SOUTHWELL

Community Health Assessment and Strategic Overview - SYSTEM

Tift Regional Medical Center (Tifton) and Southwell Medical (Adel)

March 2021

Presented by

crescendo

Introduction & Executive Summary

Every three years, Southwell/Tift Regional Health System (TRHS) conducts an assessment of the wellness and needs of community members, as well as of the available resources to fulfill their needs. The resulting document which follows is known as the Community Health Needs Assessment (CHNA). It is used as a blueprint over the succeeding years to develop or support programs and services aimed at fulfilling the identified needs. The 2020-2021 CHNA process includes two very similar documents: one CHNA for the hospital in Tifton, and one for the hospital in Adel. Both assessments have similar content yet, where differences in the list of prioritized needs exist, they are clearly presented.

To conduct the CHNA, Crescendo used a mix of qualitative and quantitative primary research, reviewed secondary research, conducted focus groups, interviewed members of the community, and completed the needs prioritization process which updated the community's needs. Some data and information are consistent with the previous CHNA, whereas other new topics came to light during this round.

One defining characteristic of this CHNA cycle is the fact that it was completed during the COVID-19 pandemic. This caused many changes as compared to previous years, including not conducting in-person focus groups, the inability to host in-person events (such as the Hispanic festival, La Fiesta Del Pueblo) where additional community survey data was collected, and others. The pandemic globally has caused an increase in anxiety, depression, and fear and has brought to light both the importance and lack of behavioral health services and the associated providers. And finally, the pandemic has caused many Americans to delay getting the appropriate care they needed, both management of chronic conditions and some acute conditions as well. Future CHNAs will help to determine the aftermath of the pandemic and how to best pivot to address the as-yet unknown community health needs.

More information is provided in this report, but briefly, the top ten prioritized needs are:

Rank	Health Need	Domain
1	Transportation services for people needing to go to doctor's appointments or the hospital	Access to Care
2	Access to healthful food	Access to Care
3	Affordable prescription medications	Access to Care
4	Senior health services – care coordination	Care Coordination Services
5	Substance abuse screening, intervention, treatment, care coordination	Care Coordination Services
6	Senior's health services – diagnostic and treatment	System Capacity

7	Senior's health services – Dementia spectrum services for Alzheimer's, etc.	System Capacity
8	Behavioral health services for adults for depression, anxiety, or other mental health conditions other than substance abuse	System Capacity
9	Wellness initiatives for adults – exercise and nutrition	Access to Care
10	Obesity – education and prevention	Access to Care

History, Mission and Vision

Southwell/ Tift Regional Health System (TRHS) is an economic and healthcare pillar in the community. Tift Regional Medical Center (TRMC) is the 181-bed flagship regional referral hospital for TRHS. The new Southwell Medical (previously known as Cook Medical Center) includes the Sylvia Barr Center, a 12-bed geriatric psychiatric unit, and Southwell Health and Rehabilitation (previously known as the CMC Cook Senior Living Center), a 95-bed skilled nursing facility.

Serving South Central Georgia, Southwell/TRHS works to improve the quality of life of area residents and visitors by providing acute care medical services and specialized medical care, such as women's health, oncology, radiology, neurodiagnostics, cardiovascular care, orthopedics, surgical services, geriatric mental health, and about 25 other specialties. 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 Southwell Medical. Additional locations include the Tifton Physicians Center (located near the TRMC main campus), a medical office building; numerous system-owned clinics, expanding throughout South Central Georgia; the West Campus, located strategically at the intersection of I-75 and US 41; and the new Mobile Clinic, which can service more remote parts of the area. Taken together, these position Southwell/ TRHS as the core of the healthcare system in the Tift County Primary Service Area (PSA), as well as the eleven adjacent counties that comprise the Secondary Service Area (SSA).

The Community Health Needs Assessment (CHNA) will help Southwell/ TRHS continue to focus its efforts on community needs that the health systems' inpatient hospitalization, outpatient services, and integrated care capabilities can positively impact. TRHS's prominent role in this area underscores the importance of the CHNA and the associated research proposed in this document.

> "Our mission is to deliver a lifetime of quality and compassionate care for each patient we serve."
> – Tift Regional Health System Mission Statement

The previous CHNAs provided Southwell/ TRHS with in-depth assessments 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. The 2021 approach encompasses the same broad definition of "health" consistent with that reflected in the TRHS mission statement.

For Southwell/ TRHS, strategic objectives include staying informed not only about the health needs of the community, but also ensuring an appropriate number of medical personnel to care for them. Therefore, research to create a Medical Staff Development Plan was conducted concurrently with the CHNA, and the culmination of that is included here as well.

CHNA Requirements

Some of the key requirements of the Community Health Needs Assessment, as directed by the guidelines reflected in the Affordable Care Act and as noted in the Internal Revenue Service document: Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)[1]

1. Define the community it serves.
2. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
3. Describe activities taken to address pprevious Community Needs rankings
4. Assess the health needs of that community.
    1. Clear methodology to identify needs and to prioritize needs
    2. A distinct list of prioritized needs
    3. A resource guide or other information available to help community members locate services
5. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
6. Make the CHNA report widely available to the public.

[1] U.S. Internal Revenue Service. Available at https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Definition of the Community Served

Service Areas

There are essentially two major types of service area definitions used for CHNAs, and both have been included here for reference.

- **Patient Origin**: The Patient Origin approach is the most commonly used for many CHNA analyses. The service area – PSA and SSA – lists contiguous and/or marketing areas until a specified percentage (75%-85% typically) of total patient origin is reached: 50-60% for primary service area (PSA) and 25% or so for the secondary service area (SSA). Most hospitals use county boundaries to simplify their service area definitions. It is also most common where hospitals have a fairly high (>50% market share). Southwell/ TRHS data shows that Inpatient, Medicare Fee For Service market share in the three PSA counties is 60.3%; in the Emergency Department, nearly 70% of patients live in the PSA counties.
- **Regional Approach**: The regional strategy defines a service area as geographically large as possible (up to 75% for the PSA and 15% for the SSA, for a total of 90% in their service area). This approach includes counties (or zip codes) where the hospital has very low market share.

Patient Origin Approach

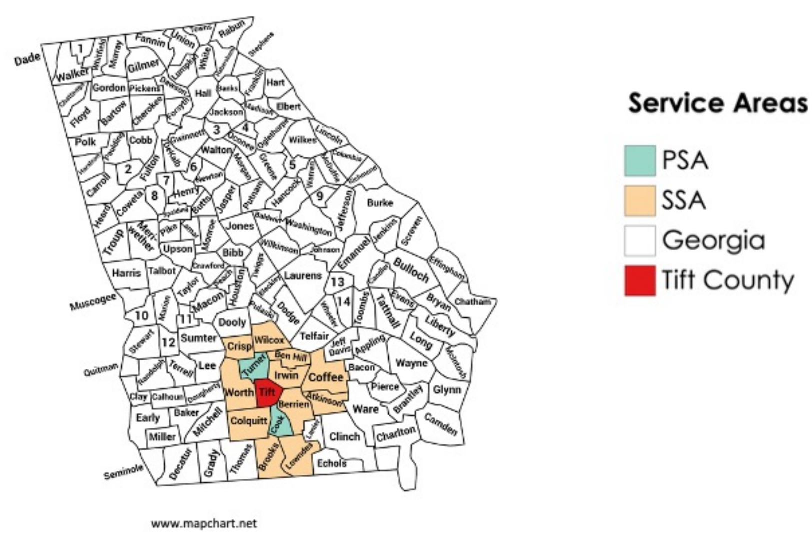
For purposes of this CHNA, data from the Patient Origin Approach will be referenced throughout the document. The Southwell/ TRHS Service Area includes 14 counties in South Central Georgia. Due to the health system's expansion, two additional counties (Brooks and Lowndes) bordering Florida were added to this report as compared to previous reports.

Primary Service Area (PSA)

- Tift County
- Turner County
- Cook County

Secondary Service Area (SSA)

- Atkinson County
- Ben Hill County
- Berrien County
- Brooks County
- Coffee County
- Colquitt County
- Crisp County
- Irwin County
- Lowndes County
- Wilcox County
- Worth County



Staff at Southwell / TRHS ran a report for patients by claim transmission date for CY19 using the following qualifications, and that table is included below for reference.

- Limited population to patients with encounter type class of Inpatient.
- Qualified to patients with a Home zip code matching the list in the table below.
- Qualified financial class to Medicare & Medicare Advantage
- Excluded MCR UHC Adv and MCR Aetna Adv since we have contracts with these.
- Excluded any claims with a "Canceled" status.
- Pulled claims with a benefit order HP status equal to "Complete"

Zip Code *	City	Primary Service	Medicare Claim payment amount ** (Inpatient FFS claims for CY 2019)	TRHS Inpatient FFS claims for CY 2019	PSA Market
31620	Adel	Cook	4,705,470.60	$ 2,006,012.42	42.6%
31627	Cecil	Cook	122,530.99	$ 13,934.89	11.4%
31637	Lenox	Cook	1,644,266.26	$ 1,000,926.37	60.9%
31647	Sparks	Cook	1,835,883.68	$ 1,187,625.73	64.7%
31714	Ashburn	Turner	2,927,574.74	$ 1,876,953.08	64.1%
31727	Brookfield	Tift	272,911.12	$ 98,783.80	36.2%
31733	Chula	Tift	1,165,101.34	$ 815,295.66	70.0%
31775	Omega	Tift	979,326.58	$ 549,327.18	56.1%
31783	Rebecca	Turner	1,019,572.06	$ 435,686.00	42.7%
31790	Sycamore	Turner	1,203,591.08	$ 784,898.02	65.2%
31793	Tifton	Tift	4,495,132.31	$ 3,025,528.97	67.3%
31794	Tifton	Tift	11,065,961.77	$ 7,275,032.18	65.7%
31795	Ty Ty	Tift	828,322.37	$ 386,584.24	46.7%
			32,265,644.90	**19,456,588.54**	**60.3%**

- Consistent with suggestions for the "Patient Origin" service area model, Southwell/ TRHS has slightly more than 60% market share within the PSA.

Description of the Community Served

Southwell/ TRHS is an economic and healthcare pillar in the community. As mentioned above, the Primary Service Area (PSA) is comprised Tift, Turner, and Cook Counties. The tri-county area includes nearly 66,000 people and reflects high level of racial, economic, and health status diversity.

PSA County Comparison						
Measure	**US**	**Georgia**	**Tift County**	**Turner County**	**Cook County**	**PSA**
Population	324,697,795	10,403,847	40,541	7,943	17,177	65,661
Median age	38.1	36.7	36.2	40.3	37.3	37.9
Median Household Income	$62,843	$58,700	$45,639	$37,039	$41,854	$41,511
% all people living below poverty level	13.4%	15.1%	23.3%	33.6%	24.0%	27.0%
Ethnicity						
% White	72.5%	58.6%	64.5%	57.3%	68.7%	63.5%
% Black or African American	12.7%	31.6%	29.6%	40.8%	27.0%	32.5%
% Hispanic or Latino	18.0%	9.5%	11.8%	4.8%	5.8%	7.5%
% Asian	5.5%	4.0%	1.4%	0.8%	0.7%	1.0%
% Native Hawaiian or Pacific Islander	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%
% Two or More Races	3.3%	2.6%	1.5%	0.2%	2.0%	1.2%
No High School Diploma (age 25+)	6.9%	8.2%	12.5%	12.1%	15.5%	13.4%
% 16+ Unemployed	3.4%	3.5%	1.6%	3.3%	3.2%	2.7%

Source: American Community Survey, 2019: ACS 5-Year Estimates Data Profiles

- Tift County includes over half of the service area population. About three of ten (29.6%) 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 lower percentage of people whose income in the past 12 months is below the Federal Poverty Level (FPL), reflecting a slight improvement relative to Georgia's averages since 2018.
- Turner County residents have the highest median age. The county is racially diverse, with just over 40% of its residents being African American.
- Turner County is also the poorest in the PSA, with a Median Household Income of $37,039.
- Cook County is the least racially diverse county in the PSA, as slightly more than one of four residents (27.0%) are Black or African American, while over two-thirds (68.7%) are White.
- The PSA has a higher number of people over age 25 years without a high school diploma as compared to both Georgia and the United States.

The CHNA and the MSDP assessment activities included an extensive number of community members – people with lower-incomes, general community members, Public Health representatives, service providers, community service directors, and many others. Aggregately, these individuals and organizations represent persons who represent the broad interests of that community. A list of participants and participant groups follows.

Community Health Needs Assessment Participants

Southwell/ TRHS included an expansive and highly diverse group of individuals to participate in its CHNA Advisory Committee and to contribute insight from community service organizations. Each member was invited to provide project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance throughout 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 Advisory Committee included the following members representing both health system leadership and community leadership:

Community Leaders and Representatives

Advisory Committee Participants

Tift Regional Health System participants

Name	Title
Amanda Ramshead	Director, Behavioral Services
Cameron Nixon, MD	Chief Transformation Officer
Carla Hall	Director, Medical Clinics
Chris Efaw	Vice President, Outreach and Development
Jill McIntyre, RN	Director, Diversity, Inclusion and Wellness
Joel Presley	Director, Clinical Integration
Joy Davis	Oncology Accreditation Coordinator
Justin Beck	VP and Chief Strategy and Innovation Officer
LeAnn Pritchett	Director, Patient Safety
Mary Perlis, RN	Director, Outpatient Case Management
Melanie Byron	Director of Nursing, Southwell Health and Rehabilitation
Monica Morris	Director, Physician Recruitment
Randy Chambers	Post Acute Care Liaison

Community participants

Name	Title/Organization
Dina Willis	Tifton Tift County Public Library/Hispanic Community Activist
Fran Kinchen	Director, Leroy Rogers Center
Joyce Mims	Member, TRHS, Inc. Board of Directors/Tift County Housing Authority
Lillie McEntyre	Director, Tift County Commission on Children and Youth
Marcus Seigle	Chiropractor/Hispanic Community Activist
Melissa Hughes	County Commissioner District 2, Tift County Board of Commissioners
Nancy Bryan	Executive Director, Ruth's Cottage & Patticake House
Roxie Price	Family & Consumer Sciences Agent, Tift County Extension Service
Ruth Lee	Chair, Georgia Council on Aging
Tammy Licea	Social Worker, Diversified Resources
Wasdon Graydon	Member, Southwell, Inc. Board of Directors

In addition to the Advisory Committee, other members of both the Southwell/ TRHS family and the greater community were invited to participate in the CHNA research, including:

EXECUTIVE INTERVIEWS

Southwell/ Tift Regional Health System participants

Name	Title
Carla Hall	Director, Medical Clinics
Chris Dorman	President/CEO
Claire Byrnes	SVP, Ambulatory Services
Dr. David McEachin	Chief Medical Officer
Dr. Jessica Beier	Medical Director, Laboratory, Quality and Safety
Dr. Kaine Brown	Medical Director, Hospital Medicine
Dr. Raymond Moreno	Internist, Southwell Medical Clinic
Dr. Rubal Patel	Medical Director, Pulmonary and Critical Care
Jeff Robbins	Director, Neurodiagnostics and Telehealth
Jill McIntyre, RN	Director, Diversity, Inclusion and Wellness
Mandy Brooks	Executive Director, Tift Regional Medical Center Foundation

Community Participants

Name	Title/Organization
Joyce Mims	Member, TRHS, Inc. Board of Directors/Tift County Housing Authority
Judge Chase Daughtery	Member, Southwell, Inc. Board of Directors/Cook County Probate Court
Judge Herbert Benson	State Court of Tift County
Mary Anne Sturdevan, RN	Nurse Manager, Turner County Board of Health
Mecca Reeves, RN	Nurse Manager, Tift County Board of Health
Melissa Hughes	County Commissioner District 2, Tift County Board of Commissioners
Michelle Calhoun	Coordinator, Tift County DUI-Drug Court
Nancy Bryan	Executive Director, Ruth's Cottage & Patticake House
Rebecca Allgood, RN	Nurse Manager, Cook County Board of Health
Tina Moody, RN	Supervisor of Clinics, Tift County Schools
Wasdon Graydon	Member, Southwell, Inc. Board of Directors

Medical Staff Development Plan Participants

Southwell/ TRHS contacted physicians from across medical specialties to participate in its research for the Medical Staff Development Plan and to contribute insight for the CHNA. Each member was invited to provide feedback regarding perceptions of patient acuity changes, quantity of providers of various specialties, retirement plans, and area health needs. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area.

The MSDP participants included the following:

MEDICAL STAFF DEVELOPMENT PLAN PARTICIPANTS

Name	Specialty or Title
Dr. Bill Hancock	Cardiologist
Dr. Cameron Nixon	Internal Medicine, Chief Transformation Officer
Dr. Casey Conner	Pediatrician
Dr. David McEachin	General Surgery, Chief Medical Officer
Dr. Eric Paulk	Medical Director, Emergency Department
Dr. George Yared	Gastroenterologist
Dr. Jessica Beier	Medical Director, Laboratory, Chief Quality and Safety Officer
Dr. Kaine Brown	Medical Director, Hospital Medicine, Chief Medical Information Officer
Dr. Keith Phillilpi	Anesthesiologist
Dr. Melissa Rampal	Nephrologist
Dr. Raymond Moreno	Internist, Southwell Medical Clinic
Dr. Rick Pierzchajlo	Family Physician
Dr. Rick Wheeler	Family Physician
Dr. Rubal Patel	Medical Director, Pulmonary and Critical Care
Dr. Tim Fuller	Vascular Surgeon
Dr. Vincent Valencia	Family Physician

Previous Community Needs Rankings and Activities

The 2018 CHNA activities including a modified Delphi method were utilized to identify the top three domains of community health needs. The process then further specified and ranked the top health needs within each domain identifying a total of nine leading community needs. The highest priority ones were to improve access to care (primarily transportation), greater access to care for people with behavioral health or substance concerns, and affordability of prescription drugs and primary care services.

Based on these results of the 2018 assessment, the health system implemented specific programs designed to impact the needs.

Domain	Rank	Health Need	Activities since 2018
Access to Care	1	**Transportation services for people need to go to doctor's appointments or the hospital**	• The Tift Regional Medical Center (TRMC) Foundation purchased a Mobile Clinic for Southwell in 2019 to help better reach medically-underserved areas. • Outpatient Case Management coordinates free transportation services to-and-from appointments for indigent patients, but options are still limited. • Telehealth offerings have increased. • For the 2020 Flu Season, Southwell and the TRMC Foundation created a free community flu shot program that delivered free vaccines to underserved/high-risk neighborhoods. • Free COVID vaccination clinics established in 2021. • Though a community partnership overseen by Population Health, Southwell now offers a Community Health Worker benefit for disease-specific, high-risk patients.
Access to Care	2	**Greater access to care for people with mental illness or substance use issues**	• An Outpatient Behavioral Services Department was created at Southwell Medical Clinic (formerly Affinity Clinic). • A brand new 12-bed geriatric psychiatric facility in Adel opened in 2019. • Southwell provided a grant to the new Oasis Substance Abuse Recovery Center to use for the purchase of furniture and equipment (the center opened in Tifton in February 2019).

Access to Care	3	**Affordability of prescription drugs and primary care services**	• Southwell Medical Community Health Center in Tifton offers primary care services for those who are economically-disadvantaged. • All Southwell practices offer financial assistance programs. • The Southwell Medical Community Health Center team also offers a Prescription Assistance Program (PAP) with pharmaceutical companies. • The TRMC Foundation offers prescription assistance for those with special needs and who do not qualify for PAP.
System Capacity	4	**Primary and specialty care providers: psychiatry, dementia spectrum issues, pediatrics, rheumatology, endocrinology, neurology**	• Currently being recruited: psychiatry and neurology. • A new rheumatologist joined the medical staff in 2020. • Pediatric practices include Tifton and Ocilla and services have been expanded to Moultrie and Valdosta. • In 2019, two school clinics opened in Tifton: Eighth Street Middle School and Annie Bell Clark Elementary School. • In Tifton, Southwell acquired an additional primary care practice in 2019 and merged with another hospital-owned clinic. • Endocrinology has been studied, but a search is not currently underway. • Southwell opened a new OB/GYN facility in Tifton in 2019 and another OB/GYN practice and facility in December 2020. • Since 2017, Southwell has recruited and/or signed 12 primary care physicians (family medicine, pediatrics, and internal medicine).
System Capacity	5	**Providers for population segments with unique cultures or needs: Spanish language services (primary care, specialized medicine, care coordination)**	• Southwell provides certified Spanish language translators and also has a Spanish translation hotline.

Care Coordination Services	6	**People with co-morbid or complex chronic conditions**	• Southwell developed a Post-Acute Care Liaison position, under the Population Health umbrella, to oversee strategic partnerships and population-specific community development. • All of Southwell's primary care practices have received top recognition as a Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA). • A Medical Home Clinic was established for Southwell employees and dependents. • Southwell has embedded two physicians in local nursing homes. • In 2019, Southwell opened a brand new 95-bed skilled nursing rehabilitation facility in Adel. • In 2018, Southwell converted to one Electronic Health Record (EHR) system, placing all inpatient and outpatient data on one platform for enhanced coordination of care. • Incentive partnerships with specific payers insure that high-risk beneficiaries receive care coordination for the monitoring of chronic conditions.

Assessing Health Needs of the Community

Assessment Methodology

The CHNA methodology utilized both quantitative and qualitative research methods in order to evaluate perspectives and opinions of area stakeholders and healthcare consumers, especially those representing underserved populations. This methodology helped to 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 and data analysis
- Qualitative discussion groups with Southwell/ TRHS leaders, Advisory Committee members, other community leaders and service providers, members of underserved populations, and other healthcare consumers in the Primary Service Area (PSA) and Secondary Service Area (SSA)
- One-on-one interviews with Southwell/ TRHS leaders, Advisory Committee members, other community leaders and service providers, and healthcare consumers in the Primary Service Area (PSA) and Secondary Service Area (SSA)
- Community surveys

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.

Strategic Secondary Research	
Data Source Examples	**Data Goal**

• Demographic Data
  ○ 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
  ○ 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
	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.
	
	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.

Qualitative discussion groups with Southwell/ TRHS leaders, Advisory Committee members, other community leaders and service providers, and healthcare consumers in the PSA and SSA. Participants in the discussion groups represented a variety of stakeholders, including underserved populations and public health representatives. While each meeting did not include representatives from each group, information and insights were gathered either from their participation in a focus group or in a one-on-one telephone interview (see below). 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 in an effort to "cast a broad net" to secure opinions from across the service area, especially among the underserved.

One-on-one interviews with providers, Southwell/ TRHS leaders, Advisory Committee members, other community leaders and service providers, and healthcare consumers in the PSA and SSA. In some cases, some overlap existed with the focus group discussion participants, but not in most cases. The one-on-one interviews allowed for an in-depth and confidential discussion of issues relevant to the interviewee.

Community surveys. To receive input from local residents, Southwell/ TRHS conducted a Community Health Needs Survey between approximately October 26, 2020 and November 23, 2020, among adults (age 18+) in the primary service area. The health system created a successful marketing campaign to encourage the community to participate in the online survey, including a print ad in three publications (Tifton Gazette, Adel News Tribune, and Wiregrass Farmer), printed flyers, an email blast, web communications, and social media. 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 either a $200 VISA gift card, a $100 Walmart gift card, or a $50 Darden restaurant gift card. There were 998 total participants in the survey. In addition, the survey was translated into Spanish and 8 individuals participated. The survey included representation across the PSA counties and a diverse mix of economic strata and educational attainment levels.

Prioritization Survey. A three-part Prioritization Survey was conducted with the Advisory Committee in order to narrow down the large list of needs and gaps identified during the qualitative and quantitative research process. The Advisory Committee first received a list of the 53 identified needs and were asked to rate them on a seven-point scale and provide a short comment regarding the rationale for the rating. During the second round, the Advisory Committee received the same list of 53 prioritized needs, as well as the ratings and comments from the first round. They were then asked to re-rate the list based on the new information. The final round included a virtual meeting where the results were presented and participants had the opportunity to discuss the results, make comments, and determine if any changes to the prioritized list were needed.

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 14 County Total Service Area
- Primary Service Area Data Focus
- Social and Physical Environment
- Health Status Profile
- Hospital Inpatient Discharge Data Patterns
- Patient, Community Stakeholder, Provider, and Staff Discussions
- Community Survey Results
- Implementation Strategy Considerations

"There are big hearts in the community, and everyone comes together to support each other when needed. There's a reason it's called 'The Friendly City.' The town has everything, if you take advantage of it."
– Advisory Committee member

Key Demographic and Economic Indicators

Population, age, and disability status tend to continue 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.

Service area residents tend to have several characteristics that heighten the urgency of continuing to evolve the clear, proactive approach to meeting the health needs in the service area that Southwell/ TRHS has developed over the years. Relative to the current status and compared to key national and state of Georgia averages, the service area has the following characteristics:

- Median age slightly above that of the Georgia state average and similar to that of the U.S.
- Lower median household incomes
- A lower degree of educational attainment
- Higher percentage of children living in poverty

Since 2010, the population in Georgia has grown overall, although the population of the PSA experienced a small decline, whereas the population in the SSA increased slightly. 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 Changes

The Southwell/ TRHS service area includes over a quarter of a million residents (390,897).

Population			
County	**Total Population**	**Total Male Population**	**Total Female Population**
Tift	40,541	19,674	20,867
Turner	7,943	3,801	4,142
Cook	17,177	8,224	8,953
Atkinson	8,239	4,179	4,060
Ben Hill	17,033	8,139	8,894
Berrien	19,152	9,384	9,768
Brooks	15,590	7,612	7,978
Coffee	43,021	22,155	20,866
Colquitt	45,486	22,504	22,982
Crisp	22,713	10,958	11,755
Irwin	9,320	4,904	4,416
Lowndes	115,364	56,144	59,220
Wilcox	8,824	5,286	3,538
Worth	20,494	9,871	10,623
PSA	65,661	31,699	33,962
SSA	325,236	161,136	164,100
Total Service Area	390,897	192,835	198,062
Georgia	10,403,847	5,062,096	5,341,751

- Southwell/ TRHS's PSA population is concentrated in Tift County which makes up approximately two-thirds of the total PSA population.
- SSA population center is located in Lowndes County, which differs from the previous report which stated that the population centers were in Colquitt and Coffee Counties. These are now the second and third largest counties in the SSA.

While Georgia saw extraordinary growth between the 2010 Census population to the estimated to 2019 (+9.6%) population, the Southwell/ TRHS PSA saw a slight decrease (-0.5%) in growth since 2010. Higher growth was seen in the SSA (+1.3%).

Population Trends			
County	**4/1/2010 Census population**	**7/1/2019 population estimate**	**Population Change**
Tift	40,118	40,644	1.31%
Turner	8,930	7,985	-10.58%
Cook	17,212	17,270	0.34%
Atkinson	8,375	8,165	-2.51%
Ben Hill	17,634	16,700	-5.30%
Berrien	19,286	19,397	0.58%
Brooks	16,243	15,457	-4.84%
Coffee	42,356	43,273	2.16%
Colquitt	45,498	45,600	0.22%
Crisp	23,439	22,372	-4.55%
Irwin	9,538	9,416	-1.28%
Lowndes	109,233	117,406	7.48%
Wilcox	9,255	8,635	-6.70%
Worth	21,679	20,247	-6.61%
PSA	66,260	65,899	-0.54%
SSA	322,536	326,668	1.28%
Georgia	9,687,653	10,617,423	9.60%
United States	308,745,538	328,239,523	6.31%

Source: United States Census Bureau, Population Estimates, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019

- The fastest growth rates in the Southwell/ TRHS Total Service Area (TSA) were in Tift (1.3%), Coffee (2.2%) and Lowndes (+7.5%).

Service Area Income, Poverty, and Age-related Measures

The Southwell/ TRHS service areas have substantially greater poverty and lower median household income than the Georgia and United States averages.

Median Household Income and Poverty		
County	**Median Household Income**	**Percent in Poverty**
Tift	$45,639	18.3%
Turner	$37,039	27.9%
Cook	$41,854	19.3%
Atkinson	$37,197	24.1%
Ben Hill	$32,229	25.3%
Berrien	$40,415	17.2%
Brooks	$38,285	18.0%
Coffee	$40,859	16.5%
Colquitt	$36,435	20.3%
Crisp	$36,042	26.1%
Irwin	$37,736	14.6%
Lowndes	$42,441	18.3%
Wilcox	$36,964	17.2%
Worth	$45,398	16.7%
PSA	$41,511	21.8%
SSA	$38,546	19.5%
Georgia	$58,700	11.3%
United States	$62,843	9.5%

SOURCE: American Community Survey, 2019 5-Year Estimates

- All of the 14 PSA and SSA counties have poverty rates exceeding the Georgia average.
- Approximately double (by percentage) the number of people live below 200% of the FPL in service area counties than in the state as a whole.
- The median household incomes in both the PSA and SSA are below those of Georgia and the United States.

The median age of people in the Southwell/ TRHS PSA and SSA is slightly above the Georgia average and is similar to that of the U.S. total.

PSA and SSA Age-related Measures		
County	**Median Age**	**Percent 65 and older**
Tift	36.2	14.5%
Turner	40.3	19.5%
Cook	37.3	15.9%
Atkinson	36.4	13.6%
Ben Hill	39.9	16.7%
Berrien	39.6	17.6%
Brooks Cunty	42.0	18.9%
Coffee	36.3	13.7%
Colquitt	36.8	15.3%
Crisp	38.5	18.2%
Irwin	39.7	18.7%
Lowndes	30.5	11.9%
Wilcox	39.8	16.6%
Worth	41.6	18.8%
PSA	37.9	15.4%
SSA	38.3	14.8%
Georgia	36.7	13.5%
United States	38.1	15.6%

Source: United States Census Bureau, ACS Demographic and Housing Estimates, 2019: ACS 5-Year Estimates Data Profiles

- Compared to the last report which indicated only one county in the PSA or SSA (Worth County) having a median age over 40.0 years, the updated data shows that three counties in the PSA or SSA (Turner, Brooks, and Worth) have median ages over 40.0 years.

Seniors over age 65 comprise only about one-seventh of the population, but as with most U.S. locations, is slowly increasing as Baby Boomers reach that age plateau. At the last report, 14.2% of the PSA was 65 years and older, compared to 16.6% currently.

Primary Service Area Data Focus

The following tables present a deeper perspective of data defining the PSA. Approximately 54% of Southwell/ TRHS's patient volume lives in Tift, Turner, or Cook Counties – the Primary Service Area (PSA).

Category of Service	Percent of Encounters from Patients Living in the PSA
Total	53.9%
Inpatients	59.5%
Emergency Department Patients'	68.7%
Outpatients	58.6%
Recurring	46.2%

Demographic and Community Profile Factors

There are approximately 65,500 people in the Southwell/ TRHS PSA.

Population by Age Group					
	Tift	**Turner**	**Cook**	**Georgia**	**United States**
Total population	40,541	7,943	17,177	10,403,847	324,697,795
Median Age	36.2	40.3	37.3	36.7	38.1
Percent Under 5 years	7.0%	6.7%	6.5%	6.3%	6.1%
Percent 5 to 9 years	7.0%	6.0%	6.9%	6.6%	6.2%
Percent 10 to 14 years	6.8%	7.7%	7.6%	7.0%	6.4%
Percent 15 to 19 years	8.0%	5.7%	6.9%	7.0%	6.5%
Percent 20 to 24 years	7.6%	4.0%	6.2%	6.9%	6.8%
Percent 25 to 34 years	12.5%	11.7%	11.9%	13.8%	13.9%
Percent 35 to 44 years	12.9%	14.8%	12.6%	13.2%	12.6%
Percent 45 to 54 years	11.6%	11.6%	13.3%	13.5%	13.0%
Percent 55 to 59 years	6.8%	6.1%	6.0%	6.4%	6.7%
Percent 60 to 64 years	5.4%	6.4%	6.2%	5.7%	6.2%
Percent 65 to 74 years	8.5%	12.8%	9.3%	8.3%	9.1%
Percent 75 to 84 years	4.5%	4.8%	5.2%	3.9%	4.6%
Percent 85 years and over	1.5%	1.9%	1.4%	1.3%	1.9%

Source: United States Census Bureau, ACS Demographic and Housing Estimates, 2019: ACS 5-Year Estimates Data Profiles

- Tift County includes large representations of major age groups that tend to have unique categories of needs.
    - Children age 19 and under (28.8%) often require preventive and early intervention support. This is nearly the same percentage as the 2018 CHNA (28.6%).
    - Young people and families of child-bearing years (ages 20 to 44) with lifestyle and substance use challenges.
    - Older adults (age 45 and older) (38.3%,) who may require higher levels of chronic condition and acute care support, compared with 38.6% in the previous report.
- Other PSA counties have a similar make-up, although Turner County's individuals 65-74 years (12.8%) is higher than the others.

Families with Children under Age 18

There continues to be is a consistent need for services for children and young adults, as over 8,700 households in the Southwell/ TRHS PSA include children under the age of 18. This is an increase from over 7,500 households in the previous CHNA.

Families and Households				
	Total Number of Households (HH)	Total Family Households	Families w/ Children Under Age 18	Families w/Children Under Age 18), % of Total HH
Tift County	15,144	10,703	5,518	36.4%
Turner County	3,169	2,297	1,097	34.6%
Cook County	6,217	4,243	2,127	34.2%
PSA	24,530	17,243	8,742	35.1% Average
Georgia	3,758,798	2,524,982	1,254,395	33.4%
United States	120,756,048	79,144,031	37,151,089	30.8%

Source: Community Commons, CARES Engagement Network, Families with Children

- Slightly above the U.S. average, approximately one-third of households in Tift County include children.

Race Ethnicity

The Southwell/ TRHS service area is racial mixed – containing just over 40% minorities (Black, Hispanic, Asian, or Other Race).

Race and Ethnicity						
Location	Total Population	% Black	% Hispanic or Latino	% Asian	% White	% Other Race
Tift County	40,541	29.5%	11.8%	1.3%	55.9%	0.1%
Turner County	7,943	40.3%	4.8%	0.8%	53.7%	0.3%
Cook County	17,177	26.9%	5.8%	0.7%	64.7%	0.0%
PSA	65,661	32.2% Ave.	7.5% Ave.	0.9% Ave.	58.1% Ave.	0.1% Ave.
Georgia	10,403,847	31.2%	9.5%	3.9%	52.7%	0.3%
United States	324,697,795	12.3%	18.0%	5.5%	60.7%	0.2%

Source: United States Census Bureau, ACS Demographic and Housing Estimates, American Community Survey, 2019: ACS 5-Year Estimates Data Profiles

- Tift County is the most racially diverse, with the largest percentage of Hispanic or Latino and Asian populations compared to Turner and Cook Counties.
- The percentage of Black residents in the PSA is almost three times higher than that of the U.S.

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 Turner and Cook Counties are slightly higher than the rest of the state, although the unemployment rate in Tift County is much lower than that of Georgia. The rates of members of the civilian labor force 16 years and over that live below the poverty level are higher in the PSA as compared to both the state as well as the United States.

Employment					
	Labor Force	Employed	Unemployed	Unemployment Rate	% Below Poverty Level
Tift County	18,435	17,926	509	2.8	13.3%
Turner County	3,304	3,100	204	6.2	14.3%
Cook County	7,554	7,128	426	5.6	11.4%
PSA	29,293	28,154	1,139	3.9	13.0% Ave.
Georgia	5,095,362	4,809,637	285,725	5.6	8.5%
United States	162,459,166	153,884,012	8,575,154	5.3	7.6%

Source: United States Census Bureau, American Community Survey, Poverty Status in the Past 12 Months, 2019: ACS 5-Year Estimates

Poverty Segmented by Race

The following table shows data for the percent of people below poverty level.

Poverty Statistics by Race							
	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races
Tift County	16.8%	33.8%	70.8%	1.6%	No data	60.4%	31.2%
Turner County	22.1%	49.5%	No data	0	No data	71.1%	100.0%
Cook County	20.4%	33.8%	34.0%	0	No data	36.5%	12.2%
Georgia	11.3%	21.5%	24.7%	10.3%	25.7%	25.8%	18.7%
United States	11.1%	23%	24.9%	10.9%	17.5%	21.0%	16.7%

Source: United States Census Bureau, American Community Survey, Poverty Status in the Past 12 Months, 2019: ACS 5-Year Estimates

- The Black/African American residents in both Tift County and Turner County are approximately twice as likely to be living in poverty than their White residents.
- Statewide, the trend is similar.

Poverty Segmented by Education

Percentage of individuals below poverty level by educational attainment.

Poverty Statistics by Education					
	Population 25 Years and Over	Less Than High School Graduate	High School Graduate (inc. equivalency)	Some College, Associate's Degree	Bachelor's Degree or Higher
Tift County	17.5%	35.6%	18.8%	13.2%	4.4%
Turner County	27.9%	53.5%	30.6%	15.8%	13.5%
Cook County	19.6%	31.2%	23.2%	11.1%	10.7%
Georgia	11.8%	26.9%	15.2%	10.4%	4.3%
United States	10.7%	24.9%	13.5%	9.6%	4.3%

Source: United States Census Bureau, ACS Poverty Status in the Past 12 Months, 2019: ACS 5-Year Estimates

- A correlation exists between the percentage of individuals below the poverty level and their level of educational attainment for all three counties in the PSA.
- The rates of poverty by education are higher for all three counties in the PSA as compared to both those in Georgia and the United States. The one exception is individuals with a bachelor's degree in Tift County is relatively the same as those in Georgia and the United States.

Poverty Segmented by Gender and Children in Poverty

Percentage of males and females, as well as children under 18 years of age, living below poverty level.

Poverty Statistics by Gender and Children in Poverty			
	Male	Female	Children Living in Poverty
Tift County	22.1%	24.5%	36.0%
Turner County	28.5%	38.0%	52.1%
Cook County	19.5%	28.1%	34.8%
PSA Averages	23.4%	30.2%	41.0%
Georgia	13.6%	16.5%	21.5%
United States	12.2%	14.6%	18.5%

Source: United States Census Bureau, ACS Poverty Status in the Past 12 Months, 2019: ACS 5-Year Estimates

- Across the board, females are more likely to live below the poverty level as compared to males.
- The PSA has a much higher percentage of children living in poverty than Georgia or the U.S.

Income Distribution

The median household income in PSA counties is $41,511, averaging approximately $17,000 less than that of the Georgia and more than $21,000 less than the nation as a whole. This is a greater disparity as compared to the previous report which indicated that the median household income in PSA counties was 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	Turner County	Cook County	Georgia	United States
Median income	$45,639	$37,039	$41,854	$58,700	$62,843
Less than $10,000	8.1	18.4	12.7	6.8	6
$10,000 to $14,999	6.4	6.3	6.7	4.5	4.3
$15,000 to $24,999	13.9	12.2	15	9.4	8.9
$25,000 to $34,999	11.6	9	10.3	9.6	8.9
$35,000 to $49,999	13.9	14.7	14.7	12.9	12.3
$50,000 to $74,999	19.7	14	18.4	17.7	17.2
$75,000 to $99,999	9.3	13.9	9.6	12.6	12.7
$100,000 to $149,999	11.1	8.2	9.2	14.2	15.1
$150,000 to $199,999	3.6	2.2	2.5	5.8	6.8
$200,000 or more	2.5	1.1	0.9	6.5	7.7

Source: United States Census Bureau, American Community Survey, Income in the Past 12 Months (in 2019 Inflation-Adjusted Dollars)

Educational Attainment

Educational attainment refers to the highest level of education that an individual has completed. This is distinct from the level of schooling that an individual is attending[2]. Below is the educational attainment for the population 25 years and over in the PSA. 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.

[2] Source: United States Census Bureau, https://www.census.gov/topics/education/educational-attainment.html#:~:text=Educational%20attainment%20refers%20to%20the,that%20an%20individual%20is%20attending.

Educational Attainment in the Southwell/ TRHS Service Area, 2019 Compared to Georgia and U.S. Rates							
Educational Attainment	Tift County	Turner County	Cook County	PSA Average	Georgia	United States	PSA Variance to Georgia (Percentage Points)
Less than 9th grade	5.6%	6.7%	5.4%	5.9%	4.6%	5.1%	1.3%
9th to 12th grade, no diploma	12.5%	12.1%	15.5%	13.4%	8.2%	6.9%	5.2%
High school graduate (includes equivalency)	34.7%	38%	36.3%	36.3%	27.7%	27.0%	8.6%
Some college, no degree	17.4%	19.6%	19.9%	19.0%	20.3%	20.4%	-1.3%
Associate's degree	11.7%	11.9%	9.4%	11.0%	7.8%	8.5%	3.2%
Bachelor's degree	9.6%	6.5%	8.4%	8.2%	19.2%	19.8%	-11.0%
Graduate or professional degree	8.5%	5.2%	5.1%	6.3%	12.1%	12.4%	-5.8%
High school graduate or higher	81.9%	81.2%	79.1%	80.7%	87.1%	88.0%	-6.4%
Bachelor's degree or higher	18.1%	11.7%	13.5%	14.4%	31.3%	32.1%	-16.9%

Source: United States Census Bureau, American Community Survey, Educational Attainment, 2019: ACS 5-Year Estimates

- Within the Southwell/ TRHS PSA, the percentage of persons aged 25 and older without a high school diploma (or equivalency) is higher at 13.4% than the state (8.2%) or the nation (6.9%). This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg Ruglis, 2007).
- Fewer than one in 11 PSA residents (8.2%) earned a Bachelor's Degree – less than half of the Georgia average rate (19.2%).

Number of Reported Violent Crime Offenses per 100,000 Population

Overall, the rate of reported violent crime offenses in the two of the three Southwell/ TRHS PSA counties – Tift County and Turner County – is high when compared to the state as a whole. The Z-Score indicates the number of standard deviations from the mean (or Georgia average). A value greater that 1.0 is particularly noteworthy. Note that crimes are counted in the police precinct where they occur, rather than the residence of the victim or the perpetrator. The 2020 County Health Rankings used data from 2014 and 2016 for the below.

Violent Crime Prevalence			
Area	Annual Average Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)	Z-Score
Tift	230	565	1.14
Turner	101	1,307	3.00
Cook	49	302	-0.08

Source: County Health Rankings & Roadmaps.

- Turner County a has higher rate of violent crime offenses compared to the state.
- Cook County has a very similar rate of violent crime compared to the state.

Healthy Eating, Physical Activity, and Overweight/Obesity

Being healthy is a factor of multiple factors help determine an individual's and community's health, including how healthy a lifestyle one lives. Some of this is determined by choice, other times it's a matter of chance, including genetics, the community in which one lives, etc. In this section we'll review environmental factors related to health and other meaningful measures.

To notes, the most recent data on Community Commons is presented below, and even though it may not be as current as we'd like, it still speaks to the needs in the PSA. In addition, other information was included as compared to the previous CHNA to provide additional context.

Food insecurity is defined by the U.S. Department of Agriculture (USDA) as a household-level economic and social condition of limited or uncertain access to adequate food.[3] Feeding America estimated that in 2018 one in nine Americans struggled to get enough to eat.[4]

Food Insecurity				
Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate	Child Food Insecurity Rate
Tift	40,460	7,040	17.4%	25.0%
Turner	8,021	1,540	19.2%	27.0%
Cook	17,160	2,780	16.2%	22.3%
Georgia	10,428,333	1,501,680	14.4%	14.7%
United States	325,717,422	41,133,950	12.6%	18.2%

Source: Community Commons, CARES Engagement Network, CHNA Report by County

- The food insecurity rates in Tift County, Turner County, and Cook County are higher than those of both the state of Georgia and the United States.
- The food insecurity rates for children are higher than those of the general population in each of the counties in the PSA.

Excess weight, especially combined with a lifestyle consisting of no physical activity, puts individuals at risk for further health issues. Tift County and Turner County have higher rates of obesity than the Georgia and U.S. averages – consistent with higher rates of poverty and less healthy eating habits. Healthy eating habits include the consumption of fruits and vegetables, and ideally adults over 18 years of age should consume 5 or more servings of fruit and vegetables each day. People with unhealthy eating habits may have significant health issues including diabetes and obesity, so increasing the daily intake of fruits and vegetables – and ensuring people have access to healthy food – is beneficial. While data is suppressed for Turner and Cook Counties, if the high level (73.1%) of adults in Tift County who consume less than the suggested 5 daily servings is any indication, then this social determinant of health should be a concern for residents in the rest of the PSA.

Obesity and Healthy Lifestyle Activities

[3] Economic Research Service, U.S. Department of Agriculture, Definitions of Food Security.
[4] Feeding America, Understanding Food Insecurity.

Measure	Tift County	Turner County	Cook County	Georgia	U.S.
Percentage of adults that report a BMI of 30 or more (Obese)	38.3%	39.6%%	28.7%	32.1%	29.5%
Percentage of adults aged 20 and over reporting no leisure time physical activity	33.2%	39.4%	38.6%	26.0%	22.1%
Percentage of adults with inadequate fruit/vegetable consumption	73.1%	Suppressed	Suppressed	75.7%	75.7%

Source: *Community Commons, CARES Engagement Network from Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County*

- More than one-third of Tift County and Turner County adults has a BMI greater than 30.0 (the rate defining "obesity").
- More residents in Tift, Turner and Cook Counties report having no leisure time activity as compared to those in Georgia and the United States.

The USDA Food Access Research Analysis defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. Below information shows the number of neighborhoods in each area that are within food deserts.

Food Access – Food Desert Census Tracts					
	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Tift County	40,118	3	6	18,313	21,805
Turner County	8,930	1	1	5,432	3,498
Cook County	17,212	0	4	0	17,212
Georgia	9,687,653	982	983	5,508,410	4,179,243
United States	308,745,538	27,527	45,337	129,885,212	178,860,326

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

- Cook County is the only county in the PSA that does not have food deserts.
- In Tift County, half (50%) of the census tracts comprise a food desert.

The below table shows the percentage of the low income population with low food access, or facing food insecurity. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

Leading Causes of Death

According to the U.S. CDC, the 10 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 that are also prevalent in Georgia and the PSA. Note that for the Southwell/ TRHS PSA, in most cases death rates per 100,000 population are higher than the Georgia average.

	Leading Causes of Death in U.S. (2019)	Total Number
1	Heart Disease	659,041
2	Cancer	599,601
3	Accidents (unintentional injuries)	173,040
4	Chronic lower respiratory diseases	156,979
5	Stroke	150,005
6	Alzheimer's Disease	121,499
7	Diabetes	87,6476
8	Kidney Disease	51,565
9	Influenza and Pneumonia	49,783
10	Intentional self-harm (suicide)	47,511

Source: Centers for Disease Control and Prevention, National Center for Health Statistics

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

Age-Adjusted Death Rates per 100,000 Population 2012-2016 Aggregated Data					
Cause of Death	**Tift County**	**Cook County**	**Turner County**	**Georgia**	**US**
1. Heart Disease	239.6	243.6	232.6	179.8	167.9
2. Cancer	189.1	201.3	236.4	165.6	161.0
3. Chronic Lower Respiratory Disease	42.2	66.6	57.7	46.5	41.4
4. Accidents & Adverse Effects	46.8	48.6	57.2	41.3	41.8
5. Cerebrovascular Diseases (Stroke)	45.4	38.9	55.7	43.4	36.9
6. Alzheimer's Disease	48.4	51.8	49.3	34.6	26.5
7. Diabetes	38.6	21.9	n/a	22.1	21.1
8. Kidney Disease	12.6	26.9	n/a	18.6	13.2
9. Septicaemia	13.5	23.2	32.4	15.7	10.7
10. Suicide and Self-Inflicted Injury	13.2	n/a	n/a	12.4	12.9
Pneumonia and Influenza	15.1	26.3	n/a	15.9	14.8
Homicide and Legal Intervention	8.1	n/a	n/a	7.1	5.6

Source: National Institute on Minority Health and Health Disparities, Death Rates Table.

- The most current data (above) from the National Institute on Minority Health and Health Disparities is from 2012-2016 for the latest 5-year average. The leading causes of death in Georgia are from the CDC for 2017.
- More granular information on each cause of death is available from the state of Georgia in the Online Analytical Statistical Information System (OASIS).
- Turner County has the highest age-adjusted death rate for cancer in the state.

- Heart disease death rates in the Southwell/ TRHS PSA counties are higher than those in both Georgia and the United States.
- While suicide rates are unknown for both Turner and Cook Counties, the rate is higher in Tift than in Georgia and the United States.
- The rate of Alzheimer's Disease in Cook County (51.8) is almost double that of the United States (26.5).
- Cook County's rate for pneumonia and influenza is significantly higher than the rates in Tift County, the state of Georgia, and the United States.

Alcohol and Illicit Substance Use

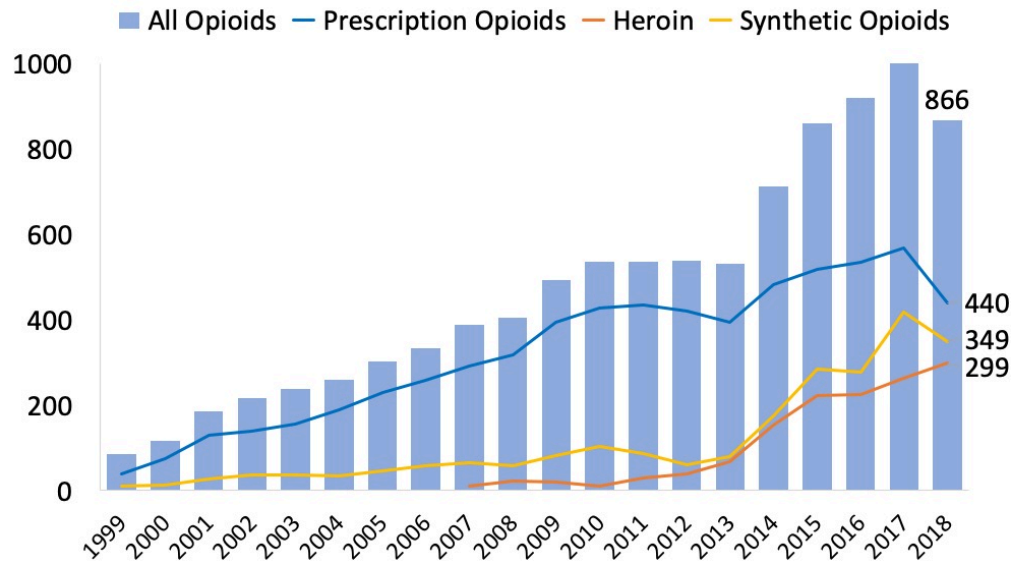
Excessive alcohol consumption rates in Tift, Cook, and Turner Counties are lower than both the state and national rates. Adolescent initiation to alcohol is the most common substance to be introduced for this age group.

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%

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

- Excessive alcohol consumption rates among Tift County adults are substantially lower than the Georgia average.

Although marijuana and opioid use rates were not available at the county-level, anecdotal information from research indicates that opioid use is a rising problem in Tift County and the general TSA. Data from the state of Georgia shows that opioid use rose steadily from 2013 to 2017, then dipped in 2018, the most recent data available.



Source: National Institute on Drug Abuse, Georgia: Opioid-Involved Deaths and Related Harms

- Deaths involving heroin continued to rise with 299 (a rate of 2.9) reported in 2018 (see above graph).
- In Georgia, over 60% of drug overdose deaths involved opioids with 866 fatalities (a rate of 8.3) reported in 2018.[5]
- Prescription opioid-involved deaths declined to 440 (a rate of 4.1) and those involving synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) decreased to 349 (a rate or 3.4) in 2018.[6]

Another valuable measure to review is the opioid dispensing rate. Starting 2019, prescriptions were based on the location of the prescriber, not the pharmacy.

Opioid Dispensing Rates per 100 Persons					
	2019	2018	2017	2016	2015
Tift County	178	125.0	134.4	149.2	145.1
Turner County	40.0	84.2	92.9	84.2	94.2
Cook County	44.3	97.7	105.6	105.7	104.3
Georgia	57.9	63.2	71.3	77.8	79.4
United States	46.7	51.4	59.0	66.5	70.6

Sources: Centers for Disease Control and Prevention, U.S. County Opioid Dispensing Rates, 2019. Centers for Disease Control and Prevention, U.S. State Opioid Dispensing Rates. Centers for Disease Control and Prevention, U.S. Opioid Dispensing Rate Maps.

- Overall, the opioid dispensing rates tended to decrease, Tift County shows a spike in 2019.

[5] Source: National Institute of Drug Abuse, Georgia: Opioid-Involved Deaths and Related Harms.
[6] Source: National Institute of Drug Abuse, Georgia: Opioid-Involved Deaths and Related Harms.

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 (Crude)
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 Southwell/ TRHS PSA.

General Health or Quality of Life

Quality of Life refers to how healthy people feel while alive. It represents the well-being of a community, and underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Southwell/ TRHS PSA-county residents report poorer physical and mental health compared to the Georgia average.

Self-Reported Health Status				
Area	**Frequent Physical Distress: Percentage of adults reporting 14 or more days of poor physical health per month**	**Poor or Fair Health: Percentage of adults reporting fair or poor health (age-adjusted)**	**Frequent Mental Distress: Percentage of adults reporting 14 or more days of poor mental health per month**	**Poor Mental Health Days: Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)**
Tift County	13%	22%	14%	4.2
Cook County	13%	21%	14%	4.3
Turner County	13%	22%	14%	4.2
Georgia	11%	18%	12%	3.9

Source: County Health Rankings, Georgia.

- The percentage who reports having frequent physical distress (more than 14 days of poor physical health) is higher in the PSA than the rest of the state.
- The percentage who reports fair or poor health is higher in the PSA as compared to Georgia as a whole.
- The percentage of the PSA-county population reporting 14 or more days of poor mental health is slightly higher than the state average.

Maternal and Child Health: Infant Mortality

A positive excess infant mortality rate denotes counties with a higher infant mortality rate than the reference group.

Infant Mortality					
	Total Births	Number of Infant Deaths	Infant Mortality Rate (Per 1,000 live births)	Excess Infant Mortality Rate	Excess Infant Deaths
Tift County	2,858	22	7.7	4.6	13
Turner County	574	1	*	**	0
Cook County	1,091	8	7.3	4.2	4
Georgia	906,835	5,175	7.3	n/a	2,680

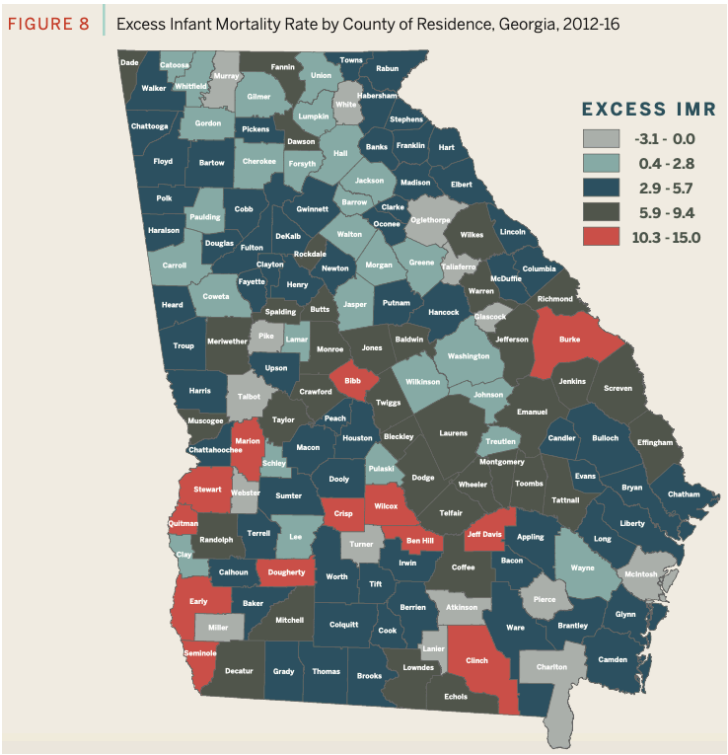
* The infant mortality rate is not calculated for counties with 1-4 infant deaths.

** The excess infant mortality rate is not calculated for counties with 1-4 infant deaths.

Sources: Georgia Department of Public Health, Infant Mortality, 2017 Infant Mortality Report. Kids Count Data Center, Total Births in Georgia.

- The rate of infant mortality in Tift County in the period from 2012 to 2016 was slightly higher than the state of Georgia rate.
- The Georgia counties with the highest excess infant mortality rates between 2012 and 2016 are concentrated in the southern region of the state (see below map).

FIGURE 8 Excess Infant Mortality Rate by County of Residence, Georgia, 2012-16



Source: Georgia Department of Public Health, Infant Mortality, 2017 Infant Mortality Report

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 (2017)	PCPs rate per 100,000 Pop.	Dentists rate per 100,000 Pop.	Mental Health Providers rate per 100,000 Population	Percent Adults Without Any Regular Doctor (PCP)
Tift County	40,438	86.6	39.3	78.9	24.3%
Turner County	7,915	12.6	24.4	12.6	No Data
Cook County	17,230	63.8	29.2	29.1	18.5%
Georgia	10,413,055	65.6	49.2	139.0	26.1%
United States	325,147,121	76.6	65.6	202.8	22.1%

Source: Community Commons, CARES Engagement Network; CHNA Report, Health Indicators Report
LINK

- Tift County reports having more PCPs per capita than other reporting areas.
- The number of dentists per 100,000 population in Southwell/ TRHS 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 diseases in Tift, Cook, and Turner Counties are above the U.S. averages.

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	40,598	311	766.0	184.7	493.0
Turner County	7,961	60	753.7	251.2	643.9
Cook County	17,277	130	752.4	243.1	460.1
Georgia	10,429,379	65,936	632.2	200.1	624.9
United States	325,719,178	1,758,668	539.9	179.1	372.8

Source: Community Commons, CARES Engagement Network, CHNA Report, Health Indicators Report.

- The rate of chlamydia infections is higher in all three PSA counties as compared to those of Georgia and U.S.
- The gonorrhea rates in Tuner and Cook Counties are higher than state and U.S. averages.
- HIV rates are lower than the state average in Tift and Cook Counties, but given the health, community, and financial impact of HIV/AIDS, this remains an important indicator.

Health Insurance

This measure is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. The percentage of residents in Georgia with medical insurance is slightly lower than the national rate.

Health Insurance Coverage				
	Total Population Age 18 - 64	Percent Adult Population with Medical Insurance	Percent of Insured Population Receiving Medicaid	Percent Population Without Medical Insurance
Tift County	22,992	75.6%	28.0%	24.4%
Turner County	4,128	78.0%	34.7%	22.0%
Cook County	9,926	76.6%	32.2%	23.4%
Georgia	6,340,923	80.9%	20.2%	19.1%
United States	195,883,847	87.6%	22.2%	12.5%

Source: Community Commons, CARES Engagement Network, US Census Bureau, Small Area Health Insurance Estimates. 2018. Source geography: County

- Medicaid coverage rates are far higher in Southwell/ TRHS PSA counties than the state and United States averages.
- Overall insurance coverage rates also lag state and U.S. averages.

Preventable Hospital Events for the Medicare Population

Preventable hospitalizations include hospital admissions for one or more of the following conditions: diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, bacterial pneumonia, or urinary tract infection. Rates are presented per 100,000 beneficiaries.

	Total Medicare Beneficiaries	Preventable Hospitalizations, Rate per 100,000 Beneficiaries
Tift County	4,683	5,805
Turner County	1,099	5,783
Cook County	2,216	5,426
Georgia	934,137	5,050
United States	33,648,235	4,624

Source: Community Commons, CARES Engagement Network, CHNA Report, Health Indicators – Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017. Source geography: County

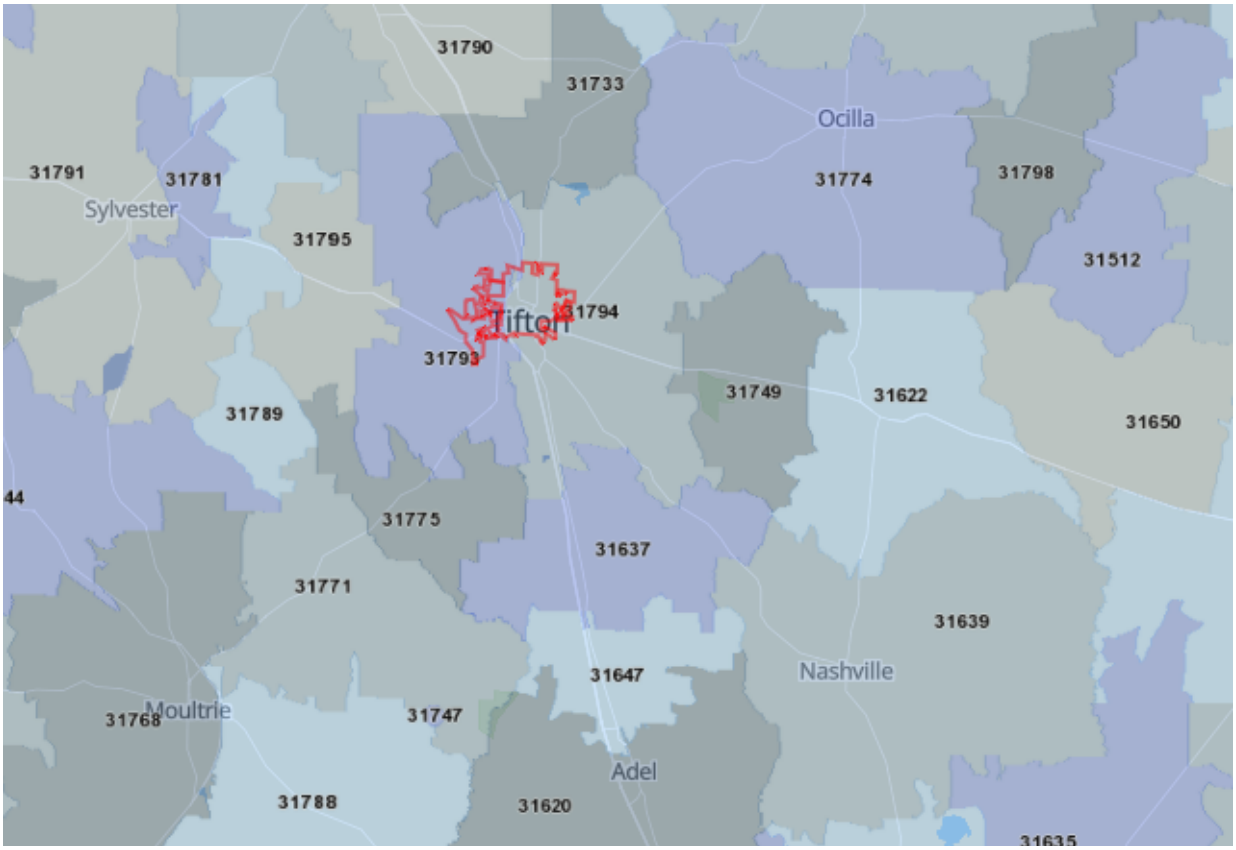
- The preventable hospitalization rates in the PSA are higher than those of the state of Georgia and the United States.

Hospital Inpatient Discharge Data Patterns

Most Common Diagnoses

A sample of over 10,000 de-identified patient encounters was analyzed to determine the most common primary diagnoses in the Southwell/ TRHS service area. As noted above, more than half of Southwell/ TRHS patients live in nearby counties.

Category of Service	Percent of Encounters from Patients Living in the PSA
Total	53.9%
Inpatients	59.5%
Emergency Department Patients'	68.7%
Outpatients	58.6%
Recurring	46.2%



Among Southwell/ TRHS inpatient encounters, high blood pressure, diabetes, and cardiac issues are the most common primary diagnosis categories. Chronic disease struggles are indicative and consistent with more broadly confirmed priority healthcare challenges in the service area.

Most Common Primary Diagnoses	
Rank	**Inpatient Overall**
1	Essential (primary) hypertension
2	Type 2 diabetes mellitus without complications
3	Atherosclerotic heart disease of native coronary artery without angina pectoris
4	Shortness of breath
5	Hyperlipidemia, unspecified
6	Anemia, unspecified
7	Abnormal levels of other serum enzymes
8	Pneumonia, unspecified organism
9	Acute kidney failure, unspecified
10	Tobacco use

Emergency Department diagnoses most frequently occurring at Southwell/ TRHS include urinary tract infections, chest or abdominal pain, and headaches or coughs – highly consistent with U.S. averages (see Appendix J).

Rank	Emergency Department
1	Urinary tract infection, site not specified
2	Unspecified abdominal pain
3	Other chest pain
4	Headache
5	Cough
6	Essential (primary) hypertension
7	Chest pain, unspecified
8	Shortness of breath
9	Fever, unspecified
10	Syncope and collapse

Similarly, the most common outpatient diagnoses are often related to chronic health conditions such as high blood pressure, diabetes, high cholesterol, or screenings or other general examinations.

Rank	Outpatient
1	Essential (primary) hypertension
2	Encounter for screening mammogram for malignant neoplasm of breast
3	Hyperlipidemia, unspecified
4	Type 2 diabetes mellitus without complications
5	Encounter for other preprocedural examination
6	Encounter for general adult medical examination without abnormal findings
7	Other long term (current) drug therapy
8	Vitamin D deficiency, unspecified
9	Hypothyroidism, unspecified
10	Type 2 diabetes mellitus with hyperglycemia

Qualitative and Quantitative Primary Data Collection

Qualitative Interviews and Discussion Groups

Community members, providers, and hospital leadership joined discussion groups or participated in one-on-one interviews as part of the community health needs assessment. Members were recruited via email and by phone. During the recruitment process it was explained that the meeting and interviews were important steps in the assessment process in to help identify opportunities for community health improvement in the near future.

The six virtual focus group discussions (held via Zoom) used a formal interview guide (see Appendix) that covered the twenty-five participants' broad perceptions of health and narrowed into what they saw as the biggest health problems facing the community. In addition, participants were showed the results of the 2018 CHNA community health need prioritization process, to see if they felt the list remained the same, or if various needs had increased or decreased in their relative importance.

Crescendo also conducted twenty one-on-one telephonic interviews with a diverse group of community stakeholders to provide additional perspective on key topics. TRHS provided Crescendo with most names and contact information for interview subjects, and others were suggested during phone calls with other participants. Most calls lasted approximately 30 minutes in length, although some community members chose to share a great deal of information, so some calls exceeded 30 minutes.

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

In addition, some physicians discussed their thoughts on the health of the community from their unique vantage point.

Broad Dimensions of Health

What really came to light is that the Tifton area seems to be in the midst of a growth spurt and the area is changing. This comes with both positive and negative implications. People overwhelmingly had many positive comments about the area as well as TRHS services, although the lifestyle does not suit everyone's preferences. While a sample bias in the selection of participants does exist, in general, people who are from the area, who relocated to the area for their spouse, or have lived in the area for a relatively longer period of time tend to appreciate what the community has to offer. For individuals not from the region, it appears to be more difficult to acclimate to the less developed and less populated area.

A few respondents indicated the disparity between two areas of Tifton that seemed to be characterized by socioeconomic differences.

In addition, at the time of research two general topics were frequently mentioned: public safety and homelessness. The recent killing of a child and increase in violence – especially gun violence – have appeared to add to the already heightened stress of the pandemic.

- "There's a reason why it's called 'The Friendly City.' People are friendly and look after each other. No traffic. No commutes."
- "The patient mix and population have changed over the years, and the needs and expectations of patients have changed."
- "We can't handle the growth, and we're right at intersection of major highways. This creates traffic, and we're behind keeping up with infrastructure to contain growth. We have a college, technical school, health system, but we're running out of room in the city limits."
- "Not a lot of homeless in past, but it's getting worse. The Housing Authority requires a lot of hoops, and people need a job."
- "Gangs are growing, and this stems back to education. I think they're young, juvenile kids who quit school."
- "Everyone needs to make efforts into south Tifton where people need more help."
- "No one is talking about the gun violence. Chambers aren't talking about it. Police and others are touchy because they're being blamed and some think they're not doing enough. People (police, judicial, etc.) need to hear things they don't want to hear. Relationships matter in these communities."

While most would likely agree that the health system would be unable to directly impact some of the indicators of the area's evolution, leadership would be wise to stay abreast of the factors affecting resident's day to day lives.

Health Problems and Contributing Factors

Research participants frequently cited mental or behavioral health as a top need in the area. Not only has this been consistent with studies over the years, but the problem has been exacerbated by the COVID-19 pandemic during which the research was conducted.

There is a great deal of consensus in regard to most of the health needs in the area – especially mental health care. There seemed to be an increase of interest in drug and alcohol misuse as compared to previous studies, which isn't surprising considering the previous report shared that "things such as the opioid crisis (though not currently a major issue) may soon become urgent." Conditions that individuals listed as some of the biggest health problems included (in order):

- Transportation.
- Mental health and substance abuse.
- Food insecurity.
- Lack of exercise, poor diets, and smoking.
- Diabetes, pre-diabetes, nutrition.

Consistent with years past, participants indicated that generational, social, and cultural influences as contributing factors in the persistence of poor health:

Financial Needs and the Impact of Poverty are Barriers to Care

- "Payments, co-pays, and financial considerations are the biggest barriers to getting care."
- "People don't get mammograms because they don't know how they can afford it."
- "We have a ton of patients who can't afford anything. They have a ton of paperwork to fill out. There are no pharmacies or grocery stores in the high-risk neighborhoods."

Cultural and Generational Issues Often Impact Healthy Behaviors

- "It's hard for patients who are not from the same culture as the provider."
- "The Hispanic population is about 10%. The hospital system does its best to meet their needs with the language line, but the hospital needs more bilingual staff. I'm seeing it more as the years go by."
- "We need to teach kids how to think for themselves, that they can control their future, self-esteem and self-worth."
- "There are issues with the Hispanic community, they are afraid to come for services. There is some mistrust. They may be undocumented."

Leading Challenges

During both the one-on-one interviews and the focus groups, participants were asked what they felt were the most prevalent health challenges in the community. In general, the areas of consensus were consistent:

Access to Providers and Transportation

In each conversation, participants (including some healthcare providers) mentioned transportation and access to healthcare continue to be a challenge. Many mentioned the new mobile clinic as being a step in the right direction, although services have pivoted during the pandemic. Participants indicate that accessibility to providers continues to represent a general problem, and that some specialties – including dentists – are more difficult to access in certain geographic areas.

Interestingly, some shared that they felt people chose not to get the care they need and questioned how to encourage people to take better care of themselves.

One participant did mention that the health system has done a good job of building telehealth, so that helped to improve access.

- "Networks of doctors are a handicap to people who need help. It's hard to get transportation to a doctor out of town who's not in network."

- “It’s easy to get care for people comfortable navigating healthcare system. Others only know how to enter the system through the ER when things are bad. It has to do with education - many people don't read or read at a high level, and they don't know what to ask for, who to ask, how to ask. They don't understand what the health department and clinics have to offer. The first step into the healthcare system is the hardest, but once they're in, it's not a problem. Doctors do a good job of helping patients get to the next step, i.e., a specialist.”
- “Biggest needs include more access to primary care, and more urgent primary care. ER has a high volume of patients (higher than expected) because of a lack of access to urgent care. Not sure how effective mobile unit can be, so maybe buildings and outpatient clinics would be better in outlying areas.”
- “Transportation is a ‘disaster.’ Many patients are a no show so that disrupts other patient appointments. Case managers and the Foundation are relied on to get people the help they need.”
- “The mobile van is a good model, but it’s a small fraction of what's needed.”
- “Patient may get to an appointment and they get a prescription refill, but the available transportation won't go to the pharmacy.”
- “No local inpatient substance abuse services or rehab - all outside of direct community about 1 hour away.”
- “No podiatrist in Tifton will take my insurance, unless I want to do private pay. I went to ER at Tift Regional, but then referred me to a podiatrist for follow-up (at $70 visit) who wanted to do another x-ray. I told them the hospital already had x-ray, so doctor did x-ray and didn't charge me.”
- “Seems more intervention than prevention is done, but we need more prevention.”
- “We need more access to dental care and eye doctors. There should be dental students who come to the area once a month for inexpensive cleanings.”
- Affordable dental care is a problem. Many people don't have dental insurance, and indigent care doesn't cover dental care. Before patients get chemo, they have to be cleared by a dentist. Patients delay care because they need to find a way to pay for a dentist, and they may need work done by a dentist but can't afford it, so they delay cancer care.”
- “A big problem is how to identify affordable insurance that suits people’s needs. ACA helped me a lot; individual insurances are very costly and limited. In rural areas it’s a lot harder to find insurance.”
- “We need more services for pregnant women and new moms: more OBs, women’s care and pregnancy support, prenatal care.”

Mental and Behavioral Health

Health system representatives, physicians, and community leaders feel that mental health services are a big gap that needs to be filled by TRHS.

- "One in three patients in ER or PCP need mental health services. The health system needs to build a strategy to work with other entities, such as schools and public safety organizations."
- "Behavioral health becoming more prominent, especially in children. This is an area of need. When a condition goes beyond the pediatrician, they need a pediatric behavioral health provider."
- "Behavioral health is a major issue for sure, especially with COVID and the presidential and other elections."
- "The stigma around mental health is a huge issue. One person who was struggling with all of the child deaths still hasn't gotten help. It's an internal problem they've created: 'so-and-so seems to be handling this okay, so what's wrong with me?'"
- "More mental health providers are needed. [Organization staff and volunteers] see little kids who can't speak because of the horrors that they saw in front of them."

Drugs and Alcohol Misuse

The 2018 report indicated that drugs and alcohol were mentioned, but that respondents didn't have a lot of energy about these subjects. This research cycle suggests that they're gaining in prevalence in the community. In addition, as seen in most parts of the US, the co-occurrence of substance misuse and behavioral health is evident.

- "It used to be that opioids were the biggest issue. Now it's opioids and other drugs such as meth and alcohol."
- "If people in jail got mental health care, many issues could be prevented. People self-medicate with street drugs, but if they had access to mental health care they might not. We see a lot of over-prescribing of pills, plus heroine, crack, and alcohol."
- "Substance abuse is huge. Generations are affected."
- "There is a lot of marijuana use, but there seems to be some social acceptance of it."

Prevalence and Management of Chronic Health Conditions

Participants shared that the prevalence and management of certain chronic health conditions continues to affect the community. Frequently cited diseases include diabetes, hypertension, heart disease, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF). A few felt that individuals make the choice not to care for their chronic conditions, which serves as an opportunity.

- “We need better outpatient chronic disease management to keep people out of the hospital.”
- “Employer health – it's taken us years to get into these industries and some tough love (i.e., if you don't take care of your diabetes then you're going to lose your foot). Have to ‘shame’ them a bit. We struggle with making people ‘give a crap’ about their healthcare.”
- “Diabetes and blood pressure are big issues at the senior center.”

Poverty and Social Isolation

This has always been a problem, but due to the COVID-19 pandemic, the situation has only gotten worse.

- “A lot of isolation, people stuck in homes without transportation or families who don't care.”
- “Child abuse calls to law enforcement plummeted because kids were trapped. Numbers are increasing now that kids are back in school.”
- “Our community needs more jobs with growth opportunities. Many people stay in a job 20 years, people need to be guided to get more education, get new job. People don't take advantage of educational opportunities, whether due to lack of motivation, no one to hold them accountable, transportation. Give people something to be proud of, like putting graduate’s photos in paper, etc.”

Food Insecurity, Poor Nutrition and Physical Activity

Access to healthy food, combined with poor nutrition due to culture and a lack of physical activity, are prevalent problems in the area.

- “We need more nutritional courses. Many elderly grew up on unhealthy food, so they need to learn a new way of cooking to help with blood pressure and cholesterol. The YMCA is very strong, but they're hurting due to all other gyms, and it would be nice if the YMCA had an indoor pool.”
- “Food is the biggest need.”
- “Weigh people when they walk into Walmart. Obesity is so common that it's the norm, people don't think anything of it. Need a good way maybe with schools or the health department to focus on obesity since so many health problems stem from there. We need to educate kids and their parents.”
- “PCPs need dieticians down the hall, not have appointment next month.”

Services for the Aging Population

Services for the aging population were perceived as lacking by a number of participants, including the focus group consisting of members of the senior citizen population.

- You're directed to many different specialists. What happened to the family doctor who can take care of most of your problems? It's a lot harder to manage your health as you get older."
- "Seniors living at home alone could use senior companions, including helping with finances and changing lightbulbs. It would be helpful to create groups to help people stay independent and stay home as long as possible."
- "Seniors need help with post-acute stays in the hospital."
- "The population that struggles with telehealth is the older senior population."
- "Hard to find help for people with Alzheimer's and dementia."
- "Frustration then depression then suicide with the elderly."

Solutions and Suggested Interventions

When asked if community members feel there are services to address the problems mentioned, participants spoke highly of existing services, but suggested improvements which are included below.

Communication and Education

Participants feel that by improving education and both internal and external communications, the community and health system would reap the benefits.

- "Biggest issue is compliance, for example, getting people to quit smoking. People don't believe in flu or other vaccines, people hear misinformation. Some people are against the COVID vaccine without knowing all of the facts, and it's people from various socioeconomic areas. Politics of the area make an impact. Public health education needed."
- "Education and communication. Southwell doesn't sell itself well, getting better, but even internally communication is bad. Forum online is helpful. Educating community would help prevent issues."
- "Develop a robust healthcare education platform. Improve access to care. Case managers to support patients. One stop shop for access to care and education."
- "Many people use ER as PCP – it's generational, more education on health benefits and how to use benefits is needed."
- "COVID has hindered training on child sexual abuse education."
- "More communications campaigns to talk about mental health, to encourage people to reach out. A confidential phone number people could call to link them to options."

- "Constant, relevant communication is required to keep people engaged. REAL data helps provide the foundation for continued engagement. Marketing is critically important, too. In underserved populations (especially seniors), social media may not work; for them conventional media are also required."
- "More education for community on certain topics, i.e., obesity, COVID, sepsis (most opportunity to improve care and survival)."
- "A resource to get people the messages. We should start with the school system. Consistent messaging across channels: schools, churches, etc."
- "Here's a project idea: have some athletes come out of that community and try to come back and help."
- "Building trust is so important, and it's hard to build. It takes personal effort."

Participants shared thoughtful ideas to help specific populations in need.

- "Mentoring programs for young mothers."
- "It would be helpful if the community had a housing complex for people in recovery."
- "Single moms do the best they can, but they don't know about the available resources."
- "Some people don't have anything to do and will volunteer their time. Find these people and put them to good use; help people who need help."
- "We need senior care and specialized geriatricians. They'd have better knowledge of ALL existing resources – palliative care, rehab, aging place."
- "Give support to the grandparents, aunts and uncles who are raising family member's kids."
- "More teen and youth services in the community, including mentoring, engaging them in activities that don't include phones, more recreational activities, support systems. Continue following the services through as kids age – continuity to keep youth and their families engaged."
- "Make access easy and seamless for everyone."

Community Partnerships

Working together can often reap greater rewards than organizations pursuing individual agendas, so developing and strengthening strategic partnerships with others in the community can likely benefit a greater number of people in the area.

- "We're working with UGA to provide education about food and healthy eating."
- "Partnering with the health department for preventative care for breast cancer or other cancer screenings would be beneficial."

- “Mental health therapists could hold office hours at a PCP, churches, the courthouse, and other locations to preserve privacy.”
- “ABAC isn’t being utilized as much as it should. We should have more conversations with them about needs to discuss, for example, a Nurse Practitioner program and a respiratory therapy school.”
- “We need a facility in the community where people can simply walk in and get help.”
- “Resources and education within communities where people who WANT to can learn how to help themselves and community.”
- “Safe and affordable housing with onsite facility for resources like daycare, health clinic. Have mental health and substance abuse counselors to offer services in community for free.”
- “Revitalization in a part of the city blighted with crime would help.”
- “Clean up areas in the south side and government housing, and figure out how to get resources to the people who live there.”
- “Partnering with community resources, we've partnered with the YMCA to get the community active and healthy.”
- “The hospital-sponsored lunches at YMCA were great; doctors spoke about aging, abuse, mental health, etc.”
- “I’d like for the younger generation to be kinder to seniors.”

Community Survey

Survey Profile

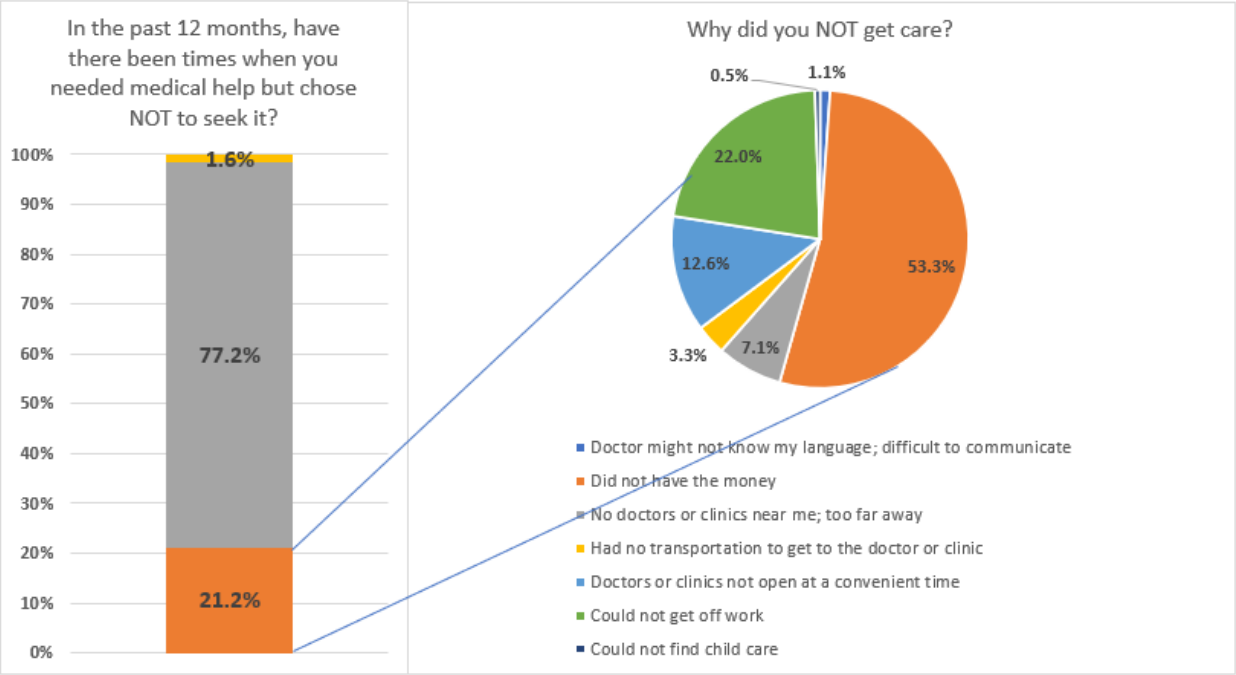
With the leadership Chris Efaw, Vice President of Outreach and Development, and the other members of the CHNA Advisory Committee, a highly successful Community Survey was conducted in 2020Q4. With over 1,000 respondents, the survey (made available in Spanish and English; hosted online, and paper copies, were available) gathered insight from a breadth of community members. Participation is described in the table below.

Southwell / Tift Regional Health System
Community Health Needs Assessment – Community Survey: Respondent Profile

Demographic Category	Percent of Survey Respondents
Language Preference	
English	99.2%
Spanish	0.8%
Gender	
Male	13.0%
Female	87.0%
Age Group	
18 to 24	4.3%
25 to 34	17.9%
35 to 44	17.0%
45 to 54	26.4%
55 to 64	22.9%
65 to 74	9.3%
75 and older	2.2%
Education	
Less than high school	0.4%
Graduated high school	9.3%
Some college or vocational training	19.0%
Completed a 2-year college degree or a vocational training program	34.2%
Graduated college (4-year Bachelor Degree)	21.0%
Completed Graduate or Professional school (Masters, PhD, etc.)	16.2%
Income	
Less than $25,000	11.7%
$25,001 to $50,000	28.8%
$50,001 to $75,000	20.5%
$75,001 to $100,000	17.4%
More than $100,000	21.7%
Race or Ethnicity	
American Indian	0.4%
Asian	1.7%
Black	15.3%
Hispanic	6.0%
Mixed	1.2%
White	71.8%
Other	0.5%
Not Disclosed	4.4%
American Indian	.4%

Health System Use

Although most participants (90.3%) say that they have a family doctor, health clinic, or family health center where they receive routine care, more than one in five (21.2%) said that there was at least one occasion in the past 12 months on which they needed medical care but chose not to seek it.



- As shown above (right side), more than half of people who needed care but did not seek it (53.3%) faced financial issues – they did not have the money.
- An additional one-third of respondents (34.6%) could not see a provider at a convenient time (i.e., 22.0% could not get off work; 12.6% say that that doctors or clinics not open at a convenient time).
- One in ten (10.4%) had not transportation or providers were too far away.

Most Common Needs

Survey respondents provided great insight to better understanding perceptions regarding community needs. Based on their responses, behavioral health issues (including mental health and substance use) are among the leading needs. Care coordination and integrated care are also among the most common needs. Regarding specific direct healthcare services, senior-related services are noted. The 20 highest rates Community Survey Needs are shown in the table below. The complete list is contained in the Appendix.

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
Rank	**Need**	**Percent Saying, "Much More Focus Needed"**
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	53.6
2	Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults	50.4
3	Emergency mental health services	49.0
4	Affordable quality child care	48.7
5	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	47.4
6	Drug and other substance abuse treatment and rehabilitation services, including detox	47.1
7	"Integrated care" where people can get medical care and counseling at the same time	45.5
8	Drug and other substance abuse education, prevention, and early intervention	45.2
9	Healthcare services for seniors	44.2
10	Long-term care or dementia care	44.1
11	Affordable healthcare services for individuals or families with low income	43.8
12	Social services (other than healthcare) for people experiencing homelessness	43.2
13	Programs for obesity prevention, awareness, and care	42.7
14	Secure sources for affordable, nutritious food	42.0
15	Services or education to help reduce teen pregnancy	41.2
16	Healthcare services for people experiencing homelessness	40.5
17	Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	40.5
18	Access to dental services	38.6
19	Increased neurology coverage	37.8
20	Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	37.4

- Behavioral health needs account for the three most highly identified needs; they comprise five of the top ten.
- Financial awareness and counseling services (rated #5 above) and integrated care services (rated #7 above) reflect the need for support services to fill knowledge gaps and improve the efficiency of care in the service area.
- The list of “top 20” needs also includes several “community services” types of needs such as social services for people experiencing homelessness (rated #12), Secure sources of affordable, nutritious food (rated #14), and Urgent food capacity or services (rated #17), and others.

Quality of Care Perceptions

Overall perceptions of the Southwell/ TRHS quality of care are high, as approximately 90% of respondents indicate that core measures are "Very high quality" (about 50% of respondents) or "Somewhat high quality" (about 40%).

Tift Regional Health System Quality of Care Perceptions

Quality Measure	Percent Saying, " Very high quality" or "Somewhat high quality"
The overall Tift Regional Health System of care	88.2%
Tift Regional Health System providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	90.4%
Tift Regional Health System staff (e.g., Nurses, Patient Care Technicians, Other Therapists)	89.4%

Communications

Survey respondents appear to be active social media users. Nearly one-third of whom (31%) say that Facebook or other social medial sites is the best way to reach them. Nearly half (46%) indicate that it is one of the top three ways.

In regard to Tift Regional's providers and services, what is the #1 way to connect with you as a consumer?

Channel	Percent "Top"	Percent "Top
Facebook or other social media site	31.1%	46.0%
Word of mouth	17.0%	35.9%
Physician referral	15.8%	26.2%
Mailer	11.8%	30.5%
Google search / website	6.2%	17.8%
Community event	5.7%	21.4%
Web advertisement with a link to our website	5.0%	15.7%
Print advertisement (such as newspaper or	3.0%	10.4%
Television commercial	2.1%	13.2%
News media story	1.5%	9.3%
Billboard	0.6%	3.1%
Radio commercial	0.1%	2.3%

When seeking information about providers or about one's own health status, community survey respondents indicate that they seek out trusted sources. To learn about healthcare service providers, people tend to most commonly seek the perspectives of friends and family. For information about own's own health, a physician or other healthcare worker is seen as the most trusted resource.

Community Sources of Information

What sources do you normally use to find out about healthcare providers or hospitals?	Percent	What sources do you normally use to find out about your own health or to monitor your own health?	Percent
Friends and relatives	67.0%	**A physician or other healthcare worker**	67.7%
A hospital's website	53.1%	**A patient portal**	52.3%
A physician or other healthcare worker	52.9%	**Medical websites such as WebMD or Mayo Clinic**	33.0%
Social media	**35.8%**	**A fitness tracker website like Fitbit or My Fitness Pal**	21.6%
A physician's website	24.5%	**Friends and relatives**	20.5%
Healthcare rating sites like HealthGrades or US News & World Report	9.3%	**A hospital's website**	**18.1%**
Television	8.9%	**A physician's website**	10.5%
Healthcare.gov	8.4%	**Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care**	8.5%
Newspaper	4.0%	**Healthcare.gov**	3.4%
Radio	1.8%		
Magazine	1.4%		

- Even though "Friends and family" is the most common source of information about healthcare service providers, a hospital's website and providers are identified by more than half of respondents (53%) as information sources. Therefore, TRHS has the opportunity to reach their community through these channels.
- To learn information about one's own health or to monitor one's own health, direct care providers are the most common source; however, on-line sources such as the patient portal, healthcare websites, and hospital / physician websites are also commonly used.
- Note that Southwell/ TRHS appears to have a relatively high percentage of community members interested in using the patient portal.
- Telehealth services are rapidly growing nationwide (and in Georgia) as a preferred source of – especially – outpatient services. There may be increasing opportunities to leverage this channel for Southwell/ TRHS.

Prioritized List of Needs

The Advisory Committee reviewed the prioritized list of community needs, which was updated from the previous CHNA based on the focus group discussions, community survey, and one-on-one interviews. During a three-stage process, participants prioritized the needs based on the degree of need within the community, resource requirements, and long-term versus short-term objectives. The 2020 needs fall into three categories: Access to Care, Care Coordination Services, and System Capacity. Although 53 needs were identified and prioritized, the top 10 needs are shown below.

Prioritized 2020 Community Needs

Domain and Rank	Health Need
Access to Care	
1	• Transportation services for people needing to go to doctor's appointments or the hospital
2	• Access to healthful food
3	• Affordable prescription medications
9	• Wellness initiatives for adults – exercise and nutrition
10	• Obesity – education and prevention
Care Coordination Services	
4	• Seniors health services – care coordination
5	• Substance abuse screening, intervention, treatment, care coordination
System Capacity	
6	• Senior's health services – diagnostic and treatment
7	• Senior's health services – Dementia spectrum services for Alzheimer's, etc.
8	• Behavioral health services for adults for depression, anxiety, or other mental health conditions other than substance abuse

Implementation Strategy Considerations

Implementation strategies will help operationalize activities designed to address prioritized needs. The Advisory Committee members (with the guidance and support of Chris Efaw, Vice President, Outreach and Development) support an active, collaborative, community-based set of actions to enhance their community's health. Based on Advisory Committee comments, there is particular interest in strategies and initiatives that do the following:

- Enhance efforts to provide mobile or co-located chronic disease, pharmacy, and specialize medical care in the community. The efforts of the system's mobile health van – implemented after the previous CHNA – were recognized, although the COVID-19 pandemic has made original usage a challenge.
- Expand telehealth services to address both COVID-related access issues, as well as long-term transportation challenges.
- Improving access to care, including and especially behavioral health and substance abuse services.
- Continue successful programs currently in operation that address chronic conditions, e.g., obesity, respiratory, and heart disease programs.
- Further develop programs for acute conditions, such as cancer and palliative care.
- Focus prevention efforts on children and students in schools, including subjects such as emotional wellness, healthy eating, exercise, etc.
- Continue proactive outreach and develop new or modified programs to address certain target sub-populations in the highest risk sections of the service area (e.g., Spanish speaking areas).
- Consider programs designed to encourage healthy lifestyles. This may include continuing and/or increased partnership local farmers and other community organizations such as the YMCA and the senior center.
- Encourage programs and partnerships that support families, including neonatal and infant/new mom education, childcare, safety, and programs that strengthen the family unit, which may include partnership with faith-based groups.

The above over-arching implementation strategies address many of the prioritized community health needs, including but not limited to:

- Providing health-related education, communications (including communicating services to the community and provider-to-provider communications), and enhanced information exchange.
- Enhancing obesity, wellness, and preventive services, including partnering with local farmers and Second Harvest of South Georgia.
- Engaging integrated care, where possible.

Implementation strategies will be developed by the Southwell/ TRHS leadership team in coordination with community partners.

Appendices

This document contains the following appendices:

Appendix A: CHNA & MSDP Stakeholder Interview Discussion Guides

Appendix B: CHNA & MSDP Focus Group Moderator Guides

Appendix C: Community Survey

Appendix D: Community Survey – Spanish

Appendix E: Community Survey Results

Appendix F: Community Resources and Facilities Information Guide

Appendix G: List of Survey-based Needs

Appendix H: List of Survey-based Needs – Ranked

Appendix I: Survey Response Frequency Tables – Sources of Information

Appendix J: Top 20 ER Diagnoses at Hospitals

Appendix A: CHNA & MSDP Stakeholder Interview Discussion Guides

Tift Regional Health System
Community Health Needs Assessment &
Medical Staff Development Plan 2020

Stakeholder Interview Guide - FINAL

Introduction & Objective

Good morning [or afternoon]. My name is Tara Auclair [or Scott Good or Jeremy Vandroff] from Crescendo Consulting Group. We are working with Tift Regional Health System to conduct their community health needs assessment [and assist with the medical staff development plan]. The purpose of this call is to learn more about community strengths and resources, healthcare-related needs, ways that people generally seek services, and to collect your insights regarding service gaps and ways to better meet community needs. [FOR PROVIDERS: In addition, to help create the medical staff development plan, we want to learn important community trends and longitudinal staff recruiting issues that you feel may influence the future of the hospital's strategic and clinical goals. The second half of the interview will focus on the MSDP.]

Do you have any questions for me before we start?

To start with, please tell me a little about ways that you interact with the community and the populations your organization (or you) serves, if any.

Access, Availability, and Delivery of Services

1. When you think of the good things about living in this community, what are some of the first things that come to mind? *[PROBE: outdoor activities, lifestyle, other]*

2. Generally, what are some of the challenges to living here?

3. When people have needs – healthcare-related or otherwise – who do they tend to turn to for assistance? [Prompts: friends and family, Town Hall, their doctor, churches, others]

4. To what degree do people struggle with getting appropriate healthcare, or other related issues? [PROBE: are there certain types of care that are more difficult to find?]

5. What would you say are the two or three most pressing healthcare-related needs? [*see Appendix 1*]

6. Have you noticed a change in either types of healthcare needs or magnitude of the need due to COVID-19? How has COVID-19 changed things?

7. What are some of the community-level actions that can be done to make an impact on the community health and wellbeing? Are there any "low hanging fruit" that could be addressed quickly?

8. What organizations in the area provide services for individuals and families struggling with poverty, employment, addiction and housing issues? What programs seem to be the most helpful?

Enhancing Communications and Information

9. To what degree do you think that the community at large is aware of the breadth of available services in the area? What are the challenges to greater awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?

10. How do consumers generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?

11. **Magic Wand Question:** If money and resources weren't an issue, what is one thing you would do for your community?

Additional Information

We're going to reach out to others, and we'd appreciate your support.

First, we're going to develop a brief online survey and we'd like for you to share the link with your constituents.

Also, we're going to plan some virtual focus groups and we'd like for you to participate and/or help us invite individuals who you feel would provide value.

Would you mind if we reach out to you to assist us with these items when the time is right?

Thank you for your time today and continued support.

Appendix 1: Health Needs Breakdown

RESEARCHER NOTES

- 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 opioid abuse intervention among the homeless?"
- Not all topics will be covered with all interviewees. Discussion content will be modified to respond to interviewees' professional background and availability of time during the interview.

Your name is not going to be used and the responses will be 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 / cultural issues Wait times to see a provider	
Mental Illness and Trauma Informed Care	
Intellectual Disability	
Access to care (specify type: IP, OP, IOP, PHP)	
SDOH related issues	
Transitional Housing Access / Availability (i.e. Group Homes)	
Emergency Department Care Utilization, Quality, Reliance	
Geriatric Population Behavioral Health Dementia, Alzheimer's Disease	

Treatment / Access /Stigma	
[OTHER TO BE ADDED, AS NEEDED]	

Appendix 2: Medical Staff Questions

Overview

A hospital's medical staff and area physicians play a unique role in keeping the community healthy. To do so, it's vital to ensure that an appropriate number of providers covering all specialties are available to care for the population, and to be strategic with regarding to anticipated future needs, so we'd like to ask you some questions to help with creating a Medical Staff Development Plan. Do you have any questions?

To start with, please tell me a little about yourself including how long you've been in the area, an overview of your practice, and any other background information you'd like to share or feel is important.

Questions

1. How do you feel about your current case load? [PROBE: Are your days busy? What is the wait time for new patients to see you? What is the wait time for routine visits? How often do you refer to others outside the community? Do patients visit the Emergency Department or walk-in clinics due to limited appointment availability?]

2. Has the acuity of patients increased in the past few years? [PROBE: Does one patient need to visit your office more frequently for a condition than in years past? Do you send patients to the Emergency Department more frequently than you have previously?]

3. Do you feel that there are enough providers in your specialty in the area? Why or why not?

4. Do you frequently find it difficult to refer to physicians in other specialties? To which specialties is it more difficult to refer patients? Why is this the case – not enough providers, insurance coverage issues, not enough patients to justify a medical specialist of a particular discipline, other issues?

5. How do you feel about the current balance between primary care physicians and specialists? What has the trend been over the past few years? How do you expect the trend to change? What may drive the change?

6. Do you feel there are any gaps or specialties lacking in the community that need to be filled? [PROBE: specialist gaps such as behavioral health or Alzheimer's/dementia care, language or cultural gaps]

7. How do you feel about the hospital's strategic and clinical programming goals?

8. What are your thoughts about the various models of physician practice management and what they mean for professional fulfillment and physician work/life balance?

[PROBE: for example, private practice, hospital owned, private equity backed, corporate owned, etc.]

9. Physician burnout has been getting a lot of press in the past few years. How do you think that applies in both your geographic area and specialty?

10. Have you started thinking about retirement? [PROBE: Is it a few years off, or more imminent? Has COVID changed your retirement plans? What do you plan to do with your practice?]

11. How do you suggest that the hospital and community fill the gaps when currently practicing physicians retire or semi-retire?

12. Do you feel that there are barriers for physicians to practice at the hospital or in this community? If so, what are they?

13. If you could share one piece of advice with hospital leadership regarding physician recruitment or retention, or any other matter, what would it be?

14. Is there any other information that you'd like to share that would help determine a medical staff development plan?

Appendix B: CHNA & MSDP Focus Group Moderator Guides

Southwell/Tift Regional Health System

Community Health Needs Assessment &
Medical Staff Development Plan 2020

Community Discussion Guide - Core Template - FINAL

Introduction and Objective

- *Explain the general purpose of the discussion*. As you were told in the recruiting process, the purpose of the discussion is to learn more about community health-related needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet needs.
    - With medical staff: In addition, we're here to ascertain current and future issues related to medical staff attrition. [See Appendix for questions]
- *Explain the necessity for note-taking and recording*. The session is being recorded to assist us in recalling what you say. We will describe our discussion in a written report, however, individual names will not be used.
- *Seek participants' honest thoughts and opinions*. Frank opinions are the key to this process. There are no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative. Please be respectful of the opinions of others.
- *Describe logistics*. Logistics are a bit different than normal since we're virtual, but we'd appreciate if you gave us your full attention for the next hour and thirty minutes (or less). If you need to take a break to use the restroom, please do.
- *Describe protocol for those who have not been to a group before*. For those of you who have not participated in one of these discussions before, the basic process is that I will ask questions throughout our session. However please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. If you have a private question, feel free to type it in the Chat area of the software.
- *Questions*? Do you have any questions for me before we start?

Interview Questionnaire

1. To start with, let's take a minute to say our names and introduce ourselves. As you do, please share one thing you like about living in the community. And for those of you who represent a service agency, please provide a brief overview of your organization and the

populations that you serve. To make sure we cover everyone, I'll call out individuals' names as I see them on Zoom. [Introductions]. Did I miss anyone?

CURRENT PERCEPTIONS ABOUT HEALTHY COMMUNITIES, ACCESS AND TOP NEEDS

2. 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. Understanding this, when I say a "healthy community" or "improving community health," what is the first thing that comes to mind?

   PROBES: Types of issues (disease management, public safety, behavioral health, social services, environmental issues, economic issues, etc.), target groups, or individuals?

3. At a high level, how would you describe the current availability and access to health services in the area? "Access" can mean the availability of providers who can provide services to you, affordability, transportation to services, and similar items.

   PROBE: Primary care, specialty care, emergency care, mental health care

4. What groups of people are especially vulnerable to poor health and/or are underserved from your perspective? These may include groups such as racial or ethnic minorities, people living with disabilities, people experiencing homelessness, seniors, veterans, low income families, or others.

Next I'd like for us all to quickly list the top health needs from your perspective [as seniors, community members, board members, etc.).

5. From your perspective what are the top critical community health-related issues [that YOUR ORGANIZATION addresses?]. Again, I'll call off people's names.

Did I miss anyone?

PREVIOUS AREAS OF NEED

A few years ago, obviously prior to the pandemic, community members identified the following list of needs. Have things changed recently? Are all top needs listed? Do you think that they are ordered properly? Are we missing any?

Prioritized Community Needs - 2018

Domain and Rank	Health Need
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

Are there other needs that we haven't yet talked about? To explore the question, I'd like to briefly talk about **four broad categories of needs**: Social and Physical Environment services, Disease management and general healthcare, Mental health and Substance Use Disorders, and Risky behaviors, and Risk Prevention / Wellness / Staying Healthy.

For each area I'm going to ask two questions:

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

Let's start with:

6. Social and physical environment services (e.g. homelessness, jobs).

- What is the biggest issue in this category; and

- Who are the community stakeholders in the best position to help address this need?

7. Disease management and general healthcare (e.g., chronic disease management, diabetes, cancer, cardiovascular disease, hypertension, infectious disease, Alzheimer's, etc.)

- What is the biggest issue in this category; and
- Who are the community stakeholders – including doctors, hospitals, or non-profits – in the best position to help address this need?

8. Mental health and substance use disorders (e.g., responses to stress, education, early intervention, treatment, domestic violence, general clinical mental health issues, etc.). Are there any new issues related to COVID-19?

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

9. Risky behaviors, HIV/AIDS, risk prevention, wellness (Youth oriented programs, weight loss, smoking cessation, etc.).

- What is the biggest issue in this category; and
- Who are the community stakeholders in the best position to help address this need?

10. Do people generally know about access to and availability of services for these issues in the region?

PROBE: Why or why not?

Magic Wand Question

11. Finally, if there was one health issue that you personally could change in the area, what would it be?

PROBE FOR COMMUNITY ORGANIZATIONS AND LEADERSHIP

- Is this a short-term project or a long-term project?
- How would your organization be able to assist?

Thank you very much again for your time and thoughtful responses to our questions.

Appendix: Medical Staff Questions

Introduction and Objective

- *Explain the general purpose of this part of the discussion*. A hospital's medical staff plays a unique role in keeping a community healthy. To do so, a community and its local hospital need to ensure that an appropriate number of providers covering all specialties are available to care for the population, and to be strategic with regarding to anticipated future needs. Any questions before we start?

Interview Questionnaire

1. How do you feel about your current case load?

   PROBE: Are your days busy? What is the wait time for new patients to see you?

2. Has the acuity of patients increased in the past few years?
3. Do you feel that there are enough providers in your specialty in the area? When thinking ahead five years, does your response change? Why?
4. Have you started thinking about retirement?

   PROBE: Is it a few years off, or more imminent? Has COVID changed your retirement plans?

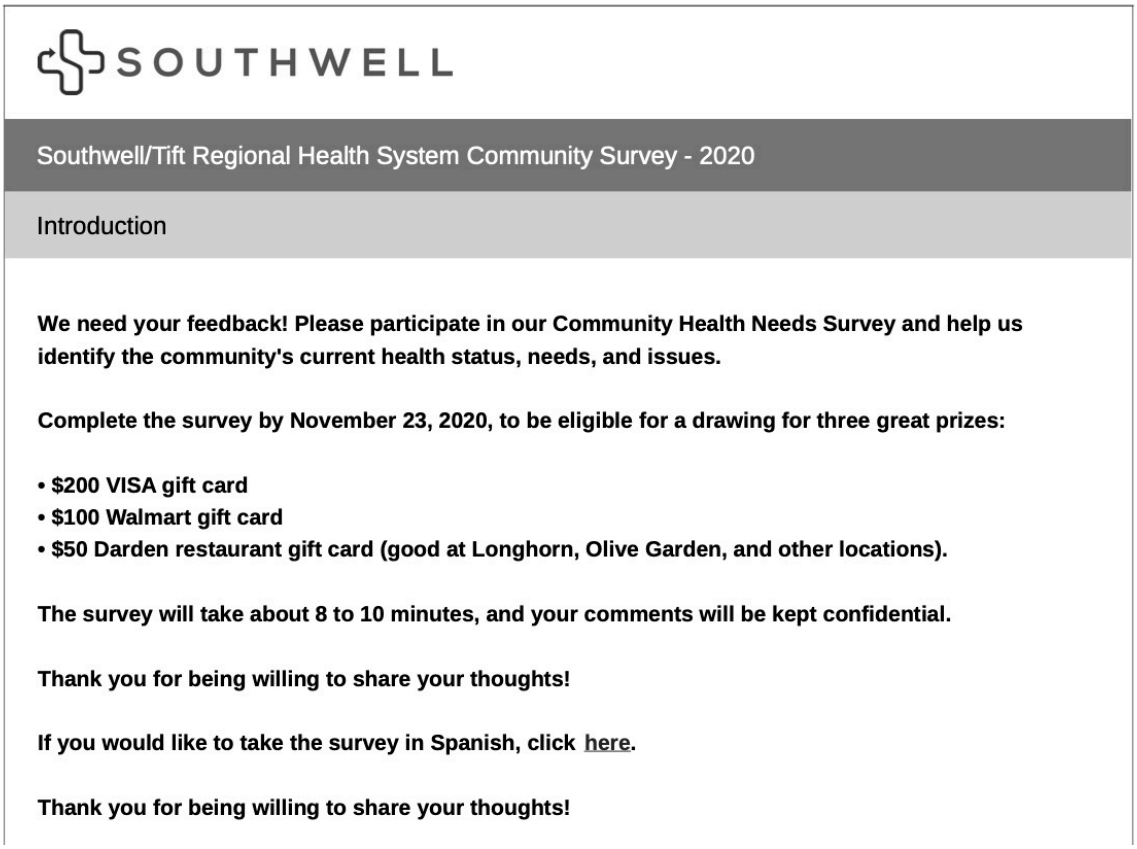
5. When you think about your medical colleagues, where – what specialty medicine fields – will there be the greatest shortfall: capacity versus demand? Why?

6. How do you suggest that the hospital and community fill the gaps when currently practicing physicians retire or semi-retire?

   PROBE: Do you feel that there are barriers for physicians to practice at the hospital or in this community?

7. Is there any other information that you'd like to share that would help determine a medical staff development plan?

Appendix C: Community Survey



SOUTHWELL

Southwell/Tift Regional Health System Community Survey - 2020

Introduction

We need your feedback! Please participate in our Community Health Needs Survey and help us identify the community's current health status, needs, and issues.

Complete the survey by November 23, 2020, to be eligible for a drawing for three great prizes:

- **$200 VISA gift card**
- **$100 Walmart gift card**
- **$50 Darden restaurant gift card (good at Longhorn, Olive Garden, and other locations).**

The survey will take about 8 to 10 minutes, and your comments will be kept confidential.

Thank you for being willing to share your thoughts!

If you would like to take the survey in Spanish, click here.

Thank you for being willing to share your thoughts!

SOUTHWELL

Southwell/Tift Regional Health System Community Survey - 2020

Accessing Care

1. Do you have a place where you go for routine or annual care?

- ◯ Yes, family doctor, family health center, or clinic
- ◯ Yes, emergency room
- ◯ Walk-in urgent care
- ◯ No
- ◯ I do not get care even when I need it
- ◯ Other (please specify)

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

- ◯ Yes
- ◯ No
- ◯ Not sure

3. 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
- ◯ Could not get off work
- ◯ Could not find child care

Other (please specify)

Community and Health-related Issues

A "healthy" community can include a variety of aspects such as the availability of healthcare services (including behavioral/mental health), social services, economic vibrancy and good jobs, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on these issues.

4. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Transportation services for people needing to go to doctor's appointments or the hospital	○	○	○	○
Transportation services for patients AFTER receiving outpatient services	○	○	○	○
Transportation services for people needing to go out of town for healthcare services or appointments	○	○	○	○
General public transportation	○	○	○	○
Affordable housing	○	○	○	○
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	○	○	○	○
Job training (or, re-training)	○	○	○	○

5. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Affordable healthcare services for individuals or families with low income	○	○	○	○
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	○	○	○	○
Primary healthcare services (such as a family doctor or other provider of routine care)	○	○	○	○
Emergency care and trauma services	○	○	○	○
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	○	○	○	○
A conveniently located place to purchase prescription drugs, when needed	○	○	○	○
Healthcare services for people experiencing homelessness	○	○	○	○
Social services (other than healthcare) for people experiencing homelessness	○	○	○	○
Long-term care or dementia care	○	○	○	○

6. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	○	○	○	○
Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others **for adults**	○	○	○	○
Counseling services for mental health issues such as depression, anxiety, and others **for adolescents / children**	○	○	○	○
Emergency mental health services	○	○	○	○
Drug and other substance abuse education, prevention, and early intervention services	○	○	○	○
Drug and other substance abuse treatment and rehabilitation services, including detox	○	○	○	○
"Integrated care" where people can get medical care and counseling at the same time	○	○	○	○
Programs to help people stop smoking	○	○	○	○
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	○	○	○	○
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	○	○	○	○
Programs for diabetes prevention, awareness, and care	○	○	○	○
Programs for heart health or cardiovascular health	○	○	○	○
Increased neurology coverage	○	○	○	○
Access to dental services	○	○	○	○

7. Which of the following community and health-related issues do you feel need more focus or attention for improvement?

	No More Focus Needed	Somewhat More Focus Needed	Much More Focus Needed	Don't Know
Women's health services	○	○	○	○
Men's health services	○	○	○	○
Pediatric / child health services	○	○	○	○
Services or education to help reduce teen pregnancy	○	○	○	○
Parenting classes for the "new mom" or the "new dad"	○	○	○	○
Affordable quality child care	○	○	○	○
Early childhood education	○	○	○	○
Healthcare services for seniors	○	○	○	○
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	○	○	○	○
Secure sources for affordable, nutritious food	○	○	○	○
Programs for obesity prevention, awareness, and care	○	○	○	○
Healthcare services for people in the Hispanic community	○	○	○	○

Are there any other issues that require more focus and attention? (If YES, please specify)

8. Explain any of your answers, if needed or interested in doing so.

9. What are the top THREE greatest health-related issues -- that is, items that need more focus and attention -- in the community?

1

2

3

10. How would you describe the quality of care from the following?

	Very low quality	Somewhat low quality	Somewhat high quality	Very high quality	Not sure
The overall Tift Regional Health System of care	○	○	○	○	○
Tift Regional Health System providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	○	○	○	○	○
Tift Regional Health System staff (e.g., Nurses, Patient Care Technicians, Other Therapists)	○	○	○	○	○

Other (please specify)

Communications

11. What sources do you normally use to find out about healthcare providers or hospitals? (Check your top three)

- [ ] Social media
- [ ] A hospital's website
- [ ] A physician's website
- [ ] Healthcare.gov
- [ ] Healthcare rating sites like HealthGrades or US News & World Report
- [ ] Newspaper
- [ ] Television
- [ ] Radio
- [ ] A physician or other healthcare worker
- [ ] Magazine
- [ ] Friends and relatives

Other (please specify)

12. What sources do you normally use to find out about your own health or to monitor your own health? (Check your top three)

- [ ] A hospital's website
- [ ] A physician's website
- [ ] Medical websites such as WebMD or Mayo Clinic
- [ ] A patient portal
- [ ] Healthcare.gov
- [ ] A fitness tracker website like Fitbit or My Fitness Pal
- [ ] A physician or other healthcare worker
- [ ] Friends and relatives
- [ ] Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care

Other (please specify)

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

- ◯ Facebook or other social media site
- ◯ Mailer
- ◯ Word of mouth
- ◯ Television commercial
- ◯ Print advertisement (such as newspaper or magazine ad)
- ◯ Community event
- ◯ Web advertisement with a link to our website
- ◯ News media story
- ◯ Physician referral
- ◯ Google search / website
- ◯ Radio commercial
- ◯ Billboard

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

- ◯ Facebook or other social media site
- ◯ Mailer
- ◯ Word of mouth
- ◯ Television commercial
- ◯ Print advertisement (such as newspaper or magazine ad)
- ◯ Community event
- ◯ Web advertisement with a link to our website
- ◯ News media story
- ◯ Physician referral
- ◯ Google search / website
- ◯ Radio commercial
- ◯ Billboard

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

- ◯ Facebook or other social media site
- ◯ Mailer
- ◯ Word of mouth
- ◯ Television commercial
- ◯ Print advertisement (such as newspaper or magazine ad)
- ◯ Community event
- ◯ Web advertisement with a link to our website
- ◯ News media story
- ◯ Physician referral
- ◯ Google search / website
- ◯ Radio commercial
- ◯ Billboard

16. Do you have any additional comments or questions? If so, please enter them here.

A Little Bit About You!

17. What is your gender?

- ◯ Male
- ◯ Female
- ◯ Non-binary
- ◯ Prefer not to disclose

18. What is your age?

- ◯ 18 to 24
- ◯ 25 to 34
- ◯ 35 to 44
- ◯ 45 to 54
- ◯ 55 to 64
- ◯ 65 to 74
- ◯ 75 or older
- ◯ Prefer not to disclose

19. What is your race? [Check all that apply]

- ☐ Black
- ☐ American Indian
- ☐ Asian
- ☐ Caucasian
- ☐ Hispanic
- ☐ Mixed Race
- ☐ Other
- ☐ Prefer not to disclose

20. What is the highest grade or year in school you completed?

- ◯ Less than high school
- ◯ Graduated high school
- ◯ Some college or vocational training
- ◯ Completed a 2-year college degree or a vocational training program
- ◯ Graduated college (4-year Bachelor Degree)
- ◯ Completed Graduate or Professional school (Masters, PhD, etc.)
- ◯ Prefer not to disclose

21. Which of the following ranges best describes your total annual household income in the last year?

- ◯ Less than $25,000
- ◯ $25,001 to $50,000
- ◯ $50,001 to $75,000
- ◯ $75,001 to $100,000
- ◯ More than $100,000
- ◯ Prefer not to disclose

22. How many people (including you) live in your household?

23. What is your zip code?

Enter to Win

Entering to win the prize drawing is voluntary, and your name, email address and phone number will only be shared for purposes of the drawing.

24. To participate in the prize drawing for a $200 VISA gift card, a $100 Walmart gift card, and a $50 Darden Restaurants gift card (good at Longhorn, Olive Garden, and other locations), please complete the information below:

Name	
Email Address	
Phone Number	
I wish to remain anonymous and not participate in the prize drawing	

Thank you for your participation!

Appendix D: Community Survey – Spanish

SOUTHWELL

Encuesta comunitaria del sistema de salud regional de Southwell / Tift - 2020

Introducción

¡Necesitamos sus comentarios! Participe en nuestra Encuesta de Necesidades de Salud de la Comunidad y ayúdenos a identificar el estado de salud, las necesidades y los problemas actuales de la comunidad.

Complete la encuesta antes del 23 de noviembre de 2020 para ser elegible para un sorteo de tres grandes premios:

- **Tarjeta de regalo VISA de $ 200**
- **Tarjeta de regalo de Walmart de $ 100**
- **Tarjeta de regalo de restaurante Darden de $ 50 (válida en Longhorn, Olive Garden y otros lugares).**

La encuesta dura entre 8 y 10 minutos, y sus comentarios se mantendrán confidenciales.

¡Gracias por estar dispuesto a compartir sus ideas!

Si desea realizar la encuesta en inglés, haga clic aquí.

1. ¿Tiene un lugar al que acudir para recibir atención médica de rutina o anual?

- ◯ Sí, médico de cabecera, centro de salud familiar o clínica
- ◯ Sí, sala de urgencias
- ◯ Atención de urgencia sin cita previa
- ◯ No
- ◯ No recibo cuidados incluso cuando los necesito
- ◯ Otro (por favor especifique)

2. En los últimos 12 meses, ¿ha habido ocasiones en las que necesitó ayuda médica pero decidió NO buscarla?

- ◯ Yes
- ◯ No
- ◯ No estoy seguro

3. En caso afirmativo, ¿por qué NO recibió atención?

- ◯ Es posible que el doctor no conozca mi idioma; es difícil comunicarme
- ◯ No tenia dinero
- ◯ No hay médicos ni clínicas cercanos a mí; están demasiado lejos
- ◯ No tenía transporte para ir al médico o la clínica
- ◯ Los médicos o las clínicas no abren en un horarios conveniente
- ◯ No pude salir del trabajo
- ◯ No pude encontrar cuidado infantil

Otro (por favor especifique)

Una comunidad "saludable" puede incluir una variedad de cosas, como la disponibilidad de servicios de atención médica (incluida salud de la conducta/salud mental), servicios sociales, vitalidad económica y buenos empleos, factores ambientales, temas de estilo de vida (como obesidad, tabaquismo, abuso de sustancias y aspectos vida saludable) y otros. Las siguientes preguntas son para conocer sus opiniones sobre estos asuntos.

4. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No lo sé
Servicios de transporte para personas que necesitan llegar a sus citas médicas o al hospital	○	○	○	○
Servicios de transporte para pacientes DESPUÉS de recibir servicios ambulatorios	○	○	○	○
Servicios de transporte para personas que necesitan salir de la ciudad para recibir servicios de atención médica o llegar a sus citas médicas	○	○	○	○
Transporte público general	○	○	○	○
Vivienda asequible	○	○	○	○
Acceso a su situación de vivienda preferida: ubicación, tamaño de la casa, acceso a los servicios, necesidades de la Ley sobre Estadounidenses con Discapacidades (ADA), etc.	○	○	○	○
Capacitación laboral (o reentrenamiento)	○	○	○	○

5. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No lo sé
Servicios de atención médica asequibles para personas o familias con bajos ingresos	○	○	○	○
Servicios para ayudar a las personas a conocer e inscribirse en programas que brindan apoyo financiero a personas que necesitan atención médica	○	○	○	○
Servicios de atención primaria (como un médico de cabecera u otro proveedor de atención de rutina)	○	○	○	○
Atención de emergencia y servicios de trauma	○	○	○	○
Servicios de atención urgente (es decir, atención ambulatoria para necesidades médicas inmediatas que no requieren el Departamento de Emergencias)	○	○	○	○
Un lugar convenientemente ubicado para comprar medicamentos recetados, cuando sea necesario	○	○	○	○
Servicios de atención médica para personas sin hogar	○	○	○	○
Servicios sociales (distintos a la atención médica) para personas sin hogar	○	○	○	○
Asistencia a largo plazo o atención de la demencia	○	○	○	○

6. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No lo sé
Capacidad adicional para servicios de rehabilitación de alta intensidad (es decir, servicios más intensivos y de menor duración centrados en una necesidad de salud particular)	○	○	○	○
Servicios de asesoramiento para problemas de salud mental como depresión, ansiedad, pensamientos suicidas, manejo de la ira y otros para adultos	○	○	○	○
Servicios de asesoramiento para problemas de salud mental como depresión, ansiedad y otros para adolescentes/niños	○	○	○	○
Servicios de salud mental de emergencia	○	○	○	○
Servicios de educación, prevención e intervención temprana para evitar el abuso de drogas y otras sustancias	○	○	○	○
Servicios de rehabilitación y tratamiento por abuso de drogas y otras sustancias, incluida la desintoxicación	○	○	○	○
"Atención integrada" donde las personas pueden recibir atención médica y asesoramiento al mismo tiempo.	○	○	○	○
Programas para ayudar a las personas a dejar de fumar	○	○	○	○
Coordinación de la atención al paciente entre el hospital y otras clínicas, médicos privados u otros proveedores de servicios de salud	○	○	○	○
Trabajadores sociales o "navegadores" para personas con enfermedades crónicas como diabetes, cáncer, asma y otros.	○	○	○	○
Programas para la prevención, concientización y atención de la diabetes	○	○	○	○
Programas de salud cardíaca o cardiovascular	○	○	○	○
Mayor cobertura neurológica	○	○	○	○
Acceso a servicios dentales	○	○	○	○

7. ¿Cuál de los siguientes aspectos relacionados con la comunidad y la salud considera que necesita más enfoque o atención para mejorar?

	No se necesita más atención	Se necesita un poco más de enfoque	Se necesita mucho más enfoque	No lo sé
Servicios de salud para mujeres	○	○	○	○
Servicios de salud para hombres	○	○	○	○
Servicios de salud pediátrica/infantil	○	○	○	○
Servicios de salud pediátrica/infantil	○	○	○	○
Clases de crianza para la "nueva mamá" o el "nuevo papá"	○	○	○	○
Atención infantil de calidad asequible	○	○	○	○
Educación de la primera infancia	○	○	○	○
Servicios de atención médica para personas mayores	○	○	○	○
Capacidad o servicios de alimentos urgentes como despensas de alimentos, comedores populares o un programa de "mochila"	○	○	○	○
Fuentes seguras de alimentos asequibles y nutritivos	○	○	○	○
Programas para la prevención, concientización y atención de la obesidad	○	○	○	○
Servicios de salud para personas de la comunidad hispana	○	○	○	○

¿Hay otros problemas que requieren más enfoque y atención? (Especifique si contesta afirmativamente)

8. Explique cualquiera de sus respuestas, si es necesario o si está interesado en hacerlo.

9. ¿Cuáles son los TRES problemas principales relacionados con la salud, es decir, los elementos que necesitan más atención y atención, en la comunidad?

1

2

3

10. ¿Cómo describiría la atención de calidad de lo siguiente?

	Calidad muy baja	Calidad un tanto baja	Calidad un tanto alta	Calidad muy alta	No estoy seguro
El sistema de atención de salud regional general de Southwell/Tift	○	○	○	○	○
Proveedores del Sistema de Salud Regional Tift (ej., médicos, enfermeras practicantes, asistentes médicos)	○	○	○	○	○
Personal del Sistema de Salud Regional de Tift (por ejemplo, enfermeras, técnicos de atención al paciente, otros terapeutas)	○	○	○	○	○

Otro (por favor especifique)

11. ¿Qué fuentes utiliza normalmente para averiguar sobre proveedores de atención médica u hospitales? (Marque sus tres primeras opciones)

- [ ] Redes sociales
- [ ] El sitio web de un hospital
- [ ] El sitio web de un médico
- [ ] Healthcare.gov
- [ ] Sitios de calificación de atención médica como HealthGrades o US News & World Report
- [ ] Periódicos
- [ ] Periódicos
- [ ] Radio
- [ ] Un médico u otro trabajador de la salud
- [ ] Revista
- [ ] Amigos y familiares

Otro (por favor especifique)

12. ¿Qué fuentes utiliza normalmente para averiguar sobre su propia salud o para controlar su propia salud? (Marque sus tres primeras opciones)

- [ ] El sitio web de un hospital
- [ ] El sitio web de un hospital
- [ ] Sitios web médicos como WebMD o de la Mayo Clinic
- [ ] Un portal para pacientes
- [ ] Healthcare.gov
- [ ] Un sitio web rastreador de ejercicios como Fitbit o My Fitness Pal
- [ ] Un médico u otro trabajador de la salud
- [ ] Amigos y familiares
- [ ] Recursos de telesalud, como un médico o enfermera de telesalud, o atención virtual de urgencia

Otro (por favor especifique)

13. Con respecto a los proveedores y servicios de Tift Regional, ¿cuál es la forma número 1 de conectarse con usted como consumidor? Elija una sola opción.

- ( ) Facebook u otro sitio de redes sociales
- ( ) Gestor de correo
- ( ) De boca en boca
- ( ) Comercial de televisión
- ( ) Publicidad impresa (como anuncios en periódicos o revistas)
- ( ) Evento comunitario
- ( ) Anuncio web con un enlace a nuestro sitio web
- ( ) Historia en los medios de comunicación
- ( ) Remisión de un médico
- ( ) Búsqueda de Google / sitio web
- ( ) Publicidad de radio
- ( ) Publicidad de radio

14. Con respecto a los proveedores y servicios de Tift Regional, ¿cuál es la forma número 2 de conectarse con usted como consumidor? Elija una sola opción.

- ◯ Facebook u otro sitio de redes sociales
- ◯ Gestor de correo
- ◯ De boca en boca
- ◯ Comercial de televisión
- ◯ Publicidad impresa (como anuncios en periódicos o revistas)
- ◯ Evento comunitario
- ◯ Anuncio web con un enlace a nuestro sitio web
- ◯ Historia en los medios de comunicación
- ◯ Remisión de un médico
- ◯ Búsqueda de Google / sitio web
- ◯ Publicidad de radio
- ◯ Publicidad de radio

15. Con respecto a los proveedores y servicios de Tift Regional, ¿cuál es la forma número 3 de conectarse con usted como consumidor? Elija una sola opción.

- ◯ Facebook u otro sitio de redes sociales
- ◯ Gestor de correo
- ◯ De boca en boca
- ◯ Comercial de televisión
- ◯ Publicidad impresa (como anuncios en periódicos o revistas)
- ◯ Evento comunitario
- ◯ Anuncio web con un enlace a nuestro sitio web
- ◯ Historia en los medios de comunicación
- ◯ Remisión de un médico
- ◯ Búsqueda de Google / sitio web
- ◯ Publicidad de radio
- ◯ Publicidad de radio

16. ¿Tiene algún comentario o pregunta adicional? Si es así, ingréselos aquí.

17. ¿Cuál es su género?

- ◯ Masculino
- ◯ Femenino
- ◯ No binario
- ◯ Prefiero no revelarlo

18. ¿Qué edad tiene?

- ◯ De 18 a 24 años
- ◯ De 25 a 34 años
- ◯ De 35 a 44 años
- ◯ De 45 a 54 años
- ◯ De 55 a 64 años
- ◯ De 65 a 74 años
- ◯ 75 años o más
- ◯ Prefiero no revelarlo

19. ¿Cuál es su raza? [Marque todo lo que corresponda]

- ☐ Afroamericano
- ☐ Indio americano
- ☐ Asiático
- ☐ Caucásico
- ☐ Hispánico
- ☐ Razas mixtas
- ☐ Otro
- ☐ Prefiero no revelarlo

20. ¿Cuál es el grado o nivel escolar más alto que ha completado?

- ◯ Inferior a la preparatoria
- ◯ Graduado de preparatoria
- ◯ Cierta formación universitaria o vocacional
- ◯ Completó un grado universitario de 2 años o un programa de capacitación vocacional
- ◯ Título universitario (licenciatura de 4 años)
- ◯ Completó un nivel de posgrado o profesional (maestría, doctorado, etc.)
- ◯ Prefiero no revelarlo

21. ¿Cuál de los siguientes rangos describe mejor su ingreso familiar anual total en el año pasado?

- ◯ Menos de $ 25,000
- ◯ De $ 25,001 a $ 50,000
- ◯ De $ 50,001 a $ 75,000
- ◯ De $ 75,001 a $ 100,000
- ◯ Más de $ 100,000
- ◯ Prefiero no revelarlo

22. ¿Cuántas personas (incluido usted) viven en su casa?

23. ¿Cuál es su código postal?

SOUTHWELL

Encuesta comunitaria del sistema de salud regional de Southwell / Tift - 2020

Participa para ganar

La participación para ganar el sorteo del premio es voluntaria, y su nombre, dirección de correo electrónico y número de teléfono solo se compartirán con los fines del sorteo.

24. Para participar en el sorteo de premios de una tarjeta de regalo VISA de $ 200, una tarjeta de regalo de Walmart de $ 100 y una tarjeta de regalo de Darden Restaurants de $ 50 (válida en Longhorn, Olive Garden y otras ubicaciones), complete la información a continuación:

Nombre	
Dirección de correo electrónico	
Número de teléfono	
Deseo permanecer anónimo y no participar en el sorteo.	

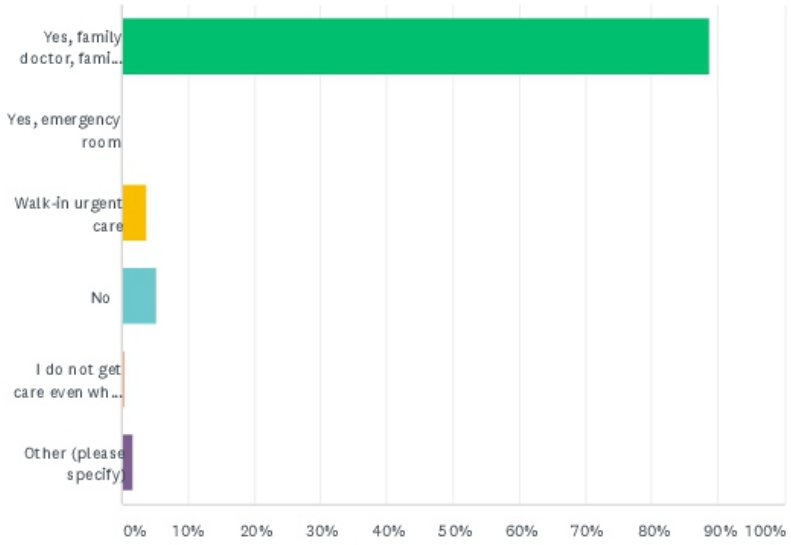
¡Gracias por su participación!

Appendix E: Community Survey Results

Southwell/Tift Regional Health System Community Survey - 2020

Q1 Do you have a place where you go for routine or annual care?

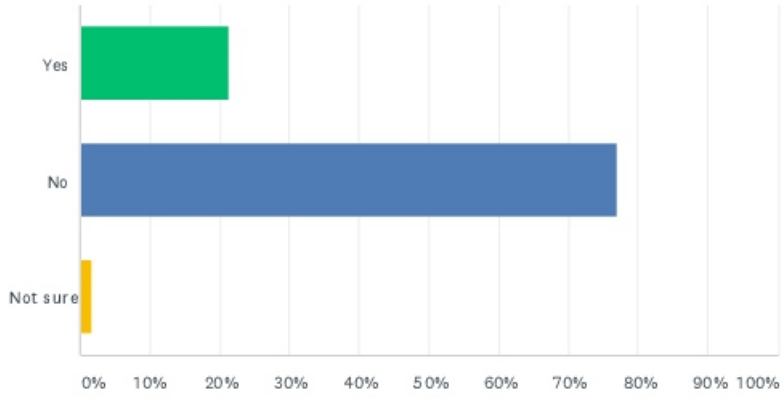
Answered: 995 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes, family doctor, family health center, or clinic	88.74%	883
Yes, emergency room	0.10%	1
Walk-in urgent care	3.82%	38
No	5.23%	52
I do not get care even when I need it	0.50%	5
Other (please specify)	1.61%	16
TOTAL		995

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

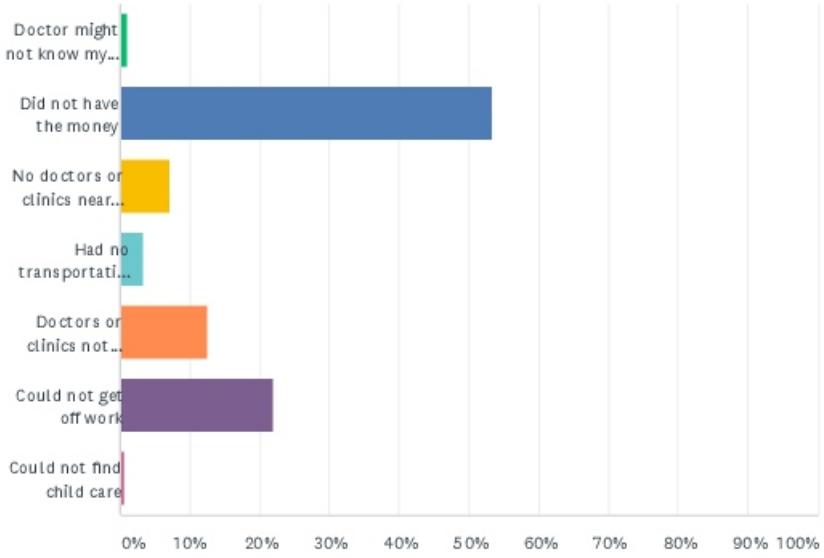
Answered: 996 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	21.39%	213
No	77.01%	767
Not sure	1.61%	16
TOTAL		996

Q3 If YES, why did you NOT get care?

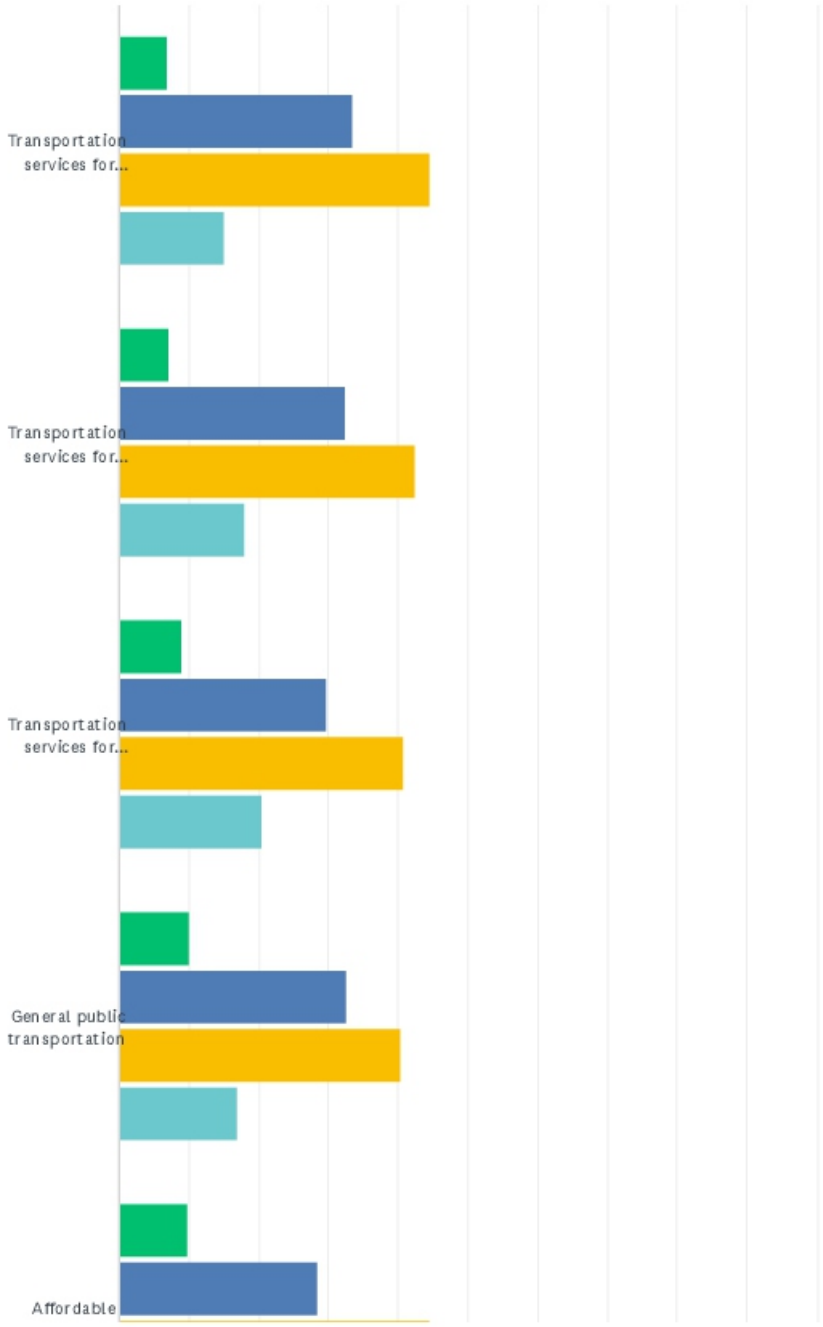
Answered: 182 Skipped: 816



ANSWER CHOICES	RESPONSES	
Doctor might not know my language; difficult to communicate	1.10%	2
Did not have the money	53.30%	97
No doctors or clinics near me; too far away	7.14%	13
Had no transportation to get to the doctor or clinic	3.30%	6
Doctors or clinics not open at a convenient time	12.64%	23
Could not get off work	21.98%	40
Could not find child care	0.55%	1
TOTAL		182

Q4 Which of the following community and health-related issues do you feel need more focus or attention for improvement?

Answered: 806 Skipped: 192



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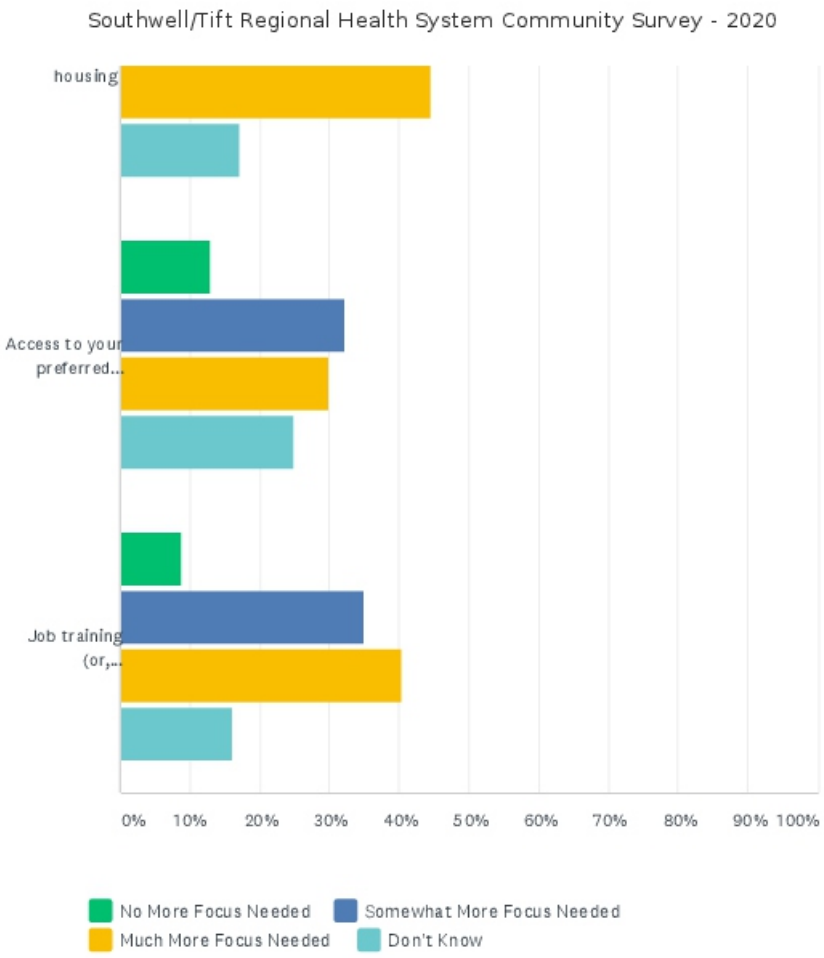
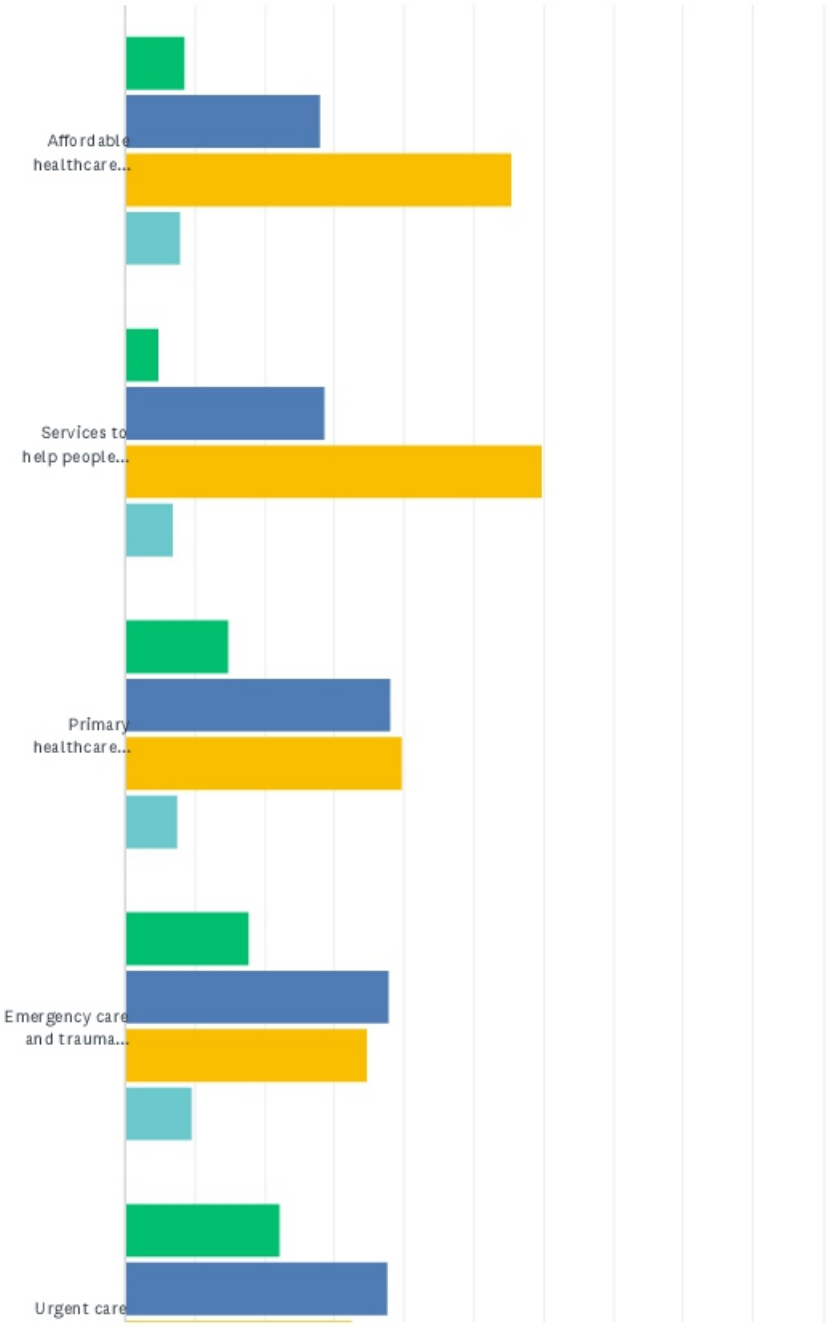
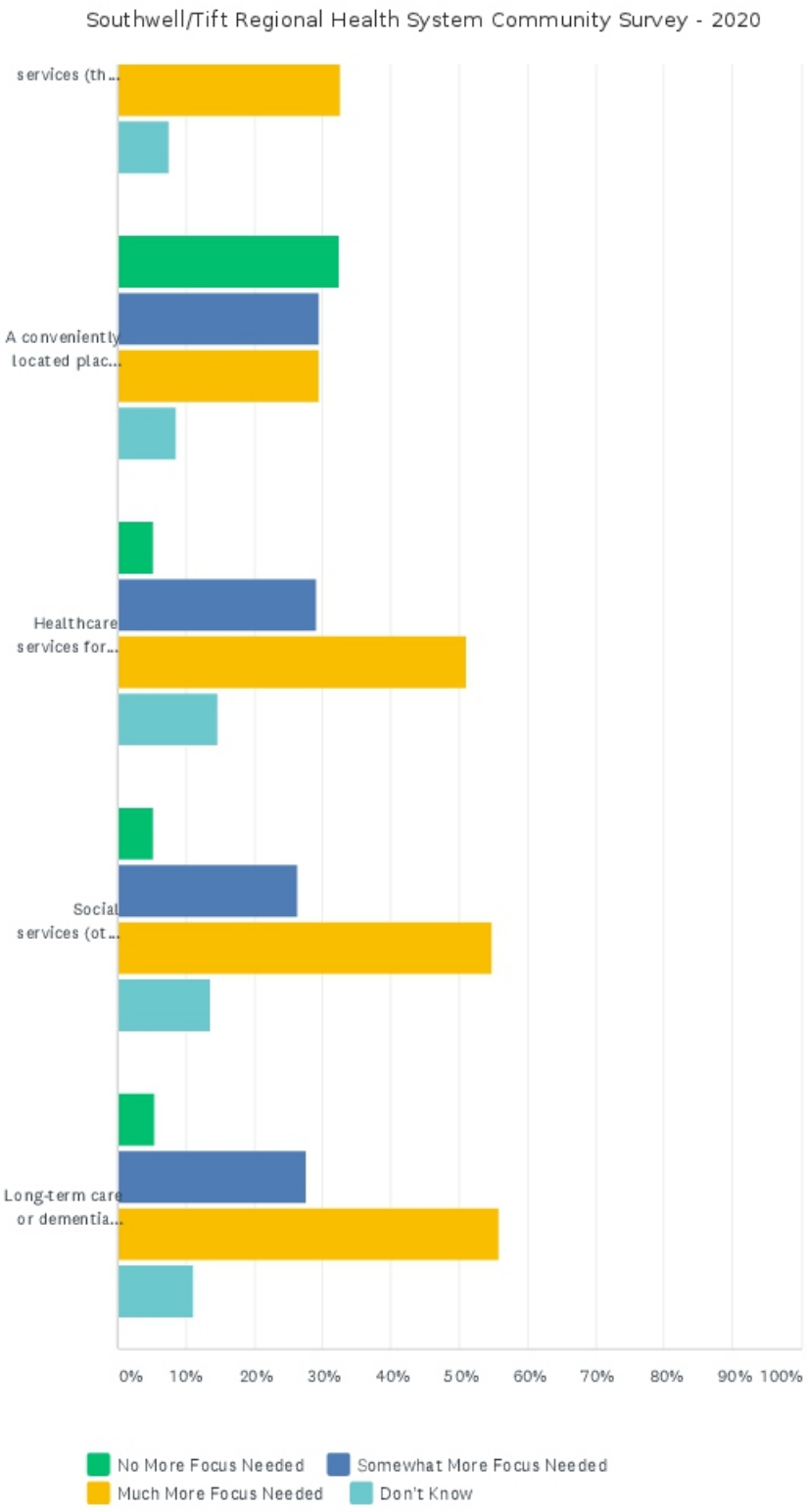


	NO MORE FOCUS NEEDED	SOMEWHAT MORE FOCUS NEEDED	MUCH MORE FOCUS NEEDED	DON'T KNOW	TOTAL
Transportation services for people needing to go to doctor's appointments or the hospital	6.98% 55	33.38% 263	44.54% 351	15.10% 119	788
Transportation services for patients AFTER receiving outpatient services	7.13% 56	32.36% 254	42.55% 334	17.96% 141	785
Transportation services for people needing to go out of town for healthcare services or appointments	8.96% 70	29.71% 232	40.85% 319	20.49% 160	781
General public transportation	10.12% 79	32.65% 255	40.33% 315	16.90% 132	781
Affordable housing	9.83% 76	28.46% 220	44.50% 344	17.21% 133	773
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, etc.	13.00% 101	32.18% 250	29.86% 232	24.97% 194	777
Job training (or, re-training)	8.75% 69	34.85% 275	40.30% 318	16.10% 127	789

Q5 Which of the following community and health-related issues do you feel need more focus or attention for improvement?

Answered: 807 Skipped: 191



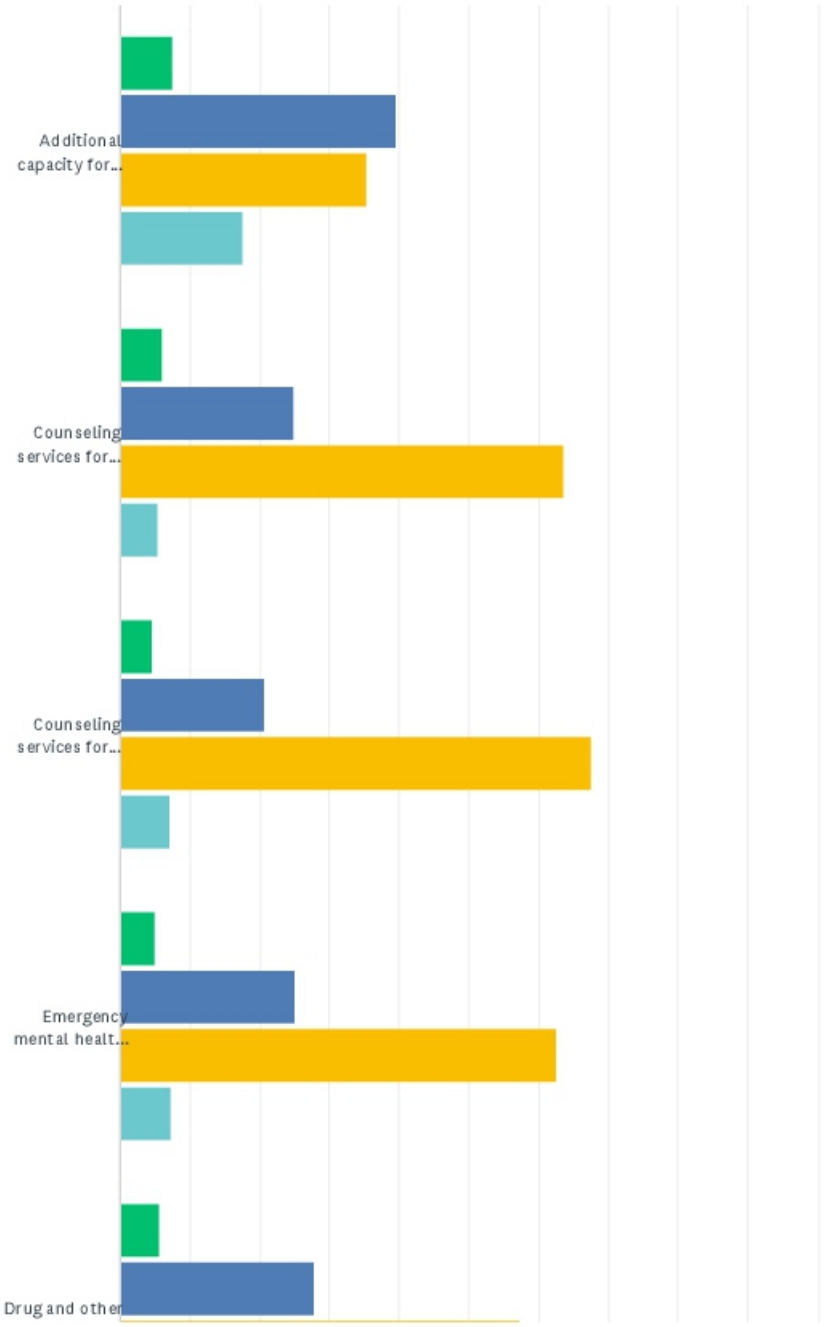

Southwell/Tift Regional Health System Community Survey - 2020
services (th...
A conveniently located plac...
Healthcare services for...
Social services (ot...
Long-term care or dementia...
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
No More Focus Needed
Somewhat More Focus Needed
Much More Focus Needed
Don't Know

7 / 38

	NO MORE FOCUS NEEDED	SOMEWHAT MORE FOCUS NEEDED	MUCH MORE FOCUS NEEDED	DON'T KNOW	TOTAL
Affordable healthcare services for individuals or families with low income	8.61% 68	27.97% 221	55.44% 438	7.97% 63	790
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	4.80% 38	28.57% 226	59.80% 473	6.83% 54	791
Primary healthcare services (such as a family doctor or other provider of routine care)	14.83% 117	38.02% 300	39.67% 313	7.48% 59	789
Emergency care and trauma services	17.74% 140	37.90% 299	34.73% 274	9.63% 76	789
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	22.14% 174	37.66% 296	32.70% 257	7.51% 59	786
A conveniently located place to purchase prescription drugs, when needed	32.36% 254	29.43% 231	29.55% 232	8.66% 68	785
Healthcare services for people experiencing homelessness	5.18% 41	29.04% 230	51.14% 405	14.65% 116	792
Social services (other than healthcare) for people experiencing homelessness	5.20% 41	26.36% 208	54.88% 433	13.56% 107	789
Long-term care or dementia care	5.43% 43	27.53% 218	55.93% 443	11.11% 88	792

Q6 Which of the following community and health-related issues do you feel need more focus or attention for improvement?

Answered: 802 Skipped: 196



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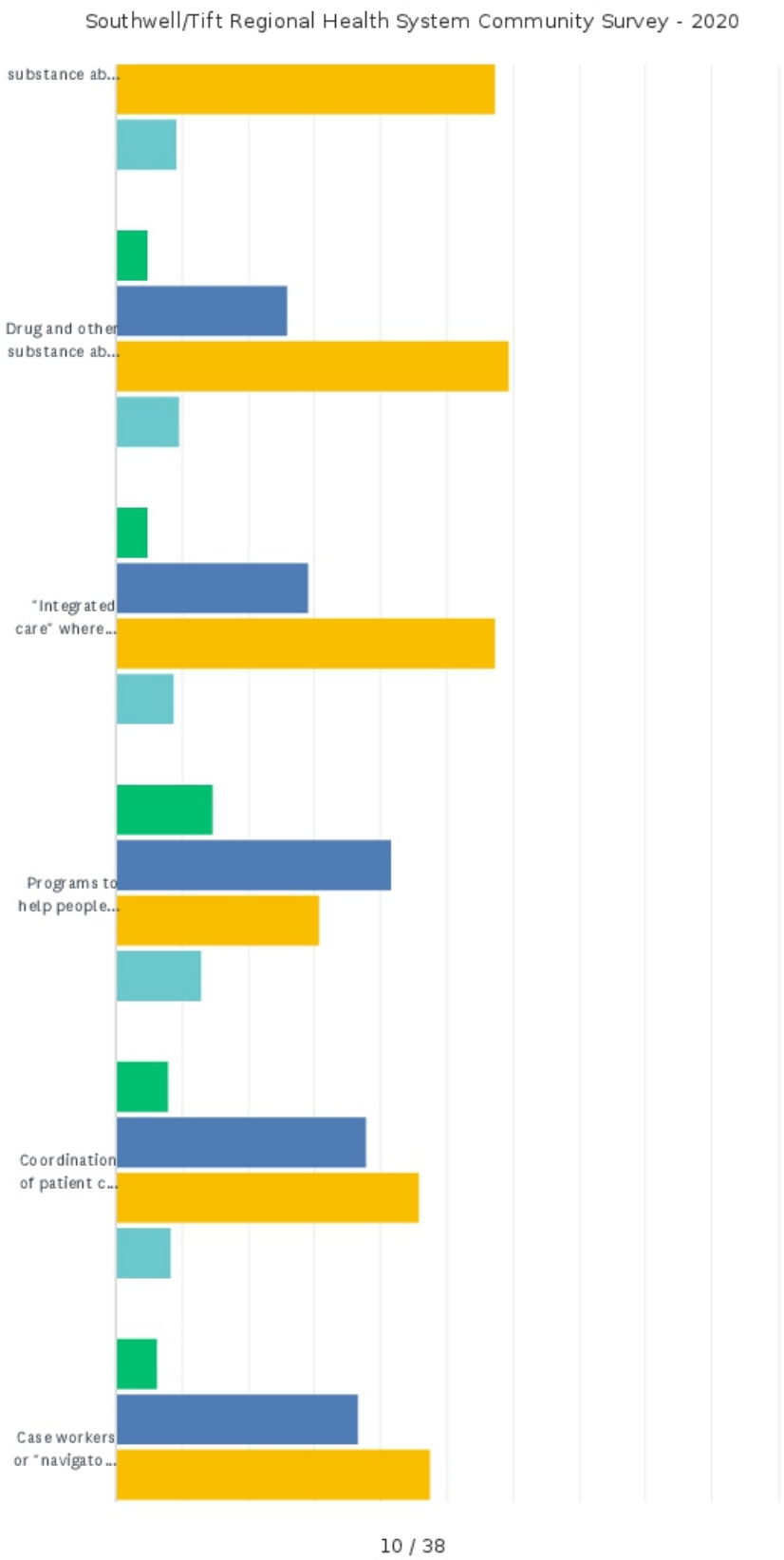
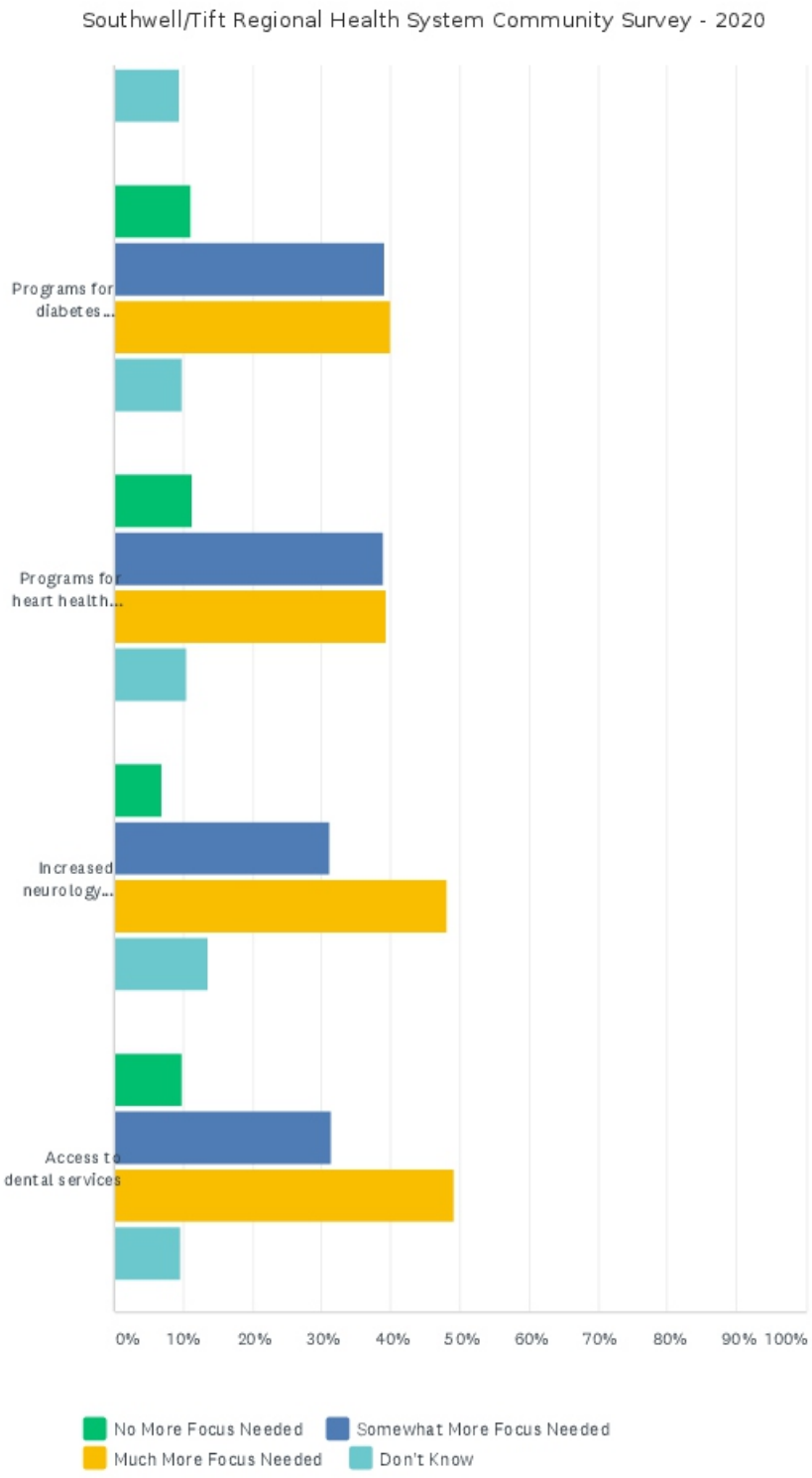
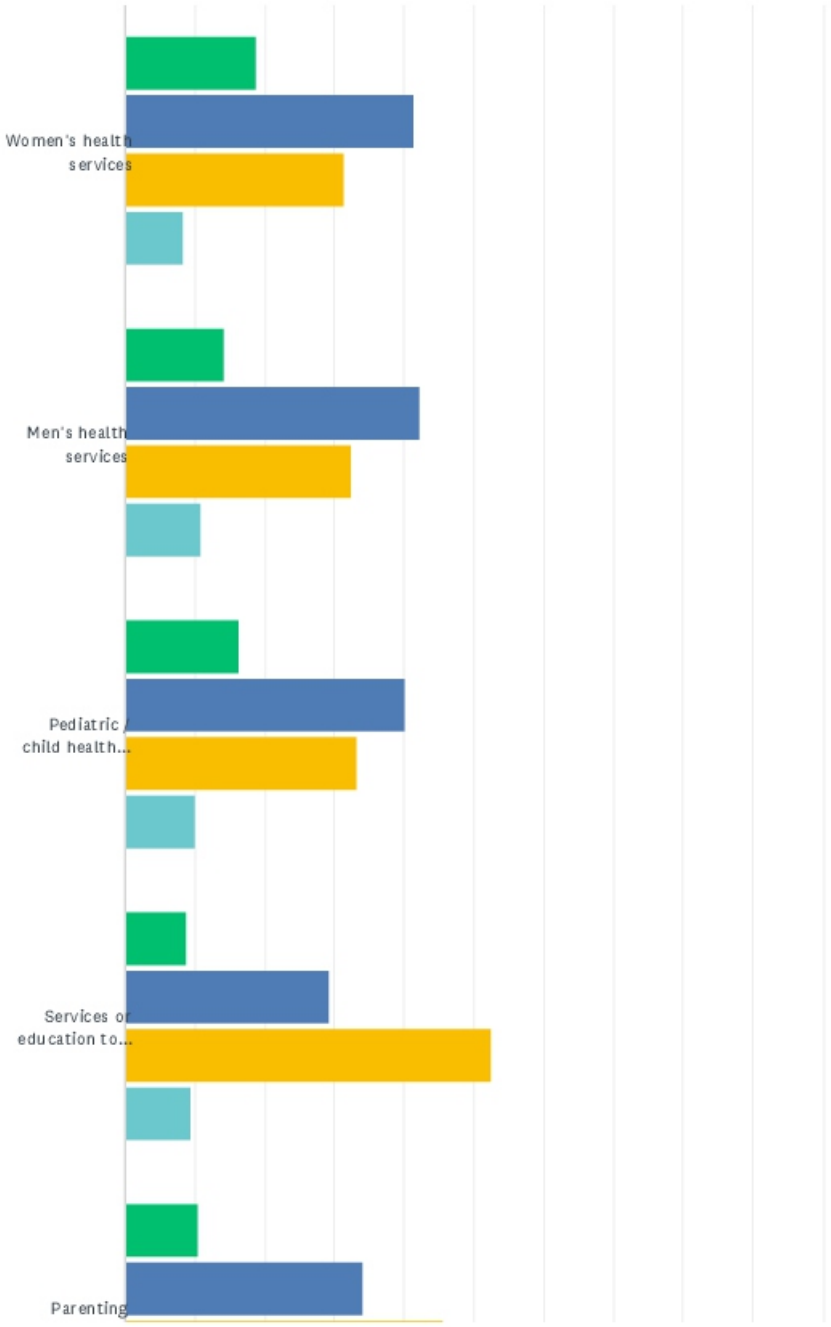

Southwell/Tift Regional Health System Community Survey - 2020
substance ab...
Drug and other substance ab...
"Integrated care" where...
Programs to help people...
Coordination of patient c...
Case workers or "navigato...
10 / 38


Southwell/Tift Regional Health System Community Survey - 2020
Programs for diabetes...
Programs for heart health...
Increased neurology...
Access to dental services
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
No More Focus Needed
Somewhat More Focus Needed
Much More Focus Needed
Don't Know

	NO MORE FOCUS NEEDED	SOMEWHAT MORE FOCUS NEEDED	MUCH MORE FOCUS NEEDED	DON'T KNOW	TOTAL
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular health need)	7.44% 58	39.62% 309	35.38% 276	17.56% 137	780
Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults	6.07% 48	24.91% 197	63.59% 503	5.44% 43	791
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	4.68% 37	20.61% 163	67.51% 534	7.21% 57	791
Emergency mental health services	5.11% 40	25.16% 197	62.45% 489	7.28% 57	783
Drug and other substance abuse education, prevention, and early intervention services	5.61% 44	27.77% 218	57.32% 450	9.30% 73	785
Drug and other substance abuse treatment and rehabilitation services, including detox	4.82% 38	26.02% 205	59.52% 469	9.64% 76	788
"Integrated care" where people can get medical care and counseling at the same time	4.80% 38	29.08% 230	57.40% 454	8.72% 69	791
Programs to help people stop smoking	14.65% 115	41.66% 327	30.70% 241	12.99% 102	785
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	7.94% 62	37.77% 295	45.84% 358	8.45% 66	781
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	6.37% 50	36.69% 288	47.52% 373	9.43% 74	785
Programs for diabetes prevention, awareness, and care	11.07% 87	39.06% 307	39.95% 314	9.92% 78	786
Programs for heart health or cardiovascular health	11.21% 88	38.98% 306	39.36% 309	10.45% 82	785
Increased neurology coverage	7.01% 55	31.21% 245	48.15% 378	13.63% 107	785
Access to dental services	9.92% 78	31.42% 247	49.11% 386	9.54% 75	786

Q7 Which of the following community and health-related issues do you feel need more focus or attention for improvement?

Answered: 802 Skipped: 196



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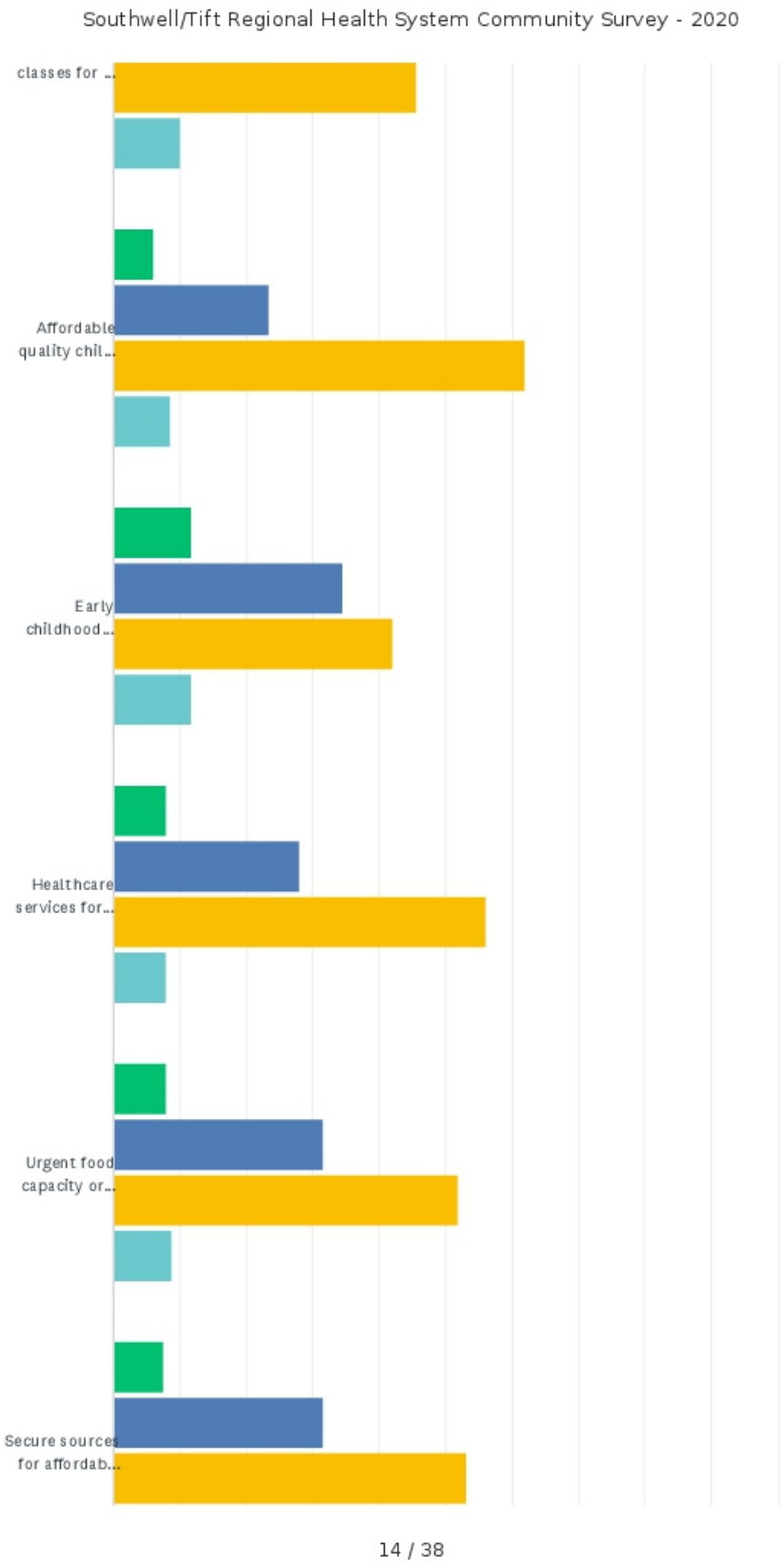
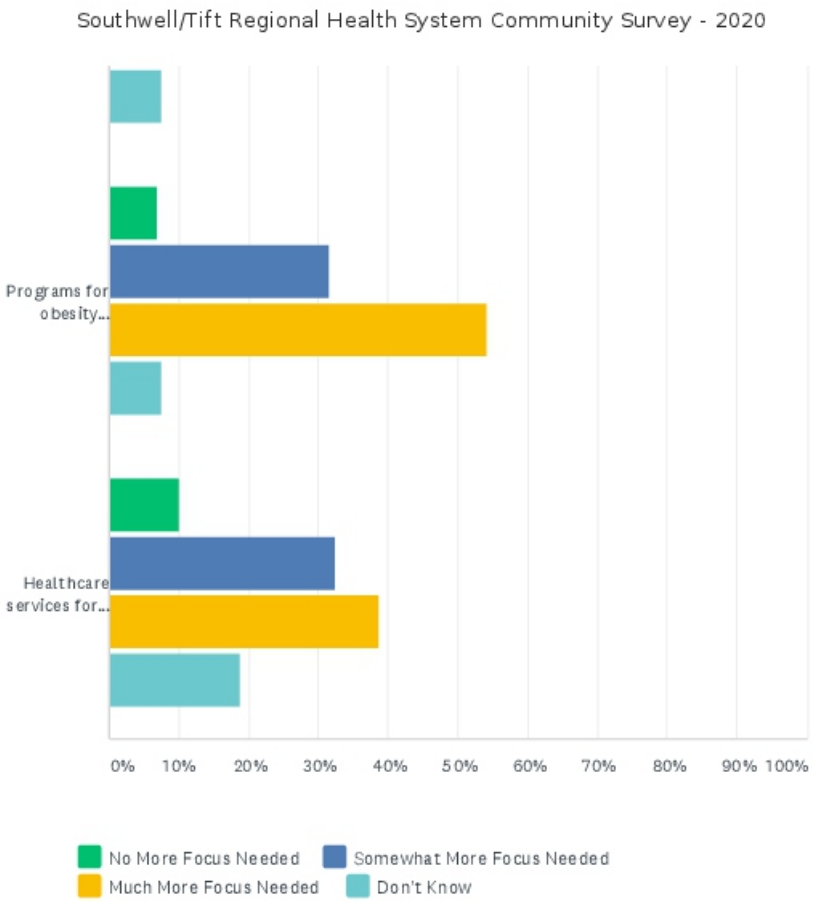
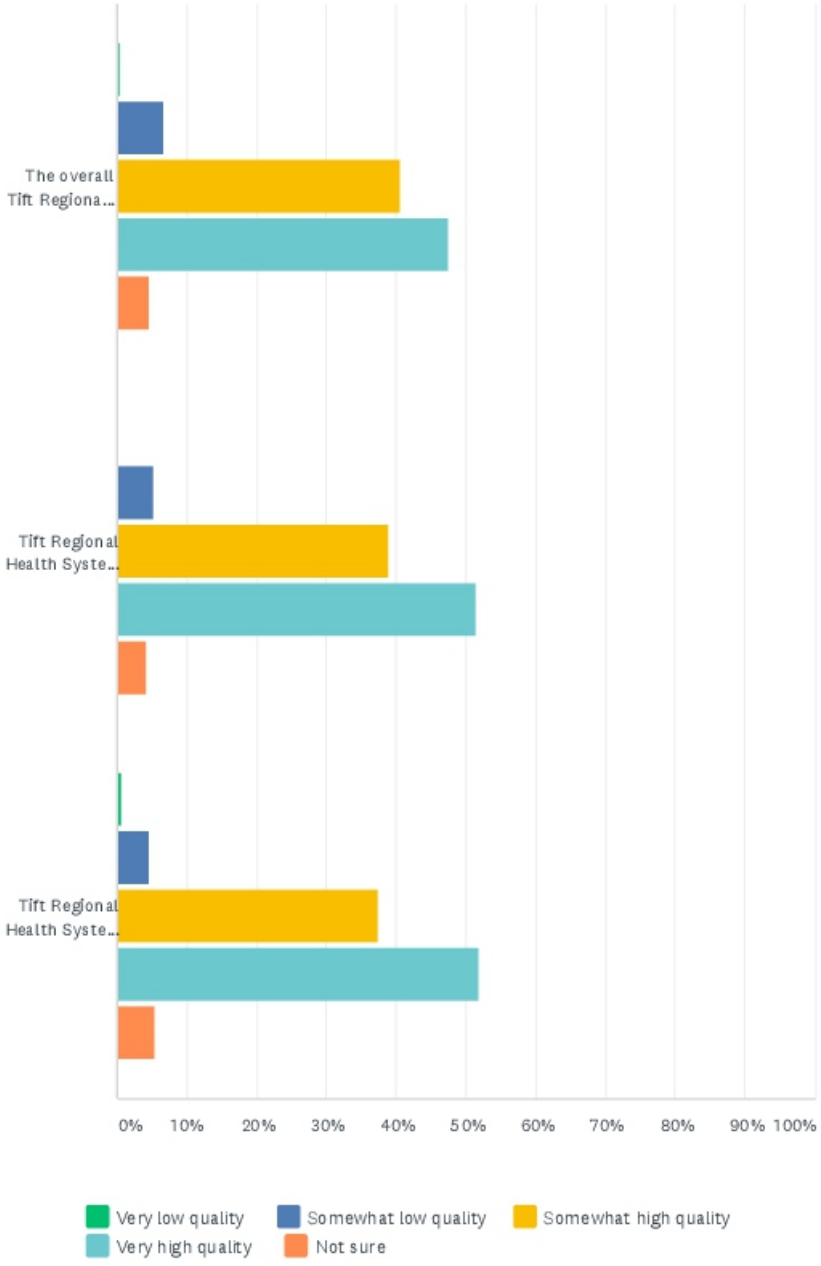

Southwell/Tift Regional Health System Community Survey - 2020
classes for ...
Affordable quality chil...
Early childhood ...
Healthcare services for...
Urgent food capacity or...
Secure sources for affordab...
14 / 38


Southwell/Tift Regional Health System Community Survey - 2020
Programs for obesity...
Healthcare services for...
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
No More Focus Needed
Somewhat More Focus Needed
Much More Focus Needed
Don't Know

	NO MORE FOCUS NEEDED	SOMEWHAT MORE FOCUS NEEDED	MUCH MORE FOCUS NEEDED	DON'T KNOW	TOTAL
Women's health services	18.90% 148	41.38% 324	31.42% 246	8.30% 65	783
Men's health services	14.29% 112	42.35% 332	32.53% 255	10.84% 85	784
Pediatric / child health services	16.28% 127	40.26% 314	33.33% 260	10.13% 79	780
Services or education to help reduce teen pregnancy	8.88% 70	29.19% 230	52.54% 414	9.39% 74	788
Parenting classes for the "new mom" or the "new dad"	10.49% 82	34.02% 266	45.52% 356	9.97% 78	782
Affordable quality child care	6.10% 48	23.38% 184	62.01% 488	8.51% 67	787
Early childhood education	11.78% 92	34.44% 269	42.00% 328	11.78% 92	781
Healthcare services for seniors	7.86% 62	28.14% 222	56.02% 442	7.98% 63	789
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	7.92% 62	31.55% 247	51.85% 406	8.68% 68	783
Secure sources for affordable, nutritious food	7.48% 59	31.69% 250	53.23% 420	7.60% 60	789
Programs for obesity prevention, awareness, and care	6.84% 54	31.56% 249	54.12% 427	7.48% 59	789
Healthcare services for people in the Hispanic community	10.00% 78	32.44% 253	38.72% 302	18.85% 147	780

Q10 How would you describe the quality of care from the following?

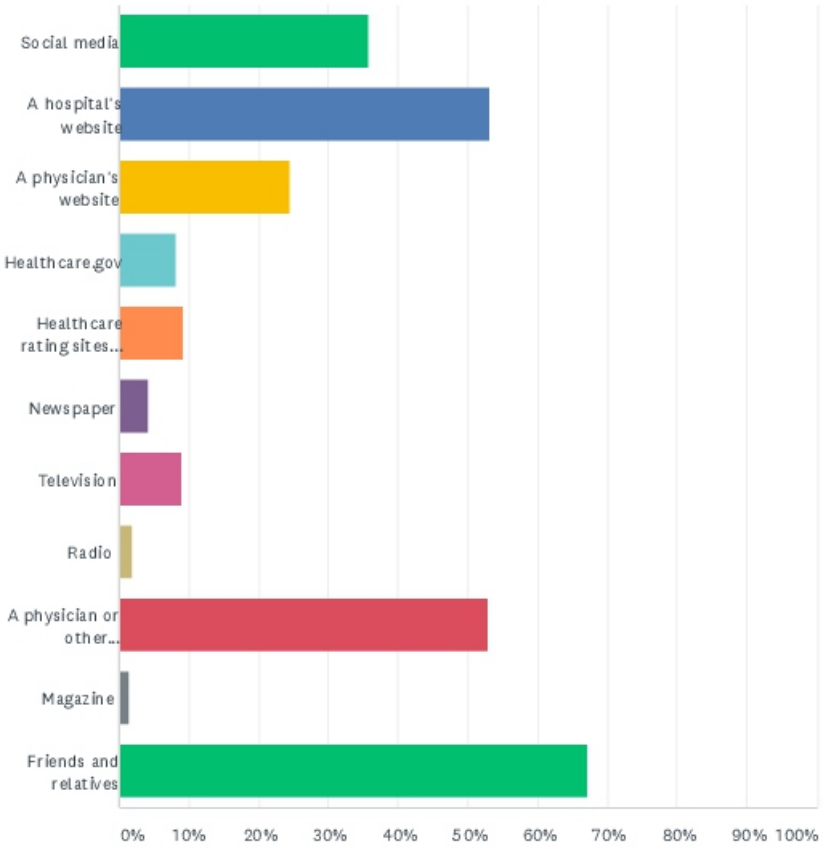
Answered: 802 Skipped: 196



	VERY LOW QUALITY	SOMEWHAT LOW QUALITY	SOMEWHAT HIGH QUALITY	VERY HIGH QUALITY	NOT SURE	TOTAL
The overall Tift Regional Health System of care	0.50% 4	6.76% 54	40.68% 325	47.56% 380	4.51% 36	799
Tift Regional Health System providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)	0.13% 1	5.14% 41	38.97% 311	51.50% 411	4.26% 34	798
Tift Regional Health System staff (e.g., Nurses, Patient Care Technicians, Other Therapists)	0.63% 5	4.51% 36	37.55% 300	51.94% 415	5.38% 43	799

Q11 What sources do you normally use to find out about healthcare providers or hospitals? (Check your top three)

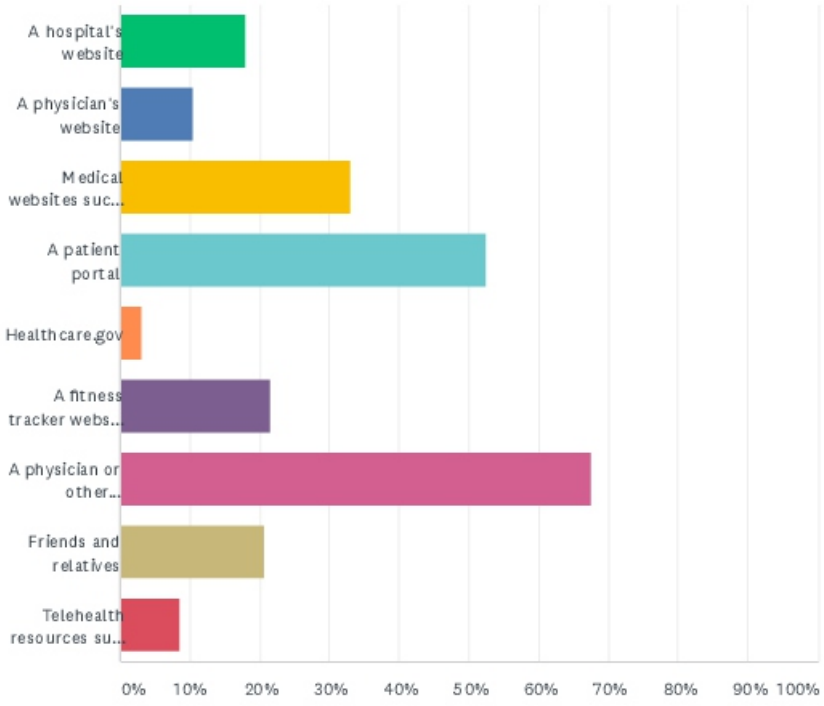
Answered: 763 Skipped: 235



ANSWER CHOICES	RESPONSES	
Social media	35.78%	273
A hospital's website	53.08%	405
A physician's website	24.38%	186
Healthcare.gov	8.26%	63
Healthcare rating sites like HealthGrades or US News & World Report	9.17%	70
Newspaper	4.19%	32
Television	8.91%	68
Radio	1.83%	14
A physician or other healthcare worker	52.95%	404
Magazine	1.44%	11
Friends and relatives	67.10%	512
Total Respondents: 763		

Q12 What sources do you normally use to find out about your own health or to monitor your own health? (Check your top three)

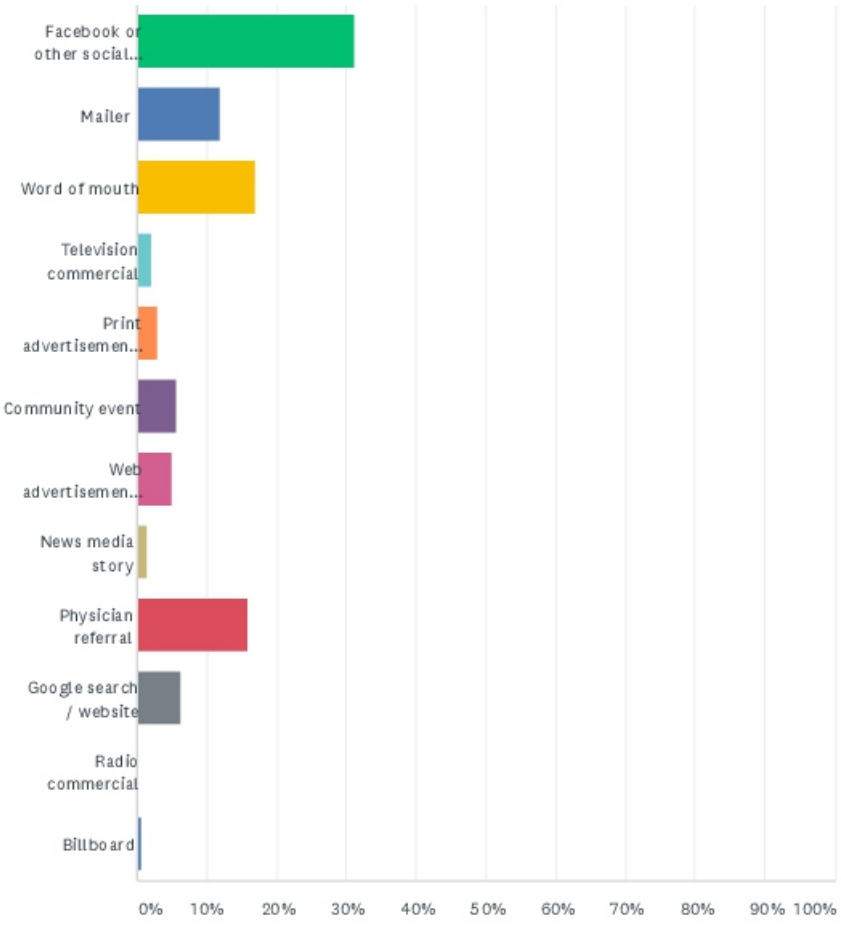
Answered: 770 Skipped: 228



ANSWER CHOICES	RESPONSES	
A hospital's website	18.05%	139
A physician's website	10.52%	81
Medical websites such as WebMD or Mayo Clinic	32.99%	254
A patient portal	52.47%	404
Healthcare.gov	3.12%	24
A fitness tracker website like Fitbit or My Fitness Pal	21.56%	166
A physician or other healthcare worker	67.66%	521
Friends and relatives	20.65%	159
Telehealth resources such as a telehealth doctor or nurse, or virtual urgent care	8.57%	66
Total Respondents: 770		

Q13 In regards to Tift Regional's providers and services, what is the #1 way to connect with you as a consumer? Choose only one.

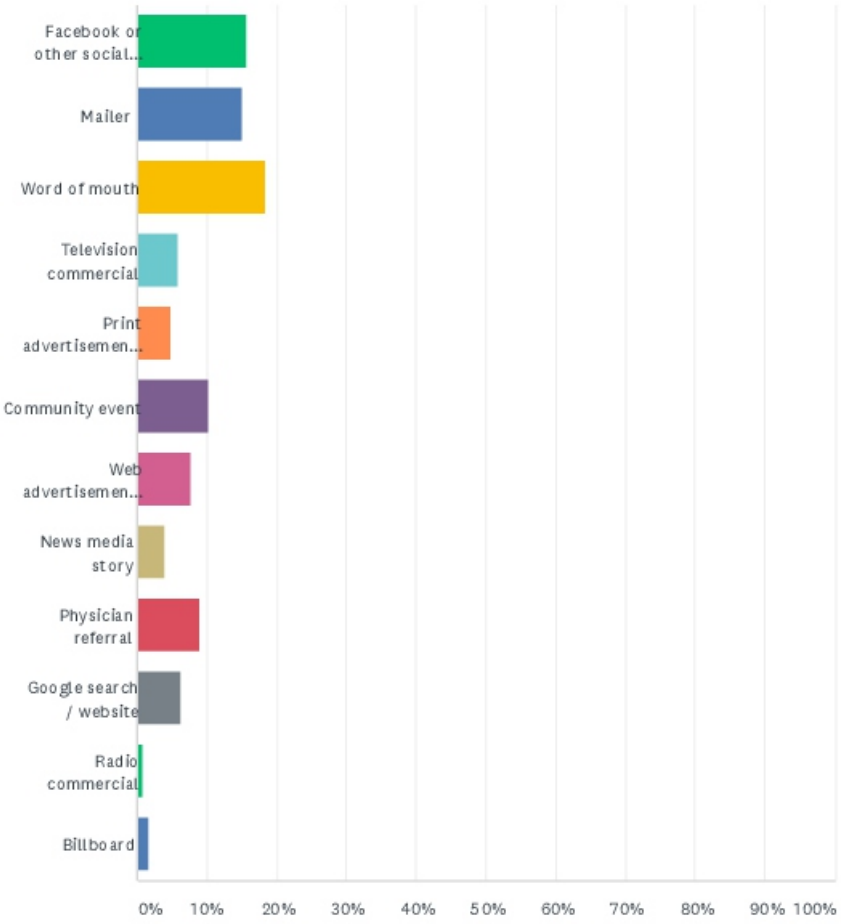
Answered: 775 Skipped: 223



ANSWER CHOICES	RESPONSES	
Facebook or other social media site	31.10%	241
Mailer	11.87%	92
Word of mouth	16.90%	131
Television commercial	2.06%	16
Print advertisement (such as newspaper or magazine ad)	2.97%	23
Community event	5.68%	44
Web advertisement with a link to our website	5.03%	39
News media story	1.55%	12
Physician referral	15.87%	123
Google search / website	6.19%	48
Radio commercial	0.13%	1
Billboard	0.65%	5
TOTAL		775

Q14 In regards to Tift Regional's providers and services, what is the #2 way to connect with you as a consumer? Choose only one.

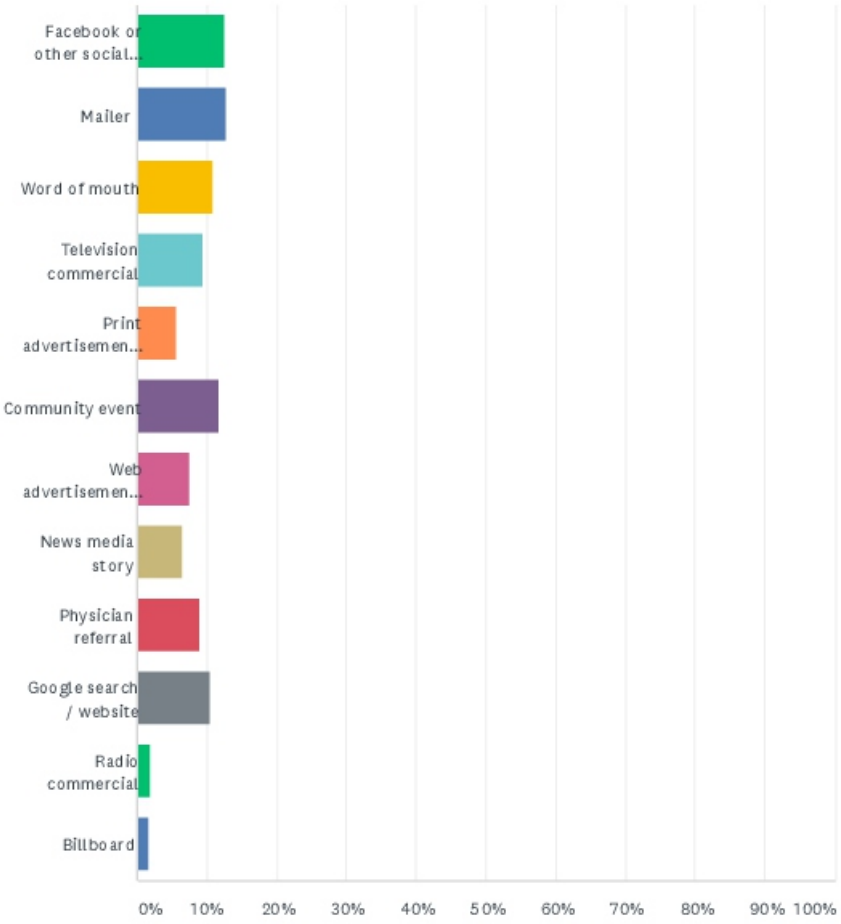
Answered: 774 Skipped: 224



ANSWER CHOICES	RESPONSES	
Facebook or other social media site	15.63%	121
Mailer	15.12%	117
Word of mouth	18.48%	143
Television commercial	5.94%	46
Print advertisement (such as newspaper or magazine ad)	4.91%	38
Community event	10.34%	80
Web advertisement with a link to our website	7.75%	60
News media story	4.01%	31
Physician referral	8.91%	69
Google search / website	6.33%	49
Radio commercial	0.90%	7
Billboard	1.68%	13
TOTAL		774

Q15 In regards to Tift Regional's providers and services, what is the #3 way to connect with you as a consumer? Choose only one.

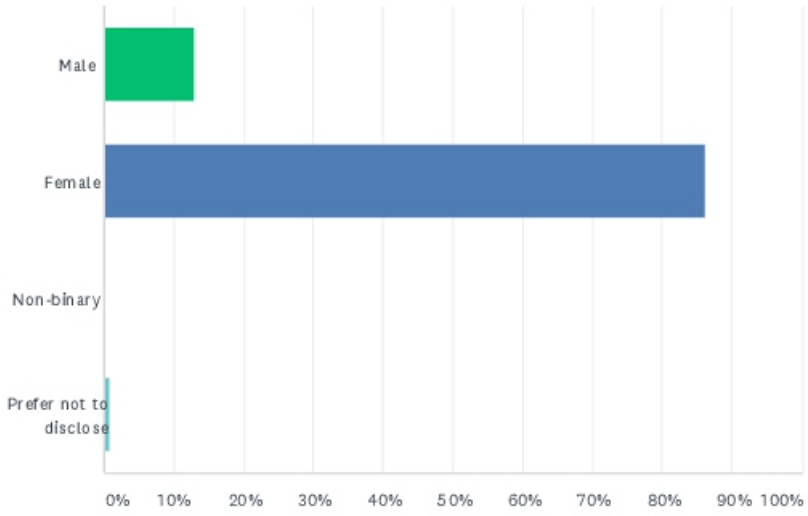
Answered: 772 Skipped: 226



ANSWER CHOICES	RESPONSES	
Facebook or other social media site	12.56%	97
Mailer	12.69%	98
Word of mouth	10.88%	84
Television commercial	9.33%	72
Print advertisement (such as newspaper or magazine ad)	5.70%	44
Community event	11.79%	91
Web advertisement with a link to our website	7.51%	58
News media story	6.48%	50
Physician referral	8.94%	69
Google search / website	10.49%	81
Radio commercial	1.94%	15
Billboard	1.68%	13
TOTAL		772

Q17 What is your gender?

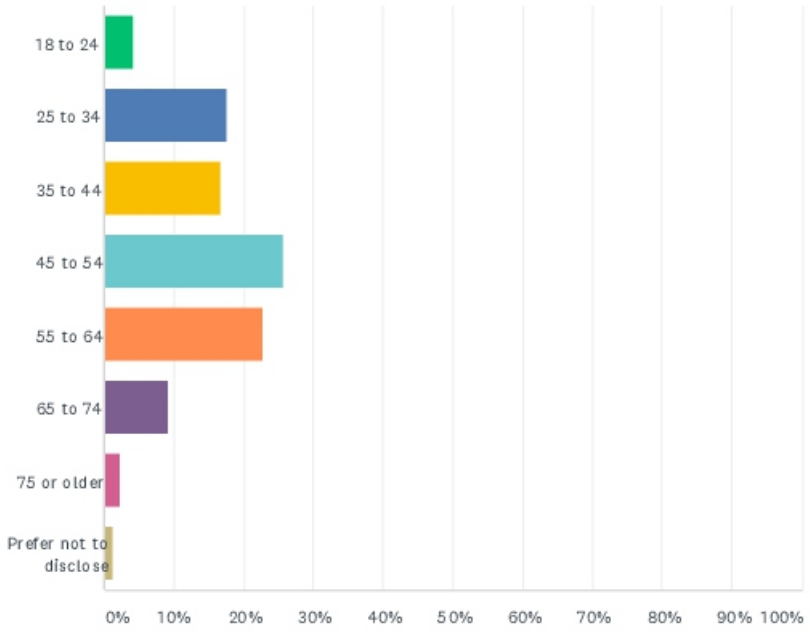
Answered: 779 Skipped: 219



ANSWER CHOICES	RESPONSES	
Male	12.97%	101
Female	86.14%	671
Non-binary	0.00%	0
Prefer not to disclose	0.90%	7
TOTAL		779

Q18 What is your age?

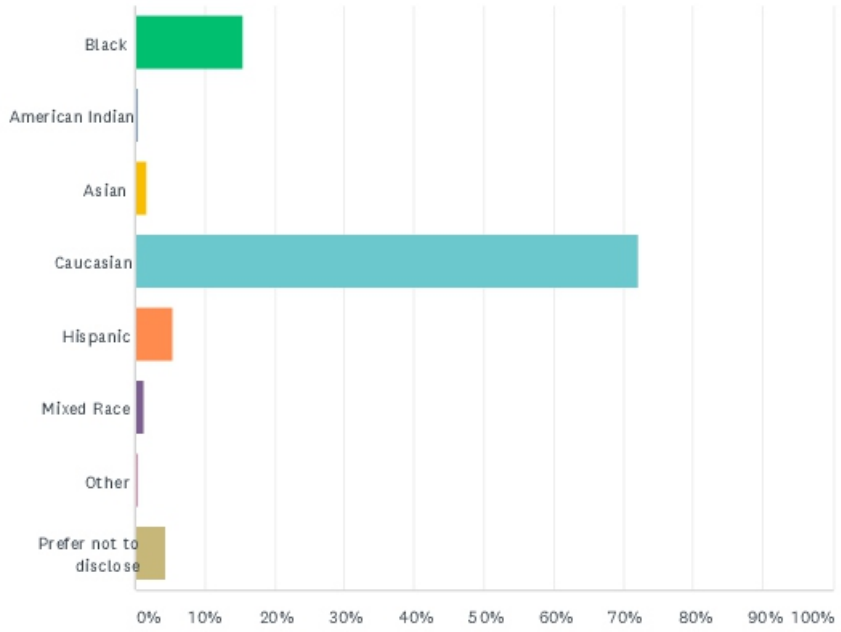
Answered: 780 Skipped: 218



ANSWER CHOICES	RESPONSES	
18 to 24	4.23%	33
25 to 34	17.56%	137
35 to 44	16.79%	131
45 to 54	25.77%	201
55 to 64	22.82%	178
65 to 74	9.23%	72
75 or older	2.31%	18
Prefer not to disclose	1.28%	10
TOTAL		780

Q19 What is your race? [Check all that apply]

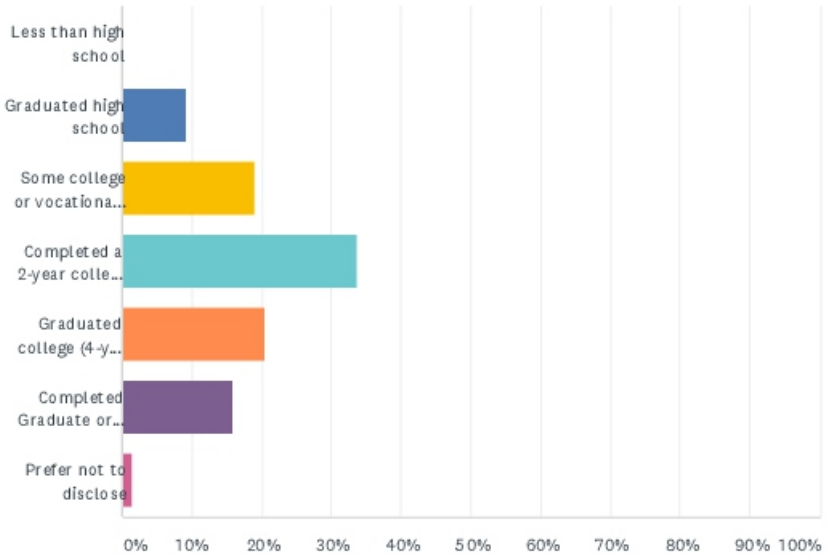
Answered: 777 Skipped: 221



ANSWER CHOICES	RESPONSES	
Black	15.44%	120
American Indian	0.39%	3
Asian	1.67%	13
Caucasian	72.07%	560
Hispanic	5.53%	43
Mixed Race	1.16%	9
Other	0.51%	4
Prefer not to disclose	4.38%	34
Total Respondents: 777		

Q20 What is the highest grade or year in school you completed?

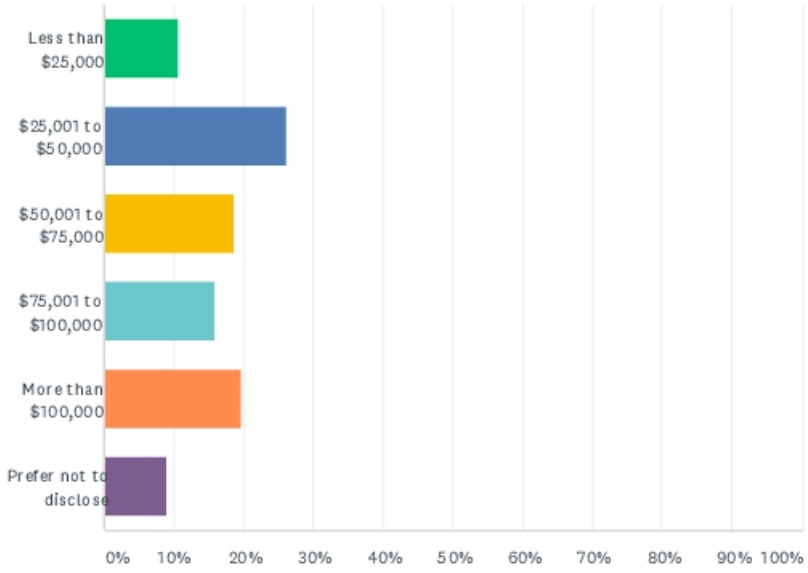
Answered: 776 Skipped: 222



ANSWER CHOICES	RESPONSES	
Less than high school	0.26%	2
Graduated high school	9.15%	71
Some college or vocational training	18.94%	147
Completed a 2-year college degree or a vocational training program	33.76%	262
Graduated college (4-year Bachelor Degree)	20.49%	159
Completed Graduate or Professional school (Masters, PhD, etc.)	15.85%	123
Prefer not to disclose	1.55%	12
TOTAL		776

Q21 Which of the following ranges best describes your total annual household income in the last year?

Answered: 769 Skipped: 229



ANSWER CHOICES	RESPONSES	
Less than $25,000	10.66%	82
$25,001 to $50,000	26.14%	201
$50,001 to $75,000	18.60%	143
$75,001 to $100,000	15.86%	122
More than $100,000	19.77%	152
Prefer not to disclose	8.97%	69
TOTAL		769

Appendix F: Community Resources and Facilities Information Guide

Information Guide

List of TRHS and Community-based Services

Click on the links for more information

Allure Plastic & Reconstructive Surgery		Orthopedics
Anita Stewart Oncology Center		Pain Management Center
Arthritis and Osteoporosis Center of South GA		Palliative Care
Breast Center		Patient Centered Medical Home
Cardio-Pulmonary Rehabilitation		Pediatrics
Chiropractic Services		Pharmacy
Continuing Medical Education (CME)		Primary Care Outreach Clinics
Convenient Care		Publications
Diabetes Learning Center		Quality and Safety
Dialysis Center		Radiology Services
Dietitian Counseling		Respiratory Care
Emergency Center		Robotics Center
Endoscopy		School Clinics
Georgia Sports Medicine		Sleep Center
Geriatric Psychiatric Care		Social Work Resources
Health Information Management		South Georgia Surgical
Heart and Vascular Center		Southwell Medical Clinic
Hospice of Tift Area		Southwell Medical Community Health Center
Hospital Medicine		Spine Therapy Center
Infusion Center		Step Down Unit
Intensive Care Unit (ICU)		Students & Faculty
Joint Replacement & Spine Care Center		Surgery Center
Laboratory		Therapy Services
LINX Reflux Management System		Tift Regional Vascular
Laser Vein Treatment		Tift Regional Urology

Lithotripsy		Tifton Physicians Center
Lung Cancer Screening Program		TRMC Foundation
Medical East		Transfer Center
Medical West		Volunteer Services
Medical/Surgical		West Campus
Medical Staff Office		Women's Health
Mobile Health Clinic		WorkSmart Occupational Health
Musculoskeletal Center		Wound Care & Hyperbaric Clinic
Neurodiagnostics Center		
Obstetrics		

Appendix G: List of Survey-based Needs

Which of the following community and health-related issues do you feel need more focus or attention for improvement?	
Need	**Percent Saying, "Much More Focus Needed"**
Transportation services for people needing to go to doctor's appointments or the hospital	35.2
Transportation services for patients AFTER receiving outpatient services	33.4
Transportation services for people needing to go out of town for healthcare services or appointments	31.8
General public transportation	31.6
Affordable housing	34.4
Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, e	23.1
Job training (or, re-training)	31.8
Affordable healthcare services for individuals or families with low income	43.8
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	47.4
Primary healthcare services (such as a family doctor or other provider of routine care)	31.4
Emergency care and trauma services	27.4
Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	26.0
A conveniently located place to purchase prescription drugs, when needed	23.3
Healthcare services for people experiencing homelessness	40.5
Social services (other than healthcare) for people experiencing homelessness	43.2
Long-term care or dementia care	44.1
Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular	27.7
Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults	50.4
Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	53.6
Emergency mental health services	49.0
Drug and other substance abuse education, prevention, and early intervention services	45.2
Drug and other substance abuse treatment and rehabilitation services, including detox	47.1
"Integrated care" where people can get medical care and counseling at the same time	45.5

Programs to help people stop smoking	24.1
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	36.0
Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	37.4
Programs for diabetes prevention, awareness, and care	31.6
Programs for heart health or cardiovascular health	31.0
Increased neurology coverage	37.8
Access to dental services	38.6
Women's health services	24.7
Men's health services	25.6
Pediatric / child health services	26.0
Services or education to help reduce teen pregnancy	41.2
Parenting classes for the "new mom" or the "new dad"	35.6
Affordable quality child care	48.7
Early childhood education	32.9
Healthcare services for seniors	44.2
Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	40.5
Secure sources for affordable, nutritious food	42.0
Programs for obesity prevention, awareness, and care	42.7
Healthcare services for people in the Hispanic community	30.4

Appendix H: List of Survey-based Needs - Ranked

Which of the following community and health-related issues do you feel need more focus or attention for improvement?		
Rank	**Need**	**Percent Saying, "Much More Focus Needed"**
1	Counseling services for mental health issues such as depression, anxiety, and others for adolescents / children	53.6
2	Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults	50.4
3	Emergency mental health services	49.0
4	Affordable quality child care	48.7
5	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	47.4
6	Drug and other substance abuse treatment and rehabilitation services, including detox	47.1
7	"Integrated care" where people can get medical care and counseling at the same time	45.5
8	Drug and other substance abuse education, prevention, and early intervention services	45.2
9	Healthcare services for seniors	44.2
10	Long-term care or dementia care	44.1
11	Affordable healthcare services for individuals or families with low income	43.8
12	Social services (other than healthcare) for people experiencing homelessness	43.2
13	Programs for obesity prevention, awareness, and care	42.7
14	Secure sources for affordable, nutritious food	42.0
15	Services or education to help reduce teen pregnancy	41.2
16	Healthcare services for people experiencing homelessness	40.5
17	Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program	40.5
18	Access to dental services	38.6
19	Increased neurology coverage	37.8
20	Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.	37.4
21	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	36.0
22	Parenting classes for the "new mom" or the "new dad"	35.6
23	Transportation services for people needing to go to doctor's appointments or the hospital	35.2
24	Affordable housing	34.4

25	Transportation services for patients AFTER receiving outpatient services	33.4
26	Early childhood education	32.9
27	Transportation services for people needing to go out of town for healthcare services or appointments	31.8
28	Job training (or, re-training)	31.8
29	General public transportation	31.6
30	Programs for diabetes prevention, awareness, and care	31.6
31	Primary healthcare services (such as a family doctor or other provider of routine care)	31.4
32	Programs for heart health or cardiovascular health	31.0
33	Healthcare services for people in the Hispanic community	30.4
34	Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular	27.7
35	Emergency care and trauma services	27.4
36	Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)	26.0
37	Pediatric / child health services	26.0
38	Men's health services	25.6
39	Women's health services	24.7
40	Programs to help people stop smoking	24.1
41	A conveniently located place to purchase prescription drugs, when needed	23.3
42	Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, e	23.1

Appendix I: Survey Response Frequency Tables – Sources of Information

What sources do you normally use to find out about healthcare providers or hospitals?				
		Responses		Percent of Cases
		N	Percent	
Sources of provider information	Social media	274	13.4%	35.8%
	A hospital's website	407	19.9%	53.1%
	A physician's website	188	9.2%	24.5%
	Healthcare.gov	64	3.1%	8.4%
	Healthcare rating sites like HealthGrades or US News & World Report	71	3.5%	9.3%
	Newspaper	31	1.5%	4.0%
	Television	68	3.3%	8.9%
	Radio	14	.7%	1.8%
	A physician or other healthcare worker	405	19.8%	52.9%
	Magazine	11	.5%	1.4%
	Friends and relatives	513	25.1%	67.0%
Total		2,046	100.0%	267.1%

Southwell / Tift Regional Health System

Community Health Needs Assessment

Community Survey Frequency Tables

Language preference

		Frequency	Percent	Net Percent	Cumulative Percent
	English	996	99.2	99.2	99.2
	Spanish	8	.8	.8	100.0
	Total	1004	100.0	100.0	

Do you have a place where you go for routine or annual care?

		Frequency	Percent	Net Percent	Cumulative Percent
	Yes, family doctor, family health center, or clinic	889	88.5	90.3	90.3
	Yes, emergency room	2	.2	.2	90.5
	Walk-in urgent care	37	3.7	3.8	94.2
	No	52	5.2	5.3	99.5
	I do not get care even when I need it	5	.5	.5	100.0
	Total	985	98.1	100.0	
	No response	19	1.9		
Total		1004	100.0		

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	212	21.1	21.2	21.2
	No	773	77.0	77.2	98.4
	Not sure	16	1.6	1.6	100.0
	Total	1001	99.7	100.0	
	No response	3	.3		
Total		1004	100.0		

If YES, why did you NOT get care?

		Frequency	Percent	Net Percent	Cumulative Percent
	Doctor might not know my language; difficult to communicate	2	.2	1.1	1.1
	Did not have the money	97	9.7	53.3	54.4
	No doctors or clinics near me; too far away	13	1.3	7.1	61.5
	Had no transportation to get to the doctor or clinic	6	.6	3.3	64.8
	Doctors or clinics not open at a convenient time	23	2.3	12.6	77.5
	Could not get off work	40	4.0	22.0	99.5
	Could not find child care	1	.1	.5	100.0
	Total	182	18.1	100.0	
	No response	822	81.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Transportation services for people needing to go to doctor's appointments or the hospital

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	55	5.5	8.2	8.2
	Somewhat More Focus Needed	264	26.3	39.3	47.5
	Much More Focus Needed	353	35.2	52.5	100.0
	Total	672	66.9	100.0	
	Don't know	119	11.9		
	No response	213	21.2		
	Total	332	33.1		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Transportation services for patients AFTER receiving outpatient services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	56	5.6	8.7	8.7
	Somewhat More Focus Needed	256	25.5	39.6	48.2
	Much More Focus Needed	335	33.4	51.8	100.0
	Total	647	64.4	100.0	
	Don't know	141	14.0		
	No response	216	21.5		
	Total	357	35.6		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Transportation services for people needing to go out of town for healthcare services or appointments

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	70	7.0	11.3	11.3
	Somewhat More Focus Needed	233	23.2	37.5	48.7
	Much More Focus Needed	319	31.8	51.3	100.0
	Total	622	62.0	100.0	
	Don't know	160	15.9		
	No response	222	22.1		
	Total	382	38.0		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - General public transportation

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	79	7.9	12.1	12.1
	Somewhat More Focus Needed	256	25.5	39.3	51.4
	Much More Focus Needed	317	31.6	48.6	100.0
	Total	652	64.9	100.0	
	Don't know	131	13.0		
	No response	221	22.0		
	Total	352	35.1		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Affordable housing

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	76	7.6	11.8	11.8
	Somewhat More Focus Needed	221	22.0	34.4	46.3
	Much More Focus Needed	345	34.4	53.7	100.0
	Total	642	63.9	100.0	
	Don't know	133	13.2		
	No response	229	22.8		
	Total	362	36.1		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Access to your preferred housing situation -- location, size of home, access to services, Americans with Disabilities Act (ADA) needs, e

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	101	10.1	17.3	17.3
	Somewhat More Focus Needed	252	25.1	43.1	60.3
	Much More Focus Needed	232	23.1	39.7	100.0
	Total	585	58.3	100.0	
	Don't know	194	19.3		
	No response	225	22.4		
	Total	419	41.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Job training (or, re-training)

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	69	6.9	10.4	10.4
	Somewhat More Focus Needed	276	27.5	41.6	52.0
	Much More Focus Needed	319	31.8	48.0	100.0
	Total	664	66.1	100.0	
	Don't know	127	12.6		
	No response	213	21.2		
	Total	340	33.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Affordable healthcare services for individuals or families with low income

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	68	6.8	9.3	9.3
	Somewhat More Focus Needed	222	22.1	30.4	39.7
	Much More Focus Needed	440	43.8	60.3	100.0
	Total	730	72.7	100.0	
	Don't know	62	6.2		
	No response	212	21.1		
	Total	274	27.3		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	38	3.8	5.1	5.1
	Somewhat More Focus Needed	225	22.4	30.4	35.6
	Much More Focus Needed	476	47.4	64.4	100.0
	Total	739	73.6	100.0	
	Don't know	54	5.4		
	No response	211	21.0		
	Total	265	26.4		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Primary healthcare services (such as a family doctor or other provider of routine care)

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	116	11.6	15.8	15.8
	Somewhat More Focus Needed	301	30.0	41.1	57.0
	Much More Focus Needed	315	31.4	43.0	100.0
	Total	732	72.9	100.0	
	Don't know	59	5.9		
	No response	213	21.2		
	Total	272	27.1		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Emergency care and trauma services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	140	13.9	19.6	19.6
	Somewhat More Focus Needed	299	29.8	41.9	61.5
	Much More Focus Needed	275	27.4	38.5	100.0
	Total	714	71.1	100.0	
	Don't know	76	7.6		
	No response	214	21.3		
	Total	290	28.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Urgent care services (that is, walk-in care for immediate health needs not requiring the Emergency Department)

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	172	17.1	23.6	23.6
	Somewhat More Focus Needed	296	29.5	40.6	64.2
	Much More Focus Needed	261	26.0	35.8	100.0
	Total	729	72.6	100.0	
	Don't know	59	5.9		
	No response	216	21.5		
	Total	275	27.4		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - A conveniently located place to purchase prescription drugs, when needed

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	252	25.1	35.0	35.0
	Somewhat More Focus Needed	233	23.2	32.4	67.5
	Much More Focus Needed	234	23.3	32.5	100.0
	Total	719	71.6	100.0	
	Don't know	68	6.8		
	No response	217	21.6		
	Total	285	28.4		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Healthcare services for people experiencing homelessness

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	41	4.1	6.0	6.0
	Somewhat More Focus Needed	230	22.9	33.9	40.0
	Much More Focus Needed	407	40.5	60.0	100.0
	Total	678	67.5	100.0	
	Don't know	115	11.5		
	No response	211	21.0		
	Total	326	32.5		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Social services (other than healthcare) for people experiencing homelessness

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	41	4.1	6.0	6.0
	Somewhat More Focus Needed	210	20.9	30.7	36.6
	Much More Focus Needed	434	43.2	63.4	100.0
	Total	685	68.2	100.0	
	Don't know	106	10.6		
	No response	213	21.2		
	Total	319	31.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Long-term care or dementia care

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	43	4.3	6.1	6.1
	Somewhat More Focus Needed	219	21.8	31.1	37.2
	Much More Focus Needed	443	44.1	62.8	100.0
	Total	705	70.2	100.0	
	Don't know	89	8.9		
	No response	210	20.9		
	Total	299	29.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Additional capacity for High Intensity Rehabilitation services (i.e., more intensive, shorter-duration services focused on a particular

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	58	5.8	9.0	9.0
	Somewhat More Focus Needed	310	30.9	48.0	57.0
	Much More Focus Needed	278	27.7	43.0	100.0
	Total	646	64.3	100.0	
	Don't know	137	13.6		
	No response	221	22.0		
	Total	358	35.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Counseling services for mental health issues such as depression, anxiety, suicidal thinking, anger management, and others for adults

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	48	4.8	6.4	6.4
	Somewhat More Focus Needed	197	19.6	26.2	32.6
	Much More Focus Needed	506	50.4	67.4	100.0
	Total	751	74.8	100.0	
	Don't know	43	4.3		
	No response	210	20.9		
	Total	253	25.2		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Counseling services for mental

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	37	3.7	5.0	5.0
	Somewhat More Focus Needed	163	16.2	22.1	27.1
	Much More Focus Needed	538	53.6	72.9	100.0
	Total	738	73.5	100.0	
	Don't know	56	5.6		
	No response	210	20.9		
	Total	266	26.5		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Emergency mental health services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	40	4.0	5.5	5.5
	Somewhat More Focus Needed	197	19.6	27.0	32.5
	Much More Focus Needed	492	49.0	67.5	100.0
	Total	729	72.6	100.0	
	Don't know	57	5.7		
	No response	218	21.7		
	Total	275	27.4		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Drug and other substance abuse education, prevention, and early intervention services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	44	4.4	6.2	6.2
	Somewhat More Focus Needed	217	21.6	30.3	36.5
	Much More Focus Needed	454	45.2	63.5	100.0
	Total	715	71.2	100.0	
	Don't know	73	7.3		
	No response	216	21.5		
	Total	289	28.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Drug and other substance abuse treatment and rehabilitation services, including detox

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	38	3.8	5.3	5.3
	Somewhat More Focus Needed	204	20.3	28.5	33.8
	Much More Focus Needed	473	47.1	66.2	100.0
	Total	715	71.2	100.0	
	Don't know	76	7.6		
	No response	213	21.2		
	Total	289	28.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - "Integrated care" where people can get medical care and counseling at the same time

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	38	3.8	5.2	5.2
	Somewhat More Focus Needed	230	22.9	31.7	37.0
	Much More Focus Needed	457	45.5	63.0	100.0
	Total	725	72.2	100.0	
	Don't know	69	6.9		
	No response	210	20.9		
	Total	279	27.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Programs to help people stop smoking

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	115	11.5	16.8	16.8
	Somewhat More Focus Needed	329	32.8	48.0	64.7
	Much More Focus Needed	242	24.1	35.3	100.0
	Total	686	68.3	100.0	
	Don't know	102	10.2		
	No response	216	21.5		
	Total	318	31.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	61	6.1	8.5	8.5
	Somewhat More Focus Needed	296	29.5	41.2	49.7
	Much More Focus Needed	361	36.0	50.3	100.0
	Total	718	71.5	100.0	
	Don't know	66	6.6		
	No response	220	21.9		
	Total	286	28.5		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Case workers or "navigators" for people with chronic diseases such as diabetes, cancer, asthma, and others.

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	50	5.0	7.0	7.0
	Somewhat More Focus Needed	289	28.8	40.5	47.5
	Much More Focus Needed	375	37.4	52.5	100.0
	Total	714	71.1	100.0	
	Don't know	74	7.4		
	No response	216	21.5		
	Total	290	28.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Programs for diabetes prevention, awareness, and care

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	87	8.7	12.2	12.2
	Somewhat More Focus Needed	307	30.6	43.2	55.4
	Much More Focus Needed	317	31.6	44.6	100.0
	Total	711	70.8	100.0	
	Don't know	78	7.8		
	No response	215	21.4		
	Total	293	29.2		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Programs for heart health or cardiovascular health

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	88	8.8	12.5	12.5
	Somewhat More Focus Needed	307	30.6	43.5	55.9
	Much More Focus Needed	311	31.0	44.1	100.0
	Total	706	70.3	100.0	
	Don't know	82	8.2		
	No response	216	21.5		
	Total	298	29.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Increased neurology coverage

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	55	5.5	8.1	8.1
	Somewhat More Focus Needed	246	24.5	36.1	44.2
	Much More Focus Needed	380	37.8	55.8	100.0
	Total	681	67.8	100.0	
	Don't know	107	10.7		
	No response	216	21.5		
	Total	323	32.2		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Access to dental services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	77	7.7	10.8	10.8
	Somewhat More Focus Needed	249	24.8	34.9	45.7
	Much More Focus Needed	388	38.6	54.3	100.0
	Total	714	71.1	100.0	
	Don't know	75	7.5		
	No response	215	21.4		
	Total	290	28.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Women's health services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	148	14.7	20.6	20.6
	Somewhat More Focus Needed	324	32.3	45.0	65.6
	Much More Focus Needed	248	24.7	34.4	100.0
	Total	720	71.7	100.0	
	Don't know	65	6.5		
	No response	219	21.8		
	Total	284	28.3		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Men's health services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	112	11.2	16.0	16.0
	Somewhat More Focus Needed	332	33.1	47.4	63.3
	Much More Focus Needed	257	25.6	36.7	100.0
	Total	701	69.8	100.0	
	Don't know	85	8.5		
	No response	218	21.7		
	Total	303	30.2		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Pediatric / child health services

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	127	12.6	18.0	18.0
	Somewhat More Focus Needed	316	31.5	44.9	62.9
	Much More Focus Needed	261	26.0	37.1	100.0
	Total	704	70.1	100.0	
	Don't know	78	7.8		
	No response	222	22.1		
	Total	300	29.9		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Services or education to help reduce teen pregnancy

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	70	7.0	9.8	9.8
	Somewhat More Focus Needed	232	23.1	32.4	42.2
	Much More Focus Needed	414	41.2	57.8	100.0
	Total	716	71.3	100.0	
	Don't know	74	7.4		
	No response	214	21.3		
	Total	288	28.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Parenting classes for the "new mom" or the "new dad"

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	82	8.2	11.6	11.6
	Somewhat More Focus Needed	266	26.5	37.7	49.4
	Much More Focus Needed	357	35.6	50.6	100.0
	Total	705	70.2	100.0	
	Don't know	78	7.8		
	No response	221	22.0		
	Total	299	29.8		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Affordable quality child care

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	48	4.8	6.6	6.6
	Somewhat More Focus Needed	186	18.5	25.7	32.4
	Much More Focus Needed	489	48.7	67.6	100.0
	Total	723	72.0	100.0	
	Don't know	66	6.6		
	No response	215	21.4		
	Total	281	28.0		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Early childhood education

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	91	9.1	13.2	13.2
	Somewhat More Focus Needed	269	26.8	39.0	52.2
	Much More Focus Needed	330	32.9	47.8	100.0
	Total	690	68.7	100.0	
	Don't know	92	9.2		
	No response	222	22.1		
	Total	314	31.3		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Healthcare services for seniors

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	62	6.2	8.5	8.5
	Somewhat More Focus Needed	222	22.1	30.5	39.0
	Much More Focus Needed	444	44.2	61.0	100.0
	Total	728	72.5	100.0	
	Don't know	63	6.3		
	No response	213	21.2		
	Total	276	27.5		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Urgent food capacity or services such as food pantries, soup kitchens, or a "backpack" program

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	61	6.1	8.5	8.5
	Somewhat More Focus Needed	248	24.7	34.6	43.2
	Much More Focus Needed	407	40.5	56.8	100.0
	Total	716	71.3	100.0	
	Don't know	68	6.8		
	No response	220	21.9		
	Total	288	28.7		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Secure sources for affordable, nutritious food

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	58	5.8	7.9	7.9
	Somewhat More Focus Needed	251	25.0	34.3	42.3
	Much More Focus Needed	422	42.0	57.7	100.0
	Total	731	72.8	100.0	
	Don't know	60	6.0		
	No response	213	21.2		
	Total	273	27.2		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Programs for obesity prevention, awareness, and care

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	54	5.4	7.4	7.4
	Somewhat More Focus Needed	249	24.8	34.0	41.4
	Much More Focus Needed	429	42.7	58.6	100.0
	Total	732	72.9	100.0	
	Don't know	59	5.9		
	No response	213	21.2		
	Total	272	27.1		
Total		1004	100.0		

Which of the following community and health-related issues do you feel need more focus or attention for improvement? - Healthcare services for people in the Hispanic community

		Frequency	Percent	Net Percent	Cumulative Percent
	No more focus needed	77	7.7	12.1	12.1
	Somewhat More Focus Needed	254	25.3	39.9	52.0
	Much More Focus Needed	305	30.4	48.0	100.0
	Total	636	63.3	100.0	
	Don't know	146	14.5		
	No response	222	22.1		
	Total	368	36.7		
Total		1004	100.0		

How would you describe the quality of care from the following? - The overall Tift Regional Health System of care

		Frequency	Percent	Net Percent	Cumulative Percent
	Very low quality	5	.5	.6	.6
	Somewhat low quality	54	5.4	6.7	7.4
	Somewhat high quality	327	32.6	40.8	48.1
	Very high quality	380	37.8	47.4	95.5
	Not sure	36	3.6	4.5	100.0
	Total	802	79.9	100.0	
	No response	202	20.1		
Total		1004	100.0		

How would you describe the quality of care from the following? - Tift Regional Health System providers (e.g., Physicians, Nurse Practitioners, Physician's Assistants)

		Frequency	Percent	Net Percent	Cumulative Percent
	Very low quality	1	.1	.1	.1
	Somewhat low quality	41	4.1	5.1	5.2
	Somewhat high quality	313	31.2	39.1	44.3
	Very high quality	411	40.9	51.3	95.6
	Not sure	35	3.5	4.4	100.0
	Total	801	79.8	100.0	
	No response	203	20.2		
Total		1004	100.0		

How would you describe the quality of care from the following? - Tift Regional Health System staff (e.g., Nurses, Patient Care Technicians, Other Therapists)

		Frequency	Percent	Net Percent	Cumulative Percent
	Very low quality	5	.5	.6	.6
	Somewhat low quality	37	3.7	4.6	5.2
	Somewhat high quality	302	30.1	37.7	42.9
	Very high quality	415	41.3	51.7	94.6
	Not sure	43	4.3	5.4	100.0
	Total	802	79.9	100.0	
	No response	202	20.1		
Total		1004	100.0		

In regards to Tift Regional's providers and services, what is the #1 way to connect with you as a consumer?

		Frequency	Percent	Net Percent	Cumulative Percent
	Facebook or other social media site	242	24.1	31.1	31.1
	Mailer	92	9.2	11.8	43.0
	Word of mouth	132	13.1	17.0	60.0
	Television commercial	16	1.6	2.1	62.0
	Print advertisement (such as newspaper or magazine ad)	23	2.3	3.0	65.0
	Community event	44	4.4	5.7	70.7
	Web advertisement with a link to our website	39	3.9	5.0	75.7
	News media story	12	1.2	1.5	77.2
	Physician referral	123	12.3	15.8	93.1
	Google search / website	48	4.8	6.2	99.2
	Radio commercial	1	.1	.1	99.4
	Billboard	5	.5	.6	100.0
	Total	777	77.4	100.0	
	No response	227	22.6		
Total		1004	100.0		

In regards to Tift Regional's providers and services, what is the #2 way to connect with you as a consumer?

		Frequency	Percent	Net Percent	Cumulative Percent
	Facebook or other social media site	122	12.2	15.7	15.7
	Mailer	116	11.6	14.9	30.7
	Word of mouth	144	14.3	18.6	49.2
	Television commercial	46	4.6	5.9	55.2
	Print advertisement (such as newspaper or magazine ad)	38	3.8	4.9	60.1
	Community event	80	8.0	10.3	70.4
	Web advertisement with a link to our website	60	6.0	7.7	78.1
	News media story	31	3.1	4.0	82.1
	Physician referral	70	7.0	9.0	91.1
	Google search / website	49	4.9	6.3	97.4
	Radio commercial	7	.7	.9	98.3
	Billboard	13	1.3	1.7	100.0
	Total	776	77.3	100.0	
	No response	228	22.7		
Total		1004	100.0		

In regards to Tift Regional's providers and services, what is the #3 way to connect with you as a consumer?

		Frequency	Percent	Net Percent	Cumulative Percent
	Facebook or other social media site	98	9.8	12.7	12.7
	Mailer	98	9.8	12.7	25.3
	Word of mouth	84	8.4	10.9	36.2
	Television commercial	71	7.1	9.2	45.3
	Print advertisement (such as newspaper or magazine ad)	43	4.3	5.6	50.9
	Community event	91	9.1	11.8	62.7
	Web advertisement with a link to our website	59	5.9	7.6	70.3
	News media story	50	5.0	6.5	76.7
	Physician referral	70	7.0	9.0	85.8
	Google search / website	82	8.2	10.6	96.4
	Radio commercial	15	1.5	1.9	98.3
	Billboard	13	1.3	1.7	100.0
	Total	774	77.1	100.0	
	No response	230	22.9		
Total		1004	100.0		

What is your gender?

		Frequency	Percent	Net Percent	Cumulative Percent
	Male	101	10.1	13.0	13.0
	Female	673	67.0	87.0	100.0
	Total	774	77.1	100.0	
	Prefer not to disclose	7	.7		
	No response	223	22.2		
	Total	230	22.9		
Total		1004	100.0		

What is your age?

		Frequency	Percent	Net Percent	Cumulative Percent
	18 to 24	33	3.3	4.3	4.3
	25 to 34	138	13.7	17.9	22.2
	35 to 44	131	13.0	17.0	39.1
	45 to 54	204	20.3	26.4	65.5
	55 to 64	177	17.6	22.9	88.5
	65 to 74	72	7.2	9.3	97.8
	75 and older	17	1.7	2.2	100.0
	Total	772	76.9	100.0	
	Prefer not to disclose	10	1.0		
	No response	222	22.1		
	Total	232	23.1		
Total		1004	100.0		

What is the highest grade or year in school you completed?

		Frequency	Percent	Net Percent	Cumulative Percent
	Less than high school	3	.3	.4	.4
	Graduated high school	71	7.1	9.3	9.6
	Some college or vocational training	146	14.5	19.0	28.7
	Completed a 2-year college degree or a vocational training program	262	26.1	34.2	62.8
	Graduated college (4-year Bachelor Degree)	161	16.0	21.0	83.8
	Completed Graduate or Professional school (Masters, PhD, etc.)	124	12.4	16.2	100.0
	Total	767	76.4	100.0	
	Prefer not to disclose	11	1.1		
	No response	226	22.5		
	Total	237	23.6		
Total		1004	100.0		

Which of the following ranges best describes your total annual household income in the last year?

		Frequency	Percent	Net Percent	Cumulative Percent
	Less than $25,000	82	8.2	11.7	11.7
	$25,001 to $50,000	202	20.1	28.8	40.5
	$50,001 to $75,000	144	14.3	20.5	61.0
	$75,001 to $100,000	122	12.2	17.4	78.3
	More than $100,000	152	15.1	21.7	100.0
	Total	702	69.9	100.0	
	Prefer not to disclose	69	6.9		
	No response	233	23.2		
	Total	302	30.1		
Total		1004	100.0		

Appendix J: Top 20 ER Diagnoses at Hospitals

Rank	ICD-10 Code	ICD-10 Description
1.	R0789, R079	Other chest pain, chest pain unspecified
2.	J069	Acute upper respiratory infection, unspecified
3.	N390	Urinary tract infection, site not specified
4.	R51	Headache
5.	R109	Unspecified abdominal pain
6.	R55	Syncope and collapse
7.	K529	Noninfective gastroenteritis and colitis, unspecified
8.	R42	Dizziness and giddiness
9.	M545	Low back pain
10.	S0990XA	Unspecified injury of head, initial encounter
11.	R112	Nausea with vomiting, unspecified
12.	J029	Acute pharyngitis, unspecified
13.	J45901	Unspecified asthma with (acute) exacerbation
14.	K5900	Constipation, unspecified
15.	J209	Acute bronchitis, unspecified
16.	S161XXA	Strain of muscle, fascia and tendon at neck level, initial encounter
17.	R509	Fever, unspecified
18.	K0889	Other specified disorders of teeth and supporting structures
19.	R1013	Epigastric pain
20.	S39012A	Strain of muscle, fascia and tendon of lower back, initial encounter

Data from Definitive Healthcare's hospitals and IDNs platform using all-payor claims data from CY 2017.

Source: Definitive Healthcare. Available at https://blog.definitivehc.com/top-20-most-common-er-diagnoses

Service Use by Zip Code			
Rank	**Inpatient**	**Emergency Dept.**	**Outpatient**
1	31794	31794	31794
2	31750	31793	31793
3	31714	31714	31620
4	31793	31774	31714
5	31620	31750	31750
6	31639	31637	31639
7	31774	31639	31791
8	31637	31647	31774
9	31749	31775	31647
10	31775	31791	31637