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Needs assessment template designed by Bettye A. Apenteng, PhD.
Acknowledgements

Assessing community needs is a challenging yet rewarding effort. It is essential to ensure that Union General Hospital is working to address those most pressing issues facing the residents of the community. We proudly recognize and express appreciation to the strong support provided by the hospital staff contributing to the process, the community advisory committee, as well as, the community members not formally associated, but so graciously participated giving their time, energy and contributions all in support of improving the health and health care delivery for those being served by Union General Hospital.

An additional thank you to Amy Grubbs, Executive Assistant, of Union General Hospital for serving as the community champion leading the community health needs assessment effort by coordinating the committees, team, meetings, logistics and being a local champion.
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August 2015, he received Direct Appointment as Associate Clinical Professor for Georgia Southern University’s Jiann-Ping Hsu College of Public Health (JPHCOPH) and the Director of the Center for Public Health Practice & Research. Under faculty appointment provides instruction in the JPHCOPH Health Policy & Management Division focusing on health care finance and policy. As the Director for the JPHCOPH Center for Public Health Practice & Research facilitates the integration of the JPHCOPH academic resources into local, state and national fields for application in communities and areas of research. He administers various grant programs targeting specific areas of public health including but not limited to, public health care delivery, Emergency Medical Services, needs assessment, program evaluation, health systems planning and various other components within the health and health care arenas.

With over 25 years of professional experience holding a variety of health care leadership positions, Mr. Owens has worked with health care organizations across the entire continuum of care. Prior to joining Georgia Southern University, Mr. Owens served as the Executive Director of the Georgia Department of Community Health’s State Office of Rural Health and Primary Care Office. Mr. Owens provided oversight to various programs focusing on improving the health care delivery system and health of Georgians in underserved communities. Governor Nathan Deal appointed Mr. Owens to the Rural Hospital Stabilization Committee in 2014 of which he continues to serve. He also serves on the Boards of the Georgia Rural Health Association and Georgia Public Health Association. Previously he received appointment by Kathleen Sibelius, Secretary of Health and Human Services (HHS) to serve on the 2012-2013 Human Resources and Services Administration (HRSA) Negotiated Rulemaking Committee for Designation of Medically Underserved Populations and Health Professional Shortage Areas, and he has held a variety of leadership positions in rural hospitals.

Mr. Owens obtained his Master of Science majoring in Accounting from Georgia Southwestern College in 1992. He previously obtained his Bachelor of Science majoring in Marketing from Valdosta State College in 1990.

Stuart H. Tedders, PhD, MS, a native of Perry, Georgia. Dr. Tedders attended Georgia Southern College where he earned a BS degree in biology in 1987. After graduating for Georgia Southern, he earned a MS degree in Medical Entomology from Clemson University (1989) and a PhD in Public Health from the University of South Carolina (1994). Dr. Tedders accepted a job as an Assistant Professor at Mercer University Medical School (MUSM) teaching concepts of public health to undergraduate medical students. During his time at MUSM, he also developed a keen interest in working with rural Georgia communities and was named Georgia Rural Health Researcher of the in 1000 by the Georgia Rural Health Association. In 2000, he accepted a position Georgia Southern University and was one of the original members of the Jiann-Ping Hsu College of Public Health (JPHCOPH) when it was founded on January 1, 2006. In the JPHCOPH, Dr. Tedders has served in numerous faculty and administrative capacities including the Director for the Center for Rural Health & Research and the Director of the
Office of Public Health Practices and Community Services. Currently, he is a Full Professor in Epidemiology and serves as the Senior Associate Dean of Academic Affairs.

Dr. Tedders has worked with rural and underserved communities in Georgia for nearly 20 years and describes himself as an “applied epidemiologist”. His community interactions have involved the application of epidemiological principles, including public health surveillance, to improved population health status. Specifically, he has worked with communities to design and evaluate health programs and to assess risk factors, with a particular interest in social, economic and educational factors that influence the overall health risk of populations. He has also worked extensively in understanding factors associated with perceived cancer risk, cancer screening practices and issues affecting maternal and child health in rural communities. At present, Dr. Tedders has authored 30 peer reviewed manuscripts, 9 non-peer reviewed manuscripts, 10 research monographs, 40 community assessment reports and 26 technical/evaluation reports. He also has numerous community and research presentations to his credit. Dr. Tedders has served on health-related boards throughout the state including the Georgia Rural Health Association (Secretary, Treasure), the State Office of Rural Health Advisory Board (Secretary), the Statewide Area Health Education Center (AHEC) Advisory Council, and Morehouse School of Medicine AEHCE Advisory Board. Dr. Tedders currently serves as the chair of the Magnolia Coastlands AHEC located at Georgia Southern University.

Bettye Apenteng, PhD serves as Assistant Professor of Health Policy and Management at the Jiann-Ping Hsu College of Public Health, Georgia Southern University. She completed her Ph.D. in Health Services Research, Administration, and Policy from the University of Nebraska Medical Center, Omaha. Dr. Apenteng is trained in the application of qualitative and quantitative research methodologies in public health and health services research and practice. She has expertise in healthcare planning, as well as financial and systems performance assessments in low resource settings, including rural settings.

She has led several healthcare system performance and needs assessment studies, where she provided analytical support for the collection and analysis of quantitative (including survey-based data) and qualitative data. She has worked on several collaborative projects with Georgia rural hospitals, including the Flex Operational and Financial Improvement Grant, the Rural Community Health Systems Planning Grant (both funded by the Georgia Department of Community Health, State Office of Rural Health) and the Rural Hospital Sustainability Grant (funded by the Healthcare Georgia Foundation).

Angie Peden, MPH, is the Assistant Director of the Center for Public Health Practice and Research at the Jiann-Ping Hsu College of Public Health (JPHCOPH) at Georgia Southern University. Ms. Peden focuses on connecting JPHCOPH with the Georgia public health practice community and facilitating practice-based research and technical assistance through grants and service contracts. She has worked with the Georgia Public Health Association for the past three years to plan and facilitate a National Public Health Accreditation Learning Track at their annual meetings. She also coordinates the Georgia PHAB Learning Community; a group public health practitioners working together to better understand the requirements for national public health accreditation. Ms. Peden’s research focuses on accreditation and quality improvement.
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Executive Summary

PURPOSE AND OVERVIEW

The purpose of this project was to provide technical assistance to Union General Hospital in completing the Community Health Needs Assessment (CHNA) as mandated by the IRS. The project is organized around an 8-Step process that includes the following steps:

1. Identifying project objectives
2. Identifying the project framework
3. Initiating contact with the hospital site
4. Forming the steering groups, advisory groups and outlining data collection techniques
5. Managing and analyzing the data
6. Reporting preliminary results
7. Prioritizing identified issues
8. Disseminating the final CHNA document

This report will elaborate more thoroughly on the specifics associated with each step in the methodology section.

The activities and assessment are solely related to the hospital’s community health needs assessment and are not being used for research. As such, this project is exempt from the Institutional Review Board at Georgia Southern University.

Service (Target) Area

The service (target) area is relying on a county-based definition for the CHNA. The target area was determined based on the CY 2011 inpatient and outpatient visits at the onset of the first CHNA and was confirmed by the hospital for the 2018 CHNA. As such, inclusion or exclusion of a particular county was dependent upon the proportion of hospital visits/stays at the hospital. Specifically, zip code data from each hospital were used to establish the general threshold for determining a county as part of the CHNA target.

Steering Committee Membership

The hospital was responsible for forming a Steering Committee. It was recommended that the Steering Committee consist of approximately 10 members from the hospital and partner organizations. (See Appendix A for Listing)

Community Advisory Committee Membership

The Community Advisory Committee (CAC) is a key component of community engagement in the process as required by the Internal Revenue Service (IRS) mandate. Recruitment of the CAC membership was based on participation during the previous CHNA cycles as well as new stakeholders who are engaging in health care delivery. Specific channels to communicate with potential members to serve on the CAC were determined by hospital representatives. It was recommended that the CAC consist of 15-25 members representing a cross-section of the defined community (target area). The hospitals, in particular the Steering Committees, were specifically instructed to recruit participants representing traditionally underserved and minority populations within the target area. In addition,
hospitals were encouraged to see diversity with respect to race, ethnicity, social economic and educational backgrounds. A list of CAC members for this cycle are included in Appendix B.

Site Visits – Community Meetings

After the initial contact with the hospital, three community visits (meetings) were scheduled. Each visit had a specific agenda for moving the CHNA forward. Site visits are an important component as it allows the facilitators to see first-hand the opportunities and challenges in the community, as well as engage locally to advance the completion of the assessment.

**Meeting 1:** The purpose of the first meeting was to make personal contact with the hospital leadership as well as other key personnel in the hospital. Specifically the principal investigator presented information about the Patient Protection and Affordable Care Act and the role of the community assessment, contractual obligations of Georgia Southern University, a conceptual approach to data collection, instructions for clearly defining the medial service area, project timeline of activities, and brainstorming about the Steering Committee and CAC recruitment and membership. A copy of the Meeting 1 Attendance Roster can be found in Appendix D.

Specific tasks to be completed following the first meeting included beginning the process of recruiting CAC members and formalizing the community-based survey. In addition, it was determined interviews, rather than focus groups, would be conducted to expedite the data collection process.

**Meeting 2:** The purpose of the second meeting was to convene the Community Advisory Committee (CAC) members to provide an overview of project activities and initiate data collection. The specifics of data collection will be discussed later in this section. The second meeting relied on a standard PowerPoint presentation. The presentation content included an overview of the community demographics and key health related indicators, an overview of the project, and instructions for collecting data. Data collection of efforts were first initiated by surveying CAC members using the community-based survey. In general, this took approximately 10-15 minutes. CAC members were also given instructions for distributing the survey to the community. A copy of the Meeting 2 presentation and the attendance roster can be found in Appendix E.

Specific tasks to be completed following the second meeting included monitoring survey distribution, encouraging CAC members to forward completed surveys to the hospital, forwarding completed surveys to Georgia Southern University and negotiating the logistics of hosting the third community meeting.

**Meeting 3:** The purpose of Meeting 3 is two-fold, first to relay the results of data collection to the community and second, to prioritize the issues that emerged from data collection. After data collection and analysis were completed a presentation was prepared and delivered to the CAC members and other guests of the hospital. The presentation included an overview of the project, a review of data collection approaches, select secondary data highlights, and select primary data highlights (community-based survey and interviews).

Prioritization of emerging issues was a central theme of Meeting 3. Prioritization was completed using a two-stage process. The first stage was a tentative identification of the issues by the principal investigator. This rank was determined by an informed inspection of the data prior to the 3rd meeting. The second stage was the actual prioritization phase that relied on the Hanlon Method. More
specifically with respect to prioritization will be discussed thoroughly in one of the sections below. A copy of the Meeting 3 presentation and the attendance roster can be found in Appendix F.

**Data Collection Approaches**

**Secondary Data Collection and Analysis**

The secondary data reports were generated using data collected from online sources. The sources of data for the project were the Georgia Department of Public Health’s online Analytical Statistical Information System (OASIS), County Health Rankings and The U.S. Census Bureau. Most demographic, physician workforce, preventive care services, insurance rates, and health behavior statistics were reported as a percentage or ratio. However, all morbidity and mortality data were reported as age-adjusted rates in order to allow for a fair comparison with the state rates. In order to reduce variability of all point estimates, reported rates are based on ten-year aggregates.

**Primary Data Collection: Survey Development and Distribution**

A community-based survey was validated by the steering committee and is provided in Appendix C. The CAC received 250 printed surveys for distribution and collection. Each survey was numbered sequentially. The CAC members were asked to distribute their surveys across their personal network. Each CAC member disseminated and collected a number of surveys based on their own choosing. Therefore the number distributed per CAC members varied based upon personal preference and size of their local network. The hospital was given approximately three weeks to collect and route the surveys to Georgia Southern University. All returned surveys were manually entered into SPSS for Windows. Only descriptive statistics were used for this report.

**Primary Data Collections: Interviews**

Key community stakeholders were identified and interviewed by designated hospital staff. This approach was determined to be the most efficient and effective means of gathering additional data. A copy of the interview guide can be found in Appendix H. The exact approach to recruit and interview stakeholders was determined by the Steering Committee.

**Prioritization Strategy**

A two-stage process was used to complete the prioritization of issues in each community. The first stage involved a tentative identification of issues by the principal investigator. The Hanlon Method, stage two, was used for the prioritization of issues. The Hanlon Method calculates a Basic Priority Rating (BPR) for each problem identified in the assessment process. This prioritization scheme considers four dimensions of each problem and includes the size of the problem (measures by incidence, prevalence or percentage of the population affected) ranked on a scale of 0 to 10 (denoted as A). The seriousness of the problem (measured by economic loss, impact of other populations, or overall severity as indicated by mortality/morbidity) is ranked on a scale from 0 to 20 (denoted as B), and the effectiveness of interventions (measured by how well previous interventions have worked) is ranked on a scale of 0 to 10 (denoted as C). Finally, a measure known as the PEARL (Properietym, Economics, Acceptability, Resources, and Liability) is ranked on a scale of either 1 or 2 (denoted as D). This last measure, PEARL
assess issues of ethics, legality, and economics in addressing a given problem. The formula for calculating the BPR is as follows: \( BPR = \frac{(A+B)C}{3D} \).

Participants were given a prioritization sheet with instructions (Appendix I) and asked to complete a final ranking of the mutually agreed upon issues. Given that a PEARL measure assigned as a 0 would effectively remove an issue from consideration, participants were not asked to assign a value to the D term in the BPR equation. The results of this exercise yielded the final ranking of issues in the given community. The final calculations to obtain the BPR were completed by the project team.

**Community-based Assets**

Community-based assets are an essential component in identifying interventions and addressing priorities. The primary goal of asset identification was to create a list of all the groups and organizations that could potentially have a positive influence on community health. In order to provide relevant information about tangible community assets in rural Georgia, the project team used the online version of the Yellow Pages. The inventory included hospitals, health services, counseling services, youth organizations, community organizations and rehabilitation services. The final inventory contained names, phone number, addresses and services offered.
Results of Secondary Data Analysis

Disease Discharge Rates

In review of the prevalence of disease among the population based on hospital discharges, many were at favorable levels when compared to the state rate. When comparing data from 2000 – 2016 many disease rates have declined significantly. The rates of the following exceed the state rate for disease and may warrant a targeted intervention (listing not prioritized):

- Heart Disease
- Flu
- Pneumonia
- Mental Health
- Cancers (all)
- Colon Cancer
- Lung Cancer

It is also important to review other diseases identified in the report as some have experienced increases and/or significant fluctuations in the prevalence, but have not exceed the state rate, which is our current benchmark. However, an intervention early may prevent continued increases.

Health Behaviors and Activities Impacting Health

As mentioned in other sections many elements of the Union community and residents rate favorably when compared to the state rate. In looking at health behaviors, the following warrant consideration for action:

- Increasing physical activity
- Reducing preventable hospital stays
- Recruitment of Primary Care Providers

Community-based Survey Findings

- 93% of respondents felt the community was a good place to live, raise children and is safe
- 87% of respondents felt the educational system is strong
- 83% of respondents felt the health care system is strong
- Job opportunities with higher paying jobs was the great opportunity to improve the quality of life in the community
- Respondents were most concerned about drug abuse impacting their child as it relates to health
- 88.7% of respondents rates their health good or better
- Drug abuse and treatment consistently ranked high an issue
- Overwhelmingly respondents hold the opinion that cancer is the leading cause of death
- Overwhelmingly respondents rated obesity/overweight as the greatest influence on health
- Out-of-pocket costs was the greatest obstacle to accessing health care

Survey Respondent Demographics

- 58.3% of respondents were female
- 63.5% were married
85% were residents of Blairsville
Most were over age 55
74.7% own their home
1.1% indicated a challenge with transportation

Key Stakeholder Interviews Findings

Stakeholders interviewed expressed strong positive feelings about their community
Most needed services were mental health and drug treatment
Challenges facing the community included:
  - drug abuse
  - lack transportation
  - lack of affordable housing
  - health care access for indigent
  - traffic congestion due to increased tourism
  - aging population
  - need for dialysis treatment locally

Community Assets

An inventory of community assets and resources is outlined in the report.

Prioritization

Based upon the Community Advisory Committee Prioritization the following were ranked as priority:
1. Overweight/Obesity
2. Drug/Substance Abuse
3. Heart/Vascular Disease
4. Child Nutrition
5. Mental Health
Introduction

The Patient Protection and Affordable Care Act

The Patient Protection and Affordable Care Act requires all nonprofit tax-exempt hospitals to complete a community health needs assessment every three years to evaluate the health needs and assets of the community. Regulated by the Internal Revenue Service (IRS), this mandate became effective March 23, 2012. Additionally, non-profit tax exempt hospitals are required to develop an implementation strategy designed to address priorities identified through the assessment process. Hospitals that do not complete this mandated activity risk losing their nonprofit status and face a $50,000 penalty.

IRS Compliance

According to the IRS mandate, the implementation strategy must be adopted by the end of the same taxable year in which the CHNA was conducted. The CHNA must be conducted in the taxable year that the written report of its findings is available to the public, and the governing body of the hospital must approve the plan. In addition, the specific processes and methods used for the CHNA, the sources of data, dates of the data collection and the analytical methods applied. Any information gaps must be identified, and the CHNA must identify all collaborating organizations. Third parties, name, titles and affiliations of the individuals consulted must also be recognized in the CHNA written description.

The contribution from federal, tribal, regional, state or local health departments as well as from leaders, representatives, or members of medically underserved, low-income and minority populations must be recognized in the report. Existing health care facilities and other resources within the community must be addressed to ensure input from all required sources, and the prioritization of all the community health needs identified must follow the CHNA. Upon completion of the CHNA, a written plan must be presented that addresses each of the community health needs. This plan should describe the hospital’s plan to meet each identified need, or to explain why the hospital cannot meet a specific need. The implementation strategy must be tailored to the specific hospital facility and must be attached to the hospital's annual Form 990. Failure to meet the CHNA with respect to any taxable year may result in the imposition of a $50,000 excise tax. In addition, failure to meet stated requirements may the place hospital’s tax exempt status in jeopardy. Outlined below is a checklist pertinent to successful completion of the CHNA and the Implementation Plan.

Timing:

The Implementation Strategy must be adopted by the end of the same taxable year in which the CHNA was conducted.

The CHNA is considered to be conducted in the taxable year that the written report of its findings is made widely available to the public.

The implementation strategy is considered to be adopted when it is approved by the governing body of the hospital.
Requirements of the CHNA:

Description of the community served and the community was defined.

Description of the processes and methods used to conduct the CHNA.

Description of the sources and dates of the data and other information used in the CHNA.

Description of the analytical methods applied in the CHNA.

Identification of any information gaps that impact the ability to assess the community’s health.

A list of all collaborating organizations in conducting the CHNA.

Identification of third parties with which the hospital contracted to assist in conducting CHANA, along with qualifications of such third parties.

Description of how input from parties representing broad interests of the community served were solicited.

Description of community interaction.

Name and title of at least one individual representing collaborating organizations.

Description of how the hospital solicited input from persons with special knowledge of or expertise in public health.

Description of how the hospital took into account input from federal, tribal, regional, state or local health departments or agencies, with current data or other information relevant to the CHNA.

Description of how the hospital took into account input from leaders, representatives, or members of the medically underserved, low-income, and minority populations and populations with chronic disease needs.

Prioritized description of all the community health needs identified through the CHNA and the process/criteria used in prioritization of such needs.

Description of existing health care facilities and other resources within the community available to meet the needs of the community.

Identification (names, titles, and affiliations) of individuals consulted in the CHNA process.

Name and title of at least one individual representing collaborating organizations.

Description of how the hospital solicited input from the person with special knowledge of or expertise in public health.

Description of how the hospital took into account input from federal, tribal, regional, state or local health departments or agencies, with current data or other information relevant to the CHNA.
Description of how the hospital took into account input from leaders, representatives or members of medically underserved, low-income, and minority populations and populations with chronic disease needs.

Prioritized description of all the community health identified through the HNA and the process/criteria used in prioritization of such needs

Description of existing health care facilities and other resources within the community available to meet the health needs of the community.

Identification (names, titles, and affiliations) of individuals consulted in the CHNA process.
Phases of a Needs Assessment

Simply defined, a community health needs assessment is a planned and methodical approach to identifying a profile of problems and assets. It is important to note, comprehensive assessments not only focus on documented or perceived community health issues or problems, but they also focus on the positive aspects of the community known as assets. The community assessment process is the framework by which program planners identify gaps or discrepancies between a real state and an ideal state. In practice, community assessments enable communities to accomplish several important tasks. These specific tasks are best described in general terms and include an ability to illustrate community priorities, validate the need for health initiatives, develop effective health promotion strategies, and identify and leverage community resources to solve problems. Health assessments, if done properly, are a starting point for solving complex community problems. Unfortunately, tangible solutions to these complex problems often prove to be elusive, unrealistic and/or ineffective. However, a properly conducted health assessment will maximize the likelihood of developing solutions that work.

In most instances, the community assessment process is most effective using a multi-step approach to reach specific thresholds. In order to function effectively, as well as maximize the likelihood of improving health status, the community assessment process should resemble a “Continuous Quality Improvement” loop. The conceptual steps in a generalized model to completing a comprehensive assessment are a five-step process and should include the following:

1. Engaging the community
2. Defining the issues
3. Establishing community priorities
4. Designing a strategy for intervention
5. Evaluating the impact

These steps or phases are explained more thoroughly in the narrative outlined below.

Step 1: Engaging the Community

The community assessment process begins through community engagement. Typically, assessment experts are “outsiders” to the community, so they generally lack credibility in the community. Community engagement is necessary for achieving ownership in the process, thereby enhancing likely participation in the remaining phases of the assessment. Moreover, community engagement helps to gauge overall community readiness to address specific problems or issues.

Step 2: Defining the Issues

The specific approach used to define the issues in a given community varies according to availability of resources and overall readiness of stakeholders. Although the availability of resources to complete the process is dependent on a number of factors, the ability of a community to tap these resources is static and cannot be controlled in many ways. However, community readiness is a factor that often can be modified depending on the political landscape of the community, the willingness to embrace collaboration, and a commitment to improve the health status. Defining the issues in a given community can vary from a methodologically rigorous approach to amore generalized approach to gathering the necessary data. Additionally, the methodological approaches to defining issues may rely on qualitative, quantitative or a mixed methods approach.
**Step 3: Establishing Community Priorities**

After defining the community issues, stakeholders need to adopt a strategy for establishing priorities. This is a particularly important process because the results of the prioritization strategy effectively removes certain issues from consideration due to fiscal, personnel or readiness constraints of the community. Most often, prioritization strategies rely on multiple considerations including, but not being limited by, the size of the issue, the seriousness of the issue, the ability to modify the issue, and the ethical and legal implications of either modifying or not modifying the issue.

**Stage 4: Designing a Strategy for Intervention**

After completion of the prioritization of issues, as well as, gaining consensus on the specific issues to address, the next step in the assessment process involves the designing of strategies for intervention. Several considerations must be taken into account when designing interventions including the identification of culturally appropriate leverage points for change and establishing measurable and meaningful objectives.

**Step 5: Evaluating the Impact**

The last step in the assessment process is evaluating the impact of intervention efforts. Typically, evaluation efforts require the community to identify short term, intermediate term and long-term outcomes that reflect a logical progression of desired change. These outcomes must be linked to the measurable objectives established in Step 4. Successful evaluation strategies including defining appropriate metrics that have been innately linked to the specific outcomes, thereby providing the ability to make changes to address a particular issue. At the end of Step 5, communities should use the lessons learned from evaluation to implement continuous quality improvement. This should always involve informing the stakeholders in order to sustain community engagement. Therefore Step 1 begins again and the entire assessment process repeats itself.

In referencing the five steps of completing a comprehensive community health needs assessment, Georgia Southern University was only funded to complete steps 1 – 3. It is the responsibility of the hospital and governing authority of the hospital to complete steps 4 & 5 of this process in the form of a written implementation plan to the IRS.
Union General Hospital Data Analysis

Purpose

The purpose of this report and the following content is to provide a profile of the people and health characteristics of Union General Hospital’s service area. The report provides both health statistics and contextual information. The context of the services area’s health is framed by the demographic data, social-economic indicators, health behaviors statistics, and the physician workforce profile. Subsequently, the morbidity and mortality statistics, along with maternal and child health data, are presented in order to understand the relative magnitude of the health problems. As a basis for comparison, the local rates are juxtaposed with state data.

Demographic Characteristics based on US Census 2016 Estimates

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<th>Union County</th>
<th>Georgia</th>
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<tbody>
<tr>
<td>Population</td>
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<td>10,310,371</td>
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<tr>
<td>Persons under 5 years</td>
<td>3.6%</td>
<td>6.4%</td>
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<tr>
<td>Person under 18 years</td>
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<td>24.4%</td>
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<tr>
<td>Persons 65 years and over</td>
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<td>Male</td>
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<td>Female</td>
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<td>White Persons</td>
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<td>Black Persons</td>
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<td>Median Household Income (2012-2016)</td>
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<td>Homeownership rate (2012-2016)</td>
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<tr>
<td>Bachelor’s degree or higher (2012-2016)</td>
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<td>29.4%</td>
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<tr>
<td>Percent Uninsured</td>
<td>17.1%</td>
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</table>

Source: [https://www.census.gov/quickfacts](https://www.census.gov/quickfacts)

Services Area Demographics Summary

Union County is one of Georgia’s larger rural communities when defined as a county population of less than 35,000 population located in the north Georgia Mountains. The age of the population is weighted much more heavily to a population over age 65. The state rate over age 65 is 13.1%; Union boasts a rate of 32.9%, over 250% greater than the state rate. With 96.9% of the population being white; the region has almost no non-white populations, unique from other areas of the state.

The high school graduation rate is slightly above the state rate; the rate of those achieving a Bachelor’s degree or higher is 22.4% slightly lower than the state rate. With the higher education rate being lower it is not surprising that household income is approximately 20% below the state rate. Ironically, even with lower household income, the home ownership rate is nearly 25% above the state rate.
Results: Secondary Data Analysis

Hospital Discharge Rates: All Cause

Source: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS)

Discharge rates for “All Causes” have consistently exceeded the state rate; however, notable reductions have occurred nearly mirroring the state rate with a slight increase in 2016.

Hospital Discharge Rates: HIV/AIDS

Source: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS)

Discharge rates for HIV/AIDS are virtually non-existent. OASIS does not provide a count for rates less than 5 in respect of patient confidentiality. However, given the high rates across Georgia, it is important to recognize in assessing needs.
Hospital Discharge Rates for High Blood Pressure have dramatically declined since 2000. While the graphic illustrates consistent fluctuations discharges have remained below the state rate since 2008. The 2016 rate is approximately 45% below the state rate.

Hospital Discharge Rates for Stoke have steadily improved. However, it was not until 2015 when rates fell below the state rate. It is encouraging that 2016 rates continued to show improvement falling further below the state rate.
Hospital Discharge Rates for Obstructive Heart Disease, which includes heart attacks, has remained above the state average. However, the graphic clearly demonstrates strong improvement since 2000. Since 2000 the rate has been reduced by over 50% of the difference between the state and hospital rates. For 2016 the rate sits nearly 20% higher than the state rate.

Asthma Hospital Discharge Rates dropped dramatically from 2000 to 2007 settling at zero; however, peaks and valleys have continued since, but since 2001 the rate has not exceeded the state rate.
Incidence of discharges as the result of Flu has been virtually zero except for 2000, 2003, 2015 and 2016 during which there were severe spikes significantly above the state rate.

Hospital Discharge Rates for Pneumonia have consistently declined narrowing in on the lower state rate. However, the Hospital Discharge Rate has remained higher than the state rate by nearly 50%.
Hospital Discharge Rates for Mental Health Disorders have increased since 2000 while the state rate has remained relatively steady. The Union Discharge Rate in 2016 nearly 25% higher than the 2016 state rate.

Hospital Discharge Rates for Diabetes fell below the state rate in 2004 and has remained slightly lower than the state rate. However, the difference in 2016 was narrow.
Hospital Discharge Rates for All Cancers have consistently remained above the state rate. Since 2000 there has been remarkable reduction in the hospital discharge rate. With relatively steady decline since 2000, 2016 discharge data fell just slightly above the state rate.

Colon Cancer Hospital Discharge Rates has fluctuated significantly since 2000. Unfortunately, the 2013 rate mirrored the 2000 rate at 100 per 100,000; however, a positive decline came in 2014 & 2015 with a slight increase in 2016. The 2016 rate is nearly 50% higher than the state rate.
Hospital Discharge Rates were near the state rates of 2000 & 2001. After 2001, the rates fluctuated with a severe spike in 2005; subsequently they declined substantially and then continued to fluctuate to the current lowest point in 2016. The 2016 rate is the lowest point based on the available data which is positioned just slightly above the state rate.

The 2000 Breast Cancer Rate was approximately 50% higher than the state rate. It fluctuated above the state rate until 2007 when the rates plummeted to zero (less than 5 discharges. In 2008 the rate crept up again exceeding the state rate in 2009 where it remained until 2011 when it returned to a zero rating for discharges. It is important to acknowledge that even though the hospital discharge rate is negligible there may be need for a community intervention due to prevalence in the community regardless of admissions not coming through Union General Hospital.
Hospital Discharge Rates for Prostate Cancer have fluctuated similar to other measures with the majority of data points significantly above the state rate. The 2016 rate settled just slightly above the state rate.

Pregnancy and Birth Complication Discharge Rates have not exceeded the state rate and in review of the trend it most likely has held lower than the state for a significant time. The Union rate is consistently 33% less than the state rate.
Below is an illustration of data related to health behaviors and activities persons experience which impact health.

### Health Behaviors

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Union County</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Smoking</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>27</td>
<td>30</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>14</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS)

Incidence of adult smoking, obesity and drinking are below the state rate; while, the rate of physical activity is below the state rate. Three of the four measures were positive when compared to the state rates.

### Preventative Services

<table>
<thead>
<tr>
<th>Preventative Service</th>
<th>Union County</th>
<th>Georgia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic HbA1c</td>
<td>86</td>
<td>85</td>
</tr>
<tr>
<td>Mammography</td>
<td>72</td>
<td>62</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>38</td>
<td>52</td>
</tr>
</tbody>
</table>

Source: Georgia Department of Public Health, Online Analytical Statistical Information System (OASIS)

In review of preventive services, all were positive with Diabetic HbA1c and mammography slightly exceeding the state rate, while Preventable Hospital Stays fell below the state rate by nearly 25% fewer.
The rate of Premature Age-Adjusted Mortality is slightly better for Union at ~3% rate.

The rate of Sexually Transmitted Infections (STI) is substantially less than the state rate at a rate of nearly 86% less the state rate. The Teen Pregnancy Rate is equal to that of the state.
In the review of Uninsurance for children under age 19 is virtually zero as OASIS does not report instances of less than 5 in respect of confidentiality.

In the review of Uninsurance, the rate for Union has plummeted to virtually zero in 2015, which is the most current available data. Union had hovered at near 20% since 2008. The rate began to decline in 2014 and virtually zero in 2015.
The Health Care Provider Supply chart comparing the population served by one provider is lower than the state rate for primary care. However, the rates for dental and mental health provider rates are significantly greater than the state rate, clearly positive for the community.

It is important to note that Union General Hospital has 105 physicians with hospital privileges to provide services to patients using Union General Hospital. While the number is large many are specialists and may be visiting providers who are not on-site daily. Recruiting primary care providers would increase health care access for many and strengthen the viability of specialists in the community. All would contribute significantly to the patients and Union General Hospital.
Community-based Survey Findings

The Community Advisory Committee disseminated 250 surveys collect primary data from community residents. Of those distributed, 98 were returned. Below are illustrations of the survey responses to each question. Most respondents answered the majority of the questions, but some did elect to not respond to select questions.

Overwhelmingly, survey respondents indicated positive feels for their community. Over 93% felt the community was a good place to live, raise children and safe. Over 87% felt the education system is strong; over 83% felt the health care system was strong. Economic growth received the lowest score at 67%, while lower still a positive ranking.
Overwhelmingly, survey respondents indicated the three greatest influences affecting the quality of life in their community were 1. Job opportunities, 2. Lack of higher paying jobs and 3. Drug and/or alcohol abuse. Low income/poverty came in fourth. All others trailed significantly in scoring.
In your opinion, what are the services that need the most improvement in your community?

- Higher paying employment: 38.8%
- Availability of employment: 29.6%
- More affordable/better housing: 23.5%
- More affordable health services: 23.5%
- Transportation options: 19.4%
- Positive teen activities: 17.3%
- Elder care options: 17.3%
- Better/healthier food choices: 16.3%
- Services for disabled people: 14.3%
- Animal control: 12.2%

Survey respondents rated the three leading assets to improve the community as 1. Higher paying employment, 2. Availability of employment and 3. More affordable/better housing & more affordable health care (tied).
Overwhelmingly, respondents received most of their health information from their doctor/nurse based on their rating of 45.9%. The internet trailed at 24.5% followed by 19.4% receiving information from family and friends.
Surveyed respondents indicated they receive local information via newspaper, family & friends, social media and the internet most often and rated in the order presented.
Respondents indicated people within the community need information related to these Top 5 Health Behaviors listed in order of priority ranking, 1. Eating well/nutrition, 2. Exercising/fitness, 3. Smoking cessation/tobacco prevention, 4. Weight management, 5. Substance abuse & Preparing for an emergency/disaster.
Respondents indicated the health behaviors most significantly impacting the health of children within the community related to these Top 5 Health Behaviors listed in order of priority ranking, 1. Drug abuse, 2. Nutrition, 3. Alcohol, 4. Internet safety and 5. Dental Hygiene. It is important to note that following closely was tobacco, trailing slightly.
Of those responding to the survey 88.7% rated their health as Good or better. Only 11.3 percent rated their health as fair. 

**Note, all graphics with the “N = #” reflects the number of persons responding to the question.**

Of those responding to the survey regarding the use of tobacco products, 17.7% indicated they use tobacco products.
Survey respondents identified the three main reasons they do not engage in physical activity recommendations as, 1. I do not have enough time to exercise, 2. I am too tired to exercise and 3. I do not like to exercise. However, the most highly ranked response (scoring 35.7) indicated they DO obtain the recommended physical activity recommendations.
The Top 5 reasons respondents did not eat at least 5 servings of fruits and vegetables a day are as follows, 1. They go bad before we eat them, 2. Nothing, I eat 5 or more servings a day, 3. I just don’t think about it, 4. They are too expensive and 5. I do not have time to fix them.
The Top 3 substance abuse problems are as follows, 1. Prescription drugs, 2. Alcohol and 3. Methamphetamine. Tobacco followed in fourth position trailing slightly.
Respondents felt the Top 3 causes of illness and death are 1. Cancer, 2. Heart Disease, and 3. Diabetes.
The Top 3 factors influencing health and disease in the community as rated by those responding to the survey are as follows, 1. Overweight/obesity, 2. Physical inactivity and 3. Substance abuse. Smoking trailed by 11 points. All others rated by less than 14 points or less.
The most frequently communicated health conditions that respondents have been diagnosed with include (in order of ranking), 1. High Blood Pressure, 2. High Cholesterol, 3. Overweight/Obesity and 4. Depression/Anxiety. All others fell below 11% of those responding.

Based on those age 50 years of age or older responding, 71.8% indicated they have received a colonoscopy.

Based on those age 50 years of age or older responding, 71.8% indicated they have received a colonoscopy.
Of the males responding over age 40, 59.5% have received an annual prostate exam.

Of the females over age 40 responding, 75% indicated they have received an annual mammogram.
Most often (68.4%) respondents go to a Doctor’s office when they are sick; followed by, 15.8% seeking care at an Urgent Care Center. Only 4.2% indicated they go to the hospital when they are sick.
Of those responding, 71.6% obtain their yearly physical at a Doctor’s office. The next highest response was 13.7% of respondents indicating that they do not receive a yearly physical.

Only 14% indicated they experienced a challenge in accessing a health care provider or service for themselves or a family member.
The leading challenges preventing access to health care were rated as follows, 1. Share (deductible/copay) of costs were too high; 2. Insurance did not cover the service needed, 3. Wait was too long, 4. Doctor would not take insurance coverage or Medicaid and 5. No health insurance coverage.
Below are graphic illustrations of the characteristics of the respondents.

Of those responding to the survey, 58.3% were women and 41.7% were men.

There were 97.9% of the respondents indicating white, non-Hispanic as their race; 2.1% indicated African American, Hispanic or other.
Of those responding, 63.5% were married. Leaving 36.5% of the respondents indicating a single adults status spread across various categories.

Seventy-three percent of respondents were over age 45; 23.7% of those were over age 65. The largest group responding were 55 – 64 years of age. Seventeen percent were under age 34.
The highest level of education of those responding was some college at 38.8%; 24.5 hold a Bachelor’s degree and 17.3% hold a High School or GED diploma. Only 9.2% hold an advanced degree.

Of those responding, 17.4% households live on less than $25,000 of income annually. Twenty-five percent (25%) live on income of more than $25,000 but less than $50,000 annually. There were 27.2%
reported earning greater than $75,000 or more. There were 9.8% reported they “did not know or unsure” of the amount of income annually.

Overwhelmingly, respondents (85.1%) were from Blairsville.

Home ownership is at the rate of 74.7% with only 25.3% not owning their home.
There were 98.9% of the respondents reporting as having reliable transportation.
Results: Key Stakeholder Interviews

Seven Key Stakeholder Interviews were completed by senior leadership among various community-based organizations with a broad comprehensive vision for the community. A series of fifteen questions were posed to each participant. (See Appendix H) In summary Union Key Stakeholders indicated:

In summary, Union Key Stakeholders indicated:

- 100% of stakeholders indicated Union County
  - Has a good health care system in the county
  - Is a good place to raise children
  - Is a good place to grow old
  - Has plenty of support for individuals and families during times of stress and need
  - Is a safe place to live
  - Has clean water

- Availability of health care, mental health services and drug treatment were the most common beneficial service to residents based on the responses.

- Most needed services included mental health and drug treatment for adults and children, transportation, services for indigent and homeless.

- Greatest community strengths included hospital, health care, education system, location, law enforcement, low crime rate.

- Most common response to challenges facing the community were growing population, traffic, drug abuse, increasing number of students in school system, lack of jobs and affordable housing.

- Major health concerns facing residents:
  - Cancer
  - Aging population
  - Diabetes, dialysis
  - Mental health
  - Aging population

- There have been some recent population shifts including a younger population, increasing veteran and mental health patients, and increased tourists.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Phone</th>
<th>Address</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Union General Hospital</td>
<td>(706) 745-2111</td>
<td>35 Hospital Road Blairsville, GA 30512</td>
<td>Hospital Services Nursing Home Services Physician Services</td>
</tr>
<tr>
<td>Blairsville Jaycees</td>
<td>(706) 745-4745</td>
<td>223 Hicks Gap Road Blairsville, GA 30512</td>
<td>Community Organization</td>
</tr>
<tr>
<td>Mountain Community Health Care</td>
<td>(706) 745-2050</td>
<td>135 GA HWY 515 Blairsville, GA 30512</td>
<td>Charitable Health Care Foundation</td>
</tr>
<tr>
<td>Boy Scouts of America</td>
<td>(706) 745-6110</td>
<td>31 Woodruff Drive Blairsville, GA 30512</td>
<td>Youth Organization</td>
</tr>
<tr>
<td>Wilderness Scouts of America</td>
<td>(706) 745-2131</td>
<td>1275 Chatham Drive Blairsville, GA 30512</td>
<td>Youth Organization</td>
</tr>
<tr>
<td>Piedmont Heart of Blairsville</td>
<td>(706) 439-6380</td>
<td>191 Deep South Farm Blairsville, GA 30512</td>
<td>Physician Services Cardiology</td>
</tr>
<tr>
<td>Cancer Treatment Center</td>
<td>(706) 835-3030</td>
<td>308 Deep South Farm Blairsville, GA 30512</td>
<td>Physician Services Cancer Treatment</td>
</tr>
<tr>
<td>Georgia Cancer Specialist</td>
<td>(706) 835-2235</td>
<td>308 Deep South Farm Blairsville, GA 30512</td>
<td>Physician Services Cancer Treatment</td>
</tr>
<tr>
<td>My Senior Care</td>
<td>(706) 835-3800</td>
<td>Blairsville Area</td>
<td>Home Health, Alzheimer’s Care, Assisted Living</td>
</tr>
<tr>
<td>Georgia Health Services Network</td>
<td>(706) 466-7771</td>
<td>Bankers Blvd Monroe, GA 30655</td>
<td>Personal Care Home, Assisted Living</td>
</tr>
<tr>
<td>Union General Wellness</td>
<td>(706) 781-1008</td>
<td>376 Deep South Farm Blairsville, GA 30512</td>
<td>Health Club</td>
</tr>
<tr>
<td>Preferred Women’s Health Center</td>
<td>(706) 438-4094</td>
<td>Blairsville Area</td>
<td>Abortion Services</td>
</tr>
<tr>
<td>Kelley’s Home Health</td>
<td>(706) 745-5598</td>
<td>136-A Hospital Circle Blairsville, GA 30512</td>
<td>Home Health Services</td>
</tr>
<tr>
<td>Appalachian Area Crisis Pregnancy Ctr</td>
<td>(706) 745-7518</td>
<td>169 Kimsey Street Blairsville, GA 30512</td>
<td>Health &amp; Welfare Clinic, Home Health</td>
</tr>
<tr>
<td>Women’s Enrichment Center</td>
<td>(706) 745-7518</td>
<td>218 Jones Street Blairsville, GA 30512</td>
<td>Pregnancy Services</td>
</tr>
<tr>
<td>Avita Community Partners</td>
<td>(706) 745-5911</td>
<td>76 - A Hunt Martin St Blairsville, GA 30512</td>
<td>Behavioral Health &amp; Addiction Services</td>
</tr>
<tr>
<td>Women’s Health of Blairsville</td>
<td>(706) 745-9220</td>
<td>77 - A Weaver Rd Blairsville, GA 30512</td>
<td>Physician Services OB/GYN</td>
</tr>
<tr>
<td>New Hope Counseling</td>
<td>(706) 745-6292</td>
<td>76 – C Hunt Martin St Blairsville, GA 30512</td>
<td>Counseling and Addiction Services</td>
</tr>
<tr>
<td>Union County Health Department</td>
<td>(706) 745-6292</td>
<td>67 Chase Drive Blairsville, GA 30512</td>
<td>Public Health Services</td>
</tr>
<tr>
<td>Appalachian Home Health</td>
<td>(706) 745-5101</td>
<td>129 Gowder Drive Blairsville, GA 30512</td>
<td>Home Health Services</td>
</tr>
</tbody>
</table>
March 12, 2018, the Union General Hospital Community Advisory Committee convened for a presentation of the primary and secondary data collections. Participants were provided a presentation of the findings and facilitated open discussion. At the conclusion, each participant was asked to complete a prioritization worksheet.

The prioritization exercise was a two-stage process to establish the prioritization of issues in the community. The first stage involved a tentative identification of issues by the principal investigator. The Hanlon Method, stage two, was used for the prioritization of issues. The Hanlon Method calculates a Basic Priority Rating (BPR) for each problem identified in the assessment process. This prioritization scheme considers four dimensions of each problem and includes the size of the problem (measures by incidence, prevalence or percentage of the population affected) ranked on a scale of 0 to 10 (denoted as A). The seriousness of the problem (measured by economic loss, impact of other populations, or overall severity as indicated by mortality/morbidity) is ranked on a scale from 0 to 20 (denoted as B), and the effectiveness of interventions (measured by how well previous interventions have worked) is ranked on a scale of 0 to 10 (denoted as C). Finally, a measure known as the PEARL (Property, Economics, Acceptability, Resources, and Liability) is ranked on a scale of either 1 or 2 (denoted as D). This last measure, PEARL assess issues of ethics, legality, and economics in addressing a given problem. The formula for calculating the BPR is as follows: BPR = ((A+B)C/3)D.

Participants were given a prioritization sheet with instructions (Appendix I) and asked to complete a final ranking of the mutually agreed upon issues. Given that a PEARL measure assigned as a 0 would effectively remove an issue from consideration, participants were not asked to assign a value to the D term in the BPR equation. The results of this exercise yielded the final ranking of issues in the given community. The final calculations to obtain the BPR were completed by the project team.

The following issues (listed in no particular order) were identified either due to prevalence in primary and secondary data collection or discussions. Participants were also allowed to add items that were not provided but that they felt were important. Subsequently each participant was asked to rank each using the Hanlon Method worksheet based on their own personal thoughts and judgement, which resulted in the following:

- Health Care Access
- Drug & Substance Abuse
- Respiratory Disease
- Diabetes/Metabolic Disease
- Mental Health
- Child Nutrition
- Heart Disease/Vascular Disease
- Overweight/Obesity
- Cancer – non specified
- Cancer – Breast
- Cancer – Colon
- Cancer - Lung
At the conclusion of the prioritization exercise, calculations were completed by the facilitators and a prioritized list was established. Based on the calculations, Union General Hospital’s Community Advisory Committee established the following as the Top 5 issues:

1. Overweight/Obesity
2. Drug/Substance Abuse
3. Heart/Vascular Disease
4. Child Nutrition
5. Mental Health

Subsequently, an overview of the CAC meeting and the prioritization results were provided to the Steering Committee (Appendix A) by the investigators. The Steering Committee then participated in a work session to identify programs and interventions to address the identified priorities. The recommendations of the Steering Committee process were captured by Amy Grubbs, CHNA Program Director, and organized into the Implementation Plan (Appendix G).

Focus Areas and Interventions included:

1. Health Education
   a. Monthly health education classes
   b. Health Fairs
   c. Encourage exercise education through community wellness center
   d. Provide food preparation classes with fresh food products from the local farmer’s market
2. Management of Mental Health Conditions
   a. Weekly Education Classes for the local and medical community
   b. Institute the APEX Program to provide mental health services in county schools
3. Substance Abuse
   a. Provide counseling and education targeting by age groups
   b. Partner with Parent-Teacher Organizations for education and awareness
Appendix A: Union General Hospital Steering Committee

1. Michael Gay, Chief Operations Officer, Union General Hospital
2. Julia Barnett, Chief Nursing Officer, Union General Hospital
3. Leslie Daniels, Community Relations, Union General Hospital
4. Lisa Bonham, Union County Nursing Home
5. Wesley Rogers, EMS Director, Union General Hospital
6. Glenda McGill, Director, Union County Public Health Department
7. Mark Knowles, Director, Department of Family & Children Services
8. Myron Turner, Business Owner, Retired
10. Cathy Gunder, Regional Director, Avita Partners, Behavioral Health
11. Missy Mashburn, Community Liason, Mountain Health
12. Mark Mazzoni, Therapist, Avita Partners
Appendix B: Union General Hospital Community Advisory Committee

1. Missy Mashburn, Marketing, Mountain Home Health
2. Jay Burkes, Business Owner, Jay’s Medical Equipment
3. Micky Cummings, BRMEMC, Board Chairman, BRMEMC
4. Kathy Hill, Director, UC Senior Center
5. Gail Berry, Health Science Chair, North Georgia Technical College
6. Doug Loyd, Deputy, Union County Sheriff’s Office
7. Richard Smith, Administrator, Brannon Lodge
8. Kevin Thomas, Agency Manager, Farm Services Agency
9. Toby Chandler, Tourism Director, Blairsville Chamber
10. Becky Dyer, Executive Director, Women’s Enrichment Center
11. Beth Dyer, RN, FNP, Union General Clinic
12. Rita Gunter, Banking, UCBI
13. Bobby Jackson, Owner, Jackson Insurance Agency
14. Bob Spaulding, VA Services Rep, Department of Veteran’s Affairs – GA
15. Wendell Farmer, RN, Clearview
Appendix C: Community-based Survey

Union General Hospital - County Health Assessment Survey

Thank you for taking time to give us your input. The information you provide will assist in identifying the community’s needs, assets and resources. Your participation in this survey is completely voluntary. Please do not include any identifying information such as name, address, telephone number, etc. Completion of this survey indicates your consent to participate in this research study. Only data from persons 18 years old or older will be used in this research. The answers you give will be safeguarded to the fullest extent possible in accordance with applicable statutes. No individual responses will be reported, so please answer every question as honestly as you can.

Please select only one answer unless otherwise instructed.

Contact Information

Charles Owens, MSA
Principal Investigator
Phone: (229) 322-8290
Email: cowens@georgiasouthern.edu
SECTION 1: CHARACTERISTICS OF YOUR COMMUNITY

Next to each question, please check the box that best describes your feeling about your community.

<table>
<thead>
<tr>
<th>My Community:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is a good place to live</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has strong economic growth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a strong healthcare system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a good place to raise children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is a safe community</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has a strong educational system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please choose up to three issues that, in your opinion, most affect the quality of life in your community.

| a. _____ Pollution (air, water, land) | k. _____ Neglect and abuse |
| b. _____ Dropping out of school | l. _____ Elder abuse |
| c. _____ Low income/poverty | m. _____ Child abuse |
| d. _____ Job opportunities | n. _____ Domestic violence |
| e. _____ Homelessness | o. _____ Violent crime (murder, assault) |
| f. _____ Lack of/inadequate health insurance | p. _____ Theft |
Please choose up to three services that, in your opinion, need the most improvement in your community.

<table>
<thead>
<tr>
<th>Services</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Animal control</td>
<td>l. Better/more recreational facilities (parks, trails, community centers)</td>
</tr>
<tr>
<td>b. Child care options</td>
<td>m. Healthy family activities</td>
</tr>
<tr>
<td>c. Elder care options</td>
<td>n. Positive teen activities</td>
</tr>
<tr>
<td>d. Services for disabled people</td>
<td>o. Transportation options</td>
</tr>
<tr>
<td>e. More affordable health services</td>
<td>p. Availability of employment</td>
</tr>
<tr>
<td>f. Better/healthier food choices</td>
<td>q. Higher paying employment</td>
</tr>
<tr>
<td>g. More affordable/better housing</td>
<td>r. Road maintenance</td>
</tr>
<tr>
<td>h. Number of health care providers</td>
<td>s. Road safety</td>
</tr>
<tr>
<td>i. Culturally appropriate health services</td>
<td>t. None</td>
</tr>
<tr>
<td>j. Counseling/mental health/support group services</td>
<td>u. Other: (Please List)</td>
</tr>
<tr>
<td>k. Substance abuse services</td>
<td>v. Other: (Please List)</td>
</tr>
</tbody>
</table>

Please select the one source that you get most of your general health-related information from.

<table>
<thead>
<tr>
<th>Sources</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Friends and family</td>
<td>g. Hospital</td>
</tr>
<tr>
<td>b. Doctor/nurse</td>
<td>h. Health department</td>
</tr>
<tr>
<td>c. Pharmacist</td>
<td>i. Help lines</td>
</tr>
<tr>
<td>d. Church</td>
<td>j. Books/magazines</td>
</tr>
<tr>
<td>e. Internet</td>
<td>k. Television</td>
</tr>
<tr>
<td>f. My child’s school</td>
<td>l. Other: (Please List)</td>
</tr>
</tbody>
</table>

Union General Hospital, Inc.
Community Health Needs Assessment
Where do you find out about local health news or events? (Check all that apply)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Billboards</td>
</tr>
<tr>
<td>b.</td>
<td>Email updates</td>
</tr>
<tr>
<td>c.</td>
<td>Magazines</td>
</tr>
<tr>
<td>d.</td>
<td>Blogs</td>
</tr>
<tr>
<td>e.</td>
<td>Family and friends</td>
</tr>
<tr>
<td>f.</td>
<td>Direct mail</td>
</tr>
<tr>
<td>g.</td>
<td>Newspapers</td>
</tr>
<tr>
<td>h.</td>
<td>Church</td>
</tr>
<tr>
<td>i.</td>
<td>Internet</td>
</tr>
<tr>
<td>j.</td>
<td>Radio</td>
</tr>
<tr>
<td>k.</td>
<td>School</td>
</tr>
<tr>
<td>l.</td>
<td>TV</td>
</tr>
<tr>
<td>m.</td>
<td>Workplace</td>
</tr>
<tr>
<td>n.</td>
<td>Social network websites (Facebook, Twitter, etc)</td>
</tr>
<tr>
<td>o.</td>
<td>Other: (Please List)</td>
</tr>
</tbody>
</table>

Please choose up to three health behaviors that, in your opinion, people in your community need more information about.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Eating well/nutrition</td>
</tr>
<tr>
<td>b.</td>
<td>Exercising/fitness</td>
</tr>
<tr>
<td>c.</td>
<td>Managing weight</td>
</tr>
<tr>
<td>d.</td>
<td>Going to a dentist for check-ups / preventative care</td>
</tr>
<tr>
<td>e.</td>
<td>Going to the doctor for yearly check-ups and screenings</td>
</tr>
<tr>
<td>f.</td>
<td>Getting prenatal care during pregnancy</td>
</tr>
<tr>
<td>g.</td>
<td>Getting flu shots and other vaccines</td>
</tr>
<tr>
<td>h.</td>
<td>Preparing for an emergency/disaster</td>
</tr>
<tr>
<td>i.</td>
<td>Using child safety seats</td>
</tr>
<tr>
<td>j.</td>
<td>Driving safely</td>
</tr>
<tr>
<td>k.</td>
<td>Quitting smoking/tobacco use prevention</td>
</tr>
<tr>
<td>l.</td>
<td>Child care/parenting</td>
</tr>
<tr>
<td>m.</td>
<td>Elder care</td>
</tr>
<tr>
<td>n.</td>
<td>Caring for family members with special needs/disabilities</td>
</tr>
<tr>
<td>o.</td>
<td>Preventing pregnancy and sexually transmitted diseases (safer sex)</td>
</tr>
<tr>
<td>p.</td>
<td>End of life resources (Hospice, Do Not Resuscitate Orders, Living Wills, etc)</td>
</tr>
<tr>
<td>q.</td>
<td>Substance abuse prevention</td>
</tr>
<tr>
<td>r.</td>
<td>Suicide prevention</td>
</tr>
<tr>
<td>s.</td>
<td>Stress management</td>
</tr>
<tr>
<td>t.</td>
<td>Anger management</td>
</tr>
<tr>
<td>u.</td>
<td>Domestic violence prevention</td>
</tr>
<tr>
<td>v.</td>
<td>Crime prevention</td>
</tr>
<tr>
<td>w.</td>
<td>Rape/sexual abuse prevention</td>
</tr>
<tr>
<td>x.</td>
<td>None</td>
</tr>
<tr>
<td>y.</td>
<td>Other: (Please List)</td>
</tr>
</tbody>
</table>

______________
Please choose up to three health behaviors that, in your opinion, most significantly impact children’s health in your community.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>_____ Dental hygiene</td>
</tr>
<tr>
<td>b.</td>
<td>_____ Nutrition</td>
</tr>
<tr>
<td>c.</td>
<td>_____ Eating Disorders</td>
</tr>
<tr>
<td>d.</td>
<td>_____ Asthma management</td>
</tr>
<tr>
<td>e.</td>
<td>_____ Contagious disease</td>
</tr>
<tr>
<td>f.</td>
<td>_____ Diabetes management</td>
</tr>
<tr>
<td>g.</td>
<td>_____ Tobacco</td>
</tr>
<tr>
<td>h.</td>
<td>_____ Drug abuse</td>
</tr>
<tr>
<td>i.</td>
<td>_____ Sexual intercourse</td>
</tr>
<tr>
<td>j.</td>
<td>_____ Alcohol</td>
</tr>
<tr>
<td>k.</td>
<td>_____ Internet safety</td>
</tr>
<tr>
<td>l.</td>
<td>_____ Sexually transmitted diseases</td>
</tr>
<tr>
<td>m.</td>
<td>_____ Mental health issues</td>
</tr>
<tr>
<td>n.</td>
<td>_____ Suicide prevention</td>
</tr>
<tr>
<td>o.</td>
<td>_____ Other: (Please List)</td>
</tr>
</tbody>
</table>

SECTION 2: PERSONAL HEALTH BEHAVIOR

<table>
<thead>
<tr>
<th>How would you rate your overall health?</th>
<th>Do you currently use tobacco products?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>_____ Excellent</td>
</tr>
<tr>
<td>b.</td>
<td>_____ Very Good</td>
</tr>
<tr>
<td>c.</td>
<td>_____ Good</td>
</tr>
<tr>
<td>d.</td>
<td>_____ Fair</td>
</tr>
<tr>
<td>e.</td>
<td>_____ Poor</td>
</tr>
<tr>
<td>f.</td>
<td>_____ Don’t know/Not sure</td>
</tr>
<tr>
<td>g.</td>
<td>_____ Yes</td>
</tr>
<tr>
<td>h.</td>
<td>_____ No</td>
</tr>
</tbody>
</table>

The recommendation for physical activity is 30 minutes a day 5 days a week (2½ hours per week). What are the three main reasons that keep you from getting this much physical activity?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>_____ Nothing, I get this much physical activity</td>
</tr>
<tr>
<td>b.</td>
<td>_____ Exercise is not important to me</td>
</tr>
<tr>
<td>c.</td>
<td>_____ I don’t have access to a place that has the things I need, like a gym, a pool, golf course, etc.</td>
</tr>
<tr>
<td>d.</td>
<td>_____ I don’t have enough time to exercise</td>
</tr>
<tr>
<td>e.</td>
<td>_____ It costs too much to exercise</td>
</tr>
<tr>
<td>f.</td>
<td>_____ There is no safe place to exercise</td>
</tr>
<tr>
<td>g.</td>
<td>_____ I’m too tired to exercise</td>
</tr>
<tr>
<td>h.</td>
<td>_____ I’m physically disabled</td>
</tr>
<tr>
<td>i.</td>
<td>_____ I don’t know</td>
</tr>
</tbody>
</table>
One of the recommendations for healthy eating is to eat at least 5 servings of fruits and vegetables a day (not French fries or potato chips). What are the three main reasons that keep you from eating this way?

- a. ______ Nothing, I eat 5 or more servings a day
- b. ______ I (or my family) won’t eat them
- c. ______ I don’t know how to prepare them
- d. ______ They go bad before we eat them
- e. ______ No access to fresh fruits and vegetables
- f. ______ I don’t know where to buy them
- g. ______ I just don’t think about it
- h. ______ I don’t have time to fix them
- i. ______ They’re too expensive
- j. ______ I don’t think they’re important
- k. ______ Not available during the off-season
- l. ______ Other: (Please List)

In your opinion, what are the top three biggest substance abuse problems in this community?

- a. ______ Abusing prescription drugs/pills
- b. ______ Alcohol abuse
- c. ______ Drinking and driving
- d. ______ Huffing (inhaling glue, Dust-off, etc.)
- e. ______ Other hard drugs (cocaine, crack, heroin)
- f. ______ Using someone else’s prescription drugs/pills
- g. ______ Marijuana
- h. ______ Methamphetamine (Meth)
- i. ______ Tobacco
- j. ______ I really don’t know
- k. ______ Other: (Please List)

In your opinion, what are the top three causes of illness and death in this community?
In your opinion, what are the top three factors that influence health and disease in your community.

A. _____ Physical Inactivity
B. _____ Overweight/Obesity
C. _____ Tobacco Use
D. _____ Substance Abuse
E. _____ HIV/AIDS
F. _____ Mental Health
G. _____ Injury and Violence
H. _____ Environmental Quality
I. _____ Immunizations
J. _____ Access to Health Care
K. _____ Other: (Please List) ________________________

Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Check all that apply)
a. Asthma  
   _____ Yes  _____ No  _____ Don’t know/Not sure

b. Depression or anxiety  
   _____ Yes  _____ No  _____ Don’t know/Not sure

c. High blood pressure  
   _____ Yes  _____ No  _____ Don’t know/Not sure

d. High cholesterol  
   _____ Yes  _____ No  _____ Don’t know/Not sure

e. Diabetes (not during pregnancy)  
   _____ Yes  _____ No  _____ Don’t know/Not sure

f. Osteoporosis  
   _____ Yes  _____ No  _____ Don’t know/Not sure

g. Overweight/obesity  
   _____ Yes  _____ No  _____ Don’t know/Not sure

h. Angina/heart disease  
   _____ Yes  _____ No  _____ Don’t know/Not sure

i. Cancer  
   _____ Yes  _____ No  _____ Don’t know/Not sure

If you are over age 50, have you ever had a colonoscopy?  
   _____ Yes  _____ No  _____ N/A, I am not over age 50

If you are a male over age 40, do you have an annual prostate exam?  
   _____ Yes  _____ No  _____ N/A, I’m female or under age 40

If you are a female over age 40, do you have an annual mammogram?  
   _____ Yes  _____ No  _____ N/A, I’m male or under age 40

If you are a female, do you have a pap smear at least every other year?  
   _____ Yes  _____ No  _____ N/A, I’m male

SECTION 3: HEALTHCARE ACCESS

Choose the one place you go most often when you are sick.

a. _____ Health department
b. _____ Hospital
   c. _____ Emergency room/department

Choose the one place you go most often when you need your yearly check-up or physical.

a. _____ I do not receive a yearly physical
b. _____ OB/GYN or Women’s health provider
In the past 12 months, did you have a problem getting the health care you needed for you personally or a family member from any type of health care provider, dentist, pharmacy, or other facility?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If yes, please describe: ____________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

Which of these problems prevented you or your family member from getting the necessary health care? (Check all that apply)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Insurance did not cover what I/we needed</td>
<td>My/our share of the cost (deductible/co-pay) was too high</td>
<td>Doctor would not take my/our insurance or Medicaid</td>
</tr>
<tr>
<td></td>
<td>Dentist would not take my/our insurance or Medicaid</td>
<td>No way to get to the provider</td>
<td>Didn’t know where to go</td>
<td>Couldn’t get an appointment</td>
</tr>
<tr>
<td></td>
<td>Other: (Please List) ________________________</td>
<td>________________________</td>
<td>________________________</td>
<td>________________________</td>
</tr>
</tbody>
</table>

**SECTION 4: DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>What is your gender?</th>
<th>What is your Zip Code?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Male</td>
<td>______________________</td>
</tr>
<tr>
<td>b. Female</td>
<td>What is your age? ______</td>
</tr>
<tr>
<td>c. Another: (Please List) ________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>d. Another: (Please List) ________________________</td>
<td>______________________</td>
</tr>
<tr>
<td>What is your highest level of education?</td>
<td>Do you own your own home?</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>a. _____ Less than High School</td>
<td>a. _____ Yes</td>
</tr>
<tr>
<td>b. _____ High School or GED</td>
<td>b. _____ No</td>
</tr>
<tr>
<td>c. _____ Some College</td>
<td></td>
</tr>
<tr>
<td>d. _____ Bachelor’s degree (BA, BS)</td>
<td>Do you have access to reliable transportation?</td>
</tr>
<tr>
<td>e. _____ Advanced degree (MA, PhD)</td>
<td>a. _____ Yes</td>
</tr>
<tr>
<td>f. _____ Other: (Please List)</td>
<td>b. _____ No</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your marital status?</td>
<td>What is your ethnicity/race?</td>
</tr>
<tr>
<td>a. _____ Single</td>
<td>a. _____ White, Non-Hispanic</td>
</tr>
<tr>
<td>b. _____ Married</td>
<td>b. _____ Black/African-American</td>
</tr>
<tr>
<td>c. _____ Separated</td>
<td>c. _____ Hispanic/Latino</td>
</tr>
<tr>
<td>d. _____ Living Together</td>
<td>d. _____ Asian/Pacific Islander</td>
</tr>
<tr>
<td>e. _____ Divorced</td>
<td>e. _____ Other: (Please List)</td>
</tr>
<tr>
<td>f. _____ Widowed</td>
<td>_________________________</td>
</tr>
<tr>
<td>g. _____ Other: (Please List)</td>
<td>f. _____ Don’t know/Not sure</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What is your household income?</td>
<td></td>
</tr>
<tr>
<td>a. _____ Less than $25,000/year</td>
<td></td>
</tr>
<tr>
<td>b. _____ $25,000 to $49,999/year</td>
<td></td>
</tr>
<tr>
<td>c. _____ $50,000 to $74,999/year</td>
<td></td>
</tr>
<tr>
<td>d. _____ $75,000 to $99,999/year</td>
<td></td>
</tr>
<tr>
<td>e. _____ $100,000 or more/year</td>
<td></td>
</tr>
<tr>
<td>f. _____ Don’t know/Not sure</td>
<td></td>
</tr>
</tbody>
</table>
Appendix D: Stakeholder Survey

Community Health Assessment 2018

Stakeholder Survey

Dear Community Stakeholder,

Georgia Southern University and the local hospital would like for you to take an opportunity to assist us in completing our 2017 Community Health Assessment. The goal of this project is to learn more about the health and quality of life in the community, while identifying the strengths and challenges in the community.

We’re currently in the process of surveying Stakeholders like you, who represent organizations that serve the needs of the people in community. Several of the community survey questions will be asked in this survey in order to gather your view as a stakeholder.

Thank you for agreeing to participate in the 2018 survey. All answers will be confidential. Nothing you say will have your name or organization attached, as all of the responses received will be combined and summarized.

1) What is your position in your agency? __________________________________________

2) What services does your agency provide for county residents?______________________

3) What are some of the aspects of your organization that attracts county residents to your programs/services? _____________________________________________________________

4) Please describe county residents who are most likely to use your services (age, gender, race, income, etc.).

____________________________________________________________________________

____________________________________________________________________________

5) In the past 5 years have there been any changes in the composition of the people who use your services? If yes, please describe.

____________________________________________________________________________

6) What barriers do residents face in accessing your services? __________________________

____________________________________________________________________________

7) What does your agency do to meet the special needs of people who use your services (language/cultural issues, handicap)?

____________________________________________________________________________

The next set of questions refer to the County as a whole

8) Do you agree or disagree with the following statements about your county.

____________________________________________________________________________
A) There is a good health care system in the county.  Agree _____ Disagree _____

B) The county is a good place to raise children.  Agree _____ Disagree _____

C) The county is a good place to grow old.  Agree _____ Disagree _____

D) There is plenty of support for individuals and families during times of stress and need in the county.  Agree _____ Disagree _____

E) The county is a safe place to live.  Agree _____ Disagree _____

F) The county has clean water.  Agree _____ Disagree _____

9) What services or programs currently available in the county are most beneficial to residents?

______________________________________________________________________________

______________________________________________________________________________

10) What services or programs are needed that aren’t currently available?

______________________________________________________________________________

______________________________________________________________________________

11) Overall, what would you consider to be the county’s greatest strengths?

______________________________________________________________________________

______________________________________________________________________________

12) What are some of the challenges the county faces?

______________________________________________________________________________

______________________________________________________________________________

13) Looking specifically at health, what are the major health concerns for county residents?

______________________________________________________________________________

______________________________________________________________________________

14) Again, looking specifically at health, what are the most important health behaviors that affect residents of the county?

______________________________________________________________________________

______________________________________________________________________________

15) Is there anything else that you would like to share?

______________________________________________________________________________

______________________________________________________________________________
Appendix E: Prioritization Form

Prioritization Form provided along with verbal and written instructions below for the Prioritization Exercise

Using the table provided, rate each issue identified in terms of:

✓ Size.......................... Rate 1 – 10
✓ Seriousness.................. Rate 1 – 20
✓ Solutions........................ Rate 1 – 10

Simply write the number (on the scale) that seems to make sense to you

This is an exercise based on WHAT YOU THINK!

- There are NO RIGHT OR WRONG ANSWERS

<table>
<thead>
<tr>
<th>Issue</th>
<th>Size of the Issue</th>
<th>Seriousness of the Issue</th>
<th>Ability to Solve or Change the Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care Access – Enter Type(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug &amp; Substance Abuse Treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory System Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes/Metabolic Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Nutrition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease/Vascular Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overweight/Obesity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer – Enter Type(s):</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F: Presentations and Participant Sign-in Forms
Community Preparation for Community Health Needs Assessments
Union General Hospital

Stuart H. Tedders, PhD, MS
Professor of Epidemiology & Associate Dean
Charles F. Owens, MS,
Associate Clinical Professor

Why Are We Here?
• To provide technical assistance in completing a new Community Health Needs Assessment as mandated IRS on all 501©3 hospital organizations under the Affordable Care Act in 2012 and amended in 2014.

What is a Community Health Needs Assessment
• Planned and methodical approach to identifying a profile of needs and assets.
• Starting point for solving complex community problems
• Identify opportunities for collaboration to address needs

Three Phases of Completing a Community Health Assessment
• Phase 1: Engage the community in an open and honest discussion of the issues
• Phase 2: Collect data to document the issues
  – Surveys
  – Stakeholder interviews
  – Secondary data
• Phase 3: Prioritization of the issues

Phase 1: Engage the Community
Establish a current Community Advisory Committee (CAC) – accurate honest representation of the community. Members must be:
  – Representative of the diversity of the community
  – Recognized & respected
  – Committed to the community
  – Committed to the process
  – Willing to be the voice
  – Have dedicated time

Phase 1: Engage the Community
• The Community Advisory Committee (CAC) will help “us” collect data by completing the survey and distributing the survey
  – Neighbors, coworkers, church congregations, civic clubs, informal groups/gatherings
  – Meet people where they gather for various events
    – School events
    – Grocery store
    – Public housing
    – Community events
Respectful and Protective of Survey Participants

- Invasion of privacy
- Breach of confidentiality
- Embarrassment
- Stigma
- Psychological Trauma

Special Populations

- Vulnerable populations require a higher level of consideration to prevent infringements:
  - Children
  - Mentally Handicapped
  - Prisoners
  - Minorities
  - Women
  - Elderly
  - Employees
  - Students

Informed Consent

- Informed consent
  - The process of getting permission from the participant.
    - Defining the purpose of the research, disclosing the risks of the research, and disclosing the benefits of the research.
- Informed consent may be coercive if:
  - There is an unspoken expectation of participation
  - The surveyor has real/perceived authority over the individual
  - The technical language used to disclose the purpose and risks of the research makes subjects feel intimidated and/or prevents understanding

Additional Elements in Community-Based Projects

- Participants are volunteers
  - It is important for participants to acknowledge that their participation is voluntary.
  - It is important for participants to understand they can withdraw their participation at ANY time for ANY reason.
- Privacy
  - Refers to persons and their interest in controlling the access of others to themselves.
  - Sometimes referred to as anonymity
- Confidentiality
  - Refers to the agreement between the surveyor and participant in how data will be managed and used

Survey Completion

- Sometimes it is a challenge to get people to participate, but it may help if you can ...
  - Get people EXCITED about participating by stressing the IMPORTANCE of this project
- When people agree to participate ...
  - Stress the IMPORTANCE of completing ALL sections of the survey
  - Stress the IMPORTANCE of Answering Questions Honestly
  
  HOWEVER ...you remember it is voluntary

Sample Survey Categories

- CHARACTERISTICS OF YOUR COMMUNITY
  - Employment
  - Crime
- PERSONAL HEALTH BEHAVIOR
  - Exercise
  - Diet
- HEALTHCARE ACCESS
  - Variety of services
  - Needs
- DEMOGRAPHICS
  - Race, Age, Income
Completion of Surveys

• Recruit potential participants from your personal network ... REMEMBER
• A cross section of the community is VERY IMPORTANT
• Reaching disparate and underserved populations is VERY IMPORTANT

• Feel free to offer assistance to complete the survey (eg. - limited English language, low literacy, vision problems, etc.)

• Return completed surveys promptly to Amy

Questions & Thank you!

Contact Information
Charles F. Owens, MS
cowens@georgiasouthern.edu
229-322-8290
Stuart H. Tedders, PhD, MS
stedders@georgiasouthern.edu
912-478-1922
<table>
<thead>
<tr>
<th>NAME</th>
<th>OCCUPATION</th>
<th>BUSINESS/AGENCY</th>
<th>COUNTY</th>
<th>PHONE</th>
<th>EMAIL</th>
<th>SIGN IN HERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Richardson</td>
<td>ER Physician</td>
<td>UGH</td>
<td>Union</td>
<td>706-439-3502</td>
<td><a href="mailto:jroberts@zoo.com">jroberts@zoo.com</a></td>
<td></td>
</tr>
<tr>
<td>Lisa Bonham</td>
<td>UCNH Asst Director</td>
<td>UCNH</td>
<td>Union</td>
<td>706-439-643</td>
<td><a href="mailto:lisabonham@uniongeneral.org">lisabonham@uniongeneral.org</a></td>
<td></td>
</tr>
<tr>
<td>Wesley Rogers</td>
<td>EMS Director</td>
<td>UGH</td>
<td>Union</td>
<td>706-439-6443</td>
<td><a href="mailto:wesleyrogers@uniongeneral.org">wesleyrogers@uniongeneral.org</a></td>
<td></td>
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Community Preparation for Community Health Needs Assessments
Union General Hospital
Charles F. Owens, MSA
Associate Clinical Professor
Stuart H. Tedders, PhD, MS
Professor of Epidemiology & Associate Dean

Why Are We Here?
• To provide technical assistance in completing a new Community Health Needs Assessment as mandated IRS on all 501©3 hospital organizations under the Affordable Care Act in 2012 and amended in 2014.
• Provide an orientation to the Assessment process

What is a Community Health Needs Assessment
• Planned and methodical approach to identifying a profile of needs and assets.
• Starting point for solving complex community problems
• Identify opportunities for collaboration to address needs

Three Phases of Completing a Community Health Assessment
• Phase 1: Engage the community in an open and honest discussion of the issues
• Phase 2: Collect data to document the issues
  – Community consumer surveys
  – Stakeholder interview surveys
  – Secondary data
• Phase 3: Prioritization of the issues

Phase 1: Engage the Community
Establish a current Community Advisory Committee (CAC) – accurate honest representation of the community. Members must be:
– Representative of the diversity of the community
– Recognized & respected
– Committed to the community
– Committed to the process
– Willing to be the voice
– Have dedicated time

Phase 2: Collect Data
• The Community Advisory Committee (CAC) will help “us” collect data by completing the survey and surveying others
  – Neighbors, coworkers, church congregations, civic clubs, informal groups/gatherings
  – Meet people where they gather for various events
    – School events
    – Grocery store
    – Public housing
    – Community events

Union General Hospital, Inc.
Community Health Needs Assessment
### Survey Completion
- Surveys and instructions for administering the survey will be given at the first CAC meeting, today.
- Areas stressed include:
  - Respect and protection of participants and their information.
  - Promoting the importance of the initiative
  - Recruiting participants from diverse areas of the community being sure not to ignore underserved areas
  - Stressing the importance of honesty
- Return to Amy Grubbs NLT Jan 8

### Sample Survey Categories
- **CHARACTERISTICS OF YOUR COMMUNITY**
  - Employment
  - Crime
- **PERSONAL HEALTH BEHAVIOR**
  - Exercise
  - Diet
- **HEALTHCARE ACCESS**
  - Variety of services
  - Needs
- **DEMOGRAPHICS**
  - Race, Age, Income

### Phase 2: Collect Data
- Representatives from the hospital will identify & administer community stakeholders and conduct a stakeholder interviews.
- Qualitative data to assess perceptions, opinions, and values of key community members.
- Timeline (December)

### Phase 3: Prioritization of the Issues
- The 2nd CAC meeting will be used to prioritize the most important health issues as determined by the community survey and the stakeholder interviews.
- Timeline (February)

### Questions & Thank you!

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Community Health Needs Assessments
Union General Hospital
~ Prioritization of Issues ~

Charles F. Owens, MS
Associate Clinical Professor
Stuart H. Tedders, PhD, MS
Professor of Epidemiology & Associate Dean

Phase 3 ~ Prioritization of the Issues

✔ Phase 1: Engage the Community in an Open and Honest Discussion of the Issues
✔ Phase 2: Collect Data to Document the Issues
✔ Secondary data analysis
✔ Primary data analysis: Community-based surveys
✔ Primary data analysis: Stakeholder Interviews
• Phase 3: Prioritization of the Issues

Survey Participant Characteristics

<table>
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<tr>
<td>Surveys returned (250 distributed for each)</td>
<td>98</td>
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<td>Male/Female responses</td>
<td>42% / 58%</td>
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<td>Age – 18-34, 35-45, 46-54, 55 and greater</td>
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<td>Race – White/Non-Hispanic vs Other</td>
<td>98% / 2%</td>
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<td>Marital Status – Married vs Widow/Divorce/Single</td>
<td>64% / 36%</td>
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<td>Income less than $25k / $25k – $49.9k / $50k up</td>
<td>27% / 25% / 58%</td>
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<td>Homeownership</td>
<td>75%</td>
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<tr>
<td>Have access to reliable transportation</td>
<td>99%</td>
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Survey Findings

How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair

Factors preventing you from getting physical activity

- I don’t have enough time to exercise
- I don’t have enough money to exercise
- I don’t like to exercise
- I’m too tired to exercise
- I’m physically disabled
- I don’t know how to get started
- Fear of working out in public
- I don’t have access to a place that has the things I need

Note: "Chose top 3" questions rates are based on the three responses for each person completing the survey.

Survey Findings

Do you currently use tobacco products?

- Yes 86.3%
- No 13.7%

Survey Findings

Factors preventing you from getting physical activity

- I don’t have enough time to exercise
- I don’t have enough money to exercise
- I don’t like to exercise
- I’m too tired to exercise
- I’m physically disabled
- I don’t know how to get started
- Fear of working out in public
- I don’t have access to a place that has the things I need

Note: "Chose top 3" questions rates are based on the three responses for each person completing the survey.
Survey Findings

What are the three main reasons that keep you from eating this way?

- They go bad before we eat them
- I just don’t think about it
- They’re too expensive
- I don’t have time to fix them
- I (or my family) won’t eat them
- I don’t think they’re important

Survey Findings

Top 3 causes of illness and death in the community

- Suicides
- Chronic diseases
- Injuries

Survey Findings

Health behaviors that most significantly impact children’s health in your community

- Smoking
- Injuries
- Maternal health

Survey Findings

Three biggest substance abuse problems in your community

- Alcohol abuse
- Tobacco
- Other hard drugs (cocaine, meth, heroin)
Community-Based Survey Findings Summary

- Over 88.7% rate their health as good or higher
- Less than 18% smoke
- Prescription drugs, alcohol & Meth most abused substance
- Cancer, Heart Disease & Diabetes greatest incidence for illness and/or death
- Obesity, Substance Abuse & Inactivity greatest influence on health & illness
- Drug & alcohol abuse and nutrition greatest negative influence on child health
- Information needed related to: Nutrition, Substance Abuse, Fitness & Smoking

Stakeholder Interviews

Strengths/Assets:
- Growing community
- Good health care system overall
- Economically doing well, low taxes
- Good schools, jobs, roads and lower crime rate
- Attracting younger population

Weaknesses/Needs:
- Lack of Mental Health and drug treatment options for adults & child populations
- Limited access to VA services
- Aging population
- Increasing crime rate

Secondary Data Review

Georgia’s Online Analytical Statistical Information System...

OASIS

OASIS Health Behaviors 2012 - 2014

OASIS Health Behaviors 2012 - 2014
OASIS Discharge Rates

Hospital Discharge Rates: Stroke

Hospital Discharge Rates: Obstructive Heart Disease (incl. heart attacks)

Hospital Discharge Rates: High Blood Pressure

Hospital Discharge Rates: Asthma

Hospital Discharge Rates: All Cancers

Hospital Discharge Rates: Colon Cancer

Hospital Discharge Rates: Breast Cancer

Hospital Discharge Rates: Pregnancy and Birth Complications

Prioritization of the Issues
The Basics of Health Prioritization

- Prioritization is a process designed to allow groups to assess the “Relative Importance” of a given community health issue.
- Issues are “rated” in terms of:
  - The “Size”
  - The “Seriousness”
  - The “Ability to Solve or Address”

Instructions for Prioritization

- Using the table provided, rate each issue identified in terms of:
  - Size......................... Rate from 1 – 10
  - Seriousness................. Rate from 1 – 20
  - Solutions...................... Rate from 1 – 10
- Simply write the number (on the scale) that seems to make sense to you
- This is an exercise based on WHAT YOU THINK!
- There are NO RIGHT or WRONG ANSWERS

Community Issues for Consideration of Prioritization

A. Health Care Access
B. Drug & Substance Abuse
C. Respiratory System Disease
D. Diabetes/Metabolic Disease
E. Mental Health
F. Child Nutrition
G. Heart Disease/Vascular Disease
H. Overweight/Obesity
I. Cancer

Next Steps

- Steering Committee will take recommendations and prioritize based on capacity and ranking
- Develop an Implementation Plan
- Incorporate outcomes of the Stakeholder Interviews, surveys, Community Advisory Committee & Steering Committee into the formal hospital Community Health Needs Assessment to be shared publically

Questions & Thank You!

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Wendell Farmer RW Clearview 7163

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<td>Kim Docherty</td>
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The most significant areas of need for the service area of Union and Towns Counties include the following:

I. Health Education

Identify and collaborate with wellness experts and physicians for educational events, focusing on nutrition and food prep, diabetic education and maintenance, and obesity. Continue Dine with A Doctor education for community.

A. Develop Monthly Classes

**PLAN:** Reach as many community members as possible through marketing campaign for different classes

**ACTION:**

**F/U:**

B. Health Fairs

**PLAN:** Schedule annual health fair for both UGH & CRH and invite vendors to showcase health and wellness availabilities within the community. Blood work, to include lipid panel, CBC, PSA, & A1C; bone density; EKGs will be accomplished during health fairs to identify any underlying diseases, giving patients opportunities to set up plans with healthcare providers to manage any diseases and abnormalities found.

**ACTION:**

**F/U:**

C. Encourage exercise education through our Wellness Center

- Heart Disease/Vascular Disease
- Obesity/Overweight
- Accident Prevention
- Be Mental Healthy

**ACTION:**

**F/U:**
D. Provide food prep classes with fresh products from Farmer’s Market

**PLAN:** Engage hospital dietary departments and health experts to teach basic preparation of foods for health living

**ACTION:**

**F/U:**

II. Management of Mental Health Conditions

Partner with community services to treat and manage these acute conditions.

A. Weekly Classes

**PLAN:** Partner with different agencies within the community for classes and counseling at the hospital for both UGH and CRH.

**ACTION:**

**F/U:**

B. Institute APEX Programs

**PLAN:** Provide mental health services in both county schools

**ACTION:**

**F/U:**

III. Substance Abuse

Partner with community agencies to get education for children

A. Counseling and Education

**PLAN:** Schedule classes at that target different age groups of students

**ACTION:**

**F/U:**

B. Parent-Teacher Organizations

**PLAN:** Market youth programs at recreation centers to keep youth involved with positive groups

**ACTION:**

**F/U:**