

Tanner Health System



COMMUNITY HEALTH NEEDS ASSESSMENT

2013



TANNER HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

2013

TABLE OF CONTENTS

1. Introduction	2
2. Mission Statement	4
3. Community Profile	5
a. Geographic Assessment Area	5
b. Demographics	5
4. Assessment Process and Methodology	8
a. Secondary Quantitative Data	10
i. Public Health Data	10
1. Mortality/Morbidity	10
2. Health Risk Factors	12
3. Community Need Index	14
b. Primary Qualitative Data	16
i. Community Surveys	16
ii. Community Focus Groups and Key Informant Interviews	17
c. Data Gaps and Process Challenges	18
5. Community Health Needs Identified in Assessment	19
a. Access to Care	19
b. Social Determinants of Health	20
c. Chronic Disease Issues	22
i. Obesity	22
ii. Heart Disease	23
iii. Diabetes	25
iv. Cancer	27
d. Mental Health	30
6. Tanner's Programs and Services Addressing Identified Needs	32
7. Prioritization and Response to Findings	41
Appendix A-Community Focus Group Participants	44
Appendix B-Community Survey	45

Introduction

Tanner Health System, a nonprofit regional health system serving a nine-county area of west Georgia and east Alabama, has a rich tradition of responding to community needs. Over 60 years ago, residents in the area turned nickels and dimes into bricks and mortar to build the region's first hospital. In the years since, people in the area have continued to turn to Tanner, trusting their health and the health of those they love to Tanner's care, building relationships that have been generations in the making. In turn, the bond between hospital and community has allowed Tanner to grow, preserving the focus on caring not just for patients, but for neighbors and family.

Since 1986, Tanner Health System has grown from a single community hospital to a regional comprehensive healthcare provider, employing approximately 2,600 employees and over 300 physicians representing 34 unique medical specialties. Tanner Health System operates three hospitals—Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica, and Higgins General Hospital in Bremen—and a freestanding behavioral health facility in Villa Rica, Willowbrooke at Tanner. Tanner also operates Tanner Medical Group, one of metro Atlanta's largest multi-specialty physician groups offering a wide range of medical specialties. Tanner's continuum of care includes state-of-the-art cancer care, a leading cardiac program, revolutionary critical care services, innovative medical imaging, 24-hour emergency care, inpatient and outpatient surgical services, modern maternity services and more.

In an era of aging baby boomers, increased chronic disease, an epidemic prevalence of obesity, a flagging economy, an increasing number of uninsured citizens and disparate access to care, Tanner strives to maximize the use of its collective resources and develop community partnerships to best meet the health needs of the communities it serves, with the mission: ***To provide quality healthcare services within our resource capabilities; to serve as a leader in a collaborative effort with the community in providing health education, support services and care for all citizens.***

Today's healthcare environment is one of challenge, change and complexity, yet through collaborative efforts and unique partnerships Tanner seeks to focus on the "health" as much as the "care" in health care and prioritize the health status improvement of the communities it serves as a vital goal of the organization. In 2012, Tanner Health System's two acute care hospitals—Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica—and Tanner's critical access hospital, Higgins General Hospital in Bremen, each began the process of conducting a comprehensive Community Health Needs Assessment to further identify the health needs of their communities and develop an Implementation Strategy responding to appropriate population sub-groups and health conditions for improved community health.

These comprehensive, multifactor assessments included the collection and analysis of quantitative data, as well as qualitative input directly from residents gathered through community surveys, interviews and focus groups. Through the assessment process, Tanner has identified the greatest health needs among each of its hospital's communities, enabling Tanner to ensure its resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

This aggregated report details the assessment findings for **Tanner Health System**.

TANNER HEALTH SYSTEM

Primary Service Area



Mission Statement

Mission

To provide quality healthcare services within our resource capabilities; to serve as a leader in a collaborative effort with the community in providing health education, support services and care for all citizens.

Vision

Through the caring and dedication of our team of employees and physicians, Tanner Health System will be recognized as the Provider of Choice for quality, accessible health care for our patients and community.

Values

1. Recognition that our **CUSTOMERS** come first.
2. **EDUCATION** must be encouraged, supported, and made available if we are to fulfill our dreams and reach our potential. We must all be lifetime learners.
3. **TEAMWORK** is the basis of our organizational structure.
4. Individual and corporate **INTEGRITY** shall never be compromised.
5. Improving **QUALITY** must always be our focus.
6. Our relationship with one another shall be founded on mutual **RESPECT**.
7. The foundation for everything we do is **CARING** for people.

Community Profile

Geographic Assessment Area

Tanner Health System is a nonprofit regional health system that provides quality healthcare to residents in a nine-county area in west Georgia and east Alabama. Tanner is located 50 miles west of the Atlanta metropolitan area. Tanner's primary service area—the focus of this Community Health Needs Assessment—consists of Carroll, Haralson and Heard counties, covering 1,077 square miles of predominately rural area (66% rural) with a total population of 151,141.

Demographic Profile

Table 1 Population Demographics				
	Carroll County	Haralson County	Heard County	Georgia
Total Population, 2010	110,527	28,780	11,834	9,815,210
Rural %	67%	47%	100%	25%
Ages				
➤ Persons under 5 years	7.1%	6.4%	6.3%	7.1%
➤ Persons under 18 years	25.4%	25.1%	25.8%	25.7%
➤ Persons 65 years and over	11.0%	14.0%	13.2%	10.7%
➤ Female Persons	51.3%	51.1%	50.3%	51.2%
Racial Mix				
➤ White	72.9%	92.1%	86.1%	59.7%
➤ Black	18.2%	4.7%	9.8%	30.5%
➤ Hispanic	6.2%	1.1%	1.9%	8.8%
➤ Other	2.7%	2.1%	2.2%	1.0%
High School graduates, 2007-2011	79.7%	71.2%	69.5%	84.0%
Bachelor's degree or higher 2007-2011	18.4%	12.0%	7.0%	27.5%
Median Household Income 2006-2010	\$45,559	\$38,996	\$42,685	\$49,347
Persons per household, 2006-2010	2.70	2.63	2.72	2.66
Persons below poverty level, 2007-2011	18.1%	20.4%	24.6%	16.5%
Disability, % age 65+, 2000	45.7%	55.0%	50.8%	47.5%

Source: U.S. Census Bureau

Population Growth

Over the past decade, the west Georgia region, particularly Carroll County, has seen progressive growth. According to the 2010 Census, Carroll County's population grew by 26.7 percent from 2000 to 2010, higher than the Georgia (18.3 percent) and national (10 percent) growth rates. Haralson and Heard Counties have seen a small growth in population from 2000 to 2010, with 12.0 percent and 7.5 percent increases noted. Table 2 illustrates an estimated steady population increase from 2011-2016 for Carroll, Haralson and Heard counties.

Age

While the majority of the population in Carroll, Haralson and Heard counties consists of young individuals under 18 years of age (Table 1), of particular concern is the growing older population (65+ years). According to population projections (Table 2), the 65+ age group is estimated to increase in all three counties, with Carroll County seeing the greatest increase at 20.46 percent. Older populations

have an increased demand for healthcare services and an increased prevalence of chronic conditions and disability.

Table 2 Population Projections						
Total Population				Population 65+		
County	2011	2016	% change	2011	2016	% change
Carroll	123,245	140,452	13.96%	13,303	16,025	20.46%
Haralson	30,682	33,943	10.62%	4,340	4,865	12.09%
Heard	12,159	13,416	10.33%	1,391	1,614	16.03%

Source: Georgia Governor's Office of Planning and Budget

Education

As evidenced in Table 1, the percentage of high school graduates lags behind the state average (84.0 percent) in Carroll, Haralson and Heard counties. Concurrently, as displayed in Table 1, the percentage of individuals obtaining a bachelor's degree or higher is lower than the state rate (27.5 percent) in all three counties. Figure 1 displays the percentage of the total population (age 25 and older) without a high school diploma; rates in Carroll, Haralson and Heard counties surpass state (16.01 percent) and national (14.61 percent) figures. Knowledge is a catalyst for a healthy, productive life. Mountains of empirical evidence demonstrate the overwhelming influence that access to knowledge commands over other dimensions of well-being—more education is associated with a longer life, better job prospects and higher income.

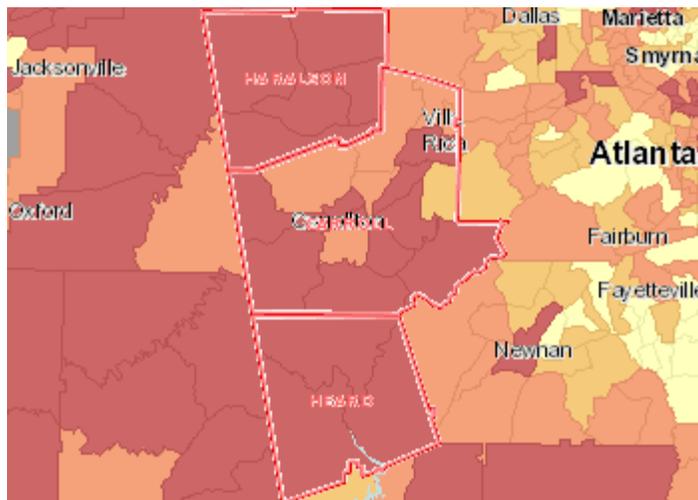
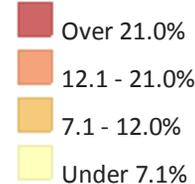


Figure 1: Percentage of Total Population with no High School Diploma (Age 25), By Tract; ACS 2007-2011 5-Year Estimate



Poverty

As reported in the latest data from the U.S. Census Bureau (Table 1), approximately 28,787 residents from Carroll, Haralson and Heard counties live below the poverty level, representing 19 percent of the total population, higher than the state average (16.5 percent). The median household income is slightly below state levels in all three counties (Table 1). According to a 2011 Health Disparities and Inequalities

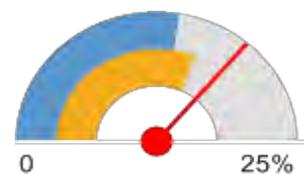


Figure 2: Percent Population in Poverty

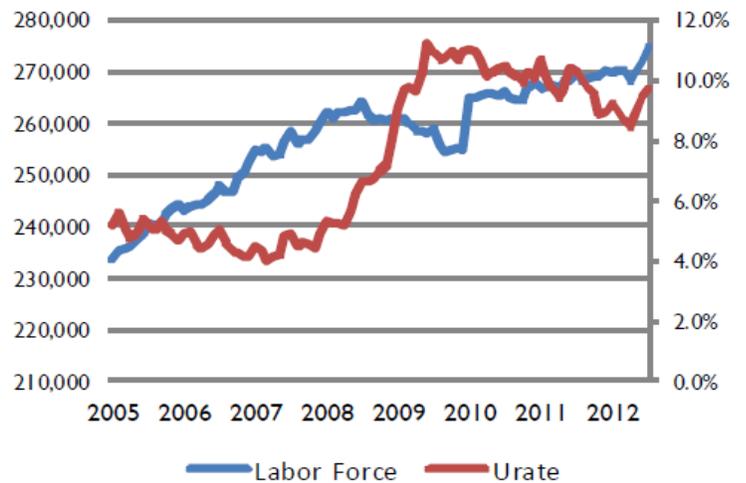


report from the CDC, the risk for mortality, morbidity, unhealthy behaviors, reduced access to health care and poor quality of care increases with decreasing socioeconomic circumstances.

Unemployment

Total employment in the west Georgia region, which includes Carroll Haralson and Heard counties among others, continues to show signs of improvement. Between July 2008 and June 2009, the region's unemployment rate increased even though the size of the labor force was falling. Discouraged workers were leaving the labor force while still more workers were being laid off. After the summer of 2009, the unemployment rate began to slowly decline, and workers began re-entering the labor force. Positively, since the peak in summer 2009 the region has been experiencing declining unemployment rates despite adding more job-seekers to the market. However, the rate that the region is adding new workers is slower than it was prior to the recession (indicated by the flatter slope of the blue line after 2009), and at the current rate of decline, regional unemployment rates will not return to prerecession levels for some time. Furthermore, the reduction in county-level unemployment rates has begun to slow, and in Haralson, has actually risen above the July 2011 rates. As jobs reappear and more optimistic workers re-enter the work force the unemployment rate is expected to fall.

Figure 3: West Georgia Labor Force and Unemployment Rates through June 2012



Assessment Methodology and Process

The assessment process was conducted in two phases: Phase One, which consisted of the collection and review of secondary quantitative data from existing public health data and reports; and Phase Two, which included the collection of primary, qualitative data through community surveys, key informant interviews and community focus groups.

For Phase Two, Tanner Health System's community benefit team developed the Community Health Needs Assessment plan in October 2011. This plan was introduced to the Tanner Medical Center, Inc. Board of Directors on October 10, 2011 for approval. The survey period for the public ran from November 2011-February 2012 (Carroll, Haralson and Heard counties) and reopened from January 2013-February 2013 (Heard county).

Tanner reached out to a vast area of the community through its *Healthy Living* magazine, published quarterly and distributed to 46,525 homes, as well as through an additional 3,000 copies distributed to area medical offices and public areas in Tanner facilities throughout Carroll, Haralson and Heard counties. In addition, Tanner conducted three mass e-mail messages to 6,500 community members who have voluntarily joined the health system's e-mail distribution list—these e-mail blasts went out on November 30, 2011, December 30, 2011 and February 25, 2012; 2,600 paper surveys were distributed to various community events at senior centers, schools, housing authorities and to high-risk groups in Carroll, Haralson and Heard counties; and members of the boards of Tanner Medical Center, Inc. and Tanner Medical Foundation, Inc. were provided surveys to be completed at their November 2011 board meetings.

Along with the large-scale effort to collect data from community surveys during Phase Two, the community benefit team also conducted community focus groups throughout Tanner Health System's primary service area of Carroll, Haralson and Heard counties. These focus groups were facilitated by Debbie Hollenstein, vice president of Marketing and Planning for Tanner Health System. (For a list of individuals who participated in the focus groups and dates, see Appendix A.) These focus groups consisted of community leaders, public officials, school officials, philanthropic organizations, businesses and a wide range of social service organizations. Additionally, two key informant interviews were held: one with Jack Birge, MD, chairman of the Carroll County Board of Public Health; and another with Cherry Toney, a certified nurse practitioner practicing in two rural primary care clinics in Carroll County and a clinic in Heard County. The focus groups and interviews provided more in-depth information regarding the leading health issues and priorities in the area, as well as the opportunity to identify potential partners for future collaborations to address the health issues found in the community.

For further public health input, the assessment was reviewed by representatives from the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Public Health (DPH), including the DPH's commissioner and state health officer, Brenda Fitzgerald, MD.

Upon completion, Tanner Health System's Community Health Needs Assessment will be made widely available to the public by being posted for download on Tanner Health System's Web site,

www.tanner.org, and www.GetHealthyWestGeorgia.org. Additionally, copies will be disseminated to the hospital's board and executive leadership; the assessment team; community stakeholders who contributed to the assessment; and multiple community leaders, volunteers and organizations that could benefit from the information. Other communications efforts will include presentations of assessment findings throughout the community. Copies will also be made available for distribution upon request from the hospital.

Secondary Quantitative Data

Public Health Data

Multiple public health data sources were analyzed during Phase One of the assessment process to identify and prioritize community needs. These included national, state and local demographic and community health databases. Vital statistics of the leading causes of death were examined utilizing the Georgia Department of Public Health's Online Analytical Statistical Information System (OASIS). Disease incidence data was obtained from the Centers for Disease Control and Prevention's (CDC) databases. Additionally, county-level indicators include data sources from the 2013 County Health Rankings report, Healthy People 2020 objectives and the Community Need Index.

Mortality/Morbidity

Data from the Georgia Department of Public Health indicate that the leading cause of death in Carroll, Haralson and Heard counties is cardiovascular disease. The second leading cause of death in all three counties is cancer. The age-adjusted death rates for Carroll, Haralson and Heard counties aggregated for the years 2006-2010 provides a measure of comparability to other counties and the national Healthy People 2020 objectives. Additional vital statistics and incidence rates on chronic diseases of increasing prevalence in the region were reviewed to further identify and prioritize the health needs of the community.

Table 3: Local Mortality/Morbidity Rates compared to State Rates and National Healthy People 2020 Objectives

	Carroll	Haralson	Heard	State	Year	Healthy People 2020
CANCER						
Age-Adjusted Mortality Rate per 100,000 pop. for All Cancer Sites	193.1	222.4	189.2	176.7	2006-2010	160.6
Age-Adjusted Mortality Rate per 100,000 pop. for Breast Cancer	12.5	14.4	16.9	13.4	2006-2010	20.6
Age-Adjusted Mortality Rate per 100,000 pop. for Colorectal Cancer	20.4	25.1	14.2	16.4	2006-2010	14.5
Age-Adjusted Mortality Rate per 100,000 pop. for Lung Cancer	59.5	78.9	67.7	52.2	2006-2010	45.5
Age-Adjusted Mortality Rate per 100,000 pop. for Prostate Cancer	8.4	9.3	9.7	9.9	2006-2010	21.2
Age-Adjusted Incidence Rate per 100,000 pop. for All Cancer Sites	413.1	433.2	466.4	461.0	2005-2009	
Age-Adjusted Incidence Rate per 100,000 pop. for Breast Cancer	90.7	92.1	79.5	119.7	2005-2009	
Age-Adjusted Incidence Rate per 100,000 pop. for Colorectal Cancer	43.5	48.2	62.0	45.0	2005-2009	38.6
Age-Adjusted Incidence Rate per 100,000 pop. for Lung Cancer	71.5	96.7	91.3	71.6	2005-2009	
Age-Adjusted Incidence Rate per 100,000 pop. for Prostate Cancer	132.7	102.4	129.4	167.8	2005-2009	
DIABETES						
Age-Adjusted Mortality Rate per 100,000 pop. for Diabetes	21.0	18.5	34.3	19.9	2006-2010	
Age-Adjusted Adult Incidence Rate per 100,000 pop. for Diabetes	12.7	10.4	9.9	9.9	2009	8.0

CARDIOVASCULAR DISEASE

Age-Adjusted Mortality Rate per 100,000 for All CVD	312.5	341.3	255.1	271.0	2006-2010	
Age- Adjusted Mortality Rate per 100,000 for Heart Disease	132.7	137.8	92.7	116.8	2006-2010	
Age-Adjusted Mortality Rate per 100,000 pop. for Stroke	57.4	52.7	47.4	48.5	2006-2010	33.8
Age-Adjusted Mortality Rate per 100,000 pop. for Coronary HD	109.5	117.2	82.0	96.3	2006-2010	100.8

OBESITY

Adult Incidence Rate per 100,000 pop. for Obesity	31.0	31.0	28.0	28.0	2009	30.6
---------------------------------------------------	------	------	------	------	------	------

SUICIDE

Age-Adjusted Mortality Rate per 100,000 pop. for Suicide	12.5	21.9	20.9	11.0	2006-2010	10.2
----------------------------------------------------------	------	------	------	------	-----------	------

Green shading indicates the county rates are better than or equal to the state average; red shading indicates the county rates are worse than the state average; no color indicates inadequate comparison data is available. Green shading in the Healthy People 2020 column denotes that all counties have met the goal; red shading indicates that all counties have not met the goal; no shading indicates there is no goal for the estimate.

Sources: Cancer Mortality Data: Georgia Department of Public Health, Oasis, 2013; Cancer Incidence Data: CDC's National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS) and SEER, 2005- 2009; Diabetes Incidence Data: National Diabetes Surveillance System, CDC 2009; Diabetes Mortality Data: Georgia Department of Public Health, Oasis, 2013; Heart Disease and Stroke Mortality Data: Georgia Department of Public Health, Oasis, 2013 (Heart Disease includes hypertensive heart disease, coronary heart diseases including heart attack, rheumatic fever heart disease, atherosclerosis and aortic aneurysm and dissection); Obesity Incidence Data: Behavioral Risk Factor Surveillance System, CDC 2009.

Health Risk Factors

County Health Rankings

County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Institute, provides health rankings for over 3,000 counties in the United States. Through the analysis of multiple public health data sources, County Health Rankings provide a snapshot of the overall health of communities by taking into account the determinants of health (health factors) that impact health outcomes. Counties receive ranks for health outcomes (including mortality and morbidity) and health factors (including health behaviors, clinical care, social and economic factors and the physical environment). Those having the high ranks (e.g., 1 or 2) are estimated to be the “healthiest.” Carroll, Haralson and Heard counties are ranked against the 159 counties in Georgia.

Table 4: County Health Rankings 2013	Carroll	Haralson	Heard	Georgia	National Benchmark
Health Outcomes	58	115	87		
Mortality	70	145	113		
Premature death <i>NCHS 2008-2010</i>	8,668	11,288	10,269	7,697	5,317
Morbidity	51	58	50		
Poor or fair health <i>BFRSS 2005-2011</i>	18%	21%	n/a	16%	10%
Poor physical health days <i>BFRSS 2005-2011</i>	4.3	4.2	n/a	3.5	2.6
Poor mental health days <i>BFRSS 2005-2011</i>	4.1	4.0	n/a	3.4	2.3
Low birth weight <i>NCHS 2004-2010</i>	7.7	7.8%	8.5%	9.5%	6.0%
Health Factors	56	62	69		
Health Behaviors	86	103	30		
Adult smoking <i>BRFSS 2005-2011</i>	23%	n/a	n/a	19%	13%
Adult obesity <i>CDC 2009</i>	31%	31%	28%	28%	25%
Physical inactivity <i>CDC 2009</i>	25%	28%	28%	24%	21%
Excessive drinking <i>BRFSS 2005-2011</i>	13%	18%	1%	14%	7%
Motor vehicle crash death rate <i>NCHS 2004-2010</i>	24	36	30	16	10
Sexually transmitted infections <i>NCHHSTP 2010</i>	375	198	203	466	92
Teen birth rate <i>NCHS 2004-2010</i>	49	61	52	50	21
Clinical Care	44	40	84		

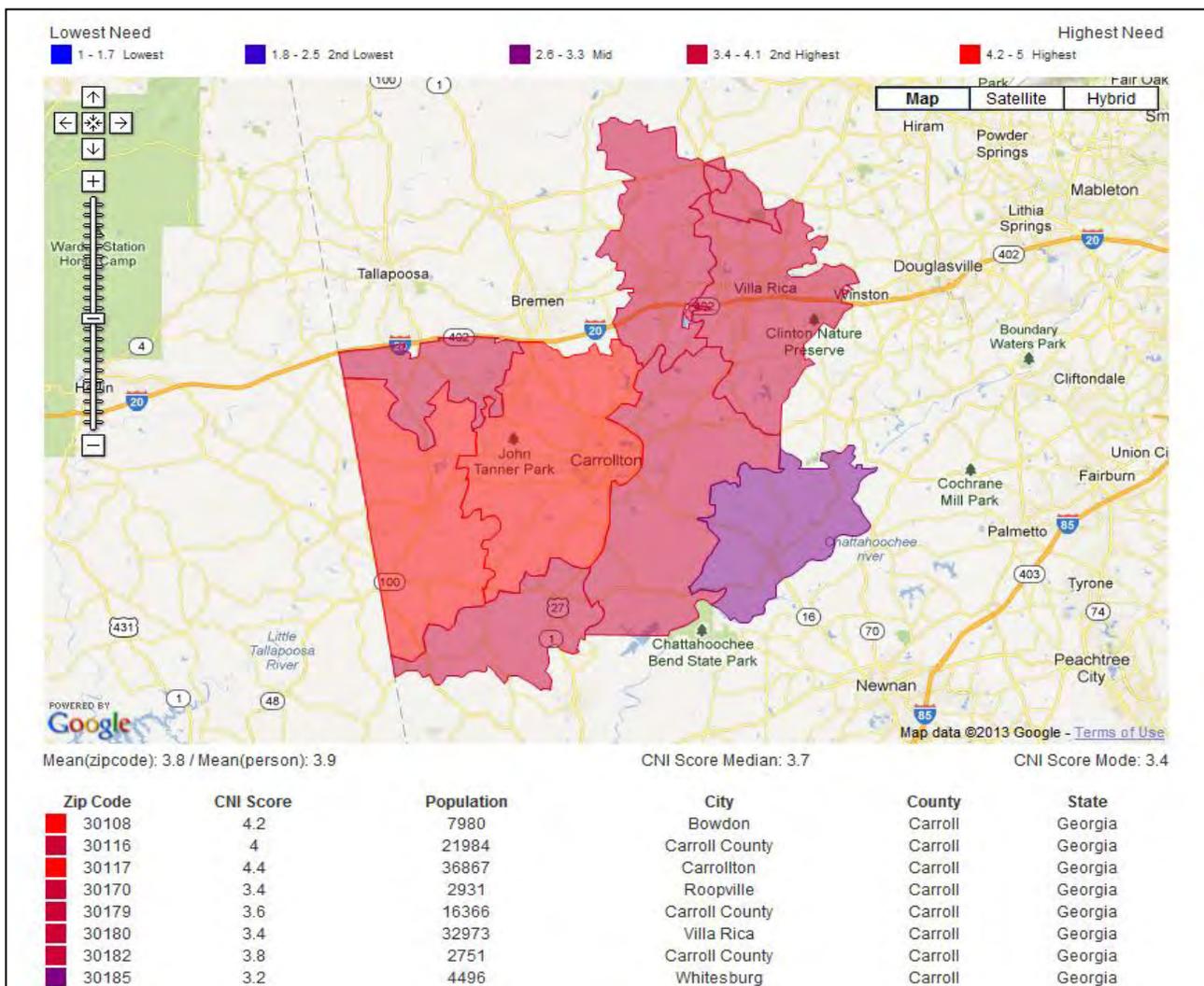
	Carroll	Haralson	Heard	Georgia	National Benchmark
Uninsured <i>Small Area Health Insurance Estimates 2010</i>	22%	21%	21%	22%	11%
Primary care physicians <i>HRSA Resource File 2011-2012</i>	1,908:1	2,215:1	11,856:1	1,611:1	1,067:1
Dentists <i>HRSA Resource File 2011-2012</i>	3,686:1	5,829:1	n/a	2,249:1	1,516:1
Preventable hospital stays <i>Medicare/Dartmouth Inst. 2010</i>	48	59	73	68	47
Diabetic screening <i>Medicare/Dartmouth Inst. 2010</i>	86%	84%	89%	84%	90%
Mammography screening <i>Medicare/Dartmouth Inst. 2010</i>	57%	63%	51%	64%	73%
Social & Economic Factors	65	72	81		
High school graduation <i>GA Dept. Education. 2010-2012</i>	71%	68%	78%	67%	N/A
Some college <i>Amer. Community Survey 2007-2011</i>	49%	40%	38%	59%	70%
Unemployment <i>Bureau of Labor Statistics 2011</i>	10.7%	10.4%	10.9%	9.8%	5.0%
Children in poverty <i>Small Area Income and Poverty Est. 2011</i>	25%	29%	39%	27%	14%
Inadequate social support <i>BRFSS 2005-2010</i>	18%	n/a	n/a	21%	14%
Children in single-parent households <i>ACS 2007-2011</i>	32%	36%	33%	36%	20%
Violent crime rate <i>FBI 2008-2010</i>	747	467	216	437	66
Physical Environment	107	60	154		
Drinking water safety <i>Safe Drinking Water Info Sys. 2012</i> <i>Proportion of a county's pop. whose water system has been affected by a health-related violation</i>	7%	0%	86%	2%	0%
Daily fine particulate matter days <i>CDC Wonder 2008</i>	13	13	13.1	8.8	0
Access to recreational facilities <i>Census Cty. Bus. Patterns 2010</i>	11	7	0	8	16
Limited access to healthy foods <i>USDA Food Atlas 2012</i>	11%	2%	1%	8%	1%
Fast Food Restaurants <i>Census Cty. Bus. Patterns 2010</i>	53%	48%	60%	50%	27%

Community Need Index

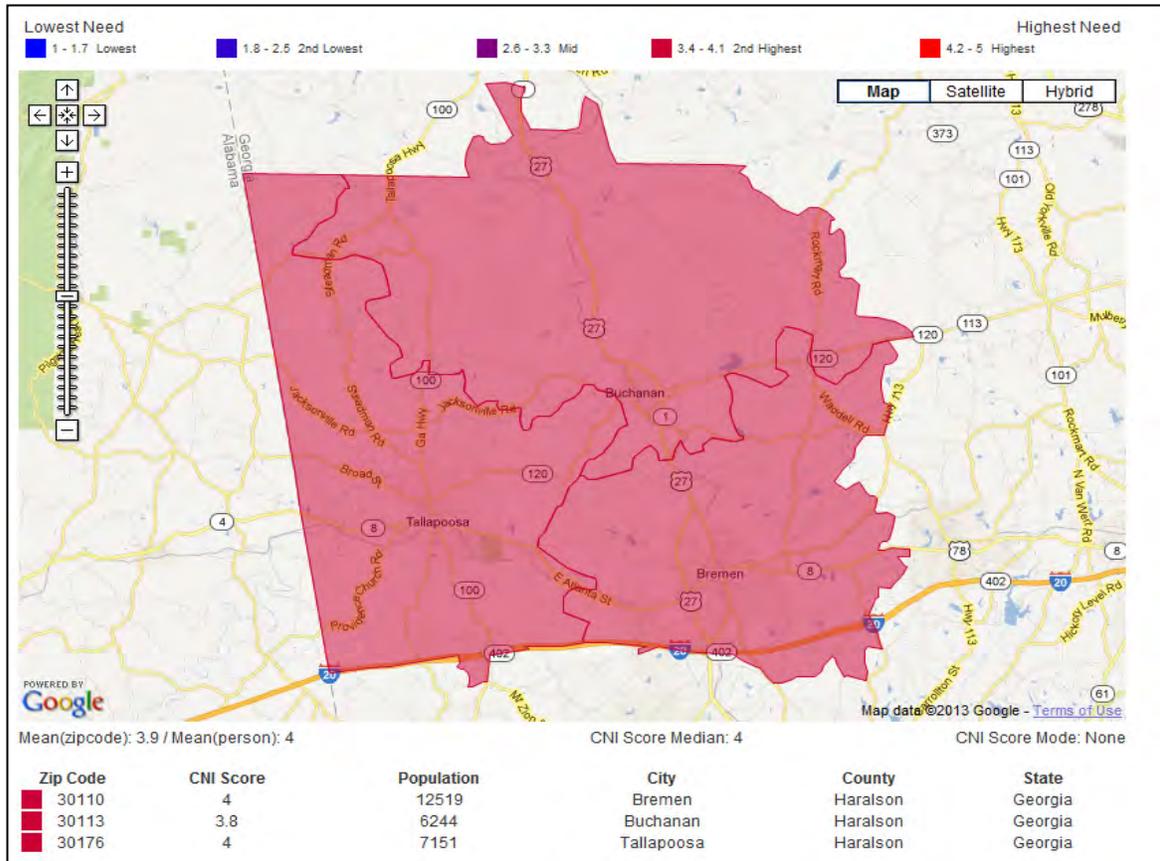
The Community Need Index (CNI), utilizing data sources provided by Truven Health, identifies the severity of health disparity by zip code and demonstrates the link between community need, access to care and preventable hospitalizations. Accounting for the underlying economic and structural barriers that affect overall health (income, cultural, education, insurance and housing), the Community Need Index is a crucial tool for pinpointing communities that are the most socio-economically disadvantaged, and thus in most need. The following ranges of scores are assigned to zip codes to represent the various levels of need: 1.0-1.7 (lowest), 1.8-2.5 (2nd lowest), 2.6-3.3 (mid), 3.4-4.1 (2nd highest), and 4.2-5.0 (highest). Results from the Community Need Index for Carroll, Haralson and Heard counties indicate that the intervention population faces multiple barriers to health (Figure 4). Carroll County's CNI scores range from 3.2 to 4.4. Both Haralson and Heard counties' CNI scores range from 3.8 to 4.0.

Figure 4: CNI Carroll, Haralson and Heard Counties

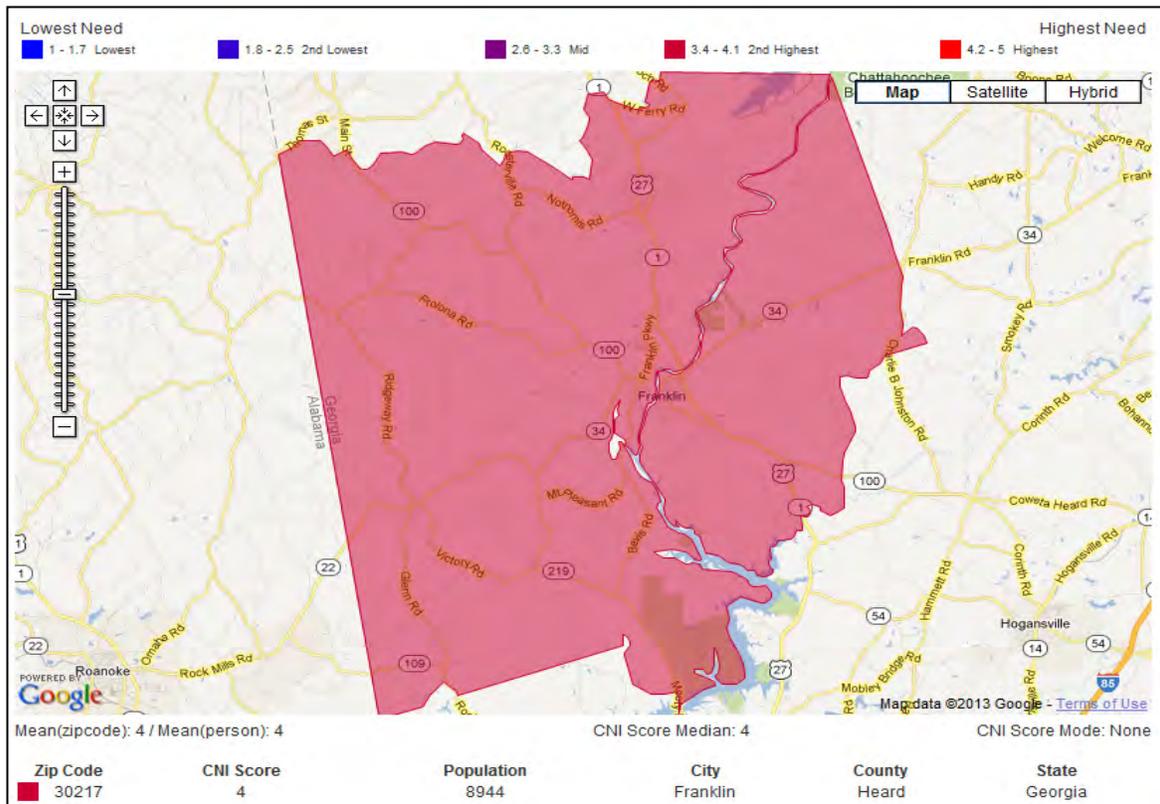
Carroll County



Haralson County



Heard County



Primary Qualitative Data

Community Surveys

Surveys were mailed and e-mailed to residents throughout Tanner's three-county primary service area. More than 1,500 surveys were collected or returned. On average, survey respondents were older, white/Caucasian, female and more educated (some college or more). See Appendix B for a copy of the survey.

Following is a summary of the key findings from the survey. Findings presented here are based on the opinions of the respondents.

- ***What is the health-related issue that most people die from in the community?*** : Heart disease (51.1 percent) and cancer (37.7 percent) were the two top issues, followed by diabetes (4.7 percent), stroke (4.2 percent) and asthma/lung disease (2.7 percent).
- ***What is the biggest health issue or concern in the community?*** : Cancer (23.2 percent) and heart disease (20.7 percent) and obesity (19.9 percent) were the major concerns for the area, with drug/alcohol abuse (11.2 percent) and diabetes (9.2 percent) also noted as problems with which many residents were concerned.
- ***What factors prevent people from seeking medical treatment?*** : Unable to pay for a medical visit (37.2 percent) and lack of insurance (32.1 percent) were the main factors, followed by fear (8.2 percent) and lack of knowledge/understanding (7.6 percent).
- ***What factor most affects the quality of health care that people in your community receive?*** : Economics (74.3 percent) was the main factor.
- ***What do you feel people in the community lack the funds to purchase?*** : Health insurance and medicine were the two leading items that people lack funds to purchase.
- ***How do you rate your own health?*** : More than 82 percent rate their overall health good or better, while only 16 percent rated their overall health fair or poor.
- ***Are you a smoker?*** : More than 90 percent of respondents answered that they have never smoked or that they did in the past but do not now, while only 8 percent responded that they are smokers at this time.
- ***What does the community need to improve the health of family, friends and neighbors?*** : Respondents had the option of checking more than one response, so in order of how the responses ranked were job opportunities, wellness services, healthier food choices, safe places to walk and play, substance abuse rehabilitation services, transportation, recreation facilities, mental health services and specialized physicians.
- ***What health screenings or education/information services are needed in the community?*** : The top 10, in order, were heart disease, diabetes, cancer, blood pressure, cholesterol, exercise, nutrition, dental screenings, substance abuse and mental health.

- ***Where do you and your family get most of your health information?*** : Doctor/health professionals and the Internet are the main sources of information.
- ***If you or someone in your family were ill and required medical care, where would you go?*** : Doctor's office, hospital emergency department and walk-in clinics were the top responses.
- ***When seeking medical care, which hospital would you visit first?*** : Respondents, in order, chose Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and then Higgins General Hospital in Bremen.

Community Focus Groups and Key Informant Interviews

The assessment's primary data collection consisted of community focus groups and key informant interviews, which were used to gather information regarding perceptions and opinions from those representing the broad interests of the community. Following is a list of the health-related issues identified as the most concerning, which were consistent with the results of the community survey.

- More education on chronic diseases (heart disease, cancer and diabetes) and related lifestyle issues—such as obesity, nutrition, exercise and smoking is needed. Participants felt that more education was needed, such as reaching out to teens with information on proper eating, exercise and tobacco use. It was consistently observed that lifestyle choices in all areas have an overall impact on these chronic diseases.
- Mental health and substance abuse is a major factor in all areas. Prescription drug abuse was noted as a major concern and a growing problem. Prescription drug abuse is not just isolated to one certain socioeconomic group; it is widespread and affects all ages, races, and education and income levels. Street drugs are still an issue in lower income areas. Depression remains a factor, and participants expressed a need for more support and additional counselors to address some of these issues. School officials and law enforcement representatives reported a large increase in mental health problems among teens. While there are some limited treatment and support services available to people struggling with addiction through local churches and behavioral health centers, long-term treatment facilities for both youth and adults struggling with substance abuse are needed.
- Access to medical care is getting better, but remains an obstacle with hospital emergency departments often the only option for care. Participants also felt that there was a lack of education and follow-up, with no “quarterback” of the team of healthcare professionals. Limited collaboration between healthcare providers and other social service organizations, especially when older adults are involved, was expressed as a concern, leading to poor care coordination and a dramatic impact on the health and wellbeing of older adults.
- Dental care and screenings were raised in all focus groups as a concern. Area schools offer a dental program for younger children; however, care for adults is a major issue. Poor dental care can lead to poor overall health and can have a negative impact even on cardiovascular health.

Data Gaps and Process Challenges

Where available, the most current and up-to-date data was used to determine the health needs of the community. Although the data set available is rich with information, data gaps exist. Due to the lack of available public health data at the zip code-level, county-level public health data was utilized throughout the assessment to provide a measure of comparability to qualitative data gathered. Several data sources used include significant gaps in time between the current year and available statistics; to provide more valid measures, data was aggregated over multi-year spans of time when possible.

Process challenges encountered include the community survey component of the Community Health Needs Assessment. Multiple methods were implemented to further increase the survey sample size, including email blasts, paper surveys distributed at various points throughout the community, etc. To overcome these challenges, Tanner Health System's Community Health Needs Assessment includes additional methods to supplement community survey data: the collection of secondary public health data and primary qualitative data through community focus groups and key informant interviews.

Community Health Needs Identified in Assessment

Phase 1 (Secondary Data Collection) and Phase 2 (Primary Data Collection) were completed and analyzed to identify the unmet health related needs of the community. The following is a comprehensive summary of the key findings from the major components of the assessment.

Access to Care

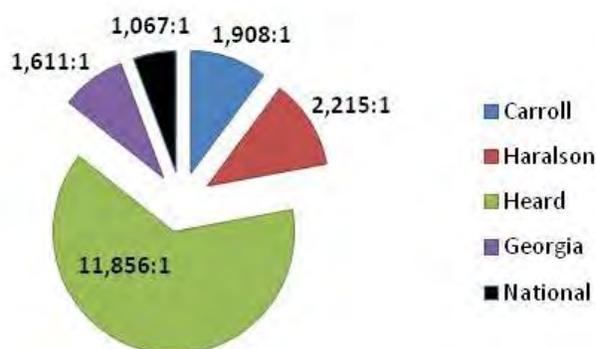
Lack of access to medical care services is a significant problem for many west Georgians and a problem of increasing magnitude for those living in rural communities. Multiple studies suggest that limited access to timely and appropriate healthcare services leads to poorer health outcomes. In addition, people who lack health insurance coverage are less likely to be connected to a medical home and are more likely to over-utilize the emergency department. With 66 percent of Tanner's primary service area of Carroll, Haralson and Heard counties located in rural areas, many individuals in the region have significant challenges accessing primary, secondary and tertiary healthcare services due to distance, lack of affordability and provider capacity.

As noted in the community surveys, respondents ranked the inability to pay for a medical visit and lack of insurance as the leading factors that prevent people from seeking medical treatment. The community focus groups and key informant interviews expressed concerns regarding access to care, describing how the emergency department is often the only option for care for many low-income, uninsured residents. A 2013 County Health Rankings Report (Table 4) estimates that the combined number of uninsured individuals in Carroll, Haralson and Heard counties is 32,144, representing 21 percent of the total population, far exceeding the 11 percent national benchmark. Evidenced from 2010 Census data, poverty rates in Carroll (17.3 percent), Haralson (20.4 percent) and Heard (19.8 percent) counties surpass the Georgia (15.7 percent) and National (15.1 percent--the highest level since 1993) rates.

Having access to care requires not only having financial coverage but also access to providers. A 2012 report from the Association of American Medical Colleges ranked Georgia 41st in the number of active physicians and forecasts that Georgia will rank last in the nation by 2020, with a shortfall of some 2,500 physicians. Distressingly, data from the 2013 County Health Rankings report (Figure 5) indicate that Carroll, Haralson and Heard counties significantly surpass state and national rates for the population per primary care physician, with rates in Heard County escalating highly above the state and national statistics.

Supplementary data from the U.S. Department of Health and Human Services, Health Resources and Services Administration reveal that Carroll and Heard counties, in their entirety, are designated as Medically Underserved Areas

Figure 5: Population per Primary Care Physician; County Health Rankings, HRSA Resource File 2011-2012



(MUA's) and Haralson County is designated as a partial MUA. All three counties are designated as Mental Health Professional Shortage Areas (MHPSA's) [source: <http://www.hrsa.gov>, November, 2012].

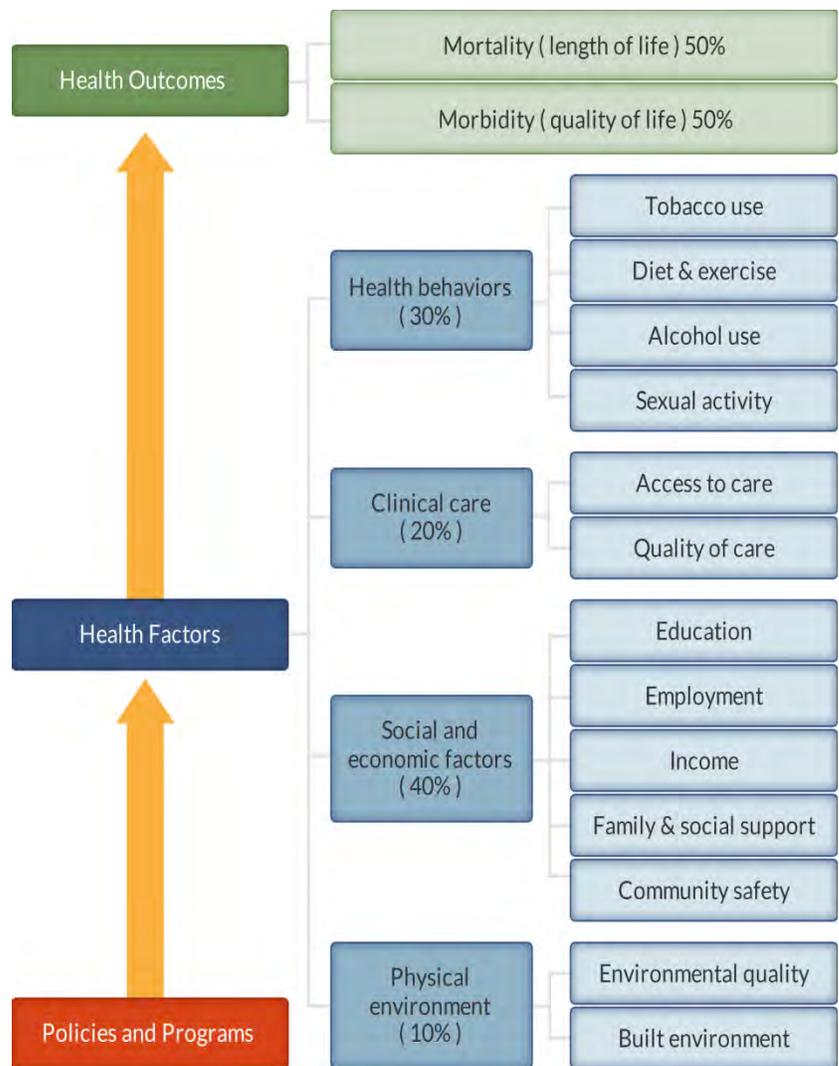
Social Determinants of Health

While barriers to access confront many west Georgians, there is growing recognition that access to medical care does not inform the total health picture. In fact, recent research suggests that medical care accounts for only 20 percent of the overall impact on an individual's health. Of greater influence are the socially determined health outcomes related to factors such as financial stability, level of educational attainment and social connectivity.

Social determinants are strongly correlated with any number of lifestyle and behavior choices, such as smoking, exercise and diet. Many chronic diseases are directly caused or cofounded by social determinants of health. In the same way that west Georgians experience greater barriers accessing health care, they also confront more challenges as a result of social determinants—including poverty, geographic isolation and limited access to needed community and social supports. Social determinants have a cumulative effect on health and the ability of individuals and populations to stay well in the communities where they live, work and play.

The County Health Rankings framework (Figure 6) portrays the vital link between health outcomes (Mortality and Morbidity) and social determinants (education, employment, income, family and social support, and community safety).

Figure 6: County Health Rankings Model

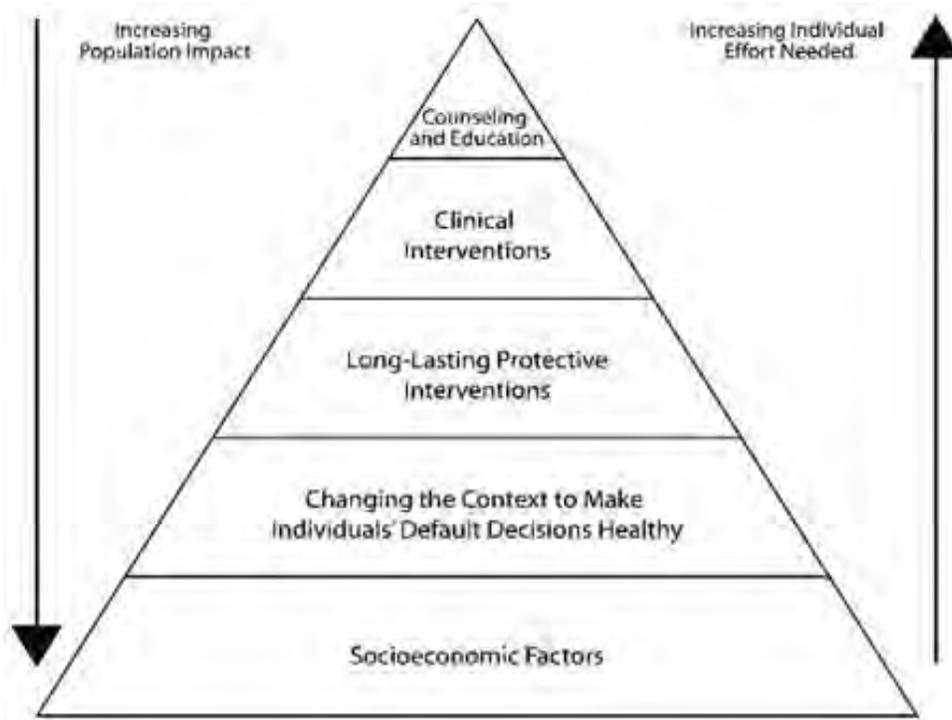


County Health Rankings model ©2012 UWPHI

An additional model, Thomas Friedan's 'Health Impact Pyramid' (Figure 7), illustrates how addressing social determinants can have the greatest impact in population health improvement. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical

interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling. Interventions focusing on lower levels of the pyramid tend to have greater impact because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.

Figure 7: The Health Impact Pyramid



Source: Thomas Frieden, “A Framework for Public Health Action: The Health Impact Pyramid”, AJP 2010.

In 1946, the World Health Organization (WHO) reshaped thinking in health care by offering a new definition of *health* that addressed the whole person: “*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*” Tanner will strive to uphold this holistic view of health to implement interventions that address the social determinants of health and underlying root causes of poor health.

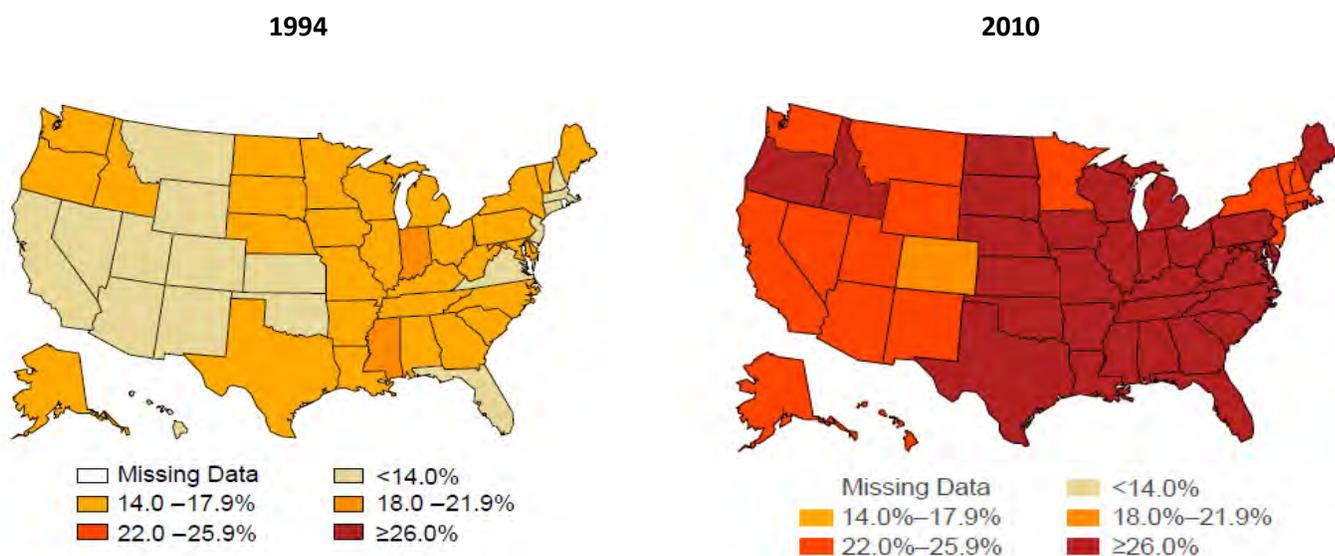
Chronic Disease Issues

Obesity

Obesity prevalence has reached epidemic proportions nationwide. In the United States, one-third of adults are now obese, and the prevalence of obesity among children has risen from 5 to 17 percent in the past 30 years (CDC, 2009). Equally disturbing, these percentages generally are higher for ethnic minorities, for those who are low-income or less educated, and for rural populations.

As displayed in Figure 8, in 1994 almost all states had prevalence of obesity less than 18 percent. In 2010, no state had a prevalence of less than 18 percent; almost all states exceeded 22 percent and 32 of these states exceeded 26 percent. A 2012 report from the Robert Wood Johnson Foundation and Trust for America's Health suggests that if obesity rates continue on their current trajectory, by the year 2030 more than 44 percent of adults could be obese, which could lead to major increases in obesity-related disease rates and health care costs. The report also suggests that if states could reduce the average adult BMI by 5 percent, millions of Americans could be spared from preventable diseases and each state could save billions in health care costs. For an adult of average weight, reducing BMI by 1 percent is equivalent to a weight loss of around 2.2 pounds.

Figure 8: U.S. Trends in Adult Obesity Prevalence (1994-2010); CDC BRFSS



Health experts recognize obesity as a risk factor for a number of chronic diseases including heart disease and cancer, which together comprise the leading causes of death in the west Georgia region. Obesity and overweight are also associated with Type 2 diabetes, a disease that is on the rise both locally and nationally and can lead to serious complications and premature death.

According to a 2012 Trust for America's Health report, Georgia is the 24th most obese state in the nation for adults, and even more disheartening, the third most obese for children. Obesity prevalence in the west Georgia region is similarly alarming. Three-county area figures, based on the 2013 County Health Rankings report (Table 4), reveal that Carroll County has an adult obesity rate of 31 percent; Haralson

County a rate of 31 percent; and Heard County a rate of 28 percent—with Carroll and Haralson counties exceeding the Georgia (28 percent) and national (25 percent) rates, along with surpassing the Healthy People 2020 goal (30.1 percent). Additional data (Table 4) indicate that the percentages of adults who report getting insufficient leisure physical activity—such as walking and other recreation—are higher than state and national benchmarks in all three counties.

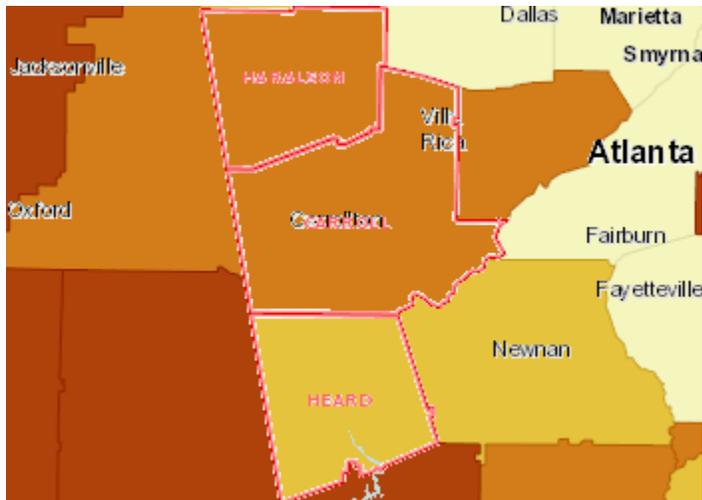
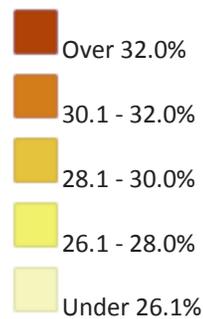


Figure 9: Pct. Adults Obese (BMI >25.0), By County, CDC National Diabetes Surveillance System, 2009



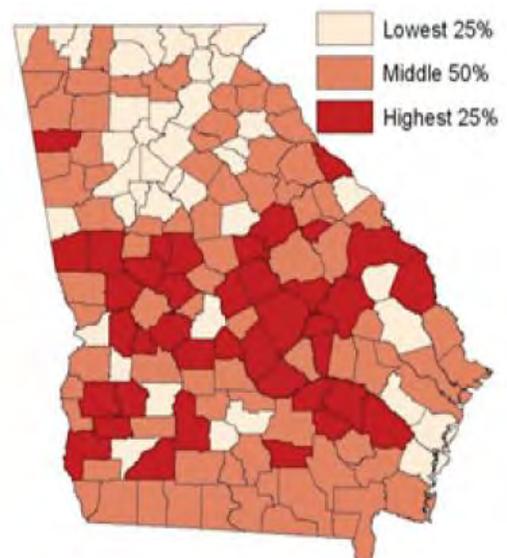
Heart Disease

According to latest data from the Georgia Department of Public Health, cardiovascular disease (CVD) is the leading cause of death in Georgia, accounting for 30 percent of all deaths in the state—9 percent higher than the national rate. Cardiovascular disease includes all diseases of the heart and blood vessels, including ischemic heart disease, stroke, congestive heart failure, hypertension and atherosclerosis. In a county-by-county, statewide comparison of death rates for CVD, Carroll and Haralson counties exceed the state and national rates and score in the 50th percentile, while Heard county scores in the 25th percentile (Figure 10).

Heart disease is the leading cause of CVD deaths in Carroll, Haralson and Heard counties; as Table 3 notes, mortality rates due to heart disease exceed state rates throughout the three-county area. Heart disease includes hypertensive heart disease, rheumatic fever heart disease, coronary heart disease including heart attack, atherosclerosis and aortic aneurysm and dissection.

Supplementary data indicate that heart disease is a leading cause of hospitalization for residents of Carroll, Haralson and Heard Counties. While aggregate hospital discharge rates for heart disease have decreased for

Figure 10: Age-Adjusted CVD Death Rates by County; CDC National Vital Statistics Report 2004-2008



residents of Carroll, Haralson and Heard counties over the past 10 years, county-level rates continue to surpass state values (Figure 11).

Figure 11: Trend Rate for Hospital Discharges for Heart Disease; Georgia Department of Public Health, OASIS

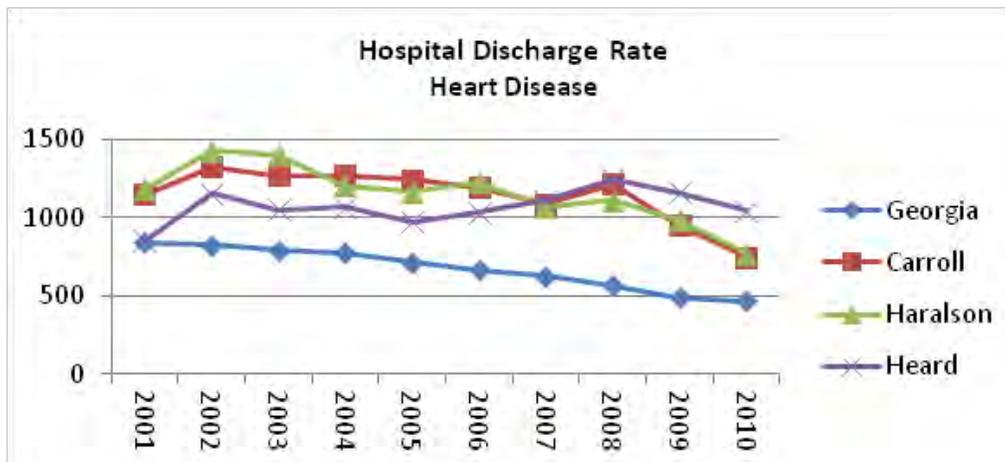
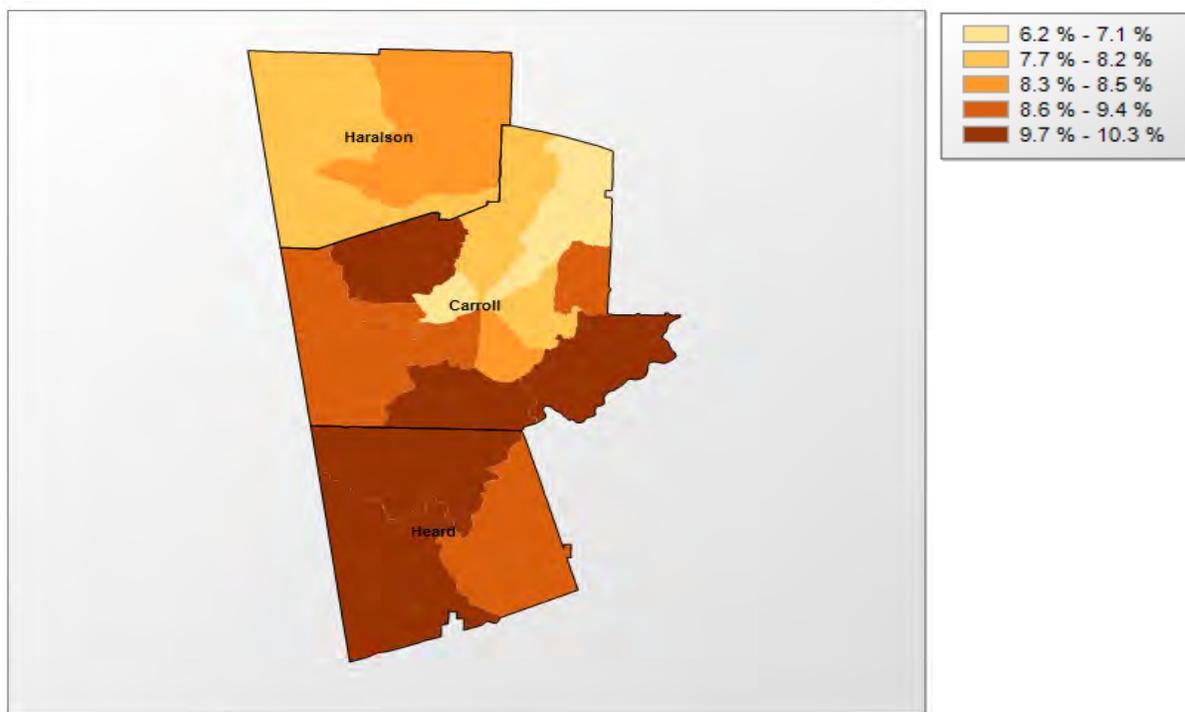


Figure 12: Percent of Hospital Discharges within Area due to Heart Disease by Census Tract, 2006-2010; Georgia Department of Public Health, OASIS



Because heart disease accounts for substantial morbidity and mortality, reduction of the risk factors is of particular importance in improving the health of the community. The major risk factors are associated with lifestyle; they include elevated blood pressure, high blood cholesterol levels, obesity, smoking, diabetes and a sedentary lifestyle. Both community survey respondents and community focus group participants expressed the need for increased education regarding heart disease and its related lifestyle issues.

Diabetes

The prevalence of diabetes is increasing in both Georgia and the United States at an alarming rate: in the last 15 years, the number of people in the U.S. with diagnosed diabetes has more than doubled, with a similar trend noted in Georgia as the proportion of adult Georgians with diagnosed diabetes went from 4.3 percent in 1994 to 9.8 percent in 2009. According to the CDC's 2009 National Diabetes Surveillance System data, throughout Tanner's primary service area, Carroll County has an adult diabetes rate of 12.7 percent; Haralson County a rate of 10.4 percent and Heard County a rate of 9.9 percent—all exceeding the national benchmark (8.0 percent) and, in two of the three counties, the Georgia statistics (9.8 percent). An aggregate upward trend in incidence rates of diabetes among adults from 2004-2009 is displayed in Figure 14.

Also of note, throughout this three-county area the mortality rate for diabetes in 2010 exceeds state and national statistics in all three counties (Carroll County: 30.8; Haralson County: 31.3; Heard County: 50.7; Georgia: 20.3; National: 22.4), as evidenced from data from the Georgia Department of Public Health, OASIS.

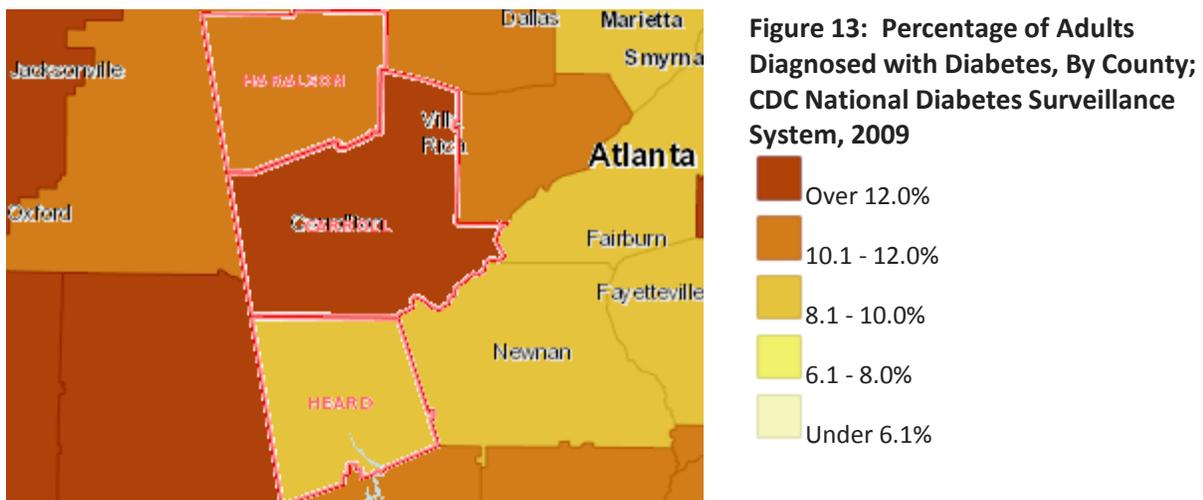
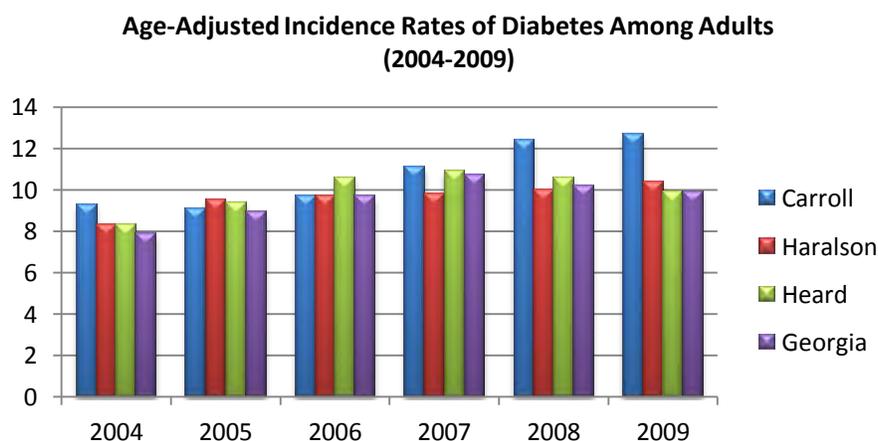
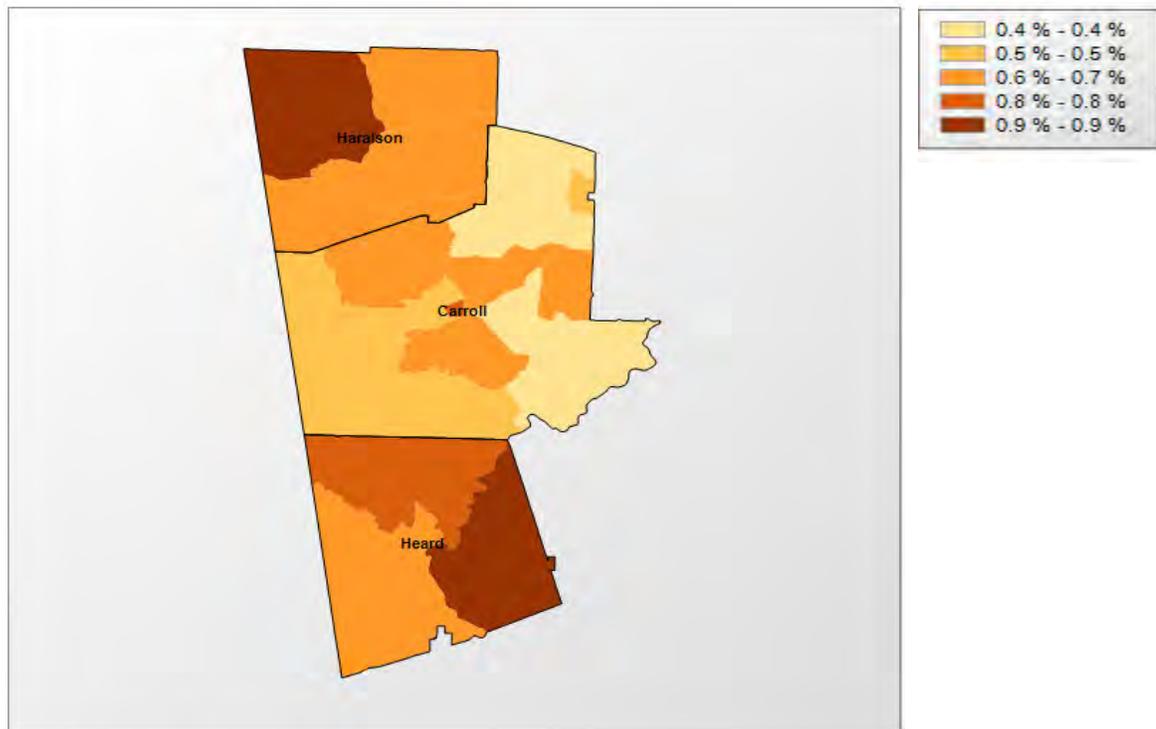


Figure 14: Trends in Diabetes Prevalence compared to state levels (2004-2009); Georgia Department of Public Health, OASIS



Diabetes complications are debilitating, costly, deadly and are more prevalent among underserved populations—leading to increased emergency room utilization and acute care hospitalization. Concernedly, the emergency room visit rate due to diabetes far exceeds the state rate (231.2 percent) in Carroll (281.8 percent), Haralson (385.4 percent) and Heard (375.0 percent) counties, according to 2006-2010 data from the Georgia Department of Public Health, OASIS.

Figure 15: Percent of Emergency Room Visits Within Area due to Diabetes Mellitus by Census Tract, 2006-2010; Georgia Department of Public Health, OASIS



Diabetes disproportionately affects African Americans and Hispanic Americans. These groups also make up a disproportionate share of the poor and uninsured. 2010 Census Bureau data reveal that throughout Carroll, Haralson and Heard counties 23 percent of the population is African American, while 5 percent is Hispanic. Complications from diabetes that more prevalently affect these ethnicities include cardiovascular disease, vision loss, kidney failure and lower-extremity amputations.

According to a 2012 CDC National Diabetes Fact Sheet, diabetes contributes to one out of every five health care dollars spent in the U.S., with 50 percent of medical expenditures attributed to diabetes being inpatient care. As the costs associated with diabetes skyrocket, Tanner realizes that it is critical not only to understand how and why disparities exist, but also to invest in prevention and management initiatives that can address the special needs of underserved communities.

Cancer

Incidence and death rates for all cancers have been declining due to advances in research, detection and treatment, yet, cancer remains a leading cause of death in the U.S. As evidenced by data from the Georgia Department of Public Health (Table 3), the mortality rate for all cancer sites in Carroll (191.0), Haralson (206.7) and Heard (197.6) counties exceeds the Georgia rate (179.2) and Healthy People 2020 goal (160.6). Cancer is the second leading cause of death in all three counties, and as community survey respondents identified, the biggest health issue or concern in all three counties.

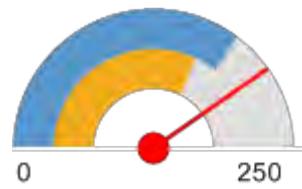
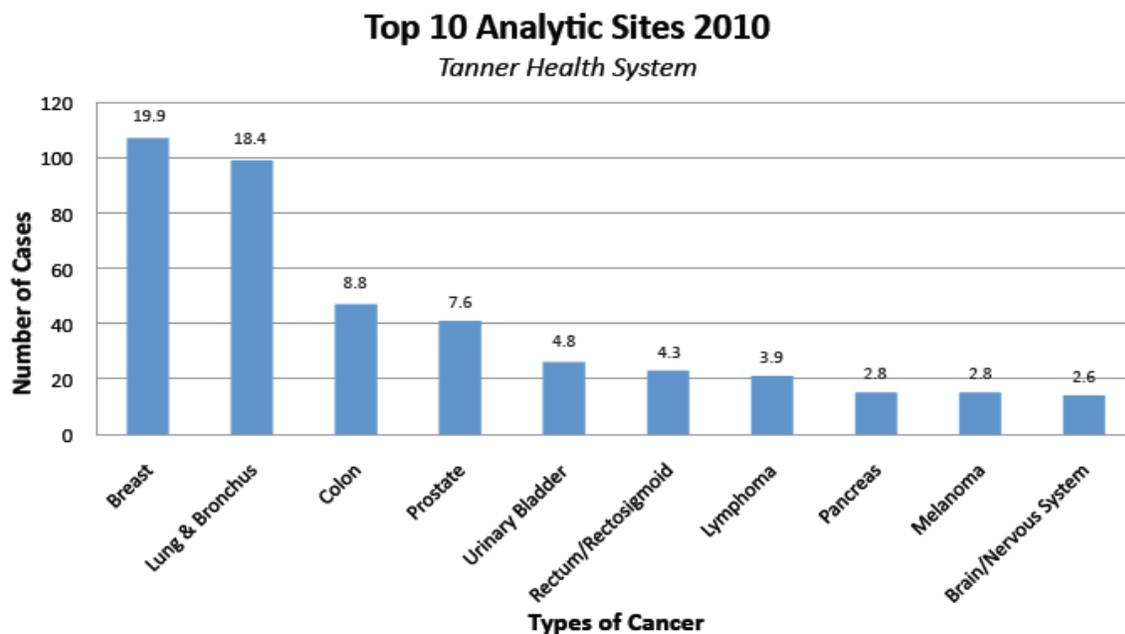


Figure 16: Age-Adjusted Cancer Death Rate (Per 100,000 Pop.)

■ Carroll, Haralson, Heard
■ HP 2020 Target
■ United States

Nearly two-thirds of cancer deaths can be linked to modifiable risk factors such as tobacco use, diet, obesity and lack of physical activity. A National Cancer Institute report released in January 2012 estimated that in 2007 in the U.S., about 34,000 new cases of cancer in men (4 percent) and 50,500 in women (7 percent) were due to obesity. A projection of the future health and economic burden of obesity in 2030 estimated that continuation of existing trends in obesity will lead to about 500,000 additional cases of cancer in the U.S. by 2030. This analysis also found that if every adult reduced their BMI by 1 percent, which would be equivalent to a weight loss of roughly 1 kg (or 2.2 lbs) for an adult of average weight, this would prevent the increase in the number of cancer cases and actually result in the avoidance of about 100,000 new cases of cancer.

Figure 17: Tanner Cancer Care Tumor Registry 2010 Site Summary



Breast Cancer

A 2011 Breast Cancer report from the Georgia Department of Public Health states that breast cancer is the most common type of cancer diagnosed in Georgia women, and is the second-leading cause of cancer deaths among Georgia women, after lung cancer. Figure 18 maps the mortality rates for breast cancer from 2005-2010 by state district, with the Lagrange District (containing Carroll and Heard counties) and the Northwest District (containing Haralson County) having significantly higher breast cancer mortality rates than the state average.

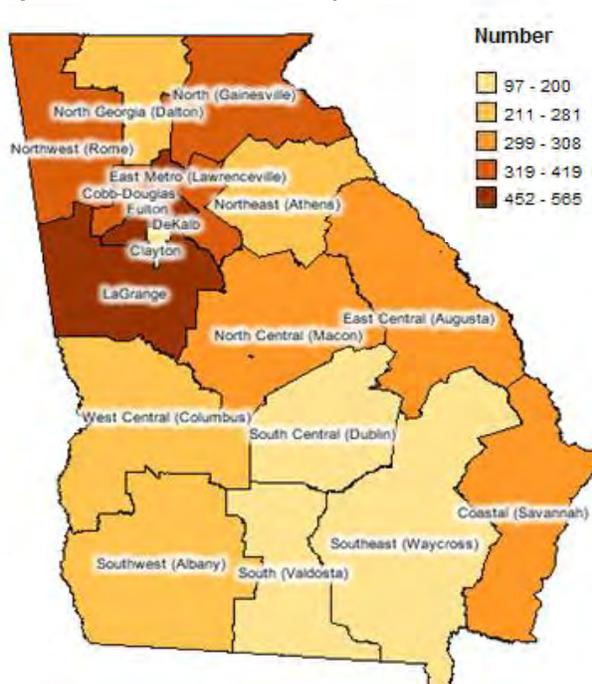
According to the latest data from Tanner Cancer Care's tumor registry (Figure 17), breast cancer was the leading primary site (107 cases) diagnosed and/or treated at Tanner Cancer Care either as inpatients or outpatients in 2010.

The earlier breast cancer is found, the better the chances that treatment will be effective. County Health Rankings (Table 4) reveal that the mammography screening rates in Carroll (57 percent), Haralson (63 percent) and Heard (51 percent) counties lag behind the Georgia (64 percent) and National (73 percent) statistics. This is well below the Healthy People 2020 objective of 81 percent.

Lung Cancer

The American Cancer Society reports that lung cancer accounts for more deaths than any other cancer in both men and women in the U.S. Local lung cancer mortality data from the Georgia Department of Public Health (Table 3) indicate that lung cancer is the leading cause of cancer-related death from 2006-2010 in Carroll, Haralson and Heard counties—with lung cancer mortality rates in Carroll (59.5 percent), Haralson (78.9 percent) and Heard (67.7 percent) counties exceeding the state rate (52.2 percent) and the Healthy People 2020 goal (45.5 percent). In 2010, 99 cases of lung cancer were accessioned by Tanner Cancer Care, making it the leading cancer diagnosis among men (50 cases), and the second leading cancer diagnosis among women (49 cases) treated at Tanner Cancer Care. Cigarette smoking is the leading risk factor for lung cancer; risk increases with both quantity and duration of smoking. As indicated by County Health Rankings, adult tobacco use in Georgia (19 percent) and Carroll County (19 percent) exceed the Healthy People 2020 goal (12 percent).

Figure 18: Age-Adjusted Mortality Rates for Breast Cancer-Females in Georgia, 2005-2010; Georgia Department of Public Health, OASIS



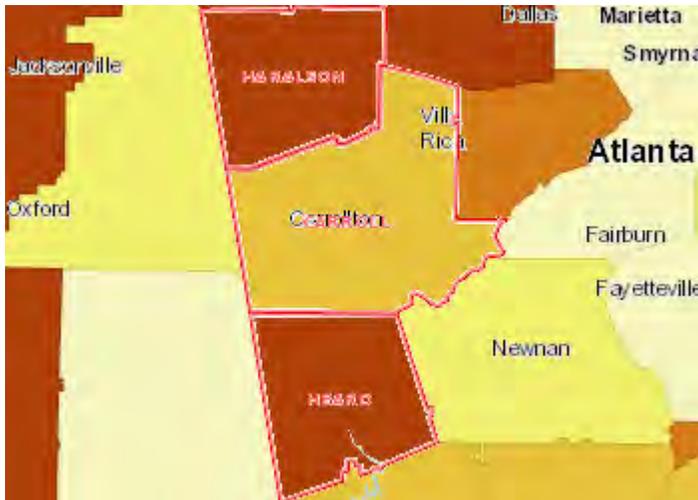
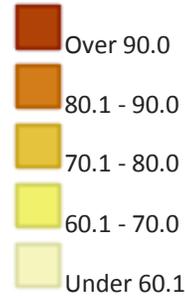


Figure 19: Age Adjusted Lung Cancer Incidence Rate (Per 100,000 Pop.), By County; NCI 2005-2009



Colorectal Cancer

Colorectal cancer is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment. Locally, colorectal cancer mortality rates from 2006-2010 exceed state (16.4 percent) and the Healthy People 2020 goal (16.9 percent) in Carroll (22.9 percent) and Haralson (22.1 percent) counties. Incidence rates for colorectal cancer (Figure 20) from 2005-2009 in Carroll (43.5 percent), Haralson (48.2 percent), and Heard (62.0 percent) counties surpass the Healthy People 2020 goal (38.6 percent), with Heard County exceeding the state rate (45.0 percent). Additionally, according to Tanner Cancer Care’s tumor registry, in 2010 colorectal cancer was the third most diagnosed and/or treated cancer among men and women at Tanner (70 cases).

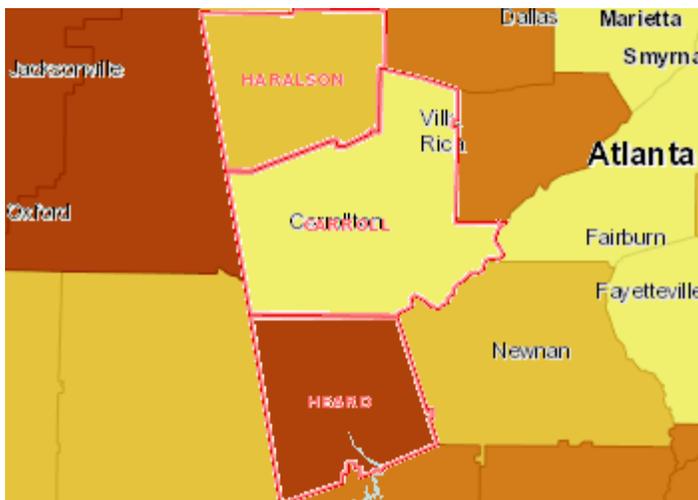
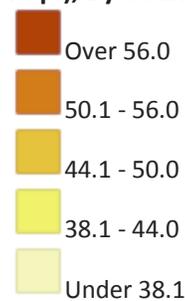


Figure 20: Age Adjusted Colorectal Cancer Incidence Rate (Per 100,000 Pop.), By County; NCI 2005-2009



Mental Health

Mental health, according to the World Health Organization (WHO), is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” According to the National Institute of Mental Health, one in four adults across the nation experience a mental health disorder in any given year. It is estimated that 45 percent of those with a diagnosed mental disorders suffer from two or more disorders; co-occurring mental health and substance abuse disorders are common among this population. State and local statistics second these discouraging figures.

A National Alliance on Mental Illness Fact Sheet from 2010 reports that of Georgia’s approximately 9.7 million residents, close to 349,000 adults and 111,000 children live with serious mental health conditions. Disturbingly, Georgia’s public mental health system provides services to only 21 percent of adults who live with serious mental illnesses in the state. A 2011 Commonwealth Fund State Scorecard report revealed that Georgia ranks 48th in the nation for the percentage of children who received needed mental health services, with only 51 percent receiving those services.

The west Georgia region suffers from a disproportionate incidence of hospitalizations and emergency room visits due to mental and behavioral disorders compared to the state figures. According to 2006-2010 data from the Georgia Department of Public Health, OASIS, the hospital discharge rate for mental and behavioral disorders aggregated across Carroll, Haralson and Heard counties is 636.9 percent—surpassing the Georgia rate of 475.4 percent; furthermore, the emergency room visit rate aggregated across Carroll, Haralson and Heard counties is 1,156.1 percent, exceeding the state rate of 867.9 percent.

Figure 21: Age-Adjusted Hospital Discharge Rate for Mental and Behavioral Disorders for Carroll, Haralson and Heard counties (2006-2010)

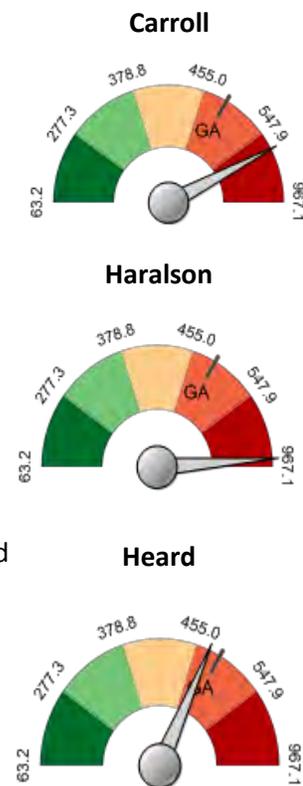
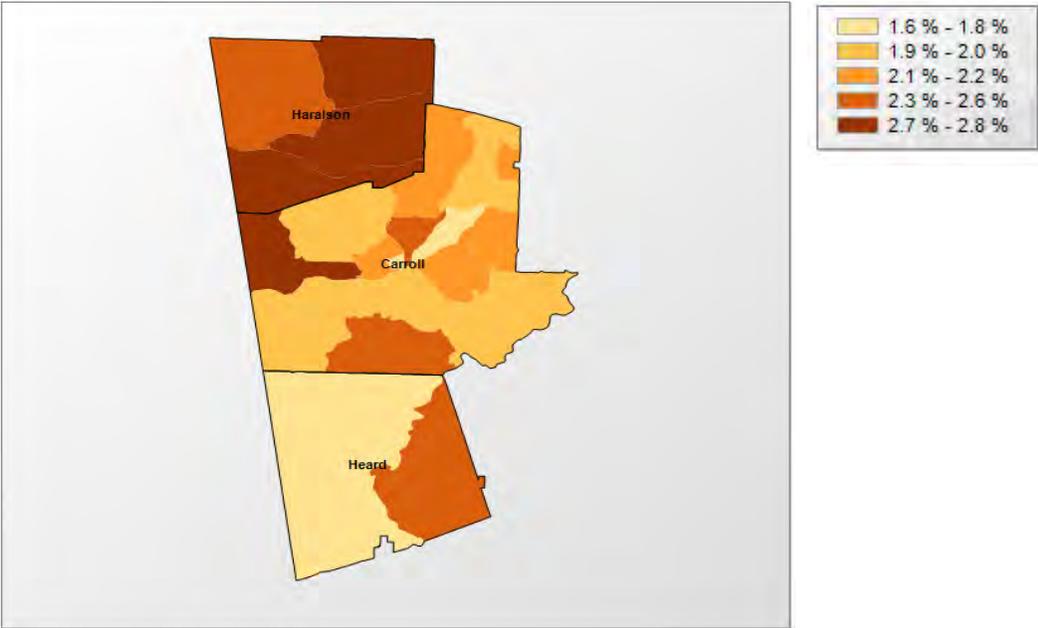


Figure 22: Percent of Emergency Room Visits within Area due to Mental and Behavioral Disorders by Census Tract, 2006-2010; Georgia Department of Public Health, OASIS



Suicide is a significant and preventable public health problem. Rates of suicide from 2006-2010 in Carroll (12.5 percent), Haralson (21.9 percent) and Heard (20.9 percent) counties exceed state statistics (11.0 percent), and the Healthy People 2020 objective (10.2 percent).

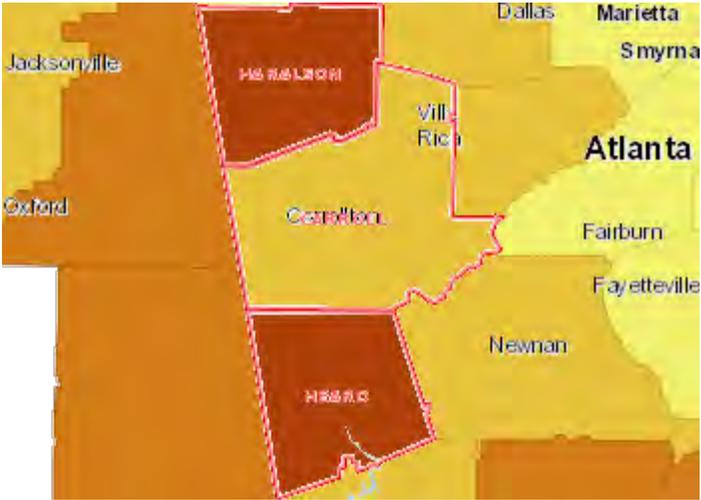


Figure 23: Suicide Death Rate (Per 100,000 Pop.), By County, CDC NVSS 2006-2010

The need for mental health services will continue to grow as the state government extracts itself from providing behavioral health services to the citizens of Georgia, subsequent to a federal Justice Department ruling that required Georgia to make significant changes to its mental health system. These changes led to the closing of the Central State Hospital in Milledgeville and the Northwest Georgia Regional Hospital in Rome in recent months.

Tanner's Programs and Services Addressing Identified Needs

Tanner Health System currently offers a variety of comprehensive programs and services to address the identified needs of the communities it serves. As they are related to the key assessment findings, services are described below.

1. Access to Care

Patient Financial Assistance

Tanner Health System is committed to providing financial assistance to persons who have healthcare needs and are uninsured or underinsured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to provide quality health care to all citizens, Tanner strives to ensure that the financial capacity of people who need healthcare services does not prevent them from seeking or receiving care. Tanner's facilities proactively inform patients of the availability of financial assistance for those who are poor, uninsured and underinsured. Staff also makes efforts to explore appropriate alternate sources of payment and coverage from third parties and other public and private programs in order to assure patients access to future medical services when needed. Additionally, Tanner provides self-pay discounts to patients who have the ability to pay for hospital services but lack medical insurance and do not qualify for financial assistance. Currently, qualifying self-pay patients receive a 60 percent discount of total charges at final bill.

Patient Transportation

Tanner Health System provides indigent transportation through Tanner Medical Foundation's Indigent Taxi fund for patients, including children, who lack transportation and support systems to get to and from medical appointments or treatment. In FY 2012, 172 behavioral health and other patients throughout Tanner Health System were transported through this assistance.

Air Ambulance Services

Tanner Health System has partnered with Air Evac Lifeteam, the largest independently-owned and operated air ambulance provider in the country, to expand its services in Georgia. Air Evac Lifeteam currently has a base housed temporarily at Tanner Medical Center/Carrollton. An Air Evac Lifeteam crew—which includes a registered nurse, paramedic and pilot—is on call at the base 24 hours a day, seven days a week, providing on-the-scene medical care and rapid medical transport, as well as transfers between medical facilities.

Physician Recruitment

Attracting high-quality physicians who are skilled in a broad range of medical specialties ensure that needed medical services are available in the communities Tanner serves. Through clinical excellence initiatives, integrating information technology and improving efficiency, Tanner is taking steps to attract and recruit physicians—a key to expanding access to care and providing the most advanced treatments available to area residents. During FY 2012, Tanner Health System welcomed 27 physicians to the medical staff.

Health Professions Education

Helping to prepare future healthcare professionals is essential to ensuring an adequate supply of qualified talent to care for the future healthcare needs of the community. Tanner supports health professions education through scholarships provided by Tanner Health System and Tanner Medical Foundation to medical and nursing students, and through established partnerships with local nursing school programs at the University of West Georgia and West Georgia Technical College. Additional medical education efforts include the offering of multiple Continuing Medical Education (CME) courses to area healthcare professionals, and Tanner Connections—a partnership between Tanner Health System and the Carroll County Schools, which engages students in the exploration of healthcare careers while helping them gain an understanding of the importance of a healthy lifestyle.

Indigent Clinic Support

Tanner Health System provides financial support to local indigent clinics, including the Rapha Clinic and the Latino Clinic, which provide a comprehensive range of services for those without insurance or the means to afford such care.

Tanner Medical Group

Tanner Medical Group helps ensure area residents have continued access to a range of specialists and primary care providers, right in their own communities. Tanner Medical Group is one of metro Atlanta's largest multi-specialty medical groups, with dozens of specially trained physicians representing more than 25 medical practices in 35 locations in Carroll, Douglas, Haralson, Heard and Paulding counties in Georgia and Randolph County in Alabama. Several Tanner Medical Group practices—including Carousel Pediatrics, New Georgia Family Healthcare, Tanner Primary Care of West Paulding and Mirror Lake Internal Medicine—are participating in the patient-centered medical home model of care, a team-based healthcare delivery model that provides comprehensive and continuous medical care to patients through efforts to improve access and quality of care, while maximizing health outcomes.

Immediate Care

Tanner Immediate Care in Villa Rica provides urgent care for a wide range of minor medical emergencies. At Tanner Immediate Care, no appointment is needed and the facility offers convenient weekend and weekday evening hours. Tanner Immediate Care services will be expanding to Carrollton and Bremen locations.

Multiple Sclerosis Center

The Tanner MS Center at Tanner Medical Center/Villa Rica was established to make essential treatment for multiple sclerosis (MS) more accessible to the residents of west Georgia and east Alabama. Conveniently located near Interstate 20, the center is designed to be accessible and accommodating to MS patients, from its accessible location on the ground floor of the medical office building to the specially designed chairs that make treatments easier on patients and doors that open with the wave of a hand.

Comprehensive Inpatient Rehabilitation Services

In June 2013, Tanner opened a new, state-of-the-art 20-bed comprehensive rehabilitation facility at Tanner Medical Center/Carrollton. The unit provides intensive rehabilitation for patients who have suffered strokes or who must otherwise learn how to perform everyday household tasks. It serves patients who have undergone orthopedic procedures, such as joint replacements, and have other underlying health issues that could impair their recovery. The facility offers occupational therapy, speech therapy and physical therapy and provides step-down care for more intensive rehabilitation centers throughout the Southeast, enabling residents to continue their recoveries closer to home.

Swing Bed Program

Tanner's swing bed program at Higgins General Hospital is designed for patients who require a less-intensive level of care than they received while in the hospital but who are not yet ready to leave treatment. By using a swing bed, a physician can provide a patient with up to two weeks of additional care, including skilled nursing care, physical therapy, education about living with a condition or recovery from an injury and more. The program reduces the risk that a patient will require further hospitalization.

Expanded Emergency Services

Responding to the significant population growth in west Georgia, Tanner recently opened a new, state-of-the-art emergency department at Tanner Medical Center/Carrollton. The new 32,000-square-foot, 40-bed emergency department is almost double the capacity of the hospital's old emergency department. The new emergency department will maximize efficiency and patient comfort, while new trauma rooms and a special area for minor emergencies will ensure patients are receiving the right care, quickly.

Home Health/Hospice

Tanner Home Health and Tanner Hospice provide comprehensive, quality healthcare services in the security and comfort of patients' homes. This alternative can reduce or eliminate lengthy and expensive hospitalization and the inconvenience of frequent trips to the doctor's office. Tanner Home Health and Tanner Hospice skilled professionals include registered nurses, licensed practical nurses, home health aides, physical therapists, occupational therapists, speech therapists and medical social workers who provide a wide range of quality care and are on call 24 hours a day.

Mammography

Recognizing that early detection is the key to successfully battling breast cancer, Tanner provides multiple mammography services through Tanner Breast Health (with locations in Carrollton and Villa Rica),

along with providing digital mammography services at Higgins General Hospital in Bremen. Additionally, Tanner Health System's new "Mammography on the Move" digital mammography mobile unit seeks to remove barriers of time, awareness and access that prevent women from getting mammograms. The



mobile unit is available to serve at community events, businesses, churches, civic groups and more, making access to digital mammography and bone density screenings easier and more convenient for area women.

Patient Navigators

Patient Navigators are an on-going, consistent point of contact for patients and families through the full continuum of care at Tanner Health System following a cancer diagnosis. In addition to assisting with everything from paperwork to scheduling and referrals, Patient Navigators provide patients with emotional support, identify barriers to care (transportation, financial concerns, childcare, etc.) and resources available, and help patients access any additional support services needed.

Music Therapy

Hospitalization can result not only in physical stress from invasive treatments and therapies, but emotional stress as well from unexpected news, unfamiliar environments, inability to conduct normal activities and lack of control. Music therapy in the medical setting plays an important role in the healing process—not just for patients, but for their loved ones and caregivers as well. Through its Harmony for Healing music therapy program, Tanner hosts free performances in the atrium at Tanner Medical Center/Carrollton, featuring local performers with a wide range of talents. In FY 2012, 171 performances were offered by Tanner’s Harmony for Healing music therapy program to audiences of patients and their families, Tanner staff and members of the community.

Tanner ReadER Program

Tanner strives to promote literacy and learning—critical skills for a healthy and productive life—through the Tanner ReadER program, providing age-appropriate books to every child who visits one of Tanner Health System’s three regional, 24-hour emergency departments. These books will not only prepare children to learn and succeed, but give parents an opportunity to share an escape with their child into a story, away from the trauma or illness that made their visit necessary. Tanny the Turtle, the Tanner ReadER program’s new mascot, will promote reading to children and parents visiting Tanner’s emergency departments and to others in the community as he travels to area schools, community events and organizations.

Mental Health Screenings

Tanner Health System keeps access to a continuum of behavioral health services a phone call away with free, confidential behavioral health assessment from Willowbrooke at Tanner. With a call to Willowbrooke at Tanner’s helpline, a behavioral health clinician trained in crisis intervention can arrange an assessment and connect a person to an entire community-based network of resources and treatment options both within and outside of Tanner’s continuum of care. In FY 2012, 9,981 free behavioral health assessments were completed through Willowbrooke at Tanner.

2. Obesity

Health Source

Tanner Health Source is a unique extension of Tanner’s commitment to improve the health of both the community and Tanner employees, providing chronic disease prevention and wellness resources. The services of Tanner Health Source include outpatient diabetes self-management programs, outpatient nutrition counseling, health promotion education and health screenings for local business and industry, and employee exercise facilities at each of Tanner’s main hospital campuses.



Employee Wellness

Tanner Health System employees have the ability to enroll in Tanner Advantage, Tanner’s health benefit plan which rewards employees for accomplishing and working toward essential health-based criteria. All employees taking part in the Tanner Advantage plan receive free health assessments. The results of Tanner’s employee health assessments in 2010 and 2011 (Table 5) show improvement in several key areas—with impressive outcomes in Body Mass Index (BMI) and LDL cholesterol. Enrolled Tanner employees have gone from an obese population (with a BMI >30) to an overweight population (BMI 25-29.9) in a year’s time.

Table 5: Tanner’s Health Assessment Achievements*			
Health Measure	2010 Average	2011 Average	% improvement
Body Mass Index	35	29.4	16%
LDL Cholesterol	114.6	101.5	11%
Blood Pressure	124.6/75.8	122.5/74.4	2%

*Results based on 1,543 individual who completed the assessment in both years

Cardiac Rehab

The John and Barbara Tanner Cardiac Rehab Center at Tanner Medical Center/Carrollton helps patients recover from a cardiac event. Throughout the medically supervised exercise-based program, patients are provided with the education and strategies for living a heart-healthy lifestyle, including nutritious food cooking-demonstration classes.

Get Healthy West Georgia

In April 2012, Tanner Health System and community partners launched a comprehensive community health initiative, Get Healthy West Georgia, targeted at reducing rates of obesity, improving nutritional awareness and increasing physical activity for residents throughout Carroll, Haralson and Heard counties. Through collaborative, multi-sector partnerships, Get Healthy West Georgia strives to connect community members with the education, tools and support they need to live stronger, healthier lives.



Technology is a key community outreach component of Get Healthy West Georgia; a new, easy-to-use Web site, www.GetHealthyWestGeorgia.org, enables members to log their exercise, keep a food diary, track their weight loss, participate in challenges, take online nutrition and stress management classes, connect with buddies, keep a journal of their “get healthy” journey, share healthy recipes and more—all for free. In January 2013, Get Healthy West Georgia initiated a 12-week community-wide weight loss

challenge; 233 participants lost a total of 2,472 pounds, with 36 contestants losing over 10 percent of their body weight.

3. Diabetes

Diabetes Self-Management Programs

Tanner Health Source provides a range of services to help individuals and groups improve their health and wellness with its American Diabetes Association-certified diabetes management program.



Designed for patients of any age, as well as their families and caregivers, Tanner Health Source empowers individuals with diabetes with the knowledge needed to manage their disease and make informed choices in their daily lives. The Tanner Health Source team includes a registered nurse and registered dietitian who specialize in diabetes management.

Among the diabetes education programs available at Tanner Health Source are:

- Diabetes self-management classes
- Pediatric and adolescent diabetes counseling
- Gestational diabetes management
- Basic meal planning
- Carbohydrate counting
- Insulin pump education
- Diabetes support groups
- One-on-one counseling

Wound Care

Tanner Advanced Wound Center in Carrollton offers leading-edge treatments and technology to aggressively manage wounds and ensure that they heal quickly and completely. The center's dedicated medical staff is specially trained in all types of wound care, enabling Tanner to provide area residents with dedicated and specialized attention so that they can return to a full life—free from the pain of chronic wounds. The center features hyperbaric oxygen therapy (HBOT), a treatment that is often used to treat diabetes-related foot ulcers, necrotizing infections and a wide range of wounds and conditions.

4. Heart Disease

Cardiology Services

During a heart attack, heart muscle is lost by the minute. If blood is not restored to the heart quickly, it can lead to irreversible damage to the heart. Limiting such damage requires quickly opening the blocked coronary artery to restore the flow of oxygen-rich blood to the cells of the heart muscle. That's when Tanner's full continuum of heart care—including 24-hour emergency departments at three hospitals, a Heart Alert system, and the expert staff and technology of Tanner Heart and Vascular Center—truly makes a difference.

Tanner Heart and Vascular Center at Tanner Medical Center/Carrollton combines all cardiac services under one roof. Equipped with state-of-the-art technologies and staffed by cardiology specialists, the

center offers a wide range of cardiac services—from angioplasty to diagnostics and rehabilitation. In November 2006 Tanner Medical Center/Carrollton began offering cardiac angioplasty and stenting—also known as percutaneous coronary intervention, or PCI. Just more than six years later, in December 2012, the hospital’s cardiac care team has performed approximately 2,650 PCI procedures. The volume of procedures performed in that short period of time is a testament to how badly the service was needed in the west Georgia region. The growing need for invasive, diagnostic cardiac services and endovascular services has resulted in the development of a new endovascular lab at Tanner Medical Center/Villa Rica.

Community Outreach

Tanner Health System strives to proactively put an emphasis on preventive care. Tanner’s wellness initiatives include cardiovascular disease education through monthly State of the Heart sessions, hosted by Tanner Heart and Vascular Specialists at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica. Additional outreach regarding heart disease consists of regularly held CPR classes, business and industry outreach programs, free screenings for peripheral artery disease, Tanner’s Speakers Bureau programs, Community Voice radio program appearances, and multiple health fairs and community events promoting the Get Healthy West Georgia initiative.

5. Cancer

Cancer Care

There is perhaps nothing more frightening than a diagnosis of cancer. And there is nothing more important to a newly diagnosed cancer patient than being seen quickly and having someone take the time to answer questions and explain options. Tanner strives to see every new patient within three days of diagnosis.



At Tanner, patients meet with a team of cancer care specialists who develop treatment plans within days—not weeks. Tanner’s professional and highly skilled team of specialists provides patients with:

- Integrated, personalized and compassionate care
- The latest and most accurate cancer treatment therapies and technologies
- A convenient and centralized west Georgia location

Tanner’s comprehensive approach to cancer means not only offering ways to treat cancer—surgery, radiotherapy and chemotherapy—but ways to treat the entire patient: behavioral health services, patient navigators, chaplains, support groups, registered dietitians and more.

Tanner Oncology Services seek to offer an unparalleled patient experience. The Patient Navigator program provides Tanner’s cancer patients with a single source for all their questions and concerns regarding cancer care and treatment. Further, Tanner Oncology Services receive direct feedback from the Tanner Oncology Advisory Council, comprised of about 15 community members who have been impacted by cancer in some way and are looking to give back.

Breast Care

As advances in breast cancer detection techniques and new treatments continue to give women more and more hope for a good outcome, Tanner Health System is an essential breast healthcare resource for area residents. With convenient locations on the campuses of Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica, plus digital mammography services at Higgins General Hospital in Bremen and in Tanner's Mammography on the Move unit, Tanner Breast Health provides women in west Georgia and east Alabama with compassionate care and advanced facilities that are completely dedicated to breast health.

Community Outreach

In addition to Tanner's 'Mammography on the Move' digital mammography unit, multiple community outreach activities relating to cancer are held on an ongoing basis. These include free skin cancer and prostate cancer screenings, Tanner's Speaker's Bureau programs, Community Voice radio program appearances, and various community health fairs and events.

6. Mental Health

Willowbrooke at Tanner

Willowbrooke at Tanner, a division of Tanner Medical Center/Villa Rica, provides complete behavioral health care across Georgia and east Alabama through inpatient, outpatient, and in-home counseling and psychiatric services. Psychiatrists, nurses, social workers and therapists work together to provide treatment that addresses a full range of mental health problems—easing patients' anxiety and building their confidence toward lifelong wellness.

Common problems treated at Willowbrooke at Tanner include:

- Major depression
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Anxiety disorders
- Attention deficit hyperactive disorder (ADHD)
- Schizophrenia
- Impulse control disorders
- Substance abuse
- Dual diagnosis (behavioral and substance abuse problems)
- Psychosomatic disorders
- Chronic pain syndrome

Willowbrooke at Tanner therapies and programs include:

Innovative Therapies

- Willowbrooke at Tanner incorporates innovative therapeutic techniques to connect with patients, including equine therapy and expressive art therapy.

Programs for Behavioral Change

- Free, confidential assessment and intake services
- Intensive Outpatient Program
- Partial Hospitalization Programs
- Child and Adolescent Partial Hospitalization Program
- Adolescent Substance Abuse Partial Hospitalization Program
- Tanner Intensive Program for Behavioral Change (TIP)
- Adult Behavioral Health and Substance Abuse Partial Hospitalization Program
- Tanner Intensive Family Intervention Program (TIFIP)
- RAPP (Relatives as Parents Program)
- Tanner Center for Behavioral Health

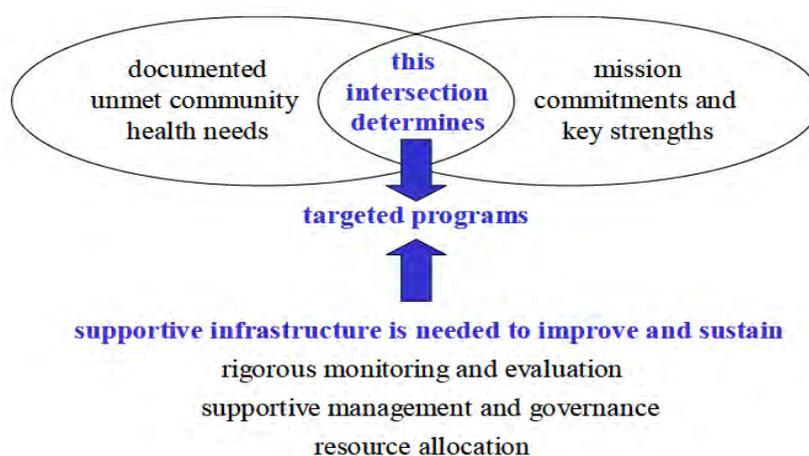
With facilities closing and declines in options for residential treatment and inpatient care across the state, Willowbrooke at Tanner continues to look at ways to take the lead on providing a broad continuum of quality mental health treatment services, while keeping patients in the communities in which they live. With a call to the Willowbrooke at Tanner helpline (available 24 hours a day, 7 days a week), a master's level clinician trained in crisis intervention can arrange an assessment and connect a person to an entire community-based network of resources and treatment options both within and outside of Tanner's continuum of care. The goal is to provide the right treatment in the best place, and return the patient to a healthy life. Responding to the growing demand for quality, behavioral inpatient care, in December 2012, the state approved a certificate of need (CON) allowing Willowbrooke at Tanner to expand the capacity of its inpatient unit in Villa Rica through the addition of 30 beds.

Prioritization and Response to Findings

Members of Tanner Health System’s administrative and community benefit teams reviewed internal and external data sources for population demographics and health needs, results of the community health needs survey data and input from community focus groups and interviews. Utilizing these sources, members prioritized needs based on the following criteria: size, severity, long-term impact and the health system’s ability to address the need.

Tanner Health System’s Community Health Implementation Strategy reflects the organization’s overall approach to community benefit by targeting the intersection between the identified needs of the community and the key strengths and mission commitments of the organization (Figure 24). Tanner has established leadership accountability and an organizational structure for ongoing planning, budgeting, implementation and evaluation of community benefit activities, which are integrated into Tanner’s multi-year strategic and annual operating planning processes.

Figure 24: Addressing Community Needs



As a result of extensive analysis and discussion of both quantitative and qualitative health needs data and information, the top health priorities identified in Tanner Health System’s Community Health Needs Assessment, to be addressed within the Community Health Implementation Plan for FY 2014-2016 are as follows:

➤ Access to Care

An aging population, coupled with a flagging economy and an increasing prevalence of chronic disease, creates a variety of access-to-care issues relating to both affordability and availability of care. Underlying factors identified by secondary data and primary input from community surveys and focus groups resulted in the need to improve access to health care. Tanner will seek to enhance existing programs and develop new ones by strategically allocating financial resources, materials, expertise and advocacy to build on what is already in place in the community. Tanner will continue to work with individuals and families to promote access to medically necessary healthcare services by maintaining an accessible financial assistance program, providing charity care and self-pay discounts to qualifying patients. Additionally, staff and leadership will work collaboratively with key community partners to promote a seamless continuum of care.

➤ **Chronic Disease Education, Prevention and Management**

Unhealthy lifestyles and the growth of chronic disease are increasingly affecting individual quality of life and overall community health in the west Georgia region. As Tanner addresses these growing healthcare needs and the changing landscape of healthcare delivery, the importance of prevention and wellness, as well as the ability to provide well-coordinated care, is paramount. Primary input from local representatives, combined with secondary data analysis indicates an increased need for chronic disease education, prevention and management resources and programs in the community.

The increased prevalence of chronic disease in west Georgia has led Tanner to take the lead on improving the health status of its region. In 2012, Tanner approved a five-year strategic plan which includes the development of a community health/community benefit division of Tanner Health System—supporting Tanner’s efforts to expand and sustain the necessary capacity to prevent chronic diseases, detect them early, manage conditions before they become severe, and promote healthy living through prevention and wellness initiatives in the communities that Tanner serves.

Supplementing the efforts of Tanner Health System’s community health/community benefit division, in September 2012, Tanner was awarded a Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC), designed to create community solutions to problems created by chronic disease and their underlying risk factors. The CTG program will guide, advance and accelerate Tanner’s community health strategy, including the implementation of a comprehensive, two-year community health collaborative—‘Get Healthy, Live Well’— that will seek to reach in excess of 150,000 individuals (children, adults and seniors) in Carroll, Haralson and Heard counties through a variety of policy, environmental, programmatic and infrastructure interventions to promote healthier lifestyles. Over the two-year, ‘Get Healthy, Live Well’ project period, evidence-based community health strategies will be implemented as a coordinated effort spanning multiple sectors (schools, work sites, hospitals and clinics, early childcare centers, faith-based institutions and the wider local community) to achieve both comprehensive and focused population-targeted impact, consisting of interventions aimed at addressing the overarching Healthy People 2020 goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate health disparities, and improve the health of all groups.
- Create healthy and safe physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Additionally, strategies will align with the National Prevention Strategy’s “Strategic Directions” of: (1) Tobacco-free living; (2) Active Living and Healthy Eating; (3) High Impact Quality Clinical and other Preventive Services; and (4) Healthy and Safe Physical Environments.

‘Get Healthy, Live Well’ will be steered by a Leadership Council and multiple sub-group Task Forces, who will work together to establish, advance and maintain effective strategies that continuously improve health and quality of life in west Georgia. Guided by a comprehensive action plan, the ‘Get Healthy, Live Well’ Leadership Council and Task Forces will engage people, ideas and resources across multiple settings to create a synergy of health and prevention efforts that will have a lasting effect on people’s health.

Additional efforts by Tanner to further address chronic disease include the expansion of integrated care models which deliver clinical care in tandem with health promotion and disease prevention/management efforts.

➤ **Mental Health**

Mental health is essential to a person's well-being, healthy family and interpersonal relationships and the ability to live a full and productive life. Mental health is important to monitor because it is associated with increased occurrence of chronic diseases such as cardiovascular disease, diabetes, obesity, asthma, epilepsy, and cancer. Mental illness is also associated with lower use of medical care, reduced adherence to treatment therapies for chronic diseases, and higher risks of adverse health outcomes. It has also been reported that rates for both intentional (e.g., homicide, suicide) and unintentional (e.g., motor vehicle) injuries are two to six times higher among people with a mental illness than in the population overall.

Alarming, a large percentage of Georgia's population is affected by poor mental health, while quality services to address those needs are few. Tanner Health System will seek to improve the access and availability of advanced, life-enhancing behavioral health services to people in Georgia's communities through Willowbrooke at Tanner's many programs and services. From Willowbrooke at Tanner's inpatient facility to its many ground-breaking outpatient programs, people throughout Georgia have access to a single source for a vast range of therapies and treatments, allowing for a consistent and reliable system of treatment. Current services that Willowbrooke at Tanner provides will be expanded with the addition of outpatient services in Cartersville, along with the addition of beds to its inpatient unit in Villa Rica. Willowbrooke at Tanner will also continue to work closely with community schools, agencies, service providers and emergency departments to ensure a team approach to ensuring patients get well and stay well.

Needs Not Addressed

Community focus group participants voiced concerns regarding access to dental care services. While not directly addressed in Tanner's Implementation Strategy, Tanner will continue to partner with local dentists and oral surgeons to provide urgent dental care in the health system's emergency departments and clinics, along with working collaboratively with providers, social service and community organizations to promote routine dental care. Tanner also provides financial assistance to a local indigent clinic, the Rapha Clinic, which provides dental care to those without insurance or the means to afford such care.

Lack of local, long-term substance abuse treatment centers was noted as an area of concern by community focus group participants. While Tanner is committed to providing behavioral/mental health services and substance abuse services to adults, adolescents and children in the west Georgia region through Willowbrooke at Tanner's many programs and services, the addition of a long-term residential substance abuse treatment program is currently outside of Tanner's scope of resources. Tanner will continue to work collaboratively with various community organizations and agencies to further address gaps in the provision of substance abuse care, along with conducting a comprehensive evaluation to identify opportunities to improve substance abuse treatment services throughout the community.

Appendix A: Community Focus Group Participants

Tanner Medical Center Carrollton

Carrollton (Carroll County) -February 20, 2012

Carrollton City Manager-Casey Coleman
Carrollton Housing Authority-Geneva Powell
Carroll Tomorrow-Donna Lackey
St. Margaret's Community Outreach-Catherine Gordon
Carrollton Elementary School-Anna Clifton, Principal
Southwire-Lisa Evans
Greenway Medical Technologies-Wendy Lucio
Carrollton Police Department- Chief Joel Richards
Carrollton Fire Department-Captain Tim Spatlin
Boys and Girls Club-E.J. Vereen
Carroll County Health Department-Sharon Muse
University of West Georgia-Leslie Cottrell
Carrollton High School-Mark Albertus, Principal
Carrollton Junior High School-Todd Simpson, Principal
Carroll County Chairman-Bill Chappell
First Baptist Church-Steve Davis
Midway Baptist Church-Paul Gentry

Franklin (Heard County) -January 15, 2013

Franklin Housing Authority-Sherry Williams
Franklin Police Department-Chief Kevin Hannah
Franklin City Council-Shane Manders
Ephesus City Council-Donna Henderson
Heard County Development Authority-Julie Pope
Heard County Chamber of Commerce/Heard County Community Partnership-Kathy Knowles
Stephens and Stephens Accounting-Chuck Stevens

Tanner Medical Center/Villa Rica

Villa Rica (Carroll County)-February 16, 2012

Villa Rica Housing Authority-Dick Chambers, Penny Padgett
Villa Rica Police Department- Chief Michael Mansour
Carroll County Emergency Management-Tim Padgett, Director
Villa Rica Christian Church-Billy Kahler
Tanner Medical Center/Villa Rica-Taylor Powers, Administrator
Villa Rica City Manager-Larry Woods
Villa Rica City Council-Shirley Marchman, Rusty Dean
Advantage Office Supply-Mark Camp
Wilson Evergreen Funeral Home-Alfred Wilson

Higgins General Hospital

Bremen (Haralson County)-February 27, 2012

Bremen Housing Authority-Heidi Smith
Bremen Police Department-Chief Keith Pesnell
Bremen Fire Department-Ed Dye
Bremen City Schools-David Hicks, Superintendent
Rapha Clinic-Sue Brockman, Executive Director
Bremen City Manager-Perry Hicks
Haralson County Family Connection-Jim Winchester
Carroll County Family Connection-Vicki Fulbright
Honda Lock-Tim Keese, Brian Wolfe

Appendix B: Community Survey

2011-2012 COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Tanner Health System is conducting a Community Health Needs Assessment. As a resident of our area, you have the unique ability to provide insight into what you think are the health needs of our community. Your participation in this survey will assist Tanner in identifying the most pressing needs and to develop goals to meet them.

- In your opinion, what is the health-related issue that most people die from in your community? (Check only one)

<input type="radio"/> Asthma/lung disease	<input type="radio"/> Heart disease
<input type="radio"/> Cancer	<input type="radio"/> Stroke/cerebrovascular disease
<input type="radio"/> Diabetes	<input type="radio"/> I don't know
<input type="radio"/> Suicide	<input type="radio"/> Other (please specify) _____
<input type="radio"/> HIV/AIDS	
- In your opinion, what is the biggest health issue or concern in your community? (Check only one)

<input type="radio"/> Asthma/lung disease	<input type="radio"/> Mental health
<input type="radio"/> Cancer	<input type="radio"/> Obesity
<input type="radio"/> Heart disease	<input type="radio"/> Tobacco use
<input type="radio"/> Stroke	<input type="radio"/> I don't know
<input type="radio"/> Diabetes	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Dental health	
<input type="radio"/> Drug/alcohol abuse	
- In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)

<input type="radio"/> Cultural/religious beliefs	<input type="radio"/> No appointments available at the doctor when needed/have to wait too long at the doctor's office
<input type="radio"/> Fear (not ready to face health problem)	<input type="radio"/> Not enough access to primary care physicians
<input type="radio"/> Health services too far away	<input type="radio"/> None/no barriers
<input type="radio"/> Lack of insurance	<input type="radio"/> I don't know
<input type="radio"/> Unable to pay for doctor's visit	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Lack of knowledge/understanding of the need	
<input type="radio"/> Transportation	
- In your opinion, which factor most affects the quality of the health care you or people in your community receive? (Check only one)

<input type="radio"/> Ability to read and write	<input type="radio"/> Race
<input type="radio"/> Age	<input type="radio"/> Sex/gender
<input type="radio"/> Economic (low income, no insurance, etc.)	<input type="radio"/> I don't know
<input type="radio"/> Language barrier	<input type="radio"/> Other (please specify) _____
- In your opinion, which of the following do you feel people in your community lack the funds to purchase? (Check all that apply)

<input type="radio"/> Food	<input type="radio"/> Medicine
<input type="radio"/> Clothing	<input type="radio"/> Transportation
<input type="radio"/> Health insurance	<input type="radio"/> I don't know
<input type="radio"/> Home/shelter	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Utilities (electricity, fuel, water)	
- How do you rate your own health? (Check only one)

<input type="radio"/> Excellent	<input type="radio"/> Fair
<input type="radio"/> Very good	<input type="radio"/> Poor
<input type="radio"/> Good	<input type="radio"/> I don't know/not sure
- Are you a smoker? (Check only one)

<input type="radio"/> Yes	<input type="radio"/> Not now, but in the past
<input type="radio"/> Not ever	<input type="radio"/> I am trying to quit smoking
- Which of the following does your community need in order to improve the health of your family, friends and neighbors? (Check all that apply)

<input type="radio"/> Healthier food choices	<input type="radio"/> Safe places to walk/play
<input type="radio"/> Job opportunities	<input type="radio"/> Substance abuse rehabilitation services
<input type="radio"/> Mental health services	<input type="radio"/> I don't know
<input type="radio"/> Recreation facilities	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Transportation	
<input type="radio"/> Wellness services	
<input type="radio"/> Specialty physicians	
- What health screenings or education/information services are needed in your community? (Check all that apply)

<input type="radio"/> Cancer	<input type="radio"/> Emergency preparedness
<input type="radio"/> Cholesterol	<input type="radio"/> Eating disorders
<input type="radio"/> Blood pressure	<input type="radio"/> HIV/sexually transmitted diseases
<input type="radio"/> Heart disease	<input type="radio"/> Mental health
<input type="radio"/> Peripheral vascular disease (PVD)	<input type="radio"/> Vaccinations/immunizations
<input type="radio"/> Diabetes	<input type="radio"/> Prenatal care
<input type="radio"/> Dental screenings	<input type="radio"/> I don't know
<input type="radio"/> Disease outbreaks	<input type="radio"/> Other (please specify) _____
<input type="radio"/> Substance abuse	
<input type="radio"/> Nutrition	
<input type="radio"/> Exercise/physical activity	

10. Where do you and your family get most of your health information? (Check all that apply)

- Family or friends
- Newspaper
- Magazines
- Library
- Internet
- Doctor/health professional
- Television
- Hospital
- Hospital newsletter
- Health department
- Radio
- Church
- I don't know
- Other (please specify) _____

11. If you or someone in your family were ill and required medical care, where would you go? (Check only one)

- Doctor's office
- Clinic
- Hospital emergency department
- Walk-in/urgent care center
- Health department
- Would not seek care
- I don't know
- Other (please specify) _____

12. When seeking care, which hospital would you visit first? (Check only one)

- Tanner Medical Center/Carrollton
- Tanner Medical Center/Villa Rica
- Higgins General Hospital
- Piedmont Newnan
- Wellstar Douglas
- Wellstar Cobb
- Wellstar Paulding
- Other (please specify) _____

For statistical purposes only, please complete the following:

13. I am:

- Male
- Female

14. My age is:

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

15. My ZIP code is:

- 30108
- 30109
- 30110
- 30112
- 30113
- 30116
- 30117
- 30118
- 30119
- 30127
- 30140
- 30150
- 30170
- 30176
- 30179
- 30180
- 30182
- 30185
- 30187
- 30217
- 30219
- Other (please specify) _____

16. I live in:

- Carroll County
- Cleburne County, Ala.
- Coweta County
- Douglas County
- Haralson County
- Heard County
- Paulding County
- Polk County
- Randolph County, Ala.
- Other (please specify) _____

17. My racial/ethnic identification is:

- White/caucasian
- Black/African American
- Native American
- Asian
- Hispanic
- Multi-racial
- Other (please specify) _____

18. What is your highest level of education?

- Some high school
- High school graduate
- Technical school
- Some college
- College graduate
- Graduate school
- Doctorate
- Other (please specify) _____

19. What is your current household income level?

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$35,000
- \$35,001 - \$50,000
- \$50,001 - \$75,000
- \$75,001 - \$100,000
- \$100,001 - \$200,000
- Above \$200,000

20. Do you currently have health insurance?

- Yes
- Not now
- No, but I did at an earlier time/previous job
- Other (please specify) _____

21. How did you hear about this survey? (Check all that apply)

- Physician's office
- E-mail
- Radio
- Health fair or community event
- Community meeting
- Tanner's Healthy Living magazine
- Newspaper
- Letter from Tanner
- Tanner board member
- Friend or family member
- www.tanner.org
- Flier
- Church
- Other (please specify) _____

22. We appreciate any comments about this survey or health needs in our community: _____

