

CLINCH MEMORIAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT



2019

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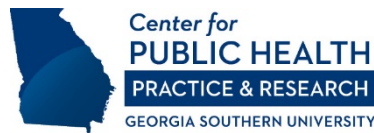
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Table of Contents

1	EXECUTIVE SUMMARY.....	7
2	PURPOSE	7
3	METHODOLOGY	7
3.1	DATA ANALYSIS.....	7
3.2	RANKING STRATEGIC PRIORITIES	8
3.3	IMPLEMENTATION PLANNING	8
4	SECONDARY DATA ANALYSIS.....	9
4.1	POPULATION DEMOGRAPHICS OF PRIMARY SERVICE AREA	9
4.2	HEALTH NEEDS AND HEALTH OUTCOMES	10
4.2.1	<i>Community Need Index</i>	<i>10</i>
4.2.2	<i>Health Behaviors</i>	<i>11</i>
4.2.3	<i>Morbidity</i>	<i>12</i>
4.2.4	<i>Mortality</i>	<i>17</i>
4.3	HEALTH CARE ACCESS AND UTILIZATION	18
4.3.1	<i>Access to Providers and Services</i>	<i>18</i>
4.3.2	<i>Use of Preventative Services</i>	<i>19</i>
4.3.1	<i>Hospital Utilization</i>	<i>20</i>
5	COMMUNITY SURVEY	21
5.1	HEALTH STATUS.....	21
5.2	COMMUNITY PERCEPTION.....	24
5.2.1	<i>General Community Perception</i>	<i>24</i>
5.2.2	<i>Community Perception Concerning Health Care Services</i>	<i>25</i>
5.3	SUMMARY OF COMMUNITY SURVEY.....	26
6	COMMUNITY FOCUS GROUPS	28
6.1	PARTICIPANTS' CHARACTERISTICS	28
6.2	RESULTS	28
6.3	CONCLUSION	33
7	IMPLEMENTATION PLAN	34
7.1	INTRODUCTION.....	34
7.2	METHODS	34
7.3	RESULTS	34
8	HEALTHCARE RESOURCE LISTING.....	36

Tables

Table 1. Population Demographics, Clinch County, 2018	9
Table 2. Population Trends, 2010 – 2017	10
Table 3. Morbidity Indicators.....	13
Table 4. Age-Adjusted All-Cause Death Rate.....	17
Table 5. Provider Supply (2015-2017).....	18
Table 6. Demographic Characteristics of Survey Respondents	21
Table 7. Implementation Plan	35

Figures

Figure 1. Health Behaviors and Sexual Health Providers.....	12
Figure 2. Trends in Hospital Discharges for Cancers	13
Figure 3. Trends in Hospital Discharges for Cardiovascular and related Diseases.....	14
Figure 4. Trends in Hospital Discharges for Respiratory Disorders	15
Figure 5. Trends in Hospital Discharges for Other Selected Conditions	16
Figure 6. Age-Adjusted All-Cause Death Rate	17
Figure 7. Significantly High Causes of Death: Clinch County.....	18
Figure 8. Trends in Uninsurance.....	19
Figure 9. Utilization of Preventative Services	19
Figure 10. Trends in Inpatient Utilization.....	20
Figure 11. Trends in Emergency Department Utilization	20
Figure 12. Self-Reported Health Status.....	22
Figure 13. Most Common Chronic Conditions	22
Figure 14. Issues Affecting Quality of Life	23
Figure 15. Causes of Illness and Death in the Community.....	23
Figure 16. Community Perceptions	24
Figure 17. Access to Reliable Transportation.....	24
Figure 18. Substance Abuse in the Community.....	25
Figure 19. Community Perceptions Concerning Health Care Services	25
Figure 20. Community Perceptions Concerning Health Care Services at Clinch Memorial Hospital.....	26
Figure 21. Unmet Need for Health Services	26

1 EXECUTIVE SUMMARY

Clinch Memorial Hospital, a Critical Access Hospital (CAH) in Clinch County of Georgia, partnered with the Center for Public Health Practice and Research at Georgia Southern University to conduct a community health needs assessment. This needs assessment is in fulfillment of an IRS mandate for non-profit organizations and to enhance community engagement.

2 PURPOSE

The purpose of this report is to summarize the findings from the Community Health Needs Assessment (CHNA) for Clinch Memorial Hospital. The CHNA fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every three years. In addition to fulfilling the IRS requirement, this assessment is an opportunity for the hospital to enhance its engagement with the community members and provide information on services currently offered at the hospital.

3 METHODOLOGY

Both primary and secondary data were used in this assessment. Secondary data, discussed in Section 4, provided context for assessing primary data. Sources of this secondary data included the US Census Bureau, the Area Resource File, Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS) and County Health Rankings. The most recently available data were obtained from all data sources. Primary data included a community survey, discussed in Section 5, and focus groups, discussed in Section 6. The project team worked with hospital leadership and the community advisory board (CAB) to distribute surveys as widely as possible and to recruit community members for focus groups. Findings from these three data sources served as the basis for the CAB's identification and prioritization of community health access needs, as well as provided suggested solutions to answer these needs.

3.1 DATA ANALYSIS

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviations. Analyses were completed using the STATA 15 software package. Charts and graphs were created using Microsoft Excel 2016 Software. Data were spatially visualized using Tableau 2019.1 data visualization software. Qualitative data from the key informant open-ended survey were analyzed using the NVIVO12 qualitative analysis software.

3.2 RANKING STRATEGIC PRIORITIES

The project team facilitated an interactive implementation planning meeting with hospital leadership and CAB members. The top community health issues areas were identified through brainstorming and further refined through consensus building. The resulting priority areas were identified as the final prioritized community health issues for the development of the implementation plan.

3.3 IMPLEMENTATION PLANNING

For each of the top selected priority areas, participants worked together through discussion and consensus building to articulate action steps for addressing each issue. The resulting implementation plan is presented in Section 7.

SERVICE AREA

Clinch Memorial Hospital's primary service area is comprised of Clinch County.



4 SECONDARY DATA ANALYSIS

4.1 POPULATION DEMOGRAPHICS OF PRIMARY SERVICE AREA

A comparison of population demographics between Clinch County and the state of Georgia is represented in Table 1. Both the proportion of residents 18 years and younger and that of the elderly is slightly larger in Clinch County than in the state population (25.9% versus 24.1% and 15.9% versus 13.5%, respectively). Clinch County has a less diverse population with the proportion of African-American residents being 4.2% less than the state level. Additionally, the Hispanic population is 4 percentage points less than what is observed in the state demographics. Unemployment rate is higher in Clinch County (5.5% versus 4.7%), and the percentage of the population living in poverty is almost double that of the state (26.0% versus 14.9%). Additionally, the per capita income in Clinch County trails the state level per capita income by almost \$10,000.

Table 1. Population Demographics, Clinch County, 2018

Indicator	Clinch	Georgia
Population	6,727	10,519,475
% below 18 years of age	25.9	24.1
% 65 and older	15.9	13.5
% Non-Hispanic African American	27.1	31.3
% American Indian and Alaskan Native	0.9	0.5
% Asian	0.3	4.2
% Native Hawaiian or Other Pacific Islander	0.1	0.1
% Multi-racial/Other	1.8	2.1
% Hispanic	5.7	9.7
% Non-Hispanic white	65.0	52.8
% Females	51.0	51.3
% High School graduate or higher, age 25+	73.6	86.3
Unemployment Rate	5.5	4.7
% Below Poverty Level	26.0	14.9
Per capita Income (\$)	16,912	26,678
% Foreign Born	2.9	9.8
% Language Other than English Spoken at Home	4.6	13.9

Data sources: (1) Georgia Department of Public Health Online Analytical Statistical Information system: Population Web Query (2017 data: population size, population by age and race). (2) US Census Bureau Quick Facts (2012-2016 data: educational attainment, poverty rate, per capita income, foreign-born population and language spoken at home). (3) Bureau of Labor Statistics (2017 data: unemployment rates).

Population Change

Between 2010 and 2017, overall population growth slightly declined in Clinch County, despite an overall 7.4% increase in the state. Over this time period, Clinch County experienced a decrease in the proportion of children under 18 years, non-Hispanic White and non-Hispanic Black populations. The growth observed for the elderly population and other non-Hispanic racial groups was lower than state growth rate for these population sub-groups. On the other hand, there was significant growth in the in Hispanic population, greater than the increased growth rate for this sub-population at the state level (Table 2).

Table 2. Population Trends, 2010 – 2017

Indicator	Clinch County	Georgia
Total Population	-1.1%	+7.4%
Population ≤ 18 years old	-4.9%	+0.6%
Population ≥ 65 years	+22.7%	+35.7%
Hispanic Population	+64.3%	+17.0%
Non-Hispanic White Population	-3.4%	+1.4%
Non-Hispanic African American Population	-5.0%	+11.5%
Other Groups	+20.3%	+31.4%

Data source: Georgia Department of Public Health Online Analytical Statistical Information system: Population Web Query, 2010-2017

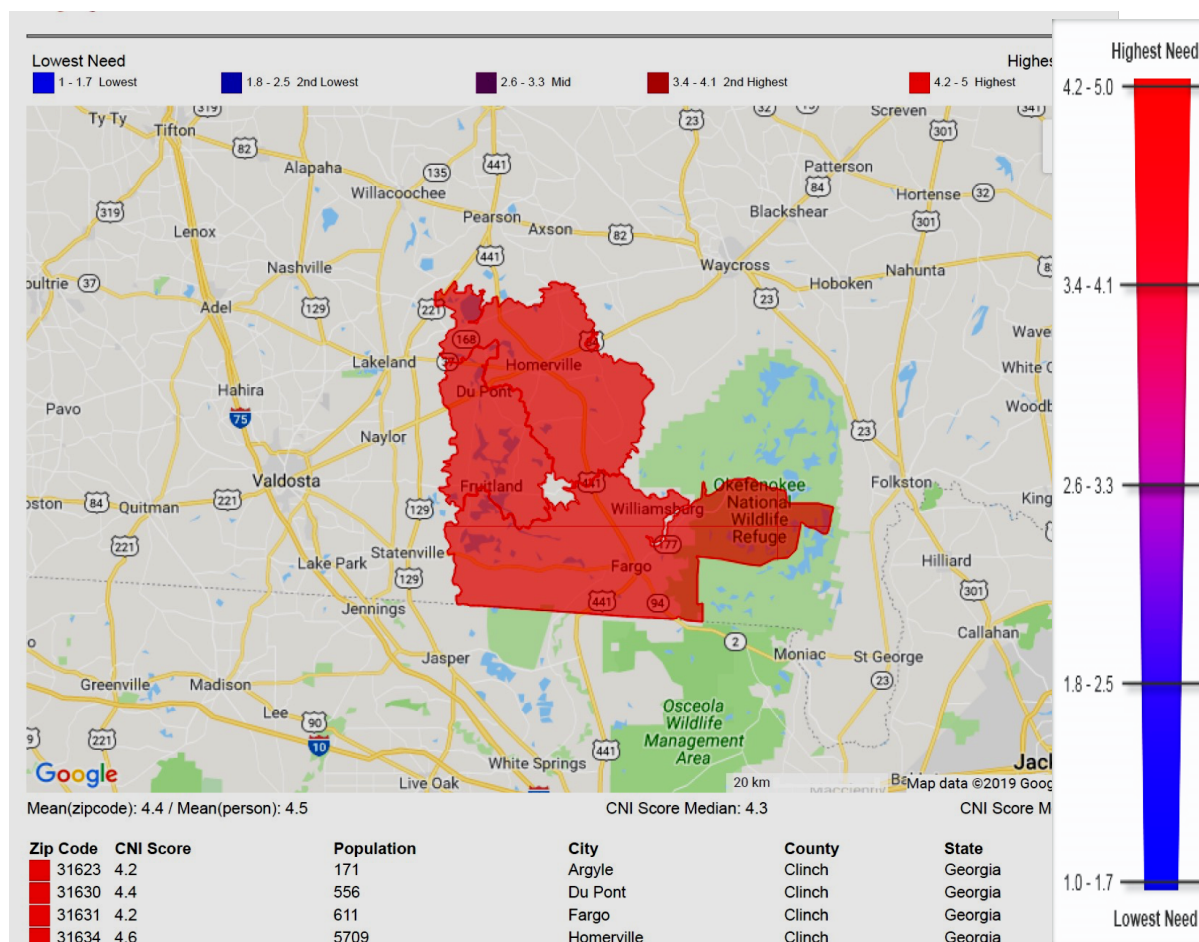
4.2 HEALTH NEEDS AND HEALTH OUTCOMES

4.2.1 Community Need Index

The community need index (CNI) was developed by Dignity Health and Truven Health¹ to serve as a composite measure of community need. The CNI is an average score of five different socio-economic barrier scores including income barrier (e.g., indicator is the percentage of families with children below the poverty line), cultural barrier (e.g., indicator is the percentage of the population that is minority), education barrier (e.g., indicator is the percentage of population over 25 without a high school diploma), insurance barrier (e.g., indicator is the percentage of population without health insurance) and housing barrier (e.g., indicator is the percentage of households renting their home). The CNI methodology has been previously reported¹.

¹ Truven Health Analytics. Community Need Index Methodology and Source Notes. Retrieved from http://cni.chw-interactive.org/Truven%20Health_2015%20Source%20Notes_Community%20Need%20Index.pdf

Based on the CNI¹ (below), all zip codes in Clinch County are identified as having high community need.

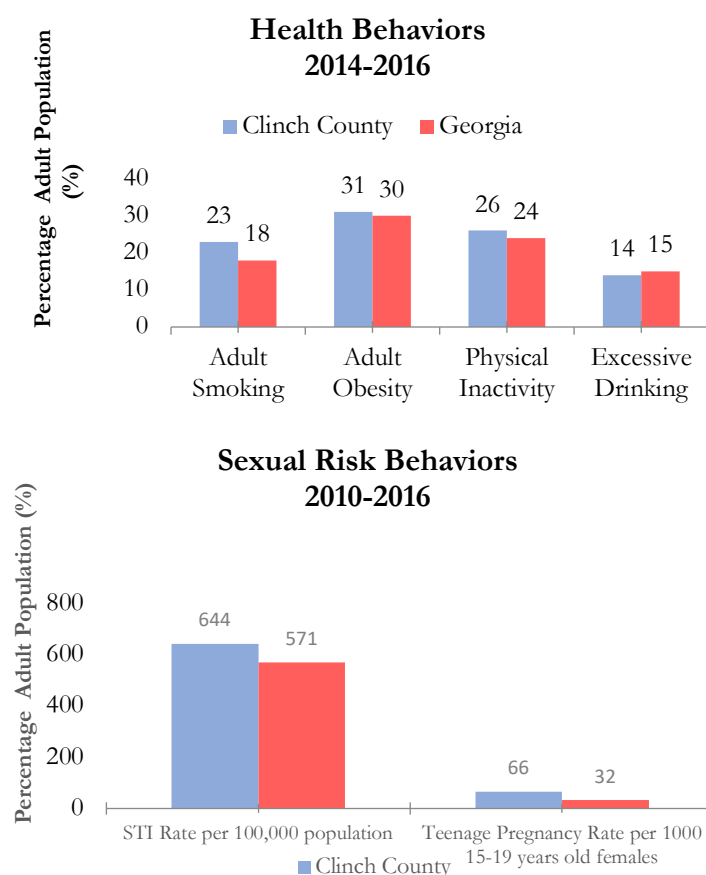


4.2.2 Health Behaviors

Overall, harmful health behaviors were found to be more prevalent in Clinch, with the exception of excessive drinking, as depicted in Figure 1 below. More adults in Clinch County engage in smoking (23% versus 18% for state), qualify as being obese (31% versus 30% for state) and are more physically inactive (26% compared to 24% in the state). As with most of the other observed health behaviors, sexual health behaviors such as rates of sexually transmitted infections and teenage pregnancy rates are higher in the county than what is obtained at the state level (Figure 1).

¹ Truven Health Analytics. Community Need Index Methodology and Source Notes. Retrieved from [http://cni.chw-interactive.org/Truven%20Health 2015%20Source%20Notes Community%20Need%20Index.pdf](http://cni.chw-interactive.org/Truven%20Health%202015%20Source%20Notes%20Community%20Need%20Index.pdf)

Figure 1. Health Behaviors and Sexual Health Providers



Data Source: 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (Data Years: smoking and excessive drinking (2016); obesity and physical inactivity (2014), STI (2015), Teenage Pregnancy (2010-2016))

4.2.3 Morbidity

The prevalence of obesity, diabetes, and cancer in Clinch County are higher than the corresponding average rates in the state, suggestive of a greater chronic disease burden in the area (Table 3). The HIV burden is lower in Clinch County with a lesser prevalence of the infection (520 per 100,000 residents versus 588 Georgians). The proportion of Clinch County residents who reported being in poor or fair health is higher, compared to the state. Residents of Clinch County reported 4.8 poor physical health days in the last 30 days, exceeding the state-level average of 3.8 days. The residents also reported being mentally unhealthy on 4.5 days, in the last 30 days, 0.7 more than the state-level average.

Table 3. Morbidity Indicators

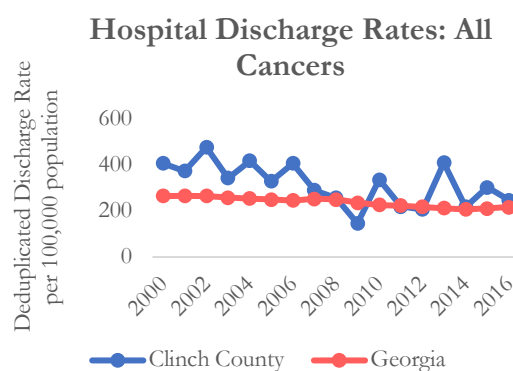
Indicator	Measurement	Clinch	Georgia
Obesity Prevalence (2014)	Percentage of adults that report BMI ≥ 30	34.0	30.0
Diabetes Prevalence (2014)	Percentage of adults diagnosed with diabetes	13.0	12.0
Low Birthweight (2010-2016)	Percentage of births with low birth weight ($<2500\text{g}$)	11.0	10.0
Age-Adjusted Cancer Rates, All Sites (2011-2015)	Annual Incidence Rate per 100,000 persons	479.2	454.6
HIV Prevalence Rate (2015)	Per 100,000 persons	520.0	588.0
Poor or Fair Health (2016)	Percentage reporting to be in poor or fair health	25.0	19.0
Poor Physical Health Days (2016)	Average number of physically unhealthy days reported in the past 30 days	4.8	3.8
Poor Mental Health Days (2016)	Average number of mentally unhealthy days reported in the past 30 days	4.5	3.8

Data sources: (1) National Cancer Institute and the Center for Disease Control and Prevention State Cancer Profiles (cancer rates). (2) The 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (all other variables).

Cancer

In comparison to the state, hospitalization rates for all cancers in Clinch County are typically higher than cancer hospitalization rates in Georgia, with the exception of 2009 (Figure 2).

Figure 2. Trends in Hospital Discharges for Cancers

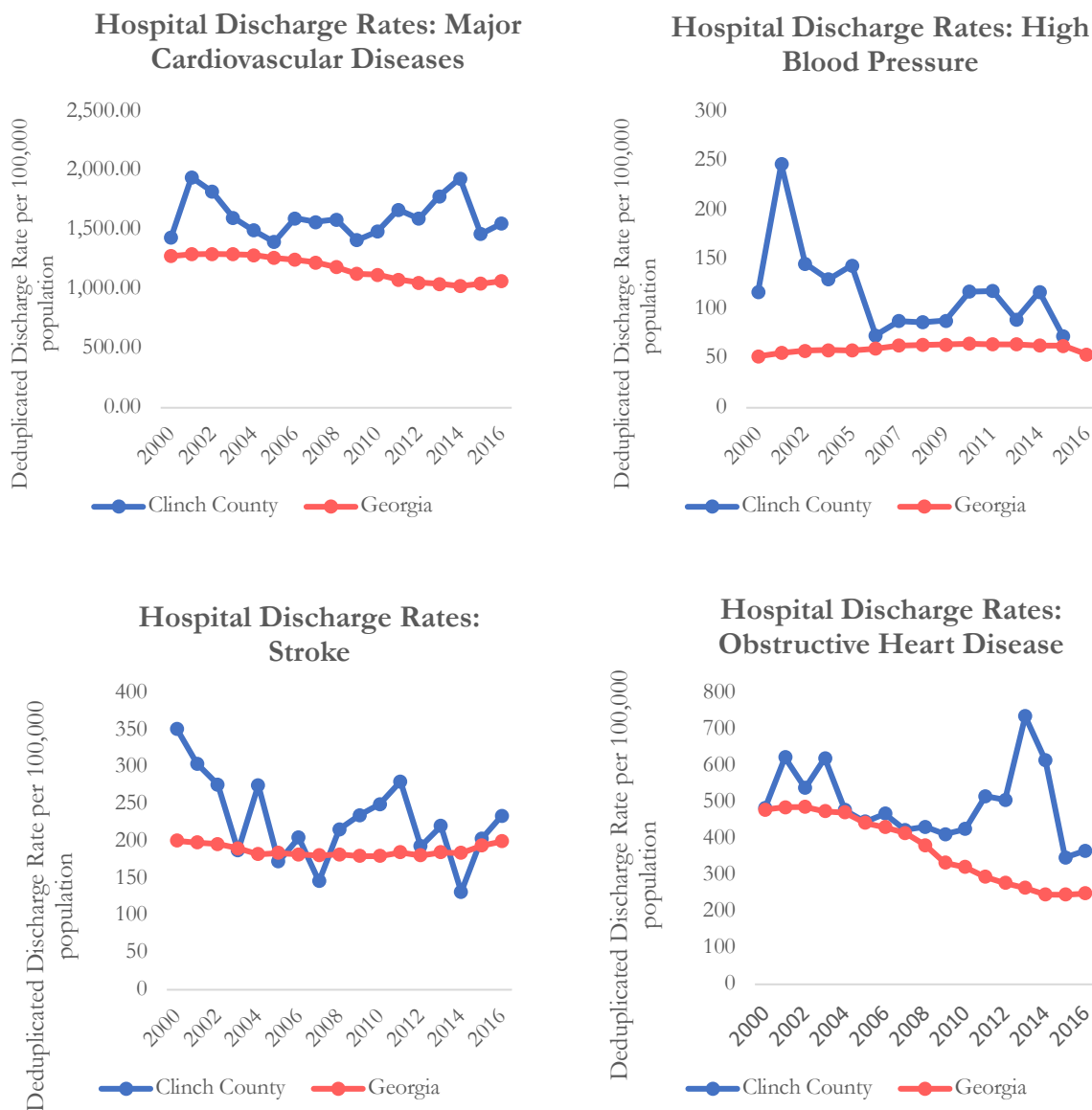


Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

Cardiovascular Diseases

Data on rates of hospitalization for cardiovascular disease and hospitalizations is shown in Figure 2. Since 2000, hospitalization for major cardiovascular diseases has been consistently higher in Clinch County as opposed to the state, especially for high blood pressure and obstructive heart disease (Figure 3).

Figure 3. Trends in Hospital Discharges for Cardiovascular and related Diseases

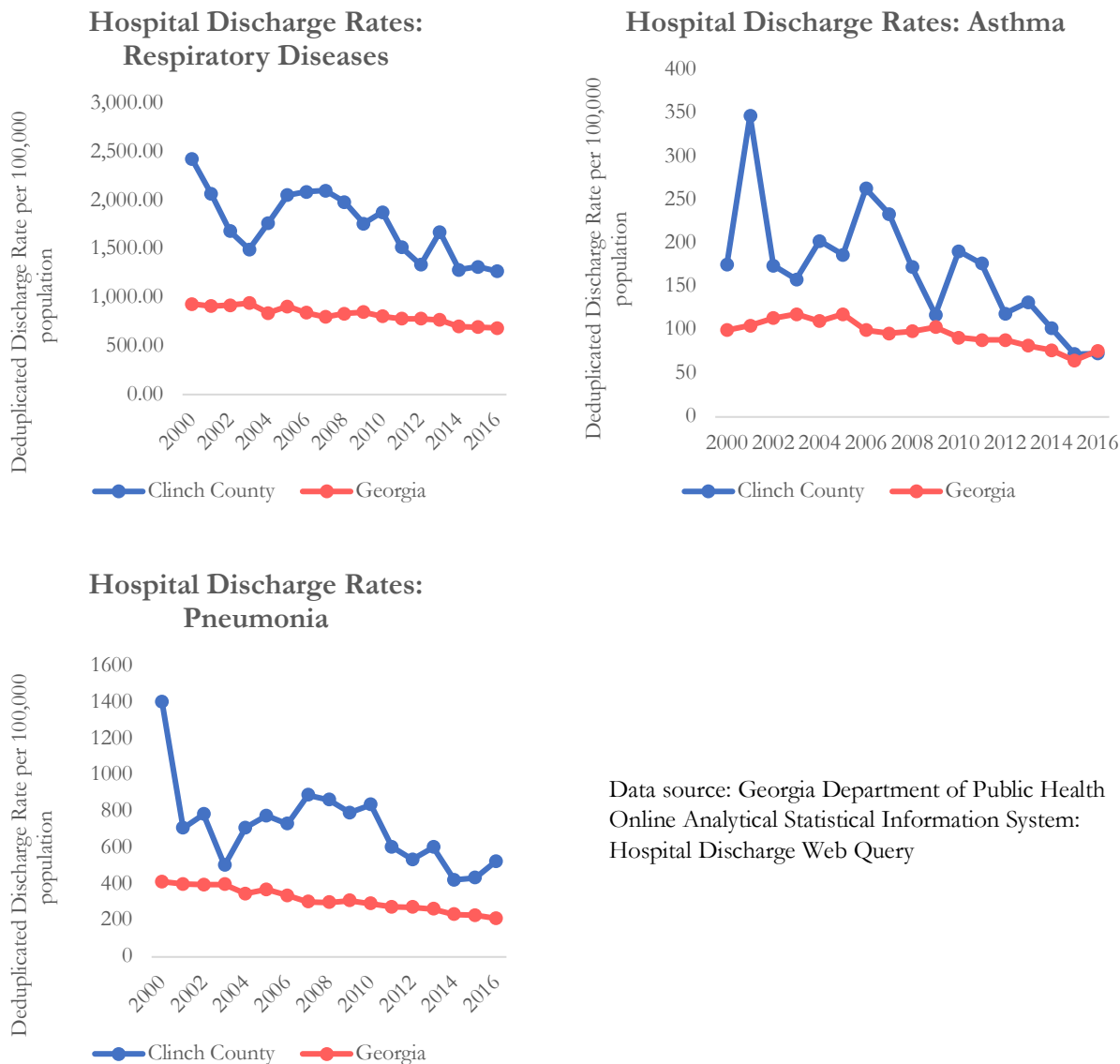


Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Hospital Discharge Web Query

Respiratory Disorders

Similarly, the hospitalization rates for respiratory diseases in Clinch County are generally higher in comparison to the rates in the state. The rates for asthma have mostly declined in Clinch County since 2010, however 2016 data shows a slight increase from the previous year (2015). Pneumonia hospitalization rates in Clinch County increased between 2013 and 2016, contrary to the decline observed at the state level within same period (Figure 4).

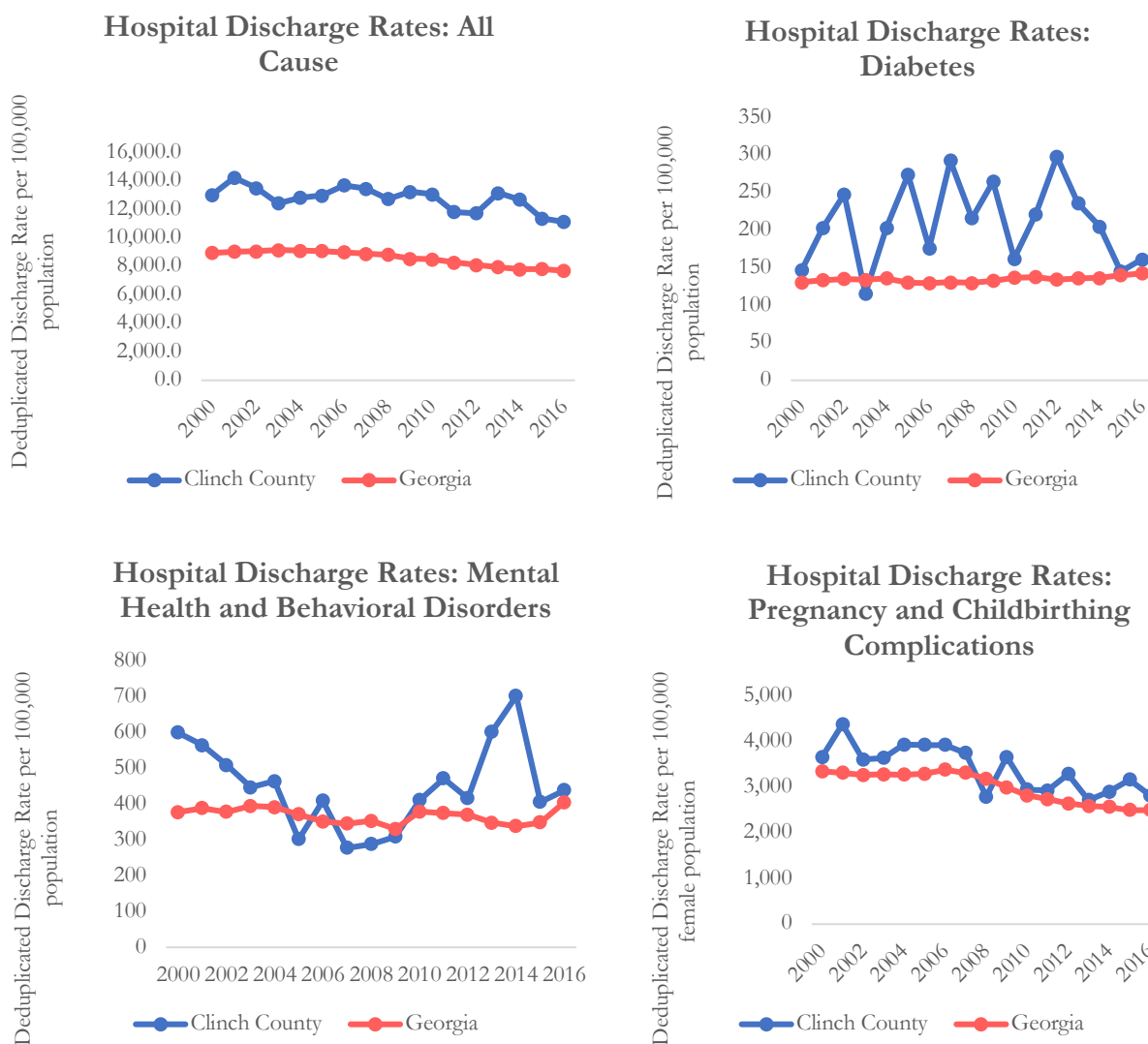
Figure 4. Trends in Hospital Discharges for Respiratory Disorders



Other Selected Conditions

Hospitalization rates for diabetes in Clinch County have remained significantly higher than the rates of Georgia as a whole. The trend shows intermittent declines and increases with an overall significant decline between 2013 and 2015. This is different from the more stable trend seen in the state. Hospitalization rates for mental health disorders have been generally higher in the service area. There was a significant increase in hospitalizations for mental health disorders in Clinch County between 2008 and 2014 followed by a substantial decline in 2015. However, the rate is beginning to rise in 2016. Hospitalization for pregnancy and birth complications have remained slightly higher than the state level (Figure 5).

Figure 5. Trends in Hospital Discharges for Other Selected Conditions

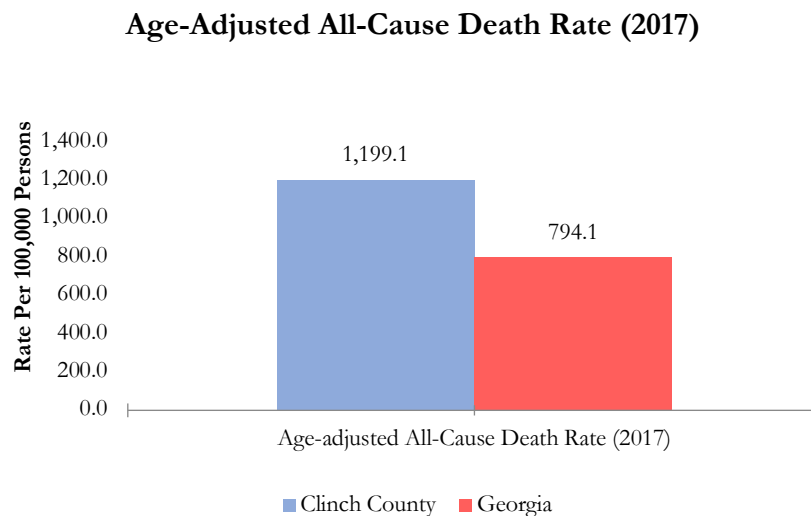


Data source: Georgia Department of Public Health Online Analytical Statistical Information System
Hospital Discharge Web Query

4.2.4 Mortality

The age-adjusted all-cause death rate is higher in Clinch County than in the state (Figure 6). Ischemic Heart and Vascular Disease and Malignant Neoplasms of the trachea, bronchus and lung are the top two causes of death in Clinch County. Alzheimer's disease, cerebrovascular disease and all COPD except asthma are the 3rd, 4th and 5th causes of death in Clinch County, respectively. The top 10 causes of death for Clinch County and the corresponding rank at the state level are provided in Table 4.

Figure 6. Age-Adjusted All-Cause Death Rate



Data source: Georgia Department of Public Health Online Analytical Statistical Information System

Table 4. Age-Adjusted All-Cause Death Rate

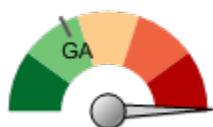
Causes of death	Clinch Rank	Georgia Rank
Ischemic Heart and Vascular Disease	1	1
Malignant Neoplasms of the Trachea, Bronchus and Lung	2	2
Alzheimer's Disease	3	6
Cerebrovascular Disease	4	4
All COPD Except Asthma	5	3
Septicemia	6	12
Pneumonia	7	14
Nephritis, Nephrotic Syndrome and Nephrosis	8	9
Diabetes Mellitus	9	8
All Other Mental and Behavioral Disorders	10	5

Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Community Health Needs Assessment Dashboard

Compared to the state, death rates from Ischemic Heart and Vascular disease are significantly higher in Clinch County. The rates observed are significantly higher than expected (Figure 7).

Figure 7. Significantly High Causes of Death: Clinch County

Ischemic Heart and Vascular Disease



Data source: Georgia Department of Public Health Online Analytical Statistical Information System: Community Health Needs Assessment Dashboard

4.3 HEALTH CARE ACCESS AND UTILIZATION

4.3.1 Access to Providers and Services

The healthcare provider-to-patient ratio in Clinch County indicates a significant shortage of health care providers in the hospital's service area. This is reflected in the lower supply of primary care providers and dentists compared to the state average (Table 5).

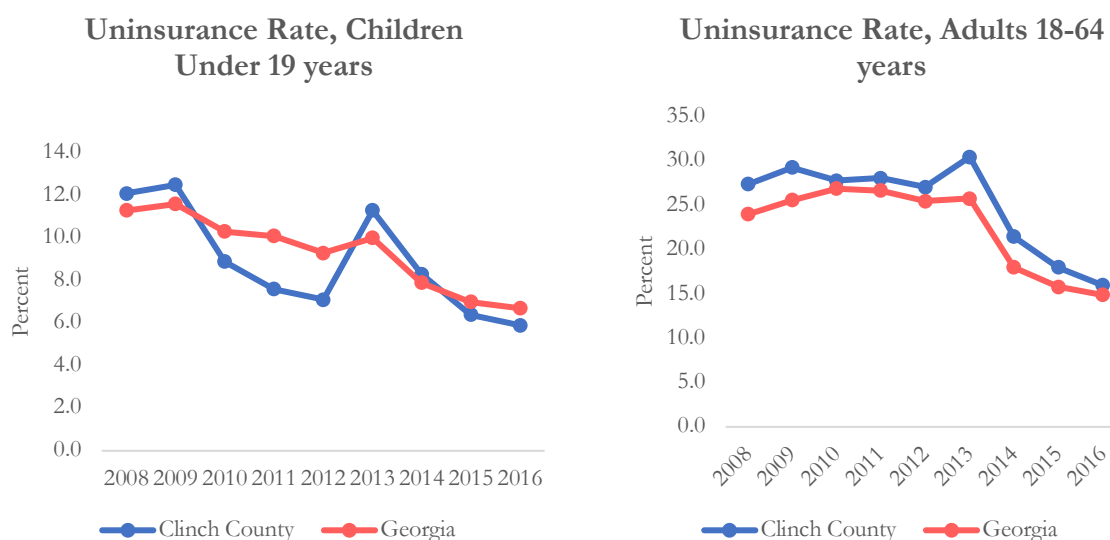
Table 5. Provider Supply (2015-2017)

Indicator	Measurement	Clinch	Georgia
Primary Care Physician Rate (2015)	Ratio of population to primary care physicians	6893:1	1519:1
Other Primary Care Provider Rate (2017)	Ratio of population to primary care providers, other than physicians	3415:1	1146:1
Mental Health Provider Rate (2017)	Ratio of population to mental health providers	N/A	829:1
Dentist Rate (2016)	Ratio of population to dentists	6829:1	1984:1

Data source: The 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (all other variables).

The uninsurance rate of adults in Clinch County from 2008 to 2016 trended lower, but were consistently slightly higher than that of adults statewide. The uninsured rate of children in Clinch County from 2008 to 2016 also trended lower, and dropped below that of children statewide in 2015 and 2016 (Figure 8).

Figure 8. Trends in Uninsurance

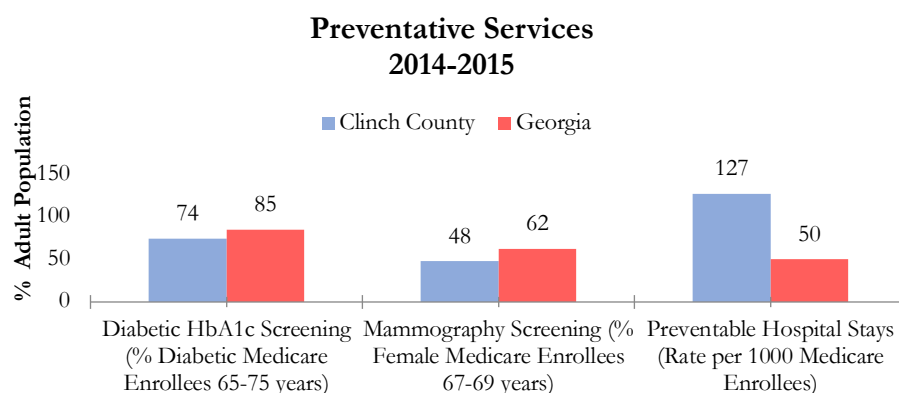


Data source: Small Area Health Insurance Estimates from the Census Bureau.

4.3.2 Use of Preventative Services

Diabetes HbA1c screening and mammography screening rates are lower in Clinch County compared to the state, and the rate of preventable hospital stays (i.e. conditions that respond to timely and effective care in an outpatient setting) in Clinch County is over double that of the state. This suggests both inadequate utilization of preventative services within the hospital's service area and increased admissions of cases that could be treated on an outpatient basis (Figure 9).

Figure 9. Utilization of Preventative Services

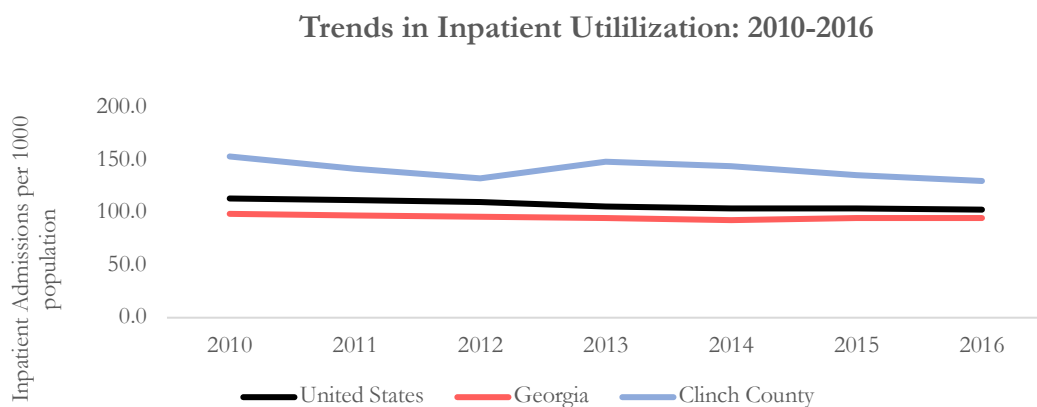


Data Source: 2018 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Data Year: Diabetic Screening and Mammography Screening (2014), Preventable Hospital Stays (2015)

4.3.1 Hospital Utilization

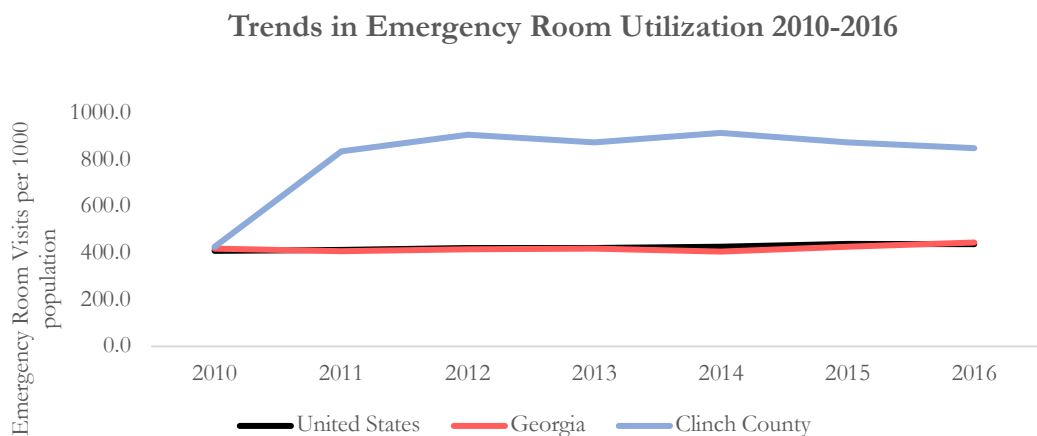
Inpatient utilization by Clinch County residents declined between 2010 and 2012, followed by a slight increase in 2013. While the rate has continued to decline since 2013 and is similar to national and statewide trends, the inpatient utilization in the hospital's service area remained higher than inpatient utilization at the state and national levels (Figure 10). Although there had been an increased utilization of emergency departments in Clinch County between 2010 and 2014, the rates have declined since 2014. Consistently, however, emergency department utilization in Clinch County is approximately twice the state and national rates (Figure 11).

Figure 10. Trends in Inpatient Utilization



Data Source: County data from Georgia Department of Community Health Annual Hospital Survey, 2010-2016. National and State data from the Kaiser Family Foundation, available at: <http://kff.org/other/state-indicator/admissions-by-ownership/>

Figure 11. Trends in Emergency Department Utilization



Data Source: County data from Georgia Department of Community Health Online Analytical Statistical Information System. National and State data from the Kaiser Family Foundation, available at: <http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/>

5 COMMUNITY SURVEY

One hundred and sixty-one community surveys were completed and returned through a combination of online and paper distribution. Demographics of the survey respondents are provided in Table 6.

Table 6. Demographic Characteristics of Survey Respondents

		Frequency (N)	Percentage (%)
Gender	Male	44	27.3
	Female	117	72.7
Age	Under 35 years	34	21.0
	35-44 years	46	28.4
	45-54 years	39	24.1
	55-64 years	30	18.5
	65-74 years	12	7.4
	75 years and older	1	0.6
Race	Non-Hispanic Black	39	24.8
	Non-Hispanic White	100	63.7
	Hispanic	16	10.2
	Non-Hispanic Other	2	0.01
Education	Less than High School	12	7.5
	High School graduate or GED	41	25.6
	Some College or Associate Degree	62	38.8
	Bachelor Degree	24	15.0
	Graduate or Advanced Degree	21	13.1
Marital Status	Married/Partnered	111	68.9
	Divorced/Separated	22	13.7
	Widowed	4	2.5
	Single/Never Married	21	13.0
	Other	3	1.9
Household Income	Below \$12,000	6	3.8
	\$12,001 - \$20,000	10	6.3
	\$20,001 - \$28,000	26	16.3
	\$28,001 - \$36,000	16	10
	\$36,001 - \$40,000	5	0.6
	Above \$40,000	71	44.4
	Refused/Don't Know/Missing	31	19.4
Employment Status	Full-time	131	82.4
	Part-time	6	3.8
	Retired	14	8.8
	Unemployed	8	5.0

5.1 HEALTH STATUS

Over half of the survey respondents (74.6%) described their health as very good or excellent (Figure 12). The most common chronic conditions of respondents include obesity, hypertension, and high cholesterol. A small portion of the population (11.3%) reported

suffering from no chronic conditions at all (Figure 13). Issues affecting quality of life, from the respondents' perspective, included drug and alcohol, limited job opportunities, and poverty (Figure 14). Respondents reported that the leading causes of death in the county included cancer, cardiovascular disease, and diabetes (Figure 15).

Figure 12. Self-Reported Health Status

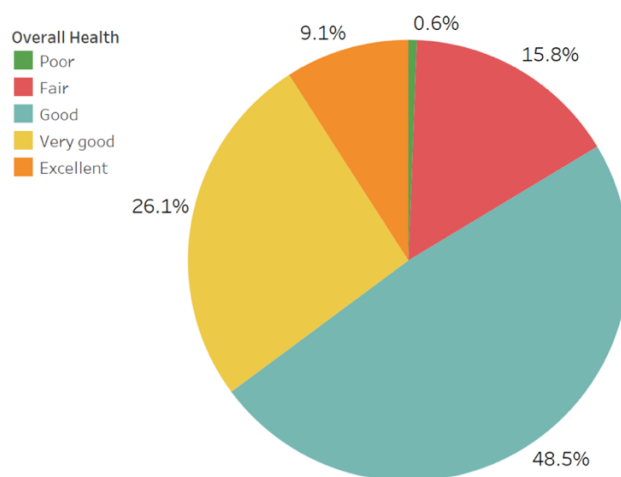


Figure 13. Most Common Chronic Conditions

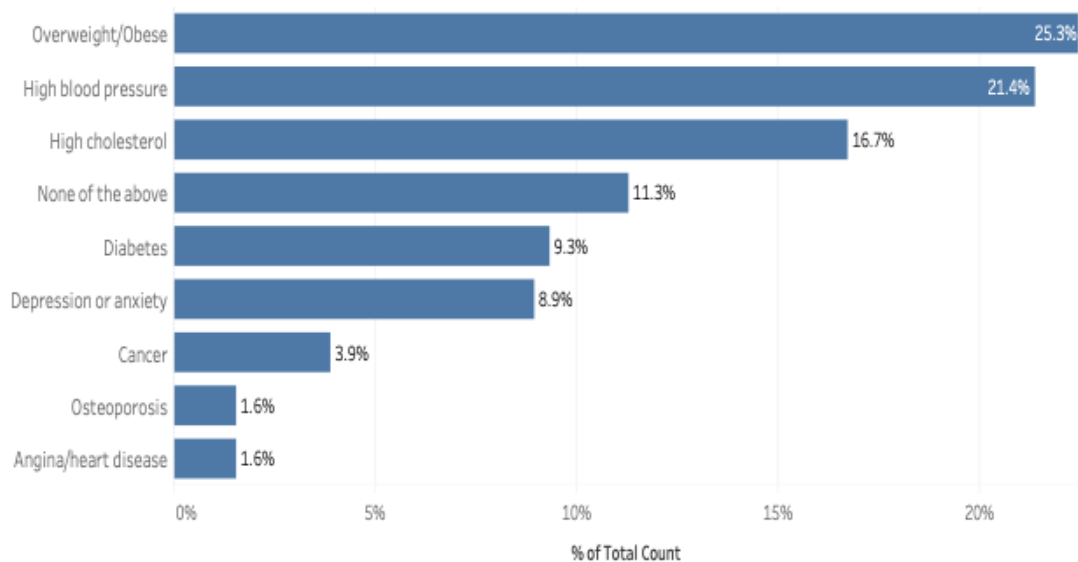


Figure 14. Issues Affecting Quality of Life

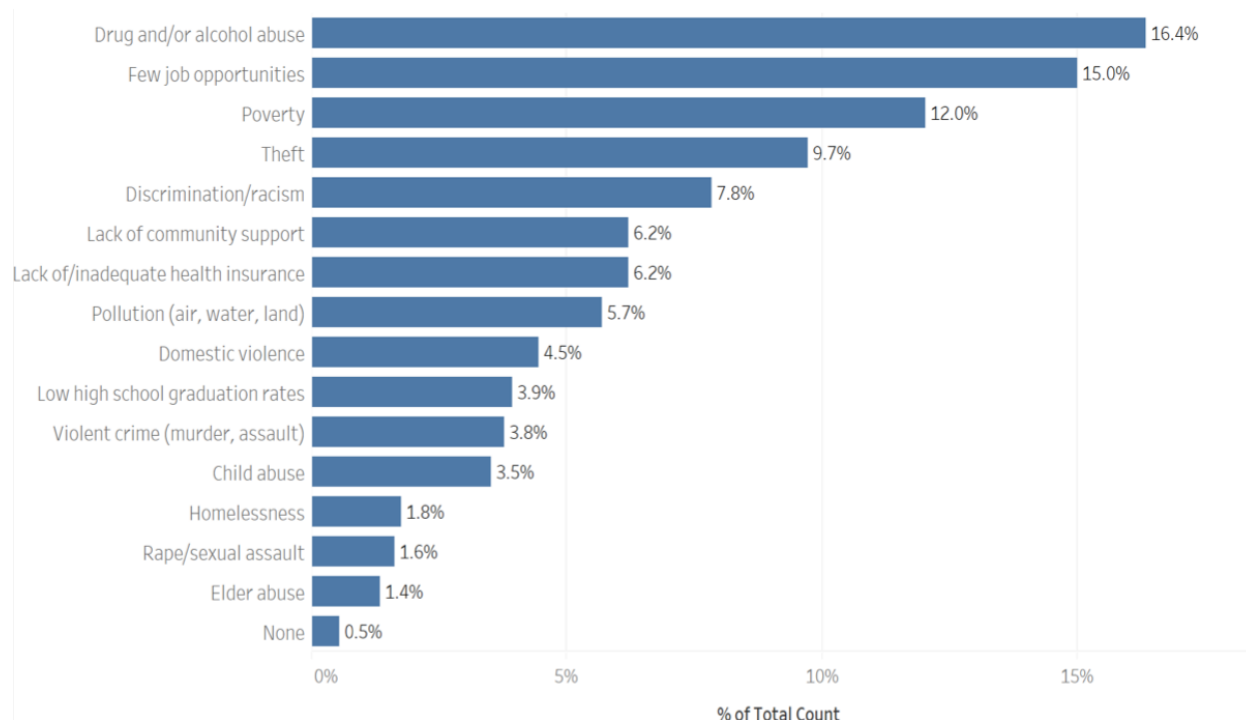
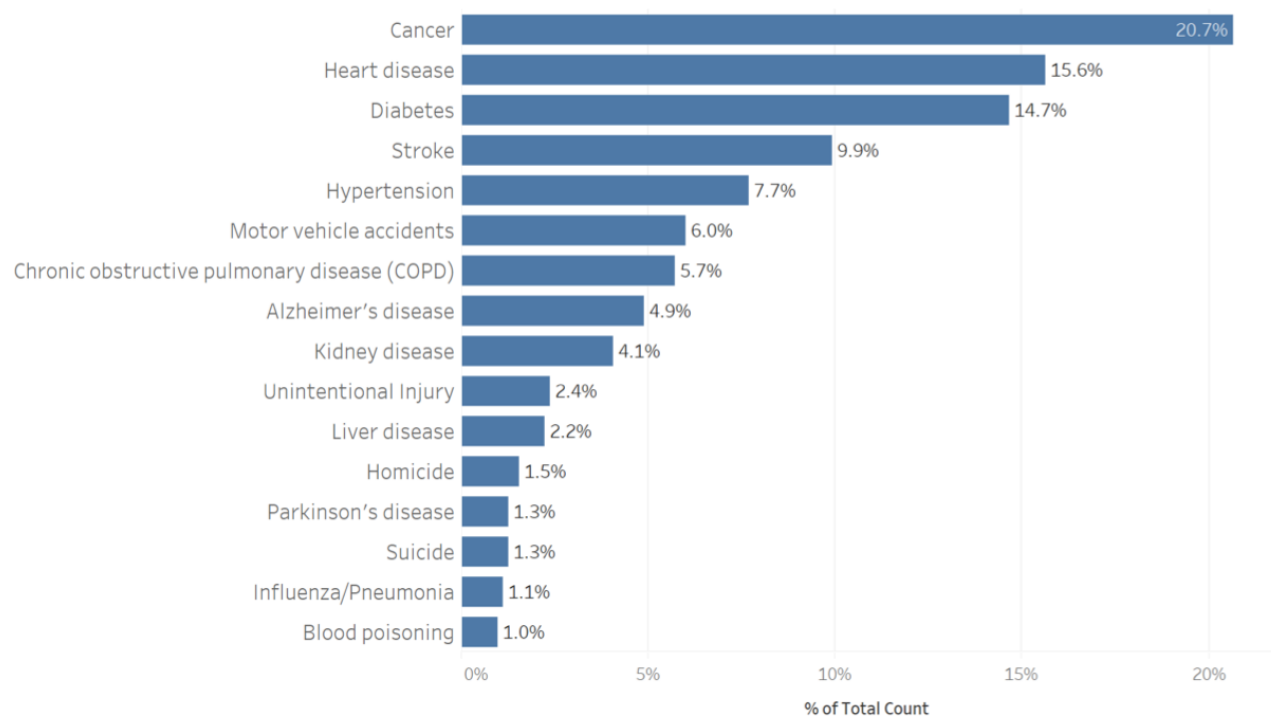


Figure 15. Causes of Illness and Death in the Community



5.2 COMMUNITY PERCEPTION

5.2.1 General Community Perception

Participants ranked various aspects of the community on a scale of 1(unfavorable) to 5 (favorable) (Figure 16). In general, respondents enjoy living in Clinch County (4.3/5), and they feel that the local hospital is important to the community (4.5/5). Perception was lowest for the availability of jobs (3.1/5), resources needed to live well, and the education system (3.7/5). Reliable transportation was not a major concern: a majority of the respondents (97.5%) indicated that they had access to transportation (Figure 17). Abuse of prescription pills and alcohol were the two most common substance abuse problems noted by Clinch County residents (Figure 18).

Figure 16. Community Perceptions

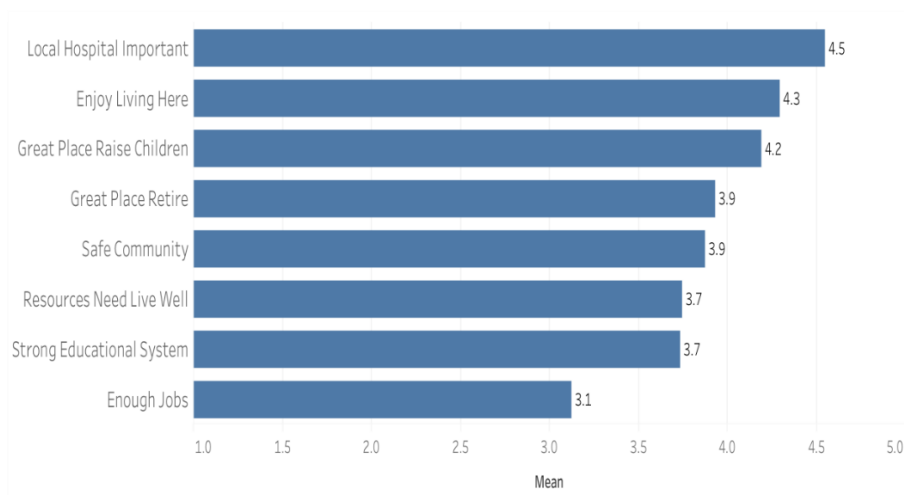


Figure 17. Access to Reliable Transportation

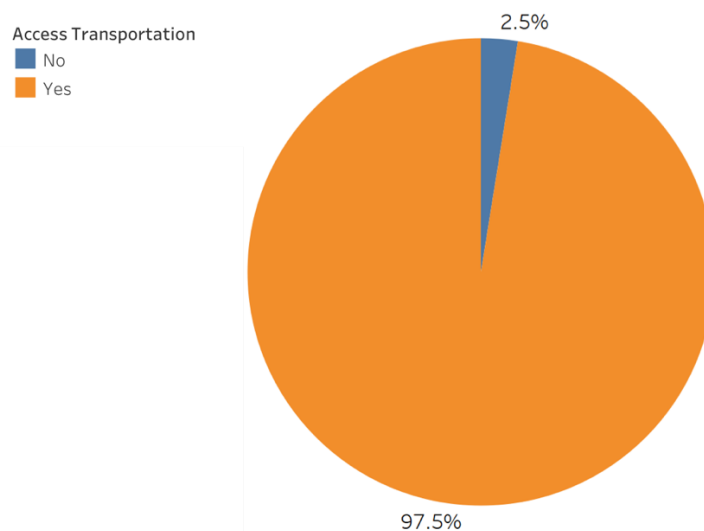
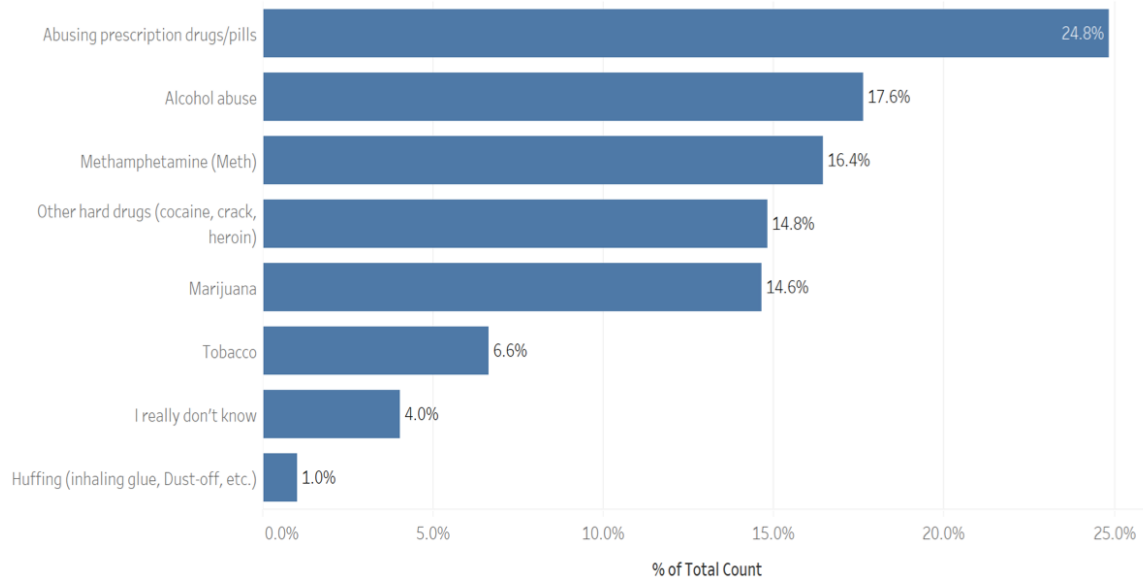


Figure 18. Substance Abuse in the Community



5.2.2 Community Perception Concerning Health Care Services

Respondents also rated the availability of services in the community, on a scale of 1 (low) to 5 (high). They reported that there were not enough specialists in the area (2.4/5), nor were there enough primary care providers (2.9/5). There was also an indication of a need for increased drug and alcohol addiction services (3.0/5) (Figure 19). Overall, the residents of Clinch County who responded to the survey valued the hospital and were happy with the staff friendliness, quality of care, and knowledge of staff (Figure 20). A majority of the responding residents of Clinch County (51.6%) reported not having any problems in accessing healthcare services (Figure 21).

Figure 19. Community Perceptions Concerning Health Care Services

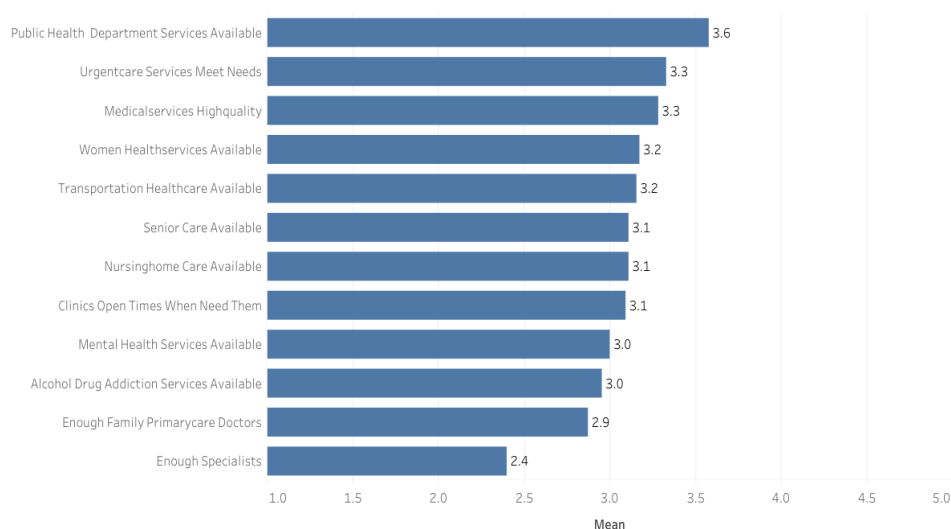


Figure 20. Community Perceptions Concerning Health Care Services at Clinch Memorial Hospital

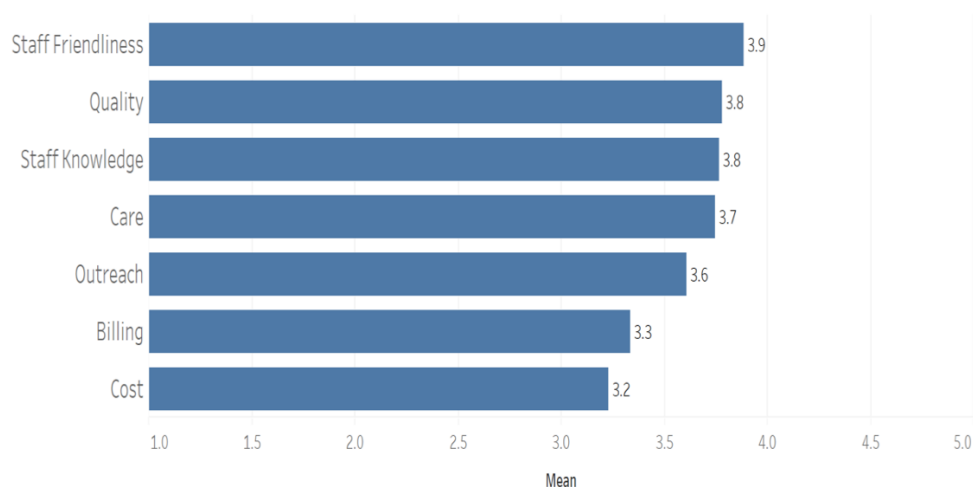
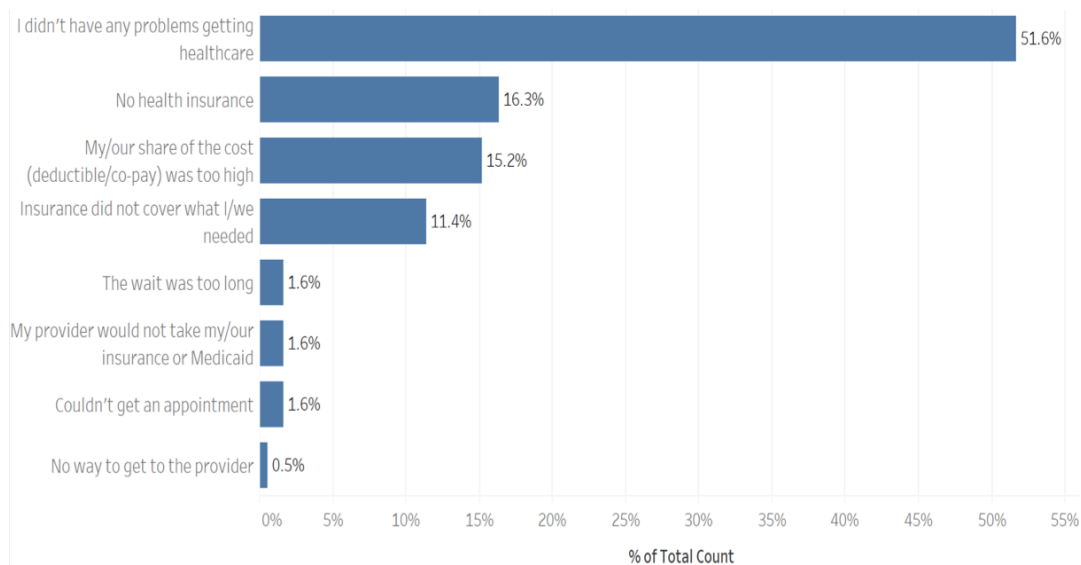


Figure 21. Unmet Need for Health Services



5.3 SUMMARY OF COMMUNITY SURVEY

The residents of Clinch County value Clinch Memorial Hospital. Opportunities exist to increase the number of services available to the community.

Community Perception

Respondents from the community served by Clinch Memorial Hospital generally have a favorable perception of their community and value their local hospital. The main concerns from respondents included insufficient jobs and the lack of a strong educational system.

More than half of respondents (51.6%) reported no problems in getting healthcare within the community.

Specialist Need

The majority of respondents from the Clinch Community agreed that there were not enough specialists in the community. The majority of respondents (77.1%) also indicated that they would be interested in expanding telemedicine services to meet the deficit.

Satisfaction with Local Hospital

Respondents from the Clinch Community had overall favorable perceptions about their local hospital. Most respondents indicated that the medical services provided by Clinch Memorial were of high quality. Cost and billing were the two greatest concerns from the community about the local hospital.

6 COMMUNITY FOCUS GROUPS

6.1 PARTICIPANTS' CHARACTERISTICS

Two focus groups were held. One group of five participants represented key stakeholders in the community. One group of six participants represented lay community members. Both focus groups were held concurrently at Clinch Memorial Hospital on January 24th at 1PM. Each session lasted approximately 75 minutes.

The combined demographics for these two groups were as follows: There were eight female (72.7%) and three male (27.3%) participants. Participants' age ranged from 30 to 69 years old, with a median age of 47. All of the participants were white. All of the participants spoke English. Eight participants both live and work in Clinch County. Two participants did not work in the county: one participant did not live in the county. All participants had used the hospital: nine (81.8%) had used it within the last two years. Eight of the participants (72.7%) reported a household income of over \$100k.

The following discussion highlights themes revealed during these two sessions. Areas of commonality and/or divergence between the two groups are noted.

6.2 RESULTS

Community Summary

Community Description Themes: Small, close-knit, rural town, with caring residents
Poverty and lack of jobs

In both groups, several consistent themes regarding Clinch County appeared. On the positive side, it was noted that the community has caring residents. It also has a low cost of living. On the negative side, however, multiple participants mentioned a lack of jobs and limited shopping and other amenities. With respect to health, both groups noted a community-wide focus on sports, which contributes to an active community. The quality of medical staff was also discussed. Several participants noted that while the smallness of Clinch County contributes to a tight-knit community, it also creates privacy and gossip issues. Both groups discussed the notion that one of Clinch County's greatest strengths – its close-knit community – was also a weakness, because citizens worry that their medical needs will become fodder for gossip. This, in turn, reinforces seeking healthcare in nearby larger cities.

Exemplary Quotes

“...any time there is a happy occasion we're celebrating. Any time there's a tragedy we all come together.”

“It's rural but...compared to a lot of rural areas it's a much more progressive rural community. I think the leaders going back 40 and 50 years ago saw a vision that they wanted more for the county than just timber.”

“According to my data that I have, Clinch County is at 54.3 percent of families with children of annual incomes of less than 150 percent of federal poverty threshold.”

Factors Promoting Good Health Themes: Great doctors and hospital that work to coordinate care; Active community, focused on sports; Strong school public health infrastructure; Productive organizations focused on social determinants of health (food insecurity, in particular); Homegrown citizens; Industry that is involved in the community and in promoting health.

Exemplary Quotes

“It's very, very active.”

“I think we have a great medical staff in the community. We've always really have. I mean I think as far as – there again, I think we've always had good healthcare.”

Factors Inhibiting Good Health Themes: Remoteness (and lack of transportation), privacy concerns inhibit getting care, high poverty, lack of access to needed specialists

Exemplary Quotes

“...it's so tightknit and everybody knows everyone that I learned from talking to people that you might not want someone to know that about you, and so you'd rather go somewhere. I didn't know that about our sexually-transmitted diseases. They taught me at a board meeting that if I'm – I have some disease and I go get it diagnosed in Hahira that number stays in Hahira. So our numbers are probably artificially low.”

Top Three Needs Summary

Top Three Health Needs Themes: Mental health, behavioral health, social health, substance abuse, infant mortality, women's health, diabetes, heart disease, cancer

At first blush, there was divergence of input between the community member group and the key stakeholder group for this topic. Community members first brought up chronic diseases (diabetes, heart disease, cancer) when asked to identify the top health needs in the community. However, these issues soon yielded to problems of substance abuse and mental health – topics that were prominent in both groups. Key stakeholders first brought up behavioral health, in particular for children. Both groups expressed need for focus on children and youth. Comprehensive treatment management of mental health conditions was noted as an ongoing need.

Exemplary Quotes

Referring to mental health: “Younger and younger ages, and it could be that's generational. You know they say that unfortunately it can be that cycle just like poverty or just like alcoholism or anything else. We've got some...very young children with some very significant [problems].”

“They can get to the medications but somebody managing them to stay on their medications is the problem.”

“Infant mortality is huge for us.”

“Really huge [referring to infant mortality]. I think we're number one in our 16-county district – or I don't think we are, I know we are.”

“A lot of cancer in Clinch County.”

Ways to Address Area Health Needs Summary

Ways to Address Area Health Needs Themes: More frequent and more in-depth school collaborations; Repeat educational activities across grades; Increase presence at community events (football games); Extend hospital presence outside of Homerville; Telemedicine access to specialists.

Overall, there was consensus that the greatest amount of leverage in addressing community health needs was to focus on children/youth. Grassroots efforts that get healthcare screenings and education out in the community were also suggested. With respect to clinical medicine, investing in telemedicine was brought up in both groups.

Exemplary Quotes

“I think it would be great if they [CMH] took the hospital to them [residents].”

“I think the most important thing in anything...is building relationships. That's the key to whatever, is building relationships with people.”

Hospital Perception Summary

Hospital Perception Themes: Hospital turnaround, CEO present at civic activities, bill reduction initiatives, high lab costs

Perception of the hospital was strongly positive. Its turnaround was noted, with some sense of pride, in both groups. A strong presence in the community by the hospital was also noted. The community member group pointed out that reduced lab costs might be a good tactic to increase business. In general, continuation of current strategies to help community health was a key takeaway.

Exemplary Quotes

“They’ve been doing a lot.”

“[T]wo years ago there was the forum about possibly closing and then they really made strides in improving, I guess, PR for the community.”

“It's an asset to our community. We need this hospital.”

“I think if you can keep those costs down...that'll be more appealing for people to come back and start using the lab.”

“The hospitals had its rocky times just because trying to find – how can you make it? I mean it's not that they didn't have good people working there – and now we have a great facility.”

“I've noticed that in the community. They're doing – the staff and the hospital administrator ... are doing a really good job of changing the vision that people have in the community.”

Hospital Contribution to Community Health Themes: Frequent community events, involved with schools, free screening events

Exemplary Quotes

“I think we have a great opportunity for even more healthcare skill jobs...”

“I don't know if they did it this year, but the year before they did because I had a hospital bill, but if you paid it by a certain date, before the end of December, they knocked off a third of the bill, you know, so that was a really nice – you know, those kinds of things.”

“I think Angela is very active. She served in the soup kitchen and has – you know, has personally I'd say helped with Jesus and Jam...”

“They had a Halloween carnival this year.”

“And they had a float this year in the Christmas parade.”

Other Community Organizations Promoting Health Summary

Other Community Organization Themes: Productive organizations, including Family Connections, Teen Maze, Bridges of Hope, Jesus and Jam.

The same community organizations – Jesus and Jam, Second Harvest, Family Connections - were mentioned often in both groups as working to promote health and wellness through community engagement. Past successful events were also commonly discussed, in particular, Teen Maze. Both groups leaned towards adopting strategies that focus on school-age children, in part to try to break perpetual cycles of mental health issues.

Exemplary Quotes

“...we feed the hungry and then we also work with Second Harvest to give our food boxes for senior citizens. We give out – I think there's 30 participants in that a month. We have like a soup kitchen on Wednesdays that feeds anywhere – 50 to 100 depending on what time of the month it is, every Wednesday. And then the hospital, through a grant, we're actually in the process of probably – by the end of February we'll have a community garden.”

“We feed – we prepare 918 sack lunches every Saturday to feed the community, and I know that's disabled – that's for anyone that wants a sandwich and – but you have to take in mind we're just preparing – it's not steak, it's not hot dogs, it's not hamburgers – it's a simple sandwich snack and a drink that people expect us to deliver every Saturday.”

6.3 CONCLUSION

Laypersons and key stakeholders alike saw Clinch County as a small, rural, close-knit community. That close-knit aspect was seen as a strength but also a weakness, thanks to perceptions of gossip that could divulge personal health information. Throughout both focus groups, there was recognition of (recent) past events, partnerships, and initiatives to increase health education and awareness and to perform preventive health screenings. These were seen as successes, and they were generally promoted as activities that should continue. While the community members mentioned chronic diseases as high priority, their ensuing discussion turned more to behavioral health, which aligned with key stakeholder input. Both groups felt strongly that to break inter-generational cycles of poor health behavior, it was necessary to focus on school age children and to repeat initiatives multiple times over a child's school career. The hospital's successful turnaround was noted in both groups. Further suggestions for the hospital included implementation of telemedicine to provide access to specialists and decreasing prices for lab tests to increase patient loyalty.

7 IMPLEMENTATION PLAN

7.1 INTRODUCTION

Members of the Community Advisory board met on March 14, 2019 to review the primary and secondary data presented above, use that data to prioritize Clinch County's greatest health needs, and develop an implementation plan that aims to address those needs. CMH has concurrently been developing an organizational three-year strategic plan. Work on that strategic plan was also used during this work session. One of the strategic priorities of that strategic plan focused on Community Health and Wellness: *To promote a healthier community by fostering a culture of wellness that centers on preventative care and lifestyle changes.*

7.2 METHODS

The primary method used to reach consensus of the work session participants was brainstorming. Members representing the hospital, school system, and local health department had a strong understanding of the factors at play in Clinch County that impact the health of its citizens.

7.3 RESULTS

The hospital's implementation plan to address identified community health needs is outlined below. The broader context of the conclusions reached, as reflected in the plan below, was that working to improve the basic social determinants of health such as nutrition and exercise should be the focus of CMH's community health efforts for the next three years. Additionally, putting in place a standing organization with representation of community stakeholders to formally pursue community grants was seen as a foundational initiative that could produce ongoing improvements in community health. The resulting implementation plan is outlined in Table 7.

Table 7. Implementation Plan

Need	Initiative	Action	Due Date	Responsible person
Improved chances of successful community health-focused grant proposals	Create Community Health Grant Team	Identify key community organizations & respective representatives (city/county/ school/ health dept.)	Jan 2020	CEO
		Hold 1 st meeting & set meeting frequency	July 2020	Project Administrator
		Meet regularly	July 2020	All meeting attendees
Access to healthy foods	Partner with local community-based organization to plant Community Garden	Plant first garden	July 2019	Jesus and Jam
		Garden tended by patients – schedule in place	July 2019	Clinch Memorial Family Practice
		Food distribution in place for 2 nd crop	July 2020	Jesus and Jam
Access to facilities for fitness & wellness	Establish a Wellness Center	Secure Funding	Jan 2021	CEO, Project Administrator, County Commissioners, School Superintendent
		Open Center	Jan 2022	Clinch Memorial Hospital, Clinch County
Effective community-wide communication of health initiatives	Outreach & Promotion	Promote community garden	Sep 2019	Project Administrator, CEO, Jesus and Jam, Clinch Memorial Family Practice
		Conduct 5 annual outreach events with enhanced accessibility (hours/remote) beginning 12/19	Dec 2019 start	CEO, Project Administrator, Department Heads, Board Involvement, some employee involvement

8 HEALTHCARE RESOURCE LISTING

CLINCH COUNTY

ORGANIZATION NAME	ADDRESS	PHONE/CONTACT INFO
ALCOHOL ABUSE, ADDICTION, & TREATMENT FOR DEVELOPMENTALLY DISABLED		
Satilla Community Mental Health	551 Old Pearson Rd Homerville, GA 31634	(912) 487-5253
Unison Behavioral Health	1007 Mary Street Waycross, GA 31503	(912) 449-7100
ASSISTED LIVING FACILITIES		
ResCare Normal Life	104 Peach Street Homerville, GA 31634	(912) 487-5292
River Brook Healthcare Center	390 N. Sweat Street	(912) 487-5328
CANCER SUPPORT SERVICES		
Pearlman Cancer Center <u>Best Buddies:</u> Support group for breast cancer survivors <u>Look Good...Feel Better for Ladies:</u> Support group for female cancer patients	209 Pendleton Dr Valdosta, GA 31602	(229) 259-4600
CHILDREN'S SERVICES		
Clinch County Family Connections	478 West Dame Avenue Homerville, GA 31634	(912) 483-0475
Babies Can't Wait	Georgia Dept of Public Health (South Health District) Locations in Echols, Ware, & Lowndes County	1-800-429-6307 (912) 284-2552
Clinch County DFACs	17 Shirley Rd Homerville, GA 31634	(229) 219-1282
Children's 1st	1123 Church Street, Suite B Waycross, GA 31501	(912) 284-2920
Clinch County Head Start	500 West Dame Avenue Homerville, GA 31634	(912) 487-5959
Children's Medical Services		1-800-320-9839
CLOTHING		
Bags of Hope Ministries	94 E Dame Avenue Homerville, GA 31634	(912) 487-5153
HEALTH CLINICS		
Clinch County Health Dept.	285 Sweat Street Homerville, GA 31634	(855) 473-4374
DIALYSIS		
DaVita Satilla River Dialysis	308 Carswell Ave Waycross, GA 31501	(855) 314-4663

DENTISTS		
Dr. Benjamin Tanner (Clinch Dental Care)	114 Huxford Street Homerville, GA 31634	(912) 487-5271
Dr. Varnedoe & Jackson	Waycross, GA	(912) 283-2340
McKinney Health Center	218 Quarterman Street Waycross, GA 31501	(912) 287-9140
Morrison Dental Clinic	Waycross, GA 31501	(912) 232-2779
Morton & Peavey, D.D.S.	408 Lister Street Waycross, GA 31501	(912) 285-1212
FOOD PANTRY & FREE MEALS		
Hope Ministries	94 E Dame Avenue Homerville, GA 31634	(912) 487-5153
Clinch County Concerted Services	101 South College Street Homerville, GA 31634	(912) 487-2445
Jesus and Jam of Clinch County Inc	75 Hampton Street Homerville, GA 31634	(912) 337-5342