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UPSON
Regional Medical Center

2018

Upson Regional Medical Center

Community Health Needs Assessment

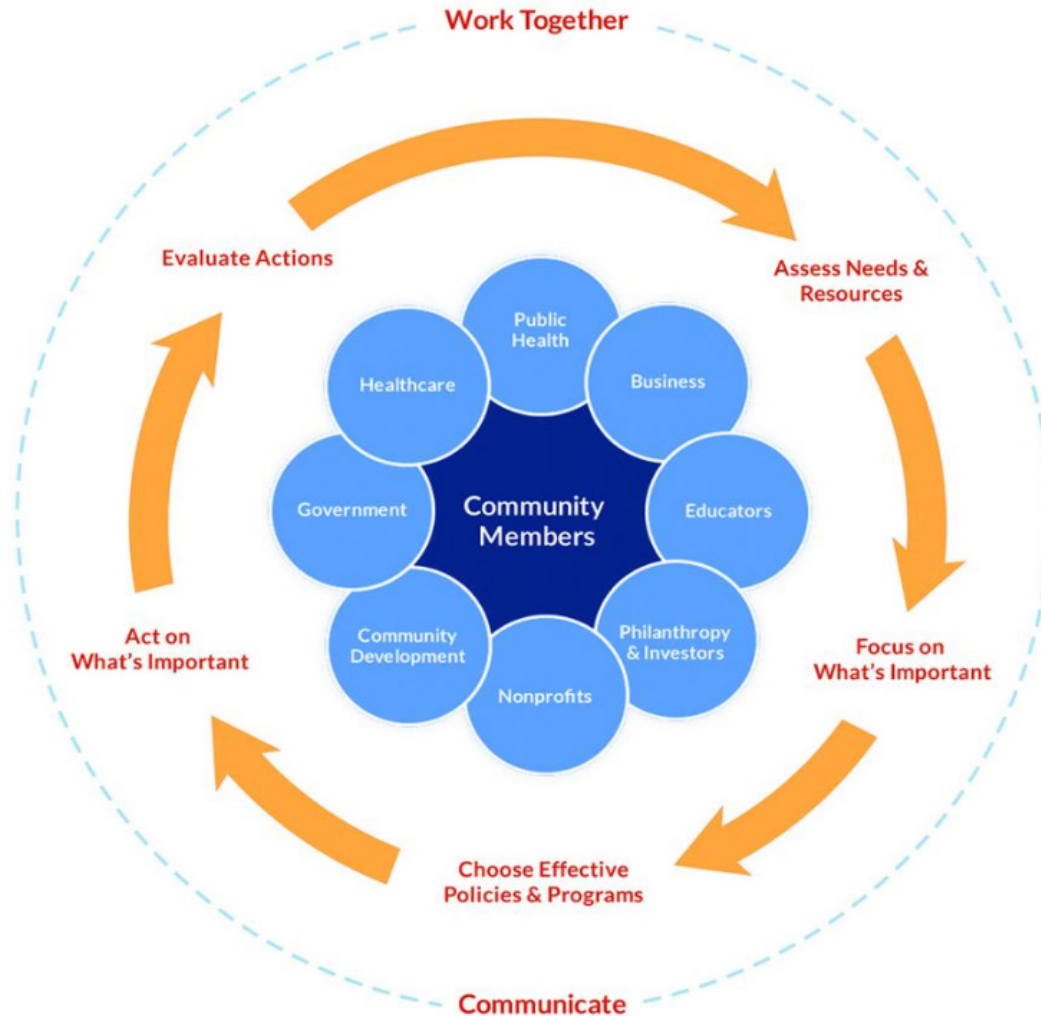
Upson County, Georgia

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Perspective/Overview

Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses a systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Upson County, Georgia.

2018 Community Health Needs Assessment

Upson Regional Medical Center as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm community assets and how they might assist with the top priorities. This CHNA assesses health in Upson County, the main service area of Upson Regional Medical Center.

- ✔ Starting on September 28, 2018, this report is made widely available to the community via Upson Regional Medical Center's website <https://www.URMC.org> and paper copies are available free of charge at Upson Regional Medical Center, 801 W Gordon Street, Thomaston, GA 30286 or by phone 706-647-8111.
- ✔ The Upson Regional Medical Center board of directors approved this assessment and the hospital's implementation plan on September 17.

Project Goals

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community and create a coalition to address those needs. This process is an affirmation of what we've been doing and has increased awareness of available resources,” said Sallie Barker, Director Strategy and Business Development, Upson Regional Medical Center.

“The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Diane Bradley, Interim CEO, Upson Regional Medical Center.

Community

Input and Collaboration

Data Collection and Timeline

In April 2018, Upson Regional Medical Center began a Community Health Needs Assessment for Upson County. Upson Regional Medical Center sought input from persons who represent the broad interests of the community using several methods:

- 19 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), Sheriff's Office, health providers (hospital, nursing home, home health, hospice), local businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on May 24, 2018.
- Information gathering, using secondary public health sources, occurred in April and May of 2018.
- An on-line survey of community healthcare providers and Upson Regional Medical Center employees was conducted between June 14, 2018 and July 16, 2018. 195 employees of Upson Regional Medical Center and 4 community healthcare providers completed the survey.
- A Community Health Summit was conducted on July 24, 2018 with 57 community stakeholders. The audience consisted of healthcare providers, law enforcement, media, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.



Photo Credit Upson Regional Medical Center



Photo Credit Upson Regional Medical Center

Participants

Seventy-six individuals from forty-six community and healthcare organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Upson County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the community.

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Participation by Those Representing the Broad Interests of the Community

Participation in the focus groups and at the Community Health Summit creating the Upson County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
At Large		Summit
Beyond the Bell	Parents, youth	Summit
Board of Commissioners	Upson County	Summit
Community Ambulance	Upson	Summit, Focus Group
Community member		Summit
Community member		Summit
Community member	Upson	Summit
Community member, retired	Adults	Focus Group
Community Pastor, Emanicipation Community	All	Summit, Focus Group
Criterion Technology	Employers	Summit
Dean of Mercer School of Medicine	Doctors that precept at URM	Interview
Dissipating Disparities, Inc.	Minorities, general underserved, Upson/Pike/Crawford Co.s	Summit
Driver & Adams, CPAs		Summit
Encompass Home Health	Adults	Focus Group
Fletcher-Day Funeral Home	50+ year olds	Summit
GA DOL		Summit
Gordon State College	College students	Focus Group
IDA		Summit
Mcintosh Trail - Gilmore DD	I/DD	Summit
Palmetto Health Council	Pike, Meriwether, Lamar	Interview
Pike County Family Connections	Children/families, NPO	Summit
Quad Graphics	Employers, Adults	Summit, Focus Group
Riverside Health & Rehabilitation	Senior Adults	Summit, Focus Group
Rotary/Upson READ/Bahai Community	All	Summit
Sabrina Lancaster, NP-C		Summit
Senior Center	Senior adults	Focus Group
ServPro	All	Summit
Southern Crescent Technical		Summit
Southern Grace Hospice	All populations	Summit
State Government	All	Summit
THA	Low income	Summit
Thomaston Hospice	All	Summit, Interview
Thomaston Housing Authority		Summit
Thomaston Police Department	City	Summit
Thomaston Upson County Schools	School age kids	Focus Group
Three Rivers Rehabilitation Center		Summit
UCSC	All	Summit
Upson & Lamar Health Departments	All ages	Interview
Upson Beacon	All populations	Summit
Upson County	Upson County	Summit
Upson County Board of Commissioners	All	Interview
Upson County Health Department	All/Public Health	Summit
Upson County Sheriff	Upson County/Thomaston	Interview
Upson Lee High School	High School Kids	Focus Group
Upson Regional Medical Center	All	Summit, Interview

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 In many cases, several representatives from each organization participated.

Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit.

Input of Those with Expertise in Public Health

Representatives of the Upson County Health Department participated in the interviews as well as attending the Summit.

Community Engagement and Transparency

Many members of the community participated in the focus group, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Upson County. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Upson Regional Medical Center.

Community Selected for Assessment

Upson County was the primary focus of the CHNA due to the service area of Upson Regional Medical Center. Used as the study area, Upson County provided 58% of inpatient discharges.

The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Upson Regional Medical Center draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Upson Regional Medical Center's Financial Assistance Policy.

Upson Regional Medical Center Patients - 2017



Source: Upson Regional Medical Center, 2017

Key Findings

Community Health Assessment

Based on the primary and secondary data collected, the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

- 1(tie). Poverty/jobs**
- 1(tie). Access to care and insurance**
- 2(tie). Obesity – healthy eating, active living**
- 2(tie). Personal responsibility/education**
- 5. Child health**
- 6. Mental health**
- 7. Chronic diseases**
- 8. Substance abuse**

Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus group
- Individual interviews with community members
- Survey of hospital employees and community providers
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics – Behavior measured by spending and media preferences

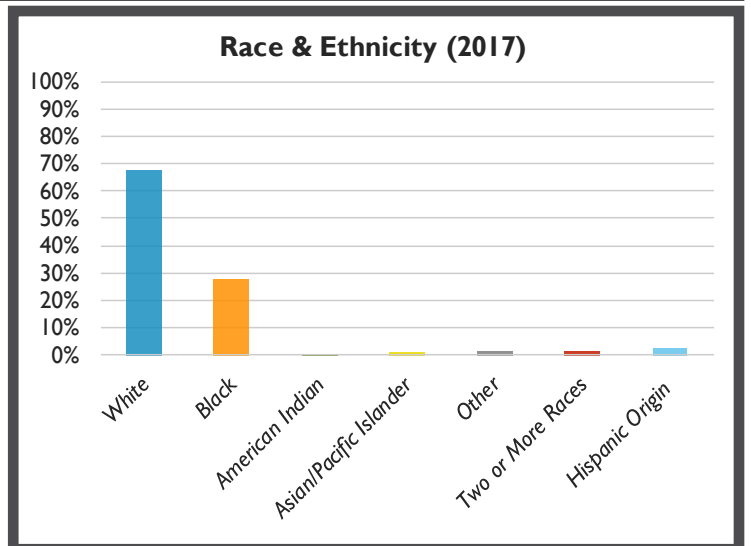
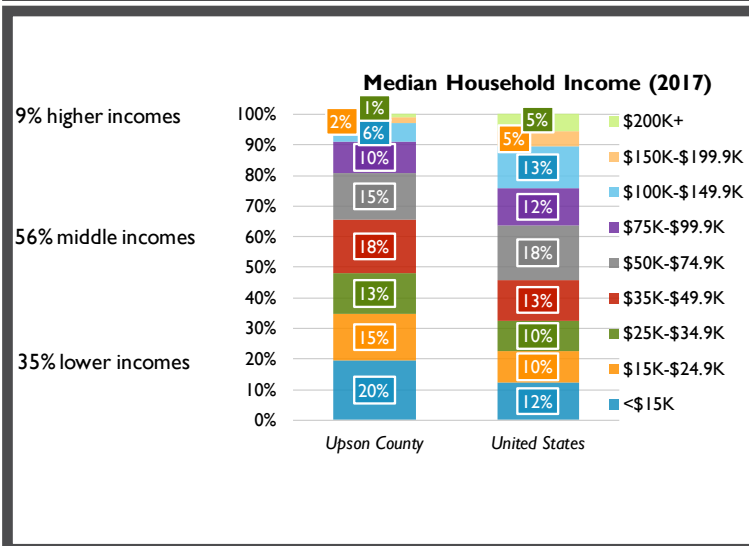
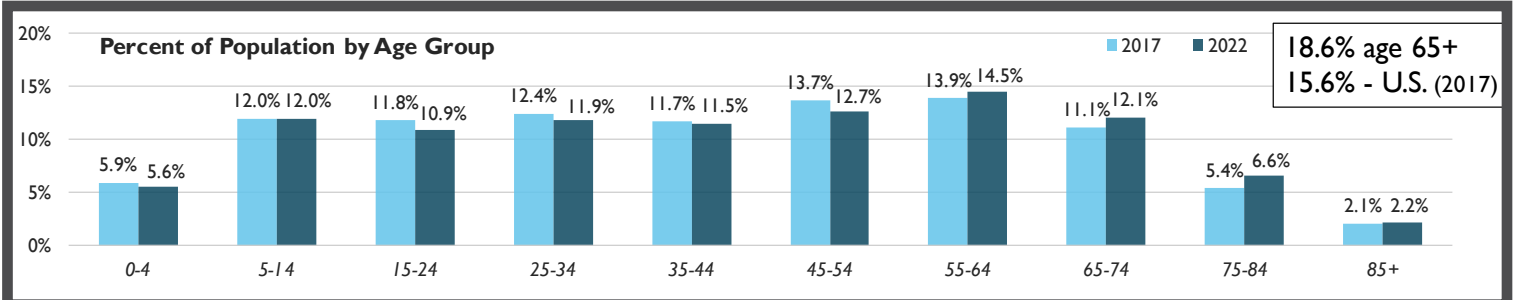


Photo credit Upson Regional Medical Center

Demographics of the Community 2017-2022

The table below shows the demographic summary of Upson County compared to Georgia and the U.S.

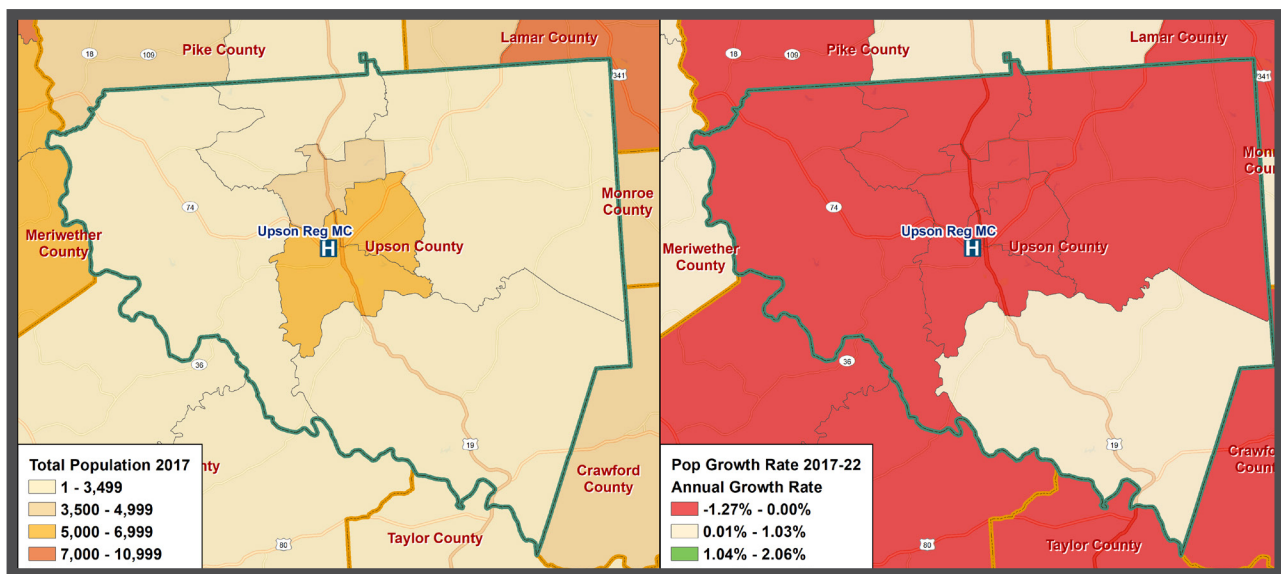
	Upson County	Georgia	USA
Population	26,740	10,390,390	327,514,334
Median Age	41.8	36.5	38.2
Median Household Income	\$36,164	\$52,336	\$56,124
Annual Pop. Growth (2017-2022)	-0.32%	1.03%	0.83%
Household Population	10,626	3,836,105	123,158,887
Dominant Tapestry	Rooted Rural (10B)	Southern Satellites (10A)	Green Acres (6A)
Businesses	821	370,107	11,611,226
Employees	7,810	4,572,979	152,829,200
Medical Care Index*	70	93	100
Average Medical Expenditures	\$1,366	\$1,804	\$1,941
Total Medical Expenditures	\$14.5 M	\$6.9 B	\$239.0 B
Racial and Ethnic Make-up			
White	68%	57%	70%
Black	28%	31%	13%
American Indian	0%	0%	1%
Asian/Pacific Islander	1%	4%	6%
Mixed Race	1%	4%	7%
Other	2%	3%	3%
Hispanic Origin	2%	10%	18%



Source: ESRI

- The population of Upson County was projected to decrease from 2017 to 2022 (-.32% per year). Georgia was projected to increase 1.03% per year. The U.S. was projected to increase .83% per year.
- Upson County had a higher median age (41.8 median age) to GA, 39.5 and the U.S. 38.2. Upson County percentage of the population 65 and over was 18.6%, higher than the US population 65 and over at 15.6%.
- Upson County had lower median household income at \$36,164 than GA (\$52,336) and the U.S. (\$56,128). The rate of poverty in Upson County was 22.7% which was higher than GA (17.2%) and the U.S. (14.7%). Black poverty was higher than white poverty, 28.8% compared to 20.9%.
- The household income distribution of Upson County was 9% higher income (over \$100,000), 56% middle income and 35% lower income (under \$24,999).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Upson County was 70, indicating 30% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Upson County was 68% white, 28% black, 1% mixed race, 2% other, and 2% Hispanic Origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2017 Population by Census Tract and Change (2017-2022)



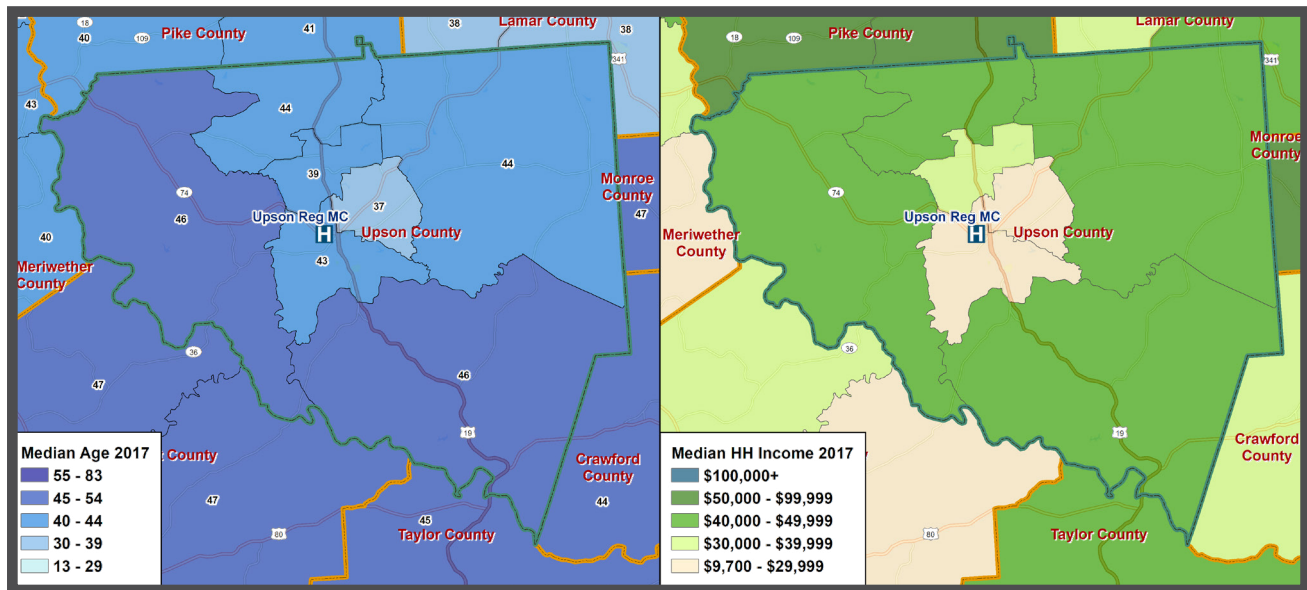
Red is population decline
 Yellow is positive up to the GA growth rate
 Green is greater than the GA growth rate
 Dark Green is twice the GA growth rate

Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were two higher population census tracts, 5,000-6,999 in Thomaston. North of the hospital had the next highest populated tract with 3,500 to 4,999 people. The remainder of the county had fairly low population with up to 3,499 people in those census tracts.

Upson County population was projected to decrease from 2017 to 2022, .32% per year. However, the census tract in the south of the county was projected to increase.

2017 Median Age & Income



Source: ESRI

These maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. There was a tract east of the hospital with a median age of 37. There were two census tracts south and west with higher median ages of 46. The tract south of the hospital had a median age of 43 and the tracts to the north had 39 and 44 median ages. The tract in the northeast corner had a median age of 44.

Looking at median household income by census tract, Thomaston, south of the hospital had the lowest income with \$9,700 to \$29,999. The tract north of the hospital had the next lowest income with \$30,000 to \$39,999. The remainder of the county had a higher median household income with \$40,000 to \$49,000.

Additionally, Upson County's March 2018 preliminary unemployment was 4.7%, compared to 4.3% for Georgia and 3.9% for the U.S., which is a large decline in unemployment since 2014. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce.

¹ The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Business Profile

Sixty-nine percent of employees in Upson County were employed in:

- Health care and social assistance (16.7%)
- Retail trade (16.5%)
- Manufacturing (12.9%)
- Educational services (10.7%)
- Accommodations & food service (10.7%)

Retail, accommodation & food service jobs offers health insurance at a lower rate than healthcare, manufacturing and educational services.

Many residents leave the county for retail shopping, thus harming the county's ability to build retail/dining, which could make leaving for healthcare easier.

Upson County loses 1,418 net commuters per day commuting outside the county for work, with 3,023 commuting out of the county and 1,605 commuting into the county.

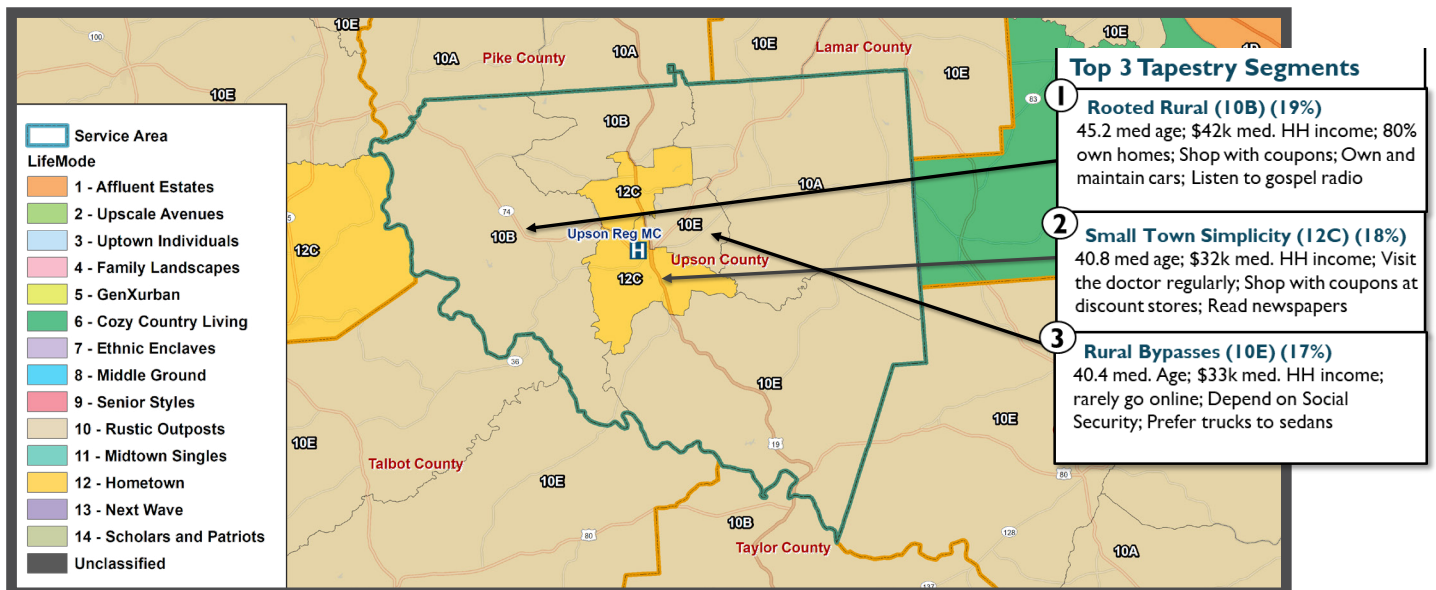
Tapestry Segmentation

The dominant Tapestry Segments in the county were Rooted Rural (19%), Small Town Simplicity (18%), and Rural Bypasses (17%). The map below demonstrates the dominant Tapestry Segment by census tract. There is a very brief description of the segments on the right of the map and on the next two pages. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>

Studying the Tapestry Segments in the study area help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions.

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 57% of Upson County are in these three Tapestry Segments.

The map is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.



Source: Esri



LifeMode Group: Rustic Outposts
Rooted Rural

10B

Households: 2,430,900

Average Household Size: 2.48

Median Age: 45.2

Median Household Income: \$42,300

WHO ARE WE?

Rooted Rural is heavily concentrated in the Appalachian mountain range as well as in Texas and Arkansas. Employment in the forestry industry is common, and *Rooted Rural* residents live in many of the heavily forested regions of the country. Nearly 9 of 10 residents are non-Hispanic whites. This group enjoys time spent outdoors, hunting, fishing, or working in their gardens. Indoors, they enjoy watching television with a spouse and spending time with their pets. When shopping, they look for American-made and generic products. These communities are heavily influenced by religious faith, traditional gender roles, and family history.

OUR NEIGHBORHOOD

- This market is dominated by married couples, few with children at home.
- 80% of homes are owner occupied: primarily single family (73%) or mobile homes (24%).
- Nearly one in five housing units are vacant, with a high proportion for seasonal use.
- Home values are very low—almost half of owned homes are valued under \$100,000.

SOCIOECONOMIC TRAITS

- Thrifty shoppers that use coupons frequently and buy generic goods.
- Far-right political values on religion and marriage.
- Do-it-yourself mentality; grow their own produce and work on their cars and ATVs.
- Pay bills in person and avoid using the Internet for financial transactions.
- Often find computers and cell phones too complicated and confusing.
- Clothes a necessity, not a fashion statement; only buy new clothes when old clothes wear out.



LifeMode Group: Hometown
Small Town Simplicity

12C

Households: 2,305,700

Average Household Size: 2.26

Median Age: 40.8

Median Household Income: \$31,500

WHO ARE WE?

Small Town Simplicity includes young families and senior householders that are bound by community ties. The lifestyle is down-to-earth and semirural, with television for entertainment and news, and emphasis on convenience for both young parents and senior citizens. Residents embark on pursuits including online computer games, renting movies, indoor gardening, and rural activities like hunting and fishing. Since 1 in 4 households is below poverty level, residents also keep their finances simple—paying bills in person and avoiding debt.

OUR NEIGHBORHOOD

- They reside in small towns or semirural neighborhoods, mostly outside metropolitan areas.
- Homes are a mix of older single-family houses (61%), apartments, and mobile homes.
- Half of all homes are owner-occupied (Index 79).
- Median home value of \$92,300 is about half the US median.
- Average rent is \$639 (Index 62).
- This is an older market, with half of the householders aged 55 years or older, and predominantly single-person households (Index 139).

SOCIOECONOMIC TRAITS

- Education: 67% with high school diploma or some college.
- Unemployment higher at 7.7% (Index 141).
- Labor force participation lower at 52% (Index 83), which could result from lack of jobs or retirement.
- Income from wages and salaries (Index 83), Social Security (Index 133) or retirement (Index 106), increased by Supplemental Security Income (Index 183).
- Price-conscious consumers that shop accordingly, with coupons at discount centers.
- Connected, but not to the latest or greatest gadgets; keep their landlines.
- Community-orientated residents; more conservative than middle-of-the-road.
- Rely on television or newspapers to stay informed.

Source: ESRI



LifeMode Group: Rustic Outposts
Rural Bypasses

10E

Households: 1,646,400
Average Household Size: 2.55
Median Age: 40.4
Median Household Income: \$33,000

WHO ARE WE?

Open space, undeveloped land, and farmland characterize *Rural Bypasses*. These families live within small towns along country back roads and enjoy the open air in these sparsely populated neighborhoods. Their country lifestyle focuses on the outdoors, gardening, hunting, and fishing. They are more likely to own a satellite dish than a home computer. Although a majority of households do have a connection to the Internet, their use is very limited. Those who are not yet retired work in blue collar jobs in the agriculture or manufacturing industries.

OUR NEIGHBORHOOD

- An older market, with more married couples without children and single households, the average household size is slightly lower at 2.55.
- Most residents own single-family homes, or mobile homes (Index 504).
- Most housing was built from 1970 to 1989; vacancy rates are higher due to seasonal housing.
- Residents live in very rural areas, almost entirely in the South.

SOCIOECONOMIC TRAITS

- Education is not a priority in this market. Almost 25% have not finished high school; only 11% have a bachelor's degree or higher.
- Unemployment is very high at 9% (Index 161); labor force participation is low at 47% (Index 76).
- Income is primarily derived from wages; however, dependence on Social Security and Supplemental Security Income is above average.
- Religion, faith, and traditional values are central in their lives.
- Many have a pessimistic outlook of their household's financial well-being.
- They rely on television to stay informed.



Photo credit Upson Regional Medical Center

Focus Groups, Surveys, Health Status Rankings and Comparisons

Focus Group Results

Nineteen community stakeholders representing the broad interests of the community participated in a focus group and individual interviews on May 24, 2018 for their input into the community's health. Community participation in the focus group and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussion and individual interviews.

- 1. How do you define health?**
 - Overall well-being, spiritual, physical mental. emotional, financial, low stress, happy
 - 2. Generally, how would you describe the community's health?**
 - Poor, struggling - lack of knowledge of health issues and lack of resources
 - Lack of jobs has led to economic hardship, leading to a lack of access to care and unhealthy behaviors
 - High uninsured
 - Some are trying to maintain health by eating well and exercising
 - 3. What are the most important health issues facing Upson County?**
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Cancer
 - High blood pressure
 - Diabetes
 - Mental health issues and resources
 - Stroke
 - Teen pregnancy
 - Drug abuse - drugs
 - Obesity
 - Heart disease
 - Poverty
 - Access
 - Smoking
 - Poor diet
 - Child abuse and neglect
 - Similar to last time – chronic disease not well managed, lack of primary care physician, access combined with poor lifestyle habits, months wait to see primary care physician. No access to mental health.
 - 4. What are the most important health issues facing various populations including medically-underserved, low-income and minority populations?**
 - Unmanaged health issues due to lack of insurance and resources
 - Alcohol and Drug misuse
 - Mental health issues
 - Food
 - Shelter
 - Health literacy
-

Focus Group Results, cont.

- African American population more susceptible to diabetes
 - Males less likely to seek preventive care
- 5. What are the most important health issues facing children/teens?**
- Teenage pregnancy
 - Mental health issues – depression, anxiety
 - Lack of parental supervision
 - Drug misuse
 - Child abuse and neglect
 - Food insecurity
- 6. What are the most important health issues facing seniors?**
- Lack of technology to navigate online health world
 - Transportation
 - Heart failure
 - Diabetes
 - Dementia
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Cost of health insurance and health care on a fixed income
- 7. What behaviors have the most negative impact on health?**
- Noncompliance, waiting too long to get help
 - Taking drugs and alcohol
 - Lack of nutrition and exercise
 - Inappropriate sexual behavior
 - Smoking
 - Lack of motivation
- 8. What environmental factors have the biggest impact on community health?**
- Asbestos from the mills
 - Socioeconomics
 - Substandard housing
 - Secondhand smoke
 - Water issues
 - Lack of places to exercise in the rural areas
- 9. What are the barriers to improving health going forward?**
- Lack of knowledge
 - Resources
 - Pride – won't ask for help
 - Too busy to prioritize health
 - Awareness of health and wellness
 - Lack of a healthy economic base
- 10. What has changed most in the health status in the last 3 years?**
- Access has improved – more diagnostics, more primary care, telehealth in schools, community health clinic, addition of cardiology, SilverCare (geriatric psych), certified stroke center
 - Infant mortality has improved
 - Community leaders have opened their eyes to the issues in the community
-

Focus Group Results, cont.

- Smoking is better
- The economy has not improved

11. What community assets support health and wellbeing?

- The group listed many, many assets; below are examples.
- Parks, sidewalks, hiking, public pool
- Churches and their outreach
- Service clubs
- Cancer Car
- Food bank
- Senior services
- Farmer's market
- Heart and Soul – economic development program
- Not-for-profits

12. What does the community need in order to manage health conditions or stay healthy?

- Education on health issues and resources available
- Resource guide
- More adequate housing
- Food essentials
- Transitional houses
- Addiction resources
- More primary care
- More specialized care

13. Where do members of the community turn for basic healthcare needs?

- Upson Regional Medical Center
- Emergency Department
- County Health Department
- Local providers

14. If you had the power you so richly deserve, what priority health improvement action should Upson County focus on?

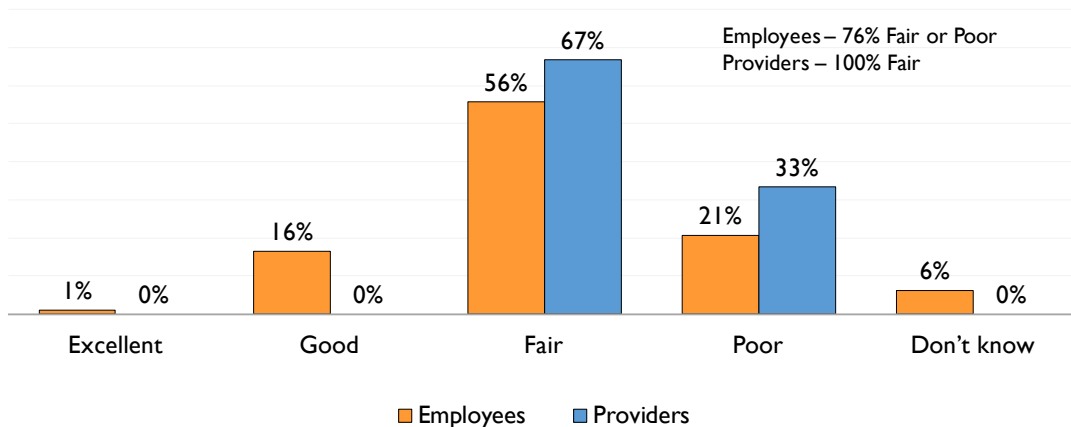
- Create jobs
- Coordinate resources
- Navigation
- Mental health resources
- Collaboratively solve problems

Upson Regional Medical Center Employees and Community Healthcare Provider Surveys

195 of Upson Regional Medical Center's employees and 4 community physicians and providers responded to an on-line survey regarding their perspectives on community health status and needs in Upson County from June 14 through July 16, 2018. Most of Upson Regional's employees and providers are members of the local community and have unique insight into the health status of the community. The provider sample number was low and should not be assumed all providers in the county would respond in the same way.

Health Status

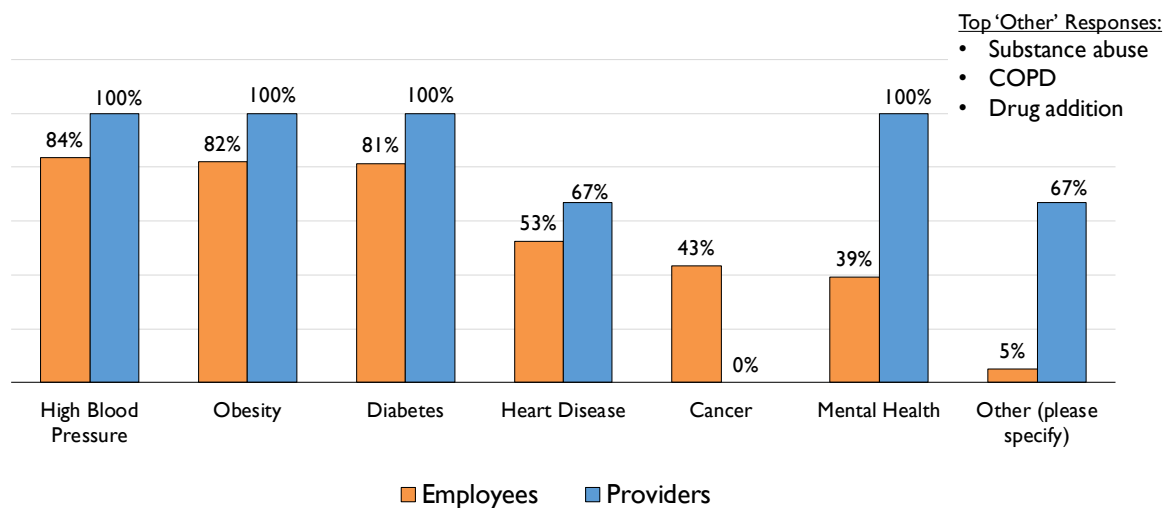
How would you describe the overall health status of the citizens of Upson County?



1% of hospital employees responded the community's health was excellent, 16% responded good, 56% responded fair, and 21% responded poor. 6% didn't know. The providers responded fair or poor.

Prevalent Chronic Diseases

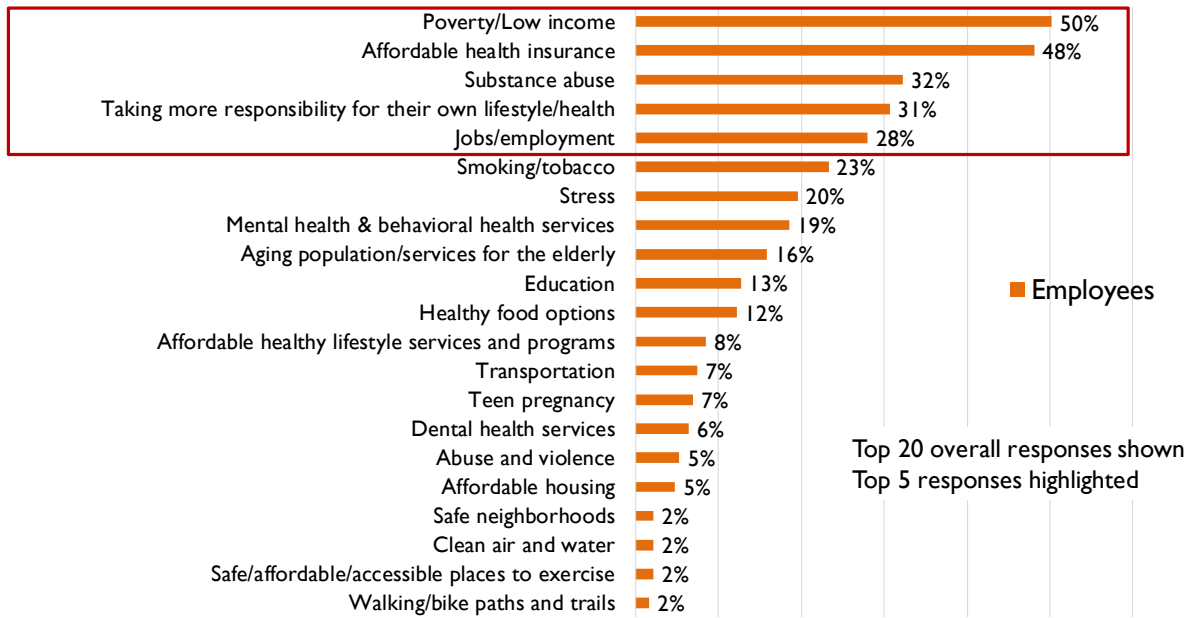
What are the most prevalent chronic diseases in your community?



84% of employees believed high blood pressure was the most prevalent chronic disease followed by obesity (82%), diabetes (81%), heart disease (53%), and cancer (43%). Providers believed high blood pressure, obesity, diabetes and mental were the most prevalent chronic disease in the community.

Top Three Health Issues

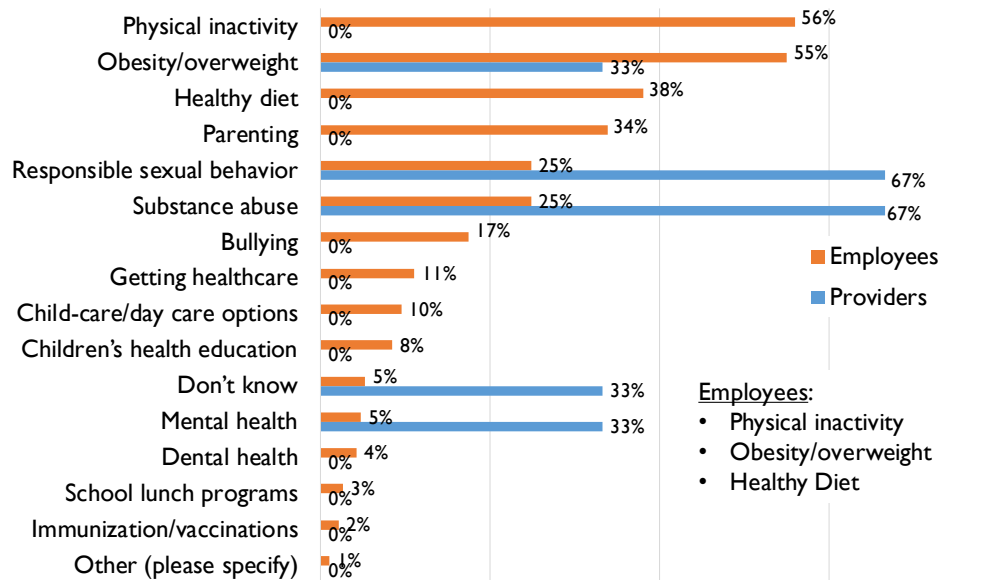
What are the top 3 issues that need to be addressed in your community that impact people's health?



When asked about the top three issues impacting people's health, employees ranked poverty/low income (50%), affordable health insurance (48%), and substance abuse (32%) as the top three. Followed by people taking more responsibility for their own health and lifestyle and jobs/employment. Providers responded that mental health and poverty/low income were the biggest issues that need to be addressed.

Top Three Health Issues for Children

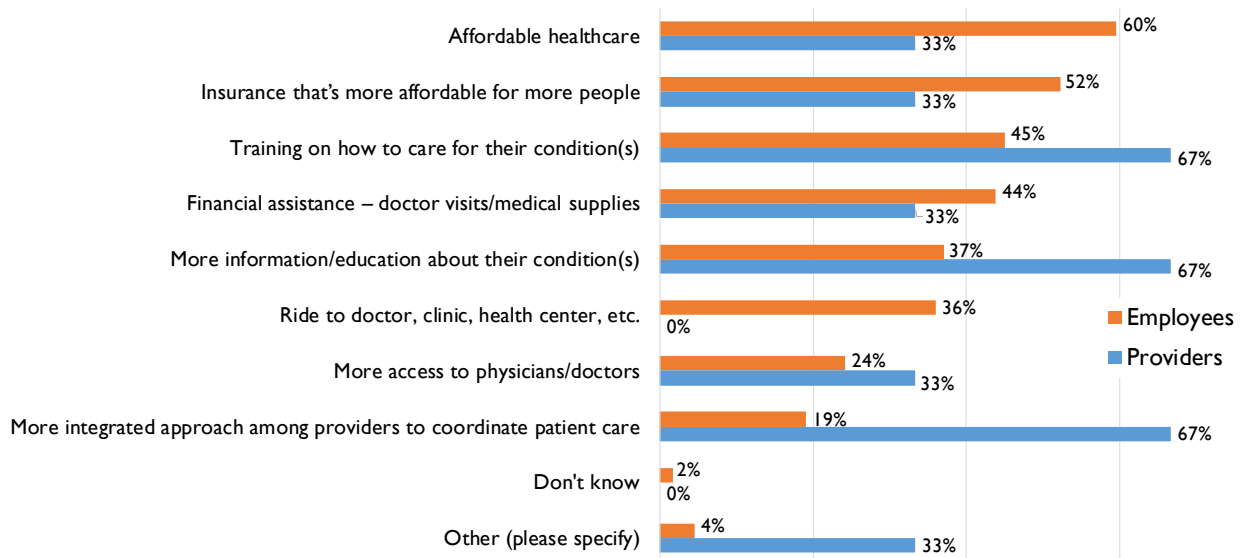
What are the top 3 concerns for children in your community?



For employees, the top health concerns for children were: physical inactivity (56%), obesity/overweight (55%) and lack of a healthy diet (38%). For providers, the top concerns were responsible sexual behavior, substance abuse, and mental health.

Needed to Manage Health

What, if anything, do you think people in the county need in order to manage their health more effectively?



Affordable healthcare (60%), insurance that's more affordable for more people (52%) and training on how to care for their condition(s) (45%) were seen as most needed by people in the community in order to manage their health more effectively by employees. For providers, training on how to care for their condition(s), More information/education about their condition(s), and more integrated approach among providers to coordinate patient care were seen as most needed by people in their community to manage their health more effectively.

Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Upson County ranked 114th healthiest County in Georgia out of the 159 counties ranked (1= the healthiest; 159 = unhealthiest), 131st for health outcomes and 96th for health factors.

County Health Rankings suggest the areas to explore for improvement in Upson County were: higher adult smoking, higher obesity percentage, lower food environment index, higher, alcohol-impaired driving deaths, higher rate of teen births, lower percentage of mammography screening, lower percentage of adults with some college, and higher percentage of children in poverty. The areas of strength were identified as lower percentage of excessive drinking, lower percentage of uninsured, and lower rate of preventable hospital stays.

When analyzing the health status data, local results were compared to Georgia, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Upson County's results were worse than GA and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Georgia and eventually the Nation, Upson County must close several lifestyle gaps. For additional perspective, Georgia was ranked the 41st healthiest state out of the 50 states. *(Source: 2017 America's Health Rankings)*



Photo Credit Upson Regional Medical Center

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Georgia's counties every year since 2003.

Comparisons of Health Status

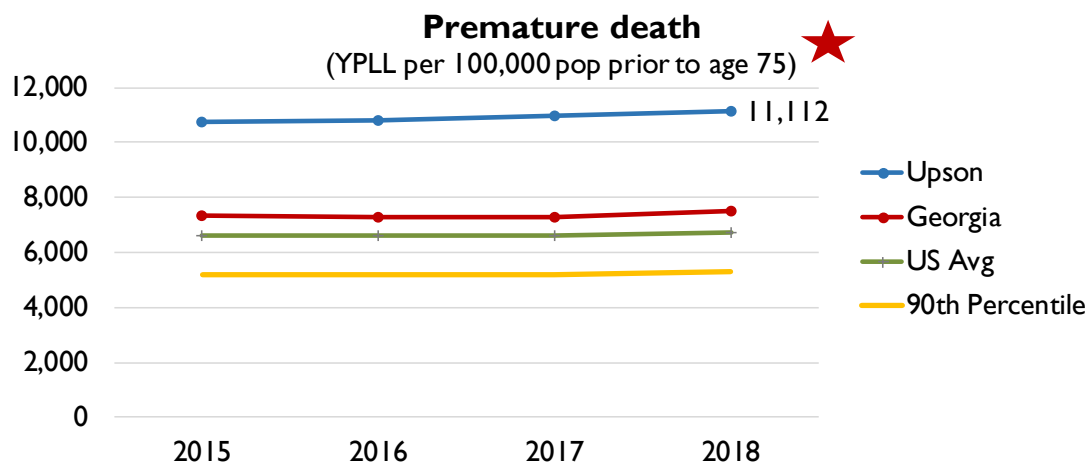
Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Georgia, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. Where the data indicated strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. There were strengths and opportunities identified for measures and for the county. Opportunities were denoted with red stars, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Upson County ranked 9th in Health Outcomes out of 72 Georgia counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Upson County ranked 15th in length of life in WI. Upson County lost 5,140 years of potential life which is very low, in the 90th percentile of all counties in the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2012-2014

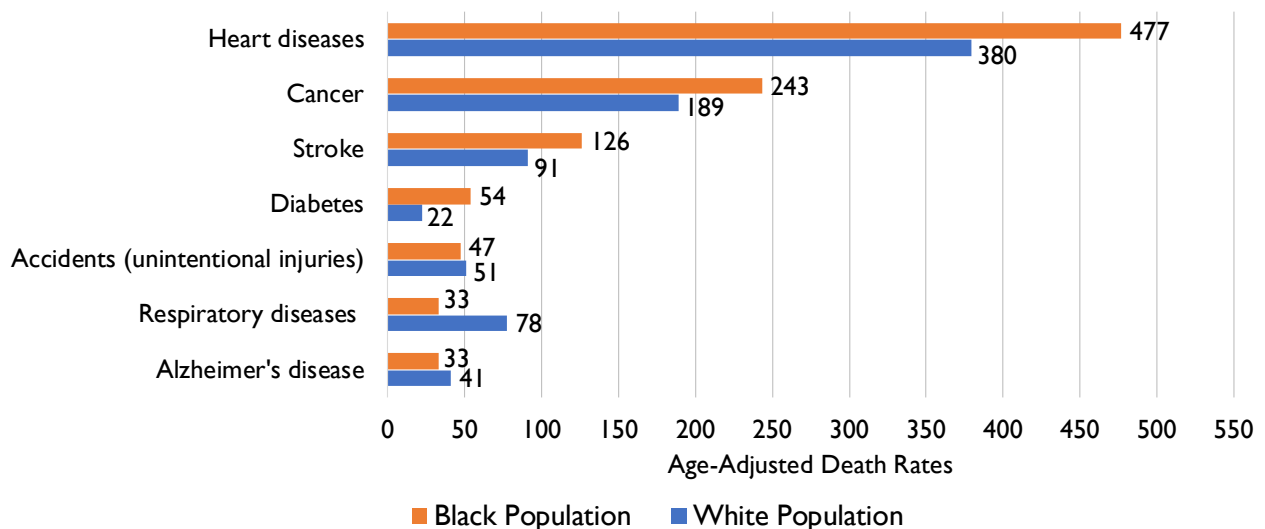
Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Upson County	Georgia	US
	2016	2016	2016
Heart diseases	382.3	240.5	200.3
Cancer	169.8	159.8	176.9
Stroke	53.9	44.2	44.9
Respiratory diseases	137.1	80.4	42.5
Accidents (unintentional injuries)	33.5	45.3	39.2
Alzheimer's disease	47.1	44.8	23.8
Diabetes mellitus	13.4	21.1	22.8
Influenza and pneumonia	24.8	14.2	18.1
Kidney Diseases	43.9	24.5	14.0
Intentional self-harm (suicide)	--	13.3	11.7
Chronic liver disease and cirrhosis	--	5.3	9.6

Source(s): Online Analytics Statistical Information System: <https://oasis.state.ga.us/> (2018). CDC (2018)

Red areas had death rates higher than the state. The leading causes of death in Upson County were heart disease followed by cancer, like GA and the U.S. Lagging as causes of death were accidents, stroke, chronic lower respiratory disease and stroke.

Mortality Rates by Race for Upson County 2016



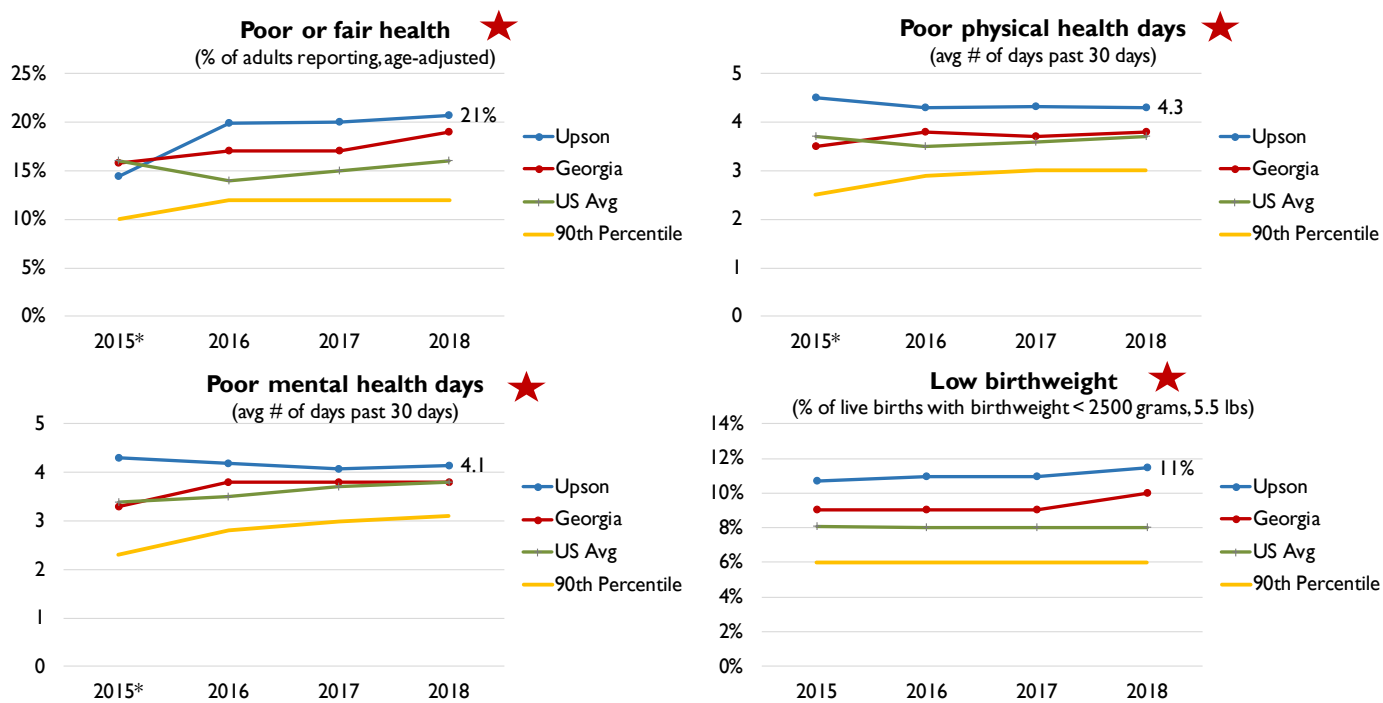
Source(s): Online Analytics Statistical Information System: <https://oasis.state.ga.us/> (2018). CDC (2018)

Upson County's black population had higher death rates than the white population for heart diseases, cancer, stroke and diabetes. The white population had higher death rates than the black population for accidents, respiratory diseases and Alzheimer's disease.

In most of the following graphs, Upson County will be blue, Georgia (GA) will be red, U.S. green and the 90th percentile of counties in the U.S. gold.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Upson County ranked 8th in Georgia for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016

Source: County Health Rankings; National Center for Health Statistics – Natality files (2010-2016)

*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 forward cannot be compared to prior year results.

Quality of Life OPPORTUNITIES

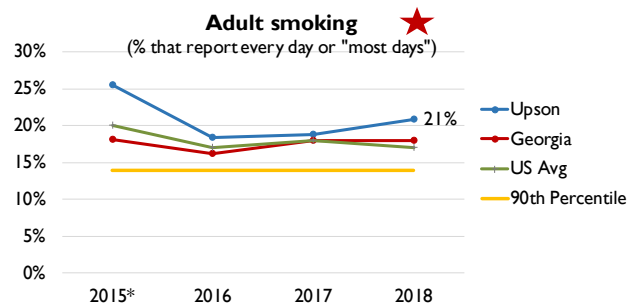
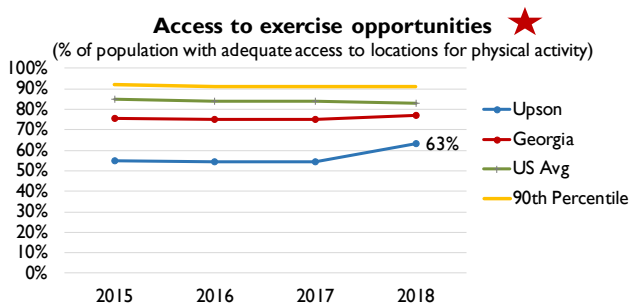
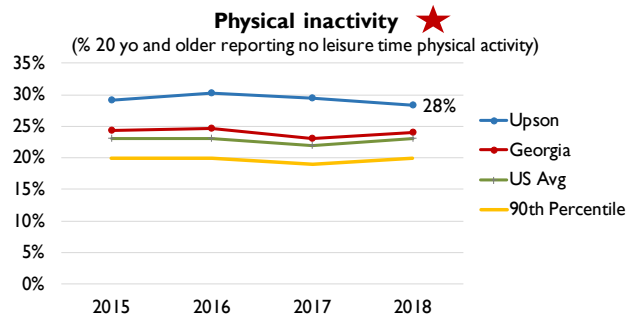
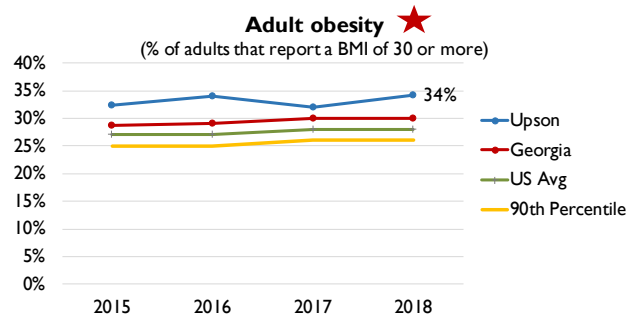
- Years of potential life lost per 100,000 population prior to age 75 was 11,112 years for Upson County, higher than GA and the U.S.
- Upson County had higher death rates than Georgia for heart diseases, cancer, stroke, respiratory diseases, Alzheimer's disease, influenza and pneumonia, and Kidney disease.
- Upson County had a higher percentage of adults reporting poor or fair health at 21% than GA and the U.S.
- Upson County had a higher average number of poor physical health days than GA and the U.S. with 4.3 poor physical health days out of the past 30 days.
- Upson County had a higher average number of poor mental health days than GA and the U.S. with 4.1 poor mental health days out of the past 30 days.
- 11% of Upson County births were less than 5.5 lbs., or considered low birthweight which is more than GA and the U.S.

Health Factors or Determinants

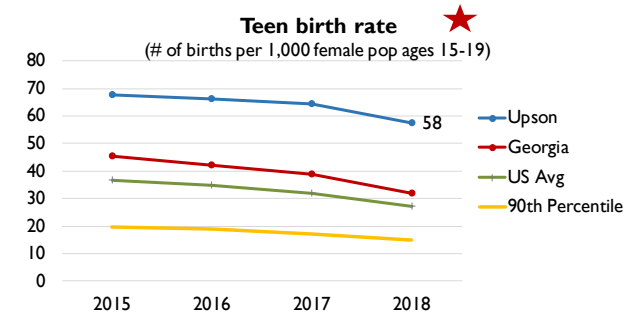
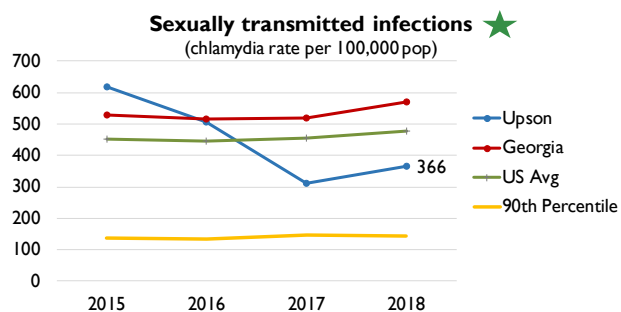
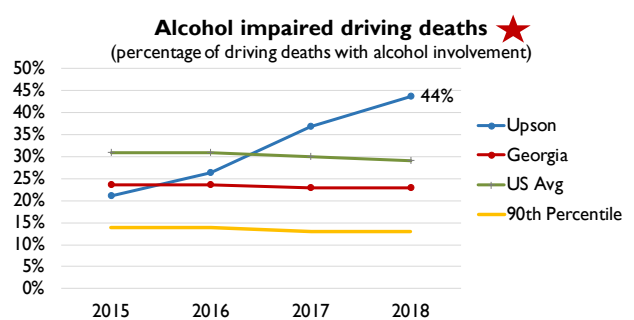
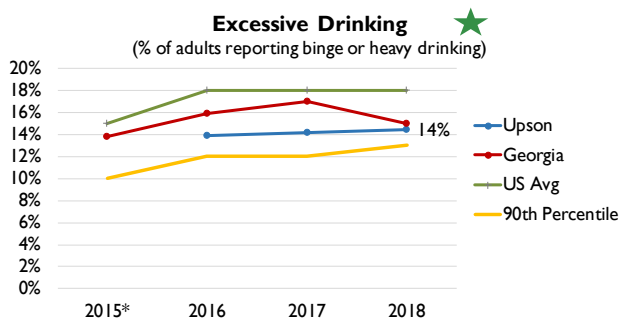
Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment.

Health Behaviors

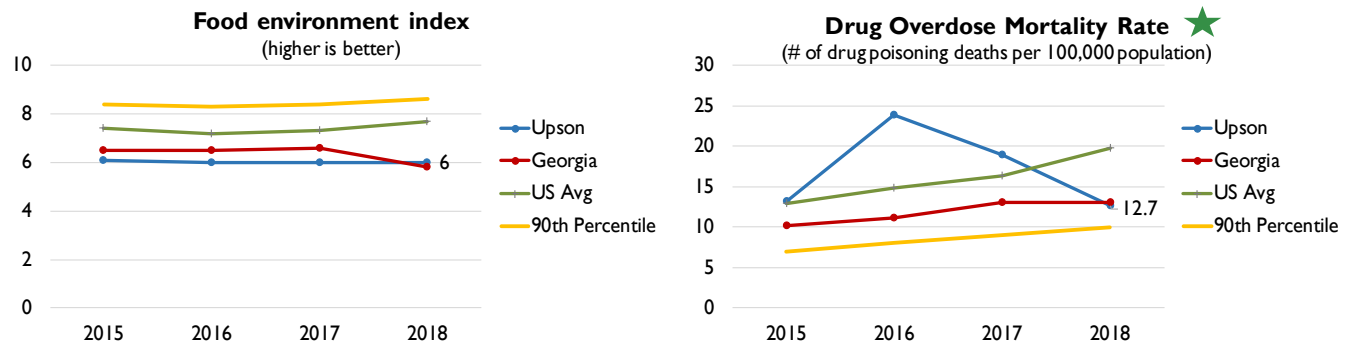
Health behaviors are made up of nine measures and account for 30% of the county rankings. Upson County ranked 130th out of 59 counties in Georgia.



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS, 2014
 Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2016. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools)
 Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016



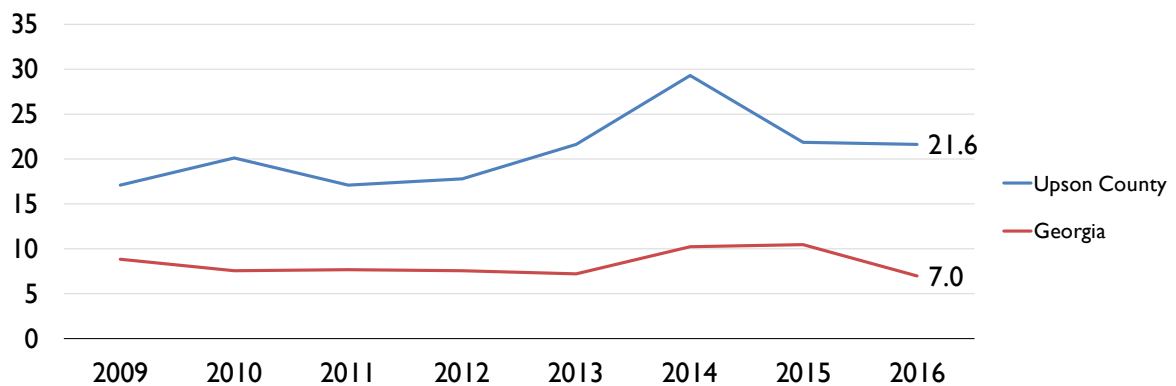
Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016
 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2012-2016
 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015
 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2010-2016



Source: County Health Rankings; USDA Food Environment Atlas, 2015; CDC WONDER mortality data, 2014-2016

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Children with a Substantiated Incident of Child Abuse and/or Neglect (per 1,000)

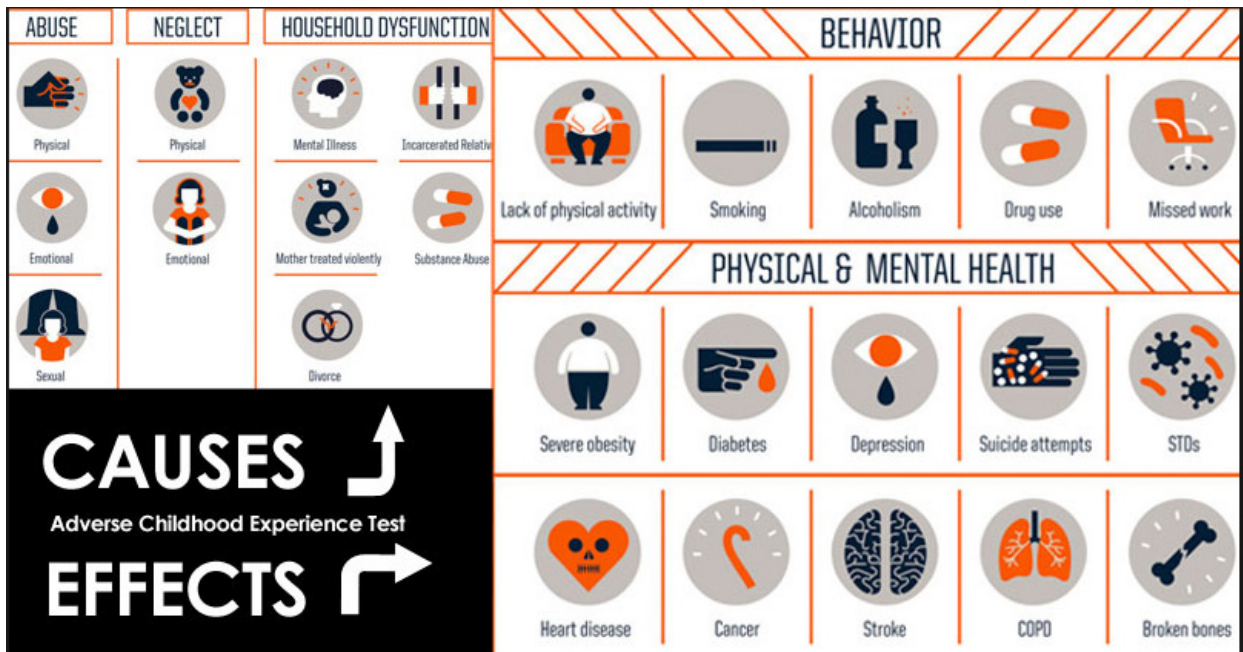


Incidents per year	2009	2010	2011	2012	2013	2014	2015	2016
Upson County	113	129	107	109	129	171	127	127
Georgia	22,120	19,041	19,164	19,033	17,977	25,350	26,230	17,435

The focus group revealed there may be an issue with child abuse and/or neglect. Data from KidsCount Data Center confirms the focus group's opinion. Upson is three times higher than GA for abuse and/or neglect. Abuse, neglect and household disfunction leads to behaviors that negative impact physical and mental health.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences such as abuse, neglect and household disfunction lead to poor behaviors and health outcomes as the graphic below depicts.



Health Behaviors **STRENGTHS**

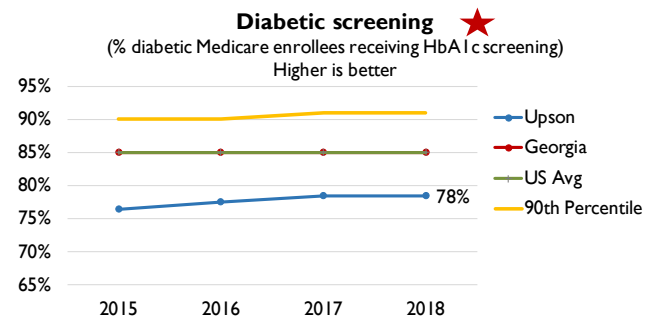
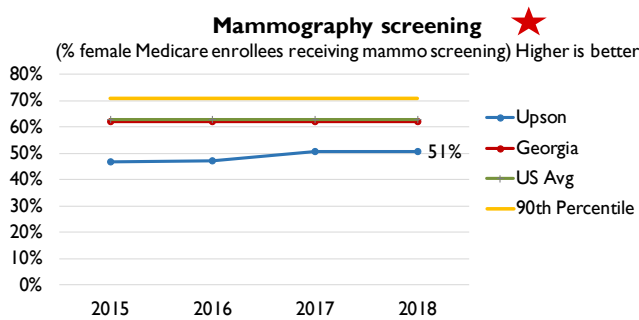
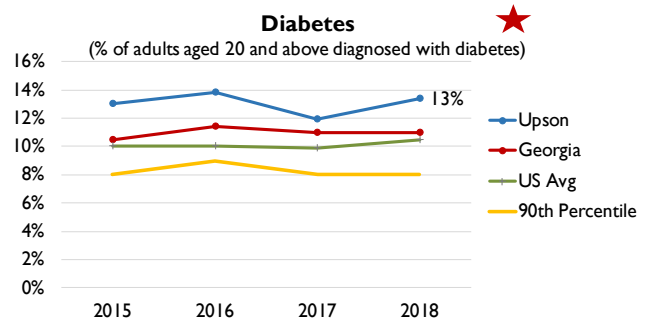
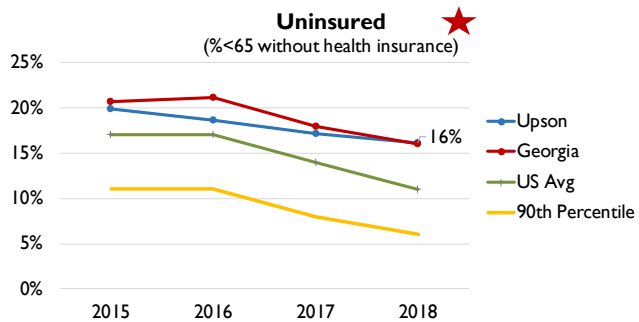
- At 14%, excessive drinking was lower in Upson County than GA and the U.S.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Upson County than GA and the U.S.
- The drug overdose mortality rate at 12.7 per 100,000 population was lower in Upson County than GA and the U.S., and the rate decreased significantly beginning in 2016.

Health Behaviors **OPPORTUNITIES**

- Adult obesity in Upson County (34%) was higher than GA and the U.S. Obesity in Georgia and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity was higher in Upson County (28%) than GA and the U.S.
- Access to exercise opportunities was lower in Upson County than GA and the U.S. at 63%, but the gap is closing.
- Adult smoking in Upson County was higher than GA and the U.S. at 21%. The rate increased over the previous two years. However, each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes.
- The percentage of driving deaths with alcohol involved in Upson County was 44%, higher than GA and the U.S.
- The teen birth rate was higher in Upson County than GA and the U.S. with 58 births per 1,000 females age 15 to 19.
- Upson County's rate of children with a substantiated incident of child abuse and/or neglect is three times higher than GA.

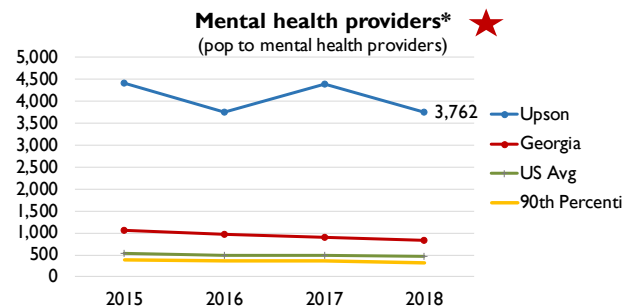
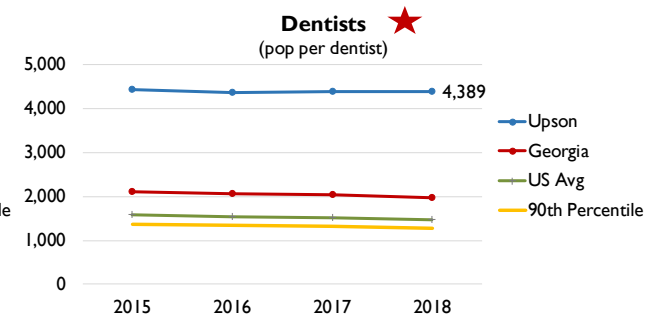
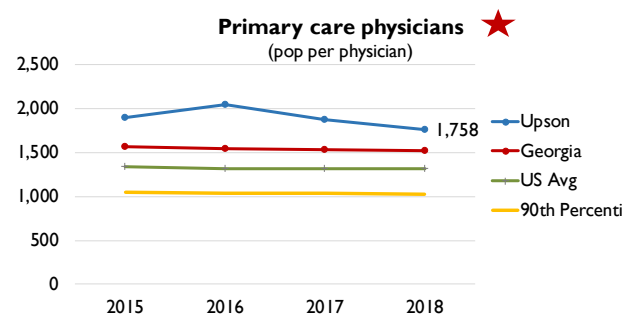
Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Upson County ranked 107th out of 59 Georgia counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2015

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2015

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2016

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2017

Clinical Care OPPORTUNITIES

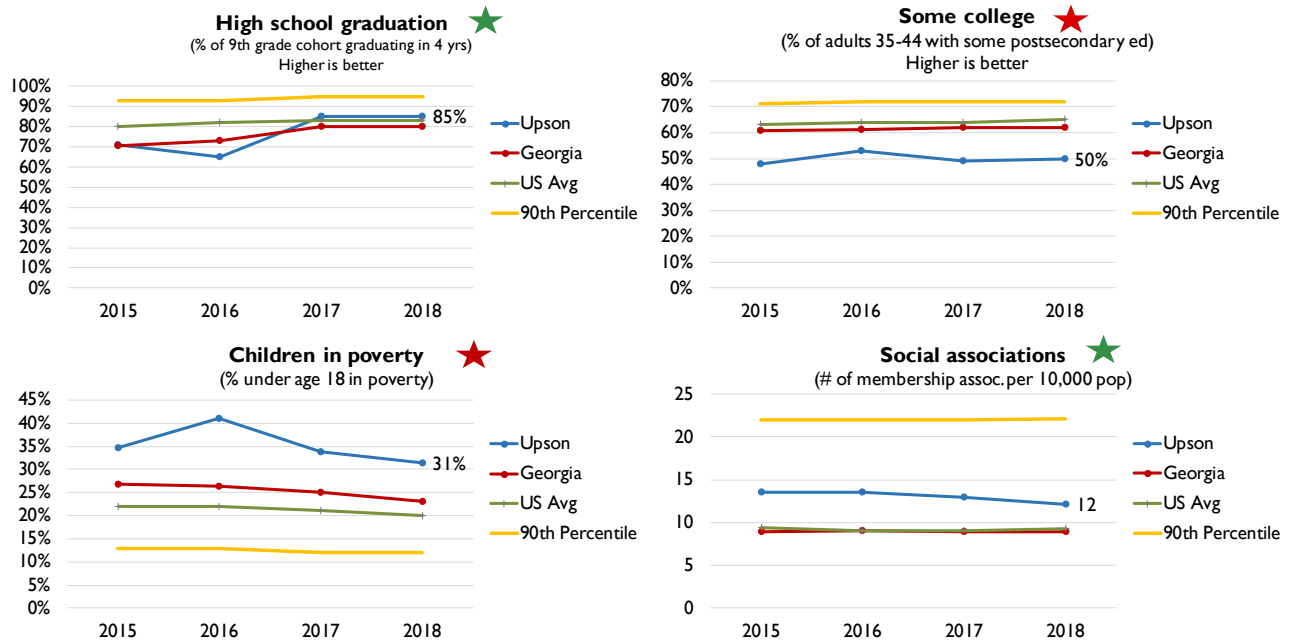
- The percent of population under sixty-five without health insurance was the same as GA but more than the U.S. at 16%. Georgia did not expand Medicaid, therefore their percent uninsured is higher than the U.S.
 - The percent of adults over 20 who had been diagnosed with diabetes, 13%, was higher than GA and the U.S.
 - The percent of diabetic Medicare enrollees receiving diabetic screening was lower than GA and the U.S. at 78%.
 - Mammography screening at 51% was lower than GA and the U.S.
 - The population per primary care physician was higher in Upson County than GA and the U.S. at 1,758 people per primary care physician.
 - The population per dentist was higher in Upson County than GA and the U.S. at 4,389 population per dentist.
 - The population per mental health provider was higher in Upson County than GA and the U.S. at 3,762 population per mental health provider.
-



Photo Credit Upson Regional Medical Center

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Upson County ranked 78th out of 159 Georgia counties.

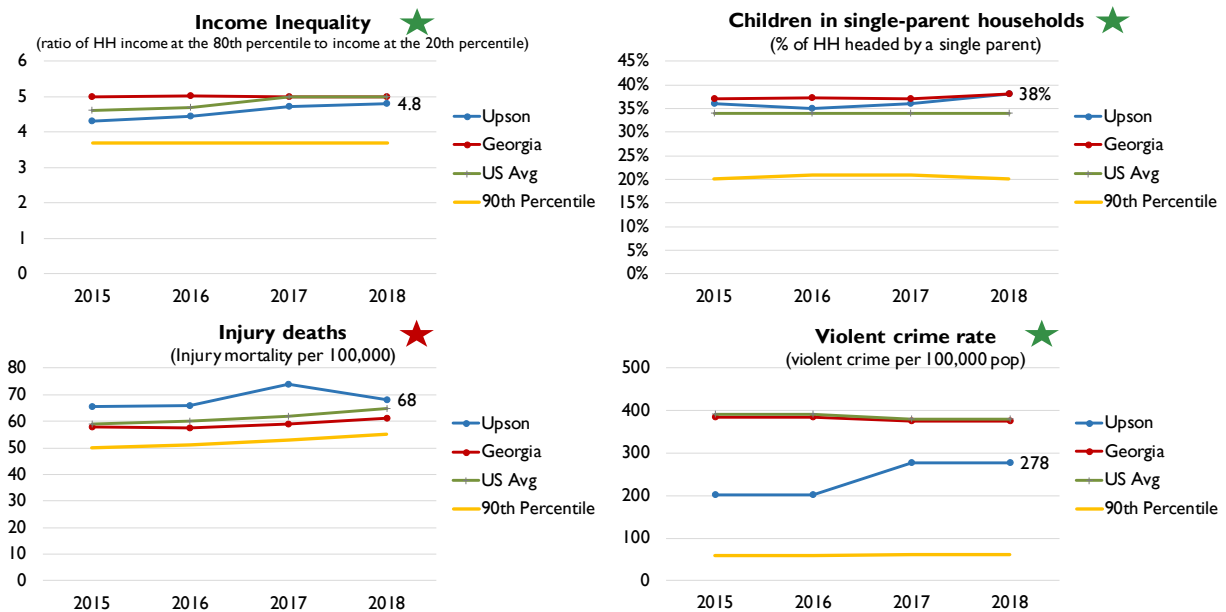


Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2014-2015

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2016

Source: Social associations - County Health Rankings; County Business Patterns, 2015



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2012-2016

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2012-2016

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2012 - 2014

Social & Economic Factors **STRENGTHS**

- High school graduation was higher than GA and the U.S. at 85%.
- Social associations were higher in Upson County than GA and the U.S. at 12 memberships per 10,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- At 4.8, income inequality was slightly lower in Upson County than in GA and the U.S.
- The percentage of children in single-parent households was the same as GA at 38%, but higher than the U.S.
- Violent crime per 100,000 population was lower in Upson County at 278 violent crimes per 100,000 population than in GA and the U.S.

Social & Economic **OPPORTUNITIES**

- The percentage of children in poverty was higher in Upson County (31%) than GA and the U.S.
- The percentage of adults 35-44 years old with some postsecondary education was lower at 50% than GA and the U.S.
- Injury deaths were higher in Upson County (68 per 100,000) than GA and the U.S.
- The poverty rate at 22.7% was higher than GA and the U.S.
- Unemployment was 4.7%, which is higher than GA at 4.3% and the U.S. at 3.9%.
- The median household income was lower at \$36,164 than GA and the U.S.

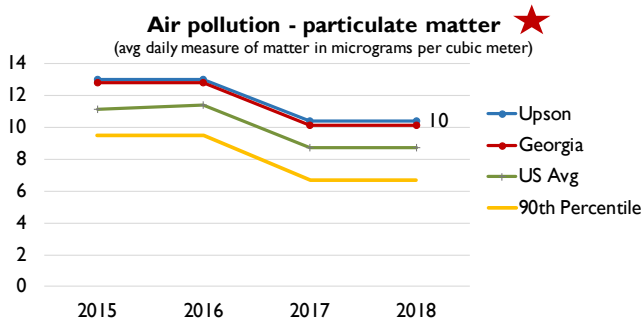


Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Upson County ranked 75th out of 159 Georgia counties in physical environment.

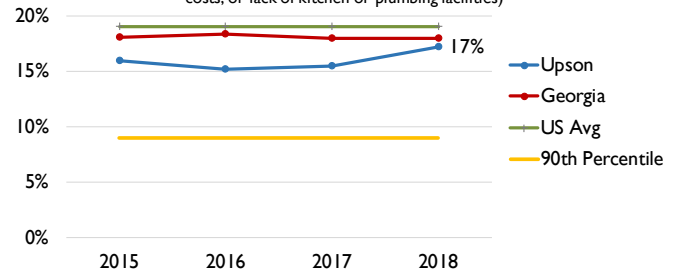
Drinking water violations ★

There were no drinking water violations reported 2015 – 2018 for Upson County



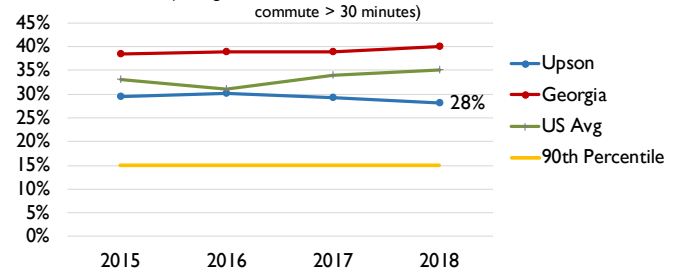
Severe housing problems ★

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



Long commute- driving alone ★

(among workers who commute alone, the % that commute > 30 minutes)



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 016

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2010-2014

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2012-2016

Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2012

Physical Environment STRENGTHS

- Upson County had no drinking water violations, however the focus group and interviews were of the opinion there were water issues.
- Upson County had a lower percentage of severe housing problems than GA and the U.S. at 17%
- 28% of workers who commute alone commute over 30 minutes which is lower than GA, and the U.S.

Physical Environment OPPORTUNITIES

- The average daily measure of matter in micrograms per cubic meter at 10 was higher than GA and the U.S.

There were Four Broad Themes that Emerged in this Process:

- Upson County needs to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the census tracts of Thomaston, may experience lower health status measures.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the county has many assets to improve health.



Photo Credit Upson Regional Medical Center

Results of the CHNA: Community Health Summit Prioritized Needs, Goals and Actions

Prioritization of Health Needs



Photo Credit Upson Regional Medical Center

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

<p>Magnitude / scale of the problem</p>	<p>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</p>
<p>Seriousness of Consequences</p>	<p>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</p>
<p>Feasibility</p>	<p>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</p>

Prioritized Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

- 1(tie). Poverty/jobs**
- 1(tie). Access to care and insurance**
- 2(tie). Obesity – healthy eating, active living**
- 2(tie). Personal responsibility/education**
- 5. Child health**
- 6. Mental health**
- 7. Chronic diseases**
- 8. Substance abuse**

1 (tie). Poverty/Jobs – (25 sticky notes)

- Poverty
- Children in poverty
- Low/no income
- Lack of (higher paying) jobs/employment
- Better jobs and resources to aid low poverty
- Low income – better jobs, more corps come, better tax rates

1 (tie). Access to care and insurance – (25 sticky notes)

- Lack of access to healthcare, preventive services, resources available
- Access to doctors/providers; lack of physicians
- Cost of medications
- Dental care – need more offices, better insurance and oral specialty
- Access to mental health
- Insurance coverage – lack of accepted insurance, cost and affordability
- Access to good, affordable health insurance

2 (tie). Obesity – healthy eating, active living (21 sticky notes)

- Obesity
- Need more public parks and exercise areas
- Healthy eating/exercise/lifestyle
- Free or reduced cost nutritional education programs
- Educate on eating healthy
- Overall health and fitness
- Community exercise programs for seniors and low income

2. (tie). Personal responsibility/education – (21 sticky notes)

- Health education
- Lack of education/knowledge
- Lack of knowledge about available resources
- Personal responsibility/accountability
- People not taking responsibility for their own health
- Lack of personal initiative for health
- Education to public to improve health of the community

5. Child health – (14)

- Child health
- Teen pregnancy
- Child abuse & neglect, including sexual abuse
- Child poverty
- Child health, well-being and malnutrition
- Low birthweight

6. Mental health – (12)

- Mental health VIII
- Mental health resources II
- Grants for mental health
- Mental health – where to go, lack of education, drug addiction
- Bridging the gap of mental health diagnosis and mental health treatment

7. Chronic diseases – (11)

- Chronic diseases – diabetes, high blood pressure,

obesity

- Chronic disease prevention/education/responsibility
- Chronic disease management

8. Substance abuse – tobacco, drugs, alcohol (7)

- Need to find more ways to stop drug & alcohol abuse
- Smoking & Tobacco
- Drug abuse
- Alcohol abuse

Other Issues

- Transportation – senior center, cancer car
- Mammography screening
- Some college- Lack of incentive for younger population to return post-college
- Lack of people who are willing to work, not counted in unemployment numbers, it's hard to recruit employers without a workforce
- Need social interaction venues
- Lack of resources
- Complacency
- More health screenings for better health
- More shelters for battered women
- More homeless shelters



Photo Credit Upson Regional Medical Center

Community Health Summit Brainstorming

Community Assets and How They Can Help

The most significant health needs coalesced into eight categories. Table groups then brainstormed existing community assets and how they could help with their assigned health need. These community assets and suggestions have been organized below.

✔ Significant Health Need 1 tie: Poverty & Jobs

Assets and how they can assist

- Economic Development
- Workforce Development
- Industrial and technical education at High School level
- Educate public as to these needs
- Corporate participation in job fairs and participate in education classes
- Elected bodies of City and County
- Government support and actively participate in changes needed to achieve goals
- In-depth evaluation of needs by school board and leadership to direct participation
- Technical school
- CETA (high school training program)
- STEM program (Science, Technology, Engineering and Math)



Photo Credit Upson Regional Medical Center



Significant Health Need 1 tie: Access to Care/Insurance

Assets and how they can assist

- Connecting resources to people through education
- Media – P.S.A., targeted tools, i.e., what media tool works with what demographic. Facebook, Radio Ads, Instagram
- Going to each provider (medical) in the community, have them do a segment



Significant Health Need 2 tie: Obesity - healthy eating, active living

Assets and how they can assist

- Wellness Center of URMC
- Senior Center – exercise and meals
- Walking trail at Greatest Generation Park
- Civic Center – track, activities
- Hospital dieticians
- Summer meal program through schools
- Community parks/playgrounds
- Silvertown Church Soup Kitchen
- Health Department
- Rock Springs Church
- DFACS – food assistance
- Community food pantry
- Upson County Extension Services
- ACTS outreach



Significant Health Need 2 tie: Personal Responsibility/Education

Assets and how they can assist

- Southern Crescent Technical College
- Gordon College
- Peer mentoring program
- Beyond the Bell
- Church programs
- Start peer programs at middle school level at churches, with facilitators being older youth emphasizing spiritual attributes and health education

✔ Significant Health Need 5: Child Health

Assets and how they can assist

- Division of Family and Children Services
- McIntosh Trail
- Law enforcement
- Upson County Health Department
- Mentoring program
- Heritage (teen pregnancy)
- Upson OB/gyn
- Leadership

✔ Significant Health Need 6: Mental Health

Assets and how they can assist

- Educate community about mental illness, depression, mental health, substance abuse, addictive disorder
 - Improve and offer outpatient services
 - Mobile efforts – out in community to provide screenings
 - Transportation for access to outpatient
 - Access for veterans, improve government funding
 - Open an outpatient clinic – peer crisis team
 - Community support groups
 - Partner with community service board and FQHC
 - Outreach, church groups, support groups
 - Educate community about the resources available
-

Significant Health Need 7: Chronic Diseases

Assets and how they can assist

- Exercise
 - Senior Center
 - Civic Center
 - Wellness Center
 - Gyms – Iron Works, Thomaston Fitness Center
- Dementia
 - Dementia Care
 - McIntosh
 - SilverCare
- Substance Abuse
 - AA
 - Mental health clinic
 - Probate Judge – budget funds for mental health
 - Medication assistance
 - Clinic options
- Cancer
 - Paramedic program/EMS
 - S.U.P.P.O.R.T. – Cancer Car
 - Walk with a Doc
 - Services needed: Counseling for persons with chronic illness/disease or life challenges
 - Population care management – patient follow up

This community input into the community asset inventory was incorporated into the asset listing in the appendix of this document.

Impact of 2015 CHNA and Implementation Plan

Impact

In 2015, the Upson County community prioritized the following priority health needs:

1. Access to Care
2. Obesity
3. Heart Disease and Stroke
4. Diabetes
5. Teen Pregnancy
6. Mental Health
7. Drug Abuse

Upson Regional Medical Center addressed each of the health needs identified in the CHNA. URMIC developed implementation strategies to address each of the health issues identified over the last three years with the exception of mental health, teen pregnancy, and alcohol and drug abuse.

Below is the implementation strategy as well as the results from the last three years.

1. Access to care

- a. Recruit primary care physicians, targeted specialists and mid-level practitioners
- b. Provide charity care
- c. Allocate financial contribution to the public health department for the provision of primary care services
- d. Leverage 340b program to provide prescribed medication upon discharge to under and uninsured persons.

Impact:

Since 2015, Upson has recruited two family practice physicians, a cardiologist, urologist, obstetrician, an audiologist and five advanced practice professionals. Charity care at Upson was about \$14 million annually. Upson did not allocate resources to the local health department for flu shots, as it has done historically, because the health department received funding from elsewhere for the vaccinations.

2. Obesity

- a. Provide healthy eating/active living community education
- b. Conduct Body Mass Index screenings at community health fairs
- c. Partner with Children's Healthcare of Atlanta to offer Strong4Life training and continuing education opportunities for healthcare providers and early childcare educators (www.strong4life.com).

Impact:

Upson's award-winning dietitians implement the quarterly Sodexo community education programming and actively participate in at community events, health fairs and in the Wellness Center to increase awareness of good eating habits and their impacts on health. Upson hosted Children's Healthcare of Atlanta's Strong 4 Life team for provider training and community education.

3. Heart disease and stroke

- a. Implement smoke-free campus and tobacco-free hiring policy
- b. Provide heart disease awareness community education at local churches, representative of the underserved community, and civic clubs
- c. Conduct blood pressure checks at community events
- d. Implement telestroke in the Emergency Department to improve timely diagnosis/treatment

Impact:

Upson implemented a smoke free campus and nicotine free hiring policy in December of 2015 and January of 2016. TeleStroke was implemented in the Emergency Room in January of 2015 and has been utilized at least 64 times since implementation, providing timely consults with neurologists and appropriate administration of tPa. Upson consistently offers blood pressure checks and education at community events and has celebrated Heart Month each February with special programming to increase awareness of heart disease, stroke signs and healthy living.

4. Diabetes

- a. Provide monthly diabetes education on disease management and nutrition
- b. Provide blood glucose screenings at community health fairs
- c. Provide insulin to uninsured/underserved patients
- d. Provide, upon MD referral, one-on-one consults about diabetes disease management
- e. Provide links to online health education resources via www.urmc.org

Impact:

Upson employs a full-time certified diabetes educator who assists inpatients and outpatients alike with diabetic education and supplies for those in need. In addition, Upson offers two diabetes education classes staffed by a certified diabetes educator and register dietician to help diabetic patients with nutrition and lifestyle. The classes average around 200 attendees annually. Also, each year our CDE provides one-on-one consults with an average of 110 patient visits each year.

Upson Regional did not create specific implementation plans for the following strategies:

1. Teen pregnancy

There is a lack of community consensus on the recommended curriculum for sex education. This lack of consensus creates a barrier to the hospital directly addressing the need. A partnership between the school system and public health would better serve this identified need. The hospital will work to ensure our physicians are a part of the partnership.

2. Mental health

The community prevalence of mental health issues is relatively small in number of persons affected. URMC is an acute care hospital that provides emergency care for mental health conditions, often on a charity care basis. URMC does not have the specialized staff and physician resources needed to address mental health issues. McIntosh Trail and Pathways (Barnesville) currently provide focused

mental health services to the community. The hospital will develop a resource directory for the community to help individuals navigate the healthcare system as it relates to mental health. The hospital will continue to meet the acute care and emergency care needs of mentally ill patients in the community, with referrals to specialized mental health providers when appropriate.

3. Alcohol and drug abuse

Substance abuse treatment and prevention is beyond the scope of the hospital. URMC is an acute care hospital that provides emergency care for mental health conditions, often on a charity care basis. However, URMC does not have the staff and physician resources available to address alcohol and drug abuse health issues on a specialized basis. McIntosh Trail and Pathways (Barnesville) currently provide addictive disease-related health services to the community. The community would be better served by an organization that directly addresses this health concern. The hospital will provide a resource directory for the community to help individuals navigate the healthcare system as it relates to alcohol and drug abuse.



Photo Credit Upson Regional Medical Center

Community Assets and Resources

Community Asset Inventory

A list of community assets and resources are included in a separate document.

Community Health Needs Assessment for Upson County

completed by Upson Regional Medical Center in partnership with:

Stratasan



UPSON
Regional Medical Center

