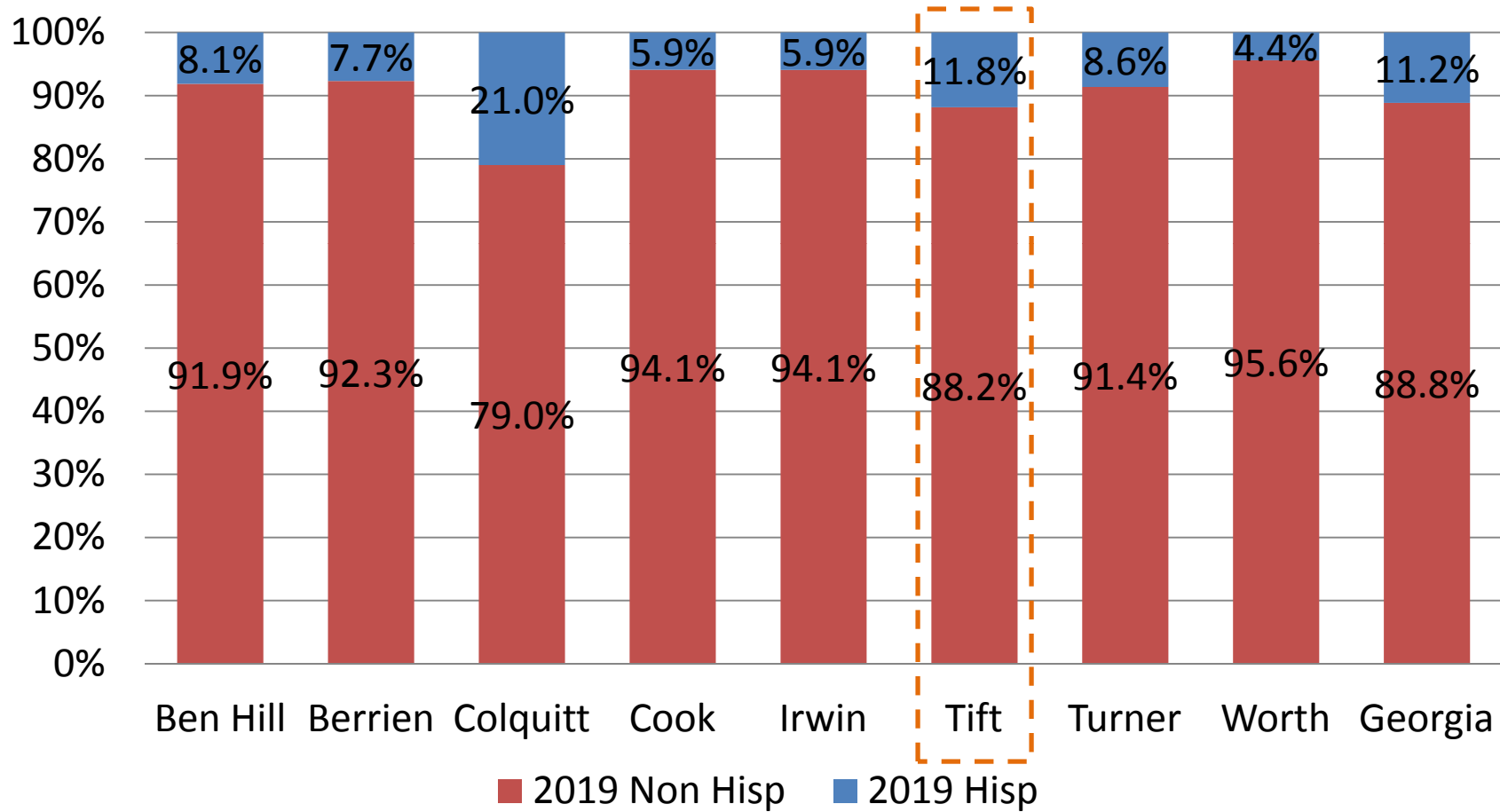
Source: Nielsen

% Annual Growth Population, 2014 - 2019

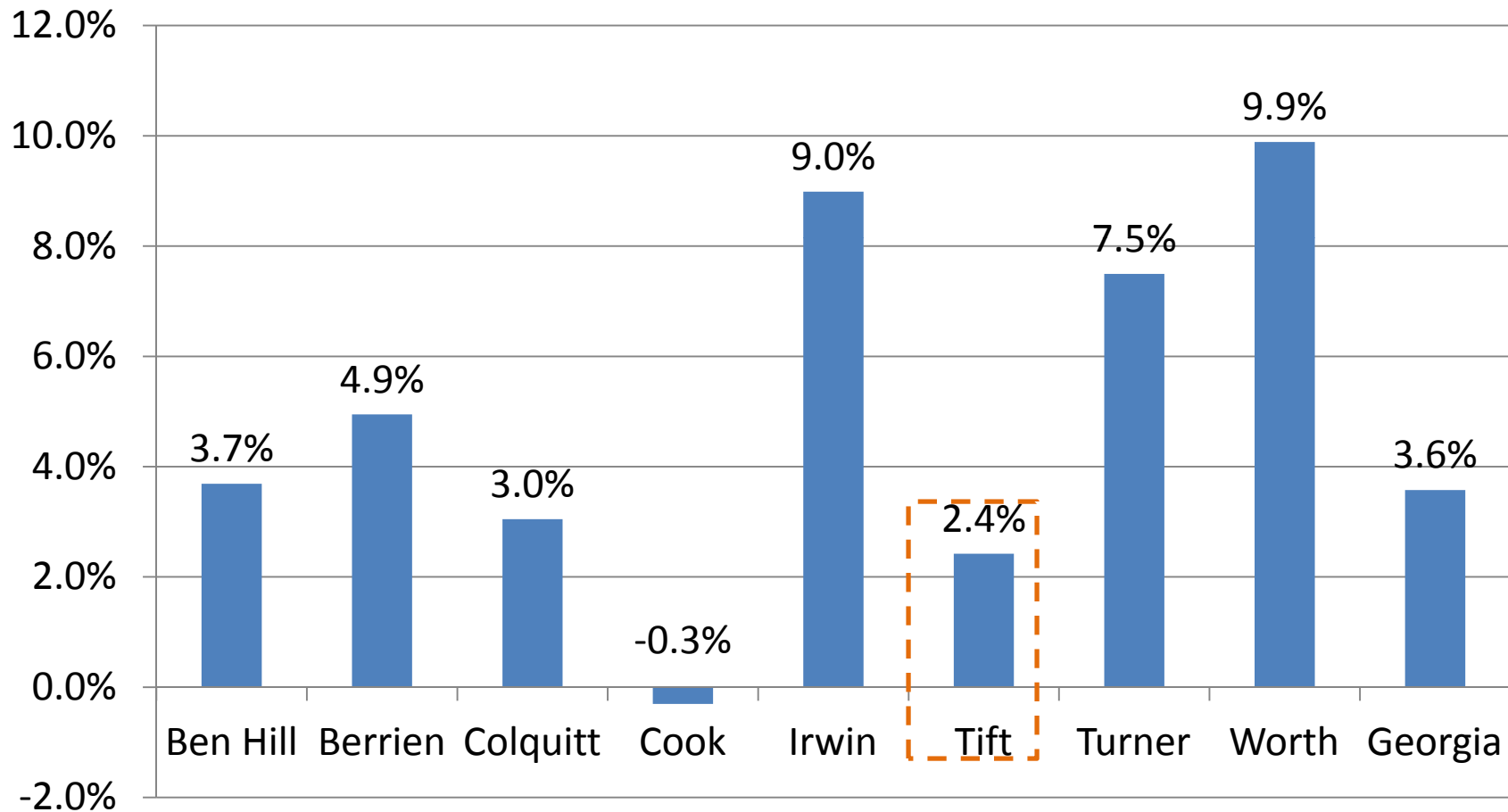


Source: Nielsen

% Hispanic 2019

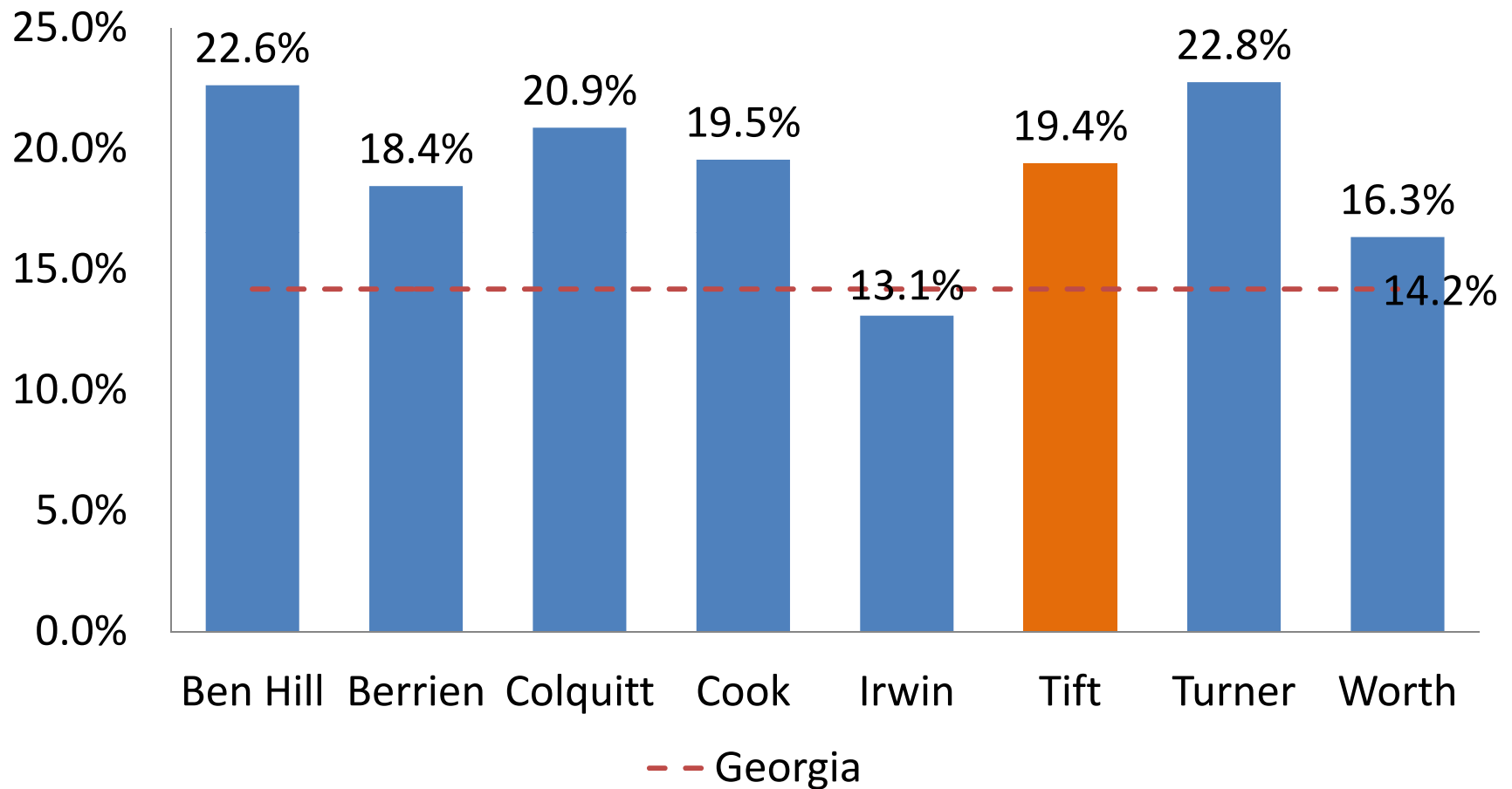


% Hispanic Annual Growth, 2014-2019

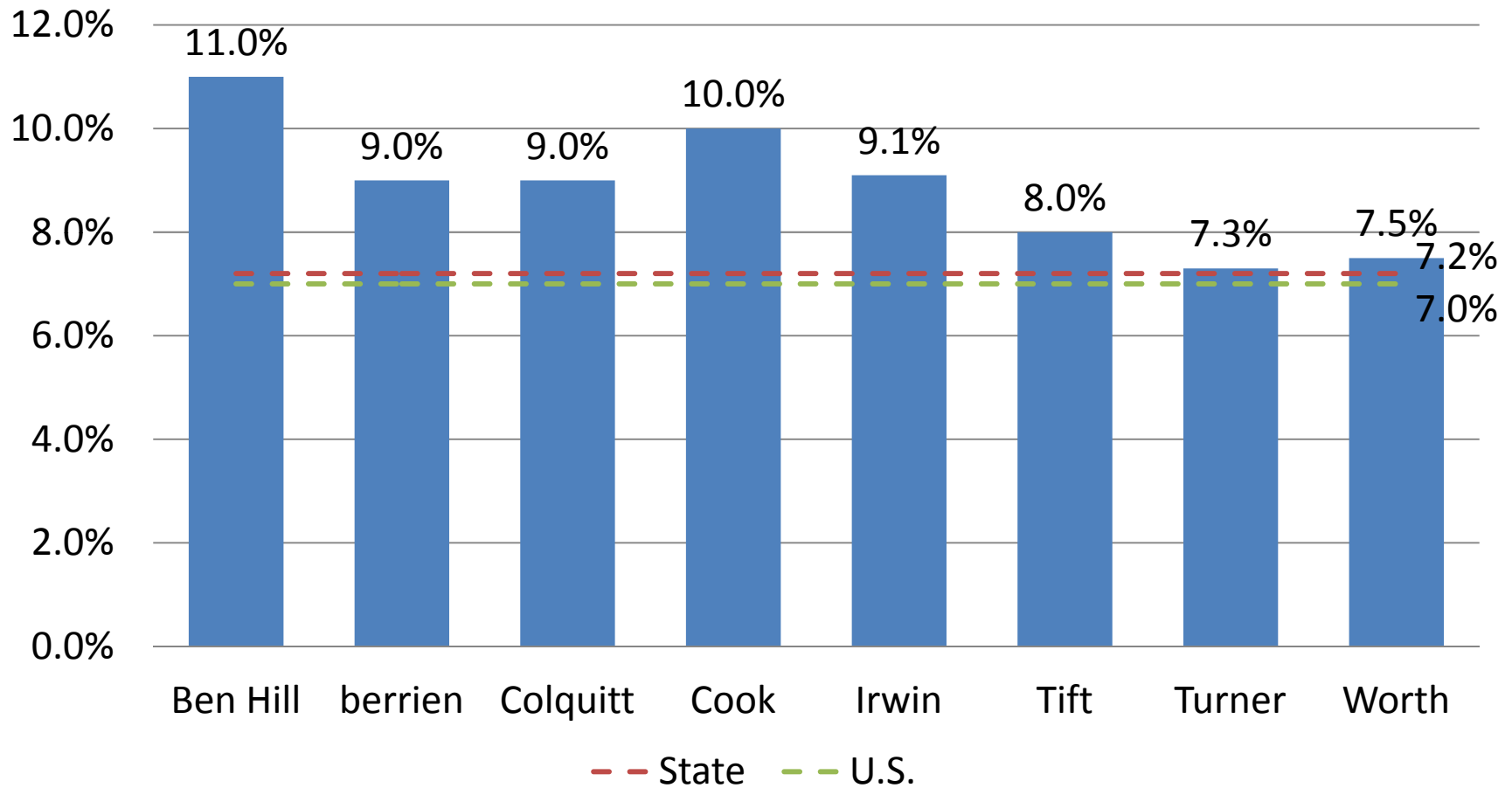


Source: Nielsen

% Families Below Poverty Level 2014

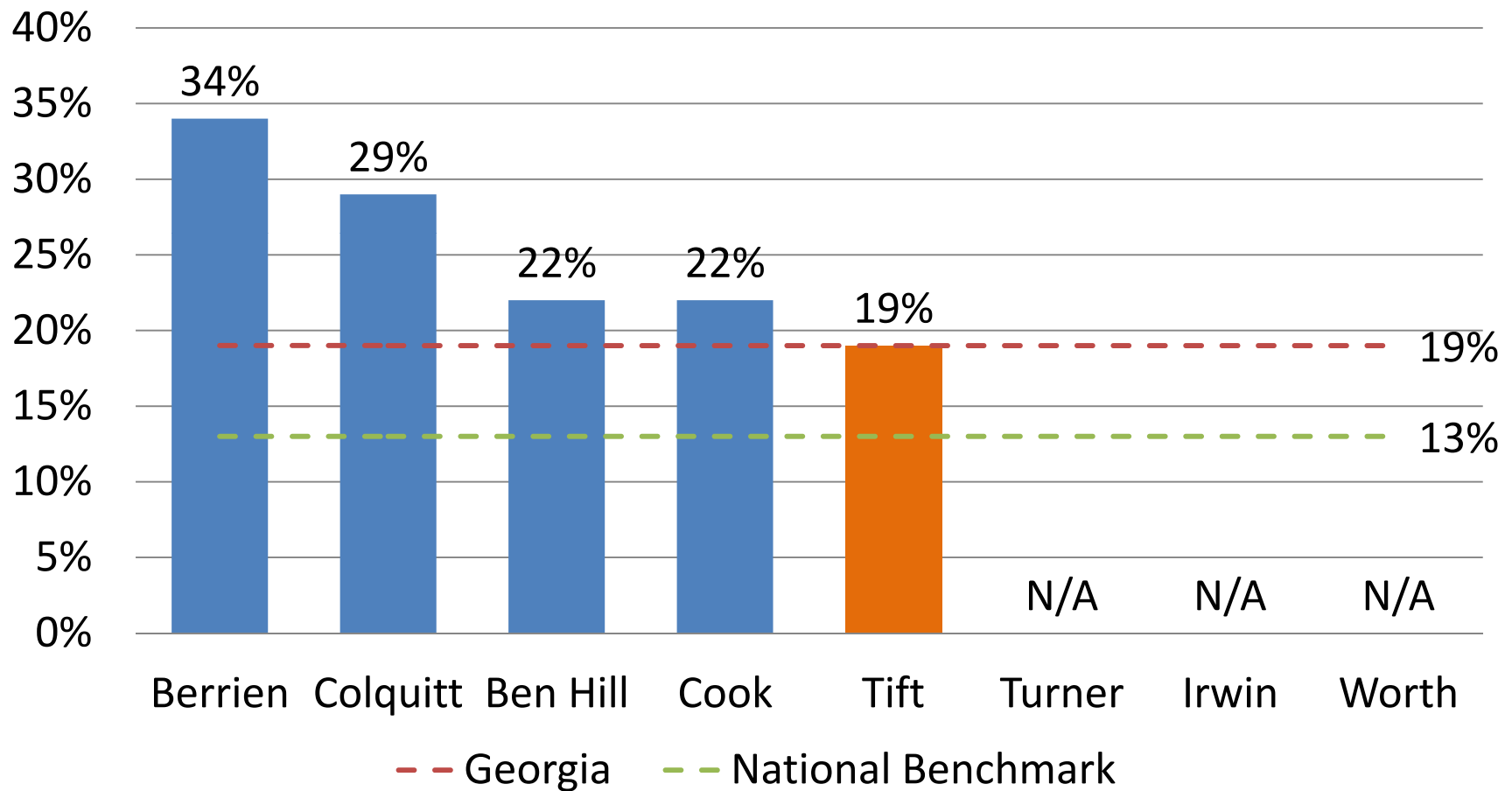


Unemployment Rate November, 2013



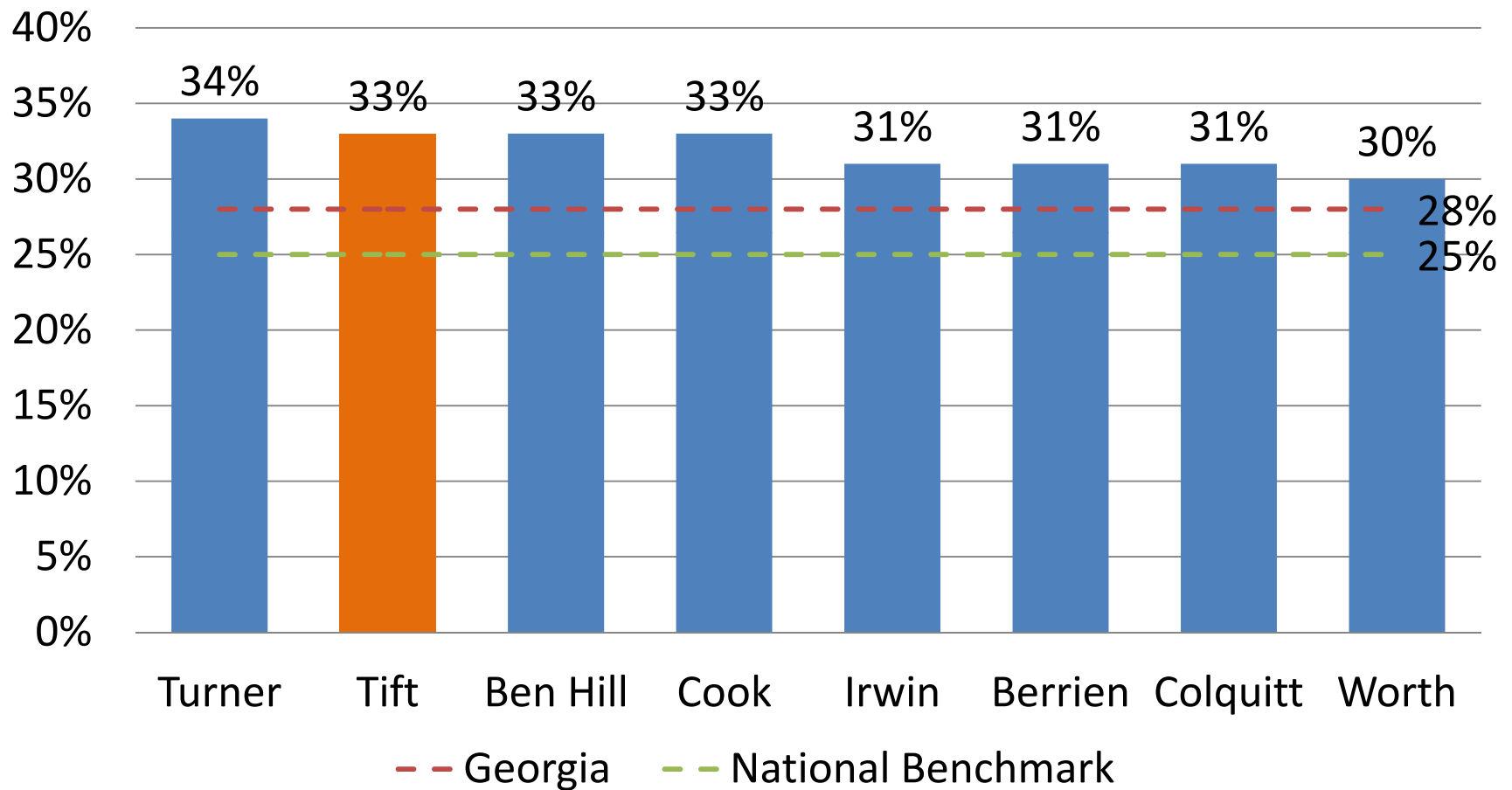
Source: Bureau of Labor Statistics

% of Adults That Report Smoking \geq 100 Cigarettes and Currently Smoke, 2013



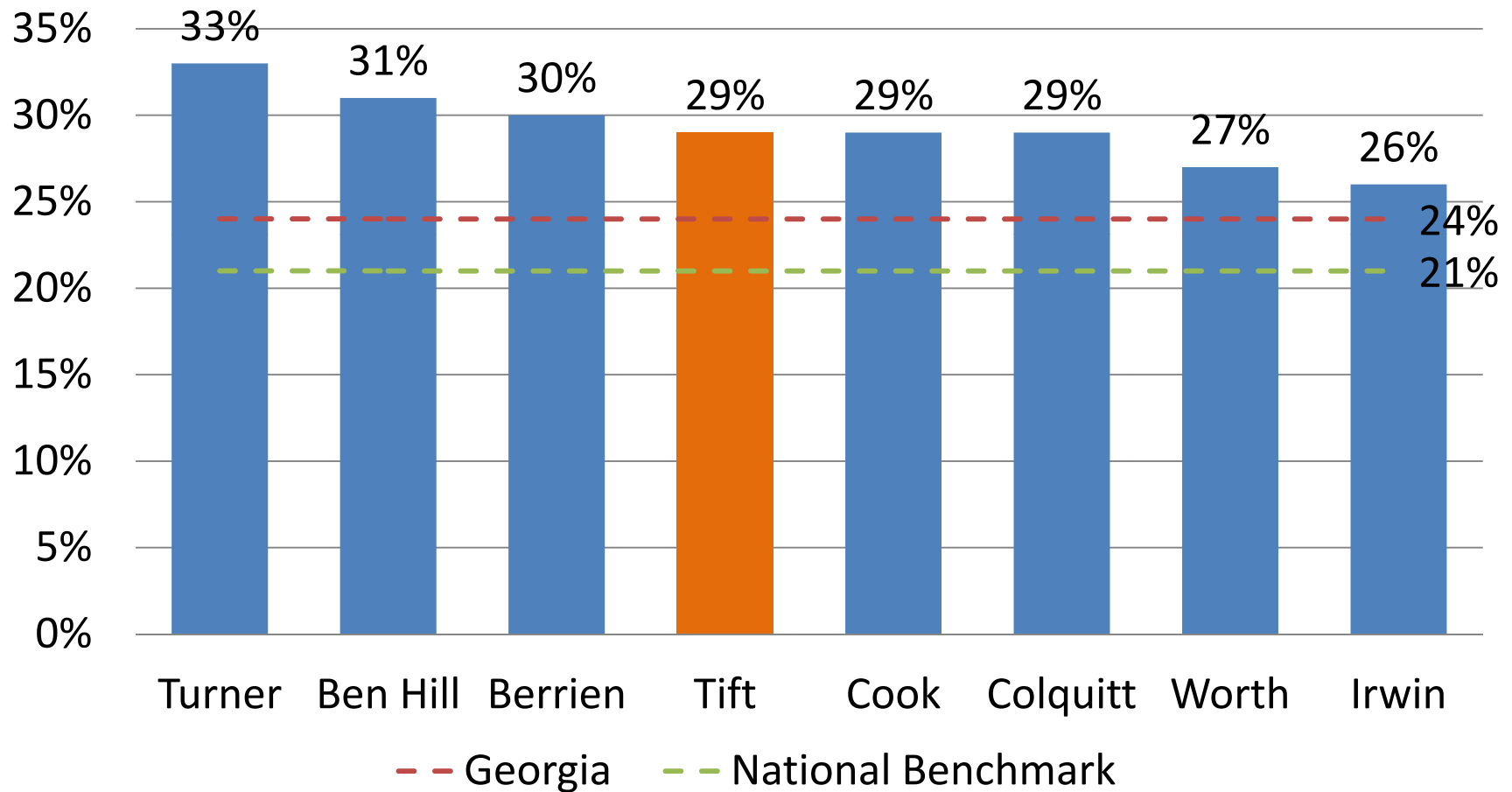
Source: County Health Rankings

% of Adults That Report BMI ≥ 30 , 2013



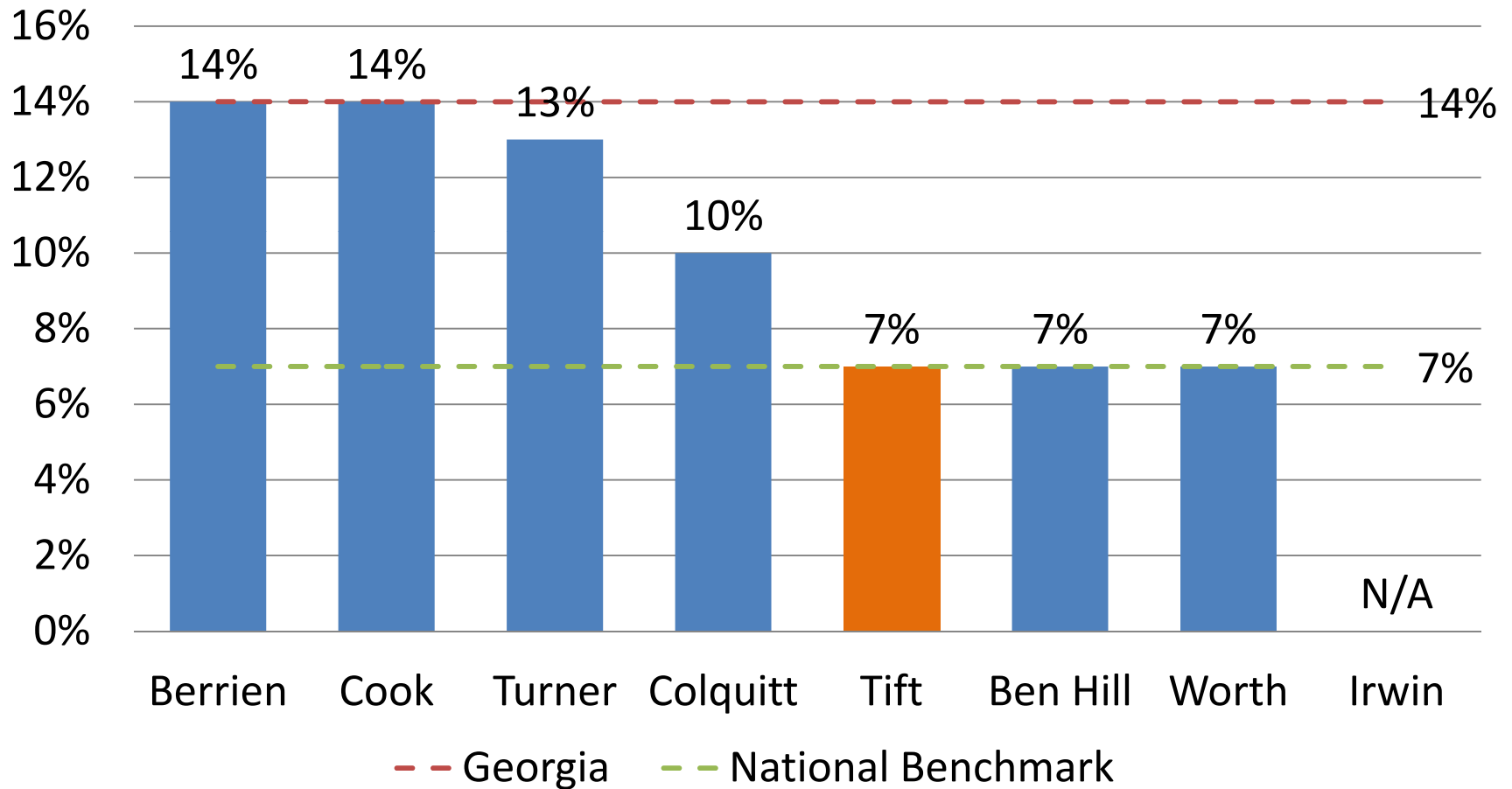
Source: County Health Rankings

% of Adults Age 20 and Over Reporting No Leisure Time-Physical Activity, 2013



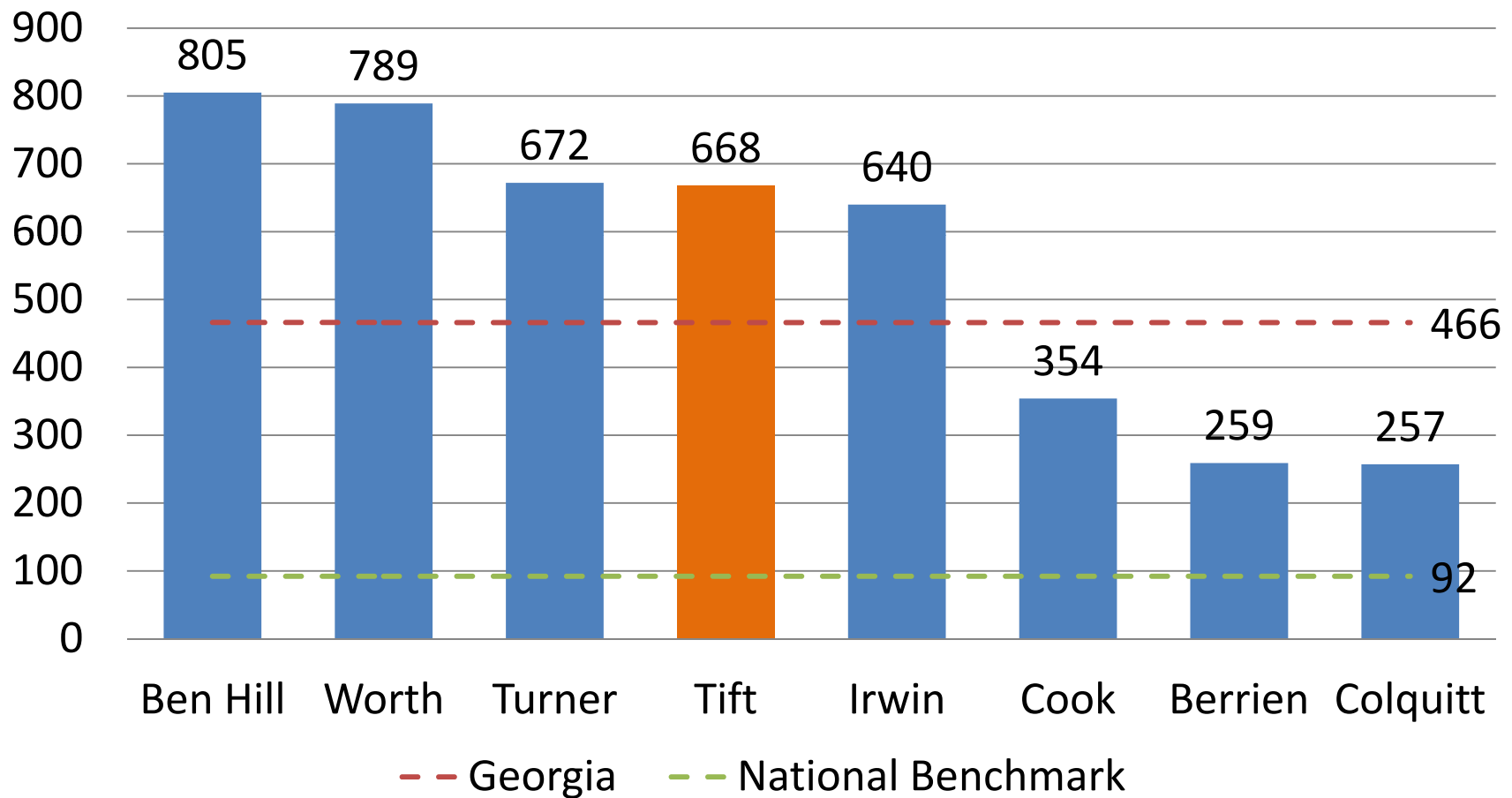
Source: County Health Rankings

Excessive Drinking (Binge plus Heavy) 2013



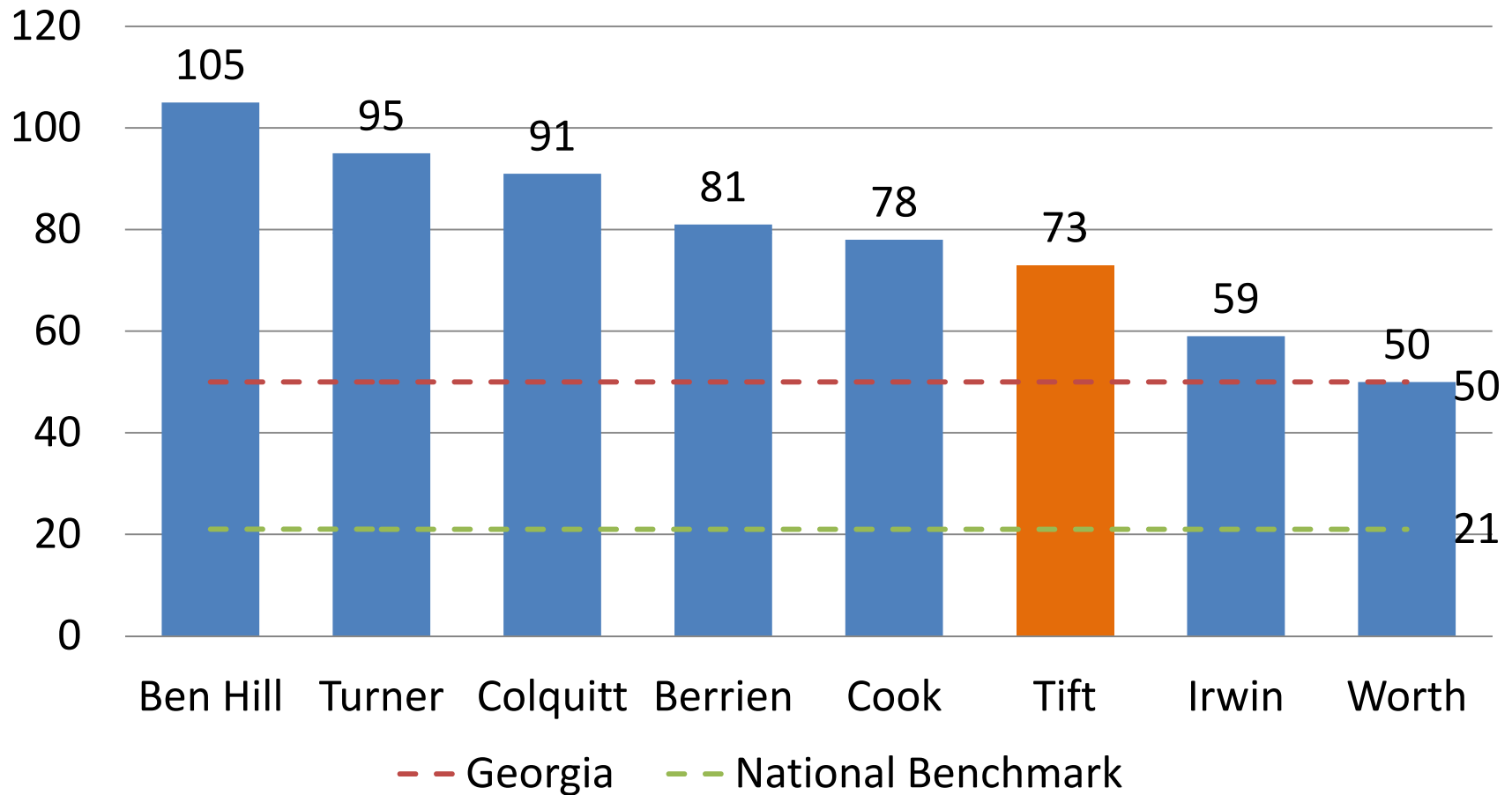
Source: County Health Rankings

2013 Sexually Transmitted Infections per 100,000



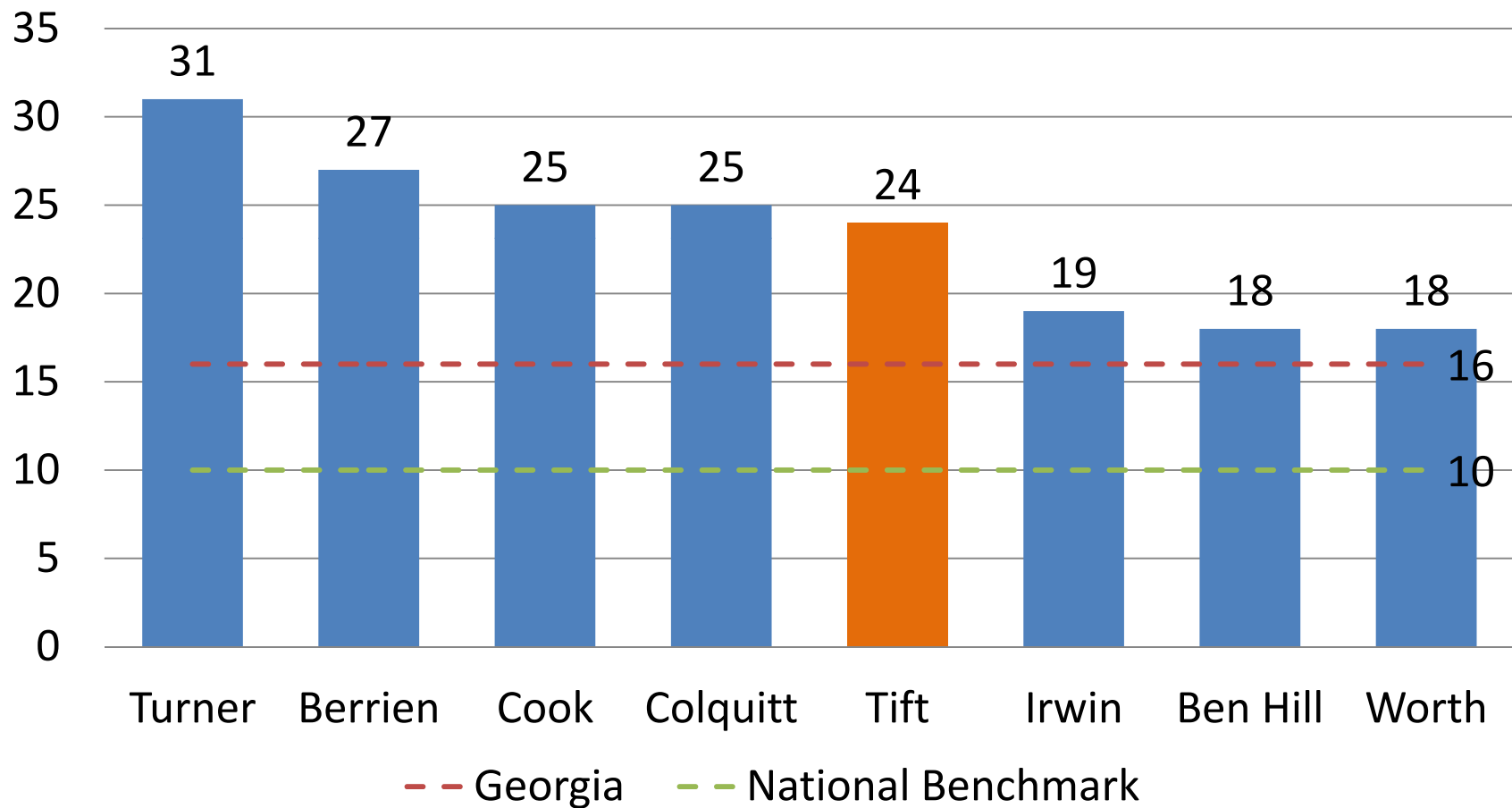
Source: County Health Rankings

Teen Birth Rate per 1,000 Female Population Ages 15-19, 2013



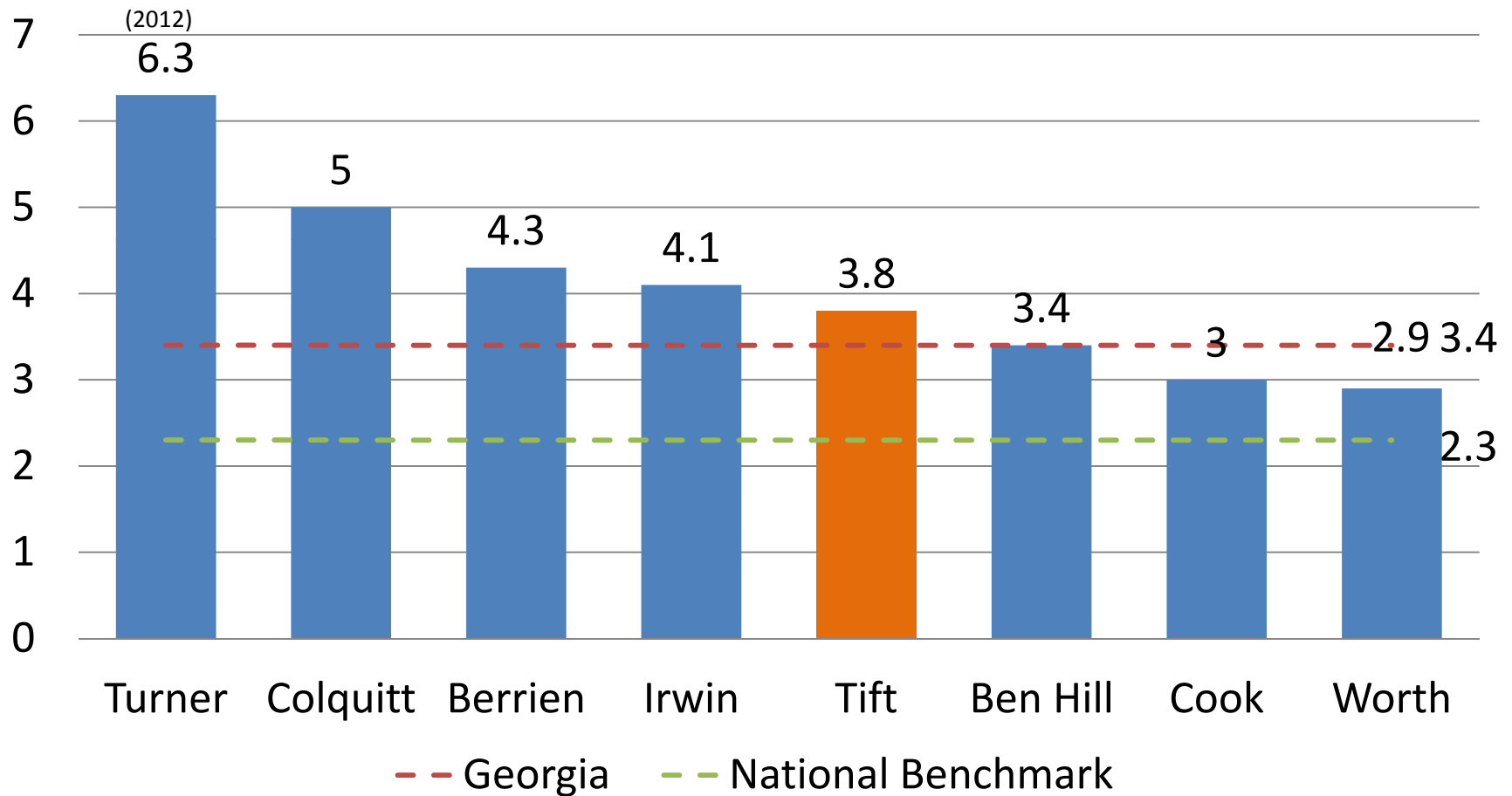
Source: County Health Rankings

2013 Motor Vehicle Crash Death Rate per 100,000



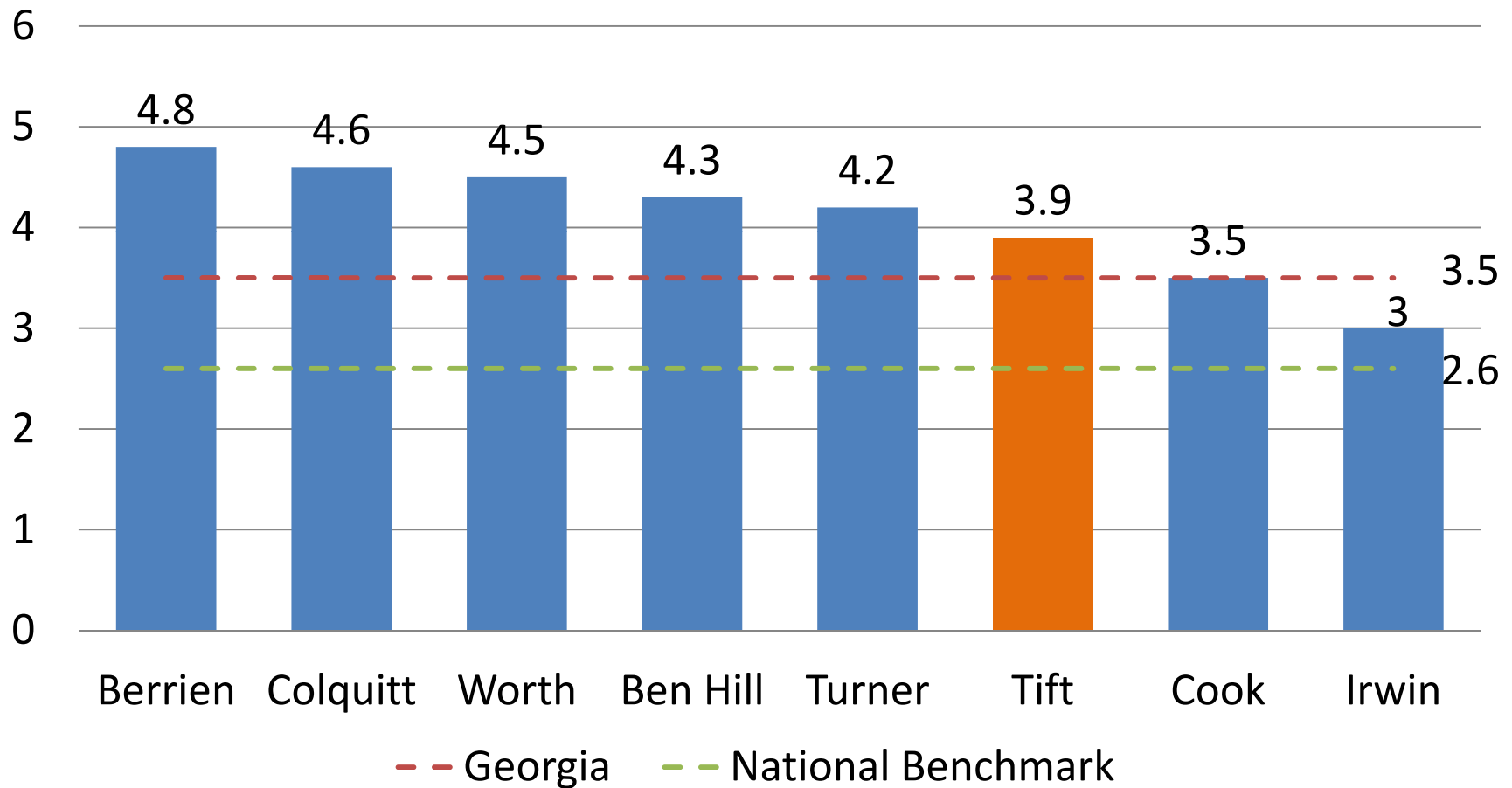
Source: County Health Rankings

Avg. Number of Mentally Unhealthy Days Reported in Past 30 Days (age-adjusted), 2013



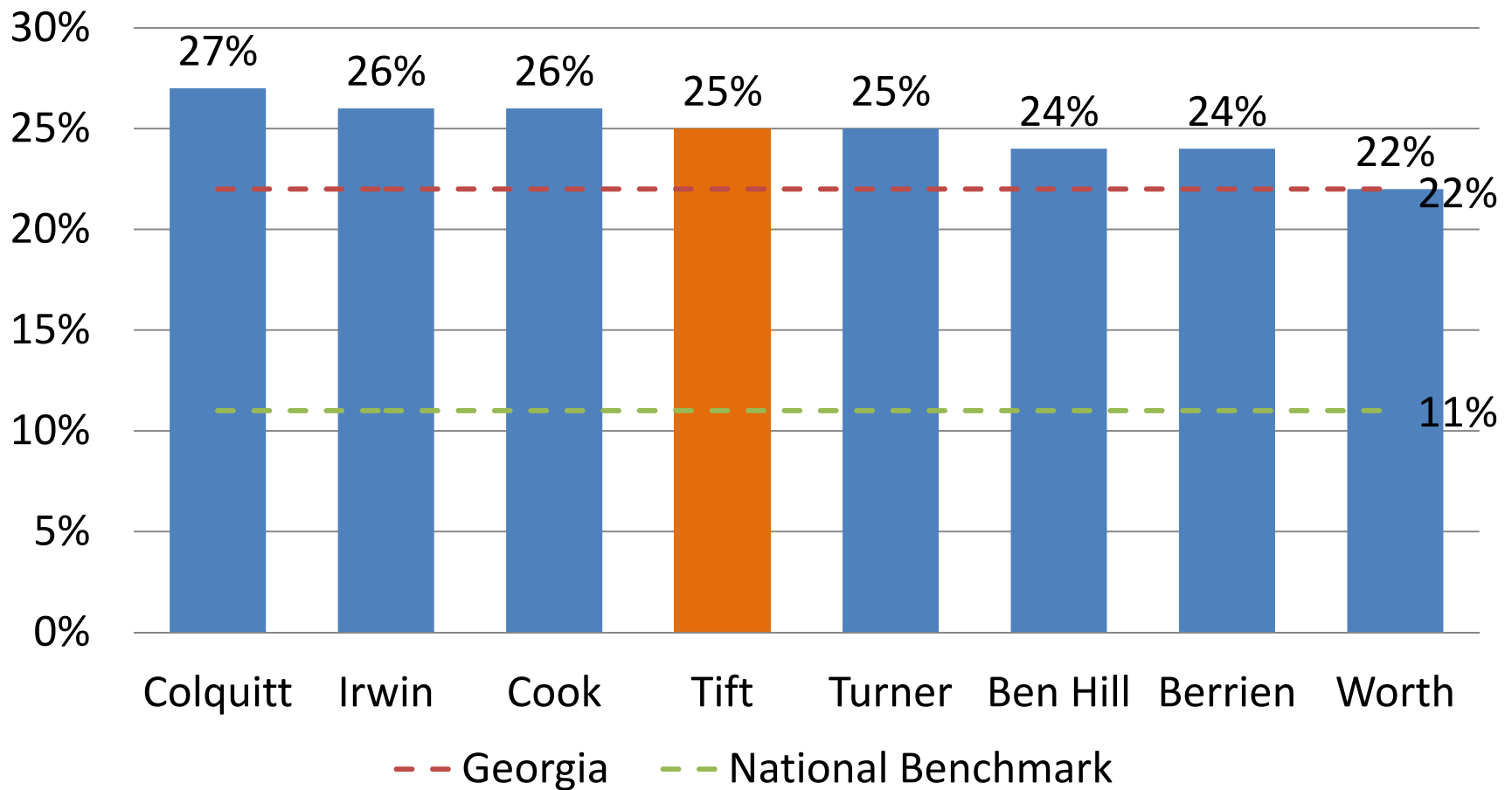
Source: County Health Rankings

Avg. Number of Physically Unhealthy Days Reported in Past 30 Days, 2013



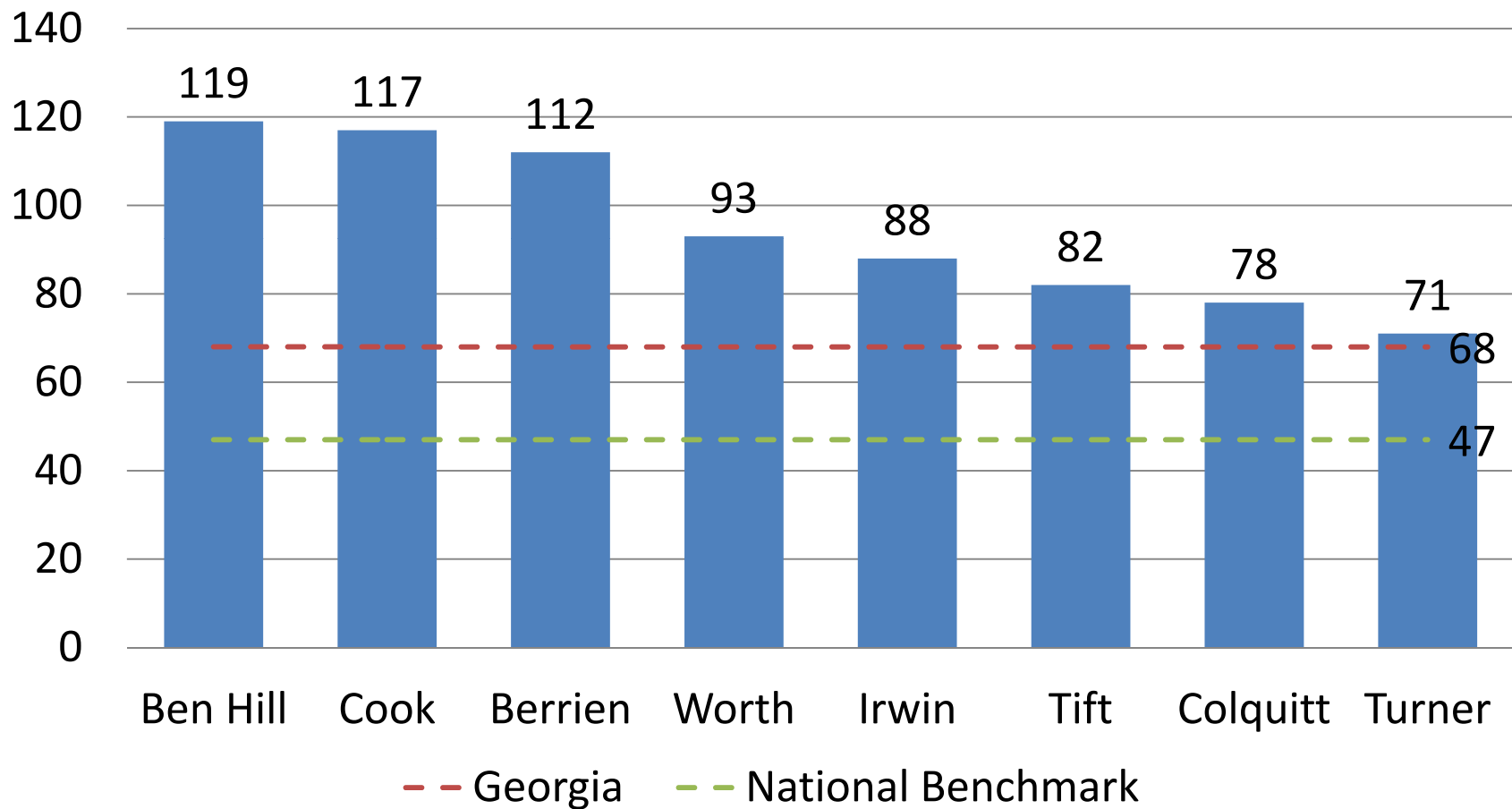
Source: County Health Rankings

% of Population <65 Without Health Insurance 2013



Source: County Health Rankings

Hospitalization Rate for Ambulatory Care Sensitive Conditions per 1,000 Medicare Enrollees



Source: County Health Rankings

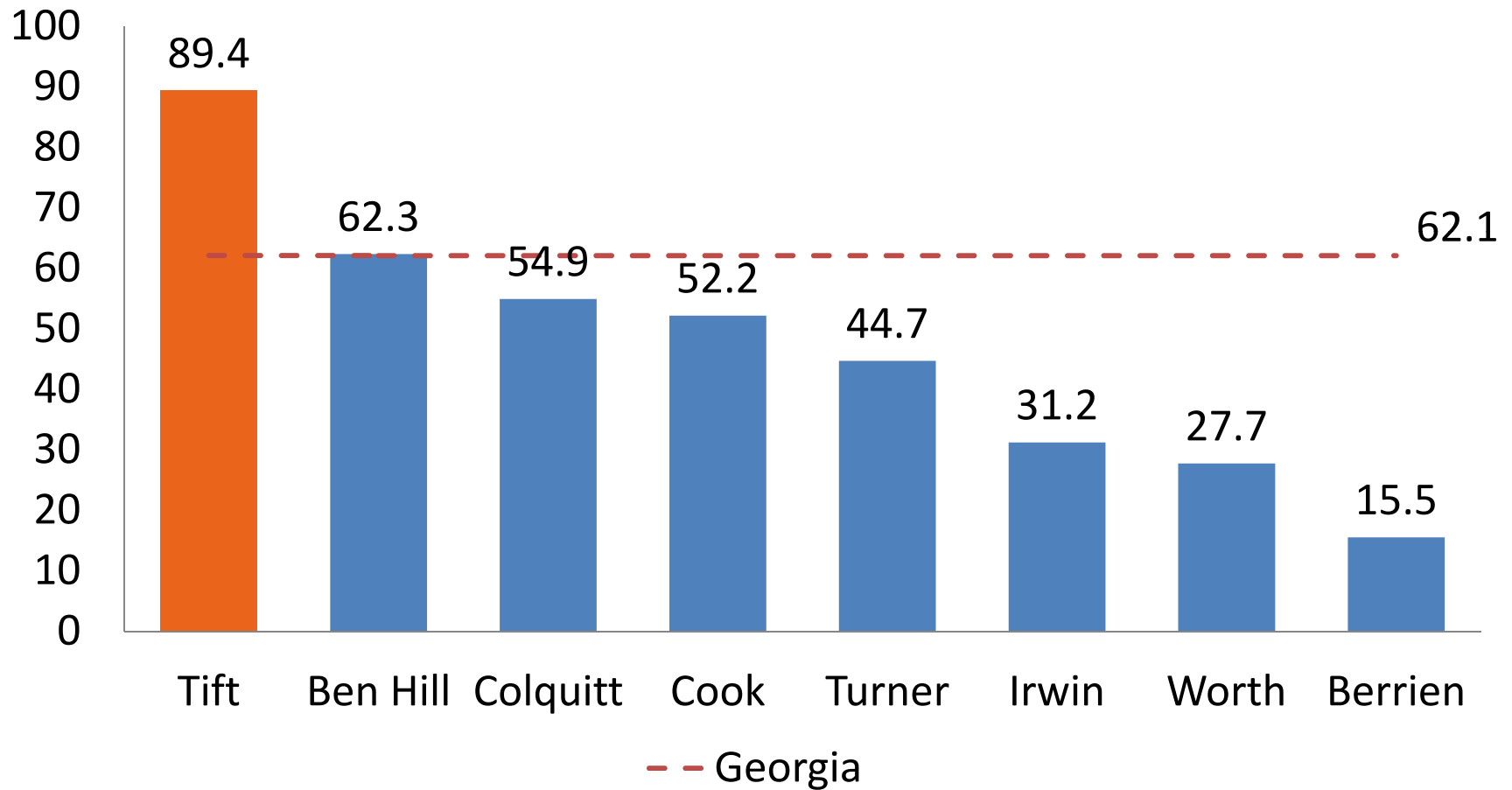
Summary Analysis of Health Behaviors

(% of Georgia)

Health Behaviors	<u>Ben Hill</u>	<u>Berrien</u>	<u>Colquitt</u>	<u>Cook</u>	<u>Irwin</u>	<u>Tift</u>	<u>Turner</u>	<u>Worth</u>
Smoking	115.8%	178.9%	152.6%	115.8%	N/A	100.0%	N/A	N/A
Obesity	117.9%	110.7%	110.7%	117.9%	110.7%	117.9%	121.4%	107.1%
No Leisure-Physical Activity > 20age	129.2%	125.0%	120.8%	120.8%	108.3%	120.8%	137.5%	112.5%
Drinking	50.0%	100.0%	71.4%	100.0%	N/A	50.0%	92.9%	50.0%
STD Rate	172.7%	55.6%	55.2%	76.0%	137.3%	143.3%	144.2%	169.3%
Teen Birth Rate	210.0%	162.0%	182.0%	156.0%	118.0%	146.0%	190.0%	100.0%
Vehicle Motor Crash Death Rate	112.5%	168.8%	156.3%	156.3%	118.8%	150.0%	193.8%	112.5%
Avg # Mentally Unhealth Days	100.0%	126.5%	147.1%	88.2%	120.6%	111.8%	185.3%	85.3%
Avg # Physically Unhealthy Days	122.9%	137.1%	131.4%	100.0%	85.7%	111.4%	120.0%	128.6%
% of Population <65 without health insurance	109.1%	109.1%	122.7%	118.2%	118.2%	113.6%	113.6%	100.0%
Hospitalization Rate for Ambulatory Care Sensitive Conditions per 1,000	175.0%	164.7%	114.7%	172.1%	129.4%	120.6%	104.4%	136.8%

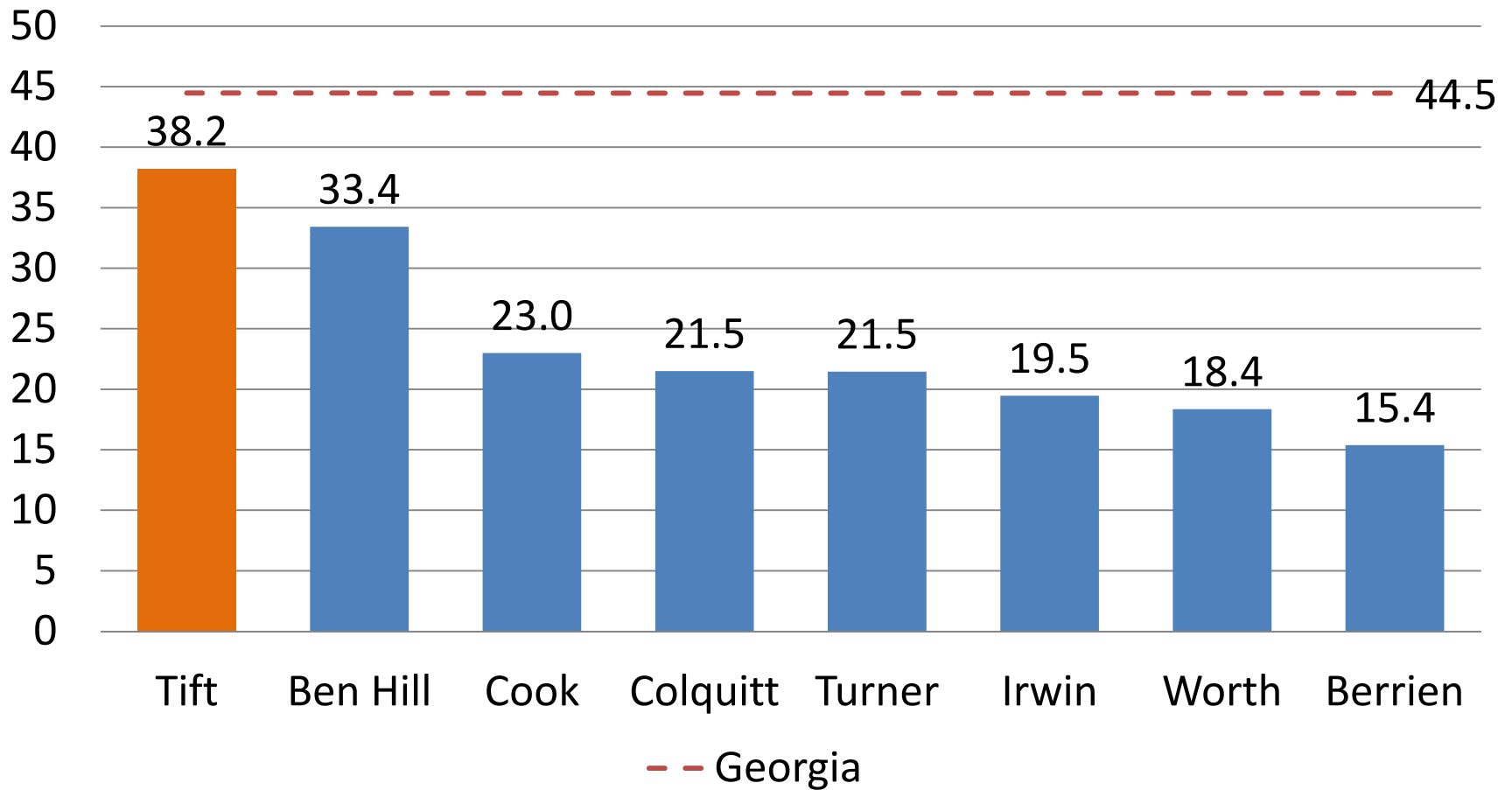
Source: County Health Rankings

Primary Care Physicians per 100,000



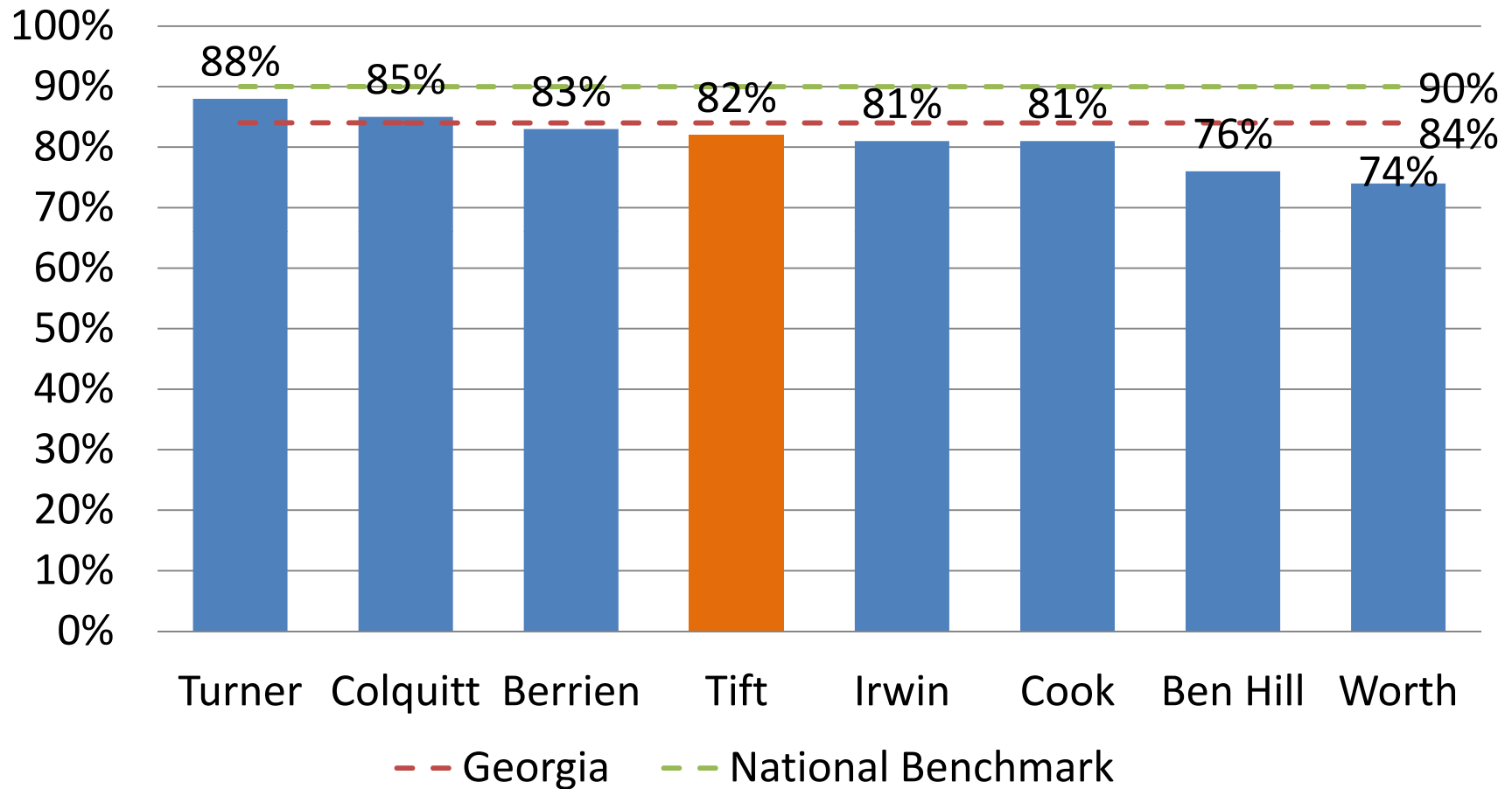
Source: County Health Rankings

Dentists per 100,000



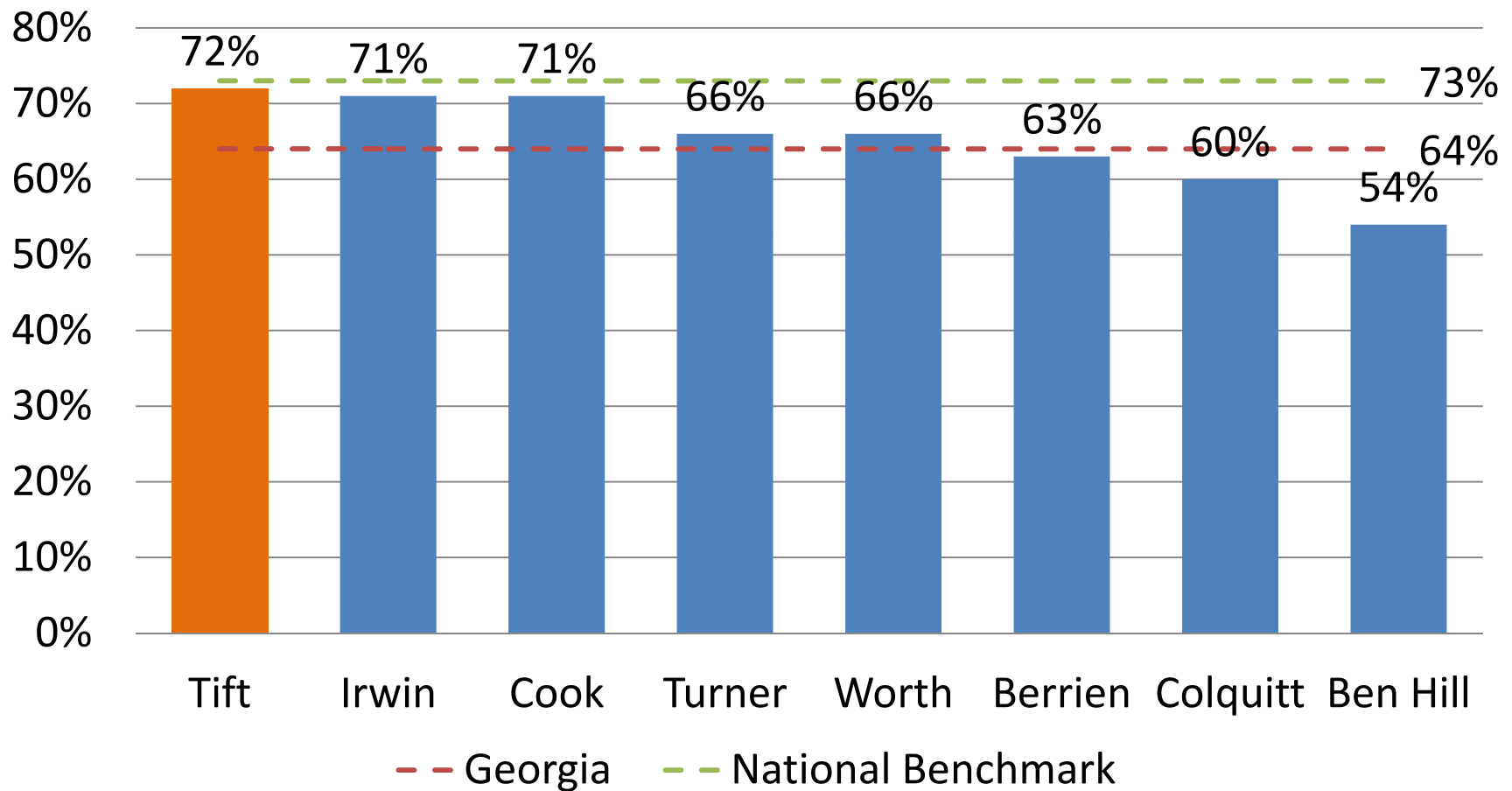
Source: County Health Rankings

% of Diabetic Medicare Enrollees that Receive HbA1c Screening, 2013



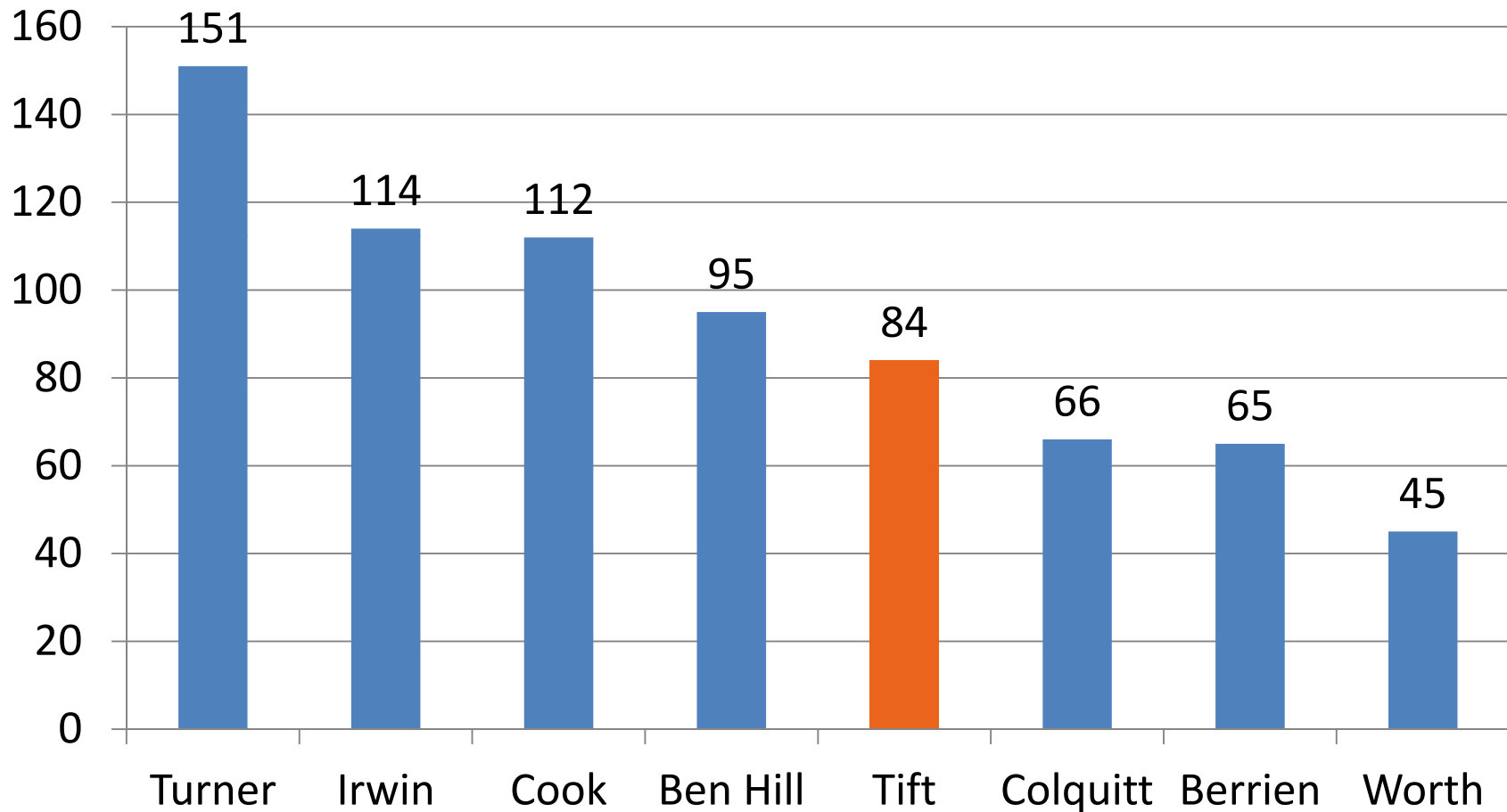
Source: County Health Rankings

Percent of Female Medicare Enrollees that Receive Mammography Screening, 2013



Source: County Health Rankings

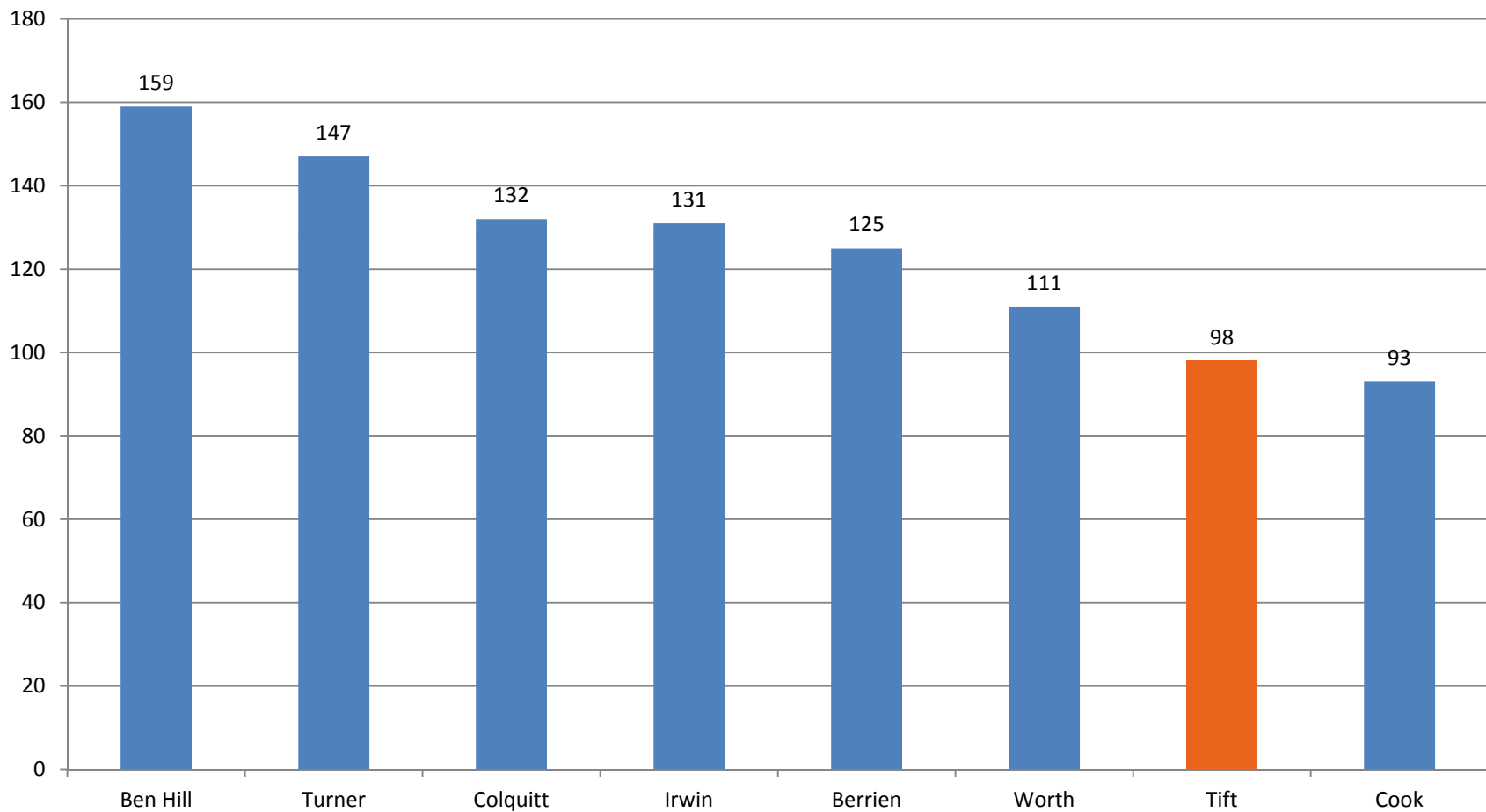
2013 County Ranking Mortality



Note: Higher number poorer ranking

Source: County Health Rankings

2013 County Ranking Morbidity



Note: Higher number poorer ranking

Source: County Health Rankings

Standard Mortality Ratio

County	Ratio
Ben Hill	High
Berrien	High
Colquitt	High
Cook	Expected
Irwin	High
Tift	High
Turner	High
Worth	High

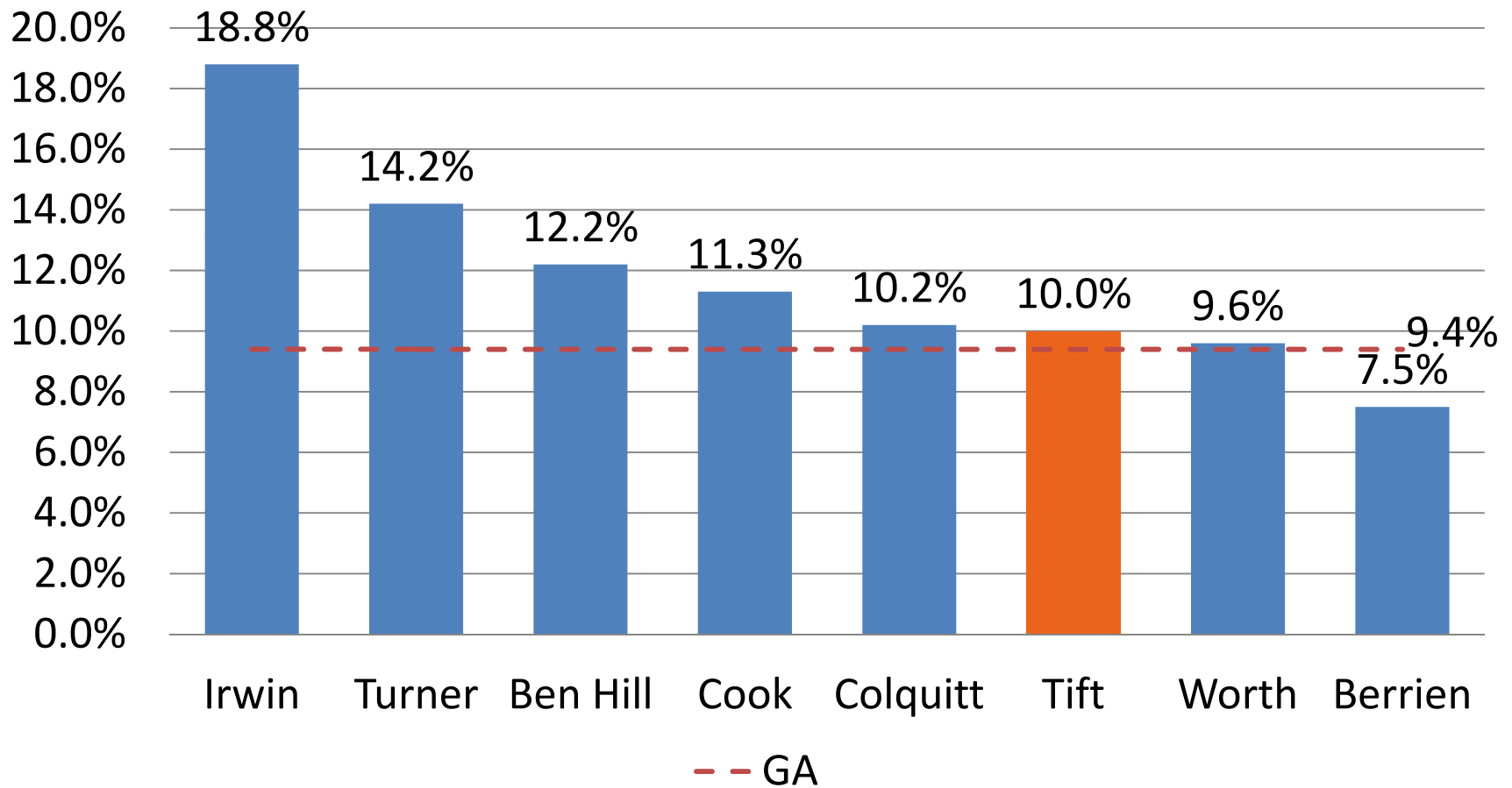
Source: Oasis

Standard Mortality Ratio

	Overall	Cancer	Cardiovascular	Respiratory Diseases	Endocrine, Nutri., Metabolic Diseases	Nervous System Diseases	Digestive Diseases	
Ben Hill			Obstructive Heart Disease					3
Berrien			Obstructive Heart Disease					2
Cook				Other Chronic Resp. Disease				1
Irwin					Diabetes			2
Tift					Diabetes	Alzheimer's		5
Turner								2
Colquitt			Obstructive Heart Disease HBP					6
Worth			Obstructive Heart Disease	Other Chronic Resp. Disease	Diabetes			4
	7	2	6	3	3	2	2	

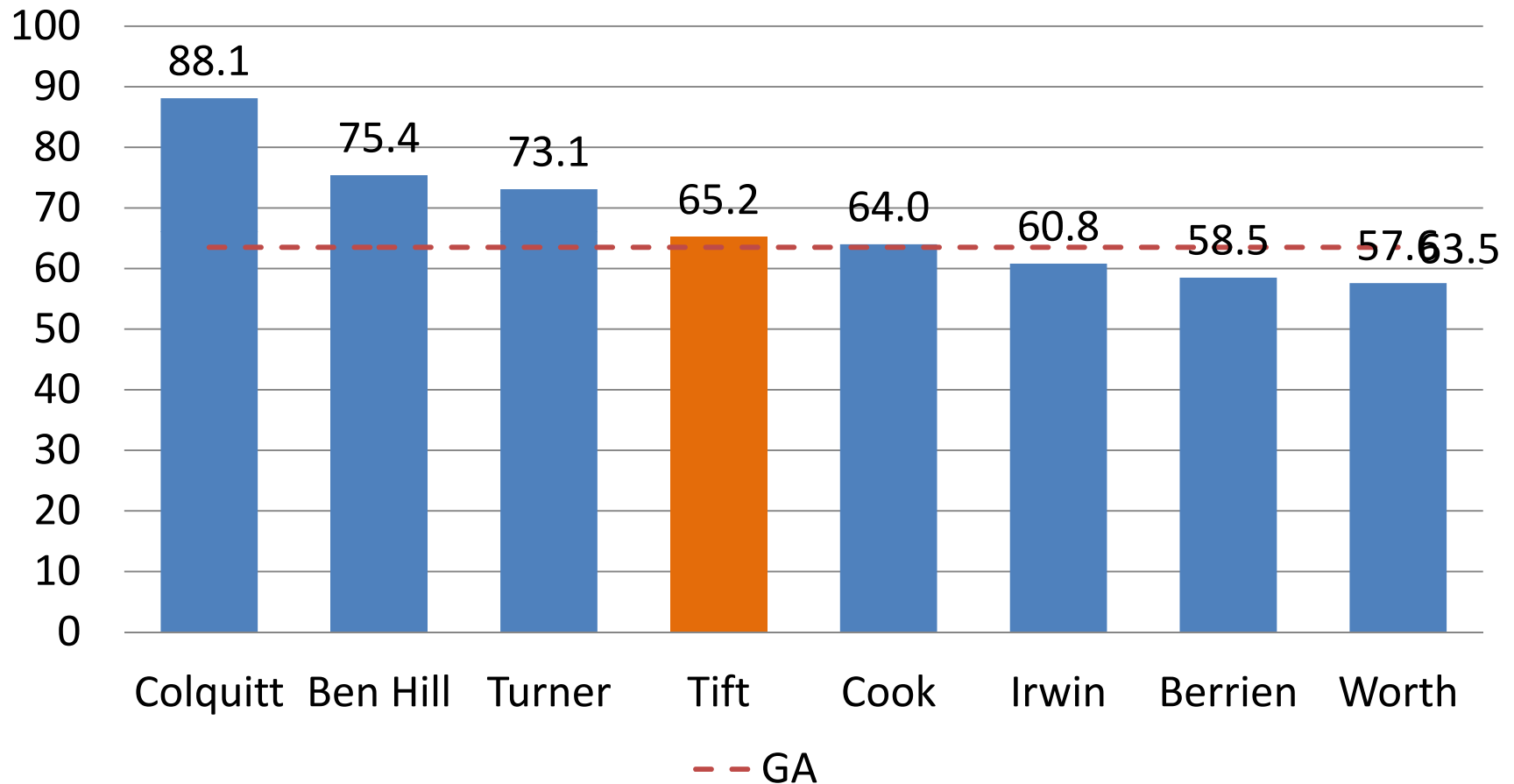
Source: Oasis

Low Birth Weight 2011 (<2500 grams)



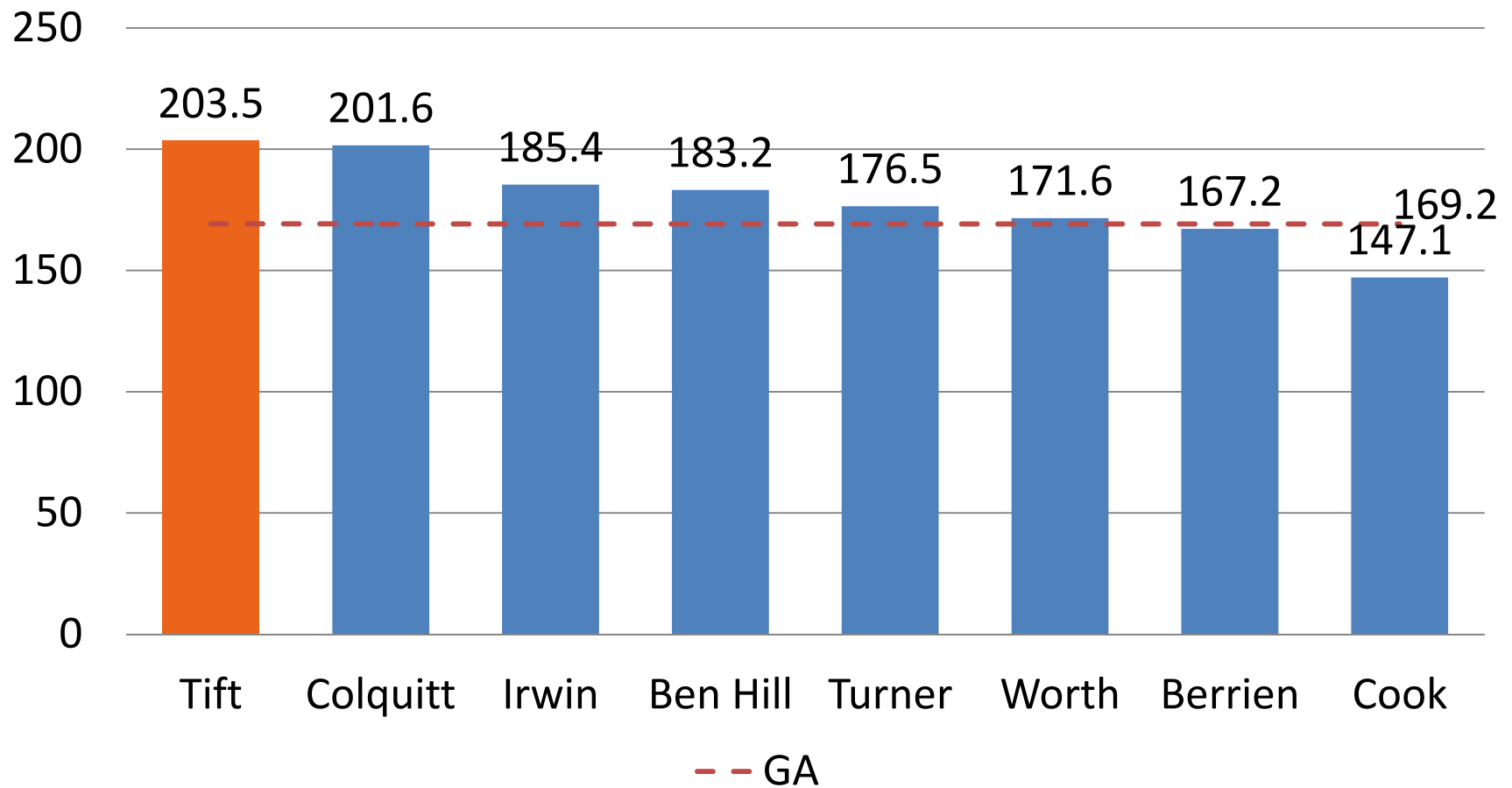
Source: Oasis

Live Births per 1,000 Females ages 15-44, 2011



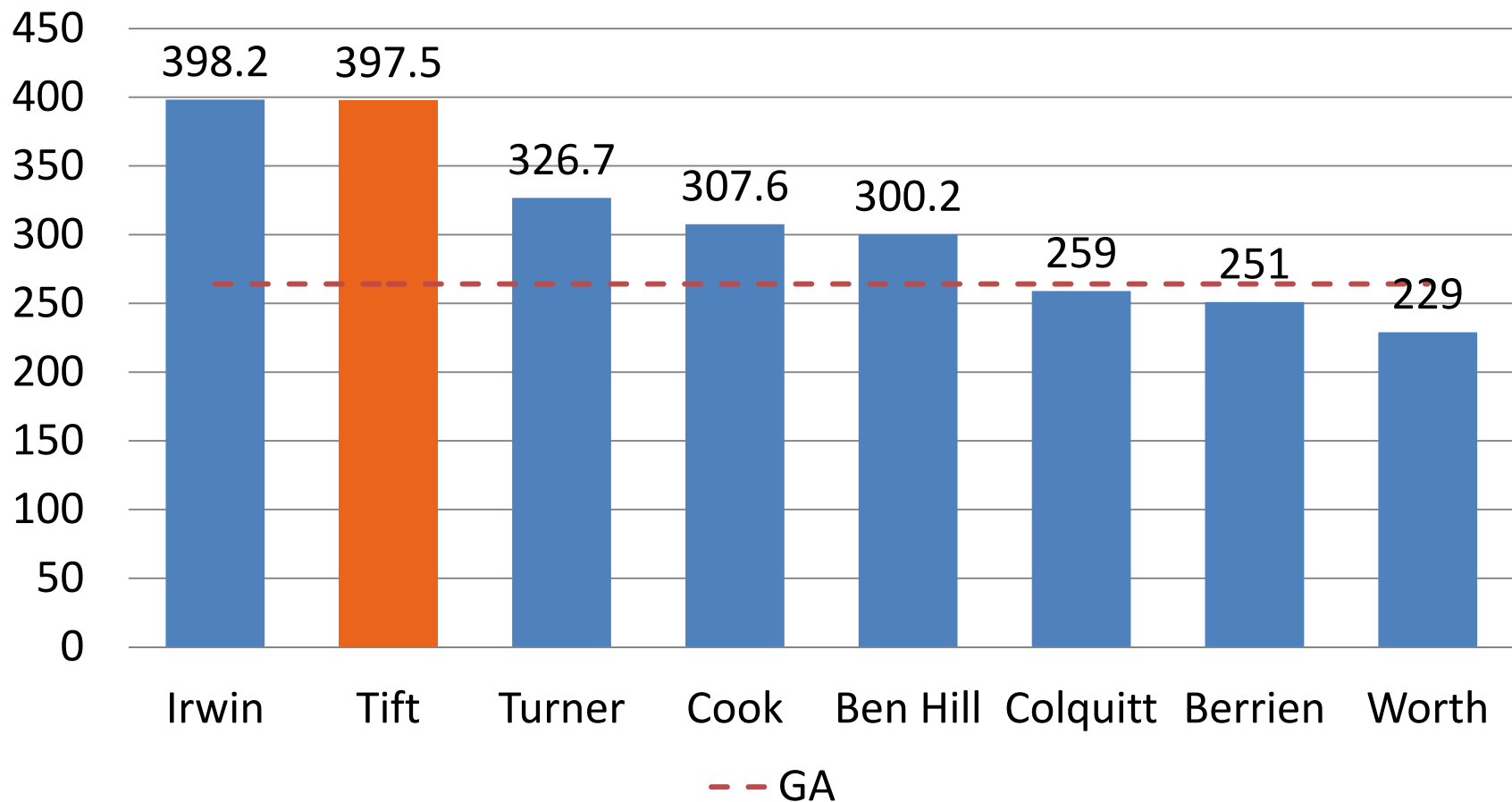
Source: Oasis

Age Adjusted Death Rate Cancer, 2011



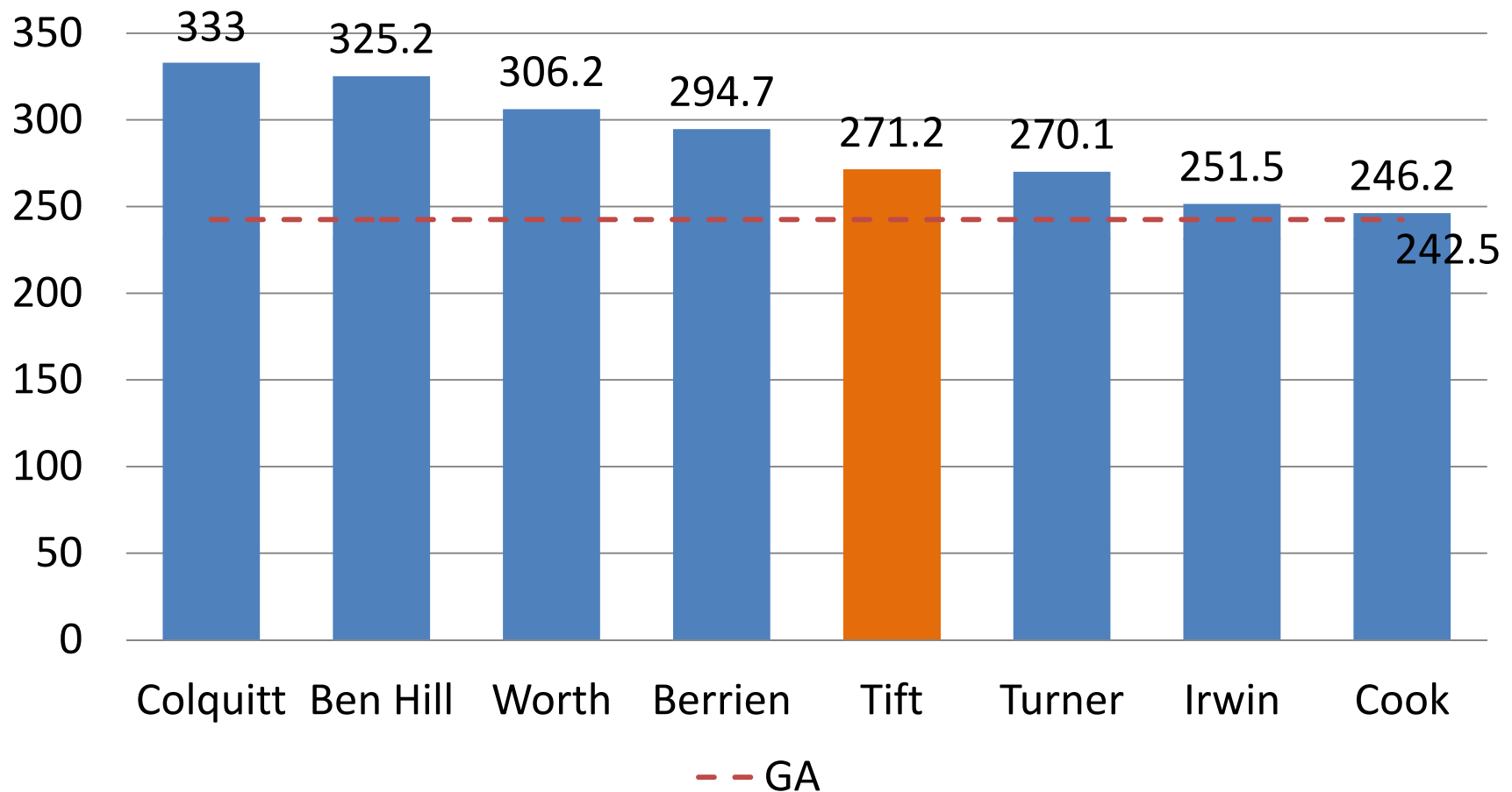
Source: Oasis

Age Adjusted Discharge Rate of Cancer, 2011



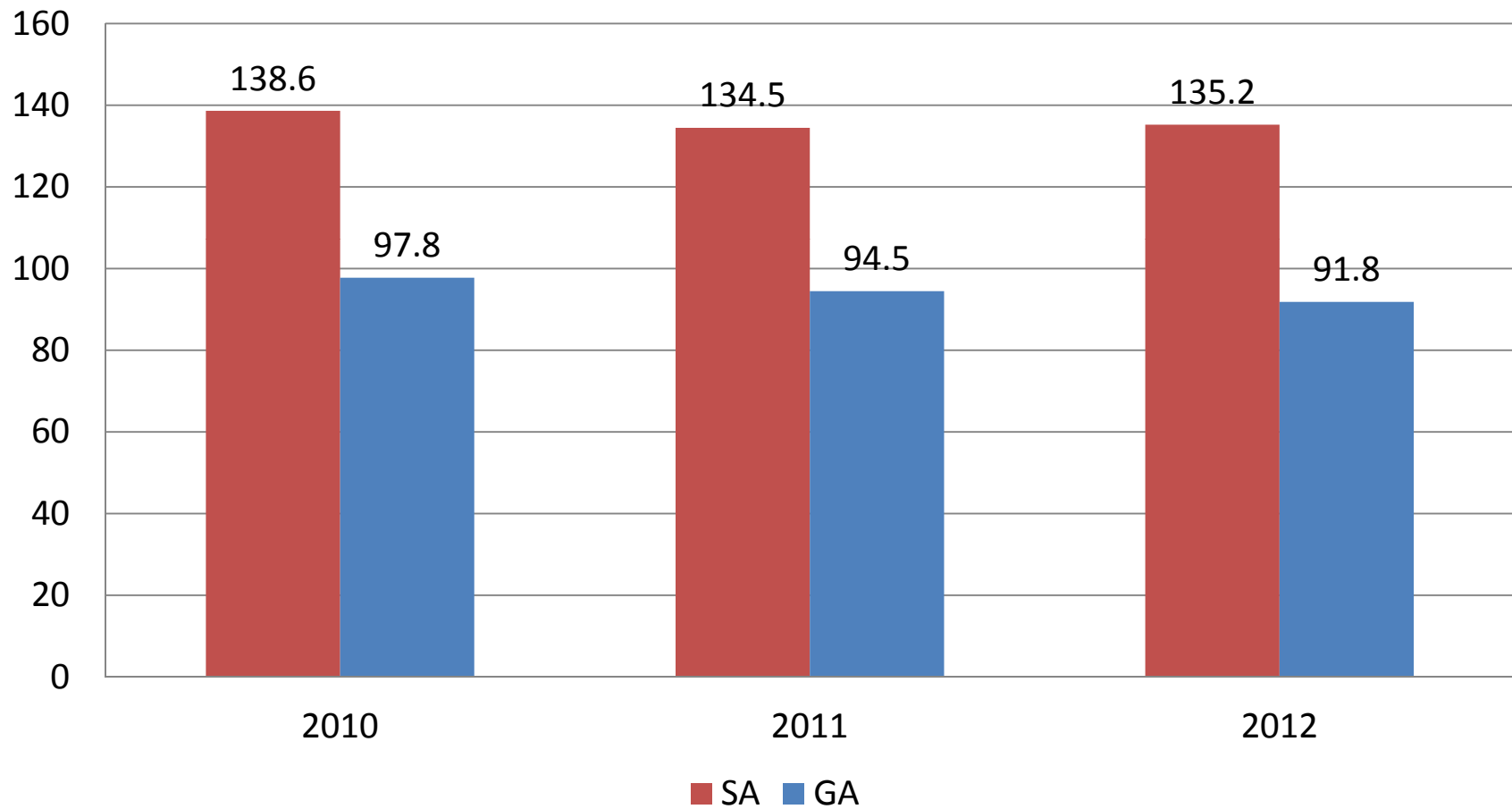
Source: Oasis

Age-Adjusted Death Rate Major Cardiovascular Diseases 2011



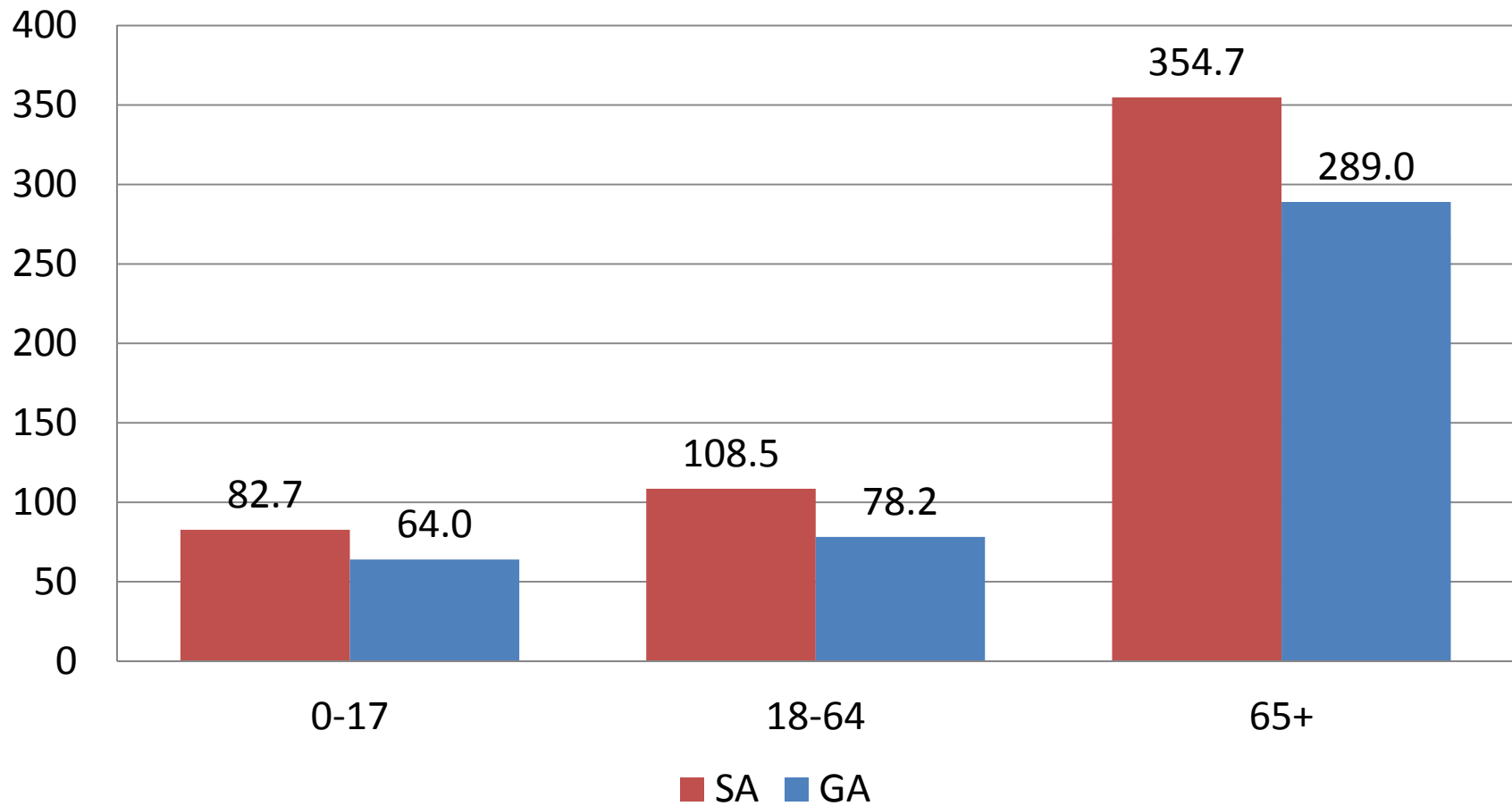
Source: Oasis

2012 IP Discharges per 1,000



Source: GHA Hermes

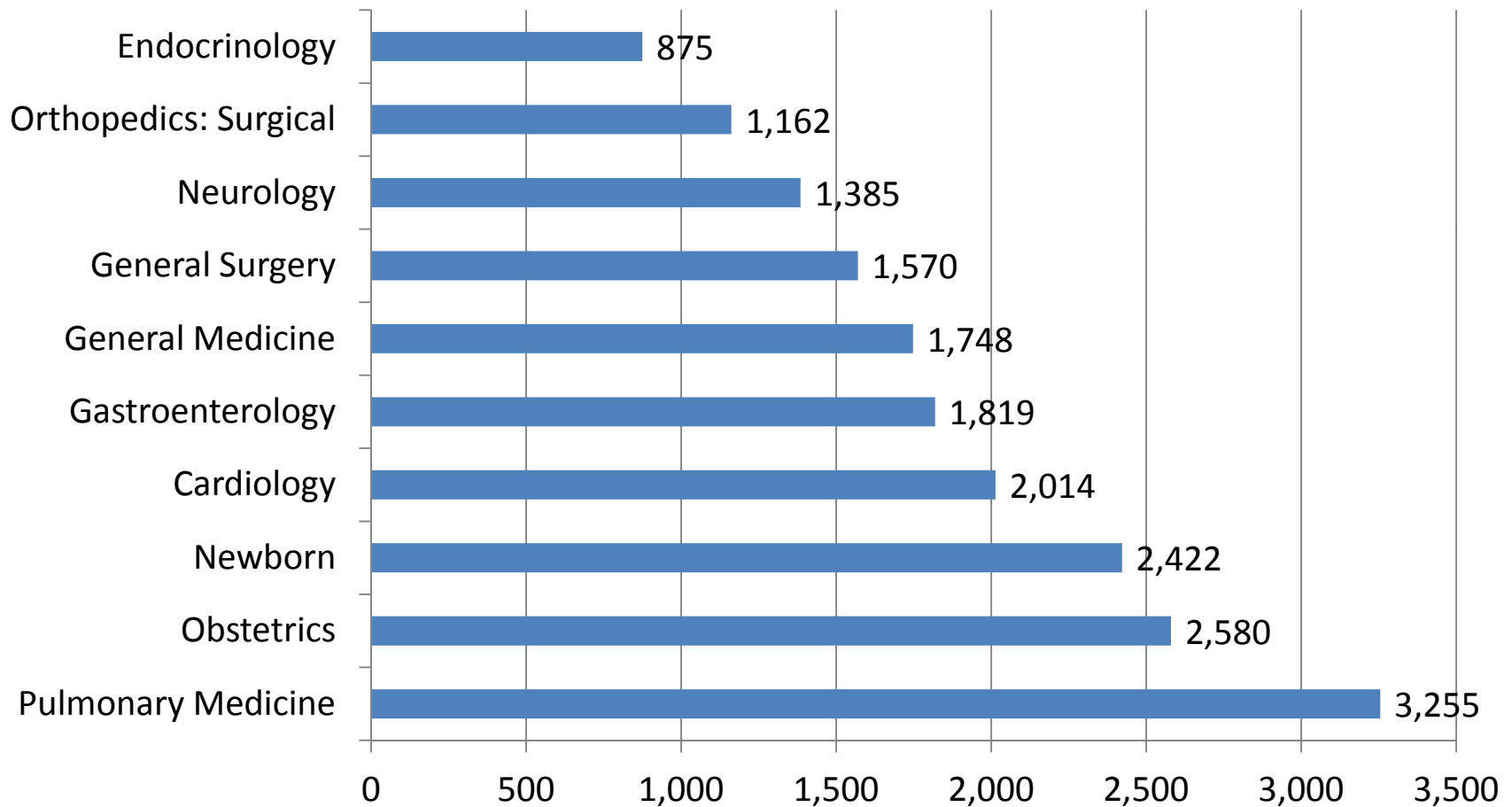
2012 IP Discharge Rates 1,000



Source: GHA Hermes

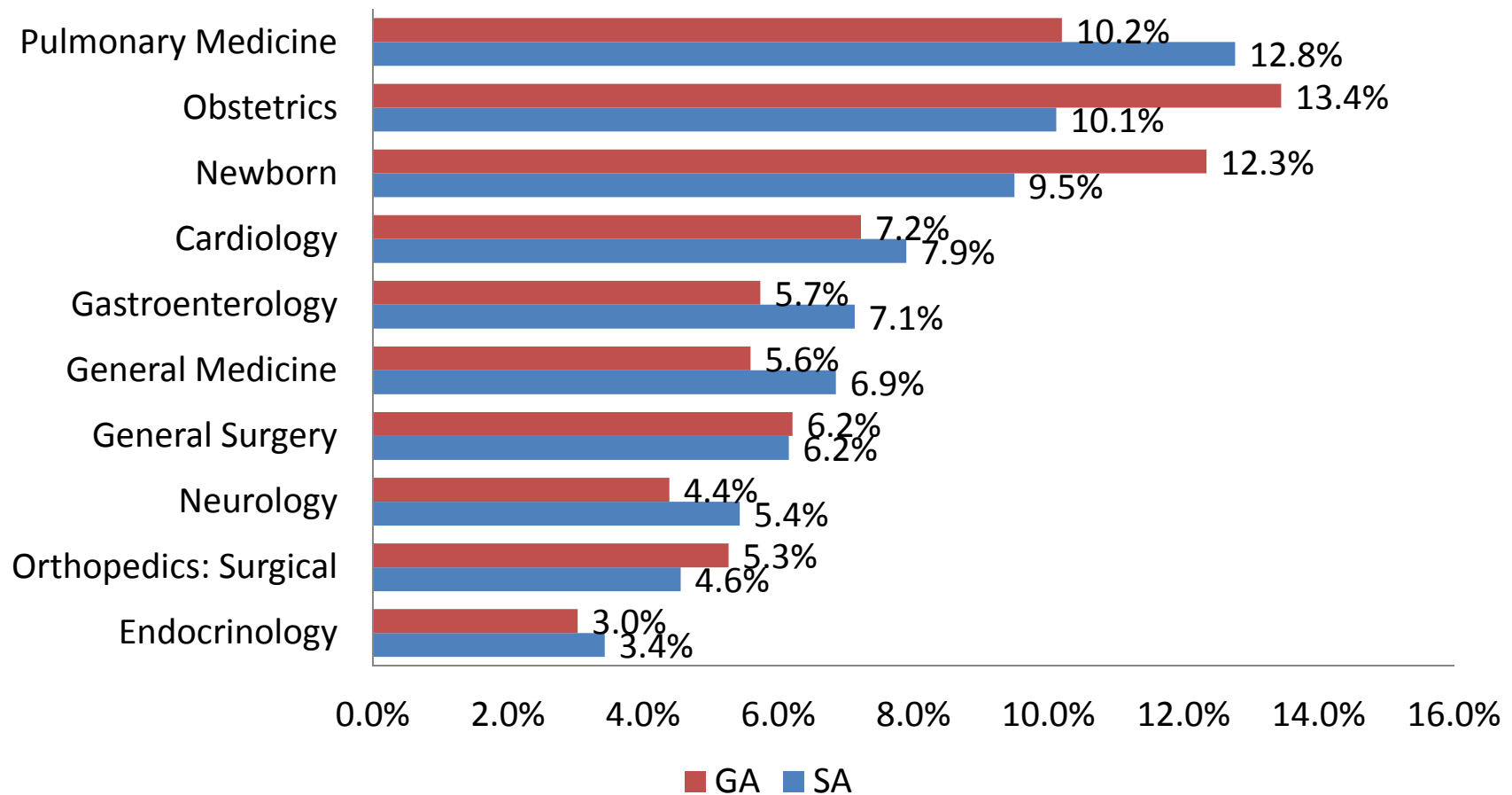
Source: GHA Hermes

“Top 10” IP Service Lines 2012



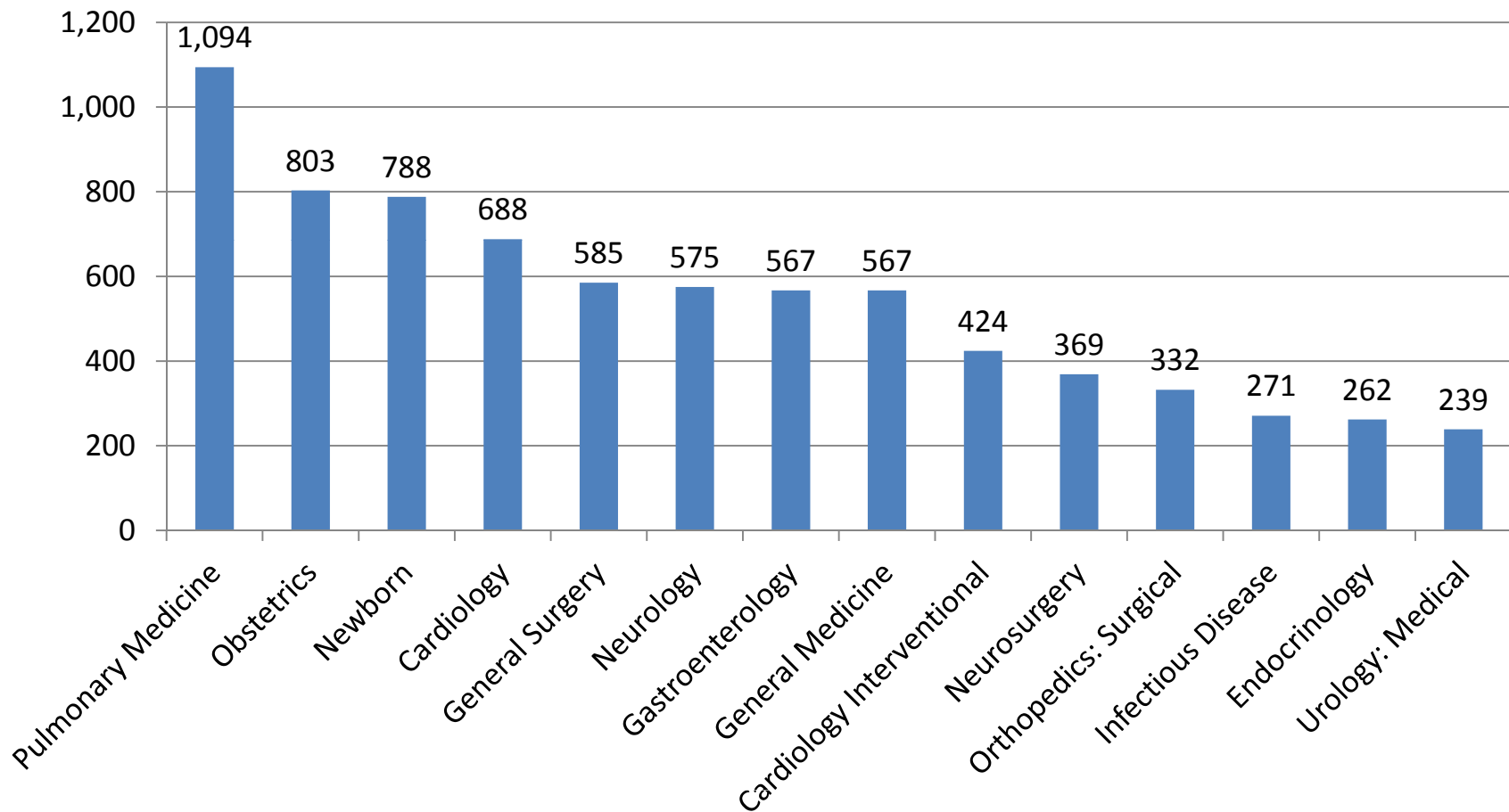
Source: GHA Hermes

Comparison of “Top 10” Service Lines (Percent of Total Discharges)



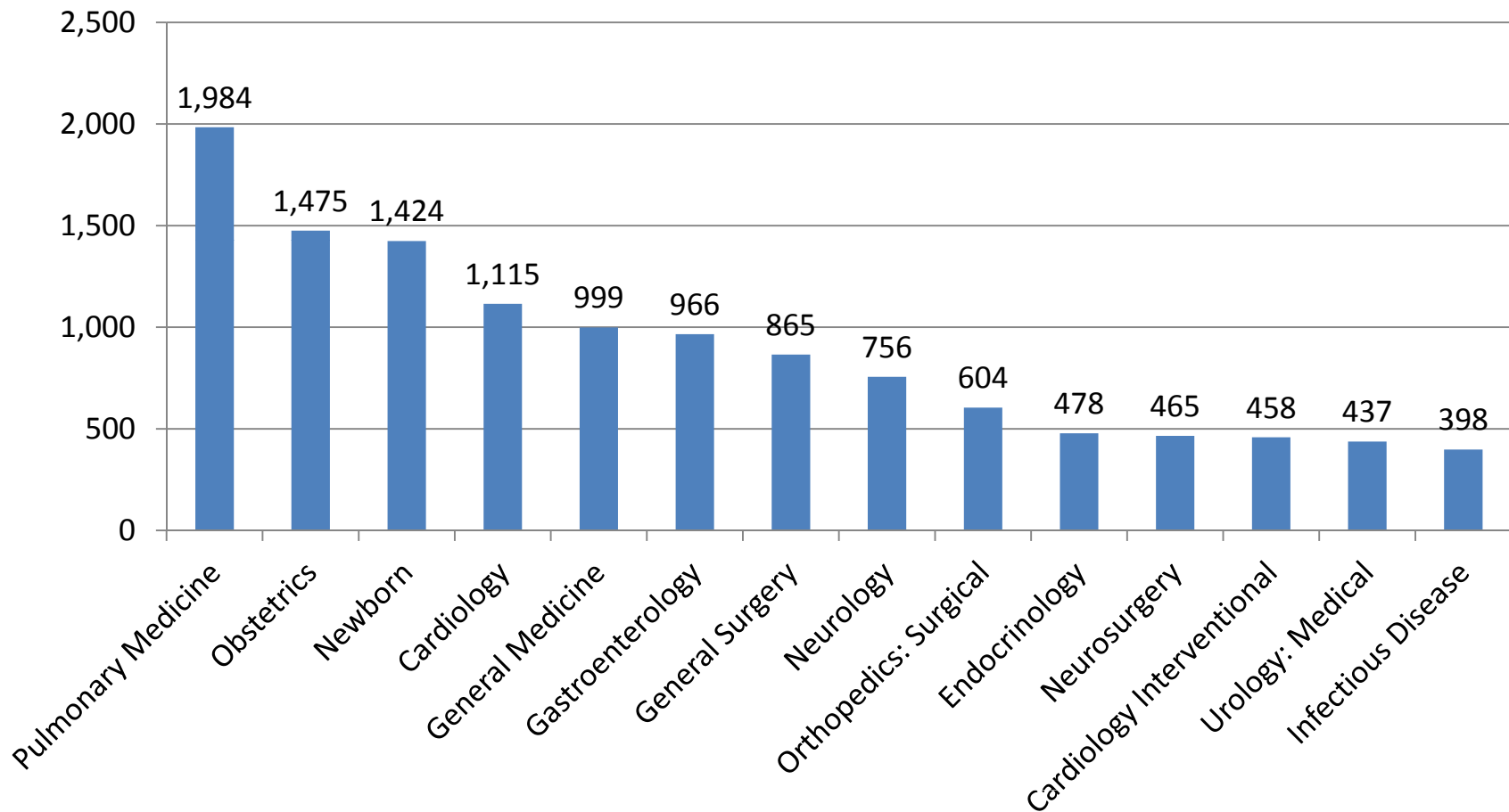
Source: GHA Hermes

Service Area Discharges from Hospitals Outside the Service Area



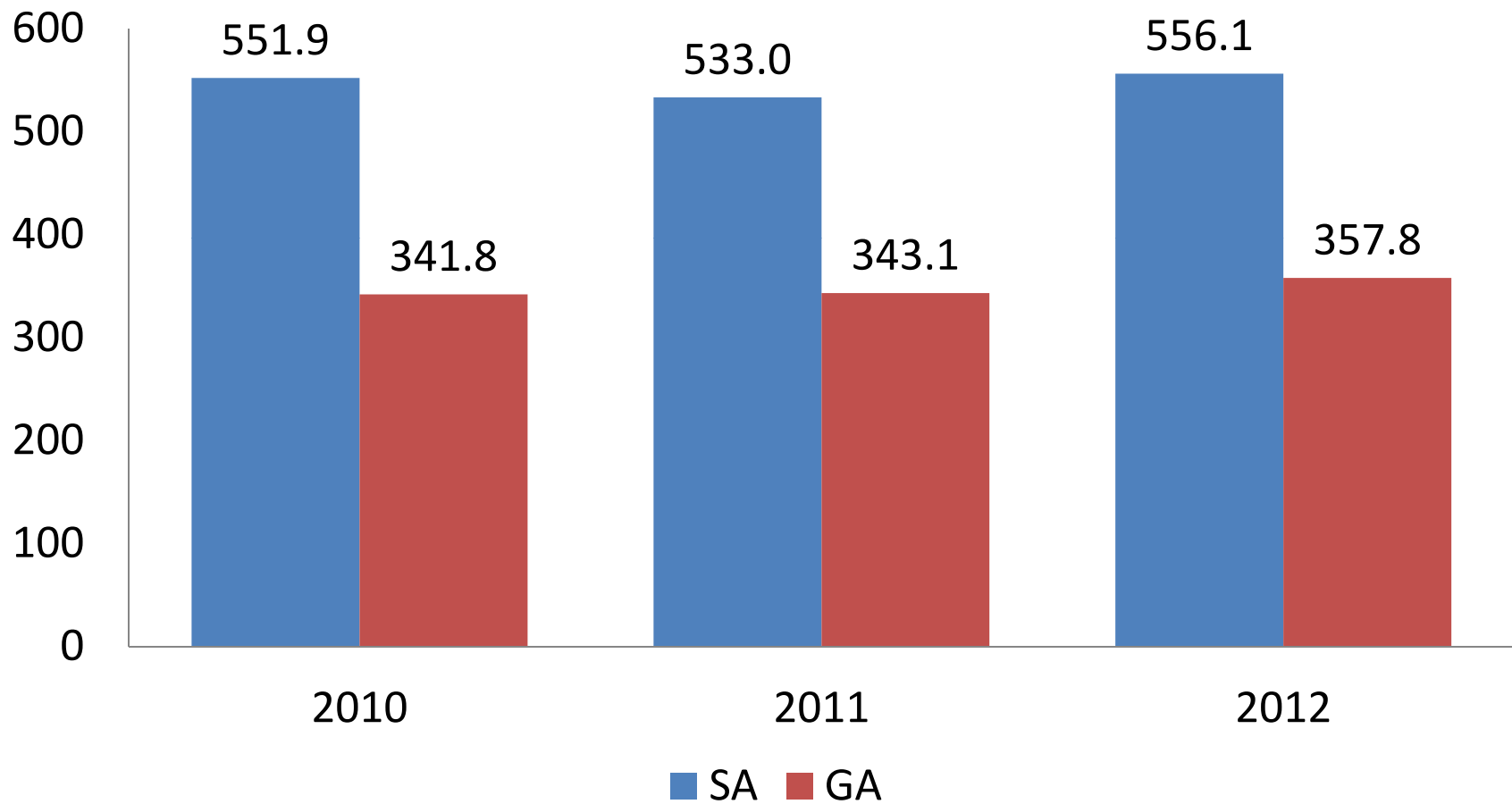
Source: GHA Hermes

Service Area Discharges from Hospitals Other than TRMC



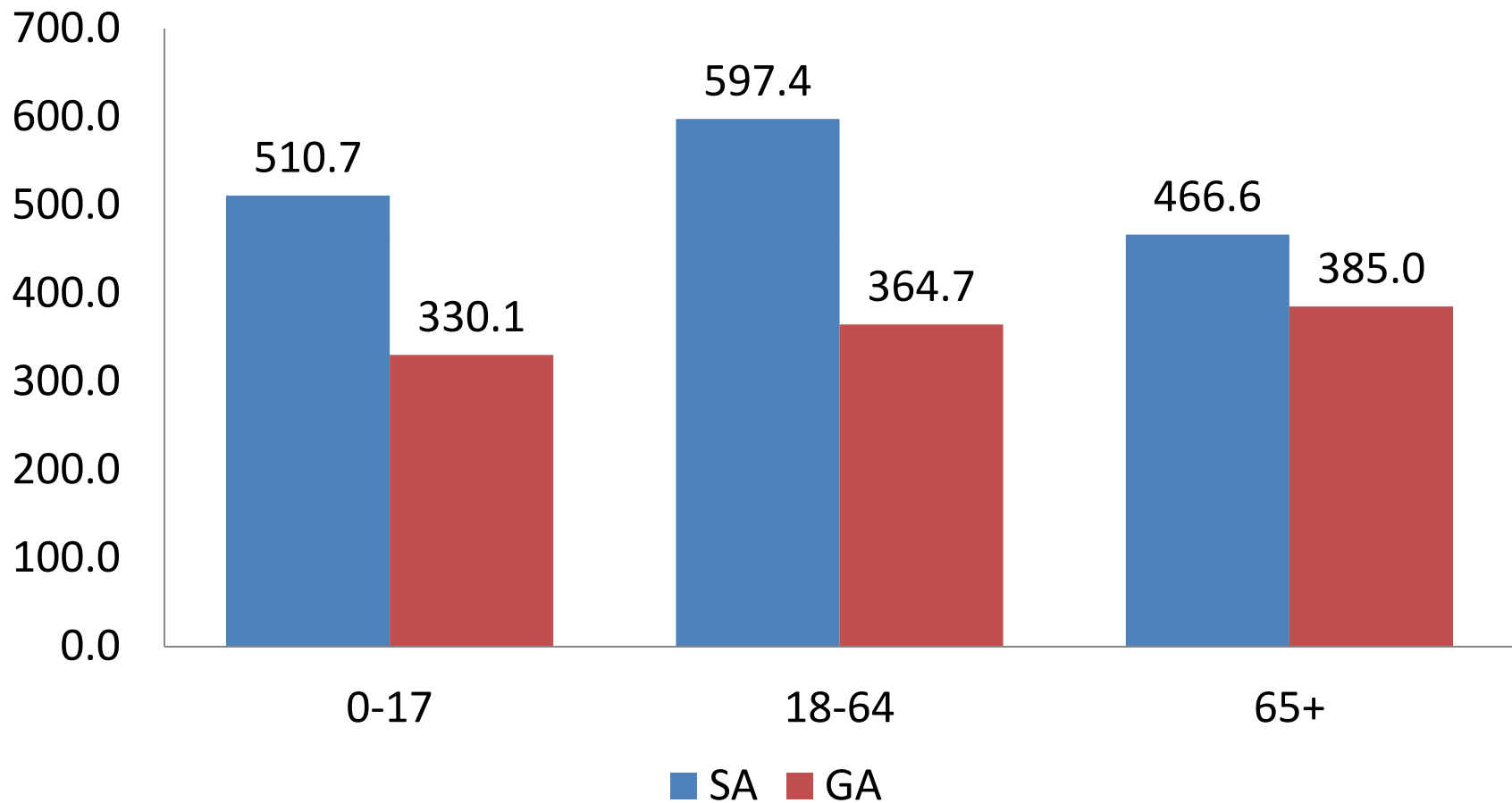
Source: GHA Hermes

Emergency Discharges per 1,000



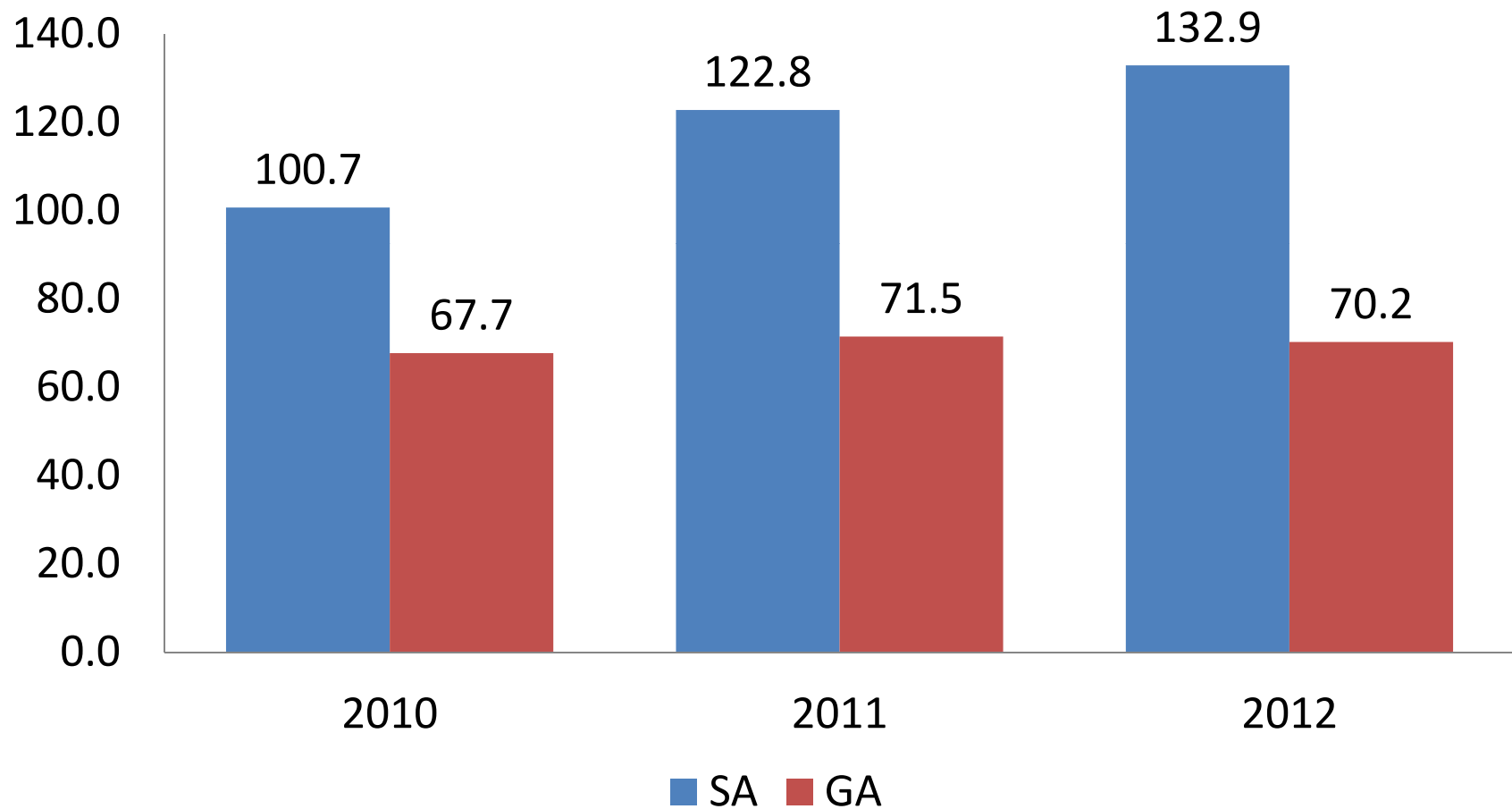
Source: GHA Hermes

2012 Emergency Discharge Rates



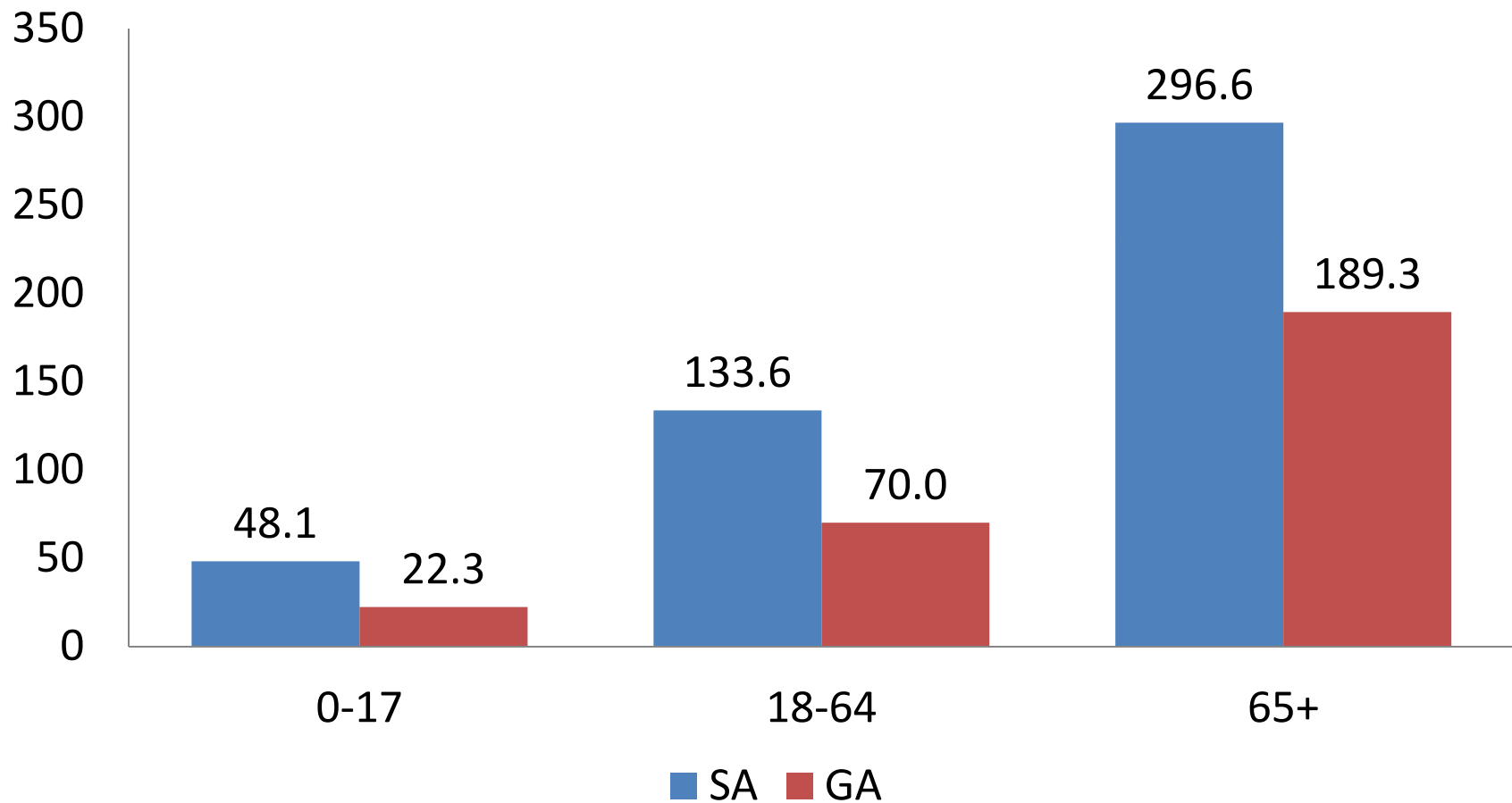
Source: GHA Hermes

2012 Ambulatory Surgery Discharges per 1,000



Source: GHA Hermes

2012 Ambulatory Surgery Discharge Rates



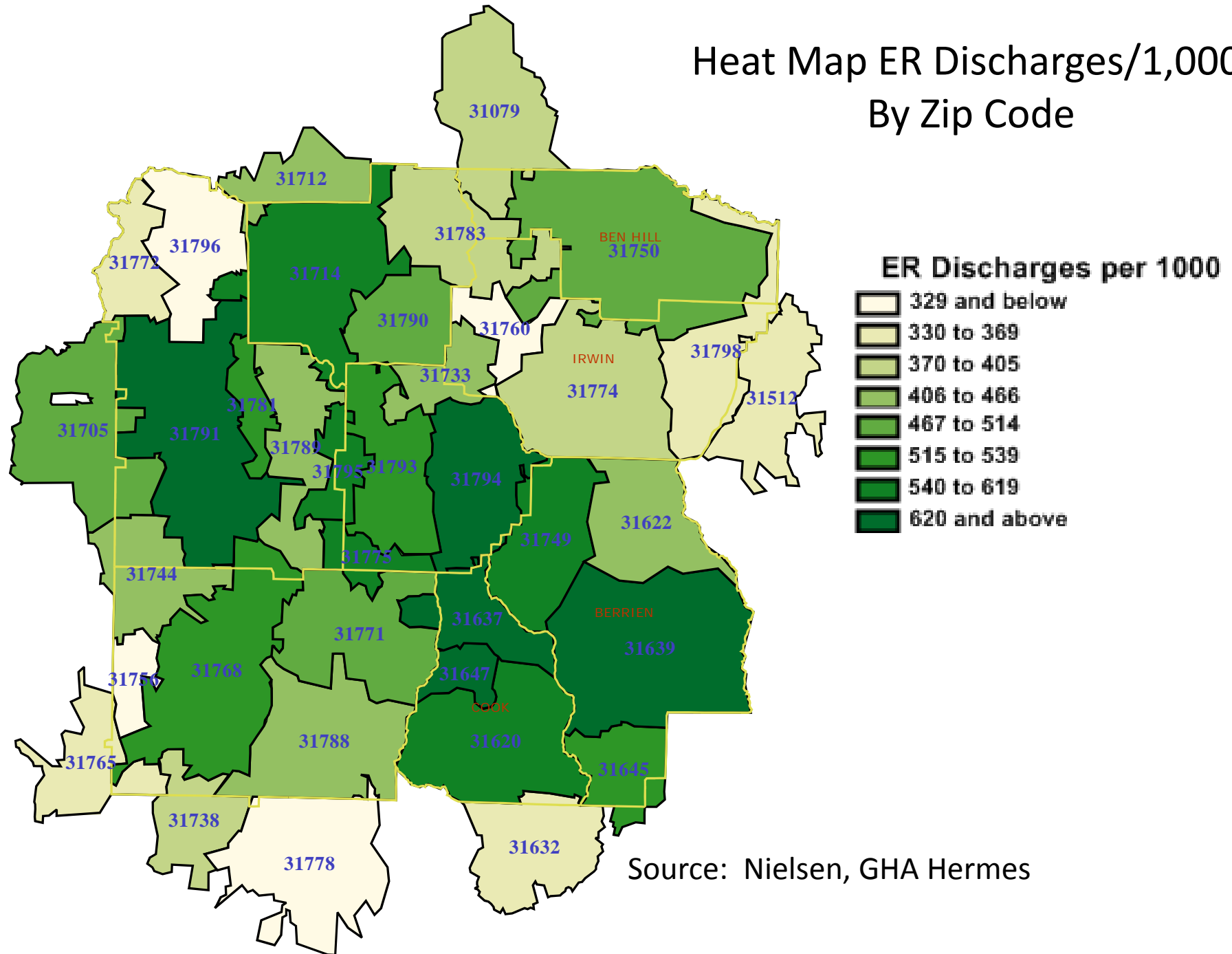
Source: GHA Hermes

Health Professional Shortage Areas

Professional Shortage Areas	Primary Medical Care	Mental Health	Dental
Ben Hill	Exists	Exists	Exists
Berrien	Exists	Exists	-
Colquitt	Exists	Exists	Exists
Cook	Exists	Exists	-
Irwin	Exists	Exists	Exists
Tift	-	Exists	-
Turner	Exists	Exists	Exists
Worth	Exists	Exists	Exists

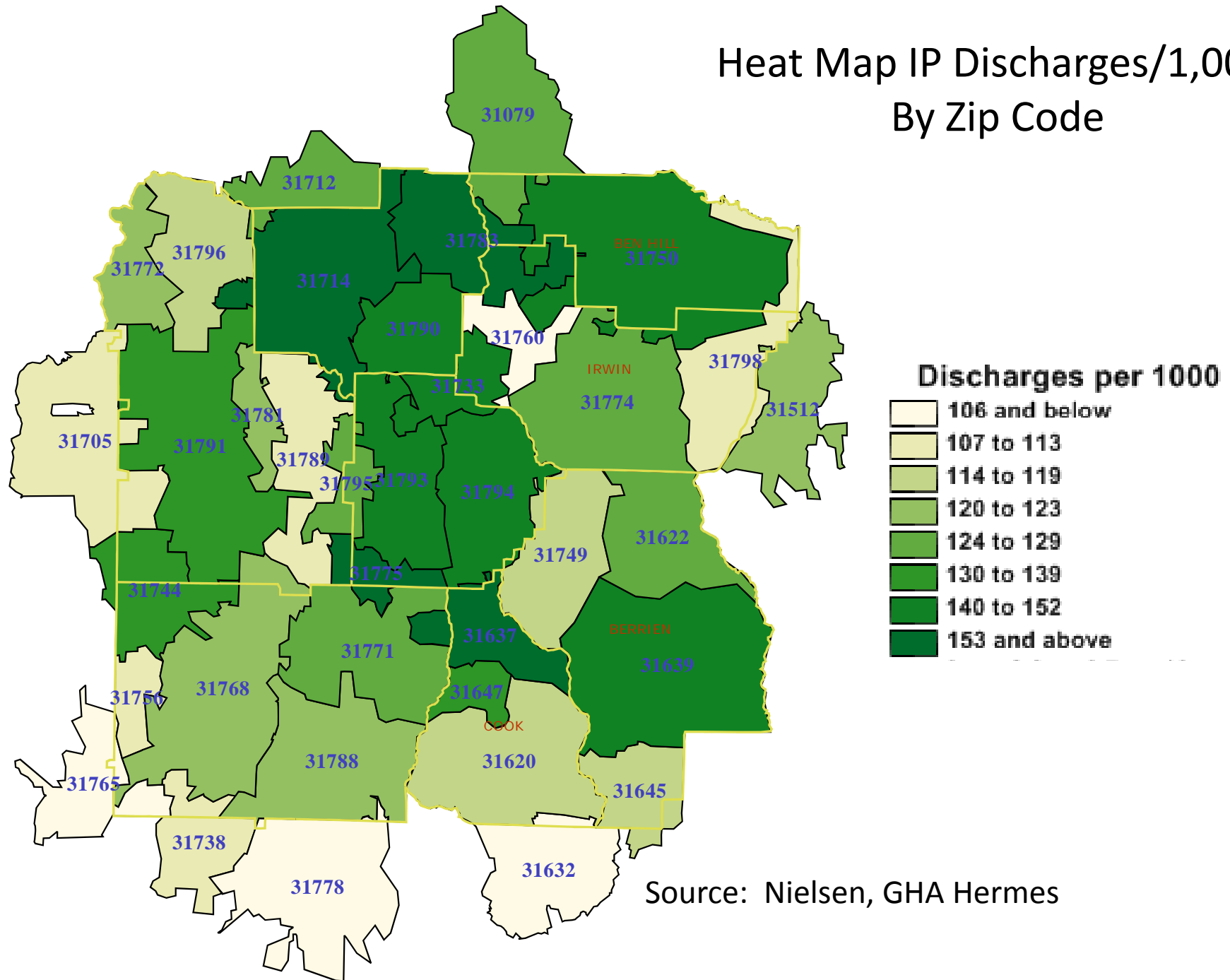
Source: HRSA

Heat Map ER Discharges/1,000 By Zip Code



Source: Nielsen, GHA Hermes

Heat Map IP Discharges/1,000 By Zip Code



Appendix C
Community Resources: Licensed Health Facilities and Services

TIFT REGIONAL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY RESOURCES

SERVICE	COUNTY
CARDIAC CATHETERIZATION SERVICES	
Colquitt Regional Medical Center	Colquitt
Tift Regional Medical Center	Tift
CHILD ABUSE PREVENTION	
CASAA	Tift
Child Abuse & Neglect Report	Tift
Child Abuse Services Report	Colquitt
Dept of Family & Children Services	Tift
The Patticake House	Tift
Tift CO. Council on Child Abuse	Tift
Tift County Commission on Children & Youth	Tift
CHILDREN & ADULTS WITH SPECIAL NEEDS	
Babies Can't Wait	Tift
Special Olympics	Tift
CHILD CARE & PRESCHOOL	
First Methodist Preschool	Tift
High Hopes Development Center	Tift
Kid's Advocacy Coalition	Tift
Maggie Campbell's Gingerbread House Early Learning Center	Tift
The Potter's House Childcare Center	Tift
CLOTHING	
Brother Charlie's Rescue Center	Tift
Goodwill Stores	Tift
CRISIS SERVICES	
Coastal Plain American Red Cross	Tift
Coastal Plain Area EOA, Inc.	Tift
Grace Recovery Home, Inc.	Tift
Pregnancy Care Center	Tift
Tift Co. Needy Children's Fund	Tift
DRUG ADDICTION CENTERS	
Behavioral Health Services of Ashburn	Turner
Behavioral Health Services of South GA	Tift
Cook County mental Health Center	Cook
lakeside Addiction Recovery Center	Tift
Tifton Addiction Associates	Tift
Turner County Behavioral Health Services of GA	Turner
Volunteers of America of Georgia Inc.	Cook
Worth County Mental Health Center	Worth

TIFT REGIONAL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY RESOURCES

SERVICE	COUNTY
ELDERLY	
Social Security Administration	Tift
Sowega Council on Aging	Colquitt
EMPLOYMENT	
Georgia Department of Labor	Tift
FOOD	
Ben Hill County Christian Kitchen	Ben Hill
Brother Charlie's Rescue	Tift
Colquitt Food and Clothing bank Inc,	Colquitt
Hope's Kitchen	Colquitt
Meals on Wheels	Tift
Tift Area Community Food bank Inc	Tift
Tifton Soup Kitchen	Tifton
HEALTH	
Children 1st Program	Tift
Hospice of Tiftarea	Tift
I'm a Big Kid Now-TRMC	Tift
Lice Solutions	Tift
Perinatal Case Management Program	Tift
Prepared Childbirth Class TRMC	Tift
Right from the Start Medicaid	Tift
WIC Program	Tift
HOME HEALTH AGENCIES	
Careone Home Health Services, Inc. Tifton	Tift
Colquitt Regional Home Care Services	Colquitt
Suncrest Home Health	Cook
Visiting Nurses Association of Greater Tift Co	Tift
HOSPITALS	
Berrien County Hospital	Colquitt
Colquitt Regional Medical Center	Tift
Cook Medical Center a Campus of Tift Regional Medical Center	Irwin
Irwin County hospital	Ben Hill
Phoebe Dorminy Medical Center	Worth
Phoebe Worth Medical Center	Cook
Tift Regional Hospital	Berrien
Turning Point Care Center, LLC	Turner

TIFT REGIONAL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY RESOURCES

SERVICE	COUNTY
LNRASC Ambulatory Services Center	
Moultrie urology ASC	Colquitt
Tiftarea Endoscopy Center, Inc.	Tift
Tifton Endoscopy Center, Inc.	Tift
MENTAL HEALTH	
AR Psychiatric & Counseling Center	Tift
Horizon Academy	Tift
NURSING HOMES	
Barrien Nursing Center	County
Beverly Healthcare	Berrien
Brownwood Nursing Home	Tift
Golden Living Center	Colquitt
Heritage healthcare at Magnolia Manor	Tift
Heritage Healthcare of Ashburn	Colquitt
Leroy Rogers Senior Center	Turner
Osceola Nursing Home	Tift
Palemon Gaskins memorial Nursing Home	Irwin
Sylvester Health Inc.	Irwin
Tift Healthcare, Inc.	Worth
Transitional Care Center	Tift
Woodlands Living Center	Tift
	Colquitt
PARENTING CLASSES	
Lifehouse Ministries	Tift
PUBLIC HEALTH DEPARTMENT	
Berrien County Health Department	Berrien
Cook County Health Department	Cook
Georgia Dept of Public Health	Worth
Public Health home Health Inc.	Tift
Public Health Support Service	Ben Hil
Tift County Health Department	Tift
Turner Health Department	Turner
RECREATIONAL SERVICES	
Tift County Recreation Department	Tift
RESOURCE AND REFERRAL	
Child Care Resource & Referral	Tift
Ruth's Cottage	Tift
Southwest Georgia Resource Center	Worth

TIFT REGIONAL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY RESOURCES

SERVICE	COUNTY
SOCIAL SERVICES AGENCIES	
American Heart Association	Tift
American Legion	Ben Hil
American Red Cross	Tift
American Red Cross	Colquitt
Berrien County Family Service Department	Berrien
Berrien County Offices	Berrien
Brotherhood-Railroad Signalmen	Ben Hil
Casa Coastal Plain	Tift
Casa Coastal Plain	Worth
Christian Counseling Services of Georgia	Tift
Coastal Plain Area Eoa Inc	Turner
Community Services	Berrien
Fitzgerald Community Coalition	Ben Hil
Fresh Start Help Center	Tift
Georgia State Government	Tift
Georgia State Government	Colquitt
Georgia State Government	Ben Hil
Georgia State Govt-Tift co Dfacs	Tift
Green Oak Ctr	Colquitt
Habitat For Humanity	Colquitt
Helping Hands of Irwin County	Irwin
House of Grace	Cook
Ocilla Housing Authority	Irwin
Options-Living Hazel Merchant	Tift
Providence Community Crrctns	Colquitt
Salvation Army	Tift
Society of St. Andrew	Tift
Tift Area Officials Inc.	Tift
Tift Chamber	Tift
Tifton County CSBG	Tift
United Way-Colquitt County	Colquitt
US Department of Health and Human Services	Tift
Volunteers of America	Cook
Worth County Neighborhood Service Center	Worth

TIFT REGIONAL MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT
COMMUNITY RESOURCES

SERVICE	COUNTY
TRANSPORTATION	
Tift Lift Transit	Tifton
YOUTH & MENTORING PROGRAMS	
Boy Scouts of America	Tift
Boys & Girls Club of Moultrie	Colquitt
Child Advocacy Center	Tift
Child Advocacy Center Colquitt	Colquitt
Commision-Children & Youth	Cook
Girl Scouts of SW Georgia	Tift
Irwin County Family & Children	Irwin
Patticake House	Tift
PLIGHT, Inc.	Tift
Tift County Commission On Children and Youth	Tift
Tift County Family & Children	Tift
Tiftarea YMCA	Tift
YMCA	Colquitt
Youth Abstinence Program	Tift
Youth Crime Prevention Program	Tift

Sources:
Yellow Pages Social Services
Tift County Commission on Children & Youth Brochure