



HIGGINS GENERAL HOSPITAL 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Quality and Awards

Truven Health Analytics' 15 Top Health Systems

Tanner Health System
2012 • 2014 • 2015 • 2016

The Joint Commission's Top Performers on Key Quality Measures

Tanner Medical Center/Carrollton
Tanner Medical Center/Villa Rica
Higgins General Hospital
2012 • 2013 • 2014 • 2015

Best Places to Work in Atlanta among large employers from the *Atlanta Business Chronicle*

2005 • 2006 • 2007 • 2009 • 2011 • 2014

Georgia Trend's list of Top Georgia Hospitals

2012 • 2013 • 2014 • 2015

'A' for Patient Safety from The Leapfrog Group's Hospital Safety Score

Tanner Medical Center/Carrollton
2012 • 2013 • 2014 • Spring 2015 • Spring 2016

Georgia Alliance of Community Hospitals Hospital of the Year

Tanner Medical Center/Carrollton
2014

Truven Health Analytics' 100 Top Hospitals

Tanner Medical Center/Villa Rica
2014 • 2015

Press Ganey Guardian of Excellence Award

Tanner Medical Center/Carrollton
Higgins General Hospital
2013 • 2014 • 2015

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About This Report

Tanner Health System is an organization rooted in responding to community needs. More than 65 years ago, Tanner was established when a visionary group of community leaders in west Georgia came together and sought to provide the best healthcare services for their neighbors and loved ones, close to home. Since 1949, Tanner has grown from a single community hospital to a regional comprehensive healthcare provider.

Tanner recognizes that healthier individuals translate to healthier families and communities, and the health of the communities Tanner serves is the result of the complex interplay of multiple variables including physical, social and economic factors. As a healthcare leader in the region, Tanner plays an important and significant role in advancing health and partnering with others to realize community health improvement. Part of this effort and commitment to this work is the execution of a Community Health Needs Assessment (CHNA), conducted every three years (the last CHNA was completed in 2013) for each of Tanner's hospital facilities: Tanner Medical Center/Carrollton, Tanner Medical Center/Villa Rica and Higgins General Hospital. These hospital facilities work collaboratively to leverage existing assets and resources throughout Tanner's overall primary service area of Carroll, Haralson and Heard counties to best meet the health needs of their communities.

Tanner's CHNA is an organized, formal and systematic approach to identify and address the needs of underserved communities across Tanner's geographic footprint. The CHNA guides the development and implementation of a comprehensive plan to improve health outcomes for those disproportionately affected by disease. This CHNA also informs the creation of an Implementation Strategy for future community health programming, and community benefit resource allocation for fiscal years 2017–2019 across Tanner's hospitals. As a nonprofit organization, Tanner's CHNAs align with guidelines established by the Affordable Care Act and comply with Internal Revenue Service (IRS) requirements.

Beginning in 2012, all American College of Surgeons (ACOS) Commission on Cancer (CoC) cancer programs are required to complete a CHNA to identify needs of the population served, potential to improve cancer healthcare disparities and gaps in resources. Consequently, cancer-specific information, data and needs will be highlighted throughout this assessment. Aligning and combining these requirements ensures the most efficient use of hospital resources and supports a comprehensive approach to community health and population health management in the region.

This report details the assessment findings for Higgins General Hospital.

Executive Summary

This CHNA incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research—community surveys with 1,011 total respondents and a sub-set cancer patient survey with 103 respondents—and secondary research (vital statistics and other existing health-related data). These quantitative components allow for comparison to benchmark data at the state and national levels. The CHNA took into account information from a variety of quantitative data sources, including:

- Centers for Disease Control and Prevention (CDC)
- Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS)
- Department of Health and Human Service’s Health Resources and Services Administration (HRSA)
- Healthy People 2020
- National Cancer Institute
- Georgia Department of Public Health’s Online Analytical Statistical Information System (OASIS)
- United States Bureau of Labor Statistics
- United States Census Bureau
- United Health Foundation’s America’s Health Rankings
- University of Wisconsin Population Health Institute and the Robert Wood Johnson’s County Health Rankings
- Community Commons

Qualitative data input includes primary research gathered through a community focus group (Haralson County) held in April 2016 (gathering input from six area community leaders) and a community listening session held in March 2016 (gathering input from 91 area residents). Tanner partnered with the Georgia Health Policy Center to conduct the community focus group and community listening session. These data were used to diversify the types of information gathered and to engage a diverse group of internal and external stakeholders to inform the CHNA. The focus group and listening session were comprised of area residents, partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. For further public health input, the CHNA 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.

Upon review, analysis and prioritization of the CHNA findings, the priority areas to be addressed during the FY 2017-2019 Implementation Strategy include:

1. Access to care
2. Chronic disease prevention and management—with a focus on obesity, heart disease, diabetes and cancer
3. Behavioral health
4. Health education and literacy

The CHNA report is available to the community on Tanner’s website: www.tanner.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 communication efforts will include presentations of assessment findings throughout the community. Copies will also be made available for distribution upon request from the hospital.

This final CHNA report for Higgins General Hospital was approved by the Tanner Medical Center, Inc. Board of Directors on June 13, 2016.

Community Impact

These pages explore Tanner Health System's commitment to helping residents get access to the health care and community health programs they need. Three years ago, Tanner conducted a Community Health Needs Assessment (CHNA) survey to better understand the community's health concerns and needs. With this information, an action plan was developed to help improve the health of local community members.

The CHNA process should be viewed as a three-year cycle (Figure 1). A key piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.



Higgins General Hospital's priority health topics for 2014-2016 were:

- Access to care
- Chronic disease education, prevention and management
- Mental health

Each of the above health topics correlates well to the priority health topics selected for the current CHNA, thus Higgins General Hospital will be building upon efforts of previous years.

Community feedback on Tanner's CHNA and Implementation Strategy was collected in a variety of ways, including: the ongoing monitoring and evaluation of Tanner's community benefit activities and programs through pre- and post-surveys; persistent dialogue among community partners, task forces and volunteers; a dedicated Community Benefit Committee of the Tanner Medical Center, Inc. Board of Directors; annual community health summits; and through comments from community listening session and community focus group participants.

Tanner's long-standing commitment to the community is deeply rooted in its mission. The organization remains committed to improving the community's health, not only through daily patient care activities but also outreach, prevention, education and wellness opportunities.

Committed to Our Community

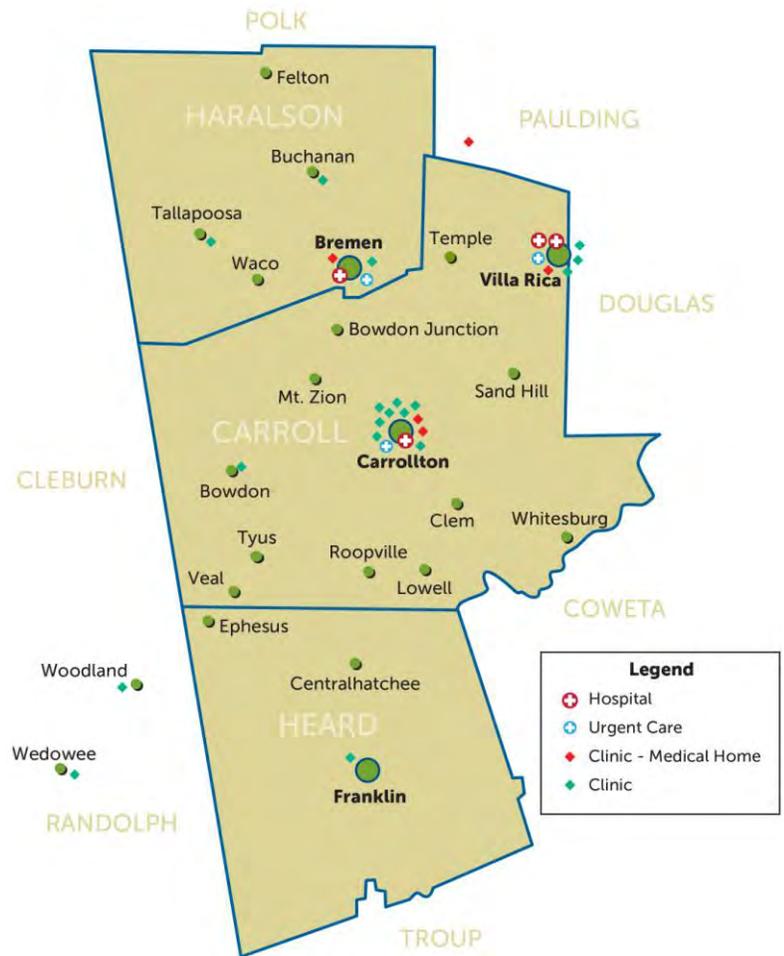
Tanner Health System is a nonprofit, regional health system with a primary service area of Carroll, Haralson and Heard counties in west Georgia. The health system's facilities include:

- The 201-bed acute care Tanner Medical Center/Carrollton
- The 40-bed acute Tanner Medical Center/Villa Rica
- The 25-bed critical access Higgins General Hospital in Bremen
- The 82-bed inpatient behavioral health facility Willowbrooke at Tanner in Villa Rica

Tanner also operates Tanner Medical Group, one of metro Atlanta's largest multi-specialty physician groups with about 30 medical practice locations serving the region. The health system's medical staff is composed of more than 300 physicians representing 34 unique medical specialties, from allergies and asthma to urology and vascular surgery.

The health system's mission is to provide a continuum of quality healthcare services within our resource capabilities and to serve as a leader in a collaborative effort with the community to provide health education, support services and care for all of our neighbors.

To accomplish this, the health system has worked throughout its more than 60 years of service to expand access to medical care in its region, investing in technologies and recruiting and retaining exceptional providers in a wide range of specialties who focus on delivering care at the top of the industry.



Tanner's specialized services include:

- Behavioral health
- Breast health
- Cancer care
- Critical care medicine
- Dermatology
- Diagnostic imaging
- Emergency care
- Employee assistance program
- Endocrinology
- Endovascular care
- Family medicine
- Gastroenterology
- Gynecology
- Heart care
- Home health
- Hospice
- Internal medicine
- Nephrology
- Neurology
- Maternity services and obstetrics
- Multiple sclerosis care
- Occupational health
- Orthopedics and spine care
- Otolaryngology
- Pain management
- Pathology
- Plastic and reconstructive surgery
- Podiatry
- Pulmonary medicine
- Psychiatry
- Rehabilitation services, including swing beds and inpatient rehab facility
- Rheumatology
- Sleep disorders
- Surgical services
- Urgent care
- Urology
- Wound care

Expanding Access to Care

New Linear Accelerator Comes Online at Tanner Cancer Care

Tanner Health System has invested almost \$6 million in technological upgrades and physical improvements to its Roy Richards, Sr. Cancer Center.

The \$5.8 million in improvements include bringing online a new linear accelerator, enabling Tanner Cancer Care to deliver radiation therapy to cancer patients faster and with more precision than ever.

The new accelerator uses Varian Medical Systems' advanced TrueBeam platform for image-guided radiotherapy and radiosurgery. It is the first fully-integrated radiation delivery system designed from the ground up to treat a moving target quickly and accurately.

Radiation is a standard treatment for cancer, prized for its ability to destroy the DNA in cancer cells, thereby destroying the cancer. Often, the radiation is delivered to the site of the cancer on a machine called a linear accelerator, which delivers a precise beam of radiation to the cancerous tissue.

Looking Back, Moving Forward

These pages look back on the progress Tanner Health System has made over the past three years since its last Community Health Needs Assessment (CHNA). Here, we've taken the community's desires and expectations and turned those into measurable, actionable goals, which the health system has pursued — and achieved — alongside a varied group of community partners, clinicians and other interested parties.

The TrueBeam system is a radiotherapy system that uses noninvasive tumor-destroying radiation to treat cancers throughout the body while minimizing exposure to surrounding healthy tissue. Tanner's ability to administer to cancerous cells while preserving healthy cells in the vicinity of the cancer is unparalleled on this new platform.

The TrueBeam system can be used for all forms of advanced external-beam radiotherapy, including image-guided radiotherapy and radiosurgery (IGRT and IGRS), intensity-modulated radiotherapy (IMRT), stereotactic body radiotherapy (SBRT) and RapidArc radiotherapy. The product line includes TrueBeam STx, specially configured for advanced radiosurgery.

Most treatments only take minutes a day, and the TrueBeam system's advanced imaging and treatment modes allows Tanner to tailor treatments specifically to a particular cancer.



The new TrueBeam radiotherapy system is now online at Tanner Cancer Care's Roy Richards, Sr. Cancer Center.

PCI Now Available at Tanner Medical Center/Villa Rica

It took only about 24 hours for the first patient to take advantage of the lifesaving heart care that became available at Tanner Medical Center/Villa Rica on Aug. 31, 2015.

Around midnight at the close of that first day, a patient experiencing chest pain and pain radiating down his arm was brought into the emergency department by loved ones, triggering the hospital's "heart alert" protocol. Initial tests were performed and the catheterization team and an interventional cardiologist rushed in.

Quickly, the patient was brought to the catheterization lab at the hospital, where a board-certified interventional cardiologist used angioplasty and stenting — also called percutaneous coronary intervention, or PCI — to reopen the blocked artery that was depriving the patient's heart of oxygen-rich blood.

During a heart attack, an artery that supplies the heart with blood becomes blocked, leaving the heart deprived of oxygen. With PCI, an interventional cardiologist uses a small balloon on the end of a catheter, threaded through a patient's arteries to the site of a blockage, to clear the blockage and quickly restore blood flow to the heart.

Performed fast enough, PCI can save heart tissue and lower the risk of long-term damage to the heart, since heart tissue that dies due to lack of oxygen does not come back. Often, a thin tube of wire mesh called a "stent" is also placed inside the artery to prevent future blockages.

In October 2006, angioplasty and stenting services became available at Tanner Medical Center/Carrollton, which now performs almost 500 of the procedures each year. Before that, patients experiencing a heart attack often had to be transported to hospitals in Atlanta to receive angioplasty and stenting, which caused a delay in treatment when every minute is crucial.



Lifesaving cardiac angioplasty and stenting is now available at Tanner Medical Center/Villa Rica.

Cardiac MRI System Comes Online at Tanner

A new piece of technology at Tanner Health System will help cardiac and vascular specialists get a better picture of patients' cardiovascular health.

The MAGNETOM Aera 1.5T magnetic resonance imaging (MRI) system from Siemens Healthcare was installed at Tanner Medical Center/Carrollton. A crane was brought in to lift the 12,000-pound magnet from a flatbed truck as a half-dozen specially trained equipment movers used skates and jacks to maneuver the system into place.

The new system places Tanner on the leading edge of healthcare providers throughout the country offering non-contrast magnetic resonance angiography, or MRA, as well as heart MRI imaging. The technologies use the MRI's powerful magnet to manipulate the iron in a patient's blood, read how the iron responds and capture extremely detailed images — all without contrast and without radiation.

The system enables Tanner to perform cardiovascular imaging that's safer for everyone, particularly more vulnerable patients, such as those with advanced diabetes or kidney issues who have had no access to imaging because the injected contrast could be harmful to them.

The technology places Tanner ahead of other regional providers — and even many larger healthcare providers and research facilities — in offering an innovative alternative to traditional cardiac and vascular imaging.

Non-contrast MRA is used to help diagnose a number of blood vessel conditions, including problems with the aorta and the blood vessels that supply all major organs and extremities. Similarly, cardiac MRI provides dynamic imaging, allowing physicians to see heart function and the structure of the heart as the heart moves — making diagnoses while watching the heart move with high-definition, almost real-time imaging.



The new MAGNETOM Aera 1.5T MRI system from Siemens Healthcare enables Tanner to extend its cardiac services to include non-contrast MRI imaging and more.

While periodic exposure to low doses of radiation — such as the X-rays used for traditional angiography and cardiac CT imaging — has not been shown to have long-term consequences, providers have been concerned about the safety of patients who have required repeated imaging, as well as patients who have demonstrated a sensitivity to contrast material. Since the MRI uses magnets rather than X-rays, there's no radiation exposure for the patient.

The system also features a much larger gantry to better accommodate patients who are uncomfortable in more enclosed spaces.

Tanner looks to demonstrate the value of cardiac and advanced non-contrast imaging in a community care setting, as well as working alongside Siemens on research and development projects — putting Tanner at the innovation forefront for this type of imaging.

Providing Patient-centered Medical Care

For many people, visits to a physician's office are somewhat rare occurrences, with annual trips for physical exams and checkups and the occasional illness.

Many others, however, find trips to the physician's office to be much more frequent, often due to living with chronic conditions that can be challenging to control, such as diabetes or chronic obstructive pulmonary disease (COPD).

To enhance the level of care available to these patients and make a positive impact in their quality of life, Tanner Medical Group is proud to serve as their medical home.

Patient-centered medical care is a partnership among physicians, patients and their families. This partnership ensures that the decisions being made reflect what the patient wants and needs. It also ensures that patients have the education and support they need to make decisions.

The medical home model in place at a Tanner Medical Group practice means that the patient care team has been organized around the patient, with resources designed to facilitate an approach to care that allows the practice to provide a far more consistent and comprehensive level of service.

The focus of this physician-led team is on helping patients live longer, more active lives by providing the resources that enable them to better control their health. Patient-centered Medical Homes (PCMH) are available to answer questions and, when necessary, help patients navigate and understand the complex healthcare delivery system they need, with referrals to specialists and staff to help patients understand their diagnoses and treatment regimens.

Since 2013, the PCMH model of care has been implemented at Tanner Primary Care of Bremen, as well as other regional Tanner Medical Group practices serving residents from Haralson County, including Carousel Pediatrics, Tanner Primary Care at Mirror Lake, Tanner Primary Care of Carrollton and Tanner Primary Care of West Paulding. With Tanner Medical Group's regional reach, expansion of the PCMH program will lead to reduced hospitalizations and emergency department usage, as well as better overall quality of life for hundreds of patients and families throughout the region.



Tanner expanded the Patient-centered Medical Home model of care to additional Tanner Medical Group practices.

Expanding Access With Tanner Urgent Care

Illnesses and injuries rarely time well with an individual's schedule, and quick medical intervention — especially when it comes to managing chronic diseases — helps patients avoid the far greater inconvenience of hospitalization.

Tanner Urgent Care — now serving Carrollton, Villa Rica, Bremen and Wedowee, Ala. — provides walk-in care for illnesses and minor injuries for the entire family, with weekday, evening and weekend hours available. This makes seeing a provider easier for the occasional ear infection or deep cut, but it also plays a role in keeping west Georgia and east Alabama healthier as a whole.

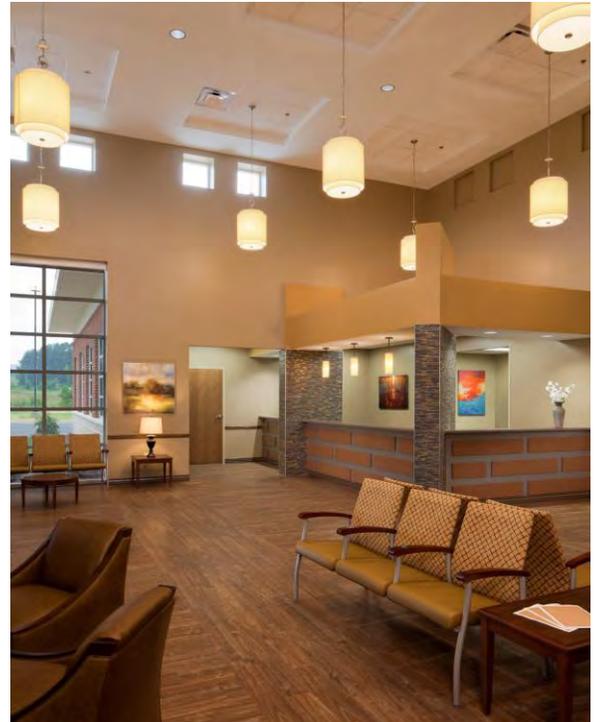
A need for increased access for non-emergent, walk-in care was identified through Tanner's 2013 Community Health Needs Assessment process, not only as a matter of convenience but also as a way to help residents maintain their health with more alternatives to traditional medical practices. The region's status as a medically underserved area also drives the need for more options for medical care. Establishing urgent care centers gives residents immediate access to the healthcare system.

With walk-in care available in more locations throughout the region, people with chronic illnesses can receive care faster. So when blood sugar spikes or an asthma attack sets in, residents have an alternative to the emergency department. Early care for chronic conditions also means that they can be brought back under control before a more intensive level of care is necessary, such as admission to a hospital.

A new Tanner Urgent Care location in Bremen, at 100 Tanner Drive along Alabama Avenue, opened in 2013, and Tanner Urgent Care/Villa Rica has been open in the Tanner at Mirror Lake medical office building since 2008. A new Tanner Urgent Care location in Carrollton opened in 2014, providing more convenient access to Tanner Urgent Care/Carrollton's services, with more parking, exam facilities and space for physical therapy.

Tanner Urgent Care services are also available at Tanner Primary Care of Wedowee, located in the Tanner/East Alabama facility on South Main Street in Wedowee.

This means more access to care in an efficient, cost-effective and patient-focused clinic — available when the patient needs it. When combined, Tanner Urgent Care facilities now provide services for more than 44,000 patient visits each year.



Tanner Urgent Care/Bremen offers walk-in care, with weekday, weekend and evening hours for minor medical emergencies.

Increasing Access to Transitional and Rehabilitative Care

Tanner Rehab Facility Brings Inpatient Rehabilitation to the Region

While most of the region's residents are young, those who are 65 and older will be the fastest growing segment of the region's population in the years ahead. To conveniently and effectively serve this growing segment of the population, Tanner Health System opened the Tanner Rehab Facility at Tanner Medical Center/Carrollton. The facility discharged its first patient in June 2013 and provides care for more than 300 patient admissions each year.

Tanner Rehab Facility can help address a range of conditions, including:

- Brain injuries, both traumatic and acquired
- Musculoskeletal disorders, including polyarthritis and rheumatoid arthritis
- Neurological and neuromuscular conditions, such as strokes, brain tumors, Guillain-Barre syndrome, transverse myelitis and more
- Postsurgical patients recovering from brain, spine and general orthopedic procedures
- Spinal cord injuries (C4 and below)

Patients in the facility benefit from occupational therapy, speech therapy and physical therapy, as well as a team of rehabilitation physicians, rehabilitation registered nurses and admission coordinators to provide a comprehensive approach to care.



Chris Toomey, of Carrollton, works with physical therapist Susie Coats in the Tanner Rehab Facility inside Tanner Medical Center/Carrollton. Toomey was recovering from injuries sustained in a motorcycle crash.

Swing Bed Program Expands Options for Rehabilitation, Reduces Readmissions

A patient may be on the road to recovering his or her health, but a physician believes there are a few more steps the patient needs to take before he or she can be moved, or discharged, to a lower level of care – such as an assisted living facility, a home where he or she will receive care from a home health provider or a home where he or she will receive care from a loved one. The swing bed program at Tanner Health System's Higgins General Hospital in Bremen is designed for that type of need, preparing patients for life after the hospital. Since November 2012, Higgins General Hospital has offered a number of "swing beds" for patients who require a less-intensive level of care than they have received while in the hospital but are still not ready to leave treatment.

By using a swing bed at Higgins General Hospital, a physician can provide access for up to two weeks of additional care. Services available while part of the swing bed program at Higgins General Hospital include:

- Skilled nursing care
- Physical therapy
- Occupational therapy
- Speech therapy
- Respiratory therapy
- Education about living with a condition or recovery
- Time to understand a new treatment that will be needed outside the hospital

Commitment to Quality

Tanner Health System is deeply committed to quality. Tanner has placed among Truven Health Analytics' 15 Top Health Systems for four of the past five years — including the past three consecutive years. Truven, using public data from the Medicare Provider Analysis and Review (MedPAR), CMS Hospital Compare datasets and Medicare cost reports, found that Tanner and the 14 other top health systems achieved higher survival rates and fewer errors at a lower overall treatment cost than non-winning health systems.



Overall mortality rates were 14.7 percent lower for winning health systems versus non-winning peer group hospitals; complication rates were 15.1 percent lower and emergency department wait times were 12.3 percent lower. The 15 Top Health System winners spent 5 percent less per care episode than non-winning peer systems, discharged patients from the hospital a half-day sooner than non-winners and attained average Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores that were 7 percentage points higher than non-winning peers.

All of the health system's facilities are also recognized as Top Performers in Key Quality Measures by The Joint Commission and individual facilities have achieved various accolades for patient satisfaction, patient safety and achieving quality benchmarks for care.

Ensuring Access Through Physician Recruitment and Retention

The region is facing a severe physician shortage, and that problem will grow more acute in the coming years as the region's population continues to age and the need for medical care increases. And the fact that this is a national trend will only make competition for physicians and advanced practice providers that much more intense. The Association of American Medical Colleges (AAMC) forecasts that the nation will experience a shortage of as many as 90,000 physicians in the next 10 years, both among primary care and specialist providers.

Part of the problem: Georgia ranks 46th out of the 50 states for the percentage of the population that lacks health insurance, with 19.3 percent of Georgians lacking health insurance. About 19 percent of Haralson County residents under 65 lack insurance coverage, according to the 2016 County Health Rankings.

The need for primary care physicians (PCPs) — those specializing in general practice medicine, family medicine, internal medicine, pediatrics or obstetrics/gynecology — is especially acute in Haralson County, with a population of 2,040 people for each individual PCP.

To address this deficit in providers, Tanner has:

1. Continued to provide medical and nursing scholarships to students, ensuring Tanner will have a qualified pool of talent available for future recruitment. The health system provided "Future of Health Care" scholarships to 14 residents from 2013-2016.
2. Continued to recruit highly-skilled medical professionals and specialists to join the healthcare team at Tanner. In 2014, Tanner welcomed 18 new physicians to its medical staff; 19 new physicians in 2015; and eight new physicians in 2016.
3. Continued to provide support to local nursing school programs at the University of West Georgia and West Georgia Technical College. The health system and the University of West Georgia announced a new partnership in 2014 that will bolster opportunities for current and future nurses throughout the region and support the delivery of high quality nursing care. The University of West Georgia's nursing program — now called the Tanner Health System School of Nursing — is using an investment from Tanner to enhance its facilities while offering scholarship and educational opportunities for those in west Georgia and east Alabama interested in a career in nursing. Tanner also provides clinical opportunities for nursing students throughout the health system's hospitals and clinics.
4. Continued to develop and expand the Tanner Connections program, a partnership between Carroll County Schools via the school system's College and Career Academy. Tanner Connections students work closely with their professional mentors at Tanner, both observing and performing job-related tasks, for at least 15 hours a week.

Tanner worked to attract qualified medical providers to west Georgia and east Alabama, bringing providers to the region specializing in family practice, gastroenterology, infectious diseases, obstetrics and gynecology, orthopedics and more.



Recipients of the 2015 scholarships include, front row, second from left, Andrew Duke, Savannah Jackson, Mary Beth Maxwell, Kortni Kilgore, Jenny Wright, Terra Holland and Kelly Forrest. They are pictured with Tanner Health System President and CEO Loy Howard, far left, and Jack Crews, MD, center. On the back row are physician and advanced practice provider recruiters Jacob Stephenson and Eric Johnston, scholarship recipient Cody Hightower and Shellie Sherrod, director of physician and advanced practice provider recruitment for Tanner.

Overcoming Barriers to Care With Patient Transportation Services

It seems so simple, but for many patients, their greatest obstacle to care is lack of a ride.

In a rural region such as this, transportation can be one of the most insurmountable barriers to getting adequate medical attention. Residents defer care until someone can take them to the doctor, allowing their condition to deteriorate while they wait. For cancer patients, the inability to find reliable, regular transportation for their frequent radiotherapy visits and trips for chemotherapy infusions and follow-up appointments means they cannot adhere to their physician's prescribed course of treatment.

And once the patient is able to come to the hospital — at times, when all else fails, by ambulance — there's the matter of getting home again.

Through a generous donation to the Tanner Medical Foundation, patients with Tanner Cancer Care now have access to a wheelchair-accessible van that can provide transportation to and from Tanner's Roy Richards, Sr. Cancer Center and other local cancer providers for treatment and follow-up visits. Through the Cancer Patient Transportation Program, more than half of all the cancer patients in west Georgia received assistance with transportation to continue their lifesaving and life-sustaining treatments during 2014-2016.



Providing patients with reliable access to care is often as simple as ensuring they have transportation to and from their medical appointments.

Tanner Medical Foundation also continues to offer an Indigent Taxi Fund, which provides payment to area taxi services that transport patients who have been discharged home from the hospital.

Mammography on the Move

Tanner's "Mammography on the Move" digital mammography unit provided mammograms and bone density screenings throughout the community, helping to detect the most common type of cancer diagnosed in women in Carroll, Haralson and Heard counties. Early detection is key to successfully battling breast cancer, and the digital mammography unit removes barriers of time, awareness and access that prevent women from getting mammograms. In 2014, the mobile unit visited 179 sites with locations that included community events, indigent clinics, businesses, churches and civic groups, providing 716 mammograms and 147 bone density exams to area women. In 2015, the mobile unit visited 185 sites, providing 660 mammograms and 119 bone density exams to area women. From July 2015 to February 2016, the mobile unit visited 136 sites, providing 522 mammograms and 78 bone density exams.



Digital mammography has hit the road with Tanner's new "Mammography on the Move" mobile mammography unit.

Caring for Every Member of Our Community

Illness and injury isn't limited to the employed and insured. As a nonprofit, tax-exempt 501(c)(3) healthcare organization, Tanner Health System provides charity care for those who need — but who cannot otherwise afford — quality healthcare services.

Though the region's economy continues to improve, many of our residents continue to lack insurance or the resources to cover the cost of the medical care they need.

In the 2014-2015 fiscal year, Tanner provided more than \$15 million* in charity care through its hospitals and medical clinics, including:

- \$1,706,448 in care at Higgins General Hospital in Bremen*
- \$9,386,297 in care at Tanner Medical Center/Carrollton*
- \$3,770,764 in care at Tanner Medical Center/Villa Rica*
- \$554,968 in care through Tanner Medical Group practices*

* Care reported as cost to system, not charges.



Tanner provided almost \$15 million in charity care through its hospitals and medical clinics in the 2014-2015 fiscal year.

Tanner provided that almost \$15 million in charity care while receiving no local tax dollars. All revenues are reinvested into expanding access to care, medical technology, facilities and charity care.

Improving Access to Care Through Financial Assistance

To ensure every member of Tanner's community has access to quality healthcare services, the health system:

- Continually evaluates financial assistance and self-pay discount policies and practices to ensure optimal access. Patients receive information on the organization's charity/indigent program at the time of registration and on Tanner's website.
- Expanded its partnership with and continues to provide financial support to local community-based indigent clinics, including the Rapha Clinic and Latinos United Carroll County (LUCC) Clinic, which provide low-cost and free medical services to area residents who cannot otherwise afford care.
- Continues to provide language translation services as available.

Mental Health Access

Mental Health and Expanding Access

Mental health is inextricably tied to physical health, but is overlooked and marginalized in many communities throughout the nation.

At Tanner Health System, it has long been understood that behavioral health services are a necessary part of an approach to care that includes the whole patient, addressing not only the patient’s physical needs, but behavioral and spiritual needs as well.

Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The percentage of adults in Haralson County who self-report that they receive insufficient social and emotional support all or most of the time (2006-2012) is 31.6 percent, or 21,398 individuals, exceeding state (20.7 percent) and national (20.7 percent) statistics.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Age-Adjusted Percentage
Report Area	112,148	20,981	21.6%
Carroll County	82,027	15,011	19%
Haralson County	21,398	5,970	31.6%
Heard County	8,723	no data	suppressed
Georgia	7,121,933	1,467,118	20.7%
United States	232,556,016	48,104,656	20.7%

Red figures indicate values above state average.

This region understands the value of mental health services and supporting the continued growth of Tanner’s behavioral health programs. The continued demand for behavioral health services was even more pronounced following the last CHNA, where residents throughout the region reported desiring more access to mental health care for themselves and their loved ones.

To accommodate, through its Willowbrooke at Tanner behavioral health service Tanner has:

1. Expanded the capacity of Willowbrooke at Tanner’s inpatient unit in Villa Rica through the addition of 30 beds. In March 2015, Willowbrooke at Tanner added 30 beds to its inpatient pediatric psychiatric unit in Villa Rica. The facility’s previous 12-bed unit for children and adolescents was often at capacity and was the only inpatient pediatric behavioral health and substance abuse program in its 19-county service area and one of only three inpatient providers in the state that is authorized and willing to accept pediatric patients covered by traditional Medicaid.
2. Evaluated substance abuse programs in the community to improve the current delivery of services to address this growing need, and launched a program with a specialized focus on an underserved group: working professionals coping with substance abuse. Regain at Willowbrooke, which is offered on Willowbrooke at Tanner’s Villa Rica campus, provides intensive, outpatient substance abuse treatment three evenings a week after working hours. Treatment is led by a psychiatrist and licensed professional counselor with a background in substance abuse, and the course of treatment typically lasts six to 12 weeks.
3. Continued to implement and develop innovative therapies and programs at Willowbrooke at Tanner, including equine therapy, art therapy, rhythmic therapy and pet therapy. The service operates an equine therapy program weekly during the summer for children and adolescent participants in various programs.
4. Provided 12,700 free, confidential behavioral health assessments in 2014, 11,371 in 2015 and almost 11,000 to date in 2016. The service also offers a 24-hour help line to schedule assessments and provide crisis counseling.

Willowbrooke Expands Its Partnership With Area School Systems

Often, early access to behavioral health services can help a young person live a successful, productive life.

Following the success of a 2013 pilot program developed by Willowbrooke at Tanner and Haralson County Schools that placed a therapist within the school system, a three-year federal grant received in May 2015 enabled Willowbrooke at Tanner to place three more therapists. The program has grown to include therapists working within the school systems in Carroll County Schools and Heard County Schools, and an additional therapist has joined to work in Haralson County Schools.

Willowbrooke at Tanner is already seeing positive results from the counselors placed through the 2015 grant, which was funded by the Health Resources and Services Administration's (HRSA) Rural Health Care Services Outreach Program. The counselors' caseloads are growing and partnerships are being built within the schools, helping to identify children and families who need assistance.



Tanner has built on a pilot program that enabled Willowbrooke at Tanner to place a behavioral health therapist within local school systems.

Willowbrooke Advancing Behavioral Health With Youth Mental Health First Aid Trainings

Willowbrooke at Tanner will offer training in "mental health first aid" to individuals who work with young people in Bartow, Carroll, Coweta and Paulding counties through a new grant.

Tanner Health System was awarded more than \$309,000 in a three-year "Now is the Time" Project AWARE-Community grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The grant program supports communities where individuals, families, schools and community-based organizations take action to promote emotional health and reduce the likelihood of mental and substance use disorders. The health system was one of 70 organizations nationwide to receive a Project AWARE-Community grant this year, and was one of only two grantees in Georgia.

Willowbrooke at Tanner, the behavioral health service for Tanner, will use the grant to provide Youth Mental Health First Aid (YMHFA) training to a diverse group of youth-serving adults and agencies throughout Bartow, Carroll, Coweta and Paulding counties. YMHFA is a public education program that helps adults detect and respond to mental illness in youth. From February to April 2016, 12 trainings have been held, training a total of 166 individuals in these potentially life-saving skills.



Willowbrooke at Tanner will use a three-year grant to provide Youth Mental Health First Aid (YMHFA) training to youth-serving adults and agencies.

Chronic Disease Education, Prevention and Management

Helping the Community Get Healthy and Live Well

Two threats are increasingly affecting individual quality of life and overall community health in west Georgia: unhealthy lifestyles and the growth of chronic disease. Both pose many challenges, and no solutions are simple. But those challenges can be overcome through prevention and management.

To address the community's healthcare needs, Tanner Health System is working to increase access to education, prevention and management programs. The increased prevalence of chronic disease in Carroll, Haralson and Heard counties has led Tanner to take the lead on improving the region's health status.

In January 2012, the Community Foundation of West Georgia awarded Tanner a three-year grant to support the development of a comprehensive community health initiative targeting residents in Carroll, Haralson and Heard counties. In April 2012, Tanner launched Get Healthy West Georgia as part of the health system's efforts to reduce obesity rates, improve nutritional awareness and increase physical activity. Building upon the collaborative infrastructure of Get Healthy West Georgia, Tanner sought additional funding after completing a Community Health Needs Assessment to further respond to the burden of chronic disease and obesity in the community.

In 2012, Tanner approved a five-year strategic plan that included the development of a community health/community benefit department. In September of that year, the Centers for Disease Control and Prevention (CDC) awarded the health system a Community Transformation Grant (CTG). The grant provided Tanner with the resources needed to create community solutions for problems created by chronic disease and their underlying risk factors.

Out of those efforts came Get Healthy, Live Well, an initiative seeking to reach more than 150,000 individuals in Carroll, Haralson and Heard counties through a variety of evidence-based interventions to promote healthier lifestyles. In

Leading, Participating, Changing

The leadership and the staff of Tanner's Get Healthy, Live Well have built unique, robust partnerships to ensure ongoing collaboration for each of its key objectives. Get Healthy, Live Well launched in 2012 with a broad scope spanning 21 multi-year objectives across Carroll, Haralson and Heard counties to impact the lives of more than 150,000 residents.

It has generated 24 task forces that have mobilized more than 500 volunteers and more than 160 local, state and national partners to work on a number of critical health issues in the region. Targeted outreach to specific groups has resulted in active participation from essential sectors of the community including state, local, county and city governments; public and private school systems as well as higher education institutions; business and industry; faith-based groups; civic organizations; public health providers and social service agencies.

September 2014, the CDC awarded Tanner a Partnerships to Improve Community Health grant, which assisted the health system in its effort to pursue its community health objectives and optimize the prevention efforts of Get Healthy, Live Well. Get Healthy, Live Well's efforts are guided by a comprehensive community action plan, which includes strategies addressing:

- Tobacco-free living
- Healthy food access
- Physical activity
- Chronic disease prevention, risk reduction and management opportunities

The Tanner-led Get Healthy, Live Well coalition's efforts have received multiple accolades for effectively addressing public health challenges through collaborative efforts, including being named a "Partner Up! For Public Health Hero in July 2013 by the Georgia Department of Public Health and receiving the Georgia Hospital Association's Community Leadership Award in July 2014, the Georgia Alliance of Community Hospital's Large Hospital of the Year Award in October 2014 and a Leadership Challenge Award in August 2015 by the National Center for Healthcare Leadership.

Preventing and Reducing Tobacco Use

Policies and Programs Reduce Exposure to Secondhand Smoke, Tobacco Use

Tobacco use is the leading cause of preventable illness and death in the United States, according to the U.S. Department of Health and Human Services. It causes many different cancers, chronic lung diseases, heart disease, pregnancy-related problems and other serious health problems. People who quit tobacco, regardless of their age, have substantial gains in life expectancy.

Tanner Health System's Get Healthy, Live Well has implemented several strategies to help the region achieve better health through tobacco cessation and avoidance.

Smoke-free Policies Development

Get Healthy, Live Well has assisted the following organizations in developing and implementing 100 percent smoke-free and/or tobacco-free policies that impacted more than 60,000 individuals. These include:

- Bremen City Schools
- Heard County Chamber of Commerce
- Heard County Community Partnership
- Heard County Housing Authority
- Rapha Clinic of Bowdon
- Rapha Clinic of Temple
- University of West Georgia
- Community Foundation of West Georgia
- Carroll EMC
- JAC Products Inc.
- Decostar Industries Inc.



Tanner Health System's Get Healthy, Live Well has been proactive in helping keep young people from beginning to use tobacco, as well as offering tobacco cessation assistance to the community at large.

Community Tobacco Use

Get Healthy, Live Well implemented a community-wide education initiative to reduce tobacco use, protect nonsmokers from exposure to secondhand smoke and promote cessation services through:

- Providing Fresh Start tobacco cessation programs, which have been offered at a variety of community locations, including student programs at Higgins General Hospital in Bremen, Southwire Company's 12 for Life, Carroll County Youth Connections, Tanner Medical Center/Carrollton and the University of West Georgia, helping more than 700 individuals to date through more than 35 Fresh Start classes held throughout the region.
- Launching a "Go for 0" anti-tobacco educational media campaign including billboard, online, digital, print and radio advertising.
- Promoting the Georgia Quitline and SmokeFree Txt as tobacco cessation resources. As a result of these efforts, the Georgia Tobacco Quit Line has reported more than twice the number of callers from Carroll, Haralson and Heard counties from September 2012 to September 2014 than in the previous year.

Tobacco-free Living in Schools

Get Healthy, Live Well has provided outreach education in local middle and high schools promoting the health benefits of tobacco-free living. These outreach education activities include:

- Establishing a Tobacco-free Living Task Force, which led the launch of a free educational campaign targeted at

teens that includes a new microsite, www.DontBeABonehead.org, Facebook pages, teens against tobacco ambassador program, and media exposure including newspaper, radio appearances and more.

- Creating an original interactive play highlighting tobacco-free living called “Meet Ciggy Haveasmoke,” which was implemented in five city and county school systems, educating more than 1,000 local middle school students about the importance of living tobacco-free.
- Implementing youth focus groups to further identify and respond to needs regarding tobacco use by area youth, including a 2013 focus group with high school students that assessed the types of anti-tobacco messaging that would appeal to young people. The focus group’s ideas culminated with the creation of the “Don’t Be a Bonehead” concept and associated artwork.
- Developing a “Don’t Be a Bonehead” campaign that brought its anti-tobacco message to a variety of community and school events, reaching more than 45,000 individuals in the past two years. So far, more than 500 teens have pledged to stay tobacco-free and more than 160 students have signed up to become peer ambassadors at their high schools, carrying the anti-tobacco message to even more teens.



Get Healthy, Live Well's play, "Meet Ciggy Haveasmoke," educated more than 1,000 local middle school students about the importance of living tobacco-free.

Improving Tenants' Health With Tobacco-free Housing

According to data from the [Center for Energy and Environment](#), 60 percent of the air in a housing unit can come from the adjoining units — and that can include tobacco smoke. That’s why going smoke-free is one of the best moves property owners and managers can make for their tenants’ health. Implementing a smoke-free policy is a simple process that can lead to big benefits for tenants’ health, and Get Healthy, Live Well is helping local multi-unit housing authorities do just that.

Implementing a smoke-free policy helps reduce cleaning and maintenance costs — and extra turnover time — that come with renovating smoke-damaged units after residents who smoke have moved out. Costs for properties that allow smoking everywhere are nearly double that of smoking-related costs incurred at smoke-free properties. A smoke-free building can also reduce the risk, costs and liability associated with fires.

Smoke-free policies not only impact residents, but guests and employees, so Get Healthy, Live Well is making sure owners and managers have all the tools they need to transition into a smoke-free property.

Through Get Healthy, Live Well, Tanner provides:

- Standard policy templates to make policy writing easy
- Free technical assistance from national smoke-free policy makers
- Free step-by-step toolkit to take property owners and managers through the process
- Free signage for the adoption process
- Fresh Start tobacco cessation classes for tenants who wish to quit smoking (participants in Fresh Start will receive a two-week supply of nicotine replacement patches, while supplies last)
- Fresh Start instructor training

Healthy Food Access/Improving Nutrition

Making Healthy Options More Accessible

When it comes to overall health, disease prevention and the healthy development of children, good nutrition is essential. According to the CDC, evidence suggests that a diet of nutritious foods could help reduce the incidence of cancer, diabetes and heart disease. While simply hearing about the benefits of a balanced diet persuades some people to change their unhealthy habits, eating healthier may be more difficult for others who can't afford or don't have access to healthy food options.

Tanner Health System's Get Healthy, Live Well understands that access to affordable, healthy food is an important component of improving the community's health. Get Healthy, Live Well implemented several strategies to help increase access to healthy foods in the region.

West Georgia Regional Food System Collaborative

In 2013, Get Healthy, Live Well established the West Georgia Regional Food System Collaborative to assess local food and agricultural systems and make recommendations for improving food and nutrition environments. The collaborative has provided insight on the region's systemic infrastructure, policy issues and economic concerns that must be addressed to make healthy food more viable in west Georgia. The collaborative consists of more than 30 representatives, including local farmers, business and restaurant owners, chefs, school nutrition directors, master gardeners and concerned citizens.

The collaborative task forces' accomplishments include:

- Conducting studies on food insecurity for rural residents
- Hosting networking meetings to encourage schools and restaurants to purchase healthy foods from local farmers
- Hosting a workshop on business management for farmers
- Developing a local Farm and Food Resource Guide
- Bringing salad bars to area schools



Tanner Health System's Get Healthy, Live Well formed the West Georgia Regional Food System Collaborative as part of its efforts to help increase access to healthy foods in west Georgia.

Community-wide Food and Healthy Living Assessment

In December 2013, Tanner led a community-wide food and healthy living assessment. Get Healthy, Live Well and the West Georgia Regional Food System Collaborative conducted seven focus groups with low-income residents in Carroll, Haralson and Heard counties — including two focus groups in Spanish-speaking communities.

The focus groups were conducted to understand the challenges individuals face with food access and nutrition. The groups also helped provide strategies for addressing food scarcity and suggestions for improving access to affordable, nutritious food. At each focus group, several themes emerged, including financial challenges; transportation challenges; physical health challenges; unique challenges faced by families with children; and policy implications.

Get Healthy, Live Well also conducted a focus group with 12 local farmers to address ways to help farmers grow more

food in the region through increasing productivity, the number of farmers and the amount of locally grown food that is consumed in the region. Themes included a need for increased education for farmers; access to adequate equipment or farming assistance (including more convenient locations to hold farmers' markets); and collaboration between farms and local restaurants.

Community Gardens

To increase access to healthy, affordable foods and teach individuals how to grow their own nutritious foods," Get Healthy, Live Well partnered with 17 local groups to launch 66 new community garden plots across 16 gardens through its "Come Grow With Us!" campaign. The campaign helped equip west Georgia groups with the education and materials they needed to create and sustain community gardens. Schools, civic organizations, garden clubs and faith-based groups received assistance with every aspect of the garden process, from planning, plant selection and garden installation to long-term maintenance and sustainability plans.

In addition to significantly increasing the number of community gardens in west Georgia, the project has taught residents how to maintain their own gardens, enhanced access to healthy food, added public green spaces and encouraged community involvement. Many garden partners have shared their harvest with local food banks, improving the quality and quantity of healthy food available to low-income residents in the region. The gardens have been a collaboration among several local organizations and individuals, including Keep Carroll Beautiful, Carroll County Master Gardeners, Incredible Edible Carrollton, City of Carrollton, City of Villa Rica, WalMart.com, Home Depot and others.

Promote and Expand Farmers' Markets

Get Healthy, Live Well is working to promote farmers' markets as access points to healthy, affordable food. Healthy food has become more accessible now that local farmers' markets accept food stamp benefits through the Supplemental Nutrition Assistance Program (SNAP). Two local farmers' markets, in Carrollton and Villa Rica, introduced SNAP benefits, doubling their value to help families have even more access to healthy, locally grown food.

Get Healthy, Live Well also helped launch a Power of Produce (POP) Club program to empower kids to make healthier choices (with almost 500 POP Club members to date). Each time children ages 4 to 12 come to the farmers' market and participate in a fun activity, they receive \$2 to spend on fresh fruits and vegetables. The program also includes a variety of educational activities around food, nutrition and growing.

The POP Club was held at the Sewell Mill Farmers' Market in Bremen in 2014, with 202 members and 346 visits. In Spring/Summer 2015, the POP Club was held at the Cotton Mill Farmers' Market and the Market at the MILL in Villa Rica, garnering 217 POP Club members with 348 visits. And to date in 2016, the POP Club at the Cotton Mill Farmers' Market has garnered 55 members making 68 visits.

Additionally, several educational events on healthy eating — including cooking demonstrations — are held on an ongoing basis at local farmers' markets.



Empowering kids to make healthy food choices.

[The POP Club helps area children learn about where their food comes from and even provides funds to help children purchase their own fresh, healthy options at local farmers' markets](#)

Cooking Matters

Get Healthy, Live Well trained volunteer culinary experts to implement the Cooking Matters program, a cooking-based nutrition education course designed to teach low-income families how to prepare healthy meals on a limited budget. A total of 66 volunteer Cooking Matters instructors — including two master trainers — have been recruited and trained. These volunteers have led 23 Cooking Matters class series so far — a total of 138 classes — that have helped 297 low-income families learn how to eat healthy for less. In addition to the six-week Cooking Matters classes, 16 Cooking Matters demonstrations have been held at local farmers' markets and other events in the community, reaching more than 3,000 people.

Get Healthy, Live Well partnered with the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to provide 14 “Cooking Matters at the Store” tours to 100 low-income residents. Get Healthy, Live Well also partnered with the West Georgia Childcare Coalition to offer a full-day Cooking Matters for Child Care Professionals class in December 2014, teaching 27 area child care professionals from seven early child care centers about healthy meal preparation and creating a positive food environment for the children in their care.

Healthy Food Options

Get Healthy, Live Well has explored opportunities to partner with local grocery stores, convenience stores and restaurants to highlight healthy food options.

In 2013, Get Healthy, Live Well supported the second annual Locavore Challenge, a social media-based effort to get people to think about the foods they eat and where these foods originated. The kick-off event promoted local farmers and food-oriented local establishments. Recipes and sources for local foods were shared on social media. In addition, local restaurants were encouraged to provide at least one dish that featured a locally grown ingredient. Seven local restaurants provided locally sourced dishes.

In 2014, Get Healthy, Live Well implemented a “Get Healthy, Eat Local” campaign to promote healthy eating at local restaurants. Eighteen local restaurants pledged to highlight healthy and/or local foods.

Get Healthy, Live Well's convenience store task force held training for 15 convenience store managers at Morgan Oil and Banks Oil in May 2013. The task force developed a list of requirements to be designated as a Get Healthy, Live Well convenience store.

“Go Healthy Here” signage was also provided to display in convenience stores to highlight healthy food and beverage choices. Get Healthy, Live Well has also partnered with several grocery stores, including Publix, Kroger, Food Depot and Piggly Wiggly to offer grocery store tours and Cooking Matters demonstrations.

Menu It

Get Healthy, Live Well is helping people make healthy choices at local restaurants. In 2016, Get Healthy, Live Well launched “Menu It,” an app for smartphones designed to help individuals and families dramatically improve their nutrition literacy and access healthy foods. They can also keep up-to-date with news, events and health resources from across the local community.

With the app, users will be able to check out nutritional information and Get Healthy, Live Well-approved dishes at local restaurants and national chains. They will also be able to receive personalized nutrition guidance based on chronic diseases, diet preference, food preferences, life stages and weight management. Participating regional restaurants include Alley Cat, Bella Coffee & Bistro, Chat & Choo, City Tavern, Corner Café, Courtyard Bistro, Gabe’s Downtown Louisiana Bistro, Lat. 33° East Deli, La Trattoria, Little Hawaiian, Max & Henry’s, Olive Tree, Plates on the Square, Samba Loca, Sutton’s American Grill, Tanner Café locations and Tropical Joe’s Smoothies, with additional restaurants joining.



Get Healthy, Live Well’s new smartphone app, **Menu It**, connects users to a world of healthy meal options. The app can be downloaded for free on smart phones by searching for “Menu It” in the Apple App Store and on Google Play.

Supporting Breastfeeding

Educating the Community on Practices to Support Breastfeeding

Research has noted countless benefits of breastfeeding for the health of mothers and newborns.

Health Benefits of Breastfeeding

Tanner Health System has implemented a community-wide education initiative about the health benefits of breastfeeding and the link to obesity prevention. Tanner has disseminated a number of educational messages that promote the benefits of breastfeeding throughout the community through local community events, worksite wellness toolkits, educational materials, posters and breastfeeding support groups.

Breastfeeding Policies

Tanner has encouraged organizations to establish policies and programs that support breastfeeding mothers. A Tanner-hosted business and industry seminar in October 2013 educated almost 100 individuals on the business case for breastfeeding and strategies and policies to support breastfeeding mothers. Tanner itself implemented a new breastfeeding policy and created new lactation rooms at Tanner Medical Center/Carrollton for employees and staff to utilize. The University of West Georgia also implemented a breastfeeding policy and established a lactation room for faculty and staff.

Support Groups

Tanner implemented breastfeeding support groups at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica, reaching almost 500 individuals over the past three fiscal years.

Breastfeeding Education

Tanner provided all new mothers delivering at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica with educational materials regarding the benefits of breastfeeding. All new mothers delivering at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica receive "First Impressions," a book that includes information on breastfeeding and how to contact Tanner's maternity staff for assistance with breastfeeding after discharge. In September 2012, Tanner implemented a new intervention to document breastfeeding education in the medical record. According to chart reviews, in 2012, the number of mother educated about breastfeeding was 67 percent. By 2014, 100 percent of mothers were educated about breastfeeding and related topics.



Tanner has worked to advance breastfeeding in the region.

Planning for a Healthier Community

Improving Nutrition, Increasing Physical Activity Where People Live, Learn, Work and Play

Healthy communities are rarely the product of chance. Rather, lots of planning goes in to making sure healthy activities are not only accessible, but a natural part of people’s daily lives. Sidewalks, bike paths and parks are ways to ensure that everyone can get healthy *and* live well in their own communities. Get Healthy, Live Well has implemented several initiatives to improve activity and nutrition practices throughout the community.

‘Go for 30,’ ‘Go for 5’ and ‘Go for the Stairs’ Campaigns

Get Healthy, Live Well initiated a community-wide education initiative to raise awareness on the importance of physical activity and healthy eating. The “Go for 30” minutes of exercise campaign and a “Go for 5” fruits and vegetables campaign includes print, radio, digital and outdoor advertising. Press releases, news articles and online articles are disseminated through media channels highlighting the benefits of physical activity and consumption of fresh fruits and vegetables.

Get Healthy, Live Well developed a “Go for the Stairs” educational campaign to encourage physical activity by area residents and employees. The campaign included the dissemination of posters and fliers to several local organizations and worksites through a worksite wellness toolkit.

Weight Loss Challenges

Get Healthy, Live Well organized a 12-week community-wide weight loss challenge and education program utilizing Get Healthy, Live Well’s online exercise and nutrition tracking program. Get Healthy, Live Well helped thousands of residents lose weight, exercise more and improve their nutrition. This was done through a combination of education and motivational support during a 12-week community-wide weight loss challenge, implemented in 2013 and 2014.

The 2013 challenge drew 1,400 participants who lost an average of 10.6 pounds per participant, while the 2014 challenge attracted 1,700 participants who lost an average of 7.7 pounds per participant. A briefer, six-week community-wide weight loss challenge was held in 2015 that included 624 participants who lost an average of 3.8 pounds. To further support weight loss challenge participants, Get Healthy, Live Well also hosted a series of free Healthy for Life classes combining health education with group fitness activities led by Tanner’s medical experts, registered dietitians, health coaches and guest experts. Since January 2014, more than 800 individuals have attended Healthy for Life classes.



Local dealership Walker Cadillac provided this new Buick Encore to demonstrate the 3,206 pounds lost in 2014 by participants during Tanner’s Weight Loss Challenge.

12-week Weight Loss Challenge (Results)

Year	Participants	Total participant weight loss	Average weight loss per participant
2013	1,400	2,313 lbs.	10.6 lbs.
2014	1,700	3,206 lbs.	7.7 lbs.
2015	624	591 lbs.	3.8 lbs.

Controlling Chronic Disease

Taking Control of Health With Evidence-based Programs

Chronic diseases can have a huge impact on an individual's health, raising the risk of complications that can become catastrophic. Increasing disease rates, limited funding and the growing scientific basis for intervention demand the use of proven strategies to improve population health, according to an article published in *Preventing Chronic Disease (PCD)*, a peer-reviewed electronic journal established by the National Center for Chronic Disease Prevention and Health Promotion. That's why Tanner Health System's Get Healthy, Live Well has developed evidence-based programs to help people control – and even prevent – the onset of chronic disease. Get Healthy, Live Well has made a lot of progress in helping take control of chronic disease in our region.

EPIC Obesity Prevention Training

Get Healthy, Live Well implemented "Educating Physicians in their Communities" (EPIC) obesity prevention training for local clinicians, training 31 healthcare professionals (including eight physicians) in the evidence-based childhood obesity program. The training equips clinicians with key intervention skills to assess, prevent and treat childhood obesity. The training was conducted by a physician, a registered dietitian and a public health worker from the Georgia State University's Georgia Health Policy Center.

After taking part in the implementation of the EPIC program, participants (through pre- and post-surveys) reported having increased knowledge, skills and confidence in the following areas of obesity prevalence and trends:

- Height and weight measurement
- Medical assessment of obese children
- Communicating BMI (body mass index)
- Assessment of patient interest
- Barriers and health concerns
- Readiness to change
- Identification of appropriate reimbursement codes

Tanner also used the EPIC program to develop educational materials, including a childhood obesity toolkit, for use in pediatric practices. The toolkit is used to assess overweight and obese children. It includes Healthy Habits assessment forms, BMI posters for each exam room, prescription pads and additional educational flyers and posters highlighting healthy habits for children.



EPIC training has empowered clinicians to discuss ways to help children maintain a healthy weight and discuss matters such as nutrition, exercise and BMI with children and parents.

'Know Your Numbers' Campaign

In 2014, Get Healthy, Live Well implemented a community-wide educational campaign called "Know Your Numbers." The campaign's goal is to increase awareness on the importance of individuals knowing their numbers for blood pressure, cholesterol, blood sugar, weight and body mass index. The campaign featured billboards, print ads, radio, website and digital media.

Tanner has held multiple educational events to educate the community, including Healthy for Life classes, community events, speakers bureau programs and more. A "Know Your Numbers" brochure was provided to primary care practices and community organizations throughout Carroll, Haralson and Heard counties.

Diabetes Prevention Program (DPP)

Since November 2013, Get Healthy, Live Well has trained (through five trainings) a total of 50 National Diabetes Prevention Program (DPP) lifestyle coaches. DPP classes, which meet weekly for 16 weeks and then monthly for eight months, began in 2014 and have helped a total of 333 individuals in west Georgia make lifestyle changes and lose weight, reducing their risk of type 2 diabetes. Get Healthy, Live Well has completed 33 classes with 460 participants.

The goal for each participant to lose 7 percent of their body weight is key because 5 to 7 percent of body weight is evidenced to result in a 58 percent lower risk of getting diabetes. So far, 65 participants have lost between 5 to 9 percent of their body weight and 31 participants have lost more than 10 percent of their body weight.



Tanner Health System's Get Healthy, Live Well has made it a priority to expand its community health efforts with an innovative program that creates a bridge between the clinic or doctor's office and its evidence-based programs like the Diabetes Prevention Program, Kids N Fitness and Fresh Start, a tobacco cessation program.

"Lower Your Odds" Campaign

Get Healthy, Live Well initiated a community-wide education initiative to increase diabetes prevention awareness. The "Lower Your Odds" campaign — which includes print, direct mail, radio, digital and outdoor advertising — educates people about the risk factors for diabetes. Press releases, news articles and online articles were disseminated through media channels highlighting Get Healthy, Live Well's chronic disease preventive services and diabetes self-management programs.

Diabetes Peer Support Program

Get Healthy, Live Well implemented a diabetes peer support program to provide ongoing diabetes self-management support to residents with diabetes. The program features free, six-week session Living Well workshops (based on Stanford University's Diabetes and Chronic Disease Self-Management Programs) to help manage any chronic disease, including hypertension, arthritis, cancer, diabetes, depression, heart disease and more. Participants and their caregivers learn ways to manage symptoms with the support of trained coaches and other workshop attendees facing similar health challenges.

Eight Living Well workshops have been held to date with 128 total participants. Two Get Healthy, Live Well staff members serve as master trainers. Four instructor trainings have been held, with 31 instructors trained for Living Well with Chronic Disease and 26 trained to facilitate Living Well with Diabetes. Several upcoming instructor trainings and class series are scheduled.

Inpatient Diabetes Health Education

Tanner implemented inpatient diabetes health education services at Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica. The service, implemented during 2014, provides a diabetes educator who led initial diabetes self-management education and training (DSME/T) to 871 patients (733 at Tanner Medical Center/Carrollton and 138 at Tanner Medical Center/Villa Rica). Out of the 871 patients educated, 100 percent were provided information on community resources to maintain their health (including information regarding the healthy lifestyle interventions of Get Healthy, Live Well) and more than 80 patients were referred to intensive outpatient DSME/T programs. The diabetes educator works in conjunction with Tanner's team of health professionals (physicians, nurses, pharmacists, dietitians, case managers and social workers) to coordinate care post-discharge and to ensure vulnerable populations disproportionately affected by diabetes receive the appropriate follow-up care.

Kids N Fitness Promotes Healthy Lifestyle for Children and Adolescents

If you ask a group of children what their favorite food is, you're likely to hear a long list of junk foods that includes pizza and ice cream.

Tanner Health System's Get Healthy, Live Well is looking to change that with its Kids N Fitness program. Kids N Fitness is a healthy lifestyle program for children ages 8 to 16 and their parents. The program —developed by a team of doctors and health professionals with Children's Hospital Los Angeles — consists of six, 90-minute sessions for the entire family and meets once a week.

Each session includes a nutrition lesson, physical activity, goal-setting, support session for parents, a healthy snack and a healthy living incentive.

Since inception, four pediatric clinics have combined to refer 204 children to the program. So far, almost 50 children have completed Kids N Fitness, with a decrease in average Z-score from 1.96 before the program to 1.3 after, and a drop in BMI from 28.03 to 27.94.

According to the Centers for Disease Control and Prevention (CDC), one in three children in the United States is overweight or obese. But childhood obesity can be prevented.

Since launching the program in August 2015, Get Healthy, Live Well has found success helping families in west Georgia who are facing this challenge.



Participants of Get Healthy, Live Well's Kids N Fitness class celebrate their accomplishments on graduation night.

Partnering With the Community

Working Together to Improve Community Health

Get Healthy, Live Well is a collaborative effort of individuals and organizations who share a common vision to improve the overall health of residents. The impact of this collaboration depends on volunteers and partners from every sector of the community sharing their talent, dedication and support.

Get Healthy, Live Well is steered by a leadership council and multiple sub-group task forces working together to implement effective strategies that continuously improve the community's health. Building on Tanner's platform as an anchor institution in west Georgia, Get Healthy, Live Well has diligently worked to create mutually beneficial relationships with its community partners from essential sectors of the community.



Get Healthy, Live Well is a community network, built through collaboration and partnership.

Those sectors include:

- Federal government agencies
- State government agencies
- County government agencies
- City government agencies
- Regional/other government agencies
- Schools and school systems
- Healthcare providers
- Colleges and universities
- Public housing authorities
- Parks and recreation departments
- Historical societies
- Business and industry
- Restaurants
- Churches and faith-based groups
- Chambers of commerce
- Civic groups
- Senior citizens groups
- Media outlets
- Local farms and food businesses
- Grocery stores and retail

Improving Health in Schools

Teaching Kids How to Develop Healthy Habits

Tanner Health System's Get Healthy, Live Well understands the importance of teaching children healthy habits at a very young age. The behaviors and habits children develop now will influence their health as an adult. In an effort to increase awareness about the benefits of leading a healthy lifestyle, Get Healthy, Live Well, is working with local childcare centers, schools and libraries to help make healthier environments for children.

Take 10! and Power Up for 30

Get Healthy, Live Well collaborated with the United States Department of Agriculture's HealthierUS School Challenge and the "Take 10!" program to improve local school environments related to physical activity and nutrition. Get Healthy, Live Well also partnered with Power Up for 30, a childhood obesity initiative of the governor's Georgia SHAPE program that encourages elementary schools to integrate 30 more minutes of physical activity into each school day.

In the 2013-14 academic year, Get Healthy, Live Well trained 93 first grade teachers from 15 schools in "Take 10!," a classroom-based physical activity program, developed by the ILSI Research Foundation with the assistance of health professionals and education experts that combines academic instruction with 10-minute

physical activity breaks to get kids moving without sacrificing time dedicated to academic learning. In the 2014-15 academic year, Get Healthy, Live Well trained 48 individuals (administrators, PE teachers and classroom teachers) from 16 schools in Power Up for 30, helping more than 9,500 area students add more physical activity into their day. During the pre-planning period for the 2015-16 academic year, Get Healthy, Live Well provided a brief Power Up for 30 Booster training to 120 teachers and administrators at Carrollton Elementary School.



Area educators took part in Georgia SHAPE training to learn ways to incorporate more physical activity into the school day.

Improved Nutrition Standards and Policies

Get Healthy, Live Well's youth task force worked to develop and implement nutrition interventions in area schools. In September 2013, an educational training event was held for local school nutrition directors to assist them in making the changes needed to qualify for the HealthierUS Challenge award. Several schools established healthy salad bars, gardens and a variety of nutrition education interventions. In 2013, subsequent training was held for school nutrition directors and school cafeteria managers focused on healthy food production and strategies for successful implementation of Healthy, Hunger-Free Kids Act and Smart Snack guidelines.

Safe Routes to School

Get Healthy, Live Well's Safe Routes to School task force worked with Carrollton City School officials to implement the infrastructure (including the addition of safe crossings and bike racks) and policy solutions necessary to help kids safely walk and bike to school. As part of those efforts, the Carrollton City School Board passed a Safe Routes to School resolution in summer 2015. Approximately 40 kids currently walk or bike to school daily, a 700 percent increase from five walkers/bikers before program implementation and promotion.

Wellness Policies

Get Healthy, Live Well provided support to schools on the implementation of wellness policies and nutrition and exercise programs. Consistent technical assistance and site visits were conducted by Get Healthy, Live Well representatives and third-party Technical Assistance (TA) providers (i.e., National Safe Routes to School Partnership) throughout the school year.

Plays Remind Kids to Eat Their Fruits and Veggies

In 2013, an interactive nutrition play called “A Straaaaange Dream” was developed by Tanner for local school-age children. The play followed the nocturnal adventures of a young girl who eats a candy bar before bed and, that night, is visited by three spirits, including a coach and a “fairy dietitian” who teach her the importance of a healthy diet and active lifestyle. The production was performed live in 12 schools for more than 4,560 students in kindergarten to third grade in Carroll, Haralson and Heard counties.

In 2015, Tanner’s Get Healthy, Live Well enlisted a troupe of three vegetable superheroes to show kids that healthy eating can be fun. Get Healthy, Live Well’s “Eat a Rainbow” play features a mad scientist named Dr. FunKill who tries to feed a little girl evil doughnuts until she is thwarted by Broccoli Boy, Captain Carrot and Ruta-A-Bay-Girl, who teach children to protect themselves by eating a rainbow — five portions of fruits and vegetables a day. About 200 families attended the premiere of “Eat a Rainbow” at The AMP amphitheater in downtown Carrollton.



Captain Carrot, Emma and Broccoli Boy entertain Carrollton Elementary School students during a performance of the “Eat a Rainbow” play at the Joshua Mabry Arts Center in Carrollton. Tanner Health System’s Get Healthy, Live Well enlisted this troupe of three vegetable superheroes to show kids that eating healthy can be fun.

Since then, the play has been performed at seven schools, reaching 5,771 elementary school students. Kids who attend the play at school are given a set of five wristbands — each a different color. The bracelets remind them to track the eating of fruits and vegetables every day.

Kids Exhibit Makes Learning Healthy Habits Fun and Exciting

Get Healthy, Live Well created an interactive Kids Exhibit to teach kids ages 6 to 12 about healthy lifestyles in a fun and exciting way.

The exhibit features several stations focusing on fitness, nutrition and the dangers of tobacco. One station teaches kids how to create a balanced plate of food using MyPlate and what it takes to actually burn a certain amount of calories. Another station allows kids to try out balance boards, test their flexibility or challenge themselves to do sit-ups and push-ups.

Among the exhibit’s highlights is the anti-tobacco station, which features real pig lungs — one that is healthy and another that was simulated to show what smoking does to a lung. The exhibit has made stops at three elementary schools so far, reaching 525 students. According to surveys given to the children before and after going through the exhibit, there was a 10 percent increase in knowledge among second-graders; 22 percent increase among third-graders; 15 percent among fourth-graders and 17 percent among fifth-graders concerning the need to exercise 60 minutes a day.



Jamie Brandenburg, chronic disease outreach coordinator at Get Healthy, Live Well, shows Centralhatchee Elementary School students how to create a balanced plate of food.

Improving Health Through Faith-based Organizations

Addressing Health Needs Through Faith-based Initiatives

Many people in west Georgia are in need of health care services and resources. To help make quality health care and education more accessible, Get Healthy, Live Well has partnered with local churches to help connect the community to the resources they need to lead a healthy lifestyle.

In 2013, six churches were selected to receive support in the implementation of wellness strategies. These six churches completed an initial “faith organization assessment” from Georgia’s Live Healthy in Faith toolkit, which is based off of the Congregational Health Index (CHI) Self-assessment and Planning Guide. The following year, Get Healthy, Live Well targeted the African-American community, which is evidenced to experience lower levels of income, reduced access to healthy lifestyle options and suffer higher rates of chronic disease than the general populations.

With help from a Partnerships to Improve Community Health grant from the Centers of Disease Control and Prevention (CDC) – Get Healthy, Live Well took steps toward addressing health disparities by reaching out to African-American churches in Carroll, Haralson and Heard counties. One of those steps involved helping eight African-American churches develop wellness councils at their church to implement evidence-based strategies promoting tobacco-free environments, healthy eating, more physical activity, and access to chronic disease prevention and management programs.

Get Healthy, Live Well implemented several strategies in an effort to help make going to church as good for the body as it is for the soul.

Living Healthy in Good Faith

Get Healthy, Live Well hosted a regional training event that educated churches on wellness practices and programs promoting physical activity and nutrition. The faith-based wellness seminar, “Living Healthy in Good Faith,” helped more than 25 representatives from area congregations learn about and assess the ways policies, systems and environments can affect individuals’ ability to make healthy choices. Following this seminar, six churches — Tabernacle Baptist Church, Last Shall Be First Ministries, Piney Grove Missionary Baptist Church, Carrollton Presbyterian Church, Freedom Point Church and Bremen Lifegate Church — received further support in the implementation of wellness strategies. Each church completed an initial “faith organization assessment” from Georgia’s Live Healthy in faith toolkit (based off of the CHI Self-Assessment and Planning Guide).

Achieving Health Equity and Eliminating Health Disparities

With efforts aimed at achieving health equity and eliminating health disparities, in September 2014, Tanner’s Get Healthy, Live Well reached out to African Americans in Carroll, Haralson and Heard counties with a variety of policy, systems and environmental interventions.

Get Healthy, Live Well has worked through eight African-American faith-based institutions (Antioch Missionary Baptist Church-Carrollton; First Baptist Church of Bowdon-Bowdon; Mt. Pleasant Missionary Baptist Church-Franklin; Piney Grove Missionary Baptist Church-Carrollton; Word of Truth Christian Church-Bremen; Church Without Walls-Carrollton; Overcomers Christian Center-Villa Rica; and First Baptist Church of Carrollton-Carrollton) to implement culturally relevant chronic disease improvement strategies. The churches completed a faith-based policy, systems and environmental assessment tool. The churches also developed wellness councils at their church to carry forward tailored evidence-based strategies in their congregations that promote tobacco-free environments, improve nutrition, increase physical activity and increase access to chronic disease prevention and self-management programs.

Since 2013, Get Healthy, Live Well's partnering faith-based organizations have participated in varying degrees in the following activities: community-wide weight loss challenges; Cooking Matters instructor training and classes; Fresh Start classes; Diabetes Prevention Program instructor training and classes; Living Well With Chronic Disease and Living Well with Diabetes instructor training and classes; community gardens; offering more healthy options at church events; smoke-free policies; establishing wellness councils and more.

Photovoice Project

In the summer of 2015, Get Healthy, Live Well implemented a Photovoice project, a community-based participatory approach project funded by a University of West Georgia Presidential Grant that equitably involved partners in the community health improvement process, utilizing photography as a data collection tool. The Photovoice project has provided critical insights into Get Healthy, Live Well's priority population of African Americans, empowering participants to take action and improve the well-being of their communities.

Spreading the Word of Good Health

From hosting health events and diabetes prevention classes to growing community gardens, churches have been enthusiastic partners with Tanner Health System's Get Healthy, Live Well.

As part as efforts to raise awareness of health disparities in the African-American community, Get Healthy, Live Well is hosting a series of health events at local churches in Carroll, Haralson and Heard counties.

The events, which are held right after church services, include clinical assessments and health coaching. The congregations of Antioch Missionary Baptist Church, First Baptist Church of Bowdon, First Baptist Church of Carrollton, Church Without Walls, Mt. Pleasant Missionary Baptist Church, Piney Grove Missionary Baptist Church, Word of Truth Christian Church and Overcomers Christian Center all welcomed Get Healthy, Live Well's team of community health advocates into their churches. And in turn, Get Healthy, Live Well was able to provide eye-opening findings for the churches' members.



In 2016, Tanner Health System's Get Healthy, Live Well hosted an educational health event at Overcomers Christian Center in Villa Rica.

Some of the churches have also partnered with Get Healthy, Live Well to offer the Diabetes Prevention Program (DPP) at their places of worship. DPP is an evidence-based lifestyle change program for preventing type 2 diabetes created by the Centers of Disease Control and Prevention (CDC). It can help people cut their risk of developing type 2 diabetes in half by making lifestyle changes.

The churches have planted gardens and implemented four-week walking challenges as part of their healthy lifestyle efforts.

Improving Health Through the Workplace

Good Employee Health is Good Business

Studies show that workplace wellness programs reduce healthcare costs, decrease absenteeism and improve employee wellbeing. Tanner Health System's Get Healthy, Live Well is helping employers take the first step to a healthier workplace with its Workplace Wellness program.

Regional Training

Tanner organized a regional training event, educating companies on wellness policies and programs related to physical activity, nutrition, chronic disease, breastfeeding and tobacco use. Get Healthy, Live Well's Business and Industry task force organized and implemented a Business and Industry Wellness seminar in October 2014, educating nearly 100 business representatives on policies and programs related to physical activity, nutrition, chronic disease, breastfeeding and tobacco use.

Technical Assistance

Get Healthy, Live Well provided support and technical assistance to companies to enhance wellness program participation and implementation. Following the Business and Industry Wellness seminar, five worksites — the University of West Georgia, Honda Precision Parts, Greater Haralson Chamber of Commerce, Oak Mountain Academy and the Heard County Commissioners' office — were selected to receive robust technical assistance from Tanner and Get Healthy, Live Well in the development and implementation of wellness policies and strategies within their companies. In September 2015, Get Healthy, Live Well began working with three additional worksites — Carroll EMC, JAC Products Inc. and Decostar Industries Inc. — to conduct initial policy, systems and environmental (PSE) assessments to determine current efforts and implement new PSE change strategies to support health.

Get Healthy, Live Well added additional worksites to its worksite wellness efforts in FY 2016, including SynchroNet, Inc. and OFS Optics. From the smallest to the largest participating business, all of the companies wanted to help their employees improve their health. Their activities included implementing signage to remind employees to maintain healthy lifestyles, participating in Tanner's community-wide Weight Loss Challenge, offering educational health events or expos to highlight classes in nutrition and healthy cooking skills (through Cooking Matters), tobacco cessation (through Fresh Start), diabetes prevention (through the Diabetes Prevention Program) and chronic disease self-management classes. They have begun stocking vending machines with healthier options and are promoting active transportation, among other activities.

Healthier Workforce

Tanner continues to cultivate a healthier workforce through programs like HealthBridge chronic disease management, health coaching and the Tanner Health Source gyms. Tanner's employee wellness program, Well for Life, employs registered dietitians, exercise specialists and health coaches who work one-on-one with employees and lead group classes to help Tanner's



Tanner employee Pamela Downs (pictured, second from left) earned the "highest average daily steps," with an average daily step count of 48,658. Tanner employee Michael Collins (pictured, middle) had the most "very active daily minutes," averaging 266 minutes per day. Also pictured are Christina Schoerner, MS, RDN, LDN, a registered dietitian nutritionist and health coach for Tanner (far left), Wellness and Outreach Manager Griffin Reynolds, far right, and Tanner Health System President and CEO Loy Howard (fourth from the left).

more than 2,800 employees lose weight, keep their chronic diseases in check and adopt healthier habits. Each year, Tanner provides free wellness assessments to all employees that include a cholesterol screening, blood glucose reading, BMI check and more.

Tanner employees also have 24-hour access to Tanner Health Source exercise facilities, featuring cardio and weight-training equipment, at its hospital campuses in Carrollton, Villa Rica and Bremen. Tanner also distributed Fitbit fitness-tracking devices to about 1,800 of its employees. During Tanner's first "Fitbit Challenge," employees logged more than 450 million steps and 920,000 "very active minutes." These investments have paid dividends in improved health for Tanner's employees. Over the past six years, the average BMI of Tanner's workforce has dropped from 35 in 2010 to 28.7 in 2015. The average blood pressure reading for employees also has dropped, from 125/76 to 119/80.

Wellness Seminar Looks to Add Years to Life

West Georgia residents had an exclusive opportunity to learn how good health and positive habits can literally add years to their lives. Tanner Health System's Get Healthy, Live Well — an effort to improve the health and wellness of residents in Carroll, Haralson and Heard counties — hosted Steven Aldana, Ph.D., a national expert on health and wellness. Dr. Aldana presented a free public discussion, "10-20 Years of Extra Life — The Choice Is Yours," in 2013 at the University of West Georgia.

A former professor of lifestyle medicine at Brigham Young University, he is currently the CEO and founder of WellSteps, a turnkey wellness program designed to help employees adopt healthy behaviors for life. According to Dr. Aldana, worksites, communities, schools and churches are helping individuals change the status quo by adopting healthy behaviors. In as little as six weeks, individuals who adopt healthy behaviors can significantly improve an array of health risks.

Dr. Aldana's presentation presented proven, effective steps to dramatically improve one's health and minimize risks for chronic disease. Attendees learned how to: extend the length of life by 10 to 20 high-quality years; understand chronic diseases; gain the knowledge, motivation, and skills needed to change behaviors; and see how the only long-term solution to excessive body weight is lifestyle change.

Partnering With the Community to Design a Healthier Region

The obstacle to better health, many public health advocates believed for years, was a lack of understanding. Now, we understand that education is still critically important, but it's not a panacea to our epidemics of obesity, diabetes and other chronic conditions. Rather, it's one part of a larger role that must be shared among all a community's residents. It requires participation from the schools and the local government. It requires a commitment from businesses, and it requires the willingness of the people to make a change for the better.

Some of the barriers to better health include education — people know they need to exercise more, but also a safe place to walk, run or ride their bikes. Another barrier is access to eat more fruits and vegetables, but the only food sources near them offer junk food and salty, fatty, unhealthy options.

With these barriers to better health in mind, Tanner began to seek ways to help build a healthier region for residents in Carroll, Haralson and Heard counties. And one by one, the obstacles are tumbling down.

With the help of community partners, Tanner Health System's Get Healthy, Live Well is making a healthier lifestyle more attainable to the communities it serves.

Friends of the Carrollton GreenBelt

Get Healthy, Live Well partnered with the Friends of the Carrollton GreenBelt to promote sections of the Carrollton GreenBelt as they are opened. The GreenBelt is a planned 18-mile bike and pedestrian path that connects neighborhoods within Carrollton with city schools, city parks and commercial shopping locations, making it the largest paved loop trail system in the state of Georgia. Get Healthy, Live Well partnered with the GreenBelt by providing kiosks and directional signage. Get Healthy, Live Well is also promoting the multi-use trail through brochures and various community events.

An evaluation survey of the use of the Carrollton GreenBelt was conducted in partnership with the University of West Georgia in 2014 with 507 respondents. Results show that 68 percent use the Carrollton GreenBelt regularly, most for recreation and exercise. More than half of the respondents indicated using the trail one or two days per week. The aspects of the trail most important to respondents were creating a safe environment, increasing the quality of life in Carrollton and preserving green space.



The Carrollton GreenBelt is one of several local efforts that Tanner has supported to improve access to exercise, recreation opportunities and active transportation for area residents.

Exercise and Play

Get Healthy, Live Well developed a comprehensive region-wide listing of play and exercise areas and walking trails that is available at www.GetHealthyLiveWell.org.

Get Healthy, Live Well also promoted existing well-lit and well-maintained walking trails in the community, including the trails on the Tanner Medical Center/Carrollton and Tanner Medical Center/Villa Rica campuses. In 2014, Tanner's Get Healthy, Live Well helped the city of Bremen develop a plan for a walking trail in their community. Get Healthy, Live Well also implemented historical walks in Carroll, Haralson and Heard counties. Historical walk map brochures were developed and distributed as part of the project.

Walkability Assessments

In 2014, Get Healthy, Live Well assisted with the implementation of walkability assessments at Glanton Hindsman Elementary School, Villa Rica Elementary School and downtown Villa Rica, which has since implemented pedestrian-friendly reverse-angle parking to make the area safer.

Complete Streets Workshop

Get Healthy, Live Well implemented a regional Complete Streets workshop to educate community leaders on the addition of complete streets strategies that improve community design and enhance walking, bicycling and active transportation. In September 2014 and 2015, Get Healthy, Live Well held annual health summits to educate key community leaders and stakeholders — drawing 60 attendees in 2014 and 220 attendees in 2015 — about innovative community-level program design and policy solutions to create safer, more walkable and bicycle-friendly settings. Mark Fenton, a national public health, planning and transportation consultant who helps engineer physical activity back into communities, was the keynote speaker at both summits.



Participants at Tanner's Get Healthy, Live Well Community Health Summit participated in an audit to determine how "walkable" the region's cities are. The audit was led by community planning and health expert Mark Fenton.

Since these summits, multiple community leaders have actively put complete streets and built environment enhancement strategies high on their agendas, moving forward with a variety of infrastructure changes in the community including the addition of sidewalks and bike lanes; continued work on the Carrollton Greenbelt; and traffic changes to advance broad-based policy and environmental changes necessary to create supportive environments where making the healthy choice is the easy choice.

[GetHealthyLiveWell.org](http://www.GetHealthyLiveWell.org)

A powerful online resource for residents in Carroll, Haralson and Heard counties, www.GetHealthyLiveWell.org provides a number of resources to help residents achieve their healthiest selves, including a list of Tanner's Get Healthy, Live Well programs, online registration for classes like the Diabetes Prevention Program, Living Well with Chronic Disease, Fresh Start tobacco cessation classes and more. It also includes a listing of upcoming community health and fitness opportunities, such as 5K races, farmers' markets and other events, as well as a directory of local parks, trails, bike paths and other recreational options.

Community Input

A. Community Surveys

In order to gather quantitative data that were not provided by secondary sources and to understand public perceptions around health issues, a brief 26-item community survey was developed and administered (online and by paper) to residents in Carroll, Haralson and Heard counties. The survey explored key health concerns of community residents as well as their primary priorities for services and programming. During February and March 2016, strong efforts were made to disseminate the survey through multiple venues and media to yield a broad cross-section of respondents from the region. Surveys were distributed through e-blasts to community members who have voluntarily joined the health system’s email distribution list (to over 9,800 residents); e-blasts to Tanner patients over the past two years who voluntarily opted to receive email contact from Tanner at registration (to over 10,000 patients); emails to the Tanner Medical Center, Inc. Board of Directors (13 individuals); and emails to individuals on distribution lists at the Carroll County Chamber of Commerce (over 1,250 individuals), the Carrollton Housing Authority (189 individuals), and Tanner Medical Foundation (over 250 individuals). Approximately 320 paper surveys were distributed to area senior centers, nursing homes and housing authorities in Carroll, Haralson and Heard counties. In Higgins General Hospital’s primary service area of Haralson County, 102 residents completed the survey. On average, survey respondents were middle-aged, white/Caucasian, female and more educated (some college or more). Following is a summary of the key findings from the survey.

1.) How would you describe your overall health? (n=102)

	Very Healthy	Healthy	Fairly Healthy	Not healthy	Very unhealthy
Responses	11.76%	44.12%	38.24%	5.88%	0.00%

2.) Please select the top three health issues you face. (n=102)

Answer Choices	Responses
Blood pressure	46.08%
Overweight/obesity	40.20%
Joint/back pain	33.33%
Arthritis	32.35%
Sleep issues	24.51%
Diabetes/blood sugar	18.63%
Other (please specify)	14.71%
None of the above	13.73%
Depression/mental health	13.73%
Cancer	6.86%
Lung disease	4.90%
Heart Disease	3.92%
Stroke	1.96%
Drug/alcohol abuse	0.00%

3.) Which of the following preventive procedures have you had in the past 12 months? (Select all that apply) (n=101)

Answer Choices	Responses
Blood Pressure Check	91.09%
Cholesterol screening	62.38%
Flu shot	61.39%
Dental cleaning/X-rays	58.42%
Diabetes/blood sugar check	49.50%
Vision screening	48.51%
Mammogram (if female)	45.54%
Physical exam	43.56%
Pap test (if female)	31.68%
Glaucoma test	24.75%
Colonoscopy or occult blood test for colon cancer	19.80%
Bone Density test	18.81%
Skin cancer screening	16.83%
Heart disease screening	15.84%
Prostate cancer screening (if male)	8.91%
Hearing screening	7.92%
None of the above	2.97%
STI (sexually transmitted infection) screening	1.98%

4.) On what health issues would you like more education about? (Select all that apply) (n=99)

Answer Choices	Responses
Weight loss	44.44%
Nutrition/how to prepare healthy meals	41.41%
Exercise/physical activity	27.27%
Sleep problems	24.24%
Stress reduction	23.23%
None of the above	23.23%
Cholesterol	19.19%
Diabetes/blood sugar	13.13%
Blood pressure	13.13%
How to manage your health condition	12.12%
Falls prevention in the elderly and adults with disabilities	11.11%
Depression/mental health	10.10%
Utilizing technology to track health	10.10%
Heart disease	8.08%
Cancer	8.08%
Eating disorders	5.05%
Emergency preparedness	4.04%
Smoking and/or tobacco cessation	4.04%
Dental screenings	3.03%
Disease outbreaks	3.03%

Vaccination/immunizations	2.02%
HIV/sexually transmitted infections	2.02%
Drug/alcohol abuse	1.01%
Prenatal care	1.01%
Suicide prevention	0.00%

5.) How can Tanner Health System better meet your healthcare needs? (n=32)

A sampling of responses:

- Continue to offer free screenings and healthy lifestyle education classes
- Provide more preventative education classes in the Bremen area
- Offer low-impact exercise classes such as yoga
- More convenient office hours for clinics
- Improved care coordination between providers
- Communicate more clearly about what resources are available to citizens in the area

6.) In your opinion, how would you rate the health of your family and neighbors? (n=98)

	Very Healthy	Healthy	Fairly Healthy	Not healthy	Very unhealthy
Responses	4.08%	35.71%	52.04%	6.12%	2.04%

7.) In your opinion, what is the health-related issue that affects most people in your community? (Select only one) (n=94)

Answer Choices	Responses
Overweight/obesity	31.91%
None of the above	12.77%
Cancer	11.70%
Blood Pressure	10.64%
Diabetes/blood sugar	6.38%
Tobacco use	6.38%
Heart disease	5.32%
Asthma/lung disease	4.26%
Drug/alcohol abuse	3.19%
Depression/mental health	1.06%
Stroke	1.06%
Dental Health	0.00%

8.) In your opinion, what is needed to improve the health of your family and neighbors? (Select three) (n=96)

Answer Choices	Responses
Free or affordable health screenings	48.96%
Wellness or prevention services	43.75%
Healthier food	42.71%
Safe places to walk/exercise/play	33.33%
Recreation facilities	22.92%

Mental health services	15.63%
Drug/alcohol abuse rehabilitation services	13.54%
Job opportunities	13.54%
Specialty physicians	10.42%
Transportation services	9.38%
None of the above	9.38%

9.) In your opinion, what types of health screenings and/or services are important to keep your family and neighbors healthy? (Select up to five) (n=100)

Answer Choices	Responses
Blood pressure	71.00%
Cholesterol	51.00%
Diabetes/blood sugar	50.00%
Weight loss	49.00%
Exercise/physical activity	44.00%
Heart disease	42.00%
Cancer	39.00%
Nutrition	35.00%
Dental screenings	28.00%
Depression/mental health	23.00%
Smoking and/or tobacco cessation	22.00%
Sleep problems	19.00%
Stress reduction	18.00%
Falls prevention in the elderly and adults with disabilities	16.00%
Emergency preparedness	14.00%
Drug/alcohol abuse	11.00%
Eating disorders	8.00%
Vaccination/immunizations	7.00%
Prenatal care	6.00%
Disease outbreaks	4.00%
None of the above	4.00%
HIV/sexually transmitted infections	3.00%
Suicide prevention	2.00%

10.) What current strengths exist in your community to help you and your family be more healthy and active? (n=33)

A sampling of responses:

- Gyms
- Safe places to be active
- Tanner Urgent Care Centers
- Access to medical services
- Tanner hospitals and clinics
- Farmers' markets, access to fresh produce

Survey Respondent Characteristics

Gender	
Male	22.77%
Female	77.23%
Age	
Under 18	0.00%
18-25	2.94%
26-35	2.94%
36-45	15.69%
46-55	18.63%
56-65	33.33%
66-80	22.55%
81+	3.92%
County of Residence	
Haralson	93.14%
Race/Ethnicity	
White/Caucasian	90.00%
Black/African American	5.00%
Hispanic	0.00%
Asian	0.00%
Multi-racial	1.00%
Native American	1.00%
Education	
Less than high school	6.86%
High school graduate	23.53%
Some college	13.73%
Technical college	18.63%
College graduate	20.59%
Post graduate degree	12.75%
Annual Household income	
Less than \$12,000	3.96%
\$12,001 to \$30,000	22.77%
\$30,001-\$50,000	15.84%
\$50,001-\$99,000	20.79%
\$99,001-\$120,000	10.89%
\$120,001-\$199,999	6.93%
\$200,000 or more	1.98%

Cancer Survey

To gather cancer-specific quantitative data not provided by secondary sources and to better understand the cancer-related health concerns of the community, a brief 20-item community survey was administered (by paper survey) to cancer patients in Carroll, Haralson and Heard counties. The survey was disseminated to 200 cancer patients through Tanner Radiation Oncology, Tanner Patient Navigation team, Tanner Infusion Center and North West Georgia Oncology Center, PC. It was developed to obtain specific information from local cancer patients on prevention and screening knowledge, current behaviors and perceived barriers to care.

Overall, 105 individuals completed the survey. On average, respondents were older (65+), resided in Carroll County, female, less educated (high school graduate or less than high school), white/Caucasian, and low-income.

In addition to having a cancer diagnosis (85% of respondents), the majority of respondents indicated that other health conditions they have been diagnosed with include high blood pressure (58%), arthritis (46%), high blood cholesterol (44%), diabetes (24%) and depression (20%). These rates of other conditions are similar to those reported by the general community in the CHNA community survey. Upon review of the cancer survey results, it is evident that the key findings in the survey are in direct alignment with findings discovered in the overall CHNA, including access to care (transportation), chronic disease prevention and management, behavioral health, health education and literacy.

1.) Please indicate if a doctor, nurse or other health professional has ever told you that you had/have any of the following health conditions. (n=105)

Answer Choices	Yes	No	Not applicable	Not sure
Any type of cancer (please list the type of cancer you were diagnosed with below)	84.85%	10.10%	4.04%	1.01%
High blood pressure	58.25%	34.95%	4.85%	1.94%
Arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia	46.00%	46.00%	6.00%	2.00%
High blood cholesterol	44.23%	46.15%	4.81%	4.81%
Diabetes, prediabetes or borderline diabetes	24.00%	64.00%	12.00%	0.00%
Depression, major depression, dysthymia or minor depression	19.80%	66.34%	11.88%	1.98%
Chronic obstructive pulmonary disease (COPD), emphysema, asthma or chronic bronchitis	19.00%	62.00%	14.00%	5.00%
Heart attack/myocardial infarction	12.24%	74.49%	13.27%	0.00%
Gestational diabetes (diabetes developed during pregnancy)	5.00%	75.00%	18.00%	2.00%

Please specify the type of cancer with which you were diagnosed (response frequency in parenthesis):

Colon (11); Lung (10); Prostate (9); Breast (24); Pancreatic (3); Bladder (3); non-Hodgkin’s lymphoma (2); Hodgkin’s lymphoma; Leukemia (2); Ovarian (2); Skin (3); Uterine; Throat (5); Thyroid; Kidney

2.) Do you use tobacco products? If so, please select the option below that best describes the frequency of your usage for the type of tobacco. (n=87)

Answer Choices	Every day	Some days	Not at all	Prefer not to answer
Cigarettes	6.98%	6.98%	86.05%	0.00%
Smokeless tobacco (chew, dip, snuff, spit, etc.)	3.66%	1.22%	93.90%	1.22%
Electronic cigarettes	0.00%	2.47%	97.53%	0.00%
Cigars	0.00%	1.25%	98.75%	0.00%
Pipes	0.00%	0.00%	100.00%	0.00%
Hookah	0.00%	1.25%	98.75%	0.00%

3.) Are cancer screening resources available to you and your family? Please select the appropriate response below. If the resource does not apply to you or your family, please select “Not applicable.” (n=89)

	Available to me	Available to others, but not me	Not available as far as I know	Not applicable
Responses	82.02%	1.12%	6.74%	10.11%

Please specify the type(s) of cancer screening (if any) (response frequency in parenthesis):

Breast (9); Colonoscopy (6); Lung (3); PET scan (2); Prostate (2); Mouth; Non-Hodgkin’s Lymphoma; Pap smear

4.) Are cancer treatment resources available to you and your family? Please select the appropriate response below. If the resource does not apply to you or your family, please select “Not applicable.” (n=99)

	Available to me	Available to others, but not me	Not available as far as I know	Not applicable
Responses	88.89%	2.02%	0.00%	9.09%

Please specify the type(s) of cancer treatment (if any) (response frequency in parenthesis):

Chemotherapy (12); Radiation (12); Breast (5); Lung (3); Colon (2); Prostate; Pancreatic; Nurse Navigation

5.) Are surgical resources available to you and your family? Please select the appropriate response below. If the resource does not apply to you or your family, please select “Not applicable.” (n=94)

	Available to me	Available to others, but not me	Not available as far as I know	Not applicable
Responses	81.91%	1.06%	2.13%	14.89%

Please specify the type(s) of surgery (if any) (response frequency in parenthesis):

Lumpectomy (3); Mastectomy (5); Thyroidectomy (2); Colon (3); Prostate; Kidney; Bladder; Hysterectomy

6.) If you think about a time when your or a loved one received out-of-home medical care, did you feel like you understood what was taking place when there was a transition from one care setting to another (e.g., from the hospital to home or from the hospital to a nursing home)? (n=101)

Answer Choices	Responses
Yes	65.35%
Not applicable	30.69%
No	3.96%

Survey Respondent Characteristics

Gender	
Male	42%
Female	58%
Age	
Under 18	0%
18-25	0%
26-35	4%
36-45	9%
46-55	19%
56-65	21%
66-80	40%
81+	6%
County of Residence	
Carroll	73%
Haralson	11%
Heard	3%
Other	13%
Race/Ethnicity	
White/Caucasian	77%
Black/African American	15%
Hispanic	2%
Asian	0%
Multi-racial	1%
Native American	0%
Education	
Less than high school	14.29%
High school graduate	33.67%
Some college	12.24%
Technical college	11.22%
College graduate	13.27%
Post graduate degree	9.18%
Annual Household income	
Less than \$12,000	18.56%
\$12,001 to \$30,000	27.84%
\$30,001-\$50,000	13.40%
\$50,001-\$99,000	16.49%
\$99,001-\$120,000	4.12%
\$120,001-\$199,000	4.12%
\$200,000 or more	1.03%

B. Community Focus Groups, Listening Session

Primary qualitative data was collected through a community focus group (Haralson County) and one community listening session from residents and area community leaders that represent the broad interests of the community, gathering input from a total of 97 individuals in the Higgins General Hospital service area. Participants were identified and recruited by Tanner Health System’s Community Benefit (CB) Department. The focus groups and listening session were conducted by Georgia Health Policy Center representatives using listening session and discussion guides drafted by the Georgia Health Policy Center and edited by Tanner Health System’s CB department. For the community listening session, information was also collected using an audience response system from Turning Point in which “clickers” are provided to audience members to select answers from multiple choice questions. The purpose of the listening session and focus groups were to identify community health challenges, needs and concerns affecting residents as well as solutions to health issues. Specifically, listening group and focus group participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in their communities. The listening session and focus group process gathers valuable qualitative and anecdotal data regarding the broad health interests of the communities in the Higgins General Hospital service area. Listening session and focus group feedback is subject to the limitations of the identified target populations (i.e., vocabulary, perspective, knowledge, etc.), and therefore, is not factual and is inherently subjective in nature.

According to an analysis of the spoken and written responses of the focus groups and listening session participants, the top health concerns of west Georgia residents — by life stage — include:

Life Stage	Top Health Concern (s)
Infants and children	Obesity
Teens and young adults	Drugs/substance abuse
Adults	Obesity, diabetes
Seniors	Physical inactivity, diabetes, cancer

a. Community Listening Session

The following qualitative data were gathered during a community listening session at Tanner Medical Center/Carrollton, 705 Dixie Street, Carrollton, Ga., on March 31, 2016.

Participants:

- Listening Session Attendees: 91
- County of Residence:
 - 68.2% Carroll
 - 2.4% Haralson
 - 22.4% Heard
 - 7% Other
- ✓ Majority of participants have lived in west Georgia for 10+ years
 - 14.8% 1 to 5 years
 - 14.8% 6 to 10 years
 - 67.9% More than 10 years
- Age:
 - ✓ 25% 18 to 34 years
 - ✓ 14% 35 to 44 years
 - ✓ 19% 45 to 54 years
 - ✓ 19% 55 to 64 years
 - ✓ 23% Age 65 or older
- Education:
 - ✓ 22% Some high school or high school/GED
 - ✓ 29% Some college
 - ✓ 13% Trade/vocational training or technical college
 - ✓ 17% College graduate
 - ✓ 19% Post-graduate work or degree

Issue Identification:

During the listening session, participants used the audience response system to identify the major health challenge or condition facing community residents by life stage. **Appendix A** provides detailed response information. The table below highlights the health condition selected most frequently for each life stage:

Life Stage	Condition(s) with highest response percent
Infants and children	Obesity (71.6%)
Teens and young adults	Drug/substance abuse (39.3%)
Adults	Obesity (36.5%)
Seniors	Physical inactivity (22%)/diabetes (21%)

Participants were asked to select and discuss at their tabletops the “*Top five concerns that need to be addressed to improve health & wellbeing in your community.*” Those responses were recorded by facilitators on flip charts. The issues that received the most “votes” are presented below:

1. Substance abuse/drug use in teens
2. Obesity
3. Hypertension
4. Mental health
5. Diabetes

Other health concerns and issues frequently identified by the audience included: bullying, cancer, lack of literacy, distracted driving, teen pregnancy and tobacco.

Summary:

Listening session participants reported that several issues were preventing the community from being healthy including:

- ✓ Access to primary and preventive health care, including lack of health insurance, transportation and language barriers
- ✓ Poor health behaviors (unhealthy nutrition or dietary choices; physical inactivity, tobacco)
- ✓ Drug use and abuse (in teens and adults)
- ✓ Poverty

Specific Concerns/Issues:

- ✓ Poverty: financial constraints, lack of and the expense of healthcare services and supports (prescriptions, insurance, etc.)
- ✓ High risk or dangerous behaviors in teens: drugs, sex, gangs, unhealthy behaviors (tobacco, poor diet, inactivity); peer pressure/bullying
- ✓ Health behaviors in adults: drugs, tobacco, unhealthy behaviors (poor diet, inactivity/long commutes)
- ✓ Stress: lack of time, hectic lifestyle, worry, school demands
- ✓ Insurance disparities: high percent of residents without health insurance or who are underinsurance, lack of knowledge about how to use health insurance
- ✓ Mental health: lack of recognition by adults and/or youth, lack of services/counseling, and stigma associated with mental health diagnoses
- ✓ Technology: Computer and cell phone use (contributing to sedentary behavior), distracted driving, media and advertising on social media and television platforms
- ✓ Transportation (as a barrier to healthcare and health services)
- ✓ Access to and affordability of healthy food options
- ✓ Lack of education and literacy in adults and parents

Needed Resources and Initiatives:

Listening session participants were asked to indicate the top three initiatives they would like to see offered in the community. Responses are grouped by theme/category below and are listed in order of frequency of response:

Health care:

- ✓ Early prevention programs/free health screenings (diabetes, dental, vision, skin)
- ✓ Increased health insurance/health insurance acceptance by clinics
- ✓ More clinics – open urgent care centers or small clinics in rural areas of service area
- ✓ Convenient/self-managed scheduling of doctor's appointments
- ✓ Doctor's appointments: extended/flexible hours, see the doctor at the appointed time and less wait to get a doctor's appointment
- ✓ Support groups (addiction, cancer/illness, etc.) and mental health services

Community:

- ✓ More health education and information sessions/education for young parents
- ✓ Public transportation in the county to address transportation barriers
- ✓ Access to healthy food and safe physical activity places:
 - Gardens, fruit trees, food truck or co-op, healthy vending
 - Trails and paths, bike shares, lighting on walking trails
- ✓ Corporate wellness and wellness benefits in work places

Group Suggestions/Recommendations:

This section summarizes the top recommendations made by community listening session participants to address the key concerns identified in tabletop discussions, audience response technology and written feedback. **Appendix B** provides a summary of the answers provided using the audience response system relative to health care, health services and health-related programs of interest to session attendees. Also included in Appendix B is a detailed listing of responses to the open-ended question, “*What else can Tanner do to improve community health?*”

- **Access to health care:** A review of written, tabletop and audience electronic responses suggests that access to healthcare is the critical concern for this audience. Making health care more affordable and different types of insurance more widely accepted were frequently named as barriers. Suggestions to improve access included physician outreach into the community, flexible clinic hours/access to a physician during “off” hours, and clinics or urgent cares available in rural areas of the service region.
- **Use of technology/enhanced communication:** Reaching specific audiences through use of technology and alternative forms of communication was a frequently suggested strategy. Social media messaging to reach young persons, use of a secure portal to allow patients to access health information, and more frequent communication using different forms of media from the health system about their classes, activities and services were named as important to the listening session participants.
- **Health education/health services:** Health education, classes and services were of great interest to the audience. Specifically, support groups for those with specific conditions, nutrition education and cooking classes, stress management, exercise programs, and mental health and substance abuse (education/ treatment) classes were the topics most requested. Offering worksite wellness or employee preventive health services was also identified as a solution by several tables.
- **Health screenings:** Provision of free or low-cost health screenings was viewed as a very positive service. Those most frequently named are: vision, dental, diabetes and skin cancer. Mental health, mammogram and heart disease screenings also received multiple “votes.” Mobile screening options were requested to serve more rural areas.
 - One table suggested having a Men’s Health Day near Father’s Day, a Women’s Health Day near Mother’s Day, and a Family Health Day before school starts.
- **Food system/nutrition:** Within the category of health behavior, the topic that received the most mentions was nutrition and dietary behaviors. Access to healthy food, cost of healthy food, availability of nutrition education and cooking classes, and healthier restaurant options were mentioned as concerns and areas for action.

Listening Session Appendix A:

Age Group	Major health challenge/conditions in your community (Frequency of responses in parentheses) Bold = top answer in age category
Infants and children	Low birth weight (3) Infant mortality (3) Asthma (20) Obesity (56) Other (8) (ADD, poverty, access)
Teens and young adults	Bullying (32) Teenage pregnancy (28) Drug/substance abuse (51) Sexually transmitted diseases (20) Obesity (33) Other (10) (mental health, risky driving, tech use, PI)
Adults	Cancer (34) Heart disease (30) Diabetes (48) Hypertension (high blood pressure) (33) Mental health conditions (including anxiety, depression, etc.) (44) Obesity (43) Sexually transmitted diseases including HIV (8) Stroke (17) Substance abuse (drug/alcohol) (31) Tobacco use (18) Other (2) (risky driving, psoriasis)
Older adults / seniors	Cancer (29) Depression (28) Diabetes (43) Heart disease (28) Hypertension (high blood pressure) (35) Physical inactivity (43) Stroke (12) Other (3) (mental health, isolation, dementia/Alzheimer's)

Listening Session Appendix B: Health System Feedback

The information below represents the answers provided using the audience response system relative to health care, health services and health-related programs of interest to community listening session attendees. Responses in **bold** in the table below represent the most frequent answer. Also included in Appendix B is a detailed listing of responses to the open-ended question, “What else can Tanner do to improve community health?”

Question	Response Summary
If a smartphone app was available to help you plan meals and find healthier dishes at local restaurants, would you use it?	65.4% Yes (n=53) 24.7% No 9.9% I don't now
Where do you go for your primary health care needs?	79.3% My family doctor (n=65) 12.2% Health department or clinic 7.3% Other 1.2% The hospital
Does your doctor's office have convenient hours?	63.9% Yes (n=53) 25.3% No 10.8% I don't have a physician
When you call to make an appointment with your doctor for an urgent issue, are you able to get an appointment within 24 hours?	48.1% No (n=37) 44.2% Yes 7.8% I don't have a doctor
How often have you visited a Tanner Urgent Care in the past 12 months?	68.2% 0 Visits (n=58) 30.6% 1-3 Visits 1.2% 4-9 Visits
Would you use an electronic patient portal to track your medical care if it was available?	58.5% Yes (n=48) 17.1% I already use a patient portal (n=14) 9.8% No (n=8) 7.3% Maybe (n=6) 7.3% I don't use internet-based technology
How comfortable are you talking with your doctor about your health concerns?	71.9% Totally comfortable (n=59) 26.8% Somewhat comfortable (n=22) 1.2% Not at all comfortable (n=1)
Do you believe that access to care has been improved over the past 3 years?	61% Yes, but more work needs to be done (n=50) 20.7% Yes, greatly improved (n=17) 14.6% I don't know (n=12) 3.7% Not at all improved (n=3)
If you were to participate in a health education class, what length of time would you be willing to commit?	25.93% 1 hr/week for 6 wks 18.52% 2 hour class 18.52% Online class 13.58% 1 hr/week for 16 wks 12.35% 2 hr/week for 6 wks 6.17% Not interested in attending 4.94% Once a month for 6-12 months

Responses to the open-ended question, “*What else can Tanner do to improve community health?*” are bulleted below and put into themes where possible. Audience members were asked to call out answers to this question. The number in parentheses represents frequency of that response.

- ✓ Better/more convenient access to healthcare services (8)
 - Convenient hours (evenings/weekends)
 - Actually stick to appointment time; not a long wait for appointment
 - 24/7 doctor-on-call
 - More oncologists, colorectal cancer services
 - Pediatric specialty services needed
- ✓ More communications between hospital, health system, community, etc. about what is being done, what needs to be done, and what programs and services are available (4)
- ✓ Consider the age of residents when planning activities/programs (youth, adults, seniors) (2)
- ✓ Senior/elderly support: health and other services (many too proud to seek care); support for seniors raising grandchildren (4)
- ✓ Linguistic/cultural diversity (2) (Latino populations avoid health screenings)
- ✓ Close gap in services/social isolation for populations in rural areas (e.g., Meals on Wheels) (2)
- ✓ More options for youth to socialize in safe, fun places(2)
- ✓ Support homeless services (2)
- ✓ Environmentally conscious in programs and services (2)
- ✓ More options for people who are underemployed and ineligible for other supports
- ✓ Single caregiver support for families
- ✓ Broader coverage of muscular diseases, muscular dystrophy support
- ✓ Lupus/auto-immune disease support
- ✓ People temporarily facing hard times may need temporary assistance
- ✓ Increased community speakers/educators
- ✓ Opportunities to self-educate
- ✓ Catch residents that may not be connected to Tanner already
- ✓ Focus groups are followed by action from community leaders

b. Haralson County Focus Group

The following qualitative data were gathered during a focus group conducted with community leaders in Haralson County, Ga. at Higgins General Hospital, 200 Allen Memorial Drive, Bremen, Ga., on April 13, 2016.

Participants:

- ✓ Attendees: 6 participants (4 men, 2 women)
- ✓ Sectors represented: public health, faith, business
- ✓ Organizations represented: Buchanan Public Health Department, Greater Haralson Chamber of Commerce, RKR Construction, Word of Truth Christian Church
- ✓ Majority of the group have lived in west Georgia/Haralson County for 20+ years.

Issue Identification:

During the discussion group process, five primary concerns were identified that impact the health of county residents:

1. Lack of economic growth and the impact of socio-economic status: lack of opportunity, jobs and resources in a rural county
2. Lack of access to healthcare specialists
3. Behaviors that impact health: nutrition, drug abuse, physical inactivity, tobacco, etc.
4. Lack of knowledge about existing health-related resources
5. Limited access to healthy food options

Summary:

According to this group of community leaders, the major health success for this region was Tanner acquiring the hospital and creating additional healthcare services in the county. Participants perceived that although primary care access has increased, the availability of healthcare specialists in the county is still limited. Health behavior change is necessary but an increased knowledge of and access to existing resources are required to achieve this change. Poverty, viable employment options, and lack of available green space for recreation and community engagement were seen as primary contributors to poor health.

Top Concerns:

- ✓ Drug abuse in adults and youth (this topic was identified by three of the participants as their No. 1 concern)
- ✓ Tobacco use
- ✓ Obesity (and related chronic diseases)

Specific Concerns/Issues:

- ✓ Lack of jobs, a quality workforce and the “cycle of poverty” were identified as critical issues.
 - *Quote:* One participant noted that the region was once called the “*clothing center of the South.*” Another leader added, “When the apparel [industry] left and there wasn’t another dominant industry, I just don’t think a lot of our students and people were ready for a new world.”
- ✓ Education and awareness: Completion of formal education and increasing health education and awareness are needed for families in the region.
- ✓ Drug abuse in teens and adults: One participant noted this issue links to the cycle of poverty.
- ✓ Obesity was named as a contributing factor to other chronic conditions including cancer and diabetes, both of which were named by at least one participant as a major concern.
- ✓ Public health representatives noted two concerns:
 - High blood pressure/hypertension (HTN): The health department sees many parents who know they have HTN but, because they have no health insurance or do not go to the doctor, there is no self-management.
 - Infant mortality and low birth weight babies: Low birth weight babies have health issues throughout childhood.
- ✓ Lack of availability of primary and specialty care and dental and mental health services, particularly pediatric-related clinicians.

- ✓ Many residents are unable to afford healthier options (i.e., adequate medical care, health insurance, healthy nutrition, etc.) due to poor economic environment and/or limited education and are making unhealthy choices as a result (i.e., smoking, poor diet, etc.).
 - Quote: *"It's hard to be really healthy if you don't have a lot of money to spend, then only convenience stores and fast food."*
- ✓ Access to health care for under/uninsured - a high percent of residents are without health insurance.
 - Quote: *"Younger families, and the younger children can get Medicaid or Peach Care but it's the moms and dads who just cannot afford it."*
- ✓ Limited/lack of transportation for certain groups.
- ✓ Lack of infrastructure that could support an increase in housing and industrial development
- ✓ Lack of available green space for recreational activity.
- ✓ Lack of centralized locations that could support or encourage community convenings and engagement.

Resources and Collaborations:

The major health success according to these community leaders was the affiliation of Higgins General Hospital with Tanner Health System in 1998 and the expansion of surgical services at the hospital in the past year. This investment in the hospital enhanced healthcare access and contributed more jobs to the region. Existing collaborations and resources in Haralson County that the leaders believed could contribute to improved health included:

- ✓ Community collaboration: Partnership has been excellent with the west Georgia health initiative. The Georgia Family Connection Partnership (coordinated by public health) in Bremen convenes partners about health and other community topics of concern to community leaders.
- ✓ Health promotion: Get Healthy, Live Well has supported health promotion efforts. Participants noted more residents should be engaged in the programs offered through this Tanner-led initiative.
 - Quote: *"...if someone doesn't know what Tanner is doing they're not reading the paper...They're in our school systems and I can't see them doing any more than they are, they're just everywhere."*
- ✓ Healthcare: Tanner acquired Higgins General Hospital and added an urgent care facility (both of which are located in Bremen) which have increased healthcare access and improved the overall quality of life in the area.
- ✓ Employee health assessment: One private company representative noted that his company utilizes Tanner to comply with a drug free workplace. Tanner randomly drug tests the employees and they do the physical exam for new hires.
- ✓ Education setting: Focus group participants perceived that there was awareness of activities occurring in the school setting that support health and healthy behavior.

Group Suggestions/Recommendations:

- ✓ **Expand collaborative efforts:** There is a desire for more interaction amongst community members as a whole as well as a need for community leaders from the cities in Haralson County to come together (preferably with Tanner) to develop a community health improvement vision/plan.
 - One suggestion was for Tanner to convene leaders and citizens from the three main cities in the county to discuss community health issues, opportunities and plans of action— similar to the Summit that Tanner hosted last year.
 - Quote: *"I think you can lead people much easier than you can push somebody. I think that Tanner is leading but they're in a position where they can inspire a community to think a little differently. I would love to see Tanner arrange a meeting with; for example, the Mayor and City Council to talk about what we need to do to improve community health in Bremen and start here and it might get the wheels rolling a little bit."*
 - Another suggestion was to invest in resources and green spaces where families can convene, children can play, and adults can be active.

- ✓ **Increase affordable health services offered in the county:** Representatives from the public health sector mentioned low-income patients have difficulty accessing chronic disease management programs that are offered outside of Haralson County or do not have the resources (income, transportation, insurance etc.) to maintain proper a disease management regimen.
- ✓ **Residents could be more involved involved/aware:** Short-term efforts to improve health should focus on education and awareness. Lack of knowledge about existing health resources contributes to a culture in which Haralson County residents become accustomed to accessing care/resources in other areas (Atlanta, Carrollton and Birmingham were mentioned).
 - Quote: *"I think we [Tanner Health] are still a pretty well-kept secret in this community as much publicity is out there, still a lot of people don't realize what is available right here in this community as far as healthcare."*
 - Communications to residents will need to expand via word of mouth as well as through churches, employers, notices on local bills (e.g., water bill), newspaper and some grass roots methods to reach people.
 - Another suggestion was to host a health fair to allow community residents to see all the resources and programming that is available.
- ✓ **Support for families experiencing extreme medical concerns:** A partnership that could help those families that are experiencing those extreme medical conditions where their daily life is all involved in taking care of those.
- ✓ **Increase physical activity and reduce sedentary behavior:** Create an environment where families can be active together and encourage reduction of physical inactivity, especially on weekends and during the summer months.
- ✓ **Ensure healthy food is accessible:** Supporting more non-fast food restaurants, places like Fresh Express, would be helpful. Cooking classes in school, farmers' markets, and activities that support hands-on learning in families and children would promote healthier food intake.
- ✓ **Transportation, particularly for seniors:** While it was noted that there are plenty of services for seniors, getting them to the activities is a challenge as many don't drive.

Understanding Our Community

A. Community Demographics Snapshot

What does the region Tanner serves look like? Carroll, Haralson and Heard counties present a diverse blend of cultures, ethnicities, socioeconomic circumstances and educational attainment, spread throughout sleepy small towns and bustling regional cities.

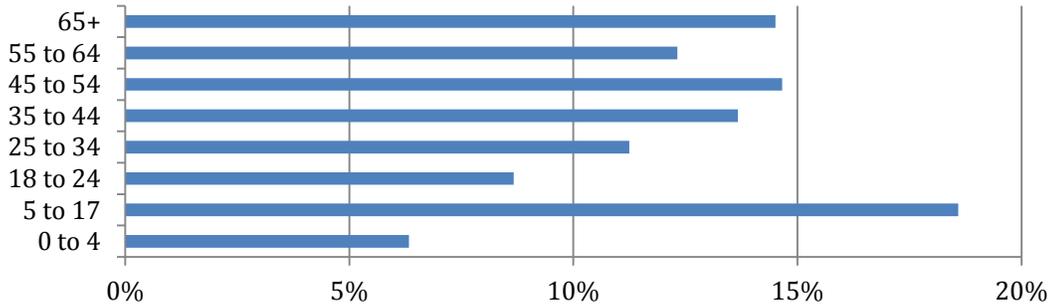
The following graphics provide a quick “snapshot” of Higgins General Hospital’s primary service area of Haralson County.

Haralson County Demographic Snapshot

Understanding Haralson County's population will help enhance and tailor services to the unique population in this area.

Haralson County Population by Age

Total population: 28,594



51.36% of the population is female.

Education Attainment

25.83%	Population over 25 with no high school diploma (10.57% higher than the state average)
18.74%	Population over 25 with associate's degree or higher (16.16% less than the state average)
14.10%	Population over 25 with bachelor's degree or higher (13.90% less than the state average)

Uninsured Rates

17,005

Population age 18 – 64

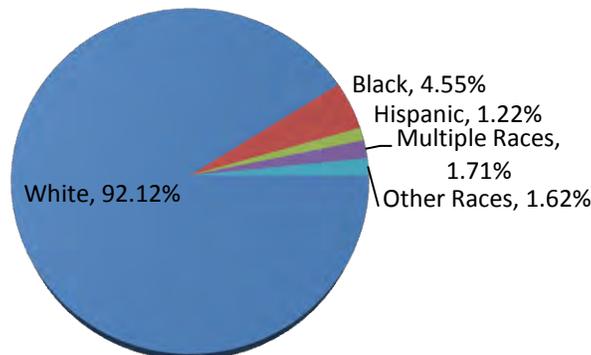
4,019

Population without medical insurance

23.63%

Percent population without insurance

Race Distribution



B. Community Demographics

a. Population

The Higgins General Hospital primary service area — the focus of this Community Health Needs Assessment — is defined as the geographic area encompassing the ZIP codes of Bremen, Buchanan, Tallapoosa and Waco, Georgia. The majority of the primary service area resides in Haralson County; county-level quantitative data will be utilized throughout the assessment to provide comparable measures to further define the health needs of local residents. Haralson County covers 282 square miles of predominately rural area (77 percent rural) with a population density of 101 people per square mile and total population of 28,780, according to the American Community Survey 2009-2013 five-year estimate and U.S. Census Bureau 2010.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Haralson County	28,594	282.09	101.36
Georgia	9,810,417	57,498.67	170.62
United States	311,536,591	3,530,997.6	88.23

Data Source: U.S. Census Bureau, [American Community Survey](#), 2009-13.

Report Area	Total Population	Urban Population	Rural Population	Percent Urban	Percent Rural
Haralson County	28,780	6,516	22,264	22.64%	77.36%
Georgia	9,687,653	7,272,151	2,415,502	75.07%	24.93%
United States	312,471,327	252,746,527	59,724,800	80.89%	19.11%

Data Source: U.S. Census Bureau, [Decennial Census](#), 2010.

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources. According to the U.S. Census Bureau, between 2000 and 2010 the population in Haralson County grew by 3,090 persons, a change of 12.03 percent, lower than state (18.34 percent) and greater than national (9.74 percent) figures.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percent Population Change, 2000-2010
Haralson County	25,690	28,780	3,090	12.03%
Georgia	8,186,478	9,687,653	1,501,175	18.34%
United States	280,421,907	307,745,539	27,323,632	9.74%

Data Source: U.S. Census Bureau, [American Community Survey](#), 2009-13.

b. Age Distribution

It is important to understand the age distribution of the population as different age groups have unique health needs which should be considered separately from others along the age spectrum. The population of Haralson County is older than the population of Georgia as a whole. From 2009-2013, 11.11 percent of Georgia's population was over the age of 65 while 14.51 percent of Haralson County's population was over the age of 65. Nearly one-third of Haralson County's population falls between the ages of 35-54. The median age of Haralson County residents is 39.8, slightly greater than national (37.3) and state (35.6) figures.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Haralson County	6.33%	18.59%	8.67%	11.25%	13.67%	14.66%	12.32%	14.51%
Georgia	6.9%	18.46%	10.18%	13.7%	14.2%	14.19%	11.26%	11.11%
United States	6.44%	17.28%	9.97%	13.39%	13.12%	14.29%	12.08%	13.43%

Data Source: U.S. Census Bureau, [American Community Survey](#). 2009-13.

c. Race Distribution

Whites constitute the majority (92.12 percent) of the total population of Haralson County, followed by blacks (4.55 percent) and Hispanics (1.22 percent).

Report Area	White	Black	Asian	Native American / Alaska Native	Hispanic	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
Haralson County	92.12%	4.55%	0.75%	0.1%	1.22%	0%	0.77%	1.71%
Georgia	60.64%	30.69%	3.37%	0.25%	8.93%	0.05%	3.04%	1.97%
United States	74.02%	12.57%	4.89%	0.82%	16.62%	0.17%	4.73%	2.8%

Data Source: U.S. Census Bureau, [American Community Survey](#). 2009-13.

d. Gender Distribution

The gender of residents of Haralson County is evenly distributed between males and females, similar to state and national statistics.

Report Area	Male	Female	Percent Male	Percent Female
Haralson County	13,908	14,686	48.64%	51.36%
Georgia	4,793,940	5,016,477	48.87%	51.13%
United States	153,247,408	158,289,184	49.19%	50.81%

Data Source: U.S. Census Bureau, [American Community Survey](#). 2009-13.

e. Education Distribution

In Haralson County, there are 4,923 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 25.83 percent of the total population aged 25 and older, exceeding state (15.26 percent) and national (13.98 percent) rates. Concurrently, the percentage of the population in Haralson County with associate's and bachelor's degrees or higher is significantly lower than state and national statistics.

Report Area	Total Population Age 25+	Percent Population Age 25+ with No High School Diploma	Percent Population Age 25+ with Associate's Degree or Higher	Percent Population Age 25+ with Bachelor's degree or higher
Haralson County	18,988	25.83%	18.74%	14.1%
Georgia	6,323,120	15.26%	34.9%	28.0%
United States	206,587,856	13.98%	36.65%	28.8%

Data Source: US Census Bureau, [American Community Survey](#). 2009-13.

f. Household Income Distribution

Income and poverty are closely connected to health outcomes. It is evidenced that the risk for mortality, morbidity, unhealthy behaviors, reduced access to health care and poor quality of care increases with decreasing socioeconomic circumstances. In Haralson County, approximately 30 percent of households reported an annual income of less than \$25,000, exceeding the state rate of 25.6 percent of households reporting an annual income of less than \$25,000. The percentage of the population under age 18 at or below 200 percent of the federal poverty level (FPL) and the percentage of the population as a whole with income at or below 200 percent FPL in Haralson County drastically exceed state and national figures.

Report Area	Household Count	Percent earning <\$15K	Percent earning \$15-25K	Percent earning \$25-50K	Percent earning \$50-75K	Percent earning \$75-100K	Percent earning >\$100K
Haralson County	10,688	17.6%	13.1%	25.2%	19.6%	10.1%	14.3%
Georgia	3,540,690	14.3%	11.3%	24.8%	18%	11.5%	20%
United States	116,211,092	12.5%	10.7%	23.7%	17.8%	12.2%	23%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

Report Area	Percent population under age 18 at or below 200% FPL	Percent population with income at or below 200% FPL
Haralson County	58.71%	45.72%
Georgia	48.72%	38.73%
United States	43.81%	34.23%

Source: U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

g. Labor Force Characteristics

It is evidenced that the unemployed population experiences worse health and higher mortality rates than the employed population. Unemployment has been shown to lead to an increase in unhealthy behaviors related to alcohol and tobacco consumption, diet, exercise, and other health-related behaviors, which in turn can lead to increased risk for disease or mortality, especially suicide (County Health Rankings, 2015). Because employer-sponsored health insurance is the most common source of health insurance coverage, unemployment can also limit access to health care. Historically, unemployment rates in Haralson County have exceeded state and national levels. The average monthly employment rate for October 2015 for Haralson County was 5.9 percent, greater than Georgia's 5.7 percent and the national rate of 4.8 percent. This represents a decrease from the average annual unemployment rate in 2013, which was 9.2 in Haralson County, 8.2 percent in Georgia and 7.4 percent nationwide.

Report Area	Oct. 2014	Nov. 2014	Dec. 2014	Jan. 2015	Feb. 2015	Mar. 2015	Apr. 2015	May 2015	Jun. 2015	Jul. 2015	Aug. 2015	Sept. 2015	Oct. 2015
Haralson County	7.2	6.7	6.5	7	6.9	6.5	6.3	6.6	6.7	6.8	6.1	6	5.9
Georgia	6.8	6.4	6.3	6.5	6.3	6.1	5.8	6.1	6.3	6.4	5.9	5.8	5.7
United States	5.5	5.5	5.4	6.1	5.8	5.6	5.1	5.3	5.5	5.6	5.2	4.9	4.8

Data Source: US Department of Labor, [Bureau of Labor Statistics](#).

h. Insurance Coverage

The lack of health insurance is considered a key driver of health status. The percentage of adults age 18 to 64 without health insurance coverage in Haralson County was 23.63 percent in 2013 (impacting 4,019 individuals), exceeding national figures (20.44 percent) and slightly below the state average (25.82 percent).

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Haralson County	17,005	12,986	76.37%	4,019	23.63%
Georgia	6,096,095	4,521,859	74.18%	1,574,236	25.82%
United States	192,461,139	153,124,895	79.56%	39,336,247	20.44%

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#). 2013.

C. General Health Rankings

When it comes to residents’ health, no two states (and no two counties) are alike. Each state, and each county within the states, face their own unique obstacles that hamper residents’ efforts to live healthier, longer and more active lives. Here, we compare Georgia to the other states, and evaluate how the counties in Tanner’s primary service area compare to others in Georgia.

a. Georgia’s Health Rank

On an annual basis since 1990, the United Health Foundation releases America’s Health Rankings, a report that provides an overview of the nation’s health and the health of each individual state. America’s Health Rankings provides a basis for comparing the health of the states in the nation by ranking the states from 1 to 50. The lower the ranking, the better the health of a state on a specific metric. The higher the ranking, the worse the health of a state on a specific metric.

Georgia’s Health Rankings		
	2010	2015
Determinants	37	38
Outcomes	35	36
Overall	37	40

In 2015, Georgia ranked 40th out of the 50 states on the overall health rank. Over the past 24 years, Georgia has consistently ranked in the high 30s and 40s for overall health status. A state’s overall rank is determined based on a combination of determinants and outcomes. The determinants take into account actions a state can take to affect the health of its population in the future in areas such as behaviors, community and environment, policy and clinical care. The outcomes rank takes into account conditions that have occurred in a population including death, disease and effects of an illness.

Health determinants are intertwined and must work together to be optimally effective. For example, an initiative that addresses tobacco cessation requires individual effort and community support. That support can come in the form of policies promoting non-smoking and effective counseling.

In 2015, Georgia ranked 38th in the determinant rank and 62nd in the outcomes rank. According to the United Health Foundation, to improve the health of its population and overall rank, a state must focus its efforts on impacting the determinants of health.

b. County Health Ranking Snapshot

Haralson County Health Rankings

For this snapshot, the county listed is ranked against the 159 counties of Georgia.

Haralson Co. Ranking	Measure from Health Ranking Data	Description
95 th	Health Outcomes	<p>The overall health rankings in health outcomes represent how healthy a county is in comparison with all the counties within Georgia. The healthiest county is ranked #1 and is based on two types of measures: how long people live and how healthy they feel while alive.</p> <p>Includes: mortality (length of life, premature death, morbidity (quality of life), poor or fair health, poor physical health days, poor mental health days, low birth weight</p>
55 th	Health Factors	<p>The overall rankings in health factors represent what influences the health of a county. The ranks are based on four types of measures: health behaviors, clinical care, social and economic and physical environment factors.</p> <p><i>(See below for the break-out of individual health factor rankings)</i></p>
37 th	Health Behaviors	<p>Includes: adult smoking, adult obesity, food environment, food insecurity, limited access to healthy food, physical inactivity, access to exercise opportunities, excessive drinking, alcohol-impaired deaths, STD, teen births</p>
92 nd	Social and Economic Factors	<p>Includes: high school graduation, some college, unemployment, children in poverty, children eligible for free lunch, children in single-parent homes, social associations, violent crime</p>
116 th	Physical Environment	<p>Includes: air pollution, drinking water violations, severe housing problems, driving alone to work, long commute-drive alone</p>

c. 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.” Haralson County is ranked against the 159 counties in Georgia.

County Health Rankings 2016 (of 159 counties)	Haralson County	Georgia	National
Health outcomes	95		
Mortality (length of life)	140		
Premature death	10,800	7,300	5,200
Morbidity (quality of life)	39		
Poor or fair health	16%	17%	12%
Poor physical health days	3.8	3.8	2.9
Poor mental health days	3.9	3.8	2.8
Low birth weight	9%	9%	6%
Health factors	55		
Health behaviors	37		
Adult smoking	17%	16%	14%
Adult obesity	29%	29%	25%
Food Environment Index	7.2	6.5	8.3
Physical inactivity	28%	25%	20%
Access to exercise opportunities	67%	75%	91%
Excessive drinking	16%	16%	12%
Alcohol-impaired driving deaths	13%	24%	14%
Sexually transmitted infections	147.9	514.8	134.1
Teen births	56	42	19
Clinical care	34		
Uninsured	19%	21%	11%
Primary care physicians	2,040:1	1,540:1	1,040:1
Dentists	4,770:1	2,060:1	1,340:1

Mental health professionals	1,680:1	850:1	370:1
Preventable hospital stays	44	55	38
Diabetic screening	87%	85%	90%
Mammography screening	56%	62%	71%
Social and economic factors	92		
High school graduation	70%	73%	93%
Some college	44%	61%	72%
Unemployment	7.8%	7.2%	3.5%
Children in poverty	28%	26%	13%
Income inequality	5.1	5.0	3.7
Social associations	9.5	9.0	22.1
Children in single-parent households	33%	37%	21%
Violent crime rate	562	385	59
Injury deaths	108	58	51
Physical environment	116		
Drinking water violations	No	Yes	No
Air pollution-particulate matter	13	12.8	9.5
Severe housing problems	19%	18%	9%
Driving alone to work	85%	79%	71%
Long commute-driving alone	41%	39%	15%

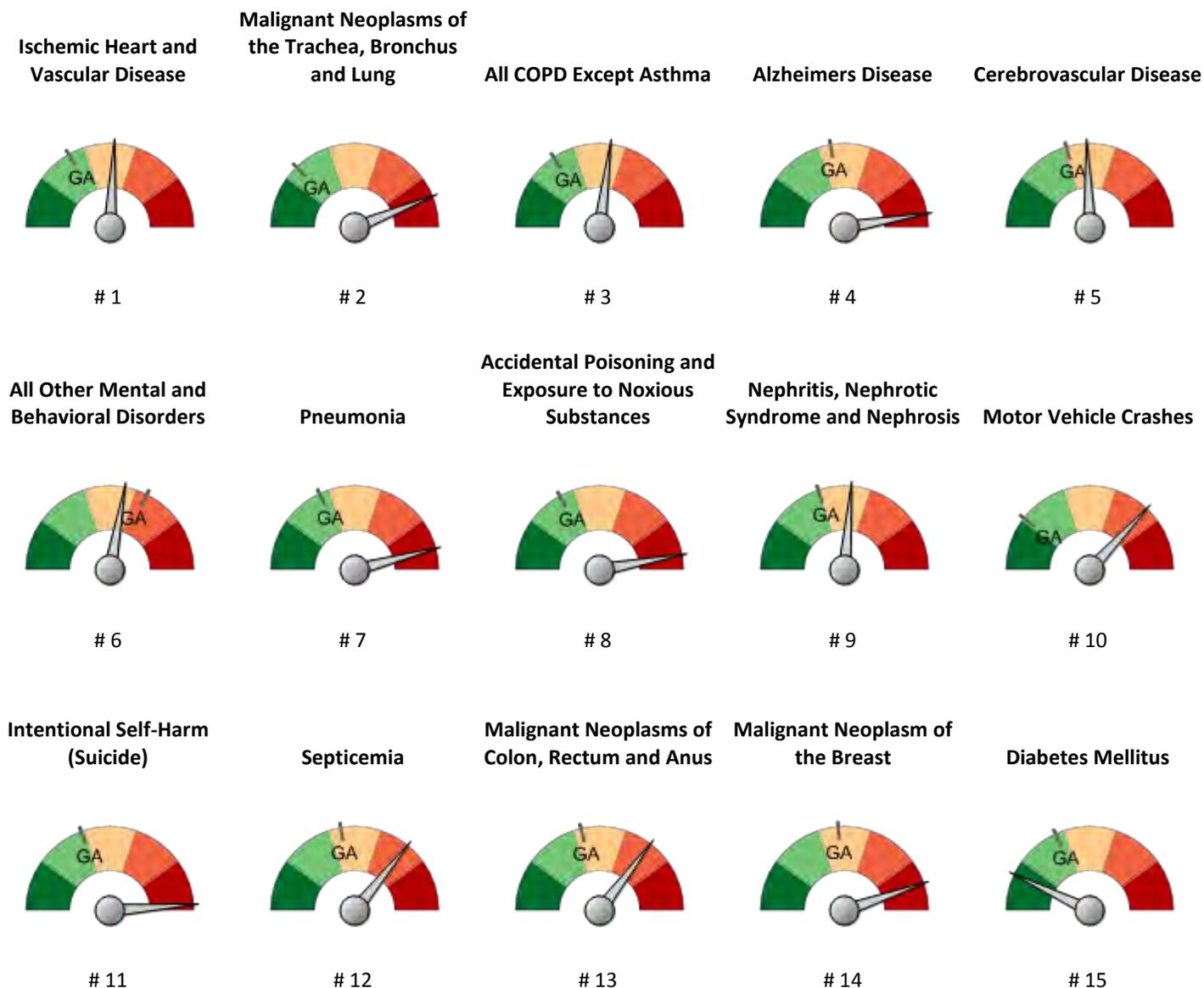
D. Mortality

Mortality measures provide a basis of understanding the causes of death in a population. The Georgia Department of Public Health's data repository, the Online Analytical Statistical Information System (OASIS), provides data and insight into the various mortality statistics in Haralson County.

a. Age-Adjusted Death Rate by Cause

In Haralson County, ischemic heart and vascular disease and malignant neoplasms of the trachea, bronchus and lung had the highest reported age-adjusted death rates per 100,000 population from 2010-2014 (Georgia Department of Public Health, OASIS). Ischemic heart and vascular disease and malignant neoplasms of the trachea, bronchus and lung also had the highest reported death rates in Georgia, while rates in Haralson County significantly surpass state figures. In America's Health Rankings 2015, Georgia ranked 36th for cardiovascular deaths per 100,000 and 29th for cancer deaths per 100,000. In Haralson County, the age-adjusted death rates for the majority of causes of death are higher than the associated age-adjusted death rates in Georgia.

Age-adjusted Death Rates by Cause in Haralson County Compared to State Rates



E. Morbidity

Morbidity measures provide a basis for understanding people’s quality of life or how healthy people feel while they are alive. Quality of life includes a person’s overall health, physical health and mental health. County Health Rankings provides information on a number of morbidity measures at the county level using data from the Centers for the Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS). BRFSS data is designed to be representative of the non-institutionalized population ages 18+ in the United States. County Health Rankings data is not available based on race, ethnicity or income.

a. Poor or Fair Health

County Health Rankings uses the BRFSS survey question, “In general, would you say that your health is excellent, very good, good, fair or poor?” to gauge the overall self-reported health in a county. County Health Rankings reports the percentage of adults self-reporting their health status as “fair” or “poor.” In the 2016 County Health Rankings, the percentage of self-reported “fair” or “poor” health status in Haralson County was slightly below the average for Georgia, with significant improvement from the 2013 county figures.

Poor or Fair Health		
Report Area	2013	2016
Haralson County	21%	16%
Georgia	16%	17%

b. Poor Physical Health Days

County Health Rankings uses the BRFSS survey question, “Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” to gauge the overall self-reported poor health days in a county. County Health Rankings reports the days adults self-reporting their health status as “not good.” In the 2016 County Health Rankings, the self-reported number of days of “not good” health in the last 30 days in Haralson County was the same as state figures, with a slight improvement from 2013 data. America’s Health Rankings 2015, Georgia was ranked 26th out of 50 states for the number of poor physical health days reported in the previous 30 days.

Poor Physical Health Days		
Report Area	2013	2016
Haralson County	4.2	3.8
Georgia	3.5	3.8

c. Poor Mental Health Days

County Health Rankings uses the BRFSS survey question, “Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?” to gauge the overall self-reported poor mental health days in a county. County Health Rankings reports the days adults self-reporting their mental health status as “not good.” In the 2016 County Health Rankings, the self-reported number of days of “not good” health in Haralson County exceeded the average in Georgia. In America’s Health Rankings 2015, Georgia was ranked 38th out of 50 states for the number of poor mental health days reported in the previous 30 days.

Poor Mental Health Days		
Report Area	2013	2016
Haralson County	4.0	3.9
Georgia	3.5	3.8

d. Low Birth Weight

Low birth weight is the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Low birth weight represents two factors: maternal exposure to health risks and an infant’s current and further morbidity, as well as premature mortality risk. From the perspective of maternal health outcomes, low birth weight indicated maternal exposure to health risks in all categories of health factors, including health behaviors, access to health care, the social and economic environment she inhabits, and environmental risks to which she is exposed. In terms of the infant’s health outcomes, low birth weight serves as a predictor of premature mortality and/or morbidity over the life course and for potential cognitive development problems (County Health Rankings, 2015).

According to 2013 birth certificate records data, the percentage of live births where the infant weighed less than 2,500 grams in Haralson County (9.0 percent) falls below Georgia (9.5 percent) figures and exceeds national statistics (8.0 percent).

Percentage of Low Birthweight Babies 2009-2013					
Report Area	2009	2010	2011	2012	2013
Haralson	10.6%	8.5%	9.4%	7.3%	9.0%
Georgia	9.5%	9.8%	9.4%	9.4%	9.5%
United States	8.2%	8.1%	8.1%	8.0%	8.0%

Data Source: Birth Certificate Records, Georgia Department of Human Resources, Division of Public Health, Office of Health Information and Policy; KIDS COUNT

F. Utilization

a. Age-Adjusted Hospital Discharge Rate by Cause

In Haralson County, pregnancy/childbirth, mental and behavioral disorders and septicemia (blood poisoning) had the highest reported age-adjusted hospital discharge rates per 100,000 population from 2010-2014 (Georgia Department of Public Health, OASIS). The age-adjusted hospital discharge rates for ischemic heart and vascular disease, mental and behavioral disorders, septicemia (blood poisoning) in Haralson County highly exceed state figures. Ambulatory sensitive conditions are conditions that are optimally treated with outpatient care, potentially preventing the need for hospitalization or conditions in which early intervention can prevent complications or more severe disease. These conditions include convulsions, COPD, bacterial pneumonia, asthma, congestive heart failure, hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infections and dehydration. The rate of preventable hospitalizations is a measure of the discharge rate of Medicare beneficiaries for ambulatory care-sensitive conditions. According to 2015 County Health Rankings data, the preventable hospital stays rate per 1,000 Medicare beneficiaries in Haralson County (51) exceeds the national benchmark of 41. According to America’s Health Rankings 2015, Georgia ranked 37th out of 50 states for the rate of preventable hospitalizations per 1,000 Medicare beneficiaries.

Age-Adjusted Hospital Discharge Rate per 100,000 Population 2010-2014/Rank		
Cause	Haralson	Georgia
Pregnancy, childbirth	1,350.8/1	1,372.2/1
All other mental and behavioral disorders	918.2/2	482.3/3
Septicemia	713.5/3	312.7/5
Ischemic heart and vascular disease	673.2/4	391.6/4
Diseases of the musculoskeletal system and connective tissue	557.1/5	514.8/2
Pneumonia	352.2/6	292.1/6
Falls	304.1/7	212.6/11
Cerebrovascular disease	214.1/8	224.8/8
All other diseases of the genitourinary system	210.7/9	270.9/7
Diabetes mellitus	203.7/10	180.5/12
All other endocrine, nutritional and metabolic diseases	176.5/11	200.2/9
Nephritis, nephrotic syndrome and nephrosis	151.6/12	166.8/13
All other diseases of the nervous system	164.7/13	146.7/14
All COPD except asthma	120.4/14	195.4/10
Motor vehicle crashes	113.5/15	65.9/>15

b. Age-Adjusted Emergency Room Visit Rate by Cause

In Haralson County, unintentional injuries, falls and diseases of the musculoskeletal system and connective tissue report the highest age-adjusted emergency room visit rate (count of inpatient or hospital outpatient emergency room visits per 1,000 Medicare beneficiaries) from 2010-2014 (Georgia Department of Public Health, OASIS), exceeding state rates in all causes (top 15 displayed below).

Age-Adjusted Emergency Room Visit Rate per 100,000 Population 2010-2014/Rank		
Cause	Haralson	Georgia
All other unintentional injury	7,569.5/1	3,612.7/1
Falls	4,334.0/2	2,143.9/4
Diseases of the musculoskeletal system and connective tissue	4,362.8/3	2,788.2/2
All other diseases of the genitourinary system	3,513.8/4	2,204.8/3
All other diseases of the nervous system	3,003.1/5	948.3/7
All other mental and behavioral disorders	1,936.2/6	974.7/6
Motor vehicle crashes	1,644.0/7	1,023.9/5
Pregnancy, childbirth	1,520.3/8	932.2/8
All COPD except asthma	1,148.0/9	489.7/10
Pneumonia	540.8/10	279.0/14
Asthma	538.3/11	568.8/9
All other endocrine, nutritional and metabolic diseases	479.7/12	369.7/12
Diabetes mellitus	437.1/13	246.0/15
Essential hypertension and hypertensive renal, and heart disease	388.7/14	368.5/11
Assault (homicide)	389.9/15	283.4/13

G. General Health Measures

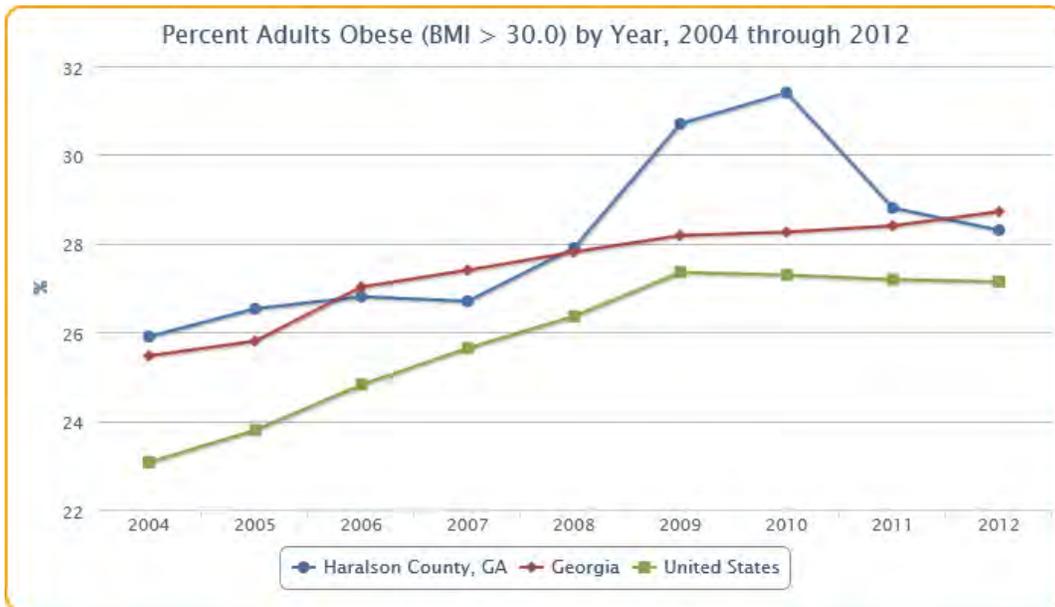
a. Obesity

The obesity epidemic remains one of the nation’s most serious public health crises — putting millions of Americans at increased risk of a range of chronic diseases and costing the country billions of dollars in preventable healthcare spending. Obesity rates rose sharply during the 20 years between 1980 and 2000 — with adult rates doubling and children’s rates tripling during that time (CDC). Starting around 2000, there have been important inroads toward preventing and reducing obesity; however, change has been slow and obesity rates remain very high. The CDC’s National Center for Chronic Disease Prevention and Health Promotion and its National Diabetes Surveillance System produces data estimating the percentage of the population who are obese by county using data from CDC’s Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau’s Population Estimates Program.

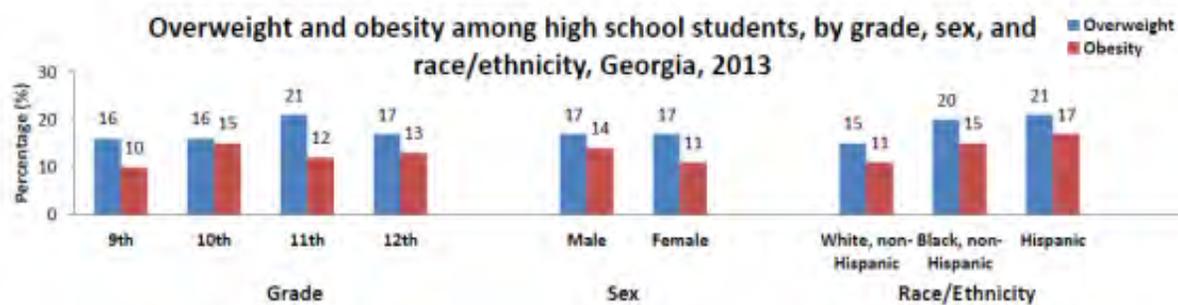
According to 2012 data from the CDC’s National Center for Chronic Disease Prevention and Health Promotion, 28.3 percent of the population aged 20 and older in Haralson County (5,936 individuals) self-reported that they have a body mass index (BMI) greater than 30.0 (obese), exceeding state and national averages. As noted below, the overall trend of obesity rates in Haralson County has slowly decreased since 2010.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012
Haralson County	25.9%	26.53%	26.8%	26.7%	27.9%	30.7%	31.4%	28.8%	28.3%
Georgia	25.47%	25.8%	27.02%	27.4%	27.81%	28.18%	28.26%	28.4%	28.72%
United States	23.07%	23.79%	24.82%	25.64%	26.36%	27.35%	27.29%	27.19%	27.14%

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#).



Childhood obesity has reached epidemic proportions, posing a major public health challenge and increasingly affecting overall community health in west Georgia. A 2015 report from Trust for America’s Health reports that 16.5 percent of children in Georgia ages 10-17 are obese, exceeding the Healthy People 2020 goal of 14.5 percent, ranking Georgia the 17th most obese state in the United States for children. The 2013 Youth Risk Behavior Survey (YRBS) of Georgia high schools indicate that 17 percent of Georgia students were overweight and 13 percent were obese. The 2013 YRBS found that male high school students (14 percent) were more likely to be obese than female students (11 percent); 10th graders were more likely to be obese; black, non-Hispanic students (20 percent) were more likely to be overweight than white non-Hispanic students (15 percent); Hispanic (21 percent) and black non-Hispanic students (15 percent) were more likely to be obese than white, non-Hispanic students (11 percent). Studies indicate that 50 to 70 percent of obese children remain overweight as adults, putting them at greater risk for developing lifelong health problems.



b. Food Insecurity

A number of studies in the United States have found positive associations between food insecurity and being overweight or obesity. Food insecurity — lack of access at all times to enough food for a healthy life — is an increasing problem in the United States and west Georgia. Within the United States, food insecurity is primarily related to limited household resources, particularly income; a 2012 USDA report indicates that 83 percent of SNAP (Supplemental Nutrition and Assistance Program) households lived in poverty and 76 percent of SNAP households included a child, an elderly person or a disabled person. As indicated in the above table, residents of Haralson County experience elevated rates of food insecurity (including a total of 4,830 adults and 2,300 children in Haralson County that are food insecure) compared to state and national figures. This problem is associated with decreased consumption of healthy foods and increased negative health outcomes. Concurrently, according to the USDA’s food desert locator, approximately 2,233 residents in Haralson County live in food deserts — census tracts with a significant share of low-income residents more than one mile (urban) or 10 miles (rural) from the nearest supermarket. Food insecurity and its associated poor dietary intake has been linked to hypertension, diabetes, heart disease, depression, cancer, obesity and decreased life expectancy. The consequences of food insecurity are especially detrimental to the health, development and well-being of children. Research shows a clear link between food insecurity and low birth weight, birth defects, developmental risk, mental health problems and poor educational outcomes for children — all of which have serious health and economic consequences. In addition, because of limited resources, those who are food insecure often are forced to choose food over medication, dilute or ration infant formula, postpone preventive or needed medical care or forgo the foods needed for special medical diets (e.g., diabetic diets), which not only exacerbates disease and compromises health but also increases expensive physician encounters, emergency room visits and hospitalizations. In conjunction with disproportionate rates of poverty and food insecurity, according to 2016 County Health Rankings data, residents in Haralson County also experience elevated rates of physical inactivity and decreased access to exercise opportunities compared to state and national figures.

Food Insecurity and Physical Inactivity Data			
Measure	Haralson County	Georgia	National
Adult Food Insecurity, 2013*	16.9%	18.7%	15.8%
Child Food Insecurity, 2013*	32.3%	28.2%	21.4%
Free and Reduced Lunch** Percentages (Grades K-12)	76.4%	62.2%	47.5%
Access to Exercise Opportunities	67%	75%	91%
Physical Inactivity	28%	25%	20%

Sources: 2016 County Health Rankings; *Feeding America: Map the Meal Gap; ** Georgia Department of Education, FY 2015 Enrollment for County School District

c. Smoking and Tobacco Use

According to Healthy People 2020, tobacco use is the leading cause of preventable disease, disability and death in the United States. Tobacco use in the United States is estimated to be responsible for about 1 in 5 deaths, or about 443,000 deaths per year; an estimated 49,000 of these deaths are the result of secondhand smoke exposure. Tobacco use causes a number of diseases including respiratory disease, heart disease, stroke and cancer. According to America’s Health Rankings 2015, Georgia ranked 21st out of 50 states for percentage of the adult population who smokes regularly with over 17 percent of Georgians smoking regularly. In Haralson County, an estimated 6,398, or 31.7 percent of adults age 18 or older self-report currently smoking cigarette some days or every day, significantly surpassing state (17.8 percent) and national (18.1 percent) figures.

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Age-Adjusted)
Haralson County	21,398	6,398	31.7%
Georgia	7,121,933	1,289,070	17.8%
United States	232,556,016	41,491,223	18.1%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

d. Cardiovascular/Heart Disease

Cardiovascular disease or heart disease describes the diseases affecting the heart. Cardiovascular disease is the main contributor to heart attacks, chest pain and stroke. Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone, according to Healthy People 2020.

In Haralson County, the rate of death due to coronary heart disease per 100,000 population is 263.7, far exceeding Georgia (185.6) and national (175) rates. Heart disease is the leading cause of death in Haralson County, in Georgia and the United States. In America’s Health Rankings 2015, Georgia ranked 36th out of 50 states for cardiovascular deaths, Georgia ranked 27th for heart attack prevalence and 35th for stroke prevalence out of 50 states.

Report Area	Total Population	Average Annual Deaths, Coronary Heart Disease 2007-2011	Age-Adjusted Death Rate, Coronary Heart Disease (Per 100,000 Pop.)
Haralson County	28,617	83	263.7
Georgia	9,807,164	16,060	185.6
United States	311,430,373	600,899	175

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2009-13.

e. Cancer

Through advances in cancer research, detection and treatment, incident and death rates for all cancers have declined. But cancer remains a leading cause of death in the United States, second only to heart disease. Many cancers are preventable by reducing risk factors, which include tobacco use, physical inactivity, poor nutrition, obesity and ultraviolet light exposure.

In the past decade, being overweight or obese has emerged as a new risk factor for developing certain cancers. While the impact of current weight trends on cancer incidence will not be fully known for several decades, preventing weight gain will lead to lower rates of cancer and many chronic diseases. Screening is effective in identifying some types of cancers (see U.S. Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy or colonoscopy)
- Prostate cancer (using Foster’s prostate-specific antigen, or PSA, test)

-Healthy People 2020 (www.healthypeople.gov)

Age-adjusted Cancer Incidence Rates per 100,000 Population 2008-2012				
	Haralson County	Georgia	United States	HP 2020
All Cancer Sites	500.5	461.1	453.8	n/a
Breast Cancer	114.8	123.5	123	n/a
Lung Cancer	103.1	68.8	63.7	n/a
Prostate Cancer	102.3	150.1	131.7	n/a
Colon and Rectum	50.4	42.3	41.9	38.7
Cervical Cancer	n/a	8.0	7.7	n/a

Data Source: National Institutes of Health, National Cancer Institute, [Surveillance, Epidemiology, and End Results Program](#). [State Cancer Profiles](#). 2008-12.

f. Respiratory Disease

Respiratory diseases encompass a variety of conditions including asthma, chronic obstructive pulmonary disease (COPD), lung cancer, pneumonia and tuberculosis. Asthma and COPD are significant health problems. According to Healthy People 2020, 23 million Americans have asthma and 13.6 million Americans have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. According to the CDC, chronic lower respiratory disease, primarily COPD, was the third leading cause of death in the U.S. in 2011. In Haralson County, the rate of death due to chronic lower respiratory disease per 100,000 population (55.7) (the third-leading cause of death in the county) is significantly higher than state (45.8) and national (42.2) rates.

Report Area	Total Population	Average Annual Deaths, Chronic Lower Respiratory Disease 2007-2011	Age-Adjusted Death Rate, Chronic Lower Respiratory Disease (Per 100,000 Pop.)
Haralson County	28,617	18	55.7
Georgia	9,807,164	3,908	45.8
United States	311,430,373	142,214	42.2

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2009-13.

The percentage of adults ages 18 and older in Haralson County who self-report that they have ever been told by a doctor, nurse or other health professional that they have asthma is 18.7 percent, surpassing state (13.5 percent) and national (13.4 percent) figures.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Haralson County	27,484	5,144	18.7%
Georgia	7,225,782	976,816	13.5%
United States	237,197,465	31,697,608	13.4%

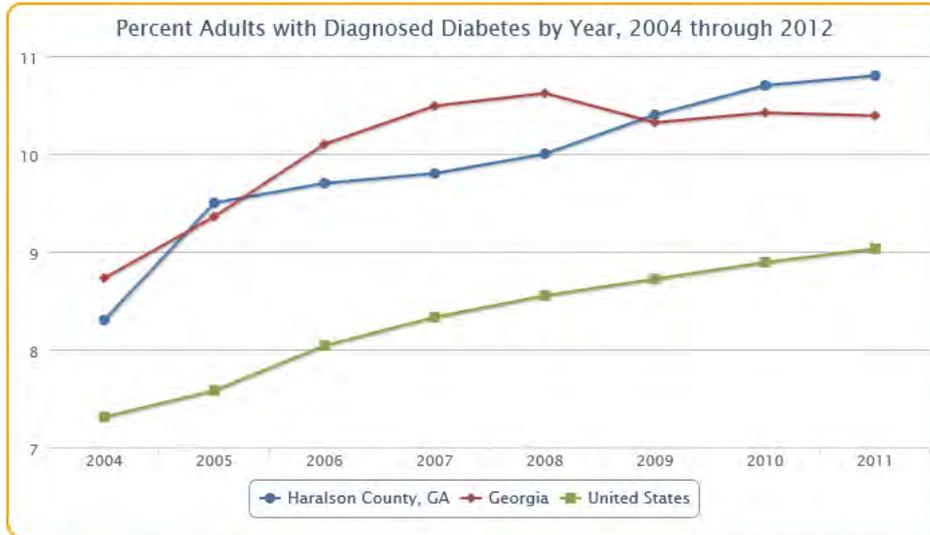
Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#). 2011-12.

Asthma affects people of every race, sex and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children, women (among adults) and boys (among children); African Americans; people living below the federal poverty level; and employees with certain exposures in the workplace (Healthy People 2020).

g. Diabetes

According to the CDC, diabetes rates have nearly doubled in the past 20 years—from 5.5 percent in 1988 to 1994 to 9.3 percent in 2005 to 2010. The CDC projects that one-in-three adults could have diabetes by 2050. Diabetes is the seventh leading cause of death in the United States and costs the country around \$245 billion in medical costs and lost productivity. Average medical expenditures are around 2.5 times higher among people with diagnosed diabetes than what expenditures would be absent diabetes. Diabetes is evidenced to lower life expectancy by up to 15 years, increases the risk of heart disease by 2 to 4 times and is the leading cause of kidney failure, lower limb amputation and adult-onset blindness (Healthy People 2020).

In 2012, the age-adjusted percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes in Haralson County was 10.4 percent (or 2,439 individuals), slightly below the state (10.48 percent) rate and slightly above the national (9.11 percent) rate. The rates of diagnosed diabetes have had a significant upward trend since 2004 in Haralson County, confirming significant prevalence rates compared to state and national figures. In the 2015 America’s Health Rankings, Georgia ranked 41st out of 50 states for the percentage of the adult population with diagnosed diabetes.



Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2012.

h. Mental Health

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain or death. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases (Healthy People 2020).

Social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability. The percentage of adults in Haralson County who self-report that they receive insufficient social and emotional support all or most of the time (2006-2012) is 31.6 percent, or 5,970 individuals, highly exceeding state (20.7 percent) and national (20.7 percent) statistics.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Age-Adjusted Percentage
Haralson County	21,398	5,970	31.6%
Georgia	7,121,933	1,467,118	20.7%
United States	232,556,016	48,104,656	20.7%

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12.

Mental health disorders among adolescents are a critical public health issue due to their prevalence, early onset and impact on the adolescent, family and community. Current research and data at county, state and national levels support the need for prevention, early intervention and intervention strategies to address the mental, emotional and behavioral problems that can occur throughout a young person’s life. Mental disorders play a significant role in creating difficulties for children at home, with peer relationships and in school. These disorders are evidenced to be associated with

substance abuse, criminal behavior and other risk-taking behaviors. A 2012 CDC report indicates that persons with mental disorders frequently have more than one type of disorder, with an estimated 40 percent of children having at least one other mental disorder and often having other chronic health conditions (e.g., asthma, diabetes, obesity) than children without mental disorders. Individuals with mental illnesses die on average 8.5 years earlier than the general population, due mostly to preventable health conditions such as heart disease, diabetes, hypertension and tobacco use. As indicated above, residents in Haralson County experience disproportionate levels of premature deaths than state figures; concurrently, residents of these communities suffer elevated incidence rates of chronic disease (heart disease, stroke, diabetes, obesity) and related risk factors (tobacco use, physical inactivity, poor diet) than other parts of the state and country. Mental disorders in children are associated with an increased risk for mental disorders in adulthood, which are associated with decreased productivity, increased substance use and injury, and substantial costs to the individual and society. Additionally, data from the Center for Mental Health Services indicate that approximately two thirds of young people in the U.S. with psychiatric disorders are not getting the help they need, as a result of a myriad of factors often relating to financial and physical access and increased societal stigmas. State figures second these discouraging figures, as a 2015 Commonwealth Fund State Scorecard report reveals that Georgia ranks 45th in the nation for the percentage of children (ages 2-17) with emotional, developmental or behavioral problems who received needed mental health services, with only 53 percent receiving those services.

Georgia Student Health Survey 2015-Suicide Measures		
Measure	Haralson County	Georgia
Suicide consideration percent (by county school systems for adolescents-ages 12-18, 2015)***	9.3%	9.2%
Suicide attempt rate (by county school systems for adolescents-ages 12-18, 2015)***	4.0%	4.4%

According to the CDC’s Injury Statistics Query and Reporting System, suicide, which can result from the interaction of mental disorders and other factors, was the second leading cause of death among children aged 12-17 years in 2010. Results of the Georgia Department of Education’s 2015 Georgia Student Health Survey II, by county school district (ages 12-18), indicate that 9.3 percent of students in the Haralson County School System have considered suicide in the past 12 months, and an average of 4 percent of area county school students have attempted suicide in the past 12 months. Also of concern, according to 2009-13 data from the National Vital Statistics System, the age-adjusted death rate due to intentional self-harm (suicide) in Haralson County per 100,000 population is 23.7, drastically exceeding rates for Georgia (11.8) and the United States (12.3) and significantly surpassing the Healthy People 2020 target goal rate of 10.2.

Report Area	Total Population	Average Annual Deaths, Suicide 2007-2011	Crude Death Rate, Suicide (Per 100,000 Pop.)	Age-Adjusted Death Rate, Suicide (Per 100,000 Pop.)
Haralson County	28,617	7	24.5	23.7
Georgia	9,807,164	1,161	11.8	11.8
United States	311,430,373	39,308	12.6	12.3
HP 2020 Target				<= 10.2

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2009-13

Substance abuse has a major impact on individuals, families and communities. Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including: teenage pregnancy; HIV/AIDS; STDs; domestic violence; child abuse; motor vehicle crashed; physical fights; crime; homicide; and suicide (Healthy People 2020).

The below chart reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs. The rates of excessive alcohol consumption for Haralson County (19.3 percent) exceed state (13.7 percent) and national (19.3 percent) statistics.

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Haralson County, GA	21,398	3,787	17.7%	19.3%
Georgia	7,121,933	982,827	13.8%	13.7%
United States	232,556,016	38,248,349	16.4%	16.9%

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

Furthermore, the age-adjusted emergency room (ER) visit rate for disorders related to drug use in Haralson County (47.2) exceeds the state rate (40.2).

Report Area	Discharges	Age-Adjusted ER Visit Rate, Disorders Related to Drug Use
Haralson County	67	47.2
Georgia	20,004	40.2

Data Source: Georgia Department of Public Health, OASIS, 2010-2014

H. Health Care Access

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy. Access to health services means the timely use of personal health services to achieve the best health outcomes. According to Healthy People 2020, access to health services requires three distinct steps: 1) Gaining entry into the healthcare system; 2) Accessing a healthcare location where needed services are provided; and 3) Finding a healthcare provider with whom the patient can communicate and trust.

a. Coverage

According to America’s Health Rankings 2015, 13.1 percent of Americans were uninsured or lacking health insurance. The unmet health needs of the uninsured population in the United States is estimated to result in a 25 percent higher risk of mortality among the uninsured population in comparison to the insured population and 18,000 excess deaths each year. According to America’s Health Rankings 2015, Georgia ranked 46th out of 50 states for the percentage of the population lacking health insurance with 19.3 percent of Georgians lacking health insurance. County Health Rankings 2016 provides insight into the uninsured population under the age of 65 in each county in Georgia. In County Health Rankings 2016, the uninsured rate for the population under the age of 65 in Haralson County was 19 percent.

The Department of Health and Human Service’s Health Resources and Services Administration (HRSA) is a federal agency designed to focus on improving access to healthcare services for uninsured, medically vulnerable or isolated population in the United States. The HRSA designates various areas around the country as Medically Underserved Areas (MUAs) or Medically Underserved Population (MUPs). MUAs are areas where a shortage of medical health services exists. MUPs are areas where populations reside that face barriers to medical care including economic barriers, cultural barriers or

linguistic barriers. MUA and MUP designated areas may include an entire county or specific census tracts within a county. Haralson County is designated as a partial MUA/MUP.

b. Workforce

Primary Care Physicians

Primary care physicians are physicians who specialize in general practice medicine, family medicine, internal medicine, pediatrics, or obstetrics/gynecology. The ratio of primary care physicians per population provides a measure of availability of healthcare resources in an area. In America's Health Rankings 2015, Georgia ranked 36th out of 50 states on the number of primary care physicians (PCPs) per 100,000 population with 107.1 PCPs per 100,000 population.

Another measure for PCP resources is the ratio of population per PCP. County Health Rankings 2016's national benchmark for the ratio of population to PCP is 1,040 population per one PCP. A ratio of 1,040 or lower indicates a county has better primary care resources than 90 percent of the counties across the United States. In County Health Rankings 2016, the state of Georgia reported an overall ratio of 1,540 population per one PCP. Haralson County reported a PCP ratio of 2,040 population per 1 PCP.

The HRSA designates various areas around the country as Primary Care Health Professional Shortage Areas (HPSAs). Haralson County as a whole is designated as a Primary Care HPSA.

Mental Health Providers

Mental Health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurses specialists, and marriage and family therapists who meet certain qualifications. The ratio of population per one mental health provider provides a measure of the availability of mental health care resources in an area. County Health Rankings 2016's national benchmark for the ratio of population to mental health providers is 370 population per one mental health provider. A ratio of 370 or lower indicates a county has better primary care resources than 90 percent of the counties across the United States. In County Health Rankings 2016, the state of Georgia reported an overall ratio of 850 population per one mental health provider. Haralson County reported the following population per mental health provider ratio of 1,680 population per 1 mental health provider.

The HRSA designates various areas around the country as Mental Health Professional Shortage Areas (HPSAs). Haralson County, in its entirety, is designated as a Mental Health HPSA.

Nurses

The United States Department of Labor's Bureau of Labor Statistics projects the healthcare sector will be one of the nation's largest areas for job growth. A February 2012 report from the bureau said registered nursing is the nation's top occupation in terms of job growth through 2020, with the number of employed nurses growing 26 percent, from 2.74 million in 2010 to 3.45 million in 2020. Georgia alone is expected to experience a shortage of 260,000 nurses by 2025.

The aging of the "Baby Boomer" generation, the looming retirement of thousands of experienced nurses and increased access to health insurance under the federal Affordable Care Act are key factors behind the growing opportunities for those in health care.

Physician Community Needs Assessment

In January 2016, Tanner Health System conducted a comprehensive physician community needs assessment to: consider total service area for physician need over the next five years; gain input from physician interviews; consider demographic, population and physician attrition risks; determine the number of new physicians needed by specialty; and establish recruitment priorities over the next five years. Tanner partnered with Coker Group, a healthcare consulting firm, to conduct the assessment.



Prioritized Health Needs

Prioritization Process and Identified Priority Needs

Members of Tanner Health System's administrative and community benefit teams, along with the Georgia Health Policy Center, reviewed internal and external data sources for population demographics and health needs, results of community health needs survey data and input from a community listening session and four community focus groups. Utilizing these sources, members used the following criteria to evaluate and prioritize community health issues:

1. Magnitude/scale of the problem. The health need emerged consistently through the assessment process as significant and important to a large diverse group of community stakeholders.
2. Severity of the problem. The health need leads to serious effects (co-morbid conditions, mortality and/or economic burden for those affected and the community).
3. Problem linked to high utilization rates. The health need is evidenced by high emergency department and inpatient admissions that could be prevented if adequate resources were available in the community.
4. Internal assets. Tanner Health System has the ability to make a meaningful contribution to respond to the problem through clinical expertise and/or financial resources.
5. Disproportionate impact. The problem disproportionately impacts the health of underserved and vulnerable populations.
6. Evidence-based approaches. There are demonstrated evidence-based practices available that can be applied to effectively address the problem.
7. Assessment trends. The problem consistently emerges as a priority in past assessments.
8. Leveraging resources. There is consensus among stakeholders that the problem is a priority, and there is opportunity to collaborate with others to address the problem.

Through this process of evaluation, four priority health issues were selected from the broader list of priorities identified in the Community Health Needs Assessment (CHNA) as specific areas of focus for Higgins General Hospital. As an outcome of the prioritization process, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

The following needs were identified as significant health needs and prioritized for the Implementation Strategy:

- 1) **Access to Care**
 - *Affordable health care; access to primary, specialty and preventive health care; transportation to healthcare appointments; integration of care between providers*
- 2) **Chronic Disease Prevention and Management**

The following chronic conditions will be targeted as part of the implementation strategy:

 - Obesity
 - Diabetes
 - Heart Disease
 - Cancer
 - *Screenings; education; evidence-based programming and interventions; risk factor reduction (improve nutrition, increase physical activity, minimize tobacco use)*
- 3) **Behavioral Health**
 - *Access; substance abuse; prevention, early detection and intervention*
- 4) **Health Education and Literacy**
 - *Awareness and knowledge of available resources/services, health conditions, self-care and chronic disease management; healthcare navigation; cultural and linguistic competency*

Over the next three years (FY 2017-2019), Higgins General Hospital will execute the Implementation Strategy, to be presented in a separate document. Plans will focus on execution of programming for identified priority areas, systematic measurement and tracking of program effectiveness, as well as reporting progress and outcomes relative to internal measures and local and national public health goals.

Moving Forward

Through the CHNA process, Tanner has identified the greatest health needs among each of its hospital's communities. This will help the health system ensure that its resources are appropriately directed toward clinical program development, services, outreach, prevention, education and wellness opportunities where the greatest impact can be made. Now that the community's health needs, have been identified, it is time to move forward in implementing the strategies that will help people in Tanner's service area get and stay healthy.

Tanner is dedicated to making west Georgia a healthier place to live, learn, work, play and grow. With the help of community partners, the initiative has successfully implemented programs that help west Georgia residents with the healthcare and preventative services they need. The health system will continue its work to develop and sustain partnerships to address the community health needs identified in the CHNA.